



## E. AUTHORIZATION AND CONSENT SECTION

(I/We), being the property owner(s) or heir(s) of the subject property referenced on the **Gaston County Rezoning Application** and having authorization/interest of property parcel(s) 520 Summerwood Rd, Stanley NC hereby give Jayne Infanzon (Name of Applicant) consent to execute this proposed action.

  
(Signature)

7/11/25  
(Date)

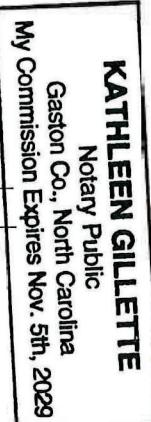
(Signature)

(Date)

I, Kathleen Gillette, a Notary Public of the County of Gaston State of North Carolina, hereby certify that Jayne Infanzon personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and notarial seal, this the 11 day of July, 2025.

  
Notary Public Signature

11-5-2029  
Commission Expiration



(I/We), also agree to grant permission to allow employees of Gaston County to enter the subject property during reasonable hours for the purpose of making **Zoning Review**.

Please be advised that an approved general rezoning does not guarantee that the property will support an on site wastewater disposal system (septic tank). Though a soil analysis is not required prior to a general rezoning submittal and/or approval, the applicant understands a chance exists that the soils may not accommodate an on site wastewater disposal system thus adversely limiting development choices/uses unless public utilities are accessible.

If the application is not fully completed, this will cause rejection or delayed review of the application. In addition, please return the completed application to the Planning and Development Services Department within the County Administrative Building located at 128 West Main Avenue, Gastonia, NC 28052.

## APPLICATION CERTIFICATION

*(I, We), the undersigned being the property owner/authorized representative, hereby certify that the information submitted on the subject application and any applicable documents is true and accurate.*

Signature of Property Owner or Authorized Representative

Date

*Note: Approval of this request does not constitute a zoning permit. All requirements must be met within the UDO.*

**OFFICE USE ONLY**

**OFFICE USE ONLY**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_ Fee: \_\_\_\_\_

Received by Member of Staff: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
(Initials)

COPY OF PLOT PLAN OR AREA MAP  
 NOTARIZED AUTHORIZATION

COPY OF DEED  
 PAYMENT OF FEE

Date of Staff Review: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Planning Board Review: \_\_\_\_\_ Recommendation: \_\_\_\_\_ Date: \_\_\_\_\_

Commissioner's Decision: \_\_\_\_\_ Date: \_\_\_\_\_

### Mission Statement

Gaston County works to be among the finest counties in North Carolina. It will provide affordable, efficient and affordable services leading to a safe, secure and healthy community, an environment for economic growth, and promote a favorable quality of life.

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES**  
**ENVIRONMENTAL HEALTH**

Permit Number: 342196  
File ID: 454545

**CONSTRUCTION AUTHORIZATION**

PID/Lot Identifier: 316422

Owner: House Buyers LLC

Applicant: Salvatore

Facility Type:

Property Size: 168 Well Permit #:

Property Location: Summerview Rd Stanley 28104 House 1

Number of bedrooms: 4 Number of Occupants: 8 Other: \_\_\_\_\_

New  Expansion  Repair  System Relocation  Change of Use

Basement?:  Yes  No Basement Fixtures?:  Yes  No

Crawl Space?:  Yes  No Slab Foundation?:  Yes  No

Type of Wastewater System\* II.6 (Initial) III.6 (Repair)

\*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 480 GPD

Type of Water Supply:  Private well  Public well  Shared well  Municipal Supply  Spring  Other: \_\_\_\_\_

**Installation Requirements/Conditions**

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9' feet on center

Trench/Bed Width: 36 inches LTAR: 3 gpd/ft<sup>2</sup>

Soil Cover: 24 inches Minimum Trench/Bed Depth: 30 inches \*As Needed Maximum Trench/Bed Depth\*: 36 inches

Pump Tank Size (if applicable):   gallons Pump Requirements:   ft. TDH vs.   GPM

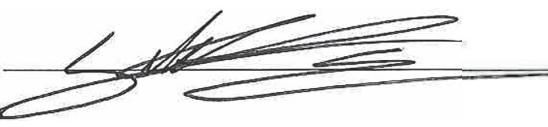
Distribution Method:  Serial  D-Box or Parallel  Pressure Manifold(s)  LPP  Other: \_\_\_\_\_

Conditions: \* 4 bedrooms None  
\* 400 ft of 25%  
\* 1000 gallon st.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Salvatore Nava

Expiration Date: 11/6/20

Authorized Agent's Signature: 

Date: 11/6/25

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES**  
**ENVIRONMENTAL HEALTH**

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\*See attached site sketch\*

**SITE SKETCH**

PID 316422

Permit Number 3421916

File ID 454864

Applicant's Name

House Buyers LLC

Authorized by \_\_\_\_\_



Summerow Rd

Subdivision/Section/Lot Number/Address

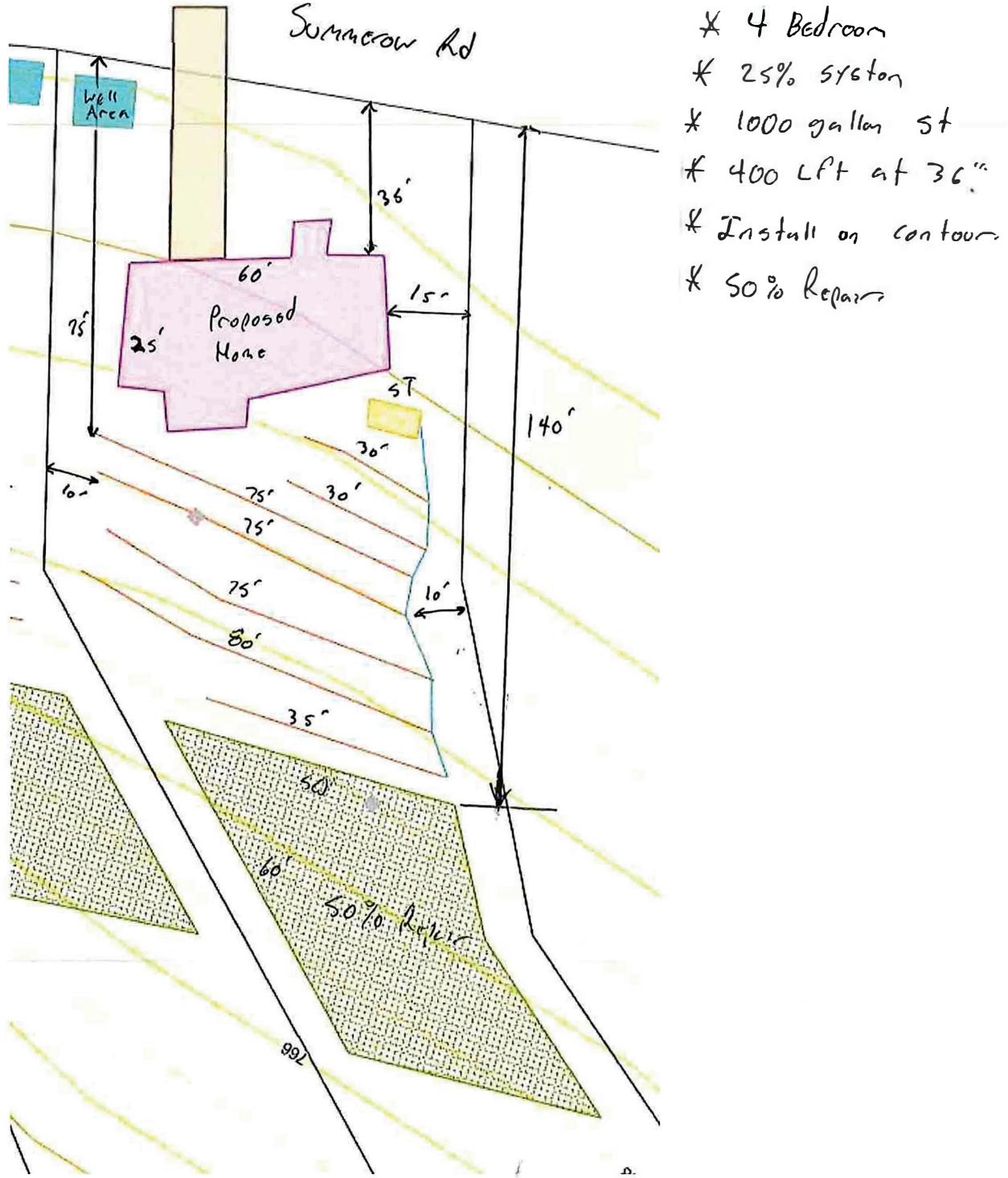
11/1125

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

\* See Attachment \*

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES**  
**ENVIRONMENTAL HEALTH**





GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES  
ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION PERMIT APPLICATION

Improvement Permit

Construction Authorization

Applicant: House Buyers LLC  
Mailing Address: 107 Sunset Drive  
  
City: Mount Holly  
State: NC Zip: 28120  
Phone #: 704 363 8527  
Email: JaymeInfanzon@yahoo.com

Owner: Same  
Mailing Address: \_\_\_\_\_  
  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

PID/Lot Identifier: 316422 Property Acreage: \_\_\_\_\_

Date Parcel Originally Deeded and Recorded: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Subdivision (if applicable) \_\_\_\_\_ Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Directions to property: \_\_\_\_\_  
\_\_\_\_\_

Wastewater System Request:  New  Expansion  System Relocation  Change of Use  Repair

Facility Type (House, Restaurant, Office, etc.): House

Number of bedrooms: 4 Number of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Other: \_\_\_\_\_

Basement?  Yes  No Basement Fixtures?  Yes  No

Crawl Space?  Yes  No Slab Foundation?  Yes  No

Is a grinder pump proposed before the septic tank?  Yes  No

Type of Water Supply:  Private well  Public well  Shared well  Municipal Supply  Spring

Other: \_\_\_\_\_

Are there any existing wells, springs, or existing waterlines on this property?  Yes  No

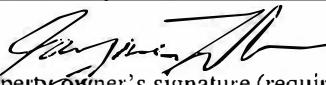
If applying for a Construction Authorization, please indicate desired system type(s):

Accepted  Conventional  Innovative  Other \_\_\_\_\_  Any

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any easements or right of ways on this property?

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. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

 10/17/25 10/17/25  
Property owner's signature (required) Date Applicant's signature (required) Date  
\*Must provide documentation to support claim as owner's legal representative.

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES  
ENVIRONMENTAL HEALTH

Permit Number: 342196  
File ID: 434104

IMPROVEMENT PERMIT

PID/Lot Identifier: 167742

Owner: Charles Grant

Applicant: JFB Homeshowers

Property Location: 511 Morris Rd. Stanley NC 28164

Subdivision (if applicable):

Lot #: House Block: Property Size:

New

Expansion

System Relocation

Change of Use

Facility Type: Single Family home

Number of bedrooms: 3 Number of Occupants: 6 Other:

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 3 Proposed LTAR (Repair): 3

Proposed Wastewater System Type\*: I<sup>L</sup> 6 (Initial) Pump Required:  Yes  No  May be required

Proposed Wastewater System Type\*: II 6 (Repair) Pump Required:  Yes  No  May be required

\*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Saprolite System (Initial):  Yes  No Saprolite System (Repair):  Yes  No

Min. Trench Depth (Initial): 30 " \*As needed. Min. Trench Depth (Repair): 30 " \*As needed.

Max. Trench Depth (Initial): 36 " Max. Trench Depth (Repair): 36 "

Type of Water Supply:  Private well  Public well  Shared well  Municipal Supply  Spring  Other:

Permit conditions:

\* 3 Bedrooms Home.  
\* See Attachment

Authorized Agent's Printed Name: Salvador Nam Jr. Expiration Date: 7/3/30

Authorized Agent's Signature:  Date: 7/3/25

\*See attached site sketch\*

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plot, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**ENVIRONMENTAL HEALTH**

**SITE SKETCH**

PID 167742

Permit Number 342.196

File ID 454 864

J & B Homebuyers

Applicant's Name



Authorized State Agent

Subdivision/Section/Lot Number

7/3/19.5

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.





# GASTON COUNTY PUBLIC HEALTH - ENVIRONMENTAL HEALTH

## SITE SKETCH

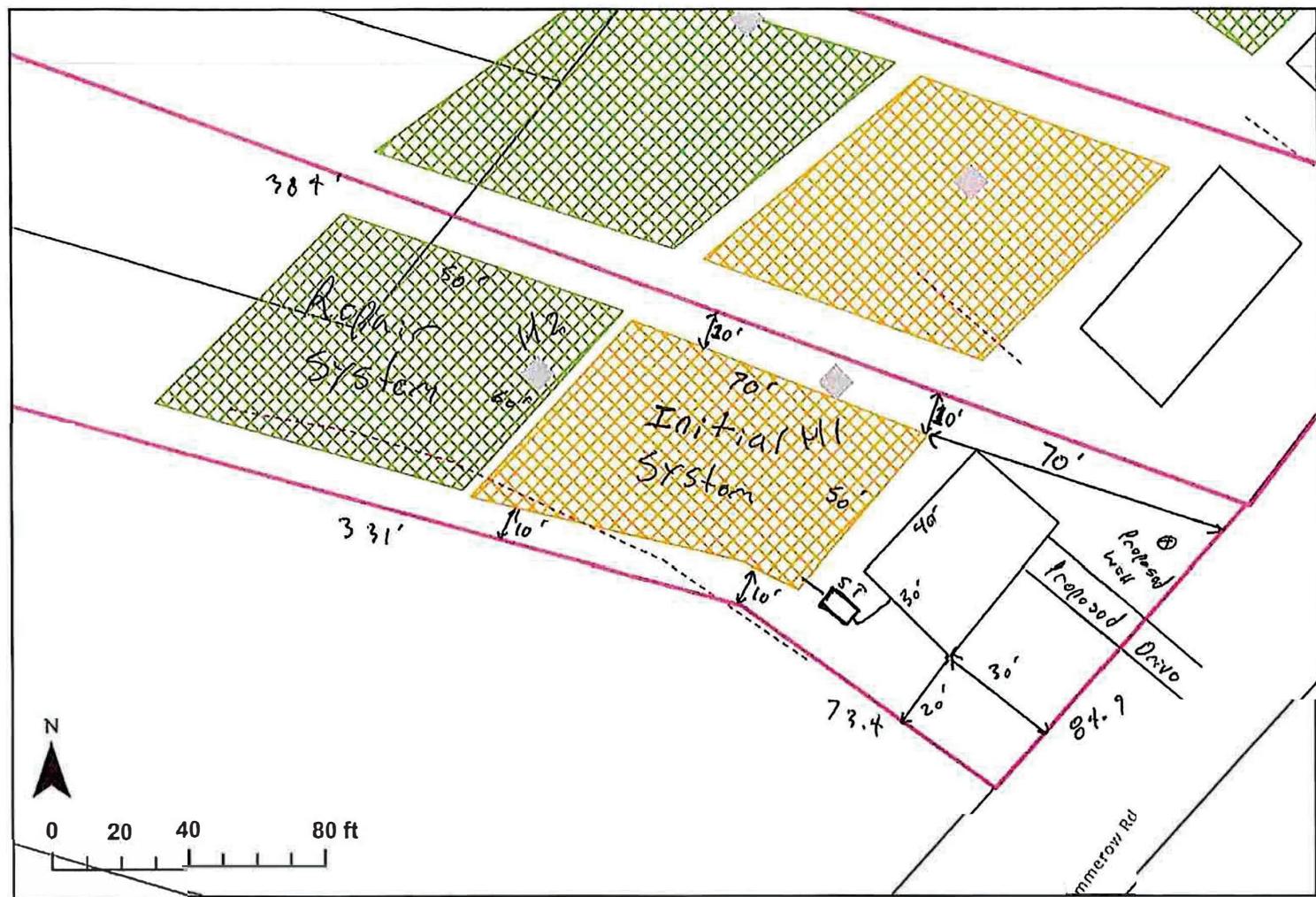
Date: 7/3/2025

PID: N/A

Permit Number: 342196

REHS: Salvador Nava Jr.

Address: Summerow Rd lot 1



\* Lot must be surveyed and staked before AC is signed.

\* Home must be staked and surveyed.

\* Lot must be split and combined.  
(167742 and 167740)

### Setbacks:

5' min to any foundation, 25' min to any well, and 10' from any PL.

### Specifications:

Follow all NC regs and rules.

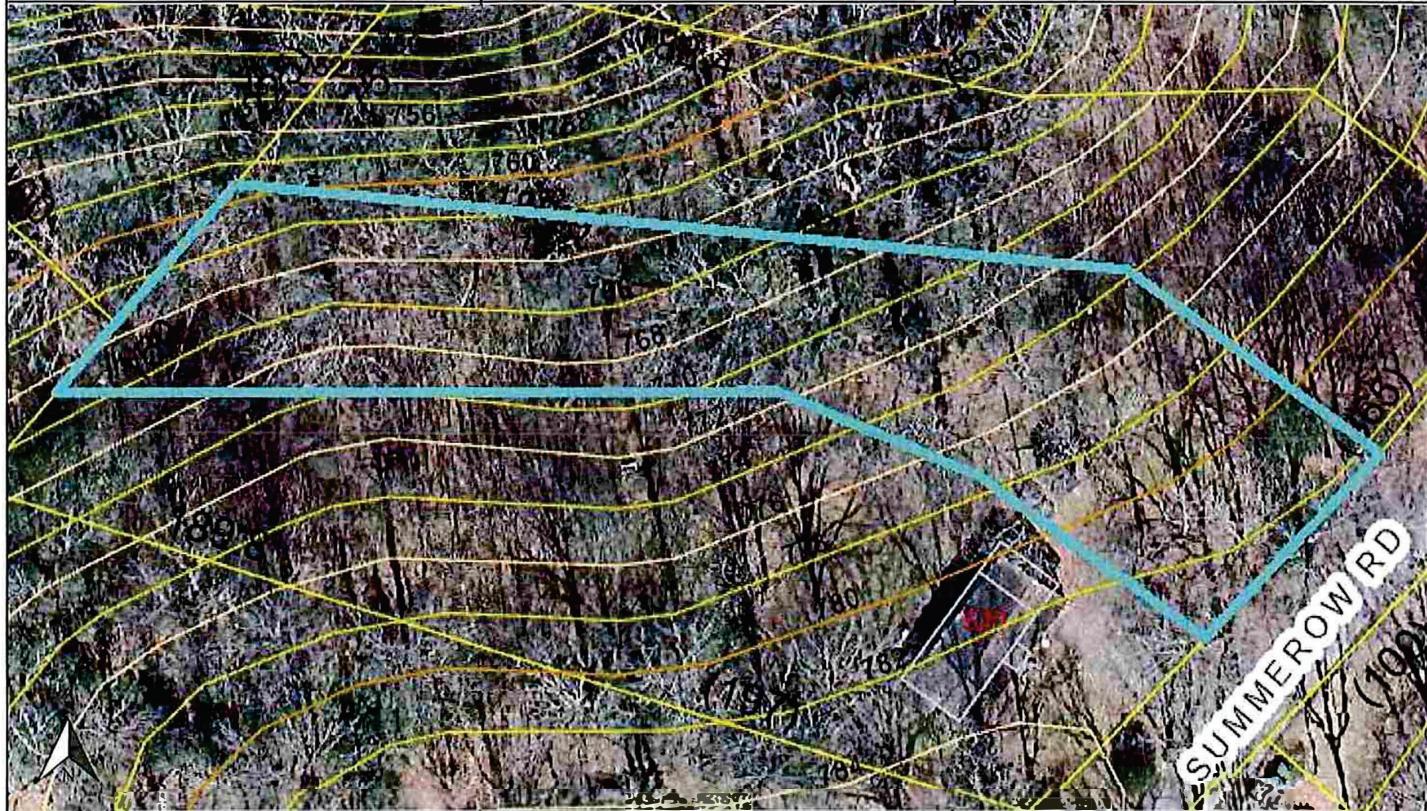
PRIMARY PROPERTY ADDRESS	TAX INFORMATION	
NO ASSIGNED ADDRESS	PARCEL #: 316422	
<b>PROPERTY INFORMATION</b>	PIN #: 3569-90-6986	
CITY LIMITS: ETJ: NOT IN ETJ	CURRENT OWNERS: HOUSE BUYERS LLC	
POLICE DISTRICT: GASTON COUNTY	MAILING ADDRESS: 107 SUNSET DR,	
FIRE DISTRICT: ALEXIS	MOUNT HOLLY, NC 28120-	
SPECIAL FLOOD HAZARD AREA:	NBHD #: 2B014	
LOCAL WATERSHED: HOYLES CREEK	NBHD NAME: SUMMEROW ROAD	
CENSUS TRACT: 335.01	TOWNSHIP: DALLAS TOWNSHIP	
	LEGAL DESC: SUMMEROW RD LOT 2 PLAT	
<b>TAX VALUES</b>	BOOK 109 PAGE 061	
MARKET LAND VALUE: \$0	DEED BOOK: PAGE:	
MARKET IMPR. VALUE: \$0	DEED RECORDING DATE: 1/1/1970	
MARKET VALUE: \$0	SALES AMOUNT: \$0	
FARM DISCOUNT: NO	PLAT BOOK: 109 PAGE: 061	
EXEMPT: NO	STRUCTURE TYPE:	
TAXABLE VALUE: PENDING	YEAR BUILT: 0	
	SQUARE FOOTAGE: 0	
	VACANT: VACANT	
	BASEMENT: NO	
	BED: 0 BATH: 0 HALF-BATH:	
	MULTI-STRUCTURES: NO	
	ACREAGE: 0.68	
	TAX CODE: 280	
	TAX DISTRICT: ALEXIS FD	
	VOLUNTARY AG DISTRICT: NO	
	PROPERTY USE: OTHER	

PHOTO  
NOT AVAILABLE

SKETCH  
NOT AVAILABLE



GASTON COUNTY GIS



Disclaimer: The information provided above is not intended to be considered as a legal document or description. The GIS data provided by Gaston County is made without warranty. Primary sources from which this data was compiled must be consulted for verification of information contained within.

Document created for printing on October 17, 2025

**Gaston County Health Department**

Environmental Health Services Division  
991 W. Hudson Blvd.  
Gastonia, NC 28052  
(704) 853-5200

**Payment Summary**

<b>Cash:</b>	<b>Credit:</b>	<b>Authorization #:</b>
Check: \$350.00	Check #: 1377	Check Date: 10/17/2025
Other:	Type:	Master Trans #:428332
Received from:		
Comments:		

<u>Date</u>	<u>Type of Service</u>	<u>Location of Service</u>
10/17/2025	Authorization for Construction	
Line Item# 236217		Summerow Rd House 1 Stanley NC, 28164
Amount Paid \$350.00		

**THIS IS YOUR RECEIPT  
THANK YOU!**

- \* he emailed me the final plot plans
- \* will do well permit later

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES**  
**ENVIRONMENTAL HEALTH**

Permit Number: 342194  
File ID: 454505

**CONSTRUCTION AUTHORIZATION**

PID/Lot Identifier: 316473

Owner: House Builders LLC

Applicant: Sam

Facility Type: Single Family Home

Property Size: .169 Well Permit #:

Property Location: Summerrow Rd. Stanley 28164 House 2

Number of bedrooms: 4 Number of Occupants: 8 Other: \_\_\_\_\_

New  Expansion  Repair  System Relocation  Change of Use

Basement?:  Yes  No Basement Fixtures?:  Yes  No

Crawl Space?:  Yes  No Slab Foundation?:  Yes  No

Type of Wastewater System\* IIIe (Initial) IIIe (Repair)

\*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 490 GPD

Type of Water Supply:  Private well  Public well  Shared well  Municipal Supply  Spring  Other: \_\_\_\_\_

**Installation Requirements/Conditions**

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 267 feet Trench/Bed Spacing: 6'-8" feet on center

Trench/Bed Width: 24 inches LTAR: 3 gpd/ft<sup>2</sup>

Soil Cover: 11 inches Minimum Trench/Bed Depth: 33 inches \*As Needed Maximum Trench/Bed Depth<sup>‡</sup>: 36 inches

Pump Tank Size (if applicable):      gallons Pump Requirements:      ft. TDH vs.      GPM

Distribution Method:  Serial  D-Box or Parallel  Pressure Manifold(s)  LPP  Other: End to End as shown.

Conditions: \*267 feet of 50% system.

\* 1000 gallon st.

\* 4 Bedroom system.

\* Vertical f&J.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Salvador Nuñez

Expiration Date: 11/16/30

Authorized Agent's Signature: 

Date: 11/16/25

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES**  
**ENVIRONMENTAL HEALTH**

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\*See attached site sketch\*

**SITE SKETCH**

PID 316473

Permit Number 347194

File ID 454845

Applicant's Name

House buyers LLC.

Authorized State Agent

SEE

Sommerow Rd

Subdivision/Section/Lot Number/Address

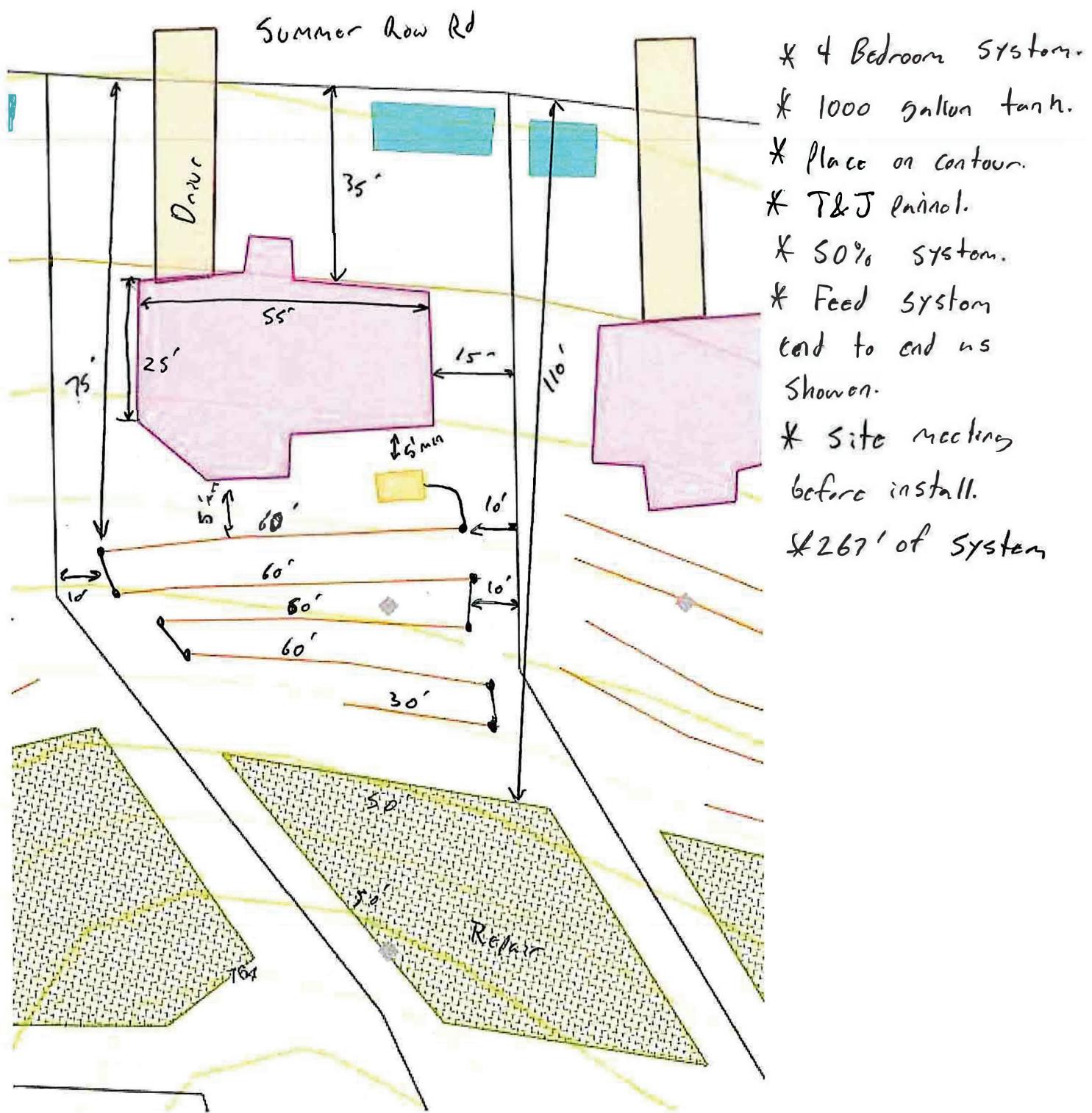
11/6/25

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

\* See Attachment \*

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES  
ENVIRONMENTAL HEALTH**





GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES  
ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION PERMIT APPLICATION

Improvement Permit

Construction Authorization

Applicant: House Buyers LLC  
Mailing Address: 107 Stumpet Drive  
  
City: Mount Holly  
State: NC Zip: 28120  
Phone #: 704 363 8527  
Email: JayneTompson@yahoo.com

Owner: Same  
Mailing Address:  
  
City:  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

PID/Lot Identifier: 316477 Property Acreage:

Date Parcel Originally Deeded and Recorded:

Property Address: \_\_\_\_\_  
Subdivision (if applicable) \_\_\_\_\_ Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Directions to property: \_\_\_\_\_  
\_\_\_\_\_

Wastewater System Request:  New  Expansion  System Relocation  Change of Use  Repair

Facility Type (House, Restaurant, Office,  
etc.): House

Number of bedrooms: 4 Number of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Other: \_\_\_\_\_

Basement?  Yes  No Basement Fixtures?  Yes  No

Crawl Space?  Yes  No Slab Foundation?  Yes  No

Is a grinder pump proposed before the septic tank?  Yes  No

Type of Water Supply:  Private well  Public well  Shared well  Municipal Supply  Spring

Other: \_\_\_\_\_

Are there any existing wells, springs, or existing waterlines on this property?  Yes  No

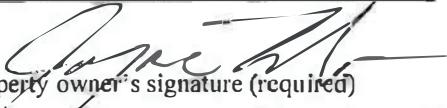
If applying for a Construction Authorization, please indicate desired system type(s):

Accepted  Conventional  Innovative  Other \_\_\_\_\_  Any

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any easements or right of ways on this property?

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. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months: complete plat = without expiration)

  
Property owner's signature (required)

10/17/25

Date

Applicant's signature (required)

Date

\*Must provide documentation to support claim as owner's legal representative.

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES  
ENVIRONMENTAL HEALTH

Permit Number: 342194  
File ID: 454805

IMPROVEMENT PERMIT

PID/Lot Identifier: 1107742  
Owner: Charles Giant  
Property Location: Summerside Rd. Stanly 28164  
Subdivision (if applicable):  
Lot #: House 8 Block: \_\_\_\_\_ Property Size: \_\_\_\_\_  
New  Expansion  System Relocation  Change of Use

Facility Type: Single Family Home  
Number of bedrooms: 3 Number of Occupants: 6 Other: \_\_\_\_\_

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): -3 Proposed LTAR (Repair): -3

Proposed Wastewater System Type\*: II (Initial) Pump Required:  Yes  No  May be required

Proposed Wastewater System Type\*: II (Repair) Pump Required:  Yes  No  May be required

\*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Saprolite System (Initial):  Yes  No Saprolite System (Repair):  Yes  No

Min. Trench Depth (Initial): 20" \*As needed. Min. Trench Depth (Repair): 30" \*As needed.

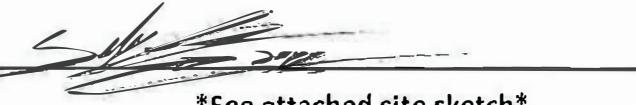
Max. Trench Depth (Initial): 34" Max. Trench Depth (Repair): 36"

Type of Water Supply:  Private well  Public well  Shared well  Municipal Supply  Spring  Other: \_\_\_\_\_

Permit conditions:

*I see Attachment 1.*

Authorized Agent's Printed Name: Salvadore Nava Jr. Expiration Date: 7/3/20

Authorized Agent's Signature:  Date: 7/3/25

\*See attached site sketch\*

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**ENVIRONMENTAL HEALTH**

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**SITE SKETCH**

PID 167742

Permit Number 342194

File ID 454865

Charles Grant

Applicant's Name



Authorized State Agent

Subdivision/Section/Lot Number  
713/25

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

\* See Attachment \*



## SITE SKETCH

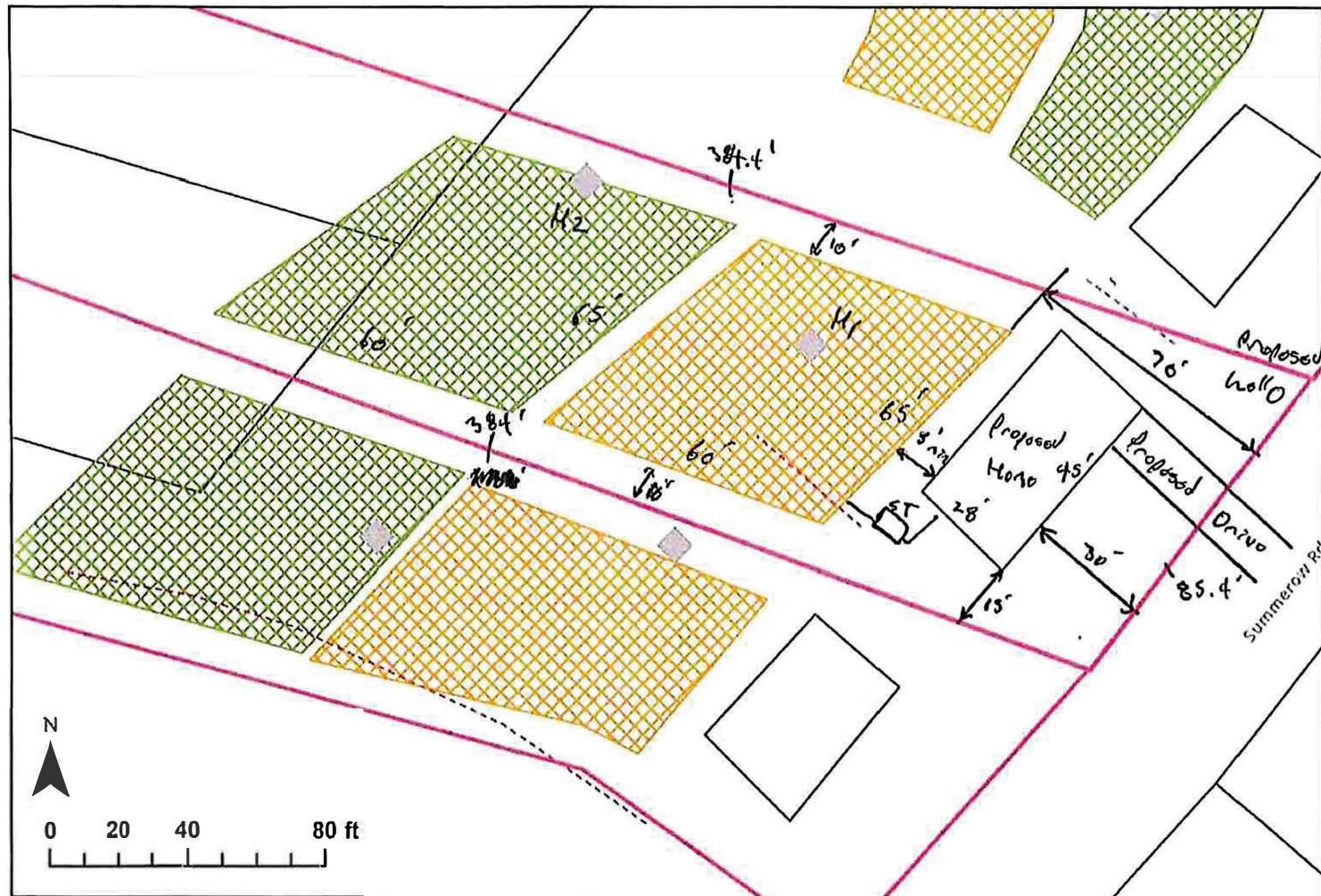
Date: 7/8/25

PID: 167742

Permit Number: 342194

REHS: Salvador Nava Jr

Address: Summerow RD lot 2



- \* Before AC is signed Lots must be combined and recorded.  
Part of (167742, 167741, 167740)
- \* Home and lot must be surveyed and staked.
- \* 3 bedroom home.

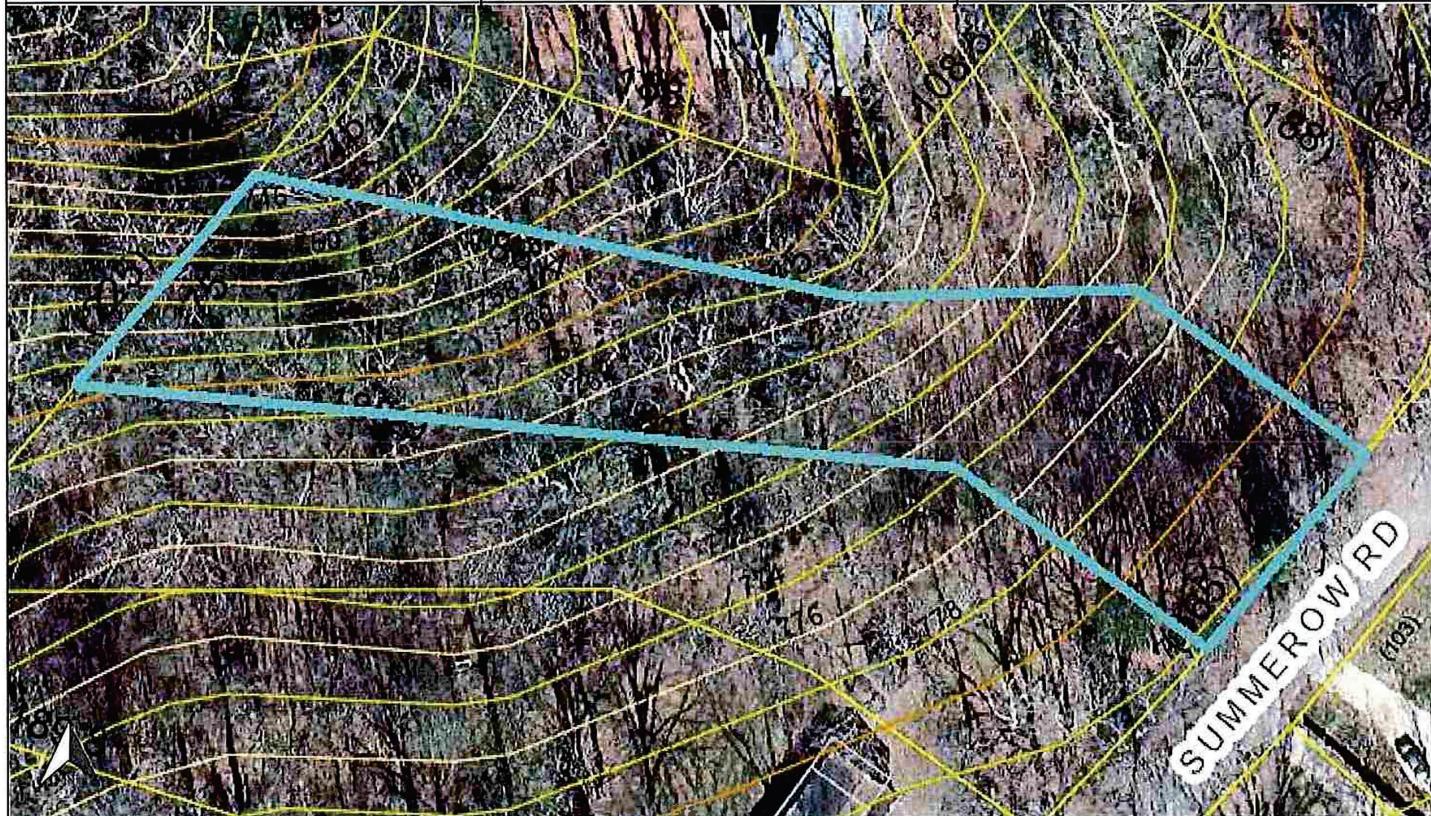
## Setbacks:

5' min from any building, 10' from any PL, and 25' from any well.

## Specifications:

Follow all nc rules and regs

PRIMARY PROPERTY ADDRESS		TAX INFORMATION	
NO ASSIGNED ADDRESS		PARCEL #: 316423 PIN #: 3569-91-7032	
<b>PROPERTY INFORMATION</b>			<b>PHOTO NOT AVAILABLE</b>
CITY LIMITS: ETJ: NOT IN ETJ POLICE DISTRICT: GASTON COUNTY FIRE DISTRICT: ALEXIS SPECIAL FLOOD HAZARD AREA: LOCAL WATERSHED: HOYLES CREEK CENSUS TRACT: 335.01			
<b>TAX VALUES</b>			<b>SKETCH NOT AVAILABLE</b>
MARKET LAND VALUE: \$0 MARKET IMPR. VALUE: \$0 MARKET VALUE: \$0 FARM DISCOUNT: NO EXEMPT: NO TAXABLE VALUE: PENDING			 GASTON COUNTY GIS
DEED BOOK: PAGE: DEED RECORDING DATE: 1/1/1970 SALES AMOUNT: \$0 PLAT BOOK: 109 PAGE: 061 STRUCTURE TYPE: YEAR BUILT: 0 SQUARE FOOTAGE: 0 VACANT: VACANT BASEMENT: NO BED: 0 BATH: 0 HALF-BATH: MULTI-STRUCTURES: NO ACREAGE: 0.69 TAX CODE: 280 TAX DISTRICT: ALEXIS FD VOLUNTARY AG DISTRICT: NO PROPERTY USE: OTHER			



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**Gaston County Health Department**

Environmental Health Services Division  
991 W. Hudson Blvd.  
Gastonia, NC 28052  
(704) 853-5200

**Payment Summary**

<b>Cash:</b>	<b>Credit:</b>	<b>Authorization #:</b>
Check: \$350.00	Check #: 1377	Check Date: 10/17/2025
Other:	Type:	Master Trans #:428330
Received from:		
Comments:		

Date	Type of Service
10/17/2025	Authorization for Construction
Line Item#	
236216	
Amount Paid	
\$350.00	

Location of Service
Summerow Rd House 2 Stanley NC, 28164

THIS IS YOUR RECEIPT

THANK YOU!

- \* he emailed Sal final plot plans
- \* will apply for well permit later

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES**  
**ENVIRONMENTAL HEALTH**

Permit Number: 342191  
File ID: 454506

**CONSTRUCTION AUTHORIZATION**

PID/Lot Identifier: 316424

Owner: House Buyers LLC

Applicant: Steve

Facility Type: Single family home

Property Size: 1/4 Well Permit #: \_\_\_\_\_

Property Location: Summerfield Rd. Stanley 28164 House 3

Number of bedrooms: 4 Number of Occupants: 8 Other: \_\_\_\_\_

New  Expansion  Repair  System Relocation  Change of Use

Basement?  Yes  No Basement Fixtures?  Yes  No

Crawl Space?  Yes  No Slab Foundation?  Yes  No

Type of Wastewater System\* II (Initial) IIIc (Repair)

\*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 400 GPD

Type of Water Supply:  Private well  Public well  Shared well  Municipal Supply  Spring  Other: \_\_\_\_\_

**Installation Requirements/Conditions**

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: -3 gpd/ft<sup>2</sup>

Soil Cover: 24 inches Minimum Trench/Bed Depth: 33 inches \*As Needed Maximum Trench/Bed Depth: 76 inches

Pump Tank Size (if applicable): \_\_\_\_\_ gallons Pump Requirements: \_\_\_\_\_ ft. TDH vs. 1 GPM

Distribution Method:  Serial  D-Box or Parallel  Pressure Manifold(s)  LPP  Other: \_\_\_\_\_

Conditions: \*4 Bedroom system  
\* 400 Lft of 25% system  
\* 1000 gallon st.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Salvador Navas

Expiration Date: 11/16/30

Authorized Agent's Signature: Salvador Navas

Date: 11/16/25

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES**  
**ENVIRONMENTAL HEALTH**

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\*See attached site sketch\*

**SITE SKETCH**

PID 311421

Permit Number 342191

File ID 454866

Applicant's Name House Buyers LLC



Authorized State Agent

Summerland

Subdivision/Section/Lot Number/Address

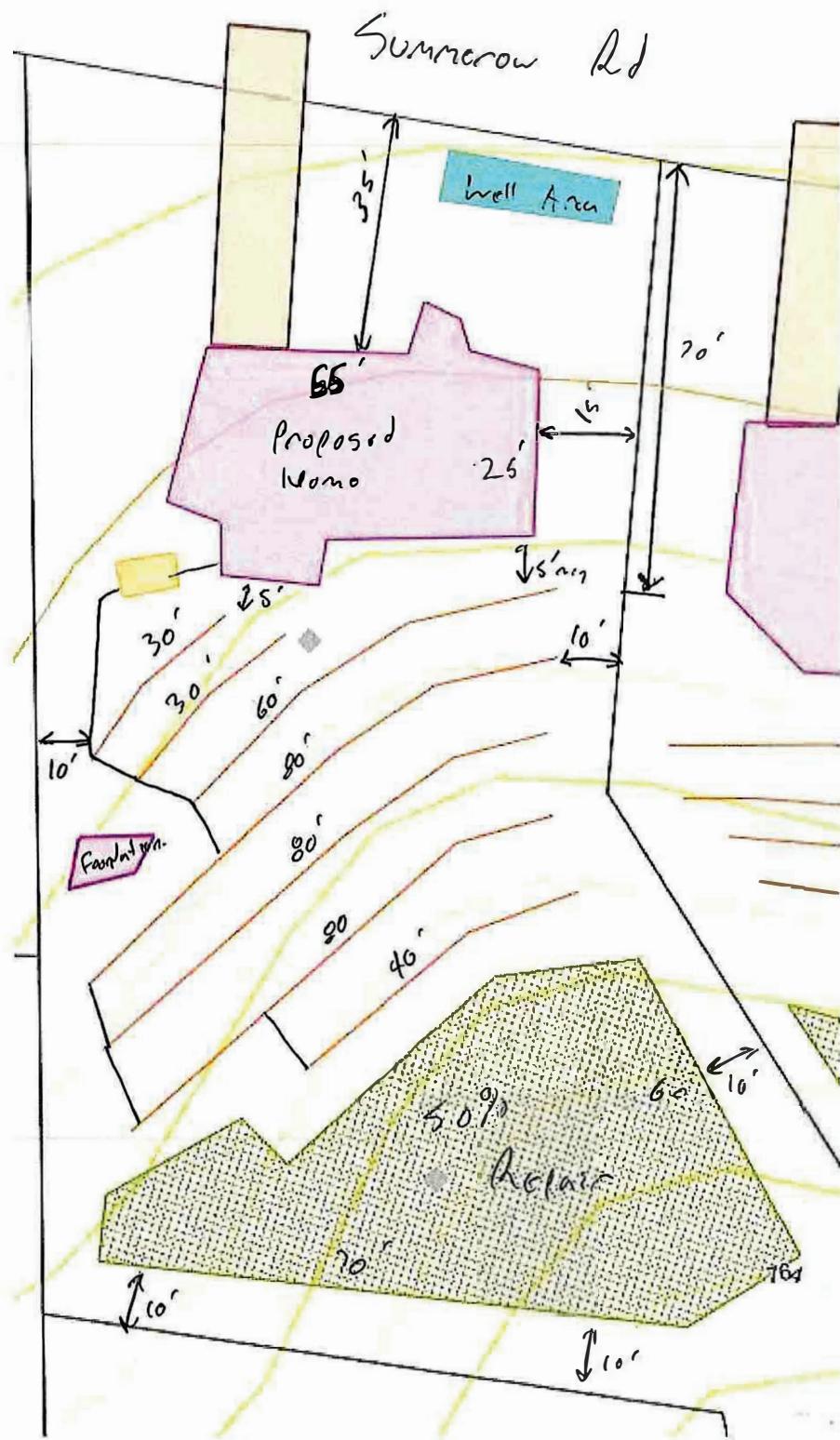
11/6/25

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

 See Attachment 

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES**  
**ENVIRONMENTAL HEALTH**



- \* 4 Bedroom system.
- \* 400 GPF at 36" Deep
- \* 1000 gallon st.
- \* call for Preconstruction meetings. 980-522-0771.
- \* Install on contour



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES  
ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION PERMIT APPLICATION

Improvement Permit

Construction Authorization

Applicant: House Buyers LLC  
Mailing Address: 107 Sunset Driv.

City: Mount Holly  
State: NC Zip: 28120  
Phone #: 7043698527  
Email: TaymoInform@Yahoo.com

PID/Lot Identifier: 316424

Property Acreage:

Date Parcel Originally Deeded and Recorded:

Property Address: \_\_\_\_\_  
Subdivision (if applicable) \_\_\_\_\_ Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Directions to property: \_\_\_\_\_  
\_\_\_\_\_

Wastewater System Request:  New  Expansion  System Relocation  Change of Use  Repair

Facility Type (House, Restaurant, Office, etc.): House

Number of bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Other: \_\_\_\_\_

Basement?  Yes  No Basement Fixtures?  Yes  No

Crawl Space?  Yes  No Slab Foundation?  Yes  No

Is a grinder pump proposed before the septic tank?  Yes  No

Type of Water Supply:  Private well  Public well  Shared well  Municipal Supply  Spring

Other: \_\_\_\_\_

Are there any existing wells, springs, or existing waterlines on this property?  Yes  No

If applying for a Construction Authorization, please indicate desired system type(s):

Accepted  Conventional  Innovative  Other \_\_\_\_\_  Any

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

Yes  No Does the site contain any jurisdictional wetlands?

Yes  No Is any wastewater going to be generated on the site other than domestic sewage?

Yes  No Is the site subject to approval by any other public agency?

Yes  No Are there any easements or right of ways on this property?

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. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

 Property owner's signature (required)

Date

Applicant's signature (required)

Date

\*Must provide documentation to support claim as owner's legal representative.

10/17/25

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**ENVIRONMENTAL HEALTH**

Permit Number: 342191  
File ID: 45486a

**IMPROVEMENT PERMIT**

PID/Lot Identifier: 1107742

Owner: Charles Givant

Applicant: J+B Homebuyers

Property Location: Summerrow Dr. Stanley NC 28163

Subdivision (if applicable): House 31 Lot #: House 31 Block: \_\_\_\_\_ Property Size: \_\_\_\_\_

New

Expansion

System Relocation

Change of Use

Facility Type: Single Family home

Number of bedrooms: 3 Number of Occupants: 6 Other: \_\_\_\_\_

Proposed Design Daily Flow: 380 GPD Proposed LTAR (Initial): -3 Proposed LTAR (Repair): -3

Proposed Wastewater System Type\*: IT6 (Initial) Pump Required:  Yes  No  May be required

Proposed Wastewater System Type\*: IT6 (Repair) Pump Required:  Yes  No  May be required

\*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Saprolite System (Initial):  Yes  No Saprolite System (Repair):  Yes  No

Min. Trench Depth (Initial): 32" \*As needed. Min. Trench Depth (Repair): 32" \*As needed.

Max. Trench Depth (Initial): 36" Max. Trench Depth (Repair): 36"

Type of Water Supply:  Private well  Public well  Shared well  Municipal Supply  Spring  Other: \_\_\_\_\_

Permit conditions:

See Attachment:  
3 Bed room home.

Authorized Agent's Printed Name: Salvador Alvar Expiration Date: 7/18/2020

Authorized Agent's Signature:  Date: 7/18/2020

\*See attached site sketch\*

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plot, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**ENVIRONMENTAL HEALTH**

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**SITE SKETCH**

PID 1127742

Permit Number 342191

File ID 46548dc

J & B Homebuyers

Applicant's Name

Authorized State Agent

Subdivision/Section/Lot Number

718/2025

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

*See Attachment.*



## SITE SKETCH

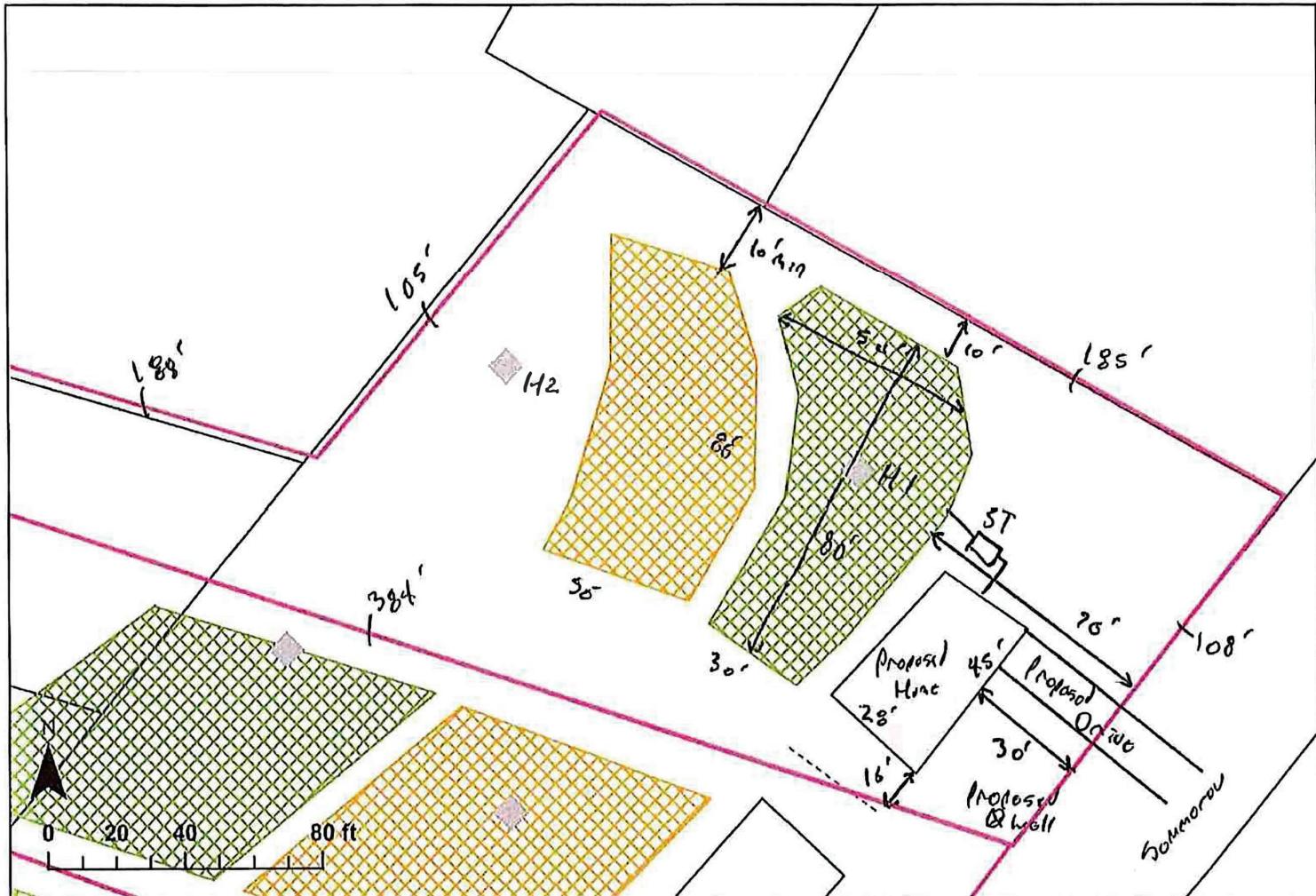
Date: 7/8/25

PID: 167742

Permit Number: 342191

REHS: Salvador Nava Jr

Address: Summerow RD lot 3



\* Before AC is signed Lots must be combined and recorded.  
(167742 and 167741)

- \* Lot must be surveyed and staked.
- \* Home must be staked.
- \* 3 Bedroom system.

## Setbacks:

5' min from any building, 10' from any PL, and 25' from any well.

## Specifications:

Follow all NC rules and regs

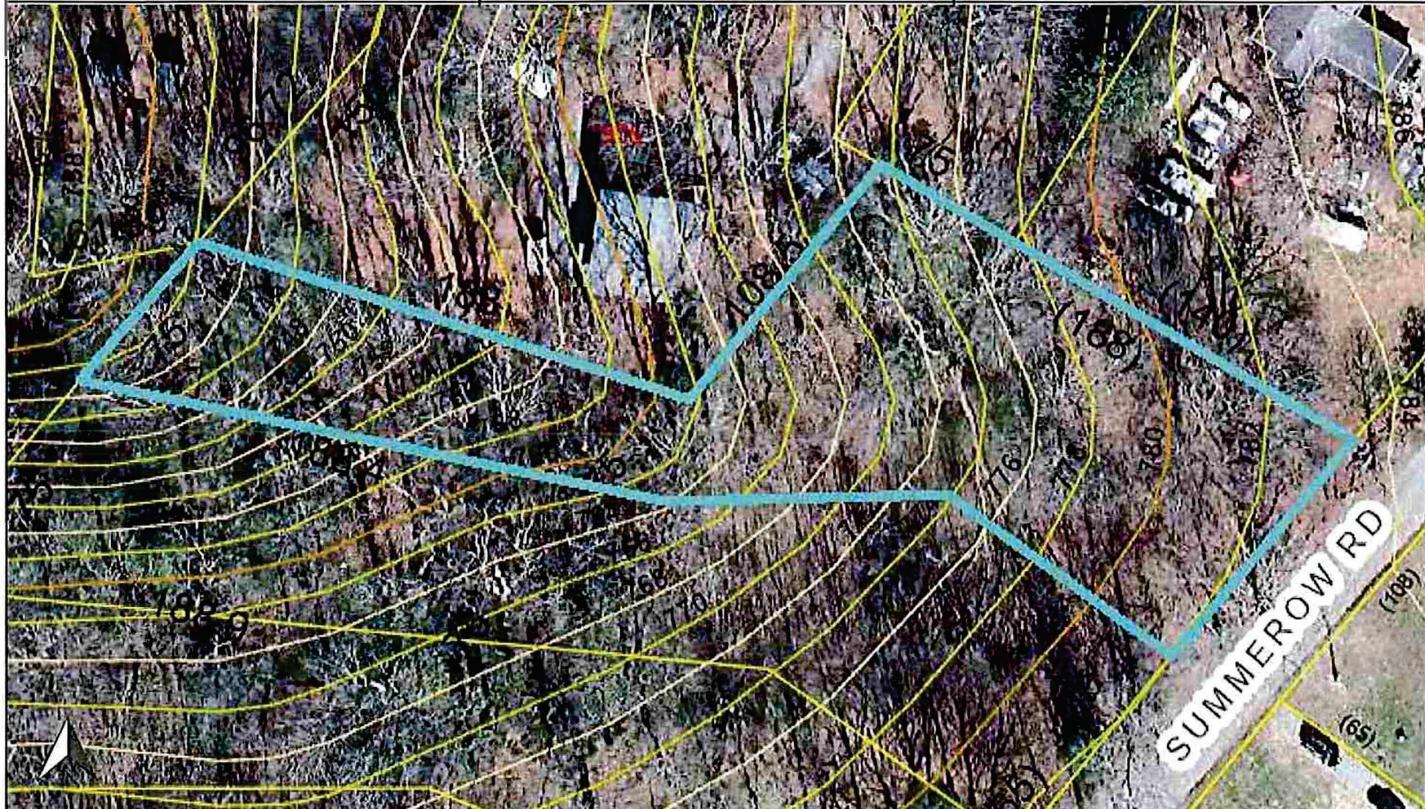
PRIMARY PROPERTY ADDRESS	TAX INFORMATION	
NO ASSIGNED ADDRESS	PARCEL #: 316424	
<b>PROPERTY INFORMATION</b>	PIN #: 3569-91-8028	
CITY LIMITS: ETJ: NOT IN ETJ	CURRENT OWNERS: HOUSE BUYERS LLC	
POLICE DISTRICT: GASTON COUNTY	MAILING ADDRESS: 107 SUNSET DR,	
FIRE DISTRICT: ALEXIS	MOUNT HOLLY, NC 28120-	
SPECIAL FLOOD HAZARD AREA:	NBHD #: 2B014	
LOCAL WATERSHED: HOYLES CREEK	NBHD NAME: SUMMEROW ROAD	
CENSUS TRACT: 335.01	TOWNSHIP: DALLAS TOWNSHIP	
	LEGAL DESC: SUMMEROW RD LOT 4 PLAT	
<b>TAX VALUES</b>	BOOK 109 PAGE 061	
MARKET LAND VALUE: \$0	DEED BOOK: PAGE:	
MARKET IMPR. VALUE: \$0	DEED RECORDING DATE: 1/1/1970	
MARKET VALUE: \$0	SALES AMOUNT: \$0	
FARM DISCOUNT: NO	PLAT BOOK: 109 PAGE: 061	
EXEMPT: NO	STRUCTURE TYPE:	
TAXABLE VALUE: PENDING	YEAR BUILT: 0	
	SQUARE FOOTAGE: 0	
	VACANT: VACANT	
	BASEMENT: NO	
	BED: 0 BATH: 0 HALF-BATH:	
	MULTI-STRUCTURES: NO	
	ACREAGE: 0.69	
	TAX CODE: 280	
	TAX DISTRICT: ALEXIS FD	
	VOLUNTARY AG DISTRICT: NO	
	PROPERTY USE: OTHER	

PHOTO  
NOT AVAILABLE

SKETCH  
NOT AVAILABLE



GASTON COUNTY GIS



Disclaimer: The information provided above is not intended to be considered as a legal document or description. The GIS data provided by Gaston County is made without warranty. Primary sources from which this data was compiled must be consulted for verification of information contained within.

**Gaston County Health Department**

Environmental Health Services Division  
991 W. Hudson Blvd.  
Gastonia, NC 28052  
(704) 853-5200

**Payment Summary**

<b>Cash:</b>	<b>Credit:</b>	<b>Authorization #:</b>
Check: \$350.00	Check #: 1377	Check Date: 10/17/2025
Other:	Type:	Master Trans #:428324
Received from:		
Comments:		

Date	Type of Service	Location of Service
10/17/2025	Authorization for Construction	
Line Item# 236213		
Amount Paid \$350.00		Summerow Rd House 3 Stanley NC, 28164

THIS IS YOUR RECEIPT  
THANK YOU

- \* he emailed final plot plan to Sal
- \* will apply for well permit later.