IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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 1955(?)

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 #
Jerry A. Mason	601 old mt. Rd. Statesville, N.C.	704 881 1652	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Jerry A. Mason	601 Old Mt. Rd. Statesville, N.C.	704 881 1652	

4. Property Information:

Street Address ____ Subdivision Name ____ Section/Phase and Lot Number ____

Driving Directions: West on Old Mt. Rd from Troutman - Go past Troutman Farm Rd. - First house on the left past Troutman Farm Rd.

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
(✓) Other Car port - attached 16.5 x 28.10'

Maximum Number of Bedrooms 2
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)*

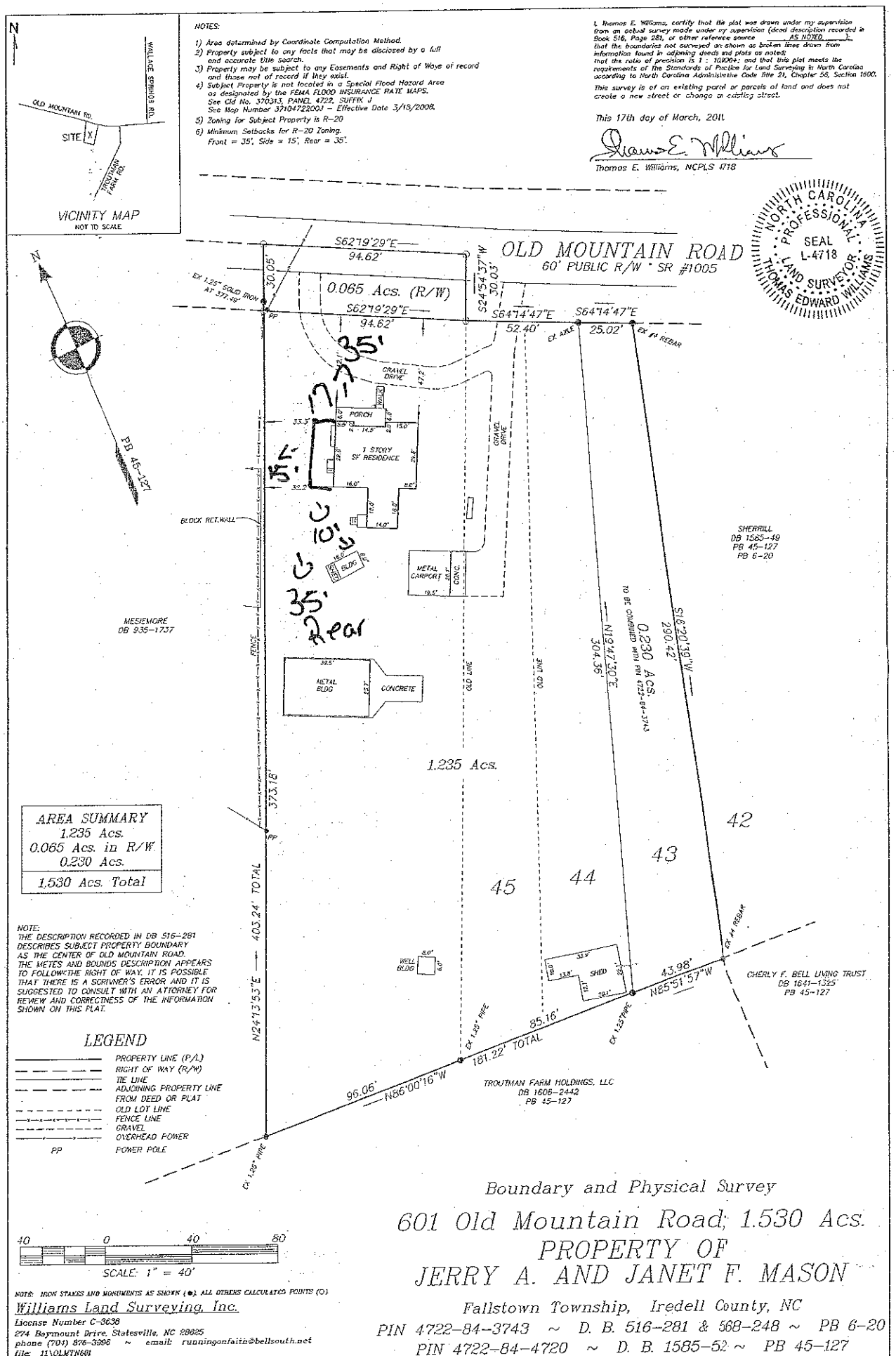
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other____ ( ) No Preference

8. Please Answer The Following To The Best of Your Ability:

( ) Yes (~~✓~~) No Does the site contain any jurisdictional wetlands?
( ) 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 labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Jerry A. Mason — 3-23-11
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●). ALL OTHERS CALCULATED POINTS (○)

Williams Land Surveying, Inc.
License Number C-3638
274 Baymount Drive, Statesville, NC 28625
phone (704) 876-3998 ~ email: runningonfaith@bellsouth.net
file: 11\OLMTN601

Boundary and Physical Survey

601 Old Mountain Road; 1.530 Acs.

PROPERTY OF JERRY A. AND JANET F. MASON

Fallstown Township, Iredell County, NC

PIN 4722-84-3743 ~ D. B. 516-281 & 568-248 ~ PB 6-20

PIN 4722-84-4720 ~ D. B. 1585-52 ~ PB 45-127