IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221815

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

PIN # 4659-16-0036 ✓

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

SITE ADDRESS: 153 Clear Springs Rd. Mooresville, NC PHONE: 704-239-2001 ALT. PHONE:

SITE DIRECTIONS: Rt 115 N from Mooresville → L on Clear Springs Rd → Lot on Left

SUBDIVISION: Autumn Grove SECTION: 2 LOT # 13 LOT AREA: 0.69 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	GST 160	Date	1/23/17	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:	PPBPS - 50% Reduction	☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LP - PPBPS (50% Reduction)	☐ Other	No. Employees
# Nitrification Fields		# Lines		Linear Ft:	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width		Max. Trench Bottom Depth		Gravel Depth			☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

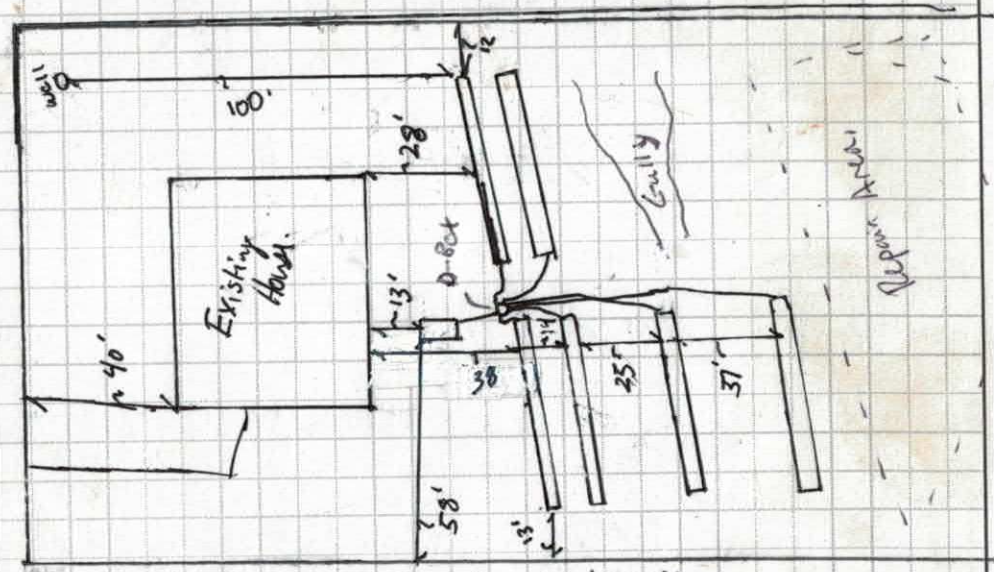
Comments / Conditions: Follow all N.C. septic rules. MUST install all 300 l.f. of proposed drainfield lines. Minimum diameter of conveyance between septic tank + drainfield is 3" (for gravity systems)

INITIAL SITE SKETCH

See attached plans from Soil + Forestry Services of the Carolinas [Wendell Overby LSS# 1218]

Dated 9-14-2016
Approved 10-7-2016

AS BUILT SKETCH



* Line Lengths were 50 Ft each. total 300 Ft
* System fed from D-Box

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**

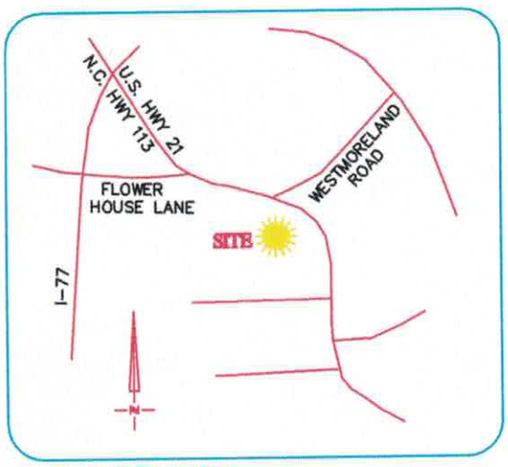
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Wendell Overby Date: 10-13-16 Installed by: Mills Water Managment of NC

IMPROVEMENT PERMIT by: Tom Shuck Date: 10-7-2016 OPERATION PERMIT by: B. Bottoms Date: 3-7-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/2/2016 Existing System Inspected by: Date:

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

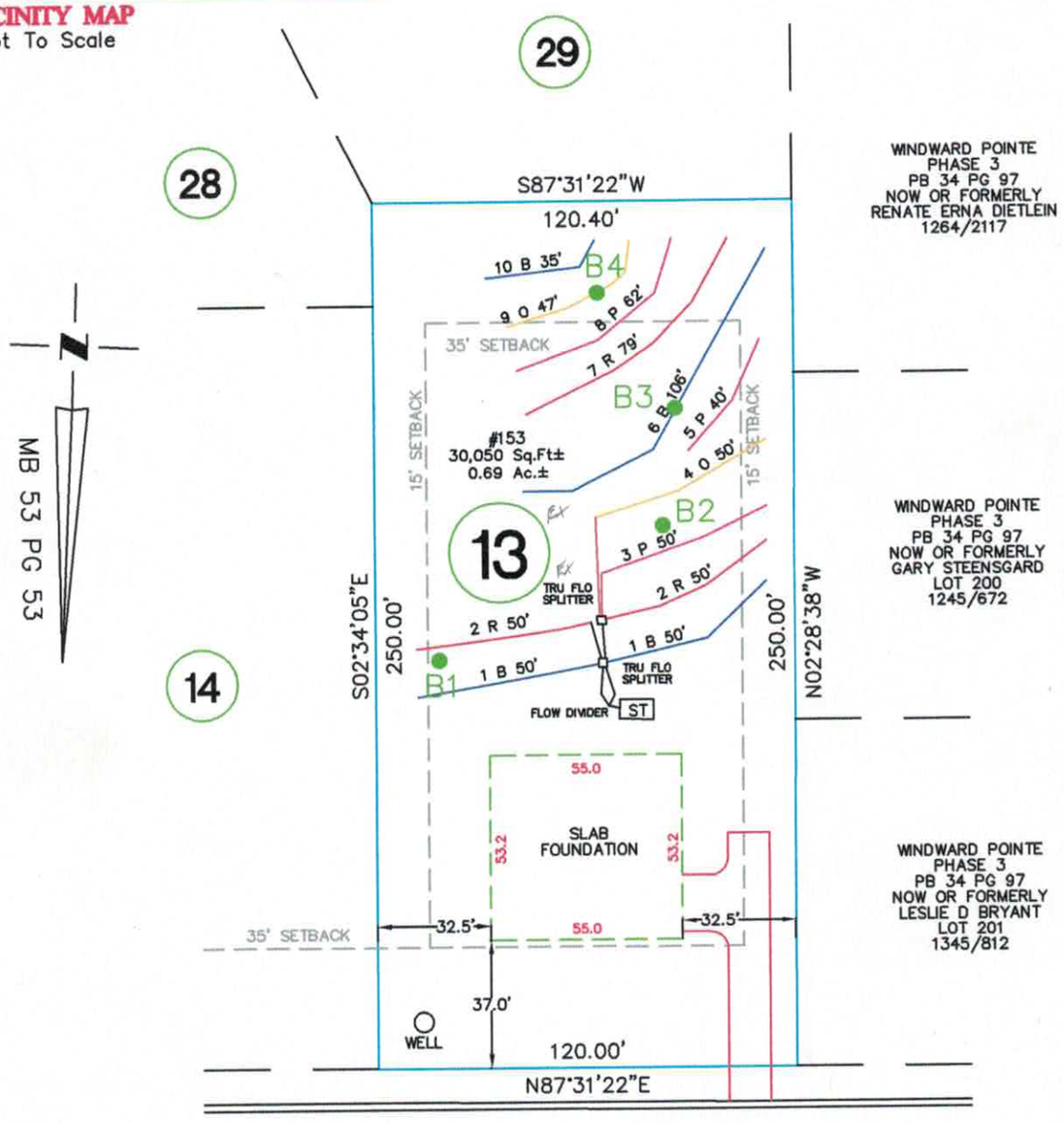


VICINITY MAP
Not To Scale

LOT FIT ONLY

REVISIONS

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



CLEAR SPRINGS ROAD

50' PUBLIC R/W

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

APPROVED OCT - 7 2016

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 13, 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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

Attached is a proposed design for a PPBPS Septic System with gravity distribution for a 4 bedroom single family residence on Lot #13 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---------- 6

Calculations---------- 7

Profile Descriptions---------- 8

Expedited Review Checklist---------- 9

Iredell County Septic Application---------- 10-11

Iredell County Zoning Permit---------- 12

Environmental Health Requirements---------- 13

Agent Authorization---------- 14

Owner: Essex Homes Southeast, Inc. 120 Cromer Road-Lexington, SC 29073
(803) 223-4003

September 14, 2016
Project #: 16-1069
Design By: Soil & Forestry Services of the Carolinas, PA



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 DHHS, 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.
- Pumptank 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.

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant: Essex Homes Southeast, Inc.

Address: 120 Cromer Road
Lexington, SC 29073
Phone: 803 223-4003
County: Iredell
Location: AUTUMN GROVE LOT#13

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 480
System Flow: N/A

Design Specifications

Drainfield Size: 300
Loading Rate (gpd/ft.^{2}): 0.3
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: 16
Supply Line Diameter: 3/4 in. SCH 40 PVC (wo)
Supply Line Volume: 2.78
Dosing Volume: N/A
Supply Manifold: N/A
Supply Manifold Length: N/A
Supply Manifold Volume: N/A

Recommended Float Controls: N/A

Recommended Control Panel: N/A

Pressure Head: N/A
Friction Head: N/A
Elevation Head: N/A
Total Dynamic Head: N/A

APPROVED OCT - 7 2016

Threaded Union: N/A
Gate Valves: N/A
N/A
Check Valves: N/A
Anti-Siphon Hole: NA

AUTUMN GROVE LOT#13

LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	270
SUPPLY LINE LENGTH:	16
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.*

APPROVED OCT - 7 2015

AUTUMN GROVE LOT#13

Project #: 16-1069

LAYOUT FOR 4 BEDROOM HOME

9/14/2016

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	*BLUE*			*N/A*	*N/A*	*50*	*50*
1	*BLUE*			*N/A*	*N/A*	*50*	*50*
2	*RED*			*N/A*	*N/A*	*50*	*50*
2	*RED*			*N/A*	*N/A*	*50*	*50*
3	*PINK*			*N/A*	*N/A*	*50*	*50*
4	*ORANGE*			*N/A*	*N/A*	*50*	*50*
5	PINK			N/A	N/A	40	40
6	BLUE			N/A	N/A	106	106
7	RED			N/A	N/A	79	79
8	PINK			N/A	N/A	62	62
9	ORANGE			N/A	N/A	47	47
10	BLUE			N/A	N/A	35	35
					Total	669	669

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	TRENCH SYSTEM	DISTRIBUTION
** System*	*300*	*0.3*	*MOD.*	*PPBPS*	*GRAVITY*
Repair	369	0.3	MOD.	PPBPS	LOW PRESSURE

Notes:

**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 OCT - 7 2016

AUTUMN GROVE LOT 13

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*BLUE*	N/A	*50*	N/A	N/A	150	12
1	*BLUE*	N/A	*50*	N/A	N/A	150	12
2	*RED*	N/A	*50*	N/A	N/A	150	12
2	*RED*	N/A	*50*	N/A	N/A	150	12
3	*PINK*	N/A	*50*	N/A	N/A	150	12
4	*ORANGE*	N/A	*50*	N/A	N/A	150	12
							72

total	**feet =**	**300**	**gal/min =**	**N/A**
		Des. Flow	**480**	
		Pump Run=	**N/A**	
		soil LTAR	**0**	
		LTAR +5%	**0**	
		LTAR with mod.	**0**	
		LTAR with mod.. + 5%	**0**	

.156 equals 5/32 inch hole

APPROVED OCT - 7 2016

CALCULATIONS

Location AUTUMN GROVE

Project Number 16-1069

Lot No: Lot 13

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	16	ft.
Supply Line Volume	2.784	gal.
Required Feet of Line	270	ft.
Amount of Line from Layout	300	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	72	
Dosing Volume	N/A	gal.

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

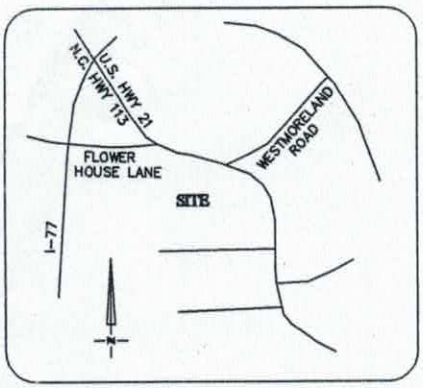
FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

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.

APPROVED OCT - 7 2016

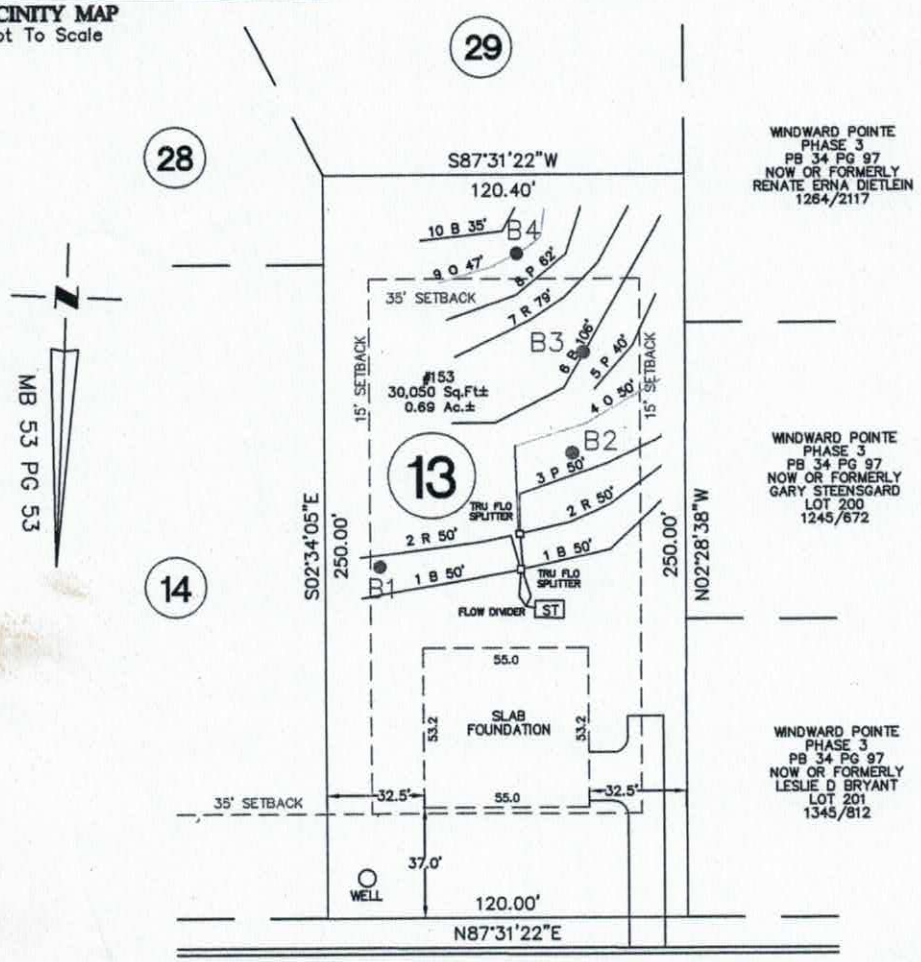
LOT FIT ONLY



VICINITY MAP
Not To Scale

REVISIONS

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



NOTE:
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CLEAR SPRINGS ROAD

50' PUBLIC R/W

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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 13, 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

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Wendell Overby
ADDRESS: P.O. Box 832 Mooresville, NC 28115
PROPOSED FACILITY: 4BR. House PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: Lot 13 Autumn Grove
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE 9-13-16
DATE EVALUATED: 10-5-16
PROPERTY SIZE: 0.69 acres
PROPERTY RECORDED: Yes
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	X								
2	LSS 10% Primary	0-12	BR Loam / Clay Loam v. weak SBK	sl. Fr. SS, Sp, Scxp	—	48	—	—	0.325 PS
		12-32	R Clay w/SBK trace mica	sl. Firm, SS, Sp, Scxp					
		32-48	R.C.L. w/SBK + mica	V. Fr. SS, Sp, Scxp					
3	X								
4	Foot Slope [Linear] 11% Repair	0-11	BR. Loam v. weak SBK	sl. Fr., SS, Sp, Scxp	mica @ 28" inches —	48	—	—	0.30 PS
		11-36	R. Clay w/SBK some mica	sl. Firm, SS, Sp, Scxp					
		36-48	R. C.L. w/SBK some mica	Friable, SS, Sp, Scxp					

Lengths OK Locations OK

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 l.f.	300 l.f.
System Type(s)	PPBPS.	PPBPS
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS: ___

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

Sheet 1 of 1
PROPERTY ID #: 4659160036
COUNTY: IREDELL

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

OWNER: ESSEX HOMES SOUTHEAST INC.
ADDRESS: 120 CROMER ROAD, LEXINGTON SC 29073
PROPOSED FACILITY: RESIDENCE PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 153 CLEAR SPRINGS ROAD

APPLICATION DATE
DATE EVALUATED: 9/1/16
PROPERTY SIZE: .69
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/8%	0-7	RB SL WFGR	VFR SS SP	N/A	48+	N/A	–	PS .3
		7-20	RB CL WMS/A	FR SS SP					
		20-48	BR C WMS/A	FR SS SP f/c YB					
2	L/10%	0-8	RB SL WFGR	VFR SS SP	N/A	48+	N/A	–	PS .3
		8-13	RB CL WMS/A	FR SS SP					
		13-36	BR C WMS/A	FR SS SP					
		36-48	BR CL WMS	FR SS SP					
3	L/6%	0-21	RB CL WMS	FR SS SP	N/A	48+	N/A	–	PS .3
		21-44	BR C WMS/A	FR SS SP					
		44-48	BR CL WMS/A	FR SS SP					
4	L/12%	0-14	RB SL WFGR	VFR SS SP	N/A	48+	N/A	–	PS .3
		14-26	RB CL WMS/A	FR SS SP					
		26-37	BR C WMS/A	FR SS SP					
		37-48	BR CL WMS/A	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	270 LF	270 LF
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: OVERBY
OTHER(S) PRESENT: ROLLINS

APPROVED OCT - 7 2016

COMMENTS:

RECEIVED OCT 2 7 2016

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:** 704-301-322[illegible]

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

Property Information:

Street Address: 153 Clear Springs Rd

Subdivision Name: Autumn Grove **Section/Phase:** 2 **Lot Number:** 13

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

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

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

Please answer the following to the best of your ability:

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

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

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

10/26/16
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 13, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina. 153 CLEAR SPRINGS

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 — 10/27/16 — Date — Darek Burns

Signature of Witness — Date

RECEIVED SEP 2 2 2016

IREDELL COUNTY HEALTH DEPARTMENT Paid $350.00
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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)

221815

1. APPLICATION FOR: X **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:

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

4. Property Information:

153 CLEAR SPRINGS RD M'VILLE	AUTUMN GROVE	LOT 13
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: FROM DOWNTOWN M'VILLE GO 115 NORTH TO CLEAR SPRINGS ROAD. 9th lot on left PAST 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
( ) Other

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: Wendell Overby 9-13-16
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 AUTUMN GROVE LOT 13, identified as PIN(Parcel Identification Number) 4659160036, located in Iredell County, North Carolina.

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

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

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

Signature of Owner — 9-1-16 — Date — Darek Burns

Signature of Witness — 9/1/16 — Date

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

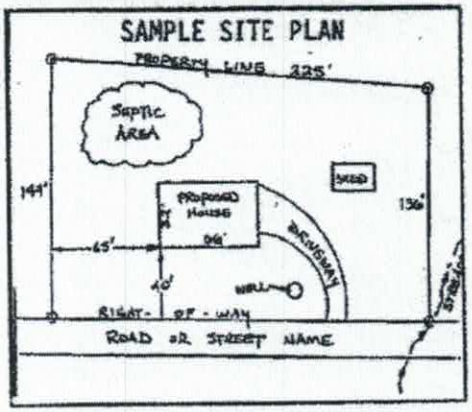
SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

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

153 Clear Springs Rd.
Lot 13

See attached Site Plan

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

10/26/16
DATE

IREDELL COUNTY HEATLH 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…
  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…

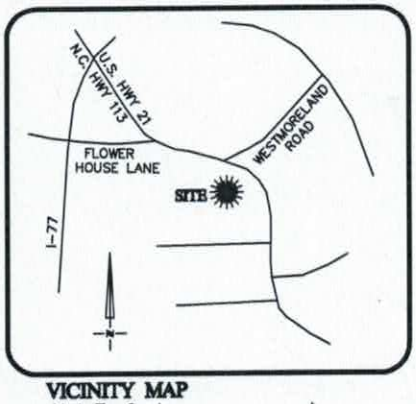
Circle N/A on the following if appropriate:

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

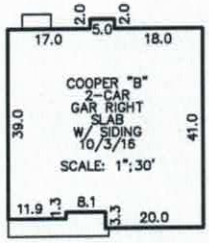
Signature: Wendell Cy _____ 9-13-16 _____ **DATE**

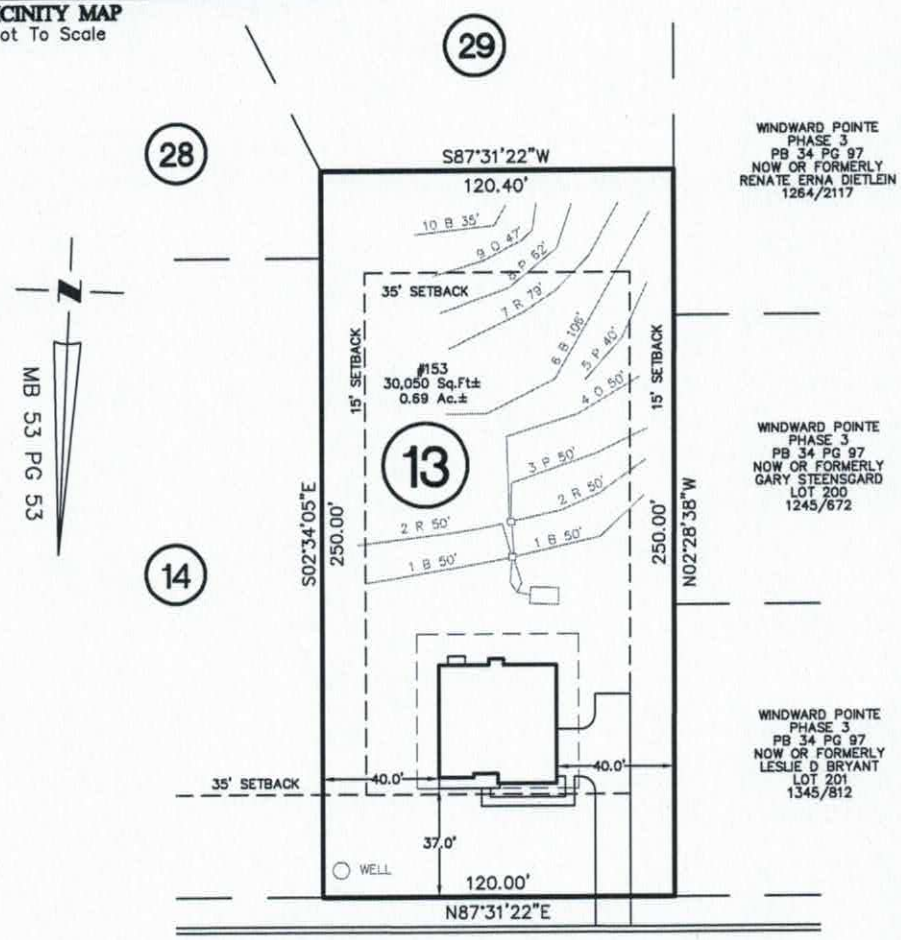
REQUIRED **property owner or owner's legal representative signature.**

USE THIS SPACE TO DRAW YOUR SITE PLAN



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.

CLEAR SPRINGS ROAD

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 (980) 309-0842

HOUSE LOCATION PLOT PLAN

FOR

LOT 13, AUTUMN GROVE SUBDIVISION, PHASE 2

Barringer Township, Iredell County, North Carolina

PROPERTY OF: ESSEX HOMES

MAP BOOK 53 PAGE 53 DEED REFERENCE

DRAWN BY: ERG | DATE: OCTOBER 13, 2016

Acknowledgement of Receipt of Plans Submittal ONLY!
Autumn Grove @ 153 Clear Springs Rd.
Date 10/27/16
Date 11/2/16

NOTE:
IF BUILDING IS LESS THAN 10' FROM PROPERTY LINE PROVIDE 5/8"FIT PROTECTION PER NC STATE BUILDING CODE SECTION 302 AND 703.3.

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

NOTE:
CABINET BLOCKING
"FOR 36" PULLED AND STAGGERED 16" TO CENTER OF BLOCKING AT FRIDGE AND RANGE.
"60" ALL OTHER LOCATIONS.
"FOR 42" PULLED AND STAGGERED 16" TO CENTER OF BLOCKING AT FRIDGE AND RANGE.
"60" ALL OTHER LOCATIONS.

GENERAL NOTES

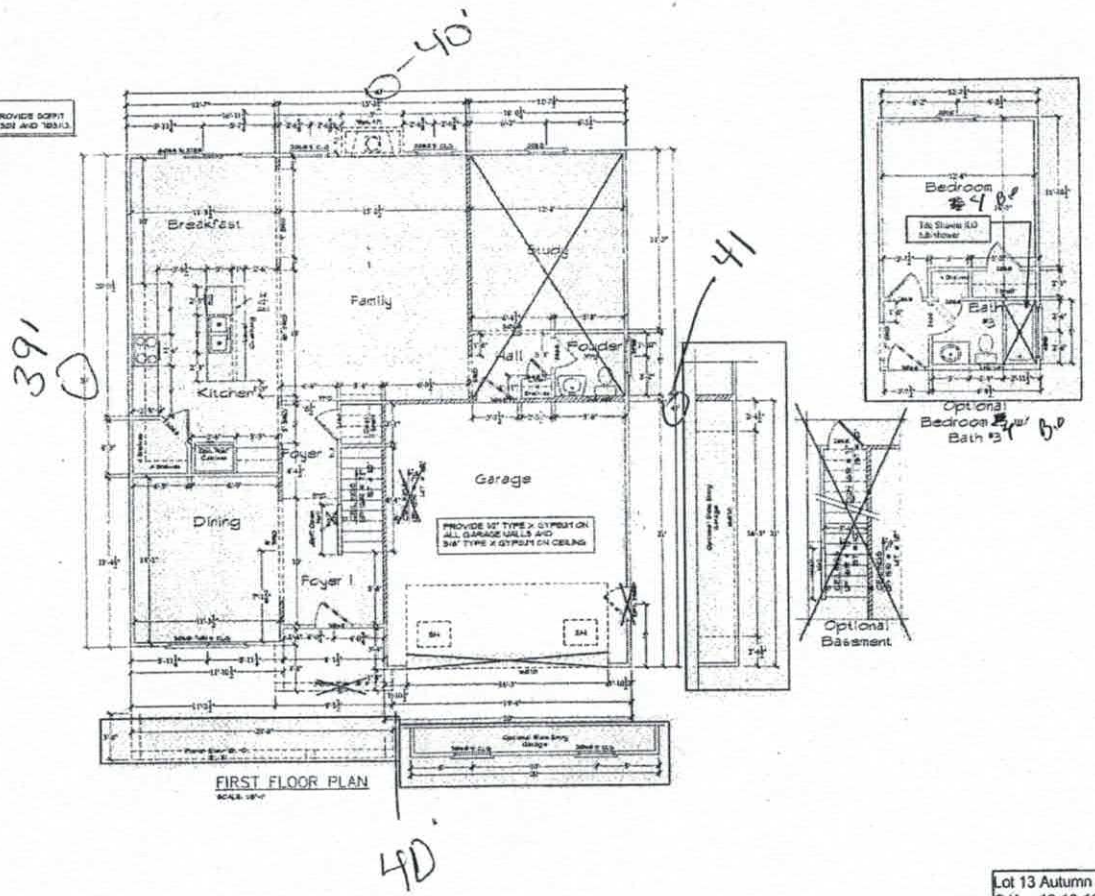
WALLS:
ALL WALLS ARE DRAWN 5-1/2" THICK UNO.
ANGLED WALL ARE DRAWN @ 45° UNO.

SMOKE 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. & S.C. BLDG. CODE. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY CHOSEN WINDOWS MEET EGRESS REQUIREMENTS AS MANUFACTURERS VARY.

ATTIC ACCESS:
MIN. ATTIC ACCESS SHALL BE PROVIDED BY BUILDER AND LOCATED ON SITE.

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 3" FOR FURRING (IN HEATED SPACES) FOR INSULATION. THE WALL HEIGHT" REFERS TO THE HGT. FROM THE FLOOR DECKING TO THE BOTTOM OF THE FURRING.



FIRST FLOOR PLAN

Lot 13 Autumn Grove
CJA 10-18-16

THE COOPER

Essex Homes, Inc.

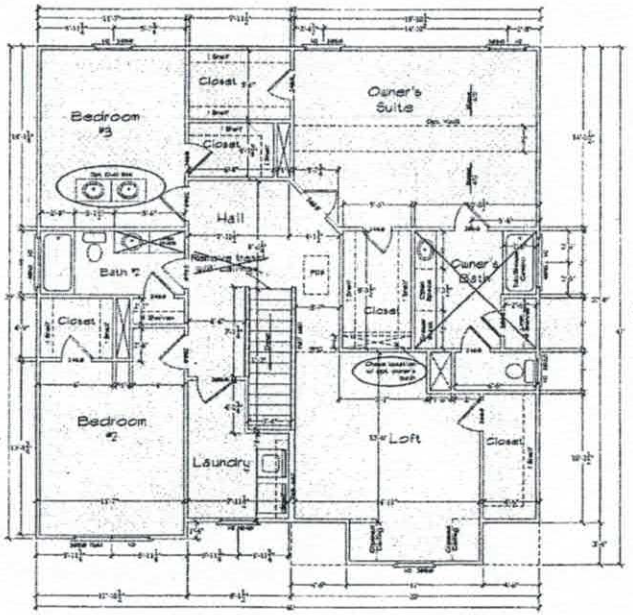
DATE: 10/05/2016
DRAWN BY: KDB
REVISION DATE:

FIRST FLOOR "A & D"

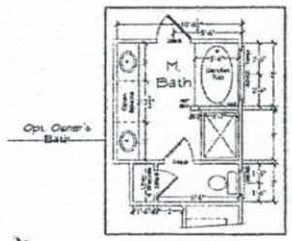
SHEET NO. 4.1A

Auburn Plans Submittal ONLY! Page 2
10/27/16
Date
Date 11/2/16

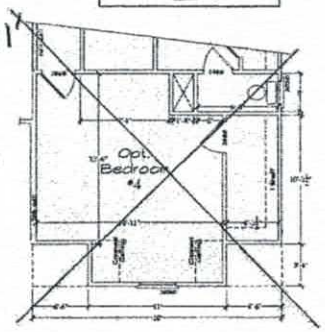
40'



39'



41'



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

40'

Lot 13 Autumn Grove
CJA 10-18-16

THE COOPER

Essex Homes, Inc.

DATE: 10/05/2016
DRAWN BY: KDB
REVISION DATE:

SECOND FLOOR
ELEV. A, B & C

SHEET NO.
5.1A

IREDELL COUNTY

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

APPLICATION NUMBER
221815
Issue Date: 09/15/2016

ZONING PERMIT

Open Space

LOT 13

Parcel Number	Street Address	Jurisdiction
4659160036.000	153 CLEAR SPRINGS ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ESSEX HOMES SOUTHEAST INC	Applicant: OVERBY, WENDELL
Address: 120 CROMER RD LEXINGTON, SC 29073	Address: PO BOX 832 MOORESVILLE, NC 28115
Phone:	Phone: 704-239-2001

Use Requested	Zone Code
SFD- FAST TRACK	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	35.00	15.00	15.00	PACL	X

Remarks:

$PAID$

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: Wendell Overby Date: 9-15-16

Permit Number	80543	TOTAL FEES:	$ 77.25