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: 391-3715 2900-B I-85 Service Rd

Applicant	Phone #	Mailing Address	City	State	Zip Code
Robert Ingraham	Homes, Inc		Charlotte	NC	28056

Current Property Owner	Mailing Address	City	State	Zip Code
Same				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	~~(Proposed)~~ Lot #	(Proposed) Block/Section #	State Road #
North Shore II Phase II	10		

~~(Proposed)~~ Water Supply: (Public) Private Well — **Preliminary Plat Approval Date** (DEVELOPERS ONLY) — 2623 B 10 Tax Map #

Specific Directions to Property SR 1113 TR Cove Creek TL W7NSW ept TL Wynnwand 3RD Cot on Left

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

House ✓ Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 3½

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

Crawl Space ✓ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

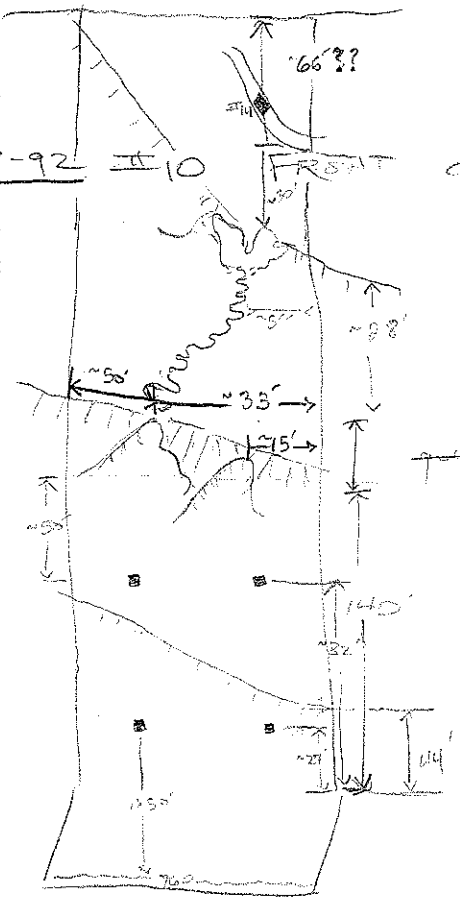
COVENANT AND SIGNATURE:

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.

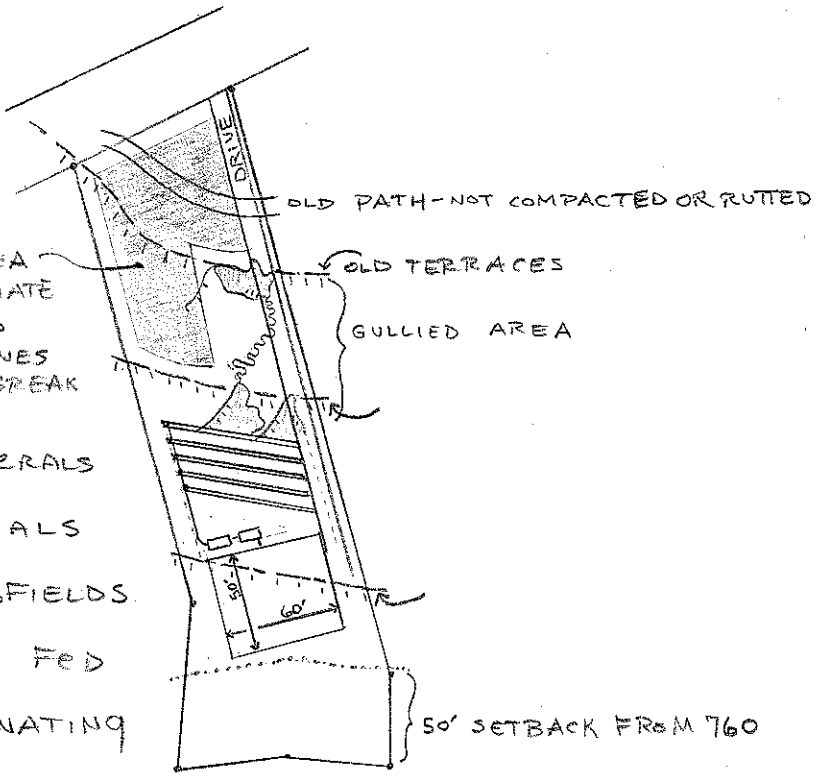
I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

____ DATE ____ SIGNATURE OF OWNER/AUTHORIZED AGENT

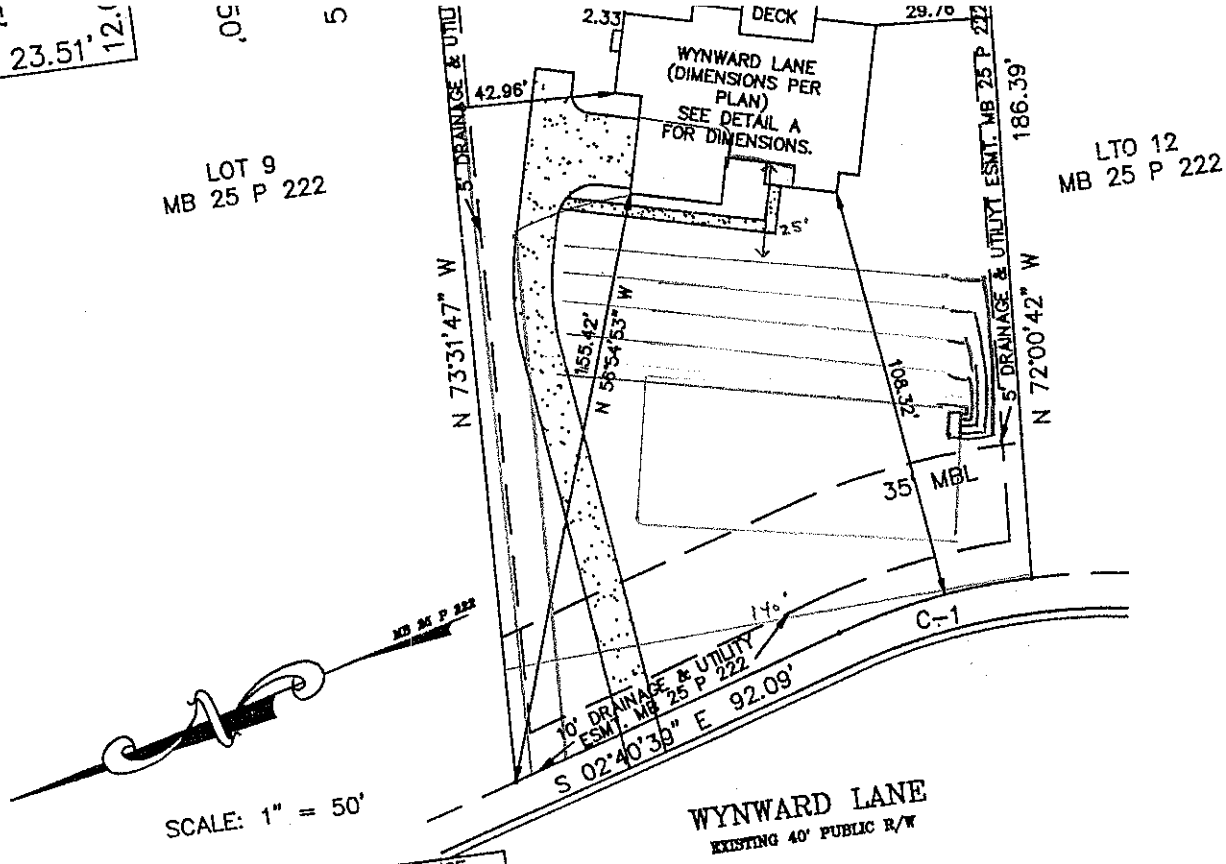
A.L. 3-8-92 #10 FRONT CORNERS STILL NOT RESET



1" = 100'



REPAIR CAN ACCOMODATE 3 LATERALS OF 70' EACH AND 6 LATERALS OF 35' EACH IN TWO SUBFIELDS WHICH COULD BE PRESSURE FED BUT REQUIRING AN ALTERNATING SWITCH. DRAWN ON 10-19-92 PLAT.



LINE	DIRECTION	DISTANCE
L-1	S 68°33'56" W	9.69'
L-2	S 48°36'39" W	24.87'
L-3	S 69°53'36" W	11.92'
L-4	N 89°34'45" W	8.81'
L-5	N 62°41'03" W	12.85'
L-6	S 26°00'45" W	16.23'
L-7	S 31°49'31" W	11.94'
L-8	N 89°14'06" W	13.44'
L-9	N 48°34'39" W	8.59'
L-10	S 67°27'57" W	10.14'

CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C-1	170.00'	51.60'	51.40'	S 06°01'06" W	17°23'32"

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision NORTH SHORE II PHASE I MAP I REVISED County Iredell

Address Wynward Lane Owner Robert Ingraham Homes

Lot 10 Block ____ Plan Davidson A Elevation A

Patio ____ Deck X Fireplace ____ Garage (1 Car) ____ (2 Car) X (Left) Side (Right) ____ Brick Front 3 Basement X

Crawl ____ Slab ____ Fully Fenced Rear Yard ____ Other ____

REVISED: Moved back 5.0' and rotated to the right DWN: AJB CKD: DJS DATE: 1 / 22/ 96