ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 246244

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

PIN # 4624-58-0346

APPLICANT/OWNER: Benfield Outdoor Services | APPLICANT ADDRESS: 939 Brawley School Rd. Mooresville, NC

SITE ADDRESS: 137 Cape Cod Way Mooresville, NC | PHONE: 704-360-0376 | ALT. PHONE

SITE DIRECTIONS: BSR → L on Torrance Chuple Rd → L on Shellburne PL → L on Cape Cod → Hse on left | SAP CONTROLLED: ☐ YES ☒ NO

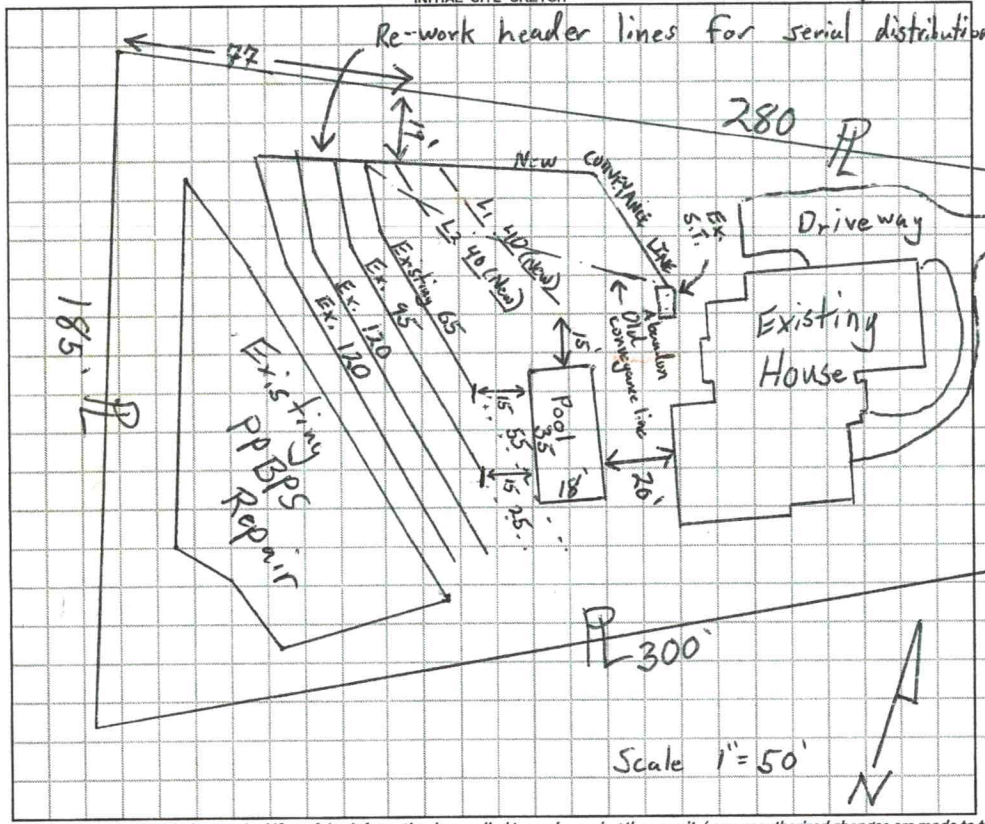
SUBDIVISION: The Point | SECTION: 11 | LOT # 1157 | LOT AREA: 0.90 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.275

Septic Tank	1000 (Existing) gal	STB	Ex	Date	Ex	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— gal	PT	—	Date	—	System Description: Relocate 80' of 25% Reduction Drainfield		☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description: 50% Reduction (LP-PPBPS)		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft	80'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30" - 34"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Old Conveyance line to be removed 2' from sidewall edge of new trench with earthen dam created to prevent short-circuiting of trenches. Earthen Dam distal ends of septic lines 15' from proposed pool edge. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

5/13/2020

* Pool substantially smaller than originally desired/permitted

L1 30'

L2 30'

L3 (56' removed)

L4 (remain as-is) [not impacted]

25"

5'4¼" @ Filter

Inlet to New L1 6'3"

6'5" old L1

60' to top line 7.5" fall required ~9.5" Present

5/14/2020 5'11¾"

* - New D-Box installed to allow for drop into New L1 + L2 lines then conveyance onto Existing L3. Existing conveyance line used with minimal fall present. D-Box purged to prevent leaking.

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: Acceptance of Permit Rec'd | Date: 4.15.2020 | Installed by: Myers Septic Service

IMPROVEMENT PERMIT by: Tom Shuck | Date: 8/20/19 | OPERATION PERMIT by: Tom Shuck | Date: 5/15/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 8/20/19 | 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.

Advanced Well Drilling
Richard Dendler
704-650-5055

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

Sheet ___ of ___
PROPERTY ID #: 4624-58-0346
COUNTY: Iredell

704-658 8620 Justice

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

OWNER: Chad Clatterbaugh
ADDRESS: 137 Cape Cod Way Mooresville, NC
PROPOSED FACILITY: 4BR-SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Cape Cod Way
APPLICATION DATE 6/28/19
DATE EVALUATED: 8/14/19
PROPERTY SIZE: 0.90 acres
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other Community well (offsite)
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	LSS Prim L1 mid	0-5	scl V.W.SBK	sl Friable, SS, Sp, Sesp		59"			0.275 PS
		5-28	clay M. SBK/ABK	sl Firm, sticky, Sp, Sesp					
		28-59	clay Loam w.SBK common saprolite	sl Friable, SS, Sp, Sesp					
2	LSS Prim L2 Header	0-6	SCL V.W.SBK	sl Friable, SS, Sp, Sesp		61"			0.275 PS
		6-26	clay M-ABK/SBK	sl Firm, Sticky, Sp, Sesp					
		26-61	clay Loam w.SBK Abundant saprolite	sl. Friable, SS, Sp, Sesp					
3	LSS Repair	0-6	scl	sl Firm, SS, Sp, Sesp	weak YB stains (avoid)	38"			0.275 use saprolite
		6-23	clay. m-s ABK/SBK	Firm, Sticky, Sp, Sesp					
		23-38	clay Loam w.SBK some micq	sl Firm, SS, Sp, Sesp					
		38-60	Loamy Saprolite MA	Friable + well Drained					
4	Symon, aK								

L1 55 L2 25

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: ___

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

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Charles Clyde Clatterbaugh JR., am the legal owner or the agent of the property located at 137 Cape Cod Way Mooresville, NC, identified as PIN(Parcel Identification Number) 4624-58-0346, located in Iredell County, North Carolina.
Permit # 246244.

I do hereby agree to the permit design and the conditions of this permit.

Chg C. Clatterbaugh Jr. 4/15/2020
Signature of Owner/Authorized Agent Date

[signature] 4/15/2020
Signature of Witness Date

Chad1.clatterbaugh@novartis.com
or
Chadvpi2k@yahoo.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

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

246244
$500
Pd

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

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: Penfield Outdoor Services & Solutions Address: 939 Brawley School Rd Zip: 28117
Applicant Email: info@yardsbyboss.com Phone: 704-360-0[illegible] Alt. Phone: _____
Owner Name: Chad Clatterbaugh Address: 137 Cape Cod Way Zip: 28117
Owner Email: Chad1.clatterbaugh@novartis.com Phone: 704-995-1891 Alt. Phone: _____

Property Information:

Street Address: 137 Cape Cod Way
Subdivision Name: The Point/Trump Estates Section/Phase: _____ Lot Number: 157
Driving Directions: _____ PAID Prepaid 7/29/19 mck

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: 8
(X) 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 (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: _____
( ) 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?
( ) 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: _____ 06.28.19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	RED	3.5	51	40
2	YELLOW	3.8	51	40
3	EXISTING	4.4	120	68
4	EXISTING	4.8	120	96
5	EXISTING	5.5	120	120
6	EXISTING	5.9	120	120
7	PINK	6.4	112	0
8	BLUE	6.9	96	0
9	ORANGE	7.5	78	0
10	BLUE	8	62	0
11	ORANGE	8.5	43	0
			TOTAL	TOTAL
			973	484

137 CADE COD WAY, MOORESVILLE NC.
SECTION 11, LOT 1157 THE POINT

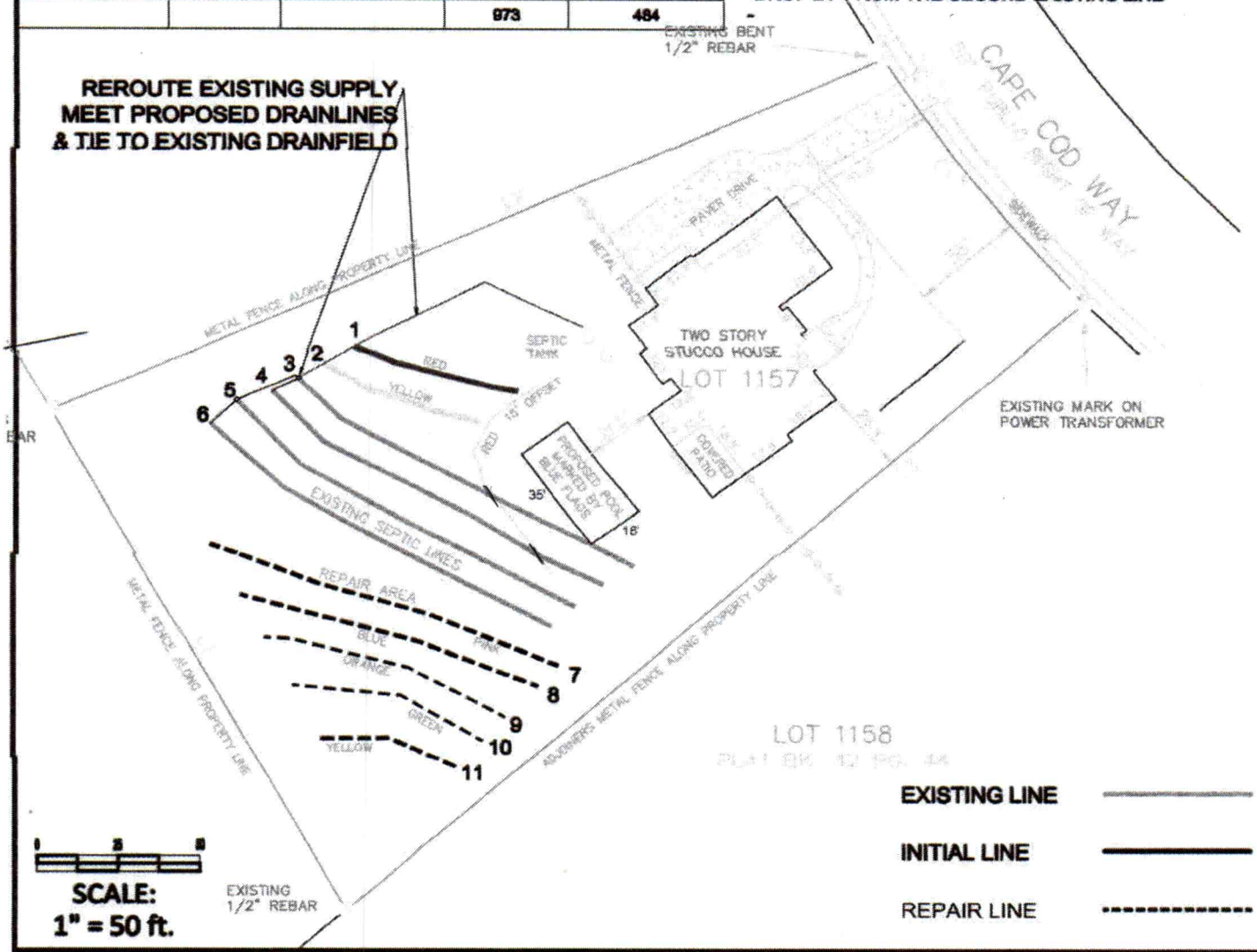
4-BEDROOM GRAVITY ACCEPTED SYSTEM
ADD LINES 1-2 TOTAL 76 LINEAR FT
EXISITNG 3-6 (USE 404') TOTALING 480 LINEAR FT
LTAR 0.25
25% REDUCTION 9' OC
34-36" TRENCH BOTTOM

4-BEDROOM PRE-TREATED TI LP PPBPS SYSTEM
TOTAL 280 LINEAR FEET
LTAR 0.25
36" TRENCH BOTTOM

needs 320 l.f. for 0.25 rate

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Notes: SOIL INFORMATION PROVIDED BY IREDELL CO
-DROP 52' FROM THE FIRST EXISTING LINE
-DROP 24' FROM THE SECOND EXISTING LINE
-



BOSS

Benfield Outdoor Services & Solutions, LLC

Chad Clatterbaugh

LOT 1157
137 CAPE COD WAY,
MOORESVILLE, NC
IREDELL COUNTY

DATE:6/24/29 DRAWN BY:MDB CHECKED BY:MDB

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, CHARLES C. CLATTERBAUGH JR., am the legal owner(s) of the property located at 137 CAPE COD WAY MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) _____, 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.

Signature of Owner(s) 6/28/19 Date

Signature of Witness 6-28-19 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

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

APPLICATION NUMBER
246244
Issue Date: 06/28/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624580346.000	137 CAPE COD WAY, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HILLIS CRISTAL SAMANTHA +BRIAN S WELCH	Applicant: BENFIELD OUTDOOR AND S
Address: 137 CAPE COD WAY	Address: 137 MISTY ARBOR LN
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: 704-658-8616

FILE COPY

Use Requested	Zone Code
SWIMMING POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.931		10.00	10.00	10.00	CACL	X

Remarks:

paid for pool too- mm PAID 7/9/19

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 Æ from side & rear property line. Lake lots must meet the 50 Æ setback from the 760 contour line AND the 35 Æ 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 Æ. Fenced with a minimum 4 Æ 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 Æ 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.

SEE ATTACHED SEE ATTACHED

Applicant: _____ Date: _____

Permit Number	183484	TOTAL FEES:	$ 77.25