ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 317891

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

PIN # 4772-48-1840

APPLICANT/OWNER: Fred Blake/B&I Heating&Heating & AC & Electrial | APPLICANT ADDRESS: 358 Triplett Rd. Cleveland, NC 27013 | PHONE: 7049028643 | ALT. PHONE

SITE ADDRESS: 358 Triplett Rd Cleveland NC

SITE DIRECTIONS: Hwy 70E TR Triplett Rd on right Bet Cornflower

SAP CONTROLLED: ☐ YES ☒ NO

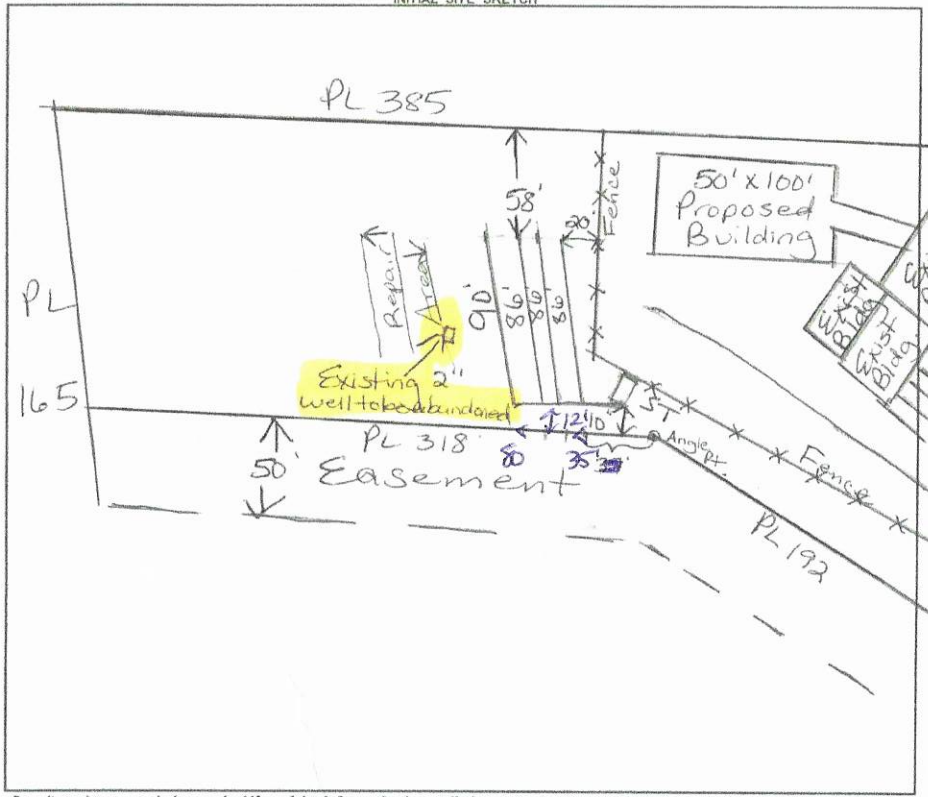
SUBDIVISION: DB Warren Estate | SECTION: | LOT # 1 | LOT AREA: 2.577Ac | DESIGN FLOW: 450 | L.T.A.R.: .325

Septic Tank	1000	(gal)	STB	SHOAF 760	Date	6/7/21	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☐ Residence ☒ Business ☐ Other ☒ Slab ☐ Basement w/plumbing
Pump Tank		(gal)	PT		Date		System Description:	Gravity – 25% Reduction	No. Bedrooms / No. Persons / No. Employees: 18 / ☐ Crawl Space / ☐ Basement w/o plumbing
Pump Make			Model		Serial #		Repair System Description:	Hart PPBPS	Water Supply: ☐ Private ☒ Public ☐ Community
# Nitrification Fields	1	# Lines	4	Linear Ft	Plan 34'		Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width	36"	Trench Bottom Depth (Low side)	Max 36" Initial	Gravel Depth	N/A		☒ GRAVITY ☐ PRESSURE		

Comments / Conditions: max 21" repair

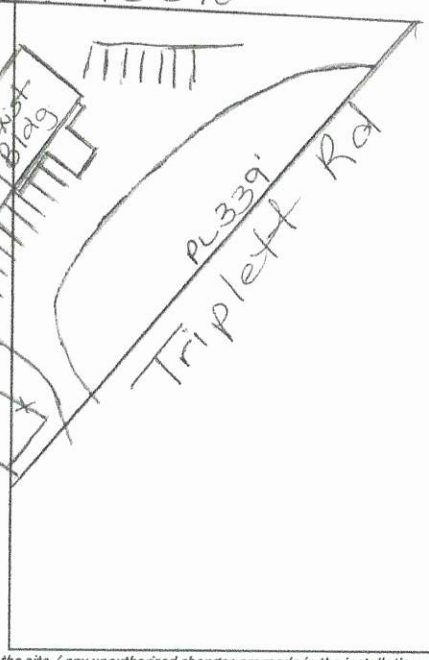
2" well must be abandoned

INITIAL SITE SKETCH



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.* ☒ **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: Mark Johnson (B&I Heating) Date: 7-7-21 | Installed by: Lantz Wastewater

IMPROVEMENT PERMIT by: Mariah Johnson Date: 7/2/21 | OPERATION PERMIT by: D. Wilson Date: 8/2/21

AUTHORIZATION TO CONSTRUCT by: Mariah Johnson Date: 7/6/21 | 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 ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

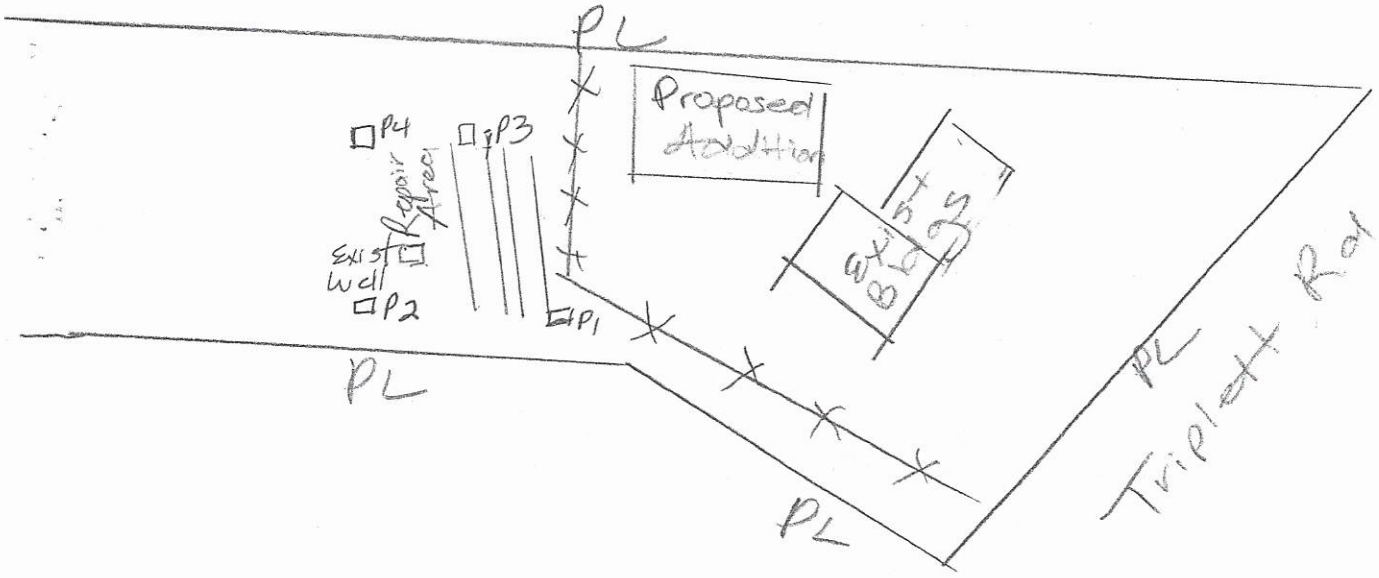
OWNER: Fred Blake / B & I Heating, AC & Electrical — APPLICATION DATE ___
ADDRESS: 358 Triplett Rd Cleveland, NC — DATE EVALUATED: 6/23/21
PROPOSED FACILITY: Commercial Addition — PROPOSED DESIGN FLOW (.1949): 450gpd — PROPERTY SIZE: 2.577 Ac
LOCATION OF SITE: 358 Triplett Rd Cleveland, NC — PROPERTY RECORDED: Y

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	5%	0-8	Brw SCL w SBK	SS, SP, SExP, FR					PS
		8-35	RCL m-w SBK	SS, SP, SExP, FR					
		35-57	RCL w SBK	SS, SP, SExP, FR w/ Common					
			SAP & mica		—	57"	PS	—	.325
		57-60	LSL SAP mass	FR					
2	5% Repair	0-10	Brw SCL w SBK	SS, SP, SExP, FR					PS
		10-35	RCm SBK	SS, SP, SExP, FR					.3 to 35"
		35-50	RCm-w SBK	SS, SP, SExP, FR					.35"
			w/ Few Yel/Brw Mottles		Y/B	50"	—	—	.25
3	6%	0-6	Brw SCL w SBK	SS, SP, SExP, FR					PS
		6-17	RCm SBK	SS, SP, SExP, FR					
		17-50"	RCL w SBK	SS, SP, SExP, FR w/ Common					
			SAP		—	50"	—	—	.325
4	6% Repair	0-9	Brw SCL w SBK	SS, SP, SExP, FR					PS
		9-43	RCm-w SBK	SS, SP, SExP, FR					
		43-51	R to Yel/RCL w SBK	SS, SP, SExP, FR					.3
					—	51"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.325	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Fred Blake


PL
Proposed Addition
P4
P3
Repair Area
Exist wall
P2
P1
PL
PL
PL
Triplett Rd

358 Triplett Rd..pdf

RECEIVED JUN 3 - 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-317891

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Fred W Blake Address: 358 Triplett Rd Zip: 27013
Applicant Email: fred.blheating@gmail.com Phone: 704 873 0930 Alt. Phone: 704 902 8643
Owner Name: Fred W Blake Address: _____ Zip: _____
Owner Email: _____ Phone: 704 873 0930 Alt. Phone: _____

Property Information:

Street Address: 358 Triplett Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

( ) 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: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: HVAC
Square Footage of Building: 5000 Storage Max. Number of Employees: 18 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1969
(X) 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: Fred W Blake 5/21/2021
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*) Fred W Blake

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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

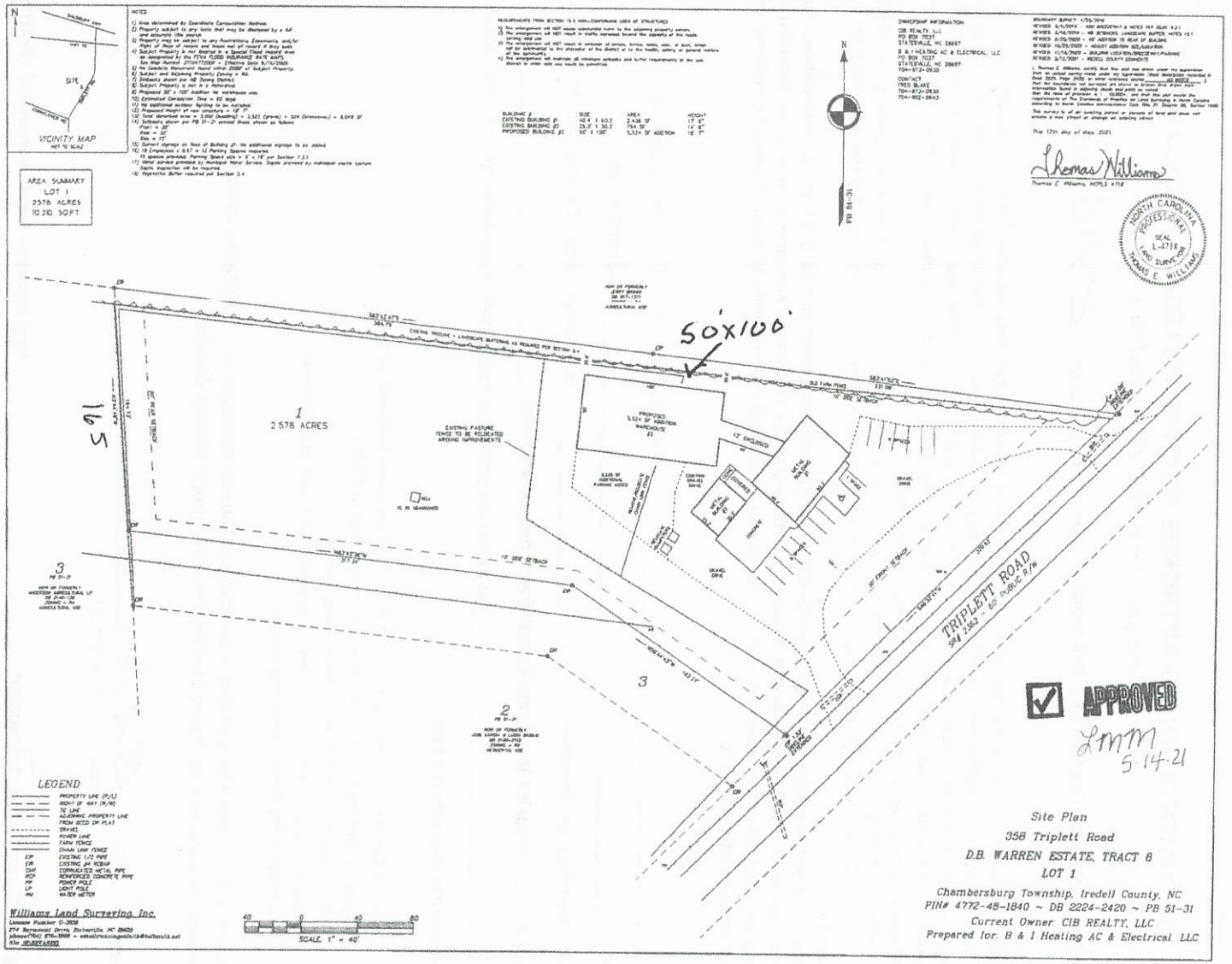
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

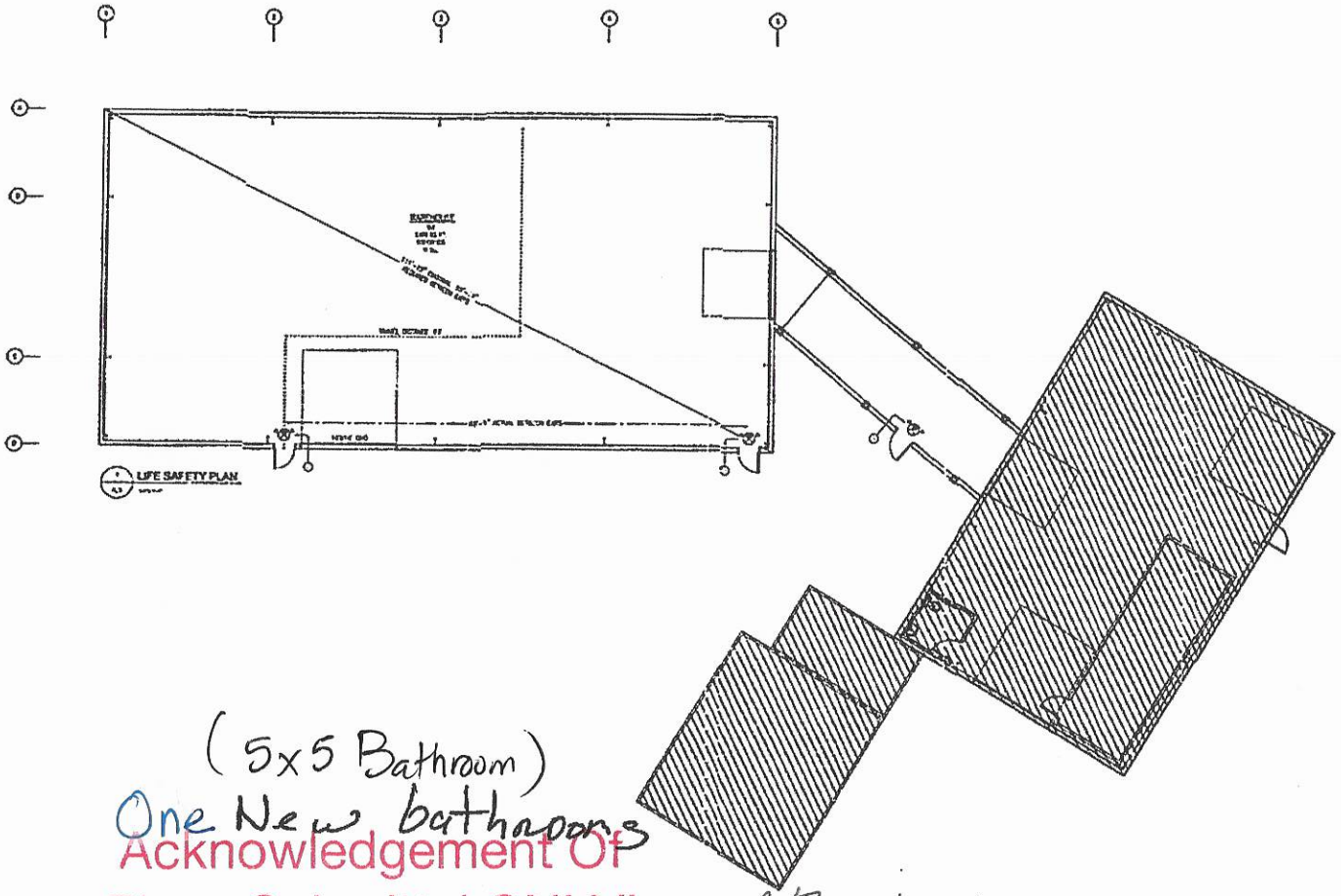
Fred W Blake
Signature of Owner(s)

5/21/2021
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


VICINITY MAP
NOT TO SCALE
SITE
AREA SUMMARY
LOT 1
2.578 ACRES
112,310 SQFT
NOTES:
1) Area determined By Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Restrictions, Easements, and/or Right of Ways of records and those not of record if they exist.
4) Subject Property is not located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710417700F + Effective Date 8/16/2006
5) No Geodetic Monument found within 2000' of Subject Property.
6) Subject and Adjoining Property Zoning = RA.
7) Setbacks shown per NO Zoning District.
8) Subject Property is not in a Watershed.
9) Proposed 30' x 100' Addition to warehouse use.
10) Estimated Completion Time = 90 days
11) No additional outdoor lighting to be installed.
12) Proposed Height of new structure = 18' 7"
13) Total demolished area = 1,080 (building) + 2,521 (gravel) + 324 (impervious) = 3,845 SF
14) Setbacks shown per PB 21-21 except those shown as follows:
Front = 50'
Rear = 20'
Side = 15'
15) Current signage on face of Building #1. No additional signage to be added.
16) 19 Employees x 0.67 = 13 Parking Spaces required.
15 spaces provided. Parking Space size = 9' x 18' per Section 7.3.1.
17) Water service provided by Municipal Water Service. Septic approved by individual onsite system. Septic inspection will be required.
18) Vegetative Buffer required per Section 5.4
REQUIREMENTS FROM SECTION 15.5 NON-CONFORMING USES OF STRUCTURES
1) The enlargement will NOT create substantial harm to the adjoining property owners.
2) The enlargement will NOT result in traffic increases beyond the capacity of the roads serving that use.
3) The enlargement will NOT result in extension of smoke, fumes, noise, odor, or dust, which will be detrimental to the character of the district or to the health, safety, or general welfare of the community.
4) The enlargement will maintain all minimum setbacks and buffer requirements of the use district in which use would be permitted.
BUILDING #: SIZE: AREA: HEIGHT:
EXISTING BUILDING #1: 48.4' x 60.3' 2,436 SF 17' 5"
EXISTING BUILDING #2: 25.2' x 30.3' 764 SF 14' 5"
PROPOSED BUILDING #3: 30' x 100' 3,324 SF ADDITION 18' 7"
OWNERSHIP INFORMATION
CIB REALTY LLC
PO BOX 7037
STATESVILLE, NC 28687
B & I HEATING AC & ELECTRICAL, LLC
PO BOX 7037
STATESVILLE, NC 28687
704-872-0930
CONTACT
FRED BLAKE
704-872-0930
704-902-8643
BOUNDARY SURVEY 4/30/2014
REVISED 5/9/2014 - ADD DRIVEWAY & NOTES PER CLNC 9.21
REVISED 5/14/2014 - ADD SETBACKS, LANDSCAPE BUFFER NOTES 15.1
REVISED 6/25/2020 - ADD ADDITION TO REAR OF BUILDING
REVISED 10/29/2020 - MINOR ADDITION ADD/ADJUSTION
REVISED 11/16/2020 - BUILDING LOCATION/DIRECTION CHANGE
REVISED 5/12/2021 - PARCEL BOUNDARY CORRECTION
I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Deed 2224, Page 2420) or other sources as noted hereon; that the boundaries not surveyed are shown as broken lines plotted from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21 Chapter 56, Section 1600.
This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.
This 12th day of May, 2021.
Thomas E. Williams, NCPLS #4718
NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS
PB 51-31
50'x100'
S 91
1
2.578 ACRES
EXISTING FIXTURE FENCE TO BE RELOCATED AROUND IMPROVEMENTS
PROPOSED 3,324 SF ADDITION WAREHOUSE #3
12' ENCLOSED
EXISTING BUILDING #1
EXISTING BUILDING #2
GRAVEL DRIVE
GRAVEL DRIVE
3
PB 21-21
2
PB 21-21
TRIPLETT ROAD
SR# 2363 - 60' PUBLIC R/W
30' FROM ℄ ROAD
APPROVED
5 14-21
LEGEND
PROPERTY LINE (P/L)
RIGHT OF WAY (R/W)
℄ LINE
ADJOINING PROPERTY LINE FROM DEED OR PLAT
DRIVEWAY
POWER LINE
FARM FENCE
CHAIN LINK FENCE
EIP EXISTING I.P. PIPE
EIR EXISTING IR REBAR
CMP CORRUGATED METAL PIPE
RCP REINFORCED CONCRETE PIPE
PP POWER POLE
LP LIGHT POLE
WM WATER METER
Williams Land Surveying, Inc.
License Number C-3938
274 Barnwood Drive, Statesville, NC 28625
(Phone)(704) 876-3988 ~ wlandsurveying@bellsouth.net
Site Plan
358 Triplett Road
D.B. WARREN ESTATE, TRACT 8
LOT 1
Chambersburg Township, Iredell County, NC
PIN# 4772-48-1840 ~ DB 2224-2420 ~ PB 51-31
Current Owner: CIB REALTY, LLC
Prepared for: B & I Heating AC & Electrical, LLC
SCALE: 1" = 40'



(5x5 Bathroom)

One New bathroom

Acknowledgement Of

Plans Submittal ONLY!

Date

Jay Alford

Date

LR Wooten Building Co.

7/27/21

LIFE SAFETY NOTES

LIFE SAFETY LEGEND

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317891 Issue Date: 05/14/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4772481840.000	358 TRIPLETT RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: CIB REALTY LLC	Name: Fred W. Blake
Address: P O BOX 7037	Address: 128 Cyprus Lane
STATESVILLE, NC 28687	Statesville, NC 28677
Phone:	Phone: (704)873-0930

Use Requested	Zone Code
COMMERCIAL ADDITION	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.577	30	20	10	10	N/A	NO

Remarks
5, 524 sq. ft. Addition, Warehouse & attached Breezeway
Expansion of a Non-Conformity. Existing NB use in RA district.

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: 05/14/2021

Permit Number	317891	TOTAL FEES:	$77.25

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

NEILL PARDUE

Well Contractor Name (or well owner personally abandoning well on his/her property)

2609A

NC Well Contractor Certification Number

AIR DRILLING INC

Company Name

2. Well Construction Permit #: 317891

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	■Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 7-22-2021

5a. Well location:

B&I HEATING

Facility/Owner Name — Facility ID# (if applicable)

358 TRIPLETT RD,CLEVELAND,N.C. 27013

Physical Address, City, and Zip

IREDELL — County

4772481840 — Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (If well field, one lat/long is sufficient)

35° 44.236 N 80° 46.214 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

6a. Well ID#:

6b. Total well depth: 95 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: (ft.)

6e. Outer casing length (if known): (ft.)

6f. Inner casing/tubing length (if known): (ft.)

6g. Screen length (if known): (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned:

7b. Approximate volume of water remaining in well(s): (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: BENTONITE CHIPS

7d. Amount of disinfectant used: 150 LB POURED

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	■ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

150 LB

7g. Provide a brief description of the abandonment procedure:

8. Certification:

Neill Pardue — Signature of Certified Well Contractor or Well Owner

7-22-2021 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

**Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617**

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following

**Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636**

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.