IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5205 Mooresville Office (704) 660-3625 PERMIT # 213373

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

PIN # 4704556428

APPLICANT: John Pimiento APPLICANT ADDRESS: 701 S. Meeting St Statesville NC

SITE ADDRESS: 2133 Old Mountain Rd Statesville NC 28625 PHONE: 704-437-2700 ALT. PHONE: 704-838-1611

SITE DIRECTIONS: 40 W T/R old Mtn Rd lot on ~~left~~ before Island Ford Rd

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.592ac DESIGN FLOW: Ex L.T.A.R.: Ex

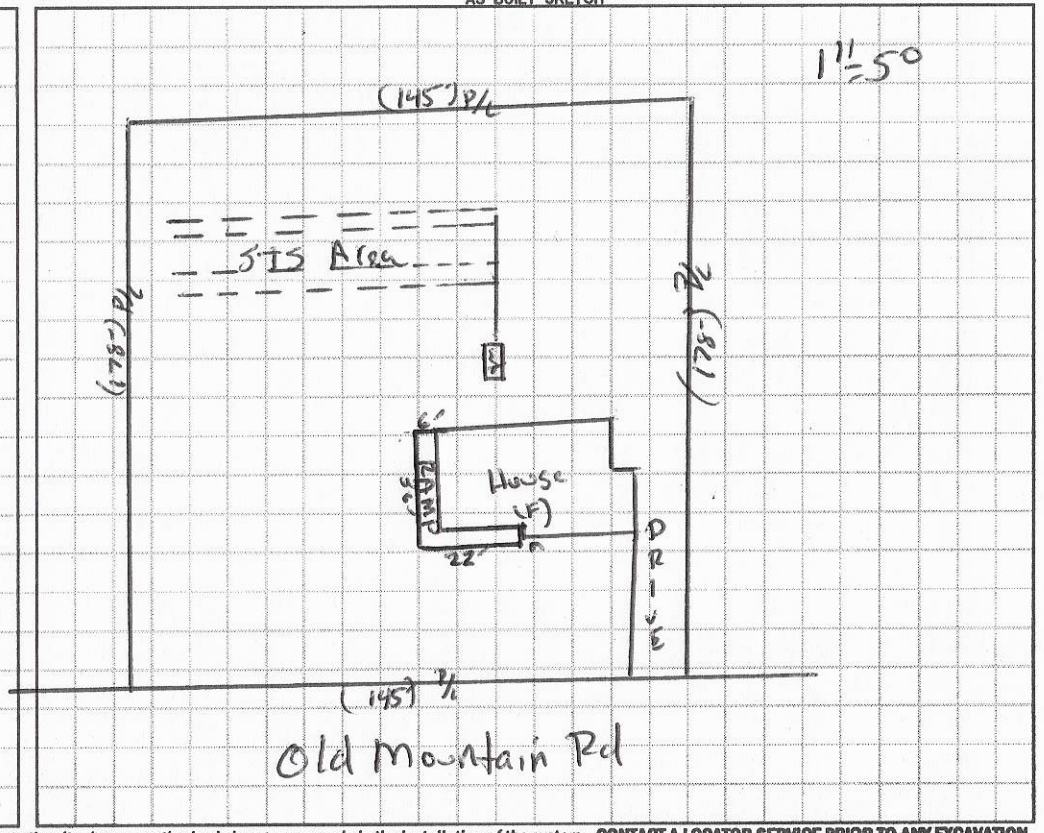
Septic Tank	1000 (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms Ex
Pump Tank	(gal)	PT	Date	System Description: Existing				☐ Business	No. Persons Ex
Pump Make		Model	Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines Ex	Linear Ft: Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	Ex	Max. Trench Bottom Depth Ex		Gravel Depth Ex	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: All building foundations must be 55' from any part of STS

INITIAL SITE SKETCH

AS BUILT SKETCH



PERMIT NEVER PICKED UP OR CALLED FOR
Customer recalled ____ By ____
Message Left ____ with customer Y N

Permit can be suspended / revoked if 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** *valid for 60 mos. 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: _____ Date: _____ Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: David Thomas Date: 09/26/15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

213373

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)

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

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 #
JOHN	701 SOUTH MEETING ST	704 4372700	704 8381611
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SAME			

4. Property Information:

Street Address	~~Subdivision Name~~	Section/Phase and Lot Number
2133 OLD MOUNTAIN RD	STATESVILLE	

Driving Directions: _____

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 Ramp

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
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: _____ _____
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...

_____ Area you prefer your septic system to be placed...

_____ Preferred driveway location and configuration, preferred well location...

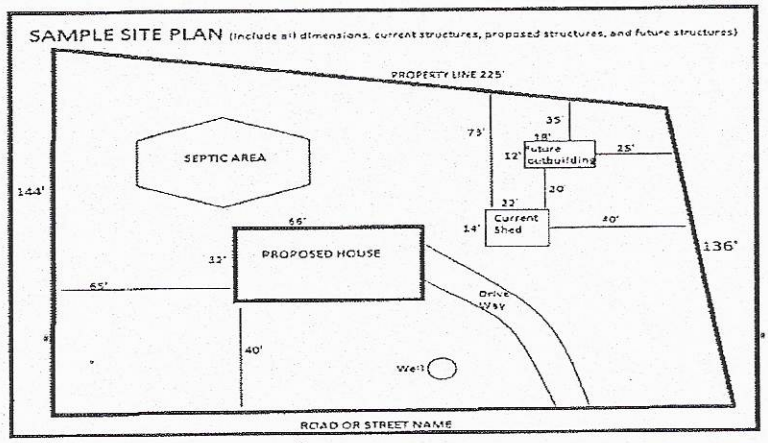
_____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

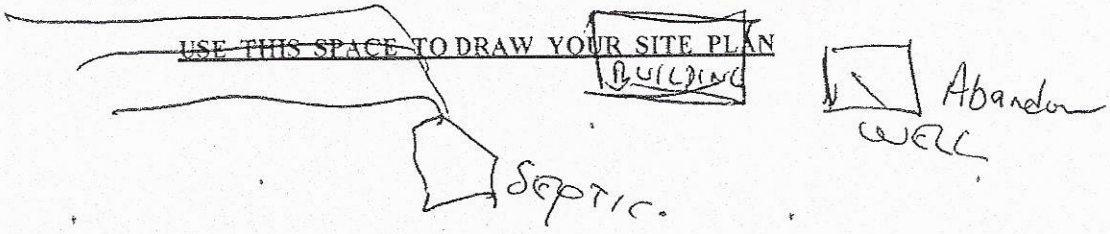
_____ Location of septic systems and wells within 100' of your property... N/A

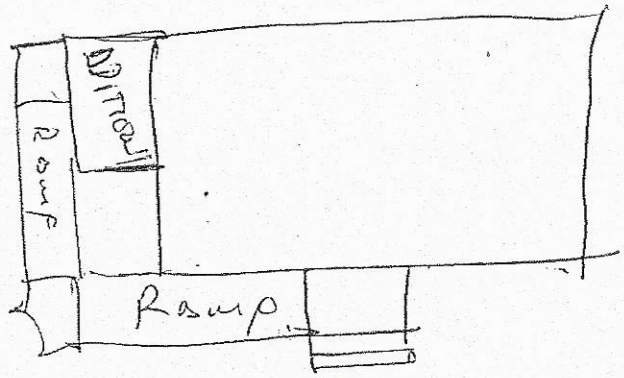
_____ Location of easements and rights of ways on your property... N/A

_____ Location of any designated wetlands on the property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN





Signature: _____

REQUIRED property owner or owner's legal representative signature.

9/8/15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203092

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

PIN # 4704556428 V

APPLICANT: John Pimiento APPLICANT ADDRESS: [redacted] 148 Pebble Creek Dr.

SITE ADDRESS: 2133 Old Mountain Rd. PHONE: 704-437-2700 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70W TR old Mtn Rd Property on Left beside Dollar General.

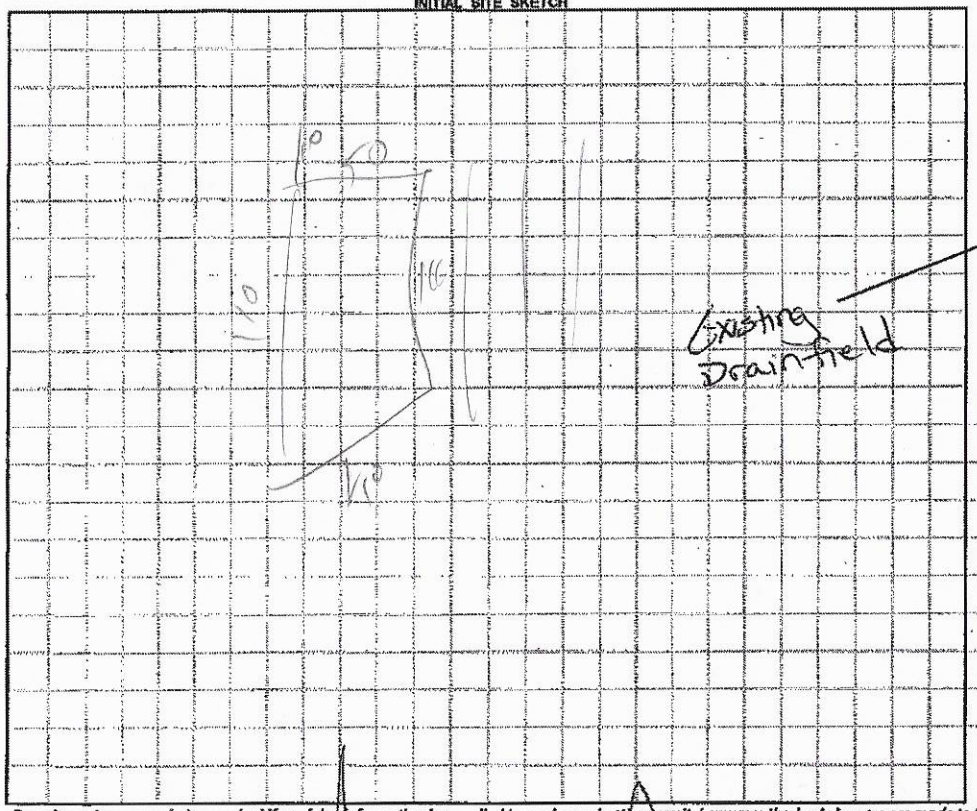
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.59 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank: Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI	☐ Residence No. Bedrooms	Water Supply
Pump Tank (gal)	PT	Date	System Description: Conventional Bed	☑ Business No. Persons	☐ Private
Pump Make	Model	Serial #	Repair System Description:	☐ Other Daycare 3 Employees 19 Kids No. Employees 3	☑ Public
# Nitrification Fields 1	# Lines 6x	Linear Ft: 6x'	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab ☑ Crawl Space	☐ Community
Trench Width 6x	Max. Trench Bottom Depth 6x	Gravel Depth 6x	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

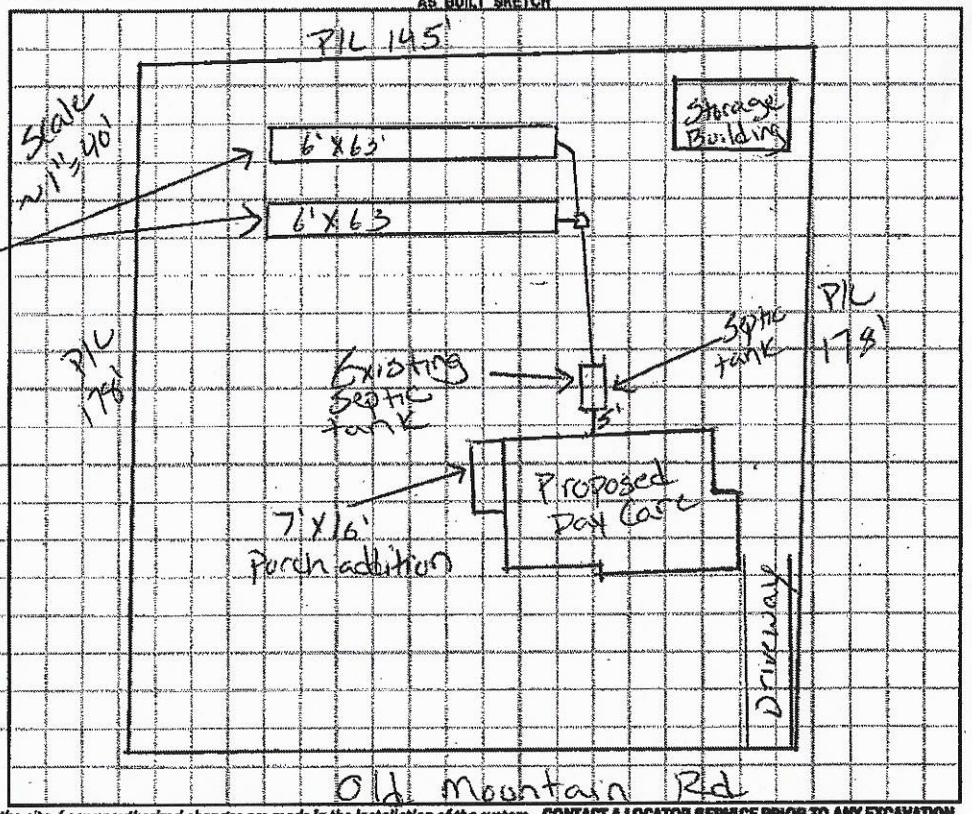
Comments / Conditions:

System is sized to accommodate a Day Care with 3 Employees & 19 Kids ONLY; No Living Quaters are permitted in business.

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: 6-11-14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 6-11-14

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lee Roy Love DATE 6/28/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mountain Rd. across strut from West Iredell Fire Dept. S. R. No. _____

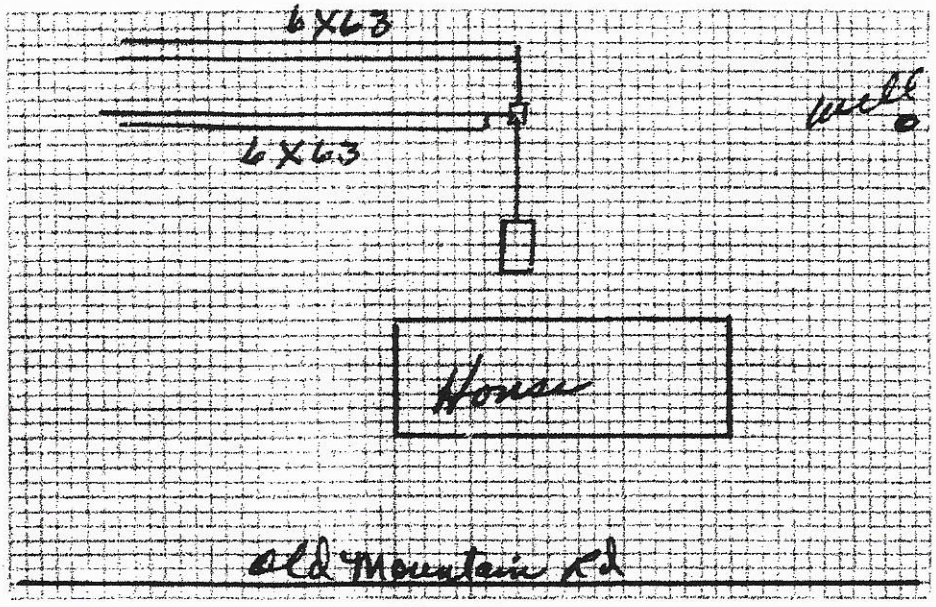
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by James Hartness

IMPROVEMENTS PERMIT BY _____

COMMENTS: New Tee installed - Tank Pumped

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 6/28/79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY

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

APPLICATION NUMBER
213373
Issue Date: 09/08/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4704556428.000	2133 OLD MOUNTAIN ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PIMIENTO JOHN+CLAUDIA MALAGOM	Applicant: PIMIENTO JOHN+CLAUDIA
Address: 148 PEBBLE CREEK DR STATESVILLE, NC 28678	Address: 148 PEBBLE CREEK DR STATESVILLE, NC 28678
Phone:	Phone:

Use Requested	Zone Code
ADDING RAMP TO DAY CARE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.592	35.00	35.00	15.00	15.00	PACL	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: _____

Permit Number	48551	TOTAL FEES:	$ 77.25