BLDR-2023-38248

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-35342

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

PIN # 4636-65-3853 ✓

PPLICANT / OWNER: Stephen Honeycutt ✓ APPLICANT ADDRESS:

ITE ADDRESS: 248 MALLARD WAY, MOORESVILLE, NC 28117 PHONE: 704-449-0717 ALT. PHONE:

ITE DIRECTIONS: SAP CONTROLLED: YES ☐ NO ☑

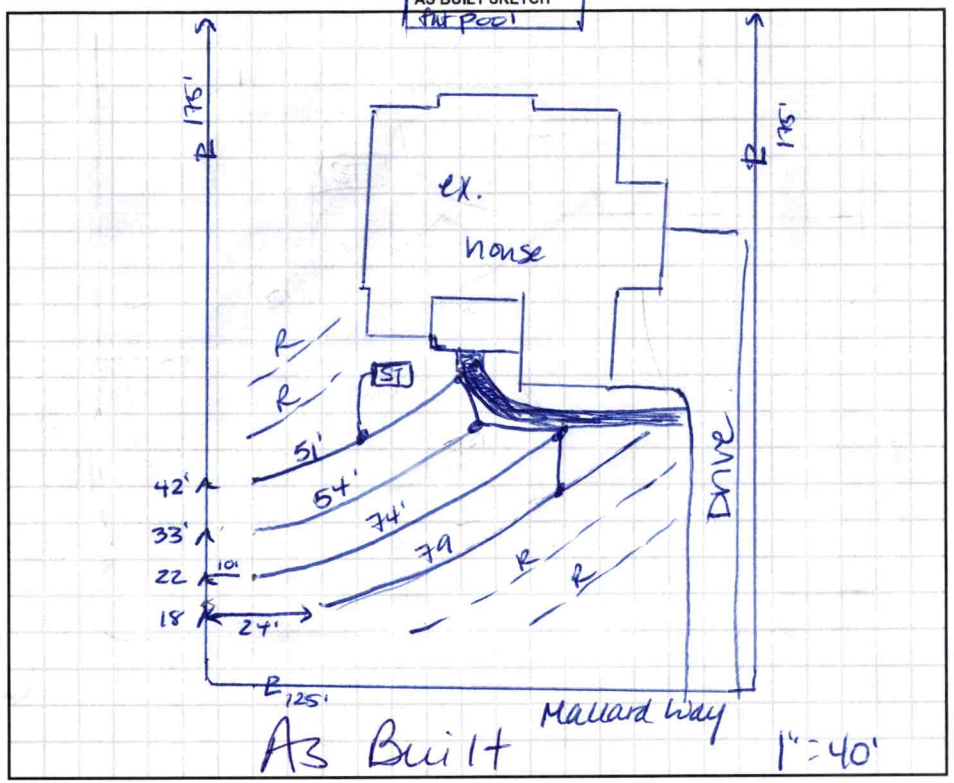
UBDIVISION: Mallard Head Country Club ✓ SECTION: 2B ✓ LOT #: 162 ✓ LOT AREA: 0.5 DESIGN FLOW: 360 L.T.A.R.: 0.35

eptic Tank: 1000 (gal)	STB: 1600	Date: 1/29/24	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: New Well
ump Tank: (gal)	PT:	Date:	System Description: Gravity 25% reduction		☐ Business	No. Persons: 6	
ump Make:	Model:	Serial #:	Repair System Description: LPP PPBPS-50% reduction		☐ Other	No. Employees:	
Nitrification Fields: 1	# Lines: 4	Linear Ft.: 320	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	
ench Width: 36	Trench Bottom Depth (Low side): 33		Gravel Depth: N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) tached here.

INITIAL SITE SKETCH

AS BUILT SKETCH



rmit 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.

wner / Applicant Signature: Date: Installed By: Sid Gaskins

IPROVEMENT PERMIT by: Date: 9/26/2023 OPERATION PERMIT by: D. Meeks Date: 4/2/24

UTHORIZATION TO CONSTRUCT by: Date: 9/26/2023 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	BLUE	2.2	17	0
2	RED	3.1	27	0
3	ORANGE	3.3	42	0
4	PINK	3.8	65	62
5	GGREEN	4.3	56	54
6	WHITE	4.7	58	58
7	BLUE	4.8	80	78
8	RED	4.9	61	6
9	ORANGE	5.0	31	0
			TOTAL	TOTAL
			437	258

248 MALLARD WAY, MOORESVILLE NC.
SECTION 2B, LOT 162 HILL-N-DALE FARMS

3-BEDROOM GRAVITY ACCEPTED SYSTEM
LINES 4-8A TOTAL 258 LINEAR FT
LTAR 0.35
25% REDUCTION 9' OC
36" MAX TRENCH BOTTOM

3-BEDROOM LP PANEL (VERTICAL)
LINES ~~5-7~~ TOTAL 172'
LTAR 0.35 1-3,8B,9
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

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.

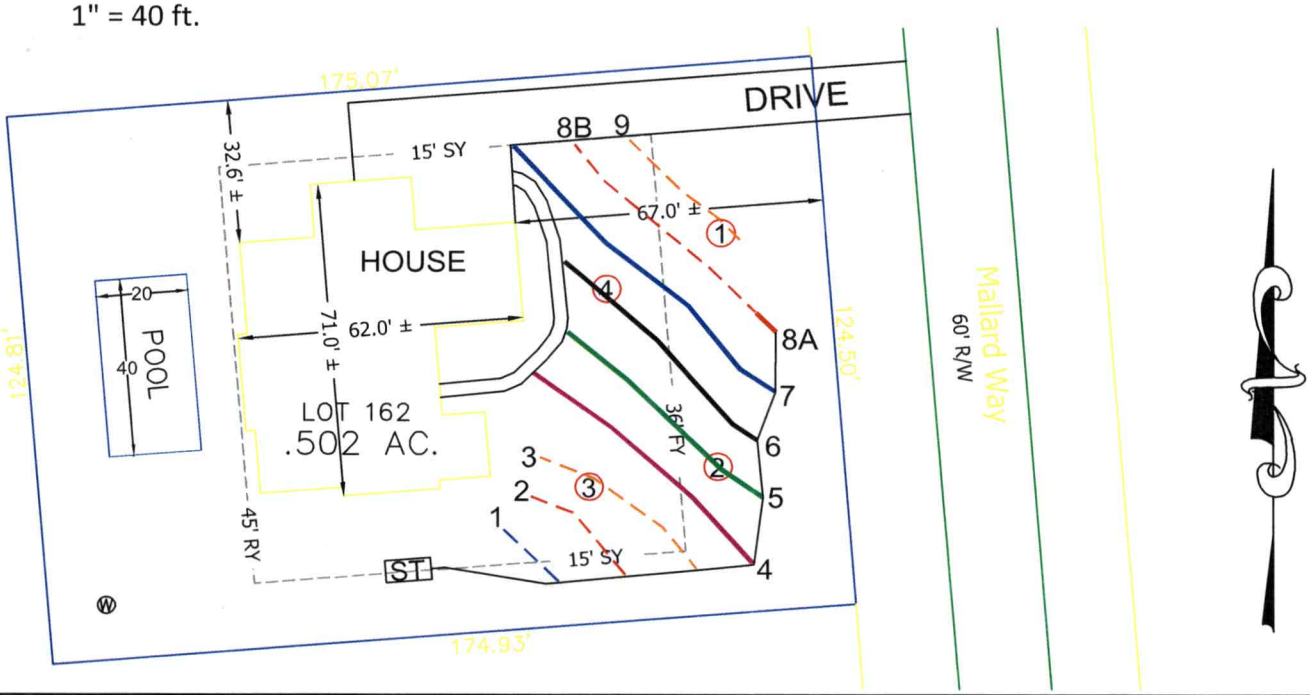
INFORMATION FOR INSTALLER: MAINTAIN 50' FROM ANY WELL.

INFORMATION FOR BUILDER: DRIVEWAY AND SIDEWALK MUST MATCH BOSS DRAWING.

SYSTEM LINE ——————

REPAIR LINE — — — —

SCALE:
1" = 40 ft.



BOSS	Benfield Outdoor Services & Solutions 939 Brawley School Rd, Mooresville, NC 28117 Ph:704-658-8616 INFO@YARDSBYBOSS.COM	STEPHEN HUNEYCUTT	**LOT 162** 248 MALLARD WAY, MOORESVILLE, NC IREDELL COUNTY DATE: 8/2/23 DRAWN BY: MDB CHECKED BY: MES

Permit #: OSWP-2023-35342

This Section for Local Health Department Use Only

Initial submittal received: 9/19/2023 (Date) by BB (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: Benjamin A. Botts Date: 9/26/2023

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: 9/26/2028

See attached site sketch

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

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:
☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

Please check one of the following:
☑ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☑ 5 Year Expiration Requested (site plan provided)
☐ Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Property Owner Name: Stephen Huneycutt
Property Owner Mailing Address:
Property Owner Phone Number: 704-449-0717
Property Owner Email Address: shuneycutt@gmail.com

Applicant Name: Benfield Outdoor Services & Solutions
Applicant Mailing Address: 939 Brawley School Rd, Mooresville NC 28117
Applicant Phone Number: 704-360-0376
Applicant Email Address: info@yardsbyboss.com

Does the property include, or is subject to, any of the following:
☐ Yes ☑ No Previously identified jurisdictional wetlands
☐ Yes ☑ No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
☐ Yes ☑ No Approval by other public agencies

A site plan or plat is required, **OR** the site sketch submitted from the LSS/AOWE, must include the following:
(A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: ☐ Yes ☑ No

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-335(a2),(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 Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

Applicant Signature: MIchael Benfield Digitally signed by MIchael Benfield Date: 2023.08.02 14:47:49 -04'00' Date: 8-2-23

Owner's Signature: Stephen Huneycutt Date: 9.26.23

Permit #: OSWP-2023-35342

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

PIN/Lot Identifier: 4636653853

Issued To: _____

Property Location: 248 Mallard Way

Subdivision (if applicable) Mallard Head Country Club Lot #: 162 Block: _____ Section: 2B

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: House 62'x71'

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): .35 Proposed LTAR (Repair): .35

Proposed Wastewater System Type*: 25% Red (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 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): 48 Usable Soil Depth (Repair): 48

Max. Trench Depth (Initial)‡: 36 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 .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:

_____

_____

_____

Licensed Soil Scientist Print Name: MIranda Stamper

Licensed Soil Scientist Signature: Miranda Stamper Digitally signed by Miranda Stamper Date: 2023.08.03 17:36:08 -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

NCDHHS

Permit #: OSWP-2023-35342

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 4636653853

Issued To: _____

Property Location: 248 Mallard Way, Mooresville NC

AOWE/PE Plans/Evaluations Provided: Yes ☐ No ☑ If yes, name and license number of AOWE/PE: _____

Facility Type: _____

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No

Type of Wastewater System* 25% REDUCTION CHAMBERS (Initial) PPBPS (Repair)

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

Design Daily Flow: 360 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 258 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .35 gpd/ft²

Soil Cover: 0 inches Slope Corrected Maximum Trench/Bed Depth‡: 36 inches ***‡ Measured on the downhill side of the trench***

Aggregate Depth: NA inches above pipe _____ inches below pipe _____ inches total

Pump Tank Size (if applicable): 0 gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): NA gallons

Distribution Method: ☑ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No

Pre-Construction Conference Required: Yes ☐ No ☑

Conditions: _____

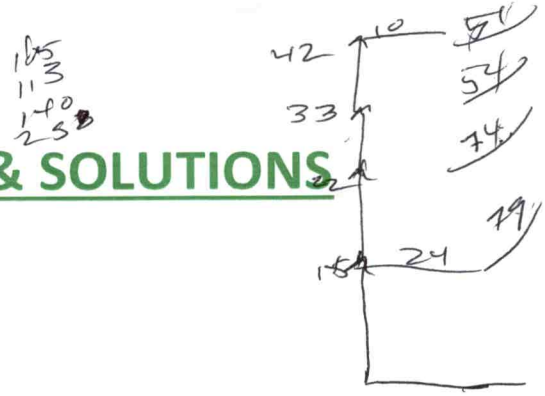
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: _____ Expiration Date: _____

AOWE/PE Signature: _____ Date: _____

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch



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: Stephen Huneycutt
PIN: 4636653853
Address: Mallard Way, Lot 162, Mooresville, NC
To whom it may concern,

You will find attached a copy of the wastewater disposal system proposed for the owners Stephen Huneycutt of lot #(s) 162, PIN # 4636653853 on Mallard 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).

Owner: Stephen Huneycutt

Signature: Stephen Huneycutt

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 8/3/23

BOSS
939 Brawley School Rd
Mooresville, NC

Sheet 1 of 1
PROPERTY ID #: 4636653853
COUNTY: IREDELL

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

OWNER: _____ Lot # 162 APPLICATION DATE: _____
ADDRESS: 248 MALLARD WAY DATE EVALUATED: 5/11/23
PROPOSED FACILITY: 3 BEDROOM PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 0.5
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 2-3%	0-4	GR SL	NS NP FR	-	48"	FEW INCLUSIONS @42"	-	0.35
		4-19	SBK/GR SCL	NS NP FR					
		19-42	SBK C	S P FI					
		42-48	SBK CL	SS SP FI					
B2	L 2-3%	0-4	GR SL	NS NP FR	-	48"	FEW TO COMMON INCLUSIONS@ 35"	-	0.35
		4-17	SBK/GR SCL	NS NP FI					
		17-35	SBK C	S P FI					
		35-48	SBK CL	NS NP FI					
B3	L 2-3%	0-11	GR SL	NS NP FR	-	48"	FEW TO COMMON INCLUSIONS @32"	-	0.35
		11-32	SBK C	S P FI					
		32-48	SBK CL	NS NP FI					
B4	L 2-3%	0-10	GR SL	NS NP FR	-	48"	-	-	0.35
		10-34	SBK CL	SS SP FI					
		34-48	SBK CL	NS NP FI					

LICENSED SOIL SCIENTIST
STATE OF NORTH CAROLINA
1203
Miranda Stamper
8/3/23

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	258 LF	172 LF
System Type(s)	25% reduction chambers	PPBPS
Site LTAR	0.35	0.35

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

COMMENTS: _____

Updated March 2022