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IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Paid $250.00

(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)

#215574

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct __X__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:

James K. Alexander | 180 Barfield Rd Mooresville N.C | 704-305-1772 | _____
Applicant Name | Mailing Address | Home Phone # | Alternate Phone #

James K. Alexander | 180 Barfield Rd Mooresville N.C | 704-305-1772 | _____
Owner Name | Mailing Address | Home Phone # | Alternate Phone #

4. Property Information:

[redacted] 180 Barfield Rd. | Parks Cornelius | 4
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: Go Forward Mooresville on Hwy 115 & Turn on Barfield Rd To The Right Address 180 Barfield Rd.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* 3BR Permit on File.

( ) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?
(✓) New, Multi-Family Residence — Maximum Number of Occupants 6 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (✓) Basement w/Plumbing?
( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
(✓) Other 30x40 Accessory Structure per zoning Permit

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building 48000 SF
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 2000 *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: James Kenneth Alexander — 12-21-2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE