IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 224100

BB

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

PIN # 4659-15-5301

APPLICANT: WENDELL OVERBY | APPLICANT ADDRESS: Po Box 832 Mooresville, NC 28115

SITE ADDRESS: 115 HARVEST WIND Ct. MOORESVILLE 28115 | PHONE: 704-239-2001 | ALT. PHONE:

SITE DIRECTIONS: 115 N, TL CLEAR SPRINGS, TL AUTUMN GROVE, TL EARLY FROST, TL HARVEST WIND

SUBDIVISION: AUTUMN GROVE | SECTION: 2 | LOT # 46 | LOT AREA: .77 AC | DESIGN FLOW: 360 | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	Infiltrator	Date	IM-1060	☒ New System	☐ Repair	☐ Expansion
Pump Tank	1000	(gal)	PT	Infiltrator	Date	IM-1060	System Type: I II (III)B IV V VI		
Pump Make	Zoeller		Model	137 1/2 HP	Serial #		System Description:	PM - 25% RED.	
# Nitrification Fields	1		# Lines	4	Linear Ft:	300'	Repair System Description:	PANEL	
Trench Width	36"		(Max) Trench Bottom Depth	36"	Gravel Depth		Maintenance Agreement Required:	☐ YES ☒ NO	☐ GRAVITY ☒ PRESSURE

☒ Residence | No. Bedrooms: 3 | ☐ Business | No. Persons: 6 | ☐ Other | No. Employees: | ☐ Slab | ☒ Crawl Space | ☐ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM SOIL & FORESTRY SERVICES

	Date	Initials
Drain Lines Checked	2/9	SB
Tanks Checked	2/9	SB
Pressure Manifold or Valve Box Checked	6-6-18	KW
Pressure Head Set	6-6-18	KW
Electrical Checked	6-6-18	KW
Floats Set	6-6-18	KW
Alarm Checked	6-6-18	KW
Maintenance Contract Y (N)	Not Required	

AS BUILT SKETCH

2/9/2018: Polylok PL-68 filter installed, 300 l.f. of chambers installed @ 24"-36" deep.

L1 102
L2 102
L3 > 50+50
L4

Elevations OK

Installed approximately where permitted.

L1 L2 L3 L4

31'

Rear Deck

11'

S.T. P.T.

Permit can be suspended ... to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT ... void after valid without expiration.

☒ IMPROVEMENT PERMIT with site plan valid for 60 mos.

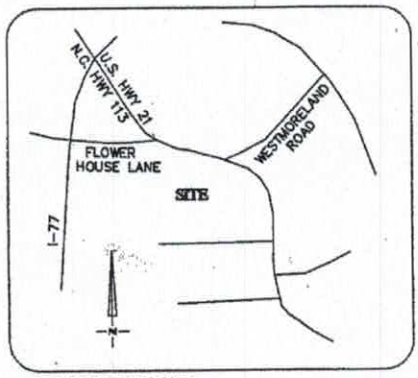
☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 4-3-17 Installed by: Sid Gaskins / Mike Powell

IMPROVEMENT PERMIT by: [signature] Date: 3-16-17 OPERATION PERMIT by: [signature] Date: 6-6-18

AUTHORIZATION TO CONSTRUCT by: B. Bobbitt Date: 4/11/17. Existing System Inspected by: Date:

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



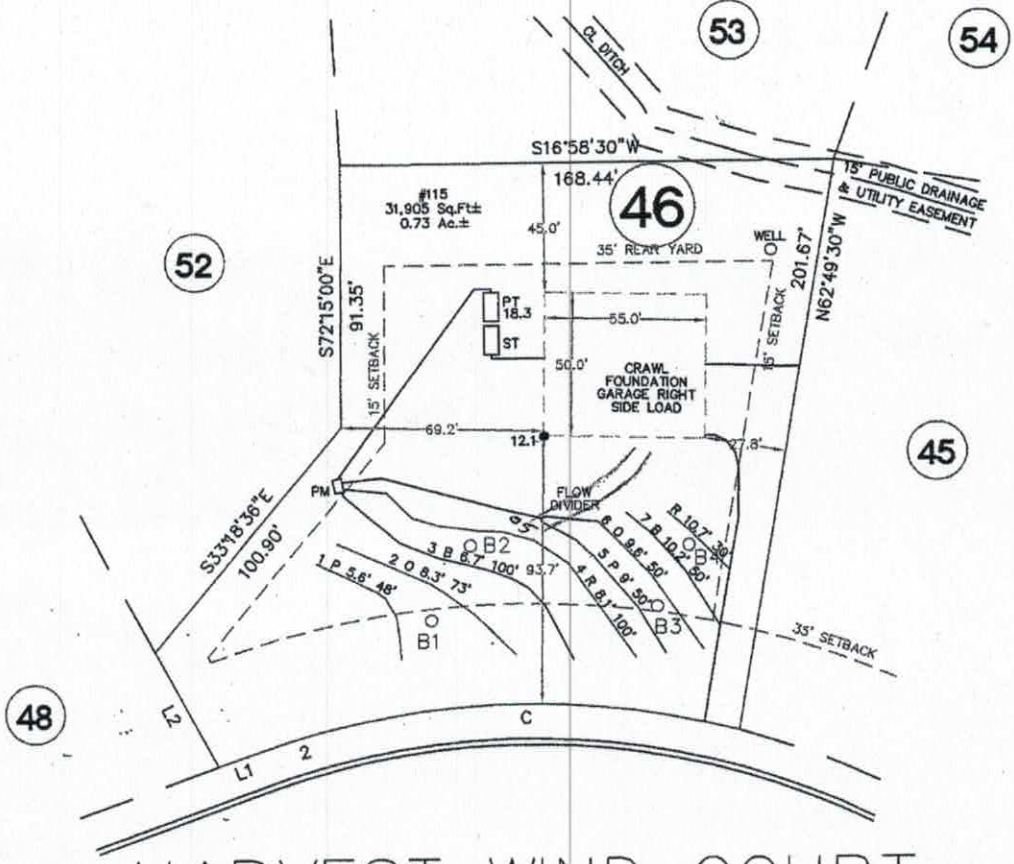
VICINITY MAP
Not To Scale

LINE TABLE		
LINE	LENGTH	BEARING
L1	15.00	N02°28'38"W
L2	45.18	N79°41'29"E

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N17°18'32"E	142.61	144.29	272.50
C2	N00°10'08"W	21.95	21.96	272.50

APPROVED MAR 16 2017

MB 53 PG 53



HARVEST WIND COURT
45' PUBLIC R/W

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 46, 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

APPROVED MAR 16 2017

PRESSURE MANIFOLD SYSTEM FOR WASTEWATER TREATMENT

Owner: Essex Homes Southeast

Address: 120 Cromer Road
Lexington, SC 29073
Phone: 803 223-4003
County: Iredell
Location: Autumn Grove LOT 46

Source of Wastewater Flow: 3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 360
System Flow: 21.33

Design Specifications

Drainfield Size: 300
Loading Rate (gpd/ft.^{2}): 0.3
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Trench Depth: 36 in.
Trench Width: 36 in.
Septic Tank Size: 1000
Pump Tank Size: 1000

Estimated Supply Line Length: 88
Supply Line Diameter: 2 in. SCH 40 PVC
Supply Line Volume: 15.31
Dosing Volume: 146.93
Supply Manifold: 4 in. SCH 80 PVC
Supply Manifold Length: 4 ft. (minimum)
Supply Manifold Volume: N/A

Recommended Float Controls: SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel: SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.

Pressure Head: 2 ft.
Friction Head: 1.12
Elevation Head: 16.70
Total Dynamic Head: 19.99

Threaded Union: In Tank
Gate Valves: 1 in Tank
1 at Pressure Manifold
Check Valves: In Tank
Anti-Siphon Hole: NA

APPROVED MAR 16 2017

Autumn Grove LOT 46
PRESSURE MANIFOLD DESIGN

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	88
TOTAL DYNAMIC HEAD:	19.99
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	146.93
PUMP TANK DRAW DOWN*:	7.0
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 MAR 16 2017

3A

Autumn Grove LOT 46

LAYOUT FOR 3 BEDROOM HOME

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		9.4			100.00		
INSTR. 1			109.40				
HOUSE			97.30	12.10			
TANK			91.10	18.30			
1	PINK			5.60	103.80	48	48
2	ORANGE			6.30	103.10	73	73
3	*BLUE*			*6.70*	*102.70*	*108*	*100*
4	*RED*			*8.10*	*101.30*	*108*	*100*
5	*PINK*			*9.00*	*100.40*	*50*	*50*
6	*ORANGE*			*9.60*	*99.80*	*56*	*50*
7	BLUE			10.20	99.20	50	50
8	RED			10.70	98.70	30	30
					Total	**523**	**501**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
** System*	*300*	*0.30*	*ACCEPT.*	*0.30*	*25% RED.*	**PRESSURE MANIFOLD**
Repair	201	0.30	MOD.	0.30	PPBPS	LOW PRESSURE

Notes:

** TBM located on left front corner lot 47

**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

APPROVED MAR 1 6 2017

BA

PRESSURE MANIFOLD TAPSHEET - Autumn Grove LOT# 46

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area
3	***BLUE***	102.7	**100**	SCH 40 1/2	**7.11**	300
4	***RED***	101.3	**100**	SCH 40 1/2	**7.11**	300
5	***PINK***	100.4	**50**	SCH 40 1/2	**7.11**	150
6	***ORANGE***	99.8	**50**	FLOW DIV.	**N/A**	150
	total	**feet =**	**300**	**gal/min =**	**21.33**	
			Des. Flow	**360**		
			Pump Run=	**6.89**		
			soil LTAR	**0.30**		
			LTAR +5%	**0.315**		
			LTAR with ACCEPTED	**0.33075**		
			LTAR with ACCEPTED + 5%	**0.3472875**		

APPROVED MAR 16 2017

CALCULATIONS

Location Autumn Grove

Project Number

Lot No: 46

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.3	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	88	ft.
Supply Line Volume	15.312	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	21.33	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	195.9	gal.
Dosing Volume	146.93	gal.

Note: Dosing Volume based on75% of lateral line volume

Tank Draw Down	7.0	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.89	minutes
Elevation Head	16.7	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	1.12	ft.
Friction Head +15%	1.28524	
Total Dynamic Head	19.99	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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

Attached is a proposed design for an Accepted (25% reduction) Septic System with Pressure Manifold distribution for a 3 bedroom single family residence on Lot # 46 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
Pressure Manifold Diagram---------- 6
Site Plan/System Plan---------- 7
Calculations---------- 8
Profile Descriptions---------- 9
Iredell County Expedited Review Checklist---------- 10
Iredell County Septic Application---------- 11
Iredell County Site Plan Worksheet---------- 12
Environmental Health Requirements Checklist---------- 13
Agent Authorization Form---------- 14
Iredell County Zoning Receipt---------- 15

December 28, 2016
Design By: Soil & Forestry Services of the Carolinas, PA

Owner: Essex Homes SE
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.
- 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 is specified as an accepted 25% reduction installation.
- Repair is specified as an accepted 50% reduction installation.
-

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

Sheet 1 of 1
PROPERTY ID #: 4659155301
COUNTY: IREDELL

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

APPROVED MAR 16 2017
BA

OWNER: ESSEX HOMES SE
APPLICATION DATE
ADDRESS: 120 CROMBIE RUTO LEXINGTON SC 29073
DATE EVALUATED: 12/9/16
PROPOSED FACILITY: RESIDENCE PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .77
LOCATION OF SITE: 115 HARVEST WIND CT - AG LOT 46
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%	0-5	RB SCL WFS	FR SS SP	—	48	—	—	PS .3
		5-27	RC WFSBK	FR S SP					
		27-48	RCL WMSBK	FR SS SP #SAP					
2	L/7%	0-26	RC WFSBK	FR SS SP	—	48	—	—	PS .3
		26-48	RCL WMS	FR SS SP					
3	L/6%	0-5	BR SL WFGR	FR SS SP	—	48	—	—	PS .3
		5-34	RC WFSBK	FR S SP					
		34-48	RCL WFSBK	FR SS SP					
4	L/7%	0-5	RB SL WFGR	FR SS SP	—	48	—	—	PS .3
		5-28	RC WFSBK	FR SS SP					
		28-48	RCL WMSBK	FR SS SP C SAP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	201
System Type(s)	ACCEPTED	PPBPS
Site LTAR	.3	.3

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

COMMENTS:

Updated February 2014

AB #5 0-14 RCMSBK 14-20 RCLMSBK 30-50 RCLWSBK .3

IREDELL COUNTY HEALTH DEPARTMENT

RECEIVED SEP 18 2017

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $320.00

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 #224100

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: 115 Harvest Wind Court

Subdivision Name: Autumn Grove **Section/Phase:** _____ **Lot Number:** 46

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 Cassen 9/13/17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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) 115 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 — 9/13/17 — Date — Darek Burns

Signature of Witness — 9/13/17 — Date

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:** 704-301-3225

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

Property Information:

Street Address: 115 Harvest Wind Ct.

Subdivision Name: Autumn Grove **Section/Phase:** 2 **Lot Number:** 46

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 Cressler
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 115 Harvest Wind Ct. 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

RECEIVED FEB 8 2017 OK

(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)

RECEIVED FEB 8 - 2017

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

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application** Paid $850.00 # 224100

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:**

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

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
115 HARVEST WIND CT	AUTUMN GROVE	46

Driving Directions: FROM DOWNTOWN MOORESVILLE TAKE CENTER AVE TO BROAD ST. (115) GO NORTH TO CLOSE SPRINGS. TURN L ON AUTUMN GROVE LN. LEFT ON EARLY FROST, L ON HARVEST WIND.

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(X) 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:**

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

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

( ) Alternative ( ) Conventional (X) Innovative (X) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes (No) **Does the site contain any jurisdictional wetlands?**
To The Best of Your Ability: ( ) 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:** _____ 2-8-17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **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 46, identified as PIN(Parcel Identification Number) 4659155301, 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: 11-18-16 Darek Burns

Signature of Witness — Date: 11-18-16

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB') Mooresville Office (704) 660-3625 PERMIT # 224100

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

PIN # 4659-15-5301

APPLICANT: WENDELL OVERBY APPLICANT ADDRESS: PO Box 832 Mooresville, NC 28115

SITE ADDRESS: 115 HARVEST WIND CT. MOORESVILLE PHONE: 704239-2001 ALT. PHONE:

SITE DIRECTIONS: 115 N, TL CLEAR SPRINGS, TL AUTUMN GROVE, TL EARLY FROST, TL HARVEST WIND

SUBDIVISION: AUTUMN GROVE SECTION: LOT # 46 LOT AREA: .77 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III)B IV V VI	☑ Residence	No. Bedrooms	3	Water Supply		
Pump Tank	1000	(gal)	PT		Date	System Description: PM - 25% RED.				☐ Business	No. Persons	6	☒ Private		
Pump Make			Model		Serial #	Repair System Description: PANEL				☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1		# Lines	4	Linear Ft: 300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community		
Trench Width	36"		(Max) Trench Bottom Depth	36"	Gravel Depth		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM SOIL & FORESTRY SERVICES

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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**

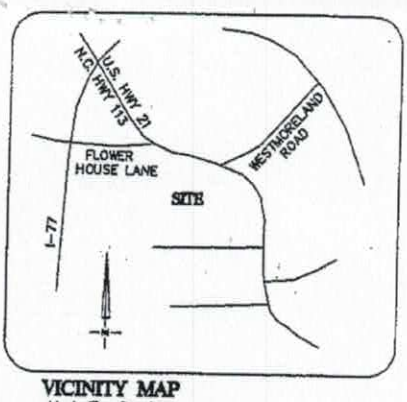
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☑ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☐ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 4-3-17 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 3-16-17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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



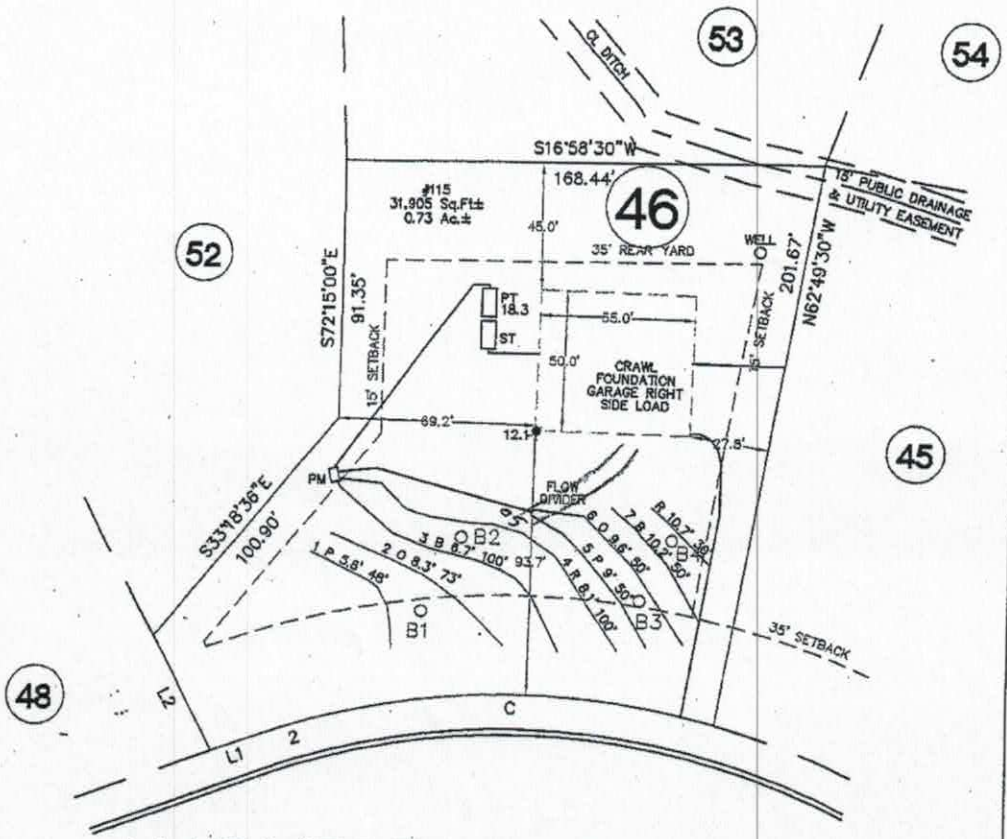
VICINITY MAP
Not To Scale

LINE TABLE		
LINE	LENGTH	BEARING
L1	15.00'	N02°28'38"W
L2	45.18'	N79°41'29"E

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N17°18'32"E	142.61	144.29	272.50
C2	N00°10'08"W	21.95	21.96	272.50

APPROVED MAR 16 2017

MB 53 PG 53



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 46, 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

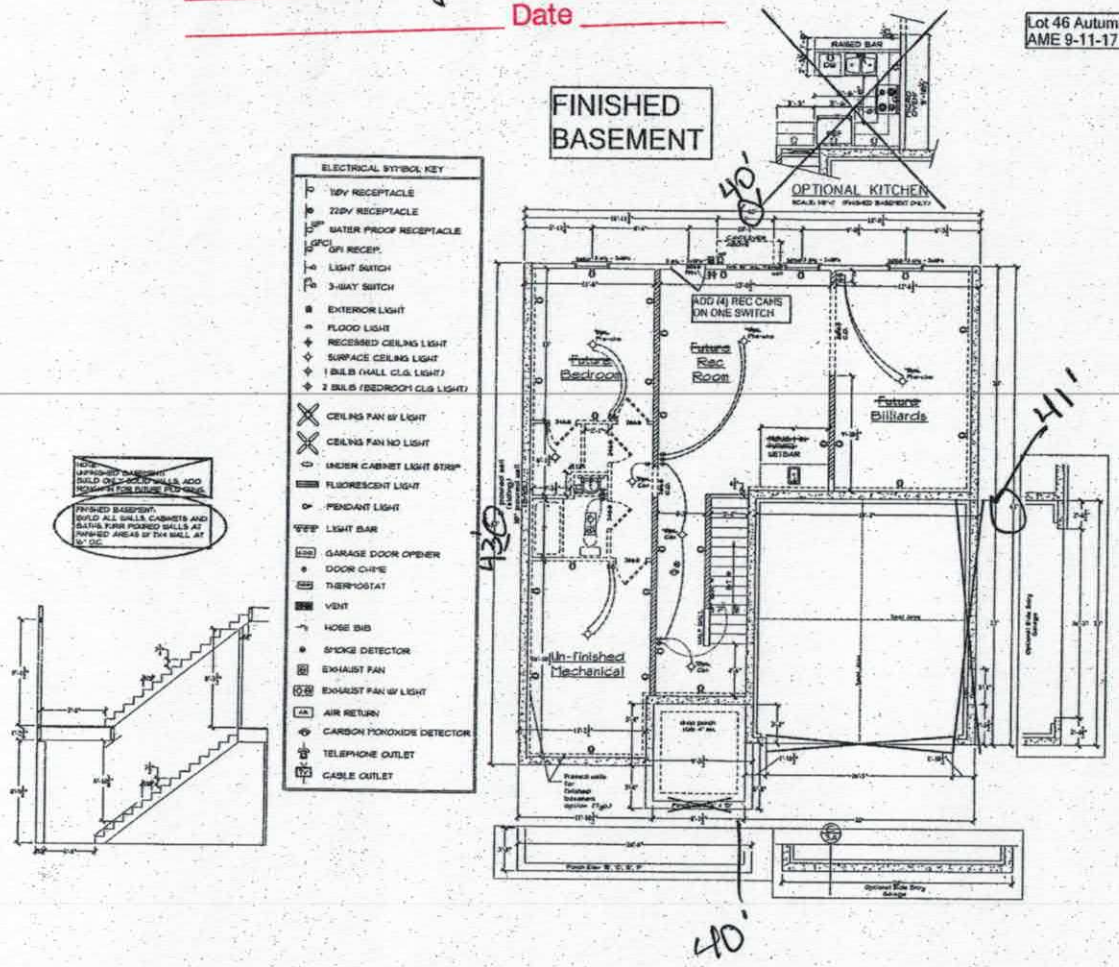
Acknowledgement of
Plans Submittal ONLY!

Steve Pressley 9/13/17 Date

Date

Lot 46 Autumn Grove
AME 9-11-17

FINISHED BASEMENT



THE COOPER
COO1-01 7/14/17

Essex Homes, Inc.

DATE: 10/05/2016
DRAWN BY: SDB
REVISION DATE: 08/10/2017

BASEMENT FLOOR

SHEET NO. 3.1

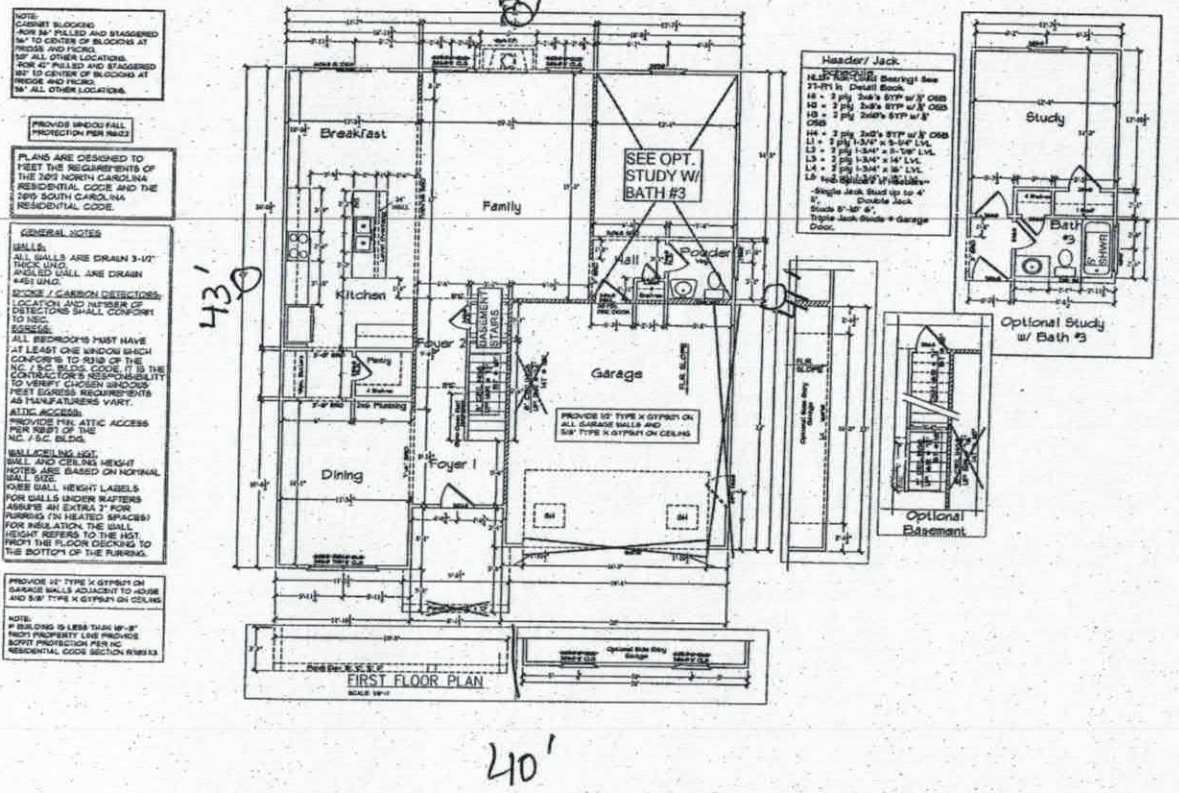
Acknowledgement of Plans Submittal ONLY

Stan Pressley 9/13/17

Date _____

Date _____

Lot 46 Autumn Grove
AME 9-11-17



NOTE:
CABINET BLOCKING
-ROR 36" PULLED AND STAGGERED 36" TO CENTER OF BLOCKING AT FRIDGE AND MICRO.
-36" ALL OTHER LOCATIONS.
-FOR 42" PULLED AND STAGGERED 60" TO CENTER OF BLOCKING AT FRIDGE AND MICRO.
-36" ALL OTHER LOCATIONS.

PROVIDE WINDOW FALL PROTECTION PER R312

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

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 3-1/2" THICK UNO.
ANGLED WALL ARE DRAWN 45° UNO.

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

EGRESS:
ALL BEDROOMS MUST HAVE AT LEAST ONE WINDOW WHICH CONFORMS TO R310 OF THE NC / SC BLDG. CODE. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY CHOSEN WINDOWS MEET EGRESS REQUIREMENTS AS MANUFATURERS VARY.

ATTIC ACCESS:
PROVIDE MIN. ATTIC ACCESS PER R807 OF THE NC. / S.C. BLDGS.

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'-0" FROM PROPERTY LINE PROVIDE SOFFIT PROTECTION PER NC RESIDENTIAL CODE SECTION R302.1

PROVIDE 1/2" TYPE X GYPSUM ON ALL GARAGE WALLS AND 5/8" TYPE X GYPSUM ON CEILING

Header/ Jack.

THE COOPER
C001-01
7/14/17

Essex Homes, Inc.

DATE: 10/03/2016
DRAWN BY: KDB
REVISION DATE: 09/19/2017

FIRST FLOOR "A & D"

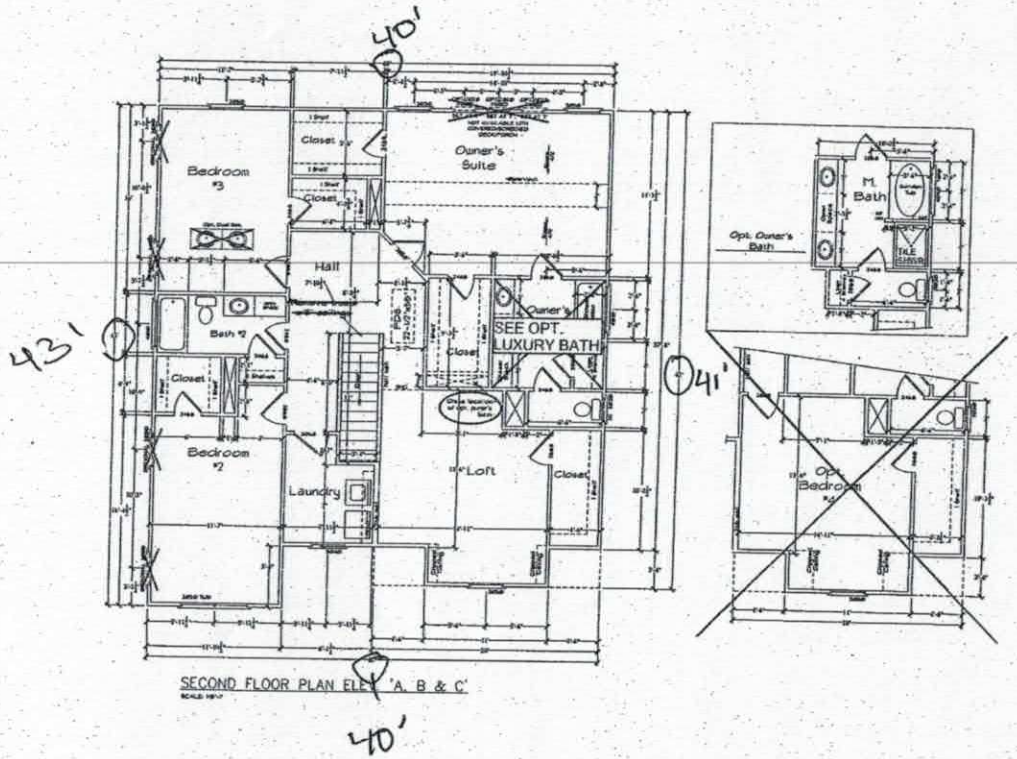
SHEET NO.
4.1A

Acknowledgement of
Plans Submittal ONLY!

Steve Pursley 9/13/17
Date

Date

Lot 46 Autumn Grove
AME 9-11-17



SECOND FLOOR PLAN ELEV 'A, B & C'

THE COOPER
C001-01 7/14/17

Essex Homes, Inc.

DATE: 10/05/2016
DRAWN BY: KDB
REVISION DATE: 06/19/2017

SECOND FLOOR
ELEV. A, B & C

SHEET NO.
5.1A

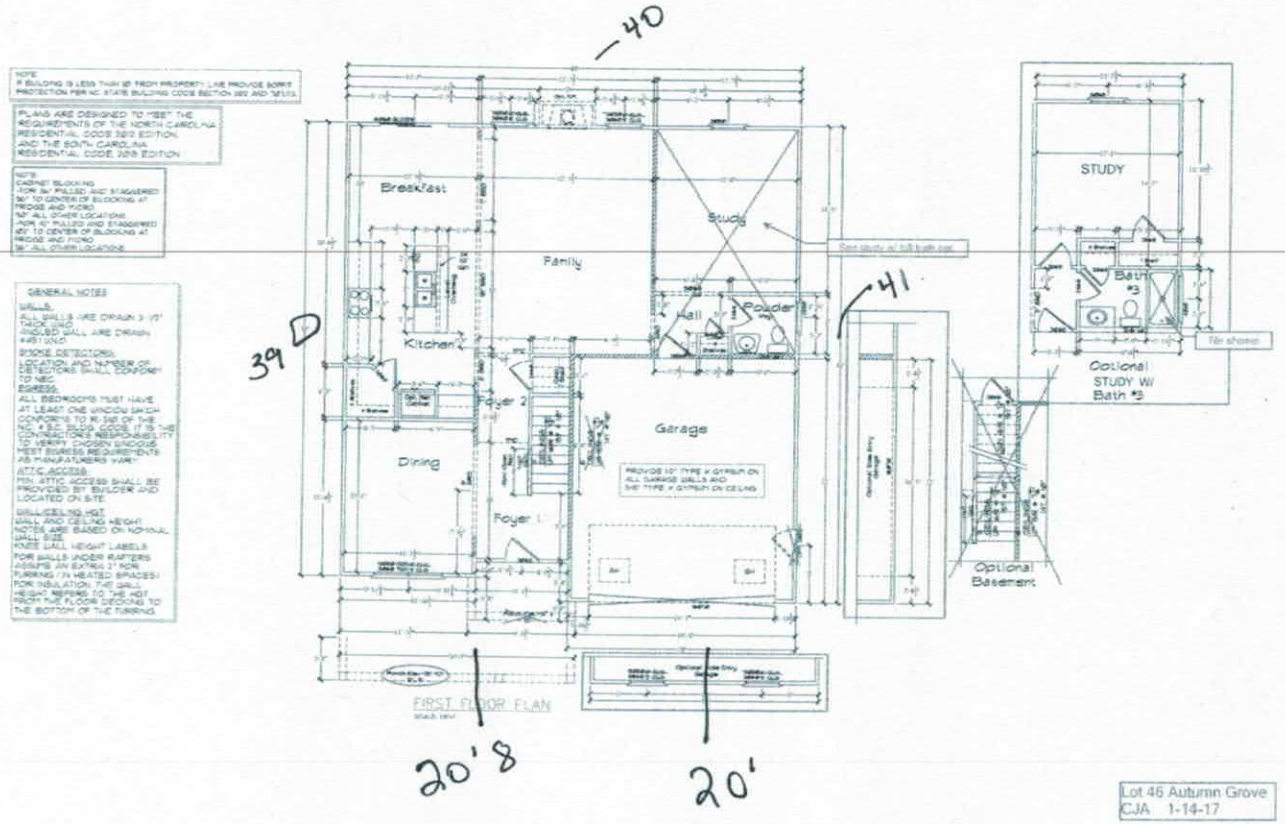
Acknowledgement of
Plans Submittal ONLY!

115 Harvest Wind Ct.

_____ Date _____

~~_____~~ Date _____

~~[illegible]~~ B. Botkins 4/7/2017



Lot 46 Autumn Grove
CJA 1-14-17

THE COOPER

Essex Homes, Inc.

FIRST FLOOR "A & D"

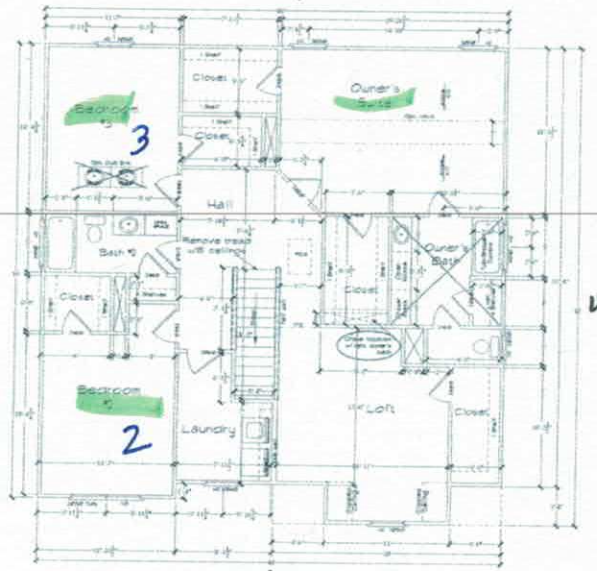
4.1A

Acknowledgement of
Plans Submittal ONLY!

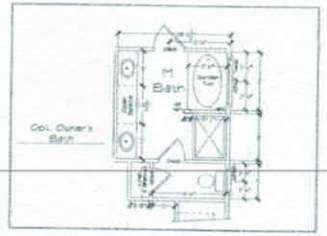
115 ~~Harvest~~ Date ~~Wind Ct~~
Date

Stan Beesley
B. Botkins 4/27/17

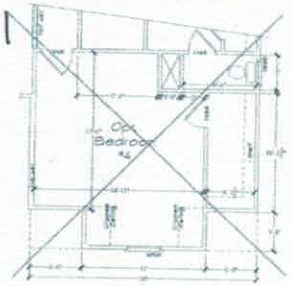
40



39



41



SECOND FLOOR PLAN ELEV. 'A, B & C'

40

Lot 46 Autumn Grove
CJA 1-14-17

THE COOPER

Essex Homes, Inc.

DATE 10/05/2016
DRAWN BY KDN
REVISION DATE

SECOND FLOOR
ELEV. A, B & C

SHEET NO.
5.1A

IREDELL COUNTY

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

APPLICATION NUMBER
224100
Issue Date: 01/03/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4659155301.000	115 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 147309	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.770	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	89525	TOTAL FEES:	$ 77.25