Pump Design Sheet **For:** Daniel Sugarman - 439 Barber Loop - CLT S7 Lot 98 **By:** Daniel McNeil

System Length (linear ft)	267	Total Flow (gpm)	27.57
# of 16in Panels	62		
# of Lines	7		
Hole Size (in) (5/32=.156 3/16=.118)	0.156	Friction Loss (ft) - Supply Line	3.43
Drainfield Pipe Size (in)	1.25	Friction Loss (ft) - Valve Box	5.60
Supply Line Size (in)	2	Friction Loss (ft) - Drain Lines	14.11
Supply Line Length (ft)	160		
Pressure Head (ft)	2	Friction Loss (ft) - Total	23.14
Elevation Head (ft)	15		
		Total Dynamic Head (ft)	48.64

When choosing a pump for this system, you will need a pump that can deliver:

27.57 GPM against **48.64** FT of Total Dynamic Head

Dose Volume (gal)	221.82
Pump Run Time (min)	8.05
Tank Drawdown (in)	10.56

Barber Loop

Project No. 5-1670s2

LAYOUT FOR 4 BEDROOM HOME — Jun-03

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH
TBM		6.3			100.0	
INSTR. 1			106.3			
			SYSTEM			
1	ORNG			0.50	106.9	25
2	YELLOW			1.80	105.6	30
3	BLUE	4.0		2.90	104.5	35
4	PINK	3.3		2.20	104.1	40
5	RED			2.80	103.5	44
6	ORANGE			3.90	102.4	45
7	YELLOW			5.40	100.9	48
					TOTAL	**267**
			REPAIR			
8	BLUE			6.80	99.5	48
9	PINK			7.70	98.6	51
10	RED			8.50	97.8	54
11	ORANGE	4.5		9.40	96.9	34
12	YELO			5.90	96.3	37
13	BLUE			6.90	95.3	34
14	PINK			7.40	94.8	24
					TOTAL	**282**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	DISTRIBUTION
** System*	*267*	*0.30*	***PPBPS***	**LPP**
REPAIR	282	0.3	PPBPS	**LPP**

Notes:

** TBM located top of neighbor's control panel

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS and FS indicate rod readings

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date 13 Sept 1962

Owner Waters Address Rte 3 Charlotte

Installed By Osborne & Brown Address Mooresville

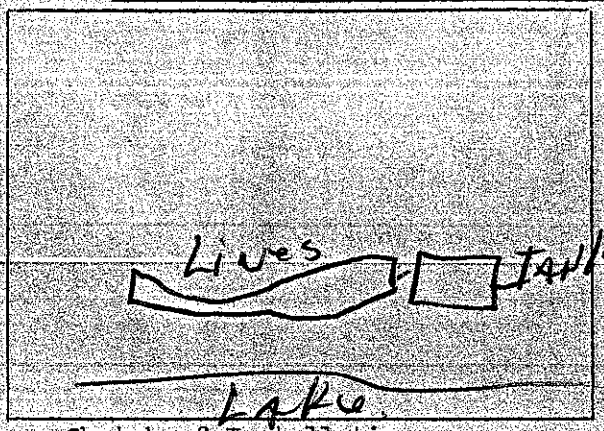
Location of Property Section 7 Lot 98

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	(✓)	No. of Baths	( )
Precast	(✓)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other _____		Garbage Grdr.	( )
		Other				Other	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 13 Sept 1962 Approved (X) Disapproved ( )

Remarks Well not Down.



Sketch of Installation

Sanitarian