IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238338

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

PIN # 4627-10-6737

APPLICANT/OWNER: Michael Benfield APPLICANT ADDRESS: 939 Brawley School Rd. Mooresville, NC

SITE ADDRESS: 428 Lakeview Shores Loop Mooresville, NC 28117 PHONE: 704-658-8616 ALT. PHONE

SITE DIRECTIONS: BSR towards LKN → R on McKendree → R on Lakeview Shores Loop → House on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 8 LOT # 1618 LOT AREA: 1.46 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	Infiltrator	Date	IM-1060	☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Replace septic tank and 26'
Pump Make	—	Model	—	Serial #	—	Repair System Description:	of drainfield (25% Reduction)
# Nitrification Fields	1	# Lines	Existing Bed +1	Linear Ft	26'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

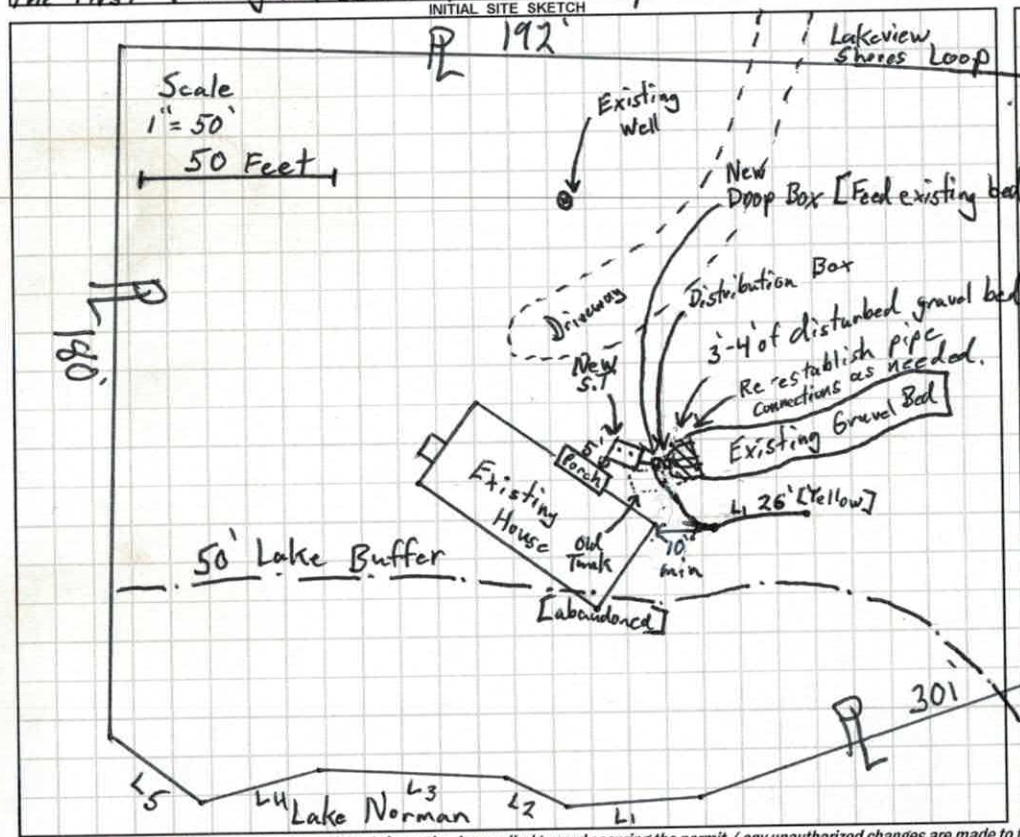
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

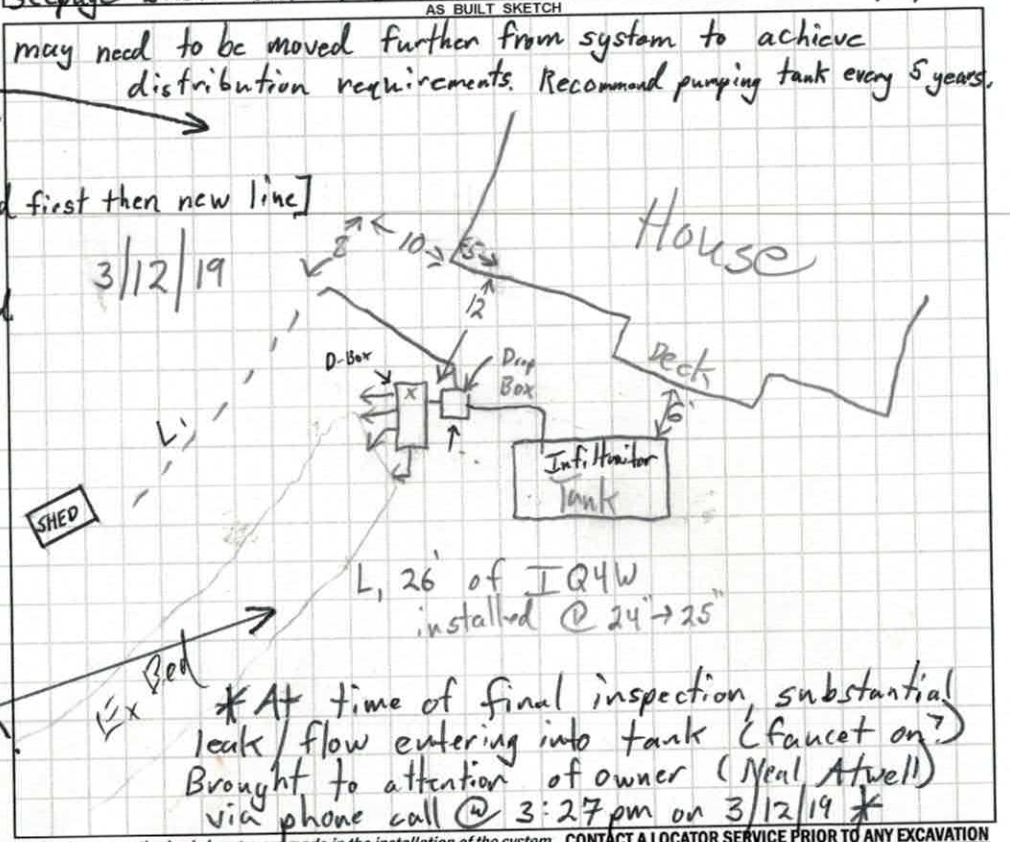
Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: During tank replacement on 2/26/19 the installer relocated the new tank location to avoid vegetation and clipped the first 4' of gravel bed. Earth around exposed bed must be filled with type 3 dirt and tamped in place to create a minimum 2' of earthen berm to prevent wastewater seepage back into the tank hole. New tanks from 2/26/19 may need to be moved further from system to achieve distribution requirements. Recommend pumping tank every 5 years.

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: Michael Benfield Date: 3-8-2019 Installed by: Massey Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/8/2019 OPERATION PERMIT by: Tom Shuck Date: 3/12/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/8/2019 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.

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	BLUE	0.2	35	35
2	RED	1.9	80	80
3	YELLOW	3.2	90	90
4	PINK	5.4	73	73
	EXISTING	6.6	-	-
5	ORANGE	8.3	18	18
6	YELLOW	9.1	101	100
7	BLUE	12.0	64	64
8	RED	13.2	45	45
			TOTAL	TOTAL
			506	505

428 LAKEVIEW SHORES LOOP, LOT 1618

4-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 7 TOTAL 201 LINEAR FT (USE 100')
EXISTING 3 BEDROOM
LTAR 0.3
25% REDUCTION 9' OC
30-36" TRENCH BOTTOM

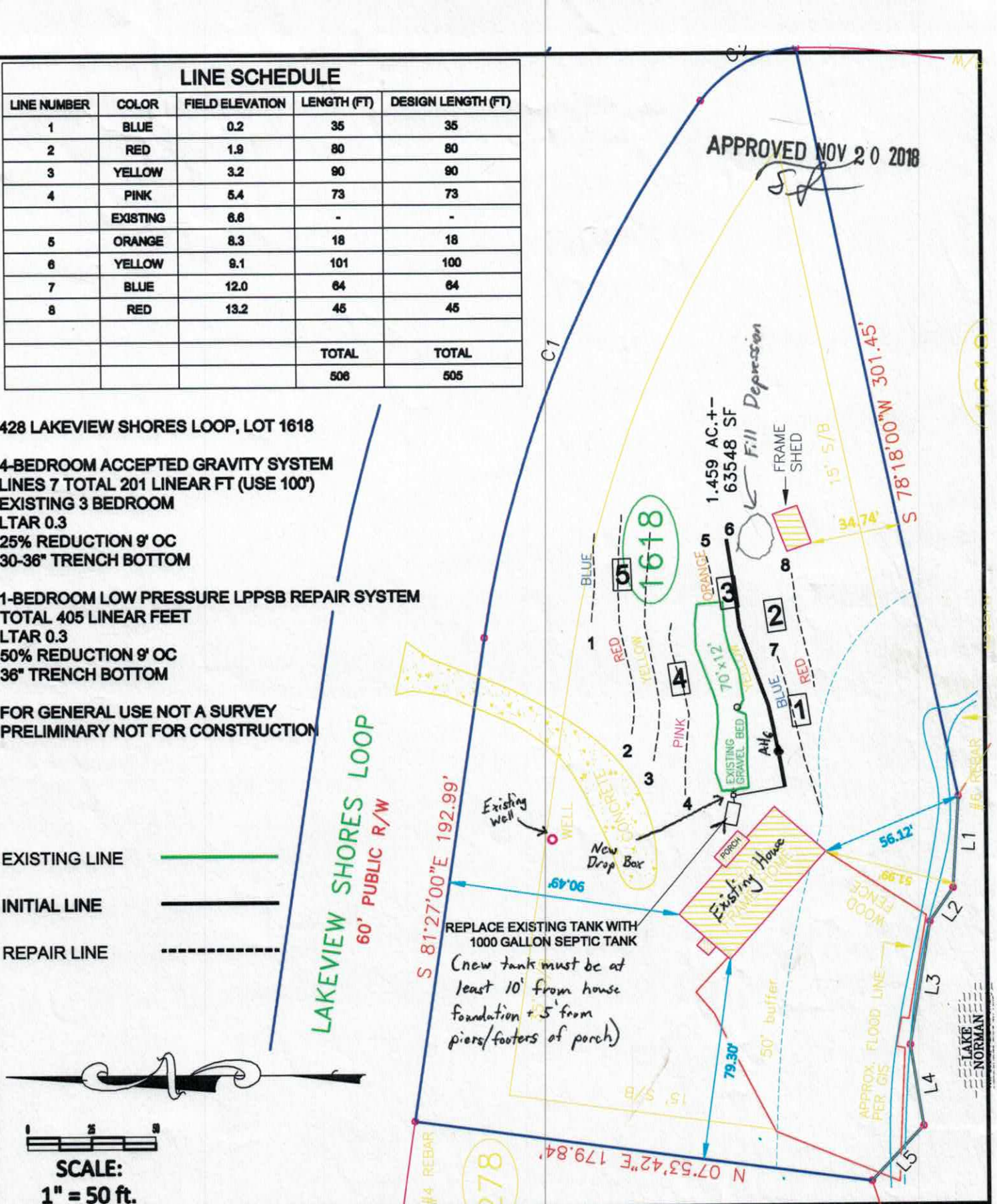
1-BEDROOM LOW PRESSURE LPPSB REPAIR SYSTEM
TOTAL 405 LINEAR FEET
LTAR 0.3
50% REDUCTION 9' OC
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

EXISTING LINE

INITIAL LINE

REPAIR LINE



SCALE:
1" = 50 ft.

BOSS
Benfield Outdoor Services & Solutions
999 Stanley School Rd, Mooresville, NC 28117 Ph:704-658-6916
BOSSMB66@yahoo.com

NEAL & BETH ATWELL

LOT 1618
428 LAKESHORE VIEW LP,
MOORESVILLE, NC
IREDELL COUNTY

DATE:11/2/18 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 2
PROPERTY ID #: 4627-10-6735
COUNTY: Iredell

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

OWNER: Neal + Beth Atwell
APPLICATION DATE 8/24/18
ADDRESS: 428 Lakeview Shores Loop Mooresville, NC
DATE EVALUATED: 11/1/18
PROPOSED FACILITY: 4 BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 1.46 acres
LOCATION OF SITE: 428 Lakeview Shore Loop Mooresville
PROPERTY RECORDED: Yes (1984)
WATER SUPPLY: ☒ Private Ex ☐ 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	15% LSS	0-8	SCL V.W.SBK	SL Friable, SS, Sp, Sap	Faint Drainage mottles (YB) 18-26"	42" 48-56"			0.30 PS
		8-32	Clay M. ABK/SBK	SL Firm, Sticky, Sp, Sap					
		32-42	Clay Loam (Heavy) W.SBK Trace Sap	SL Friable, SS, Sp, Sap					
		42-48	MA Loamy Saprolite (Vein)	Friable + moderately drained					
		48-56"	Clay Loam common W.SBK micas	(somewhat dense) Friable, SS, Sp, Sap					
2	15% LSS	0-22	Fill (mixed)			22 to 46"			U [maybe deeper machine limits]
		22-34"	Clay M.SBK some mica	SL Firm, Sticky Sp, Sap					
		34-46	Clay Loam W.SBK	Friable, SS, Sp, Sap					
		46-56	MA Loamy Saprolite	well Drained + Very Friable					
3	12% LSS	0-8	SCL V.W.SBK	SL Fri. SS, Sp, Sap		54"			0.325 PS
		8-23	Clay M.SBK	SL Firm, Sticky, Sp, Sap					
		23-54	Clay Loam W.SBK common mica/sap	Friable, SS, Sp, Sap					
4	Shoulder 14%	0-7	SCL V.W.SBK	SL Firm, SS, Sp, Sap		53"			0.30 PS
		7-16	Clay M. ABK/SBK	SL Firm, Sticky, Sp, Sap					
		16-41	Clay Loam W.SBK common mica	SL Friable, SS, Sp, Sap					
		41-53	Clay Loam W.SBK common Saprolite	Friable, SS, Sp, Sap ← some clay plugs.					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex + 100%	300+
System Type(s)	25% Red	PPBPS
Site LTAR	0.30	0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

COMMENTS: Fill depressions

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4627-10-6737
DATE OF EVALUATION: 11/1/18
COUNTY: Iredell

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LSS 11%	0-7	SCL V.W. SBK	SL. Firm, SS, Sp, Sexp	—	50"	—	—	0.30 PS
		7-22	Clay W.SBK/ABK Thin mica	SL. Firm, Sticky, Sp, Sexp					
		22-50	Clay Loam Some-common Mica W.SBK	Friable, SS, Sp, Sexp					
AH 6 3/1/19	LSS 10%	0-8	SCL V.W. SBK	SL. Firm, SS, Sp, Sexp	—	48"	-	—	0.30 PS
		8-30	Clay Some mica W-M SBK	SL. Firm, Sticky, Sp, Sexp					
		30-48	Clay Loam common Saprolite W.SBK	Friable, SS, Sp, Sexp					
		[wetness @ bottom [root?]							

COMMENTS:

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	PINK	2.4	69	69
2	EXISTING	3.6	-	-
3	ORANGE	5.3	43	43
4	YELLOW	7.1	101	100
5	BLUE	9.0	100	100
6	RED	10.2	30	30
			TOTAL	TOTAL
			343	342

428 LAKEVIEW SHORES LOOP, LOT 1618

4-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 4-5 TOTAL 201 LINEAR FT (USE 200')
EXISTING 2 BEDROOM
LTAR 0.3
25% REDUCTION 9' OC
36" TRENCH BOTTOM

2-BEDROOM LOW PRESSURE LPPSB REPAIR SYSTEM
TOTAL 142 LINEAR FEET
LTAR 0.3
50% REDUCTION 9' OC
36" TRENCH BOTTOM

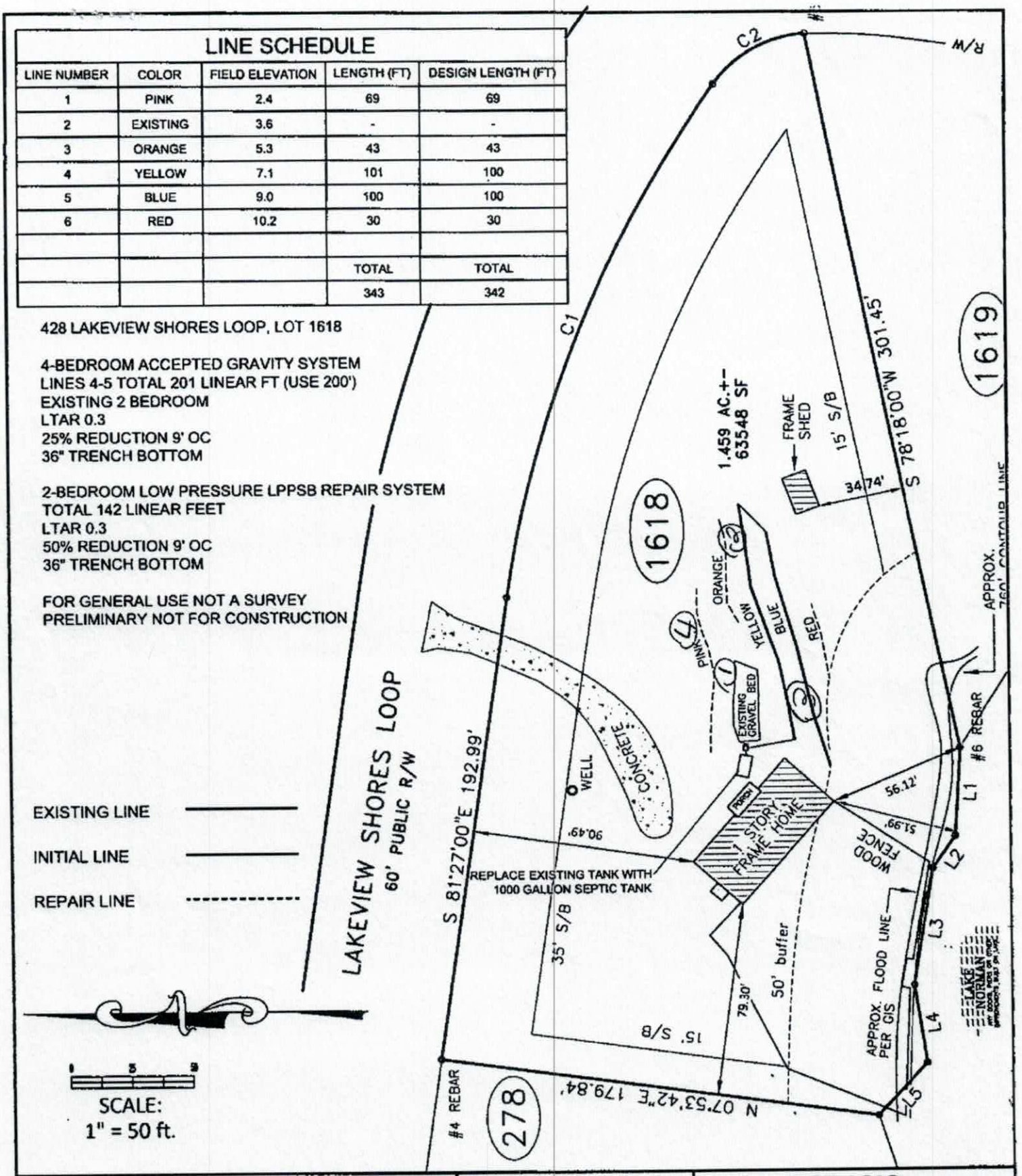
FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

EXISTING LINE ——————

INITIAL LINE ——————

REPAIR LINE - - - - - - - - - - -

SCALE:
1" = 50 ft.



BOSS	Benfield Outdoor Services & Solutions 930 Brawley School Rd, Mooresville, NC 28117 Ph:704-658-8616 BOSSM666@yahoo.com	NEAL & BETH ATWELL	LOT 1618 428 LAKESHORE VIEW LP, MOORESVILLE, NC IREDELL COUNTY DATE:8/25/18 DRAWN BY: MDB CHECKED BY: MDB

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

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

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Backslope 8%	A 0-2"	growler / loam	SS, SP, FR, SE	5YR 4/4	48"	None	N/A	.325
		B 2-48"	SBK / clay	S, SP, FI-FR, SE	2.5YR 4/8				
2	Backslope 5%	A 0-2"	growler / loam	SS, SP, FR, SE	5YR 4/4	48"	None	N/A	.325
		B 2-48"	SBK / clay	S, P, FI, SE	2.5YR				
3	Backslope 5%	A 0-2"	growler / s. loam	SS, SP, FR, SE	5YR 4/4	48"	None	N/A	.325
		B 2-48"	SBK / clay	S, P, FI, SE	2.5YR 4/8				
4	Backslope 3%	A 0-2"	growler / loam	SS, SP, FR, SE	5YR 4/4	48"	None	N/A	.325
		B1 2-32"	SBK / clay	S, P, FI, SE	2.5YR 4/8				
		B2 32-48"	weak SBK / clay	S, P, FI-FR, SE	2.5YR 4/8				
5	Backslope 3%	A 0-2"	weak growler / loam	SS, SP, FR, SE	5YR 4/4	48"	None	N/A	
		B1 2-15"	None / clay	S, P, FI, SE					
		B2 15-32"	SBK / clay	S, P, FI, SE	2.5YR 4/8				
		B3 32-48"	weak SBK / clay	S, P, FI, SE	2.5YR 4/8				

COMMENTS: 428 Lakeview Loop Mooresville, NC

Repair 238338

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: Michael Benfield **Address:** 939 Brawley School Rd **Zip:** 28117
Applicant Email: Bossmb86@yahoo.com **Phone:** 704-658-8616 **Alt. Phone:** 704-360-0376
Owner Name: Neal Atwell **Address:** 428 Lakeshore View Lp **Zip:** 28117
Owner Email: _____ **Phone:** 301 774 4372 **Alt. Phone:** _____

Property Information:

Street Address: 428 Lakeview Shores Loop
Subdivision Name: The Farms **Section/Phase:** _____ **Lot Number:** 168
Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system ✓ Tank ✓ Drain lines Describe Problem: Replace tank
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 ( ) 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 ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 2-26-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

238339 Repair

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) Septic System Repair

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****

Page 2: *Site Plan Worksheet* form MUST accompany this application

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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: Michael Benfield **Address:** 939 Brawley School Rd **Zip:** 28117

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

Owner Name: Neal Atwell **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 428 Lakeview Shores Loop, Mooresville, NC

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — — ( ) 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: Stormwater entering Tank
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 ( ) 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 ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Michael Benfield 2-6-19
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*) Neal F. Atwell

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, NEAL J. ATWELL, am the legal owner(s) of the property located at 428 LAKEVIEW SHORES LOOP MOORESVILLE, identified as

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

I do hereby authorize (**print legal representative/company name**) BOSS _____, 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.

Neal F. Atwell — Signature of Owner(s)

2-6-18 ~~8-31-18~~ — 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

238338

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: BOSS Address: 939 Brawley school Rd Zip: 28117
Applicant Email: Bossmb86@yahoo.com Phone: 704 658 8616 Alt. Phone: _____
Owner Name: Neal + Beth Atwell Address: 428 Lakeshore View Lp Zip: 28117
Owner Email: neal.atwell@gmail.com Phone: 301 774 4372 Alt. Phone: 301 605 4110

Property Information:

Street Address: 428 Lakeview Shores Lp Mooresville
Subdivision Name: _____ Section/Phase: _____ Lot Number: 168
Driving Directions: W on Brawley school Rd, R on McKendree, right on Lakeview shore

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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 (✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 3-27-18
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*) Neal F. Atwell

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, NEAL J. ATWELL, am the legal owner(s) of the property located at 428 LAKEVIEW SHORES LOOP, MOORESVILLE, identified as

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

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

_____, 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.

Neal F. Atwell
Signature of Owner(s)

8-31-18
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

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	BLUE	0.2	35	35
2	RED	1.9	80	80
3	YELLOW	3.2	90	90
4	PINK	5.4	73	73
	EXISTING	6.6	-	-
5	ORANGE	8.3	18	18
6	YELLOW	9.1	101	100
7	BLUE	12.0	64	64
8	RED	13.2	45	45
			TOTAL	TOTAL
			506	505

428 LAKEVIEW SHORES LOOP, LOT 1618

4-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 7 TOTAL 201 LINEAR FT (USE 100')
EXISTING 3 BEDROOM
LTAR 0.3
25% REDUCTION 9' OC
30-36" TRENCH BOTTOM

1-BEDROOM LOW PRESSURE LPPSB REPAIR SYSTEM
TOTAL 405 LINEAR FEET
LTAR 0.3
50% REDUCTION 9' OC
36" TRENCH BOTTOM

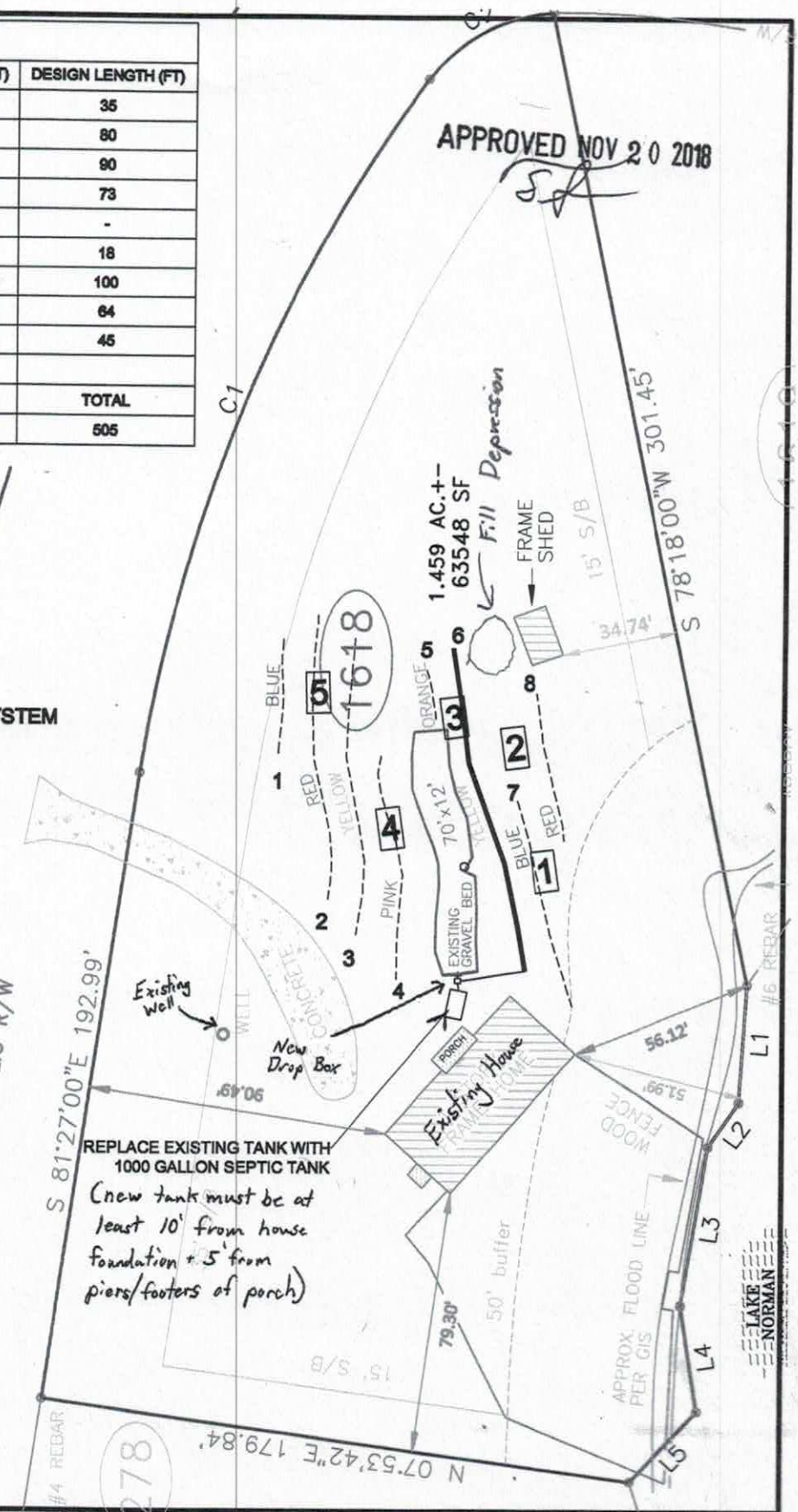
FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

EXISTING LINE ——————

INITIAL LINE ——————

REPAIR LINE - - - - - - - - - -

SCALE:
1" = 50 ft.



BOSS	Benfield Outdoor Services & Solutions 920 Brawley School Rd, Mooresville, NC 28117 Ph:704-658-8016 BOSSM666@yahoo.com	NEAL & BETH ATWELL	LOT 1618 428 LAKESHORE VIEW LP, MOORESVILLE, NC IREDELL COUNTY DATE:11/2/18 DRAWN BY:MDB CHECKED BY:MDB

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	PINK	2.4	69	69
2	EXISTING	3.6	-	-
3	ORANGE	5.3	43	43
4	YELLOW	7.1	101	100
5	BLUE	9.0	100	100
6	RED	10.2	30	30
			TOTAL	TOTAL
			343	342

428 LAKEVIEW SHORES LOOP, LOT 1618

4-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 4-5 TOTAL 201 LINEAR FT (USE 200')
EXISTING 2 BEDROOM
LTAR 0.3
25% REDUCTION 9' OC
36" TRENCH BOTTOM

2-BEDROOM LOW PRESSURE LPPSB REPAIR SYSTEM
TOTAL 142 LINEAR FEET
LTAR 0.3
50% REDUCTION 9' OC
36" TRENCH BOTTOM

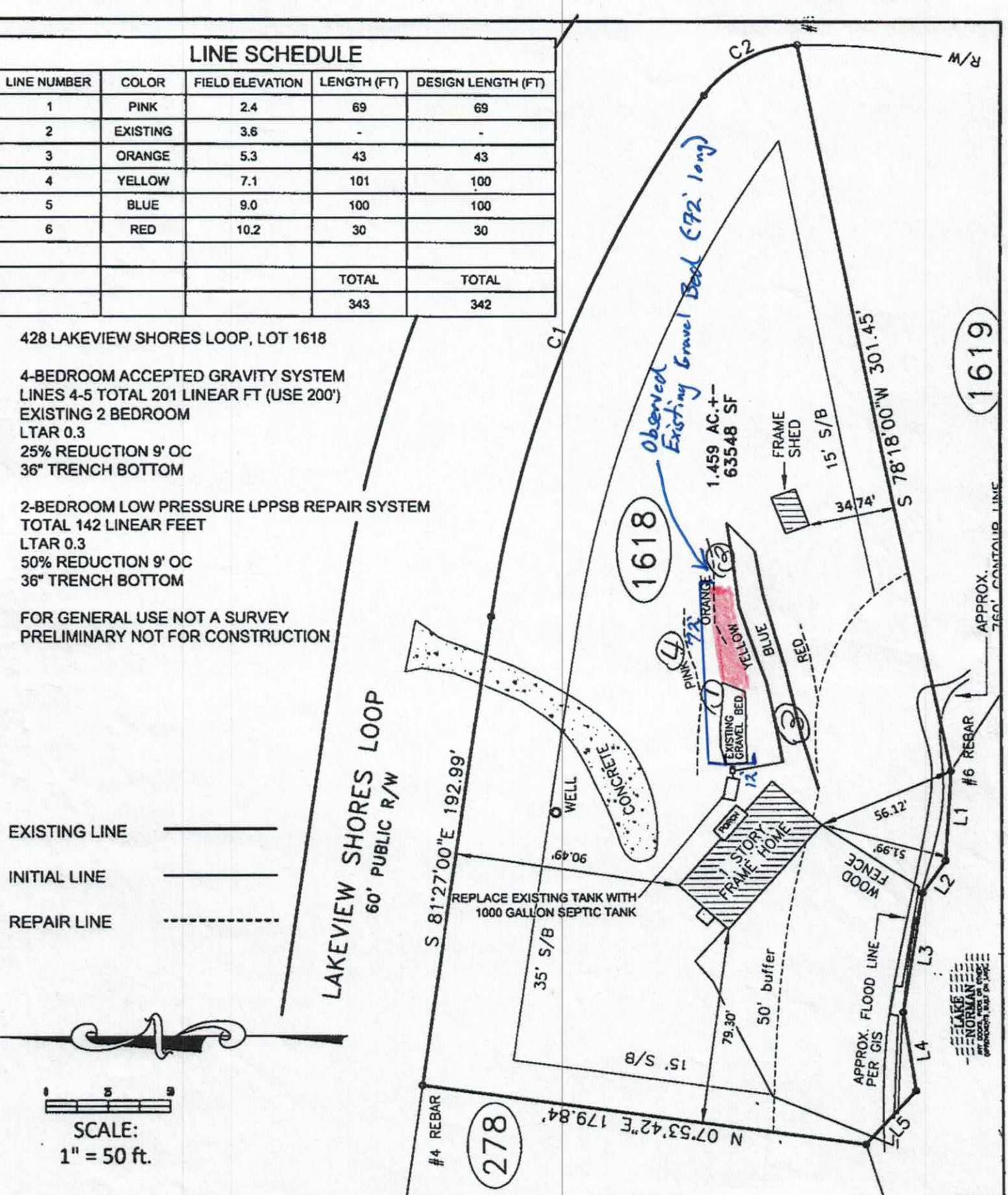
FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

EXISTING LINE ——————

INITIAL LINE ——————

REPAIR LINE - - - - - - - - - - -

SCALE:
1" = 50 ft.



BOSS	Benfield Outdoor Services & Solutions 930 Brawley School Rd, Mooresville, NC 28117 Ph:704-658-8616 BOSSMB86@yahoo.com	NEAL & BETH ATWELL	LOT 1618 428 LAKESHORE VIEW LP, MOORESVILLE, NC IREDELL COUNTY DATE:8/25/18 DRAWN BY: MDB CHECKED BY: MDB