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:

Richard E. Young	704 663-0964	113 Molly Rex Ln.	Mooresville	NC	28117
Applicant	Phone #	Mailing Address	City	State	Zip Code

Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Sec 10	Lot 100		
(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 _____

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 5 No. Baths 3½

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

Crawl Space ½ Concrete Slab ½ Garbage Disposal No Jaccuzi or spa Yes (no drain)

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.

8-9-00 DATE Richard E Young SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date 21 April 1967

Owner D. J. Mitchell Address Charlotte

Installed By Letter. Address Charlotte

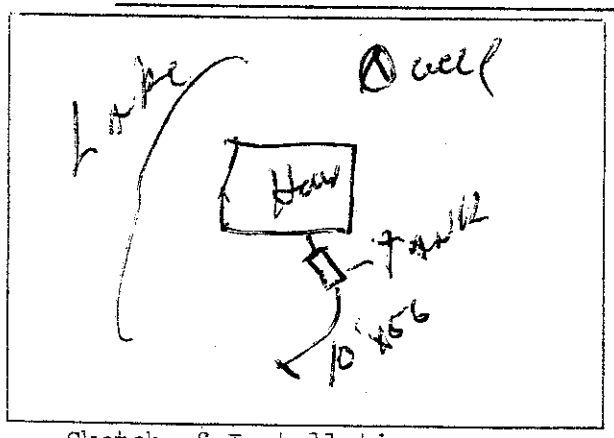
Location of Property Sect 18 - Lot 100

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	(✓)	No. of Baths	( )
Precast	(✓)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other _____		Garbage Grdr.	( )
		Other _____				Other _____	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 21 April 1967 Approved (✓) Disapproved ( )

Remarks _____



Sketch of Installation

Ray Sanitarian

Sanitarian