IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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: X **Improvement Permit** ___ **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: ___ **Survey Plat, Scaled no more than 1 Inch = 60 Feet**
Place check ( ) 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 #
Thomas Coyle	352 South Laurel Ave	704-340-4644	704-343-4308
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same	"	"	"

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
477 Stillwater Road	Trotman NC	

Driving Directions: State Park Road; left on Morrison Farm Rd; left on Day Vault Cut; Right on Stillwater Rd; house is on left; # 477

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 3

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

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

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. 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: Sam Tolley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/23/17
DATE

IREDELL COUNTY HEATLH 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 — ***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***
- X — **Front and side setbacks from property line...**
- X — **Preferred driveway location and configuration, preferred well location...**
- X — **Area you prefer your septic system to be placed...**
- ___ — **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

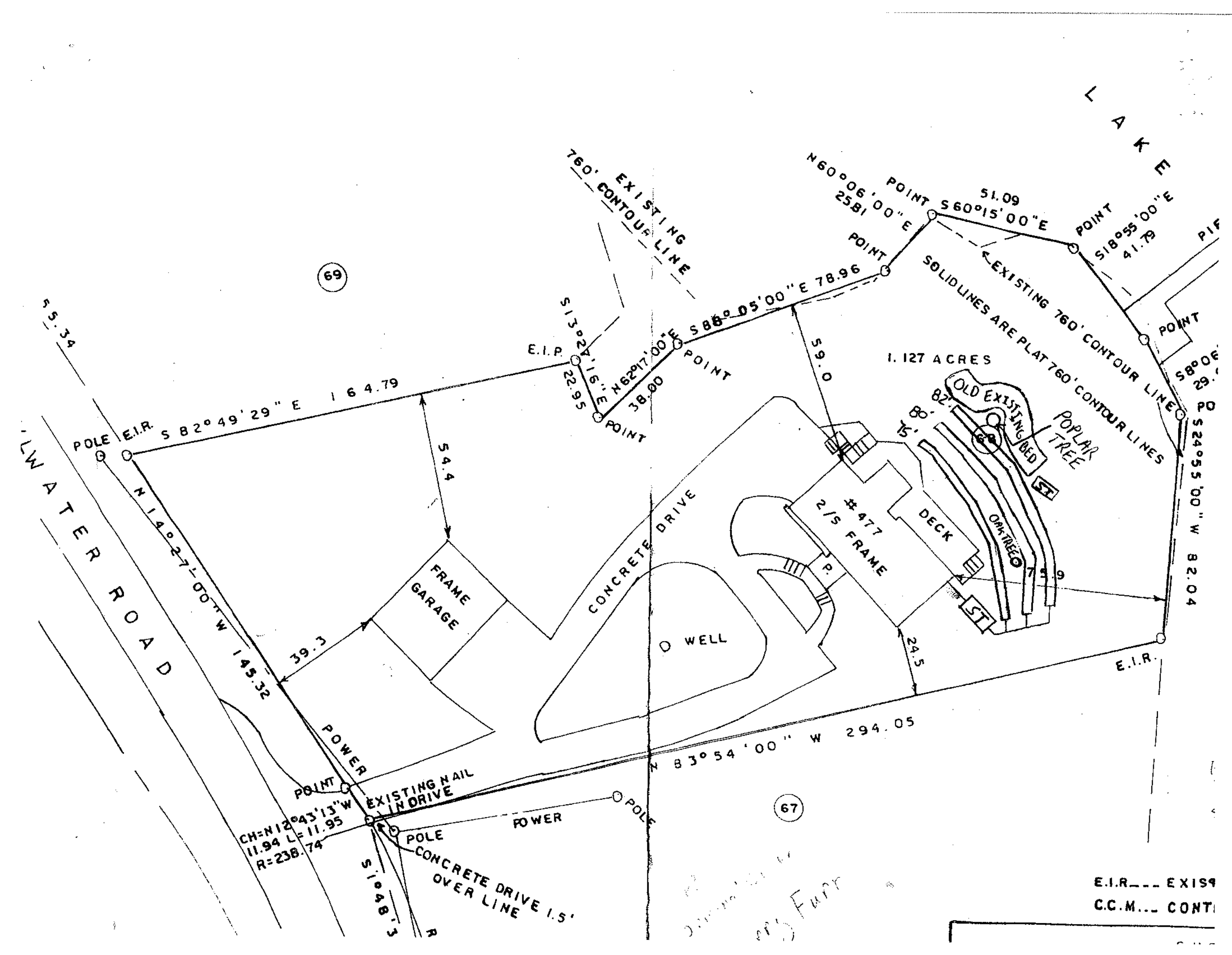
- X — **Location of septic systems and wells within 100' of your property...** **N/A**
- X — **Location of easements and rights of ways on your property...** **N/A**
- X — **Location of any designated wetlands on the property...** **N/A**

Signature: _____ 1/23/12
REQUIRED property owner or owner's legal representative signature. **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Plan

White Copy – Environmental Health Yellow Copy – Applicant
C:\Users\dlulz\AppData\Local\Microsoft\Windows\Temporary Internet Files\OLK63F9\Application For OSWP Permit (2).doc


LAKE
760' EXISTING CONTOUR LINE
N60°06'00"E 25.81
POINT
51.09
S60°15'00"E
S18°55'00"E 41.79
EXISTING 760' CONTOUR LINE
SOLID LINES ARE PLAT 760' CONTOUR LINES
69
55.34
E.I.P.
S13°27'16"E 22.95
N62°17'00"E 38.00
S88°05'00"E 78.96
POLE
E.I.R.
S 82°49'29" E 164.79
59.0
1.127 ACRES
OLD EXISTING BED
POPLAR TREE
ST
54.4
#477 2/S FRAME
DECK
OAK TREE
75.9
S24°55'00"W 82.04
N 14°27'00"W 145.32
FRAME GARAGE
CONCRETE DRIVE
WELL
P.
24.5
39.3
E.I.R.
WATER ROAD
POWER
POINT
EXISTING NAIL IN DRIVE
N 83°54'00" W 294.05
67
CH=N12°43'13"W 11.94 L=11.95 R=238.74
POLE
POWER
S1°48'3
CONCRETE DRIVE 1.5' OVER LINE
E.I.R.--- EXIS
C.C.M.--- CONT