RECEIVED APR 18 2016 #21819

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

IF 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 ✓ Existing System Inspection #21819

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Repair Evaluation - No Chg
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: Paid $120.00 6-28-16

Deborah Malonzo	2241 Perth Rd Mooresville	704 230-6858	7048160115
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Deborah Malonzo	2241 Perth Rd Mooresville	704 230-6858	704 816-0115
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

debbymalonzo@yahoo.com
Email

4. Property Information:

2241 Perth Rd		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From I-77 go West on 150 turn Rt on Perth Rd approx 1 mile on the right.

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

( ) New, Single Family Residence — Maximum Number of Bedrooms 4 DLW — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 6 — ✓ Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to Sludge & Cracked Tank — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non-Residential Site Development: Type of Business Daycare Home, Up to 8 #
Square Footage of Building Includes Out Door Area
Maximum Number of Employees 2
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)* (✓) EXISTING SYSTEM installed 2005 Yr

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following (✓) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Debbie Malonzo 4-18-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE