ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 321834

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

PIN # 4624 -- 36 -- 6550

APPLICANT/OWNER: BOSS | APPLICANT ADDRESS: 939 Brawley School Rd, Mooresville

SITE ADDRESS: 123 Hopkinton Dr, Mooresville 28117 | PHONE: 704-360-0376 | ALT. PHONE –

SITE DIRECTIONS: Brawley School Rd - Lt Hopkinton Dr | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point | SECTION: 10 | LOT # 1021 | LOT AREA: 0.69 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.3

Septic Tank	(gal)	STB	Date	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	EXIS (gal)	PT NG	Date	System Description: LPPPBPS - Expansion				☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description: LPPPBPS				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 4		Linear Ft: 270 FT	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width 36"	Trench Bottom Depth (~~Low side~~)		36" max	Gravel Depth –	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install drainlines on contour of land. Keep lines 15' away from the pool. Divert drainage around the septic area. Utility Easement must be marked during install.

INITIAL SITE SKETCH

See approved plan by
ICHD 10/19/21

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Dose = 223 gal
Drawdown = 10.6 inches
Flow Rate = 25.4 gal per minute
Run Time = 9 min

2 Ft head
2 in supply

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: 10-22-21 | Installed by: Greenway Waste Solutions

IMPROVEMENT PERMIT by: Cory Whitt Date: 10/20/21 | OPERATION PERMIT by: Cory Whitt Date: 1/13/22

AUTHORIZATION TO CONSTRUCT by: Cory Whitt Date: 10/20/21 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	RED	1.1	27	0
2	BLUE	2.7	25	0
3	GREEN	3.6	26	0
4	EXISTING O	4.3	90	30
5	EXISTING P	4.8	90	90
6	EXISTING R	5.4	90	90
7	BLUE	6	101	60
8	YELLOW	6.8	69	0
9	GREEN	8.1	42	0
10	WHITE	9.1	26	0
11	PINK	10	13	0
			TOTAL	TOTAL
			599	270

123 HOPKINTON DR, MOORESVILLE NC.
SECTION 10, LOT 1021 THE POINT

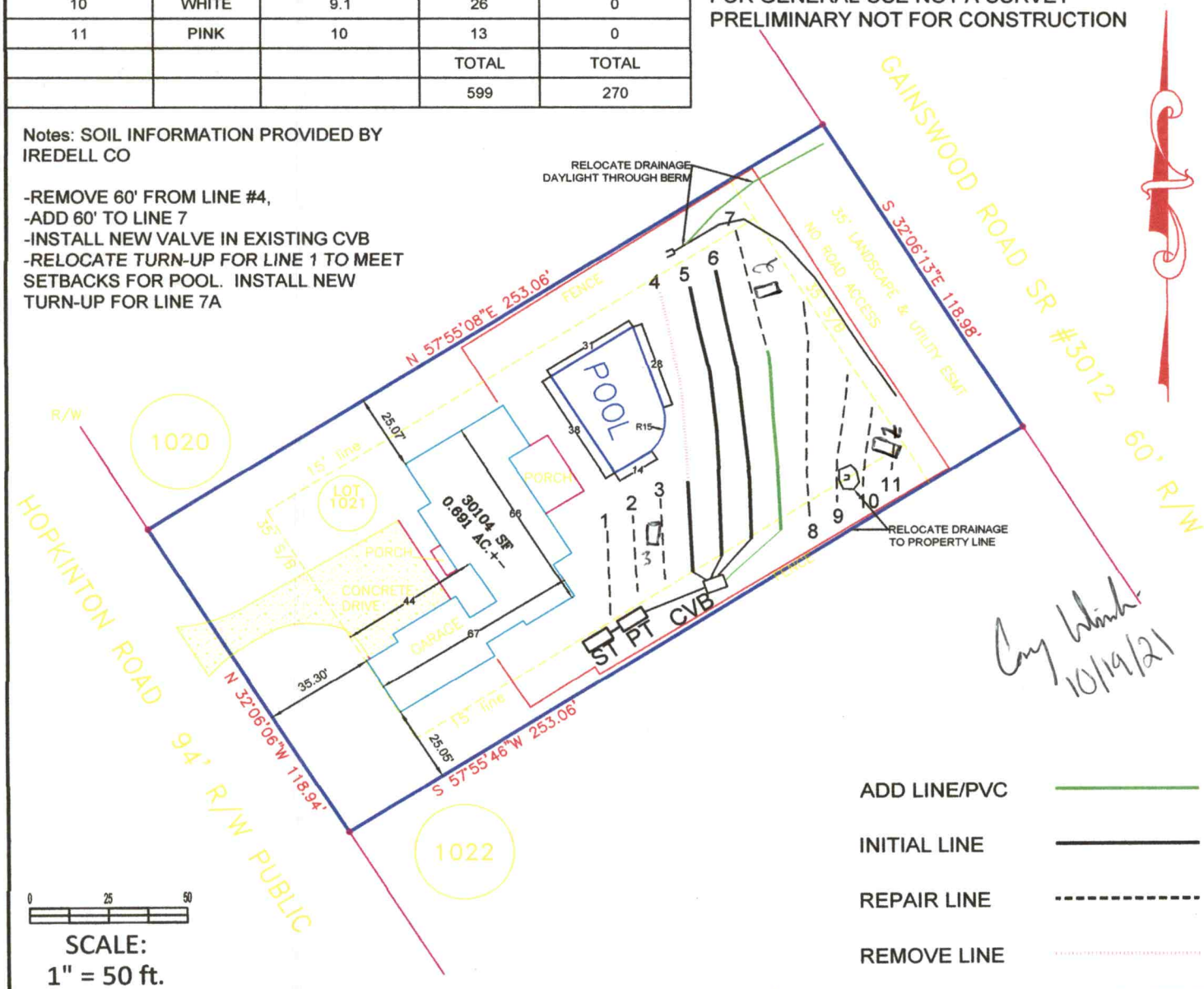
4-BEDROOM LPPPBPS SYSTEM
LINES 4-7B TOTALING 270 LINEAR FT (USE 267')
LTAR 0.3
50% REDUCTION 8-9' OC
24-36" TRENCH BOTTOM

4-BEDROOM INNOVATIVE SYSTEM
TOTAL 270 LINEAR FEET
LTAR 0.3
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Notes: SOIL INFORMATION PROVIDED BY IREDELL CO

-REMOVE 60' FROM LINE #4,
-ADD 60' TO LINE 7
-INSTALL NEW VALVE IN EXISTING CVB
-RELOCATE TURN-UP FOR LINE 1 TO MEET SETBACKS FOR POOL. INSTALL NEW TURN-UP FOR LINE 7A



Cay Kraemer 10/19/21

ADD LINE/PVC

INITIAL LINE

REPAIR LINE

REMOVE LINE

0 25 50

SCALE:
1" = 50 ft.

BOSS

Benfield Outdoor Services & Solutions, LLC
939 Brawley School Rd, Mooresville, NC 28117 Ph:704-360-0376
Info@yardsbyboss.com

JOHN KRAEMER

LOT 1021
123 HOPKINTON DR,
MOORESVILLE, NC
IREDELL COUNTY

DATE:9/20/21 DRAWN BY: MDB CHECKED BY: MDB

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

Sheet 1 of 1
PROPERTY ID #: 4624361550
COUNTY: Iredell

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

OWNER: BOSS
APPLICATION DATE: 9/28/21
ADDRESS: 939 Brawley School Rd, Mooresville
DATE EVALUATED: 10/18/21
PROPOSED FACILITY: 4 bdr home
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.69 acres
LOCATION OF SITE: 123 Hopkinton Dr, Mooresville 28117
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	Linear 8%	0 - 4	SCL SBK	SS SP FR SE	—	50	Litho in C & CL layer		.3 PS
		4 - 24	C SBK	SS SP FR SE					
		24 - 50	CL SBK	SS SP FR SE					
2	Linear 7%	0 - 30	C SBK	SS SP FR SE	—	56	Litho inc in CL layer		.3 PS
		30 - 56	CL SBK	SS SP FR SE					
3	Linear 7%	0 - 15	SCL SBK	SS SP FR SE	—	53	Litho inc in CL layer		.3 PS
		15 - 30	C SBK	SS SP FR SE					
		30 - 53	CL SBK	SS SP FR SE					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% red	50% red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Winckler
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

RECEIVED SEP 2 8 2021

Modify drainfield

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-321834 $500.00

Relocating

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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: Bestfield Outdoor Services + Solutions **Address:** 939 Brawley School Rd Mooresville **Zip:** 28117

Applicant Email: info@yardsbybess.com **Phone:** 704 300 0376 **Alt. Phone:**

Owner Name: John Kraemer **Address:** 123 Hopkinton Dr. Mooresville **Zip:** 28117

Owner Email: jpkraemer1@comcast.net **Phone:** 862-432-2200 **Alt. Phone:**

Property Information:

Street Address: 123 Hopkinton Dr. Mooresville, NC 28117

Subdivision Name: The Point **Section/Phase:** Plo M1 **Lot Number:** 1021

Driving Directions: From Williamson Rd turn West onto Brawley School Rd for approximately 7 miles, turn left onto Hopkinton Dr.

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

CHECK FOUNDATION TYPE

( ) 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: 8
(X) Swimming Pool
( ) Other Addition/Structure:

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

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 (X) 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 (X) 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?**
( ) 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: _____ 9/27/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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, John Kraemer, Anne Kraemer, Zoltan William Fazekas, and Ruth Fazekas, am the legal owner(s) of the property located at 123 Hopkinton DR, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4624366550.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Benfield Outdoor Services & Solutions, 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.

John Kraemer Anne Kraemer Zoltan Fazekas Ruth K. Fazekas — Signature of Owner(s)

3/25/21 — 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 · NC

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

APPLICATION NUMBER
321834 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4624366550.000	123 HOPKINTON DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: KRAEMER JOHN ETAL	Name: BENFIELD OUTDOOR SERVICES AND SOLUTIONS
Address:	Address: 137 MISTY ARBOR LN MOORESVILLE, NC 28117
Phone:	Phone: (704)658-8616

Use Requested	Zone Code
SWIMMING POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.691	35	35	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

INGROUND POOL

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above

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.

Date: 09/27/2021

Signature of Owner/Contractor

Permit Number	321834	TOTAL FEES:	$77.25