ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 663-1841

PIN # 4832--65--7087

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

APPLICANT/OWNER: Garrett Tomlin | APPLICANT ADDRESS: 201 Indian Hill Rd, Union Grove NC 28689

SITE ADDRESS: 146 Dowell Rd, Olin NC 28660 | PHONE: 336-467 9060 | ALT. PHONE

SITE DIRECTIONS: (N) 77 → Jennings → (L) Trumpet Branch → (R) Dowell → lot on (R) | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: N/A | SECTION: N/A LOT # N/A LOT AREA: 10.236 | DESIGN FLOW: 600gpd L.T.A.R.: 0.3

Septic Tank 1500 (gal) STB B&C Date 4-27-22

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 502

Trench Width 36" Trench Bottom Depth(Low side) 18" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: DNP + 50%

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/ plumbing ☐ Basement w/o plumbing

No. Bedrooms 5 No. Persons 10 No. Employees Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour, use serial distribution

Slab for Shop.

Do not drive, pave, grade, park or bury utilities in drainfield

3BR home will require existing system permit to construct in future

Well is shared - 100' setback

INITIAL SITE SKETCH

See attached

Site plan by ICHD

approved 6/6/22

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.

Installed as permitted

Line 1 = 110

Line 2 = 110

Line 3 = 102

Line 4 = 110

Line 5 = 82

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: Garrett Tomlin Date: 6/8/22 Installed by: Kelly Welborn

IMPROVEMENT PERMIT by: D. Wiebers Date: 6/6/22 OPERATION PERMIT by: Benjamin A Bates Date: 8/29/22

AUTHORIZATION TO CONSTRUCT by: D. Wiebers Date: 6/6/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-316934

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

PIN # 4832 -65 -7087

APPLICANT/OWNER: Ryan + Lacey Myers APPLICANT ADDRESS: 353 Alpine Circle Statesville NC 28625

SITE ADDRESS: 146 Dowell Rd PHONE: 248-533-6497 ALT. PHONE 704-838-9079

SITE DIRECTIONS: 77 to Jennings to Trumpet Branch TR Dowell Rd Lot on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 10.09ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 400'

Trench Width 36" Trench Bottom Depth(Low side) 15" Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

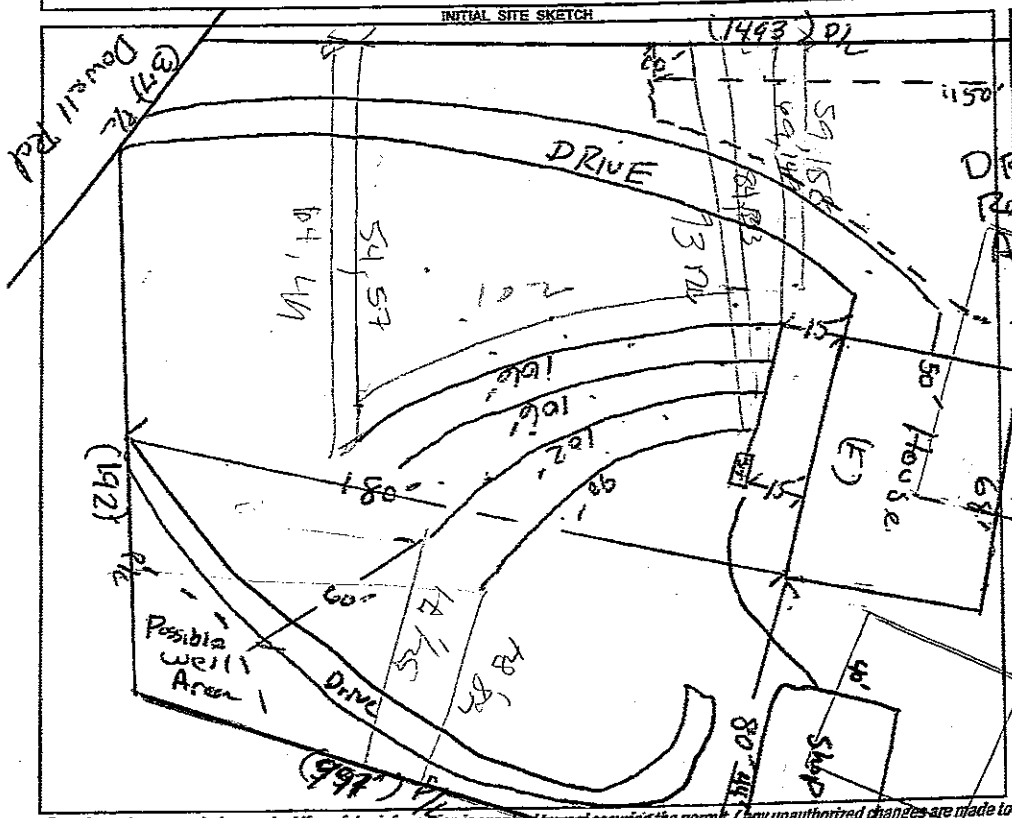
No. Bedrooms 4 No. Persons 8 No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

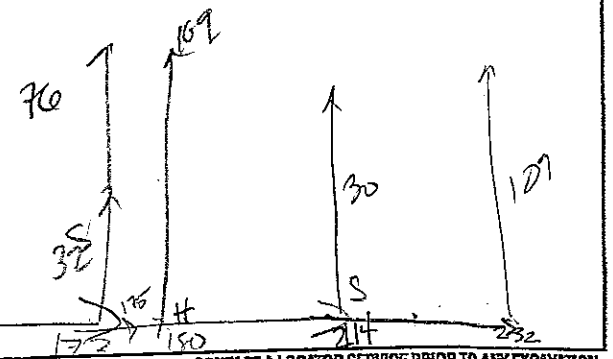
Comments / Conditions: Install 25% reduction on contour with serial distribution

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.



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

☐ **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: Date: 10-5-20 Installed by: Date:

IMPROVEMENT PERMIT by: Date: 09/30/20 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of
PROPERTY ID #: 4632-65-
COUNTY: Iredell

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

OWNER: Ryan + Lacey Myers
APPLICATION DATE 9-14-20
ADDRESS: 146 Dowell Rd
DATE EVALUATED: 9/29/20
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 10 ac
LOCATION OF SITE: Jenning to Turnpost Branch to Dowell
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other N/A
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	ns 5%	0-12	gr SCL	fr SE	PS	26"	N/A	28"	PS .3
		12-28	SBK C	fi SE					
		28-32	CR N/A	vfi N/A					
2	7% ns	0-12	gr SCL	fr SE	PS	34"	N/A	34"	PS .3
		12-34	SBK C	fi SE					
		34-48	CR N/A	vfi N/A					
3	10% ns	0-9	gr SCL	fr SE	PS	35"	N/A	35"	PS .3
		9-24	SBK C	fi SE					
		24-35	WABK BL	fi/fr SE					
		35-41	CR N/A	vfi N/A					
4	ns 8%	0-7	gr SCL	fr SE	PS	35"	N/A	35"	PS .3
		7-27	SBK C	fi SE					
		27-35	WABK BL	fi/fr SE					
		35-40	CR N/A	vfi N/A					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	Drip
Site LTAR	.3	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:

COMMENTS: #5 0-6 gr SCL fi SE
6-27 SBK C fi SE
27-35 WABK BL fi/fr SE

LEGEND

use the following standard abbreviations

DSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR*	LPP 1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
Concave Slope) Convex Slope) rainage Way) Debris Slump) lood Plain) oot Slope) ead Slope) near Slope) ose Slope) idge) oulder Slope) errace)	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 None	0.2 - 0.05 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.

TES

RIZON DEPTH — In inches below natural soil surface

PTH OF FILL — In inches from land surface

STRICTIVE HORIZON — Thickness and depth from land surface

ROLITE — S(suitable) or U(unsuitable)

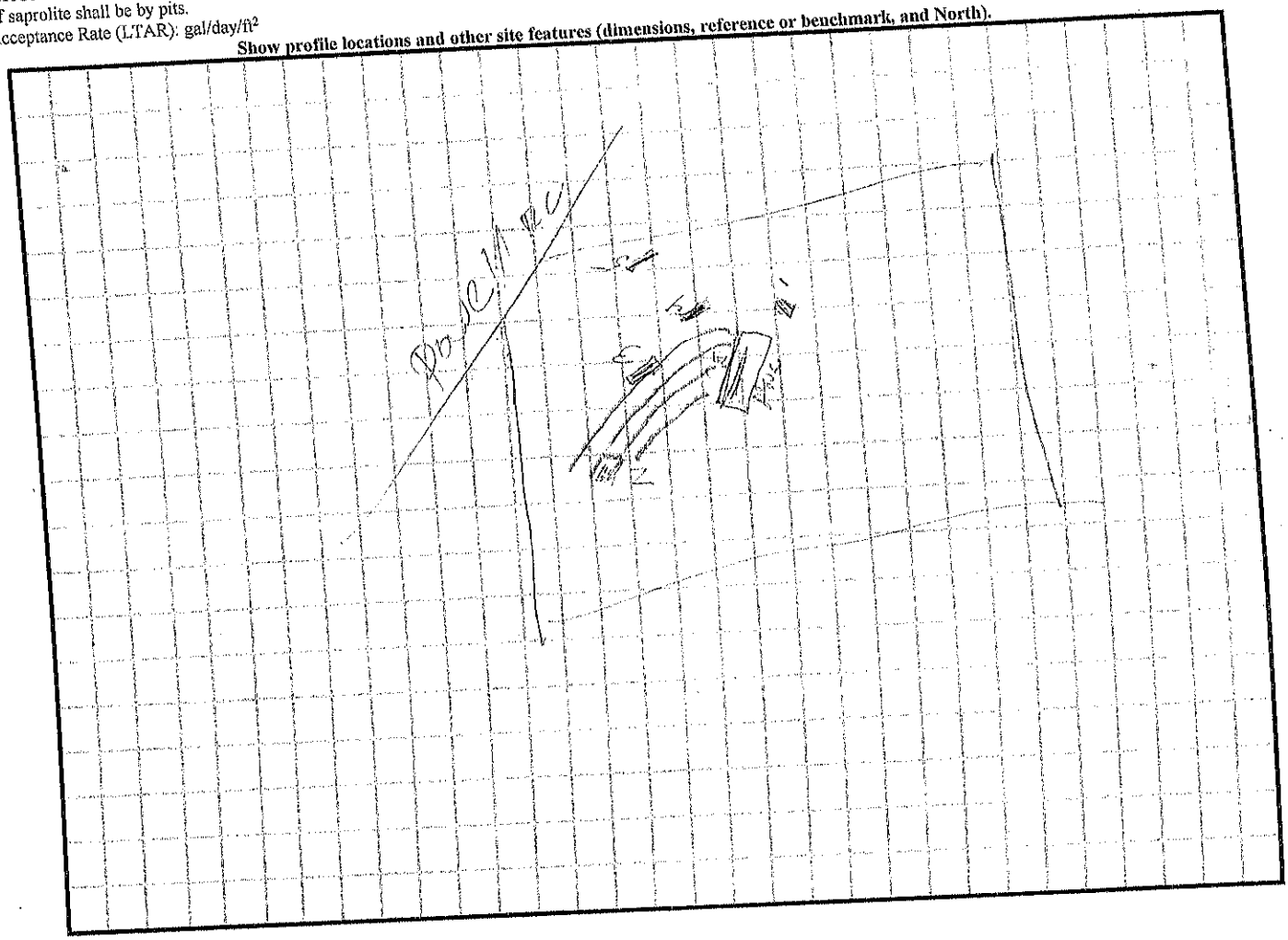
IL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

ASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

aluation of saprolite shall be by pits.

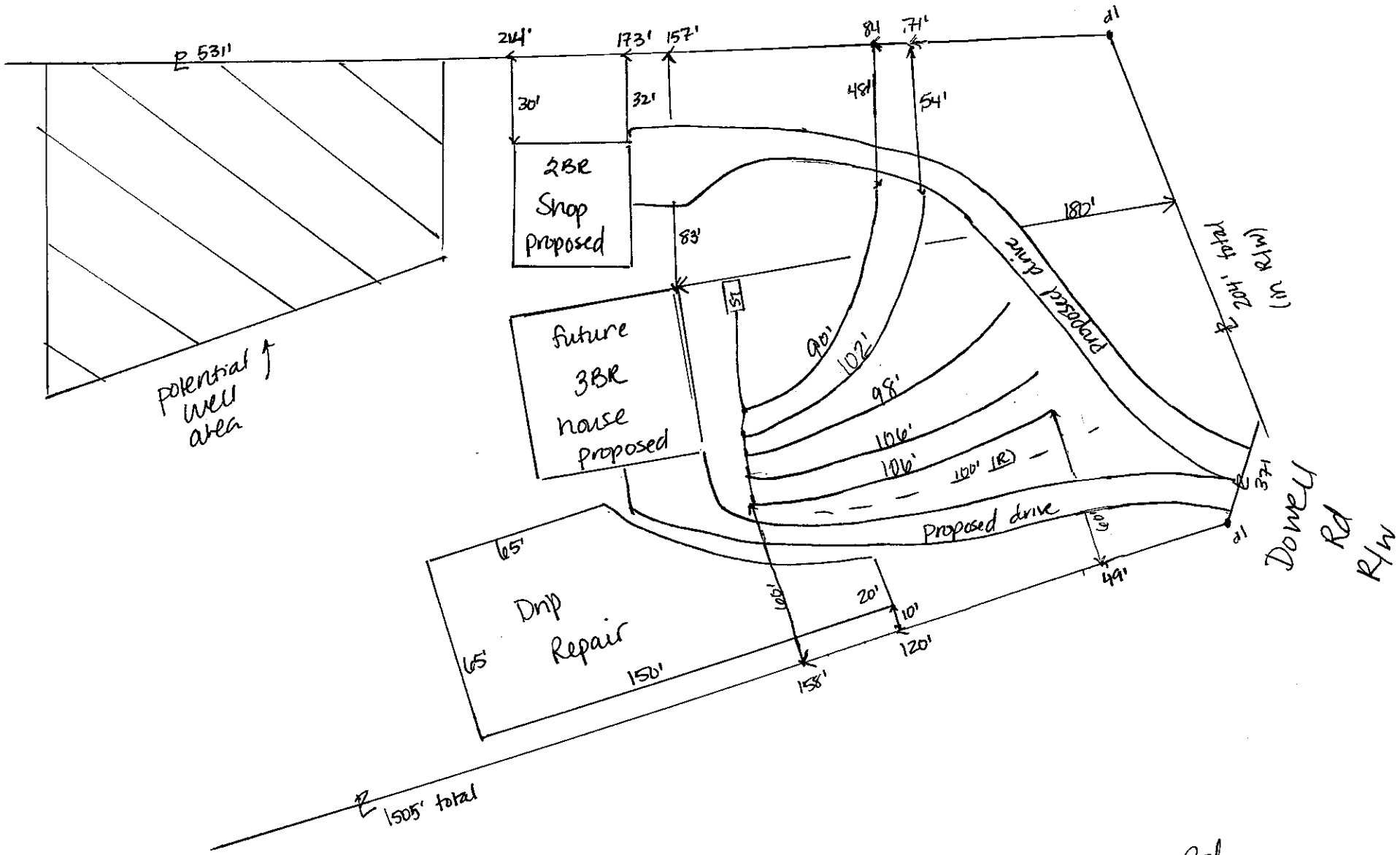
ng-term Acceptance Rate (LTAR): gal/day/ft²

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



ST = soil stake
IP = iron pin

1"=50'



146 Dowell Rd
Olin, NC 28660

approved
6/16/22

RECEIVED MAY 04 2022

DW

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- 310939 $500.00

Expansion

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: Garrett Tomlin Address: 201 Indian Hill rd Zip: 28689
Applicant Email: gtomlin699@gmail.com Phone: 336-467-9060 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 146 Dowell rd - Olin
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Turn on Dowell off Trumpet Branch rd and its the first cleared off Lot on the right

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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.

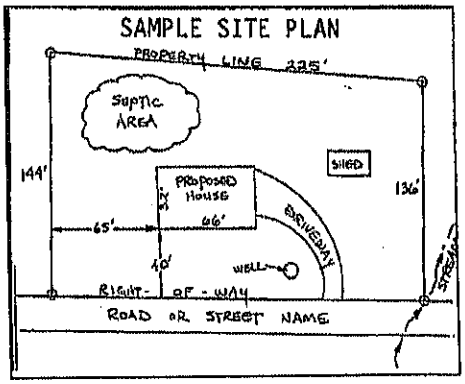
Signature: Garrett Tomlin 5/3/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and 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

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

See attached copy

Signature: _____ 5/3/22

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*) Garrett Conklin

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, Garrett Conklin, am the legal owner(s) of the property located at 146 Dowell rd, 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.

Garrett Conklin — Signature of Owner(s)

5/3/22 — 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 · NC

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

APPLICATION NUMBER
310939 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4832657087.000	146 DOWELL RD	Iredell County

Owner Information	Applicant Information
Name: MONHEIM WALTER W Address: Phone:	Name: Garrett Tomlin Address: 201 Indian Hill Rd Union Grove, NC 28689 Phone: (336)467-9060

Use Requested	Zone Code
Single Family Dwelling	RU-R

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.09	35	35	15	15	N/A	NO

Remarks

SFD
This will be converted to an accessory dwelling unit once the house is built. Max heated sq ft is 650 sq ft. They car only have one driveway for both structures (house and accessory dwelling unit).

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of a kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applica further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will n be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 05/03/2022

Signature of Owner/Contractor

Permit Number	310939	TOTAL FEES:	$154.50

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 1 and stories? 1

Please describe project (Details, Purpose, or Use): Shop with living quarters

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1,760

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Garrett Tomlin Phone # 336-467-9060

Owner's Current Address 201 Indian Hill rd

Property Information

Property Address 146 Dowell rd Parcel # _____

Subdivision:_____ Lot:____ Zoning:_____ Watershed: Y / N Flood Plain: Y / N Township:_____

Directions to property (from a MAIN ROAD) Turn on Dowell off Trumpet Branch rd and its the first cleared off spot on the right

Application Information

Applicant's Name or Company Garrett Tomlin Applicant's Phone # 336-467-9060

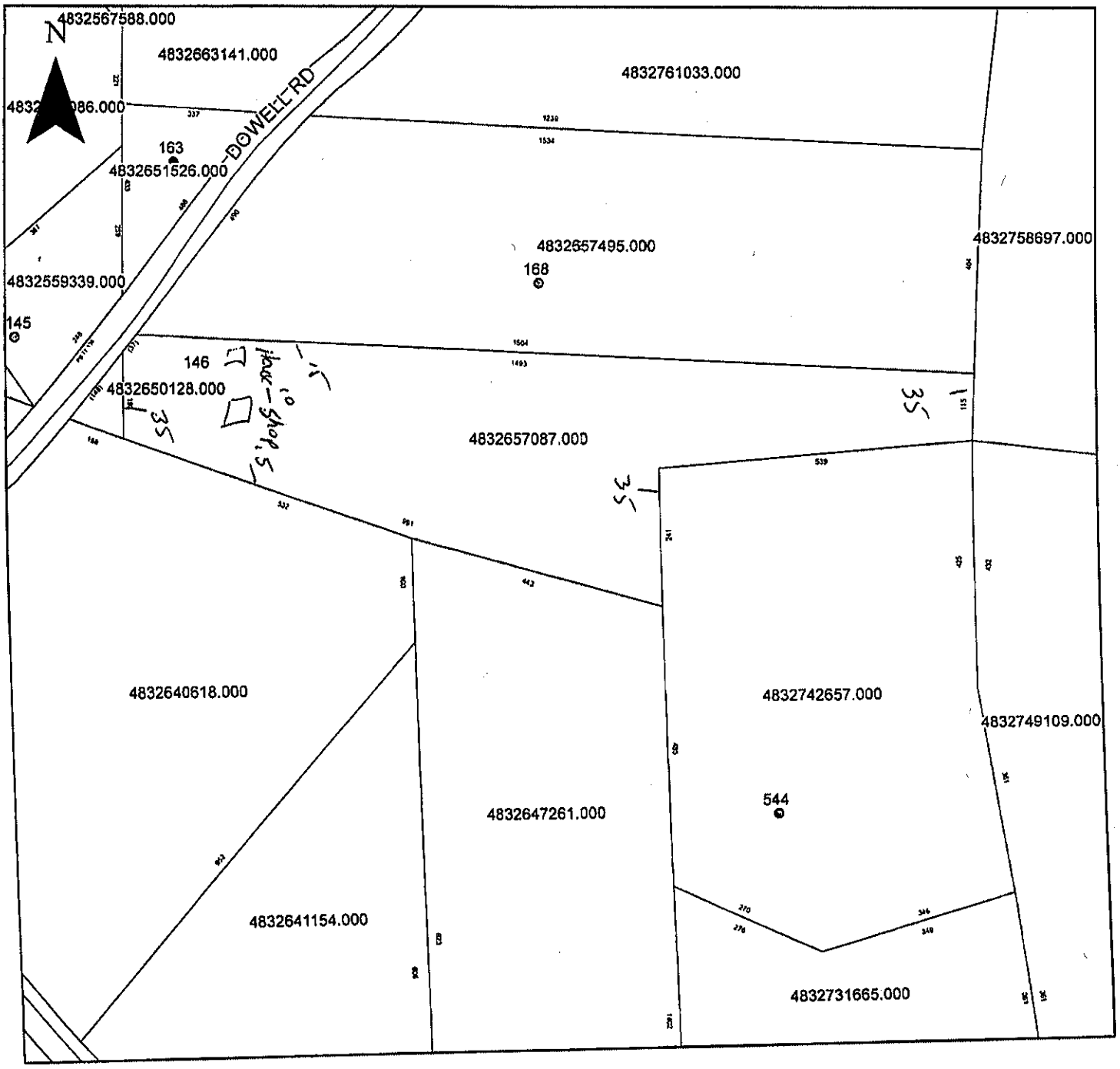
Applicant's Address 201 Indian Hill rd

If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Garrett Tomlin DATE 5/3/22

ZONING DISCLAIMER



Property Address 146 Dowell Rd.

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

5/13/22
Date

Acknowledgement Of
Plans Submittal ONLY!
Date 5/3/22
Date 6/16/22

