IREDELL COUNTY HEALTH DEPARTMENT
Environmental Health Division
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 X Existing System Inspection

2. 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 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 #	Alternate Phone #
Jim Estes		704-641-0325	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Necked Squirrel LLC.	PO Box 367 Terrell NC 28682		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
749 Shinnville Rd.		

Driving Directions: NC Hwy 115 N. to Right on Shinnville Rd.
Bldg. on left

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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
(X) Other Addition of Bathroom

Maximum Number of Bedrooms 1
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

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

****

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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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: _____ 2-23-10
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Jim Estes
3/19/2010

Wed. 04-04-12
Pd $150.00 @ Steve
Existing System M
S

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Robert Gregory	749 Shinville Rd	704-677-6318	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

749 Shinville Rd Mooresville, NC
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: 2.5 - 3 miles on Left

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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
( ) Other Apartment inside Building

Maximum Number of Bedrooms 1 2
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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7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (√) Existing 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?
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9. Signature: Robert Gregory (SIGNATURE REQUIRED) — 4-4-12 DATE