CW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-326381

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

PIN # 4646 -- 24 -- 2113

APPLICANT/OWNER: BENFIELD OUTDOOR SERVICES & SOLUTIONS APPLICANT ADDRESS: 939 BRAWLEY SCHOOL, MOORESVILLE, N.C. 28117

SITE ADDRESS: 308 PONDEROSA CIRCLE, MOORESVILLE, N.C. 28117 PHONE: 704-360-0376 ALT. PHONE 973-747-7461

SITE DIRECTIONS: (S) ON 77, (R) ON WILLIAMSON, (L) ON PONDEROSA, LOT ON (R) SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

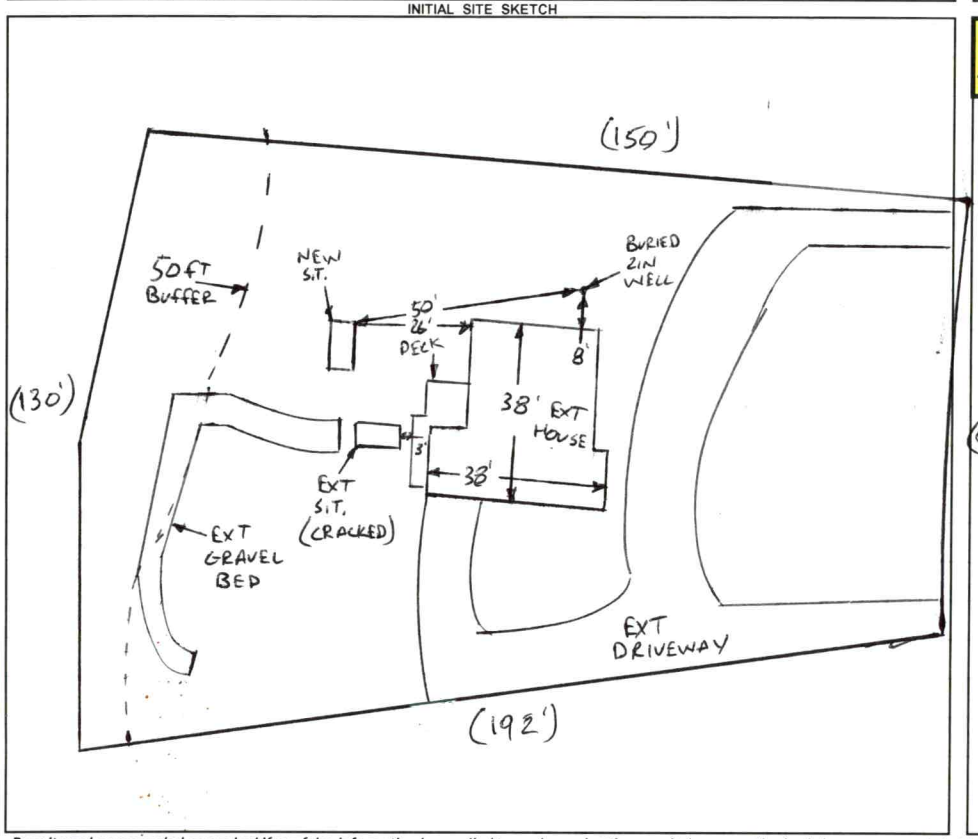
SUBDIVISION: LAKE NORMAN BONANZA SECTION: – LOT # 22 LOT AREA: 0.48 AC DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB	Infiltrator	Date		☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	EXISTING			
Pump Make	–	Model		–	Serial #	–	Repair System Description:	TANK REPLACEMENT			
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	EX	**Water Supply**	
☐ Business	No. Persons		☑ Private EXT	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☑ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, INSPECT AND REPLACE DISTRIBUTION AS NEEDED, SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

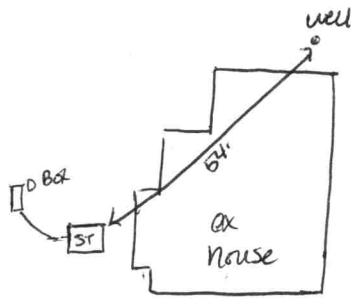
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1IN=40 FT
S.T.=SEPTIC TANK
EXT=EXISTING

PONDEROSA CIRCLE

(90')

As Built - NTS



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: 4/20/22 Installed by: Benfield Outdoor Services

IMPROVEMENT PERMIT by: Bryant C. White Date: 4-22-2022 OPERATION PERMIT by: [signature] D Wieberg Date: 5/11/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 4-22-2022 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? _____	


300
4646-24-3343
158
183
21
4646-24-2264
304
150
90
130
22
308
4646-24-2113
90
192
240
Ponderosa Cir
130
4646-24-1053
314
23
85
228
4646-23-49
152
4646-23-1973
316
Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA

RECEIVED MAR 0 8 2022

BW

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-326381 Repair Val

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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.

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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

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Applicant Information: (PRINT CLEARLY)

Applicant Name: Benfield Outdoor Services & Solutions **Address:** 939 Brawley School, Mooresville, NC **Zip:** 28117

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

Owner Name: Nexgen Holdings 20 LLC (Diane Oliveira) **Address:** 105 Barrister Bay Lane **Zip:** 28117

Owner Email: dianeoliveira838@gmail.com **Phone:** 973-747-7461 **Alt. Phone:** [redacted]

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Property Information:

Street Address: 308 Ponderosa Cir, Mooresville, NC 28117

Subdivision Name: Lake Norman Bonanza **Section/Phase:** **Lot Number:**

Driving Directions: From I-77 take Exit 33 and head West onto Williamson Rd for approximately a half mile, turn left onto Ponderosa Circle, in about 3/4 of a mile the house will be on the right

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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
(X) Repair to failing septic system

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

X Tank ___ Drain lines **Describe Problem:** tank shows signs of decay and is leaking

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: [signature] 3/8/22

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

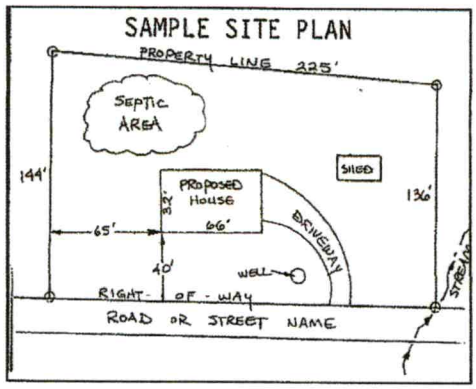
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ☒ **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

Signature: _____ 3/8/22

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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)* Nexgen Holdings 20LLC
Diane Oliveira

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, Nexgen Holdings 20LLC Diane Oliveira, am the legal owner(s) of the property located at 308 Ponderosa Cir, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4646242113.000, 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.

Diane Oliveira for Nexgen Holdings 20LLC — Signature of Owner(s)

3/1/22 — 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