ICHD–ENVIRONMENTAL HEALTH DIVISION KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 228717

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

PIN # 4614956607

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

SITE ADDRESS: 114 Torrington Ct. Mooresville, NC 28117 PHONE: 704662-6400 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Tuskarora Trail TR Torrington Ct on right/end

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Rock Spring PH SECTION: 2 LOT # 5 LOT AREA: .839 DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	1012	Date	2/21/20	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity - PPBPS	[ ] Business	No. Persons	8	[X] Private
Pump Make		Model		Serial #		Repair System Description:	SLP PPBPS	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	7	Linear Ft	322 ft	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	min 24"	Trench Bottom Depth(Low side)	.36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions:

This permit replaces previous permit dated 1/8/19.

INITIAL SITE SKETCH

See attached site drawing submitted by Paul Penninger (dated 4/9/2020)

AS BUILT SKETCH

5/14/2020 Checked ST (2FT from house)

5/15/2020 Lines checked. 10ft from well

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Rec'd Date: 5.13.2020 Installed by: (Steve Jordon) Piedmont Backhoe Service

IMPROVEMENT PERMIT by: Maria Jordon Date: 4/20/2020 OPERATION PERMIT by: Benjamin Bass Date: 5-15-2020

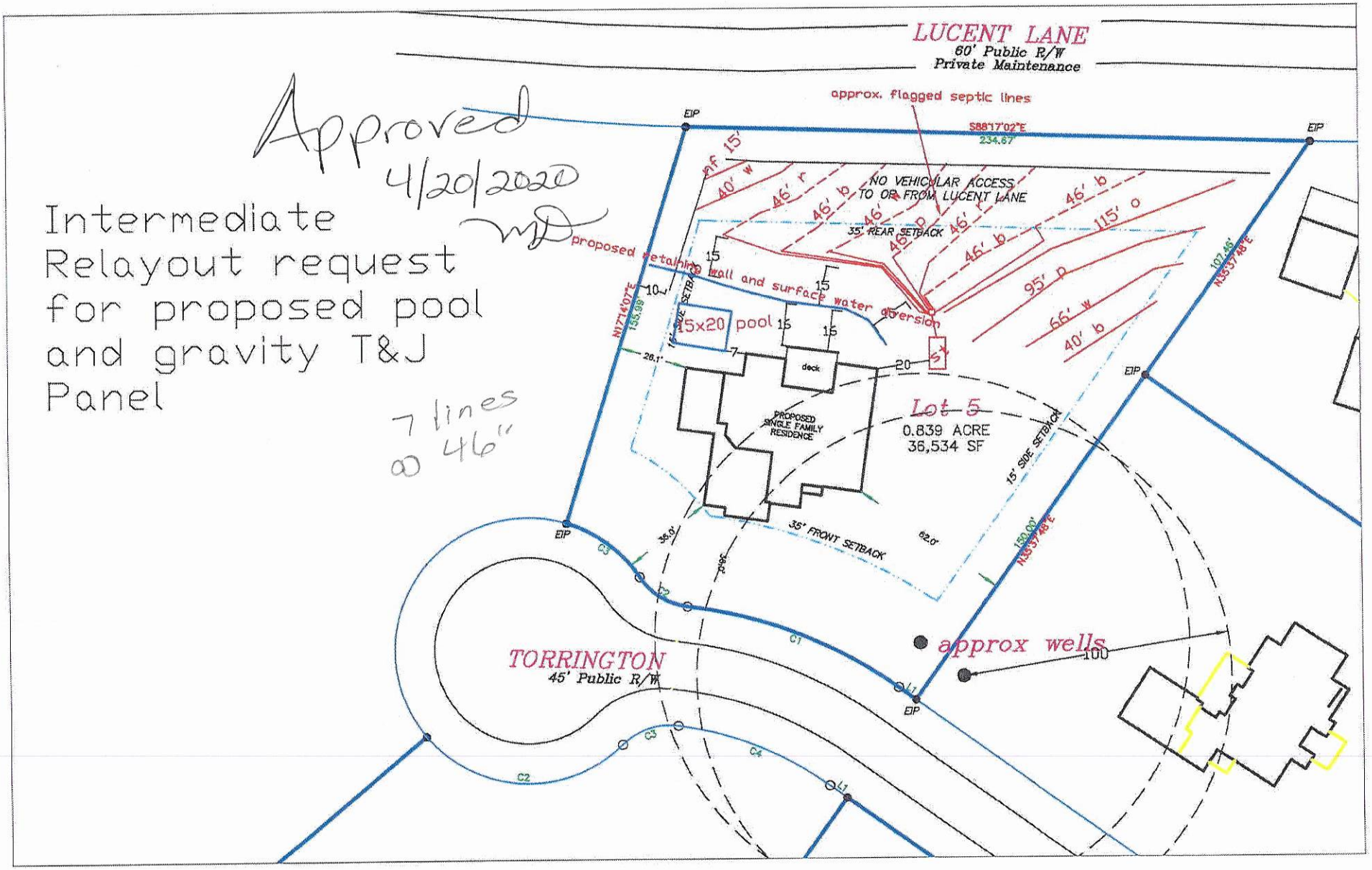
AUTHORIZATION TO CONSTRUCT by: Maria Jordon Date: 4/20/2020 Existing System Inspected by: Date:

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.

Approved
4/20/2020

Intermediate
Relayout request
for proposed pool
and gravity T&J
Panel

7 lines
@ 46"



KBH – Lot 5 Rockspring Park Septic Site Plan 4.9.20 1"=50'

Septic System must be approved and permitted by ICHD. Divert all stormwater around drainfield.

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

Sheet ___ of ___
PROPERTY ID #: 4614956607
COUNTY: Iredell

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

OWNER: Kenneth Bealer Homes
ADDRESS: P.O. Box 3398 Mooresville, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 114 Torrington Ct Mooresville, NC
APPLICATION DATE 11/30/18
DATE EVALUATED: 12/19/18
PROPERTY SIZE: .839 Ac
PROPERTY RECORDED: Y

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	9%	0-10	Brw SCL	SS, SP, SExp, FR					PS .25
		10-30	RCm	ABK SS, SP, SExp, FR					
		30-60	RCL w	ABK/SBK SS, SP, SExp, FR		60"			
		>36"	W Rock & SAP	Inclus.					
2	10%	0-22	RCm	SBK/ABK SS, SP, SExp, FR					PS .3
		22-44	RCL w	SBK SS, SP, SExp, FR					
		44-56	L SAP	massive, FR		44"			
3	10%	0-16	Brw SCL	SS, SP, SExp, FR					PS .3
		16-38	RCm	ABK/SBK SS, SP, SExp, FR					
		38-52	RCL w	SBK SS, SP, SExp, FR					
			W L SAP	Inclus		52"			
		52-60	L SAP	massive FR					
4	9%	0-8	Brw SCL	SS, SP, SExp, FR					PS .25
		8-60	RCL/CL m w	ABK SS, SP, SExp, FR		60"			
		21-36"	Yell/Brown	Inclus 10YR 5/8					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Paul Pennington, David Bean

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: 4614956607
COUNTY: Iredell

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

OWNER: Kenneth Bealer
ADDRESS: P.O. Box 3398 Mooresville, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 114 Torrington Ct Mooresville, NC
APPLICATION DATE: 11/30/18
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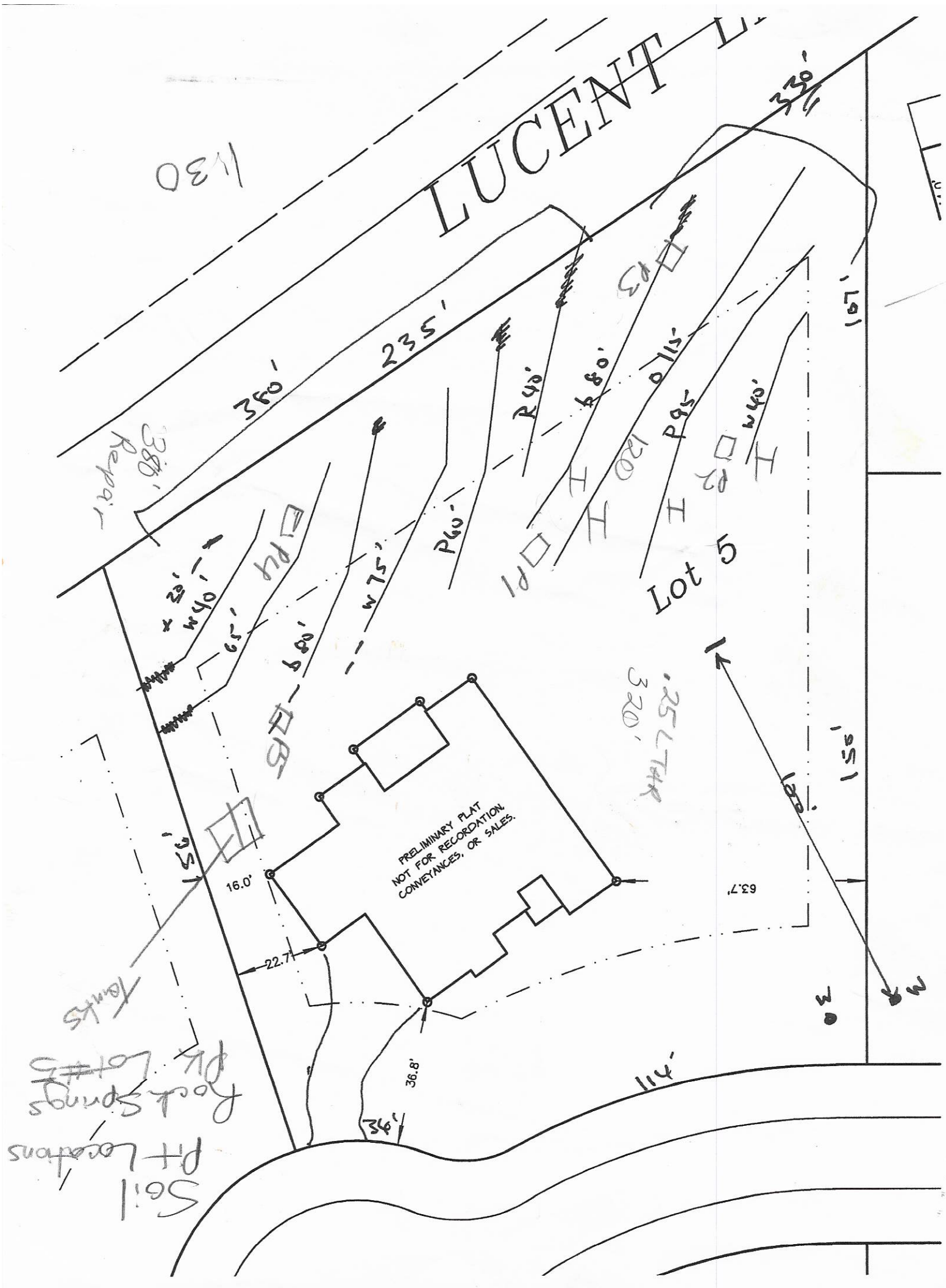
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	9%	0-21 21-57 >34"	Brn SCL WSB KSS, SP, SEXP, FP RC/PL M-W SS, SP, SEXP, FP yel/Brn	ABK/SBK Mottles	57"				PS .25
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Paul

COMMENTS:


LUCENT
330'
360'
235'
Lot 5
PRELIMINARY PLAT
NOT FOR RECORDATION,
CONVEYANCES, OR SALES.
16.0'
22.7'
63.7'
36.8'
114'
36'
150'
151'
101'
15'
65'
80'
75'
40'
95'
115'
120'
45'
N

RECEIVED APR 1 3 2020

AP-228717
$320.00

Intermediate Relapout - Maria Issued Ex. Permits

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Permit # 228717

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 Bealer Homes Address: PO BOX 3398 MOORESVILLE NC Zip: 28117

Applicant Email: len@kbhlakenorman.com Phone: 704.662.6400 Alt. Phone: _____

Owner Name: Same as Applicant Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: Call Paul Pennington for site visit 704.996.6330

Street Address: 114 Torrington Ct, Mooresville, NC

Subdivision Name: Rockspring Park Section/Phase: _____ Lot Number: 5

Driving Directions: Brawley School Rd, TR Tuskarora, TR Torrington, Lot at end on Rt

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

House under const

(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: 8
(X) Swimming Pool
( ) 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: _____

( ) New Well (X) 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: T&J Panel

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: _____ 4.13.20
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, KENNETH BEALER HOMES INC, am the legal owner(s) of the property located at 114 TORRINGTON CT, identified as

PIN (Parcel Identification Number) 4614956607.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger / Penninger Soil Consulting _____, 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.

* _____ 4.13.20

Signature of Owner(s) Date

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

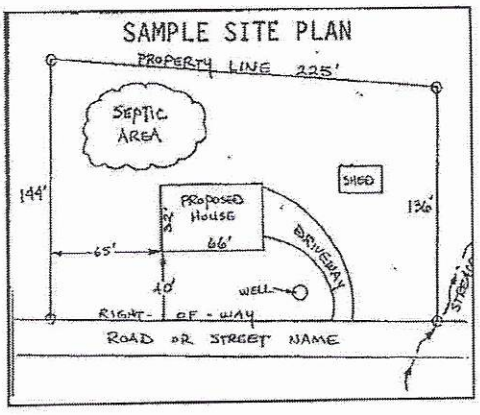
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- (X) Preferred well location
- (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

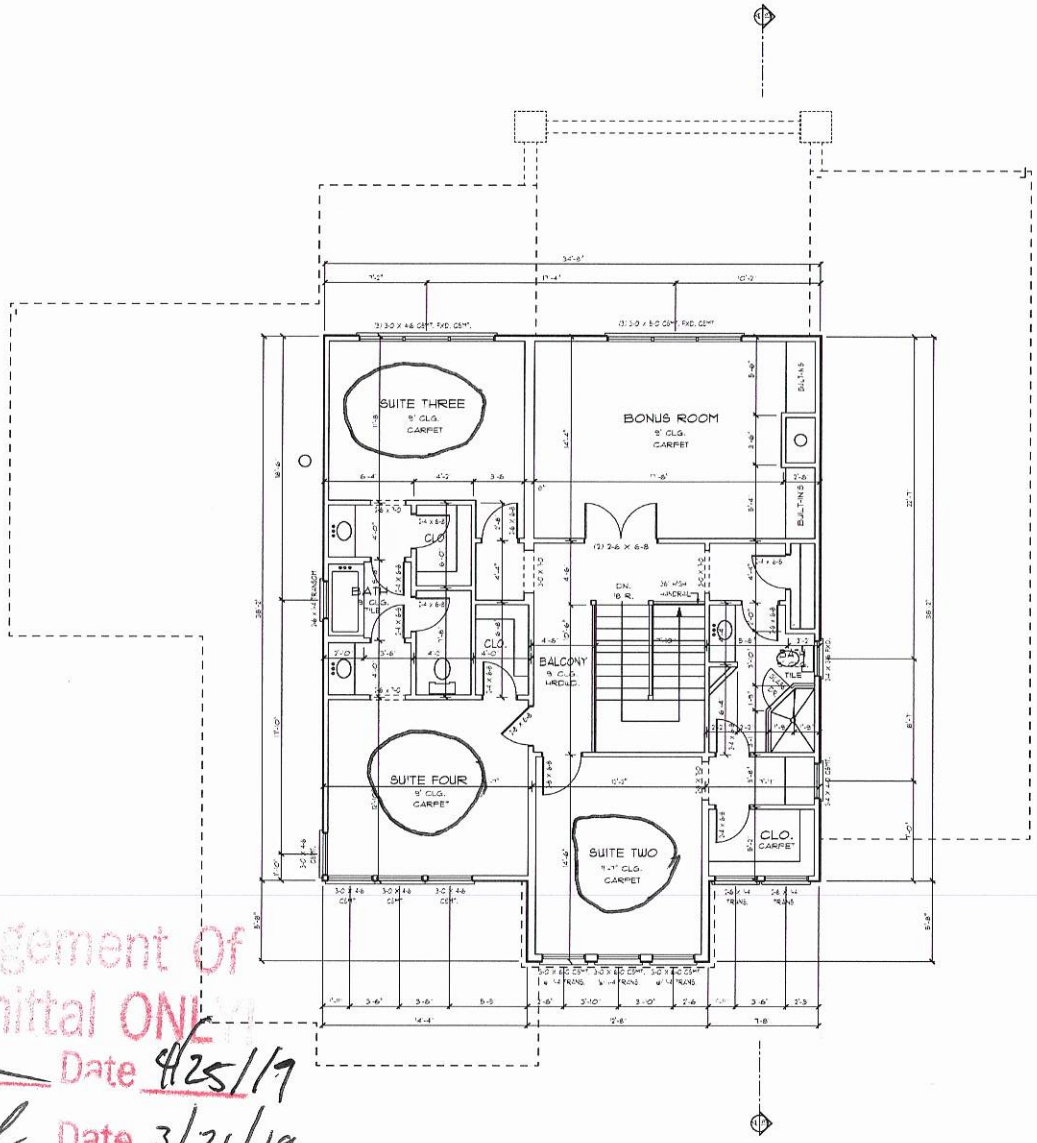
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached site plan.

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

4.13.20
DATE



Acknowledgement Of
Plans Submittal ONLY
Date 4/25/19
Date 3/21/19

ENGINEERED BY:
G.B. ENGINEERING, PLLC
P-1298

Custom Residential Designs
JJ Barja

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928
fax: 704-545-0600

PROJECT:
KENNETH BEALER HOMES
114 TORRINGTON CT., MOORESVILLE, NC 28117

© COPYRIGHT 2019

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY ALL EGRESS & NON-EGRESS CONDITIONS. FALL PROTECTION CODE & GLAZING REQUIREMENTS PER CODE AT WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS & WINDOWS TO COMPLY W/ ALL OF 2015 NORTH CAROLINA RESIDENTIAL CODES.

SECOND FLOOR NOTES

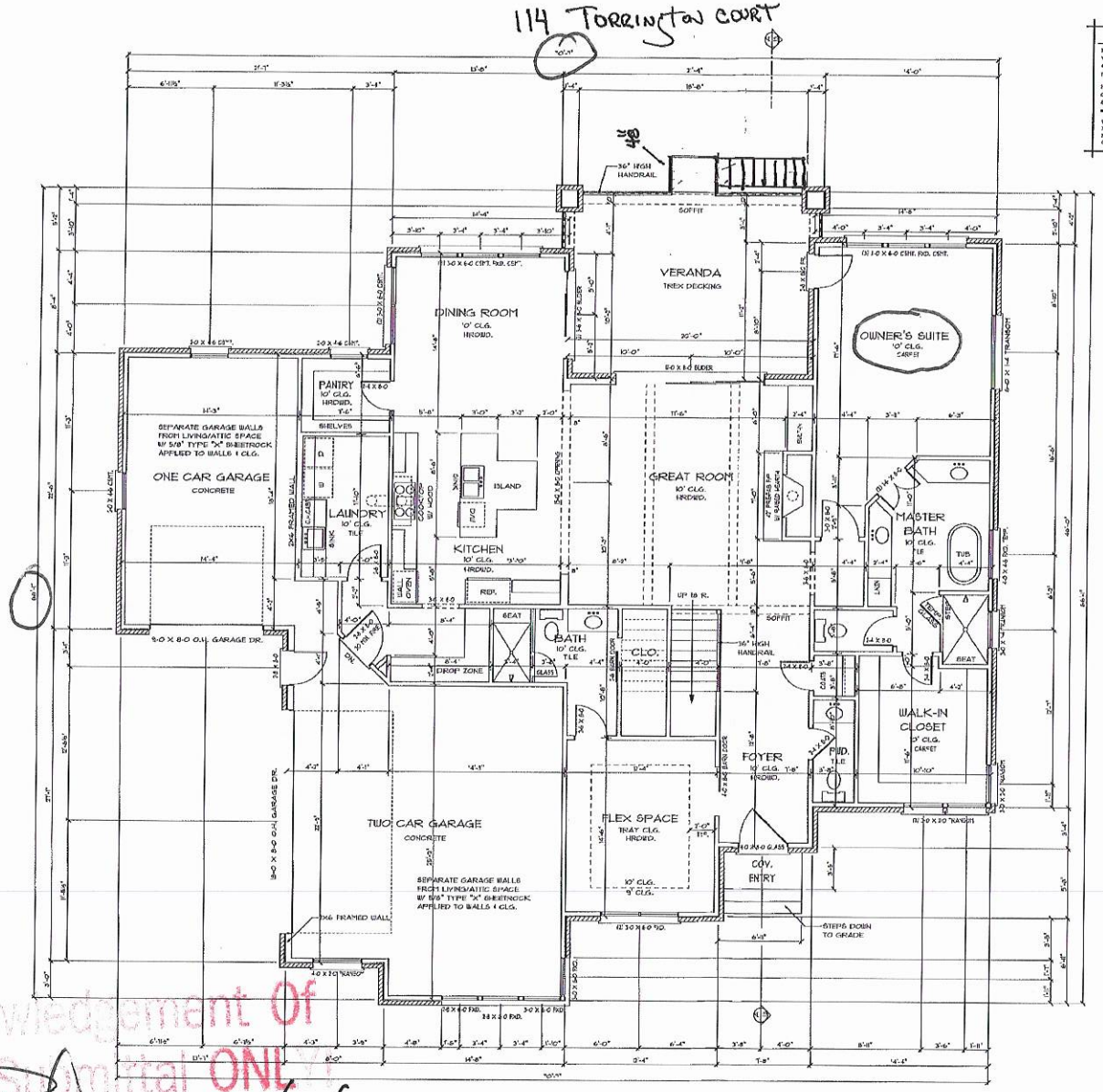
- 9' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 6'-8" DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE. SEE ELEVATION FOR WINDOW HEIGHTS.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- SEE SECOND FLOOR CEILING PLAN FOR ALL SECOND FLR. BEAM & SECOND FLOOR HEADER SIZES.
- ALL DOORS WITH GLASS SHOULD BE TEMPERED. & WINDOWS SHOULD BE TEMPERED PER STATE CODE
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

DRAWN BY:
JJ.BARJA
DATE:
01/19/2019
REVISED:

SHEET
7
OF 15

114 TORRINGTON COURT



Acknowledgement Of
Plans Submittal ONLY

Lee Date 4/25/19

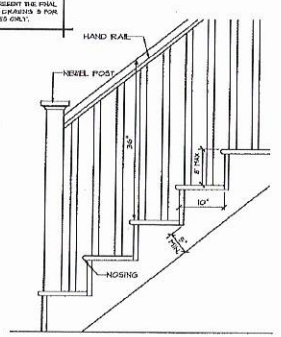
Tom Shuck Date 3/21/19

STAIR NOTES

NOTE:
VERIFY ACTUAL CONDITIONS & FLOOR FINISH MATERIALS PRIOR TO STAIR FABRICATION

NOTE:
GUARD RAILS & HANDRAILS SHALL BE IN COMPLIANCE W/ 2012 I.R.C.R.C.

HANDRAILS & BALUSTERS SHOWN MAY NOT REPRESENT THE FINAL PRODUCT, THIS DRAWING IS FOR CODE PURPOSES ONLY.



TYPICAL STAIR SECTION

SCALE 1" = 1'-0"

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL, BUILDER TO VERIFY. ALL EGRESS & NON-EGRESS CONDITIONS, FALL PROTECTION CODE & GLAZING REQUIREMENTS PER CURRENT NORTH CAROLINA RESIDENTIAL CODE.

FIRST FLOOR NOTES

- 10' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 8' DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR BEAM & FIRST FLOOR HEADER SIZES.
- IN DWELLING UNITS, WHERE THE OPENING OF AN OPERABLE WINDOW IS LOCATED MORE THAN 72" ABOVE THE FINISHED GRADE OR SURFACE BELOW, THE LOWEST PART OF THE CLEAR OPENING OF THE WINDOW SHALL BE A MINIMUM OF 24" ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. OPERABLE SECTIONS OF WINDOWS SHALL NOT PERMIT THE OPENINGS THAT ALLOW PASSAGE OF A 4" DIAMETER SPHERE WHERE SUCH OPENINGS ARE LOCATED WITHIN 24" OF THE FINISHED FLOOR.
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

OUTSIDE FRAMING

SQUARE FOOTAGE

FIRST FLOOR HEATED	2,158
SECOND FLOOR HEATED	1,316
HEATED TOTAL	3,474
GARAGES	931
VERANDA	288
TOTAL UNDER ROOF	4,693

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

ENGINEERED BY:
G.B. ENGINEERING, PLLC
P-1298

Custom Residential Designs
by GG Design

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928
fax: 704-545-0600

PROJECT:

KENNETH BEALER HOMES

114 TORRINGTON CT., MOORESVILLE, NC 28117

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DRAWN BY:
J.J.BARJA
DATE:
01/19/2019
REVISED:

SHEET 5 OF 15

IREDELL COUNTY

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

APPLICATION NUMBER
228717
Issue Date: 11/30/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4614956607.000	114 TORRINGTON COURT, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: LKN LAND LLC	Applicant: KENNETH BEALER HOMES I
Address: 4210 SIGMON COVE LANE	Address: PO BOX 3398
MOORESVILLE, NC 28682	MOORESVILLE, NC 28117
Phone:	Phone: 704-662-6400

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.839Ac	35.00	35.00	15.00	15.00		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	160764	TOTAL FEES	$ 77.25