BLDR-2023-7866

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-36624

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

PIN # 4706-75-8866

PPLICANT / OWNER: Erin Studivant APPLICANT ADDRESS:

ITE ADDRESS: 125 FOREST CREEK DR, STATESVILLE, NC 28625 PHONE: 980-777-6981 ALT. PHONE: -

ITE DIRECTIONS: SAP CONTROLLED: YES ☐ NO ☑

UBDIVISION: Forest Creek SECTION: LOT #: 6 LOT AREA: 0.539 DESIGN FLOW: 480 L.T.A.R.: 0.3

eptic Tank: 1000 (gal)	STB: 760	Date: 7-30-2023	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 4	Water Supply: Community Well
ump Tank: (gal)	PT:	Date:	System Description: IQ4 Chambers		☐ Business	No. Persons: 8	
ump Make:	Model:	Serial #:	Repair System Description: Horizontal PPBPS		☐ Other	No. Employees:	
Nitrification Fields: 1	# Lines: 8	Linear Ft.: 400	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
rench Width: 36	Trench Bottom Depth (Low side): 22		Gravel Depth:	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) ttached here. This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here.

INITIAL SITE SKETCH

AS BUILT SKETCH

INSTALLED AS SHOWN

rmit 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.

wner / Applicant Signature: Erin Studivant Date:

IPROVEMENT PERMIT by: Benjamin A. Bolton Date: 9/22/2023

UTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton Date: 9/22/2023

Installed By: GALLE EXCAVATION

OPERATION PERMIT by: Benjamin C. White Date: 9-27-2023

Existing System Inspected By: Date:

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.

NCDHHS

Permit #: OSWP-2023-36624

This Section for Local Health Department Use Only

Initial submittal received: 9/20/2023 (Date) by BB (Initials)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Benjamin A Butler Date: 9/22/2023

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 9/22/2028

See attached site sketch

NCDHHS

Permit #: OSWP-2023-36624

This Section for Local Health Department Use Only

Initial submittal received: 9/20/2023 (Date) by BB (Initials)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Benjamin A Botts Date of Issuance: 9/22/2023.

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 9/22/2028

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:
☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

Please check one of the following:
☑ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☑ 5 Year Expiration Requested (site plan provided)
☐ Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Property Owner Name: Sturdibouche Real-Estate and Development
Property Owner Mailing Address: 209 Delburg Street Davidson, NC 28026
Property Owner Phone Number: 980-777-6981
Property Owner Email Address: erin@sturdibouche.com

Applicant Name: Sturdibouche Real-Estate and Development
Applicant Mailing Address: 209 Delburg Street Davidson, NC 28026
Applicant Phone Number: 980-777-6981
Applicant Email Address: erin@sturdibouche.com

Does the property include, or is subject to, any of the following:
☐ Yes ☑ No Previously identified jurisdictional wetlands
☐ Yes ☑ No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
☐ Yes ☑ No Approval by other public agencies

A site plan or plat is required, **OR** the site sketch submitted from the LSS/AOWE, must include the following:
(A) existing and proposed facilities, structures, appurtenances, and wastewater systems
(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
(C) existing and proposed vehicular traffic areas
(D) existing and proposed water supplies, wells, springs, and water lines; and
(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: ☐ Yes ☑ No

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

Applicant Signature: Erin D. Sturdibouche Date: _____

Owner's Signature: Erin D. Sturdibouche Date: _____

Permit #: OSWP-2023-36624

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 4706758866.000

Issued To: Erin Sturdivant Company: Sturdibouche Real Estate and Development

Property Location: 125 Forest Creek Drive City/Town: Statesville

Subdivision (if applicable) Forest Creek Lot #: 6 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: R. Edwin Stott #1229

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Proposed Structure: Single Family Residence

Number of bedrooms: 4 Number of Occupants: 8 max Other: _____

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.275

Proposed Wastewater System Type*: IQ4 Chamber (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required

Proposed Wastewater System Type*: Horizontal PPBPS (Repair) Pump Required: ☐ Yes ☑ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Saprolite System (initial): ☐ Yes ☑ No Saprolite System (repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Soil Depth (Initial): 34 Usable Soil Depth (Repair): 32

Max. Trench Depth (Initial)‡: 22 Max. Trench Depth (Repair)‡: 20 ***‡ Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
SEE ATTACHED SHEET

Licensed Soil Scientist Print Name: R. Edwin Stott

Licensed Soil Scientist Signature: Robert Edwin Stott Date: August 3, 2023

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NCDHHS

Permit #: OSWP-2023-36624

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 4706758866.000

Issued To: Erin Sturdivant Company: Sturdibouche Real Estate and Development

Property Location: 125 Forest Creek Drive City/Town: Statesville

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: R. Edwin Stott #10009E

Facility Type: Single Family Residence

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☐ No

Type of Wastewater System* IQ4 Chamber (Initial) Horizontal PPBPS (Repair)

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Design Daily Flow: 480 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft²

Soil Cover: 10 inches Slope Corrected Maximum Trench/Bed Depth‡: 22 inches ‡ ***Measured on the downhill side of the trench***

Aggregate Depth: N/A inches above pipe N/A inches below pipe N/A inches total

Pump Tank Size (if applicable): N/A gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: N/A ft. TDH vs. N/A GPM Grease Trap Size (if applicable): N/A gallons

Distribution Method: ☑ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No

Pre-Construction Conference Required: Yes ☑ No ☐

Conditions: SEE ATTACHED SHEET

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: R. Edwin Stott Expiration Date:

AOWE/PE Signature: Robert Edwin Stott Date: August 3, 2023

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

August 3, 2023

Project # 4559

Session Law 2023-90 (H628)

Client:

Erin Sturdivant

Sturdibouche Real Estate and Development

Site:

125 Forest Creek Drive

Iredell County, NC

PIN: 4706758866.000

Lot 6 - Forest Creek

Prepared by:

R. Edwin Stott

NC Licensed Soil Scientist #1229

NC Onsite Wastewater Evaluator #10009E

Permit Parameters and Conditions

- Design flow with residential systems utilizes the number of bedrooms and assumes no more than two residents per bedroom at 60 gallons per resident or 120 gallons per bedroom. This is how the design flow of 480 gallons per day is calculated. The wastewater system is designed to handle a maximum flow of 480 gallons per day. This flow should not be maintained for any sustained length of time or oversaturation can occur in the trenches. An average daily water usage of 50% is recommended for peak performance.
- No garbage disposals should be added to the wastewater stream.
- Water softener waste should not be added to the wastewater stream.
- Fats, oils and greases or FOG should not be added to the wastewater stream and can cause premature failure. Dispose of fats, oils, greases and garbage properly in household waste.
- There should be no traffic over the wastewater system area.
- Piedmont Environmental recommends a preconstruction conference prior to any installation to ensure that the system is placed in the correct area once the site is cleared of vegetation.
- Please note that mechanical clearing that is done in wet conditions or done by someone not following best management practices can render an otherwise usable site unsuitable.
- Piedmont Environmental Associates, PA highly recommends using a reputable septic system installer that is licensed in North Carolina to perform or oversee any clearing.
- All installation work shall be performed by a licensed Wastewater System Installer
- Do not install during wet conditions
- Pump tank every three to five years
- Landscape promptly to obtain a good grass cover to prevent erosion over new part of system
- Do not backfill trenches with compacted soil of fill
- Last 3 inches of dams shall by dug by hand

Disclaimer

This report discusses the general location of potentially usable soils for on-site wastewater disposal and the soil and site limitations on the property that exists at the time of the evaluation. Piedmont Environmental Associates, PA ("Piedmont") provides professional consulting specializing in the practice of soil science and wastewater management. Piedmont is therefore hired for its professional opinion regarding these matters. This report is being prepared as part of a packet to obtain an improvement permit SL2023-90 and GS 130A-335 and GS 130A-336. Piedmont Environmental Associates provides no warranty either written or implied regarding the lifespan of any type of septic system. Piedmont Environmental Associates utilizes accepted soil science practices and assigns LTAR's and proposes trench depths based on field observation, law, rule, published data and accepted practice of the profession. Piedmont Environmental Associates however cannot guarantee the life span of any type of septic system component, trench media, pretreatment device, distribution device, distribution method, or installation method as there are simply too many variables that are not within the control of Piedmont Environmental Associates.

If you have any further questions, please feel free to call. Thank you for the opportunity to serve.

Sincerely,





R. Edwin Stott II, REHS, MSEH
NC Licensed Soil Scientist
NC On-site Wastewater Evaluator

Setbacks

.1950 Location of Sanitary Sewage Systems

(c) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(1) Any private water supply source including a well or spring 100 feet
(2) Any public water supply source 100 feet
(3) Streams classified as WS-I 100 feet
(4) Water classified as S.A. 100 feet
from mean high water mark
(5) Other coastal waters 50 feet
from mean high water mark
(6) Any other stream, canal, marsh, or other surface waters 50 feet
(7) Any Class I or Class II reservoir 100 feet
from normal pool elevation
(8) Any permanent storm water retention pond 50 feet
from flood pool elevation
(9) Any other lake or pond 50 feet
from normal pool elevation
(10) Any building foundation 5 feet
(11) Any basement 15 feet
(12) Any property line 10 feet
(13) Top of slope of embankments or cuts of 2 feet or more
vertical height 15 feet
(14) Any water line 10 feet
(15) Drainage systems:
(A) Interceptor drains, foundation drains and storm water diversions
(i) upslope 10 feet
(ii) sideslope 15 feet
(iii) downslope 25 feet
(B) Groundwater lowering ditched and devices 25 feet
(16) any swimming pool 15 feet
(17) any other nitrification field (except repair area) 20 feet

(b) Ground absorption, sewage treatment and disposal systems may be located closer than 100 feet from a private well supply, except springs and uncased wells located downslope and used as a source of drinking water, repairs, space limitations and other site-planning considerations but shall be located the maximum feasible distance and, in no case, less than 50 feet.

(c) Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic. If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However, pipe specified in Rule .1955 (e) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

Note: Systems over 3000 GPD or an individual nitrification fields with a capacity of 1500 GPD or more have more restrictive setback requirements, see .1950 (a) (17) (d) for specifics.

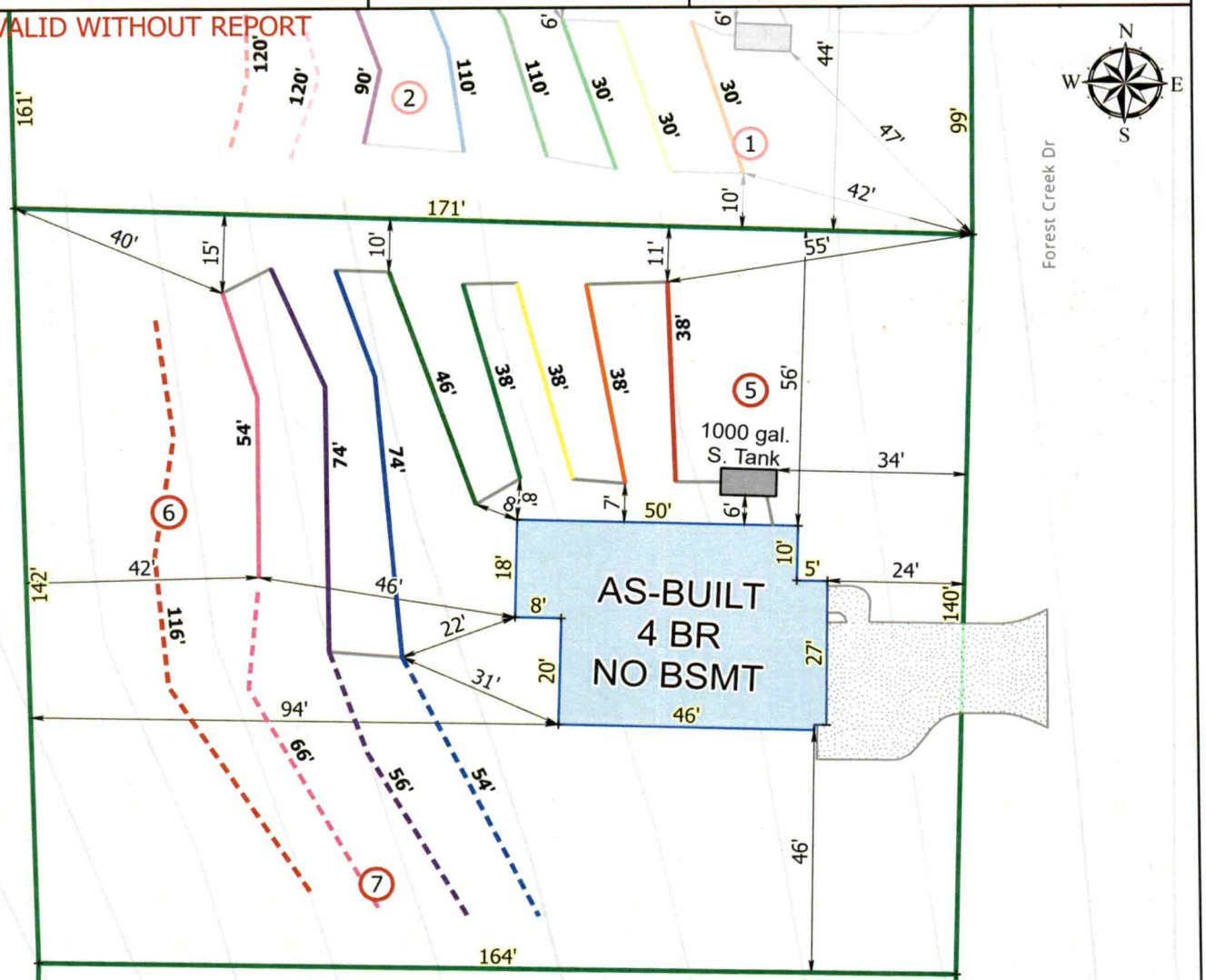
PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Site Plan/Borings/Layout Diagram - 125 Forest Creek Dr.

Job# 4559
Date: 8/3/2023
Client: Sturdibouche Real-Estate and Dev.
County: Iredell

MAP NOT VALID WITHOUT REPORT



Legend

- Property Line
- House Box
- Septic Tank
- Supply Line
- Driveway

LICENSED SOIL SCIENTIST
ROBERT EDWIN STOTT, II
3229
STATE OF NORTH CAROLINA

INITIAL:
-400 ft. - IQ4 Chamber
-Trench Depth: 22 in. max
-Gravity to Serial Dist.

REPAIR:
-292 ft. - Horiz. PPBPS
-Trench Depth: 20 in. max
-Gravity to Serial Dist.

THIS IS NOT A SURVEY
DISTANCES & MEASUREMENTS
GENERATED USING GPS

1 inch = 30 feet

0 15 30 60 US Feet

DOT, © O GeoTechnologies, Inc

Client: Erin Sturdivant
Address/Lot #: 125 Forest Creek Dr.
Parcel#: 4706758866.000
DATE: 8/2/2023
LSS: R. Edwin Stott
Eval Method: Auger
Facility/Flow: 4 BR/480 GPD

Site Classification: PS
Initial System: IQ4 Chamber
Initial System LTAR: 0.3
Repair System: Horizontal PPBPS
Repair System LTAR: 0.275
Others Present: TH
Water Supply: Municipal

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Number	UsableDep	LTAR	Boring Type	Horizon1	Horizon2	Horizon3	Horizon4	Landscape	Slope	Comment
5	32	0.3	Conv	0-16 fill	16-48 c fr,ss,sp,bcky,se			Ridge	3	
6	36	0.3	Conv	0-2 cl	2-24 c f,s,sp,bcky,se	24-36 c cfrags(<10%) f,s,sp,bcky,se		Ridge	5	
7	36	0.275	Conv	0-2 cl	2-24 c f,s,sp,bcky,se	24-36 c cfrags(<10%) f,s,sp,bcky,se		Ridge	5	

Notes: 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, U - Unsuitable
LTAR - Long Term Acceptance Rate
Landscape Position: SU - summit, SH - shoulder, BS - backslope, FS - footslope, TS - toeslope, SS - sideslope, HS - headslope
Mineralogy: SE - slightly expansive, EXP - expansive

Comments/Conditions:

Septic System Layout Specifications

125 Forest Creek Dr. - Lot 6 - Forest Creek - Iredell County
Piedmont Environmental Associates Job #4559

Facility/Design Flow: 4 BR Single Family Residence

PRIMARY

LINE # Ref. Pt.	FLAG COLOR	ELEV.	DESIGN LINE LENGTH (ft)	CHAMBERS NEEDED
1	red		38	9
2	orange		38	9
3	yellow		38	9
4	lime		38	9
5	green		46	11
6	blue		74	18
7	purple		74	18
8	pink		54	13
9				
10				
		Total:	400	96

LTAR: 0.3
SYSTEM TYPE: Accepted
DISTRIBUTION MEDIA: IQ4 Chamber
DISTRIBUTION METHOD: Gravity to Serial

REPAIR

LINE #	FLAG COLOR	ELEV.	DESIGN LINE LENGTH (ft)
1	blue		54
2	purple		56
3	pink		66
4	red		116
5			
6			
7			
8			
9			
10			
	Total:		292

LTAR: 0.275
SYSTEM TYPE: Gravelless
DISTRIBUTION MEDIA: Horizontal PPBPS
DISTRIBUTION METHOD: Gravity to Serial

Notes:
**All measurements in feet.
**Soil evaluated by private LSS
**Nitrification lines are demonstrated on contour via colored pin flags.