BB BLDR-2022-4776

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-328896

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

PIN # 3793 -- 54 -- 4767 ✓

APPLICANT/OWNER: CAPOTE BUILDERS APPLICANT ADDRESS: 5426 CAPOTE ROAD, MAIDEN, N.C. 28650

SITE ADDRESS: 104 BIG BERTHA DRIVE, STATESVILLE, N.C. 28677 ✓ PHONE: 704-400-5481 ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (L) ON SHARON SCHOOL, (L) ON MOCK MILL, (R) ON TITLEIST, (R) ON BIG BERTHA, LOT ON (R) SAP CONTROLLED: ☑ YES ☐ NO

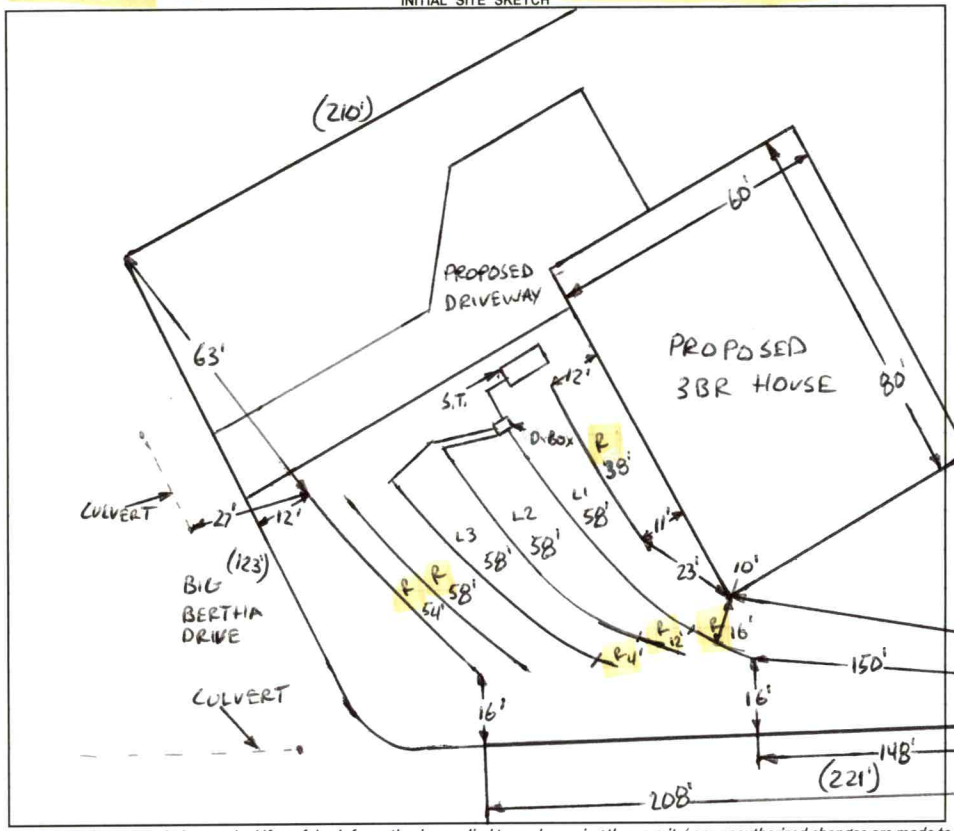
SUBDIVISION: AUGUSTA GREENS ✓ SECTION: 2 ✓ LOT # 22 ✓ LOT AREA: 0.795 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.35

Septic Tank	1000	(gal)	STB	Plastic	Date	—	☑ 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:	50% REDUCTION			☐ Business	No. Persons	6	☐ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description:	50% REDUCTION			☐ Other	No. Employees	—	☑ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	174 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	24 IN	Trench Bottom Depth (Low side)			25 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE D-BOX TO ACHIEVE EQUAL DISTRIBUTION, DO NOT EXCEED A 33 IN MAX TRENCH DEPTH, 6 IN OF COUNTY APPROVED COVER IS REQUIRED

NO FOUNDATION DRAINAGE TO BE INSTALLED ON FRONT OR RIGHT SIDE OF HOUSE

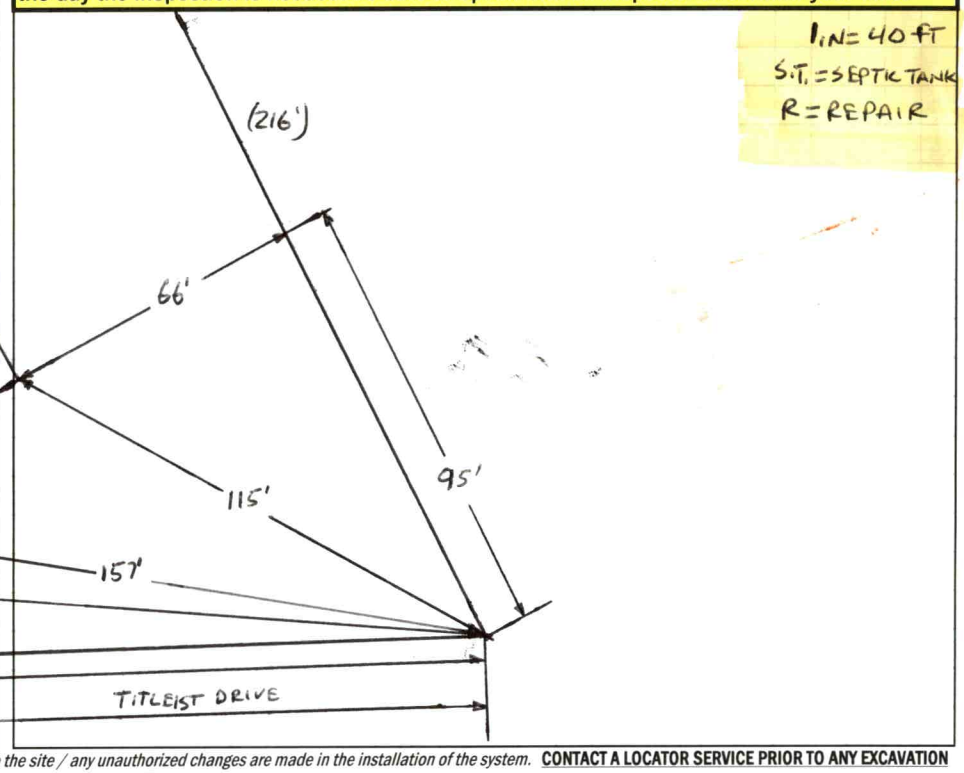
INITIAL SITE SKETCH



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.

1 IN = 40 FT
S.T. = SEPTIC TANK
R = REPAIR



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: [signature] Date: 9-7-22 Installed by: Chris Wagnor

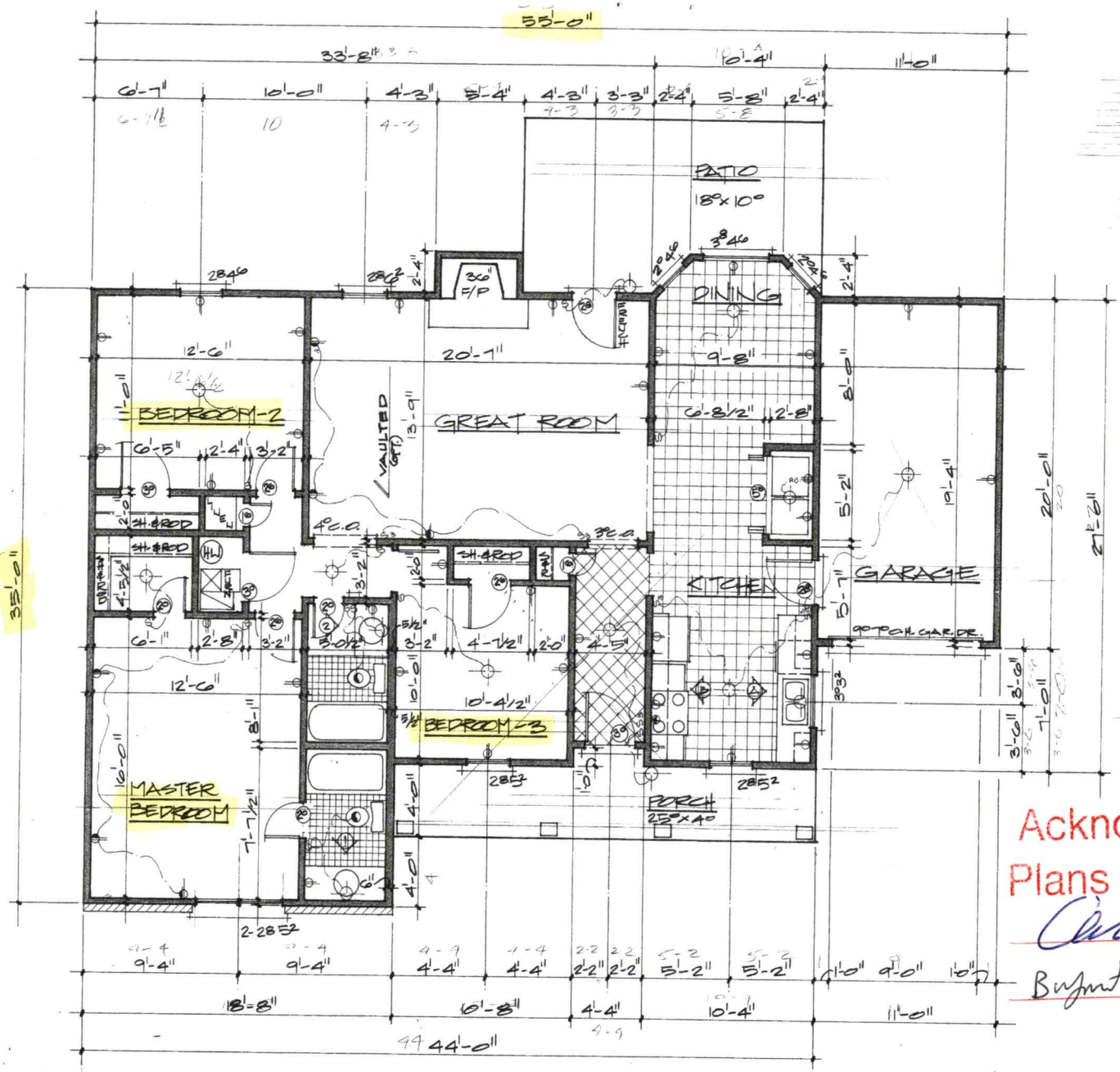
IMPROVEMENT PERMIT by: Bryant C. White Date: 8-31-2022 OPERATION PERMIT by: Sydney Holland Date: 9/7/2023

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 9-1-2022 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

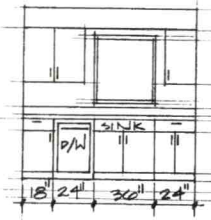


FLOOR PLAN
SCALE: 1/4"=1'-0"

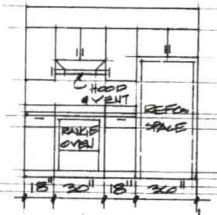
NOTE:
ALL INTERIOR STUD WALLS ARE CONSIDERED 3 1/2" UNLESS OTHERWISE NOTED.
ALL EXTERIOR STUD WALLS ARE CONSIDERED 4"

AREAS:

TOTAL HEATED SPACE	1350
FRONT PORCH	150
PATIO	180



A ELEVATION
SC: 1/4"=1'-0"



B ELEVATION
SC: 1/4"=1'-0"



1 ELEVATION 1/4"=1'-0"
2 ELEV. 1/4"=1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 9-1-22

Date 9-1-2022

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PLAN NO. 13-19A.1

NOTE: GREAT CARE AND EFFORT HAVE GONE INTO THE CREATION OF THE DESIGN AND ENGINEERING OF THESE PLANS AND BLUEPRINTS. HOWEVER, BECAUSE OF THE IMPOSSIBILITY OF PROVIDING ANY PERSONAL AND/OR "ON-THE-SITE" CONSULTATION, SUPERVISION, AND CONTROL OVER THE ACTUAL CONSTRUCTION, AND BECAUSE OF THE GREAT VARIANCE IN LOCAL BUILDING CODE REQUIREMENTS, AND OTHER LOCAL BUILDING AND WEATHER CONDITIONS, DRAWING BOARD ATLANTA, INC., ASSUMES NO RESPONSIBILITY FOR ANY DAMAGES, INCLUDING STRUCTURAL FAILURES, DUE TO ANY DEFICIENCIES, OMISSIONS, OR ERRORS IN THE DESIGN OR BLUEPRINTS. IT IS RECOMMENDED THAT YOU CONSULT A LOCAL ARCHITECT OR ENGINEER OF YOUR CHOICE, AND CHECK WITH YOUR LOCAL BUILDING OFFICIALS PRIOR TO START OF ACTUAL CONSTRUCTION.

dba drawing board atlanta
147 N. MAIN STREET • SUITE B • JONESBORO, GEORGIA 30236 404-478-8880

1-12-94

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 3793-54-4767
DATE OF EVALUATION: 6-16-2022
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SHOULDER 5%	0-24	CL, SBK	FR, S, P SEXP	SAP INC THRU OUT	45"	PS II SL	N/A	PS .35
		24-45	CL, W SBK	FR, SS, SP SEXP					
		45-58	SAP, MAS	VFR, NS, NP, SEXP					
2	NOSE 12%	0-10	FILL	MIXED	SAP INC THRU OUT LITHO	44"	PS II SL	NA	PS .35
		10-44	CL, W SBK	FR, SS, SP, SEXP					
		44-58	SAP, MAS	VFR, NS, NP, SEXP					
3	FOOT 15%	0-24	CL, W SBK	FR, SS, SP, SEXP	SAP INC THRU OUT LITHO	28"	PS II SL	NA	PS .35
		28-58	SAP, MAS	VFR, NS, NP, SEXP					
L	FOOT 18%	0-28	CL, W SBK	FR, SS, SP, SEXP	SAP INC THRU OUT LITHO	28"	PS II SL	NA	PS .35
		28-58	SAP, MAS	VFR, NS, NP, SEXP					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

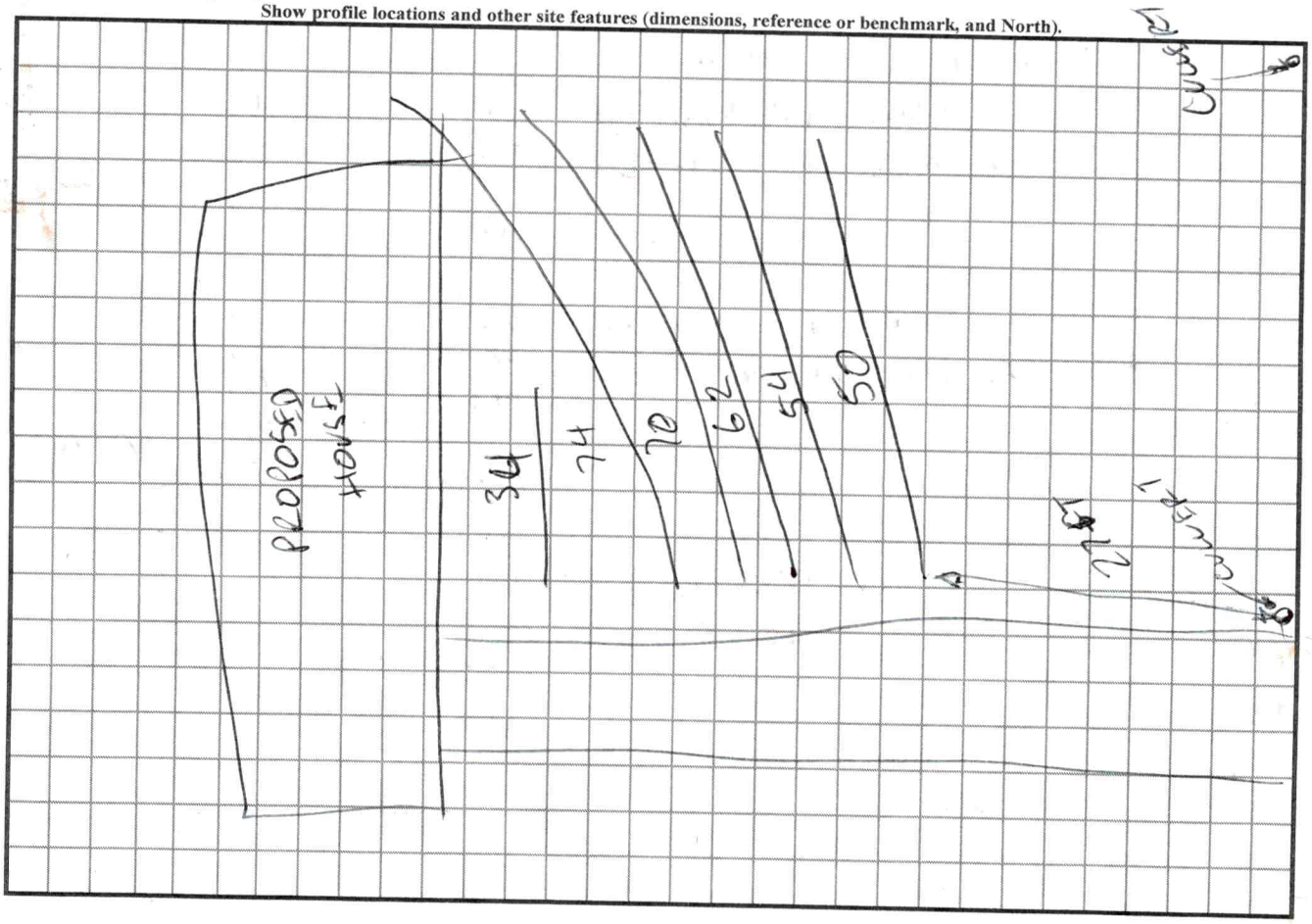
NOTES

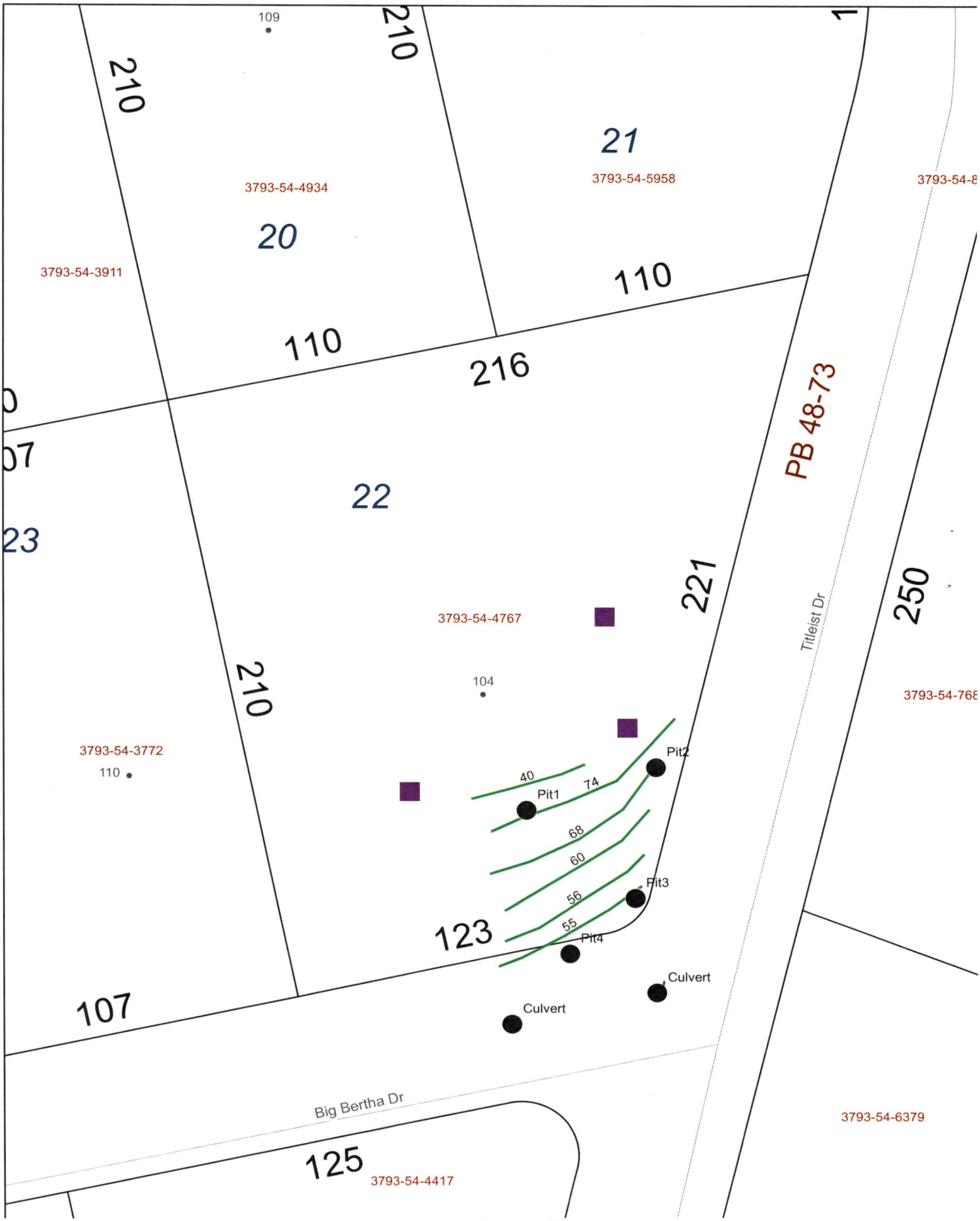
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




109
210
210
21
3793-54-4934
3793-54-5958
20
3793-54-3911
110
110
216
PB 48-73
22
23
221
Titleist Dr
250
3793-54-4767
210
104
3793-54-3772
110
Pit2
40
74
Pit1
68
60
Pit3
56
55
123
Pit4
Culvert
Culvert
107
Big Bertha Dr
125
3793-54-4417
3793-54-6379

Q.

RECEIVED MAY 19 2022 BW

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-328896 $500.00

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 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Capote Builders Address: 5426 Capote Rd. Zip: 28650
Applicant Email: tonye capotebuilders.com Phone: 704 400 5781 Alt. Phone: _____
Owner Name: Antonio Capote Address: - same - Zip: _____
Owner Email: - same - Phone: - same - Alt. Phone: _____

Property Information:

Street Address: 104 Big Bertha Dr. Statesville 28677
Subdivision Name: L22 Augusta Greens Section/Phase: _____ Lot Number: 22
Driving Directions: _____

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

(✓) 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: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1800 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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.

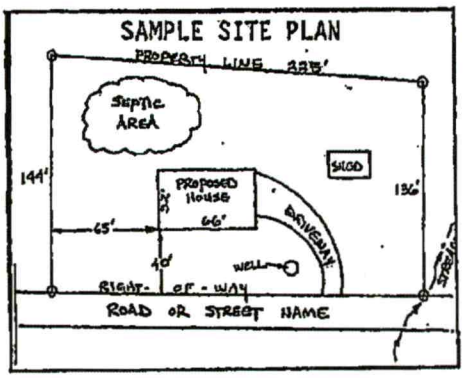
Signature: Antonio Capote 5/9/22

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 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 and well location
( ) Area you prefer your septic system to be placed
( ) 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

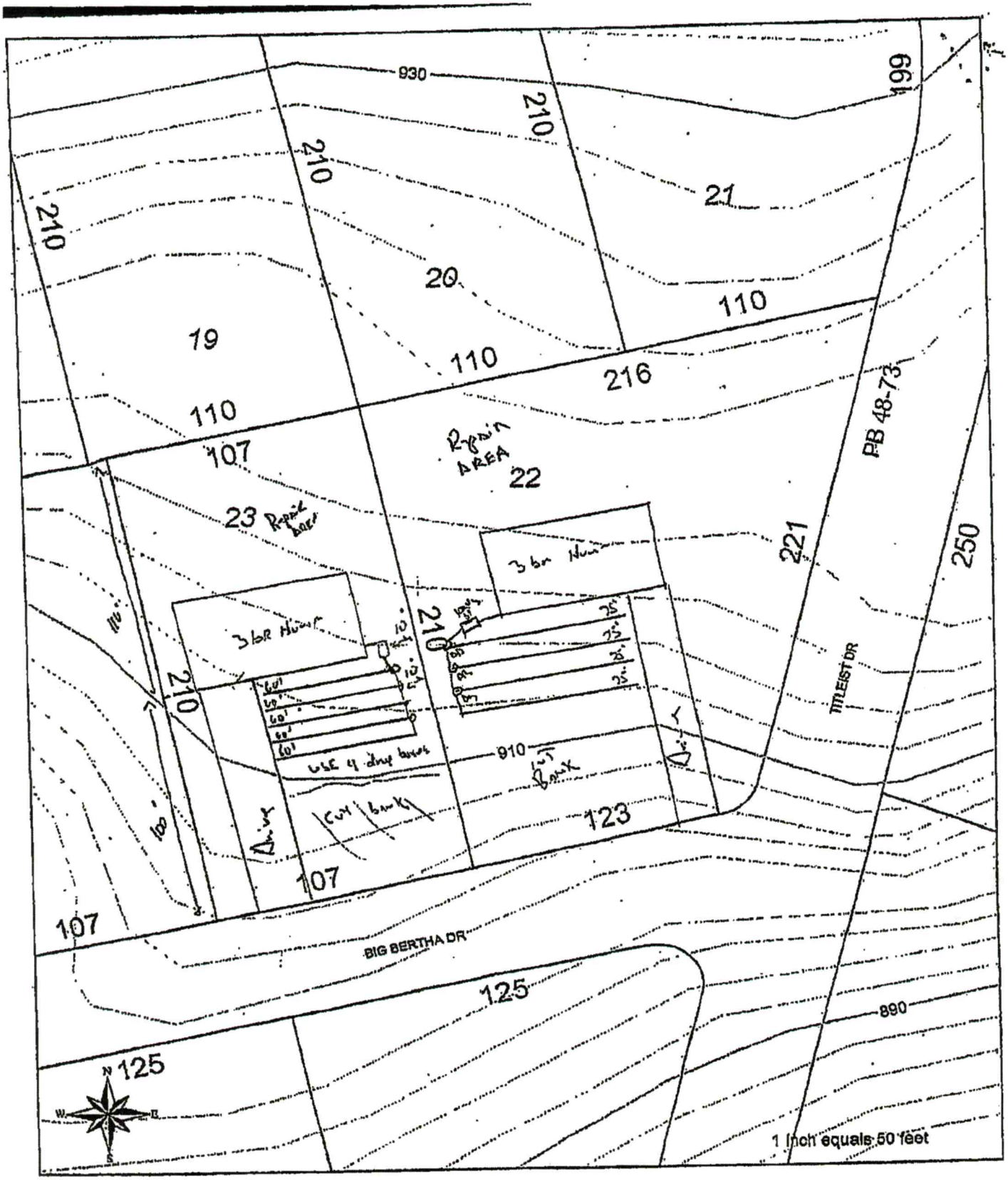
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

-see next page-

Signature: Arthur Caples

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

5/9/22
DATE


930
210
210
210
199
21
20
19
110
110
110
216
107
Rain AREA
22
23 Rapid Bar
PB 48-73
221
250
3 br Home
3 br Home
210
210
110
60'
59'
60'
60'
60'
use 4 drop boxes
910
Cut bank
Cut bank
123
107
107
100
TITLEIST DR
BIG BERTHA DR
125
890
125
N
W
E
S
1 inch equals 50 feet

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 3793544767, 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.

_____ 5-12-22
Signature of Owner(s) 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

M **Complete all Environmental Health forms:**

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

M **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

M **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified prior to application submittal (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

M **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The propose structure, etc. must be staked out on the property as per the site plan.

M **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) a a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 5-12-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
328896
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3793544767.000	104 BIG BERTHA DR	Iredell County

Owner Information	Applicant Information
Name: CAPOTE HOLDINGS LLC	Name: CAPOTE BUILDERS & DEVELOPMENT COMPANY
Address: 5426 CAPOTE RD MAIDEN, NC 28650	Address: 5426 CAPOTE ROAD MAIDEN, NC 28650
Phone:	Phone: (704)483-7313

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.795	35	35	15	25	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD need disclaimer

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 05/18/2022

Permit Number	328896	TOTAL FEES:	$77.25