IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224099

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

PIN # 4659154173

APPLICANT: Essex Homes Southeast / Wendell Overby APPLICANT ADDRESS: 120 Cromer Rd Lexington, NC

SITE ADDRESS: 121 Harvest Wind Ct. Mooresville, NC PHONE: 803-223-4003 ALT. PHONE: 704-239-2001

SITE DIRECTIONS: US 21 N → L on Clear Springs → L on Autumn Grove → R on Early Frost → L on Harvest Wind → lot on L

SUBDIVISION: Autumn Grove SECTION: 2 LOT # 45 LOT AREA: .71 ac DESIGN FLOW: 480 gpd L.T.A.R.: .31 (.3 repair)

Septic Tank	1000	(gal)	STB	160	Date	7-21-17	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT	319	Date	7-25-17	System Description: LR PPBPS				☐ Business	No. Persons	8	☑ Private	
Pump Make	Zoeller		Model	140 Inp	Serial #	N.1.10-F	Repair System Description: LP PPBPS				☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	4	Linear Ft:	267'	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	24"		(Max) Trench Bottom Depth	30"	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: *Keep all parts of septic system a minimum of 100' from well.*

10/18/17 Checked tanks & lines

INITIAL SITE SKETCH

See attached site plan by Soil + Forestry Services

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	10/19/17	MD
Tanks Checked	10/19/17	MD
Pressure Manifold or Valve Box Checked	10/19/17	MD
Pressure Head Set	11/20/17	BB
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N	Attached	
Comments: Simplex Filter Installed Aquaworx Trash Pump for Pump Floats	11/20	BB

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

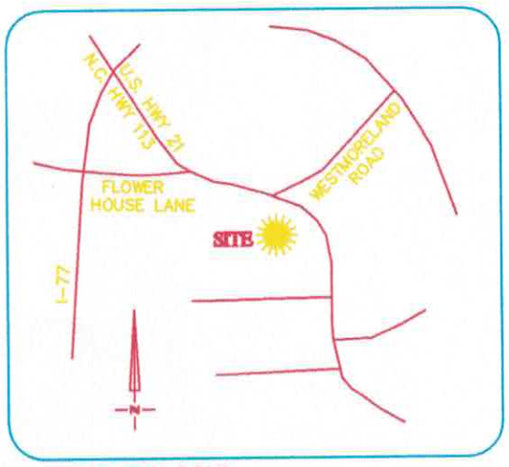
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☑ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 10/12/17 Installed by: Sid Gaskins

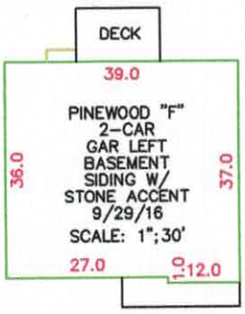
IMPROVEMENT PERMIT by: Kayla Wilson Date: 10-11-17 OPERATION PERMIT by: Benjamin A Bolton Date: 11/20/2017

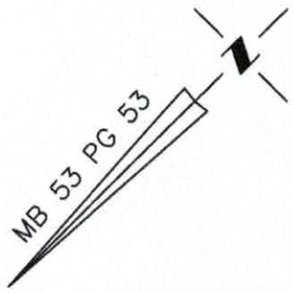
AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 10-11-17 Existing System Inspected by: Date:

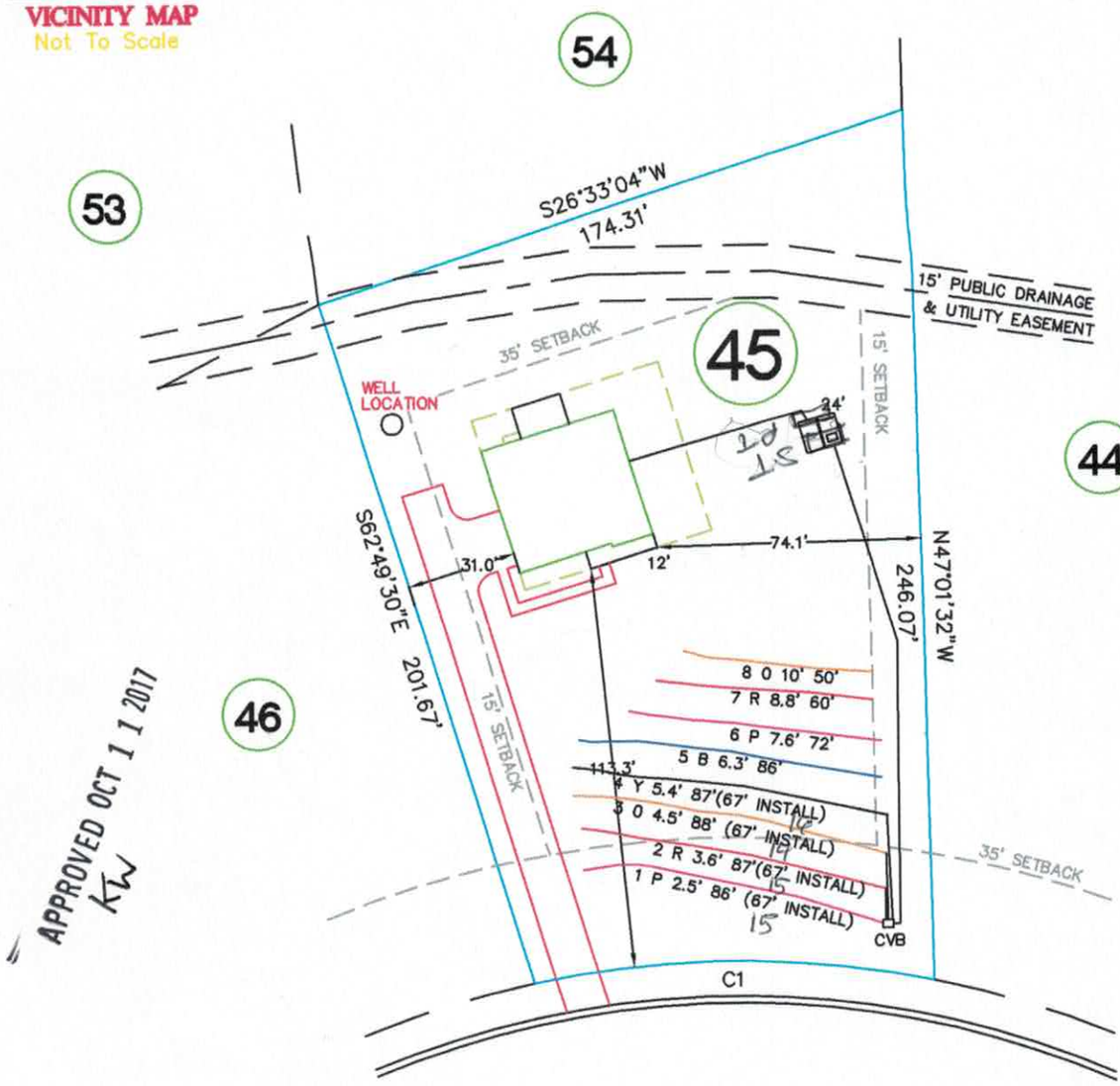
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



VICINITY MAP
Not To Scale







HARVEST WIND COURT

45' PUBLIC R/W

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N44°22'17"E	112.32	113.13	272.50

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.
THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

50 0 50
SCALE: 1" = 50'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (704) 889-0105

HOUSE LOCATION PLOT PLAN

FOR

LOT 45, AUTUMN GROVE SUBDIVISION, PHASE 2

Barringer Township, Iredell County, North Carolina

PROPERTY OF: ESSEX HOMES

MAP BOOK 53 PAGE 53 DEED REFERENCE

DRAWN BY: ERG

DATE: JANUARY 5, 2017

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

October 3, 2017

Iredell County Health Department
610 E Center Avenue
Mooresville, NC 28115

RE: Lot 45 Autumn Grove Intermediate Re-layout

To Whom It May Concern:

Soil & Forestry Services of the Carolinas, PA is submitting an intermediate re-layout expedited review packet for lot 45 of Autumn Grove Subdivision. The lot was previously permitted as a 25% reduction initial system. As such soil notes and zoning approvals are not included in the submittal. The well was installed too close to the prior system layout that involved saprolite material. The proposed septic system has been revised to a panel block system as enclosed. In addition, the house has a basement foundation that may require a grinder pump depending on final plumbing.

Sincerely,

Wendell Overby
NC Licensed Soil Scientist

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence on Lot # 45 in Autumn Grove Subdivision, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1
Design Information
Design Specifications---------- 2-3
Layout Specifications---------- 4
System Tapsheet---------- 5
Site Plan---------- 6
LP Panel diagram/cutaway---------- 7
Calculations---------- 8
Expedited Review Process Checklist---------- 9
Iredell County Application for Improvements Permit---------- 10
Iredell County Site Plan Form---------- 11
Environmental Health Requirements for Septic Permits---------- 12
Owner Authorization Form---------- 13
Voluntary Relinquishment of Admin Appeal Rights---------- 14

for Essex Homes Southeast, Inc.
Attn: Darek Burns
120 Cromer Road, Lexington, SC 29073
(803) 223-4003 / dburns@essexhomes.net

Oct '17
Project #: 17-1005
Design By: Wendell Overby (S&FS)



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 DEHNR, and certification supplied by the manufacturer.
- 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.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pump tank 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 and repair specified as a PPBPS installation.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 24" wide and have no more than 1/4" fall in 10 feet.
- Iredell County has approval to move system components such as tanks.
- Design assumes fall from basement plumbing to tankage. Grinder pump could be needed.
- Well for lot is installed

APPROVED OCT 1 1 2017
KW

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Essex Homes Darek Burns
Address:	120 Cromer Road Lexington, SC 29073
Phone:	803 223-4003
County:	Iredell
Location:	AUTUMN GROVE LOT 45

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	24.60

Design Specifications

Drainfield Size:	268
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000

APPROVED OCT 1 1 2017
KW

Estimated Supply Line Length:	140
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	24.36
Dosing Volume:	144.72
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:	1.78
Elevation Head:	26.00
Total Dynamic Head:	30.04

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 S&FS

LP PPBPS TAPSHEET -AUTUMN GROVE LOT# 45

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*PINK*	106.5	*67*	0.156	**0.41**	201	15
2	*RED*	105.4	*67*	0.156	**0.41**	201	15
3	*ORNGE*	104.5	*67*	0.156	**0.41**	201	15
4	*YELO*	103.6	*67*	0.156	**0.41**	201	15
							60
	total	**feet =**	**268**	**gal/min =**	**24.60**		
			Des. Flow	**480**			
			Pump Run=	**5.88**			
			soil LTAR	**0.3**			
			LTAR with mod.	**0.6**			

.156 equals 5/32 inch hole

APPROVED OCT 1 1 2017
KW

AUTUMN GROVE LOT 45
LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	536
TOTAL LATERAL LENGTH:	268
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	267
SUPPLY LINE LENGTH:	140
TOTAL DYNAMIC HEAD:	30.04
MANIFOLD SIZE:	N/A
DOSING VOLUME:	144.72
PUMP TANK DRAW DOWN*:	6.9
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

APPROVED OCT 1 1 2017
KW

AUTUMN GROVE LOT 45

Project #: 17-1005

LAYOUT FOR 4 BEDROOM HOME

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	Oct '17 DESIGN LINE LENGTH
TBM		9.0			100.00		
INSTR. 1			109.00				
HOUSE CNR				12.00	97.00		
P. TANK				24.00	85.00		
1	***PINK***			***2.50***	***106.5***	***86***	***67***
2	***RED***			***3.60***	***105.4***	***87***	***67***
3	***ORANGE***			***4.50***	***104.5***	***88***	***67***
4	***YELLOW***			***5.40***	***103.6***	***87***	***67***
5	BLUE			6.30	102.7	86	86
6	PINK			7.60	101.4	72	72
7	RED			8.80	100.2	60	60
8	ORANGE			10.00	99.0	50	50
					Total	**616**	**536**

	LINE LENGTH	TRENCH BOTTOM	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***268***	***36"***	***MOD.***	***0.300***	***PPBPS***	***LOW PRESSURE***
Repair	268	36"	MOD.	0.300	PPBPS	LOW PRESSURE

**TBM located at front left house stake (see plan)

**TBM assigned 100' by surveyor

**All measures in feet

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

**BS, HI, and FS indicate rod readings

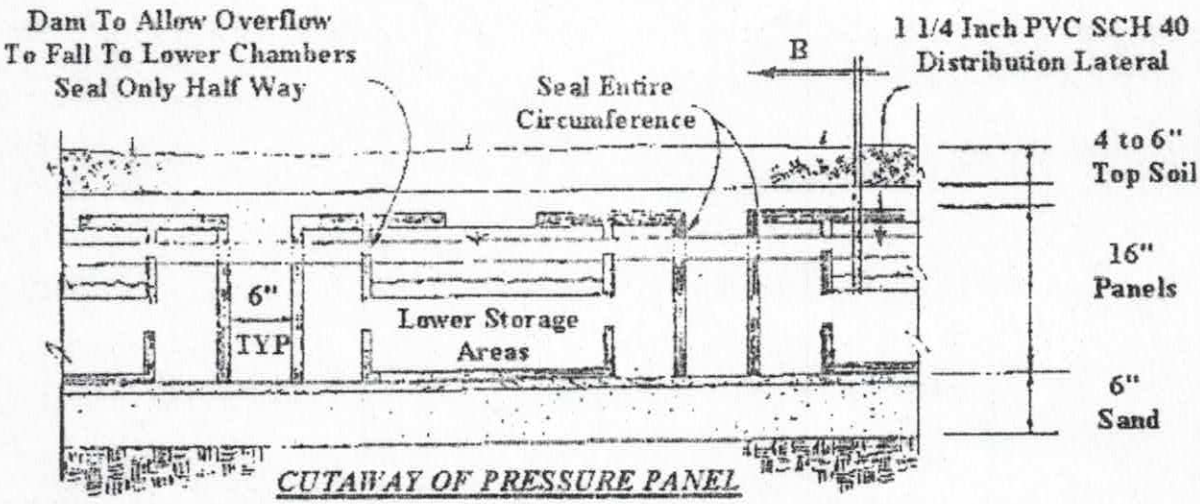
APPROVED OCT 1 1 2017
KW

Panels With Pressure Distribution

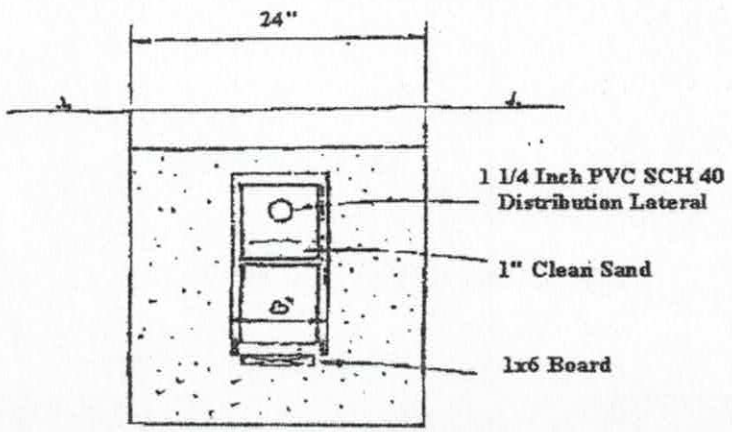
The LP Panel uses technology similar to that of Low Pressure Pipe (LPP) Systems. The tables and distribution design described in the LPP manual is applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects a LP Panel is similar to a LPP with the holes discharging into the panels.

The dosing cycle for the Panel System is designed to pump enough effluent to fill the top chambers of all the panels in the system. The top chamber of a 16 inch panel holds 3.6 gallons. When the system has 34 panels and all holes are the same size, then you would multiply 34 X 3.6 to get 122 gallons per dose cycle. The holes are drilled in the distribution pipe at the 10 and the 2 o'clock position. These are then placed so that the effluent is pumped into the top chamber of the panel. If the hole sizing changes in the system the pump cycle is set by the hole that is discharging the fastest.

All valves and turn-ups should be neatly capped, covered and labeled for future service. Pump tanks should be constructed as shown in the drawing on page 12 to allow for service and repairs.



CUTAWAY OF PRESSURE PANEL



CALCULATIONS

Location AUTUMN GROVE

Project Number 17-1005

Lot No:	45	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	140	ft.
Supply Line Volume	24.36	gal.
Required Feet of Line	267	ft.
Amount of Line from Layout	268	ft.
Gallons per Minute	24.60	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	60	
Dosing Volume	144.72	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
27.44	1.52
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	6.9	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	26	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	1.78	ft.
Friction Head+ 15%	2.04	
Total Dynamic Head	30.04	ft.

APPROVED OCT 1 1 2017
KW

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

Sheet 1 of 1
PROPERTY ID #: 4659154173
COUNTY: IREDELL

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

APPROVED FEB 13 2017

OWNER: ESSEX HOMES S.E.
APPLICATION DATE 1-2017
ADDRESS: 120 CROMER ROAD LEXINGTON SC 29073
DATE EVALUATED: 1-13-17
PROPOSED FACILITY: RESIDENCE
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: .73 AC
LOCATION OF SITE: AUTUMN GROVE LOT 45
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B 1	L/6%	0-4	BR SL WFGR	FR SS SP	—	48	—	—	PS .3
		4-28	R C WMSBK	FR S SP					
		28-48	R CL WMSBK	FR SS SP few SAP					
B 2	L/6%	0-3	BR L WFGR	FR SS SP	—	48	—	—	PS .3
		3-24	R C WMSBK	FR SS SP					
		24-48	R CL WMSBK	FR SS SP					
B 3	L/8%	0-3	BR L WFGR	FR SS SP	—	48	—	—	PS .3
		3-28	R C WFSBK	FR SS SP					
		28-48	R CL WMSBK	FR SS SP					
B 4/ PIT 1	L/12%	0-4	BR SL WFGR	FR SS SP	—	30	—	—	PS .3
		4-30	R C WFSBK	FR SS SP					
		30-60	VAR L MASS	VFR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267
System Type(s)	ACCEPTED	PPBPS
Site LTAR	.3	.3

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

COMMENTS:

RECEIVED OCT - 5 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $225.00 #224099

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: ESSEX HOMES SOUTHEAST Address: 120 CROMER ROAD LEXINGTON SC Zip: 29073

Applicant Email: DBURNS@ESSEXHOMES.NET Phone: (803) 223-4003 Alt. Phone: _____

Owner Name: ESSEX HOMES SOUTHEAST Address: 120 CROMER RD LEXINGTON SC Zip: 29073

Owner Email: DBURNS@ESSEXHOMES.NET Phone: (803) 223-4003 Alt. Phone: _____

Property Information:

Street Address: 121 HARVEST WIND CT

Subdivision Name: AUTUMN GROVE Section/Phase: _____ Lot Number: 45

Driving Directions: FROM NORTH DOT TURN RT ON E STATESVILLE AVE. TAKE 115 / HWY 21 NORTH TO CLEAR SPRINGS RD, L ON AUTUMN GROVE R ON EARLY FROST L ON HARVEST WIND.

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 8 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool (✓) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

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

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: _____ 10/3/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

10

RECEIVED FEB 2 2 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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

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

Applicant Information:

Applicant Name: Essex Homes **Address:** 13000 S. Tryon St. F-L 205 **Phone:** 704-301-3229

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

Property Information:

Street Address: 121 Harvest Wind Court

Subdivision Name: Autumn Grove **Section/Phase:** 2 **Lot Number:** 45

Driving Directions: I-77 to Exit 42, East toward Mooresville, Right onto Clear Springs

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

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

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

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

Water Supply:

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

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

Please answer the following to the best of your ability:
( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) 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: Stan Caesar
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/22/17
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, ESSEX Homes, am the legal owner of the property located at AUTUMN GROVE LOT, identified as PIN(Parcel Identification Number) 121 Harvest Wind Ct. located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) CORNERSTONE II PROPERTIES

STAN PRESSLEY, 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 — 2/22/17 Date — Darek Burns

Signature of Witness — 2/22/17 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, Essex Homes, am the legal owner of the property located at 121 HARVEST WIND CT, identified as PIN(Parcel Identification Number) 4659154173, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) SOIL & FORESTRY SERVICES, _____, _____, _____, _____, 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 10/18/16 — Darek Burns

Signature of Witness — Date 10/18/16

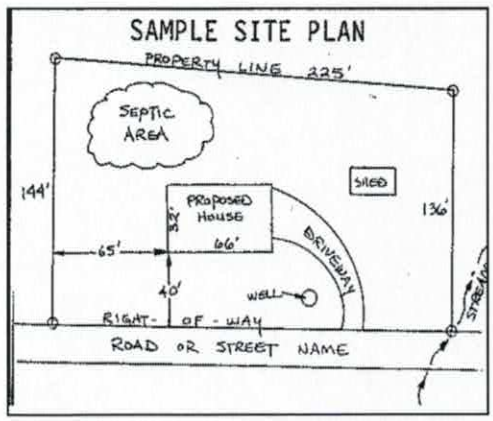
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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)

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED

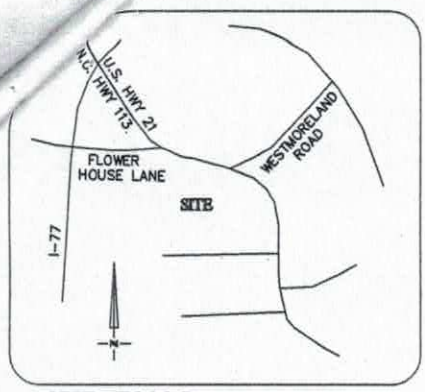
Signature: Wendell Cox

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

10/3/17

DATE

11

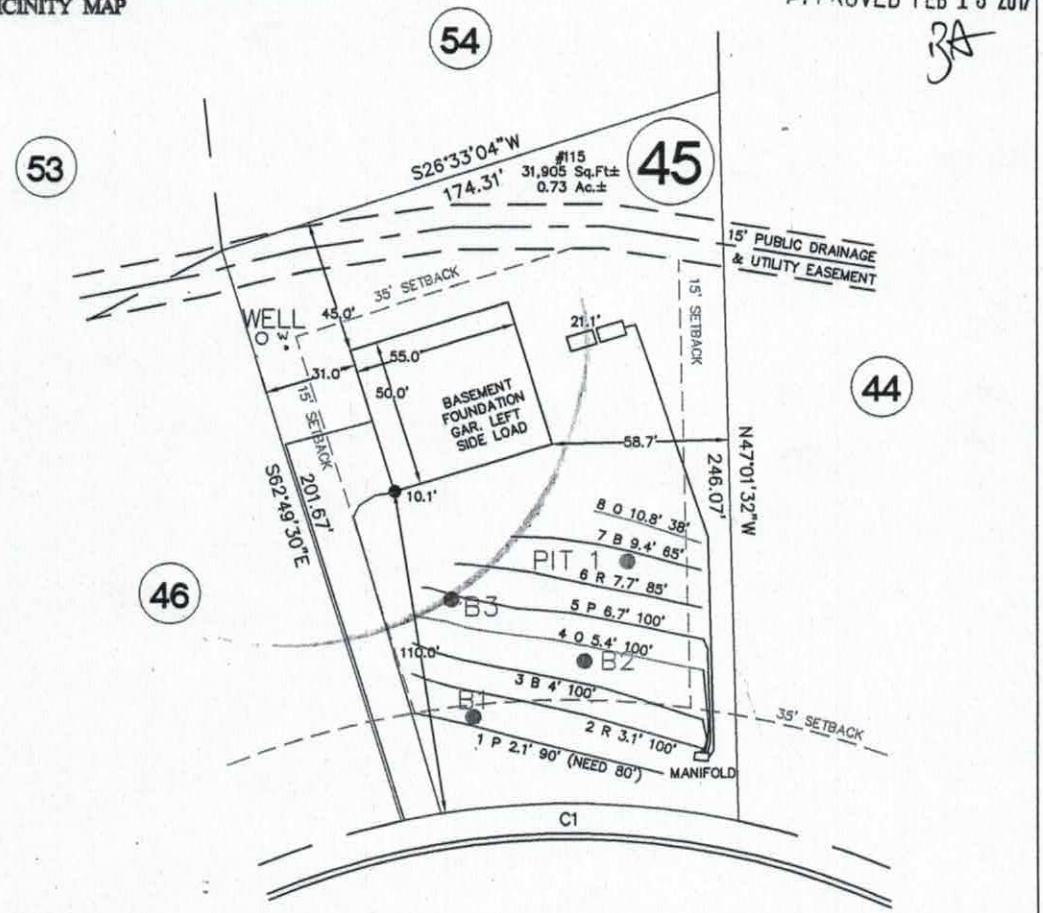


VICINITY MAP

MB 53 PG 53

LOT FIT ONLY

APPROVED FEB 13 2017



HARVEST WIND COURT

45' PUBLIC R/W

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N44°22'17"E	112.32	113.13	272.50

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.
THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

50 0 50
SCALE: 1" = 50'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (704) 889-0105

HOUSE LOCATION PLOT PLAN

FOR

LOT 45, AUTUMN GROVE SUBDIVISION, PHASE 2

Barringer Township, Iredell County, North Carolina

PROPERTY OF: ESSEX HOMES

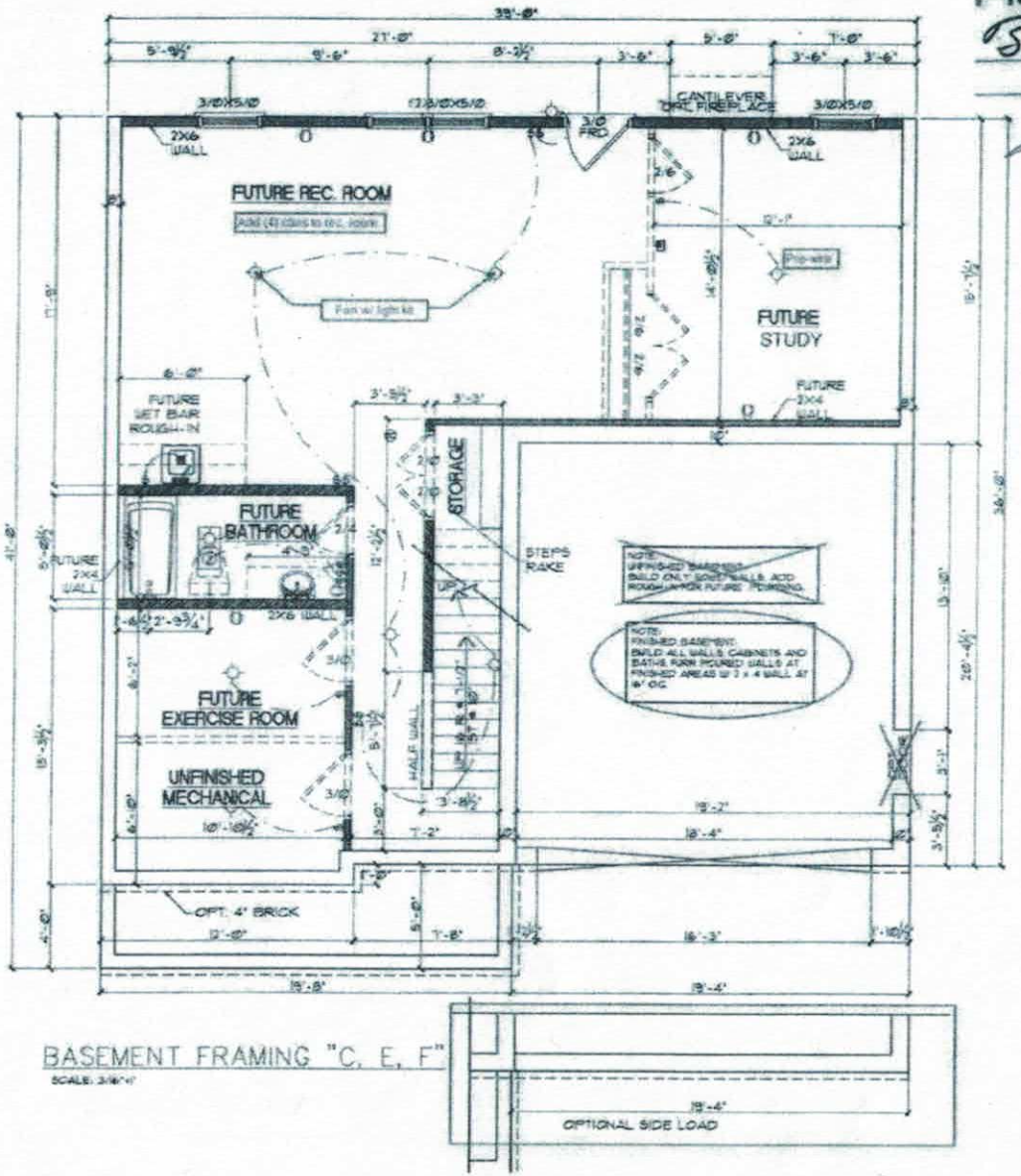
MAP BOOK 53 PAGE 53 DEED REFERENCE

DRAWN BY: ERG | DATE: OCTOBER 12, 2015

Acknowledgement of
Plans Submittal ONLY!

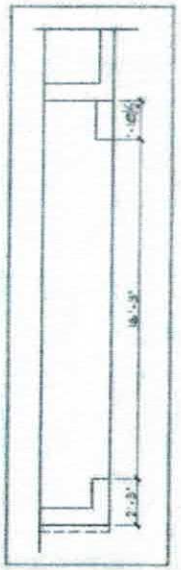
Tom Shuck Date 2-23-17

Date



BASEMENT FRAMING "C, E, F"

SCALE: 3/16"=1'



REVERSED

Lot 45 Autumn Grove
CJA 1-9-17

FRAZIER HOME DESIGN, LLC
2840 PLAZA PLACE SUITE 325
RALEIGH, NC 27612
O: (919) 424-7245
www.frazierhomedesign.com

THE PINEWOOD

Essex Homes, Inc.

DATE: 11/2/2016
DRAWN BY: KDB
REVISION DATE:

BASEMENT FLOOR ELEVATION C, E, F

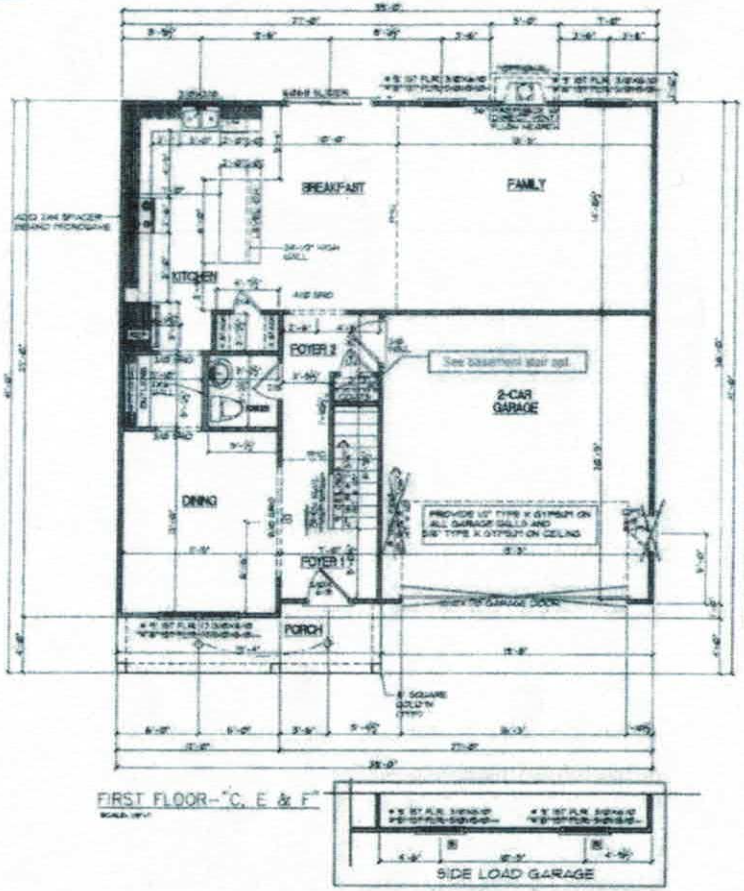
SHEET NO. 3.6C

Acknowledgement of
Plans Submittal ONLY!

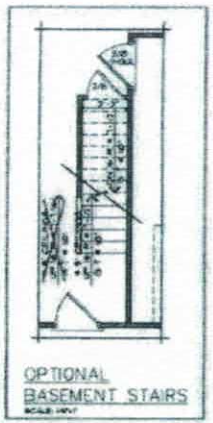
Tom Shuck Date 2-23-17

Date

Steve Pressley



FIRST FLOOR-"C, E & F"



OPTIONAL BASEMENT STAIRS

REVERSED

Lot 45 Autumn Grove
CJA 1-9-17

FRAZIER HOME DESIGN, LLC.
2840 PLAZA PLACE, SUITE 320
RALEIGH, NC 27612
O: (919) 424-7245

THE PINEWOOD

Essex Homes, Inc.

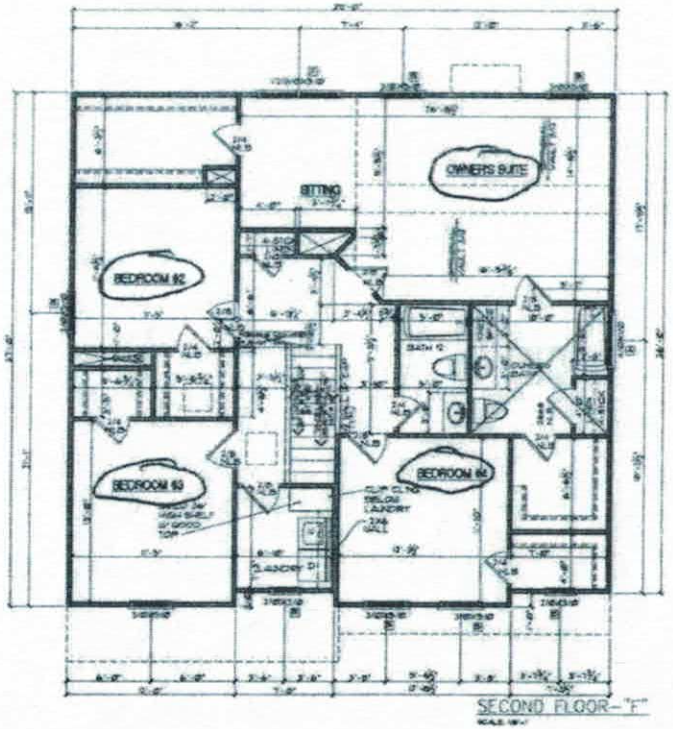
FIRST FLOOR "C"

4.1C

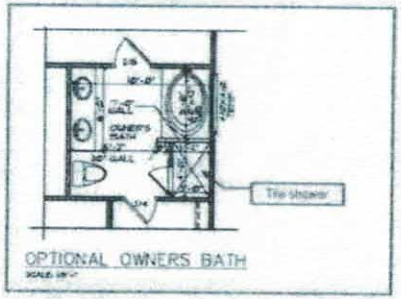
Acknowledgement of Plans Submittal ONLY!

Tom Shuck Date 2-27-17

Date







REVERSED

Lot 45 Autumn Grove
CJA 1-9-17

FRAZIER HOME DESIGN, LLC
www.frazierhomedesign.com
2840 PLAZA PLACE, SUITE 330
RALEIGH, NC 27612
O: (919) 424-7245

THE PINEWOOD

Essex Homes, Inc.

DATE:	11/7/2014
DRAWN BY:	KDD
REVISION DATE:	

SECOND FLOOR "F"

SHEET NO.
5.1F

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
224099
Issue Date: 01/03/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4659154173.000	121 HARVEST WIND COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ESSEX HOMES SOUTHEAST INC	Applicant: ROLLANS SOIL & ENVIRON
Address: 120 CROMER RD LEXINGTON, SC 29073	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
SFD REPLACING PERMIT 147308	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.710	35.00	35.00	15.00	15.00	PACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: 1-18-17

Permit Number	89524	TOTAL FEES:	$ 77.25