ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-309862

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

PIN # 4655--84--7461

APPLICANT/OWNER: JOSE L. G. MONTANO | APPLICANT ADDRESS: 550 FAITH ROAD, MOORESVILLE, N.C. 28115

SITE ADDRESS: 544 FAITH ROAD, MOORESVILLE, N.C. 28115 | PHONE: 704-707-7524 | ALT. PHONE: –

SITE DIRECTIONS: (S) ON 115, (L) ON FAITH, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: – | SECTION: – | LOT # – | LOT AREA: 0.65 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB		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:	25% REDUCTION			☐ Business	No. Persons 6	☑ Private EXT
Pump Make	–	Model	–	Serial #	–	Repair System Description:	50% REDUCTION			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	306 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	34 IN	Gravel Depth	–	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing

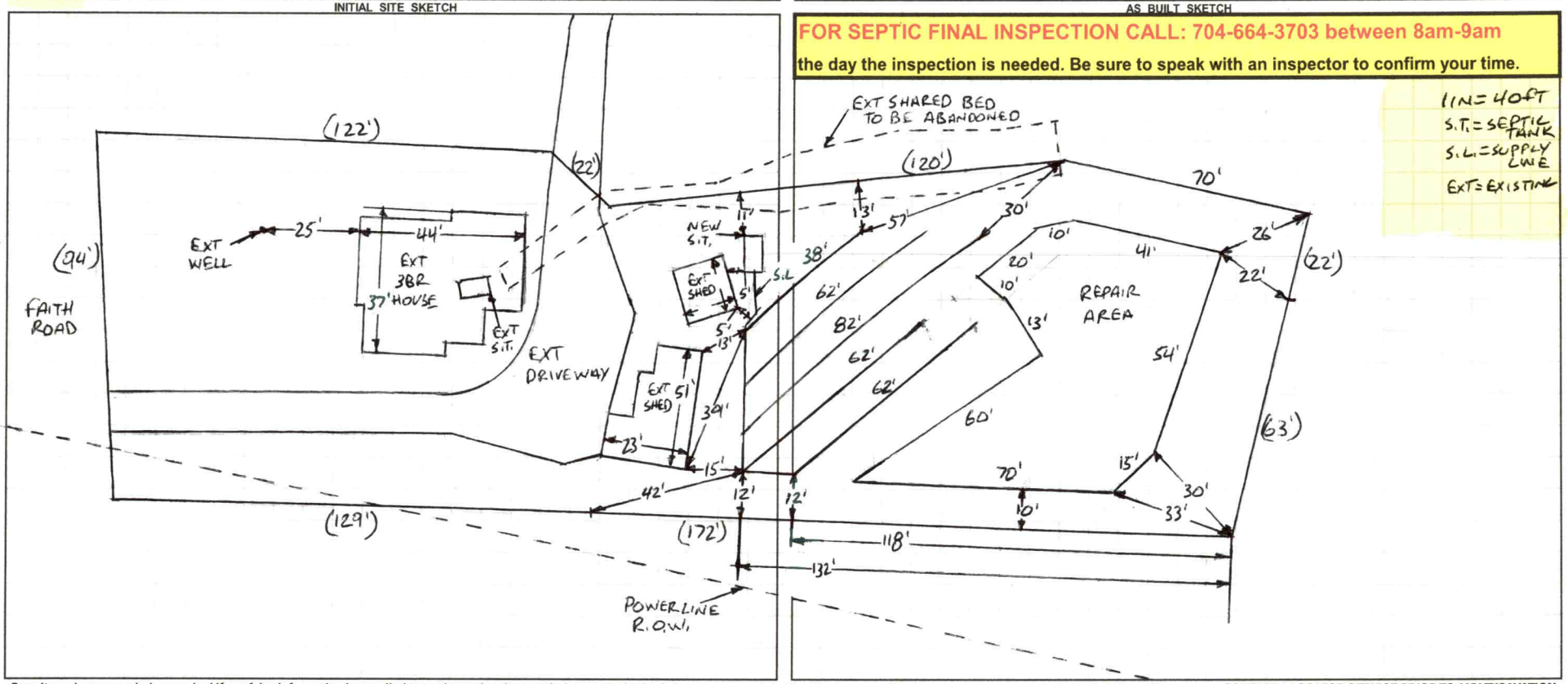
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, DO NOT SHALLOW IT UP, MAINTAIN SOFT FROM ALL WELLS,

PUMP, AND FILL EXISTING TANK WITH CONCRETE, OR GRAVEL

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.



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: 05/14/21 Installed by: –

IMPROVEMENT PERMIT by: Buford C. White Date: 4-14-2021 OPERATION PERMIT by: – Date: –

AUTHORIZATION TO CONSTRUCT by: Buford C. White Date: 5-11-2021 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? _____	

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

544 FAITH

PROPERTY ID #: 4655-84-7461
DATE OF EVALUATION: 10-12-2021
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	FLAT 1%	0-10	COMPACTED	CLAY	SAP INC THRU OUT FEW M/B 0-10	56"+	NA	NA	PS .3 BELOW 10"
		10-32	CL, SBK	FI, S, P, SEXP					
		32-56	CL, WSBK	FR, SS, SP, SEXP					
2	FLAT 1%	0-7	FILL	FILL	SAP INC THRU OUT	65"+	NA	NA	PS .3 BELOW 7"
		7-34	CL, SBK	FR, S, P, SEXP					
		34-65	CL, WSBK	FR, SS, SP, SEXP					
3	FLAT 1%	0-24	CL, ABK	FI, S, P, SEXP	DARK BR FILMS ON CLAY PEDS 0-24" SAP INC THRU OUT	56"+	NA	NA	PS .3 BELOW 24" ~~.15~~ ABOVE
		24-56	CL, WSBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 7%	0-9	FILL	FILL	- O.M. SAP INC THRU OUT	60"+	NA	NA	PS .3
		9-15	SCL, SBK	FR, SS, SP, SEXP					
		15-32	CL, SBK	FI, S, P, SEXP					
		32-60	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:

SEE
ATTACHED

AP 309862 8-10-20 $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: SFS Address: P.O. Box 832 Mooresville NC Zip: 28115
Applicant Email: ashleyrollans@gmail.com Phone: 704-746-5046 Alt. Phone:
Owner Name: Luis Garcia Address: 550 Faith Rd, Mooresville NC Zip: 28115
Owner Email: garciadrywall5847@gmail.com Phone: 704-707-7524 Alt. Phone:

Property Information:

Street Address: 544 Faith Rd, Mooresville NC 28115
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: Mecklenburg Highway to Faith Rd, 544 Faith Rd will be on left

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: 6
( ) Swimming Pool
(✓) Other Addition/Structure: Existing Residence
(✓) 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: Unknown
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

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: Samuel A Rollans 7/31/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

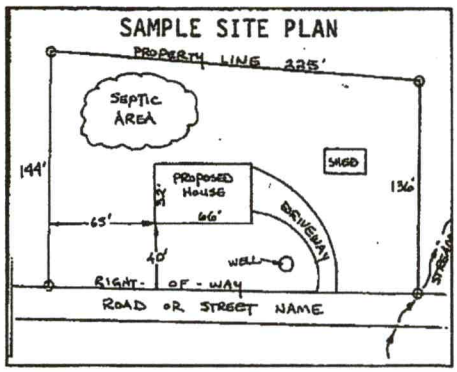
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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 Attached

Signature: Samuel A Tallent

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

7/31/20

DATE

DocuSign Envelope ID: A241ECC6-7C58-4BBB-9EC5-10FFFF77A75D

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, Jose Lius Garcia Montano, am the legal owner(s) of the property located at 550 and 540 Faith Rd, Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4655-84-8551.000 and 4655-84-7520.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans, Rollans Soil & Environmental Services, 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.

DocuSigned by: 7/30/2020

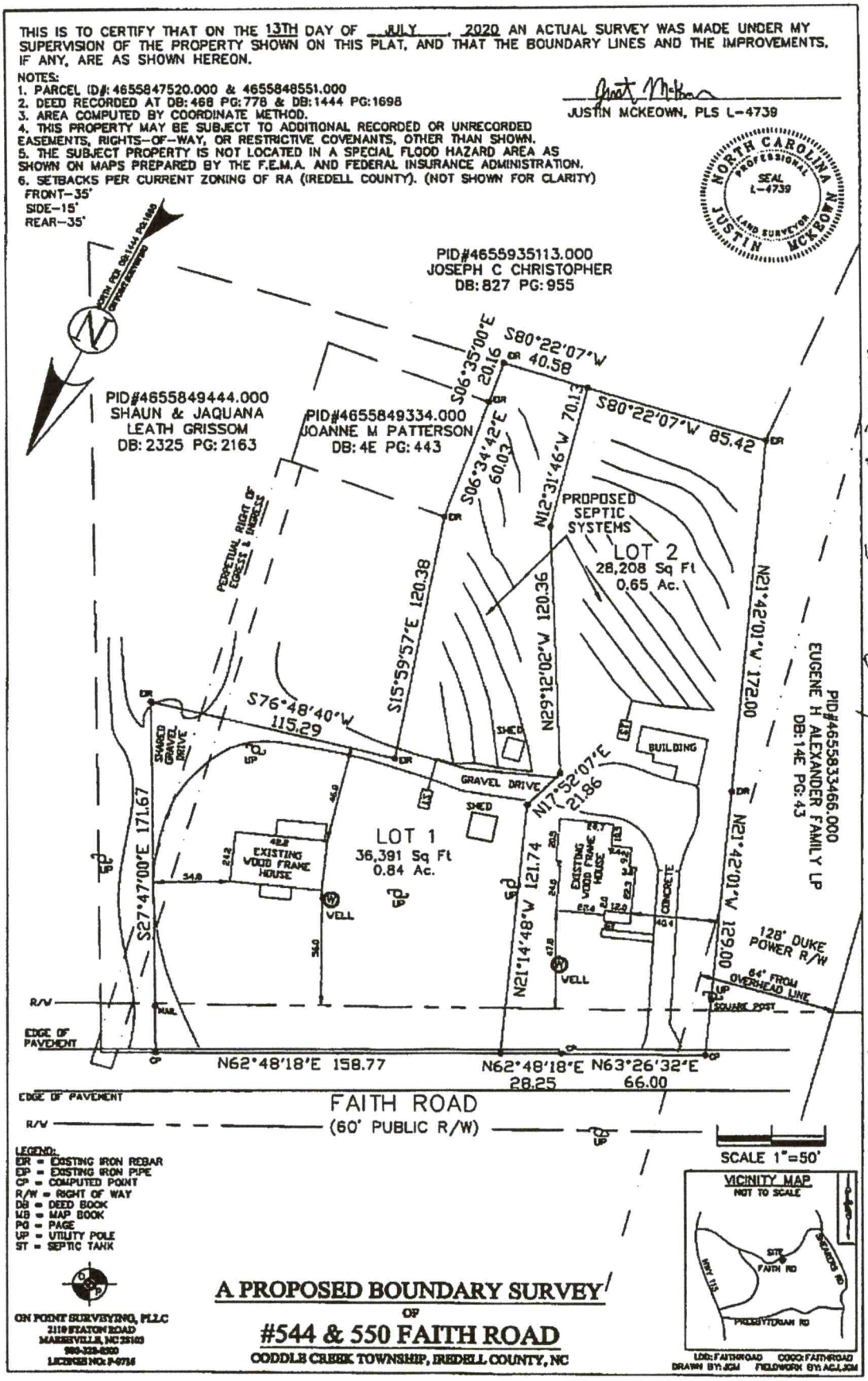
Signature of Owner(s) Date Signature of Witness Date

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

SCALE
1" = 40'
FAITH ROAD
(60' PUBLIC R/W)
N62°48'18"E 73.08
N62°48'18"E 85.69
N62°48'18"E 28.25
N63°26'32"E 66.00
POTENTIAL NEW PROPERTY LINE
DIVISION (MUST BE 10' OFF SEPTIC)
EDGE OF PAVEMENT
R/W
S27°47'00"E 171.67
N12°45'09"W 148.45
N21°14'48"W 139.29
N21°42'01"W 129.00
N21°42'01"W 172.00
S80°22'07"W 126.00
S76°48'40"W 115.29
S15°59'57"E 120.38
S06°34'42"E 63.00
S06°35'00"E 20.16
63.00
185.82
35' SETBACK
15' SIDEYARD
35' REARYARD
EXISTING WOOD FRAME HOUSE
EXISTING SEPTIC TANK (ABANDON)
ALREADY REMOVED
SHED
CONCRETE
GRAVEL DRIVE
SHARED GRAVEL DRIVE
PERPETUAL RIGHT OF EGRESS & INGRESS
BUILDING
EXISTING BUILDING (REMOVE)
EXISTING BEEF SYSTEM (ABANDOND)
WELL
NAIL
LOT 1
14,829 Sq Ft
0.34 Ac.
EUGENE H ALEXANDER DB:143 PG:43
PID#46558493466.000
JOANNE M PATTERSON DB:4E PG:443
PID#46558493534.000



PRELIMINARY APPROVAL — IREDELL CO PLANNING
WILLIAM ALLISON 7-28-20
(HOLD BUILDING PERMITS, UNTIL PLAT IS RECORDED)

Brandi Kendrick

From: Ashley Rollans <ashleyrollans@gmail.com>
Sent: Friday, July 31, 2020 4:13 PM
To: Brandi Kendrick
Subject: Fwd: FW: 544 & 550 Faith Road

---------- Forwarded message ---------
From: **William Allison** <wallison@co.iredell.nc.us>
Date: Thu, Jul 30, 2020, 9:30 AM
Subject: RE: FW: 544 & 550 Faith Road
To: Ashley Rollans <ashleyrollans@gmail.com>

Ashley,

That was a question I meant to ask Ms. Borg. However, if they are not replacing either of the homes or adding/expanding the exterior dimensions of the homes, then the answer would be "No". Yet EH might want to know that Planning & Zoning has looked at it and is okay with it. Thanks.

William Allison

Subdivision Administrator/Senior Planner

Iredell County Planning & Development

349 N. Center Street

PO Box 788

Statesville, NC 28687

704.878.3121

wallison@co.iredell.nc.us

From: Ashley Rollans <ashleyrollans@gmail.com>
Sent: Wednesday, July 29, 2020 5:47 PM
To: William Allison <wallison@co.iredell.nc.us>
Subject: Re: FW: 544 & 550 Faith Road

William,

That sounds good. We are planning to apply for new septic systems on each lot on the newly created lots (with existing houses). Do we need New Zoning Permits for these since the lot lines have changed???

Thank you

Ashley Rollans

NC Licensed Soil Scientist, NC Certified Septic Inspector, NC Certified Septic Installer & NC Certified Operator

Soil & Forestry Services of the Carolinas, PA

P.O. Box 832

Mooresville, NC 28115

704.746.5046

On Wed, Jul 29, 2020 at 10:02 AM William Allison <wallison@co.iredell.nc.us> wrote:

Re: 544 & 550 Faith Road

Ashley,

Attached is our Preliminary Approval on the lot layout for these (2) lots, with the disclaimer that no building permits shall be issued until the plat is recorded. Ms. Borg has spoken with me and indicated that she will have the surveyor prepare a plat map for recording. Any questions, let me know. Thanks.

William Allison
Subdivision Administrator/Senior Planner
Iredell County Planning & Development
349 N. Center Street
PO Box 788
Statesville, NC 28687

704.878.3121
wallison@co.iredell.nc.us

-----Original Message-----
From: Planning@co.iredell.nc.us <Planning@co.iredell.nc.us>
Sent: Wednesday, July 29, 2020 8:47 AM
To: William Allison <wallison@co.iredell.nc.us>
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location:
Device Name: XEROXPLANNING

For more information on Xerox products and solutions, please visit http://www.xerox.com

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