RECEIVED OCT 28 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $350.00

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

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#222820

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 #
Chris Hardy / CS&SC	PO Box 1703, Mooresville NC 28115		704-202-5791
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Julie Gillespie	724 Stanfield Dr., Charlotte NC 28210		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
778 River Hill Rd	Statesville	

Driving Directions: I40E, Exit Hwy 64E, TL on River Hill Rd, Cross I40, Property on R across from school

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants 8 — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (✓) Basement w/Plumbing?

( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

IF Non-Residential Site Development: Type of Business _____

Square Footage of Building _____

Maximum Number of Employees _____

Maximum Number of Seats _____

6. Proposed Water Supply:

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

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

(✓) Alternative ( ) 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: _____ 10-27-16

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

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Christopher Edgar Hendrix, am the legal owner(s) of the property located at River Hill Rd, Statesville NC, identified as PIN (Parcel Identification Number) 4776-03-4336, located in Davidson County, North Carolina.

I do hereby authorize (print legal representative/company name) Adrian Pruett, Carolina Soil & Septic Consulting to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Building Authorization/Compliance Inspection
- Application for Manufactured Home connection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Davidson County Department of Public Health, Environmental Health Division.

[signature] 10-28-16

Signature of Owner(s) Date Signature of Witness Date