ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 247034

PIN # 4666531594

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

APPLICANT/OWNER: Richard Mathers

APPLICANT ADDRESS: 175 Wildwood Acres Circle M'ville NC

PHONE: 704 746-2352

ALT. PHONE

SITE ADDRESS: 175 Wildwood Acres Circle

SAP CONTROLLED: N/A ☐ YES ☐ NO

SITE DIRECTIONS: Shearers Rd South TR Wildwood Acres Circle on left

DESIGN FLOW: ~~360~~ L.T.A.R.:

SUBDIVISION: Wildwood Acres

SECTION: — LOT # 10 LOT AREA: ~.6 Acres

Water Supply: ☒ Private Exist. ☐ Public ☐ Community

Septic Tank	Exist (1000) (gal)	STB		Date			
Pump Tank		(gal)	PT		Date		
Pump Make			Model		Serial #		
# Nitrification Fields	1	# Lines			Linear Ft	240	
Trench Width		Trench Bottom Depth(Low side)		3 Exist.	Gravel Depth		

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

System Description: Exist. Gravity-Conventional

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees

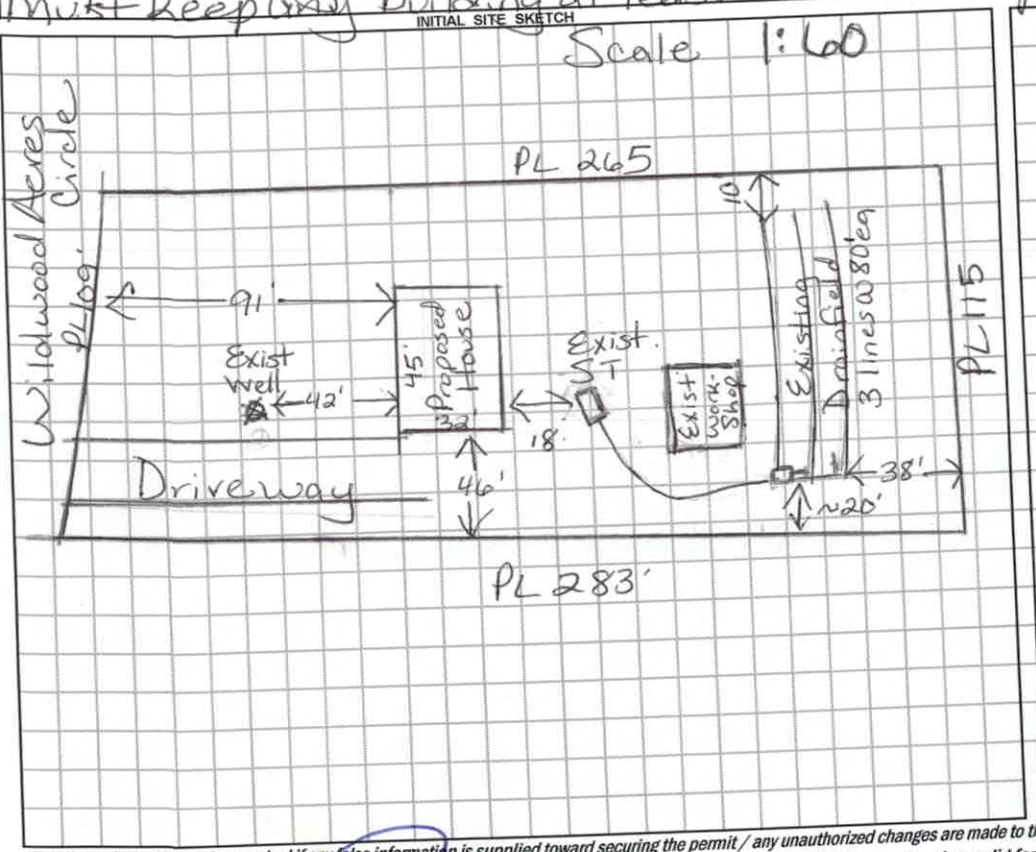
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: No vehicular traffic over Septic System. Must keep any building at least 5ft from Septic & 25ft from well

* Note: Original Septic was permitted for 3 Bedrooms Floor plan is for 2 Bedrooms

INITIAL SITE SKETCH



AS BUILT SKETCH

Septic System "appears" to be functioning OK at time of inspection.

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: Date: 10/6/19

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by: Original System installed 1985 Date:

OPERATION PERMIT by: Date:

Existing System Inspected by: Maria Dotson 9/24/19

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.

Thurs or Fri PM ST under Metal Carpor

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

247034
AP ~~243017~~
$250 pd

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 (X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Richard Mathers **Address:** 175 Wildwood Acres Cir Mooresville NC **Zip:** 28115

Applicant Email: talon80000@twc.com **Phone:** 704-746-2352 **Alt. Phone:** 704-264-4241

Owner Name: Richard Mathers **Address:** 175 Wildwood Acres Cir Mooresville NC **Zip:** 28115

Owner Email: talon80000@twc.com **Phone:** 704-746-2352 **Alt. Phone:** 704-264-4241

Property Information:

Street Address: 175 Wildwood Acre Cir Mooresville NC 28115

Subdivision Name: Wildwood Acres **Section/Phase:** 1 **Lot Number:** 10

Driving Directions: South on Shears rd left on Wildwood acres cir

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

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

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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: _____ 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Year existing system installed: 85

Desired Septic System Type: *(you may rank in order of preference)*
( ) 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: _____ 07/29/2019
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*) _____

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, RICHARD MATHERS, am the legal owner(s) of the property located at 175 Wildwood acres cir Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4665315941.000, located in Iredell County, North Carolina.

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

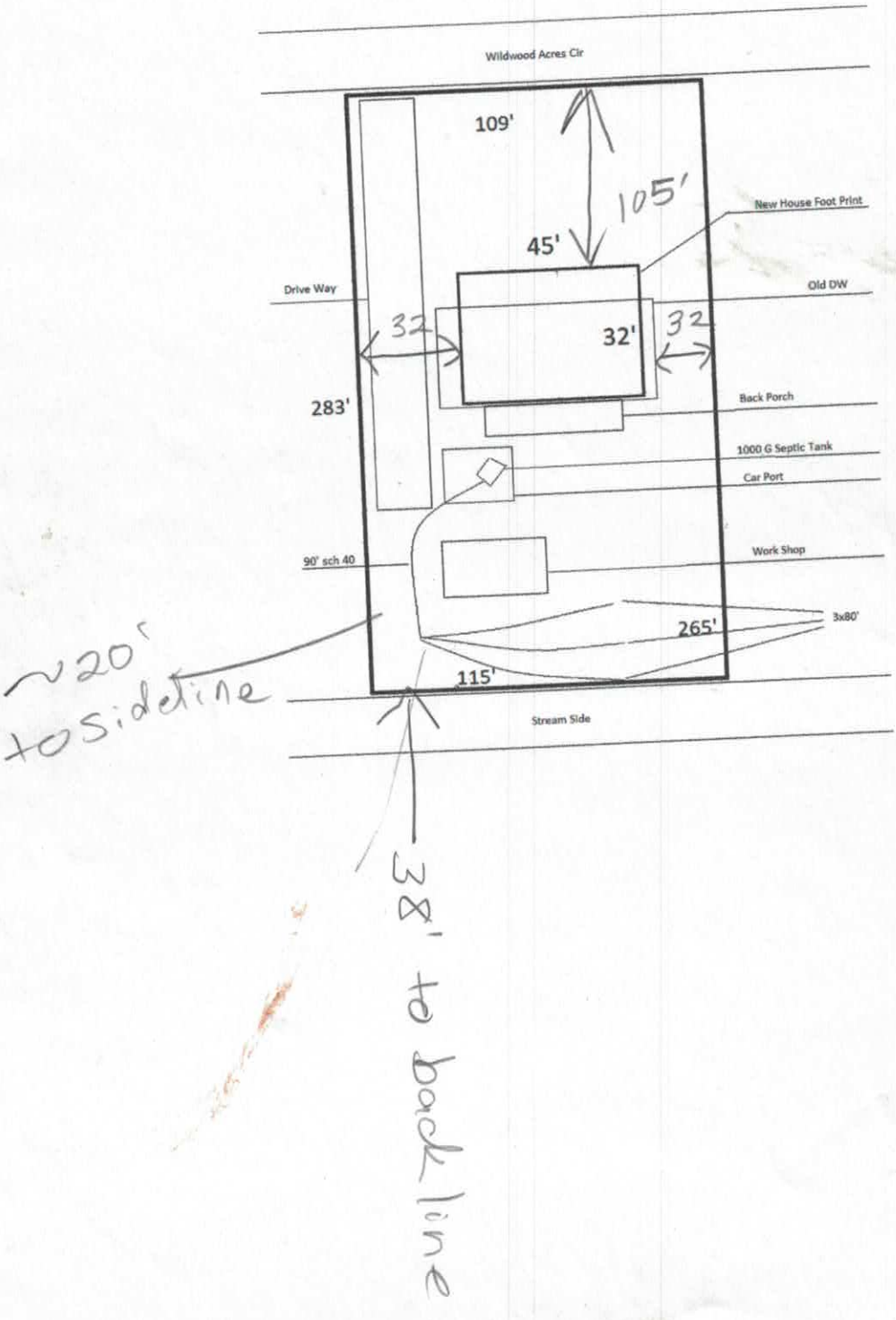
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

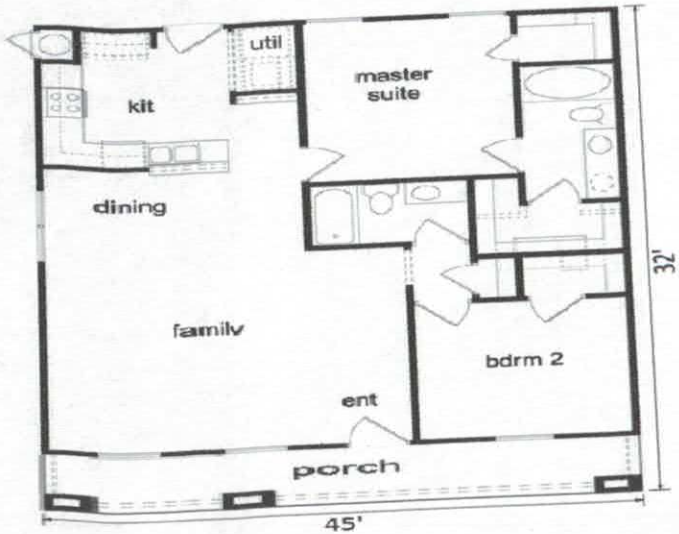
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 08/23/2019
Signature of Owner(s) 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


Wildwood Acres Cir
109'
105'
45'
New House Foot Print
Drive Way
Old DW
32'
32
32
283'
Back Porch
1000 G Septic Tank
Car Port
90' sch 40
Work Shop
265'
3x80'
~20'
to sideline
115'
Stream Side
38' to back line



Acknowledgement of
Plans Submittal ONLY!

Date 8/26/19

Date 9/24/19