IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220872

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

PIN # 4843-63-6258 8706

APPLICANT: Rose Cass APPLICANT ADDRESS: 177 Mitch Rd. Union Grove

SITE ADDRESS: 2009 W. Memorial Hwy. - Union Grove PHONE: 704-239-3693 ALT. PHONE:

SITE DIRECTIONS: 77N, TL W. Memorial, on L

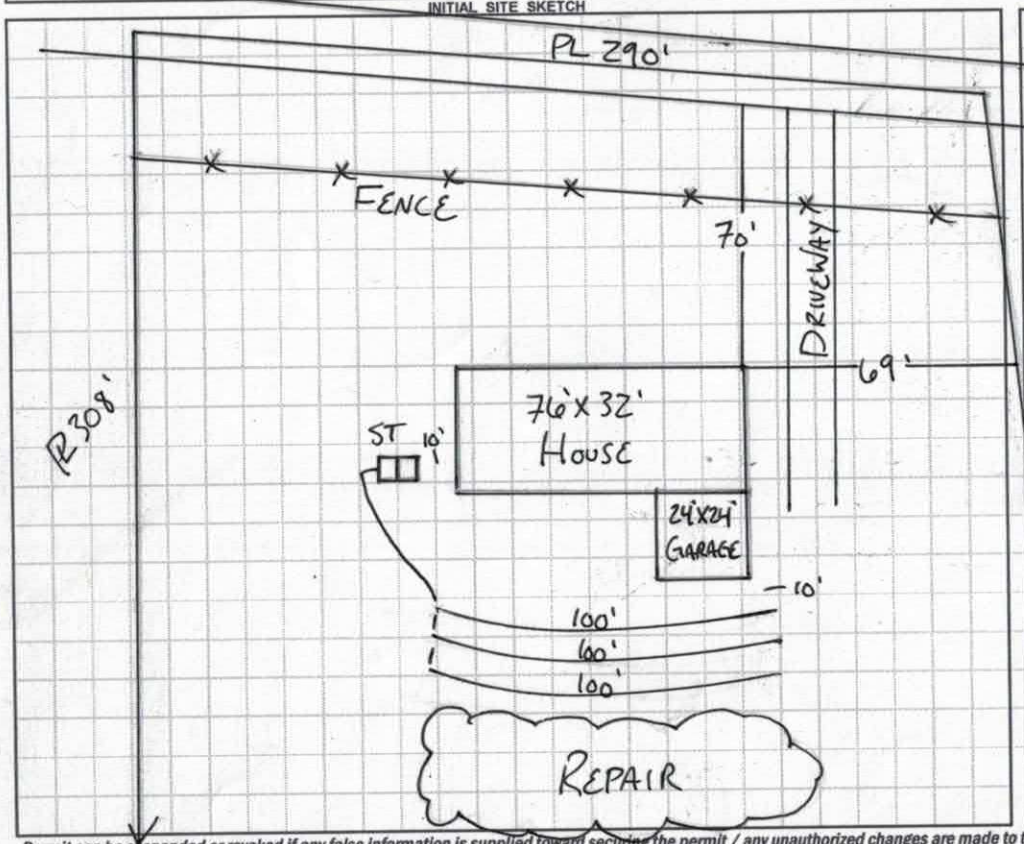
SUBDIVISION: SECTION: LOT # LOT AREA: 2.086 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	3-14-16	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% REDUCTION	☐ Business	No. Persons	6
Pump Make	N/A	Model	Polylok	Serial #	RL-66	Repair System Description:	SAME	☐ Other	No. Employees	
# Nitrification Fields		# Lines	3 @ 100'	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	* 33" Lowside	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		

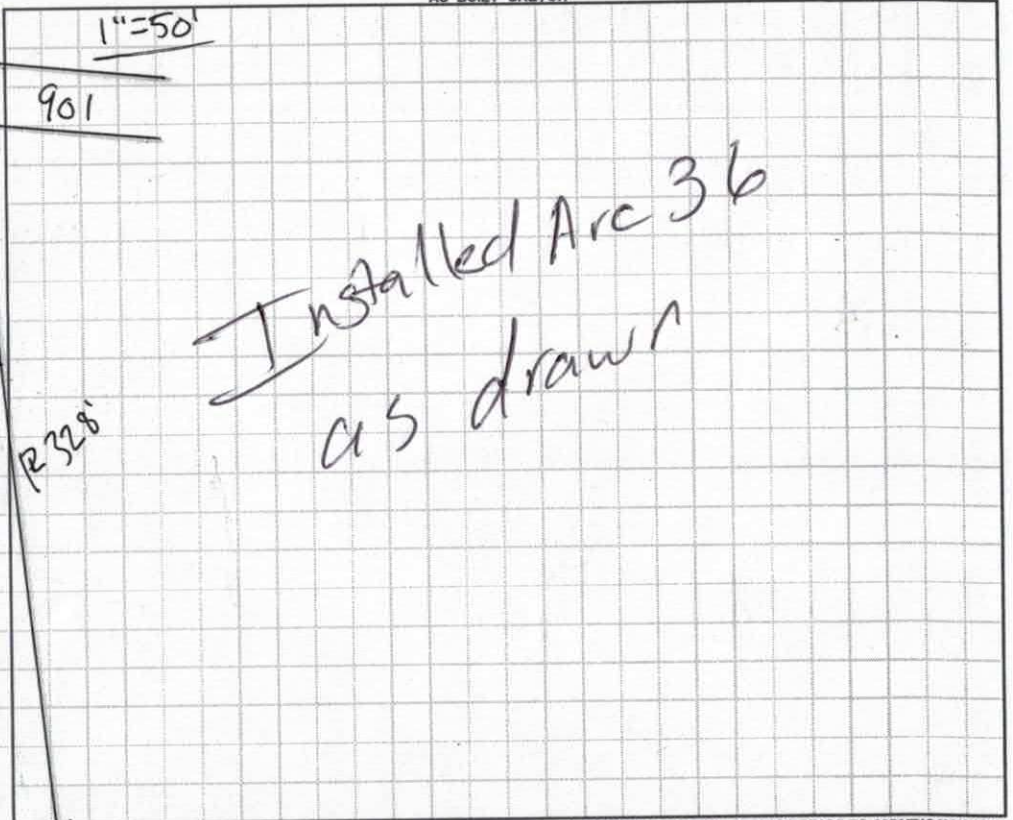
Water Supply: ☐ Private ☒ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions:

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: Date: 10/19/16 Installed by: Abbels Grading & Clearing

IMPROVEMENT PERMIT by: Date: 10-13-16 OPERATION PERMIT by: Date: 05/19/17

AUTHORIZATION TO CONSTRUCT by: Date: 10/19/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of 1
PROPERTY ID #: 4843-63-60
COUNTY: IREDELL

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

OWNER: Rose Cass
ADDRESS: 177 Match Rd.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: 2009 W. Memorial Hwy.

APPLICATION DATE 8-4-16
DATE EVALUATED: 9-27-16
PROPERTY SIZE: ~2AC
PROPERTY RECORDED: Y

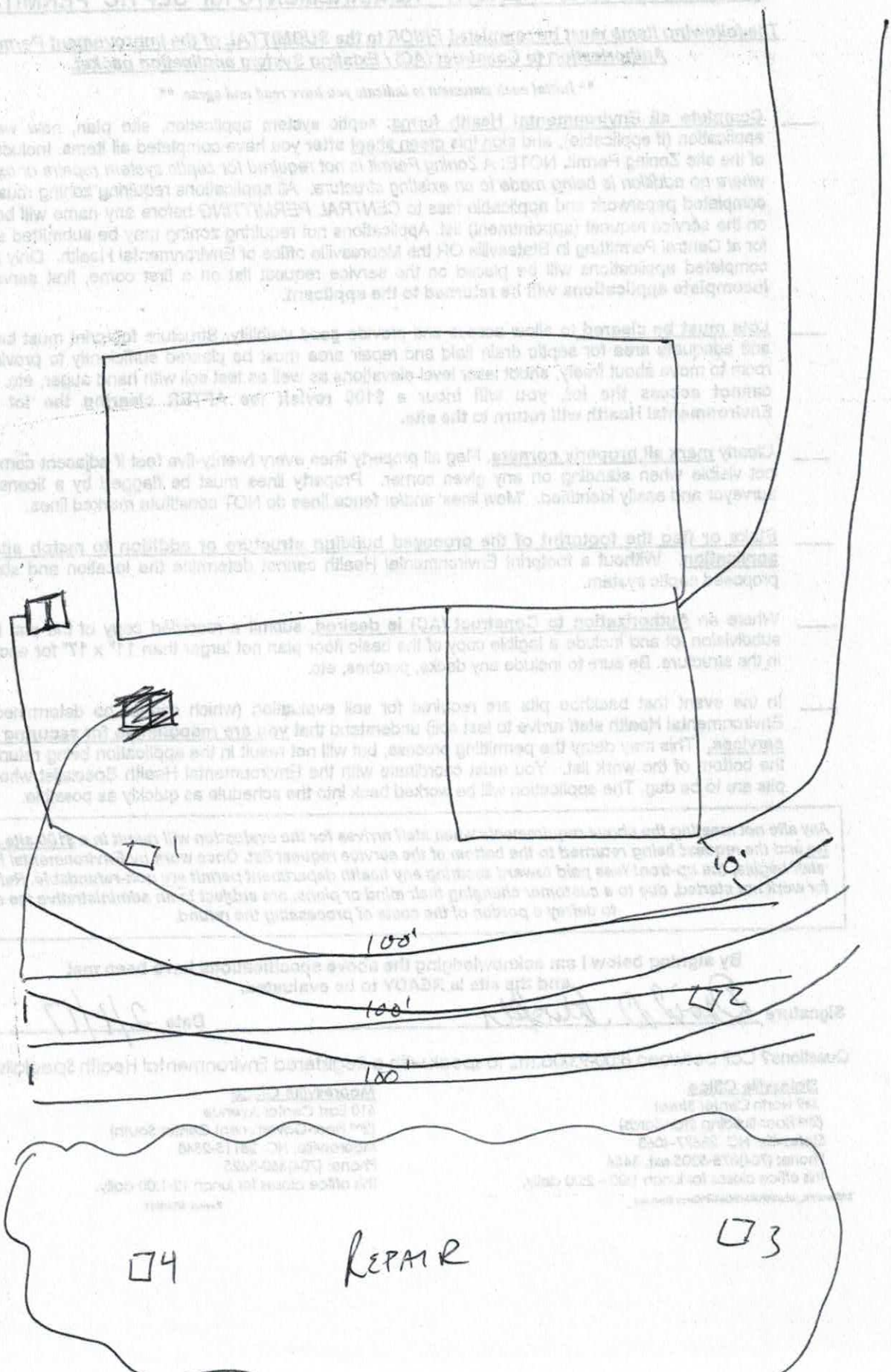
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	L 7%	0-25	RCmSBK	SS	—	50"	S	62"+	.3
		25-50	RCLWSBK	SS					
		50-62	SSAP	NS					
2	L 7%	0-20	RCMSBK	SS	—	42"	S	60"+	.325
		20-42	RCLWSBK	SS					
		42-60	SSAP	NS					
3	L 7%	0-19	SCLWSBK	SS	YBR @ 47"	58"	—	58"+	.25
		19-58	RCMSBK	SS					
4	L 7%	0-12	SCLWSBK	SS	—	37"	S	63"	.35
		12-26	RCmSBK	SS					
		26-37	SCLWSBK	SS					
		37-54	SSAP	NS					
		54-63	LSAP	SS					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	.3	.25

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BA
OTHER(S) PRESENT: —

COMMENTS: _____


1
10'
100'
100'
100'
2
3
4
REPAIR

OK

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Application for SEPTIC REPAIR PERMIT

(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 X BOTH ___ 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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Rose Cass (Applicant Name)	177 Mitch Rd Union Grove (Mailing Address)	704-539-4955 (Home Phone #)	Deena 704-239-3693 (Alternate Phone #)
Salvador Cornejo (Owner Name)	6905 Hidden Acres Cleveland, TX (Mailing Address)	___ (Home Phone #)	___ (Alternate Phone #)

4. Property Information:

2029 W. Memorial Hwy (Street Address) ___ (Subdivision Name) ___ (Section/Phase and Lot Number)

Driving Directions: 77 N - exit 165 - D on 901 - property on left just past Sloans Mill Rd. Will have to access property thru 2029 W. Memorial Hwy - thru pasture.

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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

( ) EXISTING SYSTEM installed ___ (Year)

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. 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. 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 Abee (Property owner or owner's legal representative signature (SIGNATURE REQUIRED)) 8/4/16 (DATE)

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, Salvador Cornejo, am the legal owner(s) of the property located at 2009 West Memorial Hwy., Union Grove, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Rose Mary Cass/ Dena Abee/Clayton Homes, 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)	8/3/16 Date	Rose M Cass Signature of Witness	8/3/16 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...

✓ Area you prefer your septic system to be placed...

✓ Preferred driveway location and configuration, preferred well location...

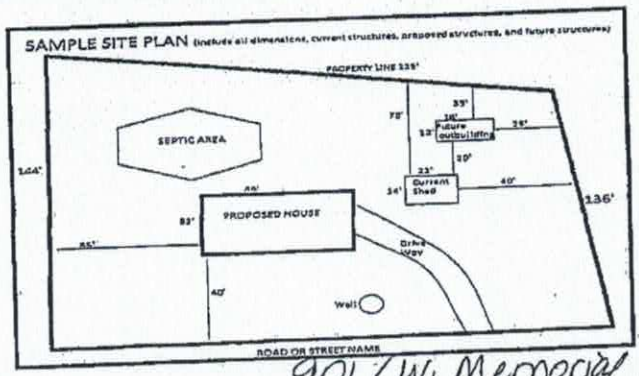
✓ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

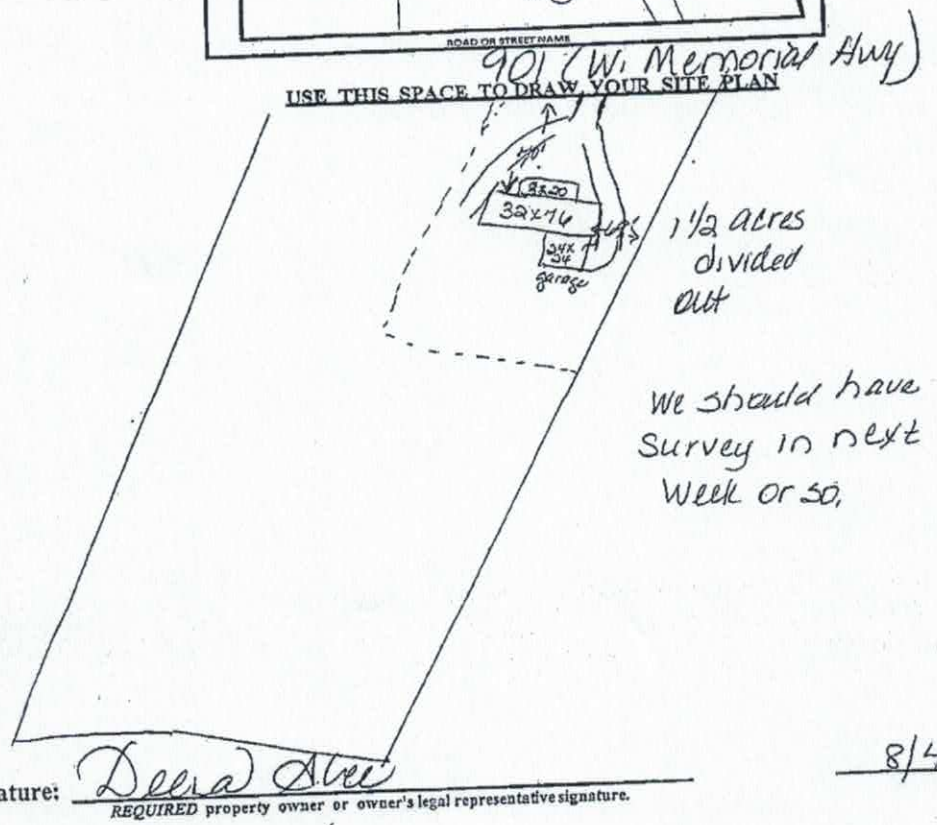
____ Location of septic systems and wells within 100' of your property... (N/A)

____ 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



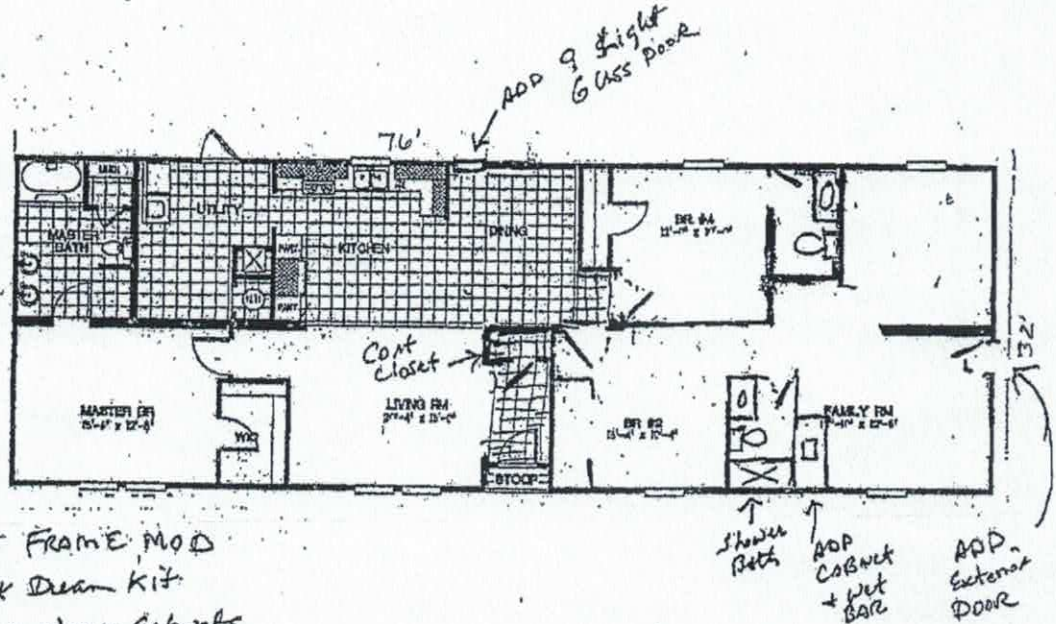
Signature: Deena Alvey

REQUIRED property owner or owner's legal representative signature.

8/4/16
DATE

S/M Cass
Irwell County

Ranch 28' x 32' WIDE



- OFF FRAME MOD
- Black Dream Kit
- Solid Wood Cabinets
- Energy Smart Home
- WOOD Look Vinyl thru out.

Deena Alva 8/4/16

IREDELL COUNTY

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

APPLICATION NUMBER
220872
Issue Date: 08/05/2016

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4843636258.000	2009 WEST MEMORIAL HIGHWAY	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: AMJ INVESTMENTS LLC Address: C/O MONTY & RAMIREZ LLP 150 W PARKER RD THIRD FLOOR UNION GROVE, TX 77076 Phone:	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

NEW MODULAR HOME - IREDELL

Scope of Work

MODULAR

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	500.00
		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.

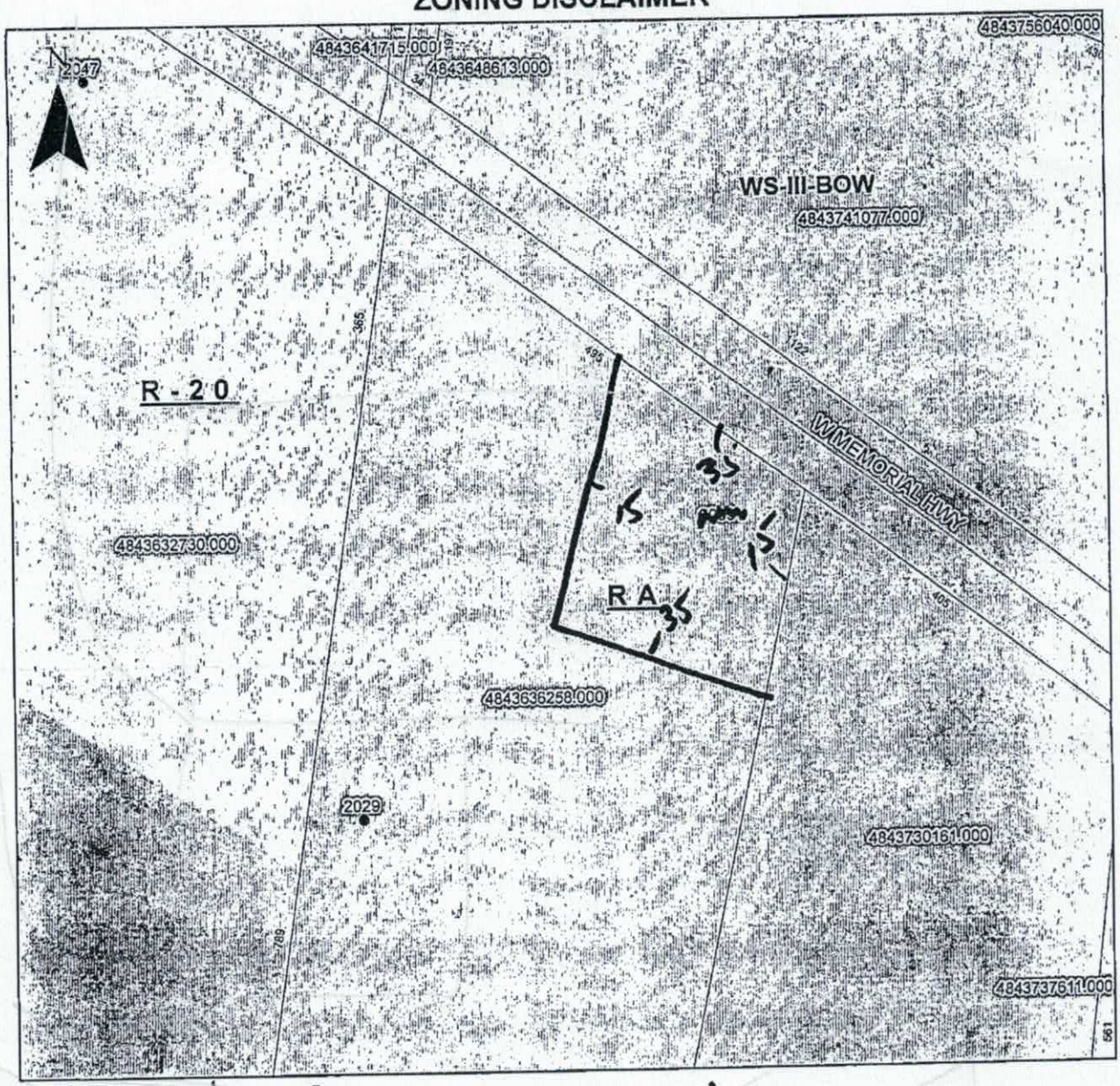
Date: 08/05/2016

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	76818	TOTAL FEES:	$ 500.00

ZONING DISCLAIMER



Property Address 2009 W Memorial Hwy

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