Pete Kuld
(704) 202 4068
151 * 132799 * 12
Summer Wood Homes

LL COUNTY HEALTH DEPARTMENT
Permit and/or Authorization To Construct, Existing System Inspection

INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON H SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

it Permit X **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

Accompany This Application

The following optional attachments may also be submitted:
Place check ( ) beside whichever is submitted if applicable

___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Summer Wood Home LLC	175 West Maranta Rd Mooresville 28117		(704) 799-8085
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. Property Information:

127 Wending Creek Dr Troutman 28166
Street Address

Twin Creeks
Subdivision Name

A12 Lot 28
Section/Phase and Lot Number

Driving Directions: State Park Rd, Left Twin Creeks Dr, Left Wending Creek, Prop. on left

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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 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 (X) 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 ( ) 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: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

May 12, 2006
DATE