IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220853

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

PIN # 4675-30-1726

APPLICANT: MANUEL MENDOZA APPLICANT ADDRESS: 2024 COPPLE CREEK HWY - Mrsvl.

SITE ADDRESS: SAME PHONE: 704-502-6500 ALT. PHONE:

SITE DIRECTIONS: HWY 3 S, ON R

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.48 AC DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	1012	Date	5-1-2016	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% REDUCTION			
Pump Make			Model		Serial #		Repair System Description:	SAME			
# Nitrification Fields	1		# Lines	4 @ 82'	Linear Ft:	328'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

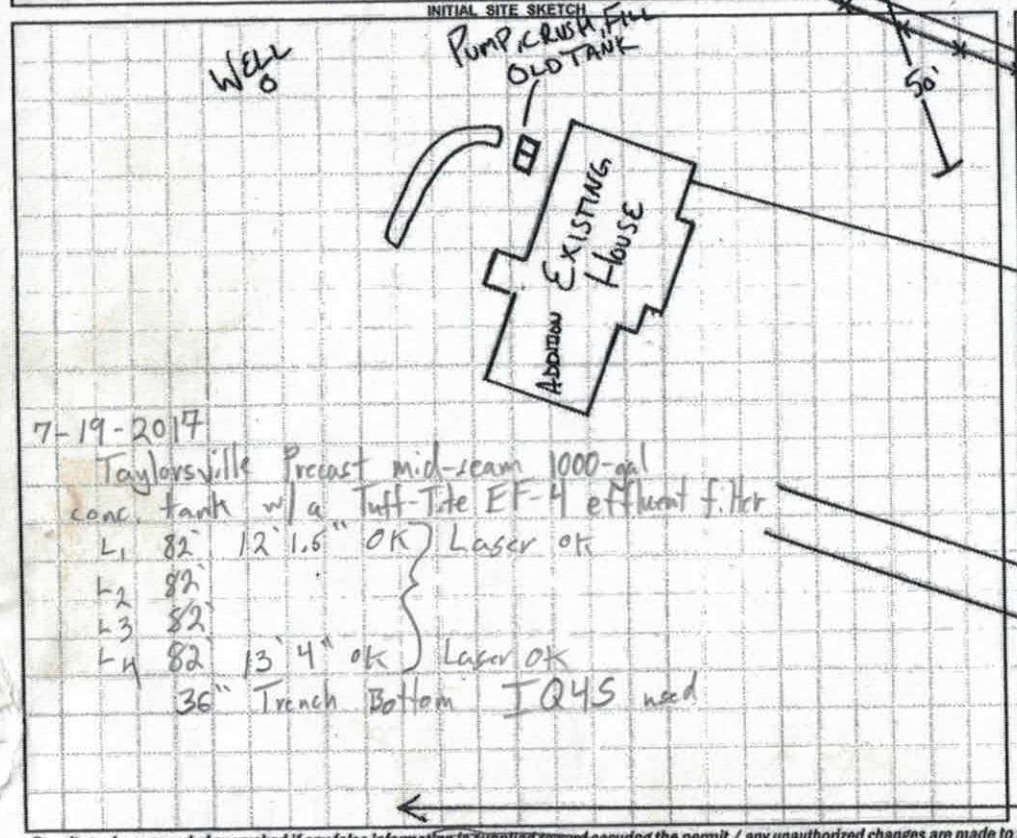
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

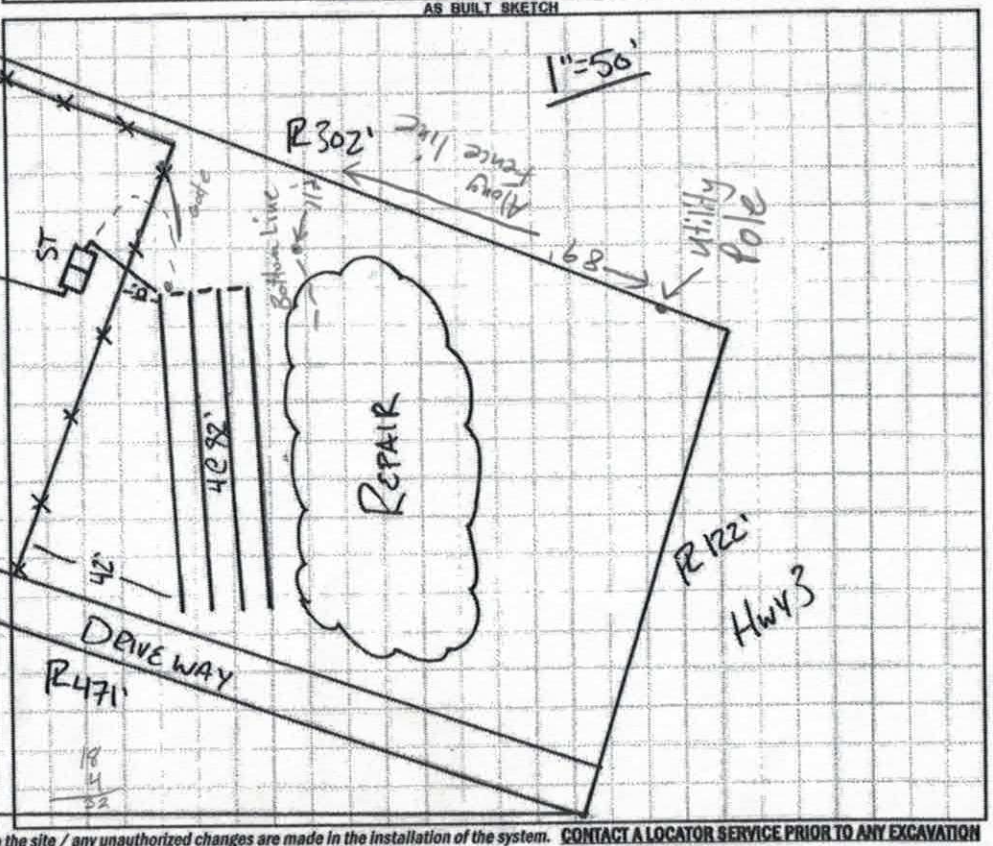
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: TURNING CARPORT INTO BEDROOM (3 BEDROOMS TOTAL)
Reviewed floor plans 10/7/16

INITIAL SITE SKETCH



AS BUILT SKETCH



7-19-2017
Taylorsville Precast mid-seam 1000-gal conc. tank w/ a Tuff-Tite EF-4 effluent filter
L1 82' 12' 1.6" OK } Laser ok
L2 82'
L3 82'
L4 82' 13' 4" ok } Laser ok
36" Trench Bottom IQ45 used

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: 10-05-16 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: RA-108 Date: 9-28-16 OPERATION PERMIT by: Tom Chuck Date: 7/19/17

AUTHORIZATION TO CONSTRUCT by: RA-108 Date: 9-28-16 Existing System Inspected by: Date:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4675-30-1726
Lot #:
Permit #: 220853
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: MANUEL MENDOZA
Applicant: SAME
Address: 2024 CODDLE CREEK HWY. MOORESVILLE, NC
Date Evaluated: 9/22/2016
Proposed Facility: SFR Design Flow (.1949) 360
Property Size: 2.48 AC
Location of Site: SAME
Property Recorded: YES
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LINEAR 5%	0-6	BRCL,W,SBK	SS	NA	48"	NA	48"+	.275
		6-48	RC,M,ABK	SS					
AB 2	LINEAR 5%	0-4	BRCL,W,SBK	SS	NA	48"	COMM INC @ 36-48	48"+	.3
		4-36	RC,M,ABK	SS					
		36-48	RCL,M,SBK	SS					
PIT 1	LINEAR 5%	0-29	BRC,M,SBK	SS	NA	55"	NA	55"+	.3
		29-55	BRC,W,SBK	SS					
PIT 2	LINEAR 5%	0-36	BRC,S,ABK	SS	NA	55"	NA	55"+	.275
		36-55	RC,M,ABK	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	G-25% RED
Site LTAR	.275	.275

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: MOHAMAD DUMARIEH, DAVID BEANE
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: MOHAMAD DUMARIEH, DAVID BEANE

AB#1 0-6 BRCLWSBK .275
L 6-48 RCMABK
5%

AB#2 0-4 BRCLWSBK
L 4-36 RCMABK .3
5% 36-48 RCLMSBK comm. SAP

AB#3 0-17 BRCLWSBK
L 17+ AR
5%

AB#4 0-11 BRCLWSBK
L 11+ AR
5%

PIT #1

0-29 BRCMSBK
29-5 BRCWSBK .3

PIT #2

0-36 BRCSABK .275
36-55 RCMABK

RECEIVED AUG 4 2016

3:30

IREDELL COUNTY HEALTH DEPARTMENT

Expansion. $500.00 #220853

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (X) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Manuel J Mendoza Address: 2024 coddle creek Hwy 3 (28115) Phone: 7045026500

Owner Name: Manuel J Mendoza Address: 2024 coddle creek Hwy 3 (28115) Phone: 7045026500

Property Information:

Street Address: 2024 coddle creek Hwy 3 Mooresville N.C. 28115.

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

Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: 1960

( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) 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: _____ 08-04-2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

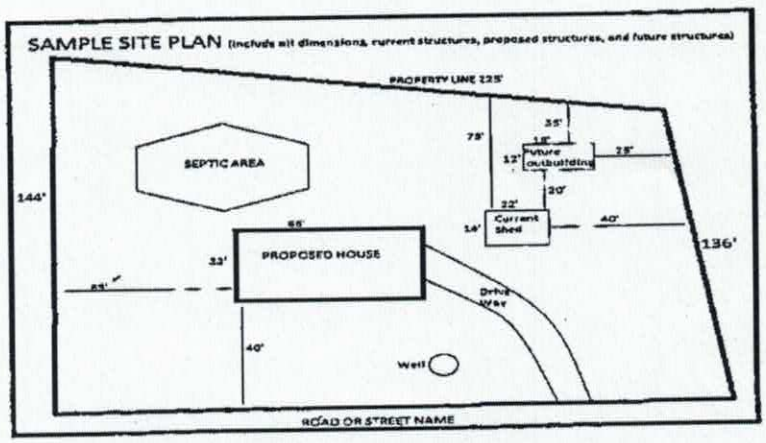
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

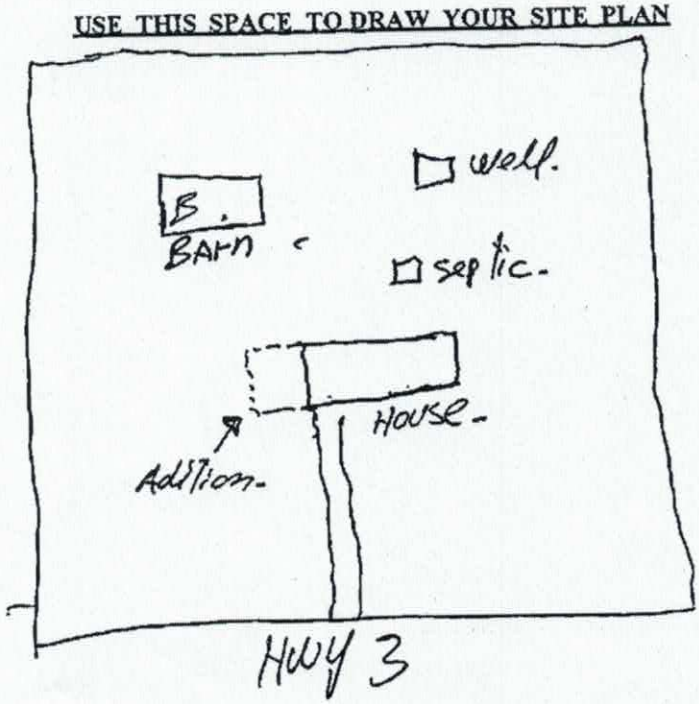
Circle N/A on the following if appropriate:

_____ 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



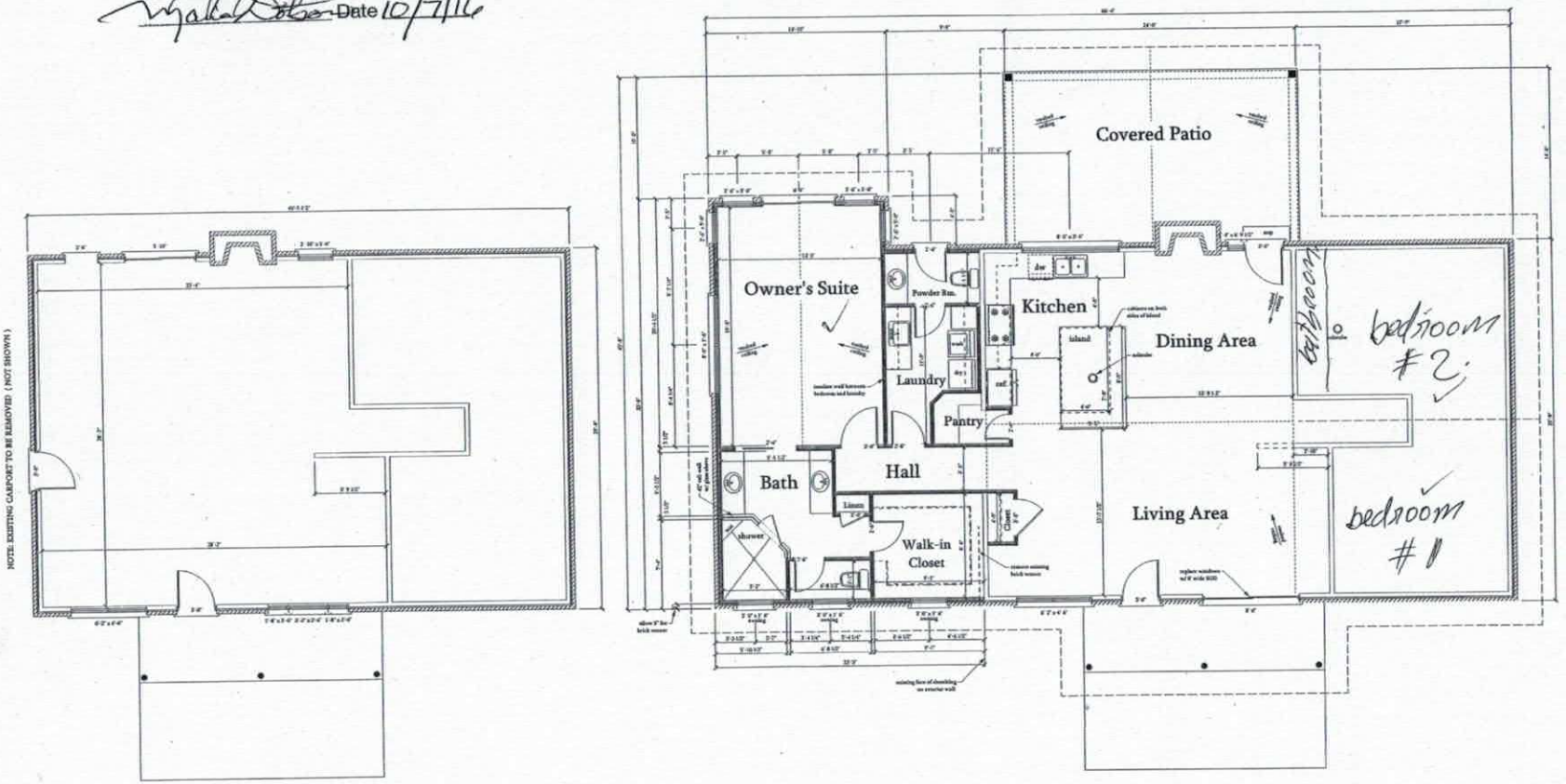
Signature: Jamie D Lewis
REQUIRED property owner or owner's legal representative signature.

08-04-2016.
DATE

Acknowledgement of
Plans Submittal ONLY!

Date 10-07-16.

Date 10/7/16



EXISTING
FLOOR PLAN
2 / A-1
SCALE: 1/4" = 1'-0"

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

3-24-16

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U.S. HOME DESIGNS, INC.
P.O. Box 9933, Mooresville, NC 28117 Phone: 704-309-0702
Designer: Stephen W. Tinsley
www.ushomedesigns.com

Manuel and Elsa Mendoza

Remodel Floor Plan

SCALE: 1/4" = 1'-0"

SHEET No. A-1

IREDELL COUNTY

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

APPLICATION NUMBER
220853
Issue Date: 08/04/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4675301726.000	2024 CODDLE CREEK HIGHWAY, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MENDOZA MANUEL+ELSA ARANGO	Applicant: MENDOZA MANUEL+ELSA AR
Address: 627 N MAIN ST MOORESVILLE, NC 28115	Address: 2024 CODDLE CREEK HWY MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
BEDROOM AND BATHROOM ADDTN	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.480	35.00	35.00	15.00	15.00	NOT	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: 08-04-2016.

Permit Number	76723	TOTAL FEES:	$ 77.25