IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2356 43

PIN # 4771412622 62

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

APPLICANT/OWNER: Griffin Timmins APPLICANT ADDRESS: 148 Cottonwood Rd Cleveland, NC 27013

SITE ADDRESS: 146 Cottonwood Rd Cleveland, NC 27013 PHONE: 704 526-5466 ALT. PHONE

SITE DIRECTIONS: US 21/Hwy 115 N TR Ostwalt Amity Rd just past Triplett TR Cottonwood Rd Take drive to 148 Cottonwood

SUBDIVISION: ~~Griffin W. Timmins~~ SECTION: J LOT# 2 LOT AREA: 1.2 Acres

SAP CONTROLLED: ☐ YES ☒ NO DESIGN FLOW: 480 gpd L.T.A.R.: .31 / .25R

Septic Tank	1000 (gal)	STB	766	Date	6-11-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity – 25% Reduction
Pump Make		Model		Serial #		Repair System Description:	25% Reduction
# Nitrification Fields	1	# Lines	6	Linear Ft	400 ft	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth		☒ GRAVITY	☐ PRESSURE

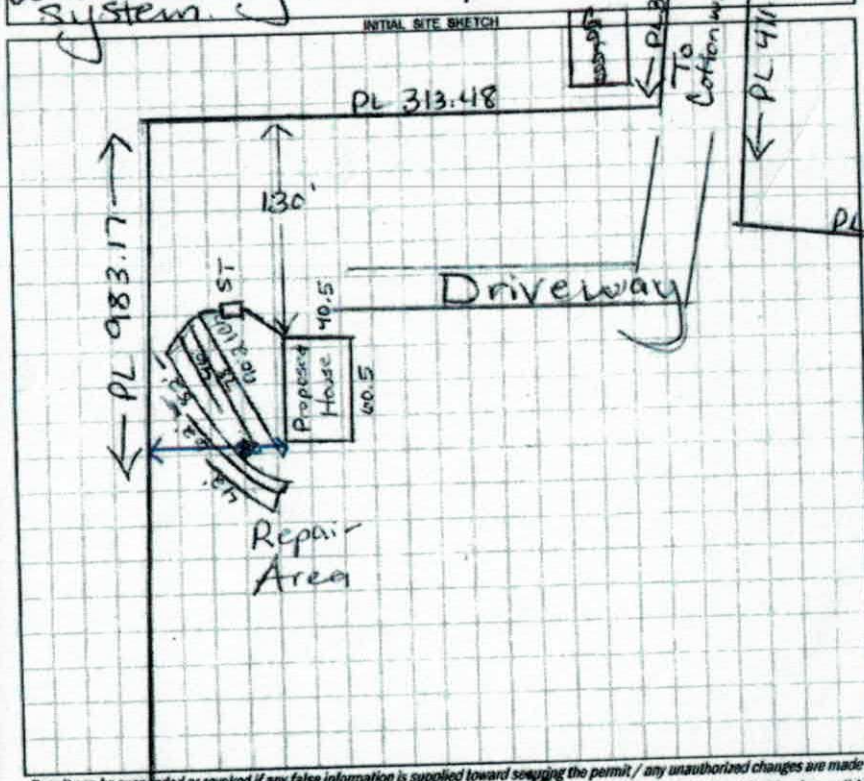
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private (Exist on Property) ☐ Public ☐ Community

Comments / Conditions: Must divert storm/surface water away from Septic System.

10/8/18 Red filter 1st line 86, 2nd 84, 3rd 52 Checked upper 3 lines & ~~bottom~~ front half of 4th

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:100

lower lines (3) 10/9/18 CC

	Date	Initials
Drain Lines Checked Upper 3 Lines	10/8/18	MLT
Tanks Checked	10/8/18	MLT
Pressure Manifold or Valve Box Checked	N/A	
Pressure Head Set	N/A	
Electrical Checked	N/A	
Floats Set	N/A	
Alarm Checked	N/A	
Maintenance Contract Y (N)	Not Required	

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: [signature] Date: 6/1/18

IMPROVEMENT PERMIT by: Maria Tolson Date: 5/29/18

AUTHORIZATION TO CONSTRUCT by: Maria Tolson Date: 5/29/18

Installed by: Myers Septic Tank Date: 10/9/18

OPERATION PERMIT by: Caleb C. Carl Date:

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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4771426
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Griffin Timmins
ADDRESS: 148 Cottonwood Rd Cleveland NC 27013
PROPOSED FACILITY: House
LOCATION OF SITE: 146 Cottonwood Rd Cleveland, NC
APPLICATION DATE: 5/15/18
DATE EVALUATED: 5/23/18
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 12 Acre's
PROPERTY RECORDED: Y

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	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	5%	0-8"	Brw	SCL wSBK	SS, SP,	SExP,	FR		PS .3
		8-22	R/Brm	-wSBK	SS, SP	SExP,	FR		
		22-46	R/C	wSBK	SS, SP,	SExP,	FR		
		46-50"	R/Yel/Rd	LS	AP	massive,	FR		
2	6%	0-8	Brw	SCL	SBK	SS, SP,	SExP,	FR	PS litho .3
		8-26	R/Brw	C	wSBK	SS, SP,	SExP,	FR	
		26-46	R/Brw	C	wSBK	SS, SP,	SExP	FR many	
		46-50	R	S	AP	Inclus			
		46-50"	L/S	L	SAP	massive,	FR		
3	8% Repair	0-4	Brw	SCL	SS	SP,	SExP,	FR	PS .3
		4-23	RC	m-wSBK	SS,	SP,	SExP,	FR	
		23-42"	R to R/Yel	CL	wSBK	SS, SP,	SExP,	FR	
4	10% Repair	0-12	Brw	SCL	wSBK	SS, SP,	SExP,	FR	PS .25-.3
		12-30	Rd	C/C	m-wSBK	SS, SP,	SExP,	FR	
		30-46	Rd to R/R	C	wSBK	SS, SP,	SExP	FR	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.25-.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Griffin Timmins

COMMENTS:

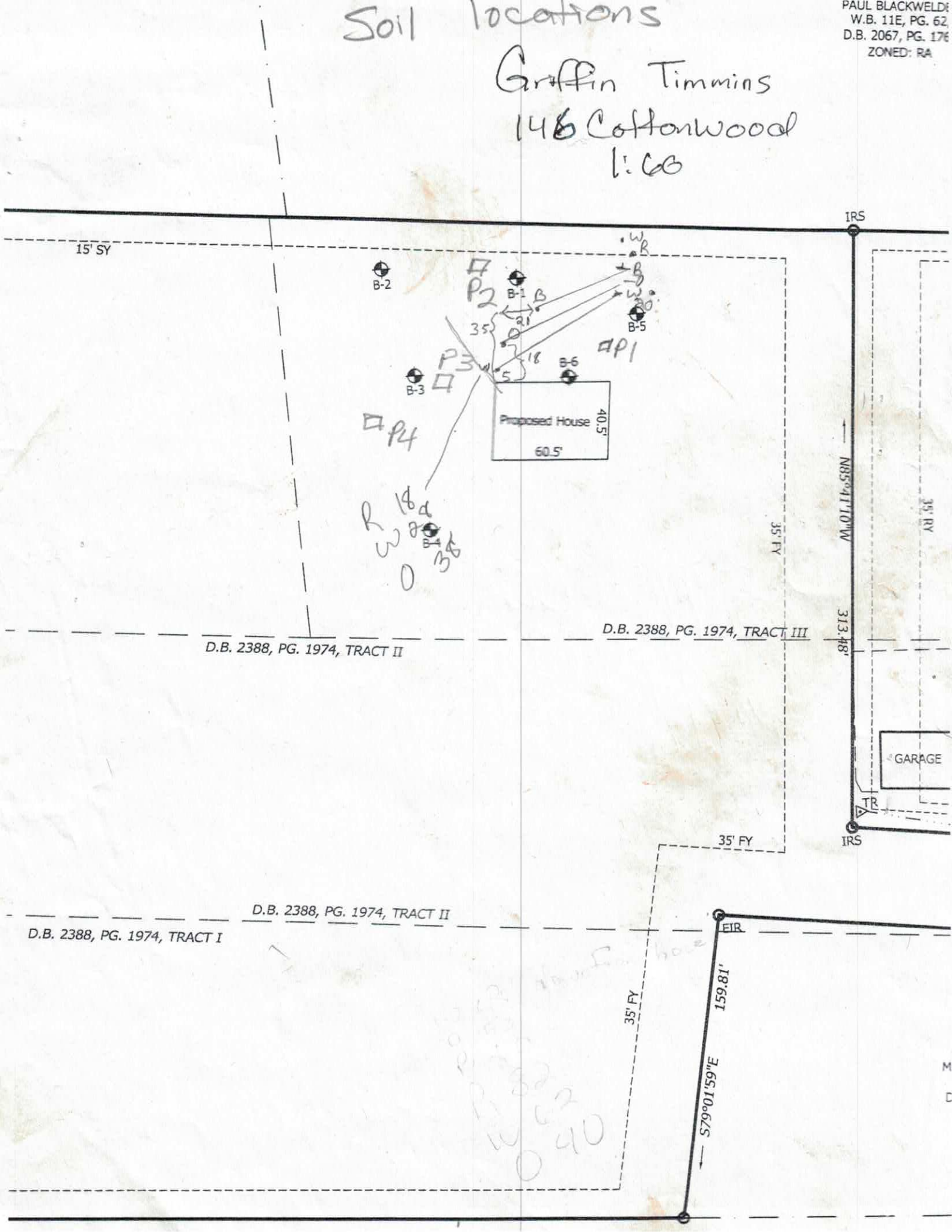
Soil locations

Griffin Timmins

146 Cottonwood

1:66

PAUL BLACKWELDE
W.B. 11E, PG. 62
D.B. 2067, PG. 176
ZONED: RA



10:00 Tweed Pits

235643 RECEIVED MAY 15 2018 Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Griffin Timmins Address: 148 cottonwood Rd Zip: 27013

Applicant Email: GriffinTimmins@yahoo Phone: 704-526-5466 Alt. Phone: _____

Owner Name: " " Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 146 Cottonwood Rd cleveland NC 27013

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

Driving Directions: Pull down drive for 148 and continue past shop

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

(X) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
(X) Multi-connection Well Number of Houses: 2 Number of Persons: 5

( ) New Well (X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) 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: _____ 5-15-18
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*) [signature]

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, Griffin Timmins, am the legal owner(s) of the property located at 146 cottonwood rd, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kelley Timmins or Mid State Metals, 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

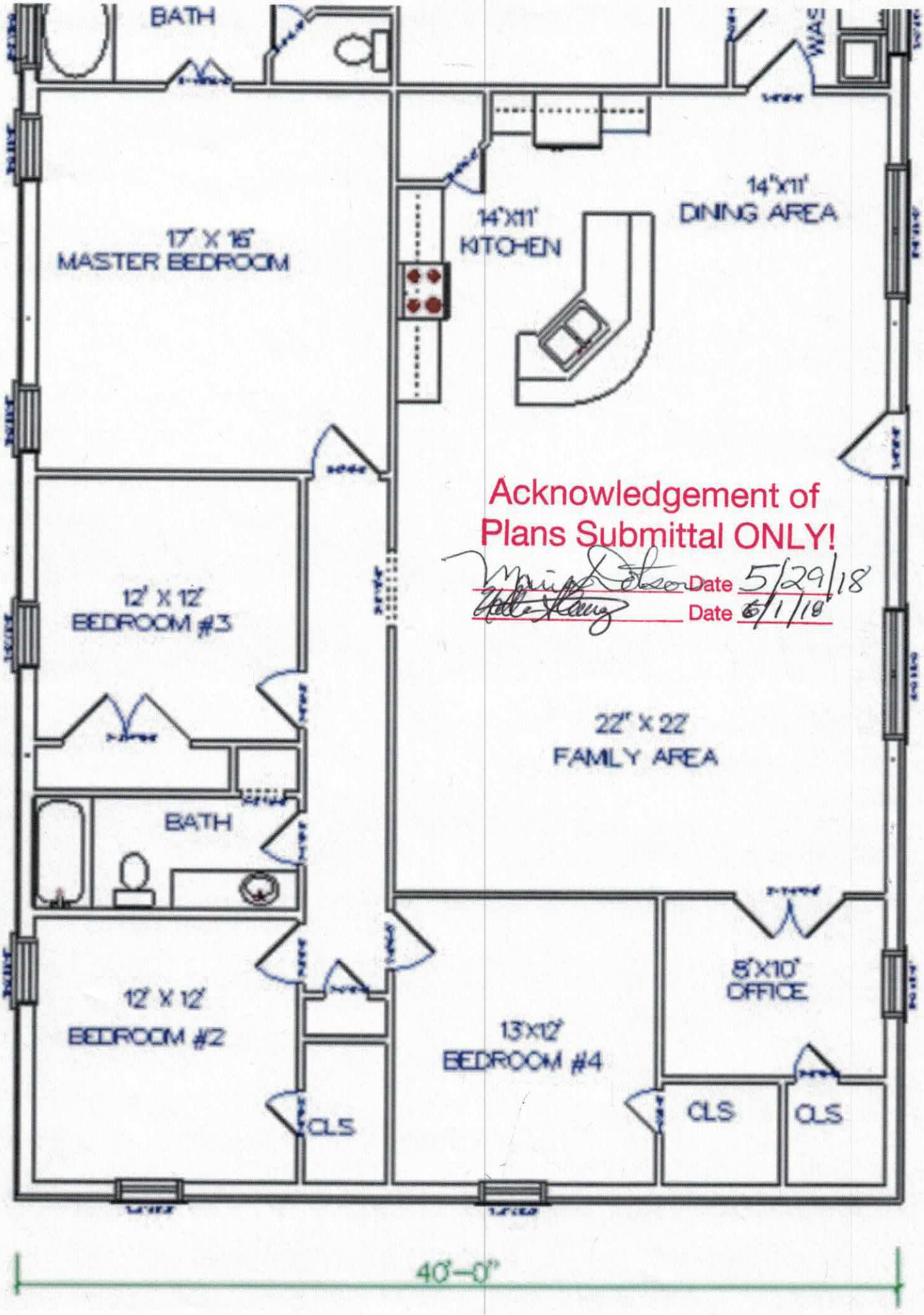
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature] 5-15-18

Signature of Owner(s) Date

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


BATH
17' X 16'
MASTER BEDROOM
14'X11'
KITCHEN
14'X11'
DINING AREA
Acknowledgement of
Plans Submittal ONLY!
Date 5/29/18
Date 6/1/18
12' X 12'
BEDROOM #3
22' X 22'
FAMLY AREA
BATH
12' X 12'
BEDROOM #2
CLS
13X12'
BEDROOM #4
8'X10'
OFFICE
CLS
CLS
40'-0"

IREDELL COUNTY

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

APPLICATION NUMBER
235643
Issue Date: 05/15/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4771412622.000	146 COTTONWOOD ROAD, CLEVELAND, NC 27013	

Owner Information	Applicant Information
Owner: TIMMINS, GRIFFIN	Applicant: TIMMINS, GRIFFIN
Address: 148 COTTONWOOD RD	Address: 148 COTTONWOOD RD
CLEVELAND, NC 27013	CLEVELAND, NC 27013
Phone: 704-526-5466	Phone: 704-526-5466

Use Requested	Zone Code
NEW SINGLE FAMILY DWELLING	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		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	138829	TOTAL FEES:	$ 77.25