# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226812

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

PIN # 4736-47-3397

APPLICANT/OWNER: Roy Bautista APPLICANT ADDRESS: 230 Harriet Lane Statesville, NC 28625

SITE ADDRESS: 230 Harriet Lane Statesville, NC 28625 PHONE: 704-880-5378 ALT. PHONE 704-500-6523

SITE DIRECTIONS: Chipley Ford Rd N → L on Harriet Lane → House on Right SAP CONTROLLED: ☐ YES ☒ NO

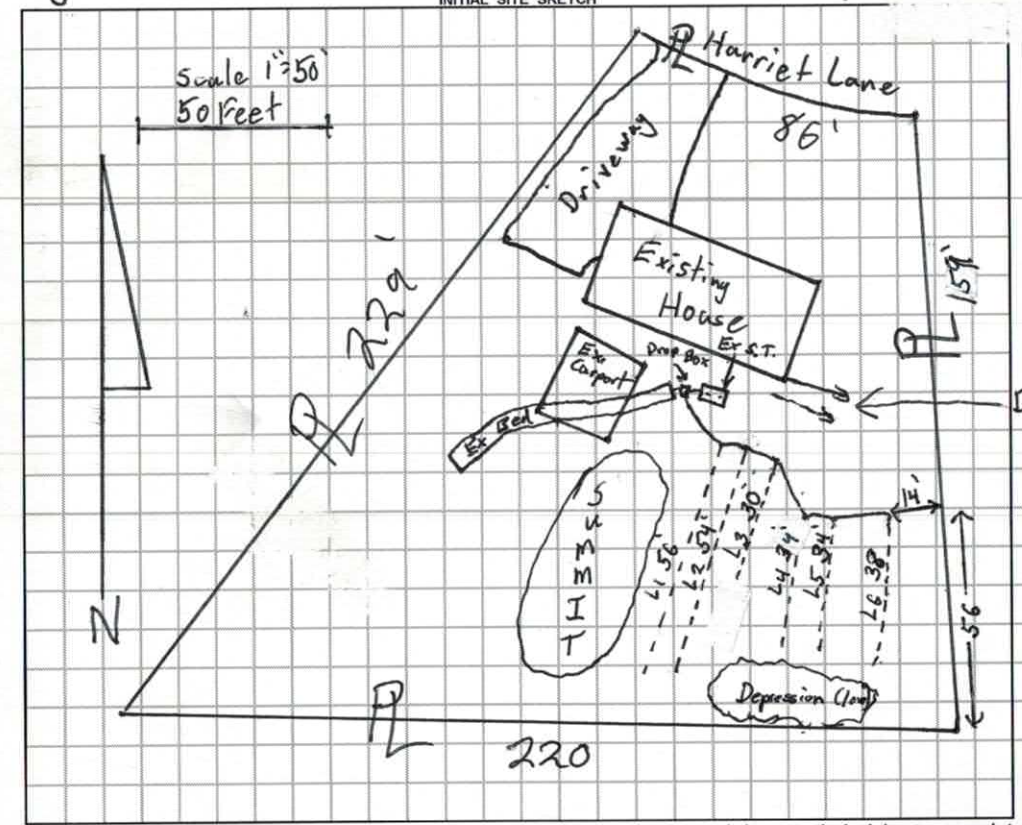
SUBDIVISION: Chipley Park Tsumas West Addition SECTION: — LOT # 16 LOT AREA: ± 0.6 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 160-1000 | Date | 3-25-19 | ☐ 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: | tank + 25% reduction (partial) | | |
| # Nitrification Fields | 1 | # Lines | 6 | Linear Ft | 246 | Maintenance Agreement Required: | ☐ YES | ☒ NO | |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 33" | Gravel Depth | — | | ☒ GRAVITY | ☐ PRESSURE | |

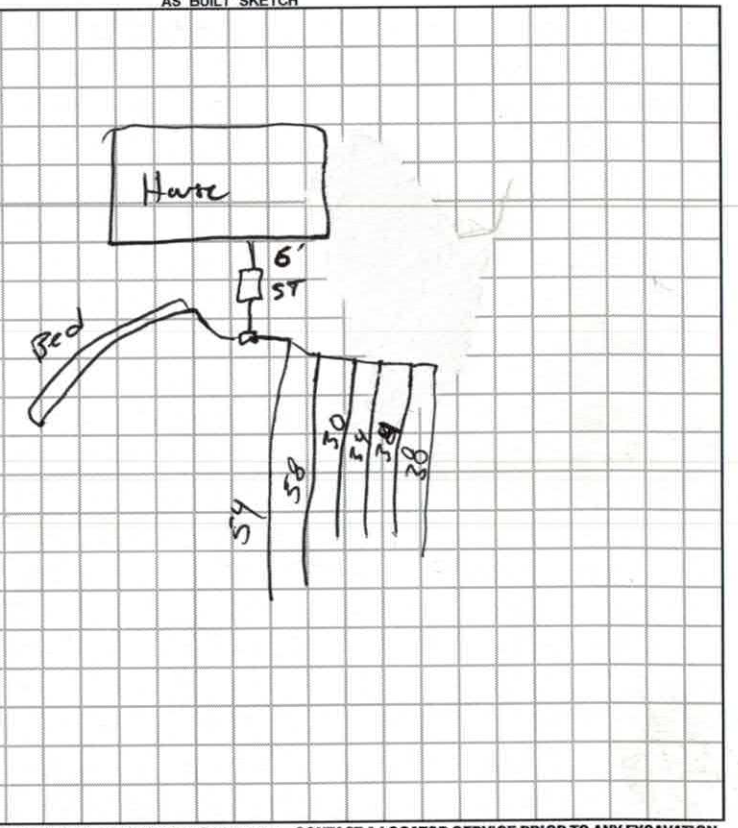
| | | | |
|---|---|---|---|
| ☒ Residence | No. Bedrooms | 3 | Water Supply |
| ☐ Business | No. Persons | 6 | ☐ Private |
| ☐ Other | No. Employees | | ☐ Public |
| ☐ Slab | ☒ Crawl Space | | ☒ Community |
| ☐ Basement w/plumbing | ☐ Basement w/o plumbing | | |

Comments / Conditions: Existing septic tank to be replaced with new septic tank in approximately same location Recommend pumping new tank every 3-5 years. As replacement system is undersized by ≈54 linear feet due to lot limitations (topographic, etc.) conservative water use is strongly encouraged. New drop box shall be designed to use the existing bed first, then spill over into newly installed lines.

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: Maria L Bautista Date: 6/17/17 Installed by: K+M Grading

IMPROVEMENT PERMIT by: Tom Rhuch Date: 5/6/2017 OPERATION PERMIT by: [signature] Date: 5-16-19

AUTHORIZATION TO CONSTRUCT by: Tom Rhuch Date: 5/6/2017 Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

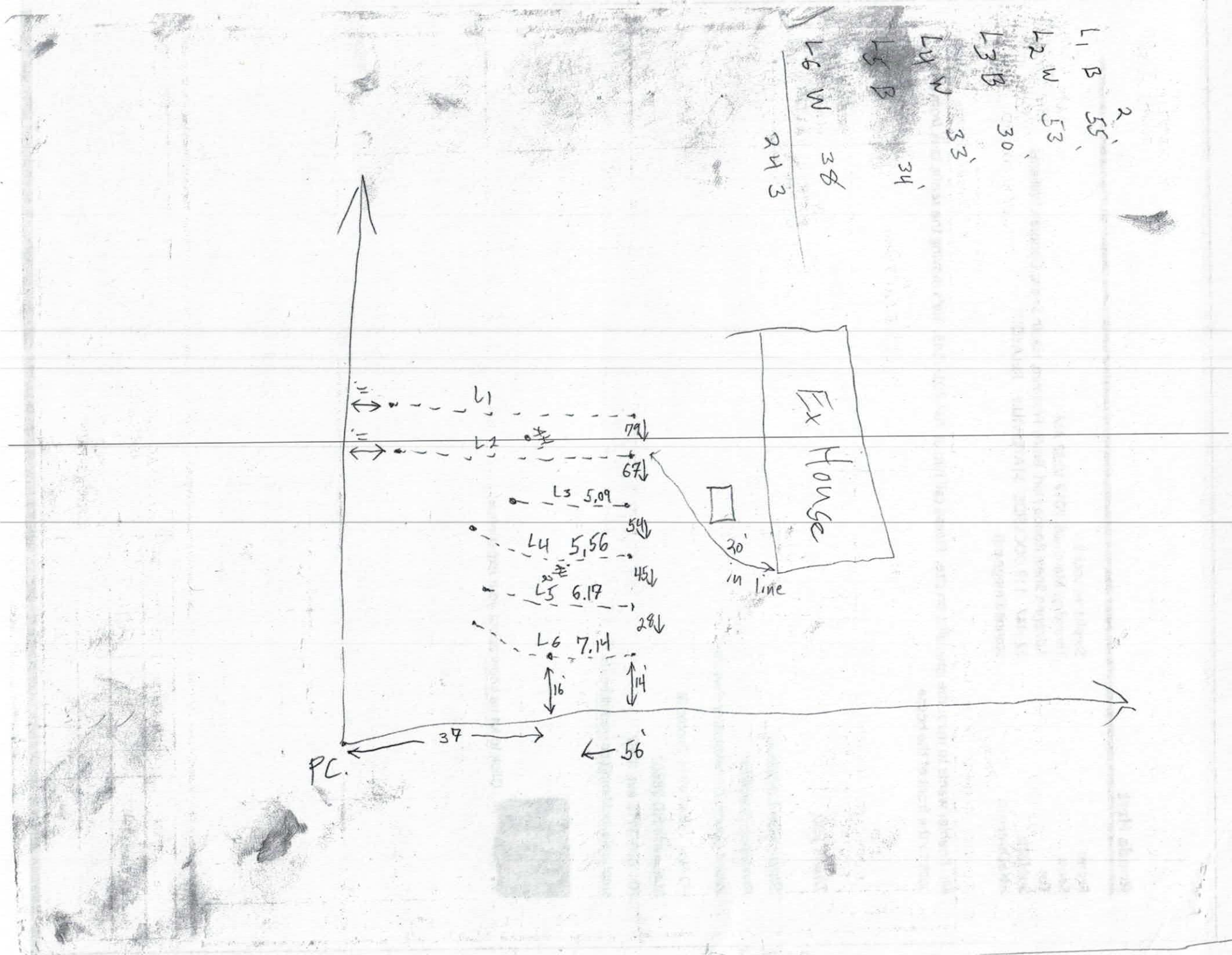
OWNER: Roy Bautista — APPLICATION DATE: 4/27/17
ADDRESS: 230 Harriet Lane Statesville — DATE EVALUATED: 5/17/17
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: ≈0.65 acre
LOCATION OF SITE: 230 Harriet Lane Statesville (Repair) — PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other community
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 | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Shoulder LSS Summit 8% Left Behind House | 0-23 | Clay w.sBK | SI Firm, Sticky, Sp, Sexp | – | 48 (Deep) | – | – | 0.3 PS |
| | | 23-48 | Clay Loam v.w.sBK some mica | Friable, SS, Sp, Sexp | | | | | |
| 2 | LSS 8% Midway Down topography | 0-27 | Clay m-w sBK | SI Firm, Sticky, Sp, Sexp | – | 48 | – | – | 0.3 |
| | | 27-46 | Clay Loam v.w sBK (some mica) | SI Friable, SS, Sp, Sexp | | | | | |
| | | 46-48 | Clay Loam + Saprolite (w.sBk | Friable, SS, Sp, Sexp | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | 246 l.f. ← undersized |
| System Type(s) | | 25% reduction |
| Site LTAR | | 0.3 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS:


L1 B 55'
L2 W 53'
L3 B 30'
L4 W 33'
L5 B 34'
L6 W 38'
RH 3
L1
L2
79
67
L3 5.09
54
L4 5.56
45
L5 6.17
28
L6 7.14
16'
14'
37'
56'
PC.
Ex House
20'
in line

57407 226 812

# 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 Repair

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 # |
|---|---|---|---|
| ROY BAUTISTA | 230 HARRIET LN STATESVILLE | 704 880 5378 | 704 500-6523 |
| ROY BAUTISTA | 230 HARRIET LN | | |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 230 HARRIET LN | | |

Driving Directions: TAKE CHIPLEY FORD TIL YOU FIN CROSSWITH MAKE RIGTH CONTINUE TIL YOU SEE HARRIET LN

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to tank broken
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 5
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 (X) 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: ROY BAUTISTA
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/27/15
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:**

**X** 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***

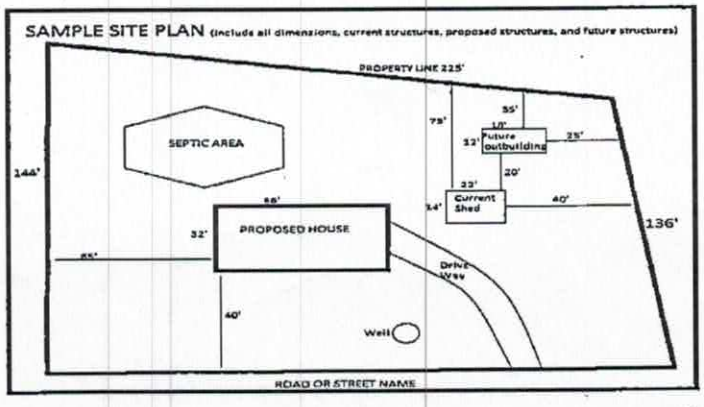
____ Front and side setbacks from property line... ____ Preferred driveway location and configuration, preferred well location...

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

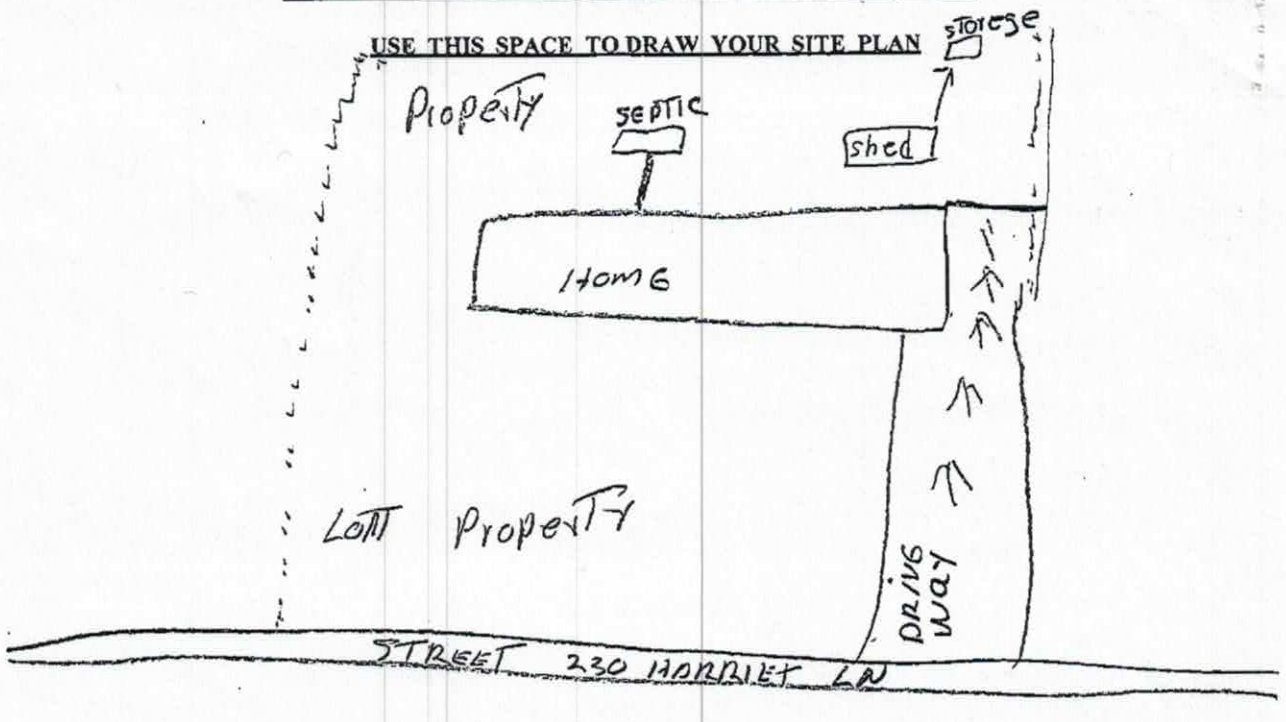
**Circle N/A on the following if appropriate:**

____ 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:** Roy Bautista
***REQUIRED*** **property owner or owner's legal representative signature.**

4/27/17
DATE

(BB)

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

PIN # 4736-47-3397

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SITE ADDRESS: 230 Harriet Lane Statesville, NC PHONE: 704-880-5378 ALT. PHONE: 704-500-6523

SITE DIRECTIONS: S. Chipley Ford Rd N → L on Crosswhite Lane → L on Harriet Circle → House on Right

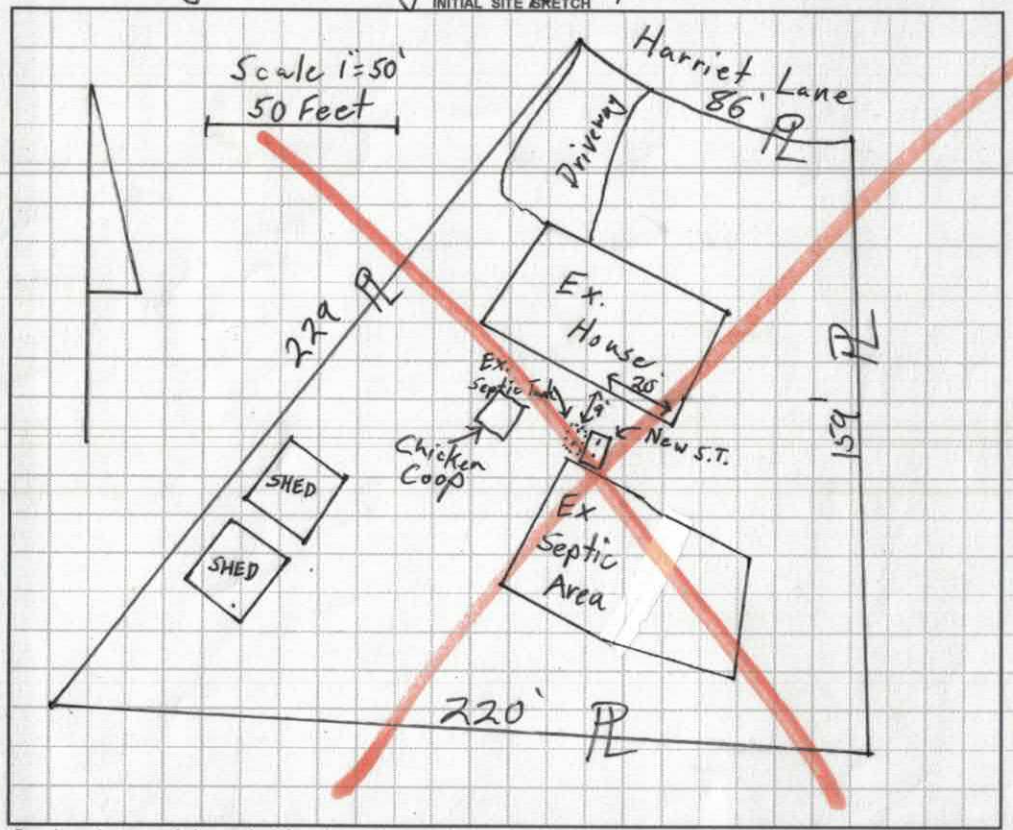
SUBDIVISION: Chipley Park Tsumas West Addition SECTION: LOT # 16 LOT AREA: DESIGN FLOW: 360 GPD L.T.A.R.: —

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (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: | Replace existing cracked | | | ☐ Business | No. Persons | 6 | ☐ Private | | | |
| Pump Make | — | Model | | — | Serial # | — | Repair System Description: | septic tank as requested | | | ☐ Other | No. Employees | | ☐ Public | | | |
| # Nitrification Fields | Ex | # Lines | Ex | | Linear Ft: | Ex | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space | | ☒ Community | | | |
| Trench Width | Ex | Max. Trench Bottom Depth | | Ex | Gravel Depth | Ex | | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing | | | |

Comments / Conditions: Existing tank shall be pumped, limed and either 1) Crushed in place 2) Hauled away or 3) Filled with clean, flowable material that is essentially self-leveling (stone/gravel, sand or cement)

Recommend pumping septic tank every 3-5 years. ★ Should replacement of the tank not bring the system back into proper functionality, additional repairs may be needed ★

INITIAL SITE SKETCH




AS BUILT SKETCH

Owner Desires Drainfield Replacement (5/16/17)

Owner/Applicant Roy Bautista

EHS Shuck

Amount Owed $ 150

*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: Sonia Lopez Date: 5/8/17 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/5/2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/5/2017 Existing System Inspected by: Date:

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