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:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Timothy and Susan M. Edwards	(704)873-2797	799 Bell Farm Road	Statesville	NC	28625-8517

Current Property Owner	Mailing Address	City	State	Zip Code
Timothy and Susan M. Edwards	799 Bell Farm Road	Statesville	NC	28625-8517

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
N/A Private	N/A	N/A	SR 2316

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private Well		4763790894.000

Specific Directions to Property I-40 East exit 64 East at 5th Traffic Light turn Right onto Bell Farm Road (at Beaver's Store across from Cool Springs Volunteer Fire Dept) go ~3.7 miles (will cross water treatment plant / 3rd creek bridge); turn left onto 1st gravel drive (just Broad Drive NE beside black top drive) you'll see the cleared lot (past the second single wide on left.) in front of you.

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

House ✓ Mobile Home ____ Commercial ____ No. Bedrooms 3 No. Baths 2½

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.

9-26-01 DATE Timothy W & Susan M. Edwards SIGNATURE OF OWNER/AUTHORIZED AGENT