IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238943

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

PIN # 4658-55-5234

APPLICANT/OWNER: Lake Norman Humane Inc. APPLICANT ADDRESS: P.O. Box 3937 Mooresville, NC 28117

SITE ADDRESS: 2106 Charlotte Highway Mooresville, NC PHONE: 704-634-8323 ALT. PHONE

SITE DIRECTIONS: Rt 21 N from Rt 150 → site on left @ # 2106 SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: SECTION: — LOT # — LOT AREA: 6.112 acres DESIGN FLOW: 890 GPD L.T.A.R.: 0.30

Septic Tank	* see below (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	* (gal)	PT	Date	System Description:	Conv (See engineer design)		
Pump Make		Model	Serial #	Repair System Description:	same		
# Nitrification Fields	*	# Lines	*	Linear Ft:	*	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	*	Trench Bottom Depth(Low side)	34"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE

☐ Residence No. Bedrooms —
☒ Business No. Persons —
☐ Other No. Employees 18
☒ Slab Existing ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: See attached engineer design regarding routine maintenance/checking filter within the trash tank. Owner is responsible for coordination of water-testing the well in accordance with North Carolina Department of Environment and Natural Resources - (704) 663-1699. *See attached design for instructions regarding removal of compacted fill/cover in system area * Recommend routine pumping of septic tank. - Existing tank(s) on side of building to be pumped + crushed in place.

INITIAL SITE SKETCH

See attached engineer plans from Donald L. Munday P.E. #17327

Dated: 11/12/18

Revised 12/12/18 (both packet + cut sheets)

3/21/19

PT 1/12/19 PT-2103 (2500 Gallon) XX [Shoaf] -5 psi for 2 min

ST 4/21/18 STB: 2102 (2000 gallon) [Shoaf] -5 psi for 2 min

Trash 1/6/2018 STB:444 (1500 gallon) [Dellinger] 5 psi for 2 min

3/22/19 - Plumbing connections for tanks (ok)
- Conveyance/pump line crossing parking lot area ok.

AS BUILT SKETCH

36-40" dep → supply line 4/11/19 CC

	Date	Initials
Drain Lines Checked	4.23.19	JB
Tanks Checked	3/21+3/22/19	JB
Pressure Manifold or Valve Box Checked	4/11/19	CC
Pressure Head Set	4.29.19	JB
Electrical Checked	6.17.19	BW
Floats Set	4.29.19	JB
Alarm Checked	6.17.19	BW
Maintenance Contract Y/(N)	~~6.17.19~~	~~BW~~
Comments:	not required	

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: Kara Brandt Date: 12/20/18 Installed by: Kevin Orbison

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/19/2018 OPERATION PERMIT by: Brandt C. White Date: 8-17-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/19/2018 Existing System Inspected by: Date:

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.

Call Hal Reminger for Hill 1st 704-896-6330

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: LAKE NORMAN HUMANE INC **Address:** PO Box 3937 Mooresville, NC **Zip:** 28117

Applicant Email: Jtucker@anchorre.com **Phone:** 704.634.8323 **Alt. Phone:**

Owner Name: Same as above **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 2106 Charlotte Highway

Subdivision Name: Iredell County Parcel No. 4658555234.000 **Section/Phase:** **Lot Number:**

Driving Directions: Highway 150, north on Charlotte Highway, Site on left at 2106 Charlotte Highway

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

CHECK FOUNDATION TYPE

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: **Type of Business:** LAKE NORMAN HUMANE - ANIMAL CARE
Square Footage of Building: **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

PAPA will provide Eng Design - 600 SF?

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**

( ) New Well (X) 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 (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?** NCDHSS 20 years NW.
( ) 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.

Signature: _____ 10-24-18
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*) _____

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, Lake Norman Humane, Inc., am the legal owner(s) of the property located at 2106 Charlotte Highway, identified as

PIN (Parcel Identification Number) 4658555234.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Piedmont Design Assoicates, PA, Penninger Soil Consulting, PLLC, 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.

Josh Turner — 10/23/18

Signature of Owner(s) — Date

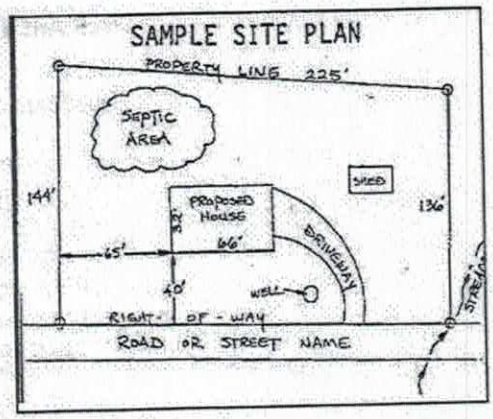
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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
- ( ) All proposed structures are indicated EX.
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location EX.
- ( ) Preferred well location EX.
- ( ) Preferred septic system 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

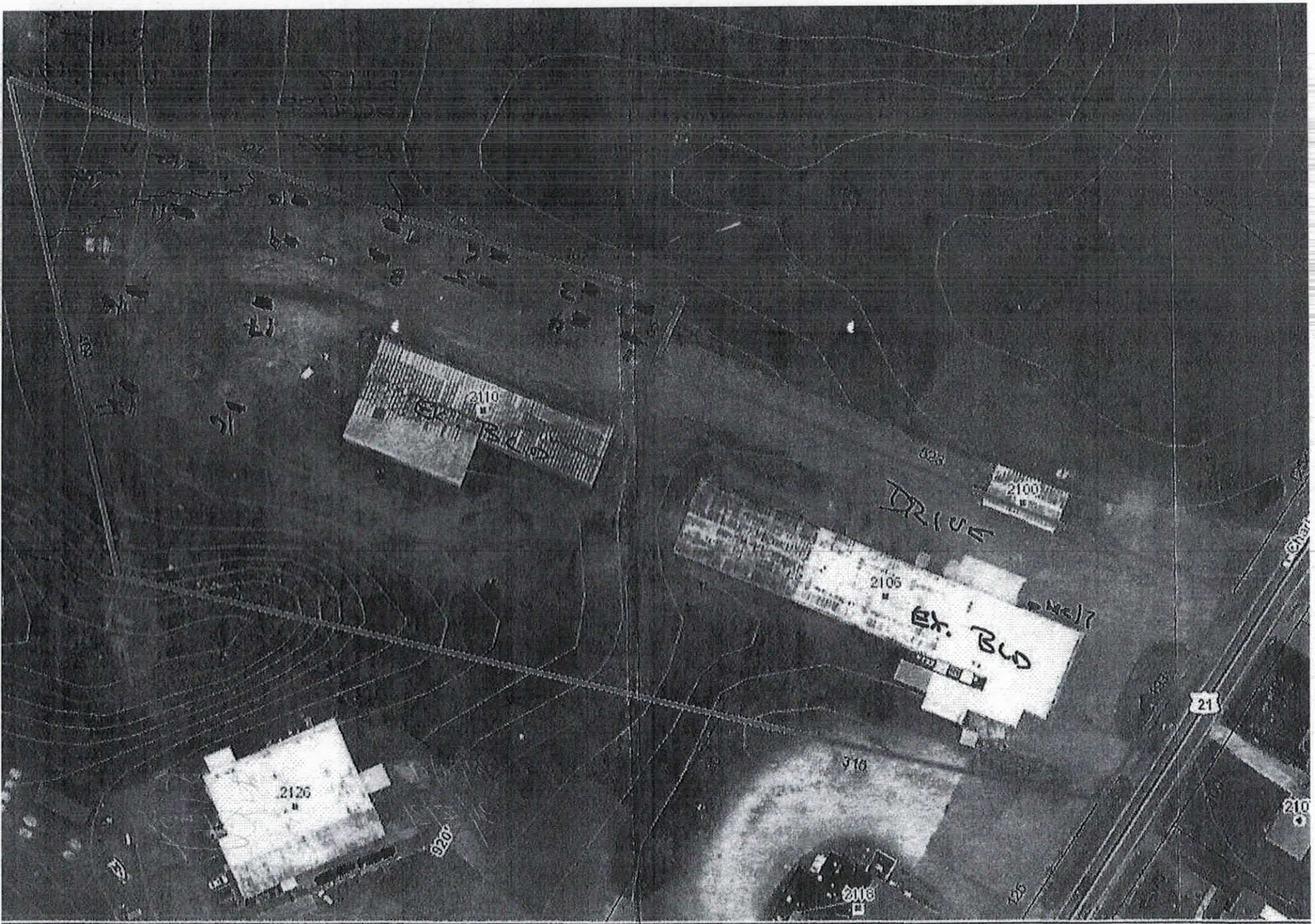
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached site plan.

Signature: _____ Agent

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

10-24-18
DATE



, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the u
he North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For ad

IREDELL COUNTY HEALTH DEPARTMENT

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

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

Repair

PERMIT # N/A Repair PIN # 4658556460 DATE 7-23-2010

OWNER or APPLICANT Overcash Electric / Mooresville Meats PHONE: Business 704 902-1413 Home: 704 664-3113

OWNER or APPLICANT ADDRESS P.O. Box 539 Mooresville, NC

LOCATION / DIRECTIONS Hwy 21N on left past Cornelius Rd. #2106

SUBDIVISION BLOCK / SECTION LOT # LOT AREA DESIGN FLOW L.T.A.R.

Septic Tank 1500 Gallons: STB 1014 Date 4-7-10
~~Grease~~ Trap 1500 Gallons: PT 1014 Date 4-12-10
~~Pump Tank~~
Pump Make Model Serial #
Nitrification Field No Fields 1 No Lin 3 Linear Feet 200'
Trench Width 6' Max. Trench Bottom Depth Gravel Depth 10"

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

☐ Residence No. Bedrooms
☒ Business No. Persons ~~30~~
☐ Other No. Employees 20
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

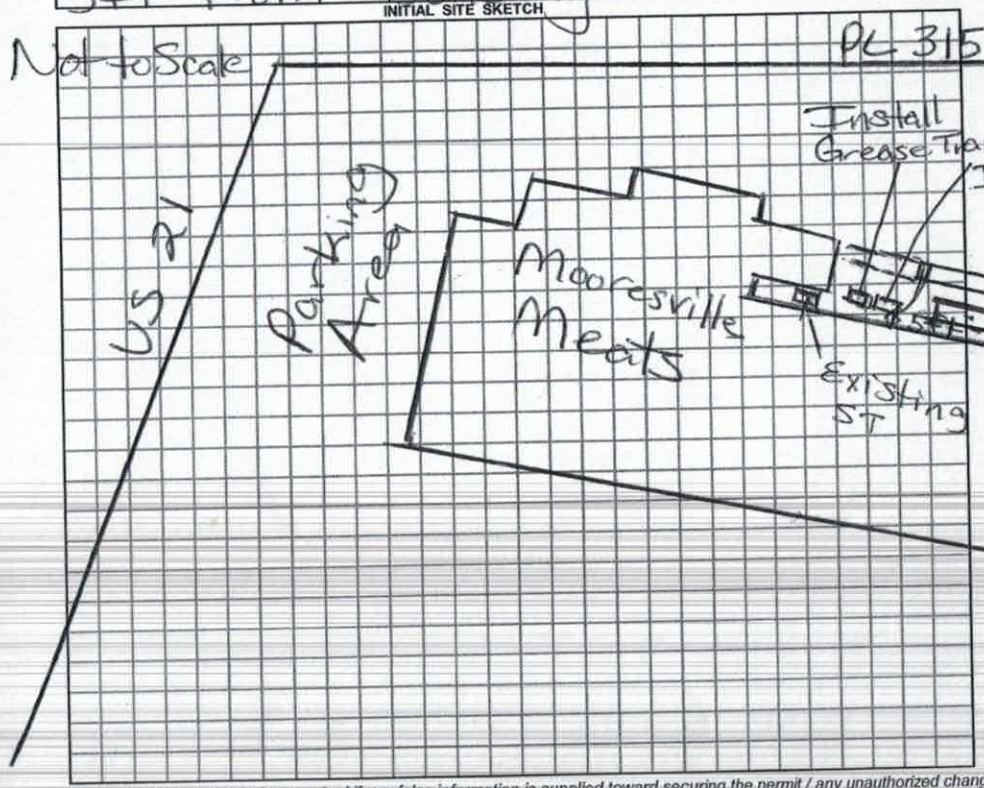
Water Supply
☐ Private
☐ Public
☐ Community

Abandoned Bed 6'x100' 5% Rock

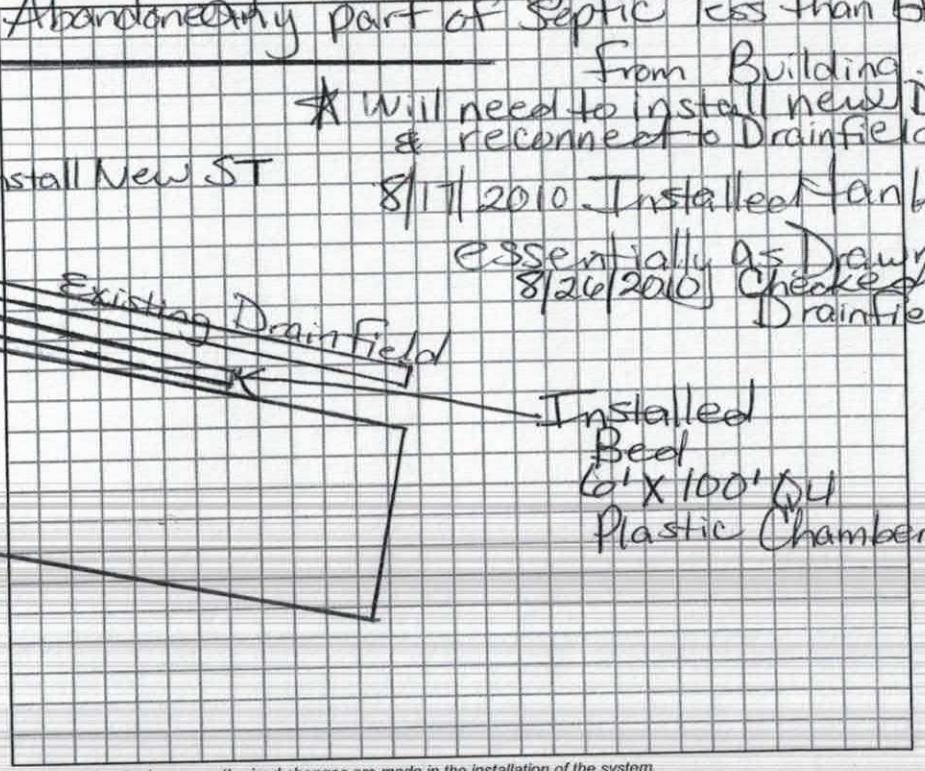
Comments / Conditions: Replace Septic tank with New ST at least 5ft from Building. Install Grease trap before ST at least 5ft from Building.

Comments / Conditions: Plumb all wastes associated with food handling to grease trap. and NO TOILET waste. Plumb all other plumbing directly to Septic tank along with discharge from Grease trap. Abandon any part of Septic less than 5ft from Building.

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Wayne Overcash Date 8-2-10

Improvement Permit by: Maria H. Olson RS Date 7/23/2010

Authorzation to Construct by: Maria H. Olson RS Date 7/23/2010

Installed by: Wayne Overcash Date: 8/26/2010

Operation Permit by: Maria H. Olson RS Date:

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mooresville Meat Center DATE 3-28-75 PERMIT NO. 53

PHONE: Business _____ Home _____

LOCATION US 21 North S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Meat Market Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Character & Porosity of Soil Sandy Clay Loam Percs Good

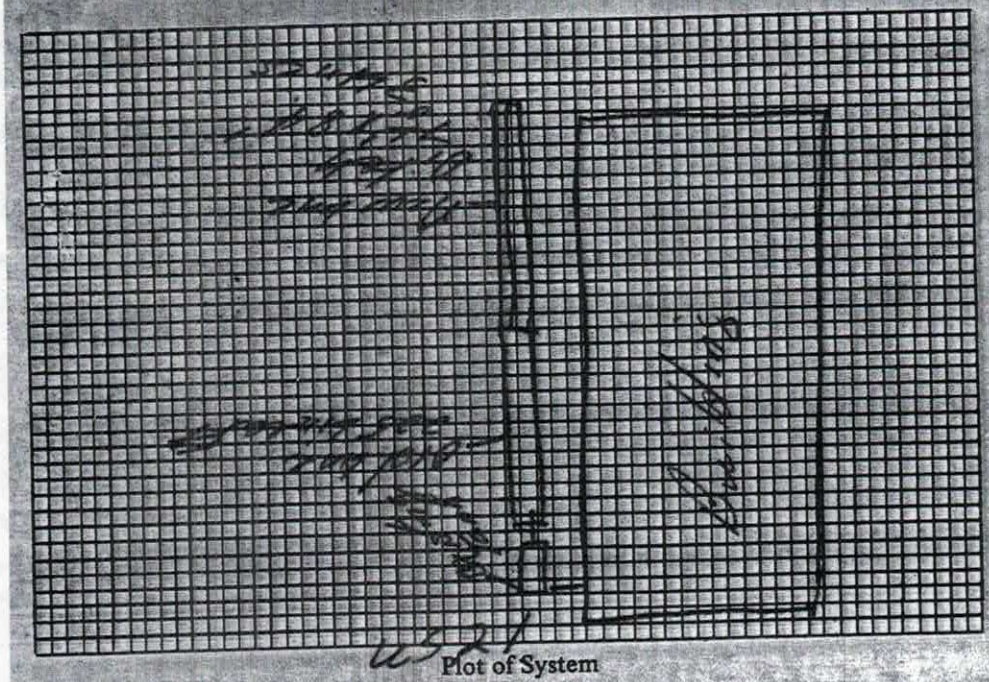
Percolation Rate 60 F Falls

Topography Level

Depth to Water Table 10' F

Rock or other impervious formations None

Lot Area _____



Plot of System

Size of Tank 1250 existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by F J Ervin

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

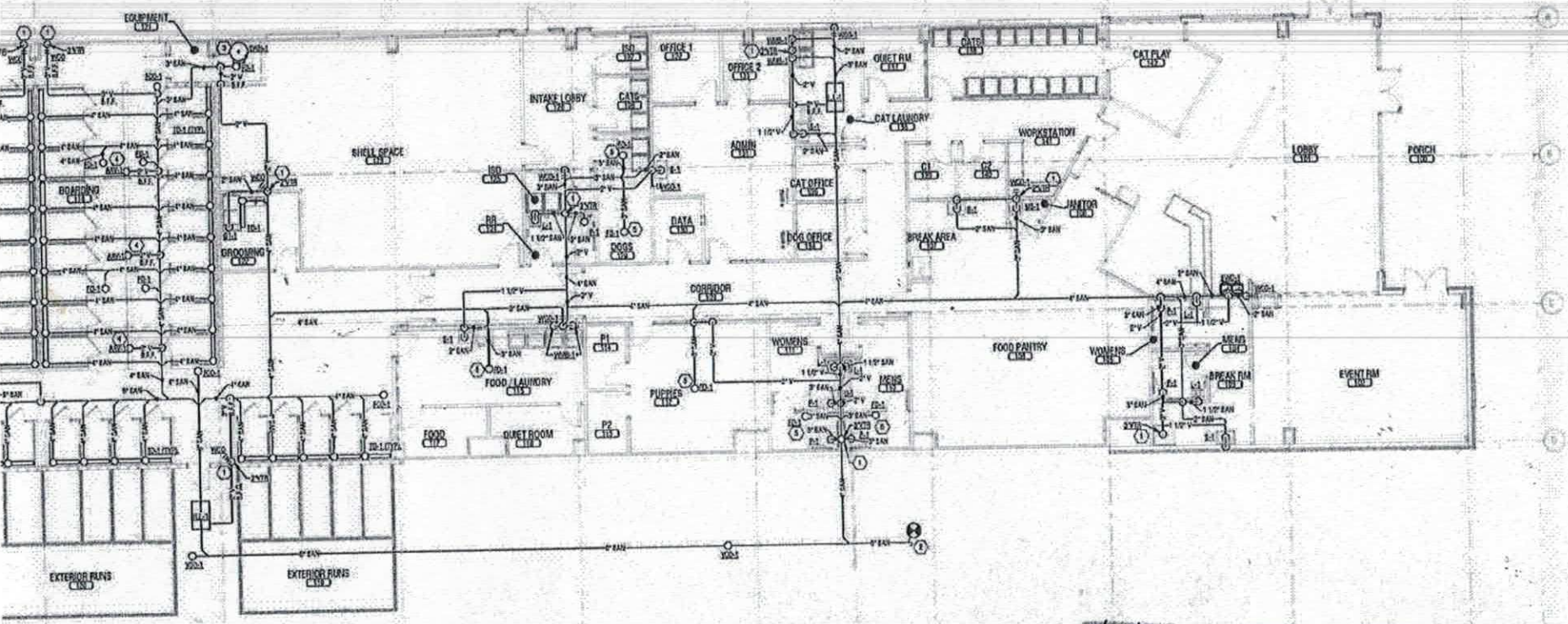
CERTIFICATE OF COMPLETION BY John Houston DATE 3-28-75

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

LNH Preliminary Design Flow - Revised 11-6-18

Cages	#	Design Flow per unit (gpd)	Design Flow (gpd)
Cat	23	5	115
Dog	38	5	190
Dog Run			
Inside	13	10	130
Employee			
FT	4	20	80
PT	10	10	100
Grooming	5	10	50
Vet		75	75
Surgery		50	50
		Total LNH Design Flow	**790**
Add. Emp. in Leased Space	4	25	100
		Total Facility Design Flow	**890**

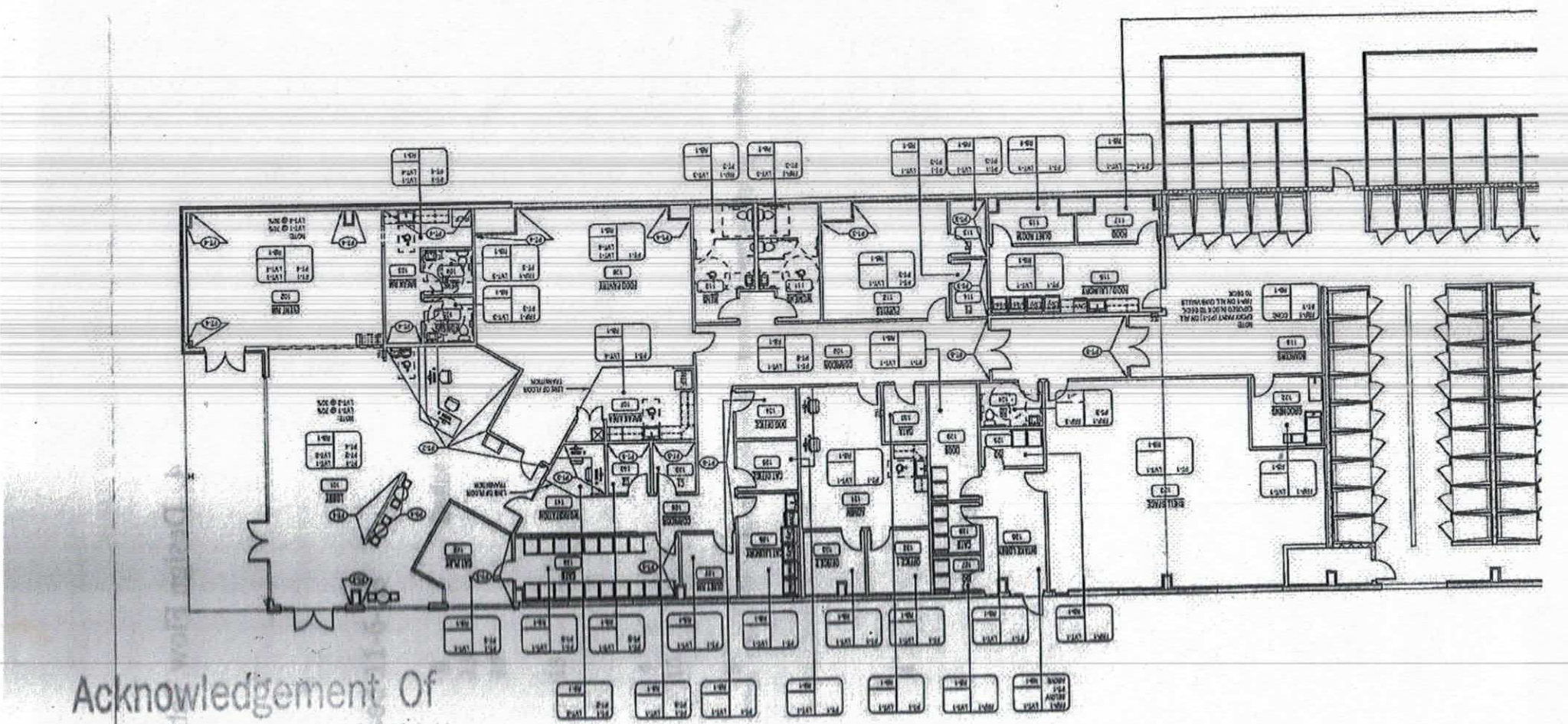


KEYED NOTES

1. VENT PIPING UP THRU ROOF. COORD. W/ROOF & STRUCTURE. SEAL PENETR
2. CONNECT TO W.H. OR BRAUTER BAN. VERIFY SIZE AND LOCATION. REVISE WASTE LINE AND ROOF IF NECESSARY.
3. ROUTE INDIRECT WASTE LINE FROM ADJACENT FLOOR DRAIN LOCATED GAP AS REQUIRED BY CODE.
4. PROVIDE AIR ADMITTANCE VALVE I WALL TO CONNECT TO EAST
5. PROVIDE TRAP PRIMER FOR FLOOR PIPING DOWN WALL UNDER SLAB *

Acknowledgement of
Plans Submittal ONLY!
Date 12/19/18
Date 12/20/18
Date 12/19/18

1 PLUMBING - NEW WORK FLOOR PLAN - SANITARY SEWER
P201 1/8" = 1'-0"



Acknowledgement Of
Plans Submittal ONLY!

Ken Rulle Date 12/20/18

Tom Shuck Date 12/19/18

IREDELL COUNTY

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

APPLICATION NUMBER
238943
Issue Date: 10/01/2018

ZONING PERMIT

Commercial

Parcel Number	Street Address	Jurisdiction
4658555234.000	2106 CHARLOTTE HIGHWAY, MOORESVILLE, NC 28115	

Owner Information		Applicant Information	
Owner:	LAKE NORMAN HUMANE INC	Applicant:	PS WEST CONSTRUCTION C
Address:	143 MOORESVILLE COMMON WAY # F MOORESVILLE, NC 28117	Address:	PO BOX 751 STATESVILLE, NC 28687
Phone:	704-897-7676	Phone:	704-873-4325

Use Requested	Zone Code
CHANGE OF USE FROM ELECTRIC CO TO LN HUMANE SOCIETY	GBCU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
					PACL	X

Remarks:

ALL LANDSCAPING AND PARKING MUST BE INSTALLED PRIOR TO A ZONING FINAL AND CO

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: Kristina D Wyatt Date: _____

Permit Number	154212	TOTAL FEES:	$ 177.25