IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233775

PIN # 4747-39-4777

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

APPLICANT/OWNER: Dixieland Inc. APPLICANT ADDRESS: 133 Redemption Rd. Statesville, NC 28625

SITE ADDRESS: 117 Sundance Circle Statesville, NC PHONE: 704-876-6161 ALT. PHONE

SITE DIRECTIONS: Jennings Rd N from Rt 21 → L into Deer Crossing → L on Sundance → Ron Sundance → Lot on left SAP CONTROLLED: ☐ YES ☒ NO

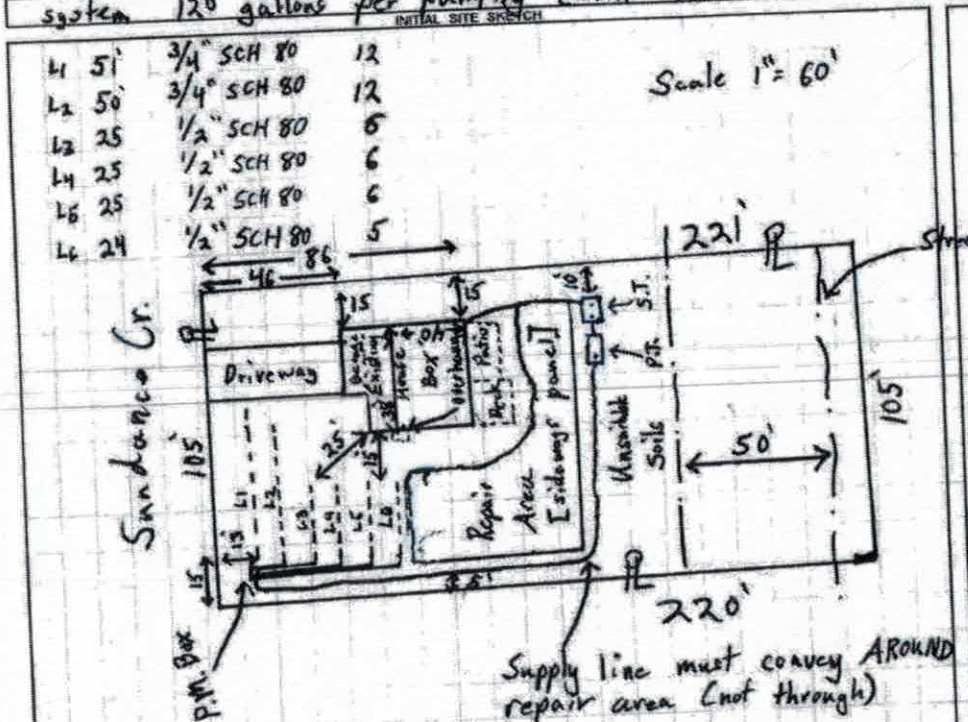
SUBDIVISION: Deer Crossing SECTION: 4 LOT # 43 LOT AREA: 0.531 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	Infiltrator	Date		☒ New System	☐ Repair	☐ Expansion	System Type:	I	II	III	IV	V	VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	Infiltrator	Date		System Description: PM - 50 % Reduction (PPBPS)										☐ Business	No. Persons	6	☐ Private
Pump Make	Bowlds	Model	WE05PH	Set Pump	1/4 HP		Repair System Description: 50% Reduction (Sideways PPBPs)										☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	6	Lineal Ft	200'		Maintenance Agreement Required:			☐ YES		☒ NO					☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—					☐ GRAVITY		☒ PRESSURE					☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: See individual line lengths + top sizes below
347 Panels to be used. Recommend setting floats to dose system 120 gallons per pumping event. Recommend pumping septic tank every 3-5 years. This permit is for the floorplans that were signed 5/2/18 by departmental staff

INITIAL SITE SKETCH

L1	51'	3/4" SCH 80	12
L2	50'	3/4" SCH 80	12
L3	25	1/2" SCH 80	6
L4	25	1/2" SCH 80	6
L5	25	1/2" SCH 80	6
L6	24	1/2" SCH 80	5



AS BUILT SKETCH

Lines and Lines checked. Line 3 too close to foundation drain
Line - Need to move 11/1/18 B. Bottoms

Line 1 - 52
Line 2 - 52
Line 3 - 29
Line 4 - 29
Line 5 - 28
Line 6 - 22

	Date	Initials
Drain Lines Checked	11/29	MD
Tanks Checked	11/1	BB
Pressure Manifold or Valve Box Checked	11/27	MD
Pressure Head Set	11/28	MD
Electrical Checked	11/28	MD
Floats Set	11/27	MD
Alarm Checked	11/27	MD
Maintenance Contract Y / N	Not Required	
Comments: Lines Checked		
Line 3 to close foundation drain 1 ft		

* 11/27/18 Not enough head

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.

☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to the IMPROVEMENT PERMIT (not to exceed 60 mos.)

Owner / Applicant Signature: Roxana C Ozuna Date: 10/29/18 Installed by: Marty Tucker - Grading

IMPROVEMENT PERMIT by: Tom Church Date: 10/29/18 OPERATION PERMIT by: Date: 11-29-18

AUTHORIZATION TO CONSTRUCT by: Tom Church Date: 10/29/18 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.

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



Sheet 1 of 2
PROPERTY ID #: 4747-39-4797
COUNTY: Iredell

5.07'
13.00'
8.00 over 43'
19%

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

OWNER: Dixieland Inc. APPLICATION DATE 2-27-18
ADDRESS: 133 Redemption Rd. DATE EVALUATED: 4/3/18 + 4/16/18
PROPOSED FACILITY: 3BR SFR PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 0.537
LOCATION OF SITE: 152 Sundance 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) .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
1E	Lower Backslope Header End 19%	0-13	SCL V.W.SBk	Sl. Friable, SS, Sp, Scap	40"-60" Tgley.d.t 10YR 6/2 [light brownish gray]	60"	–	–	0.25
		13-28	Clay M.SBk/ABk some mica	Firm, Sticky, Sp, Scap					
		28-60	Clay/Clay Loam Platy @ 37" [34]	Firm, Sticky, Sp, Scap					
	Lower Middle 19%	0-7	SCL V.W.SBk	Sl. Friable, SS, Sp, Scap	[3X Platy 39] 41" 10YR 6/2 Gray	50"	–	–	0.25
		7-20	Clay M.SBk/ABk	Firm, Sticky, Sp, Scap					
		20-50	Clay Loam V.W.SBk Platy 45"	Sl. Friable, SS, Sp, Scap					
		50-60	MA Sandy Saprolite	Sl. Friable, Poorly Drained					
	Lower Distal Adjacent Woods 19%	0-8	SCL V.W.SBk	Sl. Friable, SS, Sp, Scap	[ ] 7.5YR 7/6 Yellows in matrix/ root channels	58"	–	–	0.25
		8-21	Clay M.SBk/ABk	Firm, Sticky, Sp, Scap					
		21-40	Clay Loam M.SBk some mica	Sl. Friable, SS, Sp, Scap					
		40-58	Clay Loam W.SBk (some Saprolite) Plenty of clay	Sl. Friable, SS, Sp, Scap plugs					
	Upper [side of Hollow] 19%	0-20	Clay M. ABk W.SBk	Firm, Sticky, Sp, Scap	10YR 6/2 28"-43" [20" Platy]	43" 11"			0.225 Drip [shallow]
		20-28	Clay Loam M.SBk/ABk mica	Sl. Firm, SS, Sp, Scap					
		28-43	Clay/Clay Loam Platy	Firm, Sticky, Sp, Scap					
		43-56"	Loamy Saprolite MA	Friable + moderately Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)	~~Rock~~ 308+	236+
stem Type(s)	25% reduction	PPBPS (Gilbert)
e LTAR	0.30	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Tom Shuck [Heath Snow 4/3/18]
OTHER(S) PRESENT:

OMENTS:

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

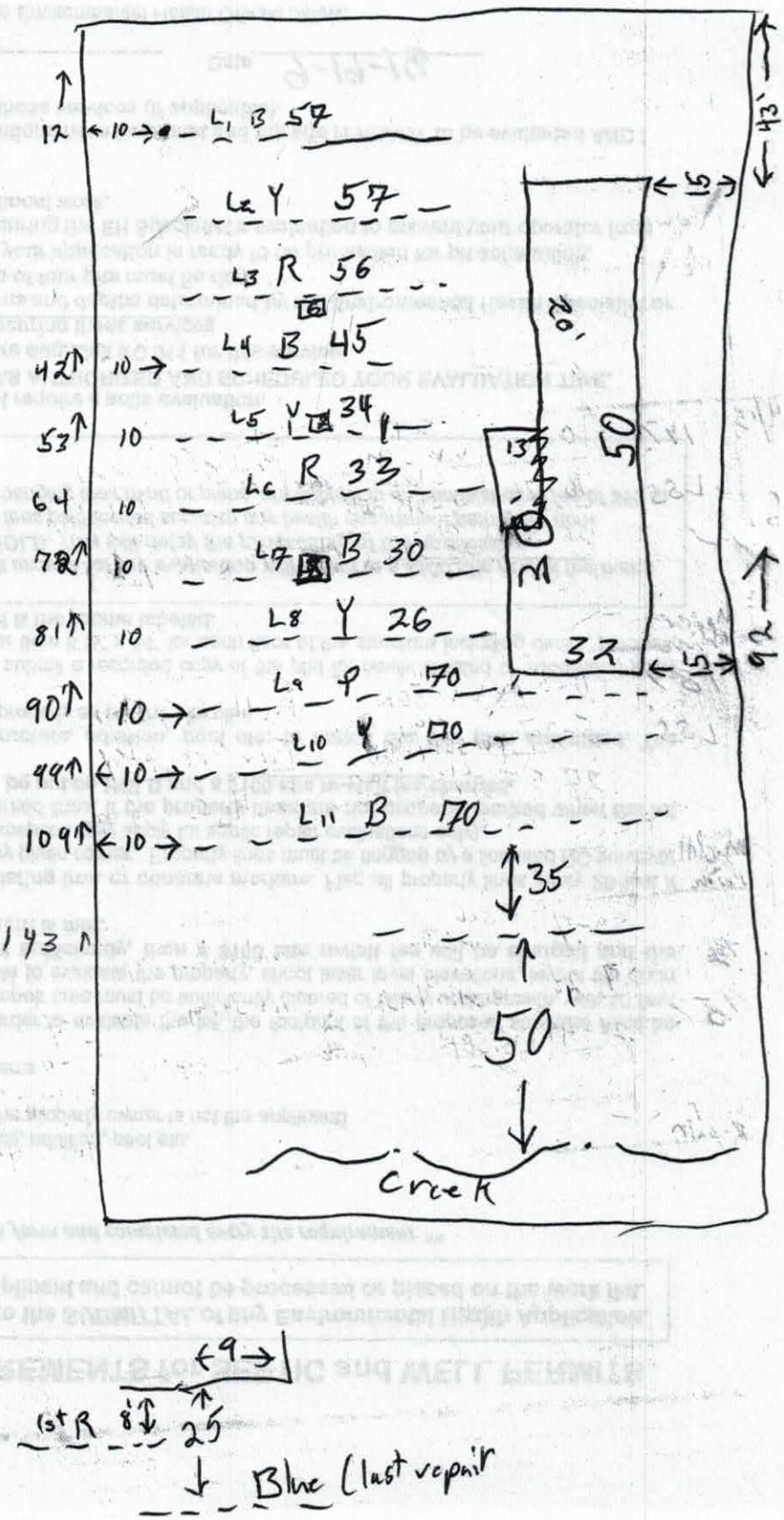
Sheet ___ of ___

PROPERTY ID #: 4747-39-4747
DATE OF EVALUATION: 4/16/18
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
5	middle - lower edge-of-woods	0-6	SCL		2.5Y 6/2 23"-46"	42			
		6-21	clay V.W ABK/SBK						
		21-42	clay loam platy						
6	4/13 19% LSS upper Prim	0-10	SCL V.W.SBK	sl. Friable, SS, Sp, Sexp	—	54	—	—	0.30
		10-26	clay W.SBK/ABK some mica	sl. Firm, sticky, Sp, Sexp					
		26-54	clay loam W.SBK/ABK Abundant mica	Friable, SS, Sp, Sexp					
7	187 LSS middle Prim	0-5	SCL V.W. SBK	sl. Friable, SS, Sp, Sexp	—	053	—	—	0.30
		5-27	clay W.SBK/ABK	Firm, Sticky, Sp, Sexp					
		27-53	clay loam W.SBK some mica	Friable, SS, Sp, Sexp					
8	15% Lower Repair	0-7"	SCL V.W SBK	sl. Friable, SS, Sp, Sexp	37" to Chroma 2 mottles 10YR 6/2	49"	—	—	0.30 PS (Keep Shallow)
		7-28"	clay W.SBK/ABK	Firm, Sticky, Sp, Sexp					
		28-49"	clay loam W.SBK some saprolite	sl. Friable, SS, Sp, Sexp					

MENTS:

L1	B	57
L2	Y	57
L3	R	56
L4	B	45
L5	Y	34
L6	R	33
		282
L7	B	30
L8	Y	26
L9	P	70
L10	Y	70
L11	B	70



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

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

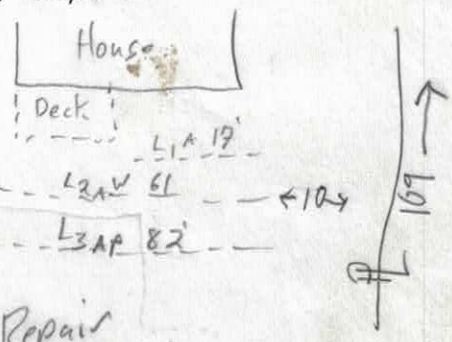
Failure to comply with the laws, rules and this notice will subject you to the following legal remedies, including but not limited to: Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 704-664-5281 (phone) or 704-662-3239 (fax).

Notice Issued September 30, 2018 Signed _____ (Thomas Shuck) Agent
Date DHHS/DPH/EHS

4
L1 52 (W) +8
L2 56 (P) +4 120
L3 25 (W) 56
L4 16 (P) 26
L5 26 (W)
L6 24 (P)
L7 25 (W)
L8 36 (P)

270 + 282 +
L9 20' (W)



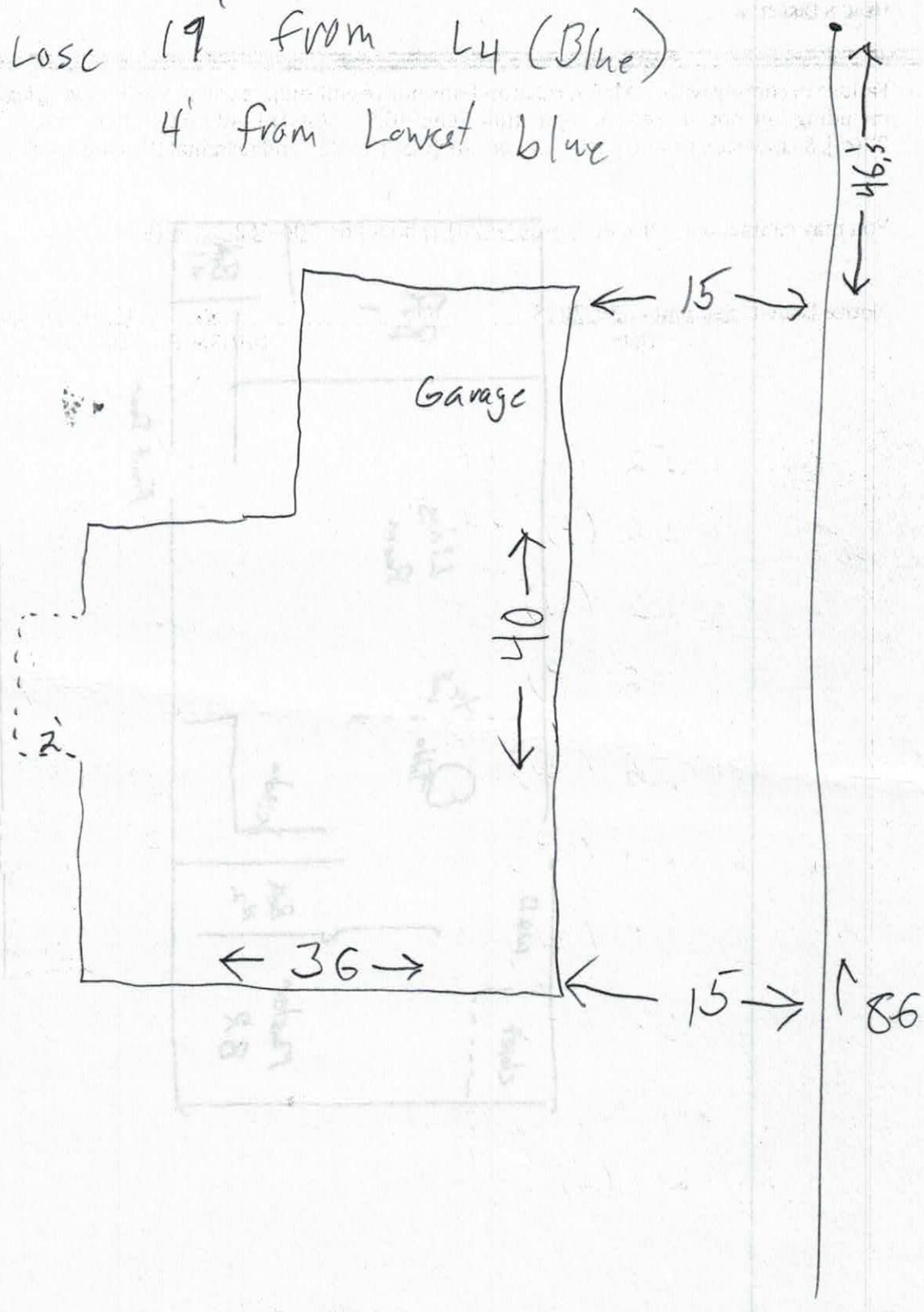
Repair 1
L1AP 17'
L2AW 61' [partial]
L3AP 82 [@ lowest blue]
160
218 needed
58 short

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
28677
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/


Losc 19' from L4 (Blue)
4' from Lowest blue
46.5'
15
Garage
40
2'
36
15
86

RECEIVED OCT 8 - 2018

Paid $320.00 #233725

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Dixieland Inc Address: 133 Redemption Rd Zip: 28625
Applicant Email: ginger.downs2@gmail.com Phone: 704-202-4889 Alt. Phone:
Owner Name: Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 117 Sundance Ct
Subdivision Name: Deer Crossing Section/Phase: Lot Number: 43
Driving Directions:

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

CHECK FOUNDATION TYPE

(✓) 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:

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: 7240 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 ( ) 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: _____ 10-8-18
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*) Regina C Dowdy

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, _____, 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**)

_____, _____, 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.

_____ 10/18/18

Signature of Owner(s) 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

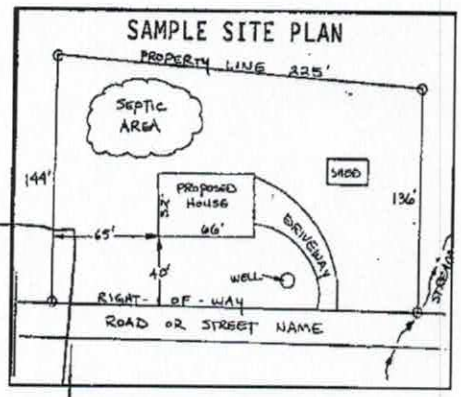
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other sufficient indicator of direction**

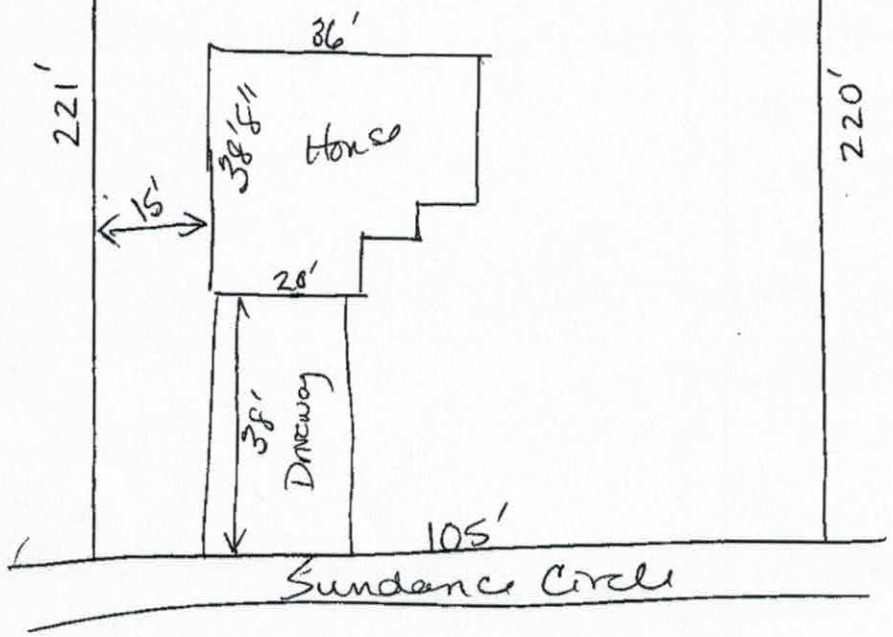


Circle N/A on the following if appropriate:

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**

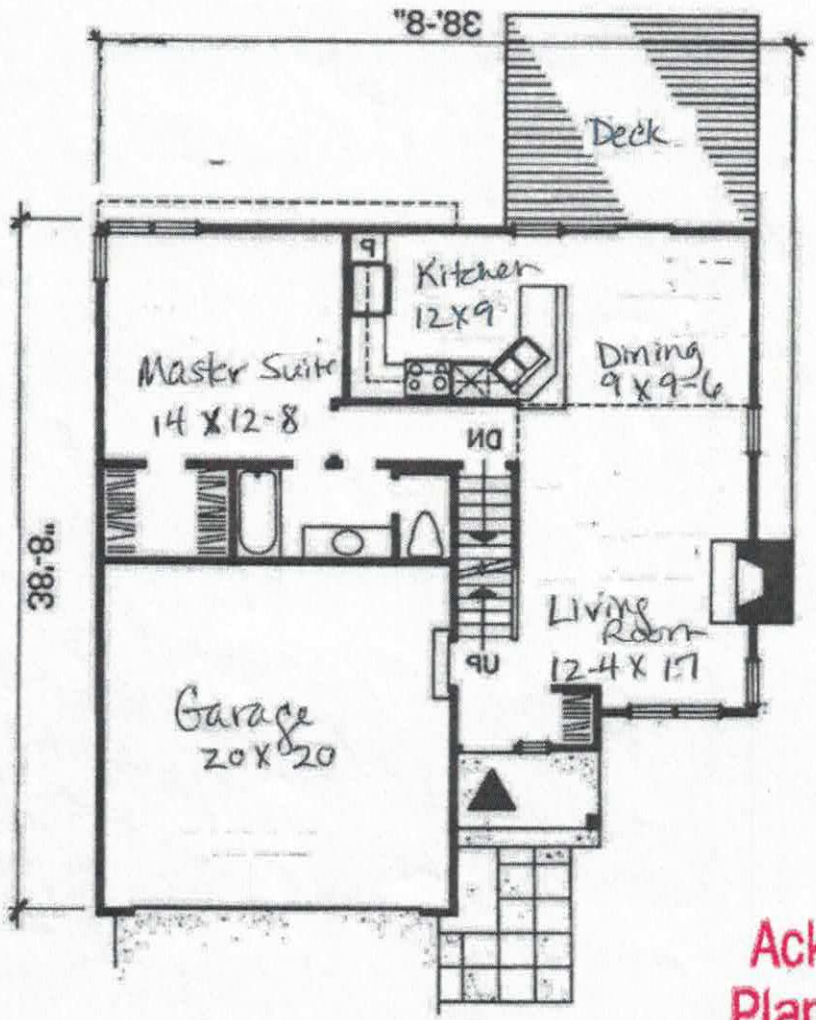
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: Lorrina C Dandle — 10/10/18

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



Mirror Reversed View - Click Here for Normal View

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Click on picture to PRINT only the:

First Floor Plan

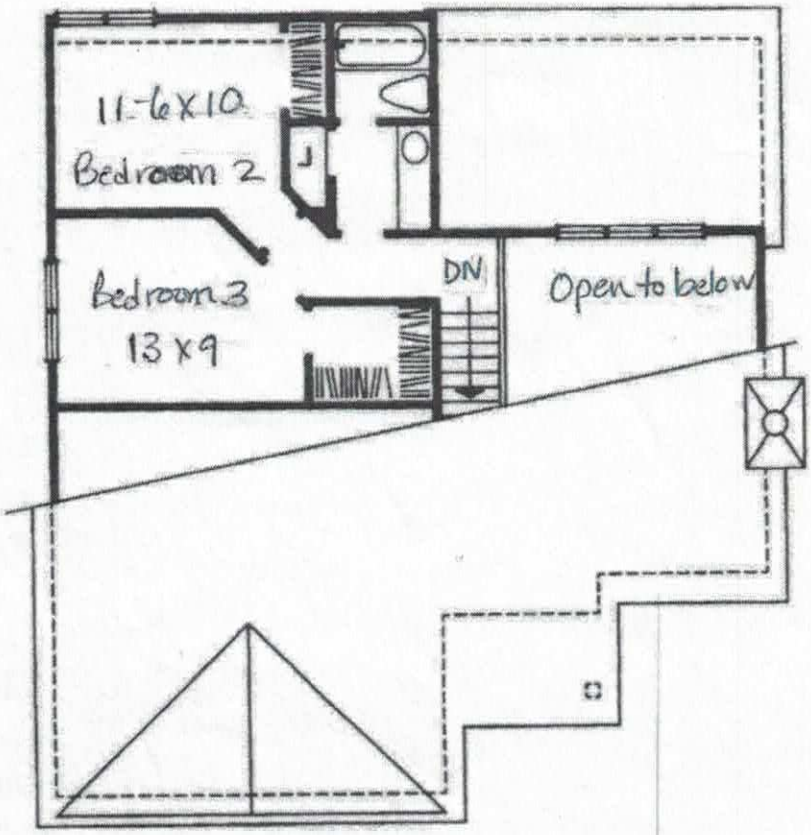
Plan ID: chp-40706, Order Code: C101

Click Here To Order This Plan or call 1-800-482-0464.

Acknowledgement Of Plans Submittal ONLY!

Regina Darsey Date _____

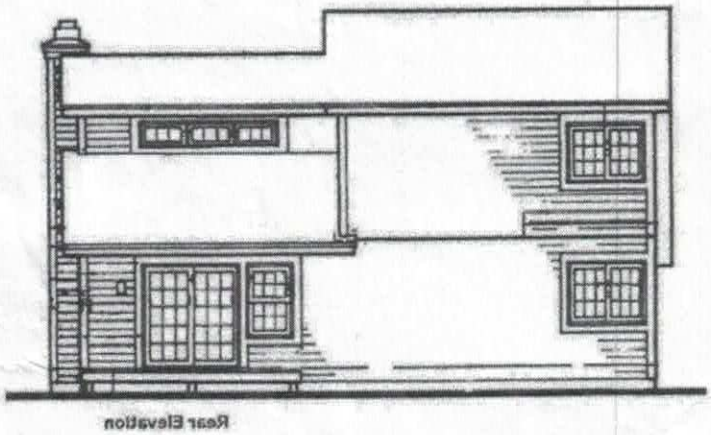
Tom Lucke Date 5/2/18



Mirror Reversed View - Click Here for Normal View

© plans copyrighted by designer
Click on picture to PRINT only the:
Second Floor Plan
Plan ID: chp-40706, Order Code: C101
Click Here To Order This Plan or call 1-800-482-0464.

Acknowledgement Of
Plans Submittal ONLY!
Regina Dowdy Date
Tom Shulc Date 5/2/18



Mirror Reversed View - Click Here for Normal View

© plans copyrighted by designer
Click on picture to PRINT only the:
Rear Elevation
Plan ID: chp-40706, Order Code: C101
Click Here To Order This Plan or call 1-800-482-0464.

IREDELL COUNTY

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

APPLICATION NUMBER
233775
Issue Date: 03/01/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4747394777.000	117 SUNDANCE CIRCLE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DIXIELAND CONSTRUCTION INC	Applicant: DIXIELAND INC
Address: 133 REDEMPTION RD	Address: 133 REDEMPTION RD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone: 704-876-6161	Phone: 704-876-6162

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.531	35.00	35.00	15.00	15.00	PASY	X

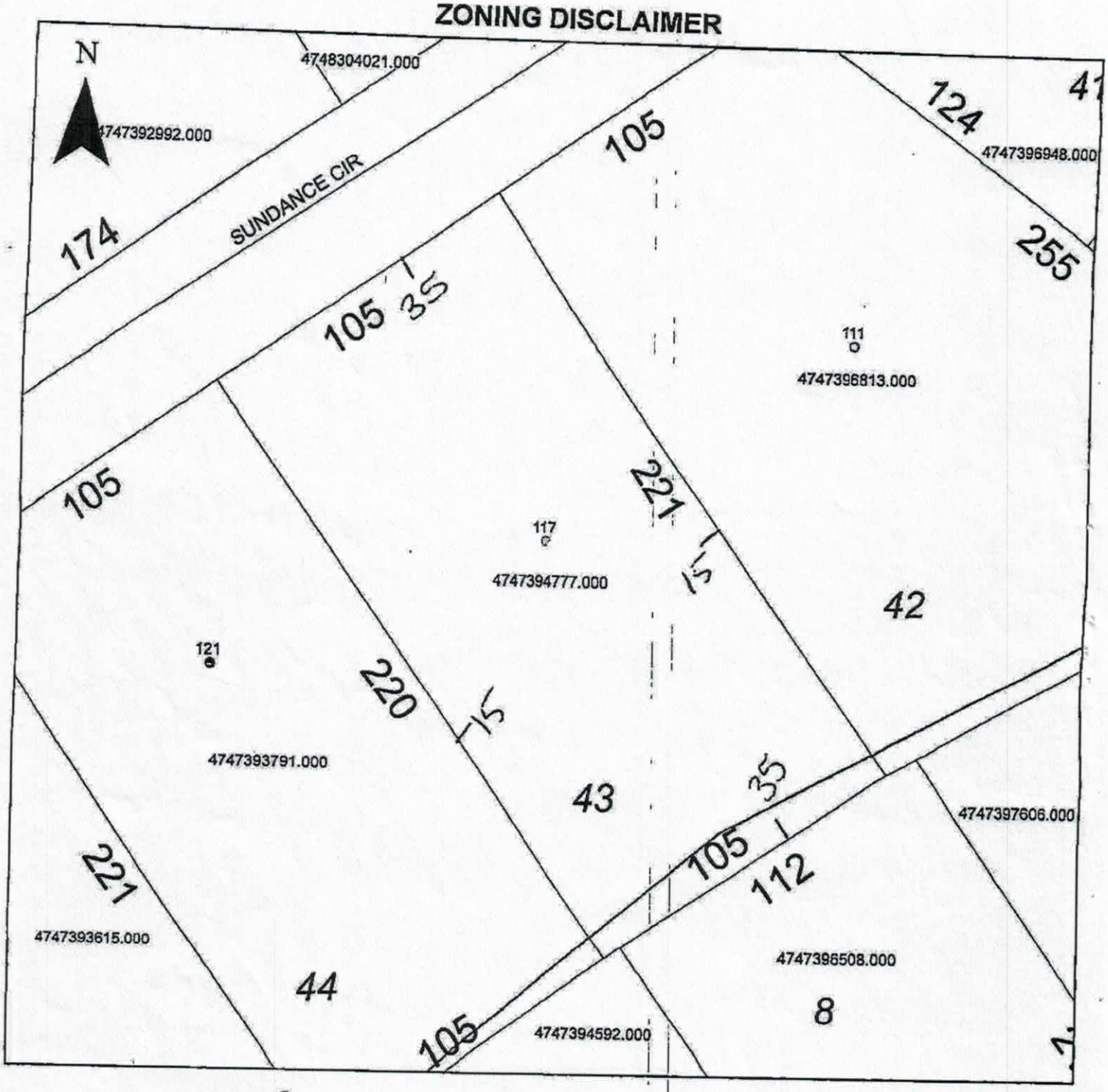
Remarks:

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: _____

Permit Number	130380	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 117 Sundance Cir

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.

X Lynna C Dowdy

X 2/28/18