4772313298
0.88 acres

RECEIVED MAR 3 2015
Paid $500.00 Statesville
#208816

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) 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
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Robert Stiltner Address: PO Box 384 Mt Mourne Phone: 704 902 6946

Owner Name: Robert Stiltner Address: " " Phone: 704 902 6946

Property Information:

Street Address: 750 Triplette Rd. Cleveland NC

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

Driving Directions: Hwy 70 East Right on Tripplett Rd
Approx 3 mile on Left

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) 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 ( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Robert Stiltner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-3-15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

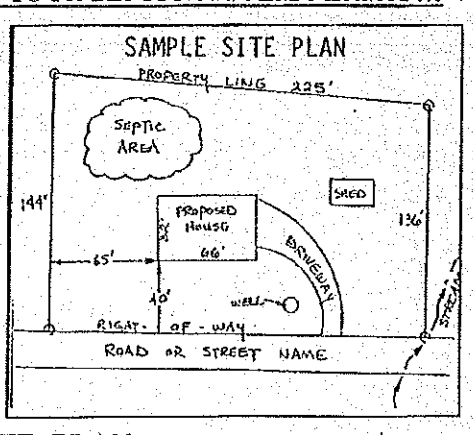
ENVIRONMENTAL HEALTH DIVISION

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

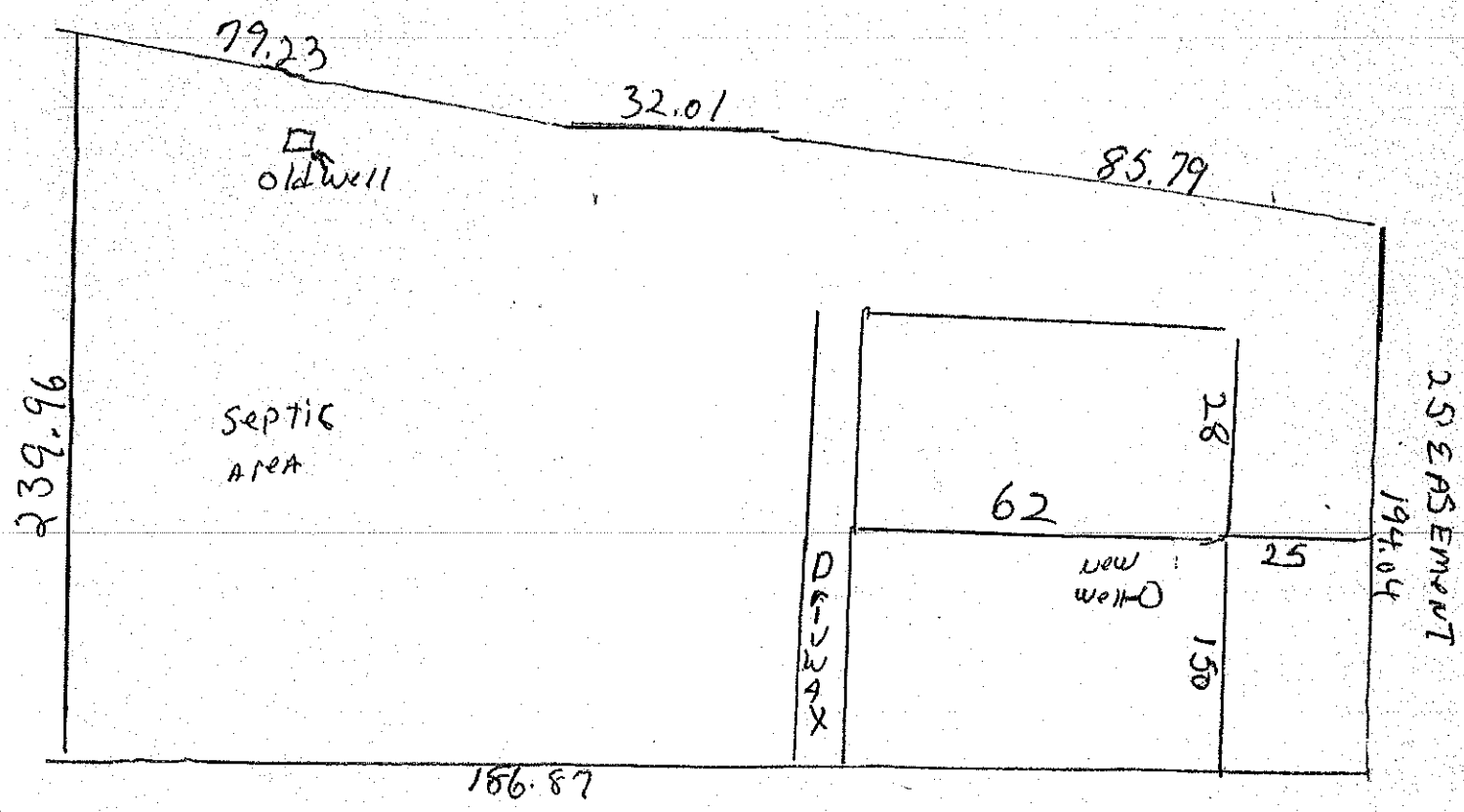


Circle N/A on the following if appropriate:

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

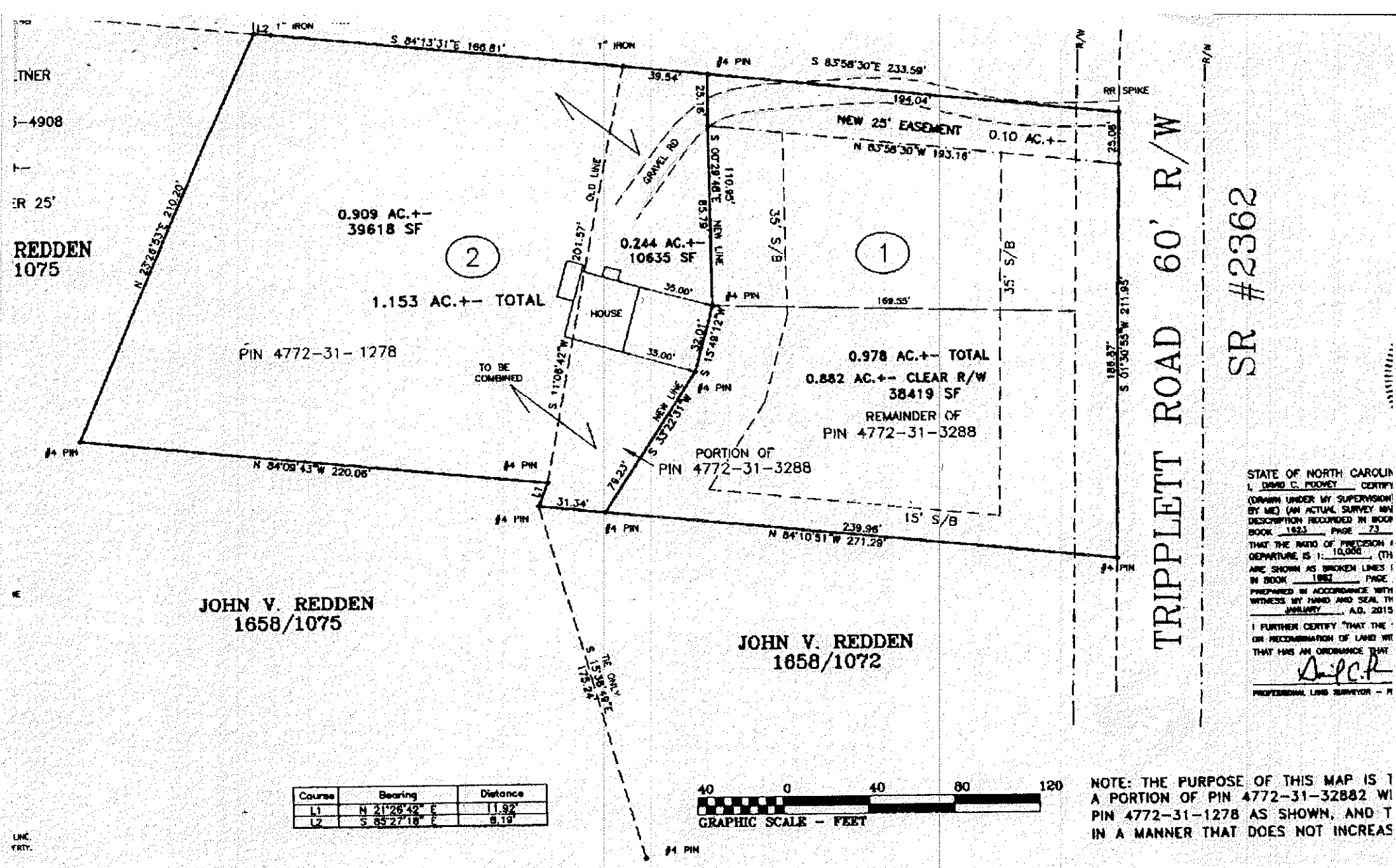
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



TRIPPLETT Road R/W

Signature: Robert Salmon — 3-3-15

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



Course	Bearing	Distance
L1	N 21°26'42" E	11.92'
L2	S 85°27'18" E	8.19'

40 0 40 80 120
GRAPHIC SCALE - FEET

STATE OF NORTH CAROLIN
I, DAVID C. POOVEY CERTIFY
(DRAWN UNDER MY SUPERVISION
BY ME) (AN ACTUAL SURVEY MA
DESCRIPTION RECORDED IN BOOK
BOOK 1823 PAGE 73
THAT THE RATIO OF PRECISION
DEPARTURE IS 1: 10,000 (TH
ARE SHOWN AS BROKEN LINES
IN BOOK 1882 PAGE
PREPARED IN ACCORDANCE WITH
WITNESS MY HAND AND SEAL TH
JANUARY A.D. 2015
I FURTHER CERTIFY THAT THE
OR RECOMBINATION OF LAND WI
THAT HAS AN ORDINANCE THAT
PROFESSIONAL LAND SURVEYOR - P

NOTE: THE PURPOSE OF THIS MAP IS T
A PORTION OF PIN 4772-31-32882 WI
PIN 4772-31-1278 AS SHOWN, AND T
IN A MANNER THAT DOES NOT INCREAS

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899

3704 NC HIGHWAY #16 BUSINESS NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908

DATE 2-18-15
SCALE: 1" = 40'

DB: 2313 PG: 1598
DB: PG:
PB: XXXX PG: XXXX

CHAMBERSBURG TOWNSHIP
IREDELL COUNTY, NC

DRAWN: CP
JOB# 750TRIP

REVISIO
FC

ROBERT F.
WIFE TINA

PIN 4772-31-1278

© 750 TRIPLETT RO