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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) 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: Angelo Perico **Address:** 115 Misty Meadows Ct **Phone:** 631-884-2182

Owner Name: " " **Address:** _____ **Phone:** _____

Property Information:

Street Address: SAME

Subdivision Name: Wispering Oaks **Section/Phase:** _____ **Lot Number:** 21

Driving Directions: _____

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: 3
Maximum Number of Occupants: 2
( ) 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: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(X) New Well ( ) Existing Well ( ) 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 ( ) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

April 7, 2015
DATE

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 ___ Authorization To Construct X BOTH ___ 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: Bo 980 875 7692

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SHANNON DOUGLAS	14881 NORTHEGGN DRIVE HUNTERSVILLE, NC 28078	704-363-9200	704-728-5892
ANGELO POLANCO		1-631-9689112	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
115 MISTY MEADOWS CT, MOORESVILLE, NC 28117	WHISPERING OAKS	LOT #21

Driving Directions: _____

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
( ) 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)*

( ) Alternative ( ) 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 (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: _____ 6-29-11
Property Owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

610 East Center Avenue • Mooresville, North Carolina 28115 • (704) 664-5281

Raymond R. Rabe
Health Director

March 16, 2004

Mr. Ron Smith
130 Lugnut Lane
Mooresville, NC 28115

Dear Mr. Smith:

As requested this letter is written to provide you information on unsuitable lots and the reason why (rule#) they were classified such in Whispering Oaks Subdivision. These sites were evaluated in accordance with the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC18A .1900 et seq." Additionally this letter also provides a status of those lots not classified unsuitable but requiring additional information prior to the issuance of Improvement Permits. Furthermore, the improvement permit on lot 22 is suspended until such time a revised plat is received that corresponds to the submitted plat used for issuance of the improvement permit for that lot.

The following lots were found to be unsuitable in Whispering Oaks Subdivision.

Lot 11	**.1942 – soil wetness, .1945 – available space**
Lot 12	**.1942 – soils wetness, .1945 – available space**
Lot 14	**.1942 – soil wetness, .1943 – soil depth**
Lot 15	**.1942 – soil wetness, .1945 – available space**
Lot 16	**.1942 – soil wetness, .1945 – available space**
Lot 17	**.1942 – soil wetness, .1945 – available space**
Lot 18	**.1942 – soil wetness, .1945 – available space**
Lot 19	**.1942 – soil wetness, 1945 – available space**
Lot 21	**.1940 – topography and landscape position, .1942 – soil wetness, .1945 – available space**
Lot 25	**.1940 – topography and landscape position, .1942 – soil wetness, .1945 – available space**

The following lots were evaluated but improvement permits were not issued due to the stated reasons:

Lot 23 – this site has very shallow soil depth to wetness on the rear of the lot. This site could accommodate an LPP or possibly an "at grade" system upon submittal of an approvable plan.
Lot 31 – staff were directed not to proceed due to this lot being held for possible future septic easements.

I hope the information provided is useful to you. The unsuitable classifications were derived based upon consideration of system types two through four. There are some sites that might qualify for a type five (pre-treated drip irrigation) system.

Your have the right to an informal review by the department, the right to appeal under GS 130A-24 and the right to have the appeal held in Iredell County. Should you choose to exercise these rights or have any questions regarding the above information, please notify us of such in writing.

Respectfully,

David R. Hinson, RS
Environmental Health Supervisor