IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 23314?

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

PIN # 4753671234.000

APPLICANT/OWNER: Cemex Construction Atlantic LLC/Southdown Inc APPLICANT ADDRESS: 2067 Salisbury Hwy Statesville. 28677.

SITE ADDRESS: 2067 Salisbury Hwy Statesville NC 28677. PHONE: 336-940 9085. ALT. PHONE ~

SITE DIRECTIONS: Hwy 70 Left @ Cemex Plant Entrance SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 8.97 Acres. DESIGN FLOW: 200gpd L.T.A.R.: EXT

Septic Tank EXT 1250 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 1 Linear Ft 250-EXT

Trench Width EXT Trench Bottom Depth(Low side) EXT Gravel Depth EXT

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

System Description:

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☒ Business No. Persons

☐ Other No. Employees 8

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

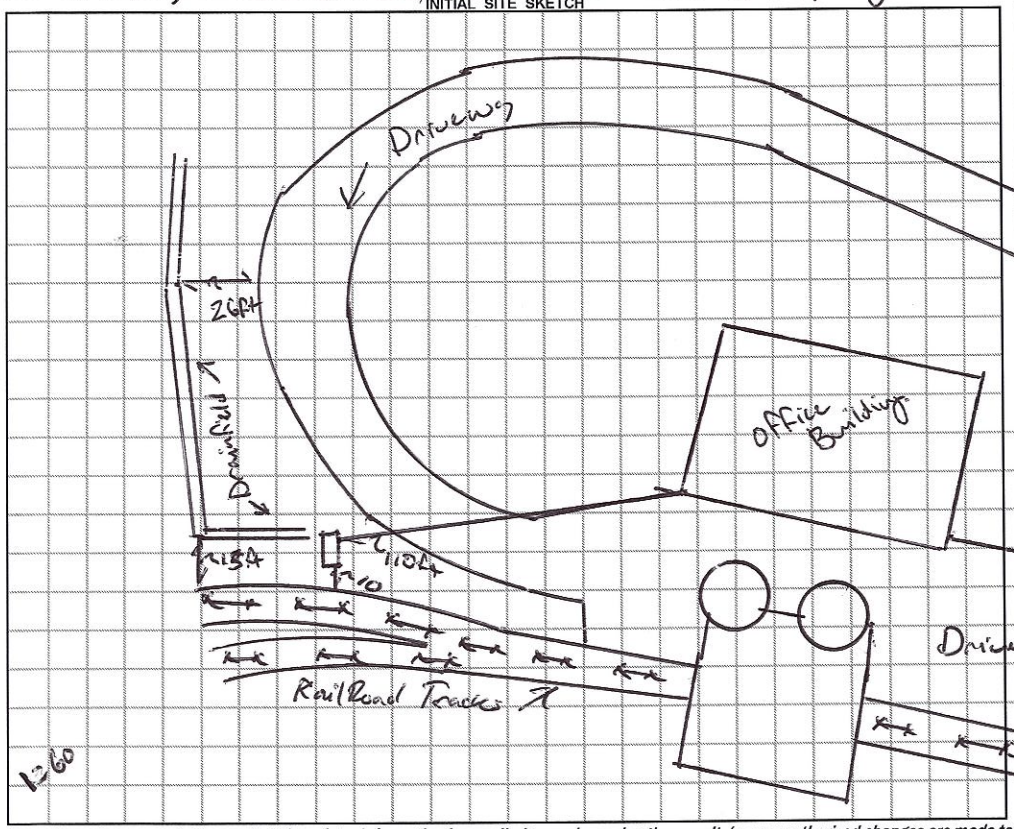
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Tank is buried Deep. 6ft underground. Office Building adding bathroom & Since Number of employees to remain the same (8). Gravity From building to tank can be Maintained. Do not Drive, park, park, grade

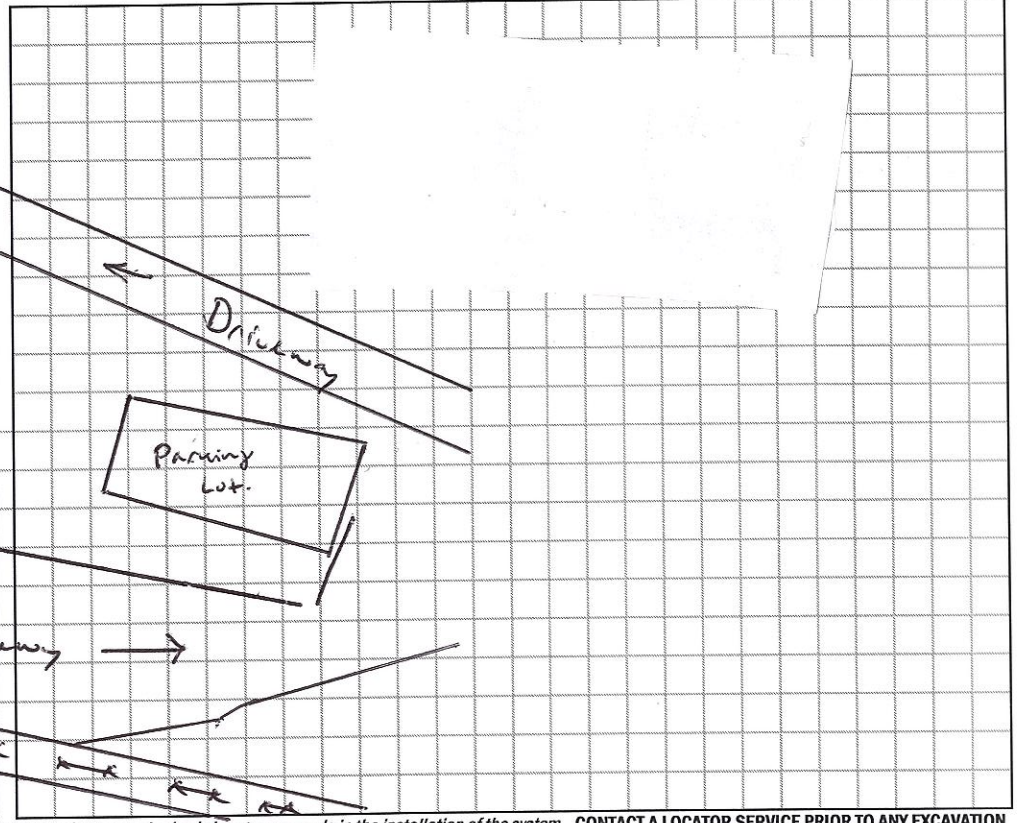
ac below utilities in drainfield area.

*If Gravity can not be achieved a grinder pump may be needed with addition of another septic tank.

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: Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A Bell Date: 2/26/2018

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.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 (CC)

PERMIT # 233147.

PIN # 4753671234.000.

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

APPLICANT/OWNER: Cemex Construction Materials LLC/Southdown Inc APPLICANT ADDRESS: 2067 Salisbury Hwy Statesville. 28677.

SITE ADDRESS: 2067 Salisbury Hwy Statesville NC. 28677. PHONE: 336-940 8085 ALT. PHONE ~

SITE DIRECTIONS: Hwy 70 Left & Cemex Plant Entrance SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 8.97 Acres. DESIGN FLOW: 200gpd L.T.A.R.: EXT

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Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 1 Linear Ft 250-EXT

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☐ New System ☐ Repair ☐ Expansion System Type: I ◐ III IV V VI

System Description:

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

☐ Residence ☒ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms No. Persons No. Employees 8 ☐ Crawl Space ☐ Basement w/o plumbing

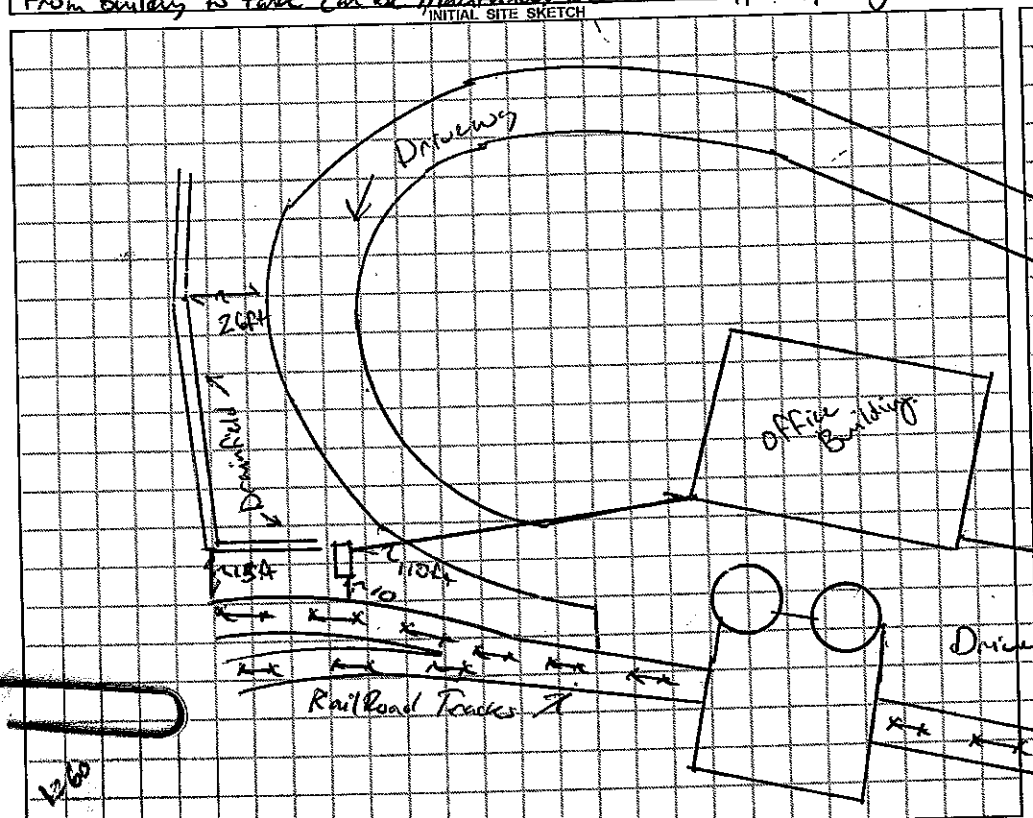
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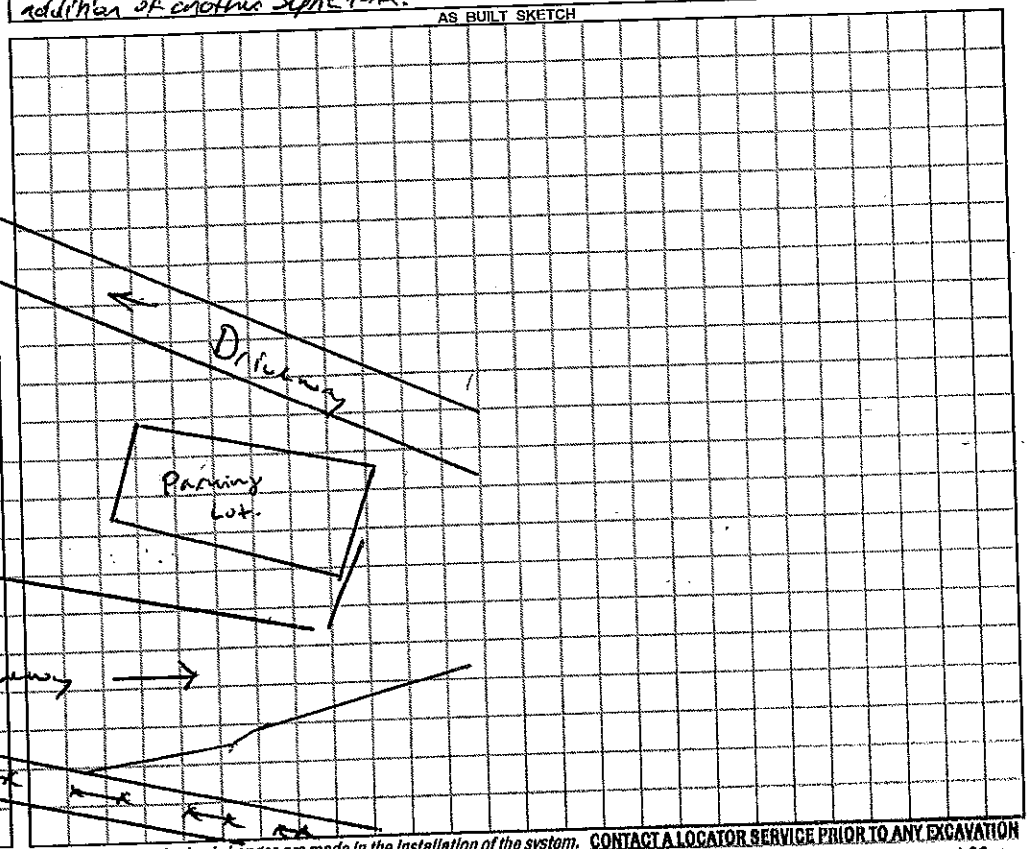
Other utilities in Borrow/Field area.

*If Gravity can not be achieved a grinder pump may be needed with an addition of another septic tank.

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.*

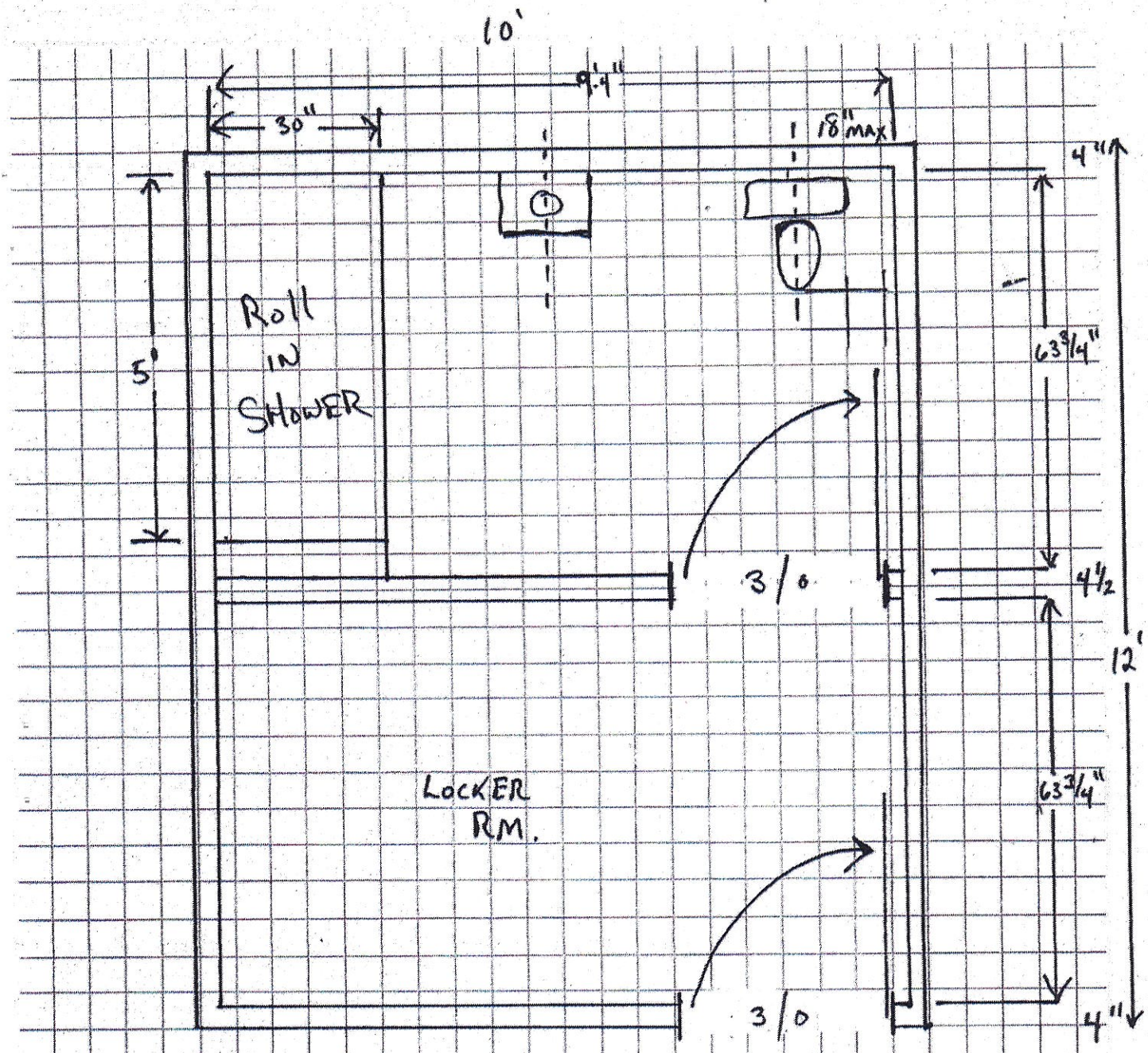
Owner / Applicant Signature: Date: Installed by: Date:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin L. Ellis Date: 9/26/2011

Call the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

CEMEX, STATESVILLE TERMINAL NEW BATH / LOCKER RM



Acknowledgement Of Plans Submittal ONLY!

Benjamin A Bott Date 3/1/2018.

Date

1/2" = 1'

233141

124255

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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() FOR DETAILS.

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

The following optional attachments may also be submitted: (X) 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: Scott A MATHEWS Address: 2067 SALISBURY HWY Zip: 28677

Applicant Email: ScottA.MATHEWS@CEMEX.COM Phone: 336-940-8085 Alt. Phone: _____

Owner Name: CEMEX, COAST ATLANTIC LLC Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 2067 SALISBURY HWY STATESVILLE NC. 28677

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

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

Non-Residential Site Development: Type of Business: INDUSTRIAL / WAREHOUSE
Square Footage of Building: 3850 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 (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: 1967
( ) 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 ( ) 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: Scott A Mathews 2-2-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

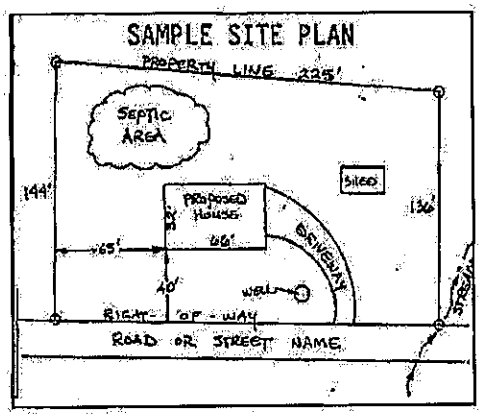
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

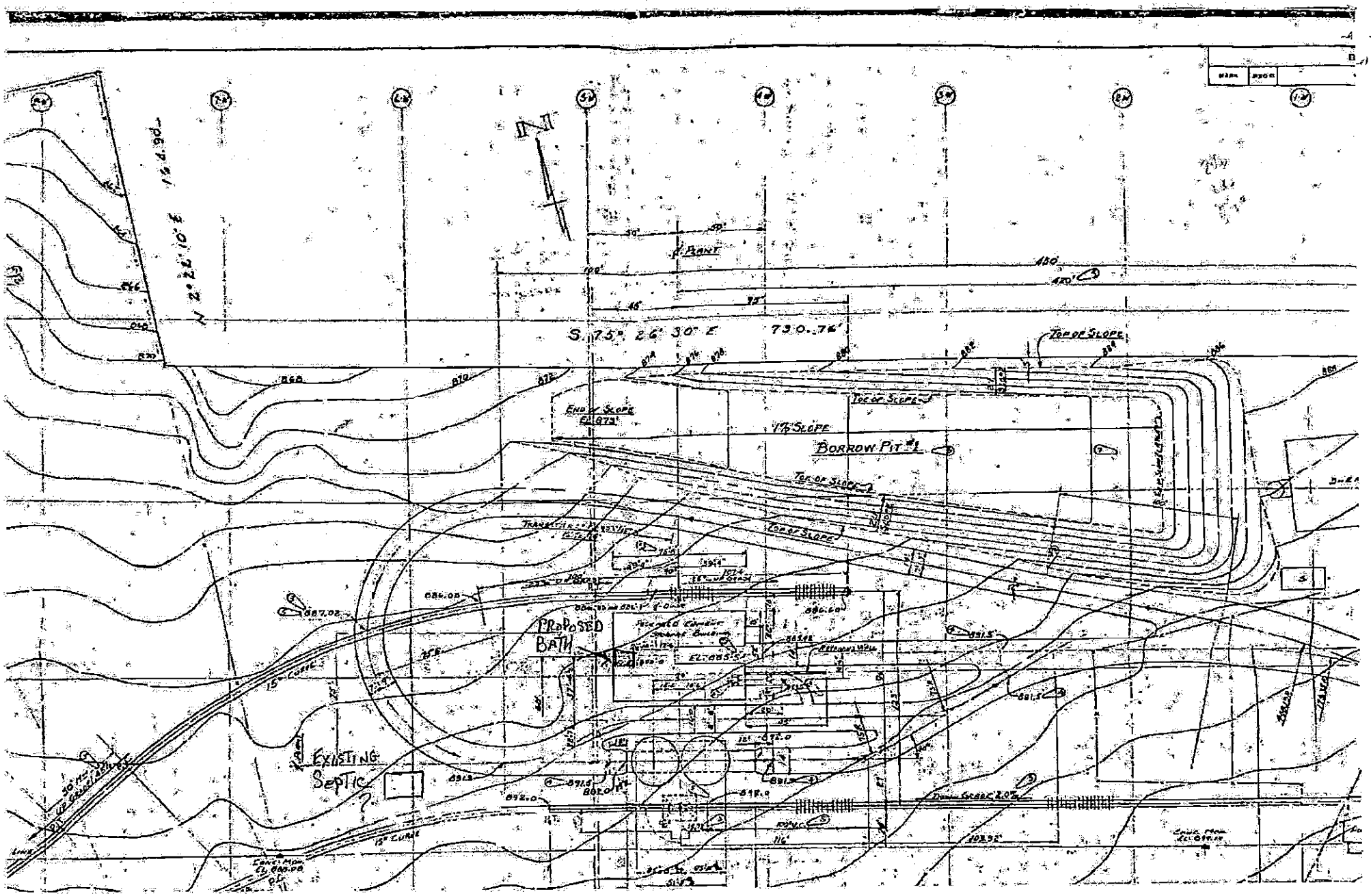
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See ATTATCHed

Signature: _____ 2-6-18

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


N
N 2° 22' 10" E
S 75° 26' 30" E 730.76'
PROPOSED BATH
EXISTING SEPTIC ?
BORROW PIT #1
TOP OF SLOPE
END OF SLOPE
17½ SLOPE
15" CURVE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

SM XO **Complete all Environmental Health forms:**
- XO Application
- XO Site Plan with dimensions of proposed structure, addition, pool etc.
- X Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- X Copy of Zoning Permit when applicable
- X Sign this sheet after you have completed all items

SM XO **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

SM X **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

SM XO **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

____ If an **Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 2-7-18

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

THE CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	2067 SALISBURY HIGHWAY	Permit Number	233147
Owner	CEMEX CONSTR. ALANTIC ,LLC	Tax Map	4753671234.000
Owner Addr.	2067 SALSIBURY HWY	Zoning	HI
		Flood Hazard Area	
Phone No.	336-940-8085	Historic District	
Contractor		Architect	
Address		Address	
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 2/1/2018 Public Works

Comments

INTERIO RENOVATON TO INSTALL A RESTROOM

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.

Applicant Signature

02/01/2018
Date

PERMITS/INSP PAYMENT
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

RECEIPT# 450317

Central Permitting Center
2018

DATE: 02/07/18 TIME: 11:28
CLERK: chrystal.sloan
PAID BY: SCOTT A MATHEWS

APPLICATION #: 233147

PERMIT ALLOCATION:

1	10492751 447004 PEHSA	250.00	Environmental Health Fees
TOTAL RECEIPT AMOUNT:		250.00	

AMOUNT PAID: 250.00
PAID BY: SCOTT A MATHEWS
PAYMENT METHOD: CREDIT CAR076163
APPLICATION #: 233147

AMT TENDERED: 250.00
AMT APPLIED: 250.00
CHANGE: .00

Statesville Phone TR 3-7271 Mooresville Phone NO 5-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. Gilbert Engr. Co. Catawba Permit Date Feb 21 1968

Owner Signal Mnt. Cement Co. Address R7

Installed By C Stoke Address R7

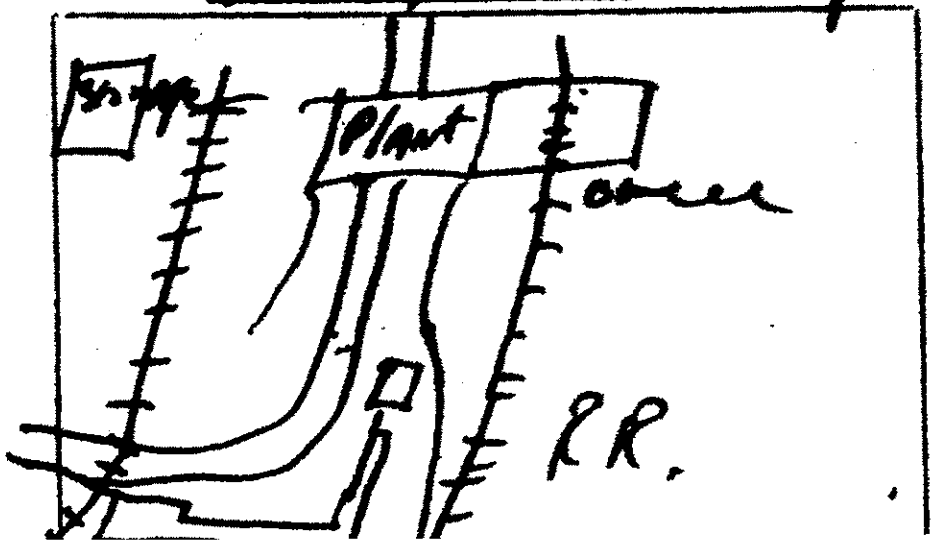
Location of Property Salisbury Rd on left past St. Paul Ch. - 2 cement bins -

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	( )	225'	( )	No. of Baths	( )
Precast	(✓)	1250	(✓)	250'	(✓)	Dishwasher	( )
Rock Quarry		1500	( )	Other		Garbage Grdr.	( )
		Other				Other Office	

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

Final Inspection 19 Approved ( ) Disapproved ( )

Remarks Well 100' - Deep - filled dirt



Scott Matthews.