IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212699

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

PIN # 4861699998 99

APPLICANT: Ronnie D. Taylor APPLICANT ADDRESS: 299 Pisgah Church Rd Statesville NC 28625

SITE ADDRESS: 830 W. Memorial Hwy Harmony NC PHONE: 704-902-0053 ALT. PHONE: N/A

SITE DIRECTIONS: 77 N T/R 901 Left on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5ac DESIGN FLOW: 300 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 780 Date 5/17

Pump Tank 1000 (gal) PT 363 Date 4/26

Pump Make ZIEHLER Model N157 Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 300

Trench Width 36" Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: [ ] YES [X] NO [ ] GRAVITY [X] PRESSURE

[ ] Residence No. Bedrooms

[X] Business No. Persons

[ ] Other No. Employees 10

[X] Slab [ ] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install 25% reduction on Contour with Pressure distribution * maintain 36" TD on high side *

1000 sqft sales flo

569.44' P/L

INITIAL SITE SKETCH

AS BUILT SKETCH

1" = 60

P/L (486.72')

PARKING AREA

80'

DRIVE 20'

Building

150'

Concrete PAD

Gravel

65'

25% Repair Area

60'

30'

45'

62'

40'

Grass

Parking

DRIVE

37'

26'

W. Memorial Hwy P/L

(311.24') P/L

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.

[X] IMPROVEMENT PERMIT with site plan valid for 60 mos.

[X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo

Owner / Applicant Signature: Date: 04/26/16 Installed by: Guenga's Grading

IMPROVEMENT PERMIT by: Date: 04/25/16 OPERATION PERMIT by: Benjamin A. Bottoms Date: 5/10/17

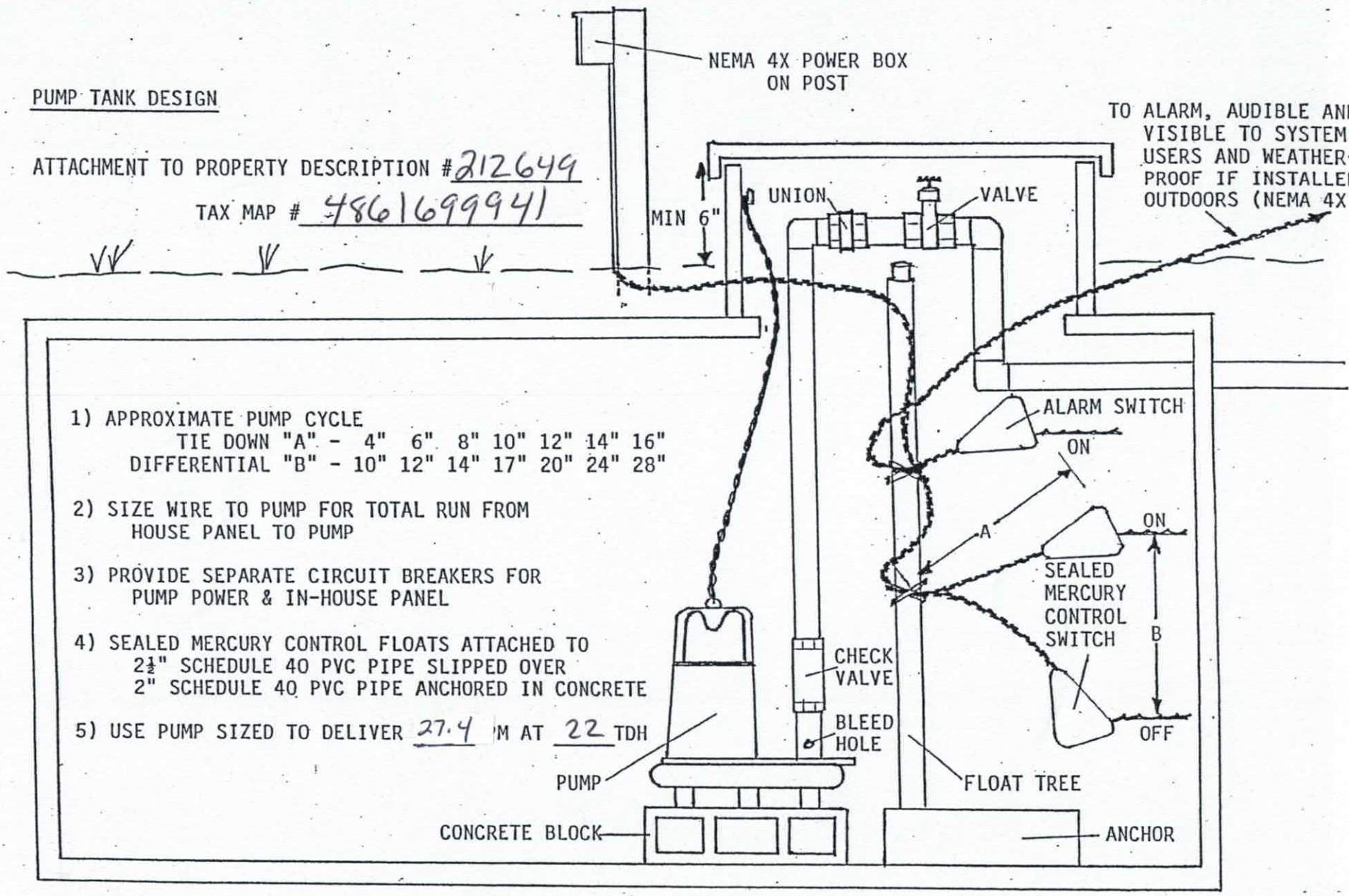
AUTHORIZATION TO CONSTRUCT by: Date: 04/25/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 212649

TAX MAP # 4861699941



1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

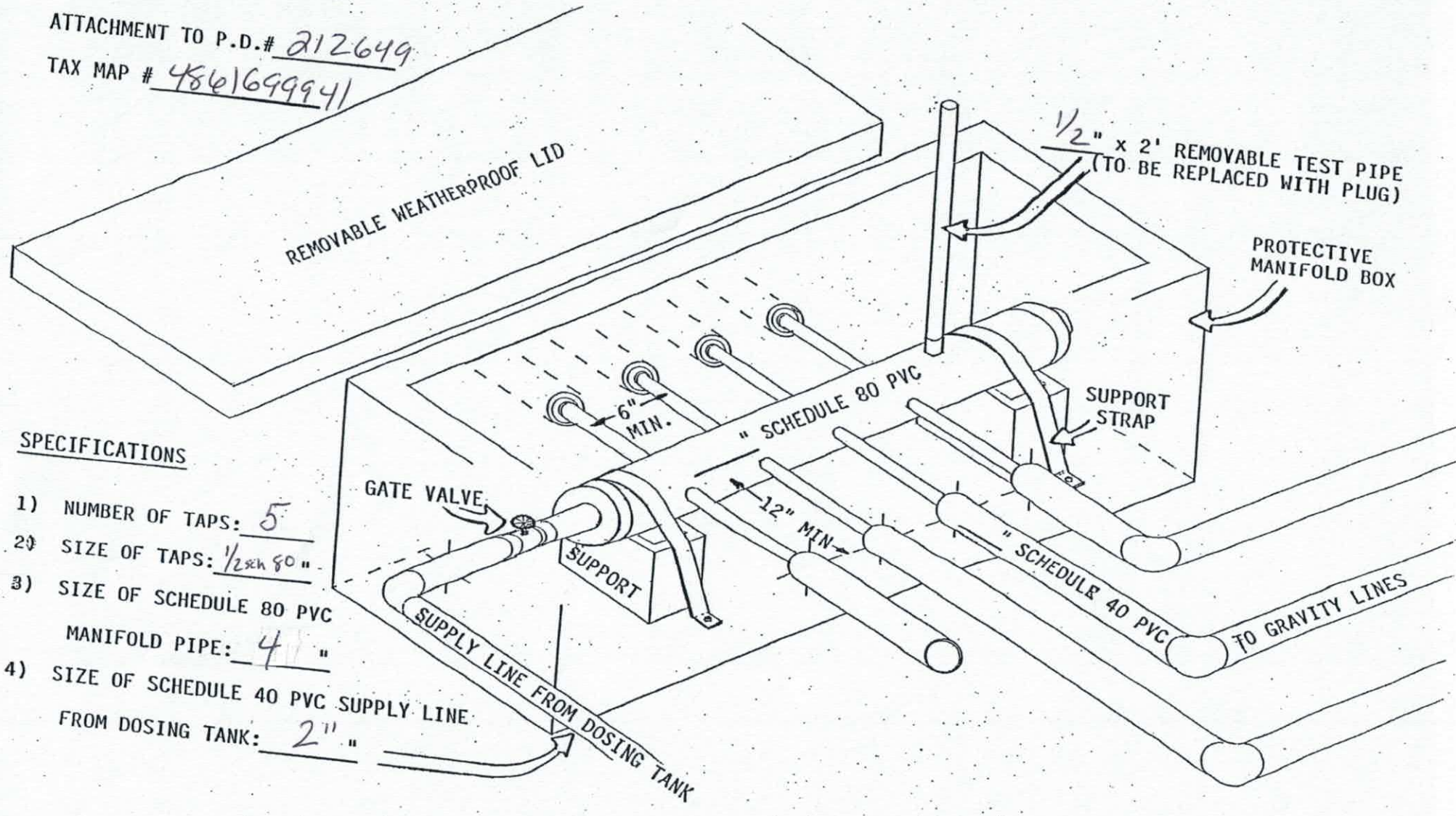
5) USE PUMP SIZED TO DELIVER 27.4 M AT 22 TDH

Drawdown = 7"

PRESSURE MANIFOLD DESIGN

ATTACHMENT TO P.D.# 212649

TAX MAP # 486/69941



SPECIFICATIONS

1) NUMBER OF TAPS: 5
2) SIZE OF TAPS: 1/2 sch 80 "
3) SIZE OF SCHEDULE 80 PVC MANIFOLD PIPE: 4 "
4) SIZE OF SCHEDULE 40 PVC SUPPLY LINE FROM DOSING TANK: 2" "

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

Sheet 1 of 1
PROPERTY ID #: 426 1699 4
COUNTY: Iredell

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

OWNER: Ronnie Taylor
ADDRESS: 830 W. Memorial Hwy
PROPOSED FACILITY: Business
PROPOSED DESIGN FLOW (.1949): 300
LOCATION OF SITE: 77N T/R 901 Lot on left
APPLICATION DATE: 08/04/15
DATE EVALUATED: 04/18/16
PROPERTY SIZE: 5ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
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	.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%	0-10	Gr SCL	fr SE	many yellow browns 10"-48" Chroma 2's 35"	PS	N/A	35"	PS w/cap 0.2
		10-28	ABK C	fi SE					
		28-48	WABK BC	fi/fr SE					
2	L 60%	0-12	Gr SCL	fr SE	many yellow browns 12-24"	PS	N/A	N/A	PS .25
		12-24	ABK C	fi SE					
		24-52	SBK C	fi/ SE					
3	L 13%	0-12	Gr SCL	fr SE	few yellow browns 12"-24"	PS	N/A	N/A	PS .25
		12-24	ABK C	fi SE					
		24-48	SBK C	fi SE					
4	L 9%	0-10	Gr SCL	fr SE	many yellow browns 10"-48" Chroma 2's @ 37"	PS	N/A	37"	PS w/cap 0.2
		10-26	ABK C	fi SE					
		26-48	WABK BC	fi/fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.25	.2

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

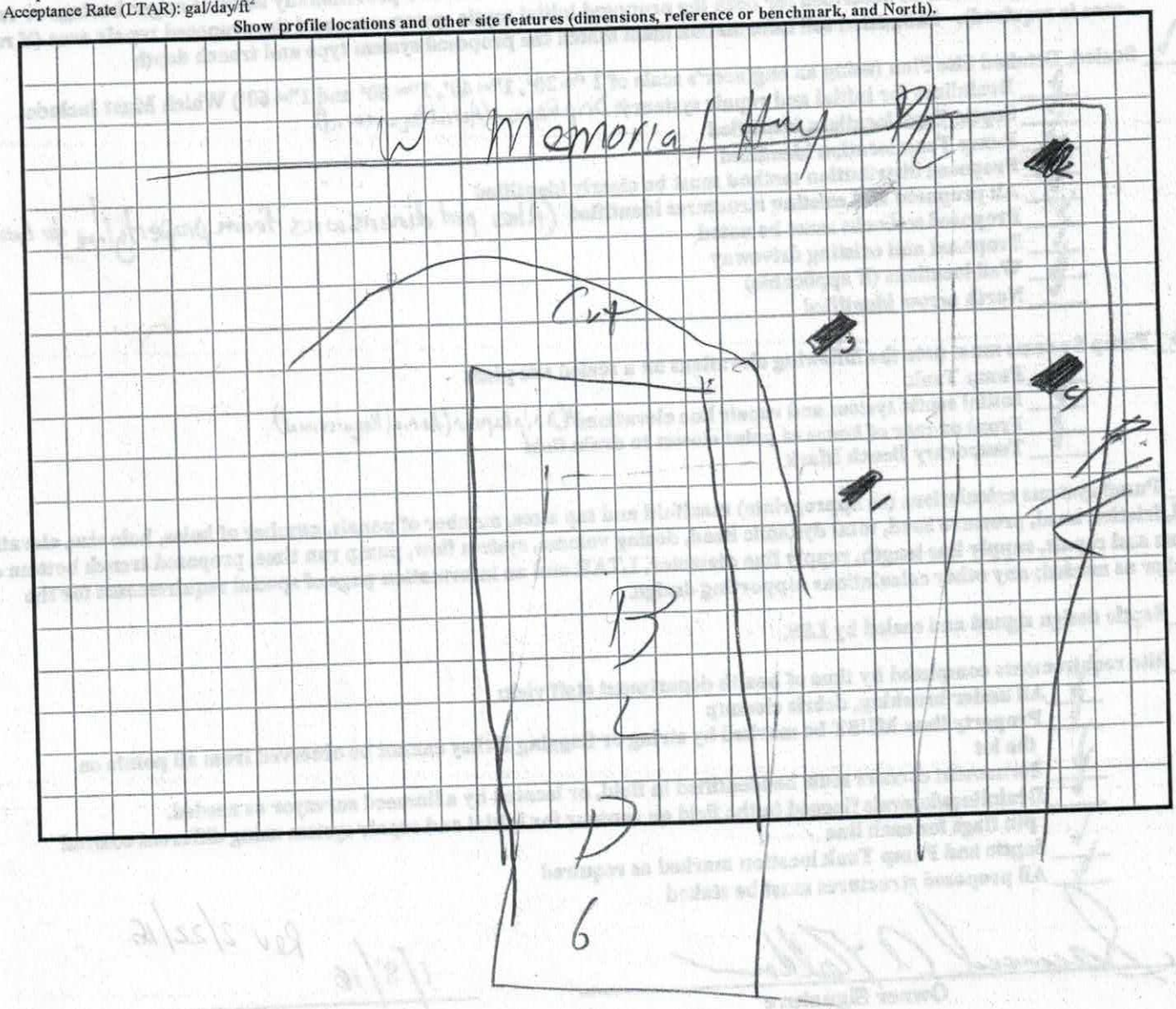
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Ronnie D. Taylor	297 Pisgah Church Rd. Statesville NC 28625		704-902-0053
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same as above			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
830 West Maupin / Hwy Harmony NC 28634		

Driving Directions: I-77 N to exit 65 turn East towards Harmony. 2 miles on left.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(●) Repair To Failing Septic System due to _____
( ) Other Commercial Buildings

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business: light Service and repair Retail Sales
Square Footage of Building: 12000
Maximum Number of Employees: 10
Maximum Number of Seats: ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Ronnie D Z — 08/04/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...

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

X Front and side setbacks from property line...

X Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed...

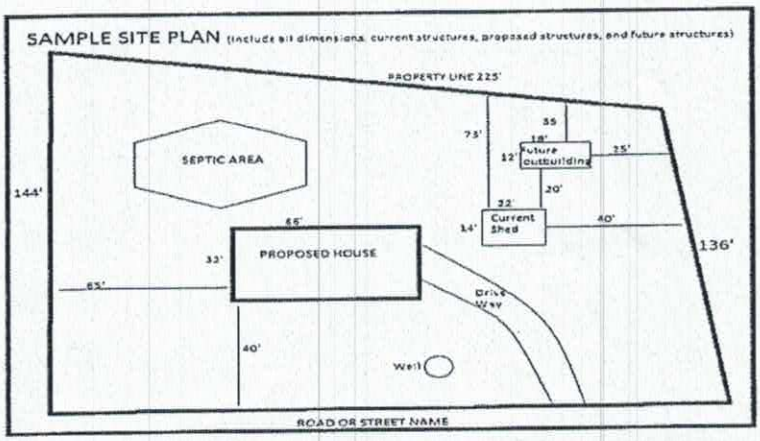
X North arrow, or other sufficient indicator of direction...

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

See att.

Signature: [signature] 08/07/05

REQUIRED property owner or owner's legal representative signature. DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 01/25/16
Date 01/25/16

PRELIM. ELECTRICAL PLAN

RONNIE TAYLOR
SPECIALTY REFIGERATION

HARMONY N.C.

SHEET E1

IREDELL COUNTY

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

APPLICATION NUMBER
212649
Issue Date: 08/07/2015

ZONING PERMIT

Commercial

Parcel Number	Street Address	Jurisdiction
4861699941.000	830 WEST MEMORIAL HIGHWAY, HARMONY, NC 28634	

Owner Information	Applicant Information
Owner: TAYLOR RONALD D+JAYNE G	Applicant: TAYLOR RONALD D+JAYNE
Address: 297 PISGAH CHURCH RD STATESVILLE, NC 28677	Address: 297 PISGAH CHURCH RD STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SPECIALTY REFRIGERATION OFFICES	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	30.00	30.00	10.00	30.00	BOWH	X

Remarks:

CONDITIONS PER BOC APPROVAL ARE: conditional per the submitted site plan and will be limited to Equipment Repair (Light) as well as Retail sales and service NOT classified elsewhere

$ PAID

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: See Attached Date: _____

Permit Number	45997	TOTAL FEES:	$ 177.25