ICRD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP327064

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

PIN # 4730--00--9197

APPLICANT/OWNER: Benfield Outdoor Services + Solutions APPLICANT ADDRESS: 939 Brawley School Rd Mooresville, NC 28117

SITE ADDRESS: 124 Park Crest Drive Troutman NC PHONE: 704-360-0376 ALT. PHONE

SITE DIRECTIONS: Peeler to State Park Q onto Morrison Farm Q onto Park Crest SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Parkwood @ Falls Cove SECTION: 6 LOT # 678 LOT AREA: 2.09 AC DESIGN FLOW: 480 L.T.A.R.: 330

Septic Tank	1000	(gal)	STB	760	Date	3/9/23	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	CP-Panel Block			
# Nitrification Fields	1		# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☐ NO		
Trench Width	36 in		Trench Bottom Depth(Low side)	24 in	Gravel Depth			☐ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Benfield Outdoor Services + Solutions.

LSS # 1258 Dated March 23, 2022.

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.

DW Lines / tank 5/22/23
need gravel around corrugated under drive ✓ 5/23 DW

As Built Attached

must verify repair area above lines, remove fill from repair in front of house

verified field & landscape – 7/18/23 DW

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: 4/26/22 Installed by: Galle Grading

IMPROVEMENT PERMIT by: Date: 4/18/2022 OPERATION PERMIT by: D. Weberg Date: 7/18/23

AUTHORIZATION TO CONSTRUCT by: Date: 5-17-22 Existing System Inspected by: Date:

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

As Built - See also next page

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	BLUE	2.1	80	0
2	ORANGE	3.8	100	0
3	RED	5.5	108	0
4	YELLOW	7.8	118	102
5	GREEN	9.6	123	102
6	WHITE	12.1	116	98
7	PINK	13.2	114	98
			TOTAL	TOTAL
			759	400

0 30 60

SCALE:
1" = 60 ft.

INITIAL LINE ————

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

- PARK CREST DR, TROUTMAN NC.
PHASE 6, LOT 678 FALLS COVE SUBDIVISION

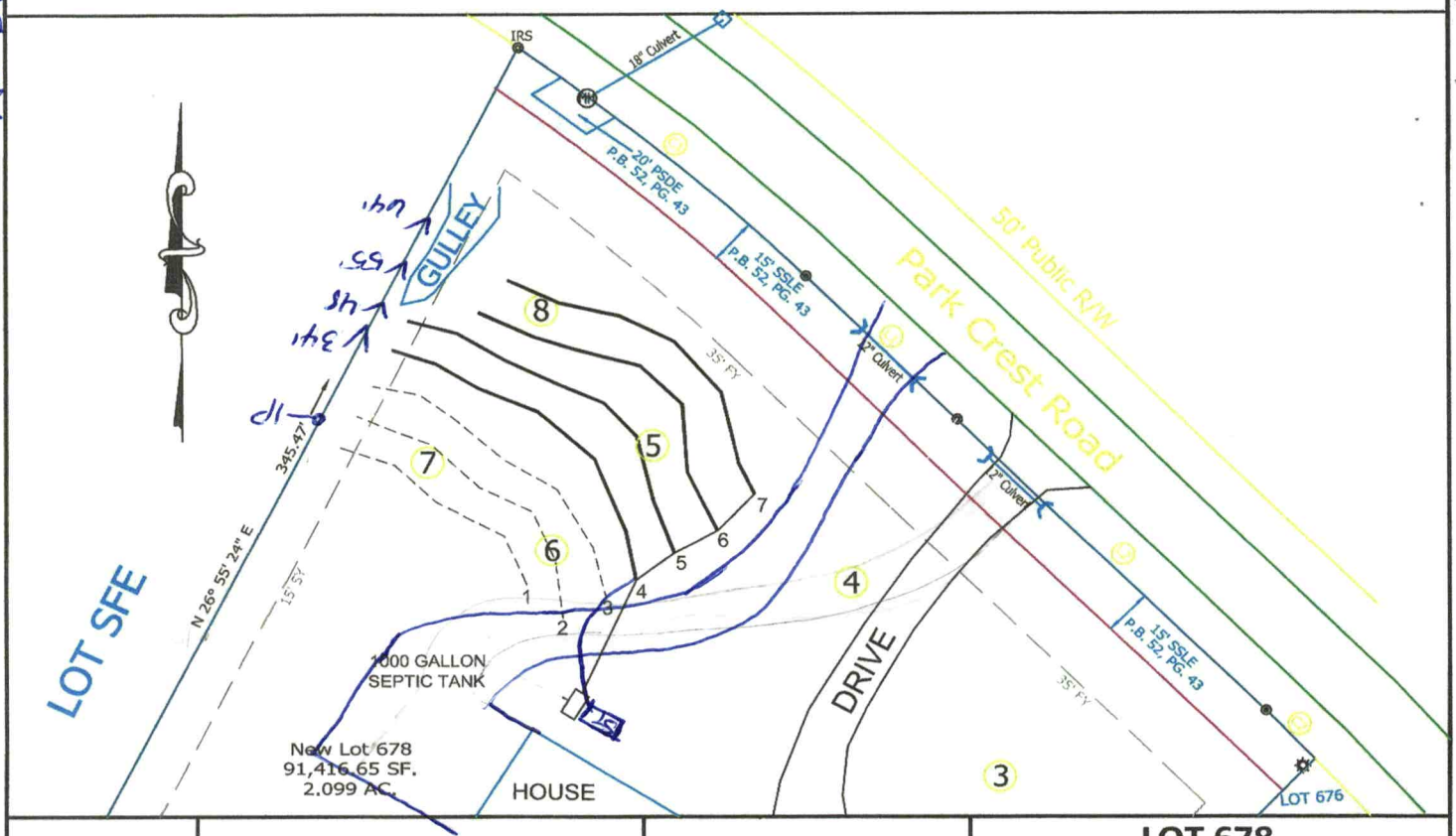
4-BEDROOM GRAVITY ACCEPTED SYSTEM
LINES 4-7 TOTAL 471 LINEAR FT (USE 400')
LTAR 0.3
25% REDUCTION 9' OC
24-30" TRENCH BOTTOM (INSTALLER DISCRETION)

4-BEDROOM LP PANEL BLOCK 8'-9' OC
LINES 1-3 & TOTAL 288 LINEAR FT
LTAR 0.3
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Notes: SOIL INFORMATION PROVIDED BY LSS MIRANDA STAMPER

CONDITIONS: MUST BE INSTALLED BY A LICENSED SEPTIC INSTALLER. DRAINFIELD AREA MUST MAINTAIN NATURAL CONTOURS & SLOPE. IMPROPER GRADING WILL VOID THIS DESIGN AND BOSS IS NOT LIABLE.



BOSS

Benfield Outdoor Services & Solutions, LLC
939 Brawley School Rd, Mooresville, NC 28117 Ph:704-360-0376
Info@yardsbyboss.com

Tim Mulligan

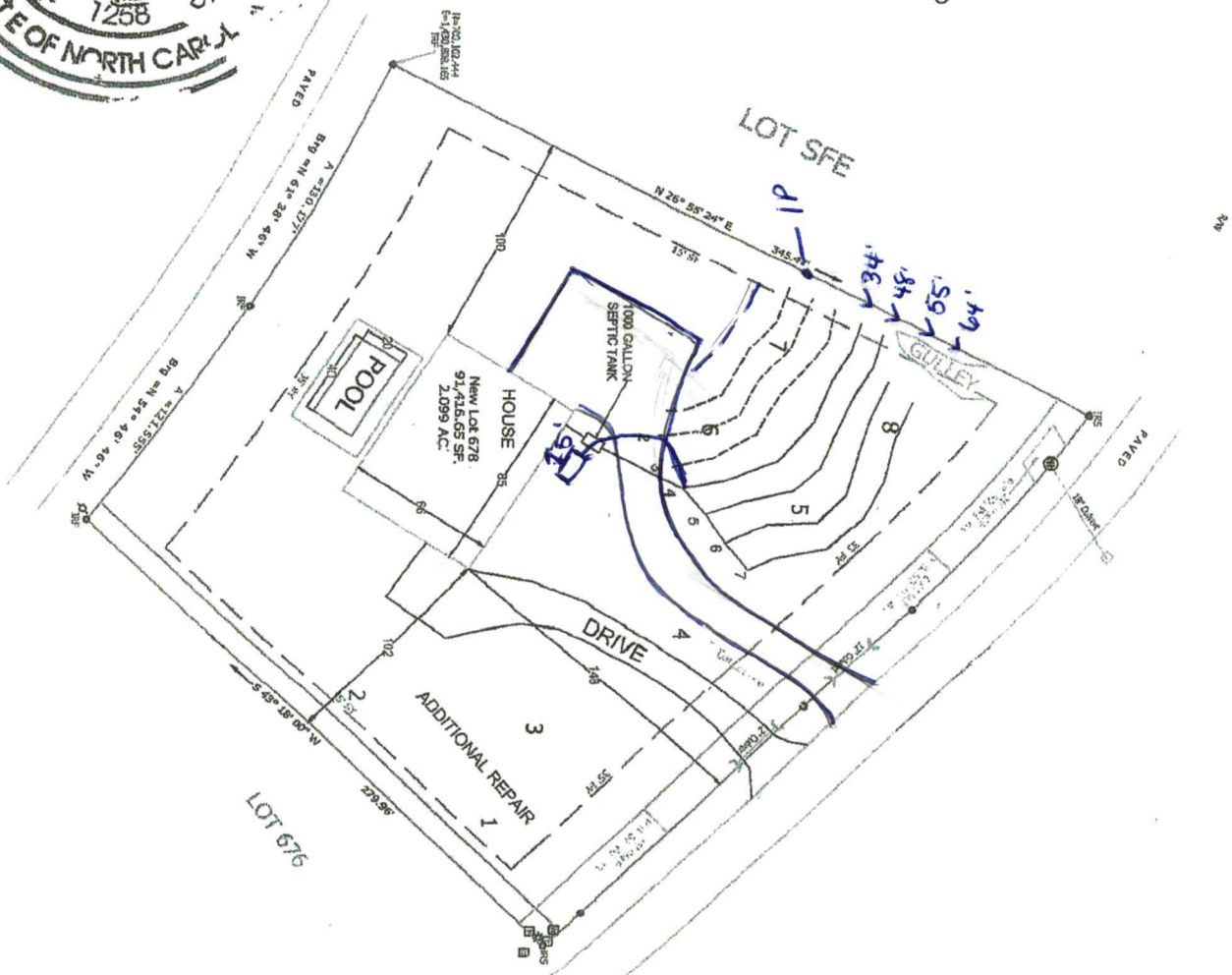
LOT 678
FALLS COVE
TROUTMAN, NC
IREDELL COUNTY

DATE: 3/16/22 DRAWN BY: MDB CHECKED BY: MES

As Built

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

3/22/22



SCALE:
1" = 80 ft.

SYSTEM LINE

REPAIR LINE

BOSS	Benfield Outdoor Services & Solutions 930 Brawley School Rd, Mooresville, NC 28117 Ph:704-658-8616 BOSSM856@yahoo.com	Tim Mulligan	**LOT 678** LOT 678, TROUTMAN, NC IREDELL COUNTY DATE: 3/16/22 DRAWN BY: MDB CHECKED BY: MES

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP327064

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

PIN # 4730--00--9197

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SUBDIVISION: Parkwood @ Falls Cove SECTION: 6 LOT # 678 LOT AREA: 2.09 AC DESIGN FLOW: 480 L.T.A.R.: 30

Septic Tank	1000	(gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4
Pump Tank		(gal)	PT		Date		System Description: Gravity - 25% Reduction		☐ Business	No. Persons	8
Pump Make		Model			Serial #		Repair System Description: LD-Panel Block		☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4		Linear Ft	400	Maintenance Agreement Required: ☐ YES ☐ NO		☐ Slab	☒ Crawl Space	
Trench Width	36 in	Trench Bottom Depth(Low side)	24 in		Gravel Depth	-	☐ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Benfield Outdoor Services + Solutions.

LSS # 1258 Dated March 23, 2022.

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.

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☐ **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: 4/26/22 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 4/18/2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 5-17-2022 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? _____	

BENFIELD OUTDOOR SERVICES & SOLUTIONS

Benfield Outdoor Services & Solutions
Phone: (704) 360-0376
939 Brawley School Rd.
Mooresville, North Carolina 28117
info@yardsbyboss.com
LSS: Miranda Stamper #1258

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

March 23, 2022

Recommended Wastewater Disposal System
Owner: Tim Mulligan
PIN's: 4730100124.000 and 4730009233.000

To whom it may concern,

You will find attached a copy of the wastewater disposal system proposed for the owner Mr. Tim Mulligan. The adjoining lots of 677, PIN# 4730100124.000 and 678, PIN# 4730009233.000 located on Park Crest Dr. in Iredell County. Also attached are the sealed soil notes, site plan and design for an on-site wastewater disposal system. This is submitted under Session Law 2018-114 (HB 374). 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 SL-2018-114 Section 11 (C).

Owner: Tim Mulligan

Signature: Timothy J Mulligan Digitally signed by Timothy J Mulligan DN: C=US, E=Tim@precisionacino.com, O=Precision AC, CN=Timothy J Mulligan Date: 2022.03.24 09:12:59-04'00'

The LSS Evaluation is submitted pursuant to and meeting requirements of SL-2018-114 Section 11 (C).

Miranda Stamper, LSS

Signature: Miranda E. Stamper, LSS#1258

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	BLUE	2.1	80	0
2	ORANGE	3.8	100	0
3	RED	5.5	108	0
4	YELLOW	7.8	118	102
5	GREEN	9.6	123	102
6	WHITE	12.1	116	98
7	PINK	13.2	114	98
			TOTAL	TOTAL
			759	400

- PARK CREST DR, TROUTMAN NC.
PHASE 6, LOT 678 FALLS COVE SUBDIVISION

4-BEDROOM GRAVITY ACCEPTED SYSTEM
LINES 4-7 TOTAL 471 LINEAR FT (USE 400')
LTAR 0.3
25% REDUCTION 9' OC
24-30" TRENCH BOTTOM (INSTALLER DISCRETION)

4-BEDROOM LP PANEL BLOCK 8'-9' OC
LINES 1-3 & TOTAL 288 LINEAR FT
LTAR 0.3
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Notes: SOIL INFORMATION PROVIDED BY LSS MIRANDA STAMPER

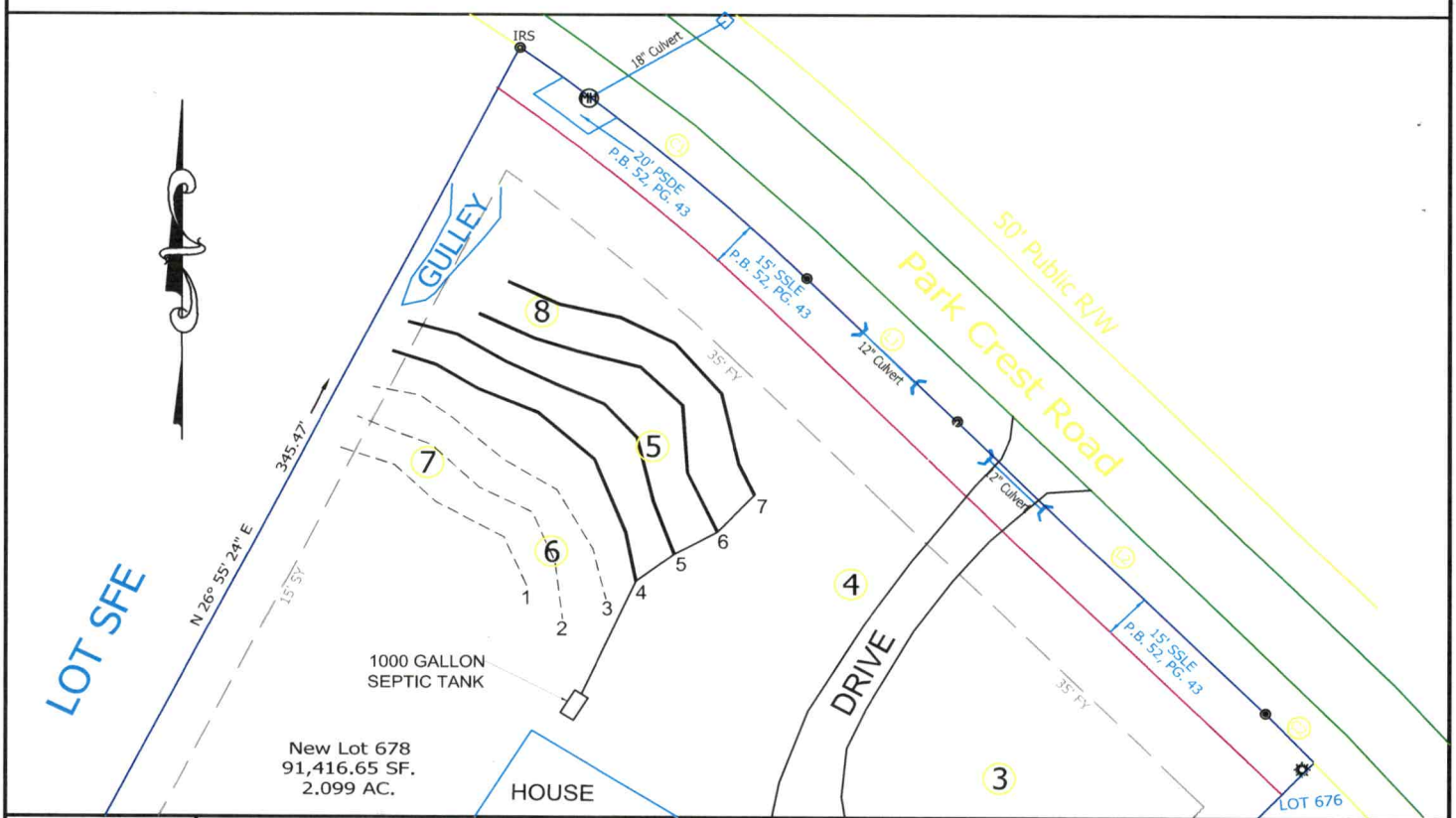
CONDITIONS: MUST BE INSTALLED BY A LICENSED SEPTIC INSTALLER. DRAINFIELD AREA MUST MAINTAIN NATURAL CONTOURS & SLOPE. IMPROPER GRADING WILL VOID THIS DESIGN AND BOSS IS NOT LIABLE.

0 30 60

SCALE:
1" = 60 ft.

INITIAL LINE ———————

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



BOSS

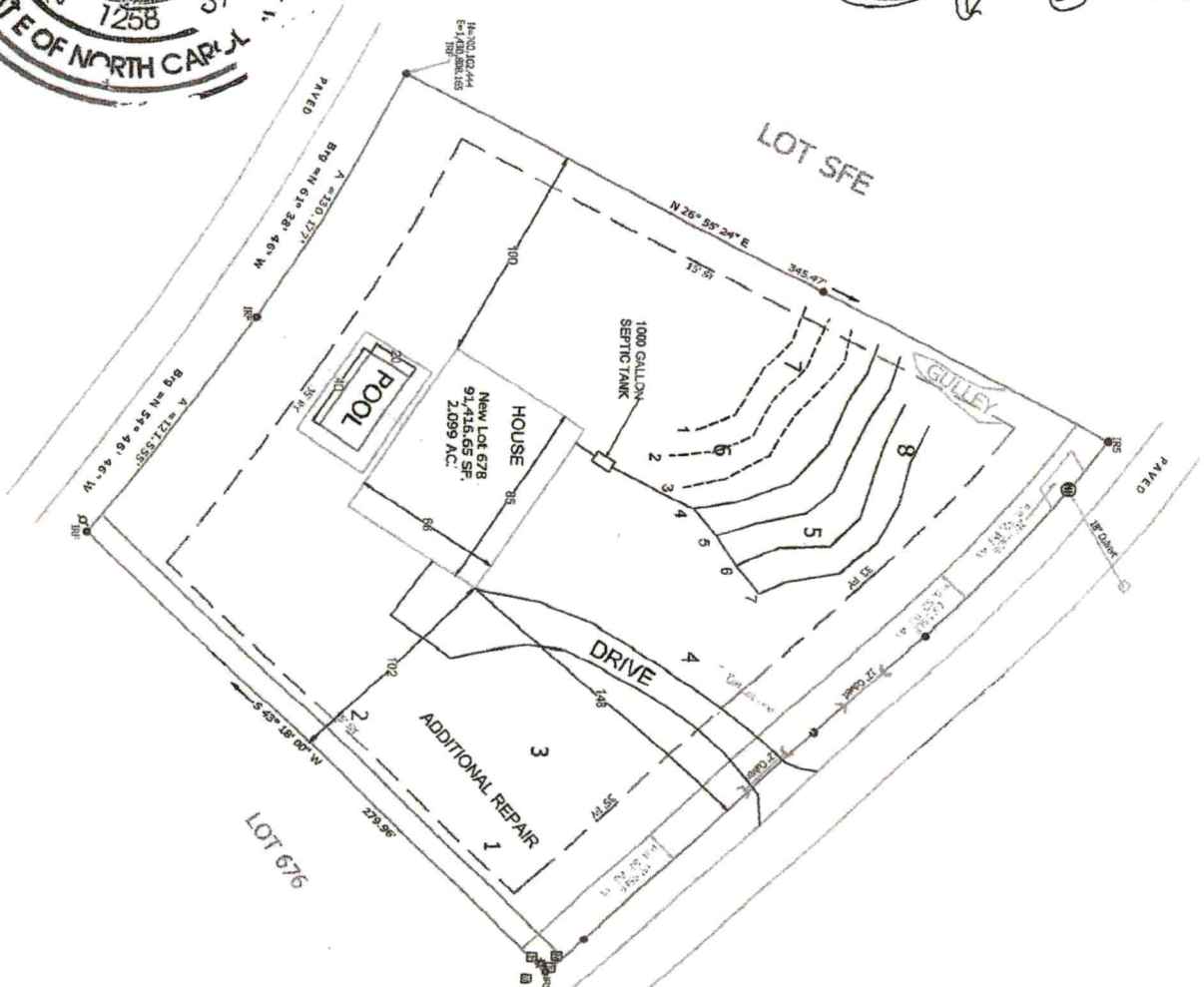
Benfield Outdoor Services & Solutions, LLC
939 Brawley School Rd, Mooresville, NC 28117 Ph:704-360-0376
Info@yardsbyboss.com

Tim Mulligan

LOT 678
FALLS COVE
TROUTMAN, NC
IREDELL COUNTY

DATE: 3/16/22 DRAWN BY: MDB CHECKED BY: MES

LICENSED SOIL SCIENTIST
MIRANDA E. STAMPER
1258
STATE OF NORTH CAROLINA
3/22/23



SCALE:
1" = 80 ft.

SYSTEM LINE

REPAIR LINE

BOSS	Benfield Outdoor Services & Solutions 930 Brawley School Rd, Mooresville, NC 28117 Ph:704-658-8616 BOSSM866@yahoo.com	Tim Mulligan	**LOT 678** LOT 678, TROUTMAN, NC IREDELL COUNTY DATE:3/16/22 DRAWN BY:MDB CHECKED BY:MES

PROPERTY ID #:

COUNTY: Iredell

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

OWNER: Lot # 677 (4730100124.000) AND 678 (4730009233)

ADDRESS: Park Crest Dr.

APPLICATION DATE:

PROPOSED FACILITY: 4 bedroom

PROPOSED DESIGN FLOW (.1949): 480

DATE EVALUATED: 1/7/2022

LOCATION OF SITE: Park Crest Dr.

PROPERTY SIZE: 2.1

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other

PROPERTY RECORDED:

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	L 9%	0-23	SBK CL	NS NP FR	-	49"	Sap II 30"	-	0.3
		23-42	SBK SiL	NS NP FR					
		42-49	wSBK SiL	NS NP FR					
B2	L 9%	0-32	SBK CL	NS NP FR	-	hit a rock foater @36"	Sap II 32"	-	0.3
		32-36	wSBK SiL	NS NP FR					
B3	L 8%	0-20	SBK CL	NS NP FR	-	48"	Sap II 26"	-	0.3
		20-26	wSBK CL	NS NP FR					
		26-48	wSBK SL	NS NP VFR					
B4	L 7%	0-4	GR SCL	NS NP FR	-	48"	Sap II 26"	-	0.3
		4-18	SBK CL	NS NP FR					
		18-26	SBK C	SS P FI					
		26-48	wSBK SCL	NS NP FR					
B5	L 6%	0-2	GR SL	NS NP FR	-	48"	Sap II 28"	-	0.3
		2-17	SBK CL	NS NP FR					
		17-21	SBL C	NS NP FI					
		21-32	SBK CL	NS NP FR					
		32-48	GR SCL	NS NP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	471 LF	288 LF
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Miranda Stamper

OTHER(S) PRESENT: Michael Benfield, Kevin Miller

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4730100124 and 4730008233
DATE OF EVALUATION: 1/7/22 and 3/4/22
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B6	L 6%	0-3	GR SCL	NS NP FR	10 yr 6/2 @ 44"	48"	Sap II 46"		0.3
		3-17	SBK C	SS SP FI					
		17-48	SBK SCL	NS NP FI/FR					
B7	L 6%	0-3	GR SL	NS NP FR	-	48"	Sap II 48"		0.3
		3-21	SBK C	NS SP FI					
		21-48	GR/SBK	NS NP FI/FR					
		48							
B8	L 6%	0-2	GR SL	NS NP FR	-	48"	Sap II 32"	-	0.3
		2-17	SBK CL	NS NP FR					
		17-21	SBK C	NS SP FI					
		21-32	SBK CL	NS SP FR					
		32-48	GR SCL	NS NP FR					

LICENSED SOIL SCIENTIST
MIRANDA E. STAMP
258
STATE OF NORTH CAROLINA

Miranda E Stamp 3/22/22

COMMENTS:

Zoning Permit # 327064 - Paid - AV 3/25/22

Fee: $ 45.00 CODE 104

*See reverse side for new construction

Zoning Permit

LOCATION	Date (mm/dd/yy)	03/25/22	Tax Parcel #	4730-00-9191
	Business Name or Property Owner	Tim Mulligan		
	Street Address & Lot Number	124 Park Crest Dr. Troutman, NC / lot 678		
	Business Type and/or Project Description	Septic install		
APPLICANT	Applicant	Benfield Outdoor Services + Solutions	Preferred Phone	704 360 0376
	Address City/State/Zip	939 Brawley School Rd Mooresville, NC 28117		
	E-Mail	info@yardsbybess.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	~~RS~~ RS	TL ☒ ETJ ☐	Plans Attached	Yes ☐ No ☒
Utilities	Town Water		Floodplain	Yes ☐ No ☒
Permitted Use of Property	Single-Family Res			
Minimum Setback Requirements	Front 25' Rear 25' Left Side 15' Right Side 15' *Setback measured from nearest projecting point of structure to Property Line.*			
Comments:	Single-Family Home			

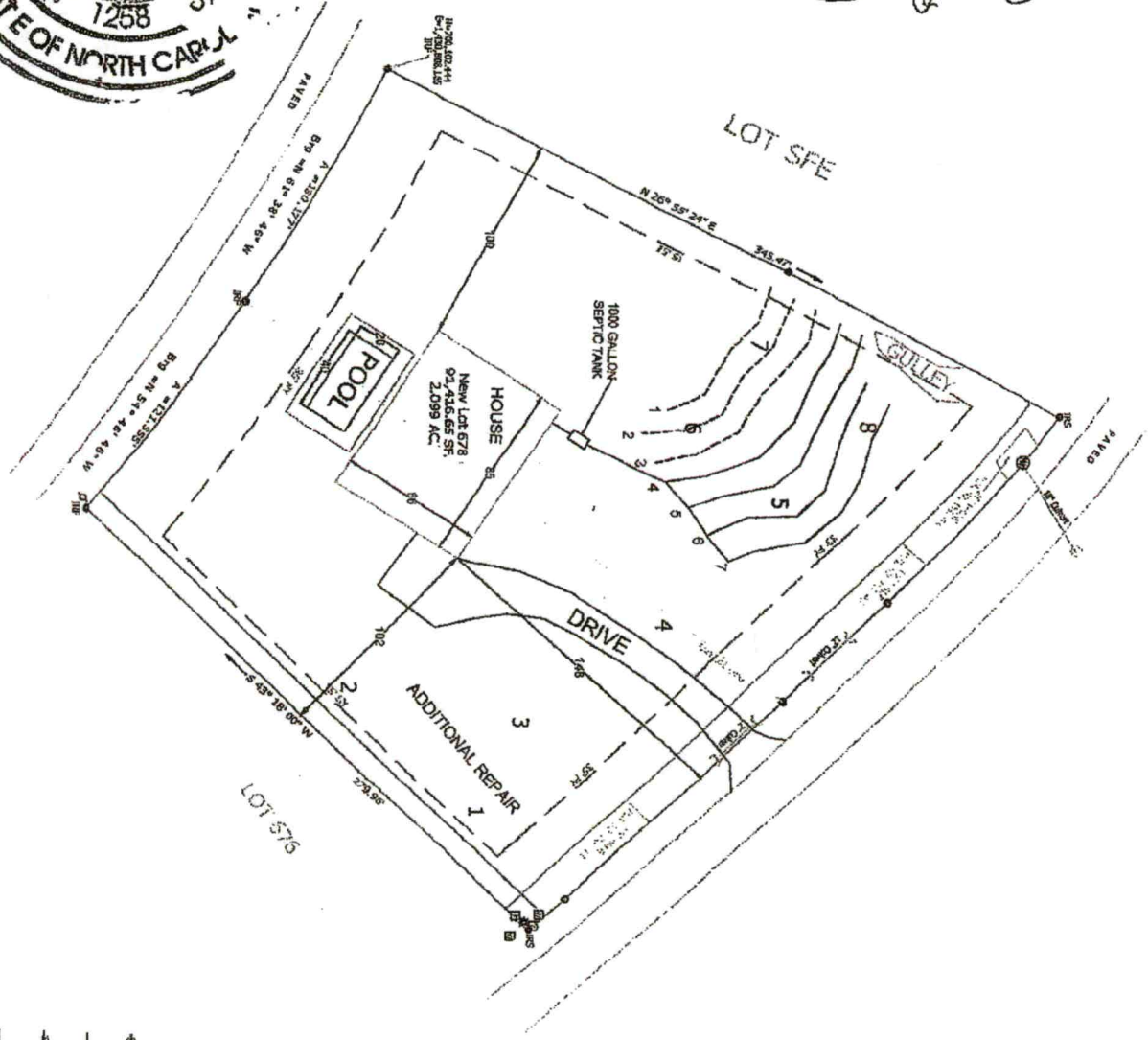
I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance

Signature of Zoning Administrator

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



SCALE:
1" = 80 ft.

SYSTEM LINE

REPAIR LINE

BOSS	Benfield Outdoor Services & Solutions 939 Brawley School Rd, Mooresville, NC 28117 Ph:704-658-0616 BOSSM888@yahoo.com	Tim Mulligan	**LOT 678** LOT 678, TROUTMAN, NC IREDELL COUNTY DATE: 3/16/22 DRAWN BY: MDB CHECKED BY: MES

BD

SL

RECEIVED APR C 1 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-327064 $500.00

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) 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.

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Benfield Outdoor Service and Solutions **Address:** 939 Brawley School Rd, Mooresville, NC **Zip:** 28117

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

Owner Name: Tim Mulligan **Address:** 155 W Morehouse Ave, Mooresville **Zip:** 28117

Owner Email: tim@precisionacinc.com **Phone:** 954-547-9143 **Alt. Phone:**

Property Information:

Street Address: 124 Park Crest Dr, Troutman, NC

Subdivision Name: Falls Cove & Parkwood **Section/Phase:** **Lot Number:** 678

Driving Directions: North on Perth Rd, Turn left onto State Park Rd, Go about 1.5 mi, then turn left onto Morrison Farm Rd driving about .5 mi. Then turning left onto Park Crest Dr. lot will second one on the right side.

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

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

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 ( ) Existing Well ( ) Community Well (X) 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: _____ 3/24/22

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

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

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, Timothy Mulligan, am the legal owner(s) of the property located at Park Crest Dr Lot #678, Troutman, NC, identified as

PIN (Parcel Identification Number) 4730-00-9233 & 4730-10-0124, 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.

Timothy J Mulligan Digitally signed by Timothy J Mulligan DN: C=US, E=Tim@precisionacinc.com, O=Precision AC, CN=Timothy J Mulligan Date: 2022.03.23 12:20:28-04'00'

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

Complete all Environmental Health forms:
_____ Application
_____ Site Plan with dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. **must be staked** out on the property as per the site plan.

If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 3/24/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R15822

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$500.00**
AP-327064 Address: 124 PARK CREST DR	**APN: 4730009197.000**		**$500.00**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
TOTAL FEES PAID BY RECEIPT:R15822			**$500.00**

Date Paid: Friday, April 01, 2022

Paid By: MULLIGAN TIMOTHY J+ROSE M

Cashier: BBN

Pay Method: CREDIT CARD 327064

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

SL

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

OWNER:
ADDRESS: 148 Hazelton Loop
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE:
APPLICATION DATE
DATE EVALUATED: 3/17/2
PROPERTY SIZE:
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-3	GR CL	SS SP FR	—	48	—	—	0.3
		3-31	SBK C	S P FI					
		31-48	SBK CL	NS NP FR					
2	L 8%	0-16	GR SCL	NS NP FR	—	48	II 36"	—	0.3
		16-36	SBK CL	SS NP FI					
		36-48	SAPSBK SCL	SS NP FI					
3	Brittle 15%	0-17	GR-SL	NS NP FR	—	48	—	—	0.3
		17-42	SBK-SL	NS NP FI					
		42-48	SBK-CL	SS NP FR					
4	L 10%	0-15	GR SCL	SS NP FR	—	48	—	—	0.3
		15-41	SBK GCL	SS SP FI					
		41-48	GR SCL	NS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	745 LF	309 LF
System Type(s)	25% Reduction	PP BPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Miranda Stamey
OTHER(S) PRESENT: Sydney

LICENSED SOIL SCIENTIST MIRANDA STAMEY 1258 STATE OF NORTH CAROLINA 4/11/22

COMMENTS:

RECEIVED MAY 11 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Benfield Outdoor Service and Solutions **Address:** 939 Brawley School Rd, Mooresville, NC **Zip:** 28117

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

Owner Name: Tim Mulligan **Address:** 155 W Morehouse Ave, Mooresville **Zip:** 28117

Owner Email: tim@precisionacinc.com **Phone:** 954-547-9143 **Alt. Phone:**

Property Information:

Street Address: 124 Park Crest Dr, Troutman, NC

Subdivision Name: Falls Cove & Parkwood **Section/Phase:** **Lot Number:** 678

Driving Directions: North on Perth Rd, Turn left onto State Park Rd, Go about 1.5 mi, then turn left onto Morrison Farm Rd driving about .5 mi. Then turning left onto Park Crest Dr. lot will second one on the right side.

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

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

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 ( ) Existing Well ( ) Community Well (X) 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: _____ 3/24/22

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

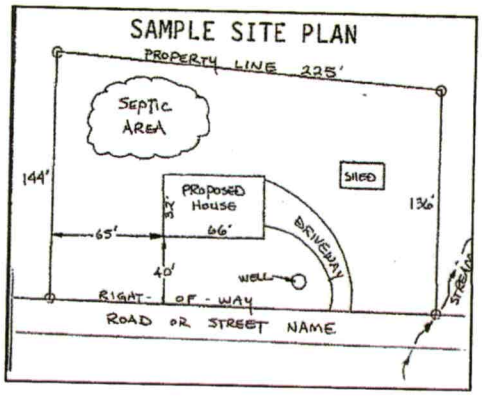
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (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

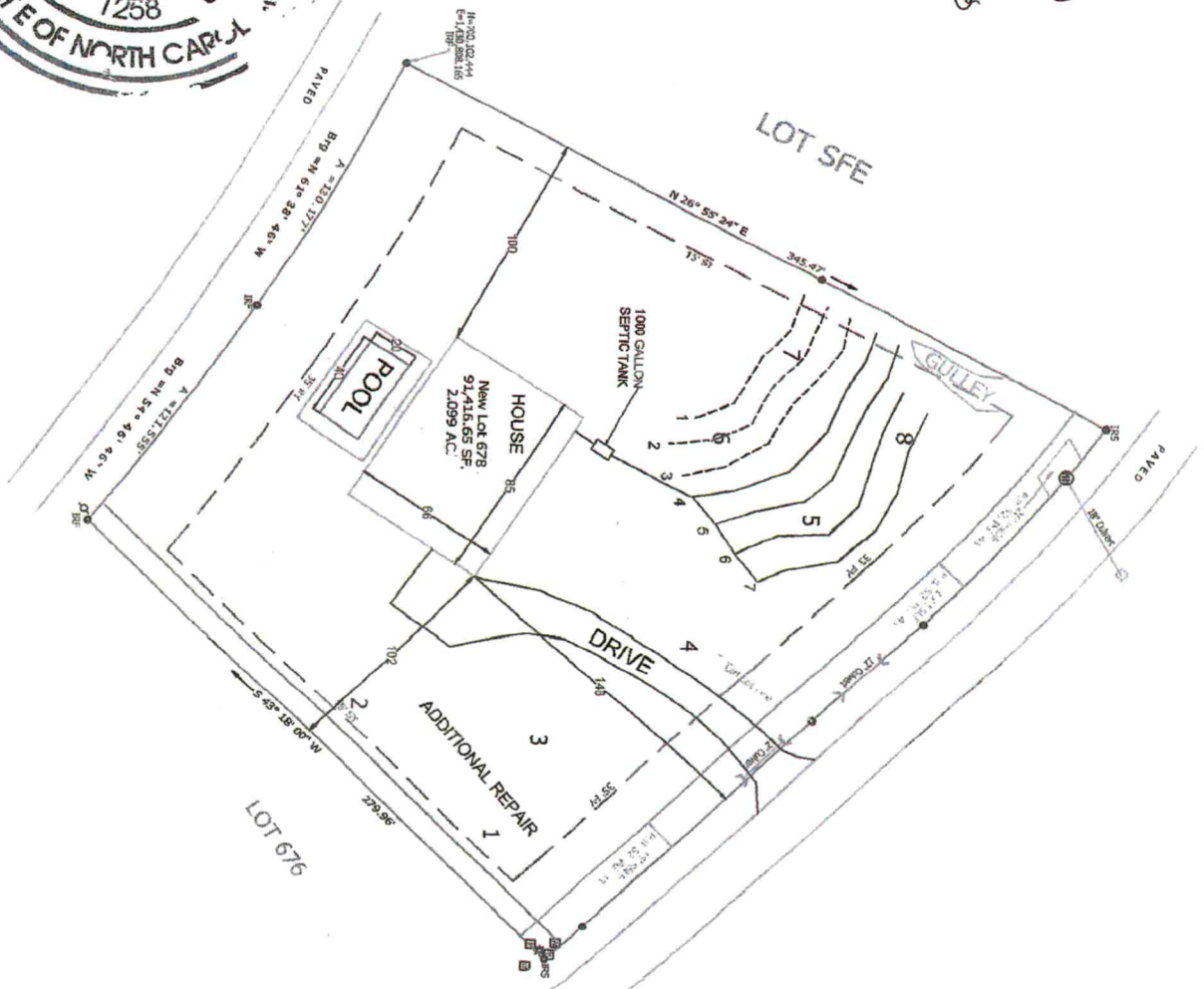
Signature: _____

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

3/24/22

DATE

LICENSED SOIL SCIENTIST
MIRANDA E. STAMPER
1258
STATE OF NORTH CAROLINA
3/22/22



SCALE:
1" = 80 ft.

SYSTEM LINE

REPAIR LINE

BOSS	Benfield Outdoor Services & Solutions 939 Brawley School Rd, Mooresville, NC 28117 Ph:704-658-8616 BOSSMB66@yahoo.com	Tim Mulligan	**LOT 678** LOT 678, TROUTMAN, NC IREDELL COUNTY DATE: 3/16/22 DRAWN BY: MDB CHECKED BY: MES

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	BLUE	1.5	19	0
2	GREEN	1.8	17	0
3	ORANGE	2.4	27	0
4	EXISTING P	3.2	71	36
5	EXISTING Y	3.7	80	48
6	EXISTING R	4.3	88	58
7	EXISTING B	4.7	87	60
8	EXISTING G	5.4	80	80
9	ORANGE	6.1	64	64
10	PINK	7.2	73	60
11	YELLOW	8.2	74	0
12	WHITE	9.3	60	0
13	GREEN	10.7	35	0
14	PINK	11.4	23	0
			TOTAL	TOTAL
			798	406

- PARK CREST DR, TROUTMAN NC.
PHASE 6, LOT 678 FALLS COVE SUBDIVISION

4-BEDROOM GRAVITY ACCEPTED SYSTEM
LINES 4-7 TOTAL 471 LINEAR FT (USE 400')
LTAR 0.3
25% REDUCTION 9' OC
24-36" TRENCH BOTTOM

4-BEDROOM LP PANEL BLOCK 8'-9' OC
LINES 1-3 & TOTAL 288 LINEAR FT
LTAR 0.3
36" TRENCH BOTTOM

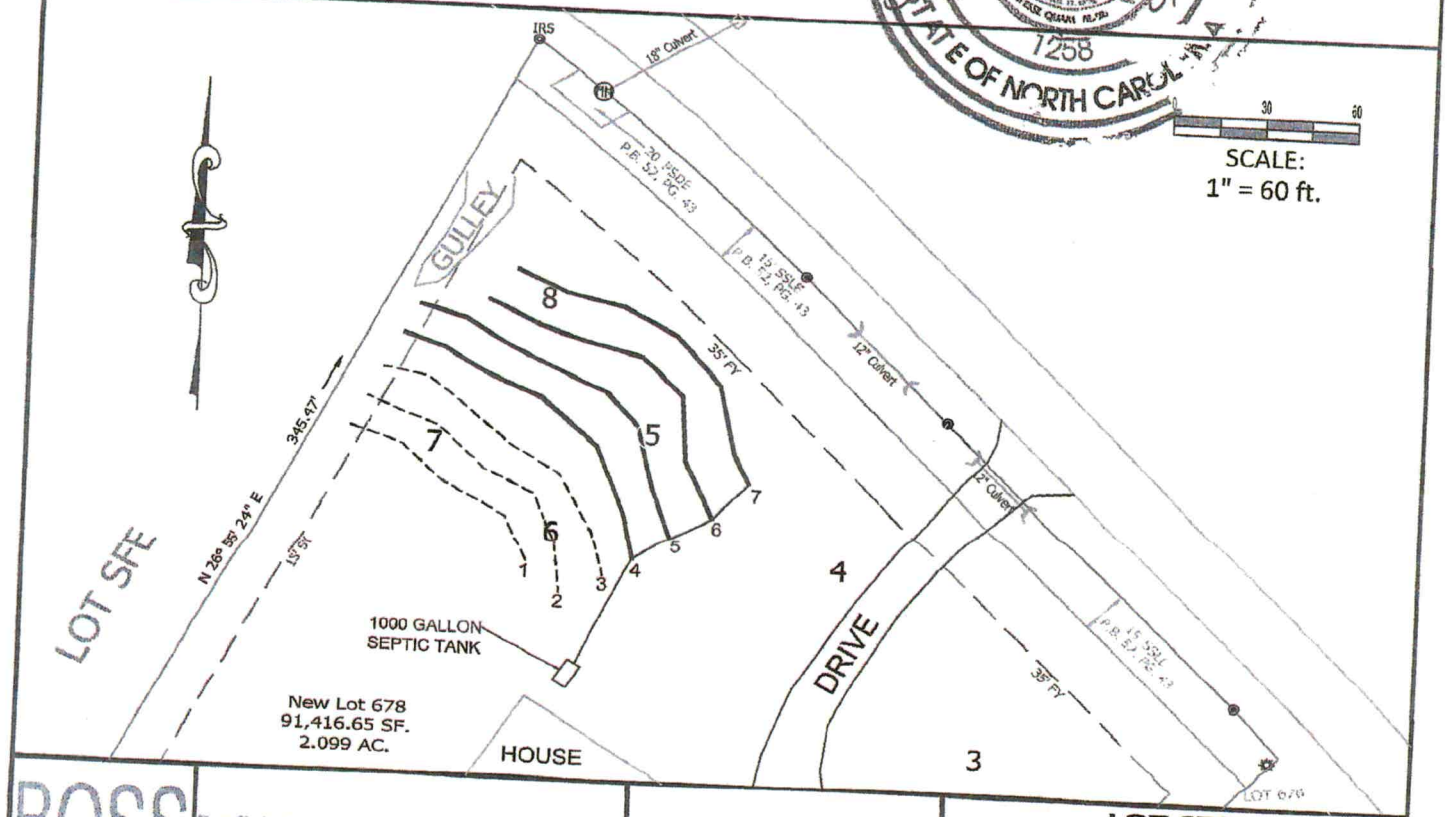
FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

Notes: SOIL INFORMATION PROVIDED BY LSS MIRANDA STAMPER

INITIAL LINE ———

REPAIR LINE - - - - - - - -

LICENSED SOIL SCIENTIST
MIRANDA E. STAMPER
1258
STATE OF NORTH CAROLINA
3/22/22



BOSS

Benfield Outdoor Services & Solutions, LLC
939 Brawley School Rd, Mooresville, NC 28117 Ph:704-360-0376
Into@yardsbyboss.com

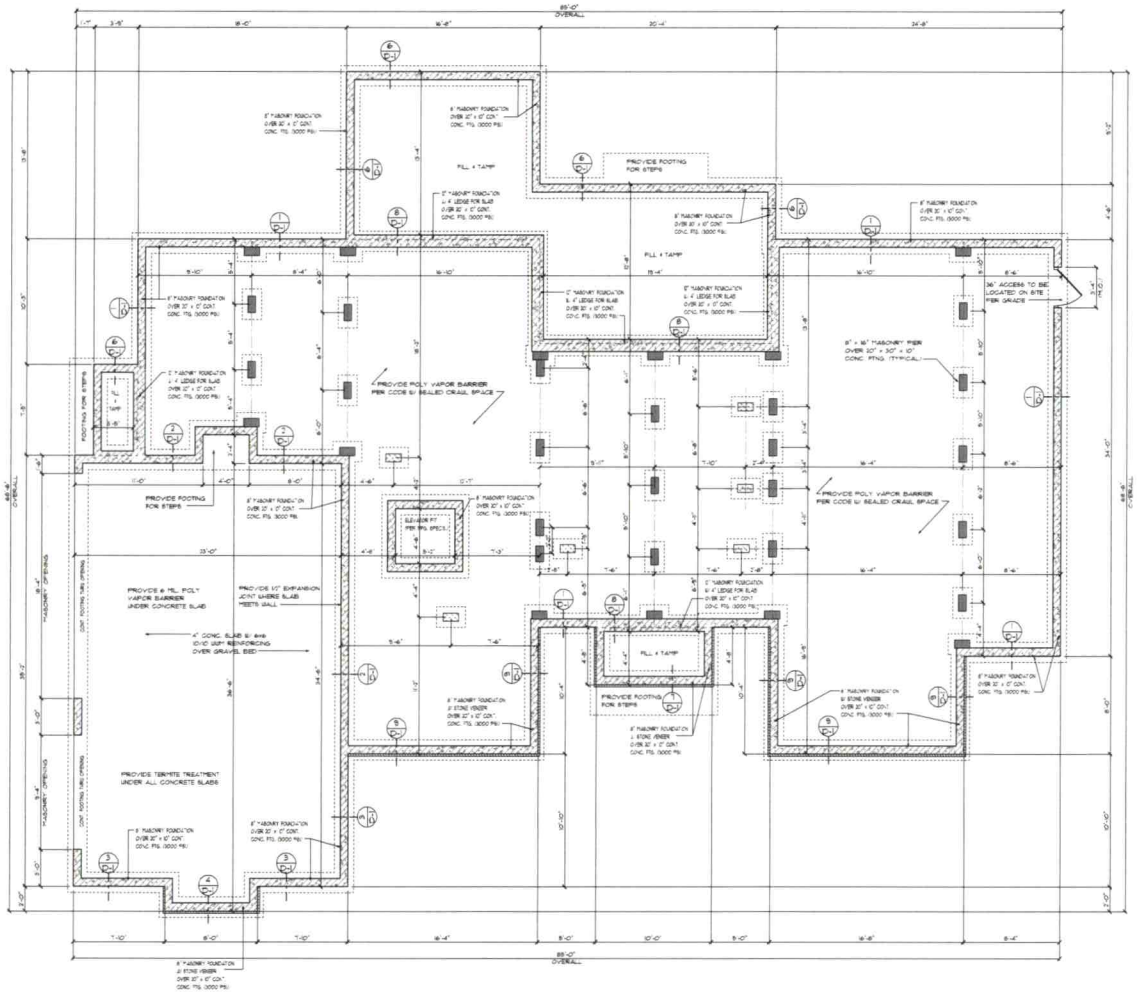
Tim Mulligan

LOT 678
FALLS COVE
TROUTMAN, NC
IREDELL COUNTY

DATE: 3/16/22 DRAWN BY: MDB CHECKED BY: MES

85'-0"
Overall

68'-6"
Overall



FOUNDATION PLAN
SCALE: 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!
Date 5-17-2022
Date 5-19-22

NOTE:
BUILDER'S TO VERIFY DIM'S./ MECHANICAL ETC. FOR ELEVATOR SHAFT ASSEMBLY PER MFG. SPEC'S.

CLOSED CRAWL SPACE
TO COMPLY WITH 2018 NORTH CAROLINA RESIDENTIAL CODE

PIER KEY

- 16" x 8" CMU PIER DROPPED TO ACCOMMODATE DROPPED GIRDERS.
- 16" x 8" CMU PIER (AT TYPICAL FOUNDATION HEIGHT).
- 16" x 16" CMU PIER (SOLID GROUTED) DROPPED TO ACCOMMODATE DROPPED GIRDERS.
- 16" x 16" CMU PIER (SOLID GROUTED) (AT TYPICAL FOUNDATION HEIGHT)

GENERAL FOUNDATION NOTES

1. SEE SHEET S2-1 FOR ADDITIONAL FRAMING NOTES.
2. CONCENTRATED POINT LOADS (SEE SHEET S2-1) INSTALL SOLID BLOCKING EQUAL TO THE NUMBER OF STUDS ABOVE, BETWEEN DROPPED GIRDERS OR FOUNDATION WALL + THE FLOOR SHEATHING. FULL HEIGHT (2)2X6 w/ SOLID BLOCKING WHERE REQUIRED.
3. ALL PIERS ARE TO BE 4'-0" x 4'-0" x 30"/30"/10" FOOTING (TYPICAL).
4. ALL DROPPED GIRDERS SHALL BE (3) 2x10 @ 12" O.C.
5. ALL SLABS TO BE 4" CONCRETE 3000 PSI W/ 6x6 10/10 (U.N.O.) REINFORCING U.N.O.
6. PERIMETER FOUNDATION WALL SHALL BE 8" CMU FOUNDATION WALL OVER 32" x 12" CONT. CONCRETE FOOTING WITH (1) #4 BARS IN BOTTOM THIRD OF FOOTING U.N.O.
7. PROVIDE REQUIRED TERMITE TREATMENT + 6 MIL POLY VAPOR BARRIER BELOW ALL CONCRETE SLABS.
8. ALL PTS's SHALL BE CAST FROM NORMAL WEIGHT CONC. HAVING A 28 DAY COMPRESSIVE STRENGTH (f'c) = TO or GREATER THAN 3000 psi.
9. GROUTED MASONRY CELLS + BOND BEAM FILL SHALL HAVE A MIN. COMPRESSIVE STRENGTH (f'c) OF 3000 psi.
10. SILL PLATE SHALL BE ATTACHED TO FOUND. WALL WITH 1/2" DIA. ANCHOR BOLTS EMBEDDED MINIMUM OF 7" x 12" O.C. + WITH (2) IN 12" OF ALL CORNERS.
11. PROVIDE 4" min. BEAM FOR ALL SLAB ROOMS
12. REFER TO ARCHITECTURAL DRAWINGS FOR ALL DIMENSIONS.
13. ALL PIERS GREATER THAN 8'-0" TALL MUST BE (8 x 8 PIERS FILLED SOLID W/ TYPE 'S' MORTAR OVER 32" x 30" x 10" CONCRETE FOOTING.

GB ENGINEERING
GB Engineering, PLLC
Gary A. Barnes, PE
11926 Tree Sparrow Rd.
Charlotte, NC 28278
(704) 677-5339
NC Bus. Lic. #P-1298
Sealed for Structural Information Only

PROJECT:
MULLIGAN RESIDENCE
PARK CREST DRIVE

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928

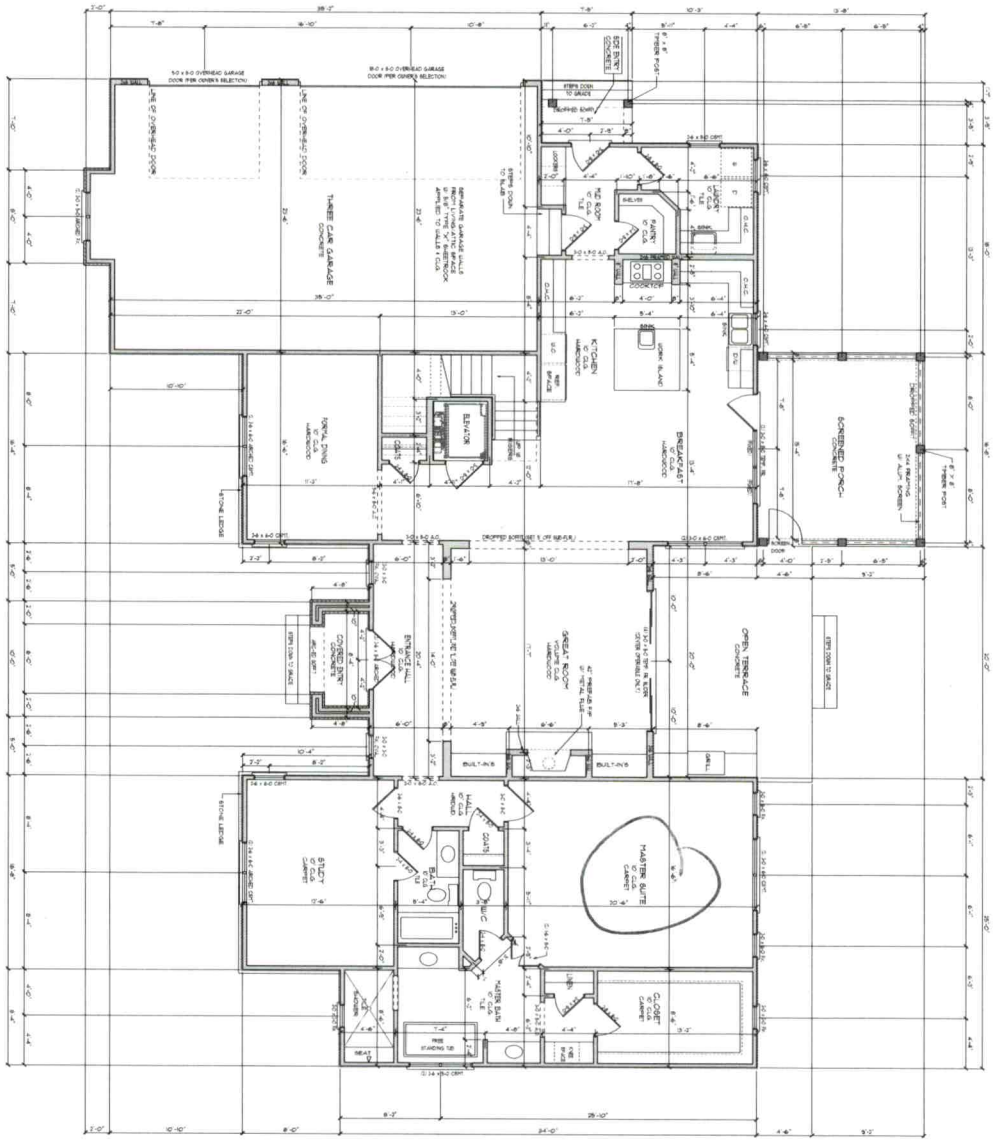
DATE:
APRIL 20, 2022

SHEET
S-1

Acknowledgement Of
Plans Submittal ONLY!

BLB Date

Elizabeth Sew Date 5-19-22



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

DOOR & WINDOW NOTE

ALL DOOR & WINDOW SIZES ARE NOMINAL. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY ALL SIZES, CONFIGURATIONS AND HANDINGS PRIOR TO ORDERING. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ANY ERRORS RESULTING FROM THE USE OF NOMINAL SIZES. ALL DOORS AND WINDOWS SHALL COMPLY WITH ALL APPLICABLE CODES AND REGULATIONS. CONTRACTOR SHALL VERIFY ALL EGRESS WINDOW SIZES AND CONFIGURATIONS WITH THE LOCAL BUILDING OFFICIAL PRIOR TO ORDERING. ALL EGRESS WINDOWS SHALL COMPLY WITH THE 2018 NORTH CAROLINA RESIDENTIAL CODE.

FIRST FLOOR NOTES

1. CEILING HEIGHT TYP UNLESS NOTED OTHERWISE
2. DOOR AND WINDOW HEIGHT TYP UNLESS NOTED OTHERWISE
3. SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR HEIGHT / FIRST FLOOR CEILING HEIGHTS
4. ALL WINDOWS SHALL BE A MINIMUM OF 24" ABOVE FINISHED FLOOR UNLESS OTHERWISE NOTED. ALL WINDOWS LESS THAN 36" ABOVE FINISHED FLOOR SHALL BE TEMPERED. ALL WINDOWS WITHIN 24" OF DOORS & LOCATED OPERABLE SECTIONS OF WINDOW ARE TEMPERED. ALL WINDOWS WITHIN 24" OF TUB OR SHOWER ARE LOCATED WITHIN 24" OF THE FINISHED FLOOR.
5. ALL FRAMING DIMENSIONS FOR FIREPLACES SHALL BE COORDINATED WITH THE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
6. ALL FRAMING DIMENSIONS FOR FIREPLACES SHALL BE COORDINATED WITH THE MANUFACTURER'S INSTALLATION INSTRUCTIONS.

SQUARE FOOTAGE

FIRST FLOOR HEATED	3644
SECOND FLOOR HEATED	395
TOTAL	3644
GARAGE	848
COVERED ENTRY	80
COVERED PORCH	161
SCREEN PORCH	228
TOTAL UNDER ROOF	5666

NOTE:
BUILDERS TO VERIFY STRUCTURAL, MECHANICAL, ETC. FOR ELEVATOR SHAFT ASSEMBLY PER MFG SPECS.

TYPICAL ARCHED OPENING DETAIL

SCALE: 1/2" = 1'-0"

STAIR SECTION

SCALE: 1/4" = 1'-0"

STAIR NOTES

NOTE:
- VERIFY ACTUAL DIMENSIONS AND CONDITIONS IN FIELD PRIOR TO STAIR FABRICATION
- NOTE: ALL STAIRS TO BE BUILT TO COMPLY WITH 2018 NORTH CAROLINA RESIDENTIAL CODE
- ALL STAIRWAYS SHALL BE BUILT WITH HANDRAILS ON AT LEAST ONE SIDE OF THE STAIRWAY IN ACCORDANCE WITH THE 2018 NORTH CAROLINA RESIDENTIAL CODE
- ALL HANDRAILS SHALL BE CONTINUOUS THE FULL LENGTH OF THE STAIRS FROM A POINT DIRECTLY ABOVE THE TOP RISER TO A POINT DIRECTLY ABOVE THE LOWEST RISER
- ALL HANDRAILS SHALL BE NOT LESS THAN 34" AND NOT MORE THAN 38" ABOVE THE NOSING OF THE TREADS
- ALL HANDRAILS SHALL BE GRIPPABLE WITH A CIRCULAR CROSS SECTION OF 1 1/4" TO 2" OR AN EQUIVALENT SHAPE
- ALL HANDRAILS SHALL HAVE A SMOOTH SURFACE WITH NO SHARP CORNERS
- ALL HANDRAILS SHALL BE MOUNTED AT LEAST 1 1/2" FROM ANY WALL
- ALL HANDRAILS SHALL BE CONTINUOUS BETWEEN FLIGHTS
- ALL HANDRAILS SHALL RETURN TO A WALL OR TERMINATE TO A NEWEL POST
- ALL HANDRAILS SHALL BE GRASPABLE AND NOT OBSTRUCTED ALONG THEIR LENGTH
- ALL HANDRAILS SHALL BE CONTINUOUS THE FULL LENGTH OF THE STAIRS FROM A POINT DIRECTLY ABOVE THE TOP RISER TO A POINT DIRECTLY ABOVE THE LOWEST RISER

P.O. Box 691286
Mint Hill NC 28227
tel: 704-545-7928

MULLIGAN RESIDENCE

PARK CREST DRIVE

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

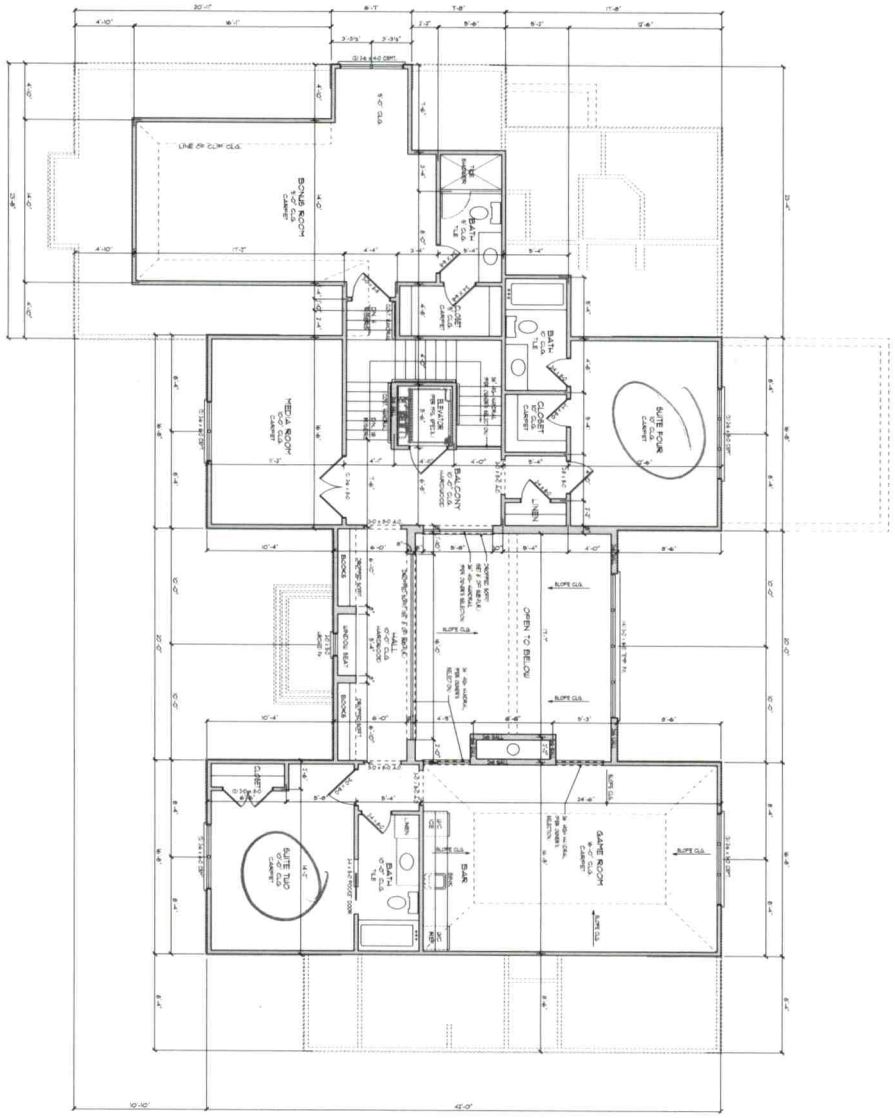
PROJECT:

ENGINEERED BY:

DATE: APRIL 20, 2022

SHEET: A-1

Acknowledgement Of
Plans Submittal ONLY!
BAB Date 5-20-2022
Elizabeth Senn Date 5-19-22



SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

SECOND FLOOR NOTES

NOTE: BUILDERS TO VERIFY DUCT, MECHANICAL ETC. FOR ELEVATOR SHAFT ASSEMBLY PER MFG. SPEC'S.

TYPICAL ARCHED OPENING DETAIL
SCALE: 1/2" = 1'-0"

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928

MULLIGAN RESIDENCE
PARK CREST DRIVE

PROJECT:

ENGINEERED BY:

DATE: APRIL 20, 2022

SHEET: A-2

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

BENFIELD OUTDOOR SERVICES & SOLUTIONS

Benfield Outdoor Services & Solutions
Phone: (704) 360-0376
939 Brawley School Rd.
Mooresville, North Carolina 28117
info@yardsbyboss.com
LSS: Miranda Stamper #1258

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

March 23, 2022

Recommended Wastewater Disposal System
Owner: Tim Mulligan
PIN's: 4730100124.000 and 4730009233.000

To whom it may concern,

You will find attached a copy of the wastewater disposal system proposed for the owner Mr. Tim Mulligan. The adjoining lots of 677, PIN# 4730100124.000 and 678, PIN# 4730009233.000 located on Park Crest Dr. in Iredell County. Also attached are the sealed soil notes, site plan and design for an on-site wastewater disposal system. This is submitted under Session Law 2018-114 (HB 374). 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 SL-2018-114 Section 11 (C).

Owner: Tim Mulligan

Signature: Timothy J Mulligan Digitally signed by Timothy J Mulligan DN: C=US, E=Tim@precisionacinc.com, O=Precision AC, CN=Timothy J Mulligan Date: 2022.03.24 09:12:59-04'00'

The LSS Evaluation is submitted pursuant to and meeting requirements of SL-2018-114 Section 11 (C).

Miranda Stamper, LSS

Signature: Miranda E. Stamper, LSS#1258

Stamper Soil Services, PLLC
4115 Highland Pointe Drive
Unionville, NC 28110-9113

PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Lot # 677 (4730100124.000) AND 678 (4730009233)
ADDRESS: Park Crest Dr.
PROPOSED FACILITY: 4 bedroom PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Park Crest Dr.
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other

APPLICATION DATE:
DATE EVALUATED: 1/7/2022
PROPERTY SIZE: 2.1
PROPERTY RECORDED:

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B1	L 9%	0-23	SBK CL	NS NP FR	-	49"	Sap II 30"	-	0.3
		23-42	SBK SiL	NS NP FR					
		42-49	wSBK SiL	NS NP FR					
B2	L 9%	0-32	SBK CL	NS NP FR	-	hit a rock foater @36"	Sap II 32"	-	0.3
		32-36	wSBK SiL	NS NP FR					
B3	L 8%	0-20	SBK CL	NS NP FR	-	48"	Sap II 26"	-	0.3
		20-26	wSBK CL	NS NP FR					
		26-48	wSBK SL	NS NP VFR					
B4	L 7%	0-4	GR SCL	NS NP FR	-	48"	Sap II 26"	-	0.3
		4-18	SBK CL	NS NP FR					
		18-26	SBK C	SS P FI					
		26-48	wSBK SCL	NS NP FR					
B5	L 6%	0-2	GR SL	NS NP FR	-	48"	Sap II 28"	-	0.3
		2-17	SBK CL	NS NP FR					
		17-21	SBL C	NS NP FI					
		21-32	SBK CL	NS NP FR					
		32-48	GR SCL	NS NP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	471 LF	288 LF
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Miranda Stamper
OTHER(S) PRESENT: Michael Benfield, Kevin Miller

LICENSED SOIL SCIENTIST MIRANDA E. STAMPER 1258 STATE OF NORTH CAROLINA 3/22/22

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4730100124 and 4730009233
DATE OF EVALUATION: 1/7/22 and 3/4/22
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B6	L 6%	0-3	GR SCL	NS NP FR	10 yr 6/2 @ 44"	48"	Sap II 46"		0.3
		3-17	SBK C	SS SP FI					
		17-48	SBK SCL	NS NP FI/FR					
B7	L 6%	0-3	GR SL	NS NP FR	-	48"	Sap II 48"		0.3
		3-21	SBK C	NS SP FI					
		21-48	GR/SBK	NS NP FI/FR					
		48							
B8	L 6%	0-2	GR SL	NS NP FR	-	48"	Sap II 32"	-	0.3
		2-17	SBK CL	NS NP FR					
		17-21	SBK C	NS SP FI					
		21-32	SBK CL	NS SP FR					
		32-48	GR SCL	NS NP FR					

LICENSED SOIL SCIENTIST
MIRANDA E. STAMPS
258
STATE OF NORTH CAROLINA

Miranda E. Stamps 3/22/22

COMMENTS:

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Timothy Mulligan, am the legal owner(s) of the property located at Park Crest Dr Lot #678, Troutman, NC, identified as

PIN (Parcel Identification Number) 4730-00-9233 & 4730-10-0124, 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.

Timothy J Mulligan Digitally signed by Timothy J Mulligan DN: C=US, E=Tim@precisionacinc.com, O=Precision AC, CN=Timothy J Mulligan Date: 2022.03.23 12:20:28-04'00'

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

Complete all Environmental Health forms:
_____ Application
_____ Site Plan with dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. **must be staked** out on the property as per the site plan.

If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 3/24/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Zoning Permit # 327064 - Paid - AV 3/25/22

Fee: $ 45.00 CODE 104

*See reverse side for new construction

Zoning Permit

LOCATION	Date (mm/dd/yy)	03/25/22	Tax Parcel #	4730-00-9191
	Business Name or Property Owner	Tim Mulligan		
	Street Address & Lot Number	124 Park Crest Dr. Troutman, NC / lot 678		
	Business Type and/or Project Description	Septic install		
APPLICANT	Applicant	Benfield Outdoor Services & Solutions	Preferred Phone	704 360 0376
	Address City/State/Zip	939 Brawley School Rd Mooresville, NC 28117		
	E-Mail	info@yardsbybass.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	~~RM~~ RS	TL ☒ ETJ ☐	Plans Attached	Yes ☐ No ☒
Utilities	Town Water		Floodplain	Yes ☐ No ☒
Permitted Use of Property	Single-Family Res			
Minimum Setback Requirements	Front 25' Rear 25' Left Side 15' Right Side 15' *Setback measured from nearest projecting point of structure to Property Line.*			
Comments:	Single-Family Home			

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance

Signature of Zoning Administrator

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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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.

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2. I, Timothy Mulligan , am the legal owner(s) of the property located at 124 Park Crest Drive, Troutman, NC identified as PIN (Parcel Identification Number) 47300-00-9233 & 4730-10-0124, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Patrick Joseph Distinctive Homes , 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.

_____ 5/18/2022

Signature of Owner(s) Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677