ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (88) Mooresville Office (704) 660-3625 PERMIT # 305083

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

PIN # 4820216945

APPLICANT/OWNER: Leah Doan APPLICANT ADDRESS: 279 Hicks Rd, Statesville

SITE ADDRESS: 152 Rambling Ln, Statesville 28625 PHONE: 336-755-9929 ALT. PHONE —

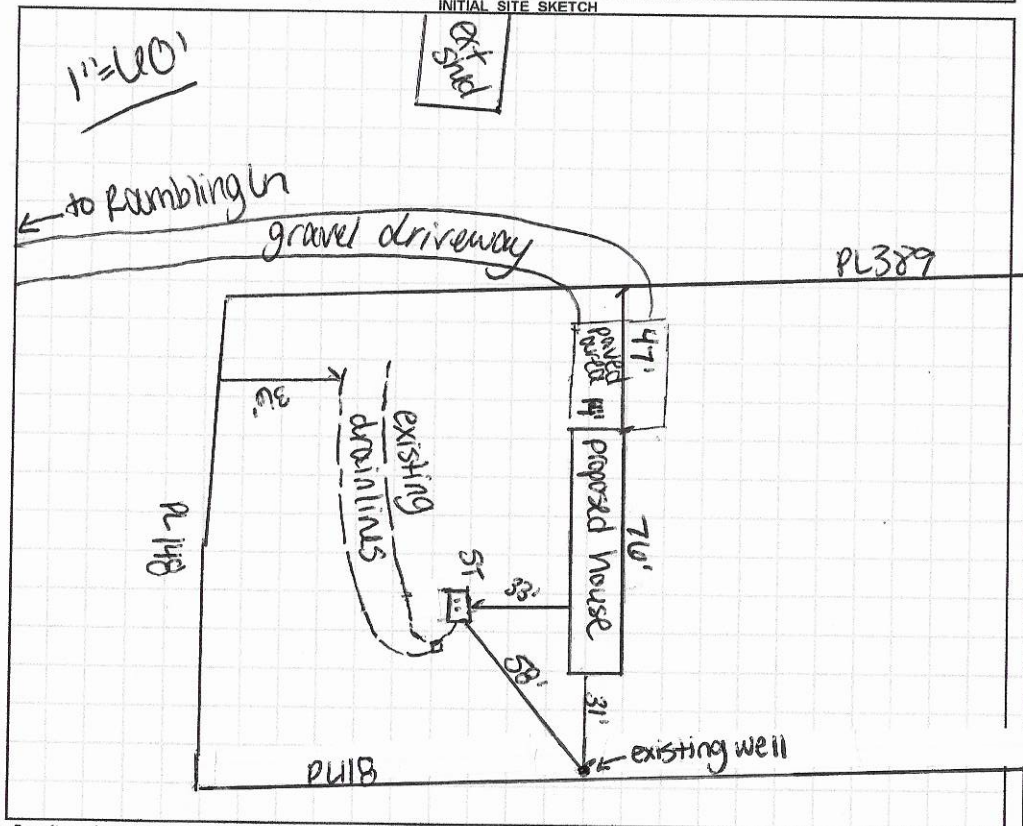
SITE DIRECTIONS: 115N → R on Wilson Farm → L on Hicks → L on Rambling Ln → on R SAP CONTROLLED: ☐ YES ext ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.33ac DESIGN FLOW: ext L.T.A.R.: ext

Septic Tank		(gal)	STB		Date	☐ 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:				☐ Business	No. Persons	4	☑ Private				
Pump Make		Model			Serial #	Repair System Description: existing				☐ Other	No. Employees		☐ Public				
# Nitrification Fields	ext	#Lines			Linear Ft	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☑ Crawl Space (ext)		☐ Community				
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth ext		☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing				

Comments / Conditions: System functioning properly at time of inspection. Maintain minimum 5' from septic with new home.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

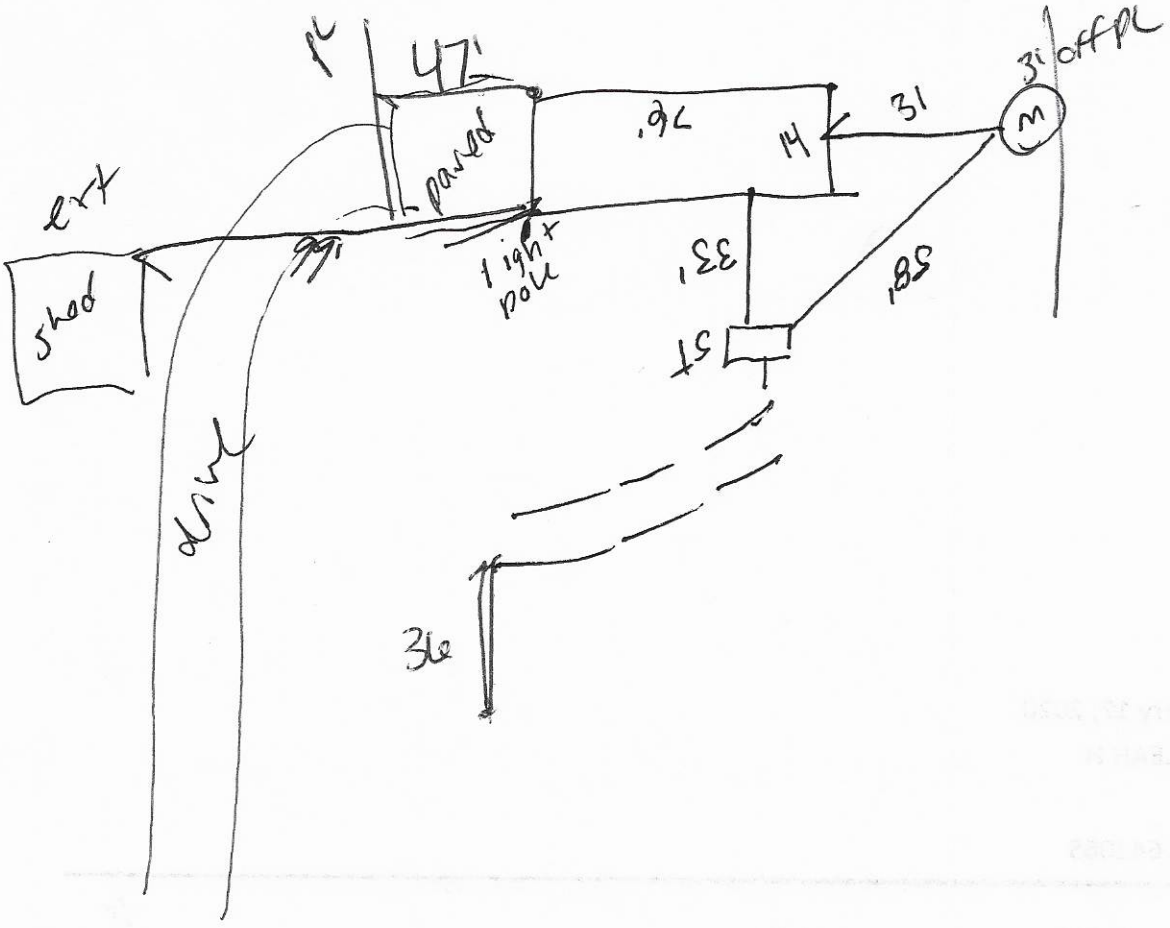
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Leah H. Doan Date: — Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Carla C. Nicks Date: 3-3-20

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


47'
paved
.92
14
31
3' off PL
M
ext
shed
light pole
33'
.85
37
wind
36

RECEIVED FEB 17 2020 AP-305083 $250

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 ( ) 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: Leah Doan **Address:** 279 Hicks Rd. Statesville **Zip:** 28625
Applicant Email: leahrachel1213@gmail **Phone:** 336-755-9929 **Alt. Phone:** 704-252-1295
Owner Name: Ashley & Leah Doan **Address:** 279 Hicks Rd. **Zip:** 28625
Owner Email: _____ **Phone:** 704-252-1295 **Alt. Phone:** 336-755-9929

Property Information:

Street Address: 152 Rambling Ln. Statesville, NC 28625

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Hwy 115 N, Right on Wilson Farm Rd., Left on Hicks Rd, left on Rambling Ln.

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 2 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) 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: _____ 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: 1986
( ) 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.

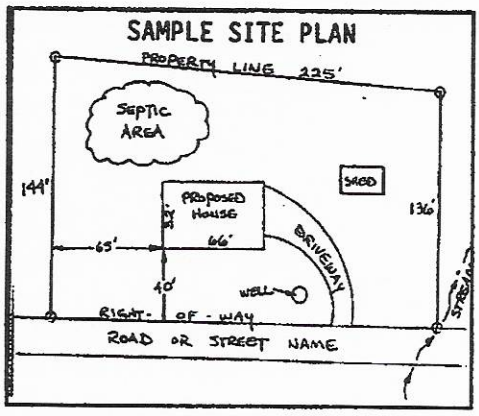
Signature: Leah Doan 1-26-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

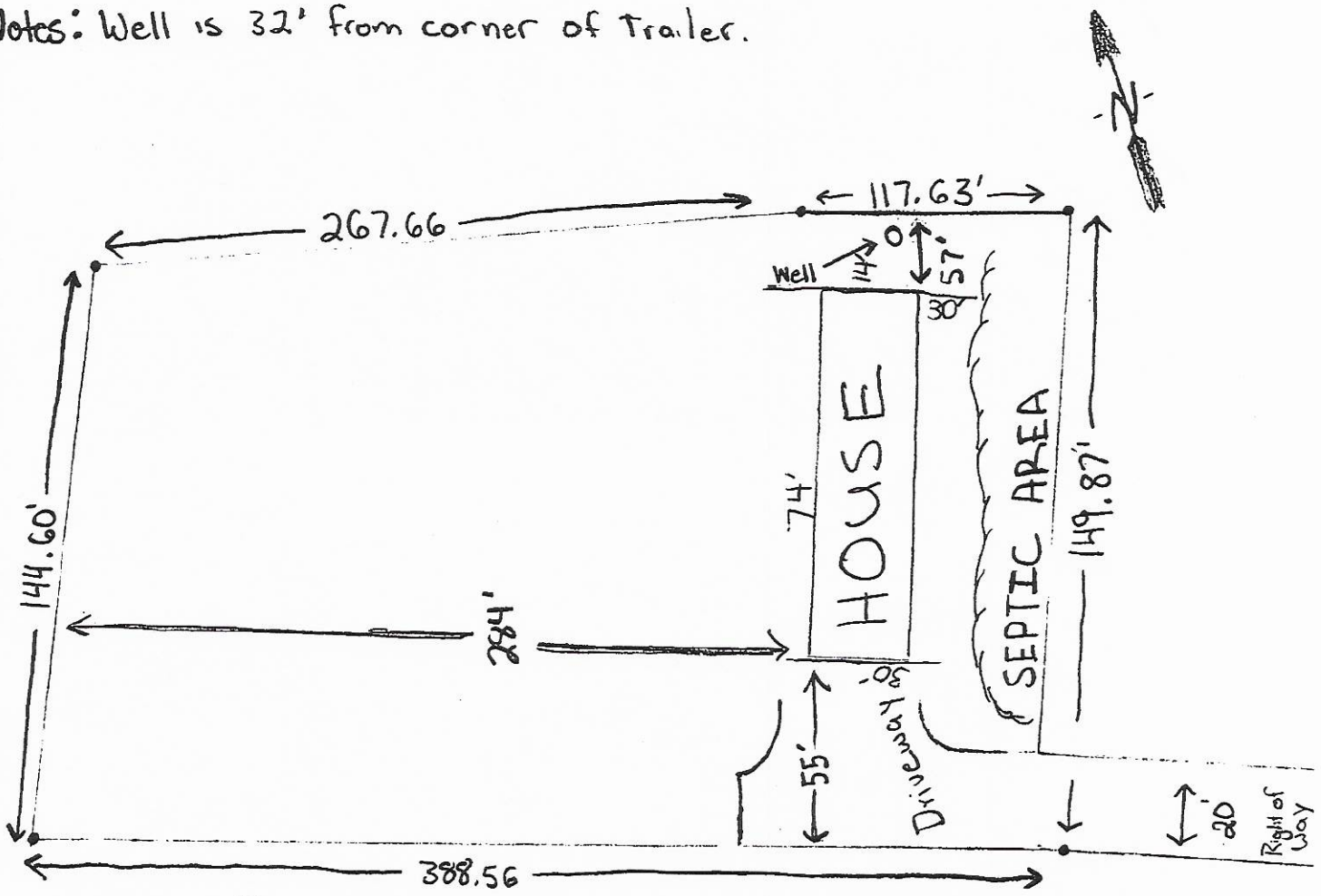
Circle N/A on the following if appropriate:

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

Notes: Well is 32' from corner of Trailer.



Signature: Ally Dodd Dean

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

2/16/20

DATE

03840

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System - G. S. Chapter 130, Article 13C)

OWNER OR CONTRACTOR Rachel Dowd DATE 4/17/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N - 7R on SR 1902 - TL on SR 1900 TL before end of Rd. 1st Mobile Home on Rt.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1 Acre.

Character & Porosity of Soil Loam, sandy clay

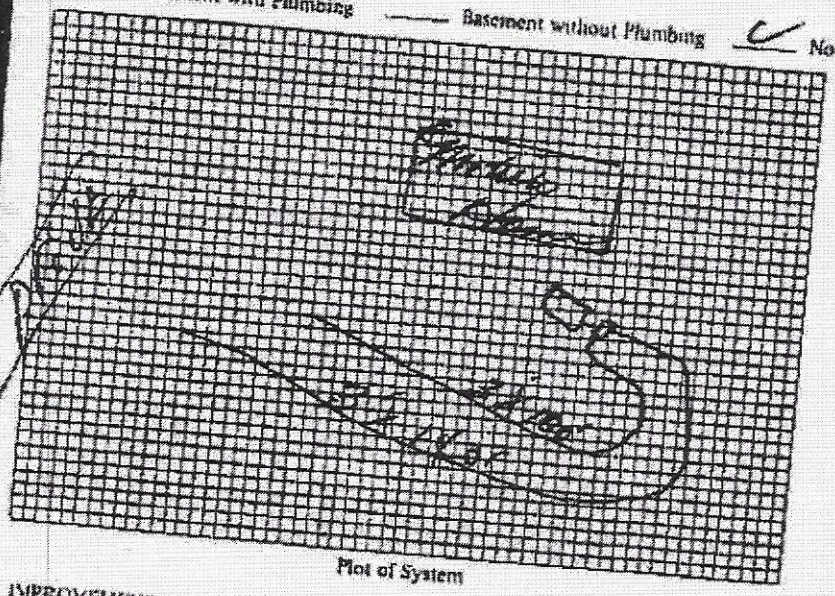
Percolation Rate 2 gpi

Topography Sloping

Depth to Water Table 10'

Rock or other Impervious formations Bedrock

_____ Basement with Plumbing _____ Basement without Plumbing 0 No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by [signature]

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 1/22/87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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*) Ally Doan, Leah Doan

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, Ally Doan, am the legal owner(s) of the property located at 152 Rambling Ln. Statesville, NC 28625, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Ally Doan / Leah Doan — Signature of Owner(s)

2-11-20 — 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

Plat of Survey for

Roger & Rachel H. Doan

Sharpesburg Township, Iredell Co., N.C.
September 15, 1987 Scale 1" = 50'

50 25 0 50 100 150

Revised December 30, 1988

Any liability for this survey on the part of the surveyor is solely to Roger & Rachel H. Doan

Current Surveying & Mapping, P.A.
Brushy Mountain Road
Route 4, Box 1342
Wilkesboro, NC 28697
Richard C. Current, Reg. No. L-756

Ray & Dorothy Cline

S 73°-43'-19" E 267.66'

S 67°-57'-12" E

Jackie Hicks

Bk. 715, Pg. 133

N 24°-36'-02" E 144.60'

1.33 Acres

By Coordinate Computation Ref.
Deed Bk. 715 Pg. 133
(A Portion Of)

N 71°-17'-58" W 388.56' (Total)

S 23°-00'-16" W

20' R/W

N 23°-00'-15" E 149.87'

Total 148.70'

20.05'

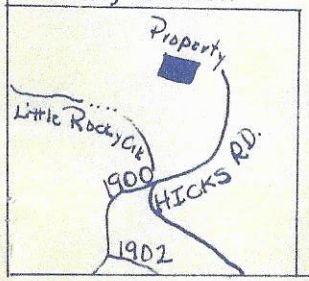
20.05

0.069 A

N 6

Old Road Bed

Vicinity Sketch



Jackie Hicks

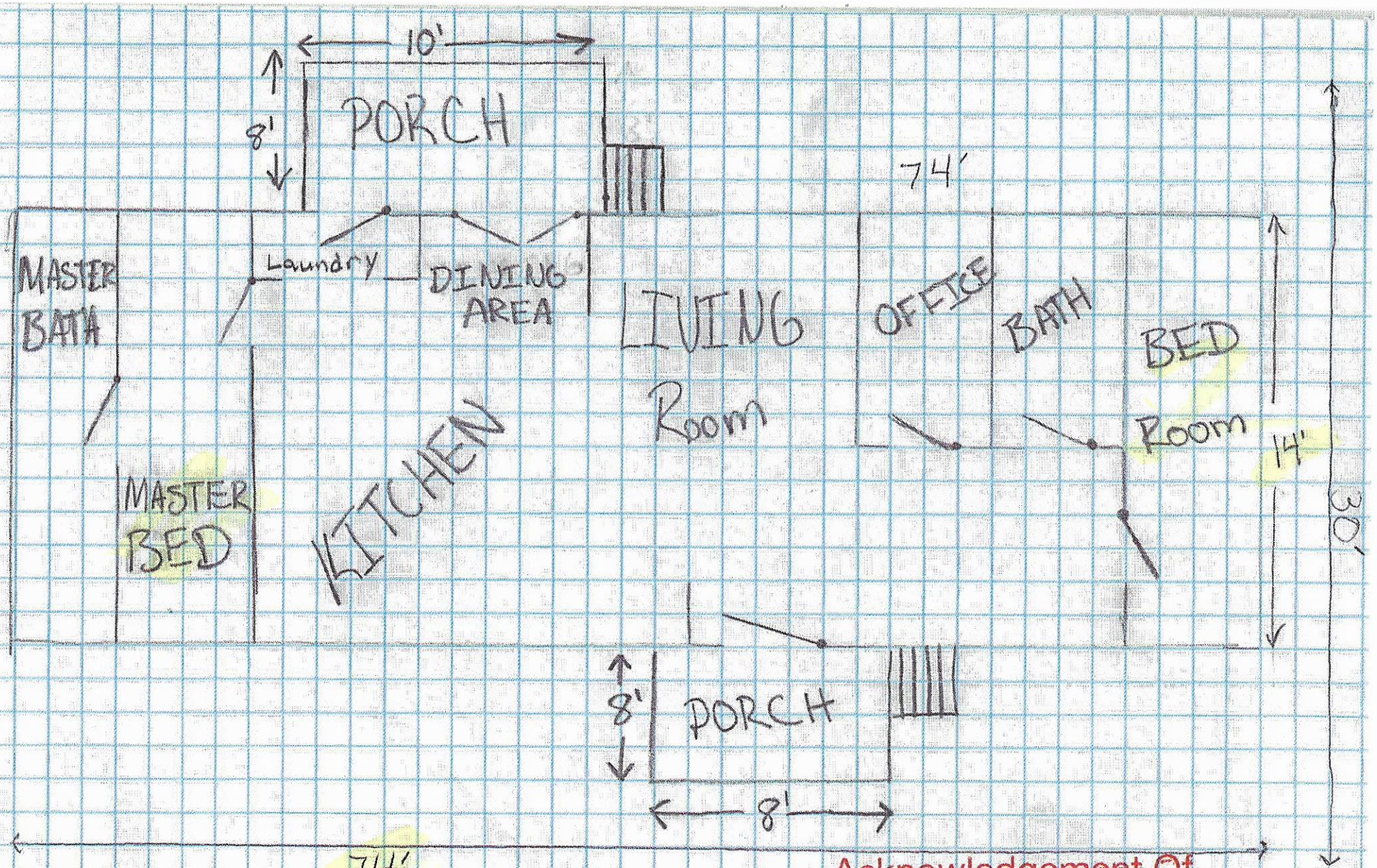
Bk. 715, Pg. 133

LEGEND

- ● Iron found
- ○ Iron set
- ⊙ Calculated point

I, Richard C. Current, that this map was performed under my survey conforms to Surveyors of NC and th

Witness my hand and s



Acknowledgement Of
Plans Submittal ONLY!

Zach Doan Date 2-17-20

Carla C. Nicks Date 3-3-20

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305083 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4820216945.000	152 RAMBLING LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: DOAN ASHLEY D+LEAH H	Name: DOAN ASHLEY D+LEAH H
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks

SWMH

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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.

Signature of Owner/Contractor

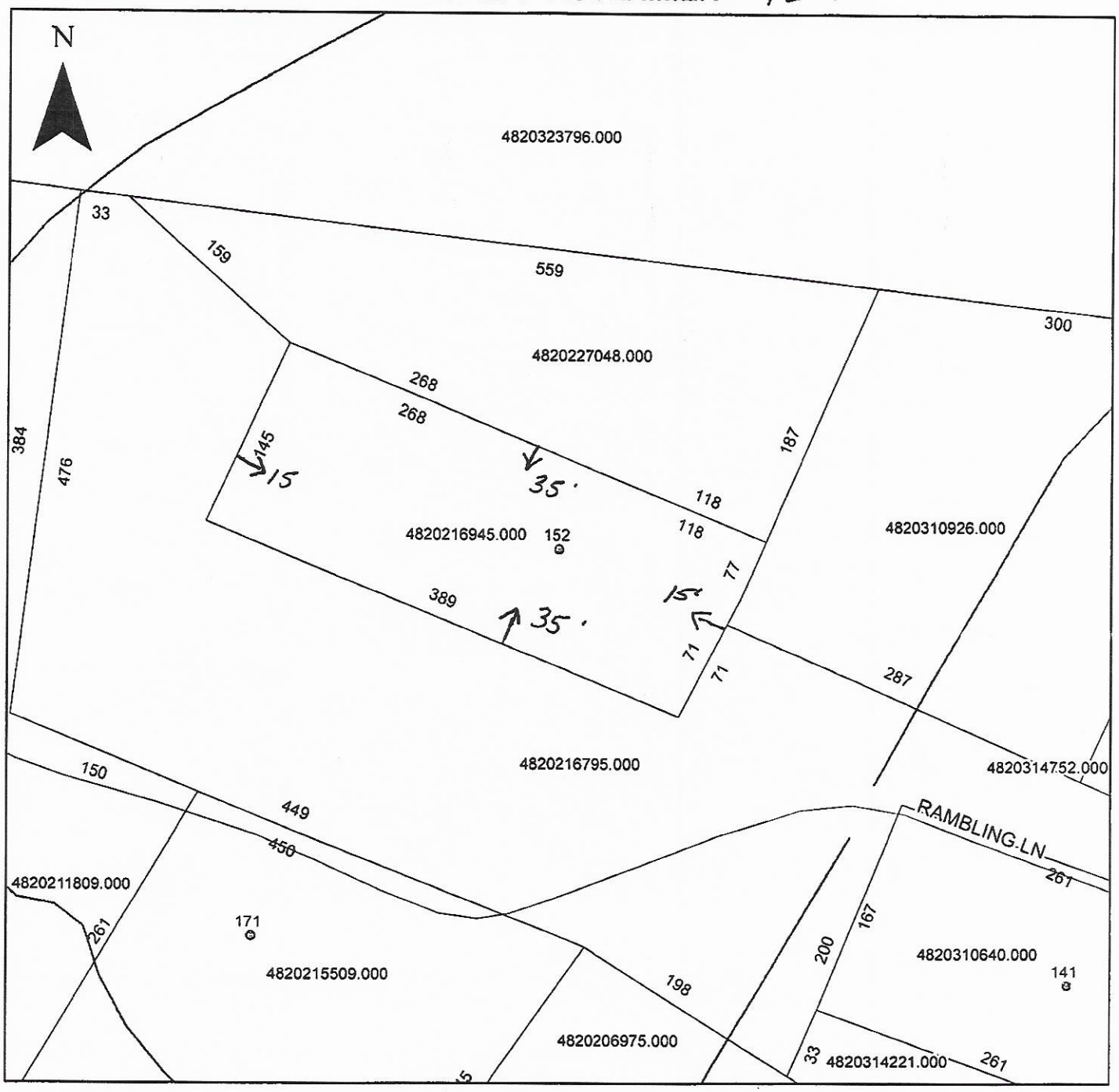
Date: 02/17/2020

Permit Number	305083	TOTAL FEES:	$77.25

305083

RA 1.33 AC
WS-NO
FL-NO

ZONING DISCLAIMER



Property Address 152 Rambling 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.

Leah Dorn
Applicant

2-17-20
Date