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 ___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:**

DUPONT GROUP, INC	862 BRAWLEY SCHOOL RD. SUITE 201 MOORESVILLE, NC. 28117	704-660-0408	704-975-8484
Applicant Name	Mailing Address	Home Phone	Work Phone
KELLY P. GARITT	108 H AUBURN AVE STATESVILLE, NC. 28625		
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

HONEYCUTT ROAD	TREMOUNT	LOT 13
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: DELTA ROAD RIGHT ON STATE PARK, LEFT ON HONEYCUTT ROAD PROPERTY ON LEFT APPROX 1 MI.

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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

Maximum Number of Bedrooms 4
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 ___

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6. **Proposed Water Supply:**

(✓) 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 (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

OR 25% REDUCTION

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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?

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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: John H. Dupont Jr. — 11/15/04

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:

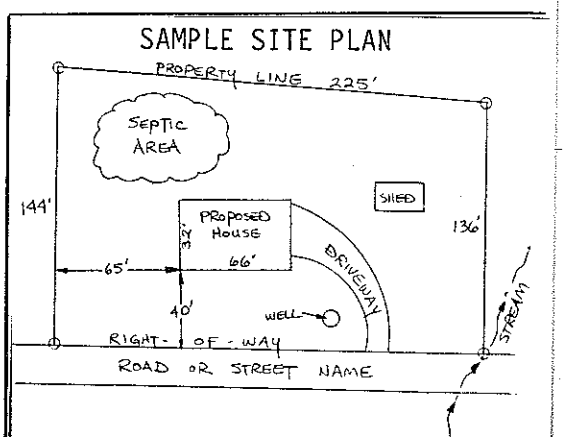
_____ Location of septic systems and wells within 100' of your property... N/A
_____ Location of easements and rights of ways on your property... N/A
_____ Location of any designated wetlands on the property... N/A

Signature: John W. Dupont Jr
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/15/04
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

PLEASE NOTE ATTACHED PLOT PLAN.

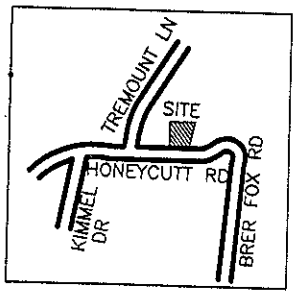


THIS IS TO CERTIFY THAT ON THE 9TH DAY OF NOVEMBER 20 04 THIS PLOT PLAN WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES WERE PLOTTED FROM INFORMATION PROVIDED BY OTHERS, AND THE IMPROVEMENTS, UNLESS OTHERWISE INDICATED, ARE PROPOSED. NO ACTUAL FIELD SURVEY WAS PERFORMED IN THE PREPARATION OF THIS MAP. THIS IS A PRELIMINARY MAP AND NOT INTENDED TO BE USED FOR CONVEYANCES, RECORDATION OR SALES.

SIGNED James H Mauney

REVISION: 11-15-04 TO MOVE GARAGE
REVISION: 01-11-05 TO MOVE & CHANGE HOUSE
REVISION: 01-13-05 TO MOVE HOUSE

JAMES MAUNEY & ASSOCIATES, P.A.
PROFESSIONAL SURVEYORS
18627-A NORTHLINE DRIVE
CORNELIUS, NC 28031
TEL: 704-987-3862
FAX: 704-987-3863



VICINITY MAP

JAMES MAUNEY & ASSOCIATES, P.A. PROFESSIONAL SURVEYORS
MB 15-28

LEGEND

SQ.FT. - SQUARE FEET
R/W - RIGHT-OF-WAY
EIP - EXISTING IRON PIPE
NIR - NEW IRON ROD

NOTES

1. SUBJECT PROPERTY IS ZONED R-20CUD
   SETBACKS PER ZONING
   FRONT - 50'
   REAR - 35'
   SIDE - 15'

septic area

LOT 12

well

well

S 22°35'50" W 285.00

35' REAR SETBACK

PROPOSED WELL

LOT 13

LOT 14

S 66°26'50" E 296.46

15' SIDE SETBACK

17.0
10.3
10.3
24.5
16.3
32.8
PROPOSED HOUSE
3.0
13.3
11.5
6.7
1.3
6.0
14.5
34.8
66.0
1.0
11.1
11.1

SEPTIC LINE
SEPTIC LINE
SEPTIC LINE
SEPTIC LINE

50' MINIMUM SETBACK

78.9

15' SIDE SETBACK

N 53°12'00" W 309.20

LOUISE TROUTMSN
DB 270-135

R/W

N 23°29'18" E 214.11

R/W

HONEYCUTT ROAD
60' PUBLIC R/W-MB 15-28

R/W

R/W

CAR