IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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 #
Jack Barkley	312 Stroud Mill Rd	704-546-2011	7048804985
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
	Harmony NC 28634		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
167 Dalu Ln. Harmony NC 28634		

Driving Directions: 21 N. Rt on Mt Bethel Rd Left on Rim Rock 2nd Rt on Dalu Ln. 2nd Place on Rt

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to No Septic System
( ) Other

Maximum Number of Bedrooms 3
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 ___

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 in ___ *YEAR*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. 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: Jack Barkley — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-8-2012 — DATE

PAID FEB 8 2012
$ 500.00 Ck# 4342

IREDELL COUNTY HEATLH DEPARTMENT

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…**
- X **All proposed structures are indicated…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ____ **Front and side setbacks from property line…**
- ____ **Preferred driveway location and configuration, preferred well location…**
- ____ **Area you prefer your septic system to be placed…**
- ____ **North arrow, or other sufficient indicator of direction…**

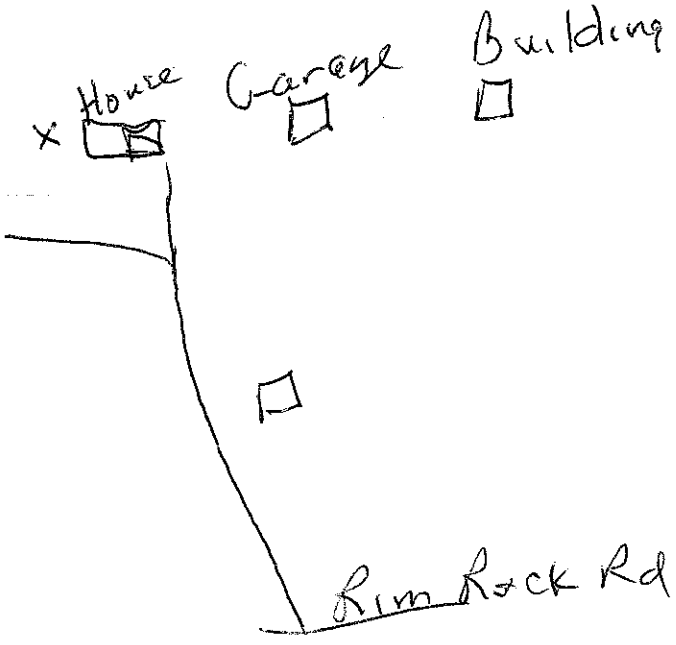
Circle N/A on the following if appropriate:

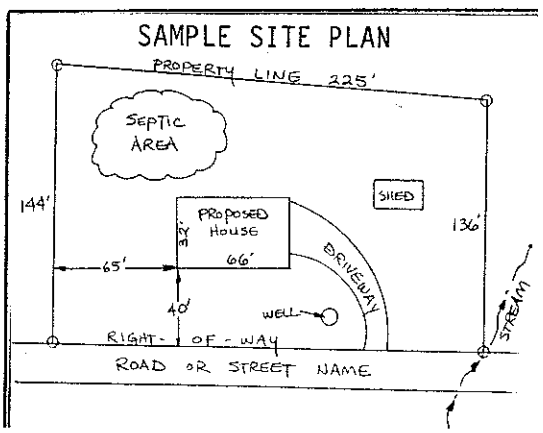
- ____ **Location of septic systems and wells within 100' of your property…** **N/A**
- ____ **Location of easements and rights of ways on your property…** **N/A**
- ____ **Location of any designated wetlands on the property…** **N/A**

Signature: Jack Barkley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-8-12
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





N. C. Department of Environment and Natural Resources/Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

___Certified Mail
(Return Receipt)

___First Class Mail

✓ Hand Deliver

Owner JOE JACK BARKLEY Mailing Address 312 STROUD MILL ROAD HARMONY, NC 28634-8927

Occupant DAUGHTER Location 167 DALY LANE HARMONY, NC 28634

☑ Residence ☐ Business ☐ Other

PIN # 4789-00-7872

Dear JOE JACK BARKLEY :
(Owner's Name)

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On FEB 13, 2012, an inspection of the wastewater system by the IREDELL COUNTY Health Department indicated the following violations:

Violation	Law or Rule Cite
A DISCHARGE of SEWAGE OR EFFLUENT TO THE SURFACE of THE GROUND	15A NCAC 18A .1961(a)(1)(A)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☑ Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repair your system.

☐ Other Repairs *(Specify)*

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify)*

If the wastewater violation is not brought into compliance by MARCH 16, 2012, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 318 TURNERSBURG HWY, STATESVILLE, NC 28625, (704-878-5309, phone; 704-871-3483, fax).

Notice Issued FEB 13, 2012 Signed _____, R. STEVE HENDRICK, REHS Agent
Date DENR/DEH

Compliance _____ Signed _____ Agent
Date DENR/DEH