

ENVIRONMENTAL HEALTH REQUIREMENTS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet. Questions? Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Sanitarian.

Statesville Office (704)878-5305

Mooresville Office (704)664-5281

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1. **Complete all Environmental Health forms:** septic system application, site plan, new well water application (if applicable), and sign this green sheet after you completed all items. **Include in submittal a copy of the Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.
 2. Clearly **mark all property corners.** Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
 3. **Stake or flag the footprint of the building structure.**
 4. Where an **Authorization to Construct (AC) is desired,** submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.
 5. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
 6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided.** All monies paid to that point are non-refundable.

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ Date _____

**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 #
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
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Driving Directions: _____

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

- | | | |
|--|--|--|
| <input type="checkbox"/> New, Single Family Residence | Maximum Number of Bedrooms _____ | <input type="checkbox"/> Crawl Space Foundation? |
| <input type="checkbox"/> New, Multi-Family Residence | Maximum Number of Occupants _____ | <input type="checkbox"/> Concrete Slab Foundation? |
| <input type="checkbox"/> Expansion of Existing Septic System | If Expansion, Current Number of Bedrooms _____ | <input type="checkbox"/> Basement w/Plumbing? |
| <input type="checkbox"/> Repair To Failing Septic System | | <input type="checkbox"/> Basement w/out Plumbing? |
| <input type="checkbox"/> 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)

- Alternative Conventional Innovative Modified Conventional Other _____ No Preference

- 8. Please Answer The Following To The Best of Your Ability:**
- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the site contain any jurisdictional wetlands? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is any non-domestic sewage (i.e. industry) to be generated? |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
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...
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: _____ **DATE** _____
REQUIRED property owner or owner's legal representative signature.

USE THIS SPACE TO DRAW YOUR SITE PLAN