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IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

ME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR
PROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION
- APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED,
XPIRATION. SEE 15A NCAC 18A .1937(l) FOR DETAILS)

Needs Existing System Inspection for Well Variance App. Call Ronda if questions.

✓ Paid $250.00

ent Permit ___Authorization To Construct ___ Existing System Inspection

#221017

Accompany This Application

also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

le ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Rock DRIVE Mooresville	704-660-6136	7046588960
ling Address	Home Phone #	Alternate Phone #
ROCK DRIVE Mooresville	"	"
ling Address	Home Phone #	Alternate Phone #

4. Property Information:

114 Ridge Brook DR Mooresville	Brookridge Shores	Lot 14
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77 to BRAWLEY SCHOOL RD West. RIGHT ON MCKENDREE. RIGHT ON CARRIE AND LEFT ON RIDGEBROOK

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply: None

( ) 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)* (X) EXISTING SYSTEM installed 1993 (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: _____ 8-1-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE