IREDELL COUNTY HEALTH DEPARTMENT

Lewis Jones Sub address: 242 Miller Farm Rd - Side

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

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

PERMIT# 12260 PIN# 4725 68 ~~5148~~ 4489 DATE 11/12/04

OWNER OR CONTRACTOR OBRIEN BUILDERS INC PHONE: Business 876-8600 Home

ADDRESS 310 TREEBARK RD

LOCATION 115(N) - TL SCOTTS CREEK - TL MILLER FARM - ½ MILE ON LT.

SUBDIVISION LONE MEADOWS BLOCK / SECTION ~~A~~ I LOT 3 LOT AREA .83AC SITE CLASS. AS DESIGN FLOW 360GPD L.T.A.R. .14 gpd/ft2

Septic Tank: 1000 Gallons; STB 268 Date 1-5-05

Pump Tank: 1000 Gallons; PT 274 Date 12-13-04

Pump Make: ZOELLER Model BN-140-C Serial No. 140-0005

Nitrification Field: No Fields 1 Square Feet 2540 Linear Feet 508

No Lines 6 Trench Width 18" Max Trench Bottom Depth 11" Gravel Depth

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

System Description: LPP

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

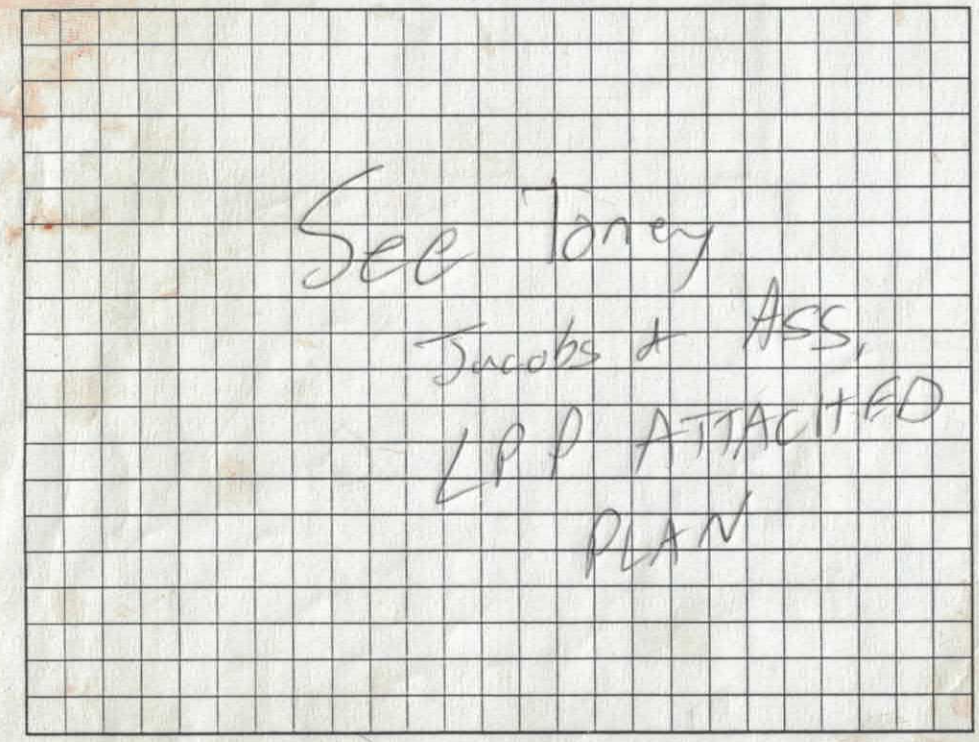
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: - Okay to move House back 5ft per Brady Freeman.

Comments:/Conditions: 'ZABEL' FILTER IN TANK

INITIAL SITE SKETCH



AS BUILT SKETCH

- SYSTEM INSPECTION 3-31-05
- SOIL CAP CHECKED 4-8-05
- PUMP CHECKED 4-12-05
- ALARM CHECKED 4-12-05

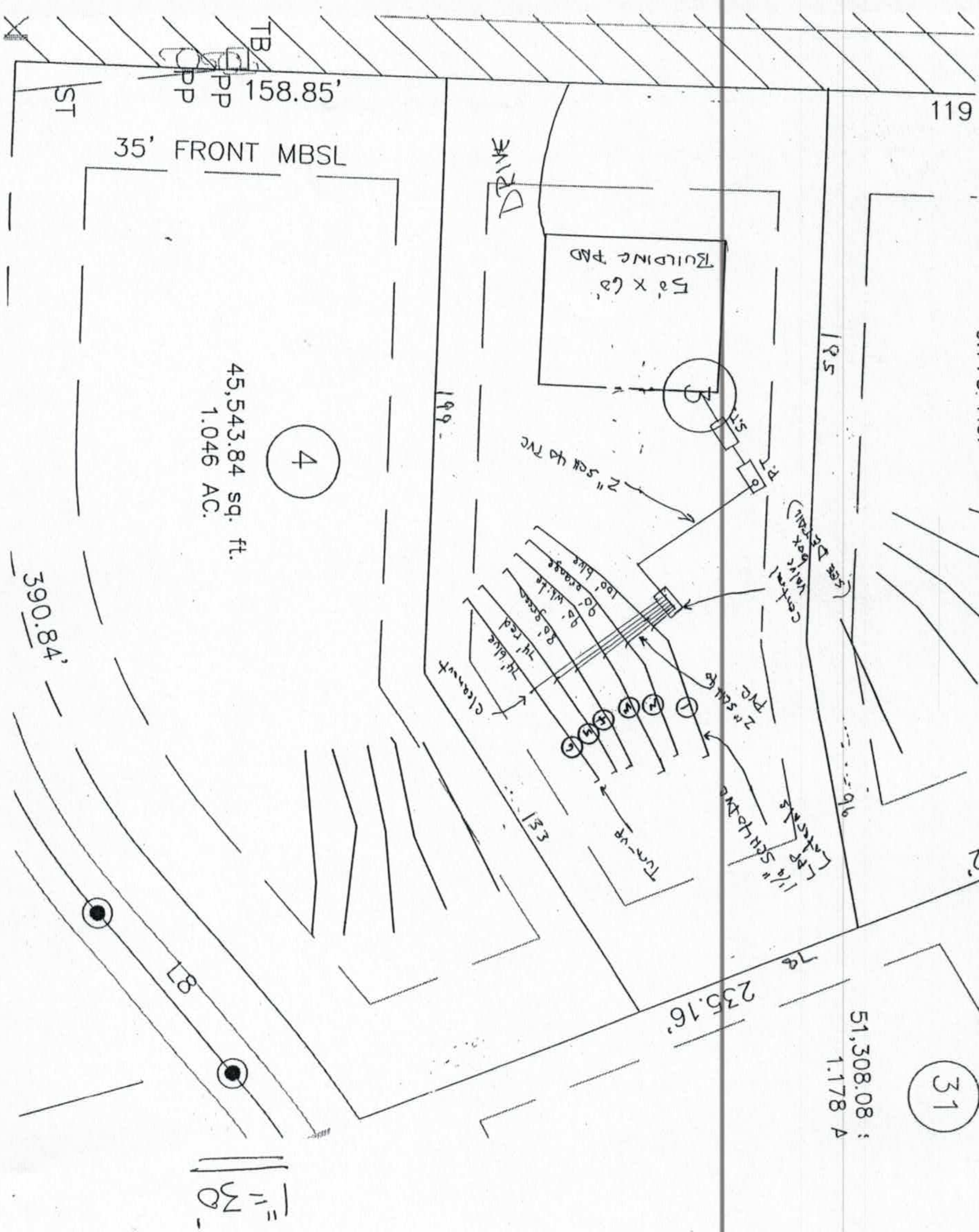
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan 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 _____ Installed by: KENNY MADISON

Improvement Permit by: _____ RS date 11/12/04 Operation Permit by: Christopher M. Harrill RS, LSS date 4-12-05

Authorization to Construct by: _____ RS date 11/15/04 Existing System Inspection by: _____ date _____

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



W. Primary System Detail

DESIGN SPECIFICATIONS (LOT 3 DOVE MEADOW)

Daily design flow:	360 gpd. (3-bedroom)
Septic tank size:	1000 gal. (2 compartments)
Pumping tank size:	1000 gal.
Effluent loading rate:	0.15 gpd/ft^2
Total length and diameter of supply pipe:	approx. 265' of 2" SCH 40 PVC
Number and length of laterals:	6 lines for a total of 508', center fed (1¼ " SCH 40 PVC) see table
Hole size:	5/32"
Hole spacing:	see table
Total number of holes:	see table
Flow rate through the system:	30.1 gpm
Elevation head:	Approx. 20' **
Pressure head:	2.0-3.0'
Friction head:	Approx. 6'
20% contingency	5.8'
Total head:	34.8'
Pump requirements:	31 gpm at 35' of head; use Goulds WE07H pump or equivalent with compatible electrical
Dosing volume:	200 gal. – 1.8 dose/day at design flow
Depth of water pumped per dose:	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump run per dose:	approx. 6.7 min
Check valve:	YES
Siphon break hole:	NO

** to be verified by installer

1. Doug Madison -- Dove Meadow lot 3 LPP Design Specifications Table

Line	Color	Length (ft)	Design Head (ft)	Hole Size (in)	# Holes	Hole Spacing (ft)	Flow per Hole (gpm)	Flow per Line (gpm)	Flow per ft. of line (gpm)
1	blue	100	2	5/32	12	8.3	0.409	4.91	0.049
2	orange	90	2.2	5/32	12	7.5	0.429	5.15	0.057
3	white	90	2.4	5/32	12	7.5	0.448	5.38	0.060
4	green	80	2.8	5/32	10	8	0.484	4.84	0.061
5	red	74	2.8	5/32	10	7.4	0.484	4.84	0.065
6	blue	74	3	5/32	10	7.4	0.501	5.01	0.068
	Total	508					Total	30.12	

9. Dose Volume Calc.

Length supply line and manifold = 265'

$(265')\left(\frac{16.2 \text{ gal}}{100'}\right) = 42.93 \text{ gal}$

Length Laterals:

$480'\left(\frac{6.4 \text{ gal}}{100'}\right) \times 5 = 153.6 \text{ gal}$

* Min Dose Vol = 196.5 gal

* Use 200 gal Dose Volume

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 ___ Authorization To Construct X 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
OBrien Builders Inc	310 Treebark Rd	704-876-8600	876-8600
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Same as above			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
#3 Miller Farm Rd	Dove Meadow	#3

Driving Directions: N. 115 to Scotts Creek - go left. Left on Miller Farm Rd - Property 1/2 mile on left - Just Past Piney Oaks

****

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 ___
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 ( ) Community Well (X) City Water (X) Other Public Water

****

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (X) 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:** _____ 7-6-04
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:

#3 DOVE MEADOW

____ 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…

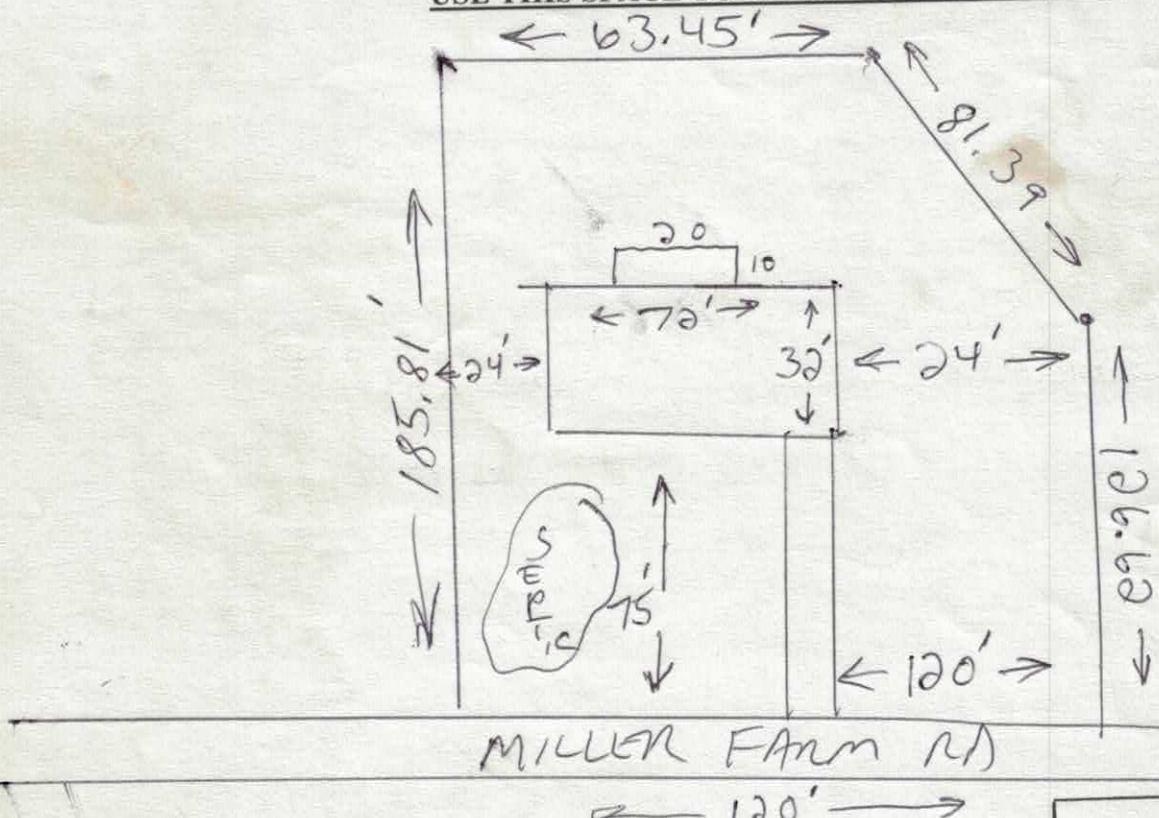
Circle N/A on the following if appropriate:

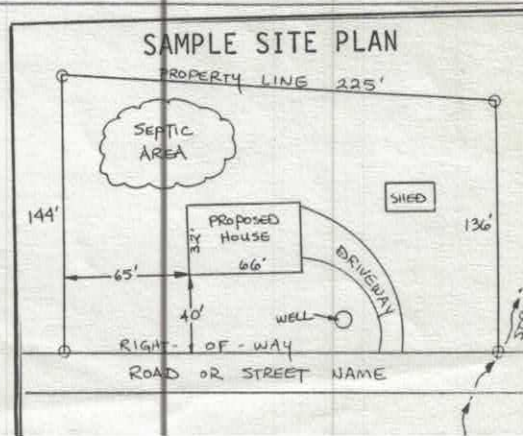
____ Location of septic systems and wells within 100' of your property… N/A
____ Location of easements and rights of ways on your property… N/A
____ Location of any designated wetlands on the property… N/A

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

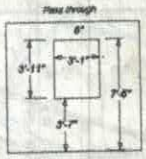
7-8-04
DATE

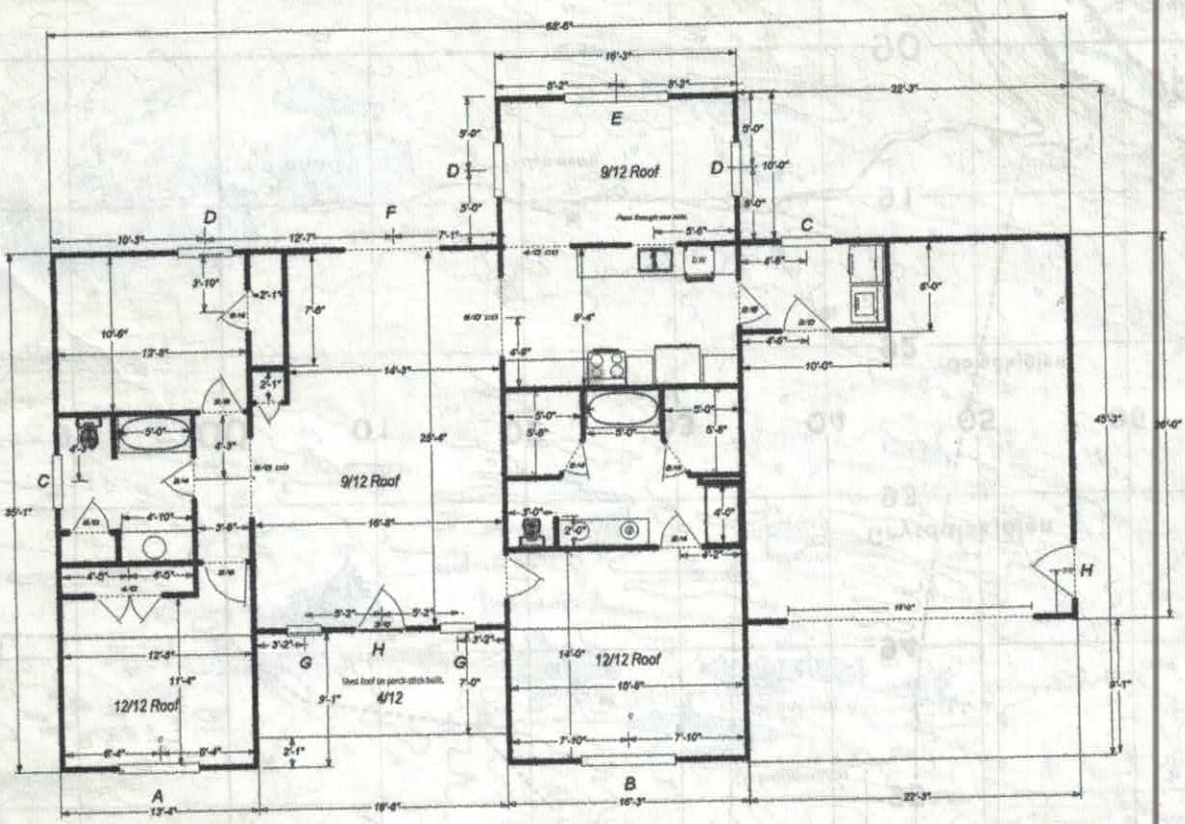
USE THIS SPACE TO DRAW YOUR SITE PLAN





Note: Header height for cased opening doors is 91in.





A- 63 1/2 x60
B- 72 1/2x60
C-36x36
D-36x52
E-72 1/2x52
F- 72 1/2x62 sliding glass door
G-24x60
H-36x83
I

Total heated sq. ft. 1648
Garage sq. ft.518
Porch sq. ft. 116
Total sq. ft. 2282

Acknowledgement Of Plans Submittal ONLY!

Lot # 3

Date 11/16/04

Date 11-17-04

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 #:	122460ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1600 Barringer
Location of Property:	000 Miller Farm Rd. Statesville NC 28625		
Parcel #:	4725-78-0319.003	Zoning:	RA
Lot #:	3 Size: .482	Flood Plain:	No Watershed: None
Applicant:	Crandall And O'Brien Construction Co	Owner:	C. Douglas Madison
Address:	310 Treebark Road Statesville NC 28625	Address:	1805 Safreit Rd Statesville, NC 28625
Phone:	704-876-8600	Phone:	704-873-2121
Property Recorded:	No 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: 15 ft

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

Comments:

Hold building permit until plat has been recorded to document lot creation from parent parcel.

Directions:

US-64 West [SR-90] 1.1 Turn RIGHT (East) onto Monticello Rd [SR-1543] 0.5 Turn LEFT (North) onto Miller Farm Rd [SR-1544]

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: 7-7-04

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

ELLIOTTE BLACKWELL Printed: 7/1/2004