IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214595

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

PIN # 4636920252

APPLICANT: Rick Hutchison APPLICANT ADDRESS: 115 Chatworth Ln Mooresville, NC

SITE ADDRESS: 115 Chatworth Ln - Mooresville, NC PHONE: 704 309-1925 ALT. PHONE: 704 791-7287

SITE DIRECTIONS: Brawley School Rd TL Canvasback Rd at end TR Chatworth

SUBDIVISION: Woodland Hills SECTION: 3 LOT # 27 LOT AREA: 1.40 DESIGN FLOW: 3 bdrm L.T.A.R.:

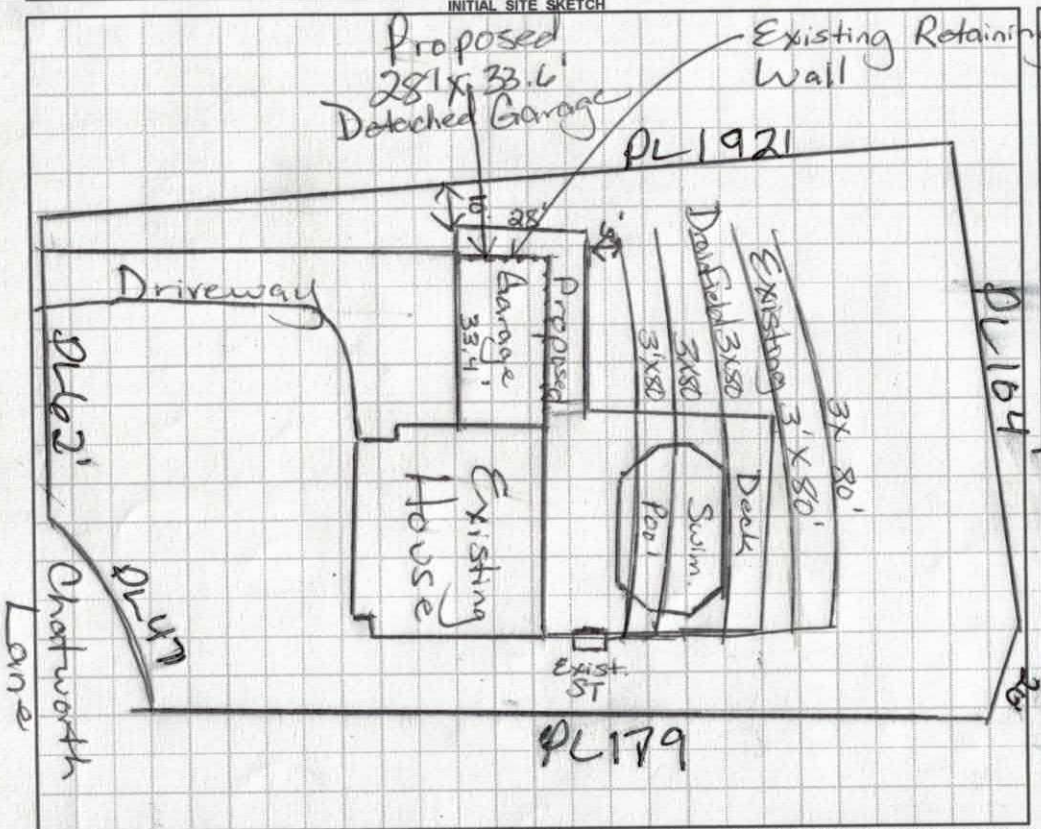
Existing

Septic Tank	1250 (gal)	STB	Date	☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Existing Gravity Conventional		☐ Business	No. Persons		☐ Private
Pump Make	Model		Serial #	Repair System Description: Modified Convent.		☒ Other Garage	No. Employees		☒ Public
# Nitrification Fields 1	# Lines 5		Linear Ft: 400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☒ Community
Trench Width 36"	Max. Trench Bottom Depth		Gravel Depth 12"	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: ☒ Must keep garage at least 5ft from existing Septic system.

The proposed detached Garage should not impact existing Septic System.

INITIAL SITE SKETCH



AS BUILT SKETCH

☒ It is Strongly recommended that any structures that encroach upon the Existing Septic System be removed. It is unclear what kind of damage it may have caused to the Existing Septic.

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: Dean Hodges Date: 12-8-16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dolan Date: 12/7/16

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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	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
A 1	LL/HS 5%	0-18	BSCL/CL, WSBK	FR, SS, SP	/	48"	FEW MANG.	/	.275
		18-48	BC, SBK/WSBK	" " "					
A 2	LL/HS 5%	0-5	FILL	—	/	48"	F SAP INCL. F-L MANG.	/	.275
		5-12	BCL, WSBK	FR, SS, SP					
		12-31	RBC, WSBK	" " "					
		31-48	RBC/CL, SBK/WSBK	" " "					
A 3	LS 15%	0-6	BCL, WSBK	FR, SS, SP	/	43"	F-L-M SAP INCL. 24-40" FEW MANG.	43"	.275
		6-30	RC, WSBK	" " "					
		30-41	RCL, WSBK/WSBK	" " "					
		41-43	MASS SAP	VFR, " "					
		43	AR						
A 4	SS 3%	0-5	BCL/SCL, WSBK	FR, SS, SP	/	16"	C-M SAP INCL 6-10"	/	NEED PIT.
		5-16	RC/CL, WSBK	" " "					
		16-26	MASS SAP	FI, SS, SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: SAP IN A4 IS HARD FEEL WITH AUGER.

1 inch = 40 feet

1:480



P 16 (
P 10
R 81
O 62'
P 66'
R 66'
UF 60'

RUSHUTCHI @ Gmail.Com

Garage
33'4" x
28' Depth

Garage
starts
22' behin
front of
house
100ft from
front R

72 Ga for EXISTING LINE
175' of PANEL REPAIR

149

Exist Drainfie
24½' off Hou

Gara
6' of
1st D

14½
off
retai
wall

RECEIVED MAR 2 8 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Paid $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)

#214595

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct _ Existing S... Relocation -

Please CALL prior to inspection
Name: Rick
Number: 704-309-1927

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Surv... ___Custom Si...
Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Rick Hutchison	115 Chatworth Lane	704 6620775	7043091927
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Rick Hutchison	same	same	same

4. Property Information:

115 Chatworth Lane (Street Address) | Woodland Hills (Subdivision Name) | Lot 27 (Section/Phase and Lot Number)

Driving Directions: Brawley School Rd - take a Right on Canvas Back Rd - at end of street

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to
(✓) Other relocate septic for garage addition

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?

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

33' wide X 30' depth

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 ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Rick Hutchison
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/28/16
DATE

RECEIVED OCT 3 0 2015

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Paid $250.00 #214595

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1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___ 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 #
Paula Hutchison	115 Chatworth Lane	704-309-1925	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
115 Chatworth Ln Mooresville	Woodlawn Hills land	Lot 27

Driving Directions: (Here's 2 Canvas Back) Brawley School Rd, Iegton Canvas Back Rd Turn left on Canvas Back than turn Right on 115 Chatworth Ln (cul de sac) Green house on left

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ___
(X) Other Detached garage

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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 (X) 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 ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Paula Hutchison 10/30/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

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

_____ **Front and side setbacks from property line…**

_____ **Area you prefer your septic system to be placed…**

_____ **Preferred driveway location and configuration, preferred well location…**

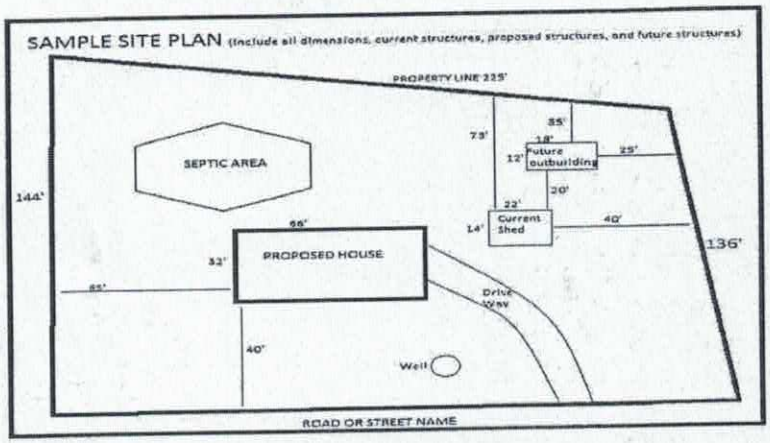
_____ **North arrow, or other sufficient indicator of direction…**

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



Signature: Paula Hutchison 10/30/15

REQUIRED **property owner or owner's legal representative signature.**

10/30/15

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

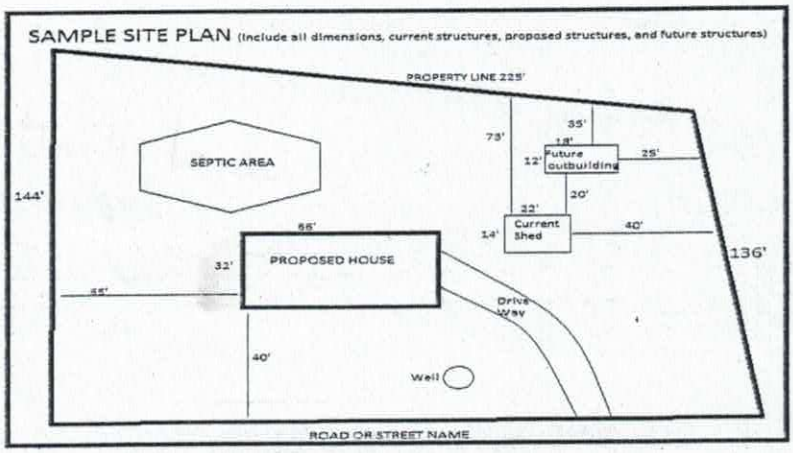
SITE PLAN WORKSHEET

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...

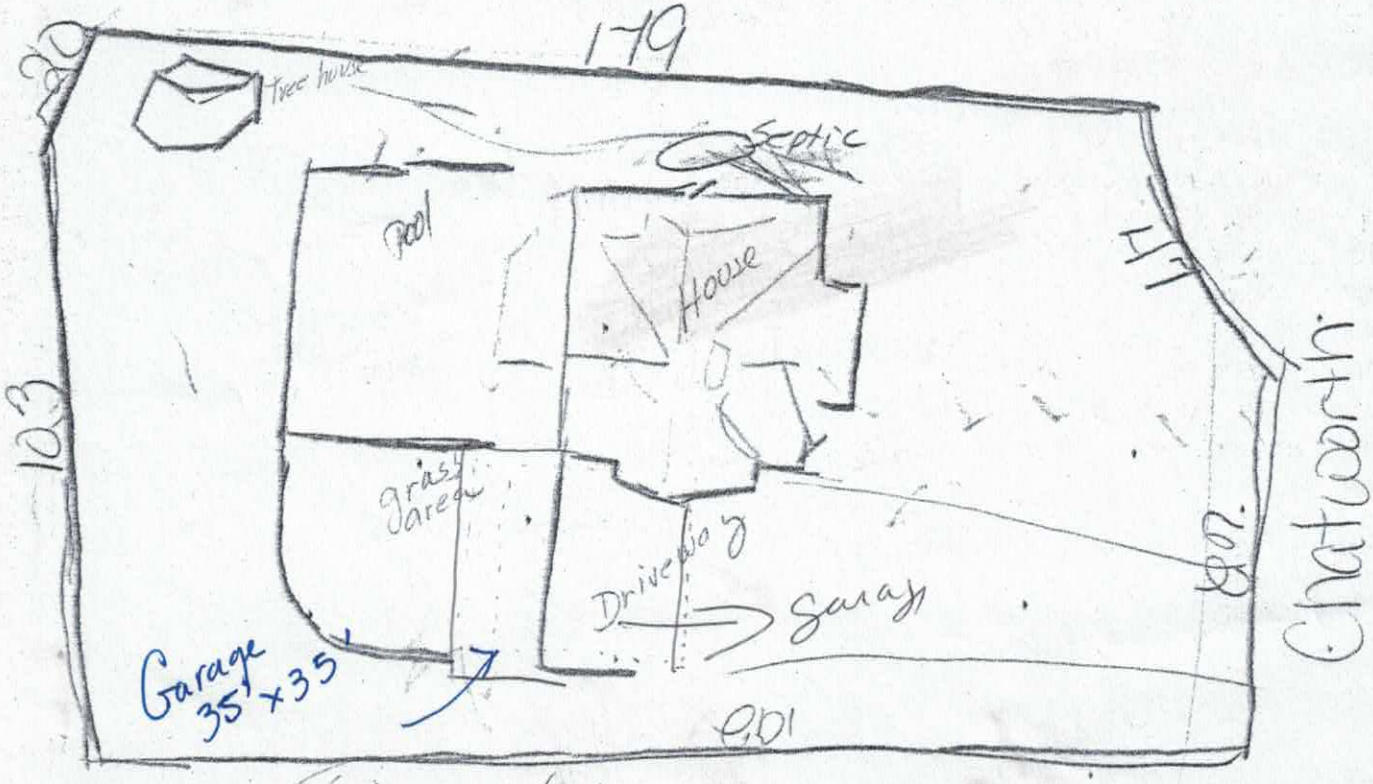
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
_____ Front and side setbacks from property line...
_____ Preferred driveway location and configuration, preferred well location...
_____ Area you prefer your 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



May need to extend septic to Lot 32

USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Linda Hutchison 10/30/15
REQUIRED property owner or owner's legal representative signature.

DATE

08581

4636920252

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jim Tyson DATE June 16, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 100 TR 1179 (Canadaback) TR Highland Dr. TR Highland Dr. at end on Rt

S. R. No. _____

SUBDIVISION NAME Woodland Hills LOT NO. 27 SECTION OR BLOCK NO. 3

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ VS Yes (✓) No ( )

Lot Area 220000 ft2

Character & Porosity of Soil Clay

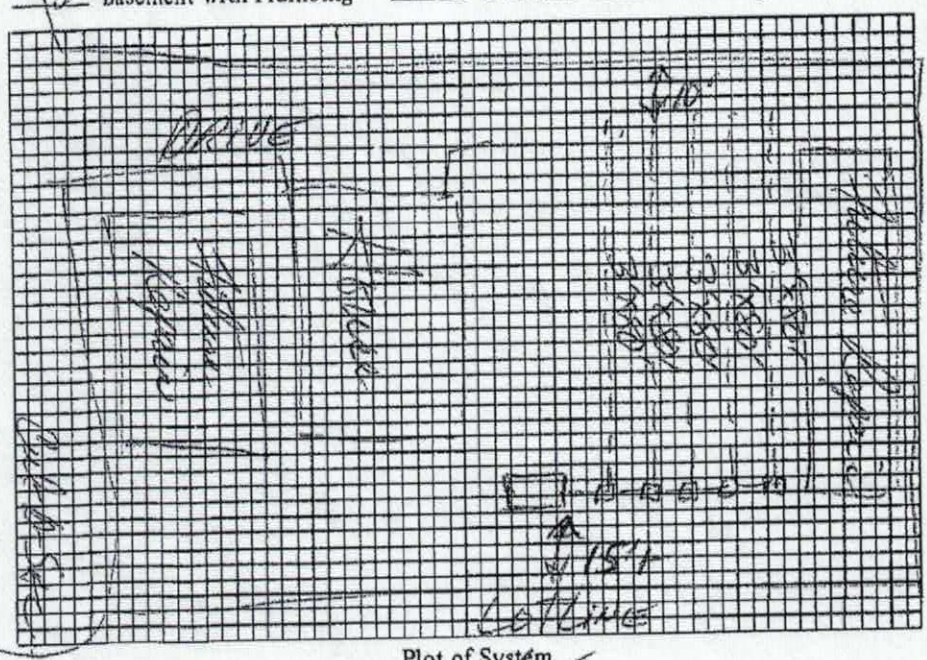
Percolation Rate 2, 3

Topography 10-15%

Depth to Water Table 4ft

Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓) C.W.

Installed by Robison

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6/16/88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY

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

APPLICATION NUMBER
214595
Issue Date: 10/30/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636920252.000	115 CHATWORTH LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HUTCHISON RICKY W+PAULA	Applicant: HUTCHISON RICKY W+PAUL
Address: 115 CHATWORTH LN MOORESVILLE, NC 28117	Address: 115 CHATWORTH LN MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
DET GARAGE	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.400		10.00	10.00	10.00	CACL	X

Remarks:

Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line.

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	52929	TOTAL FEES:	$ 77.25