Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7315 B WASPS App #: 2702

Primary ES assigned to project: PW

Secondary ES assigned to project:

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law				
	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 3 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .215	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b) 130A-336 (a)(3)	Proposed System Type stated-Repair System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: IR

Date performed: 1/5-08

2702# BM

FILE NUMBER: 7315B

Revised On: January 3, 2007

APPLICATION NUMBER: _____

SEPTIC FEE: 260
DATE: 9/10/07 ch/c

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 00333114 (Part of 2)
STREET ADDRESS: 3513 Grey Road
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: ABERSHAM
LOT #: 8 LOT SIZE (acres): 2.02 acres
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☒ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 6
NUMBER OF OCCUPANTS: 12 maximum
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☒ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ ANY TYPE ☒ CONVENTIONAL ☒ ACCEPTED ☒ INNOVATIVE ☒ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** 1 2 3 4 ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES ☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. **PROPERTY OWNER:**

NAME: Neighborhoods at Abersham
ADDRESS: P.O. Box 99
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: N/A WORK PHONE: 704.895.0556
MOBILE PHONE: N/A FAX: 704.895.0558

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Rollans Soil & Environmental Services
ADDRESS: 470 N. Broad St., Suite D
CITY: Mooresville
STATE: NC ZIP: 28115
HOME PHONE: N/A WORK PHONE: 704.658.1723
MOBILE PHONE: 704.746.5046 FAX: 704.658.1724

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____
13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. 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. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

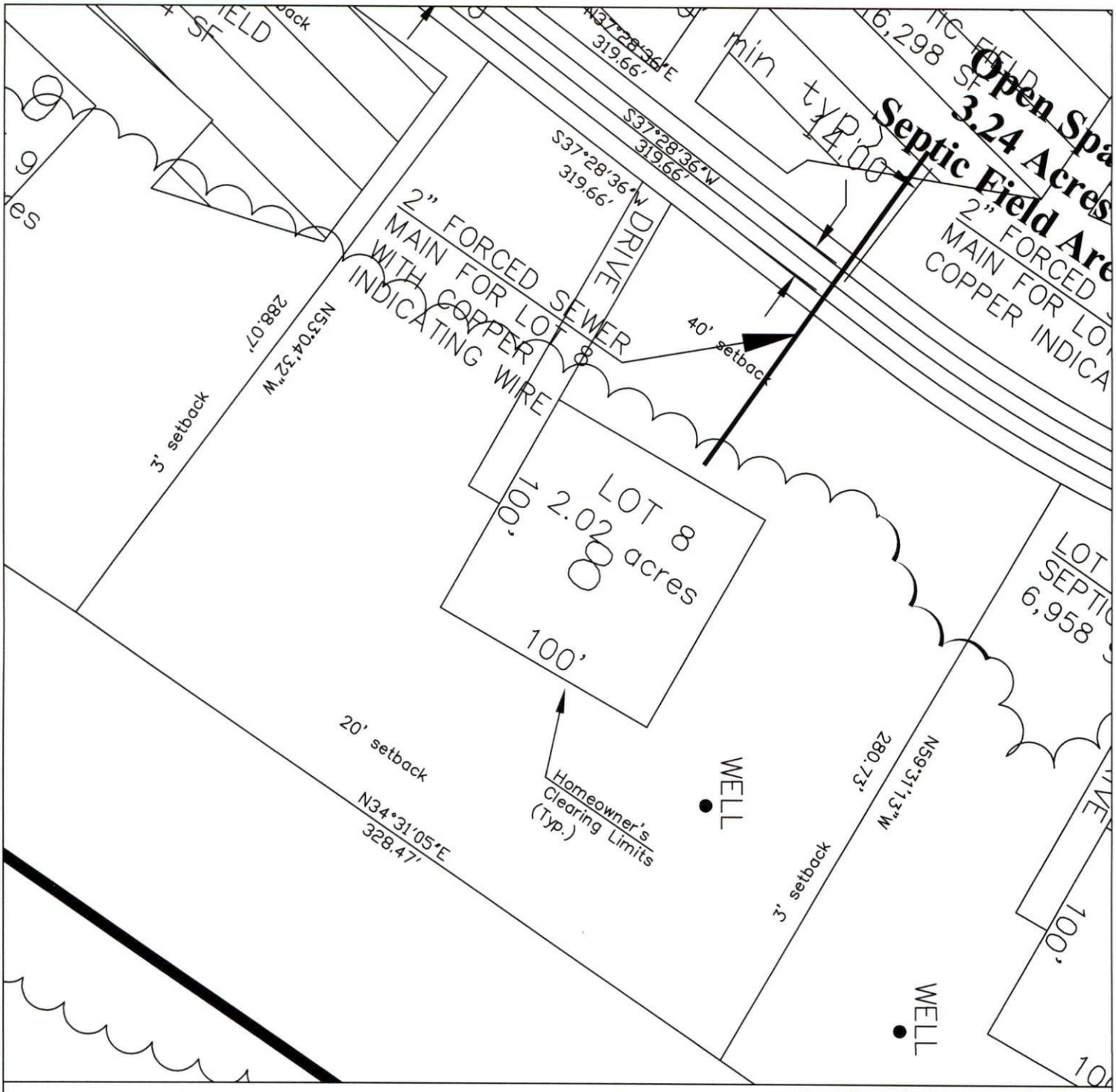
Raymond A. Rollans
Property Owner's or Owner's Legal Representative Signature Date

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. 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. The permit is valid for a period of 12 months from the date of issuance.

Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED



LEGEND

- House Box.
- System lines.
- Repair lines.
- House Corner Shot.
- T.B.M.

GRAPHIC SCALE
1" = 60'

60 0 60 120

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

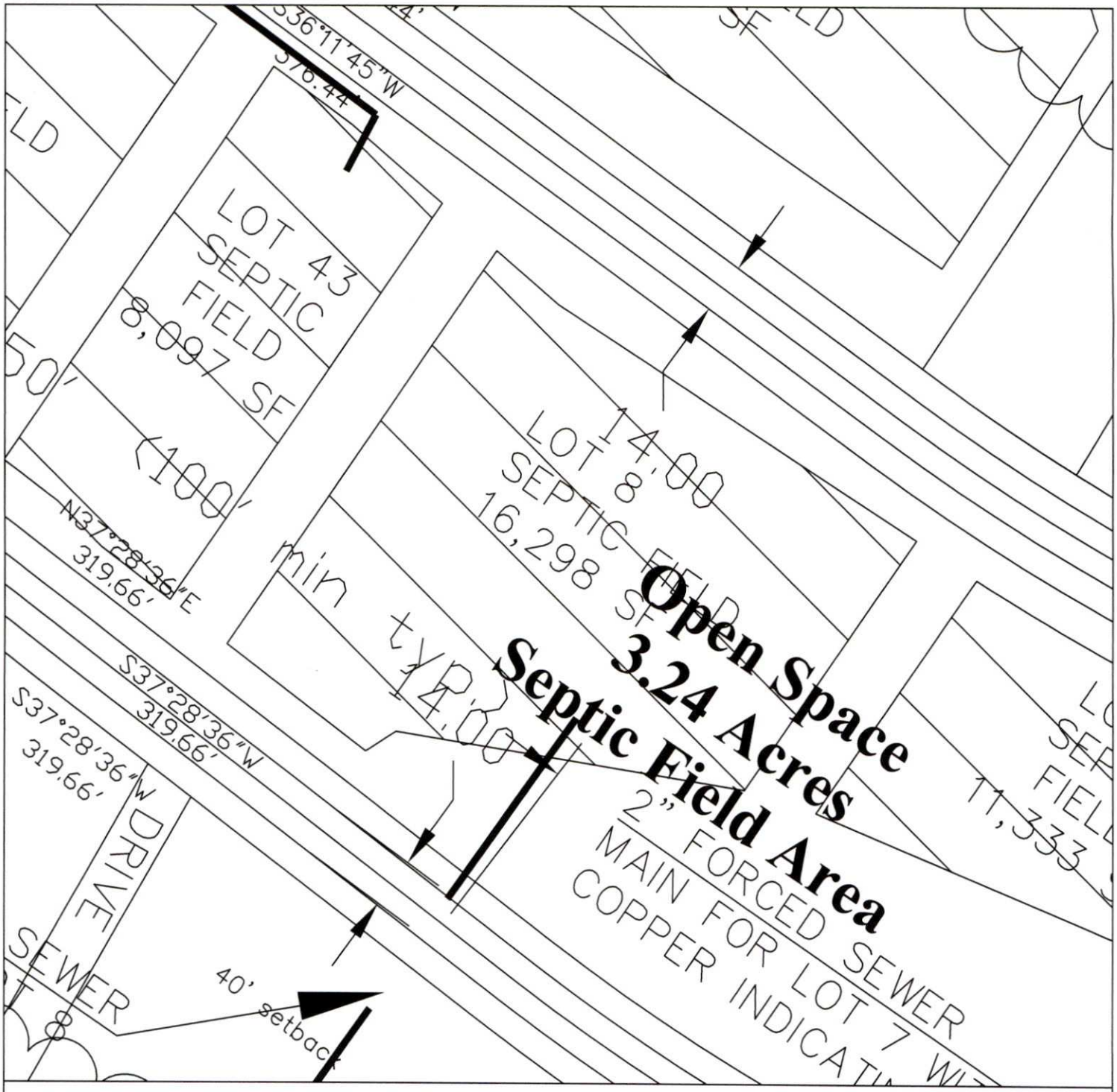
ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278 - 0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE (704) 746 - 5046
EMAIL ROLLANSFORTCJ@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ORCHARDS OF LLC / HIGHLAND RIDGE

LOCATION/DATE: PERTH ROAD IREDELL COUNTY, NORTH CAROLINA FEBRUARY 2007

JOB # :	01-1329
FILE:	C:\JOBS\01-1329
PROJECT MGR.:	C.B.F.
FIELD WORK:	C.B.F. & A.L.P.
DRAWN BY:	C.B.F.



LEGEND

- House Box.
- System lines.
- Repair lines.
- House Corner Shot.
- T.B.M.

GRAPHIC SCALE
1" = 40'

40 0 40 80

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DRAWN BY:	C.B.F.

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: PO 003-331-01
Lot #: 8
File #: 7315B
AppID: 2702

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Neighborhoods at Abersham
Applicant: Rollans Soil & Env. Services
Address: PO Box 99, Davidson, N. C. 28036
Date Evaluated: 9/20/07
Proposed Facility: Residence
Design Flow (.1949): 720gpd
Property Size: .37a inv.
Location of Site: Off Grey Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-33	ABK/SBK/C	FI/SEXP/S/P	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		33-48	SBK/CL	FR/SEXP/SS/SP					.275GPD/FT^2
2	"	0-32	ABK/SBK/C	FI/SEXP/S/P	>54" TO SOIL WETNESS	54	"	"	"
		32-54	SBK/ABK/CL	FR/SEXP/SS/SP					
3	"	0-30	ABK/SBK/C	FI/SEXP/S/P	>50" TO SOIL WETNESS	50	"	"	"
		30-50	SBK/CL	FR/SEXP/SS/SP					
					SITE LTAR .275GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	II	IVA
Site LTAR	.275	.275

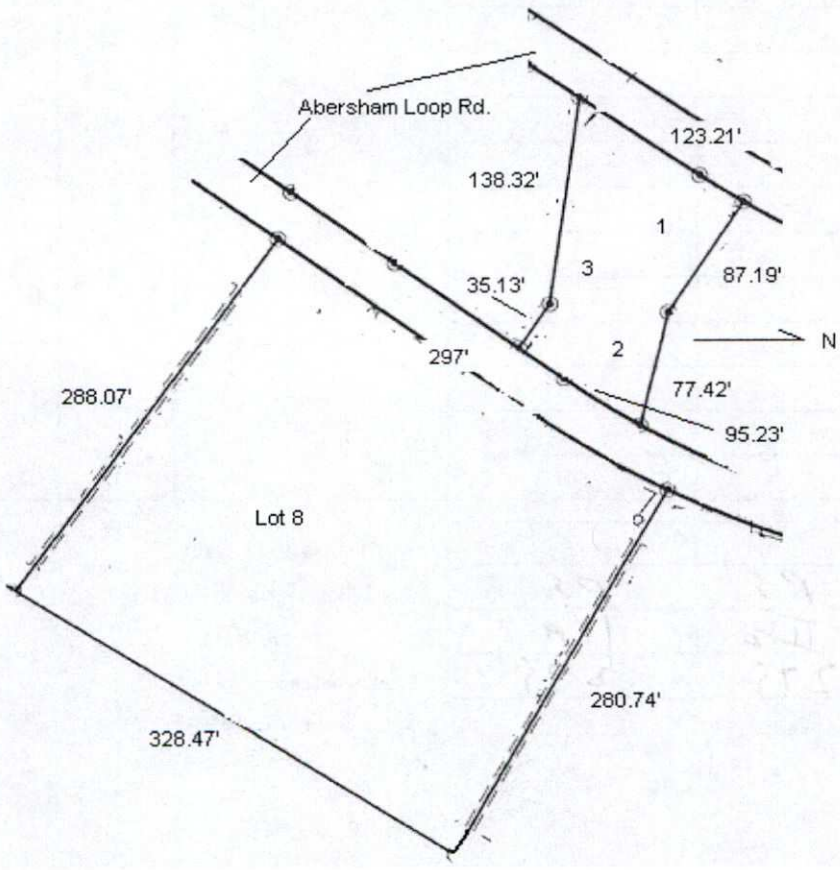
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 9/27/2007, W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30002702** GWS File #: **7315B** Tax Parcel #: **003-331-01**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 12/13/2012

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 6 # Occupants: 12

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1964	Total Trench Length (ft):	655
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1309	Total Trench Length (ft):	436
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Philo Walker

Signature: Philo Walker RS

Date Issued: 12/13/2007

Owner/Legal Agent: Greg C. Williams
Print Name

Signature:

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30002702** GWS File #: **7315B**

IV. Permit Conditions/Comments:

- Easement agreement forms shall be on file and the property shall be deeded and recorded prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.
- The permitted system design requires a pressure manifold with varying tap diameters and/or pipe schedules. The contractor should review the specification detail provided by the system designer prior to bidding the project.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Philo Walker

Signature: Philo Walker PS

Date Issued: 12/13/2007

Owner/Legal Agent: Greg C. Williams
Print Name

Signature: G. C. Williams

ROLLANS *Soil & Environmental Services, Inc.*

470 North Broad St , Suite D, Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 658-1724

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
E-mail: Rollansfortcj@aol.com

Brady Freeman, Registered Sanitarian
Mobile: (704) 746-6497
E-mail: bfree209@yahoo.com

Attached is a proposed design for an Accepted (25% reduction) Septic System with Pressure Manifold distribution for a 6 bedroom single family residence on Lot # 8 Abersham Subdivision, Mecklenburg County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5
- Pressure Manifold Diagram---------- 6

Site Plan/System Plan---------- 7

Calculations---------- 8

Profile Descriptions---------- 9

November 23, 2007
Project #: 01-1044
Design By: Rollans Soil and Environmental Services

GWS Septic System Design Review

GWS File #: 7315B **Approved** **Disapproved**

Design Review: TCT 1-8-08 ☒ ☐

Field Review: TW 12/6/08 ☒ ☐

*Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DENR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as an innovative 25% reduction installation.
- Repair is specified as an Modified 50% reduction installation.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner: William Brewster Company

Address: PO Box 99 Davidson
NC 28036

Phone: 704 895 0556

County: Mecklenburg

Location: Abersham LOT # 8

Source of Wastewater Flow: 6 Bedroom Single Family Residence

Estimated Gallons Per Day Flow: 720

System Flow: 50.36

Design Specifications

Drainfield Size: 655

Loading Rate (gpd/ft.^{2}): 0.275

Depth of Gravel in Trench: NA (25% reduction)

Gravel Size: NA (25% reduction)

Trench Depth: 36 in.

Trench Width: 36 in.

Septic Tank Size: 1500 gal.

Pump Tank Size: 1500 gal.

Estimated Supply Line Length: 241

Supply Line Diameter: 2 in. SCH 40 PVC

Supply Line Volume: 41.93

Dosing Volume: 299.40

Supply Manifold: 4 in. SCH 80 PVC

Supply Manifold Length: 4 ft. (minimum)

Supply Manifold Volume: N/A

Recommended Float Controls: SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents

Recommended Control Panel: SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.

Pressure Head: 2 ft.

Friction Head: NA

Elevation Head: NA

Total Dynamic Head: NA

Threaded Union: In Tank

Gate Valves: 1 in Tank
1 at Pressure Manifold

Check Valves: In Tank

Anti-Siphon Hole: NA

Additional Comments: Soil suitability was performed by Mecklenburg County Health Department.

Abersham LOT # 8
PRESSURE MANIFOLD DESIGN

DESIGN FLOW (gpd):	720
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	1965
TOTAL LATERAL LENGTH:	655
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	654.5454545
SUPPLY LINE LENGTH:	241
TOTAL DYNAMIC HEAD:	NA
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	299.40
PUMP TANK DRAW DOWN*:	14.3
SEPTIC TANK SIZE:	1500 gal.
PUMP TANK SIZE:	1500 gal.

**Pump tank draw down based on a volume basis of 31 gallons per inch. Draw down may vary among pump tank manufacturers.*

Abersham LOT # 8

Project #: 01-1044

LAYOUT FOR 6 BEDROOM HOME — November 23, 2007

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		NA			NA		
INSTR. 1			NA				
HOUSE CNR				NA	NA		
P. TANK				NA	NA		
1	*RED*			*NA*	*NA*	*75*	*75*
2	*RED*			*NA*	*NA*	*75*	*75*
3	*ORANGE*			*NA*	*NA*	*90*	*90*
4	*ORANGE*			*NA*	*NA*	*90*	*90*
5	*PINK*			*NA*	*NA*	*90*	*90*
6	*PINK*			*NA*	*NA*	*90*	*90*
7	*RED*			*NA*	*NA*	*70*	*70*
8	*BLUE*			*NA*	*NA*	*75*	*75*
9	BLUE			NA	NA	58	58
10	BLUE			NA	NA	92	92
11	ORANGE			NA	NA	132	132
12	PINK			NA	NA	86	86
13	RED			NA	NA	28	28
14	PINK			NA	NA	50	50
15	RED			NA	NA	52	52
					Total	**1153**	**1153**

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	SOIL LTAR GPD/FT²	TRENCH SYSTEM	DISTRIBUTION
* *System*	*655*	*0.275*	*ACCEPT.*	*0.275*	*25% RED.*	PRESSURE
Repair	498	0.275	*MOD.*	0.275	PPBPS	MANIFOLD LOW PRESSURE

Notes:

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

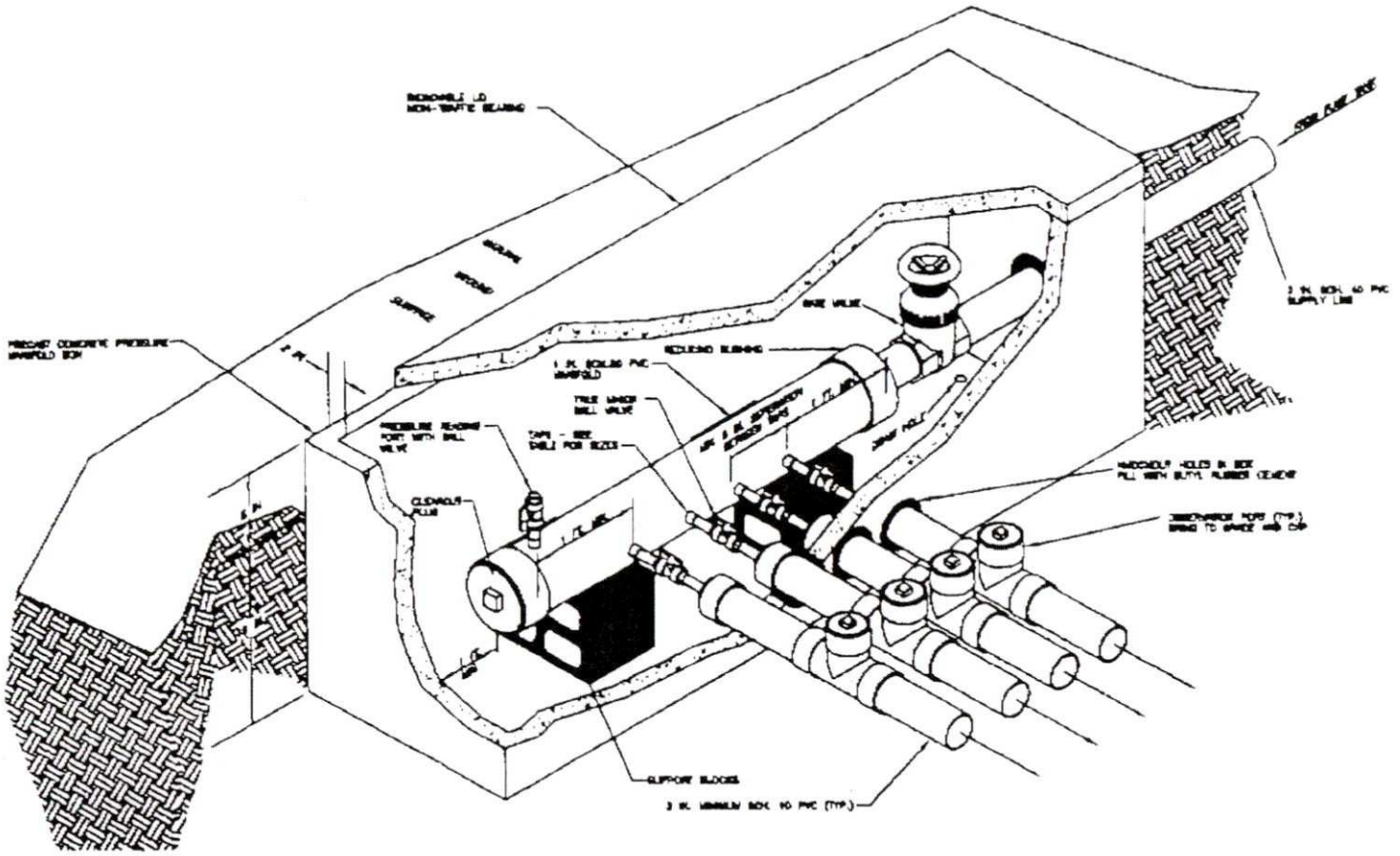
**BS, HI, and FS indicate rod readings

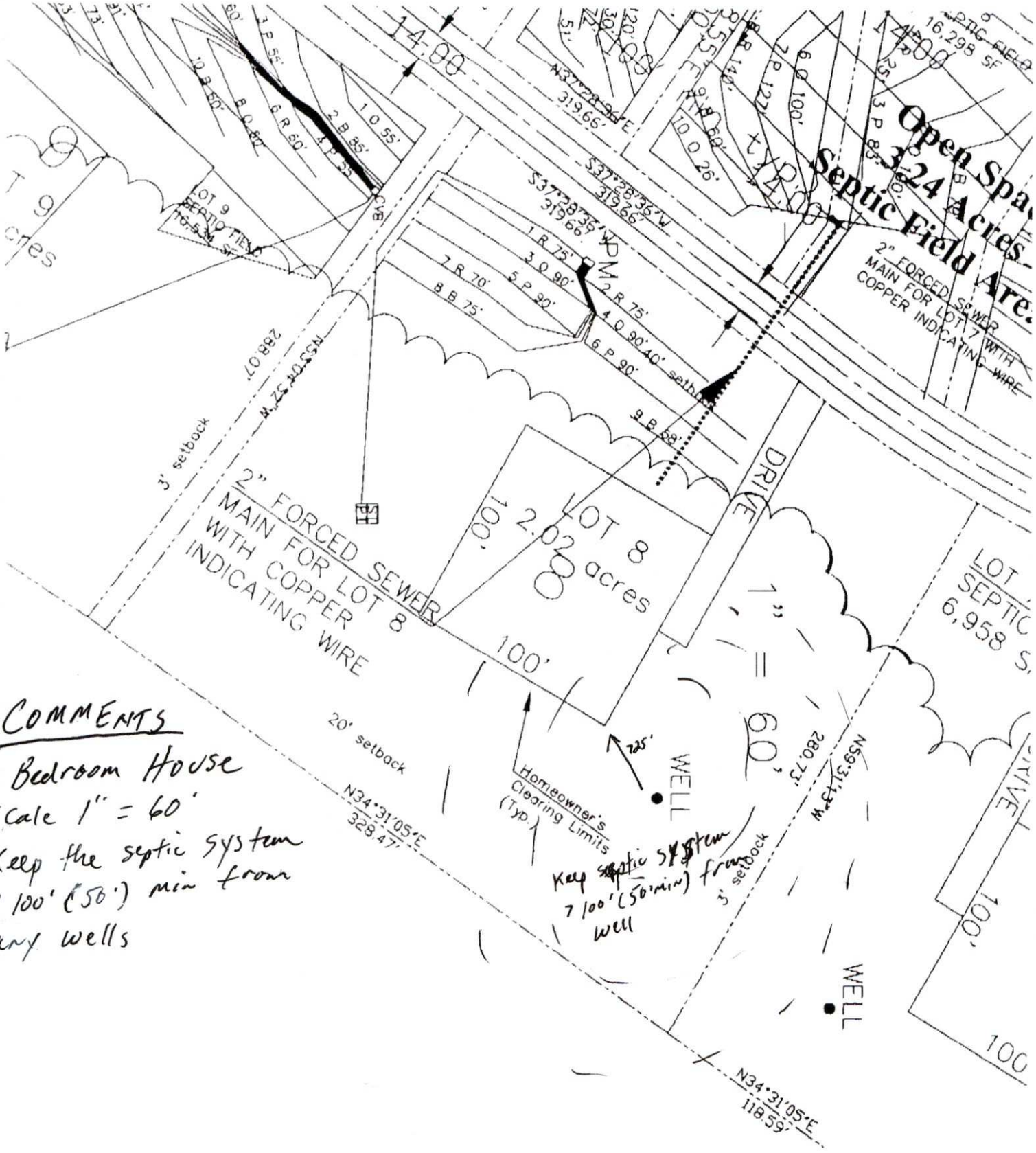
PRESSURE MANIFOLD TAPSHEET - ABERSHAM LOT# 8

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
1	RED	NA	75	SCH 80 1/2	5.48	225	0.24
2	RED	NA	75	SCH 80 1/2	5.48	225	0.24
3	ORANGE	NA	90	SCH 40 1/2	7.11	270	0.26
4	ORANGE	NA	90	SCH 40 1/2	7.11	270	0.26
5	PINK	NA	90	SCH 40 1/2	7.11	270	0.26
6	PINK	NA	90	SCH 40 1/2	7.11	270	0.26
7	RED	NA	70	SCH 80 1/2	5.48	210	0.25
8	BLUE	NA	75	SCH 80 1/2	5.48	225	0.24
	total	feet =	655	gal/min =	50.36		
			Des. Flow	720			
			Pump Run=	5.95			
			soil LTAR	0.275			
			LTAR +5%	0.28875			
			LTAR with ACCEPTED	0.366666667			
			LTAR with ACCEPTED + 5%	0.385			

TYPICAL PRESSURE MANIFOLD DETAIL

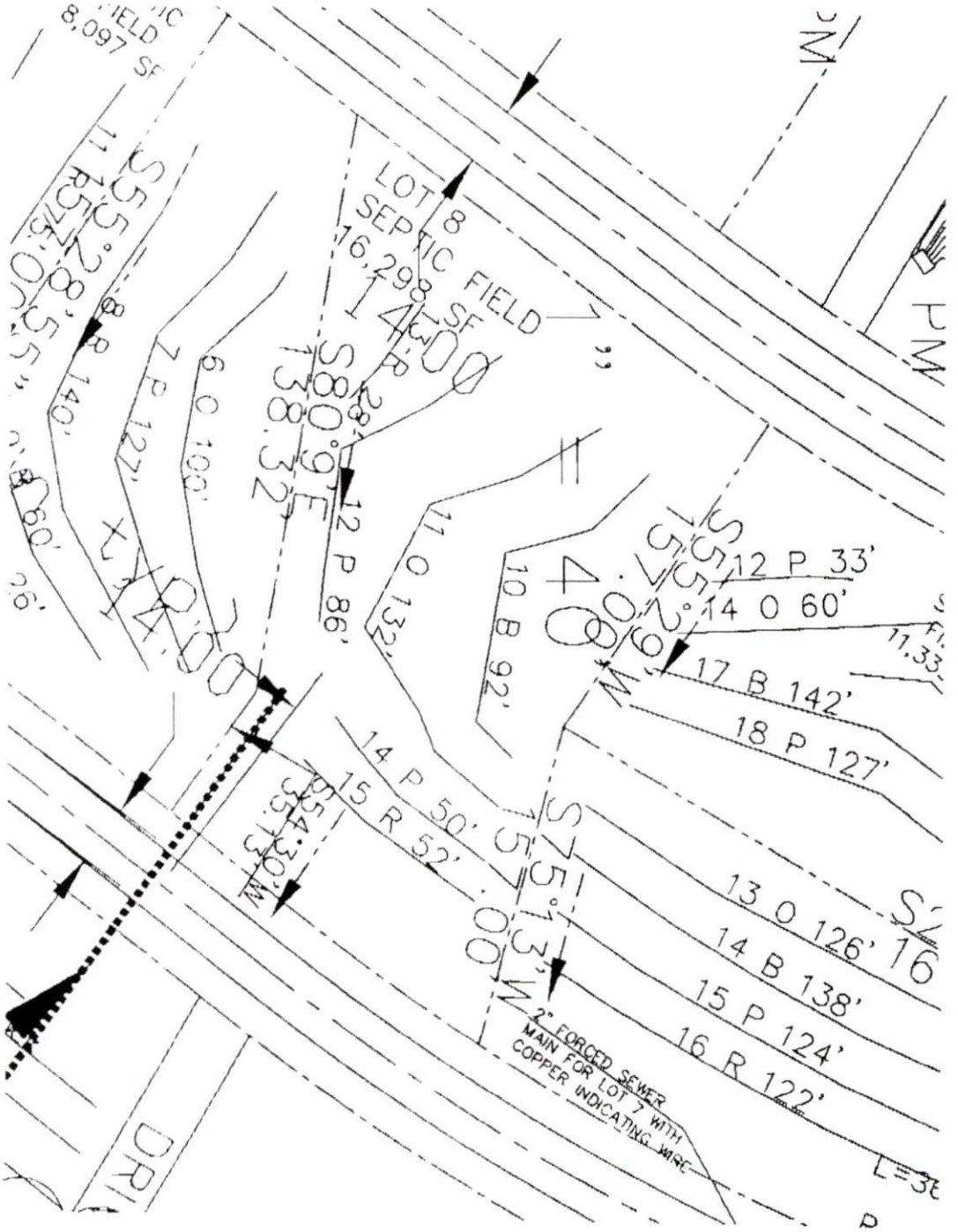




COMMENTS

6 Bedroom House
Scale 1" = 60'
Keep the septic system > 100' (50') min from any wells

Offsite Repair Lot 8



CALCULATIONS

Location ABERSHAM

Project Number 01-1044

Lot No: Lot 8

No. of Bedrooms	6	
Design Flow	720	$^{gal}/_{day}$
LTAR	0.275	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	241	ft.
Supply Line Volume	41.934	gal.
Required Feet of Line	654.5455	ft.
Amount of Line from Layout	655	ft.
Gallons per Minute	50.36	$^{gal}/_{min}$
Required Septic Tank Capacity	1500	gal.
Minimum Standard Tank Size	1500	gal.
Lateral Line Volume	427.715	gal.
Dosing Volume	299.40	gal.

Note: Dosing Volume based on70% of lateral line volume

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
[illegible]	[illegible]
25	1.27
[illegible]	[illegible]
30	1.78
[illegible]	[illegible]
35	2.37
[illegible]	[illegible]
40	3.03
[illegible]	[illegible]
45	3.77
[illegible]	[illegible]
50	4.58
[illegible]	[illegible]
60	[illegible]

Tank Draw Down	14.3	*Generic Draw Down of 31 gal.per in.*
Pump Run Time	5.95	minutes
Elevation Head	NA	ft.
Pressure Head	NA	ft.
Friction Factor	4.58	ft./100 ft. *(From the interpolater.)*
Friction Head	NA	ft.
Total Dynamic Head (+15%)	NA	ft.