Homeowner pd $500.00 @ 1-21-14 Changed to Fast Track 2-7-14

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* $350.00 paid 2-17-14 BN

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) *beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Doug Carroll **Address:** 1508 Little Falls Dr. Concord, NC 28025 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 692 Beaten Path Rd

Subdivision Name: CL+T **Section/Phase:** 9 **Lot Number:** 25

Driving Directions: BSR, TR Blume TL Beaten Path, on Rt

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**
( ) No Preference ( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 2/7/2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

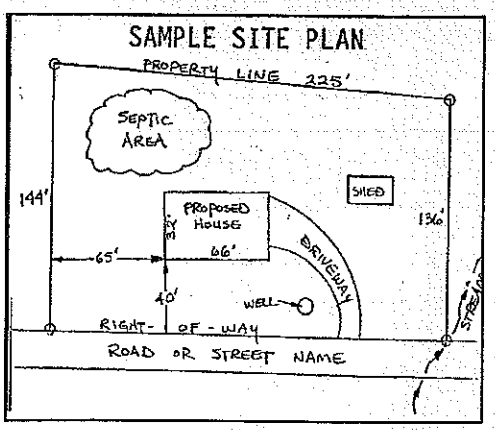
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached Plan

Signature: _____ 2/7/14

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

SURVEYING – PLANNING – MAPPING
P.O. BOX 2727 (704) 399-9120
HUNTERSVILLE, NC 28070 FAX (704) 398-1226
© PINNACLE LAND SURVEYING, PA

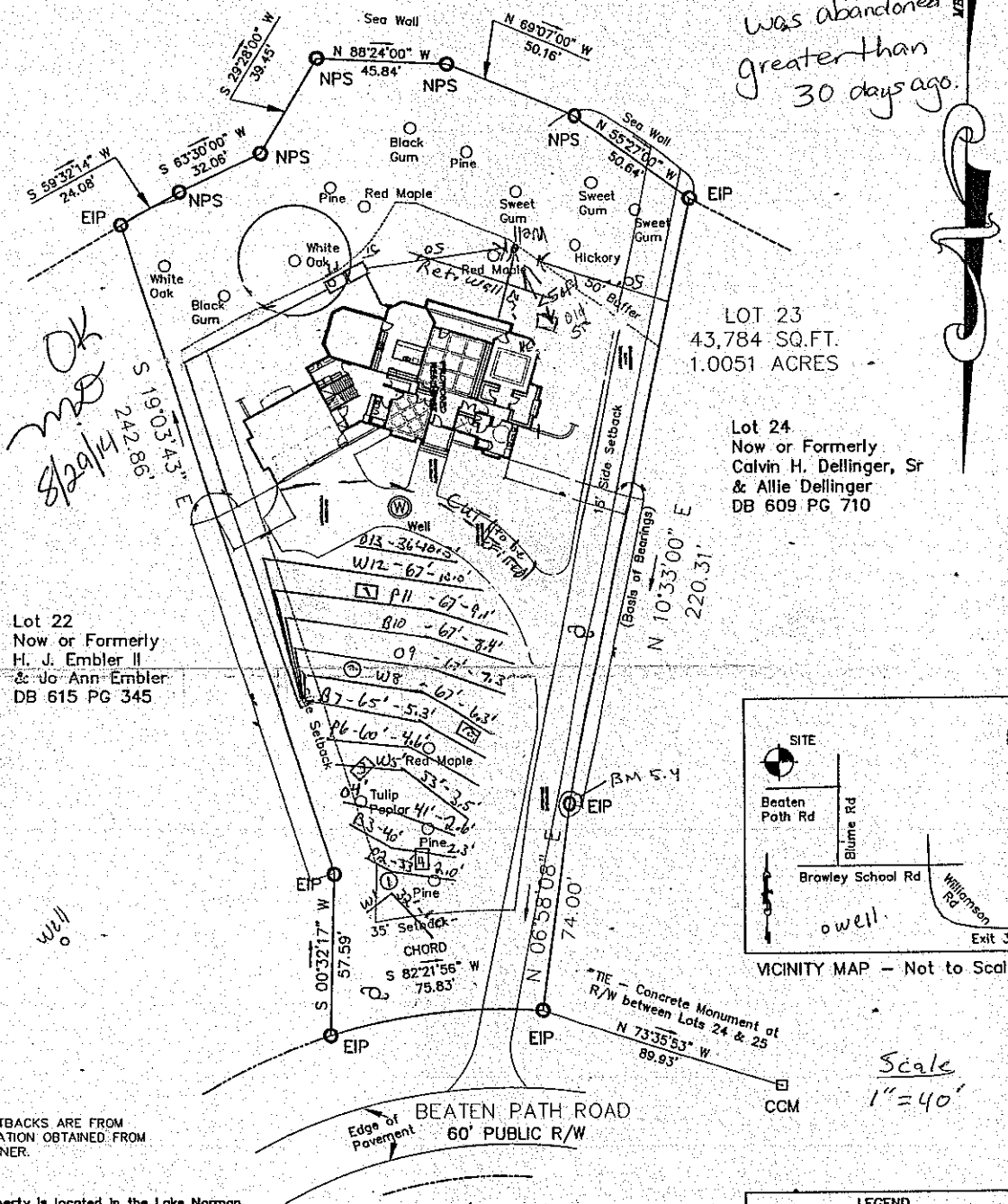
KLAUS E. KRUEGER PLS L-3808

8/29/14

Note: Old ST was abandoned greater than 30 days ago.

MB 14 PG 93

LAKE NORMAN



LOT 23
43,784 SQ.FT.
1.0051 ACRES

Lot 24
Now or Formerly
Calvin H. Dellinger, Sr
& Allie Dellinger
DB 609 PG 710

Lot 22
Now or Formerly
H. J. Embler II
& Jo Ann Embler
DB 615 PG 345

OK mb 8/29/14

VICINITY MAP – Not to Scale

Scale 1"=40'

NOTE:
THE SETBACKS ARE FROM INFORMATION OBTAINED FROM THE OWNER.

This property is located in the Lake Norman Watershed Area.
There are several restrictions associated with this area which may apply to this property.

I certify that this survey was performed by me (Klaus E. Krueger), under my supervision.
This survey is of an existing parcel of land.
The Raw Error of Closure was better than 1:10,000.
I did not do a full title search on this property.

This House is not located within any Special flood hazard area as shown on Firm maps of this area (Panel 370313 0200 B) dated May 15, 1980

DATE of:
Survey 10/18/05
Drawing 10/18/05
Job No: 4294
File: 692BEATENPATH2
Drawn by: KEK

LEGEND			
SETBACK			
EASEMENT			
PROPERTY LINE			
LINES NOT SURVEYED			
FEATURE			
RIGHT OF WAY			
SET IRON PIN	O SIP		
EXISTING IRON PIN	O EIP		
CONCRETE MONUMENT	⊡ CCM		
NO PIN SET	O NPS	WATER METER	
POWER POLE		CATCH BASIN	
SEWER MANHOLE	Ⓢ	LAMP POST	
UTILITY BOX		ELECTRIC BOX	

For Owner:
DOUGLAS CARROLL
Physical Survey of
692 BEATEN PATH ROAD
MOORESVILLE, NORTH CAROLINA 28117
DAVIDSON TOWNSHIP, IREDELL COUNTY

Map Recorded in Map Book 14 Page 93
Lot 23 Section 9, Crescent Land & Timber Corp.

Deed Recorded in Deed Book 1545 Page 2354
Tax Parcel # 000077407006