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:

G. L. Wilson Bldg. Co.	872-2411	190 Wilson Park Road	Statesville	NC	28625
Applicant	Phone #	Mailing Address	City	State	Zip Code

Velna N. Ervin	108 Dewerd Loop	Mooresville	NC	28115
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

NA	NA	NA	Goodwin Circle
(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 Northeast on Hwy. 152 to Goodwin Circle on left approximately east one mile from intersection with 115.

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

House _____ Mobile Home _____ Commercial X No. Bedrooms _____ No. Baths _____

No. Persons or Employees (commercial only) 12 Basement _____ Basement with Plumbing _____

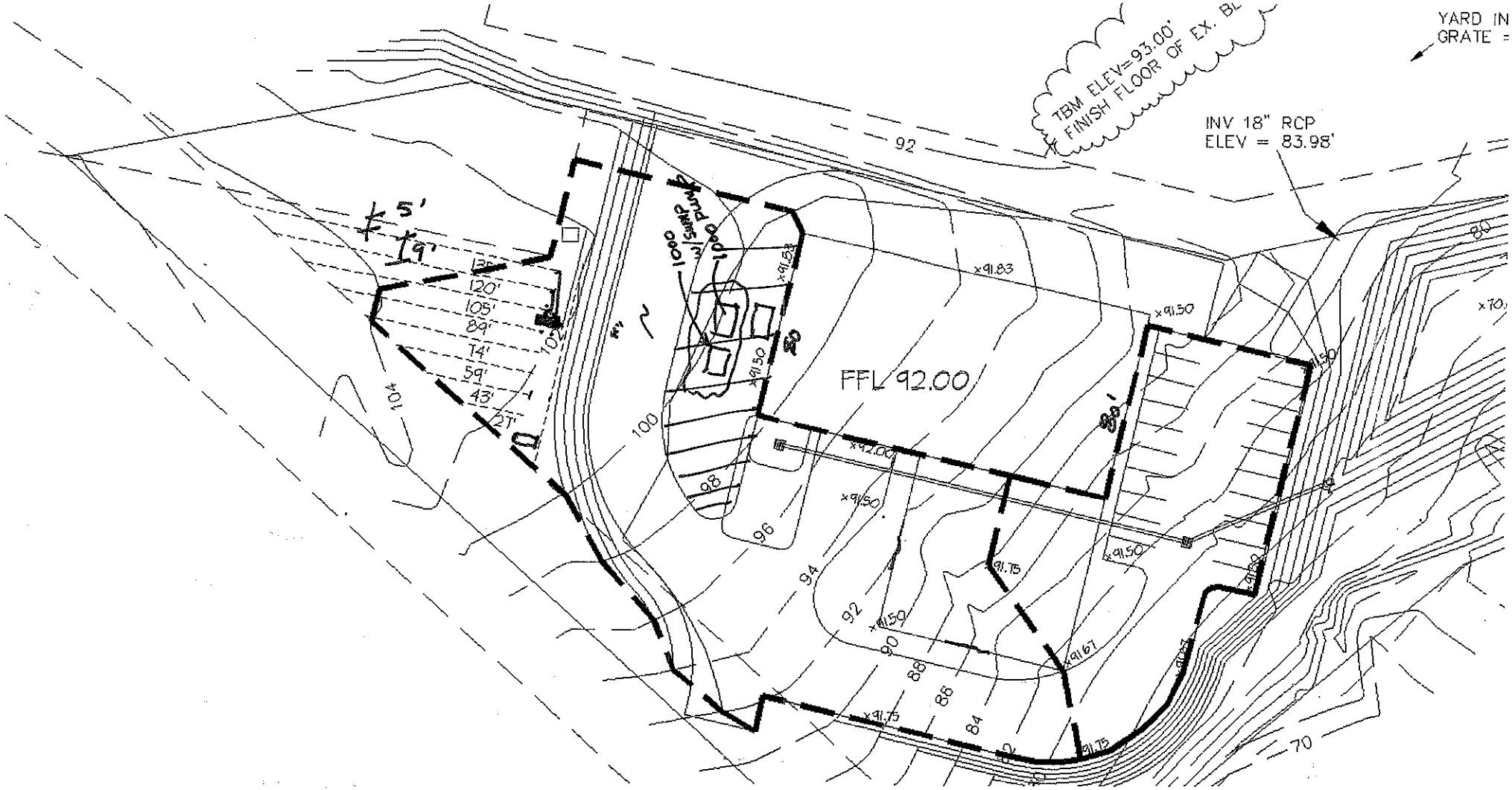
Crawl Space _____ Concrete Slab X Garbage Disposal _____ Jaccuzi or spa _____

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.

18 Aug 97 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT


TBM ELEV=93.00'
FINISH FLOOR OF EX. BL
INV 18" RCP
ELEV = 83.98'
YARD IN
GRATE =
FFL 92.00
92
100
98
96
94
90
88
86
84
80
70
120'
105'
89'
74'
59'
43'
27'
13'
5'
19'
10'
20'
30'
×91.83
×91.50
×92.00
×91.75
×91.67