IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229102.

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

PIN # 4752941317.

APPLICANT/OWNER: Antonio Hermenecildo APPLICANT ADDRESS: 359 Third Creek RD Statesville NC

SITE ADDRESS: 205 Clements Road. Statesville NC 28677. PHONE: 704-252 8718 ALT. PHONE —

SITE DIRECTIONS: Hwy 70 towards Salisbury, Right on Shiloh RD, Left on Clements RD. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Rebecca Source SECTION: -2- LOT # 8 LOT AREA: 1.71 Acres. DESIGN FLOW: 600 gpd L.T.A.R.: .3

Septic Tank 1500 (gal) STB 1014 Date 3/11/17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 500

Trench Width 36 inches Trench Bottom Depth(Low side) 30 inch Gravel Depth ~

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

System Description: 25% reduction

Repair System Description: 50% Reduction LPPBPS.

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees

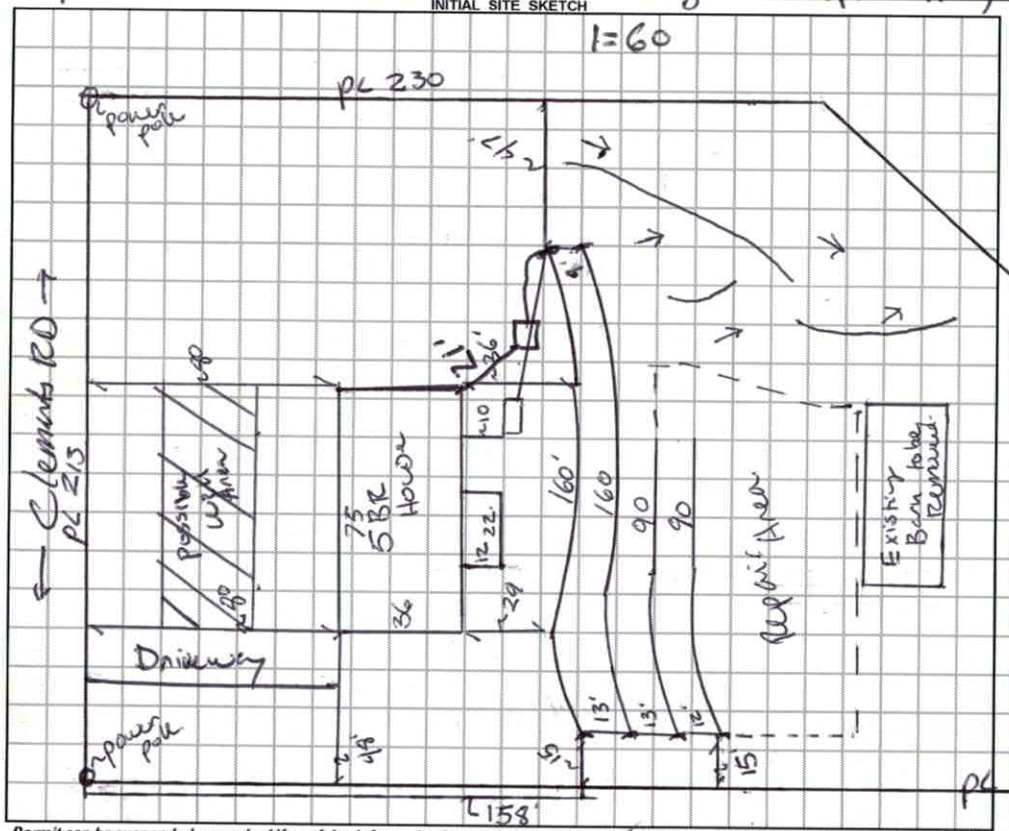
☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☒ Basement w/o plumbing

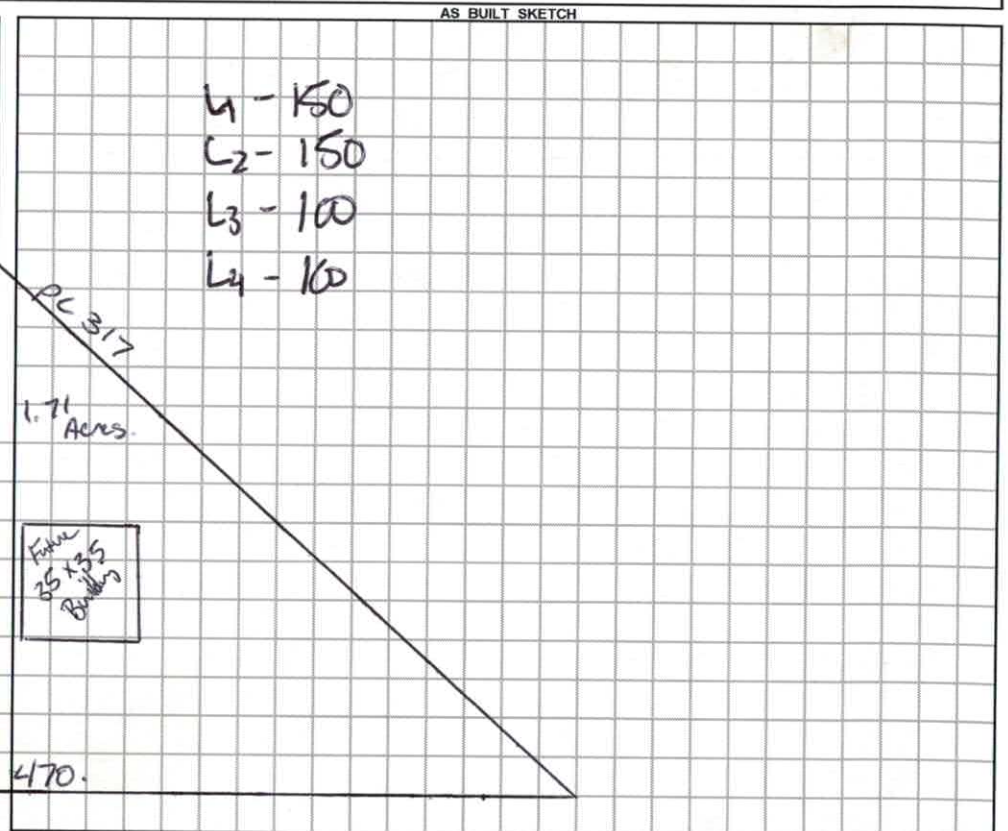
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on the contour of the land & utilize serial distribution. Trench bottom must be 30 inches due to Restrictive Horizon. Do not drive, park, pave, grade or bury utilities in the drainfield area. Maintain 10 ft from any foundation drain if downhill. Divert Drainage & downspouts away from septic system. Call 704-664-3703 to schedule Final Inspection

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: Antonio Corrales Date: 8-18-17 Installed by: Kevin W Rowan Septic

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 8/11/2017 OPERATION PERMIT by: Carla C. Cave Date: 8/14/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 8/14/2017 Existing System Inspected by: Date:

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

Sheet 1 of 1
PROPERTY ID #: 9752941
COUNTY: Iredell

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

OWNER: Antonio Hermenegildo
ADDRESS: 359 Third Creek SVC NC.
PROPOSED FACILITY: House (SFR) PROPOSED DESIGN FLOW (.1949): 600 gpd
LOCATION OF SITE: 205 Clements RD SVC NC
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE 7-31-2017
DATE EVALUATED: 8-10-2017
PROPERTY SIZE: 1.71 Acres.
PROPERTY RECORDED: Yes.
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 10-12%	0-9	scl sbk	sssp fr / sexp	2.5YR5/8.	48.	Lithomorphic	✓	PS .3 max 36.
		9-32	c sbk	sssp fm					
		32-48	cl wsbk	sssp fr ✓					
2	LSS 10-12%	0-2	scl wsbk	sssp fm sexp	2.5YR5/8	52.	Henry Lithomorphic	✓	PS .3 max 36.
		2-17	c sbk	sssp fm					
		17-52.	cl wsbk	sssp fr ✓					
3	LSS 10-12%	0-6	scl	ss sp fm sexp	Flowing.	55	Henry Lithomorphic	✓	PS .3 Trench bottom btw 50-36
		6-24	c sbk	sssp fm sexp					
		24-27	c Rock w/in Flowing	FM Rock layer / Flowing.					
		27-38.	c sbk	sssp fm sexp.					
		38-55.	cl wsbk	sss. vfr sexp.					
4	LSS 10-12%	0-2	scl wsbk	ss. sp fm sexp.	2.5YR5/8.	52.	Henry Lithomorphic	✓	PS .3.
		2-15	c sbk	sssp fm sexp					
		15-52	cl wsbk	sssp vfr sexp.					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	500 L.F.	334 L.F.
System Type(s)	III 25% Red	IV 50% Reduction
Site LTAR	.3	.3

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

COMMENTS: Bern / Future Driveway

LEGEND

use the following standard abbreviations

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

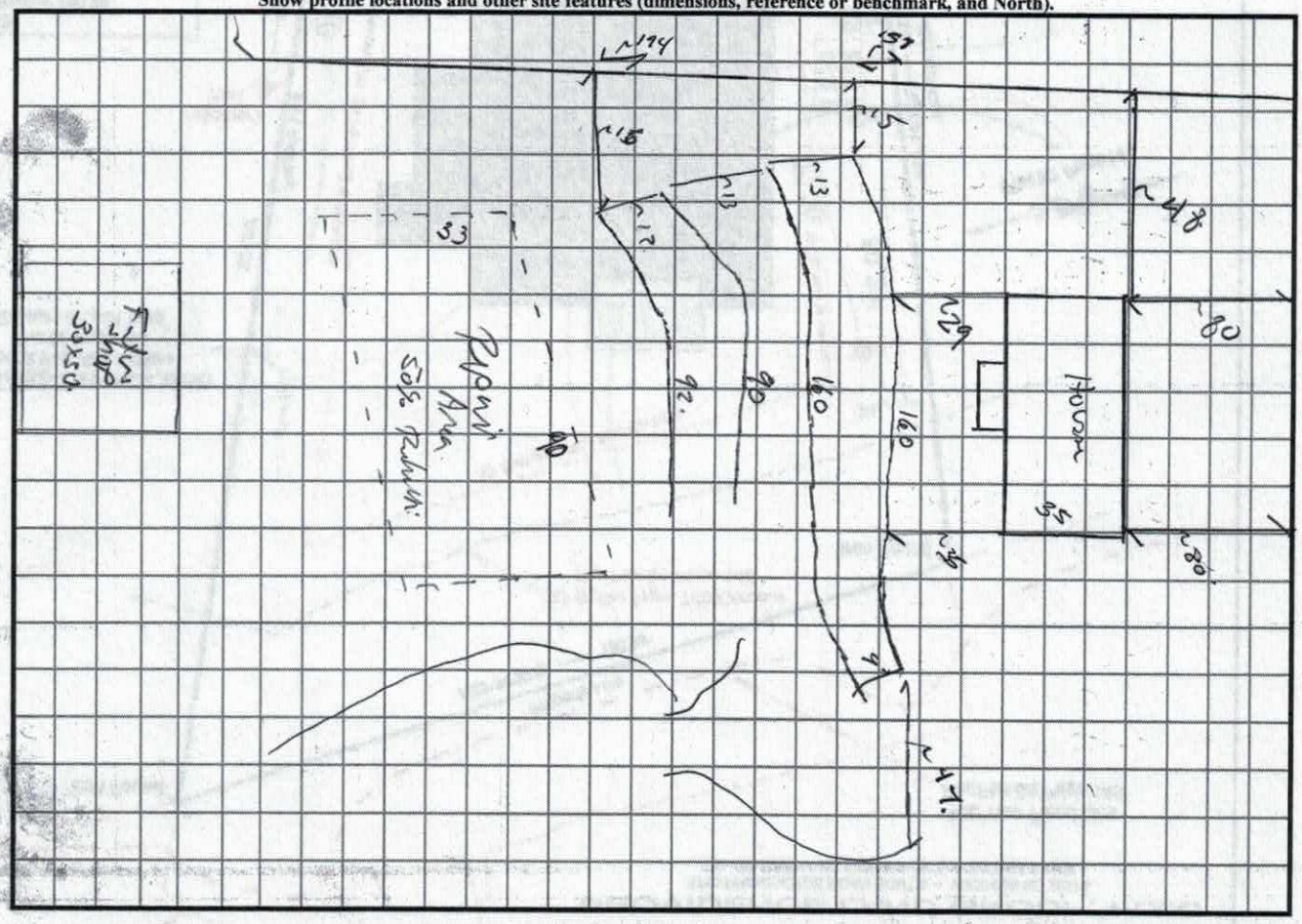
NOTES

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).



#500

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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: Antonio Corales Hernandez Address: 359 Third Creek Zip: 28677
Applicant Email: _____ Phone: 704-252-8718 Alt. Phone: _____
Owner Name: Antonio Corrales Hernandez Address: same Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 205 Clements Road
Subdivision Name: _____ Section/Phase: _____ Lot Number: 8
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: 5
Maximum Number of Occupants: 6
( ) 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.

X **Signature:** Antonio Corales Hernandez 2-31-12
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

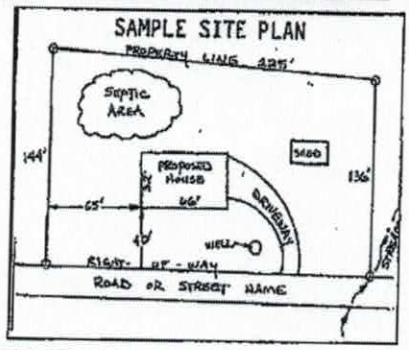
ENVIRONMENTAL HEALTH DIVISION

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

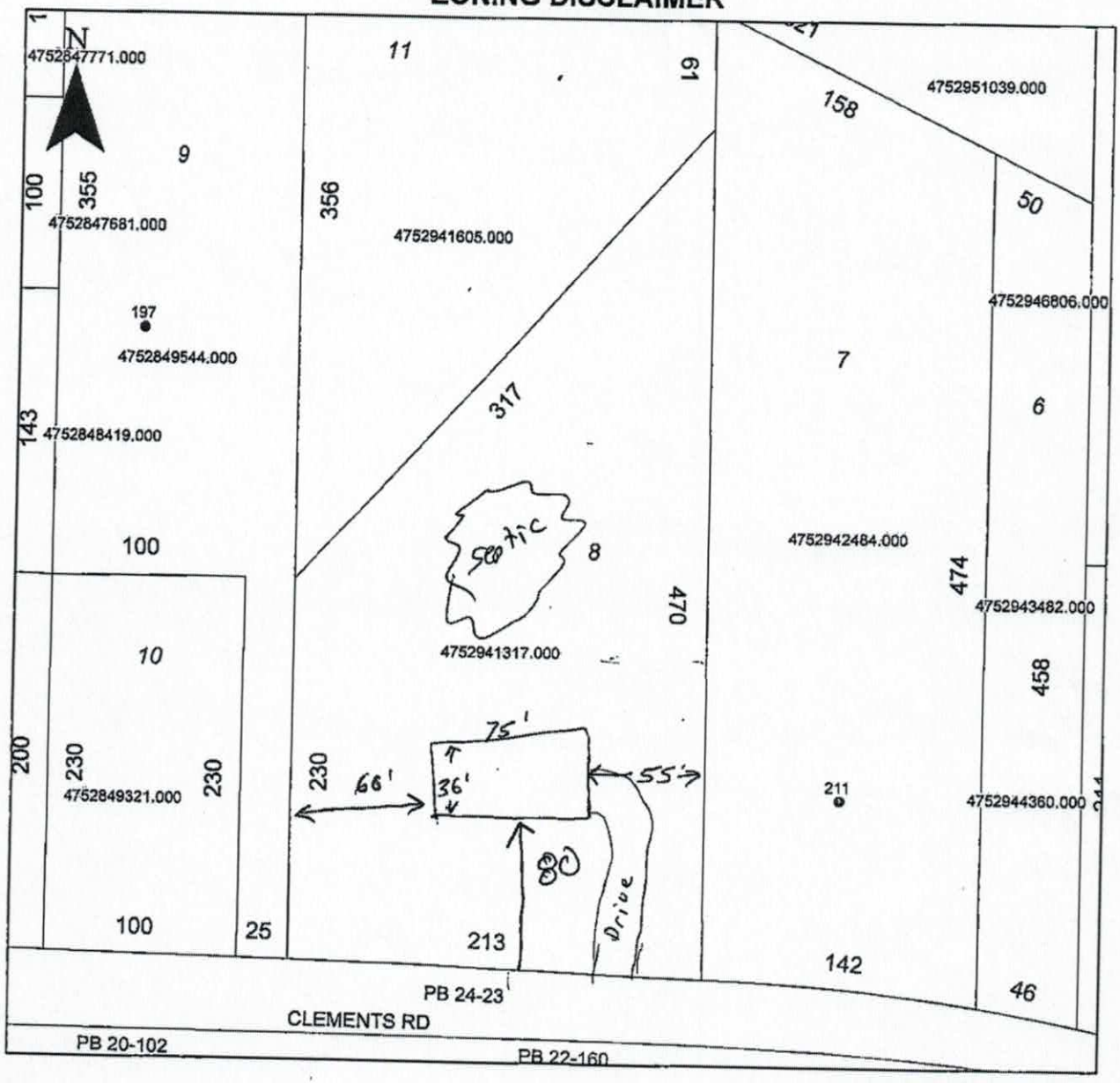
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Signature: Antonio Douglas Hernandez Ildo
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-31-17
DATE

ZONING DISCLAIMER



Property Address _____

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. Applicant further acknowledges that the 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.

Antonio Cornelio Hermosillo

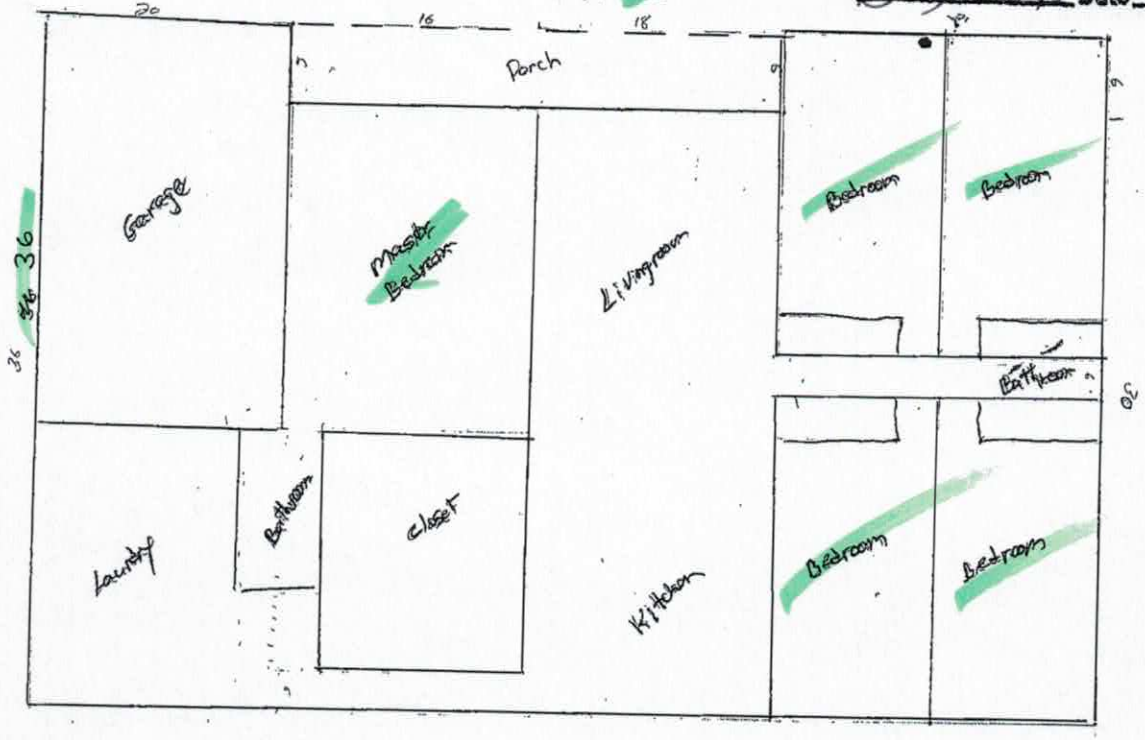
Applicant

7-31-17

Date

Acknowledgement Of
Plans Submittal ONLY!
Advance Condos Date 2-27-17
Benjamin R Date 8/14/2017.

75 75



IREDELL COUNTY

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

APPLICATION NUMBER
229102
Issue Date: 07/31/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4752941317.000	205 CLEMENTS ROAD, STATESVILLE, NC 28677	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HERMENEGILDO ANTONIO+ARELI S	Applicant: HERMENEGILDO ANTONIO+A
Address: 359 THIRD CREEK RD STATESVILLE, NC 28677	Address: 359 THIRD CREEK RD STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.710	35.00	35.00	15.00	15.00	NOT	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	110662	TOTAL FEES:	$ 77.25