CCN BLDR-2023-17193

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-307278

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

PIN # 4766735233

APPLICANT/OWNER: VALDEMAR AGUIRRE / CHARLES+ELIZABETH LOWRANCE APPLICANT ADDRESS: 142 NORTHFIELD ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 210 SEVEN SPRINGS LOOP, STATESVILLE, N.C. 28625 PHONE: 704-904-8227 ALT. PHONE —

SITE DIRECTIONS: (E) ON 40, (L) ON OLD MOCKSVILLE, (R) ON CHESTNUT GROVE, (R) ON SEVEN SPRINGS, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

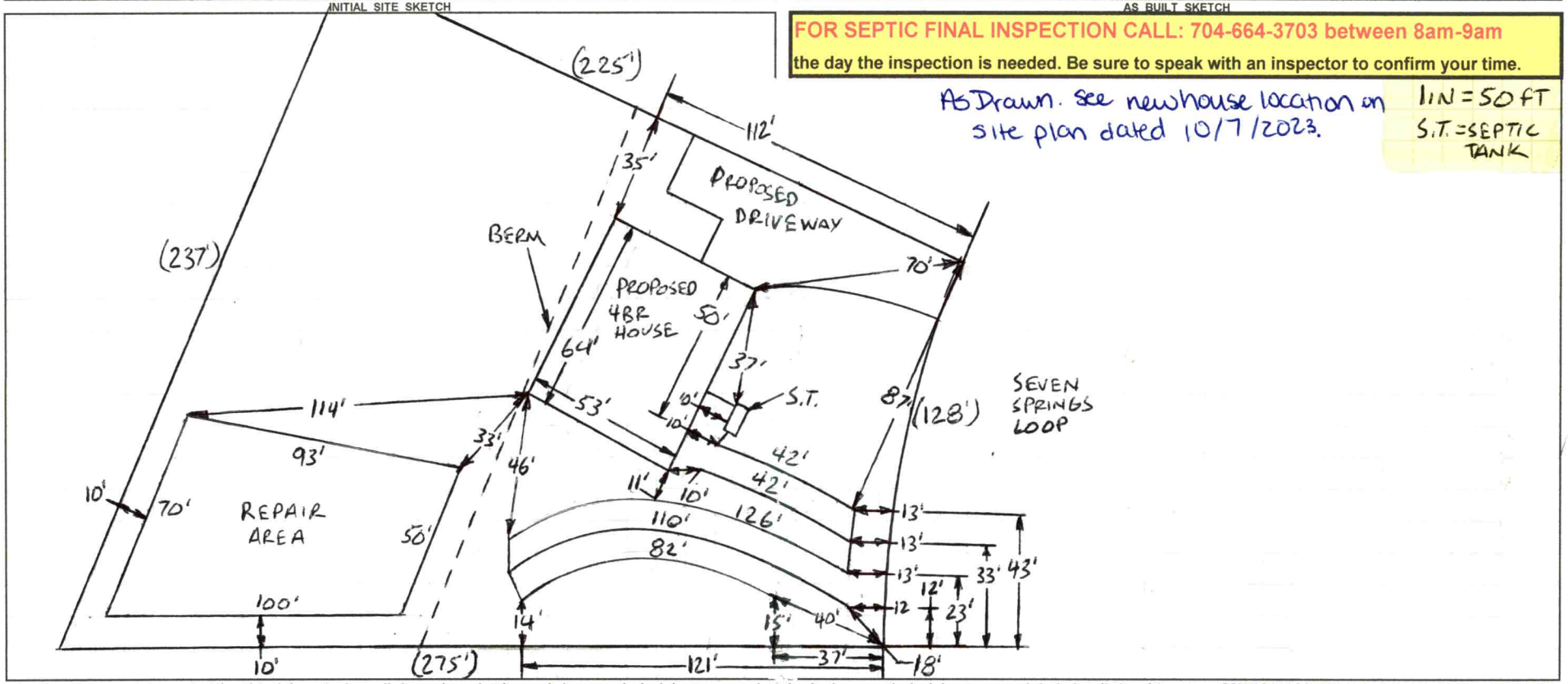
SUBDIVISION: SEVEN SPRINGS SECTION: P2 LOT # 84 LOT AREA: 0.99 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3 (0.275 REPAIR)

Septic Tank	1000	(gal)	STB 760	Date 8/13/23	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT —	Date —	System Description:		25% REDUCTION		☐ Business	No. Persons	8	☐ Private
Pump Make	—	Model —		Serial # —	Repair System Description:		25% REDUCTION		☐ Other	No. Employees	—	☑ Public
# Nitrification Fields	1	# Lines	5	Linear Ft 402 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)		30 IN	Gravel Depth —		☑ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, NO FONDATION DRAINAGE TO BE UTILIZED ON HOUSE

SEE NEW SITE PLAN APPOVED 2-21-2023 FOR NEW HOUSE LOCATION - FURTHER FROM SEPTIC

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.

As Drawn. See newhouse location on site plan dated 10/7/2023.

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.* ☑ **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: Valdemar Aguirre Date: 4-19-2021 Installed by: Craig Thompson grading

IMPROVEMENT PERMIT by: Benjamin C. Mitchell Date: 6-16-2020 OPERATION PERMIT by: Sarah Williams Date: 10/7/2023

AUTHORIZATION TO CONSTRUCT by: Benjamin C. Mitchell Date: 2-21-2023 Existing System Inspected by: Date:

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

PERMIT SNAPSHOT REPORT OSWP-2023-16870 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Authorization to Construct
Status: In Progress
Valuation: $0.00
Description: New home - Assign to BW

Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant

App Date: 02/20/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Parcel: 4766735233.000 Main

Address: 210 Seven Springs Loop Main
Statesville, NC 28625

Zone: RA(Residential Agricultural District)

Applicant/Authorized Agent
Valdemar Aguirre
142 Northfield rd
Statesville, NC 28625
Mobile: (704) 904-8227

Property Owner
AGUIRRE VALDEMAR
142 NORTHFIELD
STATESVILLE, NC 28625
Business: (704) 904-8227

Permit Custom Fields

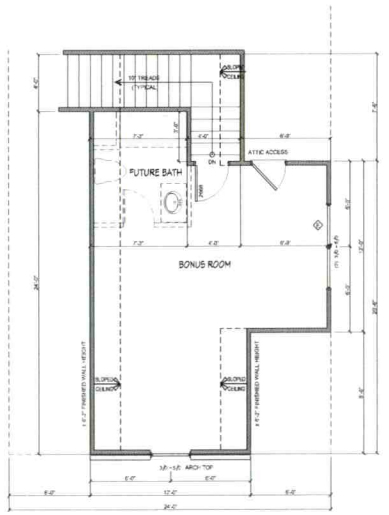
How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	65' by 54'	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain		Maximum Number of Bedrooms	4	Number of Occupants	8
Foundation Type	Crawl Space Foundation	Residential/Business/OtResidential her		Water Supply	Other Public Water
Desired Septic System Type	Conventional (most common)	If other septic system type, please explain		Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Valdemar_Aguirre_2/20/2023.jpg	02/20/2023 9:30	Aguirre, Valdemar		Uploaded via CSS
STVEHSCANNER_20230220_091935_044394.pdf	02/20/2023 9:32	Hart, Ronda	Available Online	AA
STVEHSCANNER_20230220_091935_044395.pdf	02/20/2023 9:32	Hart, Ronda	Available Online	SP
R-2021-120 Valdemar Aguirre (020421).pdf	02/20/2023 9:41	Hart, Ronda	Available Online	Floor plans

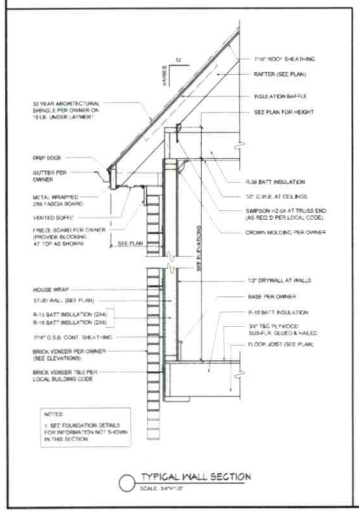
Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		02/20/2023 9:41	02/20/2023 9:41
Confirm application complete v.1	Generic Action		02/20/2023 9:41
~~**Zoning Review v.1**~~			02/20/2023 9:41
~~Iredell County Zoning Approval v.1~~	Task		02/20/2023 9:41
~~Issue Invoice v.1~~	Generic Action		02/20/2023 9:41
~~Fees Paid v.1~~	Generic Action		02/20/2023 9:41
Review v.1			
OSWP Review v.1	Receive Submittal		
Issue Permit v.1			
Issue Permit v.1	Generic Action		

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" l PAPER SIZE

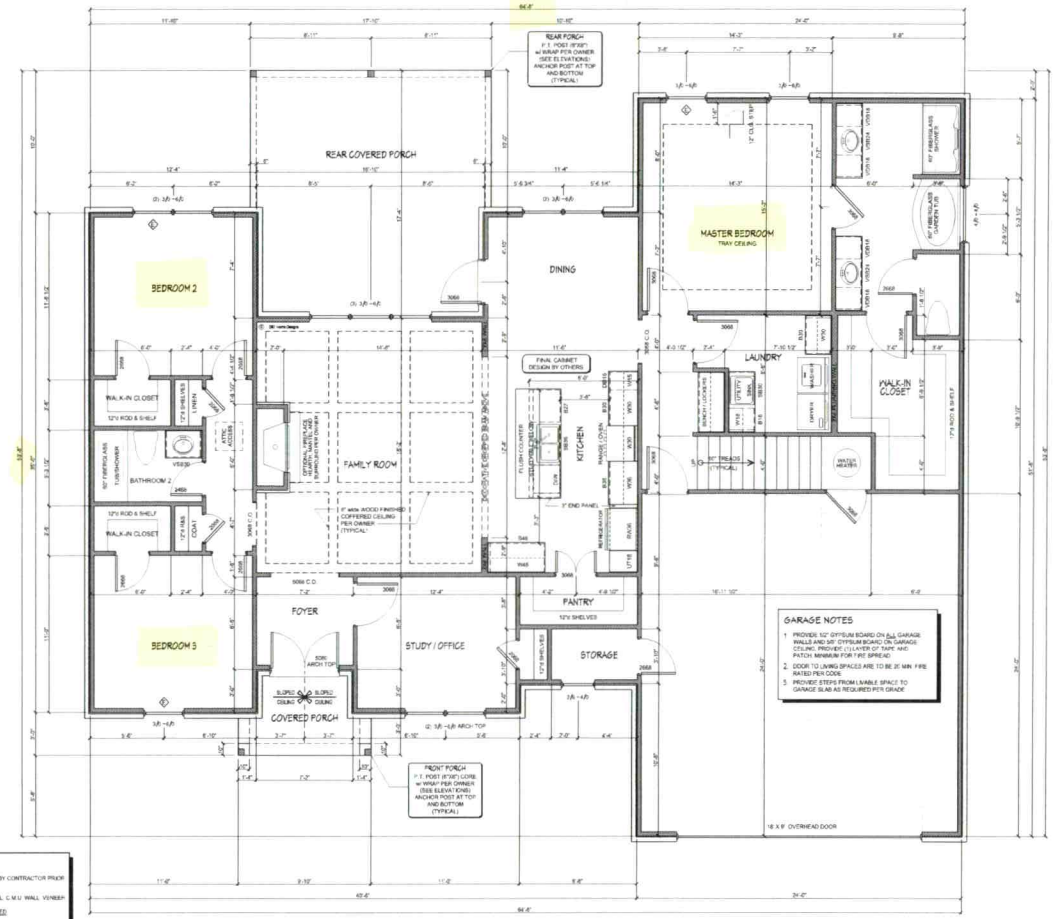
ISSUED FOR CONSTRUCTION



UPPER LEVEL PLAN



TYPICAL WALL SECTION
SCALE: 3/4"=1'-0"



MAIN LEVEL PLAN

FRONT

GARAGE NOTES

1. PROVIDE 1/2" GYPSUM BOARD ON ALL GARAGE WALLS AND 5/8" GYPSUM BOARD ON GARAGE CEILING. PROVIDE 1 LAYER OF TAPE AND PATCH MINIMUM FOR FIRE SPREAD.
2. DOOR TO LIVING SPACES ARE TO BE 20 MIN. FIRE RATED PER CODE.
5. PROVIDE STEPS FROM LIVABLE SPACE TO GARAGE SLAB AS REQUIRED PER GRADE.

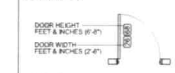
FLOOR PLAN NOTES

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL C.M.U. WALL VENEER OF PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD NO WALL FINISHES, BEINGS OR VENEERS ARE ASSUMED
3. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET A.L. SITE CONDITIONS
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING
5. VERIFY ALL FINISHES, (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY: ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES
7. CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE
8. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS.
10. EXTERIOR WALLS ARE TO BE 2X4 @ 16" O.C. TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 @ 16" O.C. TYP. UNLESS NOTED OTHERWISE
12. DOUBLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER

EGRESS NOTE

E SYMBOL INDICATES THAT THE WINDOW MUST MEET EMERGENCY EGRESS REQUIREMENTS PER LOCAL BUILDING CODES SEE WINDOW MANUFACTURERS DESIGN MANUAL FOR FURTHER DETAILS / INFORMATION. WINDOW SIZE MAY BE ADJUSTED IF SIZE SHOWN IS INADEQUATE TO MEET LOCAL REQUIREMENTS

DOOR NOTES



1. PROVIDE WEATHER STRIPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

Acknowledgement Of Plans Submittal ONLY!

ONLINE SIGNATURE Date —

Burfurt C. White Date 2-21-2023

D&T HOME DESIGNS

DESIGNER
Phone: (704)-253-8080
eMail: DTHomeDesigns@GMail.Com

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF D&T HOME DESIGNS, LLC. ALL RIGHTS RESERVED. THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT THE WRITTEN AUTHORIZATION OF D&T HOME DESIGNS, LLC

© COPYRIGHT 2021

D&T HOME DESIGNS, LLC. HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS HOWEVER SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIFIC CODE OR ORDINANCE. CONTRACTOR IS TO VERIFY COMPLIANCE AND MAKE MODIFICATIONS AS NEEDED. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL DESIGN COMPLIANCE. D&T HOME DESIGNS, LLC ASSUMES NO RESPONSIBILITY FOR ANY HOME CONSTRUCTED USING THESE PLANS.

SQUARE FOOTAGE

Heated	1936 S.F.
Bonus Room	347 S.F.
Garage	597 S.F.
Front Porch	11 S.F.
Rear Porch	302 S.F.
Total Heated	2283 S.F.
Total Under Roof	3185 S.F.

REVISIONS

No	Date	By	Description

Drawn By: DRC | Issue Date: 02.04.21

Customer Name
Valdemar Aguirre and Daisy Lopez

210 Seven Springs Loop Statesville, North Carolina

Plan Design Number
R-2021-120

Sheet Title
FLOOR PLANS

SCALE: 1/4" = 1'-0"

Sheet No.
B3.0

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-50 1218

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

PIN # 4766735233

APPLICANT/OWNER: VALDEMAR AGUIRRE / CHARLES+ELIZABETH LOWRANCE APPLICANT ADDRESS: 142 NORTHFIELD ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 210 SEVEN SPRINGS LOOP, STATESVILLE, N.C. 28625 PHONE: 704-904-8227 ALT. PHONE —

SITE DIRECTIONS: (E) ON 40, (L) ON OLD MOCKSVILLE, (R) ON CHESTNUT GROVE, (R) ON SEVEN SPRINGS, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO REPA

SUBDIVISION: SEVEN SPRINGS SECTION: P2 LOT # 84 LOT AREA: 0.99 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3 (0.275

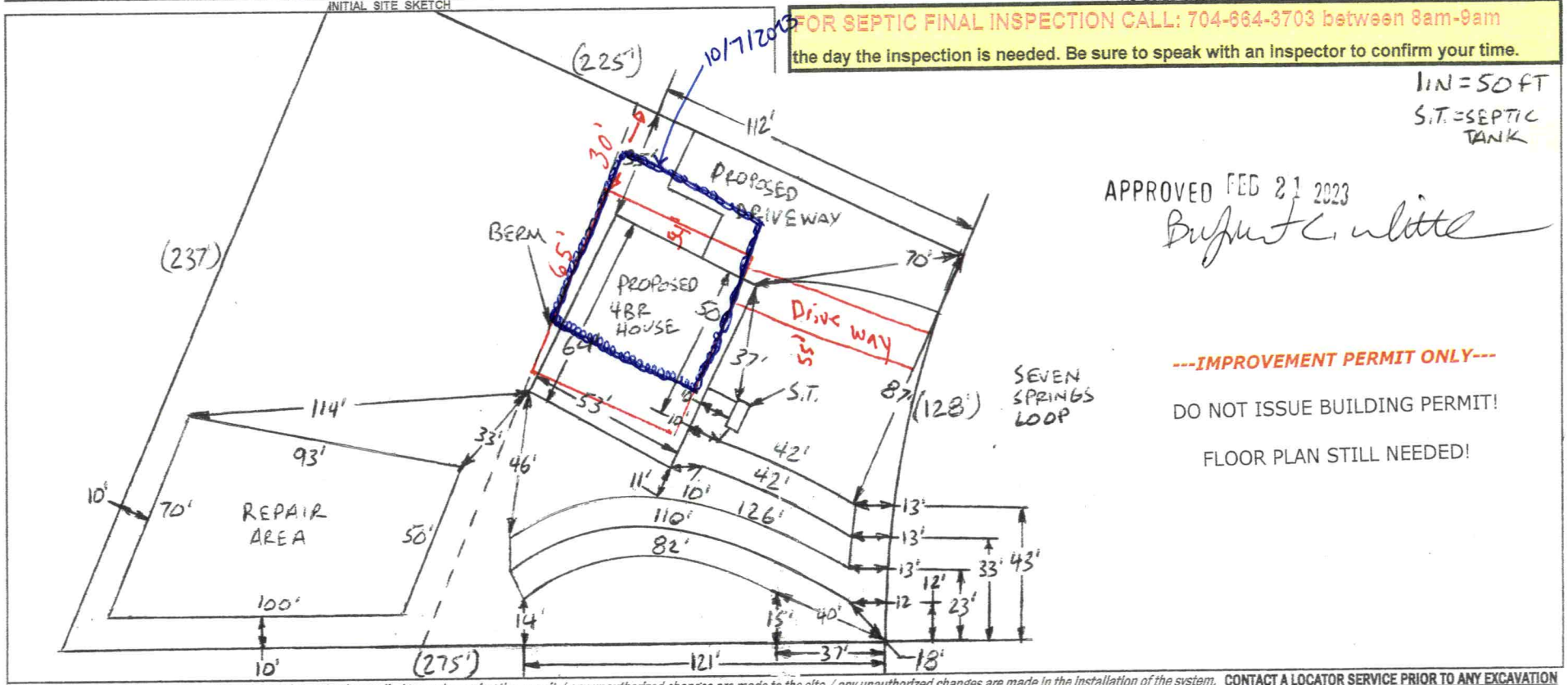
Septic Tank	1000	(gal)	STB	—	Date	—	☑ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II (III) IV V VI		
Pump Make	—	Model	—	Serial #	—		System Description:	25% REDUCTION	
# Nitrification Fields	1	# Lines	5	Linear Ft	402 FT		Repair System Description:	25% REDUCTION	
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		Maintenance Agreement Required:	☐ YES	☑ NO
								☑ GRAVITY	☐ PRESSURE

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees	—	☑ Public
☑ Slab STEM WALL	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, NO FONDATION DRAINAGE TO BE UTILIZED ON HOUSE

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.

1IN = 50 FT

S.T. = SEPTIC TANK

APPROVED FEB 21 2023

Bryant C. White

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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☐ **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: Valdemar Aguirre Date: 4-19-2021 Installed by: _____

IMPROVEMENT PERMIT by: Bryant C. White Date: 6-16-2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ 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 #: 4766735233
COUNTY: IREDELL

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

OWNER: VALDEMAR AGUIRRE
APPLICATION DATE: 5-6-2020
ADDRESS: 142 NORTHFIELD ROAD, STATESVILLE, N.C. 28625
DATE EVALUATED: 5-27-2020
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 430GPD
PROPERTY SIZE: 0.99 AC
LOCATION OF SITE: 210 SEVEN SPRINGS LOOP, STATESVILLE, NC 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 4%	0-12	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW Y/B REDOX 30"+	53"+	NA	NA	PS .275
		12-30	C, SBK	FR, S, P, SEXP					
		30-53	SCL, WABK	FI, SS, SP, SEXP					
2	~~LINEAR SIDE~~ HEAD 6%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT Y/B REDOX 30"+ CHROMA 3+4	52"+ 48"+	NA	NA	PS .275
		10-38	C, SBK	FR, S, P, SEXP					
		38-52	SCL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 4%	0-11	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	50"+	NA	NA	PS .3
		11-34	C, SBK	FR, S, P, SEXP					
		34-50	CL, WSBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 4%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	48"+	PS II ~~PLA~~ SL GRAVELLY FI	NA	PS .325
		8-22	C, SBK	FR, S, P, SEXP					
		22-48	CL, WSBK	FR, SS, SP, SEXP					
		48-52	SAR, MAS	FI, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	0.3	0.275
Site LTAR	25%	25%

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burgundy C. Miller
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.

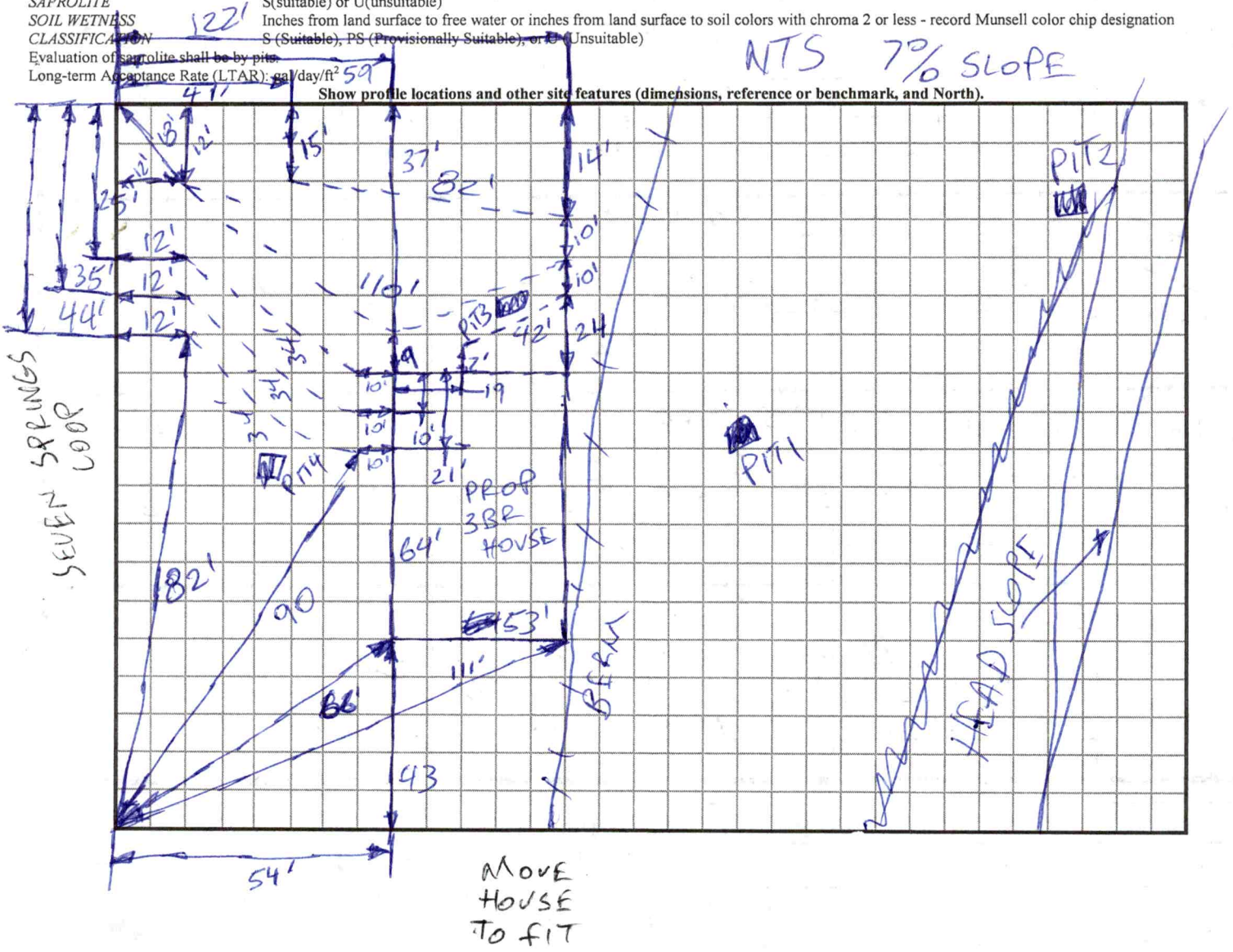
NOTES

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/ft²~~ 59

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Updated February 2014

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None			

*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)

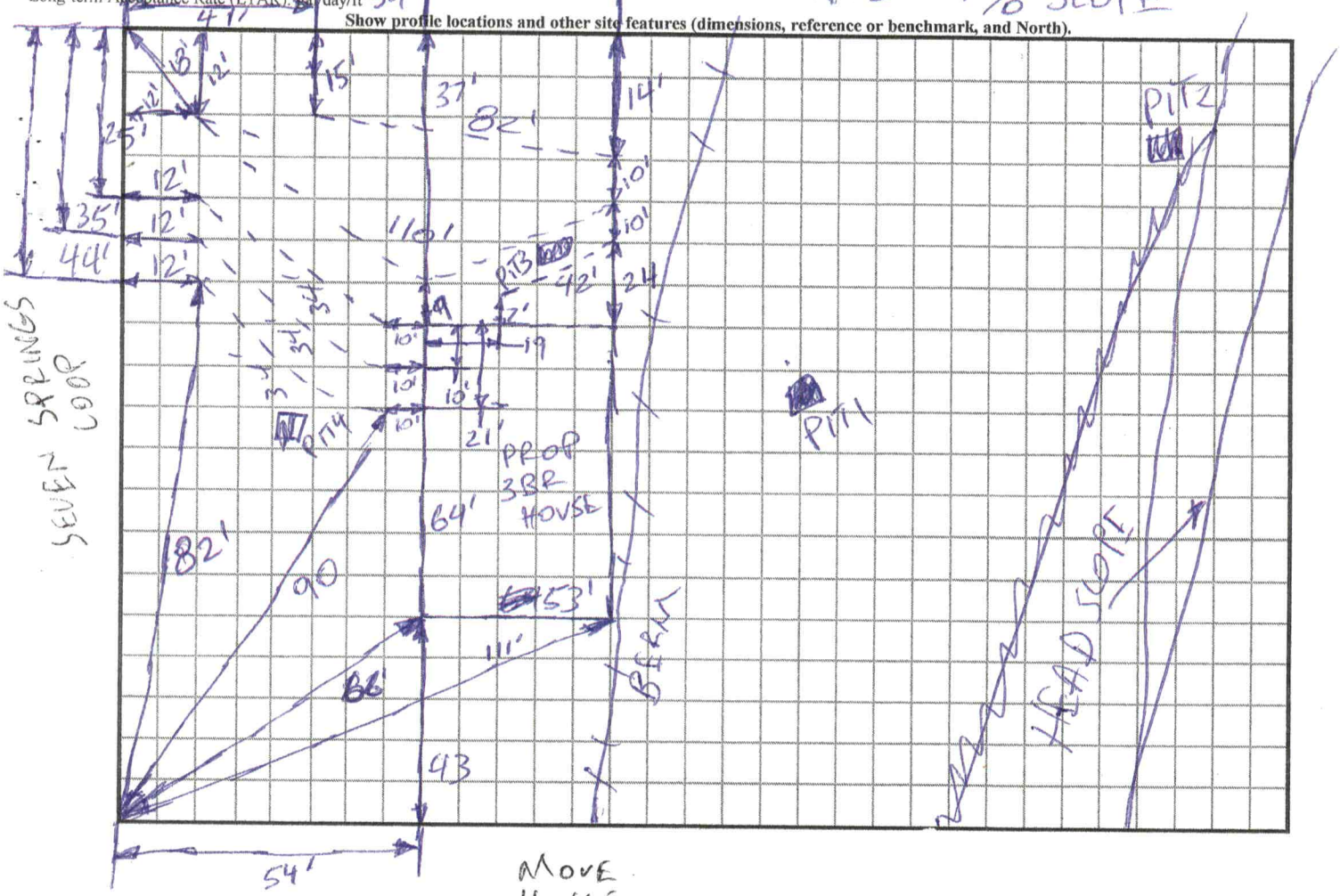
~~Evaluation of saprolite shall be by pits.~~

Long-term Acceptance Rate (LTAR): ~~gal/day/ft²~~ .59

122'

NTS 7% SLOPE

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DigiSign Verified: 22B20006-1ABC-4D2A-A6BB-B6C2A5B1FAA8

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Elizabeth Lowrance, am the legal owner(s) of the property located at 210 Seven Springs Loop, Statesville, NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print **legal representative/company name**) Valdemar Aguirre, _____, 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.

Elizabeth Lowrance — 05-08-2020

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

V.A **Complete all Environmental Health forms:**

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

V.A **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

V.A **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

V.A **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Valdemar Aguirre Date 5/6/2020

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

RECEIVED MAY 8 - 2020

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

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP 307278

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: ( ) 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: Valdemar Aguirre Address: 192 Northfield Ld Zip: 28625
Applicant Email: Valdemaraguirre26@gmail.com Phone: 704-904-8227 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 210 Seven Springs loop
Subdivision Name: Seven Springs Section/Phase: _____ Lot Number: _____
Driving Directions: first entrance if coming from River Hill Rd, Lot is on right side.

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation STEM WALL
(✓) Concrete Slab Foundation PER ~~PLAT~~ APP.
( ) Basement with Plumbing
( ) Basement without Plumbing 6-15-2020

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 (X) 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: Valdemar Aguirre 05/06/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

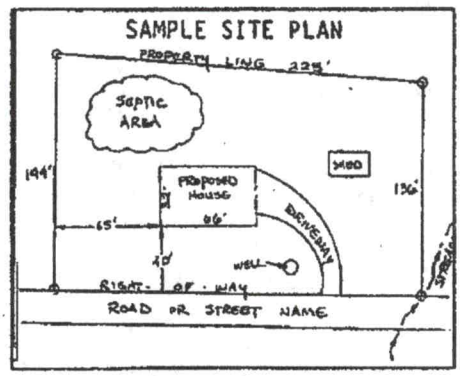
199 RA

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:

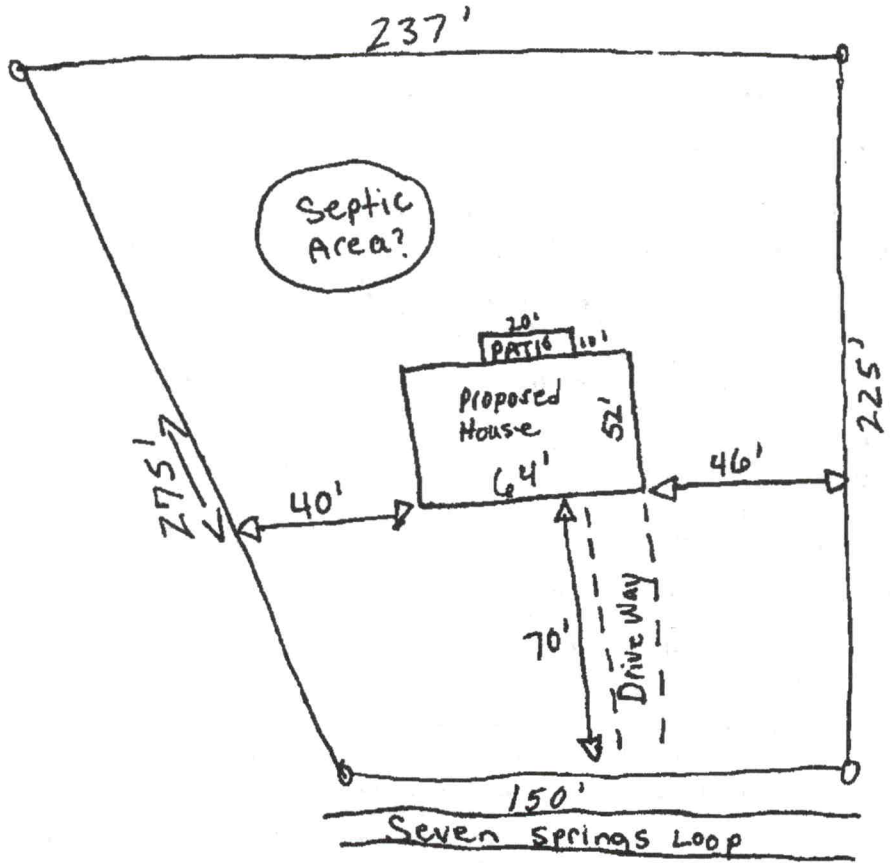
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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: Valdemar Aguirre
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

05/06/2020
DATE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307278 Issue Date: 05/07/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4766735233.000	210 SEVEN SPRINGS LOOP	Iredell County

Owner Information	Applicant Information
Name: LOWRANCE CHARLES+ELIZABETH	Name: VALDEMAR AGUIRRE
Address:	Address: 142 NORTHFIELD STATESVILLE, NC 28625
Phone:	Phone: (704)904-8227

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.99	35	35	15	15	N/A	NO

Remarks
SFD - needs zd and floorplans

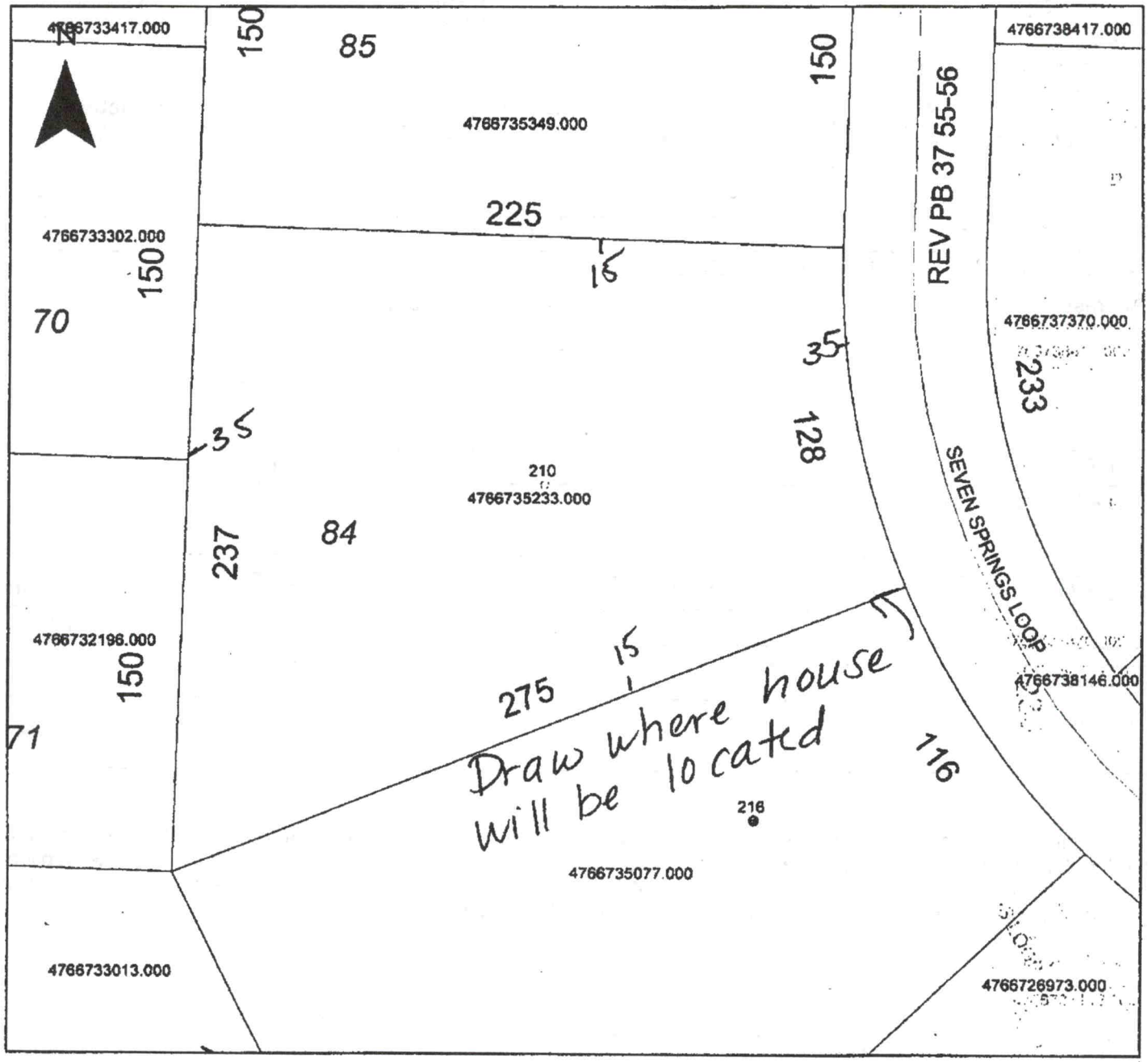
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 05/07/2020

Signature of Owner/Contractor

Permit Number	307278	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 210 Seven Springs

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

Date