ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | (Mooresville Office (704) 660-3625) | PERMIT # 247511

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4635191833

APPLICANT/OWNER: Matthew Bruening | APPLICANT ADDRESS: 108 Wynward Ln Mooresville, NC 28117

SITE ADDRESS: 108 Wynward Ln Mooresville NC 28117 | PHONE: 614-570-5535 | ALT. PHONE 614-579-6131

SITE DIRECTIONS: Brawley School Rd to L on Isle of Pines Rd, R on Cove Creek, L on Wynswept Dr, L on Wynward Ln | SAP CONTROLLED: ☐ YES ☐ NO

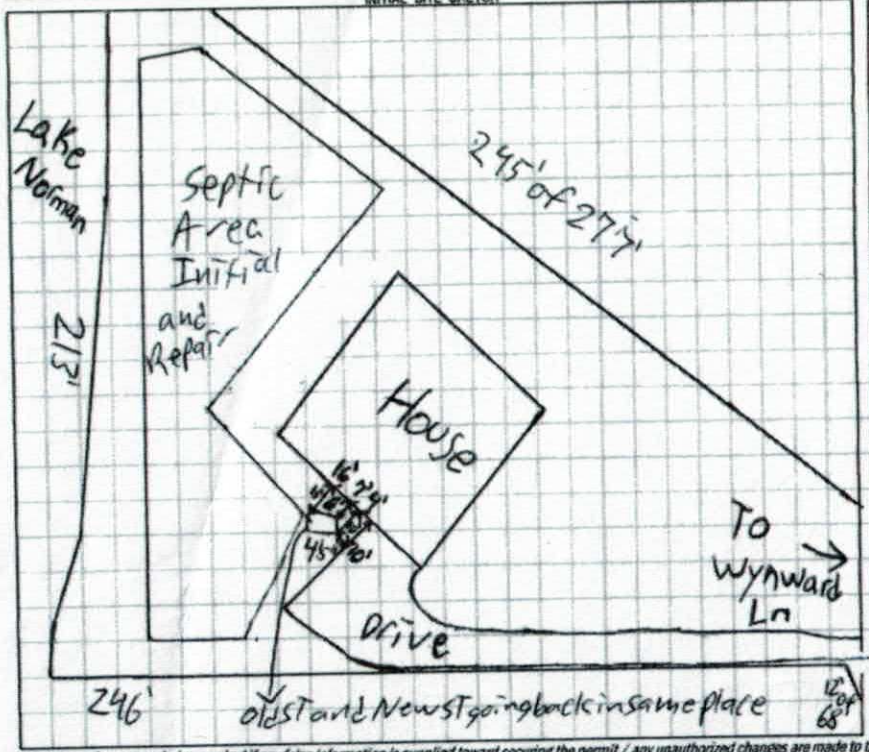
SUBDIVISION: North Shore II | SECTION: Mm | LOT # 14 | LOT AREA: .76 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	760	Date	7/20/19	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:			Gravity PPBPS	
Pump Make			Model		Serial #		Repair System Description:			Tank Replacement	
# Nitrification Fields	1		# Lines	Existing	Linear Ft	Existing	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	Existing		Trench Bottom Depth (Low side)		Existing		Gravel Depth	☒ GRAVITY	☐ PRESSURE		

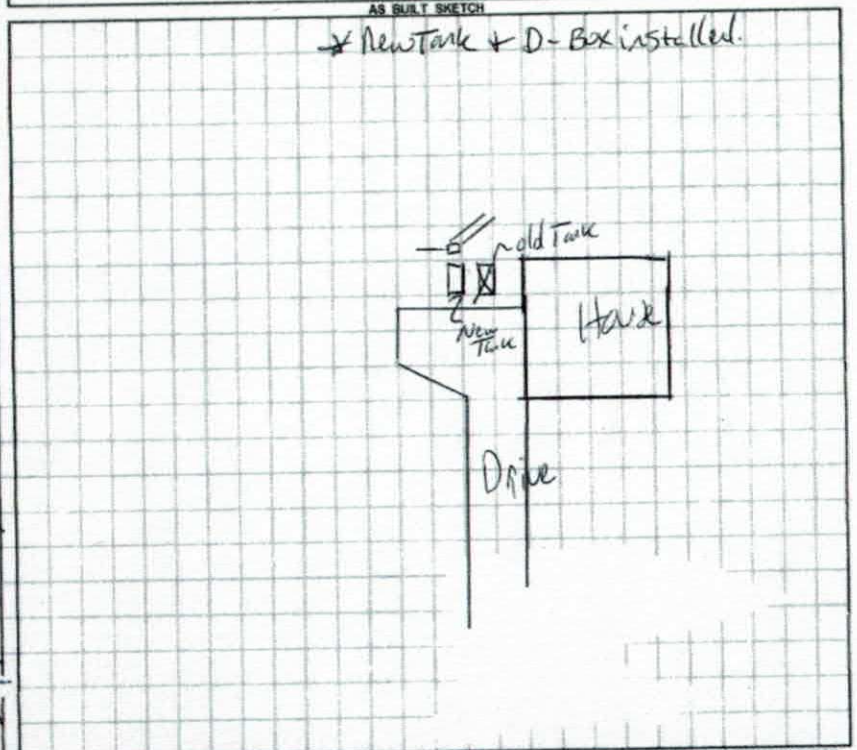
☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	5	☐ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☒ Community	
☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Pump, Crush and Remove old Tank. Put new Tank back in same spot.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 8/22/19

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 8/22/19

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 8/22/19

Installed by: Lesta Wastewater

OPERATION PERMIT by: Benjamin A Bass Date: 9/12/19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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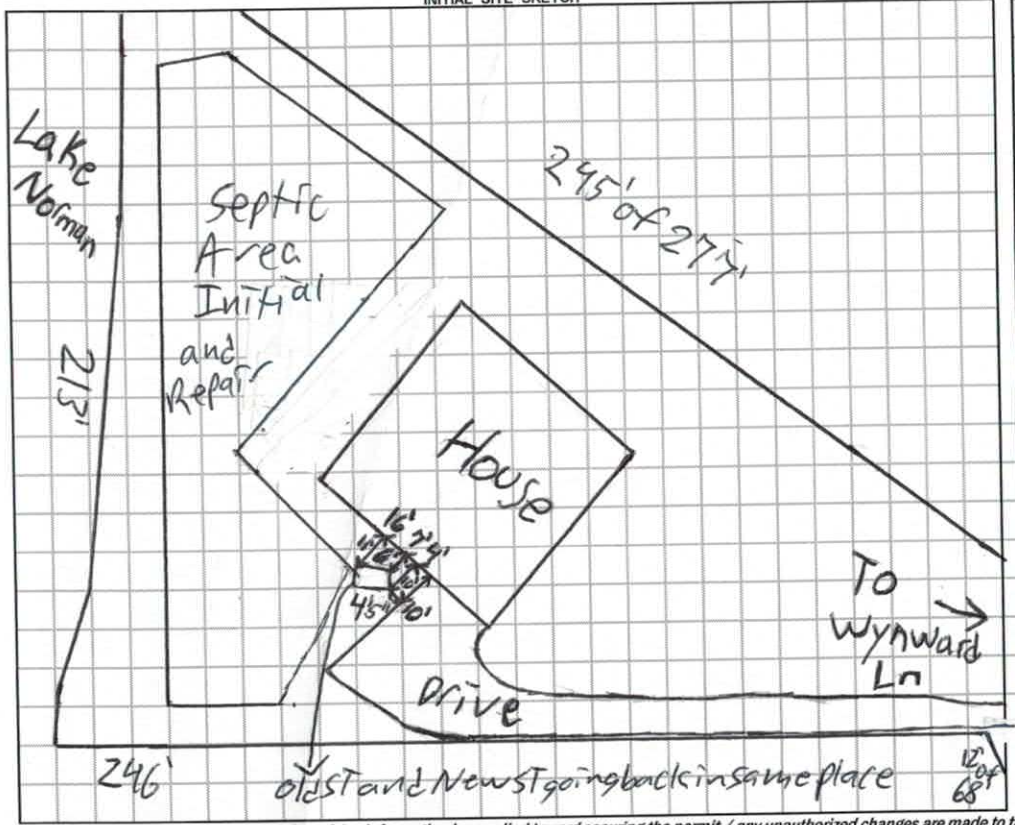
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Pump Tank	(gal)	PT	Date	System Description:		Gravity PPBPS	
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# Nitrification Fields	1 # Lines	Existing	Linear Ft Existing	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	Existing Trench Bottom Depth(Low side)	Existing	Gravel Depth —	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Pump, Crush and Remove old Tank. Put new Tank back in same spot.

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☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8/22/19 Installed by:

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 8/22/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 8/22/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

REPAIR

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application 24751

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MATTHEW BRUENING **Address:** 108 WYNWARD LN **Zip:** 28117
Applicant Email: c_bruening@yahoo.com **Phone:** 614-570-5535 **Alt. Phone:** 614-579-6131
Owner Name: MATTHEW BRUENING **Address:** 108 WYNWARD LN **Zip:** 28117
Owner Email: c_bruening@yahoo.com **Phone:** 614.570.5535 **Alt. Phone:** 614-579-6131

Property Information: PARCEL ID # 4635 19 1833

Street Address: 108 WYNWARD LN MOORESVILLE NC 28117
Subdivision Name: NORTH SHORE II **Section/Phase:** II **Lot Number:** 14
Driving Directions: BRAWLEY SCHOOL RD (SW) to ISLE of PINES to Cove Creek Loop to Wynswept Dr to Wynward Ln.

Site Development Information: *(check or complete ALL that apply*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system
Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
X Tank ___ Drain lines **Describe Problem:** Cracked tank

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: 2688 **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____
( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 8/7/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, CHRISTINE BRUENING, am the legal owner(s) of the property located at 108 WYNWARD LN MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) 4635-19-1833, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

X _____ 8/9/19
Signature of Owner(s) Date

_____ _____
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677