IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION Application for SEPTIC REPAIR PERMIT

RECEIVED OCT 24 2014

(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)

Paid $500.00 Statesville

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ BOTH ✓ Existing System Inspection

Paid $100.00 12-15-14 #206602

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:

Gil Allred	114 Jillians Ln. Mooresville N.C. 28115	704 807-3037	704 807-3036
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Gil Allred	"	"	"
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

114 Jillians Ln.		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: _____

wants to know if a 4BR or 6BR is possible currently permitted as 3BR

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(X) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

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 _____

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)* (✓) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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?

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: Elisha A. Allred PAID 10-24-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

10-24-14

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION :

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

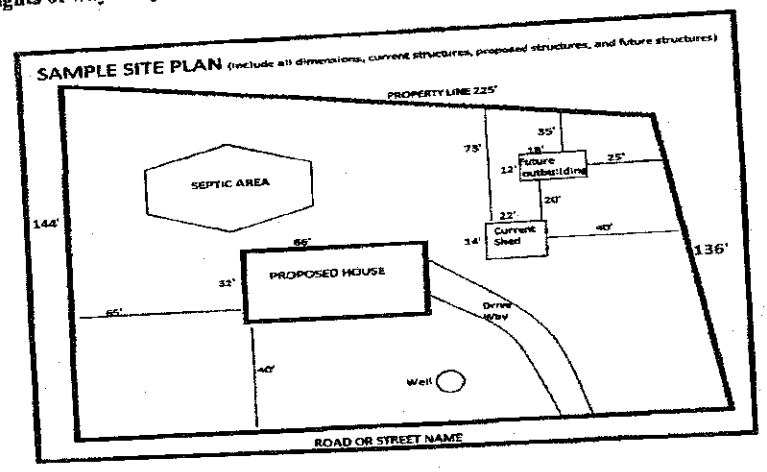
____ Front and side setbacks from property line… **____ Preferred driveway location and configuration, preferred well location…**

____ Area you prefer your septic system to be placed… **____ North arrow, or other sufficient indicator of direction…**

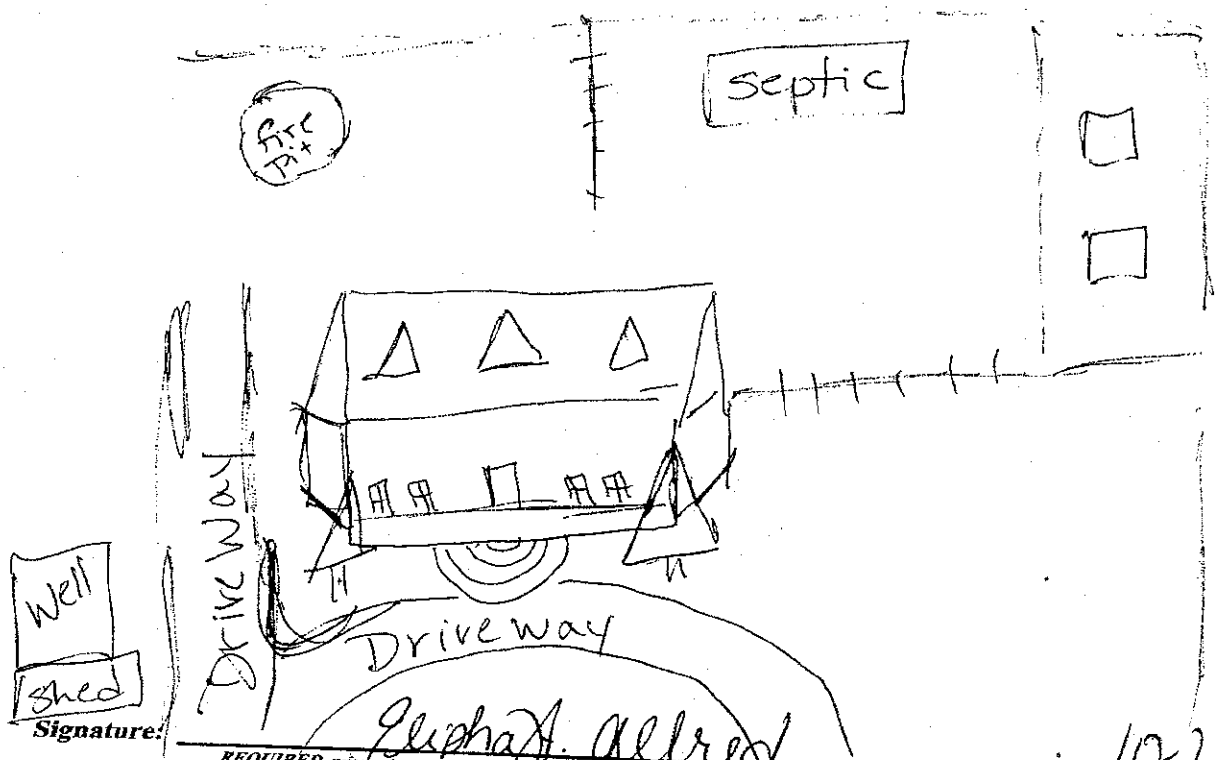
Circle N/A on the following if appropriate:

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

____ Location of easements and rights of ways on your property… N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Elphia A. Allred

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

10-24-14

DATE