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:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Crescent Resources	663-6905	P.O. Box 1003	Char	NC	28201
"	"	"	"	"	"
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
North Shore	37	H-2	

(Proposed) Water Supply: Public, Private Well

93
Preliminary Plat Approval Date
(DEVELOPERS ONLY)

26-23-A-37
Tax Map #

Specific Directions to Property _____

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

Pool ✓ per plan

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

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.

4/10/95 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

Toney C. Jacobs, CPSS
168 Broadbill Drive
Mooresville, NC 28115
(704) 663-6905

Consulting Soil Scientist
NCRCPS ARCPACS

April 7, 1995

To: David Hinson
Iredell County Health Dept.
Mooresville, N. C. 28115

From: Toney C. Jacobs, CPSS

RE: One year water records for Pine Isle pool

April	0
May	0
June	1581
July	2684
August	3208
September	2072
October	2215
November	2308
December	2017
Jan. ('95)	385
February	0
March	0
April	0

16471 gal.

These number have been supplied by Tony Parker (formerly of DEM) of Mid-South Water Systems.