OK

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

222427

(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:

Janie LOUISE Caskaddon Applicant Name	117 Green Valley Road Statesville, NC 28677 Mailing Address	704-528-5438 Home Phone #	704-872-7441 - Work Alternate Phone #
Janie LOUISE Caskaddon Owner Name	117 Green Valley Road Statesville, NC 28677 Mailing Address	704-528-5438 Home Phone #	704-872-7441 - Work Alternate Phone #

4. Property Information:
117 Green Valley Road
Statesville, NC 28677
Street Address

NONE
Subdivision Name

NONE
Section/Phase and Lot Number

Driving Directions: From Buffalo Shoals Road Turn left on to Eufola Road (at Heritage Place Retirement Center). From Eufola bear left at fork in road. At mailboxes bear left into drive. Brick house on right.

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

( ) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 1 — (X) ~~Concrete Slab Foundation?~~
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (X) Basement w/Plumbing?
(X) Repair To Failing Septic System due to I think existing drain lines are saturated. — ( ) Basement w/out Plumbing?
( ) Other _____

IF Non-Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees _____ Ma:

6. Proposed Water Supply:

( ) New Well (XX) 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 1968 Year

( ) Alternative (XX) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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: Janie Louise Caskaddon
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 10-11-16