Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7478 B WASPS App #: 2979

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: 4			
	Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .275	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	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: 5/2008

FILE NUMBER: _____

SEPTIC FEE: _____
DATE: _____

Revised On: January 3, 2007

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

APPLICATION NUMBER: _____

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: 00333101, 00304103 (Part of 00333102)
STREET ADDRESS: 3513 Grey Road
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: ABERSHAM
LOT #: 58 LOT SIZE (acres): 2.50
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: S.F.
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS 10 max. num
FOUNDATION TYPE: S F
☐ 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):*

8A. **RANK:** ☐ ANY TYPE ☒ CONVENTIONAL 1 ☒ ACCEPTED 2 ☒ INNOVATIVE 3 ☒ ALTERNATIVE 4 ☐ OTHER _____

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 Aberham
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?** _____

SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

ıe information in this application is falsified, changed, or the site is altered, n the Improvement Permit and Authorization to Construct shall become ılid. I have read this application and certify that the information provided ein is true, complete and correct. Authorized county and state officials are ıted right of entry to conduct necessary inspections to determine ıpliance with applicable laws and rules. I understand that I am solely ɔonsible for the proper identification and labeling of all property lines and ıers and making the site accessible so that a complete site evaluation can ɔerformed. The permit is valid for either 60 months or is non-expiring ending upon the documentation submitted: complete site plan = 60 ths, complete plat = non-expiring.

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/08/07	**Amount:**	1,800.00
Receipt #:	53585	**Tendered:**	1,800.00
Check / Auth #:	CHECK 3786	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: 200000
Contractor: WILLIAM BREWSTER COMPANY,INC
Attn: D/B/A CEDARCROFT HOMES
Address: P.O. BOX 99
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 9 LOTS(SUBD- ABERSHAM ON GREY RD)		1	1,800.00	1,800.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

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 #: 58
File #: 7478B
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Neighborhoods at Abersham
Applicant: Rollans Soil & Env. Ser,
Address: PO Box 99, Davidson, N. C. 28036
Date Evaluated: 12/12/07
Proposed Facility: Residence
Design Flow (.1949): 720gpd
Property Size: .38a 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, 8	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WWETNESS	48	N/A	NONE	PS, IV
		5-36	SBK/ABK/C	FI/SEXP/S/P					.3GPD/FT^2
		36-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-9	GR/CL	"	"	"	"	"	"
		9-34	SBK/C	FI/SEXP/S/P					
		34-48	SBK/CL	FR/SEXP/SS/SP					
3	LS, 12	0-4	GR/SCL	"	>41" TO SOIL WETNESS	41	"	"	PS, IV
		4-29	SBK/C	FI/SEXP/S/P					.275GPD/FT2
		29-41	SBK/CL	FR/SEXP/SS/SP					
4	LS, 15	0-5	GR/SCL	"	>45" TO SOIL WETNESS	45	"	"	PS, IV
		5-26	SBK/ABK/C	FI/SEXP/S/P					.275GPD/FT^2
		26-45	SBK/C	FRI-FISEXP/S/P					
			SAPROLITE	INCLUSIONS 26-45					
					SITE LTAR .275GPD/FT^2				

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

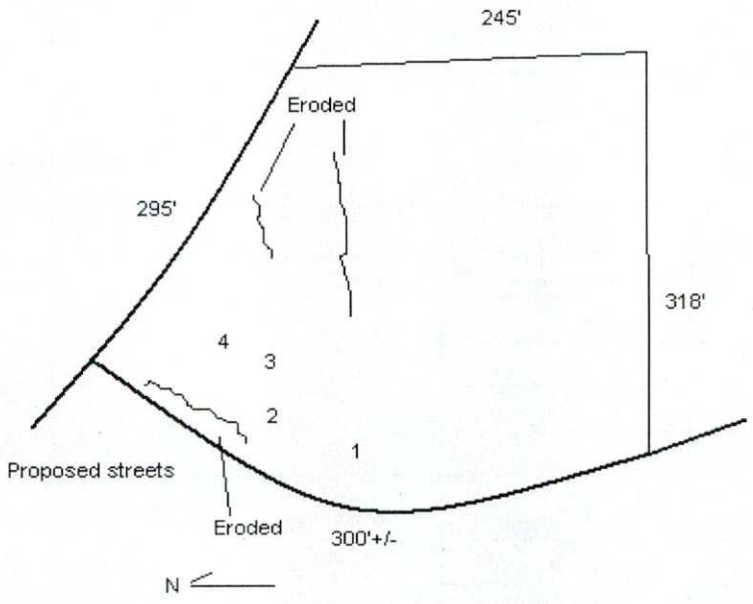
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 12/28/2007,
Others Present: A. Rollans
Site Classification (.1948):
Site Evaluation By:
Others Present:

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 #: **30002979** GWS File #: **7478B** 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):** 5/20/2013

Type of Installation: Residential - New System Lot Number: 58

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 10

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	600	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):	1092	Total Trench Length (ft):	364
Maximum Trench Depth (in):	29	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

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

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	29	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: 5/20/2008

Owner/Legal Agent: _____
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 #: **30002979** GWS File #: **7478B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 3 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 septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- 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 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: 5/20/2008

Owner/Legal Agent: _____
Print Name

Signature: _____

ROLLANS *Soil & Environmental Services, Inc.*

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

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

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

7478B

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 5 bedroom single family residence on Lot # 58 in 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

Site Plan/System Plan ---- 6-7

Calculations ---- 8

Profile Descriptions ---- 9

REVISION 3-6-08

February 1, 2008
Project #: 01-1044
Design By: Rollans Soil & Environmental Services

GWS Septic System Design Review

GWS File #: 7478B **Approved** ☒ **Disapproved** ☐

Design Review: TCT 3-6-08

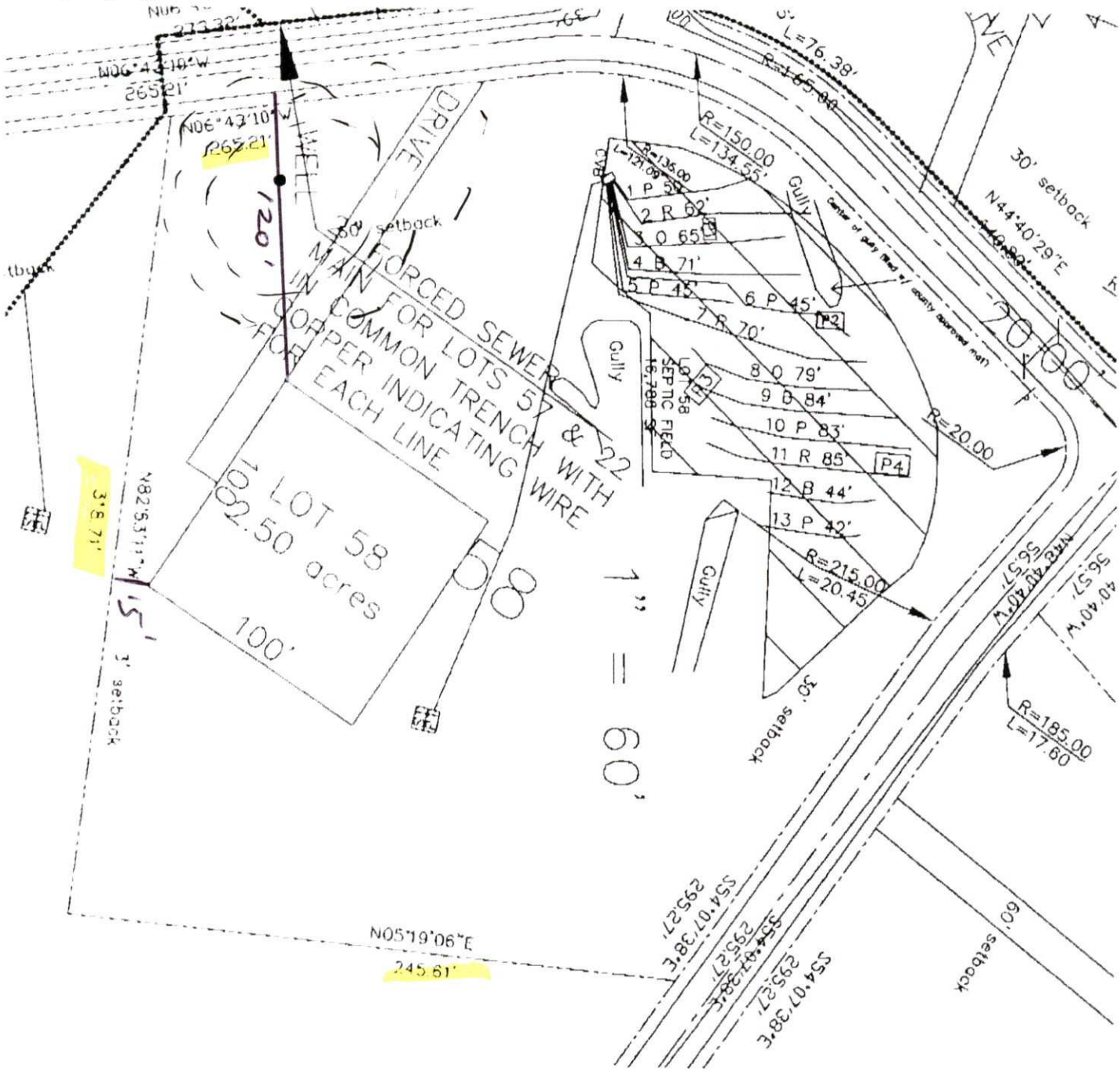
Field Review: DW 3/8/08

*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.
- Design precludes foundation drains.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation.
- Repair is specified as a PPBPS installation.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.


COMMENTS
Scale 1" = 60'
N
Keep the septic system 100' (30.5m) from any wells
Keep the septic system 15' from gullys
LOT 58
102.50 acres
100'
120'
FORCED SEWER MAIN FOR LOTS 57 & 22 WITH IN COMMON TRENCH WITH COPPER INDICATING WIRE EACH LINE
SEPTIC FIELD
Lot 58
16,788 SF
Gully
Center of gully (flood w/ gravity storm main)
30' setback
50' setback
60' setback
1" = 60'
N82°53'11"W
318.71'
N05°19'06"E
245.61'
S54°07'38"E
295.27'
N44°40'29"E
N06°43'10"W
265.21'
R=150.00
L=134.55'
R=136.00
L=121.09'
R=165.00
L=76.38'
R=20.00
R=215.00
L=20.45'
R=185.00
L=17.60
1 P 50'
2 R 62'
3 D 65'
4 R 71'
5 P 45'
6 P 45'
7 R 70'
8 D 79'
9 D 84'
10 P 83'
11 R 85'
12 R 44'
13 P 42'
P1
P2
P3
P4
5'
3' setback
DRIVE
CIRCLE

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant: William Brewster Company

Address: PO Box 99 Davidson
NC 28036

Phone: 704 895 0556

County: Mecklenburg

Location: ABERSHAM LOT # 58

Source of Wastewater Flow: 5 Bedroom Single Family Residence

Estimated Gallons Per Day Flow: 600

System Flow: 38.13

Design Specifications

Drainfield Size: ~~335~~ 364

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

Depth of Gravel in Trench: NA (PPBPS)

Gravel Size: NA (PPBPS)

Trench Depth: 29 in.

Trench Width: 36 in.

Septic Tank Size: 1500 gal.

Pump Tank Size: 1500 gal.

Estimated Supply Line Length: 227

Supply Line Diameter: 2 in. SCH 40 PVC

Supply Line Volume: 39.50

Dosing Volume: 224.32

Supply Manifold: N/A

Supply Manifold Length: N/A

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: N/A

Elevation Head: N/A

Total Dynamic Head: N/A

Threaded Union: In Tank

Gate Valves: 1 in Tank
1 per lateral

Check Valves: In Tank

Anti-Siphon Hole: NA

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

ABERSHAM LOT # 58

LP PPBPS

DESIGN FLOW (gpd):	600
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	1215
TOTAL LATERAL LENGTH:	405
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	363.6363636
SUPPLY LINE LENGTH:	227
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	224.32
PUMP TANK DRAW DOWN*:	7.2
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 # 58

Project #: 01-1044

LAYOUT FOR 5 BEDROOM HOME

February 1, 2008

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		N/A			N/A		
INSTR. 1			N/A				
HOUSE CNR				N/A	N/A		
P. TANK				N/A	N/A		
1	***PINK***			*N/A*	*N/A*	*50*	*50*
2	***RED***			*N/A*	*N/A*	*62*	*60*
3	***ORANGE***			*N/A*	*N/A*	*65*	*65*
4	***BLUE***			*N/A*	*N/A*	*71*	*70*
5	***PINK***			*N/A*	*N/A*	*46*	*45*
6	***PINK***			*N/A*	*N/A*	*46*	*45*
7	***RED***			*N/A*	*N/A*	*77*	*70*
8	ORANGE			N/A	N/A	79	79
9	BLUE			N/A	N/A	84	84
10	PINK			N/A	N/A	83	83
11	RED			N/A	N/A	85	85
12	BLUE			N/A	N/A	44	44
13	PINK			N/A	N/A	42	42
					Total	**834**	**822**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*405*	*0.275*	*MOD.*	*0.275*	***PPBPS***	***LOW PRESSURE***
Repair	417	0.25	MOD.	0.250	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at EIP at corner of lot (see site plan)

**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

LP PPBPS TAPSHEET -ABERSHAM LOT 58

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	PINK	N/A	50	0.156	0.41	150	12
2	RED	N/A	60	0.156	0.41	180	14
3	ORANGE	N/A	65	0.156	0.41	195	15
4	BLUE	N/A	70	0.156	0.41	210	16
5	PINK	N/A	45	0.156	0.41	135	10
6	PINK	N/A	45	0.156	0.41	135	10
7	RED	N/A	70	0.156	0.41	210	16
							93 ✓
	total	feet =	~~395~~ 405	gal/min =	38.13		

Des. Flow	600
Pump Run=	5.88
soil LTAR	0.275
LTAR +5%	0.28875
LTAR with mod.	0.55
LTAR with mod.. + 5%	0.5775

.156 equals 5/32 inch hole

CALCULATIONS

Location ABERSHAM

Project Number 01-1044

Lot No. Lot 58

No. of Bedrooms	5	
Design Flow	600	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2 day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	227	ft.
Supply Line Volume	39.498	gal.
Required Feet of Line	363.6364	ft.
Amount of Line from Layout	405	ft.
Gallons per Minute	38.13	$^{gal}/_{min}$
Required Septic Tank Capacity	1500	gal.
Minimum Standard Tank Size	1500 gal.	
Panel Volume	3.6	gal.
# of Panels	93	
Dosing Volume	224.32	gal.

Note: Dosing Volume based on 67% of # of panels times 3.6 gal/panel

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	f
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	7.2	*Generic Draw Down of 31 gal per in.*
Pump Run Time	5.88	minutes
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	3.03	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft
Total Dynamic Head (+15%)	N/A	ft.

FILE NUMBER: 7478B BM

Revised On: January 3, 2007

APPLICATION NUMBER: 2979

SEPTIC FEE: 200.00
DATE: 11/8/07
Check # 37861

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: _____

VOID New appl on file

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: 00333101, 00304103 & Part of 00333102
STREET ADDRESS: 3513 Grey Road
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME: ABERSHAM
LOT #: 58 LOT SIZE (acres): 2.50 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)*:

8A. RANK: ☐ ANY TYPE ☒ CONVENTIONAL 1 ☒ ACCEPTED 2 ☒ INNOVATIVE 3 ☒ ALTERNATIVE 4 ☐ OTHER ____

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:

the information in this application is falsified, changed, or the site is altered, hen the Improvement Permit and Authorization to Construct shall become ivalid. I have read this application and certify that the information provided erein is true, complete and correct. Authorized county and state officials are ranted right of entry to conduct necessary inspections to determine ompliance with applicable laws and rules. I understand that I am solely esponsible for the proper identification and labeling of all property lines and orners and making the site accessible so that a complete site evaluation can e performed. The permit is valid for either 60 months or is non-expiring epending upon the documentation submitted: complete site plan = 60 onths, complete plat = non-expiring.

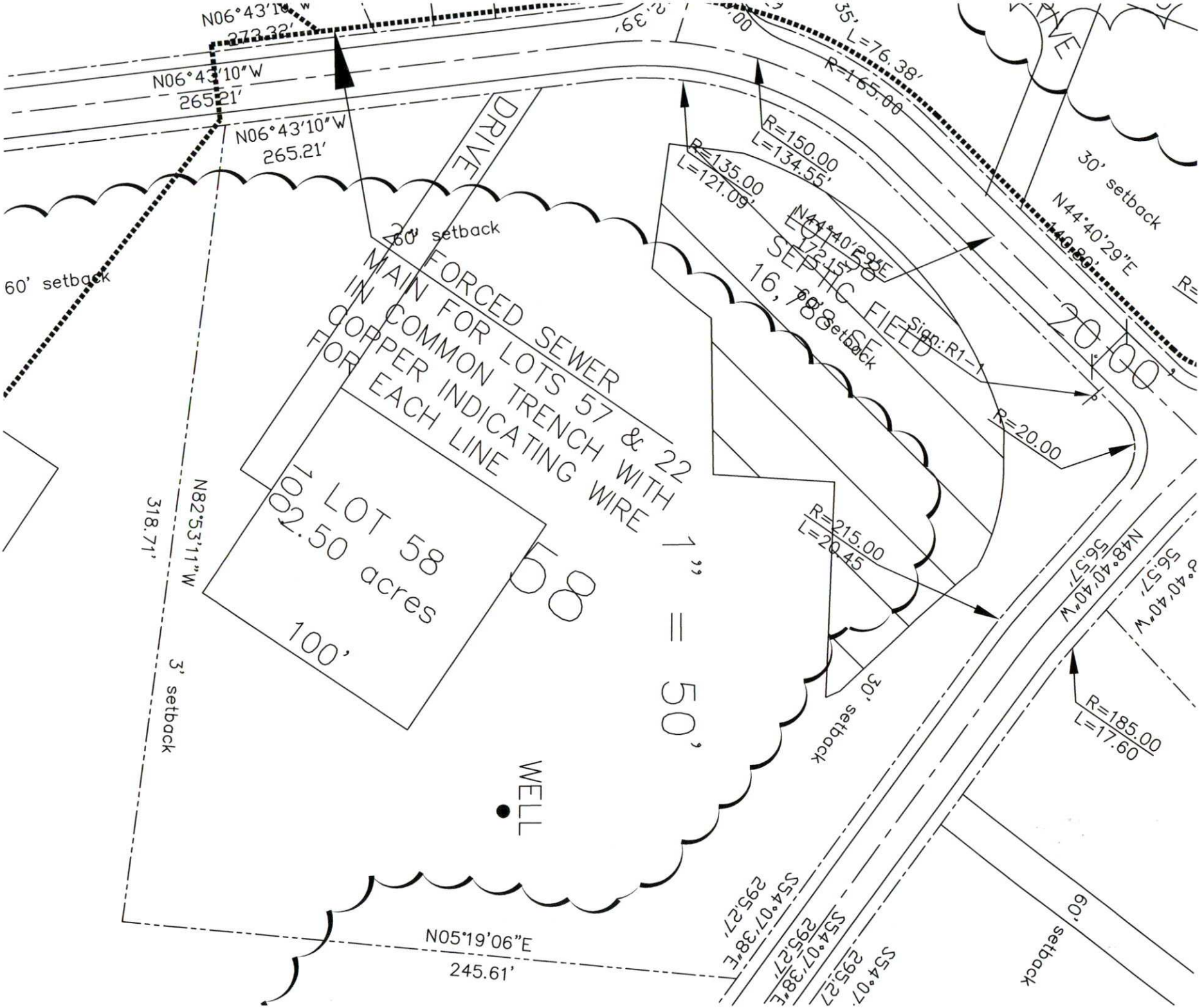
Property Owner's or Owner's Legal Representative Signature Date

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


N06°43'10"W
273.32'
N06°43'10"W
265.21'
N06°43'10"W
265.21'
DRIVE
60' setback
60' setback
FORCED SEWER MAIN FOR LOTS 57 & 22 IN COMMON TRENCH WITH COPPER INDICATING WIRE FOR EACH LINE
LOT 58
102.50 acres
100'
58
1" = 50'
WELL
N82°53'11"W
318.71'
3' setback
N05°19'06"E
245.61'
R=150.00
L=134.55'
R=135.00
L=121.09'
R=165.00
L=76.38'
30' setback
N44°40'29"E
140.80'
LOT 58
SEPTIC FIELD
16,788 SF
Sign: R1-1
R=20.00
R=215.00
L=20.45
30' setback
R=185.00
L=17.60
N48°40'40"W
56.57'
S54°07'38"E
295.27'
60' setback