# REDELL 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 ___ BOTH _X_ 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:**

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Robert Fatta | 146 Morrison CK Rd | 704-873-1957 | |

| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Robert Fatta | 146 Morrison CK Rd | 704-873-1957 | |

**4. Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 146 Morrison CK Rd | Deercroft (Section III - Lot 145 of Strandville Grant | |

**Driving Directions:** 115 North to Scotts Creek Rd. left turn 2nd left Miller farm Rd. 2nd Right Antler Lot Left Redbuck 2nd left miller creek 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
(X) Repair To Failing Septic System
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 5
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**

( ) 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:** Robert H Fatta
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

Sept 6, 2010
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:** Robert H Tatte Linda H Tatte — Sept 6, 2010

***REQUIRED* property owner or owner's legal representative signature.** — **DATE**

## USE THIS SPACE TO DRAW YOUR SITE PLAN




