## IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION Application For Improvement Permit

PERSONAL INFORMAT	ION:					
TP. 13/44	(7x4) 001-0	201 1011A NC -		3 <i>1</i>	110	78.00
J. Paul Blythe Applicant	Phone #	# Mailing Add	<u>Ω</u> Iress	City	<u>/V, しょ</u> State	<u>≺∂0.3/</u> Zin Code
THOMAS SCOTT	WILSON	166 CATAWE	AIR Rd.	MOORCHILE	N.C.	28115
THOMAS SCOTT Current Property Owner		Mailing Address	<u></u>	City	State	Zip Code
PROPERTY INFORMAT						
SPRING ACT	RF S	3/				
(Proposed) Subdivis	ion Name	(Proposed) Lot #	(Proposed	Block/Section	on #	State Road #
$\sigma$ .						
Privat	e Well	rivate Well **P				
(Proposed) Water Su	pply: Public, P	rivate Well **P	reliminary Plat DEVELOPE)	: Approval Da :RS ONLY)	te**	Tax Map #
Specific Directions to Pr	onarty H	16/V 151 W	1 10+	2+ 14	Sand	4.0
Specific Directions to Pro	Size.	1 1 0 0 0	<u> </u>	1 1 #	71	19
John to	JIGN 0	Uniet Con	e Ku	Co+ "	5/ ON	<del>\</del>
right.						
			<del></del>			
TYPE OF FACILITY: (use	e check (X) or	number as appropriate	a)			
			· ·	0		2
House Mobile	Home	Commercial	No. Bedre	ooms	No. Bat	hs
No. Persons or Employee	es (commercial	only) Baser	nent	_Basement v	with Plumbi	na
						_
Crawl SpaceX	_Concrete Slal	bGarbag	Disposal	Jac	cuzi or spa	
COVENANT AND SIGNA	TURE:					
I hereby make applica	tion to the Irede	I County Health Departr	nent for a soils	site evaluation	of the prop	erty described
I hereby make applica above. This evaluation is	tion to the Irede to be conducte	Il County Health Departred for the sole purpose	of obtaining a	sentic syste	m Improven	nent Permit I
above. This evaluation is hereby authorize Iredell C ducting this evaluation. I	tion to the Irede to be conducte ounty Health Do understand tha	ed for the sole purpose epartment representative tt. by state law, any Imi	of obtaining a res to go onto t provement Per	septic system he above proportion	m improven perty for pur	nent Permit. I
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