ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT #AP 302471

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

PIN #4724870428

APPLICANT/OWNER: Pablo Cabrera APPLICANT ADDRESS: 131 Mockingbird Dr

SITE ADDRESS: 2335 2nd Street, Statesville 28677 PHONE: 704-402-4851 ALT. PHONE 803-599-1497

SITE DIRECTIONS: W Front St → L on Bakery Ln → L on 2nd St → at end on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: JL Sherrill Prop SECTION: ___ LOT# 10-12 LOT AREA: .344 ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	ext	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make		Model			Serial #				
# Nitrification Fields	1	# Lines	3		Linear Ft	1200'			
Trench Width	36"	Trench Bottom Depth			36" max	Gravel Depth	—		

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

System Description: ext gravel + 25% reduction

Repair System Description: CAPPED BPS

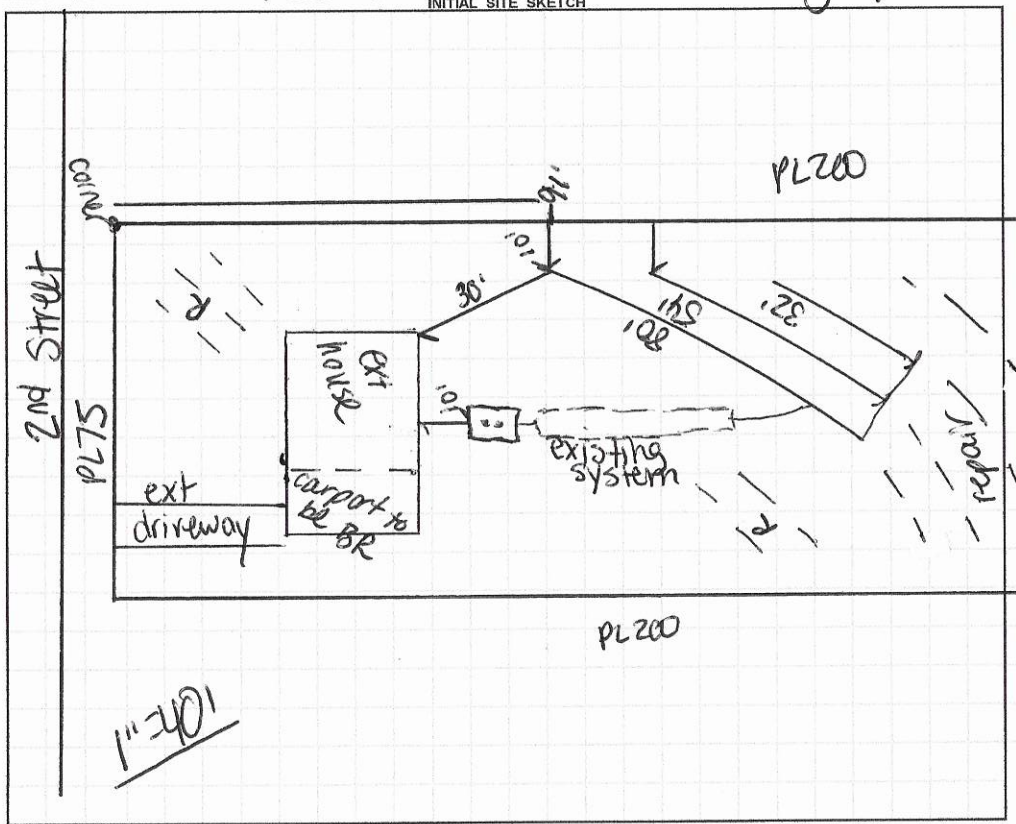
Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

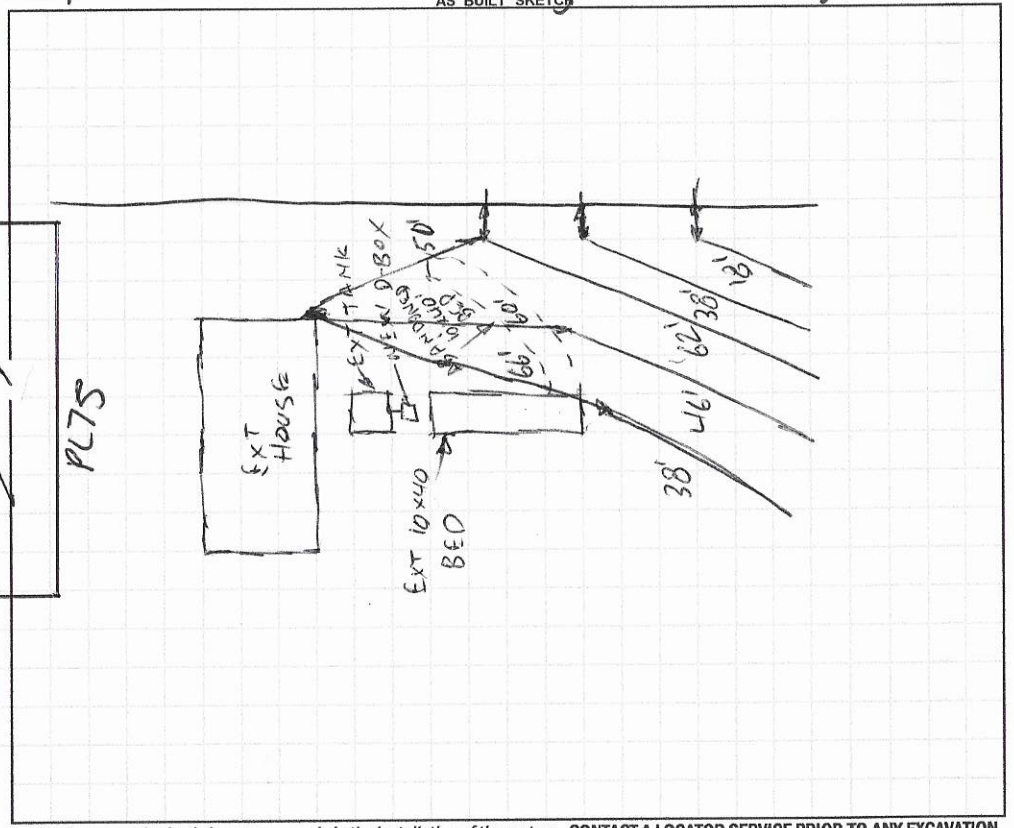
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Purpose of this permit is to enclose carport to create 3rd bedroom. Install on contour and serial feed new lines after existing system. or to centerfeed line 1.
- lot deeded 1946 (deed bk 3 pg 113)
→ System understood for 2BR, adding additional footage to = 3BR

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: Pablo Cabrera Date: 2-21-20 Installed by: ADAN C. GARCIA

IMPROVEMENT PERMIT by: Carla C. Nicole Date: 2-18-20 OPERATION PERMIT by: Burkett C. White Date:

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicole Date: 2-21-20 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4724870028
COUNTY: Iredell

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

OWNER: Pablo Cabrera
ADDRESS: 137 Mockingbird Dr
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 2335 2nd St Statesville
PROPOSED DESIGN FLOW (.1949): 360 gpd (expansion)
APPLICATION DATE: 11-7-19
DATE EVALUATED: 2-17-20
PROPERTY SIZE: .34 ac
PROPERTY RECORDED: Y

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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 7%	0-11	GR SCL	Fr ss sp smp	darker matrix- more brown	50"	–	–	PS .3
		11-50	SBK C	Fr ss sp smp					
2	L 7%	0-10	GR SCL	Fr ss sp smp	–	49"	–	–	PS .3
		10-49	SBK C	" "					
3	L 7%	0-9	GR SCL	Fr ss sp smp	–	52"	–	–	PS .3
		9-39	SBK C	" "					
		39-52	SBK CL	" "					
4	L 7%	0-11	fill	–	–	60"	–	–	PS .3
		11-21	GR SCL	Fr ss sp smp					
		21-60	SBK C	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	ext + 100%	100% min
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT: N/A

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
(Drainage Way)						CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
I (Nose Slope)		CL (Clay Loam)			**MOIST**	**WET**
. (Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SiL (Silt Loam)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SiC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		C (Clay)			EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None	None		SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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

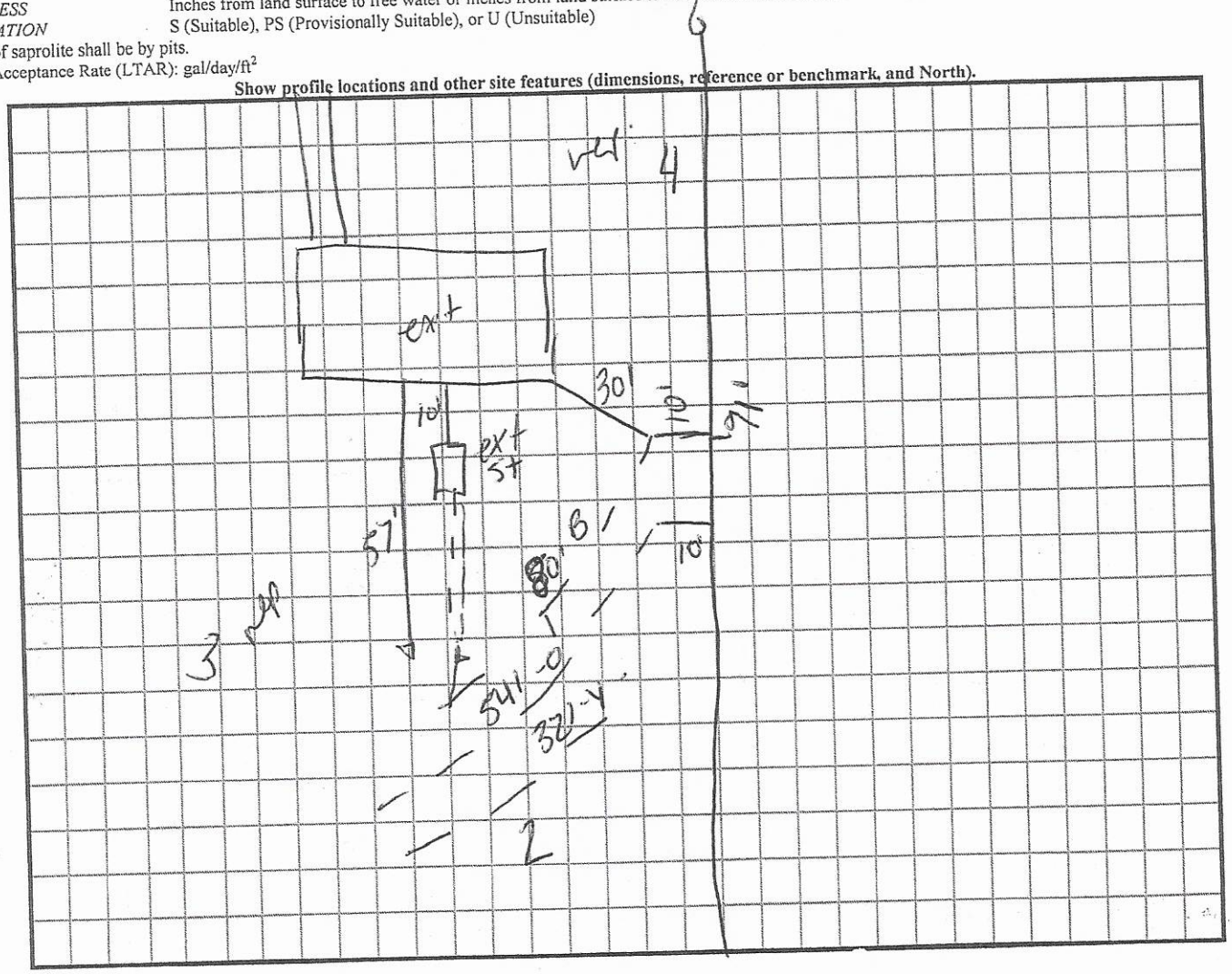
NOTES

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).



$500.00 11.7.19
AP-302471

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (✓) 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: ( ) 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: Pablo Cabrera Address: 137 mockingbird Dr Zip: 28677
Applicant Email: _____ Phone: 704-402-4851 Alt. Phone: 863-599-1497
Owner Name: Pablo Cabrera + Eva Santiago Address: 137 mockingbird Dr Zip: 28677
Owner Email: _____ Phone: 704-402-4851 Alt. Phone: 863-599-1497

Property Information:

Street Address: 2nd Street - 2335 2nd St. Statesville)
Subdivision Name: _____ Section/Phase: _____ Lot Number: 2335
Driving Directions: Enter the street, take a Left, go straign at the end of Street on right 2335 will be there

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
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
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) 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 (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: Pablo Cabrera 10/22/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

NO Permit in DB?

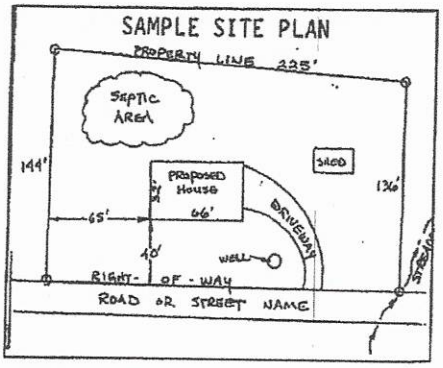
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

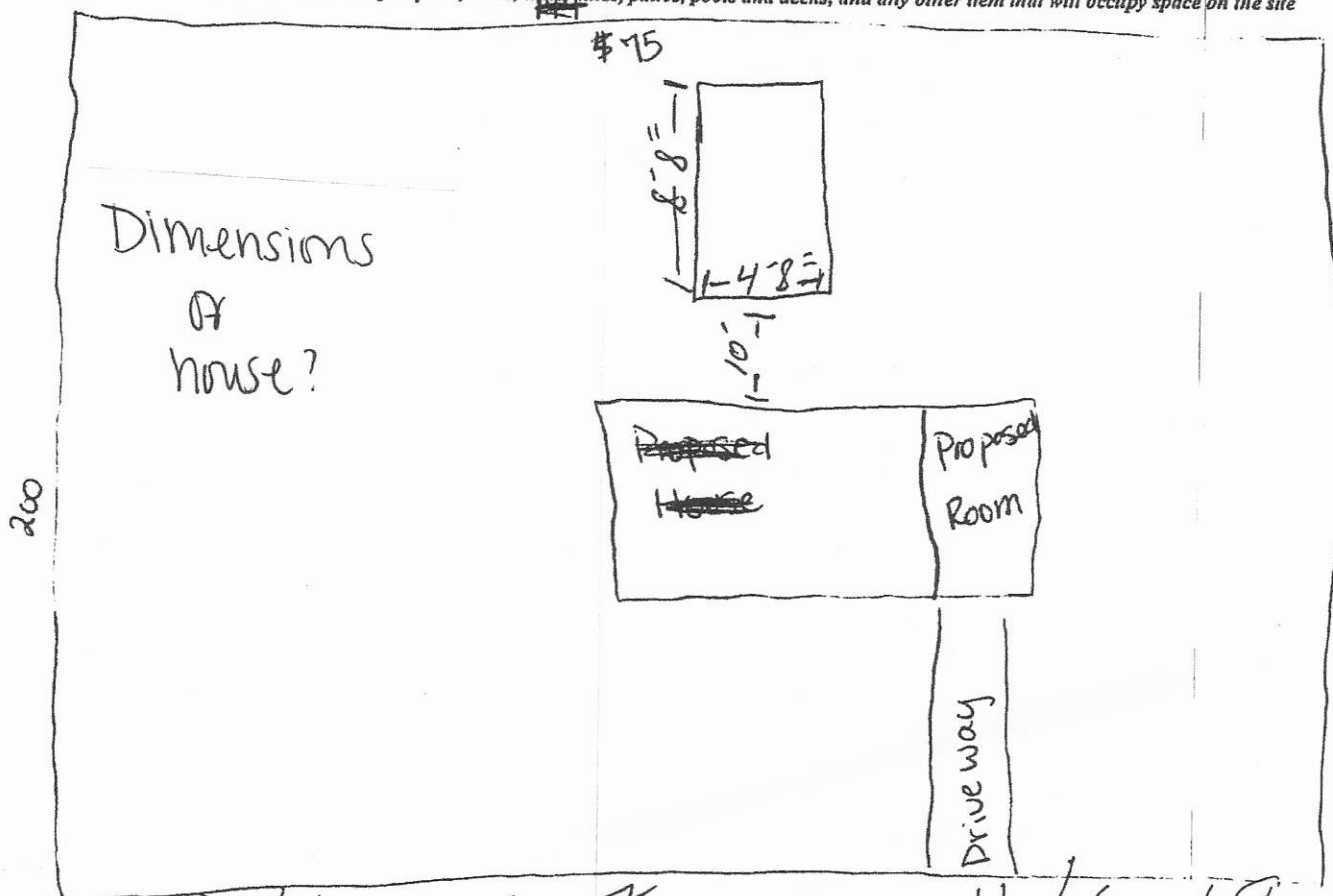


Circle N/A on the following if appropriate:

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: Pablo - cobrera 11/6-19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Eva Santibañez + Pablo Cabrera, am the legal owner(s) of the property located at 2335 2nd strict, identified as PIN (Parcel Identification Number) 2335 2nd Street, 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.

Eva Santibanez 10/22/19
Signature of Owner(s) Date

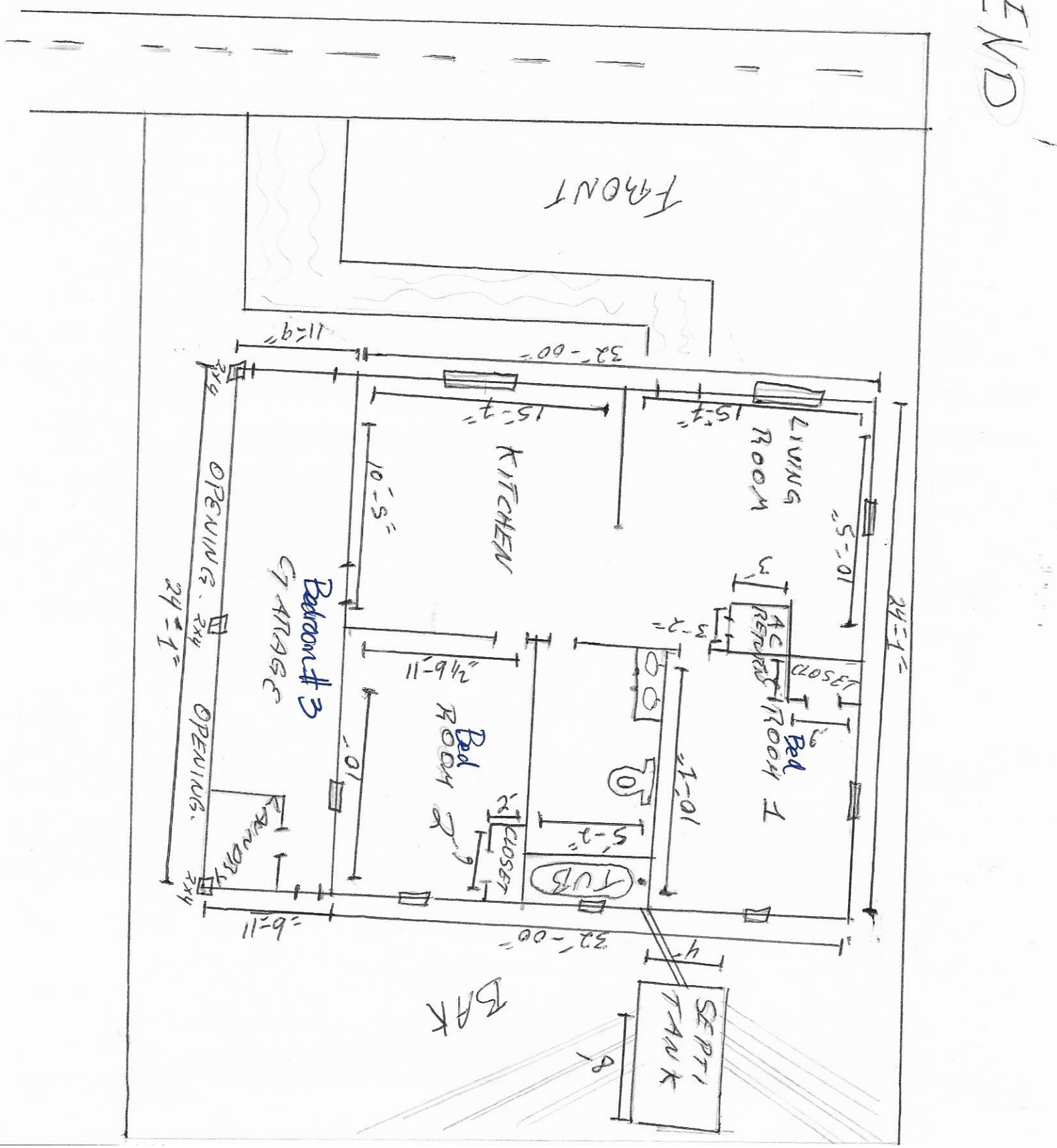
_____ _____
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!
Pablo C Date 2/21/20
Carla C. Nieto Date 2-21-20



302471

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	2335 2ND ST	Permit Number	000768
Owner	CABRERA PABLO T+EVA S JAIMES	Tax Map	4724870428.000
Owner Address		Zoning	B-4
Phone No.		Flood Hazard Area	
Contractor	CABRERA PABLO T+EVA S JAIMES	Historic District	
Address		Architect	
Phone No.		Address / Phone No.	

Type of Application Closing in Garage

Utility Source

Electric
Water
Sewer

Required Information

0	Lot Dimensions		Required Parking	**Setbacks**	
	Structure Size &		Landscaping	40	Front Yard
	Location		Utility Clearance	20	Rear Yard
	Easements		TRC Review	10	Right Yard
	Flood Certification		Other	10	Left Yard
	Driveway Cuts				

Department Approval

Planning Department afw 11/7/19 Public Works

Comments CLOSING IN GARAGE TO ADD BEDROOM AND OTHER INTERIOR WORK. NO CHANGE IN FOOTPRINT OF BUILDING. HOME IS MOST LIKELY ON SEPTIC AS GIS SHOWS NO SEWER LINE ON 2ND STREET

PROPERTY IS ZONED B-4 AND IS A NON-CONFORMING USE THAT IS ALLOWED TO BE APPROVED AND CONTINUED AS A RESIDENCE

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 and 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.

x Pablo - Cabrera

Applicant Signature

Date