# UNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*OCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR TE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION ENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)*

FILE COPY

**FOR:** ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

*Worksheet* Form MUST Accompany This Application

ptional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

*Place check ( ) bes... 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 # |
|---|---|---|---|
| Kent Spears | 440 Oakwest Rd Statesville NC | | 828-312-4811 |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| Ricky Hiss | 398 Ingram Rd | | |

## 4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 398 Ingram Rd | | |

**Driving Directions:** 115 N, right on Red Chimney, right on Chipley Ford, Left on Ingram

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
(✓) Other Add Sunroom

Maximum Number of Bedrooms 2
Maximum Number of Occupants 1
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 ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

## 8. Please Answer The Following

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

**To The Best of Your Ability:** ( ) 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: W. Kent Spears

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

10-7-15
DATE

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

## *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***

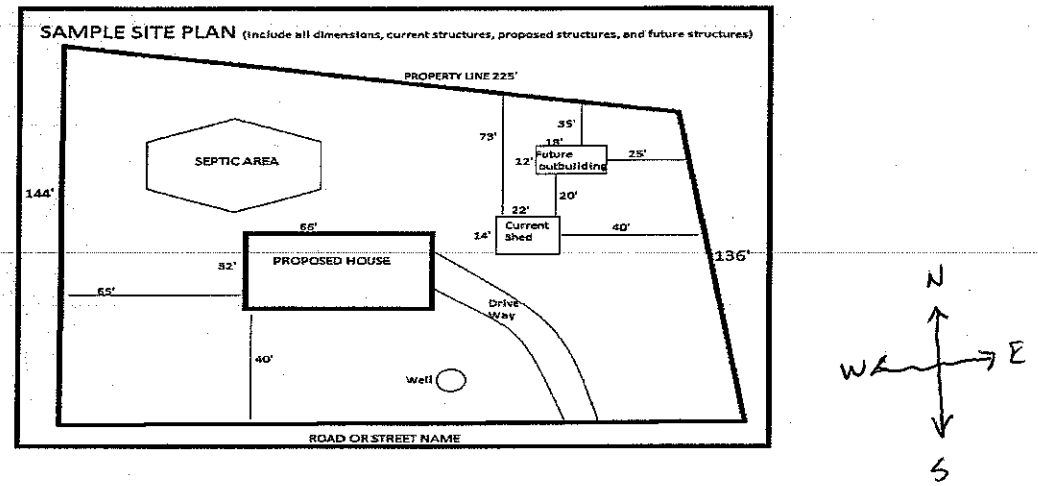
_____ **Front and side setbacks from property line…** _____ **Preferred driveway location and configuration, preferred well location…**

_____ **Area you prefer your septic system to be placed…** _____ **North arrow, or other sufficient indicator of direction…**

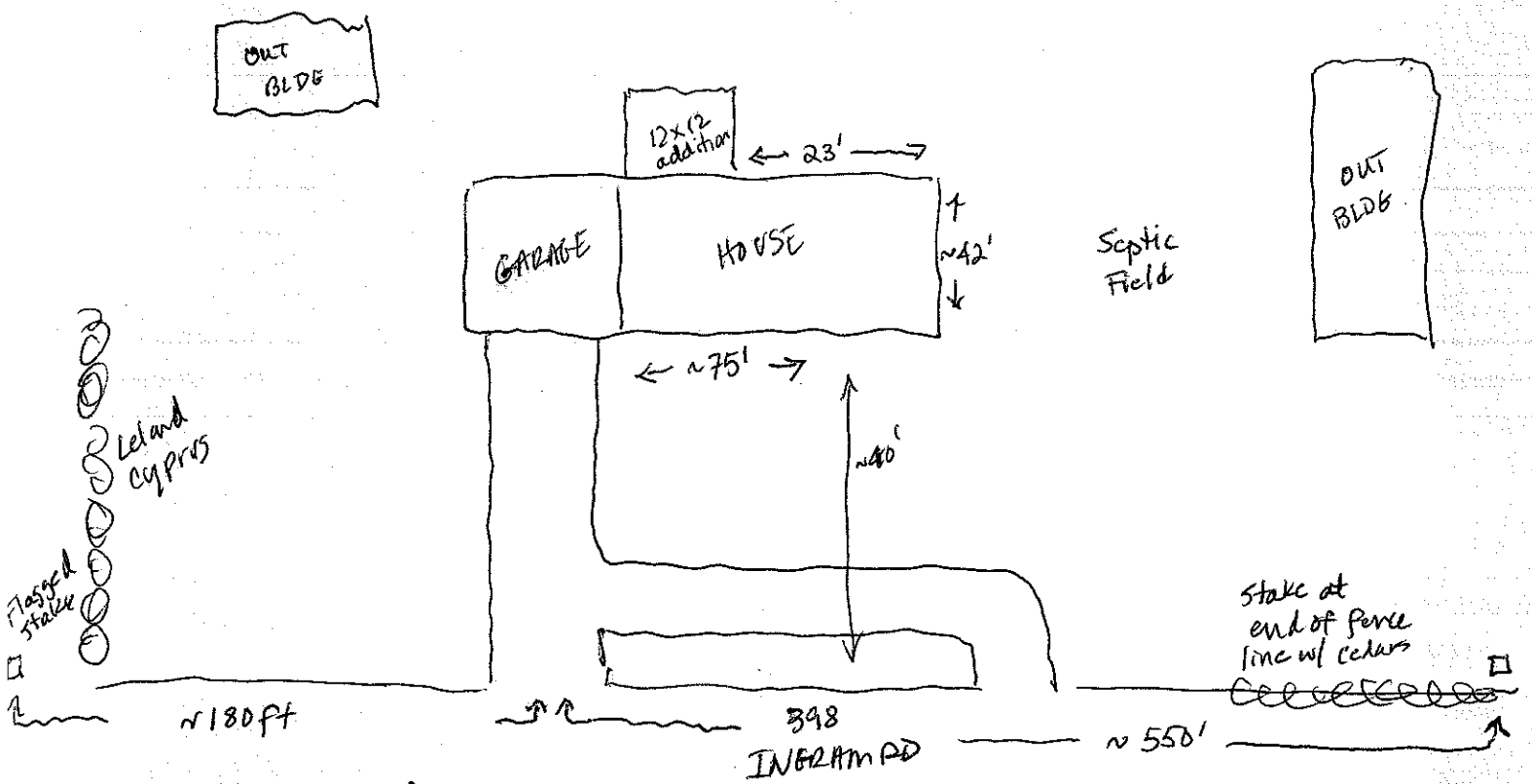
**Circle N/A on the following if appropriate:**

_____ **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




**USE THIS SPACE TO DRAW YOUR SITE PLAN**




**Signature:** W. Kent Ingram

*REQUIRED* property owner or owner's legal representative signature.

10-7-15

DATE