cc

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240740

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

PIN # 4722370922.000 ✓

APPLICANT/OWNER: John C. Warchocki APPLICANT ADDRESS: 1623 Buffalo Shoals Rd Statesville NC

SITE ADDRESS: 1623 Buffalo Shoals Rd Statesville NC 28677 PHONE: 984-220-0692 ALT. PHONE 704-682-9834- Brad.

SITE DIRECTIONS: Intersection of Buffalo Shoals and Old Mountain Rd. SAP CONTROLLED: ☐ YES ☒ NO

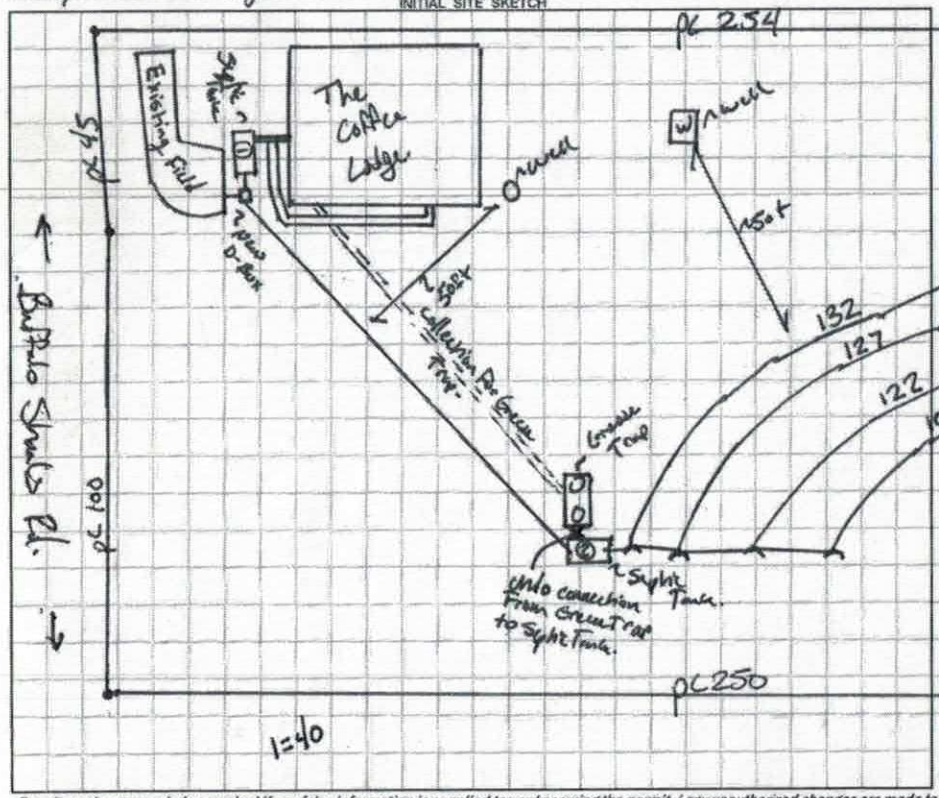
SUBDIVISION: A.F. Troutman Estate SECTION: ~ LOT # 64-PT.65 LOT AREA: .83 Acres DESIGN FLOW: 585 L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	Existing	Date	☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms	Water Supply
Septic Tank	1000	(gal)	PT	Existing	Date	System Description: Change of use.	☒ Business	14 Seats	☒ Private
Pump Make	-		Model	-	Serial #	-	Repair System Description:	☐ Other	No. Employees 1	☐ Public
# Nitrification Fields	2	# Lines	4 lines +1 Bed	Linear Ft	488+7x40	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width	Existing	Trench Bottom Depth(Low side)	Existing	Bed Gravel Depth	Existing	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

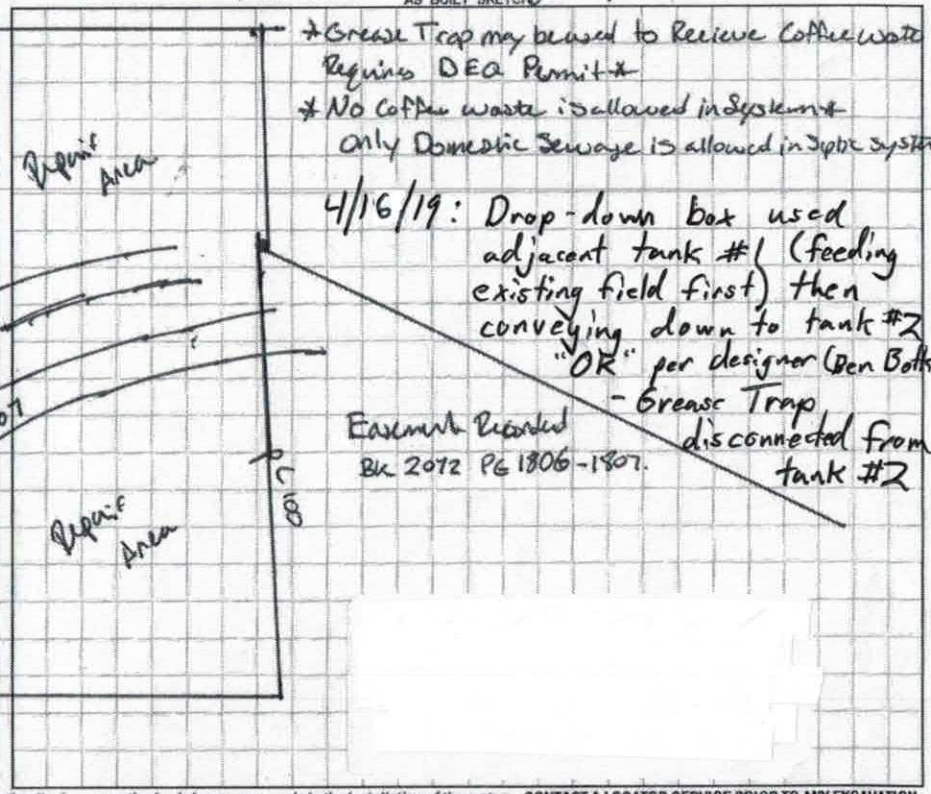
Comments / Conditions: Change of use Requires modifications to drainfield + Septic Design. All Plumbing to go to Septic Tank #1. Install New D-Box to feed Existing Bed system 1/5th, with the remaining water to be fed to Septic tank #2.

Grease Trap must be disconnected from Septic tank #2. Design is for 40 gals per seat with 25 gals per employee. 14 seats + 1 employee allowed for 585 gallon per day flows.

INITIAL SITE SKETCH



AS BUILT SKETCH



* Grease Trap may be used to Recieve Coffee waste Requires DEQ Permit *
* No Coffee waste is allowed in System *
only Domestic Sewage is allowed in Septic system

4/16/19: Drop-down box used adjacent tank #1 (feeding existing field first) then conveying down to tank #2 "OK" per designer (Ben Bolling) - Grease Trap disconnected from tank #2

Easement Recorded Bk 2072 Pg 1806-1807.

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: John C Warchocki Date: 4/8 Installed by: Kevin Bowles

IMPROVEMENT PERMIT by: Benjamin A Bolling Date: 4/2/2019 OPERATION PERMIT by: Tom Shuck Date: 4/17/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolling Date: 4/2/2019 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.

RECEIVED MAR 8 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $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.

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Page 2: *Site Plan Worksheet* form MUST accompany this application #240740

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

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Applicant Information: (PRINT CLEARLY)

Applicant Name: JOHN C WANCHOCK Address: 1623 BUFFALO SHOALS RD Zip: 28677
Applicant Email: CWANCHOCK@GMAIL.COM Phone: 984 220 0692 Alt. Phone: 512 987 7783
Owner Name: COFFEE LODGE STATESVILLE Address: 1623 BUFFAL SHOALS Rd. Zip: 28677
Owner Email: CWANCHOCK@GMAIL.COM Phone: 984 220 0692 Alt. Phone: _____

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Property Information:

Street Address: 1623 BUFFALO SHOALS Rd. STATESVILLE N.C. 28677
Subdivision Name: NA Section/Phase: NA Lot Number: NA
Driving Directions: INTERSECTION OF BUFFALO SHOALS & OLD MOUNTAIN RD ACROSS FROM J LINSLEY'S

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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: COFFEE SHOP
Square Footage of Building: 1450 Max. Number of Employees: 11 Max. Number of Seats/Beds/Other: 14 JCW

JCW

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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 ( ) 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.

Signature: _____ 3/5/19
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, Kim W. Walden, am the legal owner(s) of the property located at 1623 Buffalo Shoals Rd., identified as PIN (Parcel Identification Number) 4722-37-0927 located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Chris Wanchack The Coffee Lodge, 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.

Kim W Walden
Signature of Owner(s)

3/8/19
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

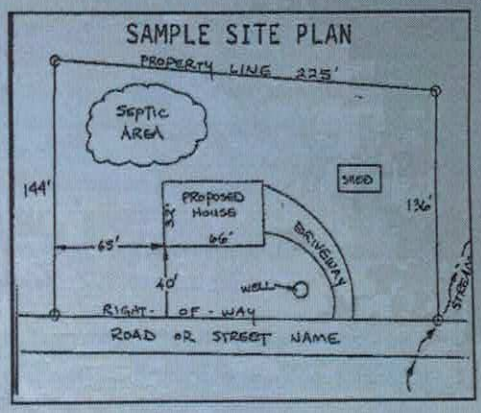
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

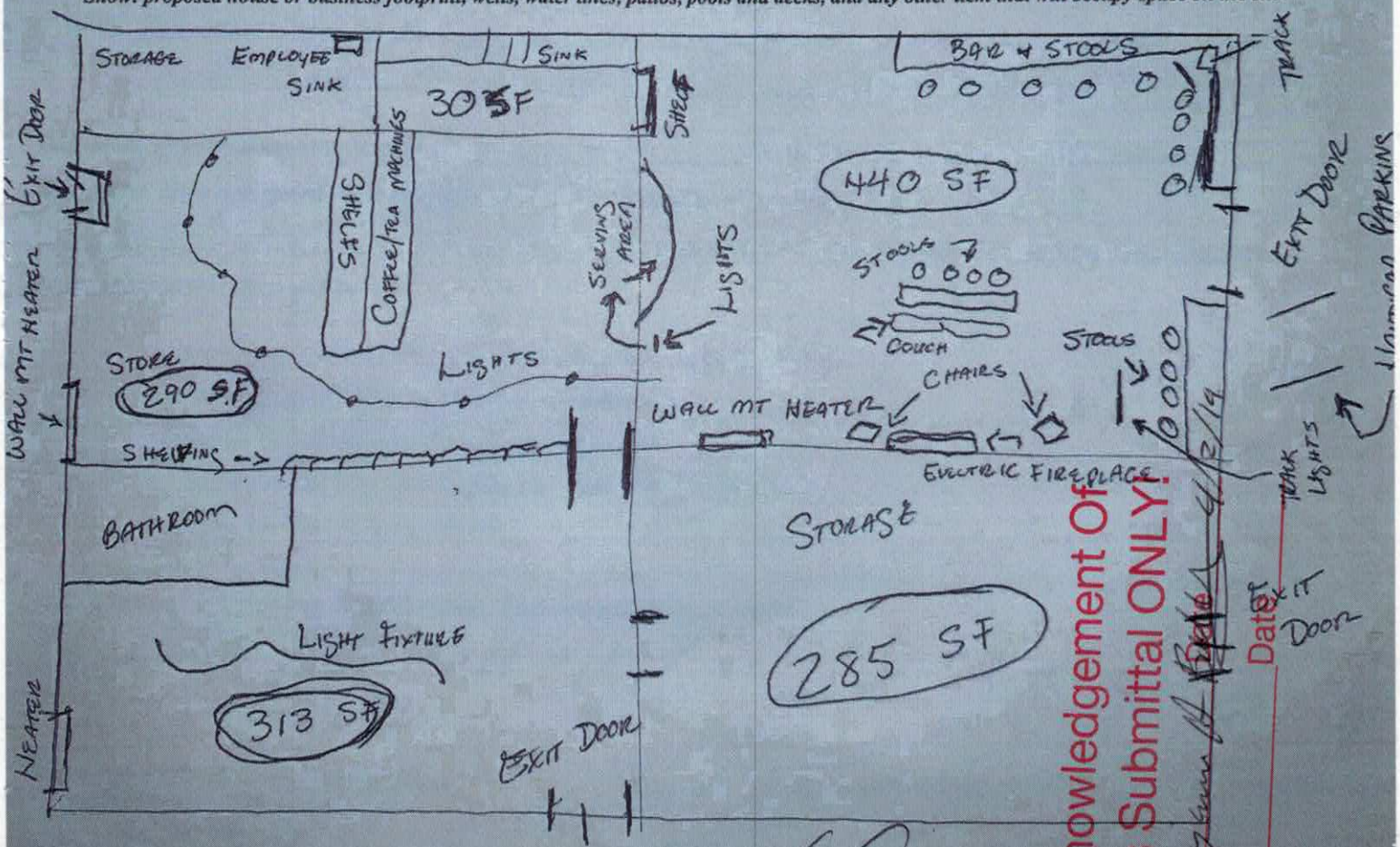


Circle N/A on the following if appropriate:

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: _____

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

DATE _____

Acknowledgement Of Plans Submittal ONLY!
Date

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 161742 PIN # 4722-37-0833 0822 DATE July 13 2010

OWNER or APPLICANT CHRIS JOHNSON PHONE: Business Home: 704-775-8911

OWNER or APPLICANT ADDRESS 214 E. ENA AVE, STATESVILLE, NC 28677

LOCATION / DIRECTIONS BUFFALO SHOALS ROAD SW, ON LEFT JUST PAST OLD MOUNTAIN ROAD

SUBDIVISION BLOCK / SECTION LOT # ~~0.316AC~~ LOT AREA 0.316Ac DESIGN FLOW 384 L.T.A.R. 0.3 (0.25 F.S.E.)

Septic Tank 1000 Gallons: STB 704 Date 3-29-16

~~Pump Tank~~ 750 Gallons: GT SP1000 Date 3-16-07

GREASE TRAP ~~Distribution Box~~ Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 488'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: 25% REDUCTION GRAVITY

Repair System Description: 25% REDUCTION, PUMP/GRAVITY

Maintenance Agreement Required ☐ YES ☒ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☑ Business No. Persons

☐ Other No. Employees 1

☐ Slab ☐ Crawl Space

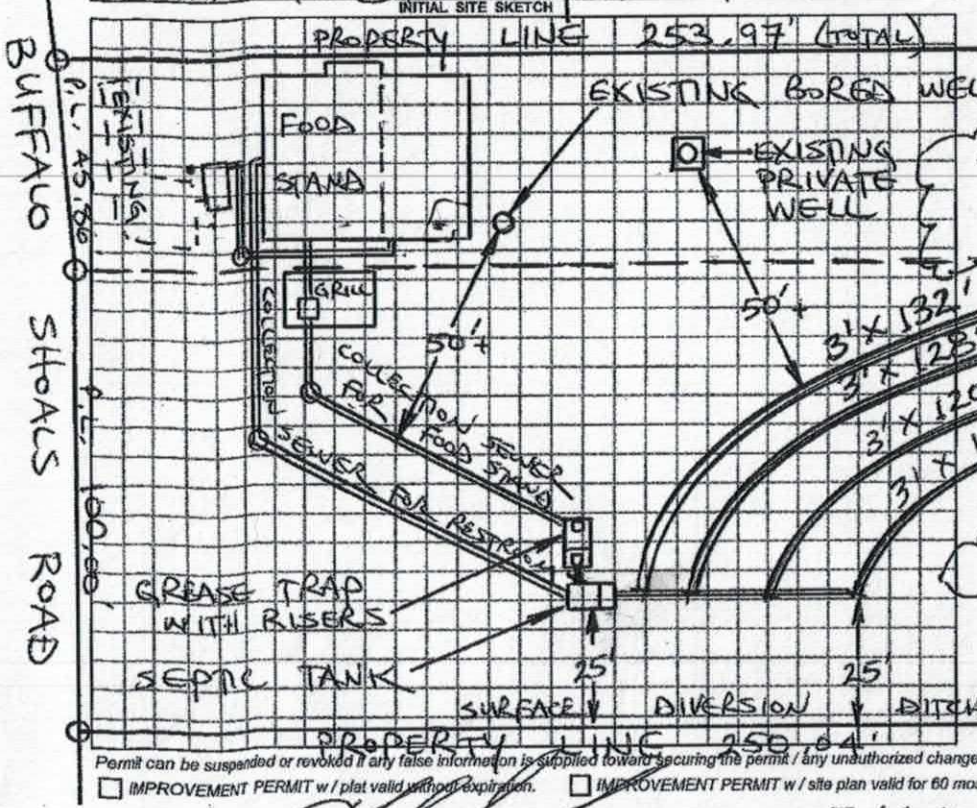
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

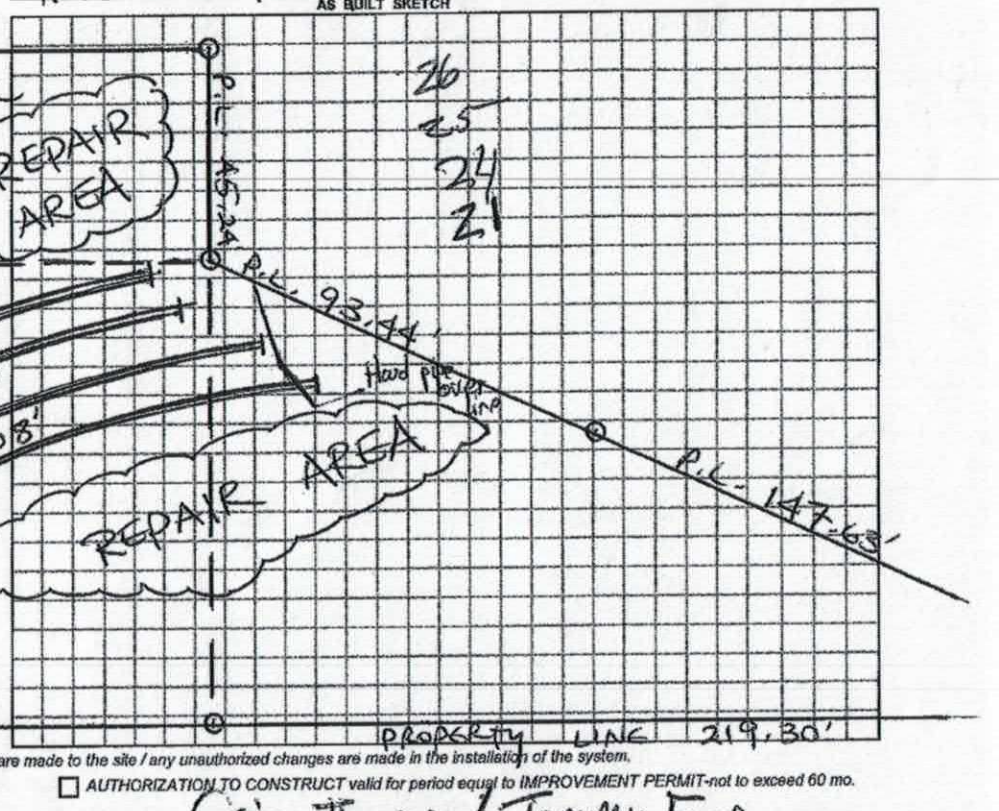
Comments / Conditions (1) INSTALL 25% REDUCTION SYSTEM (NO RED. GIVEN FOR FOOD STAND FLOOR SPACE) (2) KEEP SYSTEM MINIMUM 50' FROM PRIVATE WELLS 25' FROM SURFACE DIVERSION DITCH (3) NECESSARY EASEMENTS SHALL BE OBTAINED PRIOR TO ISSUANCE OF O.P.

Comments / Conditions (4) THE GREASE TRAP SHALL BE PLUMBED TO RECEIVE ALL WASTES ASSOCIATED WITH FOOD HANDLING AND NO TOILET WASTES.

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.

Applicant Signature: Date 7-15-10

Permit by: STEVE HEDRICK Date 7-13-2010

Construct by: STEVE HEDRICK Date 8-2-2010

Installed by: ~~Craig Thompson~~ / Tommy Frye

Operation Permit by: Date: 8-5-10

Existing System Inspected by: Date:

CALL CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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

13 2nd c. 520