ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 309023

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

PIN # 4658 -727 -1697

APPLICANT/OWNER: Jose R. Santos Fernandez | APPLICANT ADDRESS: 124 Clark Branch Ln, Mooresville

SITE ADDRESS: 124 Clark Branch Ln, Mooresville | PHONE: 917-500-9178 | ALT. PHONE —

SITE DIRECTIONS: 115→ L on Clark Branch just before Connector Rd→ @ end | SAP CONTROLLED: ☐ YES ext ☐ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 2,720 | DESIGN FLOW: ext | L.T.A.R.: ext

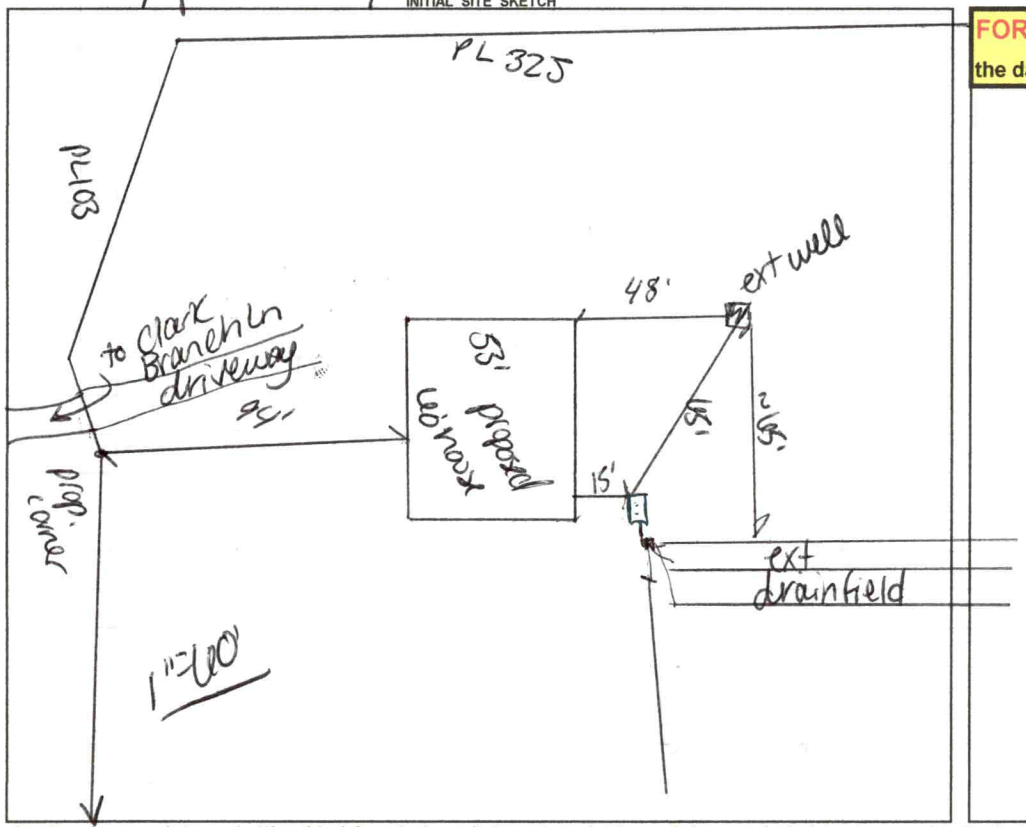
Septic Tank	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: existing				☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	# Lines		Linear Ft.	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System functioning properly @ time of inspection. Maintain minimum 5' from slab fandation to any part of system.

New tank installed 8-17-20, new d-box set up to feed newer system first then spill to old system

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**

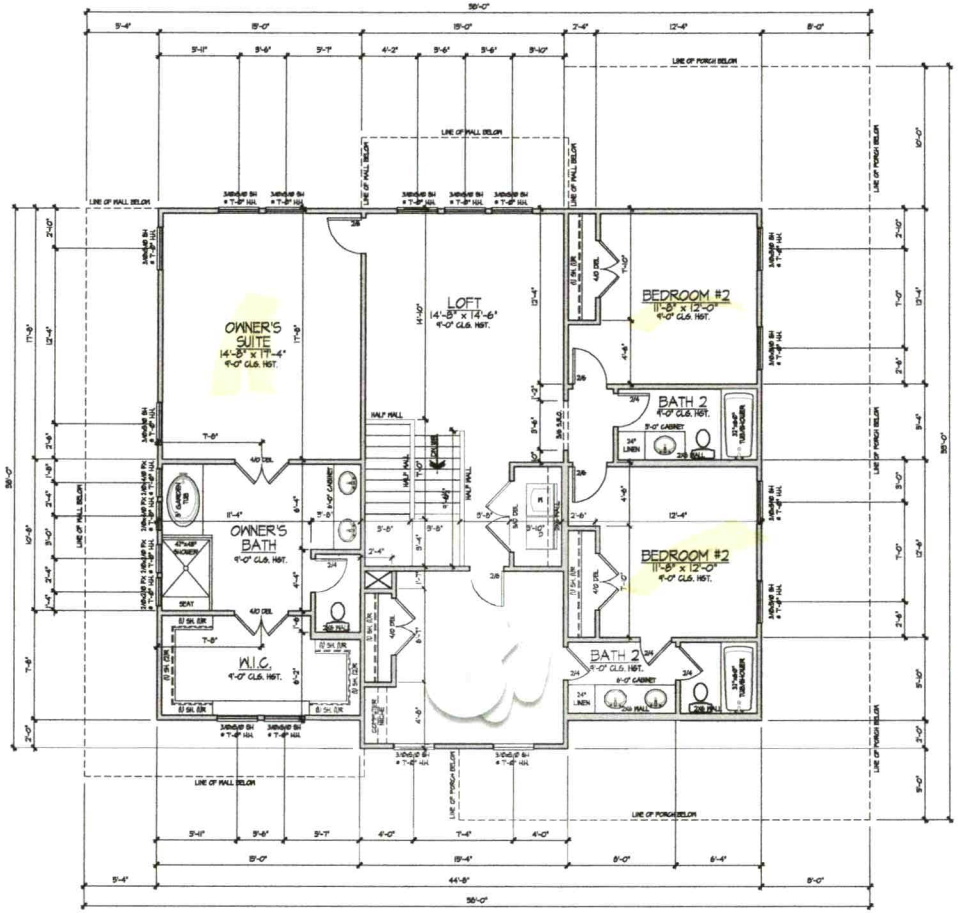
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 2/14/22 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Carter C. Nicks Date: 8-18-20

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



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

Acknowledgement Of Plans Submittal ONLY!

Carla C Nicks Date 8-18-20

Date 2/14/22

WASHINGTON DRAFTING & DESIGN

5021 Jolynn St.
Raleigh, NC 27616
(O) 919-413-5609

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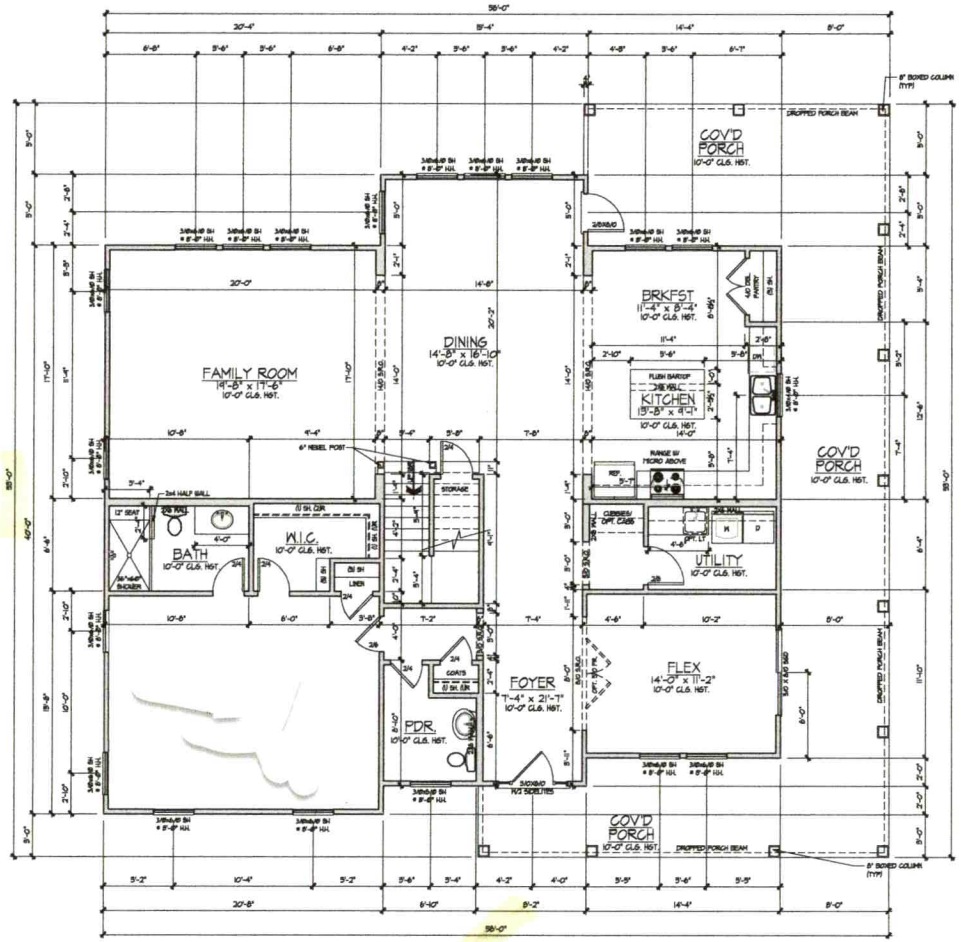
REV.	REV. DATE
01	05-21-2020
02	05-26-2020
—	—
—	—
—	—
—	—

Client Information: "Santos Residence"

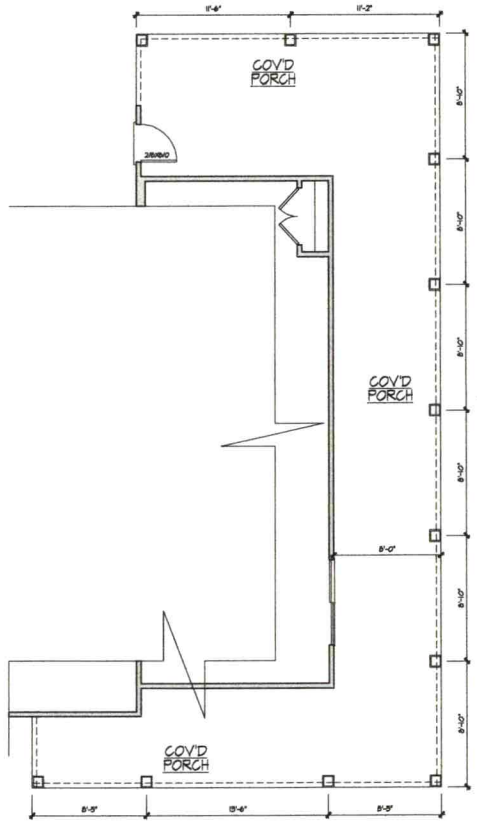
Sheet Title: SECOND FLOOR PLAN

Plan No.: 3557

Plan Name: Santos Residence



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



COLUMN LAYOUT PLAN
SCALE: 1/4"=1'-0"

SQUARE FOOTAGE

FIRST FLOOR	1989 S.F.
SECOND FLOOR	1568 S.F.
WRAPPED COVERED PORCH	709 S.F.
TOTAL HEATED	3557 S.F.
TOTAL GROSS	4266 S.F.
OVERALL WIDTH	58'-0"
OVERALL DEPTH	53'-0"

Acknowledgement Of
Plans Submittal ONLY!
Carla L. Nicks Date 8-17-20
Date 2/14/22

WASHINGTON DRAFTING & DESIGN
5021 Jolynn St.
Raleigh, NC 27616
(O) 919-413-6608

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REV.	REV. DATE
01	05-21-2020
02	05-26-2020
—	—
—	—
—	—
—	—

Client Information: "Santos Residence"

Sheet Title: FIRST FLOOR PLAN

Plan No. 3557

Plan Name: Santos Residence

RECEIVED JUL 24 2020

AP- 309023
$250.00

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 (X) Authorization to Construct (V) 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: Jose Rommel Santos Fernandez Address: 124 clark branch Lane Mooresville Zip: 28115
Applicant Email: rommm35@gmail.com Phone: (917) 500 9178 Alt. Phone: _____
Owner Name: Jose R. Santos Fernandez Address: _____ Zip: _____
Owner Email: rommm35@gmail.com Phone: 917) 500 9178 Alt. Phone: _____

Property Information:

Street Address: 124 clark branch Lane mooresville NC 28115

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 3

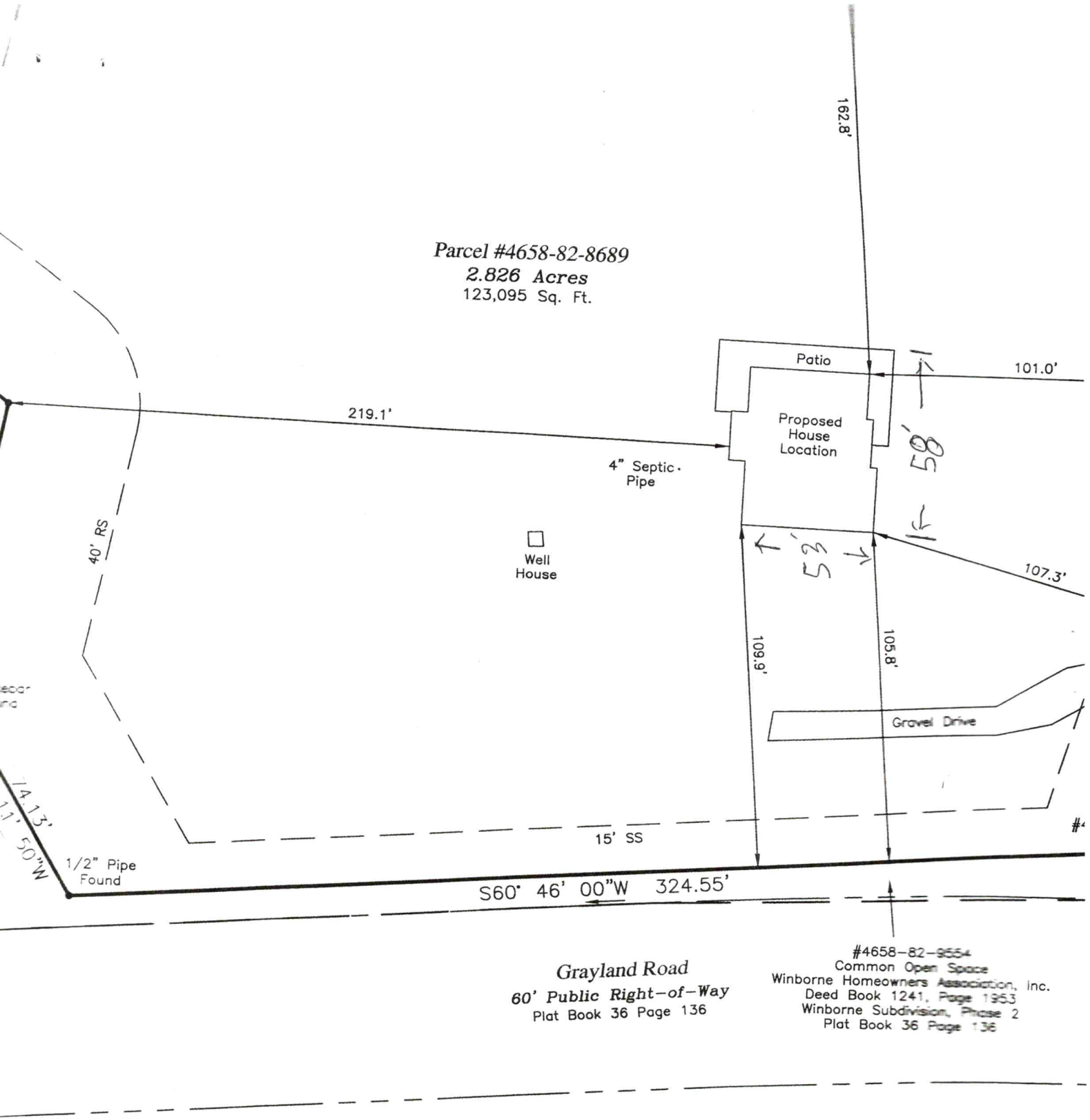
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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 (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 7/23/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



GRAPHIC SCALE

40 0 20 40 80 160

Line	Dire
L1	N69° 3

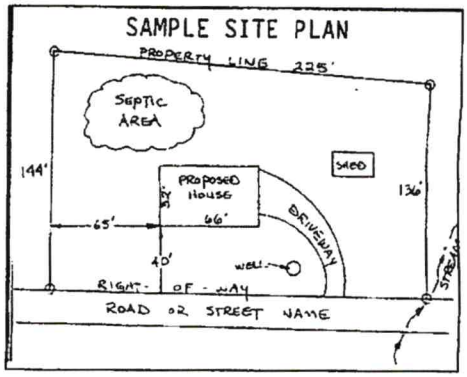
309023

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

Signature: _____

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

7/22/2020

DATE

309023

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, Jose Rommel Santos Fernandez am the legal owner(s) of the property located at 124 clark branch Lane mooresville NC 28115 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.

_____ 7/23/2020
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

Town of Mooresville Jurisdiction
ZONING APPROVAL
For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: AP-309023 Subdivision: -

Proposed Use: SINGLE FAMILY HOME

Street Address: 124 CLARK BRANCH LN

Tax PIN: 4658828689.000 Zoning: R2 Lot: Size: 2.826

Owner: FERNANDEZ JOSE R S+KARLA V MARTINEZ Applicant: FERNANDEZ JOSE R S+KARLA V MARTINEZ

Address: Address:

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent 7/19/2020 Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 0 Front Yard Depth: 30 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 15

Remarks: MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.
NO CONNECTION TO TOWN WATER & SEWER

HHP	07/13/2020	
Approved By:	Date	Application Fee

4658 82 8689

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. DATE Dec 18, '95 TAX MAP NO. Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Jonathan & Gina Bruce PHONE: Business Home

ADDRESS 124 Clark Branch Lane, Mooresville

LOCATION 115 N TL Clark Branch Lane (just before jct w/ Magaspa Rd) on Right in curve

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2/+ac SITE CLASS. DESIGN FLOW 360 gpd L.T.A.R. 2,35

Septic Tank: * 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description:

Repair System Description: gravity conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1-2

☐ Business No. Employees

☐ Other

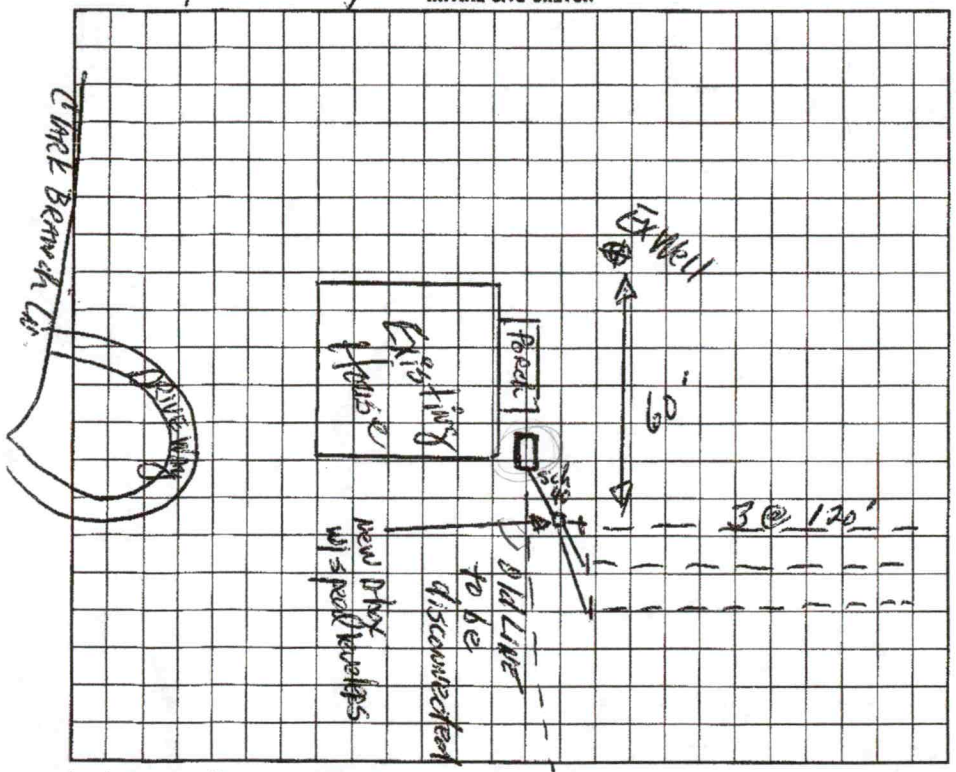
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

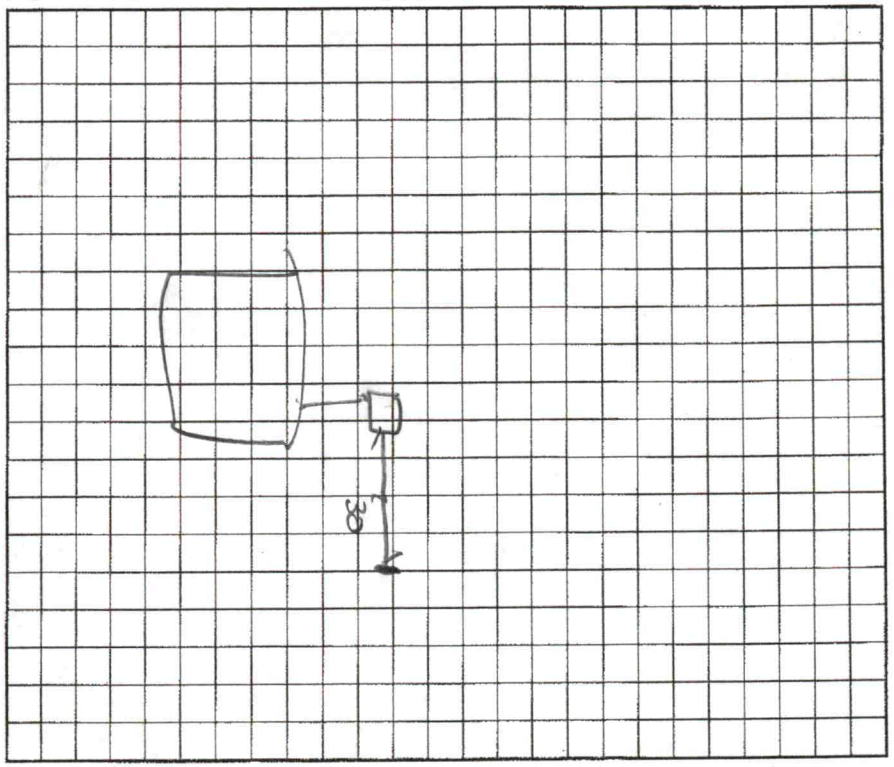
Comments: * Pump existing tank and check for cracks, bulges etc, Replace w/ precast 1000 gal tank if needed, Disconnect old line, Replace "tee" if necessary, Use sch 40 to new D-box.

Comments: 1/11/96 Everything but Dist Box approved - grout would not dry so he could water level D/B Aws

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed:

Improvement Permit by: DR Hamm, RS date 12-18-95

Existing System Inspection by: DR Hamm, RS date 12-18-95

Authorization to Construct

Installed by: Norman Roach

Certificate of Completion by: Wesley Sparks R.S. date 1/16/96

Operation Permit by: Wesley Sparks R.S. date 1/16/96

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD