ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2022-8049

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

PIN # 4664-88-4850 ✓

APPLICANT / OWNER: BENEFIELD OUTDOOR SERVICES & SOLUTIONS APPLICANT ADDRESS: 939 Brawley School Rd, Mooresville, NC 28117

SITE ADDRESS: 153 RIVERSTONE DR, DAVIDSON, NC 28036 ✓ PHONE: 7043600376 ALT. PHONE:

SITE DIRECTIONS: SAP CONTROLLED: YES ☐ NO ☐

SUBDIVISION: Annishan SECTION: LOT #: 5 LOT AREA: 0.594 DESIGN FLOW: 480 L.T.A.R.: Existing

Septic Tank: (gal) EXT	STB:	Date:	☑ New System ☐ Repair ☐ Expansion	System Type: ~~III~~	☑ Residence	No. Bedrooms: 4	Water Supply: Existing Well
Pump Tank: (gal)	PT:	Date:	System Description: Existing 25%		☐ Business	No. Persons: 8	
Pump Make:	Model:	Serial #:	Repair System Description: TS-II		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: EXT	Linear Ft.: EXT	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: EXT	Trench Bottom Depth (Low side): Existing		Gravel Depth: -	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to G.S. 130A-335(a2), (a3) & (a4) using the signed and sealed LSS/LG Evaluation attached here, from:

Benfield Outdoor Services & Solutions LLC

LSS# 1258

AS BUILT SKETCH

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: Date: Installed By:

IMPROVEMENT PERMIT by: Benjamin A Box Date: 1-9-2023 OPERATION PERMIT by: ECHD Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Box Date: 1-9-2023 Existing System Inspected By: Date:

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

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	YELLOW	1.5	74	0
2	GREEN	2.2	86	0
3	WHITE	3.3	78	0
4	PINK	3.7	86	0
5	YELLOW	4.7	70	0
			TOTAL	TOTAL
			394	0

0 25 50

SCALE:
1" = 50 ft.

INITIAL LINE ——————

REPAIR LINE - - - - - - - - - - - -

153 RIVERSTONE DR, MOORESVILLE NC.
SECTION -, LOT 5 ANNISTON SUBDIVISION

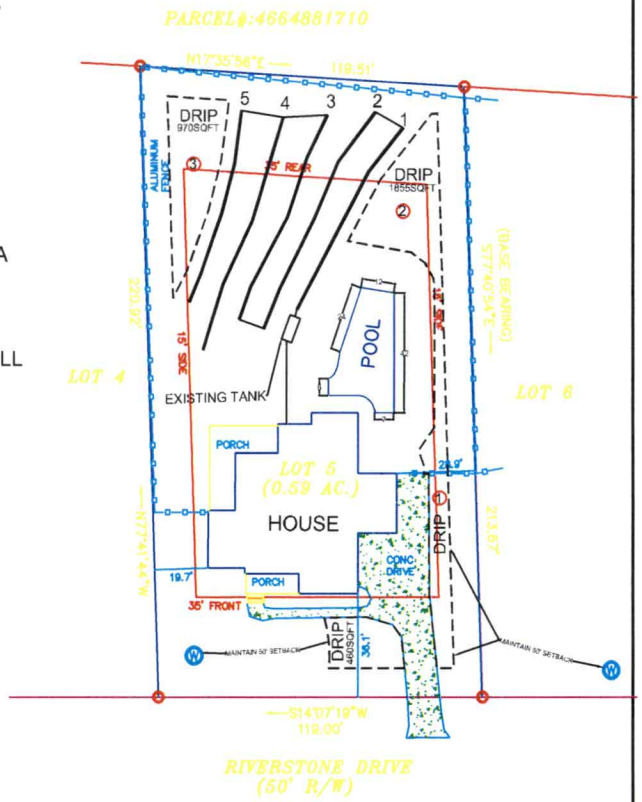
4-BEDROOM EXISTING GRAVITY Q4 CHAMBER SYSTEM
LINES 1-5 TOTAL 400LINEAR FT (USE -')
LTAR -
25% REDUCTION -' OC
-" TRENCH BOTTOM (EXISTING)

4-BEDROOM PRETREATED (TS2) SUBSURFACE DRIP IRRIGATION SYSTEM (AMERICAN PERC-RITE)
3285 SQUARE FEET
LTAR 0.15
6" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Notes: SOIL INFORMATION PROVIDED BY MIRANDA STAMPER LSS

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.



BOSS

Benfield Outdoor Services & Solutions, LLC
939 Brawley School Rd, Mooresville, NC 28117 Ph:704-360-0375
info@yardsbyboss.com

RAY MALOUF

LOT 5
153 RIVERSTONE DR,
MOORESVILLE, NC
IREDELL COUNTY

DATE: 12/21/22 DRAWN BY: MDB REVIEWED BY: MES

PROPERTY ID #: 4864884850.000
COUNTY: Iredell

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

OWNER: _____ Lot # 5 Riverstone at Anniston
ADDRESS: 153 Riverstone Dr.
PROPOSED FACILITY: 4 bedroom PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: _____

APPLICATION DATE: _____
DATE EVALUATED: 9/21/2022
PROPERTY SIZE: 0.6 acres
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)		OTHER PROFILE FACTORS				
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B1	R 2%	0-14	SBK C	S P FI	-	20"+	-	-	0.15 DRIP
		14-20	SBK CL	SS SP FR					
B2	R 2%	0-20	SBK C	S P FI	-	23"+	-	-	0.15 DRIP
		20-23	SBK CL	SS SP FR					
B3	R 2%	0-6	GR SL	NS NP FR	-	23"+	-	-	0.15 DRIP
		6-23	SBK CL	SS SP FI/FR					

LICENSED SOIL SCIENTIST
MIRANDA E. STAMPER
STATE OF NORTH CAROLINA
MEStamper 9/30/22

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 LF	3200 sq ft
System Type(s)	25% reduction	subsurface drip
Site LTAR	0.3	0.15

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

COMMENTS: _____

County: Iredell

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 4664884850

Issued To: Ray and Monica Malouf

Property Location: 153 Riverstone Dr

Subdivision: Riverstone at Anniston Lot #: 5 Block: - Section: -

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Miranda Stamper 1258

New ☐ Repair ☐ Expansion ☐ System Relocation ☑

Proposed Structure: swimming pool

Proposed Wastewater System Type: existing 25% reduction chamber (Initial) subsurface drip irrigation (Repair)

Fill System: ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area please provide a fill plan)

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): - Proposed LTAR (Repair): 0.15 (American Perc-rite)

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

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

Pump Required: ☑ Yes ☐ No ☐ May be required based upon final location and elevations of facilities

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details:

Type of Water Supply: ☑ Private well ☐ Public well ☐ Municipal Supply ☐ Spring ☐ Other:

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐

Drainfield location meets requirements of Rule .1950: 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 drawing for details and disclaimers

Licensed Soil Scientist Print Name: Miranda Stamper

Licensed Soil Scientist Signature: Miranda Stamper Digitally signed by Miranda Stamper Date: 2022.10.28 08:02:56 -04'00' Date:

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

See attached site sketch

County: Iredell

This Section for Local Health Department Use Only

Initial submittal received: 12/21/22 (Date) by BB (Initials)

Permit Number: OSWP 2022-8049.

G.S. 130A-335(a4) states the following: *'If a local health department fails to act on an application for an improvement permit submitted pursuant to subsection (a3) of the section within 10 business days of receipt of a complete application, the local health department shall issue the improvement permit.'*

In accordance with G.S. 130A-335(a3) the improvement permit application is:

☐ 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 Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

Copies of this were sent to the LSS and the Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Bjamin A Be Date of Issuance: 1-9-2023

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department 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 site is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner.

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: _____

See attached site sketch