ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 BCW Mooresville Office (704) 660-3625 PERMIT # AP 328678

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

PIN # 3794 -- 31 -- 9735

APPLICANT/OWNER: John Fallon APPLICANT ADDRESS: 142 Donsdale Dr Statesville 28625

SITE ADDRESS: 8621 Island Ford Rd Statesville NC 28623 PHONE: 772-215-4851 ALT. PHONE

SITE DIRECTIONS: Old Mth hd ① on Island Ford Rd SAP CONTROLLED: ☐ YES ☑ NO

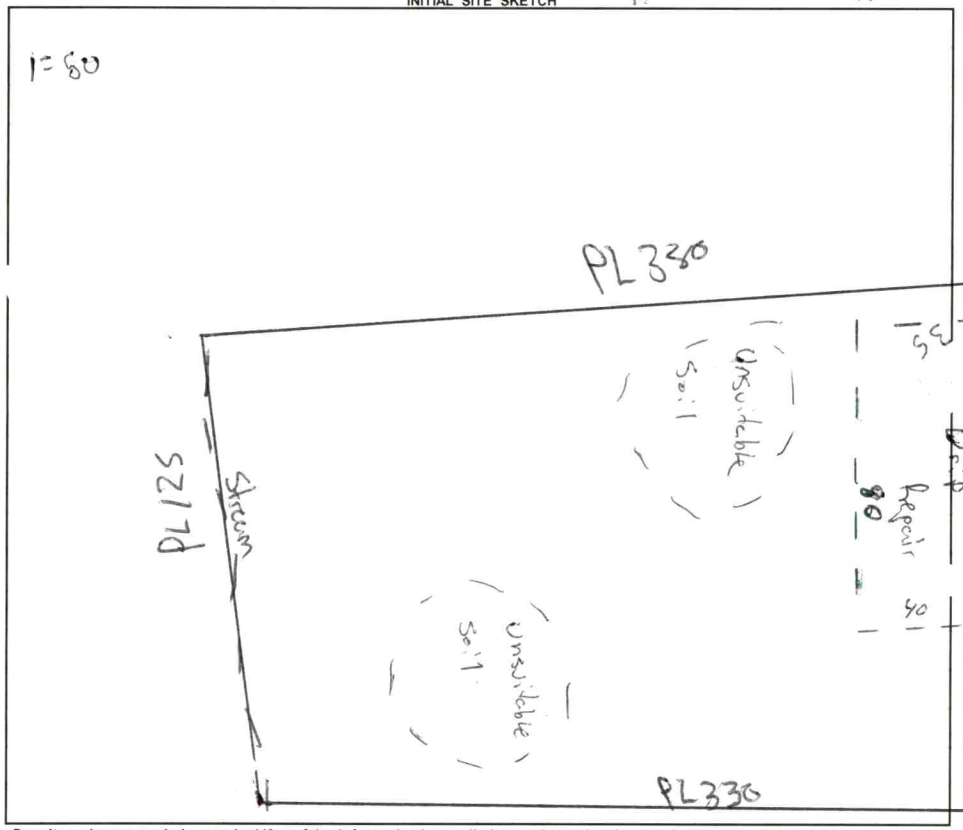
SUBDIVISION: Gaines Estates SECTION: - LOT # 1 LOT AREA: 1.006 AC DESIGN FLOW: 240 L.T.A.R.: .2

Septic Tank	1000	(gal)	STB 854	Date 8/4/22	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	2	Water Supply	
Pump Tank		(gal)	PT	Date	System Description: 25% Reduction - Gravity - Serial		☐ Business	No. Persons	4	☐ Private	
Pump Make		Model		Serial #	Repair System Description: Drip Repair		☐ Other	No. Employees		☑ Public	
# Nitrification Fields	1	# Lines	5	Linear Ft 300	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	36 in	Trench Bottom Dep	Max) 18 in	Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Install on contour. Maintain 4ft on center with serial distribution. Do not park, drive, or construct on septic area. 6 inches of approved ICHD cover required.

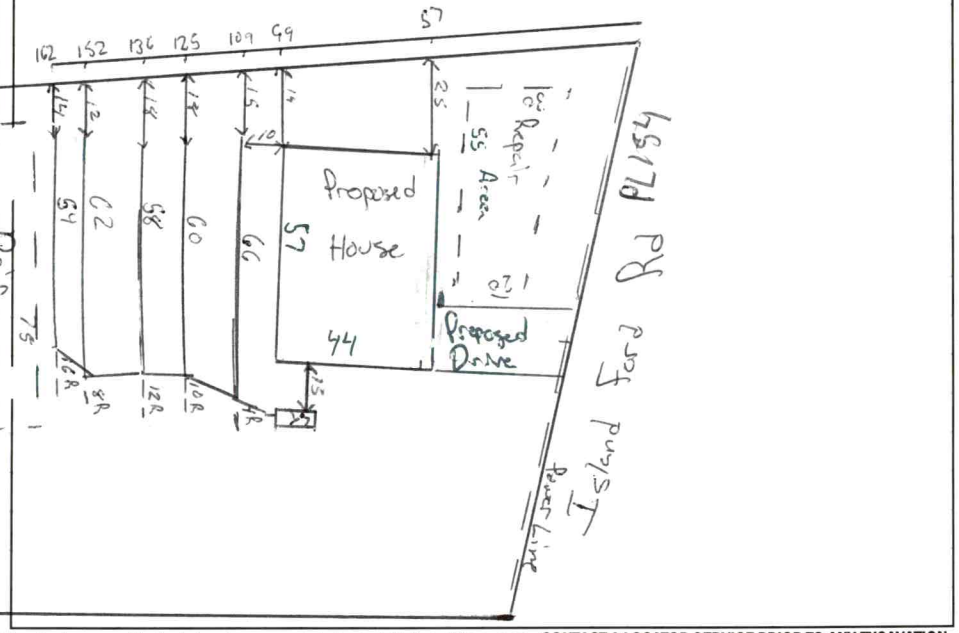
INITIAL SITE SKETCH

1" = 60'



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.



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: John Fallon Date: 6-20-22 Installed by: Al Backhoe

IMPROVEMENT PERMIT by: Matt Wilkie Date: 6/17/22 OPERATION PERMIT by: Matt Wilkie Date: 10/25/22

AUTHORIZATION TO CONSTRUCT by: Matt Wilkie Date: 6/17/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 2
PROPERTY ID #: 3794389735
COUNTY: Iredell

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

OWNER: John Fallon
APPLICATION DATE: 5/10/22
ADDRESS: 142 Ramsdale Dr Statesville 28625
DATE EVALUATED: 6/16/22
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240
PROPERTY SIZE: 1 AC
LOCATION OF SITE: 1663 Island Ford
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	LS 6%	0-12	SCL/Gr	NS mp fr SE	10YR 6/2	48	Sap + rock structures in SL	Heavy Mn at 27	PS .2
		12-25	C/SBK	SS sp fr SE	at 30				
		25-34	SC/WSBK	SS sp fr SE	W/YB mottles				
		34-48	SC/Gr	SS sp fr SE	at 24				
2	LS 7%	0-8	SCL/Gr		YB mottle at 24 2.5Y 5/3 at 30 2.5Y 5/4 at 31	48	Rock fragments Layer		PS .2 Max 48
		8-23	C/SBK						
		23-48	SC/WSBK						
3	LS 5%	0-6	SC		10YR 4/3 10YR 4/1				J
		6-24	Mom dirt						
		24+	Expansive						
4	FS 7%	0-8	SCL	SS sp fr SE	10YR 5/1 at 8 Expansive 8	27	Rocks mixed in w/ SCL, C		J
		8-27	C	SVR fi E					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200
System Type(s)	25%	50%
Site LTAR	.2	.2

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew Wilkinson
OTHER(S) PRESENT: Dan Botkins

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.

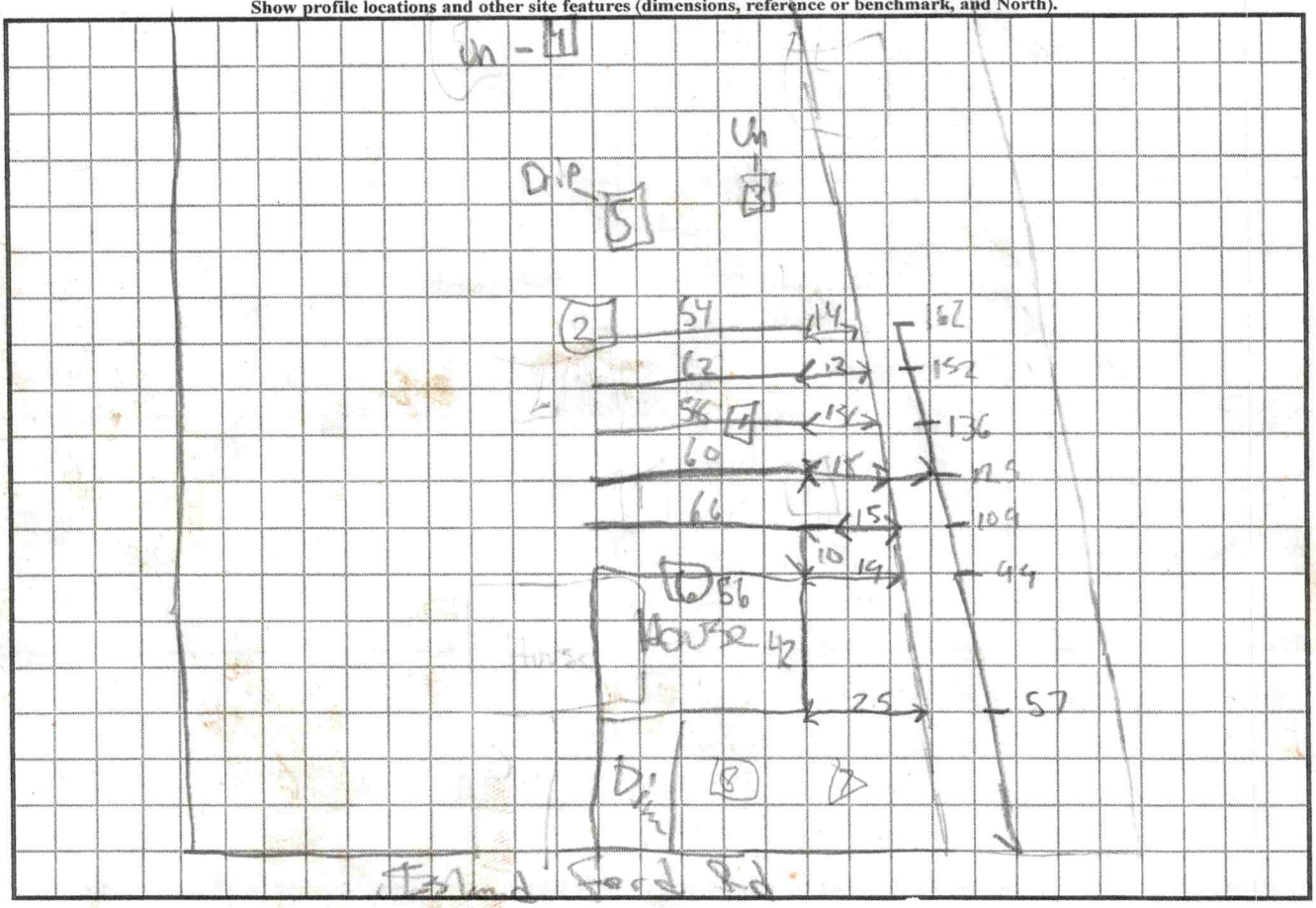
NOTES

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/ft^2

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



5) 0-6 SCL / Gr
6-15 SL / WSBK
15-32 C / WSBK/M

Expansive at 18+

Expansive 10YR6/1 at 19

Dip

6) 0-12 SCL / Gr
12-24 C / SBK
24-46 SC / WSBK

SS sp for SE

SS sp for SE

YB models at 33-48

PS

.2

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 1864 Island Ford Rd PROPERTY RECORDED: _____
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	Ls	0-10	SL/Gr	ns np fr SE	10YR 6/2 at 34 YB begin at 26	30	—	Rocks begin at 30 Mn at 24	PS .2 Shallow
		10-30	C/SBK	ss sp fi SE					
		30-56	LS/Gr/M	fi					
2		0-6	SL/Gr	ns np fr SE	10YR 6/2 at 27 YB colors come in at 22 proceed to become heavy past 30	44		Streaks of Mn at 25	PS .2 Shallow
		6-24	C/SBK	SO fr SE					
		24-46	CL/WSBK	S P fi SE					
				Mix Mineralogy					
				at 40					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

Front 2 Pits

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very 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.

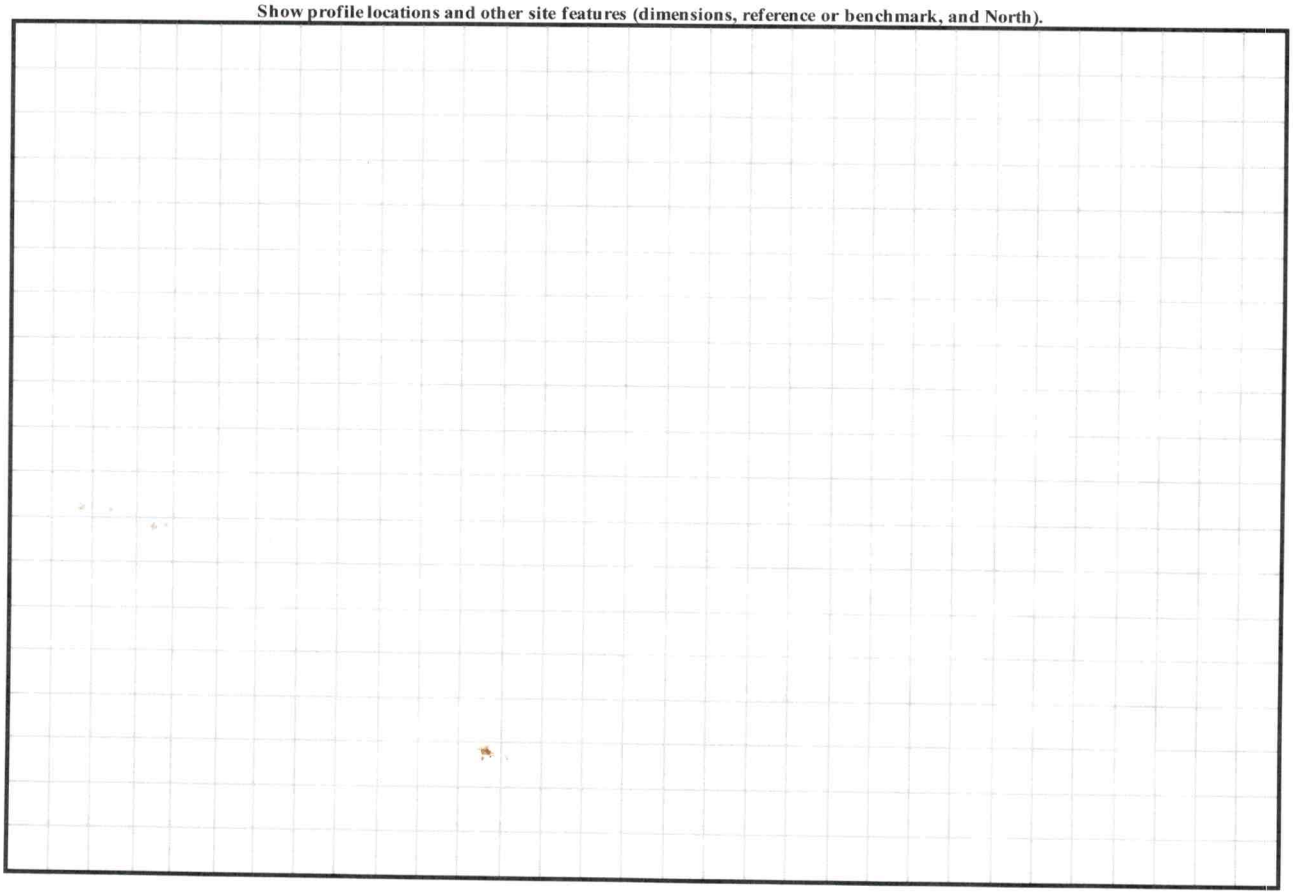
NOTES

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

Evaluation of saprolite shall be by pits.

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

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



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MW

RECEIVED MAY 1 1 2022

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-328678 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: John Fallon Address: 142 Donsdale Dr. Statesville NC Zip: 28625

Applicant Email: Donnafallon28@yahoo.com Phone: 772-215-4851 Alt. Phone: _____

Owner Name: Martin Hendricks Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1864 Island Ford Rd Statesville NC 28625

Subdivision Name: Graves Estates Section/Phase: _____ Lot Number: 1

Driving Directions: I-40 to Old Mtn. Rd. Go North. T/L on Island Ford Rd. Lot on (R) 2.4 miles

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3 2 MT (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 2 ( ) 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: _____

CHECK FOUNDATION TYPE

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: John Fallon 5-10-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

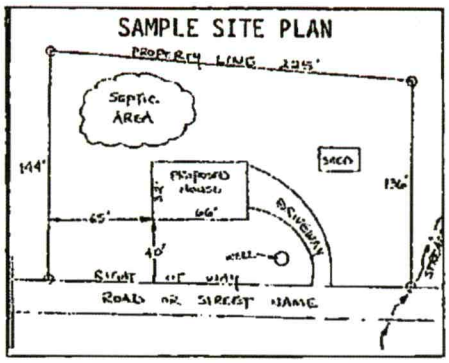
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IREDELL COUNTY HEALTH DEPARTMENT

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:

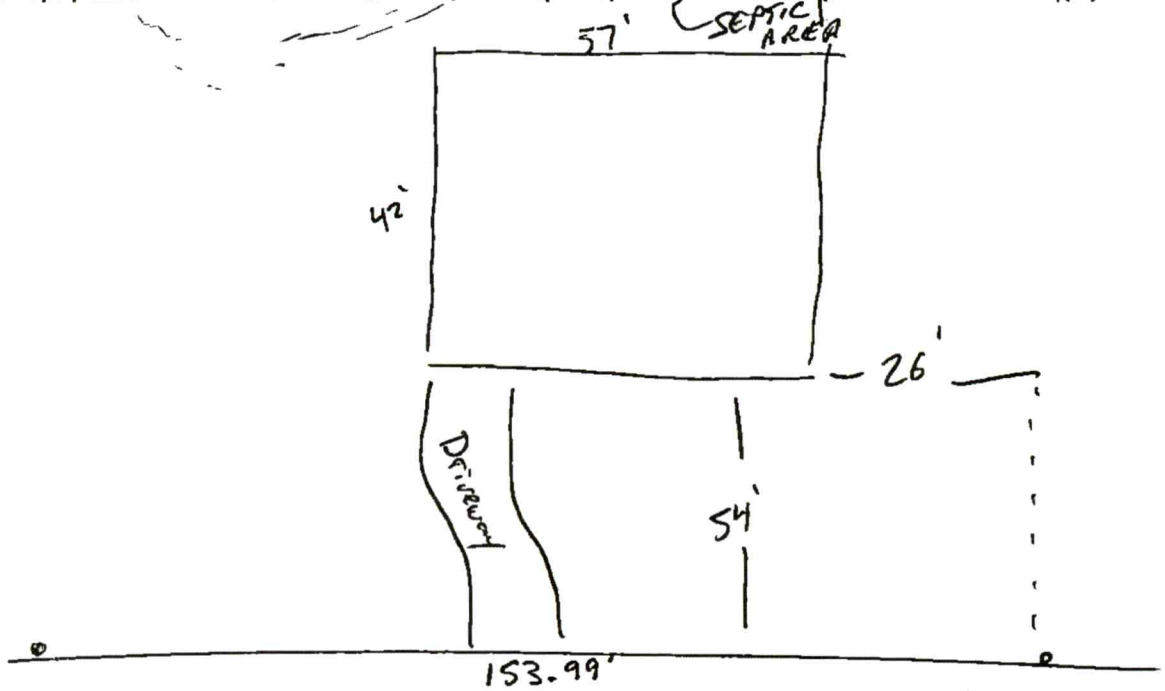
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic syste[illegible] wells within 100' of your property	N/A
Location of easeme[illegible] s on your property	N/A
Location of any [illegible] operty	N/A

[illegible]ACE TO DRAW YOUR SITE PLAN

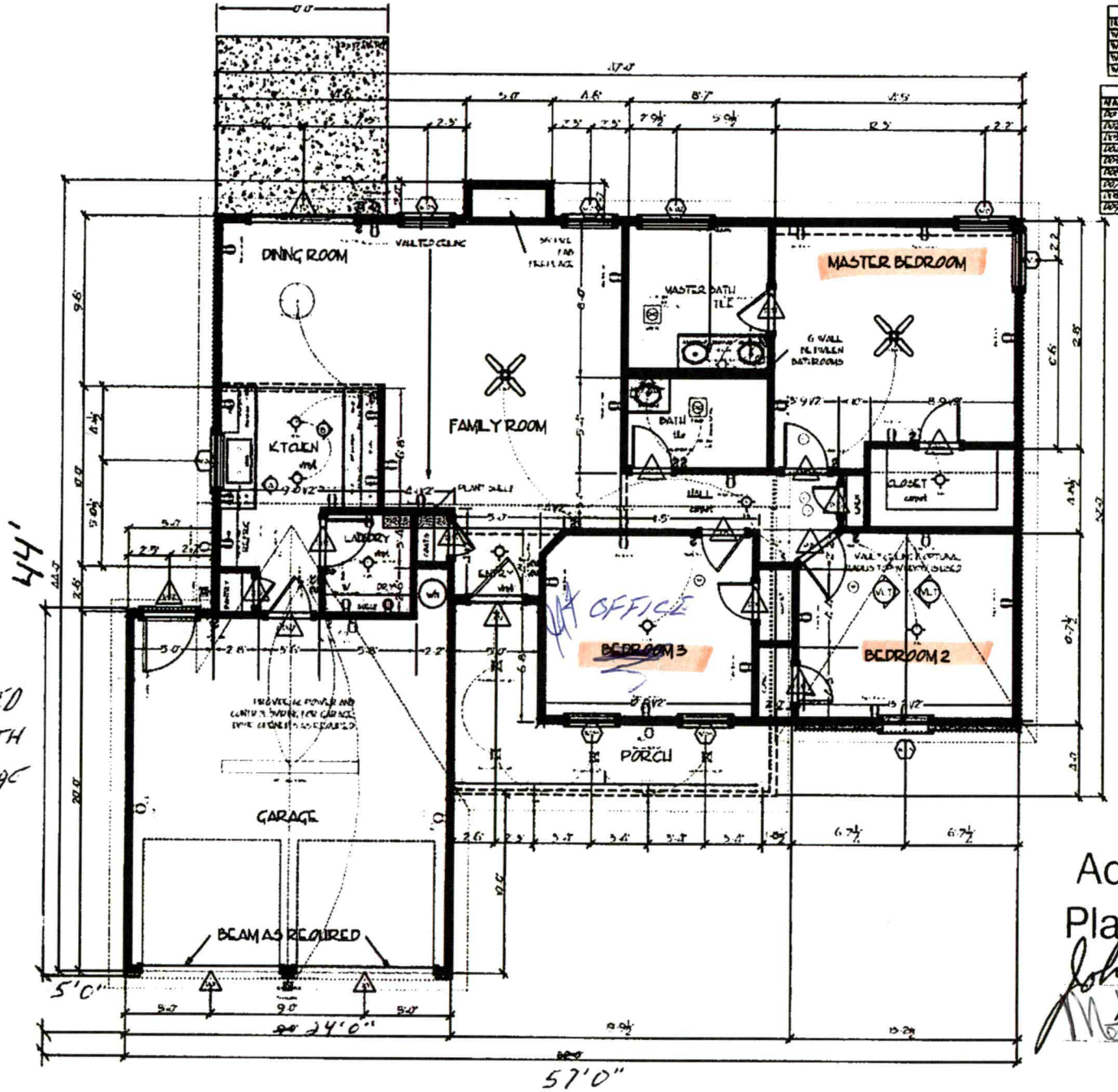
Show: proposed he[illegible]s, patios, pools and decks, and any other item that will occupy space on the site



Island Ford Rd.

Signature: John Ball
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-10-22
DATE



WINDOW SCHEDULE				
MARK	QTY	FLOOR	SIZE	REMARKS
W01	2	1	5036	SIM/SCR
W03	1	1	4068	SIM/SCR
W05	5	1	2852	SIM/SCR
W01	1	1	5052	SIM/SCR

DOOR SCHEDULE				
MARK	QTY	FLOOR	SIZE	DESCRIPTION
D01	2	1	8068	GARAGE 2PANEL
D02	2	1	3068	EXT SINGLE GLASS PANEL
D03	1	1	6068	EXT 2/3 LITE GLASS PANEL
D04	4	1	2868	SINGLE PANEL
D05	2	1	2668	SINGLE PANEL
D06	3	1	2868	SINGLE PANEL
D07	1	1	2068	EXT SINGLE PANEL
D08	1	1	2868	SINGLE PANEL
D09	1	1	2668	SINGLE PANEL

-NOTE:
5'0" ADDED
TO WIDTH
OF GARAGE

FLOOR PLAN
SCALE 1/4" = 1'

HEATED SQUARE FOOTAGE: 1197 sq.ft.
MEASURED TO OUTSIDE OF FRAMED WALLS

A1101 COPYRIGHTED ATLANTA PLAN SOURCE, INC.

A B
B D.

PLAN SOURCE

Acknowledgement of
Plans Submittal ONLY!

John Falk Date 5-12-22

Matt Wilkie Date 6/17/22

1864 Leonard Ford Rd

PHYSICAL SURVEY
FOR

JOHN FALLON
& DONNA FALLON

LOT 1 OF GARNER ESTATES
PIN: 3794-31-9735

SHILOH TOWNSHIP - IREDELL COUNTY, NC
SCALE: 1" = 50'

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FIRM #C-0453
WWW.DEDMONSURVEYS.COM

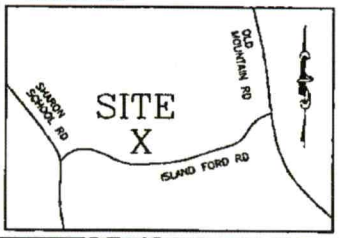
NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR

I CERTIFY THAT THIS PLAT WAS SURVEYED AND DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DB 2392, PG 2052; PB 64, PG 18; THAT BOUNDARIES NOT SURVEYED ARE DRAWN FROM DB , PG ; THAT THE RATIO OF PRECISION EXCEEDS 1:10000; THAT THIS PLAT MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR NC (21 NCAC56.1600), WITNESS MY OFFICIAL SEAL AND SIGNATURE THIS 3RD DAY OF MAY, AD 2022.

PROFESSIONAL LAND SURVEYOR — L-3762 LICENSE NO.

SURV. BY: KPJ	DRAWN: KPJ	JOB# IFR1X

VICINITY MAP



50 0 50 100 150
GRAPHIC SCALE - FEET

LEGEND:

- BOUNDARY LINE
- SANITARY SEWER LINE
- NATURAL GAS LINE
- UNDERGROUND POWER
- OVERHEAD UTILITIES
- UNDERGROUND TELEPHONE
- WATER LINE
- FENCE (TYPE NOTED)

CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
UP = UTILITY POLE

DEDMON SURVEYS

NOTES:

- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- 10' DRAINAGE & UTILITY EASEMENT MAY EXIST ALONG ALL LOT LINES.
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- ALL UNDERGROUND UTILITIES ARE NOT SHOWN HEREON.
- ALL PINS WERE FOUND EXISTING AS SHOWN UNLESS NOTED OTHERWISE.

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Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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*) _____

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.

X

2. I, Iredell Properties Inc-Martin Hendricks, am the legal owner(s) of the property located at Lot 1 Island Ford Rd., identified as PIN (Parcel Identification Number) 3794-31-9735.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) John Fallon, _____, 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.

DocuSigned by:
Martin Hendricks
2328780D0BA8404...
Signature of Owner(s)

5/10/2022 | 12:59 PM CDT
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER

328678
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794319735.000	1864 ISLAND FORD RD	Iredell County

Owner Information	Applicant Information
Name: IREDELL PROPERTIES INC	Name: JOHN FALLON
Address: P O BOX 312	Address: 142 DONSDALE DR
STATESVILLE, NC 28687	STATESVILLE, N 28625
Phone:	Phone: (772)215-4851

Use Requested	Zone Code
Single Family Dwelling	RUR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.006	35	35	15	15	WSIV-PA Catawba/Lake Norman	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.

Date: 05/11/2022

Signature of Owner/Contractor

Permit Number	328678	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
None

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): New single family residence

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1197

Does the property have community water? (Yes) No If yes, please list who provides it: Energy United Water

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Iredell Properties - Martin Hendricks Phone # _____

Owner's Current Address _____

Property Information

Property Address 1864 Island Ford Rd. Parcel # 3794-31-9735.000

Subdivision: Garner Estates Lot: 1 Zoning: RuR Watershed: Y / (N) Flood Plain: Y / (N) Township: _____

Directions to property (from a MAIN ROAD) I-40 O10 mtn Rd turn North. T/L Island Ford Rd. lot 2.4 miles on (R)

Application Information

Applicant's Name or Company John Fallon Applicant's Phone # 772-215-4851

Applicant's Address 142 Donsdale Dr. Statesville NC 28625

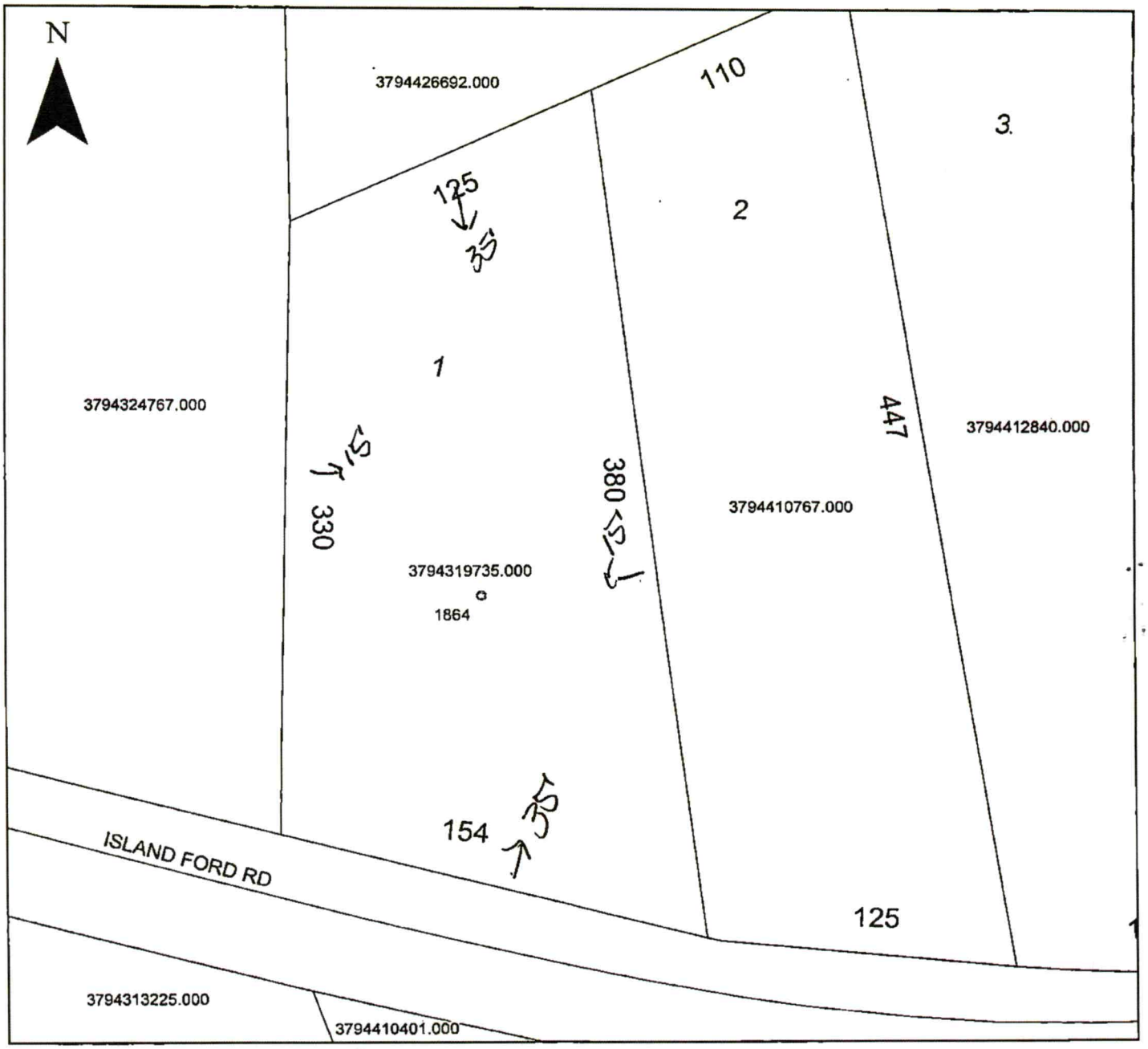
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT John Fallon DATE 5-10-22

1.000 RUR IVPA Cat

ZONING DISCLAIMER



Property Address 1864 Islandford

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.

John J Falls
Applicant

5-11-22
Date