ICHD–ENVIRONMENTAL HEALTH DIVISION

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 3021

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

PIN # 4770070120

APPLICANT/OWNER: Ashley Carson Cockman APPLICANT ADDRESS: 151 Whitman Circle Mooresville, NC 28115

SITE ADDRESS: 1347 Shinnville Rd Cleveland, NC PHONE: 704 591-2180 ALT. PHONE

SITE DIRECTIONS: Hwy 115/US 21 North TR Shinnville Rd on left before White Ridge SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Raymond R White + Fay H White SECTION: — LOT # 2 LOT AREA: ~4.5 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

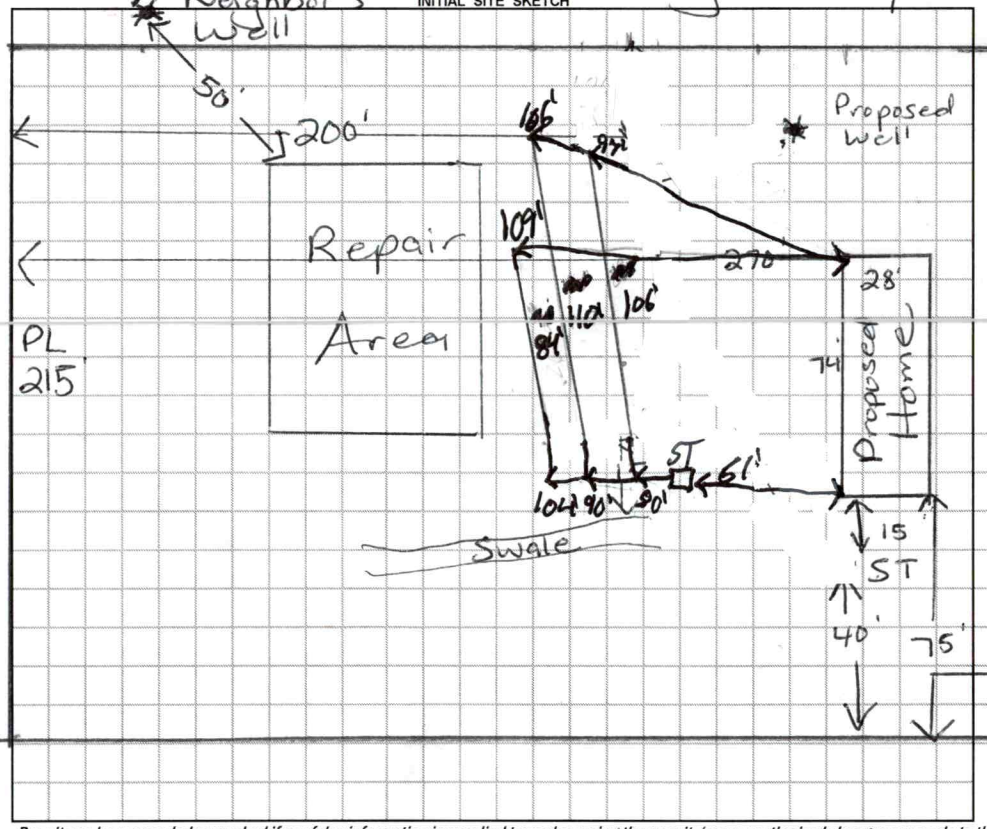
Septic Tank	1000 (gal)	STB	1012	Date	5/4/2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Same	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~) max	24"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☒ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

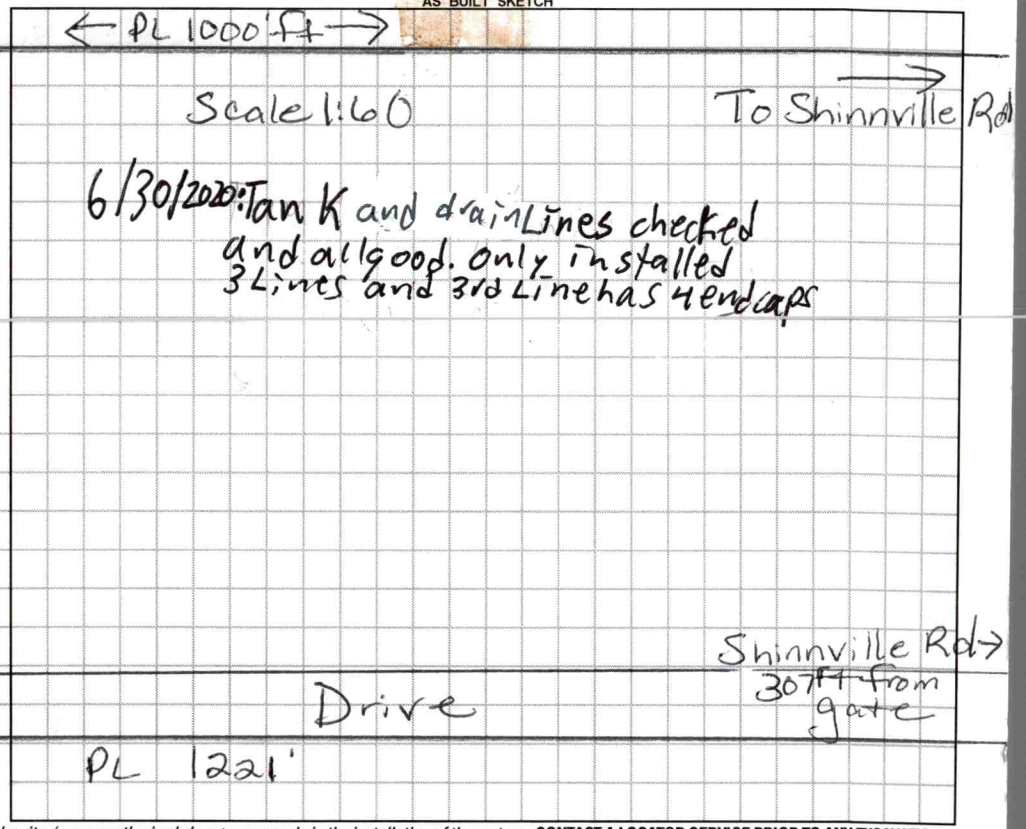
Comments / Conditions: Keep Septic 15Ft from Basement & 50Ft from any well. Divert Storm/Surface water away from Septic

Do not cut for basement lower than Septic area!

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: Ashley C Cockman Date: 12/10/19 Installed by: Tim Ammons

IMPROVEMENT PERMIT by: Maria Tolson Date: 12/3/19 OPERATION PERMIT by: Patrick J Boyce III Date: 6/30/2020

AUTHORIZATION TO CONSTRUCT by: Maria Tolson Date: 12/3/19 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 inpsector to confirm your inspection time.

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

Sheet ___ of ___
PROPERTY ID #: 477097303
COUNTY: Iredell

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

OWNER: Carson Cockman
ADDRESS: 151 Whitman Circle Mooresville
PROPOSED FACILITY: Home
LOCATION OF SITE: Shinnville Rd
APPLICATION DATE ___
DATE EVALUATED: 11/25/19
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: ___
PROPERTY RECORDED: ___

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8%	0-8	BrwSCL	wSBK SS, SP, SExP, FR					PS
		8-33"	RCm-	wSBK SS, SP, SExP, FR					.3
		33-48	RCL	wSBK SS, SP, SExP, FR					
			w/few to many		SAP Inclus	48"	—	—	
2	5%	0-16	BrwSCL	wSBK SS, SP, SExP, FR					PS
		16-39	RCm-	wSBK SS, SP, SExP, FR					.3
		39-50	RCL to Rd/Brw	S, SP, SExP, FR					
			w/few to many		SAP Inclus	50"	—	—	
	Some water in bottom of pit after heavy rain								
3	5%	0-9	brwSCL	wSBK SS, SP, SExP, FR					PS
		9-27	RCL	wSBK SS, SP, SExP, FR					.3 to
		27-38	RCL	wSBK SS, SP, SExP, FR					38", .25
		38-48	RCL	wSBK SS, SP, SExP, FR	Some yel mottles				>38"
		Some water coming in Pit			—	48"	—	—	
4	8%	0-7	BrwSCL	wSBK SS, SP, SExP, FR					PS
		7-20	RCm-	wSBK SS, SP, SExP, FR					.3
		20-54	RCL	wSBK SS, SP, SExP, FR					
			w/few to many		SAP Inclus	54"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
n Type(s)	25% Red	25% Red
	.3	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Carson Cockman

10900

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* 11-18-19

Application for SEPTIC REPAIR PERMIT AP-302778 $500.00

(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 ✓ Authorization To Construct ___ BOTH ___ 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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Ashley C. Cockman II	151 Whitman cir. Mooresville	704 663-6185	704 591 2180
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
same			

4. Property Information:

~~behind~~ ~~1347~~ ~~1343~~ 1339 Shinnville Rd — **Street Address**

Subdivision Name | **Section/Phase and Lot Number**

Driving Directions: Approx 1 mile South of Oswalt Amity on Rt. 2nd drive past White Ridge Lane (blue modular on front property)

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

- (✓) 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 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- (✓) Basement w/out Plumbing? Floor drains only

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 ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. 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. 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: Ashley C. Cockman II — 11/18/19

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, x Raymond R. White, am the legal owner(s) of the property located at x 13143 Shinnville N.C. Cleveland N.C. 27013, identified as PIN (Parcel Identification Number) (477007 3033 .000), located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Carson Cockman II, 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.

x Raymond R White 11-1-19 x Ray White Notary 11th 2019

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

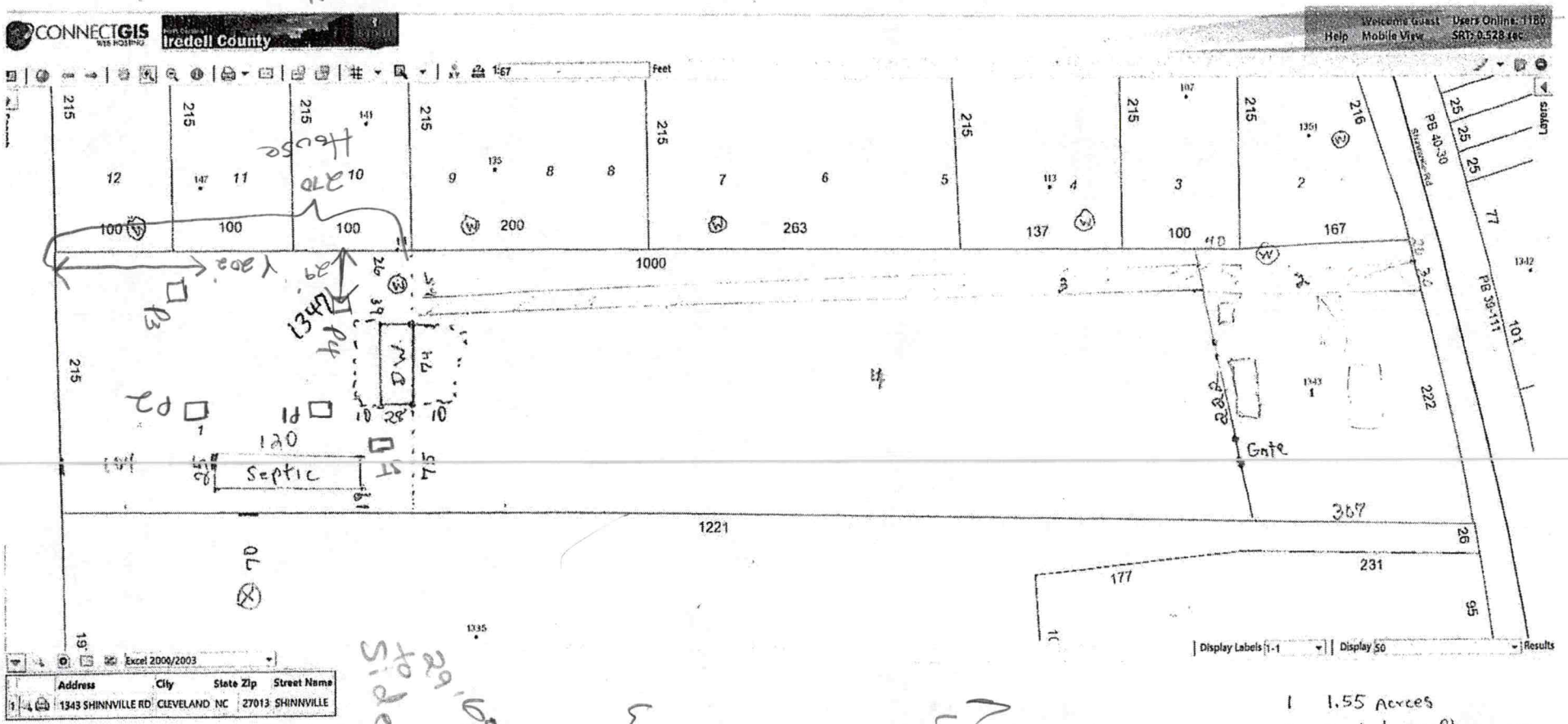
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

* NOTE: Horses on property- Keep all gates closed Carson Cockman 704-591-2180

proposed

N

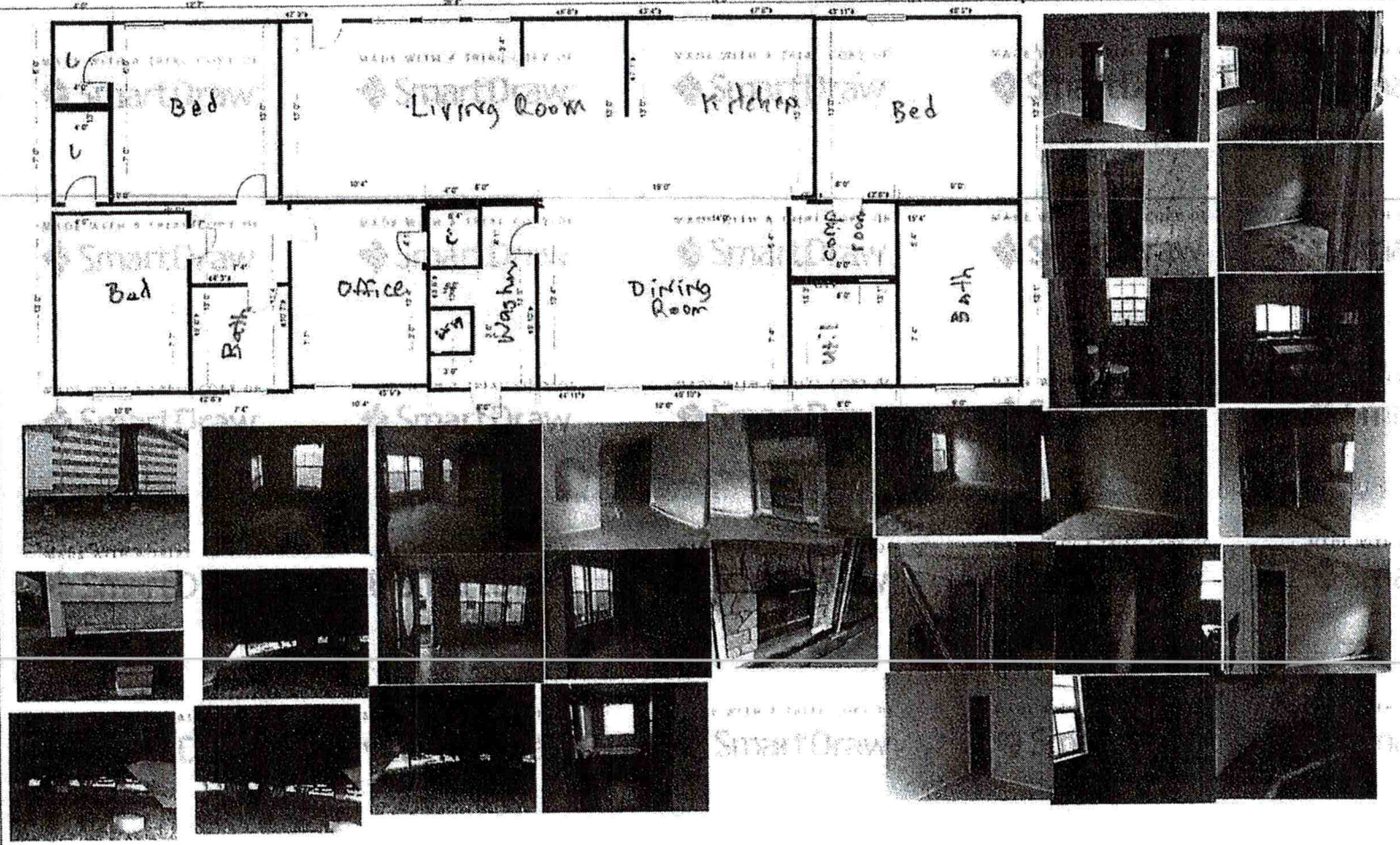


1 1.55 Acres
2. Deeded 30ft Access
3. Proposed driveway
4. New Address 4.369 Acres
30ft reference line
W well

29.65' Y to Side
100 R
50' Y
169
184
195
Far side 179
70 to bac side
Far side 163
199' to back
Far side 207'
well 25' from back 25 to Side PL
Neighbor's well 42' to back
10-15ft off PL

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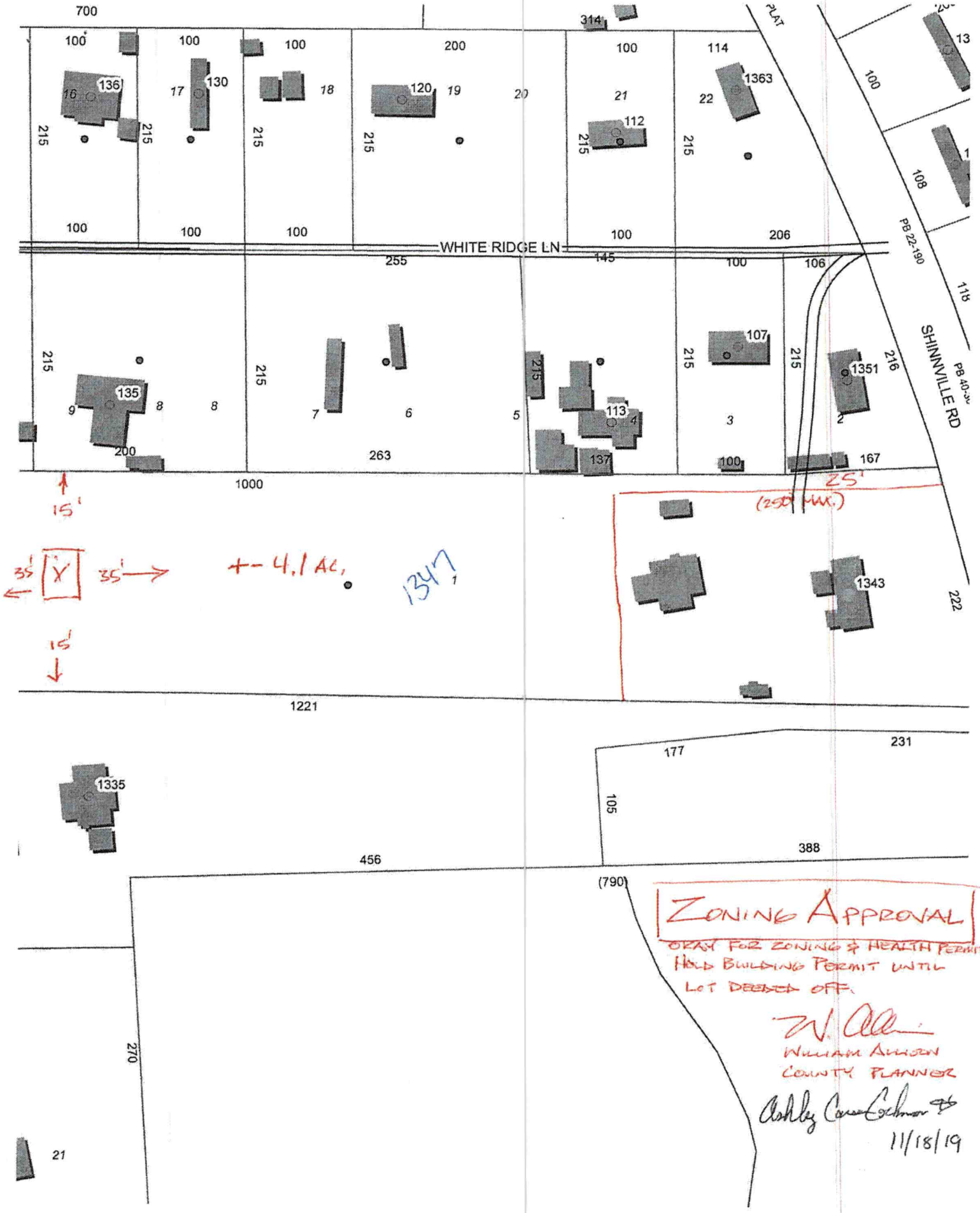
74 Plus deck front + Back



proposed

2002 Palm Harbor
Model PHPX 72F2+05M-JH
Serial PH 1412589 A/B
2016 sq. ft.

Acknowledgement Of
Plans Submittal ONLY!
Ashley Cain-Cahoon Date 11/18/19
Maria Delosa Date 12/3/19



ZONING APPROVAL

OKAY FOR ZONING & HEALTH PERMITS
HOLD BUILDING PERMIT UNTIL
LOT DEEDED OFF.

W. Allison

WILLIAM ALLISON
COUNTY PLANNER

Ashley Carver Cochran

11/18/19

IREDELL COUNTY

IREDELL COUNTY

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

APPLICATION NUMBER
302778 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4770073033.000	1343 SHINNVILLE RD	

Owner Information	Applicant Information
Name: WHITE RAYMOND R+KAY H	Name: ASHLEY C COCKMAN
Address:	Address: 1347 SHINNVILLE RD CLEVELAND , NC 27013
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.1	35	35	15	15		

Remarks
DOUBLE WIDE WITH BASEMENT

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: 11/18/2019

Signature of Owner/Contractor

Permit Number	302778	TOTAL FEES:	$77.25