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IREDELL COUNTY HEALTH DEPARTMENT

Paid $500.00
#217776

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 IF APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLA Please CALL prior to inspection Name: James Number: 980-722-6940

Page 2: *Site Plan Worksheet* form MUST accompany this applic

The following optional attachments may also be submitted: ( ) feet
Place an (X) beside whichever is submitted if applicable ( ) = 60 feet

Applicant Information:

Applicant Name: James Warren **Address:** 281 Rinehardt Rd Mooresville **Phone:** 9807226940

Owner Name: Same **Address:** Same **Phone:** _____

Property Information:

Street Address: 281 Rinehardt Rd. Mooresville NC 28115

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) 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 (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: _____

( ) 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: _____ 4/4/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE