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
Williams Co. (Transco)	704-892-7621	P.O. Box 497	Mt. Mourne	NC	28123

Current Property Owner	Mailing Address	City	State	Zip Code
Williams Co. (Transco)	P.O. Box 497	Mt. Mourne,	NC	28123

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
		4645 61 9445	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private Wells		4645

Specific Directions to Property From Statesville - 77S to Exit 33, TR at light TL on Alcove go to end TL across 77 on Langtree TR on Transco Rd TL on Pipe Line Road office on left before curve.

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

House ____ Mobile Home ____ Commercial X No. Bedrooms ____ No. Baths 2

No. Persons or Employees (commercial only) 24 Basement ____ Basement with Plumbing ____

Crawl Space ____ Concrete Slab X 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.

3/2/98 DATE Harold E. Byers SIGNATURE OF OWNER/AUTHORIZED AGENT