ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 323481

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

PIN # 4639--74--9506

APPLICANT/OWNER: Benfield Outdoor Services APPLICANT ADDRESS: 939 Brawley School Rd Mooresville, NC

SITE ADDRESS: 224 Bells Crossing Dr Mooresville, NC PHONE: 828-441-8163 ALT. PHONE

SITE DIRECTIONS: Hwy 150 TR Perth Rd TL Bells Crossing on right SAP CONTROLLED: ☐ YES ☒ NO

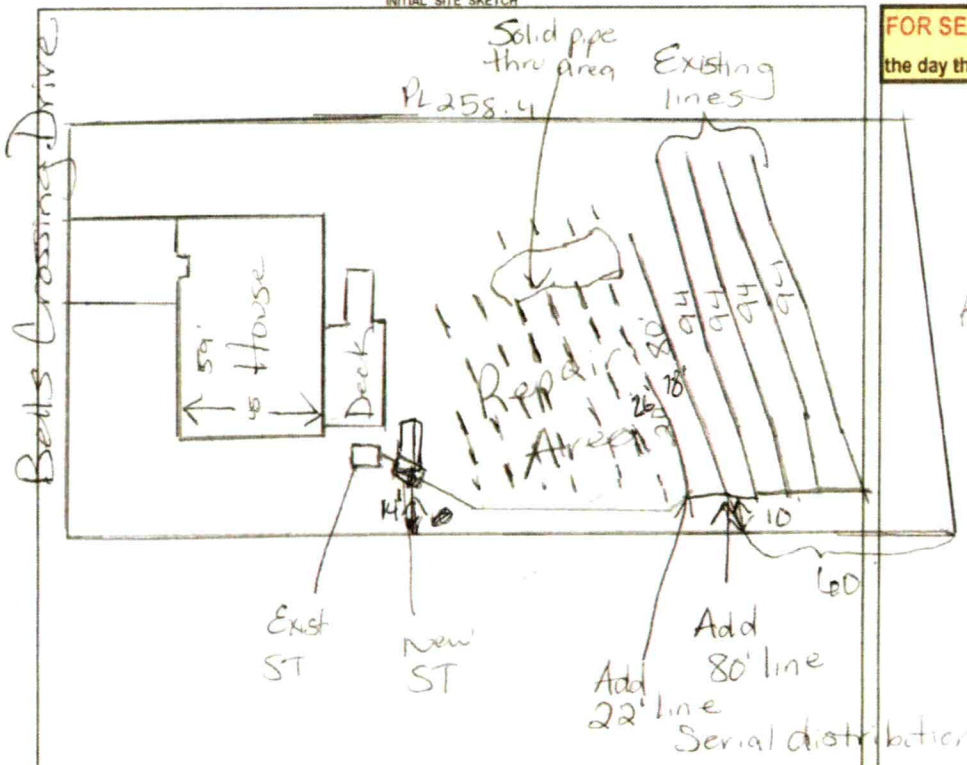
SUBDIVISION: Bells Crossing SECTION: LOT # 73 LOT AREA: .67 Ac DESIGN FLOW: 600gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB 3000	Date INFILTRATOR	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity + 25% Reduct	☐ Business	No. Persons 10	☐ Private
Pump Make		Model	Serial #	Repair System Description:	PPBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 2	Linear Ft 102'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☒ Community
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~ MAX	36"	Gravel Depth	N/A ☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Properly abandon old ST

Divert storm/surface water away from Septic

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.

Scale 1:50

PL 11.14

INSTALLED AS SHOWN

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: 2-04-22 Installed by: BENEFIELD OUTDOOR SOLUTIONS + SEPTIC

IMPROVEMENT PERMIT by: [signature] Date: 2/23/22 OPERATION PERMIT by: Brent L. White Date: 4-13-2022

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2/23/22 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 Mooresville Office (704) 660-3625

2:00 Expansion

PERMIT # AP 323481

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

PIN # 4639--74--9506

APPLICANT/OWNER: Benfield Outdoor Services APPLICANT ADDRESS: 939 Brawley School Rd Mooresville, NC

SITE ADDRESS: 224 Bells Crossing Dr. Mooresville, NC PHONE: 82 [illegible] 4161 8163 ALT. PHONE

SITE DIRECTIONS: Hwy 150 TR Perth Rd TL Bells Crossing on right SAP CONTROLLED: ☐ YES ☒ NO

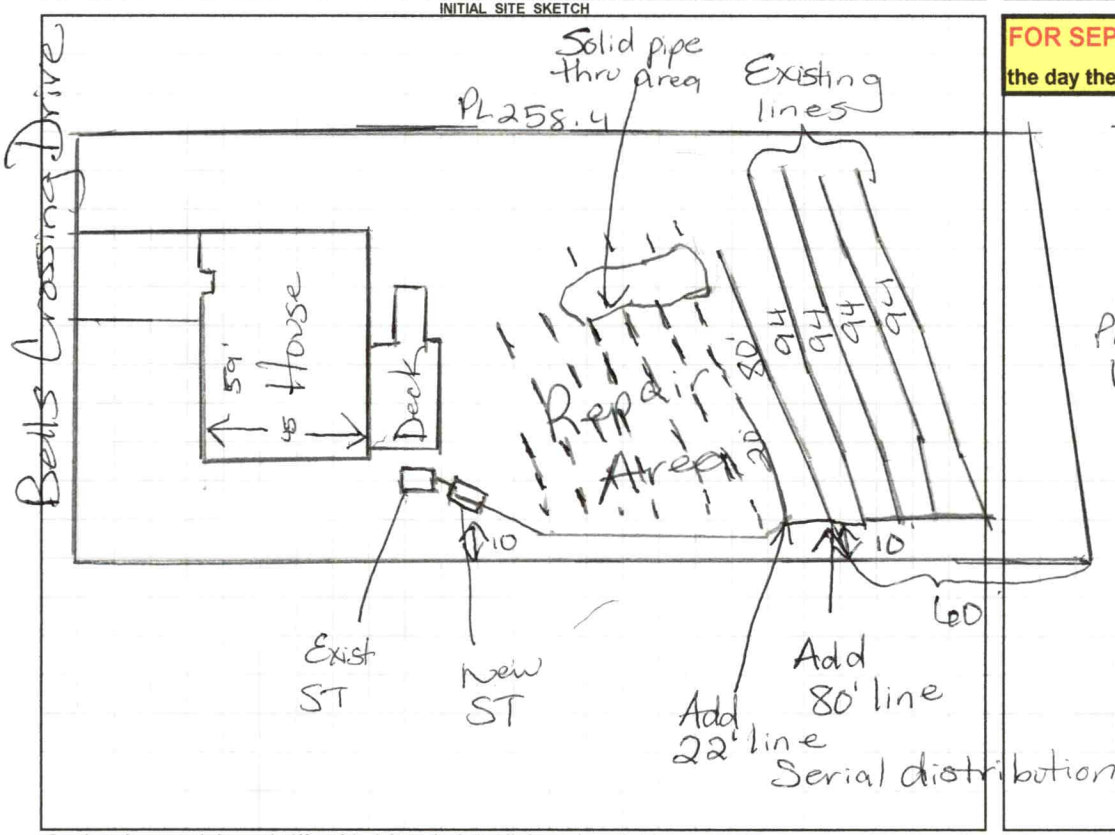
SUBDIVISION: Bells Crossing SECTION: LOT # 73 LOT AREA: .67 Ac DESIGN FLOW: 600gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity + 25% Reduct.	☐ Business	No. Persons	10	☐ Private
Pump Make		Model	Serial #	Repair System Description:	PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft	102'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☒ Community
Trench Width	36"	Trench Bottom Depth (Low side)	36" max	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Properly abandon old ST

Direct storm/surface water away from Septic

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.

Scale 1:50

PL 117.4

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: 2-04-22 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/23/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/23/22 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? _____	

4 MD

RECEIVED DEC 10 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Expansion

APPLICATION FORM AP-323481 $500.00

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 Zip: 28117

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: David Moore Address: 224 Bells Crossing Dr Zip: 28117

Owner Email: davidNCmoore@gmail.com Phone: 828 461 8163 Alt. Phone: _____

Property Information:

Street Address: 224 Bells Crossing Dr, Mooresville NC

Subdivision Name: Bells Crossing Section/Phase: 1 Lot Number: 73

Driving Directions: Hwy 150 W, R on Perth, L into Bells Crossing
18th House on the Right

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

CHECK FOUNDATION TYPE

( ) 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: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) 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 (✓) 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 (✓) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: _____ 12-9-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

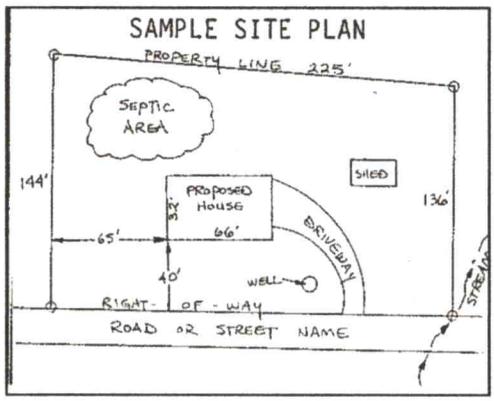
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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: _____ 12-9-21

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, 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. We, David + Joan Moore, am the legal owner(s) of the property located at 224 Bells Crossing Dr. Mooresville, NC 28117, identified as

P.I.N. (Parcel Identification Number) 4639749506.000, 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 (ATC)
- Improvement Permit (IP) / Authorization to Construct (ATC)
- 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.

David M. Moore / Joan C. Moore 12/9/2021

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704 662 3239

610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

Fax: 704-871-3483

349 N. Center Street, Statesville, NC 28677

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	WHITE	2.7	57	0
2	PINK	3.8	58	0
3	YELLOW	5.3	53	0
4	GREEN	6.7	60	0
5	BLUE	7.8	61	0
6	WHITE	9.1	63	0
7	PINK	10.7	95	94
8	EXISTING Y	12.8	94	94
9	EXISTING G	14.1	94	94
10	EXISTING B	15.6	94	94
11	EXISTING P	16.9	94	94
			TOTAL	TOTAL
			823	470

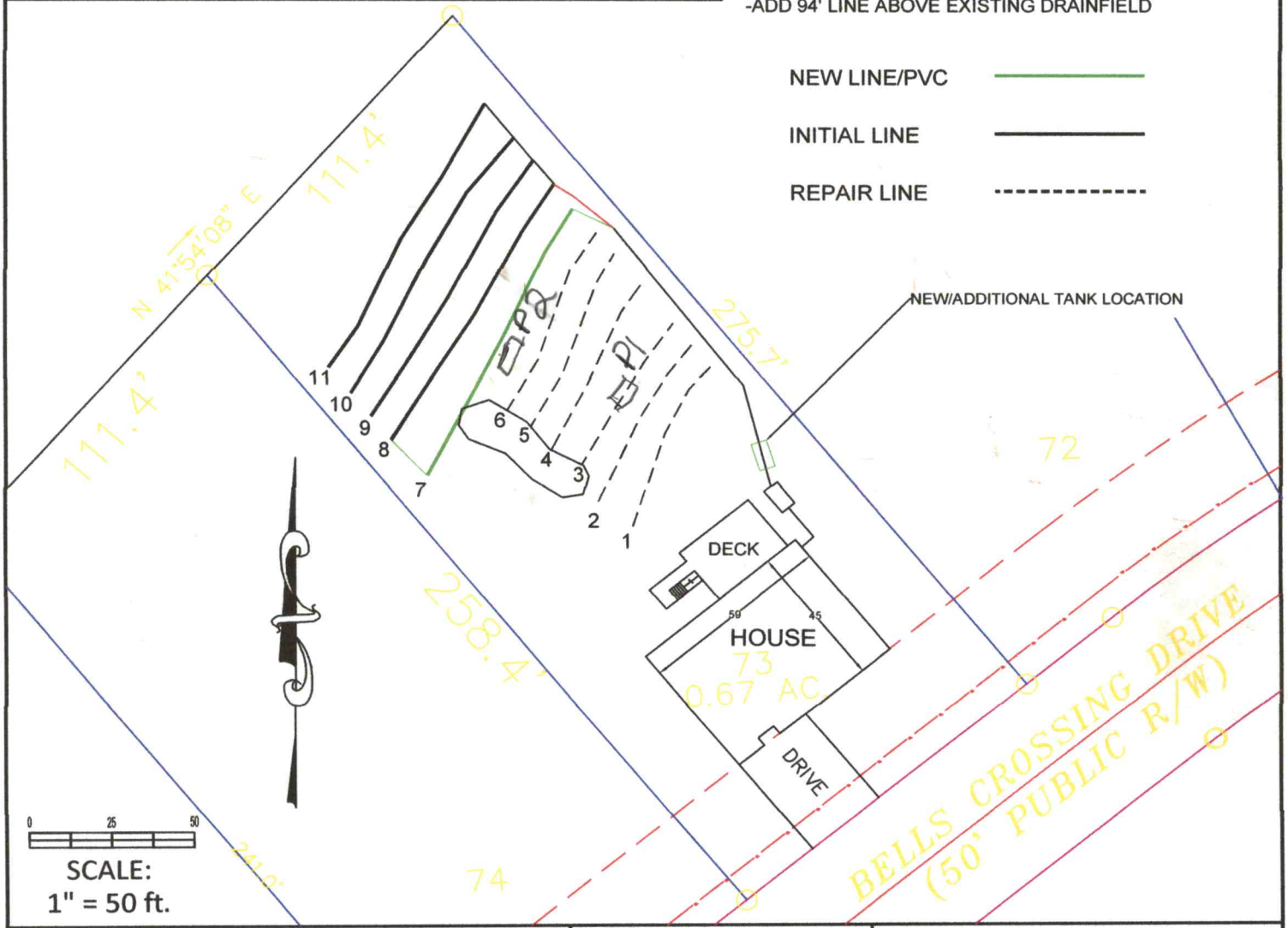
224 BELLS CROSSING DR, MOORESVILLE NC.
SECTION 1, LOT 73 THE FARMS

5-BEDROOM GRAVITY ACCEPTED SYSTEM
ADD LINES 7 TOTAL 94 LINEAR FT
EXISITING LINES 8-11 375 LINEAR FT
TOTAL 470 LINEAR FT (USE 428')
LTAR 0.35
25% REDUCTION 9' OC
32-36" TRENCH BOTTOM

5-BEDROOM LP PPBPS SYSTEM
TOTAL 353 LINEAR FEET
LTAR 0.35
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Notes: SOIL INFORMATION PROVIDED BY IREDELL CO
-INSTALL NEW 1500 GALLON TANK OR INSTALL ADDITIONAL 500 GALLON TANK BEYOND EXISTING
-ADD 94' LINE ABOVE EXISTING DRAINFIELD



BOSS

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

DAVID MOORE

LOT 73
224 BELLS CROSSING DR,
MOORESVILLE, NC
IREDELL COUNTY

DATE:12/8/21 DRAWN BY:MDB REVIEWED BY:MES

41°54'08" E
111.4'
GULLEY AREA
FILL
306.9'
DROP BOXES
DROP BOXES
DROP BOXES
275.7'
250.4'
241.0'
0.67 AC.
0.63 AC.
0.74 AC.
0.72 AC.
70'
60'
19.0'
DRIVE
DRIVE
BELLS CROSSIN
(50' PUBLI
35' SET

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: 4639 44950
COUNTY: Iredell

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

OWNER: David Moore — APPLICATION DATE
ADDRESS: 224 Bells Crossing Mville — DATE EVALUATED: 2/16/22
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 600gpd — PROPERTY SIZE: .67
LOCATION OF SITE: 224 Bells Crossing — PROPERTY RECORDED: Y
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10%	0-9	Brw SCL	w SBK	SS, SP	Sexp, FR			PS
		9-26	RC M	w SBK	SS, SP	Sexp, FR			
		26-42	RC/C	w SBK	SS, SP,	Sexp, FR			
		42-56	RC	w SBK	SS, SP,	Sexp, FR		w/few	.3
			to many SAP		Inclus	56"	—	—	
2	15%	0-13	Brw SCL	w SBK	SS, SP,	Sexp, FR			PS
		13-35	RC M	SBK/ABK	SS, SP,	Sexp, FR			
		35-50	R/V/K	w SBK	SS, SP	Sexp, FR		w/few	.3
			to many SAP		Inclus	50"	—	—	
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Michael Benfield

COMMENTS: ___

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

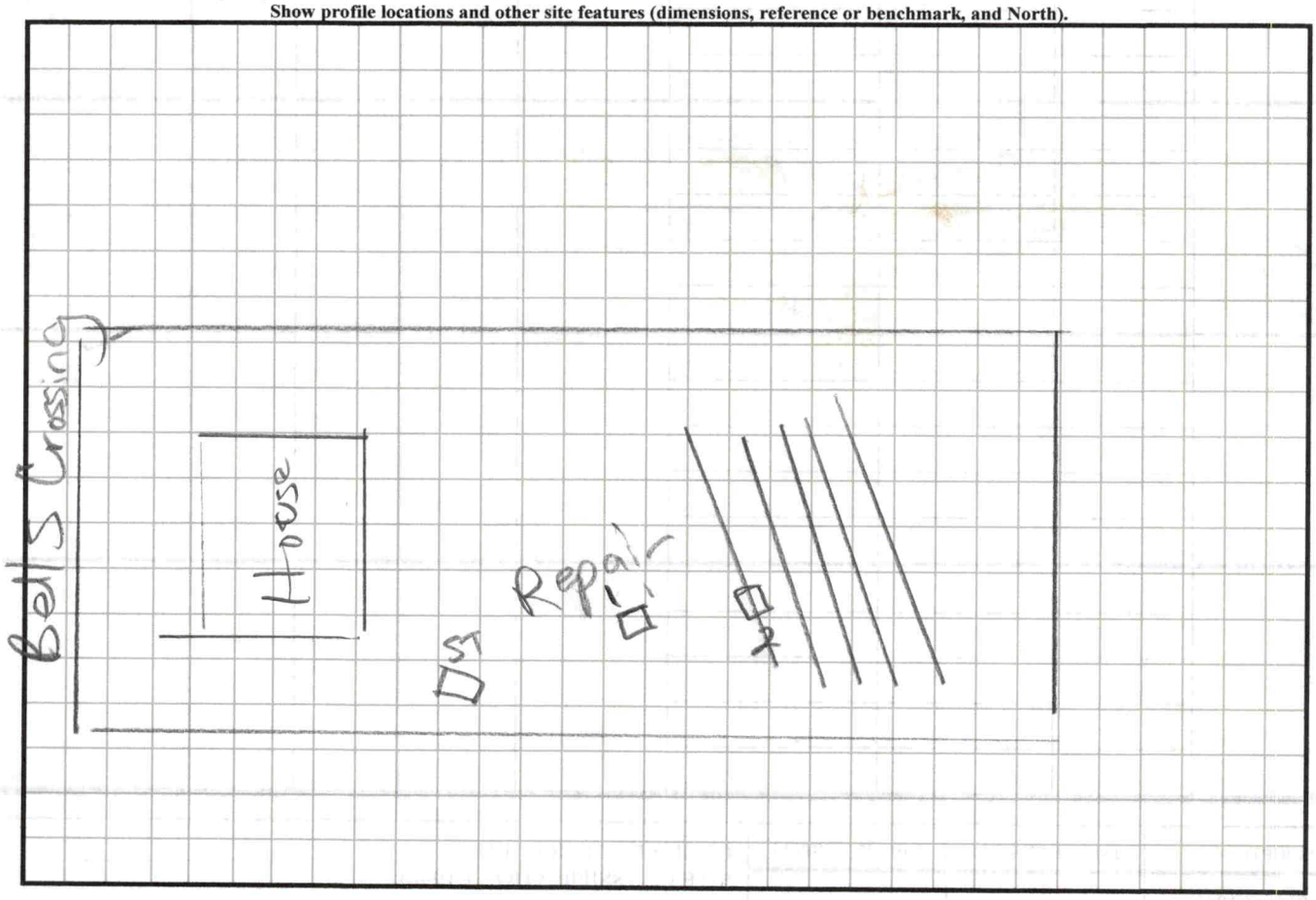
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	GREEN	1.4	16	0
2	WHITE	2.7	57	0
3	PINK	3.8	58	0
4	YELLOW	5.3	53	0
5	GREEN	6.7	60	0
6	BLUE	7.8	61	0
7	WHITE	9.1	63	32
8	PINK	10.7	95	94
9	EXISTING Y	12.8	94	94
10	EXISTING G	14.1	94	94
11	EXISTING B	15.6	94	94
12	EXISTING P	16.9	94	94
			TOTAL	TOTAL
			839	502

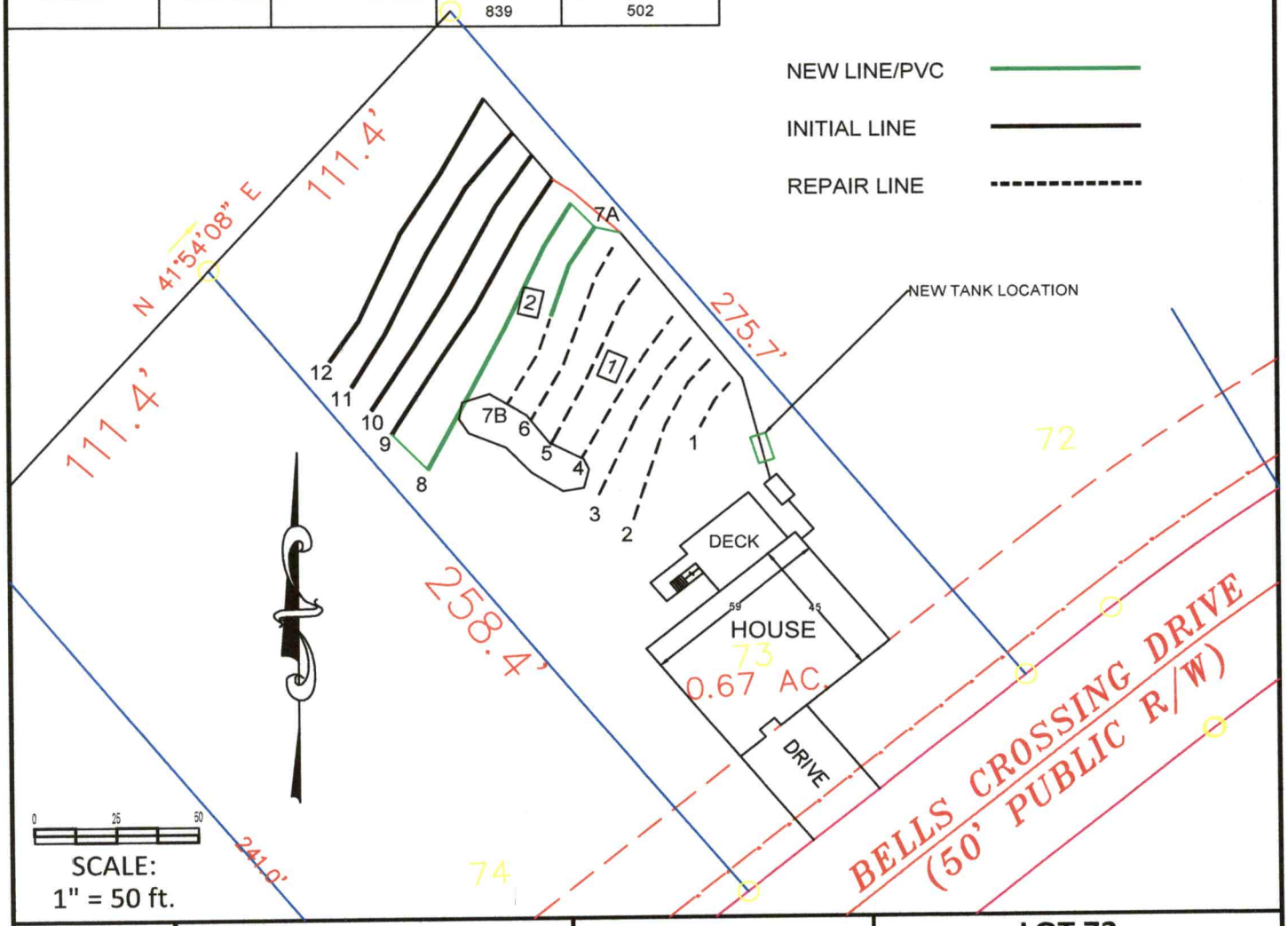
224 BELLS CROSSING DR, MOORESVILLE NC.
SECTION 1, LOT 73 THE FARMS

5-BEDROOM GRAVITY ACCEPTED SYSTEM
ADD LINES 6A & 7 TOTAL 126 LINEAR FT
EXISITING LINES 8-11 376 LINEAR FT
TOTAL 502 LINEAR FT
LTAR 0.3
25% REDUCTION 9' OC
32-36" TRENCH BOTTOM

5-BEDROOM LP PPBPS SYSTEM
TOTAL 335 LINEAR FEET
LTAR 0.3
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Notes: SOIL INFORMATION PROVIDED BY IREDELL CO
-INSTALL NEW 1500 GALLON TANK BELOW EXISTING
-ADD 126' LINE ABOVE EXISTING DRAINFIELD



BOSS

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

DAVID MOORE

LOT 73
224 BELLS CROSSING DR,
MOORESVILLE, NC
IREDELL COUNTY

DATE: 2/16/22 DRAWN BY: MDB REVIEWED BY: MES