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 X 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

FRIENDSHIP HOLDING CORP. (Applicant Name)	PO BOX 200, CORNELIUS, NC 28031 (Mailing Address)	N/A (Home Phone #)	(704) 682-1474 (Alternate Phone #)
KAREN SCHULTZ (Owner Name)	" (Mailing Address)	N/A (Home Phone #)	" (Alternate Phone #)

4. Property Information:

1025 TOMLIN MILL RD, STATESVILLE (Street Address)	N/A (Subdivision Name)	N/A (Section/Phase and Lot Number)

Driving Directions: 77 NORTH TO TOMLIN MILL RD EXIT. LEFT AT TOP OF EXIT RAMP. CROSS OVER BRIDGE. PROP. IS ON CORNER OF TOMLIN MILL RD & LENTZ RD

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(X) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business: C-STORE W/ DOM. WASTE
Square Footage of Building: _____
Maximum Number of Employees: _____
Maximum Number of Seats: N/A

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water IREDELL WATER CORP.

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following To The Best of Your Ability: ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated? SEE OTHER APP. FOR KITCHEN WASTE
( ) Yes (X) 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: _____ Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/10/11 DATE

S:Shared\EH_Admin\OSWW\ Application for New or Existing System

*FIELD B
APPLICATION IS TO ADD ADDTL LATERALS TO EX. SYSTEM TO HANDLE FLOW FROM BEDROOMS ONLY (DOMESTIC WASTE)