IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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: X Improvement Permit X Authorization To Construct ___ 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 #
THOMAS STEWART	119 REDMOND DAIRY DR	704-838-0375	407-848-8915
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
LEANNE R STEWART	119 REDMOND DAIRY DR	704-838.0375	704-902.3049

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
152 CELESTE EUFOLA		

Driving Directions: I-77 TO OLD MOUNTAIN RD, LEFT ONTO OLD MOUNTAIN RD, ABOUT 4 MILES, RIGHT ONTO CELESTE EUFOLA, AFTER 3RD HOUSE ON RIGHT DRIVE WAY MARKED BY WHITE FLAGS (OR) WHICH IS PREFERED COME TO 119 REDMOND DAIRY DR.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

X New, Single Family Residence	Maximum Number of Bedrooms 4	X Crawl Space Foundation?
( ) New, Multi-Family Residence	Maximum Number of Occupants 5	( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System	If Expansion, Current Number of Bedrooms ___	( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to ___		( ) Basement w/out Plumbing?
( ) Other ___		

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 X City Water ( ) Other Public Water

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes X No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes X 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 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: Thomas Daniel Stewart
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

May 30, 2014
DATE