2/10/16

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)

1. APPLICATION FOR: (X) Improvement Permit X Authorization To Construct X Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: X 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 West	719 Eagle Mills Rd. Hamptonville NC 27020	704-539-5339	919-730-2274
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Jack West	719 Eagle Mills Rd. Hamptonville NC 27020	704-539-5339	919-730-2274

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
719 Eagle Mills Rd.	N/A	N/A

Driving Directions: ~~Off~~ 77 North to Exit #65 Turn right on Hwy 901 travel 2mi to Eagle Mills Rd. Turn ~~right~~ left go 2mi over Bridge. House is on left.

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
(X) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ___
(X) Other Can we use septic? We will move trailer

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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* X EXISTING SYSTEM installed 97 Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following To The Best of Your Ability: ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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 West
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/10/16
DATE