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: PH: 704 883 9811 FAX 704-883-9924

KEAREY CONSTR	P.O. BOX 5159	STATESVILLE	NC	28687
Applicant Phone #	Mailing Address	City	State	Zip Code

MOORESTATE DEVELOPMENT INC.	P.O. BOX 5159	STATESVILLE	NC	28687
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION: 657 BEATEN PATH RD.

SHAVENDERS BLUFF	61	SEC H, PH. ONE SHAVENDERS BLUFF
(~~Proposed~~) Subdivision Name	(~~Proposed~~) Lot #	(Proposed) Block/Section # State Road #

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

Specific Directions to Property I77 EXIT 36, HWY 150W, LEFT ON WILLIAMSON RD, RIGHT ON BRAWLEY SCHOOL, RIGHT ON BLUME RD, LEFT INTO BEATEN PATH, LEFT ON CICERO, LEFT ON SHAVENDERS, RIGHT ON BEATEN PATH ROAD. LOT ON RIGHT #657.

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 — 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.

7/24/03 DATE John Kearey SIGNATURE OF OWNER/AUTHORIZED AGENT