ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 303684

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

PIN # 4712835510

APPLICANT/OWNER: Leonel Alcantara APPLICANT ADDRESS: 1930 Buffalo Shoals Road Statesville NC 28677

SITE ADDRESS: 1930 Buffalo Shoals Road Statesville NC 28677 PHONE: 704-929-9574 ALT. PHONE —

SITE DIRECTIONS: Buffalo Shoals towards Lake Norman on R SAP CONTROLLED: ☐ YES ☒ NO

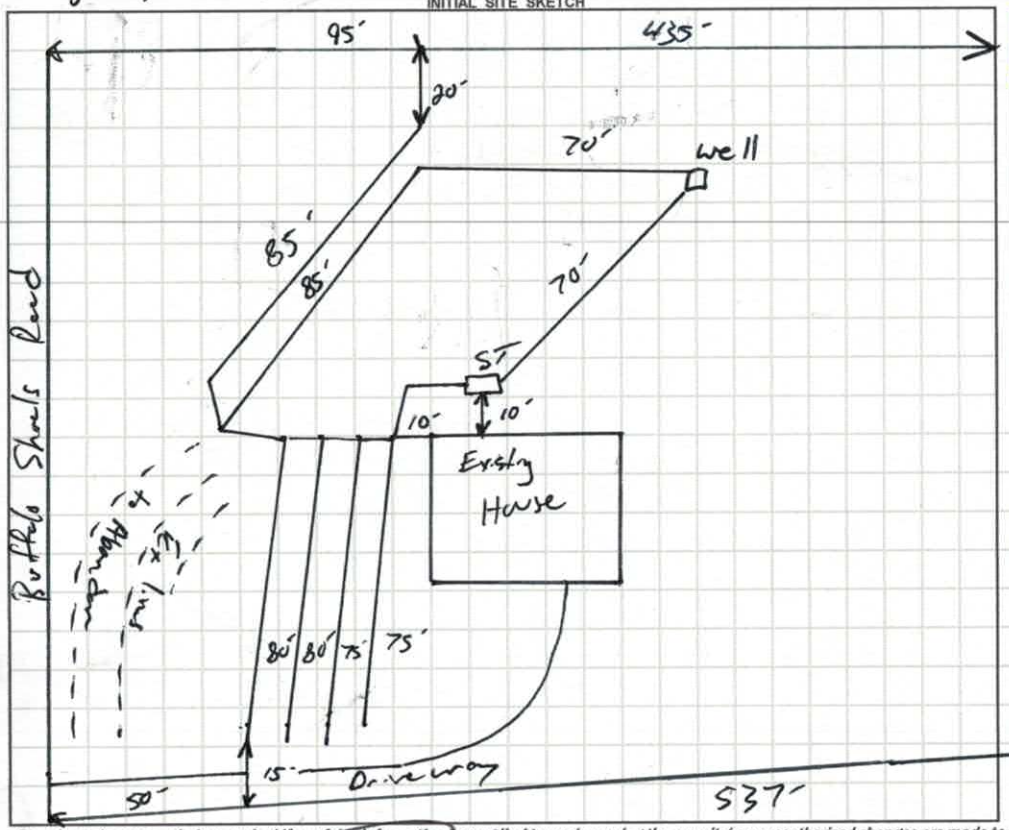
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.19 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date		☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:				
Pump Make			Model		Serial #		Repair System Description:	25% Reduction			
# Nitrification Fields	1		# Lines	6	Linear Ft	480 ±	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(~~Low side~~)		Max 36		Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Drawings on center of land and use Serial distribution. Use new Septic tank to achieve gravity to upper lines.

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.

1" = 50'

Lines Installed as Drawn

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: 7-7-20 Installed by: Lentz Waskewator

IMPROVEMENT PERMIT by: [signature] Date: 7-6-2020 OPERATION PERMIT by: [signature] ~~Date:~~ 7-14-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-6-2020 Existing System Inspected by: _____ Date: _____

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4702835
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Leonel Alcantara
ADDRESS: 1930 Buffalo Shoals Rd
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 1930 Buffalo Shoals Road
APPLICATION DATE: 5-21-20
DATE EVALUATED: 6-2-20
PROPERTY SIZE: 2.19 ac
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 4-5%	0-30	SBK SC	Fr SSSPSap	N/A	48+	N/A	N/A 4/B mottles @ 31"	PS .25
		30-48	SBK CL						
2	SS 4-5%	0-12	SBK SC		N/A	48+	N/A	N/A 4/B mottles @ 30"	PS .25
		12-30	SBK SCL						
		30-45	SBK C						
		45-50	SBK CL						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		480'
System Type(s)		25%
Site LTAR		.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

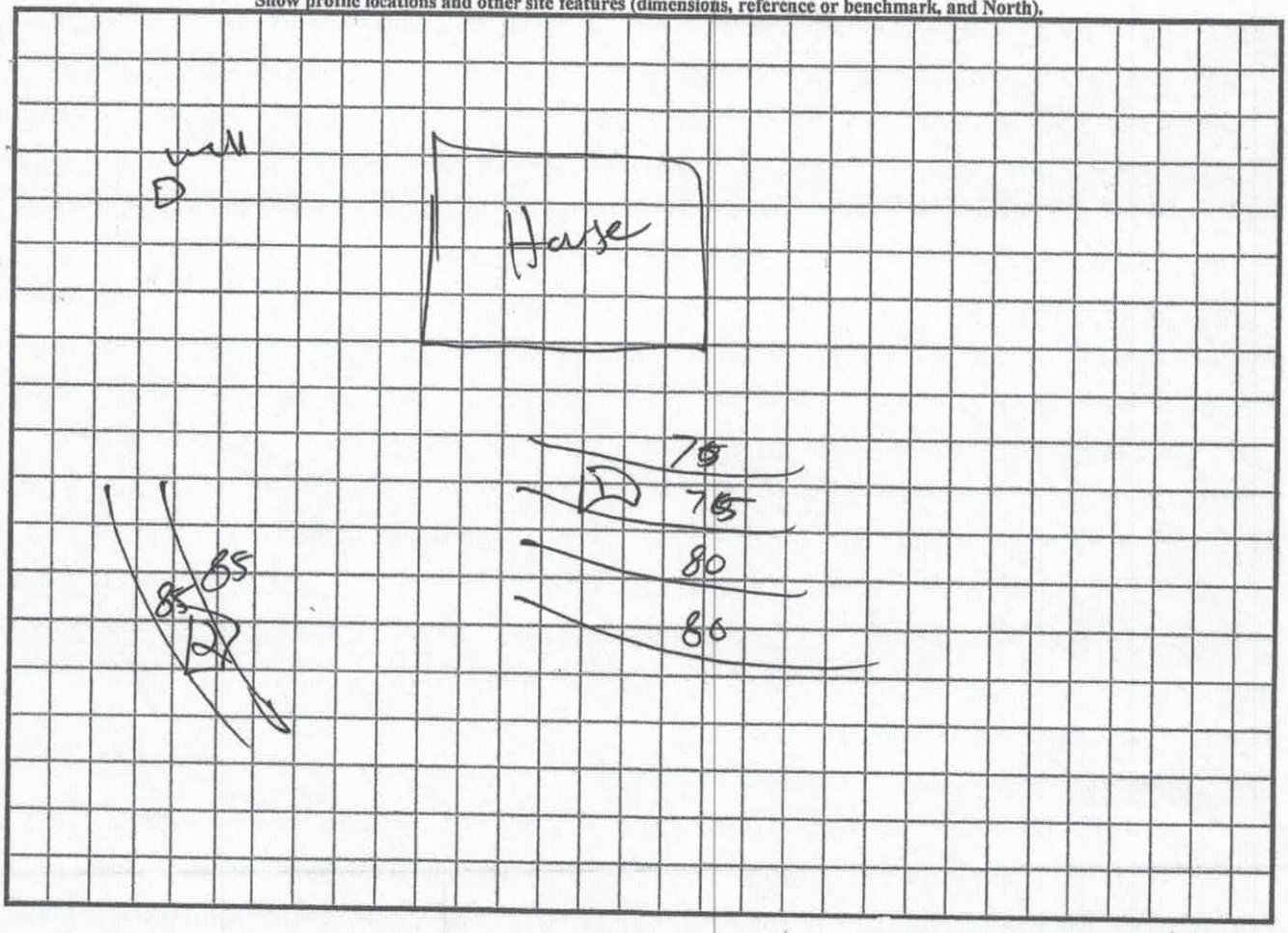
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



James

RECEIVED MAY 2 1 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Repair Evaluation-No Chg

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 303684

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection (X) 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: Leonel Alcantara **Address:** 1930 Buffalo Shoals Rd **Zip:** 28677
Applicant Email: ModaAlcantara@Yahoo.com **Phone:** 704-929-9574 **Alt. Phone:** 704-929-8015
Owner Name: Leonel E Alcantara **Address:** 167 Comet Trail **Zip:** 28677
Owner Email: SAA **Phone:** SAA **Alt. Phone:** SAA

Property Information:

Street Address: 1930 Buffalo Shoals Rd. Statesville, 28677

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

Driving Directions: Take Buffalo Shoals Rd to 1930

Site Development Information: *(check or complete ALL that apply)* Per Loo 5/28/20 **CHECK FOUNDATION TYPE**

( ) New Single Family Residence — **Maximum Number of Bedrooms:** 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — **Maximum Number of Occupants:** 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system ___ Tank X Drain lines **Describe Problem:** Drain Fied Not draining
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:** 1.5 **Number of Persons:** _____

( ) 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:** N/A
( ) 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.

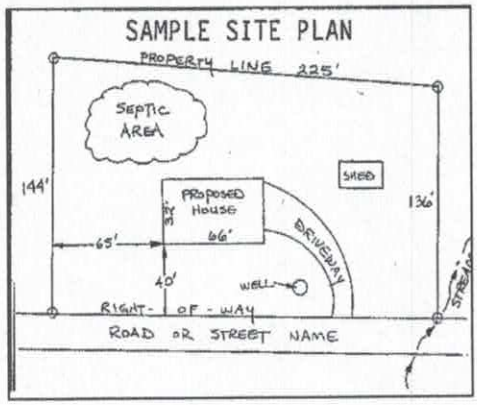
Signature: _____ 5-21-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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)

5-21-20

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # REPAIR PIN # 4712-83-5510 DATE 5-5-09

OWNER or APPLICANT LEONEL ALCANTARA PHONE: Business 704-929-8015 Home:

OWNER or APPLICANT ADDRESS 1930 Buffalo Shoals Rd Statesville NC 28677

LOCATION / DIRECTIONS 40 WEST (R) OLD MTN RD (R) Buffalo Shoals Rd on Rt at Box # 1930

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 2.19 AC DESIGN FLOW Repair L.T.A.R. Repair .25

Septic Tank EXISTING Gallons: STB Date

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet 240'

Trench Width 36" Max. Trench Bottom Depth ≈36" Gravel Depth N/A ☒ GRAVITY ☐ PRESSURE

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

System Description: GRAVITY 25% REDUCT 18" SAND

Repair System Description:

Maintenance Agreement Required ☐ YES ☒ NO

☒ Residence No. Bedrooms 5 ☐ Business No. Persons ☐ Other No. Employees ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions (1) ✓ TANK & tee in tank to see if replacement is needed (2) Install 240' of 25% REDUCTION WITH 18" of SAND using 4 Drop Boxes. (3) At shallowest point in line allow 6" of cover at that point. (4) 8' centers

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LOWELL COOK, RS.

Comments / Conditions was used Instead of 9' centers due to space limitations. (5) Best Professional JUDGEMENT WAS USED (6) This permit serves as notice of violation & must be repaired within 30 DAYS.

AS BUILT SKETCH

First Line which is existing totally discovered It was full of sludge & grime, CAMERA USED ALSO Confirmed. NEW TEE IN TANK ADDED & Supply line has 1/2" FALL per 1' From tank to 1st BOX Installer knows backfilling properly is critical to system life.

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.

☐ IMPROVEMENT PERMIT w / plat valid without expiration. ☒ IMPROVEMENT PERMIT w / 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 5-6-09

Improvement Permit by: RS Date 5-5-09

Authorization to Construct by: RS Date 5-5-09

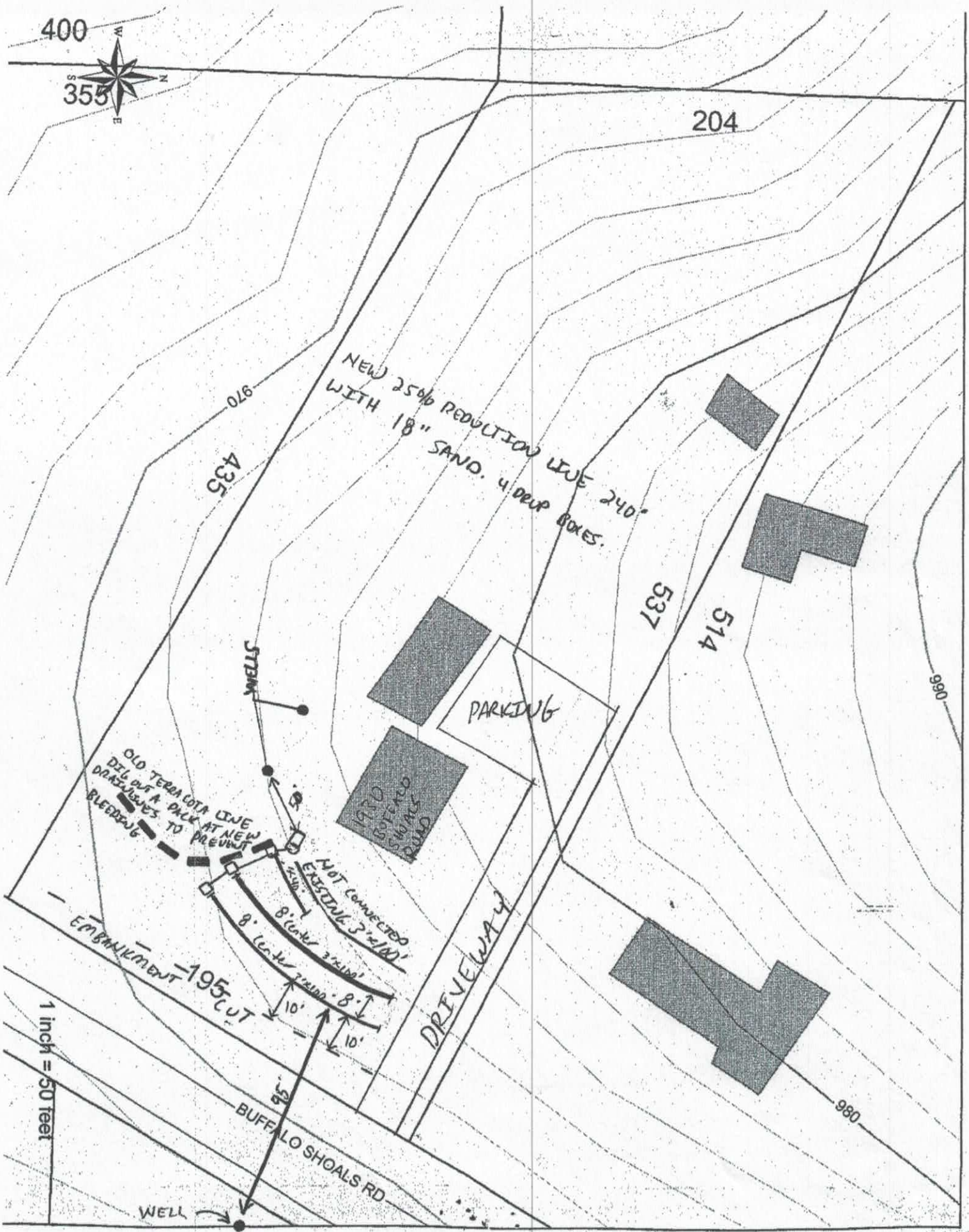
Installed by: JAMES Hoddler

Operation Permit by: RS Date: 6-12-09

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant


400
355
204
970
435
NEW 25% REDUCTION LINE 240'
WITH 18" SAND. 4 DRUP BOXES.
537
514
990
980
STEAM
PARKING
1670 BUFFALO SHOALS RD
OLD TERRA COTA LINE
DIG OUT A PACK AT NEW
DRAINAGES TO PREVENT
BLEEDING
NOT CONNECTED
EXISTING 3"x4"
8' Center 3"x10'
8' Center 3"x10'
8' Center 3"x10'
8'
10'
10'
EMBANKMENT
195
CUT
DRIVEWAY
95
BUFFALO SHOALS RD
WELL
1 inch = 50 feet

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, _____, am the legal owner(s) of the property located at _____, 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.

_____ Signature of Owner(s)

5-21-20
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