BLDR-2024-59567

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

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

PERMIT # OSWP 2024-57443

PIN # 4725 -- 76 -- 3226

APPLICANT/OWNER: Benfield Outdoor

APPLICANT ADDRESS: 514 Williamson Rd, Ste 431, Mooresville, NC 28117

SITE ADDRESS: 171 Meadowlark Ln, Statesville, NC 28625

PHONE: 980-223-2352

ALT. PHONE:

SITE DIRECTIONS: N 115 -> L Old Wilkesboro -> L Monticello -> R Meadowlark -> lot on L

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Audubon Acres

SECTION: n/a

LOT # 25

LOT AREA: 0.906

DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): 0.25

L.T.A.R (Repair): 0.25

Septic Tank 1000 (gal) STB 7600 Date 8/20/24

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 240

Trench Width 24 *Max. Trench Depth(Initial) 29 *Max. Trench Depth(Repair) 30 Gravel Depth N/A

* Measured on the downhill side of the trench

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

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

System Description: VPPBPS - IIIe

Repair System Description: LPVPPBPS - IVA

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 48

Usable Depth to LC (Repair): 48 *Limiting Condition*

☑ Residence ☐ Business ☐ Other ☐ Slab

No. Bedrooms 3

No. Persons 6

No. Employees

☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☐ Private ☐ Public ☑ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in septic area.

Front of slopes steeply toward lot/house/septic - divert all surface water to protect septic system.

INITIAL SITE SKETCH

HOUSE MUST BE NO MORE THAN 40' FROM LEFT PROPERTY LINE OR DECK WILL BE TOO CLOSE TO REPAIR LINES. IF FLOOR PLAN CHANGES, PERMIT MUST BE RE-EVALUATED.

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Miranda Stamper

LSS# 1258

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.

Smooth raised area in repair

See site plan for alterations in repair lines.

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: Online Signature Date:

Installed by: Maiden Grading

IMPROVEMENT PERMIT by: D. Wieberg Date: 7/24/24

OPERATION PERMIT by: Sarah Williams Date: 10/17/24

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 08/01/2024

Existing System Inspected by: Date:

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	WHITE	0.7	107	48
2	ORANGE	2.7	112	48
3	RED	4.4	109	48
4	BLUE	6.5	105	48
5	YELLOW	8.7	83	48
			TOTAL	TOTAL
			516	240

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.

171 MEADOWLARK DR, STATESVILLE NC.
SECTION -, LOT 25 AUDUBON ACRES

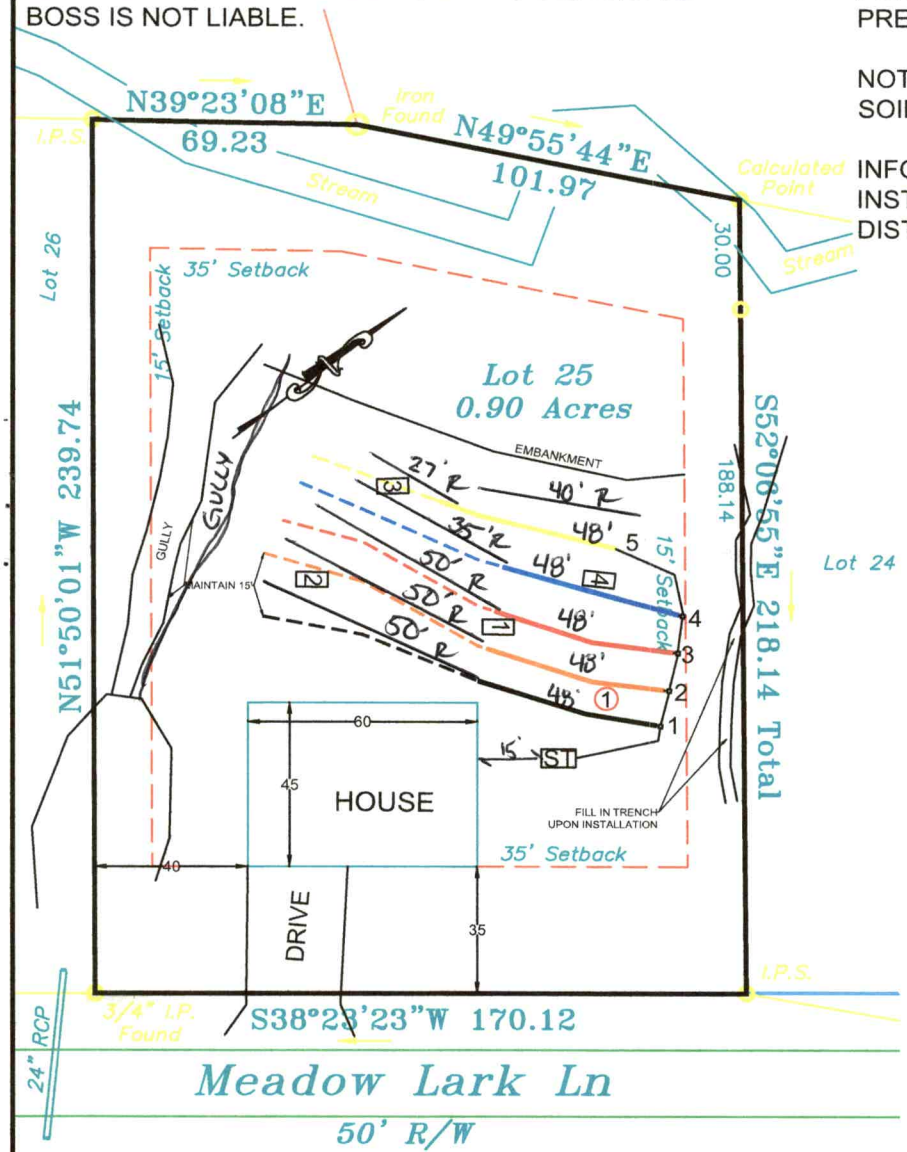
3-BEDROOM GRAVITY PANEL BLOCK SYSTEM
LINES 1A-5A TOTAL 240 LINEAR FT
LTAR 0.25
50% REDUCTION 8' OC (VERTICAL)
MAX TRENCH BOTTOM
HIGH SIDE 36" LOW SIDE 29"

3-BEDROOM GRAVITY PANEL BLOCK SYSTEM
LINES 1B-5B TOTAL 271 SQUARE FEET
LTAR 0.25
30" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

NOTES:
SOIL NOTES PROVIDED BY MIRANDA STAMPER

INFORMATION FOR INSTALLER:
INSTALL DROP BOXES FOR SERIAL DISTRIBUTION



7/23/24

LICENSED SOIL SCIENTIST
MIRANDA E. STAMPER
1258
STATE OF NORTH CAROLINA

INITIAL LINE ——————

REPAIR LINE - - - - - - -

0 25 50

SCALE:
1" = 50 ft.

BOSS	Benfield Outdoor Services & Solutions, LLC 514 Williamson Rd, Mooresville, NC 28117 Ph:704-360-0376 Info@yardsbyboss.com	WHITE RUM HOMES INC	**LOT 25** 171 MEADOWLARK LN, STATESVILLE, NC IREDELL COUNTY DATE: 6/30/24 DRAWN BY: MDB REVIEWED BY: MES

Permit/File #: OSWP-2024-57443

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ Fee $_____

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

County: Iredell
PIN/Lot Identifier: 4725763226.000
Issued To: WHITE RUM HOMES INC
Property Location: 171 Meadowlark Lane, Statesville, NC 28625
Subdivision (if applicable) Audubon Acres Lot #: 25 Block: _____ Section: _____
LSS Report Provided: Yes ☑ No ☐
If yes, name and license number of LSS: Miranda Stamper, 1258

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: House
Number of bedrooms: 3 Number of Occupants: 6 Other: _____
Design Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.25 Proposed LTAR (Repair): 0.15
Proposed Wastewater System Type*: PPBPS Vertical -Gravity (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required
Proposed Wastewater System Type*: PPBPS (Repair) Pump Required: ☐ Yes ☐ No ☐ May be required
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW
Saprolite System (Initial): ☐ Yes ☑ No Saprolite System (Repair): ☐ Yes ☑ No
Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)[x]: 48" Usable Depth to LC (Repair)[x]: 48" ***[x] Limiting Condition***
Max. Trench Depth (Initial)[‡]: 29" Max. Trench Depth (Repair)[‡]: 30" ***[‡] Measured on the downhill side of the trench***
Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____
Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____
Drainfield location meets requirements of Rule .0508: Yes ☑ No ☐ Drainfield location meets requirements of Rule .0601: 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:
CURTAIN DRAIN OR INTERCEPTOR DRAIN AT THE TOP OF THE DRAINFIELD

Licensed Soil Scientist Print Name: Miranda Stamper
Licensed Soil Scientist Signature: Miranda E. Stamper Date: 7/22/24

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

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-57443

Re-submittal of Improvement Permit

LHD USE ONLY: This IP resubmittal received: 7/23/24 (Date) by DW (Initials)

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

Soil notes corrected, well not required, design changed as needed.

I, Miranda Stamper (Licensed Soil Scientist (Print Name)) hereby attest that the information required to be included with this re-submittal is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Miranda E. Stamper
Signature of Licensed Soil Scientist

7/24/24
Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ 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 Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

[X] Complete

State Authorized Agent: D. Wieberg Date: 07/24/2024

STAMPER SOIL SERVICES, PLLC
UNIONVILLE, NC
(919) 815-3997 / INFO@STAMPERSOILSERVICES.COM

PROPERTY ID #: 4725763226
COUNTY: IREDELL

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: White Rum Homes Lot 25 DATE EVALUATED: 4/25/24

ADDRESS: 171 Meadowlark Lane Statesville, NC

PROPOSED FACILITY: 3 bedroom PROPOSED DESIGN FLOW (.0400): 360 PROPERTY SIZE: 0.906 ACRES

LOCATION OF SITE: Statesville PROPERTY RECORDED:

WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: 50'

EVALUATION METHOD: ☑ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .0505 SOIL DEPTH	OTHER PROFILE FACTORS .0506 SAPRO CLASS	OTHER PROFILE FACTORS .0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
25 B1	L 20%	0-7	GR SL	NS NP FR	-	48"	MANY@ 22"	-	0.25	7"
		7-22	SBK C	SS SP FI						
		22-48	WSBK L	NS NP FR						
P1 5/ 23	L 18-20%	0-6	GR SL	NS NP FR	-	56"	L@56"	-	0.25	7"
		6-20	SBK SCL	SS SP FI/FR						
		20-56	SBK CL	SS SP FI						
		56-74	MA L	NS NP FR						
P2 5/ 23	L 18-20%	0-8	GR SL	NS NP FR	-	53"	L@53"	-	0.25	7"
		8-28	SBK CL	SS SP FI						
		28-53	SBK SCL	NS NP FR						
		53-66	MA L	NS NP FR						
P3 5/ 23	L 18-20%	0-6	GR SL	NS NP FR	clay buldge 6-29	58"	L@58"	-	0.25	7"
		6-58	SBK CL	SS SP FI						
		58-71	MA L	NS NP FI						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	240 LF	271 LF
System Type(s)	PPBPS vertical grav	PPBPS
Site LTAR	0.25	0.25
Maximum Trench Depth	29"	30"

SITE CLASSIFICATION (.0509): S 7/22/24

EVALUATED BY: MIRANDA STAMPER

OTHER(S) PRESENT: BRETT SAUNDERS, JIM, BENFIELD, WAGNOR, RUSHING

STATE LICENSED SOIL SCIENTIST MIRANDA E. STAMPER 1258 NORTH CAROLINA

Comments: ROUGH TOPOGRAPHY, MULTIPLE GULLIES. NEED PITS

STAMPER soil services

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

STAMPER SOIL SERVICES, PLLC
UNIONVILLE, NC
(919) 815-3997 / INFO@STAMPERSOILSERVICES.COM

PROPERTY ID #: 4725763226
DATE OF EVALUATION:
COUNTY: IREDELL

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
P4 5/ 23	15%	0-6	GR SL	NS NP FR	SAP@ bottom	65"	SAP@ BOTTOM	-	.25	7"
		6-41	SBK C	SS SP FR						
		41-65	SBK CL	SS SP FI						

COMMENTS:

BENFIELD OUTDOOR SERVICES & SOLUTIONS

Benfield Outdoor Services & Solutions
Phone: (704) 360-0376
939 Brawley School Rd.
Mooresville, North Carolina 28117
Info@yardsbyboss.com

LLS: Miranda Stamper #1258

Iredell County Environmental Health Department
610 East Center Avenue
Mooresville, NC 28115
Phone: 704-664-5281
Fax: 704-664-9737

Recommended Wastewater Disposal System
Owner:
PIN:

To whom it may concern,

You will find attached a copy of the wastewater disposal system proposed for the owners WHITE RUM HOMES INC of lot #(s) 26, PIN # 4725762142.000 on Meadowlark Lane in Iredell County. Also attached are the sealed soil notes, site plan and design for an onsite wastewater disposal system. The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2). Please review the attached proposal and contact me if you have any questions or concerns.

The LSS evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with G.S. 130A-335(a2).

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an improvement permit and/or Construction Authorization pursuant to G.S. 130a-335a2), (a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an improvement permit and/or construction authorization is falsified, changed, or the site is altered, the improvement permit and construction authorization shall become invalid.

Owner: D1 OSB - Derek Osborne WK Homes
Signature: D1 OSB
Signature: Derek Osborne

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

Miranda Stamper, LSS.

Signature: Miranda E. Stamper 7/9/24

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, 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, WHITE RUM HOMES INC, am the legal owner(s) of the property located at 165 Meadow Lark Lane, Statesville, NC 28625, identified as

PIN (Parcel Identification Number) 4725762142.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Benfield, 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.

_____ July 10th 2024

Signature of Owner(s) 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