ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-307819

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

PIN # 4636-50-9760

APPLICANT/OWNER: Juan H Maldonado | APPLICANT ADDRESS: 435 Stutts Rd. Mooresville, NC

SITE ADDRESS: 435 Stutts Rd. Mooresville, NC | PHONE: 704-230-8659 | ALT. PHONE —

SITE DIRECTIONS: BSR → Stutts Rd → House on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Commodore Peninsula | SECTION: — | LOT # 3 | LOT AREA: 0.26 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	Existing	(gal)	STB		Date						
Pump Tank	—	(gal)	PT	—	Date	—					
Pump Make	—	Model		—	Serial #	—					
# Nitrification Fields	1	# Lines	1		Linear Ft	50'					
Trench Width	36"	Trench Bottom Depth(Low side)	*variable*		Gravel Depth	—					

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

System Description: —

Repair System Description: Horizontal PPBPS (50% Reduction)

Maintenance Agreement Required: ☐ YES ☒ NO

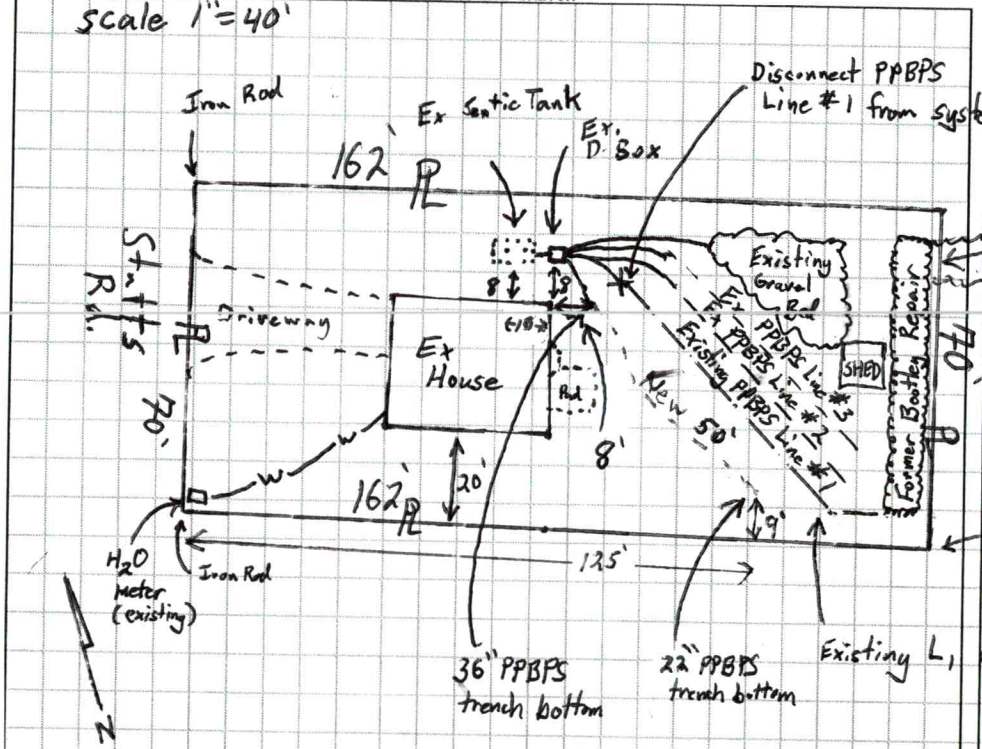
☒ GRAVITY ☐ PRESSURE

☒ Residence | No. Bedrooms 3 | ☐ Business | No. Persons 6 | ☐ Other | No. Employees — | ☒ Slab | ☐ Crawl Space | ☐ Basement w/plumbing

Water Supply: ☐ Private ☒ Public ☒ Community | ☐ Basement w/o plumbing

Comments / Conditions: Disconnect existing line #1 from system (including bootleg) Install new 50' PPBPS (Horizontal) line as shown. OK to cheat contour 13"-14" as shown below (36"-22" Trench bottom) Install new distribution box as needed to ensure equal flow/distribution. Ensure forward flow to rest of system. Remove any roots/replace pipe as needed. Contractor to verify septic tank integrity, Replace if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

malfunction plume

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: Juan H Maldonado Date: 6/22/2020

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/22/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/22/2020

Installed by: Adan Garcia

OPERATION PERMIT by: Marian Folsom Date: 7/30/2020

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.

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

Sheet 1 of 1
PROPERTY ID #: 4636-50-9760
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Juan H. Maldonado
APPLICATION DATE 5/29/2020
ADDRESS: Same as Site
DATE EVALUATED: 6/9/2020
PROPOSED FACILITY: 360 GPD
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 20.26 acres
LOCATION OF SITE: 435 Stutts Rd. Mooresville, NC
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Summit <3% middle Behind House	0-3	SCL V.W. SBK	SI. Friable, SS, Sp, Sexp	—	48	—	—	0.30 PS
		3-31	Clay M. SBK	Firm, Sticky, Sp, Sexp					
		31-48	clay W. SBK	SI. Firm, Sticky, Sp, Sexp					
2	Summit <3% Behind House Right 22' from Hole #1	0-32"	Clay M. trace SBK mica	SI. Firm, Sticky Sp, Sexp	—	48	—	—	0.30 PS
		32-48"	Clay Loam M. SBK some mica	SI. Friable, SS, Sp, Sexp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		50'
System Type(s)		PPBPS (Horiz)
Site LTAR		0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:
* Disconnect bad line/bootleg

RECEIVED MAY 2 9 2020 AP-307819

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*

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: Juan H maldonado. Address: 435 Stutts road Mooresville NC Zip: 28117
Applicant Email: _____ Phone: 704.230.8659 Alt. Phone: _____
Owner Name: Claudia 704-252-4993 Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 435 Stutts Rd - Mooresville
Subdivision Name: Commodore Peninsula Section/Phase: SHT 1 Lot Number: 3
Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) 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: _____
( ) 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 ( ) 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: Juan H maldonado. 05-29-20
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*) Juan H maldonado

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, Juan _____, 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.

Juan H maldonado _____ 05-29-20
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