IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Central Piedmont Builders	P.O. Box 4041 Salisbury NC. 28145	704-638-2076	704-202-5950
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
David Beam	458 Old Mountain Rd Troutman	704-871-7955	704-528-3106

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
458 Old Mountain Rd.		

Driving Directions: I-15 South to Troutman Right on Old Mountain Rd. 1½ miles on Right.

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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
(✓) Other Addition 8x24 192 sq.Ft. Kitchen exp.

Maximum Number of Bedrooms ___
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 Existing ( ) No Preference

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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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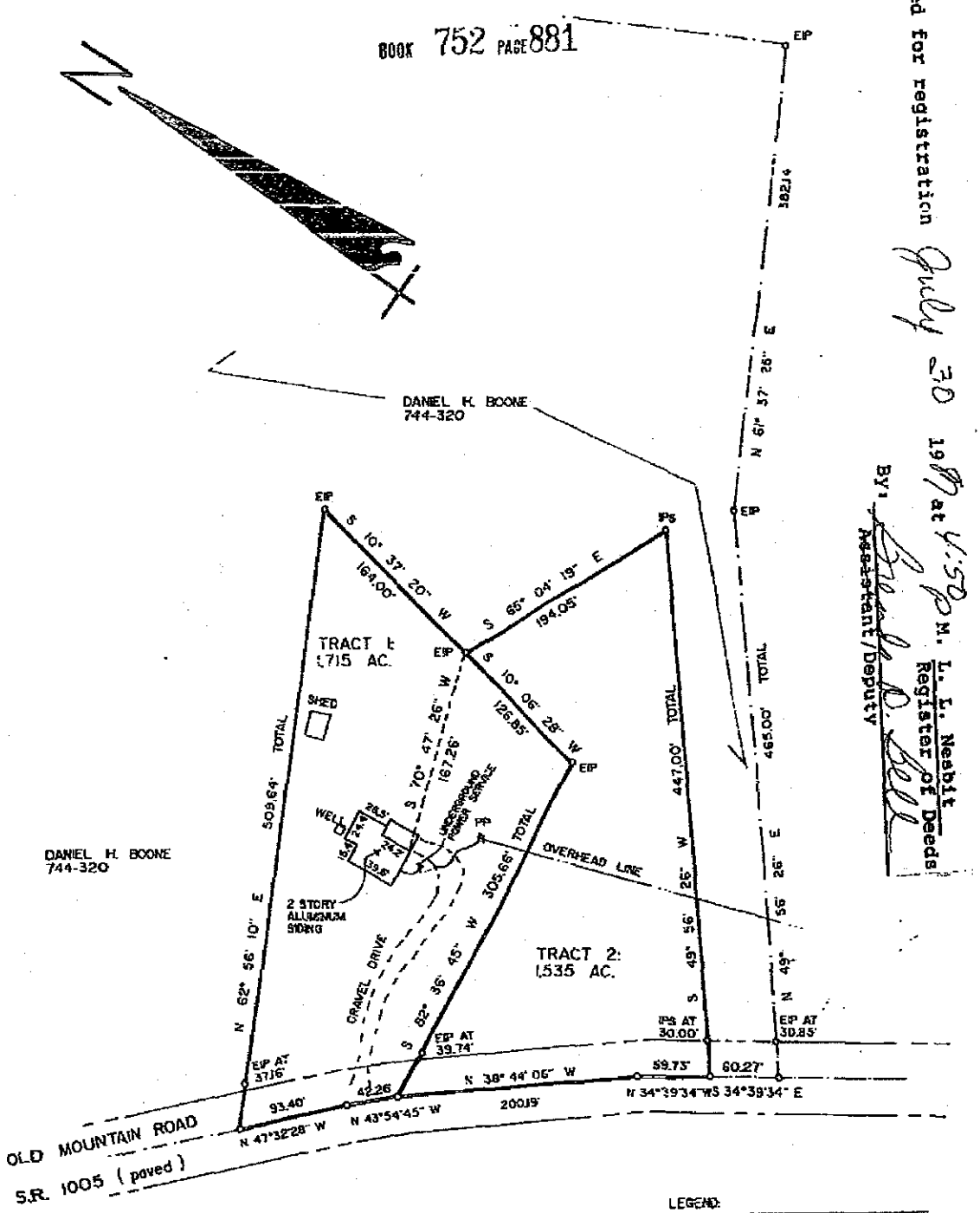
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Peter V ___ Pres. 12/13/10

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

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Filed for registration July 20 1987 at 4:25 P.M. L. L. Nesbit Register of Deeds By Assistant/Deputy



NOTE:
TRACT 1 IS PRESENTLY THE PROPERTY OF DANIEL R. BOONE, JR.
TRACT 2 IS PRESENTLY THE PROPERTY OF DANIEL H. BOONE.

LEGEND:
EIP-------EXISTING IRON PIN
IPS-------IRON PIN SET
PP-------POWER POLE

NORTH CAROLINA REGISTERED SEAL L-2960 LAND SURVEYOR FREDDY E. SHARPE

Freddy E. Sharpe

PHYSICAL SURVEY FOR

DAVID LEE BEAM & WIFE KAREN ECHERD BEAM

TOWNSHIP: FALLSTOWN	COUNTY: IREDELL	DATE: 07-22-87
DEED REF: 290-180 744-320	TAX MAP REF.: 33-A-20 & 38	NORTH CAROLINA
AREA: 3.250 ACRES TOTAL	DRAWN BY: TES	SCALE: 1" = 100'
		DRAWING NO.: 25B

SHARPE SURVEYING CO.

1138 JANE SOWERS ROAD STATESVILLE, N.C. 28677 PHONE: (704) 876-3160