IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240841

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

PIN # 4725 336376

APPLICANT/OWNER: Alvin Cape APPLICANT ADDRESS: 1884 Old Wilkesboro Rd

SITE ADDRESS: 3425 Taylorsville Hwy Statesville NC PHONE: 704 871-1771 ALT. PHONE 704 929-1080

SITE DIRECTIONS: Hwy 64 Turn R on Taylorsville Hwy Property on Left SAP CONTROLLED: Existing ☐ YES ☐ NO

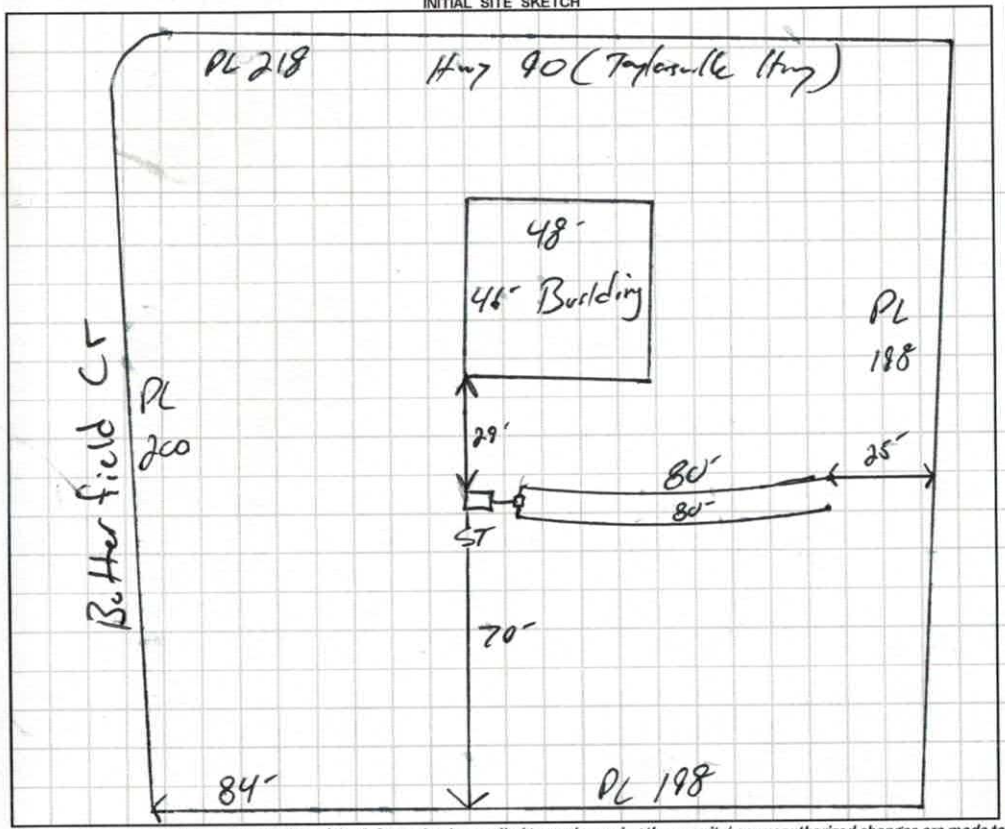
SUBDIVISION: N/A SECTION: - LOT # - LOT AREA: - DESIGN FLOW: Existing L.T.A.R.: Existing

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

Comments / Conditions: Septic System was functioning properly at time of inspection. Meets all Setbacks. Must Install Low flow water fixtures

Change of Use, building going from gas Station to Jerky Processing. See attached email for System use per Trish Angeli 1-2-19

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: [signature] Date: 1-3-19 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: [signature] Date: 12-28-18

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.

Benjamin Botkins

From: James Boggs
Sent: Thursday, January 3, 2019 3:16 PM
To: Benjamin Botkins
Subject: Fwd: [External] AC's Yummy Jerky LLC

Get Outlook for iOS

---------- Forwarded message ----------
From: "**Heath Snow**" <heath.snow@co.iredell.nc.us>
Date: Wed, Jan 2, 2019 at 4:16 PM -0500
Subject: Fwd: [External] AC's Yummy Jerky LLC
To: "James Boggs" <james.boggs@co.iredell.nc.us>

Get Outlook for iOS

---------- Forwarded message ----------
From: "**Angoli, Trish**" <trish.angoli@dhhs.nc.gov>
Date: Wed, Jan 2, 2019 at 2:26 PM -0500
Subject: FW: [External] AC's Yummy Jerky LLC
To: "Heath Snow" <heath.snow@co.iredell.nc.us>

Heath,

Based on the information provided below, this is not IPWW wastewater. I would include this email as part of the permit.

Please let me know if you have any other questions.

Thanks
Trish

Patricia M. Angoli, PE
Environmental Engineer
Division of Public Health, On-Site Water Protection Branch
North Carolina Department of Health and Human Services

919-707-5878 office
919-845-3973 fax
trish.angoli@dhhs.nc.gov
http://publichealth.nc.gov

5605 Six Forks Rd
1642 Mail Service Center
Raleigh, NC 27699-1642

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North Carolina Public Records Law and may be disclosed to third parties.

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-----Original Message-----
From: Judy Cape
Sent: Wednesday, January 02, 2019 10:45 AM
To: Angoli, Trish
Subject: [External] AC's Yummy Jerky LLC

CAUTION: External email. Do not click links or open attachments unless you verified. Send all suspicious email as an attachment to report.spam@nc.gov

Sent from my iPhone

Begin forwarded message:

>
> Trish,
> We spoke with you this morning about getting approval for floor drain
> in a new building. The address is 3425 Taylorsville Hwy, Statesville NC. You needed to know our process.
> We produce beef jerky in the following steps:
> Beef is delivered from a local distributor & we cut that to size. It
> is frozen & then sliced. Once sliced it is put in marinade for a minimum of 24 hours. The meat is then drained & placed on racks which are put into dehydrating ovens.
> Remaining marinade is strained & placed in bags. The bags are frozen & disposed into the trash dumpster. No marinade is put into the drains.
> The meat is cooked in the dehydrators per USDA requirement. It is then
> cooked & put into bags, labeled & stored.
> Our cleanup process consists of using a mixture of dawn dish detergent
> & a small amount of bleach & water. We wipe down any equipment & tables with that mixture and rinse with water. That is the only thing that goes down the floor drain.
> If you need any other information please contact Alvin Cape at 704-929-1080.
> It is critical that we get this cleared as soon as possible. We have
> limited time to get construction completed & move from our current location.
> Thank you for your assistance.
> Judy Cape
> Yummy Jerky LLC
>
>
> Sent from my iPhone=

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RECEIVED DEC 19 2018

Please CALL prior to inspection

Name: Alvin Cape 704-929-1080

Number:

'Y DEPARTMENT of ENVIRONMENTAL HEALTH Paid $250.00

APPLICATION FORM Change of Use # 240841

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Alvin Cape Address: 1884 Old Wilkesboro Rd Zip: 28625

Applicant Email: judy.a.cape@yahoo Phone: 704-871-1771 Alt. Phone: 704-929-1080

Owner Name: J T Alexander & Son Address: Zip:

Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 3425 Taylorsville Hwy Statesville 28625

Subdivision Name: Section/Phase: Lot Number:

Driving Directions:

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: 4
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development: Type of Business: Beef Jerky Plant
Square Footage of Building: 2165 Max. Number of Employees: 4 Max. Number of Seats/Beds/Other:

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

( ) 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: 1958
( ) 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: David W. Alexander 12-10-2018

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) Alan Cape

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, ☐ David W. Alexander, am the legal owner(s) of the property located at ☐ 3425 Taylorsville Hwy Statesville NC 28625 identified as

PIN (Parcel Identification Number) 4725335376, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Alan Cape, _____, 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.

David Alexander
Signature of Owner(s)

12-10-18
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

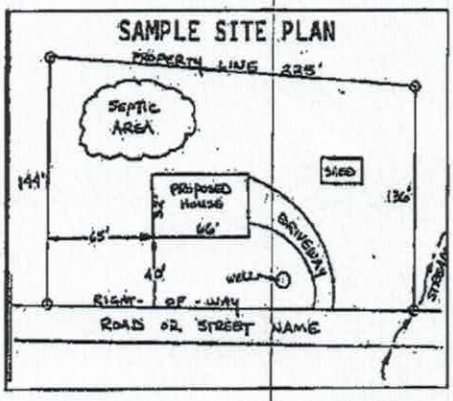
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

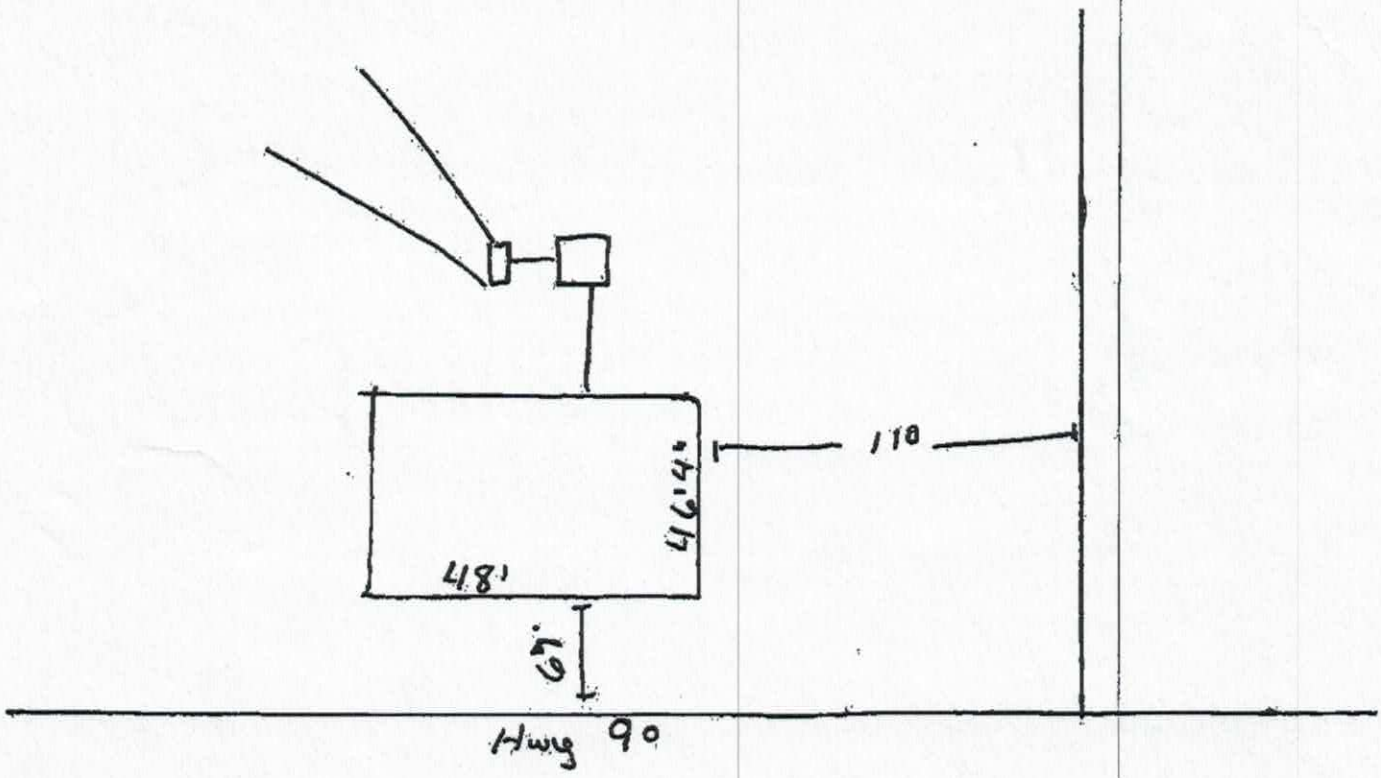


Circle N/A on the following if appropriate:

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



Signature: Allen Cg
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-17-18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271

Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date JUNE 24 1958

Owner TEXACO SER STA Address MONTICELLO

Installed By OSTWALT Address _____

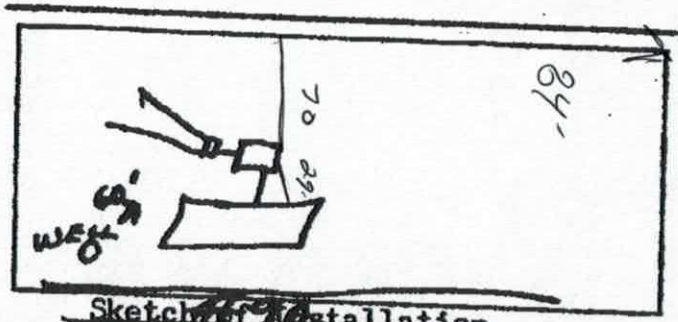
Location of Property ACCROSS FROM MINTICELLO SCHOOL

Tank		Capacity		Length of Lines		Fixtures	
Block	(✓)	800	( )	150'	(✓)	No. of Baths	( )
Precast	( )	900	(✓)	175'	( )	Dishwasher	( )
		1000	( )	200'	( )	Garbage Grdr.	( )
		1100	( )	225'	( )	Auto-Washer	( )
		1200	( )	250'	( )	Other	_____
		Other	_____	Other	_____		

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection June 24 1958 Approved (✓) Disapproved ( )

Remarks VERY HARD SOIL



Sketch of Installation

Luford G. Howe

Sanitarian

THE CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	3425 TAYLORSVILLE HIGHWAY	Permit Number	240841
Owner	ALEXANDER J T+SON	Tax Map	4725336376.000
Owner Addr.	PO BOX 88	Zoning	B-5
	MOORESVILLE, NC 28115	Flood Hazard Area	
Phone No.		Historic District	
Contractor	AC'S YUMMY BEEF JERKY	Architect	
Address	3425 TAYLORSVILLE HWY	Address	
	STATESVILLE, NC 28625		
Phone No.		Phone No.	

Type of Application STATESVILLE UPFIT COMMERCIAL

Utility Source

Electric
Water
Sewer

Required Information

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

	Lot Dimensions		Required Parking	Setbacks	
	Structure Size &		Landscaping	0.00	Front Yard
	Location		Utility Clearance	0.00	Rear Yard
	Easements		TRC Review	0.00	Right Yard
	Flood Certification		Other	0.00	Left Yard
	Driveway Cuts				

Department Approval

Planning Department 12/7/18 Public Works

Comments: MAKING AND SELLING OF BEEF JERKY

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

X Alex Cox
Applicant Signature

12/07/2018
Date