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IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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:

Deena Abee

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Margaret Carpenter	105 Bluegrass Cir Mooresville	503-781-9801	704-239-3693
Martha Brawley	124 Sugar Creek Lp Troutman		

Owner Name / **Mailing Address** / **Home Phone #** / **Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
141 Buckin Ln	Shane Hildebran Family	1

Driving Directions: R on 115 - R on Shinville
L on Weathers Creek - R on Buckin Ln

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
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)*

( ) 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: Deena Abee — 10/16/14

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 Statesville #206488

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit	(√) New Well Permit	( ) Well Repair Permit	( ) Well Abandonment
	(√) Authorization to Construct	( ) Existing System Inspection	( ) Septic System Repair

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Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: SHANE HILDEBRAND Address: c/o CLAYTON HOMES 2026 NORTHSIDE DR STATESVILLE, NC 28629 Phone: 704-238-3693

Owner Name: MARTHA BRAWLEY Address: — Phone: —

Property Information:

Street Address: 141 Buckeye Ln.

Subdivision Name: HILDEBRAND FAMILY Section/Phase: _____ Lot Number: Tract 1

Driving Directions: HWY 115 N, TR SHINNVILLE RD TL OSWALT-AMITY, TL WEATHERS CREEK, PROPERTY ON LEFT NEAR SUGAR CREEK

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence	Maximum Number of Bedrooms: 3	(X) Crawl Space Foundation
( ) New Multi-Family Residence	Maximum Number of Occupants: 6	( ) Concrete Slab Foundation
( ) Accessory Building	( ) Swimming Pool	( ) Basement with Plumbing
( ) Bedroom(s) Addition	( ) Other Addition/Structure: _____	( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: ESG

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. industrial) 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.

Signature: R.G. R — 10-2-14

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE