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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:** ___ Improvement Permit (X) Authorization To Construct ___ BOTH (X) Existing System Inspection

2. **Page 3: *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
   Please check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 50 Feet

3. **Applicant Information:**

TERRY D + MELISSA A WATKINS	317 Commodore Loop, Mooresville, NC 28117	704-360-2184	704-662-6274
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
TERRY D + MELISSA A WATKINS	317 Commodore Loop, Mooresville, NC 28117	704-360-2184	704-662-6274
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

309 Commodore Loop, Mooresville, NC (Street Address) — (Subdivision Name) — Lot 109-110 (Section/Phase and Lot Number)

Driving Directions: From Hwy 150 + I-77 → Head W on Hwy 150 + Turn L on Williamson Rd Go .9 miles + Turn R on Barnett School Rd. Go 2.8 m + Turn L on Stutts Rd. Go 1.5 miles + Turn Left on Commodore Loop. Lot is 4TH on the Right

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ____
(X) Other USE OF EXISTING SYSTEM

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ____

(X) Crawl Space Foundation?
( ) 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 N/A Maximum Number of Seats ____

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (X) Existing system - installed in 1995 (YEAR)

( ) Alternative ( ) 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:** Terry Watkins — 11-17-11

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

Melissa.Watkins@ge.com