ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP311716

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

PIN # 3784-80-9078

APPLICANT/OWNER: Pixieland LLC | APPLICANT ADDRESS: 133 Redemption Rd Statesville NC 28265

SITE ADDRESS: 120 Falling Creek Dr Statesville NC 28625 | PHONE: 704-202-4971 | ALT. PHONE

SITE DIRECTIONS: I 40 W to Exit 141, R on Sharon School Rd, R on Falling Creek Dr | SAP CONTROLLED: ☐ YES ☐ NO

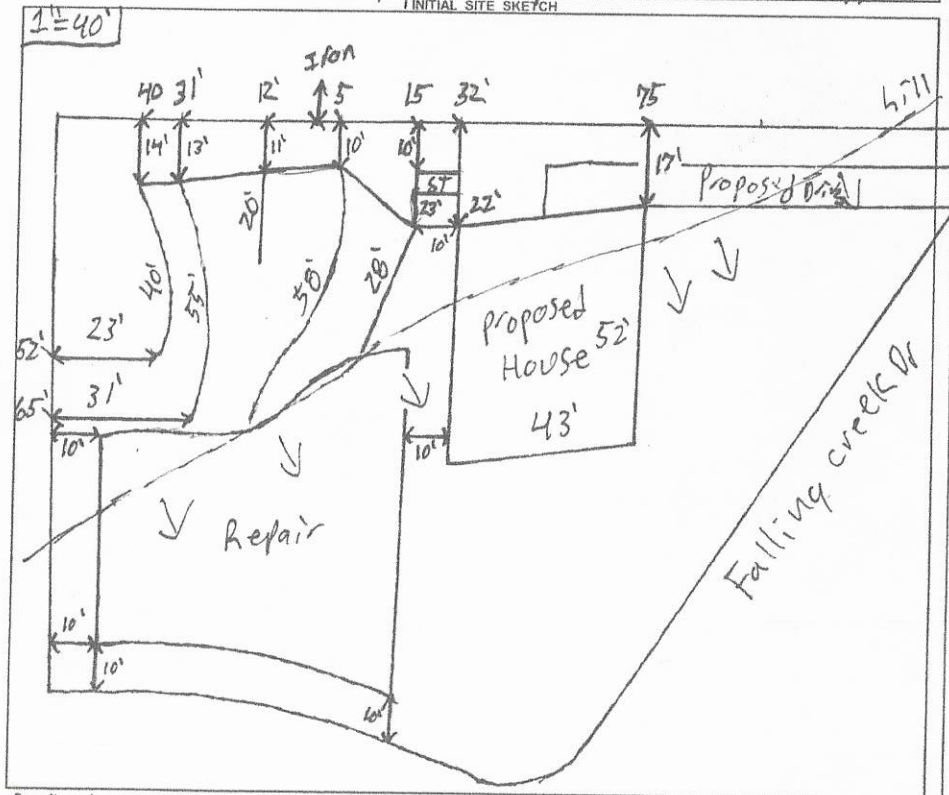
SUBDIVISION: Sharon Trace | SECTION: P2 LOT# 17 | LOT AREA: 0.512 acres | DESIGN FLOW: 240GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	2/3	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	– (gal)	PT	–	Date	–	System Description:	Gravity 25% Reduction	☐ Business	No. Persons 4
Pump Make	–	Model	–	Serial #	–	Repair System Description:	LPPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	200	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	32	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT Drive on, store material or manipulate drainfield anywhere. Water line must be 10' off any part of septic. NO Foundation drains can be installed on back or right side of house. NO cut for house can be within 15' of Drainfield.

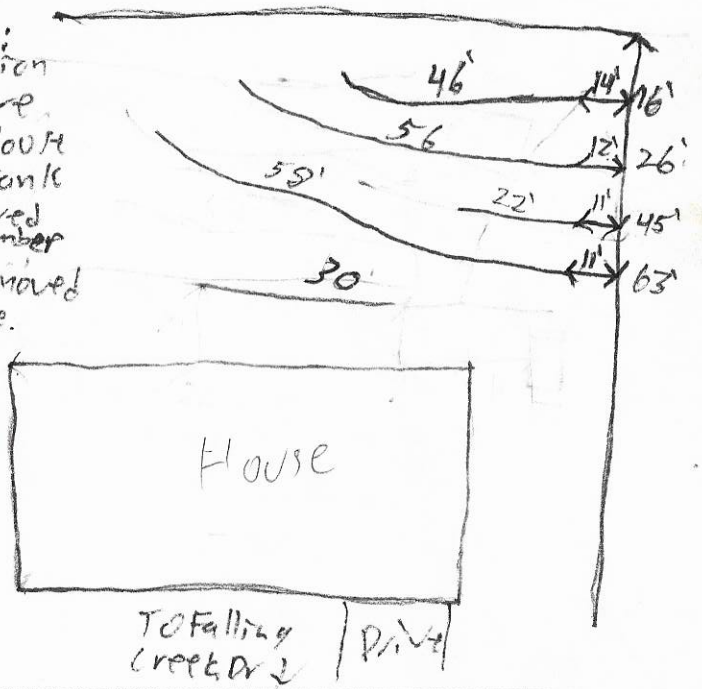
INITIAL SITE SKETCH



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.

3/29/2021: NO Foundation drains were installed. House moved so tank had to be moved and one chamber in 30' line moved to the side.



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: Regina C Orwelle | Date: 12/10/2020 | Installed by: Jake W (Williams Excavating)

IMPROVEMENT PERMIT by: Patrick J Byletta | Date: 11/19/2020 | OPERATION PERMIT by: James Boggs | Date: 3-30-21

AUTHORIZATION TO CONSTRUCT by: [signature] | Date: 12-9-2020 | 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 1 of ____
PROPERTY ID #: ____
COUNTY: Iredell

8461o1123 1123to1223 1223to1360 SIE 133 Greenwich 1300to Lunch

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

OWNER: Dixieland Inc
ADDRESS: 133 Redemption Rd Statesville
PROPOSED FACILITY: NEW Singlefam PROPOSED DESIGN FLOW (.1949): 240GPD
LOCATION OF SITE: 120 Falling Creek Dr. Statesville

APPLICATION DATE 9/1/2020
DATE EVALUATED: 11/9/2020
PROPERTY SIZE: ____
PROPERTY RECORDED: Yes

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

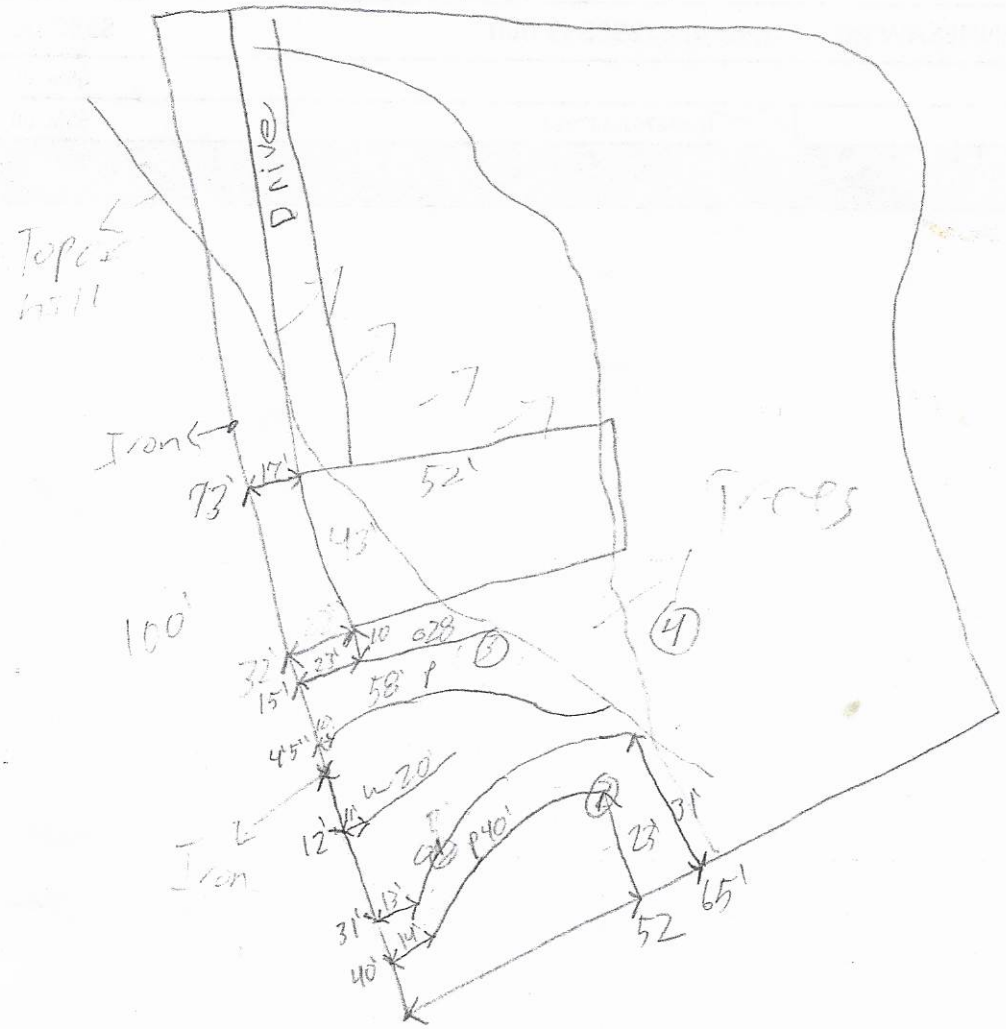
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 2%	0-5	SCLWSBK	Fr SS SP SOP	✓	48"	Litho inclusions	—	PS, 3
		5-27	C SBK	Fr SS SP SOP					
		27-48	CL SBK	Fr SS SP SOP					
2	SS 1%	0-9	SCLWSBK	Fr SS SP SOP	few YBmottles	48"	Litho inclusions with some sap inclusions at bottom	—	PS.3
		9-29	C SBK	Fr SS SP SOP					
		29-48	CL SBK	Fr SS SP SOP					
3	SS 4%	0-10	SCLWSBK	Fr SS SP SOP	—	48"	Litho inclusions with some parent Rx and some sap at bottom	—	PS.3
		10-24	C SBK	Fr SS SP SOP					
		24-48	CL WSBK	Fr SS SP SOP					
4	SS 10%	0-8	SCLWSBK	Fr SS SP SOP	—	48	Litho and Parent Rx inclusions with sap inclusions at bottom	—	PS.3
		8-26	C SBK	Fr SS SP SOP					
		26-48	CL SBK	Fr SS SP SOP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: PatrickD
OTHER(S) PRESENT: ____

COMMENTS: Sunny Clear

Falling creek Dr



Public water 10' easter water line

Property should be top soil more Landscaped possible drainage

240 ÷ 3
→ 800 ÷ 3
→ 267 X .75
→ 200

240 ÷ 3
→ 800 ÷ 3
→ 267 X .5
→ 133

240 ÷ .25
→ 960 ÷ 3
→ 320 X .75
→ 240'

240 ÷ .25
→ 960 ÷ 3
→ 320 X .5
→ 160'

RECEIVED OCT 1 2 2020

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

16PM 160Elysian

Iredell County Health Department – Environmental Health Division

AP- 311716 $500.00

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Dixieland Inc **Address:** 133 Redemption Rd Statesville NC **Zip:** 28625

Applicant Email: ginger dwdle 2@gmail.com **Phone:** 704 - 202 - 4971 **Alt. Phone:** _____

Owner Name: _____ **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 120 Falling Creek Dr. Statesville 28625

Subdivision Name: Sharon Trace **Section/Phase:** _____ **Lot Number:** 17

Driving Directions: I40 West bound, exit 141. TR onto Sharon School Rd. TR onto Falling Creek Dr. Property on R.

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: 2
Maximum Number of Occupants: 4
( ) 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: _____
Square Footage of Building: _____ Max. Number of Employees: _____ 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 (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (1) Conventional ( ) Innovative (2) 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: Regina C Dwdle 9/1/20

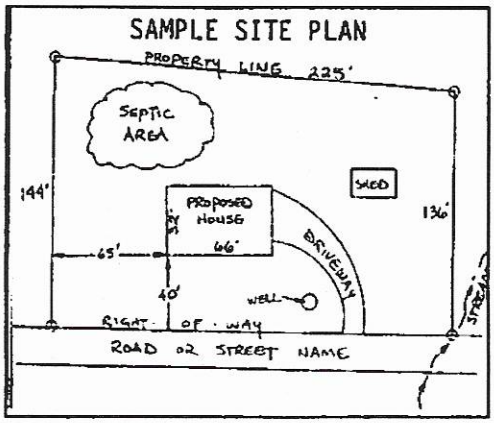
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

Signature: Regina C Dowdle

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

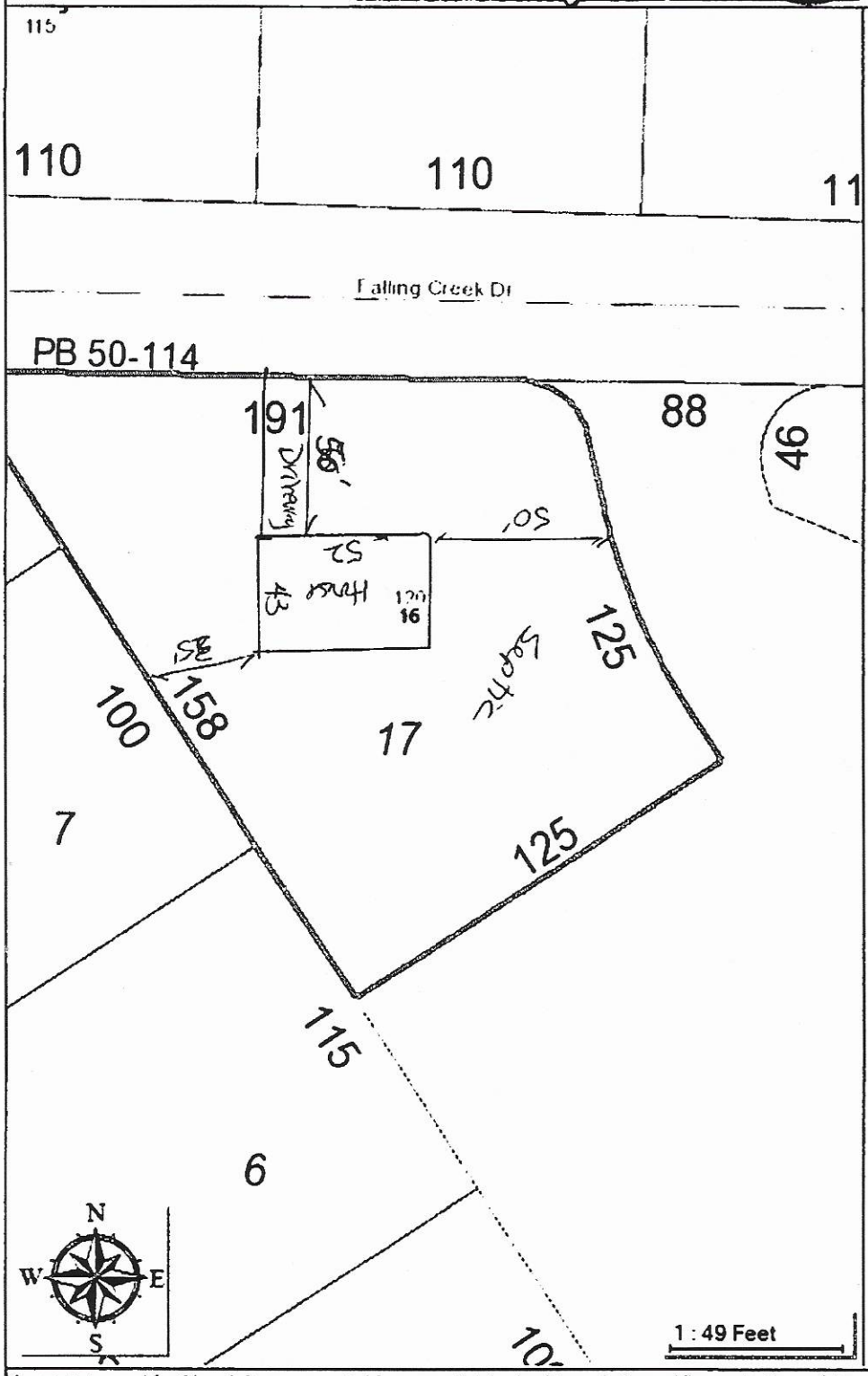
9/1/20

DATE

CONNECTGIS WEB HOSTING

Iredell County

Iredell
Printed September 01, 2020
See Below for Disclaimer



Addresses
- Infrastructure
- NonResidential Use
- Residential Use

Streets
- Interstate
- Ramp
- US Hwy
- State Hwy
- Main Road
- Local Road
- Residential
- Private
- Inactive

Parcels Hooks

Parcels

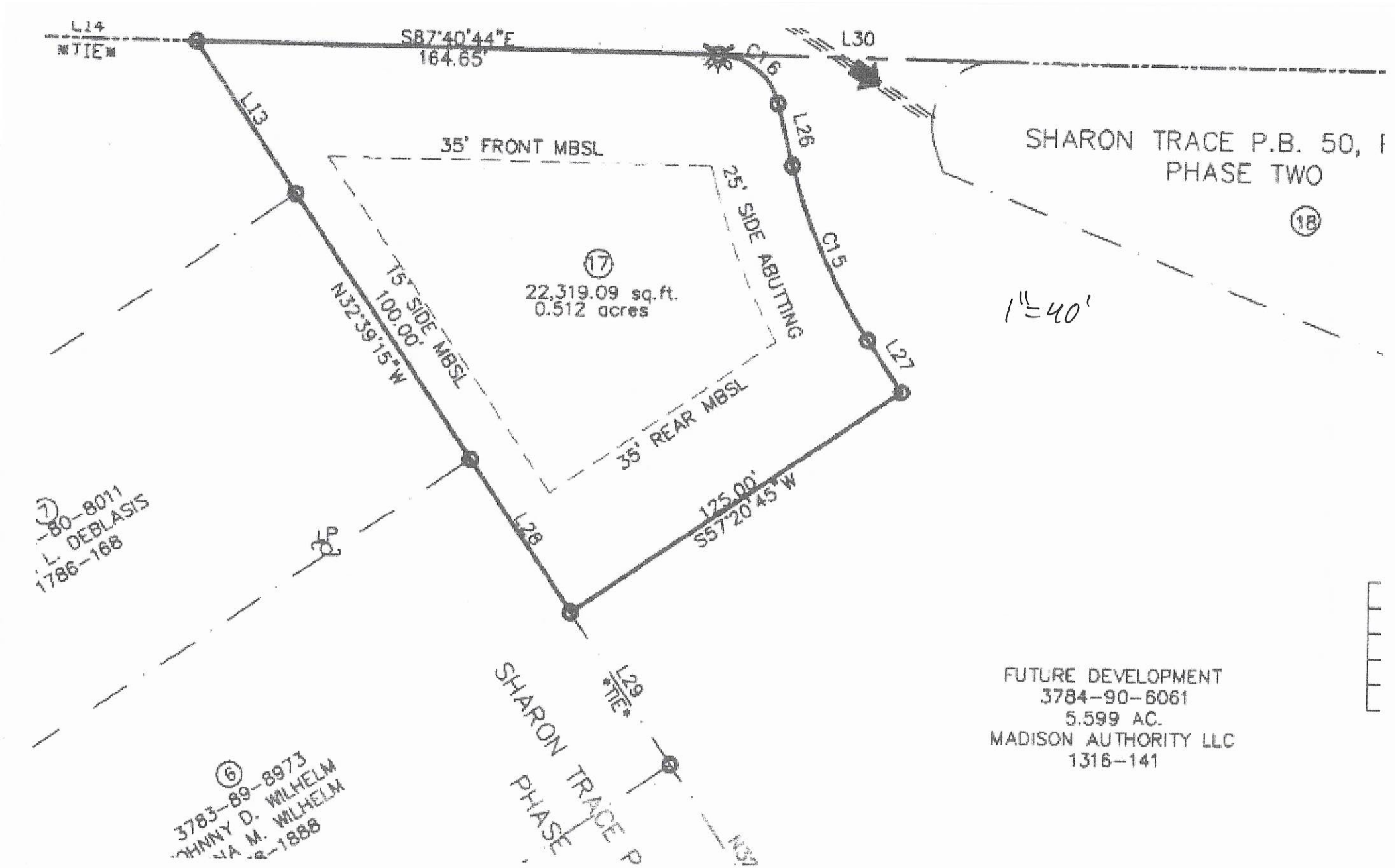
City Limits

Lake Norman

Iredell Countyline

NC Counties

The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.


L14
N TIE N
S87°40'44"E
164.65'
L13
C16
L30
L26
C15
L27
35' FRONT MBSL
25' SIDE ABUTTING
15' SIDE MBSL
100.00'
N32°39'15"W
17
22,319.09 sq.ft.
0.512 acres
35' REAR MBSL
125.00'
S57°20'45"W
L28
SHARON TRACE P.B. 50,
PHASE TWO
18
1"=40'
7
-80-8011
L. DEBLASIS
1786-168
L29
TIE
SHARON TRACE P
PHASE
N37
FUTURE DEVELOPMENT
3784-90-6061
5.599 AC.
MADISON AUTHORITY LLC
1316-141
6
3783-89-8973
OHNNY D. WILHELM
A M. WILHELM
-1888

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*) _____

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, Jennifer A. Griffith f.k.a. Jennifer A. Risteen William A. Griffith, am the legal owner(s) of the property located at 120 Falling Creek Dr., identified as PIN (Parcel Identification Number) 3758809078, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ginger Dowdle, Dixieland, Inc., 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.

DocuSigned by: Jennifer A Griffith 1C9DD74CC3F6474... DocuSigned by: William A Griffith 5B1AEBBD39CD48C...

Signature of Owner(s) 9/1/2020 9/1/2020

Date

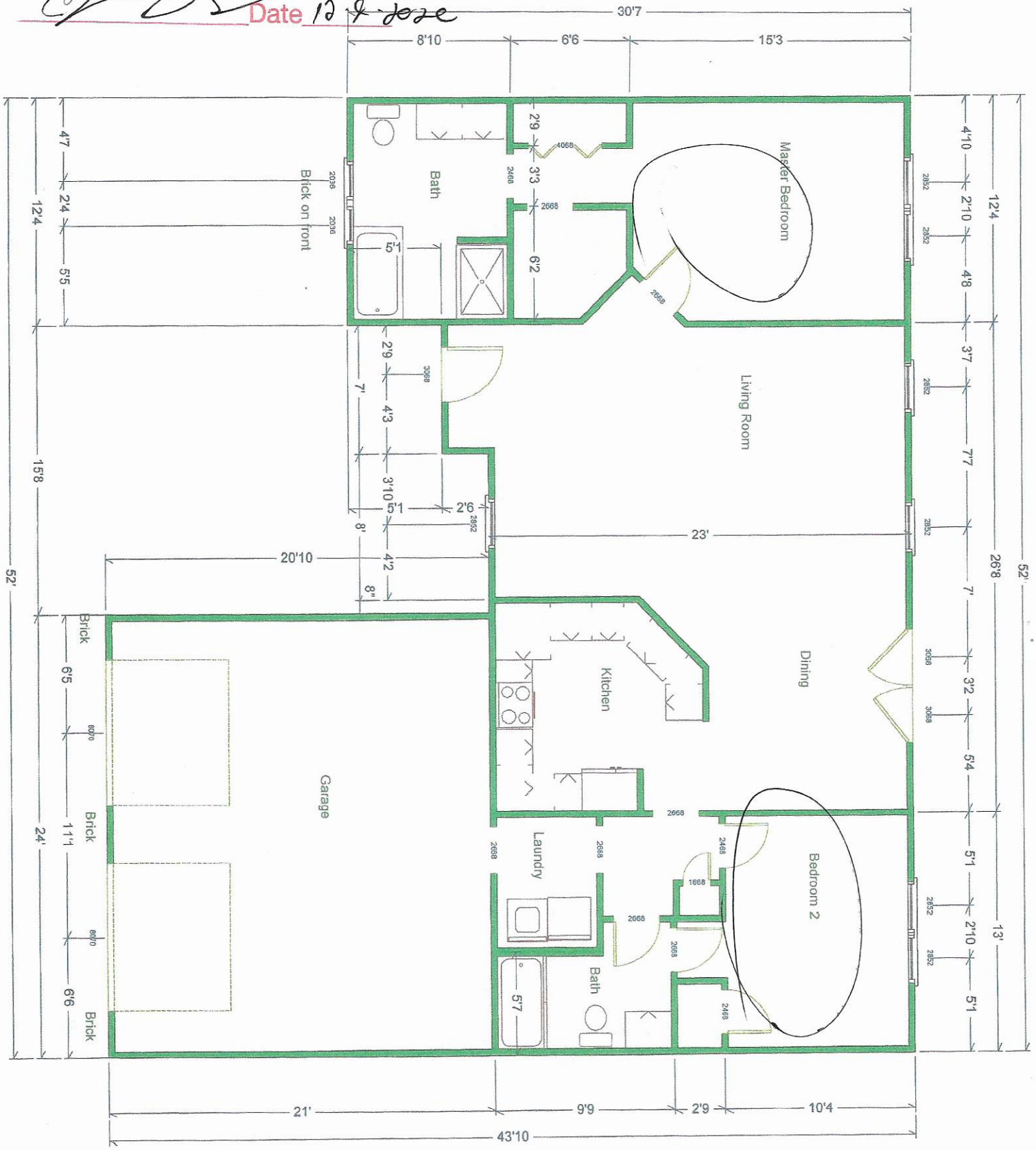
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

Lynna Dwelle Date 12/7/2020

Date 12/8/2020



IREDELL COUNTY · NC

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

APPLICATION NUMBER
311716 Issue Date: 10/12/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3784809078.000	120 FALLING CREEK DR	Iredell County

Owner Information	Applicant Information
Name: RISTEEN JENNIFER A	Name: DIXIELAND, INC OR QUALITY CONTROL OF STSVL
Address: C/O JENNIFER A GRIFFITH 226 CASTEEL RD SE CLEVELAND, TN 37323	Address: 133 REDEMPTION RD STATESVILLE, NC 28625
Phone:	Phone: (704)202-4971

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD

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: 10/12/2020

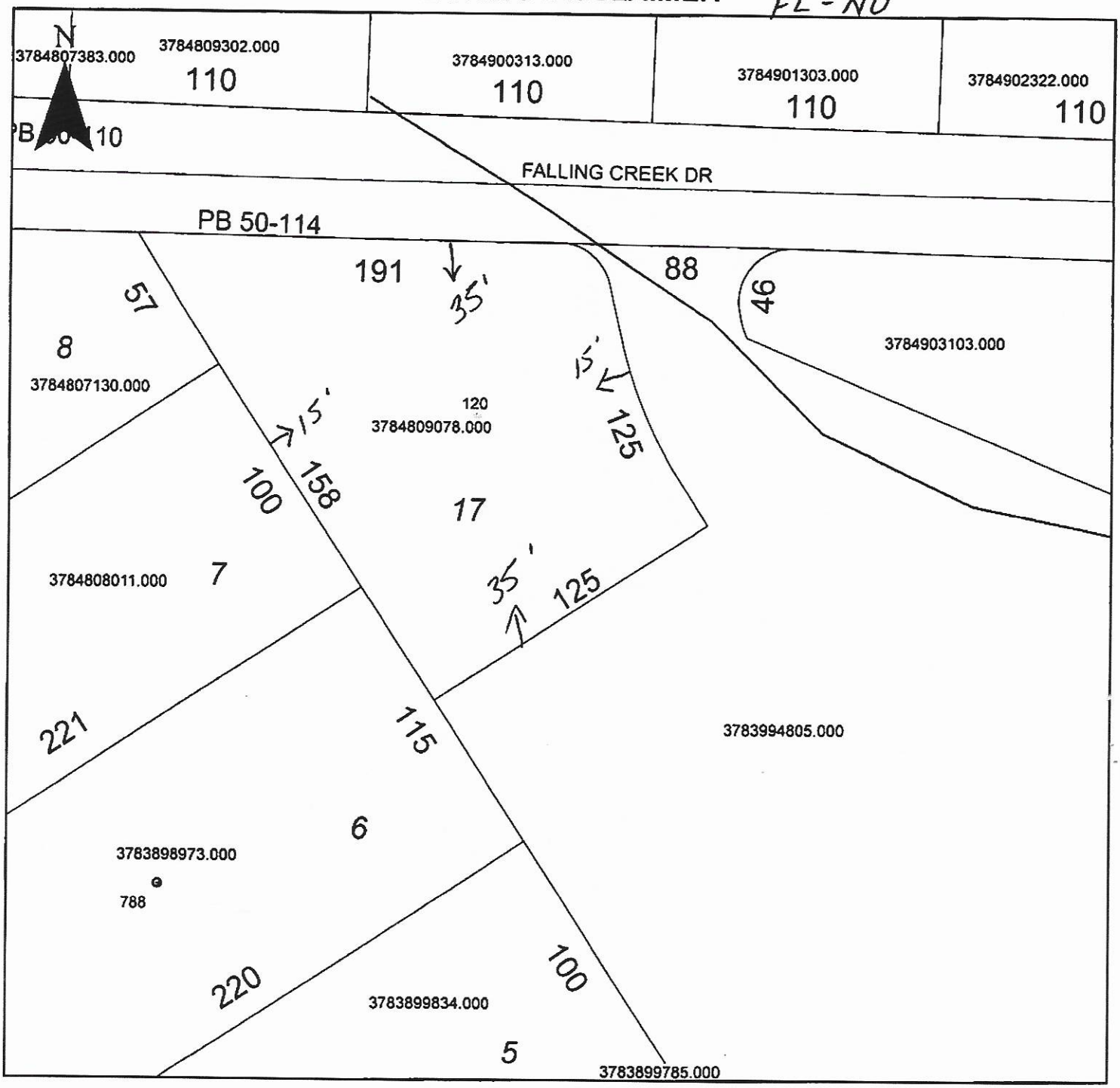
Permit Number	311716

TOTAL FEES:	$77.25

3/17/16

RM 0.512 AC
WS IV PA C/LN
FL-NO

ZONING DISCLAIMER



Property Address 120 Falling Creek Dr.

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. Applicant further acknowledges that the 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.

S Harrell

Applicant

10/12/20

Date