IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) 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: C & G Builders of Lake Norman LLC **Address:** 7679 Lynwood Lane Sherrills Ford **Phone:** 704-928-5600

Owner Name: DPG Properties LLC **Address:** 7679 Lynwood Lane Sherrills Ford **Phone:** 704-928-5600

Property Information:

Street Address: 185 Shenandoah Loop Troutman

Subdivision Name: Meadow Glen **Section/Phase:** _____ **Lot Number:** 94

Driving Directions: Perth Road to (R) on State Park Rd to (R) Meadow Glen Dr. to (L) on Shenandoah Loop

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) 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:** _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) to be generated?
(X) 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.

Signature: _____ **3/13/15**
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:** X **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 X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

DPG Properties, LLC	9168 Fair Oaks Drive Sherrills Ford, NC 28673		
Applicant Name	**Mailing Address**	**Home Phone**	**Work Phone**
~~Owner Name~~	~~Mailing Address~~	~~Home Phone~~	SHME, Inc. 704-998-8047 OR 704-662-8625 **Work Phone**

4. **Property Information:**

	Meadow Glen	Lot 94
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Perth Rd., State Park Rd., Right into Meadow Glen.

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

- X **New, Single Family Residence**
- ( ) **New, Multi-Family Residence**
- ( ) **Expansion of Existing Septic System**
- ( ) **Repair To Failing Septic System**

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- ( ) **Crawl Space Foundation?**
- ( ) **Concrete Slab Foundation?**
- X **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** X **Other Public Water**

****

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

X **Alternative** ( ) **Conventional** X **Innovative** ( ) **Modified Conventional** ( ) **Other**___ ( ) **No Preference**

****

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?**

****

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:** [signature] — SHME, Inc. 03/24/2008

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:

____ **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**

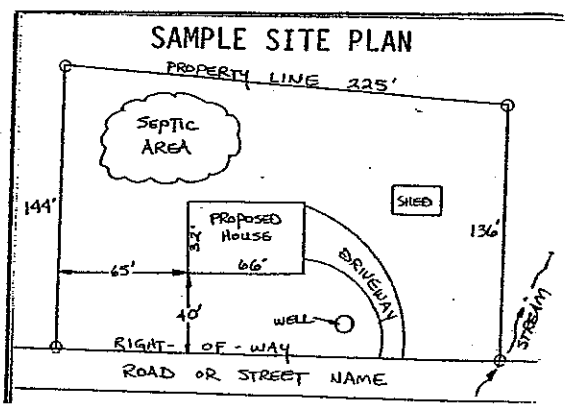
____ **Location of any designated wetlands on the property... N/A**

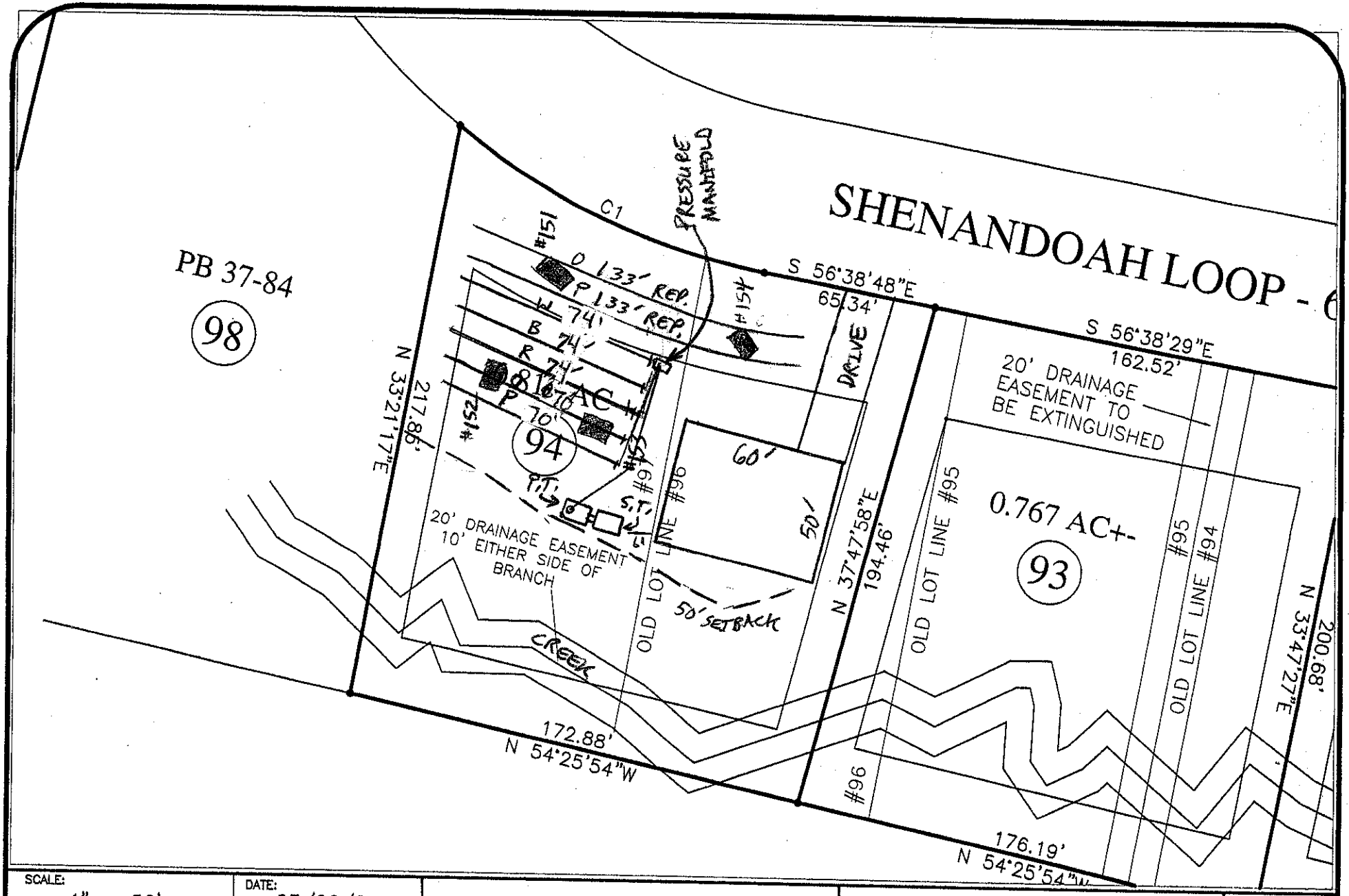
Signature: [signature] SHME, Inc.
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

03/24/08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

* See Attached.





SCALE:	DATE:		
1" = 50'	03/20/2008		
PROJECT NO. 1588-08-015	DRAWN BY: PLM	S&ME	Lot 94
	CHECKED BY: PGP	3718 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 PH. 336-288-7160 FAX. 336-288-8980 WWW.SMEINC.COM	Meadow Glen Subdivision Iredell County, NC
			FIGURE NO. 1