IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208726

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

PIN # 4636223757

APPLICANT: BRIAN CHROSTOWSKI APPLICANT ADDRESS: 2649 BLENHEIM CENTER DR

SITE ADDRESS: 114 WHEATON LN MOORESVILLE NC 28117 PHONE: ALT. PHONE: 203-858-9856

SITE DIRECTIONS: BSR - TL ISLE OF PINES - TR ROCK RIDGE RT - TL WHEATON LN - ON RT

SUBDIVISION: ROCK RIDGE ~~FM~~ POINT SECTION: 1 LOT # 10 LOT AREA: .69AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	211	Date	10-21-16	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	1850	Date	11-14-16	System Description: LPPBPS		☐ Business	No. Persons 8
Pump/Make	Zoeller	Model	N137	Serial #		Repair System Description: SAME		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2C140	Lineal Ft:	280	Maintenance Agreement Required: ☑ YES ☐ NO		☐ Slab	☑ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY ☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions:

11/9/17 Set 27 pressure, checked alarm.

INITIAL SITE SKETCH

See Septic & Environmental Solutions Design

AS BUILT SKETCH

CHECKED TANKS 12-22-16 BA
CHECKED LINES & CUB 1-13-17 BA

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.

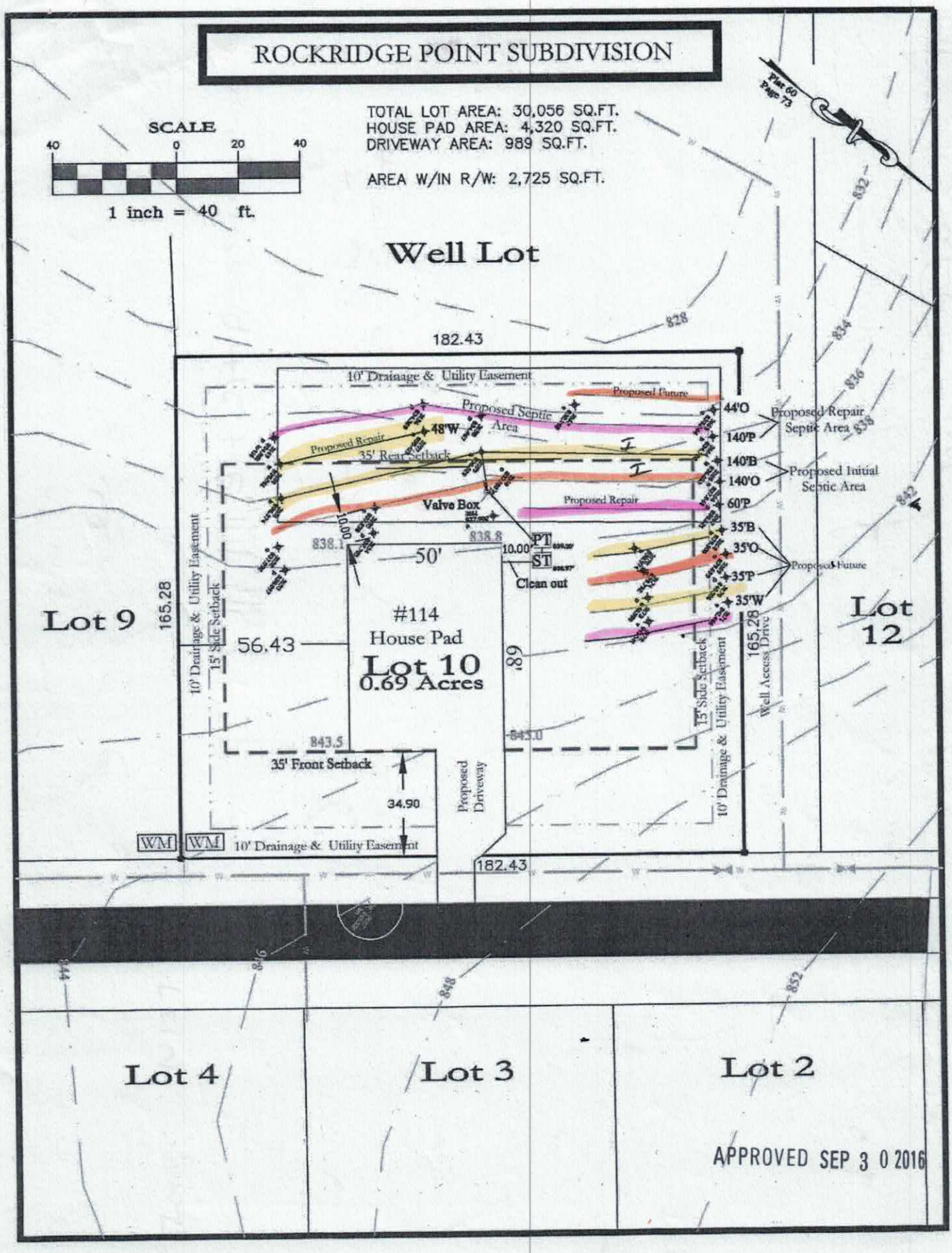
Owner / Applicant Signature: Date: 10/4/16 Installed by: SID CRASKINS

IMPROVEMENT PERMIT by: Date: 9/30/16 OPERATION PERMIT by: Date: 11/24/17

AUTHORIZATION TO CONSTRUCT by: Date: 9/30/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

ROCKRIDGE POINT SUBDIVISION



OF ENVIRONMENT AND NATURAL RESOURCES
ENVIRONMENTAL HEALTH
ASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rocky Ridge
ADDRESS:
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 10

APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE:
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

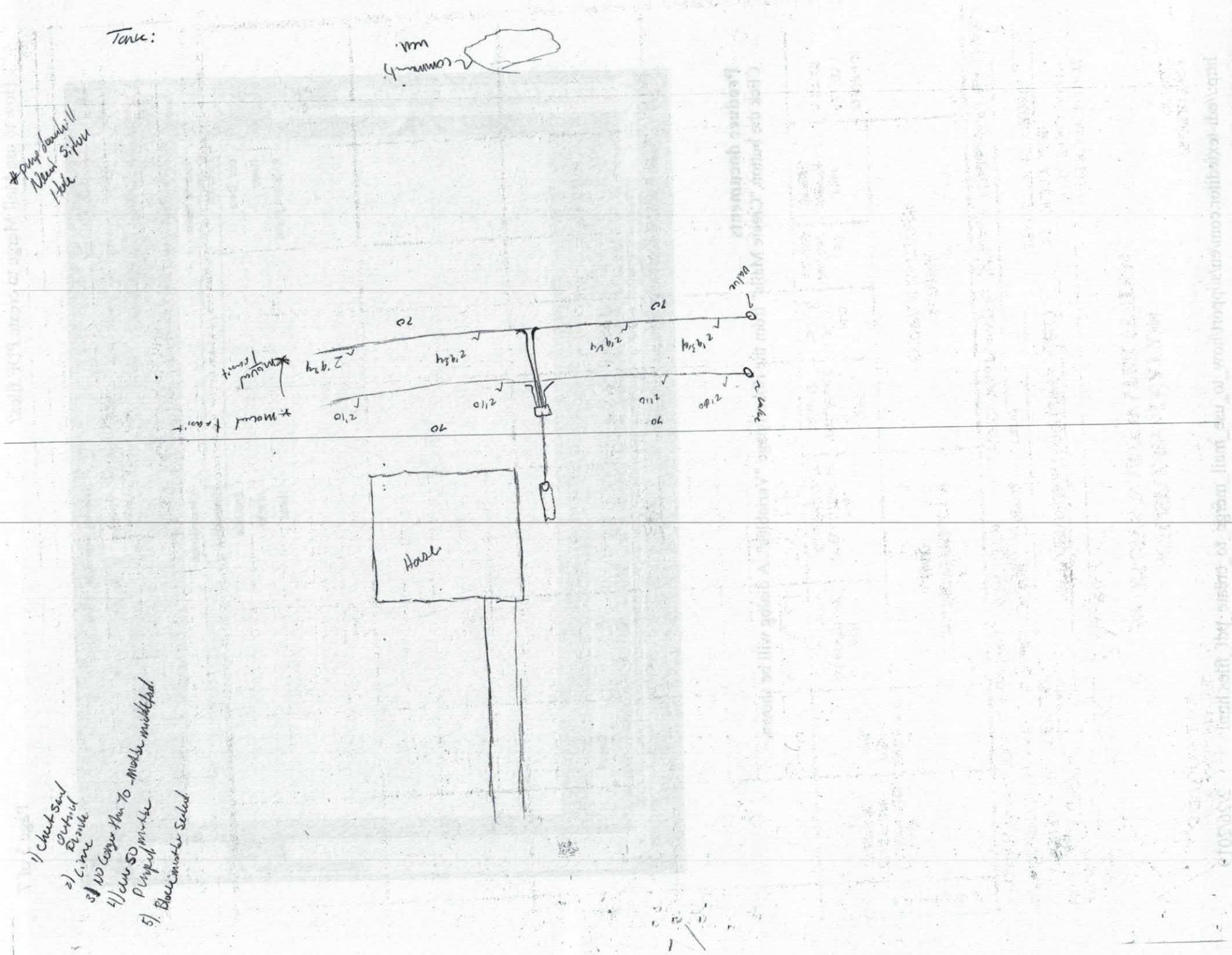
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L 6-8%	0-9	wsbk cl	SSSPFr	Br				
		9-56	mass l	Fr	Mott:	F veins	of weathered rock		.3-.4
30	L	0-16	moSBK C	FR SS/SP	Yel Red; F	sap			
		16-35	WKSBK CL	FR SS/SP	Yel Red;	C sap			.3
					opp wall: some sap				
3	2-8-06 8-9% L	0-3	gr SL	fr ssp					
		3-37	mSBK Pmgr CL	fr SSS/SSBK					.3
		37-58	Massive LSmp	fr ssp					
4		0-9	SBK boundary of	fr ssp					
		9-57	wksbk-gr L massive	sap fr ssp					.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:

Tank:



1) Check sand outside Divide
2) Clean
3) WD Copper Flow 70 - Middle middle pad.
4) Clean 50 Purple Mixture
5) Backwash Solved

Design Specifications for Lot 10 Rock Ridge Point, Iredell, North Carolina

Daily Design Flow	480	gals
Number of Bedrooms	4	bedrooms
Basement or Crawspace	Craw Space	
Dellinger Septic Tank Size	1500	gals, Effluent Poly Lock PL68 Filter or equal.
Dellinger Pump Tank Size	1500	gals
Sim/Tech Effluent Filter on Pump Tank	Yes	Connection inside pump tank vault and on supply line.
Primary System Loading Rate (LTAR)	0.30	gpd/ft^2 LTAR including Soils Evaluations were determined by Iredell County. Soils Evaluations and LTAR were not Conducted by Septic Environmental Solutions, Inc.
Number of Lines	2	Total LP PPBPS, See Scaled Dwg.
Primary System	280	ft.
Trench Width	3	ft
Trench Spacing	9	ft
Trench Maximum Depth	36	inches
Pump required	Yes	
Distribution Device	Yes	Gate Valve Box with LPP Panel Distribution
Maintenance Agreement Required	Yes	Contracted by Septic Environmental Solutions, Inc.
Length and Diameter of Supply Line	21	2" SCH 40 PVC 1 1/4" SCH 40 PVC
Lateral Diameter	Yes	1 1/4 SCH 40 PVC
Number of T&J Panels	64	Total panels for primary system
Barrel Diameter	Yes	4" SCH 80 PVC
Flow Rate through System	32	gpm– use 5/32" holes with 3ft head
Elevation Head	6	ft.
Pressure Head	3	ft.
Friction Head	1	ft.
20% Contingency	2	ft.
Total Head	12	ft.
Pump Requirements	32	gpm. with 12-ft of Head; Use Goulds WE03M Pump or Equivelent with Compatible Electrical
Dosing Volume	231	s
Pump run time per dose, approximate	7.2	min
Check Valve	Yes	
Siphon Break Hole	Yes	
Repair System Loading Rate	0.30	gpd/ft2
Repair System	Yes	LP PPBPS, See attached dwg.
Total foot of Repair	270	ft

APPROVED SEP 3 0 2016

Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occures, reduce floats by 25 gallons and reset until no overflow is observed.

LPPPPBPS Design Worksheet (Primary System)						File #/Name:	Rock Ridge
System Requirements						Tax #:	4636233131.010
Number of bedrooms	4					Lot	10
Craw Space/Basement	Craw Space						
Daily Design Flow	480	gpd				Address:	Iredell County
LTAR	0.300	gpd/ft.^2				Consultant:	Septic Environmental Solutions Inc.
Linear footage	533.33	ft. (Conventional)				Phone:	704-502-5588, Fax 704-684-1469
Linear footage	266.67	ft. (50% Reduction)					
Trench Maximum Depth	36	inches					
Laterals	Length (ft)	# Panels	Calculated				
Line # 1	140	32	32				
Line # 2	140	32	32				
Line # 3		0	0				
Line # 4		0	0				
Line # 5		0	0				
Line # 6		0	0				
Line # 7		0	0				
Line # 8		0	0				
Line # 9		0	0				
Line # 10		0	0				
Line # 11		0	0				
Line # 12		0	0				
Totals	280	64	64				
	*Lines longer than 70 ft. must be center-fed to comply with sewage rules.						
Absorption Area							
Length (ft)	Width (ft)	Spacing	Area (ft^2)				
280	3	9	3000+				
System Pressure Head	3	ft.	Value selected by system designer (must be between 2-5 ft.)				
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)				
Flow Rate per Orifice/Panel	0.5	gpm	Determined from orifice flow design table (use table from Flow Rate tab)				
Total System Flow Rate	32	gpm	Total number of panels required multiplied by the orifice flow rate				
System Dose Volume	231	gal.	Total number of panels required multiplied by 3.6 gal./panel				
Doses Per Day	2.1	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.				
Pump Run Time	7.22	min.	System dose volume divided by the total system flow rate				
Pump Tank Volume / Inch	29	gal./in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch. 1,500 gal. pump tank, volume is approximately				
			29 gallons per inch. Contractor is responsible in verifying tank gallons per inch.				
Pump Tank Drawdown	7.97	in.	System Dose Volume divided by gallons per inch for the designed tank size.				
Supply Line Length	21.00	ft					
Elevation head+pump height	6.00	ft.					
Friction Head	1.00	ft.					
20% Contingency	2.00	ft.					
Total Head	12.0						
Comments:							
1. Install system using 2 ft. wide trenches.							
2. Install drainlines on 8 ft. centers (to be specified by the designer) and must be level and on contour.							
3. System design requires effluent pump for distribution.			Yes				

T&J Panel Summary Table	
Linear Feet	# Panels
20	5
30	7
40	9
50	11
60	14
70	16
80	18
90	21
100	23
110	25
120	17
130	30
140	32
150	34
160	37
170	39
180	41
190	43
200	46

APPROVED SEP 3 2015

RECEIVED SEP 2 0 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $75.00 Ltd Redraw #208726

Application For:

( ) Septic Improvement Permit (X) Authorization to Construct ( ) New Well Permit ( ) Existing System Inspection ( ) Well Repair Permit ( ) 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:

Place an (X) beside whichever is submitted if applicable SEE ATTACHED

(X) Survey Plat, scaled no more than 1 inch = 60 feet — call when ready

(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Brian Chrastowski - 203-858-9856

Applicant Name: TRUE HOMES Address: 2649 BRECKENRIDGE CENTER DR Phone: 264-283-1225

Owner Name: TRUE HOMES Address: 2649 BRECKENRIDGE CENTER DR Phone: 264-283-1225

Property Information:

Street Address: 114 WHEATON LANE

Subdivision Name: ROCK RIDGE POINT Section/Phase: ~~AA~~ Lot Number: 10

Driving Directions: HIGHWAY 77 ~~NORTH~~ SOUTH, RIGHT ONTO BRANCH SCHOOL RD TRight ONTO ISLE OF PINES. TRight ON ROCK RIDGE POINT.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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: Kenneth J. Chrastowski 9-12-16

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

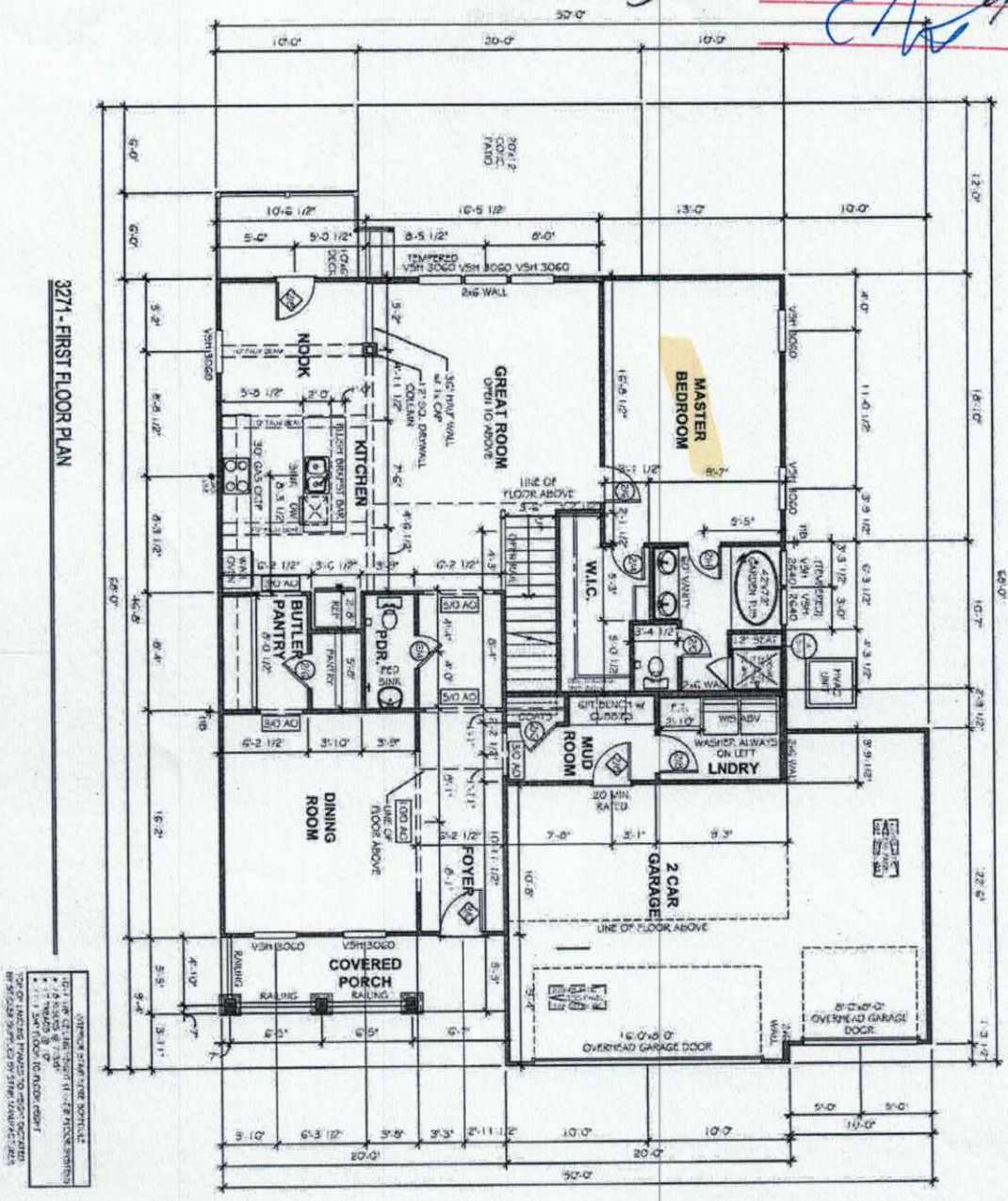
APPROVED SEP 30 2016

Acknowledgement of Plans Submittal ONLY!

30'

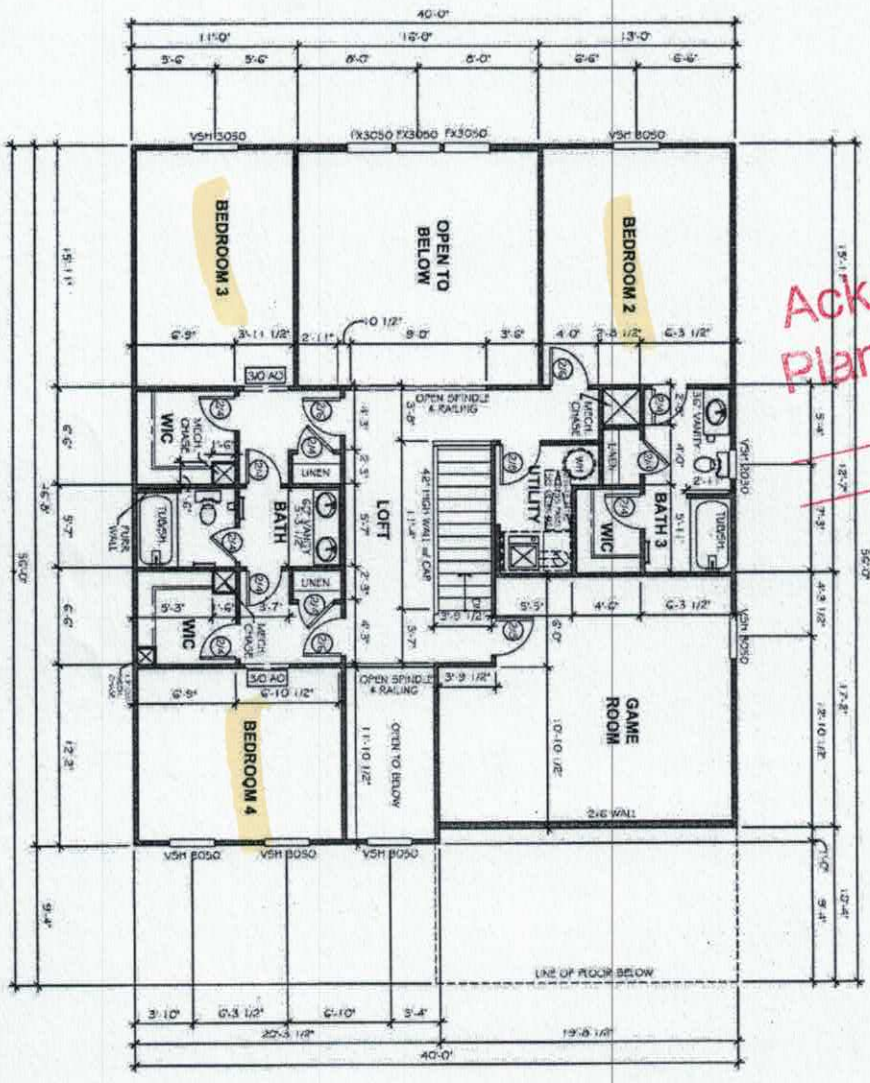
Date 6/30/16

68'



SHEET: A2.1	DRAWN BY: TD DATE: 7.15.16 SCALE: 1/8"=1'-0" CHECKED BY: SMC	WAKEFIELD 3271 IREDELL	ROCKRIDGE POINTE LOT # 10	TrueHomes IT'S ALL ABOUT U 2649 Brekon Ridge Centre Dr. Suite 104 Monroe, N.C. 28110 704-226-9486

40'



3271 - SECOND FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 9-16

Date 9/30/16

56'

SHEET:	A2.2
DRAWN BY:	TD
DATE:	7.15.16
SCALE:	1/8"=1'-0"
CHECKED BY:	SMC

WAKEFIELD
3271

IREDELL

ROCKRIDGE POINTE
LOT # 10

TrueHomes
IT'S ALL ABOUT U
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Suite 104
Monroe, N.C. 28110
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