IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239455

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

PIN # 4721601947.000

APPLICANT/OWNER: Claude Wingler APPLICANT ADDRESS: 765 E. Monbo Rd Statesville NC 28677.

SITE ADDRESS: 765 East Monbo Road Statesville NC 28677 PHONE: 704-761-9529 ALT. PHONE —

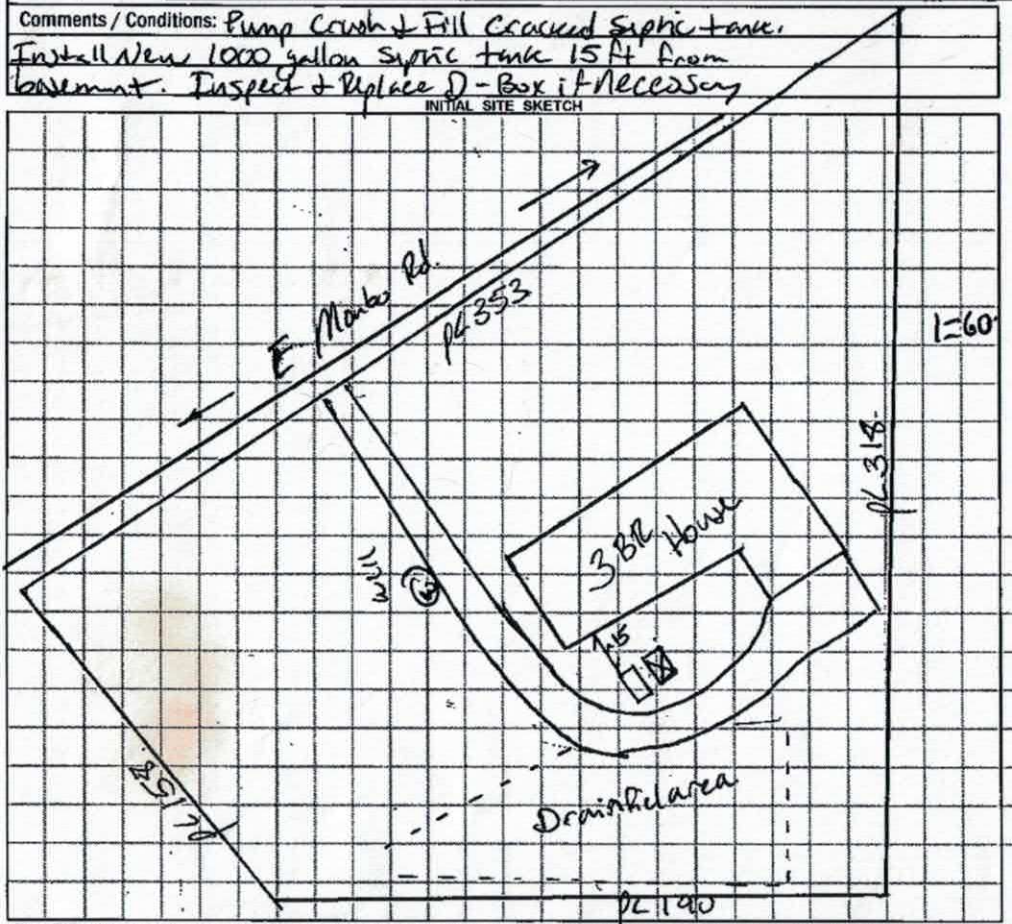
SITE DIRECTIONS: Hwy 21 to Old Mtn Road to East Monbo Rd. 765 on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 1.33 Acres. DESIGN FLOW: 360 L.T.A.R.: EXT

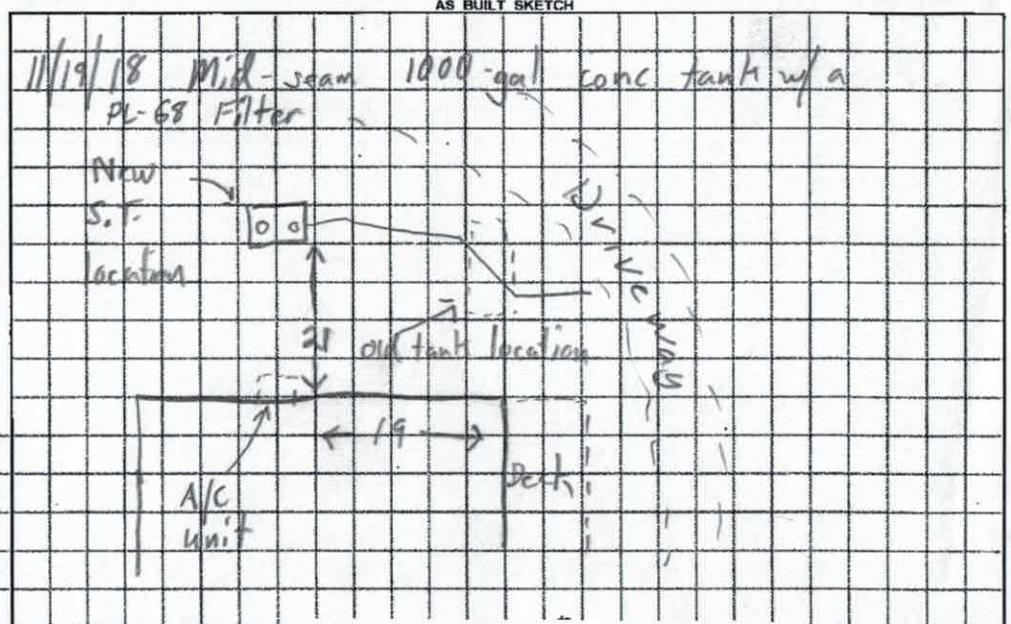
Septic Tank	1000	(gal)	STB	760	Date	9/2/18	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	—	(gal)	PT	—	Date		System Description:			Tank Replacement	☐ Business	No. Persons	6	☒ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	EXT	# Lines		EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	EXT	Trench Bottom Depth(Low side)		EXT	Gravel Depth			☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☒ Basement w/o plumbing		

Comments / Conditions: Pump Crush & Fill Cracked Septic tank. Install New 1000 gallon Septic tank 15 Ft from basement. Inspect & Replace D-Box if Necessary

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: Claude Wingler Date: 10-7-2018 Installed by: Jared Lentz

IMPROVEMENT PERMIT by: Benjamin A Bass Date: 11/5/18 OPERATION PERMIT by: Susan Shuck Date: 11/20/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bass Date: 11/5/18 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.

RECEIVED OCT 3 1 2018

Paid $0/Rpr Evaluation

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#239955

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.

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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

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Applicant Information: (PRINT CLEARLY)

Applicant Name: Claude Wingler **Address:** 765 East Morbo Rd **Zip:** 28677

Applicant Email: _____ **Phone:** 7047619529 **Alt. Phone:** —

Owner Name: Claude Wingler **Address:** 765 East Morbo Rd **Zip:** 28677

Owner Email: _____ **Phone:** 7047619529 **Alt. Phone:** —

****

Property Information:

Street Address: 765 East Morbo Rd 28677

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) 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: Trench on Tank

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: Claude Wingler — 10-31 2018

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***)** Claude Wingler

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.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

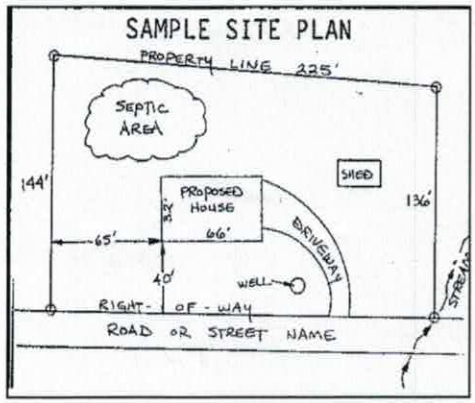
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location**
- **( ) Preferred well location**
- **( ) Preferred septic system location**
- **( ) North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See septic Permit

Signature: Claudia Wingler

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

10-31-2018

DATE

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. Repair DATE 11-10-97 TAX MAP NO. Repair

OWNER OR CONTRACTOR Laura Barth PHONE: Business Home 528-6595 Watershed: ☐ Yes ☐ No

ADDRESS 765 East Mombo Rd Troutman

LOCATION Onn the E mombo 2.5 mile on left

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. DESIGN FLOW 360 L.T.A.R.

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330

No Lines 5 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI

System Description:

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☑ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

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

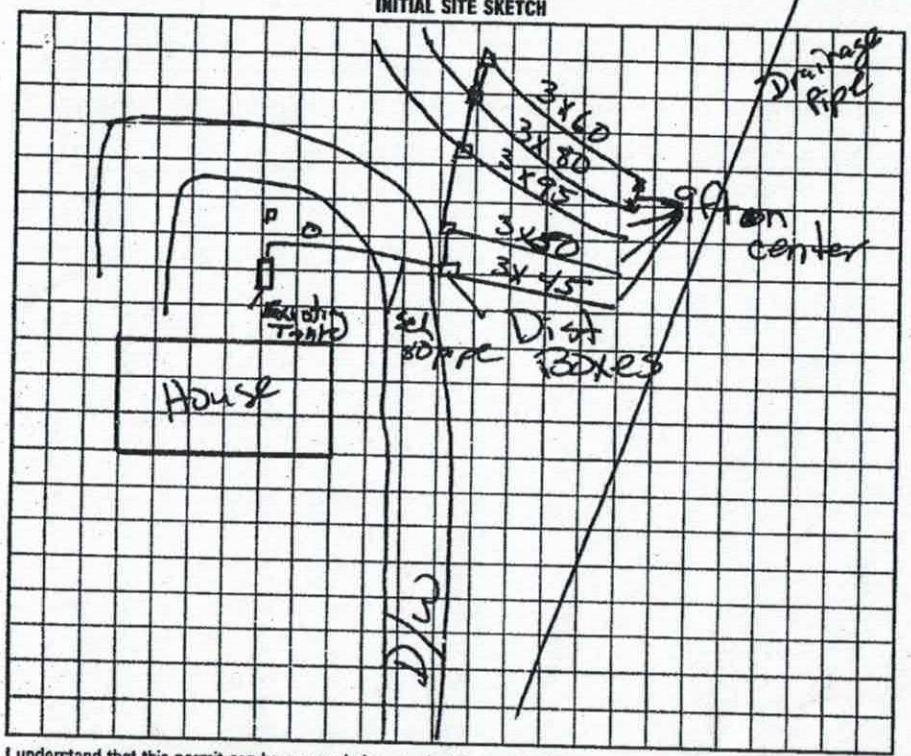
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Old Dist Box may be buried, could not locate old lines

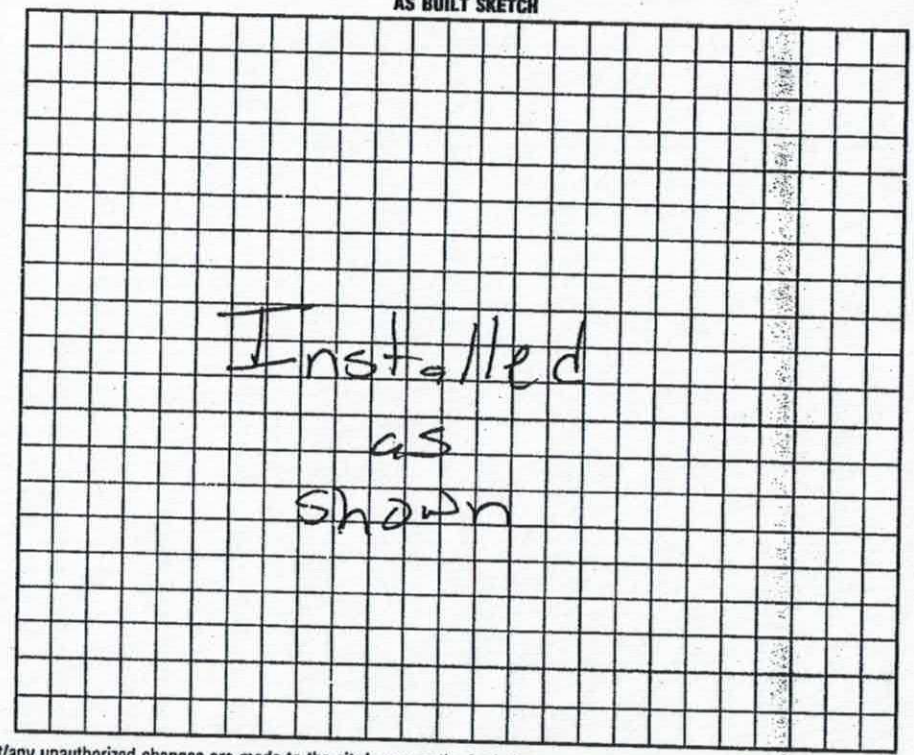
& Must use Sch 80 or ductile Iron under Driveway

Comments:

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: Laura L. Barth

Improvement Permit by: Mark C. Outlaw date 11-10-97

Existing System Inspection by: Mark C. Outlaw date 11-10-97

Installed by: Sammy Reavis

Certificate of Completion by: date

Operation Permit by: Mark C. Outlaw date 1-13-98

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