IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. **APPLICATION FOR:** X Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Topaz Dev.	19117 Calloway Hills Ln. Davidson NC	845-5257	564-4680

Owner Name	Mailing Address	Home Phone	Work Phone
James Rizzo	Same		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
Lot 7 Streamside Pl.	Creeks Edge	Lot 7

Driving Directions: Shearer Rd. South Past Faith 1 mile left into Sub. 5th lot on left.

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ____
If Expansion, Current Number of Bedrooms ____

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ____
Square Footage of Building ____
Maximum Number of Employees ____
Maximum Number of Seats ____

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6. **Proposed Water Supply:**

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

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7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other____________ ( ) No Preference

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8. **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. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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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.

9. **Signature:** [signature] 10/1/05

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

IREDELL COUNTY HEATLH DEPARTMENT

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:

- X — Property Line measurements are clearly identified…
- ___ — All proposed structures are indicated…
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ___ — Front and side setbacks from property line…
- ___ — Preferred driveway location and configuration, preferred well location…
- ___ — Area you prefer your septic system to be placed…
- X — North arrow, or other sufficient indicator of direction…

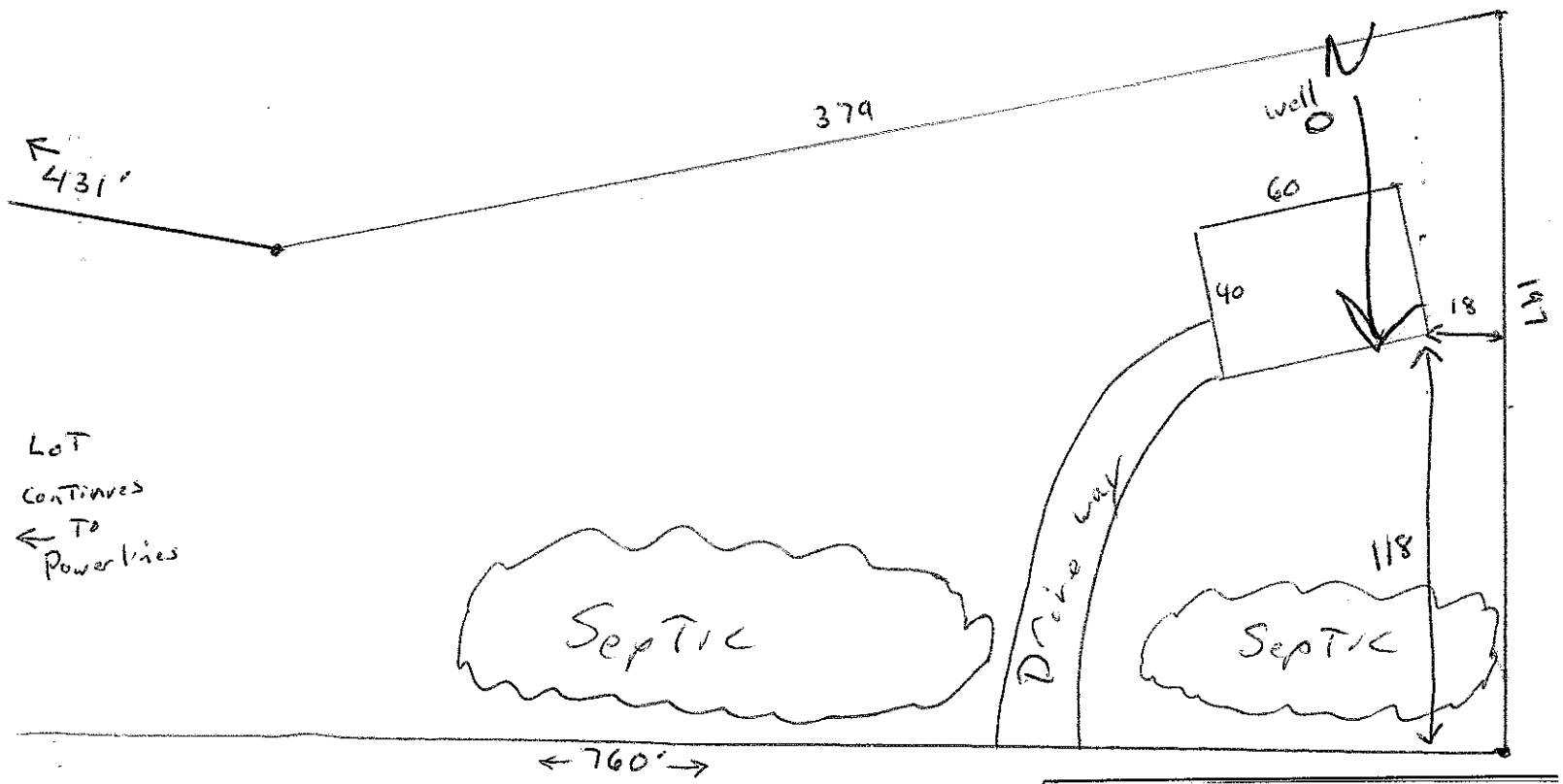
Circle N/A on the following if appropriate:

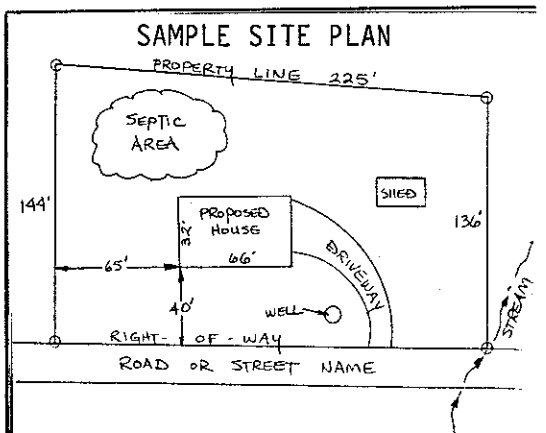
- ___ — Location of septic systems and wells within 100' of your property… (N/A)
- ___ — Location of easements and rights of ways on your property… (N/A)
- ___ — Location of any designated wetlands on the property… (N/A)

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

10/1/05
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





Lot 7



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

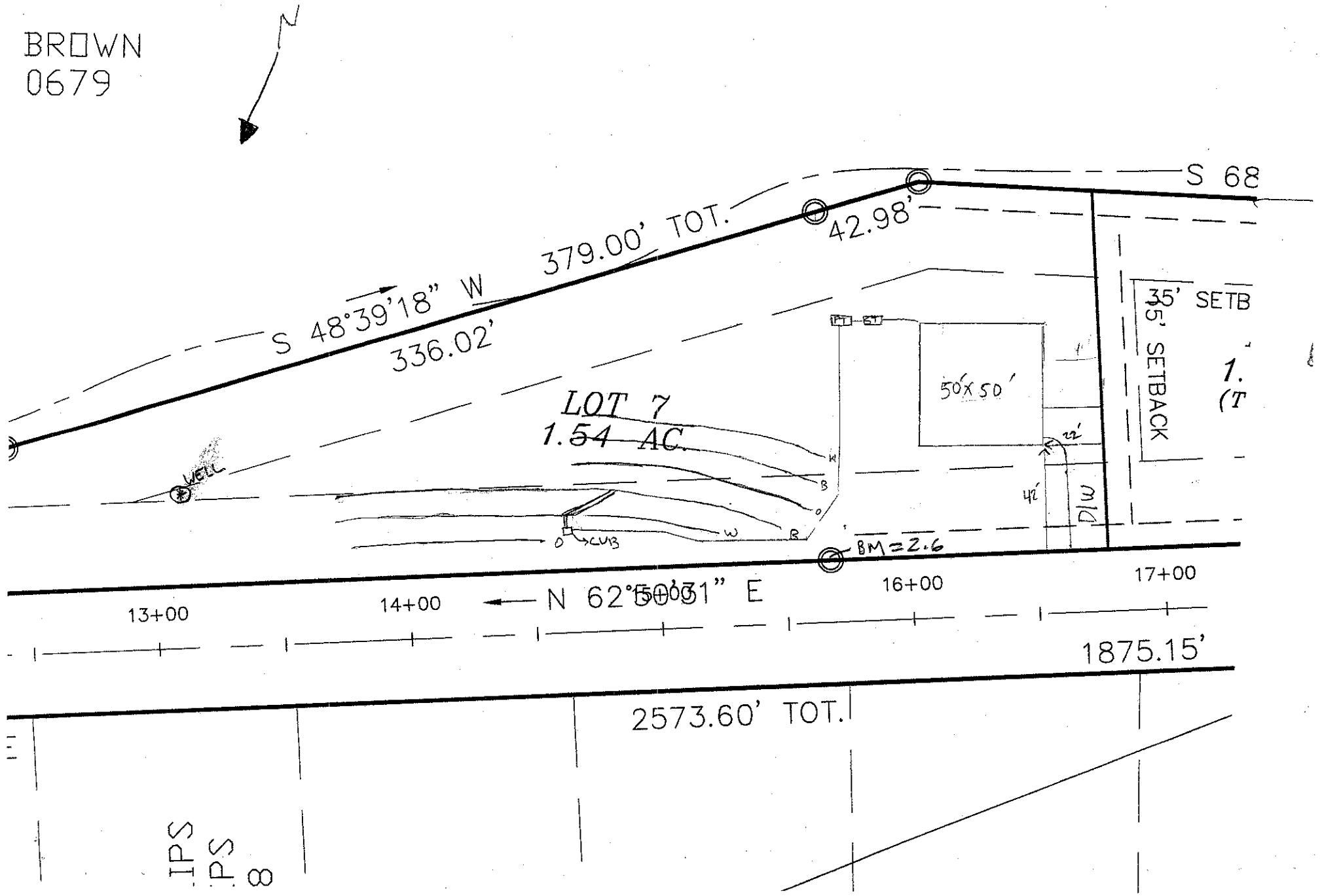
Re: Data Sheet for Lot 7 at Creeks Edge Subdivision

Number of Bedrooms: **3/360gpd**
Proposed LTAR: **Initial .25gpd/ft2, Repair .2gpd/ft2**
Water Source: **Private Well**
Building Envelope: **50'x50'**
Building Setbacks: **Front & Back 35', Side 15'**
Proposed System Type: **LP PPBPS**
Distribution: **Low Pressure to a CVB with Centerfeed Distribution (4x60')**
Pressure Head: **2'**
Flow per Orifice: **.41gpm**
Hole Size: **5/32" Sch 40 PVC**
Number of Panels: **56**
System Flow: **22.96gpm**
Total Dosing Volume: **201.6gal (Total Capacity)**
Dosing Volume: **135.0gal/dose @ 67%**
Pump Tank Drawdown: **6.43"**
Pump Run Time: **5.88min**
Elevation Head: **24.6'**
Friction Head: **1.84'**
Total Dynamic Head: **34.13' with 20% for fittings**
Septic/Pump Tank: **1000gal**
Total Linear Footage: **240'**
Proposed Trench Bottom: **36"**

Line	Length	Elevation
Orange0	77'	0.4'
White1	**155'** 330	**2.2'**
Blue2	**180'**	**3.3'**
Orange3	100'	4.7'
Blue4	100'	5.8'
White5	100'	7.5'

Pump Tank Elevation: 19.8'
Bench Mark: 2.6 (Refer to plat for location)
Initial System: Centerfeed laterals W1 & B2, (4x60')
Repair System: Orange1, 30' of W1, 55' of B2, O3 thru W5, totaling 462'

1" = 50'


BROWN
0679
S 68
42.98'
379.00' TOT.
S 48°39'18" W
336.02'
LOT 7
1.54 AC.
50'x 50'
35' SETB
35' SETBACK
WELL
BM=2.6
N 62°50'31" E
13+00
14+00
16+00
17+00
1875.15'
2573.60' TOT.
IPS
IPS