ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-306630

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

PIN # 4636101774

APPLICANT/OWNER: Kevin Gunter | APPLICANT ADDRESS: 140 Wynswept Dr. Mooresville, NC

SITE ADDRESS: 140 Wynswept Dr. Mooresville, NC | PHONE: 704-775-2092 | ALT. PHONE ——

SITE DIRECTIONS: Brawley School → L on Isle of Pines → R on Cove Creek → L on Wynswept → lot on R | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: North Shore II | SECTION: 1 | LOT # 50 | LOT AREA: .63ac | DESIGN FLOW: 360gpd | L.T.A.R.: existing

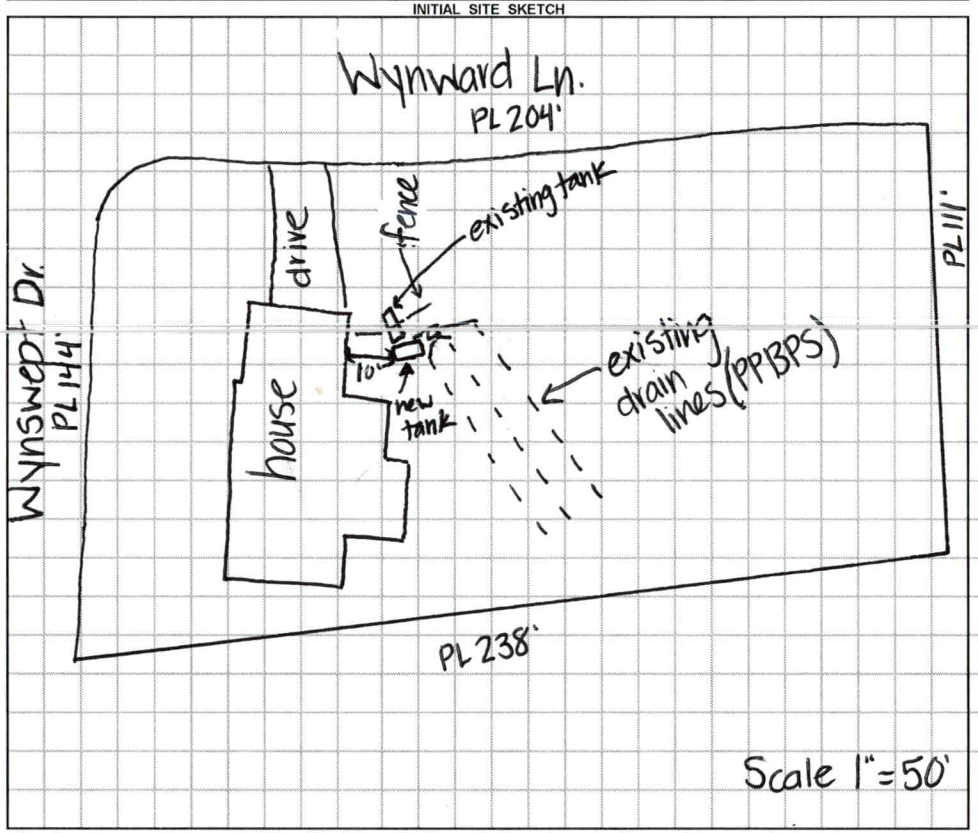
Septic Tank	1000 (gal)	STB	194	Date	3-30-20	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	(gal)	PT		Date		System Description:				
Pump Make		Model		Serial #		Repair System Description:	tank replacement			
# Nitrification Fields	EXISTING	# Lines		Linear Ft		Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth		☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☑ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Pump, crush, and fill existing tank. Replace distribution box if needed.

19ft from house to outlet of ST
17ft from house to d-box

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: Acceptance of Permit Recvd | Date: 4-13-2020 | Installed by: Greenway Waste Solutions

IMPROVEMENT PERMIT by: Kayla Watson | Date: 4-13-20 | OPERATION PERMIT by: Marisa Dolan | Date: 4/29/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 4-13-20 | 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, KEVIN GUNTER, am the legal owner or the agent of the property located at 140 WYNSWEPT DR, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.
Permit # _____

I do hereby agree to the permit design and the conditions of this permit.

_____ 4/13/20
Signature of Owner/Authorized Agent Date

_____ _____
Signature of Witness Date

_____
email

AP-306630

RECEIVED APR 09 2020

DigiSign Verified: CA192001-AF18-4C66-92D5-206E7C83891E

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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

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: Kevin Gunter Address: 140 Wynswept Dr Zip: 28117

Applicant Email: kvngunter@yahoo.com Phone: 704-775-2092 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 140 Wynswept Dr

Subdivision Name: North Shore Section/Phase: _____ Lot Number: _____

Driving Directions: Off Isle of Pines Rd

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system X Tank ___ Drain lines Describe Problem: Replacing tank

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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 (✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: Kevin Gunter 04-08-2020

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified: CA192001-AF18-4C66-92D5-206E7C83891E

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Kevin Gunter

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.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

Kevin Gunter _____ 04-08-2020

Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17588 DATE Dec 14, 93 TAX MAP NO. 2623 B.50 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Robert Clingraham Homes PHONE: Business 391-3715 ~~Home~~ 463-10-1774 LN.

ADDRESS

LOCATION 1100 Tr 1113 TR Cove Creek Rd. TL Wynsweept Dr. on Rt. at jct w/ Wynward

SUBDIVISION NorthShore BLOCK / SECTION II LOT 50' LOT AREA 111'x237' SITE CLASS. IRS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 ✓ Gallons; STB 794 Date 1-6-94
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields Square Feet Linear Feet
No Lines 3 ✓ Trench Width 24" ✓ Max Trench Bottom Depth 36" ✓ Gravel Depth

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: gravity PPBRS
Repair System Description: pumped conventional
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees
☐ Other

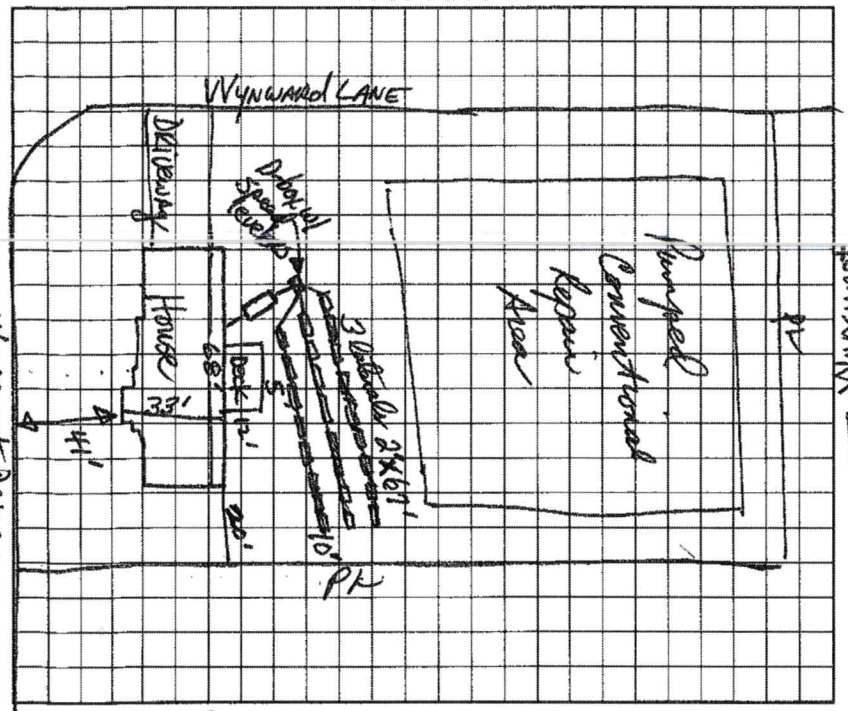
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

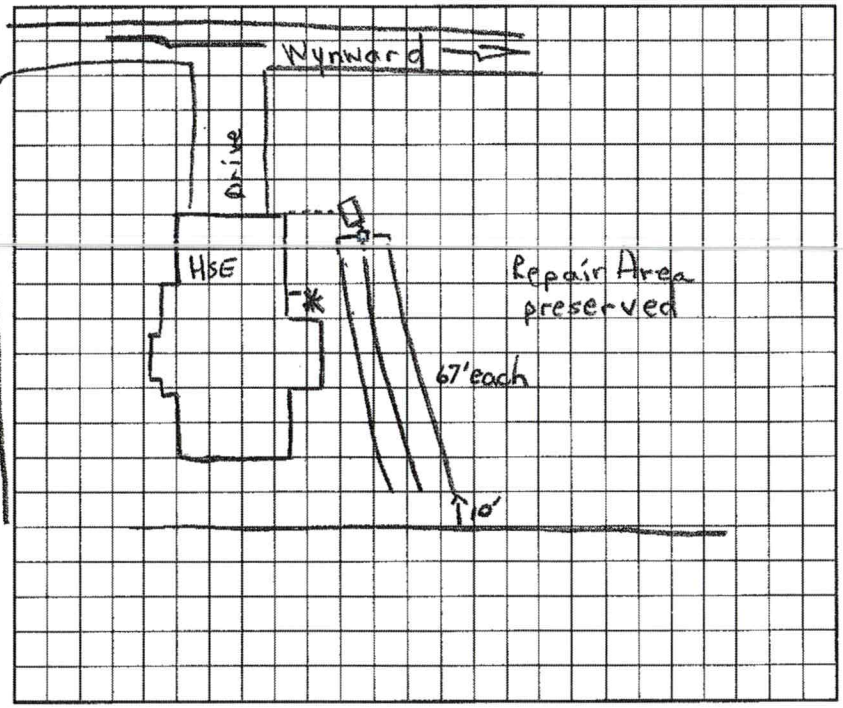
Comments: Plumbing must exit approx. 1 foot above graded Gnd at back of house to avoid pumping. Builder has option of installing pump to conventional drainfield.

Comments: Top of tank above grade, 8" to top of sand in ditch. * is stubout under utility room window, below surface grade. plumbing not connected to tank.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: X

Improvement Permit by: Randall R. Hinson RS date 12/14/93

Existing System Inspection by: date

Installed by: Ironhorse Grading

Certificate of Completion by: Andrea Lemon date 8-26-94

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD