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
HAROLD M WEIKLE JR	391-1153	1115 BELHAVEN BLVD LOT 132	CHARLOTTE	N.C	28216
KENNETH S. BROWN		P.O. BOX 571	WHITE S. SPRINGS	W.VA.	24986

Current Property Owner

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
TIMBER VIEW	35		1155

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
PRIVATE WELL		1E-4-A-35

Specific Directions to Property 77 NORTH EXIT 30 TURN RIGHT 90 TO DEAD END RED LIGHT TURN LEFT (115.) 90 ABOUT 2 TO 3 MILES TO PRESBETARIAN DR (KORNER PUB BAR) TURN RIGHT. GO TO DEAD END TAKE LEFT (T.L SHEARERS RD.) 4TH ROAD ON RIGHT SPRING TIME LANE, END OF CULDESAC ON LEFT

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

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

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.

10/22/96 DATE Harold M Weikle SIGNATURE OF OWNER/AUTHORIZED AGENT