ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-306569

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

PIN # 4892266902 - 2328

APPLICANT/OWNER: TINA GUNTER

APPLICANT ADDRESS: 2340 SANDY SPRINGS ROAD, MOCKSVILLE, N.C. 27028

SITE ADDRESS: 2328 SANDY SPRINGS ROAD, MOCKSVILLE, N.C. 27028

PHONE: 336-909-3232 ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (R) ON EAST HOUSTONVILLE, (R) ON REAVIS, (R) ON SANDYSPRINGS, LOT ON (L)

SAP CONTROLLED: ☐ YES ☐ NO EXT

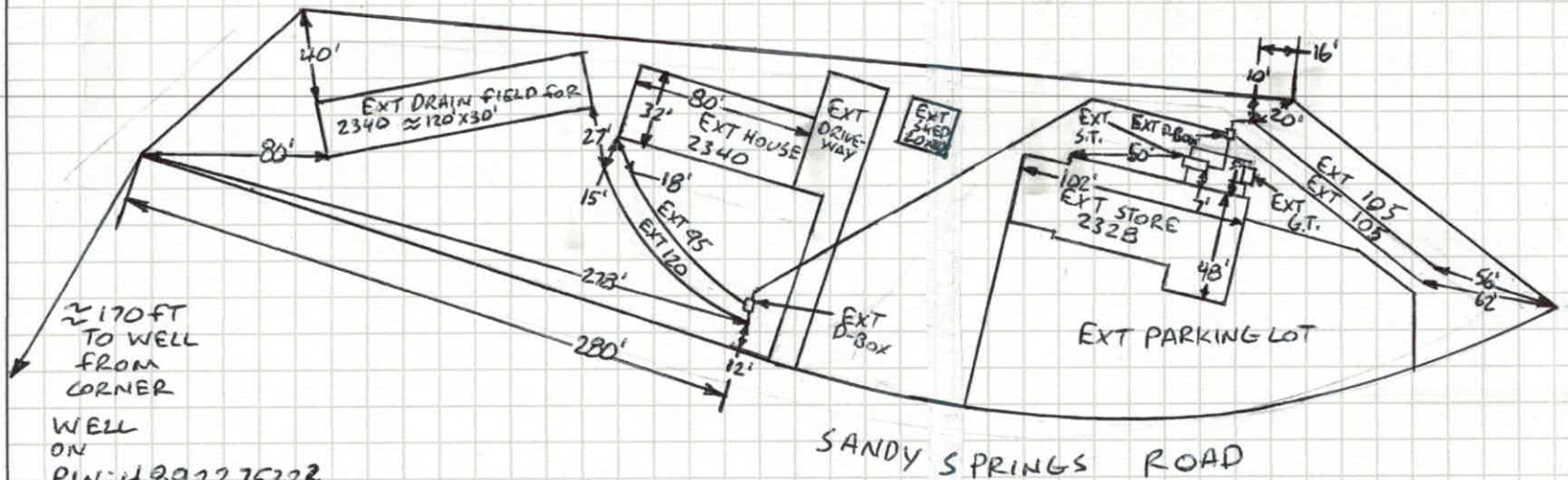
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.326 AC

DESIGN FLOW: 290 GPD L.T.A.R.: 0.25

Septic Tank	EXT (1000 gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☐ Residence	No. Bedrooms	—	Water Supply		
GREASE TRAP	1500 (gal)	PT	99	Date	10-15-93	System Description:	EXT CONVENTIONAL			☑ Business	NO. SEATS	6	☑ Private	EXT WELL	
Pump Make	—	Model	—	Serial #	—	Repair System Description:	EXT			☐ Other	No. Employees	2	☐ Public		
# Nitrification Fields	EXT (2)	# Lines	EXT (4)	Linear Ft	EXT (425)	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space		☐ Community		
Trench Width	EXT	Trench Bottom Depth (Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: THE PURPOSE OF THIS PERMIT IS FOR THE RE-PERMITTING OF A STORE/RESTAURANT. AT THE TIME OF INSPECTION SYSTEM APPEARS TO BE WORKING, RECOMMEND GRADING AROUND DRAINFIELD TO PROMOTE POSITIVE DRAINAGE

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC 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.

1 IN = 80 FT
EXT = EXISTING
S.T. = SEPTIC TANK
G.T. = GREASE TRAP
D.-BOX = DISTRIBUTION BOX

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: Tina Gunter Date: 5-23-2020 Installed by: —

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

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Burkett Guthrie Date: 5-21-2020

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

RECEIVED APR 1 3 2020

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* Paid $250.00 AP-306569

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Tina Gunter Address: 2328 Sandy Springs Ch. Rd Zip: 28634
Applicant Email: tgunter615@yahoo.com Phone: 336-909-3232 Alt. Phone:
Owner Name: Tina Gunter Address: 2328 Sandy Spings Ch Rd Zip: 28634
Owner Email: tgunter615@yahoo.com Phone: 3369093232 Alt. Phone:

Property Information:

Street Address: 2328 Sandy Springs Ch. Rd HARMONY, NC 28634

Subdivision Name: Section/Phase: Lot Number:

Driving Directions: HWY 21 N ~~to~~ make ~~to~~ right on Houstonville Rd then right on Reavis Ld property directly Across

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: Gas station w/ Grill
Square Footage of Building: 2060 Max. Number of Employees: 2 Max. Number of Seats/Beds/Other: 4

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

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.

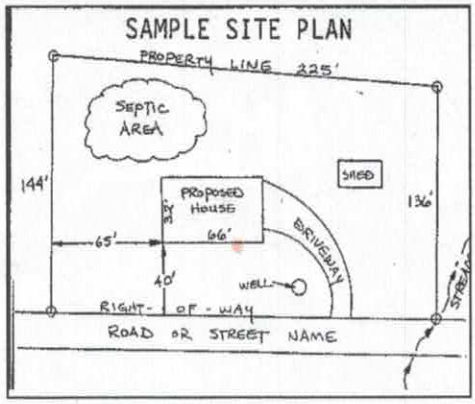
Signature: Tina Gunter 4-6-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See attached septic permit

Signature: Sina Cantrell

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

4-6-2020

DATE

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. 50364 DATE 2/21/94 TAX MAP NO. 17H-A-52 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR STEVE GUNTER PHONE: Business 546-7670 Home

ADDRESS RT. 6 BOX 194 MOCKSVILLE NC 27028

LOCATION US 21 N, TR HOUSTONVILLE RD, TR SANDY SPRINGS RD, ON (L) PAST DOBY RD

SUBDIVISION BLOCK / SECTION LOT LOT AREA LIMITED SITE CLASS. P3 DESIGN FLOW 160 + GROCERY L.T.A.R. 10.25 GPD/FT²

GREASE TRAP 1000 Gallons; STB 99 Date 10/15/93

Pump Tank: (1500) Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 2 Square Feet 645' Linear Feet 215'

No Lines 2 Trench Width 36" Max Trench Bottom Depth 18-36' Gravel Depth 12"

☐ New System ☑ Repair System Type I II III IV V VI

System Description: CONV. GRAVITY

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☑ Other GRILL W/ 4 SEATS

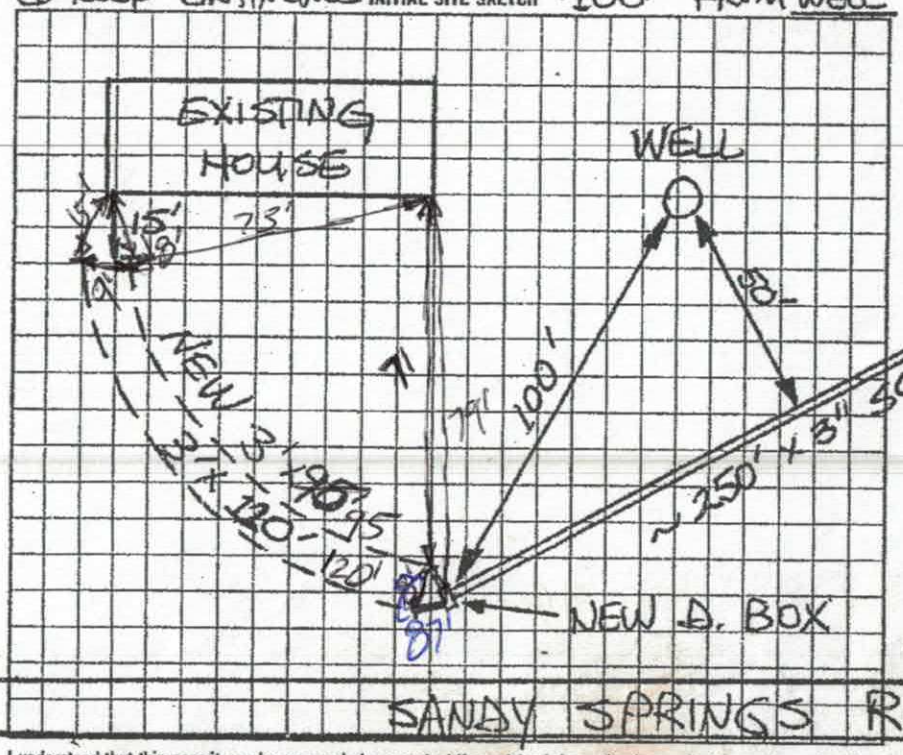
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

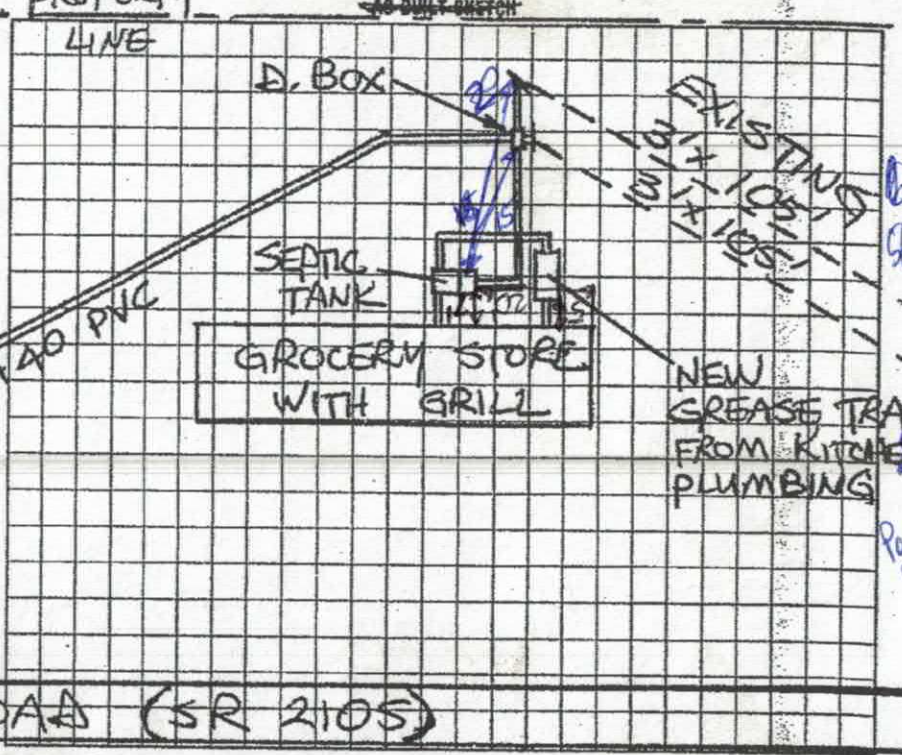
Comments: ① INSTALL NEW 1000 GAL GREASE TRAP AND TIE INTO EXISTING SEPTIC TANK. ② INSTALL NEW LINES AS SHOWN CONNECTED TO EXISTING D. BOX BY 3"x250' SCH 40 PVC ③ KEEP SEWER LINE 50' FROM WELL ④ KEEP DRAIN LINES 100' FROM WELL

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



SANDY SPRINGS ROAD (SR 2105)

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 Steve Gunter

Improvement Permit by: STEVE HEDRICK date 2/21/94

Existing System Inspection by: date

Installed by: TOMMY FRYE

Certificate of Completion by: STEVE HEDRICK date 3/7/94

Operation Permit by: date

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

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 Steve Gunter DATE 8-4-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony - To Statesville - TR on SR 2115 - Cross Hill Church TR on SR 2114 G-Hand Rd. Store Bldg on right side of S. R. No. 2104

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

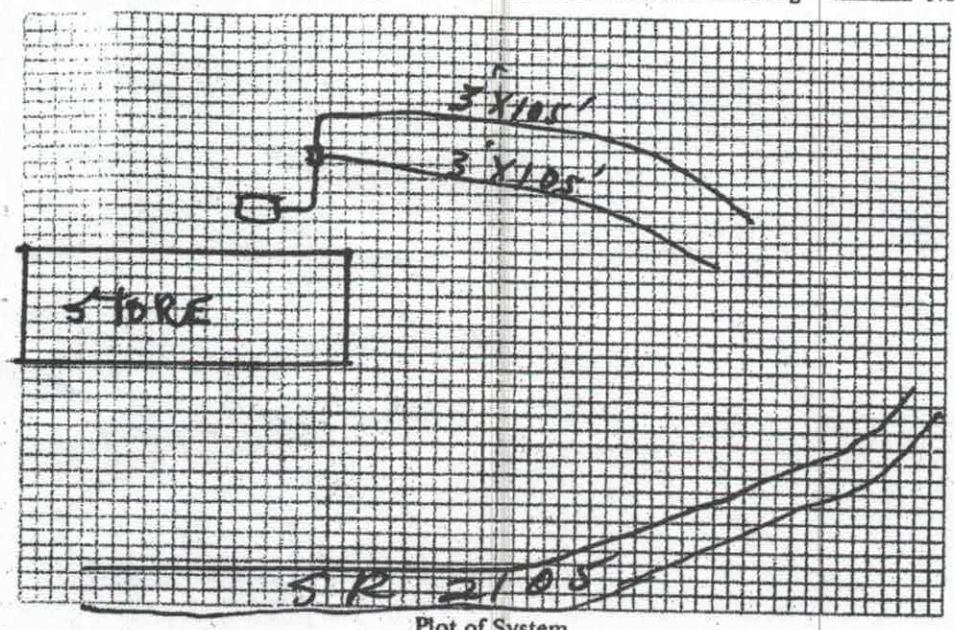
House ( ) Mobile Home ( ) Business (✓) ~~Other~~ Store

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 _____

Character & Porosity of ~~Soil~~ Cecil - Prod. Suitable
Percolation Rate 5 36-5 Hour
Topography 2 to 6% slope
Depth to Water Table 40+
Rock or other impervious formations Scattered

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 630 Linear Ft. 210
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Strand Bros.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd DATE _____

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 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*) Tina Custer

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, Tina _____, 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.

Tina Custer _____ 4-6-2020
Signature of Owner(s) 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