Call : Jeanene Grant 704-902-0727

Repair

PAID
$135 Credit
6/16 MH

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

20408

(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)

4747578036 0.77acres

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ BOTH _X_ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Betty Jo MacMath	301 Kelly Lane, Pisgah Forest, NC	828-877-3056	828-506-1731

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Betty Jo MacMath	301 Kelly Lane, Pisgah Forest, NC	828-877-3056	828-506-1731

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
547 Jennings Rd. Statesville, N.C	NA	NA

Driving Directions: Take I-77N Exit 54 onto US-21 - Turn right on US21 Take 1st left onto Jennings Road - Go 1.8 miles - And 547 Jennings Rd. is on left.

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 new up to date system required to sell property

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: NA
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 1959 *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____ ( ) 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: Betty Jo MacMath
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

June 16, 2014
DATE

C:\Users\Dlutz\Appdata\Local\Microsoft\Windows\Temporary Internet Files\OLK63F0\Application For Septic System Repair Permit.Doc

Owner authorizated realator to pick up septic layout.
6-16-14 ge