Talked to Judy

9-14-10 DT

Repair

# REDELL COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION
### Application for SEPTIC REPAIR PERMIT

*(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** X **Authorization To Construct** X **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 # |
|---|---|---|---|
| STEF & MIKE | | | |
| STEF & MIKE STORM | 118 HIGH SAIL CT, MOORESVILLE 28117 | 704 658-1130 | 704 519 7095 |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |

**4. Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 118 HIGH SAIL COURT | NORTH SHORE | L4 PINE ISLE PHASE I PB |

**Driving Directions:** BRAWLEY SCHOOL RD — LEFT ON ISLE OF PINES — GO 1 1/2 MILES — RIGHT ON COVE CREEK (NORTH SHORE NEIGHBORHOOD) — RIGHT ON HIGH SAIL CT - 4TH HOUSE ON 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
(X) Repair To Failing Septic System
( ) Other

**Maximum Number of Bedrooms** 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:**

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

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

**8. Please Answer The Following To The Best of Your Ability:**

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) 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:** Stefanie Storm — 9-8-2010

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