ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 324873

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

PIN # 4747 -- 42 -- 9852

APPLICANT/OWNER: Beau Blackwelder / Jonathan Stoner APPLICANT ADDRESS: 242 Coolbrook Rd, Union Grove NC 28689

SITE ADDRESS: 118 Doe Run Lane, Statesville NC 28625 PHONE: 704-657-8031 ALT. PHONE 440-829-4350

SITE DIRECTIONS: I-77N → exit 54 → (L) NC21 → (R) Houpe → (R) Whites Farm → (L) Doe Run → lot on (R) SAP CONTROLLED: [ ] YES / [X] NO

SUBDIVISION: Graystone Meadow SECTION: 1 LOT# 45 LOT AREA: 1ac DESIGN FLOW: 480 gpd L.T.A.R.: EXISTING

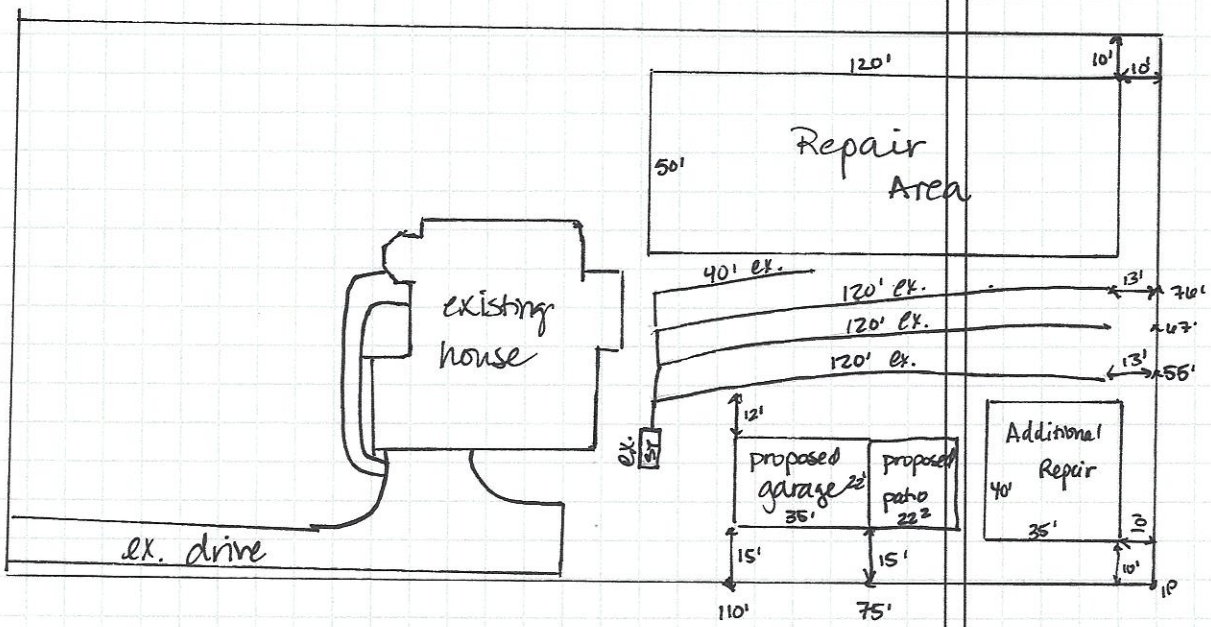
Septic Tank	EXISTING (gal)	STB	Date	[ ] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:			EXISTING (25% red)	[ ] Business	No. Persons	8	[ ] Private
Pump Make	Model		Serial #	Repair System Description:			Redesignation - 25% red.	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required:	[ ] YES	[ ] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	Trench Bottom Depth (Low side)			Gravel Depth	[ ] GRAVITY	[ ] PRESSURE		[ ] Basement w/ plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: Purpose of this permit is to redesignate the repair area. Proposed outbuilding/garage does not impact the existing field & the repair area is still sufficient to support a 25% reduction system.

INITIAL SITE SKETCH

1" = 50'

ex = existing



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Beau Blackwelder Date: 7/7/22 Installed by: David Yountz

IMPROVEMENT PERMIT by: D. Wieberg Date: 4/7/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 4/7/22 D. Wieberg Date: 4/7/22

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

"Called Ready" RECEIVED JAN 24 2022

3/24/22

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED AP- 324873 Eval.

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Paid $250.00 Rpr Area

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Beau Blackwelder **Address:** 242 Coolbrook Road, Union Grove, NC **Zip:** 28689

Applicant Email: rocksolidcontracting@outlook.com **Phone:** 704-657-8031 **Alt. Phone:**

Owner Name: Jonathan Stoner **Address:** 118 Doe Run Ln **Zip:** 28625

Owner Email: stonerjj@mac.com **Phone:** 440 829 4350 **Alt. Phone:**

Property Information:

Street Address: 118 Doe Run Ln

Subdivision Name: Graystone Meadow **Section/Phase:** **Lot Number:** 45

Driving Directions: 21N to Shumaker Rd // Continue on White's Farm Rd // Left on Doe Run

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms:
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: Number of Persons:
( ) Multi-connection Well Number of Houses:
( ) 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: 2007
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Relocate Repair Area

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: Beau Blackwelder 1/21/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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*) _____

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, Jonathan Stoner, am the legal owner(s) of the property located at 118 Doe Run Ln, identified as PIN (Parcel Identification Number) 4747-42-9852, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Beau Blackwelder, Rock Solid Contracting LLC, 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.

Jonathan Stoner — Signature of Owner(s)

March 29, 2022 — Date

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

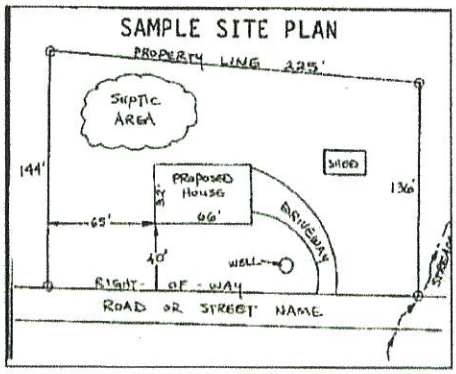
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

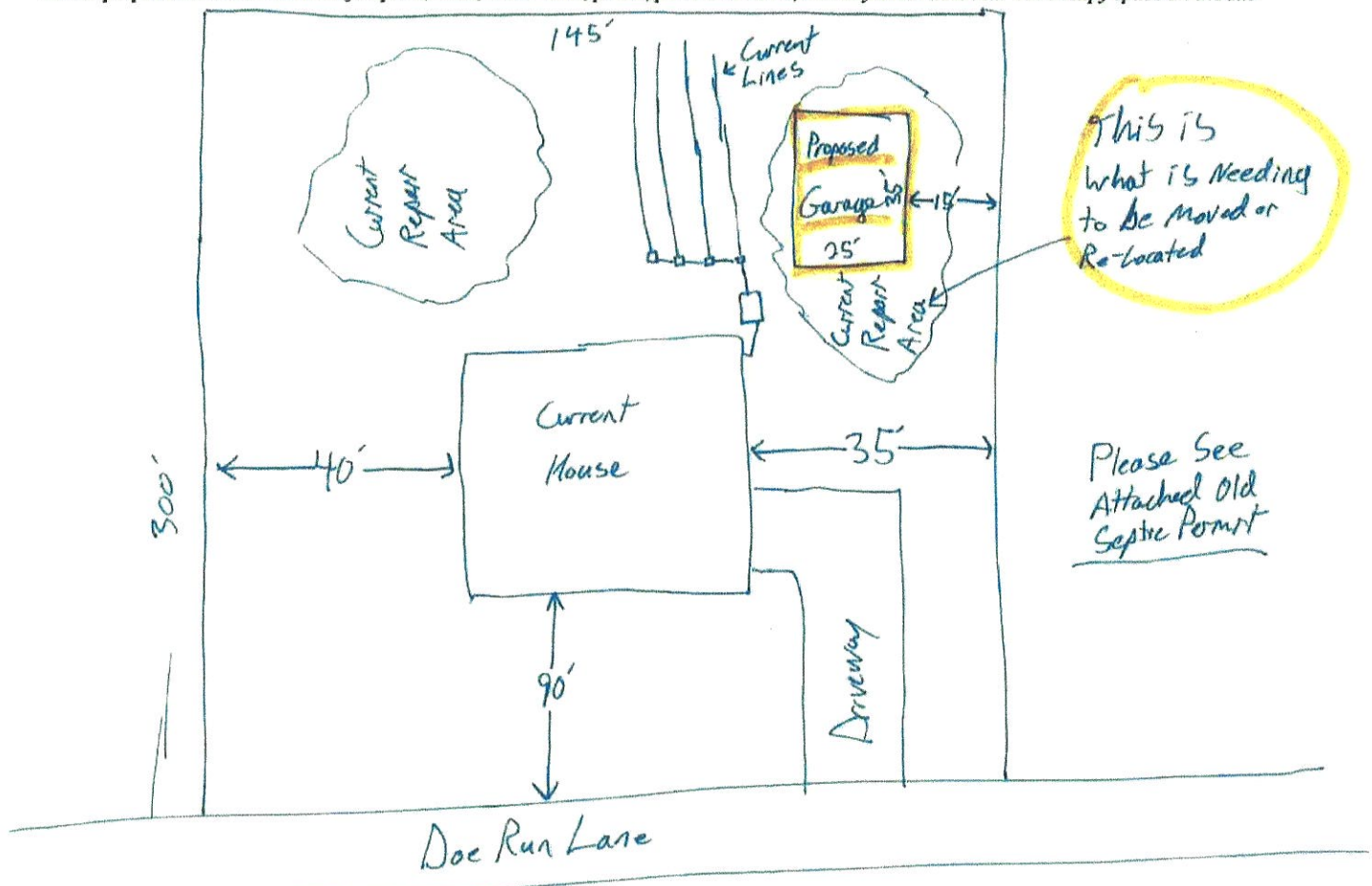
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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



Signature: Beau Blackmer

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

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 CI MOORESVILLE 704-664-5281

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

PERMIT# 118076 PIN# 4947-42-9852 DATE 3/9/04

OWNER OR CONTRACTOR Chris Davidson PHONE: Business (704) 363-2634 Home

ADDRESS P.O. Box 5602 Statesville N.C. 28687

LOCATION Hwy 21 N. (L) Shumaker Rd to White Farm Rd (R) Doe Run 2nd lot on Right

SUBDIVISION Cottonstone Meadows BLOCK / SECTION — LOT 45 LOT AREA 1.0 Ac SITE CLASS. P8 DESIGN FLOW 480 L.T.A.R. .30 lpd

Septic Tank: 1000 Gallons: STB 1012 Date 9-20-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Conventional trench

Repair System Description: Pump 25% reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

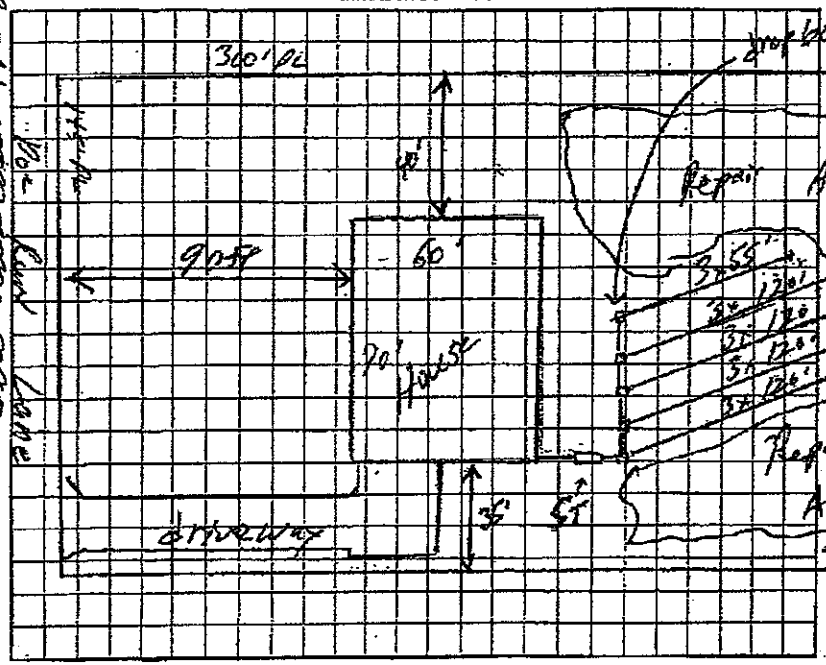
Comments/Conditions:

Comments/Conditions:

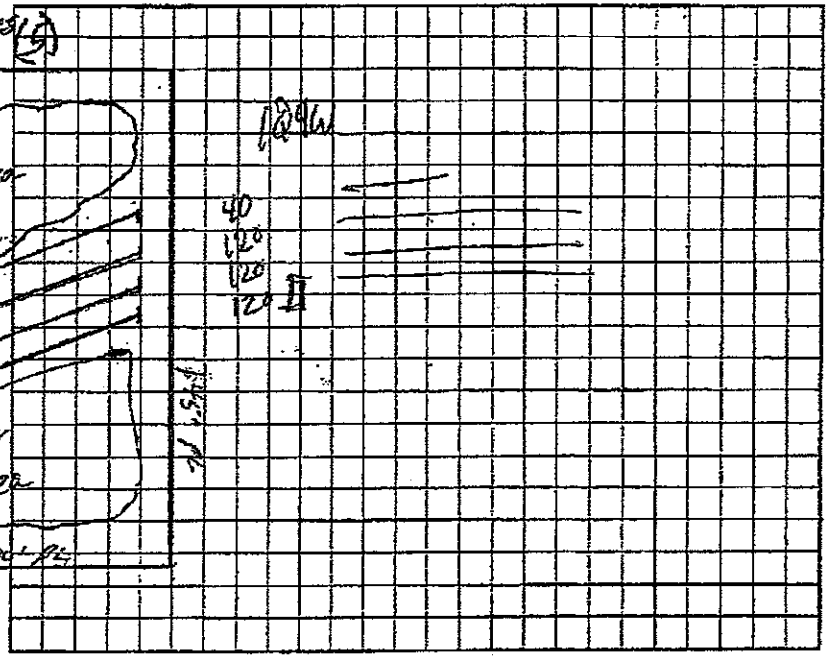
35' marked Yellow Filter

Site Address: 118 Doe Run Ln.

INITIAL SITE SKETCH



AS BUILT SKETCH



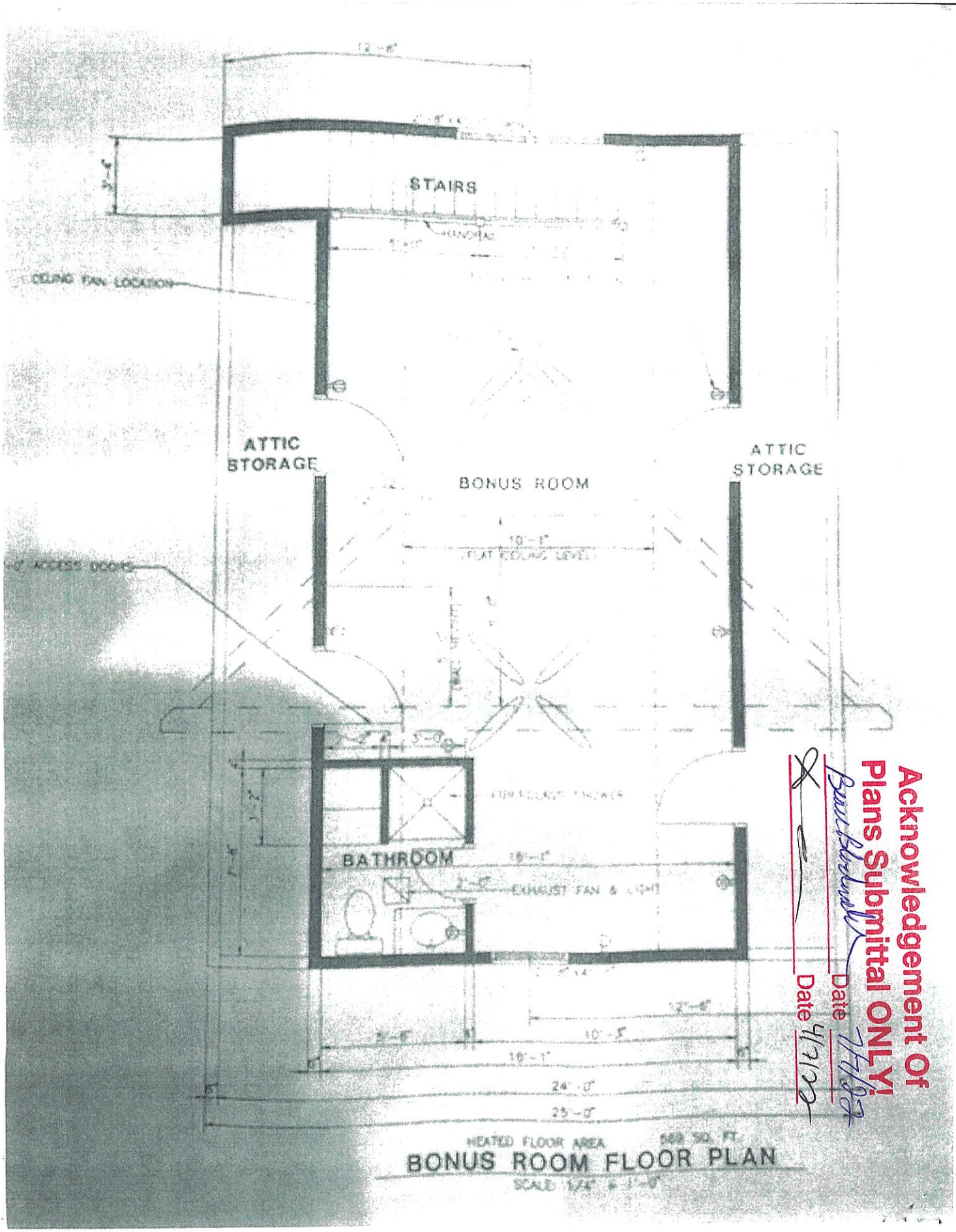
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 3/9/04 Installed by: David Bivins

Improvement Permit by: date 3/9/04 Operation Permit by: date 4-4-07

Authorization to Construct by: date 7-7-00 Existing System Inspection by: date

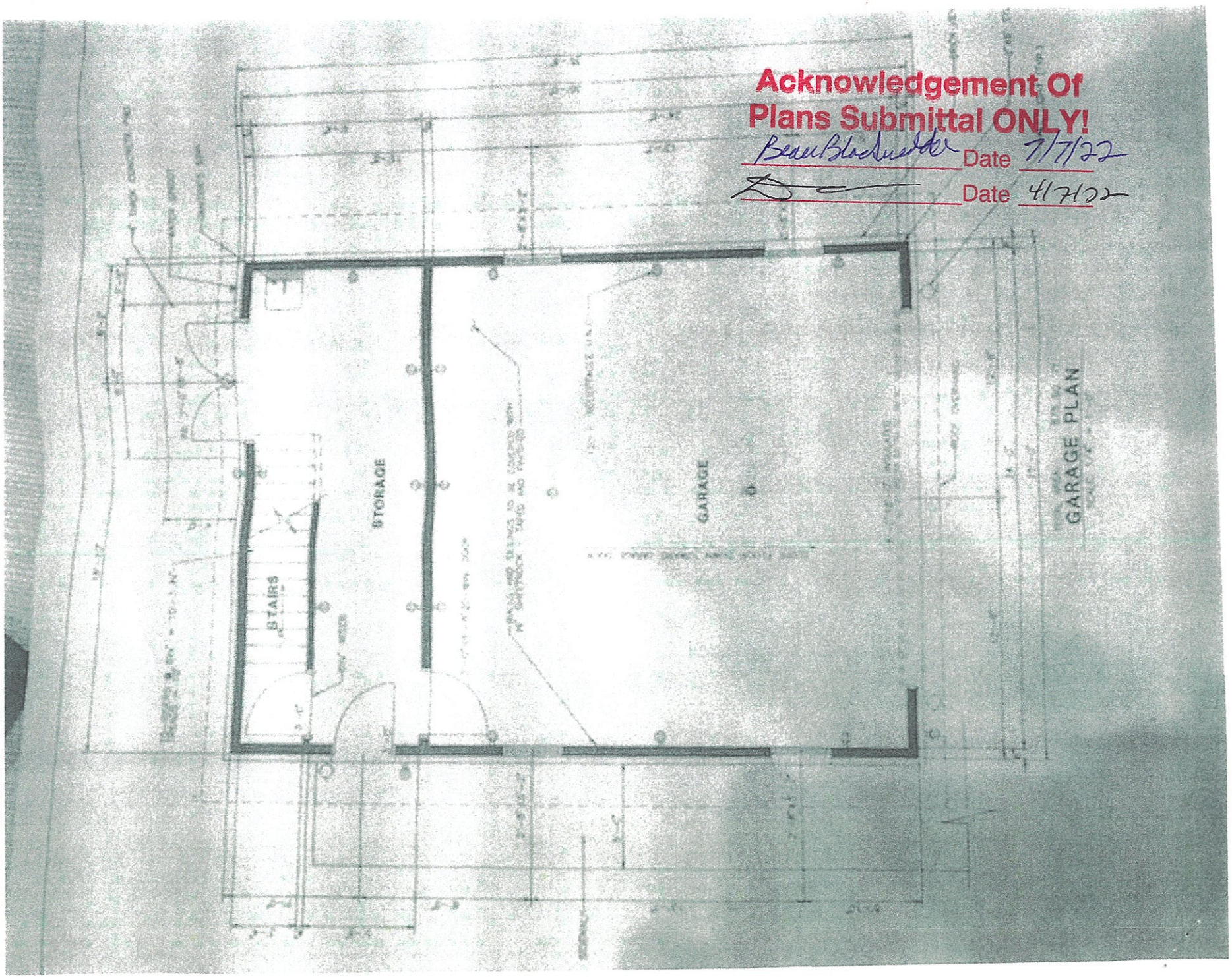
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK



Acknowledgement of Plans Submittal ONLY!

Date 4/21/22

Date 4/21/22



Acknowledgement Of
Plans Submittal ONLY!
Beau Blackwelder Date 7/7/22
Date 4/7/22

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324873
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4747429852.000	118 DOE RUN LN	Iredell County

Owner Information	Applicant Information
Name: STONER KRISTEN RENEE+JONATHAN J	Name: STONER KRISTEN RENEE+JONATHAN J
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Accessory Building	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1	0	10	10	10		NO

Remarks

DETACHED GARAGE

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25' of a side street on a corner lot. Shall not be erected within 10' of any line not a street line or within 10' of any other building on the same lot. Shall not be erected within the 50' buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150'from the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30' from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure

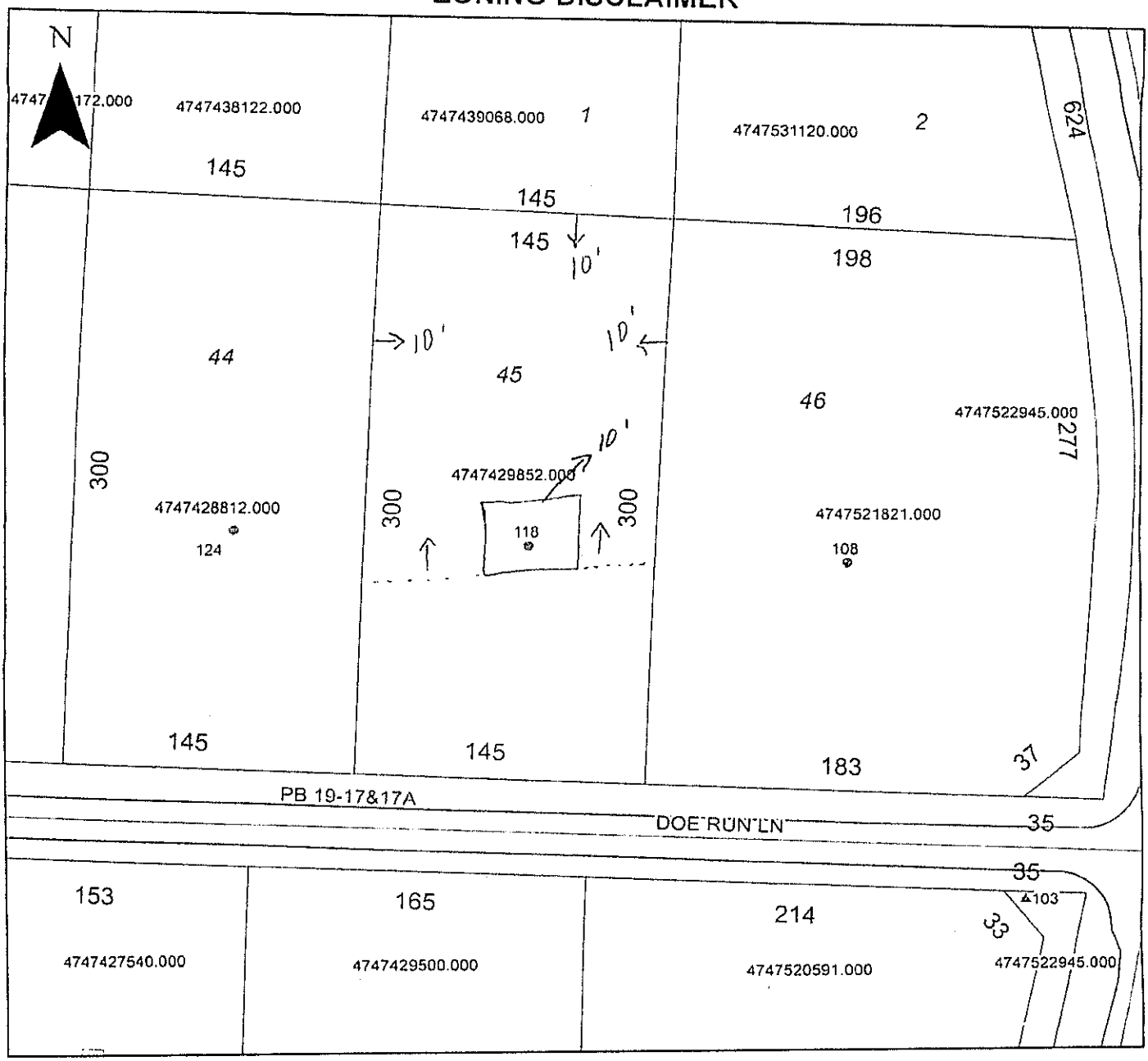
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 01/24/2022

Signature of Owner/Contractor

Permit Number	324873	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 118 Doe Run Ln

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.

Applicant

1/24/22
Date