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IREDELL COUNTY HEALTH DEPARTMENT

Paid $320.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

#214216

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:

Place an (X) 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

Applicant Information:

Applicant Name: Tonica Dragoi Address: 181 Stumpy Creek Rd. Phone: (704) 579-9703

Owner Name: Tonica Dragoi Address: Same Phone: (704) 660-9307

Property Information:

Street Address: 123 Knox Haven Ln. Mooresville, NC 28117

Subdivision Name: Knox Haven Section/Phase: _____ Lot Number: 5

Driving Directions: 77-Exit 33 Turn left on Alcove Ln., Turn Right on Catalina Dr, Left on Knox Haven, lot in cul-de-sac

Site Development Information: *(check or complete ALL that apply)*

- (X) New Single Family Residence
- ( ) New Multi-Family Residence
- ( ) Accessory Building
- ( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4

Maximum Number of Occupants: 8

- ( ) Swimming Pool
- ( ) Other Addition/Structure: _____

- (X) 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
- (X) 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
- (X) Conventional
- ( ) Innovative
- ( ) Modified Conventional
- ( ) Other: _____

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)

10/14/15

DATE

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
   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	Work Phone
Eagle I Enterprises LLC	9806 Devonshire Dr. Mooresville, NC 28078	704-896-2958	704-231-2917
Owner Name	Mailing Address	Home Phone	Work Phone
Same	Same	"	"

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
123 Knox Haven Lane	Knox Haven	#1 / #1 - Lot 5

Driving Directions: Rte 77 South to Exit 33 - Straight across onto Alcove, Immediate Right onto Catalina, about ½ mile, Left on to Knox Haven, Lot 5 is directly @ end of col-de-sac

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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
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 ( ) 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___ ( ) No Preference

****

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: _____ 9-26-2007
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE