IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
Sinkhole has formed
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:**

S. GRANT MOON	627 OAKDALE DR	N/A	704-502-8435
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
STUART GRANT MOON	SAME		SAME
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

627 OAKDALE DR	?	?
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: OFF HARTNESS BEHIND IREDELL HOSPITAL

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

( ) New, Single Family Residence — Maximum Number of Bedrooms 4
( ) New, Multi-Family Residence — Maximum Number of Occupants 2
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
(X) Repair To Failing Septic System due to _____
( ) Other _____

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 1961 (Year)

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

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
(X) 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: S. Grant Moon — 1-3-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE