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: (X) Improvement Permit (X) 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: (X) 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:** 161 WEST DODSON Mill ROAD

HAYDAY INVESTMENT LLC	PILOT MTN NC 27041	N/A	704-902-4655
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SAME			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

132 CARTER LANE	CARTER MEADOWS	NEW LOT # 4
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I-40 EAST, EXIT 154, (R) OLD MOCKSVILLE Rd, (R) BIRD FARM ROAD (R) CARTER LANE (BOTTOM RIGHT SIDE)

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to (REPAIR)
(X) Other $ 320.00

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

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

IF Non-Residential Site Development: Type of Business N/A
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)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (X) 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:** _____ DATE 10/16/14
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

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

PLEASE CALL WHEN SIGNS ARE UP 704-902-4655

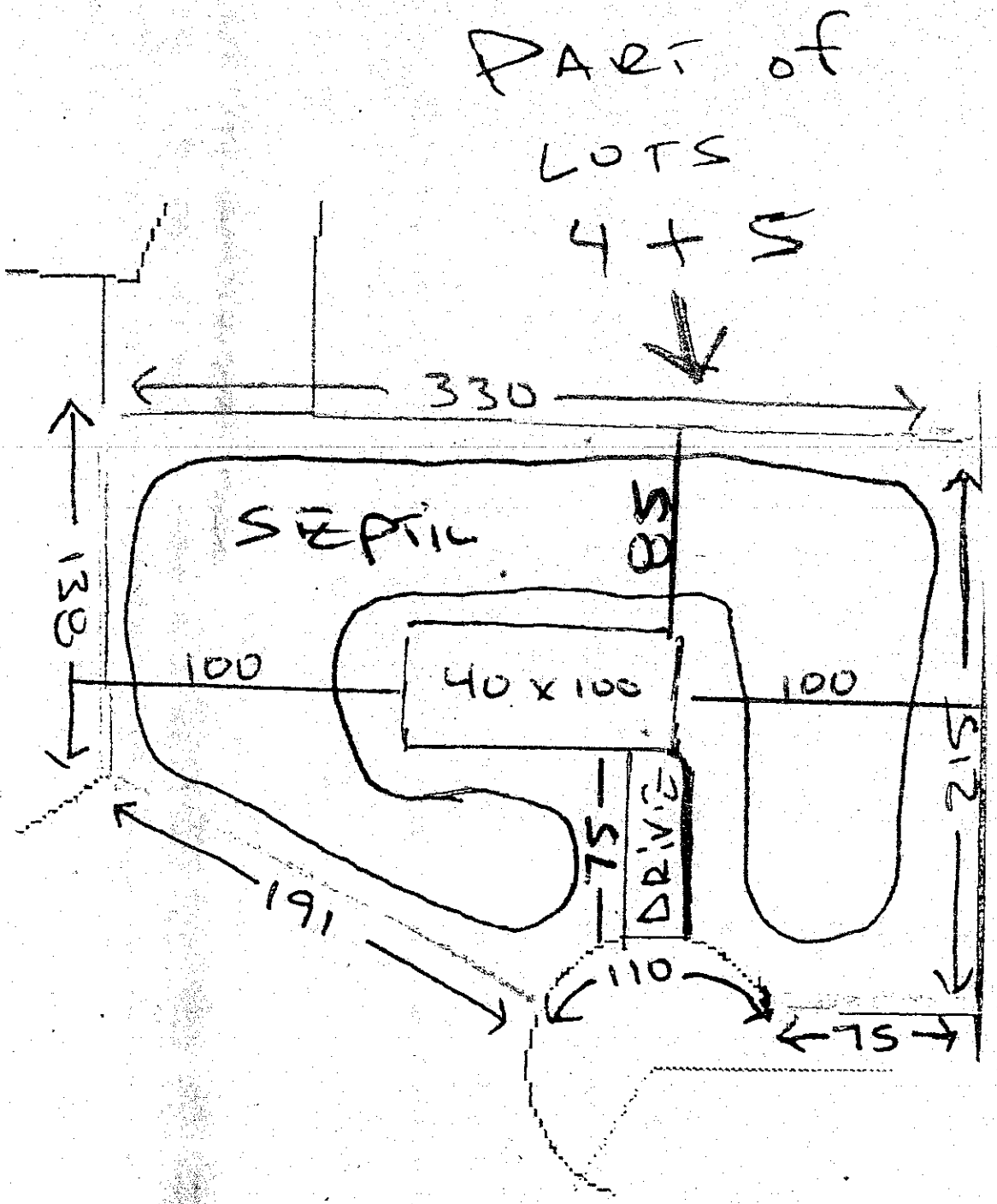
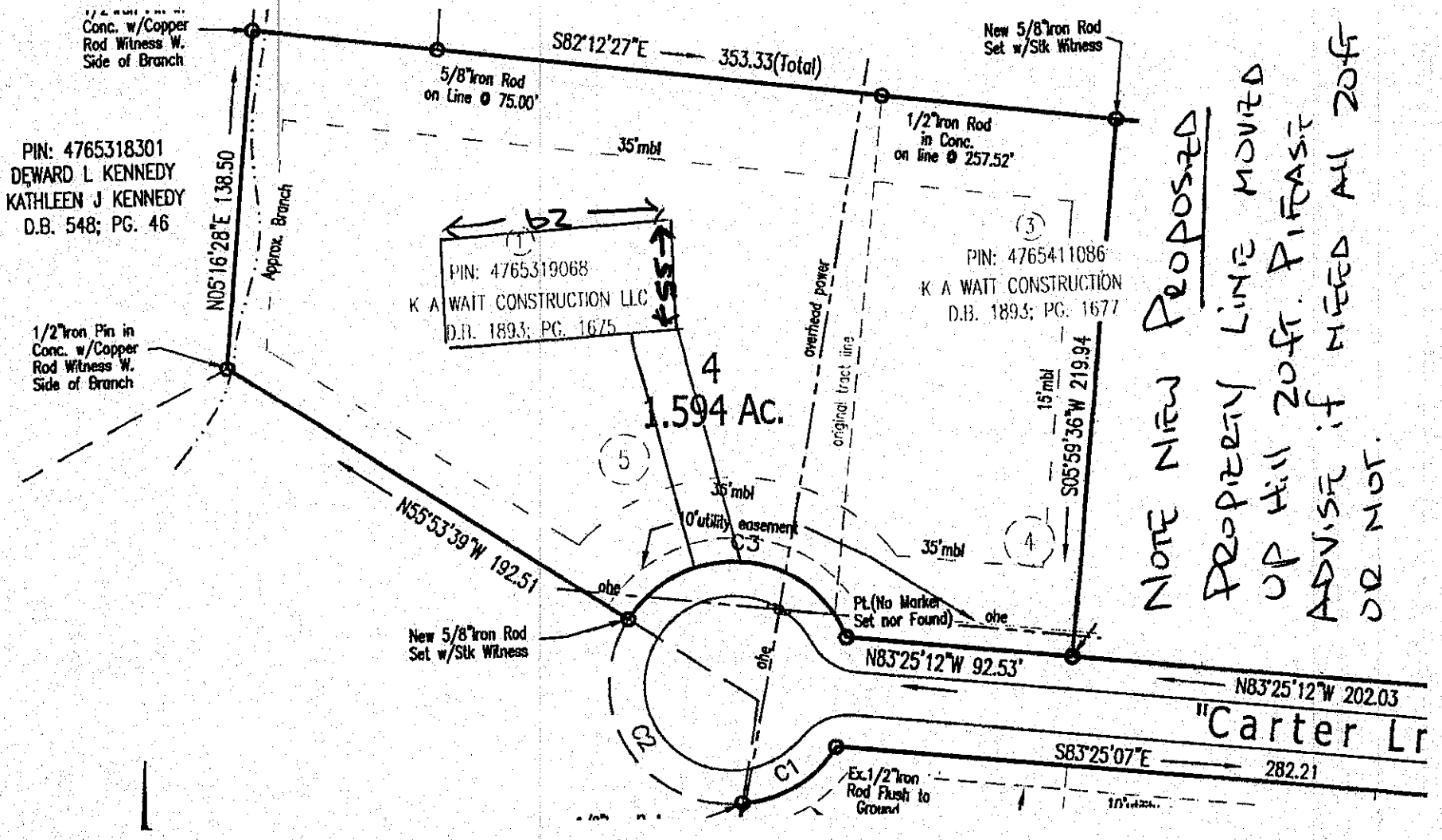

PART of
LOTS
4 + 5
330
SEPTIC
330
100
40 x 100
100
75
DRIVE
191
110
75
215

EXHIBIT (A)



NOTE NEW PROPOSED PROPERTY LINE MOVED UP HILL 20FT. APPROX. AS ADVISED BY OWNER. DO NOT USE AS SURVEY

132 CARTER LANE - STATESVILLE - NC - 28625

* 1920 SQ FEET MODULAR HOME - WITH GARAGE
* CONCRETE DRIVEWAY