# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238165

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

PIN # 4873324543

APPLICANT/OWNER: Martin + Prusilla Mendoza APPLICANT ADDRESS: 412 York Spann Rd, Hamptonville

SITE ADDRESS: 417 Hunting Creek Rd, Hamptonville PHONE: 704-929-5802 ALT. PHONE 704-919-7720

SITE DIRECTIONS: 21N → L on Hunting Creek Rd → on left across from Bosh Rd SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 6.55ac DESIGN FLOW: ext L.T.A.R.: ext

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model existing Serial #

# Nitrification Fields #Lines Linear Ft

Trench Width Trench Bottom Depth(Low side) Gravel Depth

☐ 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 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

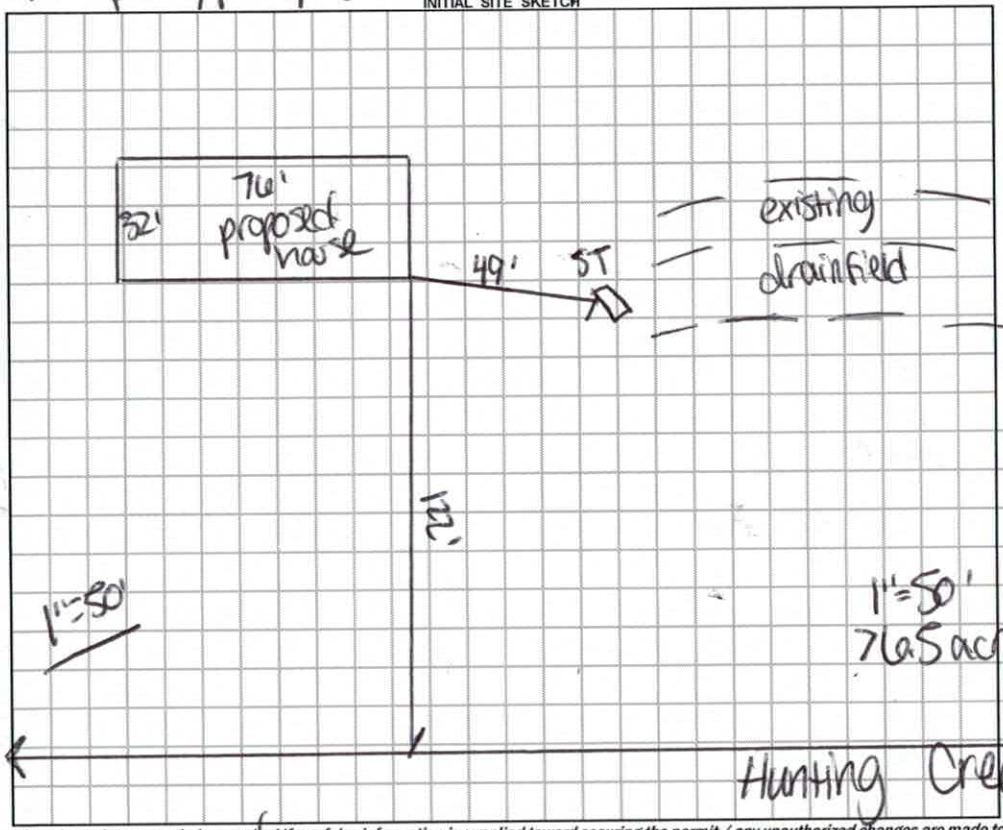
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

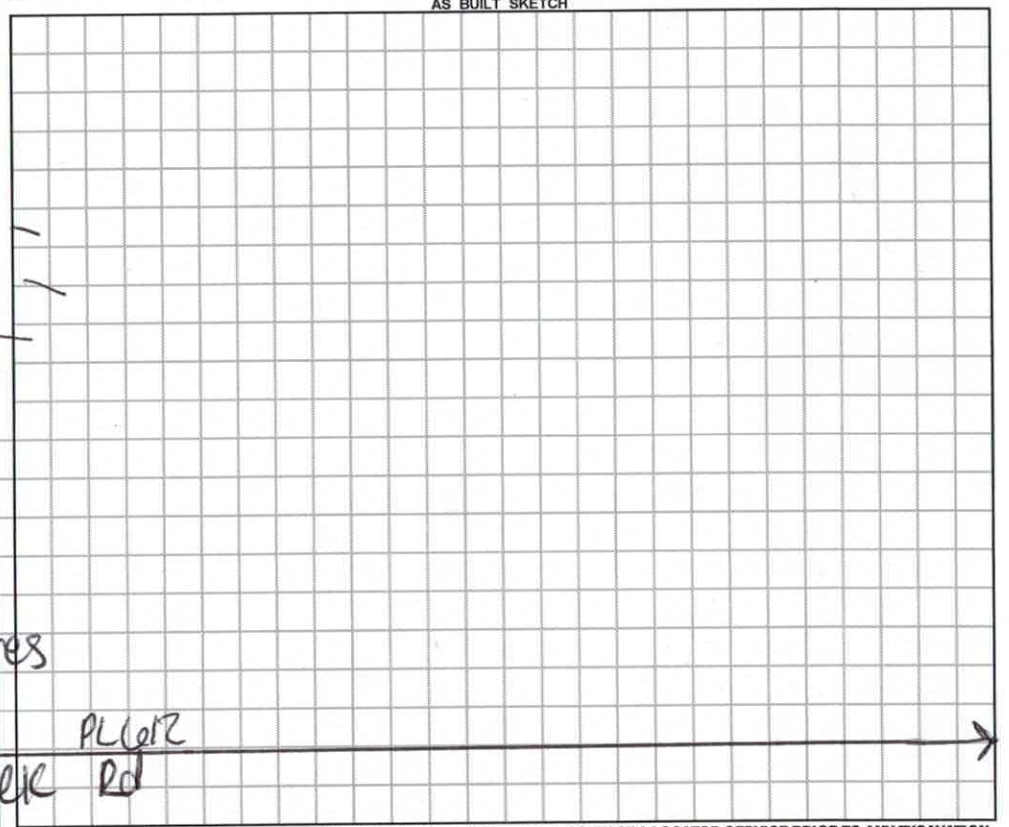
Comments / Conditions: Maintain minimum 5' setback to septic system with any part of house. Do not park/pave/drive on septic area.

9/11/18: new risers on tank verified - CC

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: Prusilla Mendoza Date: 10/23/18 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Carla C. Cave Date: 9/11/18

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.**

RECEIVED AUG 2 0 2018

RECEIVED AUG 2 0 2018

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

Paid $250.00 #238165

**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: Martin + Drusilla Mendoza Address: 412 York Spann Rd, Hamptonville NC Zip: 27020
Applicant Email: N/A Phone: 704-929-5802 Alt. Phone: 704-919-7720
Owner Name: Martin + Drusilla Mendoza Address: 412 York Spann Rd, Hamptonville Zip: 27020
Owner Email: N/A Phone: 704-929-5802 Alt. Phone: 704-919-7720

well → mendoza@optimeddoctors.com

**Property Information:**

Street Address: 417 Hunting Creek Rd, Hamptonville NC 27020
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 21N, (L) onto Hunting Creek Rd, property on (L).

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

**CHECK FOUNDATION TYPE**

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 (+ Study) — (✓) Crawl Space Foundation
(✓) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4
(✓) 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: 1999(?)
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: *See attached

**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:** Drusilla Mendoza / martin-c-mendoza 8/9/18
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*) Martin + Drusilla Mendoza

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, Martin + Drusilla Mendoza, am the legal owner(s) of the property located at 417 Hunting Creek Rd, Hamptonville NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Clayton Homes, Statesville NC, 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.

Martin C. Mendoza / Drusilla Mendoza — Signature of Owner(s)

8/9/18 — Date

**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

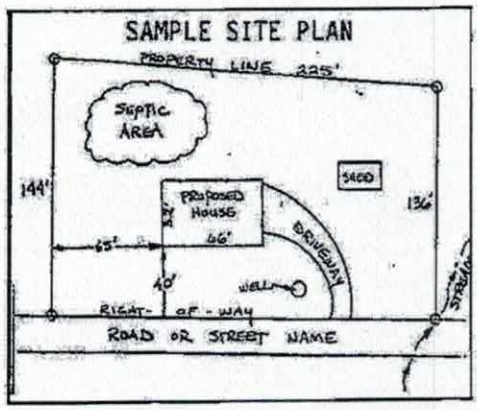
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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 OR WELL 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
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

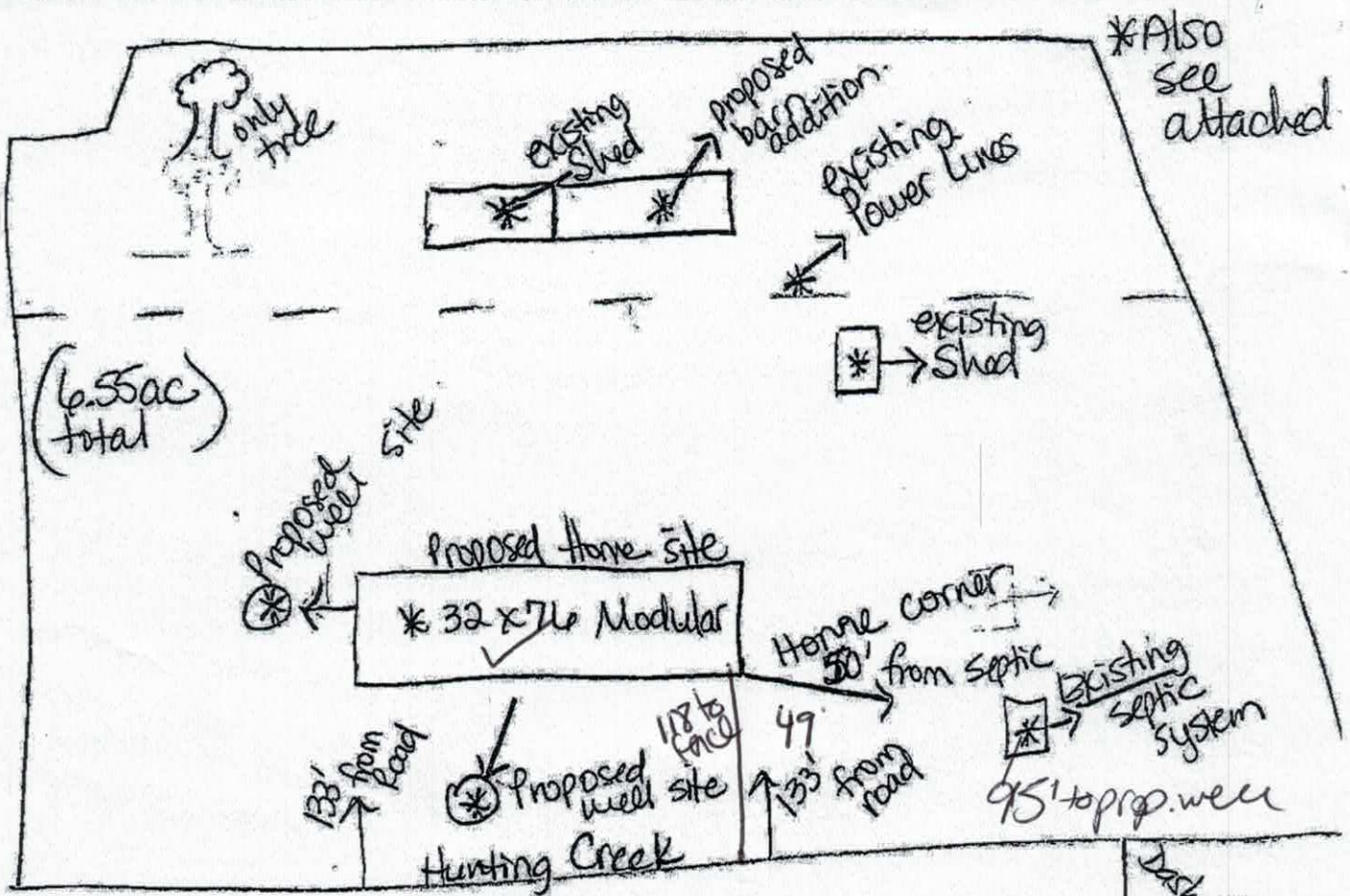



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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:** Druilla Mendoza / Martin-C. Mendoza 8/16/18

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

(existing ~~well~~ septic)

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079455 PIN# 4873 32 6185 (PT) DATE 2-26-99

OWNER OR CONTRACTOR TERRY RENEGAR PHONE: Business Home 546-5380

ADDRESS 145 ELEANOR LANE, HAMPTON VILLE, NC 27020

LOCATION US 21 N, TL HUNTING CREEK RD, 1 ON LEFT ACROSS FROM DAGH ROAD

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3.00 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R 0.30 GPD/AC

Septic Tank: 1000 Gallons; STB 520 Date 2-23-99
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 36" Gravel Depth 12"

New System [ ] Repair System Type: [ ] I, [ ] II, [ ] III, [ ] IV, [ ] V, [ ] VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: [ ] Yes [ ] No Pump [ ]

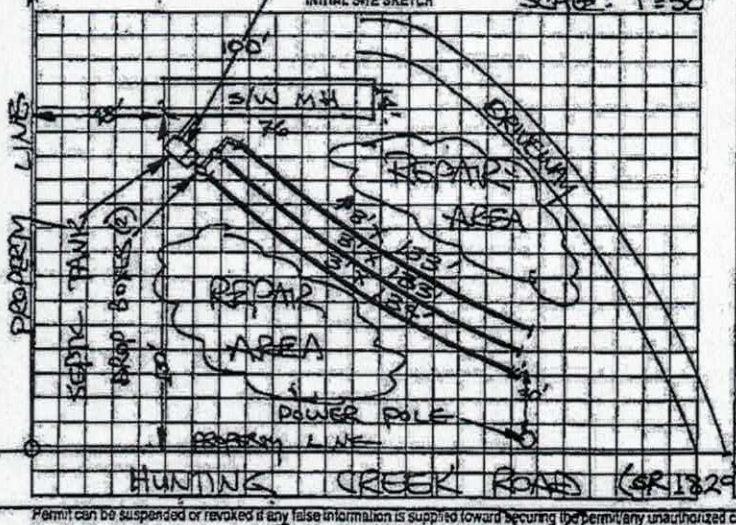
[ ] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Individual [ ] Public [ ] Community
WELL

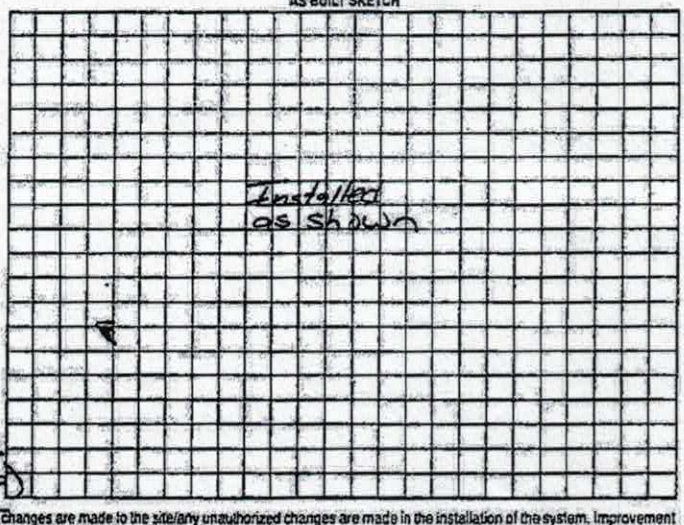
Comments/Conditions: POTENTIAL WELL SITE

Comments/Conditions:

INITIAL SITE SKETCH SCALE: 1"=50'




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. 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: + Terry Renegar

Improvement Permit by: STEVE HEDRICK date 2-26-99

Authorization to Construct by: STEVE HEDRICK date 2-26-99

Installed by: Sammy Reagin

Operation Permit by: Mary C. Ott date 4-9-99

Existing System Inspection by: date

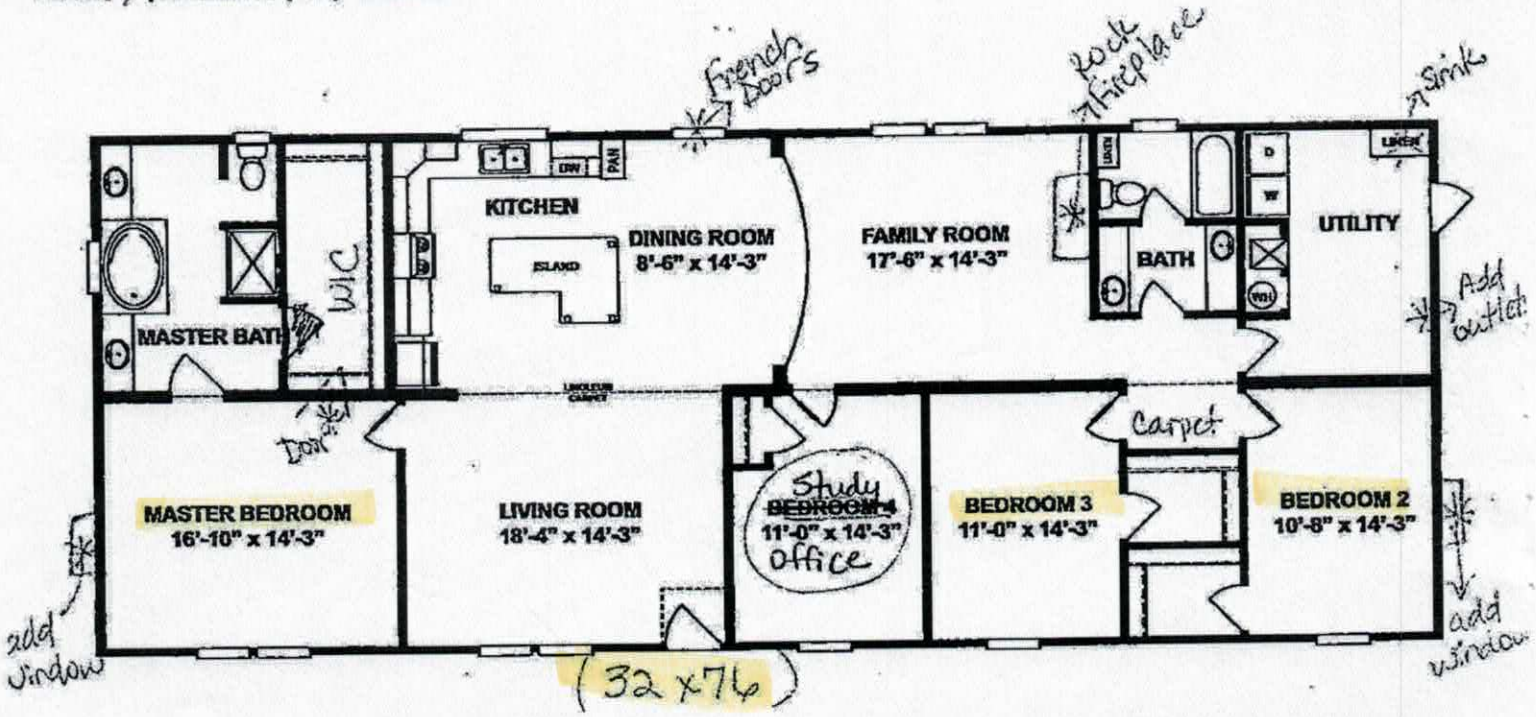
HEALTH DEPT. COPY (WHITE) OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

SCHULT
ROCKWELL

"Castaways @ Clayton"

# 4710 ROCKETEER 7632 (57ROC32764EH)

Beds: ~~4~~ 3 | Baths: 2 | SqFt: 2253




## Living Room

- Linoleum Entry

## Kitchen

- Island
- Dishwasher

## Utility

- Standard No Window

## Bath

- Linen
- Window

## Master Bath

- Window
- Standard

Acknowledgement Of Plans Submittal ONLY!

Carla C. Cave Date 9/10/18

Brenda Mendez Date 8/28/18

Clayton Homes Stvl.

Martin + Brusilla Mendoza
417 Hunting Creek Rd
Hamptonville NC
27020

# IREDELL COUNTY

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

| APPLICATION NUMBER |
| --- |
| 238165 |
| Issue Date: 08/20/2018 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
| --- | --- | --- |
| 4873324543.000 | 417 HUNTING CREEK ROAD, HAMPTONVILLE, NC 27020 | |

| Owner Information | Applicant Information |
| --- | --- |
| Owner: MARTIN AND DRUSILLA MENDOZA | Applicant: MARTIN AND DRUSILLA ME |
| Address: 412 YOUR SPANN RD | Address: 412 YOUR SPANN RD |
| HAMPTONVILLE, NC 27020 | HAMPTONVILLE, NC 27020 |
| Phone: 704-929-5802 | Phone: 704-929-5802 |

| Use Requested | Zone Code |
| --- | --- |
| | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
| --- | --- | --- | --- | --- | --- | --- |
| 6.550 | 35.00 | 35.00 | 15.00 | 15.00 | BOWH | X |

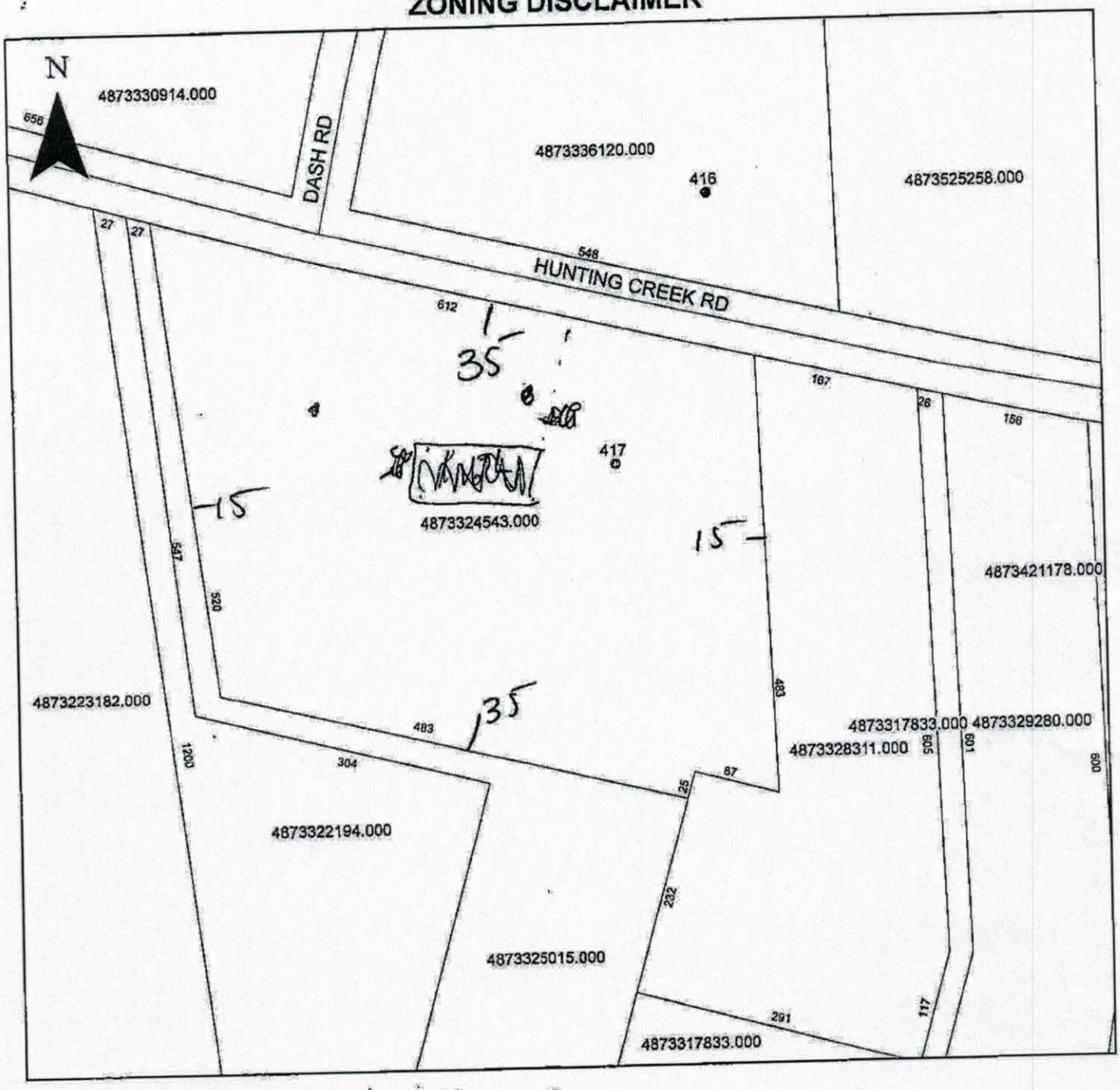
**Remarks:**

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.

Applicant: _____ Date: _____

| Permit Number | 149415 | TOTAL FEES: | $ 77.25 |
| --- | --- | --- | --- |

# ZONING DISCLAIMER




Property Address 417 Hunting Creek

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.

Druilla Mendoza / martin.c.mendoza 8/16/18

Applicant Date