IREDELL COUNTY HEALTH DEPARTMENT

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:
( ) Survey Plat, Scaled no more than 1 Inch = 60 Feet
( ) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Kathy Kirk Lusch	177 Quail Ridge Dr Mooresville NC 28117	704-799-0130	704-591-0924
Applicant Name	Mailing Address	Home Phone	Work Phone
Kathy Kirk Lusch	177 Quail Ridge Dr Mooresville NC 28117	704-799-0130	704-591-0442
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

177 Quail Ridge Dr Mooresville	Quail Ridge	7
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I-77 N to Exit 33 west on Hwy 21, left on Alcove, (R) on Templeton, (R) on Quail Ridge, (R) at "T", 2nd to last house on left.

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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

Maximum Number of Bedrooms 4 total according to Applicant
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 3

( ) 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 (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Expansion ( ) No Preference

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8. 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. industry) to be generated?
( ) Yes (✓) 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: Kathy Lusch — 12/13/07

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

IREDELL COUNTY HEATLH DEPARTMENT

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…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ____ **Front and side setbacks from property line…**
- ____ **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:

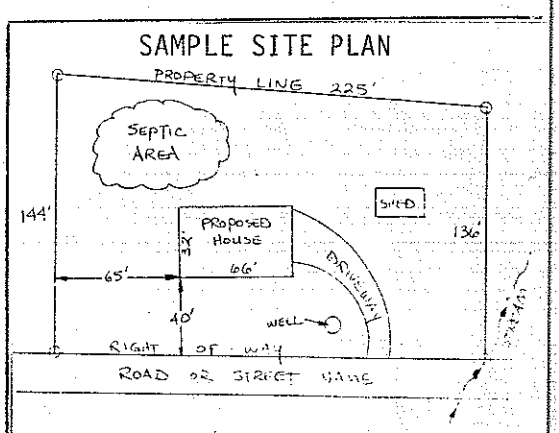
- ____ **Location of septic systems and wells within 100' of your property…** **N/A**
- ____ **Location of easements and rights of ways on your property…** **N/A**
- ____ **Location of any designated wetlands on the property…** **N/A**

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

12/13/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached permit
KWJ



IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Steve Carrouth DATE 8-7-79 PERMIT NO. 273

PHONE: Business _____ Home _____

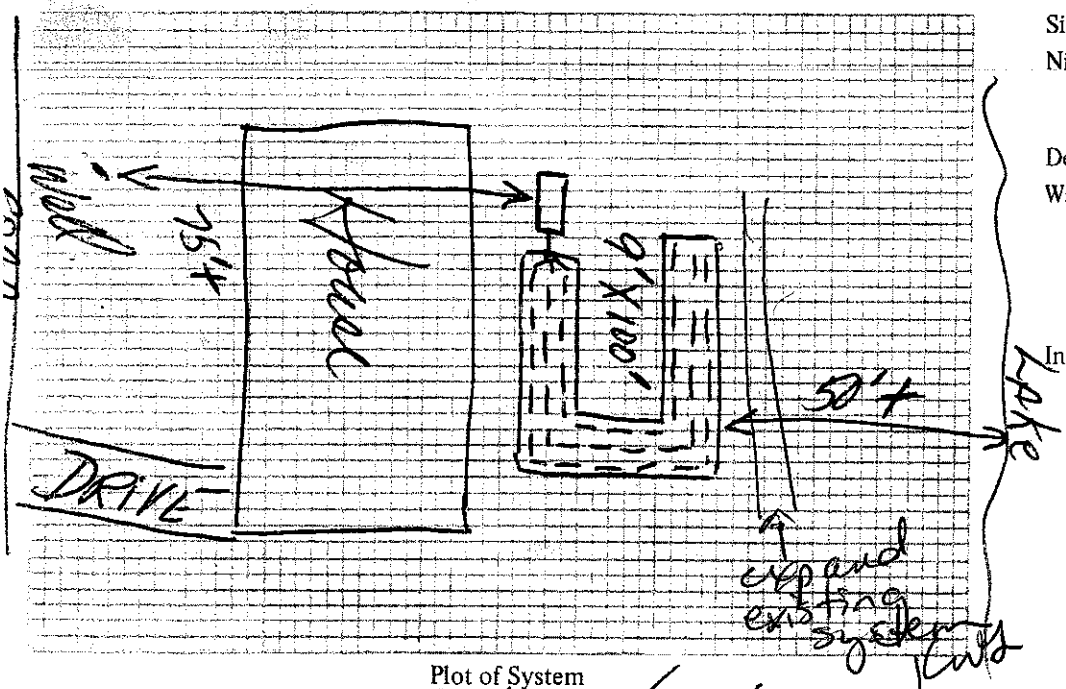
LOCATION 215 To on 1206 To on 1108 To across from Quenzig Cove at end on left S. R. No. _____

SUBDIVISION NAME Quail Run LOT NO. 7 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	30mpi + 0	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	15%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
Lot Area ½ AC			Rock or other impervious formations	some scattered rock	



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 8-7-79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

AC
12/13/07
Quail Ridge Lot 7

