

**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:**

James M. Harper 478-3766 1651 Lake Front Dr. Catawba NC 28609  
Applicant Phone # Mailing Address City State Zip Code

Same Same Same Same Same  
Current Property Owner Mailing Address City State Zip Code

**PROPERTY INFORMATION:**

Spring Acres Sect. II 40 \_\_\_\_\_  
(Proposed) Subdivision Name (Proposed) Lot # (Proposed) Block/Section # State Road #

Private Well \_\_\_\_\_ 2L-7-0-40  
(Proposed) Water Supply: Public, Private Well \*\*Preliminary Plat Approval Date\*\* Tax Map #  
(DEVELOPERS ONLY)

Specific Directions to Property Hwy 150 West to Quiet Cove Rd.  
Left on Quiet Cove Rd. For 1/4 mile.  
Lot on left hand side.

(Spring Acres Subdivision)

**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 \_\_\_\_\_

Crawl Space ☒ Concrete Slab \_\_\_\_\_ Garbage Disposal \_\_\_\_\_ Jacuzzi 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.

DATE James M. Harper SIGNATURE OF OWNER/AUTHORIZED AGENT