IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Freedom Homes Eric Ward Address: 1124 Charlotte Hwy, Troutman NC. Phone: 704 682-6148

Owner Name: Alese Greene Adams Address: 702 Sloan Mill Rd Olin NC. Phone: 704-682-5302

Property Information:

Street Address: Track 4 Sloan Mill Rd Olin NC 28660

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: 177 N exit 65 (901) TL Then TL on Sloan Mill Road Lot is on left Beside 702

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 12-29-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

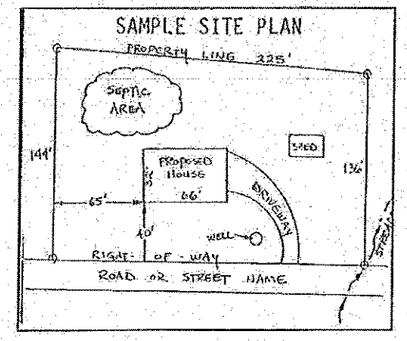
ENVIRONMENTAL HEALTH DIVISION

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
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator of direction

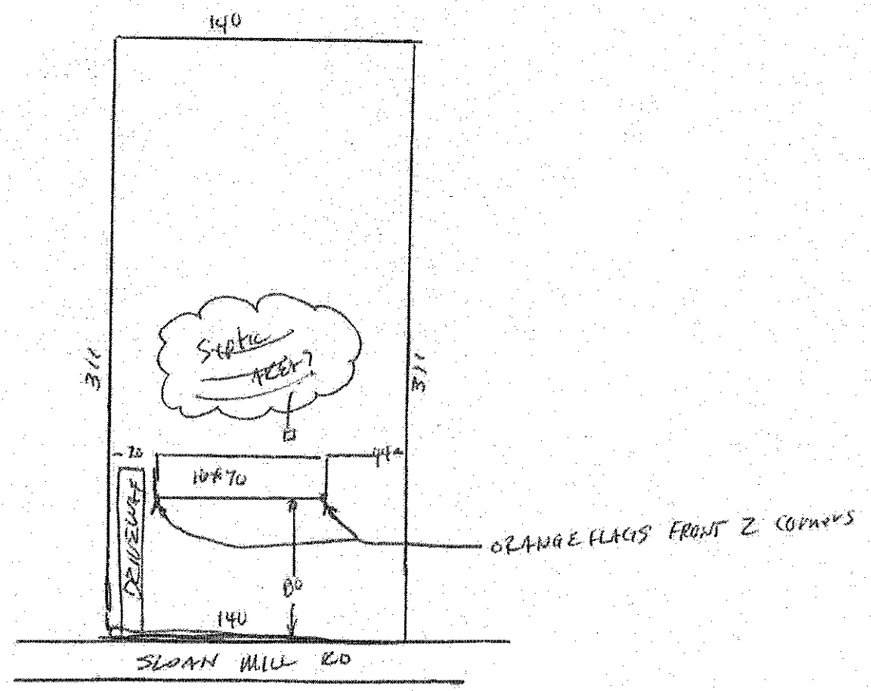


Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



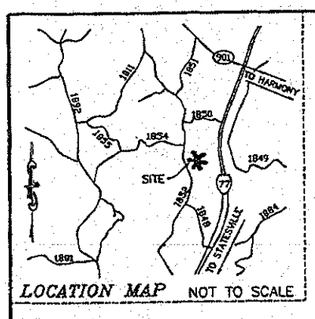
Signature: Eric Wood

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

12-22-14

DATE

694 Sloans Mill Rd



LOCATION MAP NOT TO SCALE

LEGEND

- LINES SURVEYED
- LINES NOT SURVEYED
- TIE LINES
- OVHD DISTRIBUTION LINE (OVERHEAD)
- INTERIOR P/L
- R/W LIMITS
- FENCE
- BRANCH/STREAM
- #4 REBAR (F)
- #4 REBAR (S)
- #5 REBAR (F)
- 1¼" I. ROD (F)
- ½" I. PIPE (F)
- ¾" I. PIPE (F)
- RETAIL POWER POLE
- ℄ CENTERLINE
- ℘ PROPERTY LINE
- (F) DENOTES "FOUND"
- (S) DENOTES "SET"
- BWF DENOTES "BARBED WIRE FENCE"
- NTS DENOTES "NOT TO SCALE"
- PK (F)
- MAG NAIL (F)
- MAG NAIL (S)
- CONCRETE MONUMENT (F) NO MONUMENTATION UNLESS OTHERWISE NOTED

NC GRID NAD 83

GRAPHIC SCALE

200 0 100 200

(IN FEET)

1 inch = 200 ft.

TAX ID: 4852-40-0803
FOR SOURCE OF TITLE REFER TO D.BK. 501 PG. 6

BOUNDARY SURVEY OF
PROPERTY OWNED BY

AGNES B. GREENE

UNION GROVE TOWNSHIP
IREDELL COUNTY, N.C.

SCALE: 1" = 200'
BOOK: #84

DATE OF SURVEY: MARCH 28, 2007
DATE OF MAPPING: APRIL 11, 2007

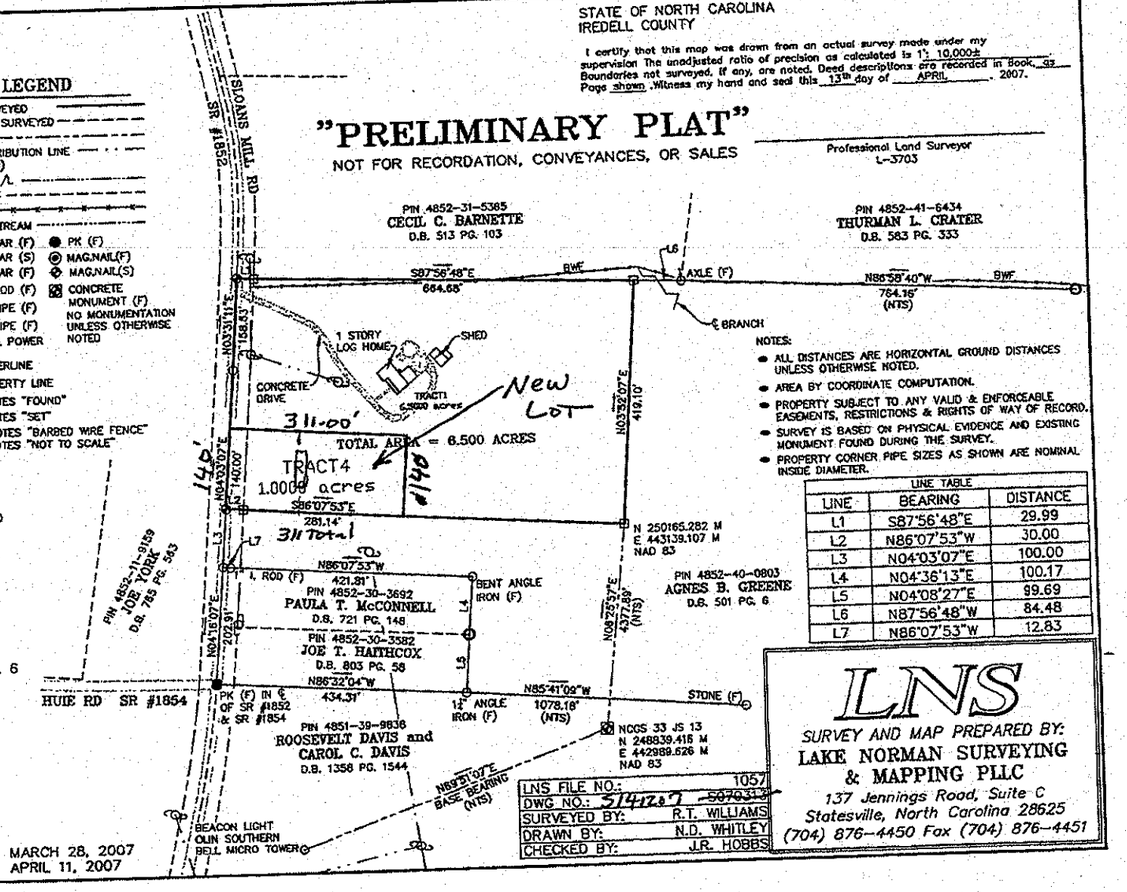
STATE OF NORTH CAROLINA
IREDELL COUNTY

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 43 Page shown .Witness my hand and seal this 13th day of APRIL, 2007.

Professional Land Surveyor
L-3703

"PRELIMINARY PLAT"

NOT FOR RECORDATION, CONVEYANCES, OR SALES



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 NOMINAL INSIDE DIAMETER.

LINE TABLE

LINE	BEARING	DISTANCE
L1	S87°56'48"E	29.99
L2	N86°07'53"W	30.00
L3	N04°03'07"E	100.00
L4	N04°36'13"E	100.17
L5	N04°08'27"E	99.69
L6	N87°56'48"W	84.48
L7	N86°07'53"W	12.83

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

LNS FILE NO.:	1057
DWG NO.:	5141287 -5070313
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