IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 177742

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

PIN # 4740528096

APPLICANT/OWNER: ELG Investments | APPLICANT ADDRESS: 16108 North Point Rd Huntersville, NC 28078

SITE ADDRESS: 151c Hawks Landing Troutman, NC 28166 | PHONE: 704 578-4951 | ALT. PHONE

SITE DIRECTIONS: US21 N TL Flowerhouse Lp TL Hawks Landing @ end | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Hawks Landing | SECTION: — | LOT # 12 | LOT AREA: 1.83Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 25

Septic Tank	1000	(gal)	STB	825	Date	10-4-17	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	302	Date	7-19-17	System Description:	Pump-PM-25% Reduction			
Pump Make	Liberty	Model	FL51M 1/2HP	Serial #			Repair System Description:	Subsurface Drip			
# Nitrification Fields	1	# Lines	6	Linear Ft	494		Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A			[ ] GRAVITY	[X] PRESSURE		

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | [X] Crawl Space

[ ] Basement w/o plumbing

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

Comments / Conditions: Note: Must divert surface/ Stormwater away from Septic.

* Create diversion ditch along Property for Neighbor's drain that is running onto property.

INITIAL SITE SKETCH

See attached, approved Septic plan by The Oaks Group (dated 12/8/17

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	1-3-18	KW
Tanks Checked	1-3-18	KW
Pressure Manifold or Valve Box Checked	1-3-18	KW
Pressure Head Set	1-3-18	KW
Electrical Checked	3/28/18	SR
Floats Set	1-3-18	KW
Alarm Checked	3/28/18	SR
Maintenance Contract Y/(N)	not Required	

- Tank location + drain lines altered. See attached site plan for measurements. KW

3/28/18: - Breakers OK (individual circuits)
- Alarm + Alarm Float Functional w/ 3" tether (* 11"-12" above on/off float)
- Piggy-back electrical configuration within Panel box -SR

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 12/22/17 Installed by: Kevin w/ Rowan Septic

IMPROVEMENT PERMIT by: _____ Date: 12/21/17 OPERATION PERMIT by: Tom Shuck Date: 3/28/18

AUTHORIZATION TO CONSTRUCT by: _____ Date: 12/21/17 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Lot 16

S84°44'44"E 173.2

Lot 15
1.10 Acres

Approved
12/21/17
MD

275.62'

S 84°04'03" W 787.

C16

C17

C18

L11

C15

C14

C13

N03°07'50"E

54.97'

35' Set

S88°09'26"W 197.89'

S17°09'08"W 195.11'

Drive

11.0m

45'

7.95

55'

House

60'

Lot 12
1.33 Acres

15' ST

15' PT

15' SP

1300 A2

PM

54 4.9

70 7.0

70 8.37

102 10.22

102 12.2

98 13.5

4

3

3550 A2

110'

197.82'

Spring Head

creek

Found Iron Rod by Stone

159.23'

75.27'

76.20'

N02°32'25"E

1" = 50

Lot 22

Richard Lee Johnson

Deed Book 1861 Page

Parcel ID #4740-52-6

Hawks Landing Lot 12 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	~~494~~
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	24"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	105' of 2" SCH 40 PVC
Flow Rate through the system	50 gpm
Elevation head	~~Approx. 16.6'~~
Pressure head	2.0'
Friction head	5.6'
20% Contingency	4.8'
Total Head	29'
Pump Requirements	50 gpm @ 29' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume 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	4.8
Repair System	**Subsurface Drip**
Total Linear Feet	4800 Sqft
Repair Loading Rate	0.1

Approved
12/21/17
MD

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MD

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	System	Blue	25% Reduction	54 endfed	4.9
2	System	Red	25% Reduction	70 endfed	7
3	System	Orange	25% Reduction	70 endfed	8.37
4	System	Pink	25% Reduction	100 endfed	10.22
5	System	Blue	25% Reduction	100 endfed	12.2
6	System	Red	25% Reduction	100 endfed	13.5
				Total System: 494'	
				Total Repair: xxx'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	15.50
House	blue		7.95

Manifold Information		
Tap Size (In.)	1/2	1/2
Tap Material	SCH 40 PVC	SCH 80 PVC
No. Taps	2 @ 70'	1 @ 54'
Barrel Size (In.)	4	4.00
Barrel Material	SCH 80 PVC	SCH 80 PVC
Flow (gpm)/Tap	7.1	5.50

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Remove berms to prevent ponding

3/4
SCH 80 PVC
3 @ 100'
4
SCH 80 PVC
10.1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Approved
12/21/17
MD

Sheet 1 of 1
PROPERTY ID #: 1
COUNTY: Iredell

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: ELG Investments
ADDRESS: 1610B N Point Rd Huntersville
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Hawks Landing 12
APPLICATION DATE 12/8/17
DATE EVALUATED: 11/16/17
PROPERTY SIZE: 1.33 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	L 15-18%	0-20	WK SBK CL	FR SS/SP	R; C sap multi	20"	PS	N/A	0.35
		20-64	MA L sap	↓					
2	L 15-18%	0-5	Mo GR SL	FR NS/NP	Br	36"	PS	N/A	0.35
		5-22	Mo SBK CL	FR SS/SP	R				
		22-36	WK SBK CL	↓	R; C sap multi				
		36-60	MA L sap	↓					
		Water coming in Pit from Neighbor's foundation drain							
3	L 15-18%	0-33	WK SBK CL	FR SS/SP	Lt R; C Mn Lt R; C yel Br	39"	N/A	39"	0.25 to 39"
		33-39	"	↓					
		39"	2 chr						
4	L 15-18% ✓	0-5	Mo GR SL	FR NS/NP	Br	52"	?	52"	0.25
		5-39	Mo ABK CL	FR SS/SP	R; C Br				
		39-52	WK SBK CL	FR SS/SP	R, C Br; C sap multi				
		52"	sap + 2 chr?						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III b	Sub. drip
Site LTAR	0.25	0.1

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

COMMENTS:

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 156 Hawks Landing Dr

Date: December 8, 2017

Attached is the septic specification information required to permit 156 Hawks Landing Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

177742

\pplication For:
( ) *Septic Improvement Permit* ( ) New Well Permit (X) *Authorization to Construct* ( ) Well Repair Permit ( ) *Existing System Inspection* ( ) Well Abandonmen ( ) *Septic System Repa*

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTE APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAIL

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 fee

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: ELG Investments **Address:** 16108 N Point Rd Huntersville 28078 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 156 Hawks Landing Dr

Subdivision Name: Hawks Landing **Section/Phase:** **Lot Number:** 12

Driving Directions: NC Hwy 115 ; L Flowerhouse Loop, L Hawks Landing Drive, at end on R

ite Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbin

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:
Year existing system installed:

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. industrial) 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.

Signature: Emma Helt / Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-8-17
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Sam Gandy, am the legal owner of the property located at 156 Hawks Landing Dr, identified as PIN(Parcel Identification Number) 4740-52-8096, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 12/9/17

Joshua Gandy — Date: 12/9/17

Signature of Witness