Site Address: 150 Longbranch Rd - Stat.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 CI MOORESVILLE 704-664-5281

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

PERMIT# 120530 PIN# 4711-46-7065 LEG DATE 11-9-04

OWNER OR CONTRACTOR GLADYS + JOHN DEBUSK PHONE: Business CLAYTON HOMES 704-623-3248 Home [redacted] 321-255-2153

ADDRESS 2460 LAKEMONT RD MELBOURNE, FL 32934

LOCATION BUFFALO SHOALS WEST (E) LONGBRANCH ON RT (CORNER OF LONGBRANCH & PELOS

SUBDIVISION BUFFALO SHOALS Part BLOCK / SECTION ____ LOT 48 LOT AREA 1.0 AC SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .12

Septic Tank: 1000 Gallons; STB 1017 Date 6-23-04

Pump Tank: 1000 Gallons; PT 17 Date 5-22-04

Pump Make: WEDSTAR Model GOULDS Serial No. S05463786

Nitrification Field: No Fields 1 Square Feet 2000' Linear Feet 400'

No Lines 8 Trench Width 12" Max Trench Bottom Depth 12" Gravel Depth 8"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Low Pressure Pipe

Repair System Description: MAX FEASIBLE/NO REPAIR

Maintenance Agreement Required: [X] Yes [ ] No NEEDED

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: (1) USE IN LINE PUMP FILTER IN PUMP TANK (2) DO NOT CUT FOR POSITIVE DRAINAGE. MUST BE BACKFILLED TO MEET THE REQMTS (3) NOTE 6" MINIMUM BACKFILL REQMT OF P.S. SOIL.

Comments/Conditions: (4) MAINTAIN SETBACKS (5) LOT WAS DEEDED BY JULY 1, 1977, SEPTIC PRESS LINES CAN BE 5' FROM P/L (6) LOT WAS DEEDED BY JANUARY 1, 1983 SO REPAIR AREA IS NOT REQUIRED (7) ATTACHED DEED FOR LOT 48 IS DATED AUGUST 6, 1970

INITIAL SITE SKETCH

SEE ATTACHED PLANS FOR SYSTEM DESIGN BY ASHLY ROLLINS, LSS

AS BUILT SKETCH

LABEL FILTER & MARKER 11-18-04
1" LINES & PRESSURE 11-19-04
NEEDS ELECTRICIAN/ALARM/ 16" BACKFILL
+CONTRACT
EVERYTHING ELSE OK
*NEEDS BREAKER BOX LABELED/2 CIRCUITS
BREAKERS LABELED. EVERYTHING O'K

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 11-9-04

Improvement Permit by: _____ date 11-9-04

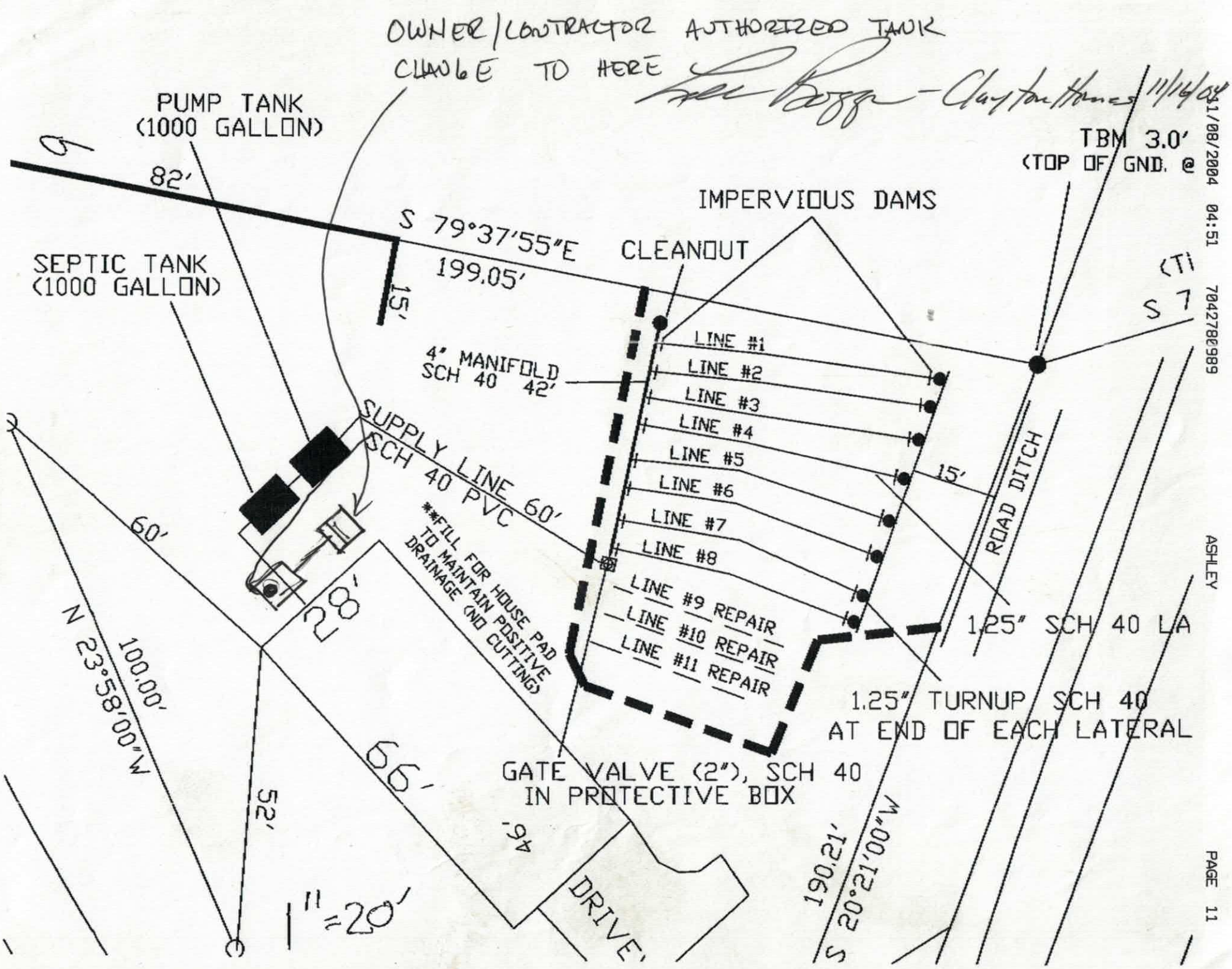
Authorization to Construct by: _____ date 11-9-04

Installed by: A-1 BACKHOE

Operation Permit by: _____ date 12-2-04

Existing System Inspection by: _____ date _____

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


OWNER/CONTRACTOR AUTHORIZED TANK CHANGE TO HERE
Clayton Homes 11/14/04
PUMP TANK (1000 GALLON)
82'
S 79°37'55"E 199.05'
15'
SEPTIC TANK (1000 GALLON)
IMPERVIOUS DAMS
CLEANOUT
TBM 3.0' (TOP OF GND. @
4" MANIFOLD SCH 40 42'
LINE #1
LINE #2
LINE #3
LINE #4
LINE #5
LINE #6
LINE #7
LINE #8
LINE #9 REPAIR
LINE #10 REPAIR
LINE #11 REPAIR
15'
ROAD DITCH
SUPPLY LINE 60' SCH 40 PVC
60'
28'
**FILL FOR HOUSE PAD TO MAINTAIN POSITIVE DRAINAGE (NO CUTTING)
1.25" SCH 40 LA
1.25" TURNUP SCH 40 AT END OF EACH LATERAL
N 23°58'00"W 100.00'
52'
66'
46'
GATE VALVE (2"), SCH 40 IN PROTECTIVE BOX
S 20°21'00"W 190.21'
DRIVE
1" = 20'
11/08/2004 04:51 7042780989 ASHLEY PAGE 11

Debusk's System

Start	Finish	Design	Actual	Percent
1. 56.0 in.	57.0 in.	3.66 gal/min	4.0 gal/min	109%
2. 54.6 in.	55.6 in.	3.64 gal/min	4.0 gal/min	109.8%
3. 53.6 in.	54.5 in.	3.49 gal/min	3.6 gal/min	105.8%
4. 52.6 in.	53.33 in.	3.23 gal/min	2.92 gal/min	90.4%
5. 49.33in.	50.25 in.	3.22 gal/min	3.68 gal/min	114%
6. 51.6 in.	52.50 in.	3.05 gal/min	3.6 gal/min	118%
7. 50.30in.	51.5 in.	3.10 gal/min	4.8 gal/min	155%
8. 48.5 in.	49.25 in.	2.70 gal/min	3.0 gal/min	111%
		Total 26.0	Total-29.6	~~114%~~ 113%

Testing Order
Line 8
Line 5
Line 7
Line 6
Line 4
Line 3
Line 2
Line 1

CALCULATIONS

Location Longbranch and Pecos Roads'

Project Number 1055

Lot No: N/A

No. of Bedrooms 2

Design Flow 240 $^{gal}/_{day}$

LTAR 0.12 $^{gal}/_{ft^2\ day}$

GRAVELESS? (YES OR NO) NO

Supply Line Length 120 ft.

Supply Line Volume 20.88 gal.

Amount of Line from Layout 400' ft.

Gallons per Minute 26.1 $^{gal}/_{min}$

Required Septic Tank Capacity 600 gal.
Minimum Standard Tank Size 1000

Dosing Volume 200.00 gal.

Note: Dosing Volume based on 5 - 10 times lateral volume plus manifold & SL vol.

Lateral Line Volume 31.2 gal.
Manifold Volume 27.8 gal.

Tank Draw Down 9.5 *Generic Draw Down of 21 gal.per in.*

Pump Run Time 7.66 minutes

Elevation Head 8.5 ft.
Pressure Head 2 ft.
Friction Factor 1.37 ft./100 ft. *(From the interpolater.)*
Friction Head 1.64 ft.

Total Dynamic Head (+15%) 13.97 ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	f
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

LPP FLOW CHART

Lateral Number	Elevation (ft)	Head (ft)	Hole size (in)	Flow per hole (gpm)	Length (ft)	Spacing (ft)	Number of holes	Flow per lateral (gpm)	Inst. flow rate (gpm/ft)
				FIELD #1					
1	100.5	2	5/32	0.41	50	5.00	9.00	3.66	0.0733
2	100	2.5	5/32	0.46	50	5.56	8.00	3.64	0.0728
3	99.5	3	5/32	0.50	50	6.25	7.00	3.49	0.0698
4	99	3.5	5/32	0.54	50	7.14	6.00	3.23	0.0646
5	98.6	3.9	9/64	0.46	50	6.25	7.00	3.22	0.0645
6	98	4.5	5/32	0.61	50	8.33	5.00	3.05	0.0611
7	97.6	4.9	9/64	0.52	50	7.14	6.00	3.10	0.0619
8	97	5.5	5/32	0.68	50	10.00	4.00	2.70	0.0540

TOTAL LATERAL LINE LENGTH = 400 ft

TOTAL SYSTEM FLOW = 26.10 gpm

TOTAL SYSTEM REDUCTION FROM LINES 1 TO LINE 12 = 26.3%

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

Sheet ___ of ___
PROPERTY ID #: 120530
COUNTY: 4711-46-7065

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: JOHN DEBUSK APPLICATION DATE: 5-18-04
ADDRESS: 2640 LAKEMONT RD MELBOURNE, FL 32934 DATE EVALUATED: 6-16-04
PROPOSED FACILITY: D/W 3BR PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 1.0 AC
LOCATION OF SITE: BUFFALO SHOALS LOT 48 / CORNER OF PELS / LONGBRANCH 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6-8% LR	0-4"	FILL						US
		5-20"	cmed abk	fi s p sexp	chroma 2 mixed	from			
		20-43"	cl med sbk/abk	fss sp sexp	14"-	43"			
		43-66"	SL sap						
2	6-8% L	0-12"	FILL						PS .3
		12-23	C med sbk/abk	fi s p sexp					
		23-35"	CL wk sbk	sup inclusions	/ somewhat		weathered rock		
		35-64"	SC sap						
3	6% L	0-16"	FILL						US
		16-22"	scl brwn w sbk	fr ss sp sexp	chroma 2 @ 45" minus				
		22-64"	sc/scl wk sbk	fr ss sp sexp	16" = chroma 2 @ 29"				
4	6% L	0-17"	FILL						US
		17-54"	sc/scl wk sbk	fr ss sp sexp	chroma 2		mix	from	
		54-63"	red/yellow clay	abk fi s p sexp		17"-	63"		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	NO	NO
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): US
EVALUATED BY: L. LOOK
OTHER(S) PRESENT: B. FREEMAN

COMMENTS: US

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.**

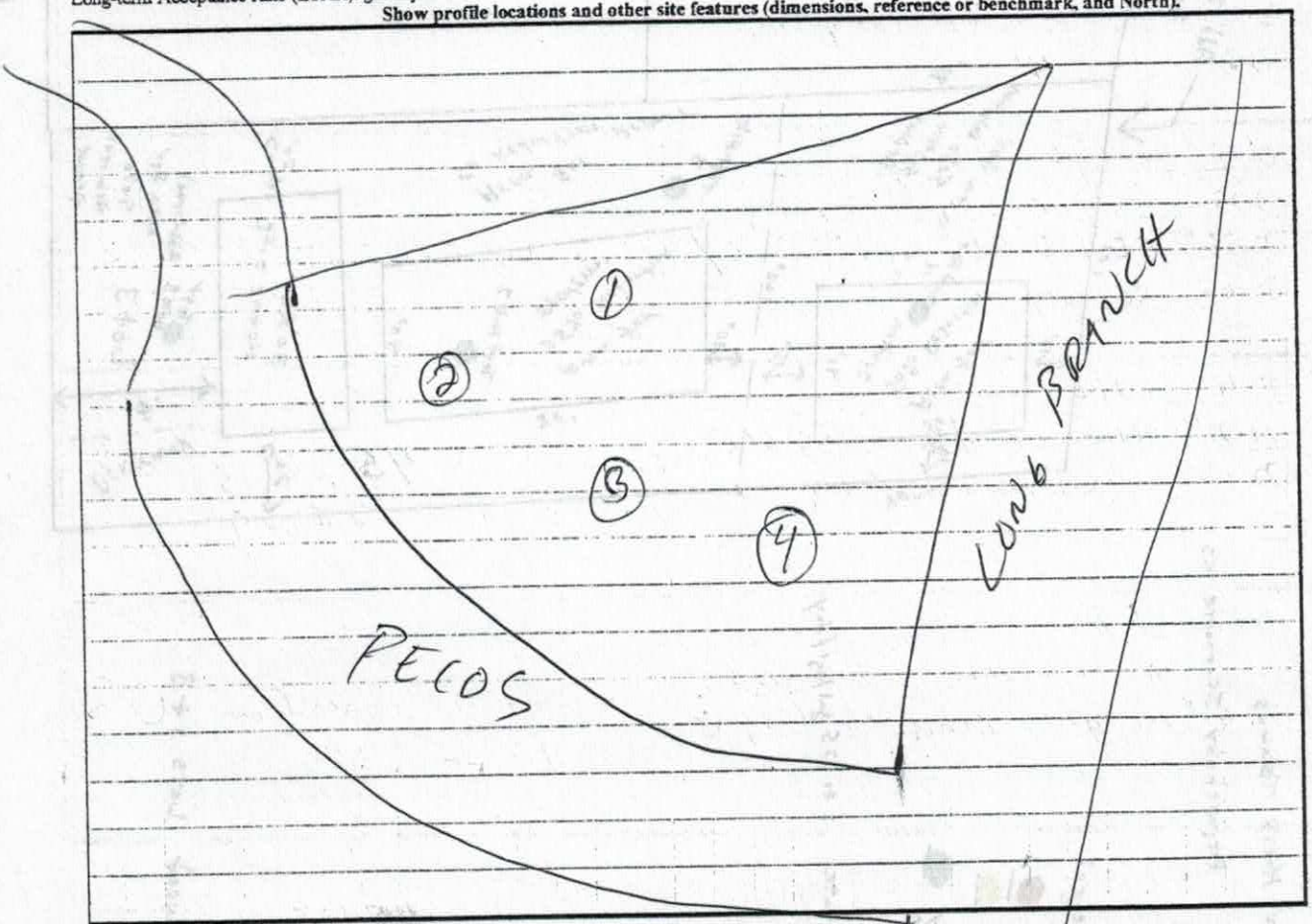
NOTES

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 (#####)

FAX
ATTENTION
CEL 32605
372-1166
704-[illegible]-2209 FAX

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

John & Gladys Ocbusk (321)255-2153 2640 Lakemont Rd. Melbourne, FL 32934
Applicant / Phone # / Mailing Address / City / State / Zip Code

Gladys Ocbusk 2640 Lakemont Rd Melbourne, FL 32934
Current Property Owner / Mailing Address / City / State / Zip Code

PROPERTY INFORMATION:

~~Buffalo Shoals~~ 48
(Proposed) Subdivision Name / (Proposed) Lot # / (Proposed) Block/Section # / State Road #

W.R. Kale Property / Fallstown Township
Public
(Proposed) Water Supply (Public), Private Well / **Preliminary Plat Approval Date** (DEVELOPERS ONLY) / Tax Map #

Specific Directions to Property I-40 W → Old Mtn. Rd (L) → Buffalo Shoals Rd (R) → Longbranch Rd (L) → Pecos Pl.
Property in corner of Longbranch & Pecos Pl.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ____ (Mobile Home) X Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ____

(Crawl Space) ✓ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

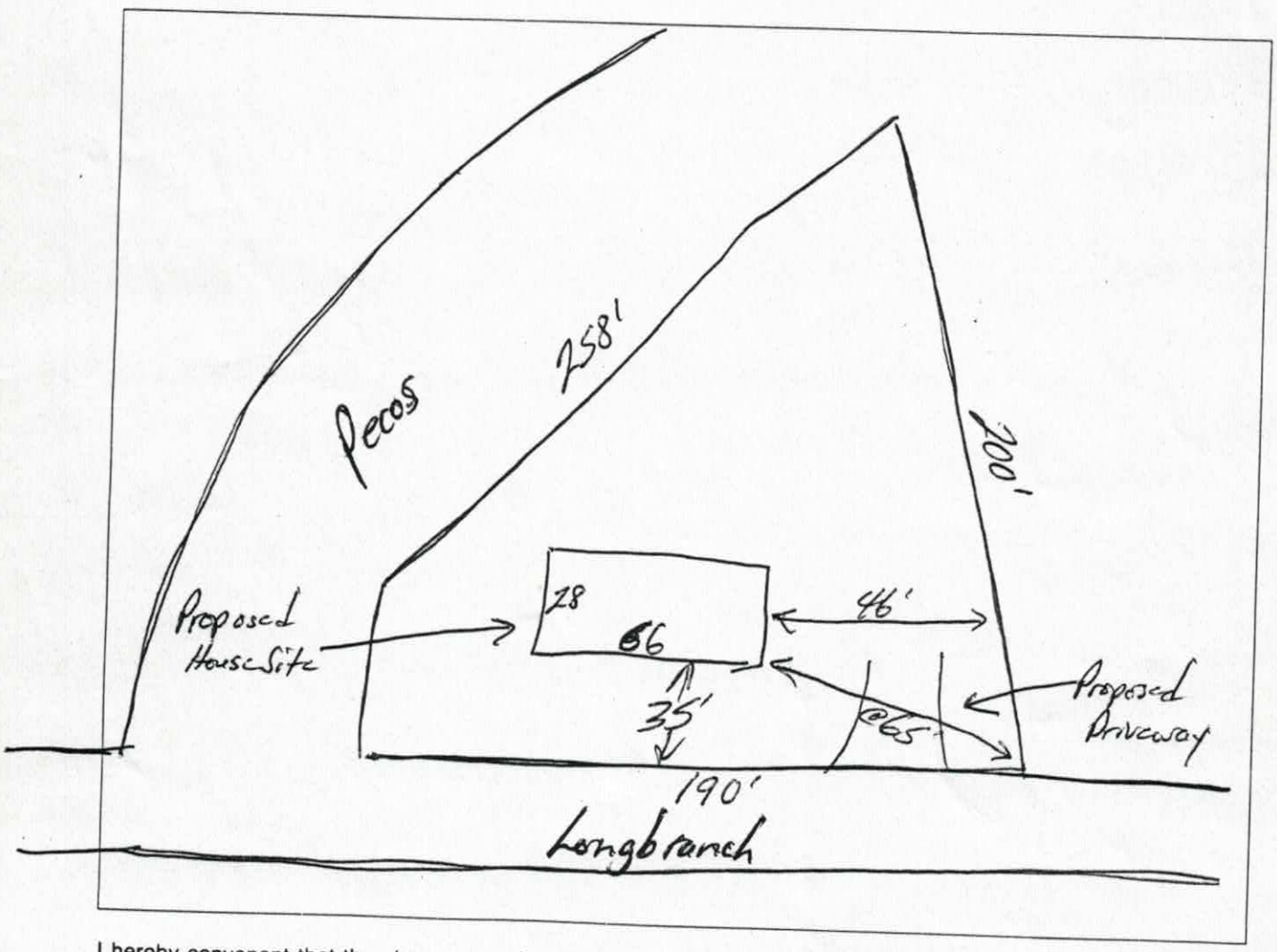
6/8/04 DATE [signature] SIGNATURE OF OWNER/AUTHORIZED AGENT

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.



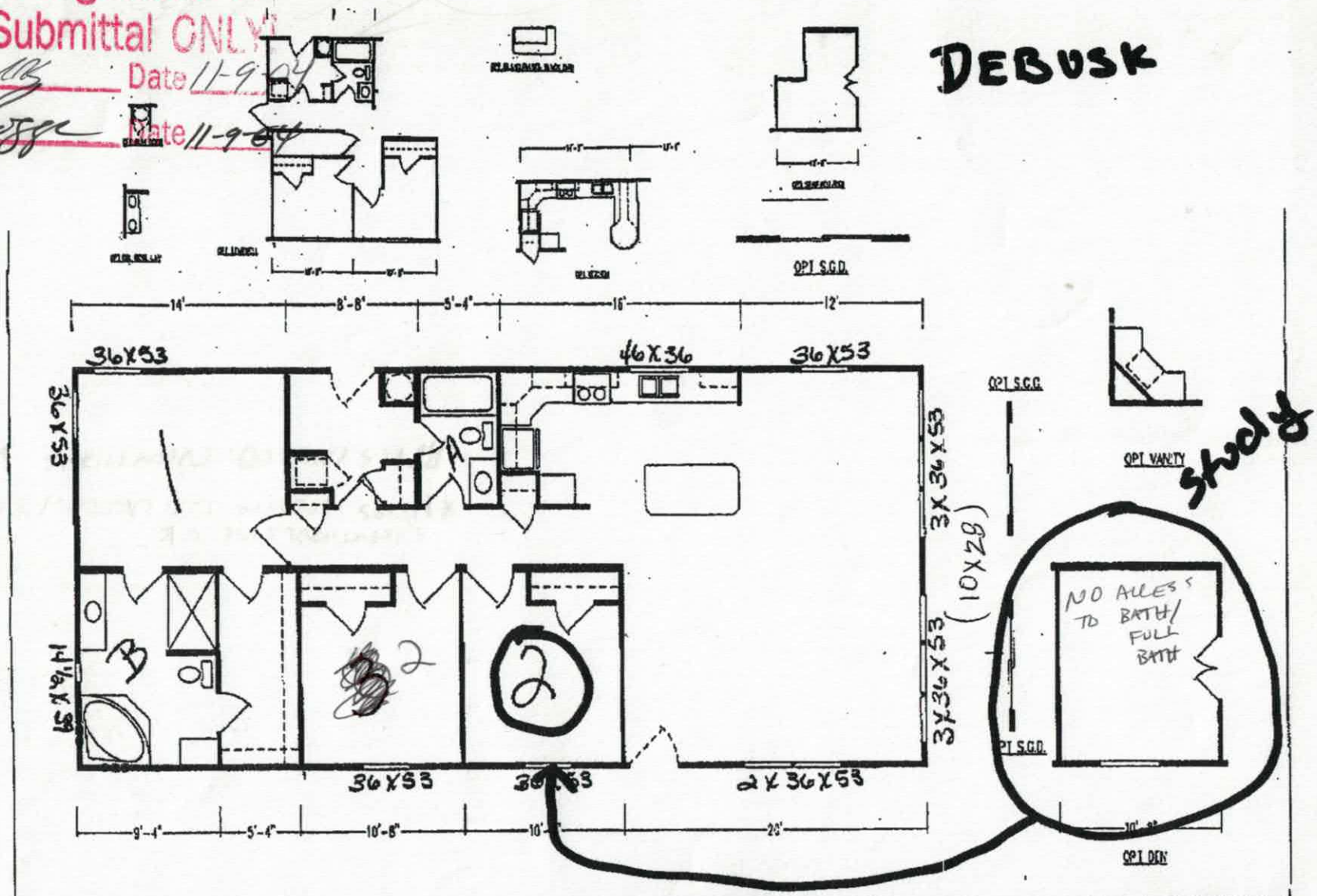
I hereby convenant that the above representation is correct to the best of my knowledge and ability.

6/8/04 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

APPROVED 2 BEDROOM PLAN

Acknowledgement Of
Plans Submittal ONLY
Date 11-9-04
Date 11-9-04

DEBUSK



DIVISIONS				REVISIONS
111	341	552		
112	344	553		
116	349	571		
125	365	591		
131 X	529	812		
143	531			
163	535			
171	536			
181	538			

BOX LENGTH	DESCRIPTION	DRAWING NUMBER
56'-0"	5628-3CIK-2B-CATH	9644-C1

SKYLINE
DRAWN BY: CH
DATE 01/18/2002
SHEET ___ OF ___

JAN 28 2002

From:CLAYTON HOMES 072 704 872 1166 11/09/2004 09:21 #050 P.002/003
02/16/04 MON 17:05 FAX 3367517515 SKYLINE SALES

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 #:	120530ZO	Subdivision:	Buffalo Shoals
Proposed Use:	Double Wide	Township:	1500 Fallstown
Location of Property:	000 Longbranch Rd. Statesville NC 28677		
Parcel #:	4711-46-7065	Zoning:	RA
Lot #:	48 Size: 1	Flood Plain:	Watershed: None
Applicant:	Gladys & John Debusk	Owner:	Gladys & John Debusk
Address:	2640 Lakemont Rd. Melbourne FL 32934	Address:	2640 Lakemont Rd. Melbourne , FL 32934
Phone:	321-255-2153	Phone:	321-255-2153
Property Recorded: Yes	Site Plan Reviewed:	Community Water: Yes	Community Sewer: No

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: 20,000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 25 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line

Directions:

Front St, L Buffalo Shoals, cross Old Mt. Rd., L Longbranch, at the corner of Longbranch and Pecos Pl.

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: 4-14-04

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

ELLIOTTE BLACKWELL

Printed: 4/14/2004