RECEIVED SEP 2 1 2015

NOTE: HOUSE PLAN IS ALL THAT CHANGED! Paid $225.00

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

208732

Application For:

(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable SEE ATTACHED (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: TRUE HOMES **Address:** 2649 BREKONRIDGE CENTER DR **Phone:** 704-283-1229

Owner Name: TRUE HOMES **Address:** 2649 BREKONRIDGE CENTER DR **Phone:** 704-283-1229

Property Information:

Street Address:

Subdivision Name: ROCK RIDGE POINT **Section/Phase:** N/A **Lot Number:** 23

Driving Directions: HIGHWAY 21 SOUTH, RIGHT ONTO BRANCH SCHOOL RD

TRUE ON ISLE OF PINES. TRUE @ INTO ROCK RIDGE POINT.

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: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building: N/A
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) 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: Kenneth T. Cox

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

9-18-15

DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, True Homes, am the legal owner of the property located at 109 Farm Knoll Way, identified as PIN(Parcel Identification Number) 4636125817.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kenneth L Allen, SepTic Environmental solutions, INC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Melody B. Patrick — 3/6/15
Signature of Owner — Date

[signature] — 3-6-15
Signature of Witness — Date

RECEIVED FEB 27 2015

Paid $225.00 Int. Relayout #208732

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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	( ) Authorization to Construct	( ) Existing System Inspection	( ) Septic System Repair

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Owner Name: TRUE HOMES **Address:** 2649 BRECKENRIDGE CENTER DR **Phone:** 704-283-1229

Property Information:

Street Address: FARM KNOLL WAY

Subdivision Name: ROCK RIDGE POINT **Section/Phase:** [illegible] **Lot Number:** 23

Driving Directions: HIGHWAY 21 ~~NORTH~~ SOUTH, RIGHT ONTO BRAWLEY SCHOOL RD RIGHT ON ISLE OF PINES. TRUE IS IN ROCK RIDGE POINT.

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

(X) New Single Family Residence	Maximum Number of Bedrooms: 4	(X) Crawl Space Foundation
( ) New Multi-Family Residence	Maximum Number of Occupants: 8	( ) Concrete Slab Foundation
( ) Accessory Building	( ) Swimming Pool	( ) Basement with Plumbing
( ) Bedroom(s) Addition	( ) Other Addition/Structure:	( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:

Square Footage of Building: N/A

Maximum Number of Employee:

Maximum Number of Seats/Beds/Other:

Water Supply:

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

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( ) Yes (X) No	Is the site subject to approval by any other public agency?

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Signature: Kenneth L. Ann — 2-26-15

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

3/6/15 (Date)

Owner: TRUE Homes
Address: 2649 Breckenridge Ctr. Dr.
Monroe, NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
109 Farm Knoll Way LOT 23
4631612581 7.000
PERMIT ID 133679

I, TRUE HOMES, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 3-20-06 (date) for a system

LPPABPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Melody H. Patrick
Signature of Property Owner

Improvement Permit
Plans Submitted ONLY
APPROVED SEP 2 7 2006
DHEC

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/