IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: (X) 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: Danny McGraw Address: 120 Topaz PL. Mooresville NC 28117 Phone: 704 682-0574

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: 120 Topaz

Subdivision Name: Crystal Bay Section/Phase: _____ Lot Number: 66

Driving Directions: BSR, TL Canvasback, TL 2nd Wood Duck, TR Crystal Bay, TR Topaz, at end on Rt

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: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: Added Room

(X) Crawl Space Foundation
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2003

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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. industrial) 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.

Signature: _____

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

7/8/2016
DATE

Print

Date: Tuesday, June 21, 2016 11:29 AM

From: mike@michaelathanas.com

To: graw84@roadrunner.com

Cc: Adrian Pruett <adrian.pruett@co.iredell.nc.us>

Subject: 120 Topaz Lane

Cherie,
As you know we came out to your residence and confirmed/probed the location of your septic system. The question concerning your buyers was if the repair area had be compromised due to the addition (enclosed portion) on to the house. This lot is classified as repair exempt due to the date of the deed and does not require any repair area, therefore it is compliant. I have confirmed this with Adrian Pruett, Supervisor of Iredell County Health Department and it appears no further action is required. If you have any other questions, please feel free to call me.

Sincerely,

Michael Athanas
Michael Athanas & Associates, Inc.
NC Licensed Soil Scientist
SC Professional Soil Classifier
Mike@michaelathanas.com
C. 704 576-3887