IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240791.

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

PIN # 4751829961

APPLICANT/OWNER: Patricia Hutchens APPLICANT ADDRESS: 800 Ostwalt Amity Rd Troutman NC 28166

SITE ADDRESS: 800 Ostwalt Amity Rd Troutman NC 28166 PHONE: 704 883 2855 ALT. PHONE —

SITE DIRECTIONS: Exit 42 R on Ostwalt Amity Rd Site 3mi ahead on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.06 Acres DESIGN FLOW: 360 L.T.A.R.: .25

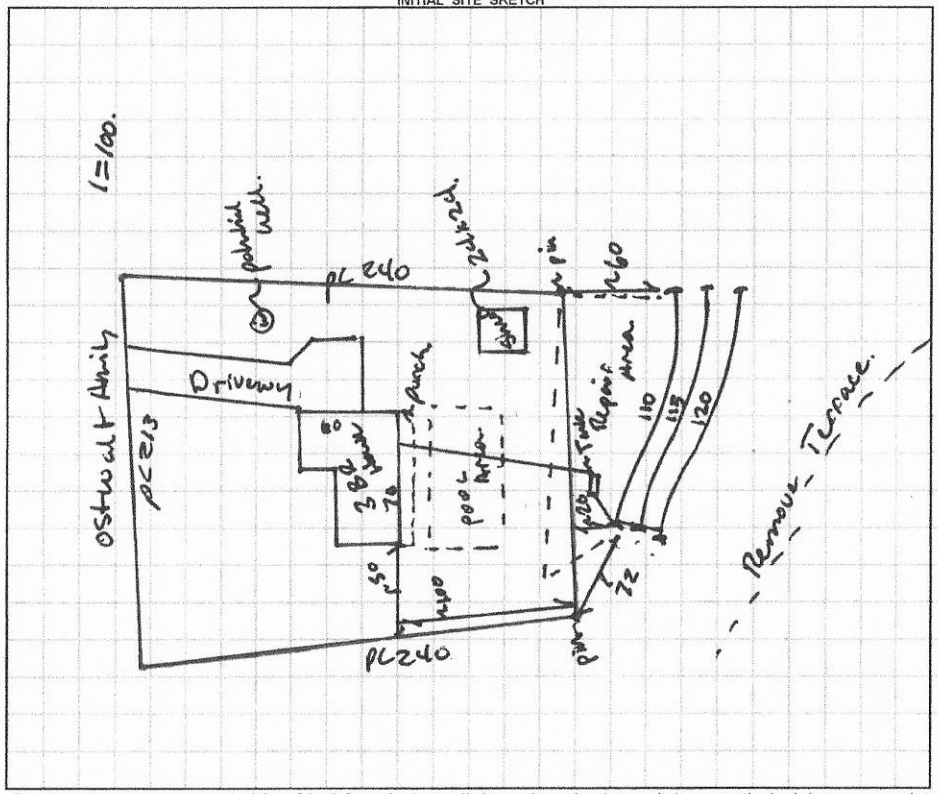
Septic Tank	1000	(gal)	STB 854	Date	10/2/19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	—	(gal)	PT —	Date	—	System Description:	Offsite Gravity 25% Reduction			☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LP - Pinel Block.			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36	Trench Bottom Depth	*36*	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

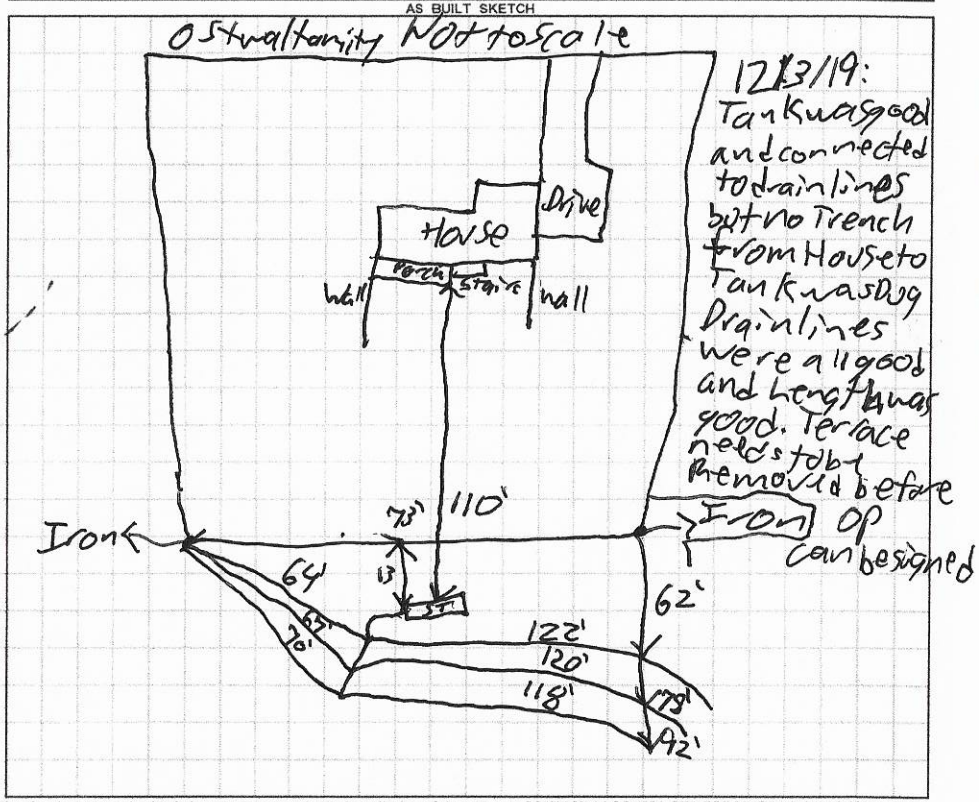
Comments / Conditions: Install Septic Drainlines @ 36 inches max. Utilize Serial distribution. Do not Drive, park, place, grade or bury utilities OFFSite Easement must be Recorded Prior to A/C

Easement Recorded BK 2660 PG 972-975

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: Patricia Hutchens Date: 11/22/19 Installed by: A-1 Backhoe - Dennis Dalliker

IMPROVEMENT PERMIT by: Benjamin A Bethea Date: 11/8/2019. OPERATION PERMIT by: Benjamin A Bethea CW Date: 1/6/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bethea Date: 11/25/2019 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.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

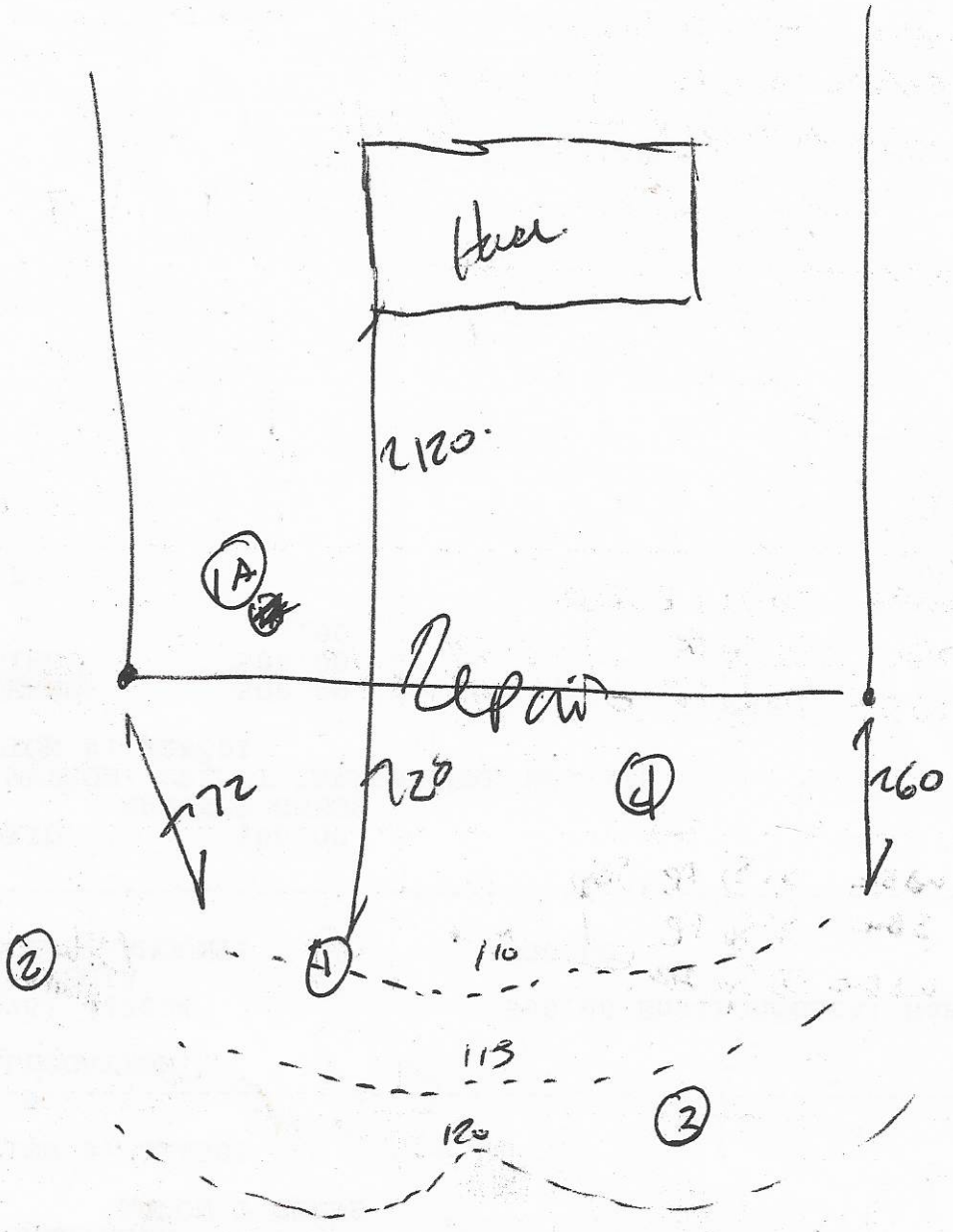
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

10YR

PROPERTY ID #: 4751826961
DATE OF EVALUATION: 11/4/19
COUNTY: Iredell.

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	Side	0-6	SC wSBk	SS Sp FR SEXP	2.5YR 4/6	d8.		Litho Mottles. 10YR 5/4 c 22-29 Inches	Class e30 Inches PS .(22) .25 LTAR
		6-24	C SBk/ABk	SS Sp FR					
		24-48	CC wSBk/mABk	SS Sp FR					
2		0-48						10YR 7/1 7/2 8-20 Inches	WS.
3	Side.	0-4	SC wSBk	SS Sp FR SEXP	2.5YR 4/6.	d8.		Litho Mottled Mica	PS .30
		4-20	C SBk	SS Sp FR					
		20-48	CC wSBk	SS Sp FR					
4	Side.	0-4	SC wSBk	SS Sp FR SEXP		d8		Litho Mottled.	PS .30
		4-24	C SBk	SS Sp FR					
		24-48	CC wSBk	SS Sp FR					

COMMENTS: Offsite Easement Needed. pin# 4751933302.000.


Hwy
2120.
1A
Repair
72
120
4
260
2
1
110
113
120
3

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

Sheet 1 of 2
PROPERTY ID #: 4751029961
COUNTY: Franklin

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

OWNER: Hutchins
ADDRESS:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE:

APPLICATION DATE 9/20/19
DATE EVALUATED: 9/25/19
PROPERTY SIZE: 1.06 Acres
PROPERTY RECORDED: Yes.

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1A		0-5	Disturbed						PS .25 .275
		5-10	SL wSBk	SS Sp FR SPo	10YR 6/4 e 25	55			
		10-34	C SBk/ABk	SS Sp FR					
		36-55	CL wSBk	SS Sp FR					
2		0-21	C SBk/ABk	SS Sp	10 YR 6/4 2?? .ndia	55			PS .25
		21-55	CL wSBk/mABk	SS Sp					
3		0-10	SC wSBk	SS Sp	10 YR 6/2 4.0 .mmes	55			PS .25 Shallow
		10-35	C SBk/ABk	SS Sp					
		35-55	CL wSBk	SS Sp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360 C.A.	240 C.A.
System Type(s)	IV 25%	IV 0-5%
Site LTAR	.25	.25

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

COMMENTS: OFFSITE - See other Notes dated 11/9/2019.

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	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	0.2 - 0.05		
			None	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.

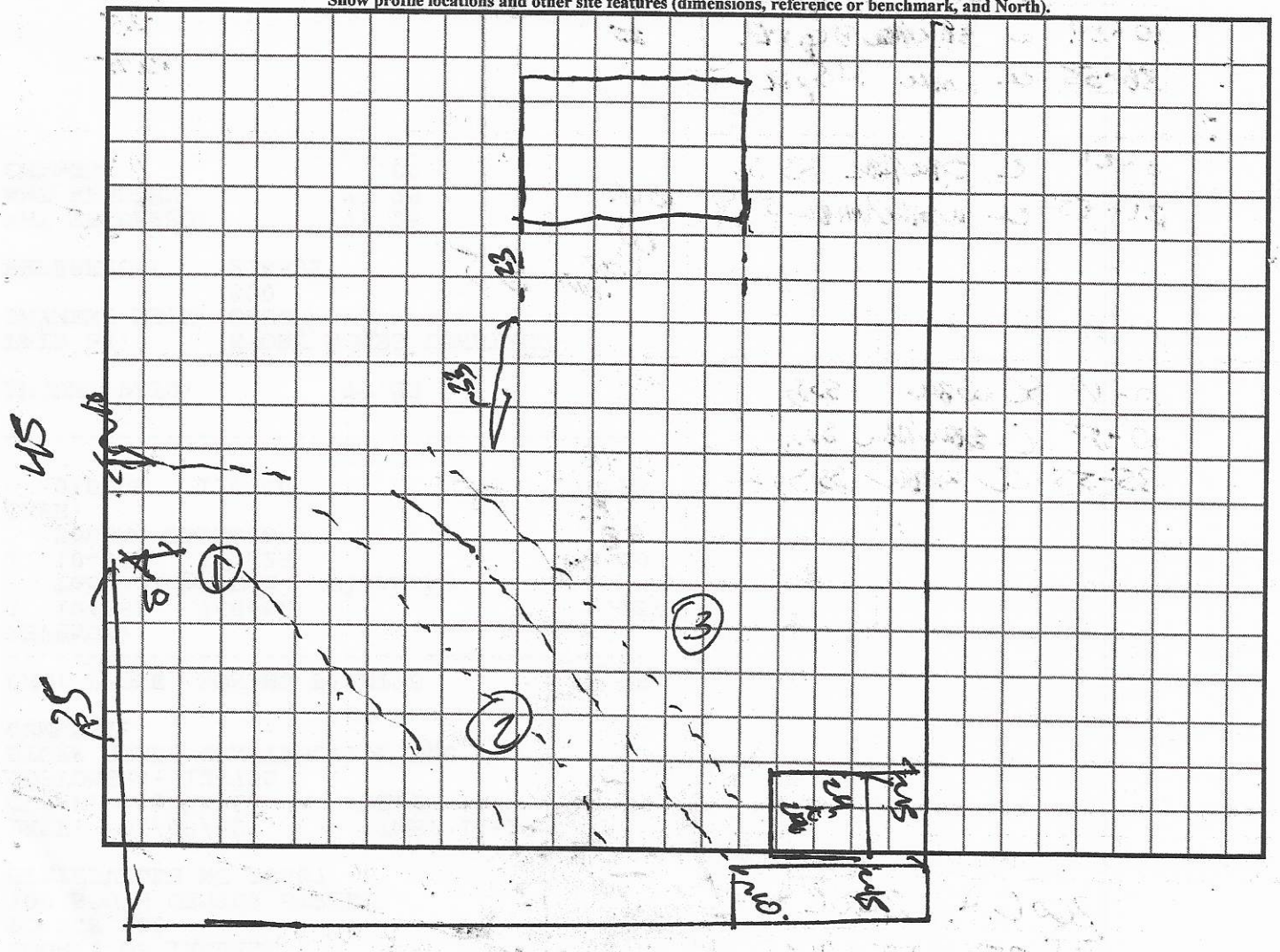
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL 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
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



not marked

RECEIVED SEP 2 0 2019

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

No chg. - Redraw

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

#240791

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: PATRICK HUTCHENS Address: 800 OSTWALT AMITY RD TROUTMAN Zip: 28166

Applicant Email: _____ Phone: 704 883 2855 Alt. Phone: _____

Owner Name: SAME Address: SAME Zip: _____

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

Property Information:

Street Address: 800 OSTWALT AMITY RD TROUTMAN NC 28166

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

Driving Directions: _____

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: 3
Maximum Number of Occupants: _____
( ) 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?

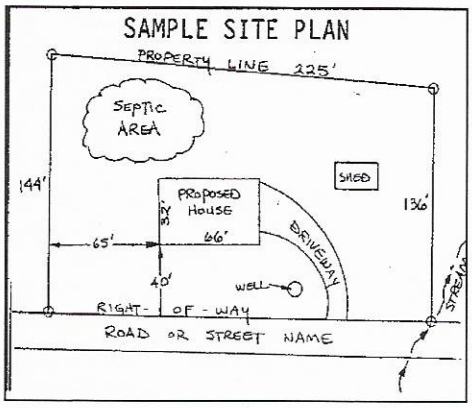
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 9-17-19
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:

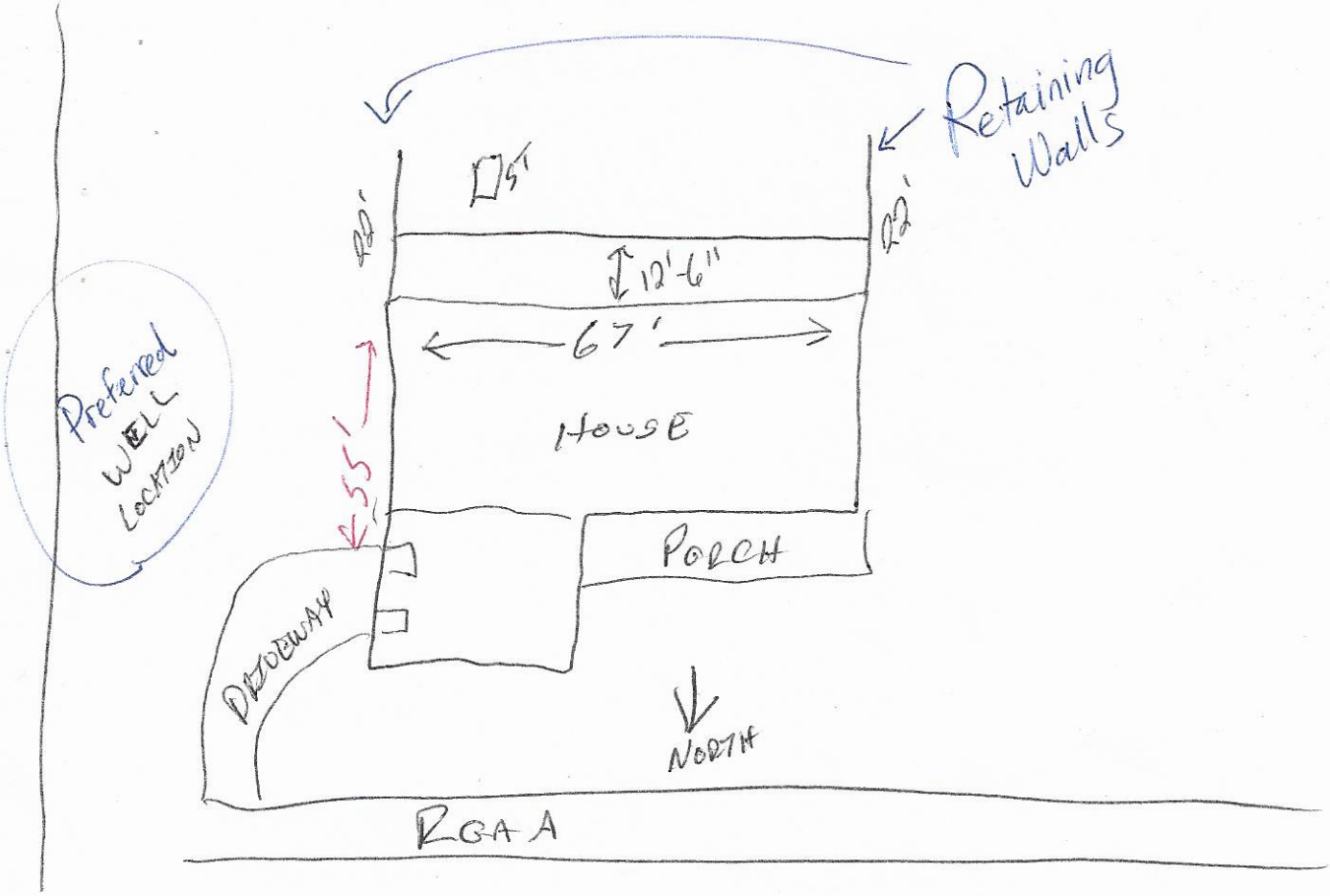
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other 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



Signature: Patrick Hall 9/17/19

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240791

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

PIN # 4751-82-9961

APPLICANT/OWNER: Erin J. Hutchens APPLICANT ADDRESS: 800 Ostwalt Amity Rd. Troutman, NC 28166

SITE ADDRESS: 800 Ostwalt Amity Rd Troutman, NC 28166 PHONE: 704-880-0670 ALT. PHONE Patrick: 704-883-2855

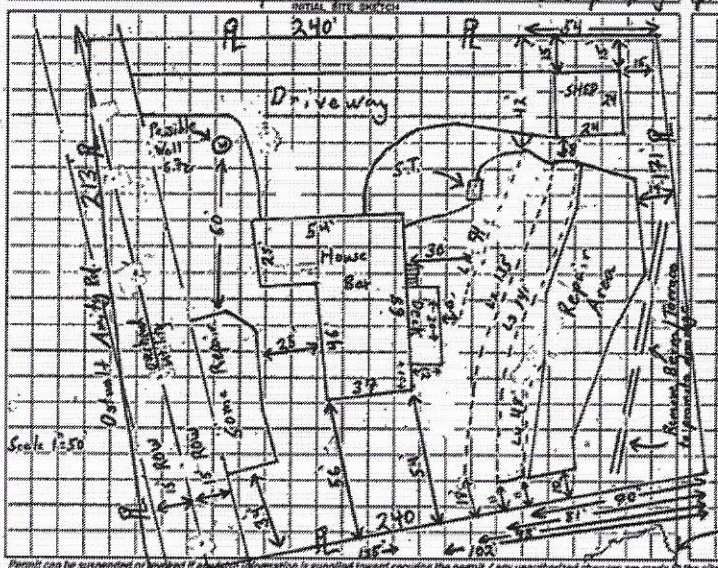
SITE DIRECTIONS: Rt 21/115 N from I-77 (Exit 42) → R on Ostwalt Amity Rd → Site 3mi ahead on Right RAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # 1 LOT AREA: 1.06 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

Septic Tank	1000 (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: 25% Reduction (Serial Distribution)		☐ Business	No. Persons	6	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description: PPBPS (Ventad) 50% Reduction		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	360	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☒ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Though 395 L.F. of drainfield has been laid out, only 360 L.F. need be installed. Spare area shall be set aside for repair purposes. Recommend pumping Septic tank every 3-5 years. Remove berm @ lower end of site. No grading, or soil placement allowed in primary or repair septic areas. No bedrooms in basement

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 to 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: Larry P. Munchy Date: 2/6/19 Installed by: —

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/3/2019 OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/8/2019 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.

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*) Patrick Hart

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, Patrick Hart, am the legal owner(s) of the property located at 600 OSTWALT ANITY RD TROUTMAN NC, 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

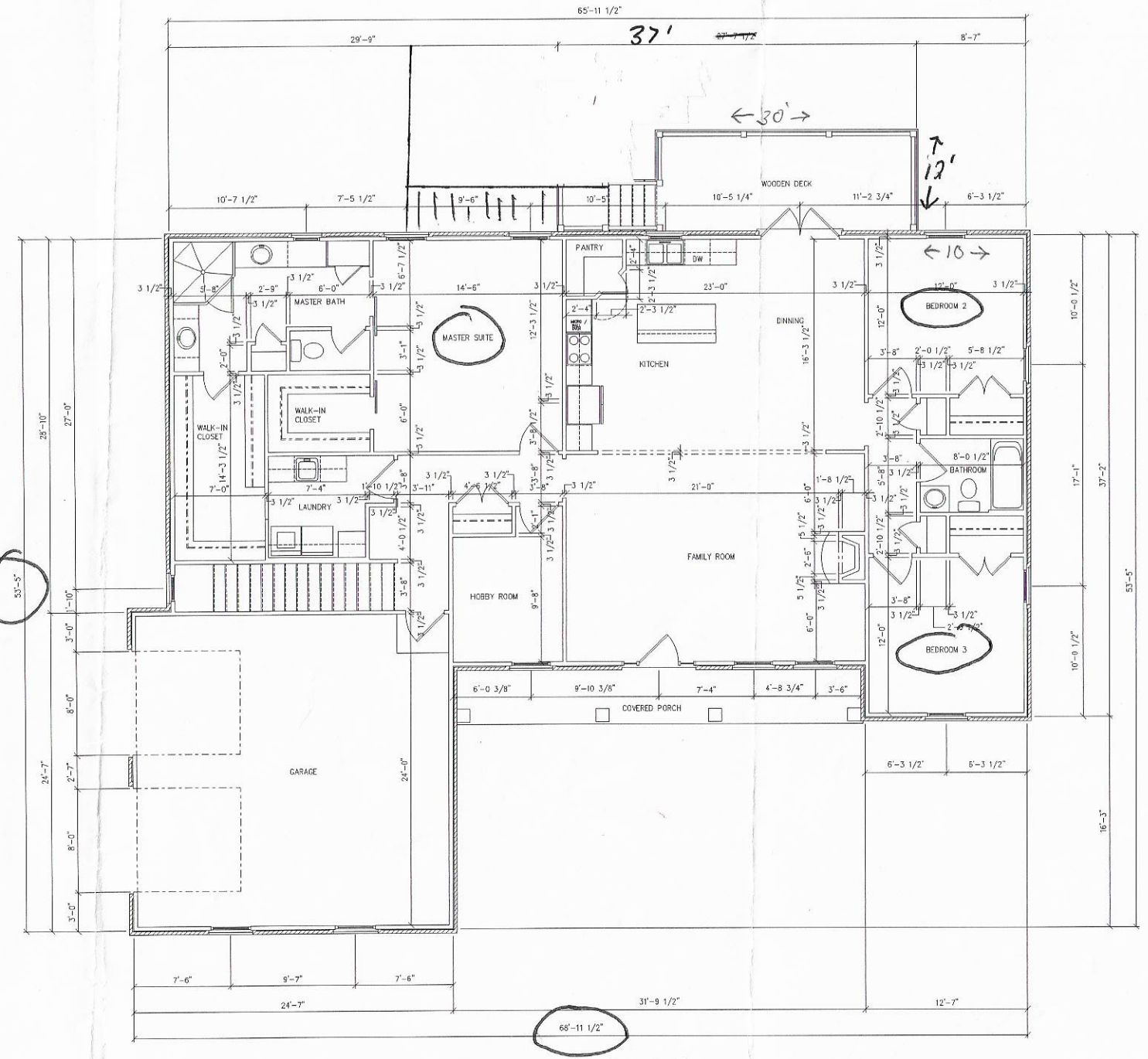
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Patrick Hart — Signature of Owner(s)

9/17/19 — 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



FLOOR PLAN

1/4" = 1'-0"

AREA CALCULATIONS		
	HEATED SQ FT	BRICK VENEER
MAIN FLOOR	2152	2212
BASEMENT	2159	2209
TOTAL	4311	4421
ATTACHED GARAGE	597	623
FRONT PORCH	125	
REAR DECK	154	

Acknowledgement Of
Plans Submittal ONLY
Date
Date 1/7/2019
1/8/2019

ROOF PLAN
1/4" = 1'-0"

DECK PLAN
1/4" = 1'-0"

IREDELL COUNTY

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

APPLICATION NUMBER
240791
Issue Date: 12/05/2018

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4751829961.000	800 OSTWALT AMITY ROAD, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PATRICK+ERIN, HUTCHENS	Applicant: PATRICK+ERIN, HUTCHENS
Address: 800 OSTWALT AMITY RD	Address: 800 OSTWALT AMITY RD
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	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	161392	TOTAL FEES:	$ 77.25