# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP2023-14163

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

PIN # 4862 -- 90 -- 7121

APPLICANT/OWNER: Luis Benitez APPLICANT ADDRESS: 212 Kimmon Rd, Harmony

SITE ADDRESS: 212 Kimmon Rd, Harmony 28634 PHONE: ALT. PHONE –

SITE DIRECTIONS: 901 - Nebo - Kimmon SAP CONTROLLED: ☐ YES ☒ NO

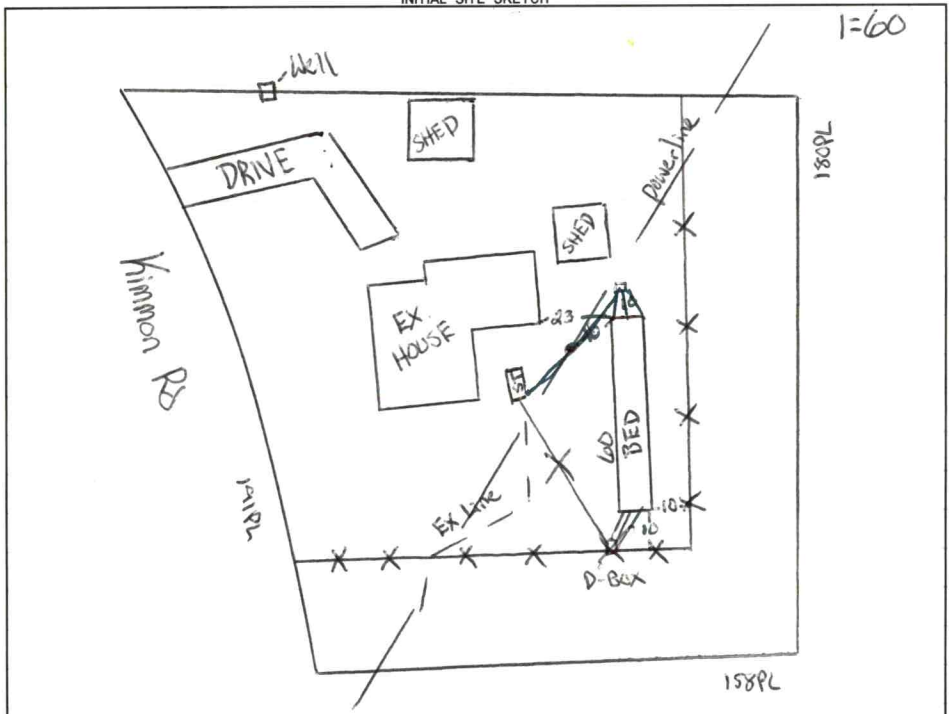
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 0.74 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | EX | (gal) | STB | Date | | ☐ New System | ☒ Repair | ☐ Expansion | System Type: I (II) III IV V VI | ☒ Residence | No. Bedrooms 3 |
| Pump Tank | | (gal) | PT | Date | | System Description: | BED | | | ☐ Business | No. Persons 6 |
| Pump Make | | Model | | Serial # | | Repair System Description: | Gravel BED | | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 1 | Linear Ft | 1,200 sq ft | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space |
| Trench Width | 10 ft | Trench Bottom Depth ~~(Low side)~~ | 36" max | Gravel Depth | 24 in | | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

**Water Supply**: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not grade, drive, or park on septic area.

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.

Installed as Drawn

*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: Online Signature Date: Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Cory Hill Date: 5/2/23 OPERATION PERMIT by: Cory Hill Date: 5/18/23

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 5/2/23 Existing System Inspected by: Date:

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

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | | |
| Tanks Checked | | |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

| Repairs Only | |
|---|---|
| | **State Code** |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

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

Sheet 1 of 1
PROPERTY ID #: 486290712
COUNTY: Iredell

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: 212 Kimmon Rd, Harmony DATE EVALUATED: 1/23/23
PROPOSED FACILITY: 3 bd/ home PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: 0.74
LOCATION OF SITE: 212 Kimmon Rd, Harmony 28634 PROPERTY RECORDED: yes
WATER SUPPLY: Private Public X Well Spring Other _____
EVALUATION METHOD: Auger Boring X Pit Cut TYPE OF WASTEWATER: X Sewage Industrial Process Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| 1 | Linear 3-/. | 0 - 16 | C SBK | SS SP FR SE | - | 48 | SAP CL | inc in layer | .3 PS |
| | | 16 - 48 | CL SBK | SS SP FR SE | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | BED |
| System Type(s) | | PS |
| Site LTAR | | .3 |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Sydney Holland, Sarah Bracken

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.

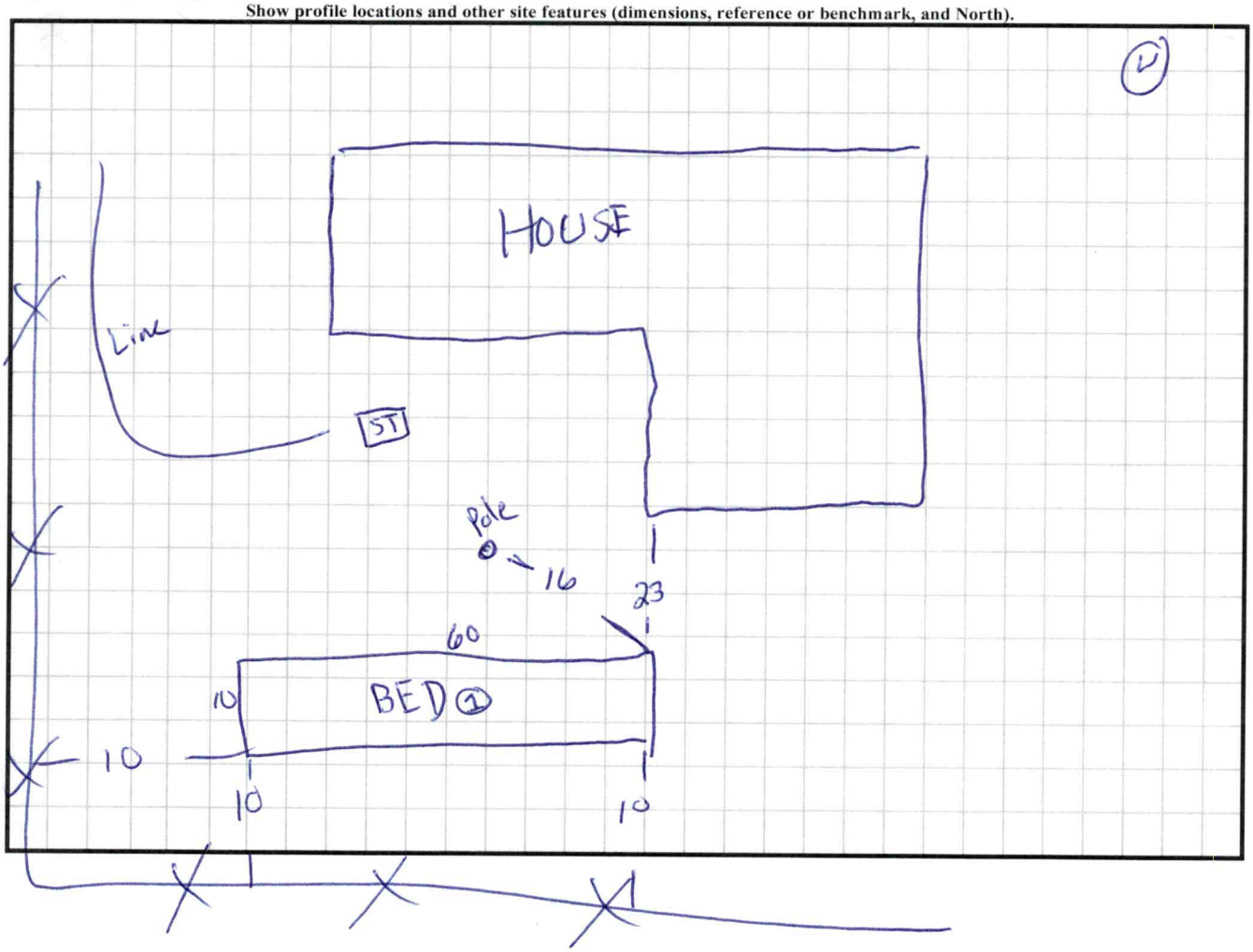
***NOTES***

| | |
|---|---|
| *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).**



Iredell County, North Carolina

January 23, 2023




**Tax Map Information**

| | |
|---|---|
| • PIN | 4862907121.000 |
| • Address | 212 KIMMON RD |
| • Account # | Acct 80058935 |
| • Tax Owner | BENITEZ-POPOCA LUIS ENRIQUE |
| • Mailing Address | 212 KIMMON RD |
| • | HARMONY, NC 28634 |
| • GIS Owner | BENITEZ POPOCA L E+WENDY I YA PUC |
| • Deed Info | 2590 / 2472 - WD - 20181128 |
| • Tax Acres | 0.74 AC |
| • Lot # | |
| • Description | HOLBROOK |
| • Zoning | RA |
| • Old Parcel # | 0617F00000A129 |
| • Bldg Value | $42,490 |
| • OBXF Value | $820 |
| • Land Value | $14,150 |
| • Total Value | $57,460 |
| • Defer Value | $0 |
| • Tax Districts | -ALLCNTY FIRE- - |

IREDELL COUNTY NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-310950

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

PIN # 4862-90-7121

APPLICANT/OWNER: LUIS E. BENITEZ-POPOLA APPLICANT ADDRESS: 212 KIMMON ROAD, HARMONY, N.C. 28634

SITE ADDRESS: 212 KIMMON ROAD, HARMONY, N.C. 28634 PHONE: 704-929-3633 ALT. PHONE 704-902-2510

SITE DIRECTIONS: ⑤ ON 901, ⓛ ON NEBO, ⓛ ON KIMMON, LOT ON ⓛ SAP CONTROLLED: ☐ YES ☐ NO EXT

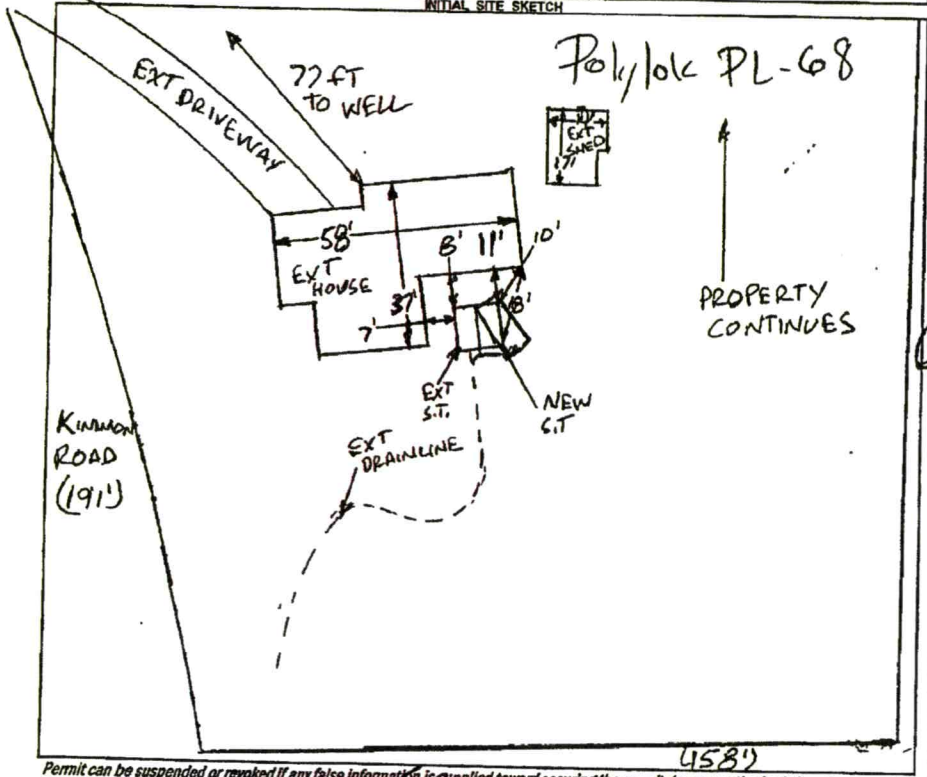
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.74 AC DESIGN FLOW: EXT L.T.A.R.: EXT

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 160 | Date | 10/9/20 | ☐ New System | ☑ Repair | ☐ Expansion | System Type: I II III IV V VI | ☑ Residence | No. Bedrooms EXT |
| Pump Tank | — (gal) | PT | — | Date | — | System Description: | | | EXT | ☐ Business | No. Persons EXT |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: | | | TANK REPLACEMENT | ☐ Other | No. Employees — |
| # Nitrification Fields | EXT | # Lines | EXT | Linear Ft | EXT | Maintenance Agreement Required: | ☐ YES | ☑ NO | | ☐ Slab | ☑ Crawl Space |
| Trench Width | EXT | Trench Bottom Depth(Low side) | EXT | Gravel Depth | EXT | | ☑ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: PUMP/CRUSH, AND FILL EXISTING TANK, INSPECT AND REPLACE D-BOX/OUTLET PIPE AS NEEDED. DRAINFIELD DRY AT TIME OF INSPECTION

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 = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

*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 for 60 mos. 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: [signature] Date: 10-19-20 Installed by: Sammy Reguis

IMPROVEMENT PERMIT by: Barbara C. White Date: 10-14-2020 OPERATION PERMIT by: [signature] Date: 12/10/20

AUTHORIZATION TO CONSTRUCT by: Barbara C. White Date: 10-14-2020 Existing System Inspected by: Date:

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

RECEIVED SEP 1 5 2020

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

Septic Repair Evaluation

## Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM***

AP-310950

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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:** Luis E Benitez-Popoca **Address:** 212 Kimmon Rd **Zip:** 28634
**Applicant Email:** Pwfn8@Yahoo.com **Phone:** 704-929-3633 **Alt. Phone:** 704-902-2510
**Owner Name:** Luis E Benitez Popoca **Address:** 212 Kimmon Rd **Zip:** 28634
**Owner Email:** Pwfn8@Yahoo.com **Phone:** 704-929-3633 **Alt. Phone:** 704-902-2510

**Property Information:**

**Street Address:** 212 Kimmon Rd Harmony N.C 28634

**Subdivision Name:** _____ **Section/Phase:** _____ **Lot Number:** _____

**Driving Directions:** _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system X Tank X Drain lines

**Maximum Number of Bedrooms:** ~~5~~ 3
**Maximum Number of Occupants:** 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

**Describe Problem:** leak on existing drain line

**CHECK FOUNDATION TYPE**
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**Non-Residential Site Development:** **Type of Business:** _____
**Square Footage of Building:** _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

**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:** Don't Know
( ) No Preference ( ) Alternative (X) 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.***

No Permit in DB

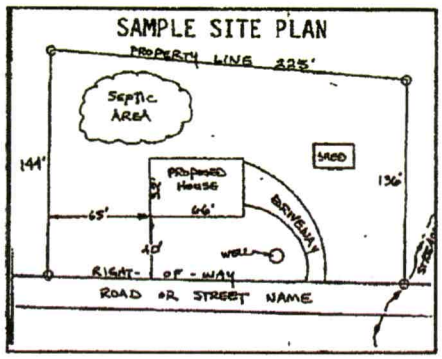
**Signature:** _____ 9-15-20
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)** **DATE**

# 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:**

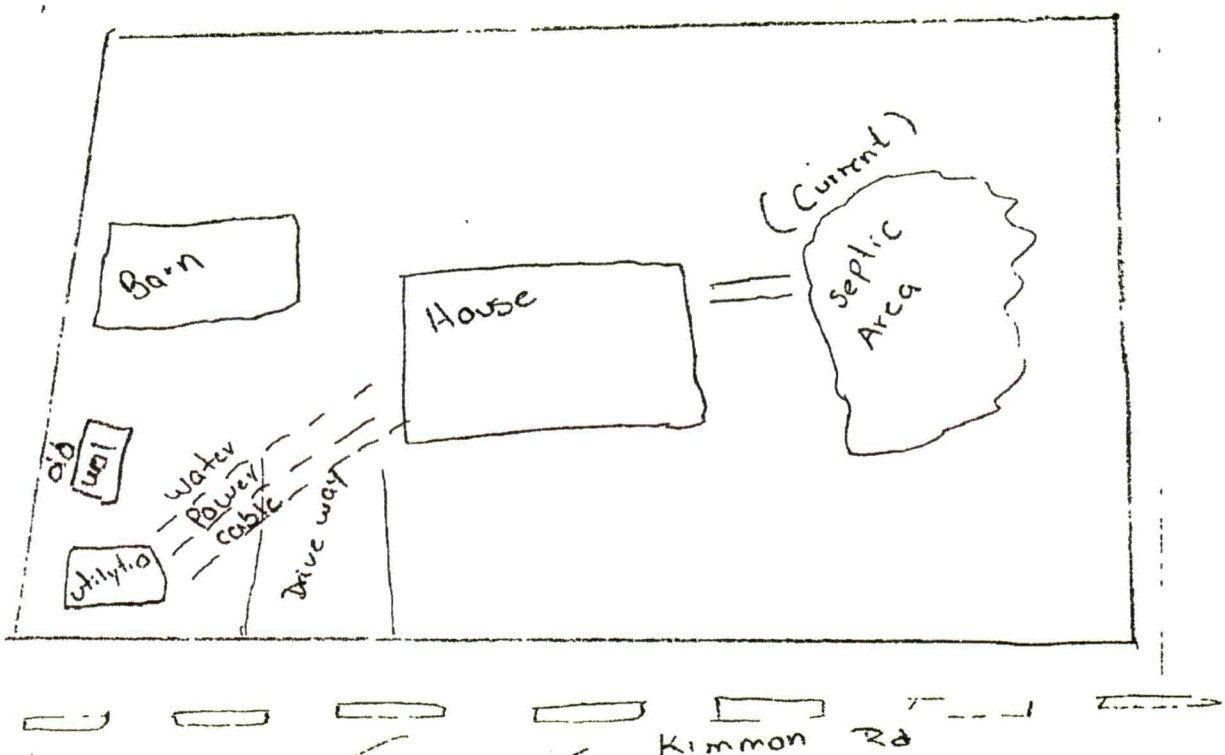
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

9-15-20

**DATE**