04900

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 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 X 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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Adrianne Nicholson	2183 Josiah Dr. Lenoir NC 28645		828-750-5759
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jeniene Nicholson	1837 Buffalo Shoals Rd. Statesville 28627		828-750-5759
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Lot 2 Buffalo Shoals Rd 1845 Statesville	N/A	N/A
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Hwy 40 - Take Exit #144 (old 90 Rd.) + head South Go approximately 5 Miles + turn Right on Buffalo Shoals Rd - Job Site is on left a couple of miles down the road

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

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

- X 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
N/A

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water X 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_____

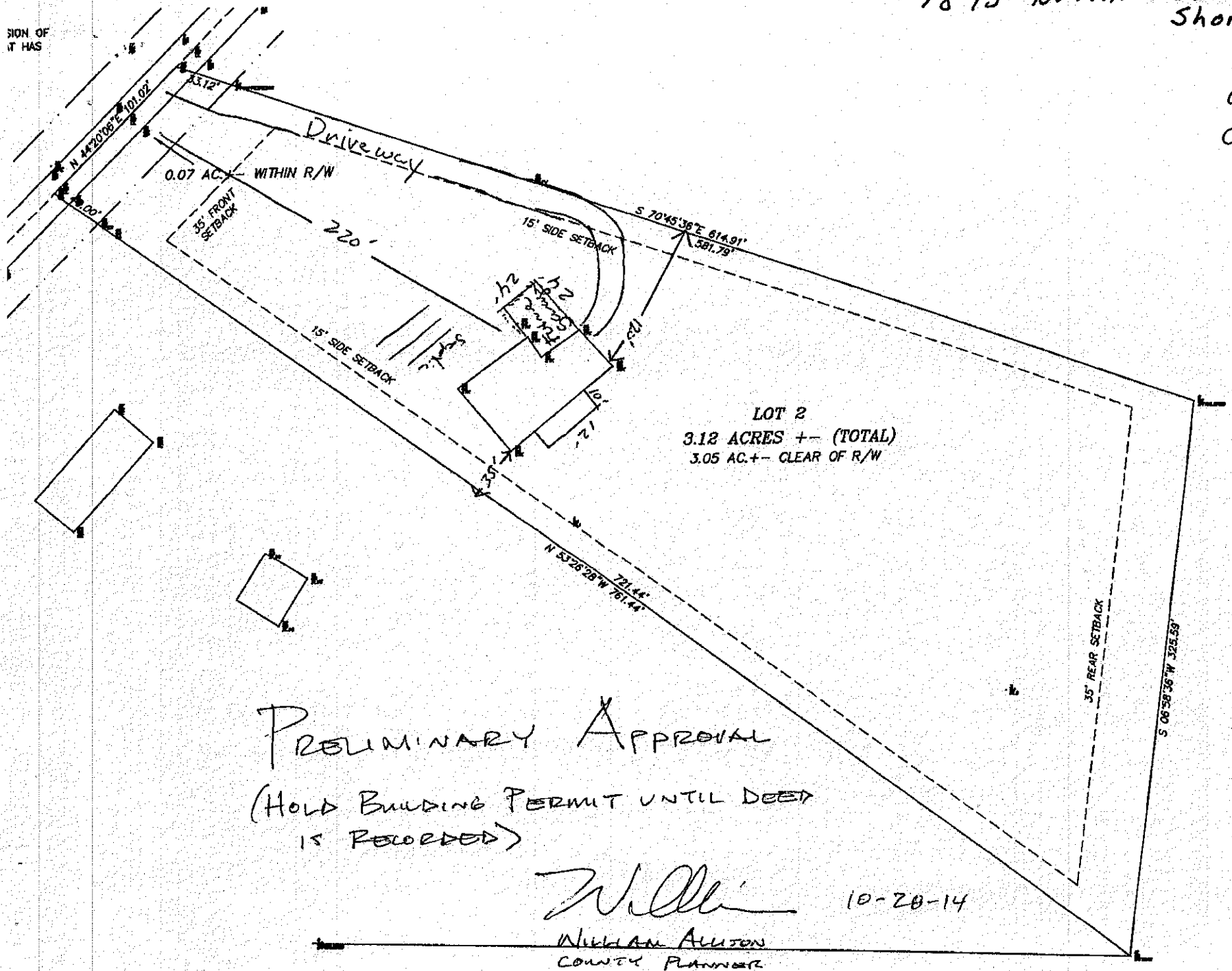
8. Please Answer The Following ( ) Yes X No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes X No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes X No Is the site subject to approval by any other public agency?

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: _____ 10-27-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

1845 Buffalo ~~Shoals~~ Rd
Shoals

206660



PRELIMINARY APPROVAL

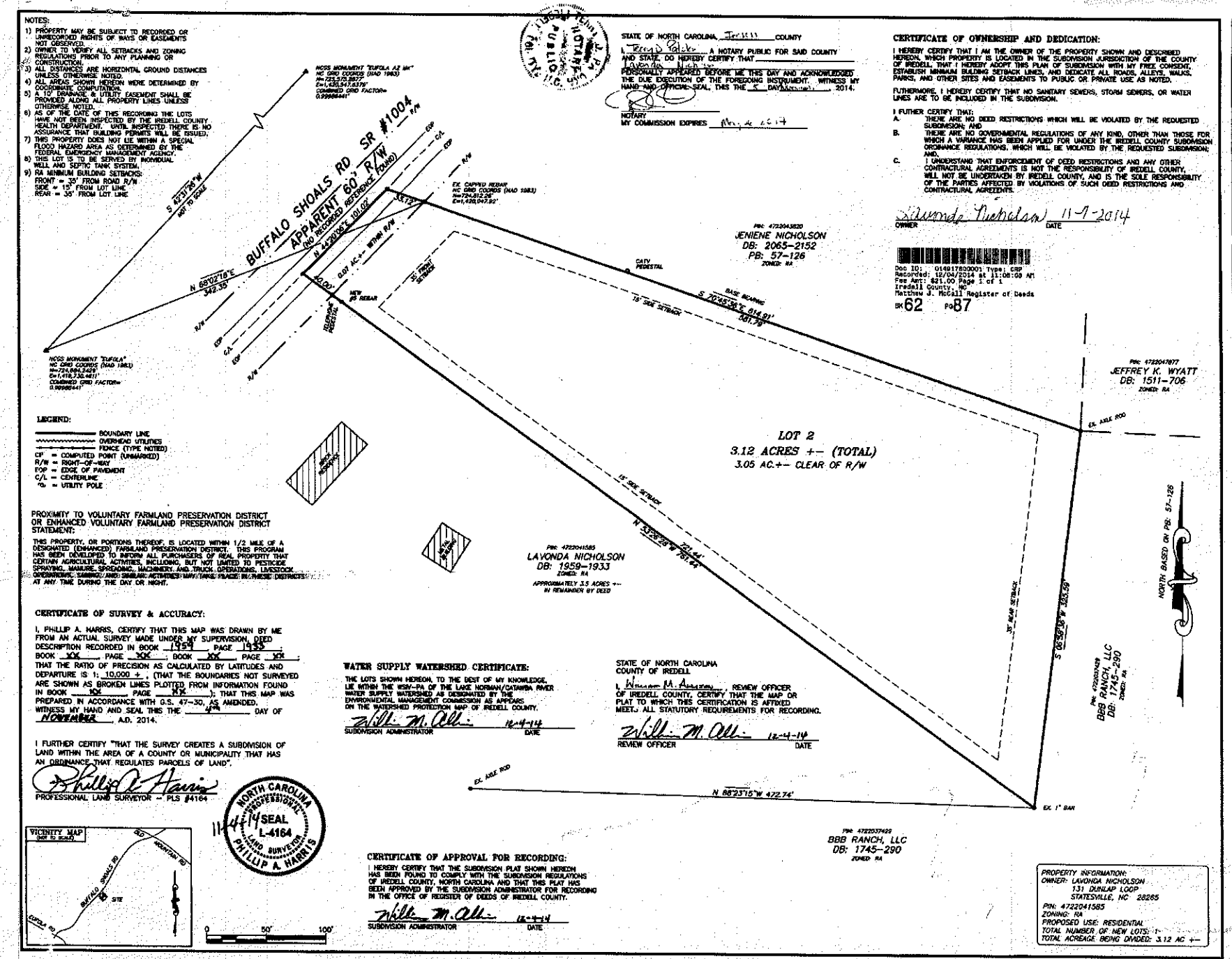
(HOLD BUILDING PERMIT UNTIL DEED IS RECORDED)

10-20-14

WILLIAM ALLISON
COUNTY PLANNER

1845 Buffalo Shoals Rd

2066060



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