ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT : OSWP 2024-45801

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

PIN # 4639-73-9908

APPLICANT/OWNER: Benfield Outdoor | APPLICANT ADDRESS: 939 Brawley School Rd, Mooresville 28117

SITE ADDRESS: 184 Belfry Loop Mooresville NC 28117 | PHONE: 704-360-0376 | ALT. PHONE

SITE DIRECTIONS: N Perth → (L) Bells Crossing → (L) Belfry Loop | SAP CONTROLLED: ☐ YES ☒ NO (EXISTING)

SUBDIVISION: Bells Crossing | SECTION: 1 | LOT # 201 | LOT AREA: 0.94 | DESIGN FLOW: 480 | L.T.A.R.(Initial): existing | 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
Pump Tank	(gal)	PT	Date	System Description: relocate supply		☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description: TSII Drip		☐ Other	No. Employees
# Nitrification Fields 1	# Lines existing		Linear Ft existing	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width 36	*Max. Trench Depth(Initial) existing		*Max. Trench Depth(Repair) 8	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): existing | Usable Depth to LC (Repair): 25' | *Limiting Condition*

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Relocate supply around patio, 30" below any site of compaction or traffic, 10' off pool. Relocate repair area.

Cannot issue A/C w/o verification that fence did not damage system - undamaged @ site visit

INITIAL SITE SKETCH

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.

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

Supply Line - 5/20/24 DW
Need PH, floats, electrical

Inspections under
POOL - 2024-53201

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: Jake Dobson

IMPROVEMENT PERMIT by: D. Wieberg | Date: 2/27/24 | OPERATION PERMIT by: Cory Wilt | Date: 5/22/24

AUTHORIZATION TO CONSTRUCT by: D. Wieberg | Date: 4/19/24 | Existing System Inspected by: | Date:

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? _____	

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	EXISTING R	2.6	30	-
2	EXISTING B	2.8	30	-
3	EXISTING W	3.0	30	-
4	EXISTING O	3.2	40	-
5	EXISTING Y	3.6	50	-
6	EXISTING P	3.9	58	-
7	EXISTING G	4.6	74	-
8	EXISTING R	4.6	90	-
			TOTAL	TOTAL
			402	##

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 THE CONTRACTOR:
MAINTAIN 15' FROM SEPTIC COMPONENTS AND 10' FROM PRESSURE DOSED SUPPLY LINE.

184 BELFRY LOOP, MOORESVILLE NC.
SECTION 1, LOT 201 BELLS CROSSING

EXISTING 4-BEDROOM PM 25% RED SYSTEM
LINES 1-8 TOTAL 400 LINEAR FT
LTAR EXISTING
EXISTING TRENCH BOTTOM
HIGH SIDE - LOW SIDE -

4-BEDROOM DRIP IRRIGATION SYSTEM
(AMERICAN PERC-RITE) TS1
TOTAL 3900 SQUARE FEET
LTAR 0.15
6-8" TRENCH BOTTOM

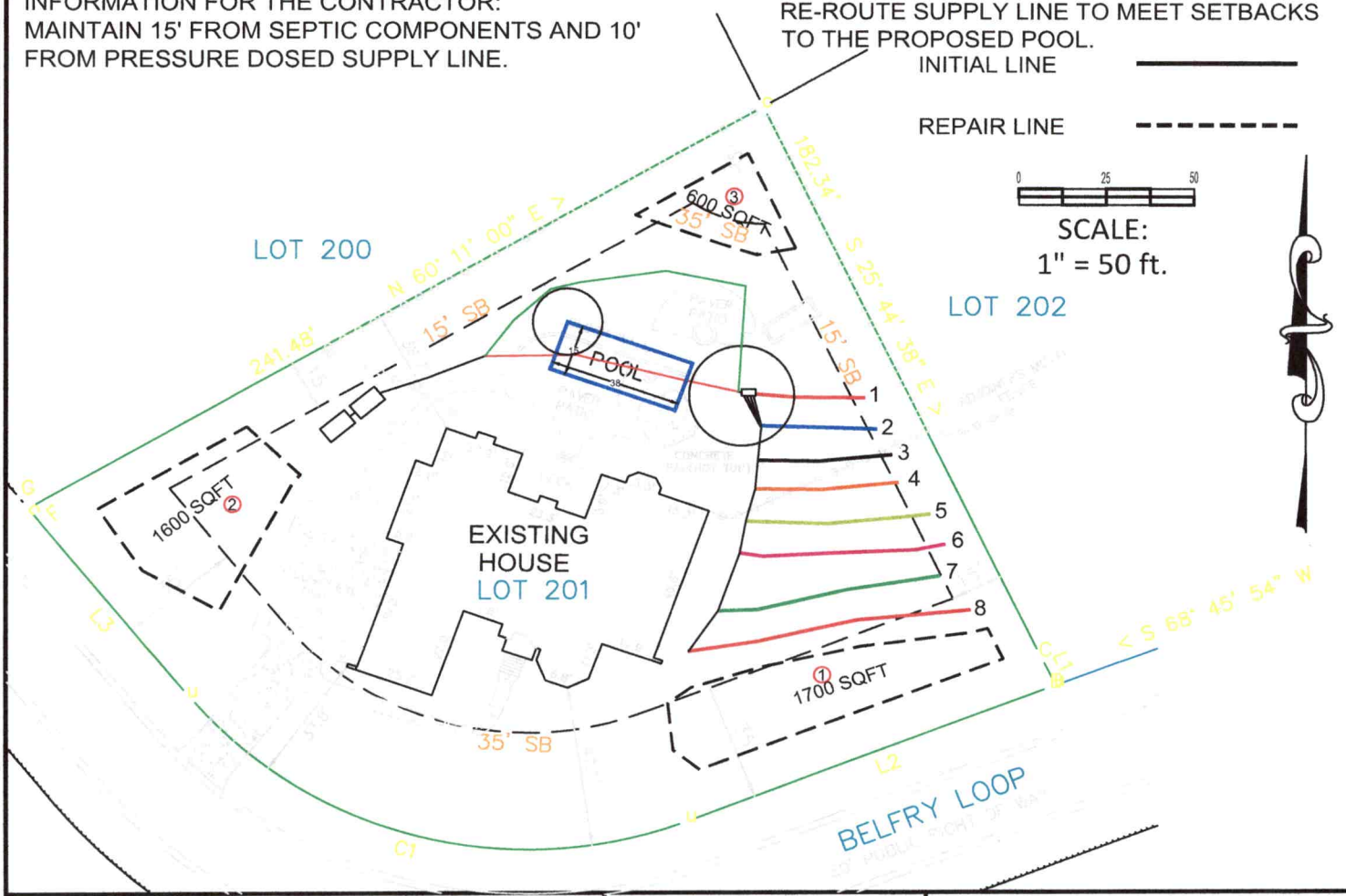
FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

NOTES:
SOIL NOTES PROVIDED BY MIRANDA STAMPER

INFORMATION FOR INSTALLER:
RE-ROUTE SUPPLY LINE TO MEET SETBACKS TO THE PROPOSED POOL.

INITIAL LINE

REPAIR LINE



BOSS

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

KEN CANAVAN

LOT 201
184 BELFRY LOOP,
MOORESVILLE, NC
IREDELL COUNTY

DATE: 2/20/24 DRAWN BY: MDB REVIEWED BY: MES

Permit/File #: OSWP-2024-45801

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: 4639739908.000

Issued To: Kenneth Caravan

Property Location: 184 Belfry Loop, Mooresville, NC 28117

Subdivision (if applicable) Bells Crossing Lot #: 201 Block: _____ Section: 1

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: House and adding pool- relocating repair area

Number of bedrooms: 4 Number of Occupants: 8 max Other: _____

Design Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): Existing 0.3 Proposed LTAR (Repair): 0.15

Proposed Wastewater System Type*: Exisitng-25%Red Q4 Chambers (Initial) Pump Required: ■ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: TS2 Drip- American 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]: Existing Usable Depth to LC (Repair)[x]: 25" ***[x] Limiting Condition***

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 .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: 2024.02.01 10:20:30 -05'00' 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-2024-45801

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: 2/27/24

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: 2/27/29

See attached site sketch

BOSS
514 WILLIAMSON RD
MOORESVILLE NC

Sheet 1 of 1
PROPERTY ID #: 4639739908
COUNTY: IREDELL

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

OWNER: CANAVAN Lot # 201
ADDRESS: 184 BELFRY LOOP
PROPOSED FACILITY: 4 BEDROOM PROPOSED DESIGN FLOW (.0400): 480
LOCATION OF SITE:
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other 50 FOOT SETBACK
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE:
DATE EVALUATED: 12/13/23
PROPERTY SIZE: 0.86
PROPERTY RECORDED:
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.0503)		OTHER PROFILE FACTORS				.0509
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505, .0502 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	PROFILE CLASS & LTAR
B1	L 3%	0-3	GR SL	NS NP FR	-	25"	-	-	0.15
		3-25	SBK C	S SP FI					
		25	SBK CL	NS NP FR					
B2	L 2%	0-5	GR SCL	NS NP FR	-	27"	-	-	0.15
		5-27	SBK C	S SP FI					
B3	L 2%	0-4	GR SL	NS NP FR	-	26"	-	-	0.15
		4-22	SBK C	S SP FI					
		22-26	WSBK CL	NS NP FR					

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

DESCRIPTION .0508	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	EXISTING	3900 sq ft
System Type(s)	25% CHAMBER	TSII AEROBIC DRIP
Site LTAR	EXISTING	0.15

OTHER FACTORS :
SITE CLASSIFICATION (.0509): PS

EVALUATED BY: MIRANDA STAMPER
OTHER(S) PRESENT: MICHAEL BENFIELD, CHRIS WAGNER

COMMENTS:

Updated March 2022

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: 704-664-5281

Recommended Wastewater Disposal System

Owner: Kenneth Canavan
PIN: 4639739908.000
Address: 184 Belfry Loop, Mooresville, NC 28117

To whom it may concern,

You will find attached a copy of the wastewater disposal system proposed for the owners Kenneth Canavan of lot #(s) 201, PIN # 4639739908.000 on 184 Belfry Loop, Mooresville 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: KENNETH CANAVAN
Signature: _____
Signature: _____

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

Miranda Stamper, LSS
Signature: _____ 1/26/24