IREDELL COUNTY HEALTH DEPARTMENT

CC

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 244321

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

PIN # 4840901364

APPLICANT/OWNER: CECIL ENTERPRISES, LP APPLICANT ADDRESS: 133 REDEMPTION ROAD, STATESVILLE, NC 28625

SITE ADDRESS: 200 CORA LANE, OLIN, NC 28660 PHONE: 704-202-4971 ALT. PHONE 704-876-6161

SITE DIRECTIONS: (N) ON 77, (L) ON TOMLIN MILL, (R) ON JENNINGS, (R) ON OLIN LOOP, (R) ON CORA

SUBDIVISION: OLIN RIDGE SECTION: 2 LOT # 10 LOT AREA: 1.4762 AC

SAP CONTROLLED: ☐ YES ☑ NO LOT AT END OF CUL-DE-SAC

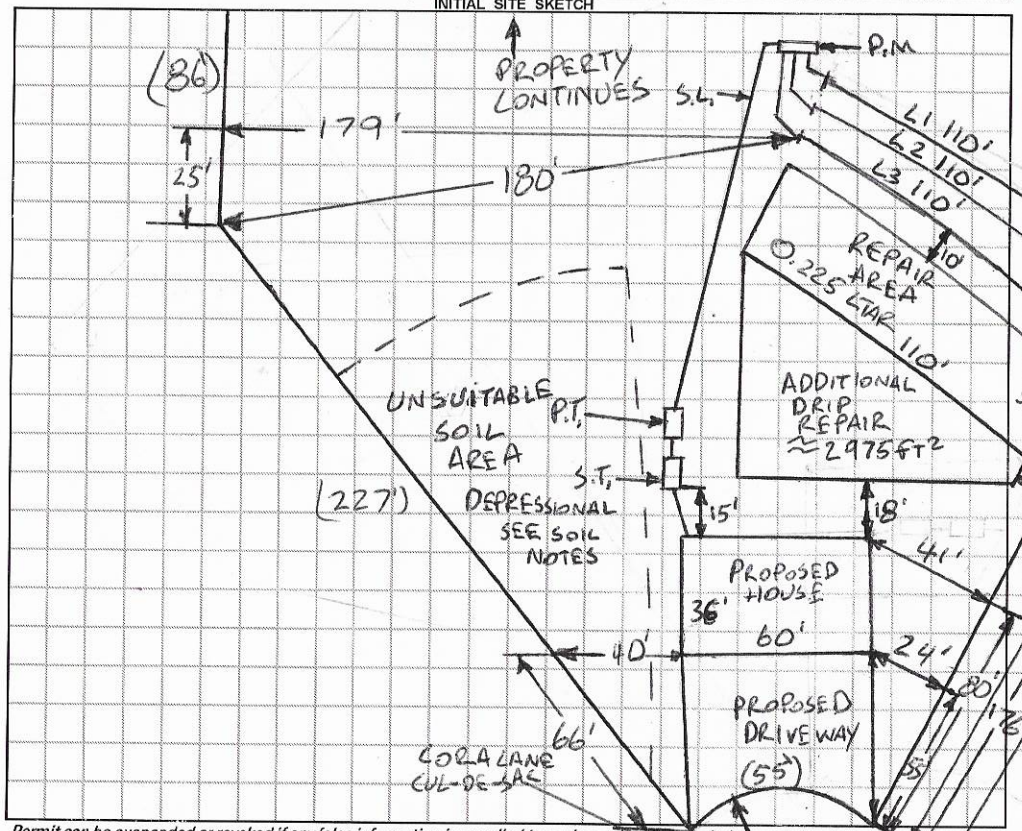
DESIGN FLOW: 360 GPD L.T.A.R.: 0.275 (0.225 / 0.1 REPAIR)

Septic Tank	1000	(gal)	STB	854	Date	10-26-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	1109	Date		System Description:	25% REDUCTION			
Pump Make	Goulds	Model		1/3 HP	Serial #	WE0811M	Repair System Description:	25% REDUCTION / DRIP			
# Nitrification Fields	1	# Lines		3	Linear Ft:	330	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)		32 IN	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		

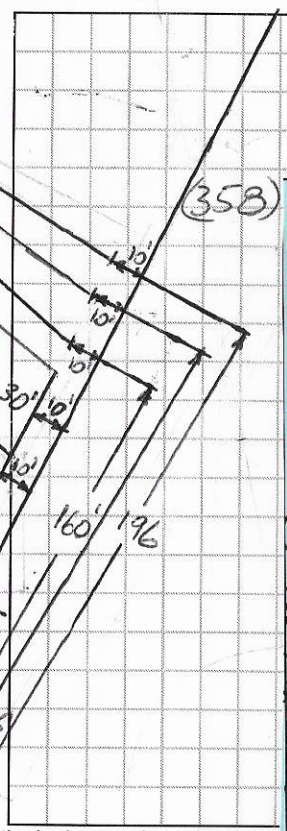
☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON 9FT CENTERS, INSTALL ON CONTOUR, DO NOT EXCEED A LOWSIDE TRENCH BOTTOM OF 32 IN, DO NOT SHALLOW UP SYSTEM,

INITIAL SITE SKETCH



AS BUILT SKETCH



- tank 15' off house
- drainlines installed where permitted

-CC

	Initials	Date
Drain Lines Checked	CC	8-30
Tanks Checked	CC	8-30
Pressure Manifold or Valve Box Checked	CC	9-30
Pressure Head Set	CC	9-27
Electrical Checked	CC	9-27
Floats Set	CC	9-27
Alarm Checked	CC	9-27
Maintenance Contract Y/(N) Not required		

1 IN = 60 FT

TAP SIZES
L1 = 1½ SCH 40
L2 = 1½ SCH 40
L3 = 1½ SCH 40

- 21.38 GALLONS PER MINUTE FLOW
- DOSE VOLUME 150.15 GAL
- DRAIN DOWN 7.15 IN
- PUMP RUN TIME 7 MINUTES

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 to 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 Davis Date: 6/13/19 Installed by: A1 Backhoe

IMPROVEMENT PERMIT by: Buffy C. White Date: 6-6-19 OPERATION PERMIT by: Carla C. Cave Date: 9-27-19

AUTHORIZATION TO CONSTRUCT by: Buffy C. White Date: 6-6-19 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.

GOULDS
WATER TECHNOLOGY

WE0311M

SUBMERSIBLE PUMP

1/3HP 1/60/115 5.38" 10.7MA

goulds.com

Built in USA

A00429C

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

Sheet 1 of 2
PROPERTY ID #: 4840901364
COUNTY: IREDELL

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

OWNER: CECIL ENTERPRISES, LP
ADDRESS: 133 REDEMPTION ROAD, STATESVILLE, NC 28625
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 200 LORA LANE, OLIN, NC 28660
APPLICATION DATE 5-3-19
DATE EVALUATED: 5-14-19
PROPERTY SIZE: 1.4762 AC
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1			SEE						
2			ATTACHED						
3			CONTINUATION						
4			SHEET						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%/DRIP
Site LTAR	0.275	0.225/0.1

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

COMMENTS:

7.11

SOIL/SITE EVALUATION

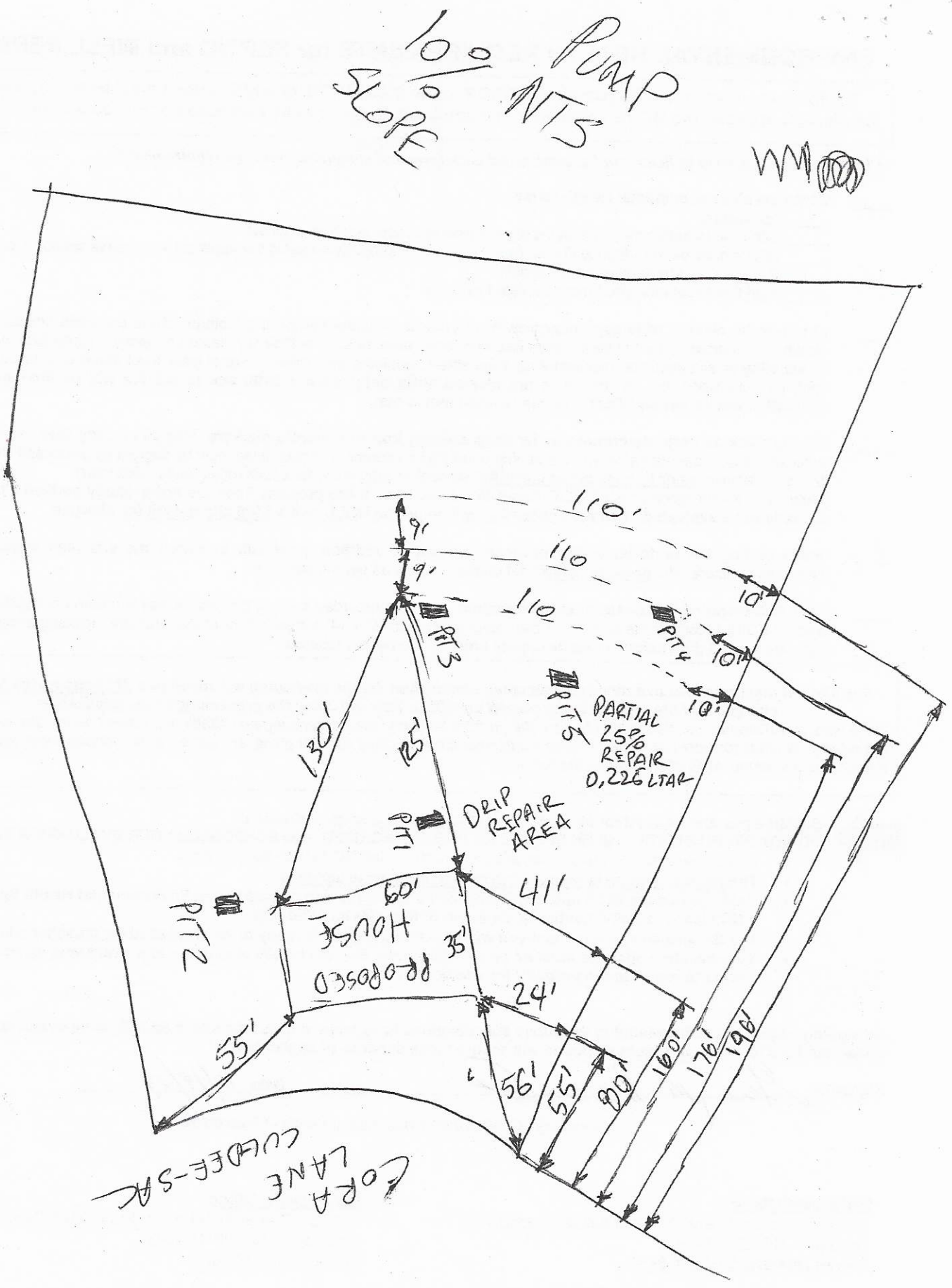
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 484092136
DATE OF EVALUATION: 5-14-19
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	FOOT 3%	0-13	SCL, ABK	FI, SS, SP, SEXP	-O.M	48"+	NA	NA	PS .1 DRIP
		13-24	C, WABK	FR, S, P, SEXP	-MIXED				
		24-48	C, ABK	FI, S, P, SEXP	FE CONC + DEPL 24"+ 10YR 7/1				
					18-48 LARGE MANG CONC				
2	FOOT 1%	0-12	SCL, ABK	FI, SS, SP, SEXP	-O.M DARK	48"+	NA	NA	U
		12-48	SC, WABK	FI, S, P, SEXP	-10YR 6/8 MATRIX				
					GLEY MANG FE 7/1 CONC DEPL+CONC				
					MOTS ABUNDANT THRUOUT				
3	LINEAR SIDE 8%	0-12	SCL, ABK	FR, SS, SP, SEXP	-O.M	48"+	NA	NA	PS .275
		12-24	C, ABK	FR, S, P, SEXP	-FE CONC + DEPL 7.5YR 6/4				
		24-48	CL, WABK	FR, SS, SP, SEXP	SAP INC FEW + SCATTARED				
4	LINEAR SIDE 8%	0-5	SCL, ABK	FR, SS, SP, SEXP	-O.M.	60"+	NA	NA	PS .275
		5-32	C, ABK	FR, S, P, SEXP	-FE CONC + DEPL 7.5YR 6/4				
		32-50	CL, WABK	FI, SS, SP, SEXP	SAP MOT INC FEW + SCATTARED				
5	LINEAR SIDE 5%	0-8	SCL, ABK	FR, SS, SP, SEXP	-O.M	48"+	NA	NA	PS .225
		8-36	C, ABK	FR, S, P, SEXP	-FE CONC + DEPL 7.5YR 6/4 MANG CONC 8-36				
		36-48	CL, WABK	FI, SS, SP, SEXP	SAP MOT INC 10YR 6/3 MOTS ABUNDANT WETNESS 36-48				

COMMENTS:


10% SLOPE
PUMP
NTS
110'
110
110
9'
9'
10'
10'
10'
PIT 3
PIT 4
PIT 5
PARTIAL 25% REPAIR 0.226 LTAR
130'
125'
DRIP REPAIR AREA
PIT 1
PIT 2
41'
PROPOSED HOUSE
35'
24'
55'
56'
55'
80'
160'
176'
196'
CORA LANE
CUL-DE-SAC

RECEIVED MAY 0 3 2019

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)

#244321

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

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Paid $500.00

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 #
Cecil Enterprises, LP	133 Redemption Rd Statesville	704 202-4971	704-876-6161
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
200 Cora Lane	Olin Ridge	Lot 10

Driving Directions: Take Exit 59 off I-77 - Go toward N. Iredell High School - Pass Raider Rd - turn ~~left~~ right onto Olin Loop - then Right onto Cora Lane - Lot at end

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 6
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)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

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 Dandle — 4/23/19

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

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:

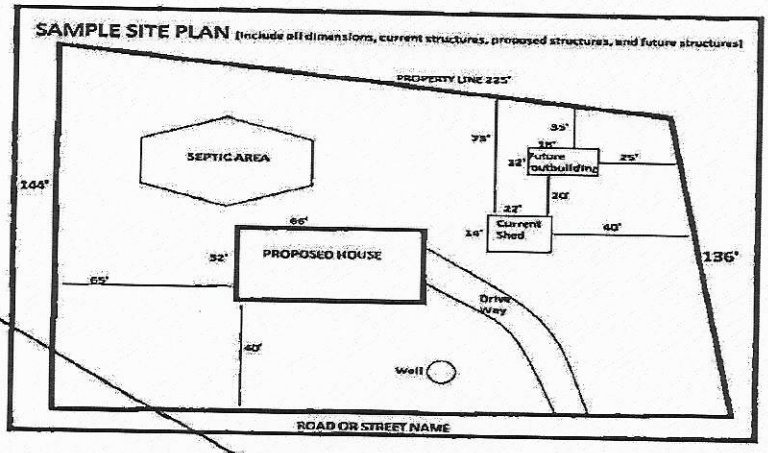
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

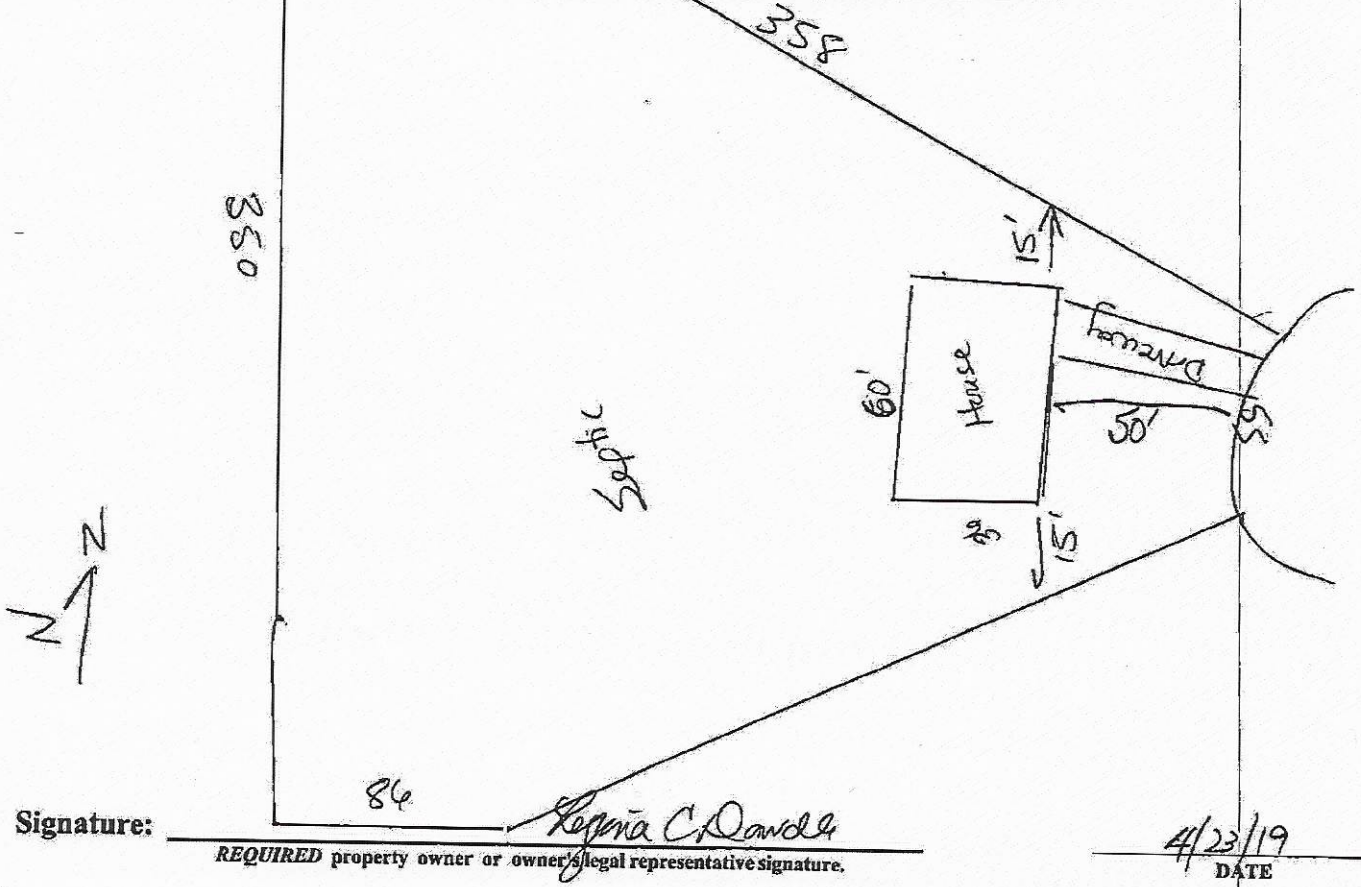
- ✓ **Front and side setbacks from property line…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ✓ **North arrow, or other sufficient indicator of direction…**

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



Signature: Regina C Dowda

REQUIRED **property owner or owner's legal representative signature.**

DATE 4/23/19

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, _____, 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.

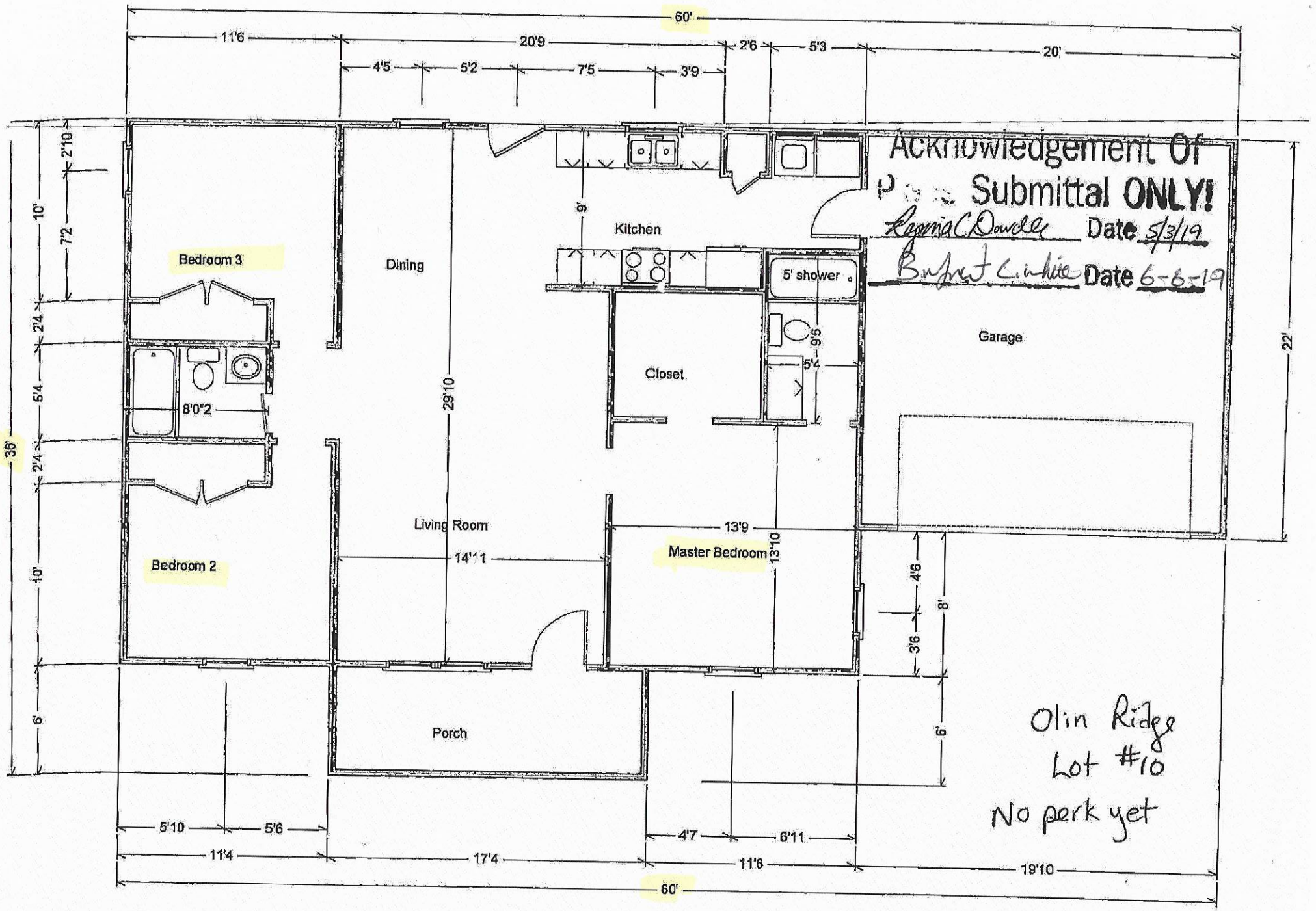
Regina C Dowdle
Signature of Owner(s)

5/3/19
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

5.48


60'
11'6
20'9
2'6
5'3
20'
4'5
5'2
7'5
3'9
2'10
10'
7'2
2'4
5'4
2'4
10'
6'
36'
22'
Bedroom 3
Dining
Kitchen
5' shower
Garage
Closet
8'0"2
29'10
9'5
5'4
Living Room
13'9
14'11
Master Bedroom
13'10
Bedroom 2
4'6
8'
3'6
6'
Porch
5'10
5'6
4'7
6'11
11'4
17'4
11'6
19'10
60'
Acknowledgement Of
Submittal ONLY!
Ramia C Dowdle Date 5/3/19
Brent Cinkie Date 6-6-19
Olin Ridge
Lot #10
No perk yet

IREDELL COUNTY

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

APPLICATION NUMBER
244321
Issue Date: 05/03/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4840901364.000	200 CORA LANE, OLIN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CECIL ENTERPRISES LP	Applicant: DIXIELAND INC (GINGER
Address: 855 JENNINGS RD	Address: 823
OLIN, NC 28625	IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.476	350.00	35.00	15.00	15.00	NOT	X

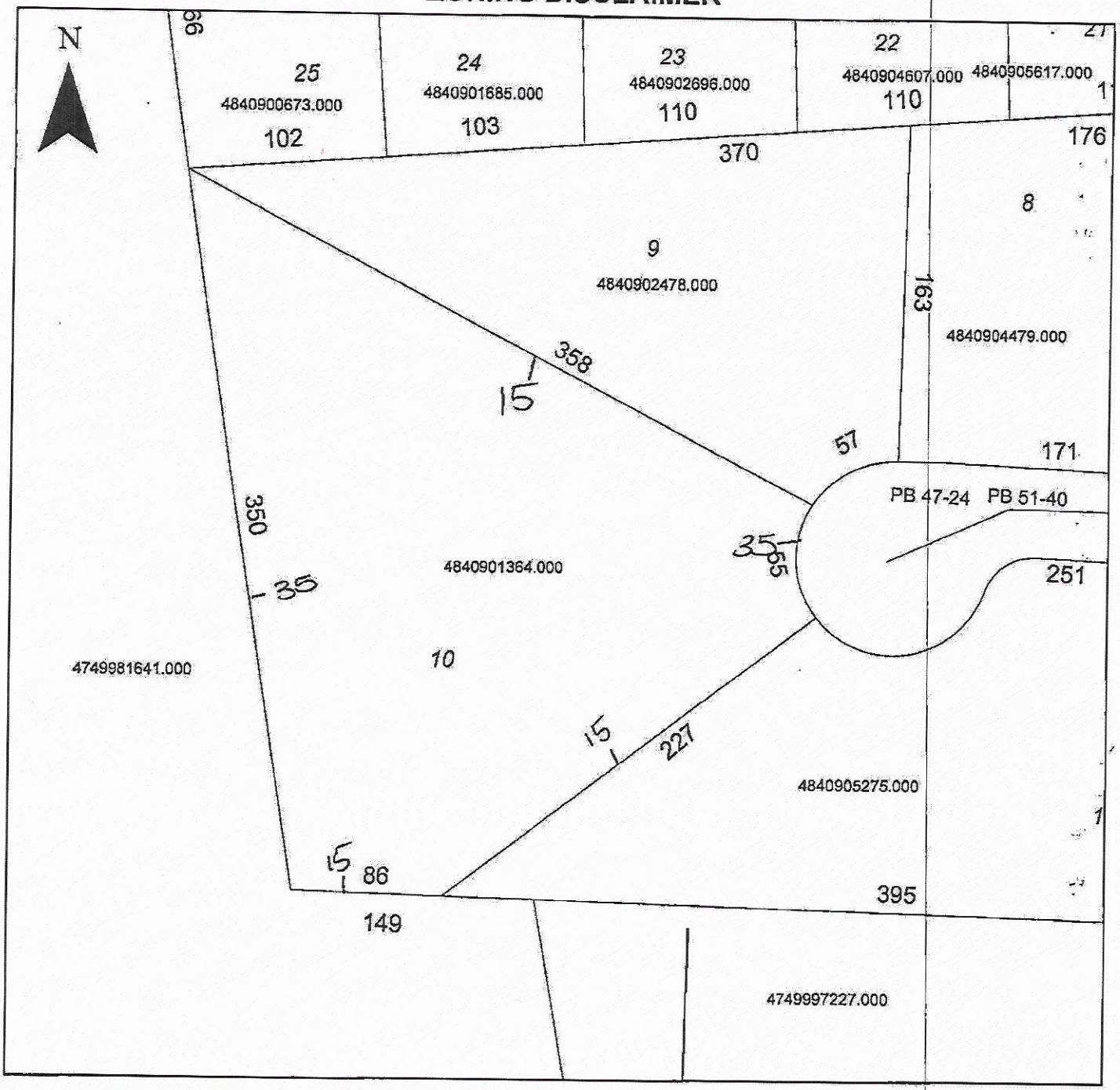
Remarks:

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	176055	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 200 Cora

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.

X Regina C Dowdle
Applicant

X
Date