20945 1 EH Fees pd in 2007 Intermediate Kilauea 7/10/15 Per Town of Troutman has option to apply for City Water MD

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. **APPLICATION FOR:** X Improvement Permit ___ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kenneth Beaver Homes	1454 BSR 28117		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Sandra Baxley	Contact Kathleen Saunders, LSS		704-578-4951

4. **Property Information:**

199 Timber Lake Dr (Street Address) — Falls Cove (Subdivision Name) — Lot 625 (Section/Phase and Lot Number)

Driving Directions: State Park Rd, L Morrison Farm, L Silver Falls, L Timber Lake, on cul-de-sac

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. **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. industry) 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.

9. Signature: Kathleen Saunders — 7-2-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Sandra Bayley, am the legal owner of the property located at 199 Timber Lake Dr., identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kenneth Bealer Homes _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

* Sandra Bayley — Signature of Owner — 7-7-15 — Date

* _____ — Signature of Witness — 7-7-15 — Date

Shane Cashion

From: Tripp Tower <tripp@kennethbealerhomes.com>
Sent: Wednesday, July 13, 2016 3:50 PM
To: Shane Cashion
Cc: Kathleen Saunders; Tim Kiker
Subject: Re: Falls cove 625

Thanks Shane. Please let me know if you need anything further.

Sincerely,

Kenneth Bealer Homes, Inc.
by Tripp Tower III

Estimator
704-662-6400 office
704-622-4659 cell
704-662-6401 fax

On Wed, Jul 13, 2016 at 3:03 PM, Shane Cashion <shane.cashion@co.iredell.nc.us> wrote:
That's exactly what I needed to know. I will try to send a copy out of the as built sketch when we get to that point.

Thanks

Sent from my iPhone

On Jul 13, 2016, at 3:00 PM, Tripp Tower <tripp@kennethbealerhomes.com> wrote:

> Yes we will be moving the tanks from the original permitted area. If it encroaches on the pool that we have drawn, we will have to make that envelope smaller.
>
> Please let me know if this is acceptable?
>
> Thank you,
>
> Kenneth Bealer Homes, Inc.
> by Tripp Tower III
>
> Estimator
> 704-662-6400 office
> 704-622-4659 cell
> 704-662-6401 fax

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

7-7-15 (Date)

Owner: Sandra Bailey
Address: 199 Timber Lake Dr.
Troutman, NC 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
199 Timber Lake Dr. Troutman, NC 28166
Sandra Bailey
140183 Nov 20145 4639390785

I, Sandra Boxley (print full name), voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 6-18-07 (date) for a system
LPP PPDPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

* Sandra Bailey
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 140183 PIN# 4730109262.625 DATE 6-18-07

OWNER OR APPLICANT Falls Cove Dev, LLC PHONE: Business _____ Home _____

ADDRESS 2215 Brawley School Rd Mooresville NC 28115

LOCATION State Park Rd TL Morrison Farm TL Silver Falls TL Timber Lake LP on left at culdesac

SUBDIVISION Parkwood @ Falls Cove BLOCK / SECTION 6 LOT 625 LOT AREA 40130 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1500 ✱ Gallons; ST8 _____ Date _____

Pump Tank: 1500 ✱ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 270

No Lines 3@90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: ✱ per plan specs
site needs slight shaping

Comments:/Conditions:

INITIAL SITE SKETCH

see plan from S&ME

AS BUILT SKETCH

REVOKED

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. Improvement Permit with plat valid without expiration. ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 06/25/07 Installed by: _____

Improvement Permit by: _____ date 6-18-07 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK