ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR-2022-10101

PERMIT # AP 2077-2436

PIN # 4747--42--2835

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

APPLICANT/OWNER: April Ottone | APPLICANT ADDRESS: 172 Doe Run Ln

SITE ADDRESS: 146 Doe Run Ln Statesville 28625 | PHONE: 704-883-6938 | ALT. PHONE 704-860-8695

SITE DIRECTIONS: (B) on S Chipley Ford Rd, (R) on Nixon, (L) on Shumaker Dr, (L) on Doe Run Ln | SAP CONTROLLED: ☐ YES ☑ NO

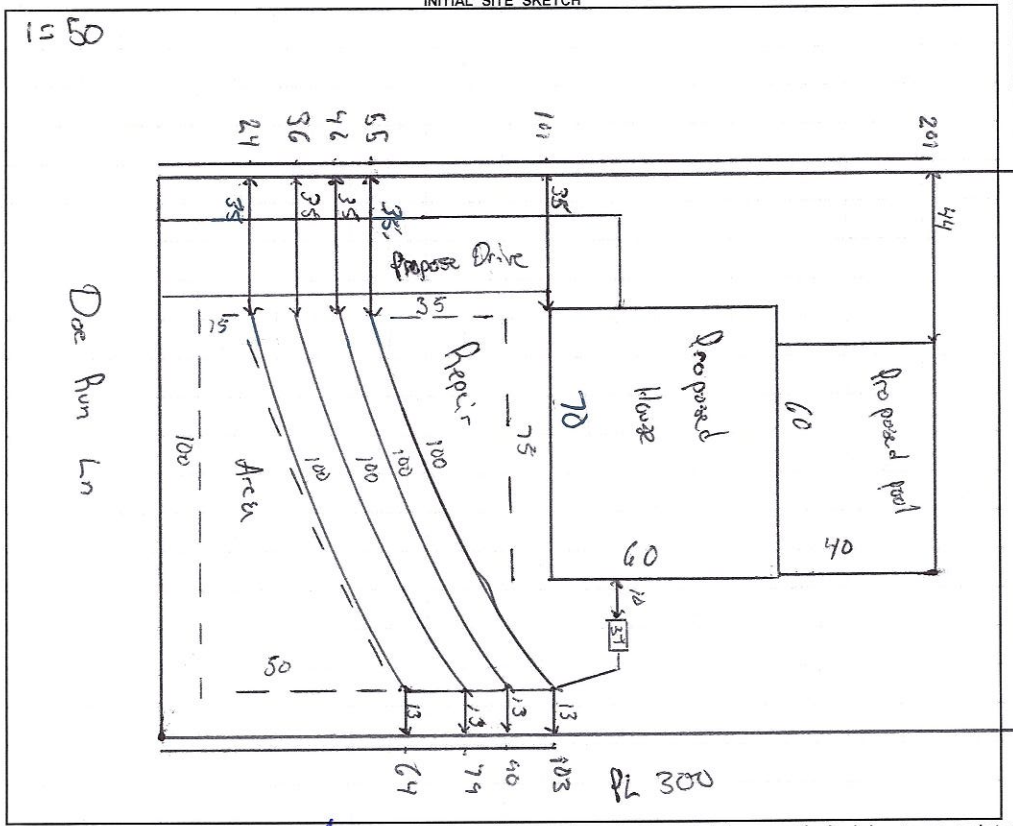
SUBDIVISION: Greystone Meadow | SECTION: 2 | LOT # 40 | LOT AREA: 1 AC | DESIGN FLOW: 480 | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 760	Date 2-20-23	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction - Gravity				☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description: 25% Reduction - Gravity				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 4		Linear Ft 400	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width 36 in	Trench Bottom Depth Max	36 in	Gravel Depth N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install on contour with serial distribution.
Do not drive, park, or construct on septic area.

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.

Installed as Shown

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: [signature] Date: 1/6/23 | Installed by: Neill Stutts

IMPROVEMENT PERMIT by: [signature] Date: 9/26/22 | OPERATION PERMIT by: Sidney Holland Date: 3/30/23

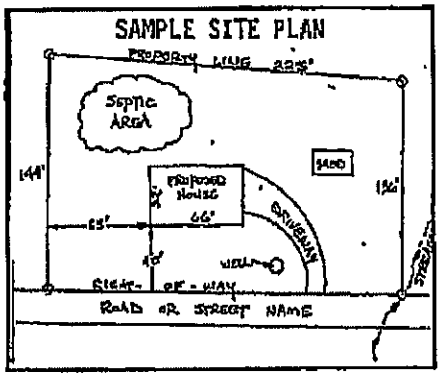
AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/9/22 | Existing System Inspected by: Date:

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!*



Place an (X) beside each item as you complete the site plan:

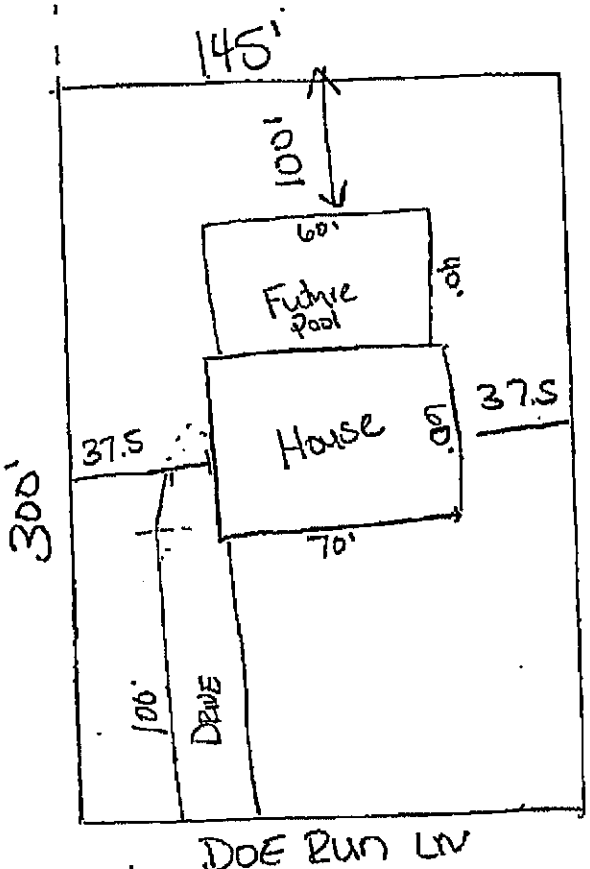
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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



Signature: Jeffrey — 7/26/22

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

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

Sheet 1 of 1
PROPERTY ID #: 2022-2436
COUNTY: Iredell

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

OWNER: Apsil Offone
ADDRESS: 172 Doe Run Ln
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 146 Doe Run Ln

APPLICATION DATE 7/26/22
DATE EVALUATED: 8/22/22
PROPERTY SIZE: 1 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) .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	LS 6%	0-10	SCL/GR	NS NP FR SE	-	46	-	few rocks at 14 in	PS .3
		10-34	C / SBK	SS SP FR SE					
		34-46	CL / SBK	SS SP FR SE					
2	LS 5%	0-6	SCL/GR	NS NP FR SE	-	50	-	-	PS .3
		6-32	C / SBK	SS SP FR SE					
		32-50	CL/SBK	SS SP FR SE					
3	LS 4%	0-6	SCL/GR	NS NP FR SE	-	46	-	-	PS .3
		6-46	C / SBK	S P FR SE					
4	LS 4%	0-8	SCL/GR	NS NP FR SE	-	50	Sap inclusions in CL	-	PS .3
		8-36	C / SBK	SS SP FR SE					
		36-50	CL / SBK	SS SP FR SE					

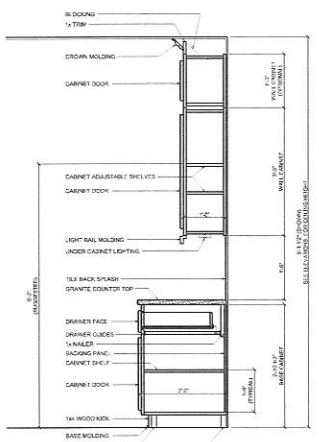
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	446	1480
System Type(s)	25%	50%
Site LTAR	.3	.3

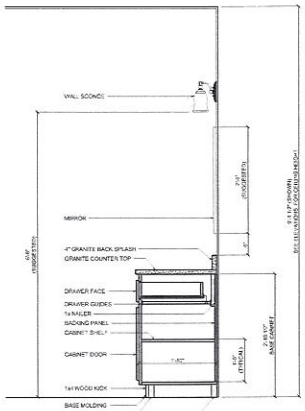
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew Wilkinson
OTHER(S) PRESENT:

COMMENTS:

146 Doe Run Ln Floor Plans

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" t PAPER SIZE

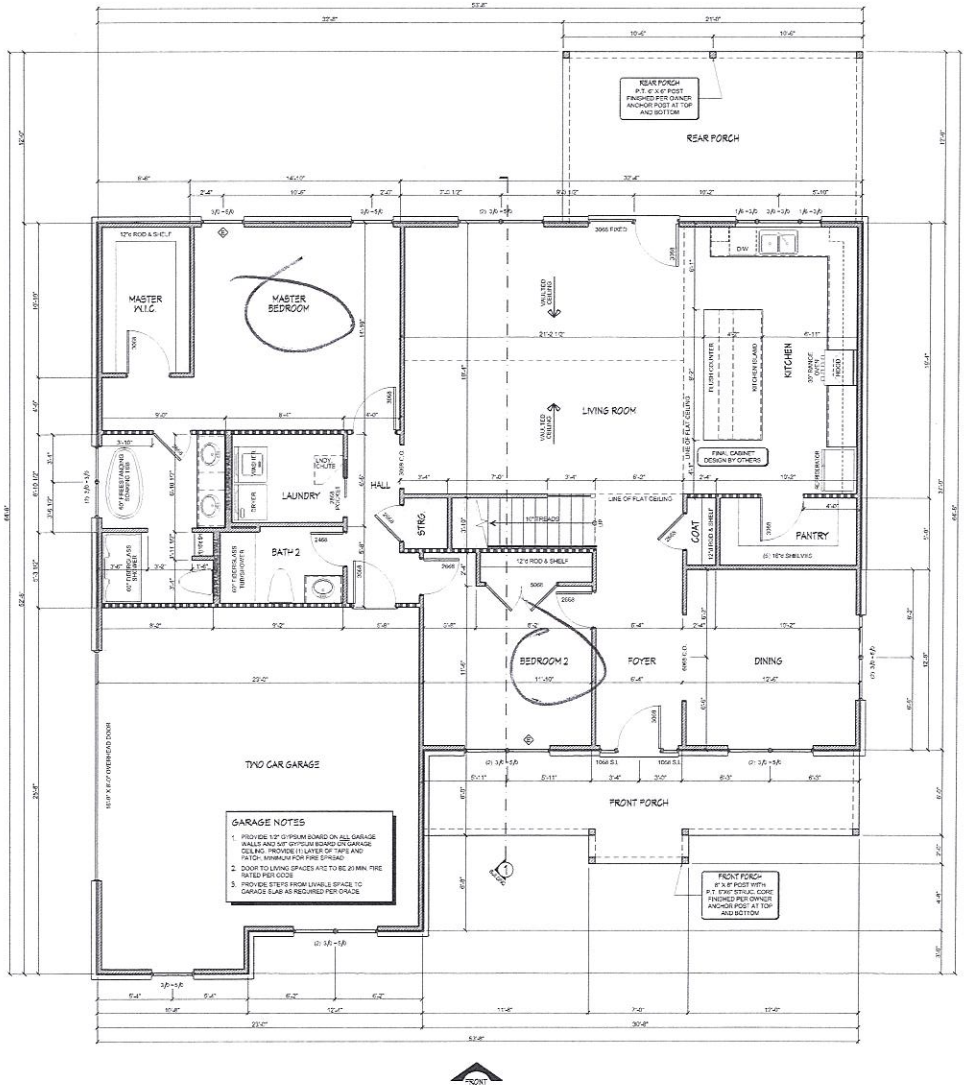




TYPICAL CABINET SECTION
SCALE 3/4"=1'-0"

NOTES
1. VERIFY ALL SHOWN CABINET ITEMS WITH OWNER
2. ALL CABINET FINISHES AND STYLES PER OWNER
3. COUNTERTOP MATERIAL AND COLORS PER OWNER
4. SEE PLAN FOR CABINET SIZES AND LAYOUT

Acknowledgement Of Plans Submittal ONLY!
Date 12/13/22
Date 1/6/22



FLOOR PLAN NOTES
1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, C.M.U. WALL, VENEER OR PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD W/ WALL FINISHES. SIDINGS OR VENEERS ARE ASSUMED
3. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS.
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
5. VERIFY ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
7. CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE
8. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X6 @ 16" O.C., TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 @ 16" O.C., TYP. UNLESS NOTED OTHERWISE
12. DOUBLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.

EGRESS NOTE
E SYMBOL INDICATES THAT THE WINDOW MUST MEET EMERGENCY EGRESS REQUIREMENTS PER LOCAL BUILDING CODES. SEE WINDOW MANUFACTURERS DESIGN MANUAL FOR FURTHER DETAILS / INFORMATION. WINDOW SIZE MAY BE ADJUSTED IF SIZE SHOWN IS INADEQUATE TO MEET LOCAL REQUIREMENTS

DOOR NOTES
DOOR HEIGHT FEET & INCHES (6'-8")
DOOR WIDTH FEET & INCHES (2'-6")
1. PROVIDE WEATHER STRIPPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

WALL LEDGED
NON - LOAD BEARING STUD WALL
LOAD BEARING STUD WALL (INTERIOR)

GARAGE NOTES
1. PROVIDE 1/2" GYPSUM BOARD ON ALL GARAGE WALLS AND 5/8" GYPSUM BOARD ON GARAGE CEILING. PROVIDE (1) LAYER OF TAPE AND PATCH - MINIMUM FOR FIRE SPREAD
2. DOOR TO LIVING SPACES ARE TO BE 20 MIN. FIRE RATED PER CODE
3. PROVIDE STEPS FROM LIVABLE SPACE TO GARAGE SLAB AS REQUIRED PER GRADE

ISSUED FOR CONSTRUCTION

D&T HOME DESIGNS

DESIGNER
Phone: (704)-253-8080
eMail: DTHomeDesigns@DNet.com

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE, ARE AND SHALL REMAIN THE PROPERTY OF D&T HOME DESIGNS, LLC. ALL RIGHTS RESTRICTED. THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT THE WRITTEN AUTHORIZATION OF D&T HOME DESIGNS, LLC

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SQUARE FOOTAGE

Heated - Main Level	1730 S.F.
Heated - Upper Level	1037 S.F.
Front Covered Porch	196 S.F.
Rear Covered Porch	262 S.F.
Garage	553 S.F.
Finished Attic Storage	267 S.F.
Total Heated -	2777 S.F.
Total Under Roof -	4067 S.F.

REVISIONS

No.	Date	By	Description

Drawn By: DRG | Issue Date: 11.20.22

Customer Name:
OTTONE

146 Doe Run Lane
Statesville, North Carolina

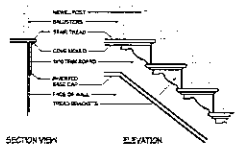
Plan Design Number:
R-2022-190

Sheet Title:
MAIN LEVEL FLOOR PLAN
SCALE: 1/4"=1'-0"

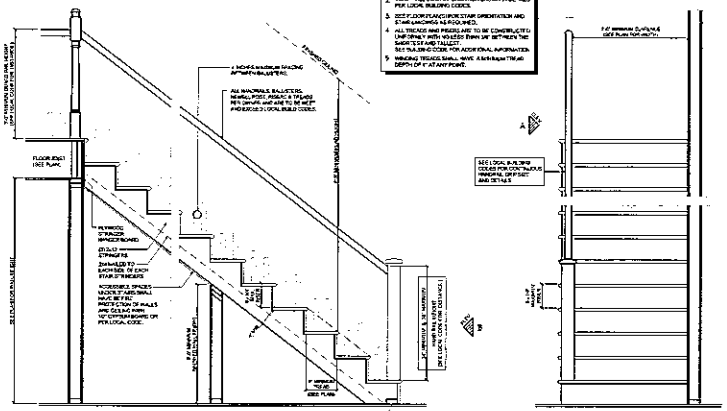
Sheet No.:
B3.0

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" l PAPER SIZE

ISSUED FOR CONSTRUCTION

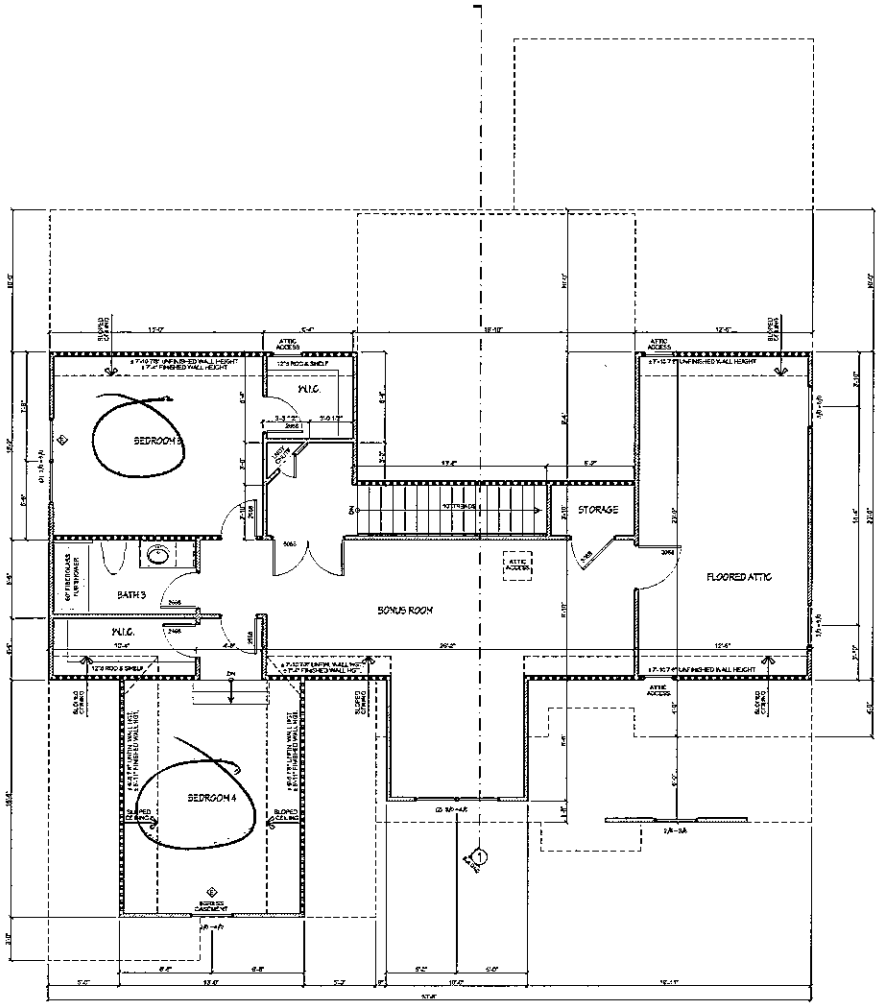


TYPICAL STAIR TRIM DETAIL
SCALE: 3/4"=1'-0"



TYPICAL INTERIOR STAIR SECTION
NOT TO SCALE

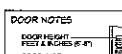
STAIR NOTES
1. THIS SECTION IS TYPICAL IN NATURE, MEET LOCAL BUILDING CODES AND PLANS FOR INFORMATION.
2. VERIFY ALL STAIR INFORMATION SHOWN IN DETAILS PER LOCAL BUILDING CODES.
3. SEE FLOOR PLANS FOR STAIR ORIENTATION AND DIMENSIONS AS REQUIRED.
4. ALL TREADS AND RISERS ARE TO BE CONSTRUCTED UNIFORMLY WITH NO MORE THAN 3/8" BETWEEN THE SMALLEST AND TALLEST.
SEE BUILDING CODE FOR ADDITIONAL INFORMATION.
5. WINDING TREADS SHALL HAVE A MINIMUM TREAD DEPTH OF 6" AT ANY POINT.



FLOOR PLAN NOTES
1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, C.M.U. WALL, VENEER OR FACE STUD AS WALL OR OUTSIDE FACE OF STUD NO WALL FINISHES, SIDINGS OR VENEERS ARE ASSUMED
3. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS.
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING
5. VERIFY ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
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9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X4 @ 16" O.C., TYP. UNLESS NOTED OTHERWISE
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DOOR NOTES



1. PROVIDE WEATHER STRIPPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLES WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

WALL LEDGED
NON - LOAD BEARING STUD WALL
LOAD BEARING STUD WALL (INTERIOR)

D&T HOME DESIGNS

DESIGNER:
Phone: (704)-253-8080
eMail: DTHomeDesigns@Gmail.Com

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SQUARE FOOTAGE

Heated - Main Level	1729 S.F.
Heated - Upper Level	1622 S.F.
Front Covered Porch	126 S.F.
Rear Covered Porch	252 S.F.
Garage	901 S.F.
Heated Attic Storage	281 S.F.
Total Heated =	3779 S.F.
Total Under Roof =	4307 S.F.

REVISIONS

No	Date	No	Description

Drawn By: DRG | Issue Date: 11.20.22

Customer Name:
OTTONE

146 Doe Run Lane
Statesville, North Carolina

Plan Design Number:
R-2022-190

Sheet Title:
UPPER LEVEL FLOOR PLAN
SCALE: 1/4"=1'-0"

Sheet No.:
B3.1

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
(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(I) 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: April Ottone Address: 172 Doe Run Ln Zip: 28625
Applicant Email: keenishome.nc@gmail.com Phone: 704 883 6938 Alt. Phone: _____
Owner Name: Amber Keller Address: 109 W Dundee Ct Zip: 28625
Owner Email: _____ Phone: 704 880 8695 Alt. Phone: _____

Property Information:

Street Address: 146 Doe Run Ln Statesville, NC 28625.
Subdivision Name: Grayston Meadows Section/Phase: S2 Lot Number: 40
Driving Directions: Hwy 21 → Shumaker → L to Doe Run

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2500 Max. Number of Employees: ___ Max. Number of Seats/Beds/Other: 4

CHECK FOUNDATION TYPE

(X) 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 (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: _____ 7/26/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Ronda Keller, am the legal owner(s) of the property located at 146 Doe Run Ln, identified as

PIN (Parcel Identification Number) 4747422835, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) April Ottun _____, 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.

Ronda Keller _____ 7/26/22
Signature of Owner(s) Date

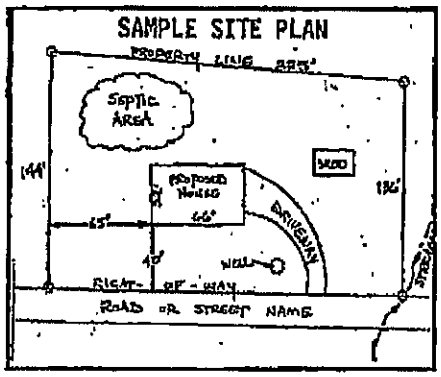
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

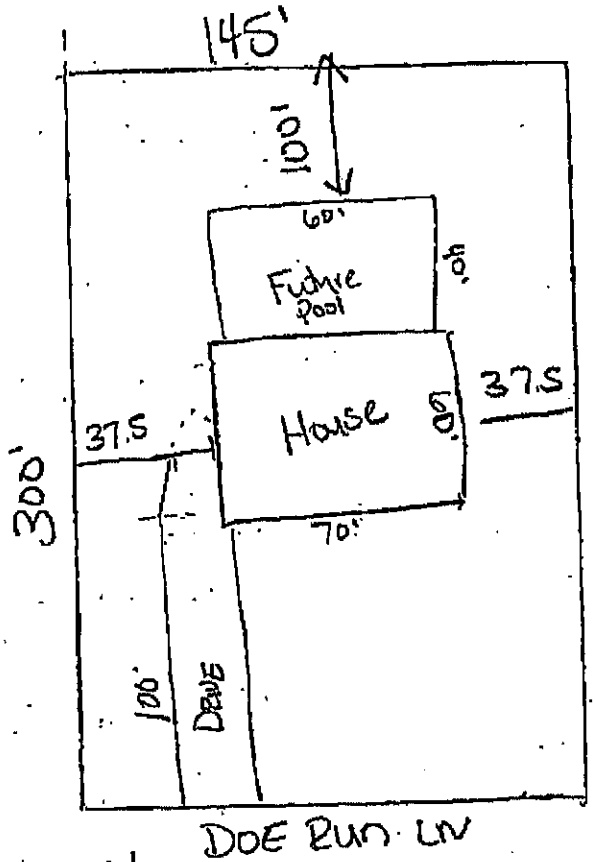
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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



Signature: _____ 7/26/22

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

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, Andrea Keller, am the legal owner(s) of the property located at 146 Doe Run Ln, identified as

PIN (Parcel Identification Number) 4747422835, located in Iredell County, North Carolina.

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

Andrea Keller
Signature of Owner(s)

7/26/22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

AO **Complete all Environmental Health forms:**
- _____ Application
- _____ Site Plan including the dimensions of proposed structure, addition, pool etc.
- _____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- _____ Copy of Zoning Permit when applicable
- _____ Sign this sheet after you have completed all items

AO **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

AO **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified prior to application submittal (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

AO **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

AO If an **Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 7/26/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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)
no

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 2

Please describe project (Details, Purpose, or Use): Single Family Home

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

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

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

Owner Information

Property Owner's Name Amber Keller Phone # _____

Owner's Current Address 109 W Dundee Ct

Property Information

Property Address 146 Doe Run Parcel # 4747422835

Subdivision: Graystone Lot: 40 Zoning: ____ Watershed: Y / N Flood Plain: Y / N Township: _____

Directions to property (from a MAIN ROAD) Hwy 21, Shumaker, Left on Doe Run

Application Information

Applicant's Name or Company April Ottem Applicant's Phone # 704 883 6938

Applicant's Address 172 Doe Run Ln. 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 _____ DATE 7/27/22



Tax Map Information

• PIN	4747422835.000
• Address	DOE RUN LN
• Account #	Acct 80087651
• Tax Owner	KELLER DAVID V II
• Mailing Address	109 W DUNDEE CT
•	STATESVILLE, NC 28625
• GIS Owner	KELLER DAVID V II+AMBER B
• Deed Info	2871 / 1854 - WD - 20211116
• Tax Acres	1 AC
• Lot #	40
• Description	GRAYSTONE MEADOW S2 SHT2 PB19-17-17A
• Zoning	R20
• Old Parcel #	1110F05000A040
• Bldg Value	$0
• OBXF Value	$0
• Land Value	$40,000
• Total Value	$40,000
• Defer Value	$0
• Tax Districts	-ALLCOUNTY FIRE- -

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.