IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229960

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

PIN # 4677798143

APPLICANT/OWNER: Agda Granados APPLICANT ADDRESS: 135 Granados Ln.

SITE ADDRESS: 1493 Oakridge Farm Hwy. Mooresville, NC PHONE: 704-397-7168 ALT. PHONE 980-722-0960

SITE DIRECTIONS: 150E/NC152E, lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Power Estates SECTION: N/A LOT # 7 LOT AREA: 2.35 AC DESIGN FLOW: 240gpd L.T.A.R.:

Septic Tank ~~EX~~ (gal) STB Date

Pump Tank (gal) Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft

Trench Width Trench Bottom Depth(Low side) Gravel Depth 12"

EXISTING

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

System Description: conventional

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees

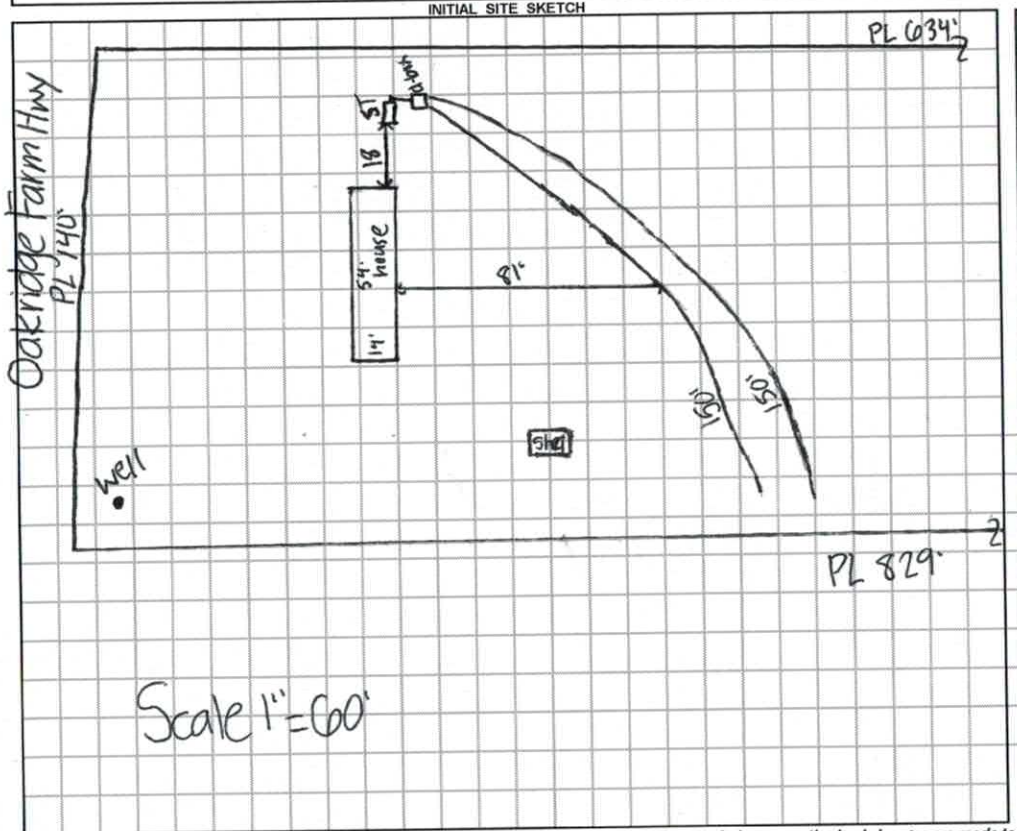
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Applied for 2 bedroom, original permit installed for 3 bedroom

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: Agda A. Granados Date: 06/20/17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Krista Wilson Date: 6-20-17

RECEIVED JUN 14 2017

IREDELL CO[illegible] HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Please CALL prior to inspection to Agda Meet on Site 980-722-0960

(THE *WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR*
ED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION
BMITTED - APPLICATION WITH SITE PLAN 60 MONTHS. APPLICATION WITH COMPLETE, SCALED
ITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Name: _____ ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection Paid $250.00

Number: # 227960

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 #
Agda Granados	135 Granados Lane Mooresville NC	7043977168	980-7220960
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SAME	SAME	SAME	SAME

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1493 Oakridge Farm Hwy Mooresville NC 28115	Powers Estate	Lot 7

Driving Directions: 77N to Exit 36 turn Left on Hwy 150 About 6 + 7 miles on Left

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 2
Maximum Number of Occupants 3
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 ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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 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: Agda Granados 6/14/17
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

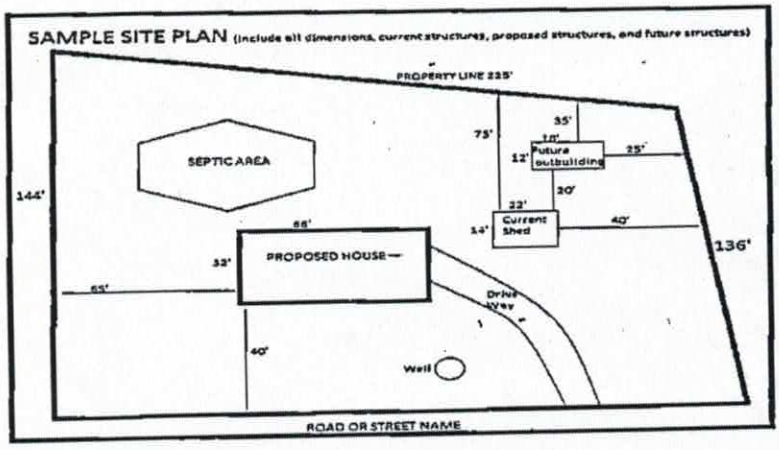
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

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

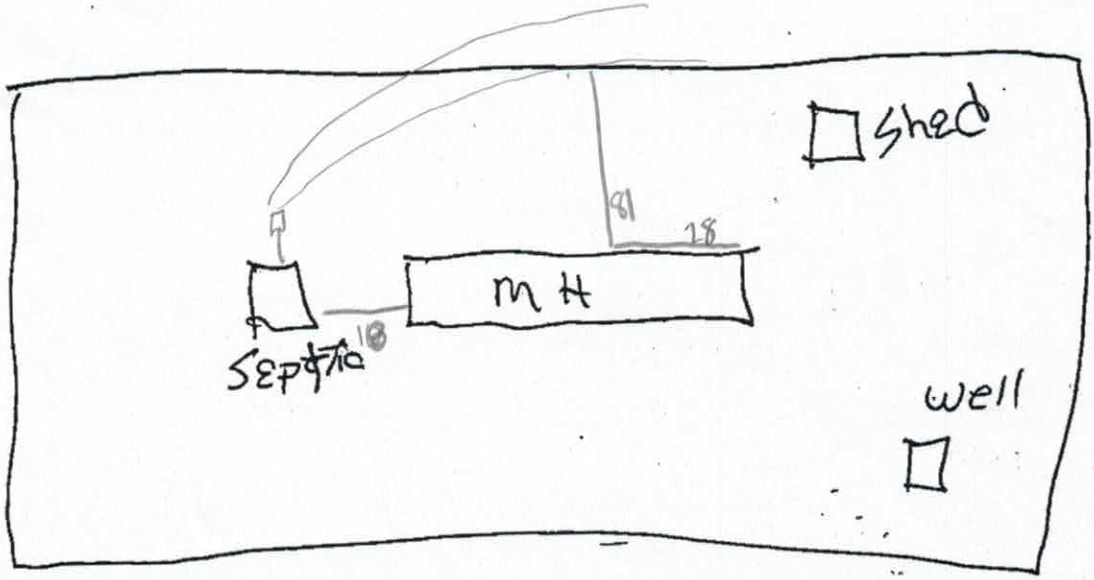
Circle N/A on the following if appropriate:

_____ 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

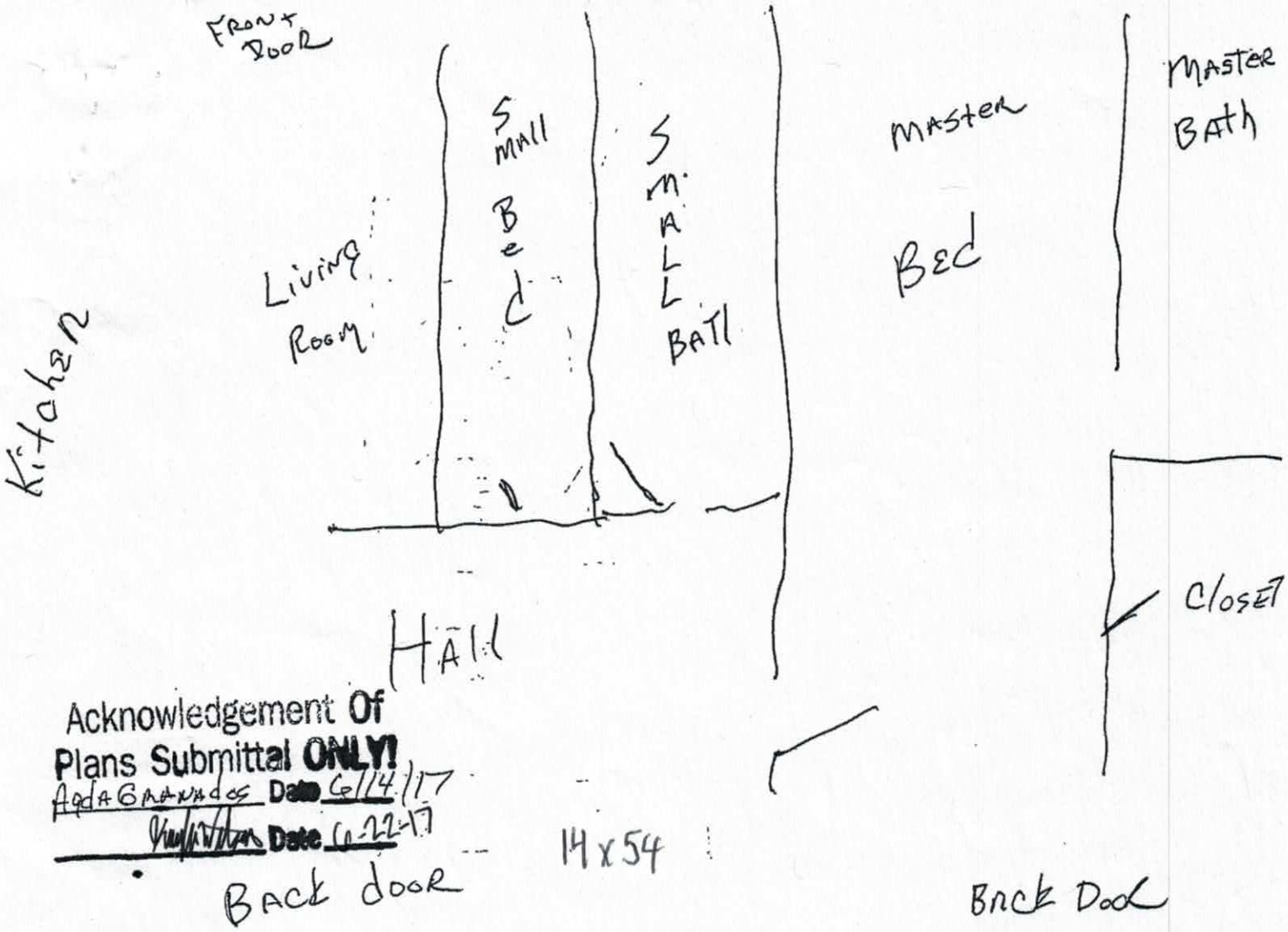


Signature: Ada Granados

REQUIRED property owner or owner's legal representative signature.

6/14/17

DATE



Acknowledgement Of
Plans Submittal ONLY!
Ada Granados Date 6/14/17
Date 6-22-17

IREDELL COUNTY

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

APPLICATION NUMBER
227960
Issue Date: 06/14/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4677798143.000	1493 OAKRIDGE FARM HIGHWAY, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GRANADOS EUFEMIO+AGDA	Applicant: GRANADOS EUFEMIO+AGDA
Address: 135 GRANADOS LANE MOORESVILLE, NC 28115	Address: 135 GRANADOS LANE MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
REPLACE SINGLE WIDE WITH A SINGLE WIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.350	35.00	35.00	15.00	15.00	BOWB	X

Remarks:

Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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	106122	TOTAL FEES:	$ 77.25