Allen Johnson - original Owner, built in 1950-53.
* NEEDS Repair permit — sewage surfacing around tank

receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided. All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature Traci Burriss
Date 4-1-10

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: ___ 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:

Traci Burriss	125 Robinhood Loop Statesville, NC 28625	704-876-6801	704-402-7705 (cell phone) - may be best to reach her.
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Joseph + Traci Burriss	Same as above	Same	same
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. Property Information:

125 Robinhood Loop Lot 9	Sherwood Forest
Street Address Section/Phase and Lot Number	**Subdivision Name**

Driving Directions: take Hwy 21 to Jane Sowers Rd, turn right onto Jane Sowers, take 1st road to left (Robinhood Loop), 4th house on left, gray siding, green shutters

****

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

( ) New, Single Family Residence — Maximum Number of Bedrooms 3
( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ____
( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ____
( ) Basement w/Plumbing?
(✓) Repair To Failing Septic System
( ) Basement w/out Plumbing?
( ) Other

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

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: Traci Burris
4-1-10

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

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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**

Signature: Traci Burris
4-1-10

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

