HS (4)

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP311712

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

PIN # 4713875387

APPLICANT/OWNER: Dixieland Inc
APPLICANT ADDRESS: 133 Redemption Rd Statesville NC 28625
SITE ADDRESS: 133 Greenwich Dr Statesville NC 28677
PHONE: 704-202-4971 ALT. PHONE
SITE DIRECTIONS: Kelly St to Ron West End Ave, Ron W Front St, L on Newton Dr, S on US 70 W, L on Bethlehem Rd L on Greenwich Dr, L to end
SAP CONTROLLED: ☐ YES ☒ NO
SUBDIVISION: The Landings
SECTION: 2 LOT # 40 LOT AREA: 0.51 acres DESIGN FLOW: 360 GPD L.T.A.R.: .25

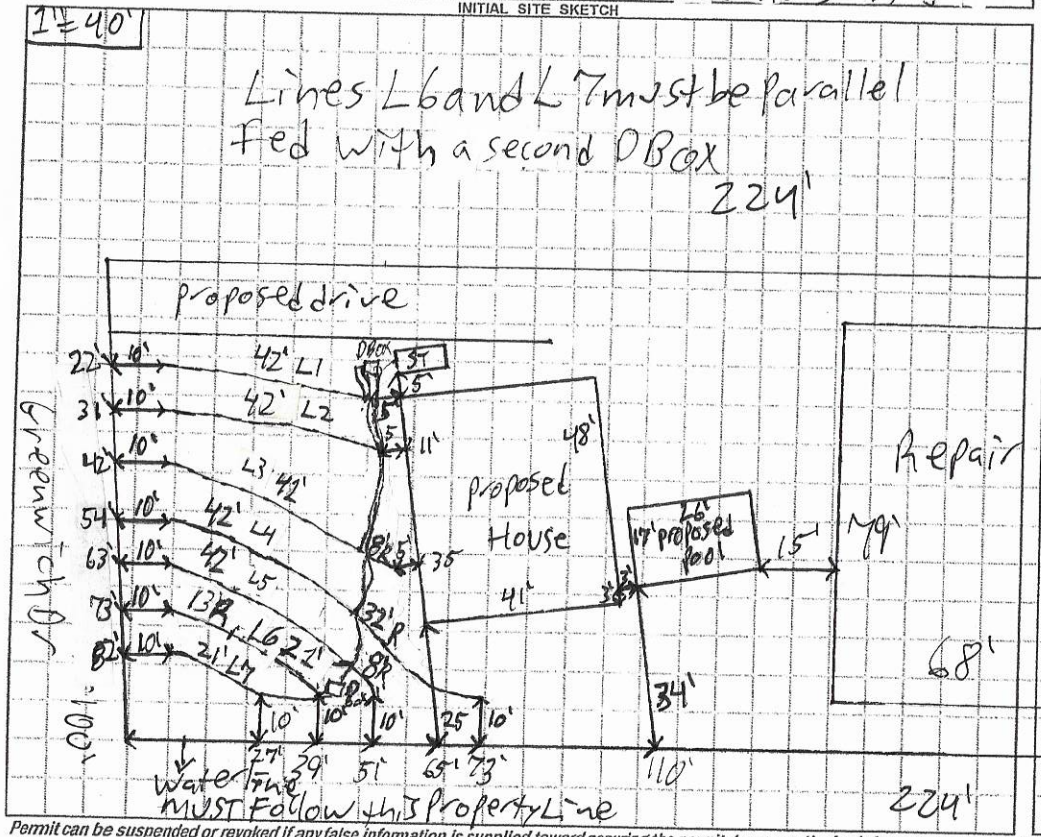
Septic Tank	1000 (gal)	STB	760	Date	5-11	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 50% Reduction	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft:	240'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	31"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

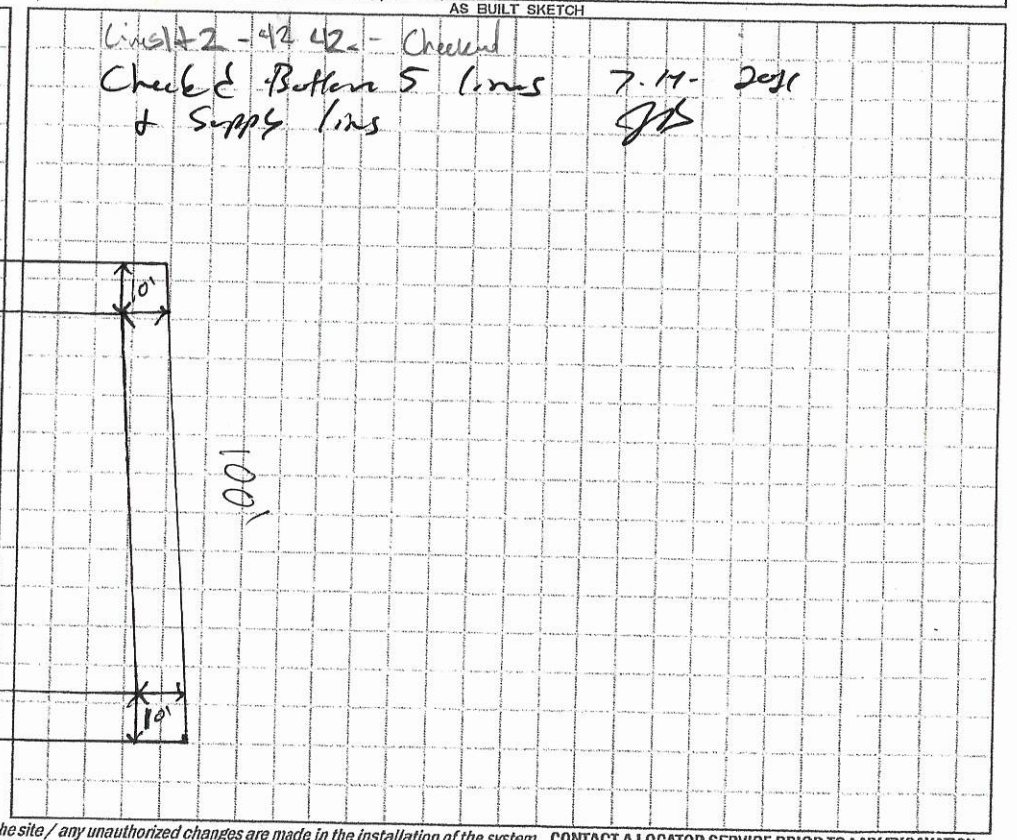
Comments / Conditions: Install lines on contour. DO NOT drive on, store material, or manipulate drainfield in any way. NO Foundation drains can be installed on the house.

Any part of septic must be 10' off of water Line. Install Tank as shallow as possible to ensure Fall. Connect L6 and L7 to make 1 line

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: Regina Dowdle Date: 3/22/21
IMPROVEMENT PERMIT by: Patrick J Byrne III Date: 3/8/2021
AUTHORIZATION TO CONSTRUCT by: Patrick J Byrne III Date: 3/8/2021
Installed by: Jake Williams Excavating
OPERATION PERMIT by: Date: 7-14-2021
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 inspector 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 #: 9713875397
COUNTY: Iredell

1223 to 1300 SE

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

OWNER: Dirtelandz Inc
ADDRESS: 133 Redemption Rd
PROPOSED FACILITY: Nursing home PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 133 Greenwich Dr

APPLICATION DATE 10/10/2020
DATE EVALUATED: 11/9/2020
PROPERTY SIZE: 0.5 acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 9%	0-9	SCL wsbk	Fr SS sp soap	Y/B mottles inclusions	48"	Litho inclusions with parent Rx mixed in	Manganese common at bottom small rock inclusions	PS, .25
		9-23	SCL wsbk	Fr SS sp soap					
		23-43	C sbk	Fr SS sp soap					
		43-48	CL sbk	Fr SS sp soap					
2	SS 13%	0-5	SCL wsbk		Y/B mottling inclusions	48"	Litho inclusions vein of parent Rx between 42-45	manganese in bottom parent Rx vein small to medium rock inclusions	PS, .25
		5-12	SC wsbk						
		12-31	C sbk						
		31-48	CL sbk						
3	SS 5%	0-8	SCL wsbk	Fr SS sp soap	Y/B mottling inclusions	48"	Litho inclusions parent Rx mixed in	manganese common at bottom	PS, .25
		8-24	SC wsbk	Fr SS sp soap					
		24-37	C sbk	Fr SS sp soap					
		37-48	CL sbk	Fr SS sp soap					
4	SS 7%	0-3	SCL wsbk	Fr SS sp soap	—	48"	Litho inclusions small veins of parent Rx scattered throughout	some manganese inclusions	PS, .25
		3-28	C sbk	Fr SS sp soap					
		28-48	CL sbk	Fr SS sp soap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	240
System Type(s)	Gravity 25%	LPP PBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: patrick B
OTHER(S) PRESENT:

Lot needs to be cleared, sunny under trees

RECEIVED OCT 1 2 2020

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

Iredell County Health Department – Environmental Health Division

AP-311912
$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: gingerdawdle2@gmail.com **Phone:** 704-202-4971 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 133 Greenwich Dr. Statesville 28677

Subdivision Name: The Landings **Section/Phase:** _____ **Lot Number:** 40

Driving Directions: W on Hickory Hwy, TL on Bethlehem Rd. TL on Greenwich Drive. Property on L across from Gatwick Ct.

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: 3
Maximum Number of Occupants: 2
( ) 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 Dawdle 10/10/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 9A41B4F2-5417-4457-A475-42484CEBD387

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Robert A. Collier, am the legal owner(s) of the property located at 133 Greenwich Dr. Statesville 28677, identified as PIN (Parcel Identification Number) 4713875387, 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:
Robert A Collier III
73AE8ECE48B...

Signature of Owner(s)

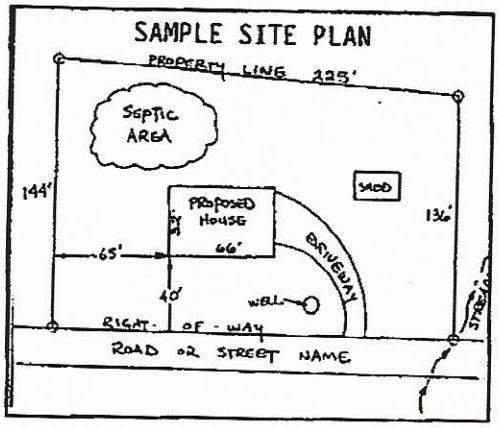
9/22/2020
Date

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

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)

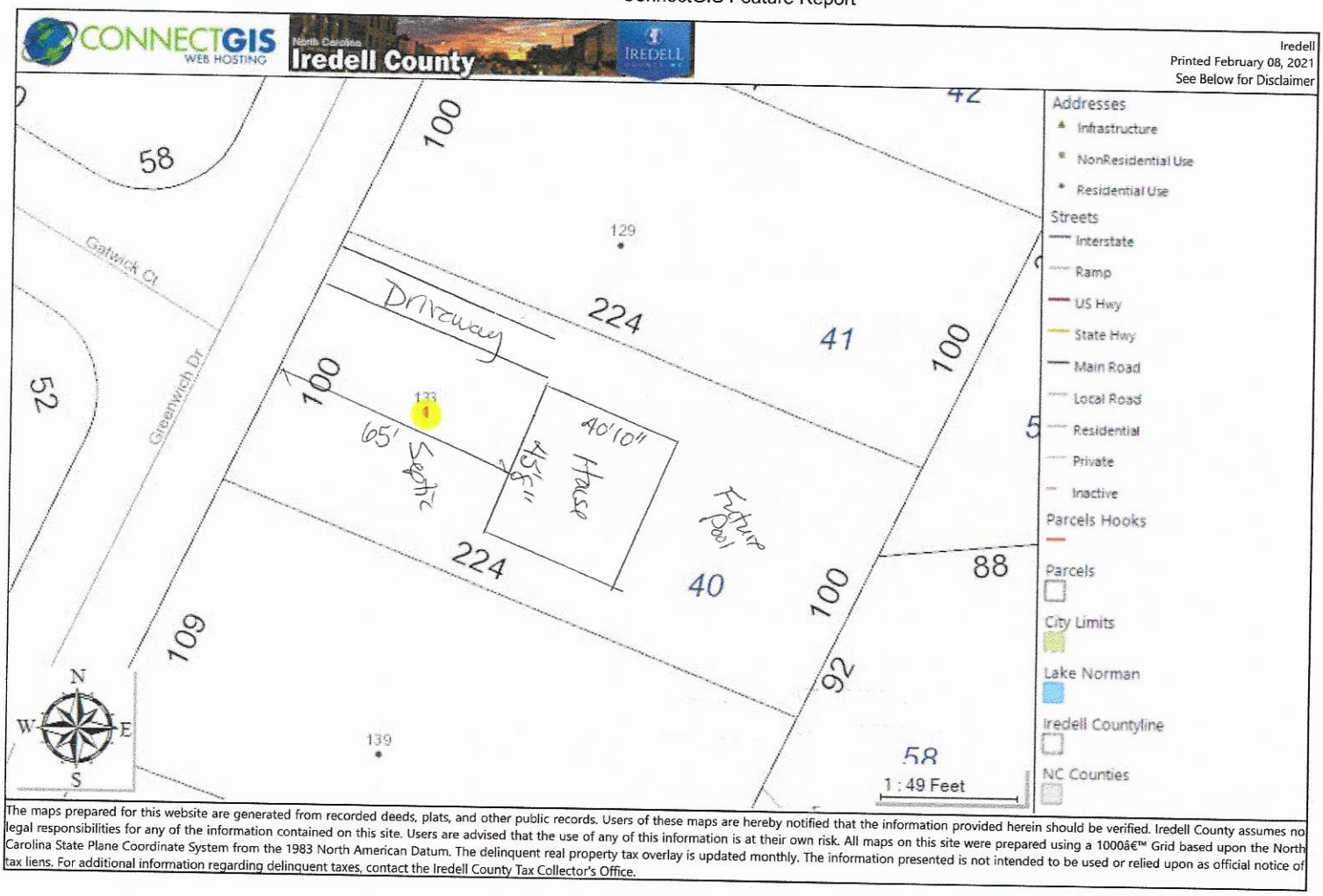
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

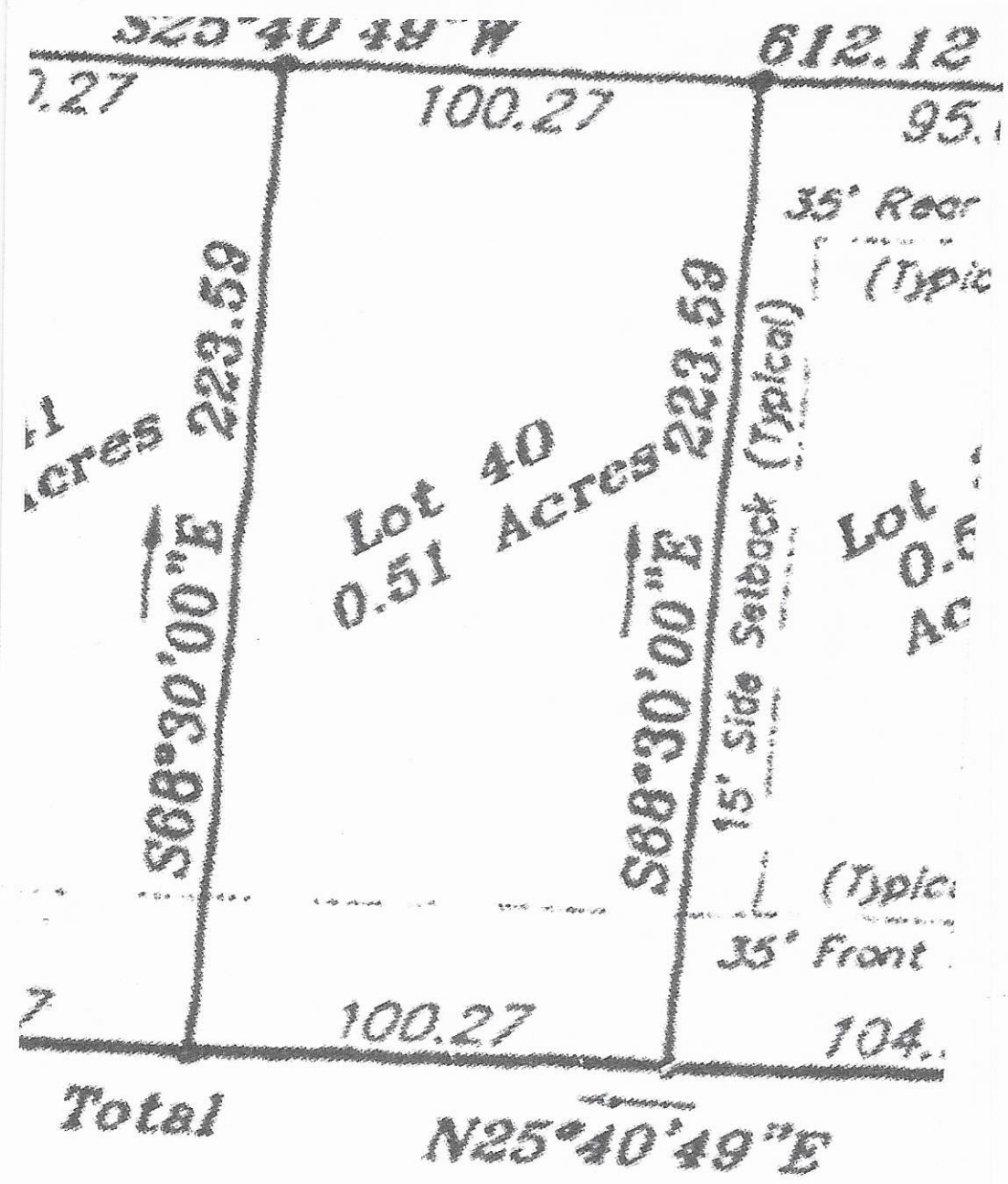
Signature: Regina C Dowdle
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

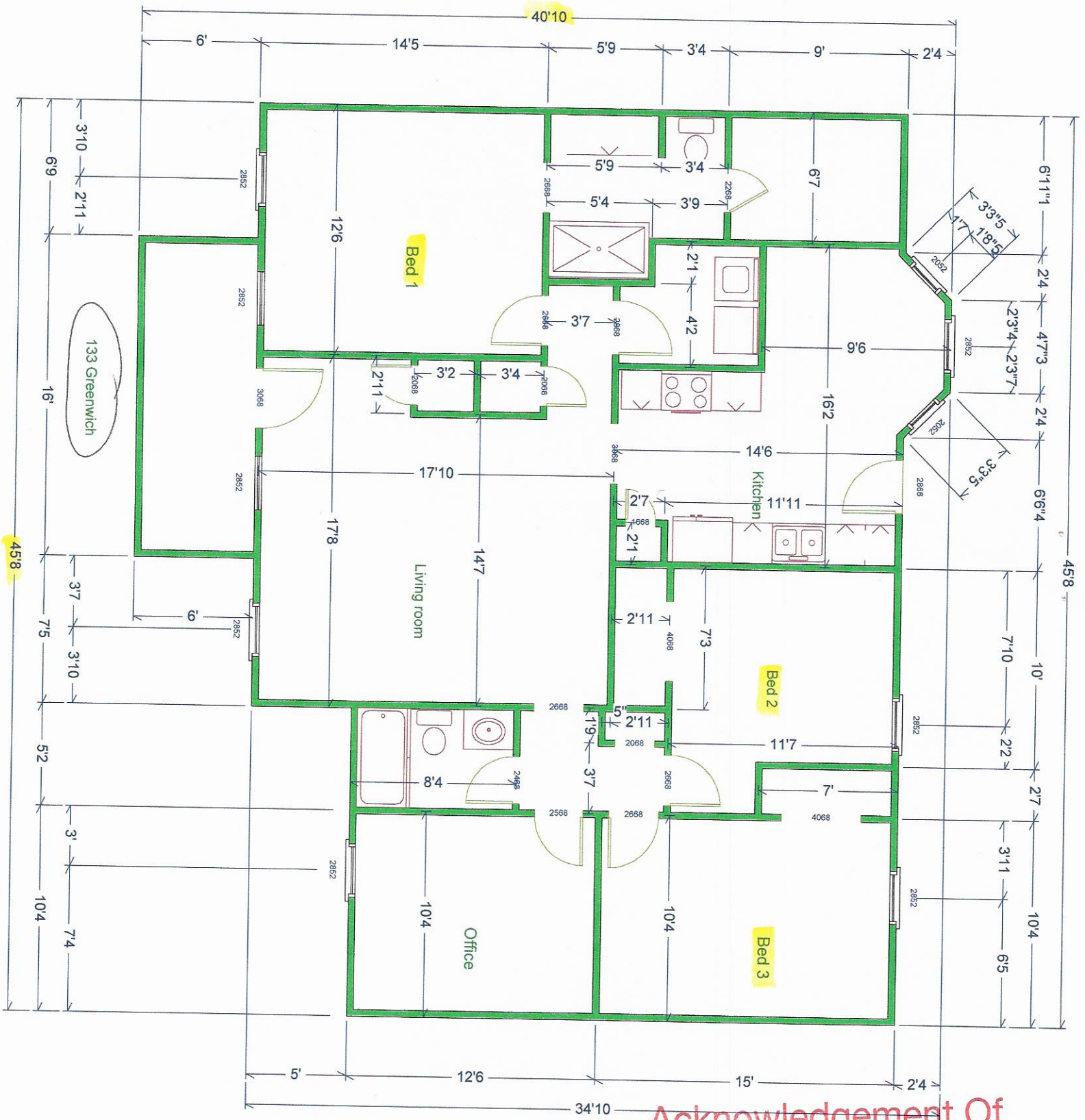
10/10/20
DATE



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.

133 Greenwich Revised Site Plan


S25°40'49"W
612.12
100.27
95.
35' Rear
(Typic
223.59
Lot 40
0.51 Acres
S88°30'00"E
15' Side Setback (Typical)
Lot
0.5
Ac
(Typic
35' Front
100.27
104.
Total
N25°40'49"E



Acknowledgement Of
Plans Submittal ONLY!
Regina Daudle Date 2/8/2021
Patrick D Boyle III Date 3/8/2021

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311712 Issue Date: 10/12/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4713875387.000	133 GREENWICH DR	Iredell County

Owner Information	Applicant Information
Name: COLLIER PROPERTIES LLC	Name: DIXIELAND, INC OR QUALITY CONTROL OF STSVL
Address: P O BOX 366	Address: 133 REDEMPTION RD
STATESVILLE, NC 28687	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	N/A	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

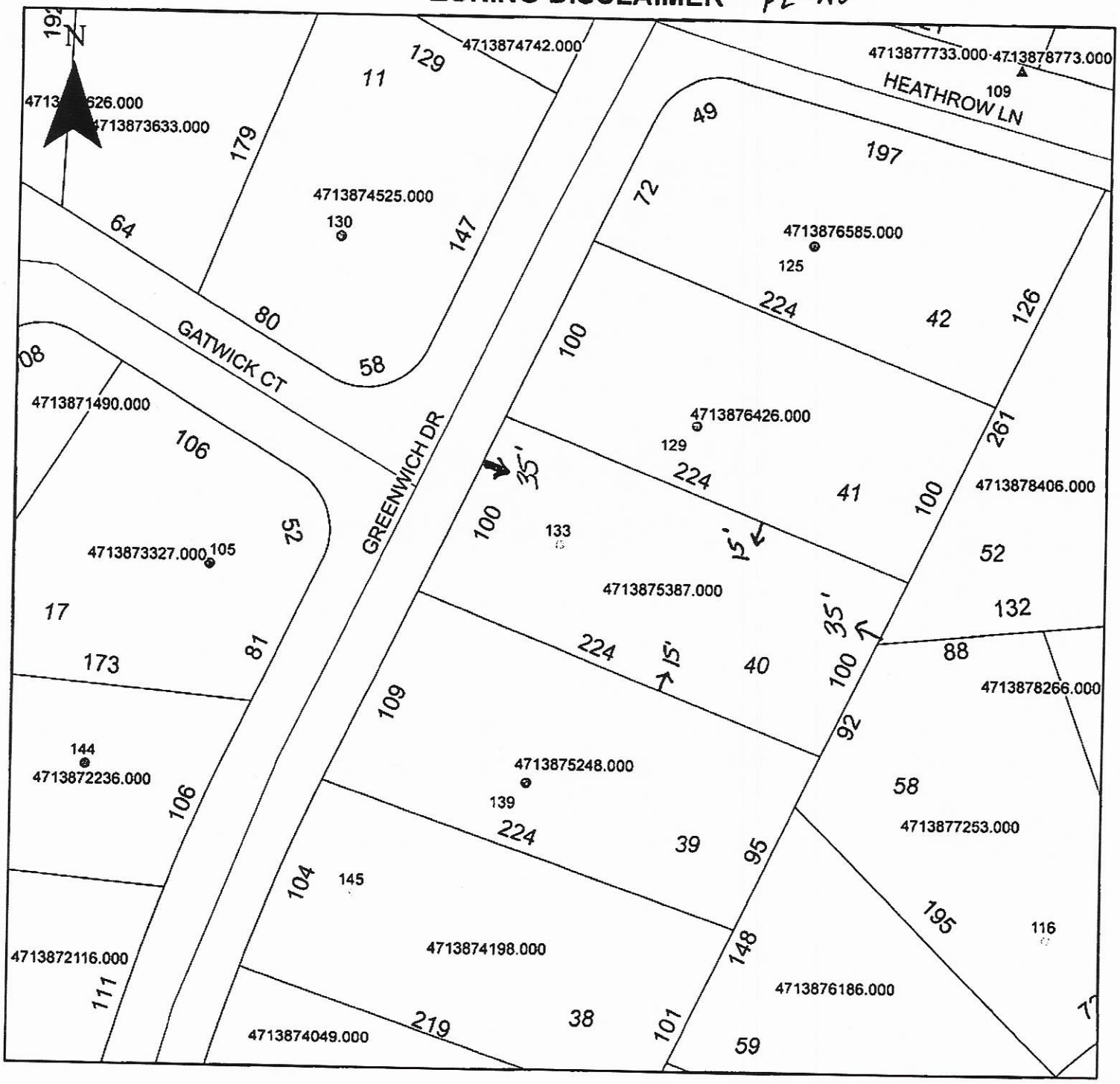
Date: 10/12/2020

Permit Number	311712	TOTAL FEES:	

AEC-85

WS-NO
FL-NO

ZONING DISCLAIMER



Property Address 133 Greenwich 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.

Applicant

10/12/20
Date