ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 303965

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

PIN # 4756765755.000

APPLICANT/OWNER: Carlos J. Bautista Lagos | APPLICANT ADDRESS: 2210 Taras Trace Drive Statesville NC 28625

SITE ADDRESS: 105 Tracey Lane Statesville NC 28625 | PHONE: | ALT. PHONE

SITE DIRECTIONS: Hwy 21 to Jane Sowers Tracey Lane on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Granduiews Acres | SECTION: 1 | LOT # 5 | LOT AREA: .59 Acres | DESIGN FLOW: 480 | L.T.A.R.: .30

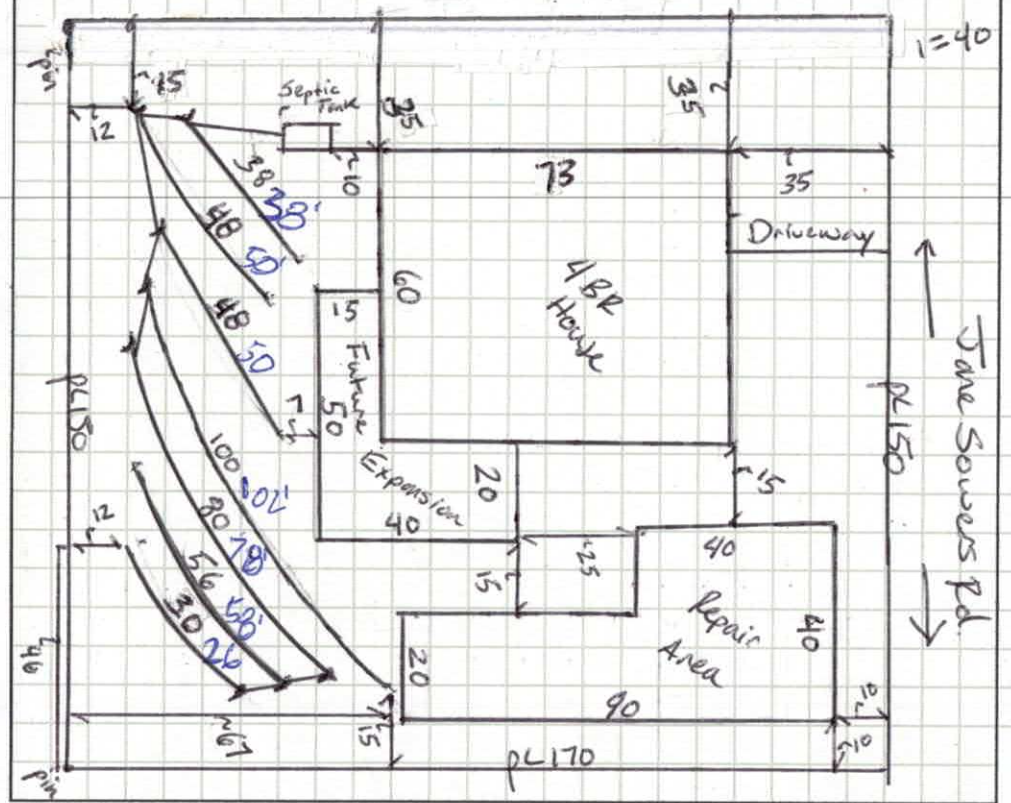
Septic Tank	1000 (gal)	STB	2071	Date	INFILTRATOR	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	– (gal)	PT	–	Date	–	System Description:	Gravity - 25% Reduction.			☐ Business	No. Persons 8
Pump Make	–	Model	–	Serial #	–	Repair System Description:	LPP net 50% Reduction.			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth	36 max	Gravel Depth	–	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the contour of the Land and utilize Serial distribution. Do not exceed max depth of 36 Inches. Do not pave, park, grade or bury utilities in drainfield.

TANK NOT WITH IN 6IN of GRADE AREA TO BE GRADED - 6-3-2020 CORRECTED 6-4-2020

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS PERMITTED

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: | Date. 02-28-20 called by: BASS GRADING

IMPROVEMENT PERMIT by: Benjamin A. Bottesi | Date: 2-6-2020 OPERATION PERMIT by: Benjamin C. White | Date: 6-9-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottesi | Date: 2-6-2020 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 #: 4756-
COUNTY: Iredell

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

OWNER: Lago
ADDRESS: 2210 Terra Trace Drive SVC
APPLICATION DATE: 1-3-202
PROPOSED FACILITY: CBP House
PROPOSED DESIGN FLOW (.1949): 480
DATE EVALUATED: 1-28-20
LOCATION OF SITE: 105 Tracy LN SVC
PROPERTY SIZE: 170 x 130
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	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	LSS	0-4	SL GR.	SSS FR SPKY	2.5YR 4/6	50		Lith Mottles	PS .30
		4-30	C SBK	SSS, FR					
		30-50	CL WSBK	SSS FR					
2	LSS.	0-3	SL GR	SS SP FR	2.5YR 4/6	57			PS .30
		3-27	C SBK	SS SP FR					
		27-57	CL WSBK	SS SP FR					
3	LSS	0-33	C SBK	SSS, FR SPKY	2.5YR 4/6	60		Hea Lith Mottles	PS .30
		33-60	CL WSBK	SSS, FR					
4	Rocky LSS	0-32	C SBK	SS SP FR	2.5YR 4/6	59		Some Lithe Mottles	PS .30
		32-59	CL WSBK	SSS FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267
System Type(s)	III 25%	II 50%
Site LTAR	.30	.30

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B. Bowers
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
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

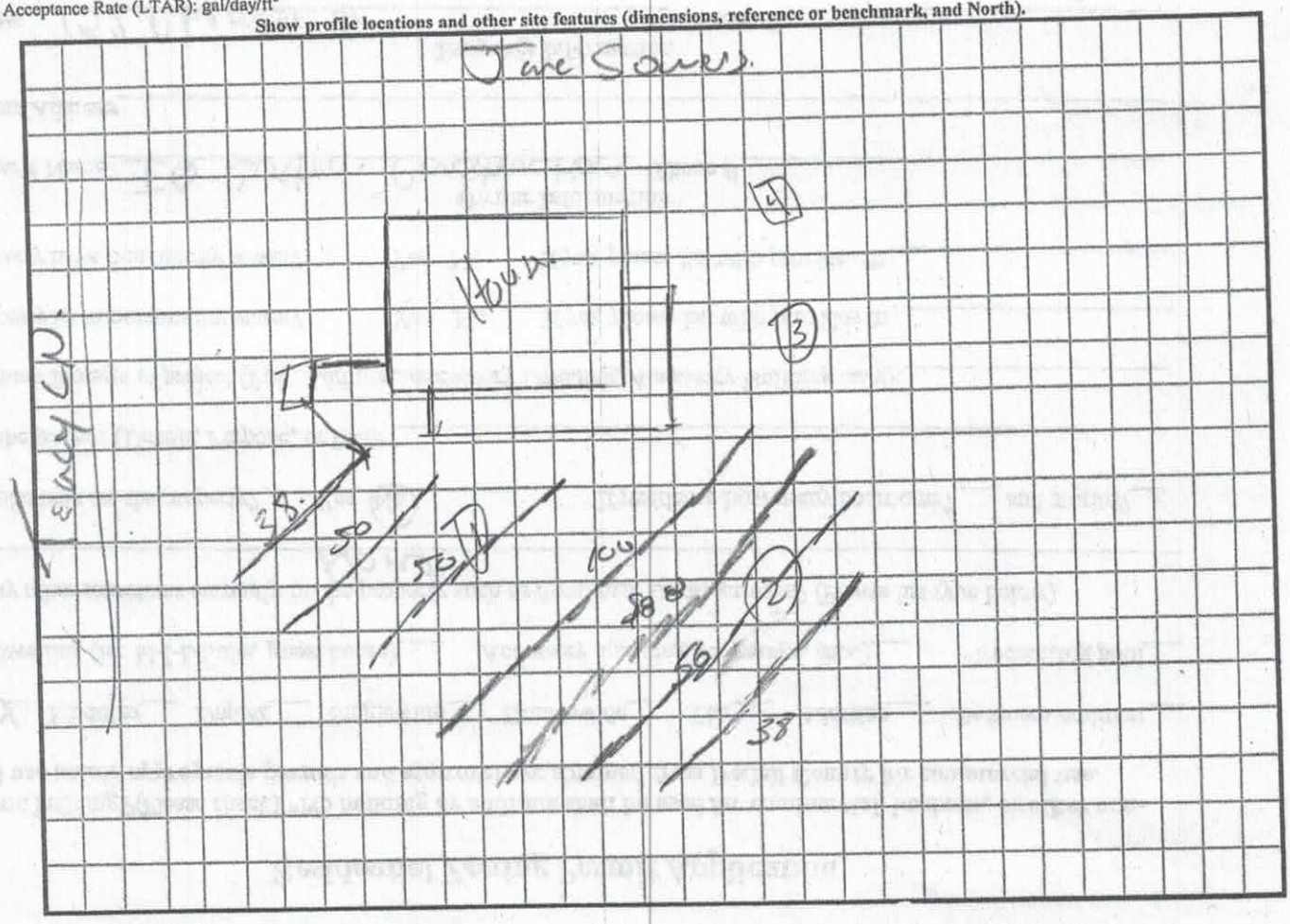
NOTES

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).



Ben

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

AP- 303965
1/8/20
$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: Carlos J. Bautista Lagos Address: 2210 Taras Trace Drive Statesville Zip: 28625
Applicant Email: Cajuba12@yahoo.com Phone: 704-252-9234 Alt. Phone: 704-500-3145
Owner Name: Carlos J. Bautista Lagos Address: 2210 Taras Trace Drive Statesville Zip: 28625
Owner Email: Cajuba12@yahoo.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 105 Tracey Lane Statesville NC 28625
Subdivision Name: Grandview Acres Section/Phase: _____ Lot Number: 5
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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

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: _____ 01-03-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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:

_____ 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

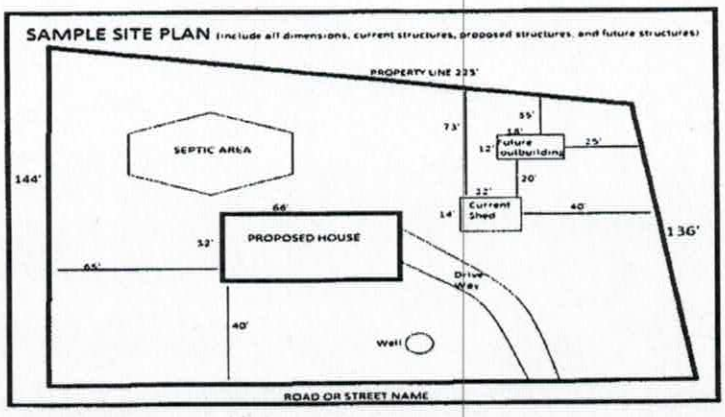
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

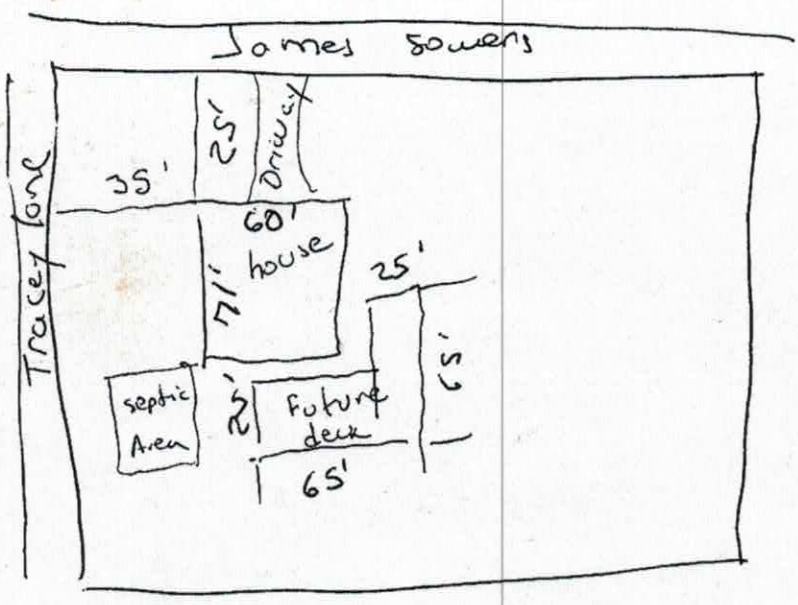
Circle N/A on the following if appropriate:

_____ 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: _____

REQUIRED **property owner or owner's legal representative signature.**

01-02-2

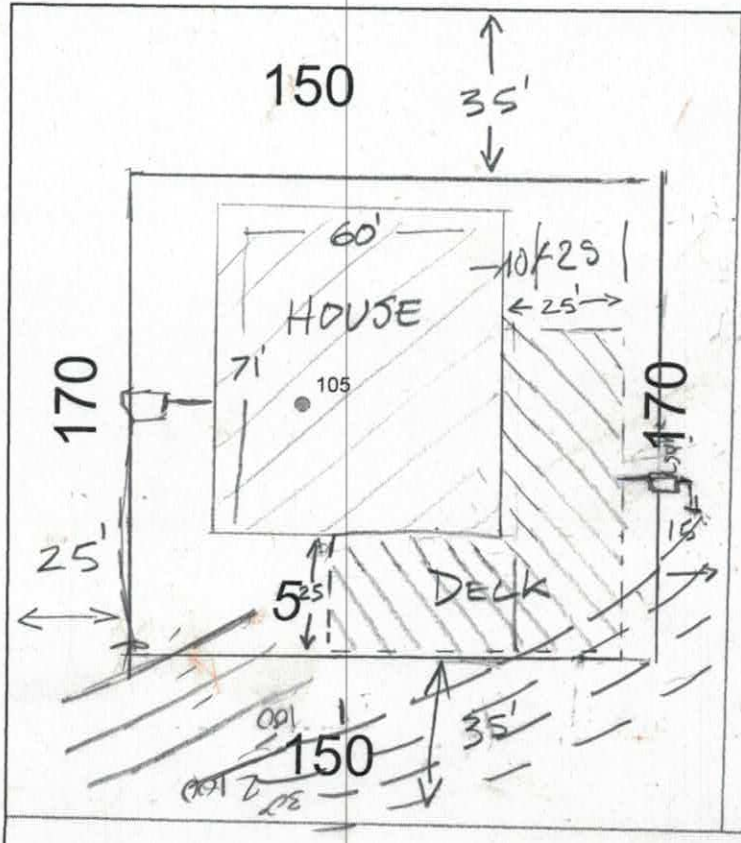
DATE

RECEIVED JAN 1 3 2020

232

COUNTRY DR

JANE SOWERS RD



200

130

TRACEY LN

6

N/A 1-10-20

CSB 1-10-20

Revised site plan / set backs

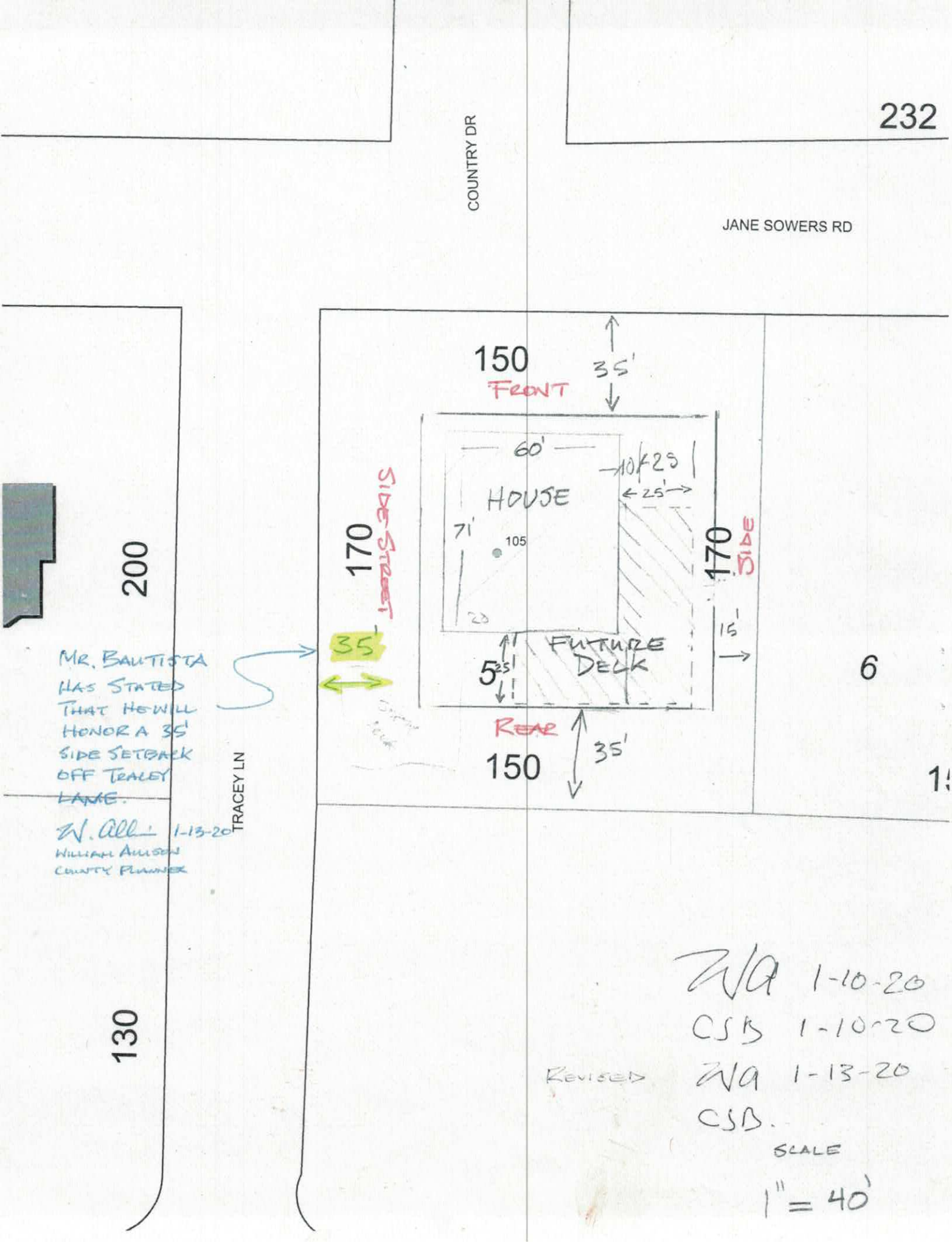
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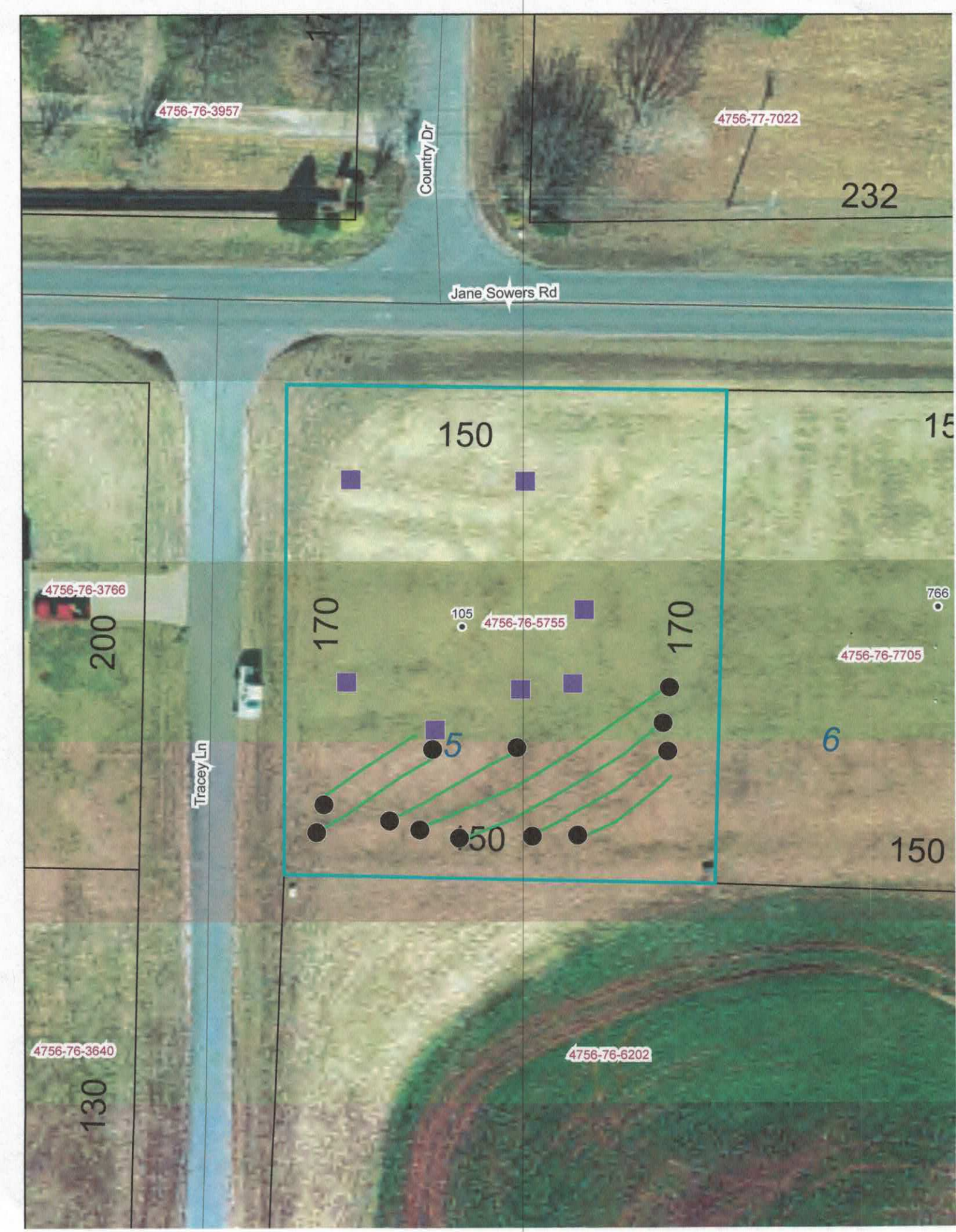
105 Tracey

- call

SCALE

1" = 40'


232
COUNTRY DR
JANE SOWERS RD
150
FRONT
35'
60'
10'x25'
HOUSE
25'
71'
105
170
SIDE STREET
170
SIDE
35'
FUTURE DECK
5'
15'
REAR
150
35'
200
130
6
MR. BAUTISTA HAS STATED THAT HE WILL HONOR A 35' SIDE SETBACK OFF TRACEY LANE.
W. Allen 1-13-20
WILLIAM ALLISON
COUNTY PLANNER
TRACEY LN
W/A 1-10-20
CSB 1-10-20
REVISED W/A 1-13-20
CSB.
SCALE
1" = 40'


4756-76-3957
Country Dr
4756-77-7022
232
Jane Sowers Rd
150
15
4756-76-3766
200
105
4756-76-5755
170
170
766
4756-76-7705
5
6
Tracey Ln
150
150
4756-76-3640
130
4756-76-6202

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*) _____

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, Carlos Bautesta, am the legal owner(s) of the property located at 105 Tracey Lane 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

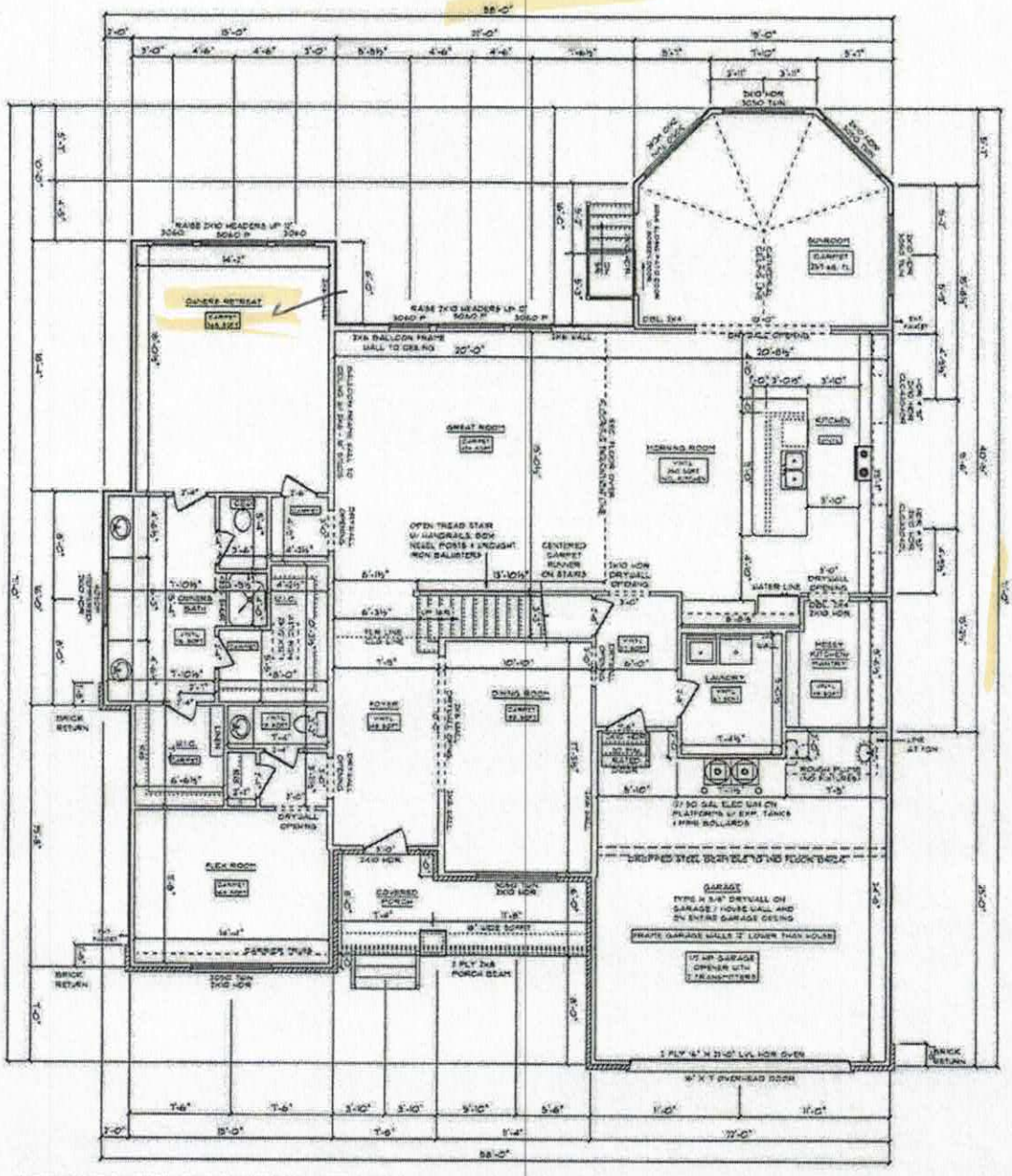
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

Signature of Owner(s) Date

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



GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 6'-8" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 3-PLY 2X10 W/ (1) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (1) KING & (1) JACK STUDS, UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 6-PANEL HOLLOW CORE MOLDED INTERIOR DOORS
- PLY-GEM LOWE VINYL WINDOWS

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 8d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATING MAKES UP BETWEEN 35% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.

OLIVIA II / CUSTOM
FIRST FLOOR PLAN
9' CEILING HEIGHT

FREEZE NOTES:
- VERIFY TYPES OF ROUGH PLUMBING REQUIRED FOR GARAGE
- LOCATE MAIFOSA TUB FROM CONTRACT

Acknowledgement Of Plans Submittal ONLY!

Date 01-03-20

Benjamin A Ball Date 2-5-2020

Paul Schumacher SCHUMACHER HOMES
Charlotte, NC
341 Alcova Road
Mooresville, NC 28117
(877) 261-3482
www.schumacherhomes.com

CARLOS AND MARIBEL BAUTISTA

LOCATION: 161 JANE ROGERS LANE, STATESVILLE, NC, 28677, IREDELL COUNTY

SQUARE FOOTAGES: 3669 SQ.FT.
1ST FLOOR = 2971 SQ.FT.
2ND FLOOR = 331 SQ.FT.
OPEN AREA = 467 SQ. FT.
GARAGE = 544 SQ.FT.
PORCHES = 56 SQ.FT.
TOTAL AREA = 3963 SQ.FT.

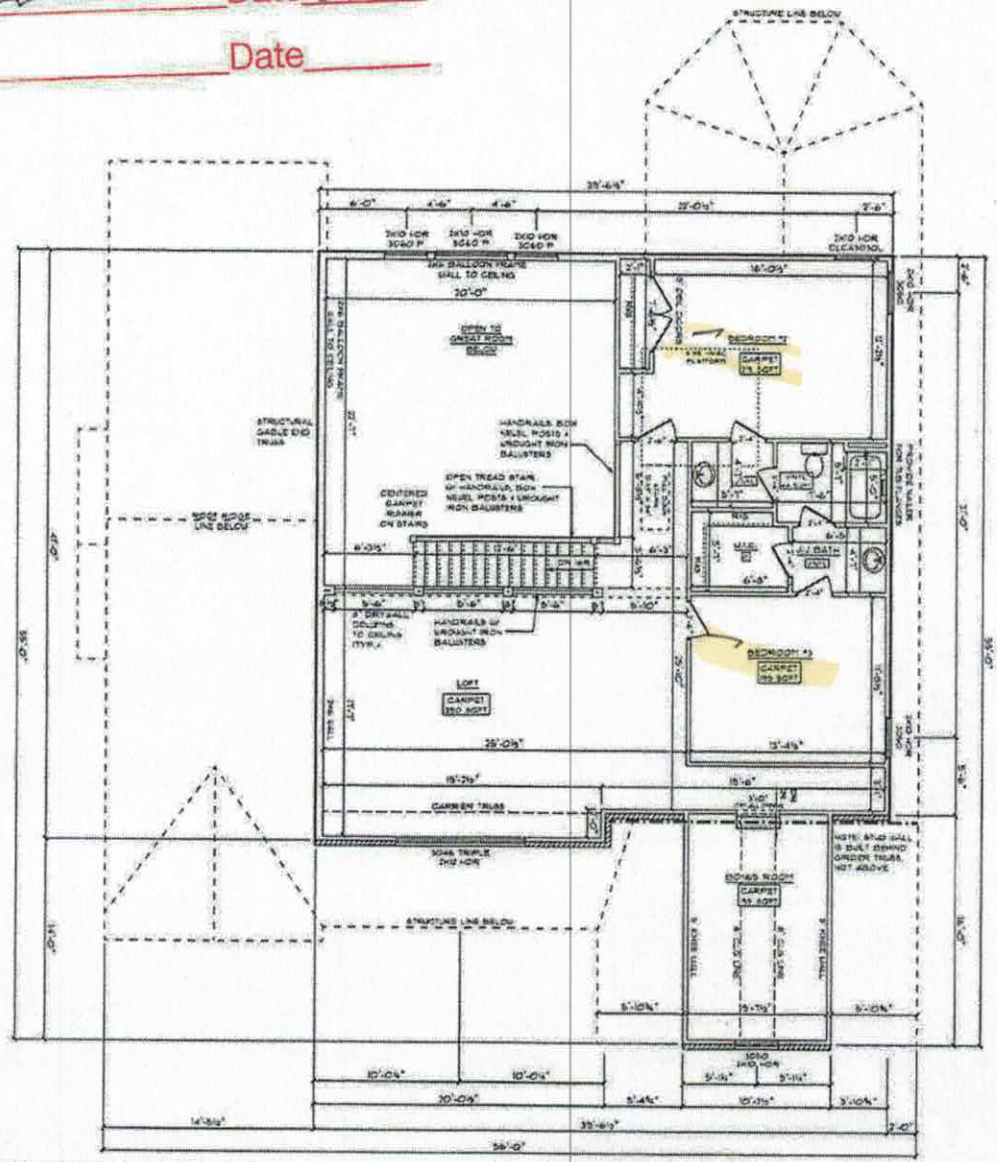
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Acknowledgement Of
Plans Submittal ONLY!

Date 01-03-20

Date



GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 6'-8" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 3-PLY 2X10 W/ (1) KING + (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING + (2) JACK STUDS, UNLESS NOTED OTHERWISE

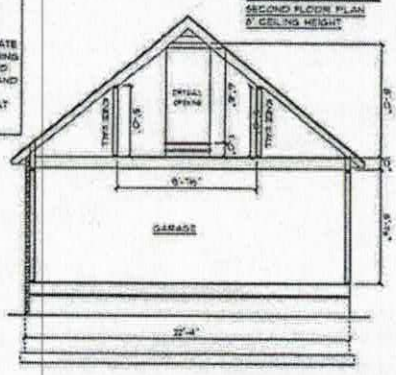
PLAN NOTES:
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- PLY-GEM LOW-E VINYL WINDOWS

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OLIVIA II / CUSTOM
SECOND FLOOR PLAN
9' CEILING HEIGHT



SCHUMACHER HOMES

Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 261-3482
www.schumacherhomes.com

CARLOS AND MARIBEL BAUTISTA

761 JANE ROGERS LANE
STATESVILLE, NC, 28677
IREDELL COUNTY

SQUARE FOOTAGES: 3668 SQ.FT.
1ST FLOOR = 2611 SQ.FT.
2ND FLOOR = 1251 SQ.FT.
OPEN AREA = 461 SQ. FT.
GARAGE = 544 SQ.FT.
PORCHES = 115 SQ.FT.
PORCH/RAIL = 2163 SQ.FT.

DRAWN BY: JHB
DATE: 12/27/19
SCALE: 1/8" = 1'-0"
SHEET: 9

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IREDELL COUNTY · NC

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

APPLICATION NUMBER

303965
Issue Date: 01/08/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756765755.000	105 TRACEY LN	Iredell County

Owner Information	Applicant Information
Name: LAGOS CARLOS J BAUTISTA	Name:
Address: 2210 TARAS TRACE DR	Address:
STATESVILLE, NC 28625	
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.59	35	35	25	15	N/A	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: 01/08/2020

Signature of Owner/Contractor

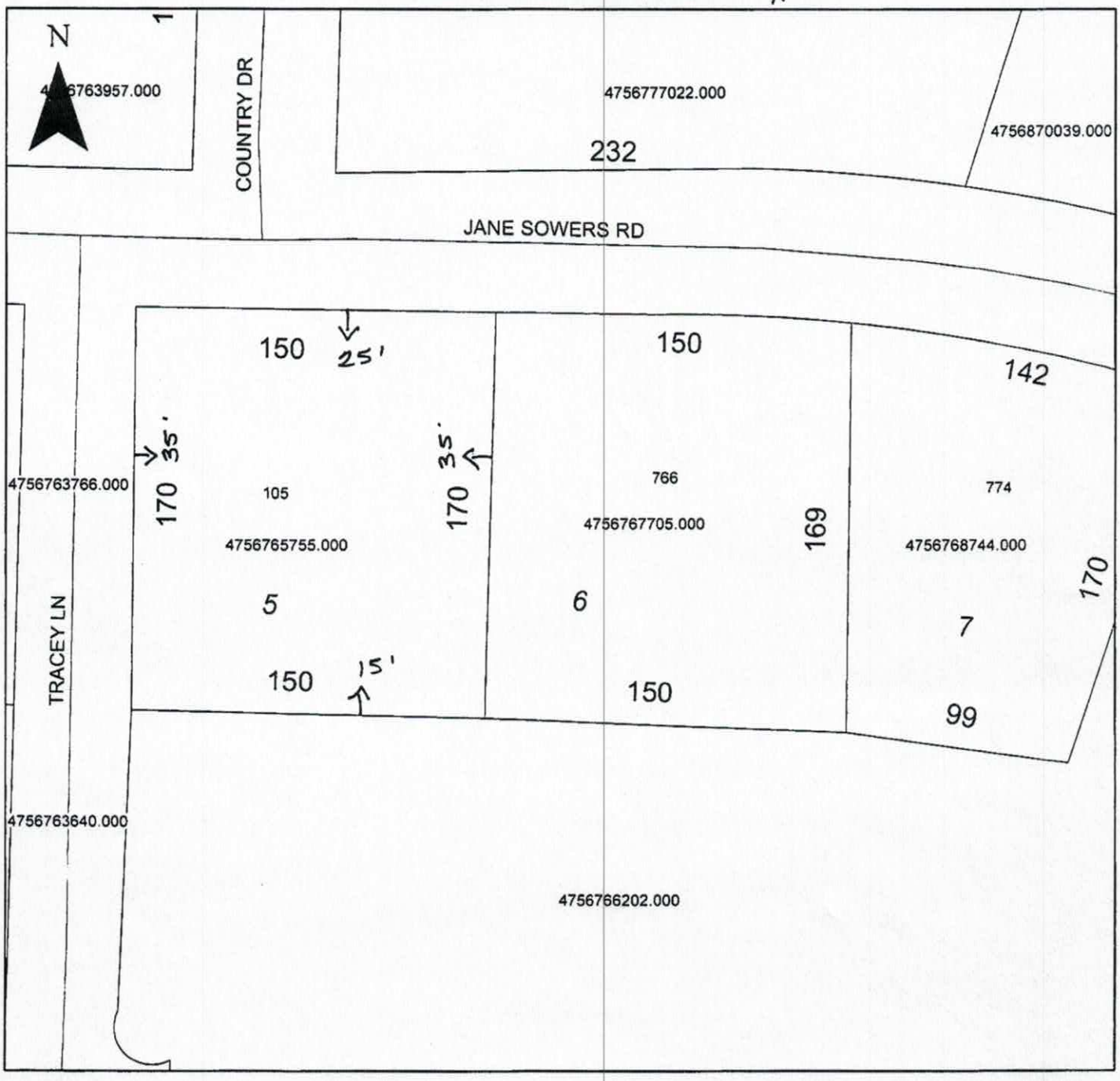
Permit Number	303965

TOTAL FEES:	$77.25

303965 R-20 .59

N-WS
N-FL

ZONING DISCLAIMER



Property Address 105 Tracey Ln.

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Applicant

11-05-20
Date