Lot 2 Hawks Landing Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.25
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	320
Trench Width	2' min.
Trench Spacing	8' min.
Trench Bottom Depth (low side)	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	110' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	36 gpm
Elevation head	Approx. 15.1'
Pressure head	3.0'
Friction head	2.4'
20% Contingency	4.1'
Total Head	24.6'
Pump Requirements	36 gpm @ 24.6' of head To be designed by installer.
Maximum Dosing Volume	259.2 gal -2.2 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. 7.2 min.
Check Valve	No
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	380
Repair LTAR	0.25

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Pink	LPPPBPS	55	4.2				
2	Repair	Blue	LPPPBPS	77					
3	Repair	Orange	LPPPBPS	98					
4	Repair	Pink	LPPPBPS	90					
5	System	Red	LPPPBPS	80 endfed		18	18	1 per panel	5/32"
6	System	Blue	LPPPBPS	80 endfed		18	18	1 per panel	5/32"
7	System	Orange	LPPPBPS	80 endfed		18	18	1 per panel	5/32"
8	System	Pink	LPPPBPS	80 endfed		18	18	1 per panel	5/32"
9	Repair	Red	LPPPBPS	60					
						Total: 72	Total: 72 (1 in each panel turned up)		
				Total System: 320'					
				Total Repair: 380'					

Tank	Red	1000 gal (2 compartment)	13.3
Pump Tank	Red	1000 gal.	
House	Blue		

Note:

Project #:
Property ID #:
County: Iredell

SOIL/SITE EVALUATION

Sheet:

Date Evaluated: 2/8/13
8/15/12

Owner or Client: ELG Investments
Proposed Facility: House Design Flow: 360
Location of Site: Lot 2
Soil Described By: EMS Others Present: RH
Antecedent Moisture: Weather: 50° F Sunny

Property Size:
Site LTAR: Int. ~~.03~~ .25 Rep. ~~.03~~ .25
Site Classification: RS

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 Horiz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
2-1	L	0-6	Mo GR SL	FR NS/NP		Br			0.25-0.3
		6-30	Mo SBK C	FR SS/SP		Red			
		30-40	WK SBK C	FR SS/SP	F sap	Red	F yel Br		
		40-48	WK SBK CL	FR SS/SP	C sap	Red			
2-2	L	0-3	Mo GR SL	FR NS/NP		Br			.03-0.35
		38	Mo SBK C	FR SS/SP		Red			
		48	WK SBK CL	FR SS/SP	F/C sap	Red			
2-3	L	5	Mo GR SL	FR NS/NP		Br		Gravelly	0.25-0.275
		35	Mo SBK C	FR SS/SP		Red			
		48	WK ABK C	FR SS/SP	F sap	Red	F yel Br	F yel Br WR	
C-4	L	0-4	Mo GR SL	FR NS/NP		Br		Gravelly	0.3
		4-34	Mo SBK C	FR SS/SP		Red			
		34-49	WK SBK CL	FR SS/SP		Red			
5									
6									

COMMENTS:

Approved ICHD
2-21-13

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: 177073ZO

Printed: 2/11/2013

Master #: 177073

Associated Permits:
177073ZO Zoning

Applicant

Name: Kathleen Saunders
Address: 227 GRAYLAND RD
MOORESVILLE, NC 28115
Phone: 704-578-4951

Parcel

Parcel Number: 4740626468.000
Address: 000 HAWKS LANDING DR
TROUTMAN, NC 28166
Subdivision: Hawks Landing
Zoning: RA
Township: 1600
Area: 0.56
Lot(s): 2
Directions to Parcel: FLOWER HOUSE LOOK 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-275473-07	Zoning - Permit Application	$75.00
FEE-275474-07	Technology Fee - Planning	$2.25
FEE-275475-07	Environmental Health - Gravity - Fast Track	$350.00

Total Fees:	**$427.25**
REC-142559-07	$427.25
Total Receipts:	**$427.25**

Conditions

Date: **Status:** **Code:**

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	WSIV-PA
Flood Zone:	No
Set Backs:	F35.R35, LS15, RS15
Minimum Lot Size:	25000
Minimum Lot Width:	
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	New System
Proposed Use:	Single Family
Property Recorded:	Yes
Community Water:	No
Provider:	
Provider:	
Date:	
# of Stories:	0
# of Bedrooms:	0
# of Units in Building	0

Site Plan Conditions:
Zoning Permit Comments: SFD

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

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Hawks Landing	Lot 2

Driving Directions: NC Hwy 115, L Flowerhouse Loop, L Hawks Landing, 1st Lot on R

****

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 ___

( ) Crawl Space Foundation?
(X) 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 — 4-15-13

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

4-15-13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached

