ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

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

PERMIT # OSWP 2024-50465

PIN # 4636 -- 14 -- 3799

APPLICANT/OWNER: Benfield Outdoor

APPLICANT ADDRESS: 514 Williamson Rd, Ste 431, Mooresville, NC 28117

SITE ADDRESS: 105 Skip Jack Pointe Ct, Mooresville, NC 28117

PHONE: 704-658-8616

ALT. PHONE

SITE DIRECTIONS: W Brawley School -> L Isle of Pines -> R Cove Creek Lp -> R Skip Jack -> lot on L at corner

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Chesapeake Pointe

SECTION: 1

LOT # 6

LOT AREA: 1.6

DESIGN FLOW: 480 gpd

L.T.A.R.(Initial): 0.3

L.T.A.R (Repair): 0.3

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 267

Trench Width 36 *Max. Trench Depth(Initial) 18 *Max. Trench Depth(Repair) 36 Gravel Depth n/a

* Measured on the downhill side of the trench

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: HPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 32

Usable Depth to LC (Repair): 48

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Limiting Condition

Water Supply

☐ Private

☐ Public

☑ Community

Comments / Conditions: Remove terraces in repair area during installation of drain field.

STRONGLY recommend removing shrubs over the tank - root damage likely in current situation

Group III soils (Clay loam, not clay) will be required for cover where it is less than 6"

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Miranda Stamper

LSS# 1258

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.

BCW - BOTTOM LINE CHECKED 5-1-2024 INSTALLED AS SHOWN

MW - Line 4 & 6 upper line 5/8 supply 5/13

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: Online Signature Date:

Installed by: BOSS Septic

IMPROVEMENT PERMIT by: D. Wieberg Date: 4/24/24

OPERATION PERMIT by: D. Wieberg Date: 5/13/24

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 4/24/24

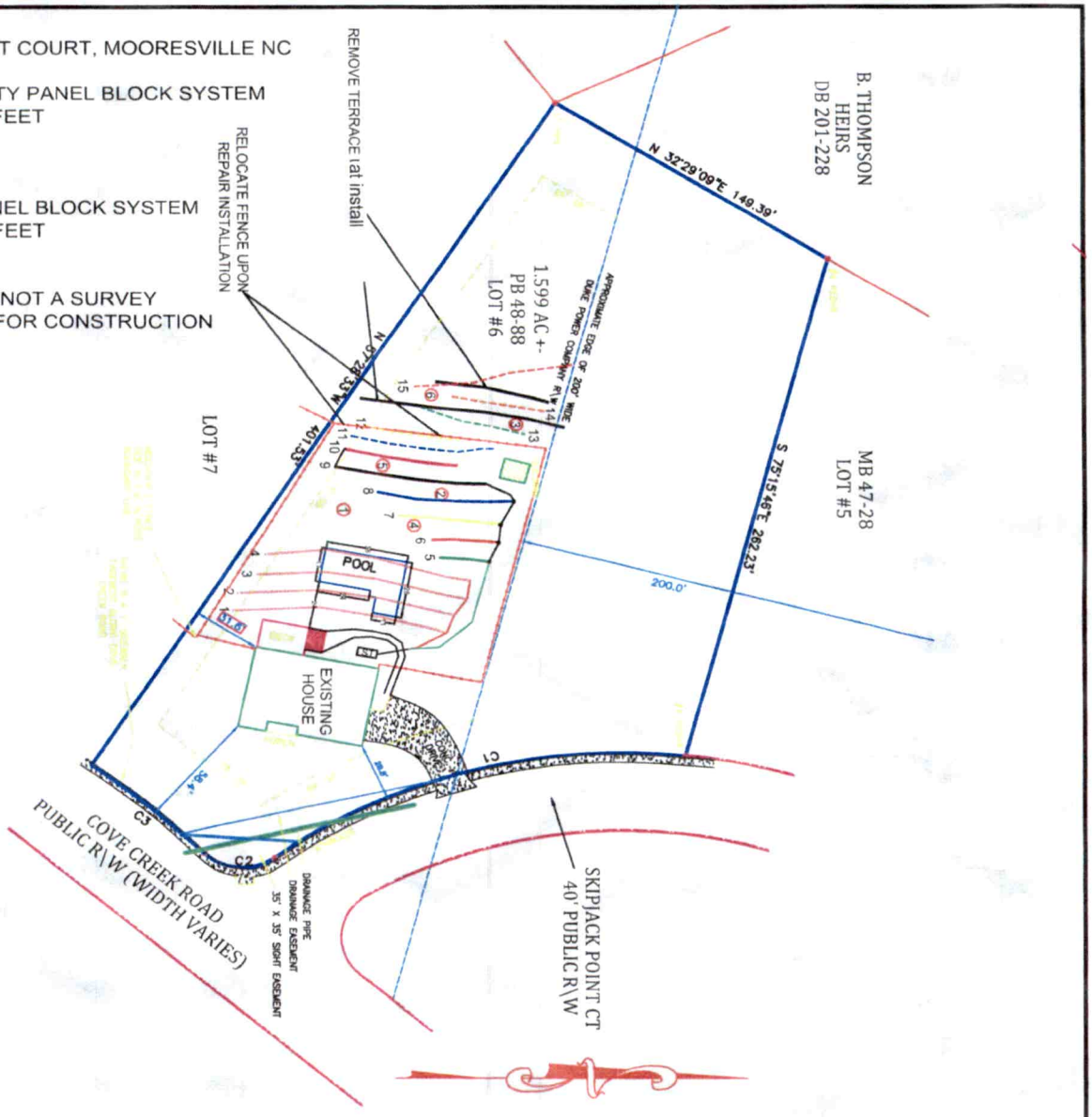
Existing System Inspected by: Date:

105 SKIP JACK POINT COURT, MOORESVILLE NC

4-BEDROOM GRAVITY PANEL BLOCK SYSTEM
TOTAL 267 LINEAR FEET
LTAR 0.3
50% REDUCTION

4-BEDROOM LP PANEL BLOCK SYSTEM
TOTAL 276 LINEAR FEET
LTAR 0.3

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION



SCALE:
1" = 80 ft.

ADD LINE/PVC
INITIAL LINE
REPAIR LINE
REMOVE LINE

BOSS

Benfield Outdoor Services & Solutions
939 Brawley School Rd, Mooresville, NC 28117 Ph:704-658-8616
INFO@YARDSBYBOSS.COM

ANDREW WEBB

LOT 6
105 SKIP JACK POINT CT,
MOORESVILLE, NC
IREDELL COUNTY

DATE: 3/27/24 DRAWN BY: MDB CHECKED BY: MES

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	EXISTING G	0.4	102	0
2	EXISTING O	1.4	102	0
3	EXISTING Y	2.4	98	0
4	EXISTING P	3.4	98	0
5	GREEN	4.0	22	22
6	RED	4.7	30	30
7	YELLOW	5.6	46	46
8	BLUE	6.5	63	60
9	WHITE	7.5	70	60
10	PINK	8.5	52	49
11	BLUE	9.1	67	0
12	YELLOW	9.6	41	0
13	GREEN	8.8	50	0
14	ORANGE	9.3	43	0
15	RED	10.2	75	0
			TOTAL	TOTAL
			959	267

105 SKIP JACK POINT CT, MOORESVILLE NC.
SECTION -, LOT 6 CHESAPEAKE POINT

4-BEDROOM GRAVITY PPBPS SYSTEM
LINES 5-10 TOTAL 267 LINEAR FT
LTAR 0.3
50% REDUCTION 9' OC (HORIZONTAL)
MAX TRENCH BOTTOM
HIGH SIDE 20" LOW SIDE 18"

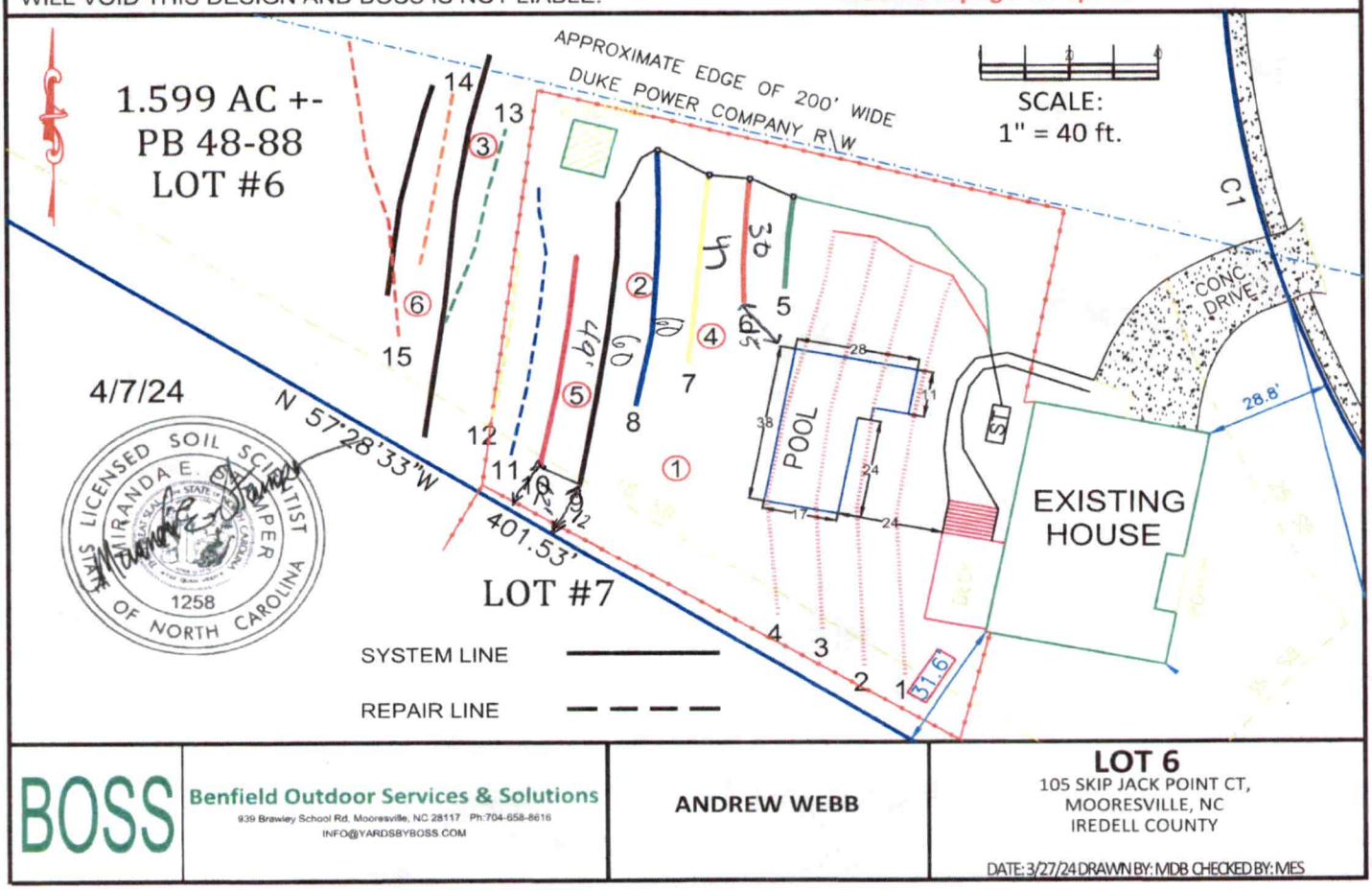
4-BEDROOM LP PPBPS SYSTEM
LINES 11-15 TOTAL 276'
LTAR 0.3
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

INFORMATION FOR INSTALLER: ABANDON EXISTING DRAINFIELD AND INSTALL LINES 5-10 WITH SERIAL DISTRIBUTION.

CONDITIONS: MUST BE INSTALLED BY A LICENSED SEPTIC INSTALLER. DRAINFIELD AREA MUST MAINTAIN NATURAL CONTOURS & SLOPE. IMPROPER OR EXCESSIVE GRADING WILL VOID THIS DESIGN AND BOSS IS NOT LIABLE.

Use cover over lines on low side - see front page for specs



BOSS	Benfield Outdoor Services & Solutions 939 Brawley School Rd. Mooresville, NC 28117 Ph:704-658-8616 INFO@YARDSBYBOSS.COM	ANDREW WEBB	**LOT 6** 105 SKIP JACK POINT CT, MOORESVILLE, NC IREDELL COUNTY DATE: 3/27/24 DRAWN BY: MDB CHECKED BY: MES

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

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

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SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Chesapeake Pointe

SECTION: 1

LOT # 6

LOT AREA: 1.6

DESIGN FLOW: 480 gpd

L.T.A.R.(Initial): 0.3

L.T.A.R (Repair): 0.3

Septic Tank: Existing (gal) STB: Date:

Pump Tank: (gal) PT: Date:

Pump Make: Model: Serial #:

Nitrification Fields: 1 # Lines: 6 Linear Ft: 267

Trench Width: 36 *Max. Trench Depth(Initial): 18 *Max. Trench Depth(Repair): 36 Gravel Depth: n/a

* Measured on the downhill side of the trench

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: HPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 32

☑ Residence No. Bedrooms: 4

☐ Business No. Persons: 8

☐ Other No. Employees:

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 48 *Limiting Condition*

Water Supply

☐ Private

☐ Public

☑ Community

Comments / Conditions: Remove terraces in repair area during installation of drain field.

STRONGLY recommend removing shrubs over the tank - root damage likely in current situation

Group III soils (Clay loam, not clay) will be required for cover where it is less than 6"

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Miranda Stamper

LSS# 1258

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.

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☐ **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: Online Signature Date:

Installed by:

IMPROVEMENT PERMIT by: D. Wieberg Date: 4/24/24

OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 4/24/24

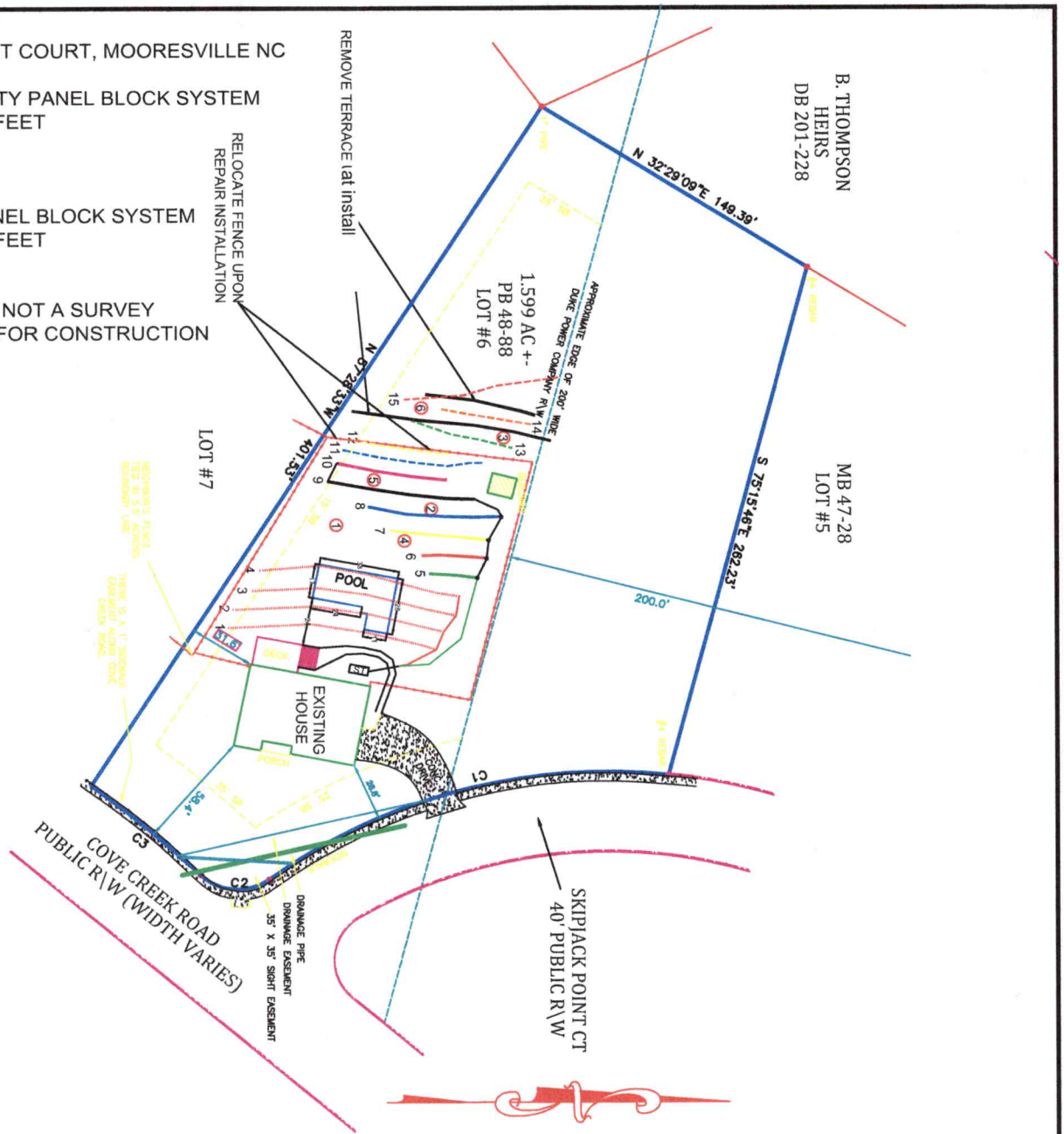
Existing System Inspected by: Date:

105 SKIP JACK POINT COURT, MOORESVILLE NC

4-BEDROOM GRAVITY PANEL BLOCK SYSTEM
TOTAL 267 LINEAR FEET
LTAR 0.3
50% REDUCTION

4-BEDROOM LP PANEL BLOCK SYSTEM
TOTAL 276 LINEAR FEET
LTAR 0.3

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION



SCALE:
1" = 80 ft.

ADD LINE/PVC
INITIAL LINE
REPAIR LINE
REMOVE LINE

BOSS

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INFO@YARDSBYBOSS.COM

ANDREW WEBB

LOT 6
105 SKIP JACK POINT CT,
MOORESVILLE, NC
IREDELL COUNTY

DATE: 3/27/24 DRAWN BY: MDB CHECKED BY: MES

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
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7	YELLOW	5.6	46	46
8	BLUE	6.5	63	60
9	WHITE	7.5	70	60
10	PINK	8.5	52	49
11	BLUE	9.1	67	0
12	YELLOW	9.6	41	0
13	GREEN	8.8	50	0
14	ORANGE	9.3	43	0
15	RED	10.2	75	0
			TOTAL	TOTAL
			959	267

105 SKIP JACK POINT CT, MOORESVILLE NC.
SECTION -, LOT 6 CHESAPEAKE POINT

4-BEDROOM GRAVITY PPBPS SYSTEM
LINES 5-10 TOTAL 267 LINEAR FT
LTAR 0.3
50% REDUCTION 9' OC (HORIZONTAL)
MAX TRENCH BOTTOM
HIGH SIDE 20" LOW SIDE 18"

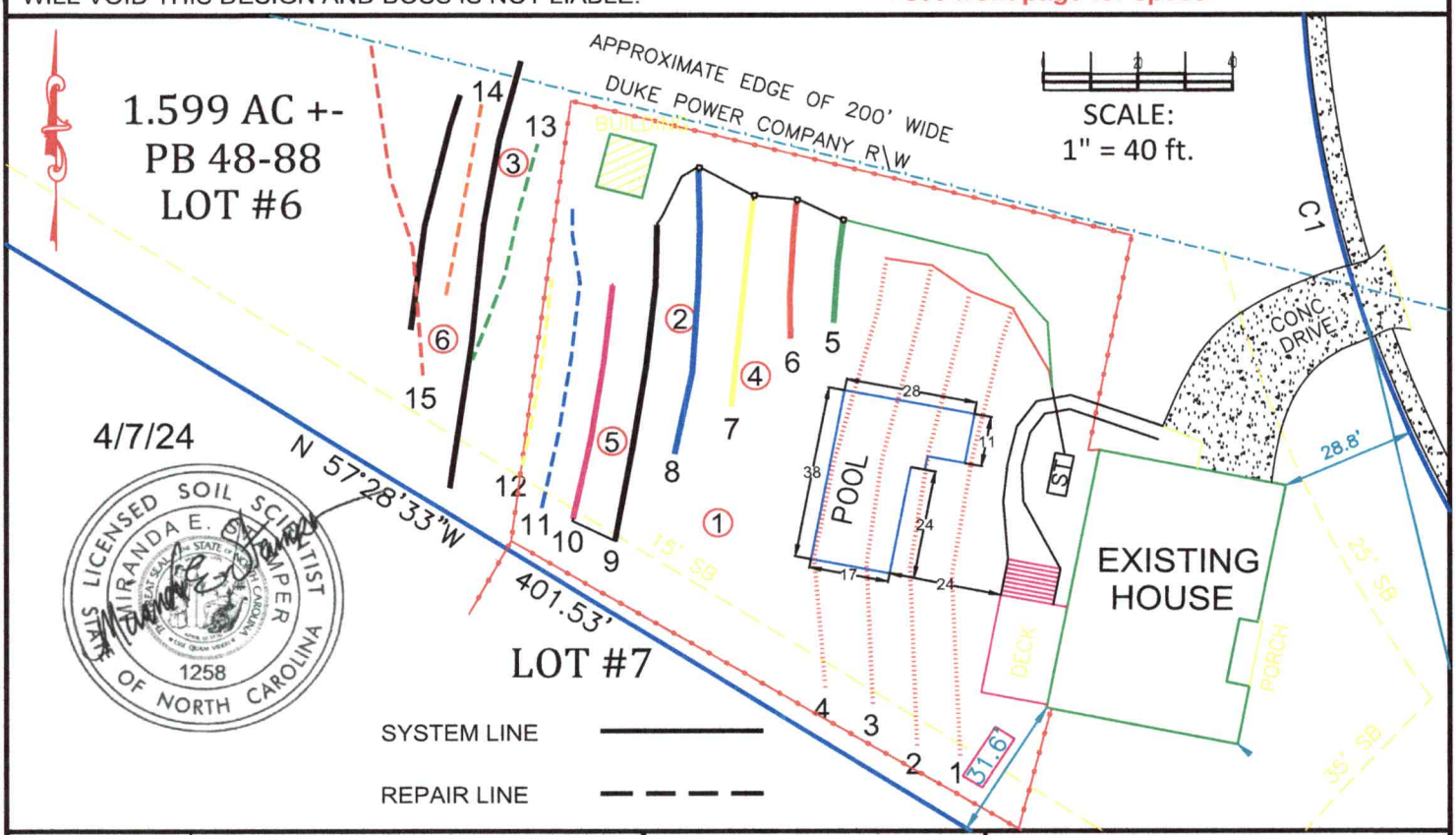
4-BEDROOM LP PPBPS SYSTEM
LINES 11-15 TOTAL 276'
LTAR 0.3
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

INFORMATION FOR INSTALLER: ABANDON EXISTING DRAINFIELD AND INSTALL LINES 5-10 WITH SERIAL DISTRIBUTION.

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ANDREW WEBB

LOT 6
105 SKIP JACK POINT CT,
MOORESVILLE, NC
IREDELL COUNTY

DATE: 3/27/24 DRAWN BY: MDB CHECKED BY: MES

Permit/File #: _OSWP-2024-50465

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ■ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: IREDELL
PIN/Lot Identifier: 4636143799.000
Issued To: ANDREW WEBB
Property Location: 105 SKIP JACK POINTE CT
Subdivision (if applicable) CHESAPEAKE POINTE Lot #: 6 Block: _____ Section: _____
LSS Report Provided: Yes ■ No ☐
If yes, name and license number of LSS: MIRANDA STAMPER, 1258

New ☐ Expansion ☐ System Relocation ■ Change of Use ☐
Facility Type: RESIDENCE WITH POOL
Number of bedrooms: 4 Number of Occupants: 8 Other: _____
Design Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: PPBPS HORIZ GRAVITY (Initial) Pump Required: ☐ Yes ■ No ☐ May be required
Proposed Wastewater System Type*: LP PPBPS (Repair) Pump Required: ■ Yes ☐ No ☐ May be required
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Effluent Standard: ■ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW
Saprolite System (Initial): ☐ Yes ■ No Saprolite System (Repair): ☐ Yes ■ No
Fill System (Initial): ☐ Yes ■ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): ☐ Yes ■ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)[x]: 32" Usable Depth to LC (Repair)[x]: 48" ***[x] Limiting Condition***
Max. Trench Depth (Initial)[‡]: 18" Max. Trench Depth (Repair)[‡]: 36" ***[‡] Measured on the downhill side of the trench***
Artificial Drainage Required: ☐ Yes ■ No If yes, please specify details: _____
Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ■ Municipal Supply ☐ Spring ☐ Other: _____
Drainfield location meets requirements of Rule .0508: Yes ■ No ☐ Drainfield location meets requirements of Rule .0601: Yes ■ No ☐
Permit valid for: ■ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
SEE DESIGN

Licensed Soil Scientist Print Name: MIRANDA STAMPER
Licensed Soil Scientist Signature: Miranda Stamper Digitally signed by Miranda Stamper Date: 2024.04.07 11:43:19 -04'00' Date: _____

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-50465

This Section for Local Health Department Use Only

Initial submittal received: 4/22/24 (*Date*) by RH (*Initials*)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

X] Complete

State Authorized Agent: D. Wieberg Date: 4/24/24

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 4/24/29

See attached site sketch

STAMPER SOIL SERVICES, PLLC
UNIONVILLE, NC
(919) 815-3997 / INFO@STAMPERSOILSERVICES.COM

PROPERTY ID #: 4636143799.000
COUNTY: IREDELL

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: ANDREW WEBB DATE EVALUATED: 2/22/24
ADDRESS: 105 SKIP JACK POINTE
PROPOSED FACILITY: 4BR PROPOSED DESIGN FLOW (.0400): 480 PROPERTY SIZE: 1.6 ACRES
LOCATION OF SITE: CHESAPEAKE POINTE LOT 6 PROPERTY RECORDED:
WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other WATER SUPPLY SETBACK: 50'
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
B1	L 5-6%	0-10	SBK CL	SS SP FI	-	32" 10% ROCK FRAGS @29"	MANY INCLUSIONS@29"	-	0.3	30"
		10-29	SBK C	S P FI						
		29-32	SBK CL	SS SP FR/FI						
B2	L 6-8%	0-12	SBK CL	SS SP FI	-	48"	MANY INCLUSIONS @29"	-	0.3	45"
		12-29	SBK C	S P FI						
		29-48	SBK CL	S SP FI						
B3	L 3-4%	0-6	SBK CL	SS SP FI	-	48"	-	-	0.3	46"
		6-30	SBK C	S P FI						
		30-48	SBK CL	SS SP FI						
B4	L 3-4%	0-2	CR CL	NS NP FR	-	48"	-	-	0.3	46"
		2-38	SBK C	SS SP FR						
		38-48	SBK CL	SS SP FI						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	267	276
System Type(s)	PPBPS-HORIZ	LP PPBPS
Site LTAR	0.3	0.3
Maximum Trench Depth	18"	36"

SITE CLASSIFICATION (.0509): S
EVALUATED BY: MIRANDA STAMPER
OTHER(S) PRESENT: MICHAEL BENFIELD AND CHRIS WAGNER

4/7/24

LICENSED SOIL SCIENTIST MIRANDA E. STAMPER 1258 STATE OF NORTH CAROLINA

Comments: POWER LINE EASEMENT ON NORTH SIDE OF LOT AND GULLIES AND TERRACES/DISTURBED AREAS BEYOND FENCE WHERE YARD MEETS WOODED AREA
RELOCATE INITIAL TO REPAIR AREA AND RELOCATE REPAIR AREA

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

STAMPER SOIL SERVICES, PLLC
UNIONVILLE, NC
(919) 815-3997 / INFO@STAMPERSOILSERVICES.COM

PROPERTY ID #: 4636143799.000
DATE OF EVALUATION: 2/22/24
COUNTY: IREDELL

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
B5	L 3-4%	0-4	GR SCL	NS NP FR	-	48"	FEW INCLUSIONS @36"	-	0.3	46"
		4-20	SBK CL	SS SP FI						
		20-36	SBK C	SS SP FI						
		36-48	SBK CL	SS SP FI						
B6	L 3-4%	0-4	GR SCL	NS NP FR	-	48"	-	-	0.3	46"
		4-16	SBK CL	SS SP FI						
		16-27	SBK C	SS SP FI						
		27-48	SBK CL	NS NP FI						

COMMENTS: _____