IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 231203

PIN # 4756-77-0344 ✓

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

APPLICANT/OWNER: Gerald Hasselman

APPLICANT ADDRESS: 120 Stonehouse Dr. Statesville, NC

PHONE: 860-982-4005 ALT. PHONE

SITE ADDRESS: ✓120 StoneHouse Dr. Statesville, NC

SITE DIRECTIONS: Rt 21 N from Statesville → R on Jane Sowers Rd → L on Stonehouse → House on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ✓ Baymount Meadows

SECTION: — LOT # 112 LOT AREA: 1 acre

DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

Septic Tank	Ex-1000 (gal)	STB	1012	Date	10-3-1995
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	Ex + 1	Linear Ft	54'
Trench Width	36"	Trench Bottom Depth(Low side)	52"-58"	Gravel Depth	—

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

System Description: High-Capacity Infiltrator Chambers

Repair System Description: LP-PPBPS (50% 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

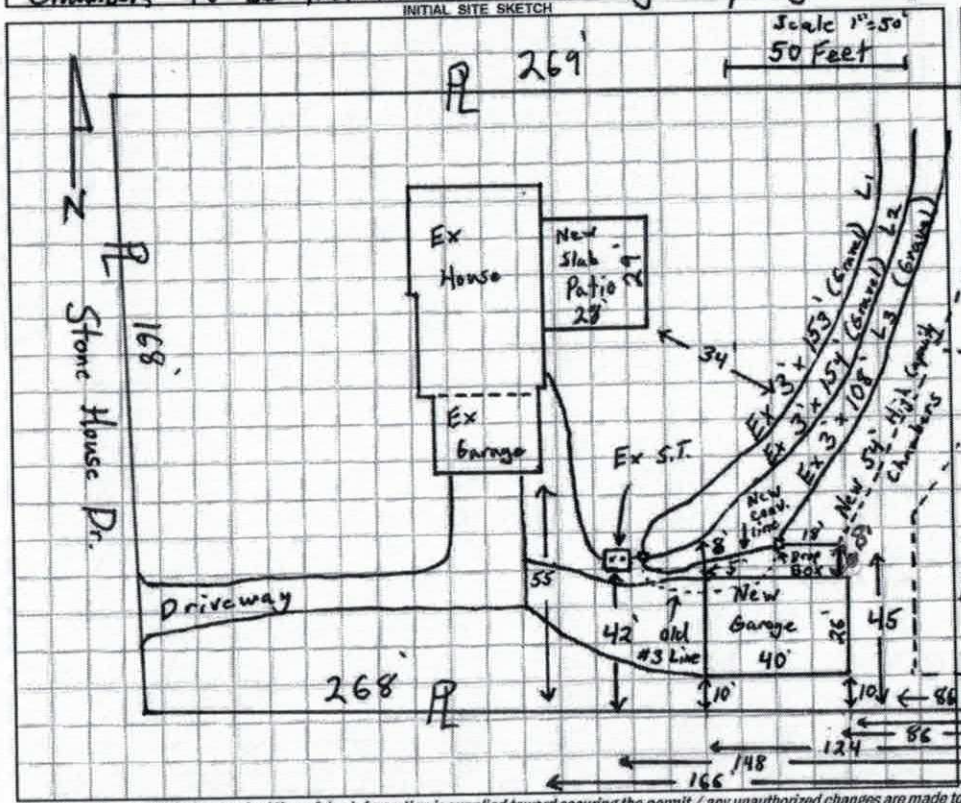
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Decomission ± 45 feet of line from L3 and install 54' feet of line (being fed from dropbox) at location shown. Chambers to be installed must be high capacity variety.

Recommend pumping septic tank every 3-5 years

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown

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: Gerald Hasselman Date: 12/5/17

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/28/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/28/2017

Installed by: Ground Breakers

OPERATION PERMIT by: Kayla Wilson Date: 12-19-17

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.

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

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

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

OWNER: Gerald Hasselman
ADDRESS: 120 Stonehouse Dr. Statesville NC
PROPOSED FACILITY: SFR - 4 BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 120 Stonehouse Dr. Statesville, NC
APPLICATION DATE: 10/30/17
DATE EVALUATED: 11/15/17
PROPERTY SIZE: 1 acre
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
1	PS Toe Slope 3% Header	0-5	SCL V,W,SBK	SI. Friable, SS, Sp, Sexp	Faint YB @ 30-34"	74	–	–	0.275 PS
		5-32	Clay W,SBK/ABK	Firm, Sticky, Sp, Sexp					
		32-74	Clay W,SBK	SI. Firm, Sticky, Sp, Sexp					
2	Primary System TS 4% Distal	0-6	SCL V,W,SBK	SI. Friable, SS, Sp, Sexp	–	75	–	–	0.275 PS
		6-31	Clay W-M SBK/ABK	Firm, Sticky, Sp, Sexp					
		31-75	Clay W,SBK Thin Saprolite	SI. Firm, Sticky, Sp, Sexp					
3	LSS 8% Upper Repair	0-7	SCL V,W,SBK	SI. Friable, SS, Sp, Sexp	Faint YB 34"-44"	49"	–	–	0.275 PS
		7-29	Clay W-M SBK/ABK	Firm, Sticky, Sp, Sexp					
		29-49	Clay W,SBK	SI. Firm, Sticky, Sp, Sexp					
4	LSS 7% Upper Distal Repair	0-12	SCL V,W,SBK	SI. Friable, SS, Sp, Sexp	Faint YB @ 30-34"	50	–	–	0.275 PS
		12-27	Clay W,SBK/ABK	Firm, Sticky, Sp, Sexp					
		27-50	Clay W,SBK	SI. Firm, Sticky, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	56'	300+
System Type(s)	High Capacity Chamber	PPBPS
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: owner / Jared Lentz

55
166'
148'
42'
124'
10'
96'
8'
Lose 45'
40'
10'
45'
26'
7'
18'
41' to top of grade
27.5
Patio
28.5
33'
5.31'
5.08'
4.81'
12'
4.41'
L3(A)
56'
Ex Chimney
1
2
3
4

Can call me but can't be at Jobsite Tue and Thur morning

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Gerald Hasselman Address: 120 Stone House Dr Zip: _____
Applicant Email: _____ Phone: 860-982-4005 Alt. Phone: _____
Owner Name: Gerald Hasselman Address: Same Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 120 Stone House Dr.
Subdivision Name: Baymount Meadows Section/Phase: _____ Lot Number: _____
Driving Directions: off Jane Sawers

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(✓) 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 (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1995
( ) 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?

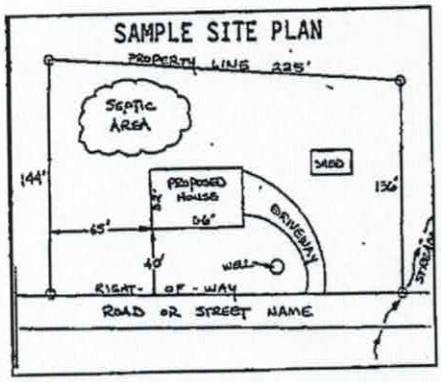
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Gerald Hasselman 10/30/17
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:

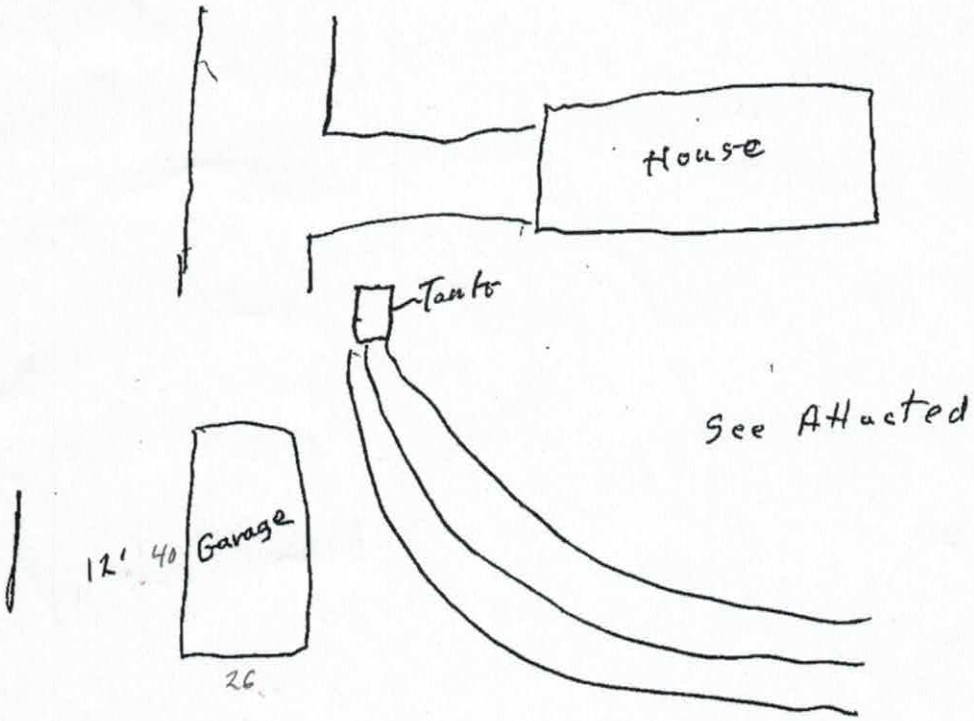
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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: Gerald Hardman
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/30/17
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

11:30 56190

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20856 DATE 4-18-95 TAX MAP NO. 106-7-A-120 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Horne Building Co. PHONE: Business _____ Home _____

ADDRESS 254 Farmwood Dr. Sta

LOCATION 21N TR Jane Sowers TL, Stone House Dr, 3rd lot Rt

SUBDIVISION Farmwood BLOCK / SECTION Three Mile LOT 112 LOT AREA 1acre SITE CLASS. D5 DESIGN FLOW 480 L.T.A.R. .33

Septic Tank 1000 Gallons: STB 1012 Date 10-3-95
Pump Tank _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair · System Type: I (II) III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☐ No

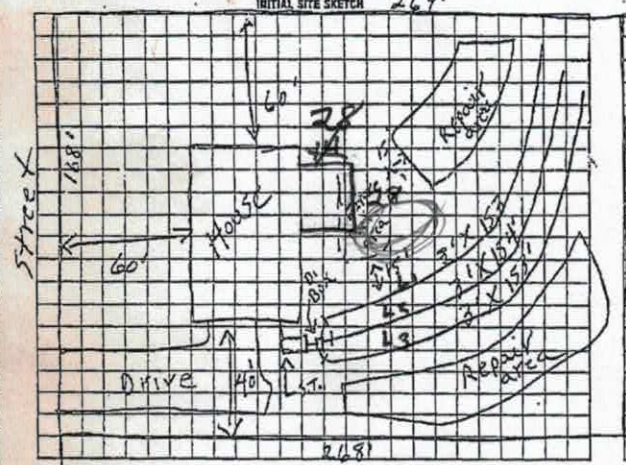
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

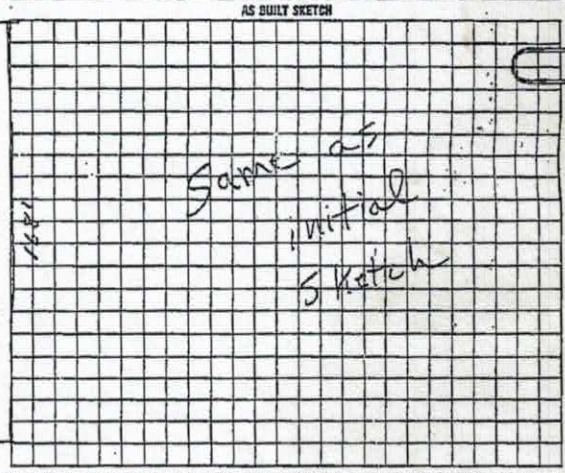
Comments: use D. Box with speed levelers

Comments:

INITIAL SITE SKETCH 269'



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: X Jeffrey Herron

Improvement Permit by: P.C. Moore date 4-18-95

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: P.C. Moore date _____

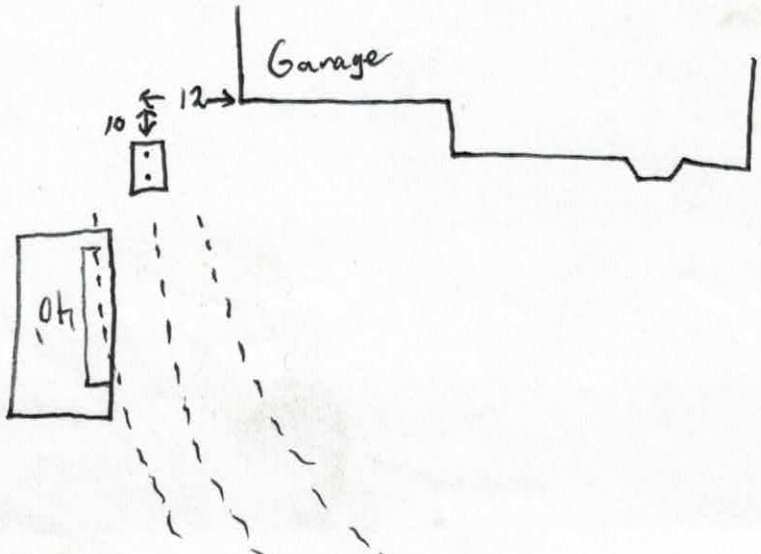
Operation Permit by: P.C. Moore date 12-21-95

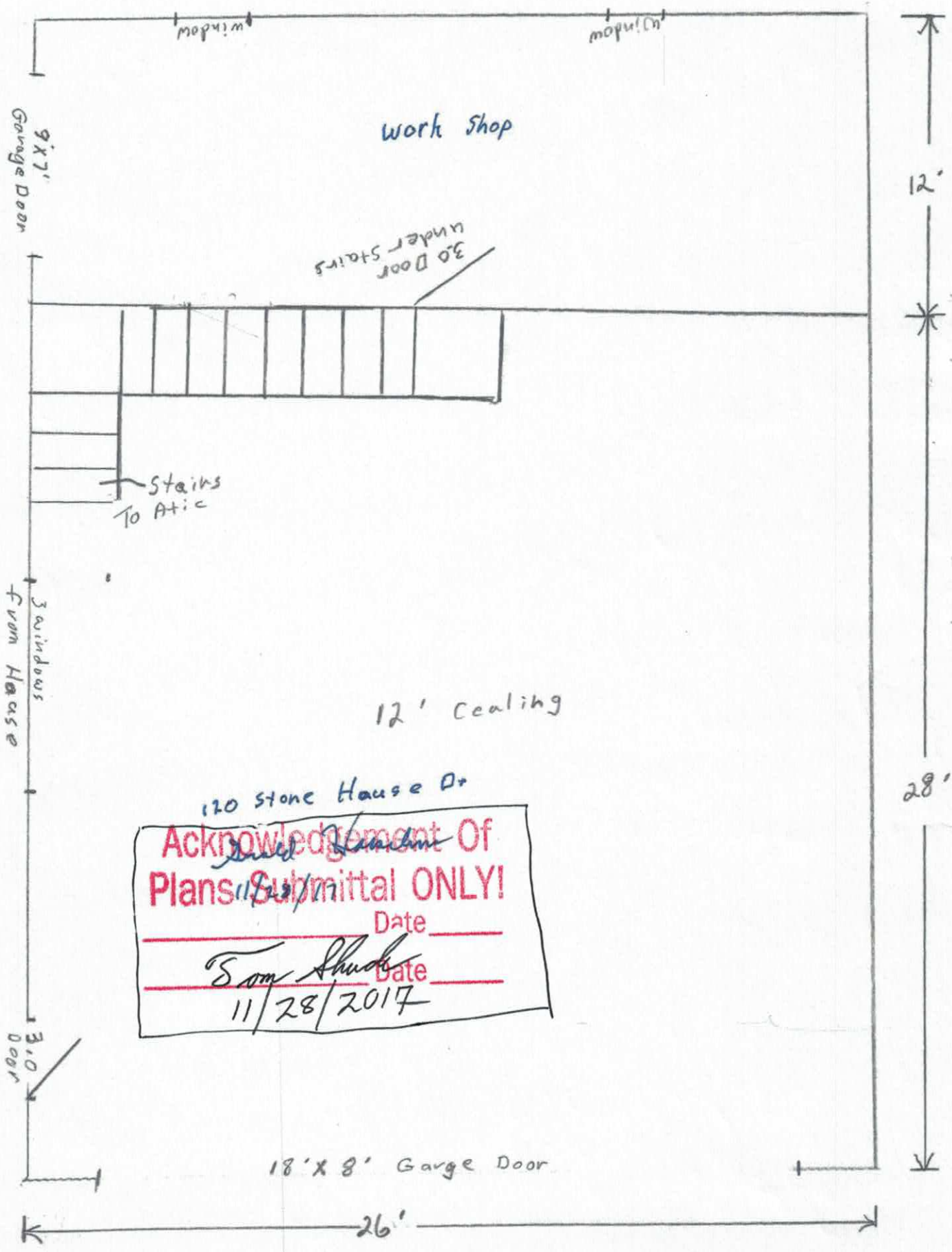
HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

21000

[eleminate first 40' of L3]

L_1 Pink	L_2 Blue	L_3 Pink	L_4 (New)
6.02'	5.90	41" to Gravels 5.63	5.43'




window
window
Work Shop
9'x7' Garage Door
30 Door under Stairs
12'
Stairs To Attic
3 windows from House
12' Cealing
120 Stone House Dr
Acknowledgement Of
Plans Submittal ONLY!
Date
Date
11/28/2017
3'0 Door
18'x8' Garge Door
28'
26'

IREDELL COUNTY

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

APPLICATION NUMBER
231203
Issue Date: 10/30/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4756770344.000	120 STONE HOUSE DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HASSELMAN GERALD J+NANCY S	Applicant: HASSELMAN GERALD J+NAN
Address: 1 PARK RD EAST HAMPTON, CT 6424	Address: 1 PARK RD EAST HAMPTON, CT 6424
Phone:	Phone:

Use Requested	Zone Code
26X40 GARAGE	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.040		10.00	10.00	10.00	NOT	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.

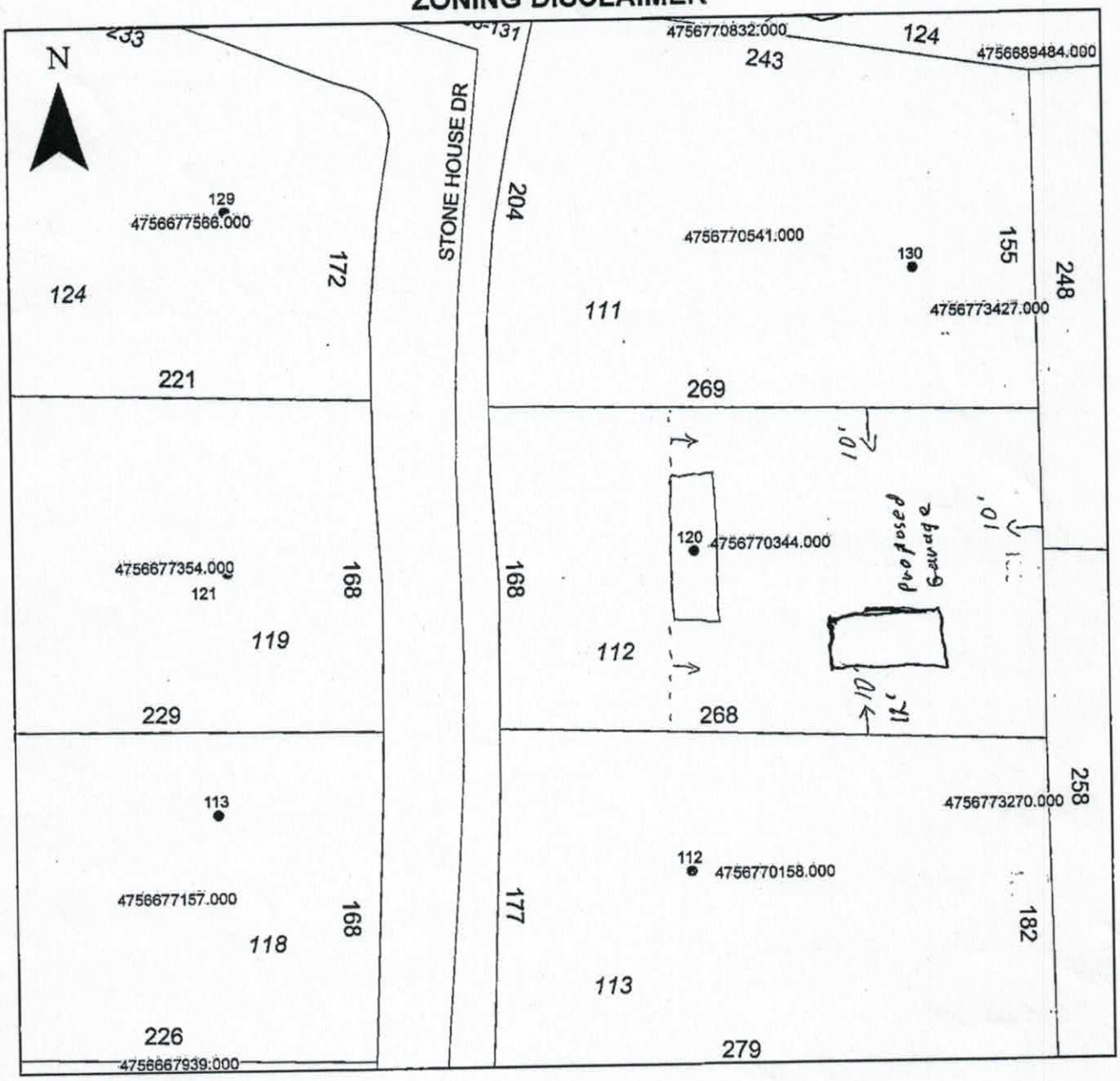
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	119131	TOTAL FEES:	$ 77.25

231203

ZONING DISCLAIMER



Property Address 120 Stone House Dr.

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.

Gerald Flaherty
Applicant

10/30/17
Date