IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Mark Benitez **Address:** 516-D River Highway **Phone:** 7049289265

Owner Name: _____ **Address:** Mooresville NC **Phone:** _____

Property Information:

Street Address: 231 Cove creek loop

Subdivision Name: Chesapeake Point **Section/Phase:** _____ **Lot Number:** 51

Driving Directions: Brawley School Rd to L on Isle of Pines to R on Cove creek Lot on R

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: 6
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:

( ) New Well ( ) Existing Well (X) 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 (X) Conventional ( ) 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: _____ 8-14-14

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

IREDELL COUNTY HEALTH DEPARTMENT

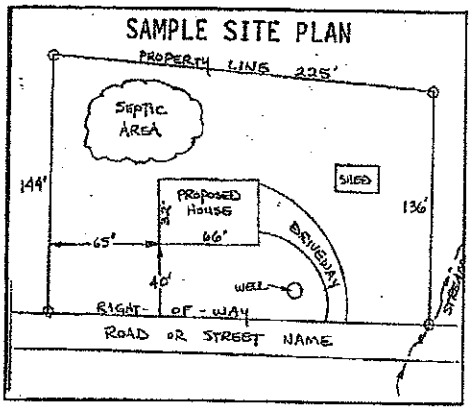
ENVIRONMENTAL HEALTH DIVISION

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:

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



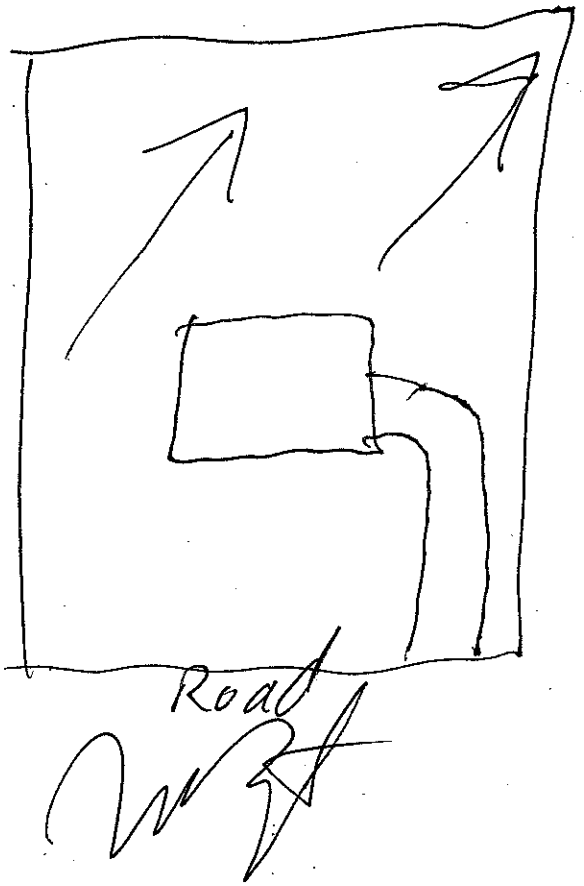
Circle N/A on the following if appropriate:

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



Signature: _____

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

8-14-14

DATE

Ronda Hart

From: Mark Benitez <MBenitez@Peachtreeres.com>
Sent: Friday, August 15, 2014 1:38 PM
To: Ronda Hart
Subject: Re: Lot 51

Is this sufficient? His printers aren't set up yet for him to email it back.

Please add the 6 bedrooms on application I'm not able to get down there to do it. I have been moving the past 3 days and thing are a little crazy. Thank you, Mark Benitez - Peachtree

Sent from my iPhone

> On Aug 15, 2014, at 10:50 AM, "Ronda Hart" <ronda.hart@co.iredell.nc.us> wrote:
>
> Please mark the number of bedrooms for this house on the application. If you can return the attached with the correction today, Maria can probably sign off on it this afternoon after she comes back in. She requested that the correction be made first.
>
> Ronda Hart
> Office Assistant, Environmental Health Department
> 610 E. Center Avenue
> Mooresville, NC 28115
> Phone: (704) 660-3625
> Fax: (704) 662-3239
> Pursuant to North Carolina General Statues Chapter 132, Public
> Records, this electronic mail message and any attachments hereto, as
> well as any electronic mail messages that may be sent in response to
> it may be considered public record and as such are subject to request
> and review by anyone at any time. Also, the information contained in
> this message may be privileged and confidential. We will withhold
> confidential correspondences that are tagged as "Confidential" from
> public record requests. If this e-mail contains protected health
> information or personal identifying information, you are hereby
> notified that any dissemination, distribution or copying of this
> communication is strictly prohibited, except as permitted by law. If
> you have received this communication in error, please notify the
> sender immediately by replying to this message and deleting it from
> your computer. Thank You
>
>
> -----Original Message-----
> From: EHTemp
> Sent: Friday, August 15, 2014 10:42 AM
> To: Ronda Hart
> Subject:
>
> This E-mail was sent from "RNPAAAB5C" (Aficio 3025).
>
> Scan Date: 08.15.2014 10:41:41 (-0400) Queries to:

RECEIVED JUL 17 2014

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $500.00 8-8-14

Comprehensive Redraw # 204258 Pump

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Applicant Information:

Applicant Name: Peachtree Res. Prop **Address:** 1930 Center Park Dr. #3 Charlotte NC 28217 **Phone:**

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

Property Information:

Street Address: 231 Cove Creek

Subdivision Name: Chesapeake PT **Section/Phase:** **Lot Number:** 51

Driving Directions: BSR, TL Isle of Pines, TR Cove Crk, on Rt

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

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( ) New Multi-Family Residence
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( ) Bedroom(s) Addition

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Maximum Number of Occupants:
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IREDELL COUNTY HEALTH DEPARTMENT

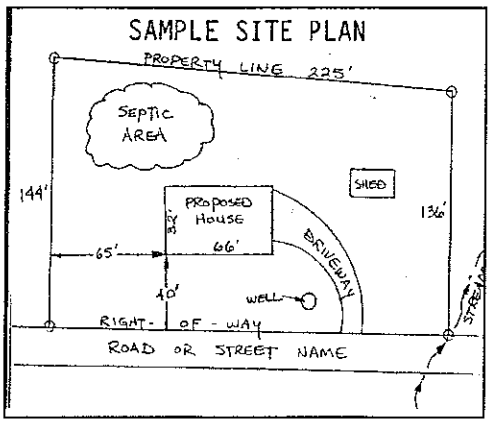
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See Attached Plan

Signature: _____ _____ 7/17/2014

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