IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 222798

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

PIN # 4737798038

APPLICANT/OWNER: Richard Dillard | APPLICANT ADDRESS: 114 Deercroft Drive Statesville

SITE ADDRESS: 242 Bluegill Lane Statesville 28625 | PHONE: 704 902 5314 | ALT. PHONE ~

SITE DIRECTIONS: S. Chipley Ford RD Ron Bluegill Lane 1st Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Poplar Ridge | SECTION: 1 | LOT # 5-7 Combined | LOT AREA: 5.109 Acres | DESIGN FLOW: 360 gpd | L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1		# Lines	4	Linear Ft	360					
Trench Width	36		Trench Bottom Depth(Low side)	20 inches	Gravel Depth	~					

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% reduction

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☐ Crawl Space

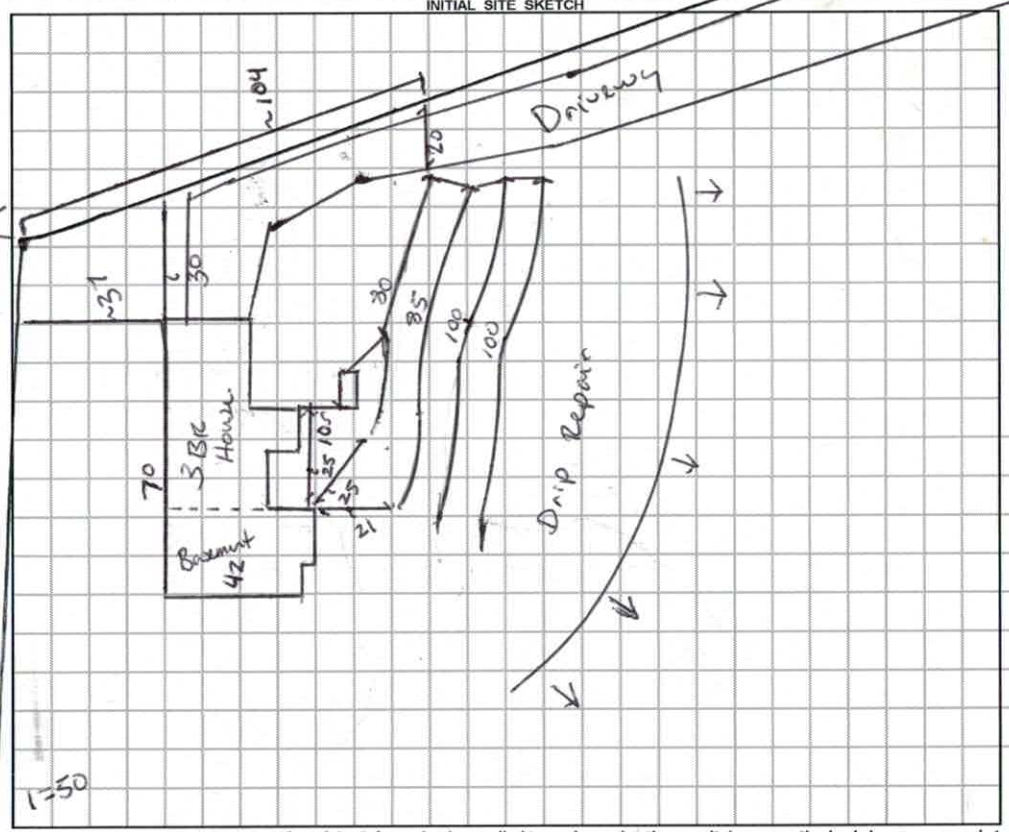
Water Supply: ☐ Private ☒ Public ☐ Community

☒ Basement w/o plumbing

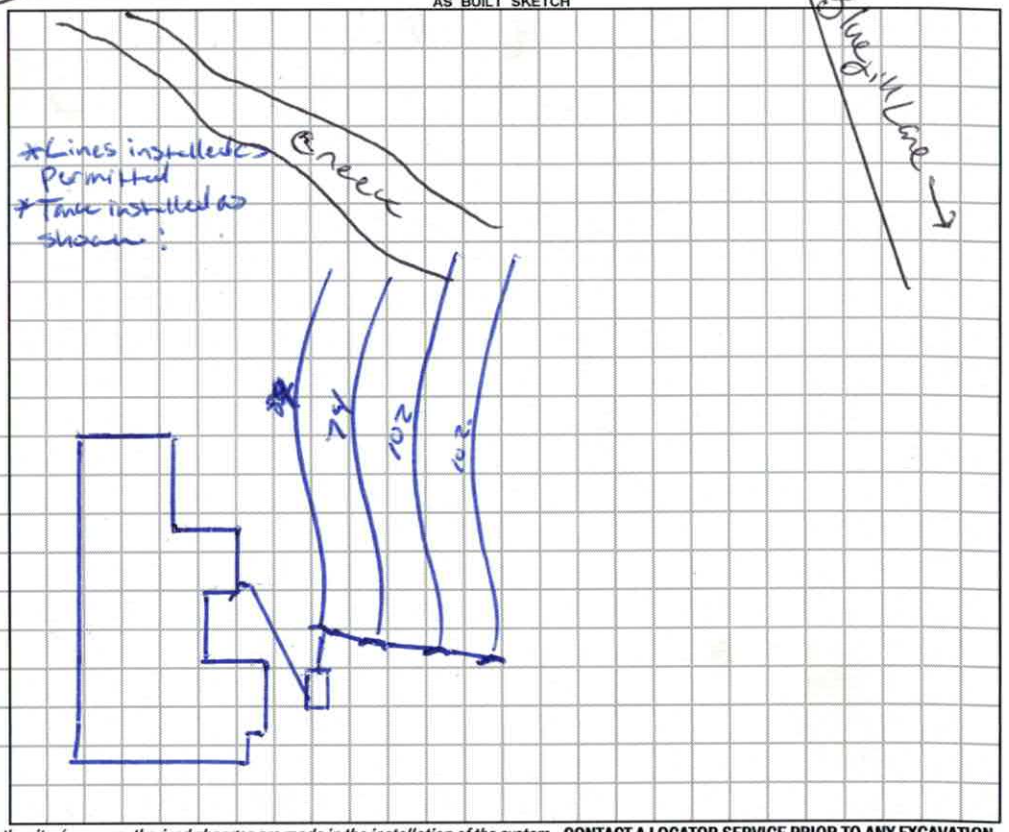
Comments / Conditions: *Stubout must be placed as shown on the permit. Tank + first Drainline must be 25 ft from basement due to bad upslope. Install on the contour of the land + utilize serial distribution. Do not exceed max depth of 24 inches on high side

* Permit Replaces Pump Permit Issued on 6/21/17
* Contact Health Dept Prior to Installation

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: [signature] Date:

Installed by: T.B. Gosling & Septic

IMPROVEMENT PERMIT by: Benjamin A. Botkins Date: 6/22/2017

OPERATION PERMIT by: Ben Botkins Date: 6-26-17

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Botkins Date: 6/22/2017

Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

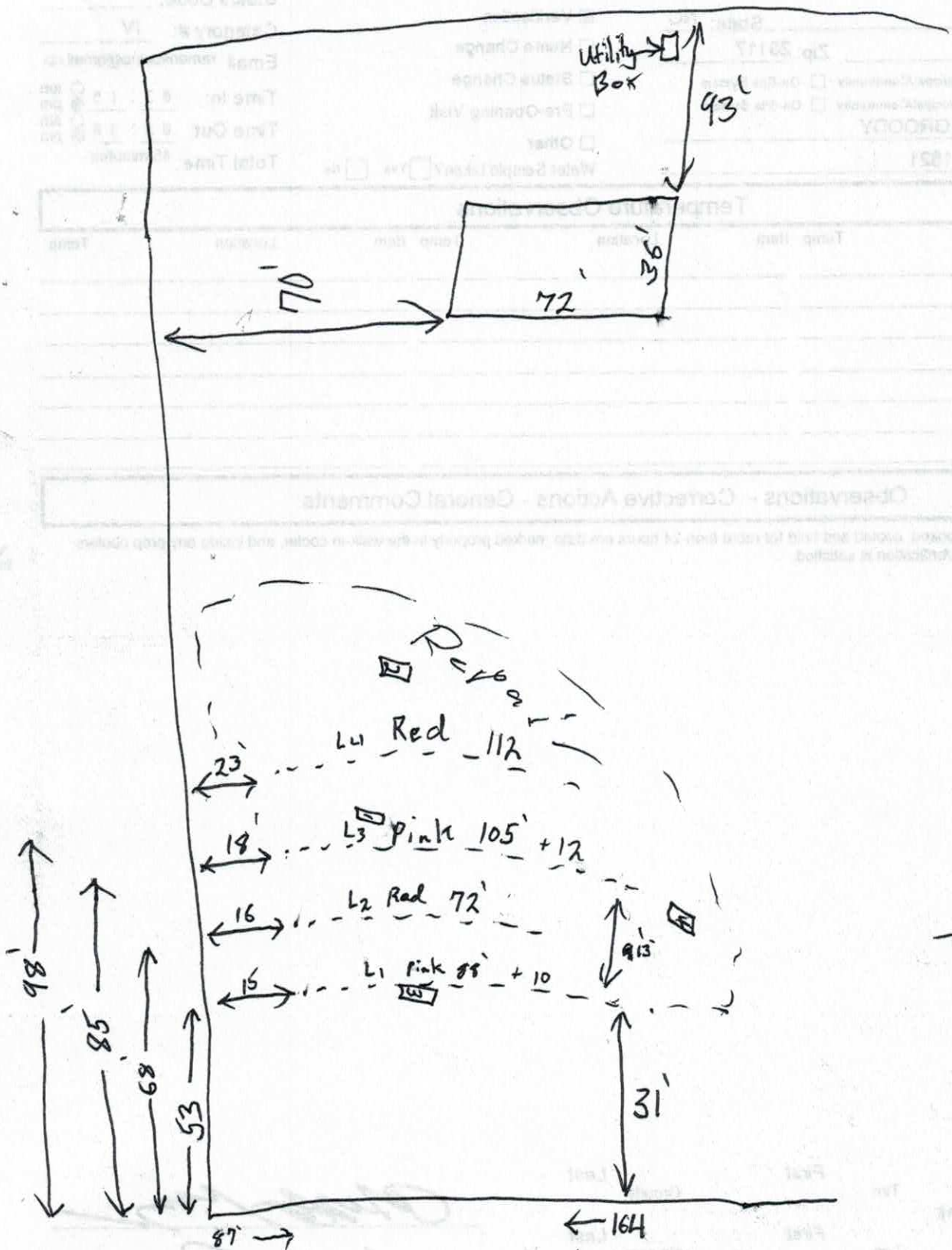
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Richard Pillard — APPLICATION DATE _____
ADDRESS: _____ — DATE EVALUATED: 12/1/2016
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 3+ acres
LOCATION OF SITE: 292 Bluegill Lane Statesville — PROPERTY RECORDED: No
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	10% primary Upper	0-11"	scL v. weak SBK	SI. Friable, SS, SP, Sap		42"	-	-	0.25 PS 0.3 Prop
		11-42	Sandy Clay v. weak SBK	Firm, sticky, SS, SP, Sap					
		42-52	Cobbles + CL mixed feldspar Rock						
		52-60	Clay Loam + Saprolite	SI. Friable, SS, SP, Sap					
2	10% LSS Repair	0-10	scL v. weak SBK	SI. Friable, SS, SP, Sap		40"	-	-	0.3 PS
		10-33	Clay w. SBK Resemnica	SI. Firm, SS, SP, Sap					
		33-40"	Clay Loam w. SBK + Abundant Saprolite	Friable, SS, SP, Sap					
		40-64	Sandy Saprolite MA	Moderately + Friable Drained					
3	10% LSS Primary	0-9	scL v. weak SBK	SI. Firm, SS, SP, Sap		47"	-	-	0.3 PS
		9-24	R. Clay W. SBK	SI. Firm, SS, SP, Sap	Qtz vein (2") grades @ 28"				
		24-47"	Clay Loam W. SBK + some gravel	SI. Friable, SS, SP, Sap					
		47-64"	Loamy Saprolite MA	Friable + moderately Drained					
4	10% Repair	0-9	scL v. weak SBK	SI. Firm, SS, SP, Sap		34"	-	-	0.3 PS 40" TB Deep Install
		9-31	R. Clay M. SBK	Firm, SS, SP, Sap					
		31-34	Clay Loam W. SBK	SI. Friable, SS, SP, Sap					
		34-39	Qtz + Feldspar cobble vein	Dense in place					
		39-64	Loamy Saprolite MA	Friable moderately Drained					
		64-72	Sandy Saprolite MA						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	Conv. - PM	Conv. PM
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Remove berms
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Mohammed Durazzo



112	3/4" SCH 40
118	3/4 SCH40
72	1/2" SCH 40
98	3/4" SCH 80
~~398~~ 400	

42.21 ~~ma~~/gal/h

211.05 5 min

$L_1 = 5'4$ 5.4'

$L_2 = 6'5$ 6.5'

$L_3 = 7'5\frac{1}{4}$ 7.525'

$L_4 = 8'5\frac{1}{4}$ 8.525'

1) 0-8 scL Top
8-24 scL wSBk ABk
24-37 C
38-48 Sap M.

.25 CTAR
Max 24.
Chroma e 36

2) 0-4 SCL
4-40 C
40-47 L

.25CTAR max 24.
Chroma e 36.

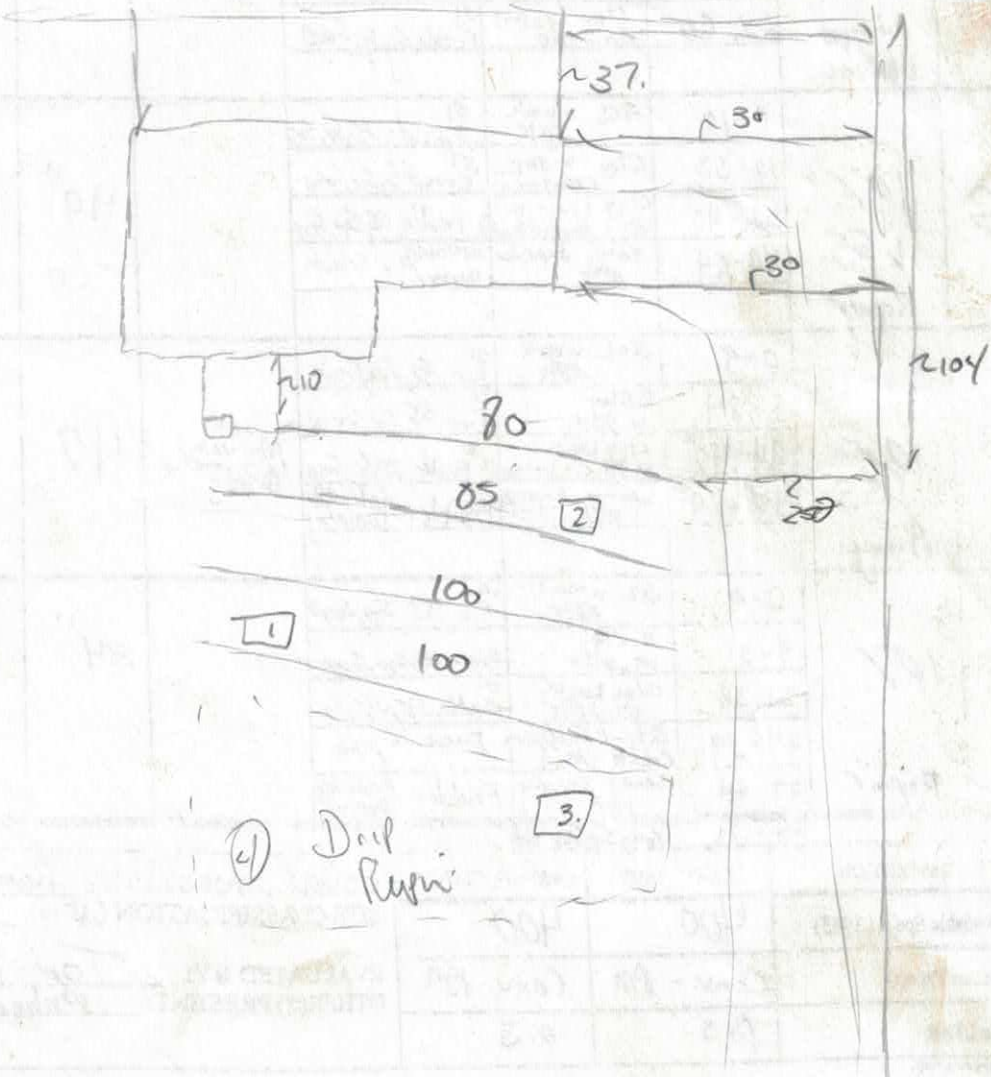
360.

3). 0-8 SCL
8-40 C ABk
40-52 CL

Duplumis e 28.
.25 CTAR.
24 max

4) 0-18 C ABk
18-23 C ABk. chroma e 17.
23-30 W.S.

Plywood under Crawl Space.



IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: (✓) Improvement Permit ( ) Authorization To Construct ( ) Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ( ) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Richard Dillard	114 Deercroft Dr. Statesville, NC	704-902-5314	704-902-3670
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Harold D. Cecil	855 Jennings Rd. Statesville, NC		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
242 Bluegill Ln. Statesville, NC	Poplar Ridge	Lot 5

PIN: 4737798230

Driving Directions: Drive north on N. Center St. Turn Right onto S. Chipley Ford Rd. Turn Right onto Bluegill Ln. Lot 5 (242 Bluegill) will be on the right once you get into Poplar Ridge.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4 or 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ____

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 10/27/16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Harold D Cecil (Cecil Enterprises, LP), am the legal owner(s) of the property located at Lot 5, 6 + 7 of Poplar Ridge Subdivision, identified as PIN (Parcel Identification Number) 4737198220, 4737197057, + 4737188914, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Richard Dillard, 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.

Harold D Cecil — 10/20/16 — Signature of Owner(s) — Date

Regina C Dowdle — 10/20/16 — Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
6/21/2017

Owner: Richard Dillard
Address: 114 Deercroft Drive
Statesville, NC 28625

Subject: Notice of Intent to Revoke/Suspend 242 Bluegill Lane Statesville, NC (**specify name/location**) Improvement Permit/Construction Authorization

Dear Richard Dillard :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 242 Blugill Lane Statesville NC for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 3. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Unable to access drain field due plumbing stub out pump tank with pressure manifold required.	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil

Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

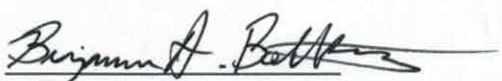
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is _6/21/2017____. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222798

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

PIN # 4737798038

APPLICANT: Richard Dilland APPLICANT ADDRESS: 114 Deercroft Drive SVC

SITE ADDRESS: 242 Blysill Lane SVC 28625 PHONE: 704 9025314 ALT. PHONE:

SITE DIRECTIONS: S. Shirley Ford Rd N R on Blysill Lane Lot on Right.

SUBDIVISION: Poplar Ridge SECTION: 1 LOT # 5-7 LOT AREA: 5.109 DESIGN FLOW: 360 L.T.A.R.: .25

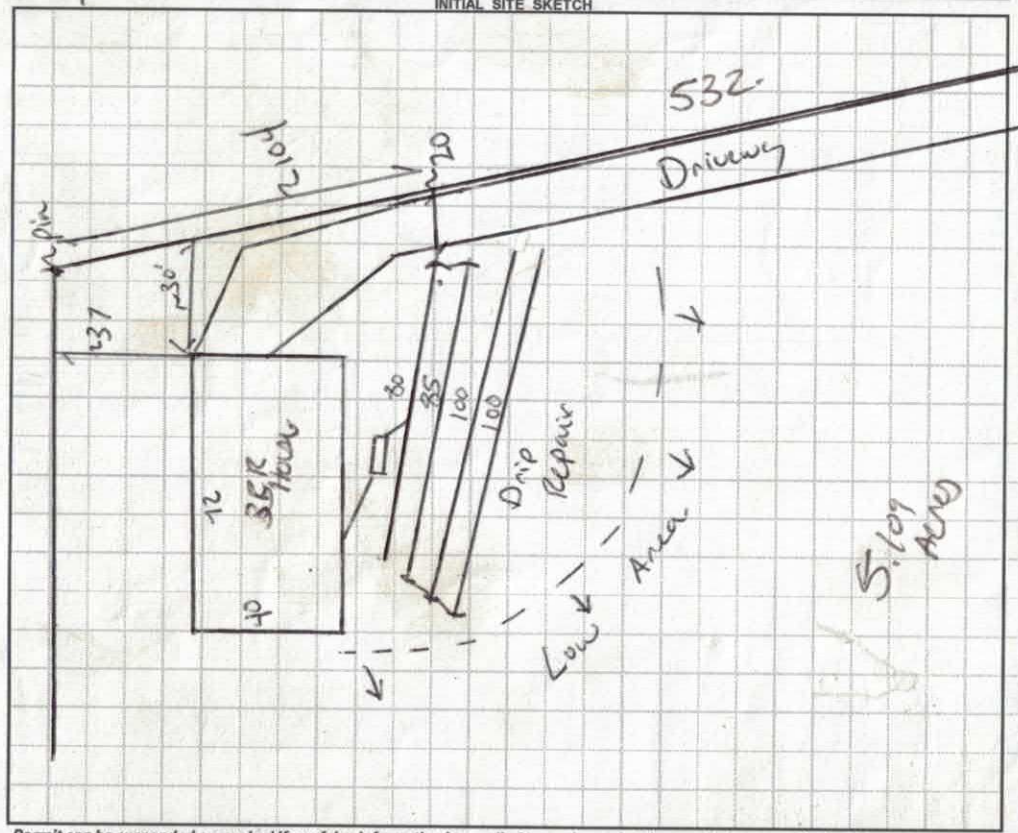
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	25% reduction			☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:	Drip			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft: 360	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36	Max. Trench Bottom Depth	24 inches High	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community ☐ Basement w/o plumbing

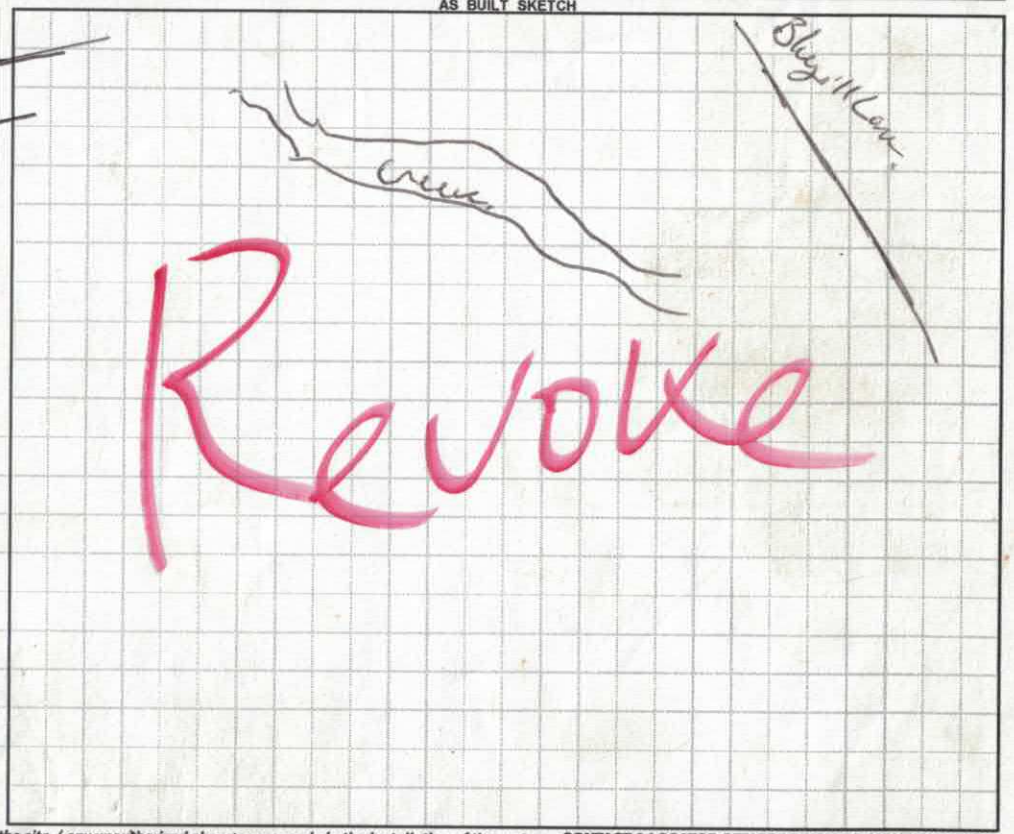
Comments / Conditions: Do not exceed max depth of 24 inches. Stub plumbing out high as possible in order to avoid pump. Do not grade any of Septic area due to shallow placement. Contact Iredell County Health Dept for pre-construction brief.

6/19/17 - Met w/ installer + builder, plumbing plumbed low ~ Tank must sit out of ground in order to get fall to first Trench ~ B.B. ~ 24 inches max High side out

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: Richard V. Dilland Date: 4/26/17 Installed by:

IMPROVEMENT PERMIT by: Benjamin A. Botkins Date: 4/13/2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Botkins Date: 4/13/2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
4/24/2017. **(Date)**

Owner: Richard Dillard
Address: 114 Deercroft Drive
Statesville, NC 28625

Subject: Notice of Intent to Revoke/Suspend 242 Bluejil Lane Statesville, NC 28625 (**specify name/location**) Improvement Permit/Construction Authorization

Dear Richard Dillard:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 242 Bluejil Ln Statesville NC (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type III - Conventional (specify type and number) conditions. As a result of this inspection, the Department has pressure manifold. determined the following violations:

Violation	Law or Rule Citation
Moving of house on top already permitted drainfield.	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is _____. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

_____

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 222798

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

PIN # 4737-79-8220

APPLICANT: Richard Dillard APPLICANT ADDRESS: 114 Deercroft Dr Statesville, NC

SITE ADDRESS: 242 Bluegil Lane Statesville, NC 28625 PHONE: 704-902-5314 ALT. PHONE:

SITE DIRECTIONS: S. Chipley Ford Rd N → R on Bluegil Lane → Lot(s) on Right

SUBDIVISION: Poplar Ridge SECTION: LOT # 5,6,7 combine LOT AREA: DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

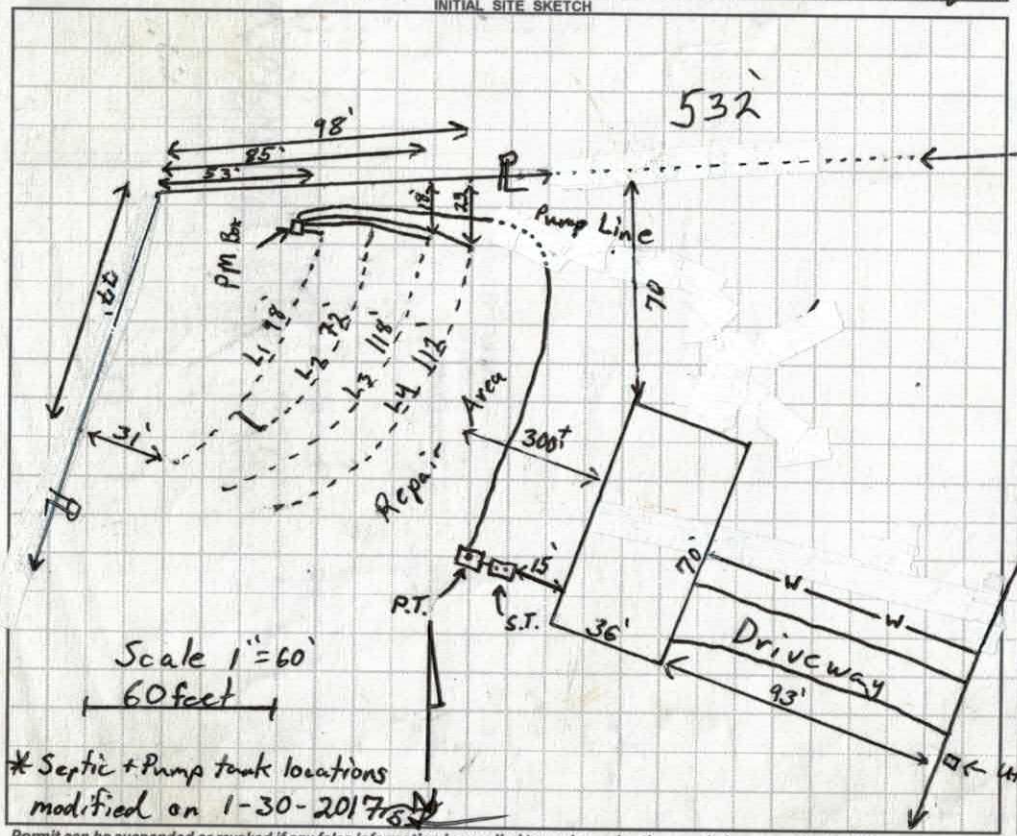
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	Date	System Description:	conventional - PM		
Pump Make		Model	Serial #	Repair System Description:	conventional - PM ?		
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Max. Trench Bottom Depth	40"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. 25% reduction materials (chambers, etc) may be used for the install however the 25% reduction credit is not allowed due to required trench bottom depth. Tap sizing as follows: L1 + L2 to SHARE a 3/4" SCH 80 Tap while L3 and L4 to use individual 1/2" SCH-40 Taps. 3 Total Taps. Remove berms as needed. Recommend dosing system ≈ 240 Gallons/dose.

INITIAL SITE SKETCH



AS BUILT SKETCH

* To qualify for AC, a deeded + recorded plat must be provided to the department with a deed book + page number indicating the consolidation of lots 5, 6, 7.

Revolle !!!

BAB

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: Date: 1-3-17 Installed by:

IMPROVEMENT PERMIT by: Date: 12-20-16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT: Date: 1-31-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

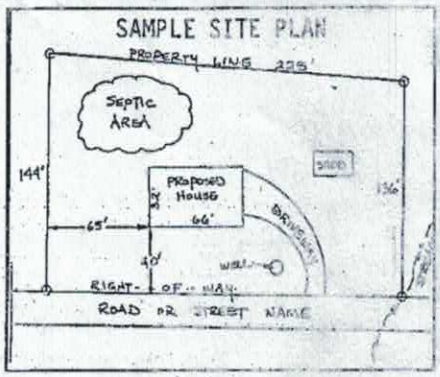
SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

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

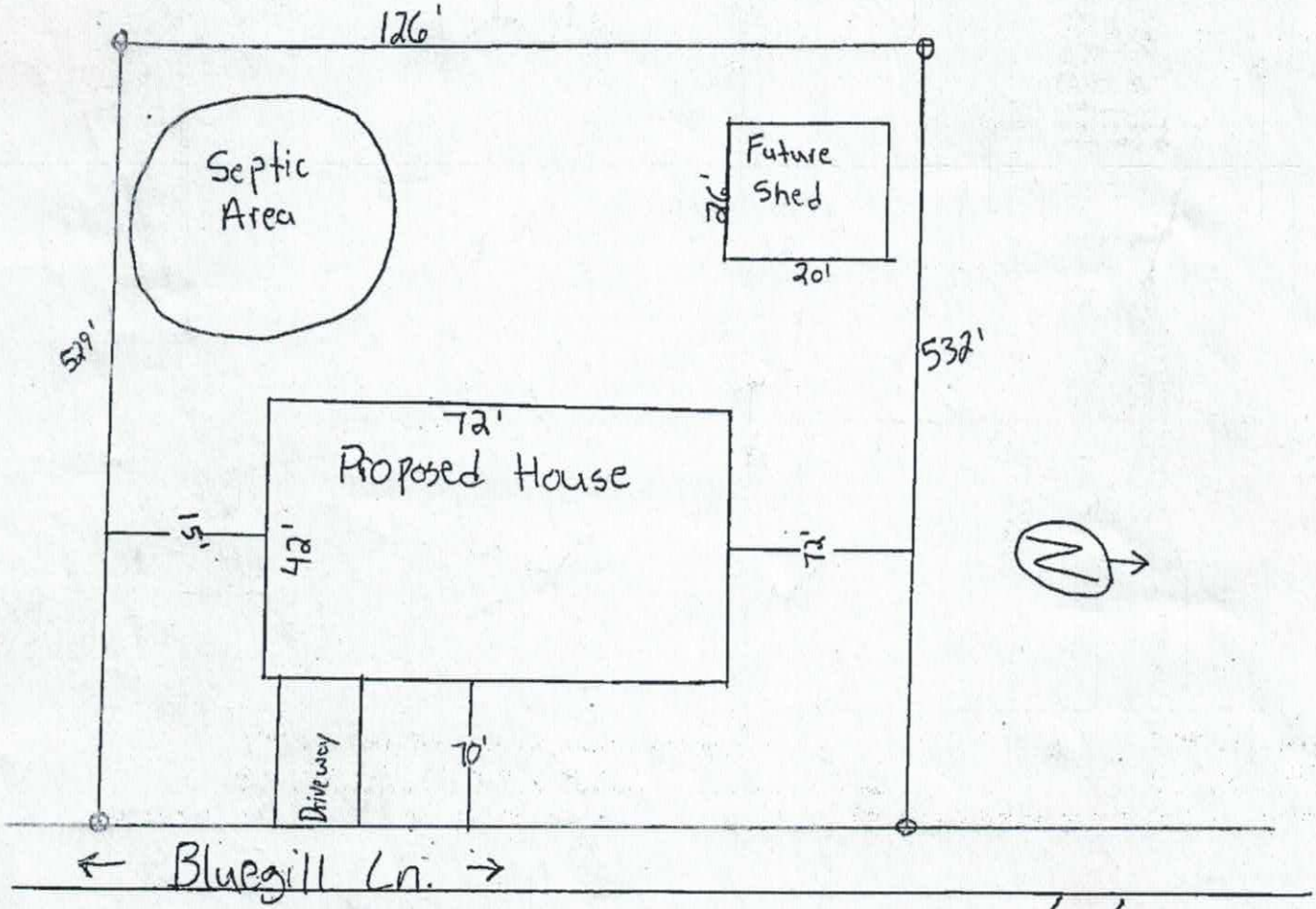
Circle N/A on the following if appropriate:

- 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: _____

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

10/27/16
DATE

Acknowledgement Of
Plans Submittal ONLY!
Tom Shook Date 1-31-17
Date 01/11/17

CUSTOMER SIGNATURE

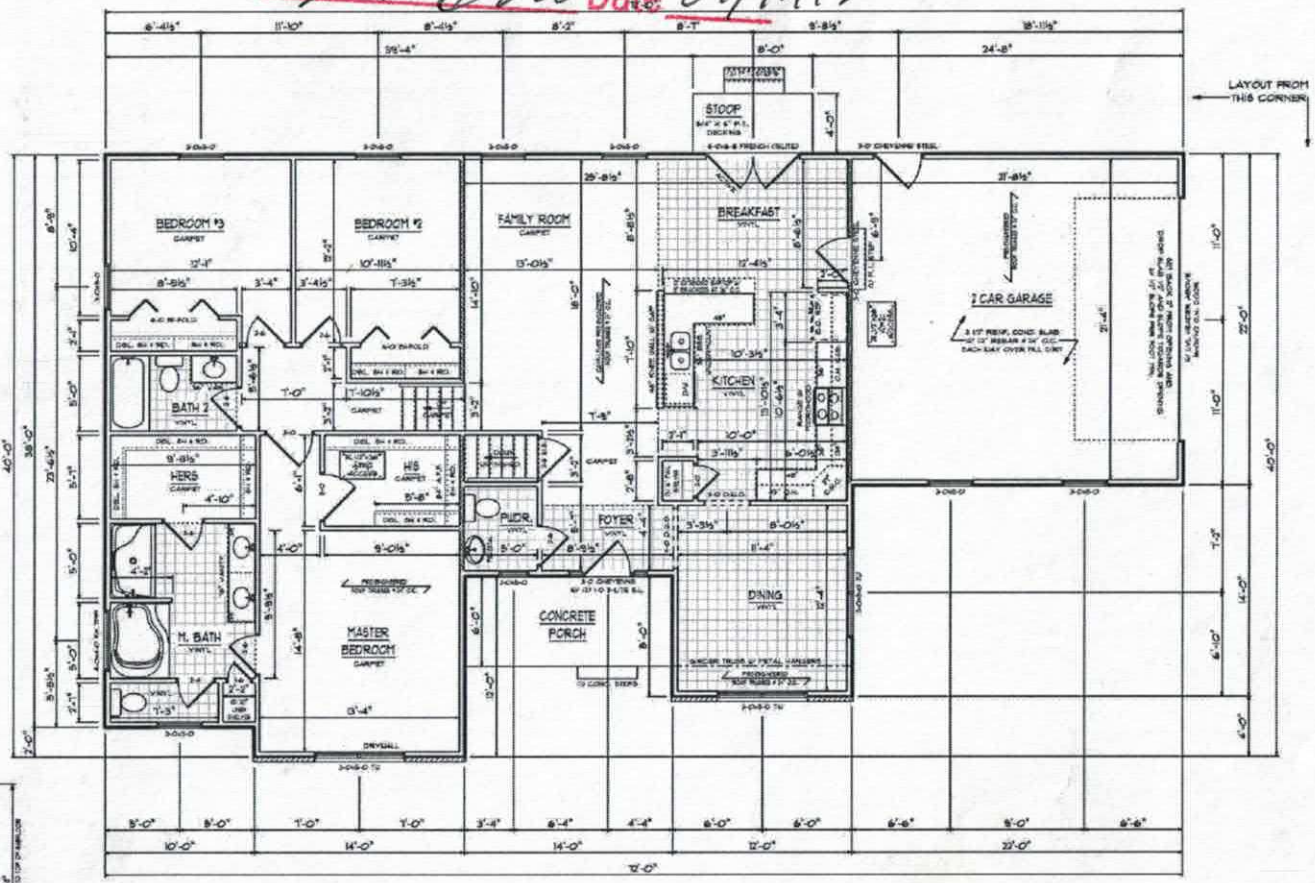
CUSTOMER SIGNATURE

SALES PLANS

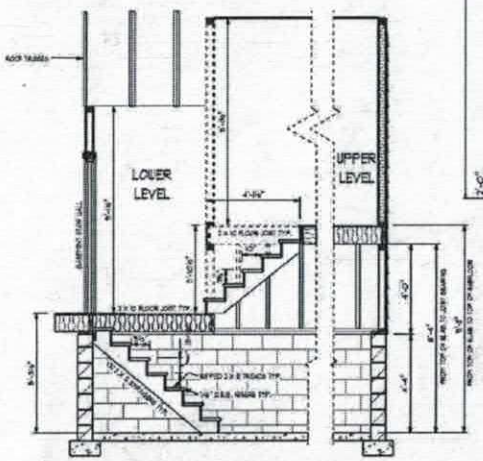
GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 9'-1 1/2"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-11" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

ALL INTERIOR DOORS TO BE CHEYENNE



1 / A-3 FIRST FLOOR PLAN
SCALE 1/8"=1'-0"



2 / A-3 STAIR DETAIL/TRANSITION WALL SECTION
SCALE 3/8"=1'-0"

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REVISED: 4.5.2016

CONTACT INFORMATION
PHONE: (877)358-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: ERIN KENNEDY

PLAN SETS

SALES: ED FROST	12-29-16
CONSTRUCTION: ??	?-?-??
REVISED: ??	?-?-??
??	
??	
??	

SQUARE FOOTAGES:

1ST FLR HEATED:	836
2ND FLR HEATED:	935
TOTAL HEATED:	1771
UNFIN. BSMNT:	985
GARAGE:	485
FRONT PORCH:	82
REAR PORCH:	32
TOTAL SQFT:	3339

SEDGEWICK HOMES PROUDLY PRESENTS THE OAKLAND HILLS MAPLE SERIES TO:

RICHARD & AMANDA DILLARD

JOB #: 0516048

JOB ADDRESS

SHEET NUMBER
A-3
OF FIVE

IREDELL COUNTY

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

APPLICATION NUMBER
222798
Issue Date: 10/27/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4737798220.000	242 BLUEGILL LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DIXIELAND INC	Applicant: DILLARD RICHARD+AMANDA
Address: 133 REDEMPTION RD STATESVILLE, NC 28625	Address: 114 DEERCROFT DR STATESVILLE, NC 28625
Phone: 704-876-6162	Phone:

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.659	35.00	35.00	15.00	15.00	PASY	X

Remarks:

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.

Applicant: _____ Date: 10/27/16

Permit Number	84283	TOTAL FEES:	$ 77.25