RECEIVED MAR 2 8 2014

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 ___ 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 #
True Homes	2649 Brekonridge Ctr Dr, Monroe NC 28110	(704) 238-1229	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
True Homes	2649 Brekonridge Ctr Dr, Monroe, NC 28110	(704) 238-1229	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
323 McCrary Road	Riverwood Bend	19

Driving Directions: From I-77, head west on River Highway (Hwy 150), turn left on McCrary Road

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
( ) Other

Maximum Number of Bedrooms 4
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 Public Water

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

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

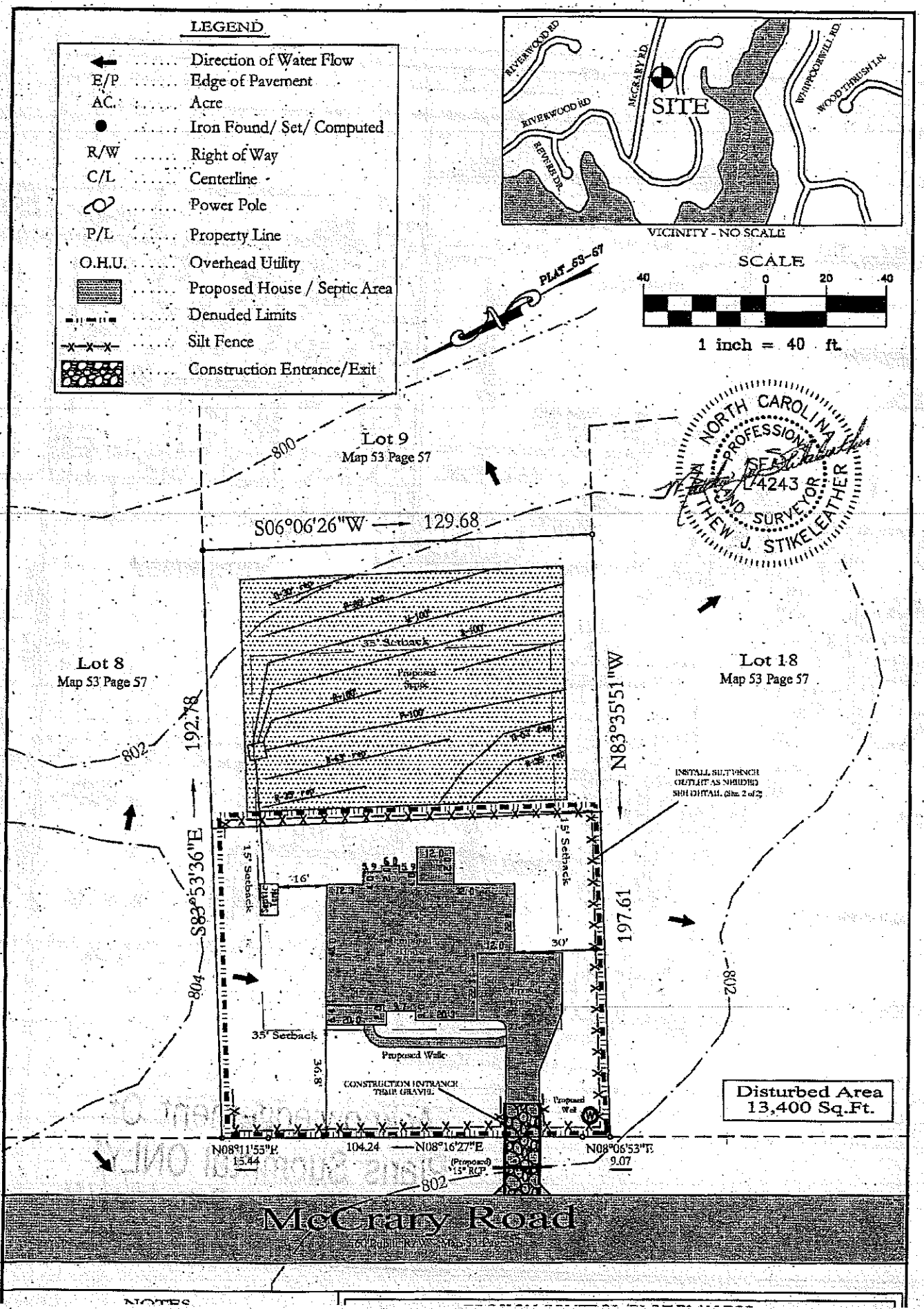
8. Please Answer The Following To The Best of Your Ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) 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: [signature] 3/26/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID
V44154
3-28-14


LEGEND
Direction of Water Flow
E/P ..... Edge of Pavement
AC. ..... Acre
Iron Found/ Set/ Computed
R/W ..... Right of Way
C/L ..... Centerline
Power Pole
P/L ..... Property Line
O.H.U. ..... Overhead Utility
Proposed House / Septic Area
Denuded Limits
Silt Fence
Construction Entrance/Exit
RIVERWOOD RD
McCRARY RD
SITE
WHIPPOORWILL RD
WOOD THRUSH LN
VICINITY - NO SCALE
SCALE
40 0 20 40
1 inch = 40 ft.
PLAT 53-57
NORTH CAROLINA PROFESSIONAL SEAL L-4243 LAND SURVEYOR MATTHEW J. STIKELEATHER
Lot 9
Map 53 Page 57
S06°06'26"W 129.68
Lot 8
Map 53 Page 57
Lot 18
Map 53 Page 57
N83°35'51"W
S83°53'36"E
192.78
197.61
35' Setback
15' Setback
Proposed House
Proposed Walk
INSTALL SILT FENCE OUTLET AS SHOWN SEE DETAIL (Sht. 2 of 2)
CONSTRUCTION ENTRANCE TRUE GRAVEL
Proposed Well
Disturbed Area
13,400 Sq.Ft.
N08°11'55"E 15.44
104.24
N08°16'27"E
N08°06'53"E 9.07
(Proposed) 15" RCP
McCrary Road
60' Public R/W - Map 53 Page 57
NOTES

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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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	Work Phone
Lakeland Luxury	16405-D Northcross Dr. Huntersville, NC 28078	704-892-1828	704-201-7906 cell
Owner Name	Mailing Address	Home Phone	Work Phone

Contact: Paul Penninger : 704-996-6330

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Riverwood Bend	Lot 19

Driving Directions: Hw 150 West, Turn left on McCrary Rd

****

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ____

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
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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)*

(4) Alternative (1) Conventional (2) Innovative (3) 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?
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9. **Signature:** Karen M Davis — 10-3-07

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: Karen M Daw
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-3-07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

(S+ME)

