ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # OSWP-2022-894

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

PIN # 4746 -- 62 -- 4720

APPLICANT/OWNER: ROBERT OVERMAN APPLICANT ADDRESS: 162 LITTLE JOHN ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 162 LITTLE JOHN ROAD, STATESVILLE, N.C. 28625 PHONE: 704-657-2798 ALT. PHONE –

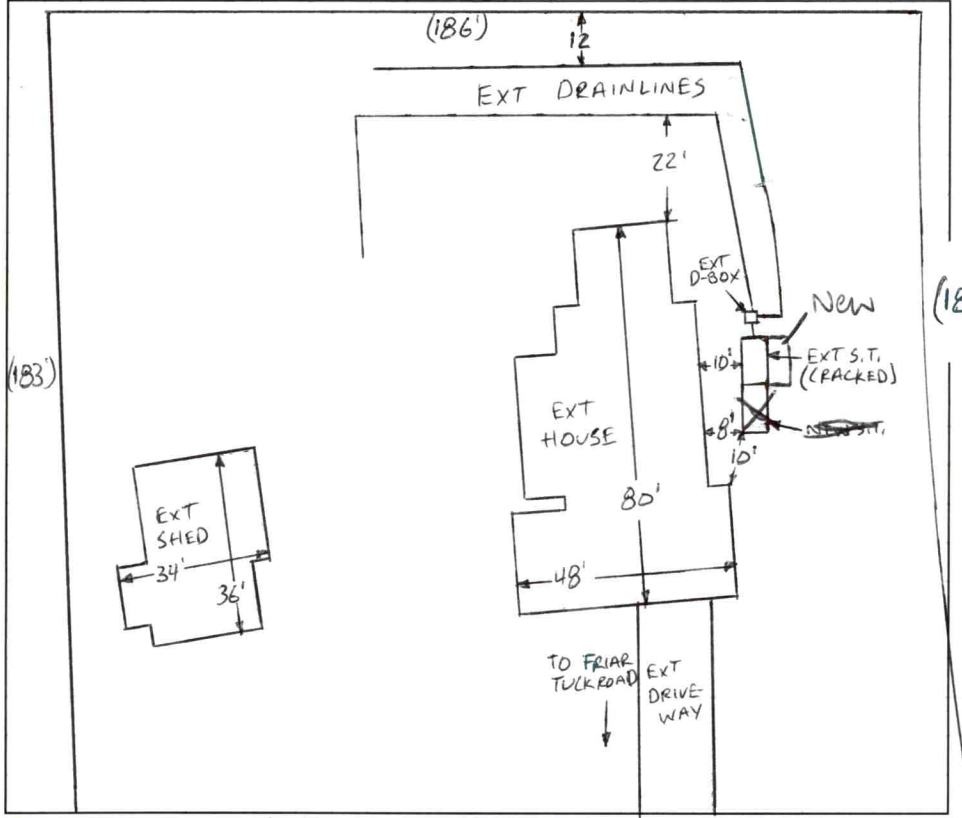
SITE DIRECTIONS: (N) ON 21, (R) ON JANE SOWERS, (R) ON LITTLEJOHN, LOTON (R) SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: SHERWOOD FOREST SECTION: 2 ADDITION LOT # 6 & 7 LOT AREA: 0.78 AC DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	~~1000~~ 1500 (gal)	STB	~~1000~~ 954	Date	10/11/22	☐ New System	☑ Repair	☐ Expansion	System Type: I ☑ II III IV V VI	☑ Residence	No. Bedrooms	EXT	Water Supply
Pump Tank	– (gal)	PT	–	Date	–	System Description:	EXISTING			☐ Business	No. Persons	EXT	☐ Private
Pump Make	–	Model	–	Serial #	–	Repair System Description:	TANK REPLACEMENT			☐ Other	No. Employees	–	☑ Public
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK, DRAINLINES APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION PROPERTY RECORDED IN DEED BOOK 2961, PAGES 29-30

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.

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: Robert M Overman Date: 12-5-22 Installed by: Lentz

IMPROVEMENT PERMIT by: Bryant C. White Date: 12-1-2022 OPERATION PERMIT by: Cory White Date: 12/14/22

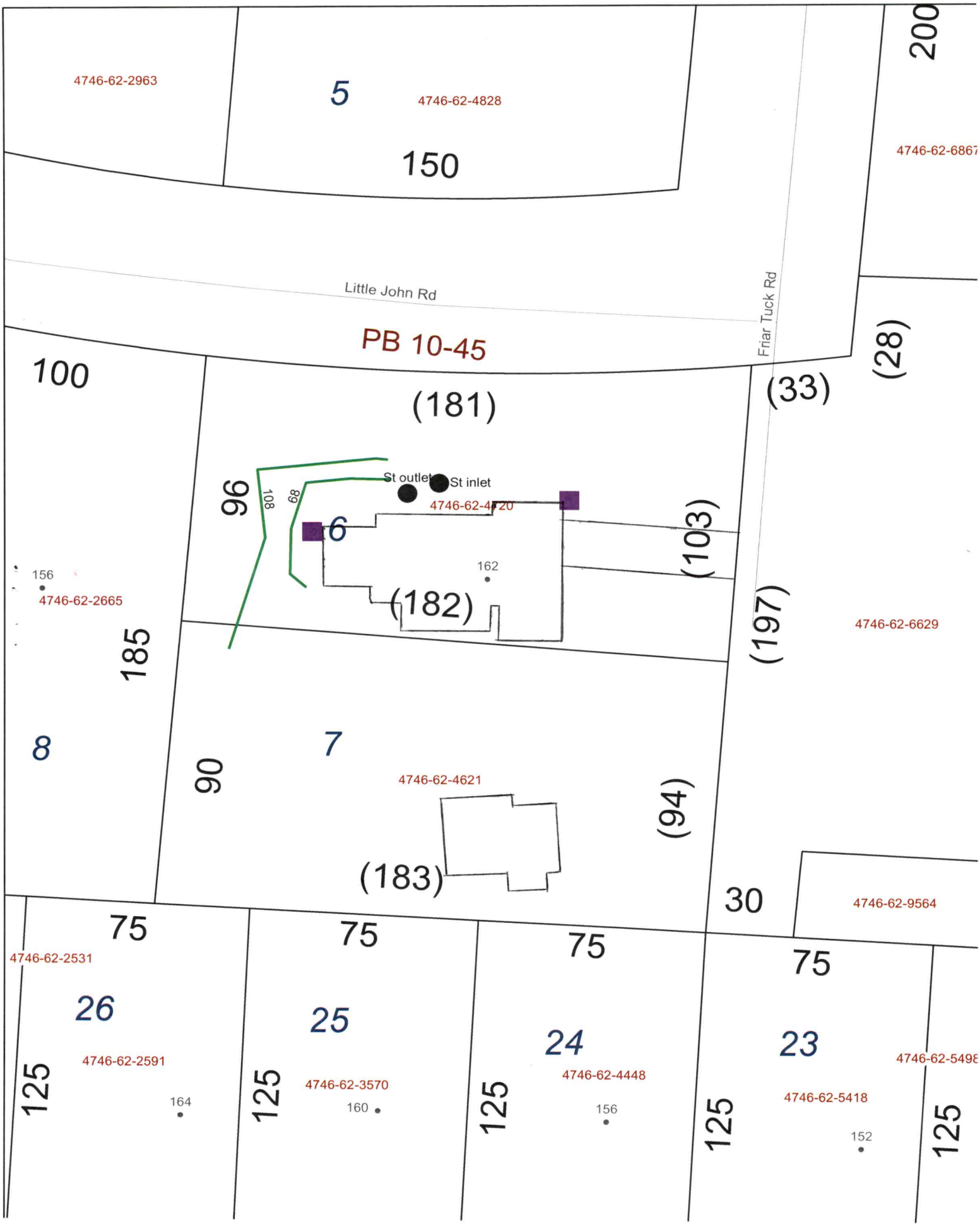
AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-1-2022 Existing System Inspected by: Date:

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? _____	

1 IN = 40 FT


4746-62-2963
5
4746-62-4828
150
200
4746-62-6867
Little John Rd
Friar Tuck Rd
PB 10-45
100
(181)
(33)
(28)
96
108
68
St outlet
St inlet
4746-62-4620
6
(103)
156
4746-62-2665
162
(182)
185
(197)
4746-62-6629
8
7
90
4746-62-4621
(94)
(183)
30
4746-62-9564
75
75
75
75
4746-62-2531
26
25
24
23
4746-62-2591
4746-62-3570
4746-62-4448
4746-62-5418
4746-62-5498
125
125
125
125
125
164
160
156
152



IREDELL COUNTY NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

PERMIT SNAPSHOT REPORT OSWP-2022-8794
FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	11/07/2022
Work Class:	EH Septic Improvement Permit Repair	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	
Description:	tank has a crack in it				

Parcel: 4746624720.000 Main	**Address:** 162 Little John Rd Main Statesville, NC 28625	**Zone:** R-20(Suburban Residential District)

Applicant/Authorized Agent
Robert N Overman
Little John Rd
Statesville, NC
Mobile: (704) 657-2798

Property Owner
GLENNIE O HEIRS DANIELS

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	What are the proposed structures	New Single Family Residence	If other Addition/Structure, please explain	house is already on property
Maximum Number of Bedrooms	3	Number of Occupants	4	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Water Supply	Other Public Water	Desired Septic System Type	Conventional (most common)
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
162 little john septic notes_v1.pdf	11/07/2022 14:48	Comeaux, Debra	Available Online	Additional Supporting Information
162 little john site_v1.pdf	11/07/2022 14:48	Comeaux, Debra	Available Online	Site Plan

Invoice No.	Fee	Fee Amount	Amount Paid
NOT INVOICED	Existing System Septic Repair Permit	$150.00	$0.00
	Total for Invoice NOT INVOICED	$150.00	$0.00
	Grand Total for Permit	**$150.00**	**$0.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		11/07/2022 0:00	11/07/2022 14:48
Confirm application complete v.1	Generic Action		11/07/2022 14:48
~~**Lot Readiness Verification v.1**~~			11/07/2022 14:49
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		11/07/2022 14:49
~~OSWP Site Evaluation v.1~~	Inspection		11/07/2022 14:49
~~**Zoning Review v.1**~~			11/07/2022 14:49
~~Iredell County Zoning Approval v.1~~	Task		11/07/2022 14:49
~~Issue Invoice v.1~~	Generic Action		11/07/2022 14:49
~~Fees Paid v.1~~	Generic Action		11/07/2022 14:49
Assign v.1			
Case Assigned v.1	Generic Action		
Permit Ready v.1			
Issue Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		

Issue Permit v.1	Generic Action
Environment Health Inspections v.1	
Operation Permit Inspection v.1	Inspection

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (No floorplan submitted with App.) ( ) Authorization to Construct (Floorplan submitted with App.) ( ) 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: Robert Overman **Address:** 162 Little John Rd **Zip:** 28625
Applicant Email: lsoverman@gmail.com **Phone:** 704-657-2798 **Alt. Phone:** 704-876-0770
Owner Name: Robert Overman **Address:** 142 Tilley Lane Statesville NC **Zip:** 28625
Owner Email: Same **Phone:** Same **Alt. Phone:** Same

Property Information:

Street Address: 162 Little John Rd Statesville N.C. 28625
Subdivision Name: Sherwood Forest **Section/Phase:** ____ **Lot Number:** 16 **Gate Code** ____
Driving Directions: Hwy 21 North to Jane Sowers Rd, 1st Road on Right turn (R) House on corner of Little John Rd and Friar Tuck on R.

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: 3
Maximum Number of Occupants: 4
( ) 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 (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: ____

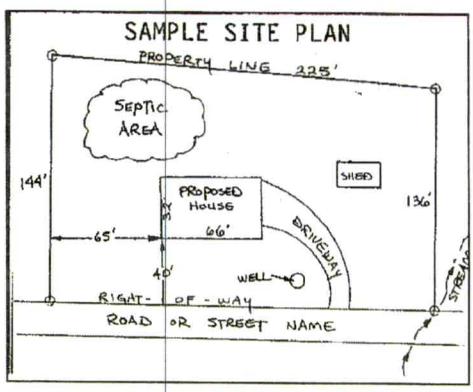
Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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: Robert Overman 11.7.22
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:

( ) **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: X Robert Brown
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11.7.22
DATE

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (No floorplan submitted with App.) ( ) Authorization to Construct (Floorplan submitted with App.) ( ) 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: Robert Overman **Address:** 162 Little John Rd **Zip:** 28625
Applicant Email: lsoverman@gmail.com **Phone:** 704-657-2798 **Alt. Phone:** 704-876-0770
Owner Name: Robert Overman **Address:** 142 Tilley Lane Statesville NC **Zip:** 28625
Owner Email: Same **Phone:** Same **Alt. Phone:** Same

Property Information:

Street Address: 162 Little John Rd Statesville N.C. 28625
Subdivision Name: Sherwood Forest **Section/Phase:** ____ **Lot Number:** 16 **Gate Code** ____
Driving Directions: Hwy 21 North to Jane Sowers Rd, 1st Road on Right turn (R) House on corner of Little John Rd and Friar Tuck OR

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: 3
Maximum Number of Occupants: 4
( ) 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

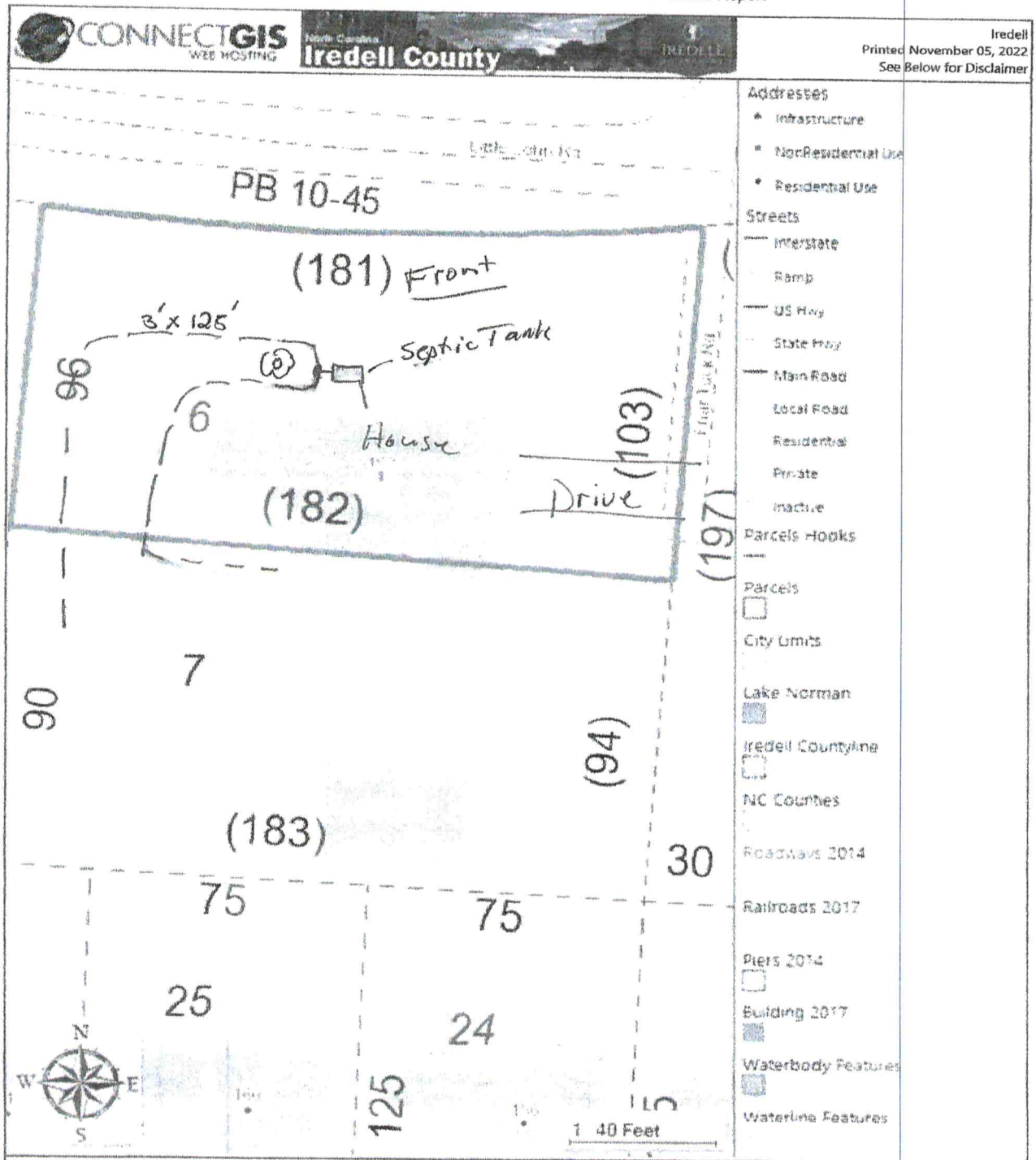
Water Supply: ( ) Replacement Well – Reason: ____
( ) Multi-connection Well Number of Houses: ____ Number of Persons: ____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) 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: Robert Overman 11. 7 .22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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.

* Septic System Site Plan

Public Health
Prevent. Promote. Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect
Iredell County Health Department

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*) Robert Overman

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, Robert Overman, am the legal owner(s) of the property located at 162 Little John Rd, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Waste Water Solutions + Design _____, 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.

Robert Overman
Signature of Owner(s)

11.7.22
Date

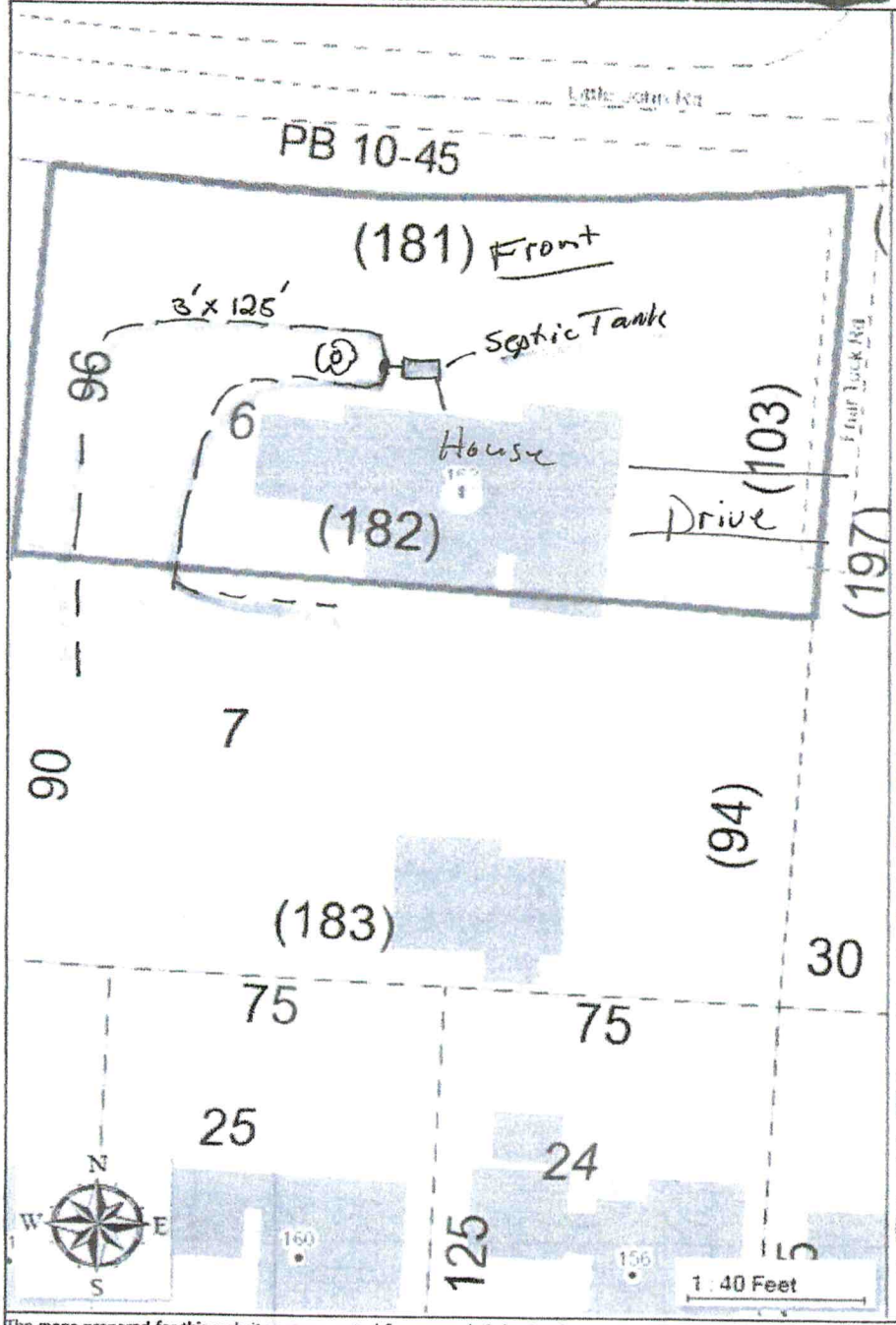
Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed November 05, 2022
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

Roadways 2014

Railroads 2017

Piers 2014

Building 2017

Waterbody Features

Waterline Features

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.

* Septic System Site Plan

Type: CONSOLIDATED REAL PROPERTY
Recorded: 11/22/2022 2:03:07 PM
Fee Amt: $796.00 Page 1 of 2
Revenue Tax: $770.00
Iredell County, NC
Maureen P. Purcell Register of Deeds

BK 2961 PG 29 - 30

GENERAL WARRANTY DEED

Excise Tax: **$770.00**

Tax Parcel ID No.: **4746624621. & 4746624720** Verified by: **Iredell** County

on the ____ day of_____, 20____ By:_____

This instrument was prepared by and mail to: **Kevin C. Donaldson, Jones, Childers, Donaldson & Webb, PLLC, PO Box 3010, 149 Welton Way, Mooresville, NC 28117**

Title Co: Integrated Title Services, LLC

Brief description for the Index: **LOTS 6 & 7, SHERWOOD ADD II**

THIS DEED, made this the 22nd day of November, 2022, by and between

GRANTOR: **Robert Nelson Overman and wife, Lynda Shumaker Overman**
whose mailing address is 142 Tilley Lane, Statesville, NC 28625
Robert Nelson Overman as Executor of Estate of Glennie Overman Daniels
whose mailing address is 142 Tilley Lane, Statesville, NC 28625,
(herein referred to collectively as **Grantor**) and

GRANTEE: **Matthew Douglas Widener and wife, Brooke Lauren Widener**
whose mailing address is199 Fesperman Circle, Troutman, NC 28166
(herein referred to collectively as **Grantee**) and

WITNESSETH:

For valuable consideration from Grantee to Grantor, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby gives, grants, bargains, sells and conveys unto Grantee in fee simple, subject to the Exceptions and Reservations hereinafter provided, if any, the following described property located in the City of **Statesville**, Township of **Bethany**, County of **Iredell**, State of North Carolina, more particularly described as follows:

BEING all of Lot Nos. SIX (6) and SEVEN (7) of the W.C. Chambers Development known as SHERWOOD FOREST, ADDITION II, as shown on a plat recorded in Plat Book 10, Page 45, in the Iredell County Public Registry. Reference is hereby made to said map for a more particular description of said property.

Said property having been previously conveyed to Grantor by instrument(s) recorded in Book 686, Page 643; Estate of Glennie Overman Daniels, Iredell County Estate File No. 22E286; and Estate of Michael Daniels, Iredell County Estate File No. 22E52, and being reflected on plat(s) recorded in Plat Book 10, Page 45.

All or a portion of the property herein conveyed ☐ includes or X does not include the primary residence of a Grantor.

Revised December 17, 2009

Submitted electronically by "Jones, Childers, Donaldson & Webb, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

TO HAVE AND TO HOLD unto Grantee, together with all privileges and appurtenances thereunto belonging, in fee simple, subject to the Exceptions and Reservations hereinafter and hereinabove provided, if any.

And Grantor hereby warrants that Grantor is seized of the premises in fee and has the right to convey same in fee simple, that title is marketable and is free and clear of encumbrances other than as set forth herein, and that Grantor will forever warrant and defend the title against the lawful claims of all persons or entities whomsoever.

This conveyance is made subject to the following Exceptions and Reservations:

1. **ANY AND ALL EASEMENTS, RIGHTS OF WAY AND RESTRICTIONS OF RECORD.**
2. **ANY AND ALL ZONING AND PLANNING ORDINANCES.**

All references to Grantor and Grantee as used herein shall include the parties as well as their heirs, successors and assigns, and shall include the singular, plural, masculine, feminine or neuter as required by context.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

Estate of Glennie Overman Daniels

By: Robert Nelso Overman Executor
Print/Type Name & Title: Robert Nelson Overman, Executor

Robert Nelson Overman (SEAL)
Robert Nelson Overman

Lynda Shumaker Overman (SEAL)
Lynda Shumaker Overman

State of North Carolina
County of Iredell

(Official/Notarial Seal)

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: Robert Nelson Overman and wife, Lynda Shumaker Overman.

Date: 11-22-22

Tonya H Burgess
Tonya H Burgess Notary Public
Notary's Printed or Typed Name

My Commission Expires:
11-1-2025

Tonya H Burgess
Notary Public
Iredell County
North Carolina
My Commission Expires 11/1/2025

State of NC
County of Iredell

(Official/Notarial Seal)

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: Robert Nelson Overman, Executor of the Estate of Glennie Overman Daniels [insert name(s) of principal(s)].

Date: 11-22-22

Tonya H Burgess
Tonya H Burgess Notary Public
Notary's Printed or Typed Name

My Commission Expires:
11-1-2025

Tonya H Burgess
Notary Public
Iredell County
North Carolina
My Commission Expires 11/1/2025

Revised December 17, 2009

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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.

☒ **2.** I, Brooke Widener, am the legal owner(s) of the property located at 162 Little John Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Robert Overman, or Lynda Overman, 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 Brooke Widener
Signature of Owner(s)

12.5.22
Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
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