IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22968

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

PIN # 4722498520

APPLICANT/OWNER: Beason General Contractors APPLICANT ADDRESS: PO Box 636 Sherrills Ford NC 28673.

SITE ADDRESS: 107 Buffalo Creek Drive Statesville, NC 28677. PHONE: 704-230-1016 ALT. PHONE 704 775-6525

SITE DIRECTIONS: Take NC 115 Approx 10 miles Turn Left on old Mtn RD Go 3 miles & Turn Right onto Buffalo Shoals Loop Right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Buffalo Creek SECTION: ~ LOT # 1 LOT AREA: 1.560 Acres. DESIGN FLOW: 360 gpd L.T.A.R.: .25

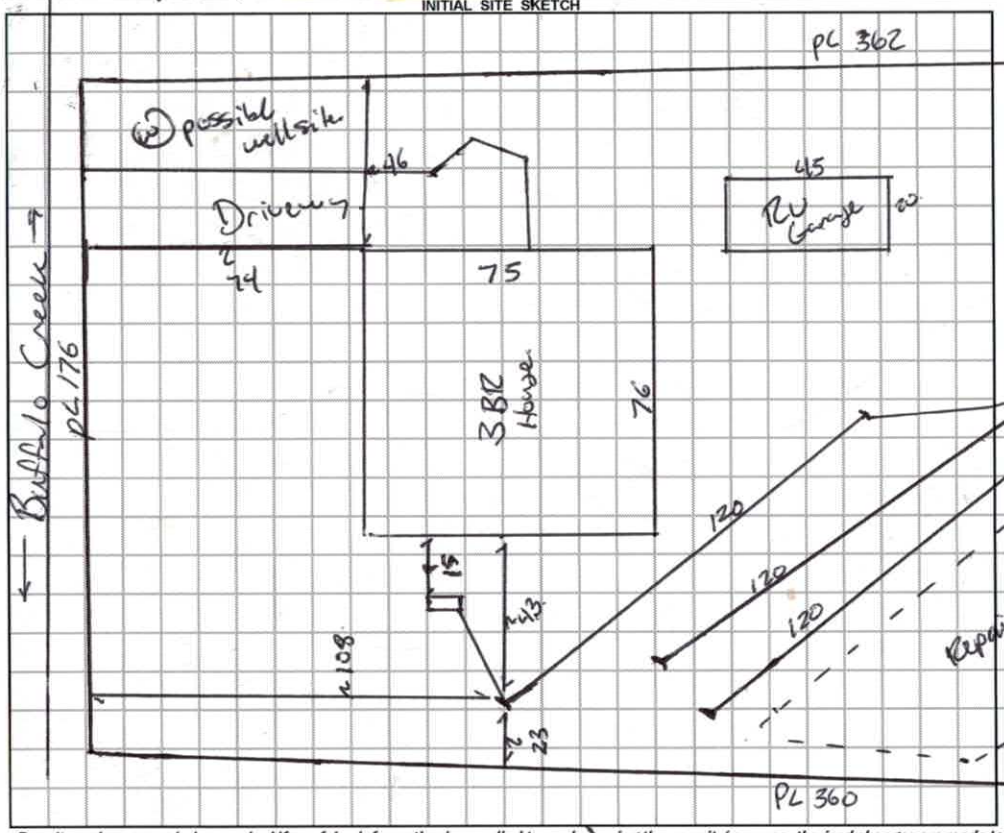
Septic Tank	1000	(gal)	STB	794.	Date	5/20/18.	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	25% reduction			
Pump Make	–	Model	–		Serial #	–	Repair System Description:	25% reduction ~ Cap	Max depth 18in		
# Nitrification Fields	1	# Lines	3		Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)	23		Gravel Depth	~	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

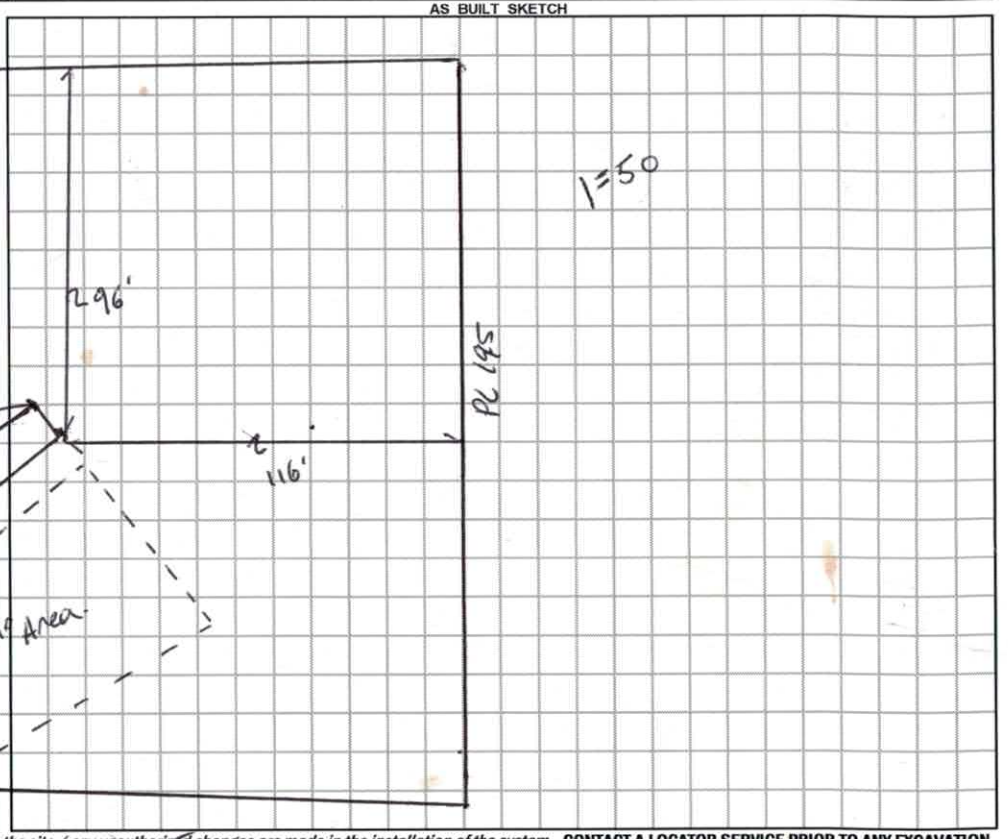
Comments / Conditions: Install Septic drainlines on the contour of the land and utilize serial distobution. Do not exceed max depth 23 inches low side. Do not drive, park, pave, grade, or bury utilities in drainfield area. Call 704-664-3703 For Pin-I Inspection.

* Installed as permitted

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: 9/14/17 Installed by: Clayne Gibson & Sons.

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 8/30/2017 OPERATION PERMIT by: Benjamin A. Bottoms Date: 6/22/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 1/19/2017 Existing System Inspected by: _____ Date: _____

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

Sheet 1 of 1
PROPERTY ID #: 4722498
COUNTY: Guilford

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

OWNER: Beacon Crest Contractors
ADDRESS: PO Box 636 Stumpy Pond NC
PROPOSED FACILITY: House 3BR
LOCATION OF SITE: 107 Buffalo Creek Rd
PROPOSED DESIGN FLOW (.1949): 360 gpd
APPLICATION DATE: 8/17
DATE EVALUATED: 8/25
PROPERTY SIZE: 1.5 Acres
PROPERTY RECORDED: Yes

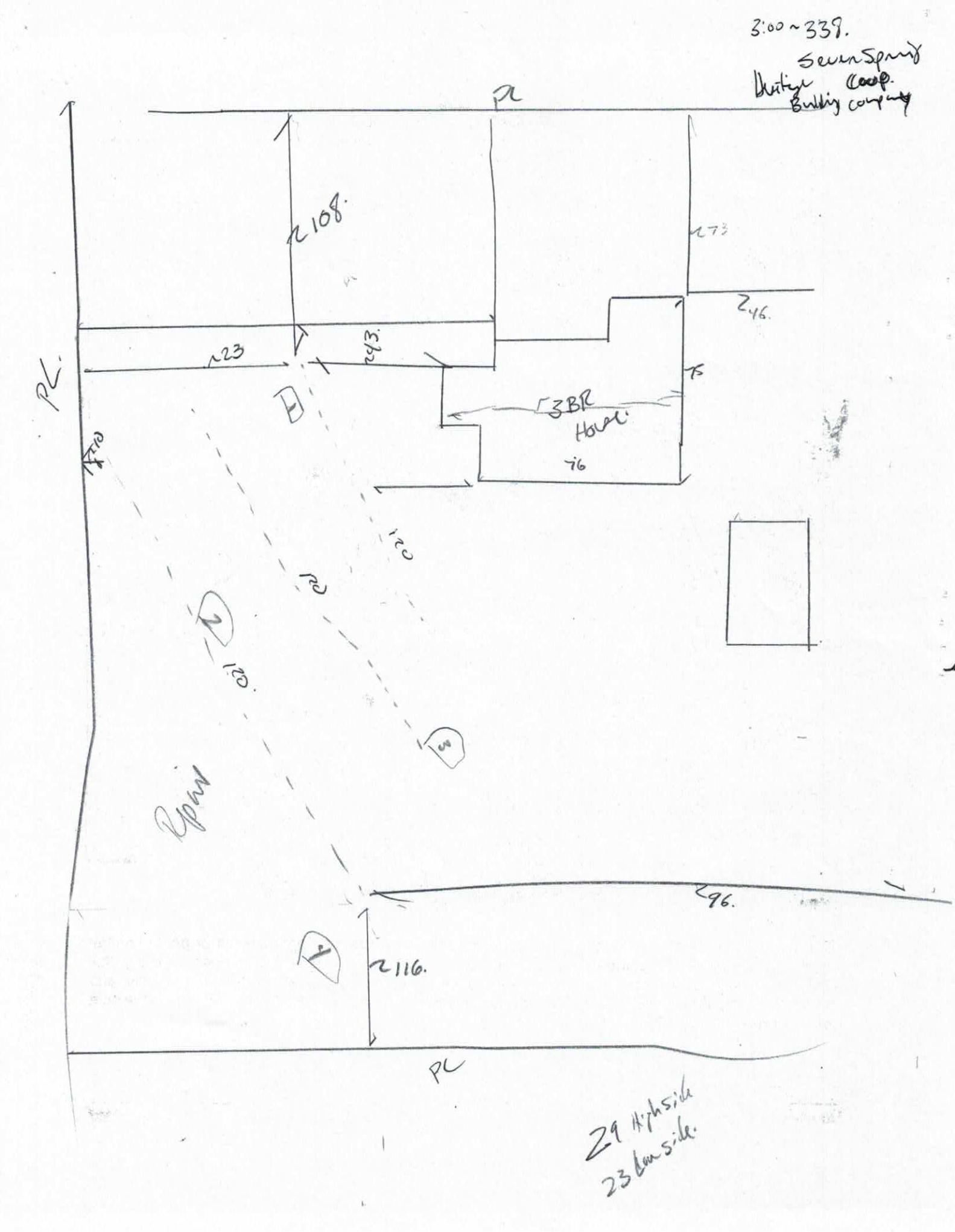
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 5%	0-12	Blow Layer		5YR 4/6	37	—	—	PS .25
		12-29	C SBK	SS SP FM SFR					
		29-37	CC SBK	SS SP FM SFR					
		37-	VSCP M	NS NP VFR SFR					
2	LSS 12%	0-7	Plow		2.5YR 4/6	45	Litho	—	PS .25
		7-28	C SBK	SS SP FM SFP	" "				
		28-45	CL SBK	SS SP FM SFP					
		45-60	SAP L	NS NP VFR SFP					
3	LSS 5%	0-5	plow			30	—	rock inclusions	PS .25
		5-30	C SBK	SS SP FM SFP					
		30-60	RC SAP	VFR N/A					
4	LSS 5-8%	0-7	Plow	—	—	50	—	—	PS .25
		7-32	CL SBK	SS SP FM SFP					
		32-50	M SAP	NS NP FR SFP					
		50-62	RC SAP	—					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360 - Cap.
System Type(s)	III	III
Site LTAR	PS. 25	PS. 25

OTHER FACTORS (.1946): Cap needed for Repair
SITE CLASSIFICATION (.1948):
EVALUATED BY: Bottrill
OTHER(S) PRESENT: Snow / Cove

COMMENTS: 29 in H.b.


3:00 ~ 339.
Seven Springs
Heritage Coop.
Building company
PL
108.
73
46.
PL.
123
43.
3BR
House
76
120
Road
120.
Open
96.
116.
PL
29 High side
23 Low side.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Beason General Contractors Address: PO Box 636, Sherrills Ford, NC Zip: 28673
Applicant Email: brent@beasonnc.com Phone: 704.230.1016 Alt. Phone: 704.775.6525
Owner Name: Chris & Cathy Wenk Address: 719 Creapp Rd, Fredericksburg, VA Zip: 22406
Owner Email: cathywenk@comcast.net Phone: 540.286.2676 Alt. Phone: _____

Property Information:

Street Address: 107 Buffalo Creek Dr, Statesville, NC 28677
Subdivision Name: Buffalo Creek Section/Phase: _____ Lot Number: 1
Driving Directions: N Cutter St towards Stockton St, R on W Water St, R on West End Ave, L on Buena Vista Ave, R on Front St, Left on Buffalo Shoals Rd 4 miles R on Buffalo Creek

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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: _____
(X) 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: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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?
(X) 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: _____ 1/16/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

email to Brent

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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: (✓) Improvement Permit ( ) Authorization To Construct ( ) Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ( ) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Beason General Contractors	PO Box 636, Statesville NC, 28677	704.230.1016	704.775.0525
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Chris + Cathy Wenk	719 Cropp Rd, Fredericksburg, VA 22405	540.286.2676	Same

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
~~107~~ 1447 Buffalo Shoals RD, Statesville NC, 28677	Buffalo Creek	Lot 1

Driving Directions: Take HC-115 approx 10 miles. Turn left onto Old Mountain Rd. Go approx 3 miles & turn right onto Buffalo Shoals Rd. Lot on right.

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) 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 ( ) City Water ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Recirculating

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 9.11.17
   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

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.

I, Chris Wenk, am the legal owner(s) of the property located at 1495 Buffalo Shoals Rd, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4772249520, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Johnny Monroe Beane III Beason General Contractors, 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.

Signature of Owner(s) 08-11-17 Date — Signature of Witness Catherine M. Ward 8-11-17 Date

Please return this signed form to the appropriate office:

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

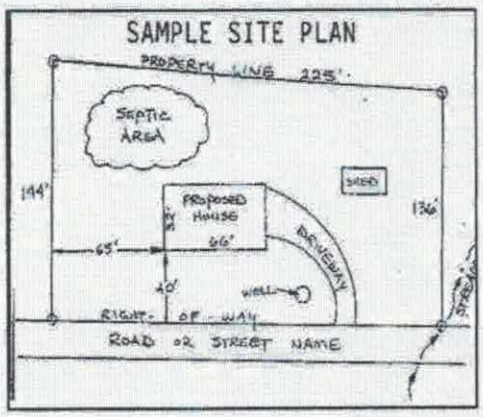
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

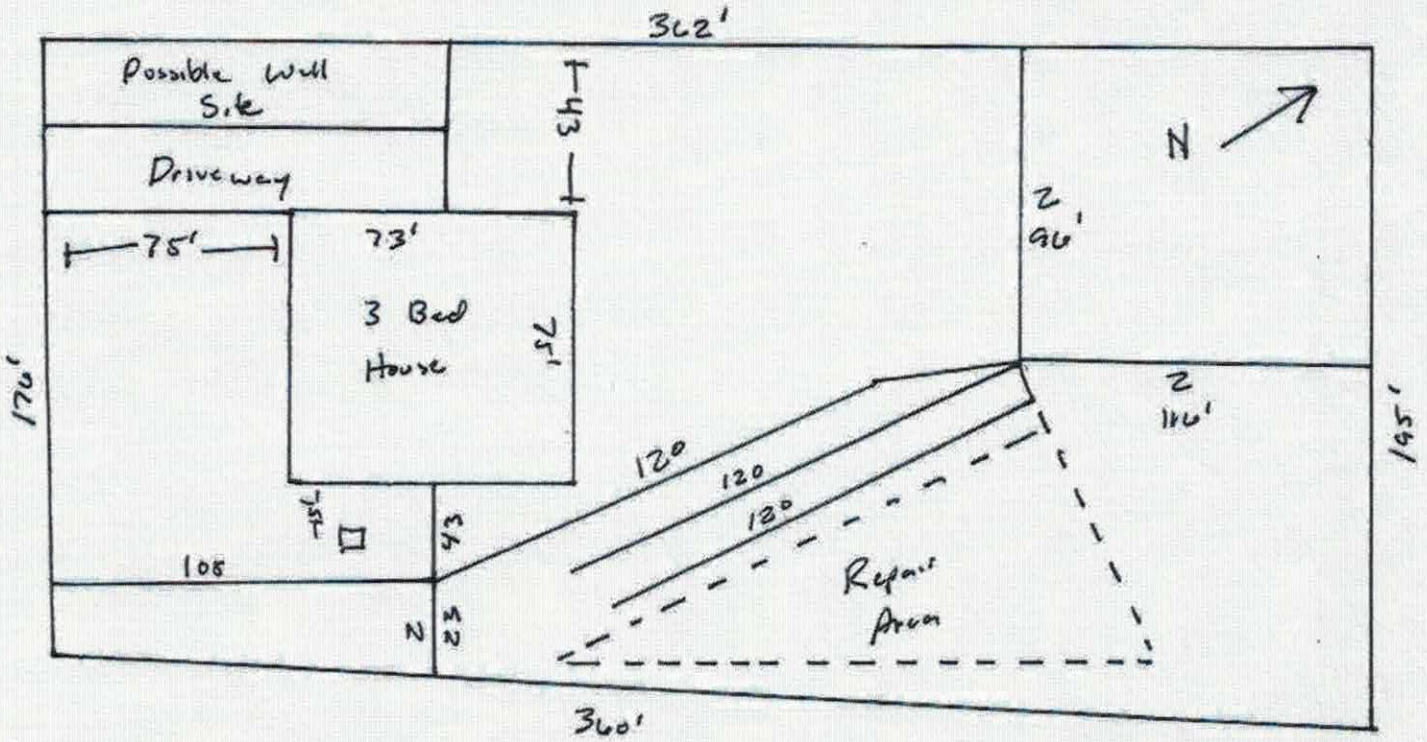


Circle N/A on the following if appropriate:

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



Signature: R Bat Wil

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

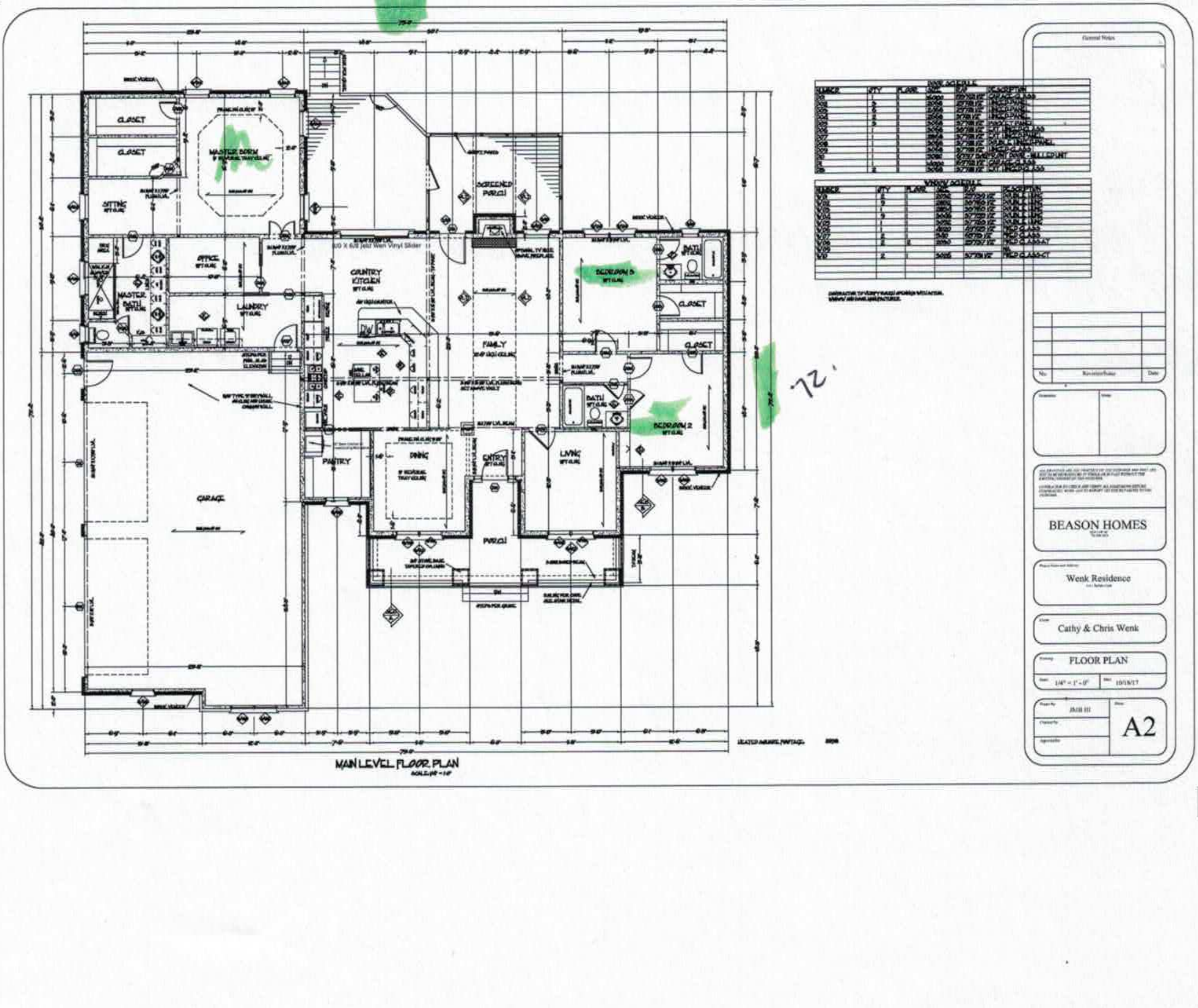
1/16/18

DATE

Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Bethune 1/16/201

15



IREDELL COUNTY

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

APPLICATION NUMBER
229468
Issue Date: 08/16/2017

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4722498520.000	107 BUFFALO CREEK DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: WENK CHRISTOPHER S+CATHERINE	Applicant: BEASON GENERAL CONTRAC
Address: 719 CROPP RD FREDERICKSBURG, VA 22406	Address: PO BOX 636 SHERRILLS FORD, NC 28673
Phone:	Phone: 704-230-1016

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.560	35.00	35.00	15.00	25.00	NOT	X

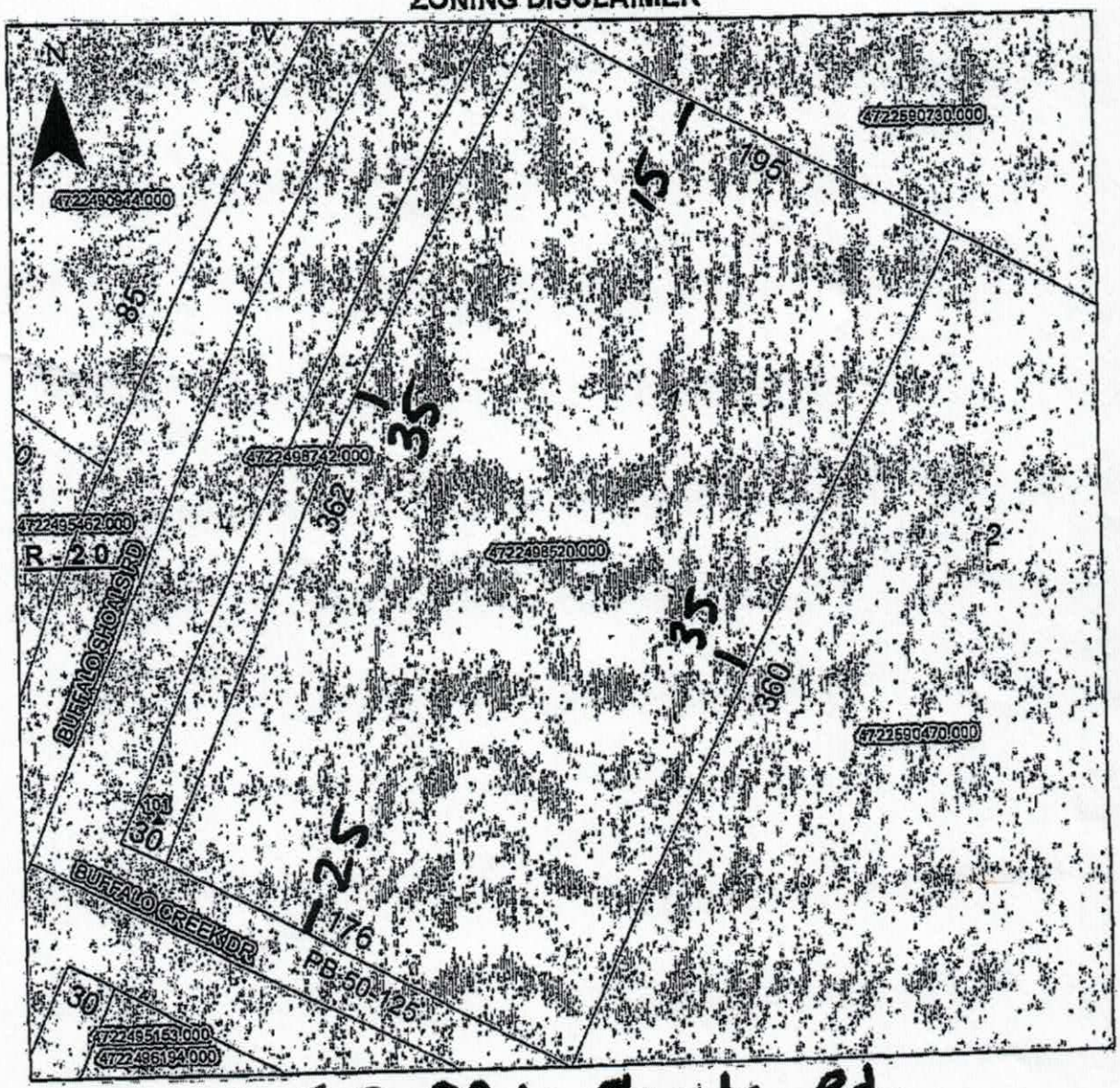
Remarks:

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	112221	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 107 Buffalo Shoals Rd.

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. Applicant further acknowledges that the 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

8/10/17
Date