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 #
ERIC WARD FREEDOM HOMES	1124 Charlotte Hwy	704-528 7960	(cell) 704-883-2440
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
DOUGLAS BOSTON	371 FIELDSTONE DR.		(cell) 704-445-9573

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
000 FRIENDSHIP ROAD		

Driving Directions: HWY 115 PAST LOVE VALLEY (TR) ON FRIENDSHIP ROAD LOT IS ON LEFT PAST SINGLEWIDE IN CURVE

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
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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)*

( ) Alternative ( ) Conventional (✓) Innovative (25% reduction) ( ) 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: _____ 7-11-11
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH 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...
  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

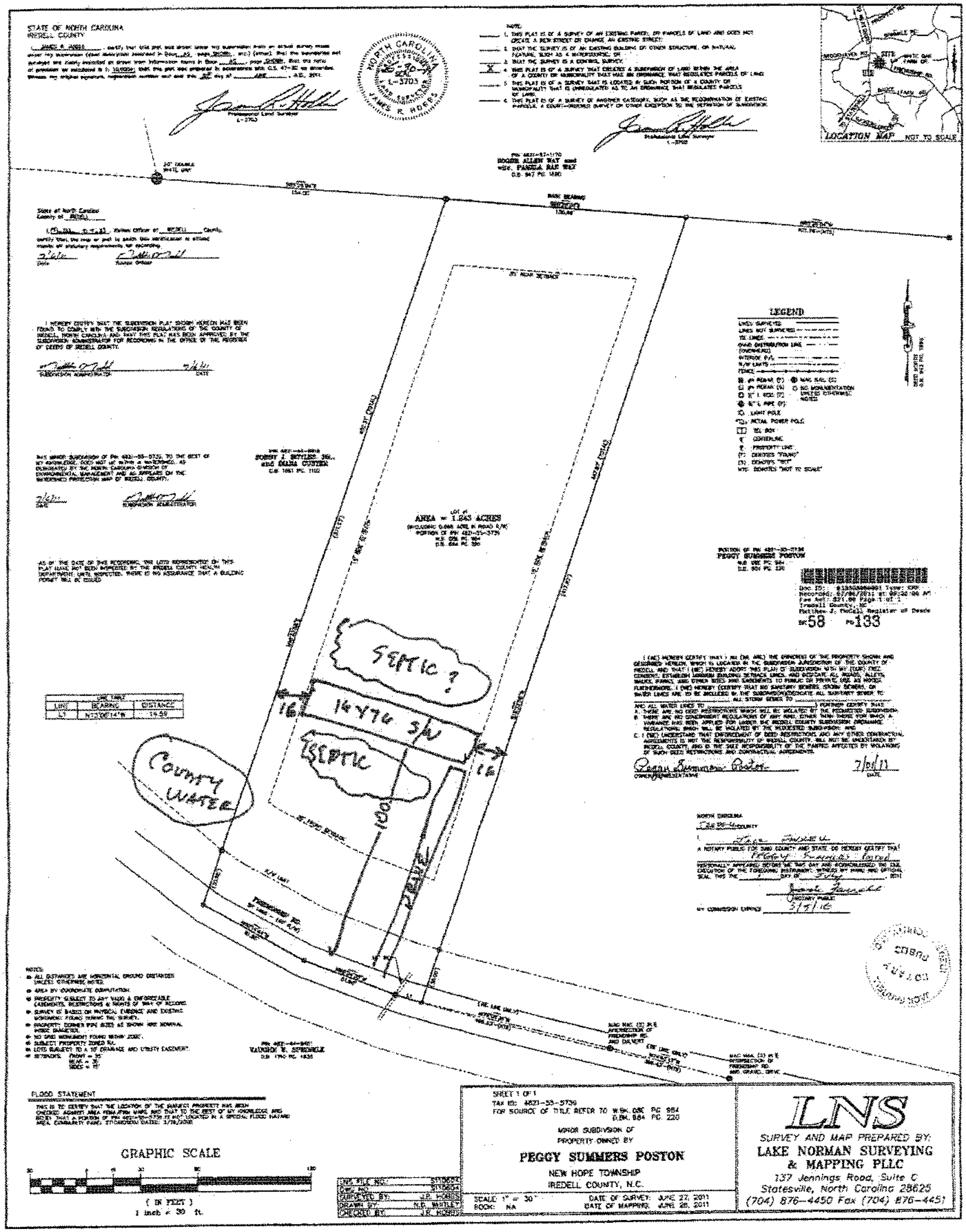
Signature: Eric Wood — 7-8-11

REQUIRED property owner or owner's legal representative signature. — DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see attached

White Copy – Environmental Health Yellow Copy – Applicant
V:\FORMS\OSWP Forms\Application For OSWP Permit.doc


STATE OF NORTH CAROLINA
IREDELL COUNTY
NORTH CAROLINA PROFESSIONAL SEAL L-3703 LAND SURVEYOR JAMES R. HOBBS
LOCATION MAP NOT TO SCALE
SITE
LEGEND
AREA = 1.243 ACRES
PEGGY SUMMERS POSTON
SEPTIC ?
16
14 X 76 S/W
SEPTIC
16
COUNTY WATER
100
DRIVE
LINE TABLE
LINE BEARING DISTANCE
L1 N73°06'14"W 19.59
bk58 pg133
FLOOD STATEMENT
GRAPHIC SCALE
(IN FEET)
1 inch = 30 ft.
LNS FILE NO.
DWG NO.
SURVEYED BY: J.R. HOBBS
DRAWN BY: N.D. WHITLEY
CHECKED BY: J.R. HOBBS
SHEET 1 OF 1
MINOR SUBDIVISION OF
PROPERTY OWNED BY
PEGGY SUMMERS POSTON
NEW HOPE TOWNSHIP
IREDELL COUNTY, N.C.
SCALE: 1" = 30'
BOOK: NA
DATE OF SURVEY: JUNE 27, 2011
DATE OF MAPPING: JUNE 28, 2011
LNS
SURVEY AND MAP PREPARED BY:
LAKE NORMAN SURVEYING
& MAPPING PLLC
137 Jennings Road, Suite C
Statesville, North Carolina 28625
(704) 876-4450 Fax (704) 876-4451