ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-326921

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

PIN # 4842 -- 18 -- 7055

APPLICANT/OWNER: MARCIA IRELAND | APPLICANT ADDRESS: 220 BUZZARD LANE, OLIN, N.C. 28660

SITE ADDRESS: 200 BUZZARD LANE, OLIN, N.C. 28660 | PHONE: 704-880-5675 | ALT. PHONE 704-539-4718

SITE DIRECTIONS: (N) ON 77, (R) ON 21, (L) ON JENNINGS, (L) ON EUPEPTIC SPRINGS, (R) ON GURNEY, (R) ON BUZZARD, LOT ON (R) | SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: MARILYN G RASH | SECTION: – | LOT # TR1 | LOT AREA: 10.002 | DESIGN FLOW: 360GPD | L.T.A.R.: 0.3 (0.25 REPAIR)

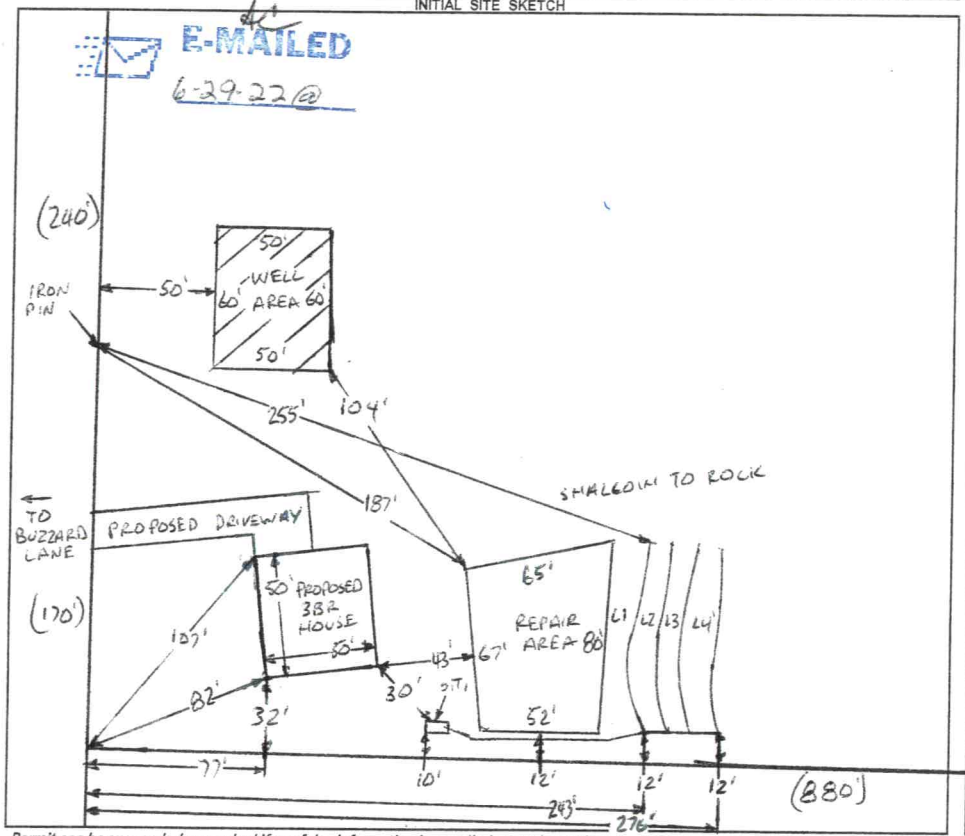
Septic Tank	1000 (gal)	STB		Date		☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	– (gal)	PT	–	Date	–	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make	–	Model	–	Serial #	–	Repair System Description:	50% REDUCTION	☐ Other	No. Employees –
# Nitrification Fields	1	# Lines	4	Linear Ft	300FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)		26 IN	Gravel Depth	–	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

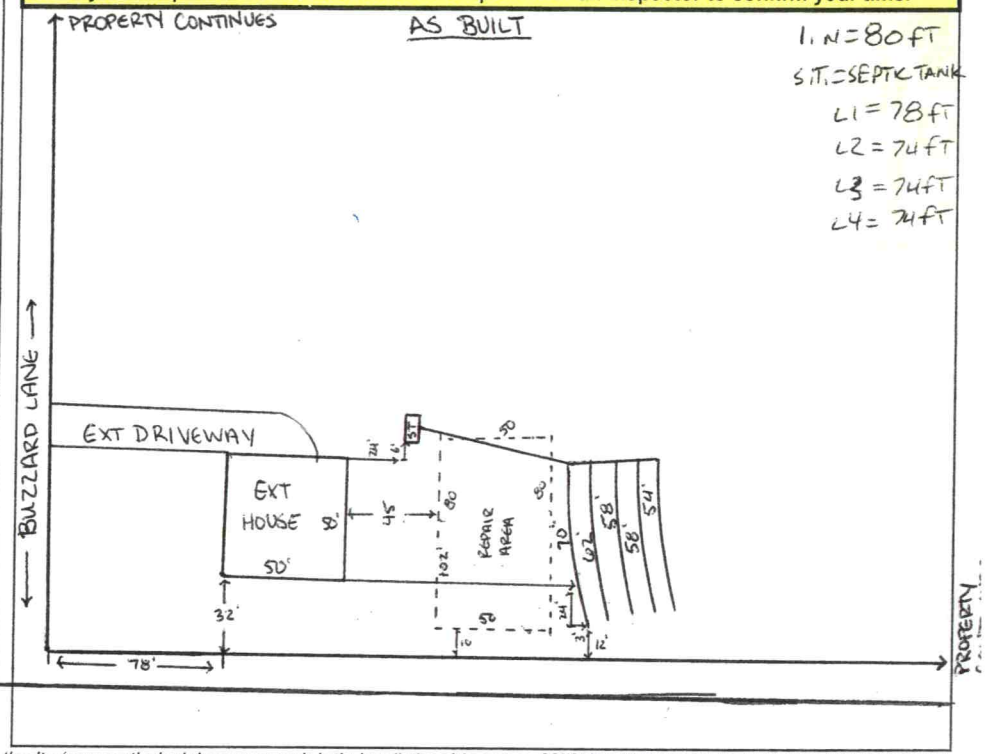
INITIAL SITE SKETCH

E-MAILED 6-29-22 @



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. ☑ **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: Marcia Ireland | Date: 6-27-2022 | Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Bryant C. White | Date: 6-24-2022 | OPERATION PERMIT by: Ivy Hill | Date: 12/21/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 6-28-2022 | 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 time.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-326921

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

PIN # 4842 -- 18 -- 7055

APPLICANT/OWNER: MARCIA IRELAND | APPLICANT ADDRESS: 220 BUZZARD LANE, OLIN, N.C. 28660

SITE ADDRESS: 200 BUZZARD LANE, OLIN, N.C. 28660 | PHONE: 704-880-5675 | ALT. PHONE 704-539-4718

SITE DIRECTIONS: (N) ON 77, (R) ON 21, (L) ON JENNINGS, (L) ON EUPEPTIC SPRINGS, (R) ON GURNEY, (R) ON BUZZARD, LOT ON (R) | SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: MARILYN G RASH | SECTION: — | LOT # TR1 | LOT AREA: 10.002 | DESIGN FLOW: 360GPD | L.T.A.R.: 0.3 (0.25) REPAIR

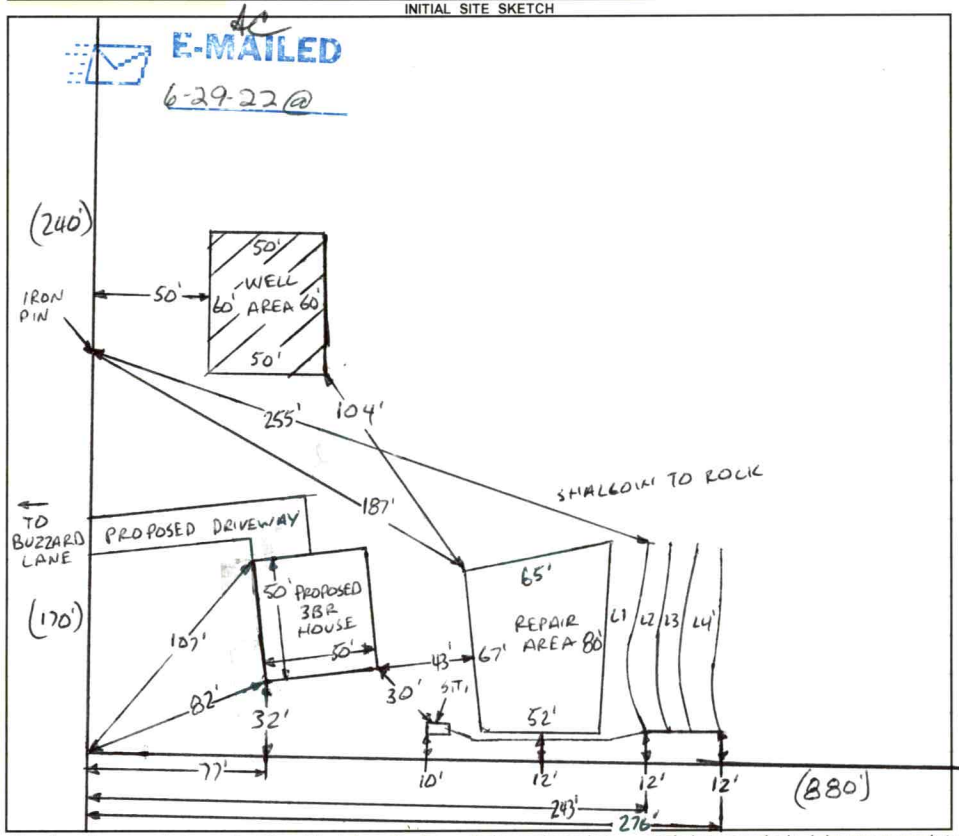
Septic Tank	1000 (gal)	STB		Date		[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION		
# Nitrification Fields	1	# Lines	4	Linear Ft	300FT	Maintenance Agreement Required:	[ ] YES	[x] NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	26 IN	Gravel Depth	—	[x] GRAVITY	[ ] PRESSURE		

[x] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing | No. Bedrooms 3 | No. Persons 6 | No. Employees — | [x] Crawl Space | [ ] Basement w/o plumbing

Water Supply: [x] Private [ ] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

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. N=80ft
S.T.=SEPTIC TANK
L1 = 78ft
L2 = 74ft
L3 = 74ft
L4 = 74ft

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: Marcia Ireland | Date: 6-27-2022 | Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Bryant C. White | Date: 6-24-2022 | OPERATION PERMIT by: Cory Hill | Date: 12/21/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 6-28-2022 | 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? _____	

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4842-18-7055
DATE OF EVALUATION: 5-9-2022
COUNTY: IREDELL

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	HEAD LINEAR SIDE 12%	0-10	FILL	MIXED	FEW SAP INC THRU OUT Y/B MOTS 40"+ 10YR 6/2 52"	66"+	NA	NA	PS .25 ABOVE 40"
		10-44	C, ABK	FI, S, P, SEXP					
		44-66	SCL, WABK	FI, SS, SP, SEXP					
2	NOSE LINEAR SIDE 15%	0-13	SCL, SBK	FR, SS, SP, SEXP	~ GRAVELLY SAP INC THRU OUT	60"+	NA	NA	PS .3
		13-42	C, ABK	FR, S, P, SEXP					
		42-60	CL, WABK	FI, SS, SP, SEXP					
3	NOSE LINEAR SIDE 10%	0-10	SCL, SBK	FR, SS, SP, SEXP	~ GRAVELLY SAP INC THRU OUT	24"+	U SL II VFI	NA	PS .15 DRIP
		10-24	CL, ABK	FR, SS, SP, SEXP					
		24-32	SAP, RC	VFI, NS, NP, SEXP					
		32"+	B+R	ROCK					
4	LINEAR SIDE 12%	0-18	C, SBK	FR, S, P, SEXP	SAP + LITHO THRU OUT	24"+	PS II SL	NA	PS .325
		18-24	CL, WABK	FR, SS, SP, SEXP					
		24-60	SAP, MAS	VFR NS, NP SEXP					
5	LINEAR SIDE 10%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	60"+	NA	NA	PS .3
		8-24	C, SBK	FR, S, P, SEXP					
		24-60	CL, WABK	FR, SS, SP, SEXP					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

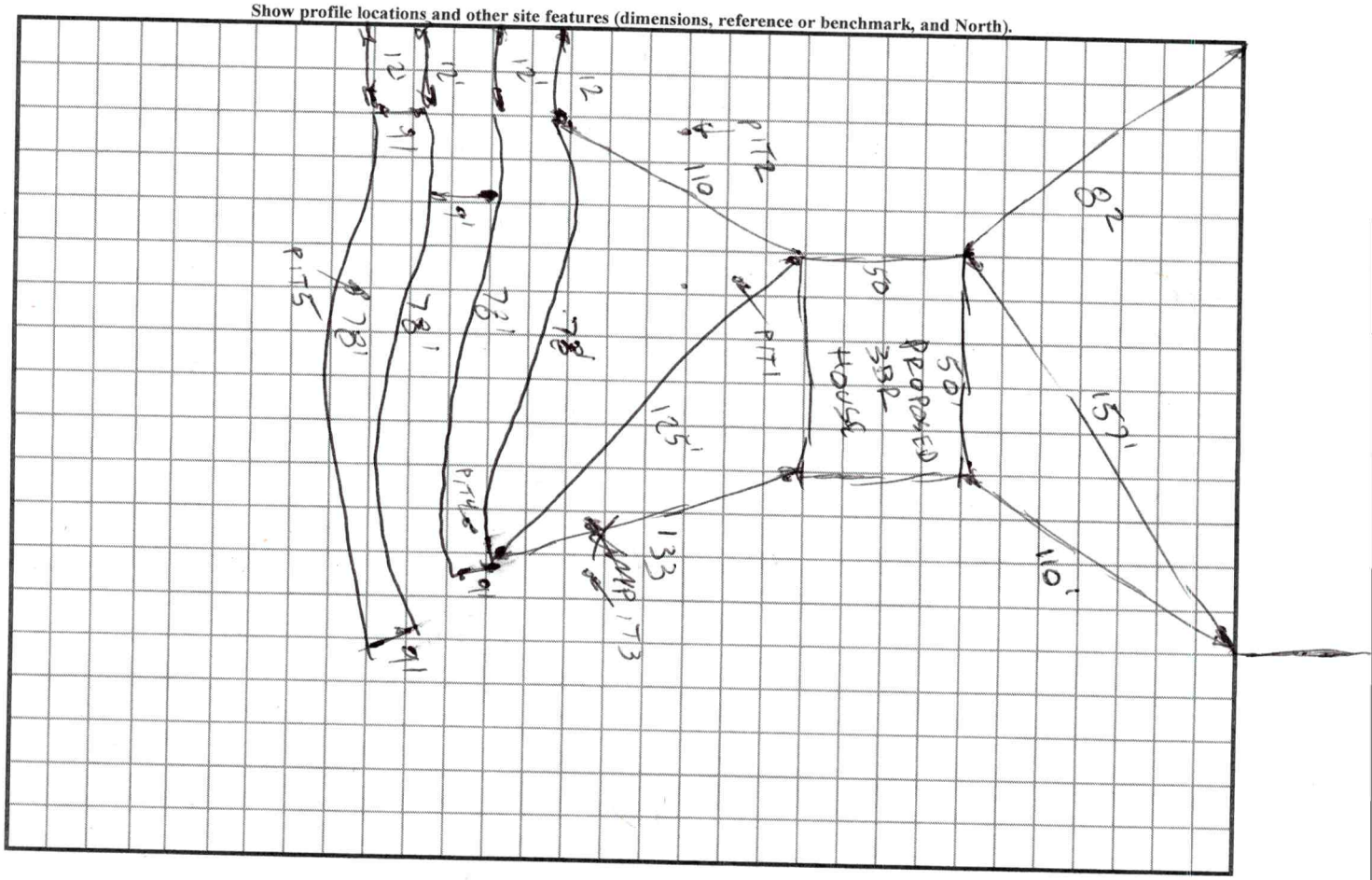
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



2

BW

RECEIVED MAR 2 8 2022

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* AP-326921 $500.00

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: Marcia Treland **Address:** 220 Buzzard Lane, Olin, NC **Zip:** 28660
Applicant Email: marciairelandagmail.com **Phone:** 704-880-5675 **Alt. Phone:** 704-539-4718
Owner Name: Marcia Treland **Address:** 220 Buzzard Lane Olin, NC **Zip:** 28660
Owner Email: marciairelandagmail.com **Phone:** 704-880-5675 **Alt. Phone:** 704-539-4718

Property Information:

Street Address: 200 Buzzard Lane Olin, NC 28660

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

Driving Directions: I77 North Exit 65. Turn left after passing UG Fire Dept. turn left on Jennings Rd. After crossing bridge turn right Eupetic Springs Rd. Right on Gurney Rd. Right on Buzzard Lane, 2nd driveway right. Drive on left beside trailer.

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

CHECK FOUNDATION TYPE

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

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: Marcia Treland 3-23-22
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.

☒ **2.** I, Marcia Ireland, am the legal owner(s) of the property located at 200 Buzzard Lane Clio, NC 28606, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Marcia Ireland
Signature of Owner(s)

6-27-2022
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

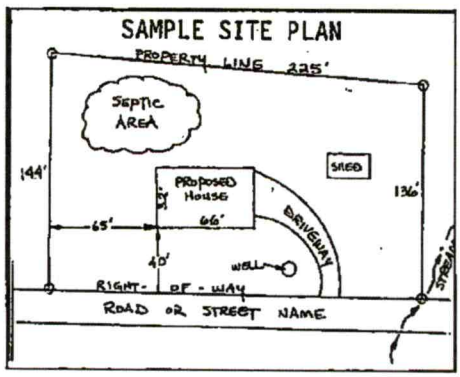
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

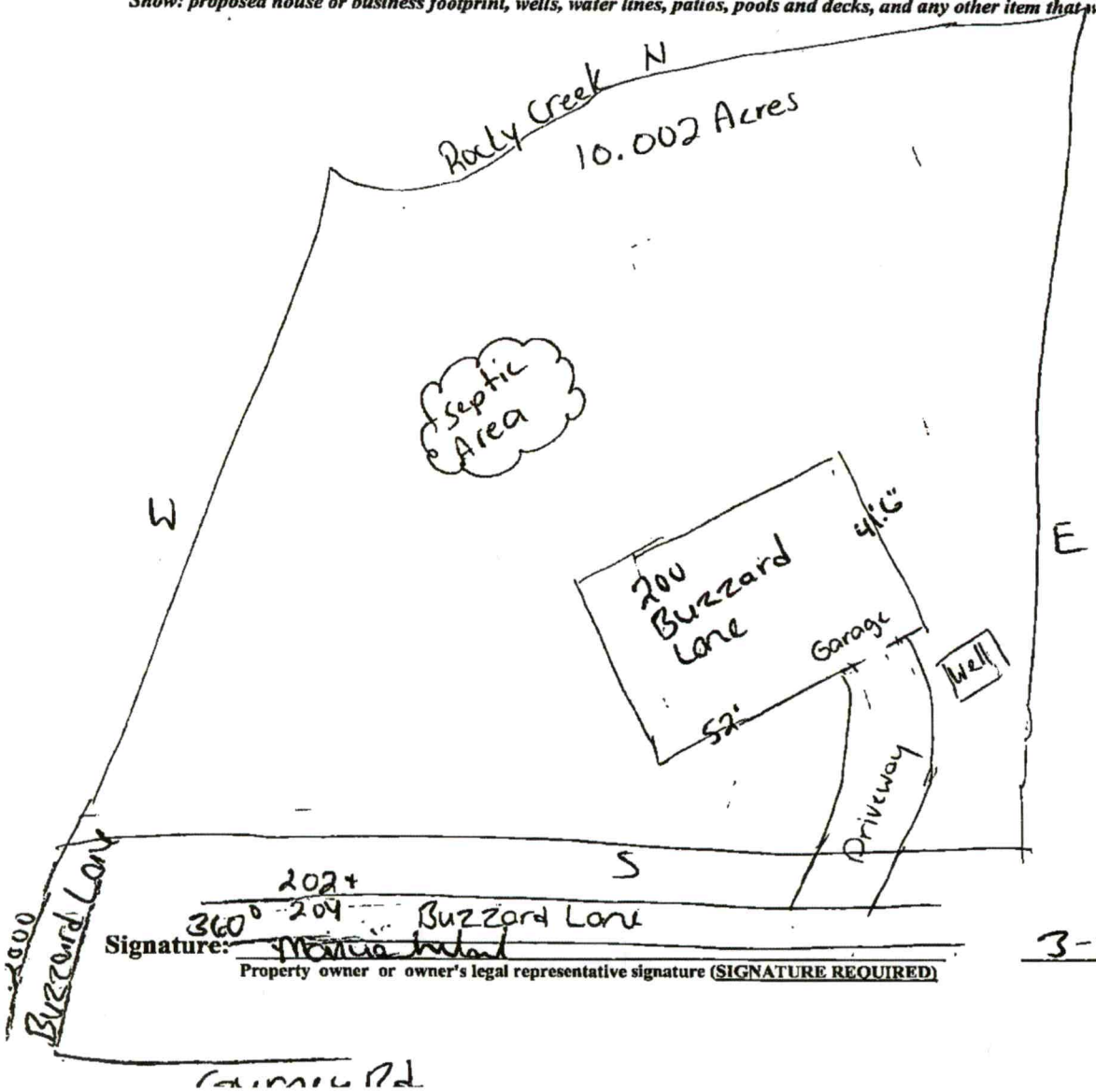
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



Signature: Marcia Ireland

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

3-23-22
DATE

Type: CONSOLIDATED REAL PROPERTY
Recorded: 3/18/2022 4:37:13 PM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Maureen P. Purcell Register of Deeds

BK 2904 PG 2149 - 2151

This instrument drafted
by: Russell W. Chapman,
Jr., Attorney-at-Law,
No Title Opinion
Rendered or Closing Held
by Preparer

Revenue Stamps: None

STATE OF NORTH CAROLINA
IREDELL COUNTY

GENERAL WARRANTY DEED AND EASEMENT

This deed, made and entered into this 18th day of March, 2022, by and between **Marilyn G. Rash, Un-remarried Widow** whose address is: 220 Buzzard Lane, Olin, North Carolina 28660 and **Steven C. Rash and wife, Elizabeth B. Rash** whose address is: 202 Buzzard Lane, Olin, North Carolina 28660 (collectively **"Grantor"**) and **Marcia R. Ireland** whose address is: 220 Buzzard Lane, Olin, North Carolina 28660 (**"Grantee"**).

The said Grantor, for and in consideration of the sum of Ten Dollars ($10.00) and other good and valuable consideration to it in hand paid by the said Grantee, the receipt of which is hereby acknowledged, has bargained and sold, and by these presents does grant, bargain, sell, and convey unto the said Grantee, and its heirs, successors and/or assigns, that certain tract or parcel of land lying and being in Union Grove Township, Iredell County, North Carolina, and more particularly described as follows:

Portion of Iredell County Tax PIN: 4842-18-8058

Being all of Tract 1 of that certain Exemption Division Survey For: Marilyn G. Rash as the same is platted, planned and recorded at Plat Book 76, Page 62, Iredell County Registry and being a portion of that property conveyed to B. Harold Rash and wife, Marilyn G. Rash by warranty deed dated April 28, 1977 recorded at Deed Book 604, Page 810, Iredell County Registry. Benjamin Harold Rash died in Iredell County in 2015. See Book 101, Page 534, Iredell County Death Records.

Included within this conveyance are all appurtenant rights contained in that certain Dedication of Easement for Buzzard Lane which runs in a northern direction from Gurney Road (SR 1859) as the same is recorded at Deed Book 1460, Page 1469, Iredell County Registry and all rights, covenants, restrictions and obligations contained in that certain Consent Judgment recorded at Deed Book 2847, Page 274, Iredell County Registry.

R.O.T.C.

Page Count: 3
☐NS ☐PQ ☐SI

EASEMENT

Steven C. Rash and wife, Elizabeth B. Rash join in this deed solely to convey a perpetual, appurtenant, non-exclusive easement and right of way for ingress, egress and regress and for utility purposes and such other purposes incident to residential and agricultural purposes across their property as the same is described in a warranty deed dated March 06, 2003 recorded at Deed Book 1419, Page 942, Iredell County Registry (Iredell County Tax PIN 4842-27-2508) from Buzzard Lane to the property conveyed herein as more particularly described as follows:

Easement Parcel One:
Being all of that certain fifty (50) foot wide easement running from Buzzard Lane in an easterly direction as the same is shown and identified as "Existing access easement" on that certain Exemption Division Survey For: Marilyn G. Rash as the same is platted, planned and recorded at Plat Book 76, Page 62, Iredell County Registry and as the same is more particularly described in an Easement Deed to Chad William Julian and wife, Theresa J. Julian dated June 04, 2003 recorded at Deed Book 1452, Page 534, Iredell County Registry.

Easement Parcel Two:
Being a thirty (30) foot wide easement beginning at the eastern terminus of Easement Parcel One above and in the northern property line of Chad William Julian (Book 2586, Page 1112) and running in a northerly direction to the southern line of Tract 1 conveyed herein and being identified as "Proposed access easement" on that certain Exemption Division Survey For: Marilyn G. Rash as the same is platted, planned and recorded at Plat Book 76, Page 62, Iredell County Registry.

Said easement shall be appurtenant to Tract 1 conveyed herein and shall run with the land by whomsoever owned.

The property conveyed herein is not the principal residence of the Grantor.

To have and to hold the aforesaid tract or parcel of land, together with all privileges and appurtenances thereunto belonging to it, the said Grantee and its heirs, successors and/or assigns, in fee simple forever.

And the said Grantor does covenant that it is seized of said lands in fee and has the right to convey the same in fee simple, that the same is free and clear of all encumbrances, and that it will warrant and defend the title herein conveyed against the lawful claims of all persons whomsoever.

In Testimony Whereof, the said Grantor has hereunto set its hand and seal the day and year first above-written.

Marilyn G. Rash (SEAL)
Marilyn G. Rash

Steven C Rash (SEAL)
Steven C. Rash

Elizabeth B. Rash (SEAL)
Elizabeth B. Rash

Seal-Stamp

NORTH CAROLINA, Iredell County.

I, Russell W. Chapman, Jr., a Notary Public of the County and State aforesaid, certify that Marilyn G. Rash, Steven C. Rash and wife, Elizabeth B. Rash personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 18th day of March, 2022.

Use Black Ink

Notary Public

My Commission expires: 12/13/2026

RUSSELL W. CHAPMAN, JR.
NOTARY PUBLIC
NORTH CAROLINA
MY COMMISSION EXPIRES DECEMBER 13, 2026

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*) Marcia Ireland

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, Marcia Ireland, am the legal owner(s) of the property located at _____, 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.

_____ _____
Signature of Owner(s) Date

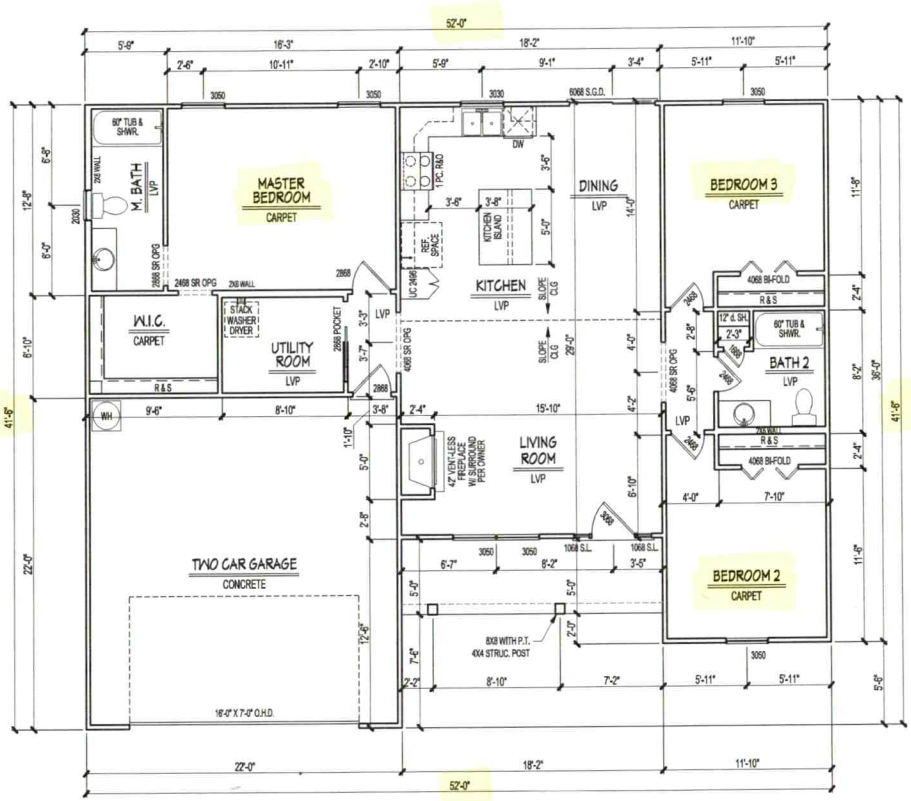
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!
Marcia Ireland Date 6-27-22
Bryant C. White Date 6-28-2022

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL	
CLIENT INITIALS	DATE
CLIENT INITIALS	DATE

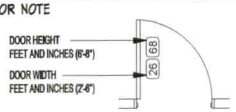


1 MIRRORED HOUSE

FLOOR PLAN NOTES

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF OUTSIDE FACE OF WALL STUD, CONCRETE WALL OR C.M.U. WALL. NO WALL FINISHES, SIDINGS OR VENEERS ARE ASSUMED
3. 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 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. LOCATE HVAC UNITS AND WATER HEATER AT SITE IF NOT SHOWN ON PLANS
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 2X4 at 16" O.C., TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 at 16" O.C., TYP. UNLESS NOTED OTHERWISE
12. SINGLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.

DOOR NOTE



1. PROVIDE WEATHER STRIPING 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

Holloway Family HOMES
1270 Northside Drive
Statesville, NC
(704) 872-5510

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

IRELAND RESIDENCE
220 Buzzard Lane ◆ Olin, No. Carolina

FIRST FLOOR PLAN

REVISIONS
REV 1 - 060122

DESIGN NO: 10.21.108
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: CONCORD (MIRROR)
BASE PLAN LINE: TX FARMHOUSE COLL.
DATE DRAWN: 01/04/22

A2.0

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326921 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4842187055.000	200 BUZZARD LN	Iredell County

Owner Information	Applicant Information
Name: RASH MARILYN G	Name: MARCIA IRELAND
Address:	Address: 220 BUZZARD LN
	OLIN , NC 28660
Phone:	Phone: (704)880-5675

Use Requested	Zone Code
Single Family Dwelling	R20, RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.02	35	35	15	15	N/A	YES

Remarks
SFD

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.

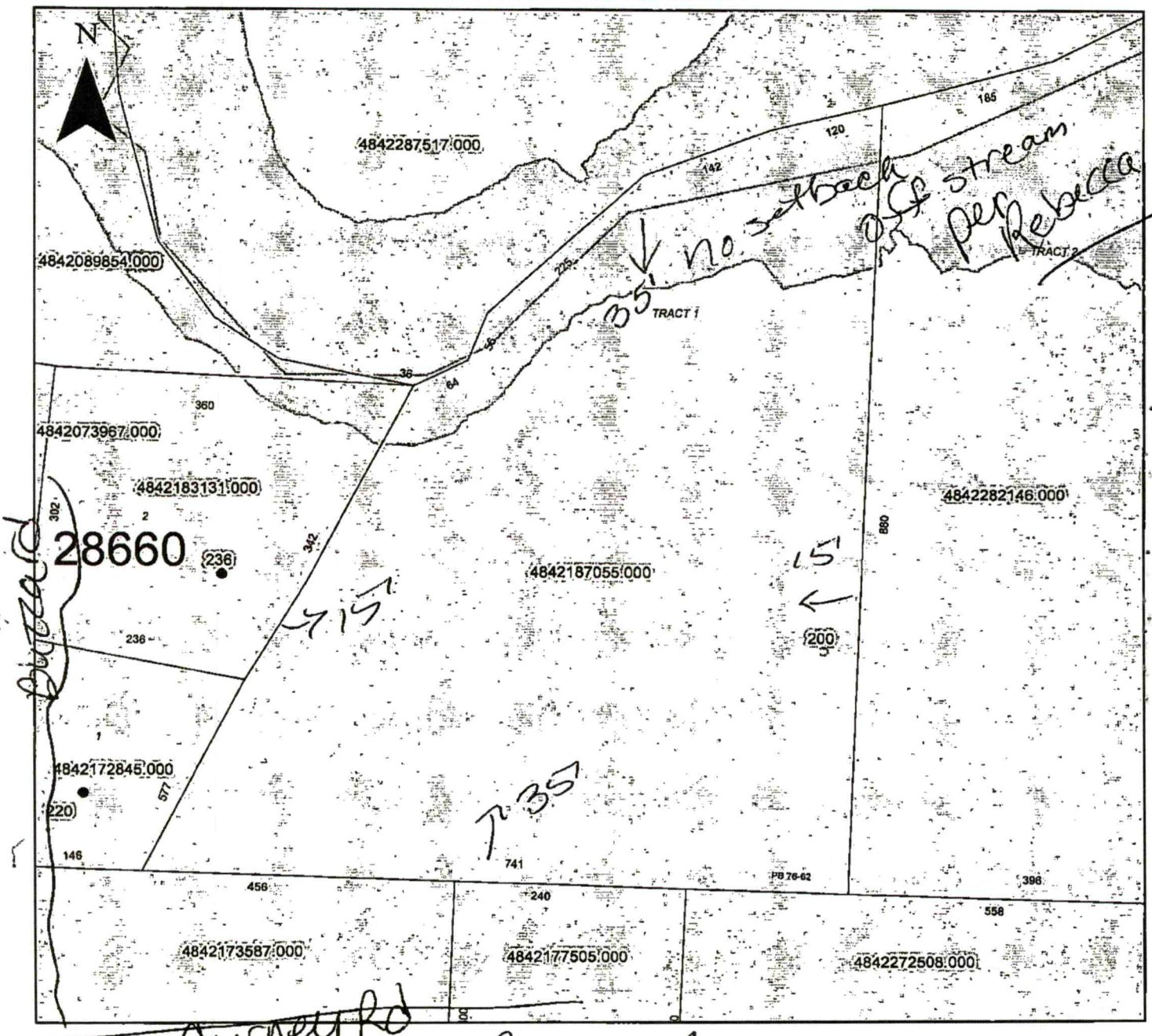
PAID

Date: 03/23/2022

Signature of Owner/Contractor

Permit Number	326921	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 200 Buzzards

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.

Marcia Isbell
Applicant

3-23-22
Date