

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Normandy Creek Lot 5
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-drop boxes/end cap
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Not Flagged 1		50'
Not Flagged 2		112'
Blue 3	**100'**	**100'**
Red 4	**100'**	**100'**
Pink 5	**100'**	**100'**
Orange 6	**100'**	**100'**
White 7		113'
Blue 8		76'
Red 9		54'

OK
MD
8/25/14

Initial System: 400' **Repair System:** 405'

Comments:
Michael Athanas & Associates compared the current permit with the proposed house location. The proposed house location does not interfere with the current permitted septic design. The line lengths and the lay out are taken from the currently permitted design.

RECEIVED AUG 2 8 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

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

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

( ) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information:

Applicant Name: IQ Custom Construction **Address:** 840 Elmiston Rd **Phone:** 704 400 6472

Owner Name: IQ Custom Construction **Address:** 840 Elmiston Rd **Phone:** 704 400 6472

Property Information:

Street Address: 571 Normandy Rd Mooresville NC 28117

Subdivision Name: Normandy Creek **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: Hwy 150 to Perth. (R) onto Perth. (L) onto Normandy rd. Approximatly 2.5 miles on left.

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: _____
( ) 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:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/28/14
DATE

IREDELL COUNTY HEALTH DEPARTMENT

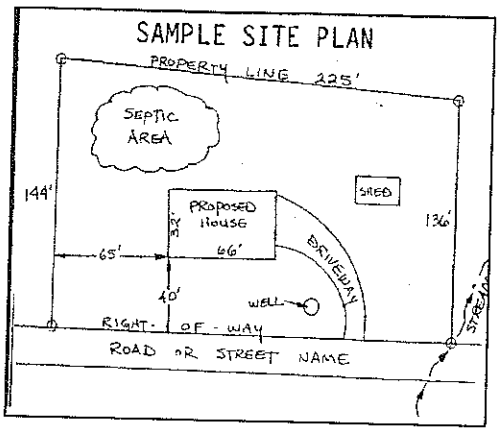
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) 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)

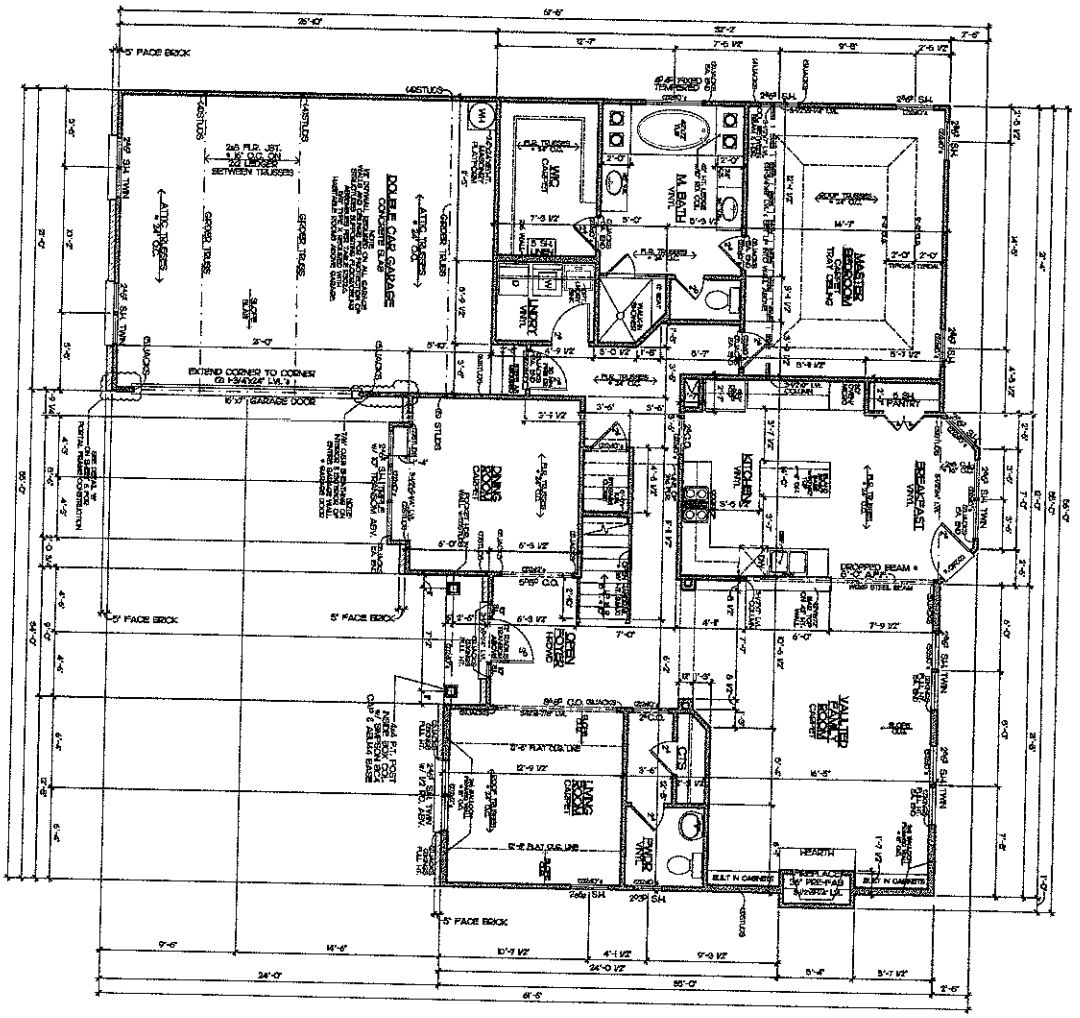
8/28/14

DATE

Acknowledgement Of
Plans Submittal ONLY!

Date 8/28/14

Date 8/28/14



FIRST FLOOR PLAN

SQUARE FOOTAGE

HEATED	
1ST FLOOR	
TOTAL HEATED	
GARAGE	

3	Sheet
	Title
	Date 02-28-13
	Drawn By JB

Project: THE BURNSIDE HOUSE PLAN

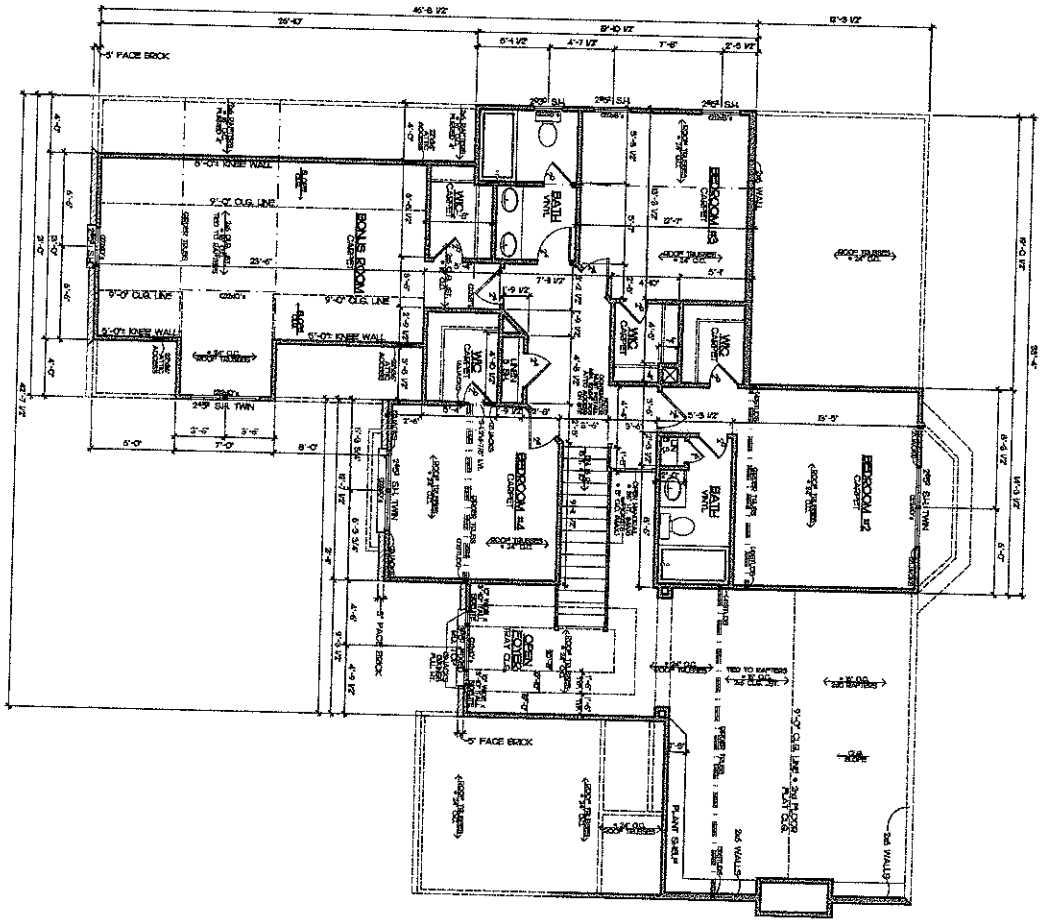
Sheet Title: FIRST FLOOR PLAN

GANDY COMMUNITIES
P.O. BOX 2326 CORNELIUS, N.C. 28031
17818 STATESVILLE ROAD
CORNELIUS, NORTH CAROLINA 28031 704-892-5376 FAX 704-892-4601

Acknowledgement Of
Plans Submittal ONLY!

Date 8/28/14

Date 8/28/14



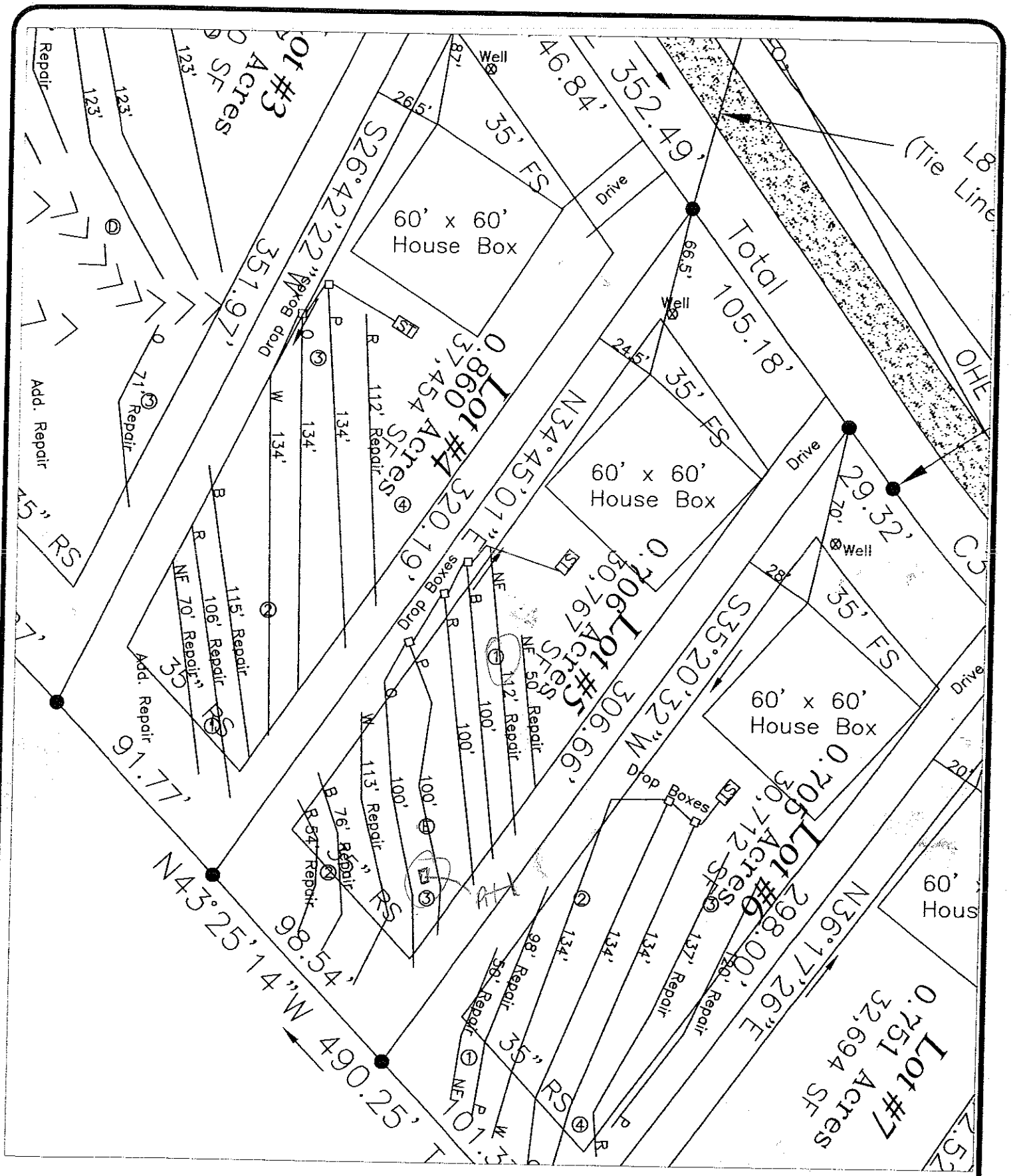
SECOND FLOOR PLAN

SQUARE FOOTAGE

HEATED	
1ST FLOOR	
2ND FLOOR	
TOTAL HEATED	
GARAGE	
	SQ. FT.

Project	THE BURNSIDE HOUSE PLAN
Sheet Title	SECOND FLOOR PLAN
Sheet	4
Date	8-01-00
Drawn By	J. BOONAN

GANDY COMMUNITIES
P.O. BOX 2326 CORNELIUS, N.C. 28031
17818 STATESVILLE ROAD
CORNELIUS, NORTH CAROLINA 28031 704-892-5376 FAX 704-892-4601



SCALE:	1" = 50'
DATE:	April, 2009
DRAWN BY:	KMS
PROJECT NO:	1588-09-013

S&ME
WWW.SMEINC.COM

Lot 5

Normandy Creek– Normandy Road
Iredell County, NC

FIGURE NO.
1

DRAWING PATH: S:\1588\BORDERS\BORDERS-7-06\8x11L.dwg

Lot 5 Normandy Creek Subdivision Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System Type	**25% Reduction**
LTAR (gpd)/ft2	**0.3**
Total Ft. Line	400
No. Lines	4 (See Table)
Pump Required	No
Distribution Device	Drop Boxes
Maintenance Agreement Required	No
Repair System	**25% Reduction**
Total Ft. Line	405
Repair System Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	NF	25% Reduction	50
2	Repair	NF	25% Reduction	112
3	System	Blue	25% Reduction	100 endfed
4	System	Red	25% Reduction	100 endfed
5	System	Pink	25% Reduction	100 endfed
6	System	Orange	25% Reduction	100 endfed
7	Repair	White	25% Reduction	113
8	Repair	Blue	25% Reduction	76
9	Repair	Red	25% Reduction	54
				Total System: 400'
				Total Repair: 405'

Tank	Red	1000 gal (2 compartment)
House	Blue	

Notes: **Lot requires some shaping to remove old field terraces**

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ____ of ____

EPARTMENT OF ENVIRONMENT
ND NATURAL RESOURCES
IVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

Lot 5

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	0-20	mSBK/ L	fr SS/SO	10YR 4/1		cfs SO		PS .3L
		20-48	WSBK/ cl-l	fr SS/SP					
			OK 4/15/04						
2	L	0-15	mfSBK/ C-cl	fr SS/SO	10YR 4/1		cfs SO		PS .3L
		15-48	WSBK/ cl	fr SS/SO					

MMENTS: _____

)ENR/DEH

)N-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

)WNER: Lot 5
.DDRESS: _____ APPLICATION DATE _____
ROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
OCATION OF SITE: _____ PROPERTY SIZE: _____
/ATER SUPPLY: • Private • Public • Well • Spring • Other _____ PROPERTY RECORDED: _____
VALUATION 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	Ath 3	0-24	Mo SBK CL	FR SS/SP	Red		F Sap		
		24-34	WK SBK L	FR SS/SP	Yel Red		C Sap		0.35
		34-42	MA L Sap	FR SS/SP	yel Red		F WR		
		42"	AR						
	E	0-18	W SBK CL	Fr SS/SP	F-SAP				
		18-44	W SBK CL	Fr SS/SP	C-SAP				0.3
	Pit	0-6	Rd Brn W/<BK SS,FR,NP						
		6-39	Rd Brn/m-WSBKm-WC/CL SS,SP,SE						.3+
			W Rock 12-18" Incl						
		39-46	LY R CL w/Some		SAP		Inclus		
		46-50	LY SAP mass						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
/ailable Space (.1945)		
stem Type(s)		
e LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: KMS, PM
OTHER(S) PRESENT: _____

/MENTS: _____