EH > Adrienne - (704) 878-5305 ext 3456 5-weeks OK

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: ___Improvement Permit ___Authorization To Construct ✓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 #
Anita Horne	287 Amberhill Rd. Yadkinville 27055	704-546-3648	704-883-2261
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same	Same	Same	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
287 Amberhill Rd. Yadkinville 27055		

Driving Directions: 421 from Statesville - Exit thru Harmony - to Houstonville Rd. Turn Right - to end of Rd. turn Left on Sandy Springs - Right at Sandy Springs Church - (Amberhill Rd) - about 3rd curve - black mailbox on right - long Drive on Left.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*
   Replacing Single w/ Obl wide

(✓) New, Single Family Residence	Maximum Number of Bedrooms 2	(✓) Crawl Space Foundation?
( ) New, Multi-Family Residence	Maximum Number of Occupants 2	( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System	If Expansion, Current Number of Bedrooms ___	( ) Basement w/Plumbing?
(✓) Repair To Failing Septic System due to ___		( ) Basement w/out Plumbing?
( ) Other ___		

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 ~~2004~~ Year 2004

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

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: Anita Horne — 9-26-16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE