IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218981

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

PIN # 4614-84-3188

APPLICANT: Kenneth Bealer Homes APPLICANT ADDRESS: Po Box 3398

SITE ADDRESS: 111 Tuskarora Point Ln., Mooresville PHONE: 704-662-6400 ALT. PHONE:

SITE DIRECTIONS: BSR, TR Tuskarora, TR Tusk. Point, on L

SUBDIVISION: Tuskarora Point SECTION: — LOT # 18 LOT AREA: .69AC DESIGN FLOW: 480 L.T.A.R.: .3

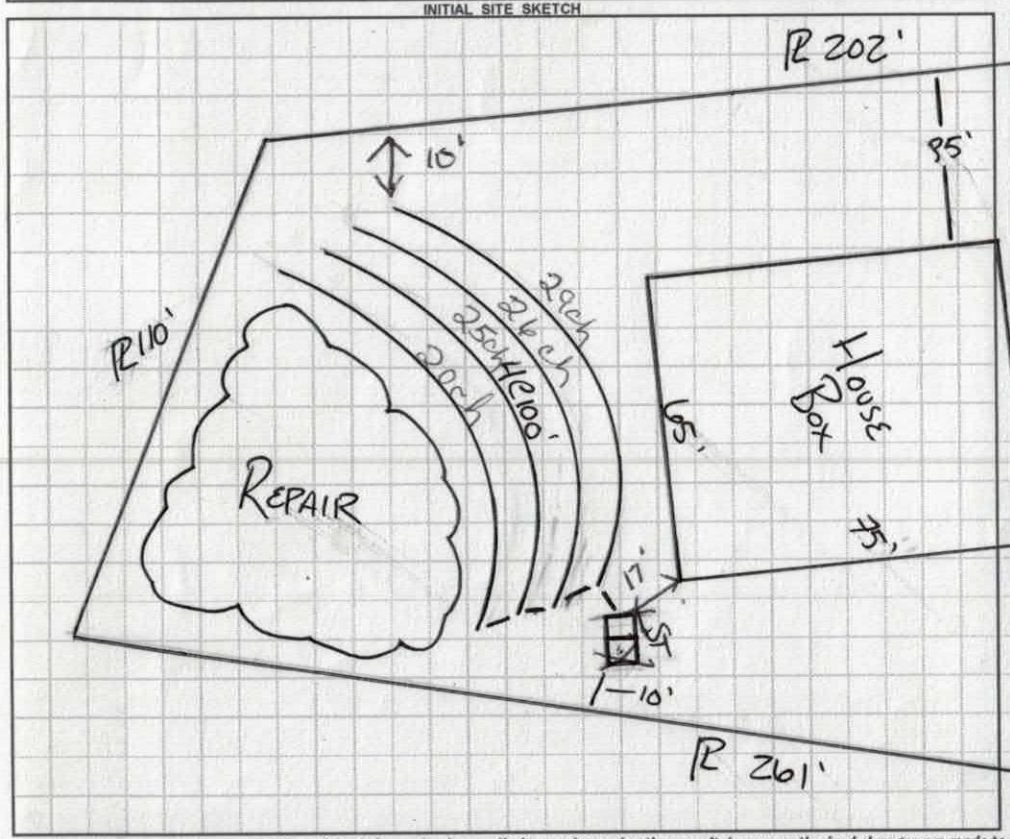
Septic Tank	1000 (gal)	STB	1012	Date	1-8-18	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:		25% Reduction		☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:		Panel Block		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4 @ 100'	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	(Max) Trench Bottom Depth	36"	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

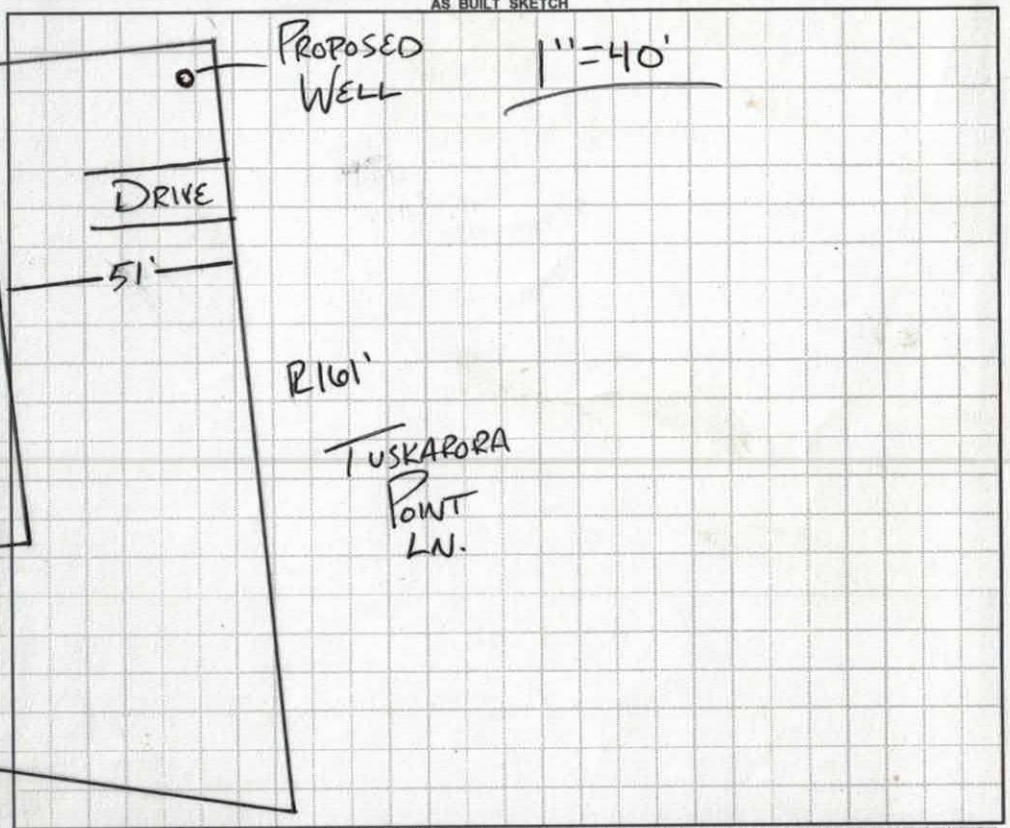
Comments / Conditions: * Floor plans submitted are 75' x 68'. Permit shows 75'x65'. OK to use floor plans → will not impact septic system. dimensions

Installed Quick 4

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 Bealer Date: 7-14-16 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: [signature] Date: 7-8-16 OPERATION PERMIT by: Matthew Dotson Date: 5/4/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-18-17 Existing System Inspected by: Date:

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4614-84-3188
Lot #: 18
Permit #: 218981
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: LKN LAND
Address: PO BOX 3398
Proposed Facility: SFR Design Flow (.1949) 480
Location of Site: TUSKARORA POINT LOT 18
Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: KENNETH BEALER
Date Evaluated: 7/8/2016
Property Size: .69 AC
Property Recorded: YES

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LINEAR 4%	0-13	RC,M,ABK	SS	FEW SAP INC @ 40-50	50"	NA	50"+	.3
		13-40	RCL,M,SBK	SS					
		40-50	RCL,W,SBK	SS					
AB 2	LINEAR 4%	0-20	RC,M,SBK	SS	FEW SAP INC 36-50	50"	NA	50"+	.3
		20-36	RCL,M,SBK	SS					
		36-50	RCL,W,SBK	SS					
AB 3	LINEAR 4%	0-36	RC,M,SBK	SS	MANY SAP INC @ 36-50	50"	NA	50"+	.3
		36-50	RCL,M,SBK	SS					
AB 4	LINEAR 4%	0-10	SCL,W,SBK	SS	NA	52"	NA	52"+	.3
		10-40	RC,M,SBK	SS					
		40-52	RCL,W,SBK	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G 25% RED	PANEL BLOCK
Site LTAR	.3	.3

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: NONE
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: NONE

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
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: Kenneth Beaver Homes Address: PO Box 3398 Mooresville NC Zip: 28117
Applicant Email: pam@KBHLakeNorman.com Phone: 704-662-6400 Alt. Phone: _____
Owner Name: Ryan Family Revocable Living Trust Address: 856 Boomerang Court New Braunfels Zip: 78132
Owner Email: rick.ryan14@gmail.com Phone: 704-281-1073 Alt. Phone: _____

Property Information:

Street Address: 111 Tuskarora Point Lane
Subdivision Name: Tuskarora Section/Phase: _____ Lot Number: 18
Driving Directions: Brawley Sch. Rd; Rgt on Tuskarora Trail; Rgt on Tuskarora Point Lane

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: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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: _____
( ) 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: Kenneth Beaver Homes by pam brice 9/14/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

E-MAILED 9-15-17 Ronda

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT Ben 218981 EFT# 85230

(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: ✓ **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**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kenneth Beaver Homes	PO Box 3398	704-662-6400	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
LKN Land	PO Box 3398	704-662-6400	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
111 Tuskarora Point Lane	Tuskarora	Lot 18

Driving Directions: Brawley School Rd; Right on Tuskarora Trail; Right on Tuskarora Point Lane

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 ___
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:

(X) New Well ( ) 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** _____ *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: Rene Brill for Kenneth Beaver Homes — 6/24/16

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, Ryan Family Revocable Living trust am the legal owner(s) of the property located at 111 (Lot 18) Tuskaroora Point Mooresville NC, identified as PIN (Parcel Identification Number) 4616843188.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Kenneth Beaty Homes Inc, 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.

Signature of Owner(s) Date 9/8/17 — Signature of Witness Date 9/8/17

Kimberlee K Ryan Date 9/8/17

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

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

TUSKARORA POINT

KENNETH BEALER HOMES, INC.

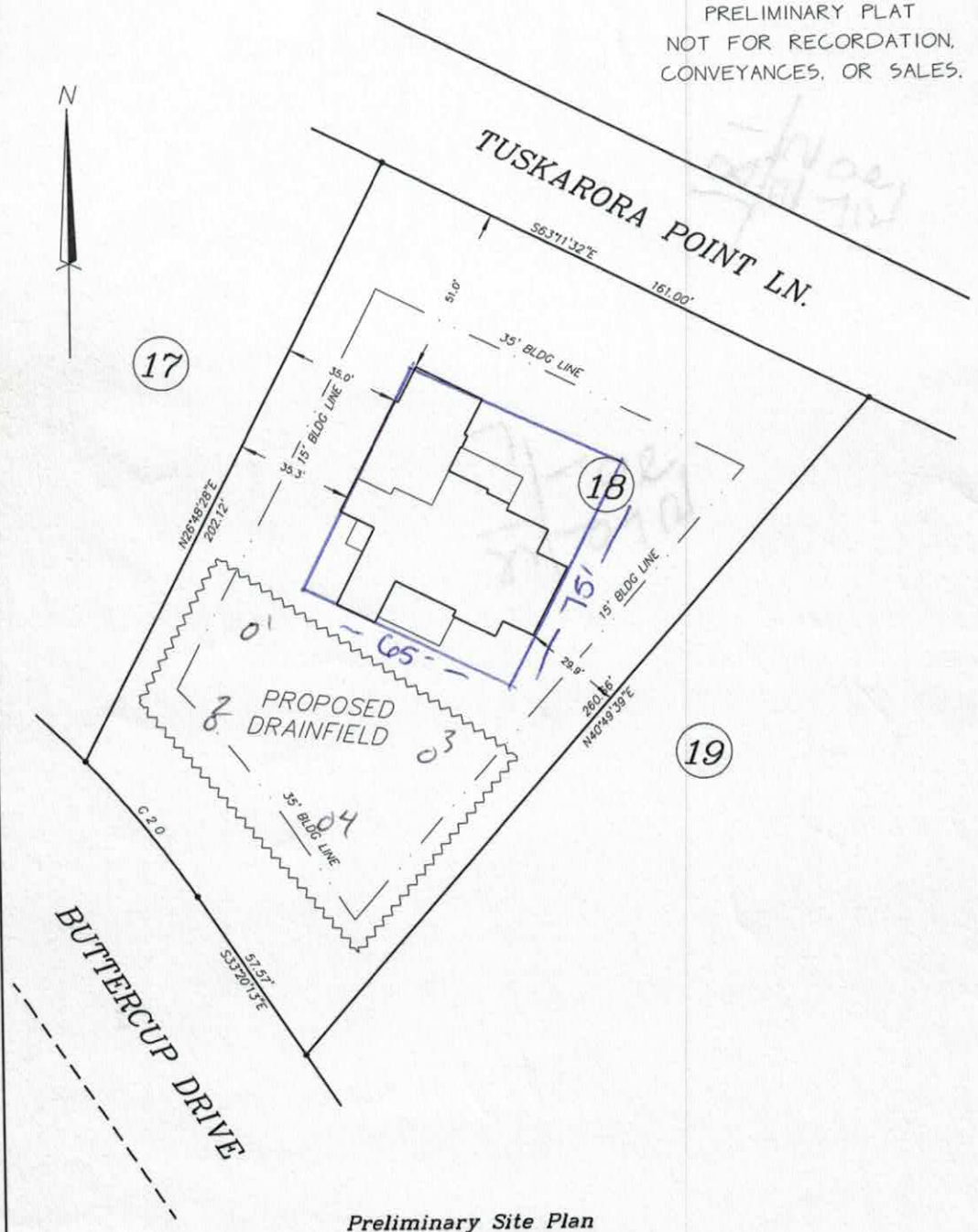
40 0 40 40

SCALE: 1" = 40'

CURVE TABLE

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C20	10°10'09"	52.85'	297.77'	N38°25'18"W	52.78'

PRELIMINARY PLAT
NOT FOR RECORDATION,
CONVEYANCES, OR SALES.



Preliminary Site Plan

0.690 Ac. +/-

Lot 18 of TUSKARORA POINT

Davidson Township Iredell County, NC

(Property of WOODLAND & WATERVIEW, LLC)

111 Tuskarora
Tuskarora Pt. Lot 18

REVISION	BY

L. Mitchell Ginn & Assoc.
TRADITIONAL RESIDENTIAL DESIGN SINCE 1985
1881 NORTH HIGHWAY 29 NEWNAN, GEORGIA 30263
PHONE/FAX# (770)502-1423 WWW.GINNHOMEDESIGN.COM

PROJECT: KENNETH DEALER HOMES

IMPORTANT NOTES:
CONTRACTOR TO CHECK ALL DIMENSIONS BEFORE CONSTRUCTION.
STRUCTURAL ON PRINCIPAL RAFTERS. CONSTRUCTION MUST
STRICTLY CONFORM WITH ALL LOCAL, STATE, AND FIRE CODES.

Date 9/14/17
Drawn By DVD
Checked By LHG
Job No 1647
Sheet 4 of 6

FIRST FLOOR PLAN
9'-0" CEILINGS
2100 HEATED SQ. FEET

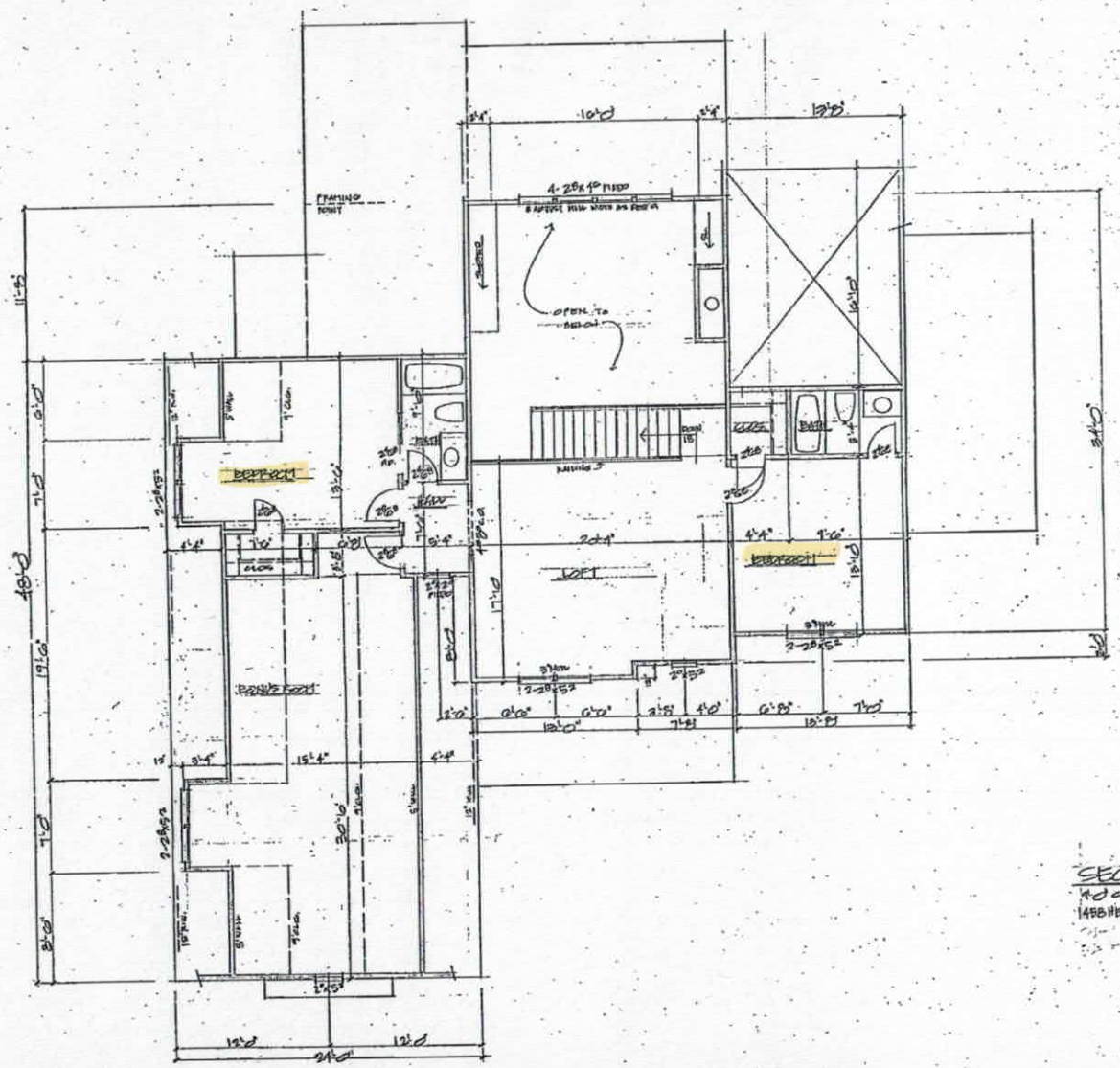
Plans Submittal ONLY!

Date 9-18-17

Date 9.20.17

Approved as Noted
Fairburn Planning & Zoning

111 Tuskarora



Plans Submittal ONLY
Date 9-18-17

SECOND FLOOR PLAN
1458 HEATED SQ. FEET

REVISION	BY

TRADITIONAL RESIDENTIAL DESIGN SINCE 1985

L. Mitchell Ginn & Assoc.

1381 NORTH HIGHWAY 29 NEWNAN, GEORGIA 30263
PHONE/FAX# [770]502-1423 WWW.GINNHOMEDESIGN.COM

PROJECT: KENNETH BEHLER HOMES

IMPORTANT NOTE!

DATE: 8/22/16
DRAWN BY: DVD
CHECKED BY: LMG
JOB NO: 1647
SHEET 5 OF 6 SHEETS