IREDELL COUNTY HEALTH DEPARTMENT

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

IIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON V 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. pplicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Woodbridge Partners, LLC	PO Box 3608 Mooresville 28117		
Owner Name	Mailing Address	Home Phone	Work Phone
Same	contact STME (Paul or Kathleen)	704-662-8625	

4. Prop[illegible] formation:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Fern Leaf	Lot 12

Driving Directions: Hwy 150, R Perth, L Fern Hill, L Kenway Loop (2nd Kenway Loop), Lots on Left

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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 Occupants ___
If Expansio[illegible] Current [illegible]mber 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 ___

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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 (X) Other ___ ( ) No [illegible]ce

****

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

( ) Yes (X) No Does the site cont[illegible] 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 o[illegible]her 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 ri[illegible] atry to conduct necessary inspections to determine compliance [illegible]ith applicable laws and rules. I under[illegible]and that I am solely responsible for the proper identification and labeling of all property lines and corners and making the[illegible] accessible so that a complete site evaluation can be performed.

9. [illegible]nature: Kathleen Saunders 2/23/09

Property owner or owner's legal representative signature (SIGNATURE EQUIREN DATE

IREDELL COUNTY HEALTH DEPARTMENT

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3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Matt Reavis	1171 Lempster Dr. NW Concord NC 28027	704-880-8912	704-880-8912
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Fernleaf	Lot 12

Driving Directions: Perth Rd N. Tl Fernhill Tl Kenway Lp on right

****

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

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IF Non-Residential Site Development:
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(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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( ) Alternative ( ) Conventional ( ) Innovative (X) 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 this 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: Cindy Reavis for Matt Reavis — 3/9/10

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