ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP- 316932

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

PIN # 4870 -- 24 -- 1195

APPLICANT/OWNER: ANDRES RUIZ

APPLICANT ADDRESS: 178 BUCKHEAD ROAD, HARMONY, N.C. 28634

SITE ADDRESS: 178 BUCKHEAD ROAD, HARMONY, N.C. 28634

PHONE: 980-829-2484 ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (L) ON TOMLIN, (L) ON HICKORY GROVE, (L) ON BUCKHEAD, LOT ON (R)

SAP CONTROLLED: ☐ ~~YES~~ ☐ ~~NO~~, EXT

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 0.75 AC

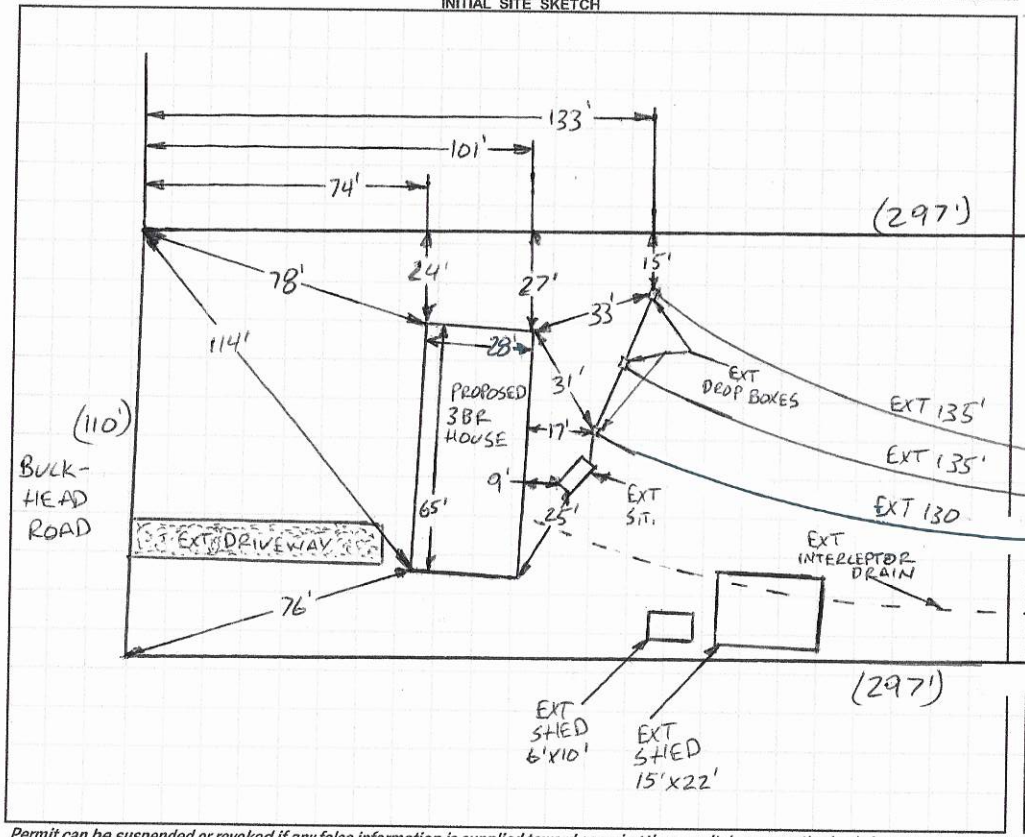
DESIGN FLOW: EXT 360GPD L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I (II) III IV V VI		
Pump Make	—	Model	—		Serial #	—	System Description:	EXISTING-CONVENTIONAL	
# Nitrification Fields	EXT(1)	# Lines	EXT (3)		Linear Ft:	EXT(400ft)	Repair System Description:	EXISTING	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT	Maintenance Agreement Required:	☐ YES	☑ ~~NO~~
								☑ ~~GRAVITY~~	☐ PRESSURE

☑ ~~Residence~~	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees	—	☑ ~~Public~~	
☐ Slab	☑ ~~Crawl Space~~		☐ Community	
☐ Basement w/plumbing	☐ Basement w/o plumbing			

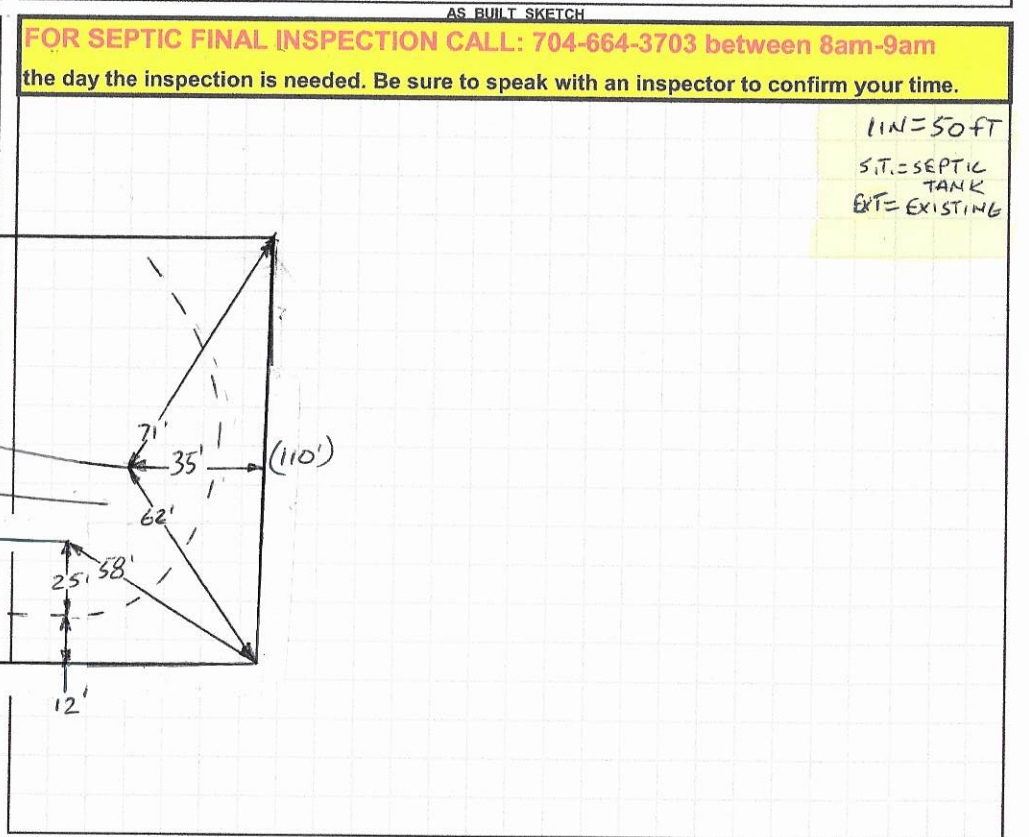
Comments / Conditions: THE PURPOSE OF THIS PERMIT IS TO REPLACE ONE MOBILE HOME WITH ANOTHER, SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION.

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.



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: Andres Ruiz Dionicio Date: 06-16-21 Installed by: —

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

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Bryant C. White Date: 6-15-2021

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

RECEIVED APR 20 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-316932 $250.00

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: Andres Ruiz Address: 178 Rock Head Rd. Harmony NC Zip: 28634

Applicant Email: _____ Phone: (980) 829-2484 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 178 Rock Head Rd. Harmony NC. 28634 (Rock Head Rd)

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
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

CHECK FOUNDATION TYPE
( ) 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: 1 Number of Persons: 3

( ) 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: Andres Ruiz 04/18/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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*) Andres Ruiz

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, Andres Ruiz Dionicio, am the legal owner(s) of the property located at 178 Back Head Rd Harmony NC. 28634, 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.

Andres Ruiz
Signature of Owner(s)

6/18/21
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

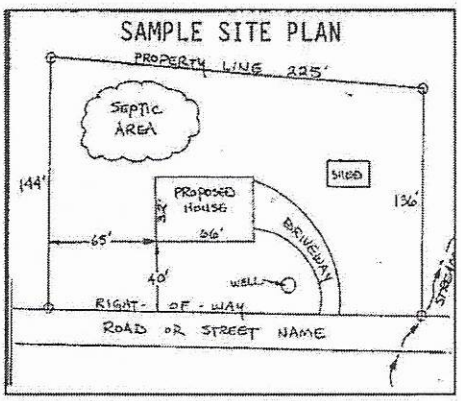
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

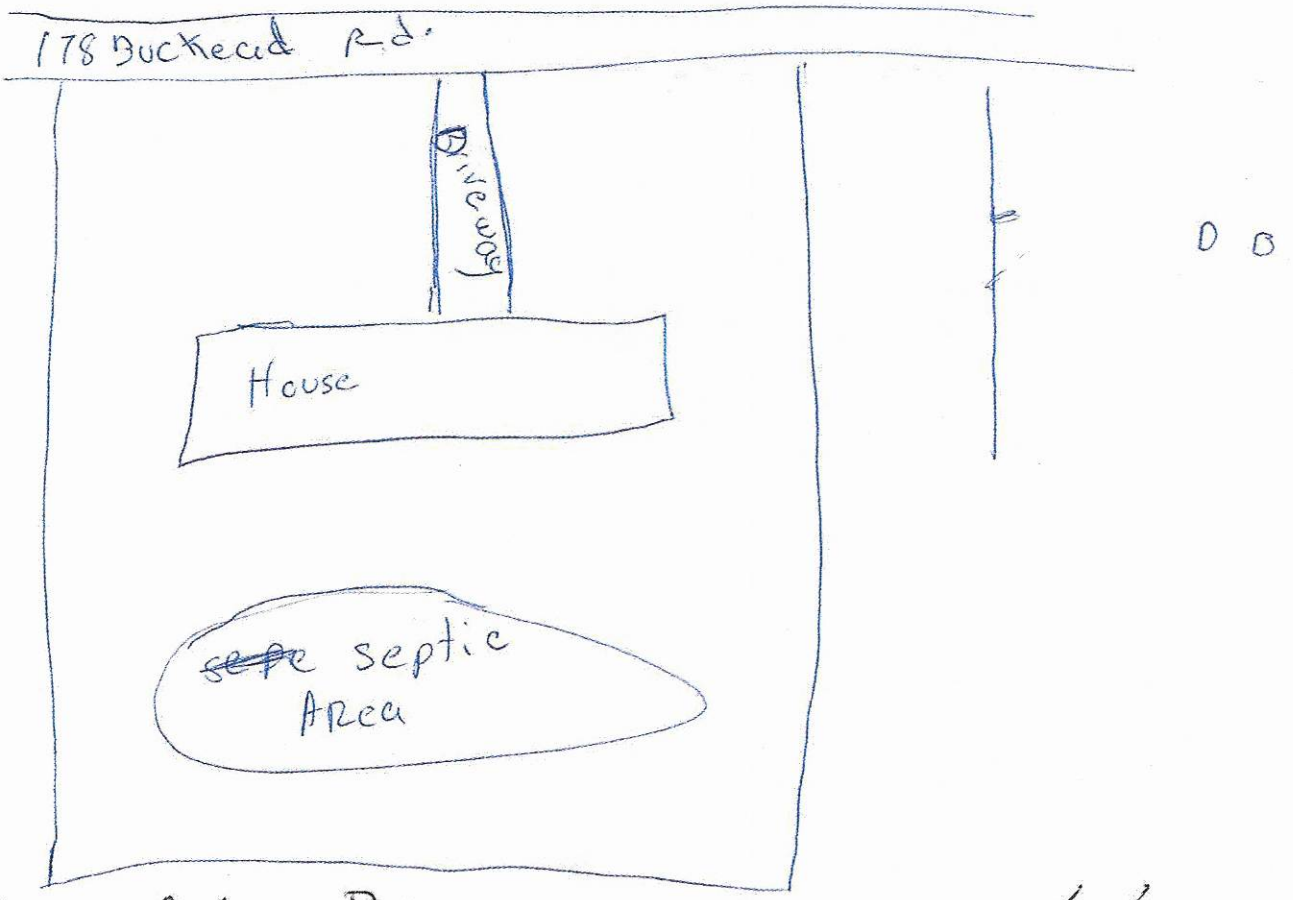
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

04/18/21

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 076621 PIN# 4870 24 2109 (PT) DATE 10-1-98

OWNER OR CONTRACTOR MICHAEL T. STANLEY PHONE: Business Home 539-4361

ADDRESS 219 JERICHO ROAD HARMONY NC 28634

LOCATION US 21 N, TL TOMLIN ROAD, TL HICKORY GROVE, TL BUCKHEAD, ON RIGHT AT BOX # 178

SUBDIVISION BLOCK / SECTION LOT LOT AREA 110' x 297' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-7-98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines THREE Trench Width 36" Max Trench Bottom Depth (24") Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 25% REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ☒ No

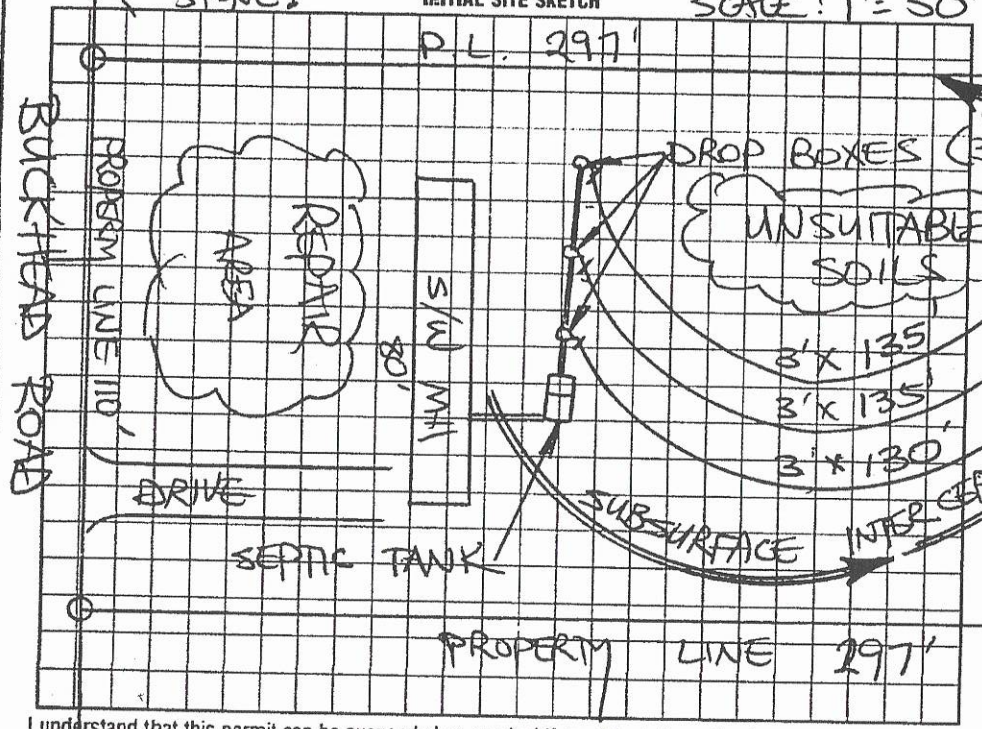
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

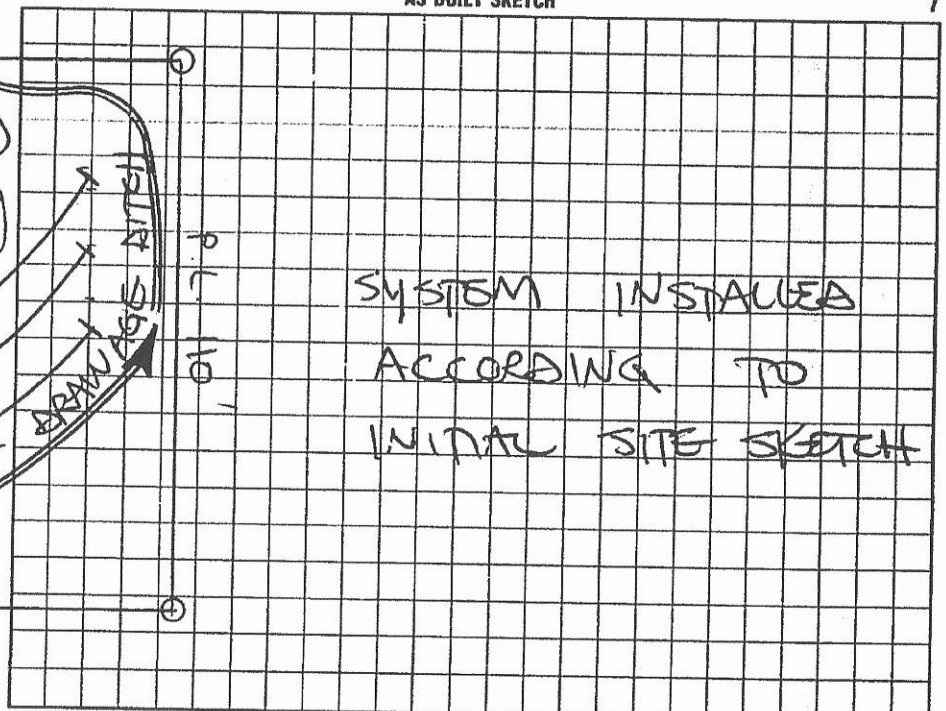
Comments:/Conditions: INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AS SHOWN BEGINNING 36" DEEP OUT TO DAYLIGHT, TRENCH BOTTOM TO BE INSPECTED PRIOR TO PLACING PIPE & STONE!

Comments:/Conditions: SEPTIC TANK & DRAINFIELD CHECKED OK ON 10-13-98
SUBSURFACE INTERCEPT DRAINAGE DITCH REMAINS TO BE INSTALLED CORRECTLY

INITIAL SITE SKETCH SCALE: 1" = 50'



AS BUILT SKETCH



I understand that this 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Mike Stanley date 10-1-98

Improvement Permit by: STEVE HEDRICK date 10-1-98

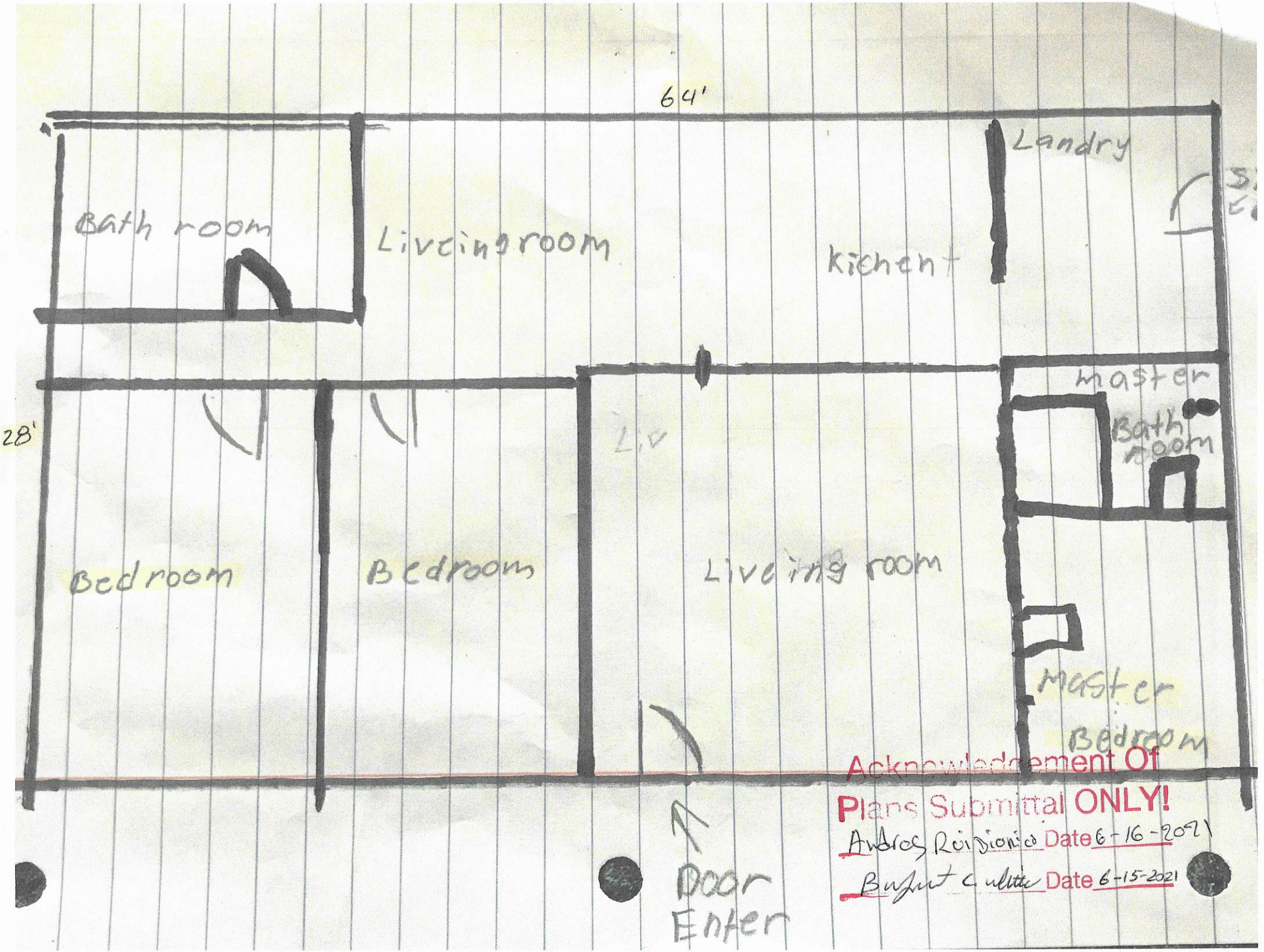
Authorization to Construct by: STEVE HEDRICK date 10-1-98

Installed by: UNION GROVE SEPTIC (JEFF HURLBUT)

Operation Permit by: STEVE HEDRICK date 10-16-98

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD


64'
Bath room
Livcingroom
kichent
Landry
master
Bath room
28'
Liv
Bedroom
Bedroom
Liveing room
master
Bedroom
Door
Enter
Acknowledgement Of
Plans Submittal ONLY!
Andres Rodriguez Date 6-16-2021
Benjamin Cubillos Date 6-15-2021

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316932 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4870241195.000	178 BUCKHEAD RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: DIONICIO ANDRES R Address: , Phone:	Name: ANDRES RUIZ DIONICIO Address: 178 BUCKHEAD RD HARMONY , NC 28634 Phone: (980)829-2484

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.75	35	35	15	15		NO

Remarks

28x60 DOUBLEWIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

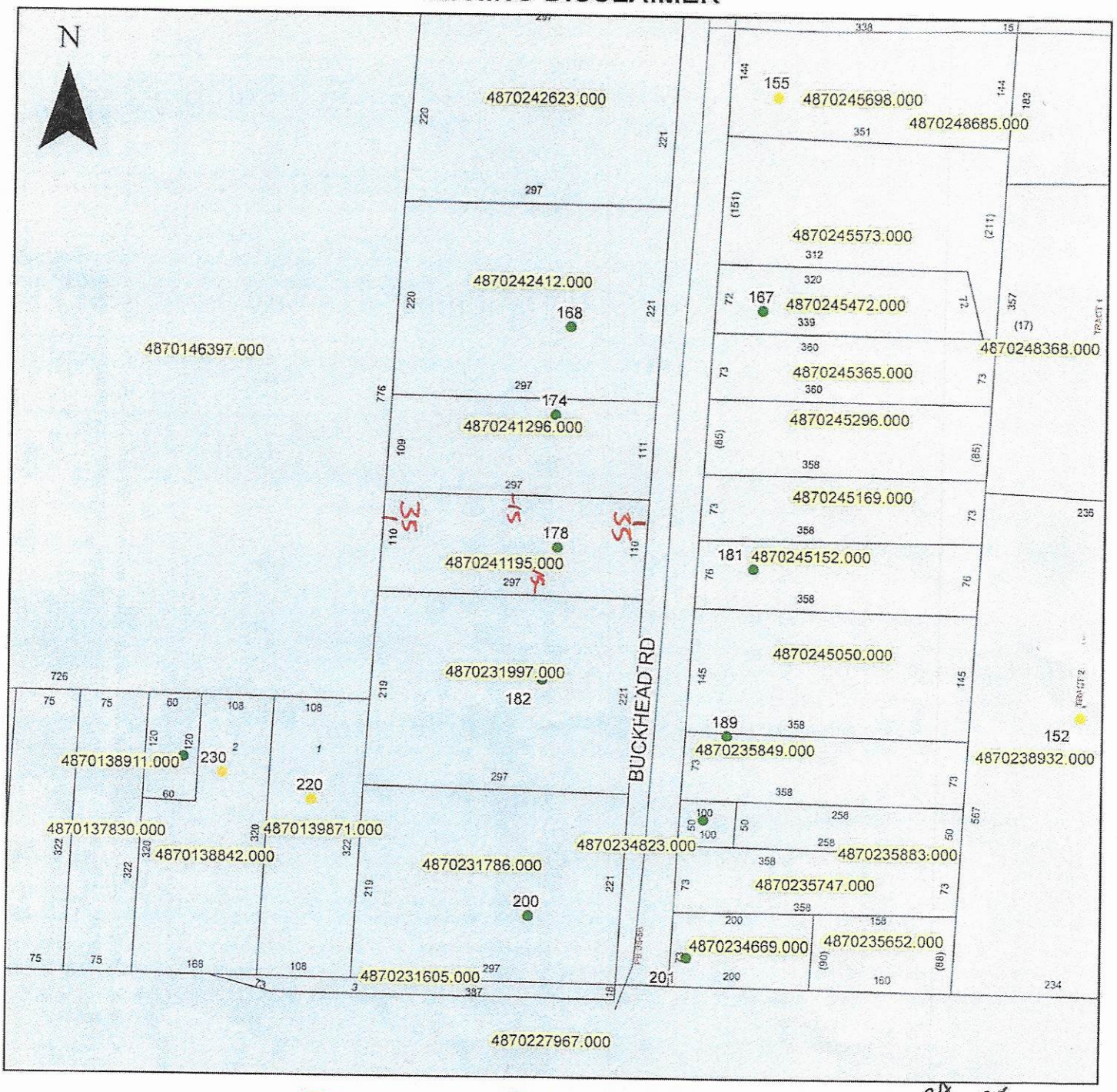
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 04/19/2021

Permit Number	316932	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 178 Buckhead Rd.

RA 0.75
No

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.

Andres Ruiz Dionicio
Applicant

04-19-2021
Date