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: ___ 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:**

Cynthia Henderson	1528 Old Mountain Rd	704873-1662	7048731662
Applicant Name	**Mailing Address**	**Home Phone**	**Work Phone**
Donald Henderson	1528 Old Mountain Rd	7048731662	7048710244
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

1528 Old Mountain Rd	Bethlehem Groves	#5-#6
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: 40 West To Old Mtn Rd exit, turn ~~right~~ left, go ___ miles turn left onto Belinda Loop, then left in 1st Driveway

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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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
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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6. **Proposed Water Supply:**

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

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

( ) Alternative (1) Conventional (2) 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?
( ) 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?

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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:** Cynthia Henderson — 8-7-10

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

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 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:

_____ **Property Line measurements are clearly identified…**
_____ **All proposed structures are indicated…**
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
_____ **Front and side setbacks from property line…**
_____ **Preferred driveway location and configuration, preferred well location…**
_____ **Area you prefer your septic system to be placed…**
_____ **North arrow, or other sufficient indicator of direction…**

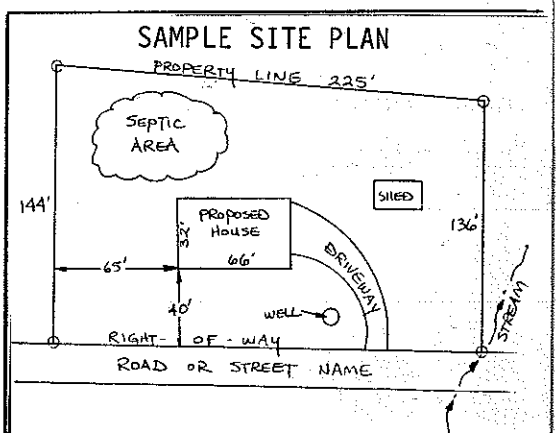
Circle N/A on the following if appropriate:

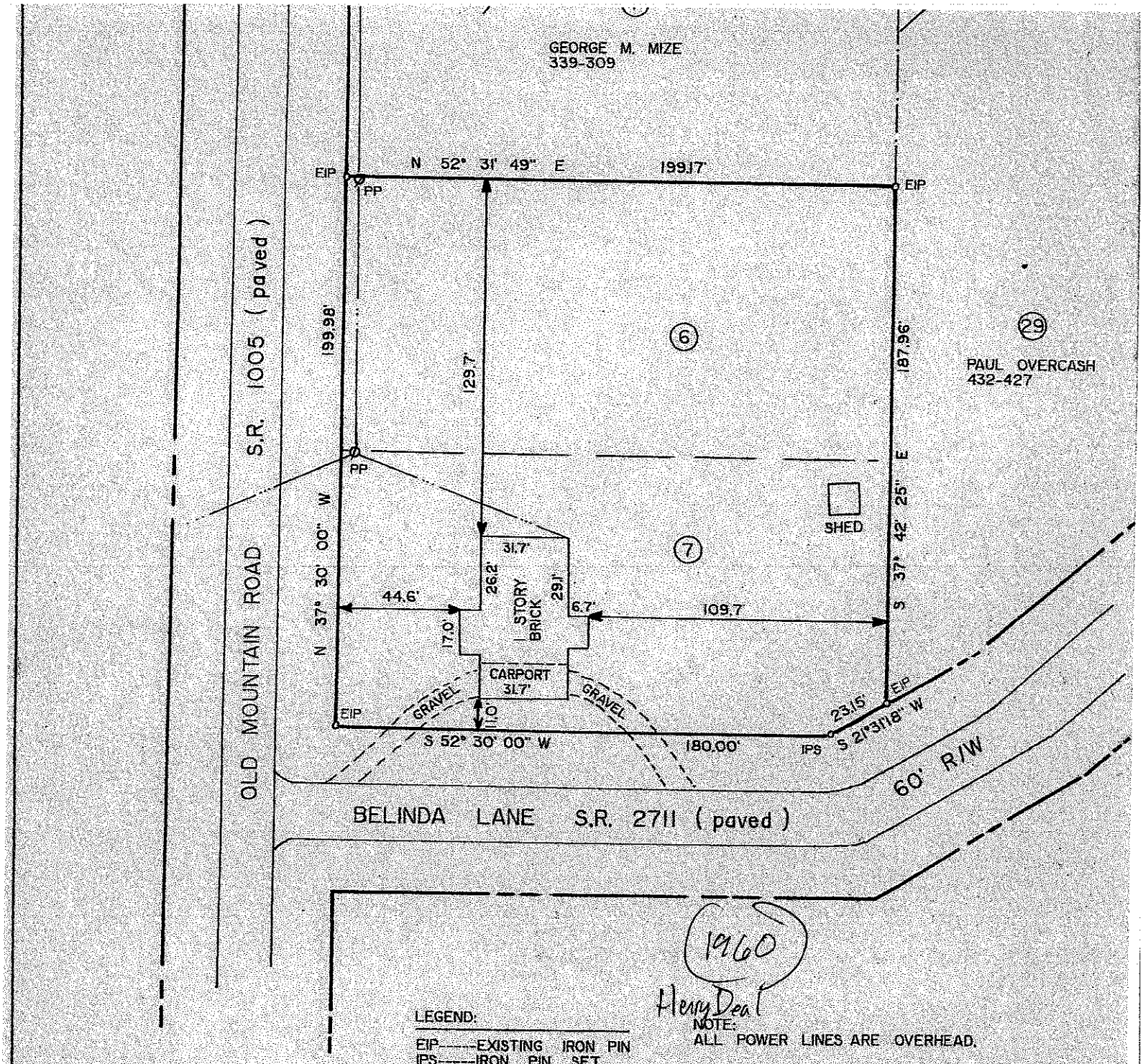
_____ **Location of septic systems and wells within 100' of your property… N/A**
_____ **Location of easements and rights of ways on your property… N/A**
_____ **Location of any designated wetlands on the property… N/A**

Signature: Cynthia Henderson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-7-10
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





1960

Henry Deal

LEGEND:

EIP-----EXISTING IRON PIN
IPS-----IRON PIN SET
PP-----POWER POLE

NOTE:
ALL POWER LINES ARE OVERHEAD.

NORTH CAROLINA REGISTERED SEAL L-2960 LAND SURVEYOR TEDDY E SHARPE

Teddy E. Sharpe

PHYSICAL SURVEY FOR

DONALD R. HENDERSON & WIFE CYNTHIA K. HENDERSON

LOTS 5 AND 6 - BETHLEHEM GROVES SUBDIVISION		P.B. 5 PG. 67	DATE: 05-17-88
TOWNSHIP: SHILOH	COUNTY: IREDELL		NORTH CAROLINA
DEED REF.: 77-444 159-461 & 159-463	TAX MAP REF.: 8K-2-A-5-& 6		SCALE: 1" = 50'
AREA: 0.913 ACRES	DRAWN BY: TES		DRAWING NO.: 183C

SHARPE SURVEYING COMPANY
212 EAST WATER STREET P.O. BOX 1407 STATESVILLE, N.C. 28677 PHONE: (704) 873-4605

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO._____ Permit Date MAY 14 195__

Owner E.O DEAL Address CELESTE HENKEL

Installed By R.C OSTWALT Address _____

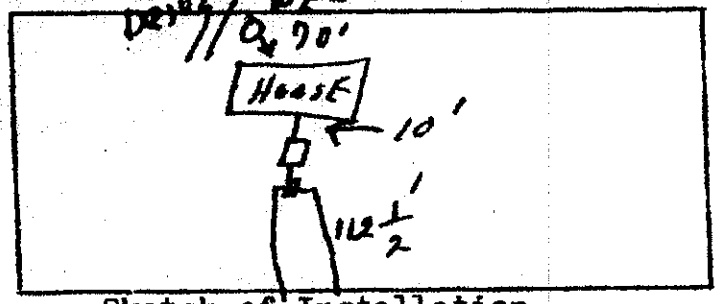
Location of Property PASSED CELEST H.S. 1st NEW BRICK HOUSE ON RIGHT

Tank		Capacity		Length of Lines		Fixtures	
Block	(✓)	800	( )	150'	( )	No. of Baths	(1)
Precast	( )	900	( )	175'	( )	Dishwasher	(1)
		1000	(✓)	200'	( )	Garbage Grdr.	( )
		1100	( )	225'	(✓)	Auto-Washer	( )
		1200	( )	250'	( )	Other _____	
		Other _____		Other _____			

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection MAY 14 1958 Approved (✓) Disapproved ( )

Remarks _____



Sketch of Installation

Raford G. Holmes

Sanitarian