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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) 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: Paul Kowalski Builders Address: 13401 Lancaster Hwy D3, Pineville 28134 Phone: 704-737-1677

Owner Name: Jan Campos Address: 111 Sail High Ct. Mooresville Phone: _____

Property Information:

Street Address: 111 Sail High Ct. Mooresville NC 28117

Subdivision Name: Westview Section/Phase: _____ Lot Number: 13

Driving Directions: _____

PAID $ [illegible]

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: Bonus room addition

( ) 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 ( ) 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 ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Cathy Kowalski 1/16/2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

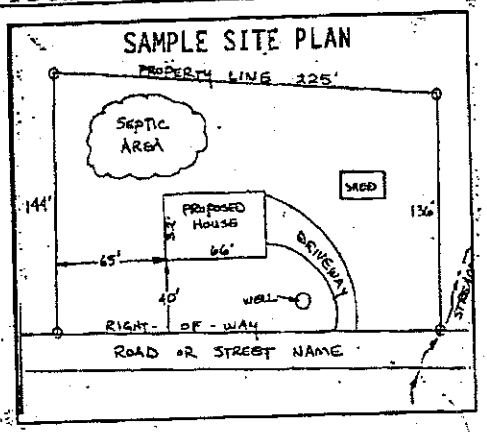
ENVIRONMENTAL HEALTH DIVISION

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

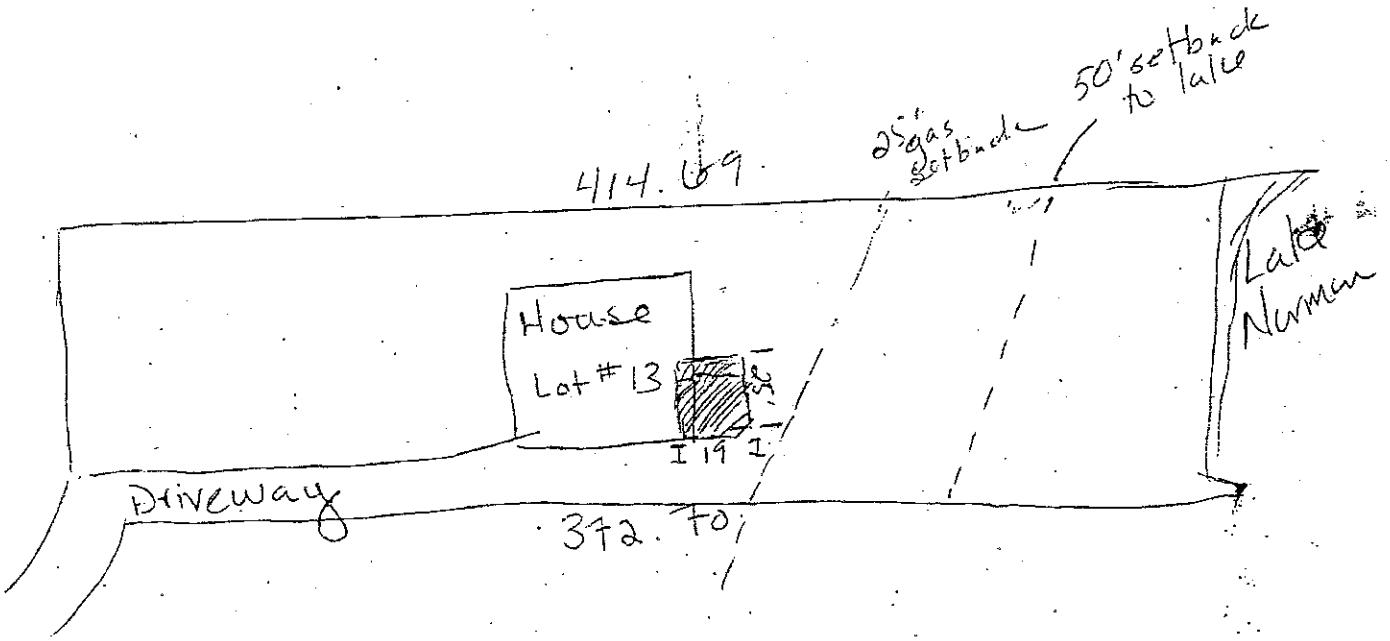


Circle N/A on the following if appropriate:

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

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



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

1/16/2014
DATE

Cont. Agt

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. 066501 DATE 7/8/97 TAX MAP NO 4644814479 4644388484 Waterfront X Yes No

OWNER OR CONTRACTOR Crescent Resources/Thomas London PHONE: Business 663-6905 Home

ADDRESS P.O. Box 1003 Charlotte, NC 28201

LOCATION Lexington TO Mecklenburg TO Westmoreland TO High Sail Ct. SAIL NIGHT CT.

SUBDIVISION Lakefront BLOCK / SECTION LOT 13 LOT AREA 2 Acres SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank 1000 Gallons STR 24/7 Date 2/3/97

Pump Tank 1000 Gallons PT 27 Date 11/21/97

Pump Make Myers Model SJ50S Serial No 11178

Notification Fee, No Feeds 1 Square Feet 1200 Linear Feet 400

No Use ~~Graywater~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

New System Repair System Maintenance Agreement Required: Yes No

System Description: Pump - Plastic Manifold

Repair System Description: Same

House/Mobile Home No. Bedrooms 3

Mobile Home No. Bathrooms 3

Business No. Employees

Other

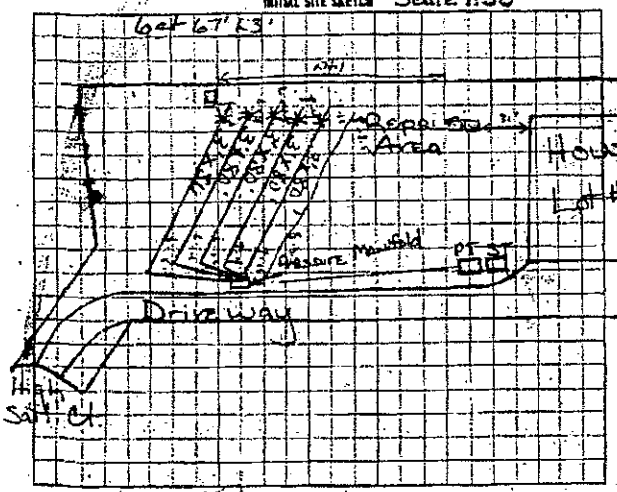
Slab Crawl Space Basement w/plumbing Basement w/o plumbing

Water Supply: Individual Community Public

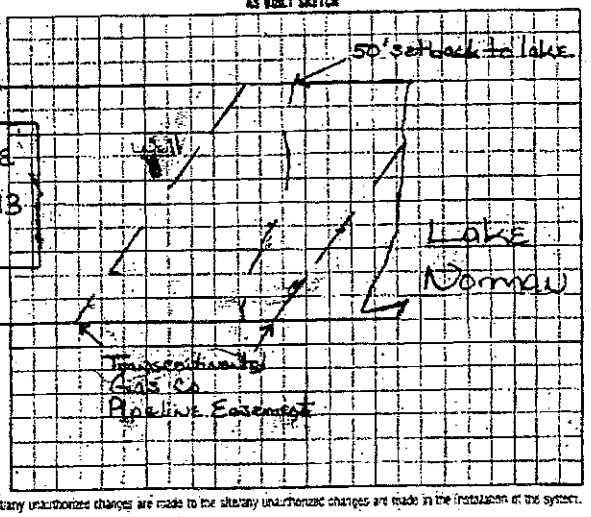
Comments: * Install inspection pots near end of each lateral
* 3 Bedroom = 400' Conventional Mfd

Comments: NEED FLOAT TREE IN PUMP TANK
GATE VALVE IN PUMP TANK

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH



I understand that my permit can be suspended or revoked if any false information is supplied and/or pursuing 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: [signature] Agent 5/5/97

Improvement Permit by: [signature] date 7/8/97

Field Verification by: [signature] date 8/4/98

Installed by Charles Morrison

Certificate of Completion by: [signature] date

Operation Permit by: [signature] date 5/6/99

WHITE COPY: WHITE — INSPECTION COPY (FINAL): CANARY — OWNER COPY (FINAL): YELLOW — INSPECTION COPY (INITIAL): PINK — OWNER COPY (INITIAL): GOLD