Please Call

# IREDELL COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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:
*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 # | Alternate Phone # |
|---|---|---|---|
| Josh Smith | 349 Bluegill Ln Statesville NC 28625 | 7048760229 | 7048811866 |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| Josh Smith | " | | 7049602019 |

**4. Property Information:** Statesville, NC 28625

121 Pratt Lane
Street Address

Subdivision Name

Section/Phase and Lot Number

Driving Directions: North on South Chipley Ford Rd
Right on Pratt Ln
2nd house on left

$ PAID 150

**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 due to Lines & Poor placement backing up
( ) Other

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 ___

**6. Proposed Water Supply:**

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

**7. Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) ~~Existing system--installed in~~ 1973 YEAR
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other back up ( ) No Preference

**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?

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:** Joshua Ream Smith
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/21/13
DATE