Site Address: 113 Early Frost Ln - Mrsvl.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~14731322052~~ 3 PIN# 4659157537 ✓ DATE 3-3-08

OWNER OR APPLICANT E&J Development Co. / ESSCO PHONE: Business 704-201-6465 Home

ADDRESS P.O. Box 1065 Huntersville NC 28070

LOCATION Hwy 21 N TL Clear Springs TL Autumn Grove TR Early Frost on Lft

SUBDIVISION Autumn Grove BLOCK / SECTION 2 LOT 50 LOT AREA .52Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .275 gpd/ft²

Septic Tank: 1000 Gallons; STB Plastic Tank Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 666 Linear Feet 222

No Lines 6@37' Trench Width 36"* Max Trench Bottom Depth 36" Gravel Depth NA ☒ Gravity ☐ Pressure

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

System Description: PPBPS gravity

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: * per plan specs

well 100' from system required

Comments/Conditions: 9/16/16 Reviewed Floor plans, in Compliance with Septic plan Infiltrator tank

INITIAL SITE SKETCH

See plan from Rollins Soil & Environmental Services

AS BUILT SKETCH

12/15/16 Checked tank & lines. Need to check D-box

4-5-17 Leveled D-Box BA

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: date

Improvement Permit by: Mary McNiff date 3-3-08

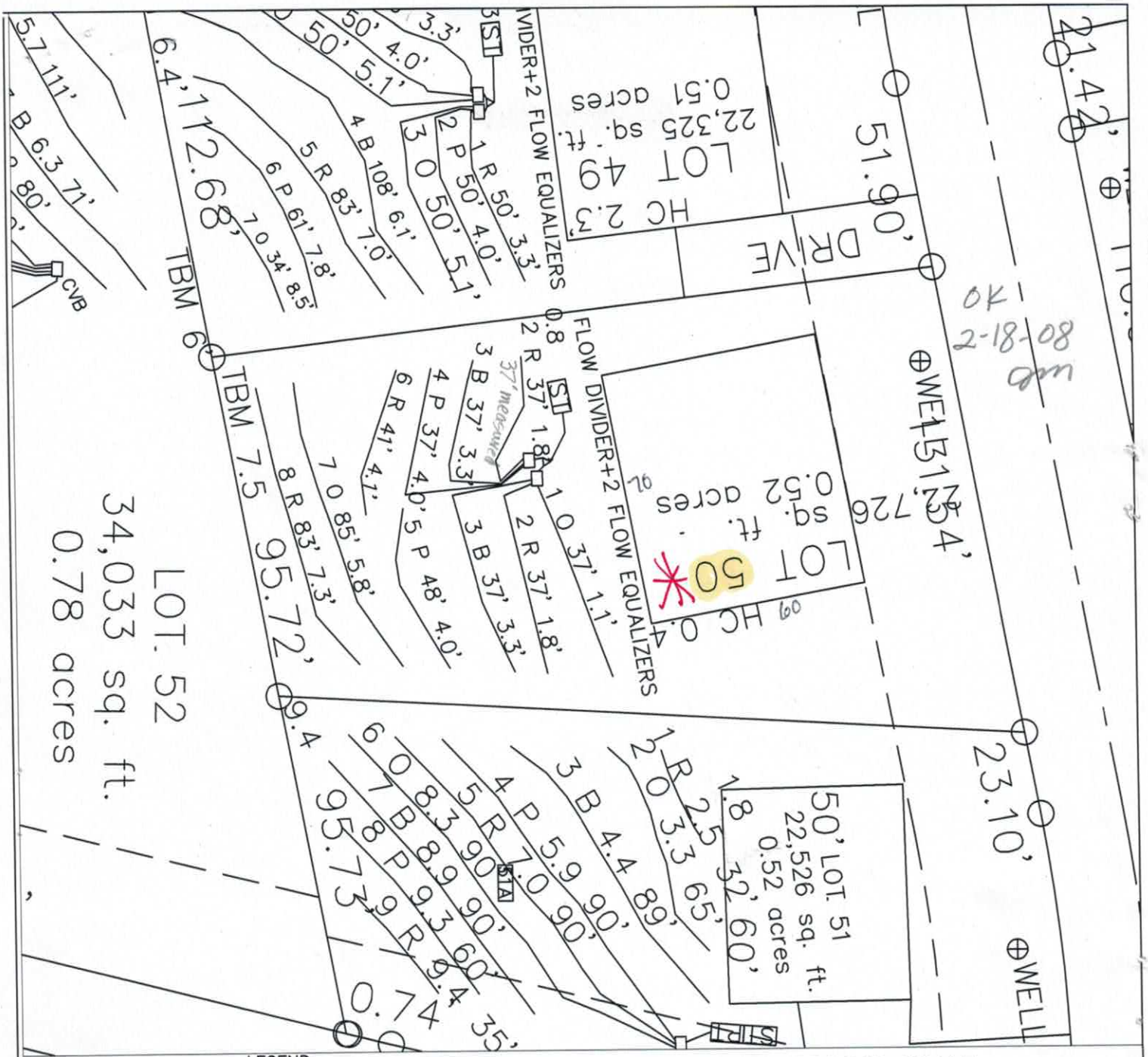
Authorization to Construct by: Maria Dotson date 9/16/16

Installed by: Sid Gaskins

Operation Permit by: BA date 4-5-17

Existing System Inspection by: date

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



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, B.S.
MOBILE: (704) 746 - 6497
EMAIL: BFREE2598@YAHOO.COM

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
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.

Attached is a proposed design for a PPBPS Septic System with gravity distribution for a 3 bedroom single family residence on Lot # 50 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

February 12, 2008
Project #: 01-1043
Design By: Rollans Soil & Environmental Services

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.
- Tanks shall be water tested prior to installation.
- 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.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Design precludes foundation drains.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation.
- Repair is specified as a PPBPS installation.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	E&J DEVELOPMENT
Address:	227 Hideaway Lane Mooresville, NC 28117
Phone:	704-201-6465
County:	Iredell
Location:	AUTUMN GROVE LOT# 50
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	222
Loading Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	N/A
Estimated Supply Line Length:	13
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	2.26
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A N/A
Check Valves:	N/A
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

AUTUMN GROVE LOT# 50
LP PPBPS

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	666
TOTAL LATERAL LENGTH:	222
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	218.1818182
SUPPLY LINE LENGTH:	13
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

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

AUTUMN GROVE LOT# 50

Project #: 01-1043

LAYOUT FOR 3 BEDROOM HOME

February 12, 2008

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***	***57***	***37***
2	***RED***			***N/A***	***N/A***	***50***	***37***
2	***RED***			***N/A***	***N/A***	***36***	***37***
3	***BLUE***			***N/A***	***N/A***	***34***	***37***
3	***BLUE***			***N/A***	***N/A***	***52***	***37***
4	***PINK***			***N/A***	***N/A***	***36***	***37***
5	PINK			N/A	N/A	48	48
6	RED			N/A	N/A	41	41
7	PINK			N/A	N/A	85	85
8	ORANGE			N/A	N/A	83	83
					Total	522	479

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***222***	***0.275***	***MOD.***	***0.275***	***PPBPS***	***GRAVITY DISTRIBUTION***
Repair	257	0.275	MOD.	0.275	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at EIP at corner 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

AUTUMN GROVE LOT 50

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	***ORANGE***	N/A	*37*	N/A	N/A	111	9
2	***RED***	N/A	*37*	N/A	N/A	111	9
2	***RED***	N/A	*37*	N/A	N/A	111	9
3	***BLUE***	N/A	*37*	N/A	N/A	111	9
3	***BLUE***	N/A	*37*	N/A	N/A	111	9
4	***PINK***	N/A	*37*	N/A	N/A	111	9
							54
	total	**feet =**	**222**	**gal/min =**	**N/A**		
			Des. Flow	**360**			
			Pump Run=	**N/A**			
			soil LTAR	**0.275**			
			LTAR +5%	**0.28875**			
			LTAR with mod.	**0.55**			
			LTAR with mod.. + 5%	**0.5775**			

.156 equals 5/32 inch hole

CALCULATIONS

Location AUTUMN GROVE

Project Number 01-1043

Lot No: Lot 50

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.275 $^{gal}/_{ft^2\,day}$

PPBPS? (YES OR NO) YES

Supply Line Length 13 ft.

Supply Line Volume 2.262 gal.

Required Feet of Line 218.1818 ft.
Amount of Line from Layout 222 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Minimum Standard Tank Size 1000

Panel Volume 3.6 gal.
# of Panels 54
Dosing Volume N/A gal.

Note: Dosing Volume based on 33% of # of panels times 3.6 gal/panel

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

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

ARTMENT OF ENVIRONMENT
D NATURAL RESOURCES
IVISION OF ENVIRONMENTAL HEALTH

50

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 SOIL	5-10%	0-6	B C WFSBk	SS, SP, Fr	common sap; common RCCL ind.				.3
		6-18	RC MFSBk	SS, SP, Fr					
		18-30	RCL WFSBk	SS, SP, Fr					
		30-62	SL Sap Mass	SS, SP, Fr					
B	5-10% 60%	0-4	BSL wk	fri SSSP Sap	common SAP —	48	—	—	.3
		4-28	RC mf SBk	fri SSSP Sap					
		28-48	RCL WSBk	fri SSSP Sap —					
C		0-28	RC SBk	fri SS SP Sap	few YBs				.275
		28-54	RCL mf SBk	fri SSSP Sap —					
D		0-12	mf sbk cl	fr SS sp	Red	f-Rock fragments			.275
		12-24	wk sbk c	fr SS sp	Red				
		24-32	wk sbk cl	fr SS sp	Red				
		32-54	Mass SL Sap	fr SS sp	Red/Br				
E		0-12	mo f sbk cl	fr SS sp		c-sap			.3
		12-34	wk/mo sbk c	fr SS sp		c-sap			
		34-52	wk sbk cl	fr SS sp					

COMMENTS: _____

RECEIVED JUL 26 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

220522

Application For:
(✓) Septic Improvement Permit (✓) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 .1939(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 **Phone:** 704 301 3229

Owner Name: SAME **Address:** = **Phone:** =

Property Information:

Street Address: 113 Early Frost Lane

Subdivision Name: Autumn Grove **Section/Phase:** 2 **Lot Number:** 50

Driving Directions: I-77 to Exit 42, East toward Mooresville, Right onto Clear Springs Rd. L Autumn Grove TR Early Frost

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: _____

4659 15 7537

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

7/26/16
DATE

AL w/inspection

IREDELL COUNTY HEALTH DEPARTMENT

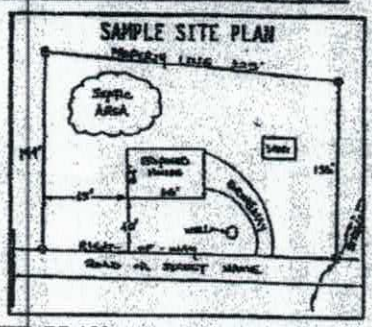
ENVIRONMENTAL HEALTH DIVISION

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

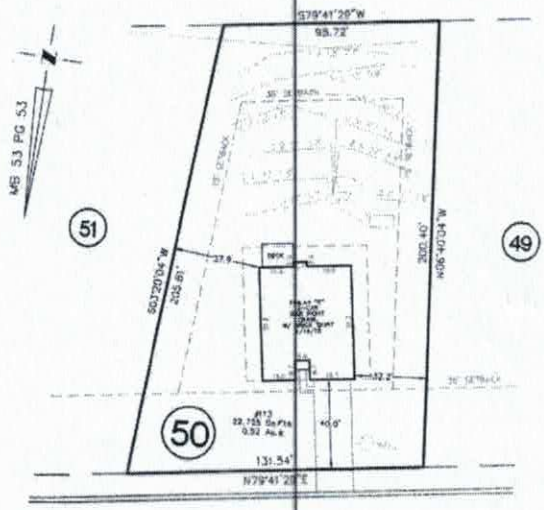


Circle N/A on the following if appropriate:

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

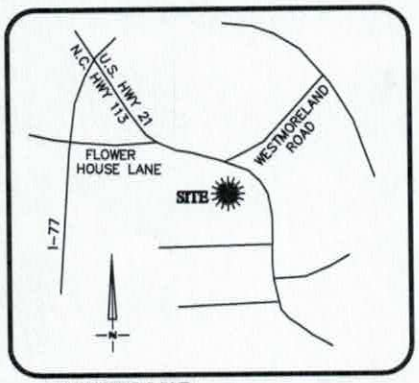


113 Early Frost Lane

113 EARLY FROST LANE

Signatures: Tom Parker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

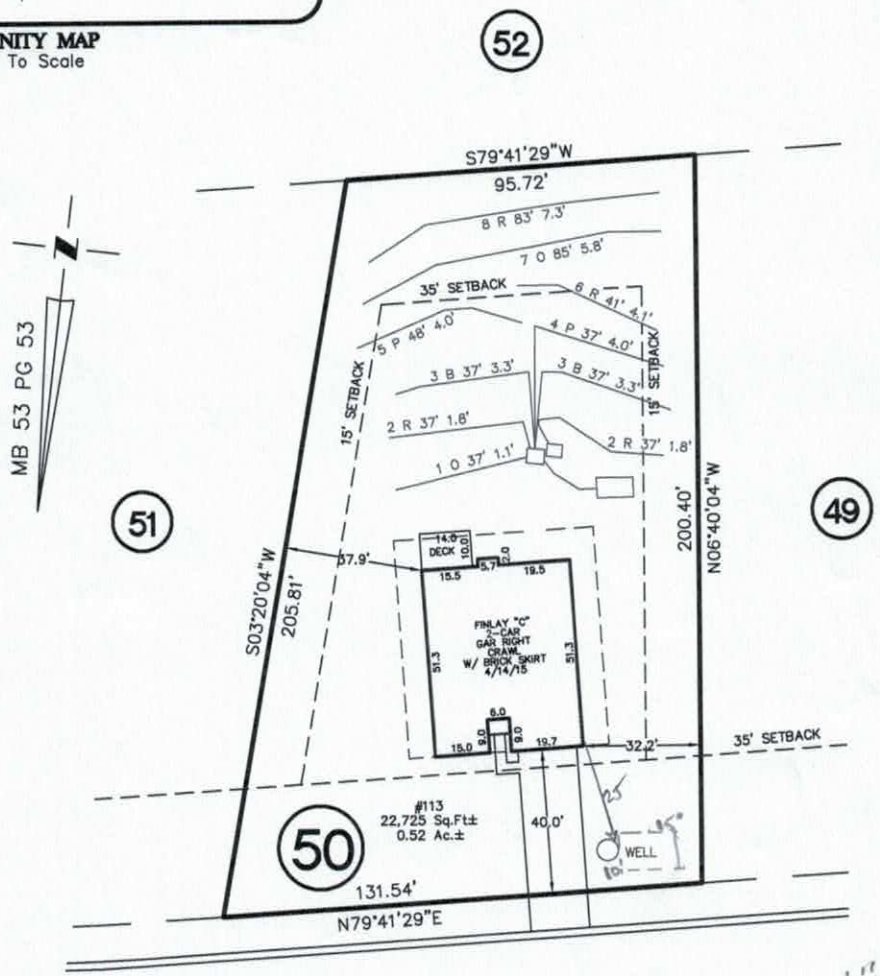
7/26/16
DATE



VICINITY MAP
Not To Scale

REVISIONS

REV. #	DATE	COMMENT
REV. 1	8/5/16	FLIPPED TO DRIVE RIGHT



1" = 50

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

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 (980) 309-0842

HOUSE LOCATION PLOT PLAN

FOR

LOT 50, 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: JULY 28, 2016

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ( ) BOTH ( ) 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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
E & J Developemnt Co.	P.O Box 1065 Huntersville NC 28070	(704)-201-6465	Same
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Autumn Grove	50

Driving Directions: See Zoning Permit

****

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

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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (✓) No Preference

****

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: Chad R Wagner — 7/9/07
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH DEPARTMENT

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…**
  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:

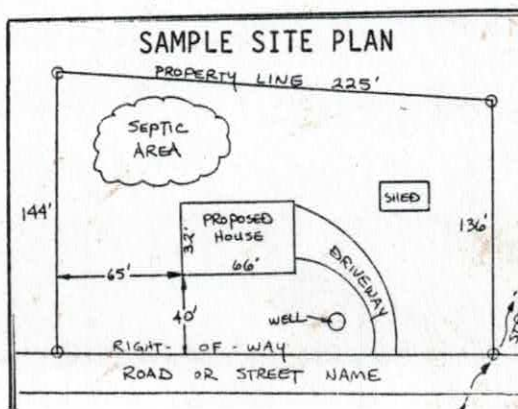
- ____ **Location of septic systems and wells within 100' of your property…** N/A
- ____ **Location of easements and rights of ways on your property…** N/A
- ____ **Location of any designated wetlands on the property…** N/A

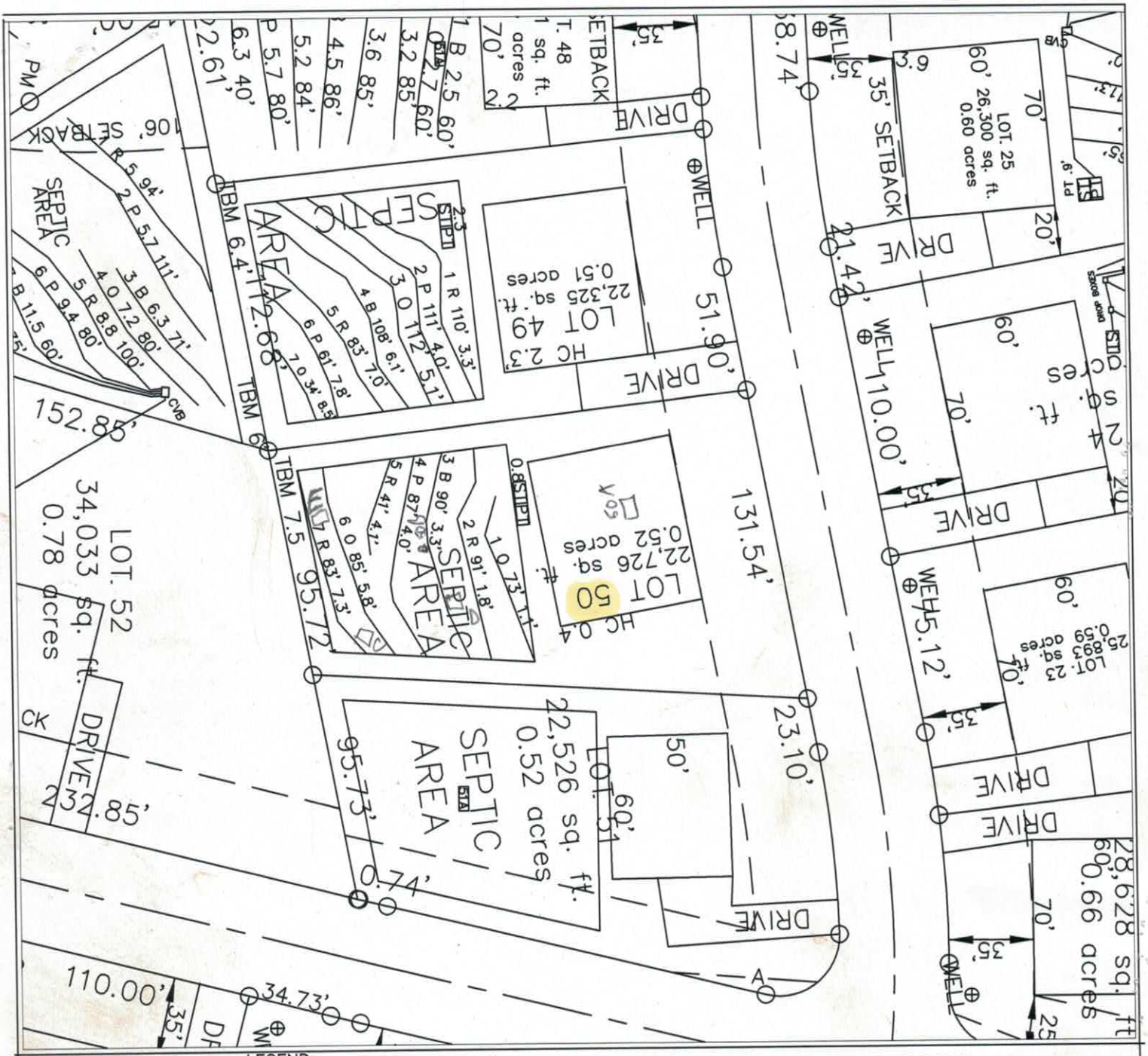
Signature: Chad N. Wagner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/9/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Site Plan.





LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE
1" = 60'

60 0 60 120

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 - 6697
EMAIL: BFREE2998@YAHOO.COM
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 3046
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

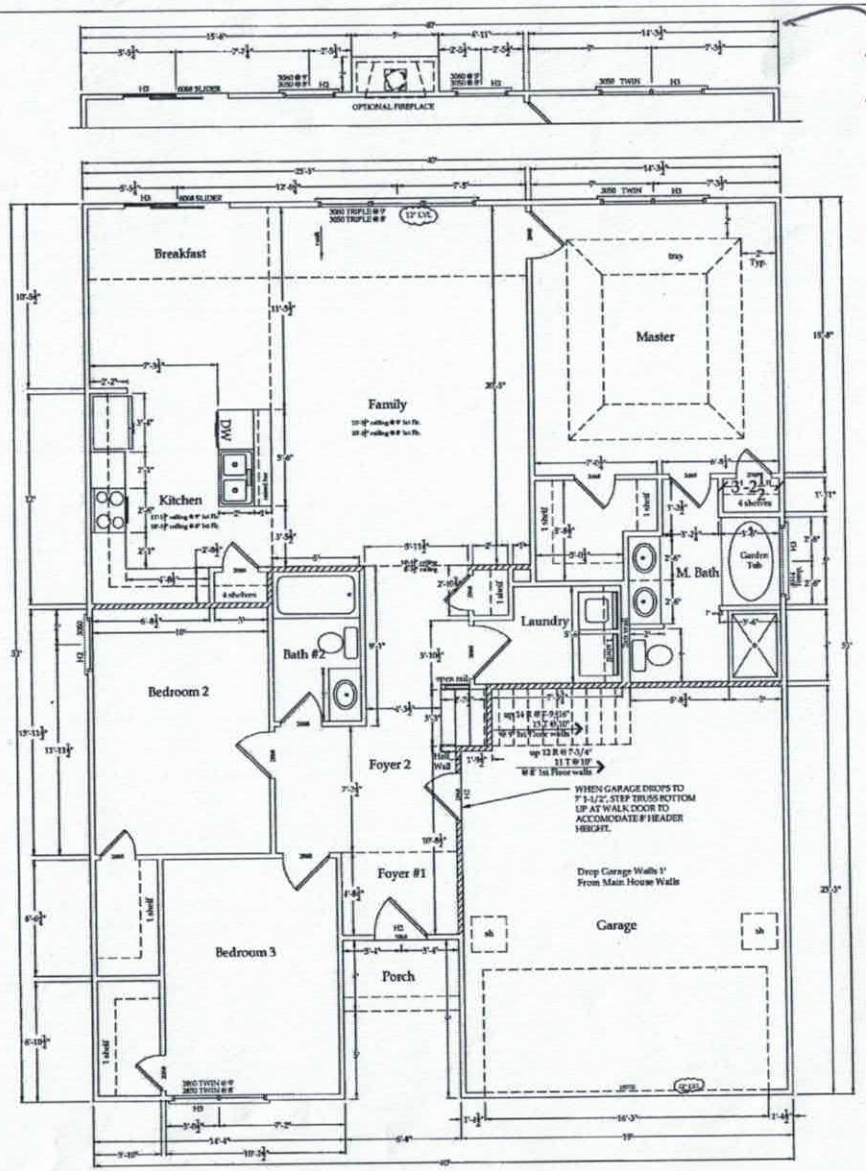
PROJECT NAME: E&J DEVELOPMENT/AUTUMN GROVE SUBDIVISION

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.

Acknowledgement of
Plans Submittal ONLY!

Marian Dotson Date 9/16/16
Bobby att Date 9-2-16



1,549 sq. ft. - 1st floor heated
(1599 brick)

280 sf bonus (244 brick)

1842 sf total
(1892 brick)

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 11-7/8" 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.

Page 3
4-14-15
DRAWN BY: CJA
SCALE: 1/4" = 1'
REV.

The Finlay
Base Plan
1st Floor Plan

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

PROPERTY OF ESSEX HOMES, INC. AND TO BE REPRODUCED, COPYRIGHT YEAR AS THIS WALL, WITH CREDITED TO THE PUBLISH DESIGNER OF ORIGINAL LAW

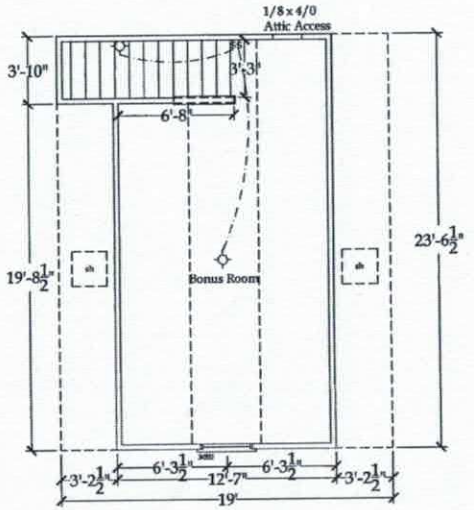
Essex Homes, Inc.

Acknowledgement of Plans Submittal ONLY!

Maria Date 9/16/16

Bobby Ott Date 9-20-16

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

PROPERTY OF ESSEX HOMES, INC. SHOP TITLE MAY BE REPRODUCED ETC. COPYRIGHT VIOLATION WILL BE PROSECUTED TO THE FULLEST EXTENT PERMITTED BY LAW

Essex Homes, Inc.

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 #:	147313ZO	Subdivision:	AUTUMN GROVE
Proposed Use:	Single Family	Township:	1600 Barringer
Location of Property:	000 Early Frost Ln. STATESVILLE NC 28677		
Parcel #:	4659157537.000	Zoning:	RA
Lot #:	50 Size: .52	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: 15 ft

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

Comments:

RECEIVED JAN 29 2008 BY

DEVELOPER PERMIT

Directions:

CHARLOTTE HWY, RT ON CLEAR SPRINGS, left on Autumn Grove, right on Early Frost, on left

FEES

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