IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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 X BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: X 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:**

RONALD R. BARFORD	P.O. BOX 217 MT MOURNE N.C. 28123	704-361-0978	SAME
Applicant Name	Mailing Address	Home Phone	Work Phone
RONALD R. BARFORD	P.O. BOX 217 MT. MOURNE N.C. 28123	704-361-0978	SAME
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

118 PARKSTONE	PARKSTONE	LOT 8
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: EXIT 42, GO TOWARDS TROUTMAN, IN TROUTMAN AT THE STOP LIGHT, TURN LEFT ONTO PERTH, GO TO STATE PARK ROAD TURN RIGHT. GO ABOUT 2-3 MILES PARKSTONE ON RIGHT

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 4 — (X) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System — ( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

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6. **Proposed Water Supply:**

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

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7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (X) Conventional ( ) Innovative (X) Modified Conventional ( ) Other___ ( ) No Preference

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

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) 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?

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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: Ron Barford — 7/17/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH DEPARTMENT

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:

- X — **Property Line measurements are clearly identified…**
- X — **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
- X — **Front and side setbacks from property line…**
- X — **Preferred driveway location and configuration, preferred well location…**
- X — **Area you prefer your septic system to be placed…**
- X — **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

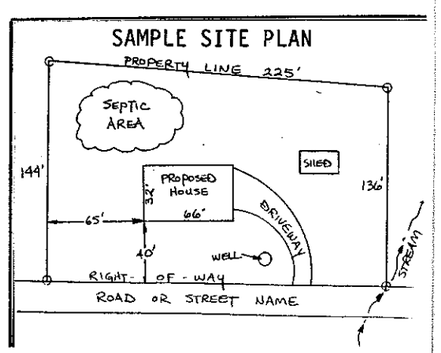
- ____ **Location of septic systems and wells within 100' of your property… N/A**
- ____ **Location of easements and rights of ways on your property… N/A**
- ____ **Location of any designated wetlands on the property… N/A**

Signature: Ben Bamford
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/17/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED DRAWING

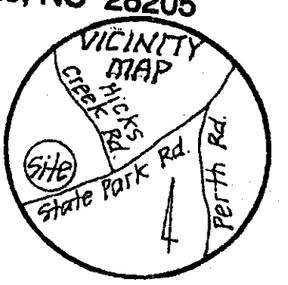


THIS IS TO CERTIFY THAT ON THE 11th DAY OF Sept. 2007, I, MAPPED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

Bobby J. Raye, Surveyor
627 Eastway Drive
Charlotte, NC 28205

SIGNED Bobby J Raye
REGISTERED SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L1108 LAND SURVEYOR BOBBY J. RAYE



S. 27-01-27 E.
192.21

7

LOT 8

N. 69-08-56 E. 208.04

N. 69-08-56 E. 208.02

In 4141

OVER 15'
IF ANY

septic Drain Field

Proposed Residence #

44.33
16.0
12.42
10.42
2.0
9.33
19.83
37.75
25.9
61.33
31.67
3.75
1.92
11.92
33.3
10.08
16.0
2.0
8.0
4.0
2.0
19.0
25.42
32.17
7.0
14.0
1.75
59.7

35' Front Setback

S. 06-59-49 E.

PARKSTONE DRIVE 45'

Plot Plan SURVEY
OF
Lot 8 Parkstone
Fallstown Township, Iredell Co., N.C.

SCALE 1" = 40'

THE PROPERTY OF Finesse Custom Contracting

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK PAGE