* Homeview Market #19 *

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP-310217**

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

PIN # ✓ 4742840471 .2878

APPLICANT/OWNER: Jim Leonard APPLICANT ADDRESS: 130 Houston Rd. Troutman, NC 28166

SITE ADDRESS: ✓ 2878 Am ity Hill Rd. Statesville NC 28677 PHONE: 704-622-0697 ALT. PHONE N/A

SITE DIRECTIONS: South on I-77 to exit 45, west side of exit ramp SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.1 ac DESIGN FLOW: 1150 L.T.A.R.: EX

Septic Tank	2000 & 1500 (gal)	STB	914 / 2102	Date	4-26-21 / 5-3-2021	■ New System ☐ Repair ☐ Expansion	System Type: I II III IV (V) VI	☐ Residence	No. Bedrooms		Water Supply
Pump Tank	EX (gal)	PT	389	Date	3-30-2021	System Description:	Existing	■ Business	No. Persons		■ Private
Pump Make	Gould's	Model	WE0512HH	Serial #	3885	Repair System Description:	Conventional & 50% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	2	# Lines	EA	Linear Ft:	EX	Maintenance Agreement Required:	✓ YES ☐ NO	■ Slab	☐ Crawl Space		☐ Community
Trench Width	EX	Trench Bottom Depth(Low side)	EX	Gravel Depth	N/A	☐ GRAVITY	■ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: The purpose of the permit is to set new tanks and divide two systems between food service and public restrooms.

* Duplex panel with two pumps to be installed *

Metro Deli approved for 20 gpd/seat @ 20 seats with a designed flow of 400gpd
3 total fixtures in public restrooms @ 250gpd/fixture with a designed flow of 750 gpd

INITIAL SITE SKETCH

WE0512HH + GREASE TRAP STB 347 DATE: 2:1

	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked	12/29/21	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments: Grease Trap Installed 6-7-21 BCW		

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.

6-7-2021 BCW
- PUMP TANK SIZE TO BE VERIFIED
- RISERS ON GREASE TRAP AND 2000 GAL TANK MUST BE WATER TIGHT
- PUMP LINE MUST BE PRESSURE RATED & SOLVENT SEALED
- GREASE TRAP DATE NEEDED

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: 04/29/21 Installed by: J.R. LEONARD (Gen. Contractor)

IMPROVEMENT PERMIT by: [signature] Date: 4/29/21 OPERATION PERMIT by: [signature] Date: 1/7/2022

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4/29/21 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4742840 4
COUNTY: Iredell

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

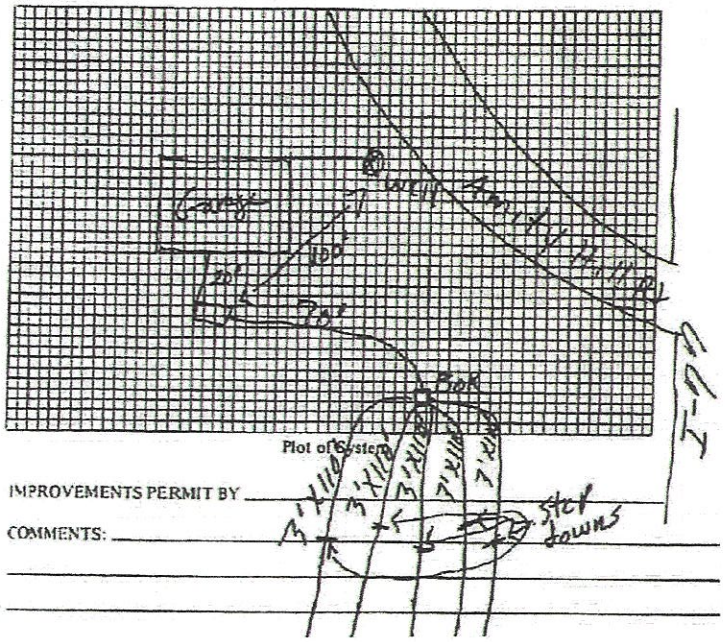
OWNER: J L Leonard
ADDRESS: 130 Houston Rd Troutman NC
PROPOSED FACILITY: Commercial Shop
LOCATION OF SITE: 2878 Amity Hill Rd
APPLICATION DATE
DATE EVALUATED: 4/28/21
PROPOSED DESIGN FLOW (.1949): 1150
PROPERTY SIZE: 2.1 ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other w/ NA
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 8%	0 - 9	Compacted	—	PS	56"	N/A	W/C	PS .3
		9 - 24	C SBK	Fr SE					
		24 - 56	BC WABK	Fri/Fr SE					
2	L 4%	0 - 12	Fill	—	Chroma 2 29-32"	64	N/A	W/2	PS .3
		12 - 24	SCL SBK	Fr SE					
		24 - 64	C ABK	Fr SE					
3	L	0 - 8	SCL Gr	Fr/ SE	Rock inc Less 50%	64"	N/A	29"-32" W/1	PS .3
		8 - 28	C SBK	Fr SE					
		28 - 69	BC WABK	Fri/Fr SE					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		IV + II
Site LTAR		.3

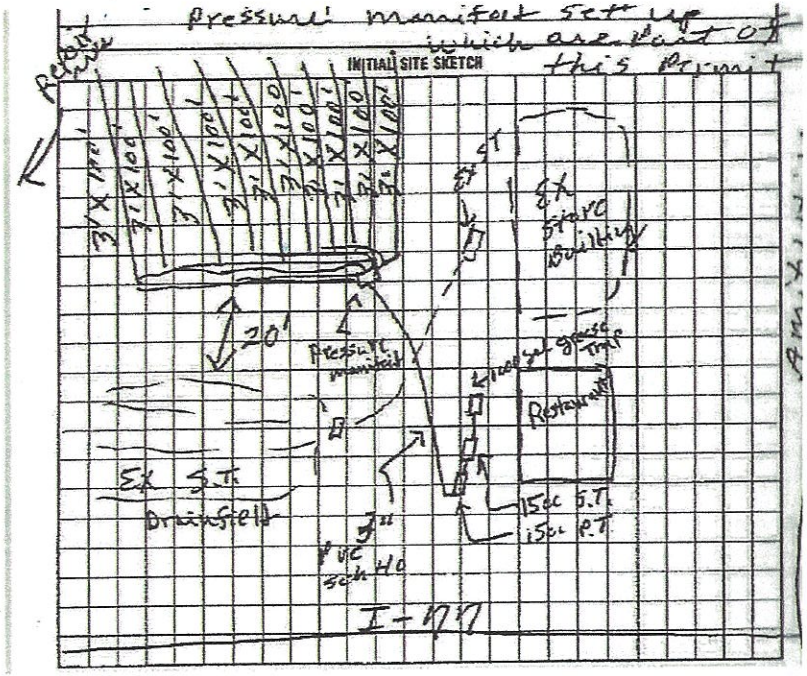
OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
OTHER(S) PRESENT:

COMMENTS:



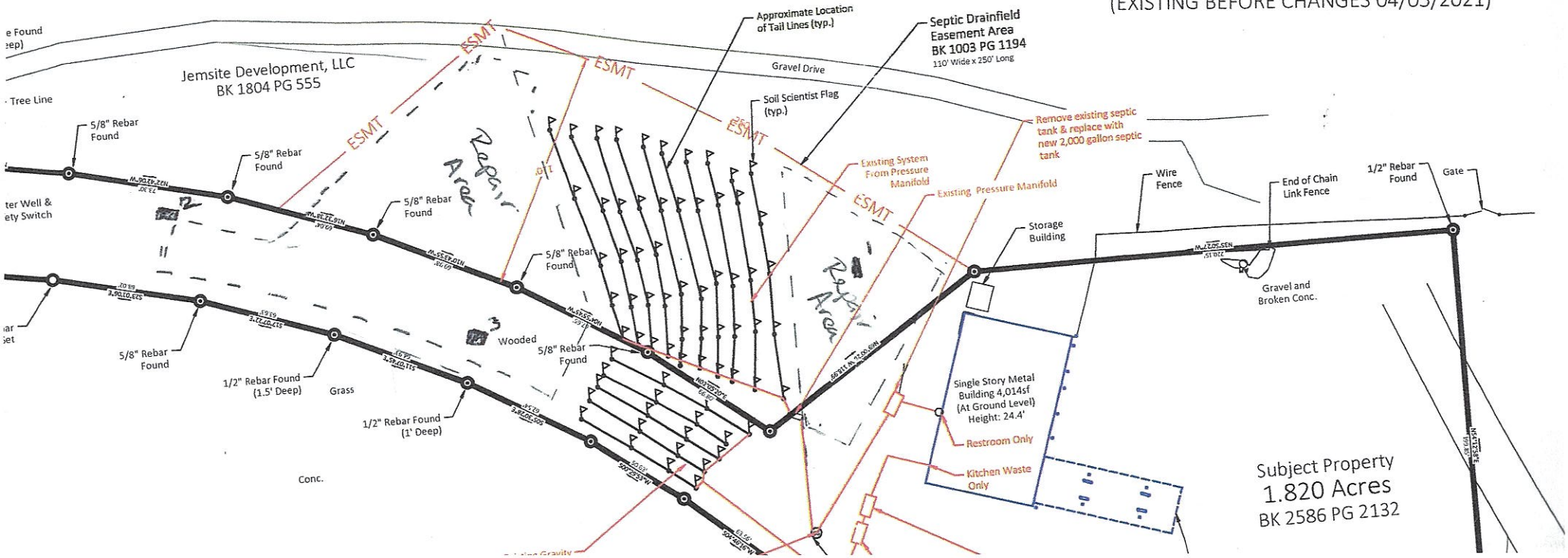
Septic System Permit Sketch for Garage
August 14, 1985

(EXISTING BEFORE CHANGES 04/05/2021)



Septic System Permit Sketch for Restaurant
April 25, 1995

(EXISTING BEFORE CHANGES 04/05/2021)



Updated 4/15/21

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Jim Leonard **Address:** 130 Houston Rd. Troutman NC **Zip:** 28166
Applicant Email: jim@jrleonardconstruction.com **Phone:** 704-528-7650 **Alt. Phone:** 704-622-0697
Owner Name: DFNC 2, LLC **Address:** 935 Bronx River Ave., Bronx NY **Zip:** 10473
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 2878 Amity Hill Rd. Statesville NC 28677
Subdivision Name: N/A **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: South on I-77 to X45, west side of exit ramp

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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: C-Store / Fueling Station w/ Kitchen
Square Footage of Building: 4308 Max. Number of Employees: 3-4 Max. Number of Seats/Beds/Other: 15

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: 1985 & 1995
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other: Per new drawings

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: Jim Leonard 4/15/21
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, DAVID ALEXANDER, am the legal owner(s) of the property located at 2875 AND 2876 AMITY HILL RD. STATESVILLE, NC, identified as PIN (Parcel Identification Number) 4742840471, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) JIM LEONARD, JR LEONARD CONSTRUCTION CO., 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 W Alexander
Signature of Owner(s)

2/25/21
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

Maria

RECEIVED AUG 2 0 2020

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

Paid $250.00/$250.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-310217

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

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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)

Applicant Name: JIM LEONARD Address: 130 HOUSTON RD TROUTMAN, NC Zip: 28166
Applicant Email: jim@jrleonardconstruction.com Phone: 7045287650 Alt. Phone: 7046220697
Owner Name: DFNC 2, LLC Address: 935 Bronx River Ave, Bronx, NY 10473 Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: 5/b 2878 per zoning

Street Address: 2875 and 2876 Amity Hill Road, Statesville, NC 28677
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: South on I-77 to Exit 45 Troutman; site is at the top of the off-ramp on west side of Amity Hill Road

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: PREVIOUS CONVENIENCE STORE & RESTAURANT
Square Footage of Building: 4,000 Max. Number of Employees: 3-4 Max. Number of Seats/Beds/Other: NA

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: 1985 & 1995
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Use existing

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?
(X) 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: _____ 07/21/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

SHABELDEEN ENGINEERING, PA

3145 TATE BLVD. SE • BOX A • HICKORY, NC • 28602
CIVIL/WATER/SEWER/ENVIRONMENTAL
CONSTRUCTION MANAGEMENT

PHONE: (828) 320-7252
FAX: (828) 394-4126
dan@shabeldeen-engineering.com

July 29, 2020

Ms. Ronda Hart
Iredell County Health Dept.
Environmental Health Division
349 N. Center St.
Statesville, NC 28677

SUBJECT: Home Run Market #19 Septic System Inspection
Iredell County, NC

Shabeldeen Engineering, PA (SE) is requesting an Existing System Inspection of the two (2) existing septic systems at the service station and restaurant located at 2876 Amity Hill Road near Statesville, NC (PIN 4742840471). Attached are the (1) septic system application, (2) check for $250.00, (3) copies of the existing permits, and (4) existing site survey, and (5) conceptual site plan.

The existing site includes a service station and a barbeque restaurant, both have been closed for some time. Each business had a separate septic system. Our client is in the process of renovating the service station into a convenient store with new pump island. The restaurant building will be demolished. We wish to confirm that the new convenient store can be served by either of the existing septic systems.

I appreciate your assistance with the assessment. If you have any questions, please do not hesitate to contact me.

Sincerely,

Dan Shabeldeen, P.E.

SHABELDEEN ENGINEERING
Ethics • Integrity • Engineering

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, DAVID ALEXANDER, am the legal owner(s) of the property located at 2875 AND 2876 AMITY HILL RD. STATESVILLE, NC, identified as PIN (Parcel Identification Number) 4742840471, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) JIM LEONARD, JR LEONARD CONSTRUCTION CO., 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 W Alexander — 07/21/20

Signature of Owner(s) — Date

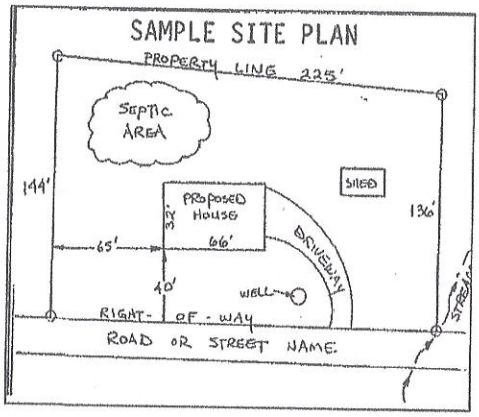
Mooresville - Environmental Health

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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 HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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 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 and well location
- (X) Area you prefer your septic system to be placed
- (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

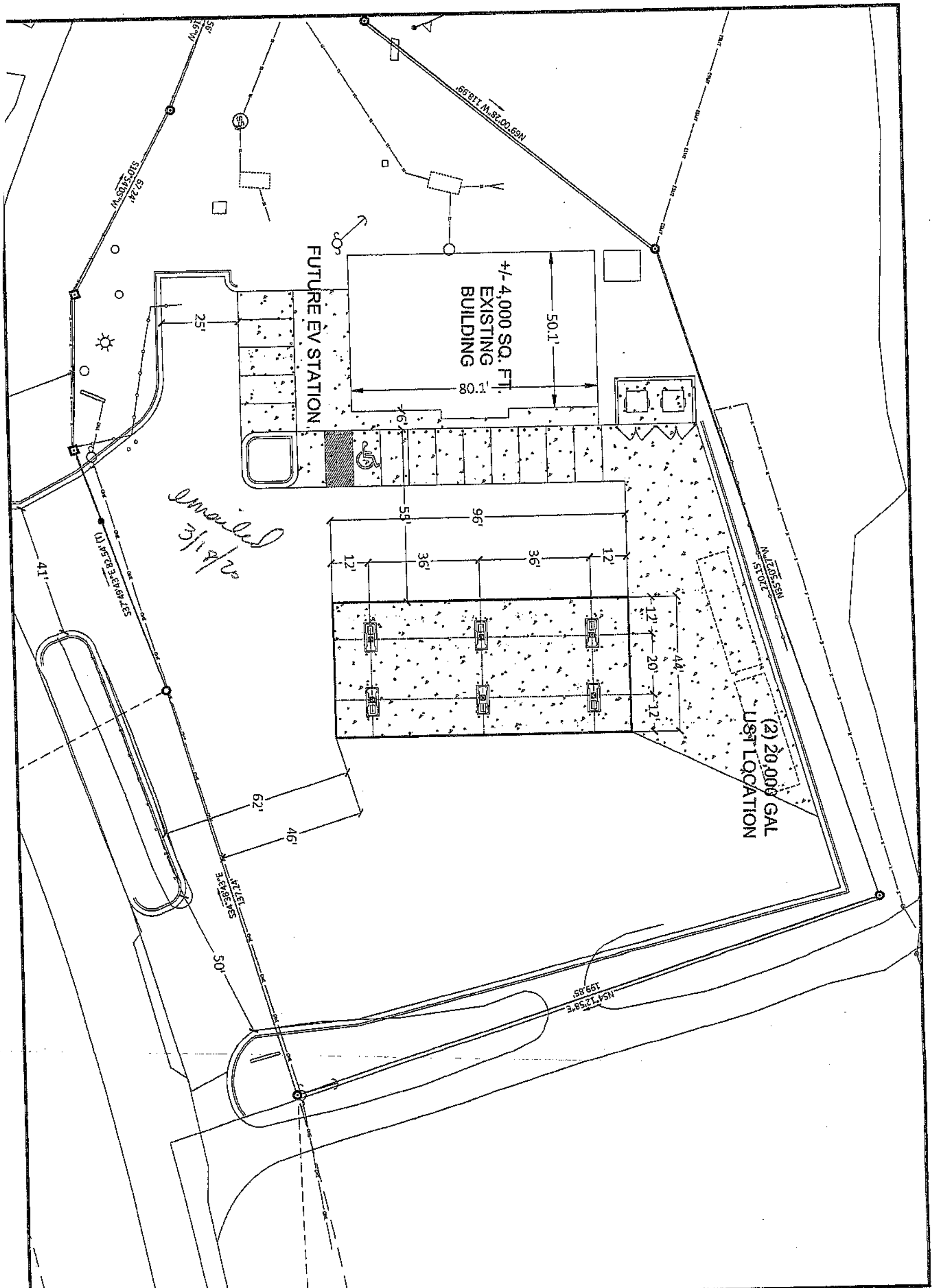
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Please see attached permit sketches provide by the County for the existing systems, existing site survey and a preliminary site plan for the proposed improvements.

SEE SITE PLAN BY ENGINEER

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

07/21/20
DATE



PROJECT INFORMATION

PROPOSED FUELING STATION

2876 AMITY HILL RD STATESVILLE, NC 28677
IREDELL COUNTY

J.R. Leonard Construction Company

130 HOUSTON ROAD | TROUTMAN, NC 28166 | 704.528.7650
www.cngservicescompany.com | sales@cngservicescompany.com

03/17/2020

SD01

2020-865

4742-84-0471.2876 55740

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20882 DATE 4-25-95 TAX MAP NO. 40-A-22 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Welling Inc PHONE: Business 878 2577 Home

ADDRESS 28788 Amity Hill Rd

LOCATION I-77 South At Amity Hill Rd Exit

SUBDIVISION 1000 grease trap BLOCK / SECTION LOT LOT AREA SITE CLASS. DESIGN FLOW 960 L.T.A.R. .32

Septic Tank: 1500 Gallons; STB 797 Date 3-10-95
Pump Tank: 1500 Gallons; PT 797 PT Date 4-25-95
Pump Make: Goulds Model 3885 Serial No. WE05HH
Nitrification Field: No Fields 1 Square Feet 3000 Linear Feet 1000
No Lines 10 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pump to conv. lines
Repair System Description: " " " "
Maintenance Agreement Required: ☐ Yes ☐ No

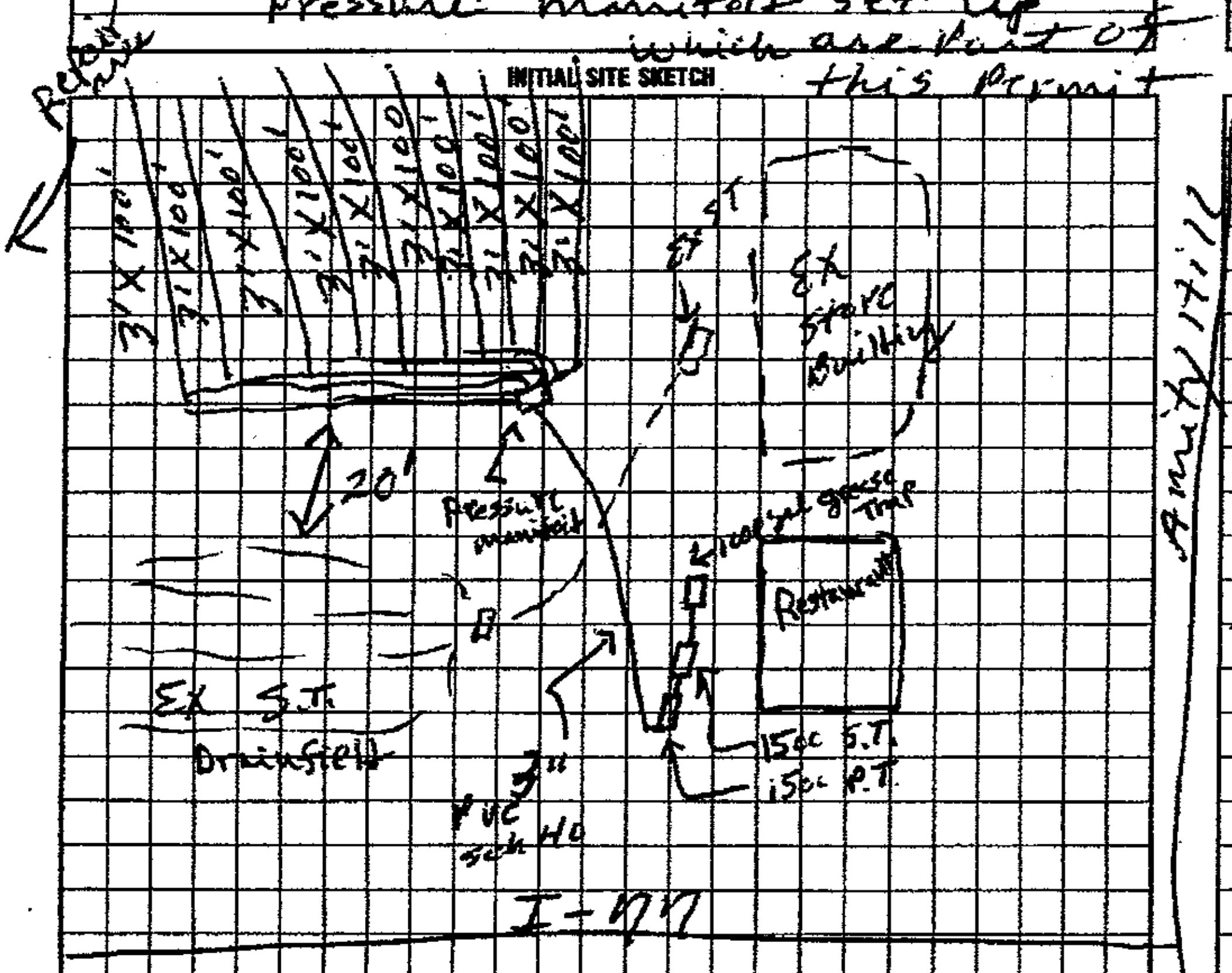
☐ House/Mod. Home No. Bedrooms
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☑ Other 24 Seat Restaurant
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: See Attached Drawings for pump tank set up + pressure manifold set up which are part of this permit

Comments: Brittany's BBQ

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: x Charles Welling

Improvement Permit by: L. C. Moore date 4-25-95

Existing System Inspection by: date

Installed by: James Hutler

Certificate of Completion by: L. C. Moore date 7-20-95

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

02856

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 Welling Inc. DATE 8-14-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77 TR on Amity Hill Rd 1st Business on left. S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Garage

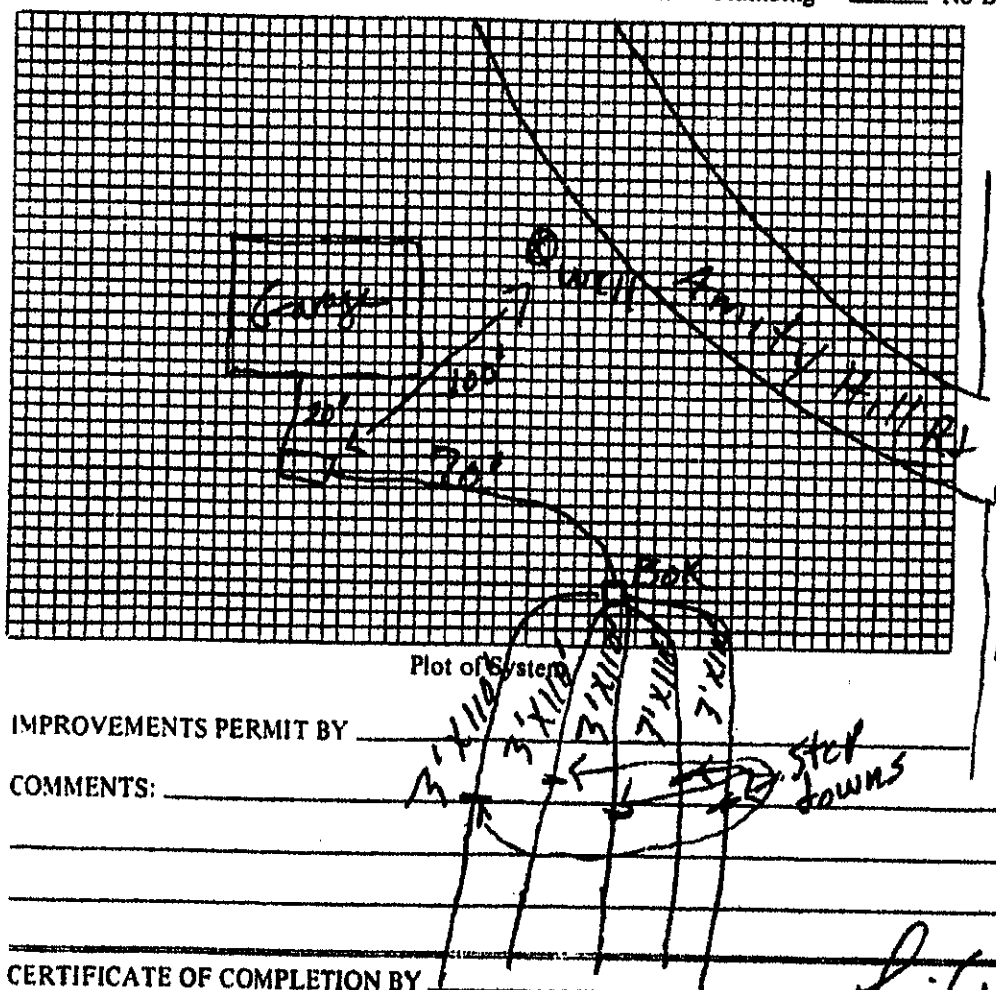
No. Bedrooms _____ No. Bathrooms 2

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

Lot Area 2.1 acres

Character & Porosity of Soil Clayey
Percolation Rate 13
Topography Level to Rolling
Depth to Water Table 10'+
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1650 Linear Ft. 550
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Donald Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 8-14-85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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

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

APPLICATION NUMBER
310217
Issue Date: 08/20/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4742840471.000	2878 AMITY HILL RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: DFNC 2 LLC	Name: JR LEONARD CONSTRUCTION COMPANY
Address: 935 BRONX RIVER AVE	Address: 130 HOUSTON RD
BRONX, NY 10473	TROUTMAN, NC 28166
Phone:	Phone: (704)528-7650

Use Requested	Zone Code
UPFIT	HB

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.1	30	20	10	10	N/A	NO

Remarks

Gas station upfit

Zoning issued for septic only. Site plan approval required before building permits can be issued.

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.

Signature of Owner/Contractor

Date: 08/20/2020

Permit Number	310217	TOTAL FEES:	