ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # 309198

PIN # 4614 97 9043

APPLICANT/OWNER: Kenneth Bealer Homes

APPLICANT ADDRESS: PO Box 3398 Mooresville, NC 28117

SITE ADDRESS: 156 Binns Rd Mooresville, NC 28117

PHONE: 704-662-1600 ALT. PHONE

SITE DIRECTIONS: W on Brawley School into the Point → (R) Tuskarora Trail → (R) on Binns, lot on (R)

SUBDIVISION: Leonard K Bealer Family Trust SECTION: LOT # 2 LOT AREA: 1.00 acres

SAP CONTROLLED: ☐ YES ☒ NO

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

Septic Tank	1000 (gal)	STB	1012	Date	3/31/21		
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	5	Linear Ft	438'		
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	N/A		

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

System Description: 25% Reduction

Repair System Description: Drip Repair

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

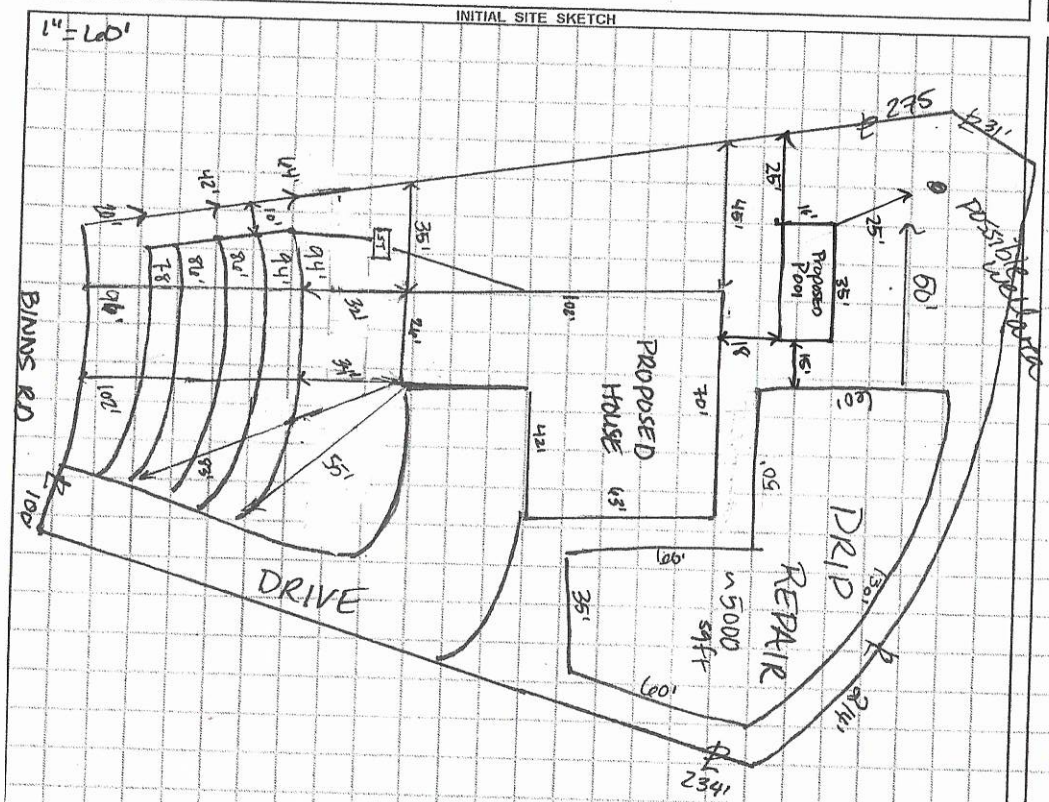
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install drain lines on contour of land. Utilize serial distribution

Do not drive, park, pave, grade, or bury utilities in drain field area.

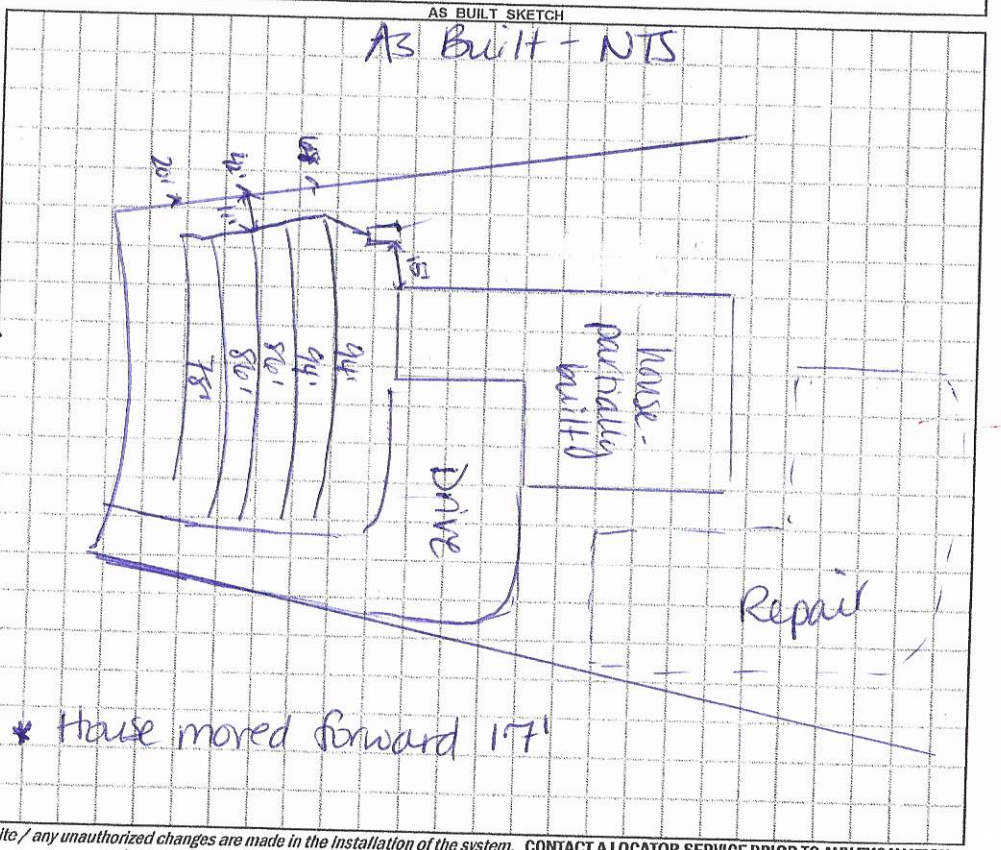
INITIAL SITE SKETCH

1"=40'



AS BUILT SKETCH

As Built - NTS



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: Date: 10/12/2020

IMPROVEMENT PERMIT by: Date: 10/12/20

AUTHORIZATION TO CONSTRUCT by: Patrick J Bgle III Date: 10/26/2020

10/13/2020

Installed by: (Steve Jordan) Piedmont Backhoe Service

OPERATION PERMIT by: D. Wiebery Date: 7/26/21

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 1 of 2
PROPERTY ID #: 4614
COUNTY: Iredell

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

OWNER: Kenneth Bagley Homes
ADDRESS: PO Box 3398 Mooresville NC
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 450
LOCATION OF SITE: 156 Binns Rd
APPLICATION DATE 7/20/20
DATE EVALUATED: 8/25/20
PROPERTY SIZE: 1 ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other W/A
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 6%	0-24	C SBK	fi SE	PS	PS	W/A	W/A	PS .13
		24-50	BC WABK	fi/fr SE					
2	L 6%	0-25	C ABK	fi SE	PS	PS	W/A	W/A	PS .3
		25-49	BC WABK	fi/fr SE					
3	L 5%	0-26	C SBK	fi SE	PS	PS	W/A	W/A	PS .13
		26-52	BC WABK	fi/fr SE					
4	L 4%	0-48	C SBK	fi SE	PS	PS	W/A	W/A	PS .1 Drip
		few rock inclusions 21" - 48"							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	Drip
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4614979043
DATE OF EVALUATION: 9/25/20
COUNTY: Iredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	L 4%	0-5	SCL ~~GR~~	fr SE	PS	PS	N/A	W/M	PS .3
		5-40	C ~~ABK~~	fi SE					
		40-61	BK WABK	fi/k SE					

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

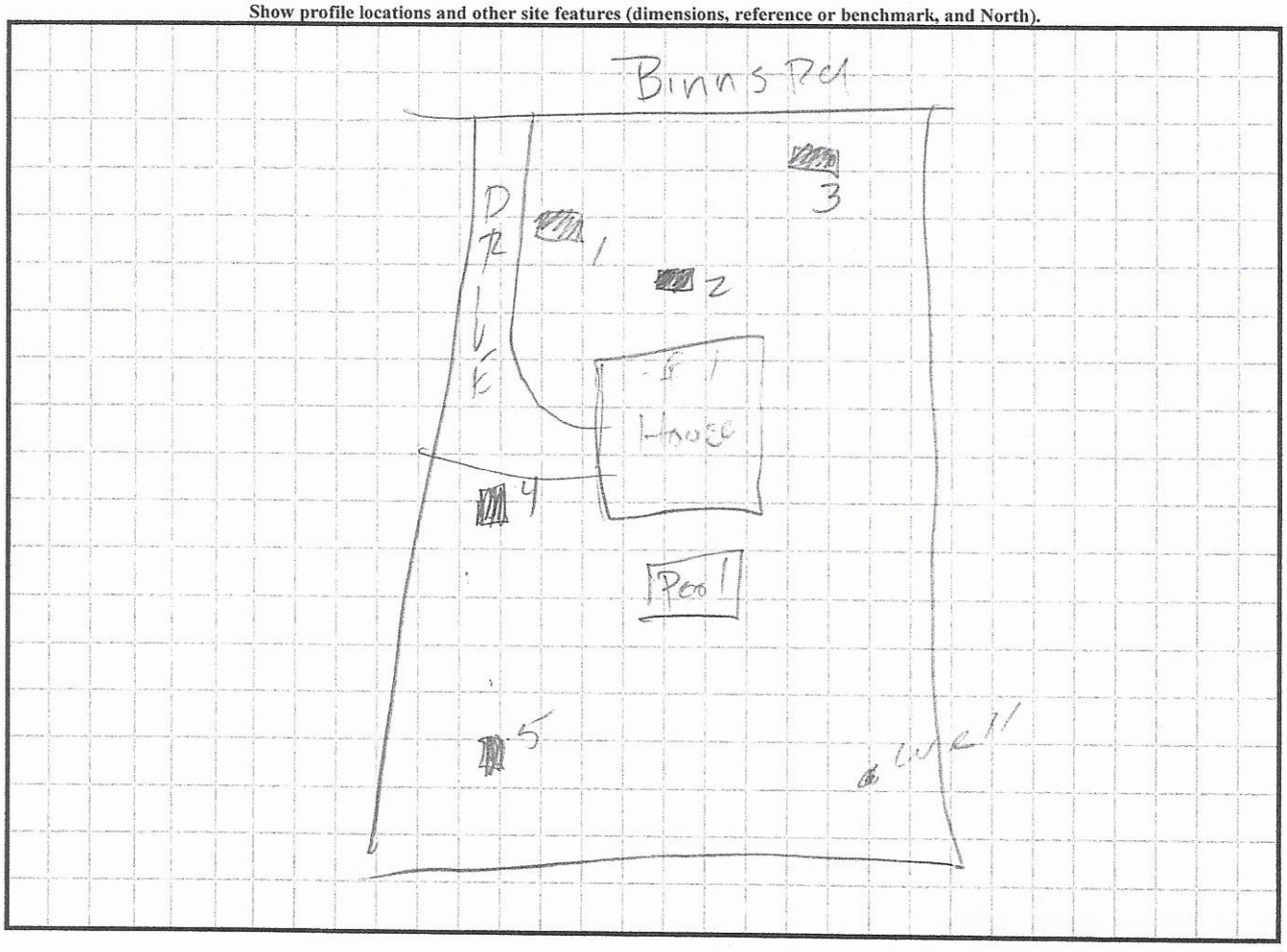
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



AP-309198
$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: (✓) 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 Bealer Homes Address: P.O. Box 3398 Mooresville NC Zip: 28117
Applicant Email: invoice@kbhlakenorman.com Phone: 704-662-6400 Alt. Phone: —
Owner Name: Bealer Family Rev. Trust Address: 4210 Sigmon Cove Ln. Zip: 28682
Owner Email: invoice@kbhlakenorman.com Phone: 704-662-6406 Alt. Phone: —

Property Information:

Street Address: 156 Binns Rd. Mooresville, NC 28117
Subdivision Name: N/A Section/Phase: _____ Lot Number: 2
Driving Directions: S I-77, exit 35, West on Brawley School Rd., Right on Tuskrora Trail
Right on Binns, Lot on Rt.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ (✓) Concrete Slab Foundation
( ) Accessory Building (✓) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) 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: _____

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: Tina Lenderman 7/20/2020
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)* Kenneth Beaver Homes, Inc.

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, Beaver Family Rev. Trust, am the legal owner(s) of the property located at 1560 Binns Old. Mooresville, NC. 28117, identified as

PIN (Parcel Identification Number) 4614-97-9043-000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kenneth Beaver Homes

_____, 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.

K. Beaver
Signature of Owner(s)

7/20/20
Date

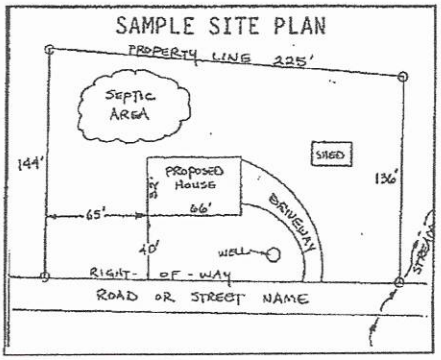
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

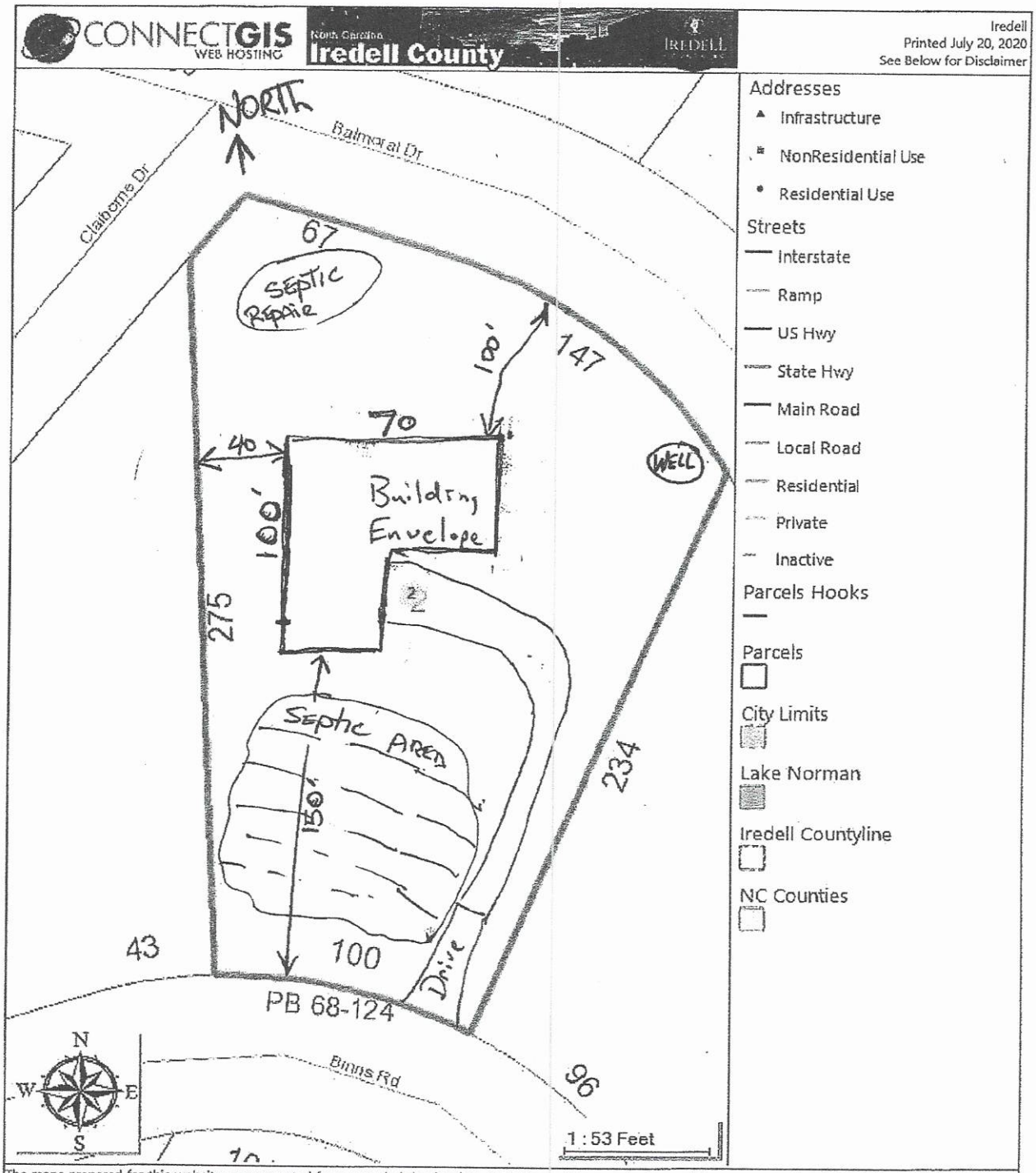
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Pls See Attached

Signature: Tina Londeman 7/17/2020

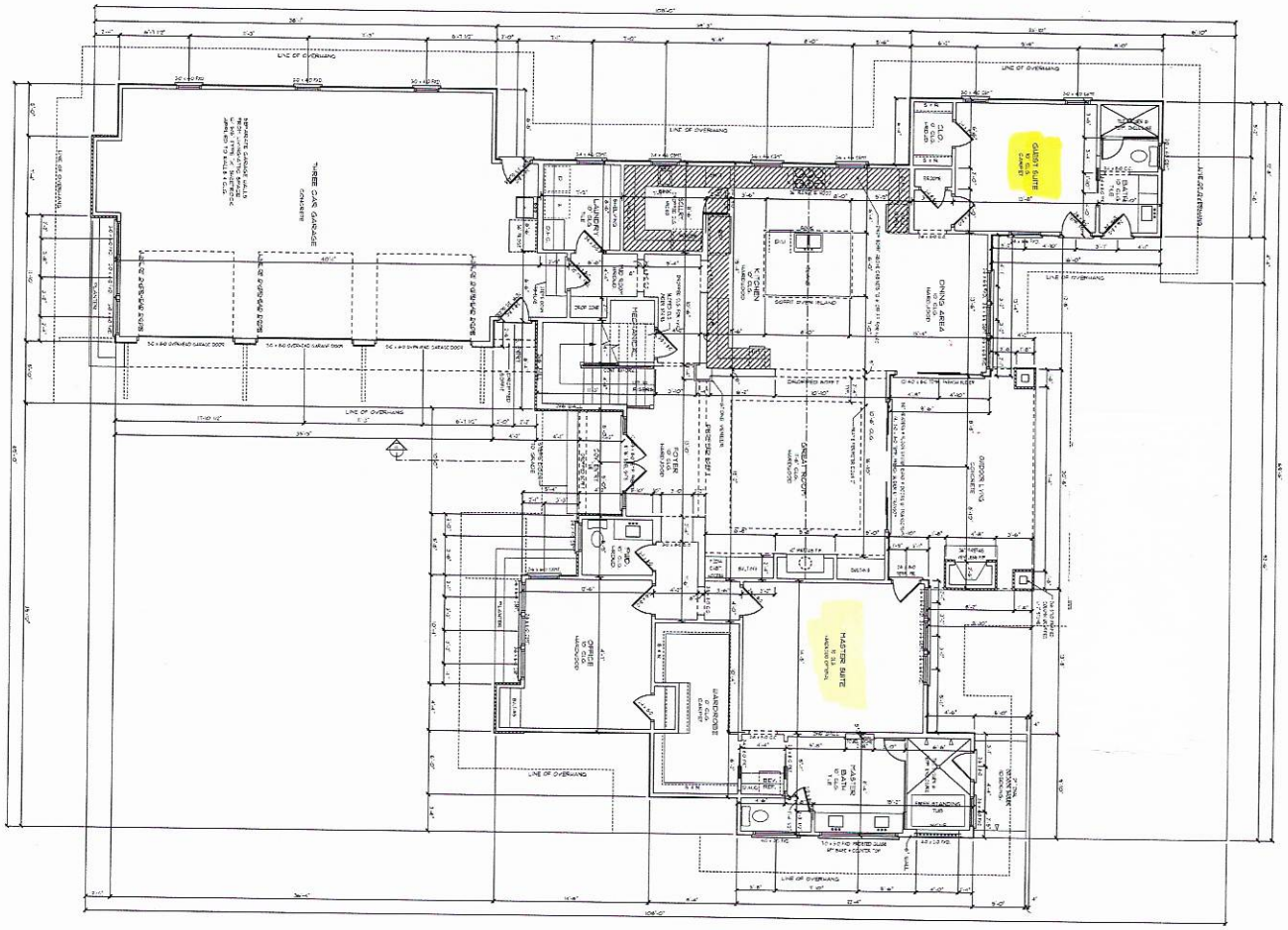
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

Acknowledgement Of
Plans Submittal ONLY!
Tim Bealer Date 11-2-20
Patrick J Byrd III Date 10/26/2020

102



69.4

156 Binns Rd

FIRST FLOOR PLAN

SQUARE FOOTAGE:

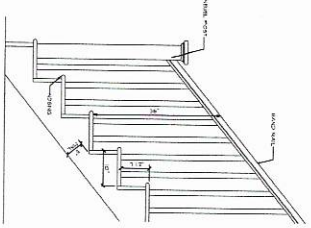
FIRST FLOOR HEATED:	2459
SECOND FLOOR HEATED:	1049
HEATED TOTAL	3508
COVERED ENTRY	42
THREE CAR GARAGE	861
OUTDOOR LIVING	214
SIDE ENTRY	0
TOTAL UNDER ROOF	4766

FIRST FLOOR NOTES

DOOR & WINDOW NOTE

STAIR NOTES

STAIR SECTION



DESIGNED BY:
J.J. BARJA

P.O. Box 691286
Charlotte, NC 28227
tel: 704-545-2939
fax: 704-545-0600

PROJECT:
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THE HARTLEY RESIDENCE

156 BINNS ROAD MOORESVILLE, NC 28117

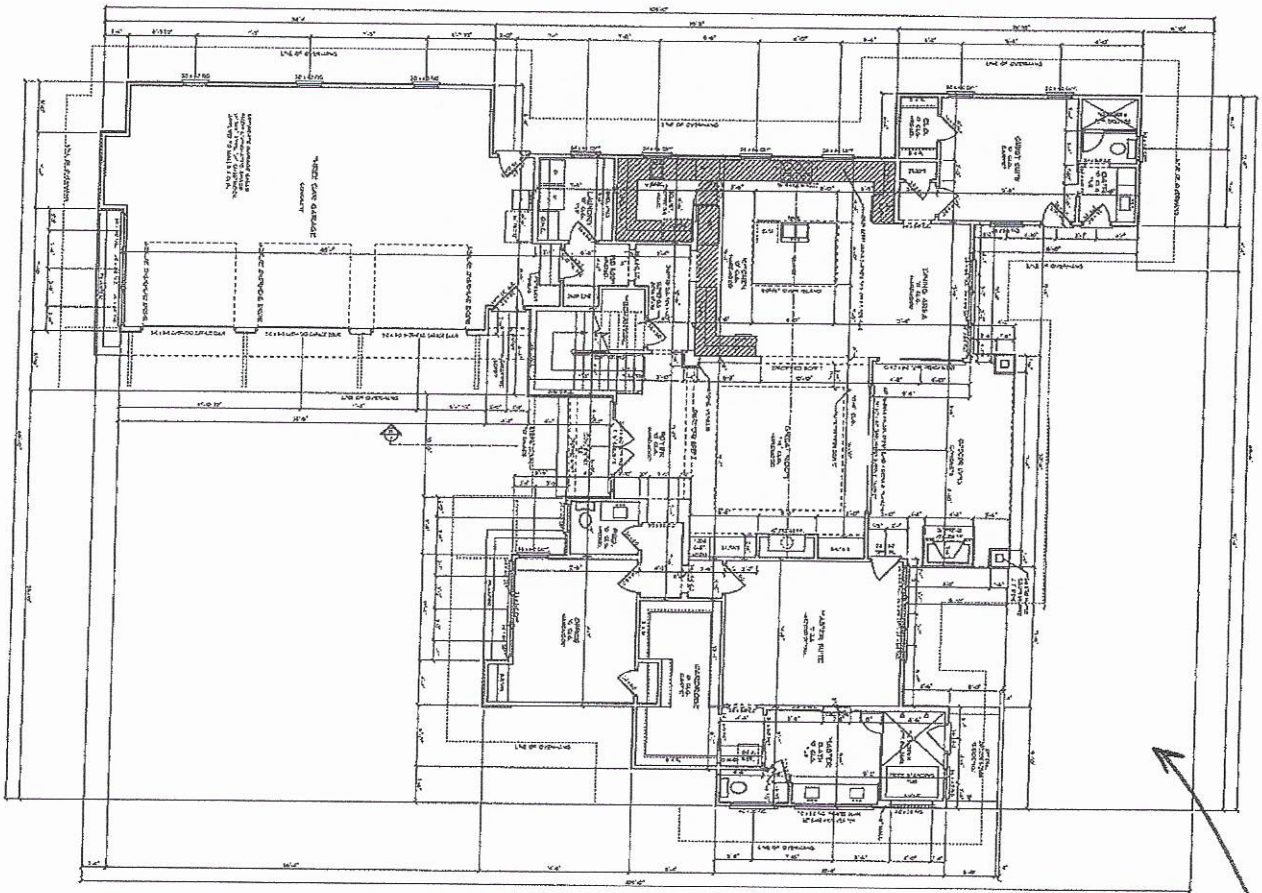
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DATE:
08/11/2020

REVISIONS:
REV:
REV:

SHEET 4 OF 14

Acknowledgement Of
Plans Submittal ONLY!
Kim Beaver Date 11-2-20
Patrick J Boyle III Date 10/26/2020



Revised
10/26/2020
See Permit for
Pool Location.

FIRST FLOOR PLAN

SQUARE FOOTAGE:

FIRST FLOOR HEATED	3,488
SECOND FLOOR HEATED	1,048
HEATED TOTAL	4,536
GRAY STORAGE	324
THREE CAR GARAGE	42
OUTDOOR LIVING	345
HVAC COVERS	16
TOTAL UNDER ROOF	4,964

FIRST FLOOR NOTES

STAIR SECTION

THE HARTLEY RESIDENCE
156 BINNS ROAD MOORESVILLE, NC 28117

DESIGNED BY:
J.J. BARLA

P.O. BOX 69284
HIGH HILL NC 28277
TEL: 704-545-7550
FAX: 704-545-0080

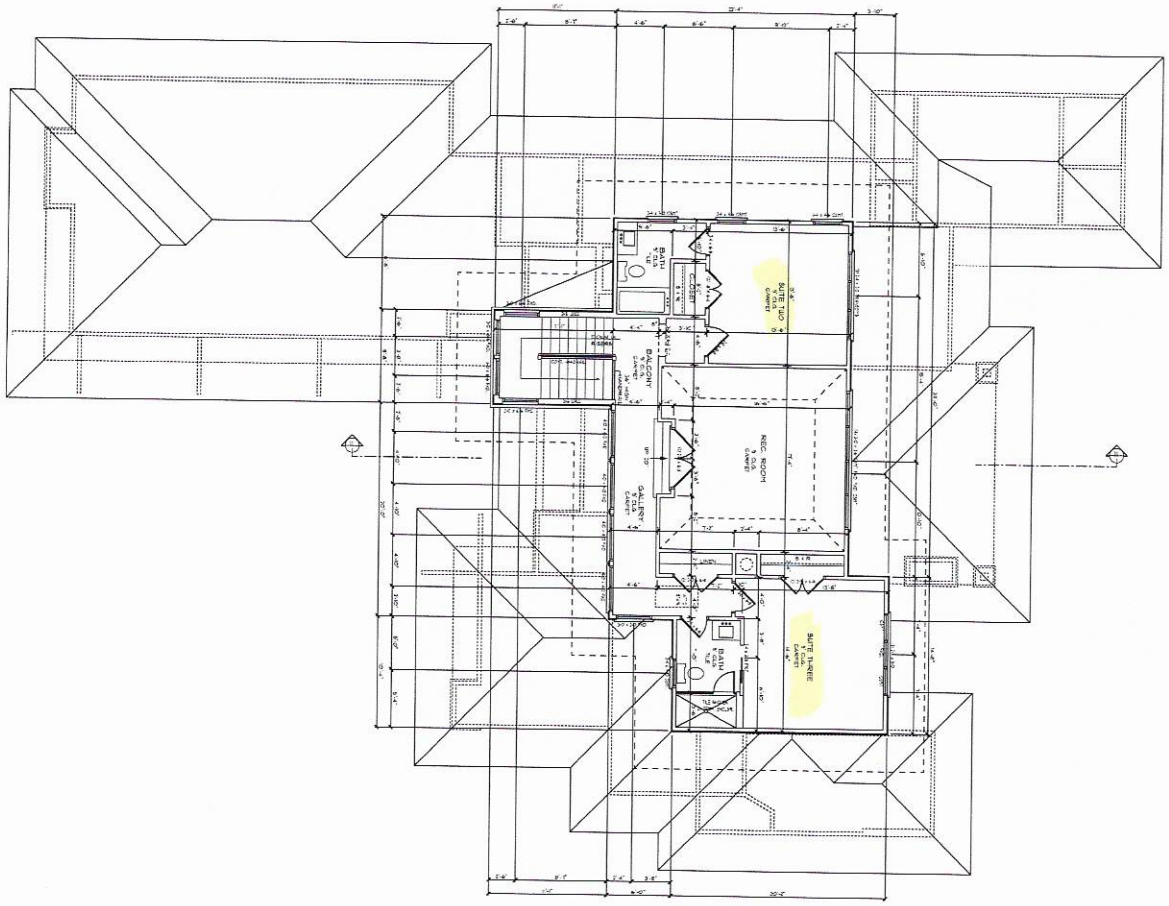
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DATE:
08/17/2020

REVISIONS:
REV1
REV2

SHEET
4
OF
14

Acknowledgement Of
Plans Submittal ONLY!
Tim Beaver Date 11-2-20
Patrick J Barja III Date 10/26/2020



SECOND FLOOR PLAN

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

SECOND FLOOR NOTES

DOOR & WINDOW NOTE

SHEET	DATE	REVISIONS	PROJECT
6 OF 14	08/11/2020	REV: REV:	THE HARTLEY RESIDENCE 156 BINNS ROAD MOORESVILLE, NC 28117

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P.O. Box 691284
Charlotte, NC 28227
tel: 704-545-2928
fax: 704-545-0400

DESIGNED BY:
J.J. BARJA