RECEIVED APR 28 2016

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Repair Evaluation No Chg.
#218413

IREDELL 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: ___Improvement Permit ___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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
PHILIP TRIECE	4913 CROSSWAYS DRIVE WILMINGTON NC 28409	910-392-5538	OFFICE # 910-452-2004
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
PHILIP TRIECE	SAME ↑	SAME ↑	SAME ↑

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
211 COMMODORE LP	COMMODORE PENNSULA	LOT 46

Driving Directions: FROM BRAWLEY SCHOOL ROAD, HEAD SOUTH ON STUTTS ROAD; TURN LEFT ON COMMODORE LP (AT WATER TANK), 211 COMMODORE LP IS ON LEFT ABOUT 250' PAST MAINVIEW DR.

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 due to INSPECTION RECOMMENDATION
( ) Other

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 ____

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other COMMUNITY Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1963 Year

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ____

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

4/28/16
DATE