(BD)

# ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP242407

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

PIN # 4614943329

APPLICANT/OWNER: Kenneth Bealer | APPLICANT ADDRESS: P.O. Box 3398 Mooresville NC 28117

SITE ADDRESS: 106 Thunder Hill Rd Mooresville NC 28117 | PHONE: 704-662-6400 | ALT. PHONE: —

SITE DIRECTIONS: Brawley school Rd to R on Tuskarora Trl, L on Thunder Hill Rd, Lot on R

SUBDIVISION: Thunder Hill Park | SECTION: — | LOT # 1 | LOT AREA: 1.017 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480GPD | L.T.A.R.: .25

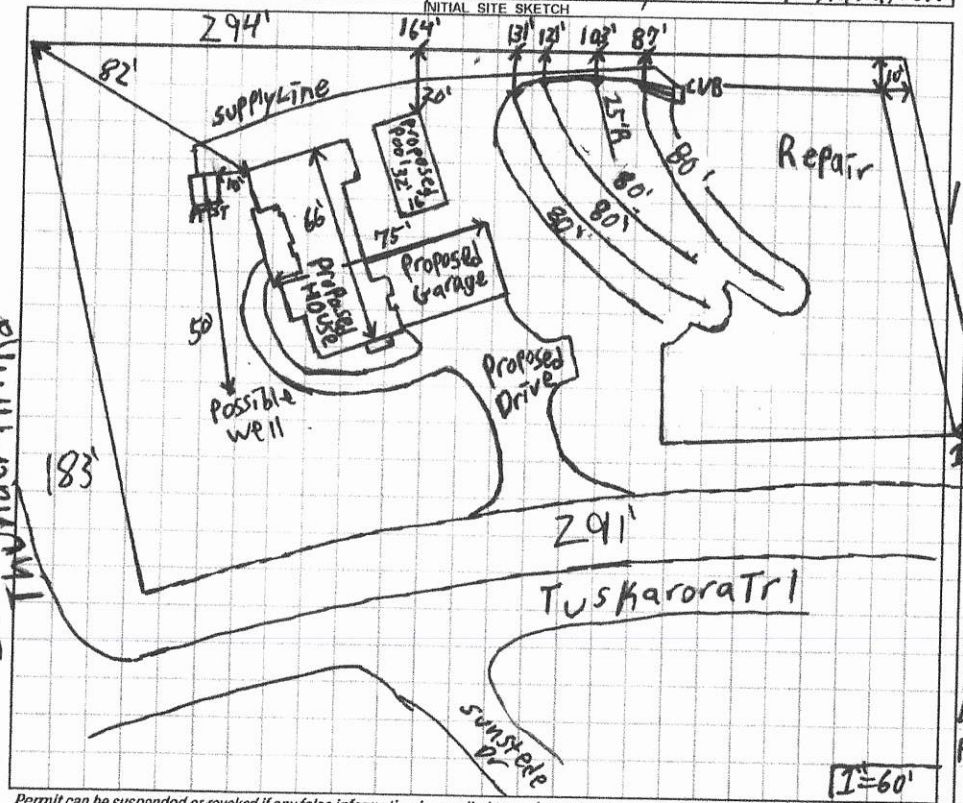
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 1612 | Date | 12-5 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III (IV) V VI | ☒ Residence | No. Bedrooms 4 |
| Pump Tank | 1000 (gal) | PT | 17 | Date | 10-5 | System Description: | LPPPBPS | ☐ Business | No. Persons 8 |
| Pump Make | | Model | | Serial # | | Repair System Description: | LPPPBPS | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft | 320 | Maintenance Agreement Required: | ☒ YES ☐ NO | ☐ Slab | ☒ Crawl Space |
| Trench Width | 24" | Trench Bottom Depth(Low side) | 33" | Gravel Depth | — | | ☐ GRAVITY ☒ PRESSURE | ☐ Basement w/plumbing | |

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install Lines on Contour. Do not store material or drive on or manipulate drain field in any way. Property Lines and corners must be clearly marked during time of installation and inspection.

INITIAL SITE SKETCH




AS BUILT SKETCH

2' pressure Head
Runtime = 8.8 min
Dose = 259.2
Drawdown = 12.3
Flow Rate = 29.52 GPM
Hole Size = 5/32

*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: Acceptance of Permit Recvd | Date: 7.17.2020 | Installed by: (Steve Jordan) Piedmont Backhoe Service

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 7/13/2020 | OPERATION PERMIT by: Maria Dotson (as) | Date: 4-19-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 7/13/2020 | 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.

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 2-25-21 | |
| Tanks Checked | 2-25-21 | |
| Pressure Manifold or Valve Box Checked | 2-25-21 | |
| Pressure Head Set | 3-17-2021 | BCW |
| Electrical Checked | 3-17-2021 | BCW |
| Floats Set | 3-17-2021 | BCW |
| Alarm Checked | 3-17-2021 | BCW |
| Maintenance Contract (Y) N | | |
| Comments: | | |

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

Sheet 1 of 2
PROPERTY ID #: 4614943329
COUNTY: Iredell

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

OWNER: Kenneth Bealer
ADDRESS: PoBox 3398 Mooresville NC 28117
APPLICATION DATE: 11/1/2020
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 480 GPD
DATE EVALUATED: 11/23/2020
LOCATION OF SITE: 106th under Hill Rd
PROPERTY SIZE: 1.01 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 | SS | 0-9 | Fill | — | YB mottles at bottom strong Chroma 3's at bottom 39" | 48" | Litho inclusions | small Rock Variation bottom | PS .25 |
| | | 9-20 | SCL | Fr SS SP SexP | | | | | |
| | | 20-39 | C SBK | Fr SS SP SexP | | | | | |
| | | 39-48 | C ABK | Fr SS SP SexP | | | | | |
| 2 | SS | 0-8 | SCL Fill | | Some YB mottles In Root systems some Chroma 3's at bottom | 48" | Litho inclusions Parent material at bottom | — | PS .25 |
| | | 8-25 | C SBK | Fr SS SP SexP | | | | | |
| | | 25-48 | C ABK | Fr SS SP SexP | | | | | |
| 3 | SS | 0-7 | SCL WSBK | Fr SS SP SexP | Few YB mottles | 48" | Litho Inclusions more common at bottom | — | PS .275 |
| | | 7-30 | C SBK | Fr SS SP SexP | | | | | |
| | | 30-48 | CL SBK/ABK | Fr SS SP SexP | | | | | |
| 4 | SS | 0-9 | SCL WSBK | Fr SS SP SexP | Few YB mottles | 48" | Litho Inclusions more common at bottom | — | PS .275 |
| | | 9-36 | C SBK/ABK | Fr SS SP SexP | | | | | |
| | | 36-48 | CL SBK | Fr SS SP SexP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 320 | 320 |
| System Type(s) | LPP BPS | LPP BPS |
| Site LTAR | .25 | .25 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS:

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

Sheet 2 of 2
PROPERTY ID #: 4644433329
COUNTY: Iredell

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

OWNER: Kenneth Bealer
ADDRESS: PO Box 378 Mooresville NC 28115
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 106 Thunderhill Rd

APPLICATION DATE 5/5/2020
DATE EVALUATED: 6/23/2020
PROPERTY SIZE: 1.017 acres
PROPERTY RECORDED: yes

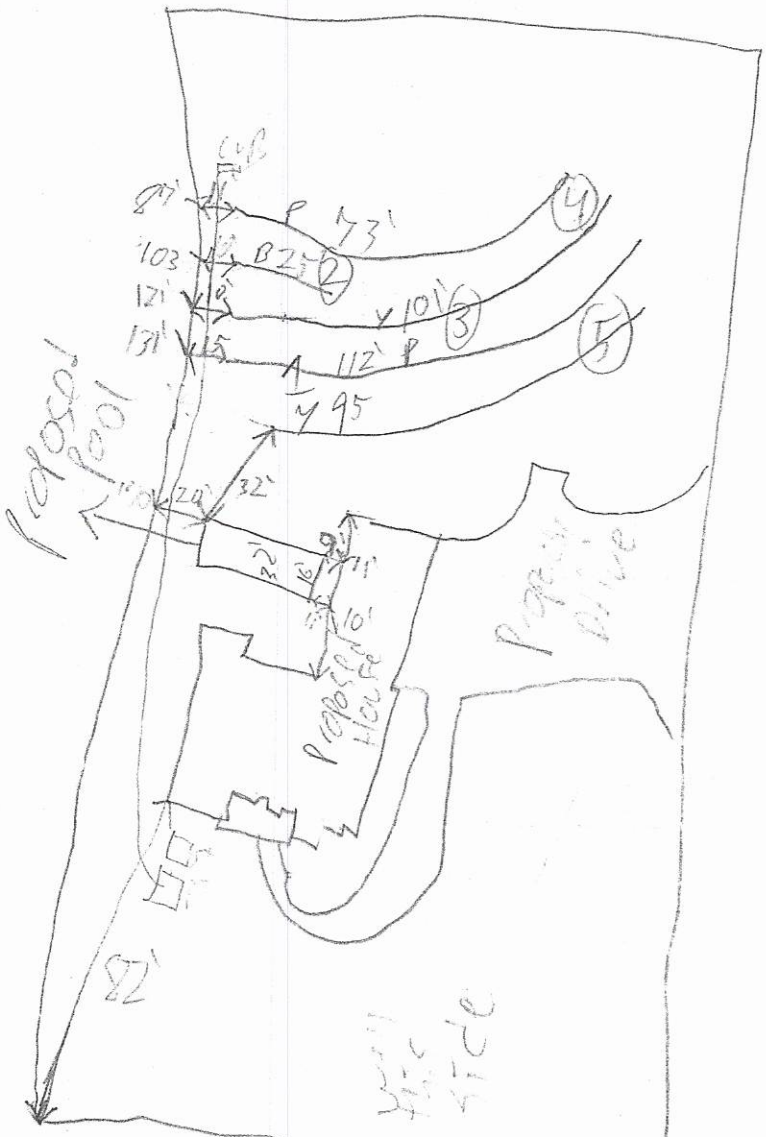
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 5 | SS | 0-7 | SCL WSBK | FR SS SP SOAP | Chroma 3 SS SP SOAP at 36" few YBR mottles above | 48" | Litho inclusions | small Rocks scattered throughout | PS, .25 |
| | | 7-40 | C ABK/ strong ABK | FR SS SP SOAP | | | | | |
| | | 40-48 | CL SBK/ABK | FR SS SP SOAP | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 320 | 320 |
| System Type(s) | LPPBPS | LPPBPS |
| Site LTAR | .25 | .25 |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Patrick B
OTHER(S) PRESENT: _____

COMMENTS: _____




6% slope

480 ÷ .25

→ 120 ÷ 3

→ 640 X .5

→ 320

Rec 5/21/2020
AP 242407 # 500.00

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

## Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

**Application For:**
(X) 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: ( ) 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: P.O. Box 3398 Mooresville NC Zip: 28117
Applicant Email: Kim@kbhlakenorman.com Phone: 704-662-6400 Alt. Phone: _____
Owner Name: LKN Land LLC. Address: 4210 Sigmon Cove Ln Terrell Zip: 28682
Owner Email: " " Phone: " " Alt. Phone: _____

**Property Information:**

Street Address: 106 Thunder Hill Dr. Mooresville, NC 28117
Subdivision Name: N/A Section/Phase: _____ Lot Number: 1
Driving Directions: I77 Exit 35. West on Brawley School Rd. Right onto Tuskaeora Trail

**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: 4
Maximum Number of Occupants: _____
(X) Swimming Pool future
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____
(X) 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 (X) 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:** Kim Beaver 5-5-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## 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, LKN LAND LLC., am the legal owner(s) of the property located at 106 Thunder Hill Rd. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4614944329000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kenneth Beaker Homes Kim Beaker, 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.

Kim Beaker 5-5-20

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

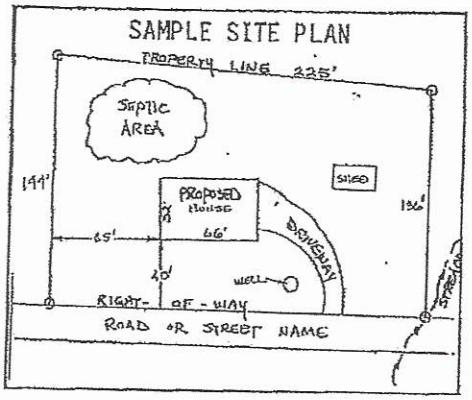
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*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
( ) 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

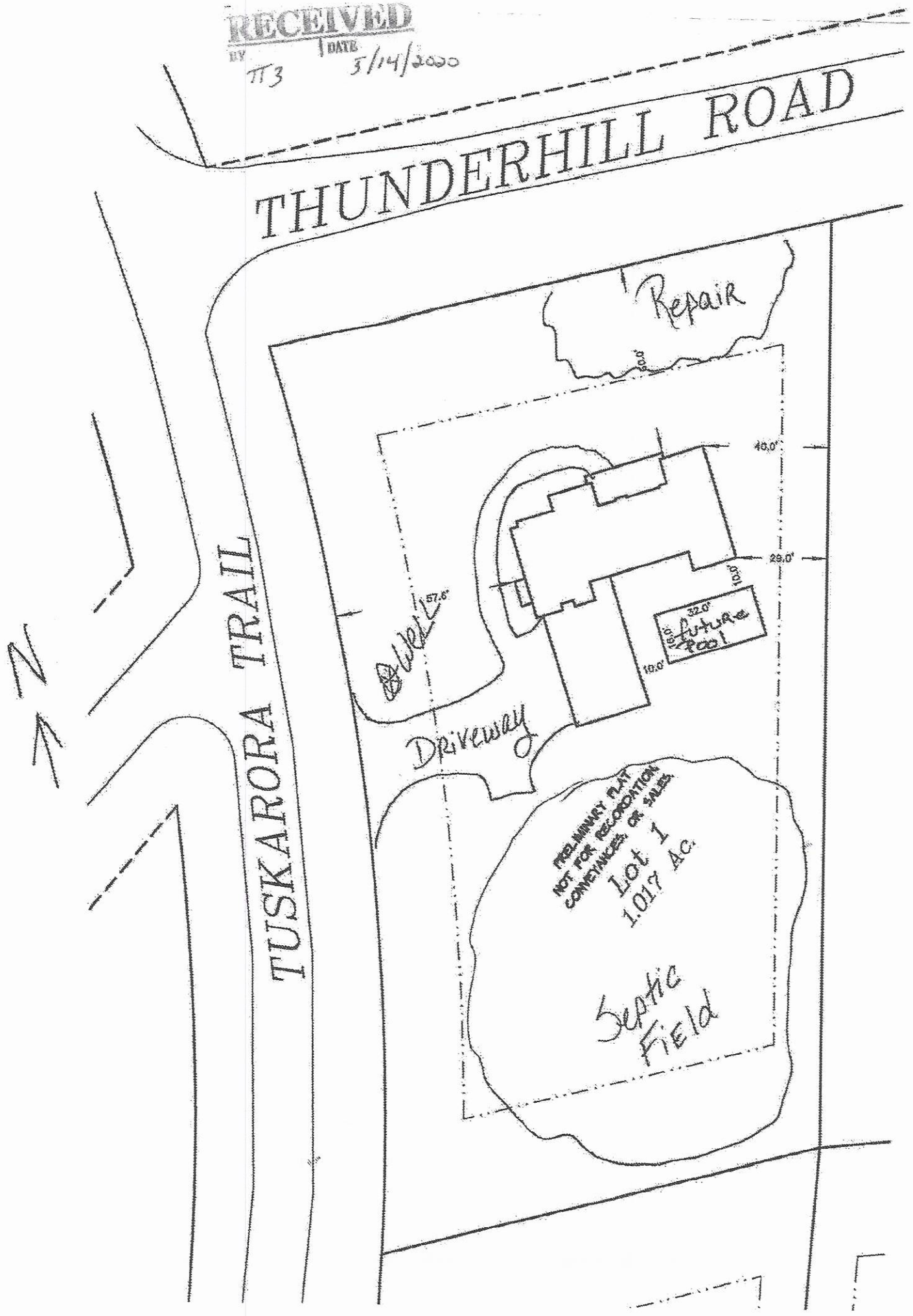
*Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*

Please see Attached Site Plan.

Signature: Kimi Baden
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 4/15/2020

RECEIVED
BY TT3 DATE 5/14/2000

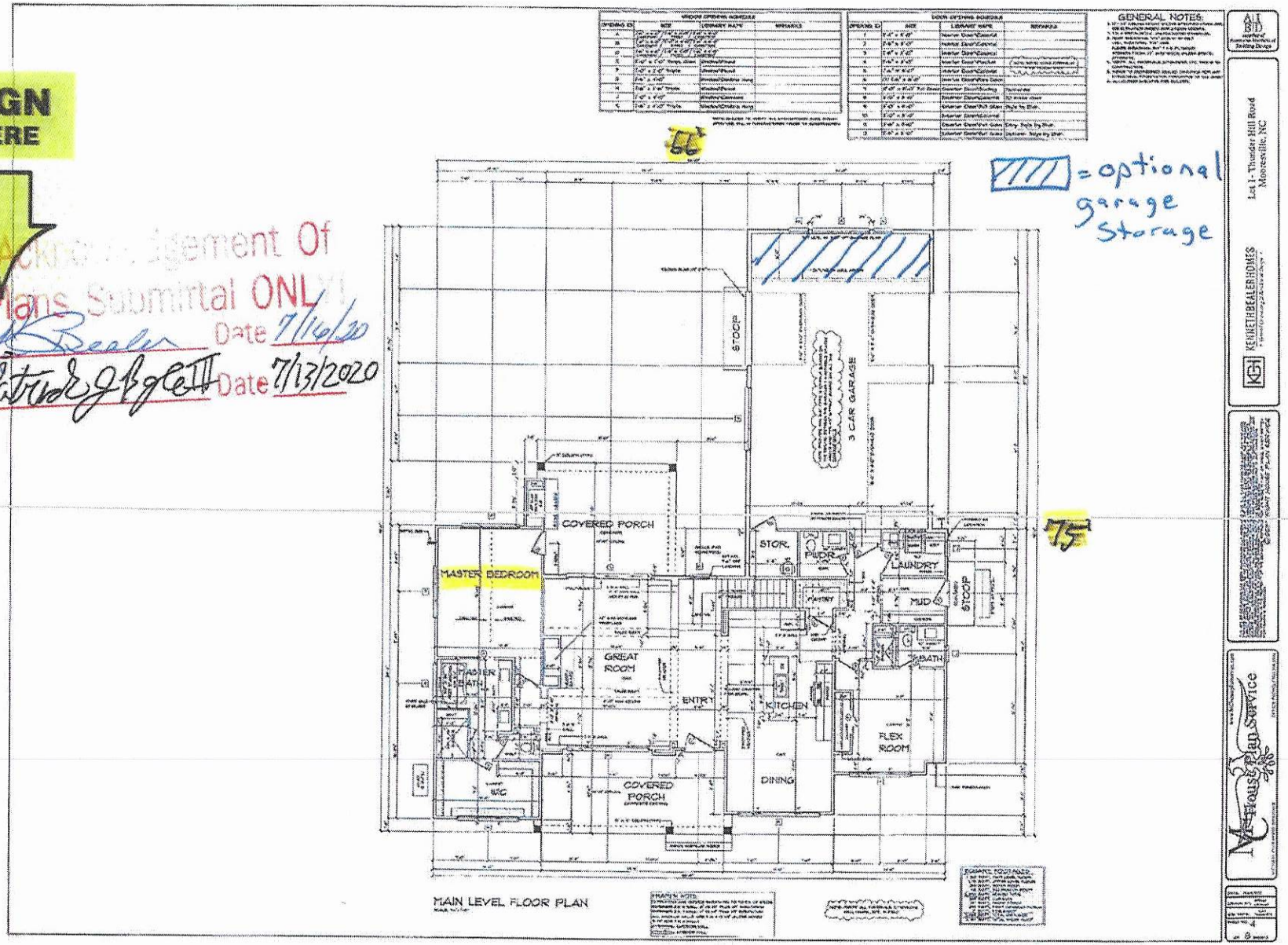


SIGN HERE

Acknowledgement Of Plans Submittal ONLY

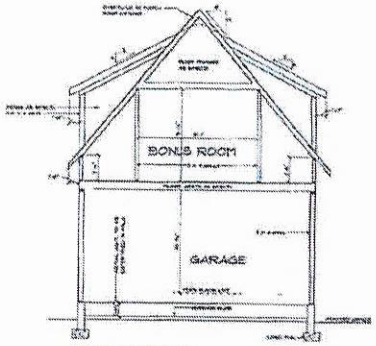
Date 7/10/20

Date 7/13/2020

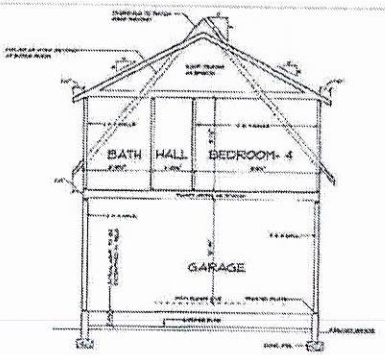


Acknowledgement Of
Plans Submittal ONLY
L Beales Date 7/13/20
Patrick J Ryle III Date 7/13/2020

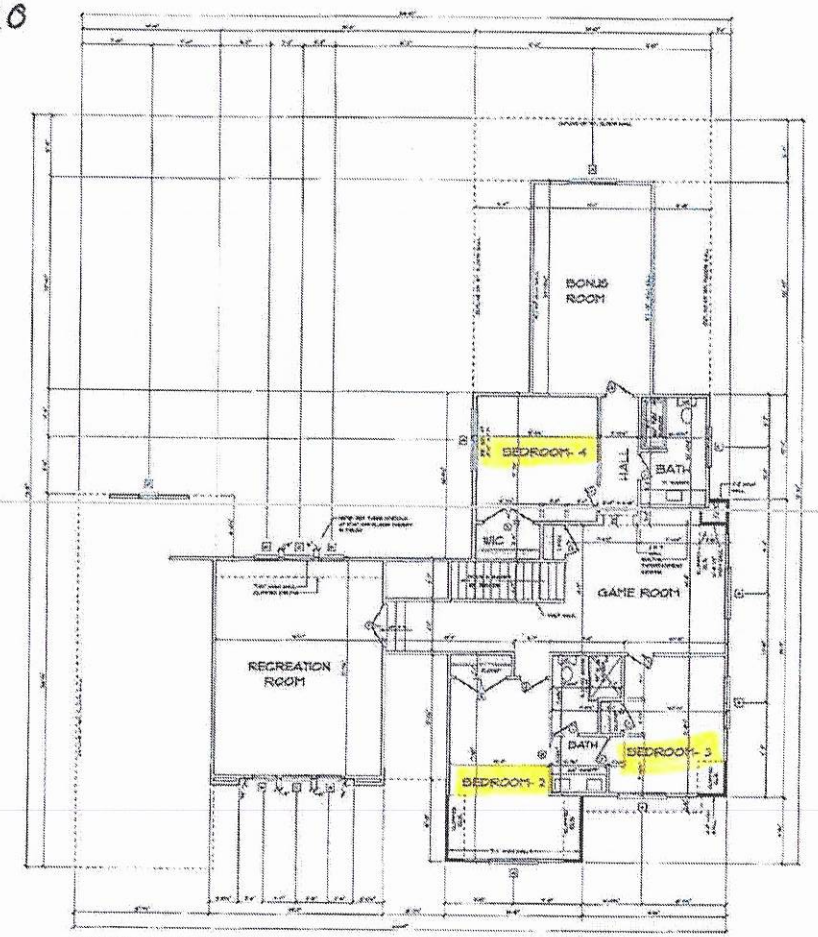
SIGN HERE




TYPICAL SECTION
THRU BONUS ROOM




TYPICAL SECTION THRU
BEDRM-4/HALL/BATH




UPPER LEVEL FLOOR PLAN

GENERAL NOTES:

Lot 1- Thunder Hill Road
Mooresville, NC

KENNETH BEALE HOMES

Mc House Plan Service