ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324858

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

PIN # 4636 --12 --4545

APPLICANT/OWNER: Benfield Outdoor Services + Solutions APPLICANT ADDRESS: 939 Brawley School, Mooresville NC 28117

SITE ADDRESS: 103 Farm Knoll Way Mooresville, NC 28117 PHONE: 704-360-0876 ALT. PHONE 215-290-1827

SITE DIRECTIONS: BSR Con Isle of Pines R to Rockridge L to Farm Knoll SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Rock Ridge Point SECTION: - LOT # 21 LOT AREA: 1.02 Ac DESIGN FLOW: 600 L.T.A.R.: .30

Septic Tank	1500	(gal)	STB	Existing	Date	Existing	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II III (IV) V VI	[x] Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500	(gal)	PT	Existing	Date	Existing	System Description: LP- Horizontal Panel Block - 50%				[ ] Business	No. Persons	10	[ ] Private
Pump Make	Existing	Model	Existing		Serial #	Existing	Repair System Description: LP-Horizontal Panel - 50%				[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	3		Linear Ft	168	Maintenance Agreement Required: [x] YES [ ] NO				[ ] Slab	[x] Crawl Space		[x] Community
Trench Width	36 in	Trench Bottom Depth ~~(Original)~~		36 in	Gravel Depth	-	[ ] GRAVITY	[x] PRESSURE			[ ] Basement w/ plumbing			[ ] Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Stamper Soil Services, PLLC

LSS # 1258 Dated Jan 21, 2022

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.

3-16-22 - 1 Drainline checked 62Ft in Length - old Lines Dammed off.

9/21/22 109' T&J laid in ditch - need letter from T&J regarding installation before they can cover

As Built notes on diagram

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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 2/10/22 Installed by: 4T - Wes Thompson

IMPROVEMENT PERMIT by: Benjamin A Batten Date: 2/4/2022 OPERATION PERMIT by: Maria Dotson Date: 3/22/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten Date: 2/4/2022 Existing System Inspected by: Date:

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

PROPERTY ID #: _____
COUNTY: ___Iredell

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

OWNER: _____ APPLICATION DATE_____
ADDRESS: ___Lot #21_Farm Knoll DATE EVALUATED:10/29/2021_____
PROPOSED FACILITY: _move lines for pool install PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: __ _____
LOCATION OF SITE: ___Farm Knoll PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B1	Side slope 6%	0-10	GR SL	NS NP VFR	7.5R 5/8				0.3
		10-31	SBK C	S P FI					
		31-38	SBK CL	SS SP FI					
		38-48	WEAK SBK CL	NS NP VFR		48"	II Loam		
B2	Side slope 6%	0-8	GR SL	NS NP VFR	7.5R 4/8				0.3
		8-32	SBK C	SS SP FI					
		32-46	WEAK SBK CL	NS NP VFR		46"	II Loam		
B3	Side slope 6%	0-8	GR SL	NS NP VFR	7.5R 5/4				0.3
		8-34	SBK CL	SS SP FI					
		34-48	WEAK SBK SiCL	NS NP FR		48"	II Loam		

LICENSED SOIL SCIENTIST
AMANDA E. STAMPER
M Stamper 2/2/22

B4	Side slope 6%	0-4	GR SL	NS NP VFR	7.5R 4/8				0.3
		4-12	SBK C	SS SP FI					
		12-44	WEAK SBK CL	SS SP FI					
		44-48	WEAK GR SiCL	NS NP VFR		48"	II Loam		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): _Suitable
EVALUATED BY: Miranda Stamper
OTHER(S) PRESENT: Michael Benfield

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

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

CC (Concave Slope)
CV (Convex Slope)
D (Drainage Way)
DS (Debris Slump)
FP (Flood Plain)
FS (Foot Slope)
H (Head Slope)
L (Linear Slope)
N (Nose Slope)
R (Ridge)
S (Shoulder Slope)
T (Terrace)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).

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

APPLICATION NUMBER
324858
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636124545.000	103 FARM KNOLL WAY	IREDELL COUNTY

Owner Information	Applicant Information
Name: SANDS ZACHARY R+LAUREN E	Name: BENEFIELD OUTDOOR SERVICES & SOLUTIONS
Address:	Address:
Phone:	Phone: (704)360-0376

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.02	0	10	10	10	WSIV-CA Lookout Shoals	NO

Remarks

SWIMMING POOL-POSSIBLE RELOCATION

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.

Signature of Owner/Contractor

Date: 01/21/2022

Permit Number	324858	TOTAL FEES:	$77.25

RECEIVED JAN 2 5 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-324858 $1200.00

S.L.

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: Benfield Outdoor Services & Solutions **Address:** 939 Brawley School, Mooresville, NC **Zip:** 28117

Applicant Email: info@yardsbyboss.com **Phone:** 704-360-0376 **Alt. Phone:**

Owner Name: Zachary Sands -215.290.1827 **Address:** 103 Farm Knoll Way, Mooresville, NC **Zip:** 28117

Owner Email: sands.zachary@gmail.com **Phone:** 215-290-1827 **Alt. Phone:**

Property Information:

Street Address: 103 Farm Knoll Way, Mooresville, NC 28117

Subdivision Name: Rock Ridge Point **Section/Phase:** **Lot Number:** 21

Driving Directions: Take Brawley School Rd west, turn left on Isle of Pines Rd, go about 3/4 of a mile and turn right onto Rockridge Point Dr, then turn left onto Farm Knoll Way and the property will be at the end of the street

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: 5
Maximum Number of Occupants: 10
(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 ( ) 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?

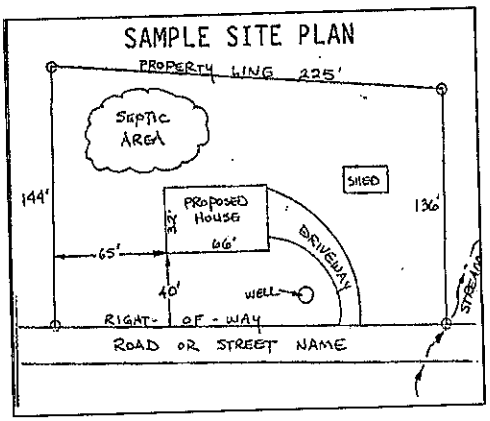
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 1-21-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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

See attached

Signature: _____ 1-21-22
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*) _____

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, Zachary Sands, am the legal owner(s) of the property located at 103 Farm Knoll Way, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4636124545.000, 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.

_____ 11/9/21
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Gmail

Admin BOSS <info@yardsbyboss.com>

Fwd: Horizontal Low Pressure Installation

1 message

Michael Benfield <michael.benfield@yardsbyboss.com>
To: Michael Benfield <bossmb86@yahoo.com>, BOSS Admin <Info@yardsbyboss.com>
Tue, Mar 22, 2022 at 9:37 AM

---------- Forwarded message ---------
From: **Russ Kelly** <rkelly@tjpanel.com>
Date: Tue, Mar 22, 2022, 9:19 AM
Subject: Horizontal Low Pressure Installation
To: michael.benfield@yardsbyboss.com <michael.benfield@yardsbyboss.com>

The installation process for Horizontal Panels using Low Pressure Distribution is stated on page 14 of our installation manual and is as follows:

Horizontal Panels with Pressure Distribution

When dosing a horizontal panel with low pressure distribution, the same ideas apply. Panels will have one orifice each. For cost effectiveness, it is allowable to run a single distribution pipe per line rather than having to install two for each line (one in each chamber). We recommend the distribution line be installed in the chamber that is most uphill. The chamber without the distribution still serves its purpose of storage capacity as the panel block matrix allows for effluent permeability. The chambers without a distribution line must have a full seal of foam sealer on the outer cutout. Additional materials may be used to give structure to the foam sealer to prevent unstable seals during the curing process. As with vertical panels, calculating total dose volume for a low-pressure horizontal panel system can be achieved by multiplying total number of panels by 3.6 gallons. If a system has 34 panels and all holes are the same size, you would multiply 34 X 3.6 to get 122 gallons per dose cycle. that the effluent is pumped into the inner chambers of the panel. If the hole sizing changes in the system, the pump cycle is set by the hole that is discharging the fastest. The first and last hole of each line should be drilled at 6 o'clock (facing trench bottom) to act as weep holes, helping any residual effluent to escape the line. All holes in between should be drilled alternating from the 10 o'clock and the 2 o'clock positions on the distribution pipe, with only one hole per panel. If the hole sizing changes in the system, the pump cycle is set by the hole that is discharging the fastest.

2 attachments



Outlook-ojsfcsml.png
56K



Outlook-ojsfcsml.png
56K

Stamper Soil Services, PLLC
4115 Highland Point Dr.
Unionville, NC 28110
919-815-3997
Stampersoilservices@gmail.com
LSS: Miranda Stamper #1258

January 21, 2022

Iredell County Environmental Health Department
610 East Center Avenue
Mooresville, NC 28115
704-664-5281
Fax: 704-664-9737

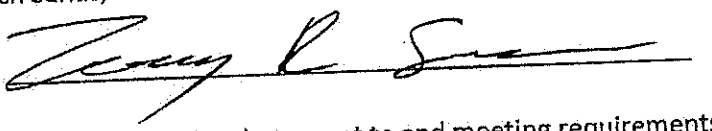
Recommended Wastewater Disposal System
Owner: Zachary Sands
PIN: 4636124545

To whom it may concern,

You will find attached a copy of the wastewater disposal system proposed for the owner Mr. Zach Sands. The lot is located on 103 Farm Knoll Way and described as PIN# 4636124545 in Iredell County. Also attached are the sealed soil notes, site plan and design for an on-site wastewater disposal system. This is submitted under Session Law 2018-114 (HB 374). Please review the attached proposal and contact me if you have any questions or concerns.

The LSS evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL-2018-114 Section 11 (C).

Owner: Zach Sands, 103 Farm Knoll Way, Mooresville, NC 28115

Signature: 

The LSS Evaluation is submitted pursuant to and meeting requirements of SL-2018-114 Section 11 (C).

Miranda Stamper, LSS

Signature: 

LP PPBPS
Septic System Design

for

103 Farm Knoll Way,
Mooresville, North Carolina

Designed by:

Michael Benfield
Benfield Outdoor Services & Solutions, LLC
Mooresville, North Carolina
BOSS Project #: 1297



01/08/2022

103 Farm Knoll Way,

Table of Contents

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Specifications (system)	2
Tap Chart (system)	na
Site Plan (System)	4
Control Panel Specifications	5
Pump Specifications	7
Effuent Filter Specifications	na
Supply Line Hydraulic Profile	na

Attachments

Septic and Pumptank Details	Figure	1
Central Valve Box and Trench Details	Figure	2

103 Farm Knoll Way,
Contact Information

Client: Zach Sands
Attn:
Street Address: 103 Farm Knoll Way
Mooresville, NC
Phone: 215-290-1827
Email sands.zachary@gmail.com

Designer: B.O.S.S.
Attn: Michael Benfield
Street Address: 939 Brawley School Rd.
Mooresville NC, 28117
Phone: 704-360-0376
Fax: na

103 Farm Knoll Way,

Layout/Design Specifications

Facility Type:	Single Family Home	
# of Bedrooms:	5	
Daily Flow:	600	**gal/day**
L.T.A.R.:	0.300	**gal/day/sq.ft**
Trench Depth:	36	**in**
Trench Width:	36	**in**
Trench Pipe size:	1.25	**in**
Hole Diameter:	5/32	**in**
Number of Panels:	90	39 being relocated
CVB Length:	42	**in**
Manifold Diameter:	4	**in sch 80pvc**
Supply Line Length:	21	**ft**
Supply Line Diameter:	2	**in sch 40pvc**
Supply Line Volume:	9.22	**gallons**
Friction Loss + Fitting Loss:	0.67	**ft(supply line length + 70' for fittings in pump tank)**
Design Head:	2	**ft**
Elevation Head:	8.80	**ft**
Total Head:	11.47	**ft**
Dose Volume:	25.87	**gals**
% of Pipe Vol.	.75	
Drawdown:	1.28	**in @ 20.16 gal/in**
Pump Run Time:	1.03	**Minutes**
Control Panel:	SJE Rhombus Model112 control panel (or approved equivalent)	
Pump:	Zoeller5032-0008 High Flow (or approved equivalent)	
Tank Effluent Filter:	Zoeller 170-0144 residential effluent filter (or approved equivalent)	
Septic Tank:	1500	**gallon Shoaf**
Pump Tank:	1500	**gallon Shoaf**

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	EXISTING W	2.8	92	46
2	EXISTING R	3.5	121	58
3	EXISTING O	4.4	125	62
4	EXISTING P	5.3	62	124
5	GREEN	6.3	123	110
6	YELLOW	7.4	152	0
7	ORANGE	8.3	90	0
8	BLUE	9.1	196	0
			TOTAL	TOTAL
			961	400

ADD LINE/PVC

INITIAL LINE

REPAIR LINE

REMOVE LINE

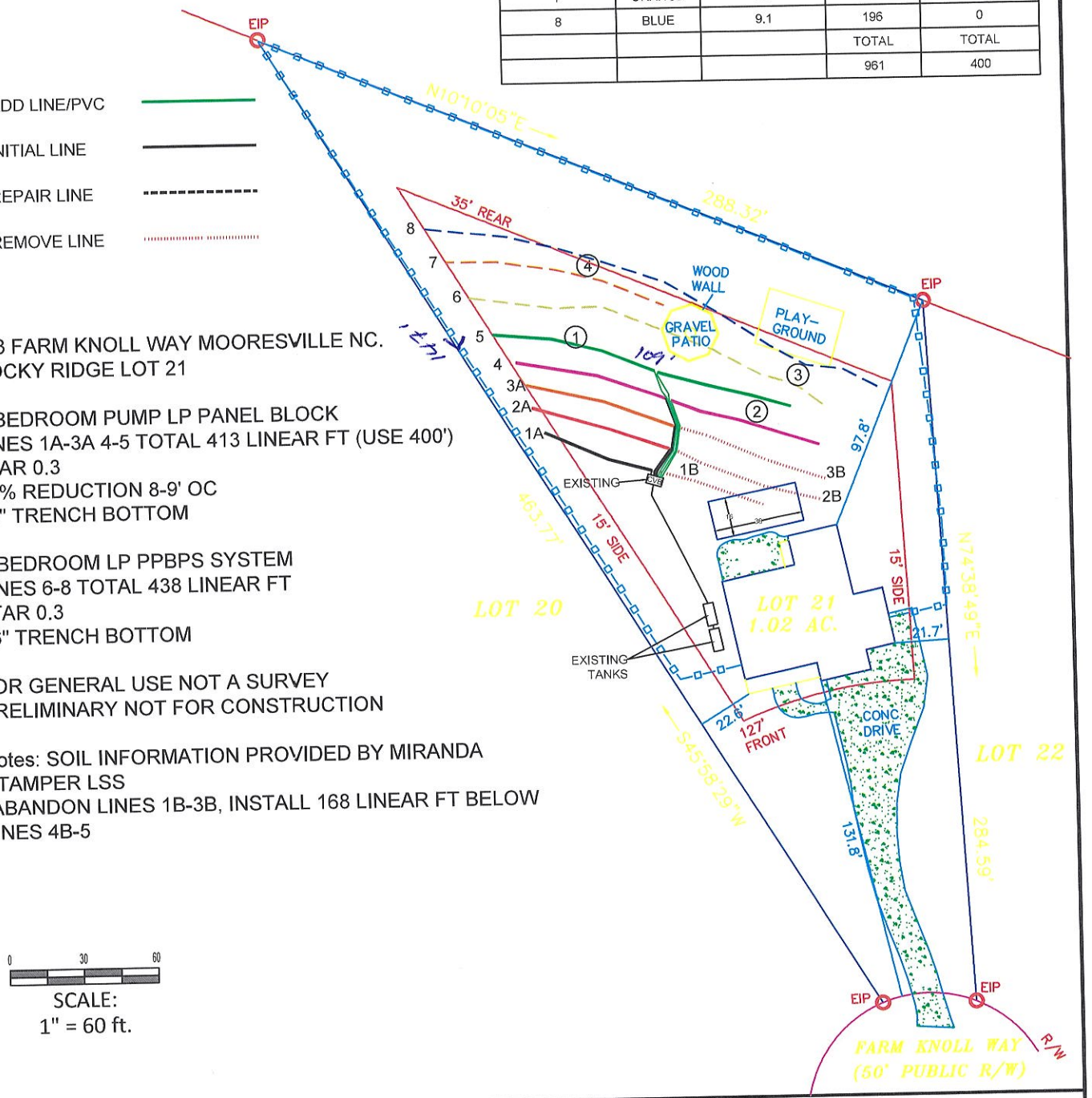
103 FARM KNOLL WAY MOORESVILLE NC.
ROCKY RIDGE LOT 21

5-BEDROOM PUMP LP PANEL BLOCK
LINES 1A-3A 4-5 TOTAL 413 LINEAR FT (USE 400')
LTAR 0.3
50% REDUCTION 8-9' OC
36" TRENCH BOTTOM

5-BEDROOM LP PPBPS SYSTEM
LINES 6-8 TOTAL 438 LINEAR FT
LTAR 0.3
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Notes: SOIL INFORMATION PROVIDED BY MIRANDA STAMPER LSS
-ABANDON LINES 1B-3B, INSTALL 168 LINEAR FT BELOW LINES 4B-5



0 30 60

SCALE:
1" = 60 ft.

BOSS

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

ZACH SANDS

LOT 21
103 FARM KNOLL WAY
MOORESVILLE, NC
IREDELL COUNTY

DATE: 2/03/22 DRAWN BY: MDB CHECKED BY: MES