IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___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
   ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Susan Jarman	5820 Brushy Meadows Dr Liquay Varina NC 27526	919-557-0617	919-349-5933
John Brenner	5820 Brushy Meadows Dr		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
388 Baymount Dr Statesville	Baymount Meadows	

Driving Directions: Mocksville Rd, past Davis Hospital, left on Jane Sowers Rd 1st (R) into Baymount Meadows (L) onto Baymount Dr house on (R) about 1/2 mi down (# on Mailbox)

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 Cracked Tank
( ) Other ___

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

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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** ( ) 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:** Susan Jarman 7/28/16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE