ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-321654

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

PIN # 4748 -- 20 -- 7669

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

SITE ADDRESS: 209 SUNDANCE CIRCLE, STATESVILLE, N.C. 28625 PHONE: 704-202-4971 ALT. PHONE —

SITE DIRECTIONS: (N) ON 77, (R) ON 21, (L) ON JENNINGS, (L) ON DEER HAVEN, (R) ON SUNDANCE, LOT ON (R) SAP CONTROLLED: ☑ YES ☐ NO

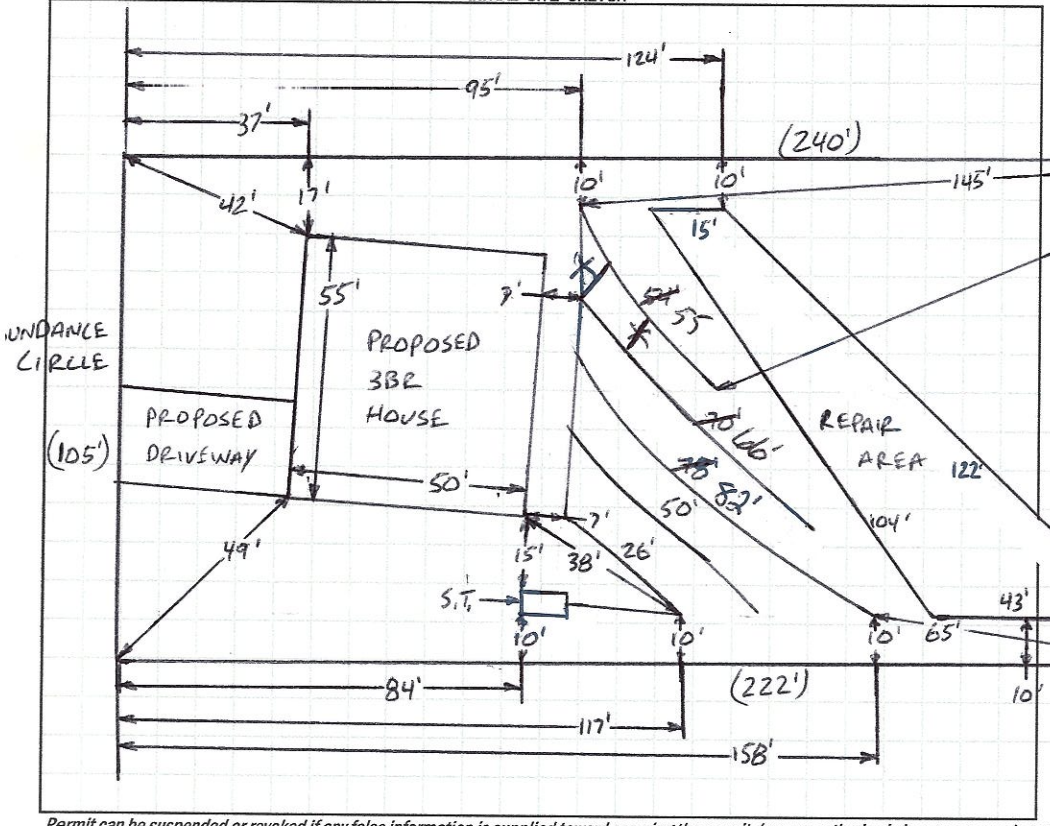
SUBDIVISION: DEER CROSSING SECTION: 4 LOT # 65 LOT AREA: 0.5571 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.325 (0.25 REPAIR)

Septic Tank	1000 (gal)	STB	760	Date	1/15/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:		25% REDUCTION		☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:		50% REDUCTION		☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	5	Linear Ft	278FT	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	23 IN	Gravel Depth	—	☑ GRAVITY		☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 31IN MAX TRENCH DEPTH, NO FOUNDATION DRAINAGE ON HOUSE

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.

1 IN = 40 FT

S.T. = SEPTIC TANK

Installed as Drawn

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: Keyna Dandelle Date: 11/17/21 Installed by: (Jake) Williams Excavating

IMPROVEMENT PERMIT by: Burt C. White Date: 10-8-2021 OPERATION PERMIT by: Cory Hill Date: 3/11/22

AUTHORIZATION TO CONSTRUCT by: Burt C. White Date: 10-8-2021 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

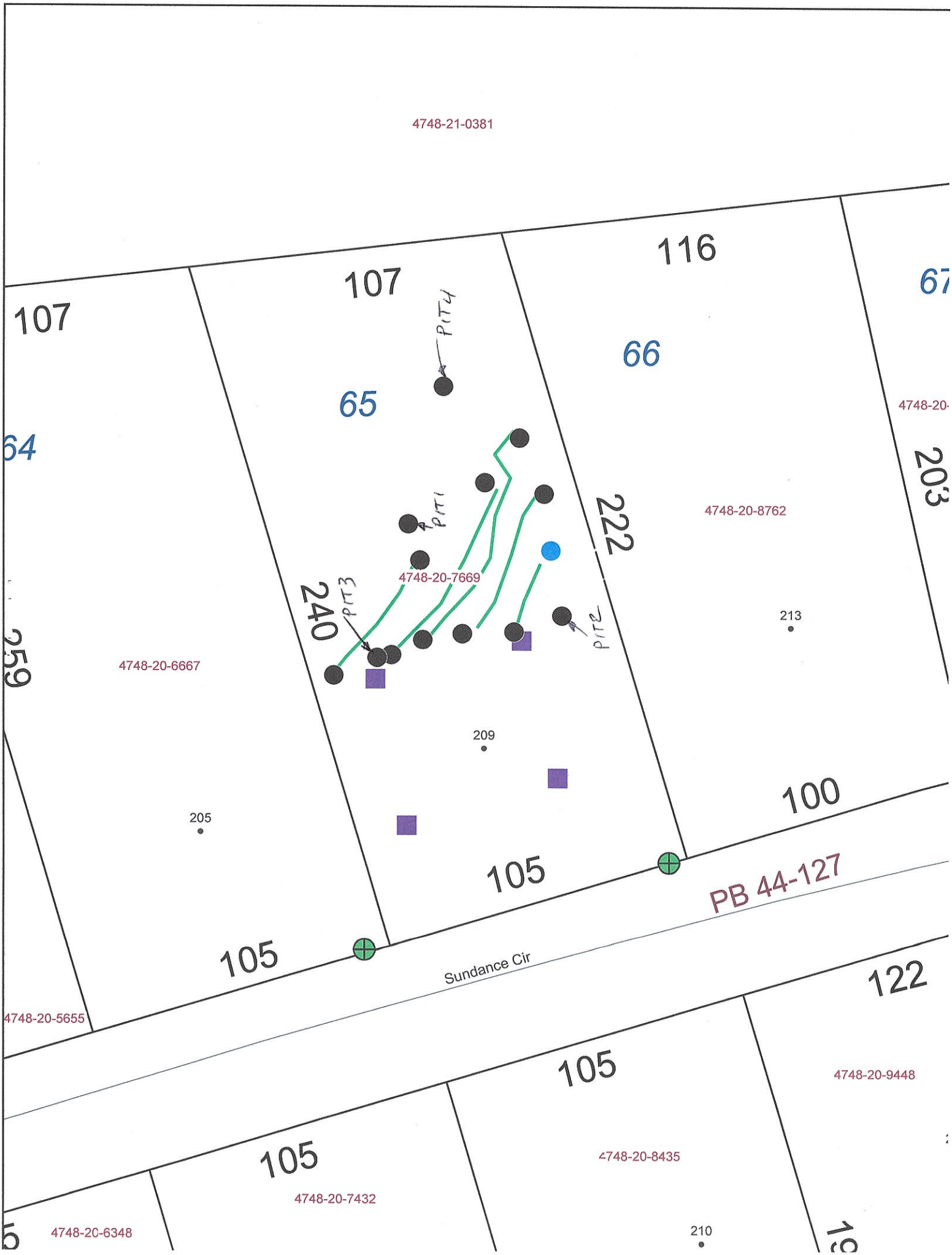
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4748-20-7669
DATE OF EVALUATION: 10-5-2021
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 10%	0-13	COLLUVIAL	MIXED fl	SAP INC THRU OUT	48"+	NA	NA	PS .25 LAND-SCAPE
		13-32	C, SBK	fl, S, P, SEXP					
		32-48	C, SBK	FR, S, P, SEXP					
2	LINEAR SIDE 25%	0-17	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	41"	PS II L	NA	PS .35
		17-41	CL, WSBK	FR, SS, SP, SEXP					
		41-50	SAP, MAS	FR, NS, NP, SEXP					
3	foot 20%	0-23	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	38"	PS II L	NA	PS ~~.38~~ .325
		23-37	CL, WSBK	FR, SS SP, SEXP					
		38-48	SAP, MAS	FR, NS, NP, SEXP					
4	FOOT 15%	0-39	C, SBK	fl, S, P, SEXP	SAP INC THRU OUT	49"+	NA	NA	PS .3
		39-49	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:


4748-21-0381
107
107
116
67
64
65
66
PIT4
PIT1
PIT3
PIT2
4748-20-7669
4748-20-8762
4748-20-
203
222
240
259
213
4748-20-6667
209
205
100
105
105
PB 44-127
Sundance Cir
4748-20-5655
122
105
4748-20-9448
105
4748-20-8435
4748-20-7432
4748-20-6348
210

RECEIVED SEP 20 2021

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

BW

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-321654 $500.00

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: Jacinto **Address:** ? **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 209 Sundance Circle Statesville, NC

Subdivision Name: Deer Crossing **Section/Phase:** **Lot Number:** 65

Driving Directions: Jennings Rd to Deer Crossing - Right on Sundance - Lot on Right

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:
( ) 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: Number of Persons:
( ) Multi-connection Well Number of Houses:

( ) 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 Dawdle (SIGNATURE REQUIRED) 9/19/21 DATE

Authentisign ID: 77ADC3B3-5F57-4D76-8665-F30B81BB3218

321654

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, X Authentisign *Fernando Jacinto* 9/13/2021 12:56:19 PM EDT Authentisign *Marta Jacinto* 9/13/2021 12:57:13 PM EDT, am the legal owner(s) of the property located at 209 Sundance Circle Statesville, NC identified as PIN (Parcel Identification Number) 4748-20-7669, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Dixieland Inc Regina Dandu, 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.

X Authentisign *Fernando Jacinto* 9/13/2021 12:56:19 PM EDT Authentisign *Marta Jacinto* 9/13/2021 12:57:13 PM EDT _____

Signature of Owner(s) 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

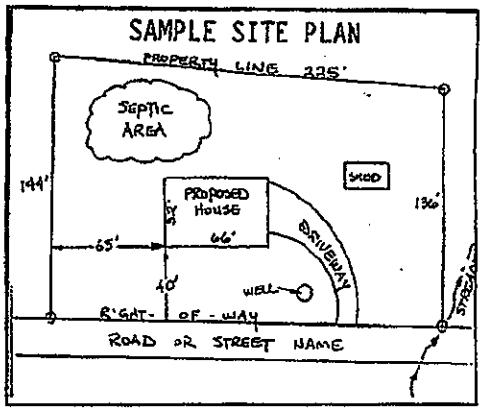
321654

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

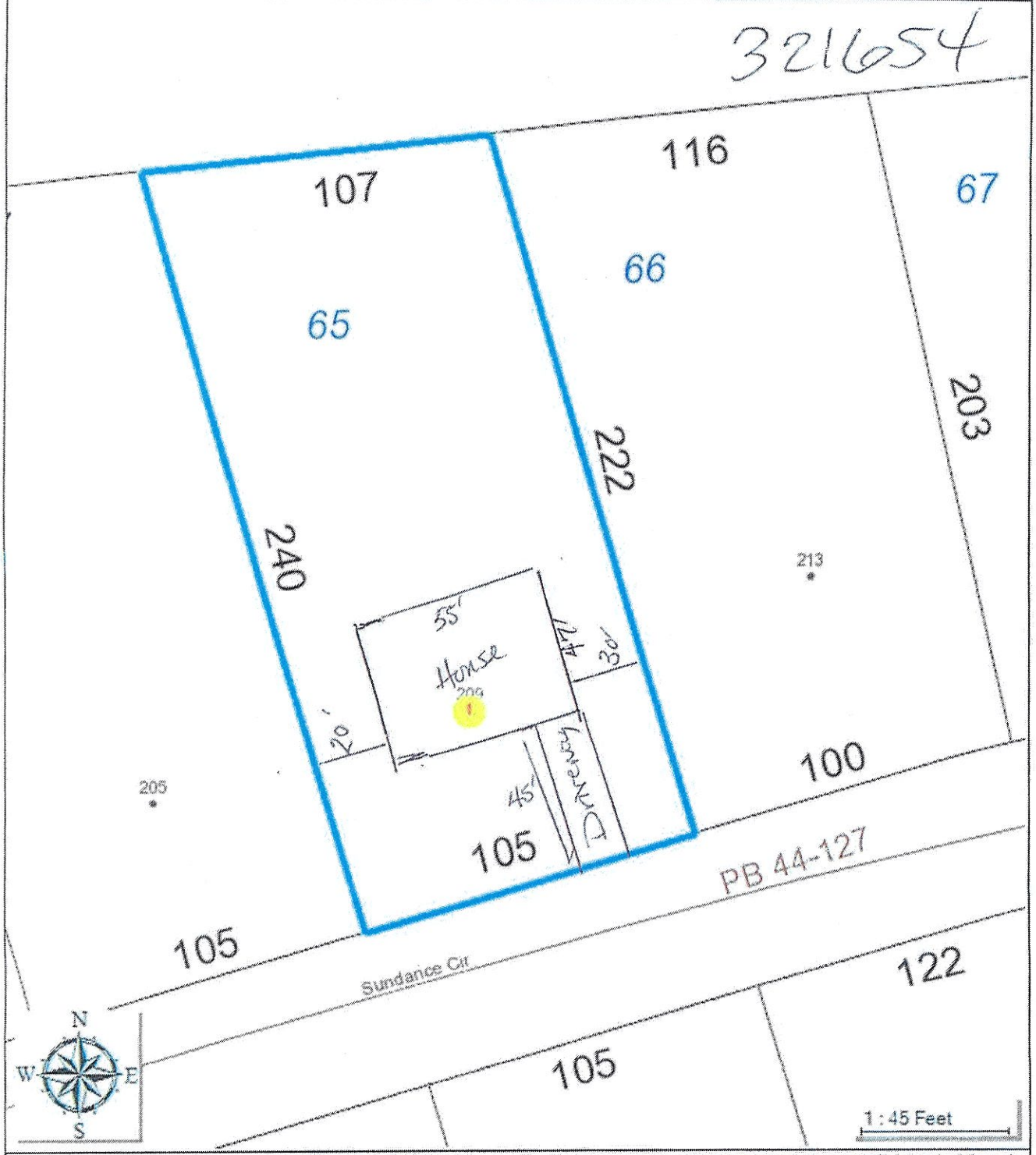
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE

CONNECTGIS WEB HOSTING

North Carolina Iredell County

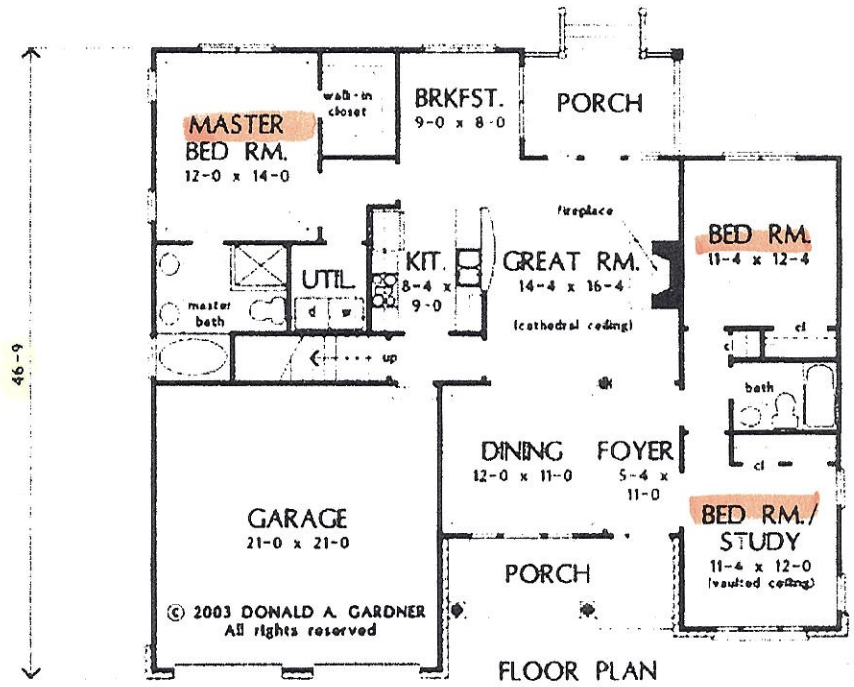
Iredell
Printed September 21, 2021
See Below for Disclaimer



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

Floor Plans

FIRST



Reversed Garage on Right

BONUS

Acknowledgement Of Plans Submittal ONLY!

Regina Daniels Date 11/17/21

~~Bryant Construction~~ Date ~~10-8-2021~~

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

APPLICATION NUMBER
321654 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4748207669.000	209 SUNDANCE CIR	Iredell County

Owner Information	Applicant Information
Name: JACINTO FERNANDO+MARTA	Name: DIXIELAND, INC OR QUALITY CONTROL OF STSVL
Address:	Address: 133 REDEMPTION RD STATESVILLE, NC 28625
Phone:	Phone: (704)876-6161

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.5571	35	35	15	15	WSIV-PA South Yadkin	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.

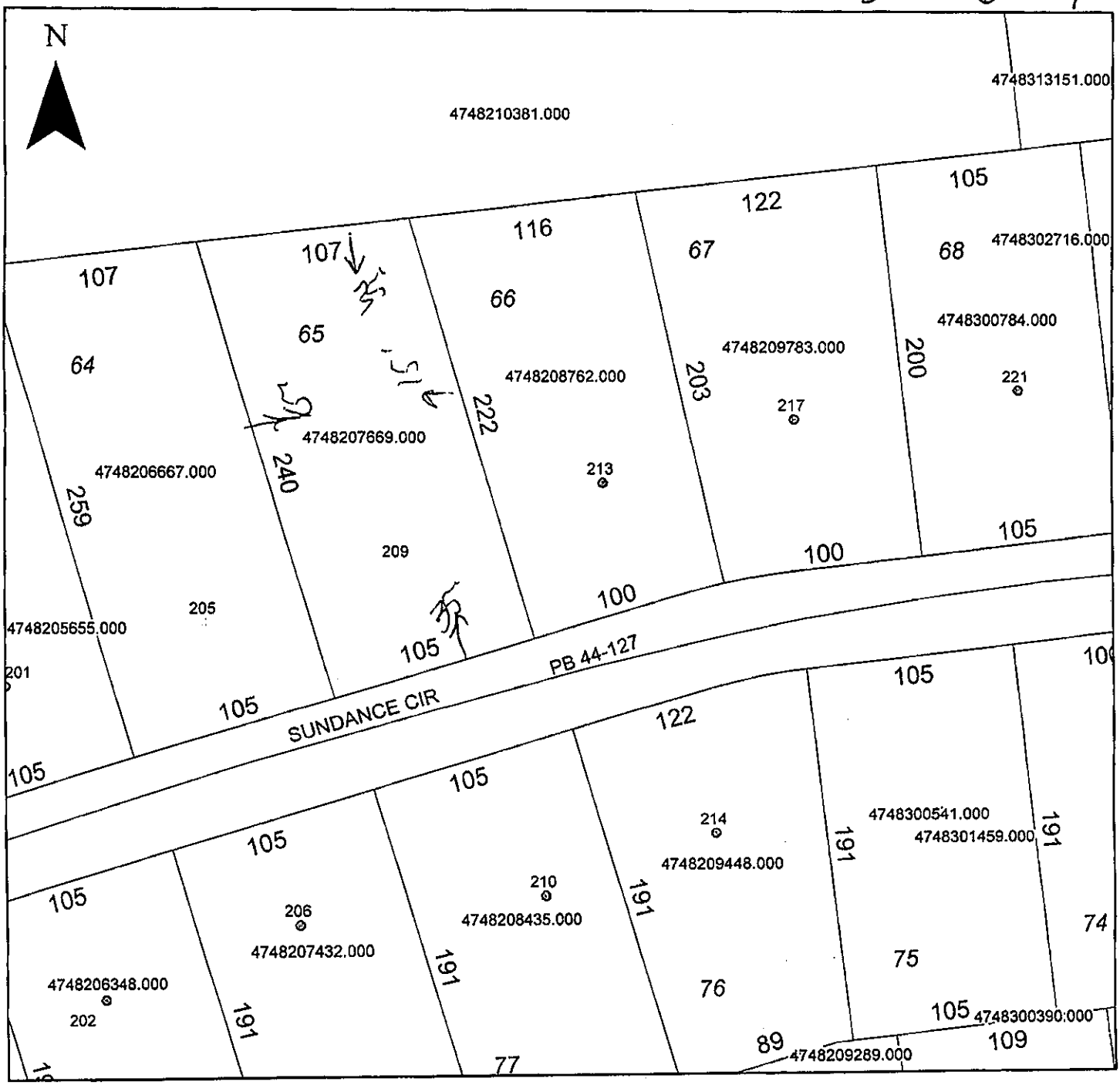
Date: 09/21/2021

Signature of Owner/Contractor

Permit Number	321654	TOTAL FEES:	$77.25

ZONING DISCLAIMER

321654



Property Address 209 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.

Lynnia C. Daniels

Applicant

9/21/21

Date