Mark Green

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
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	~~Home Phone #~~	Alternate Phone #
Caldwell Banker United	1602 Davie Ave Statesville 28677	704-880-1312	
Owner Name	Mailing Address	OFFICE ~~Home~~ Phone #	Alternate Phone #
Southern Community Bank	4605 Country Club Rd	336-794-7820	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
127 Howard Pond Lp.	Spring Forest	L-44

Driving Directions: Hwy 64 E To Leftons Grin Rd. L on Spring Forest Dr, L on Howard Pond Lp.

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System
( ) Other ___

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 ___

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6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

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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?

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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: Tammy Parks Broker — 12/3/10

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

DATE: 12/2/2010 10:13:06 AM IREDELL WATER CORPORATION PAGE NO: 1

BY: REB

Customer History Report
Select Customer By: Account Range: From 118165 To 118165
Status: All Accounts
Transaction Types: WATER Range: >= 05/26/2010 <= 11/02/2010

Date	Type	Cls	Amount	Paid	Reference	Usage	Total
Account: 118165 KERRIGAN HOMES, KERRIGAN Location: 21-378129000 127 HOWARD POND LOOP							
05/26/10	WATER	WAT	10.26	10.26	5500-5600 M5/19/2010	100	10.26
06/23/10	WATER	WAT	10.00	10.00	5600-5600 M6/17/2010		20.26
07/23/10	WATER	WAT	10.00	10.00	5600-5600 M7/19/2010		30.26
07/26/10	WATER	WAT	2.30	2.30	5600-5600 M7/26/2010		32.56
	Total Reported						32.56

* Denotes an unposted transaction,
<< End of Customer History Report: 1 Page(s) >>