**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 |
|---|---|---|---|---|---|
| Edwards Const Inc | 704 363-3713 | 2419 Henry Bascom Rd | Monroe | NC | 28110 |
| Same As Above | | Mailing Address | City | State | Zip Code |

Current Property Owner

PROPERTY INFORMATION:

Prop. Descp. #

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| Jade Spring Court | 2 | 066475 | 1205 |

| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |
|---|---|---|
| Private Well | | 4644481479PT |

Specific Directions to Property From Mooresville Take Exit 33 To Top of Ramp Turn Right Then Turn Left on To Allcove go 2 miles go Straight Across for 1 mile Turn Right on Jade Spring Court Lot is on the Right.

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

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

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

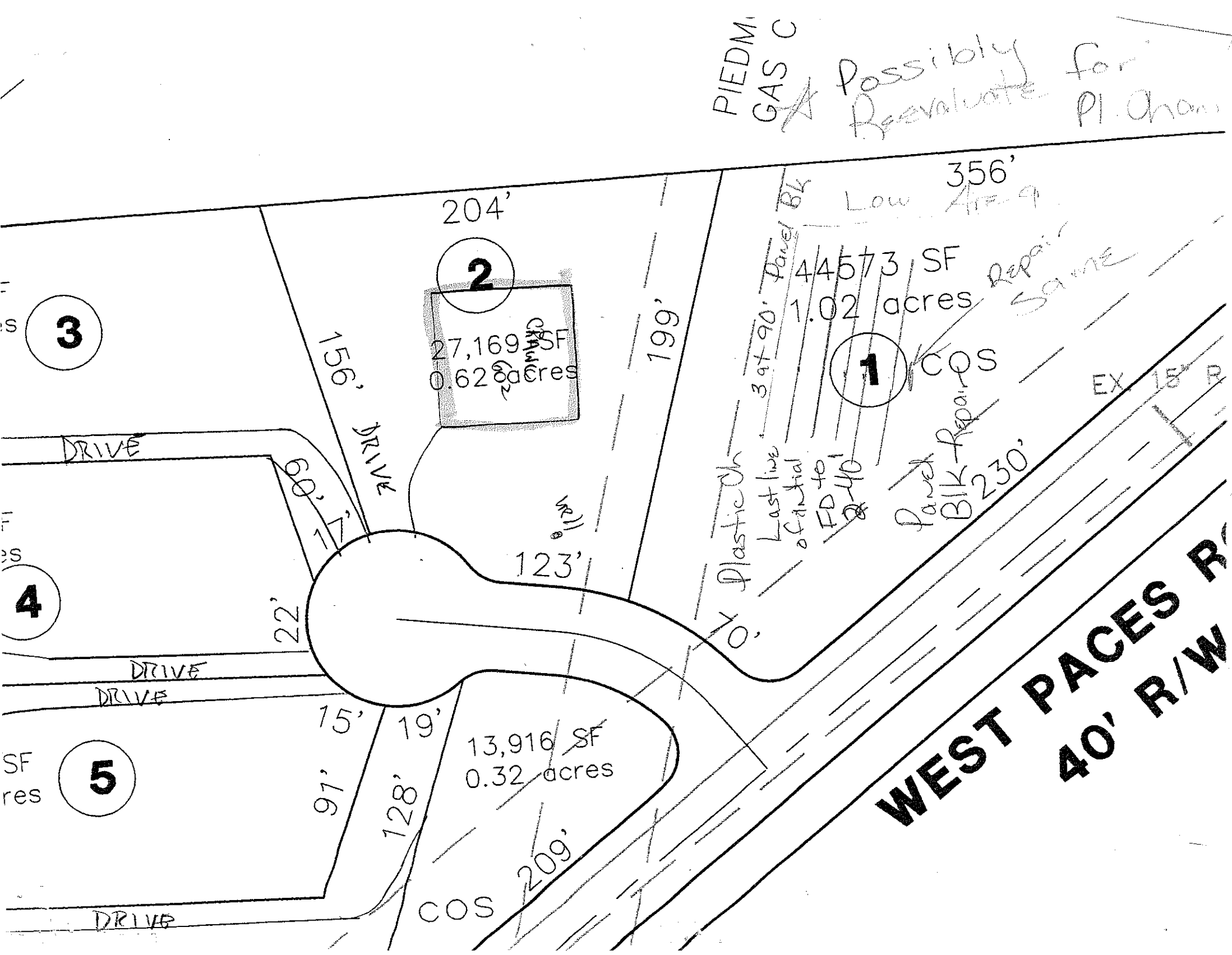
Crawl Space ✓ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

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.

4-2-03 DATE W J Edwards SIGNATURE OF OWNER/AUTHORIZED AGENT


PIEDM
GAS C
Possibly Reevaluate for
Pl. Anom
356'
Low
204'
2
27,169 SF
0.62 acres
445 73 SF
1.02 acres
1
COS
3
4
5
DRIVE
DRIVE
DRIVE
DRIVE
DRIVE
95'
199'
60'
17'
123'
22'
15'
19'
91'
128'
13,916 SF
0.32 acres
COS
209'
0' Plastic Ck
Last line of Canal
FD 40'
Panel BLK
B230'
EX 15' R
WEST PACES R
40' R/W