IREDELL COUNTY HEALTH DEPARTMENT

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:**

Lisa Williams	220 Cross Country Rd - Statesville, NC	704-876-4967	704-902-0733
Applicant Name	Mailing Address	Home Phone	Work Phone
Brenda Harris	1447 Baldwin Ct. Little River SC 29566	843-249-6220	
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

4861 Wilkesboro Hwy - Statesville, NC | NONE | ____
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: Hwy 115 N from I-40 - 14 miles - Left ON Issac Rd
First Driveway ON Right

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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
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 2
Maximum Number of Occupants 2
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:**

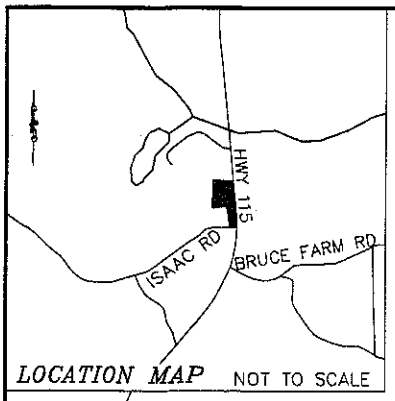
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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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: Lisa C. Williams — 9-29-05

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



LOCATION MAP NOT TO SCALE

STATE OF NORTH CAROLINA
IREDELL COUNTY

I certify that this map was drawn from an actual survey made under my supervision The unadjusted ratio of precision as calculated is 1': 10,000± Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book, as Page shown .Witness my hand and seal this 5th day of JULY , 2006.

Professional Land Surveyor
L-3703

NORTH CAROLINA PROFESSIONAL SEAL L-3703 LAND SURVEYOR JAMES R. HOBBS 7-5-06

NOTES:

- ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE NOTED.
- AREA BY COORDINATE COMPUTATION.
- PROPERTY SUBJECT TO ANY VALID & ENFORCEABLE EASEMENTS, RESTRICTIONS & RIGHTS OF WAY OF RECORD.
- SURVEY IS BASED ON PHYSICAL EVIDENCE AND EXISTING MONUMENT FOUND DURING THE SURVEY.
- PROPERTY CORNER PIPE SIZES AS SHOWN ARE NORMAL INSIDE DIAMETER.

LINE TABLE		
LINE	BEARING	DISTANCE
L1	S85°59'57"E	43.26
L2	S05°34'38"E	52.14
L3	S88°29'35"W	25.97
L4	N16°29'08"W	24.96
L5	N16°29'08"W	15.07

PIN: 4821-33-6112
WILLIAM C. GODFREY
D.B. 788 PG. 827

PIN: 4821-32-7579
D.B. 1744 PG. 301

PIN: 4821-32-6734
D.B. 1686 PG. 1205

PIN: 4821-22-4258
WILSON GODFREY
D.B. 617 PG. 411

PIN: 4821-32-5379
FARRIS SHAVER
D.B. 304 PG. 194

PIN: 4821-43-3412
FLOYD STEVEN SPRINKLE and MARGARET S. SPRINKLE
D.B. 1181 PG. 1156

PIN: 4821-43-4881
SHARON KEATON
D.B. 1579 PG. 1

BASE BEARING S85°59'57"E (119.63') 239.20' (TOTAL) (119.57')

S83°37'02"W BASE BEARING (120.95') 223.48' (TOTAL) (102.53') 21.8'

S08°12'10"E 603.45' (NTS)

PK NAIL (F) AT INTERSECTION OF WILKESBORO HWY & ℄ BRANCH

S07°51'22"E 225.48'

S08°23'00"E 141.63'

S08°04'55"E 79.72'

S07°08'35"E 111.04'

S03°19'46"E 89.53'

S87°22'53"W 82.85'

N61°17'56"E 68.31'

MAG NAIL (F) AT INTERSECTION OF WILKESBORO HWY & ISAAC RD

N01°59'53"E 426.48'

N11°05'09"W 121.61'

N06°24'11"W 159.95'

BUILDING

FOUNDATION

10' GRAVEL DRIVE

NC HWY 115 (WILKESBORO HWY)

ISAAC RD

WF

HWF

TOTAL AREA = 3.772 ACRES

LEGEND

- LINES SURVEYED
- LINES NOT SURVEYED
- INTERIOR ℄
- TIE LINES
- OVHD DISTRIBUTION LINE (OVERHEAD)
- R/W LIMITS
- FENCE
- ■ #4 REBAR (F)
- ▲ #5 REBAR (F)
- Ⓦ WELL
- RETAIL POWER POLE
- ℄ CENTERLINE
- ● PK (F)
- ◉ MAG.NAIL(F)
- ⊠ CONCRETE MONUMENT (F)
- ○ NO MONUMENTATION UNLESS OTHERWISE

GRAPHIC SCALE

0 50 100

DEED NORTH D.B. 1686 PG. 1205