IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232248

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

PIN # 4853202444

APPLICANT/OWNER: Timothy Gunter
APPLICANT ADDRESS: PO Box 188 Union Grove, NC 28634
SITE ADDRESS: 1707 West Memorial Hwy. Harmony, NC 28634
PHONE: 704-902-9229 ALT. PHONE —
SITE DIRECTIONS: NC 901 N → lot on L
SAP CONTROLLED: ☐ YES ☑ NO
SUBDIVISION: —
SECTION: — LOT # — LOT AREA: 1.725 ac
DESIGN FLOW: 100gpd L.T.A.R.: .2 (.1 repair)

Septic Tank 1000 (gal) STB 760 Date 6/16.
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 3 Linear Ft 125'
Trench Width 36" Trench Bottom Depth(Low side) 33"/36" highside Gravel Depth —

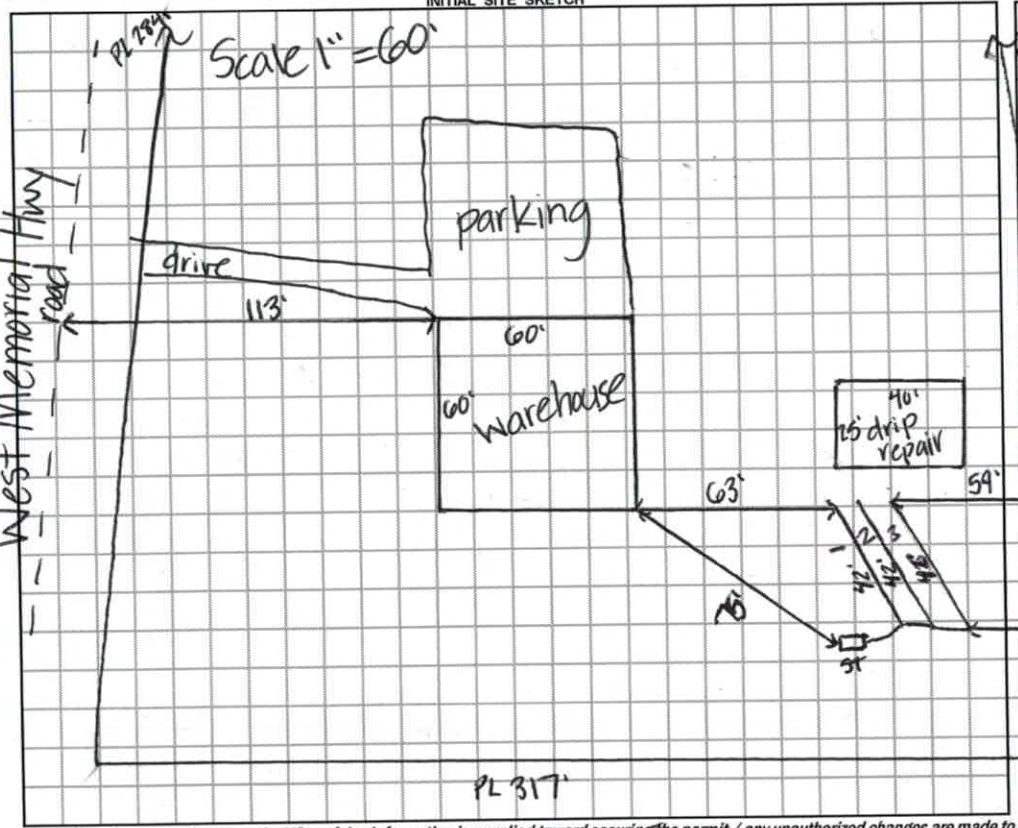
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% reduction
Repair System Description: drip
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms —
☑ Business No. Persons —
☐ Other No. Employees 4
☑ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

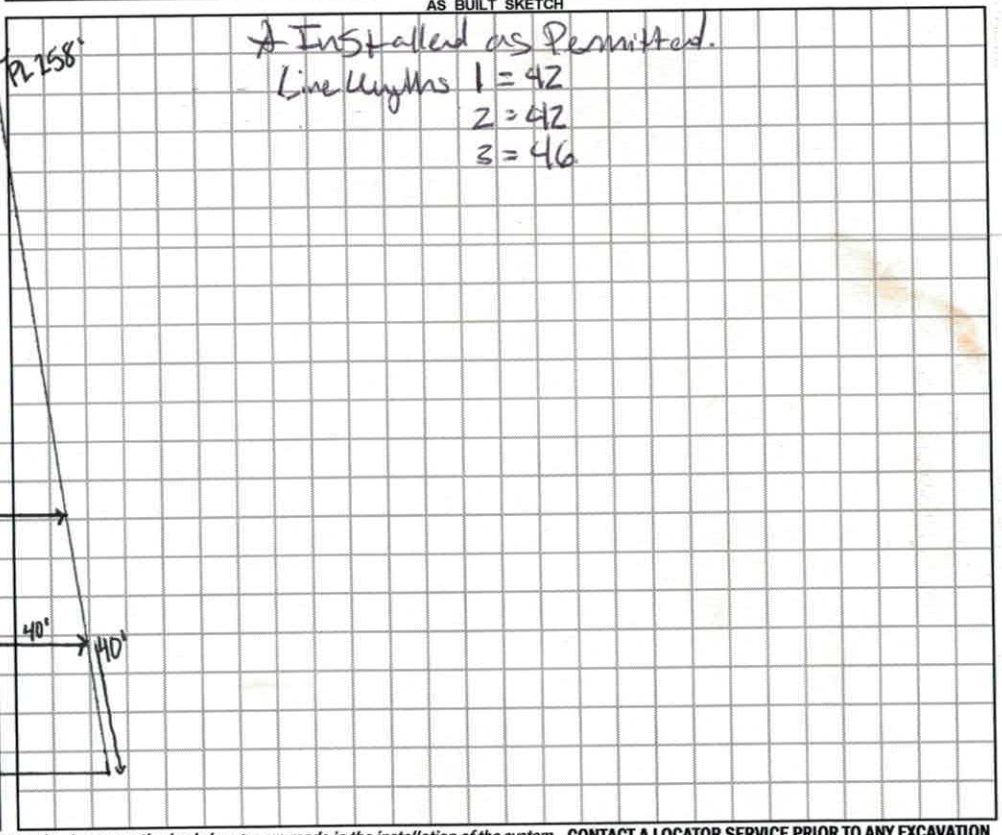
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

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: Crystal Reed Date: —
IMPROVEMENT PERMIT by: Krista Wilson Date: 1-5-18
AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 3/23/2018.

Installed by: Gunter Grading
OPERATION PERMIT by: Benjamin A Bottoms Date: 9/6/18
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.

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

Sheet 1 of 1
PROPERTY ID #: 4853702444
COUNTY: Iredell

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

OWNER: Timothy Gurley
ADDRESS: 1707 West Memorial Hwy
PROPOSED FACILITY: business
PROPOSED DESIGN FLOW (.1949): 1000gpd
LOCATION OF SITE: 901 N → lot on L

APPLICATION DATE: 11-22-17
DATE EVALUATED: 12-28-17
PROPERTY SIZE: 1.725ac
PROPERTY RECORDED: yes

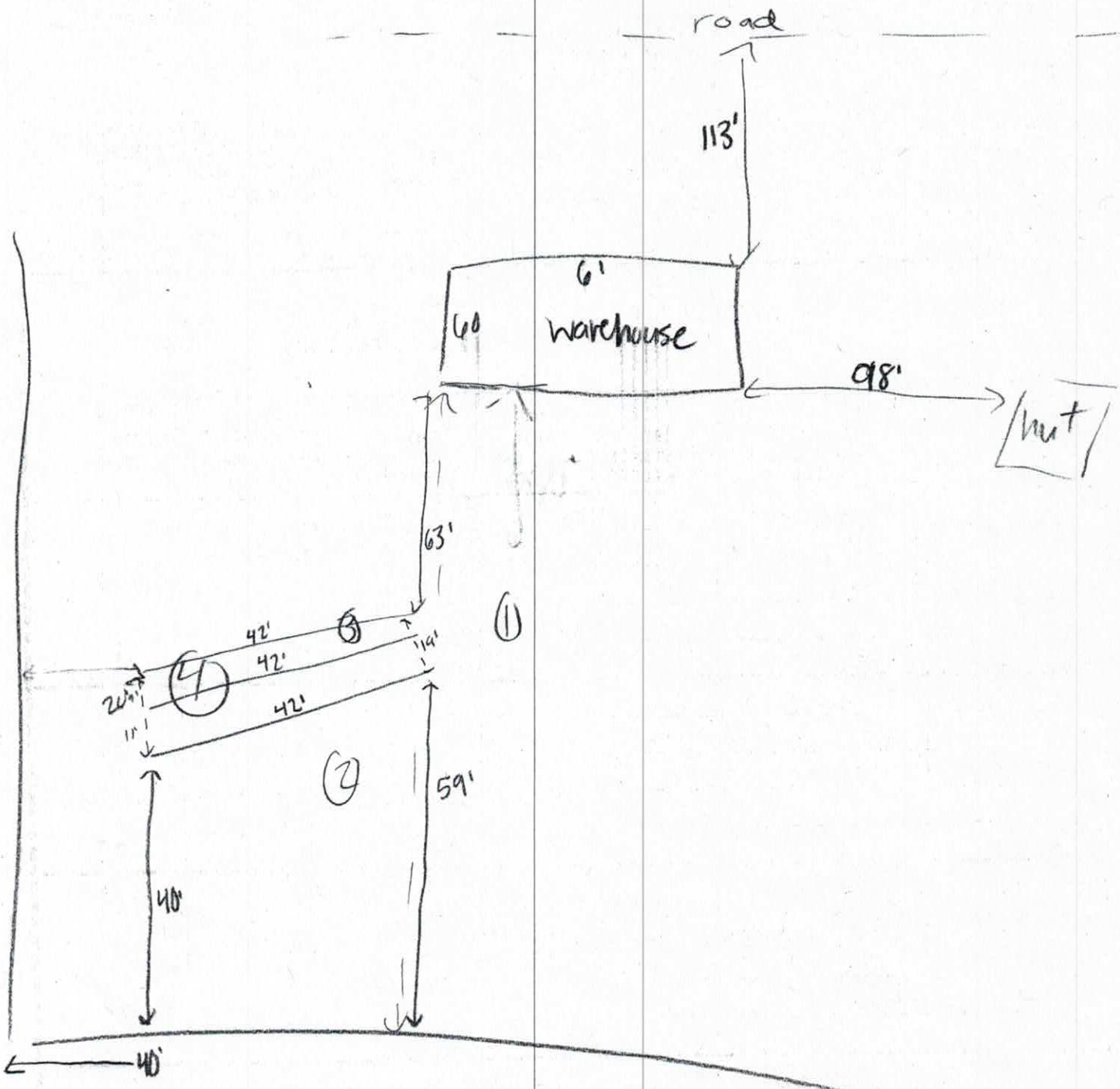
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5% LS	0-9	WSBK SCL	Fr,SS,SP,SEXP	9-23 few-c yellow brown mottles; 23-48 many " "; 24-48 few chroma 2 2.5YG 6/2 23		32-48 com RC SAPric		(drip) .1
		9-23	ABK C	Fr,S,P,SEXP					
		23-32	platy C	Fr,S,P					
		32-48	RC C	VFi					
2	5% ES	0-11	WSBK SCL	Fi,SS,SP,SEXP	11-36 few-com yellow brown mottles	49	36-49 many RC SAPric		PS .2
		11-36	ABK C	Fr,S,P,SEXP					
		36-49	ABK C w/CL	Fi,S,P,SEXP					
3	8% LS	0-12	WSBK SCL	Fr,SS,SP,SEXP	12-57 few yellow brown mottles	57	33-57 few-com RC SAPric		PS .2
		12-33	ABK C	Fr,S,P,SEXP					
		33-57	WABK CL	Fi,S,P,SEXP					
4	6% LS	0-14	compacted	—	14-35 few yellow brown mottles; 35-58 few yellow brown mottles	58	—		PS .2
		14-35	ABK C	Fr,S,P,SEXP					
		35-58	WABK CL	Fi,S,P,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.2	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


road
113'
6'
60
warehouse
98'
hut
63'
42'
42'
42'
114'
20'
11'
1
2
3
4
59'
40'
40'

232248

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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.

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: Timothy Gunter Address: PO Box 188 Union Grove, NC Zip: 28689
Applicant Email: Chub527@yahoo.com Phone: 704-902-9229 Alt. Phone: _____
Owner Name: Timothy Gunter Address: PO Box 188 Union Grove, NC Zip: 28689
Owner Email: Chub527@yahoo.com Phone: 704-902-9229 Alt. Phone: _____

Property Information: 1707
Street Address: West memonal HWY
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: 4
( ) Swimming Pool
(✓) Other Addition/Structure: Work House
Non-Residential Site Development: Type of Business: Contractors facility / warehouse
Square Footage of Building: 3600 Max. Number of Employees: 4 Max. Number of Seats/Beds/Other: N/A

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

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 County

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 (✓) 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: _____ 11-22-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

AUTHORIZATION OF OWNER'S LEGAL REPRESENTATIVE

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.

I, Tim Gunter, am the legal owner(s) of the property located at West Memorial Hwy, identified as PIN (Parcel Identification Number) 4853202444.000, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	11-22-17	Crystal Reed	11/22/17

Please return this signed form to the appropriate office:

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 HEALTH DEPARTMENT

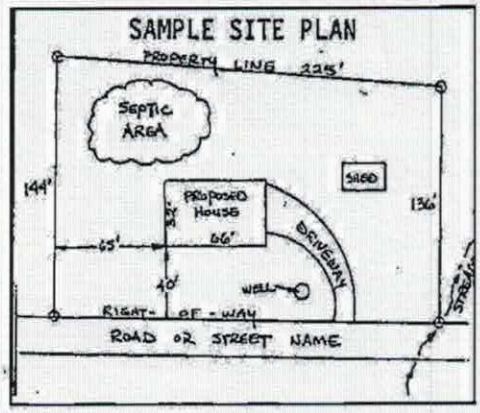
ENVIRONMENTAL HEALTH DIVISION

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:

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

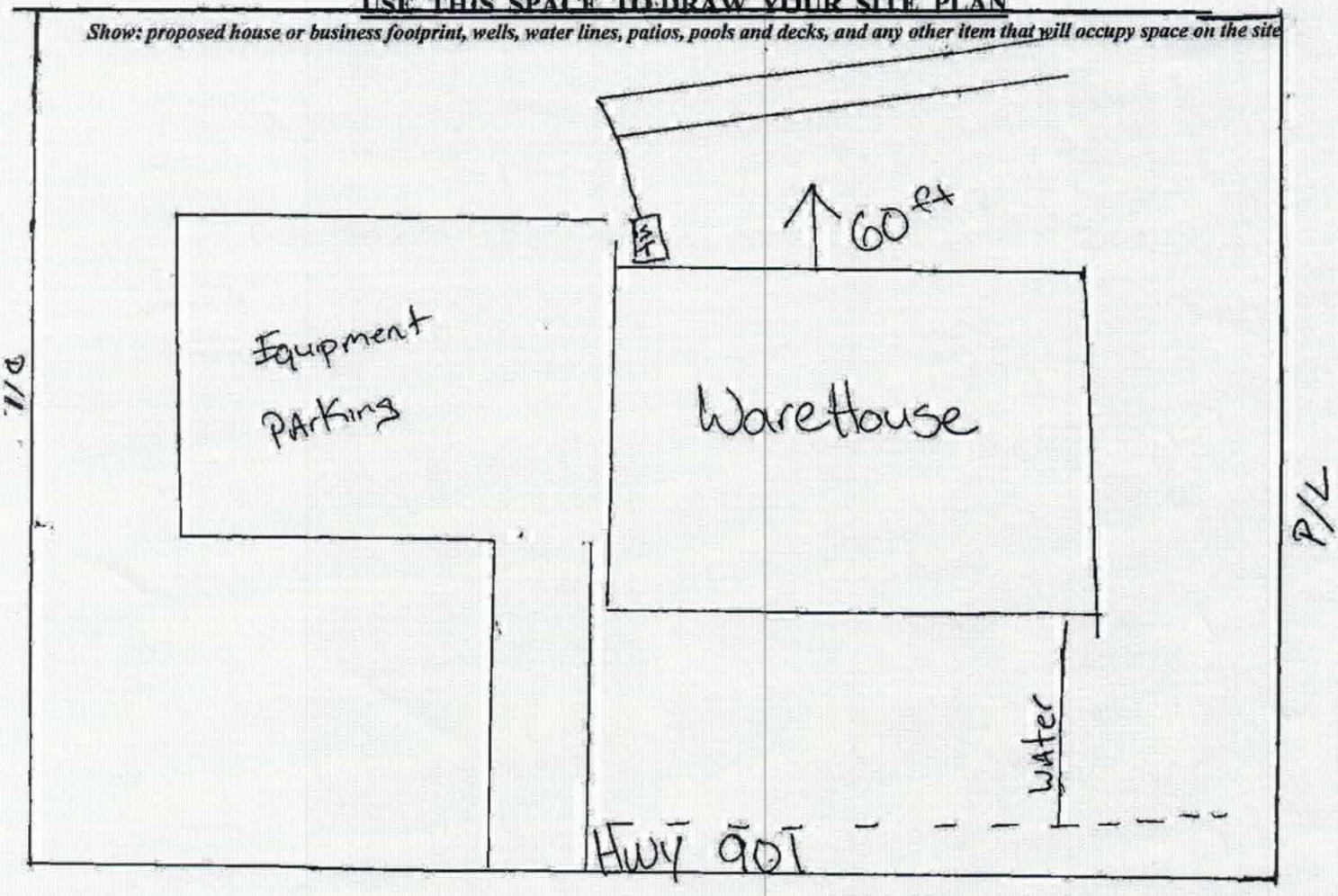


Circle N/A on the following if appropriate:

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

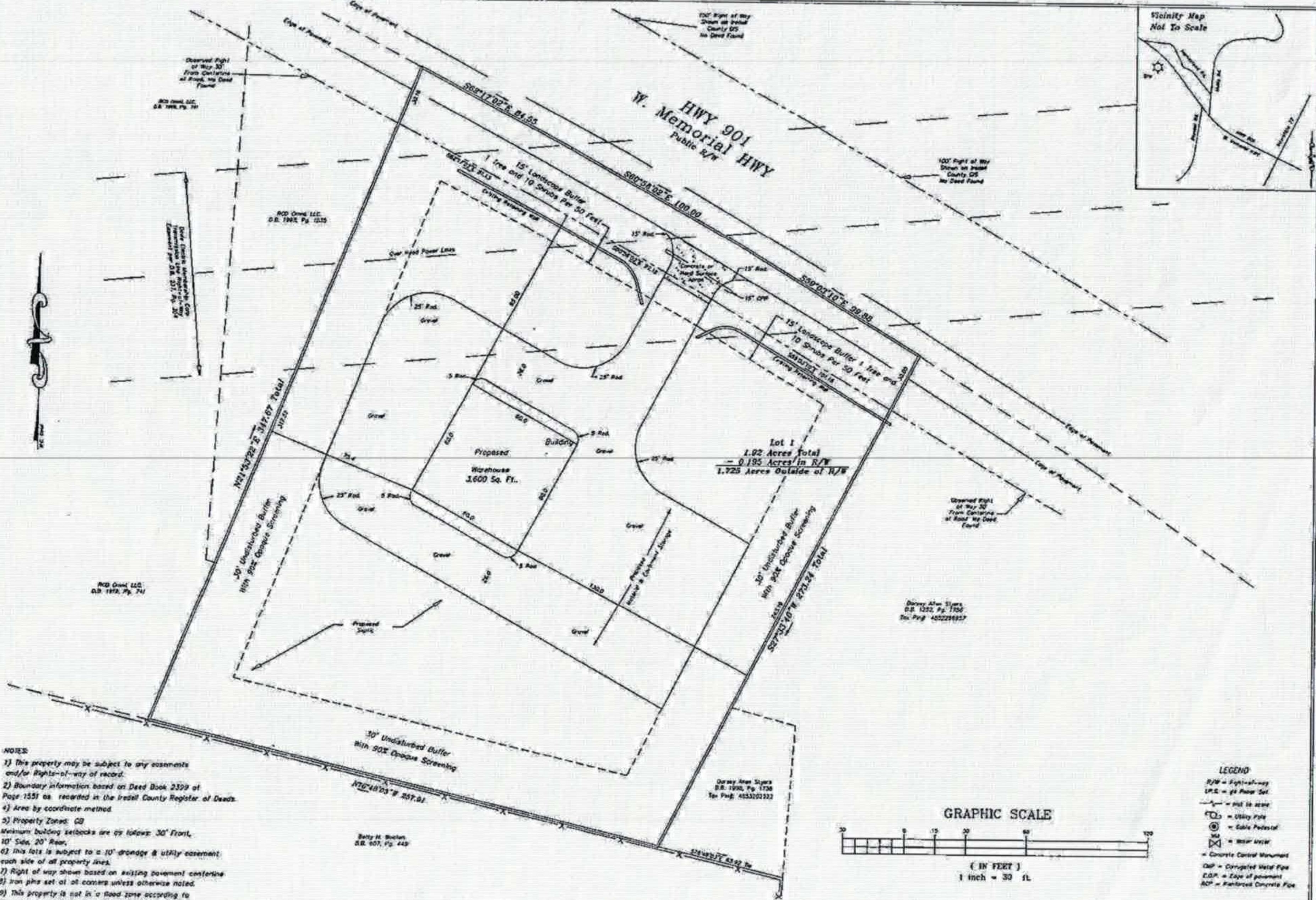


Signature: _____

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

11-22-17

DATE



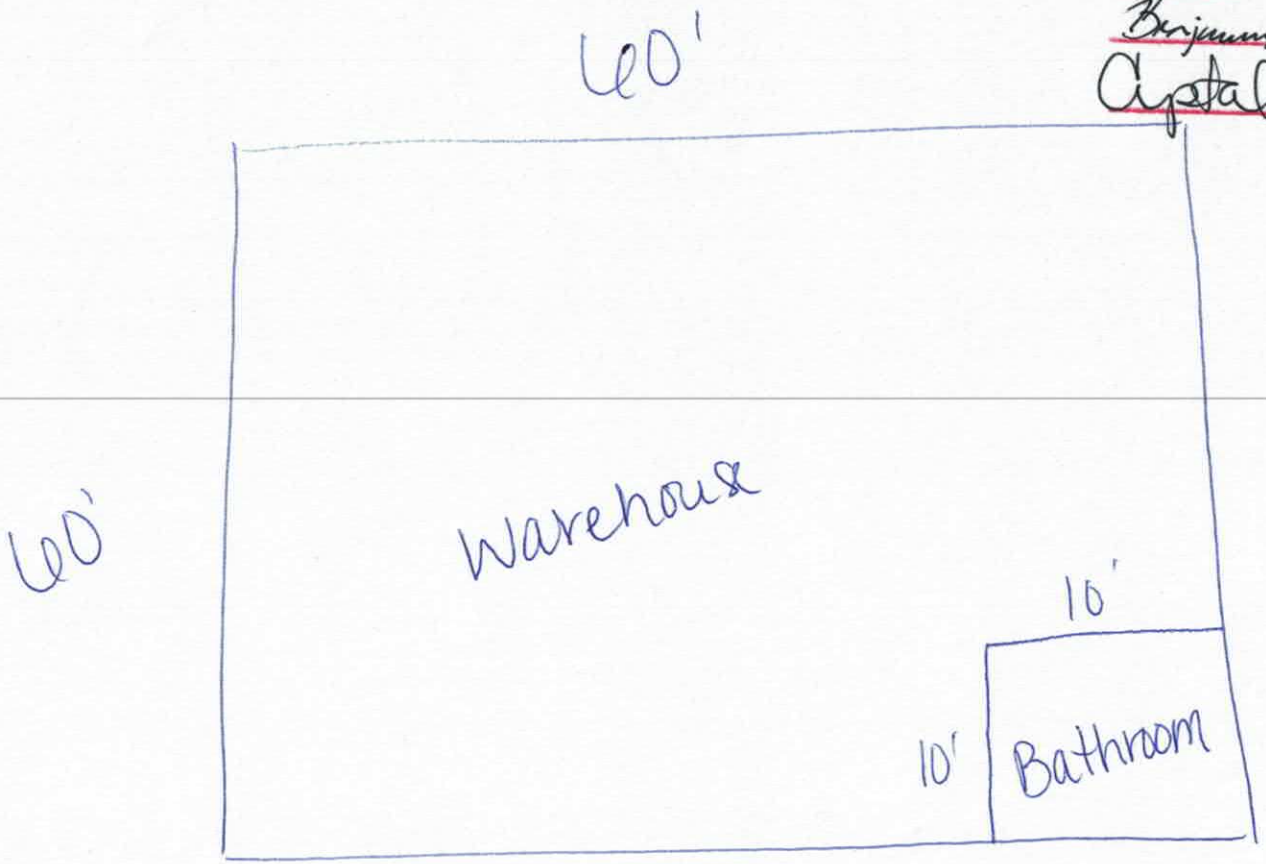
NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Boundary information based on Deed Book 2399 at Page 1551 as recorded in the Iredell County Register of Deeds.
4) Area by coordinate method.
5) Property Zoned: GB
Minimum building setbacks are as follows: 30' Front, 10' Side, 20' Rear.
6) This lots is subject to a 10' drainage & utility easement each side of all property lines.
7) Right of way shown based on existing pavement centerline.
8) Iron pins set at all corners unless otherwise noted.
9) This property is not in a flood zone according to Flood Insurance Rate Map: North Carolina, Iredell County, Map Number 3710485300J; Dated March 18, 2008.
10) 1.92 Acres Total
11) This site is for Gunter Grading Company, LLC; it is a grading company.
12) The proposed building will be 3,600 Sq. Ft., with no office space.
13) The building Height will be: 19'
14) There will be no outside lighting installed at this time.
15) This property will be serve by Iredell County Water and a private septic system.
16) 25,000 Sq.Ft. of Proposed disturbed area.
17) No parking spaces are required for this building.

Site Plan For Gunter Grading Company, LLC. Union Grove Township, Iredell County, N.C.		Date of Survey: 7-28-2015
		Date of Map: 12-17-2017
		Scale: 1" = 30'
		Drawn By: LDS
		Job Number: 2015-152SITE
Owner/Developer: Gunter Grading Company, LLC Attn: Chub Gunter 173 Reavis Road Harmony N.C. 28634	Tax Pin No.: 4853202444	Land Surveyor: Schambock Surveying, P.A. P.O. Box 4143 Mooresville, N.C. 28117 Phone: (704) 622-9915 C-3218

1707 W Memorial Hwy Harmony, NC 28634

Acknowledgement Of
Plans Submittal ONLY!
Benjamin A Bolton Date 3/23/2018.
Crystal Reed Date 3/23/18



IREDELL COUNTY

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

APPLICATION NUMBER
232248
Issue Date: 12/19/2017

ZONING PERMIT

Commercial

Parcel Number	Street Address	Jurisdiction
4853202444.000	1707 MEMORIAL HIGHWAY, HARMONY, NC 28634	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GUNTER TIMOTHY S	Applicant: GUNTER TIMOTHY S
Address: 164 REAVIS RD HARMONY, NC 28634	Address: 164 REAVIS RD HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
GUNTER GRADING COMPANY BUILDING	GB

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.725	30.00	30.00	30.00	30.00	NOT	X

Remarks:

ALL PARKING AND LANDSCAPING MUST BE INSTALLED BEFORE THE CO CAN BE APPROVED; ANY CHANGES TO THE SITE PLAN AFTER APPROVAL MUST BE RE-SUBMITTED FOR REVIEW; AN APPROVED DRIVEWAY PERMIT MUST BE RECEIVED BEFORE A BUILDING PERMIT 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.

Applicant: _____ Date: _____

Permit Number	123821	TOTAL FEES:	$ 177.25