**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:

| L. SHAUN Ogden | 704-309-6810 | P.O. Box 1281 | Davidson | N.C. | 28036 |
|---|---|---|---|---|---|
| Applicant | Phone # | Mailing Address | City | State | Zip Code |

| Same | | | | |
|---|---|---|---|---|
| Current Property Owner | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| THE Farms | 229 | | |
|---|---|---|---|
| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |

| Community well | | |
|---|---|---|
| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |

Specific Directions to Property Brawley school Rd Turn Rt South Fork Make 1st Left Then 2nd Cul de sac Mahogany ave on Rt

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4

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

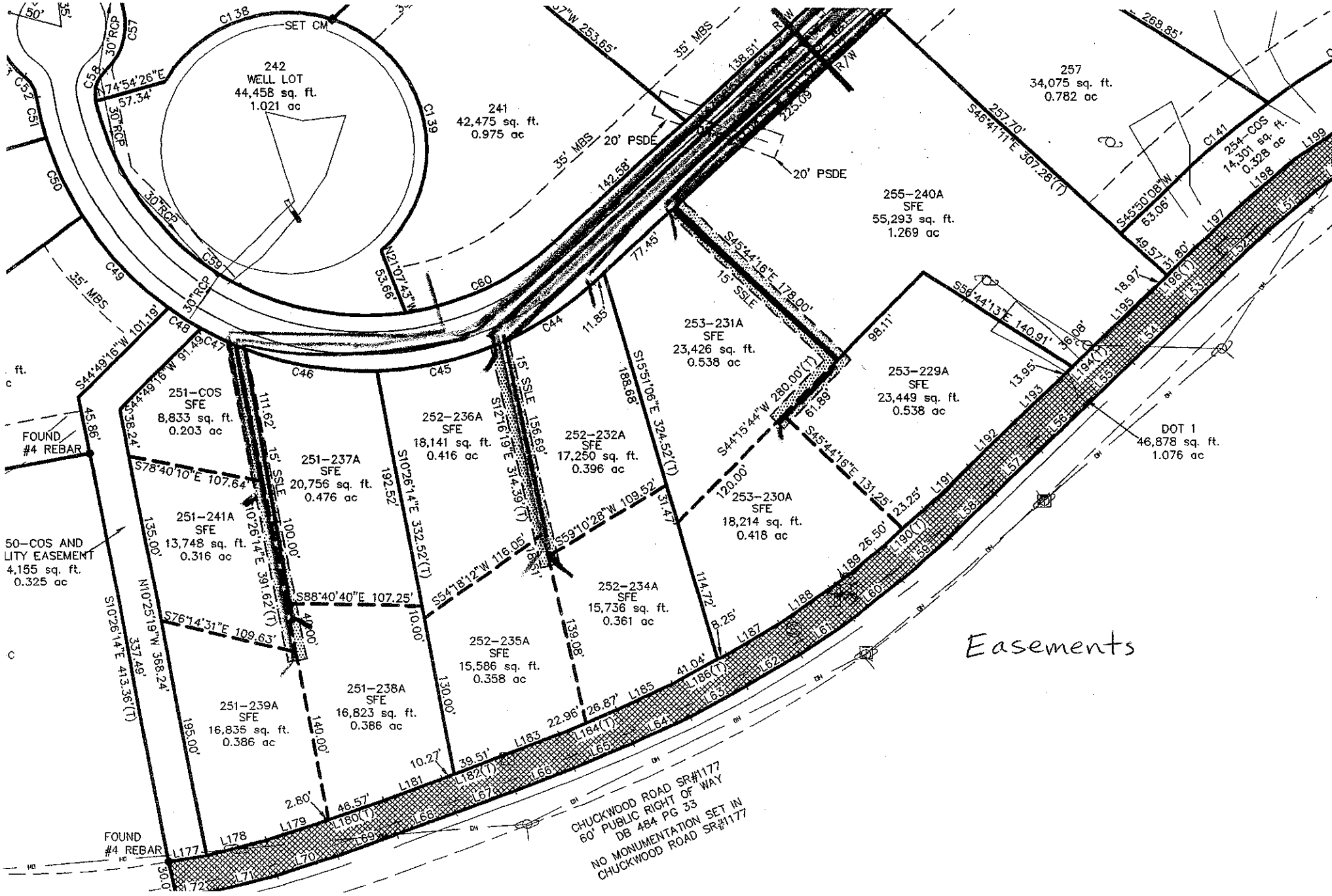
Crawl Space _____ Concrete Slab _____ Garbage Disposal YES Jaccuzi or spa _____

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


242
WELL LOT
44,458 sq. ft.
1.021 ac
241
42,475 sq. ft.
0.975 ac
257
34,075 sq. ft.
0.782 ac
255–240A
SFE
55,293 sq. ft.
1.269 ac
253–231A
SFE
23,426 sq. ft.
0.538 ac
253–229A
SFE
23,449 sq. ft.
0.538 ac
253–230A
SFE
18,214 sq. ft.
0.418 ac
252–232A
SFE
17,250 sq. ft.
0.396 ac
252–236A
SFE
18,141 sq. ft.
0.416 ac
252–234A
SFE
15,736 sq. ft.
0.361 ac
252–235A
SFE
15,586 sq. ft.
0.358 ac
251–COS
SFE
8,833 sq. ft.
0.203 ac
251–237A
SFE
20,756 sq. ft.
0.476 ac
251–241A
SFE
13,748 sq. ft.
0.316 ac
251–238A
SFE
16,823 sq. ft.
0.386 ac
251–239A
SFE
16,835 sq. ft.
0.386 ac
254–COS
14,301 sq. ft.
0.328 ac
DOT 1
46,878 sq. ft.
1.076 ac
50–COS AND
LITY EASEMENT
4,155 sq. ft.
0.325 ac
SET CM
FOUND
#4 REBAR
FOUND
#4 REBAR
20' PSDE
20' PSDE
15' SSLE
15' SSLE
35' MBS
35' MBS
35' MBS
30"RCP
30"RCP
30"RCP
R/W
R/W
CHUCKWOOD ROAD SR#1177
60' PUBLIC RIGHT OF WAY
DB 484 PG 33
NO MONUMENTATION SET IN
CHUCKWOOD ROAD SR#1177
Easements