IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (1:00) Mooresville Office (704) 660-3625

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

PERMIT # 230910

PIN # 4851295526

APPLICANT/OWNER Dennis A. Hutchens APPLICANT ADDRESS: 619 Sloans Mill RD Olin NC

SITE ADDRESS: 619 Sloans Mill RD Olin NC 28660. PHONE: 704 929 0310 ALT. PHONE –

SITE DIRECTIONS: I77 N to exit 65 TL Approx 1 mile on Pioneer RD TL on Sloan Mills Property on Right

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 6.06 ACRES. SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	854	Date	7/16/18	☒ New System	☐ Repair ☐ Expansion
Pump Tank	(gal)	PT		Date		System Type: I II (III) IV V VI	
Pump Make		Model		Serial #		System Description:	25% Reduction
# Nitrification Fields	1	# Lines	6	Linear Ft	360	Repair System Description:	50% Reduction
Trench Width	36	Trench Bottom Depth(Low side)	33	Gravel Depth	–	Maintenance Agreement Required:	☐ YES ☒ NO
						☒ GRAVITY	☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees ____ ☒ Crawl Space

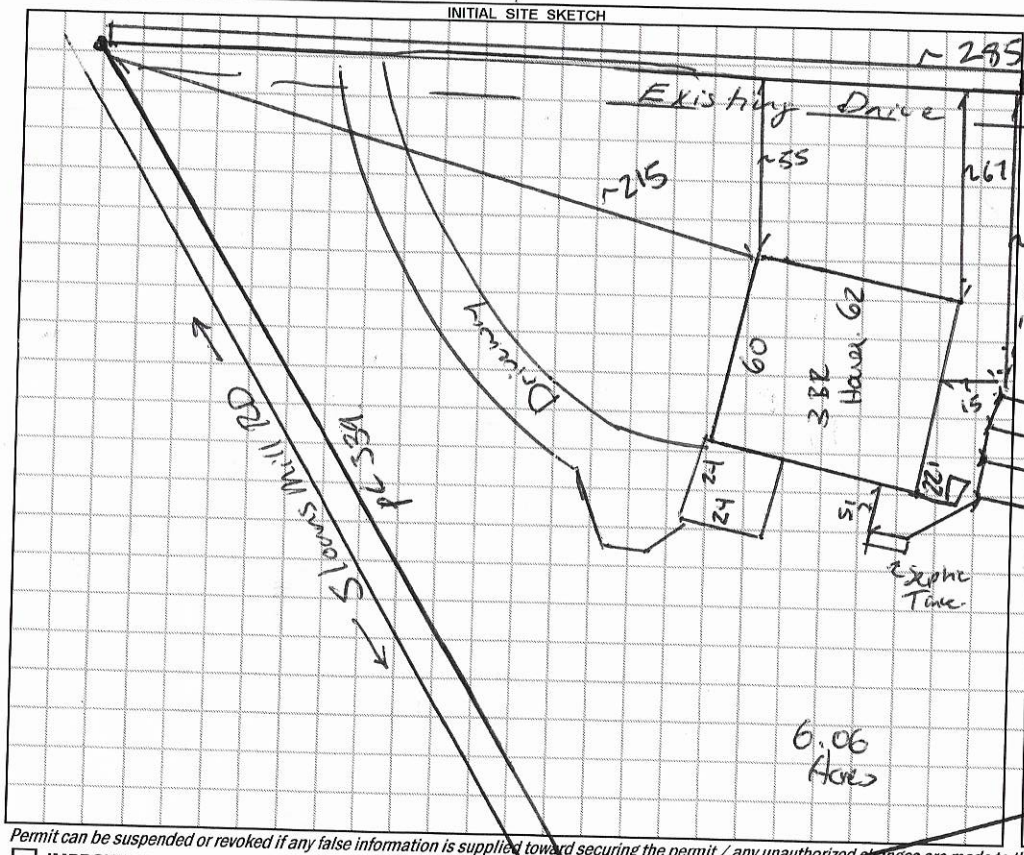
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

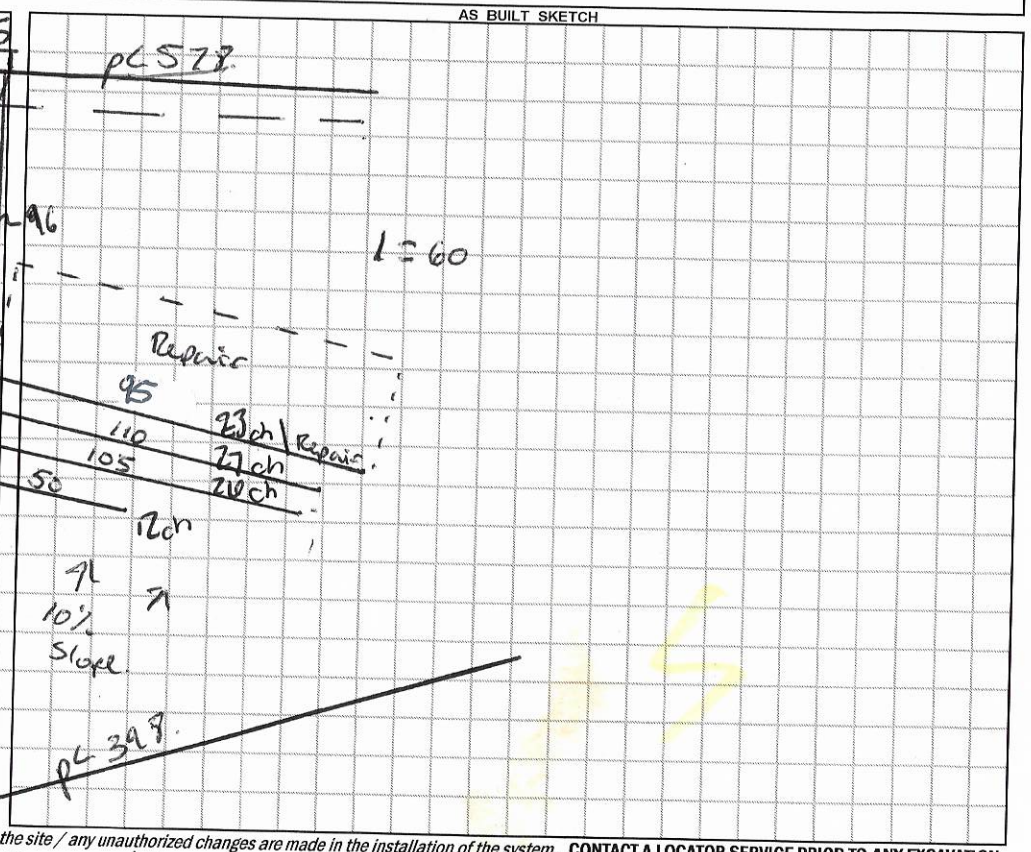
Comments / Conditions: Install Septic drainlines on the contour of the land & utilize serial distribution. Do not exceed max depth 36 inches high side. Do not drive, cut, pave, grade or bury utility interference Bed area

- tank 22' off the back of the house (not side)

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: Dennis A Hutchens Date: 12/6/2017 Installed by: Al Backhoe

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 11/3/2017 OPERATION PERMIT by: Carla C. Cave Date: 9/13/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 11/27/2017 Existing System Inspected by: ____ Date: ____

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

Sheet 1 of 1
PROPERTY ID #: 485129 5526
COUNTY: Iredell

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

OWNER: Hutchins
ADDRESS: 614 Sloans mill RD olin
PROPOSED FACILITY: 3BR Home
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 614 Sloans mill RD olin NC
APPLICATION DATE: 10/9/2017
DATE EVALUATED: 10/31/2017
PROPERTY SIZE: 6.06 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8-10% Ridge	0-30	C SBK	SS SP FM SE FP		60	—		Init-1 PS .3
		30-60	CL BEC WSBK	SS SP FR					
2	8-10% Side slope	0-39	C WABK SBK	SS SP FM SE FP	2.5YR 4/6	48	—	some Mica	Init-1 PS .25
		39-48	CC BEC WSBK	SS SP FR	2.5YR 4/6				
3	8-10% Side Slope	0-12	SCL WSBK	SS SP FM SE FP	2.5YR 4/6	60	—		Repair PS .25
		12-34	C ABK SBK	SS SP FM SE FP					
		34-60	CL WSBK	SS SP FR SE FP					
4	8-10% Side slope	0-32	C WSBK	SS SP FM SE FP	" "	60	—	Sap Inclusions @ 48"	Repair PS .3
		32-60	CC WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	III 25%	~~III~~ 50%
Site LTAR	.25	.25

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

COMMENTS: N/A

Updated February 2014

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

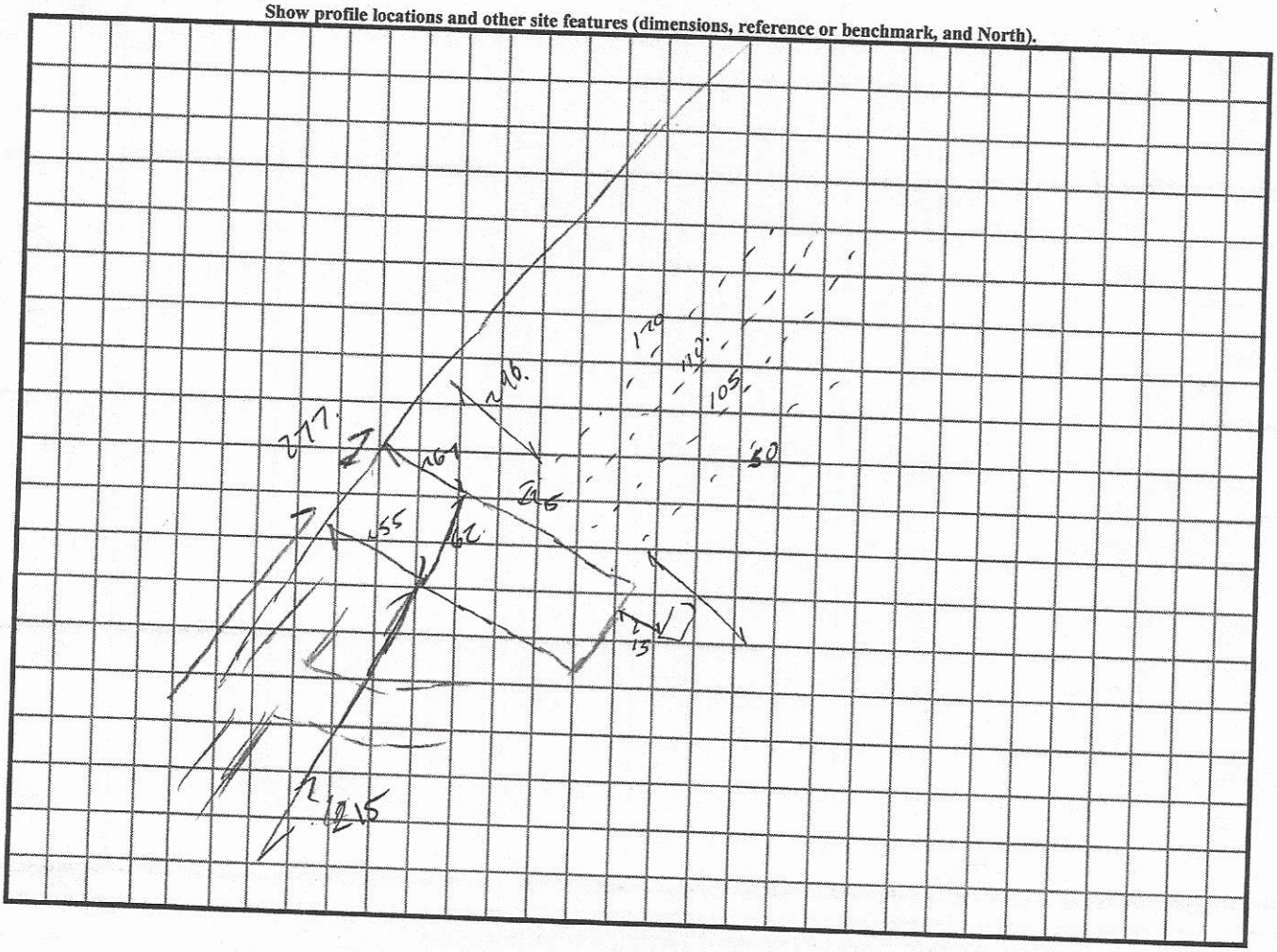
NOTES

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).



Call For P.I.
10/31 - 10:00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
( ) Septic Improvement Permit (X) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Dennis A Hutchens Address: 619 Sloans M.ll Rd Olin NC Zip: 28660
Applicant Email: dohutch55@gmail.com Phone: 704-929-0316 Alt. Phone:
Owner Name: Dennis A Hutchens Address: 619 Sloans M.ll Rd Olin Zip: 28660
Owner Email: dohutch55@gmail.com Phone: 704-929-0310 Alt. Phone:

Property Information:

Street Address: 619 Sloans M.ll Rd Olin NC 28660
Subdivision Name: N/A Section/Phase: Lot Number:
Driving Directions: I-77 N to Exit 65 TL - Approx 1 mile TL on Pioneer Rd - At Stop sign TL onto Sloans M.ll Rd - Property approx 1 mile on Right

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

(X) 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: 6
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: ~~2100~~ Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(X) No Preference ( ) Alternative ( ) 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: Dennis A Hutchens 10/9/2017
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

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.

I, Dennis A Hutchens, am the legal owner(s) of the property located at 619 Sloans Mill Rd Olin NC 28660, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Nolan T. Shumaker, _____, 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.

Dennis A Hutch — 10/9/2017
Signature of Owner(s) — Date

_____ _____
Signature of Witness — Date

Please return this signed form to the appropriate office:

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

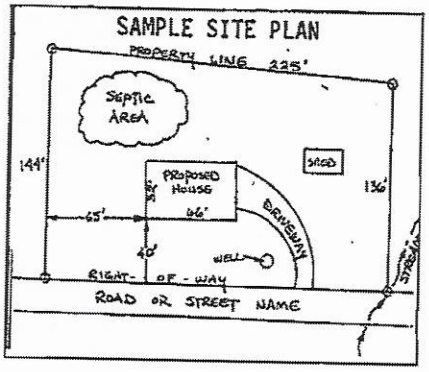
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
(X) Preferred driveway location
( ) Preferred well location N/A
(X) Preferred septic system location
(X) North arrow, or other sufficient indicator of direction

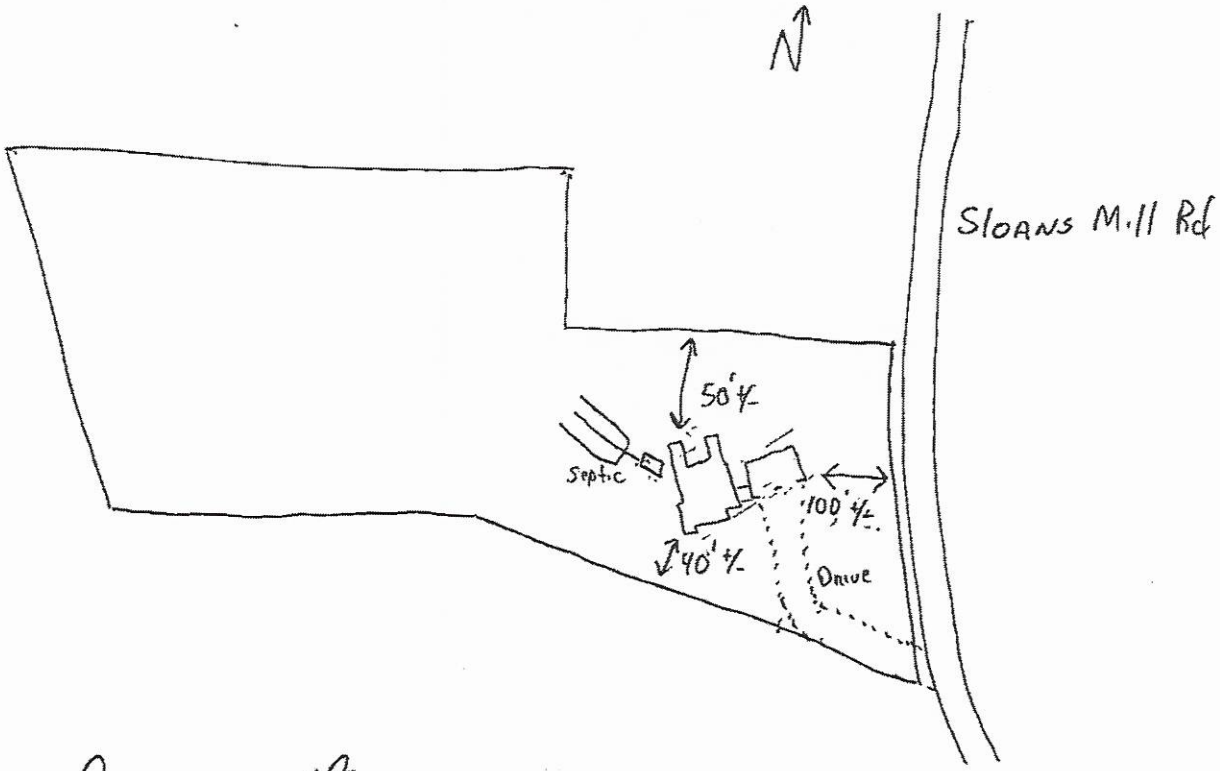


Circle N/A on the following if appropriate:

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

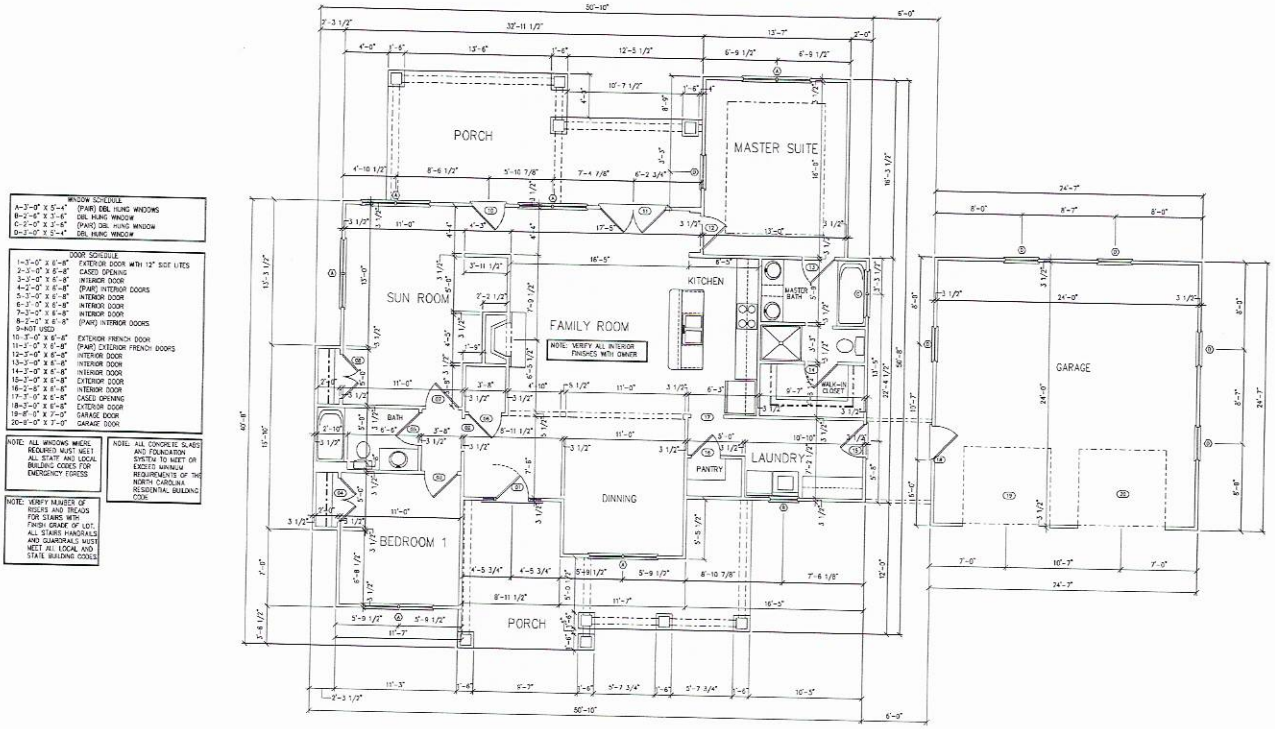
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Dennis A Keith
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/9/2017
DATE

Slans m/11/20.



WINDOW SCHEDULE

A–3'-0" X 5'-4"	(PAIR) DBL HUNG WINDOWS
B–2'-6" X 3'-6"	DBL HUNG WINDOW
C–2'-0" X 2'-5"	(PAIR) DBL HUNG WINDOW
D–2'-0" X 3'-4"	DBL HUNG WINDOW

DOOR SCHEDULE

1–3'-0" X 6'-8"	EXTERIOR DOOR WITH 12" SIDE LITES
2–2'-0" X 6'-8"	CASED OPENING
3–2'-6" X 6'-8"	INTERIOR DOOR
4–2'-0" X 6'-8"	(PAIR) INTERIOR DOORS
5–2'-0" X 6'-8"	INTERIOR DOOR
6–2'-6" X 6'-8"	INTERIOR DOOR
7–2'-6" X 6'-8"	INTERIOR DOOR
8–2'-0" X 6'-8"	(PAIR) INTERIOR DOORS
9–NOT USED	
10–3'-0" X 6'-8"	EXTERIOR FRENCH DOOR
11–2'-0" X 6'-8"	(PAIR) EXTERIOR FRENCH DOORS
12–2'-6" X 6'-8"	INTERIOR DOOR
13–2'-6" X 6'-8"	INTERIOR DOOR
14–2'-6" X 6'-8"	INTERIOR DOOR
15–2'-0" X 6'-8"	EXTERIOR DOOR
16–2'-6" X 6'-8"	INTERIOR DOOR
17–3'-0" X 6'-8"	CASED OPENING
18–3'-0" X 6'-8"	EXTERIOR DOOR
19–8'-0" X 7'-0"	GARAGE DOOR
20–8'-0" X 7'-0"	GARAGE DOOR

NOTE: ALL WINDOWS WHERE REQUIRED MUST MEET ALL STATE AND LOCAL BUILDING CODES FOR EMERGENCY EGRESS

NOTE: ALL CONCRETE SLABS AND FOUNDATION SYSTEM TO MEET OR EXCEED MINIMUM REQUIREMENTS OF THE NORTH CAROLINA RESIDENTIAL BUILDING CODE

NOTE: VERIFY NUMBER OF RISERS AND TREADS FOR STAIRS WITH FINISH GRADE OF LOT. ALL STAIRS HANDRAILS AND GUARDRAILS MUST MEET ALL LOCAL AND STATE BUILDING CODES

FLOOR PLAN

1676 SQ FT HEATED 1/4" = 1'-0"

11/27/2017

12/5/2017

Benjamin A. Gettings

Owner Affent

Date

Date

IREDELL COUNTY

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

APPLICATION NUMBER
230910
Issue Date: 10/16/2017

FILE COPY

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4851295526.000	619 SLOANS MILL ROAD, OLIN, NC 28660	

Owner Information	Applicant Information
Owner: HUTCHENS DENNIS A+BARBARA R	Applicant: HUTCHENS DENNIS A+BARB
Address: 239 BEECHBROOK LANE STATESVILLE, NC 28625	Address: 239 BEECHBROOK LANE STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
7.500	35.00	35.00	15.00	15.00	NO	X

Remarks:

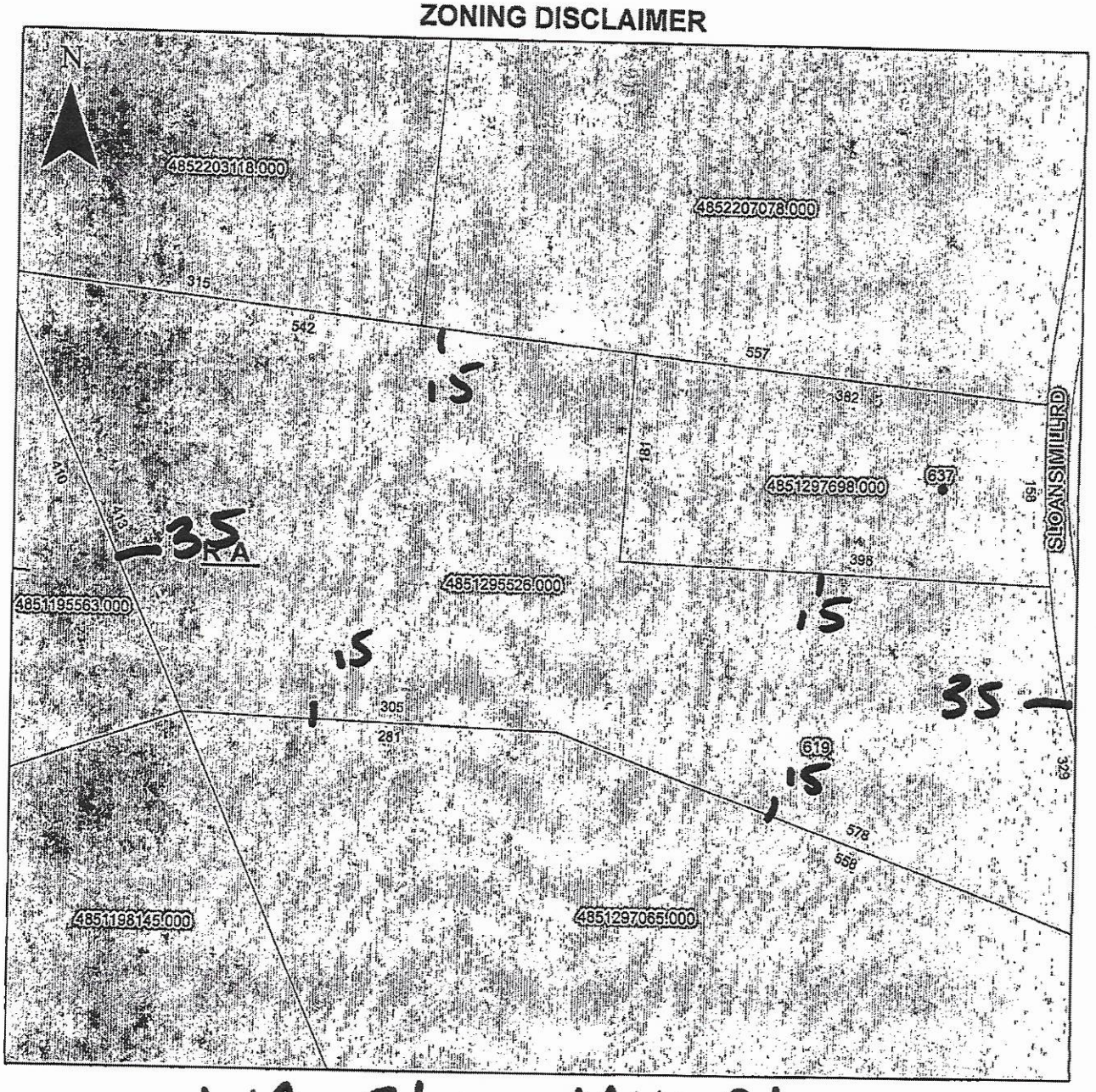
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

See Attached

Applicant: _____ Date: _____

Permit Number	117963	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 619 Sloans Mill 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

10/16/2017
Date