ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 309877

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

PIN # 4738 -01-8274

APPLICANT/OWNER: Dixieland Inc APPLICANT ADDRESS: 133 Redemption Rd Statesville

SITE ADDRESS: 118 Beaverwood Ln, Statesville 28625 PHONE: 704-202-4971 ALT. PHONE —

SITE DIRECTIONS: I-SN → R Brandywood → L Riverview → R Grassy Meadow → L Beaverwood → on R SAP CONTROLLED: ☐ YES ☒ NO

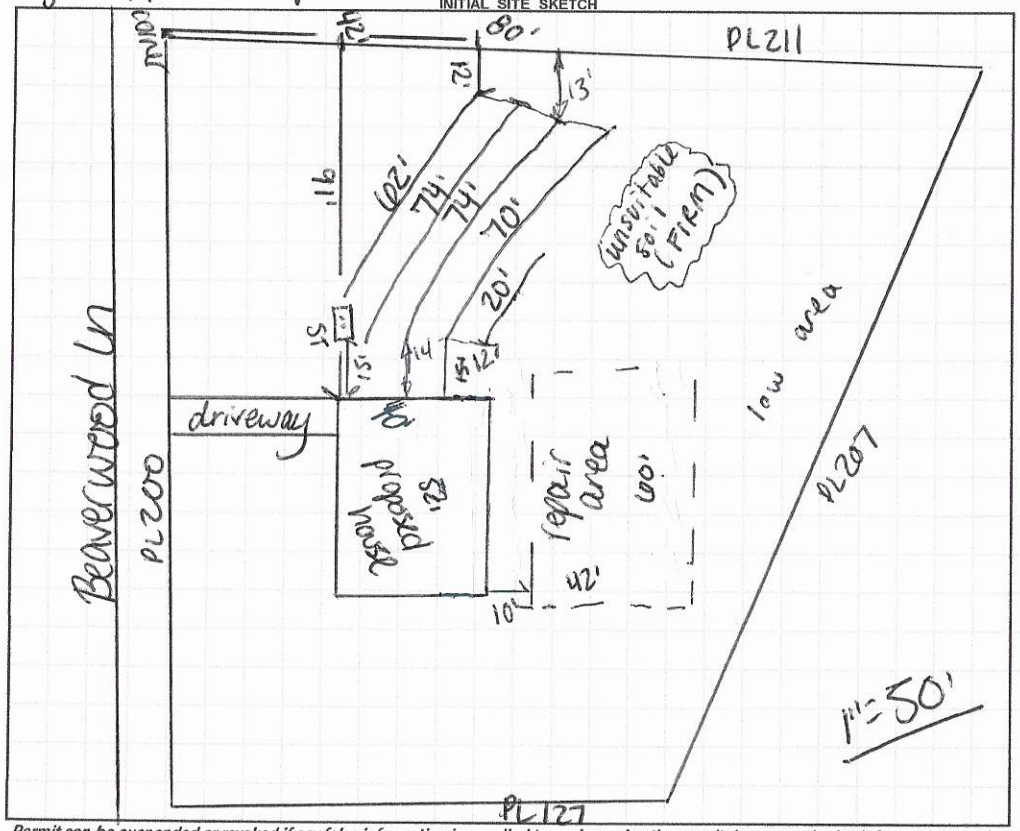
SUBDIVISION: Ridgecrest SECTION: 2 LOT # 128 LOT AREA: .76 ac DESIGN FLOW: 360 gpd L.T.A.R.: .13 (.25R)

Septic Tank	1000 (gal)	STB	760	Date	11-2-2020	☒ 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 6e
Pump Make		Model		Serial #		Repair System Description:	50% reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (Inclusive)	28" max	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour + utilize serial distribution. Do not exceed max trench depth of 28". Do not grade/pave septic area.

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.

INSTALLED AS PERMITTED

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: JAKE WILLIAMS

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 8-26-20 OPERATION PERMIT by: Burpt C. White Date: 1-7-2021

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 8-26-20 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 2
PROPERTY ID #: 4738018207
COUNTY: Iredell

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

OWNER: Dixieland
ADDRESS: 133 Redemption Rd
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 119 Beaverwood

APPLICATION DATE: 8-11-20
DATE EVALUATED: 8-26-20
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: .76 ac
PROPERTY RECORDED: Y

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	C 15%	0-8	GR SCL	Fr ss sp ssp	many sap inc & Mg >40"	49"	-	-	PS .3
		8-34	SBK C	" "					
		34-49	SBK CL	" "					
2	C 15%	0-9	GR SCL	Fr ss sp ssp	-	49"	-	-	.3
		9-39	SBK C	" "					
		39-49	SBK CL	" "					
3	C 15%	0-11	GR SCL	Fr ss sp ssp	firm sap inc 19-50"	19"	4	-	4 (drip .1)
		11-19	SBK C	" "					
		19-50	M firm sap	Fi					
4	C 15%	0-8	GR SCL	Fr ss sp ssp	few Y/bs ~34"	49"	-	-	VS .25
		8-34	SBK C	" "					
		34-49	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	240'
System Type(s)	25%	50%
Site LTAR	3	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: C. Nicks
OTHER(S) PRESENT: B. White

COMMENTS: 3) 0-8 3
8-37
37-49

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 #: 4738018274
DATE OF EVALUATION: 8-26-20
COUNTY: Iredell

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	
5	L 15%	0-7	GR SCL	Fr sssp sexp	-	49"	-	-	PS .3
		7-37	SBK C	" "					
		37-49	SBK CL	" "					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

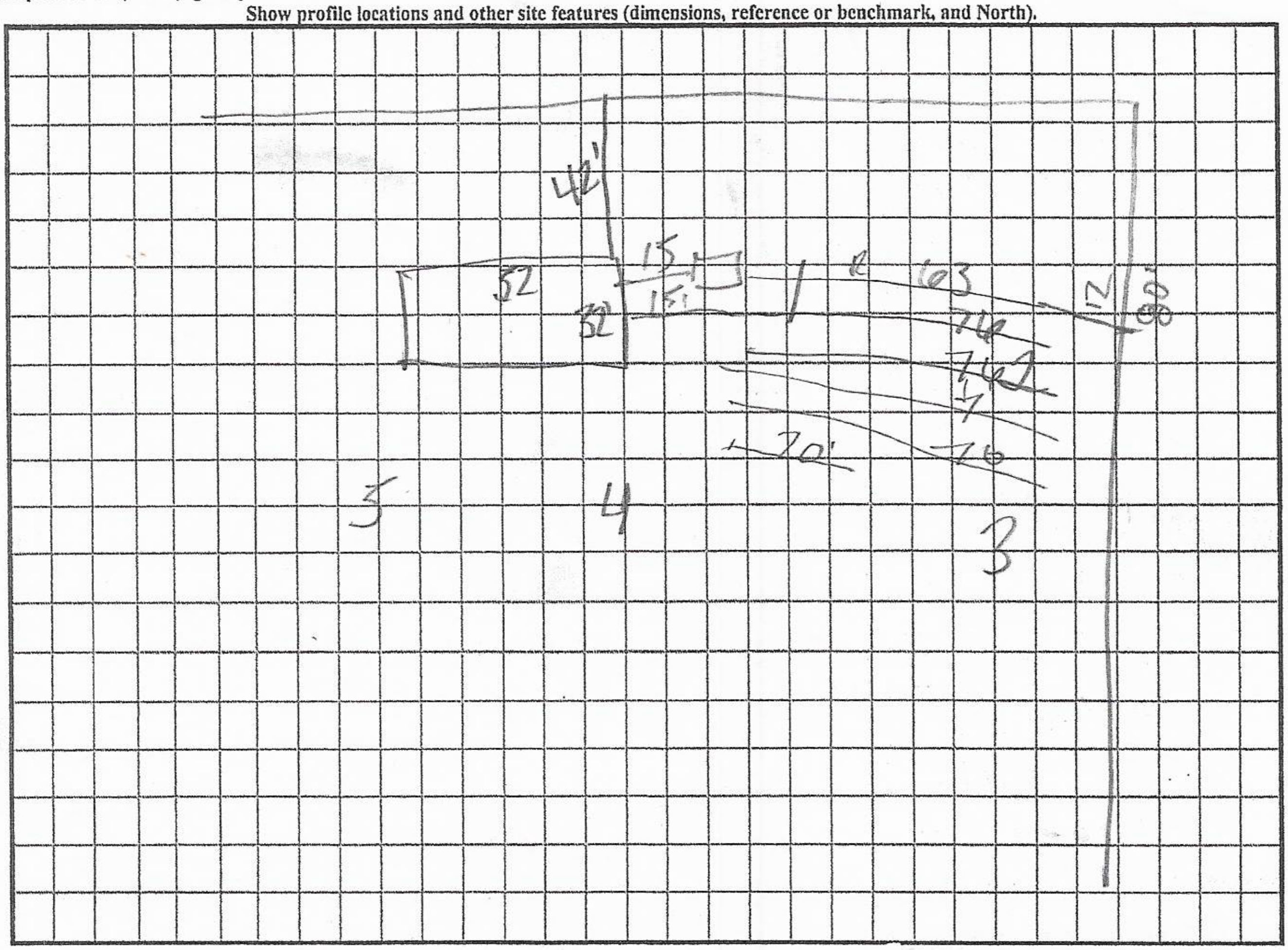
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



8-11-2020
AP-30987
$500.00

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 Zip: 28625
Applicant Email: gingerdawdle2@gmail.com Phone: 704-202 4971 Alt. Phone:
Owner Name: Craven, Kearns, McDowell Address: 1921 Old Humble Mill Rd Asheboro, NC Zip: 27205
Owner Email: lmcdowell@klwestern.com Phone: 336-302-9225 Alt. Phone:

Property Information:

Street Address: 118 Beaverwood Lane Statesville NC
Subdivision Name: Ridgecrest Section/Phase: Lot Number: 128
Driving Directions: 115 N to R on Branchwood TL on Riverview TR Grassy Meadow Godown. TL on Beaverwood 1st 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 Dawdle — 4/21/2020
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

(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 _____, identified as PIN (Parcel Identification Number) _____, 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

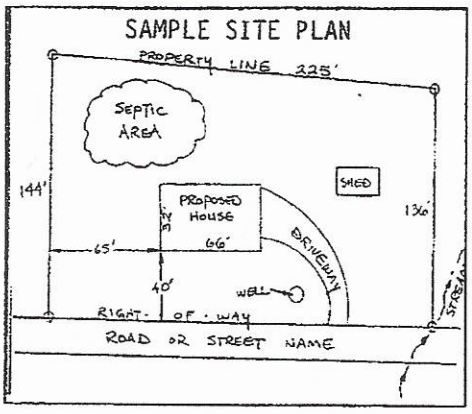
Lot 128

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:

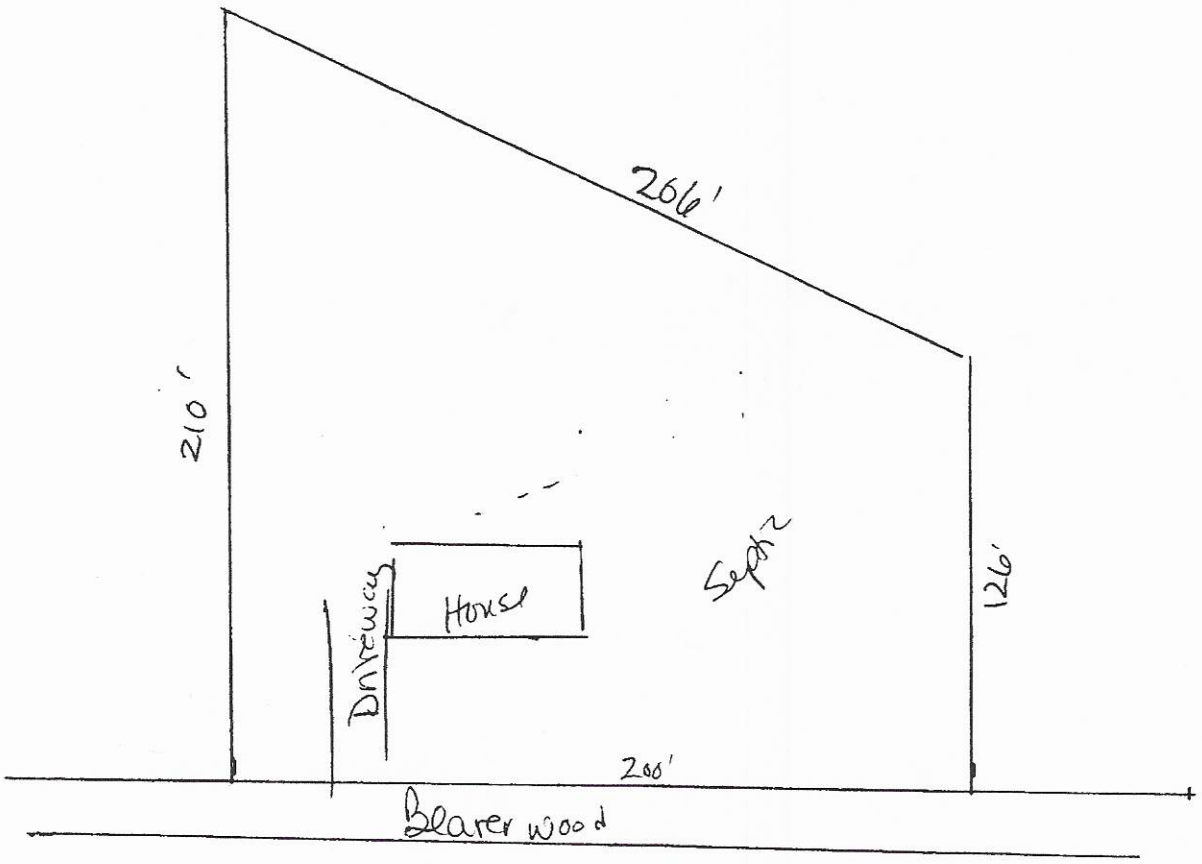
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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

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

4/21/2020

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 · MOORESVILLE 704-664-5281

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

PERMIT# 12211 PIN# 4738 01 8274 DATE 8/24/14

OWNER OR CONTRACTOR PHIL CRAVEN PHONE Business 336-857-2300 Home

ADDRESS PO BOX 225 ASHEBORO NC 27204

LOCATION 115(N) - TR BRANCHWOOD TL FOREST CREEK - TL GRASSY MEADOW - TR BEAVERWOOD - ON RT

SUBDIVISION FOREST CREEK BLOCK SECTION LOT 138 LOT AREA .76AC SITE CLASS C3 DESIGN FLOW 360GPD LTAR .3GPD/FT2

Septic Tank 1000 Gallons STR Date
Pump Tank Gallons PT Date
Pump Make Model Serial No
Mod Conv Field No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type I II III IV V
System Description GRAVITY 25% REDUCTION LT PANEL
Repair System Description
Maintenance Agreement Required Yes ☒ No

☐ House/Mod Home No Bedrooms 3
☒ Mobile Home No Bathrooms 2
☐ Business No Employees
☐ Other

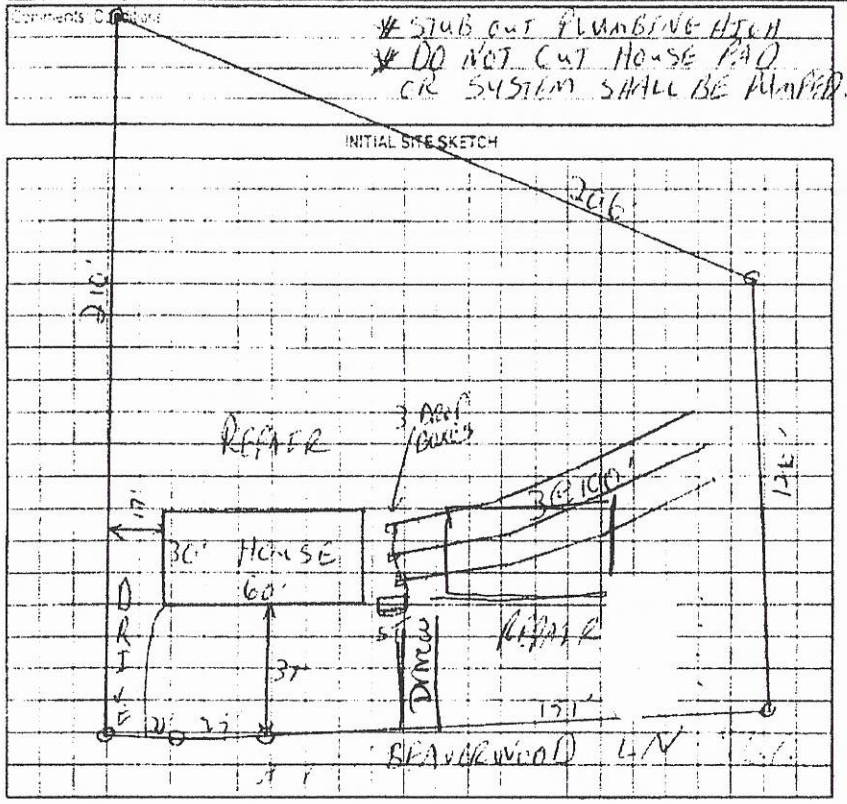
Water Supply
☐ Individual
☒ Public
☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments Conditions
* STUB OUT PLUMBING HIGH
* DO NOT CUT HOUSE PAD
CR SYSTEM SHALL BE MARKED.

Comments Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

- IMPROVEMENT PERMIT ONLY -
DO NOT ISSUE BUILDING PERMIT
Floor Plan Still Needed
AC Inspection Required
New Zoning Permit Required

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed Phil Craven date

Improvement Permit by [signature] date 8/25/14

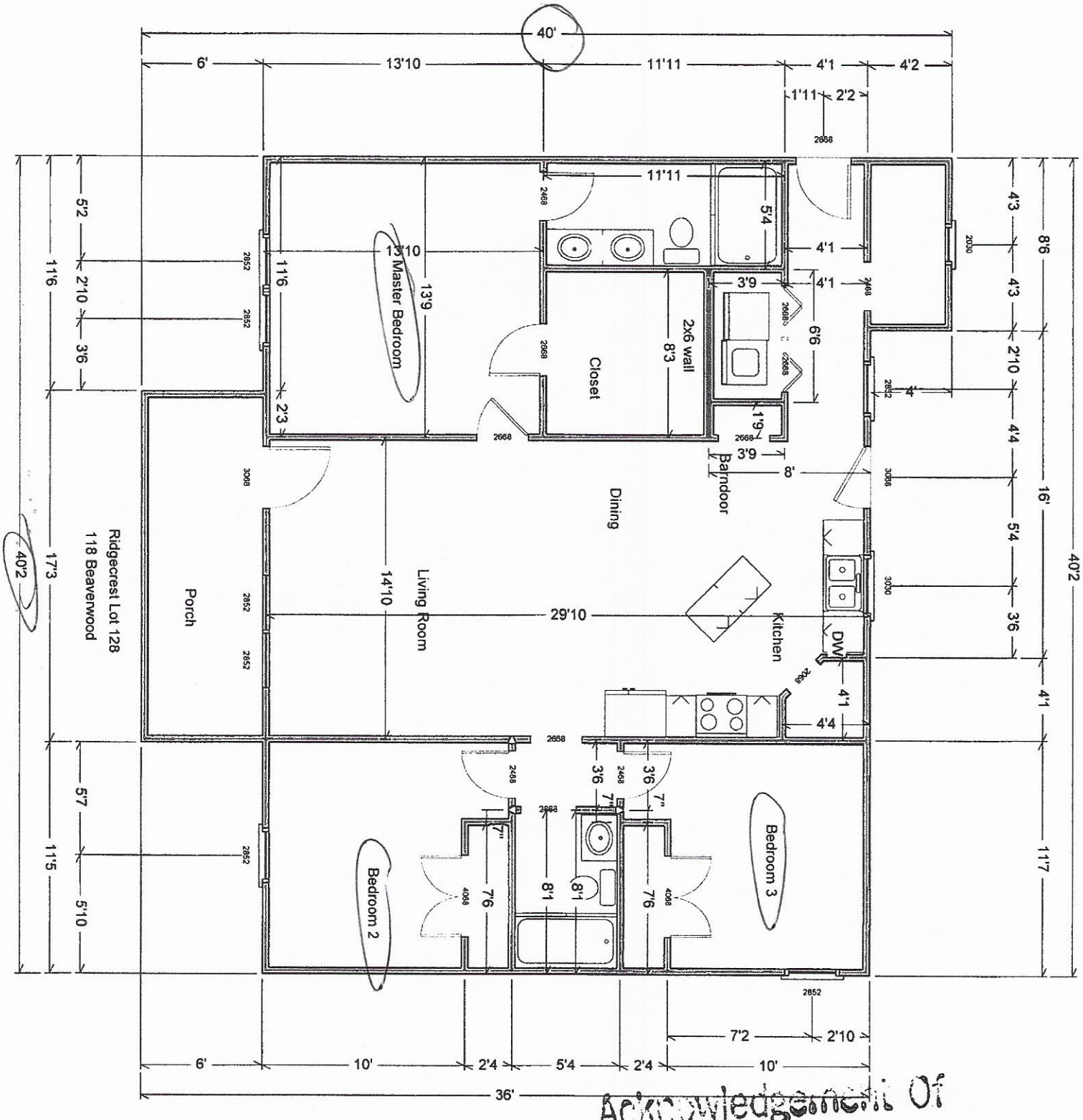
Authorization to Construct by date

Installed by:

Operation Permit by date

Existing System Inspection by: date

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK



Acknowledgement Of
Plans Submitted ONLY!
Regina Clarke Date 7/30/2020
Carl Clark 7-30-20

IREDELL COUNTY · NC

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

APPLICATION NUMBER

309877
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4738018274.000	118 BEAVERWOOD 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
0.76	35	35	15	15	WSIV-PA South Yadkin	NO

Remarks
SFD need disclaimer

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.

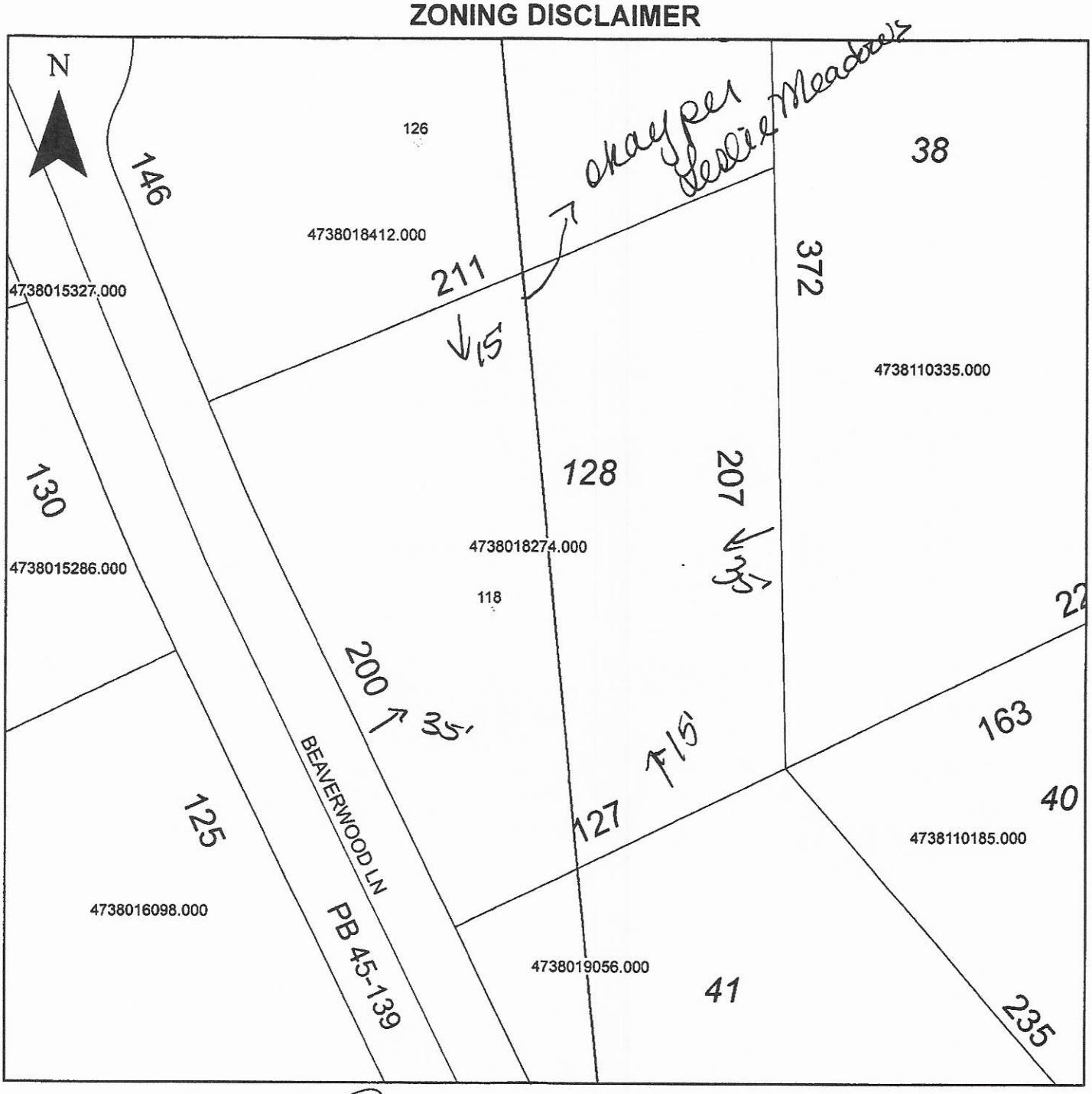
PAID
4045

Date: 08/11/2020 8/11/2020

Signature of Owner/Contractor

Permit Number	309877	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 118 Beaverwood

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