EX 1

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28721

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) 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: Patricia Littwin Address: 108 Amelia Ln Mooresville 28117 Phone: 704-360-4754

Owner Name: Same Address: Same Phone: 980-475-0560

Property Information:

Street Address: 108 Amelia Lane

Subdivision Name: LNAP Section/Phase: _____ Lot Number: 31

Driving Directions: Perth Rd to Normandy to Amelia Lane

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

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

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: Increasing R/side of Front of House + Garage 132 Heated 132 unheated

( ) 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:

( ) New Well (X) 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 ( ) 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: Patricia Littwin Dec 1, 2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

FILE COPY

IREDELL COUNTY HEALTH DEPARTMENT

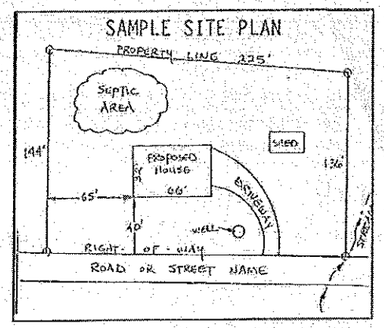
ENVIRONMENTAL HEALTH DIVISION

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:

- [X] Property Line measurements are clearly identified
- [X] All proposed structures are indicated
- [X] Front and side setbacks from property line
- [X] Preferred driveway location and well location
- [X] 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:

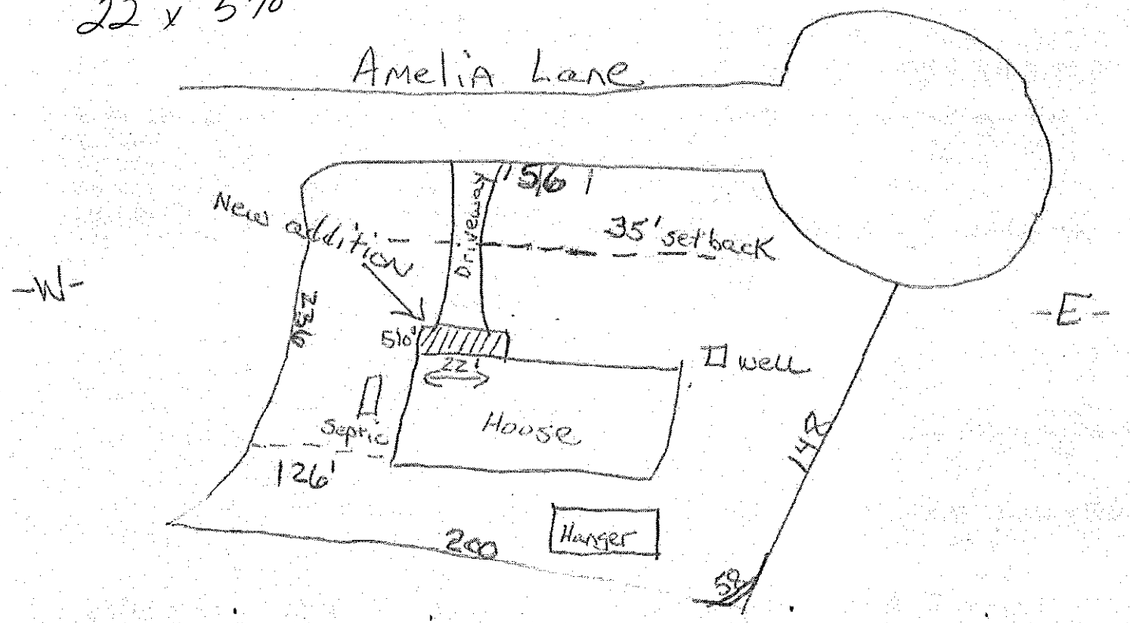
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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

-N-

22 x 5'10"



Signature: Patricia Littwin

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

12/1/14

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16563 DATE 6/30/93 TAX MAP NO. 2P-4-A-187

OWNER OR CONTRACTOR ROBERT R CAHILL PHONE: Business 4638-43-7619 Home 663-4477

ADDRESS Rt 4 Box 75F MOORESVILLE, NC. 28115

LOCATION CORNER OF NORMANDY RD. AND AMELIA AVE. ON (R)

SUBDIVISION LN AIRPARK II BLOCK / SECTION ____ LOT 31 LOT AREA 1.02 AC SITE CLASS. P L.T.A.R. .35 - .4

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date 8-10-93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields ____ Square Feet 1028 Linear Feet 345

No Lines 3 Trench Width 36" Trench Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, II, IV, V, VI

System Description: CONVENTIONAL

Repair System Description: CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____

☐ Slab ☐ Crawl Space ☒ ~~Basement~~ PARTIAL w/plumbing ☐ Basement wo/plumbing

Garbage Disposal: ☐ Yes ☒ No

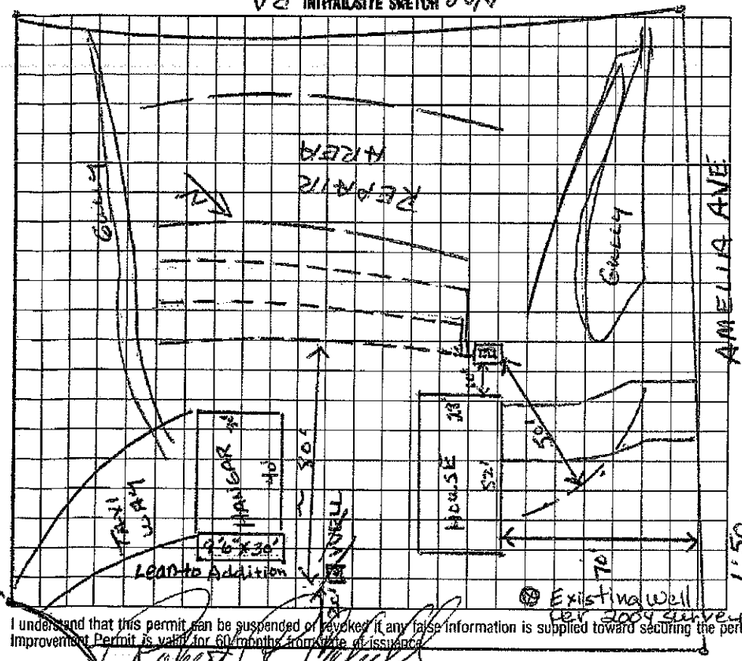
Auto. Dishwasher: ☒ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

Other ____

Comments Drainfield not in any gullied or depressed areas. Contours are very different for each drainline. Trenches may be 36" deep to trench bottom. Repair area must be left as shown here.

'02 INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN.

The location of the proposed Hangar Lean-to addition does not appear to impact the existing septic system.

**NOTE: ____

Cindy Melville REHS

Date: March 4, 2011

ICHD-Environmental Health Division

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Robert R. Cahill

Improvement Permit by: Wesley Sparks R.S. date 6/30/93

Existing System Inspection by: ____ date ____

Installed by: Tim AMMONS

Certificate of Completion by: Wesley Sparks R.S. date 9/30/93

Operation Permit by: ____ date ____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD