IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 246857

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

PIN # 4736434502

APPLICANT/OWNER: April Ortone APPLICANT ADDRESS: 155 Poplar Leaf Ln

SITE ADDRESS: 199 Carters Farm PHONE: 704-885-6938 ALT. PHONE

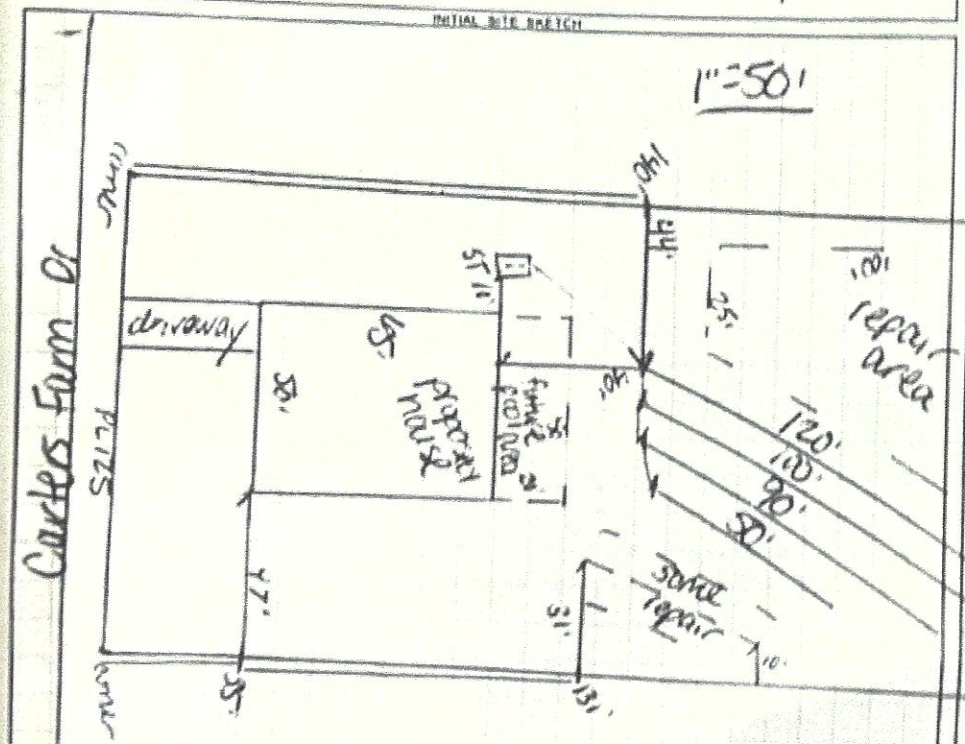
SITE DIRECTIONS: 64 → Bell Farm → R on Skyland → R on Carters Farm → 0.1L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Carters Farm SECTION: 1 LOT # 39 LOT AREA: 1.164 ac DESIGN FLOW: 360gpd LTAR .125

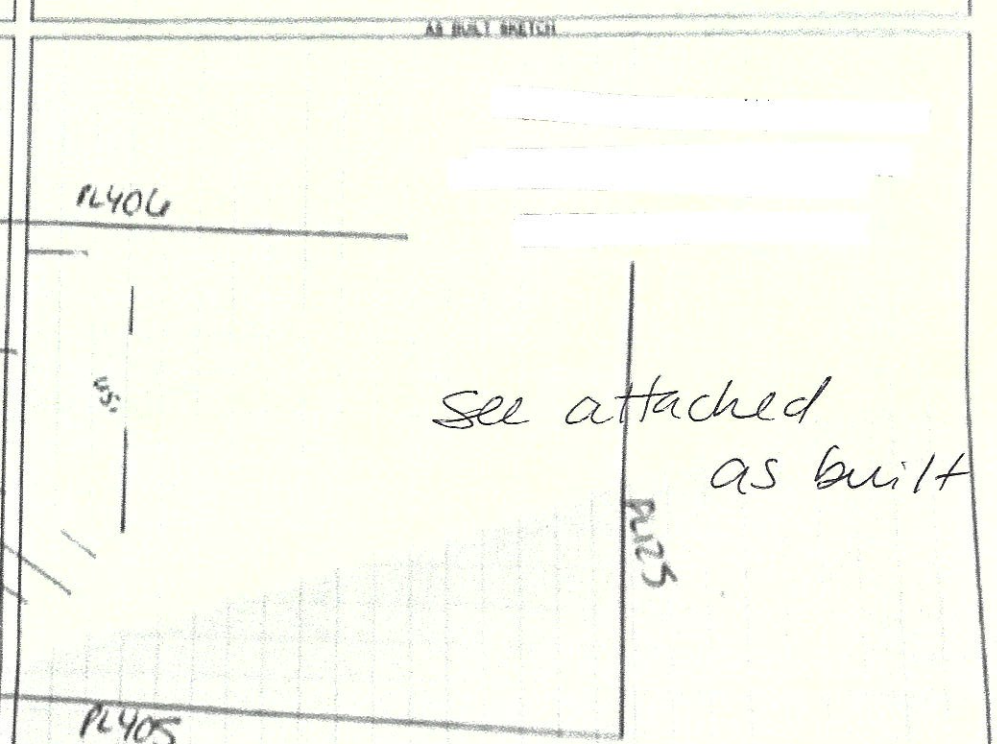
Septic Tank	1000	(gal)	STB		Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date	System Description:	25% reduction	☐ Business	No. Persons	6	☐ Private
Pump Make		Model			Serial #	Repair System Description:	GravEZ	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4		Linear Ft	360	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	3'0"	Trench Bottom Depth(Low side)	24"		Gravel Depth		☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on contour; utilize serial distribution. 24" max trench bottom depth.

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 to the installation of the system CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT *with plot* 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: April Ortone Date: 11-18-19 Installed by: Neil Stutts

IMPROVEMENT PERMIT by: Carlen C. Cave Date: 8-2019 OPERATION PERMIT by: D. McKay Bridges

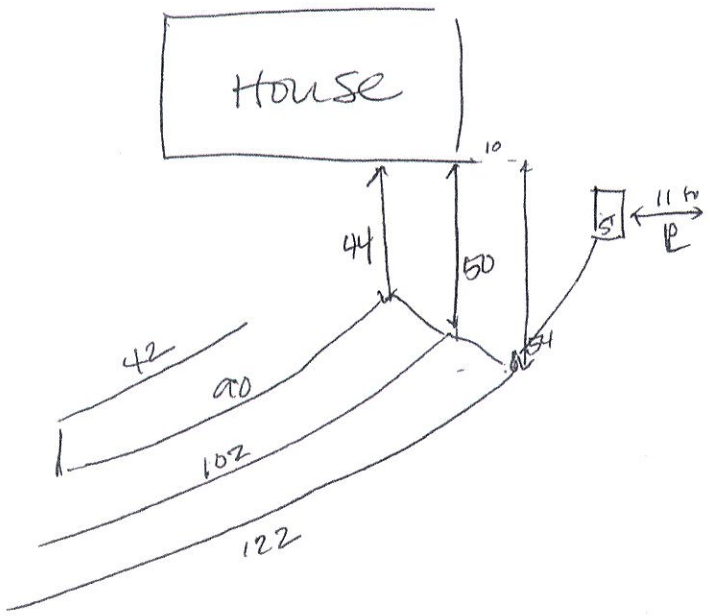
AUTHORIZATION TO CONSTRUCT by: James Boggs Date: 1/13/22 Existing System Inspected by: Date

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

MUNIS 246857

199 Carters Farm

Shoaf Two 4/2/22



Neil Stutts, Stutts Grading

Inspected 6/9/22 D. Wieberg

Carter's Farm Lot 39

As Built

246857

12745

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* $pd 500

(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)

1. **APPLICATION FOR:** ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

*David Yountz will dig holes! 434-962-9852

3. **Applicant Information:**

April Ottone	155 Poplar Leaf Ln	704-883-6938	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
June Reeves	1531 Mocksville Hwy		704-929-0922
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

199 Carters Farm	Carters Farm	39
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 1649 to Bell Farm. Approx 1.5mi, Skyland on right. .5mi, Carters Farm on right.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- X Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative X Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **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. industry) 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.

9. **Signature:** _____ 7-19-19
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

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.

I, June Reeves, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4764345908, located in Iredell County, North Carolina.

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

June Reeves 7-19-19
Signature of Owner(s) Date

[signature] 7.19.19
Signature of Witness Date

Please return this signed form to the appropriate office:

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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

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

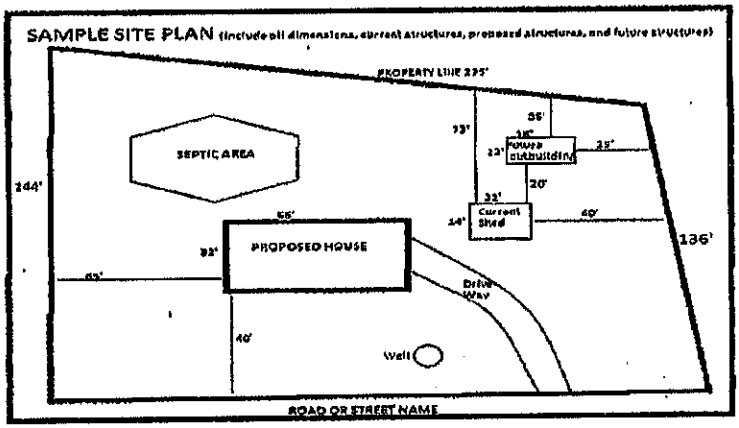
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

_____ **Area you prefer your septic system to be placed...** _____ **North arrow, or other sufficient indicator of direction...**

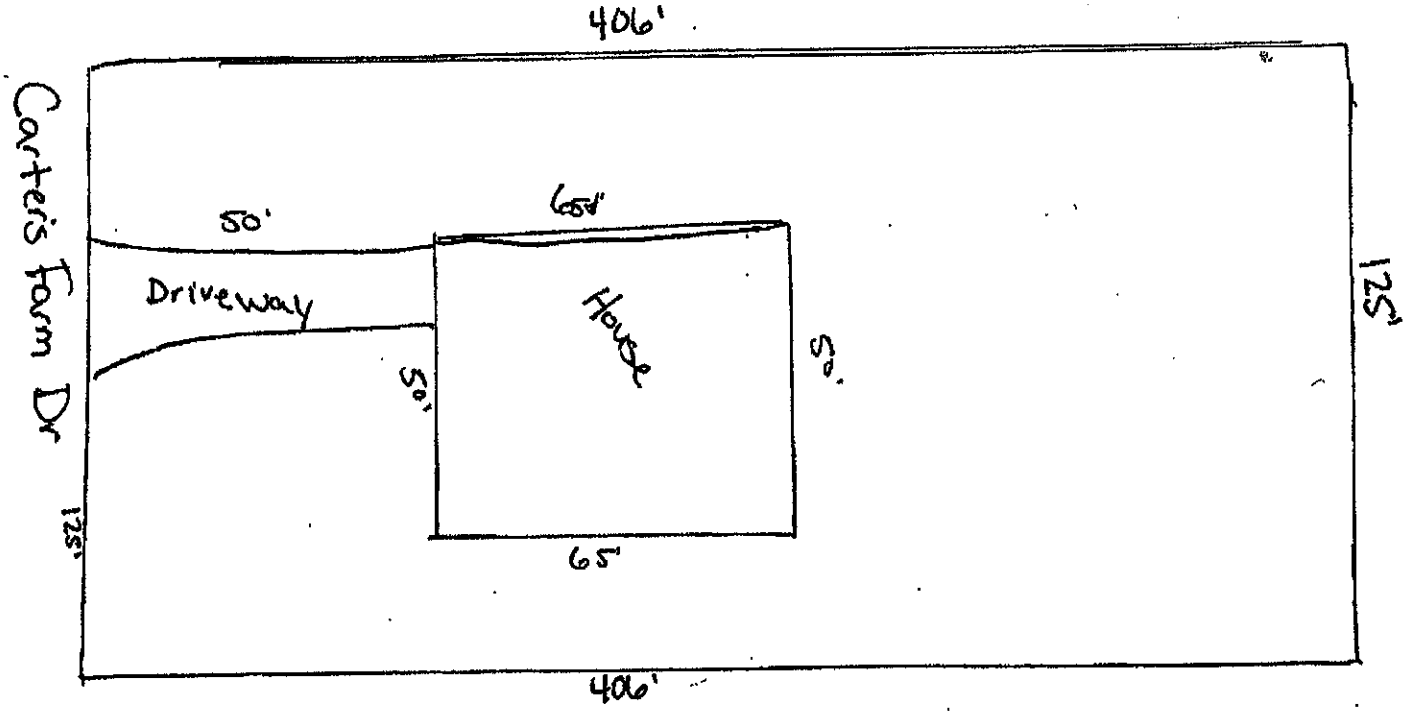
Circle N/A on the following if appropriate:

_____ **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



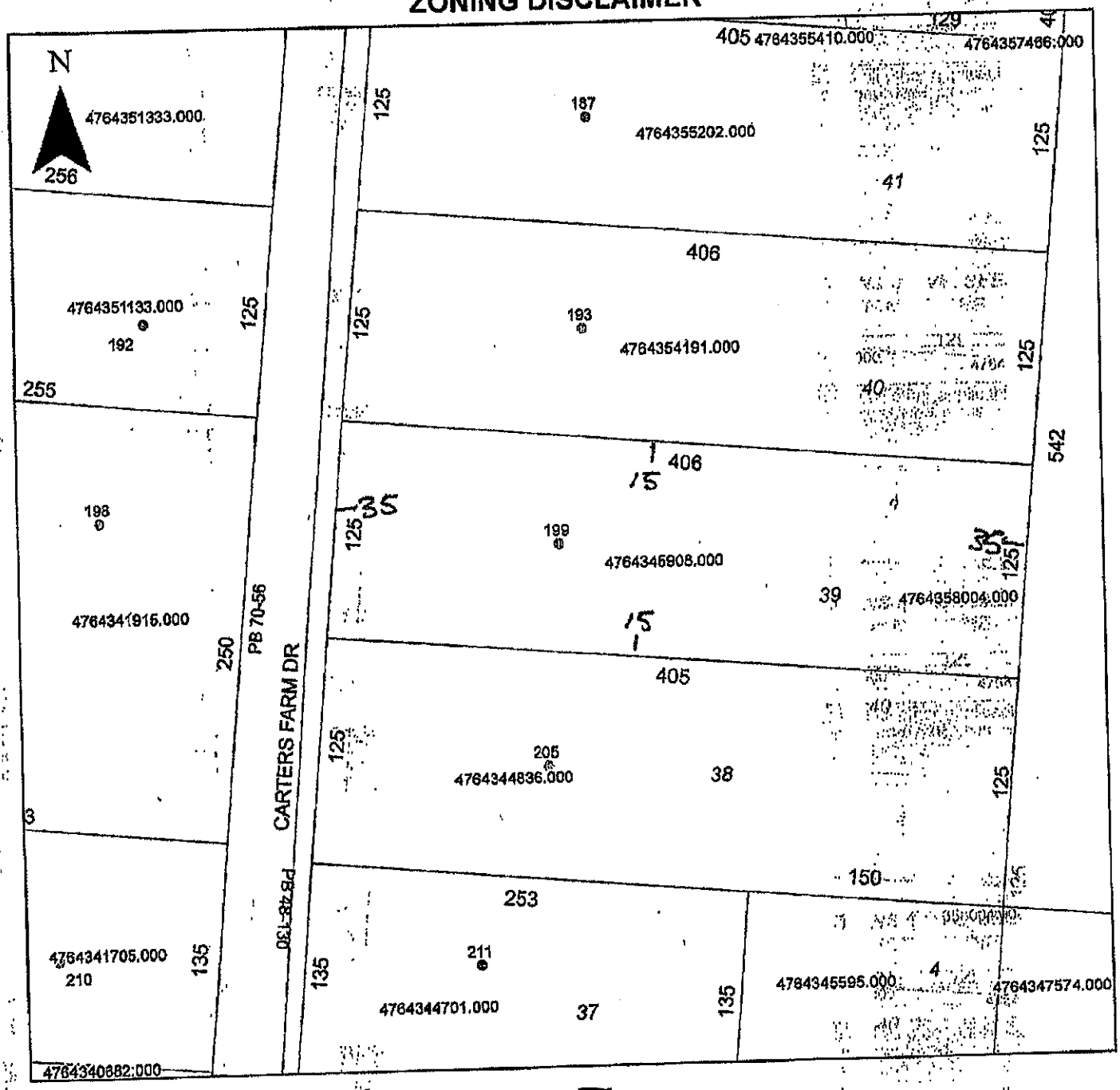
Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

7-19-19

DATE

ZONING DISCLAIMER



Property Address 199 Carters Farm

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

7-19-19
Date

IREDELL COUNTY

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

APPLICATION NUMBER
246857
Issue Date: 07/19/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4764345908.000	199 CARTERS FARM DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: REEVES WADE WILBUR JR+JUNE S	Applicant: OTTONE, APRIL
Address: 192 CHARLIE REEVES RD	Address: 199 CARTERS FARM
HARMONY, NC 28634	STATESVILLE, NC 28625
Phone:	Phone: 704-883-6938

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.164	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	185875	TOTAL FEES	$ 77.25