(38)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 873-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311350

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

PIN # 4738 - 11 - 2149

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

SITE ADDRESS: 129 FOREST GROVE DRIVE, STATESVILLE, N.C. 28625 PHONE: 704-202-4971 ALT. PHONE —

SITE DIRECTIONS: (N) ON 115, (R) ON BRANCHWOOD, (L) ON FOREST GROVE, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

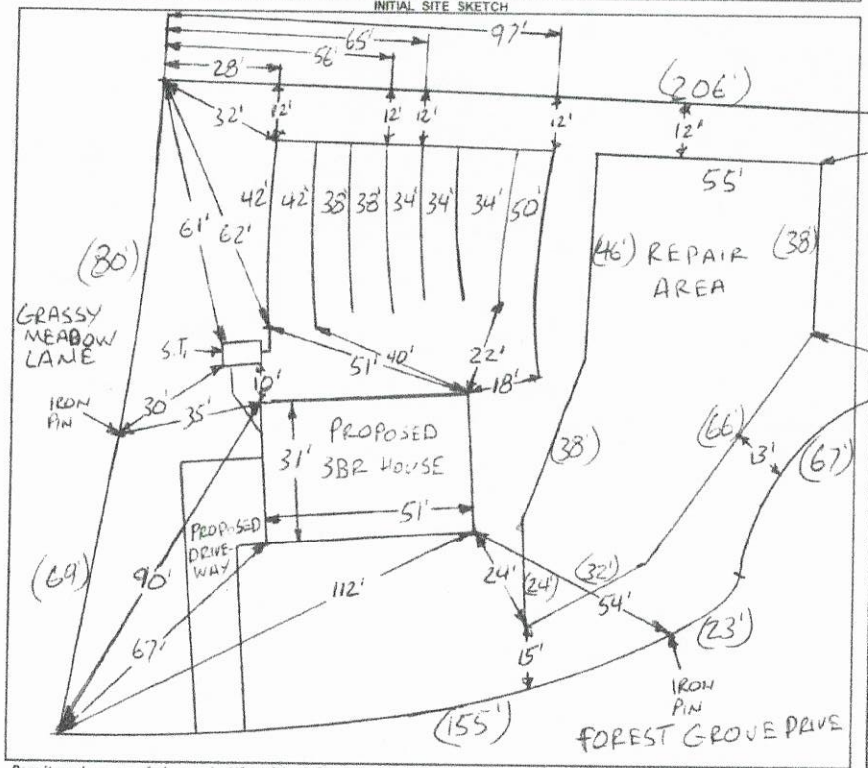
SUBDIVISION: RIDGECREST SECTION: P2 LOT # 39 LOT AREA: 0.58 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	12-6-20	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION	☐ Other	No. Employees —	☑ Public
# Nitrification Fields	1	# Lines	8	Linear Ft	300 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, NO FONDATION DRAINAGE ON BACK OF HOUSE

11ft from ST to house & 12ft from house to supply line. Red filter installed

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 Quick 4 exactly as Drawn

1 IN = 40 FT
S.T. = SEPTIC TANK

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: 11-24-2020 Installed by: Williams Excavating

IMPROVEMENT PERMIT by: Burgent C. Miller Date: 11-24-2020 OPERATION PERMIT by: Maria Dobson Date: 2/24/21

AUTHORIZATION TO CONSTRUCT by: Burgent C. Miller Date: 11-24-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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 #: 4738112149
DATE OF EVALUATION: 10-14-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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	HEAD 5%	0-10	fill	fill	SAP INC THRU OUT	53"+	NA	NA	PS .3 BELOW 14"
		10-14	COMPACTED	CLAY					
		14-36	C, SBK	FR, S, P, SEXP					
		36-53	CL, W SBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 10%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	54"+	NA	NA	PS .3
		6-38	C, SBK	FR, S, P, SEXP					
		38-54	CL, W SBK	FR, SS, SP, SEX					
3	LINEAR SIDE 15%	0-24	~~SC~~ C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .3
		24-50	CL ~~W~~ SBK	FR, SS, SP, SEX					
4	LINEAR SIDE 12%	0-4	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	54"+	NA	NA	PS .3
		4-34	C, SBK	FR, S, P, SEXP					
		34-54	CL, W SBK	FR, SS, SP, SEXP					

COMMENTS:


NTS
15%
GRASSY MEADOWS
FOREST GROVE
CUL-DE-SAC
100'
71'
44
37
78'
65'
31'
28'
12'
42'
PIT 4
97'
PROPOSED
3 BR
HOUSE
51'
31'
15'
11'
42'
10'
38'
9'
34'
17'
50'
PIT 1
PIT 2
PIT 3

RECEIVED SEP 3 0 2020

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

AP-311350 $500.00

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: gingerdawdle2@gmail.com Phone: 704-202-4971 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: 129 Forest Grove Dr. Statesville 28625

Subdivision Name: Ridgecrest Section/Phase: _____ Lot Number: 39

Driving Directions: Heading N on Hwy 115. TR onto Branchwood Rd.
TL onto Forest Grove Dr. Property on L (corner of Forest Grove & Grassy Meadow)

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: 6
( ) 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.

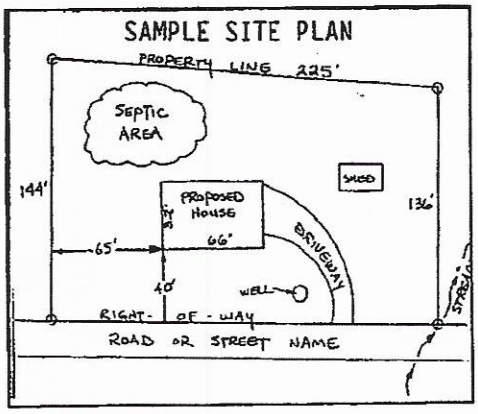
Signature: Regina C Dawdle 9/29/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

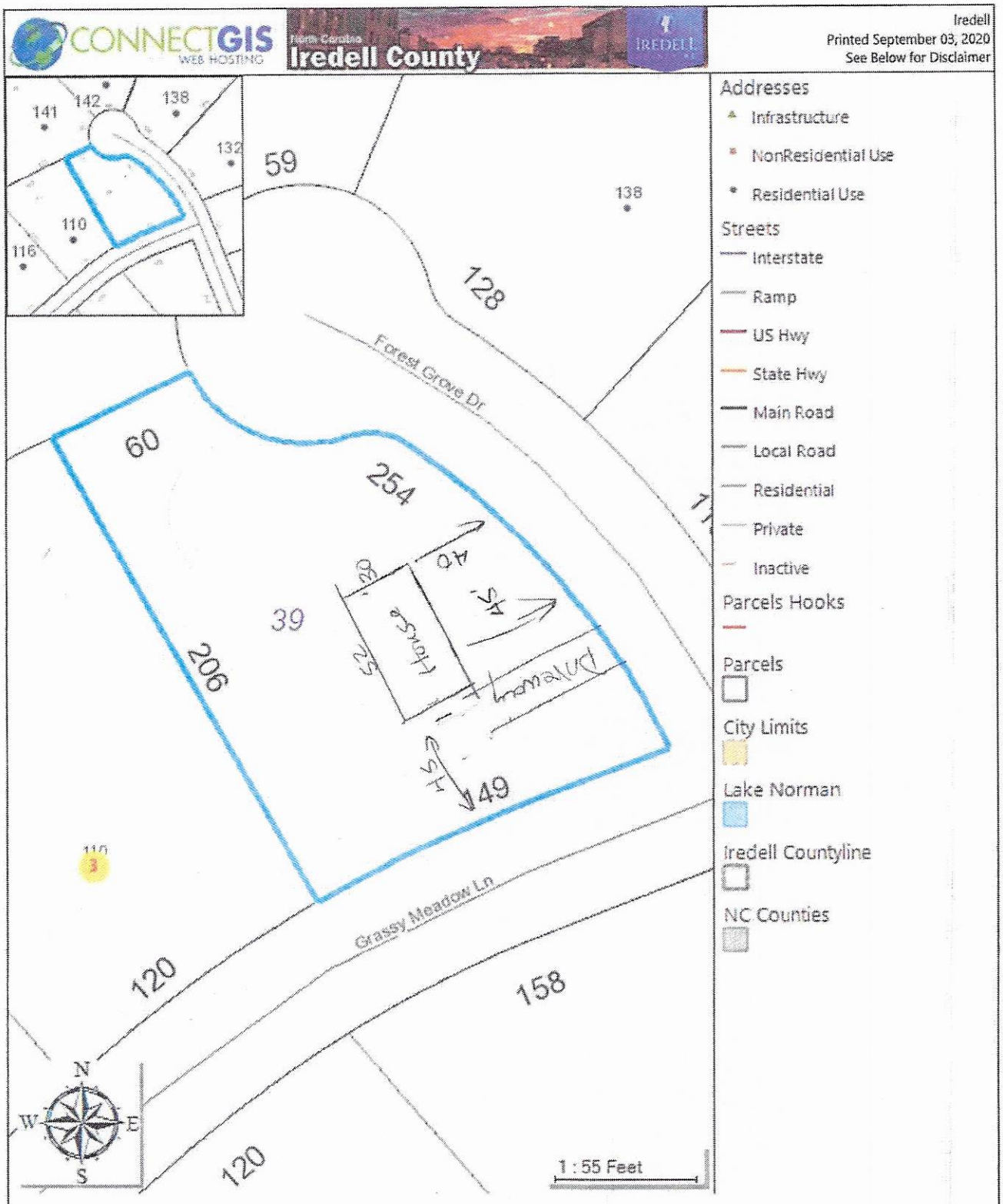
see attached

Signature: Regina C Dowdle

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

9/29/2020

DATE


CONNECTGIS
WEB HOSTING
North Carolina
Iredell County
IREDELL
Iredell
Printed September 03, 2020
See Below for Disclaimer
141
142
138
132
59
110
116
138
128
Forest Grove Dr
60
254
40
20
45
39
206
25
Home
49
110
3
Grassy Meadow Ln
120
158
120
N
W
E
S
1 : 55 Feet
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

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 129 Forest Grove Dr., identified as PIN (Parcel Identification Number) 4738112149, 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

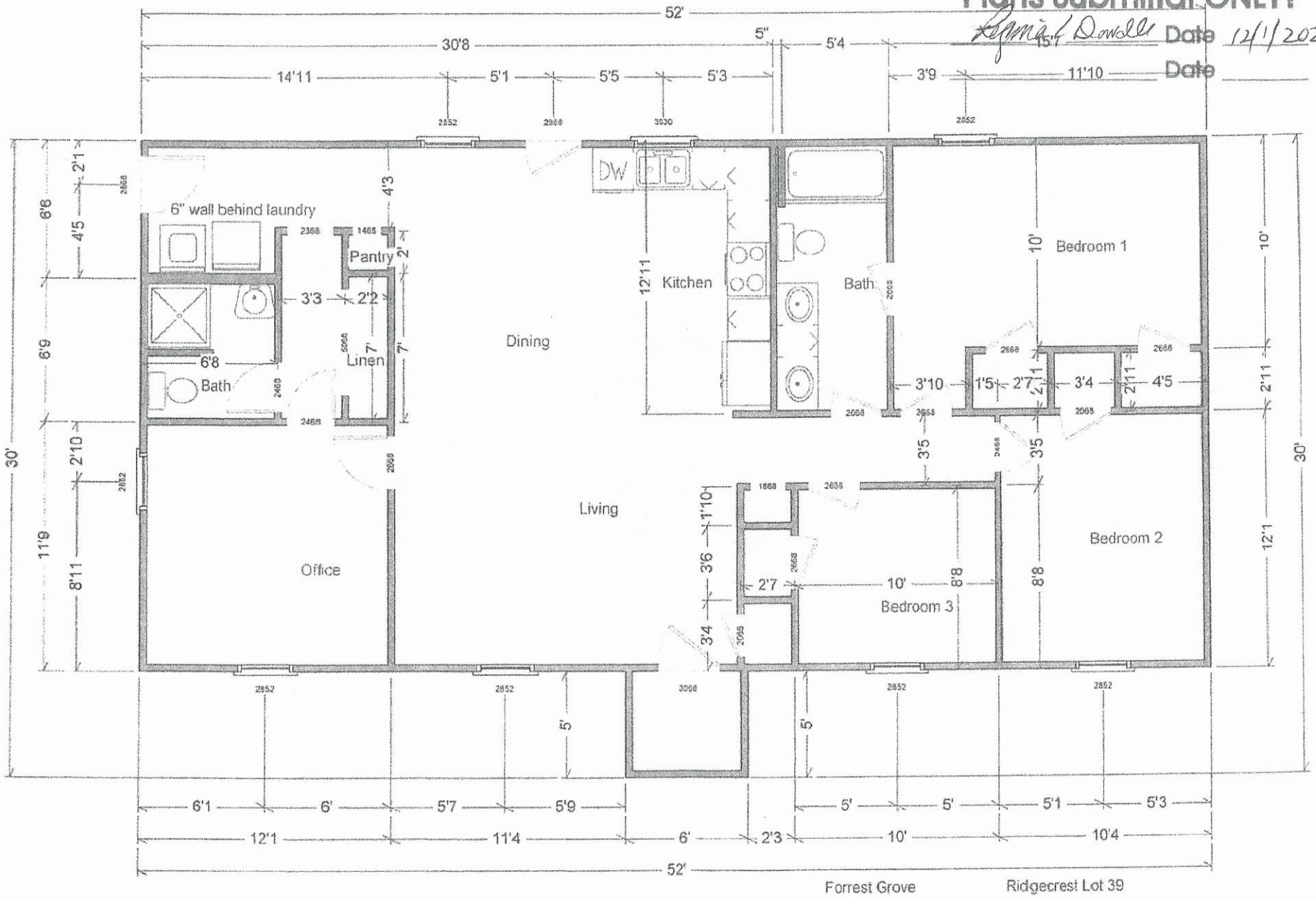
Statesville – Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of Plans Submittal ONLY!

Buyer [signature] 11-24-2020

Seller [signature] Date 12/1/2020

Date



IREDELL COUNTY

IREDELL COUNTY

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

APPLICATION NUMBER
311350 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4706768040.000	129 FOREST CREEK DR	Iredell County

Owner Information	Applicant Information
Name: POOVEY DAVID C II	Name: DIXIELAND, INC OR QUALITY CONTROL OF STSVL
Address: PO BOX 732	Address: 133 REDEMPTION RD
DENVER, NC 28037	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
0.53	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD

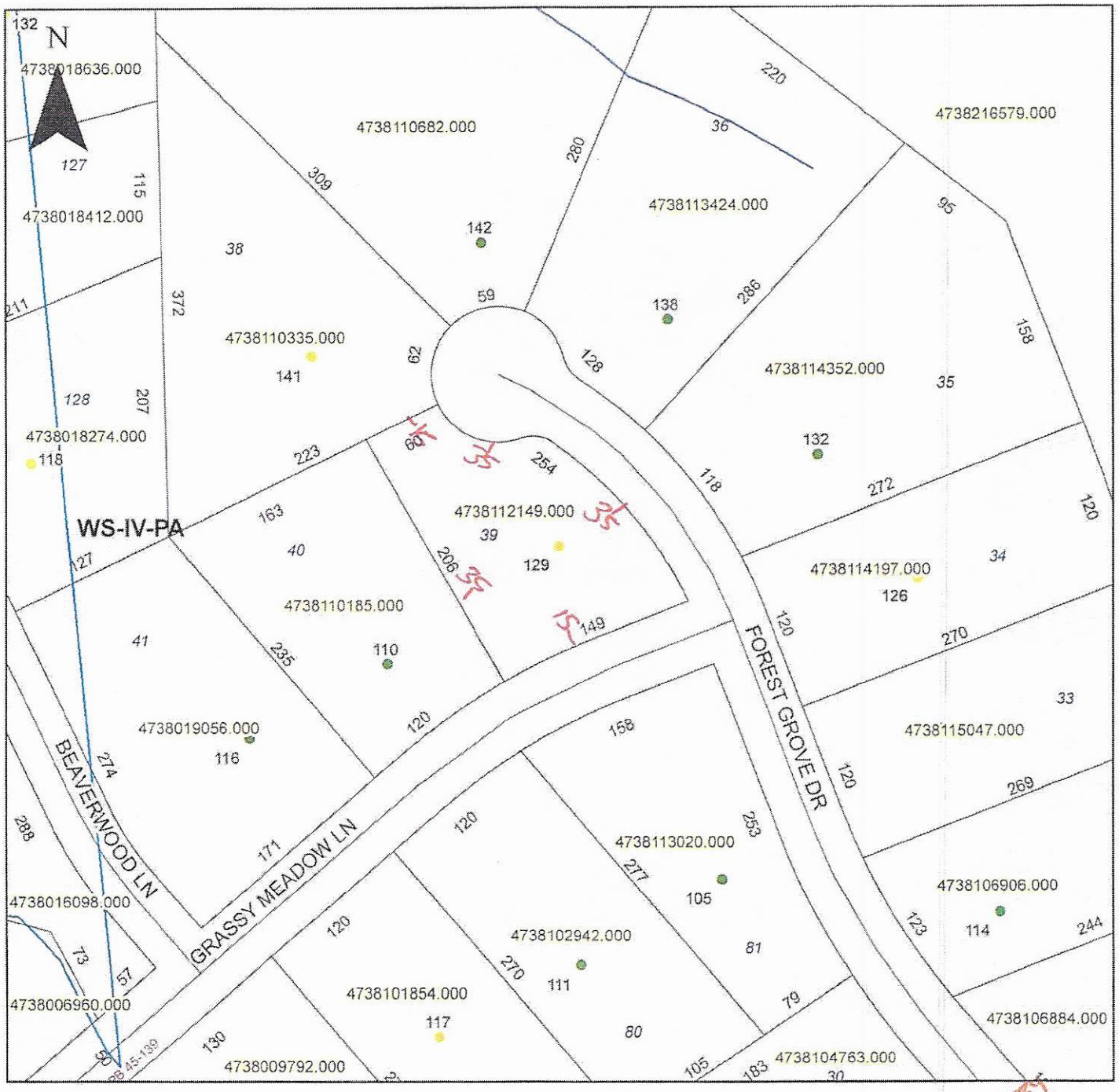
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 09/29/2020

Signature of Owner/Contractor

Permit Number	311350	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 129 Forest Grove 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.

Regina C Dudley

Applicant

9/29/2020

Date