4704569644

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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: ✓ **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 #
Tony Harper	PO Box 5607, Statesville, NC 28687	(704) 873-1658	(704) 902-3768
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
West Iredell Water Co.	PO Box 5607, Statesville, NC 28687	(704) 873-1658	(704) 873-1940

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1216 Island Ford Road		

Driving Directions: I-40 W to Exit # 144 (Old Mountain Road). Turn right onto Old Mountain Road and continue to traffic light. Turn right at the traffic light onto Island Ford Road. 1216 Island Ford Road is less than 1/4 mile on left.

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

Maximum Number of Bedrooms ___
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	Water Distribution office
Square Footage of Building	adding bathroom of approx. 49 ft²
Maximum Number of Employees	10
Maximum Number of Seats	1 to be added

6. Proposed Water Supply:

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

7. Desired Septic System Type: ***(You may rank in order of preference, if any)*** (X) Existing System - installed 1988

( ) 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: Tony Harper, General Manager WIWC — **Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

5/2/13 — **DATE**