**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:

Jeffrey A. Terrell | 704-664-2840 | 259 Crystal Circle | Mooresville | NC | 28115
Applicant | Phone # | Mailing Address | City | State | Zip Code

Jeffrey A. & Valdonna J. Terrell | 259 Crystal Circle | Mooresville | NC | 28115
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

Crystal Bay | 55 | | |
(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 I-77 to Exit 36 Mooresville, West on Hwy. 150 to Williamson Rd., South on Williamson Rd. to Brawley School Rd., West on Brawley School Rd. to Canvasback, Turn Left on Canvasback and go to the fifth Rd. on Left, Turn left on Woodduck Loop, go to bottom of hill and turn right on Crystal Circle, go up the hill and take 1st right (Crystal Cr.) we are the fourth house on the right.

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

House X Mobile Home NO Commercial NO No. Bedrooms 4 No. Baths 2

No. Persons or Employees (commercial only) 4 Basement NO Basement with Plumbing NO

Crawl Space X Concrete Slab NO Garbage Disposal X Jaccuzi or spa X

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.

4-8-97 DATE Jeffrey A. Terrell SIGNATURE OF OWNER/AUTHORIZED AGENT