IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Application For Improvement Permit and/or Authorization To Construct, 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 __ 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 #
* Christopher Scott Cloaninger	1622 Crown Vue Ct, Statesville, NC 28625 (→ 385 Orchard Lane, Taylorsville, NC 28681)	mother's 1-828-635-5675	704-437-0546 (mother's cell)

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Christopher Scott Cloaninger	385 Orchard Lane, Taylorsville, NC 28681	1-828-635-5675	704-437-0546 (mother cell)

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
144 Arbor Drive	Forest Acres	165

Driving Directions: 70 east, (R) Belleau, (L) Treeline, (R) Arbor 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
( ) Repair To Failing Septic System
(x) Other replacing SW

Maximum Number of Bedrooms __
Maximum Number of Occupants __
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 (x) 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 (x) Other existing ( ) No Preference

****

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?
( ) 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:** Sandra Cloaninger Shepherd — 9-27-10
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE