IREDELL COUNTY HEALTH DEPARTMENT

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 ___ Existing System Inspection

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:**
   Jordan McDonald — 194 River Birch Circle Mooresville — 704-402-9413 — 704-239-8785
   Applicant Name — Mailing Address — Home Phone — Work Phone
   Jordan McDonald — 194 River Birch Circle Mooresville, NC 28115 — 704-402-9413 — 704-239-8785
   Owner Name — Mailing Address — Home Phone — Work Phone

4. **Property Information:**
   128 Walden Dr. Mooresville NC 28115 — Walden Ridge — lot #4
   Street Address — Subdivision Name — Section/Phase and Lot Number
   Driving Directions: East on Mainstreet, (R) onto Linwood Dr. (L) onto Teeter Rd, (R) onto Walden Dr. Lot on Right

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
   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)*
   ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

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. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Jordan McDonald — 1/22/—
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)