ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-36885

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

PIN # 4636-62-2943 ✓

APPLICANT / OWNER: Benfield Services | APPLICANT ADDRESS: 939 Brawley School Rd Mooresville NC 28117

SITE ADDRESS: 132 WOODSTREAM CIR, MOORESVILLE, NC 28117 ✓ | PHONE: 704-360-0376 | ALT. PHONE:

SITE DIRECTIONS: W Brawley School -> L Stutts -> L Woodstream | SAP CONTROLLED: YES ☐ NO ☑

SUBDIVISION: Norman Woods ✓ | SECTION: N/A | LOT #: 56 ✓ | LOT AREA: 0.4 | DESIGN FLOW: 360 | L.T.A.R.: ~~0.5~~ EXIST

Septic Tank: 1000 (gal)	STB:	Date:	☐ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Existing Well
Pump Tank: (gal)	PT:	Date:	System Description: EXISTING PPBPS		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: DRIP		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 5	Linear Ft.: 200	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	
Trench Width: 24	Trench Bottom Depth (Low side): EXISTING		Gravel Depth: N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: Prior to AC: Shed must be moved off drainfield, no less <5' from all parts of septic system, & ALL fence posts that are set <5' from drain lines must be moved. Prior to issuing OP, drain field area must be inspected to ensure that repair area is kept intact. Fence must be away from repair area, no more than 9' from left property line no more than 2' off back property line.

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

Purpose of this permit is to relocate the repair area to allow space for a pool

* Verify all conditions above prior to OP

Site visit verified repair area intact. 1/30/24 DW

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: Richard Benfield | Date:

IMPROVEMENT PERMIT by: D.Weberg | Date: 10/12/23

AUTHORIZATION TO CONSTRUCT by: D.Weberg | Date: 10/20/23

Installed By: Reade Eudy | Date:

OPERATION PERMIT by: D.Weberg | Date: 1/30/24

Existing System Inspected By: | Date:

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

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	RED	.6	43	43
2	GREEN	2.5	43	43
3	ORANGE	4.7	43	43
4	PINK	7.3	43	43
5	YELLOW	9.7	28	28
			TOTAL	TOTAL
			200	200

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.

132 WOODSTREAM CIR, MOORESVILLE NC.
SECTION -, LOT 56 NORMAN WOODS

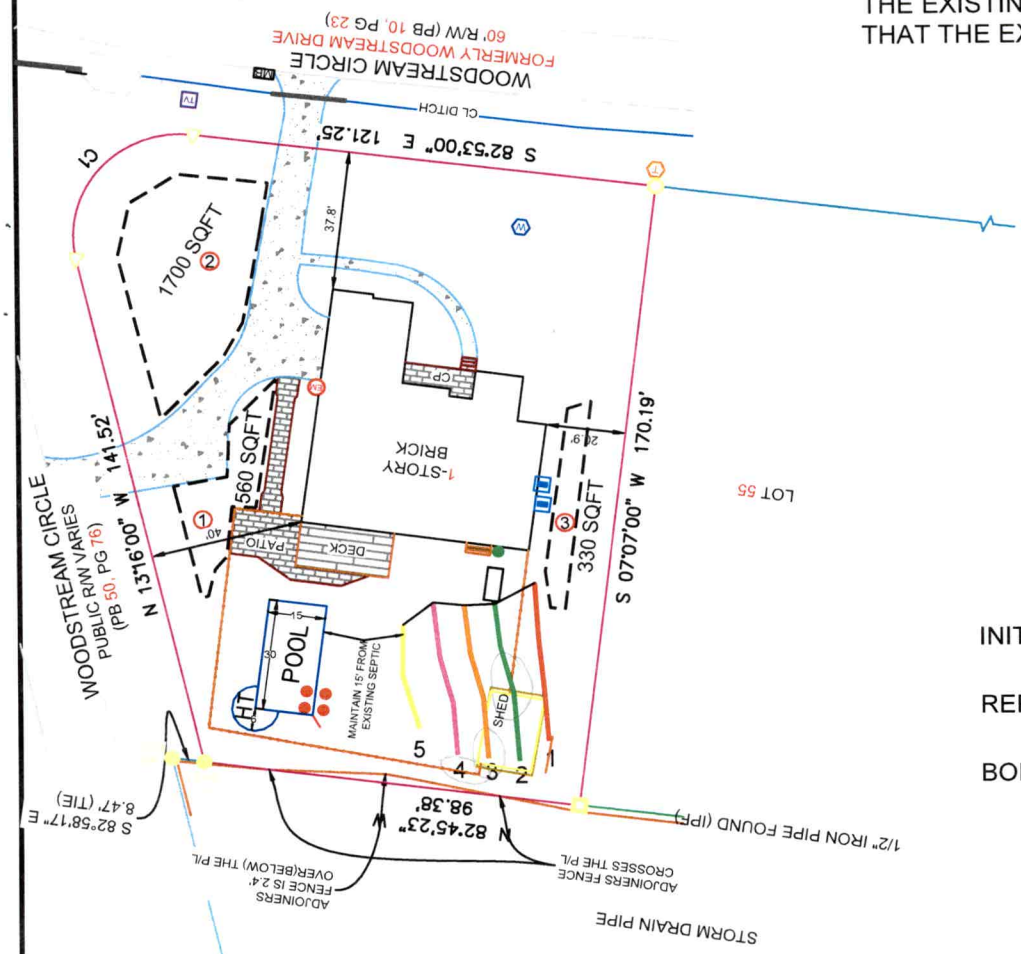
EXISTING 3-BEDROOM PPBPS SYSTEM
LINES 1-5 TOTAL 200 LINEAR FT
LTAR EXISTING
50% REDUCTION - OC
EXISTING TRENCH BOTTOM

3-BEDROOM DRIP IRRIGATION SYSTEM
(AMERICAN PERC-RITE)
TOTAL 2590 SQUARE FEET
LTAR 0.15
6-8" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

NOTES:
SOIL NOTES PROVIDED BY MIRANDA STAMPER

INFORMATION FOR HOMEOWNER:
THE EXISTING SHED MUST BE REMOVED, SO THAT THE EXISTING SYSTEM MEETS THE RULES.



INITIAL LINE

REPAIR LINE

BORING #

0 25 50

SCALE:
1" = 50 ft.

BOSS

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

NAOMI ABEL

LOT 56
132 WOODSTREAM CIR,
MOORESVILLE, NC
IREDELL COUNTY

DATE: 10/11/23 DRAWN BY: MDB REVIEWED BY: MES

BOSS
939 BRAWLEY SCHOOL RD
MOORESVILLE, NC

Sheet 1 of 1
PROPERTY ID #: 4636622943
COUNTY: IREDELL

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

OWNER: _____ Lot # 56 APPLICATION DATE: _____
ADDRESS: 132 WOODSTREAM CIR MOORESVILLE, NC DATE EVALUATED: 5/25/23
PROPOSED FACILITY: 3 BR DRIP REPAIR PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
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		0-11	GR SL	NS NP FR	-	24"	-	-	0.15
		11-20	SBK SCL	SS SP FI					
		20-24	SBK C	S P FI					
B2		0-8	GR SL	NS NP FR	-	25"	-	-	0.15
		8-12	SBK SCL	SS SP FI					
		12-25	SBK C	S P FI					
B3		0-6	GR SL	NS NP FR	-	20"	-	-	0.15
		6-15	SBK CL	SS SP FI/FR					
		15-20	SBK C	S P FI					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		SUSURFACE DRIP
Site LTAR		0.15

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

LICENSED SOIL SCIENTIST
MIRANDA E. STAMPER
1258
STATE OF NORTH CAROLINA
10/10/23

COMMENTS: _____

Permit #: OSWP-2023-36885

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • 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 County

PIN/Lot Identifier: 4636622943

Issued To: Naomi Abel

Property Location: 132 Woodstream Cir, Mooresville, NC 28115

Subdivision (if applicable) Norman Woods Lot #: 56 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 ☐

Proposed Structure: Relocating septic repair area

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): existing Proposed LTAR (Repair): 0.15

Proposed Wastewater System Type*: Existing Gravity panel block (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required

Proposed Wastewater System Type*: drip irrigation system (Repair) Pump Required: ☐ Yes ☑ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

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 Soil Depth (Initial): Existing Usable Soil Depth (Repair): 20"

Max. Trench Depth (Initial)‡: Existing Max. Trench Depth (Repair)‡: 8" ***‡ 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 .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: 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: 2023.10.10 13:05:30 -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

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Permit #: OSWP-2023-36885

This Section for Local Health Department Use Only

Initial submittal received: 10/11/23 *Date* by DW *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: DWisberg Date: 10/12/23

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 by the Health Department 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 the Laws and Rules for Sewage Treatment and Disposal 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: 10/12/28

See attached site sketch

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 067586 DATE 7/30/97 TAX MAP NO. 4636622943 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Sid Thomasson (Adams Thomasson Const) PHONE: Business 342-3990 M 341-5711 Home 434-3990

ADDRESS 1001 Elizabeth Ave St 1-C Charlotte, NC 28204

LOCATION Brawley School Rd TL Stotts Rd TL Woodstream on right B2 Woodstream

SUBDIVISION Norman Wds BLOCK / SECTION _____ LOT 56 LOT AREA _____ SITE CLASS PSJ DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 1-6-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400' Linear Feet 200'

No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Panel Blk - Grav

Repair System Description: Panel Blk - Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

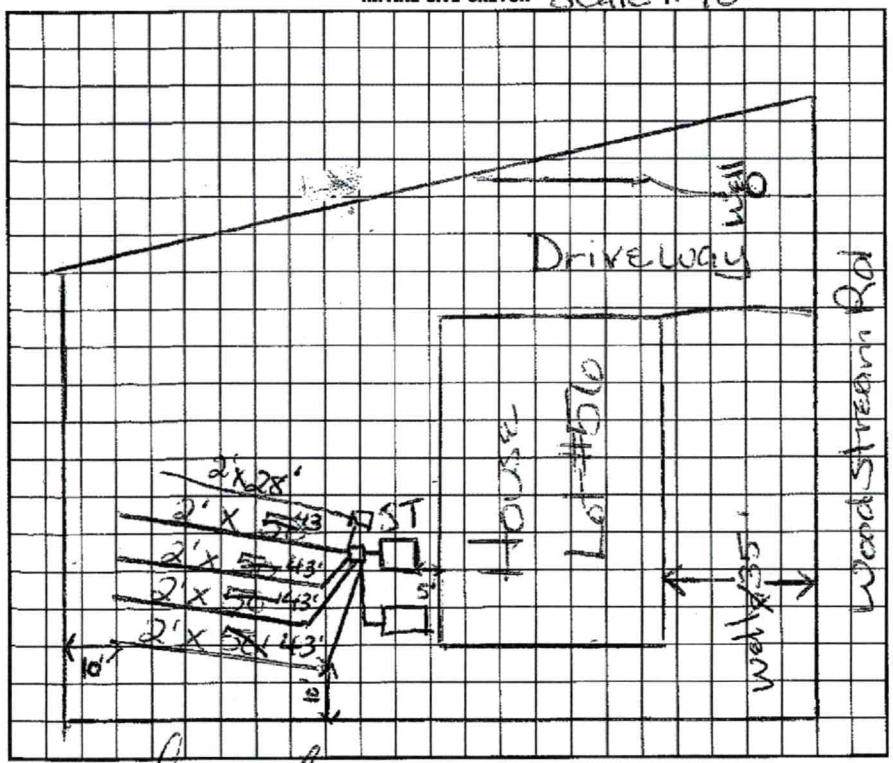
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

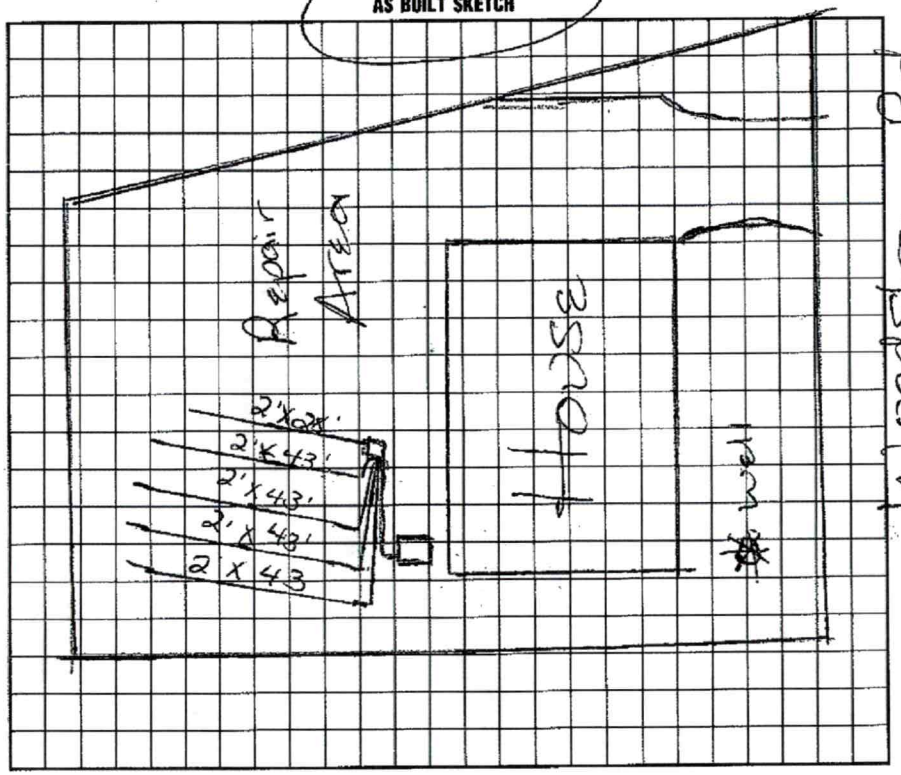
Comments: Keep drainlines 8' on center

Comments: Installed 5 lines - Panel Blk
Shortest line is highest elevation overflow
Should drop to lower lines

INITIAL SITE SKETCH Scale 1:40



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: Sid Thomasson

Improvement Permit by: Maria H.H. Dotson date 7/30/97

Existing System Inspection by: Maria H.H. Dotson date 7/30/97

Installed by: Reade Evans

Certificate of Completion by: Maria H.H. Dotson R.S. date 6/14/00

Operation Permit by: Maria H.H. Dotson R.S. date 6/14/00

Const Ltr

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

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*) DocuSigned by: Naomi Abel EE5AC083EE25409...

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, Naomi Abel, am the legal owner(s) of the property located at 132 Woodstream Cir MOoresville NC 28117, identified as

PIN (Parcel Identification Number) 4636622943, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Benfield, 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.

DocuSigned by: Naomi Abel EE5AC083EE25409... — Signature of Owner(s)

Aug 31, 2023 | 8:20 AM PDT — 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

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 East Center Avenue, Mooresville, NC 28115
Phone: 704-664-5281

Recommended Wastewater Disposal System

Owner: Naomi Abel
PIN: 4636622943
Address: 132 Woodstream Cir, Mooresville, NC 28117

To whom it may concern,

You will find attached a copy of the wastewater disposal system proposed for the owners Naomi Abel of lot #(s) 1, PIN # 4636622943 on Woodstream Cir 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: Naomi Abel
Signature: Naomi Abel
Signature: _____

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).
Miranda Stamper, LSS
Signature: Miranda Stamper 9/16/23