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:

WILLIAM T. CONLEY, JR. 872-0819

CAREY S. CONLEY	876-6232	Rt. 8, Box 46-A	STATESVILLE	N.C.	28677
Applicant	Phone #	Mailing Address	City	State	Zip Code

JOHN M. WATTS		STATESVILLE	N.C.	28677
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

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

PRIVATE WELL		9E-A-22
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property FROM I-40 PROCEED WEST ON HWY. 64-90. PASS G & M MILLING ON RIGHT & LORAY RESTAURANT ON LEFT AT TARLTON RD. & TURN RIGHT AT FIRST DRIVE WAY PAST RESTAURANT. AFTER CROSSING R.R. TRACK, PROPERTY & PLANT SITE IS TO THE RIGHT AT FAR END OF FIELD. PROPERTY ALSO FRONTS ON HWY 64-90 ACCROSS FROM RESTAURANT.

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) ~~5-10~~ 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.

2-25-94 DATE 7-25-94 SIGNATURE OF OWNER/AUTHORIZED AGENT

William T Conley Jr.