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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

200993

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (NW) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: Bryan K. Clodfelter Address: 1824 ~~1808~~ Triplett Rd. Phone: 704 663 4044

Owner Name: Bryan K. Clodfelter Address: 1908 Triplette Rd. Mt ulla, NC 28125 Phone: 704 663-4044

704 634 2500

Property Information:

Street Address: 1808 Triplett Rd. Mt. Ulla. NC 28125

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Hwy 115 south Turn Right Mazeppa Rd. Turn Left Triplett Rd. 1 Mile on left.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building 2000ft²
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 0
Maximum Number of Occupants: 0
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) 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:

( ) New Well (X) 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 ( ) Other: _____

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.

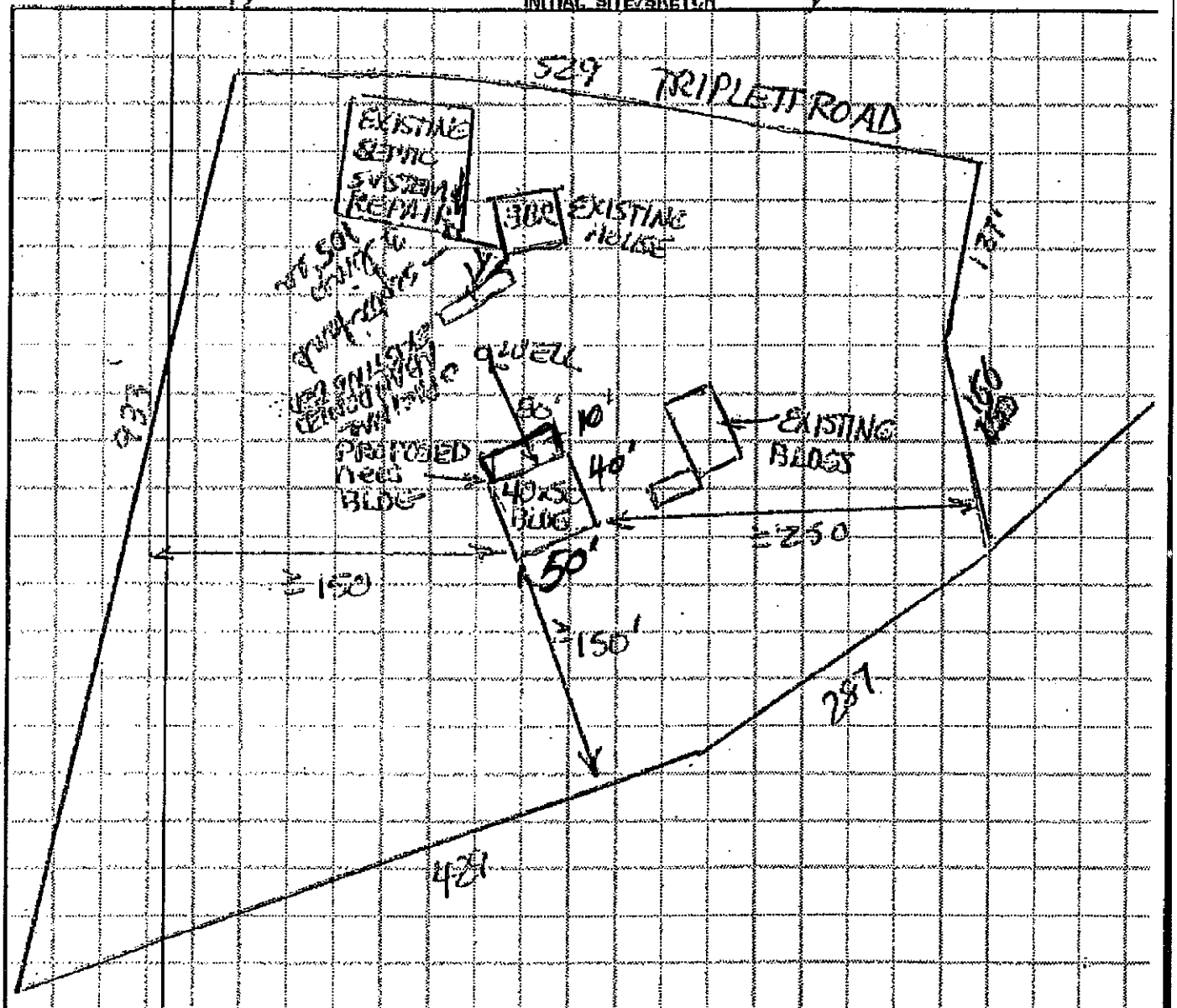
Signature: Bryan K Clodfelter
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

PAID DATE 11/14/14
#2801

Septic Tank	existing 1000 (gal)	SIB	Date	☐ New System	☐ R
Pump Tank	(gal)	PT	Date	System Description:	3
Pump Make	Model		Serial #	Repair System Descripti	
# Nitrification Fields	1 # Lines	3	Linear Ft:	315	Maintenance Agreemen
Trench Width	36" Max. Trench Bottom Depth	as needed	Gravel Depth	24"	

Comments / Conditions: Authorization to construct a new 40x50 accessory bldg only. No plumbing fixtures or bathrooms approved for this bldg. Bldg must be 50' minimum from wells. No pollution or nuisance conditions shall be created by this bldg. No additional expansion of bedrooms or use

INITIAL SITE/SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are

☐ Location of the proposed accessory bldg addition does not appear to impact the existing on-site septic system or well.**NOTE: ☐ DISAPPROVED *with site plan*

Owne te:

IMPR Richard Tennis REHS Date: 11/21/14 te:

AUTH ICHD-Environmental Health Division te:

Applicant (Fina