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 (X) Authorization To Construct (X) 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 #
J.S. Testa, LLC	19905 W. Catawba Ave. # 202 Cornelius, NC 28031	704-892-2995	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Robert Rizzotto	162 Blue Ridge Trail, Mooresville, NC 28117		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
162 Blue Ridge Trail Mooresville, NC 28117	Woodleaf	# 21

Driving Directions: Perth Rd. - Left on Fern Hill Rd - Left on Blue Ridge

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
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number 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 ___

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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: _____ 11-26-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH 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 *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- X Front and side setbacks from property line...
- X Preferred driveway location and configuration, preferred well location...
- X Area you prefer your septic system to be placed...
- X 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: [signature] *REQUIRED* property owner or owner's legal representative signature.

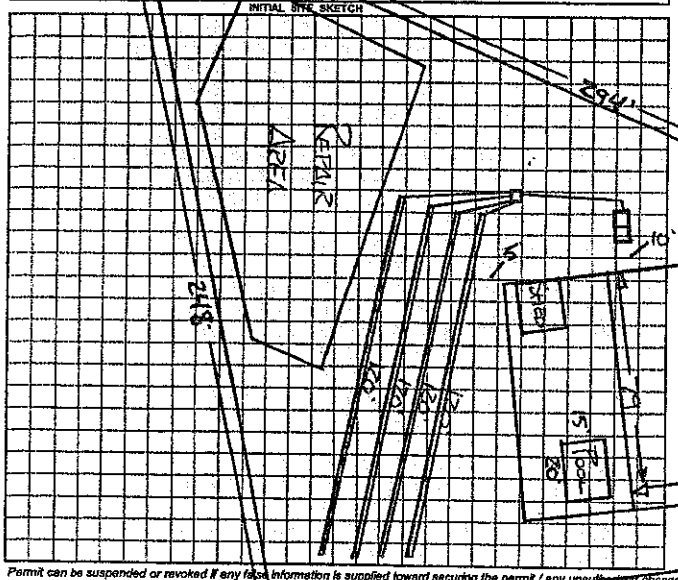
11-26-13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Nitrification Field No Fields 1 No Lines 4 Linear Feet 480' Maintenance Agreement Required ☐ YES ☒ NO INITIALLY ☐ Slab ☒ Crawl Space ☐ Community
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth — ☒ GRAVITY ☐ PRESSURE ☐ Basement w/plumbing ☐ Basement w/o plumbing

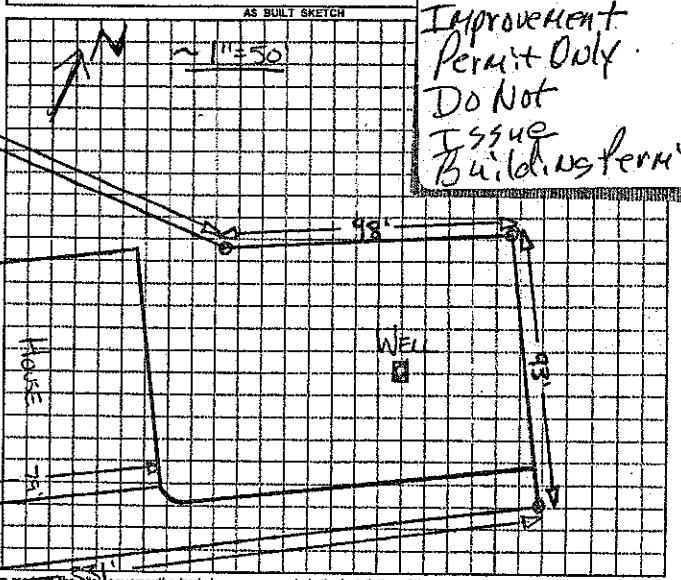
Comments / Conditions:

INITIAL SITE SKETCH



Comments / Conditions: ① MEET ALL REQUIRED SETBACKS ② POOL CAN BE LARGER BUT MUST BE MIN 15' FROM SEPTIC

AS BUILT SKETCH



Improvement Permit Only. Do Not Issue Building Permit

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date 12-29-10
Improvement Permit by: [signature] REHS Date 11-8-10
Authorization to Construct by: _____ Date _____
YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

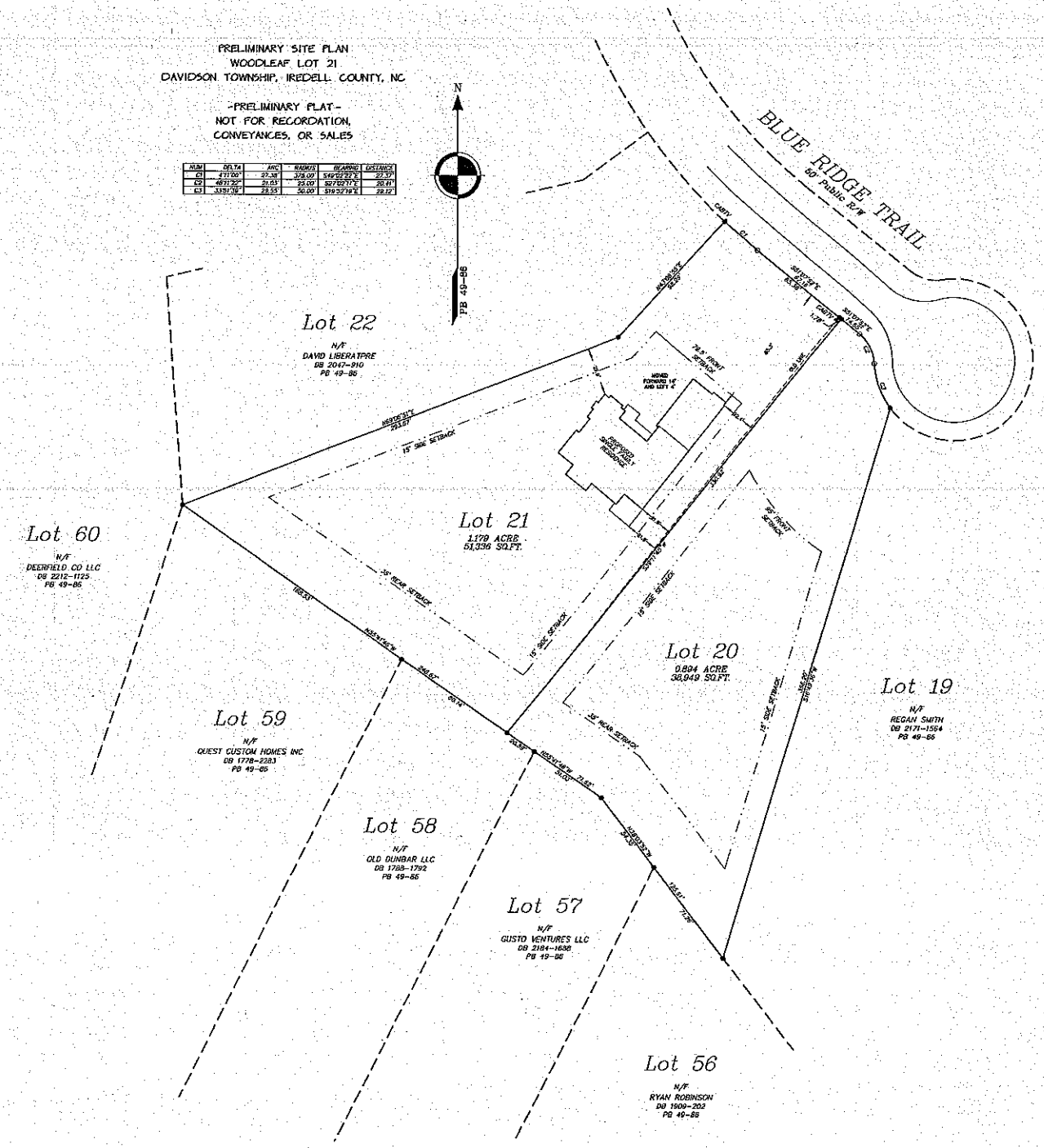
Installed by: _____
Operation Permit by: _____ Date: _____
Existing System Inspected by: _____ Date: _____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

PRELIMINARY SITE PLAN
WOODLEAF, LOT 21
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC

-PRELIMINARY PLAT-
NOT FOR RECORDATION,
CONVEYANCES, OR SALES

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	4°11'00"	27.38'	375.00'	S49°02'23"E	27.37'
C2	48°21'22"	21.03'	25.00'	S27°02'11"E	20.41'
C3	33°51'38"	29.57'	50.00'	S19°32'19"E	29.15'



PAID $485
3A

IREDELL COUNTY HEALTH DEPARTMENT
Environmental Health Division
Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
ROBERT A. RIZZUTTO	6482 BAY ISLAND CT, WPB, FL 33411	561-478-6537	718 755-3131
S/A/A			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
162 BLUE RIDGE TRAIL	WOODLEAF	LOT #21

Driving Directions: HWY 150 W, (R) ON PERTH RD, (L) ON FERN HILL RD, (L) ON BLUE RIDGE TRAIL, END OF ROAD ON RIGHT

****

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
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(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other ___ ( ) No Preference

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9. Signature: Robert A Rizzutto — 10-18-2010

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

IREDELL COUNTY HEATLH DEPARTMENT

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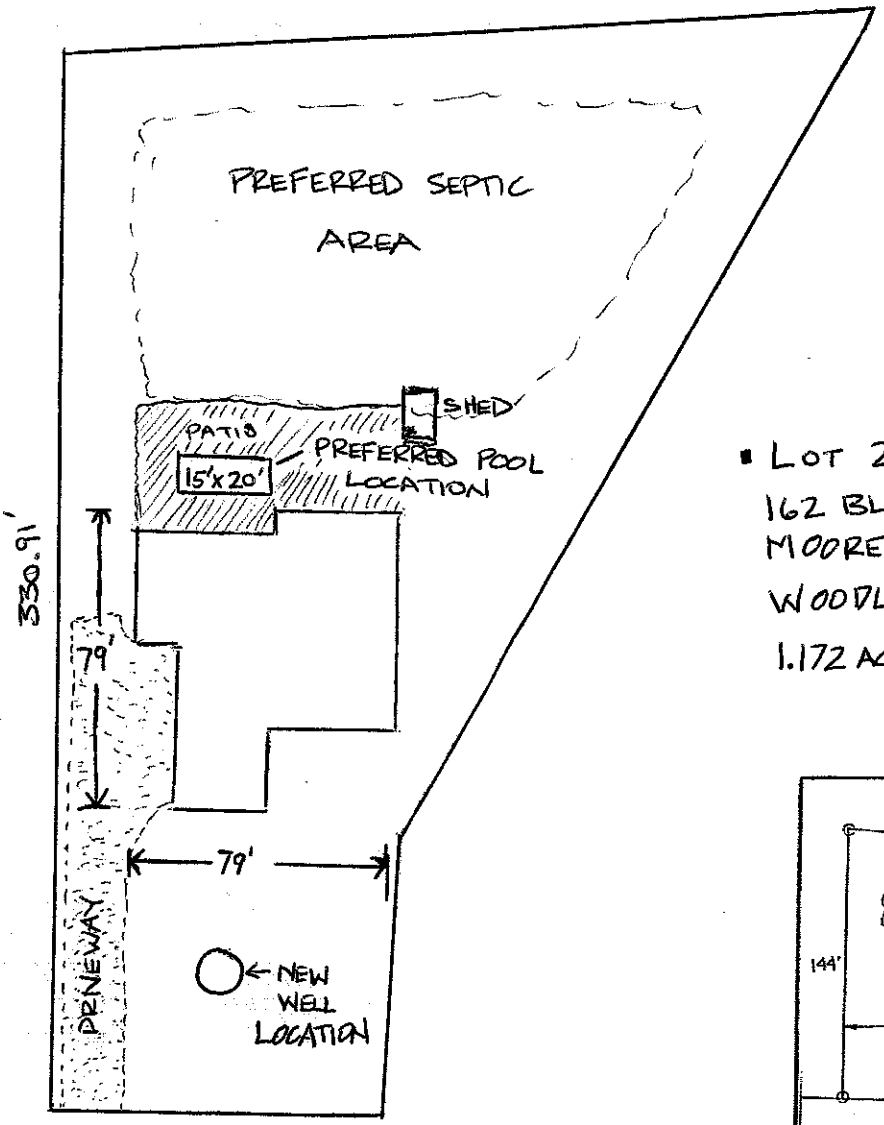
Circle N/A on the following if appropriate:

- ___ **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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-18-2010
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



- LOT 21
  162 BLUE RIDGE TRL
  MOORESVILLE, NC 28117
  WOODLEAF
  1.172 ACRES

