IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 11995D PIN# ~~4722-79-1840.20~~ ~~4722-79-3802~~ 4722-79-3780 DATE Nov 1, 04

OWNER OR CONTRACTOR Mtn Creek Inv // Span Bldrs. PHONE: Business _____ Home _____

ADDRESS 125 Whaling Dr., Mooresville, N.C. 28117

LOCATION From Eastman - Old Mtn Rd. TR Buffalo Shoals TR Davidson Rd. TR Winding Cedar X Creek on left

SUBDIVISION Davidson Woods BLOCK / SECTION II LOT 20 LOT AREA .564 Ac SITE CLASS. _____ DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB Delhaze-817 Date 3-11-07

Pump Tank: 1000 Gallons; PT Delhaze-883 Date 3-11-07

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240

No Lines 3 Trench Width 24" 80c Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, (IV) V, VI

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

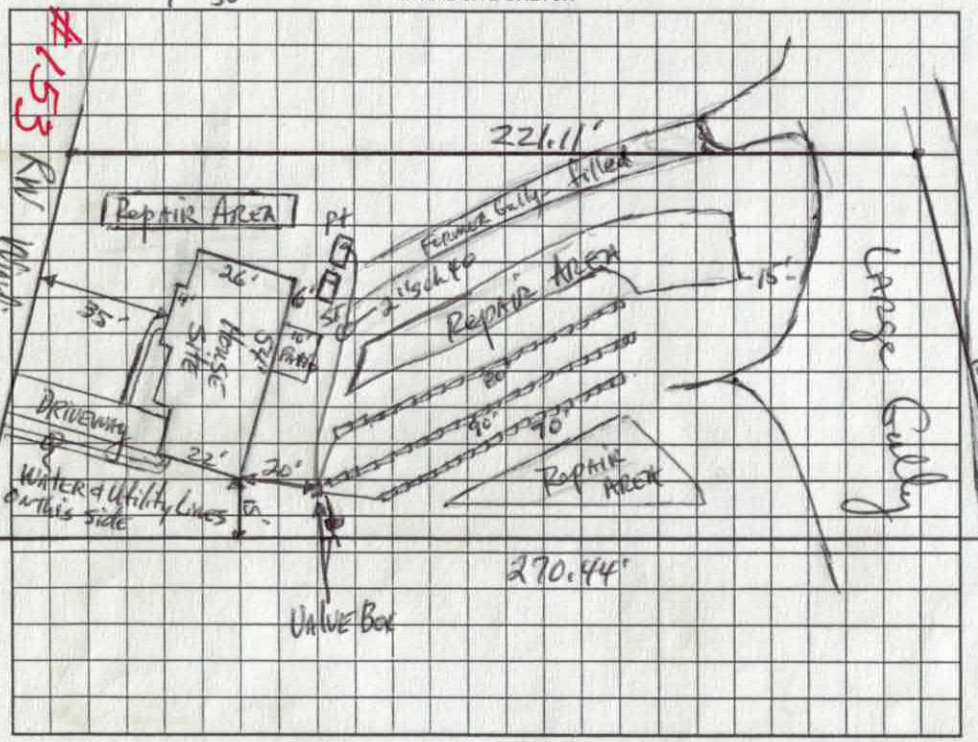
Comments:/Conditions:

Comments:/Conditions:

Valved box relocated upslope / Line lengths equal 3x80' /

1"=50'

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 10/4/04 Installed by: Dennis Hoyle

Improvement Permit by: _____, R.S. date 11-1-04 Operation Permit by: _____, R.S. date 5/14/07

Authorization to Construct by: _____ date 11-1-04 Existing System Inspection by: _____ date _____

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

ISION OF ENVIRONMENTAL HEALTH
N-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: McCook tax/Spear APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6-8-04
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 20 Glaz Davidson Woods 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		0-6	gr brn SL	fr sss p	few mod sap				.25
		6-10	wk fsbk yr scl	fr sss p					
		10-41	mfsbk RC	fr sp sap					
		41-48	(B-C) wk fsbk-massive yr LSap/L	mod sap fr sss p					
		-65	L SAP	fr sss p					
2		0-6	gr brn SL	fr sss p	few mod sap, few mod feldspar				.25-.3
		6-18	wk fsbk brn scl	fr sss p					
		18-40	mfsbk RC	fr sp sap					
		40-50	wk fsbk-massive yr L Sap	fr sss p					
		-56 -62	LSAP SL SAP	fr sss p					
3		0-8	brn cl	fr sss p					.25
		8-23	mfsbk RC	fr-fi sp sap					
		23-51	massive L/SL SAP	fr sss p	few w. rock				
		-62	L/SL SAP		mod w. rock				
			~~Dig deeper to 60"~~						
4	8-10% S	0-6	gr brn SL	fr sss p	few gravelly rock				.25-.3
		6-20	wk fsbk brn C	fr sp sap					
		20-48	intermingled bands of soil & sap	fr sss p					
		-60	L/SL SAP						
			~~Dig deeper to 60"~~						

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6/8 04

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 4 bd PROPERTY SIZE: _____

LOCATION OF SITE: Lot 20 phs 2 Davidson Woods (continued) 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
5	< 15% S	0-13	gr wksbk sl/sil fr sss p						.3
		13-56	wk sbk yp-brn sc/scl fr sss p so p						
6	6-22-04	0-10	gr brn sl fr sss p						.3
		10-18	m sbk r c/cl fr sp so p						
		18-28	(BC/C-B) massive yp cl/l fr-fi sss p many inf sap						
		28-54	massive white/light brn sl/SAP fr sss p-np						
3		0-8	gr-wksbk brn-brn sl/scl fr sss p						.3
		8-36	m-wksbk r c/cl fi-fr sss p few inf sap 20"+						
		36-64+	massive light brn l/sl sap fr sss p						
4									

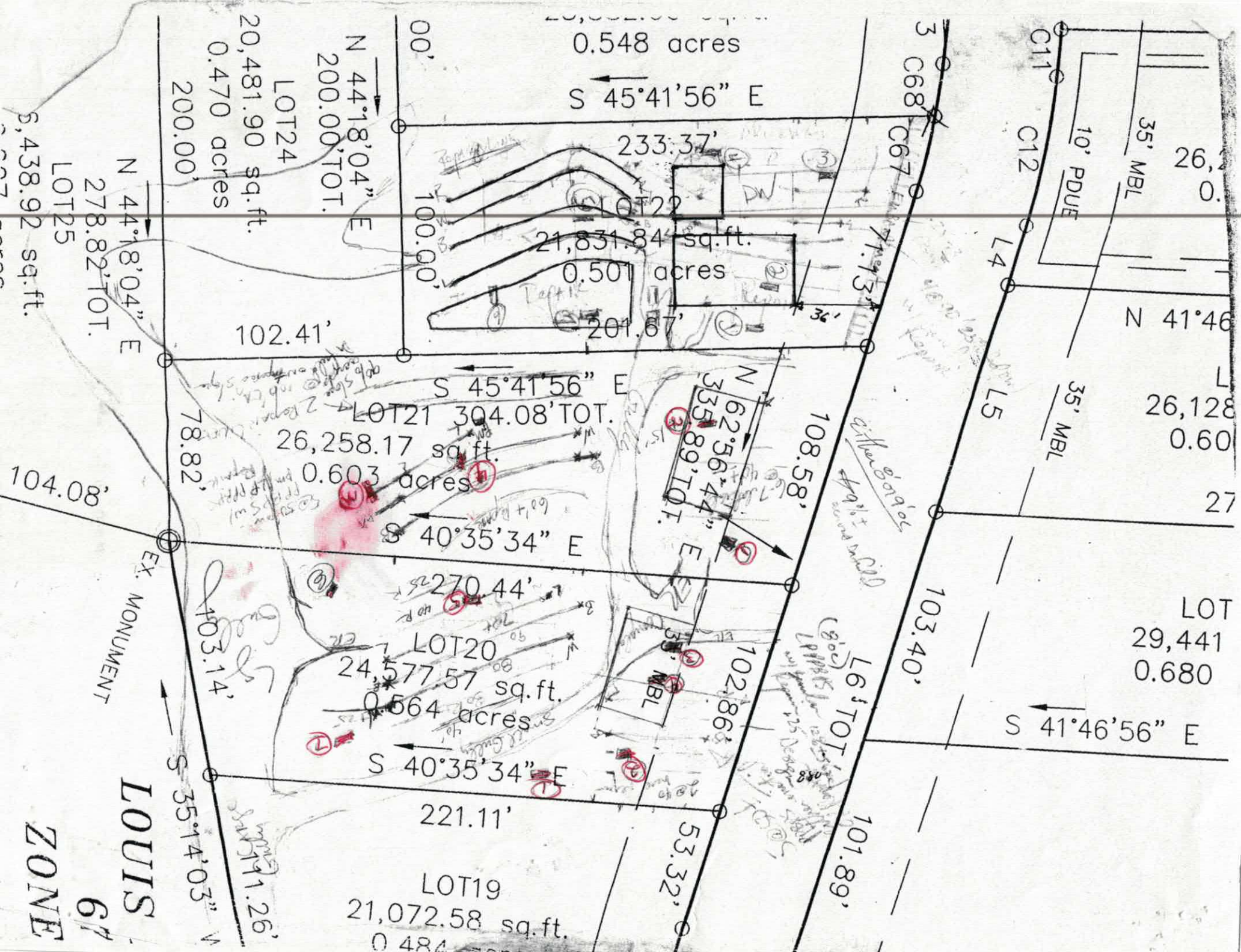
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LPPPBPS	LPPPBPS
LTAR	.25	.25

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): PS – barely

EVALUATED BY: _____

OTHER(S) PRESENT: _____


0.548 acres
S 45°41'56" E
233.37'
LOT22
21,831.84 sq.ft.
0.501 acres
201.67'
102.41'
N 44°18'04" E
200.00'TOT.
LOT24
20,481.90 sq.ft.
0.470 acres
200.00'
N 44°18'04" E
278.82'TOT.
LOT25
6,438.92 sq.ft.
100.00'
S 45°41'56" E
LOT21 304.08'TOT.
26,258.17 sq.ft.
0.603 acres
78.82'
104.08'
S 40°35'34" E
270.44'
LOT20
24,577.57 sq.ft.
0.564 acres
S 40°35'34" E
221.11'
403.14'
S 35°14'03" W
111.26'
LOUIS
ZONE
N 62°56'47" E
35.89'TOT.
108.58'
103.40'
102.86'
53.32'
101.89'
L6 TOT
LOT
29,441
0.680
S 41°46'56" E
N 41°46
26,128
0.60
27
C11
C12
C67
C68
L4
L5
10' PDUE
35' MBL
35' MBL
35' MBL
36'
Ex. MONUMENT

DAVIDSON WOODS LOT 20 PHASE II 135

10' + 6' = 16'
ELEVATION TANK

80' + 90' + 70' = 240'
240' LF = 54 PANEL BLOCKS

GPM

USE

54 PANELS × 3/16 HOLE 0.59 = 31.86 ≈ 32 gpm

54 PANELS × 3.6 gallons per panel = 194.4 DOSE

194.4 gpm ÷ 32 gpm = 6.075 pump run time 3/16 HOLE

54 PANELS × 5/32 HOLE .41 = 22.14 ≈ 23 gpm

DON'T USE

54 PANELS × 3.6 gallons per panel = 194.4 DOSE

194.4 gpm ÷ 23 gpm = 8.45 pump run time 5/32 Hole

Friction Loss Per 100 ft 2" sch 40

1.78 × 1.35 % = 2.403

Friction Loss

2.403 × 1.2 = 2.8836 ≈ 3 Friction Head
ALWAYS SAME

ELEVATION HEAD 16'

Friction Head 3'

NORMAL HEAD 2'

(21") TDH

PAGE 1

2gpm + BLEED Hole 2gpm = (34) 6 PSI

NOTES USED 3/16 HOLES SO Holes will FLUSH OUT EASIER

Pump RUN TIME ≈ 6.075 minutes BETWEEN 5-10 minutes

CHANGE CONTROL VALVE BOX LOCATION TO Highest PT ON LOT AS DISCUSSED

DAVID HULL FAR
704-276-2025

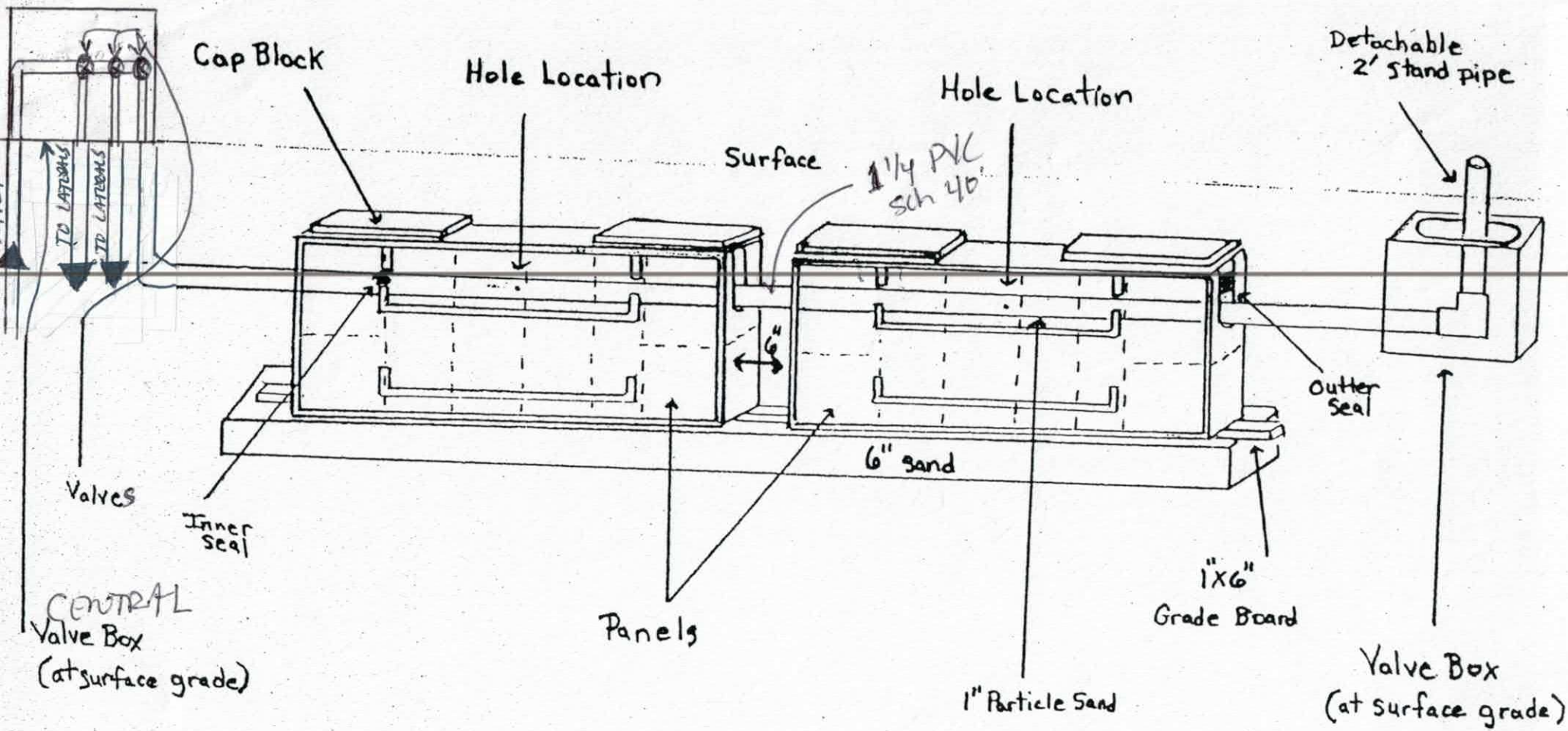
TETHER LENGTH FOR DOSE

194.4 gallon dose ÷ 20 gallon/inch = 9.72 " inches of DRAWDOWN

9.72 ÷ 2 = 4.86 ≈ 4 1/2 TETHER

TIEDOWN A = 4 1/2 inches
Differential B = 10-10 1/2 inches PUMP SHEET DOES NOT HAVE FIGURES

PAGE 2



Pressure Dosed PPBPS

of panels 54.

Size holes 3/16. 1 hole per panel.

Approximate amount of sand needed 678.

100 lbs. of partical sand per 8 panels.

Sidewalls raked and limed.

GPM 34.

TDH 21.

Comments

usually need a little more.

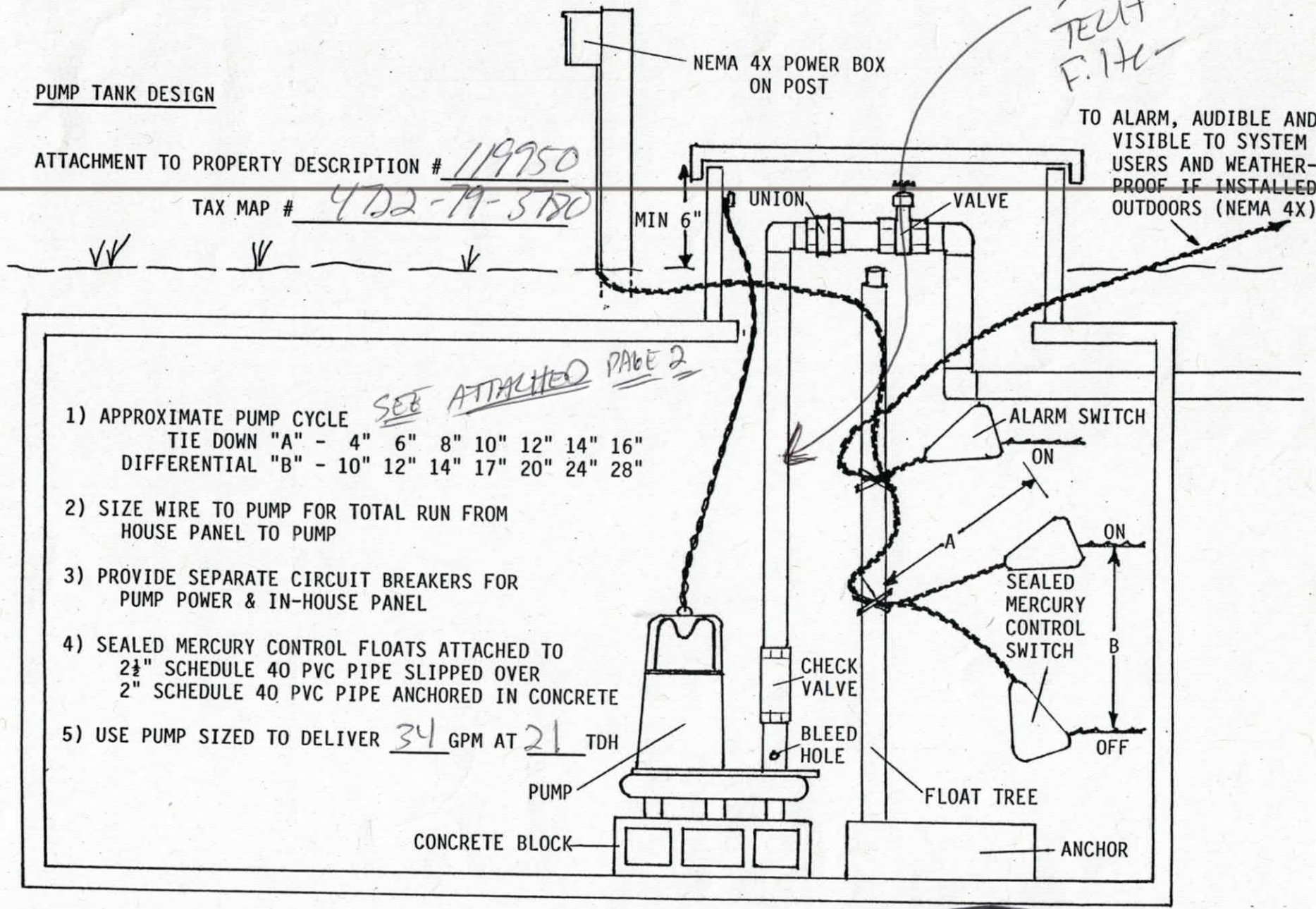
PAGE 3

SIM TECH F.H.-

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 119950

TAX MAP # 4D2-19-3780



1) APPROXIMATE PUMP CYCLE SEE ATTACHED PAGE 2
   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 34 GPM AT 21 TDH

PAGE 4

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF THE CONSTRUCTION PROPOSED ON THIS APPLICATION IS ALTERED IN ANY WAY AFTER THE PERMIT ISSUANCE)
THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. **APPLICATION FOR:** X **Improvement Permit** ___**Authorization To Construct** ___**BOTH** ___**Existing System Inspection**

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: ___ **Survey Plat, Scaled no more than 1 Inch = 60 Feet**
   ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Mtn Creek Investments LLC	118 Walking Drive Mocksville	202 4964	202 4964
Applicant Name	**Mailing Address**	**Home Phone**	**Work Phone**
Same	Same	Same	
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Winding Cedar [illegible] | Davidson Woods | Phase #2 lot 20
Street Address | **Subdivision Name** | **Section/Phase and Lot Number**

Driving Directions: 21 North left Old Mtn Rd Right Bf Sheds Right Davidson Rd Right Winding Cedar

****

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

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

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

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

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

****

6. **Proposed Water Supply:**

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

****

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

( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

****

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:** _____ 6/29/09
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:

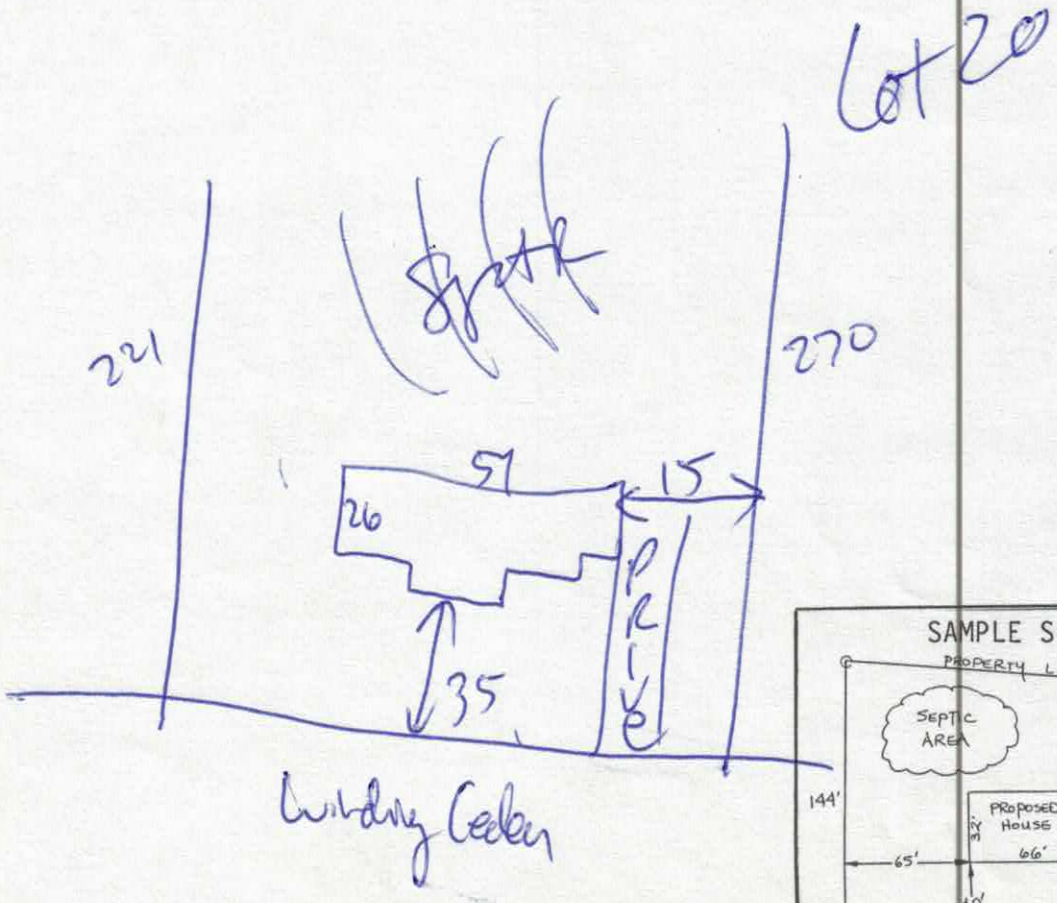
____ Property Line measurements are clearly identified…
____ All proposed structures are indicated…
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line…
____ Preferred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

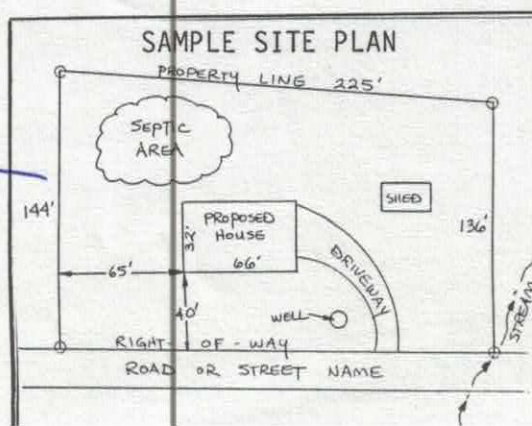
Circle N/A on the following if appropriate:

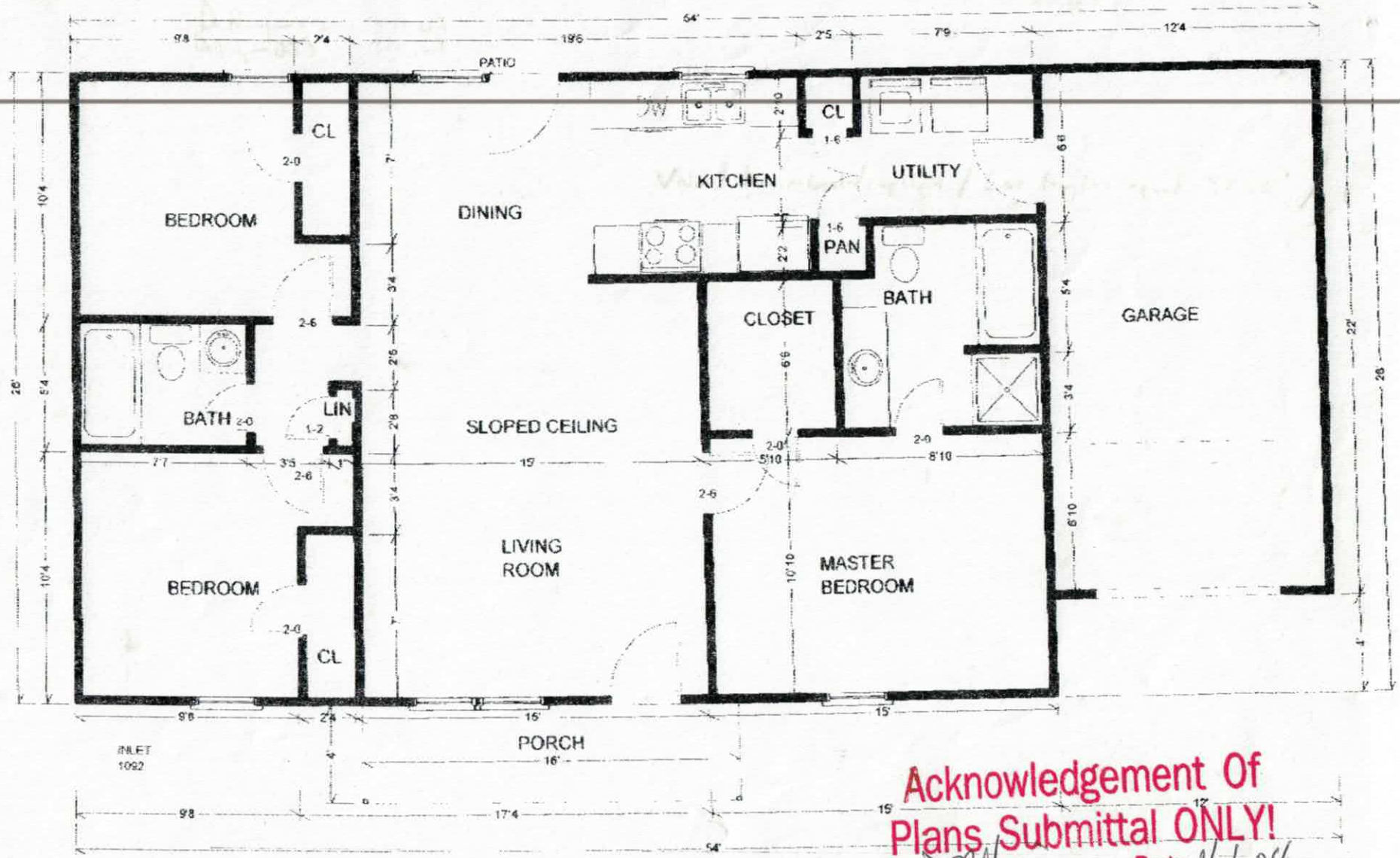
____ Location of septic systems and wells within 100' of your property… N/A
____ Location of easements and rights of ways on your property… N/A
____ Location of any designated wetlands on the property… N/A

Signature: _____ 2/4/04
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN







Acknowledgement Of
Plans Submittal ONLY!
Date 11-1-04
Date

Lot # 20 DAVIDSON WOODS

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 #: 119950ZO	Subdivision: Davidson Woods Phase 2
Proposed Use: Single Family	Township: 0200 Statesville Outside
Location of Property: 153 Winding Cedar Dr. Statesville NC 28677	
Parcel #: 4722-79-1840.20	Zoning: R20
Lot #: 20 Size: .564	Flood Plain: No Watershed: None
Applicant: Mountain Creek Investments, LLC (Stanle	Owner: Mountain Creek Investments, LLC (Stanley
Address: 125 Whaling Dr Mooresville NC 28117	Address: 125 Whaling Dr Mooresville, NC 28117
Phone: 704-202-4964	Phone: 704-202-4964
Property Recorded: No Site Plan Reviewed:	Community Water: Yes 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: 20000 Min. Front Yard: Min. Left Side Yard:
Min. Lot Width: 90 Min: Rear Yard: Min: Right Side Yard:
Min. Number Parking Spaces: Max. Built Upon Area: 20000

Comments:
Hold building permit until plat is recorded

Directions:
Buffalo Shoals Rd. South, lwft on Davidson Rd., right on Winding Cedar Dr., 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: 3/23/04

STEPHANIE WHITLOCK

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

Printed: 3/18/2004