IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # AP-309199

PIN # 4624062549

APPLICANT/OWNER: Kenneth Bealer Homes

APPLICANT ADDRESS: PO Box 3398 Mooresville NC 28117

SITE ADDRESS: 132 Binns Rd Mooresville NC 28117

PHONE: 704-662-6400

ALT. PHONE N/A

SITE DIRECTIONS: W on Brawley School Rd T/R Tuskarora T/R Binns Rd Lot on right

SUBDIVISION: Leonard K Nealer Family Trust

SECTION: N/A LOT # 4 LOT AREA: 1 ac

SAP CONTROLLED: ☐ YES ■ NO

DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 1012 Date 9-3-21

Pump Tank 1000 (gal) PT 17 Date 10-20-21

Pump Make Champion Model CPE5-25 Serial # 0225842

Nitrification Fields 1 # Lines 3 Linear Ft 402'

Trench Width 36" Trench Bottom Depth(Low-side) 34" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair 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 ☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% Reduction on contour with PM distribution

ST - 2½ ft to HC

yellow filter installed

Use 2" supply line with (3) 1/2 sch 40 taps with 2' of pressure head

Dose - 183 gpd Flow Rate - 21.33 gpm

Drawdown - 9"

INITIAL SITE SKETCH

See attached drawing by ICHD

AS BUILT SKETCH

AM 2/22/22 Checked tanks & topper 3 lines.

Quick 4

4th line & supply line PM

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: [signature] Date:

IMPROVEMENT PERMIT by: [signature] Date: 12/18/20

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/18/20

Installed by: Steve Jordon

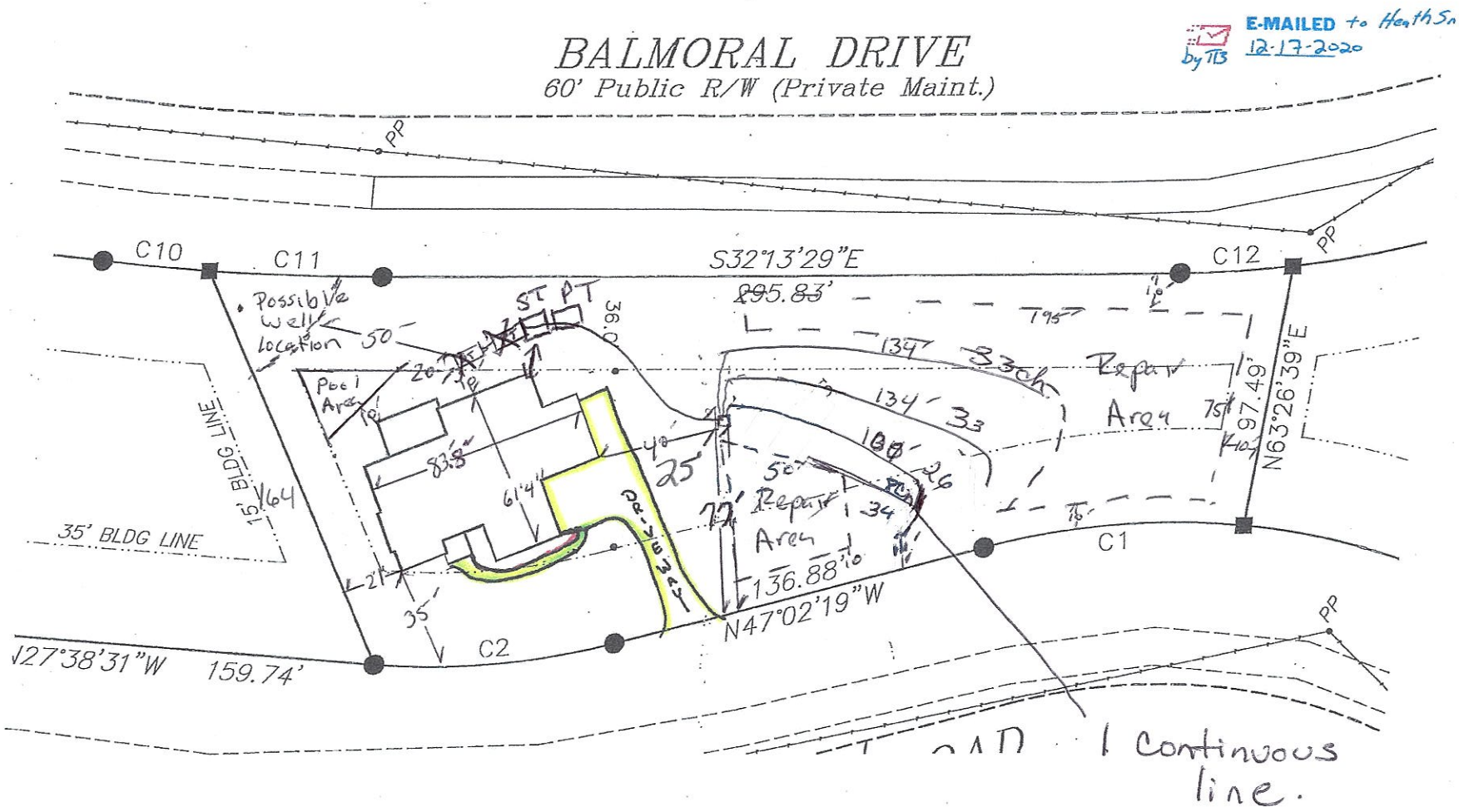
OPERATION PERMIT by: James Boggs Date: 3-8-22

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.

1" = 60

E-MAILED to HeathSnow 12-17-2020 by TB



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

Sheet 1 of 2
PROPERTY ID #: 4624062
COUNTY: Iredell

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

OWNER: Kenneth Bailey Homes — APPLICATION DATE: 7/20/20
ADDRESS: PO Box 3398 Mooresville NC — DATE EVALUATED: 9/25/20
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): _____ — PROPERTY SIZE: 1 ac.
LOCATION OF SITE: 132 Binns Rd — PROPERTY RECORDED: Y/S
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other N/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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 4%	0-5	SCL Gr	fr SE	PS	PS	W/A	W/A	PS .3
		5-36	C SBK	fi SE					
		36-56	BC WABK	fi/fr SE					
2	L 2%	0-3	SCL Gr	fr SE	PS	PS	W/A	W/A	PS .3
		3-36	C SBK	fi SE					
		36-60	BC WABK	fi/fr SE					
3	L 2%	0-24	C SBK	fi SE	PS	PS	W/A	W/A	PS .3
		24-49	BC WABK	fi/fr SE					
4	L 3%	0-24	C SBK	fi SE	PS	PS	W/A	W/A	PS .3
		24-56	BC WABK	fi/fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.35	0.75

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

COMMENTS: _____

LEGEND

use the following standard abbreviations

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

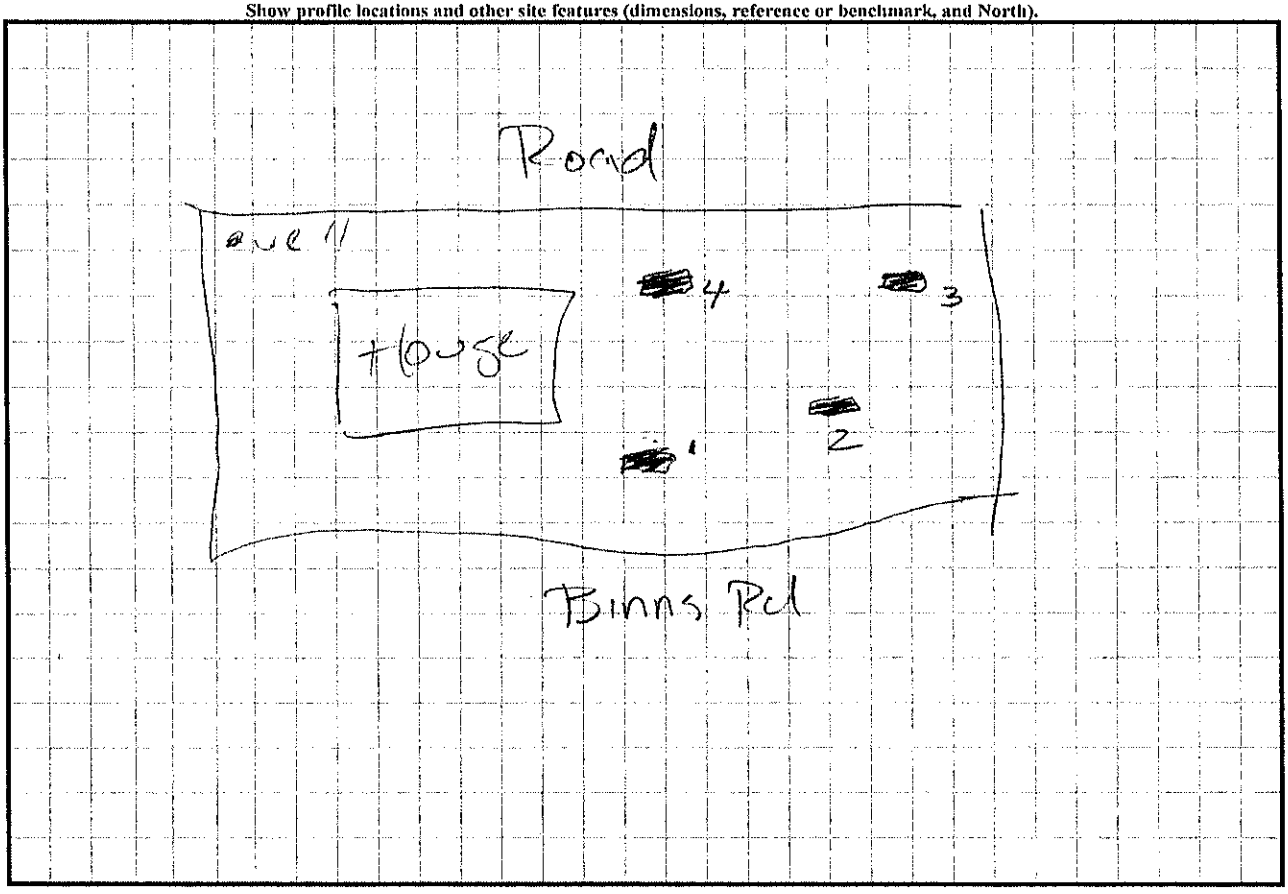
NOTES

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/ft²

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



APPLICATIO[N] MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

Intermediate Re-apply

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 Beaver Homes Address: P.O. Box 3398 Mooresville, NC Zip: 28117
Applicant Email: invoice@kbhlakenorman.com Phone: 704-662-6400 Alt. Phone: _____
Owner Name: Beaver Family Rev. Trust Address: 4210 Sigmon Cove Ln. Terrell, NC Zip: 28682
Owner Email: SAME AS ABOVE Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 132 Binns Rd. Mooresville, NC 28117
Subdivision Name: N/A Section/Phase: _____ Lot Number: 4
Driving Directions: I-77 South, exit 35 turn on Brawley School Rd. Right on Tuskarora Trail, Right on Binns Lot on Right

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

(X) 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?

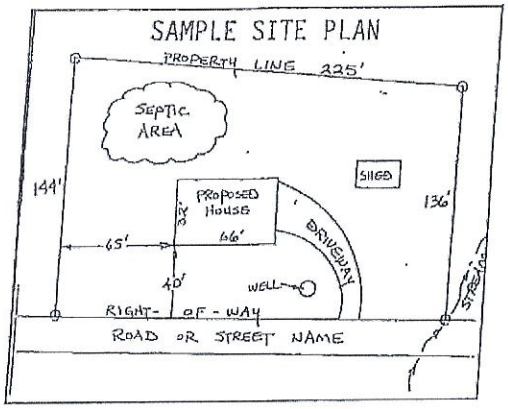
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 12/4/2020
Property owner or owner's legal representative sign... 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
- (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

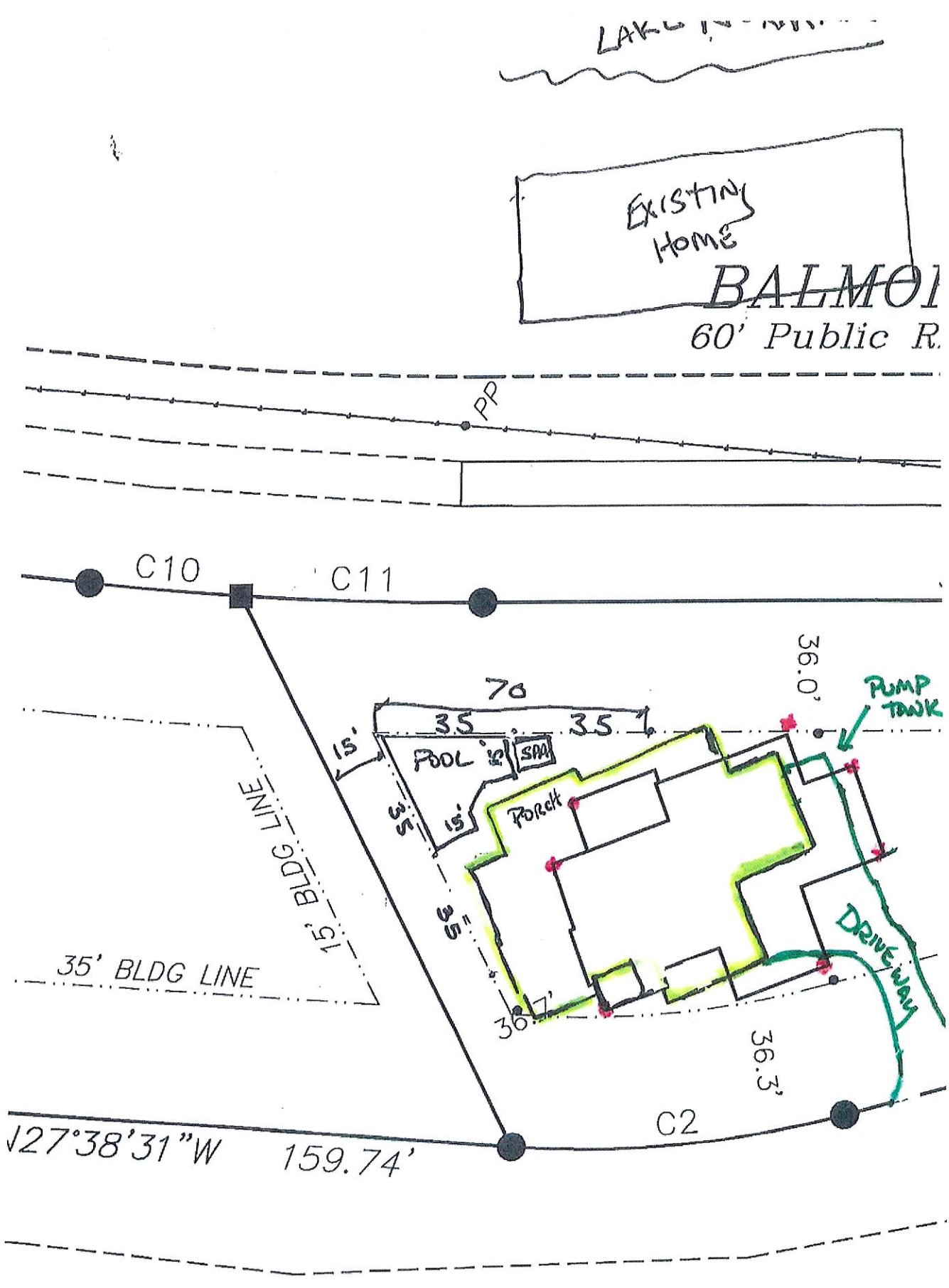
Plan See Attached

Signature: _____

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

12/4/2020

DATE


LAKE
EXISTING HOME
BALMO
60' Public R
PP
C10
C11
C2
70
35
35
15'
POOL
SPA
15'
35'
35'
PORCH
36.0'
PUMP TANK
DRIVEWAY
36.7'
36.3'
15' BLDG LINE
35' BLDG LINE
S27°38'31"W
159.74'

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

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

PERMIT # 309199

APPLICANT/OWNER: Kenneth Beaver Homes

APPLICANT ADDRESS: PO Box 3398, Mooresville, NC 28117

PIN # 4624 016 2549

SITE ADDRESS: 132 Binns Rd, Mooresville NC 28117

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

PHONE: 704-662-6400 ALT. PHONE

SUBDIVISION: Leonard K Beaver Family Trust

SECTION: N/A LOT # 4 LOT AREA: 1.0 acre

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	3	Linear Ft	402'
Trench Width	36"	Trench Bottom Depth (Low side)	34"	Gravel Depth	"/"

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

System Description: 25% Reduction

Repair System Description: LP PIPES 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

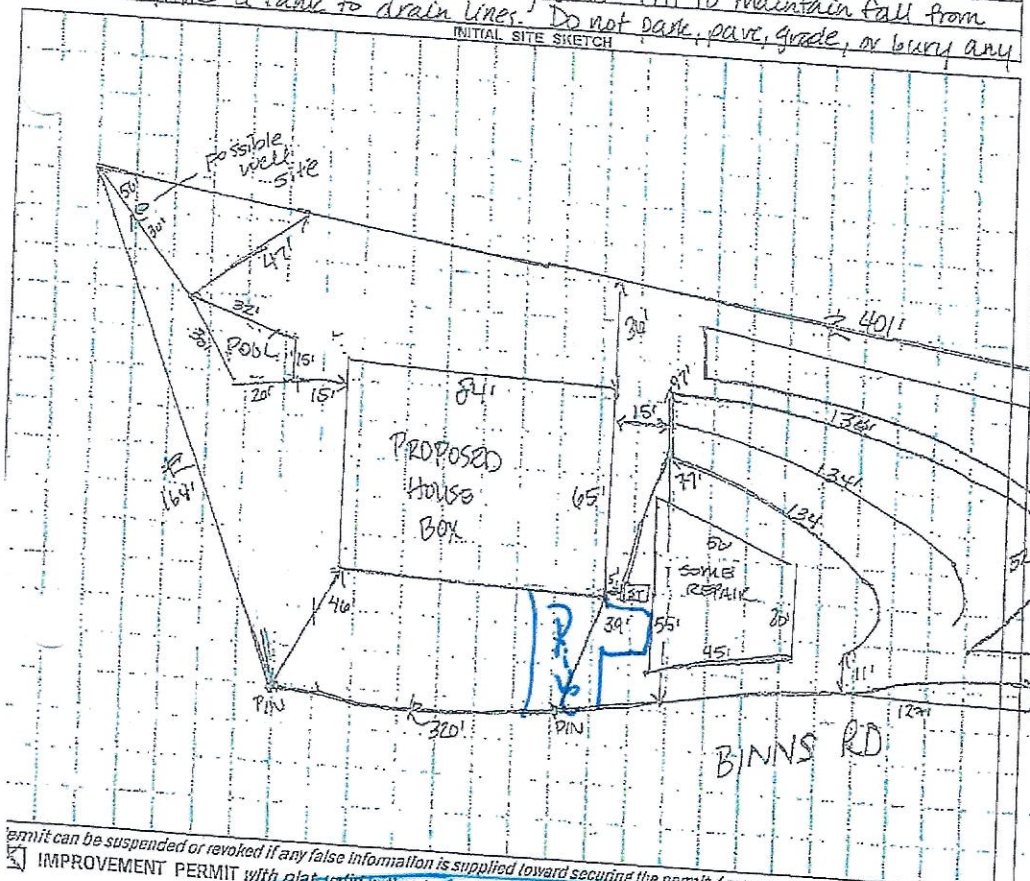
No. Bedrooms 4 No. Persons 8 No. Employees ☐ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

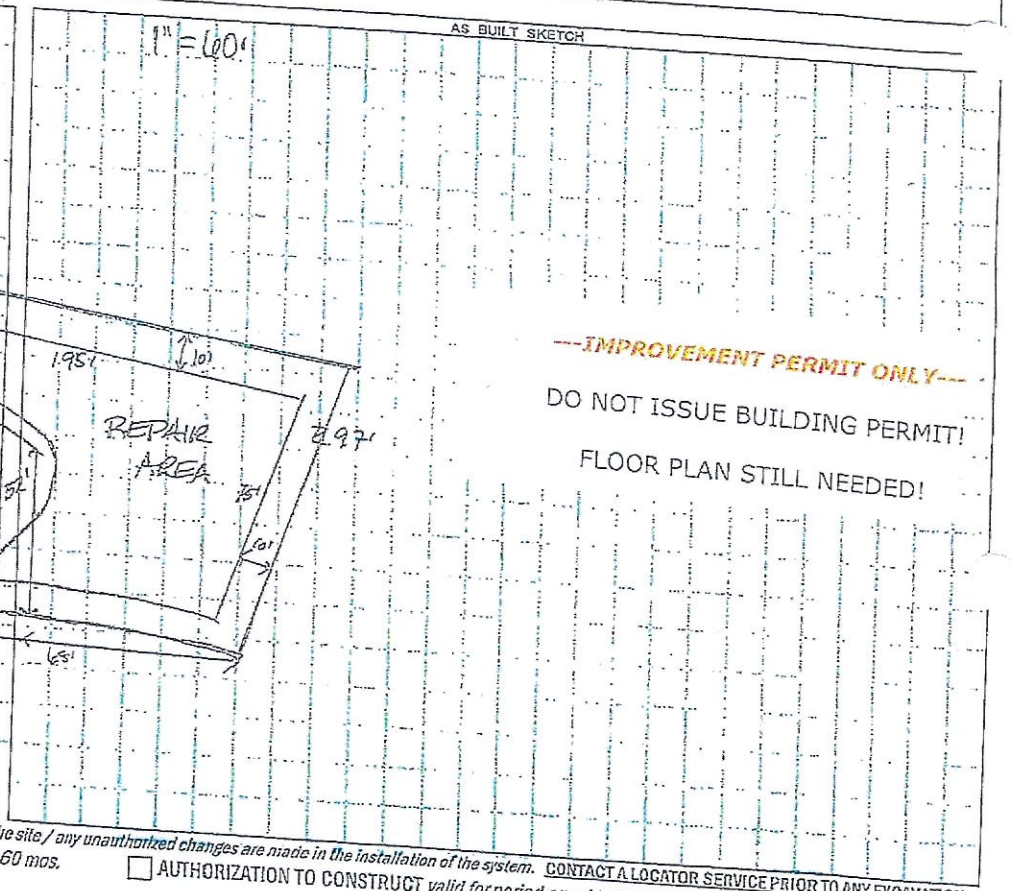
Comments / Conditions: Install drain lines on contour of land. Utilize serial distribution. Do not cut when setting slab - fill to maintain fall from house to tank & tank to drain lines. Do not park, pave, grade, or bury any utilities in drainfield area.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 60'



---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: 10/12/2020

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by: Date:

OPERATION PERMIT by: Date:

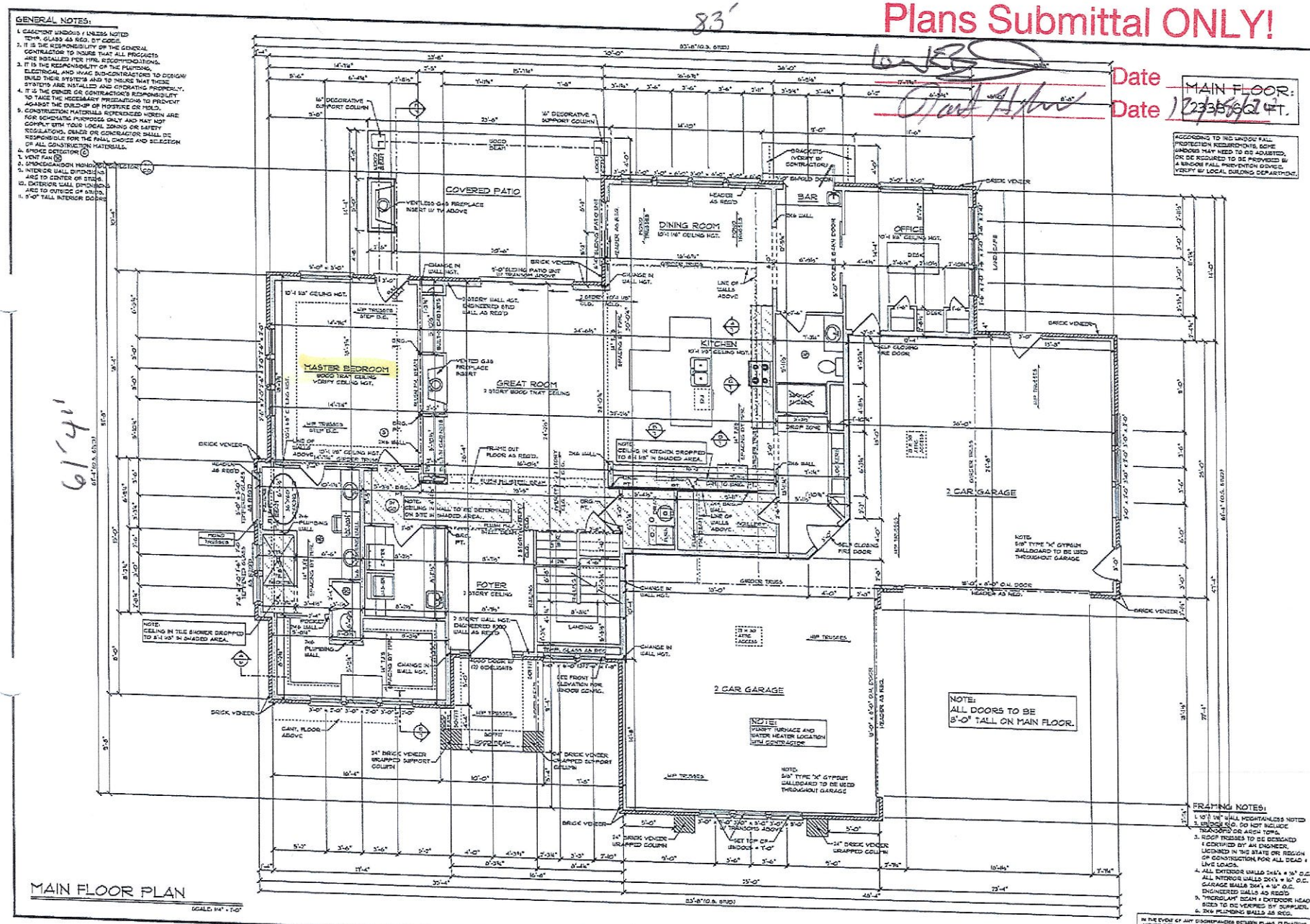
Existing System Inspected by: Date:

Acknowledgement of
Plans Submittal ONLY!

Date

Date

MAIN FLOOR:
2,338 SQ. FT.



AHMANN DESIGN INC.
(319) 395-7900
WWW.AHMANNDESIGN.COM

TRADITIONS & TRENDS
20-17000 REVISED FOR
KBH, INC., 132 BINNS RD.

DRAWN BY: MP
CHECKED BY: KD
FINAL RELEASE: 7/7/20
REVISIONS:
MP 7/23/20
MP 9/4/20
JOB NO. 20-26800

3
OF EIGHT

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Acknowledgement of Plans Submittal ONLY!

Date

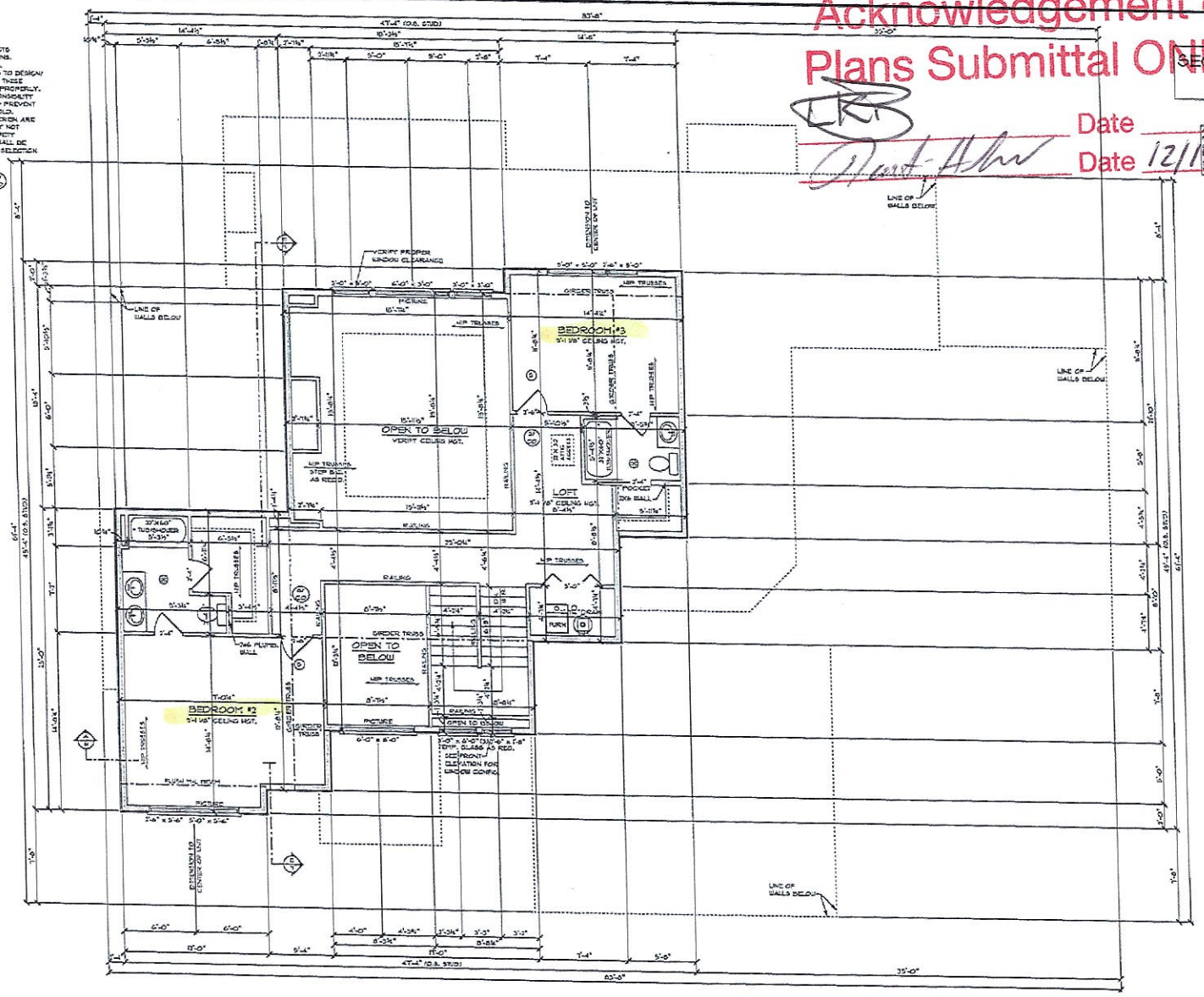
Date 12/1

GENERAL NOTES:

1. CASEMENT WINDOWS / UNLESS NOTED TEMP. GLASS AS REQ. BY CODE.
2. IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO INSURE THAT ALL PRODUCTS ARE INSTALLED PER MFR. RECOMMENDATIONS.
3. IT IS THE RESPONSIBILITY OF THE PLUMBING, ELECTRICAL AND HVAC SUB-CONTRACTORS TO DESIGN/BUILD THEIR SYSTEMS AND TO INSURE THAT THESE SYSTEMS ARE INSTALLED AND OPERATING PROPERLY.
4. IT IS THE OWNER OR CONTRACTOR'S RESPONSIBILITY TO TAKE THE NECESSARY PRECAUTIONS TO PREVENT AGAINST THE BUILDUP OF MOISTURE OR MOLD.
5. CONSTRUCTION MATERIALS REFERENCED HEREON ARE FOR SCHEMATIC PURPOSES ONLY AND MAY NOT COMPLY WITH YOUR LOCAL ZONING OR SAFETY REGULATIONS. OWNER OR CONTRACTOR SHALL BE RESPONSIBLE FOR THE FINAL CHOICE AND SELECTION OF ALL CONSTRUCTION MATERIALS.
6. SMOKE DETECTOR (S)
7. VENT FAN (F)
8. SMOKE/CARBON MONOXIDE DETECTOR (SCO)
9. INTERIOR WALL DIMENSIONS ARE TO CENTER OF STUDS.
10. EXTERIOR WALL DIMENSIONS ARE TO OUTSIDE OF STUDS.

SECOND FLOOR: 881 SQ. FT.

ACCORDING TO IRC WINDOW FALL PROTECTION REQUIREMENTS, SOME WINDOWS MAY NEED TO BE ADJUSTED, OR DETERMINED TO BE PROVIDED W/ A WINDOW FALL PREVENTION DEVICE. CONSULT W/ LOCAL BUILDING DEPARTMENT.



SECOND FLOOR PLAN

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

FRAMING NOTES:

1. 9'-1 1/8" WALL HEIGHT UNLESS NOTED
2. WINDOW R.O. DO NOT INCLUDE TRANSOMS OR ARCH TOPS.
3. ROOF TRUSSES TO BE DESIGNED & CERTIFIED BY AN ENGINEER, LICENSED IN THE STATE OR REGION OF CONSTRUCTION, FOR ALL DEAD & LIVE LOADS.
4. ALL EXTERIOR WALLS 2X6's @ 16" O.C. ALL INTERIOR WALLS 2X4's @ 16" O.C.
5. "MICRO-LAM" BEAM @ EXTERIOR HEADER SIZES TO BE VERIFIED BY SUPPLIER.
6. 2X6 PLUMBING WALLS AS REQ.

IN THE EVENT OF ANY DISCREPANCIES BETWEEN PLANS, ELEVATIONS, AND/OR DETAILS, THE CONTRACTOR / SUB-CONTRACTOR SHALL CONTACT AHMANN DESIGN, INC. @ (319) 395-7900 BEFORE CONSTRUCTION FOR CLARIFICATION. IF AHMANN DESIGN IS NOT CONTACTED, THE CONTRACTOR/SUB-CONTRACTOR WILL HAVE ALL RESPONSIBILITY.

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AHMANN DESIGN INC.
(319) 395-7900
WWW.AHMANNDESIGN.COM

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TRADITIONS & TRENDS

20-17000 REVISED FOR KBH, INC. 132 BINNS RD.

DRAWN BY: MP
CHECKED BY: KB
FINAL RELEASE: 7/1/20
REVISIONS:
1 - 7/21/20
2 - 9/10/20
JOB NO. 20-06800

4 OF EIGHT