(CC)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235066

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

PIN # 4747396813.000

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

SITE ADDRESS: 111 Sundance Circle Statesville NC 28625 PHONE: 704-876-6161 ALT. PHONE 704-202-4971

SITE DIRECTIONS: Exit 54 (D) on Jennings Rd 2.5 miles TL onto Deer Crossing (D) on Sundance 1st on left SAP CONTROLLED: ☐ YES ☒ NO

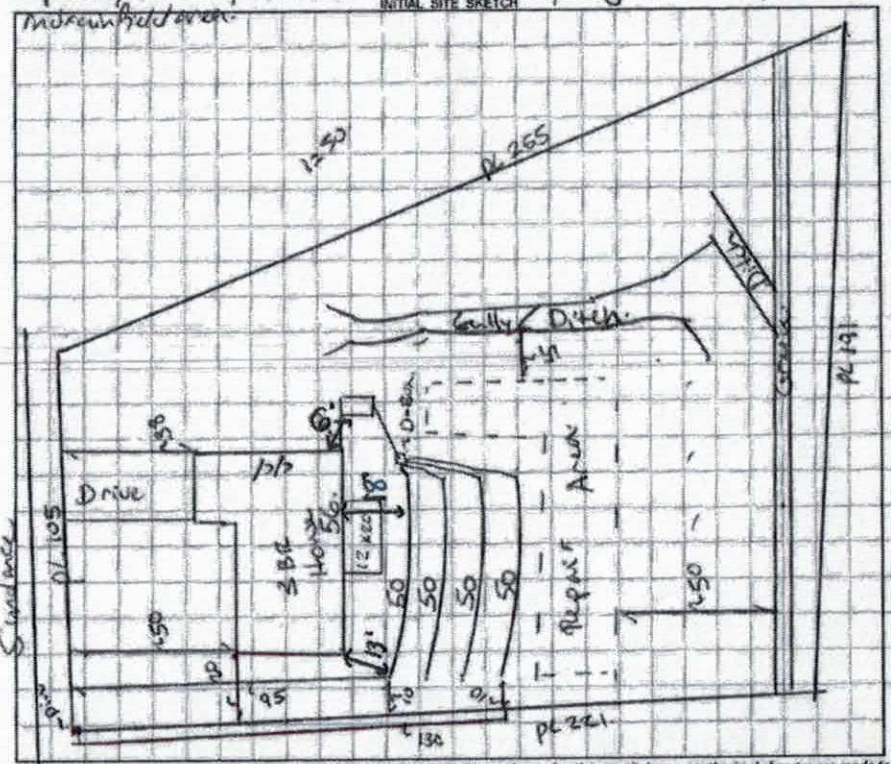
SUBDIVISION: Deer Crossing SECTION: 4 LOT # 42 LOT AREA: 0.7721 acres. DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	IM1060	Date	infiltrator	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	Gravity 50%			
Pump Make	~	Model	~		Serial #	~	Repair System Description:	Gravity 50%			
# Nitrification Fields	1	# Lines	4		Linear Ft	200	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36	Trench Bottom Depth(Low side)	28		Gravel Depth	~		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install on the contour of the land and utilize a D-Box for distribution. Maintain 15ft From Gully & Soft From Creek with Septic System & Repair. DO not drive, pass, park, grade or carry utilities Maintain Best cover.

INITIAL SITE SKETCH



AS BUILT SKETCH

-no foundation drain during time of inspection
-porch not constructed during time of inspection

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: Lorna C Dowdle Date: 7/25/14 Installed by: Marty Tucker

IMPROVEMENT PERMIT by: Benjamin A. Bolkin Date: 5/23/18 OPERATION PERMIT by: Kayla Wilson Date: 2-7-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolkin Date: 5/23/18. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-864-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector 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 1
PROPERTY ID #: 9747396
COUNTY: Iredell

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

OWNER: Dixieland Inc. — APPLICATION DATE 4/23/18
ADDRESS: 111 Sundown Creek. — DATE EVALUATED: 5/16/18
PROPOSED FACILITY: 3BR Hom. — PROPOSED DESIGN FLOW (.1949): 360 gpd. — PROPERTY SIZE: .7 Acres
LOCATION OF SITE: 111 Sundown Creek — 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
1	Si. 10%.	0-25	C SBK	SSSP FM SEAD	2.5YR4/6	47	—	Many C-F-G Mottles 10YR6/6	PS .30.
		25-48.	CL WSBK	SSP FR	variegated				
2	Si. 13%	0-40	C SBK	SSSPFM SEAD	2.5YR4/6 2.5Y12/6.	52	—	Mica 10YR6/4 & Grave	PS .25
		40-52	CL WSBK.	SSSP FR					
3	Si. 15%	0-23	C SBK	SSSP FM SEAD	" "	48	—	/	PS .30
		23-48	CL WABK	SSP FR					
4	Si. 15%	0-30	C SBK	SSSP FM SEAD	" "	50.	—	—	PS .30
		30-50	CL WSBK	SSSP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	" "
System Type(s)	III 50% Cmb	" "
Site LTAR	.30.	" "

OTHER FACTORS (.1946): Creek / Gully.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: B. Harris
OTHER(S) PRESENT: B. White

COMMENTS: 57. 0-31 / 31-49

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.

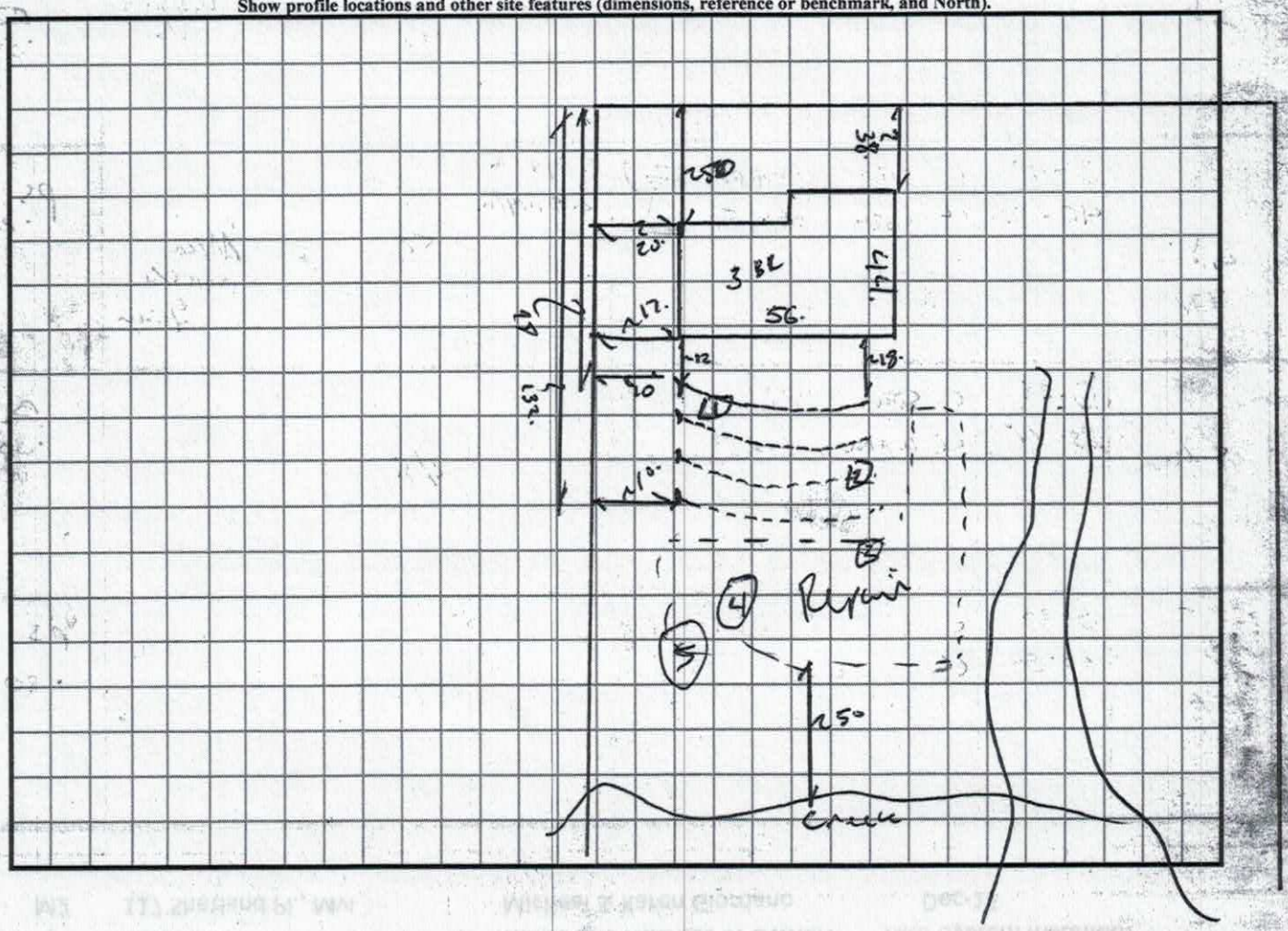
NOTES

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).



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(b) FOR DETAILS)

1. **APPLICATION FOR:** ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application** $350.00
   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 #
Dixieland Inc	133 Redemption Rd Statesville, NC 28625	704-876-6161	704 202 4971
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
111 Sundance Circle S-Ville	Deer Crossing	Lot #42

Driving Directions: I-77 - take Exit 54 - TR at end of ramp - TL at stoplight onto Jennings Rd - Go 2.5 miles - TL into Deer Crossing - TL onto Sundance - Then TR - lot on left.

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
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 (1) Conventional ( ) Innovative (2) 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:** Jennifer Dowdle — 4/23/14
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, Regina C Dowdle, am the legal owner(s) of the property located at 111 Sundance Circle Statesville, NC, identified as PIN (Parcel Identification Number) 4747396813.000, 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.

Regina C Dowdle 4/23/18 _____ _____

Signature of Owner(s) Date 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 *ENVIRONMENTAL HEALTH DIVISION*:

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…**

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

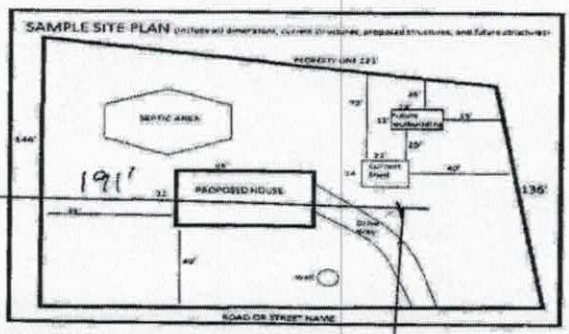
____ Front and side setbacks from property line… **____ Preferred driveway location and configuration, preferred well location…**

____ Area you prefer your septic system to be placed… **____ North arrow, or other sufficient indicator of direction…**

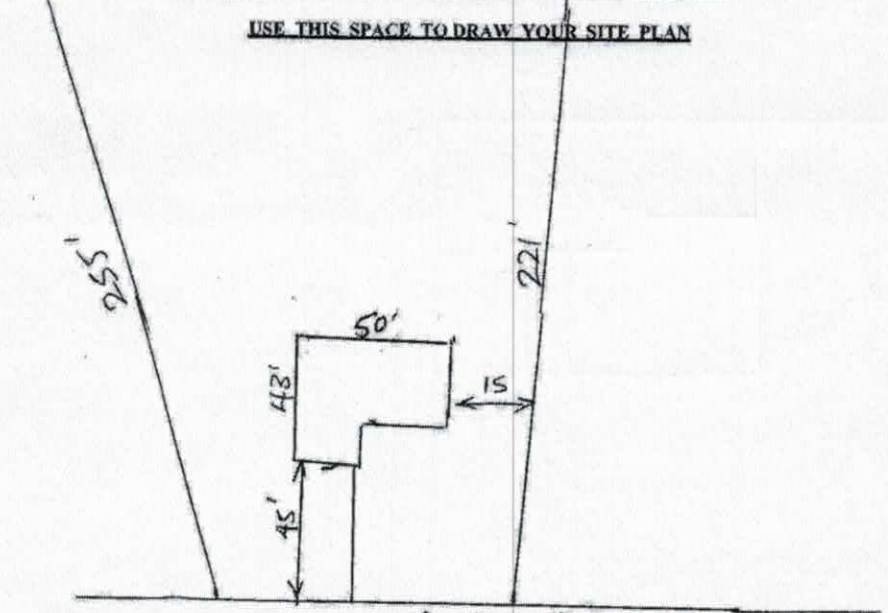
Circle N/A on the following if appropriate:

____ 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**



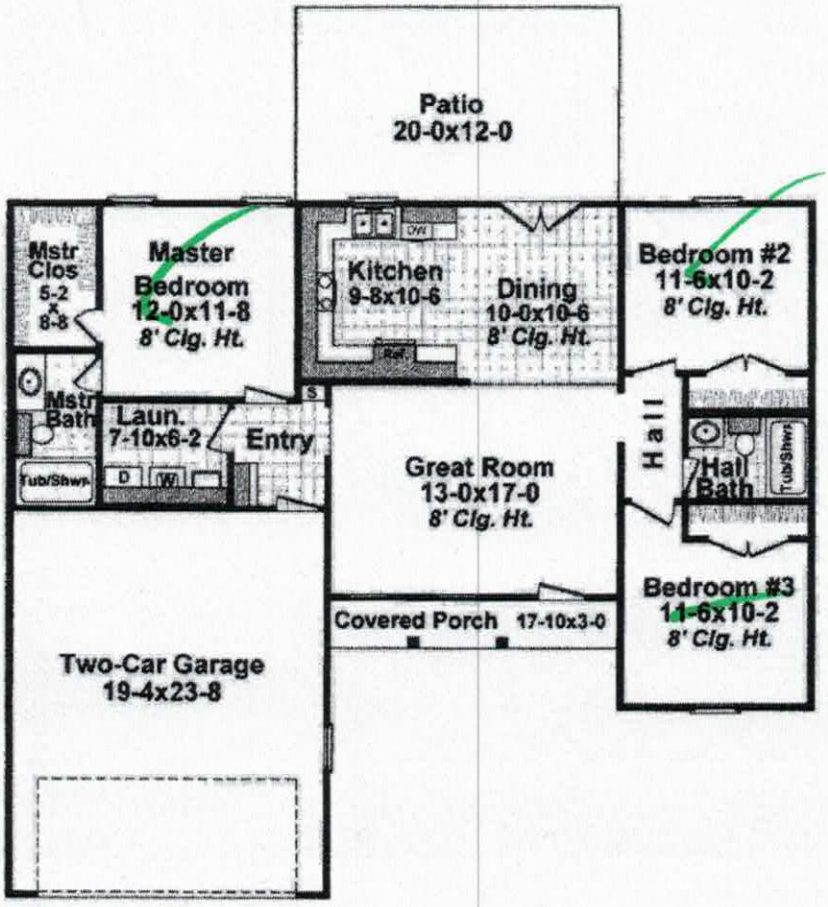
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Ginger Dowdle Ginger Dowdle 4/23/16

REQUIRED **property owner or owner's legal representative signature.** **DATE**

Pull down the "File Menu" then click on the "Print" option or Click Here To Print This Page.



1st Floor Plan of COOLhouseplans.com Plan ID: chp-45543, Order Code: C101
To Order call 1-800-482-0464
« Back to Previous Page.

Acknowledgement Of
Plans Submittal ONLY!
Engineer Date 4/23/17
Date 5/23/2018.

IREDELL COUNTY

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

APPLICATION NUMBER
235066
Issue Date: 04/23/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4747396813.000	111 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
.772	35.00	35.00	15.00	15.00	PASY	X

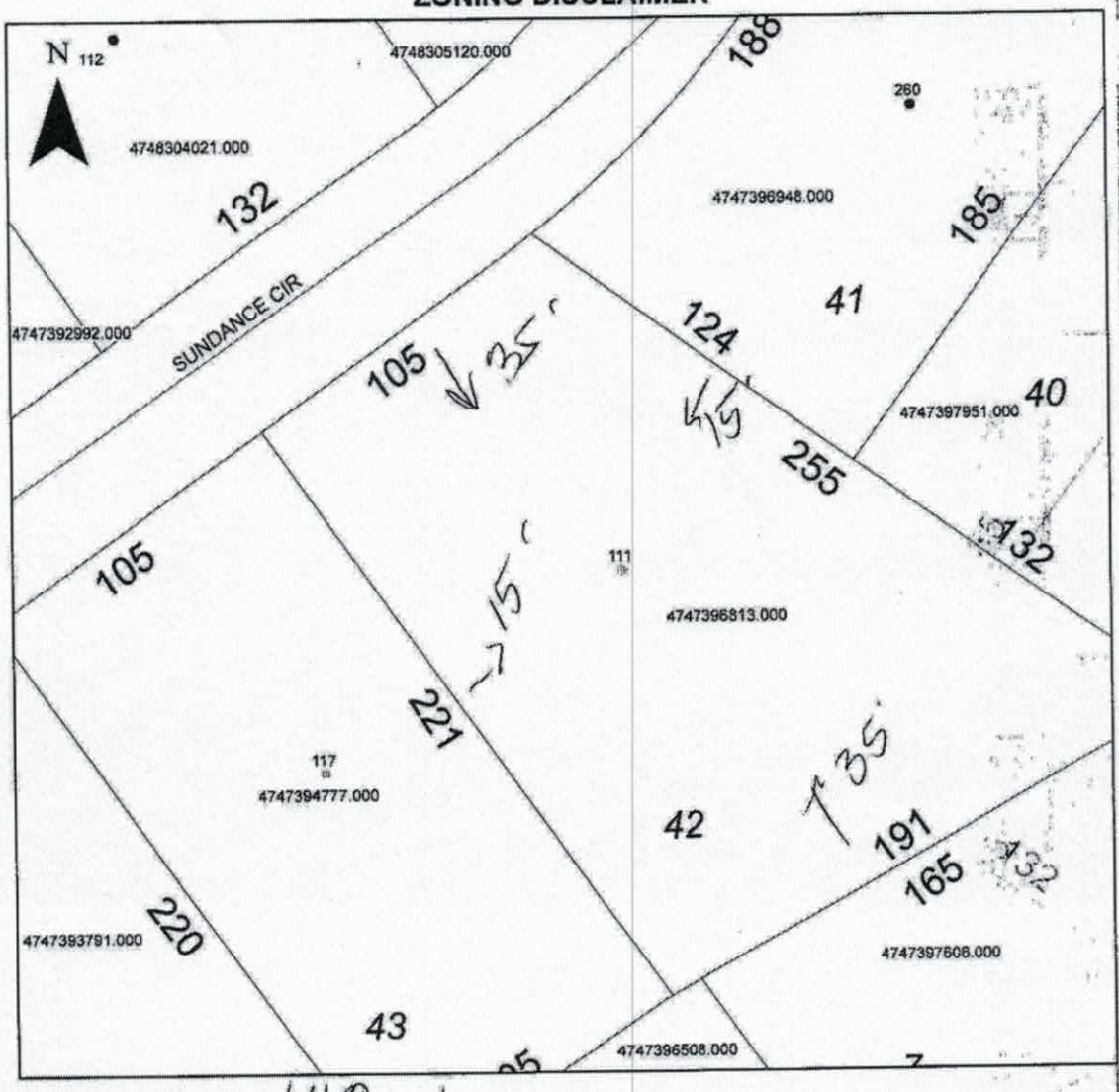
Remarks:

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	136376	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 111 Sundance

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.

Angie Dowdle
Applicant

4/23/18
Date