ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP300696

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

PIN # 4636105555

APPLICANT/OWNER: Judith Irlacher
APPLICANT ADDRESS: 125 Wynswept Dr. Mooresville, NC
SITE ADDRESS: 125 Wynswept Dr. Mooresville, NC
PHONE: 704-402-6515 ALT. PHONE
SITE DIRECTIONS: Brawley School Rd → L on Isle of Pines → R on Cove Creek → L on Wynswept → 1st on L
SAP CONTROLLED: ☐ YES ☐ NO
SUBDIVISION: North Shore II
SECTION: 1 LOT # 5 LOT AREA: .78ac
DESIGN FLOW: 480gpd L.T.A.R.:

Septic Tank	1000 (gal)	ST	Plastic Infiltrator	Date	tank
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	EX	# Lines	STNG	Linear Ft	
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	

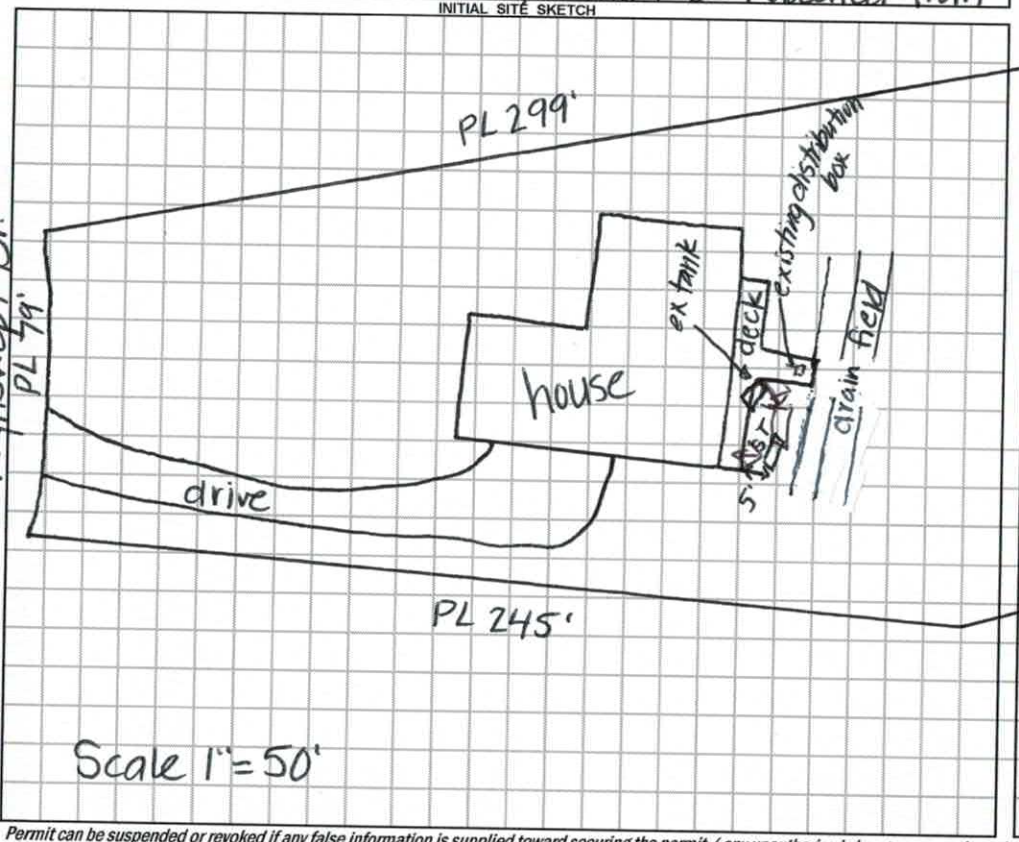
☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description:
Repair System Description: tank replacement
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

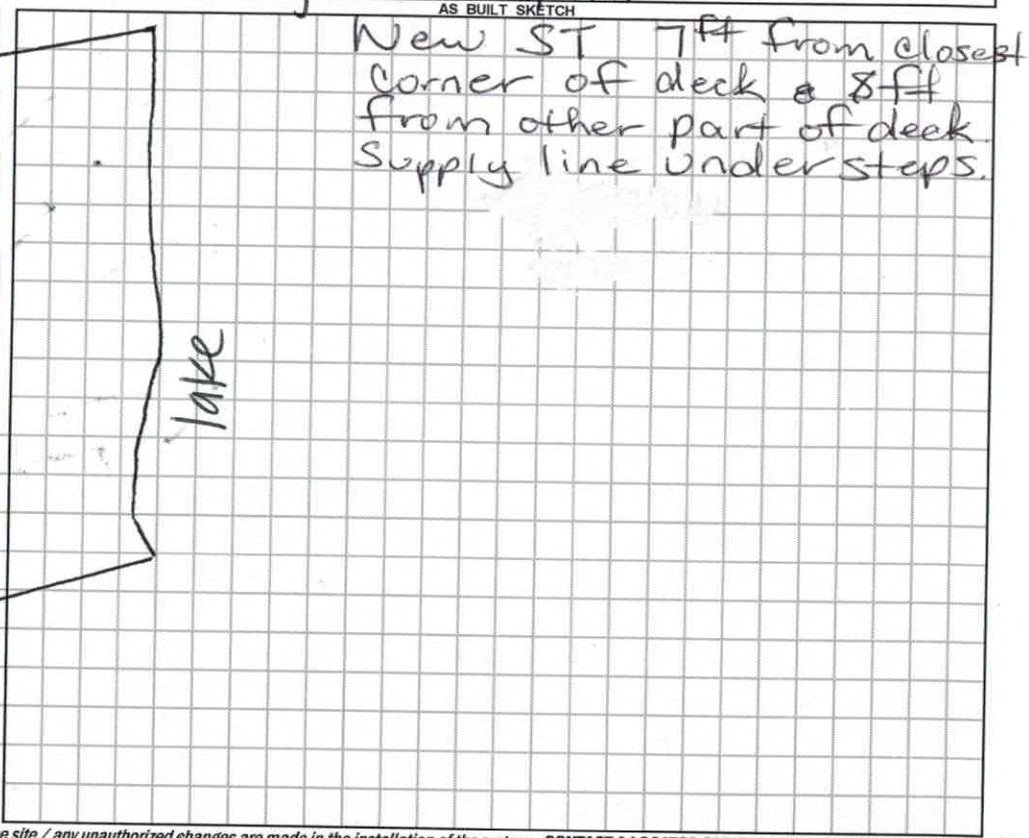
Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Pump and fill existing tank under deck. New tank must maintain 5' from deck. If new distribution box is needed, it must be relocated from under the deck & must maintain 5' from deck. Part of top drain line under steps. Did not observe drain line failure during time of inspection.

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: Judith Irlacher Date: 9/11/19
IMPROVEMENT PERMIT by: Kayla Watson Date: 9-11-19
AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 9-11-19

Installed by: Russell Williams
OPERATION PERMIT by: Marian Dolan Date:
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.

AP3006696

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT 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)

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ BOTH ✓Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

JUDITH I RLACHER (Applicant Name)	125 WYNSWEPT DR. (Mailing Address)	(Home Phone #)	704·402·6515 (Alternate Phone #)
JUDITH I RLACHER (Owner Name)	125 WYNSWEPT DR (Mailing Address)	(Home Phone #)	704·402·6515 (Alternate Phone #)

4. Property Information:

125 WYNSWEPT DR. (Street Address)	NORTH SHORE II (Subdivision Name)	(Section/Phase and Lot Number)

Driving Directions: BRAWLEY SCH. RD. SOUTH TO ISLE OF PINES, 2nd COVE CREEK LOOP TO WYNSWEPT, 5TH HOUSE ON LEFT.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to CORROSION
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1993 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

8. 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. industry) 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.

9. Signature: Judith E. Irlacher — 9/9/19

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Judith E. Thacher, am the legal owner of the property located at 125 WINSWEPT DR. MSV., identified as PIN(Parcel Identification Number) 16107, located in Iredell County, North Carolina.

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

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ _____
Signature of Owner 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

or

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