IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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:

Nathan Somers	5760 Wilkesboro Hwy Union Grove	704-592-5092	704-239-3693
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Keith Somers	1357 Jennings Rd Statesville		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

Deena Abee

4. Property Information:

119 Friendship		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77N - Exit 59 - R Tomlin Mill - R Jennings - (R) Friendship - property corner of Friendship & Bussell (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 _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 7
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 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: Deena Abee — 5/7/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Somers 210390

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

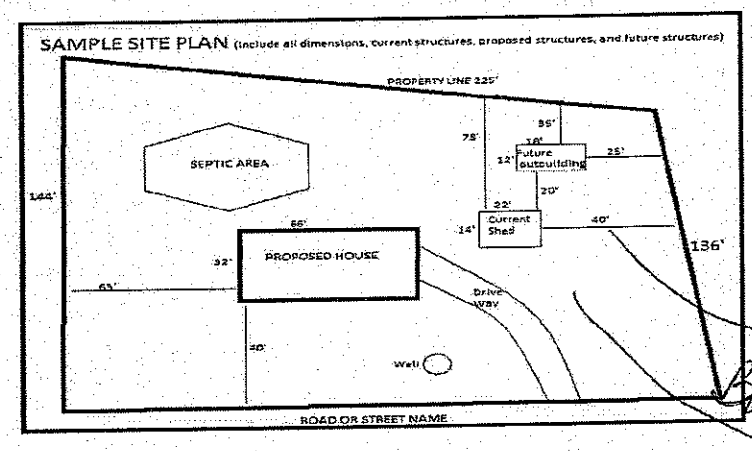
__✓__ **Front and side setbacks from property line…** __✓__ **Preferred driveway location and configuration, preferred well location…**

__✓__ **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:

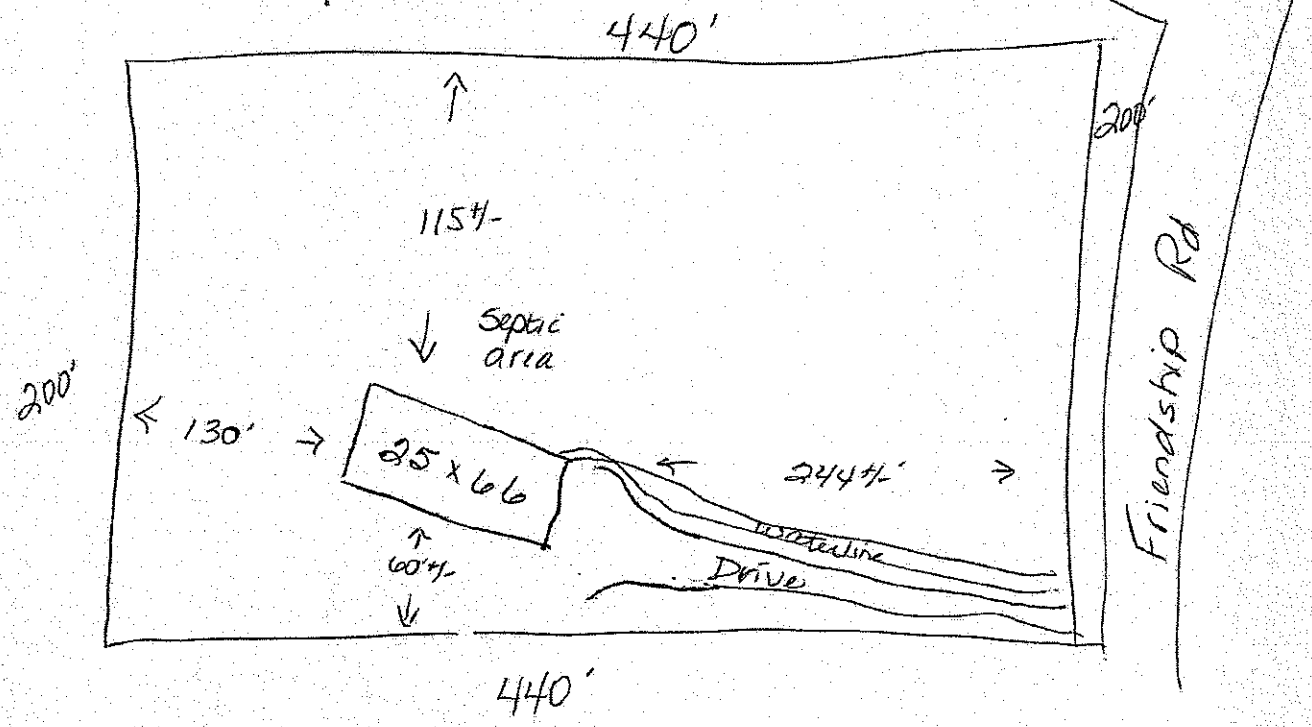
____ **Location of septic systems and wells within 100' of your property…** N/A

____ **Location of easements and rights of ways on your property…** N/A ____ **Location of any designated wetlands on the property…** N/A



Russell Rd

USE THIS SPACE TO DRAW YOUR SITE PLAN

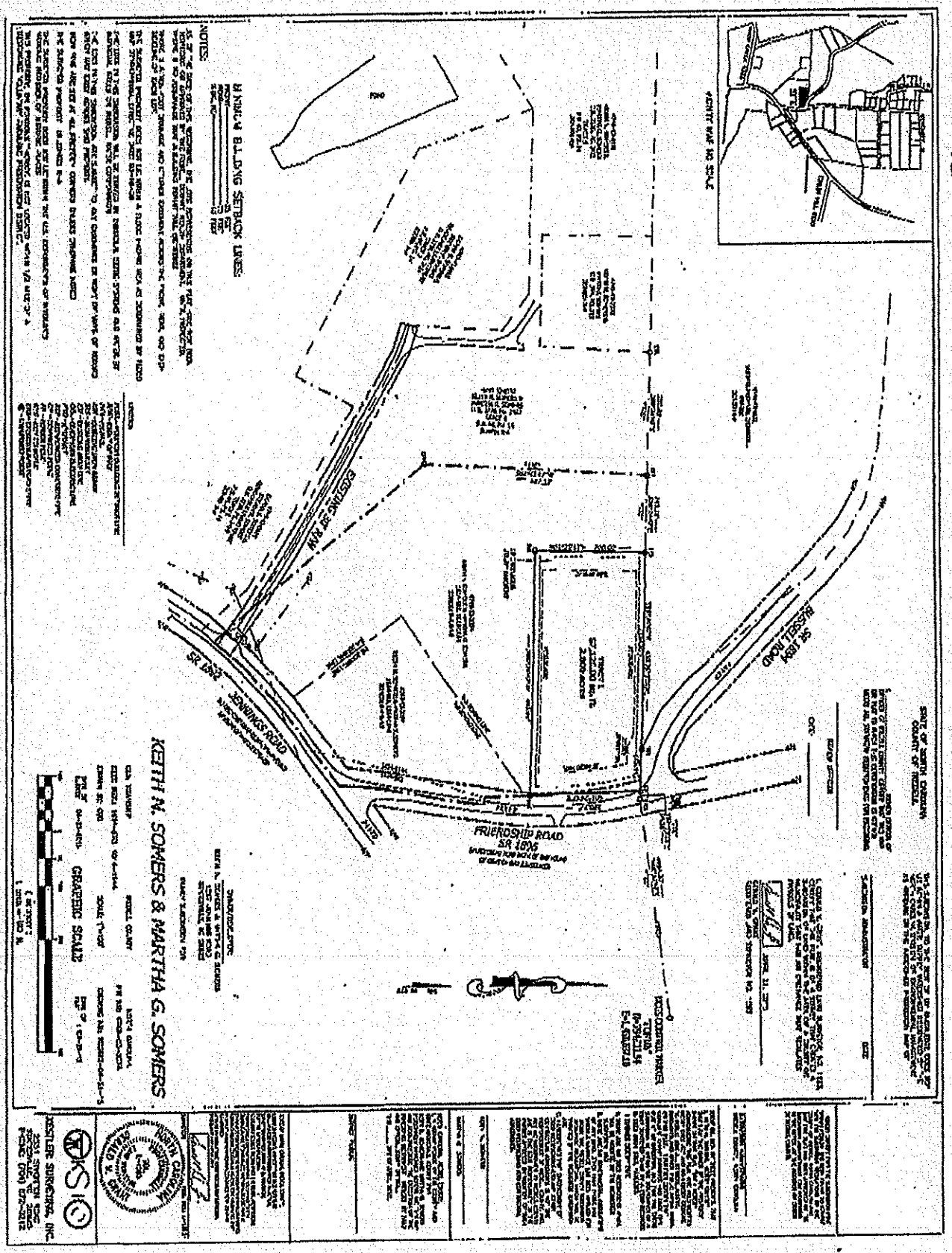


Signature: Teresa Hall

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

6/16/15
DATE

Somers


KEITH N. SOMERS & MARTHA G. SOMERS
FRIENDSHIP ROAD
SR 1806
SR 1804
JENNINGS ROAD
MIN. BUILDING SETBACK LINES
NOTES:
GRAPHIC SCALE
KESTLER SURVEYING, INC.

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, Keith Somers, am the legal owner of the property located at Friendship Rd, identified as PIN(Parcel Identification Number) 4749533074 (24 ac surveyed out) located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) CMH Homes (Clayton), Deena Abee, _____, _____, _____, 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.

Signature of Owner — Date: 5/5/15

Signature of Witness — Date: 5/5/15