IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 223271

PIN # 4659156865

APPLICANT: Essex Homes/Wendell Overby APPLICANT ADDRESS: P.O. Box 832 Mooresville, NC 28115

SITE ADDRESS: 114 Early Frost Ln Mooresville, NC PHONE: 704 239-2001 ALT. PHONE: 803 223-4003

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

SUBDIVISION: Autumn Grove SECTION: 2 LOT # 24 LOT AREA: .59 DESIGN FLOW: 480gpd L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	1160	Date	2-4-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction
Pump Make		Model		Serial #		Repair System Description:	
# Nitrification Fields	1	# Lines	4	Linear Ft:	436'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

12-19-16: Recommend pumping septic tank every 3-5 years. Though a 3-Bedroom house is proposed to be constructed per the floor plans, the 4-Bedroom septic design must be installed as permitted. This permit replaces the previous dated 12-5-07. Any reduction in system size must be pre-approved by ICHD.

INITIAL SITE SKETCH

See attached, approved plan by Soil & Forestry Services of the Carolinas, PA dated 11-18-16

AS BUILT SKETCH

3/10/17 Checked tank, drainlines & supply line

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**

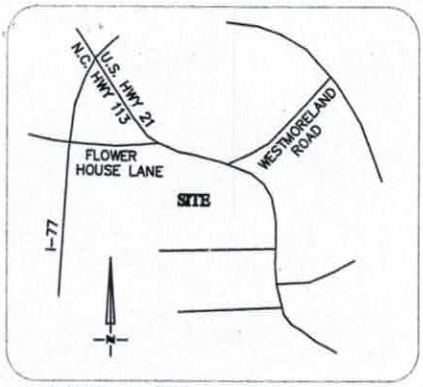
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Bobby Overby Date: 12-27-16 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Maura Dolson Date: 12/6/16 OPERATION PERMIT by: Maura Dolson Date: 3/10/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/19/16 Existing System Inspected by: Date:

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

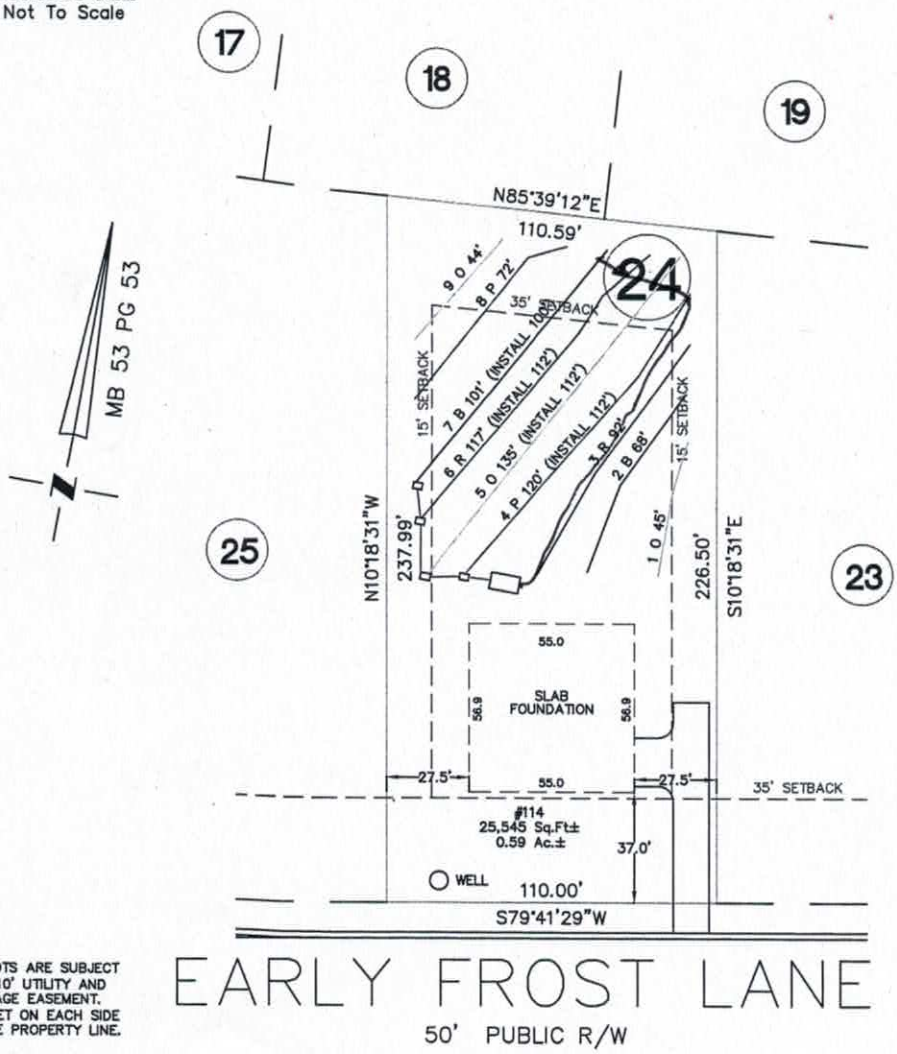


VICINITY MAP
Not To Scale

LOT FIT ONLY

REVISIONS

REV. #	DATE	COMMENT
REV. 1	6/1/15	REDUCED DEPTH OF BOX



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

EARLY FROST LANE

50' 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

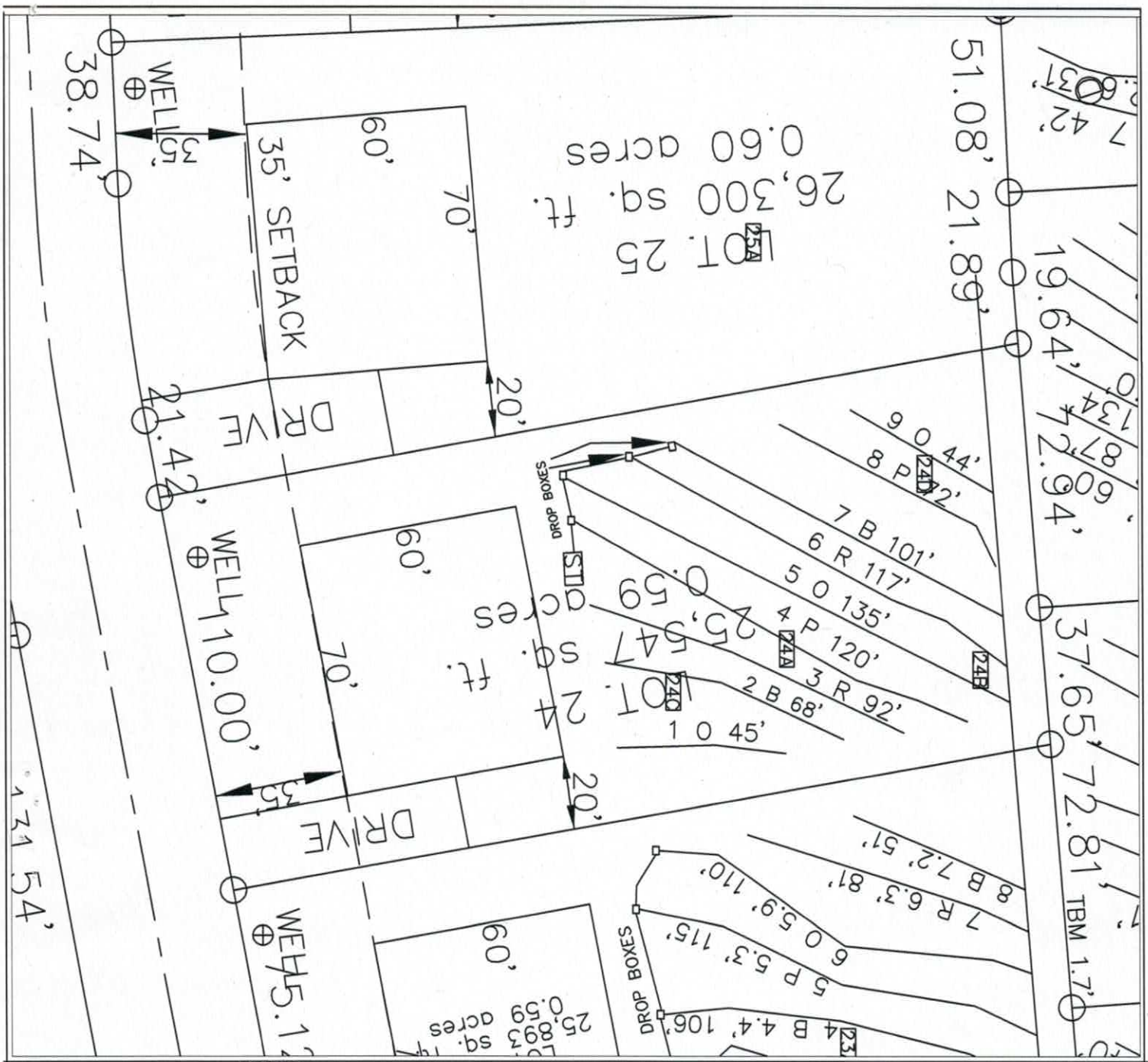
FOR

LOT 24, 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: MAY 29, 2015



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

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 - 9497
EMAIL: BFREE2098@YAHOO.COM

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 3046
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

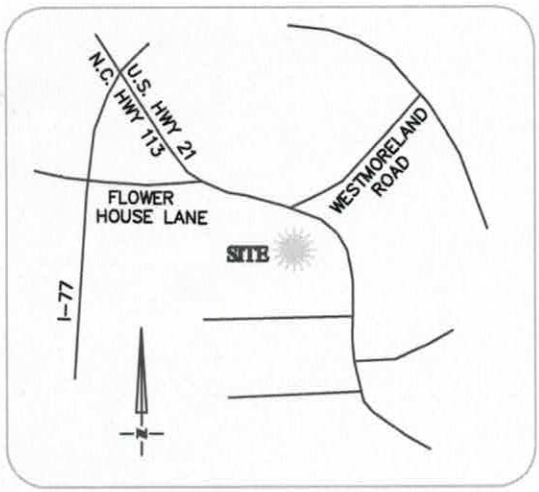
PROJECT NAME: E&J DEVELOPMENT/AUTUMN GROVE SUBDIVISION

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.

Approved
12/6/16

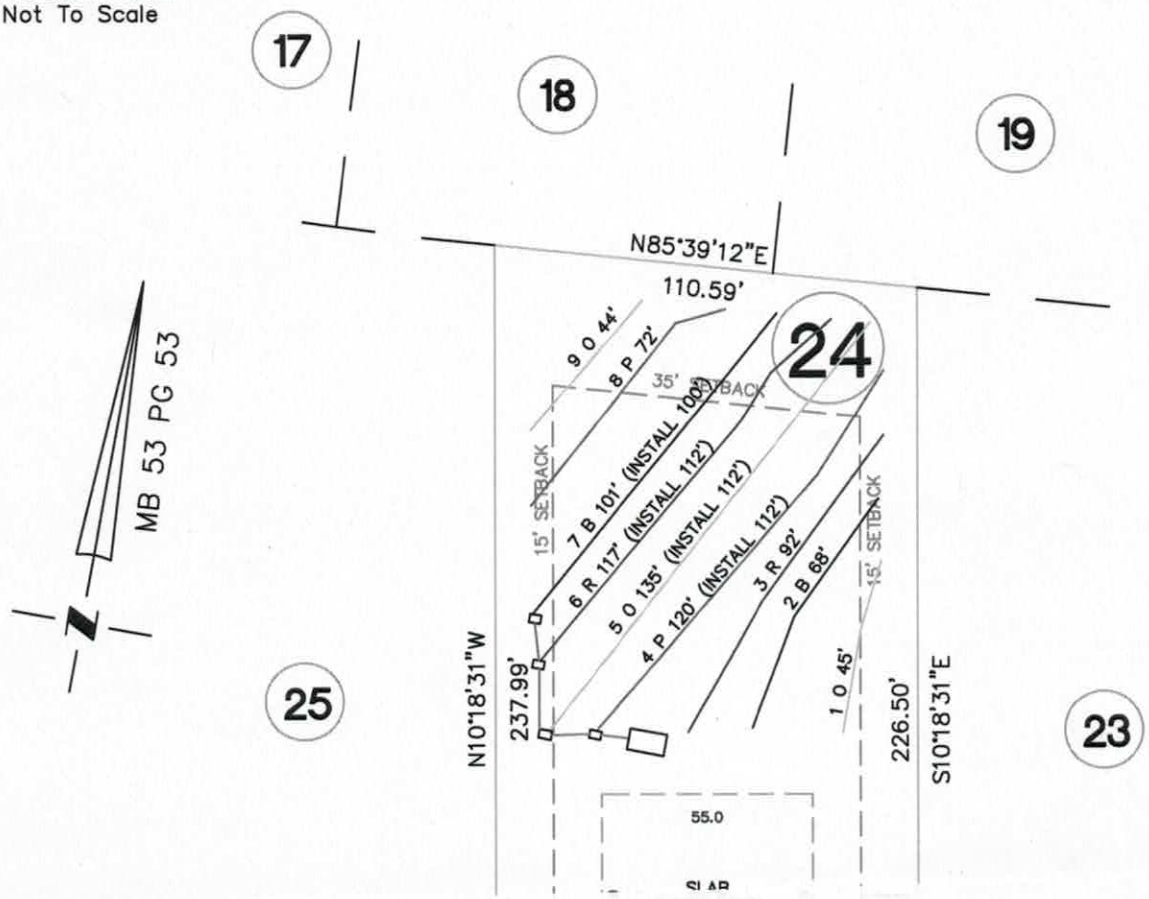
LOT FIT ONLY



VICINITY MAP
Not To Scale

REVISIONS

REV. #	DATE	COMMENT
REV. 1	6/1/15	REDUCED DEPTH OF BOX



Soil & Forestry Services of the Carolinas, PA
PO Box 832
Mooresville, NC 28115
www.soilandforestryservices.com

November 18, 2016

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

Re: Lot 24 Autumn Grove Expedited Review

Attached please find our expedited review submittal packet for lot 24 of Autumn Grove. The lot has a current approved Improvements Permit set to expire on 12/8/16. Based on the expiration date we are submitting the expedited review packet as an intermediate layout. Therefore no zoning permit or soil descriptions are attached.

Thank you,

Wendell Overby

Soil & Forestry Services of the Carolinas, PA
PO Box 832
Mooresville, NC 28115
704 239-2001

Attached is a proposed design for an Accepted (25% reduction) Septic System with Gravity distribution for a 4 bedroom single family residence on Lot #24 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
Expedited Review Process Checklist---------- 7
Iredell County Septic Application---------- 8
Iredell County Site Plan Worksheet---------- 9
Environmental Health Requirements Checklist---------- 10
Agent Authorization Form---------- 11

November 18, 2016

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.
- Repair is specified as a PPBPS with low pressure distribution installation.

FOR WASTEWATER TREATMENT

Approved
MD
12/6/14

Owner:	Essex Homes SE
Address:	120 Cromer Road Lexington, SC 29073
Phone:	803 223-4003
County:	Iredell
Location:	AUTUMN GROVE LOT #24
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	N/A

Design Specifications

Drainfield Size:	475
Loading Rate (gpd/ft.^{2}):	0.275
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:	n/a
Estimated Supply Line Length:	7
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	1.22
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:	Soil suitability was performed by Rollans Soil & Environmental Services.

AUTUMN GROVE LOT #24

Approved
12/6/16

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	1308
TOTAL LATERAL LENGTH:	436
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	436.3636364
SUPPLY LINE LENGTH:	7
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 12/6/16 MD

AUTUMN GROVE LOT #24

LAYOUT FOR 4 BEDROOM HOME

November 18, 2016

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	ORANGE			N/A	N/A	45	45	
2	BLUE			N/A	N/A	68	68	
3	RED			N/A	N/A	92	92	
4	***PINK***			***N/A***	***N/A***	***120***	***112***	102
5	***ORANGE***			***N/A***	***N/A***	***135***	***112***	122
6	***BLUE***			***N/A***	***N/A***	***117***	***112***	122
7	***RED***			***N/A***	***N/A***	***101***	***100***	90
8	PINK			N/A	N/A	72	72	436
9	ORANGE			N/A	N/A	44	44	
					Total	**794**	**757**	

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***436***	***0.275***	***ACCEPT.***	***0.275***	***25% RED.***	**GRAVITY DISTRIBUTION**
Repair	321	0.275	*MOD.*	0.275	PPBPS	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

86

CALCULATIONS

Approved
MD
12/6/16

Location	AUTUMN GROVE	
Project Number		
Lot No:	24	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.275	$^{gpd}/_{ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	7	ft.
Supply Line Volume	1.218	gal.
Required Feet of Line	436.3636	ft.
Amount of Line from Layout	436	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	284.708	gal.
Dosing Volume	N/A	gal.

Note: Dosing Volume based on70% of lateral line volume

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

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

Tank Draw Down	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.



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

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 - 6487
EMAIL: BFREE2000@YAHOO.COM

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 3046
EMAIL: ROLLANS@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.

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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
P	SS	0-5	B SCL Gr	SS,SP,Fr SEXP	—	58"	—	—	PS
24A	0-5%	5-34	RC MPA/MEABK	SS,SP,Fr SEXP	few YB				
		34-58	RCLWFSBK	SS,SP,Fr SEXP	common Sap				.275
24B		0-4	BSCL WR	fri SSSP Sexp	—	48	—	—	.3
		4-20	RC MFSBK	fri SSSP Sexp					
		20-48	RCL WSBK	fri SSSP Sexp					
24C		0-4	BSCL WR	fri SSSP Sexp	—	48	—	—	.3
		4-30	RC MFSBK	fri SSSP Sexp					
		30-48	RCL WFSBK	fri SSSP Sexp					
24D		0-8	BSCL WR	fri SSSP Sexp	—	48	—	—	.3
		8-26	RC MFSBK	fri SSSP Sexp					
		26-48	RCL WFSBK	fri SSSP Sexp					

COMMENTS: _____

RECEIVED DEC

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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

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

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

Applicant Information:

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

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

Property Information:

Street Address: 114 Early Frost Lane

Subdivision Name: Autumn Grove **Section/Phase:** 2 **Lot Number:** 24

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

12/13/16
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) Lot 24 & 114 Early Frost Ln., 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 — 12/13/16 — Date — Darek Burns

Signature of Witness — 12/13/16 — Date

RECEIVED NOV 18 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

8

(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)

$225.00

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

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

#223271

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 M'VILLE 28115		(704) 239-2001
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
ESSEX HOMES SE			(803) 223-4003
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

114 EMILY FROST LANE	AUTUMN GROVE	24
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: FROM HEALTH DEPT TURN ON CONNOR, GO NORTH TO BROAD STREET, TAKE 115 TO CLOUD SPRINGS RD. TURN LEFT, ~~LOT ON BI~~ ON CLOUD SPRINGS, LEFT ON AUTUMN GROVE LN, RIGHT ON EMILY FROST.

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 8 — (✓) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

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 Cly — 11-18-16

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 LOT 24 AUTUMN GROVE, identified as PIN(Parcel Identification Number) 4659156865, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) WONDA OVERBY / ASHLEY ADKINS, _____, _____, _____, 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.

Darek Burns — 11-18-16
Signature of Owner — Date

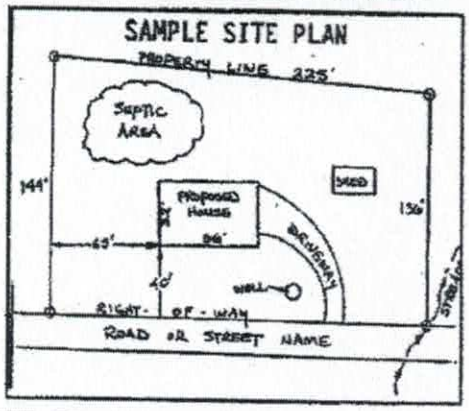
11-18-16
Signature of Witness — Date

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

114 Early Frost Lane
Lot 24
See attached Site Plan

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

12/13/16
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

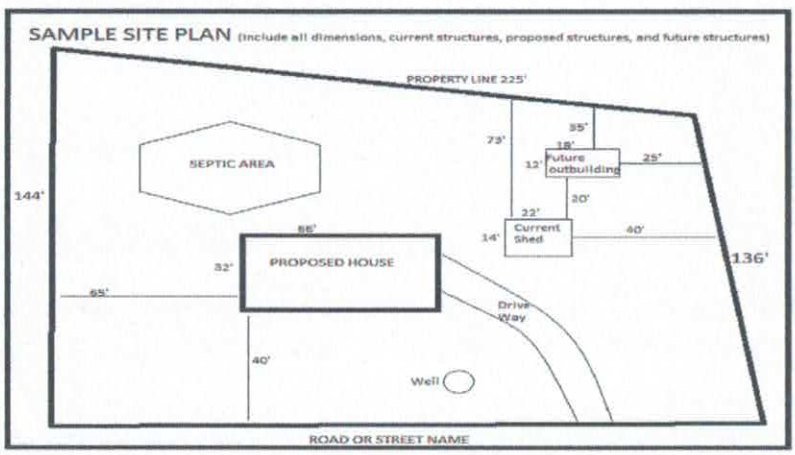
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

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

- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred 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

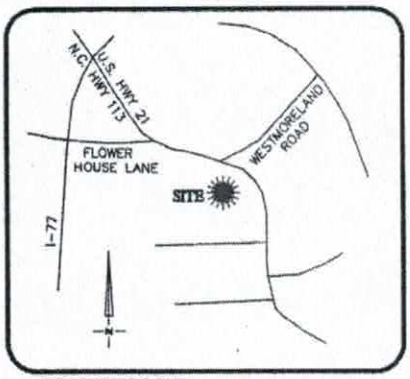
See Attached

Signature: Wendell Cox

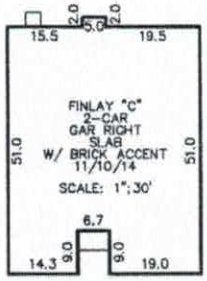
REQUIRED **property owner or owner's legal representative signature.**

11-18-16

DATE



VICINITY MAP
Not To Scale





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

114

EARLY FROST LANE

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

12/17/16

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 (980) 309-0842

HOUSE LOCATION PLOT PLAN

FOR

LOT 24, 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: NOVEMBER 14, 2016

114 Early Frost Lane
Lot 24

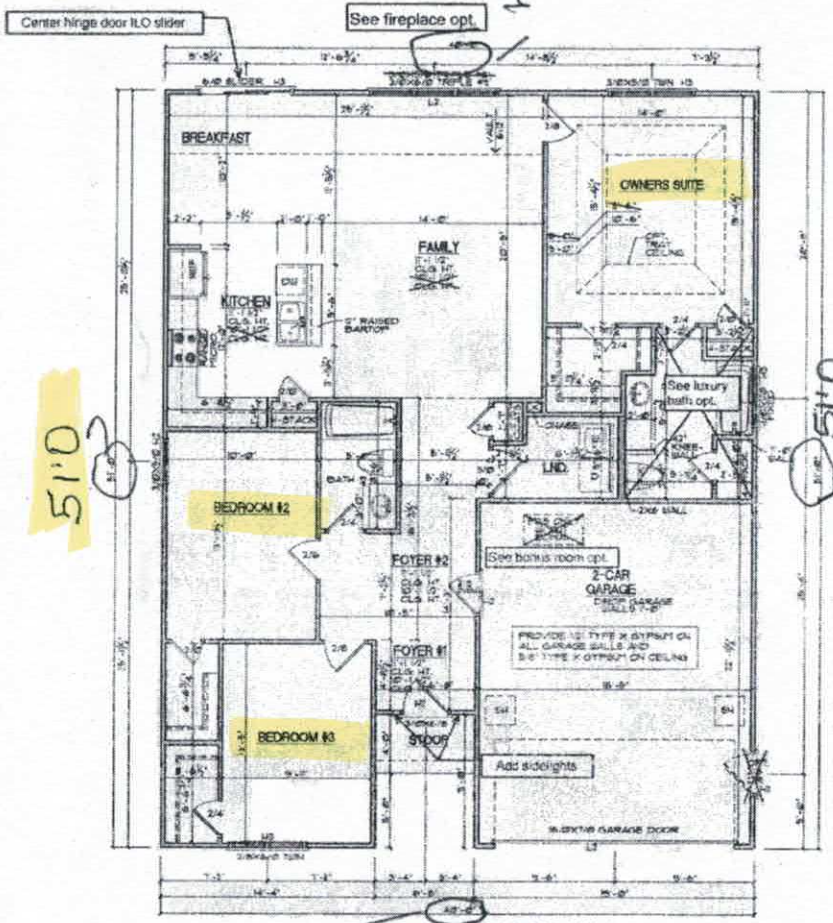
Acknowledgement of
Plans Submittal ONLY!

12/13/16

Date

Tom Shook

Date 12/19/16



Header/ Jack Schedule
NLB = Non-Load Bearing! See 27-R1 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 11-7/8" 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

PLANS ARE DESIGNED TO MEET THE REQUIREMENTS OF THE NORTH CAROLINA RESIDENTIAL CODE 2013 EDITION AND THE SOUTH CAROLINA RESIDENTIAL CODE, 2015 EDITION

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 5-1/2" THICK U.N.O.
ANGLED WALL ARE DRAWN @45 U.N.O.

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

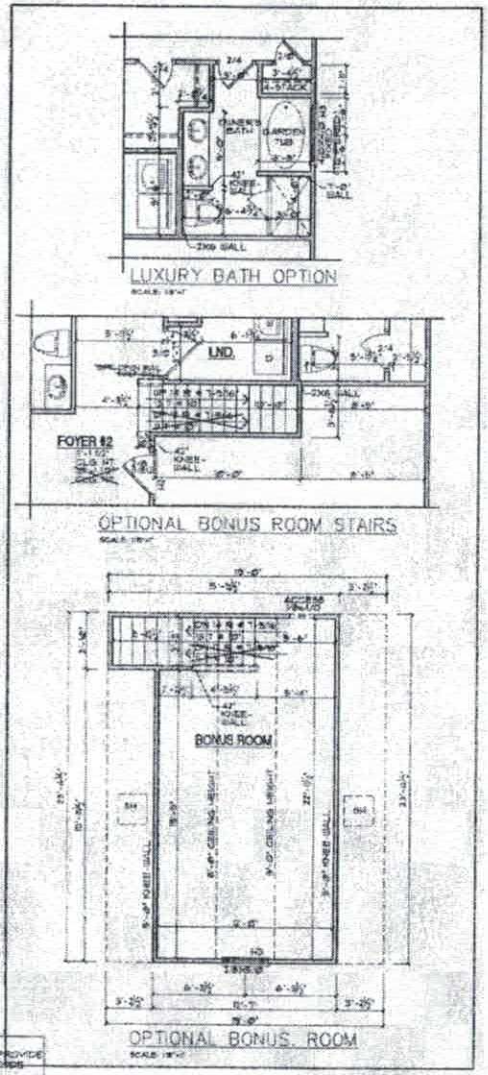
EGRESS:
ALL BEDROOMS MUST HAVE AT LEAST ONE WINDOW WHICH CONFORMS TO R-310 OF THE N.C. BLDG. CODE IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY CHOSEN WINDOWS MEET EGRESS REQUIREMENTS AS MANUFACTURERS VARY.

ATTIC ACCESS:
PROVIDE MIN. ATTIC ACCESS PER R807

WALL HEIGHTS NO HOT:
WALL AND CEILING HEIGHT NOTES ARE BASED ON NOMINAL WALL SIZE.
KNEE WALL HEIGHT LABELS FOR WALLS UNDER RAFTERS ASSUME AN EXTRA 7" 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)



Lot 24 Autumn Grove
CJA 11-29-16

www.frazierhomedesign.com
FRAZIER HOME DESIGN, LLC.
2840 PLAZA PLACE, SUITE 120
RALEIGH, NC 27612
O: (919)-424-7245

FINLAY

Essex Homes, Inc.

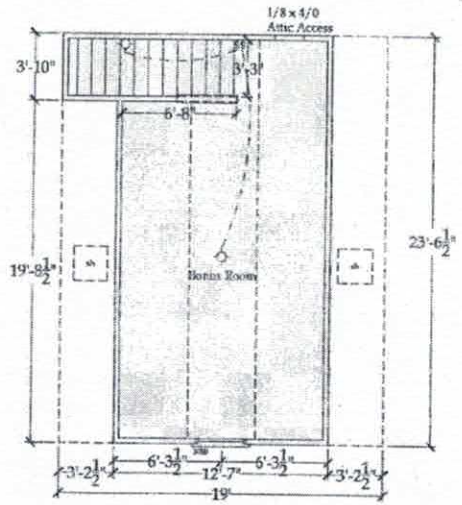
DATE: 11/16/2014
DRAWN BY: TF
REVISION DATE:

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

SHEET NO. 4.1

Acknowledgement of
Plans Submittal ONLY!
114 Eastwind Crest Court
Lot 24
Site Plan Date
Date 12/19/16

280 sq. ft. - 1st floor heated



Page 4
4-14-15
DRAWN BY: CJA
SCALE: 1/4" = 1'
REV.

The Finlay
Base Plan
2nd Floor Plan

Essex Homes SE, Inc.
1-803-356-8301
COLUMBIA, SOUTH CAROLINA

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Essex Homes, Inc.