4743114035 APPLE VALLEY LOT 8 0.657 acres

IREDELL COUNTY HEALTH DEPARTMENT

Z10 659

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: ERIC WARD/FREEDOM HOMES Address: 1124 Charlotte Hwy Phone: 704-883-6148

Owner Name: FOXDEN ACRES INC Address: 144 Applevalley In Phone: 704-567-5820

Property Information: 105

Street Address: TBD LOT 8 Boyuer ln

Subdivision Name: APPLE VALLEY Section/Phase: _____ Lot Number: _____

Driving Directions: HWY 115/21 Towards Troutman TL on Cumberland TL on Bluebird TR on SKYVIEW TL ON ABLE LOOP TR ON BOYUER LN LOT IS 1st on on left

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional (✓) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Eric Ward 5-20-15

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Fox Den Acres Inc., am the legal owner of the property located at Lot #8 Apple Valley, identified as PIN(Parcel Identification Number) 4743114035, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Eric Ward, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

William T Bryant VP. 5/20/15
Signature of Owner Date

Adriana Knight 5/20/15
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO

PERMIT# 086801 PIN# 4743105841 PT DATE 3/20/00

OWNER OR CONTRACTOR FOX DEN ACRES PHONE: Business 567-9820 Home

ADDRESS 5201 MONROE RD - CHARLOTTE NC 28205

LOCATION 215 - TL MOOSE CLUB RD - TL SKYUKA RD - TR ARLIE LOOP TO APPLE VALLEY LANE - ON RT - JUST AFTER

SUBDIVISION APPLE VALLEY BLOCK / SECTION LOT 8 LOT AREA .64 AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. Septic 2

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PUMP INNOVATIVE

Repair System Description: SAME / PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

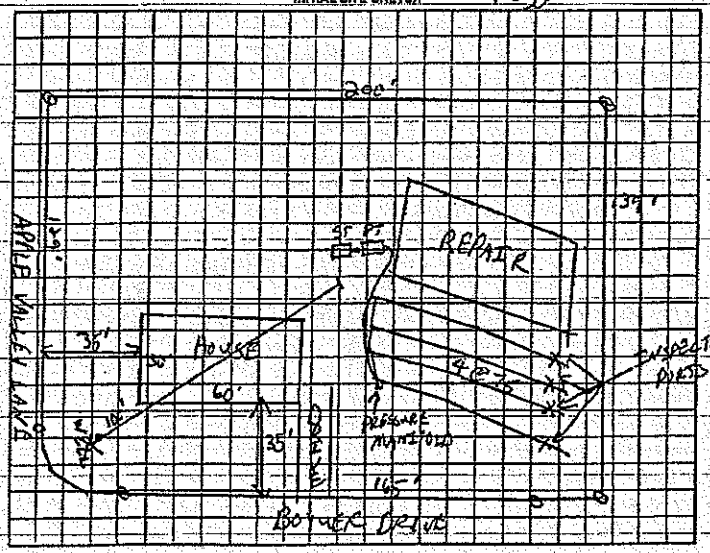
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: KEEP WELL 100' FROM ANY SEPTIC SYSTEM 2) INSPECTION PORT AT END OF EACH LINE

Comments/Conditions:

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Improvement Permit Only Do Not Issue Bilding Permit

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvemer Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Jeff Caudy Agent date 4-5-00 Installed by:

Improvement Permit by: date 3/20/00 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

OLD