#250 - Existing System

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Dixon L Rhoads Address: 2316 Beauty St Statesville NC Phone: 704-450-7716

Owner Name: Dixon Lee Rhoads Address: 2316 Beauty St, Statesville NC Phone: 704-450-7716

Property Information:

Street Address: 223 Deerfield LN Statesville NC 28677

Subdivision Name: Deerfield Estates Section/Phase: _____ Lot Number: 18

Driving Directions: Buffalo Shoals Rd turn onto Old Airport Rd right on Deerfield LN Rt on Freeland circle Rt on Deerfield LN property on Rt.

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 2 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1984
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: use this one

Please answer the following to the best of your ability:

(X) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Dixon L Rhoads — 2-15-2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Salisbury Pediatric Associates, PA
129 Woodson Street
Salisbury, NC 28144

September 2, 2016

To Whom It May Concern:

I am writing on behalf of our patient Caden Pederson DOB 4/24/2016. Caden was seen every 3 days after birth with Mom and Dad and then with Mom for his first month due to problems with atrial septal defect, undescended right testicle, breast feeding difficulties with poor weight gain, milk and soy intolerance, and reflux . His Mom informed us they were moving on 5/25/2016. We advised she continue care at her new location and follow up with cardiologist for his atrial septal defect and urologist for his undescended right testicle at her new location.

On 8/12/2016 Dad and his Nanny, Delores Tighe, returned with Caden and numerous concerns about his reflux, severe skin rash, concerns about his Mom not having taken him to cardiologist or urologist yet and questions about eczema, yeast, scabies; and formula intolerance. Dad and Nanny have consistently returned per our request to follow up with cardiology and urology as well as several return visits to our office to stabilize his care. His scabies is now treated and resolved. His milk in tolerance has responded well to Nutramigen formula consistently. His specialists are monitoring his atrial septal defect and right undescended testicle. He continues to have some difficulty with yeast infection which we are treating and with skin sensitivity to diapers, wipes, and polyester material. His growth and development are progressing well under the care of his Dad and Nanny, Dolores Tighe.

Thank you for your assistance with his care. Please contact me at 704-636-5576 or fax 704-636-1755 if you need further information.

Sincerely,

Danielle Rose, MD