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:

Steven Lane	(704)528-6354	197 Sorrell Ln.	Troutman	NC	28166
Applicant	Phone #	Mailing Address	City	State	Zip Code

Steven Lane	197 Sorrell Ln.	Troutman	NC	28166
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

~~Johnson~~ Wipporwill Woods	15		
(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 150 W, L Doolie, R Wipporwill, R Kingfisher, 1/4 M on R.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement X Basement with Plumbing _____ Without Plumbing

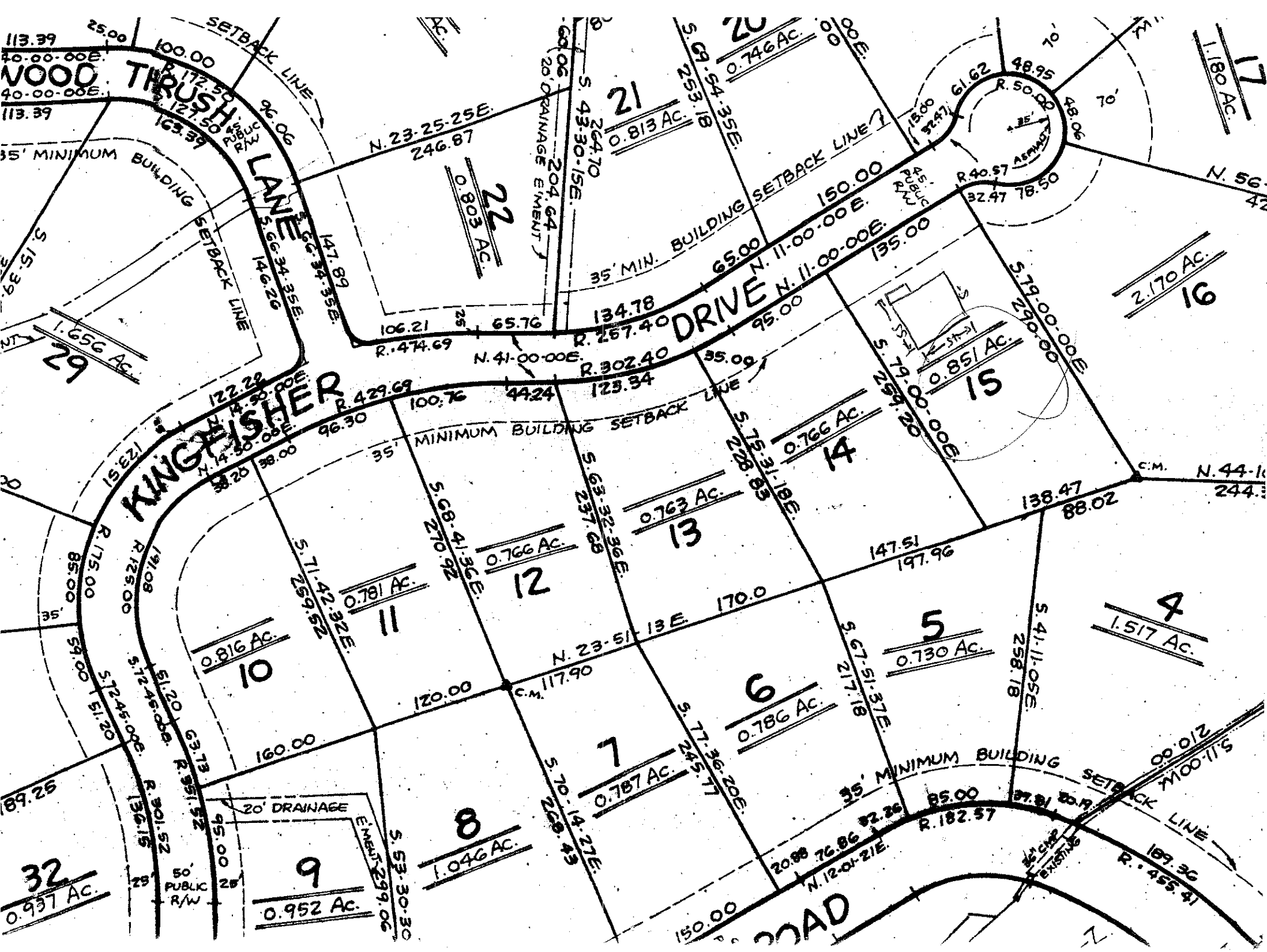
Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

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


WOOD THRUSH LANE
KINGFISHER DRIVE
KINGFISHER ROAD
35' MINIMUM BUILDING SETBACK LINE
20' DRAINAGE EASEMENT
50' PUBLIC R/W
N. 23-25-25E.
246.87
S. 43-30-15E.
264.70
S. 69-54-35E.
253.18
N. 11-00-00E.
150.00
S. 79-00-00E.
290.00
S. 66-34-35E.
146.26
S. 68-41-36E.
270.92
S. 63-32-36E.
237.68
S. 75-31-18E.
228.85
S. 71-42-32E.
259.52
N. 23-51-13E.
170.0
S. 67-51-37E.
217.18
S. 77-36-20E.
245.77
S. 70-14-27E.
269.43
S. 53-30-30E.
299.06
S. 41-11-05E.
258.18
N. 14-50-00E.
122.22
N. 41-00-00E.
R. 474.69
R. 429.69
R. 302.40
R. 257.40
R. 301.52
R. 182.57
R. 455.41
R. 50.00
R. 40.57
R. 125.00
R. 175.00
0.746 Ac.
0.813 Ac.
0.803 Ac.
1.656 Ac.
0.851 Ac.
0.766 Ac.
0.763 Ac.
0.766 Ac.
0.781 Ac.
0.816 Ac.
0.730 Ac.
0.786 Ac.
0.787 Ac.
1.046 Ac.
0.952 Ac.
0.937 Ac.
1.517 Ac.
2.170 Ac.
1.180 Ac.
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C.M.