IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225063

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

PIN # 4659-15-9055

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

SITE ADDRESS: 163 Autumn Grove Ln Mooresville, NC PHONE: 704 239-2011 ALT. PHONE:

SITE DIRECTIONS: Hwy 115/US 21 N. TL Autumn Grove Ln Clear Springs TL Autumn Grove Ln a) end in cuddesac

SUBDIVISION: Autumn Grove SECTION: 2 LOT # 58 LOT AREA: .55Ac DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	160	Date	6-21-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	3	Water Supply			
Pump Tank	1000	(gal)	PT	319	Date	6-30-17	System Description:	LP PPBPS			☐ Business	No. Persons	6	☒ Private			
Pump Make	Zoeller		Model	N-53	1/3 HP	Serial #	PN53 0002	Repair System Description:	LP PPBPS		☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1		# Lines	3		Linear Ft:	250	Maintenance Agreement Required:	☒ YES	☐ NO	☐ Slab	☒ Crawl Space		☐ Community			
Trench Width	24"		Max. Trench Bottom Depth	36"		Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing				

Comments / Conditions:

2018 Owners: Gilbert + Janet Benitez Jr.

INITIAL SITE SKETCH

See attached, approved Septic Plan by Soil & Forestry Services of the Carolinas, PA (dated 2/20/17)

AS BUILT SKETCH

9/6/17: Tanks already inspected per installer

$L_1 = 60'$
$L_2 = 93'$ } 36" TB for T+J panels
$L_3 = 98'$
30+20'

CHECKED TANKS 8-30-17 BA

10/3/17: Pressure Transducer - Alarm OK
-2' of Pressure Head Set OK
- Separate breakers OK

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**

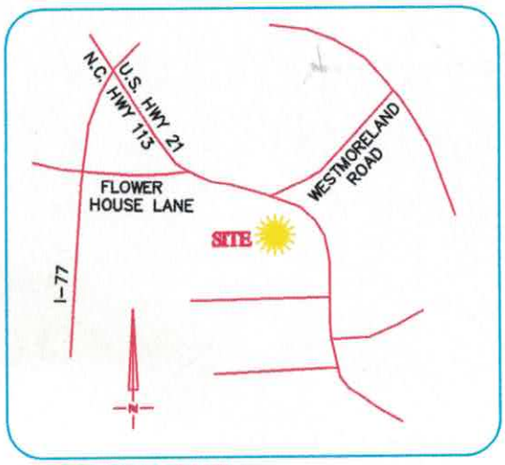
☐ **IMPROVEMENT PERMIT** ~~with plat~~ valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 3-15-17 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/8/17 OPERATION PERMIT by: Tom Shuck Date: 10/3/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/30/17 Existing System Inspected by: Date:

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



VICINITY MAP
Not To Scale

Approved
3/8/17
MD

NOW OR FORMERLY
DANIEL H BRINKLEY
731/503

NOW OR FORMERLY
DANIEL H BRINKLEY
900/1064

S14°26'28"W
100.00'

#163
23,919 Sq.Ft±
0.55 Ac.±

35' SETBACK

15' SETBACK

15' SETBACK

B1
B2
B3
B4

1 P 4.0' 60'
2 B 4.9' 90'
3 Y 5.7' 116'
4 O 6.9' 125'
5 P 7.7' 110'
6 B 8.5' 72'

MB 53 PG 53

57

SB 3/4/17

59

S75°33'32"E
250.00'

N75°33'32"W
226.45'

3.1

15.0'

1.3'

41.0'

57.9'

26.7'

32.3'

36.0'

35' SETBACK

DRIVE

58

WELL

56

C1

C2

L1

50' PUBLIC R/W

AUTUMN GROVE LANE

LINE TABLE		
LINE	LENGTH	BEARING
L1	32.15	N14°26'28"E

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N02°44'28"W	51.51	54.11	50.00
C2	S09°39'13"E	20.41	21.02	25.00

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 (980) 309-0842

HOUSE LOCATION PLOT PLAN

FOR

LOT 58, 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: FEBRUARY 13, 2017

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 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.
- Iredell County HD has approval to move tanks or well location

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Essex Homes SE
Address:	120 Cromer Road Lexington, SC 29073
Phone:	803 223-4003
County:	Iredell
Location:	AUTUMN GROVE LOT 58
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	23.78

Approved
3/8/17
MD

Design Specifications

Drainfield Size:	250
Loading Rate (gpd/ft.^{2}):	0.25
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	15
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	2.61
Dosing Volume:	139.90
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:	2 ft.
Friction Head:	0.19
Elevation Head:	4.00
Total Dynamic Head:	7.12
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	

AUTUMN GROVE LOT 58
LP PPBPS

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.25
TOTAL AREA TRENCH BOTTOM:	750
TOTAL LATERAL LENGTH:	250
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	240
SUPPLY LINE LENGTH:	15
TOTAL DYNAMIC HEAD:	7.12
MANIFOLD SIZE:	N/A
DOSING VOLUME:	139.90
PUMP TANK DRAW DOWN*:	6.7
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

Approved
3/8/17
MD

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

Approved 3/8/17 MD

AUTUMN GROVE LOT 58

LAYOUT FOR 3 BEDROOM HOME

February 20, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		5.5			100.00		
INSTR. 1			105.50				
HOUSE CNR				1.30	104.20		
P. TANK				3.00	102.50		
1	***PINK***			***4.00***	***101.50***	***60***	***60***
2	***BLUE***			***4.90***	***100.60***	***90***	***90***
3	***YELLOW***			***5.70***	***99.80***	***116***	***100***
4	ORANGE			6.90	98.60	125	100
5	PINK			7.70	97.80	110	100
6	BLUE			8.50	97.00	72	50
					Total	**573**	**500**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***250***	***0.25***	***MOD.***	***0.250***	***PPBPS***	***LOW PRESSURE***
Repair	250	0.25	MOD.	0.250	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

Approved 3/8/17

LP PPBPS TAPSHEET-AUTUMN GROVE LOT#58

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	***PINK***	101.5	***60***	0.156	**0.41**	480	14
2	***BLUE***	100.6	***90***	0.156	**0.41**	720	21
3	***YELLOW***	99.8	***100***	0.156	**0.41**	800	23
							58
	total	**feet =**	**250**	**gal/min =**	**23.78**		
			Des. Flow	**360**			
			Pump Run=	**5.88**			
			soil LTAR	**0.25**			
			LTAR +5%	**0.2625**			
			LTAR with mod.	**0.5**			
			LTAR with mod.. + 5%	**0.525**			

.156 equals 5/32 inch hole

CALCULATIONS

Approved
3/8/17
MD

Location	Autumn Grove	
Project Number	01-1043	
Lot No:	Lot 58	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.250	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	15	ft.
Supply Line Volume	2.61	gal.
Required Feet of Line	240	ft.
Amount of Line from Layout	250	ft.
Gallons per Minute	23.78	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	58	
Dosing Volume	139.90	gal.

Note: Dosing Volume based on 67% of # of panels times 3.6 gal/panel

Tank Draw Down	6.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	4	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	0.19	ft.
Total Dynamic Head (+15%)	7.12	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

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

Sheet 1 of 1
PROPERTY ID #: 1659159055
COUNTY: IREDELL

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

Approved 3/8/17 MD

OWNER: ESSEX HOMES JE
ADDRESS: 120 CROMER RD LEXINGTON SC 29073
PROPOSED FACILITY: RESIDENCE
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: LOT 58 AUTUMN GROVE

APPLICATION DATE 2/20/17
DATE EVALUATED: 2/16/17
PROPERTY SIZE: .55
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/10%	0-4	B SL WFGR	FR SS SP	—	48"	—	—	PS .25
		4-7	RB CL WFSBK	FR SS SP					
		7-20	BR C WMSBK	FR SS SP					
		20-48	BR CL WMSBK	FR SS SP C Y MOTTLES C SAP					
2	L/9%	0-3	B SL WFGR	FR SS SP	—	48"	—	—	PS .3
		3-7	B SCL WFSBK	FR SS SP					
		7-36	R C WFSBK	FR SS SP					
		36-48	BR CL WMS	FR SS SP F SAP					
3	L/9%	0-4	B SL WFGR	FR SS SP	—	48"	—	—	PS .275
		4-14	RB CL WFSBK	FR SS SP					
		14-48	R C WMSBK	FR SS SP F/C Y MOTTLES					
4	L/9%	0-4	B SL WFGR	FR SS SP	—	48"	—	—	PS .275
		4-16	B SCL WFSBK	FR SS SP					
		16-36	BR C WMSBK	FR SS SP					
		36-48	BR CL WMSBK	FR SS SP F-C SAP V/F MOTTLES					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	250	250
System Type(s)	PP BPS	PP BPS
Site LTAR	0.25	0.25

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

COMMENTS:

RECEIVED MAR 2 0 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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

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

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

Applicant Information:

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

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

Property Information:

Street Address: 163 Autumn Grove lane

Subdivision Name: Autumn Grove **Section/Phase:** 2 **Lot Number:** 58

Driving Directions: I-77 to Exit 42, East toward Mooresville, Right onto Clear Springs

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

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

3/20/17
DATE

RECEIVED FEB 2 0 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $850.00

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

#225063

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 #	Alternate Phone #
WENDELL OVERBY	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
163 AUTUMN GROVE LANE	AUTUMN GROVE	58

Driving Directions: ~~CENTRAL~~ CENTER AVE TO N BROAD STREET. NORTH TO CLOAR SPRINGS, LEFT ON AUTUMN GROVE LANE.

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

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

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

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

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

6. Proposed Water Supply:

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

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

( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) 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: Wendell Overby — 2-17-17

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 LOT 58 AUTUMN GROVE, identified as PIN(Parcel Identification Number) 4659159055, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) SOIL & FORESTRY SERVICES, WENDELL OUGLEY, ASHLEY ROLLINS, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — 11/18/16 — Darek Burns

Signature of Witness — 11/18/16 Date

Date

IREDELL COUNTY HEALTH DEPARTMENT

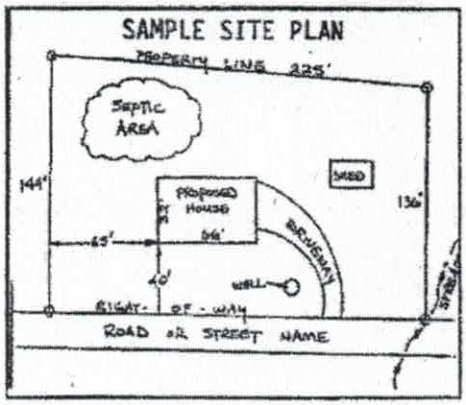
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

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



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

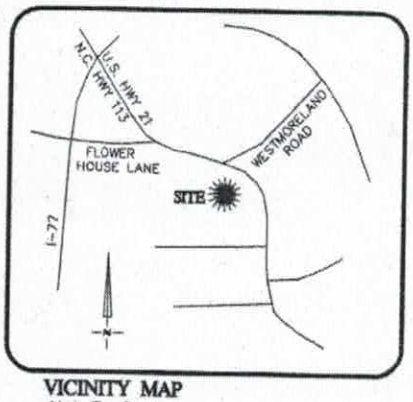
See attached Site Plan

Signature: Stan Pressley

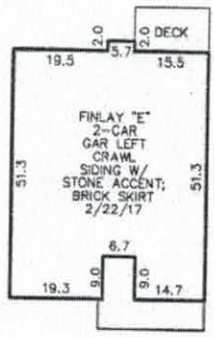
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/20/17

DATE



VICINITY MAP
Not To Scale



NOW OR FORMERLY
DANIEL H BRINKLEY
731/503

NOW OR FORMERLY
DANIEL H BRINKLEY
900/1064

S14°26'28"W
100.00'

#163
23,919 Sq.Ft±
0.55 Ac.±

35' SETBACK

15' SETBACK

15' SETBACK

MB 53 PG 53

1 P 4.0' 60'
2 B 4.9' 90'
3 OP 5.7' 100'
5 P 7.7' 100'
6 8 8.5' 72'
7 6.5' 110'

57

59

S75°33'32"E
250.00'

226.45'
N75°33'32"W

26.9'
32.4'

56

35' SETBACK

58

36.0'

WELL

C1

L1
C2

50' PUBLIC R/W

163

AUTUMN GROVE LANE

LINE TABLE		
LINE	LENGTH	BEARING
L1	32.15	N14°26'28"E

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N02°44'28"W	51.51	54.11	50.00
C2	S09°39'13"E	20.41	21.02	25.00

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 (980) 309-0842

HOUSE LOCATION PLOT PLAN

FOR

LOT 58, 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: FEBRUARY 28, 2017

Acknowledgement of Plans Submittal ONLY!

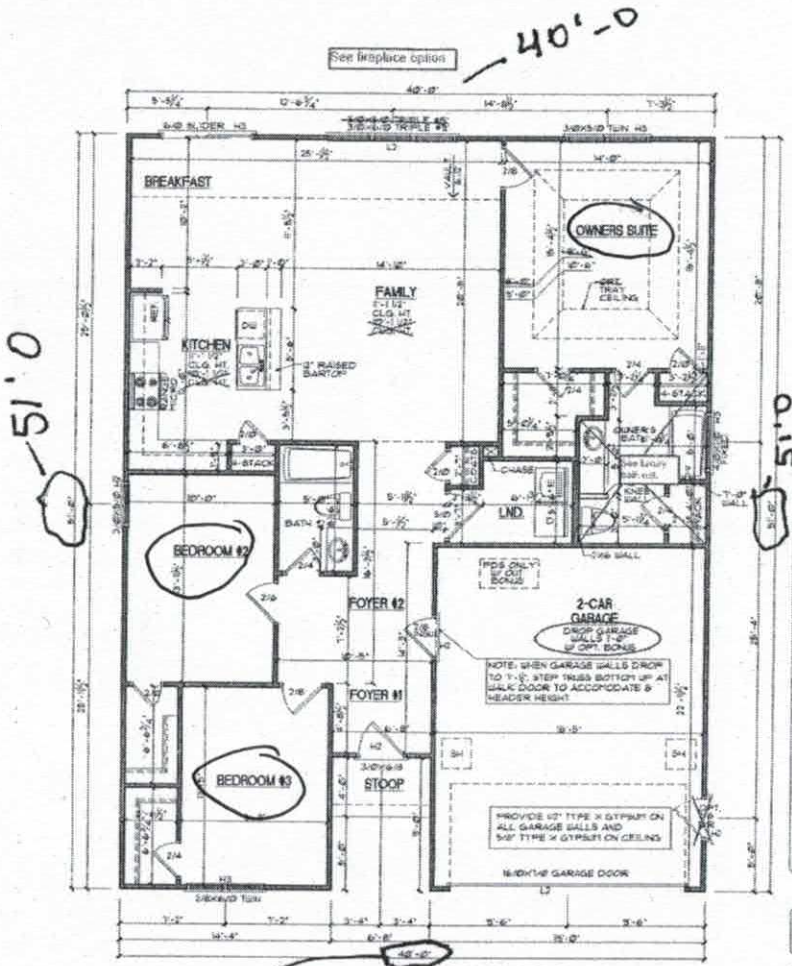
Lot 103 Autumn Grove Lane

Date 3/20/17

Date 3/20/17

REVERSED

Lot 58 Autumn Grove
CJA 2-22-17



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

HEADER SCHEDULE		
TAG	SIZE	JACKS (EACH END)
H1	(2) 2x6	(1)
H2	(2) 2x8	(1)
H3	(2) 2x10	(2)
H4	(2) 2x12	(2)
L1	(2) 1-3/4"x9-1/4" LVL	(1)
L2	(3) 2x6	(1)
L3	(3) 2x8	(2)
L4	(3) 2x10	(2)
L5	(3) 2x12	(3)

Header/ Jack Schedule

NLB= Non-Load Bearing- See 21-RM 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" &
Triple Jack Studs @ Garage Door.

PROVIDE WINDOW FALL PROTECTION PER R612

PLANS ARE DESIGNED TO MEET THE REQUIREMENTS OF THE NORTH CAROLINA RESIDENTIAL CODE 2012 EDITION AND THE SOUTH CAROLINA RESIDENTIAL CODE, 2018 EDITION

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 3-1/2" THICK U.N.O.
ANGLED WALL ARE DRAWN @ 45° U.N.O.

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

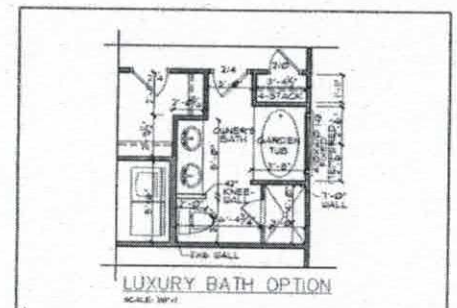
EGRESS:
ALL BEDROOMS MUST HAVE AT LEAST ONE WINDOW WHICH CONFORMS TO R-310 OF THE INT. BLDG. CODE. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY CHOSEN WINDOWS MEET EGRESS REQUIREMENTS AS MANUFACTURERS VARY.

ATTIC ACCESS:
PROVIDE MIN. ATTIC ACCESS PER R807

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

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

NOTE:
IF BUILDING IS LESS THAN 3' FROM PROPERTY LINE PROVIDE RATED PROTECTION PER NC RESIDENTIAL BUILDING CODE SECTION R302.6



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

FINLAY

Essex Homes, Inc.

DATE:	1/10/2014
DRAWN BY:	TF
REVISION DATE:	

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

SHEET NO. 4.1

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
225063
Issue Date: 02/17/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4659159055.000	163 AUTUMN GROVE LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ESSEX HOMES SOUTHEAST INC	Applicant: ROLLANS SOIL & ENVIRON
Address: 120 CROMER RD LEXINGTON, SC 29073	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.550	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.

See Attached

Applicant: _____ Date: _____

Permit Number	93716	TOTAL FEES:	$ 77.25