KW

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 240673

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

PIN # 4634692770

APPLICANT/OWNER: Kenneth Bealer Harnes | APPLICANT ADDRESS: 1545 Brawley School Rd

SITE ADDRESS: 112 Teakwood Ln Mooresville 28117 | PHONE: 704-662-6400 | ALT. PHONE 704-614-6360

SITE DIRECTIONS: Long Iron R on Schaer Rd R on Teakwood Ln House on Left | SAP CONTROLLED: ☐ YES ☐ NO

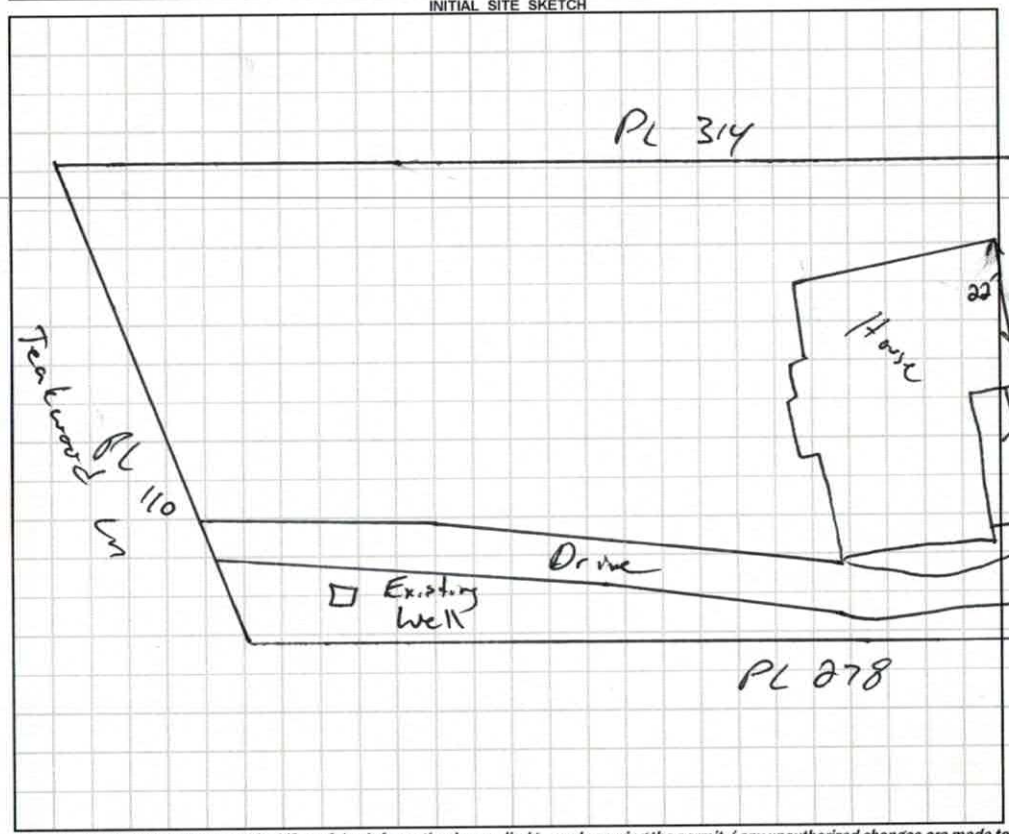
SUBDIVISION: Sailor's Lair | SECTION: — | LOT # 13 | LOT AREA: | DESIGN FLOW: Existing | L.T.A.R.: Existing

Septic Tank	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms
Pump Tank	(gal)	PT	Date	System Description:		☐ Business	No. Persons
Pump Make		Model	Serial #	Repair System Description:		☐ Other	No. Employees
# Nitrification Fields		# Lines	Linear Ft	Maintenance Agreement Required:	☐ YES ☐ NO	☐ Slab	☐ Crawl Space
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	☐ GRAVITY ☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing

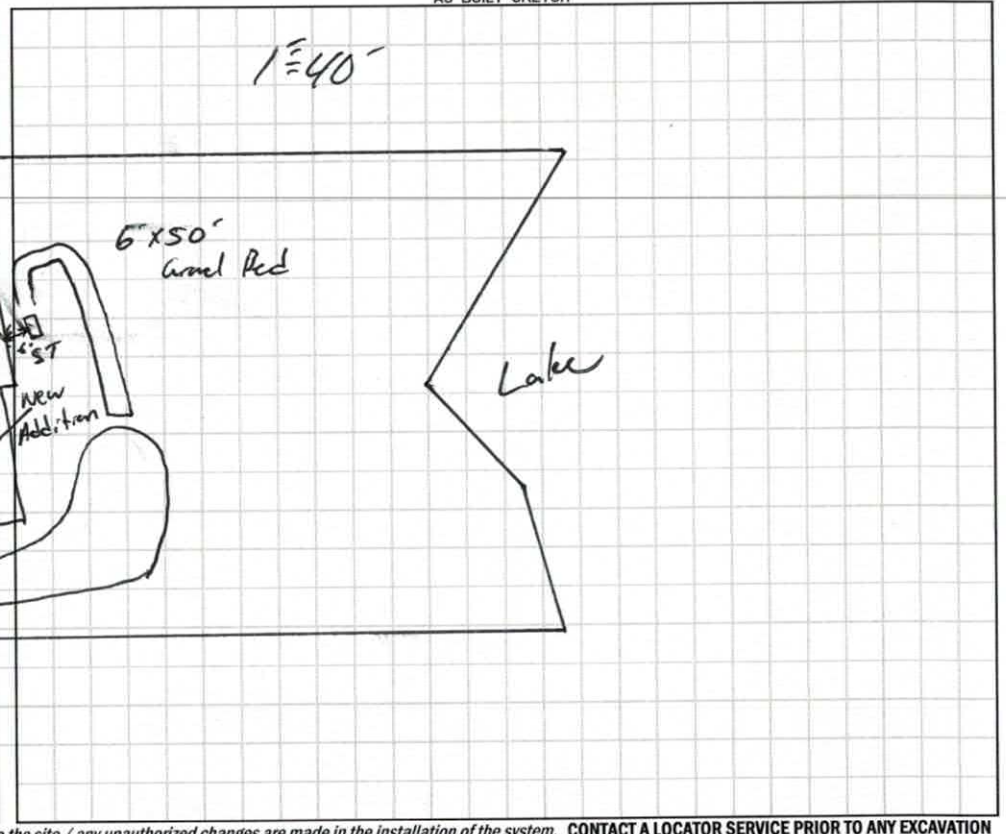
Water Supply
☑ Private
☐ Public
☐ Community

Comments / Conditions: Existing System was functioning properly at time of inspection

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: _____ Date: 12-11-18 | Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ | OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ | Existing System Inspected by: _____ Date: 12-7-18

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.

240673

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kenneth Bealer Homes Address: 1454 Brawley School Rd Zip: 28117
Applicant Email: tripp@kbhlakenorman.com Phone: 704-662-6400 Alt. Phone: 704-222-8722
Owner Name: Bill Morgan Address: 112 Teakwood Lane Zip: 28117
Owner Email: bmorgan51@hotmail.com Phone: 704-614-6360 Alt. Phone: _____

Property Information:

Street Address: 112 Teakwood Lane Mooresville, NC 28117
Subdivision Name: Sailors Lair Section/Phase: — Lot Number: 13
Driving Directions: Langtree Rd to Right on Schooner Road to Right on Teakwood Lane Job on Left

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: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: Expand Master
Non-Residential Site Development: Type of Business: NA
Square Footage of Building: 2520 Max. Number of Employees: — Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: NA
( ) 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: 1979
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: Existing

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: _____ 11/30/18
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, Bill Morgan & Linda Morgan, am the legal owner(s) of the property located at 112 Teakwood Lane, identified as

PIN (Parcel Identification Number) 4634692770, located in Iredell County, North Carolina.

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

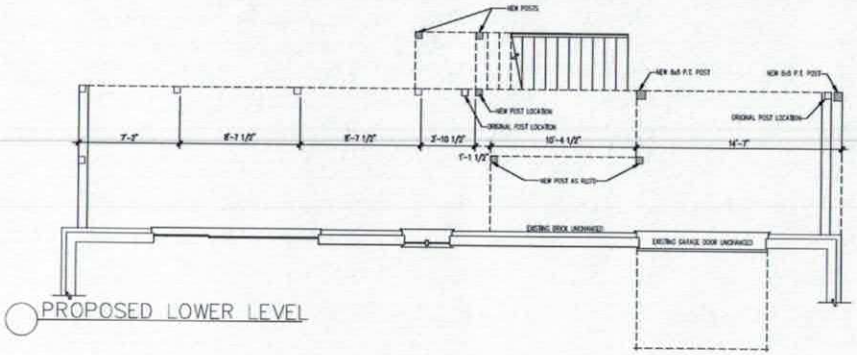
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Linda W. Morgan
Signature of Owner(s)

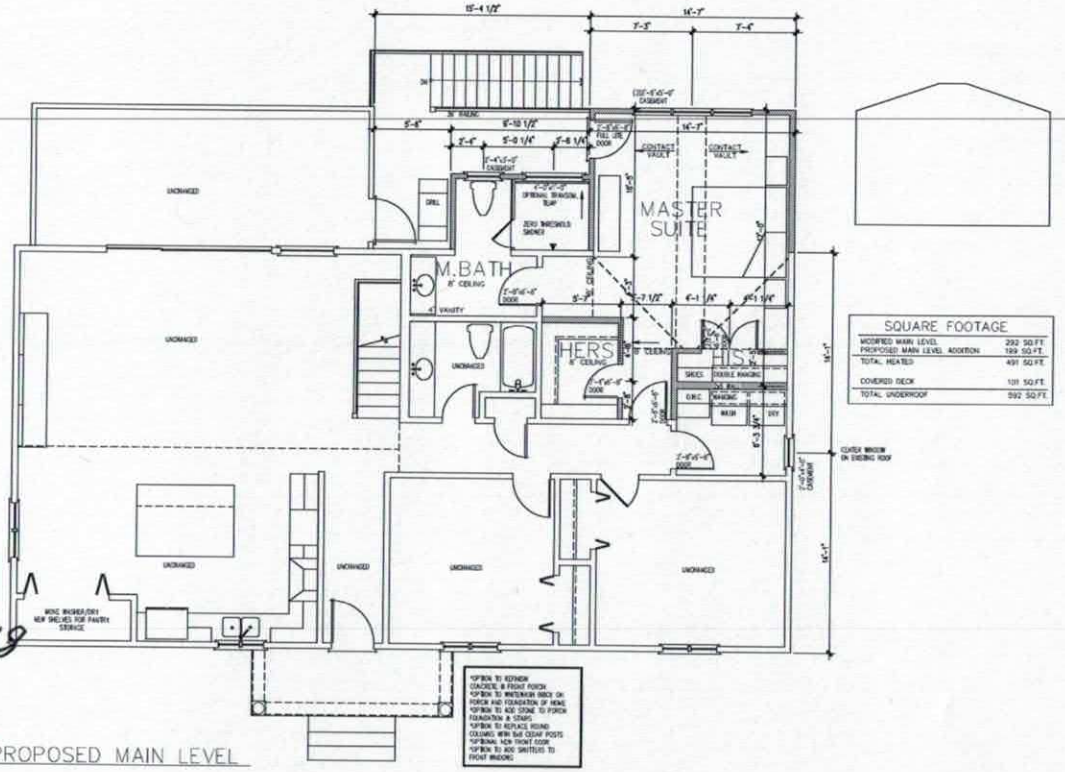
12/3/2018
Date

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



PROPOSED LOWER LEVEL



PROPOSED MAIN LEVEL

Acknowledgement Of
Plans Submittal ONLY!

Date 12-7-18

Date

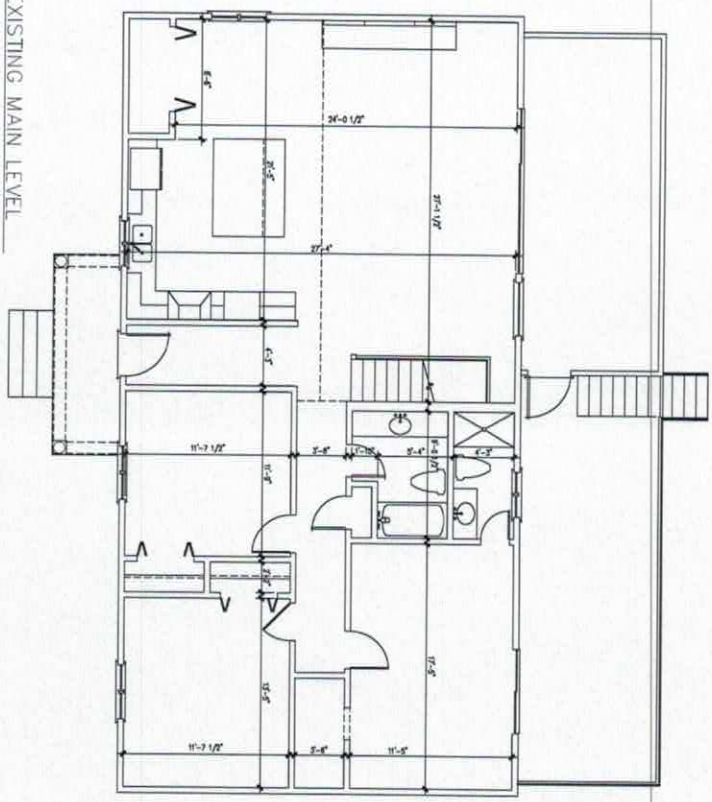
RENOVATION DESIGN for MR. & MRS. MORGAN

KENNETHBEALERHOMES
* General Contracting & Residential Design *

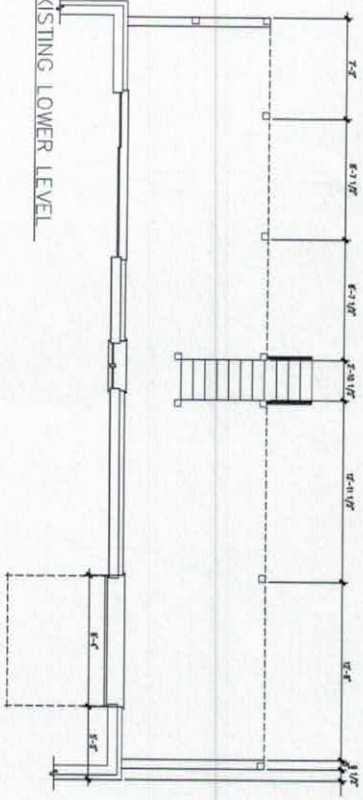
PROPOSED FLOOR PLANS SCALE:1/4"=1'-0" NOV. 7, 2018 V2

ashley | design

EXISTING MAIN LEVEL



EXISTING LOWER LEVEL



ashley | design

RENOVATION DESIGN for MR. & MRS. MORGAN

KENNETHBEALERHOMES
General Contracting & Residential Design

EXISTING FLOOR PLANS SCALE: 1/4"=1'-0" OCT 30, 2018 V1

IREDELL COUNTY

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

APPLICATION NUMBER
240673
Issue Date: 12/03/2018

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4634692770.000	112 TEAKWOOD LANE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: MORGAN WILLIAM E+LINDA	Applicant: KENNETH BEALER HOMES I	Contractor: KENNETH BEALER HOMES I
Address: 112 TEAKWOOD LANE	Address: PO BOX 3398	Address: PO BOX 3398
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: 704-662-6400	Phone: 704-363-8900
		License Type: BLDG License Number: 47656-U

Project Description

ADDITION - IREDELL

Scope of Work

ADDING EXTENSION OF MASTER BEDROOM & MASTER BATH

Permit Details:

EFT	EXISTING SYSTEM INSP REG SCHED	Amount:	250.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 12/03/2018

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	161077	TOTAL FEES:	$ 250.00