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:

James L. Meadows, Jr.	704-633-0984	335 John Rainey Rd	Salisbury	N. C.	28144
Applicant	Phone #	Mailing Address	City	State	Zip Code

James L. Meadows Sr.	Rt 5 Box 42 Wiggins Rd	Mooresville	N. C.	28115
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

			(Wiggins Rd) 2399
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private Well		4C-A-26
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property From Statesville: 77 south to 115 South to Mooresville take a left on 150. Go Approx. 3 miles and take a left on to Wiggins Rd. Go Approx 1.5 miles & the site is on the left at the Address of James L. Meadows Sr. It is just over 800 ft off of Wiggins Rd. & is Approx. .5 miles before Back Creek Bridge

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2½

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

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.

6-7-93 DATE James L. Meadows, Jr. SIGNATURE OF OWNER/AUTHORIZED AGENT