ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP- 314361

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

PIN # 4764--57--5337

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

SITE ADDRESS: 401 BELL FARM ROAD, STATESVILLE, N.C. 28677 PHONE: 704-202-4971 ALT. PHONE —

SITE DIRECTIONS: (E) ON 64, (R) ON BELL FARM, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.735 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.225

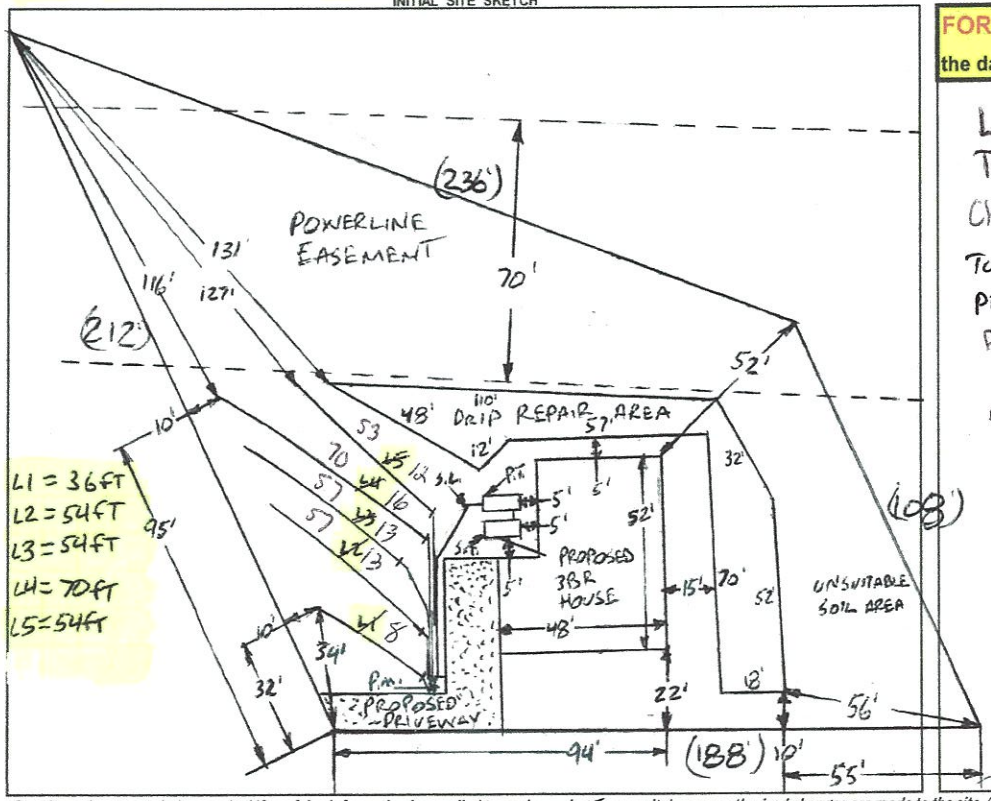
Septic Tank	1000 (gal)	STB	760	Date	11/30/21	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	12/21/21	System Description:	50% REDUCTION - PBBPS - P.M.	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	TSII-DRIP IRRIGATION	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	5	Linear Ft	268 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	18 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, DO NOT EXCEED A 22 IN MAX TRENCH BOTTOM, 6 IN OF COUNTY APPROVED COVER REQUIRED, NO FOUNDATION DRAINAGE ON HOUSE

ALL PROPERTY LINES AND POWER LINE EASEMENT MUST BE MARKED AT TIME OF INSTALL, PRE-CONSTRUCTION MEETING REQUIRED

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.

Lines 2-5 ✓
Tanks ✓
Check Filter ✓
Top line ✓ 2-23-2022
PM ✓
PRESSURE HEAD BCW 3-17-2022
FLOATS
ALARM

TAPS
L1 = 1/2 SCH80
L2 = 1/2 SCH40
L3 = 1/2 SCH40
LH = 3/4 SCH80
L5 = 1/2 SCH40

1 IN = 50 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD

GPM = 36.91
DOSE VOLUME = 223 GAL
OF PANELS = 6 R PANELS
DRAW DOWN = 10.6 IN
RUNTIME = 6 MINS

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 Dowdle Date: 7/12/21 Installed by: Williams Excavating

IMPROVEMENT PERMIT by: Burgett C. White Date: 5-4-2021 OPERATION PERMIT by: [signature] Date: 3/18/21

AUTHORIZATION TO CONSTRUCT by: Burgett C. White Date: 5-4-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 2
PROPERTY ID #: 4764-57-5
COUNTY: IREDELL

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

OWNER: DIXIELAND INC.
ADDRESS: 133 REDEMPTION ROAD, STATESVILLE, N.C. 28625
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 401 BELL FARM ROAD, STATESVILLE, N.C. 28677
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
APPLICATION DATE: 1-25-202
DATE EVALUATED: 2-25-202
PROPERTY SIZE: 0.735AC
PROPERTY RECORDED: YES
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	FOOT 7%	0-8	SCL, SBK	~~FR~~, SS, SP, SEXP	Y/B MOTS THRU OUT 10YR6/6+ 10YR6/4 30%+ 10YR6/2 @ 35"	51"+ H_2O BLEED @ 40"	NA	NA	PS .225 ABOVE 35"
		8-33	C, SBK	~~FR~~, S, P, SEXP					
		33-51	C, ABK	~~FI~~, S, VP, SEXP					
2	LINEAR SIDE 9%	0-10	SCL, SBK	~~FR~~, SS, SP, SEXP	Y/B MOTS 10YR6/6+ 10YR6/4 THRU OUT 10YR6/2 34"+	61"+	NA	NA	PS .225 ABOVE 34"
		10-61	C, ABK	~~FI~~, S, P, SEXP					
3	LINEAR SIDE 12%	0-8	SCL, SBK	~~FR~~, SS, SP, SEXP	Y/B MOTS THRU OUT SAP INC THRU OUT 10YR6/6+ 10Y6/4 MOTS 30"+	53"+	NA	NA	PS .25
		8-38	C, ABK	~~FR~~, S, P, SEXP					
		38-53	CL, WABK	~~FI~~, SS, SP, SEXP					
4	TOE 3%	0-24	CL, WSBK	~~FR~~, S, P, SEXP	0-24 10YR4/6 MATRIX 10YR6/4 MOTS THRU OUT 24-50 10YR6/6 MATRIX 10YR6/4+ 10YR7/1 MOTS THRU OUT	50"+	NA	EXP @ ~~25~~ 0"	~~PS~~ 1 ~~DRIP~~ C
		24-50	C, ABK	~~FI~~, VS, VP, EXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	DRIP
Site LTAR	0.225	0.1

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

COMMENTS:

SOIL/SITE EVALUATION

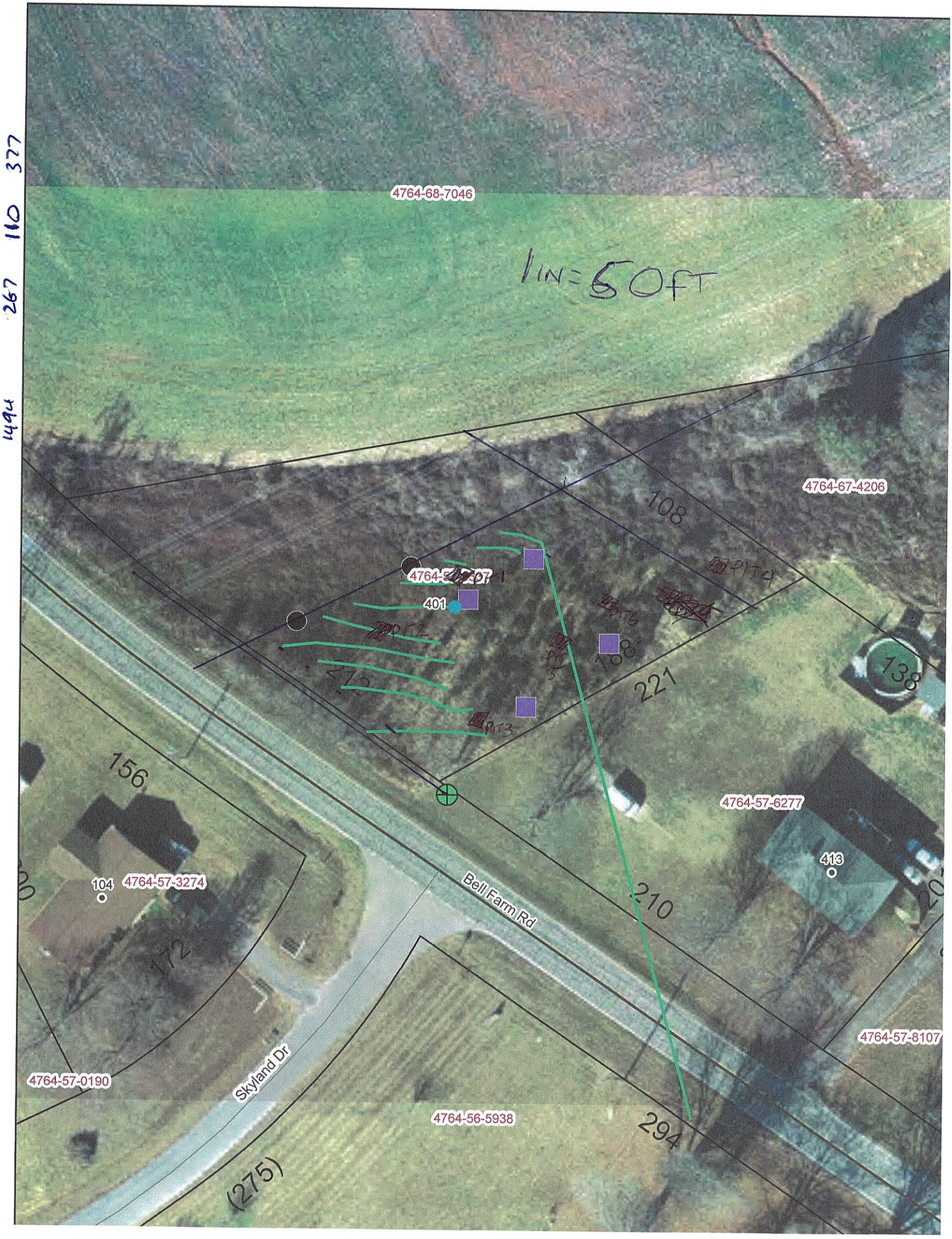
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4764-57-5334
DATE OF EVALUATION: 2-25-2021
COUNTY: IREDELL

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
5	FOOT 6%	0-6	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS THRU OUT 10YR 6/6 + 10YR 6/4 MOTS 24"+ 10YR 6/2 @ 34"	48"+	NA	NA	PS .225 ABOVE 34"
		6-48	C, ABK	FI, S, P, SEXP					
6	LINEAR SIDE 9%	0-5	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS THRU OUT 10YR 6/6 10YR 6/4 10YR 6/2 19" + 10YR 7/1 @ 54"	54"+	NA	NA	PS .1 DRIP
		5-54	C, ABK	FI, S, P, SEXP					

COMMENTS:


1 IN = 50 FT
4764-68-7046
4764-67-4206
108
PIT4
PIT6
PIT5
PIT2
PIT3
401
188
272
221
138
156
4764-57-6277
413
104
4764-57-3274
Bell Farm Rd
210
172
4764-57-8107
4764-57-0190
Skyland Dr
4764-56-5938
294
(275)

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

RECEIVED JAN 29 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-314361 $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: Dixieland Inc Address: _____ Zip: _____
Owner Email: gingerdawdle2@gmail.com Phone: 704 2024971 Alt. Phone: _____

Property Information:

Street Address: 401 Bell Farm Road Statesville 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 64 East to Bell Farm Rd, TR – one mile to lot on L across from Skyland Dr.

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 (1) Conventional ( ) Innovative (2) 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 Dowdle 1/25/2021
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

(Check and sign only ONE of the options below)

☑ 1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Regina C Dodd

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, 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.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

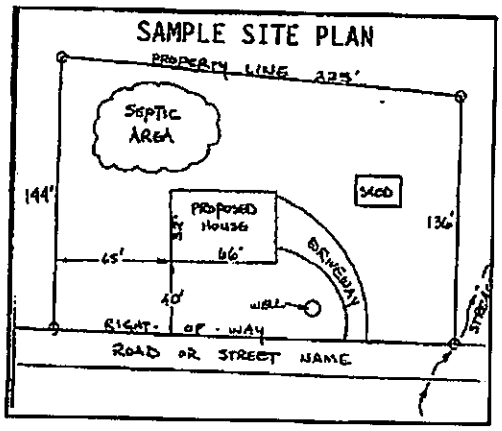
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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)

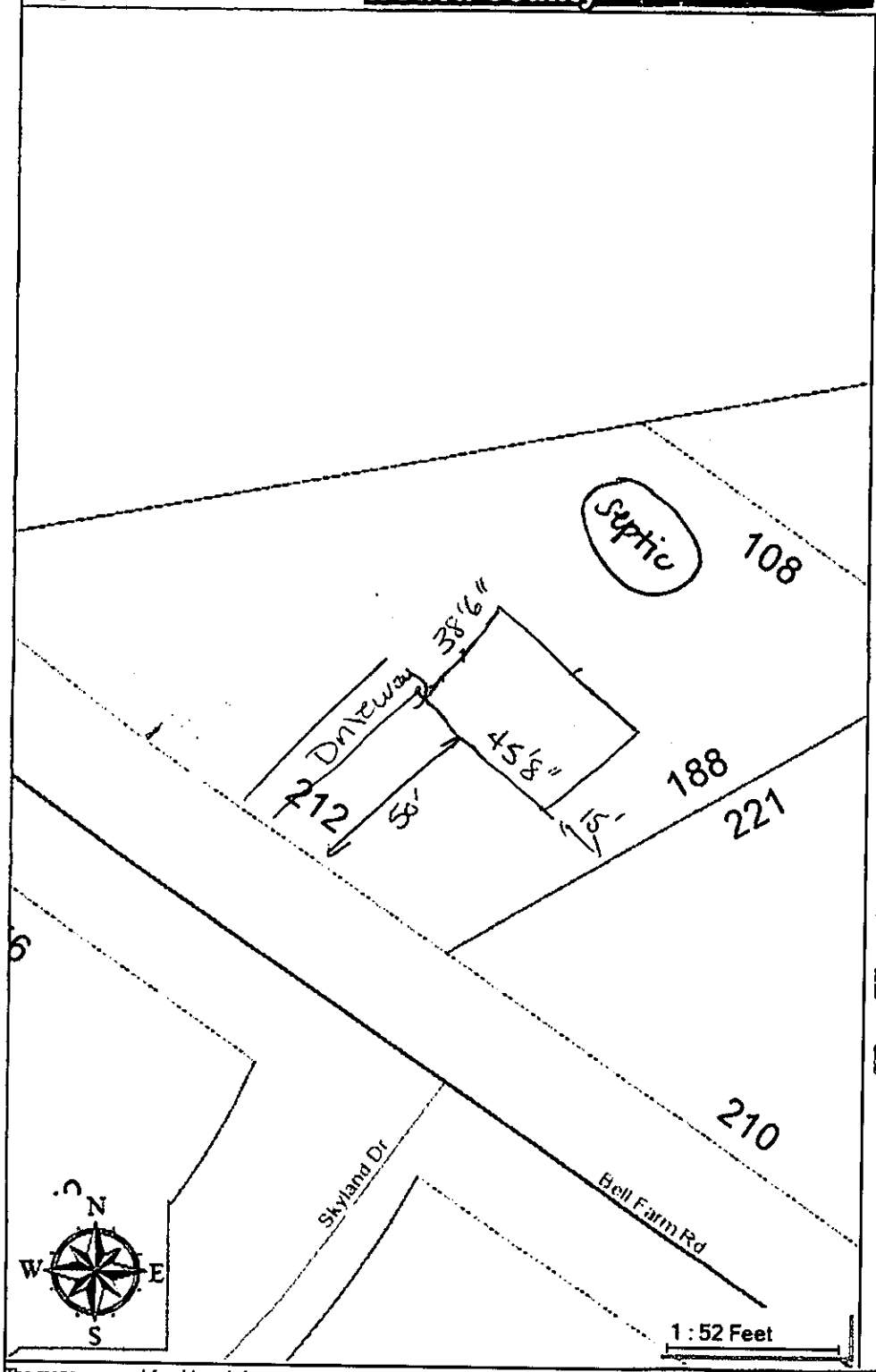
11/25/2021

DATE

CONNECTGIS WEB HOSTING

North Carolina **Iredell County**

Iredell
Printed August 18, 2020
See Below for Disclaimer



Addresses
- Infrastructure
- NonResidential Use
- Residential Use

Streets
- Interstate
- Ramp
- US Hwy
- State Hwy
- Main Road
- Local Road
- Residential
- Private
- Inactive

Parcels Hooks

Parcels

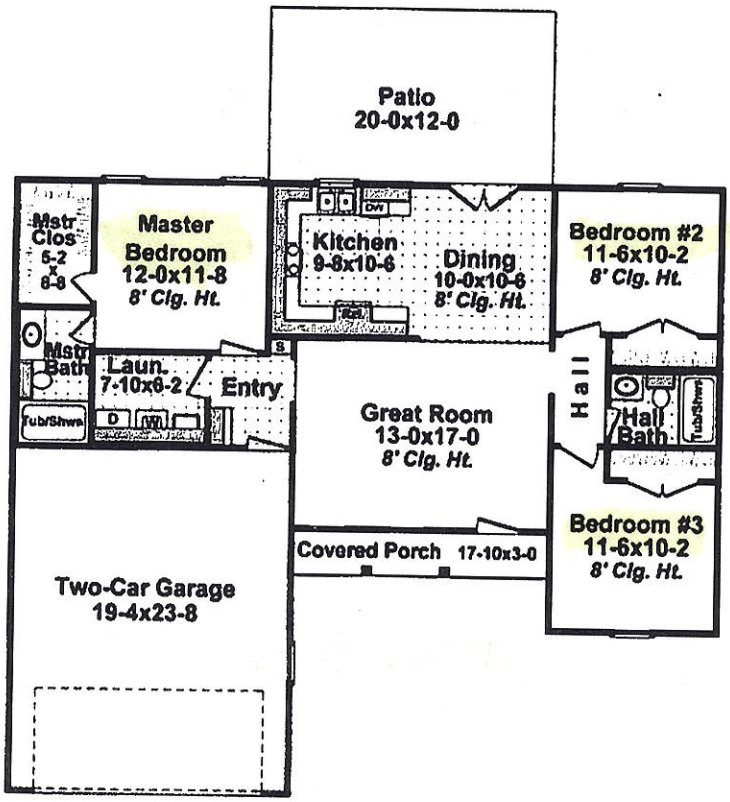
City Limits

Lake Norman

Iredell Countyline

NC Counties

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.



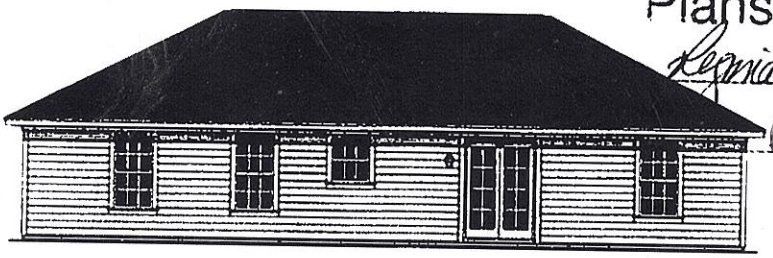
Plan Number 59927 | Order Code: C132 | First Floor Plan

REVERSE PLAN

Acknowledgement Of Plans Submittal ONLY!

Regina C Dowdy Date 1/25/21

Bryant C. White Date 5-4-2021



Plan Number 59927 | Order Code: C132 | Rear Elevation

REVERSE PLAN

Plan Number 59927 Specifications:

- **Total Living Area: 1200**
- Main Living Area: 1200
- Garage Area: 458
- Garage Type: Attached
- Garage Bays: 2
- House Width: 50'
- House Depth: 43'
- Number of Stories: 1
- Bedrooms: 3
- Full Baths: 2
- Max Ridge Height: 15'3 from Front Door Floor Level
- Primary Roof Pitch: 6:12
- Roof Load: 30 psf

Plan Number 59927 Plan Pricing:

- 1 Set: $1,075.00 **
- 5 Sets: $1,200.00
- 5 Sets plus PDF Print Set: $1,375.00
- Reproducible Set: $1,475.00
- PDF File: $1,300.00
- CAD File: $1,725.00
- Materials List: $150.00
- Right Reading (True) Reverse: $150.00

  All sets will be Readable Reverse copies. Turn around time is usually 3 to 5 business days.
- Additional Sets: $60.00

** 1 Set order does not include a License-To-Build. For bidding purposes only. Customer can upgrade order within 90 days.

Basement Version of Plan is 59957

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
314361 Issue Date: 01/25/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4764575337.000	401 BELL FARM RD	Iredell County

Owner Information	Applicant Information
Name: DIXIELAND INC	Name: DIXIELAND, INC OR QUALITY CONTROL OF STSVL
Address:	Address: 133 REDEMPTION RD STATESVILLE, NC 28625
Phone:	Phone: (704)202-4971

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD
STAY OUT OF POWER LINE RIGH-OF-WAY

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.

Signature of Owner/Contractor

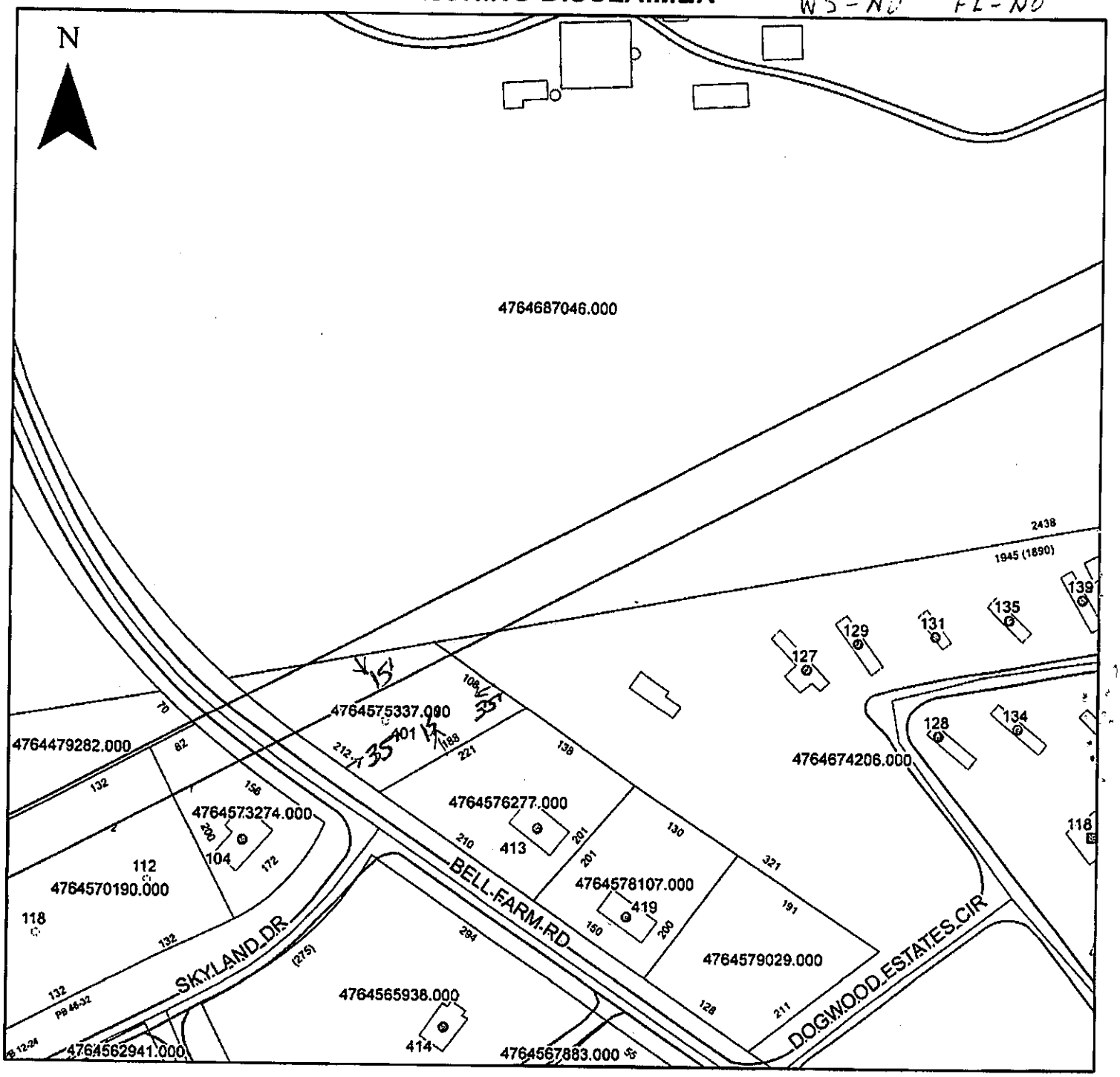
Date: 01/25/2021

Permit Number	314361

TOTAL FEES:	$77.25

ZONING DISCLAIMER

R-20
WS-ND FL-ND



Property Address 401 Bell Farm Rd.

Power line right-of-way applies.

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 Dowdle
Applicant

1/25/21
Date