Paid $350.00 9-4-13 RH



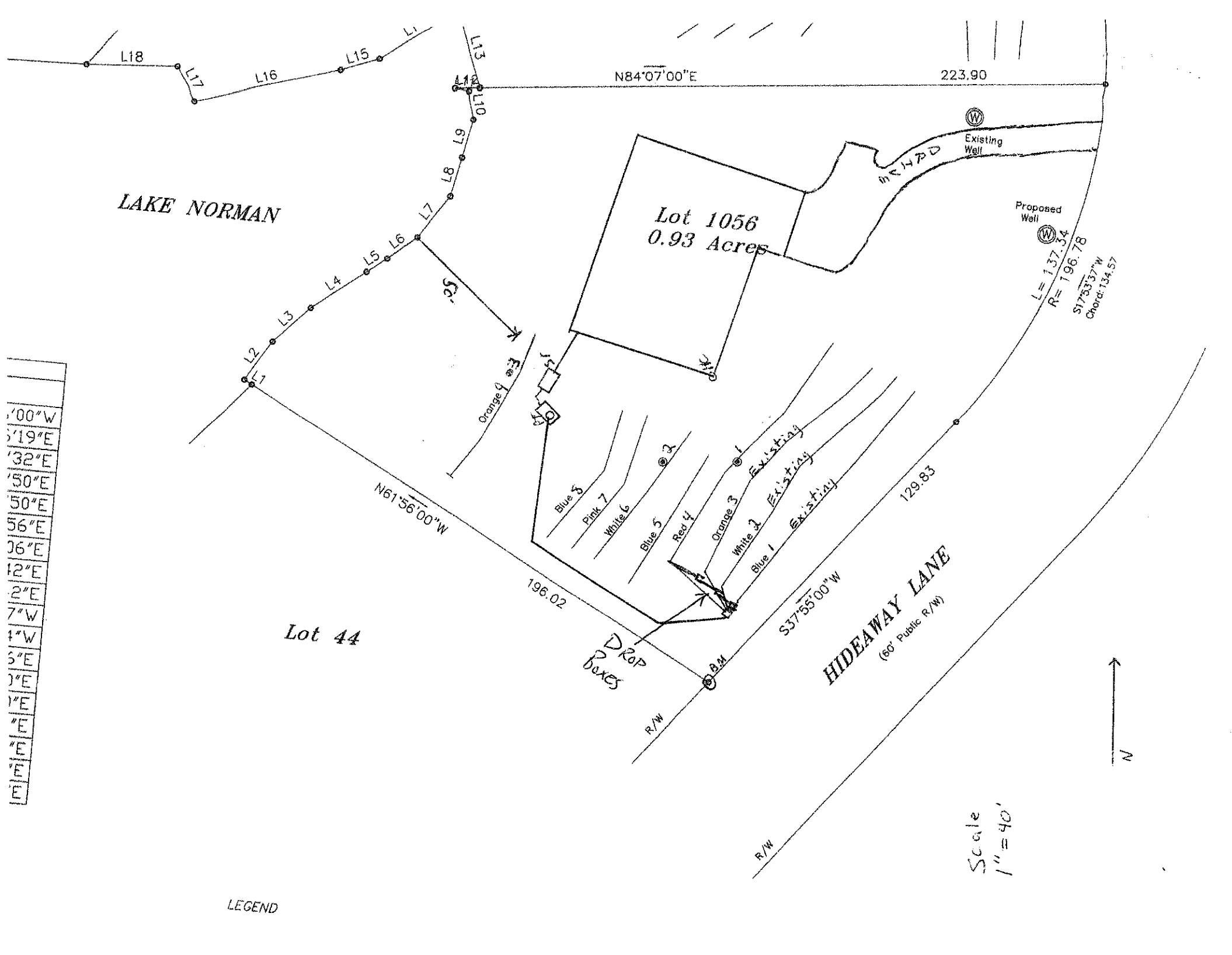
MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for 227 Hideaway Ln., Mooresville, NC
House Footprint: See plan
Building Setbacks: 35' front, 15' sides, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size & Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 13.9'
Friction Head: 2'
Pressure Head: 2'
Total Dynamic Head: 17.9'
Supply Line Length: 110'
Septic/Pump Tank Size: 1000/1000 gallons (existing)
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Blue 1 (existing)	**100'**		**5.0'**
White 2 (existing)	**100'**		**5.5'**
Orange 3 (existing)	**100'**		**6.2'**
Red 4	**100'**	**100'**	**7.0'**
Blue 5		54'	7.2'
White 6		57'	9.1'
Pink 7		56'	12.2'
Blue 8		55'	13.5'
Orange 9		60'	16.7'

Initial System: 100' addition **Repair System:** 282'
Pump tank: 13.9' **House corner:** 7.6' **Benchmark:** 4.5'

Comments:
This property has an existing 3 bedroom conventional system. Michael Athanas & Associates are proposing an additional 25% reduction line to increase the system to 4 bedroom capacity. The system currently pumps to a distribution box. We suggest changing to a pressure manifold for the distribution. The current well must be abandoned and relocated away from the proposed septic system on the adjacent lot.


LAKE NORMAN
Lot 1056
0.93 Acres
Lot 44
HIDEAWAY LANE
(66' Public R/W)
N84°07'00"E
223.90
N61°56'00"W
196.02
S37°55'00"W
129.83
L= 137.34
R= 196.78
S17°53'37"W
Chord: 134.57
Existing Well
Proposed Well
Drop Boxes
Orange 4
Blue 5
Pink 7
White 6
Blue 5
Red 4
Orange 3
White 3
Blue 1
Existing
Existing
Existing
B.M.
R/W
R/W
N
Scale
1" = 40'
L1
L2
L3
L4
L5
L6
L7
L8
L9
L10
L13
L15
L16
L17
L18

LEGEND

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _Lee Easter_____ APPLICATION DATE_____
ADDRESS:_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 Bedroom_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _____
LOCATION OF SITE: _227 Hideaway Ln_____ 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	LS 7%	0-30	R C SBK	FR SS SP		48"	F-C SAP		PS 0.3
		30-48	R CL WSBK	FR SS SP					
2	LS 10%	0-38	R C SBK	FR SS SP		48"	Few SAP		PS 0.3
		38-48	R CL WSBK	FR SS SP					
3	LS 7%	0-24	R C SBK	FR SS SP		48"	F-C SAP		PS 0.3
		24-48	R CL WSBK	FR SS SP					
4									

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:_____

Paid $350.00 9-4-13 DN

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: Lee Easter **Address:** 227 Hideaway Ln Mooresville NC 28117 **Phone:**

Owner Name: **Address:** **Phone:**

Property Information:

Street Address: 227 Hideaway Ln

Subdivision Name: CL+T **Section/Phase:** 14 **Lot Number:** 1056

Driving Directions: HWY 150 W, TR Perth, TL Hideaway on LT

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

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

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:** 1986 / EX SYS 1997

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: _____ 9/4/2013
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

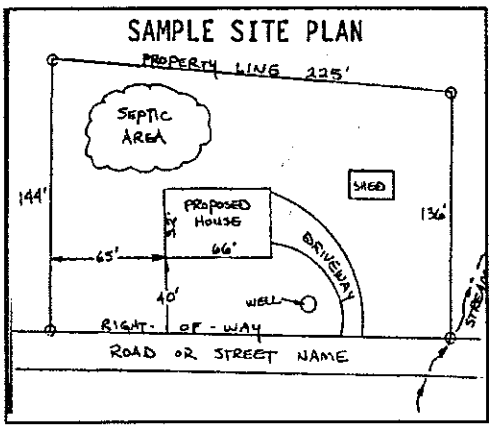
ENVIRONMENTAL HEALTH DIVISION

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 Plan

Signature: _____

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

9/4/2013

DATE

Add 33' on 3 lines
New 133' line
To make 4 bd

1977 - 5' off P/L
1983 - repair

227 Hideaway

4 bdrm | 320' @ .25 panel
267 @ .3 panel
480 @ .25 interior
400 @ .3

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Lee Easter DATE 6/3/92 PERMIT NO. 28-3-A

PHONE: Business _____ Home 541-5452

LOCATION 1303; TL on DeYoung Rd to approx 1/2 mile on left at box #90

S.R. No. _____

SUBDIVISION NAME CL+T LOT NO. 1056 SECTION OR BLOCK NO. 14

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics Existing System

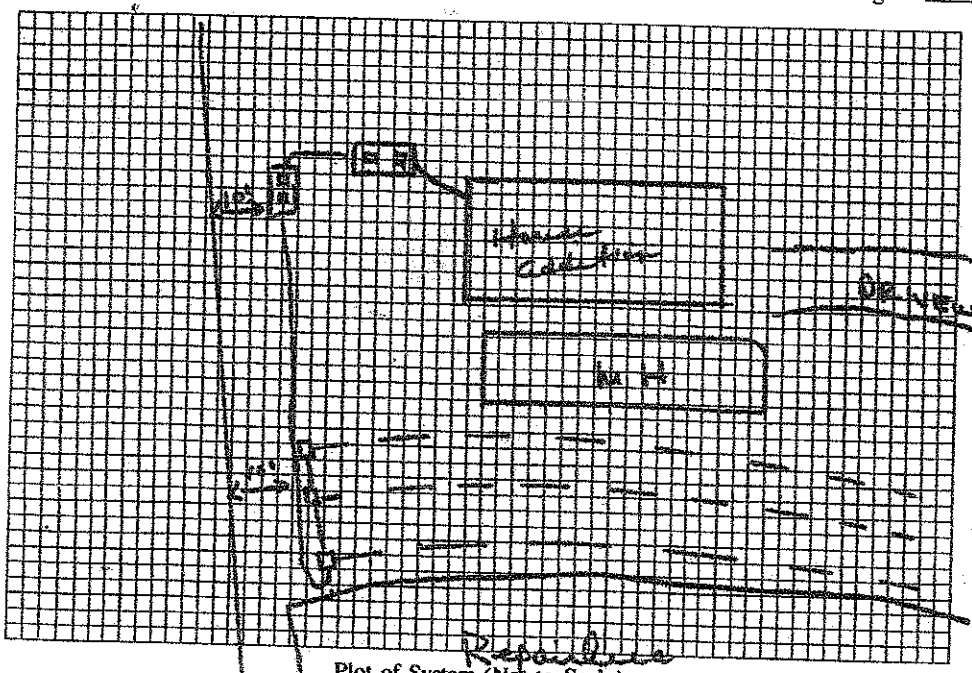
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank ST 1500 / PT 1000 Gals.

Nitrification Field:

No. of Lines 30 100'x3'

Sq. Ft. _____ Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Onlooker 6/24/87

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DeYoung Rd.

COMMENTS _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Wesley Sparks DATE 6/3/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.