ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223739

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

PIN # 4701776463

APPLICANT/OWNER: Hyde Homes LLC APPLICANT ADDRESS: 129 Whisper Pine Rd 28677

SITE ADDRESS: 126 Upper Lake Dr, Statesville PHONE: 704-201-9935 ALT. PHONE 704-437-1330

SITE DIRECTIONS: Lewis Ferry → all the way to end → R on Upper Lake → end of cul-de-sac SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Upper Lake Place SECTION: — LOT # 12 LOT AREA: 1.867ac DESIGN FLOW: 360gpd L.T.A.R.: .3 (.1R)

Septic Tank	1000 (gal)	STB	Infiltrator	Date	pDSHC	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	PPBPS - gravity
Pump Make		Model		Serial #		Repair System Description:	TS II - drip
# Nitrification Fields	1	# Lines	5@40'	Linear Ft:	200'	Maintenance Agreement Required:	[ ] YES [X] NO
Trench Width	24-30"	Trench Bottom Depth		30" max	Gravel Depth —		[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 3
[ ] Business No. Persons 6
[ ] Other No. Employees
[ ] Slab [ ] Crawl Space
[X] Basement w/plumbing [ ] Basement w/o plumbing

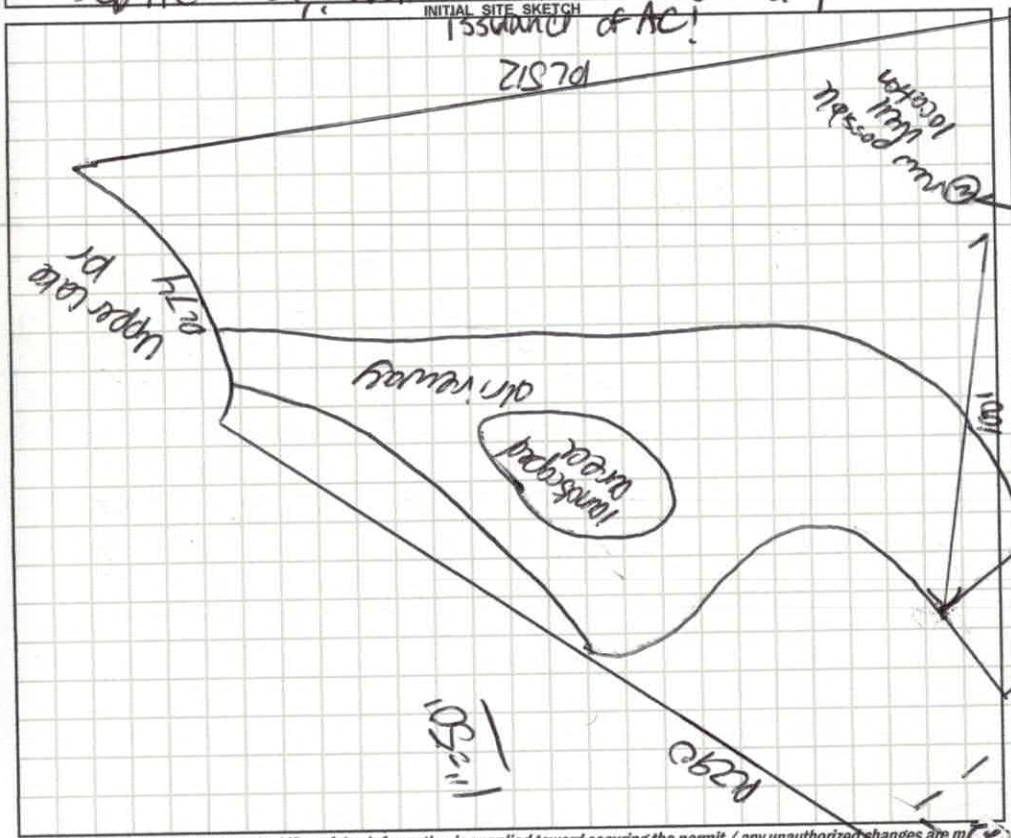
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install lines on contour. Do not exceed max depth of 36". Do not grade >40% HC area!! Well must be abandoned prior to issuance of AC!

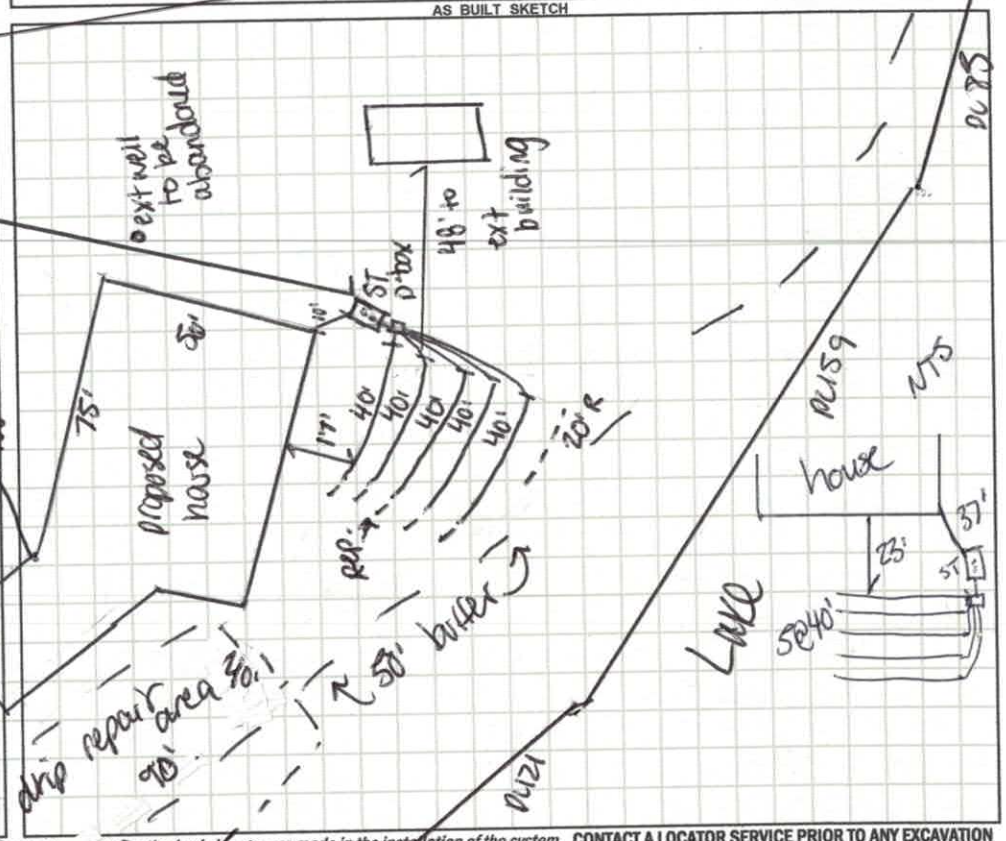
Pre-construction meeting required call 704-883-4144 ✓ 5-7-20

well abandoned 3-26-20-cw

INITIAL SITE SKETCH



AS BUILT SKETCH



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. [X] IMPROVEMENT PERMIT *with site plan* valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 2-18-20 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 2-18-20 OPERATION PERMIT by: Carla C. Nicks Date: 5-8-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 3-26-20 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

RECEIVED JAN 2 2 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $320.00

223739

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Hyde Homes LLC Address: 129 Whisper Pine Rd. Zip: 28625
Applicant Email: joehyde@bellsouth.net Phone: 704-201-9935 Alt. Phone: 704-437-1330
Owner Name: Lutz Reissmann Address: 126 Upper Lake Dr. Zip: 28677
Owner Email: ingridereissmann@gmail.com Phone: 336-250-3067 Alt. Phone: _____

Property Information:

Street Address: 126 Upper Lake Dr.
Subdivision Name: Upper Lake Place Section/Phase: _____ Lot Number: 9
Driving Directions: Lewis Ferry to end @ Cul-de-Sac

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4 X 3911
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: ~~3900~~ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) 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 (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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.

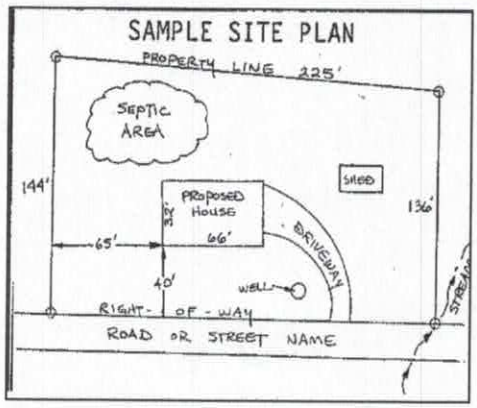
Signature: _____ 1-21-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **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**

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)

1-21-20

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 223739

PIN # 4701-77-6524 6463

APPLICANT: LUTZ REISSMAN

APPLICANT ADDRESS: 206 COMANCHE TRAIL LEXINGTON, NC

SITE ADDRESS: 126 UPPER LAKE DR- Statesville 28677

PHONE: 336-250-3027 ALT. PHONE:

SITE DIRECTIONS: 70W, TL OLD MOUNTAIN, TR LEWIS FERRY, TR COVAL, TR UPPER LAKE C END

SUBDIVISION: UPPER LAKE PLACE SECTION: — LOT # 9 LOT AREA: 1.867 AC DESIGN FLOW: 480 L.T.A.R.: .45 (.1R)

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4C45' Linear Ft: 180'

Trench Width 24-36" Max. Trench Bottom Depth * 48" * Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: GRAVITY PANEL BLOCK

Repair System Description: DRIP

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: DO NOT ISSUE AC UNTIL LOT IS RECORDED

DO NOT ISSUE AC UNTIL WELL VARIANCE IS ISSUED.

* Hawk Still in house Box + 25ft away From Well Per Survey *

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

Revoked

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: 1/19/17

IMPROVEMENT PERMIT by: Date: 1-9-17

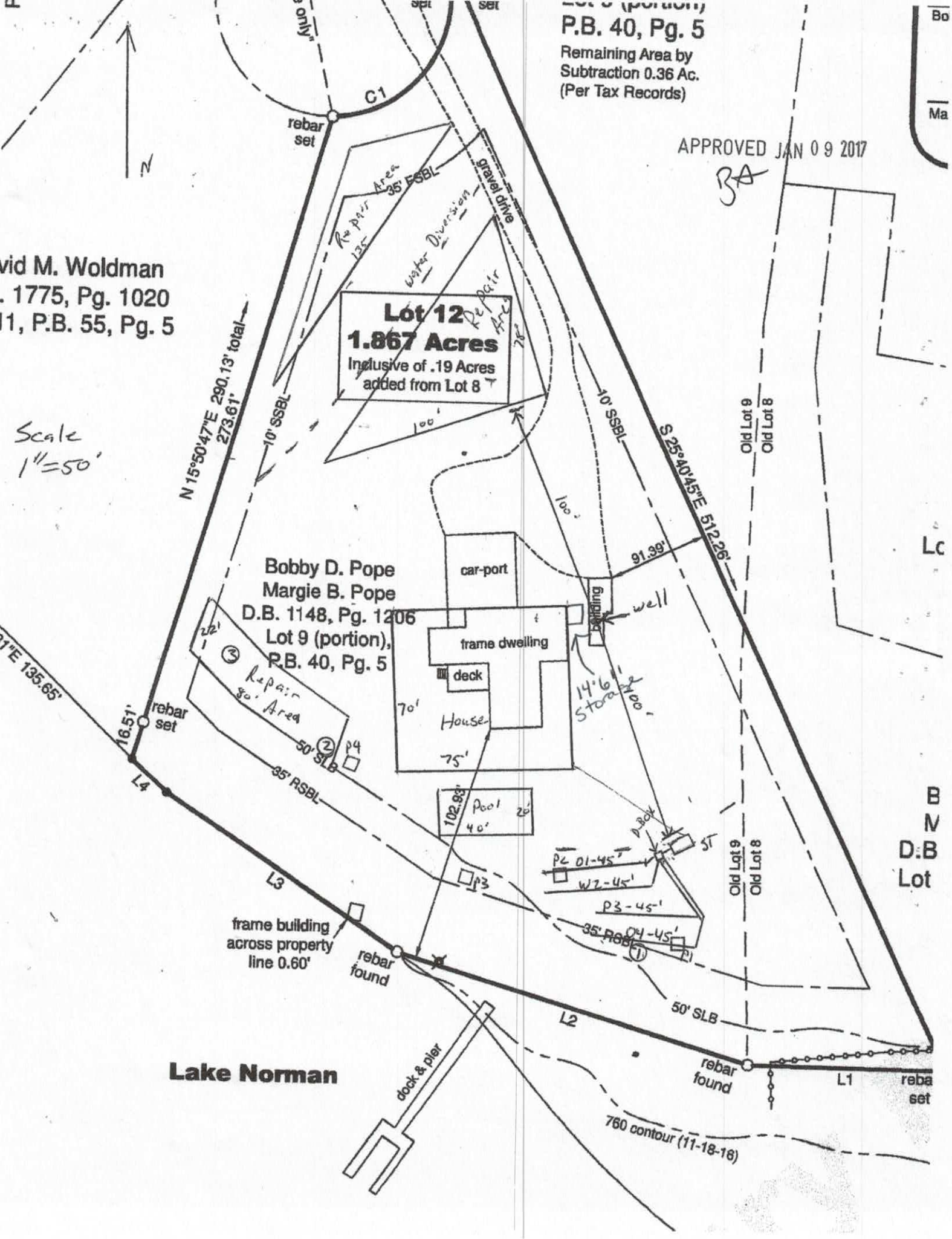
AUTHORIZATION TO CONSTRUCT by: Date: 12-17-19

Health Dept. Copy - WHITE

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:


P.B. 40, Pg. 5
Remaining Area by
Subtraction 0.36 Ac.
(Per Tax Records)
APPROVED JAN 09 2017
BA
rebar set
C1
N
gravel drive
Repair Area
35' FSBL
Water Diversion
Lot 12
1.867 Acres
Inclusive of .19 Acres
added from Lot 8
Repair Area
10' SSBL
N 15°50'47"E 290.13' total
273.61'
S 25°40'45"E 512.26'
Old Lot 9
Old Lot 8
Scale
1"=50'
Bobby D. Pope
Margie B. Pope
D.B. 1148, Pg. 1206
Lot 9 (portion),
P.B. 40, Pg. 5
car-port
frame dwelling
deck
House
Building
well
14'6" Storage
91.39'
100'
70'
75'
22'
Repair
30' Area
50' SLB
35' RSBL
rebar set
16.51'
L4
L3
L2
L1
P1
P2
P3
P4
102.93'
Pool
40'
26'
D.Rock
5T
P2 01-45'
W2-45'
P3-45'
01-45'
frame building
across property
line 0.60'
rebar found
dock & pier
Lake Norman
760 contour (11-18-16)
Old Lot 9
Old Lot 8

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Lutz Reissmann, am the legal owner(s) of the property located at 126 Upper Cake Road, identified as

PIN (Parcel Identification Number) 4701-77-6463, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Hyde Homes, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 12/17/19
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of
PROPERTY ID #: 47078
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Lutz Reissmann
ADDRESS: 122 Upper Lake Dr
APPLICATION DATE 1-21-20
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
DATE EVALUATED: 2-18-20
LOCATION OF SITE: 122 Upper Lake Dr
PROPERTY SIZE: 1.8 ac
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
PROPERTY RECORDED: Y
EVALUATION 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	L 20%	0-15	GR SCL	Fr ss sp smp	firm sap @ 51"	20"	PS above 51"	—	PS .3
		15-20	SBK CL	Fr ss sp smp					
		20-51	m LSap	Vfr ss sp smp					
		51-70	m RCsap	Firm					
2	L 20%	0-29	Fill	—	chroma 3 @ 29"	—	—	—	4
		29-50	ABK CL/Sap						
3	L 20%	0-5	Fill	—	—	28"	PS	—	PS .3
		5-28	SBK CL	Fr ss sp smp					
		28-65	m LSap	Vfr					
4 AB	L 25%	0-16	GR SCL	Fr ss sp smp	—	16"	PS	—	PS .3
		16-48	m LSap	Vfr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	3600 sq ft
System Type(s)	50%	drip
Site LTAR	.3	.1

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT: B. Botkins

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) : (Head Slope) (Linear Slope) I (Nose Slope) . (Ridge) . (Shoulder Slope) ' (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

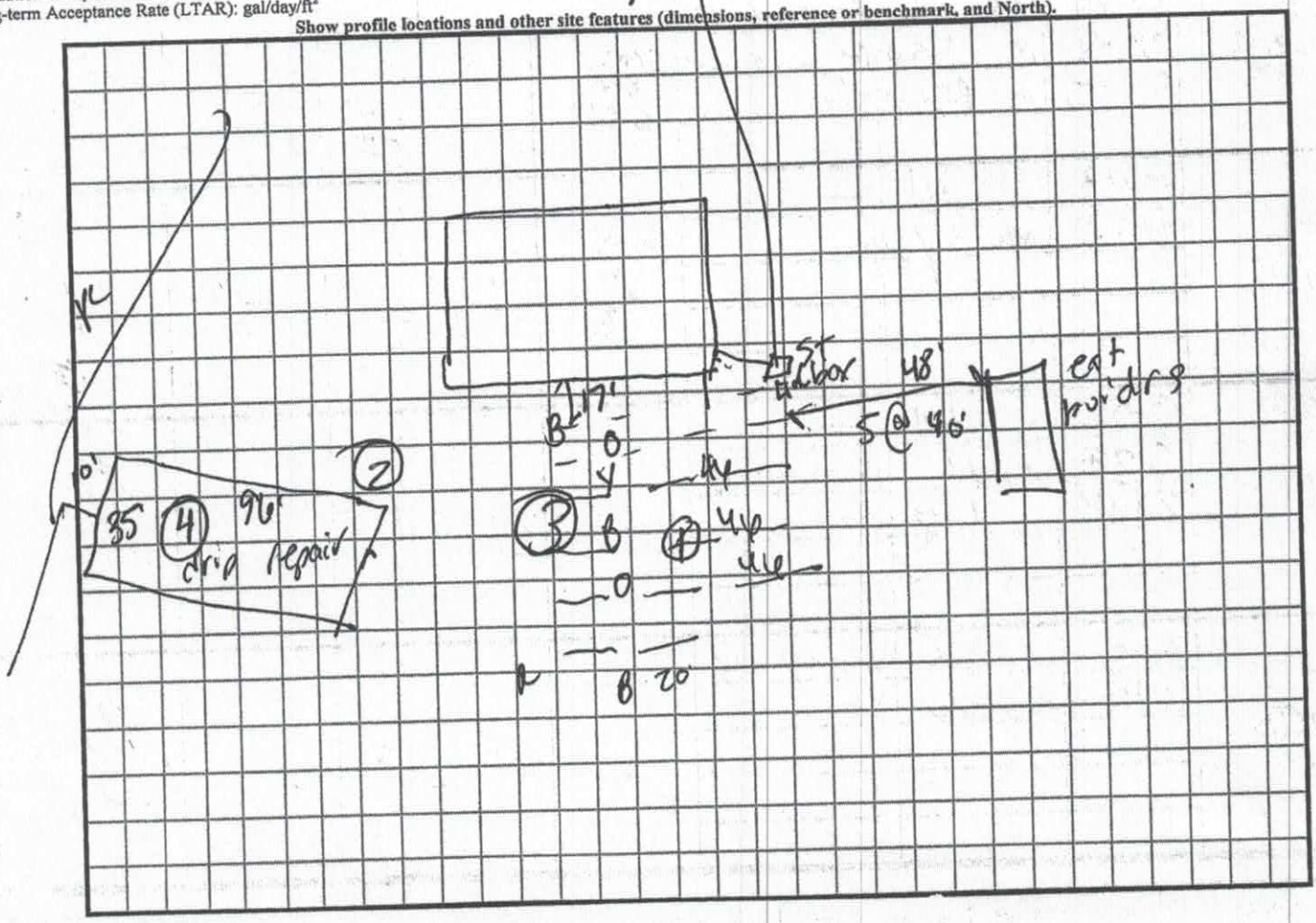
NOTES

HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



480 - 267
360 - 200

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4701776524
COUNTY: IREDELL

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

APPROVED JAN 09 2017
BA

OWNER: Bobby D Pope
ADDRESS: 208 Canal Dr, Statesville, NC 28677
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 126 Upper Lake Dr
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 1.867 AC
PROPERTY RECORDED: 2016

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	
PIT 1	LS 25%	0-14	FILL		N/A	20"	F-C SAP	N/A	PS 0.5-0.6
		14-20	Br SCL WSBK	FR SS SP SEXP					
		20-72	LS/SL SAP M	VFR SS SP SEXP			PS		
PIT 2	LS 35%	0-24	FILL		N/A			N/A	PS 0.5-0.6
		24-40	SL SAP M	FR SS SP SEXP			PS		
		40-84	LS SAP M	VFR SS SP SEXP			PS		
PIT 3	LS 35%	0-36	FILL		N/A		US	N/A	US
		36-	HARD SAP						
PIT 4	LS 25%	0-22	FILL		N/A	48"	N/A	N/A	PS 0.3-0.4
		22-25	Br SCL WSBK	FR SS SP SEXP					
		25-48	R CL WSBK	FR SS SP SEXP					
		48	ROCK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT2	7500 FT2
System Type(s)	PPBPS	DRIP
Site LTAR	0.45	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4701776524
DATE OF EVALUATION:
COUNTY: IREDELL

APPROVED JAN 09 2017 BA

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LS 25%	0-4	FILL		N/A	20"	PS	N/A	PS 0.5-0.6
		4-20	Br SCL WSBK	FR SS SP SEXP					
		20-48	SL SAP M	VFR SS SP SEXP					
AB 2	LS 25%	0-18	Br SCL WSBK	FR SS SP SEXP	N/A	30"	PS	N/A	PS 0.3-0.4
		18-30	R CL WSBK	FR SS SP SEXP					
		30-43	SL SAP M	VFR SS SP SEXP					
		43	ROCK						
AB 3	LS 25%	0-12	Br SCL WSBK	FR SS SP SEXP	N/A	30"	PS	N/A	PS 0.3-0.4
		12-30	R CL WSBK	FR SS SP SEXP					
		30-48	SL SAP M	VFR SS SP SEXP					

COMMENTS:

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4701776524
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bobby Pope
ADDRESS: 110 Pope Huss
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 110 Pope Huss
WATER SUPPLY: • X Private • Public • X Well • Spring • Other
EVALUATION METHOD: • X Auger Boring • X Pit • Cut

APPLICATION DATE: 7-26-12
DATE EVALUATED: 8-7-12
PROPERTY SIZE: 2.824
PROPERTY RECORDED: yes
TYPE OF WASTEWATER: • X 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	Pit 15% LS	0-6	CL SBK	SS SP	n/a	6"	L	none	.3 PS
		6-60	SAP						
2	Pit 15% LS	0-3	CL SBK	SS SP	n/a	3"	L	none	.3 PS
		3-62	SAP						
3	Auger 20 NS	0-10	CL SBK	SS SP	n/a	48+"		none	.3 PS
		12-48	C w/ SAP SBK	SS SP					
4	Auger 22 NS	0-12	CL SBK	SS SP	n/a	48+"		none	.3 PS
		12-48	C w/ SAP SBK	SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	yes	yes
System Type(s)	III	IV
Site LTAR	.3	.3

OTHER FACTORS (.1946): none
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: James Stewart
OTHER(S) PRESENT: none

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

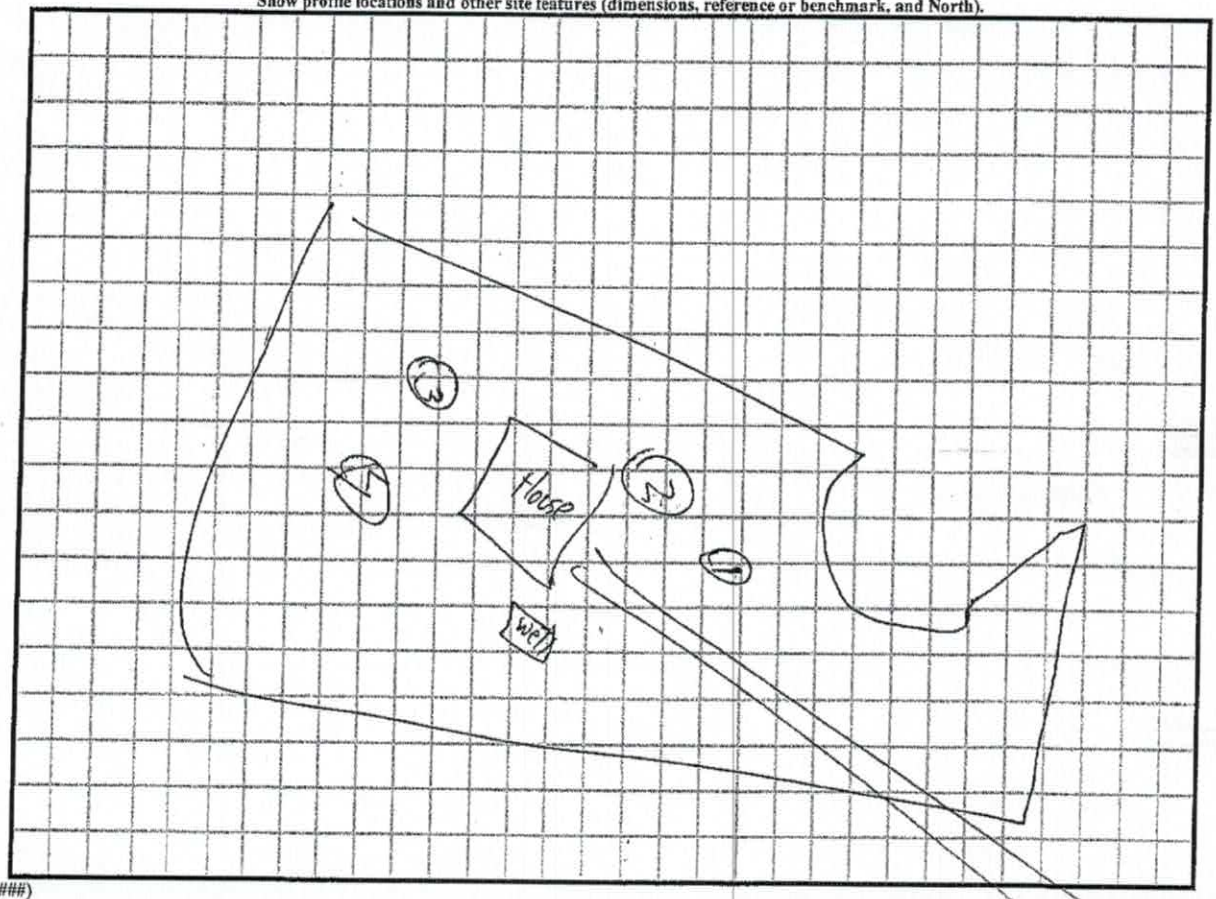
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).

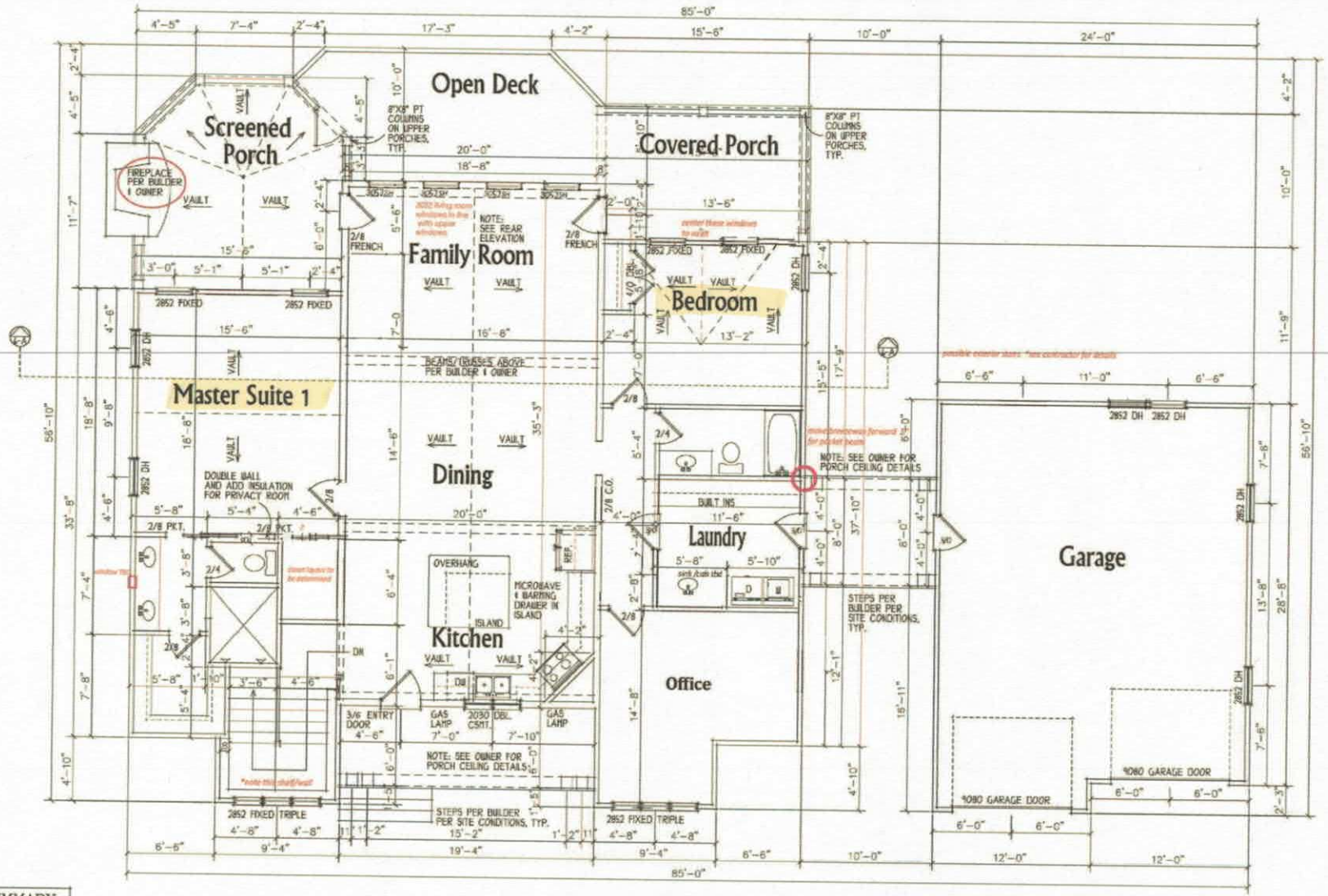


DENR (######)
Review (#####)

Acknowledgement Of
Plans Submittal ONLY!

Date 2-18-20

Date 2/20/20



MAIN LEVEL FLOORPLAN

1/4" = 1'-0"

AREA SUMMARY	
MAIN LEVEL:	1958 s.f.
LOWER LEVEL:	1020 s.f.
TOTAL:	2978 s.f.

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CARROLLTON, GEORGIA

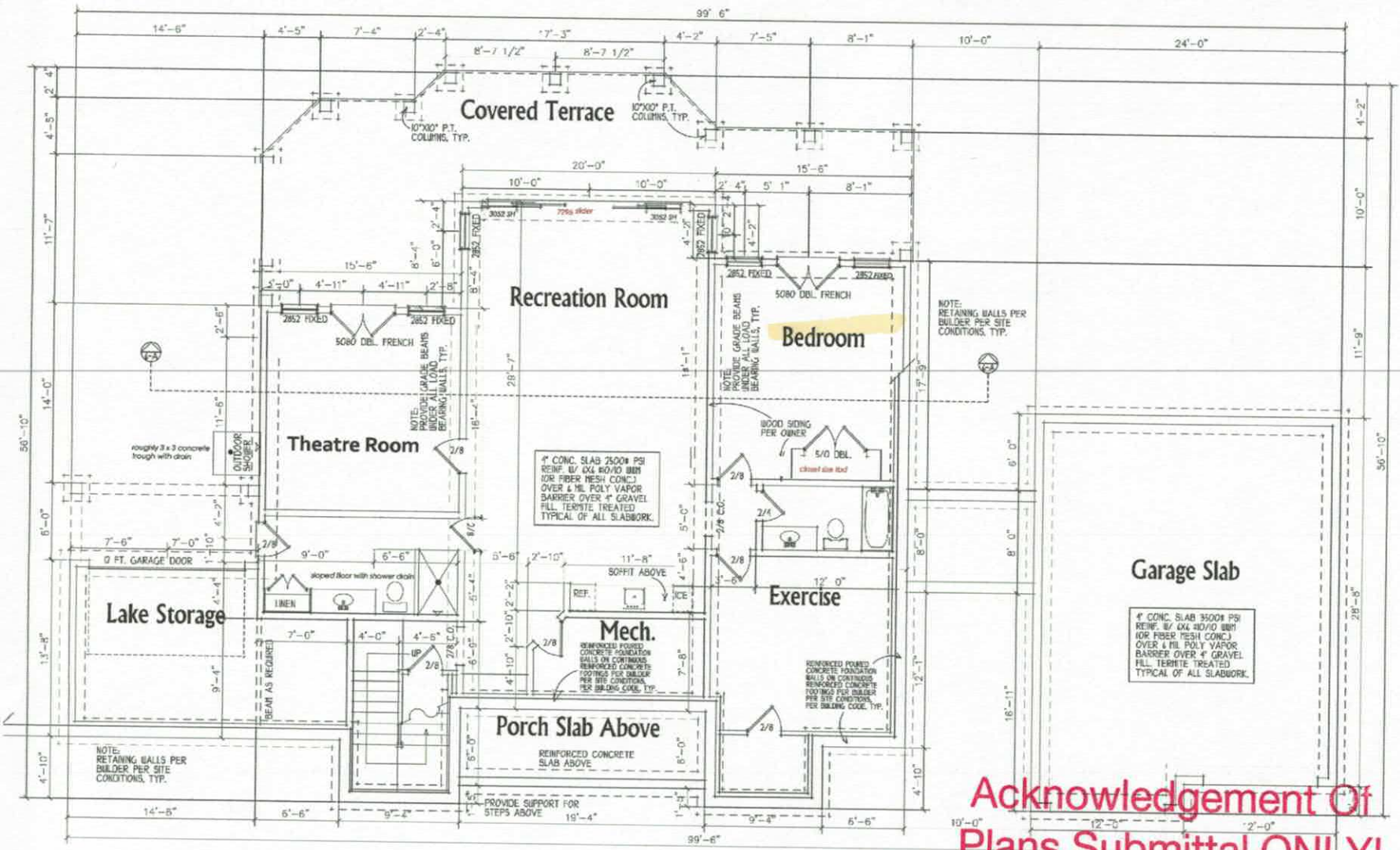
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GENERAL NOTES

1. All work shall be performed in accordance with all local codes.
2. Contractor shall verify all conditions and dimensions before beginning construction. Discrepancies must be reported before proceeding with the work. Contractor assumes all responsibility for errors.
3. All dimensions should be read or calculated.
4. Floor plans shall not be scaled, with exception of Structural drawings. Structural plans shall be scaled by Structural Engineer if required.
5. Contractor shall verify all structural conditions with Structural Engineer.
6. Contractor shall ensure compatibility of the foundation system with soil conditions.
7. Heating, plumbing and electrical systems shall meet all code requirements.
8. Contractor shall coordinate all trades working on this project.
9. Refer to site plan for any notes pertaining to grading and drainage.

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DRAWN	HMF
DATE	6-4-2012
SCALE	1/4" = 1'-0"
JOB NO.	Appalachia Mountain House
SHEET	3
OF	SIX SHEETS



NOTE:
THESE DRAWINGS DO NOT INCLUDE A BRICK OR STONE LEDGE. IF BRICK OR STONE LEDGE IS REQUIRED, IT MUST BE ADDED TO THE EXTERIOR OF THE FOUNDATION SHOWN PER BUILDER PER SITE CONDITIONS.

NOTE:
DASHED LINES SHOWN UNDER FOUNDATION WALLS AND POSTS REPRESENT REINFORCED CONCRETE FOOTINGS.
DASHED LINES SHOWN UNDER FRAMED INTERIOR WALLS REPRESENT REINFORCED CONCRETE GRADE BEAMS.

LOWER LEVEL / FOUNDATION PLAN

1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Gabriel Nicks Date 2-18-20
Jane W Date 2-18-20

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GENERAL NOTES

1. All work shall be performed in accordance with all local codes, covenants, and FHA regulations.
2. Contractor shall verify all dimensions and dimensions before beginning construction. Any discrepancies must be reported to the architect. Changes or additions made before proceeding with the work. Contractor assumes all responsibility for errors.
3. All dimensions should be read or calculated and never scaled.
4. The plans are location only. Structural drawings for the porches and foundation must be prepared.
5. All footings must rest on undisturbed soil.
6. Contractor shall verify all conditions and soil bearing psi. All recommendations must be approved by the engineer before proceeding with the work.
7. The Georgia Energy Code requirements for any new heat and fuel burning appliances.

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www.maxfulbrightdesign.com

DRAWN: HMF
DATE: 6-4-2012
SCALE: 1/4" = 1'-0"
JOB NO.: Appalachia Mountain House
SHEET: 4 OF SIX SHEETS