FILE COPY

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 _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 #
BOBBI LASAGE CLAYTON HOMES #81	1230 CONOVER BLVD N	828-217-3168	828-217-3168
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
ROBERT & RHONDA THOMPSON	124 DELLWOOD DR. STATESVILLE, NC	704-928-8422	SAME

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
124 DELLWOODS DR.		

Driving Directions: I-40 EXIT 148 (L) 6K PASS I-77 OUT HWY 70
DELLWOOD IS ON THE RIGHT House 1ST House on the Right

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)* PAID 4/15/15 #2252

(X) New, Single Family Residence — Maximum Number of Bedrooms 4 — (X) ~~Crawl Space Foundation?~~
( ) New, Multi-Family Residence — Maximum Number of Occupants 4 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
(X) Other EXISTING SYSTEM CHECK REQUIRED

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 (X) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 2011 (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?
( ) 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: Bobbi Nash — 4-15-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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…**

X **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…**

_____ **Area you prefer your septic system to be placed…**

_____ **Preferred driveway location and configuration, preferred well location…**

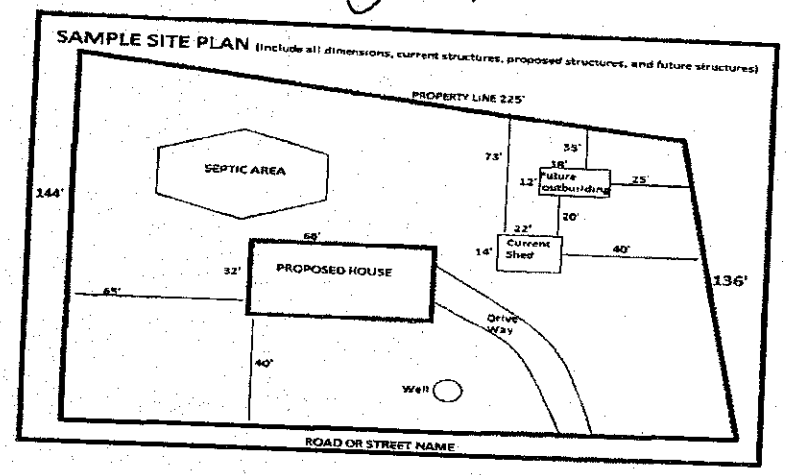
_____ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

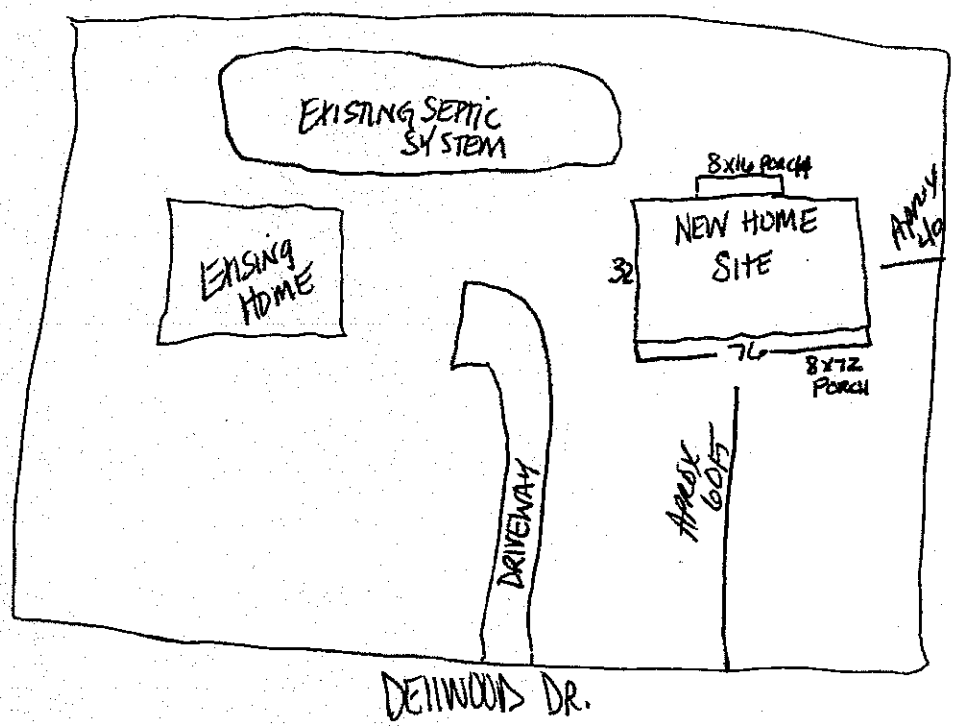
N/A **Location of septic systems and wells within 100' of your property…** N/A

N/A **Location of easements and rights of ways on your property…** N/A

N/A **Location of any designated wetlands on the property..** N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Bobby [illegible] _____

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

4-15-15

DATE

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, ROBERT + RHONDA THOMPSON, am the legal owner of the property located at 124 DELLWOOD DR. STATESVILLE, NC, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) CLAYTON HOMES #81, BOBBI LASAGE, _____, _____, _____, 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.

Rhonda Thompson — Signature of Owner — 4/18/15 — Date

[illegible] — Signature of Witness — 4/18/15 — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

or

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677