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:

KENNETH BEALER HOMES, INC 704-662-6400 P.O.Box 3398 MOORESVILLE NC 28117
Applicant | Phone # | Mailing Address | City | State | Zip Code

WOODLAND & WATERVIEW P.O. Box 3785 MOORESVILLE NC 28117
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

TUSKARORA POINT | 6 | | |
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

PRIVATE WELL | | 4614-84-3316
(Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map #

Specific Directions to Property FROM STATESVILLE I-77 S TO EXIT 36, TURN RIGHT ONTO 150/RIVER HWY 3RD STOPLIGHT TURN LEFT ONTO WILLIAMSON Rd., TURN RIGHT ON BRAWLEY SCHOOL Rd, GO STRAIT THROUGH TRAFFIC CIRCLE (STAYING ON BRAWLEY SCHOOL) AT THE POINT TURN RIGHT ON TUSKARORA TRAIL (1st 9th Rd. AFTER CIRCLE), TURN RIGHT AT [redacted] TUSKARORA POINT LI

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 3.5

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

Crawl Space X Concrete Slab ____ Garbage Disposal X 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.

____ DATE ____ SIGNATURE OF OWNER/AUTHORIZED AGENT