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:

Robert Woody	878-3103	P.O. Box 788	Statesville	NC	28687
Applicant	Phone #	Mailing Address	City	State	Zip Code

IREDELL County	P.O. Box 788	Statesville	NC	28687
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Iredell County Ropes Challenge Course		1395
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private Well		4648654543
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property From Mooresville: Hwy 150 W to Bluefield Road, turn Right on Bluefield. Go 2 miles down Bluefield Road to Challenge Ln on Left. Bld site ½ mile down Challenge Ln on Left.

~~TYPE OF FACILITY: (use~~ check (X) or number as appropriate) Recreational Facility 15-20 participants each day March – Nov.
(Restroom Facility)
~~House~~ ~~Mobile Home~~ _____ Commercial _____ No. Bedrooms _____ No. Baths _____

No. Persons or Employees (commercial only) _____ 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.

2/20/01 DATE R R Woody SIGNATURE OF OWNER/AUTHORIZED AGENT