IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230046

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

PIN # 4784-09-2399

APPLICANT/OWNER: Ceasar Arteaga APPLICANT ADDRESS: 114 Cecil Dr Statesville, NC 28625

SITE ADDRESS: 239 Elmwood Rd Statesville NC 28625 PHONE: 704-682-2118 ALT. PHONE

SITE DIRECTIONS: Rt 64 East from Statesville → R on Barry Oak Rd → R on Elmwood Rd → Parcel on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.625 acres DESIGN FLOW: 240 GPD L.T.A.R.: —

Septic Tank ___ (gal) STB ___ Date ___
Pump Tank ___ (gal) PT ___ Date ___
Pump Make ___ Model ___ Serial # ___
Nitrification Fields ___ # Lines ___ Linear Ft ___
Trench Width ___ Trench Bottom Depth(Low side) ___ Gravel Depth ___

EXISTING

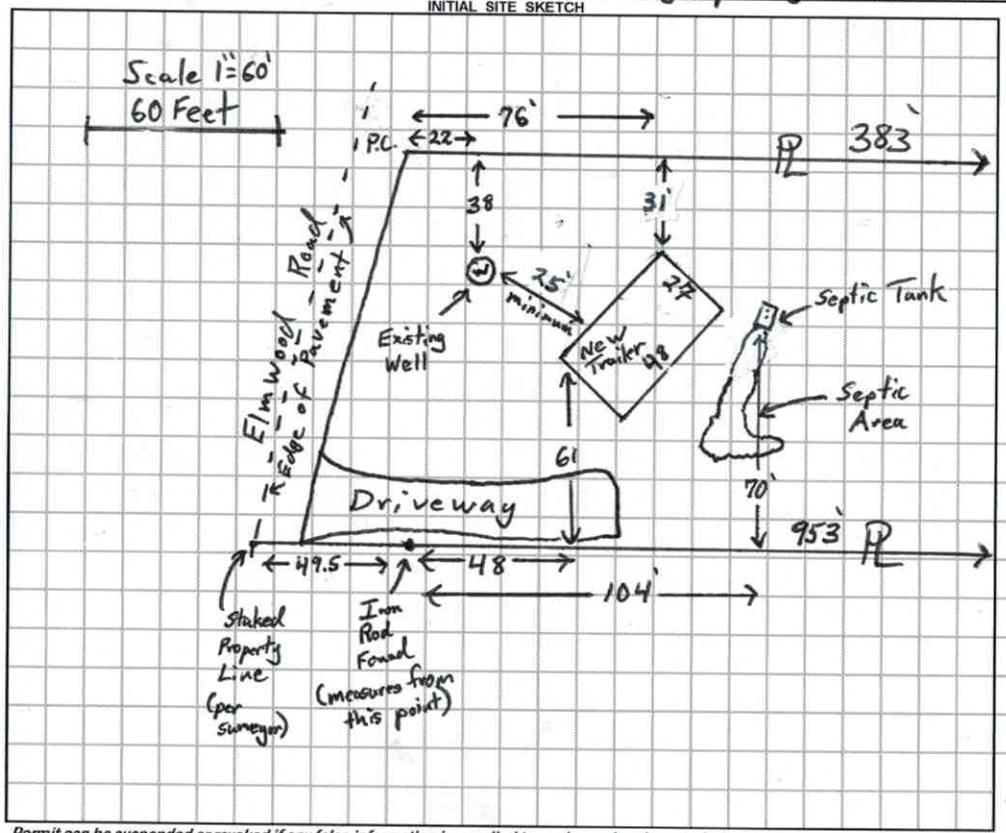
☐ New System ☐ Repair ☐ Expansion System Type: I ☒ II III IV V VI
System Description: EXISTING
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private Existing
☐ Public
☐ Community

Comments / Conditions: New house must be placed at least 10' from all septic system components and at least 25' from the existing well.
The ower has been advised that the existing septic system is of both unknown age and design capacity. The issuance of this permit does not represent a determination by the department that the system is functional/ satisfactory or the system will function properly after the house has been installed. Recommend conservative water use and pumping septic tank every 3-5 years.

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: Cesar Arteaga Date: 11-7-17 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 11/6/17

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

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 #
Cesar Arteaga	114 Cecil Dr.	Statesville	704-239-3693 Deena
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
239 Elmwood Rd.		

Driving Directions: 64 E - R Barry Oak - R Elmwood .5 mile property on left

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 7
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 ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 5 (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:** Deena Arteaga — 9/12/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

9/13/17: Site visit made: - No House box marked
- No PL / P.L. marked (needs survey)
- Could not locate S.T. (Dye Added)

10/30/17: Site ready (Per Deena) S.T. located.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Cesar ArTeaga, am the legal owner(s) of the property located at 239 Elmwood Rd, identified as PIN (Parcel Identification Number) 4784092399, located in Iredell County, North Carolina.

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

Cesar ArTeaga	4-12-17	HUBALDO. Medina	4-12-17
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

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

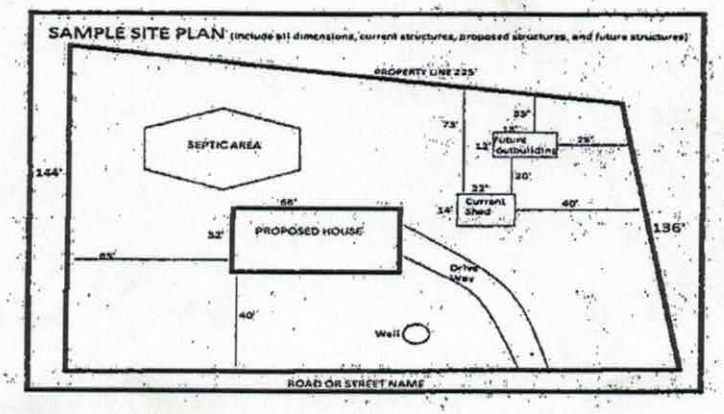
_____ Front and side setbacks from property line… _____ Preferred driveway location and configuration, preferred well location…

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

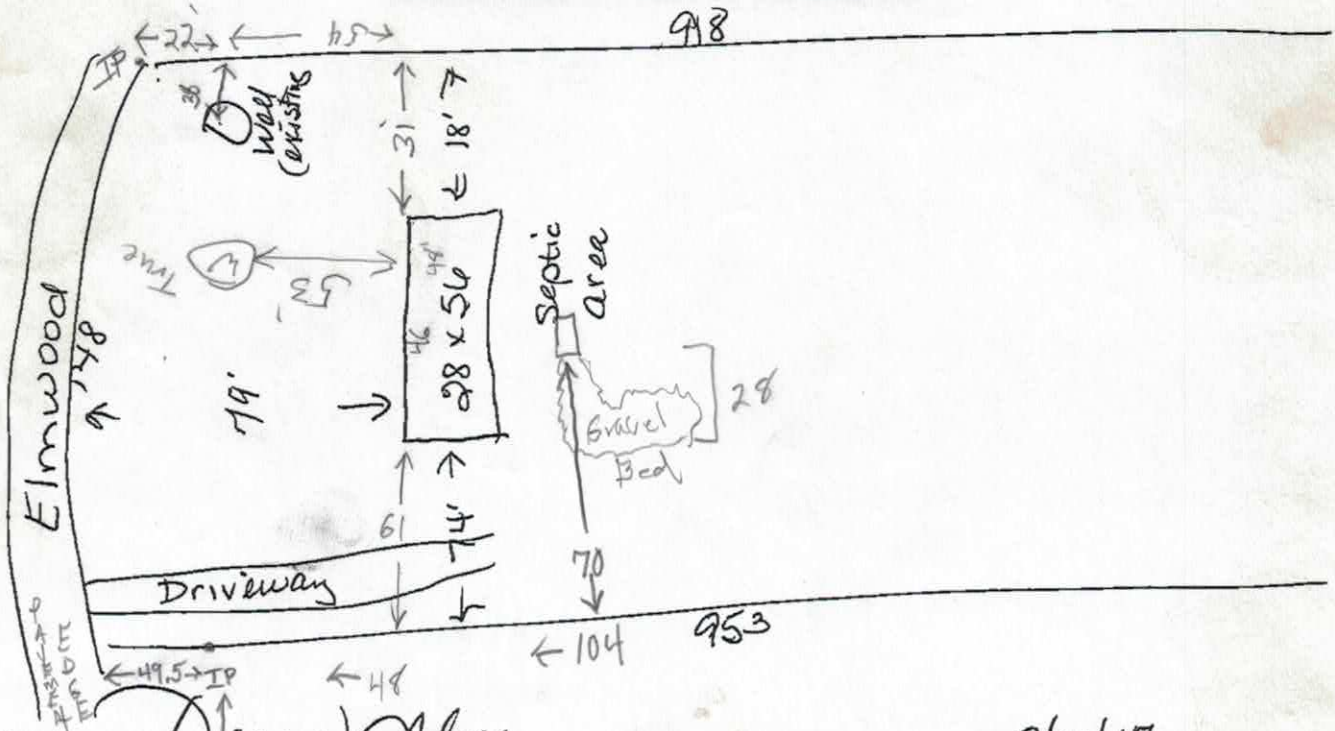
Circle N/A on the following if appropriate:

_____ 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: Deena Abee

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

9/12/17

DATE

Thomas Shuck

From: Thomas Shuck
Sent: Friday, November 17, 2017 9:34 AM
To: 'Deena Abee'
Cc: Adrienne Shea
Subject: RE: Artega - 230046
Attachments: 239 Elmwood Rd floor plan.pdf; 239 Elmwood Artega.pdf

Deena,

It would appear that your client Ceasar Artega at 239 Elmwood Road has submitted an updated floorplan (see attached PDF 239 Elmwood Artega) with a 3rd bedroom dated 11/15/2017. The Existing System permit issued on the November 6th (& signed for on the 7th) was for a 2 bedroom (& in compliance with the floorplan you submitted showing 2 bedrooms) however if your client is seeking to expand the house from 2 bedrooms to 3 bedrooms, they will need to submit a new application with a corresponding fee in order to do so. [Both floor plans are attached for quick reference].

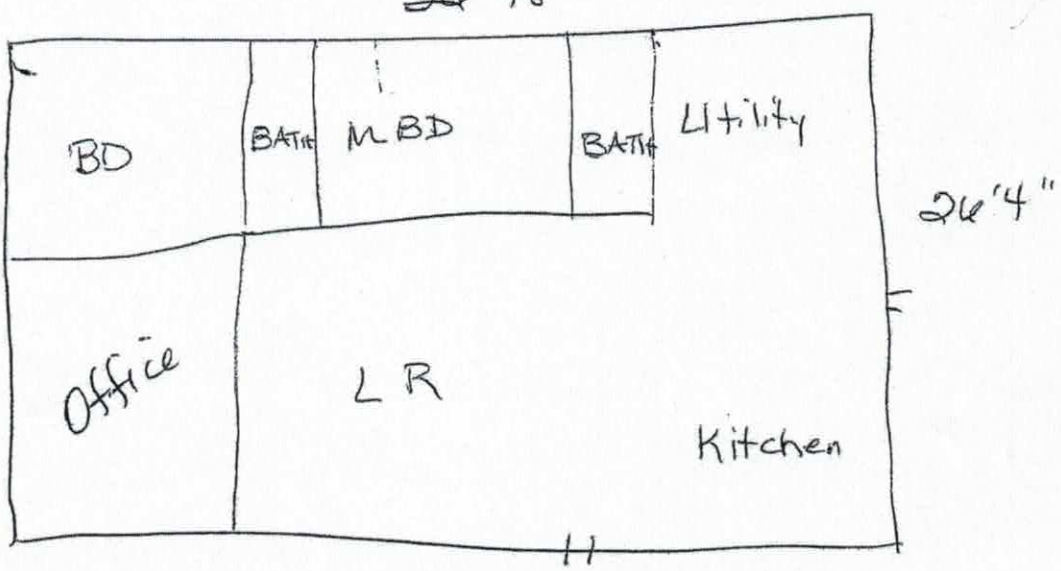
Sincerely,
Tom Shuck

From: Deena Abee [mailto:abeescg@aol.com]
Sent: Monday, November 6, 2017 2:01 PM
To: Thomas Shuck <thomas.shuck@co.iredell.nc.us>
Subject: Artega - 230046

Here is the revised floor plan

Acknowledgement Of
Plans Submittal ONLY!
Tom Shuck Date 11/6/2017
Dell Date 11/6/17

~~56~~ 48



IREDELL COUNTY

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

APPLICATION NUMBER
230046
Issue Date: 09/12/2017

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4784092399.000	239 ELMWOOD ROAD	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: LUNA, CESAR A. + HUBALDA L MAR TINEZ Address: 114 CECIL DR STATESVILLE, NC 28625 Phone: 704-682-2118	Applicant: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693	Contractor: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693 License Type: UNLI License Number: NOT LICENSED

Project Description

MOBILE HOME REPLACE - IREDELL

Scope of Work

REPLACING SINGLEWIDE WITH A DOUBLE WIDE

Permit Details:

	EXISTING SYSTEM INSP REG SCHED	Amount:	250.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

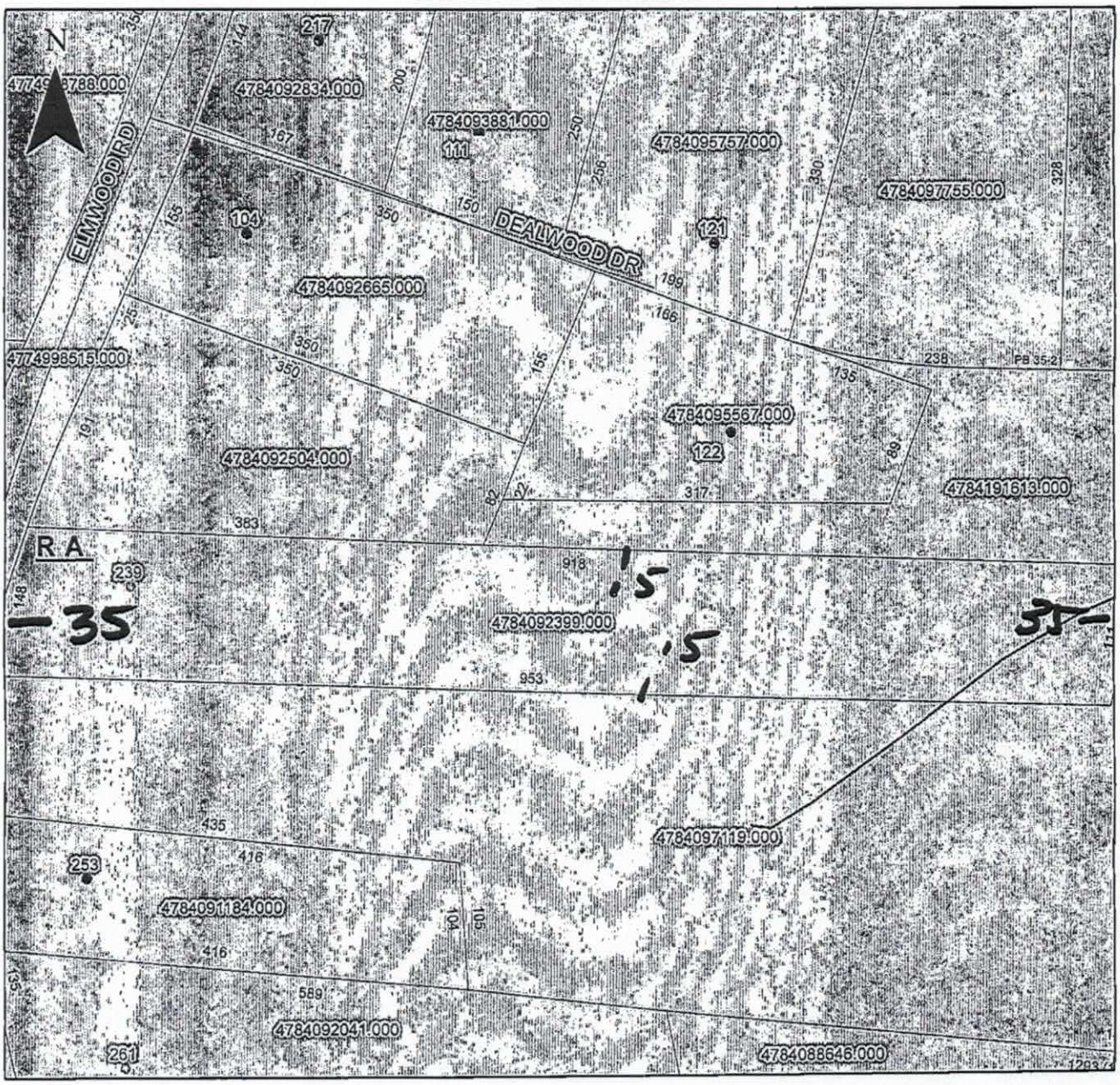
Date: 09/12/2017

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	114707	TOTAL FEES:	$ 250.00

ZONING DISCLAIMER



Property Address 239 Elmwood Rd.

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.

Deeral Alre
Applicant

9/12/17
Date