Paid $75.00 2-26-14
Ltd Relayout

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

**Application For:**
(X) Septic Improvement Permit ( ) New Well Permit ( ) 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:** ( ) 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:** IQ Custom Const. **Address:** 840 Edmonston Rd, Mt. Ulla, NC 28125 **Phone:** 704-724-3111

**Owner Name:** Mike Fox **Address:** 156 B Rosemary Dr Mooresville NC 28117 **Phone:**

**Property Information:**

**Street Address:**

**Subdivision Name:** Stutts Cove **Section/Phase:** **Lot Number:** 45

**Driving Directions:** BSR, TL Stutts, on Rt

**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:**
( ) 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 (X) 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:** _____ 2/26/2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

## IREDELL COUNTY HEATLH DEPARTMENT

## 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…**
***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***
____ **Front and side setbacks from property line…**
____ **Preferred driveway location and configuration, preferred 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:**

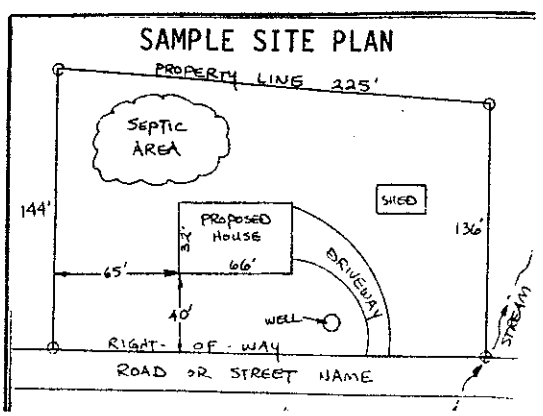
____ **Location of septic systems and wells within 100' of your property…** **N/A**
____ **Location of easements and rights of ways on your property…** **N/A**
____ **Location of any designated wetlands on the property…** **N/A**

**Signature:** _____
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

2/26/2014
**DATE**

## USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Plan



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## *ENVIRONMENTAL HEALTH DIVISION*

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**Applicant Information:**

**Applicant Name:** Mike Fox **Address:** 156 B Raceway Dr Mooresville NC 28117 **Phone:** _____

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

**Property Information:**

**Street Address:** 304 Stutts Rd

**Subdivision Name:** Stutts Cove **Section/Phase:** _____ **Lot Number:** 45

**Driving Directions:** B SR, T L Stutts, on RT

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

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

**Maximum Number of Bedrooms:** 4
**Maximum Number of Occupants:** _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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( ) Concrete Slab Foundation
( ) Basement with Plumbing
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Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/6/2013
DATE

# IREDELL COUNTY HEALTH DEPARTMENT

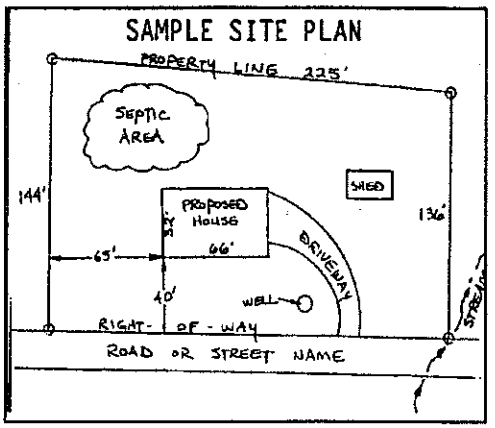
*ENVIRONMENTAL HEALTH DIVISION*

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- ( ) **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 Plan

**Signature:** _____ 9/6/2013

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