IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 224095

PIN # 4659154845

APPLICANT: Wendell Overby/Essex Homes APPLICANT ADDRESS: P.O. Box 832 Mooresville, NC

SITE ADDRESS: 126 Early Frost Ln Mooresville, NC PHONE: 704 239-2001 ALT. PHONE: 803 223-4003

SITE DIRECTIONS: Hwy 115/US 21 N TL Clear Spgs TL Autumn Grove Ln TR Early Frost on right

SUBDIVISION: Autumn Grove SECTION: 2 LOT # 26 LOT AREA: .61 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .8

Septic Tank	1000 (gal)	STB	160	Date	6-27-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LPPPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See attached, approved plan by Soils & Forestry Services dated 1/2/17

AS BUILT SKETCH

9-5-17: Gamel Precast mid-seam 1000 gal conc tank w/ a Polylok PL-68 effluent filter

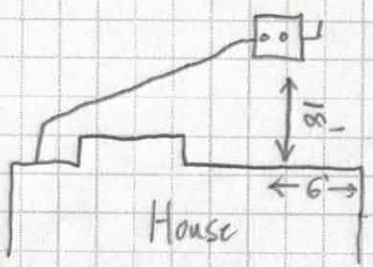
L1, L2, L3 } Not Yet installed

L4 102 linear feet 24" TB — 4/15 installed in fill - final 15 ft.

W/11 122 away - Fill must be Removed

9/15/17 - Remaining drainfield footage installed

9/21/17 - Fill Dirt Removed from Drainfield



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**

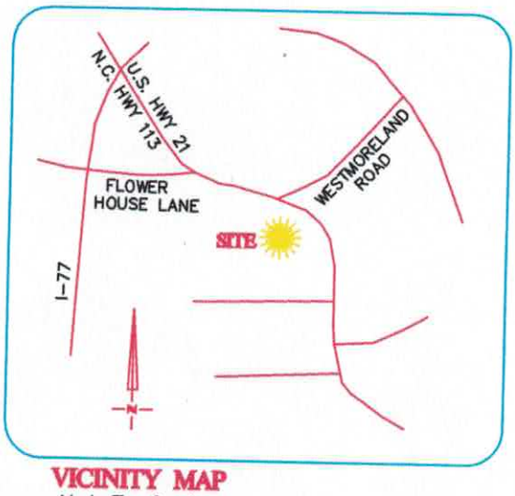
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1-24-17 Installed by: Mike Paul NC Water Management

IMPROVEMENT PERMIT by: Maria Dotson Date: 1/23/17 OPERATION PERMIT by: Benjamin A Battista Date: 9/22/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Battista Date: 4/11/17. Existing System Inspected by: Date:

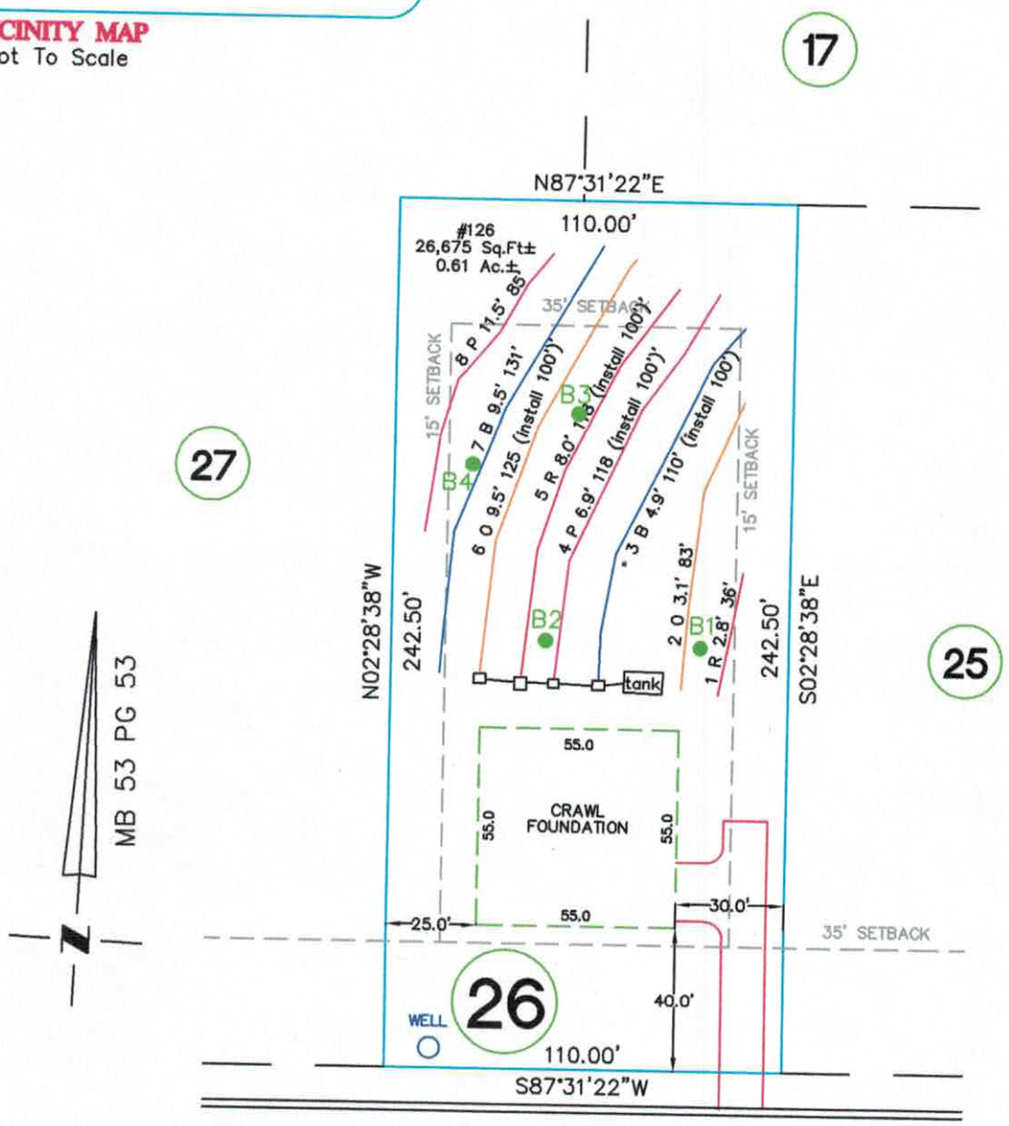
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



VICINITY MAP
Not To Scale

LOT FIT ONLY

Approved
1/23/17
MD



EARLY FROST LANE

45' PUBLIC R/W

NOTE:
ALL LOTS ARE SUBJECT TO A 10' UTILITY AND DRAINAGE EASEMENT. 10' FEET ON EACH SIDE OF THE PROPERTY LINE.

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 26, 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: JUNE 5, 2015

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

Attached is a proposed design for an Accepted (25% reduction) Septic System with Gravity distribution for a 4 bedroom single family residence on Lot #26 Autumn Grove Subdivision, Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	7
Iredell County Expedited Review Checklist	8
Iredell County Septic Application	9
Iredell County Site Plan Worksheet	10
Environmental Health Requirements Checklist	11
Agent Authorization Form	12
Iredell County Zoning Receipt	13

January 2, 2017

Design By: Soil & Forestry Services of the Carolinas, PA

Owner
Essex Homes Southeast
120 Cromer Road-Lexington, SC 29073
803 223-4003



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 for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as an innovative 25% reduction installation.
- System trench depth will be 24 inches
- Repair is specified as a PPBPS with low pressure distribution installation.

FOR WASTEWATER TREATMENT

Approved
1/23/17
MD

Owner: Essex Homes SE

Address: 120 Cromer Road
Lexington, SC 29073
Phone: 803 223-4003
County: Iredell
Location: AUTUMN GROVE LOT #26

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

Design Specifications

Drainfield Size: 400
Loading Rate (gpd/ft.^{2}): 0.3
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Trench Depth: 24 in.
Trench Width: 36 in.
Septic Tank Size: 1000
Pump Tank Size: n/a

Estimated Supply Line Length: 6
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 1.04
Dosing Volume: n/a
Supply Manifold: drop box
Supply Manifold Length: n/a
Supply Manifold Volume: N/A

Recommended Float Controls: n/a
n/a
Recommended Control Panel: n/a
n/a

Pressure Head: N/A
Friction Head: N/A
Elevation Head: N/A
Total Dynamic Head: N/A

Threaded Union: NA
Gate Valves: NA
NA
Check Valves: NA
Anti-Siphon Hole: NA
Additional Comments:

AUTUMN GROVE LOT #26

Approved
1/23/17

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	6
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	N/A

Approved 4
1/23/17
MD

AUTUMN GROVE LOT #26

LAYOUT FOR 4 BEDROOM HOME

January 2, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		N/A			100.00		
INSTR. 1			N/A				
HOUSE CNR				N/A	N/A		
P. TANK				N/A	N/A		
1	RED			N/A	N/A	36	0
2	ORANGE			N/A	N/A	83	83
3	***BLUE***			***N/A***	***N/A***	***110***	***100***
4	***PINK***			***N/A***	***N/A***	***118***	***100***
5	***RED***			***N/A***	***N/A***	***118***	***100***
6	***ORANGE***			***N/A***	***N/A***	***125***	***100***
7	BLUE			N/A	N/A	131	100
8	PINK			N/A	N/A	85	84
					Total	**806**	**667**

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	SOIL LTAR GPD/FT²	TRENCH SYSTEM	DISTRIBUTION
**** System***	***400***	***0.300***	***ACCEPT.***	***0.300***	***25% RED.***	**GRAVITY**
Repair	267	0.300	*MOD.*	0.300	PPBPS	**DISTRIBUTION** LOW PRESSURE

Notes:

** TBM located on angle point 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

CALCULATIONS

Location AUTUMN GROVE

Project Number

Lot No: 26

Approved
1/23/17
MD

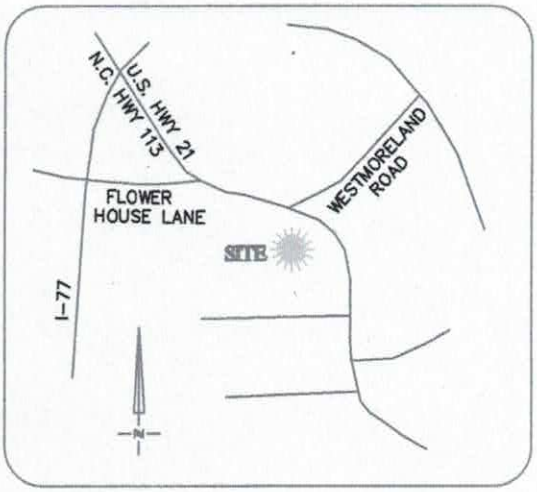
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	gpd/ft²
25% RED.? (YES OR NO)	YES	
Supply Line Length	6	ft.
Supply Line Volume	1.044	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	400	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	261.2	gal.
Dosing Volume	N/A	gal.

Note: Dosing Volume based on70% of lateral line volume

Tank Draw Down	N/A	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	N/A	minutes
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

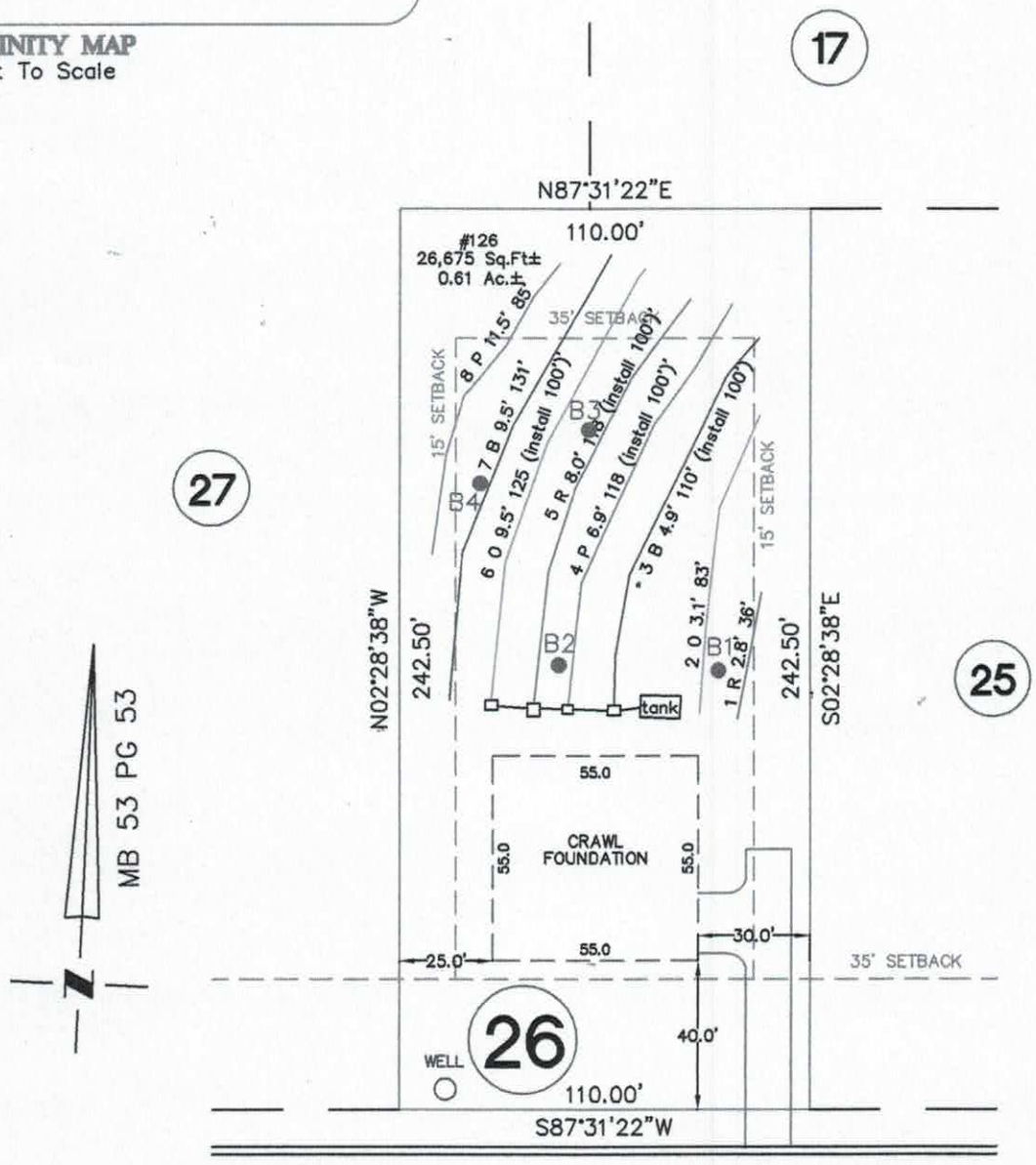
GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42



VICINITY MAP
Not To Scale

LOT FIT ONLY

Approved
1/23/17



EARLY FROST LANE

45' PUBLIC R/W

NOTE:
ALL LOTS ARE SUBJECT TO A 10' UTILITY AND DRAINAGE EASEMENT. 10' FEET ON EACH SIDE OF THE PROPERTY LINE.

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING

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

Sheet 1 of 1
PROPERTY ID #: 4659154844
COUNTY: IREDELL

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

Approved 1/23/17 MS

OWNER: ESSEX HOMES SE
APPLICATION DATE: 1-3-17
ADDRESS: 120 CROMER ROAD LEXINGTON SC 29073
DATE EVALUATED: 12/15/16
PROPOSED FACILITY: RESIDENCE
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: .61
LOCATION OF SITE: AUTUMN GROVE LOT 26
PROPERTY RECORDED: YES
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

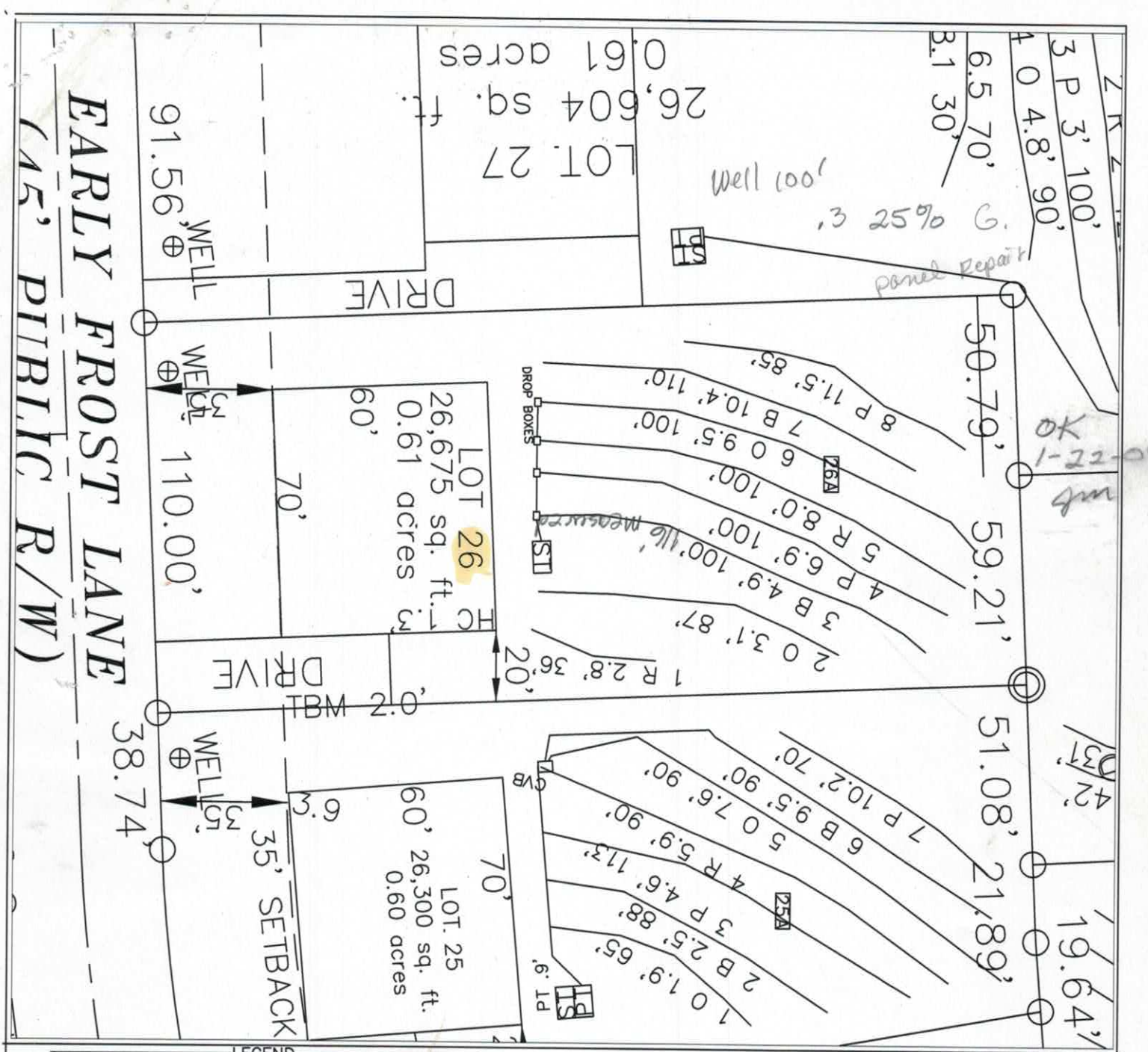
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L/5%	0-26	RB C WFSBK	FR SS SP	N/A	45	PS	—	PS .3
		26-45	RB CL WMSBK	FR SS SP f-c SAP					
		45-48	RB L MASS	FR SS SP					
2	L/12%	0-7	BR CL WMSBK	FR SS SP	N/A	48	—	—	S .3
		7-30	R C WFSBK	FR SS SP					
		30-48	BR CL WMSBK	FR SS SP c SAP					
3	L/18%	0-4	BR SL WFGR	VFR SS SP	N/A	42	PS	—	PS .3
		4-30	R C WMSBK	FR SS SP					
		30-42	BR CL WMSBK	FR SS SP c SAP					
		42-52	VAR L MASS	FR SS SP					
4	L/6%	0-10	BR SL WMSBK	FR SS SP	N/A	48	—	—	S .3
		10-38	B CL WFSBK	FR SS SP					
		38-48	RB C WMSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267
System Type(s)	ACCEPT	LPP PANEL
Site LTAR	.3	.3

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

LICENSED JAMES MCKEE SOIL SCIENTIST STATE OF NORTH

COMMENTS:



ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724
BRADY FREEMAN, RS.
MOBILE: (704) 746 - 6497
EMAIL: BFREE2098@YAHOO.COM
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 3049
EMAIL: ROLLANS68@WINDSTREAM.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: E&J DEVELOPMENT/AUTUMN GROVE SUBDIVISION

LOCATION/DATE: HWY 21/115 IREDELL COUNTY, NORTH CAROLINA AUGUST 2007

JOB # : 01-1043
FILE: C:\JOBS\01-1043
PROJECT MGR.: C.B.F.
FIELD WORK: C.B.F., A.L.P. & M.D.B.
DRAWN BY: C.B.F. & M.D.B.

LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE
1" = 40'

40 0 40 80

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

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: E&J DEVELOPMENT/AUTUMN GROVE SUBDIVISION

LOCATION/DATE: HWY 21/115 IREDELL COUNTY, NORTH CAROLINA AUGUST 2007

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PROJECT MGR.: C.B.F.
FIELD WORK: C.B.F., A.L.P. & M.D.B.
DRAWN BY: C.B.F. & M.D.B.

SOIL/SITE EVALUATION

(Continuation Sheet)

#26

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: 12-28-07
COUNTY: Jm

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P	LSS	0-9	RBC MFSBk/ABk	SS,SP, Fr SEXP	–	45"	PS	–	PS
26A	8-12%	9-30	RC MFSBk/ABk	SS, SP, Fr SEXP					
	Lot 26	30-45	RC WFSBk	SS, SP, Fr SEXP	Common Sap				
		45-61	Var. L Sap Mass	SS, SP, Fr SEXP	Common Red inc.				.3
2	10%	0-12	mo gr cl	fr s sp	DK Br				
		12-36	mo sbk c	fr ss sp	Red				
		36-58	wk sbk c	fr ss sp	Red C-sap				.3
3		0-6	gr scl	fr sss p	Br				
		6-23	mo f sbk c	fr ss s p	Red				
		23-48	mo/wk sbk cl	fr ss sp	Red	c-sap			.3
		48-61	var, sl sap	fr sss p - ns np					Brady
4		0-12	gr L	fr sss p	Br				
		12-24	mo sbk c	fr sss p	Red				
		24-40	mo/wk sbk cl	fr sss p	Red	c-m sap			.3
		40-60	SL sap	fr ns np	Red/Gl.				

COMMENTS: _____

RECEIVED APR 4 - 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-6 205 **Phone:** 704-301-3225

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

Property Information:

Street Address: 126 Early Frost Lane

Subdivision Name: Autumn Grove **Section/Phase:** 2 **Lot Number:** 26

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: 3
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)

4/4/17
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 126 Early Frost Ln identified as PIN(Parcel Identification Number) _____, 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 — 4/4/17 — Date — Darek Burns

Signature of Witness — 4/4/17 — Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Pd $350.00

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ✓ **Improvement Permit** ✓ **Authorization To Construct** ___ **Existing System Inspection**

2. 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 check ( ) beside whichever is submitted if applicable ✓ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

WENDELL OVERBY	PO BOX 832 MOORESVILLE 28115		704 239 2001
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
ESSEX HOMES SE	120 CRUMPLER RD LEXINGTON SC 29073		803 223-4003
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

126 EARLY FROST LANE	AUTUMN GROVE	26
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: FROM DOWNTOWN MOORESVILLE GO NORTH ON 115. TURN LEFT ON CLOVER SPRINGS ROAD (ENTRANCE TO AUTUMN GROVE). TURN LEFT ON AUTUMN GROVE LANE, RIGHT ON EARLY FROST LANE.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
( ) **Repair To Failing Septic System due to** _____
( ) **Other** _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
( ) **Basement w/Plumbing?**
( ) **Basement w/out Plumbing?**

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) **EXISTING SYSTEM installed** _____ *Year*

( ) **Alternative** ( ) **Conventional** (✓) **Innovative** (✓) **Modified Conventional** ( ) **Other** _____

8. 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. industry) 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.

9. Signature: Wendell Overby
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-3-17
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 26, identified as PIN(Parcel Identification Number) 4659154845, 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 — 11-15-16 — Date — Dareh Burns

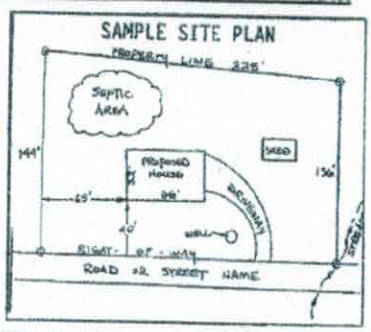
Signature of Witness — 11-15-16 — Date

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

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

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

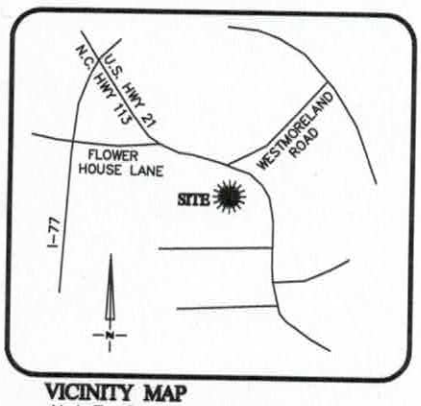
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

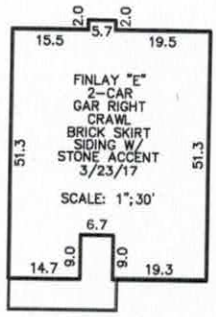
See attached Site Plan

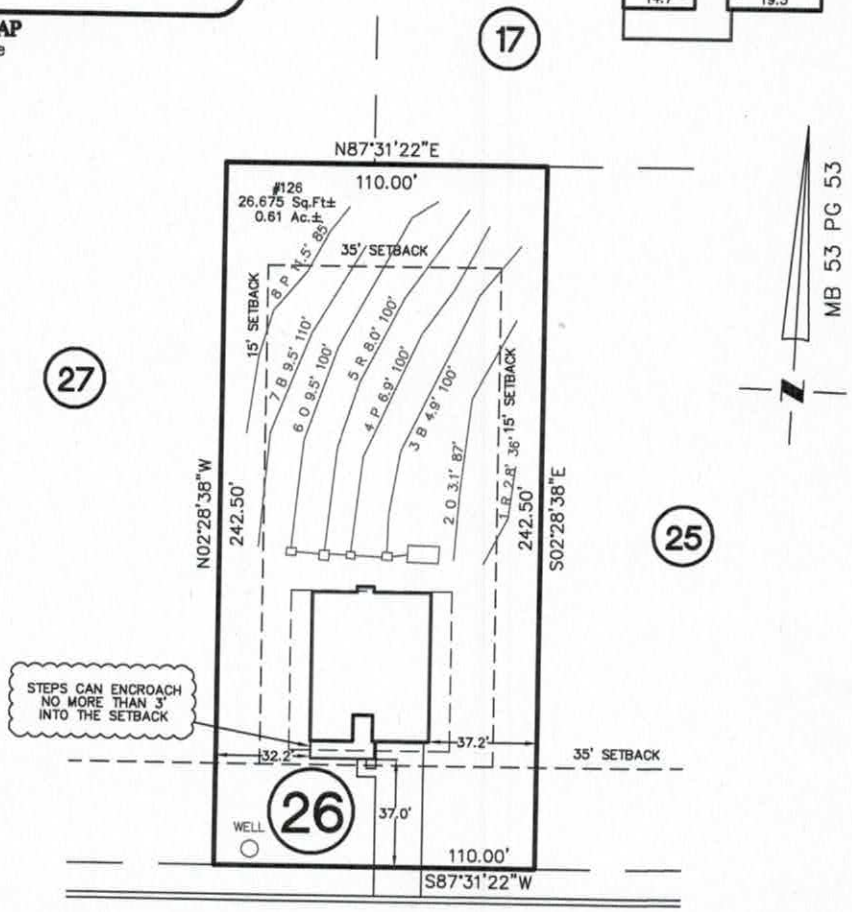
Signature: Stan Pressley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/4/17
DATE



VICINITY MAP
Not To Scale





EARLY FROST LANE

45' PUBLIC R/W

NOTE:
ALL LOTS ARE SUBJECT TO A 10' UTILITY AND DRAINAGE EASEMENT. 10' FEET ON EACH SIDE OF THE PROPERTY LINE.

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

REVISIONS

REV. #	DATE	COMMENT
REV. 1	3/31/17	SHIFTED FORWARD 3'

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 26, 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: MARCH 27, 2017

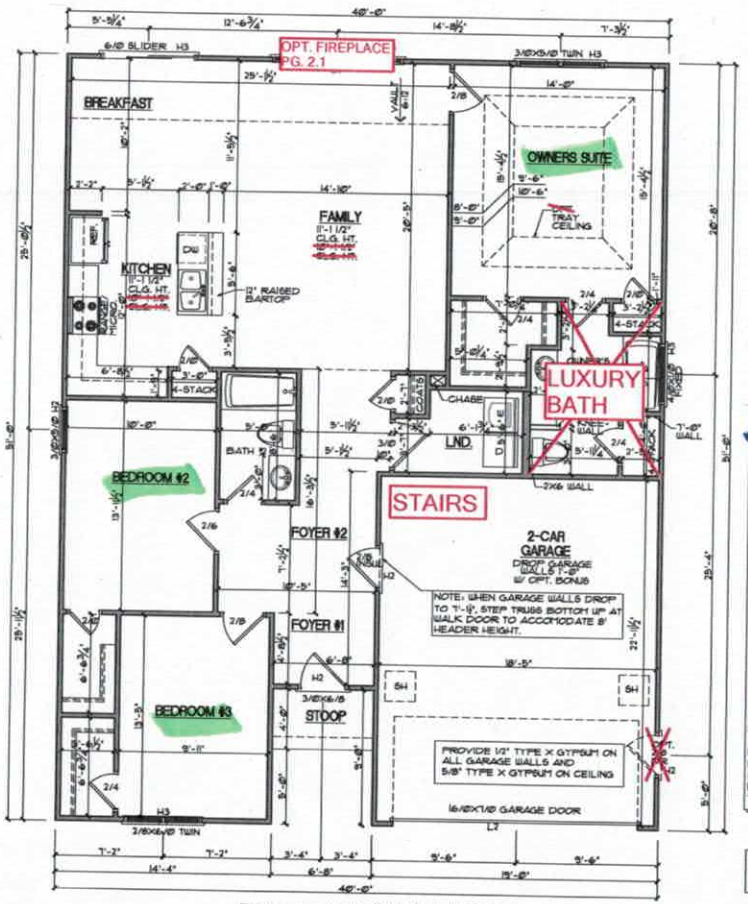
Acknowledgement of Plans Submittal ONLY!

Date 4-19-17

B Bottoms Date 4/11/17.

Lot 26 Autumn Grove
AME 3-23-17

40'-0"



FIRST FLOOR "A","B","C","D"

SCALE: 1/8"=1'

51'-0"

51'-0"

40'-0"

HEADER SCHEDULE		
TAG	SIZE	JACKS (EACH END)
A	(2) 2X6	(1)
B	(2) 2X8	(2)
C	(2) 2X10	(2)
D	(2) 2X12	(2)
E	(2) 1-3/4"X9-1/4" LVL	(3)
F	(3) 2X6	(1)
G	(3) 2X8	(2)
H	(3) 2X10	(2)
I	(3) 2X12	(2)

Header/ Jack Schedule

NLB= Non-Load Bearing: See 27-FM in Detail Book

- H1 = 2 ply 2x6's SYP w/ ½" OSB
- H2 = 2 ply 2x8's SYP w/ ½" OSB
- H3 = 2 ply 2x10's SYP w/ ½" OSB
- H4 = 2 ply 2x12's SYP w/ ½" OSB
- L1 = 2 ply 1-3/4" x 9-1/4" LVL
- L2 = 2 ply 1-3/4" x 11-1/8" LVL
- L3 = 2 ply 1-3/4" x 14" LVL
- L4 = 2 ply 1-3/4" x 16" LVL
- L5 = 2 ply 1-3/4" x 18" LVL

"No Splice's in Headers"
-Single Jack Stud up to 4' 11".
Double Jack Studs 5'-10" 6".
Triple Jack Studs @ Garage Door.

PROVIDE WINDOW FALL PROTECTION PER R612.2

PLANS ARE DESIGNED TO MEET THE REQUIREMENTS OF THE NORTH CAROLINA RESIDENTIAL CODE 2012 EDITION, AND THE SOUTH CAROLINA RESIDENTIAL CODE, 2015 EDITION

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 3-1/2" THICK U.N.O.
KNEE WALL ARE DRAWN 1457 U.N.O.

SMOKE / CARBON DETECTORS:
LOCATION AND NUMBER OF DETECTORS SHALL CONFORM TO NEC.

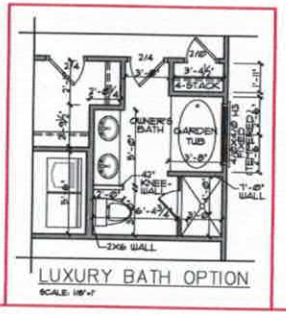
EGRESS:
ALL BEDROOMS MUST HAVE AT LEAST ONE WINDOW WHICH CONFORMS TO R-310 OF THE N.C. BLDG. CODE. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY CHOSEN WINDOWS MEET EGRESS REQUIREMENTS AS MANUFACTURERS VARY.

ATTIC ACCESS:
PROVIDE MIN. ATTIC ACCESS PER R807

WALL/CEILING HGT.
WALL AND CEILING HEIGHT NOTES ARE BASED ON NOMINAL WALL SIZE.
KNEE WALL HEIGHT LABELS FOR WALLS UNDER RAFTERS ASSUME AN EXTRA 2' FOR FURRING (IN HEATED SPACES) FOR INSULATION. THE WALL HEIGHT REFERS TO THE HGT. FROM THE FLOOR DECKING TO THE BOTTOM OF THE FURRING.

PROVIDE 1/2" TYPE X GYPSUM ON GARAGE WALLS ADJACENT TO HOUSE AND 5/8" TYPE X GYPSUM ON CEILING

NOTE:
IF BUILDING IS LESS THAN 10' FROM PROPERTY LINE PROVIDE SOFFIT PROTECTION PER NC RESIDENTIAL BUILDING CODE SECTION R302.1.3



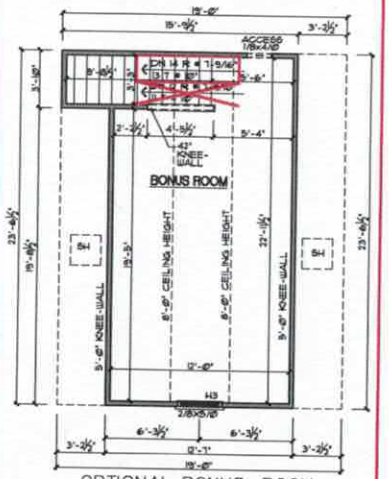
LUXURY BATH OPTION

SCALE: 1/8"=1'



OPTIONAL BONUS ROOM STAIRS

SCALE: 1/8"=1'



OPTIONAL BONUS ROOM

SCALE: 1/8"=1'

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

FINLAY

Essex Homes, Inc.

DATE:	11/10/2014
DRAWN BY:	TF
REVISION DATE:	

FIRST FLOOR W/ ELEV. "A","B","C","D"

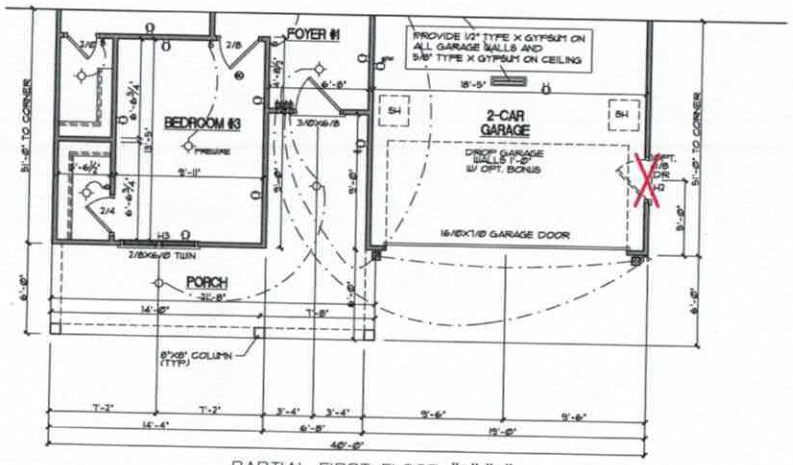
SHEET NO. 4.1

Acknowledgement of
Plans Submittal ONLY!

Date 4-19-17

Date 4/24/17

Lot 26 Autumn Grove
AME 3-23-17



PARTIAL FIRST FLOOR "E","F"

SCALE: 1/8"=1'

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

FINLAY

Essex Homes, Inc.

DATE:	11/10/2014
DRAWN BY:	TF
REVISION DATE:	

PARTIAL PLAN W/ ELEV. "E","F"

SHEET NO. 4.2

IREDELL COUNTY

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

APPLICATION NUMBER
224095
Issue Date: 01/03/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4659154845.000	126 EARLY FROST LANE, 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	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.610	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: _____

Permit Number	89521	TOTAL FEES:	$ 77.25