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 2024-47391

PIN # 4636-41-1995

APPLICANT/OWNER: Kelly Vogel (owner) APPLICANT ADDRESS: 939 Brawley School Rd Mooresville NC 28117

SITE ADDRESS: 118 Preserve Way Mooresville NC 28117 PHONE: 704-360-0376 ALT. PHONE 202-368-2300

SITE DIRECTIONS: (W) Brawley → (L) Isle of Pines → (L) Isle Run → (L) Preserve → Lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Cove at Chesapeake Pt SECTION: N/A LOT # 13 LOT AREA: 0.78 DESIGN FLOW: 480 L.T.A.R.(Initial): 0.35 L.T.A.R (Repair): 0.15

Septic Tank: existing (gal) STB: Date:	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms: 4	Water Supply
Pump Tank: 0 (gal) PT: Date:	System Description: 25% Reduction	☐ Business	No. Persons: 8	☐ Private
Pump Make: Model: Serial #:	Repair System Description: TS II - Drip	☐ Other	No. Employees:	☐ Public
# Nitrification Fields: 1 # Lines: 3 + ek Linear Ft: 226'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☒ Community
Trench Width: 36 *Max. Trench Depth(Initial): 31 *Max. Trench Depth(Repair): 6 Gravel Depth: N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing
* Measured on the downhill side of the trench Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40	Usable Depth to LC (Initial): 43	Usable Depth to LC (Repair): 18	Limiting Condition

Comments / Conditions: Tank MUST be 5' from porch footers. Divert drainage from system

Remove 3 lines, shorten 2 lines, add 2 lines

INITIAL SITE SKETCH

This permit is issued pursuant to G.S. 130A-335(a2), (a3) & (a4) using the signed and sealed LLS/LG Evaluation attached here, 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.

Checked

Lines 7, 8, 9 MW 3/12/24

Line 4 needs one cramber moved away from pool & to the end or to another line 3/13/24

See attached as built

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 Date:

Installed by: BOSS Septic

IMPROVEMENT PERMIT by: D. Meberg Date: 2/26/24

OPERATION PERMIT by: [signature] Date: 3/14/24

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 2/26/24

Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

4:44 pm

PERMIT# 121299 PIN# ~~4636-32-8692.013~~ 4636-41-1995 DATE Sept 30, 04

OWNER OR CONTRACTOR Drexel Enterprises (PINE ISLE, LLC) / Orleans PHONE: Business _____ Home _____

ADDRESS 125 Easton Dr, Mooresville N.C. 28117

LOCATION Brawley Sch Rd TL Isle of Pines TL Isle Run DR. TL ~~Sunset High DR~~ Preserve Way on right

SUBDIVISION The Cove at Chumpka Pt. BLOCK / SECTION _____ LOT 43 LOT AREA .78Ac SITE CLASS. 15 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 9/16/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity 25% Reduction

Repair System Description: Gravity/pumped 25% Reduction

Maintenance Agreement Required: ☑ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

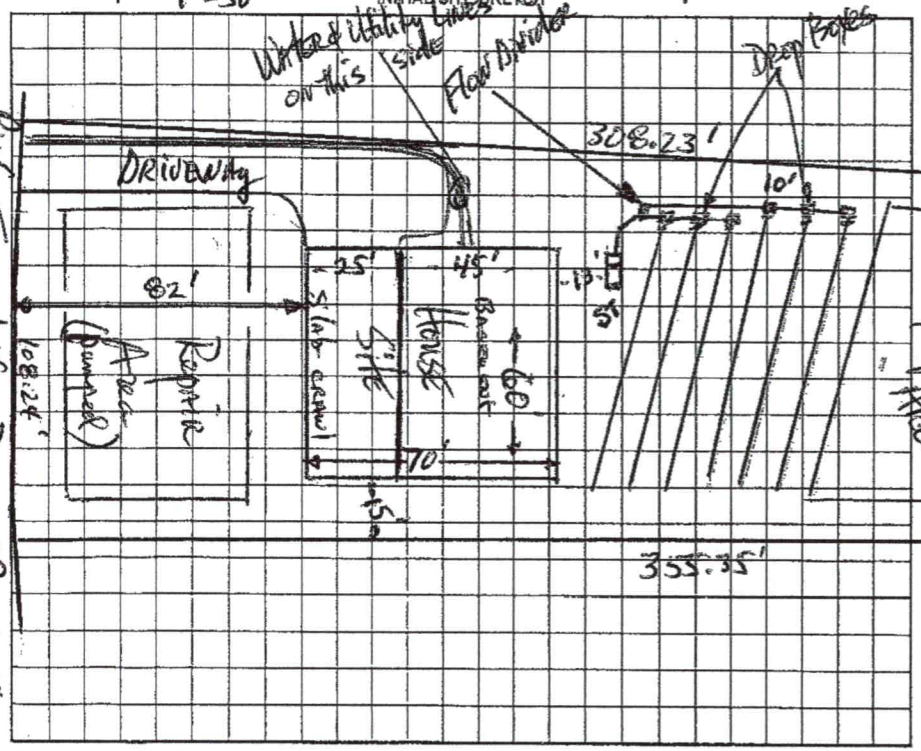
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: 200' of Lateral minimum off each side of Flow Divider

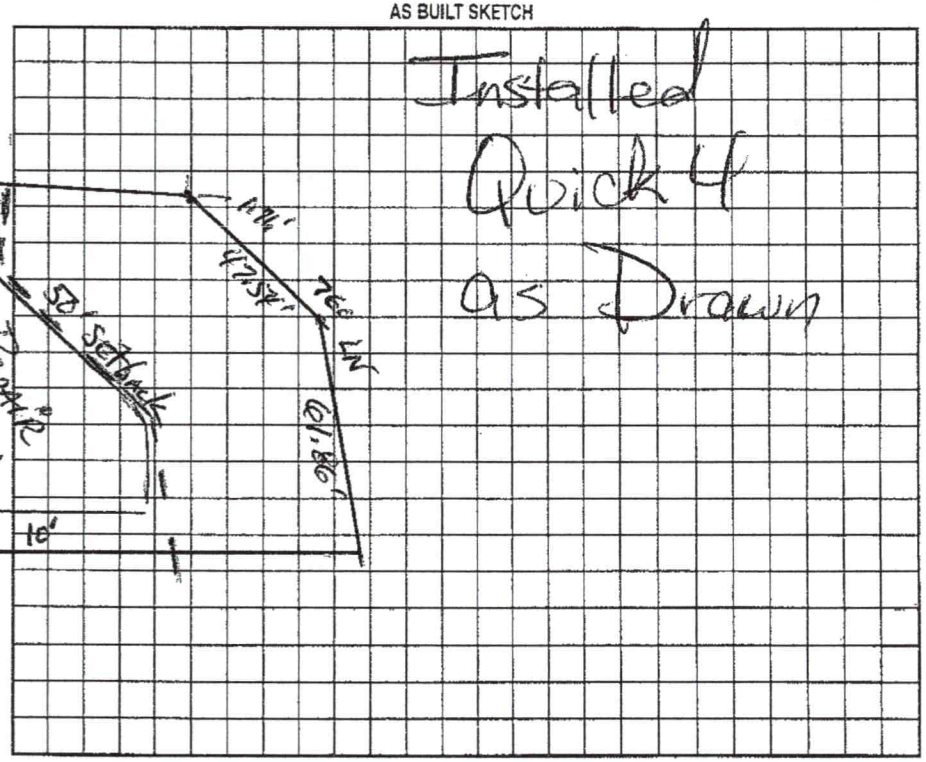
7/17/06 Reviewed Building plans, essentially in compliance with original permit.

Comments:/Conditions: (PARTIAL) Checked tanks & lines 10/3/06 MC

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: R.B. Drexel date 10/28/04 Installed by: Willie Christenbury

Improvement Permit by: Dillmon RS date 9-30-04 Operation Permit by: Maria H. Dotson RS date 10/3/06

Authorization to Construct by: Maria H. Dotson RS date 7/17/06 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	EXISTING P	1.2	70	0
2	EXISTING O	2.1	70	0
3	EXISTING Y	3.1	74	0
4	EXISTING O	4.5	70	~~22~~ 18
5	EXISTING W	5.9	66	26
6	EXISTING G	7.3	66	~~X~~ 75
7	PINK	9.7	36	78
8	YELLOW	11.7	42	74
9	BLUE	13.4	75	74
			TOTAL	TOTAL
			569	345

modify

add

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.

118 PRESERVE WAY, MOORESVILLE NC.
SECTION -, LOT 13 THE COVE AT CHESAPEAKE POINTE

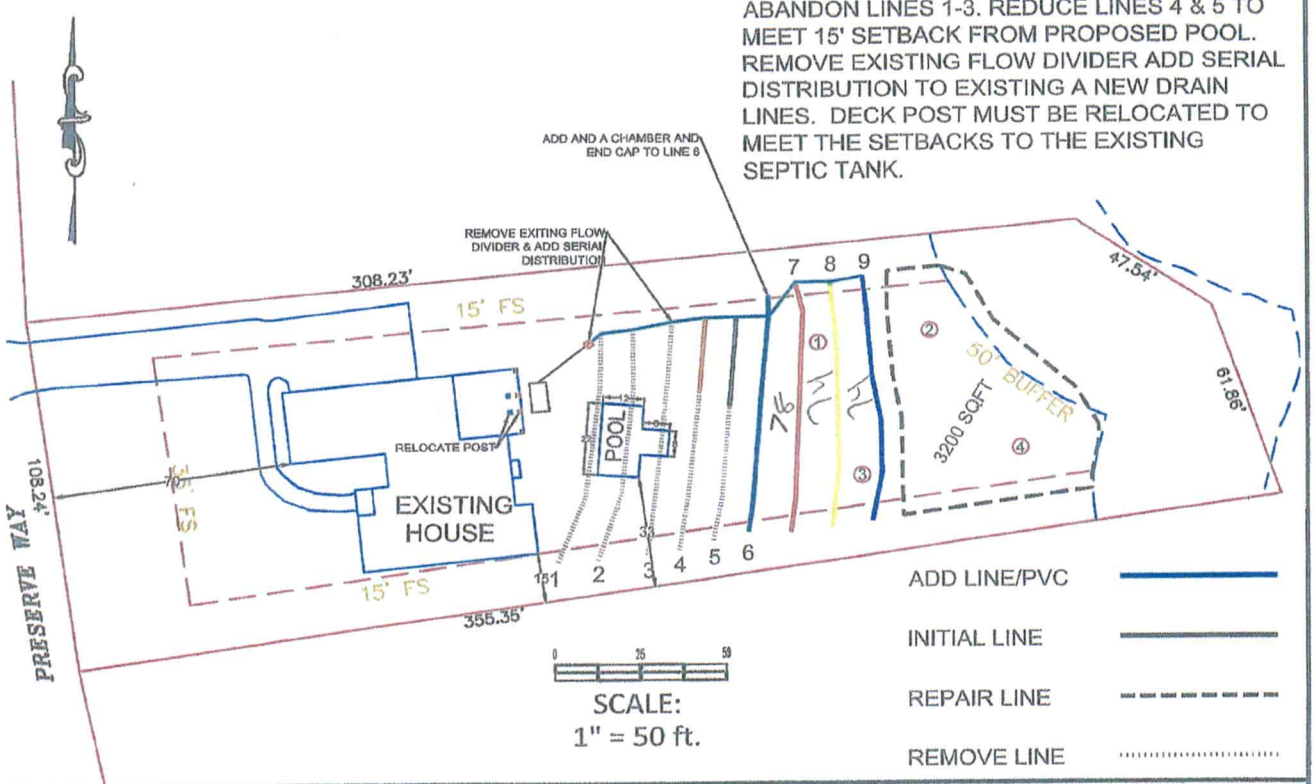
EXISTING 4-BEDROOM GRAVITY 25% RED
LINES 4-6, TOTAL 119 LINEAR FT
ADD LINES 7-9 GRAVITY 25% RED SYSTEM
TOTAL 345 LINEAR FT
LTAR 0.35
25% REDUCTION 9' OC
MAX TRENCH BOTTOM
HIGH SIDE 36" LOW SIDE 31"

4-BEDROOM DRIP IRRIGATION SYSTEM
(AMERICAN PERC-RITE) TS2
TOTAL 3200 SQUARE FEET
LTAR 0.15
6-8" TRENCH BOTTOM

FOR GENERAL USE THIS IS NOT A SURVEY

NOTES:
SOIL NOTES PROVIDED BY MIRANDA STAMPER

INFORMATION FOR INSTALLER:
ABANDON LINES 1-3. REDUCE LINES 4 & 5 TO MEET 15' SETBACK FROM PROPOSED POOL. REMOVE EXISTING FLOW DIVIDER ADD SERIAL DISTRIBUTION TO EXISTING A NEW DRAIN LINES. DECK POST MUST BE RELOCATED TO MEET THE SETBACKS TO THE EXISTING SEPTIC TANK.



BOSS	Benfield Outdoor Services & Solutions, LLC 939 Brawley School Rd, Mooresville, NC 28117 Ph:704-380-0376 info@yardsbyboss.com	KELLY VOGEL	**LOT 13** 118 PRESERVE WAY, MOORESVILLE, NC IREDELL COUNTY DATE: 2/19/24 DRAWN BY: MDB REVIEWED BY: MES

BENFIELD OUTDOOR SERVICES & SOLUTIONS

Benfield Outdoor Services & Solutions
Phone: (704) 360-0376
939 Brawley School Rd.
Mooresville, North Carolina 28117
Info@yardsbyboss.com
LLS: Miranda Stamper #1258

Attention:
Iredell County Environmental Health Department
Address: 610 E Center Avenue, Mooresville, NC 28115
Phone: 704-664-9737

Recommended Wastewater Disposal System

Owner: Kelly Vogel
PIN: 4636411995.000
Address: 118 Preserve Way, Mooresville, NC 28117

To whom it may concern,

You will find attached a copy of the wastewater disposal system proposed for the owners Kelly Vogel of lot #(s) 13, PIN # 4636411995.000 on Preserve Way in Iredell County. Also attached are the sealed soil notes, site plan and design for an onsite wastewater disposal system. The LSS evaluation attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3). 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 G.S. 130A-335(a2).

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an improvement permit and/or Construction Authorization pursuant to G.S. 130a-335a2), (a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an improvement permit and/or construction authorization is

falsified, changed, or the site is altered, the improvement permit and construction authorization shall become invalid.

Owner: Kelly R. Vogel
Signature: Kelly R. Vogel
Signature: _____

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

Miranda Stamper, LSS
Signature: Miranda E. Stamper 1/26/24

BOSS
514 WILLIAMSON RD
MOORESVILLE NC

Sheet 1 of 1
PROPERTY ID #: 4636411995
COUNTY: IREDELL

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

OWNER: _____ Lot # 13 APPLICATION DATE: _____
ADDRESS: 118 PRESERVE WAY MOORESVILLE, NC DATE EVALUATED: 12/13/23
PROPOSED FACILITY: POOL PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 0.78
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B1	L 5-6%	0-8	GR/WSBK SL	NS NP FR	-	48"/ SC 45"	-	-	0.35
		8-27	SBK C	SS SP FI					
		27-48	SBK CL	NS NP FR/FR					
B2	L 6-8%	0-6	GR SL	NS NP FR	-	48"/ SC 45"	-	-	0.35
		6-31	SBK C	S P FI					
		31-48	SBK CL	SS NP FI					
B3	L 12%	0-4	GR SCL	NS NP FR	-	48"/ SC 43"	-	-	0.35
		4-11	SBK SCL	NS NP FR					
		11-48	SBK CL	SS SP FR					
B4	L 12%	0-8	GR SCL	NS NP FR	-	18"	-	-	.15 - Drip
		8-11	SBK SCL	NS NP FR					
		11-18	SBK C	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	RELOCATE 138 LF	3200
System Type(s)	25% REDUCTION CHAMBERS	TS2 DRIP
Site LTAR	0.35	0.15

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): S
EVALUATED BY: MIRANDA STAMPER
OTHER(S) PRESENT: MICHAEL BENFIELD, CHRIS WAGNER

LICENSED SOIL SCIENTIST
MIRANDA E. STAMPER
1258
STATE OF NORTH CAROLINA
1/26/24

COMMENTS: OVERWASH SURFACE
SC=SLOPE CORRECTED DEPTH

Updated March 2022

Permit/File #: 2024-47391

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: 4636411995.000
Issued To: Kelly Vogel
Property Location: 118 Preserve Way, Mooresville, NC 28117
Subdivision (if applicable) The Cove ar Chesapeake Pointe Lot #: 13 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: 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): 0.35 Proposed LTAR (Repair): 0.15
Proposed Wastewater System Type*: existing IIb, 25% red chambers (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required
Proposed Wastewater System Type*: Va, TS2 Drip Irrigantion Amer Percrite (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]: 43" Usable Depth to LC (Repair)[x]: 18" ***[x] Limiting Condition***
Max. Trench Depth (Initial)[‡]: 31" Max. Trench Depth (Repair)[‡]: 6" ***[‡] 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 E. Stamper Date: 1/26/24

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-2024-47391

This Section for Local Health Department Use Only

Initial submittal received: 2/22/24 (*Date*) by ONLINE (*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: _____

☒ Complete

State Authorized Agent: D. Wieberg Date: 2/26/24

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: 2/26/29

See attached site sketch