IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20619

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

PIN # 4655-16-2195 ✓

APPLICANT/OWNER: BOSS / Lori Weiland APPLICANT ADDRESS: 939 Brawley School Rd. Mooresville

SITE ADDRESS: ✓135 Hobbs Lane Mooresville, NC 28115 PHONE: 704-658-8616 ALT. PHONE

SITE DIRECTIONS: Rt 115 South → L on Hobbs Lane → 3rd property on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ✓Torrence Tavern Estates SECTION: B LOT # 2 LOT AREA: 1.69 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	Infiltrator	Date	Info Hander	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	LP-PPBPS (50% Reduction)			
# Nitrification Fields	1	# Lines	3		Linear Ft	240	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	18"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	4	☒ Private Existing	
☐ Other	No. Employees		☐ Public	
☒ Slab	☐ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: * Though 245 l.f. of line is shown on the drawing, only 240 l.f. need be installed * Recommend pumping septic tank every 3-5 years. Soil notes per previous approval (6-24-14)

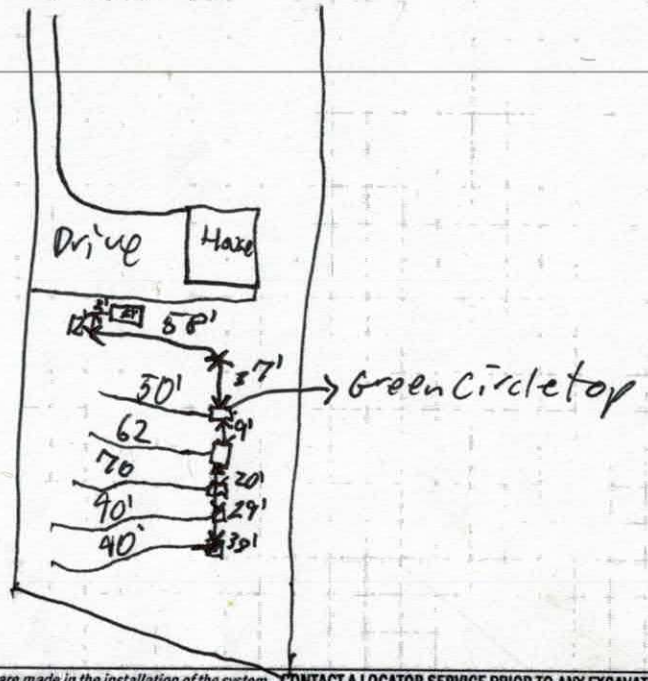
INITIAL SITE SKETCH

See attached 50-scale drawing w/ approval date of 11/15/18

AS BUILT SKETCH

11/30/18: Checked part of system. All drain lines will need to be installed deeper.

Not to scale



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: 11-19-18 Installed by: Massey Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/15/18 OPERATION PERMIT by: Patrick J Byrd III Date: 07/26/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/15/18 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

1.71± AC.
1.69± AC.
1.40± AC.
1.28± AC.
N 69-30-33 E
665.00
N 68-38-05 E
595.07
N 67-57-42 E
569.71
N 67-14-11 E
Existing Gravel Drive
Existing Building
40'
Existing Concrete Drive
Divert Ditch Away from Septic Area
10' min
concrete removed
well
50'
50' (repair)
65' (Repair)
65' (Existing)
85' (Existing)
94' (Existing)
Low Area
repair
35' BLDG
SETBACK
UME
APPROVED NOV 15 2018
1" = 50'

Kayla Wilson

From: Kayla Wilson
Sent: Tuesday, December 4, 2018 4:00 PM
To: bossmb86@yahoo.com
Subject: 135 Hobbs Ln

The following need to be addressed per the inspection on 12/4/18:
-The last drain line cannot be covered until drain line is completely dry
-The last drain line is not level due to the first 3-4 chambers (on right facing toward back of property) having over 2" of fall
-The last drain line needs to be installed at least 6" deeper due to chambers being at grade (12")
-The entire length of the middle drain line needs to be installed deeper to maintain level and to achieve 18" on low side

Thanks,

Kayla Wilson, REHS
Environmental Health
Iredell County Public Health Deparment
Cell: (980) 635-3821

Pursuant to North Carolina General Statues Chapter 132, Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail messages that may be sent in response to it may be considered public record and as such are subject to request and review by anyone at any time. Also, the information contained in this message may be privileged and confidential. We will withhold confidential correspondences that are tagged as "Confidential" from public record requests. If this e-mail contains protected health information or personal identifying information, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, except as permitted by law. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting it from your computer. Thank You

- Depression and Tune.
- Cipro 3 - Redij L Tisdell
Cipro 2 - Redij L Tisdell

Lot 2 Torrence Tavern Subdivision Fast Track

Number of Bedrooms	**3**
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	360
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	18 inches
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	239
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Pink	25% Reduction	50 endfed
2	System	Orange	25% Reduction	65 endfed
3	System	Blue	25% Reduction	65 endfed
4	System	Red	25% Reduction	85 endfed
5	System	Pink	25% Reduction	95 endfed
6	Repair	Blue	LP PPBPS	56
7	Repair	Orange	LP PPBPS	81
8	Repair	Red	LP PPBPS	29
9	Repair	Pink	LP PPBPS	73
				Total System: 360'
				Total Repair: 239'

Note: Lot contains and existing building with a concrete slab foundation
House will be built using the existing building's footprint
Lot has an existing well

APPROVED JUN 24 2014
ALP

On-site Wastewater Section

Lot #: 2
File #:
AppID: #46551621195

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Ben Loman LLC
Applicant:
Address: 135 Hobbs LN
Date Evaluated: 5-27-14 / 6-11-14
Proposed Facility: SFR
Design Flow (.1949) 360
Property Size: 1.69
Location of Site: Lot 2 Torrence Tavern Estates
Property Recorded: 1990

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L	0-5	Mo GR SCL	FR SS/SP	R Br				0.25
		5-32	Mo SBK C	FR SS/SP	Red; C Mn				
		32-48	Mo SBK CL	FR SS/SP	Red, F Mn				
		48-50	MA SL Sap	F, SS/NP	White				
2	LN	0-3	Mo GR SCL	FR SS/SP	R Br				0.3
		3-60	Mo SBK C	FR SS/SP	Red				
3	LN	0-12	Mo SBK C	FR SS/SP	Red				0.25
		12-28	Mo SBK C	FR SS/SP	Red; C Mn				
		28-60	Mo SBK CL	FR SS/SP	Red				
4	L 35%	0-6	Mo GR SCL	FR SS/SP	Br R				0.25
		6-29	Mo SBK C	FR SS/SP	Red; C Mn				
		29-60	WK SBK CL	FR SS/SP	Red; F Sap, F	F yel Br; F Mn			

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	LP PP BPS
Site LTAR	0.25	0.3

Other Factors (.1946): Septic Area may need some Shapi
Soil Evaluation By: KMS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present:

APPROVED JUN 24 2014
AnP

On-site Wastewater Section

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Lot #: 2
File #:
AppID: #4655162195

Owner: Ben Loman LLC
Address: 135 Hobbs LN
Proposed Facility: SFR Design Flow (.1949) 360
Location of Site: Lot 2 Torrence Tavern Estates

Applicant:
Date Evaluated: 6-11-14
Property Size: 1.69 Ac
Property Recorded: 2/9/1990

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr. Horiz	Profile Class & LTAR
5	L	0-12	Mo SBK C	FR SS/SP	Rod				0.35
		12-37	WK SBK C/L	FR SS/SP	R yel; C sap				
		37-58	MA L sap	FR SS/SP	yel R				
6	L	0-4	Mo GR SL	FR SS/NP	Br				0.3
		4-32	Mo SBK C	FR SS/SP	Rod; F sap				
		32-48	Mo/WK SBK CL	FR SS/SP	Rod; C sap				
7	L 2-5%	0-6	Mo GR SL	FR NS/NP	Br				0.3
		6-33	Mo SBK C	FR SS/SP	Rod; F sap				
		33-46	Mo/WK SBK CL	FR SS/SP	Rod; F/C sap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

APPROVED JUN 24 2014
ALP

206719

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

****

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
BOSS	939 Brandy Slick Rd Mooresville		704-658-8616
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Lori	135 Hobbs Lane Mooresville		

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
135 Hobbs Lane		

Driving Directions: 115 S Left onto Hobbs Lane 3rd Property on the left

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
(✓) Other Reduce to 2 bedroom

Maximum Number of Bedrooms 2
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 10-25-18

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

IREDELL COUNTY HEALTH DEPARTMENT

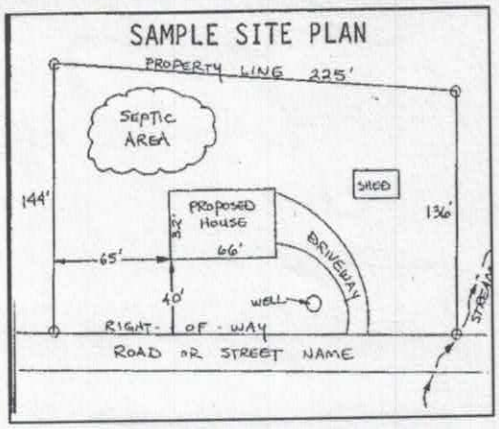
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 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 and well location
- (X) Area you prefer your septic system to be placed
- (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: _____ 10-25-18

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203456

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

PIN # 4655-05-8886

APPLICANT: Ben Lomax LLC APPLICANT ADDRESS: 135 Hobbs Ln

SITE ADDRESS: 135 Hobbs Ln Mooresville PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 115 S, TL on Hobbs Ln, Lot on L

SUBDIVISION: Torrance Tavern Estates SECTION: LOT # 2 LOT AREA: 1.69 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 360

Trench Width 36" Max. Trench Bottom Depth 18" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity 25% Reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☑ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE DESIGN BY THE OAKS GROUP

(Approved 6-24-14)

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: Kathleen Saunders Date: 6-26-14 Installed by:

IMPROVEMENT PERMIT by: Date: 6-24-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

APPROVED JUN 24 2014

1" = 50'

Gravel Drive

Existing Building

Existing Concrete Drive

Concrete to be removed

Direct Ditch Away from Septic Area

Low Area

well

well

50'

N.89-30-33E. 665.00

N.68-30-05E. 595.07

N.67-57-42E. 565.71

N.67-11E.

1.71± AC.

169± AC.

140± AC.

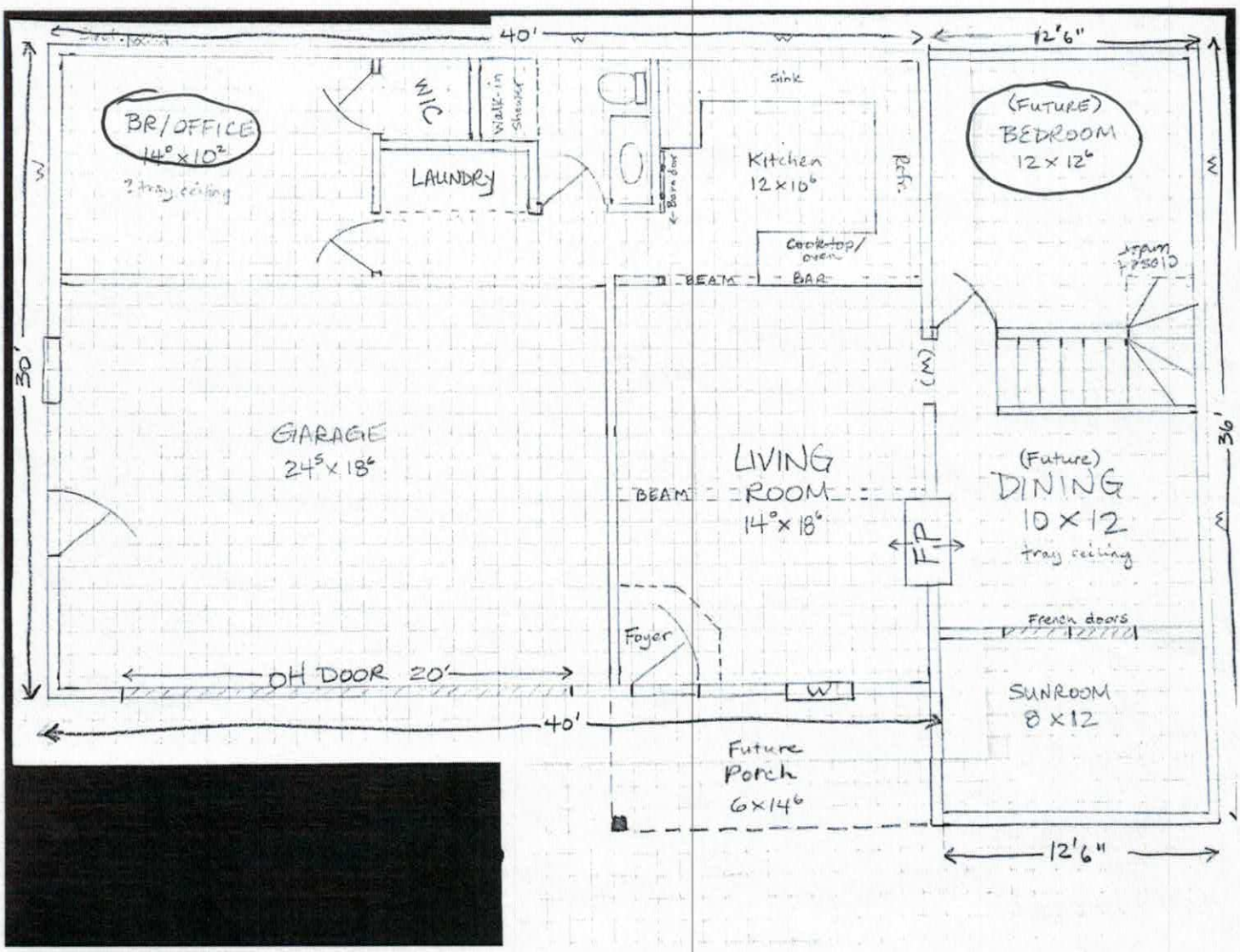
128± AC.

35' BLDG.

SETBACK

UNE

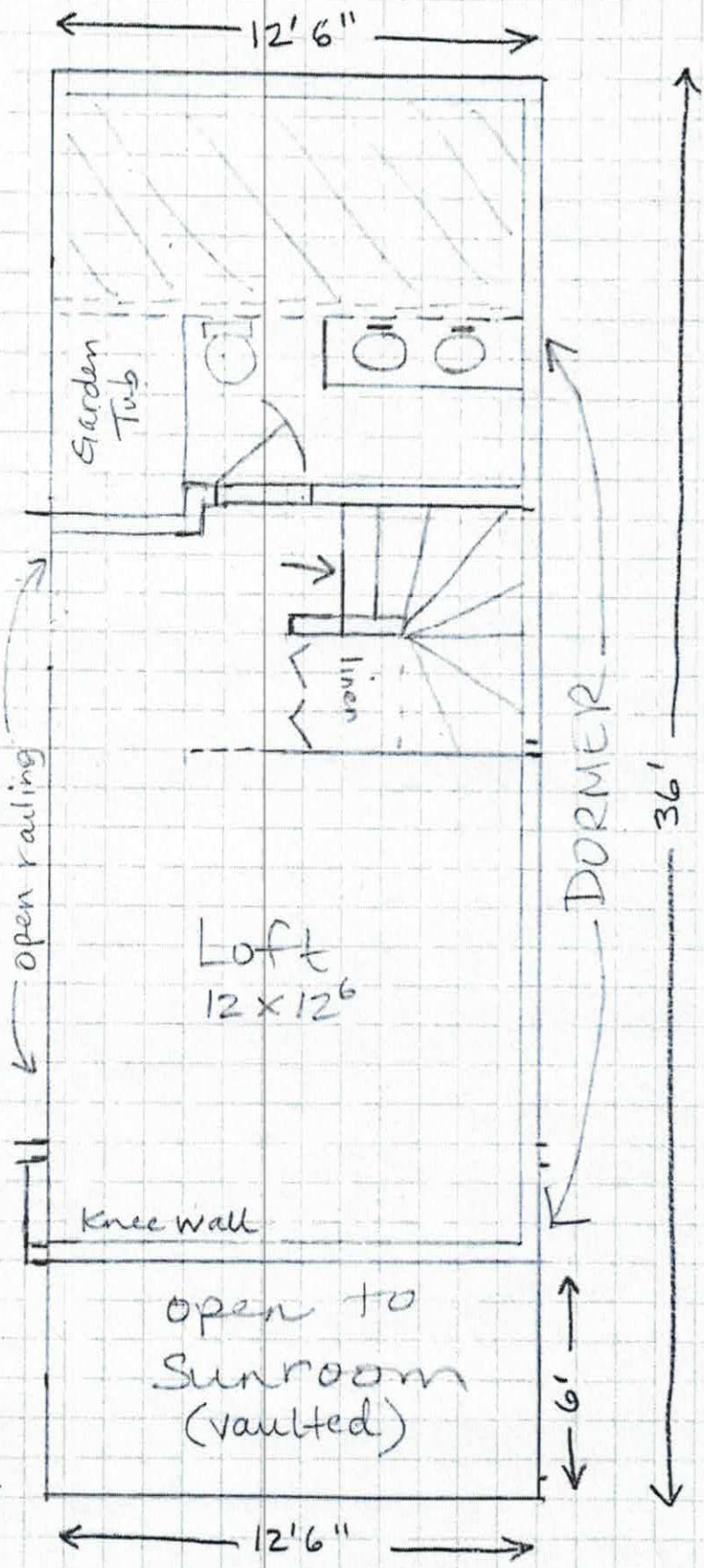
TOTAL ± 59



Acknowledgement Of
Plans Submittal ONLY!
Date 11/19/18
Date 11/15/18

Scanned by CamScanner

Future Addition Loft



Acknowledgement Of Plans Submittal ONLY!

Date 11/19/18

Date 11/15/18

* No bedrooms on 2nd floor.

Scanned by CamScanner