ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-309864

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

PIN # 4727 -99 -7931

APPLICANT/OWNER: DIXIELAND INC APPLICANT ADDRESS: 133 REDEMPTION ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 197 GRASSY MEADOW LANE, STATESVILLE, N.C. 28625 PHONE: 704-202-4971 ALT. PHONE —

SITE DIRECTIONS: (N) ON 115, (R) ON BRANCHWOOD, (L) ON RIVER FIELD, (R) ON GRASSY MEADOW LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

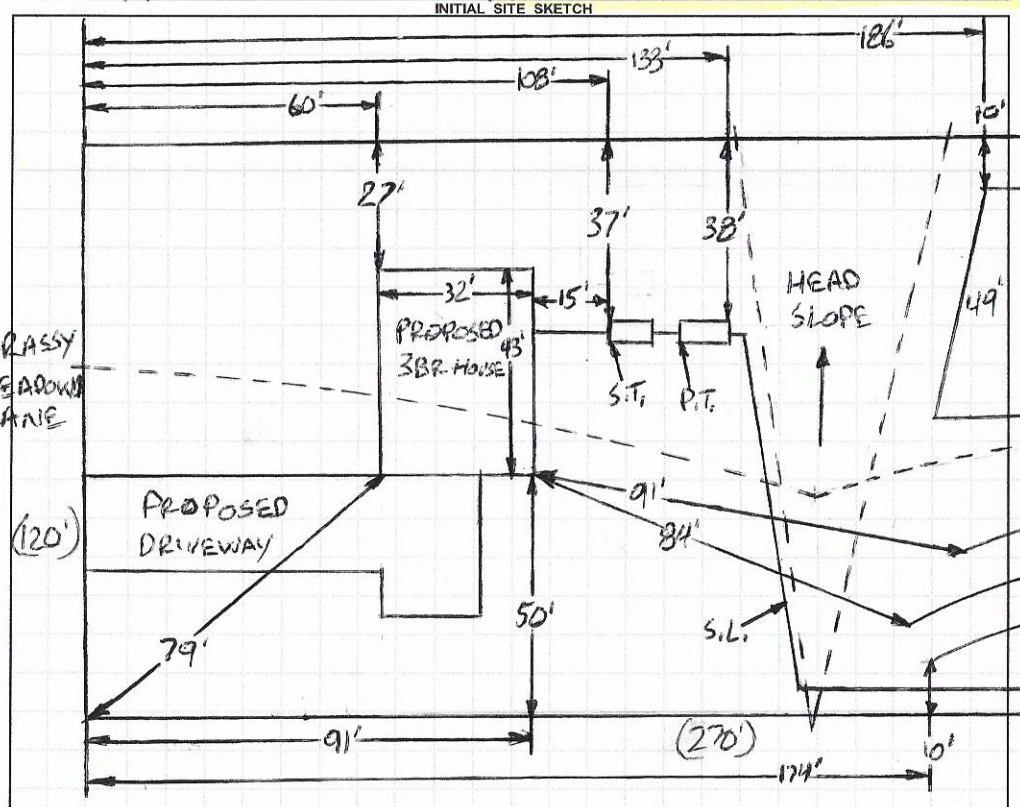
SUBDIVISION: RIDGECREST SECTION: 3 LOT # 66 LOT AREA: 0.744 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB 760	Date	11-7-28	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	1000	(gal)	PT 363	Date	10-23-2020	System Description:	25% REDUCTION - P.M.			☐ Business	No. Persons 6
Pump Make	Zoeller	Model	BN151	Serial #	2K20J23K	Repair System Description:	25% REDUCTION - P.M.			☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4	Linear Ft	300FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)			32 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

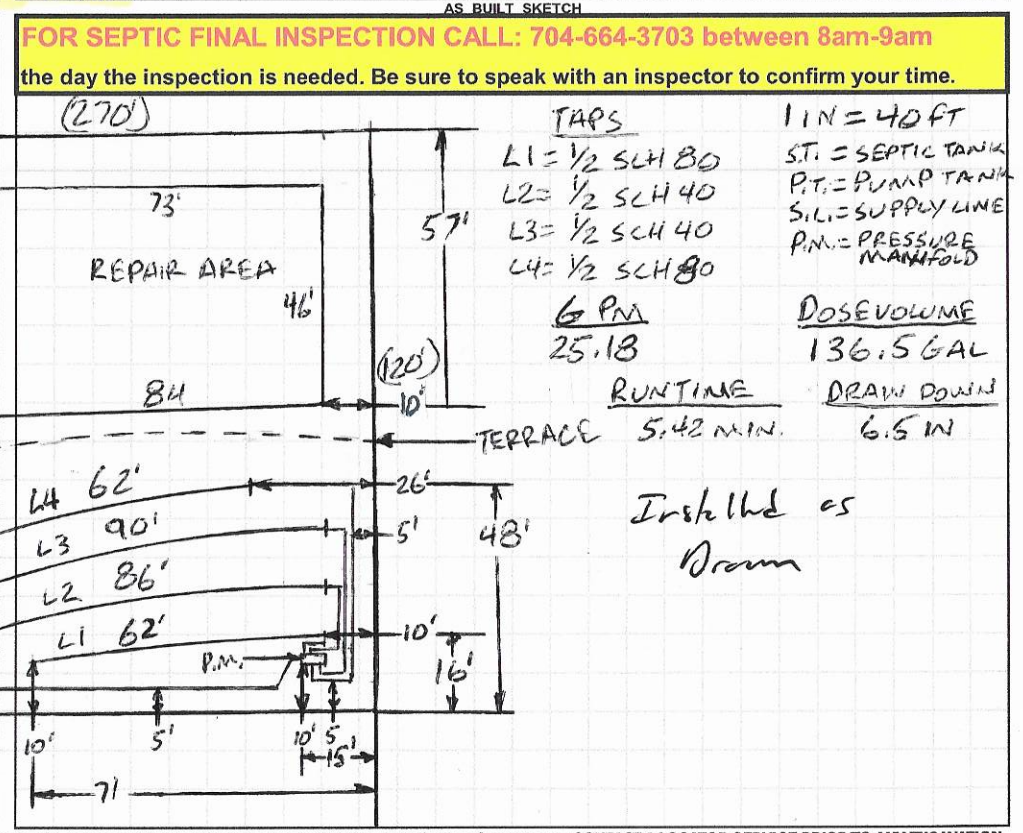
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE PARALLEL DISTRIBUTION WITH PRESSURE MANIFOLD, DO NOT EXCEED 36IN MAX TRENCH BOTTOM, TERRACE MUST BE GRADED OUT PRIOR TO O.P

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.



TAPS
L1 = ½ SCH 80
L2 = ½ SCH 40
L3 = ½ SCH 40
L4 = ½ SCH 80

1 IN = 40 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD

GPM 25.18

DOSE VOLUME 136.5 GAL

RUNTIME 5.42 MIN.

DRAW DOWN 6.5 IN

Installed as Drawn

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: [signature] Date: 9/2/20 Installed by: Williams Excavating

IMPROVEMENT PERMIT by: [signature] Date: 9-1-2020 OPERATION PERMIT by: [signature] Date: 12-30-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-1-2020 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

PROPERTY ID #: 4727997931
COUNTY: IREDELL

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

OWNER: DIXIELAND INC
ADDRESS: 133 REDEMPTION ROAD, STATESVILLE, N.C. 28625
APPLICATION DATE: 7-13-2020
DATE EVALUATED: 8-26-2020
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.744 AC
LOCATION OF SITE: 197 GRASSY MEADOW LANE, STATESVILLE, N.C. 28625
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1									
2				SEE PAGE 2					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% - P.M.	25% - PM
Site LTAR	0.3	0.3 SHALLOW

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Wilder
OTHER(S) PRESENT: CARLA C. NICKS

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4727997931
DATE OF EVALUATION: 8-26-2020
COUNTY: IREDELL

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	TERRACE 10%	0-12	FILL	FILL	SAP INC THRU OUT FEW FI 44"+ MICA COMMON	65"+	NA	NA	PS .3
		12-37	C, SBK	FR, S, P, SEXP					
		37-65	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 12%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW FI MICA COMMON	50"+	NA	NA	PS .3
		6-33	C, SBK	FR, S, SP, SEXP					
		33-50	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 10%	0-30	C, SBK	FR, SS, P, SEXP	SAP INC THRU OUT MICA COMMON	49"+	NA	NA	PS .3
		30-49	CL, WSBK	VFR, SS, SP, SEXP					
4	LINEAR SIDE 8%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI 48"+	50"+	NA	NA	PS .3
		33-50	CL, WSBK	FR, SS, SP, SEXP					
5	LINEAR SIDE 8%	0-25	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI SAP INC 30"+	45"	NA	NA	PS .3 ABOVE 33"
		25-45	CL, WSBK	FR, SS, SP, SEXP					
		45"+	BHR						

COMMENTS:

NTS
5% SLOPE W/ LASER
TERRACE
52'
47'
38'
24'
5'
10'
62'
84'
71'
95'
51'
42'
PROPOSED 3BD HOUSE
32'
HEAD SLOPE
53'
79'
111'
139'
GRASSY MEADOW

8-11-20
AP-309864
$500.00

BW

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*

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: gingerdowdle2@gmail.com **Phone:** 704 202 4971 **Alt. Phone:**
Owner Name: Craven Keams McDowell **Address:** 1926 Old Humble Mill Rd Asheboro **Zip:** 27205
Owner Email: **Phone:** 336 302 9225 **Alt. Phone:**

Property Information:

Street Address: 197 Grassy Meadow Ln
Subdivision Name: Ridgecrest **Section/Phase:** **Lot Number:** 66
Driving Directions: Hwy 115 to R on Branchwood. L on Riverfield R on Grassy Meadow – Lot on Right

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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.

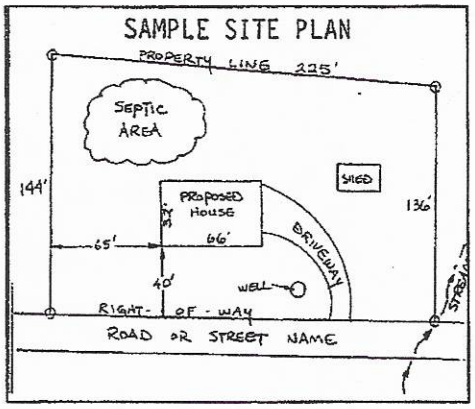
Signature: Regina C Dowdle — 8/13/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

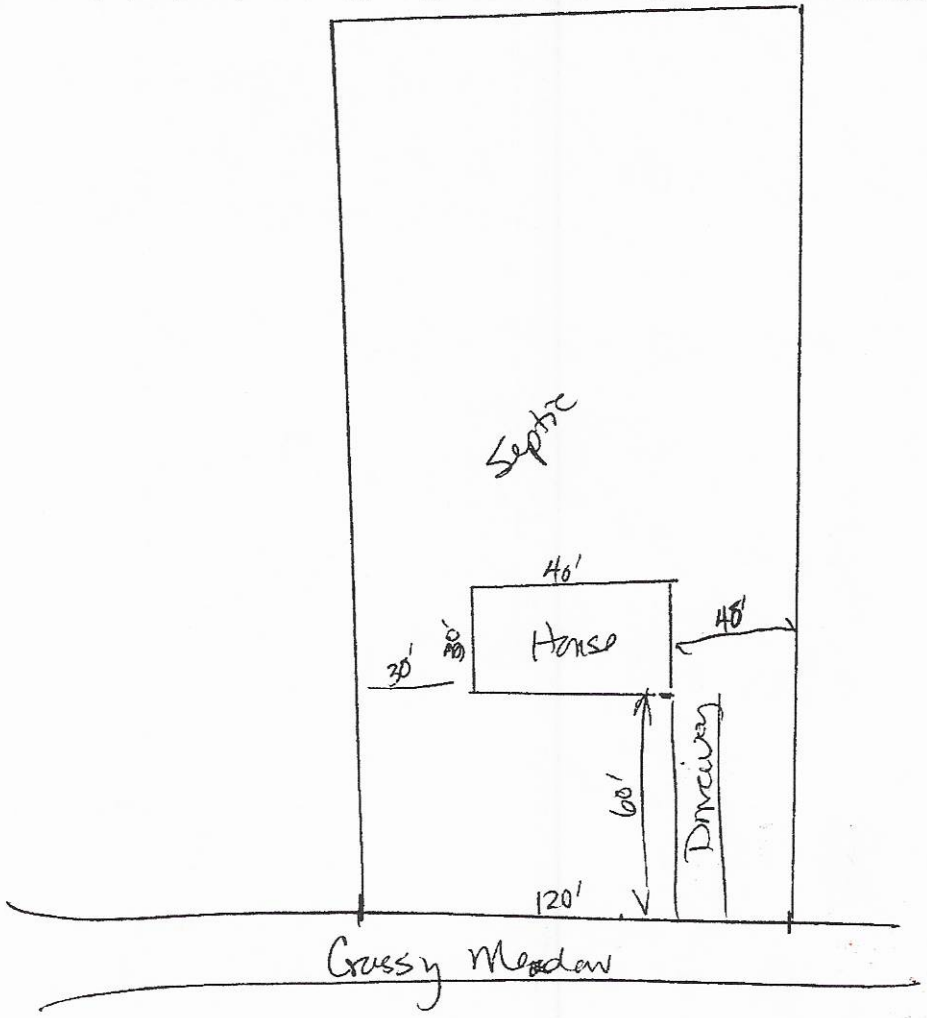
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator 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



Signature: Regina C. Dowdle

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

7/30/2020

DATE

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, Ken McDowell, am the legal owner(s) of the property located at 197 Grassy Meadow, identified as PIN (Parcel Identification Number) 4727997931, 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.

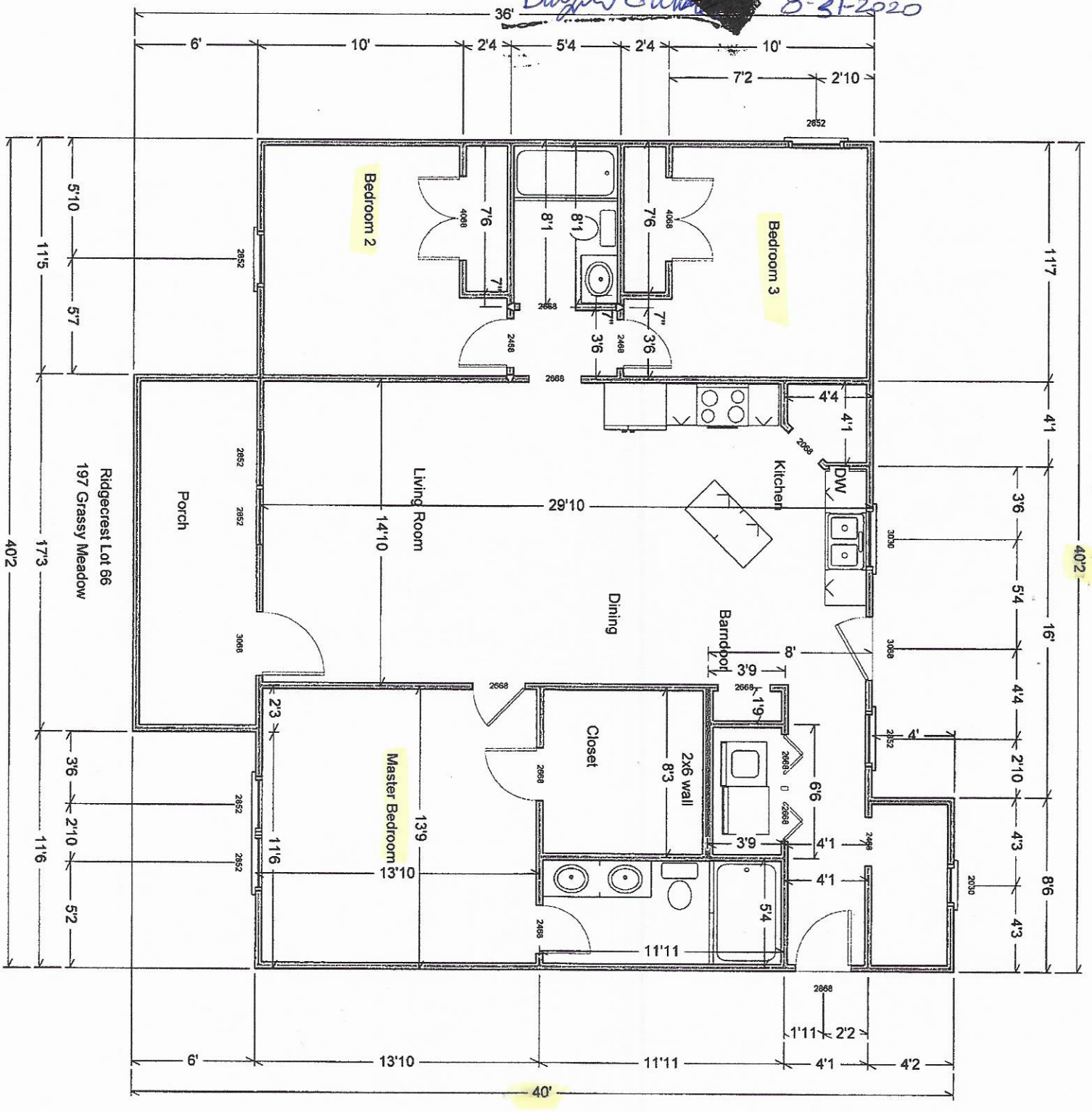
Ken McDowell
Signature of Owner(s)

2-22-20
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 Submitted ONLY!
Kyma C DuAlcaire 7/30/2020
Buyer Cultural [redacted] 8-31-2020



IREDELL COUNTY · NC

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

APPLICATION NUMBER
309864
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4727997931.000	197 GRASSY MEADOW LN	Iredell County

Owner Information	Applicant Information
Name: CRAVEN KEARNS+MCDOWELL	Name: DIXIELAND, INC OR QUALITY CONTROL OF STSVL
Address:	Address: 133 REDEMPTION RD STATESVILLE, NC 28625
Phone:	Phone: (704)876-6161

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.744	35	35	15	15	WSIV-PA South Yadkin	NO

Remarks
SFD need disclaimer

Need disclaimer

8/11/2020

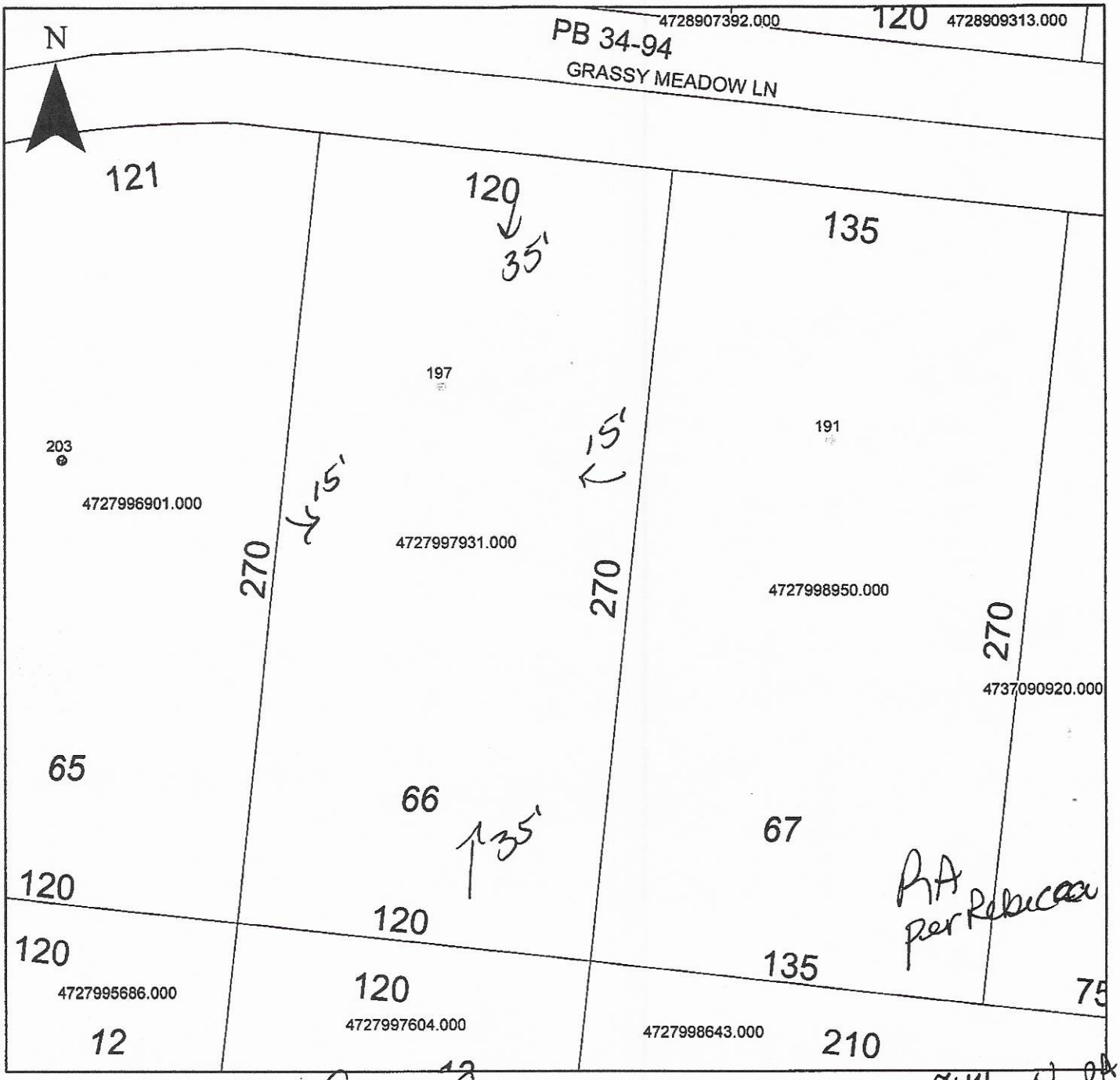
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 08/11/2020

Signature of Owner/Contractor

Permit Number	309864	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 197 Grassy Meadow

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 _____ Date _____