PLEASE CALL:
AGENT FOR N.C.D.O.T WHEN READY TO DO SITE EVALUATION
BARBARA F. MORTON PHONE # 704 537-1541
5701 EXECUTIVE CENTER DRIVE
CHARLOTTE, N.C. 28212

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 LOFLAND	H-872-6736 W-873-4921	3068 AMITY HILL RD.	STATESVILLE	N.C.	28677
Applicant	Phone #	Mailing Address	City	State	Zip Code

ROBERT LOFLAND	3068 AMITY HILL ROAD	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 #

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

Specific Directions to Property I-77 TO EXIT 45 (AMITY HILL ROAD). EAST ON AMITY HILL ROAD APPROXIMATELY 0.7 MILE. PROPERTY ON SOUTH SIDE OF AMITY HILL ROAD WEST OF UNNAMED CREEK.

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 2 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.

9/16/98 DATE RN Lofland SIGNATURE OF OWNER/AUTHORIZED AGENT