IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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 X Authorization To Construct ___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:

MATTHEW B KELLY	122 Pointe Harbour Ln.	660-7989	SAME
Applicant Name	Mailing Address	Home Phone	Work Phone
BERKEL PROP.	122 Pointe Harbour Ln	76	(704) 664-9222
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

148 WALNUT LN.		22
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Brawley to Fast Phils left to Walnut Right into Walnut to hot 22 148 Walnut

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms ____
Maximum Number of Occupants ____
If Expansion, Current Number of Bedrooms ____

( ) 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 _____

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6. Proposed Water Supply:

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

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

( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified ~~Conventional~~ ( ) Other_____ ( ) No Preference

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

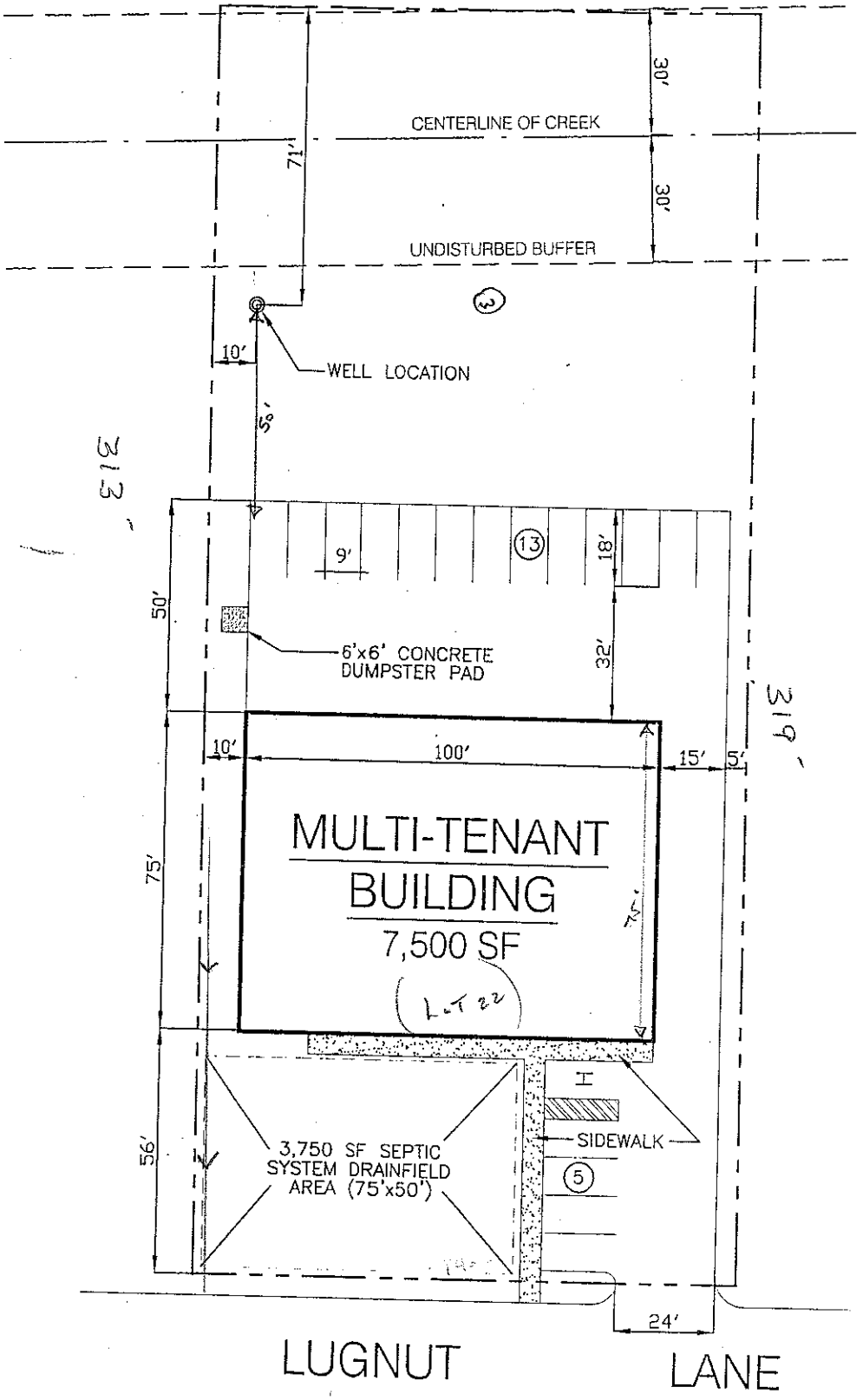
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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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: Matthew B Kelly — 11/1/04

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


CENTERLINE OF CREEK
30'
30'
71'
UNDISTURBED BUFFER
(3)
10'
WELL LOCATION
5'
213'
9'
(13)
18'
50'
6'x6' CONCRETE DUMPSTER PAD
32'
219'
10'
100'
15'
5'
MULTI-TENANT BUILDING
7,500 SF
75'
75'
LOT 22
H
SIDEWALK
56'
3,750 SF SEPTIC SYSTEM DRAINFIELD AREA (75'x50')
(5)
24'
LUGNUT
LANE
(1" = 40')