ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BR) Mooresville Office (704) 660-3625 4 PERMIT #AP 304535

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

PIN # 4850001417

APPLICANT/OWNER: Dixieland, Inc APPLICANT ADDRESS: 851 Tomlin Mill Rd. Statesville

SITE ADDRESS: 158 Cora Ln, Olin 28660 PHONE: 704-202-4971 ALT. PHONE —

SITE DIRECTIONS: Tomlin Mill → L Josey → L Olin Lp → L Cora Ln → on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Olin Ridge SECTION: 2 LOT # 4 LOT AREA: .688 ac DESIGN FLOW: 360 gpd L.T.A.R.: .25 (.1R)

Septic Tank	1000 (gal)	STB	760	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	303	Date		System Description:		25% reduction - PM drip		☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6 @ 100'	Linear Ft:	300	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth	28" max	Gravel Depth	—			☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

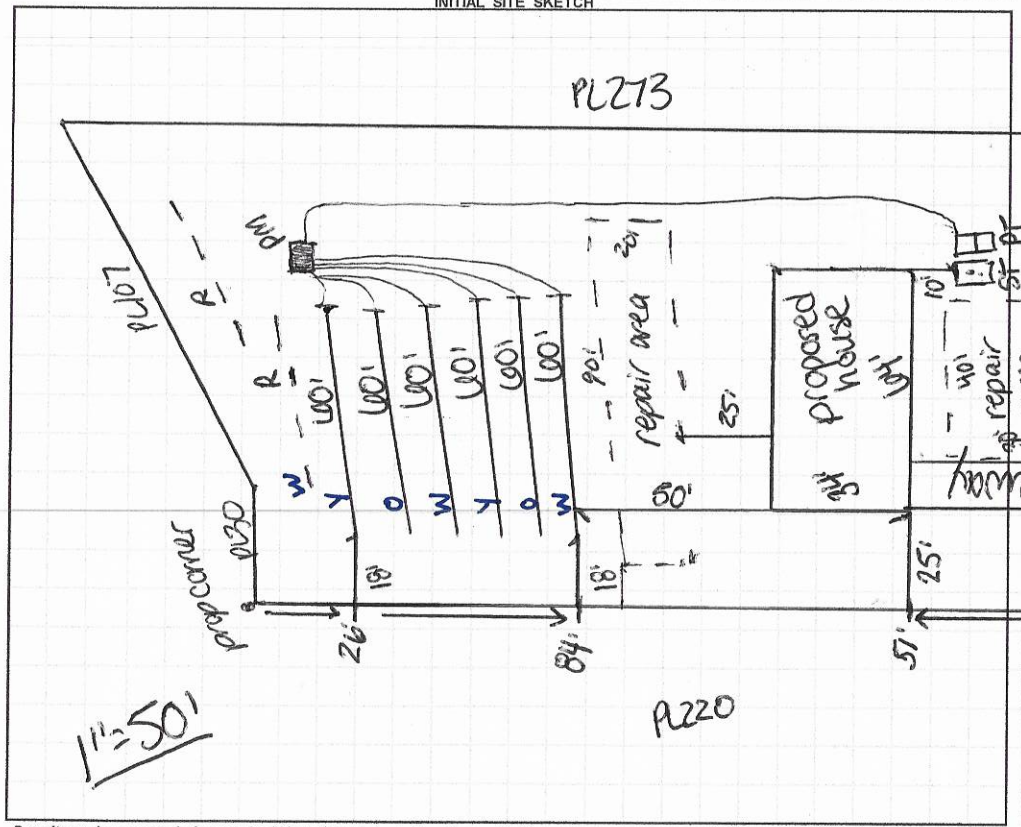
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour. Do not grade septic area. Do not exceed max trench depth of 28".

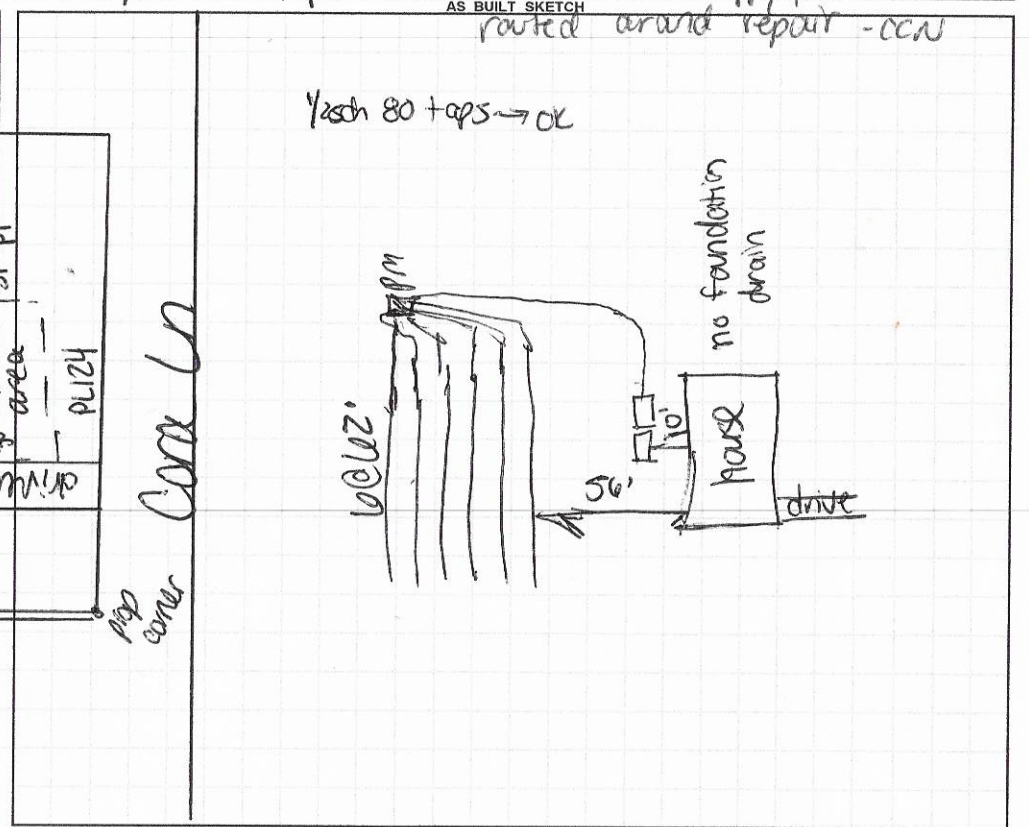
- 1163.8 gal dose vol
- 7.8" drawdown
- 1 1/2" sch 40 taps

4-1-20 - if no drains around house, OK to move tanks 5' from house - supply line must be routed around repair - CCN

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: Acceptance of Permit Recd Date: 3-25-20 Installed by: Jake Williams

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 3-24-20 OPERATION PERMIT by: Burgent C. White Date: 8-28-2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 3-24-20 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.

	Date	Initials
Drain Lines Checked	8-12-20	CCW
Tanks Checked	8-12-20	CCW
Pressure Manifold or Valve Box Checked	8-12-20	CCW
Pressure Head Set	8-27-20	BCW
Electrical Checked	8-28-20	BCW
Floats Set	8-27-20	BCW
Alarm Checked	8-27-20	BCW
Maintenance Contract Y / (N)	8-27-20	BCW

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

Sheet 1 of 2
PROPERTY ID #: 1850001417
COUNTY: Iredell

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

OWNER: Dixieland Inc
ADDRESS: 751 Turlington Mill Rd, Statesville
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 158 Carlin
APPLICATION DATE: 1-29-20
DATE EVALUATED: 3-24-20
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .687 ac
PROPERTY RECORDED: Y

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-20	GR SCL	Fr SS SP SPKY	29-42 10YR 7/2	48"	—	—	U drip
		20-40	ABK C	" "					
		40-48	ABK CL	" "					
2	L 5%	0-18	GR SCL	Fr SS SP SPKY	17-44 Y/BS, chroma 2/s mixed	48"	—	—	U .1 drip
		18-36	platy C	" "					
		36-48	ABK CL	" "					
3	L 5%	0-7	GR SCL	Fr SS SP SPKY	Y/BS 18-34"	48"	—	—	PS .225
		7-34	ABK C	" "					
		34-48	SBK/ABK CL	" "					
4	L 5%	0-9	GR SCL	Fr SS SP SPKY	few Y/BS in CL	49"	—	—	PS .25
		9-33	ABK C	Fr SS SP SPKY					
		33-49	SBK CL	Fr SS SP SPKY					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	3600'	3600 sqft
System Type(s)	25% - PM	drip
Site LTAR	.25	.1

OTHER FACTORS (.1946): NA
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT: N/A

COMMENTS: P-9, 9-33, 33-49 Y/BS @ 40 start abrupt

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 #: 485000/1417
DATE OF EVALUATION: 3-24-20
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	L 5%	0-9	GR SCL	FrSSS/SPL	few 7/10 @ 40"	48"	-	-	PS .25 above 40
		9-38	ABK C	" "					
		38-48	ABK/SBK CL	" "					

LEGEND

use the following standard abbreviations

NDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
(Concave Slope) (Convex Slope) (Drainage Way) (Debris Slump) (Flood Plain) (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) Ridge) Shoulder Slope) 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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	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.

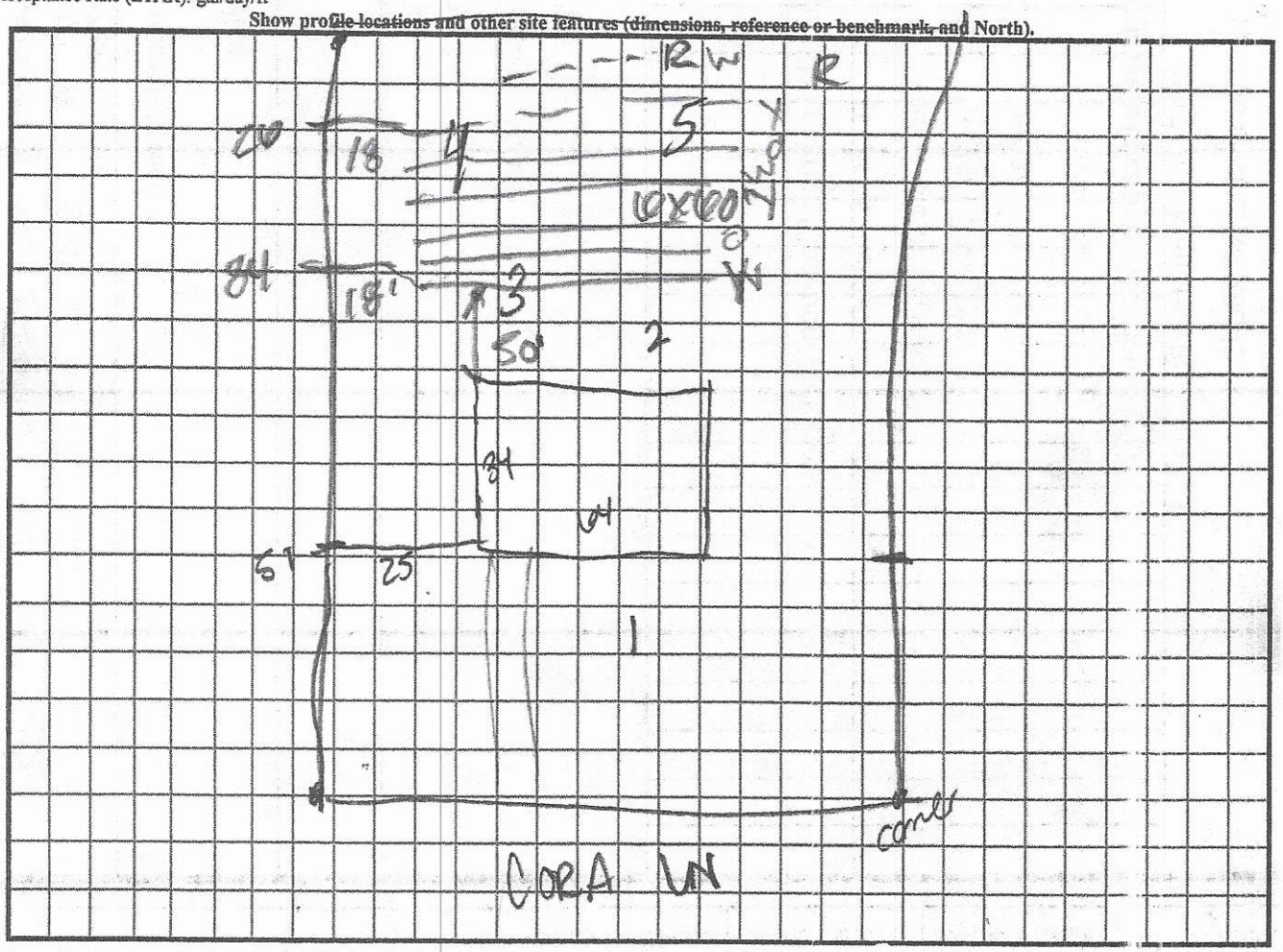
TES

RIZON DEPTH	In inches below natural soil surface
PTH OF FILL	In inches from land surface
STRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
IL 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
ASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

aluation of saprolite shall be by pits.

g-term Acceptance Rate (LTAR): gal/day/ft^2

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



* keep in top left corner

dated February 2014

60' lines x .65 = 39

39 x 6 = 234 x 70% =

163.8 dose vol

163.8/21 = 7.8" drawdown

1/2" sch 40 taps @ 7.11

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

$500.00
AP-304535
2-18-2020

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: 551 Tomlin Mill Rd S-Ville NC Zip: 28625
Applicant Email: gingerdandle7@gmail.com Phone: 704 202 4971 Alt. Phone: _____
Owner Name: Dixieland Inc Address: same Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 158 Cora Lane Olin NC 28660
Subdivision Name: Olin Ridge Section/Phase: _____ Lot Number: 4
Driving Directions: I-77 to Exit 59 Tomlin Mill Rd - turn Rt then left on Josey Rd, to end, turn left on Olin Loop then left on Cora Lane Lot on Right

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____
( ) 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.

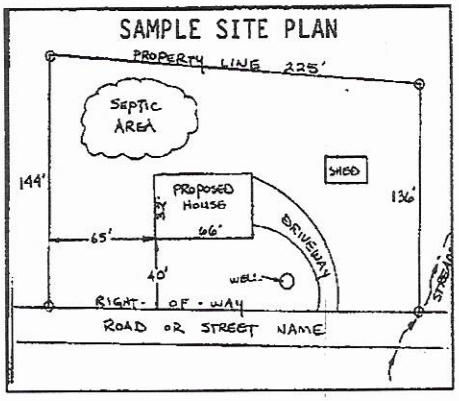
Signature: Regina C Dandle — 1/29/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

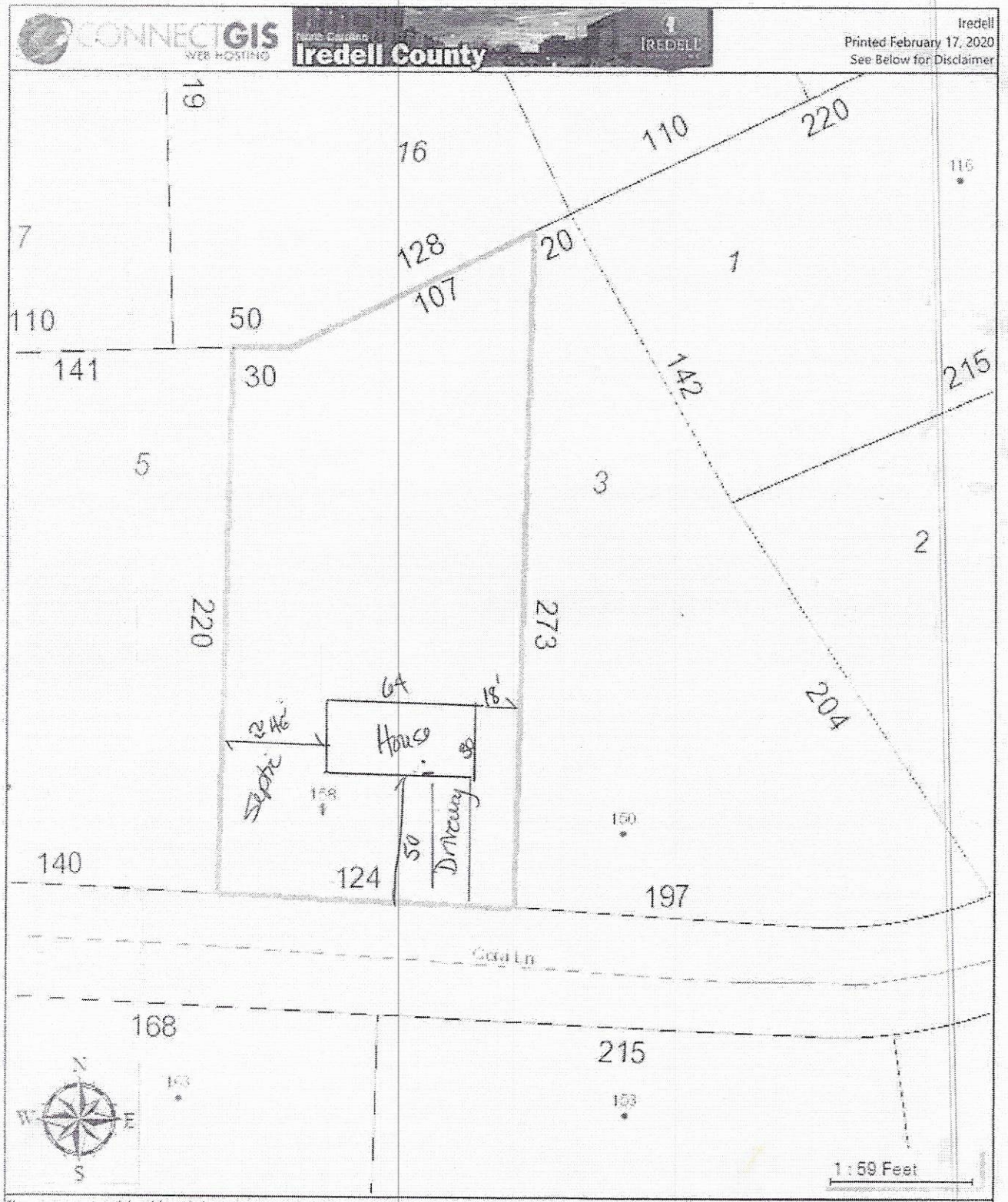
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Signature: Lynnia C Ownbey

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

1/29/2020
DATE



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.

158 Cora Lane Olin

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

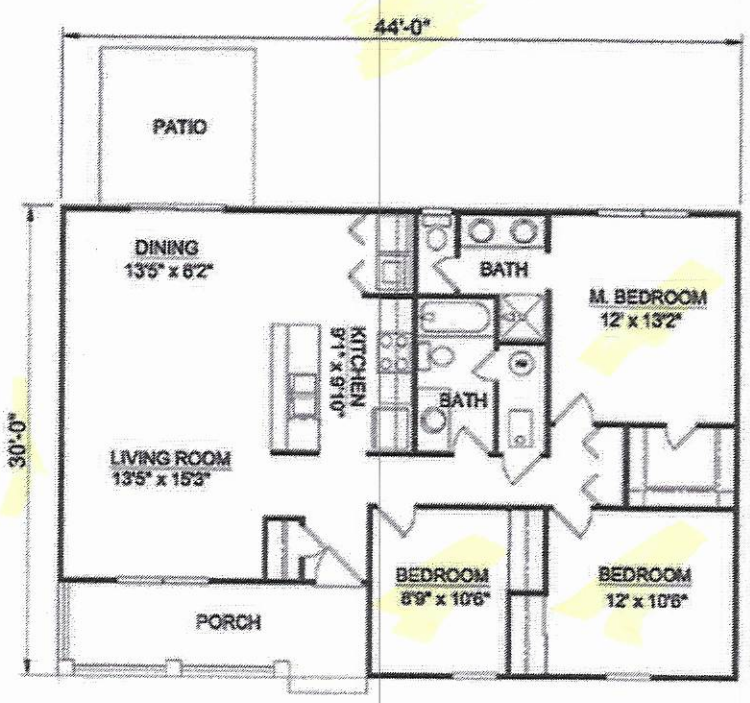
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

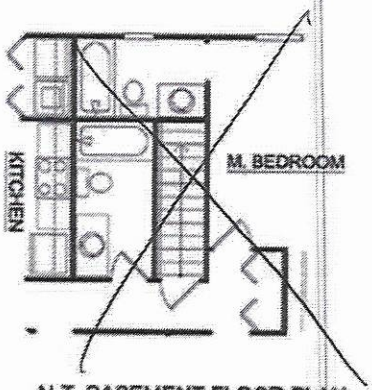
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Pull down the "File Menu" then click on the "Print" option or Click Here To Print This Page.



MAIN LEVEL FLOOR PLAN



ALT. BASEMENT FLOOR PLAN

SOLAR
PLAN INCLUDES OPTIONAL ACTIVE SOLAR DETAILS

1st Floor Plan of COOLhouseplans.com Plan ID: chp-39463, Order Code: C132
To Order call 1-800-482-0464
« Back to Previous Page.

Acknowledgement Of
Plans Submittal ONLY!
Date 1/29/2020
Carla C. Nicks Date 3-24-20

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304535 Issue Date: 01/29/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4850001417.000	158 CORA LN	Iredell County

Owner Information	Applicant Information
Name: DIXIELAND INC	Name: DIXIELAND INC
Address:	Address: 851 TOMLIN MILL RD STATESVILLE, NC 28625
Phone:	Phone: (704)202-4971

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.6887	35	35	15	15	N/A	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.

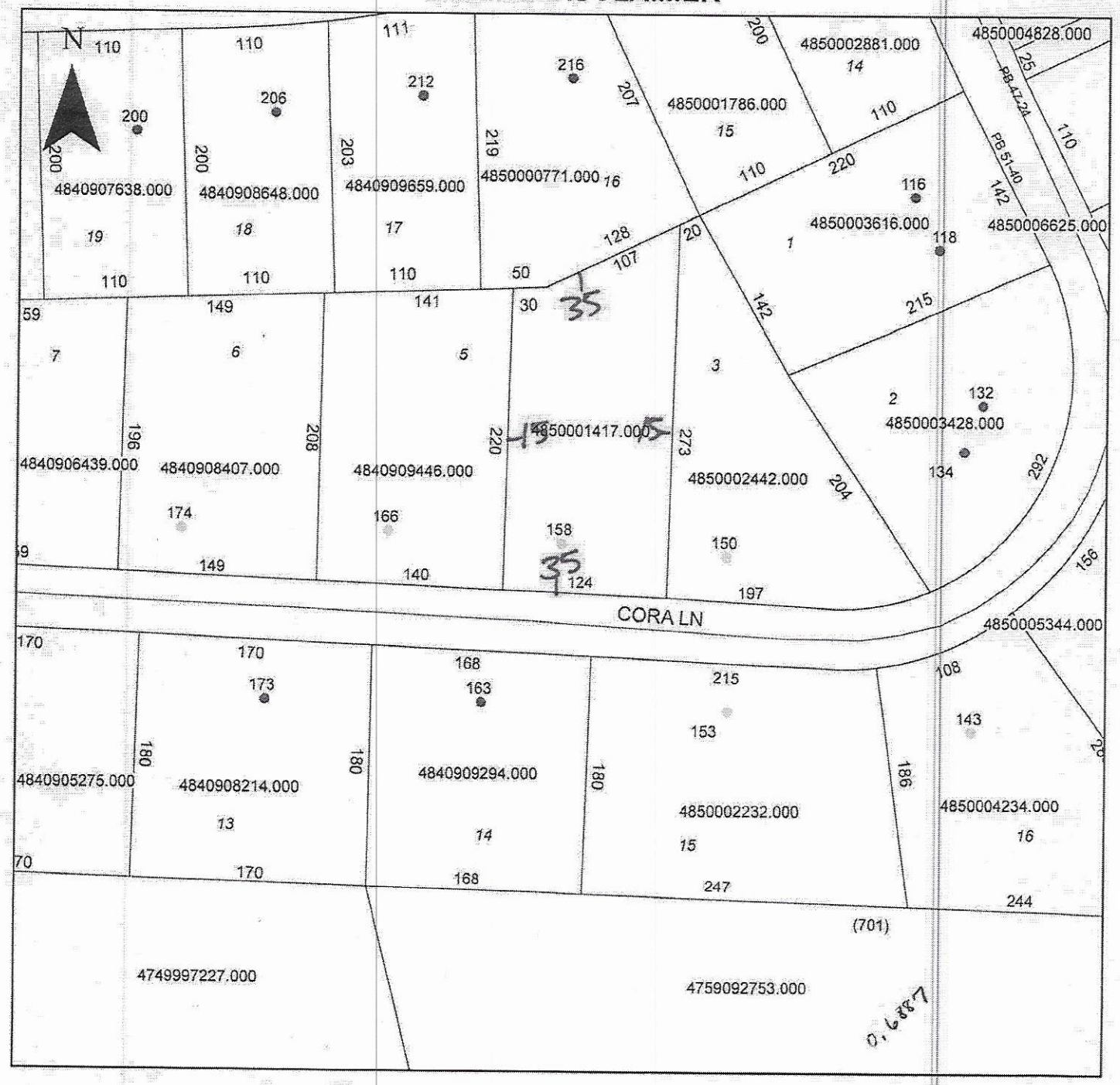
Signature of Owner/Contractor

Date: 01/29/2020

Permit Number	304535

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 158 Cora Lane

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.

Lynna C Dowdy
Applicant

1/29/2020
Date