IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 229507

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

PIN # 4676619753

APPLICANT/OWNER: B.O.S.S. / Maureen Roberge | APPLICANT ADDRESS: 137 Misty Arbor Ln Mooresville NC

SITE ADDRESS: 176 Riverchase Ln MVL NC 28115 | PHONE: 704 658-8616 | ALT. PHONE

SITE DIRECTIONS: Main St N. TR Linwood TL Tedder Rd TR Walden TR Riverchase on Rt.

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Walden Ridge | SECTION: | LOT # 24 | LOT AREA: 1.26Ac | DESIGN FLOW: 600gpd | L.T.A.R.: .3

Septic Tank: min 1250 (gal) STB 964 Date 7-21-20
Pump Tank: ~~min 1250~~ (gal) PT Date
Pump Make: Model: Serial #:
Nitrification Fields: 1 # Lines: 3 (+exist) Linear Ft: 150'
Trench Width: Trench Bottom Depth(Low side): Gravel Depth:

☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: Panel Blk
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 5
☐ Business No. Persons 10
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ☒ Note: Removing 50ft from uppermost existing drainline. Leave 2nd existing drainline as is. Add 40ft to 3rd existing drainline. Install a 70ft drainline and a 40ft drainline.

☒ Replace existing 1000g ST. Install 2-1250g ST tanks. 1st tank to be settling tank for detached garage. Install 9 gpm pump for detached garage. Install per NC Plumbing Code.

INITIAL SITE SKETCH

12ft from HC to ST
Used

See attached drawing for Septic Expansion (Approved 8/31/17)

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: [signature] Date: 9-7-17

IMPROVEMENT PERMIT by: Maura Dotson Date: 8/31/17

AUTHORIZATION TO CONSTRUCT by: Maura Dotson Date: 8/31/17

Installed by: Lentz Wastewater

OPERATION PERMIT by: Maura Dotson Date: 8/28/2020

Existing System Inspected by: Date:

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: B.O.S.S / Maureen Roberge APPLICATION DATE ____
ADDRESS: ____ DATE EVALUATED: 8/23/17
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 600gpd PROPERTY SIZE: ____
LOCATION OF SITE: 146 Riverchase Ln 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				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
	6%	0-8"	Rd/Brw SCL	SS, SP, SExp, FR					PS .3
		8-18	R C m-w SBK	SS, SP, SExp, FR					
		18-52	R CL w SBK	SS, SP, SExp, FR					
	7%	0-10	Rd/Brw SCL	SS, SP, SExp, FR					PS .3
		10-27	R C m-w SBK	SS, SP, SExp, FR					
		27-48	R CL w SBK	SS, SP, SExp FR					
	8/27/2020	0-10	Rd/Brw SCL w SBK	SS, SP, SExp, FR					PS .3
		10-20	R C m-w SBK	SS, SP, SExp, FR					
		20-59	R CL w SBK	SS, SP, SExp, FR					

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

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

COMMENTS: ____

Wed 8/23 @ 2:00 pm RECEIVED AUG 17 2017

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** Expansion

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application** #229507

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 #
B.O.S.S.	137 Misty Arbor Ln Mooresville NC	Mike Benfield	7046588616

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Maureen Roberge		Payment - 704-323-9222	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
176 Riverdance Ln	Walden Ridge	24

Driving Directions: 152 E, R onto Linwood, R onto Tectr Rd, R onto Walden Dr and R onto Riverdance, 3rd HSE on Right

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 5
( ) New, Multi-Family Residence — Maximum Number of Occupants 10
(✓) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
Repair To Failing Septic System due to ___
(X) Other Existing 4 to 5 Bedroom Expansion.

( ) 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:** [signature] 8-14-17

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

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	EXISTING	3.9	168	~~110~~ 118
2	EXISTING	4.8	140	140
3	EXISTING	5.8	92	~~132~~
4	PINK	7.6	125	~~70~~ 90
5	BLUE	8.5	113	40 30
6	YELLOW	9.6	104	104
7	RED	11.7	92	92
			TOTAL	TOTAL
			834	501

176 RIVERCHASE LN, MOORESVILLE. LOT 24

5-BEDROOM ACCEPTED GRAVITY. SYSTEM
LINES 1-4A & 5A TOTAL 501 LINEAR FEET
LTAR 0.3
25% REDUCTION
36" TRENCH BOTTOM

5-BEDROOM ACCEPTED REPAIR SYSTEM
LINES 2B,4B & 5B-7 TOTAL 347 LINEAR FEET
LTAR 0.3
50% REDUCTION 8' OC
36" TRENCH BOTTOM

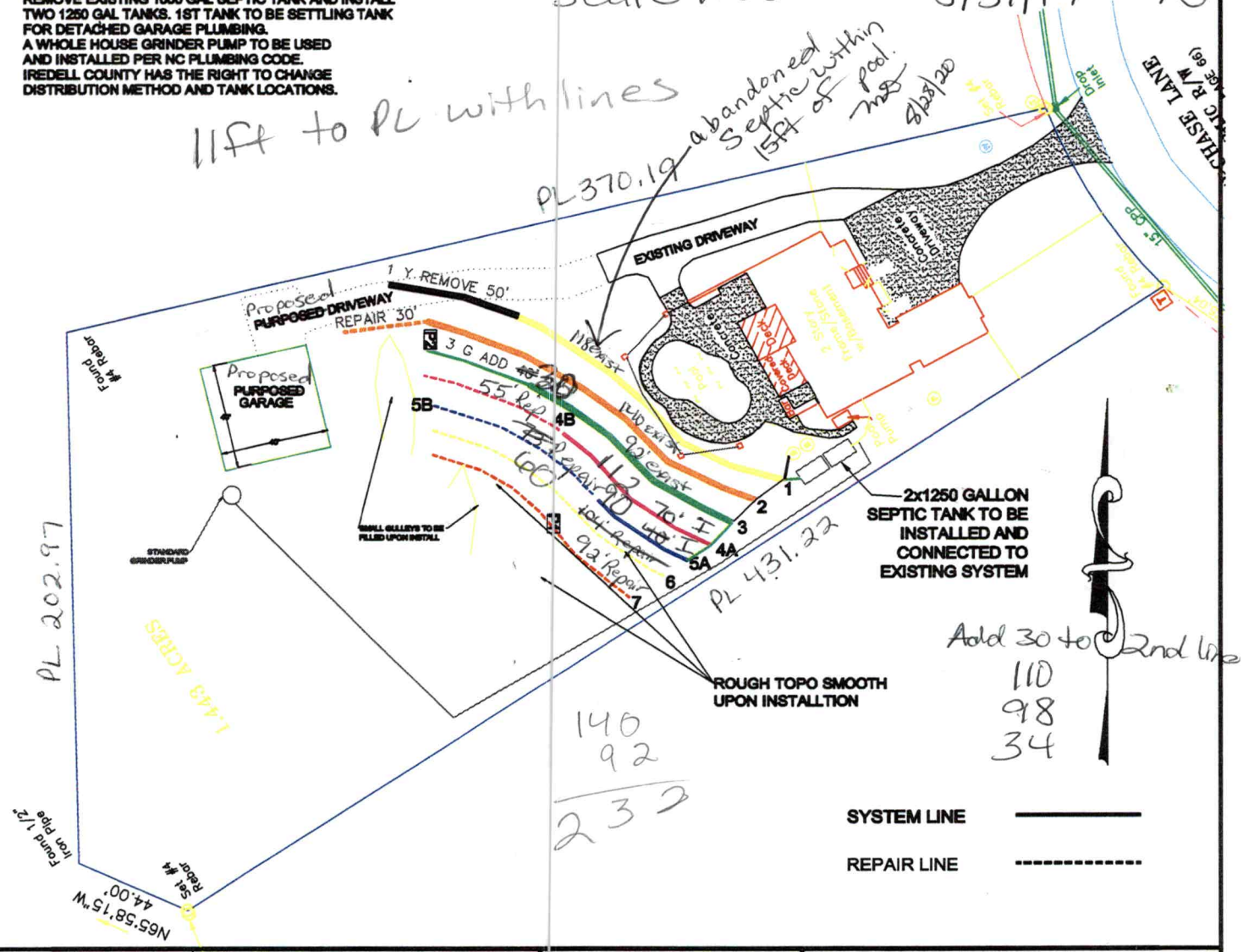
FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Approved
8/31/17 MDB

NOTES:
REMOVE EXISTING 1000 GAL SEPTIC TANK AND INSTALL TWO 1250 GAL TANKS. 1ST TANK TO BE SETTLING TANK FOR DETACHED GARAGE PLUMBING.
A WHOLE HOUSE GRINDER PUMP TO BE USED AND INSTALLED PER NC PLUMBING CODE.
IREDELL COUNTY HAS THE RIGHT TO CHANGE DISTRIBUTION METHOD AND TANK LOCATIONS.

Scale 1:60

11ft to PL with lines



Add 30 to 2nd line
110
98
34

140
92
232

SYSTEM LINE ——————

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

B.O.S.S.	Benfield Outdoor Services & Solutions 137 Misty Arbor Ln, Mooresville, NC 28117 Ph:704-699-8866 BOSSM666@yahoo.com	Maureen Roberge	LOT 24 176 RIVERCHASE LN MOORESVILLE, NC IREDELL COUNTY DATE:8/14/17 DRAWN BY:MDB CHECKED BY:MDB

DocuSign Envelope ID: 76AC5EA4-48BA-4008-B1C7-A1D19AC16152

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Maureen Roberge, am the legal owner of the property located at 126 Ridgerobese Ln, Mooresville NC, identified as PIN(Parcel Identification Number) 4676-61-9753.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Benfield Outdoor Services and Solutions [redacted], Michael Benfield, [redacted], [redacted], [redacted], to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

DocuSigned by:
Maureen Roberge
F571260F0802F4F8...
Signature of Owner — Date: 8-16-17

Signature of Witness — Date: 8-16-17

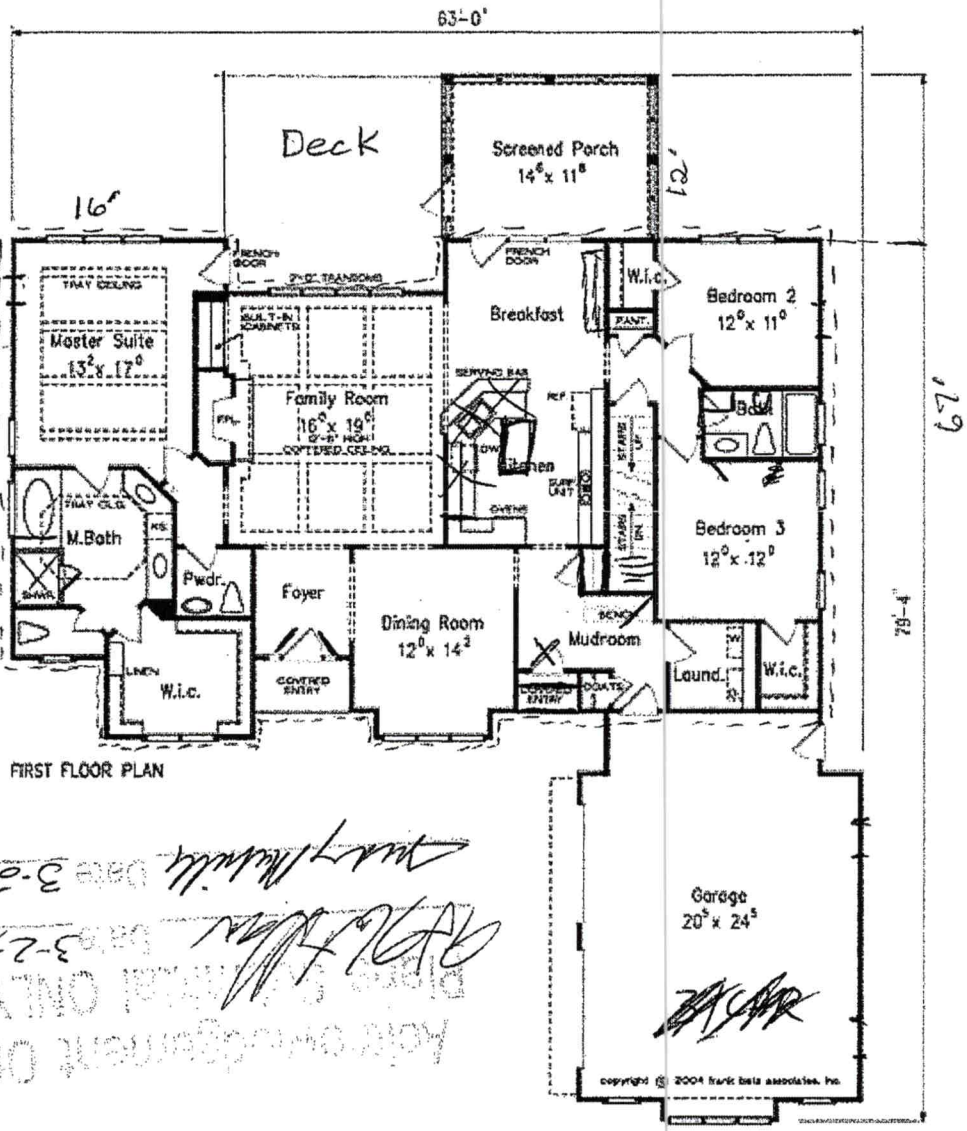
FRANK BETZ ASSOCIATES INC.

HOMEPLANS

Designed for Today's Market.

COLEMANS BLUFF

Reverse Plan



FIRST FLOOR PLAN

Unfinished Basement Below on Lower Level, Same footprint as first floor minus Deck & Porch & Garage

Acknowledgement of Plans Submittal ONLY!

Date 8-17-17

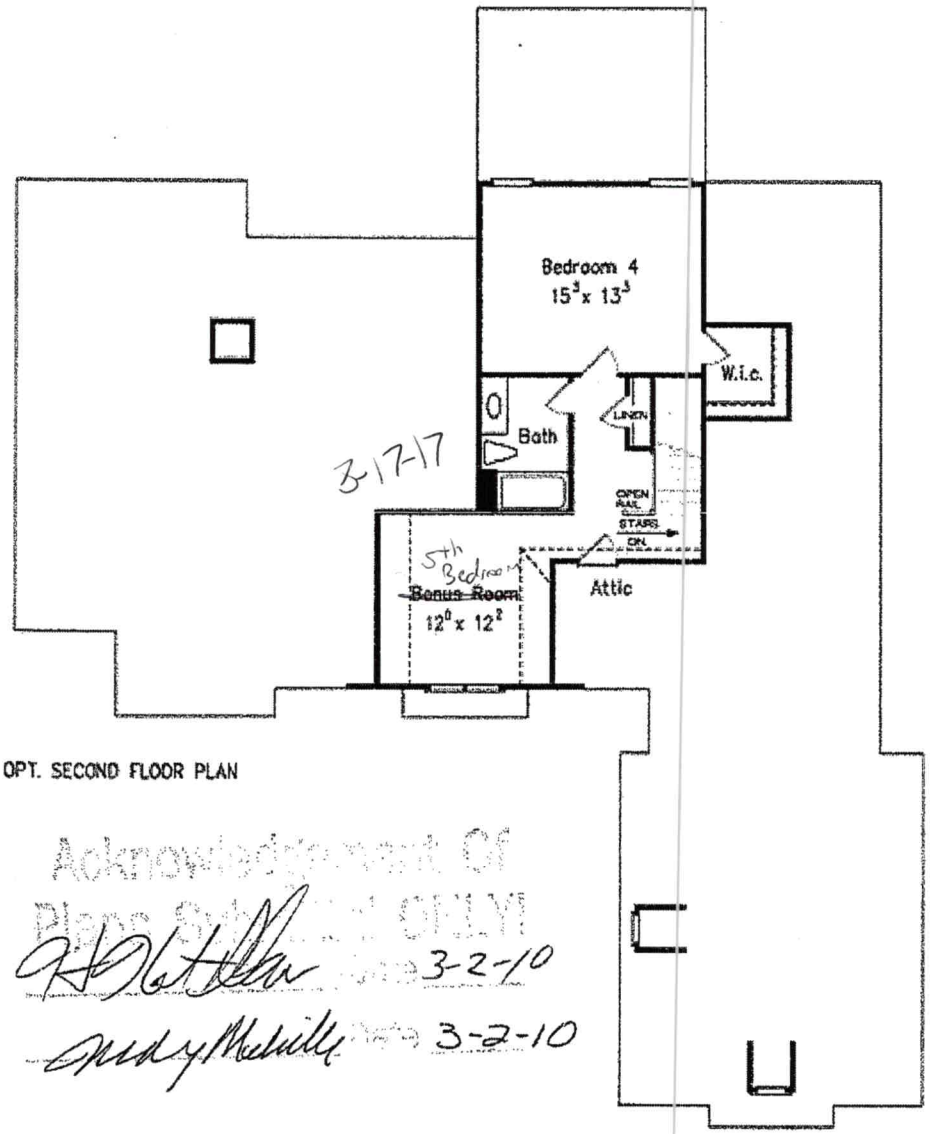
Date 8/31/17

Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions. Photographs may have been modified from the original construction documents.

FRANK BETZ ASSOCIATES INC.

HOMEPLANS
Designed for Today's Market.

COLEMANS BLUFF



OPT. SECOND FLOOR PLAN

3-17-17

Unfinished Basement

Acknowledgement of Plans Submittal ONLY!
Date 3-17-17
Date 3/31/17

Acknowledgement of Plans Submittal ONLY!
3-2-10
3-2-10

Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions. Photographs may have been modified from the original construction documents.