ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 311825

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

PIN # 4658657606

APPLICANT/OWNER: 33 Storage Solutions APPLICANT ADDRESS: 447 Tuskaroora Trail Mooresville NC 28117

SITE ADDRESS: 2059 Charlotte Hwy Mooresville NC 28117 PHONE: ALT. PHONE

SITE DIRECTIONS: Hwy 21 between Connector Rd & 115/21 Intersection SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.93 Acres DESIGN FLOW: 100 L.T.A.R.: .35

Septic Tank	1000 (gal)	STB	Date 6/6	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[ ] Residence	No. Bedrooms		Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 50% Reduction	[X] Business	No. Persons		[ ] Private
Pump Make	Model		Serial #	Repair System Description:	Gravity - 50% Reduction	[ ] Other	No. Employees	4	[ ] Public
# Nitrification Fields	1 # Lines 1		Linear Ft 50	Maintenance Agreement Required:	[ ] YES [X] NO	[X] Slab	[ ] Crawl Space		[ ] Community
Trench Width	36 Trench Bottom Depth		54 in	Gravel Depth —	[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: * Pre-Construction Meeting Required * Keep all Drainage 25ft away from System. Bathroom to Stand employees only.

* Tank Placement Checked 11-4-2021
Need STB From Tank Manufacture (Shaw)

INITIAL SITE SKETCH

See attached
Survey Dated Oct-14-2020

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**

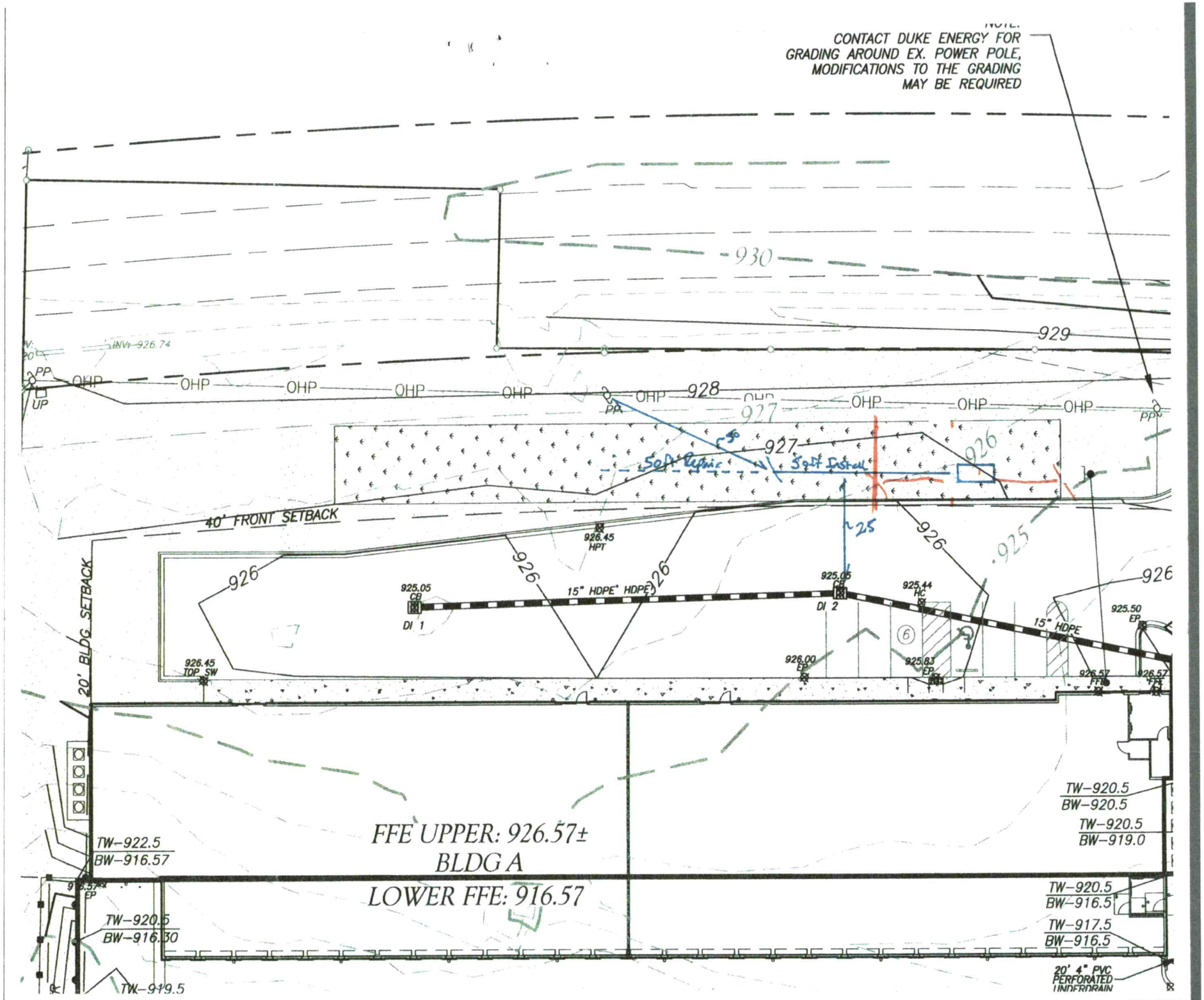
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

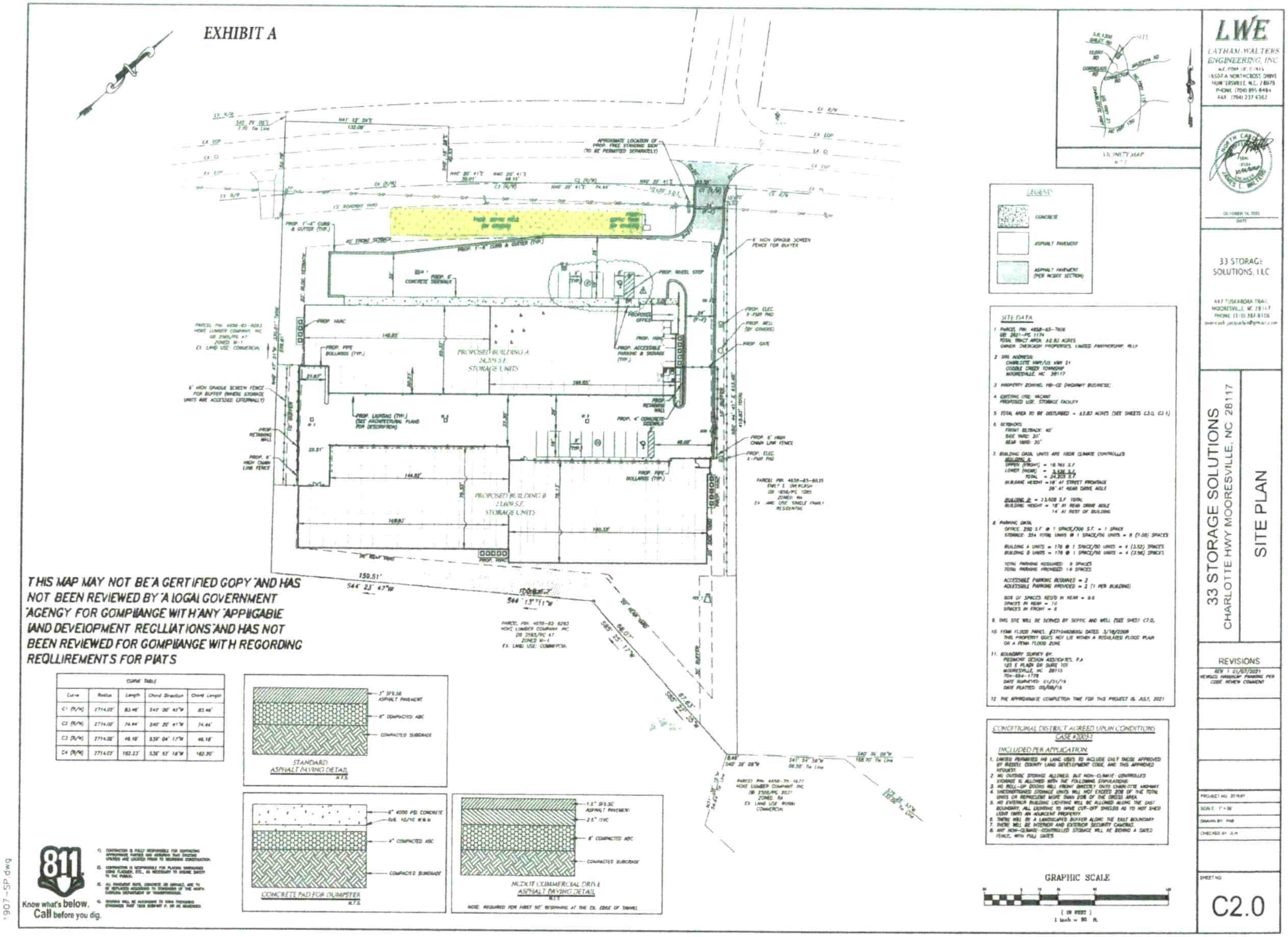
Owner / Applicant Signature: Date: 4.15.2021 Installed by: Lutz Wastewater

IMPROVEMENT PERMIT by: Benjamin A Boss Date: 4-13-2021 OPERATION PERMIT by: Benjamin A Boss Date: 12-6-21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boss Date: 4-13-2021 Existing System Inspected by: Date:

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

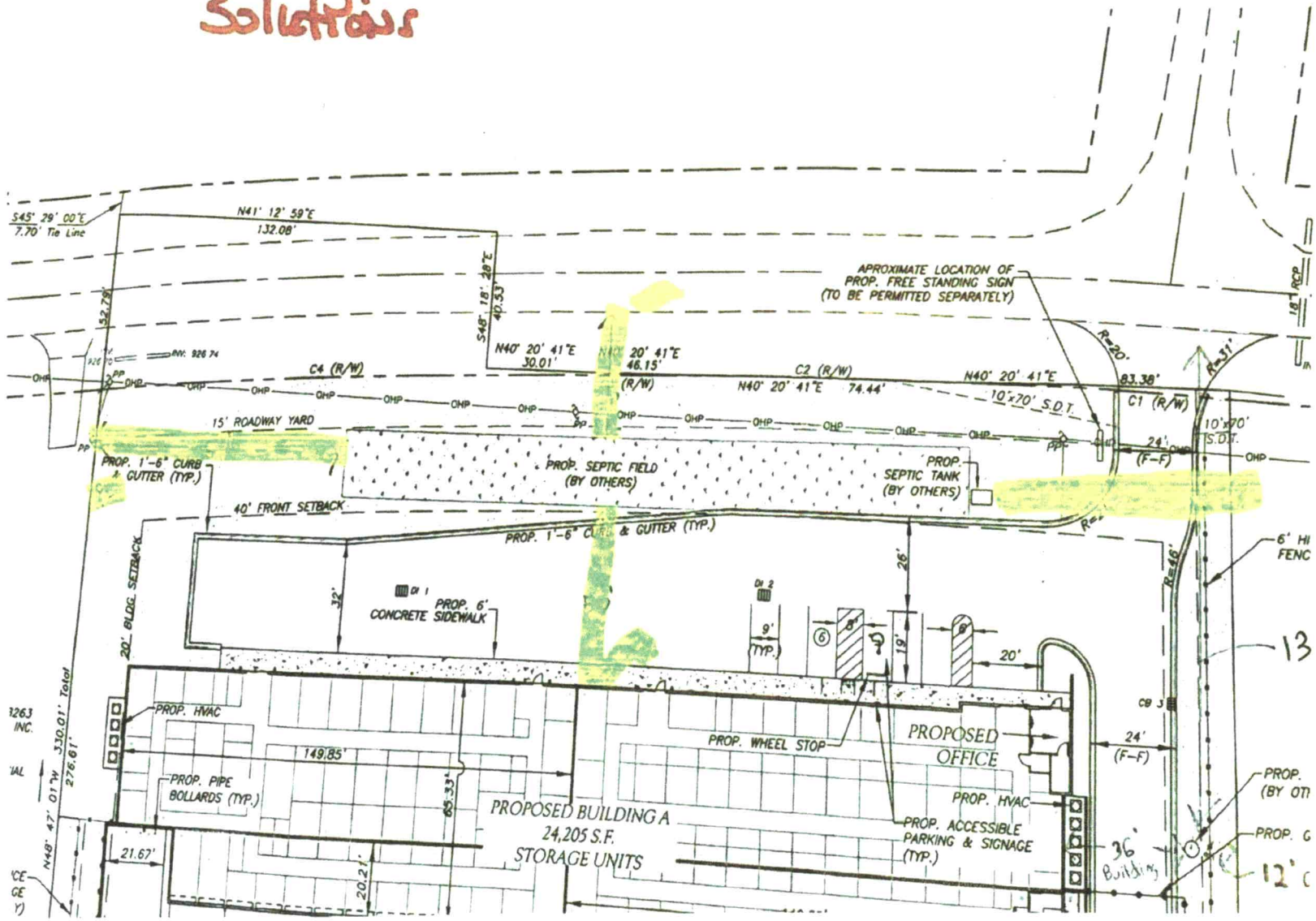

NOTE:
CONTACT DUKE ENERGY FOR GRADING AROUND EX. POWER POLE, MODIFICATIONS TO THE GRADING MAY BE REQUIRED
930
929
928
927
926
925
INV= 926.74
PP
UP
OHP
Soft Demo
Soft Install
40' FRONT SETBACK
20' BLDG. SETBACK
926.45 HPT
925.05 CB DI 1
15" HDPE
HDPE
925.05 CB DI 2
925.44 HC
925.50 EP
926.45 TOP SW
926.00 EP
925.83 EP
926.57 FFE
926.57 FFE
FFE UPPER: 926.57±
BLDG A
LOWER FFE: 916.57
TW-922.5
BW-916.57
TW-920.5
BW-916.30
TW-919.5
TW-920.5
BW-920.5
TW-920.5
BW-919.0
TW-920.5
BW-916.5
TW-917.5
BW-916.5
20' 4" PVC PERFORATED UNDERDRAIN

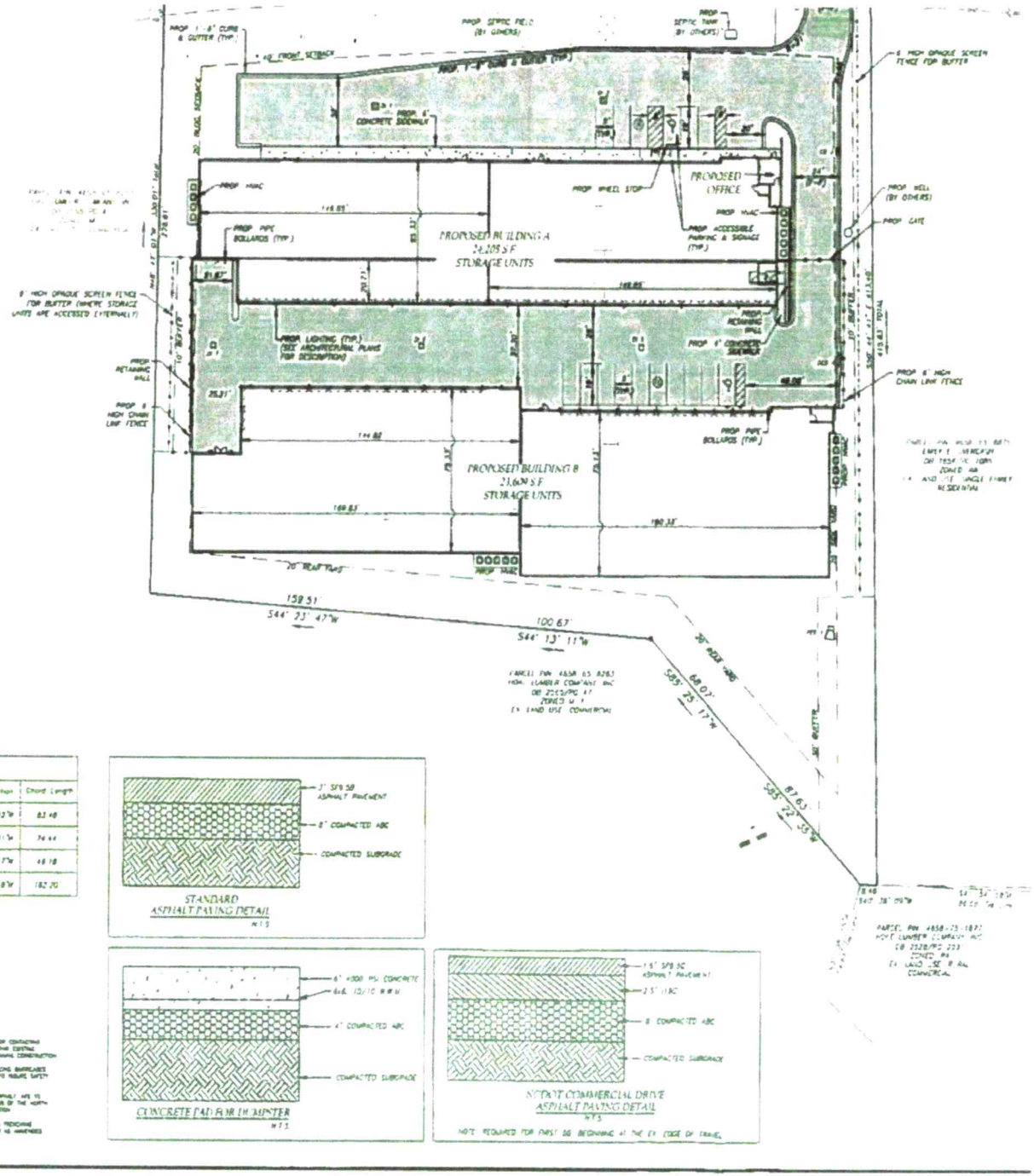

EXHIBIT A
THIS MAP MAY NOT BE A CERTIFIED COPY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS
PROPOSED BUILDING A
STORAGE UNITS
PROPOSED BUILDING B
STORAGE UNITS
STANDARD ASPHALT PAVING DETAIL
CONCRETE PAD FOR DUMPSTER
NCDOT COMMERCIAL DRIVE ASPHALT PAVING DETAIL
LEGEND
SITE DATA
VICINITY MAP
GRAPHIC SCALE
Know what's below. Call before you dig.
LWE
LATHAM-WALTERS ENGINEERING, INC
33 STORAGE SOLUTIONS, LLC
33 STORAGE SOLUTIONS
CHARLOTTE HWY MOORESVILLE, NC 28117
SITE PLAN
REVISIONS
C2.0
1907-SP.dwg

33 Storage Solicitors

Septic

(3)





CURVE TABLE				
Curve	Radius	Length	Chord Direction	Chord Length
C1 (R/W)	2714.02'	83.16'	S42° 00' 42"W	83.16'
C2 (R/W)	2714.02'	74.44'	S40° 20' 41"W	74.44'
C3 (R/W)	2714.02'	48.18'	S38° 04' 17"W	48.18'
C4 (R/W)	2714.02'	182.23'	S36° 52' 18"W	182.20'

STANDARD ASPHALT PAVING DETAIL
N.T.S.

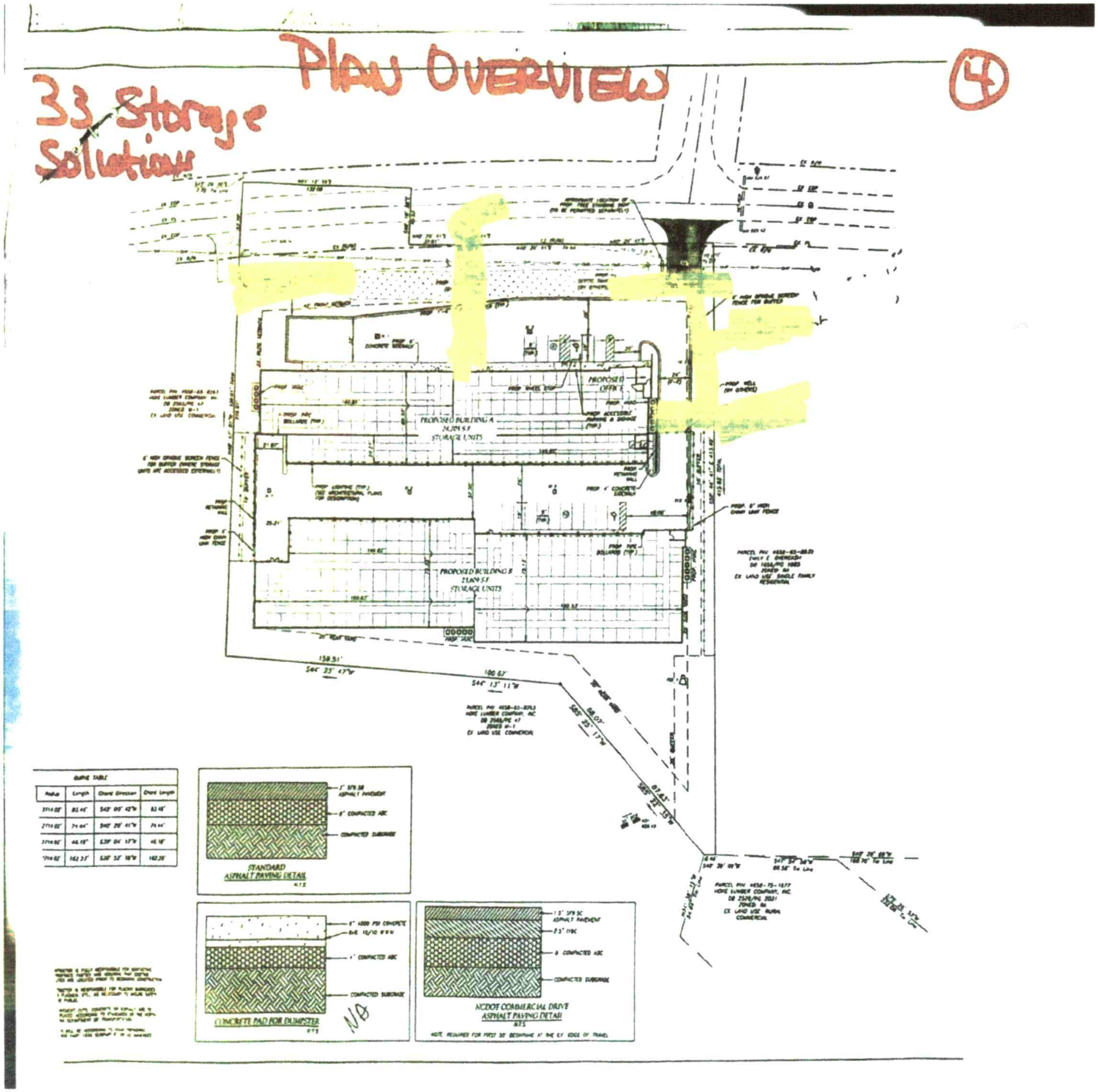
CONCRETE PAD FOR DUMPSTER
N.T.S.

NCDOT COMMERCIAL DRIVE ASPHALT PAVING DETAIL
N.T.S.
NOTE: REQUIRED FOR FIRST 30' BEGINNING AT THE EX. EDGE OF TRAVEL

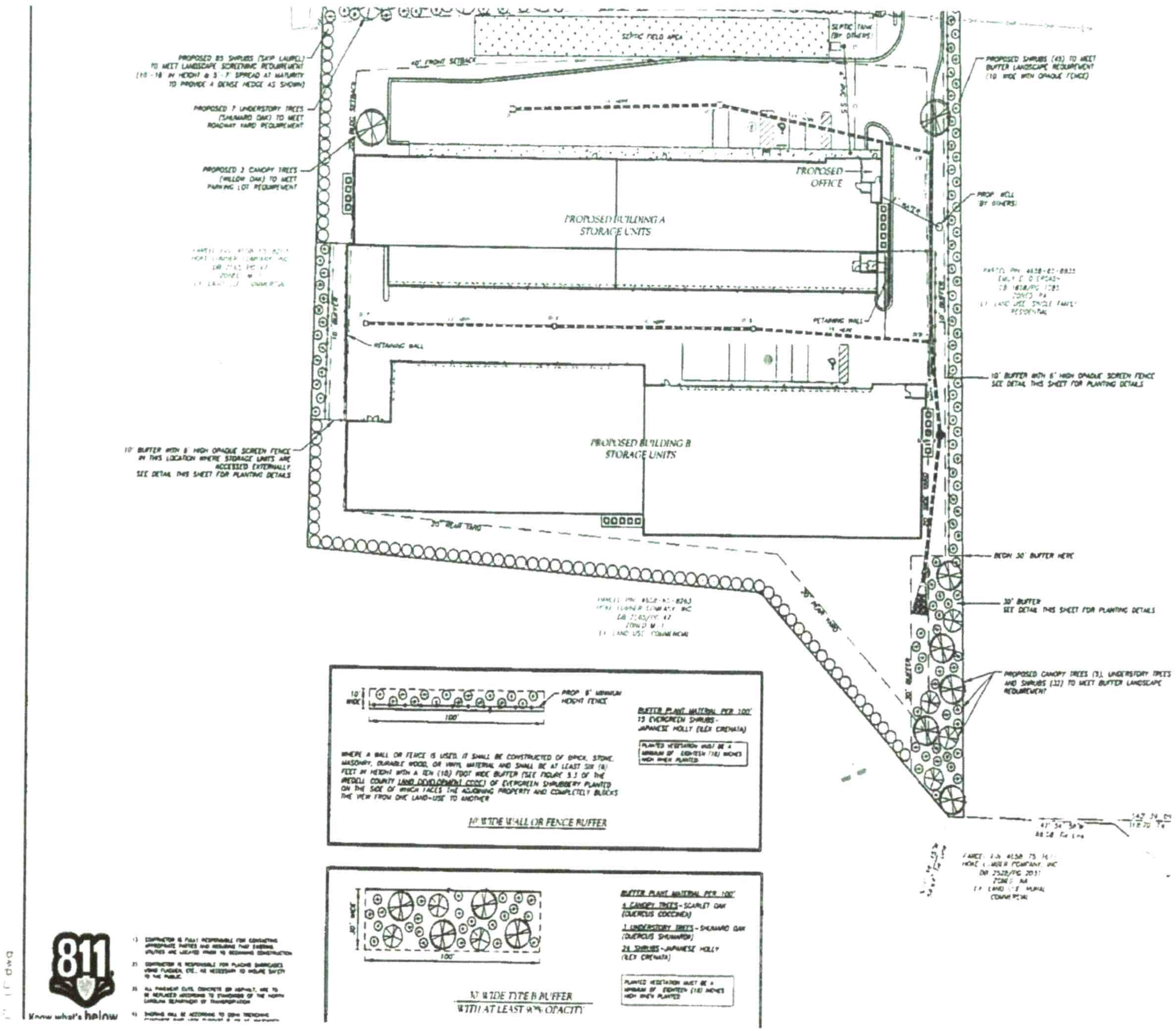
811 Know what's below. Call before you dig.

1. CONTRACTOR IS FULLY RESPONSIBLE FOR CONTACTING APPROPRIATE PARTIES AND ASSURING THAT EXISTING UTILITIES ARE LOCATED PRIOR TO BEGINNING CONSTRUCTION.
2. CONTRACTOR IS RESPONSIBLE FOR PLACING BARRICADES, CONES FLAGGERS ETC., AS NECESSARY TO ENSURE SAFETY TO THE PUBLIC.
3. ALL PAVEMENT CUTS, CONCRETE OR ASPHALT ARE TO BE REPAIRED ACCORDING TO STANDARDS OF THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION.
4. SHOPPING WILL BE ACCEPTING TO ESRA TECHNICAL STANDARDS PART 1926 SUBPART P 29 CFR AS AMENDED

1907-SP.dwg



PLAN OVERVIEW
33 Storage Solutions
4
PROPOSED OFFICE
PROPOSED BUILDING A
STORAGE UNITS
PROPOSED BUILDING B
STORAGE UNITS
STANDARD ASPHALT PAVING DETAIL
CONCRETE PAD FOR DUMPSTER
NCDOT COMMERCIAL DRIVE ASPHALT PAVING DETAIL



SEPTIC FIELD AREA
SEPTIC TANK (BY OTHERS)
40' FRONT SETBACK
PROPOSED 83 SHRUBS (SKIP LAUREL) TO MEET LANDSCAPE SCREENING REQUIREMENT (10 - 18 IN HEIGHT @ 5 - 7' SPREAD AT MATURITY TO PROVIDE A DENSE HEDGE AS SHOWN)
PROPOSED 7 UNDERSTORY TREES (SHUMARD OAK) TO MEET ROADWAY YARD REQUIREMENT
PROPOSED 3 CANOPY TREES (WILLOW OAK) TO MEET PARKING LOT REQUIREMENT
PROPOSED SHRUBS (45) TO MEET BUFFER LANDSCAPE REQUIREMENT (10' WIDE WITH OPAQUE FENCE)
PROPOSED OFFICE
PROP. WELL (BY OTHERS)
PROPOSED BUILDING A STORAGE UNITS
RETAINING WALL
10' BUFFER
PROPOSED BUILDING B STORAGE UNITS
10' BUFFER WITH 6' HIGH OPAQUE SCREEN FENCE IN THIS LOCATION WHERE STORAGE UNITS ARE ACCESSED EXTERNALLY SEE DETAIL THIS SHEET FOR PLANTING DETAILS
10' BUFFER WITH 6' HIGH OPAQUE SCREEN FENCE SEE DETAIL THIS SHEET FOR PLANTING DETAILS
20' REAR YARD
30' REAR YARD
BEGIN 30' BUFFER HERE
30' BUFFER SEE DETAIL THIS SHEET FOR PLANTING DETAILS
PROPOSED CANOPY TREES (7), UNDERSTORY TREES AND SHRUBS (32) TO MEET BUFFER LANDSCAPE REQUIREMENT
ZONED M-1
LAND USE: COMMERCIAL
PROP. 6' MINIMUM HEIGHT FENCE
10' WIDE
100'
BUFFER PLANT MATERIAL PER 100'
13 EVERGREEN SHRUBS - JAPANESE HOLLY (ILEX CRENATA)
PLANTED VEGETATION MUST BE A MINIMUM OF EIGHTEEN (18) INCHES HIGH WHEN PLANTED
WHERE A WALL OR FENCE IS USED, IT SHALL BE CONSTRUCTED OF BRICK, STONE, MASONRY, DURABLE WOOD, OR VINYL MATERIAL AND SHALL BE AT LEAST SIX (6) FEET IN HEIGHT WITH A TEN (10) FOOT WIDE BUFFER (SEE FIGURE 5.3 OF THE IREDELL COUNTY LAND DEVELOPMENT CODE) OF EVERGREEN SHRUBBERY PLANTED ON THE SIDE OF WHICH FACES THE ADJOINING PROPERTY AND COMPLETELY BLOCKS THE VIEW FROM ONE LAND-USE TO ANOTHER
10' WIDE WALL OR FENCE BUFFER
30' WIDE
100'
BUFFER PLANT MATERIAL PER 100'
4 CANOPY TREES - SCARLET OAK (QUERCUS COCCINEA)
3 UNDERSTORY TREES - SHUMARD OAK (QUERCUS SHUMARDII)
24 SHRUBS - JAPANESE HOLLY (ILEX CRENATA)
PLANTED VEGETATION MUST BE A MINIMUM OF EIGHTEEN (18) INCHES HIGH WHEN PLANTED
30' WIDE TYPE B BUFFER WITH AT LEAST 90% OPACITY
811
Know what's below

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Duncan Properties
ADDRESS: 4917 Twinbrook Trl Mtn.
PROPOSED FACILITY: Storage Facility PROPOSED DESIGN FLOW (.1949): 500gpd
LOCATION OF SITE: 2059 Charlotte Hwy
APPLICATION DATE 8/20/19
DATE EVALUATED: 8/28
PROPERTY SIZE:
PROPERTY RECORDED:

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

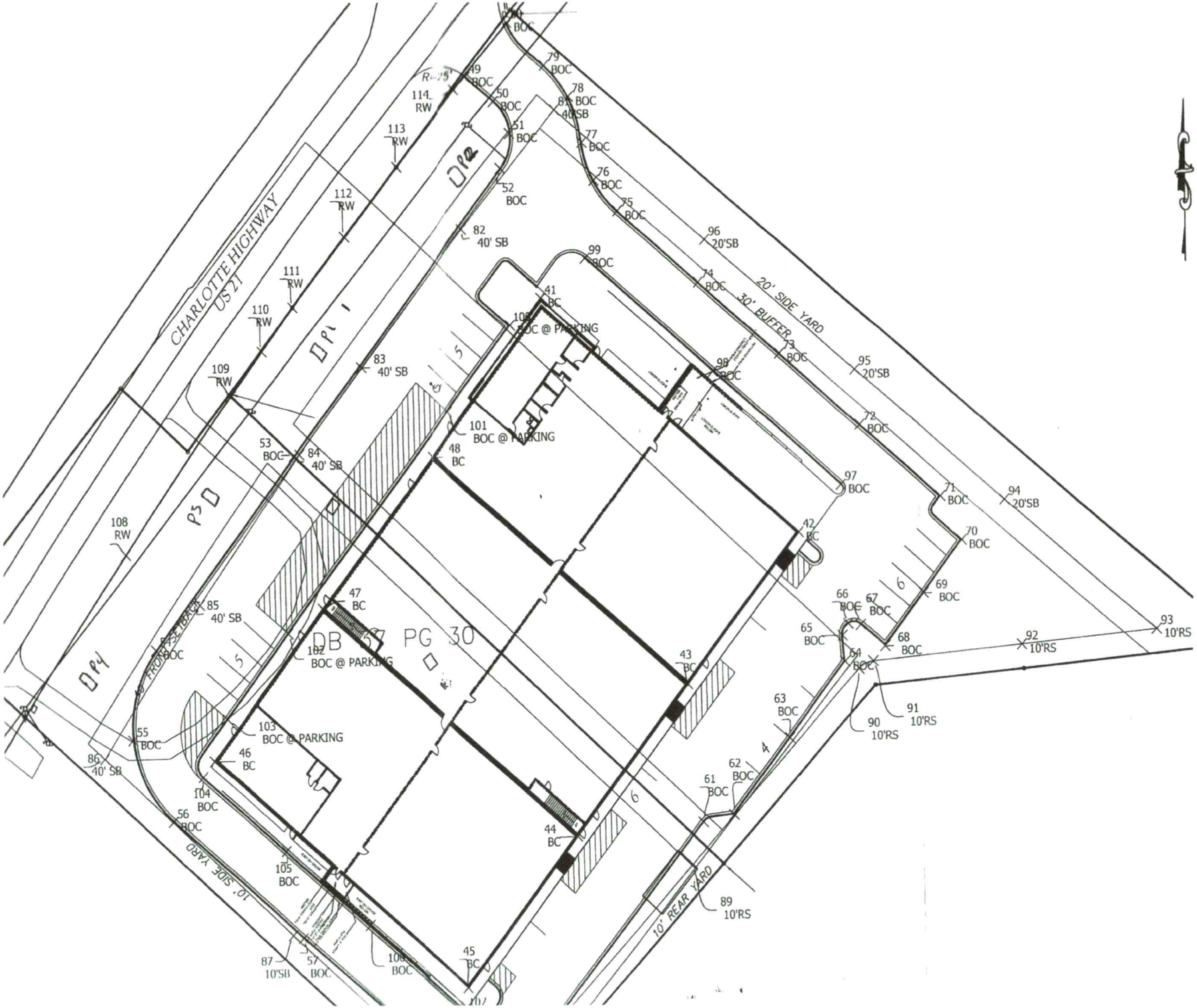
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Ridge 3-5%	0-10	SC		10YR6/2	42	SL/L	36	PS .25 PS .35 Deep
		10-21	C ABK	S P SEXP					
		21-36	CL PL/ABK	Tin D Fir					
		36-42	CL mABK	SSP					
		42-100	L SAP M	NSNPVFR					
2	Ridge 3-5%	0-7	SC		Redox 10YR6/2	15	SL/L	39	PS .35 Deep
		7-29	C ABK	S P SEXP					
		29-39	CL PL/ABK	Tin D Fir					
		39-75	CL WSTR/MABK	SSP FR					
		75-100	L Sap M	NSNP VFR					
3	Ridge 3-5%	0-8	SC		Redox 8-35 10YR6/2	56	SL/L	35	PS .35 Deep
		8-24	C ABK						
		24-35	CL PL/ABK	NSNP					
		35-56	CL MABK						
		56-86	SAP M	NSNP VFR					
4	Ridge 3-5%	0-12	SC		Redox 10YR6/2 throughout	66	SL/L	66	PS .35 87in TB
		12-50	C ABK						
		50-66	CL MABK						
		66-100	SAP M	NSNP VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bottoms
OTHER(S) PRESENT: A. Rollins

COMMENTS: * Keep System in Sap Below Restrictive Horizon * Well * Basement * Note for 1938J *

Updated February 2014


CHARLOTTE HIGHWAY
US 27
20' SIDE YARD
30' BUFFER
10' SIDE YARD
10' REAR YARD
DB 67 PG 30
P1
P2
P3
P4
P5
R=25'
114 RW
113 RW
112 RW
111 RW
110 RW
109 RW
108 RW
49 BOC
50 BOC
51 BOC
52 BOC
82 40' SB
83 40' SB
84 40' SB
85 40' SB
86 40' SB
87 10'SB
53 BOC
55 BOC
56 BOC
57 BOC
104 BOC
105 BOC
106 BOC
107
45 BC
46 BC
47 BC
48 BC
101 BOC @ PARKING
102 BOC @ PARKING
103 BOC @ PARKING
41 BC
42 BC
43 BC
44 BC
99 BOC
98 BOC
97 BOC
96 20'SB
95 20'SB
94 20'SB
93 10'RS
92 10'RS
91 10'RS
90 10'RS
89 10'RS
78 BOC
77 BOC
76 BOC
75 BOC
74 BOC
73 BOC
72 BOC
71 BOC
70 BOC
69 BOC
68 BOC
67 BOC
66 BOC
65 BOC
64 BOC
63 BOC
62 BOC
61 BOC
FRONT BEACH
5
6
4

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

AP-311825
$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) SENT VIA EMAIL

Applicant Name: 33 Storage Solutions Address: 447 Tuskarora Trail Zip: 28117
Applicant Email: KJCFIREMAN@AOL.COM Phone: 704 363-8889 Alt. Phone: 360-387-8106
Owner Name: Overcast Properties Address: 108 Mills Plantation Circle Zip: 28166
Owner Email: OVERCAST.JACQUELYN@GMAIL.COM Phone: 360 387 8106 Alt. Phone: _____

Property Information:

Street Address: 2059 Charlotte Hwy, 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 21 Between Connector + 115/21 Intersection

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
(X) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: Self Storage
Square Footage of Building: 49000 Max. Number of Employees: 1 Max. Number of Seats/Beds/Other: N/A

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

Signature: _____ 11/3/20
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, JACQUELYN OVERCASH, am the legal owner(s) of the property located at 2059 CLARKSVILLE HWY, 28677, identified as PIN (Parcel Identification Number) 4658659606, 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.

_____ _____
Signature of Owner(s) 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 · NC

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

APPLICATION NUMBER
311825 Issue Date: 10/14/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4658657606.000	2059 CHARLOTTE HWY	IREDELL COUNTY

Owner Information	Applicant Information
Name: OVERCASH PROPERTIES LTDP RLLP	Name: OVERCASH JACQUELYN R
Address:	Address: 447 TUSCARORA TRAIL MOORESVILLE, NC 28117
Phone:	Phone: (310)387-8106

Use Requested	Zone Code
COMMERCIAL	HB CD

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.83	40	20	20	20	N/A	NO

Remarks

Mini-Storage Building A (24,205 sq ft)

All landscaping and parking must be installed prior to the Zoning Final and CO. Any changes to the site plan must 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.

Date: 10/14/2020

Signature of Owner/Contractor

Permit Number	311825	TOTAL FEES:	$77.25