1720541396 .7 acres

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

2042249

Application For:

(X) Septic Improvement Permit (-) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(-) Authorization to Construct ( ) Existing System Inspection ( ) 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 60 MONTHS; APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: *Place an (X) beside whichever is submitted if applicable*

( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Thomas Loftin Address: 181 Maple View Dr, Troutman Phone: 704-902-1330

Owner Name: SAME Address: Phone:

Property Information:

Street Address: 181 Maple View Drive, Troutman

Subdivision Name: Wildlife Bay Section/Phase: Lot Number:

Driving Directions: Perth Rd, Route State Park, Route Wildlife Rd, R into Wildlife Bay, Route Maple View, 1st end of cul-de-sac 181

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

(X) New Single Family Residence
(-) New Multi-Family Residence
( ) Accessory Building
(-) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
(-) Swimming Pool
( ) Other Addition/Structure:

(-) Crawl Space Foundation
( ) Concrete Slab Foundation
(-) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats:

Water Supply:

( ) New Well (-) Exi

Desired Septic System Type

( ) No Preference ( ) Alterna

Please answer the following to the best of your ability:

	Date	Initials
Drain Lines Checked	8-26-14	JH
Tanks Checked	Existing	
Pressure Manifold or Valve Box Checked	8-26-14	JH
Pressure Head Set	8-27-14	JH
Electrical Checked	8-27-14	JH
Floats Set	8-27-14	JH
Alarm Checked	8-27-14	JH
Maintenance Contract Y / N	9-2-14	JH

( ) Other Public Water

installed: 2007

(-) Other:

tlands?

) to be generated?

public agency?

I have read this application and certify th... and state officials are granted right of entry to conduct necessary inspe... am solely responsible for the proper identification and labeling of all pr... ion can be performed.

Signature: Thom Lof
Property owner or owner's

23-14
DATE