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

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:

Superior Pools (Applicant Name)	20315 Knox Rd Cornelius, NC 28031 (Mailing Address)	704-596-7665 (Home Phone #)	___ (Alternate Phone #)
Jeffrey Rusken (Owner Name)	3343 Cliffwood Ln Statesville, NC 28677 (Mailing Address)	704-560-3462 (Home Phone #)	___ (Alternate Phone #)

4. Property Information:

3343 Cliffwood Ln (Street Address)	___ (Subdivision Name)	___ (Section/Phase and Lot Number)

Driving Directions: ___

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 Inground Pool

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
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: ___ 2/9/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

____ **Property Line measurements are clearly identified…**
____ **All proposed structures are indicated…**
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ **Front and side setbacks from property line…**
____ **Preferred driveway location and configuration, preferred well location…**
____ **Area you prefer your septic system to be placed…**
____ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

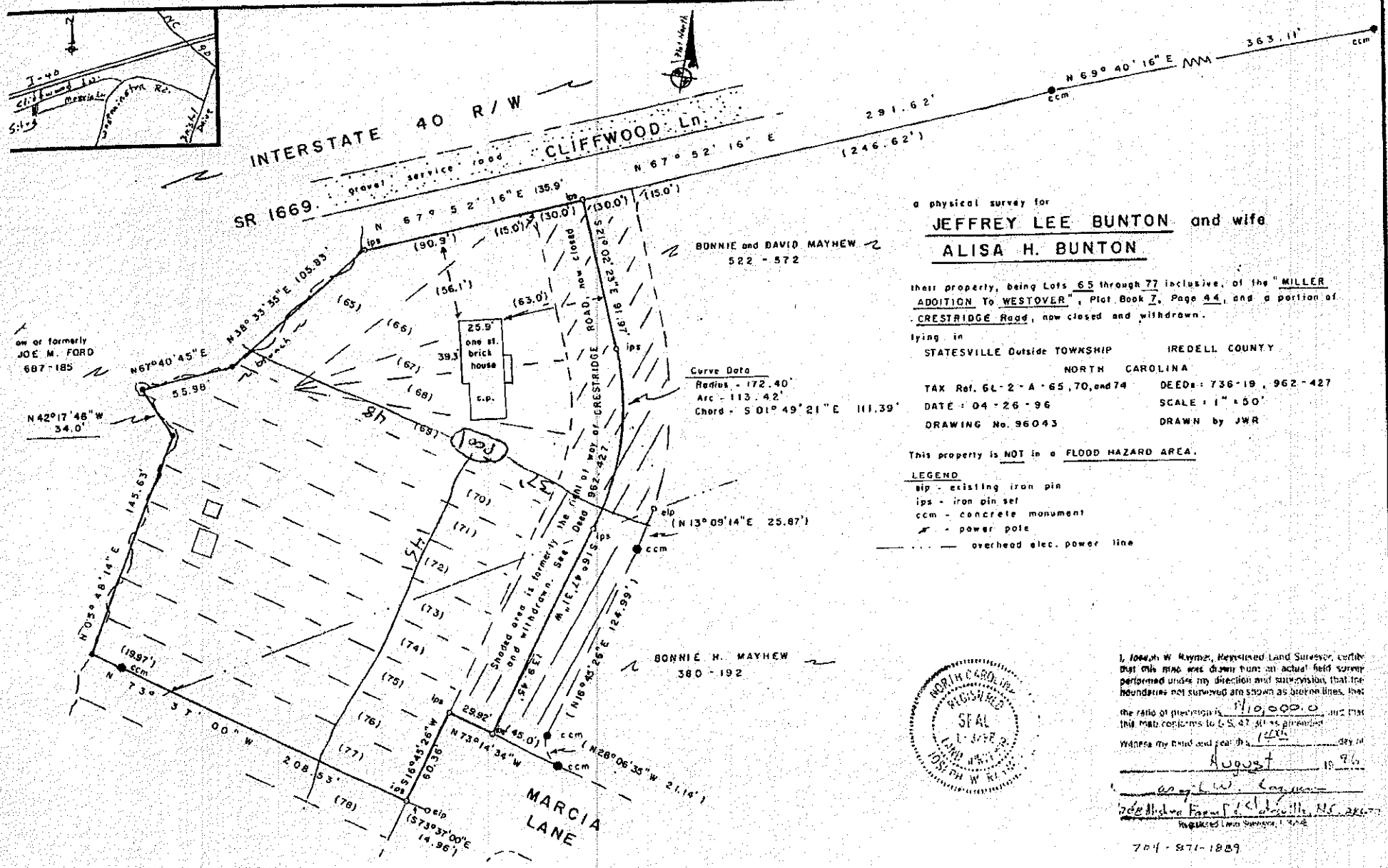
____ **Location of septic systems and wells within 100' of your property…** **N/A**
____ **Location of easements and rights of ways on your property…** **N/A**
____ **Location of any designated wetlands on the property…** **N/A**

Signature: _____ 2/9/15
***REQUIRED* property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Survey

White Copy – Environmental Health Yellow Copy – Applicant
C:\Users\cluis\AppData\Local\Microsoft\Windows\Temporary Internet Files\OLK63\Application For OSWP Permit (2).doc



a physical survey for

JEFFREY LEE BUNTON and wife

ALISA H. BUNTON

their property, being Lots 65 through 77 inclusive, of the "MILLER ADDITION To WESTOVER", Plat Book 7, Page 44, and a portion of CRESTRIDGE Road, now closed and withdrawn.

lying in

STATESVILLE Outside TOWNSHIP IREDELL COUNTY

NORTH CAROLINA

TAX Ref. 6L-2-A-65, 70, and 74 DEEDs: 736-19, 962-427

DATE: 04-26-96 SCALE: 1" = 50'

DRAWING No. 96043 DRAWN by JWR

This property is NOT in a FLOOD HAZARD AREA.

LEGEND

- elp - existing iron pin
- ips - iron pin set
- ccm - concrete monument
- - power pole
- ——...—— overhead elec. power line

NORTH CAROLINA REGISTERED SEAL L-3582 LAND SURVEYOR JOSEPH W. RAYMER

I, Joseph W. Raymer, Registered Land Surveyor, certify that this map was drawn from an actual field survey performed under my direction and supervision, that the boundaries not surveyed are shown as broken lines, that the ratio of precision is 1/10,000.0, and that this map conforms to G.S. 47-30 as amended.

Witness my hand and seal this 1st day of August, 1996.

Joseph W. Raymer

Joe Mathews Farm Surveying, Statesville, NC 28677

Registered Land Surveyor, L-3582

704-871-1889