ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321931

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

PIN # 4728 -- 80 -- 8379

APPLICANT/OWNER: Doris Cabrera Perez APPLICANT ADDRESS: 138 Riverfield Dr, Statesville

SITE ADDRESS: 138 Riverfield Dr Statesville 28625 PHONE: 704-500-9045 ALT. PHONE –

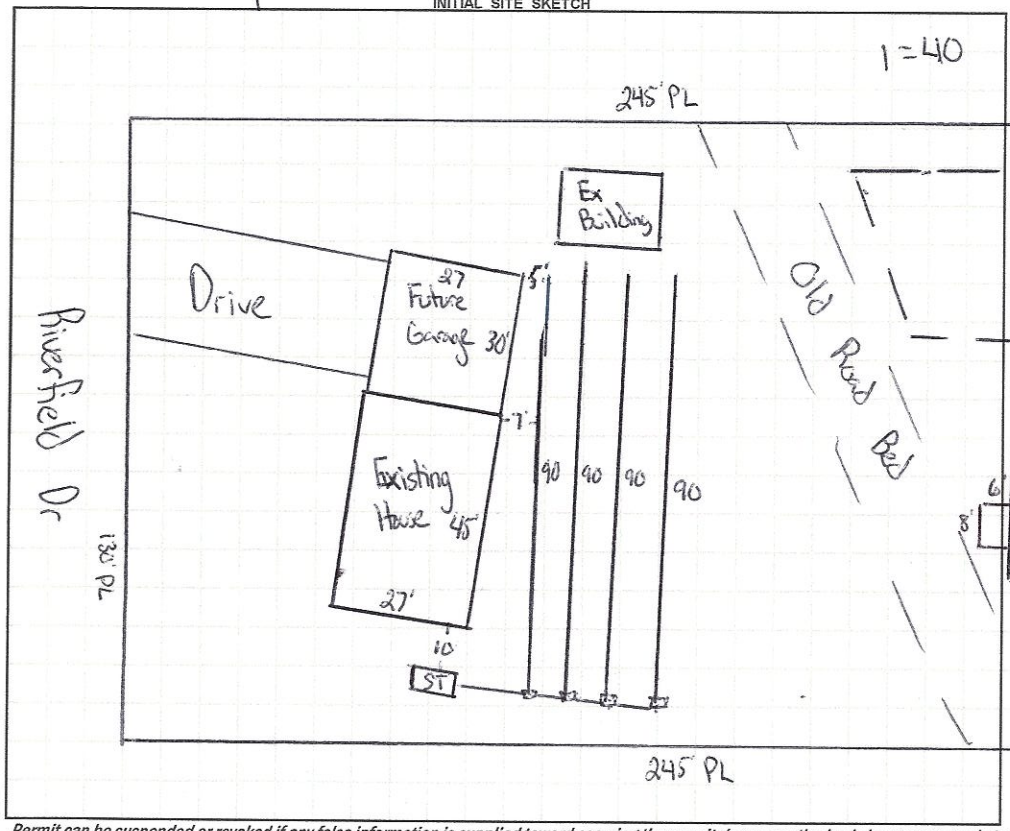
SITE DIRECTIONS: 115 N - Rt Branchwood Rd - Lt Riverfield Dr SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ridgecrest SECTION: P2 LOT # 119 LOT AREA: 0.73 DESIGN FLOW: EXISTING LT.A.R.: NG

Septic Tank	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply		
Pump Tank	(gal)	PT	Date	System Description: Existing	☐ Business	No. Persons	6	☐ Private		
Pump Make	Model		Serial #	Repair System Description: 25% reduction	☐ Other	No. Employees		☒ Public		
# Nitrification Fields	# Lines		Linear Ft:	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community		
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth –	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing		

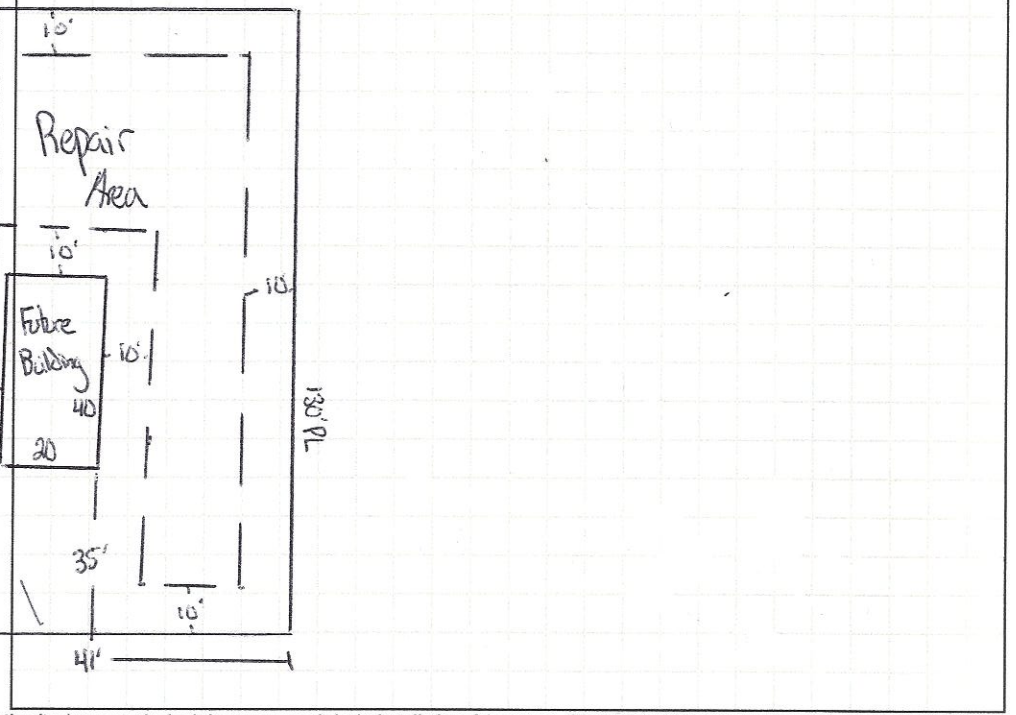
Comments / Conditions: The purpose of this permit is to add a garage and building to the lot. Do not move the garage or building into the septic area.

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.



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.*

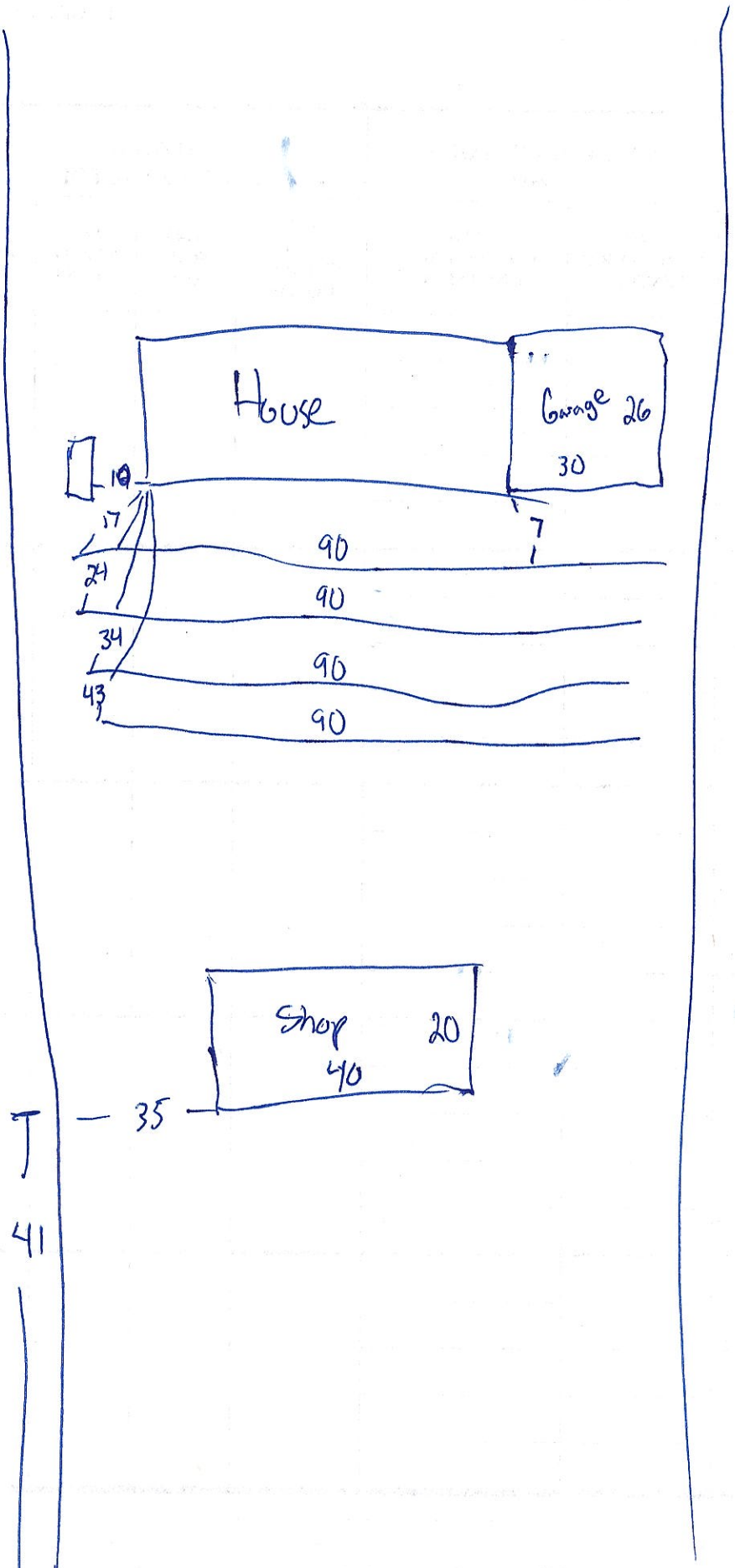
Owner / Applicant Signature: Doris Cabrera Perez Date: 10/28/21 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Cory Whitt Date: 10/21/21

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

138 Riverfield



RECEIVED OCT 0 1 2021

CW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-321931 $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Doris Cabrera Perez Address: 138 Riverfield dr Zip: 28625
Applicant Email: Angelval304@hotmail.com Phone: (704)5009045 Alt. Phone: _____
Owner Name: Doris Cabrera Perez Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 138 Riverfield dr statesville NC 28625
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
( ) 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 ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Doris Cabrera Perez 10/01/21
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

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) I Doris Cabrera Perez

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, Doris Cabrera Perez, am the legal owner(s) of the property located at 138 Riverfield dr Statesville NC 28625 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.

Doris Cabrera Perez — Signature of Owner(s)

10/9/21 — Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

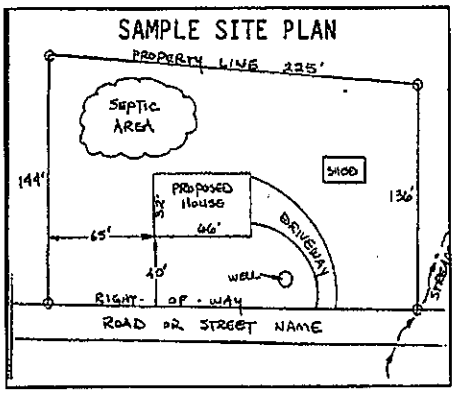
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (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

Please see ~~ask~~ attachment

Signature: Doris Cabrera Perez

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

10/01/21

DATE

Future Garage 27 X 30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 019474 PIN# 4728 80 8379 DATE 3-12-99

OWNER OR CONTRACTOR CRAVEN, ET AL PHONE: Business 872-6695 Home

ADDRESS P.O. BOX 2257, ASHEBORO, NC 27204

LOCATION NC 115 N, TR BRANCHWOOD TL RIVERFIELD DRIVE 5TH LOT ON RIGHT

SUBDIVISION RIDGECREST BLOCK / SECTION II LOT 1191 LOT AREA 0.73 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.80 GPD/SF2

Septic Tank: 1000 Gallons; STB 10.17 Date 3-22-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 360'
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V
System Description: 25% REDUCTION GRAVITY
Repair System Description: 25% REDUCTION GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

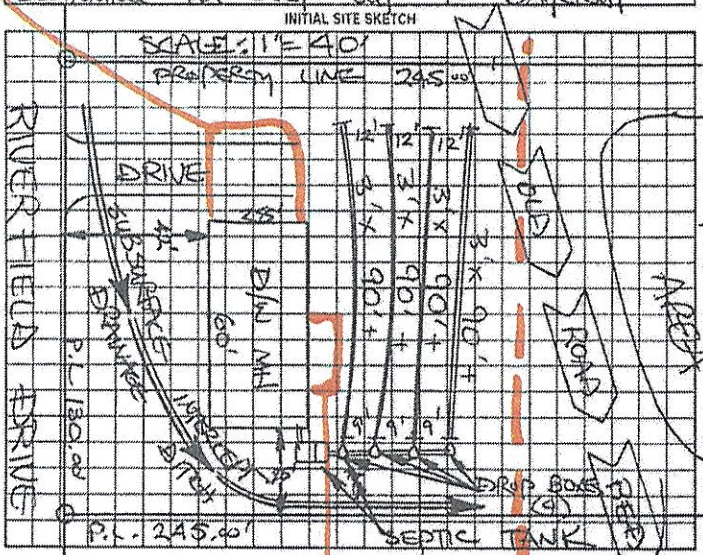
☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

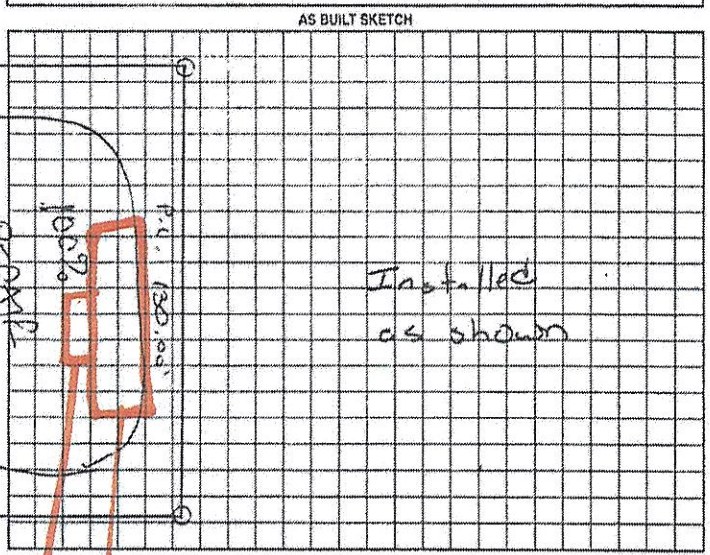
Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS OR THIRTY-SIX (36) HDS SECTIONS ② CONSTRUCT SUBSURFACE INTERCEPT DITCH BEGINNING 12" DEEP OUT TO DAYLIGHT

Comments/Conditions

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed: [signature] date 3-17-99 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HENDRICK date 3-12-99 Operation Permit by: [signature] date 5-11-99

Authorization to Construct by: STEVE HENDRICK date 3-12-99 Existing System Inspection by: date

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

Future Deck 20 X 20

Possible Retaining Wall

Deck 6 X 8

Future Garage 30 X 30

IREDELL COUNTY · NC

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

APPLICATION NUMBER
321931 Issue Date: 09/29/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4728808379.000	138 RIVERFIELD DR	Iredell County

Owner Information	Applicant Information
Name: PEREZ DORIS C	Name: PEREZ DORIS C
Address: 138 Riverfield Dr Statesville, NC 28625	Address: 138 Riverfield Dr Statesville, NC 28625
Phone:	Phone:

Use Requested	Zone Code
Rural Home Occupation	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.73	0	0	0	0	WSIV-PA South Yadkin	NO

Remarks

Rural Home Occupation in New Accessory Building

All related buildings, signs and other appurtenances shall be setback a minimum of thirty (30) feet from any adjacent residentially zoned property and provide screening per Section 5.2. A rural home occupation shall be contained entirely within one building with a maximum floor area of 2,000 square feet devoted to the use. There shall be no outside storage of materials or equipment involved with any rural home occupation. One rural home occupation shall be permitted per lot. The operator of the rural home occupation must reside on the same parcel of land upon which the rural home occupation is located. No more than three (3) people who do NOT reside on the premises may be employed by a rural home occupation. The rural home occupation shall NOT create smoke, odors, dust, or noise which would cause health hazard or nuisance to surrounding property. No vehicle associated with the use shall have more than six (6) wheels or more than three (3) axles.

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.

Date: 09/29/2021

Signature of Owner/Contractor

Permit Number	321931	TOTAL FEES:	$77.25