IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Application For Improvement Permit and/or Authorization To Construct, 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:
Place check ( ) beside whichever is submitted if applicable

___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

TOM LAWLEY (FOUNTEES) — PO BOX 2429 DENVER NC 28037 — 704 861-3130 — ___
Applicant Name — Mailing Address — Home Phone # — Alternate Phone #

DAVID ADAMS — 243 LIVA LN MOORESVILLE NC — (704) 301-3461 — ___
Owner Name — Mailing Address — Home Phone # — Alternate Phone #

4. Property Information:

243 LIVA LN MOORESVILLE NC — CL+T — 2006 Sect 14
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: FROM HWY 150 - NORTH ON PERTH RD TURN L ON LIVA LN

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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
(X) Other BUILDING DETACHED GARAGE

Maximum Number of Bedrooms ____
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 ____

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6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other N/A ( ) No Preference

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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?

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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] — 1-31-2011
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...
___	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: _____ 1-31-2011

REQUIRED property owner or owner's legal representative signature. **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

