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:

Dennis & Leanne Hutchinson (Applicant) | 662-8610 (Phone #) | 129 Mills Valley Dr (Mailing Address) | Mooresville (City) | NC (State) | 28115 (Zip Code)

Crescent Resources Inc (Current Property Owner) | P.O. Box 1603 / 400 South Tryon St. Suite 1300 (Mailing Address) | Charlotte (City) | NC (State) | 28201 (Zip Code)

PROPERTY INFORMATION:

(Proposed) Subdivision Name | Lake Lot 1561 (Proposed) Lot # | Section 8 (Proposed) Block/Section # | SR 1235 State Road #

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

Specific Directions to Property West on Brawley School Road past Brawley Middle School. Turn Right at Blume Rd and take immediate left onto Beechtree Continue on Beechtree for approx. 1 mile. Kings Cross Lane is on the Right. The lot is prior to the first house on the Right.

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 3 1/2

No. Persons or Employees (commercial only) ____ Basement ~~X~~ 0914 Basement with Plumbing X

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.

10/30/97 DATE Dennis Hutchinson SIGNATURE OF OWNER/AUTHORIZED AGENT