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207849 Paid $250.00 Existing System

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Application for SEPTIC REPAIR PERMIT

FILE COPY

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit X Authorization To Construct ___ BOTH X Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted; X Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check (X) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
LOMBARDO SWIMMING POOLS	1501 INDUSTRIAL DRIVE MATTHEWS, NC 28105	704 847-4648	704 619-9187
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SCOTT RODESILER	114 BELLS RUN CT MOORESVILLE, NC 28117		(704) 345 3711 704 241-4767

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
114 BELLS RUN CT MOORESVILLE, NC 28117	THE FARM	55 Lot 583

Driving Directions: FROM EAST CENTER AVE GO WEST TO RT 152 TURN LEFT TO WEST WILSON AVE NUE TURN RIGHT. CROSS OVER TO BRAWLEY SCHOOL ROAD TO MCKENDREE ROAD TURN RIGHT TO GRASSHOPPER CIRCLE TURN RIGHT TO CHERRY TREE DRIVE TURN RIGHT TO BELLS RUN COURT TURN LEFT.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence — Maximum Number of Bedrooms ___ — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

(X) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?

(X) Other IN GROUND SWIMMING POOL

IF Non-Residential Site Development: Type of Business ___

Square Footage of Building ___

Maximum Number of Employees ___

Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 2014 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?

( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Matt Lindsey (SIGNATURE REQUIRED) — 7 JAN 15 (DATE)