IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 880-3625 PERMIT # 227080

EH

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

PIN # 4667-74-7156

APPLICANT: Caryn Hutchinson APPLICANT ADDRESS: 139 Linwood Rd. Mooresville, NC 28115

SITE ADDRESS: 139 Linwood Rd. Mooresville, NC 28115 PHONE: 704-663-5560 ALT. PHONE: 704-490-7487

SITE DIRECTIONS: N. Main Street East → R on Linwood Rd → 2nd property on left

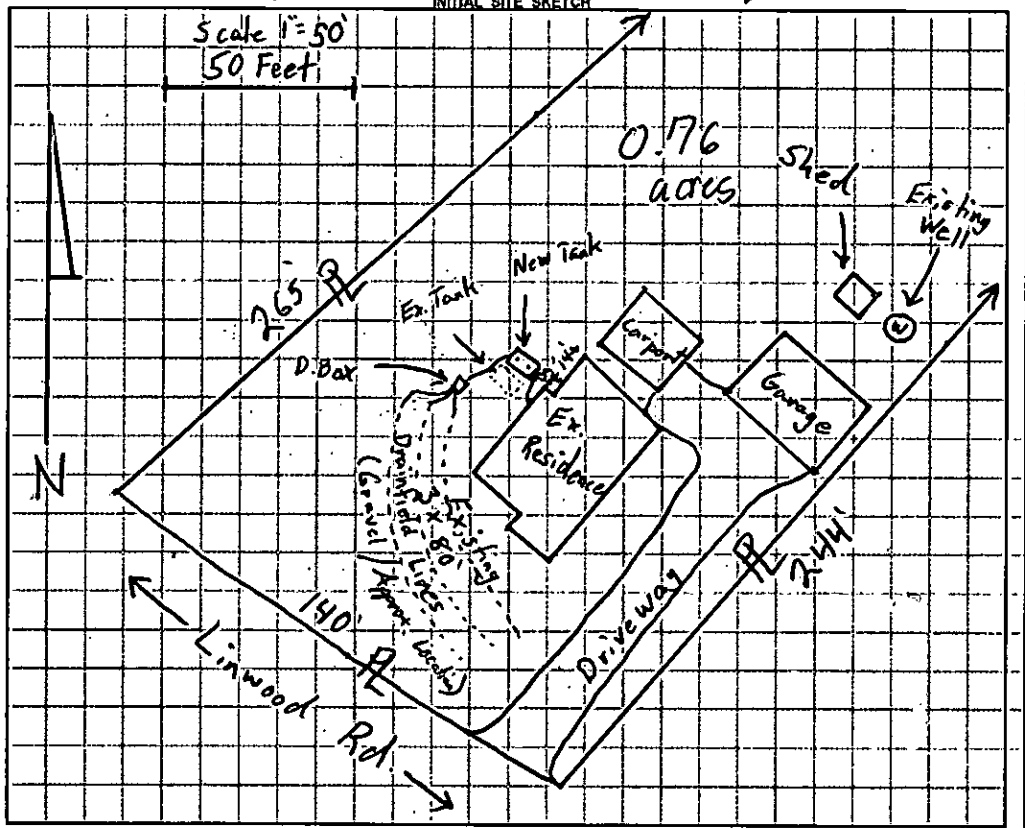
SUBDIVISION: — SECTION: — LOT # — LOT AREA: ≈0.48 acres DESIGN FLOW: 360 GPD L.T.A.R.: —

Septic Tank	1000 (gal)	STB	2071	Date	—	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Replace crumbling septic tank as	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	needed/requested.	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3 Ex	Linear Ft:	240 Ex	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36" Ex	Max. Trench Bottom Depth	36" Ex	Gravel Depth	12" Ex		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

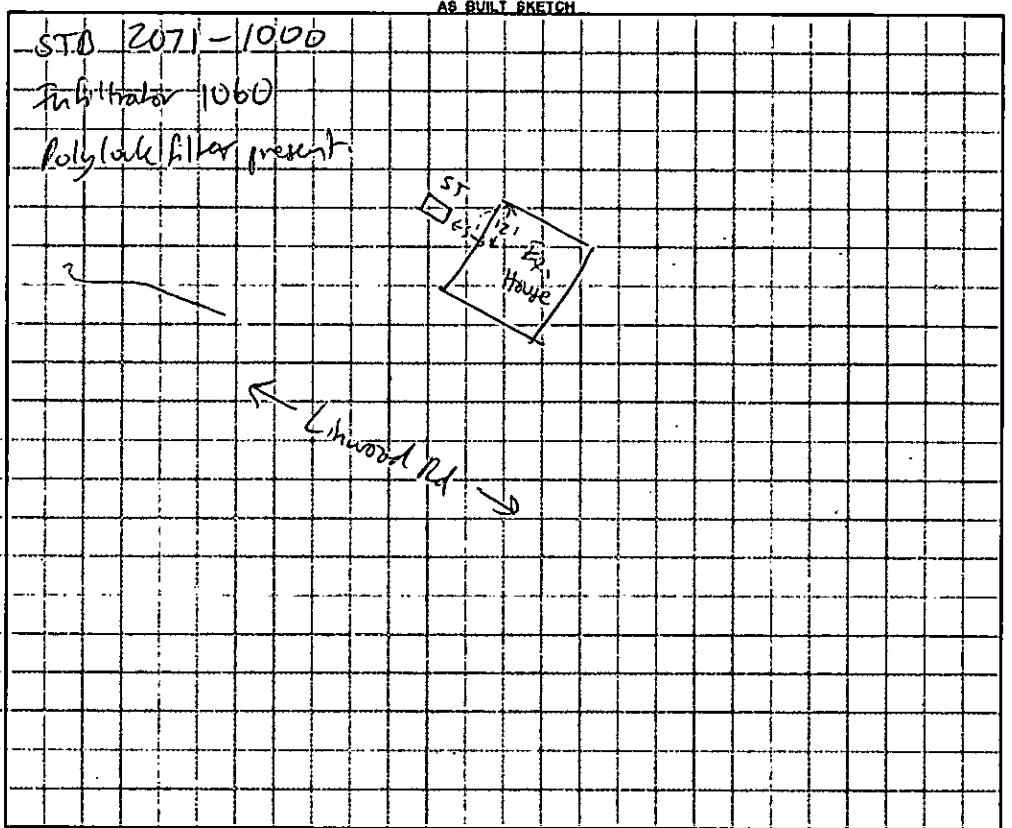
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing tank shall be pumped, crushed/hauled away/filled with clean-flowable fill (pick one) New tank to be installed adjacent to the old. At time of repair site visit, owners inquired about possible leaky fixture (seek plumber services to address ASAP) Recommend pumping new septic 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: Caryn Hutchinson Date: 5/17/17 Installed by: John Massey

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/17/17 OPERATION PERMIT by: Mohamed Dumanier Date: 6/29/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/17/17 Existing System Inspected by: — Date: —

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

RECEIVED MAY 1 1 2017

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

Paid $150.00 5/17/17

(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)

#227080

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

Repair Evaluation No Chg

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Caryn Hutchinson	139 Linwood Rd Mooresville NC 28115	(704)663-5560	(704)490-7487 (cell)
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Caryn & Clarence Hutchinson	139 Linwood Rd Mooresville NC 28115	(704)6635560	(704)928-8181 (daughters cell)

4. Property Information:

139 LINWOOD RD (Street Address) ___ (Subdivision Name) ___ (Section/Phase and Lot Number)

Driving Directions: Take N. Main St. to Linwood Rd, right on Linwood Rd, House is light grey with red roof (2nd property on left).

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

( ) New, Single Family Residence — Maximum Number of Bedrooms ___ — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to existing tank wall caving in — ( ) Basement w/out Plumbing?
( ) Other ___

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 (X) 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 1950 (?) (Year)

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

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: Caryn Hutchinson — Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 5/11/17 DATE

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Effective 01/01/2015:
There is NO Repair EVALUATION fee paid at time of application submittal.
Once Environmental Health has made a site visit and determined that a repair permit is necessary, the fee of $150 must be paid before the permit will be issued.

The following information is needed to locate the existing septic layout for the site of the reported malfunctioning system. This will assist our Environmental Health Specialist in determining the actual system layout.

Incomplete or missing information may delay the system repair. Sometimes, septic system permits are in the name of a contractor. Mobile and modular homes may also be listed in the name of a mobile home company (Ex. Clayton Mobile Homes, First Choice Housing, Statesville Housing, etc.) If you do not know, ask a neighbor that might possibly know who built the home if you are not the original owner. Since we do not presently have an automated system, any little bit of extra information you can provide would greatly aid in the search.

For property located NORTH of Ostwalt-Amity Road, all completed forms and payment should be submitted to the Statesville office between the hours of 8:00am and 5:00pm daily.

For property located SOUTH of Ostwalt-Amity Road, all completed forms and payment should be submitted to the Mooresville office between the hours of 8:00am and 5:00pm daily.

Physical Addresses:

Statesville Office:
349 N. Center St.
Statesville, NC 28677
Phone: 704-878-5305

Mooresville Office:
610 E. Center Ave.
Mooresville, NC 28115
Phone: 704-660-3625

Existing Septic System Information Needed for SEPTIC REPAIR PERMIT

DATE: 5/11/17 PIN: 4667747156 (Shows on your annual tax bill.)

REQUESTED BY: Caryn Hutchinson PHONE: 704-663-5560

ADDRESS OF PROPERTY: 139 Linwood Rd CITY: Mooresville

SUBDIVISION: — LOT #: —

YEAR SEPTIC INSTALLED OR HOME BUILT / PLACED: 1950 (?) Stick built ✓ Modular ____ Mobile ____

NAME OF APPLICANT, CONTRACTOR OR MOBILE HOME COMPANY AS APPLICABLE:
Caryn Hutchinson and Clarence Hutchinson

NAME OF FIRST OWNER: Thompson (?)