IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION Application for SEPTIC REPAIR PERMIT

(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 48 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 48 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 attachment(s) may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Please check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

CMH Homes (Applicant Name)	3026 Houstasick Dr Statesville NC (Mailing Address)	704-873-2547 (Home Phone #)	703-314-5328 (Alternate Phone #)
Ronnie Johnson (Owner Name)	302 Ash Brook Rd Statesville, NC 28677 (Mailing Address)	304-228-1918 (Home Phone #)	(Alternate Phone #)

4. Property Information:

302 Ash Brook Rd Statesville, NC 28677 (Street Address)	N/A (Subdivision Name)	4474462 9402 (Section/Phase and Lot Number)

Driving Directions: 40 West To Exit 146 make Left onto Stamey Farm Rd Then Right onto Ash Brook. Lot is on the 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 due to
(✓) Other Was Existing Septic Needs To Be Replaced

Maximum Number of Bedrooms 2 (BS)
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 ___

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)* ( ) EXISTING SYSTEM Installed ___ Year

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

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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 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 labelling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: R. E. Johnson
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/23/11
DATE

Signature