IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232890

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

PIN # 4636-00-7878

APPLICANT/OWNER: Jeff Schutt + Kim Schutt APPLICANT ADDRESS: 117 North Shore Dr. Mooresville, NC 28117

SITE ADDRESS: 117 North Shore Drive Mooresville, NC 28117 PHONE: 704-402-3556 ALT. PHONE 704-657-1328

SITE DIRECTIONS: BSR → L on Isle of Pines → R @ 2nd Cove Creek Loop L on Wynswept → R on North Shore → House on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: North Shore SECTION: 2 LOT # 25 LOT AREA: 0.53 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.3 (Ex)

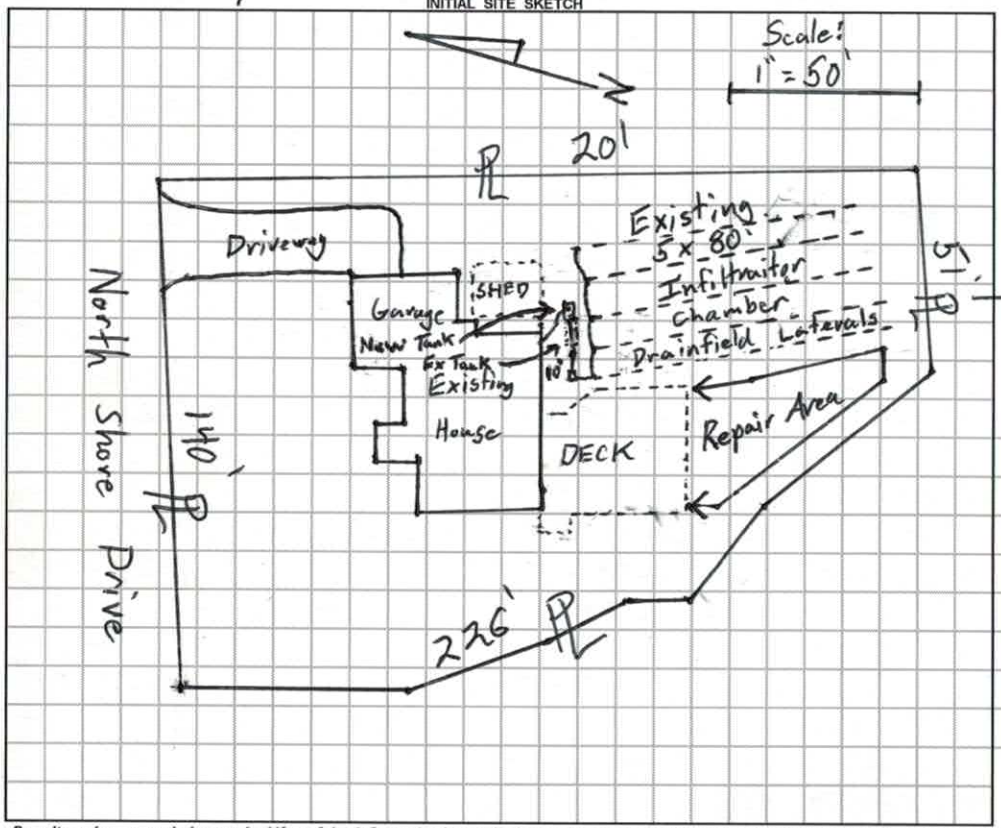
Septic Tank	1000	(gal)	STB	Infiltrator	Date	IM-1060	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Replace septic tank as requested.			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	Pump + Crush existing tank			
# Nitrification Fields	1 (Ex)	# Lines	5 (Ex)		Linear Ft	400 (Ex)	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36" (Ex)	Trench Bottom Depth(Low side)	34"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence No. Bedrooms 4 — Water Supply
☐ Business No. Persons 8 — ☐ Private
☐ Other No. Employees — ☐ Public
☐ Slab ☒ Crawl Space — ☒ Community
☐ Basement w/plumbing ☐ Basement w/o plumbing

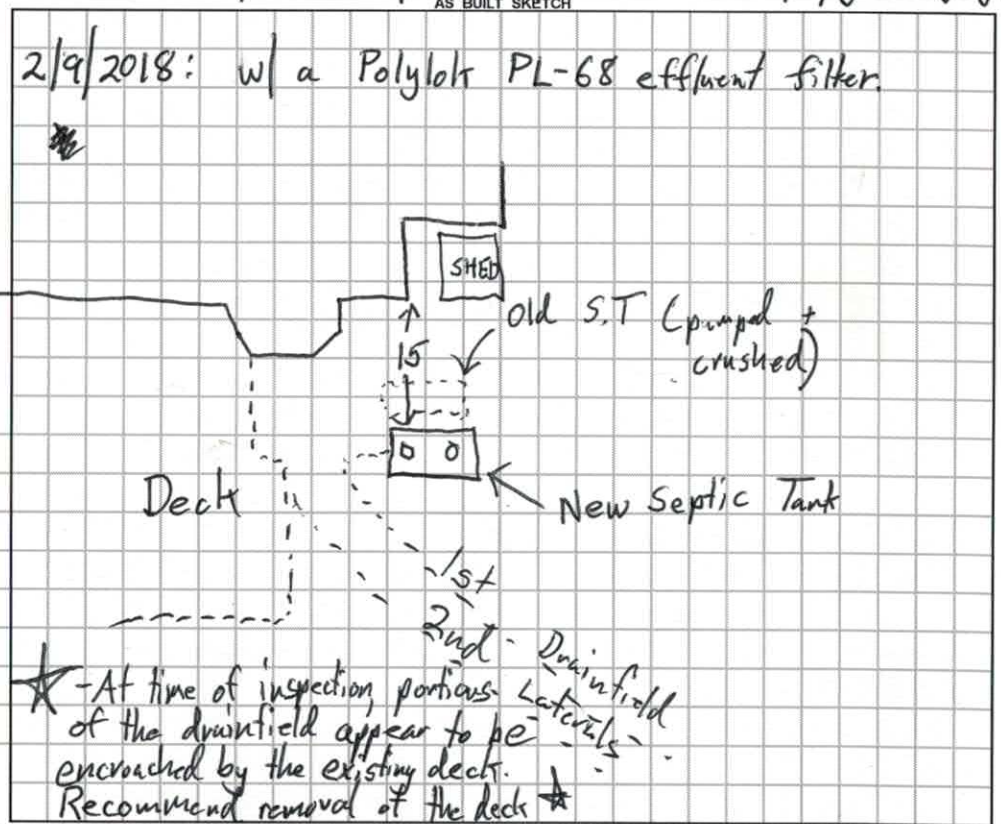
Comments / Conditions: ★ If space is tight in maintaining setbacks, new septic tank may need to be installed in same location as the old septic tank ★

★ A portion of the septic repair area appears to be encroached by the deck. Recommend removal of deck to preserve area for future repair use (per 1995 permit). Recommend pumping tank every 3-5 years.

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: Kerri M. Schutt Date: 2/1/2018 Installed by: Tim Aemmons

IMPROVEMENT PERMIT by: Tom Shuck Date: 2/1/2018 OPERATION PERMIT by: Tom Shuck Date: 2/9/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/1/2018 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.

Repair Evaluation - No Chg

RECEIVED JAN 2 4 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#232890 Paid $150.00 2-1-18

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 SEE ATTACHED

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: Kim + Jeff Schutt Address: 117 N. Shore Dr. Mooresville NC Zip: 28117

Applicant Email: (1) senoraschutt@roadrunner. Phone: 704-402-3556 (Kim) Alt. Phone: 704 657-1328 (Jeff)
(2) jwschutt@roadrunner.com com

Owner Name: Kim Schutt Address: 117 N. Shore Dr. Mooresville NC Zip: 28117

Owner Email: same Phone: same Alt. Phone: same

Property Information:

Street Address: 117 N. Shore Dr. Mooresville NC 28117

Subdivision Name: North Shore II Section/Phase: _____ Lot Number: _____

Driving Directions: Brawley, (L) Isle of Pines, (R) 2nd Cove Crk Lp, (L) Wynward Rd, (R) Wynward Ln (L) N. Shore Dr., 3rd house on (left)

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 4 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
(X) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Broken/Cracked Lid (in pieces); other
Non-Residential Site Development: Type of Business: cracks, thinning, yellowed grass
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 (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1995
( ) No Preference ( ) Alternative (1) 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 (X) 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: Kim M. Schutt 1/24/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

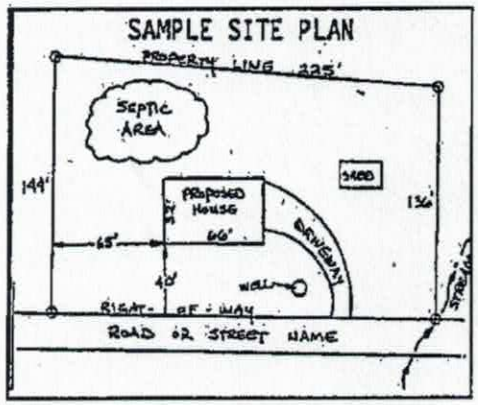
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) 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

PLEASE SEE ATTACHED

Signature: Kimi M. Schuss
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/24/18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21644 DATE 7/23/95 TAX MAP NO. 2G 23 B25 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Robert Ingram Homes PHONE: Business 391-3715 Home L4636-00-7898

ADDRESS I 85 Service Rd. Charlotte, NC. 28208

LOCATION Brawley (L) Lake Pines, TR Cove Cend (L) Wynwood (R) Wynwood Ln. TL North Shore to 3rd lot on (L)

SUBDIVISION North Shore BLOCK / SECTION II LOT 25 LOT AREA ~.6 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9/6/95
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 61 Square Feet 1600 Linear Feet 400 (533)
No Lines *4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAV INFILTRATOR
Repair System Description: PANEL
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ______

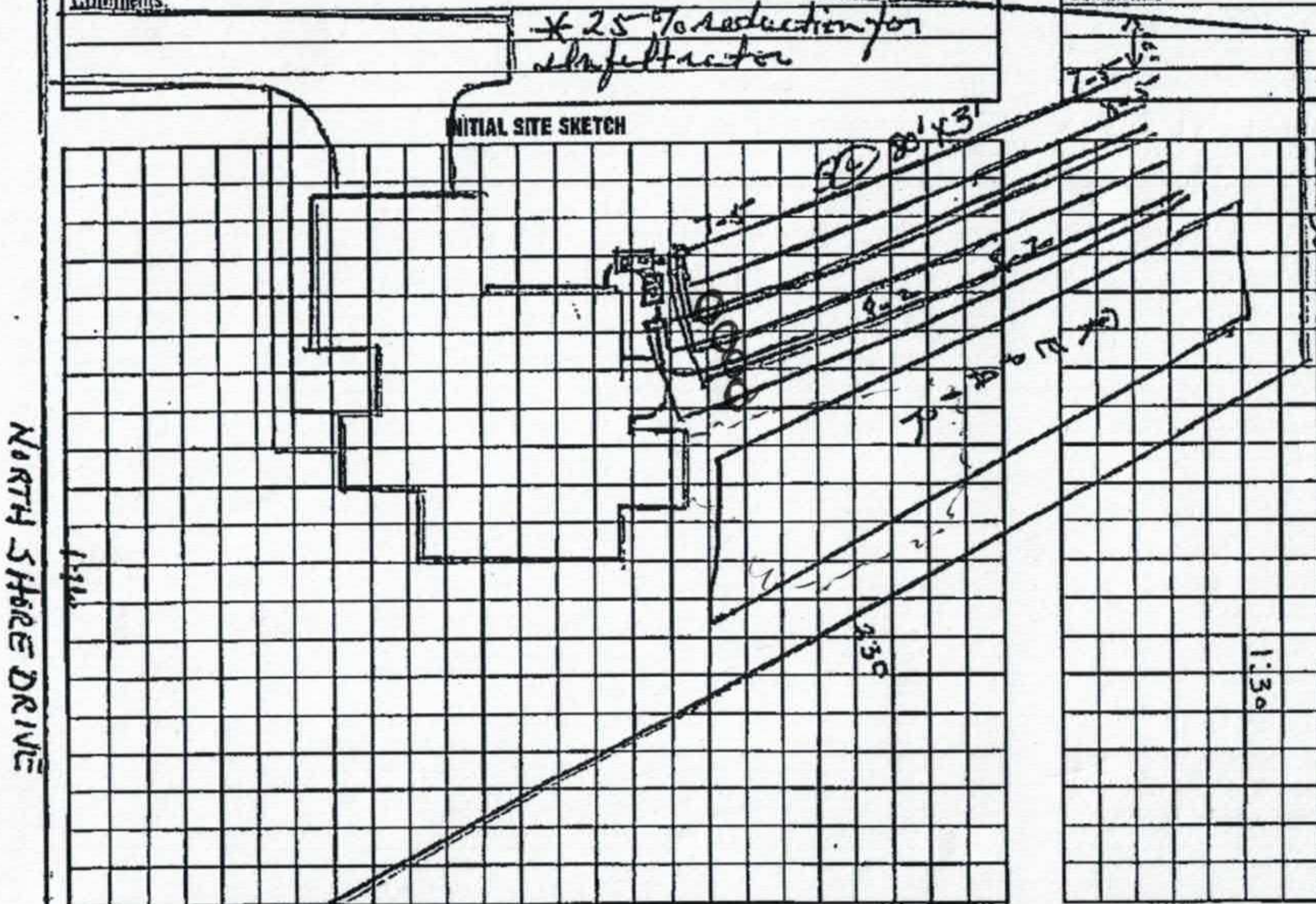
Water Supply: ☐ Individual ☒ Community ☐ Public

Comments: 200 *25% reduction for infiltrator

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: 7-26-95

Improvement Permit by: Wesley Sparks R.S. date 7/23/95

Existing System Inspection by: ______ date ______

Installed by: Aaron House Grading

Certificate of Completion by: Wesley Sparks R.S. date 11/8/95

Operation Permit by: Wesley Sparks R.S. date 11/8/95

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD