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:

DAVID Krumray WANDA Krumray	871-2431	402 Clements Rd	Statesville	NC	28677
Applicant	Phone #	Mailing Address	City	State	Zip Code
Clyde Lloyd		430 OAKLAND AVE	Statesville	NC	28677
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(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 Hwy 70 to Shiloh Church Rd turn Rt Go 2¼ mile turn left on Clements Go till you Drop off pavement Stay Left At 1st Fork Rt At second Fork And Left At third Fork Go past metal shed to top of Hill turn Rt At top of Hill Follow Fence out to pasture land on Left

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

House modular Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) 3 Basement NO Basement with Plumbing NO

Crawl Space yes Concrete Slab NO Garbage Disposal NO Jaccuzi or spa NO

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.

1/9/99 DATE Wanda Krumray SIGNATURE OF OWNER/AUTHORIZED AGENT