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IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

FILE COPY

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

THE ABOVE PERMIT DOCUMENT IS 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
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Barefoot Pools + Design, LLC Address: 3719 Byron Dr Harrisburg Phone: 704-791-2404

Owner Name: Ginger Sparks Address: 1519 Triplett Rd. Cleveland Phone: 704-452-7801

Property Information:

Street Address: 1519 Triplett Rd Cleveland, NC

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

Driving Directions: _____

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

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

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

(X) Crawl Space Foundation
( ) 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: _____ _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

FILE COPY

IREDELL COUNTY HEALTH DEPARTMENT

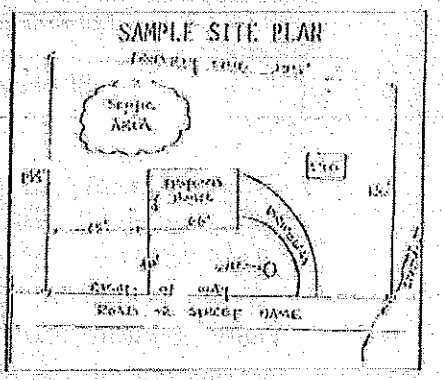
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

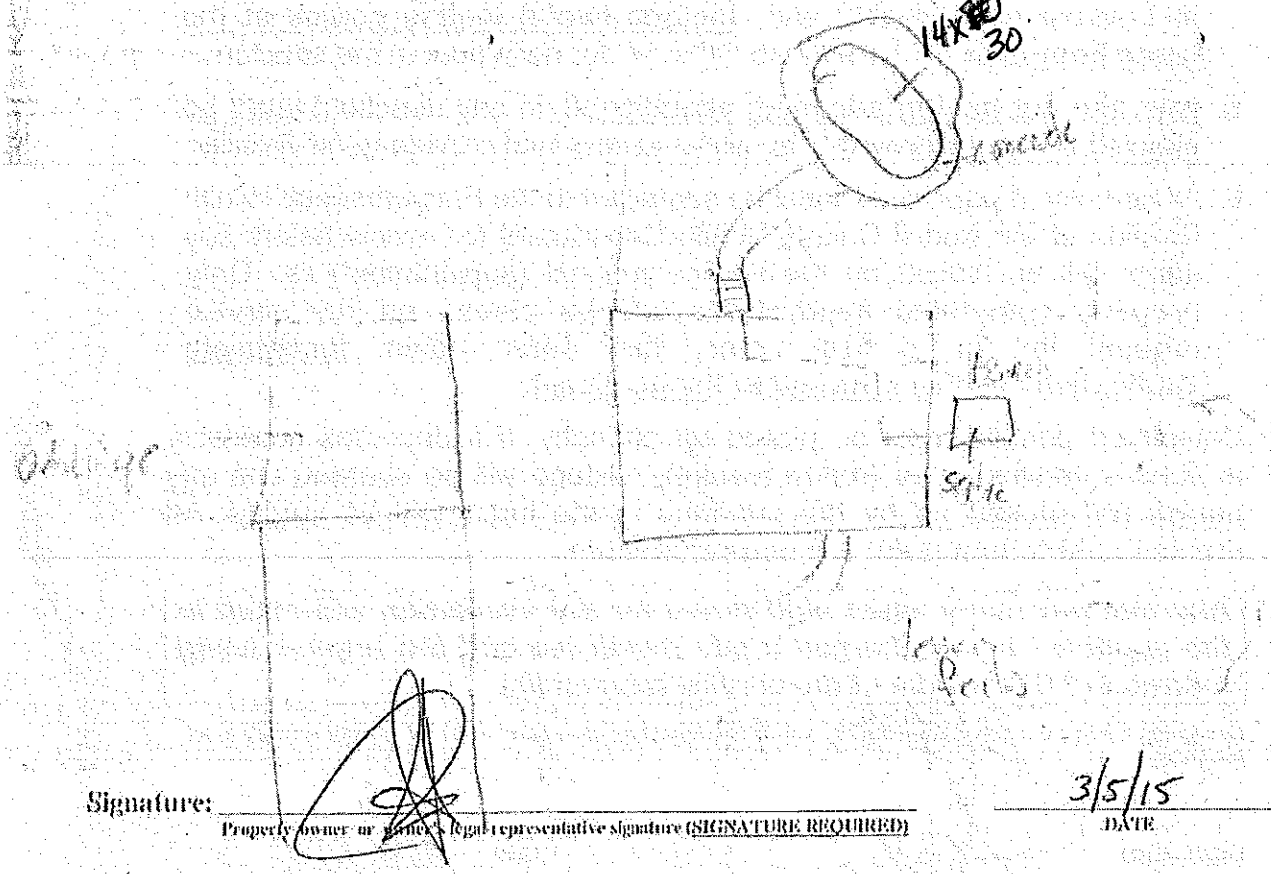


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 3/5/15

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ginger B. Sparks, am the legal owner of the property located at 1519 Triplett Rd Cleveland, identified as PIN(Parcel Identification Number) 4770352634.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) BareFoot Pools + Designs

Tommy LeBaron, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Ginger B Sparks — Signature of Owner — 3-9-15 — Date

[illegible] — Signature of Witness — 3-10-15 — Date

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

APPLICANT: Ginger Sparks — APPLICANT ADDRESS: 106 Sawgrass Dr. Mooresville

SITE ADDRESS: 1517 Triplett Rd Cleveland, NC 27013 — PHONE: 704-450-7801 ALT. PHONE:

SITE DIRECTIONS: Hwy 115 N, TR Mooresville Rd. to Triplett, ~2.5 miles on right Red post Forest view # Before hill

SUBDIVISION: — SECTION: — LOT #: — LOT AREA: 3.93 acre DESIGN FLOW: 480 GPD L.T.A.R.: .3

Septic Tank: 1000 gal — S/B 3.25 - 1003 Date: 5-26-14 — ☑ New System ☐ Repair ☐ Expansion — System Type: I II III IV V VI

Pump Tank: ____ gal — PE: ____ Date: ____

Pump Make: ____ Model: ____ Serial #: ____

Nitrification Fields: 1 — # Lines: 4 @ 100' — Linear Ft: 400

Trench Width: 36" — Max. Trench Bottom Depth: 38" — Gravel Depth: N/A

System Description: 25% Reduction / Gravity

Repair System Description: Same

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence — No. Bedrooms: 4

☐ Business — No. Persons: 8

☐ Other — No. Employees: ____

☐ Slab — ☑ Crawl Space

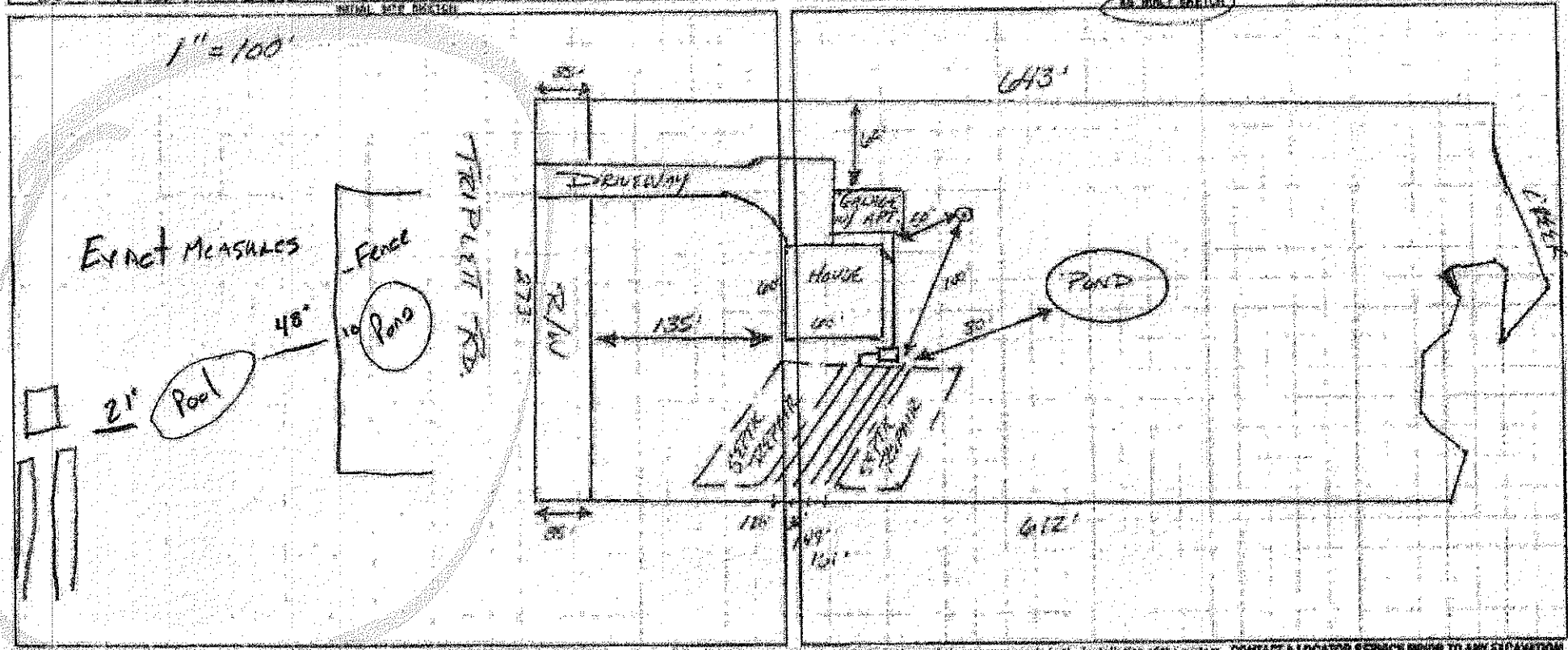
☐ Basement w/plumbing — ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Must keep 5800 System at least 10' from TP, 5' from House & 10' from well. If Repair is utilized it must be moved 50' from Pond. — INITIAL SITE SKETCH

If 3 BR in Main House Plus Additional BR over Garage (no Plumbing) Same Garage to Main House 5800 System

AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT—not to exceed 60 mo.

Owner / Applicant Signature: ____ Date: ____ Installed by: Randall Sparks

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: [signature] Date: 8/6/14

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: ____ Date: ____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

APPLICANT: GINGER SPARKS APPLICANT ADDRESS: 106 SAWHORSE DR. MOORESVILLE

SITE ADDRESS: 1519 TRIPLETT RD. CLEVELAND, NC 27013 PHONE: 704-450-7801 ALT. PHONE:

SITE DIRECTIONS: HWY 115 N, TR MAREPPA RD, TL TRIPLETT, N 2.5 MILES ON RIGHT JUST PAST FOREST VIEW & BEFORE HILL

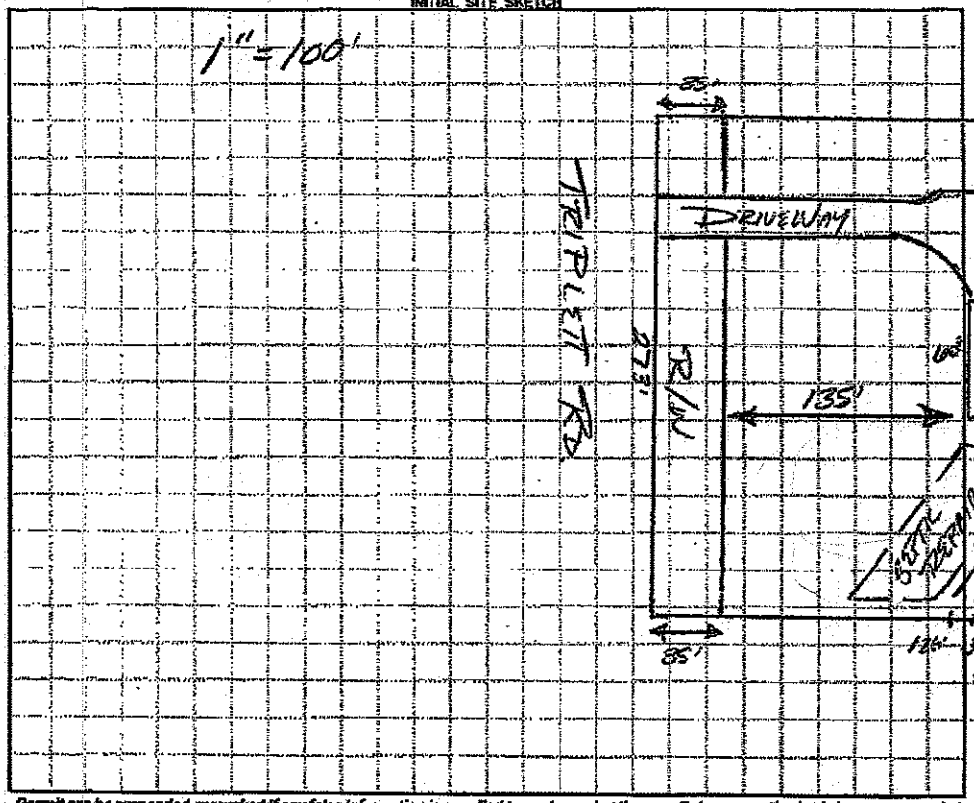
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.93 ACRE DESIGN FLOW: 480 GPD L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 825-1000 Date 5-25-14	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT Date	System Description: 25% REDUCTION / - GRAVITY	☐ Business	No. Persons 8	☑ Private
Pump Make Model	Serial #	Repair System Description: SAME	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4 @ 100' Linear Ft: 400	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 33" Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

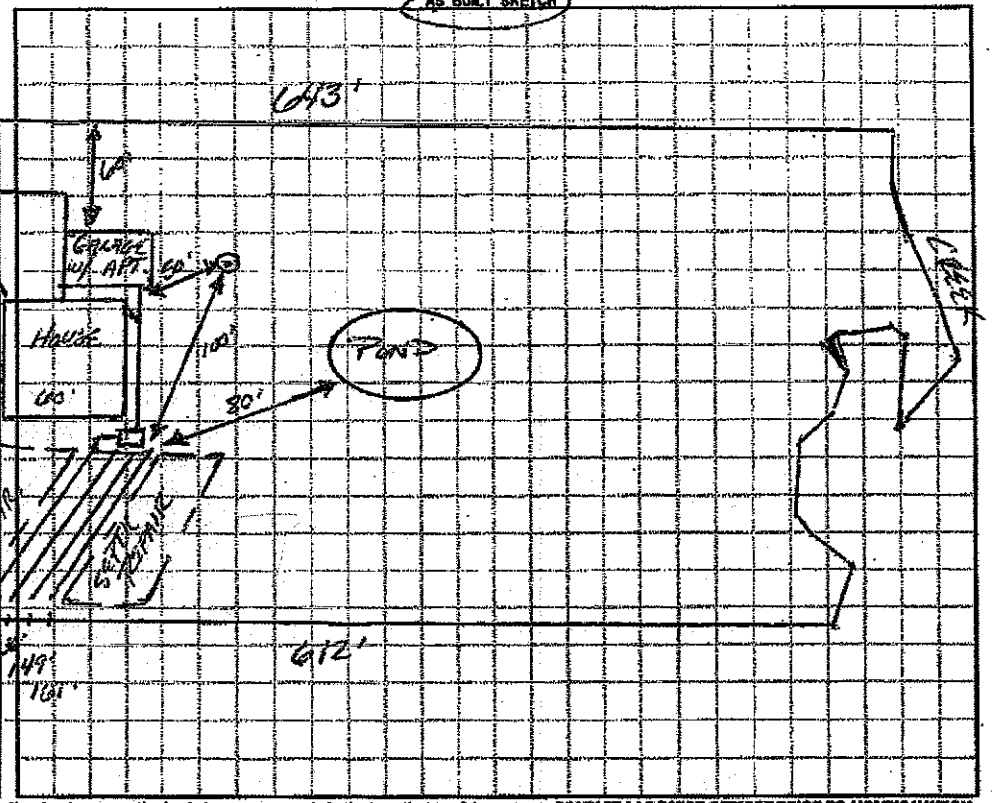
Comments / Conditions: MUST KEEP SEPTIC SYSTEM AT LEAST 10' FROM PL, 5' FROM HOUSE & 100' FROM WELL. IF REPAIR IS UTILIZED IT MUST REMAIN 50' FROM POND.

* 3 BR IN MAIN HOUSE PLUS ADDITIONAL BR OVER GARAGE. (NO PLUMBING FROM GARAGE TO MAIN HOUSE SEPTIC SYSTEM.)

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by: KOWAN SEPTIC

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date: 8/6/14

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17[illegible]

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4[illegible]

APPLICANT: [illegible] APPLICANT ADDRESS: [illegible]

SITE ADDRESS: [illegible] PHONE: [illegible] ALT. PHONE:

SITE DIRECTIONS: [illegible]

SUBDIVISION: SECTION: LOT # LOT AREA: DESIGN FLOW: L.T.A.R.:

Septic Tank [illegible] (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines Linear Ft:

Trench Width 24 Max. Trench Bottom Depth Gravel Depth 1 1/2

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description:

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

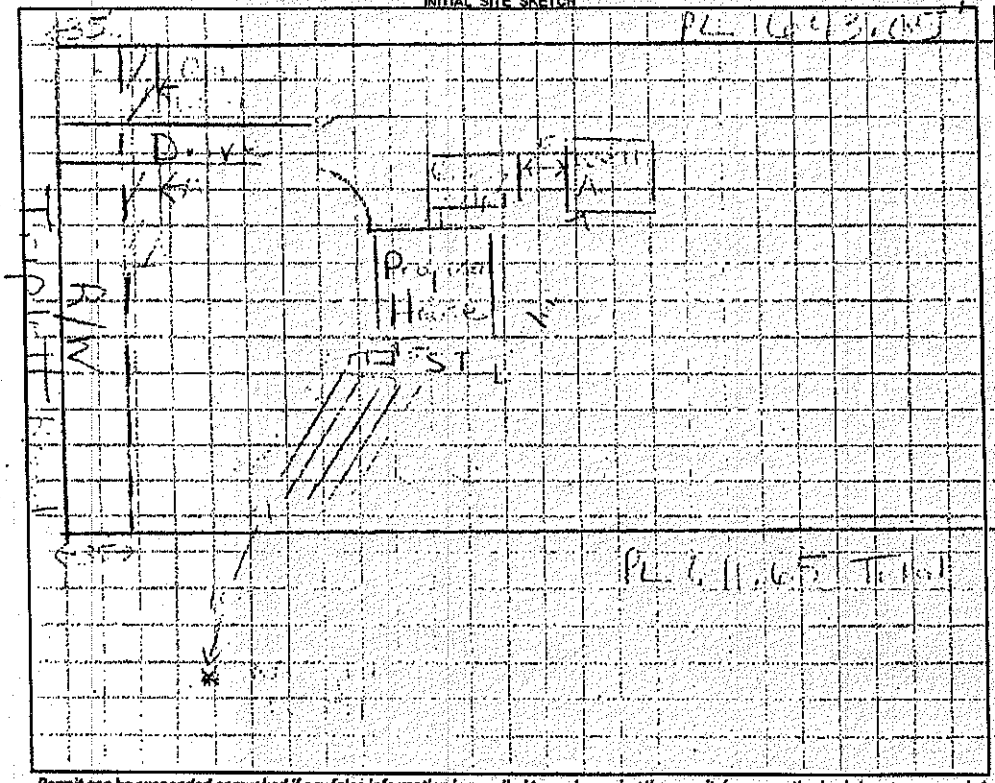
No. Bedrooms 3 No. Persons No. Employees ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

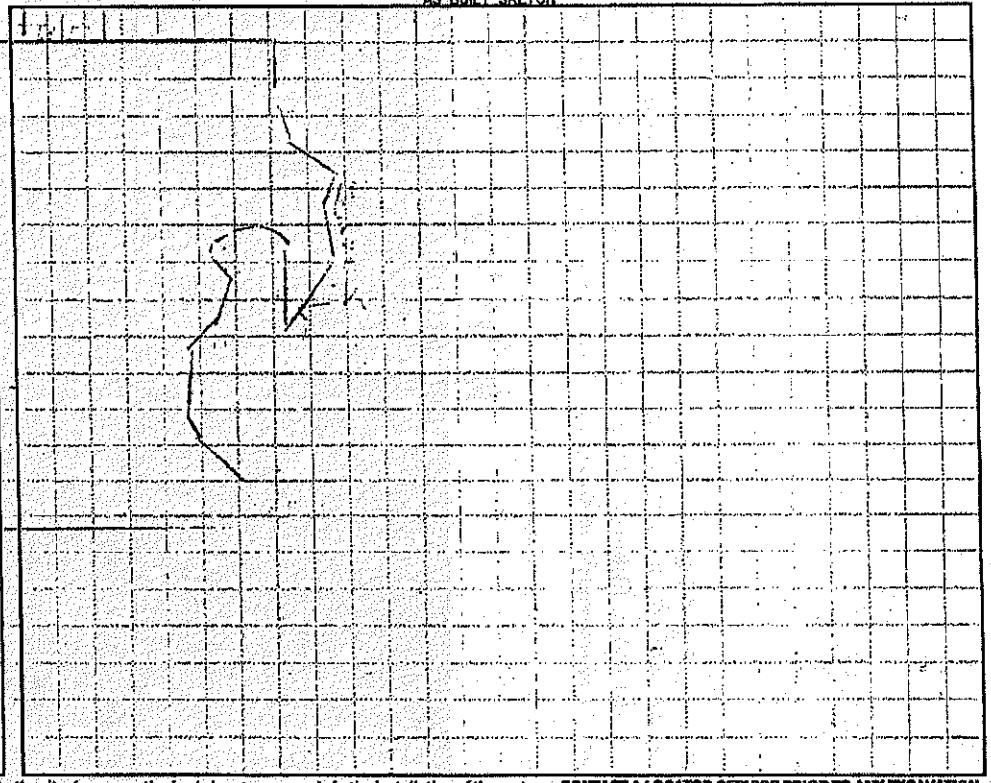
Comments / Conditions: [illegible]

State Hill

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☐ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☐ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [illegible] Date: 11 4 13 Installed by:

IMPROVEMENT PERMIT by: [illegible] Date: 10/30/13 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [illegible] Date: 11/1/13 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK