RECEIVED MAY 5 - 2015

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-205 WORK Phone: 7044238988

Owner Name: ESSEX HOMES Address: CHARLOTTE, NC 28278 CELL Phone: 7046225152

Property Information:

Street Address: 123 EARLY FROST LN, MOORESVILLE, NC 28115

Subdivision Name: AUTUMN CRANE Section/Phase: 2 Lot Number: 48

Driving Directions: CHARLOTTE HWY WEST, LEFT CLEAR SPRINGS RD, LEFT AUTUMN CRANE LN, RIGHT EARLY FROST LN, PROPERTY ON LEFT AT CORNER OF EARLY FROST LN AND HARVEST WIND CT,

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: 6
( ) 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:

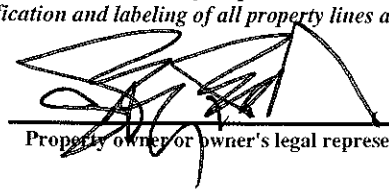
Water Supply:

(✓) 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:  5-5-15

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

RECEIVED APR 16 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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Paid $225.00 #209804

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Owner Name: " " Address: " " Phone: 704 622 5152

Property Information:

Street Address: 123 EARLY FROST LN, MOORESVILLE, NC 28115

Subdivision Name: AUTUMN GROVE Section/Phase: 2 Lot Number: 48

Driving Directions: MOORESVILLE / CHARLOTTE HWY WEST, LEFT ON CLEAR SPRINGS RD, LEFT ON AUTUMN GROVE LN, RIGHT ON EARLY FROST LN, PROPERTY IS ON THE LEFT AT THE CORNER OF EARLY FROST LN AND HARVEST WIND CT.

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

(✓) New Single Family Residence
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( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
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Signature: _____ 4-13-15

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

IREDELL COUNTY HEALTH DEPARTMENT

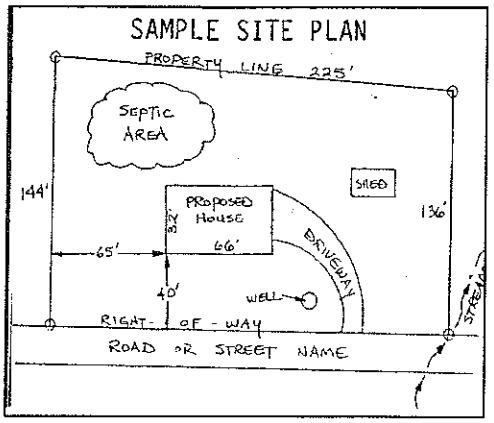
ENVIRONMENTAL HEALTH DIVISION

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 plot plan.

Signature: _____

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

5-5-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

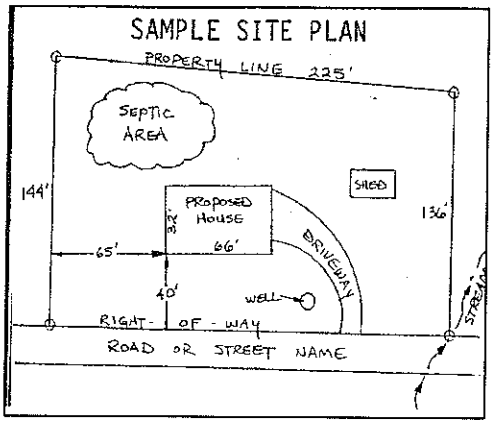
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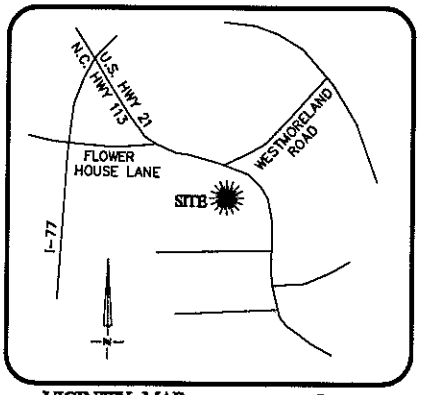
☑ please see attached plot plan and improvement permit,

Signature: _____

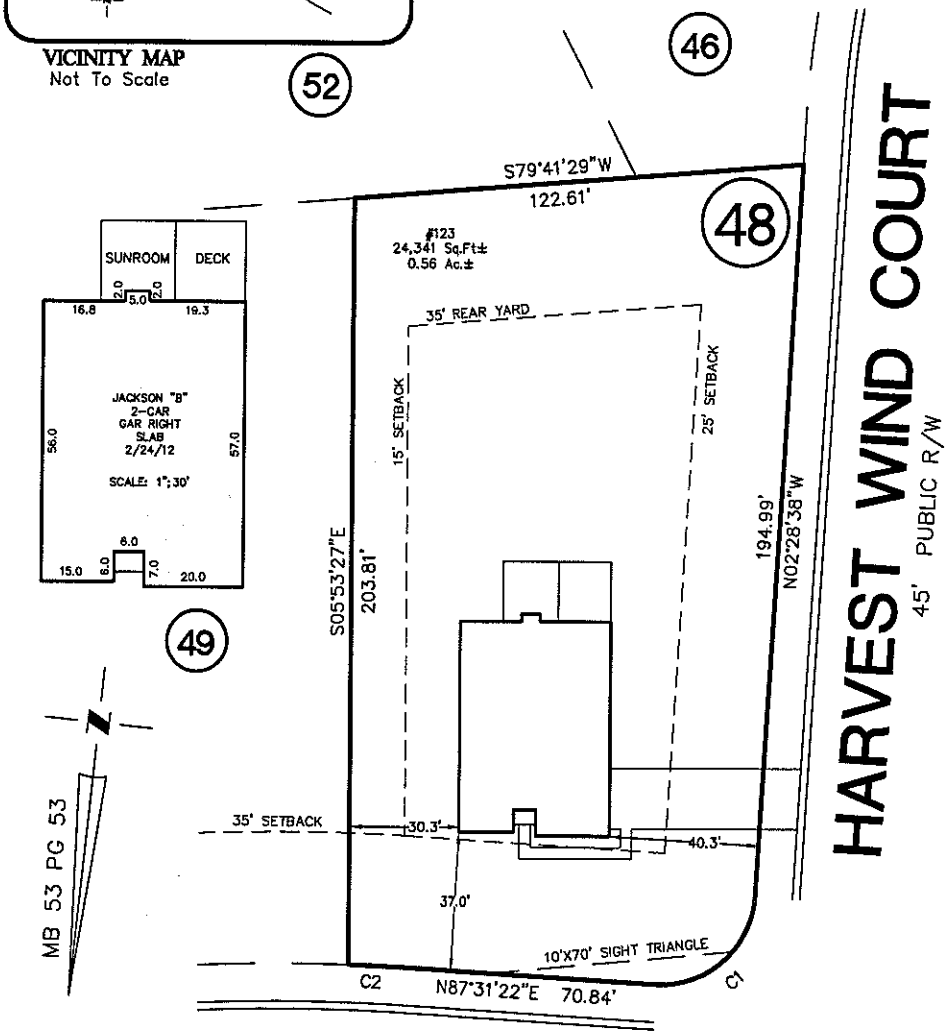
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-13-15

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

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	S42°31'22"W	35.36	39.28	25.00
C2	N86°46'59"E	13.49	13.49	522.50

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

40 0 40
SCALE: 1" = 40'

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 48, 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: APRIL 1, 2015

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 123 EARLY FROST LN, MOORESVILLE, NC, identified as PIN(Parcel Identification Number) 4659-15-5534, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) JEFF BEARD / ESSEX HOMES, WENDELL OVERBY, SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA, 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: 5-4-15

Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

AUTHORIZATION TO ACT AS AGENT FOR OWNER

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I, Essex Homes, am the legal owner of the property located at Lot 48 Autumn Grove, identified as PIN(Parcel Identification Number) 4659155534, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Wendell Overby w/ Soil & Forestry Services of the Carolinas, _____, _____, 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).
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4. Application for existing system.
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Signature of Owner — 4/15/15 — Date — Darek Burns- Purchasing Manager

Signature of Witness — 4-15-15 — Date

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

4-16-15 (Date)

Owner: ESSEX HOMES
Address: 13310 SOUTH RIDGE DR, SUITE A.
CHARLOTTE, NC 28273

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
4659155534 #147311 (1-10-08) Lot 48 Autumn Grove
Essex Homes

I, JEFFREY M. BEARD, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 1-10-08 (date) for a system

LP PPBPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 147311 PIN# 4659155534 DATE 1-10-08

OWNER OR APPLICANT E & J Development PHONE: Business 704-201-2465 Home

ADDRESS PO Box 1065 Huntersville NC 28070

LOCATION Hwy 21 N TL Clear Springs Rd TL Autumn Grove Ln TR Early Frost on left at corner of Harvest Wind Ct.

SUBDIVISION Autumn Grove BLOCK / SECTION LOT 48 LOT AREA 1.56 Ac. SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .275 gpd/ft²

Septic Tank: 1600 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 870 Linear Feet 290

No Lines 4 Trench Width 36" A Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: A per plan Specs
In-line filter in pump tank required

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from ~~Rollins~~ Soil & Environmental Services

AS BUILT SKETCH

REVOKED

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 2-19-08 Installed by:

Improvement Permit by: Judy Melville date 1-10-08 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

ROLLANS ***Soil & Environmental Services***

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

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

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

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence on Lot #48 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/System Plan---------- 6-7

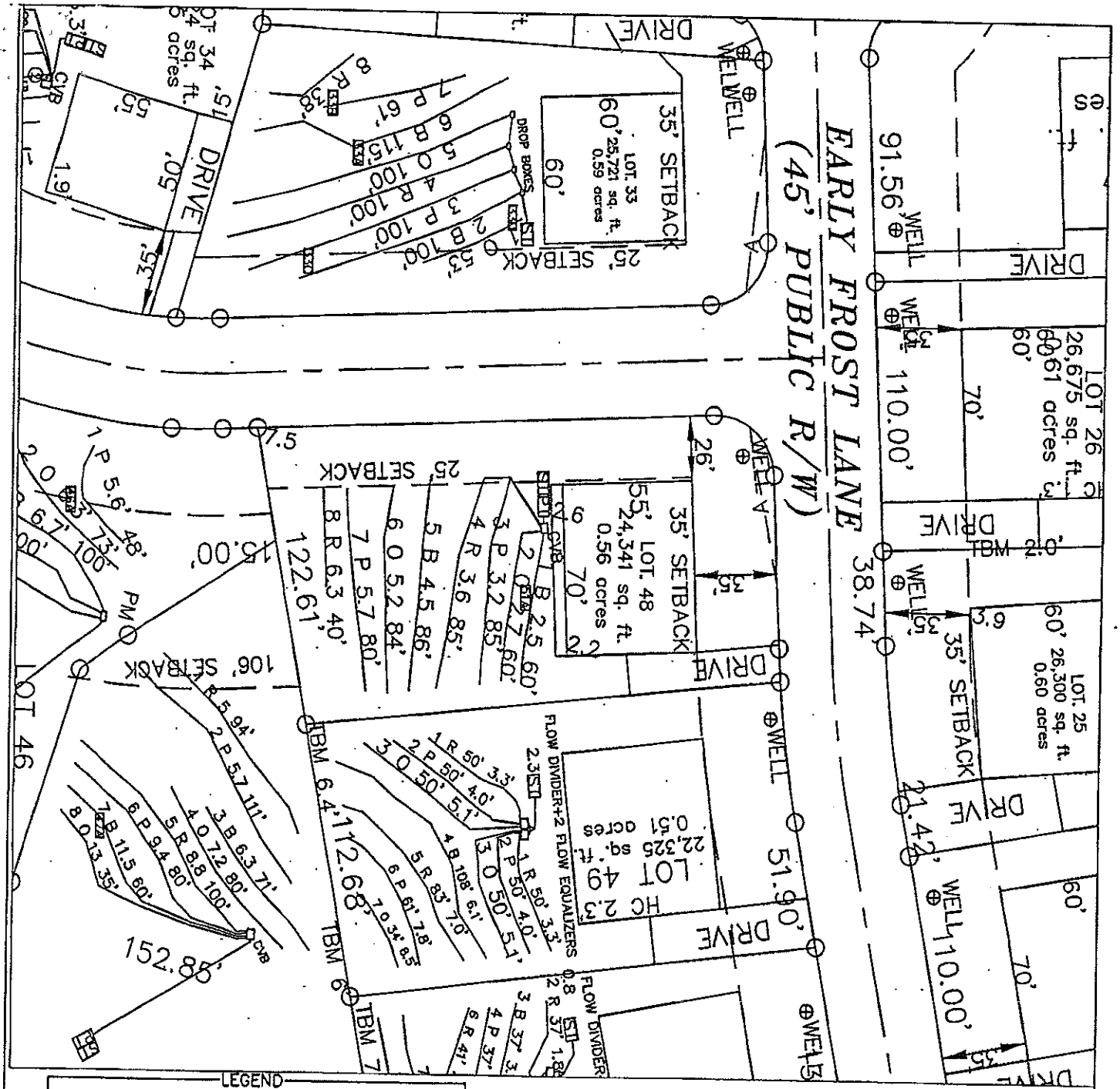
Calculations---------- 8

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

REVOKED

RECEIVED
JAN 10 2008
By

January 9, 2008
Project #: 01-1043
Design By: Rollans Soil & Environmental Services



LEGEND

House Box.

System lines.

Repair lines.

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

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724
BRADY FREEMAN, RA
MOBILE: (704) euu-
EMAIL: BFREEMAN@ROLLANS.COM
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) euu-
EMAIL: AROLLANS@INSIGHTBB.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: EAI 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.

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	147311ZO	Subdivision:	AUTUMN GROVE
Proposed Use:	Single Family	Township:	1600 Barringer
Location of Property:	000 Early Frost Ln. STATESVILLE NC 28677		
Parcel #:	4659155534.000	Zoning:	RA
Lot #:	48 Size: .56	Flood Plain:	No Watershed: WSIV-PA
Applicant:	E&J DEVELOPMENT CO.	Owner:	E&J DEVELOPMENT CO.
Address:	P.O. BOX 1065	Address:	P.O. BOX 1065
	HUNTERSVILLE NC 28070		HUNTERSVILLE, NC 28070
Phone:	704-201-6465	Phone:	704-201-6465
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 21780 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 25 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

DEVELOPER PERMIT

Directions:

CHARLOTTE HWY, RT ON CLEAR SPRINGS, left on Autumn Grove, right on Early Frost, on near corner of Harvest Wind

FEES

RECEIVED DEC 04 2007 By

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK

Printed: 12/6/2007