IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 231544

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

PIN # 4649376708

APPLICANT/OWNER: Uriel Hernandez | APPLICANT ADDRESS: 444 Countrywood Place

SITE ADDRESS: 367 Carlyle Rd. Troutman, NC | PHONE: 704-200-5862 | ALT. PHONE 704-726-4940

SITE DIRECTIONS: NC 115 N → L on Flower House Loop → L on Carlyle Rd → lot on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 2.42 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: —

Septic Tank 1000 (gal) | STB 760 | Date 9-13-17

Pump Tank — (gal) | PT — | Date —

Pump Make — | Model — | Serial # —

Nitrification Fields EXISTING | # Lines — | Lineal Ft. —

Trench Width — | Trench Bottom Depth(Low side) — | Gravel Depth —

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

System Description: —

Repair System Description: tank replacement

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence | No. Bedrooms 4

☐ Business | No. Persons 8

☐ Other | No. Employees —

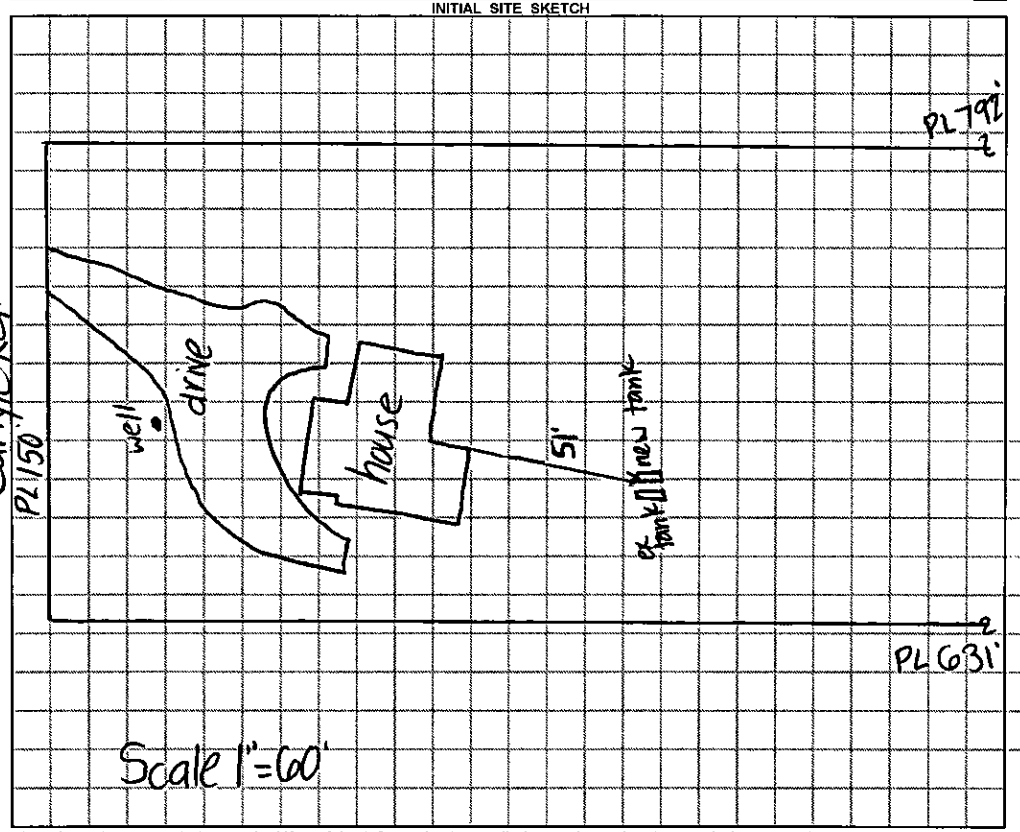
☐ Slab | ☑ Crawl Space

☐ Basement w/ plumbing | ☐ Basement w/o plumbing

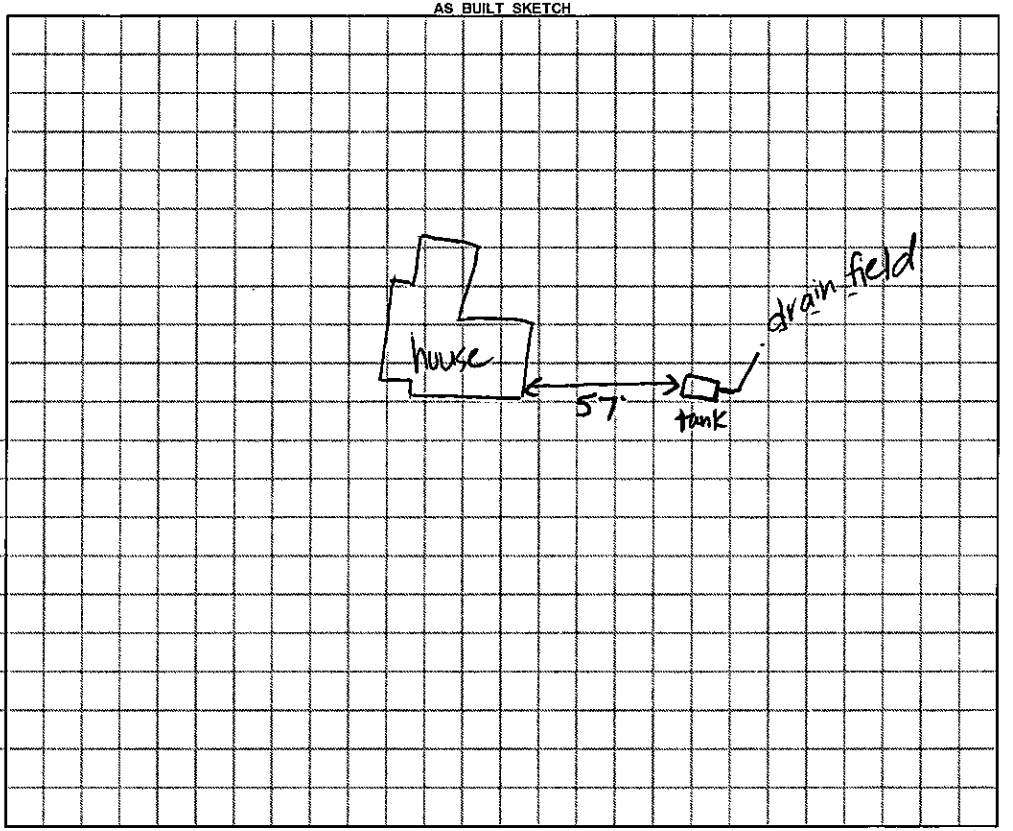
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush, & fill existing tank.

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: [signature] | Date: 11-16-17 | Installed by: Randy w/ Piedmont Septic

IMPROVEMENT PERMIT by: Kayla Wilson | Date: 11-15-17 | OPERATION PERMIT by: Kayla Wilson | Date: 11-27-17

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson | Date: 11-15-17 | 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 NOV 14 2017

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)

Repair Evaluation-No chg

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

****

231544

2. 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 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 #
Uriel Hernandez C.	444 Cantrwood Pl Concord 28025	704-200-5862	704-726-4440
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same	Same		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
367 Carlyle Rd Troutman 28166	N/A	

Driving Directions: _____

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

( ) New, Single Family Residence — Maximum Number of Bedrooms ___ — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to Crack on the tank — ( ) Basement w/out Plumbing?
( ) Other _____

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 1999 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) 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 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.

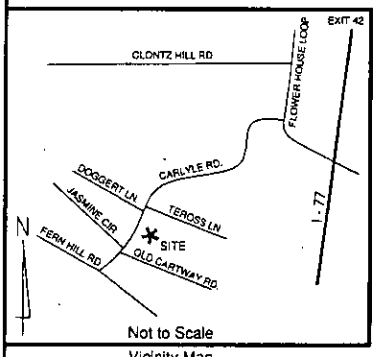
9. Signature: _____ 11-14-17

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

THIS IS TO CERTIFY THAT ON THE 4 DAY OF December 20 12 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Robert G Bishop

Bishop Land Surveying, Inc.
10719 Trolley Run Dr.
Cornelius, N.C. 28031
Phone (704) 634-9356
Business License #: C-2674



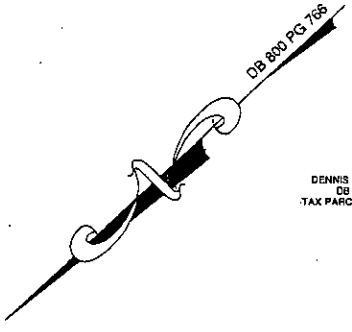
Vicinity Map

LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE-SET IRON PIN
C.P.	COMPUTED POINT
E.O.P.	EDGE OF PAVEMENT
R/W	RIGHT-OF-WAY
———	PROPERTY LINE
~ ~ ~	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.S.D.E.	PUBLIC STORM DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1'in 10,000'
F.P.E.	FLOOD PROTECTION ELEVATION
	POWER POLE

FLOOD CERTIFICATION:
PROPERTY IS LOCATED IN F.E.M.A. REGULATED FLOOD ZONE "X" AS SHOWN ON F.I.R.M. PANEL #: 3710464900 J DATED: MARCH 18, 2008

NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP



MARY STARKS
DB 1623 PG 536
TAX PARCEL #: 4649-47-5365

STONE

N 89°32'37" W 218.00'

WILLIAM T. SHERRILL & w/fe, MABETHEL M. SHERRILL
DB 184 PG 542
TAX PARCEL #: 4649-47-0058

35' REAR SETBACK

1" PIPE

TIE TO 1" PIPE
N 89°32'37" W
793.40'

DENNIS STOVER DANIEL
DB 710 PG 552
TAX PARCEL #: 4649-47-5851

791.68'(TOTAL)
425.00'

TOTAL AREA
105,623 SQ. FT.
2.425 ACRES
AREA WITHIN R/W
4,498 SQ. FT.
0.103 ACRES
NET AREA
101,125 SQ. FT.
2.322 ACRES

NO POINT FOUND

S 47°18'17" E

15' SIDE SETBACK

WALTER LEACH & wife, BEVERLY ANN LEACH
DB 800 PG 768
TAX PARCEL #: 4649-37-3721

DENNIS STOVER DANIEL
DB 710 PG 552
TAX PARCEL #: 4649-36-7122

N 47°03'17" W
336.68'

SINGLE STORY FRAME #367

DECK

32.0

65.1

36.0

LIGHT POLE

GRAVEL DRIVE

35' FRONT SETBACK

WELL SITE

TELEPHONE PEDESTAL

5/8" REBAR

1" PIPE

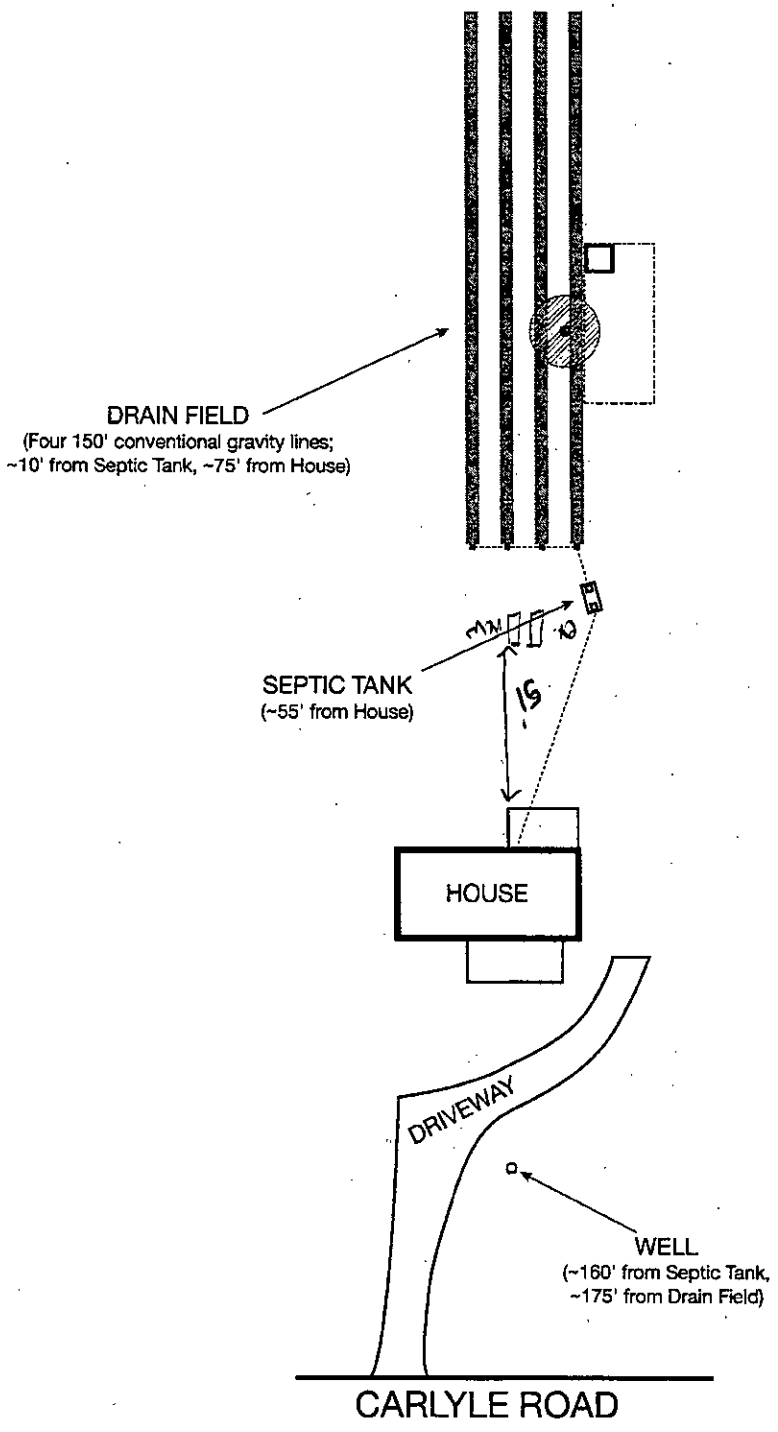
TIE TO PK NAIL @ INTERSECTION JASMINE CIRCLE
S 43°05'14" W
436.79'

R/W
EOP
EOP
CP
N 43°02'00" E 150.00'
CP
CARLYLE ROAD - S.R. 1313 60' PUBLIC R/W
R/W
OVERHEAD POWERLINE

631.16'(TOTAL)
601.16'
30.00'
30.00'

Physical SURVEY
OF
2.42 Acres along Carlyle Road - Tax Parcel #: 4649-37-6708
Fallstown Twsp., Iredell County, N.C.

SCALE 1"= 80'
THE PROPERTY OF Uriel Hernandez
PLAT RECORDED IN DEED BOOK 800 AT PAGE 766 DEED RECORDED IN BOOK 1105 PAGE 1976
FILE:C:\Land Projects\Iredell County\dwg\367 Carlyle Rd.dwg Drawn By: RGB



367 Carlyle Rd
Troutman, NC 28166
2017 November 13

(Not to scale)

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Uriel Hernandez Cortez am the legal owner(s) of the property located at 367 Carlyle Rd Troutman NC 28166, 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.

Uriel Hernandez 11-14-17 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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