IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 243798

PIN # 4636-10-1972 ✓

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

APPLICANT/OWNER: Frank + Mari Pounds | APPLICANT ADDRESS: 152 Wynward Ln. Mooresville, NC 28117

SITE ADDRESS: 152 Wynward Ln. Mooresville, NC 28117 | PHONE: 704-564-0624 | ALT. PHONE

SITE DIRECTIONS: off of Isle of Pines | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: North Shore II | SECTION: II | LOT # 48 | LOT AREA: 0.6 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	Infiltrator	Date	Plastic
Pump Tank	Existing	(gal)	PT	Ext	Date	Ext
Pump Make	Ext		Model	Ext.	Serial #	Ext
# Nitrification Fields	Ext		# Lines	Ext	Linear Ft	Ext.
Trench Width	Ext.		Trench Bottom Depth(Low side)	Ext.	Gravel Depth	Ext

☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Replace septic tank as requested.

Repair System Description: Abandon old tank

Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

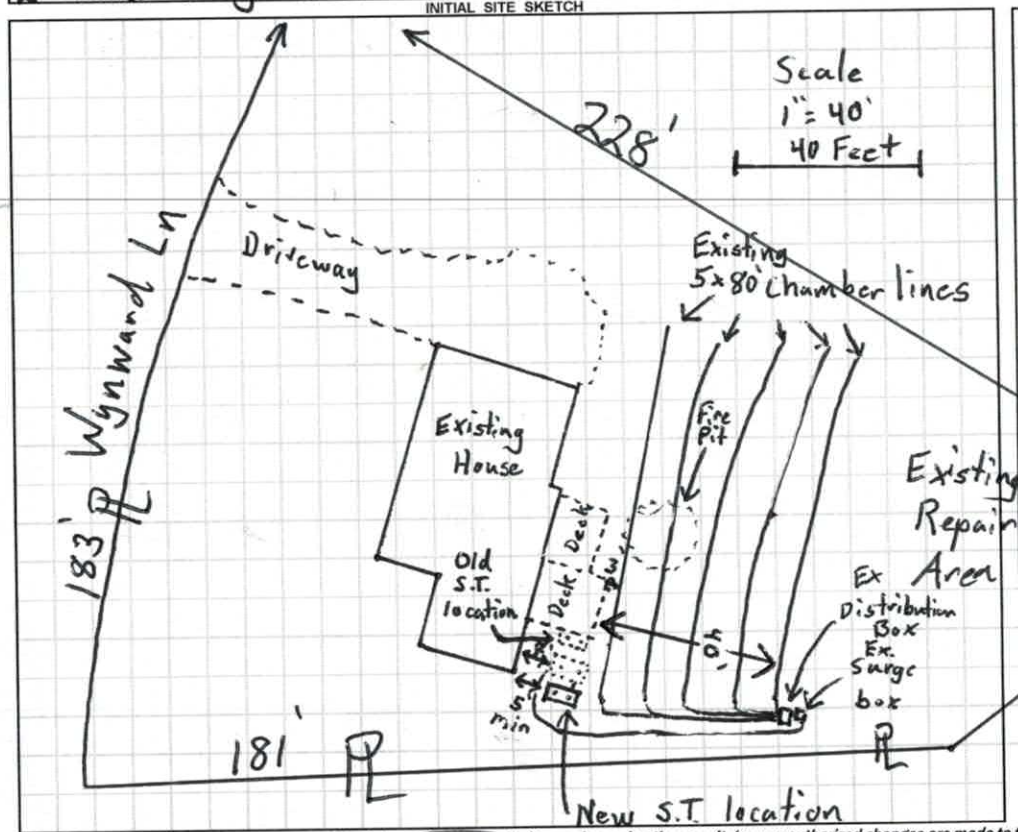
No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

Comments / Conditions: Existing septic tank shall be pumped by a licensed sewage hauler and either: 1- Crushed in place 2- hauled away OR 3- Filled with flowable fill that is essentially self-leveling (sand, gravel, cement, etc). Recommend pumping new septic tank every 3-5 years. Also recommend removing any objects within 5 feet of any septic components (deck, fire pit, etc.). Recommend uncovering + checking surge + distribution boxes to ensure proper functionality. Replace if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

— new tank 6' from house

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: Mari Pounds | Date: 4/26/19 | Installed by: Russell Williams

IMPROVEMENT PERMIT by: Tom Shuck | Date: 4/22/19 | OPERATION PERMIT by: Carla C. Cave | Date: 5-2-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 4/22/19 | 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.

Rep-eval. no Charge Tank Replacement #243798 rec'd: 4/16

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

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: Frank Pounds + Mari Pounds Address: 152 Wynward Ln Zip: 28117
Applicant Email: samsounds@gmail.com Phone: 704-564-0624 Alt. Phone:
Owner Name: Frank Pounds Address: same Zip:
Owner Email: same Phone: Alt. Phone:

Property Information:

Street Address: 152 Wynward Ln
Subdivision Name: North Shore Section/Phase: 2 Lot Number: 48
Driving Directions: off of Isle of Pines

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:
(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(X) 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: Mari P Pounds 4/15/19
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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) Mari P Pounds

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, Mari P Pounds, am the legal owner(s) of the property located at 152 Wynward Lane, 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

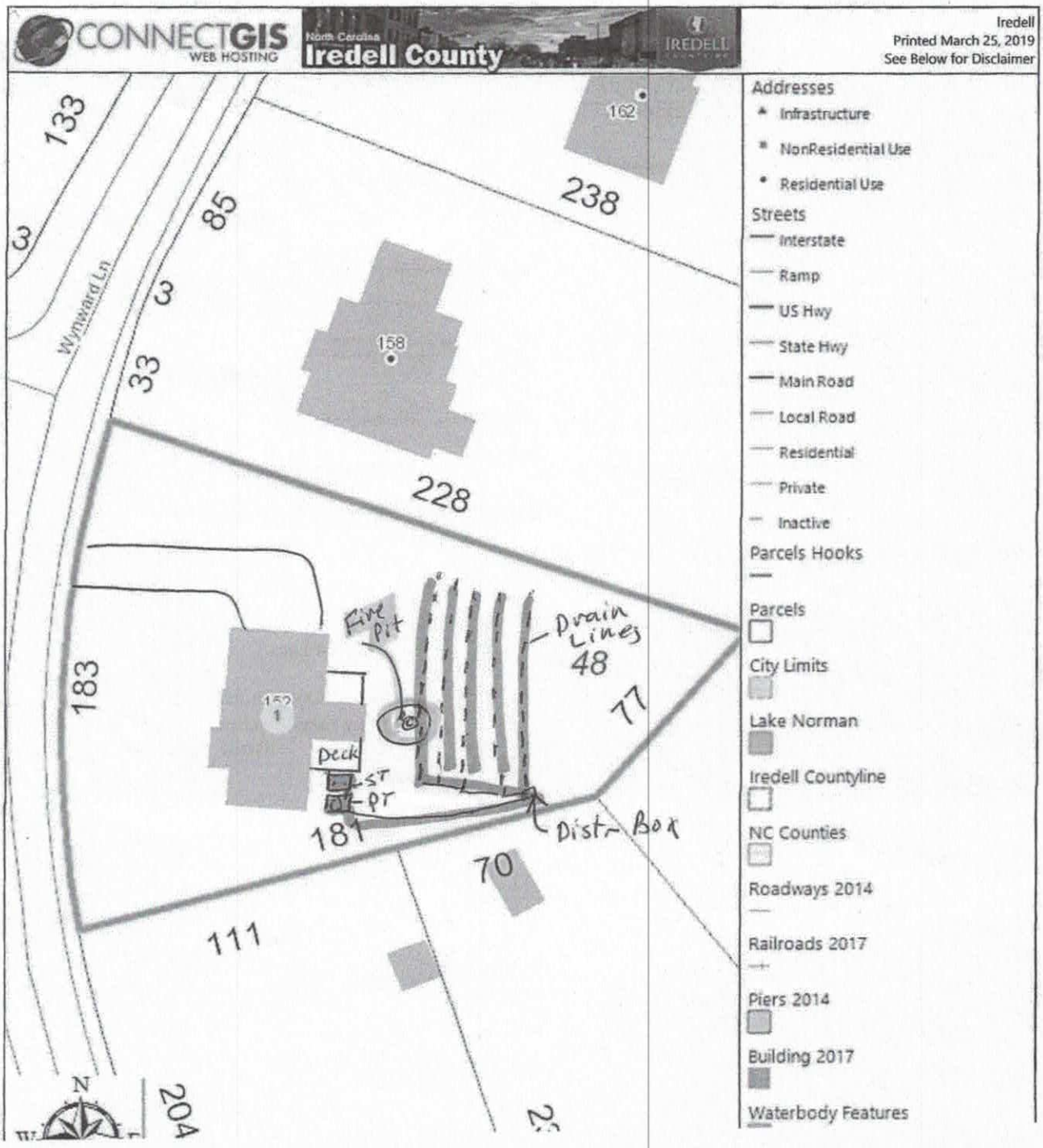
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Mari P Pounds — Signature of Owner(s)

4/15/19 — Date

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


CONNECTGIS
WEB HOSTING
North Carolina
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Printed March 25, 2019
See Below for Disclaimer
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Main Road
Local Road
Residential
Private
Inactive
Parcels Hooks
Parcels
City Limits
Lake Norman
Iredell Countyline
NC Counties
Roadways 2014
Railroads 2017
Piers 2014
Building 2017
Waterbody Features