Site Address: 139 N. Harbor Watch Dr - Stat.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (01) MOORESVILLE 704-664-5281

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

DATE 5-19-05

PERMIT# 119566 (72248) PIN# 4711-32-~~2696~~ 8686 ✓

OWNER OR CONTRACTOR JOHN & SUSAN PATRICK PHONE: Business 704-632-6021 Home 704-875-0588 / 704-807-9689

ADDRESS 15630 WINFORD HALL ST HUNTERSVILLE, NC 28078

LOCATION BOFF SHOALS (L) LAUREL COVE (R) HARBOR GATE (R) HOUSE WILL BE LOT AT BOTTOM ON LEFT

SUBDIVISION HARBOR WATCH BLOCK / SECTION V LOT 109 LOT AREA 1.19 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 5-30
Pump Tank: 1000 Gallons; PT 363 Date 2-17
Pump Make: ZOELLER Model BW 153A Serial No. 153-0605
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 200'
No Lines 4 Trench Width 24" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: LP 50% REDUCT
Repair System Description: LP 50% REDUCT
Maintenance Agreement Required: [X] Yes [ ] No
Gravel Depth N/A [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

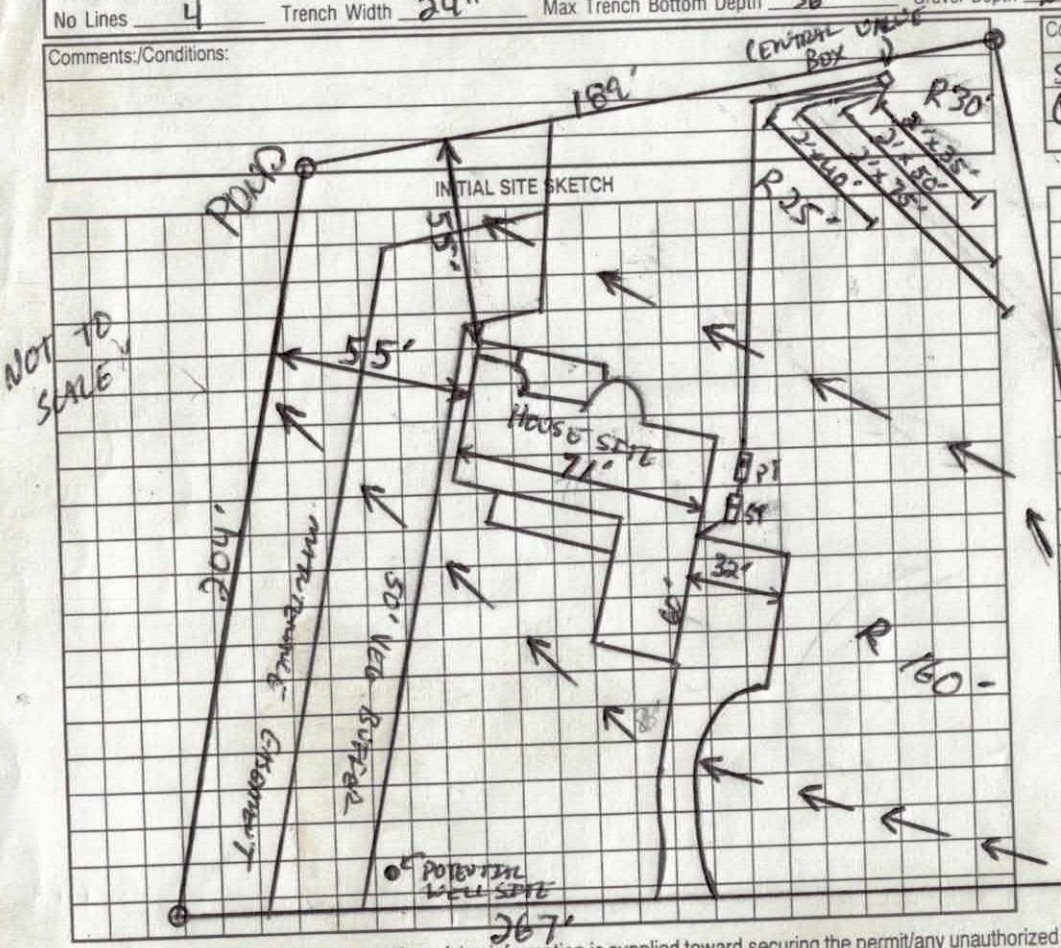
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees
[ ] Other

Water Supply: [X] Individual [ ] Public [ ] Community
WELL

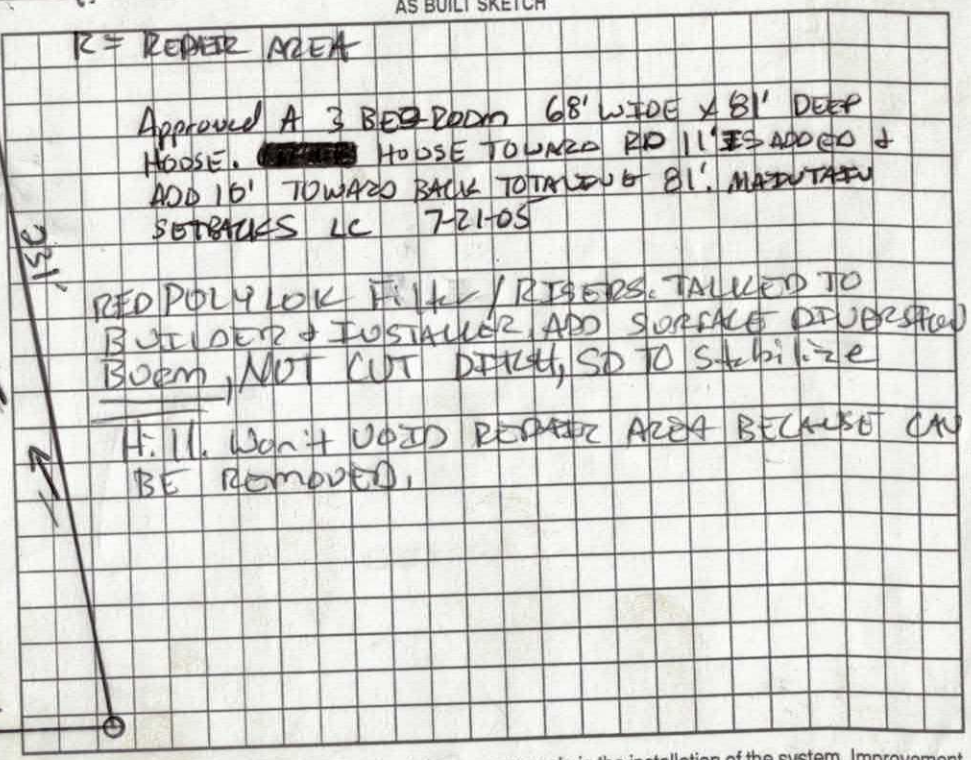
Comments:/Conditions:

(1) INSTALL LINES ON CONTOURS (2) MAINTAIN SETBACKS (3) SYSTEM & HOUSE IS FLAGGED OUT COMPLETELY (4) L/O WAS Applied to DAVID HINSON, R.S. & L/O WAS supported.

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 6-6-05 Installed by: SAMMY REAVIS

Improvement Permit by: _____ date 5-19-05 Operation Permit by: STEVE HEDRICK date 5-16-06

Authorization to Construct by: _____ date 7-21-05 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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

Sheet ___ of ___
PROPERTY ID #: 119566
COUNTY: 4711-32-8696

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: JOHN & SUSAN PATRICK
ADDRESS: 15630 WYNFORD HILL ST HUNTERSVILLE NC 28078
PROPOSED FACILITY: SFR HOUSE
PROPOSED DESIGN FLOW (.1949): 560
LOCATION OF SITE: HARBORWATCH LOOP
APPLICATION DATE ____
DATE EVALUATED: ____
PROPERTY SIZE: 1.19 AC
PROPERTY RECORDED: YES

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) .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	30% L	0-3	scl wk gr	fr ns np mpp					PS .3
		3-14	scl wk sbk	fr ns np mpp					
		14-22	cl mod sbk	fr ss sp stp					
		22-48"	c wk sbk	fr ss sp stp					
			stp inclusions < 5%						
2	30% L	0-3"	scl wk gr	fr ns np mpp					PS .35
		3-36"	cl w sbk	fr ss sp stp					
		36-48"	sicl gr	ss sp stp					
3	10% L	0-6"	scl wk gr	fr ns np mpp					PS .3
		6-48"	c mod sbk	fr s p stp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	YES	YES
System Type(s)	LPP 50% RED	LPP 50% RED
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: L. COOK
OTHER(S) PRESENT: K. COOK

COMMENTS: Applied TO DAVID HENSON, R.S. & UPHELD

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
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
	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

MINERALOGY/ CONSISTENCE
NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)

STRUCTURE
G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

MOIST
VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)

WET
NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

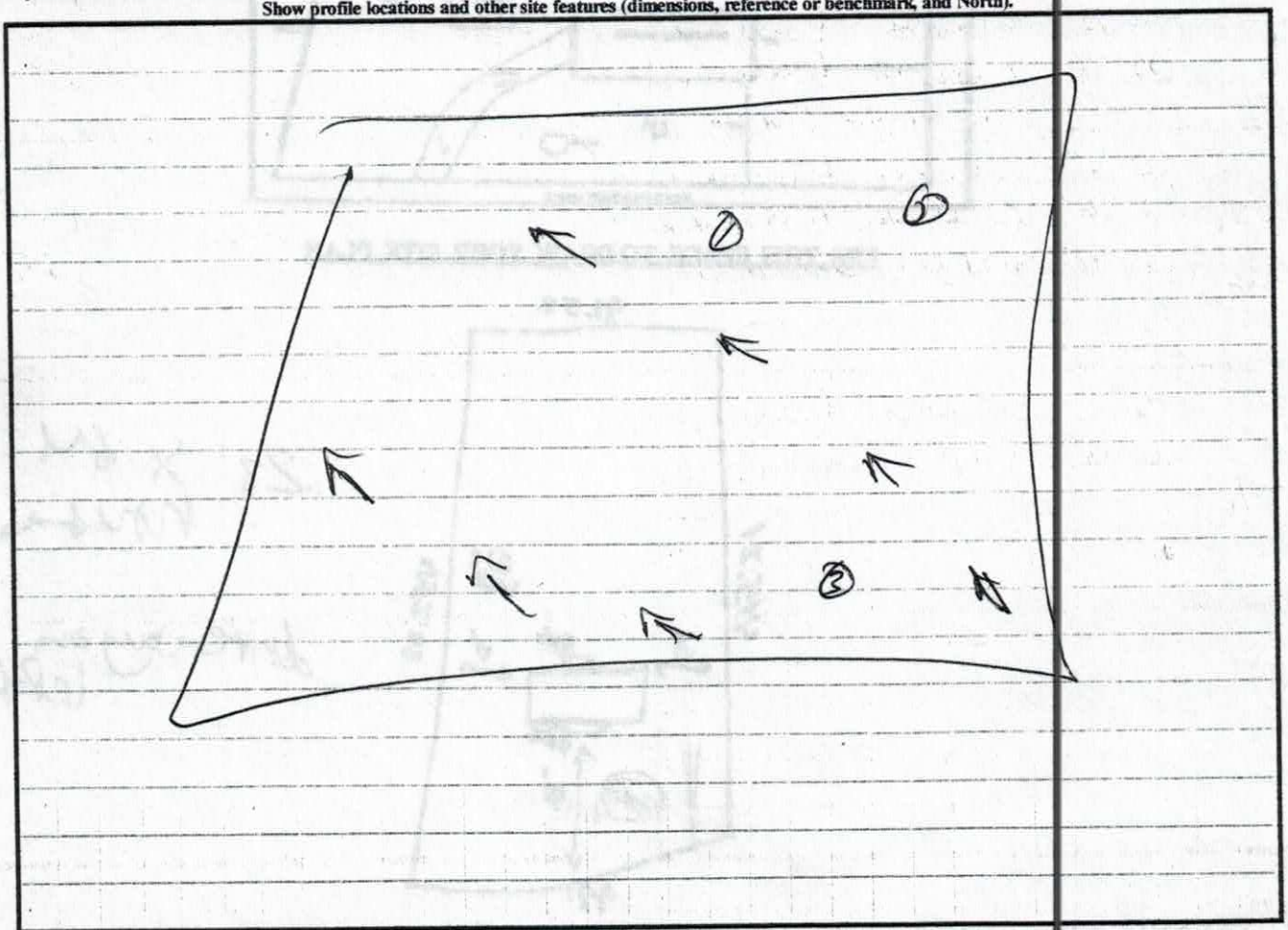
NOTES

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 (#####)

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: TWOON STREET _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: HARBORMASTER 109 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) .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 30%	0-3							PS .3
		3-14	WSBK SCL	fr - NEXP		48			
		14-22	SBK CL	fr - SEXP SS SP					
		22-48	WSBK Clay	fr - NEXP					
			SAP inclusions less than 50%						
2	K 30%	0-3							PS .35
		3-34	FR WSBK	fr - NEXP	1	48	NA	NA	
		34-48	BR SIL	fr - NEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 LAT 20% 50%	1200 LAT 20% 50%
System Type(s)	50%	50%
Site LTAR	.3	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kelly Cook
OTHER(S) PRESENT: Lorne Cox

COMMENTS: _____

36 inches W O

LEGEND

use the following standard abbreviations

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

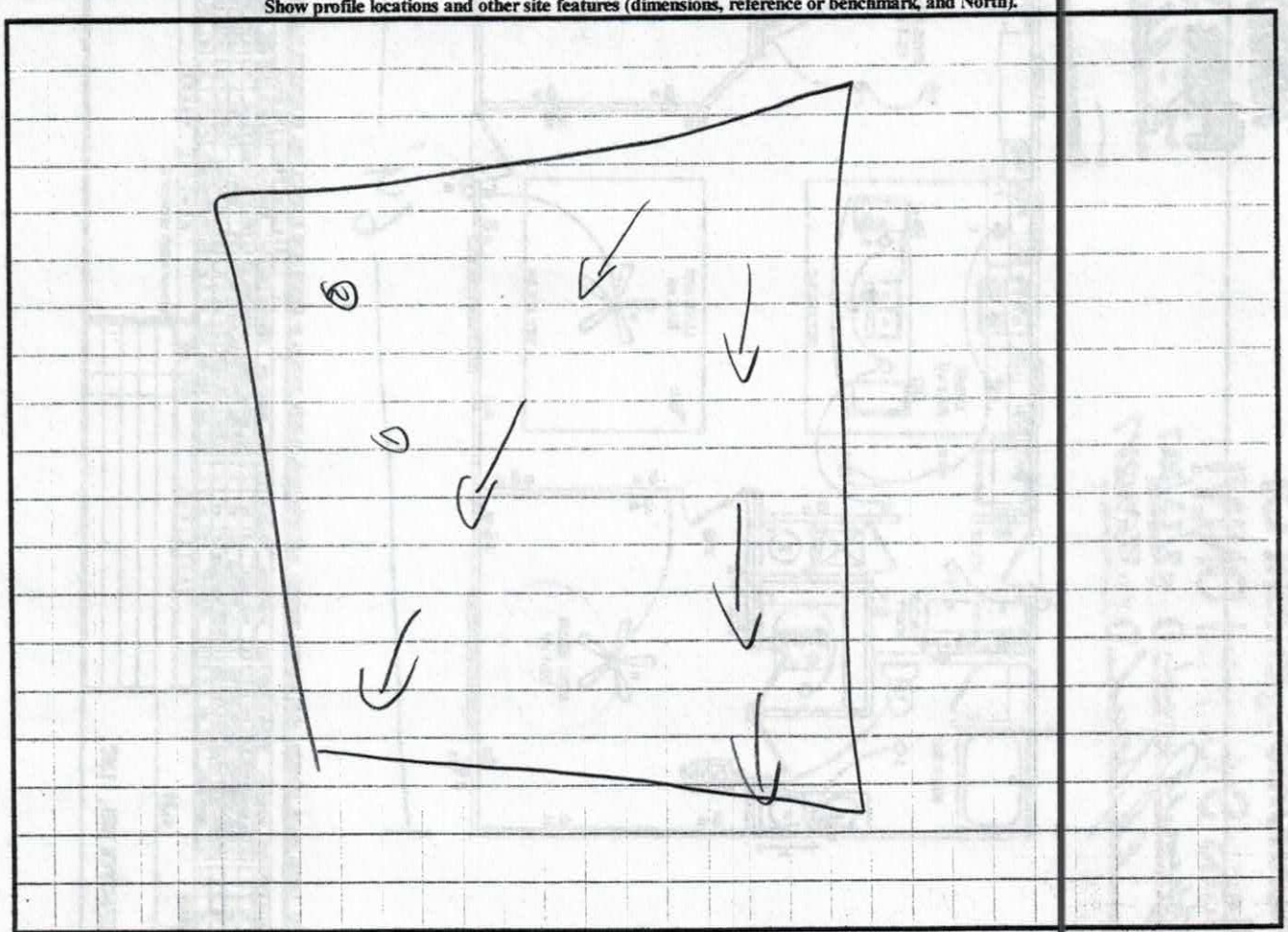
NOTES

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 (#####)

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: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) .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
1	?,	0-3	SCL WSBK	FR NESP SS SP					PS
		3-16	CL SBK	FR SSSP SS SP	2.5yr 4/6	50	NA		.25
		16-39	SCL WSBK	FR NSSP SS SP	2.5yr 4/4				
		39-50	SCL GRAV	FR NSSP SS SP	10yr 7/1 Chroma 1 @ 39-50 inches			39-50	
					Severe				
2					25 inches Trench Bottom				
3		0-2							PS
		2-16	SCL W/SBK	FR NONPSS SP	Mangenese mediums				.3
		16-41	SCL W/SBK	FR NSSP SS SP		50	NA	N/A	
		41-50	SC SBK	FR SSSP SS SP					
4					NEEDS EP SHALLOW 2506 REP IAR NOT ENOUGH ROOM FOR TWO SP				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	25%	25%-
Site LTAR	.23	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Kelli L Cook
OTHER(S) PRESENT: Jonathan Cook

COMMENTS: _____



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

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

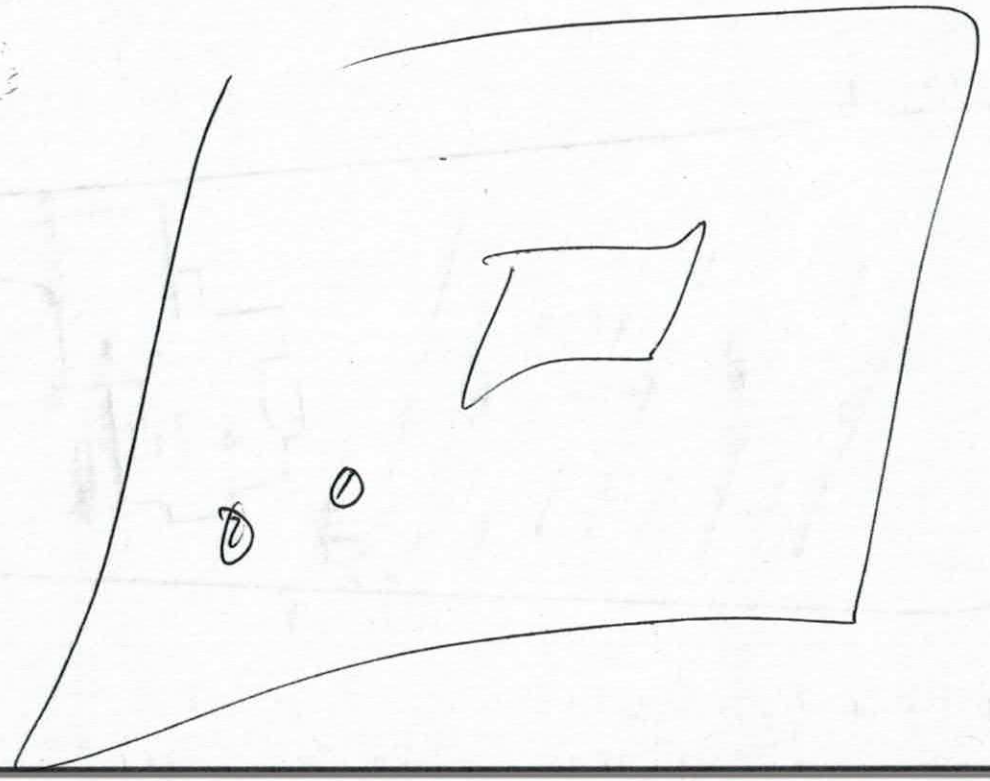
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: * Attn LoRVe APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-2	O 1 gr	VFr NS NP SexP					PS
		2-21	C 2 SBK	Fr SS SP SexP					
		21-46	C 2 SBK	Fr SS SP SexP	< 50% 10YR 8/3	46"		46"	
		46+	C 2 SBK, ABK	Fi SS SP SexP	> 50% 10YR 8/3			WR+	.25
2		0-6	O 1 gr	VFr NS NP SexP					PS
		6-28	C 2 SBK	Fr SS SP SexP					
		28-35	C 1 SBK	MANY GRAVEL INCL. VFr SS SP SexP		48"+			.3
		35-48	C 2 SBK	Fr SS SP SexP					
3					NEEDS FD & SHALLOW 250/I&R				
4					100' BUFFER ROOM MOVE HOUSE				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: L. COOK, DAO



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

Sheet ___ of ___
PROPERTY ID #: 1/9566
COUNTY: 4711-32-8696

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: LAKE NORMAN RPD APPLICATION DATE
ADDRESS: DATE EVALUATED: 4-28-04
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: HARBOR WATCH 104 PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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
1		0-4	SCL WK GR	FR NP NS					PS .3
		4-36	C MED SBK	FI SP SS P					
		36-48"	C WK SBK	FI SP SS P					
2		0-4"	SCL WK GR	FR NP NS					PS .3
		4-36"	C MED SBK	FI SP SS P					
		36-48"	C WK SBK	FI SP SS P					
3		0-12	SCL WK GR	FR NP NS	FEW DISTINCT CHROMA 2 @ 36" 20-24" TB SHALLOW	US @ 36"			SHALLOW PS .25
		12-40"	C MED SBK	FI SP SS P					
		40-48"	C WK SBK	FI SP SS P					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	YES	YES
System Type(s)	PUMP 25%	PUMP SHALLOW 25%
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: L. COOK
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
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
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	SCL (Sandy Clay Loam) SiL (Silt Loam) CL (Clay Loam) SiCL (Silty Clay Loam) Si (Silt)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05

MINERALOGY/ CONSISTENCE

NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
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.**

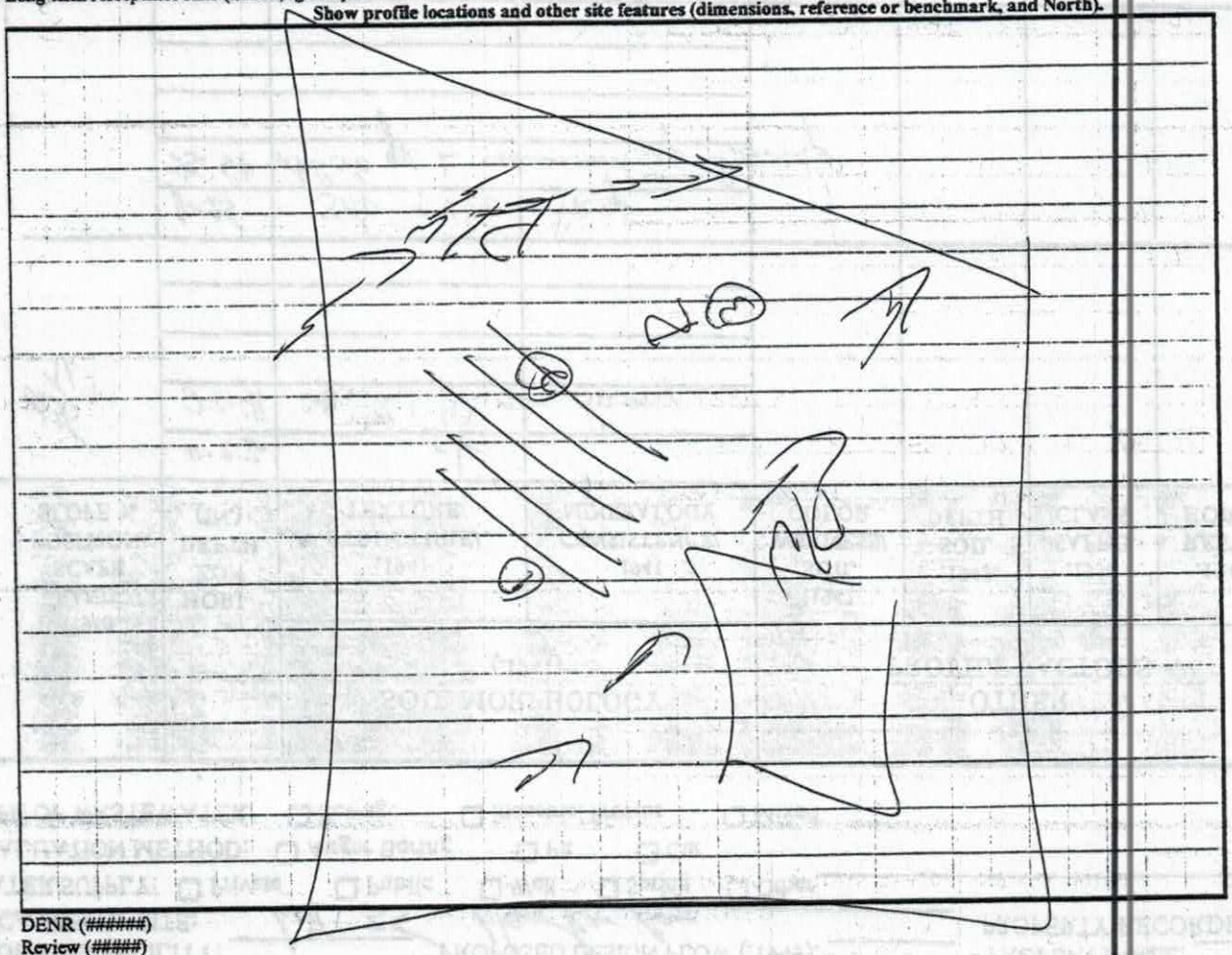
NOTES

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 (#####)

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ~~Harbor~~ Lk Norman Prop APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 8/13/98

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: Harbor watch 5 Lot 109 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) .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
1		0-34"	Bt/Bw C/Cc	SBK S-SS, SP, SE, FI-FR w/ Rock fragments					PS .3 to .34"
		34-48	Bt/Bw-Ut C	CL-SC	S, P, SE-E, F w/ Rock & SAP indus				
		Shallow TB							
2		0-40"	Bt/Bw C/Cc	wSBK S-SS, SP, SE,	FI-FR				PS .3 .275 to 40"
3									
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: _____

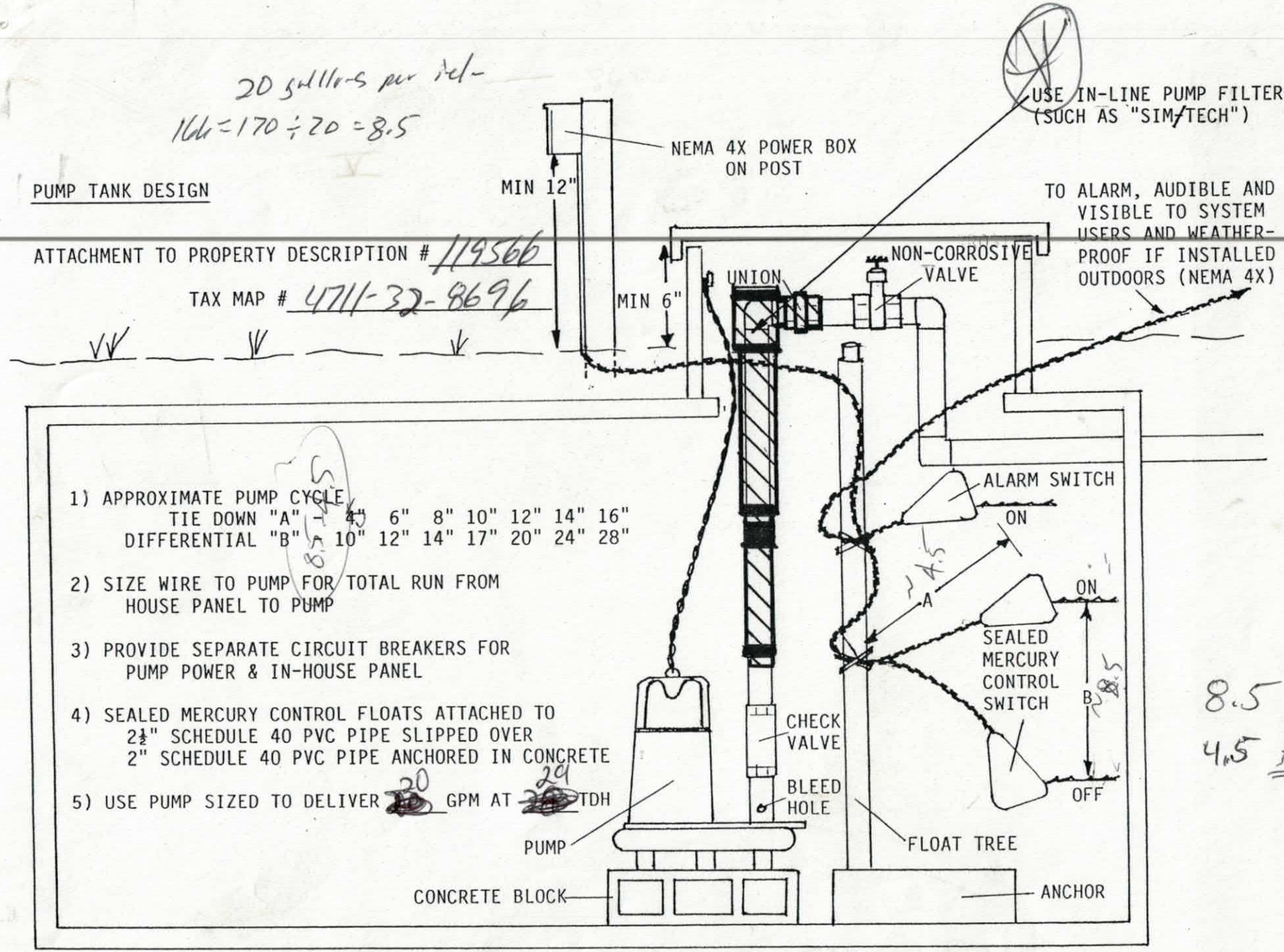
20 gallons per tel-

166=170÷20=8.5

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 119566

TAX MAP # 4711-32-8696



1) APPROXIMATE PUMP CYCLE
TIE DOWN "A" ~ 4" 6" 8" 10" 12" 14" 16"
DIFFERENTIAL "B" ~ 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

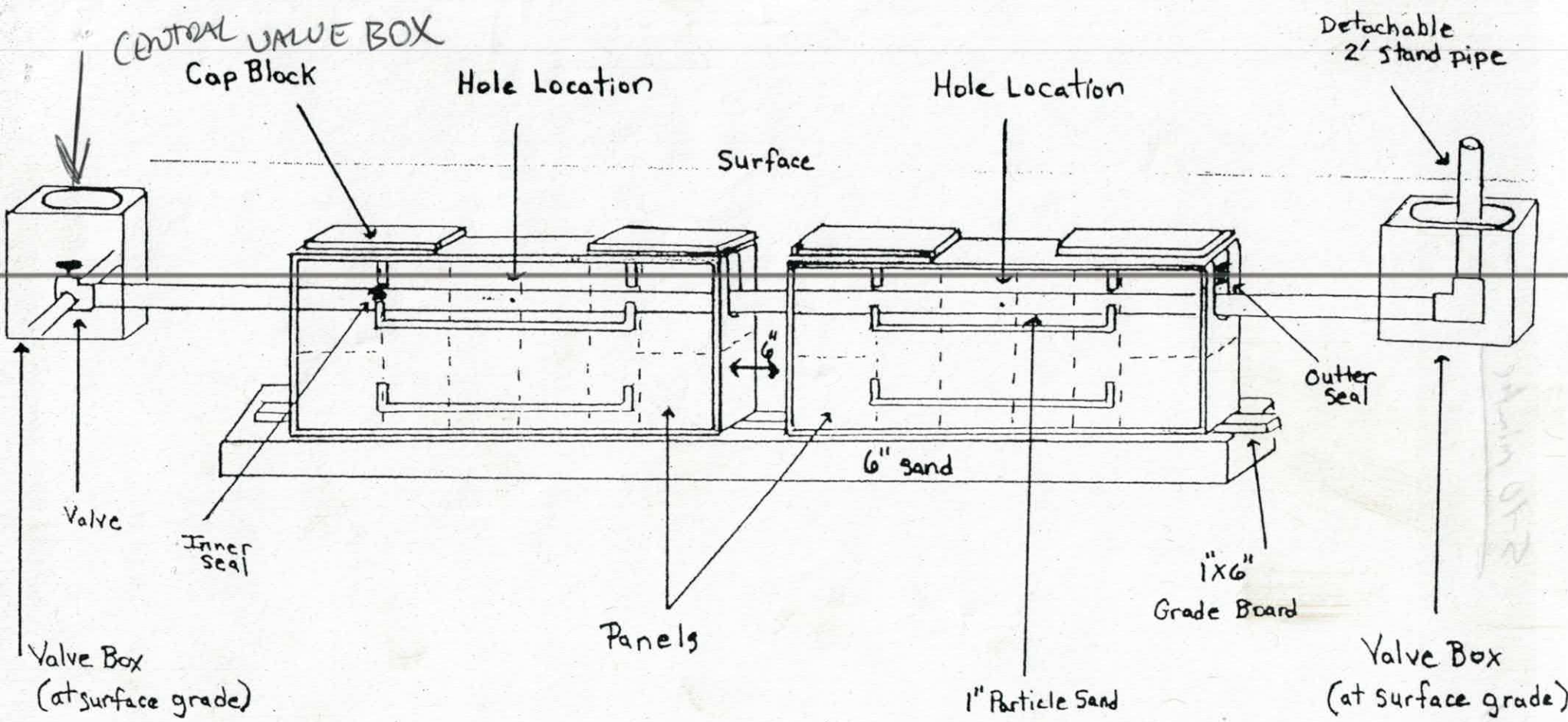
3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 20 GPM AT 24 TDH

8.5 B

4.5 A



8 = 35
2 = 50
7 = 75
9 = 40
6

Pressure Dosed PPBPS

of panels 46.
Size holes 5/32. 1 hole per panel.
Approximate amount of sand needed 33 TONS
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 20.
TDH 29.

Comments

Usually takes more sand than 33 tons

JOHN & SUSAN PATRICK HARBOR WATCH LOT 109

200 LF = 46 PANELS = 33 TONS OF SAND

LENGTH = 140'

ELEVATION = 24' (TANK DEPTH ADDED 6')

GPM

46 x 5/32 HOLE 0.41 = 18.86 gpm ≈ 19 gpm

165 dose
÷ 19 gpm
8.6

Friction Loss Per 100 ft

.77 x 1.40% = 1.078

Friction Loss

1.078 x 1.2 = 1.2936 ≈ 2 Friction Head

ELEVATION HEAD = 24'

Friction Head = 2 + 1 Long Line = 3

Working Head = 2

29 TDH

19 GPM + 1 BLEED HOLE = 20 GPM

CORRECT

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: ___ Improvement Permit X 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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
House Raising of Greater Charlotte Mark White	4801 E. Independence BLVD	704-531-1781	CELL 704-239-6581
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
John & Susan Patrick	15630 Wynford Hall St. Huntersville, NC 28078	704-875-0588	704-632-6021 C: 704-807-9689

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
139 HARBOR WATCH DRIVE	HARBOR WATCH	109

Driving Directions: Buffalo Shoals Rd, Left on Larul Cove, Right on Harbor Gate, Right on Harbor Watch, on Left LOT# 109

****

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(✓) 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 _____

****

6. **Proposed Water Supply:**

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

****

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

( ) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) 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.

9. Signature: Mark White - House Raising of Greater Charlotte 5-13-05

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…**
- X — **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
- X — **Front and side setbacks from property line…**
- X — **Preferred driveway location and configuration, preferred well location…**
- X — **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**
- X — **Location of easements and rights of ways on your property…** **N/A**
- ___ — **Location of any designated wetlands on the property…** **(N/A)**

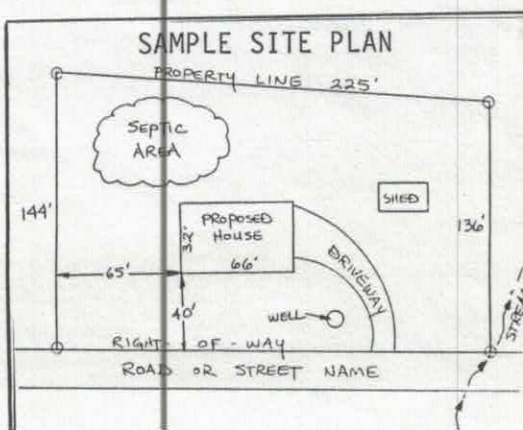
House Raising of Greater Charlotte

Signature: _____ 5-13-05

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED

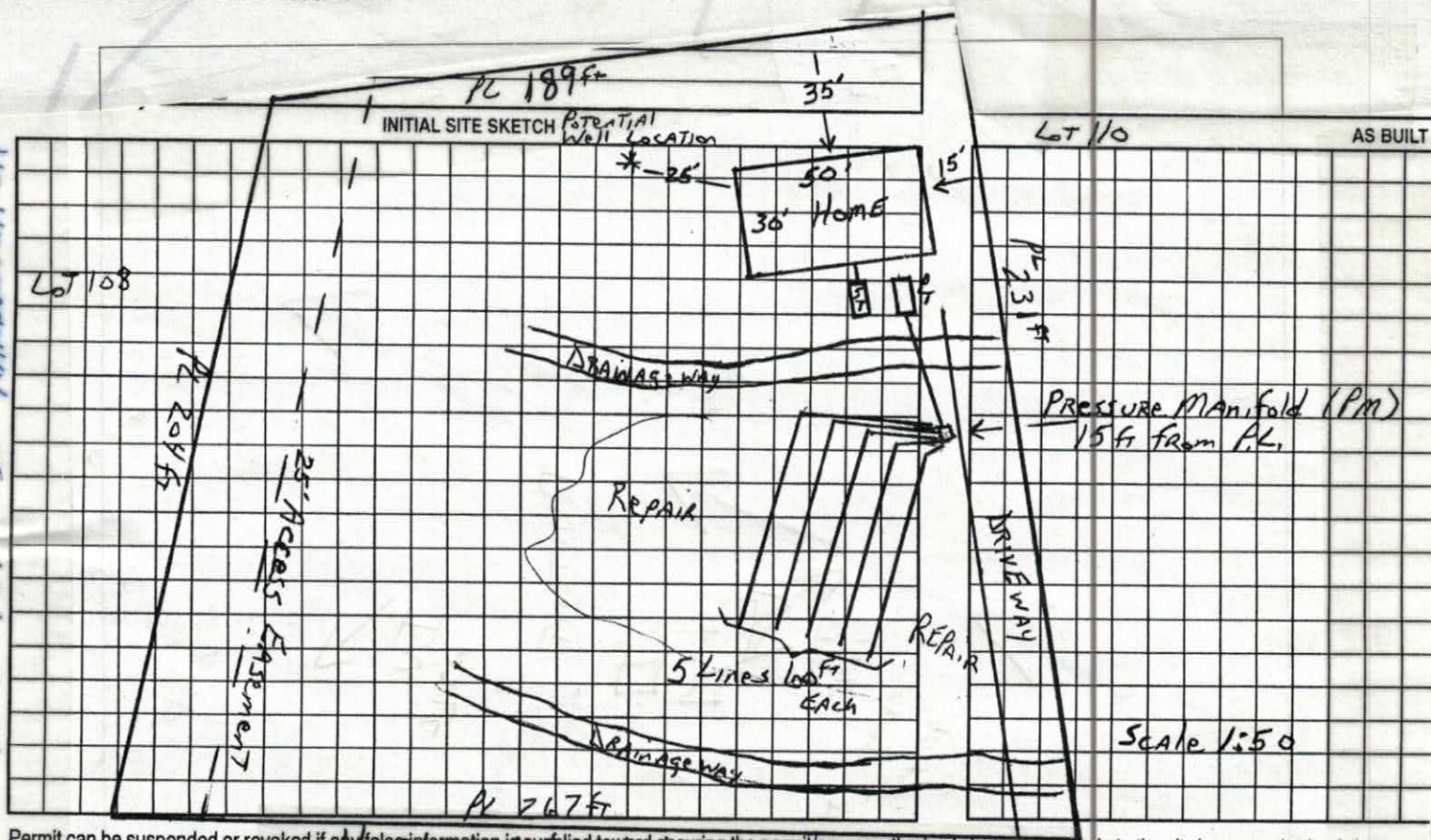


IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

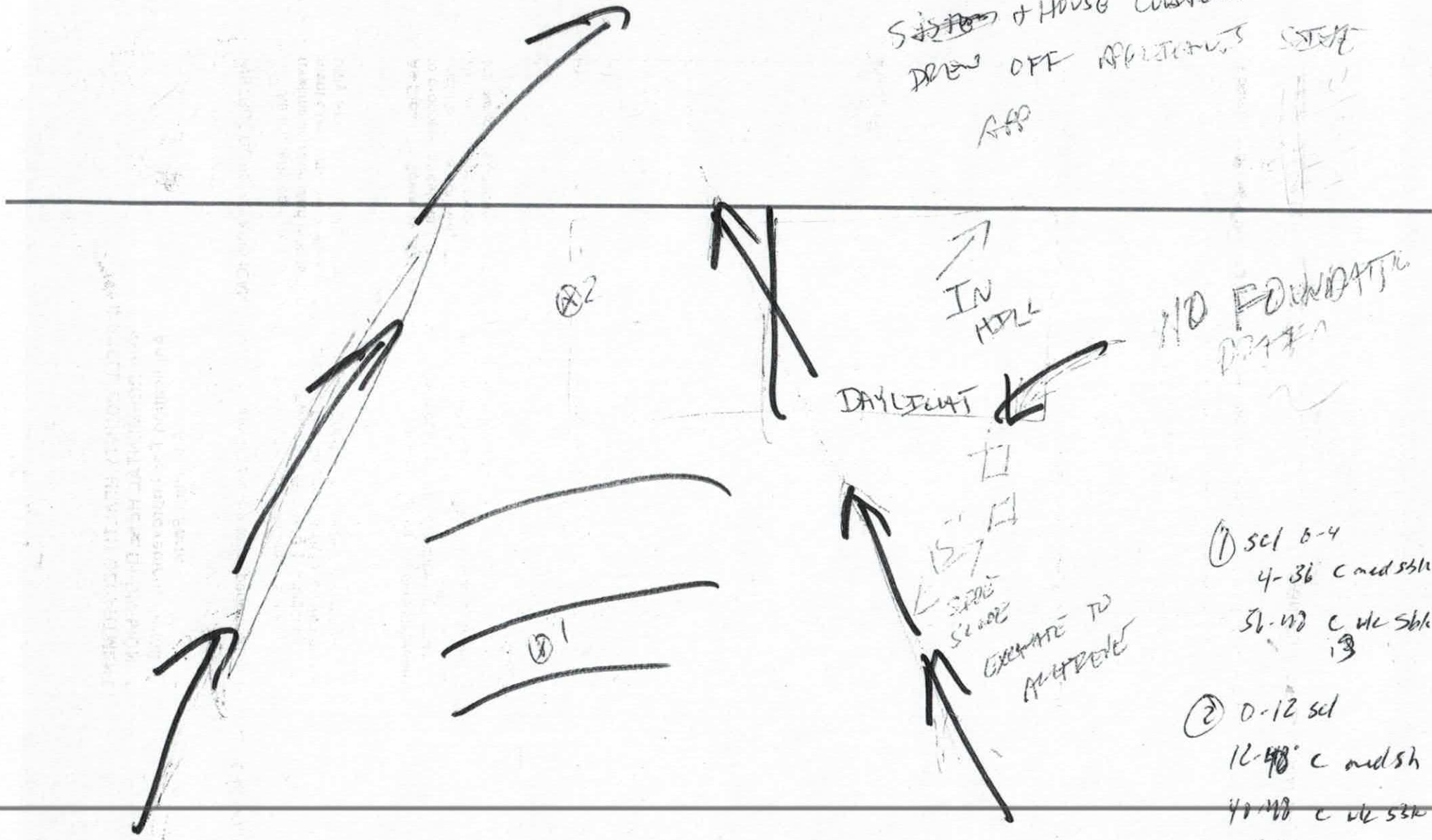
As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.

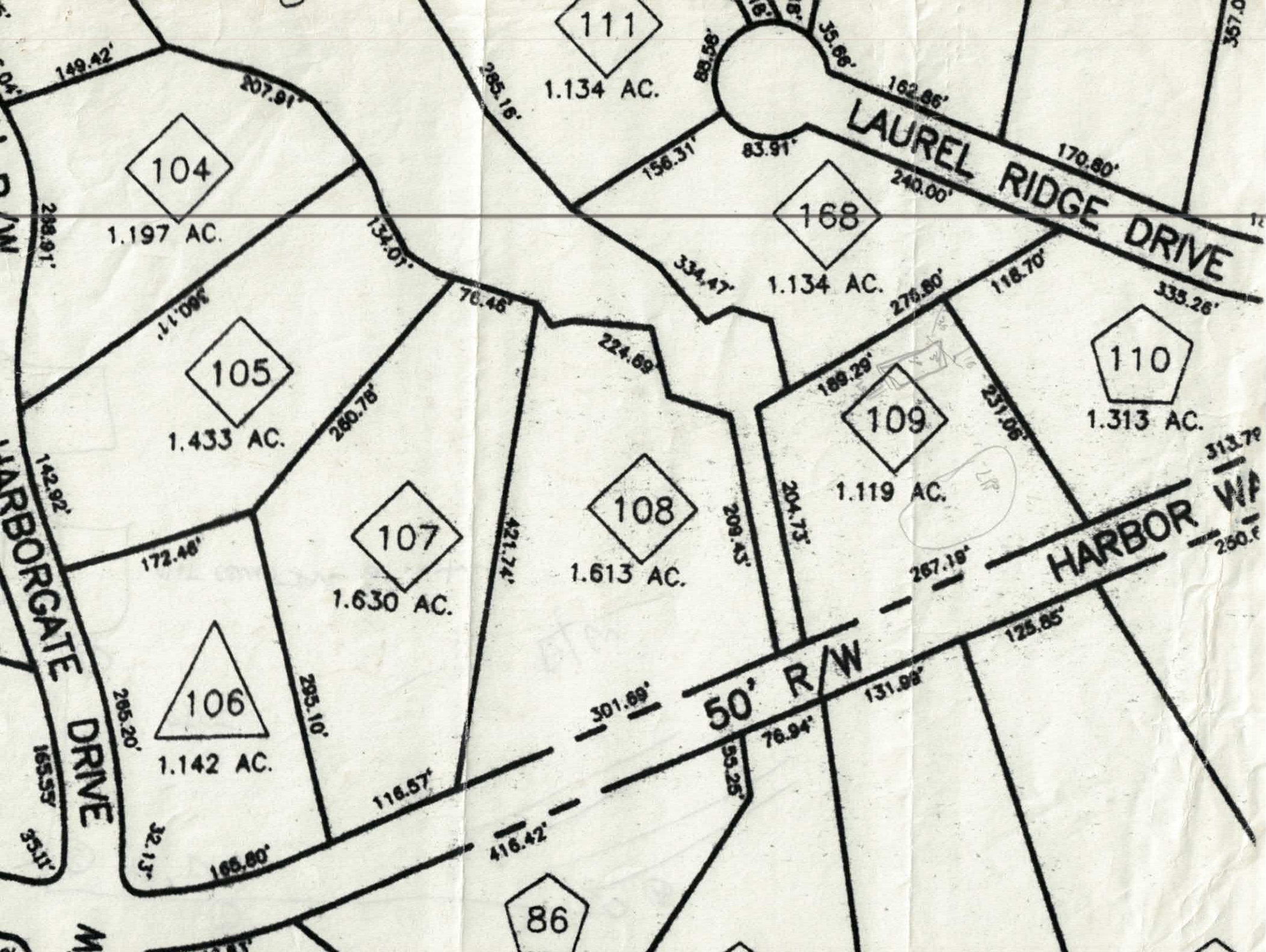


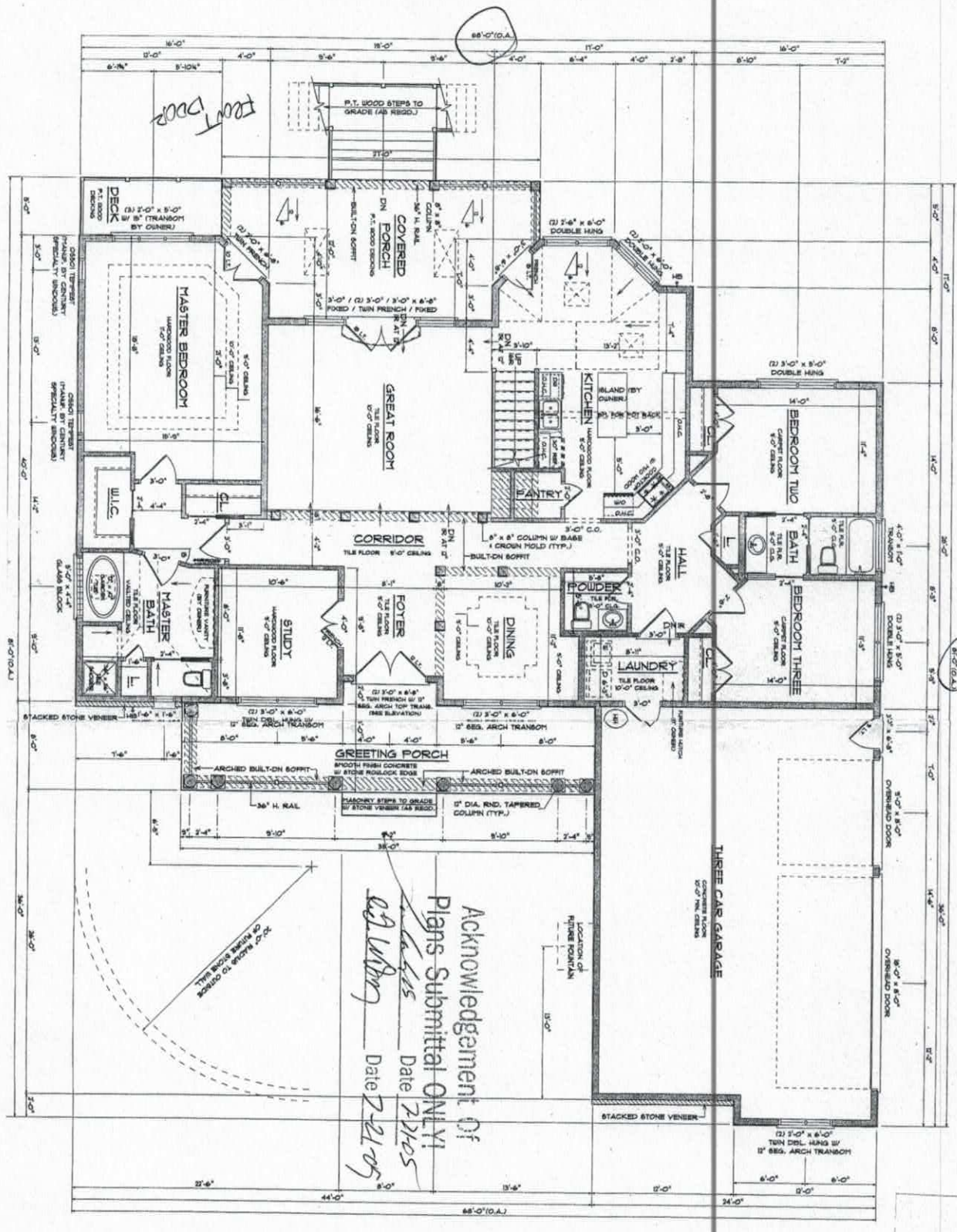
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes a
Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvemen

I hereby convenant that the above representation is correct to the best of my knowledge and ability.

~~12/3/14~~ 3/11/14 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT


SITE + HOUSE LOCATION
DRIVE OFF APPLICANT'S SITE
APP
IN HILL
NO FOUNDATION DATA
DAYLIGHT
SEE SHEET
EXCAVATE TO APPROVED
(1) scl 6-4
4-36 c med sdy
36-48 c dk sdy
(2) 0-12 scl
12-48" c med sd
48-88 c dk sdy
Cross 2
@ 36
few distinct
25


111
1.134 AC.
104
1.197 AC.
105
1.433 AC.
107
1.630 AC.
106
1.142 AC.
108
1.613 AC.
168
1.134 AC.
109
1.119 AC.
110
1.313 AC.
86
LAUREL RIDGE DRIVE
HARBORGATE DRIVE
HARBOR
50' R/W
149.42'
207.91'
285.16'
88.58'
35.66'
162.86'
156.31'
83.91'
170.80'
240.00'
288.91'
134.01'
334.47'
276.80'
118.70'
333.26'
224.69'
189.29'
231.06'
313.79'
142.92'
260.78'
172.46'
421.74'
209.43'
204.73'
267.19'
125.85'
301.89'
131.98'
76.94'
55.25'
265.20'
295.10'
165.55'
116.57'
416.42'
165.80'



Rick Wilson 704 902-2343

Front

FLIPPED

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	119566zo	Subdivision:	Harbor Watch
Proposed Use:	Single Family	Township:	1500 Fallstown
Location of Property:	139 Harbor Watch Dr. Statesville NC 28677		
Parcel #:	4711-32-8696	Zoning:	RA
Lot #:	109 Size: 1.19	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Lake Norman Properties (George Lee)	Owner:	Lake Norman Properties
Address:	10800 Sikes Place Suite 250 Charlotte NC 28277	Address:	10800 Sikes Place Suite 250 Charlotte, NC 28277
Phone:	704-847-6006	Phone:	704-847-6006
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 50 ft
Min. Lot Width:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Replaces expired Zoning and Health Permit # 72248

Directions:

Buffalo Shoals Rd South, left on Laurel Cove, right on Harbor Gate, right on Harbor Watch, on left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: 3/11/4

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK

Printed: 3/8/2004

3/11/4

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 072248 Zoning Permit: X Improvements Permit: 1

Name: LAKE NORMAN PROPS Address: PO BOX 1627

City: MATTHES State: NC Zip: 281060000

Phone: 0008476006

Proposed Use: 01

PIN #: 4711326122 Zoning: RA Township: 1500

Street Address: HARBOR WATCH DR

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: HARBOR WATCH Lot #: 109 Lot Size: 1.76

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 35R 15S

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT HAS NOT BEEN RECORDED

Location: BUFFSH L LAUREL R HARGATE R HARWAT 4TH ON LEFT

Staff: RRS Date: 02/25/98

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant: _____
Owner: Agent: