IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

8/07/15

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN REQUIRED. APPLICATION WITH CONCEPTUAL SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937 FOR DETAILS.

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable.

Applicant Information:

Applicant Name: Kathy Vary Address: 106 Colonial Heights Ln. Phone: 704-880-85

Owner Name: Kathy Vary Address: 106 Colonial Heights Ln. Phone: 704-880-85

Property Information:

Street Address: 106 Colonial Heights Ln. Statesville, NC 28625

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

Driving Directions: _____

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

( ) New Single Family Residence Maximum Number of Bedrooms: 3 SV ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumb

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 ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Wate

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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 g right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 8-7-15

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

FORM 2: SITE PLAN WORKSHEET

SEE THE SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT.

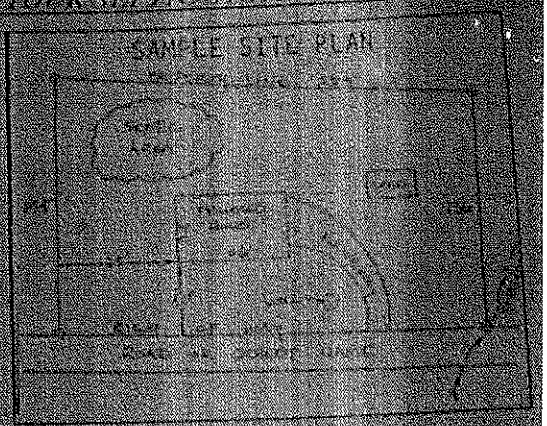
Place an (X) beside each item as you complete the site plan:

( ) 1. Property Line measurements are clearly identified
( ) 2. All proposed structures are indicated
( ) 3. Front and side setbacks from property line
( ) 4. Preferred driveway location and well location
( ) 5. Area you prefer your septic system to be placed
( ) 6. North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

SAMPLE SITE PLAN



USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site.



ure: [signature] 6-1-16

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE