IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Barbara Southers (Applicant) | 585-9465 (Phone #) | 125 Cain Rd (Mailing Address) | Stony Point (City) | NC (State) | 28678 (Zip Code)

Clyde Hall Enterprises Inc (Current Property Owner) | PO Box 3397 (Mailing Address) | Mooresville (City) | NC (State) | 28117 (Zip Code)

PROPERTY INFORMATION:

Cain Rd Estates (Proposed) Subdivision Name | 9 (Proposed) Lot # | Cain Rd (Proposed) Block/Section # | 1641 State Road #

Energy United County Water (Proposed) Water Supply: Public/Private Well | 6/8/98 **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | DB1061 PG 730 Tax Map #

Specific Directions to Property I 40 West Exit on Old Mt Rd Turn right - Go 4½ miles turn left on Cain Rd - 9th Lot on left

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ____ Mobile Home DW X Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ____

Crawl Space ____ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

10-11-99 DATE Barbara Southers SIGNATURE OF OWNER/AUTHORIZED AGENT