IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230755

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

PIN # 4741037194 1

APPLICANT/OWNER: Dixieland Inc / Paul Corriher APPLICANT ADDRESS: 137 Deer Haven Dr. Statesville

SITE ADDRESS: 158 Polly Dr. Statesville PHONE: 704-876-3108 ALT. PHONE 704-202-4971

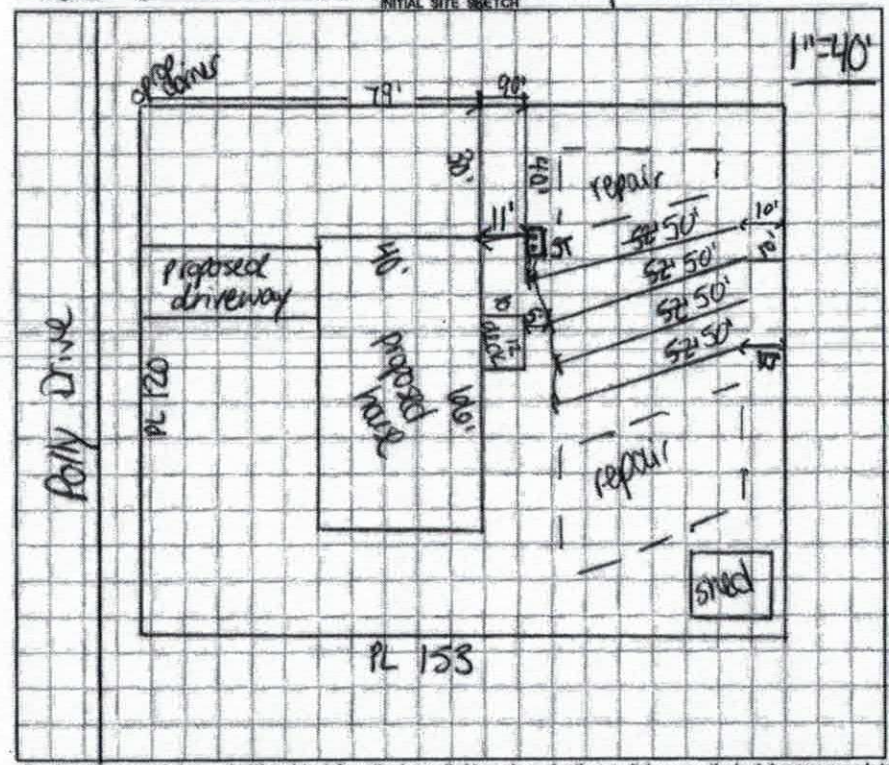
SITE DIRECTIONS: 115N → R on S Chipley Ford → R on Nixon Rd → L on Polly → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Polly Cline Addition to Medull Heights SECTION: — LOT # 33 LOT AREA: .42 ac DESIGN FLOW: 240 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	7-30-18	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons	4	☐ Private
Pump Make		Model		Serial #		Repair System Description:	LPP BPS (50%)	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	200	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on the contour of the land & utilize serial distribution. Must maintain 5' setback off back deck. Do not pave / grade septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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 C Dowden Date: 7/25/18 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Carla C. Cave Date: 6/28/18 OPERATION PERMIT by: [signature] Date: 10-30-18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 6/28/18 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 inpsector to confirm your inspection time.

236755

RECEIVED JUN 2 5 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

#236755 Paid $320.00

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 S-Ville Zip: 28625
Applicant Email: gingerdawdle2@gmail.com Phone: 704-2024971 Alt. Phone: _____
Owner Name: Paul Corriher Address: 137 Deer Haven Dr, S-Ville, NC Zip: 28625
Owner Email: N/A Phone: 704 876-3108 Alt. Phone: N/A

Property Information:

Street Address: 158 Polly Dr. S-Ville NC 28625
Subdivision Name: Iredell Heights Bob Cline Ext. Section/Phase: _____ Lot Number: 33
Driving Directions: From Hwy 21, take Shumaker Dr. turn left onto Polly Dr. Lot beside 3rd home on left.

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: 2
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 ( ) Conventional ( ) Innovative ( ) 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: Lynna C Dawdle 6/21/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

435.00

133 260 200
140' x 73'

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, Paul Corriher, am the legal owner(s) of the property located at 158 Polly Dr. S-Ville NC 28625 identified as PIN (Parcel Identification Number) 4746371941, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Dixieland, Inc, - Ginger Dowdle, 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.

Paul Corriher
Signature of Owner(s)

6/21/18
Date

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

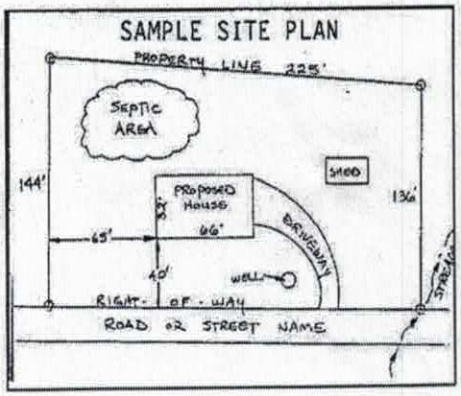
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (N/A) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction

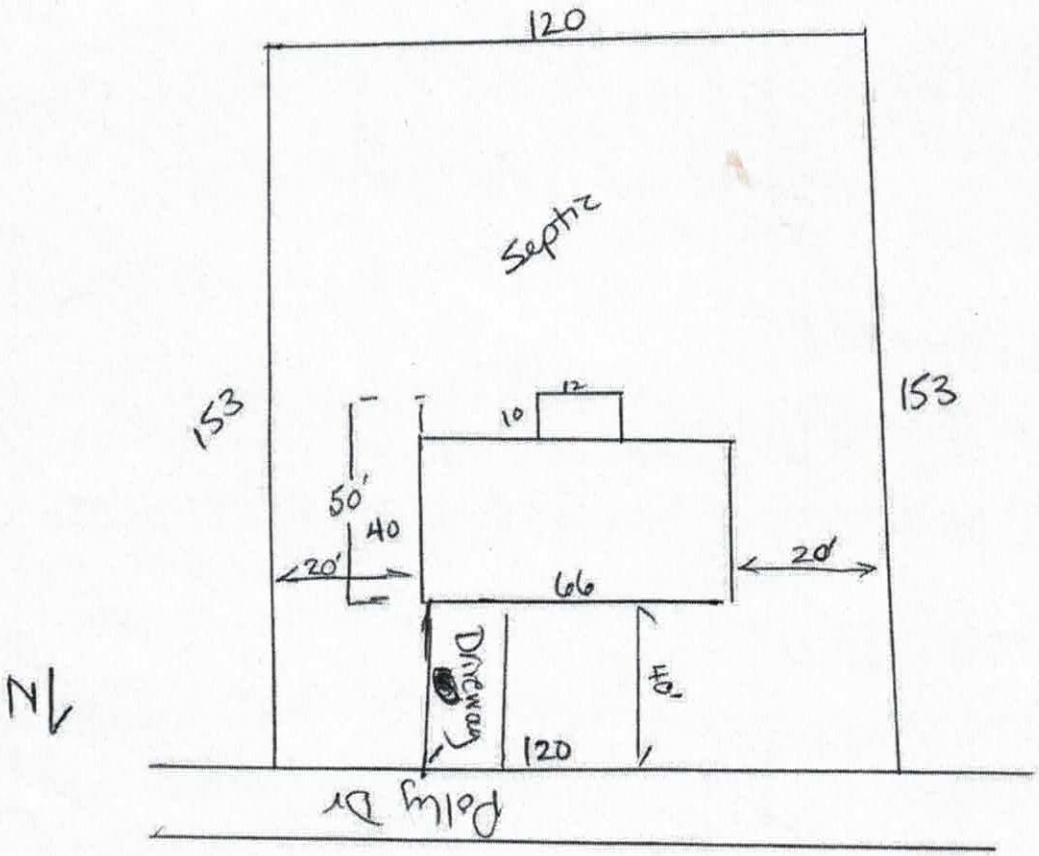


Circle N/A on the following if appropriate:

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

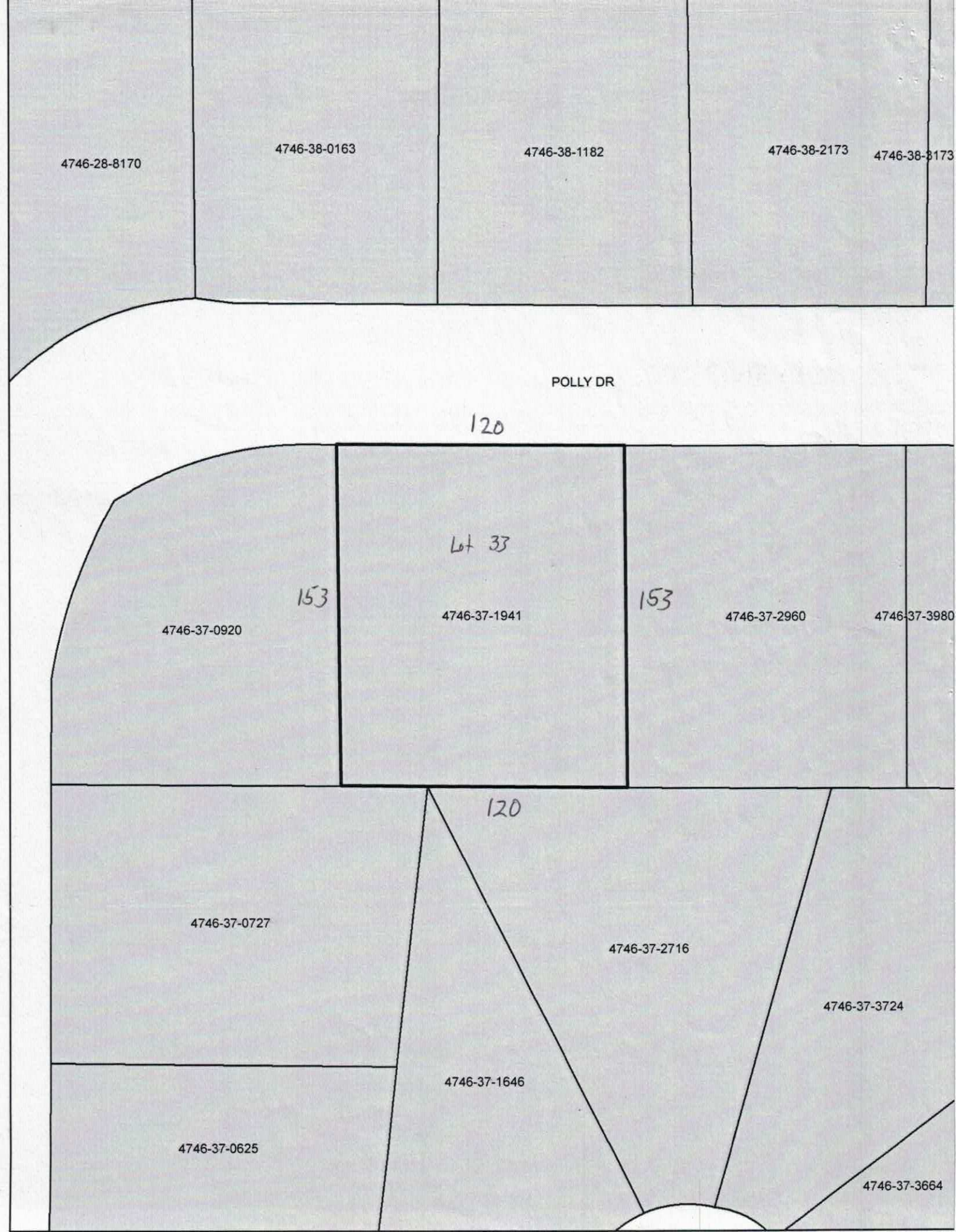
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Regina C Dowdle

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

DATE 6/29/18


4746-28-8170
4746-38-0163
4746-38-1182
4746-38-2173
4746-38-3173
POLLY DR
120
Lot 33
153
153
4746-37-0920
4746-37-1941
4746-37-2960
4746-37-3980
120
4746-37-0727
4746-37-2716
4746-37-3724
4746-37-1646
4746-37-0625
4746-37-3664

Site Address: 158 Polly Dr. Stat

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137612 PIN# 4746371941 DATE 9-5-06

OWNER OR APPLICANT Paul & Ovanell Cormier PHONE: Business Home 704 876 3108

ADDRESS 158 Polly Dr. Statesville, NC

LOCATION 21 N. left on Shoemaker Dr. 1 mile left on Polly, (3rd) lot beside 3rd home on left

SUBDIVISION Bob Cline/Private BLOCK / SECTION LOT 33 LOT AREA SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. -3

Septic Tank: Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 30

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

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

System Description: 25% Reduction Gravity

Repair System Description: 50% Reduction Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons No. Employees

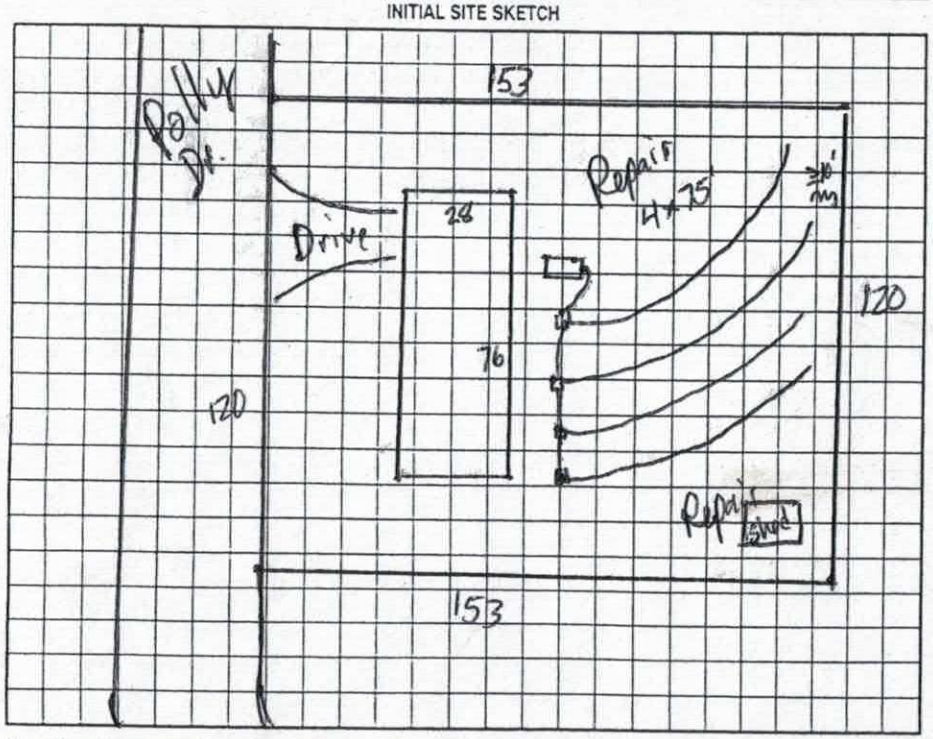
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

EXPIRED
9-5-15 (SL2010-177)

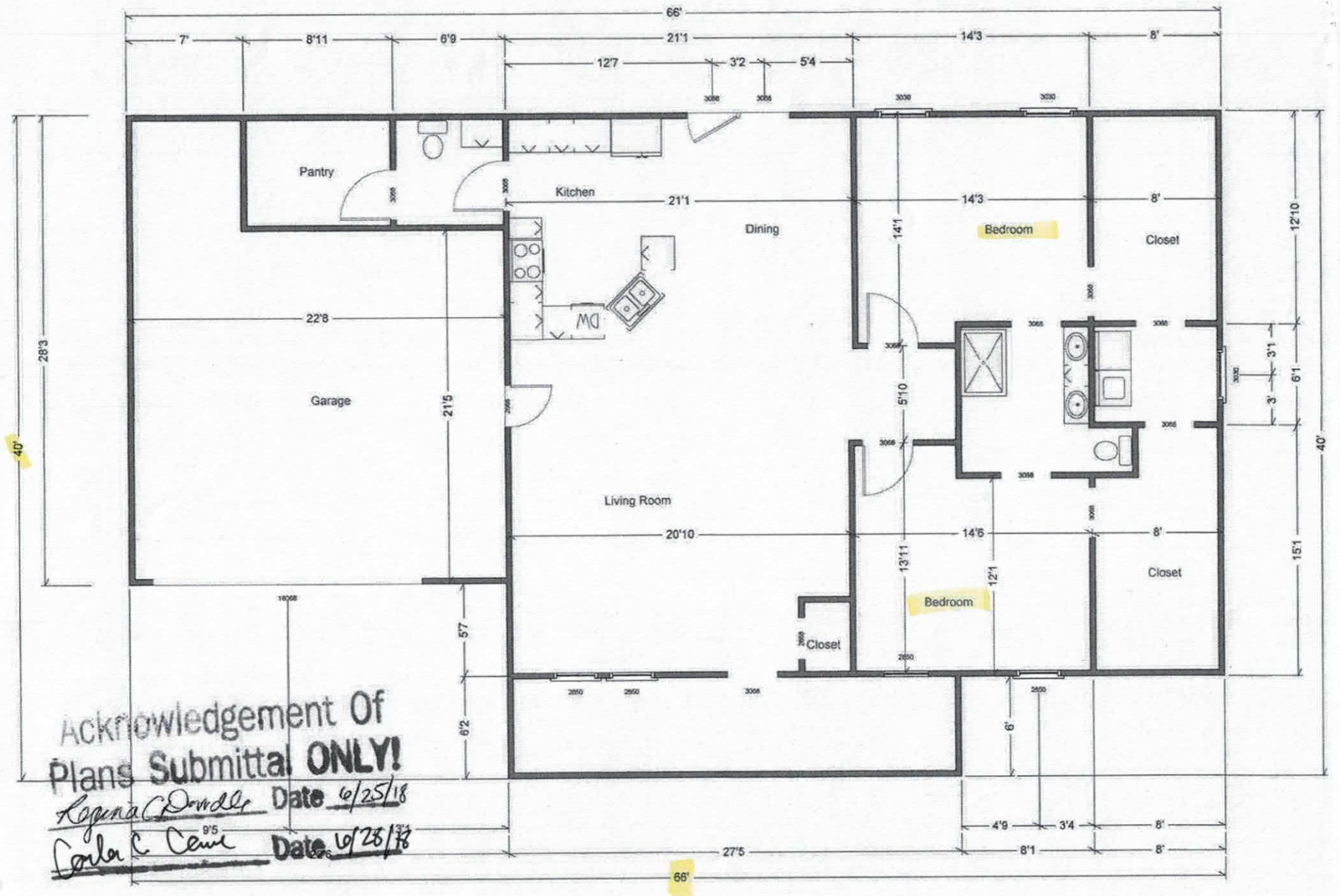
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Signed: date Installed by:

Improvement Permit by: date 9-5-06 Operation Permit by: date

Authorization to Construct by: date 9-5-06 Existing System Inspection by: date

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



Acknowledgement Of
Plans Submittal ONLY!
Lorena C Dowdy Date 6/25/18
Carla C. Cerri Date 6/25/18

IREDELL COUNTY

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

APPLICATION NUMBER
236755
Issue Date: 06/25/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4746371941.000	158 POLLY DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CORRIHER PAUL D+OVANELL	Applicant: DIXIELAND INC
Address: 137 DEER HAVEN DR	Address: 133 REDEMPTION RD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: 704-876-6162

Use Requested	Zone Code
NEW SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

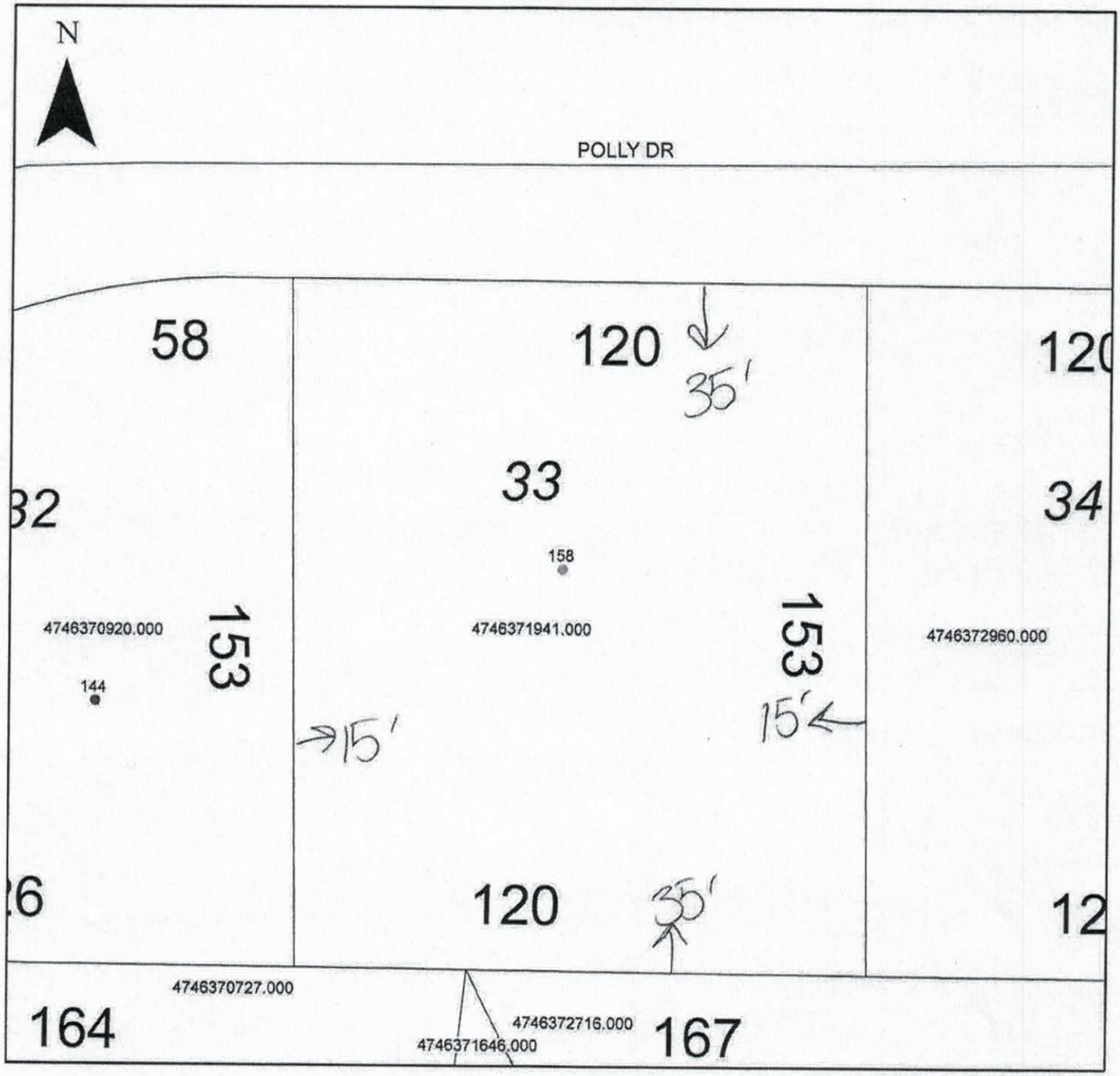
Remarks:

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: _____

Permit Number	143358	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 158 POLLY 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.

Legrie C Dowdle
Applicant

6/25/18
Date