ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 325686

PIN # 4639 -- 71 -- 9601

APPLICANT/OWNER: Benfield Outdoor Services + Stables APPLICANT ADDRESS: 939 Brawley School Rd Mooresville NC 28117

SITE ADDRESS: 144 Tea Olive Lane, Mooresville NC 28117 PHONE: 704-360-0376 ALT. PHONE 310-849-5737

SITE DIRECTIONS: River Hwy to Perth Rd onto Liva Lane Rt onto Bay Crossing Rt onto Tea Olive Lane

SUBDIVISION: Bay Crossing SECTION: 1 LOT # 76 LOT AREA: 1.16 Ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	Ext	Date	Ext	☑ New System	☐ Repair ☐ Expansion
Pump Tank	- (gal)	PT	-	Date	-	System Type:	I II (III) IV V VI
Pump Make	-	Model	-	Serial #	-	System Description:	Relocation - Gravity - 25% Reduction
# Nitrification Fields	1	# Lines	3	Linear Ft	400	Repair System Description:	25% Reduction
Trench Width	36in	Trench Bottom Depth (Low Side)	36in max	Gravel Depth	-	Maintenance Agreement Required:	☐ YES ☐ NO
							☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:
Existing Line 1 = 55Ft to Remain
Existing Line 2 = 60Ft to Remain
Existing Line 3 = 70Ft to Remain
Existing Lines to be Dammed off + Preserved for Future Repair.

INITIAL SITE SKETCH

* Relocation Due to Future Garage *
Keep Garage 5Ft from future Repair Lines

AS BUILT 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 Feb 4th, 2022

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.

3-22-22
Center Line Inspected 78ft
6 Chambers in Next Line Inspected.

3/28/22 DW
All but last 2 chambers checked on line #5

3/29/22 CW
2 chambers checked Line #5
Line #4 checked CW

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: [signature] Date: 8-24-22 Installed by: B.O.S.S.

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 2-21-2022 OPERATION PERMIT by: Cay Wild Date: 3/29/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 2-21-2022 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (5) Mooresville Office (704) 660-3625 PERMIT # AP 325686

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

PIN # 4639 -- 71 -- 9601

APPLICANT/OWNER: Benfield Outdoor Services + Stables APPLICANT ADDRESS: 939 Brawley School Rd Mooresville NC 28117

SITE ADDRESS: 144 Tea Olive Lane, Mooresville, NC 28117 PHONE: 704-360-0376 ALT. PHONE 310-849-5737

SITE DIRECTIONS: River Hwy to Perth @ onto Liva Line @ onto Bay Crossing @ onto Tea Olive Lane. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bay Crossing SECTION: 1 LOT # 76 LOT AREA: 1.16 Ac DESIGN FLOW: 4/80 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB Ext	Date	Ext	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Relocation - Gravity - 25% Reduction	
Pump Make	-	Model	-	Serial #	-	Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36in	Trench Bottom Depth ~~(Low Side)~~	36in max	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Existing Line 1 = 55Ft to Remain | Existing Lines to be Dammed off + Preserved for Future Repair.
Existing Line 2 = 60Ft to Remain
Existing Line 3 = 70Ft to Remain

INITIAL SITE SKETCH

* Relocation Be Pool + Future Garage *
Keep Garage 5Ft from future Repair Lines

AS BUILT 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 Feb 9th, 2022

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3-22-22
Const Line Inspected 78 ft
6 Chambers in Next Line Inspected.

3/28/22 DW
All but last 2 chambers checked on line #5

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Owner / Applicant Signature: [signature] Date: 2-24-22 Installed by: B.O.S.

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 2-21-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 2-21-2022 Existing System Inspected by: Date:

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

PIN 4634714601.0000

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Julie Kennard
ADDRESS: 144 Tea Olive Lane
PROPOSED FACILITY: 4BR
LOCATION OF SITE:
PROPOSED DESIGN FLOW (.1949): 480gpd
APPLICATION DATE
DATE EVALUATED: 2/18/21
PROPERTY SIZE: 1.16
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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	B 13% L SAP	0-3	GR SCL	NS NP FR	15% gravel in top 10"				
		3-18	SBK C	S P FI					
		18-26	SBK CL	SS P FI					
		26-33	SBK CL	NS NP FI			II	—	0.35
		33-40	SBK CL	NS NP FI	clay coated				
2	B 17%	0-5	GR SL	NS NP FR	15% gravel in top 10"				
		5-24	SBK C	S P FI					
		24-48	SBK CL	S SP FI				—	0.30
		hit sap @ bottom of hole 48"							
3	L 19% SAP @ 48"	0-5	GR SL	NS NP FR					
		5-40	SBK C	SP FI					0.30
		40-48	SBK CL	S SP FI					
4									

LICENSED SOIL SCIENTIST
MIRANDA E. STAMPER
2/18/21
NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	402 LF	473 LF
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

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

COMMENTS:

As Built

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	EXISTING P	.3	130	0
2	EXISTING G	1.9	140	0
3	EXISTING Y	2.7	130	0
4	RED	6.5	154	154
5	WHITE	8.6	173	170
6	ORANGE	11.1	184	78
7	GREEN	14.5	187	0
			TOTAL	TOTAL
			1098	402

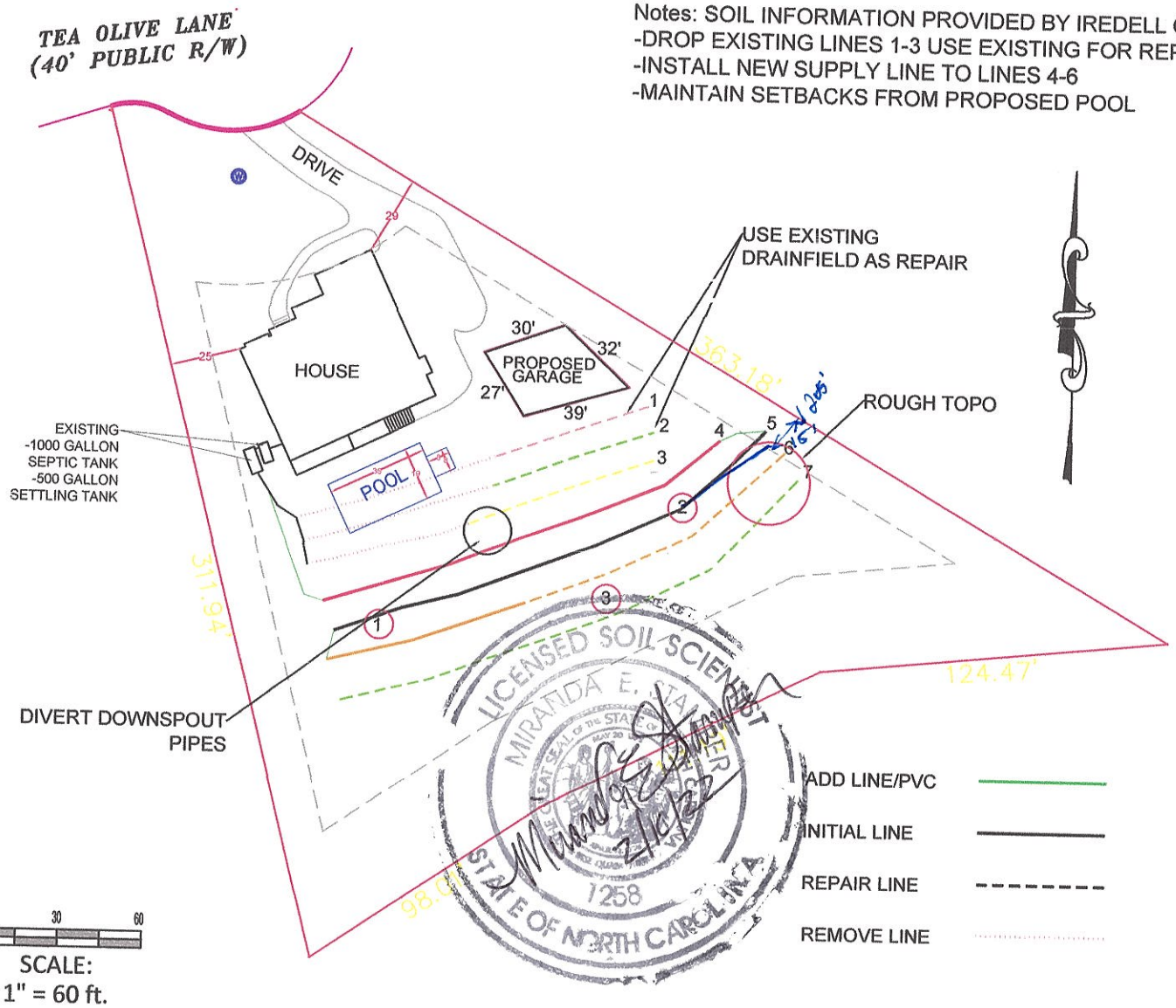
144 TEA OLIVE LANE, MOORESVILLE NC.
SECTION 1, LOT 76 BAY CROSSING

4-BEDROOM GRAVITY ACCEPTED SYSTEM
ADD L NES 4-6A TOTAL 402 LINEAR FT
LTAR 0.3
25% REDUCTION 9' OC
30-36" TRENCH BOTTOM

4-BEDROOM ACCEPTED SYSTEM
EXISTING LINES 1B-3B
PROPOSED 6B-7 TOTAL 473'
LTAR 0.3
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Notes: SOIL INFORMATION PROVIDED BY IREDELL CO
-DROP EXISTING LINES 1-3 USE EXISTING FOR REPAIR
-INSTALL NEW SUPPLY LINE TO LINES 4-6
-MAINTAIN SETBACKS FROM PROPOSED POOL



BOSS

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

JULIE KENNARD

LOT 76
BAY CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 1/25/22 DRAWN BY: MDB CHECKED BY: MES

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325686.

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

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Septic Tank	1000	(gal)	STB	EXT	Date	EXT	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
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Pump Make	-	Model	-		Serial #	-	Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	3		Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36in	Trench Bottom Depth ~~(Low side)~~	36in max		Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Existing Line 1 = 55Ft to Remain | Existing Lines to be Dammed off + Preserved for Future Repair.
Existing Line 2 = 60Ft to Remain
Existing Line 3 = 70Ft to Remain

INITIAL SITE SKETCH

* Relocation Be Placed in Future Garage *
Keep Garage 5Ft from Future Repair Lines.

AS BUILT 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 Feb 9th, 2022

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Owner / Applicant Signature: [signature] Date: 2-24-22 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 2-21-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 2-21-2022 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

RECEIVED FEB 1 4 2022

S.L. BB

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-325686 $500.00

Relocation

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(/) 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: (|) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (/) 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 Rd, Mooresville **Zip:** 28117

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

Owner Name: Julie Kennard **Address:** 144 Tea Olive Ln, Mooresville **Zip:** 28117

Owner Email: julskknrd@yahoo.com **Phone:** 310-849-5737 **Alt. Phone:**

Property Information:

Street Address: 144 Tea Olive Ln, Mooresville, NC 28117

Subdivision Name: Bay Crossing **Section/Phase:** P1 SHT 2 **Lot Number:** 76

Driving Directions: From River Hwy turn onto Perth Rd, turn left onto Liva Ln turn right onto Bay Crossing Dr, turn right onto Tea Olive Ln

Site Development Information: ***(check or complete ALL that apply***

( ) 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: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(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 (X) Existing Well ( ) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 2-14-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

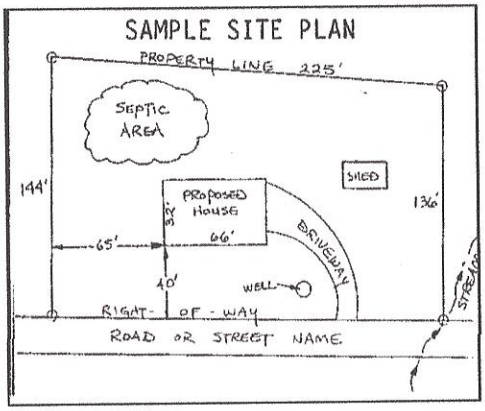
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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: _____ 2-14-22

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, Julie or Jonathan Kennard, am the legal owner(s) of the property located at 144 Tea Olive Ln, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4639719601.000, 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.

_____ 11/25/22

Signature of Owner(s) 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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
325686 Issue Date:

ermit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639719601.000	144 TEA OLIVE LN	

Owner Information	Applicant Information
Name: KENNARD JONATHAN+JULIE A	Name: BENFIELD OUTDOOR SERVICES AND SOLUTIONS
Address:	Address: 137 MISTY ARBOR LN MOORESVILLE, NC 28117
Phone:	Phone: (704)658-8616

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	0	0	0		

Remarks

OOL 36X19

wimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for ccessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must neet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an ntegral part of the principal building shall be located at least the minimum distance from the principal building ecessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in eight, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. ence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use ave a gate to the ladder as described above. SETBACK TO STRUCTURE COULD BE MORE OR LESS EPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A ? FT SET BACK FROM THE PROPERTY INE.*The setback could change depending on the structure and size of the structure.

he applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any ind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant rther acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not e undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 02/14/2022

Signature of Owner/Contractor

ermit Number	325686	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool X

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 4 and stories?___

Please describe project (Details, Purpose, or Use): move Septic drainfield line to accommodate a pool

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Julie Kennard Phone # 310-849-5737

Owner's Current Address 144 Tea Olive Ln, Mooresville, NC 28117

Property Information

Property Address 144 Tea Olive Ln, Mooresville, NC 28117 Parcel # 4639719601.000

Subdivision: Baycrossing Lot: 76 Zoning:____ Watershed: Y / N Flood Plain: Y / N Township:_____

Directions to property (from a MAIN ROAD) from River Hwy turn onto Perth Rd turn left onto Liva Ln, turn right onto Bay Crossing Dr, turn right onto Tea Olive Ln

Application Information

Applicant's Name or Company Benfield Outdoor Services & Solutions Applicant's Phone # 704 360 0376

Applicant's Address 939 Brawley School Rd Mooresville, NC 28117

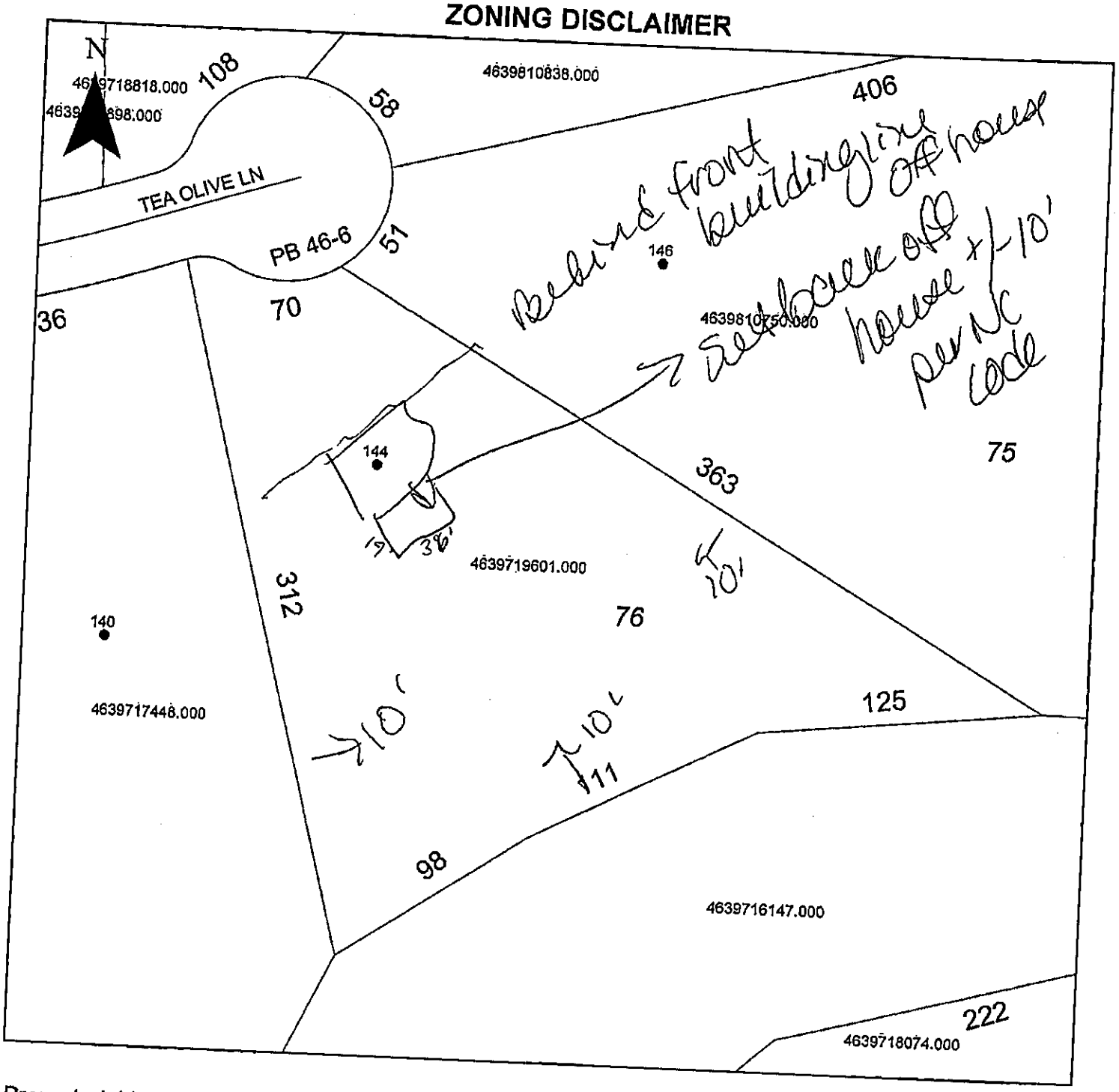
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 2-14-22

RA 1.44 (VCA Cert N)

ZONING DISCLAIMER



Property Address _____

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. Applicant further acknowledges that the 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.

_____
Applicant

2-14-22
Date

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

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

February 9, 2022

Relocated Wastewater Disposal System
Owner: Julie and Johnathan Kennard
PIN: 4639719601.0000

To whom it may concern,

You will find attached a copy of the wastewater disposal system proposed for the owner Mr. Johnathan and Julie Kennard for 144 Tea Olive Lane, Mooresville, NC described as PIN# 4639719601.000 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: Julie and Johnathan Kennard
144 Tea Olive Lane, Mooresville, NC

Signature: _____

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

Miranda Stamper, LSS

Signature: Miranda E Stamper, LSS