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# IREDELL COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

Paid $250.00

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTI

*THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, O 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 EXPIRAT SEE 15A NCAC 18A .1937(f) FOR DETAILS)*

**1. APPLICATION FOR:** ___ Improvement Permit X Authorization To Construct ___ BOTH ✓ Existing System Inspect

#217480

**2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**

**The following optional attachments may also be submitted:** *Place check ( ) 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

**3. Applicant Information:**

| | | | |
|---|---|---|---|
| N in Drennewatt (DED, LLC) | P.O. Box 1529 Denver NC 28037 | "Dan" 704-201-7728 | |
| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
| Jonathan Ellen Cline | 875 Linwood Rd Mooresville, NC 28115 | 704-733-8831 | |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

**4. Property Information:**

| | | | |
|---|---|---|---|
| 875 Linwood Rd Mooresville, NC 28115 | | N/A | |
| Street Address | | Subdivision Name | Section/Phase and Lot Number |

**Driving Directions:** NC 150 E, turn (R) on NC 35/W Iredell Ave, turn (L) on Williford Rd, turn (R) on Linwood Rd, House on (L)

**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 In-ground concrete swimming pool 18 x 33

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (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?

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:** _____ 3/22/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

25' off well
50' from house