IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 241766

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

PIN # 4748206270

APPLICANT/OWNER: Dixieland Inc

APPLICANT ADDRESS: 133 Redemption Rd 28625

SITE ADDRESS: 156 Deer Haven Dr Statesville NC 28625

PHONE: 704 202-4971

ALT. PHONE -

SITE DIRECTIONS: Jennings Rd turn L on Deer Haven, Lot on R

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Deer Crossing

SECTION: 3 LOT # 22 LOT AREA: .45 Acre

DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	Date			
Pump Tank	1000	(gal)	PT	Date			
Pump Make			Model	Serial #			
# Nitrification Fields	1	# Lines	5	Linear Ft	360		
Trench Width	36"	Trench Bottom Depth(Low side)		24" Max	Gravel Depth	-	

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

System Description: 25% Reduction PM

Repair System Description: 50% Reduction LP

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

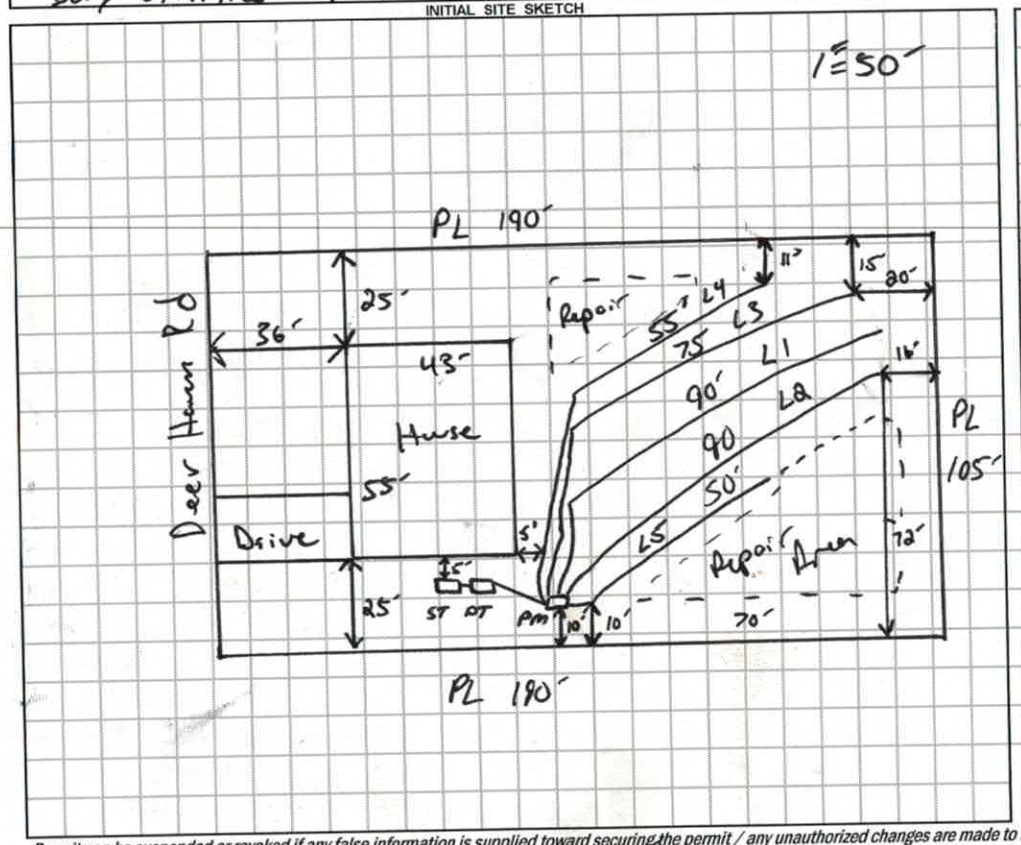
☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on Contour of land and use Pressure manifold. Do not grade, pave, or bury utilities in drainfield area.

No foundation drain around house so tanks can be 5' from House.

INITIAL SITE SKETCH



AS BUILT SKETCH

L1 90 - 3/4 Sch 40 @ 12.5 gpm

L2 90 - 3/4 Sch 40 @ 12.5 gpm

L3 75 - 3/4 Sch 80 @ 10.1 gpm

L4 55 - 1/2 Sch 40 @ 7.11 gpm

L5 50 - 1/2 Sch 40 @ 7.11 gpm

7.76" Drawdown

103 gallon dose

	Date	Initials
Drain Lines Checked	7/10	BB
Tanks Checked	7/10	BB
Pressure Manifold or Valve Box Checked	7/10	BB
Pressure Head Set	7/22	CC
Electrical Checked	7/22	CC
Floats Set	7/24	KW
Alarm Checked	7/24	KW
Maintenance Contract Y / (N)	7-19	BCW

upgraded installed @ 36-0.c. 50.4 Depth -Sch 80 Top Needed Trenline 0.c. 3.

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: Lynnie C. Dowdle Date: 5/20/19

IMPROVEMENT PERMIT by: Date: 5-15-19

AUTHORIZATION TO CONSTRUCT by: Date: 5-15-19

Installed by: Mody Tucker Grading

OPERATION PERMIT by: Kayla Wilson (as) Date: 7-24-19

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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4748206827
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Dixieland Inc — APPLICATION DATE: 1/28/19
ADDRESS: 133 Redemption Rd — DATE EVALUATED: 2/19/19
PROPOSED FACILITY: Home — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: .45
LOCATION OF SITE: 106 Deer Haven — 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	11% SS	0-4	SBk SCL	~~Fr~~ SSSPSeap	Mg Con @ 30"	48"	N/A	N/A	.25
		4-48	SBk C	Fr SSSPSeap					
2	11% SS	0-4	SBk SCL	Fr SSSPSeap	N/A	37"	N/A	Rock Inc @ 36"	.275
		4-37	SBk C	Fr SSSPSeap					
		37AR							
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	218'
System Type(s)	20%	50%
Site LTAR	.25	.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

COMMENTS:

RECEIVED APR 30 2019 Limited Relagent $105 #241766

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: ( ) 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: ~~Elv~~ 133 Redemption Rd S-Ville Zip: 28625
Applicant Email: gingerdavis62@gmail.com Phone: 704-202-4971 Alt. Phone:
Owner Name: Same Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 156 Deer Haven Dr. Statesville, NC 28625
Subdivision Name: Deer Crossing Section/Phase: Lot Number: 22
Driving Directions:

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 (✓) 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: Regina C Davis 4/30/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

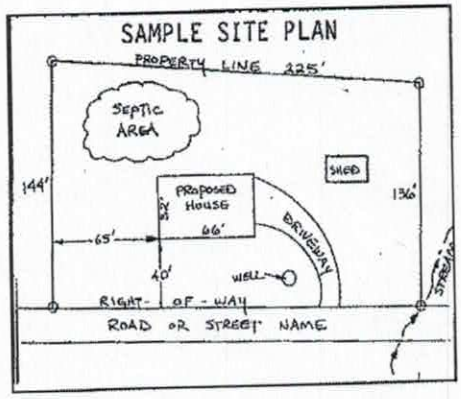
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (N/A) Preferred well location
- (X) 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

See attached.

Want to bring septic out right side & eliminate pump.

Signature: Regina C Dudley

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

DATE 4/30/19

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241766

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

PIN # 4748206270

APPLICANT/OWNER: Dixie Land Inc APPLICANT ADDRESS: 133 Redemption Rd 28625

SITE ADDRESS: 156 Deer Haven Dr Statesville NC 28625 PHONE: 704-202-4971 ALT. PHONE

SITE DIRECTIONS: Jennings Rd turn left on Deer Haven Lof on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Deer Crossing SECTION: - LOT # 22 LOT AREA: .45 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	25% Reduction AM			
Pump Make			Model		Serial #		Repair System Description:	50% Reduction LP			
# Nitrification Fields	1		# Lines	5	Linear Ft:	360'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth (~~Lowside~~)		24" Max		Gravel Depth	-	☐ GRAVITY	☒ PRESSURE	

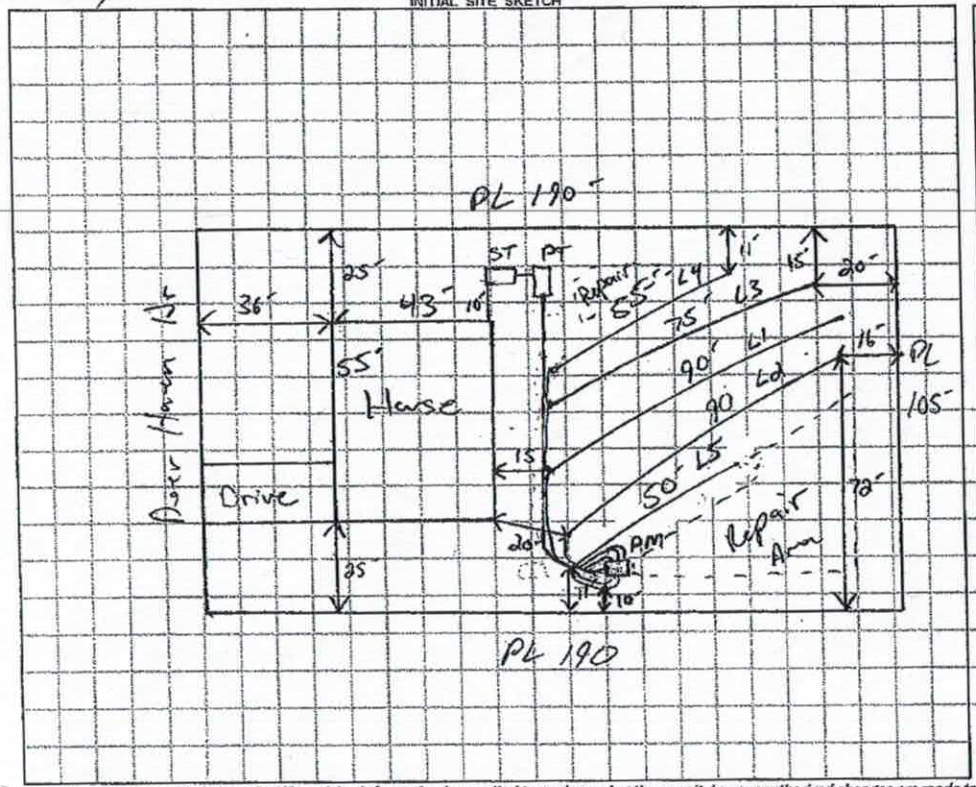
☒ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees ☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on contour of land and use Pressure Manifold. Do not grade, pave or bury utilities in drainfield area.

7.76" Drawdown
163 gallon dose volume

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'

L1 90 - 3/4 sch 40 @ 12.5 gpm
L2 90 - 3/4 sch 40 @ 12.5 gpm
L3 75 - 3/4 sch 80 @ 10.1 gpm
L4 55 - 1/2 sch 40 @ 7.11 gpm
L5 50 - 1/2 sch 40 @ 7.11 gpm

COPY

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Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: 2-15-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 2-15-19 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.

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 Dowdle

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, Regina C Dowdle, am the legal owner(s) of the property located at ~~[illegible]~~ Statesville, NC, identified as 156 Deer Haven Dr

PIN (Parcel Identification Number) 4748 206 270, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 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

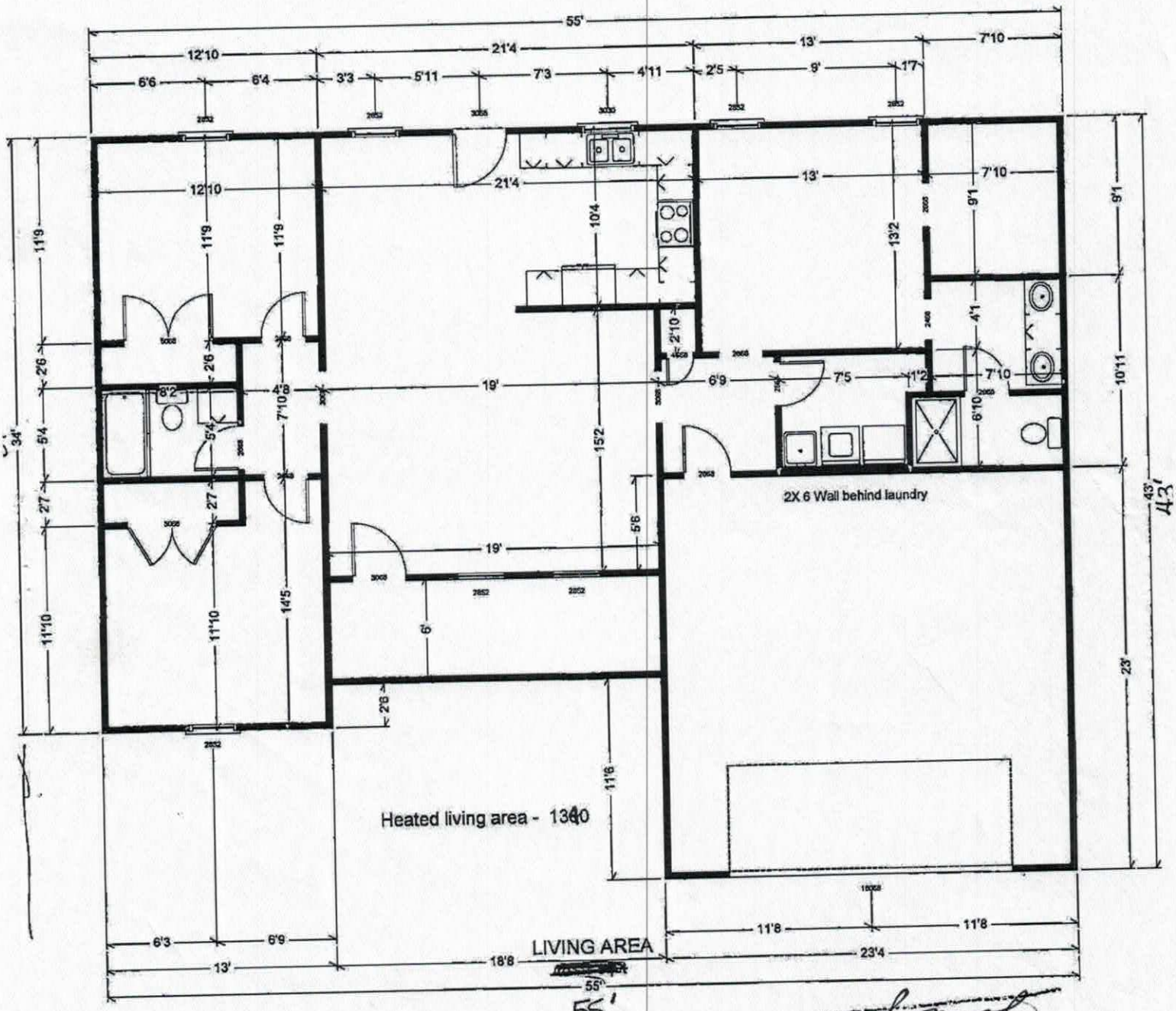
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Regina C Dowdle
Signature of Owner(s)

4/30/19
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



Approved Date 3-15-19

SUBMITTAL ONLY! Date 1/28/19