ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 · PERMIT # AP-312900

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

PIN # 4756 - 49 - 8181

APPLICANT/OWNER: ALONZO PINEDA — APPLICANT ADDRESS: 2215 WEXFORD WAY, STATESVILLE, N.C. 28625

SITE ADDRESS: 137 RENAISSANCE PLACE, STATESVILLE, N.C. 28625 — PHONE: 704-902-8701 — ALT. PHONE 704-450-0902

SITE DIRECTIONS: (N) ON 21, (R) ON JANE SOWERS, (L) ON BAYMOUNT, (L) ON WEST BAYMOUNT, (R) ON RENAISSANCE, LOT ON (L) — SAP CONTROLLED: [x] YES [ ] NO

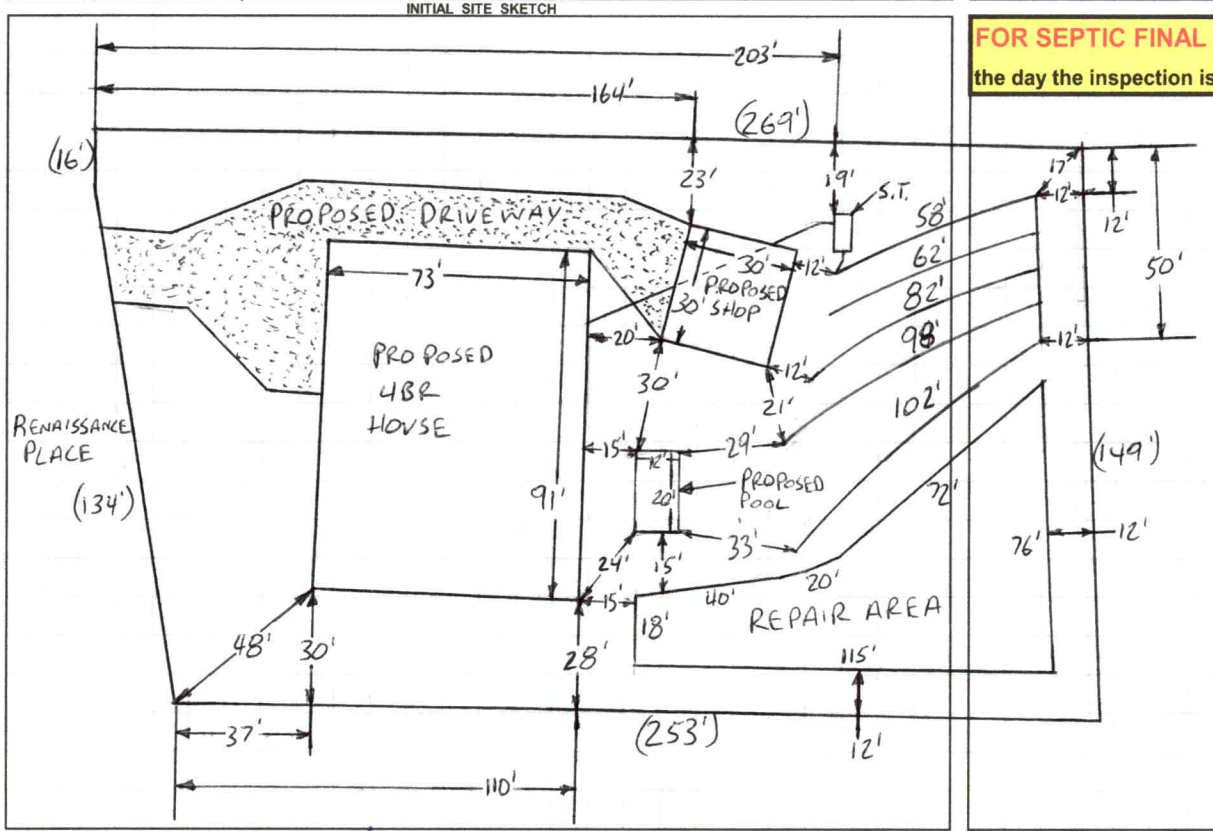
SUBDIVISION: BAYMOUNT MEADOWS NORTHWEST SECTION — SECTION: 2 — LOT # 16 — LOT AREA: 0.891 AC — DESIGN FLOW: 480 GPD — L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	160	Date	4/7/21	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	50% REDUCTION			
# Nitrification Fields	1	# Lines	5		Linear Ft	402 FT	Maintenance Agreement Required:	[ ] YES	[x] NO		
Trench Width	36 IN	Trench Bottom Depth (Low side)	24 IN		Gravel Depth	—	[x] GRAVITY	[ ] PRESSURE			

[x] Residence	No. Bedrooms	4	**Water Supply**
[ ] Business	No. Persons	8	[ ] Private
[ ] Other	No. Employees	—	[x] Public
[ ] Slab	[x] Crawl Space		[ ] Community
[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 34IN MAX TRENCH BOTTOM, MAINTAIN 15FT FROM WATERS EDGE OF POOL

INITIAL SITE SKETCH

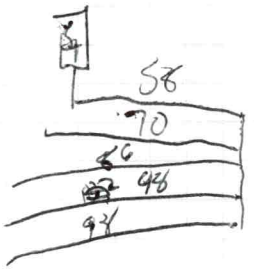


AS BUILT SKETCH

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 IN = 50 FT

S.T. = SEPTIC TANK



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.* [x] **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: 1/19/21 — Installed by: Hagar Byers Backhoe

IMPROVEMENT PERMIT by: Bradford C. White Date: 1-13-2021 — OPERATION PERMIT by: Matt Wa Date: 10/25/22

AUTHORIZATION TO CONSTRUCT by: Bradford C. White Date: 1-19-2021 — 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 #: 4756478181
COUNTY: IREDELL

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

OWNER: ALONZO PINEDA — APPLICATION DATE 11-24-2020
ADDRESS: 2215 WEXFORD WAY, STATESVILLE, N.C. 28625 — DATE EVALUATED: 12-10-2020
PROPOSED FACILITY: 4BR — PROPOSED DESIGN FLOW (.1949): 480GPD — PROPERTY SIZE: 0.891 AC
LOCATION OF SITE: 137 RENAISSANCE PLACE, STATESVILLE, N.C. 28625 — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE NOSE 20%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC + LITHO THRU OUT	33"	PS II L	NA	PS .325
		9-20	C, SBK	FR, S, P, SEXP					
		20-33	CL, WSBK	FR, SS, SP, SEXP					
		33-65	SAP, MAS	VFR, NS, NP, SEXP					
2	HEAD 18%	0-8	SCL, SBK	FR, SS, SP, SEXP	R/B MATRIX FEW SAP INC	60"+	NA	NA	PS .3
		8-40	C, SBK	FI, S, P, SEXP					
		40-60	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 15%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC + LITHO THRU OUT	42"	PS II L	NA	PS .325
		8-18	C, SBK	FR, S, P, SEXP					
		18-42	CL, WSBK	FR, SS, SP, SEXP					
		42-59	SAP, MAS	VFR, NS, NP, SEXP					
4	LINEAR SIDE/ HEAD 16%	0-17	C, SBK	FR, SS, SP, SEXP	SAP INC + LITHO THRU OUT	40"	PS II L	NA	PS .325
		17-40	CL, WSBK	FR, S, P, SEXP					
		40-60	SAP, MAS	VFR, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Wilson
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)	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.

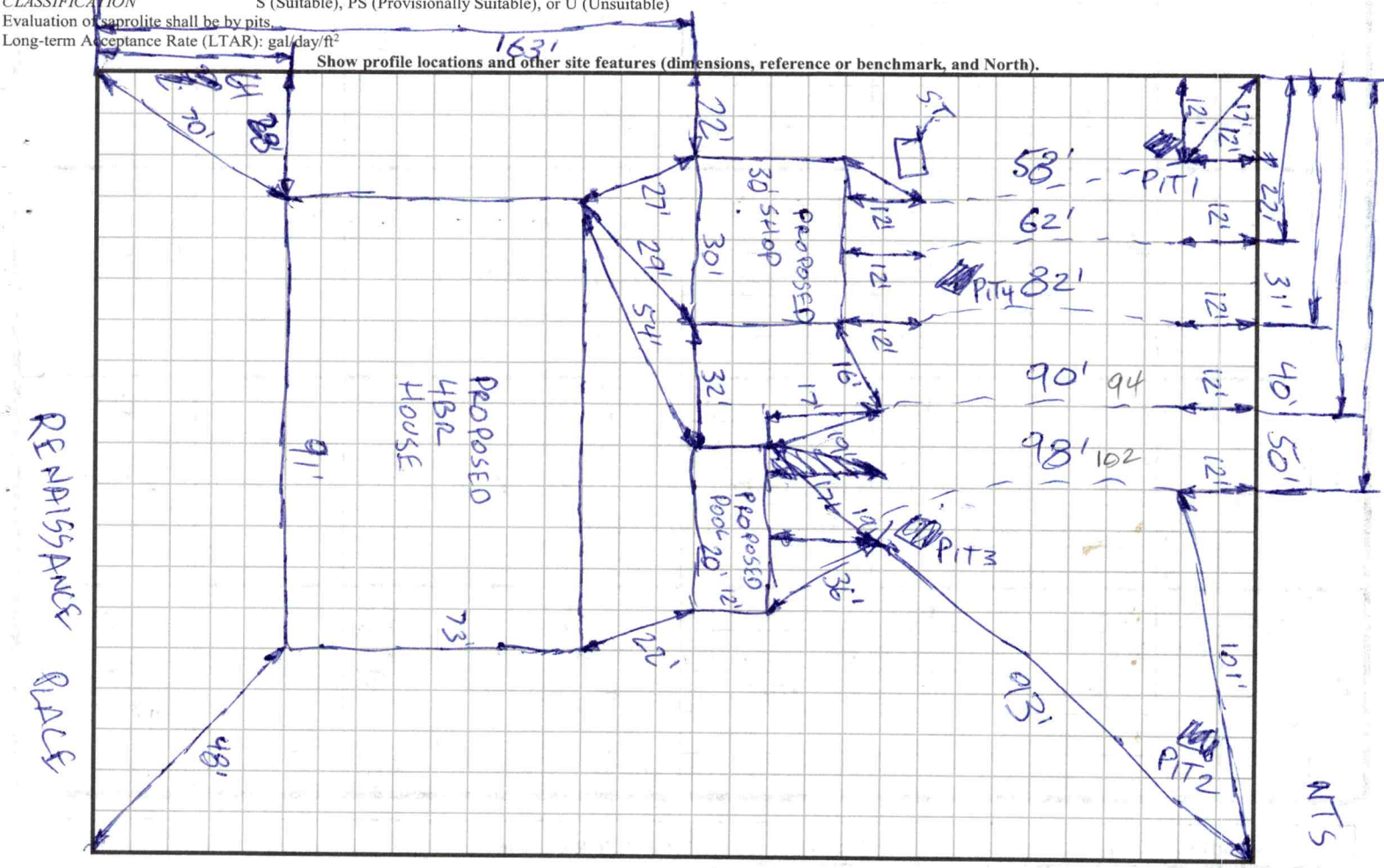
NOTES

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).



RECEIVED NOV 2 4 2020

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

AP-312900 $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (X) 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: ALONZO PINEDA Address: 2215 WEXFORD WAY Zip: 28625
Applicant Email: pineda2alonzo@yahoo.com Phone: 704-902-8701 Alt. Phone: 704-450-0902
Owner Name: ALONZO & ERIKA PINEDA Address: 137 RENAISSANCE PLACE Zip: 28625
Owner Email: pineda2alonzo@yahoo.com Phone: 704-902-8701 Alt. Phone: 704-450-0902

Property Information:

Street Address: 137 RENAISSANCE PLACE STATESVILLE NC 28625
Subdivision Name: BAYMOUNT MEADOWS Section/Phase: _____ Lot Number: 16
Driving Directions: JANE SOWER RD - TAKE BAYMOUNT DR - CONTINUE TO BAYMOUNT DR TO THE LEFT - MAKE A LEFT TURN AT W. BAYMOUNT DR - TAKE A RIGHT ON RENAISSANCE PLACE AND THE HOUSE WILL BE ON LEFT

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) Swimming Pool
(X) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2,534 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) 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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) 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: _____ 11/24/20
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*) _____

[X]

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) Date

Mooresville - Environmental Health

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

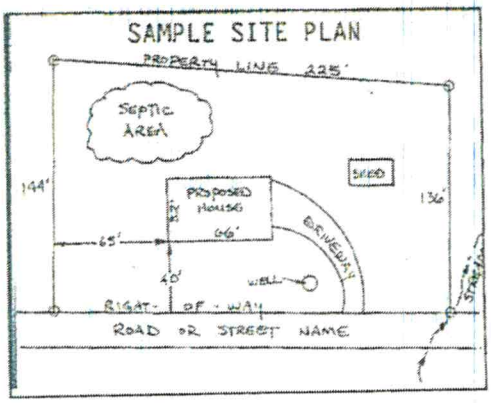
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

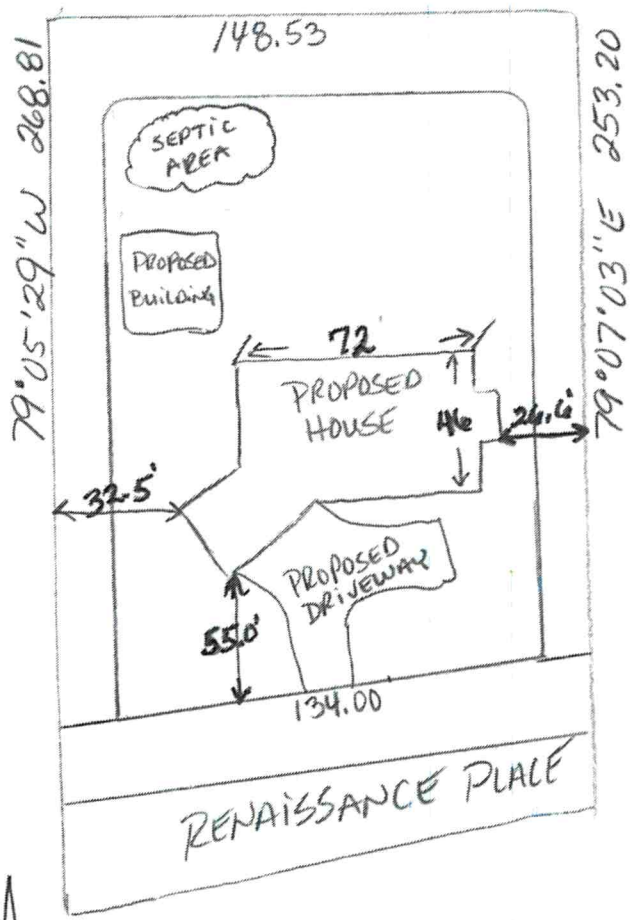
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

11/24/20
DATE

Page _____ that the Ratio of Precision is 1 : _____ as calculated. that the Boundaries not Surveyed are shown as broken lines. that this Plat was prepared in accordance with the N. C. Standards of Practice for Land Surveying (Board Rules Section 1600 as ammended

Nov. 5, 2020
Date

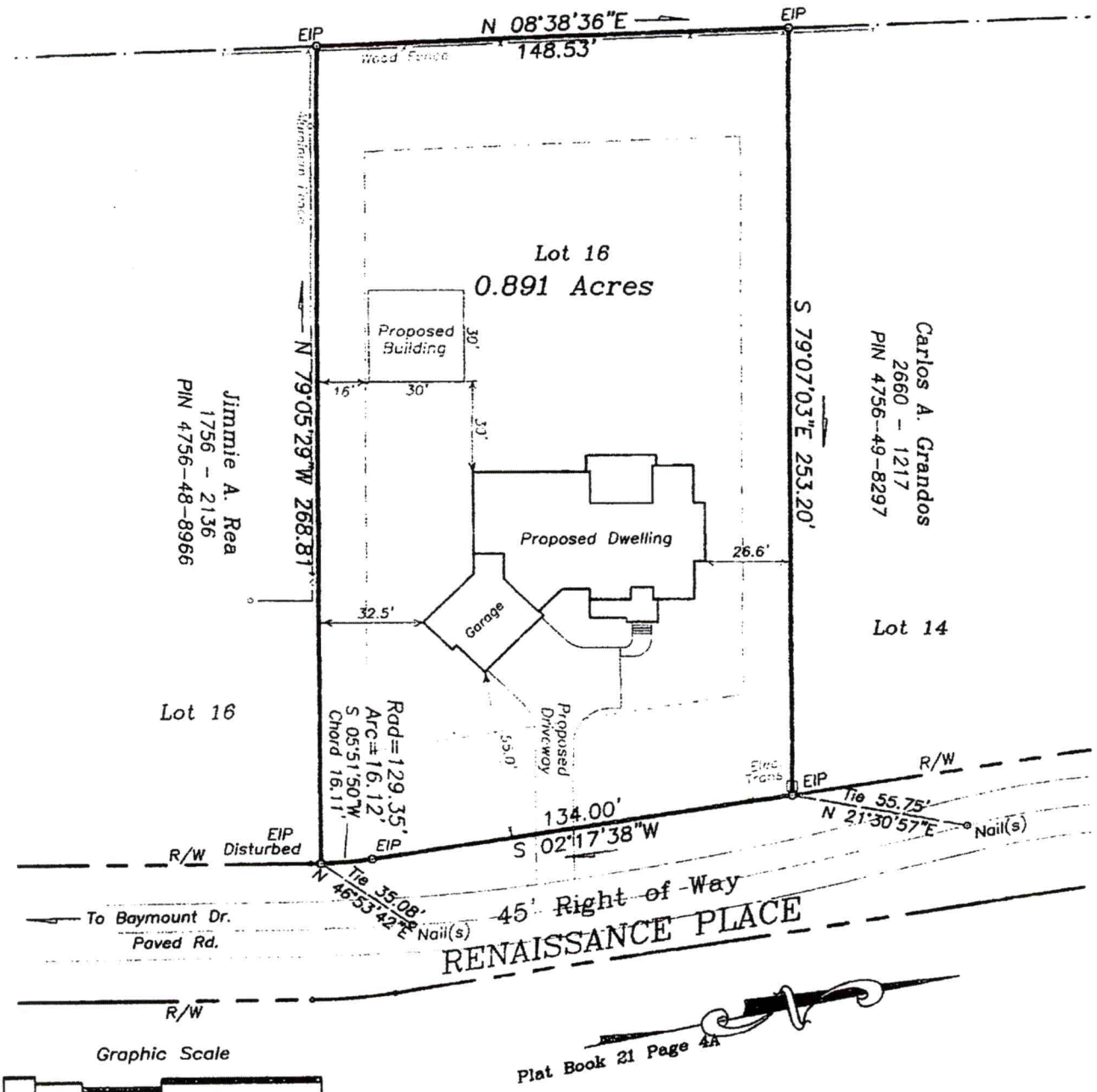
Dale B. Hilderbran
N. C. Professional Land Surveyor, L-2861

NORTH CAROLINA PROFESSIONAL SEAL L-2861 LAND SURVEYOR DALE B. HILDERBRAN

Legend

EIP.....Existing Iron Pipe
EIR.....Existing Iron Rod
NIR.....New Iron Rod
C.M.....Concrete Monument
R/W.....Right of Way

Koopman Dairies, Inc.
2398 – 2135
PIN 4756–48–0173



Graphic Scale

0 10 25 50 100

1 inch = 50 ft.

Project : 201103

Boundary and Proposed Plot Plan For
ALONZO PINEDA and wife ERIKA PINEDA

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312900 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756498181.000	137 RENAISSANCE PL	Iredell County

Owner Information	Applicant Information
Name: PINEDA ALONZO+ERIKA	Name: PINEDA ALONZO+ERIKA
Address:	Address:
,	,
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.891	35	35	15	15		NO

Remarks
SFD

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.

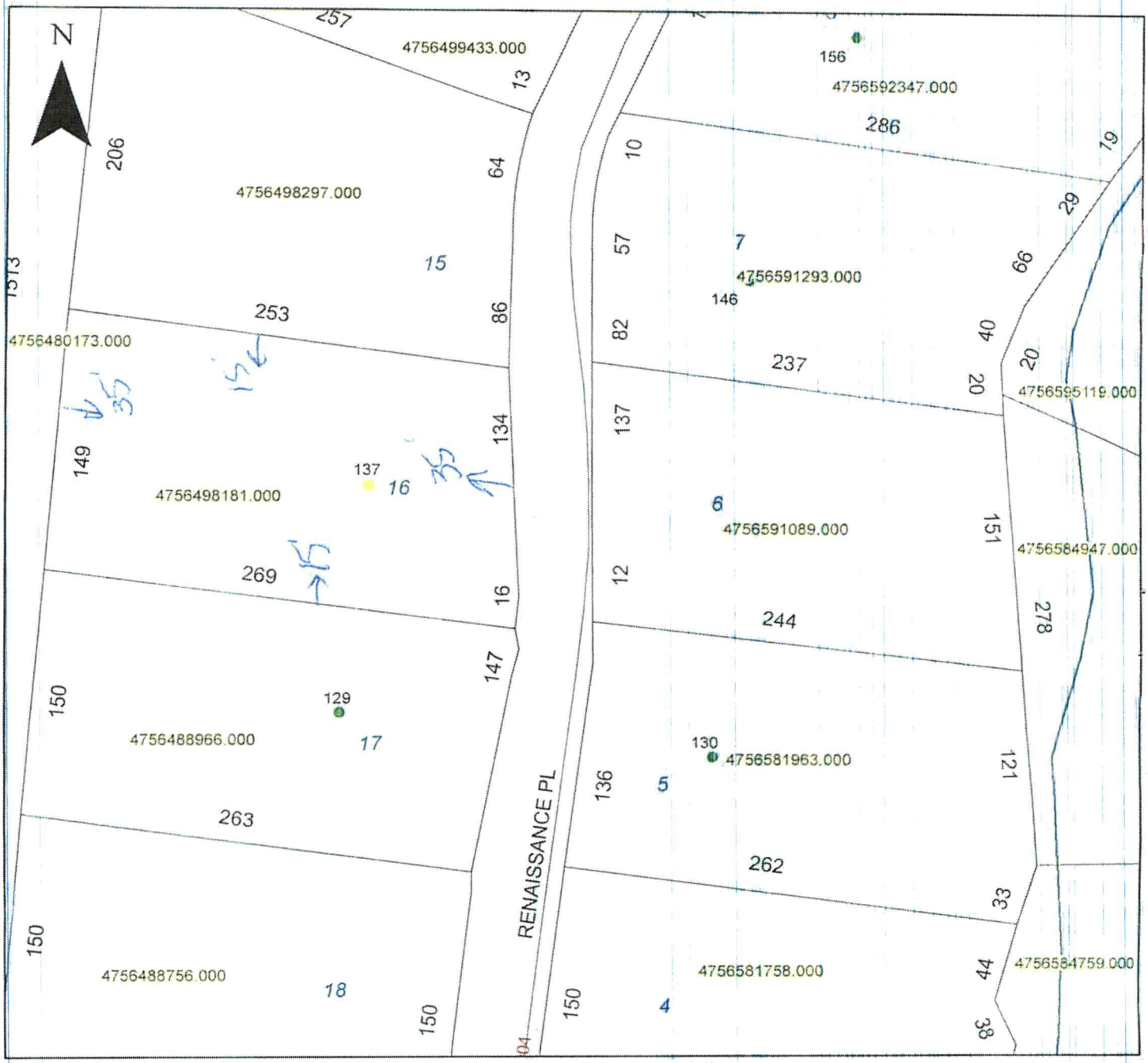
Date: 11/24/2020

Signature of Owner/Contractor

Permit Number	312900	TOTAL FEES:	$77.25

312900

ZONING DISCLAIMER



Property Address 137 Renaissance Pl

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.

Applicant

11/24/20

Date

NOTES:

Pre-Drawn Plan ID:

BB-2534

SHEET NUMBER 3

Date: 10.20.15

Drawn By: J.A.B

Proprietary

N.C.B.D.C.

Designing Your HOUSE PLAN ZONE Building Relationships