RECEIVED OCT 2 4 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $320.00

1. APPLICATION FOR: [X] Improvement Permit [ ] Authorization To Construct [ ] Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Lot Relayout # 216624

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 #
William O'Connell	20210 Rainbow Circle	704-904-5612	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Colony Const.	20210 Rainbow Circle	704-904-5612	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
221 Lakeshore	Lakeview ~~Estates~~ Shores	Lot 17

Driving Directions: 77 South to Langtree Go west to Lakeshore Dr Turn Right.

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ____
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 _____
Maximum Number of Seats _____

6. Proposed Water Supply:

[X] 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 ____ *Year*

[ ] Alternative [X] Conventional [ ] Innovative [ ] Modified Conventional [ ] Other _____

8. Please Answer The Following [ ] Yes [ ] No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: [ ] Yes [ ] No Is any non-domestic sewage (i.e. industry) to be generated?
[ ] Yes [ ] 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: William O'Connell 10-24-16

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

RECEIVED MAR 31 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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1. APPLICATION FOR: (X) Improvement Permit (✓) Authorization To Construct ( ) 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 #
William OConnell	20210 Rainbow Circle	704-904-5613	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SAME AS ABOVE			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
221 LAKESHORE	LAKEVIEW	Lot 17

Driving Directions: 77 to LANGTREE WEST to LAKESHORE

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

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

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 _____
Maximum Number of Seats _____

6. Proposed Water Supply:

(X) 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 ____ *Year*

( ) Alternative (X) 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 ( ) 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: William OConnell — 3-31-16

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

RECEIVED FEB 15 2016 #214

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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Paid $100.00 site Revisit 3-17-16

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Paid $500.00 #216624

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:

William OConnell	20310 RAINBOW CIRCLE CORNELIUS NC 28031	704-904-5612	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
ANDRA DILLS	11558 CROSSROAD PLACE CONCORD, NC 28025	704-401-8662	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Lot 17	221 LAKESHORE DR.	LAKEVIEW SHORES	Lot 17
Street Address		Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77 South to LANGTREE West to LAKESHORE DR.

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 PERK TEST

Maximum Number of Bedrooms 3 4
Maximum Number of Occupants 5
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
Maximum Number of Seats

6. Proposed Water Supply:

(X) 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 ____ *Year*

( ) Alternative (X) 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: William OConnell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-12-16
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship.

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, ANDRA DILLS, am the legal owner(s) of the property located at Lot 17 LAKEVIEW LAKEVIEW S HOMES SUB, identified as PIN (Parcel Identification Number) 4635-81-9193.000, located in Iredell County, North Carolina. 221 LAKESHORE DR.

I do hereby authorize **(print legal representative/company name)**: 02-12-2016, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Andra Dills — 02-12-2016
Signature of Owner(s) — Date

Joyce Page — 02-12-2016
Signature of Witness — Date

Please return this signed form to the appropriate office:

ooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677