ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309061

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

PIN # 4646059774

APPLICANT/OWNER: Michael Mason | APPLICANT ADDRESS: 279 Wood Duck Loop Mooresville NC

SITE ADDRESS: 279 Wood Duck loop Mooresville NC 28117 | PHONE: 704-534-7197 | ALT. PHONE

SITE DIRECTIONS: Brawley School Road to Canvas Back to Wood Duck Loop | SAP CONTROLLED: ☐ YES ☐ NO

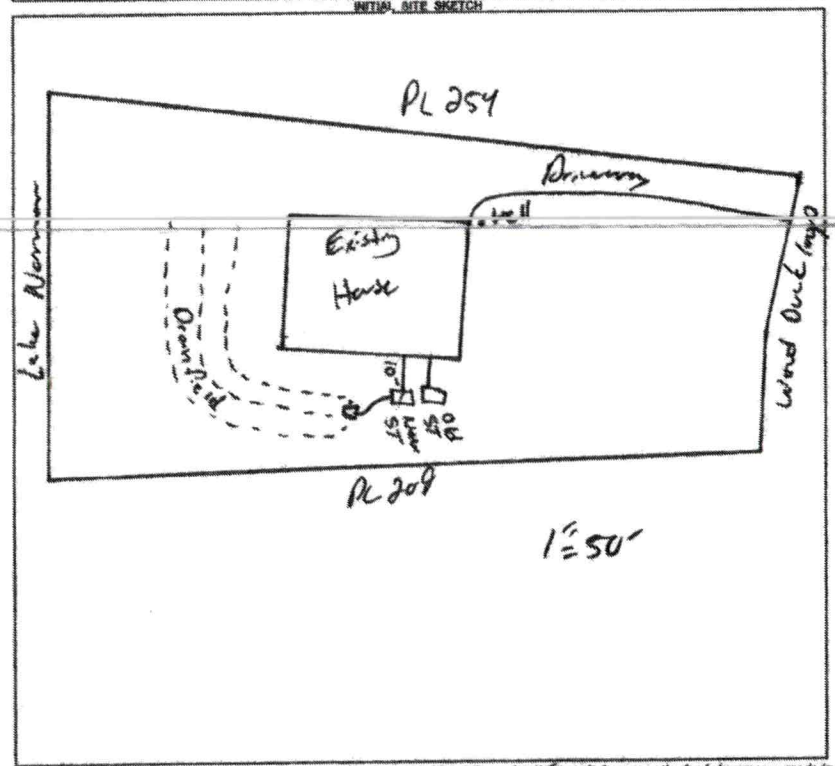
SUBDIVISION: – | SECTION: – | LOT # – | LOT AREA: – | DESIGN FLOW: Existing | L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	760	Date	6-3-20	☐ New System ☒ Repair ☐ Expansion	System Type: ☐ II ☐ III ☐ IV ☐ V ☐ VI
Pump Tank	(gal)	PT		Date		System Description:	
Pump Make		Model		Serial #		Repair System Description:	Tank
# Nitrification Fields		# Lines		Linear Ft		Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	Existing	☒ GRAVITY ☐ PRESSURE	

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

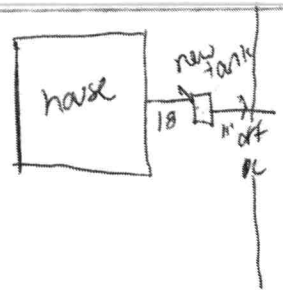
Comments / Conditions: Pump Crush and fill old Septic tank, Inspect D Box and Replace if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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: Doris Jarrett | Date: 7-30-20 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: | Date: 7-30-20 | OPERATION PERMIT by: Carla C. Nicks | Date: 7-30-20

AUTHORIZATION TO CONSTRUCT by: | Date: 7-30-20 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

AP-309061 Repair Eval

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 fee

Applicant Information: (PRINT CLEARLY)

Applicant Name: Michael Mosca **Address:** 279 Wood Duck Loop **Zip:** 2881
Applicant Email: deepasrill10@gmail.com **Phone:** 704-534-7197 MOORESVILLE NC **Alt. Phone:**
Owner Name: Michael Mosca **Address:** 279 Wood Duck Loop, MOORESVILLE **Zip:** 2881
Owner Email: deepasrill10@gmail.com **Phone:** 704-534-7197 **Alt. Phone:**

Property Information:

Street Address: 279 Wood Duck Loop, MOORESVILLE, NC

Subdivision Name: N/A **Section/Phase:** **Lot Number:**

Driving Directions: BRAWLEY School Rd to CANVASBACK to Wood Duck Loo

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(✓) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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 Wate

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed: N/A
( ) 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: Michael Dean Mosca 7-14-20
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*) Michael Dean Mosca

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 ir 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 o receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, MICHAEL DEAN MOSCA, am the legal owner(s) of the property located at 279 Wood Duck Loop, Mooresville, NC, identified as PIN (Parcel Identification Number) 4646-05-9774.000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) LENTZ WASTEWATER, Mgm Statesville, NC, 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.

Michael Dean Mosca
Signature of Owner(s)

7-14-20
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