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
Kenneth + Pauline Coombes	539-4775	412 York Spann Rd	Hamptonville	N.C.	27020
Pauline Coombes (Current Property Owner)	↑				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
—	—	—	1852

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Fredco Water Corp	—	16H-A-123

Specific Directions to Property From Statesville take I-77 North to exit 65 (Hwy 901) turn left onto Hwy 901 and proceed 1¼ miles to the first paved Road to left ____ Go appr 2 miles on till you get to the stop sign at Sloan's Mill Rd. Turn right on Sloans Mill Rd. Go approx ½ mile to first house trailer on right. Property is on hill behind trailer

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

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

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ✓ 1/8

Crawl Space ✓ 3/8 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.

2/15/96 DATE Dale H. Coombes SIGNATURE OF OWNER/AUTHORIZED AGENT