IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232009

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

PIN # 4748.305120

APPLICANT/OWNER: Dixieland Tire APPLICANT ADDRESS: 133 Redemption RD Statesville NC 28625

SITE ADDRESS: 254 Sundance Circle Statesville NC PHONE: 704 876-6162 ALT. PHONE 704-202 4971.

SITE DIRECTIONS: Jennings RD Turn Left into Deer Crossing 1st Left on Sundance Cul-en-Carac SAP CONTROLLED: ☐ YES ☒ NO

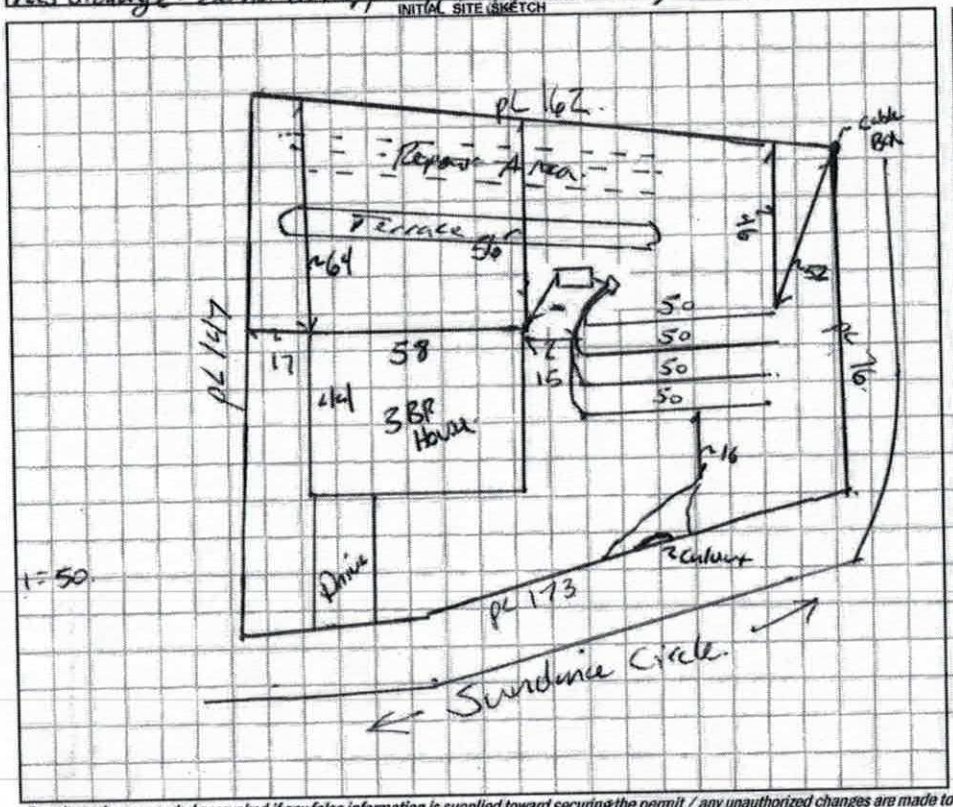
SUBDIVISION: Deer Crossing SECTION: 4 LOT # 91 LOT AREA: .459 DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	1012	Date	4-18-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	3	Water Supply				
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity - Panel Block 50% Reduction				☐ Business	No. Persons	6	☐ Private				
Pump Make	-		Model	-	Serial #	-	Repair System Description:	CPPBJ - pump 50% Reduction				☐ Other	No. Employees		☒ Public				
# Nitrification Fields	1	# Lines	4	Linear 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				

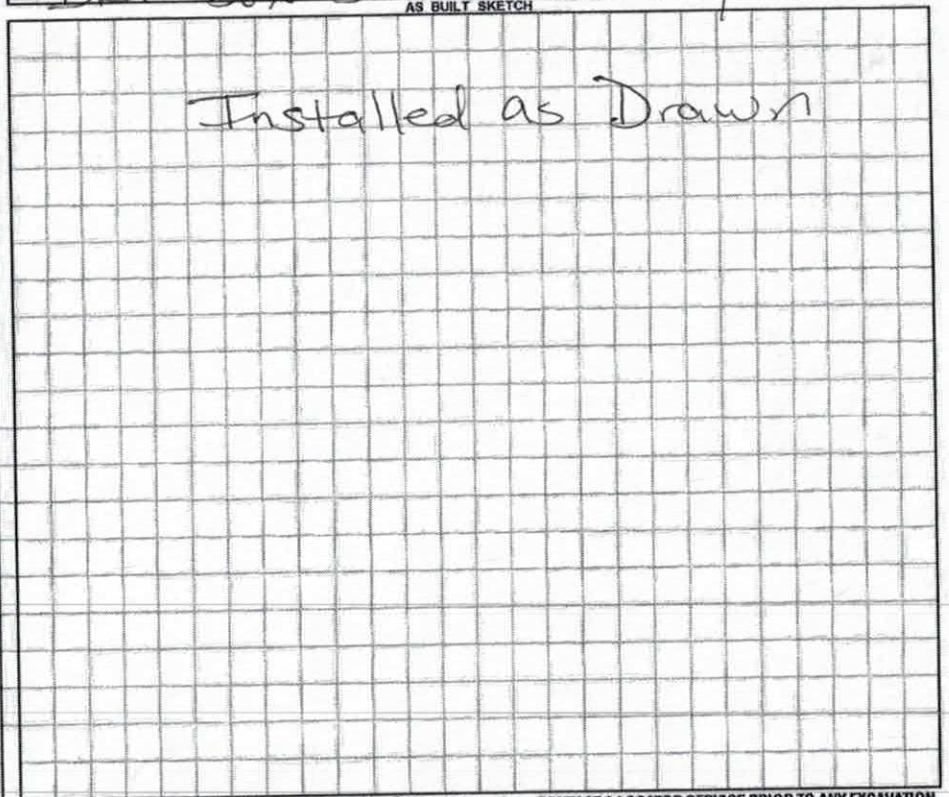
Comments / Conditions: Install Septic drainlines on the contour of the land. Utilize Equal Feed distribution from D-Box. Keep tank & Stairway if house has drainage. Do not drive, pave, pave, grade across, utilities in trench

Existing Terrace must be removed to promote drainage. Dist. box set all lines equal

INITIAL SITE SKETCH



AS BUILT 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. 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: Regina C Owdee Date: 2/16/18 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Benjamin A Batten Date: 1/31/2018 OPERATION PERMIT by: Marian Dobson Date: 6/29/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten Date: 1/31/2018 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 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 #: 4748305
COUNTY: Iredell

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

OWNER: Dixieland. APPLICATION DATE 12/4/17
ADDRESS: 254 Sundown Circle Statesville NC DATE EVALUATED: 1/25/2018
PROPOSED FACILITY: 3BR Home. PROPOSED DESIGN FLOW (.1949): 360. PROPERTY SIZE: .4/89
LOCATION OF SITE: 254 Sundown Circle Sub 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 R	5-10%	0-23	C SBK	SS SP FM SFR		50			PS .3.
		23-50	CL WSBK	SS SP FR					
2 F	5-10%	0-13	C SBK	SS SP FM SFR		49		Heavy mica	PS .3
		13-49	CL WSBK	SS SP FR					
3 F	5-10%	0-40	C SBK	SS SP FM SFR		49.			PS .3
		40-49.	CL WSBK	SS SP FR					
R 4	5-10%.	0-46	C SBK.	SS SP FM SFR		46.			PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	200
System Type(s)	III	IV
Site LTAR	.3	.3.

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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)

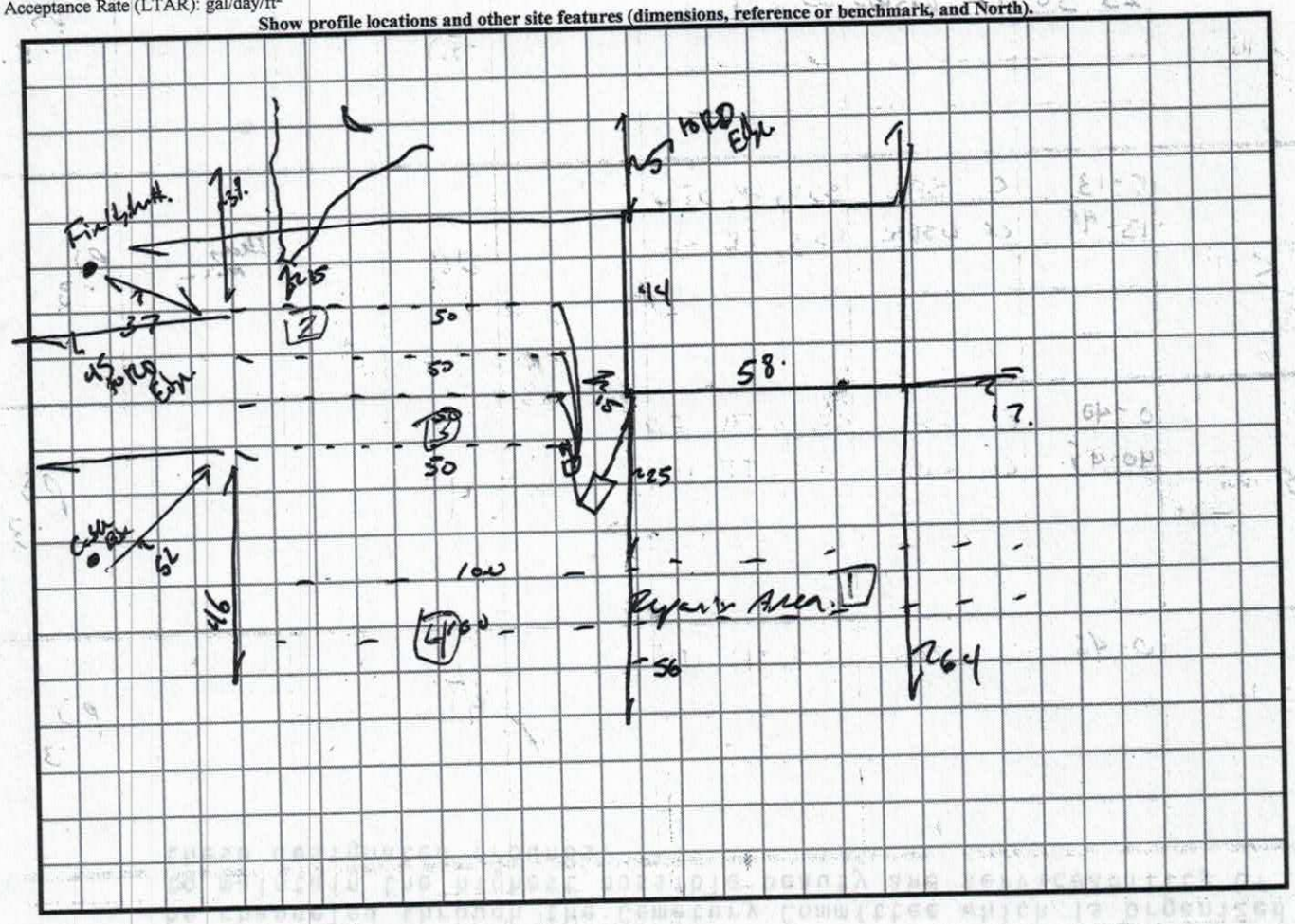
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Updated February 2014

2320009

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(f) FOR DETAILS)

1. APPLICATION FOR: ✓ Improvement Permit ___Authorization To Construct ___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 #	Alternate Phone #
Dixieland Inc	133 Redemption Rd Statesville NC 28625	704-876-6161	704-202-4971
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
254 Sundance Circle	Deer Crossing	Lot 91

Driving Directions: Take Jennings Rd out 3 miles from Auto Auction. Turn left into Deer Crossing - 1st left on Sundance - Lot is on Corner at next intersection.

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 ___
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

PAID
1308.00
MD 1/17

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 (✓) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other ___
(1) (2)

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:** Regina C Ponder — 12/4/17
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, Silv. Nash, am the legal owner(s) of the property located at 254 Sundance Circle Statesville NC, identified as PIN (Parcel Identification Number) 4748305120, located in Iredell County, North Carolina.

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

X Silv Nash 12-5-2017 Harry Nash 12-6-2017

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*:

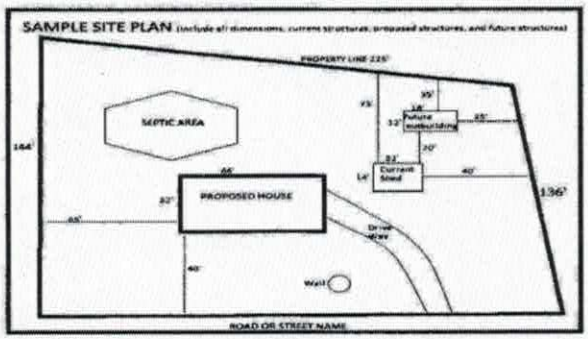
SITE PLAN WORKSHEET

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*!!!

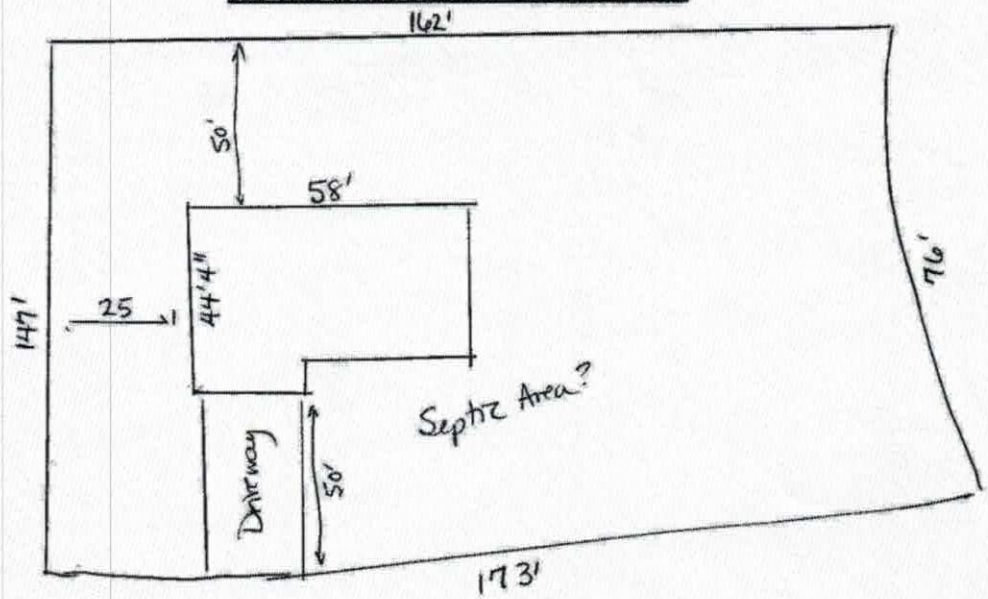
Place an (X) beside each item as you complete the site plan:
____ Property Line measurements are clearly identified… **____ All proposed structures are indicated…**

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: Regina C Dowdle
***REQUIRED* property owner or owner's legal representative signature.**

12/4/17
DATE

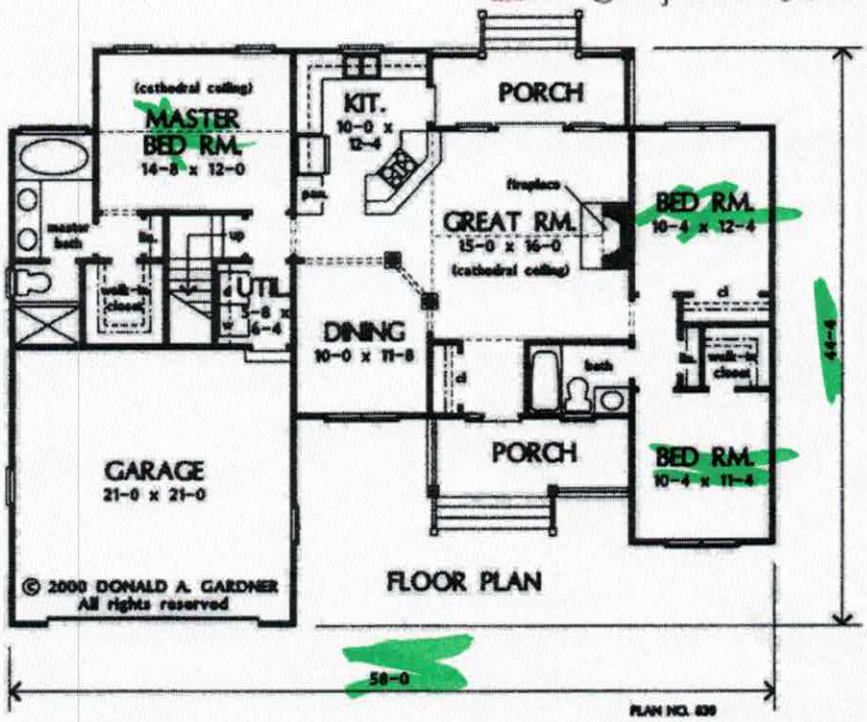
*Photographs may include modifications not shown on the plan

This modest house plan makes the most of its square footage by utilizing a very open floor plan and volume ceilings to create a feeling of spaciousness. Columns add definition to the open dining room, while the great room enjoys a cathedral ceiling. Both the kitchen and the great room boast access to the relaxing back porch. A split bedroom design gives the master suite privacy from two secondary bedrooms in this house plan. A cathedral ceiling expands the master bedroom, which features a linen closet, walk-in closet, and bath with garden tub and shower. Above the garage, a bonus room provides additional space for living or storage.

Acknowledgement Of
PLANS SUBMITTED ONLY!
Date 12/7/17
Date
Date 1/31/2018

Floor Plans

FIRST



BONUS

IREDELL COUNTY

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

APPLICATION NUMBER
232009
Issue Date: 12/07/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4748305120.000	254 SUNDANCE CIRCLE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NASH SILVI	Applicant: DIXIELAND INC
Address: 244 GLEN ARBOR LP IRMO, SC 29063	Address: 133 REDEMPTION RD STATESVILLE, NC 28625
Phone:	Phone: 704-876-6162

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.459	35.00	35.00	15.00	25.00	PASY	X

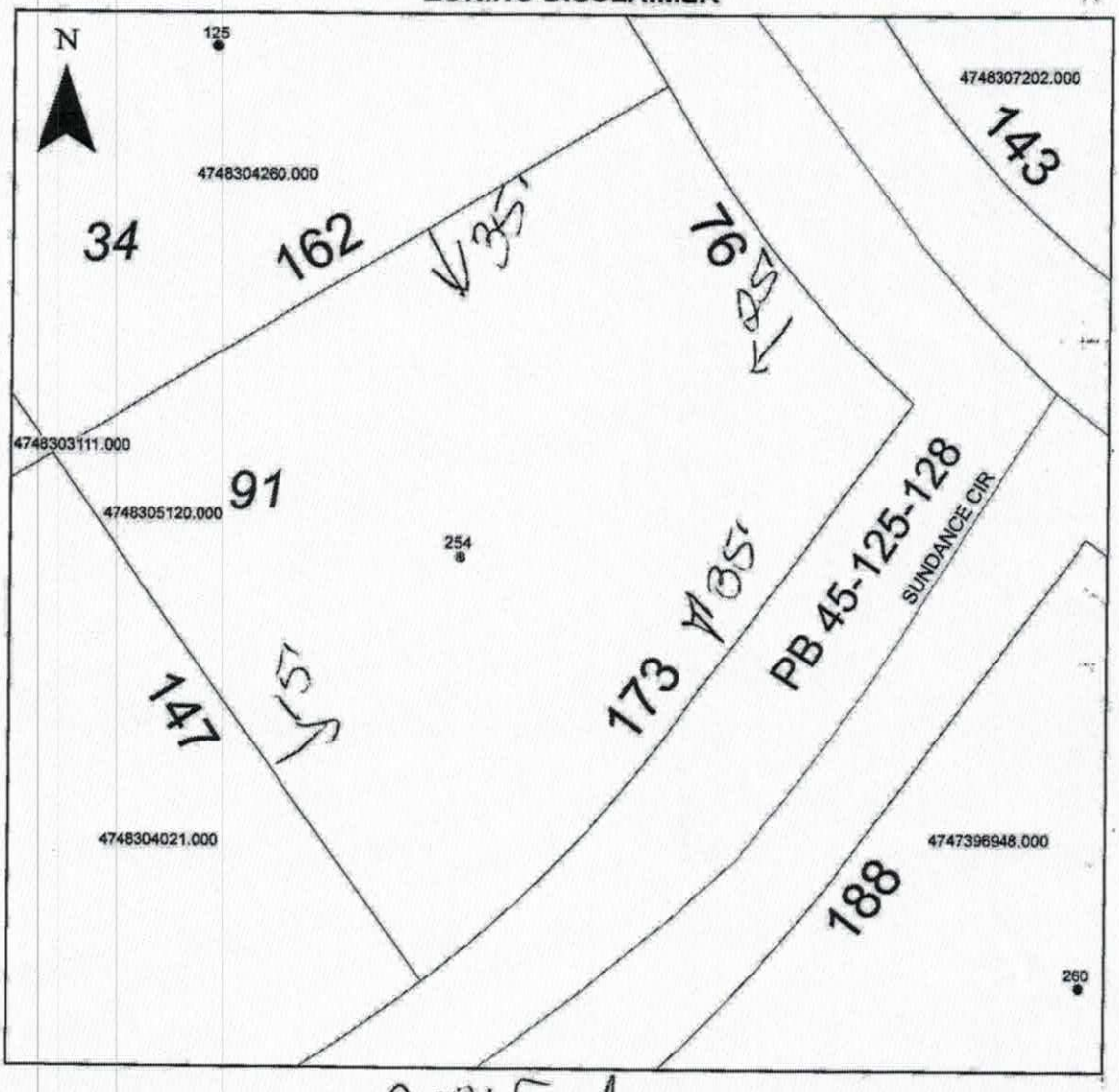
Remarks:

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	122635	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 254 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.

Regina C Dandle
Applicant

12/7/17
Date