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 W + Jessica Summers	704-872-4703	2609 Ebony Acres	Statesville	NC	28625
Applicant	Phone #	Mailing Address	City	State	Zip Code
William W & Jessica Summers		2609 Ebony Acres	Statesville	NC	28625
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

		1 Acre of an eleven Acre	Brookview Rd
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Iredell County Water Co			
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)		Tax Map #

Specific Directions to Property: Go past Davis hospital on old Mocksville Rd for about 1 mi to Brookview Rd. Turn Left onto Brookview Rd + go for about 1 mi where the road makes a sharp Right curve + then comes to a sharp Left Curve. The location is on the Left side of the Rd between the two sharp curves in a corn field

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

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

No. Persons or Employees (commercial only) ____ Basement ✓ Basement with Plumbing Not Shore

Crawl Space ✓ Concrete Slab ____ Garbage Disposal No 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.

12-13-99 DATE William W. Summers SIGNATURE OF OWNER/AUTHORIZED AGENT