Lot 4 Hawks Landing Subdivision Fast Track

Number of Bedrooms	**4**
Basement or Crawl	**Crawls Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Trench Bottom Depth (low side)	36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	135' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 10.5'
Pressure head	2.0'
Friction head	1.6'
20% Contingency	2.8'
Total Head	16.9'
Pump Requirements	22 gpm @ 16.9' 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	approx. 10.9 min.
Repair System	**LP PPBPS**
Total Linear Feet	383
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	System	Pink	25% Reduction	102 endfed	4.2
2	System	Orange	25% Reduction	100 endfed	
3	System	Red	25% Reduction	100 endfed	
4	System	Blue	25% Reduction	98 endfed	
5	Repair	Pink	LP PPBPS	98	
6	Repair	Orange	LP PPBPS	98	
7	Repair	Red	LP PPBPS	98	
8	Repair	Blue	LP PPBPS	89	
				Total System: 400'	
				Total Repair: 383'	

Tank	Red	1000 gal (2 compartment)	8.7
Pump Tank	Red	1000 gal.	8.7
House	Blue		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **Additional Repair located above system area**

Project #:
Property ID #:
County: Iredell

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 9/9/12

Owner or Client: ELG Investments
Proposed Facility: House Design Flow: 480
Location of Site: Lot 4
Soil Described By: KMS Others Present: RH
Antecedent Moisture: Weather: 50° F Sunny

Property Size:
Site LTAR: Int. 0.3 Rep. 0.3
Site Classification: PS

Water Supply: [ ] Public [ ] Community [X] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	PROFILE FACTORS: Matrix Color	PROFILE FACTORS: Mottles	PROFILE FACTORS: Profile Notes (Restr Hortz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
2 X	L 7%	0-2	Mo GR SL	FR NS/NP		Br			0.3
		2-32	Mo SBK C	FR SS/SP		Red			
		32-48	WK SBK CL	FR SS/SP	F Sap	Red			
1 X	L	0-3	Mo GR SL	FR NS/NP		Br			0.3
		3-30	Mo SBK C	FR SS/SP		Red			
		30-48	WK SBK CL	FR SS/SP	F Sap	Red			
3	L	0-3	Mo GR SL	FR NS/NP		Br			0.3
		3-35	Mo SBK C	FR SS/SP		Red			
		35-49	WK SBK CL	FR SS/SP	F/C Sap	Red			
A 4	L	0-31	Mo SBK C	FR SS/SP		Red			0.3
		31-48	WK SBK CL	FR SS/SP	F Sap	Red			
5									
6									

COMMENTS:

Approved ICHD
2-21-13

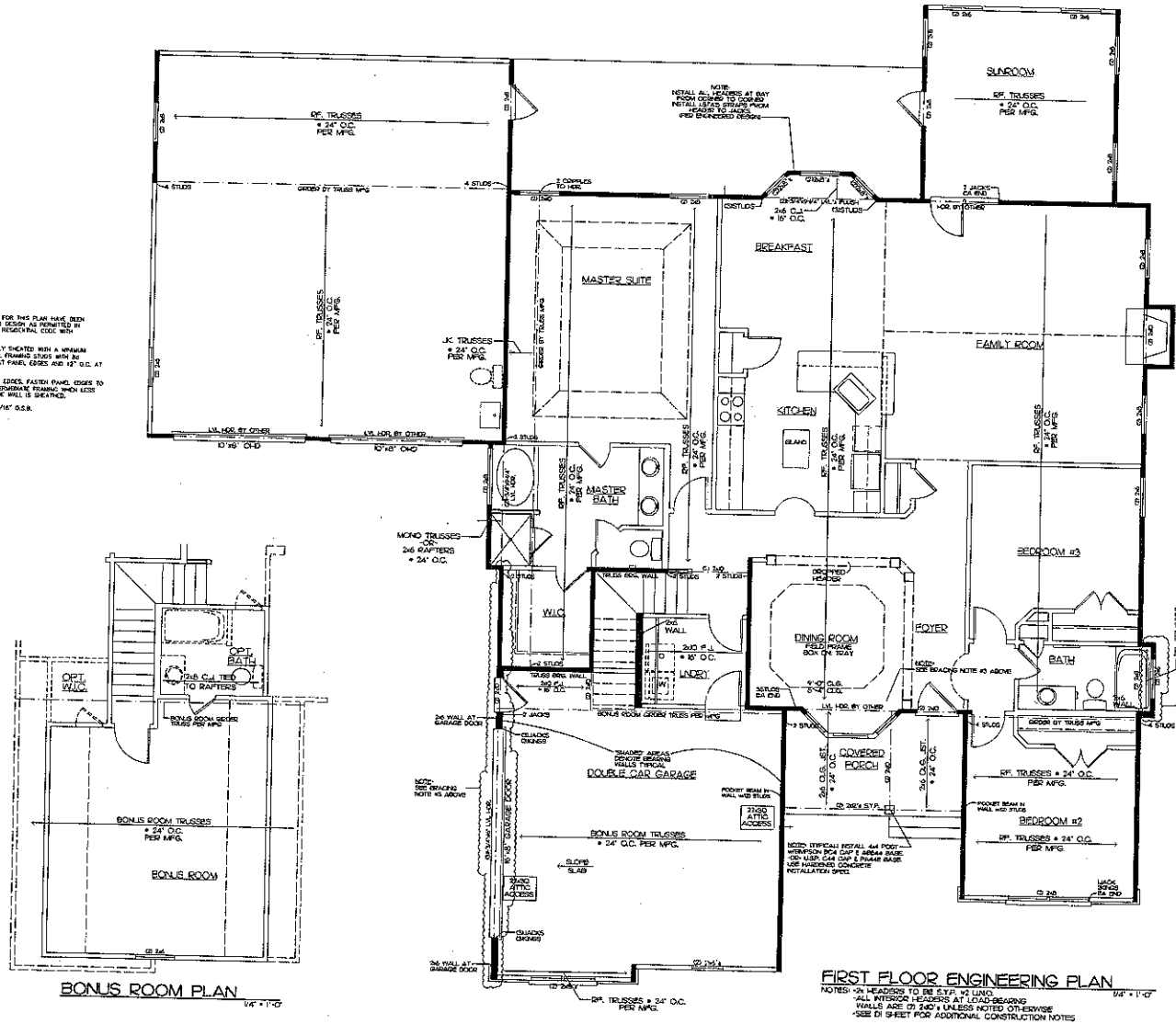
Acknowledgement of Plans obtained ONLY
Mr. [illegible] Date 08-29-13
Andy Mullinix Date 8-29-13

WALL BRACING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN R602.10.4 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH SEPTEMBER 1, 2013 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATED WITH A MINIMUM 7/16" O.S.B. AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG O.S.B. PANEL EDGES. FASTEN PANEL EDGES TO BLOCKING AT 3" O.C. AND 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF THE WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" O.S.B.



NOTES: •2x HEADERS TO BE S.Y.P. #2 U.N.O.
•ALL INTERIOR HEADERS AT LOAD-BEARING WALLS ARE (2) 2x10's UNLESS NOTED OTHERWISE
•SEE 01 SHEET FOR ADDITIONAL CONSTRUCTION NOTES

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2012 N.C.R.C.

NOTE
Drafting & Design assumes no liability for any errors, omissions from this plan. It is the responsibility of the purchaser, builder, and/or contractor to verify the plan for accuracy prior to any beginning or construction. Any alterations must be approved in writing and all local building codes.

Every attempt has been made in preparation of this drawing to avoid errors. Any discrepancy, error or omission discovered by the builder is to be brought to our attention prior to construction.

Drafting & Design will not be liable for any human error or for any change those is not given.

Structural steel beams are to be sized by an engineer and is the responsibility of the builder/contractor.

Local, state and federal building codes take precedence over this plan.

Drafting & Design, Inc.
Charlotte, NC
704-942-2938

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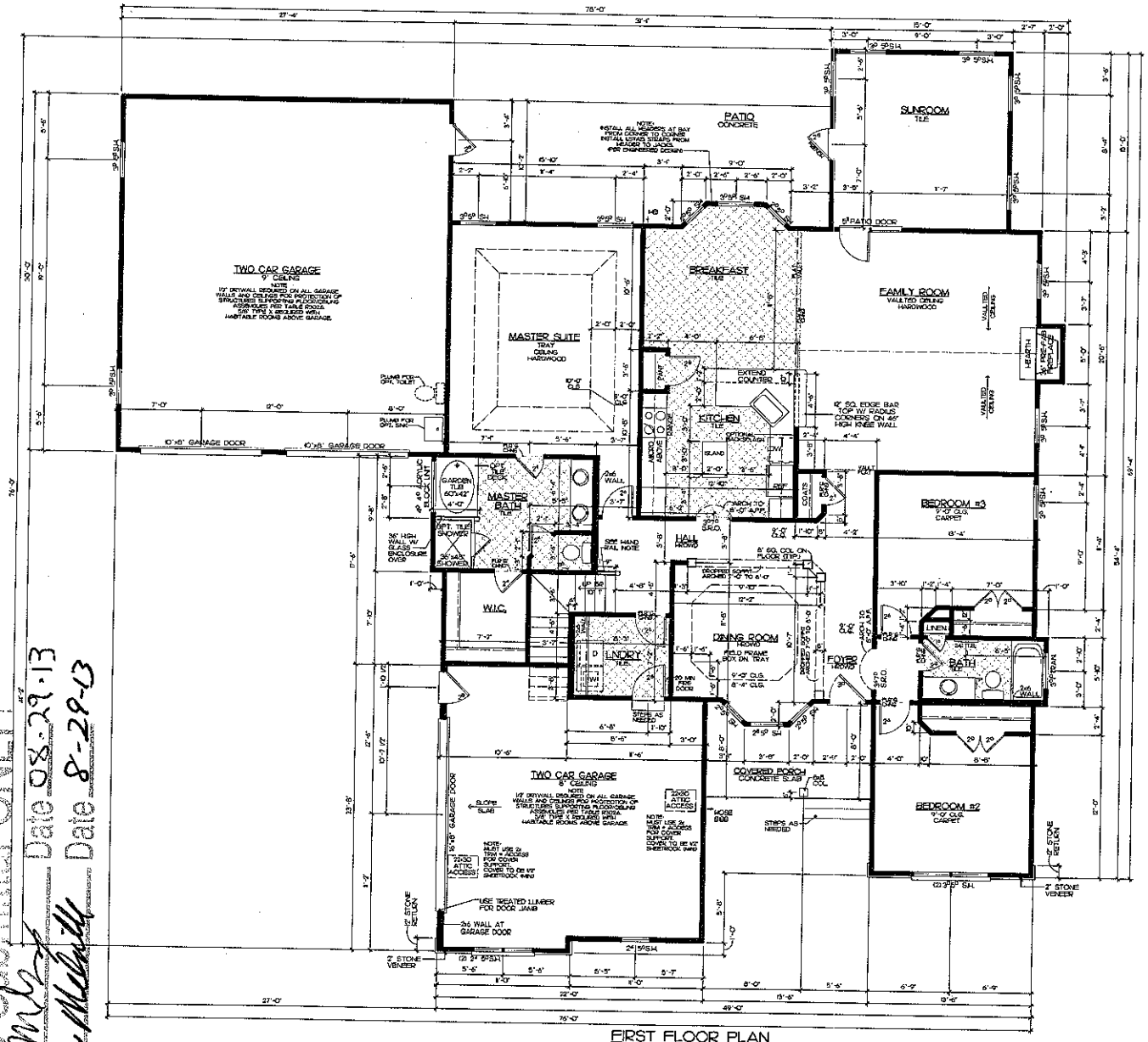
KGG Builders/
Gandy Builders
145 Waterview Drive
Mooresville, NC 28117
Phone: 704-634-3647

GANDY BUILDERS
Commercial - Residential - Development

Project: The Wiles
Sheet Title: ENGINEERING GABLE ROOF

Drawn By: J. BODNAR
Date: 05-20-13
REV:
Site:

WILES ENG
Sheet
3a



FIRST FLOOR PLAN

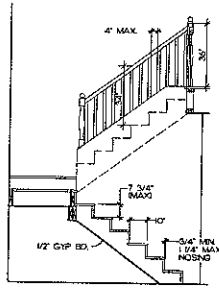
NOTES: -WINDOW R.O. TO BE SAME AS WINDOW CALL OUT
-SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS
-CASED OPENING AT ALL BI-FOLD DOORS
-SEE DETAIL SHEET FOR ADDITIONAL DETAILS

1/4"=1'-0"

SQUARE FOOTAGE
FIRST FLOOR - 2,402
SECOND FLOOR - 338
TOTAL - 2,740
OPT. BATH - 61
OPT. WIC - 23
FRONT PORCH - 96
2 CAR GARAGE - 479
SECONDARY GARAGE - 813

HANDRAIL NOTE

HAND RAIL TO BE EITHER HALF WALL WITH WOOD CAP OR OPEN HANDRAIL WITH WOOD SPINDLES. COORDINATE WITH OPENING SPECS. FOR HALF WALL SEE DETAIL SHEET. IF OPEN TYPE HANDRAIL COORDINATE WITH STAIRCASE SUPPLIER.



TYPICAL STAIR DETAIL
STAIR CONFIG PER PLAN
3/8"=1'-0"

NOTE
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Structural steel beams are to be sized by an engineer and is the responsibility of the builder/contractor.

Local, state and federal building codes take precedence over this plan.

Drafting & Design Inc.
Charlotte, NC
704-542-2058
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GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UN-HEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R612.3 OR R612.4.

WALL BRACING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ADDRESSED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN R602.10.6 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH SEPTEMBER 1, 2013 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATED WITH A MINIMUM 7/16" O.S.B. AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG O.S.B. PANEL EDGES. FASTEN PANEL EDGES TO BLOCKING AT 3" O.C. AND 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 300# BUT GREATER THAN 20% OF THE WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" O.S.B.

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2012 N.C.R.C.

Approved as per Plans Submitted ONLY
Mark Mabry Date 08-29-13
Ricky Mabry Date 8-29-13

KGG Builders/
Gandy Builders
145 Watershow Drive
Mooresville, NC 28117
Phone: 704-634-3647

GANDY BUILDERS
Commercial · Residential · Development

Project: The Wiles
Sheet Title: FLOOR PLAN

Drawn By: J.L. GOOWIN
Date: 08-20-13
REV.
Site

WILES FP
Sheet
3

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)

NG ✓

1. APPLICATION FOR: X 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:
   Place check ( ) beside whichever is submitted if applicable
   - X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   - ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
     Non-Expiring

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
ELG Investments, LLC	16108 North Point Rd Huntersville 28078		
same	contact Kathleen Saunders, LSS	704-578-4951	
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Hawks Landing	Lot 4

Driving Directions: NC Hwy 115, L Flower House Loop, L Hawks Landing, Lot on R near Jayhawk Ct

****

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 4
Maximum Number of Occupants 8
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:**

(X) 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 ( ) Conventional ( ) 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: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/9/13
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:

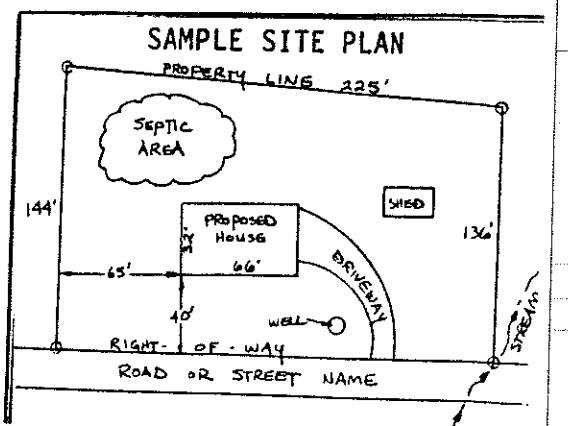
- ____ Location of septic systems and wells within 100' of your property... (N/A)
- ____ Location of easements and rights of ways on your property... (N/A)
- ____ Location of any designated wetlands on the property... (N/A)

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

2/9/13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached



Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

$ PAID 2-11-13

Zoning Permit

Permit Number: 177076ZO

Printed: 2/11/2013

Master #: 177076

Associated Permits:
177076ZO Zoning

Applicant

Name: Kathleen Saunders
Address: 227 GRAYLAND RD
MOORESVILLE, NC 28115

Phone: 704-578-4951

Parcel

Parcel Number: 4740624583.000
Address: 000 HAWKS LANDING DR
TROUTMAN, NC 28166
Subdivision: Hawks Landing

Zoning: RA
Township: 1600
Area: 0.683
Lot(s): 4

Directions to Parcel: FLOWER HOUSE LOOP, TO HAWKS LANDING DR, PROPERTY ON RIGHT

Owners

Name: ELG INVESTMENTS LLC
Address:

Contractors

Contractor Type: Not Liscensed
Name: Kathleen Saunders
Address: 227 GRAYLAND RD
MOORESVILLE, NC 28115

Phone: 704-578-4951

Fees and Receipts:

Number	Description	Amount
FEE-275484-07	Zoning - Permit Application	$75.00
FEE-275485-07	Technology Fee - Planning	$2.25
FEE-275486-07	Environmental Health - Gravity - Fast Track	$350.00