# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 230082

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

PIN # 4639317457

APPLICANT/OWNER: Franciso Torres APPLICANT ADDRESS: 109 Comelian Ct. Mooresville NC 28115

SITE ADDRESS: 342 Kenway Lp. Mooresville NC 28117 PHONE: 7046580926 ALT. PHONE 980721-8257

SITE DIRECTIONS: Hwy 150 W R Bentley Rd L Fern Hill Tl Kenway Lp on right

SUBDIVISION: Woodleaf SECTION: — LOT # 57 LOT AREA: .715Ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480gpd L.T.A.R.: .3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Plastic | Date | | | | | | | |
| Pump Tank | 1000 (gal) | PT | Infiltrator | Date | | | | | | | |
| Pump Make | Goulds | Model | WE0511H | Serial # | | | | | | | |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 402 | | | | | | |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 33" | Gravel Depth | N/A | | | | | | |

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

System Description: Pump-PM-25% Reduction

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert storm/surface water away from Septic

★ Use Sch 80 1/2" taps

Must Keep Septic minimum 25ft from retaining wall drain

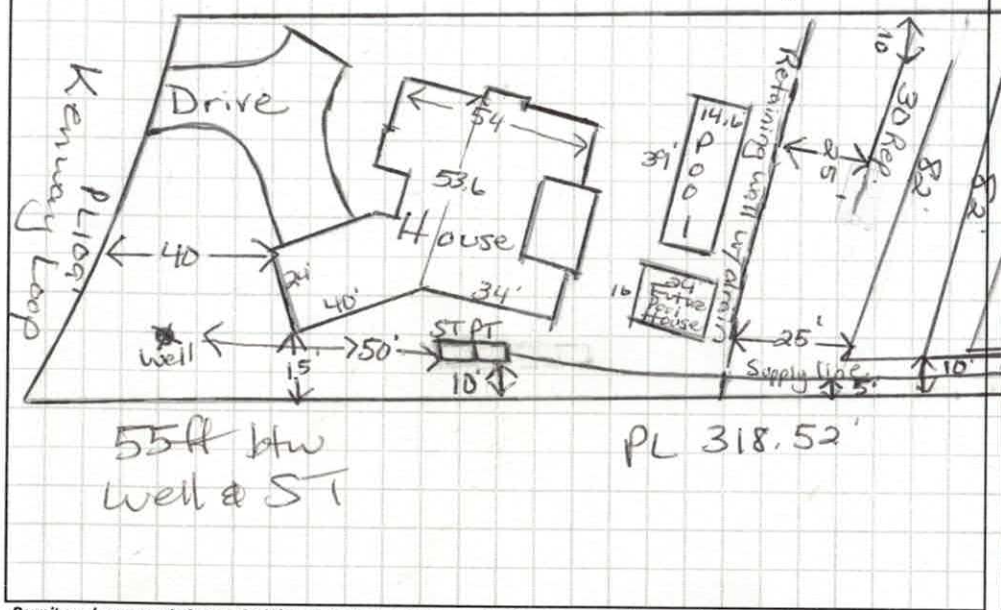
Backfill behind retaining wall. No cut-that's

INITIAL SITE SKETCH

9ft to house from ST

Scale 1:50

9ft tanks to PL




55ft btw Well & ST

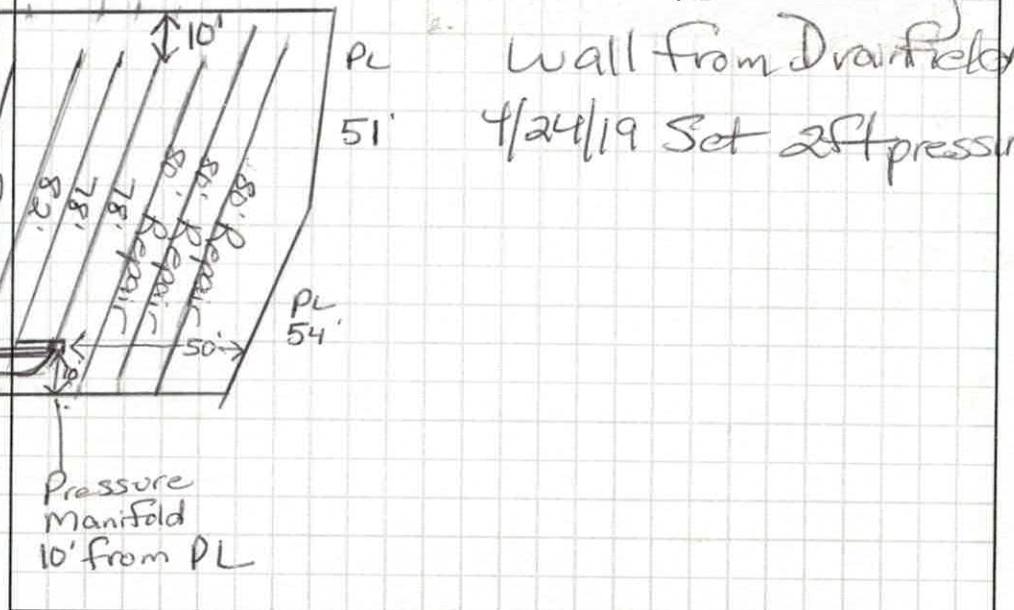
AS BUILT SKETCH

>2ft within 15ft of Septic

175ft from Drainfield to well

26ft to retaining wall from Drainfield

4/24/19 Set 2ft pressure




Pressure Manifold 10' from PL

*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: 4-1-19 Installed by: AJ Remodeling

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/25/19 OPERATION PERMIT by: Maria Dotson Date: 5/2/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 3/25/19 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.**

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Francisco Torres APPLICATION DATE ____

ADDRESS: ____ DATE EVALUATED: 9/21/17

PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: ____

LOCATION OF SITE: 342 Kenway Lp PROPERTY RECORDED: ____

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% | 0-5" | Brw SCL | SS, SP, SExp, FR | | | | | PS |
| | | 5-20 | RC m-wSBK | SS, SP, SExp, FR | | | | | .3 |
| | | 20-48 | RCL wSBK | SS, SP, SExp, FR | | | | | |
| | | | w/ few SAP Inclus | | | | | | |
| | 6-7% | 0-9 | Brw SCL | SS, SP, SExp, FR | | | | | PS |
| | | 9-25 | RC m-wSBK | SS, SP, SExp | | | | | .3 |
| | | 25-50 | RCL w/ few SAP Inclus | | | | | | |
| | | | SS, SP, SExp, FR | | | | | | |
| | 8% | 0-8 | Brw SCL | SS, SP, SExp, FR | | | | | PS |
| | | 8-21 | RC m-wSBK | SS, SP, SExp, FR | | | | | .3 |
| | | 21-54 | RCL wSBK | SS, SP, SExp, FR | | | | | |
| | | | w/ few to many SAP Inclus | | | | | | |
| | 8% | 0-9 | Brw SCL | SS, SP, SExp, FR | | | | | PS |
| | | 9-19 | RC m-wSBK | SS, SP, SExp, FR | | | | | .3 |
| | | 19-52 | RCL wSBK | SS, SP, SExp, FR | | | | | |
| | | | >36" SAP Inclus | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% Red | PPBPS |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): PS

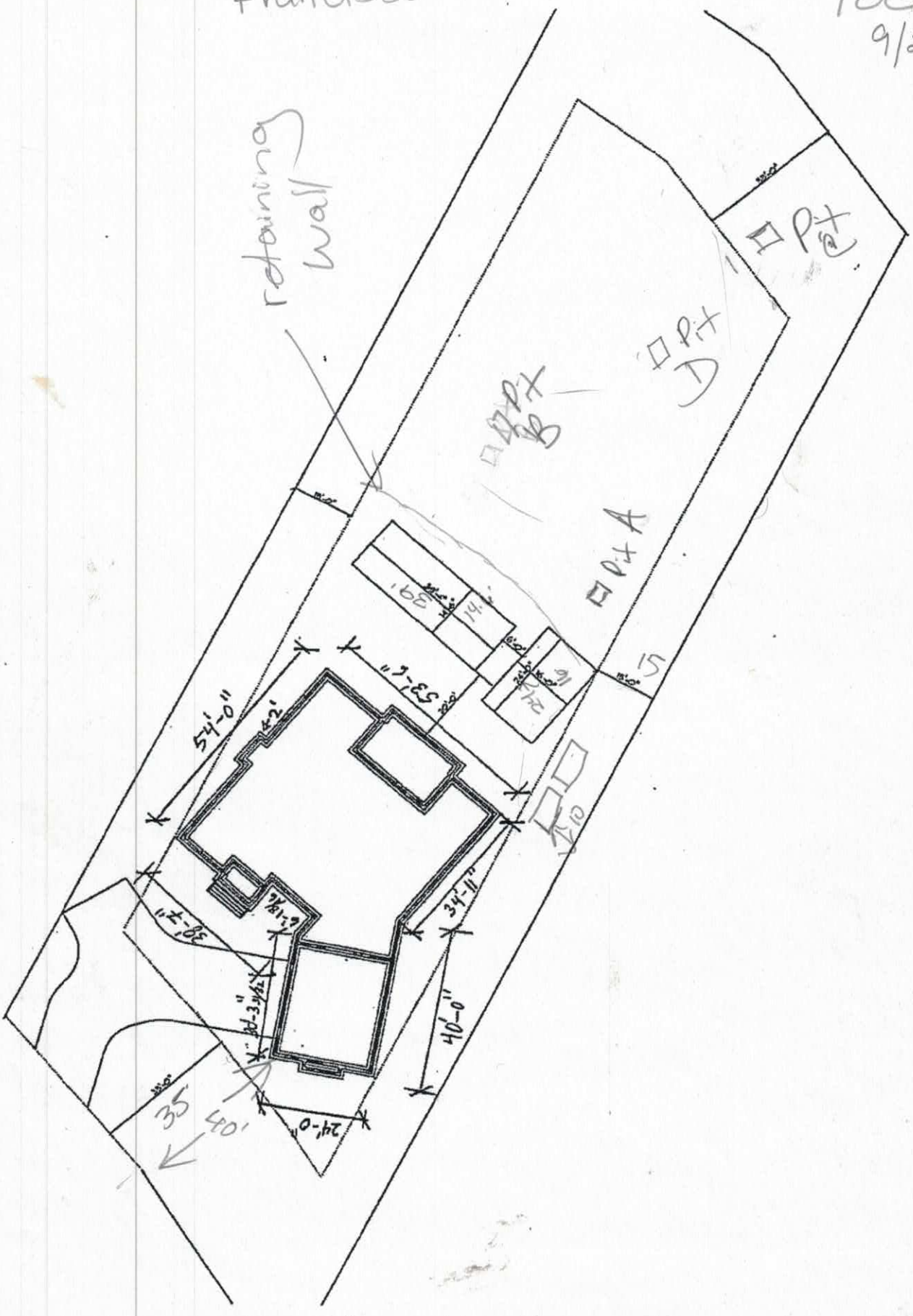
EVALUATED BY: Maria Dotson

OTHER(S) PRESENT: Francisco Torres

COMMENTS: ____

Woodleaf Lot #57
Francisco Torres

Soil Pit
locations
9/21/17



23082

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*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: FRANCISCO TORRES Address: 109 CORNELIAN COURT Zip: 28115
Applicant Email: FOZICONSTRUCTION@GMAIL.COM Phone: 980-721-8257 Alt. Phone: _____
Owner Name: SAME AS ABOVE Address: _____ Zip: _____
Owner Email: SAME AS ABOVE Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 342 KENWAY LOOP, MOORESVILLE NC 28117
Subdivision Name: WOODLEAF Section/Phase: _____ Lot Number: 57
Driving Directions: PERTH RD LEFT ON FERNHILL ABOUT 1 MILE LEFT ON KENWAY LOOP

**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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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:** _____ 3-11-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED SEP 12 2017 / 23590 230082

# IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

*(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)*

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection — Paid $500.00

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Pd. $700.00 10/4 # 230082

The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
*Place check ( ) beside whichever is submitted if applicable* ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| FRANCISCO TORRES | FOZI11@HOTMAIL.COM | 704 658-0926 | 980 721-8257 |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| FRANCISCO TORRES | SAME AS ABOVE | SAA | SAA |

4. **Property Information:**

342 KENWAY LOOP (Street Address) — WOODLEAF (Subdivision Name) — PHASE 1 LOT ~~57~~ 57 (Section/Phase and Lot Number)

Driving Directions: PEETH RD TURN LEFT ON FERNHILL, LEFT ON KENWAY LOOP ABOUT 1/3 OF A MILE LOT ON YOUR RIGHT LOT 57.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ (Year)

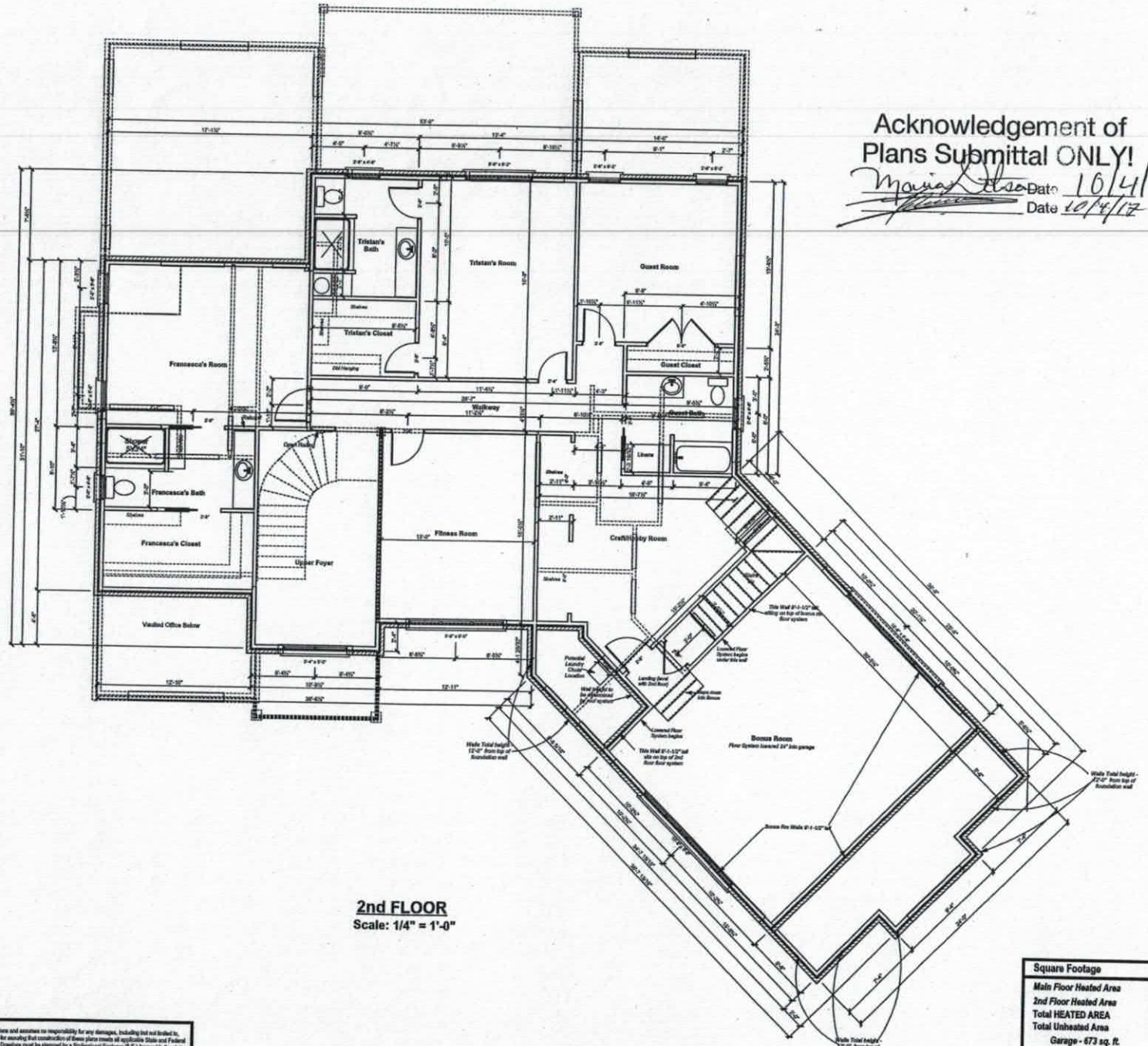
( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other _____

8. **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. industry) 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 entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the pr identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 9-11
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

Lot #59
3,015 SF
.7 Acres
305.78'
N27°14'21"E
Lot #58
30,222 SF
0.694 Acres
301.98'
S27°14'21"W
Lot #57
31,131 SF
0.715 Acres
318.52'
N27°14'21"E
Lot #56
32,388 SF
0.744 Acres
330.75'
S27°14'21"W
Lot #55
35,066 SF
0.805 Acres
281.26'
N27°14'21"E
Lot #
42,984
0.987
356.20'
S40"W
Drive
Well
Rebar
Found
C30
C29
C28
C27
L15
L14
L63
L62
L61
L60
L59
L58
L57
25
58-1
50
57-1
56-1
56-2
55-1
55-2
20
9 SF
1 Acres




Acknowledgement of Plans Submittal ONLY!

Date 10/4/17

Date 10/4/17

**2nd FLOOR**
Scale: 1/4" = 1'-0"

| Square Footage | |
|---|---|
| Main Floor Heated Area | 2545 sq.ft. |
| 2nd Floor Heated Area | 2258 sq.ft. |
| Total HEATED AREA | 4803 sq.ft. |
| Total Unheated Area | 1049 sq.ft. |
| Garage - 673 sq. ft. | |
| Front Porch - 62 sq.ft. | |
| Rear Porch - 314 sq.ft. | |
| Total UNDER ROOF | 5852 sq.ft. |

Construction Drawings are provided "as is". Graceful Living, Inc. does not provide any guarantees concerning these plans and assumes no responsibility for any damages, including but not limited to, ...le any deficiencies, omissions or errors in design. Purchaser and/or his/her General Contractor are solely responsible for ensuring that construction of these plans meets all applicable State and Federal ...ed Living, Inc. assumes no responsibility for these plans meeting applicable Building Codes. This set of Construction Drawings must be stamped by a Professional Engineer (P.E.) licensed in the state ...ll occur. Purchasers of plan are solely responsible for having these plans stamped by a P.E. prior to the commencement of construction. The maximum liability in any instance that can be imposed upon ...g Purchasers or any third party shall not exceed half of the original price Purchaser paid for plans. Graceful Living,Inc. reserves all copyright, trade and design rights to this design.

Design / Build / Consult
Paula J. Bostic
Graceful Living, Inc.

Designed for:
TORRES HOME

Construction Location:
342 Kenway Loop
Mooresville, NC 28117

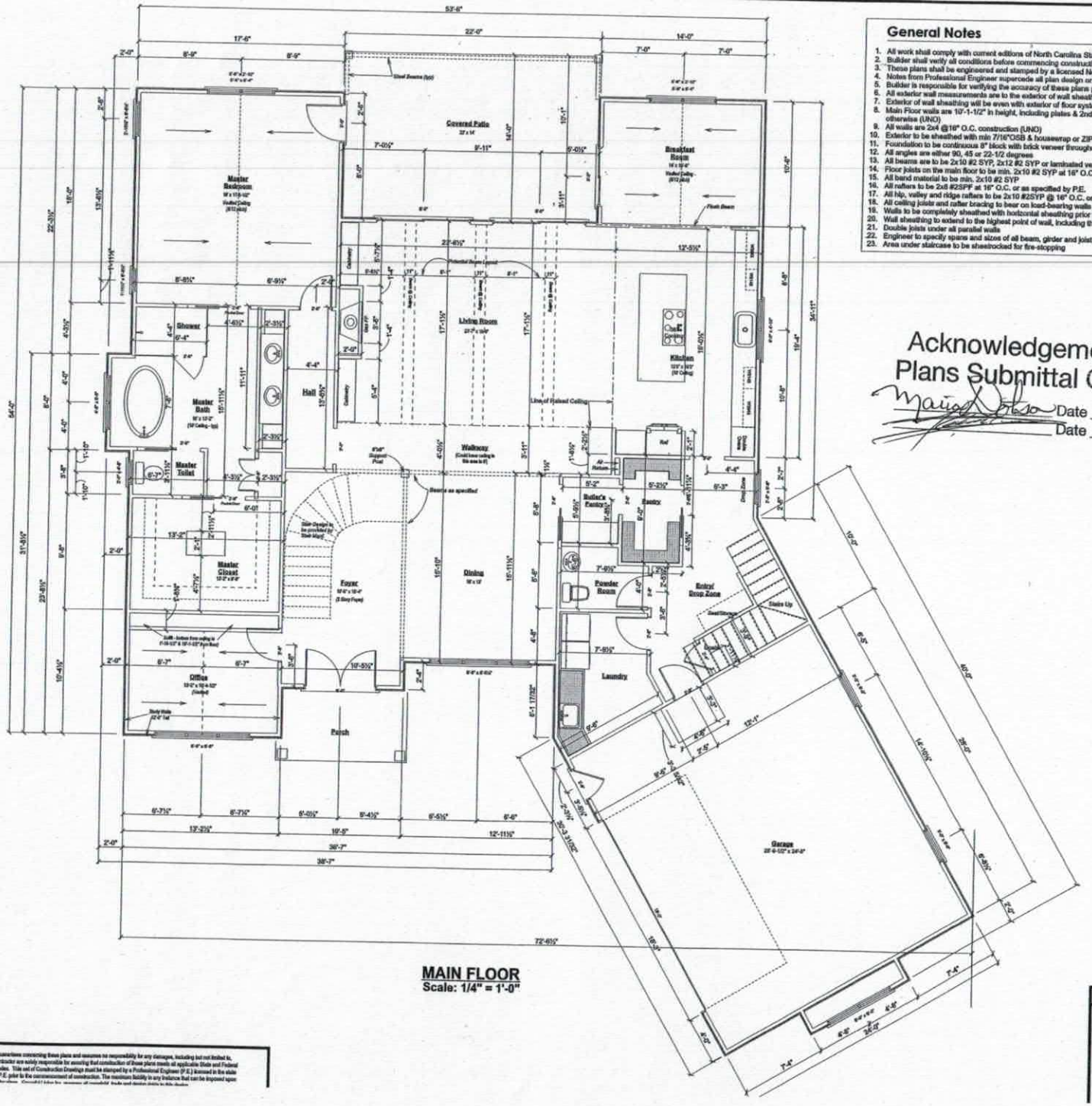
2nd FLOOR

Date: 01/27/17

Version #: 2
Rev #: 5

Scale: 1/4"=1'0"

4




**MAIN FLOOR**
Scale: 1/4" = 1'-0"

## General Notes

1. All work shall comply with current editions of North Carolina State Residential Building Code & IRC Codes
2. Builder shall verify all conditions before commencing construction
3. These plans shall be engineered and stamped by a licensed North Carolina Professional Engineer (P.E.)
4. Notes from Professional Engineer supercede all plan design or plan notes
5. Builder is responsible for verifying the accuracy of these plans prior to commencement of construction
6. All exterior wall measurements are to the exterior of wall sheathing, not to the exterior of the stud
7. Exterior of wall sheathing will be even with exterior of floor system band and exterior of foundation block
8. Main Floor walls are 10'-1-1/2" in height, including plates & 2nd floor walls are 9'-1-1/2" unless noted otherwise (UNO)
9. All walls are 2x4 @16" O.C. construction (UNO)
10. Exterior to be sheathed with min 7/16"OSB & housewrap or ZIP wrap system installed per manf. specs
11. Foundation to be continuous 8" block with brick veneer throughout
12. All angles are either 90, 45 or 22-1/2 degrees
13. All beams are to be 2x10 #2 SYP, 2x12 #2 SYP or laminated veneer beams (LVL) as specified by P.E.
14. Floor joists on the main floor to be min. 2x10 #2 SYP at 16" O.C.
15. All band material to be min. 2x10 #2 SYP
16. All rafters to be 2x8 #2SPF at 16" O.C. or as specified by P.E.
17. All hip, valley and ridge rafters to be 2x10 #2SYP @ 16" O.C. or as specified by P.E.
18. All ceiling joists and rafter bracing to bear on load-bearing walls per P.E. specs
19. Walls to be completely sheathed with horizontal sheathing prior to framing roof
20. Wall sheathing to extend to the highest point of wall, including the top of any kneewall or raised plates
21. Double joists under all parallel walls
22. Engineer to specify spans and sizes of all beam, girder and joist materials
23. Area under staircase to be sheetrocked for fire-stopping

Acknowledgement of Plans Submittal ONLY!

Date 10/4/17

Date 10/4/17

| Square Footage | |
|---|---|
| Main Floor Heated Area | 2551 sq.ft. |
| 2nd Floor Heated Area | 2258 sq.ft. |
| Total HEATED AREA | 4803 sq.ft. |
| Total Unheated Area | 1049 sq.ft. |
| Garage - 705 sq. ft. | |
| Front Porch - 62 sq.ft. | |
| Rear Porch - 312 sq.ft. | |

Construction Drawings are provided "as is". Graceful Living, Inc. does not provide any guarantees concerning these plans and assumes no responsibility for any damages, including but not limited to, or to any deficiencies, omissions or errors in design. Purchaser and/or his/her General Contractor are solely responsible for assuring that construction of these plans meets all applicable State and Federal and Local Codes. Graceful Living, Inc. assumes no responsibility for these plans meeting applicable Building Codes. Title set of Construction Drawings must be stamped by a Professional Engineer (P.E.) licensed in the state where the work occurs. Purchasers of plans are solely responsible for having these plans stamped by a P.E. prior to the commencement of construction. The maximum liability in any instance that can be imposed upon the Purchasers or any third party shall not exceed half of the original sales Purchase price for these plans.

Design / Build / Consult

Paula J. Bostic

Graceful

Designed for:

TORRES

Construction Location:

342 Kenway Loop
Mooresville, NC 28117

MAIN FLOOR

Date: 08/25/17

Version #: 3
Rev #: 2

Scale: 1/4"=1'0

3

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 230082 |
| Issue Date: 09/12/2017 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4639317457.000 | 342 KENWAY LOOP, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: LOPEZ FRANCISCO JAVIER T+SANDR A MARIE A* | Applicant: TORRES, FRANCISCO |
| Address: 109 CORNELIAN COURT MOORESVILLE, NC 28115 | Address: 109 CORNELIAN MOORESVILLE, NC 28115 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| SFD | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .715 | 35.00 | 35.00 | 15.00 | 15.00 | CACL | X |

**Remarks:**

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.

Applicant: _____ Date: _____

| Permit Number | 114805 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|