IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224757

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

PIN # 3793-12-5684 02-5696

APPLICANT/OWNER: Kenneth Hauck APPLICANT ADDRESS: 116 Burning Lane Stony Point, NC 28678

SITE ADDRESS: 429 Sharon School Rd. Statesville, NC 28677 PHONE: 704-929-3284 ALT. PHONE

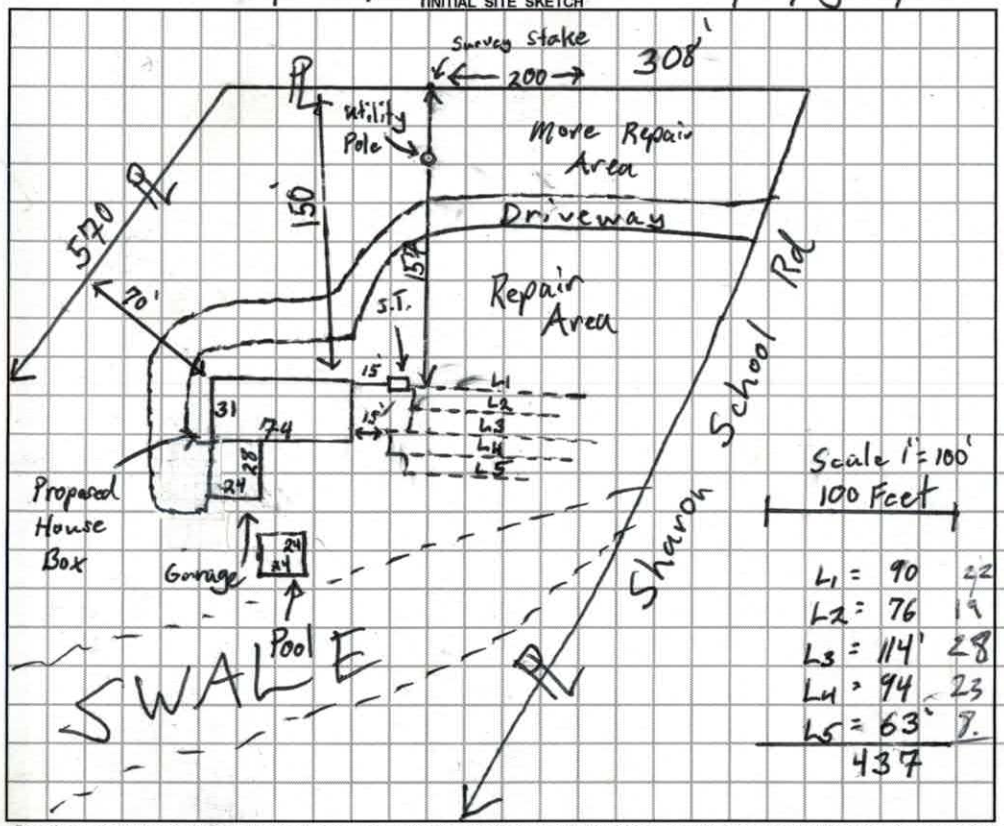
SITE DIRECTIONS: I-40 W → L on Sharon School Rd Exit → Site on Right (smaller of 2 parcels) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Medford + Stewart Smith + Patricia Cline SECTION: — LOT # -1- LOT AREA: 40.790 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

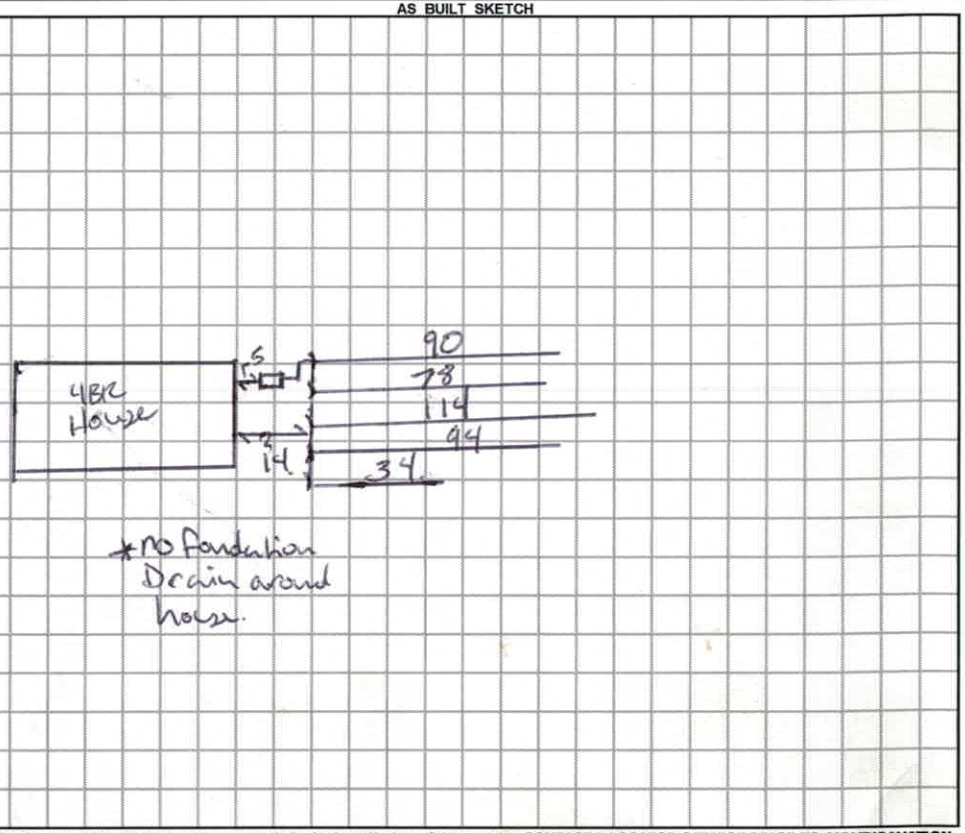
Septic Tank	1000	(gal)	STB	Infiltrator	Date	1060.	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction			☐ Business	No. Persons	8	☐ Private
Pump Make	—	Model	—	Serial #	—		Repair System Description:	PM 25% Reduction			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	400		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	27"	Gravel Depth	—			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Though 437 l.f. of line has been laid out only 400 l.f. need be installed. Extra area/space to be set aside for future repair purposes. Recommend pumping 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: Kenneth R Hauck Date: 1/3/2018 Installed by: Frye Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/2/2018 OPERATION PERMIT by: Benjamin Foster Date: 4/19/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/12/2018 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.

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

10th

OWNER: Kenneth Hauck — APPLICATION DATE: 2-3-17

ADDRESS: 116 Burning Lane Stony Point NC — DATE EVALUATED: 2-23-17

PROPOSED FACILITY: 4BR — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 70+ acres

LOCATION OF SITE: 429 Sharon School Rd Statesville — PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ____

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

L1 60
L2 CO
L3 83
L4 CO
LS 4C
LC 4C
L7 4C
401

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	Foot Slope @ Bottom of Primary 12%	0-4	SCL W.SBK	Sl. Friable, SS, Sp, Sap	—	48	—	—	0.30 PS
		4-24	Clay W.SBK	Sl. Firm, SS, Sp, Sap					
		24-48	Clay Loam W. SBK	Friable, SS, Sp, Sap					
			some Saprolite 45-48"						
2	13-16% LSS Primary	0-3	SCL V.W.SBK	Sl. Friable, SS, Sp, Sap	—	48	—	—	0.3 PS
		3-27	Clay W.SBK	Sl. Firm, SS, Sp, Sap					
		27-48	Clay Loam W.SBK	Friable, SS, Sp, Sap					
3	6% Shoulder Slope Under Power Lines Repair	0-3	SCL V.W.SBK	Sl. Friable, SS, Sp, Sap	—	48	—	—	0.3 PS
		2-27	Clay W.SBK	Sl. Firm, SS, Sp, Sap					
		27-48	Clay Loam W.SBK	Friable, SS, Sp, Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400+
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Tom Shuck

OTHER(S) PRESENT: ____

COMMENTS: Shave Down surface Berms

Sharon Rd
School
IP
140'
AH3
192'
100'
60
60
83
54
45
45
20'
31'
72'
12'
DECK
72
Orange
Pink
AH2
Red
Blue
AH1
Orange
Pink
Blue

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

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:

Kenneth HAUCK	116 BOWLING LN, STONY POINT	704-929-3634	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
JEANNETTE HAUCK		704-929-3591	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

429 SHARON SCHOOL RD		
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: I-40 WEST TO SHARON SCHOOL ROAD. TURN LEFT ONTO SHARON SCHOOL RD. PROPERTY IS 2ND DRIVEWAY ON RIGHT (GRAVEL DRIVEWAY)

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

(X) 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 ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

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

8. 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. industry) 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.

9. Signature: K D Hauck — 11-27-17

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

Shaun Subd.
75
130
33
15
25
240
960
2110.
PL.

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Medford Smith, am the legal owner of the property located at 440 Sharon School Rd, identified as PIN(Parcel Identification Number) 3793125689, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kenneth Hauck, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 1-28-17

Signature of Witness — Date: 1/28/17

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

or

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

1-3-18 (Date)

Owner: Kenneth L Hauck
Address: 429 Sharon School RD
Statesville, NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit # 224757 / PIN # 3793-12-5699

I, Kenneth Hauck, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 3-13-2017 for a system
(date)

PM - 25% Reduction System III
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

K L Hauck
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

1/2/2018 (Date)

Owner: Kenneth Hauck
Address: 116 Burning Lane
Stony Point, NC

Subject: Notice of Intent to Revoke/Suspend 429 Sharon School Rd.
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Mr. Hauck:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 429 Sharon School Rd. (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type III 224757 (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Can't have 2 active permits	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 1/2/2018. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Tom Shuck

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224757

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

PIN # 3793-12-5689

APPLICANT: Kenneth Hauck APPLICANT ADDRESS: 116 Burning Lane Stony Point, NC 28678

SITE ADDRESS: 429 Sharon School Rd. Statesville, NC 28677 PHONE: 704-929-3284 ALT. PHONE:

SITE DIRECTIONS: I-40 W → L on Sharon School Rd Exit → site on Right (smaller of 2 parcels)

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 40.790 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date						
Pump Tank	1000	(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields	1	# Lines	7		Linear Ft:	400					
Trench Width	36"	Trench Bottom Depth	27"-32" [high side]		Gravel Depth	—					

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: PM - 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees — ☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☒ Basement w/o plumbing

Comments / Conditions: 3-Tap Pressure Manifold Design as follows:

(L_1+L_2 = 3/4" SCH 80 @ 10.1 gpm)

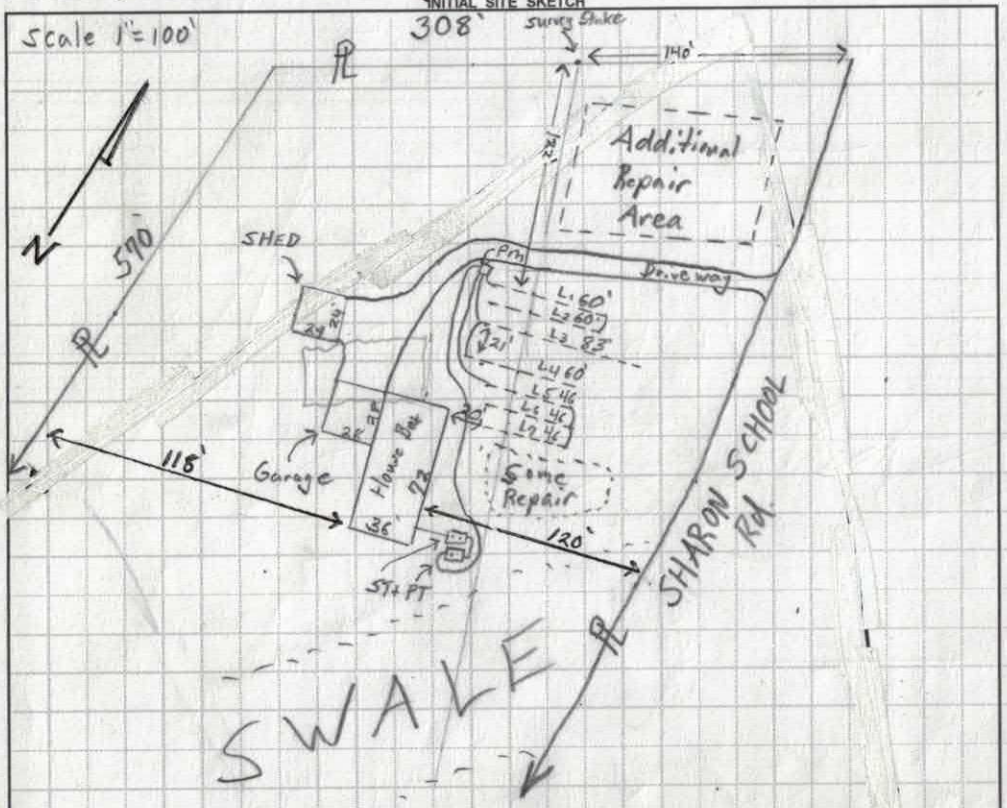
(L_3+L_4 = 3/4" SCH 40 @ 12.5 gpm) > 35.1 gpm

($L_5+L_6+L_7$ = 3/4" SCH 40 @ 12.5 gpm)

Recommend pumping the septic tank every 3-5 years.

Shave down surface berms/terrace features to promote surface drainage

INITIAL SITE SKETCH



AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

Revoked

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: [signature] Date: 11-28-17 Installed by:

IMPROVEMENT PERMIT by: Tom Shack Date: 3/13/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

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…**

X **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…

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

____ Preferred driveway location and configuration, preferred well location…

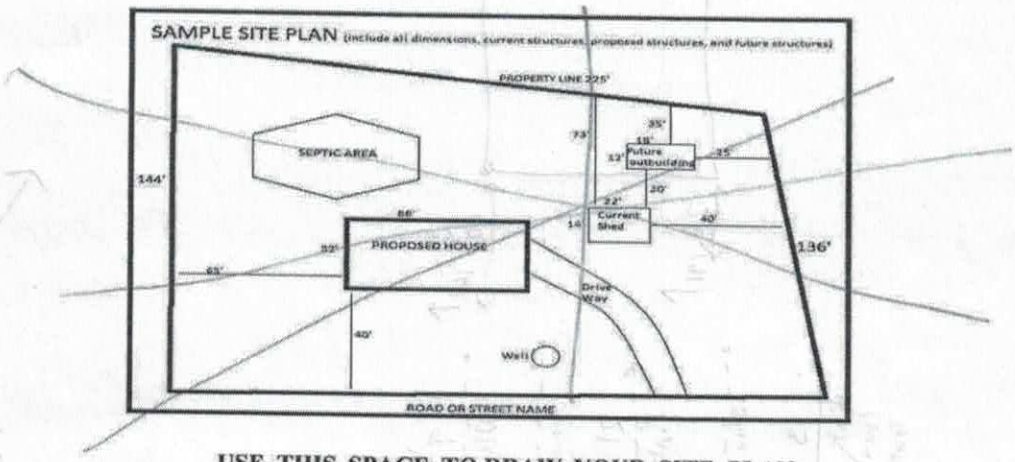
____ North arrow, or other sufficient indicator of direction…

Circle N/A on the following if appropriate:

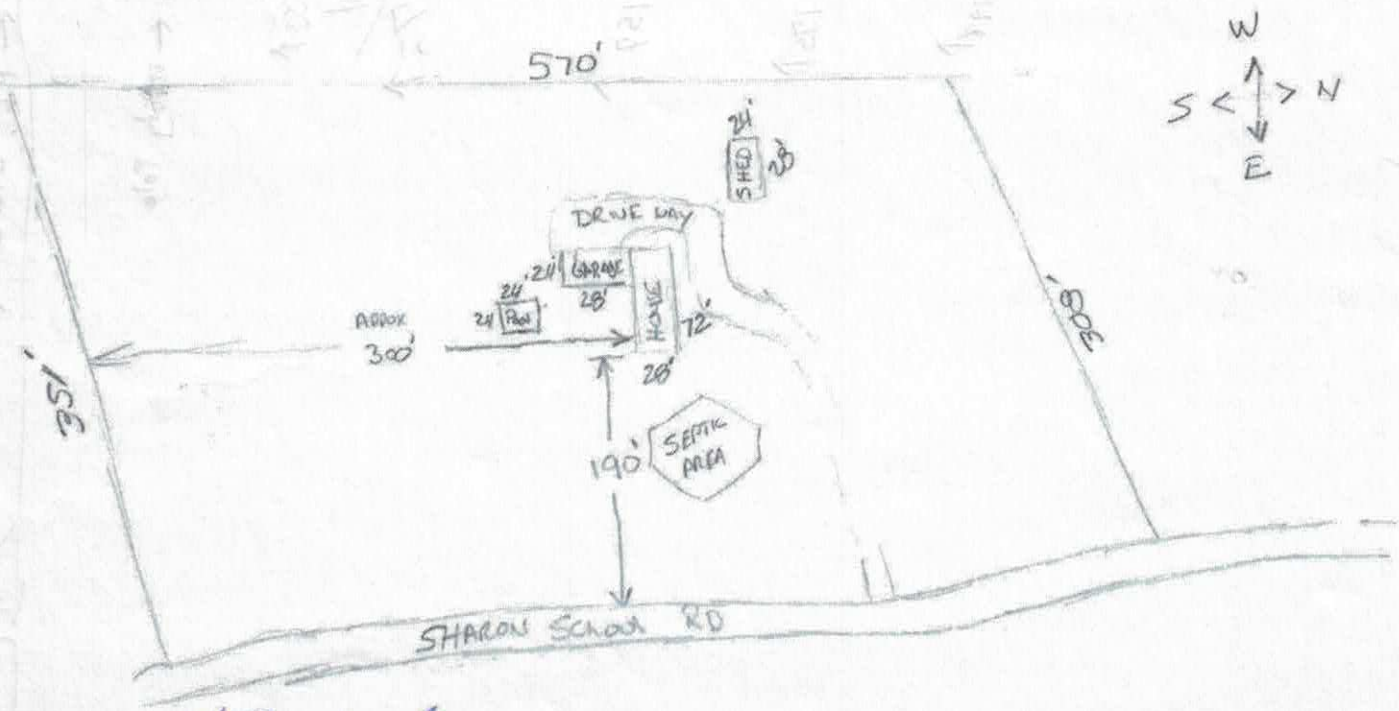
____ Location of septic systems and wells within 100' of your property… N/A

____ 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: Kelly Hamrick

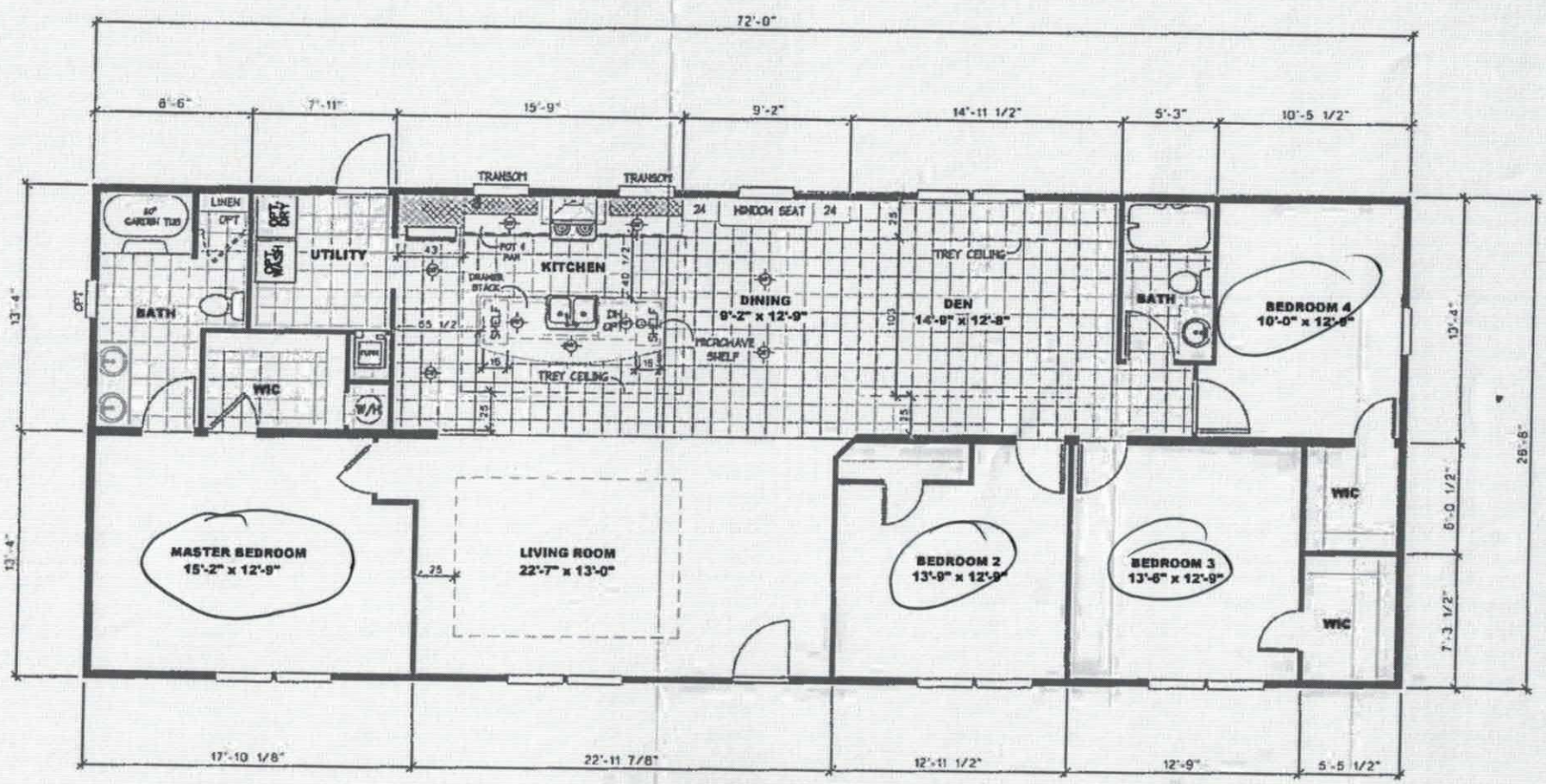
REQUIRED **property owner or owner's legal representative signature.**

11-28-17

DATE

36'/91'
40'
160'
Blue
9'
Orange
21'
Pink
13'
Pink (new) lowest
198'
175'
D-W
157'
53'
39'
Utility Pole
P.L.
Survey Stake
198'
To

The Tuscany



28 WIDE X 72 LONG
(FOUR BEDROOM STANDARD)

Acknowledgement Of
Plans Submittal ONLY!

Date _____

Tom Shud Date 1/12/2018

IREDELL COUNTY

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

APPLICATION NUMBER
224757
Issue Date: 02/03/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
3793125689.000	429 SHARON SCHOOL ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: SMITH MEDFORD R ETAL	Applicant: HAUCK KENNETH WILLIAM+
Address: 0 IREDELL CO, NC 28625	Address: 116 BURNING LANE STONY POINT, NC 28678
Phone:	Phone:

Use Requested	Zone Code
SFD- HOLD BUILDING PERMIT TILL DEED HAS BEEN RECORDED AND LOT SLIT OUT	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
40.790	35.00	35.00	15.00	15.00	PA	X

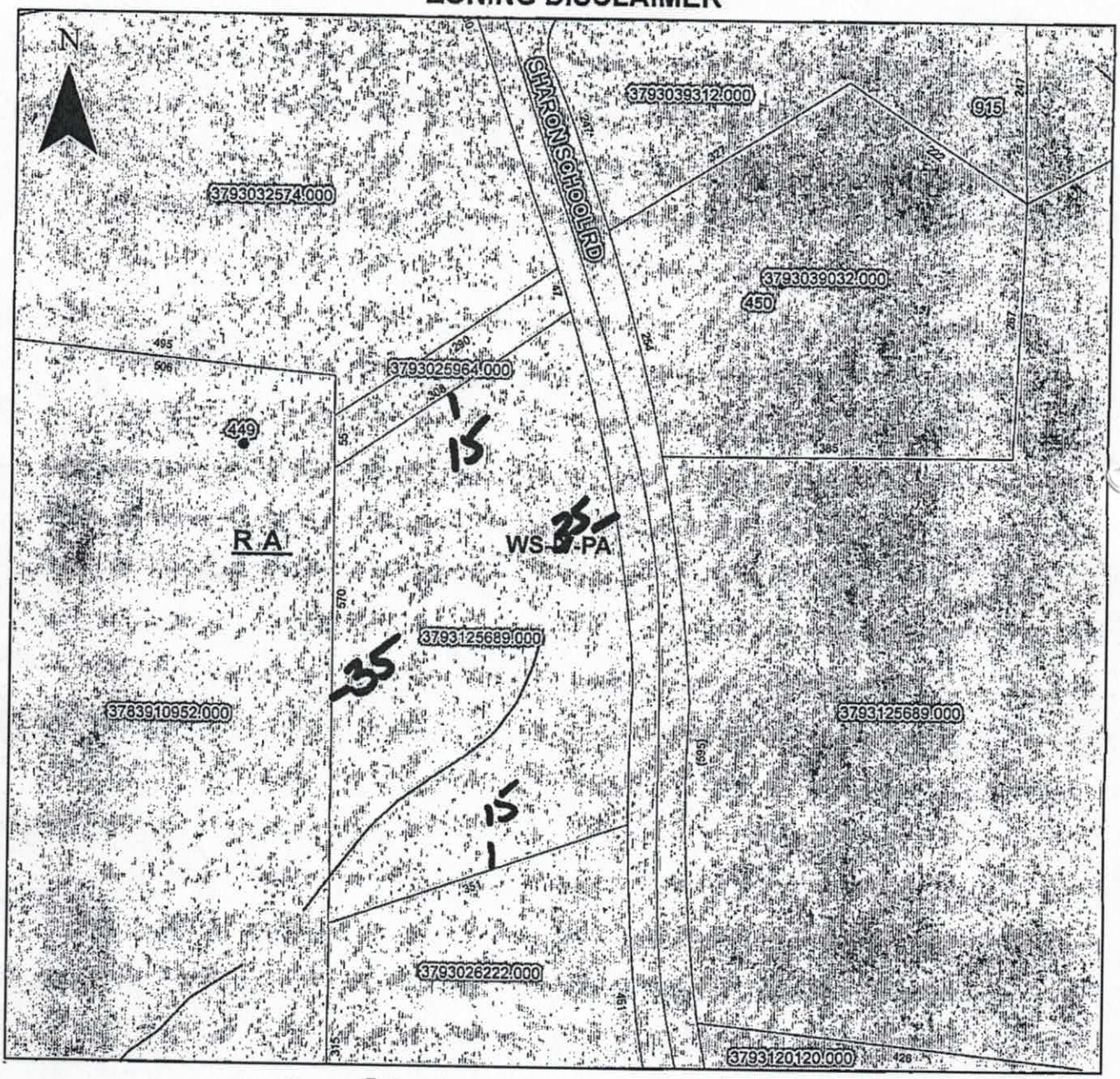
Remarks:

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	92300	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 429 Sharon School 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

2-3-17

Date