IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (c1) MOORESVILLE 704-664-5281

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

Contractor

PERMIT# 133530 PIN# 4748208762

DATE 3-1-06

OWNER OR APPLICANT (Ginger Cecil) Linda Lindenberg PHONE: Business 704 876 6162 Home 704 202 4971

ADDRESS 213 Sundance Circle - Statesville

LOCATION Jennings Rd N - L on Deer Crossing, R on Sundance Circle, 8th LOT on right

SUBDIVISION Deer Crossing BLOCK / SECTION IV LOT 66 LOT AREA .5218 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 875 Date 2-23-06

Pump Tank: 1000 Gallons: PT 302 Date 2-11-06

Pump Make: Zoeller Model N157 Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 240

No Lines 3 Trench Width 2' Max Trench Bottom Depth 36" Gravel Depth n/a ☐ Gravity ☒ Pressure

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

System Description: LP 50% Reduction System

Repair System Description: LP 50% Reduction System

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

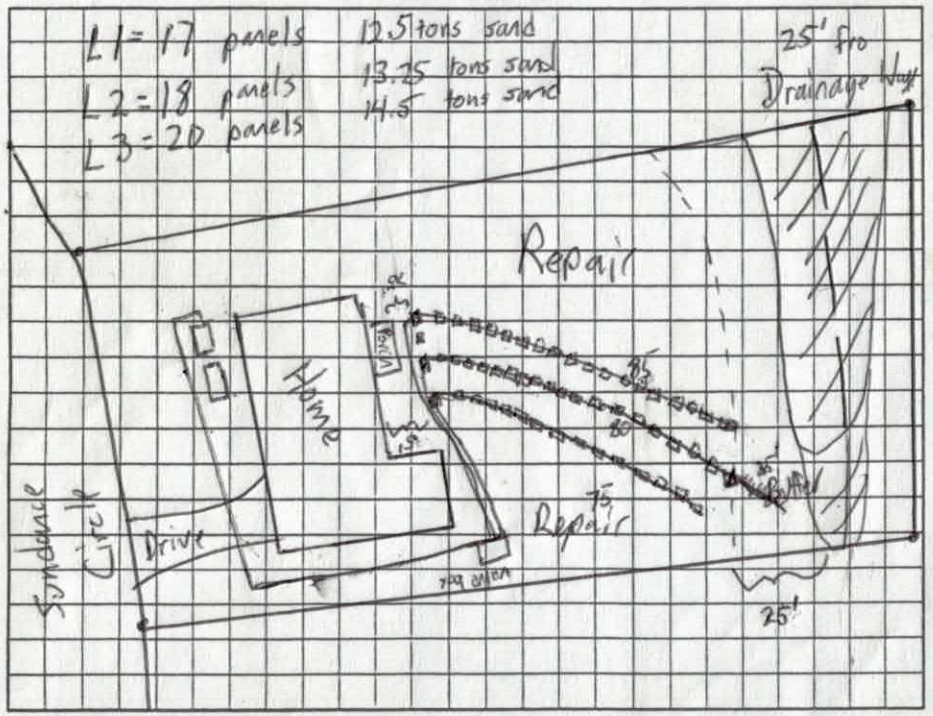
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Either sleeve supply line 5' or 10' on either side of drive or place 36" under driveway - Recommend sleeving

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date

Improvement Permit by: date 3-1-06

Authorization to Construct by: date 3-1-06

Installed by: ROMAN SEPTIC

Operation Permit by: STEVE HENDRICK date 5-26-06

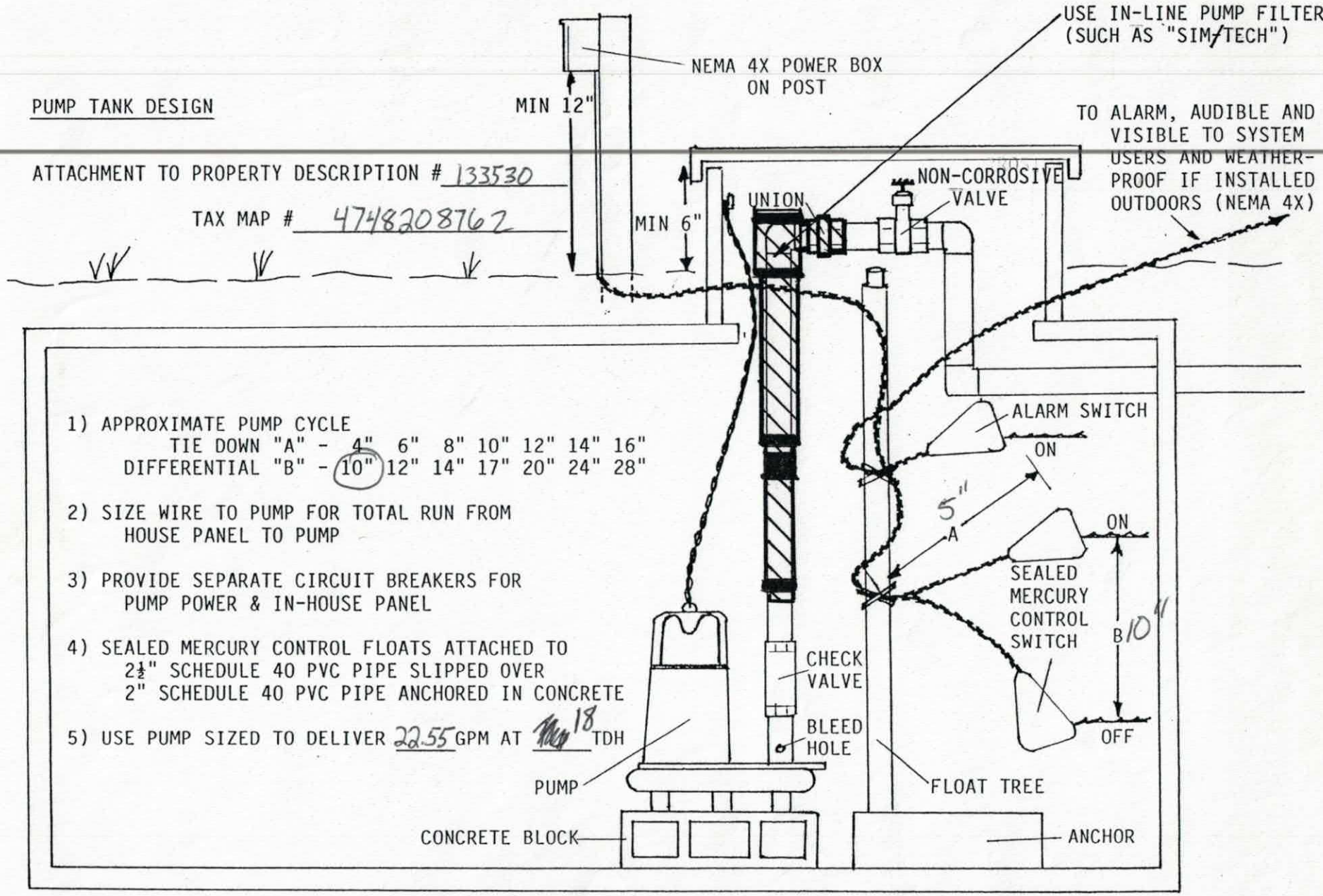
Existing System Inspection by: date

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

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 133530

TAX MAP # 4748208762



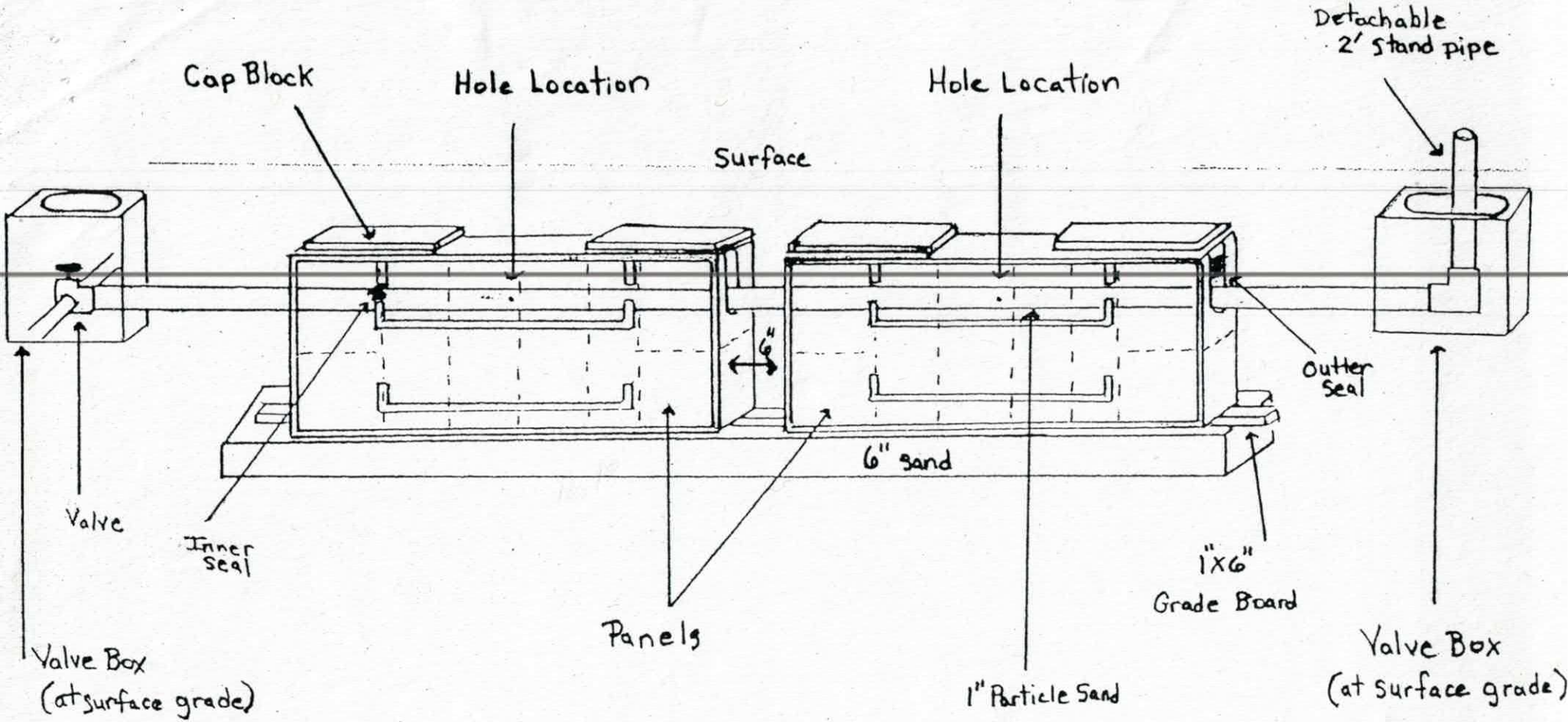
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - ~~4"~~ 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - (10") 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 22.55 GPM AT ~~10~~ 18 TDH



Pressure Dosed PPBPS

# of panels 55.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 40¼.
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 22.55.
TDH 18.

Comments

Scour trench sidewalls & apply a light dusting of lime prior to installing sand

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

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

2. 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 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	Work Phone
Dixieland Inc	823 Jennings Rd Statesville	704-876 6162	704 202 4971
Owner Name	Mailing Address	Home Phone	Work Phone
same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
213 Sundance Circle	Deer Crossing	Phase IV #66

Driving Directions: E Hwy 21 to Jennings Rd - Turn Left - Go 2.5 miles to left into Deer Crossing - Turn right onto Sundance Circle - Lot on right.

****

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
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)*

( ) Alternative (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other ___ ( ) No Preference

****

8. **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. 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: Regina K Cecil — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/25/06 — DATE

IREDELL COUNTY HEATLH DEPARTMENT

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…**
  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…**

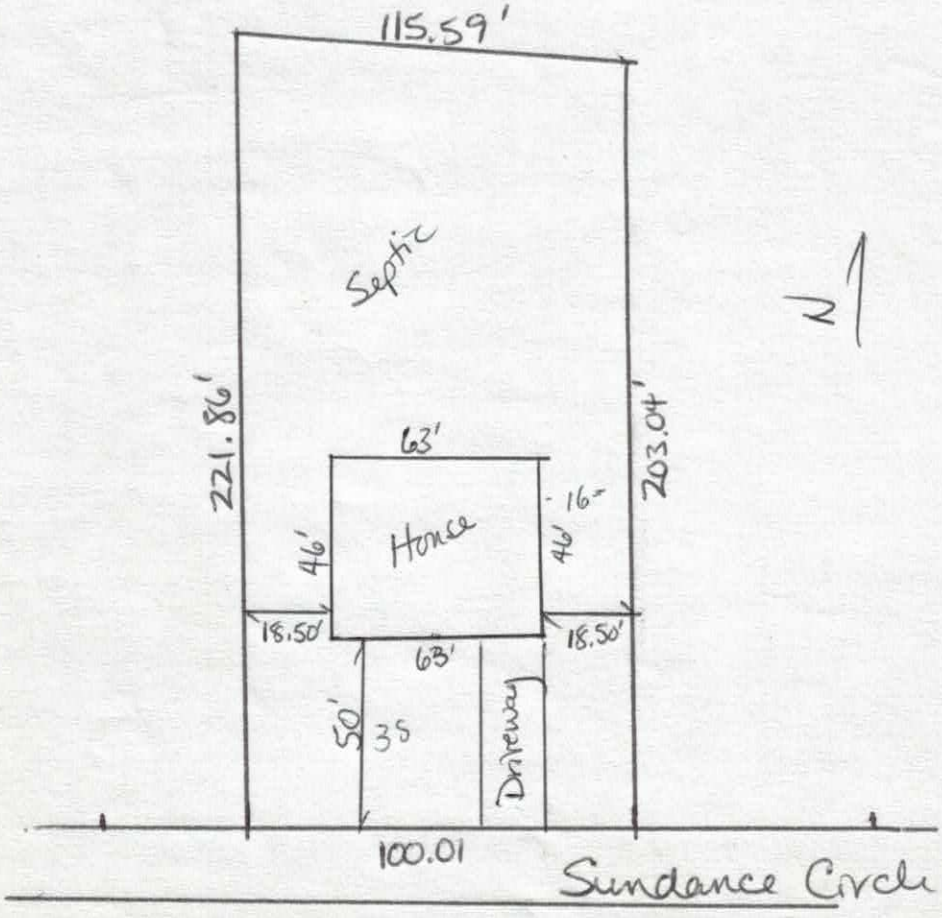
Circle N/A on the following if appropriate:

- ✓ **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**

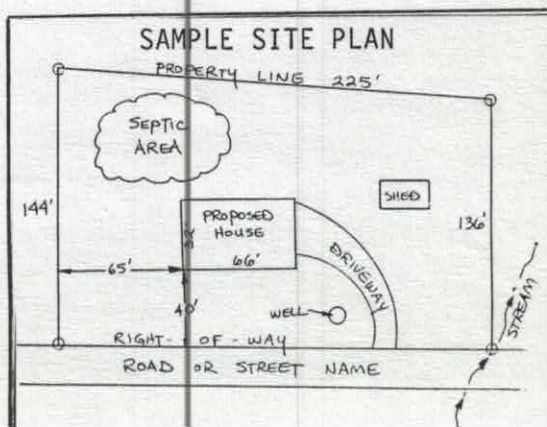
Signature: Regina K Cecil
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/25/06
DATE

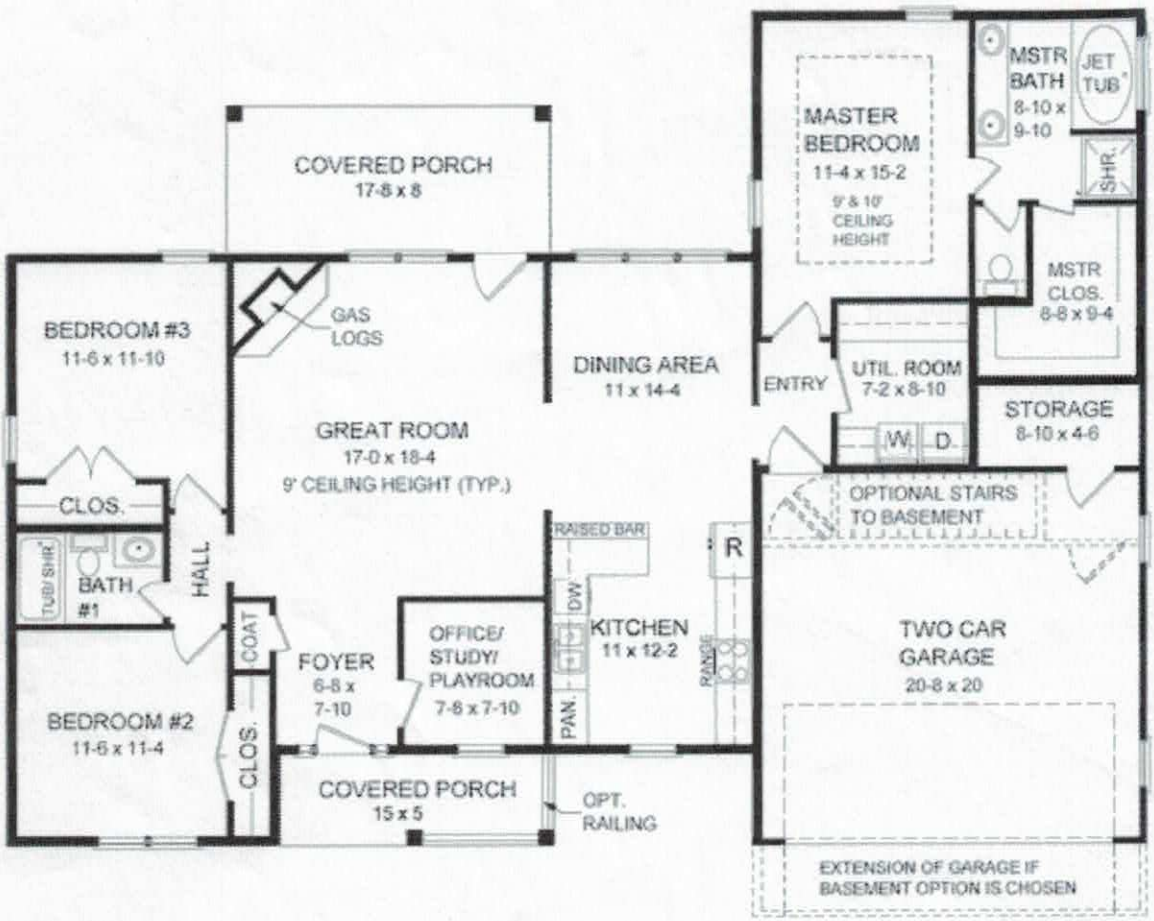
USE THIS SPACE TO DRAW YOUR SITE PLAN



21



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-24020, Order Code: C132
To Order call 1-800-482-0464
« Back to Previous Page.

Acknowledgement Of Plans Submittal ONLY!
Date 3-1-06
Date 3-1-06

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Printed: 1/23/2006

Zoning Permit

Permit Number: 133530ZO

Master #: 133530

Associated Permits:
133530ZO Zoning

Applicant

Name: DIXIELAND CONSTRUCTION INC **Phone:**
Address: 823 JENNINGS RD
STATESVILLE, NC 286250000

Parcel

Parcel Number: 4748208762.000
Address: 213 Sundance Cr.
Statesville, NC 28625
Subdivision: Deer Crossing
Zoning: RA
Township: 1100
Area: .5218
Lot(s): 66
Directions to Parcel: Jennings Rd, left Deer Crossing, right Sundance Cir, 5th house on right

Owners

Name: DIXIELAND CONSTRUCTION INC
Address: 823 JENNINGS RD
STATESVILLE, NC 286250000

Contractors

Contractor Type: Building
Name: Dixieland Inc **Phone:** 704-876-6162
Address: 823 Jennings Road
Statesville, NC 28625

Fees and Receipts:

Number	Description	Amount
FEE-117526-04	Zoning - Permit / Inspection	$45.00
FEE-117527-04	Environmental Health - Type I or II System	$350.00
	Total Fees:	**$395.00**