IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224093

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

PIN # 4659-16-2333

APPLICANT: WENDELL OVERBY APPLICANT ADDRESS: PO Box 832 MOORESVILLE NC

SITE ADDRESS: 142 CLEAR SPRINGS PH - Mrsol. PHONE: 704-239-2001 ALT. PHONE:

SITE DIRECTIONS: 115 N, TL CLEAR SPRINGS, ON R

SUBDIVISION: AUTUMN GROVE SECTION: 2 LOT # 9 LOT AREA: 1.14AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 160 Date 11-29-16

Pump Tank 1000 (gal) PT 319 Date 4-17-17

Pump Make Zoeller 1/2 hors Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 200'

Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth

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

System Description: PM - PANEL BLOCK

Repair System Description: SAME

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

SEE PLAN FROM SOIL & FORESTRY SERVICES

AS BUILT SKETCH

8-18-17: Tanks + drainlines checked. Drain lines needed lyme added.

10/5/17: 3 Float design
- Alarm OK
- On + Off floats OK (7" height differential)
- 2' of pressure head set at PM Box
- 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.*

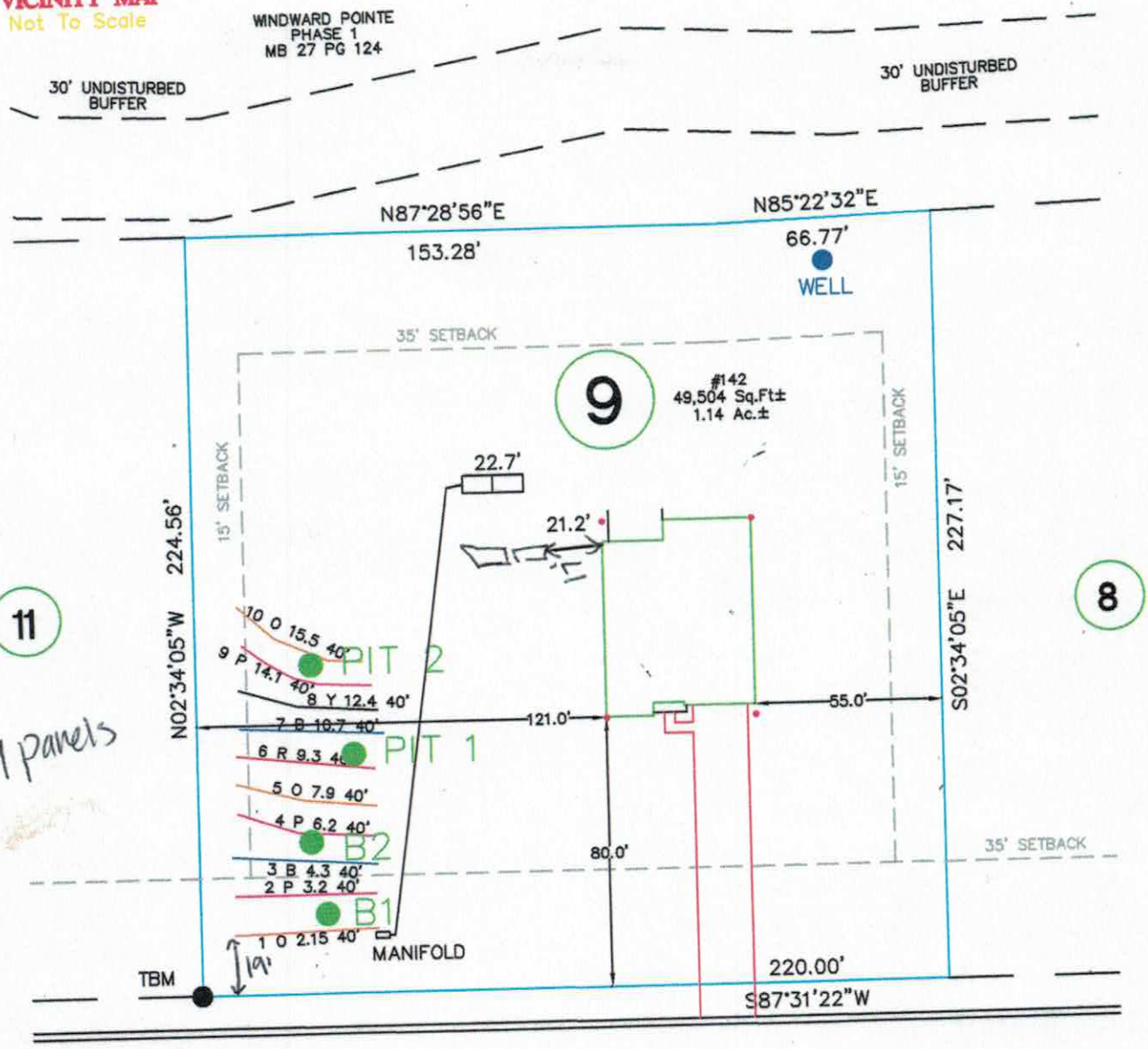
Owner / Applicant Signature: Date: 2-15-17 Installed by: Michael / Sid Gaskins

IMPROVEMENT PERMIT by: Date: 2-9-17 OPERATION PERMIT by: Tom Shuck Date: 10/5/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/10/17 Existing System Inspected by: Date:

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

VICINITY MAP
Not To Scale



9 panels

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

REVISIONS

REV. #	DATE	COMMENT
REV. 1	10/28/16	CHANGED TO FRONT LOAD

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

HOUSE LOCATION PLOT PLAN
FOR
LOT 9, AUTUMN GROVE SUBDIVISION, PHASE 2
Barringer Township, Iredell County, North Carolina
PROPERTY OF: ESSEX HOMES
MAP BOOK 53 PAGE 53 DEED REFERENCE

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

Attached is a proposed design for a PPBPS Septic System with pressure manifold distribution for a 3 bedroom single family residence on Lot # 9&10 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
Pressure Manifold Diagram---------- 7
Calculations---------- 8
Profile Descriptions---------- 9
Iredell County Expedited Review Checklist---------- 10
Iredell County Septic Application---------- 11
Iredell County Site Plan Worksheet---------- 12
Environmental Health Requirements Checklist---------- 13
Agent Authorization---------- 14
Iredell County Zoning Receipt---------- 15

Owner: Essex Homes SE
120 Cromer Road, Lexington, SC 29073
(803) 233-4003

January 18, 2017
Project #: 17-1006
Design By: Wendell Overby



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 24" wide and have no more than 1/4" fall in 10 feet.
- Iredell County HD has approval to move tanks or well as needed.

APPROVED FEB 09 2017

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 9 10

Source of Wastewater Flow: 3 Bedroom Single Family Residence

Estimated Gallons Per Day Flow: 360

System Flow: 27.4

Design Specifications

Drainfield Size: 200

Loading Rate (gpd/ft.^{2}): 0.3

Depth of Gravel in Trench: NA (PPBPS)

Gravel Size: NA (PPBPS)

Trench Depth: 30 in.

Trench Width: 24 in.

Septic Tank Size: 1000

Pump Tank Size: 1000

Estimated Supply Line Length: 140

Supply Line Diameter: 2 in. SCH 40 PVC

Supply Line Volume: 24.36

Dosing Volume: 97.95

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: 2.11

Elevation Head: 28.00

Total Dynamic Head: 37.30

Threaded Union: In Tank

Gate Valves: 1 in Tank
1 per lateral

Check Valves: In Tank

Anti-Siphon Hole: NA

APPROVED FEB 0 9 2017

AUTUMN GROVE LOT 9 10
LP PPBPS

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	400
TOTAL LATERAL LENGTH:	200
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	200
SUPPLY LINE LENGTH:	140
TOTAL DYNAMIC HEAD:	37.30
MANIFOLD SIZE:	N/A
DOSING VOLUME:	97.95
PUMP TANK DRAW DOWN*:	4.7
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

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

APPROVED FEB 0 9 2017

AUTUMN GROVE LOT 9 10

Project #: 17-1006

January 18, 2017

LAYOUT FOR 3 BEDROOM HOME

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		0.0			100.00		
INSTR. 1			100.00				
HOUSE CNR				21.20	78.80		
P. TANK				22.70	77.30		
1	***ORANGE***			***2.15***	***97.85***	***40***	***40***
2	***DARK PINK***			***3.20***	***96.80***	***40***	***40***
3	***BLUE***			***4.30***	***95.70***	***40***	***40***
4	***PINK***			***6.20***	***93.80***	***40***	***40***
5	***ORANGE***			***7.90***	***92.10***	***40***	***40***
6	RED			9.30	90.70	40	40
7	BLUE			10.70	89.30	40	40
8	YELLOW	1.3		12.40	87.60	40	40
9	PINK			3.00	85.90	40	40
10	ORANGE			4.40	84.50	40	40
					Total	**400**	**400**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***200***	***0.3***	***MOD.***	***0.300***	***PPBPS***	***MANIFOLD***
Repair	200	0.3	MOD.	0.300	PPBPS	MANIFOLD

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 FEB 0 9 2017

PRESSURE MANIFOLD TAPSHEET - Autumn Grove LOT# 9 10

SYSTEM

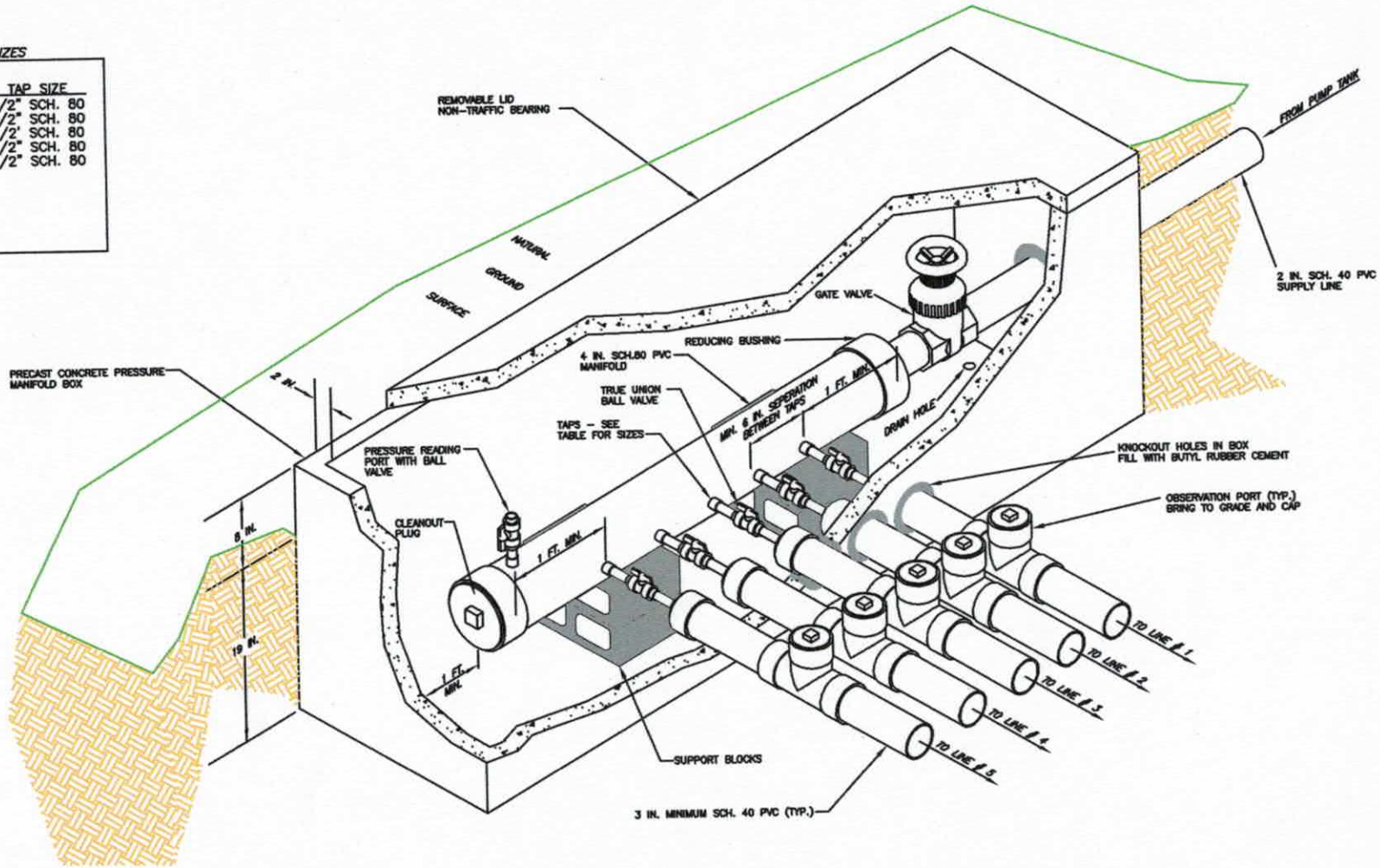
Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area
1	*ORANGE*	97.85	**40**	SCH 80 1/2	**5.48**	120
2	*PINK*	96.8	**40**	SCH 80 1/2	**5.48**	120
3	*BLUE*	95.7	**40**	SCH 80 1/2	**5.48**	120
4	*PINK*	93.8	**40**	SCH 80 1/2	**5.48**	120
5	*ORANGE*	92.1	**40**	SCH 80 1/2	**5.48**	120
	total	**feet =**	**200**	**gal/min =**	**27.4**	
			Des. Flow	**360**		
			Pump Run=	**3.60**		
			soil LTAR	**0.30**		
			LTAR with ACCEPTED	**0.4**		

APPROVED FEB 09 2017

PRESSURE MANIFOLD DETAILS FOR LOT 9 AUTUMN GROVE

TAP SIZES

LINE No.	TAP SIZE
1	1/2" SCH. 80
2	1/2" SCH. 80
3	1/2" SCH. 80
4	1/2" SCH. 80
5	1/2" SCH. 80



APPROVED FEB 09 2017

CALCULATIONS

Location AUTUMN GROVE

Project Number 17-1005

Lot No: 9&10

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\,day}$
PPBPS ~~ACCEPTED~~? (YES OR NO)	YES	
Supply Line Length	140	ft.
Supply Line Volume	24.36	gal.
Required Feet of Line	200	ft.
Amount of Line from Layout	200	ft.
Gallons per Minute	27.4	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral line volume	130.6	gal.
Dosing Volume	97.95	gal.

Note: Dosing Volume based on 75% of lateral line volume

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
27.4	1.51
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	4.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	3.57	minutes
Elevation Head	28	ft.
Pressure Head	2	ft.
Friction Factor	1.51	ft./100 ft. *(From the interpolater.)*
Friction Head	2.11	ft.
Friction Head +15%	2.4311	
Total Dynamic Head	37.30	ft.

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

Sheet 1 of 1
PROPERTY ID #: 4659162333
COUNTY: IREDELL

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

BA
APPROVED FEB 09 2017

OWNER: ESSEX HOMES SE
ADDRESS: 120 CROMER RD LEXINGTON SC 29073
PROPOSED FACILITY: RESIDENCE
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: AUTUMN GROVE 9/10

APPLICATION DATE: 1-2017
DATE EVALUATED: 1-12-17
PROPERTY SIZE: 1.14
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/7%	0-4	RB L WFSOK	FR SS SP	—	48	—	—	PS .3
		4-38	R C WMSOK	FR SS SP					
		38-48	R CL WMSOK	FR SS SP f-c SAP					
2	L/20%	0-5	RB CL WFSOK	FR SS SP	—	48	—	—	PS .3
		5-22	R C WMSOK	FR SS SP					
		22-48	R CL WMSOK	FR SS SP f-c SAP					
PIT 1 3	L/17%	0-4	RB CL WFSBK	FR SS SP	—	48	—	—	PS .3
		4-24	R C WMSBK	FR SS SP					
		24-48	RB CL WMSBK	FR SS SP C SAP					
PIT 2 4	L/17%	0-3	B CL WFSBK	FR SS SP	—	30	PS	—	PS .3
		3-17	R C WMSOK	FR SS SP					
		17-30	RB CL WFSBK	FR SS SP f SAP					
		30-60	VAR L MASS	VFR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	200
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

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

COMMENTS:

RECEIVED MAR 8 - 2017 BB

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well ( ) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an x in the box(es) which ever is submitted if applicable

Applicant Information:

Applicant Name: Essex Homes **Address:** 13000 S. Tryon St. F-205 **Phone:** 704-301-3226

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

Property Information:

Street Address: 142 Clear Springs Rd.

Subdivision Name: Autumn Grove **Section/Phase:** 2 **Lot Number:** 9

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

2/28/17
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 9, identified as PIN(Parcal Identification Number)_____, located in Iredell County, North Carolina. 142 Clear Springs Rd.

I do hereby authorize (print authorized agent/company name) CORNERSTONE II PROPERTIES

_____,

_____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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

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

Signature of Owner — Date 2/28/17 — Darek Burns

Signature of Witness — Date 2/28/17

RECEIVED JAN 20 2016

OK

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**

224093

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 NC		(704) 239-2001
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
ESSEX HOMES SE	120 CROMER ROAD LEXINGTON SC 29073		(803) 233-4003
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

142 CLEAR SPRINGS	AUTUMN GROVE	LOT 9
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: FROM DOWNTOWN M'VILLE TAKE 115 N TO HWY 21. GO TO CLEAR SPRINGS RD. LOT ON RIGHT. [redacted]

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 4
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 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: _____ 1-18-17

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

IREDELL COUNTY HEALTH DEPARTMENT

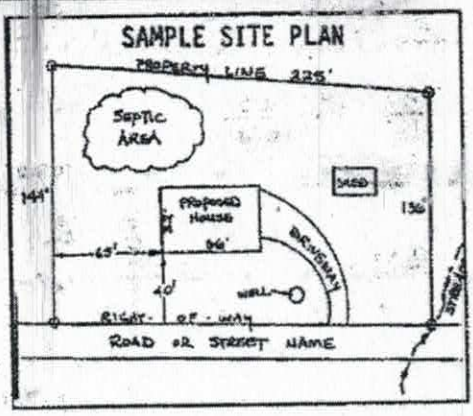
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

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



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached Site Plan

Signature: Stan Pardey

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

2/28/17

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

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

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

X **Property Line measurements are clearly identified…**

X **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

X **Front and side setbacks from property line…**

X **Area you prefer your septic system to be placed…**

X **Preferred driveway location and configuration, preferred well location…**

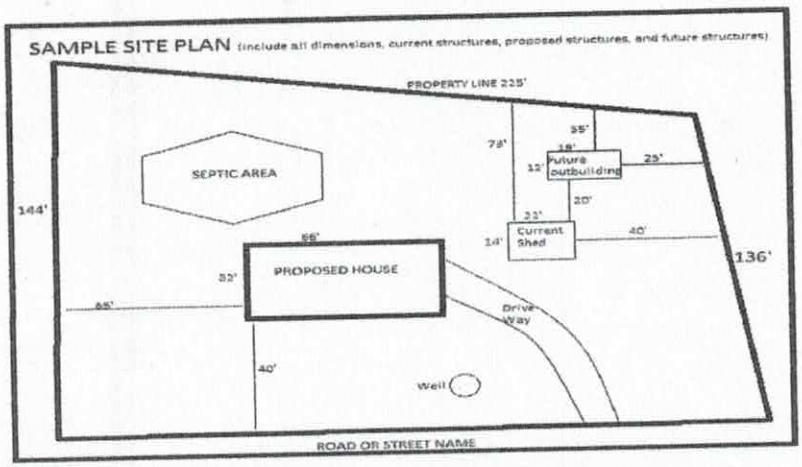
X **North arrow, or other sufficient indicator of direction…**

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

N/A **Location of any designated wetlands on the property…** (N/A)



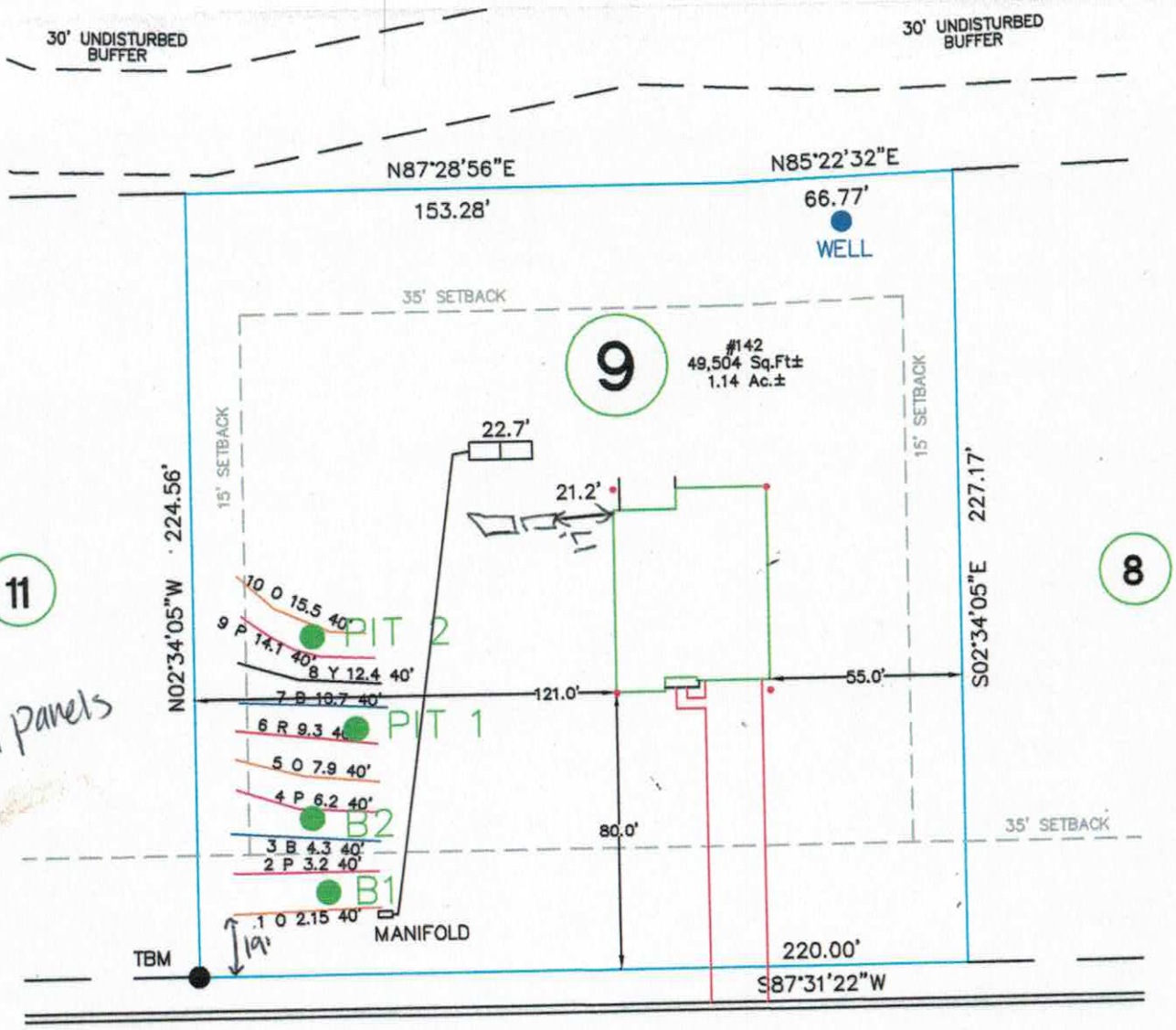
USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: W dy

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

1-18-17

DATE



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

REVISIONS

REV. #	DATE	COMMENT
REV. 1	10/28/16	CHANGED TO FRONT LOAD

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 9, 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 25, 2016

Acknowledgement of
Plans Submittal ONLY!

Date

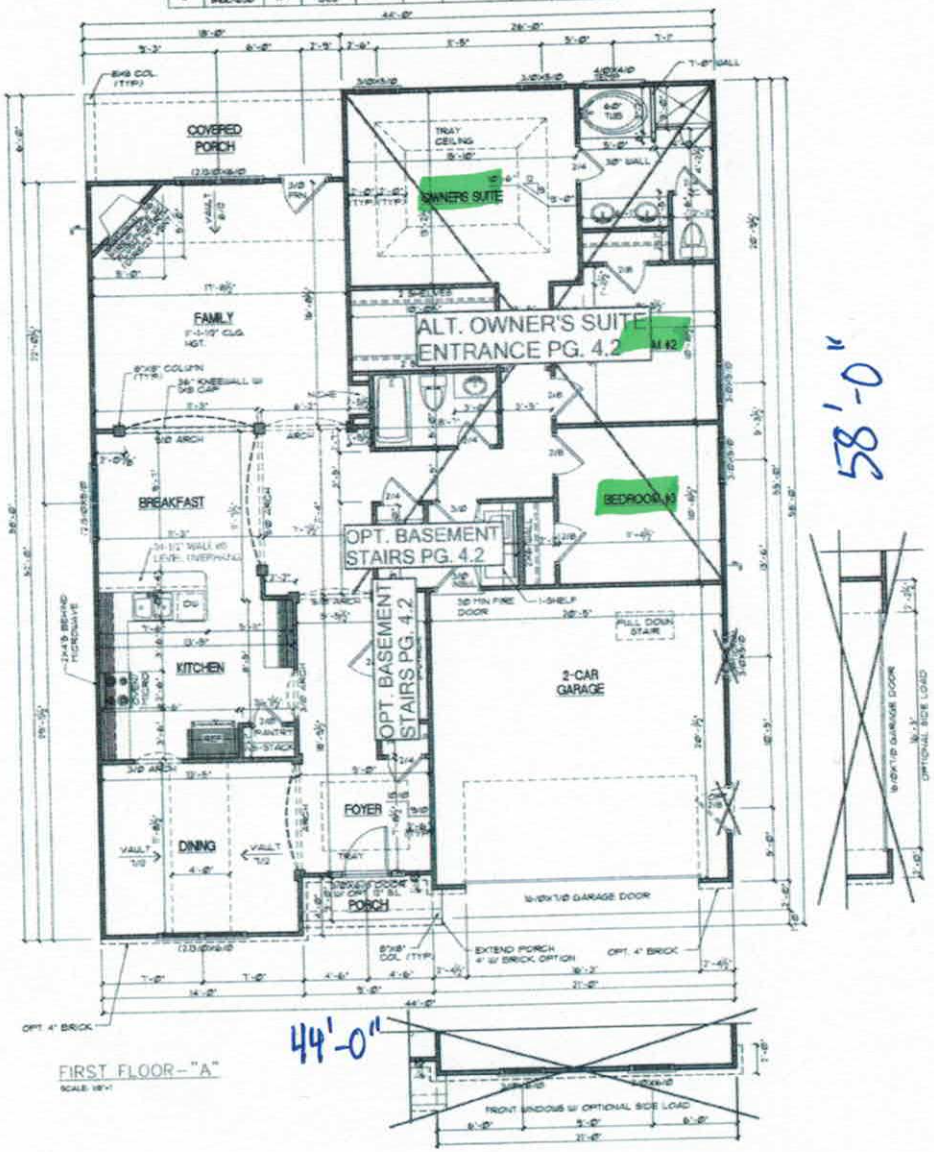
Date 2/23/17

142 Clear Springs Rd

44'-0"

CLIMATE ZONE	FENESTRATION U-FACTOR	CEILING R-VALUE	WOOD FRAME WALL R-VALUE	MASS WALL R-VALUE	FLOOR R-VALUE	BASEMENT WALL R-VALUE	SLAB R-VALUE & DEPTH	CRAWL SPACE WALL R-VALUE
3	U-0.35/ SHGC-0.30	30	13	5/10	19	10/13	0	5/13
4	U-0.35/ SHGC-0.30	38	13 OR 5	5/10	19	10/13	10/2 FT	10/13

Lot 9 Autumn Grove
AME 11-29-16



FIRST FLOOR - "A"
SCALE: 1/8"=1'

PROVIDE WINDOW FALL PROTECTION PER R612

PLANS ARE DESIGNED TO MEET THE REQUIREMENTS OF THE 2012 N. CAROLINA RESID. CODE AND S. CAROLINA 2015 IRC

AND THE SOUTH CAROLINA

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 3-1/2" THICK U.N.O.
ANGLED WALL ARE DRAWN 4-45? 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 NC 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.

NOTE:
IF BUILDING IS LESS THAN 10' FROM PROPERTY LINE PROVIDE SPRIT PROTECTION PER NC RESIDENTIAL BUILDING CODE SECTION R302.13

FRAZIER HOME DESIGN, LLC.
www.frazierhomedesign.com
900 RIDGEFIELD DRIVE, SUITE 170
RALEIGH, NC 27609
O: (919)-424-7245

THE SELWYN

Essex Homes, Inc.

DATE:	10/02/2015
DRAWN BY:	JJ
REVISION DATE:	07/13/2016 CJA

FIRST FLOOR

SHEET NO. 4.1

Acknowledgement of Plans Submittal ONLY!

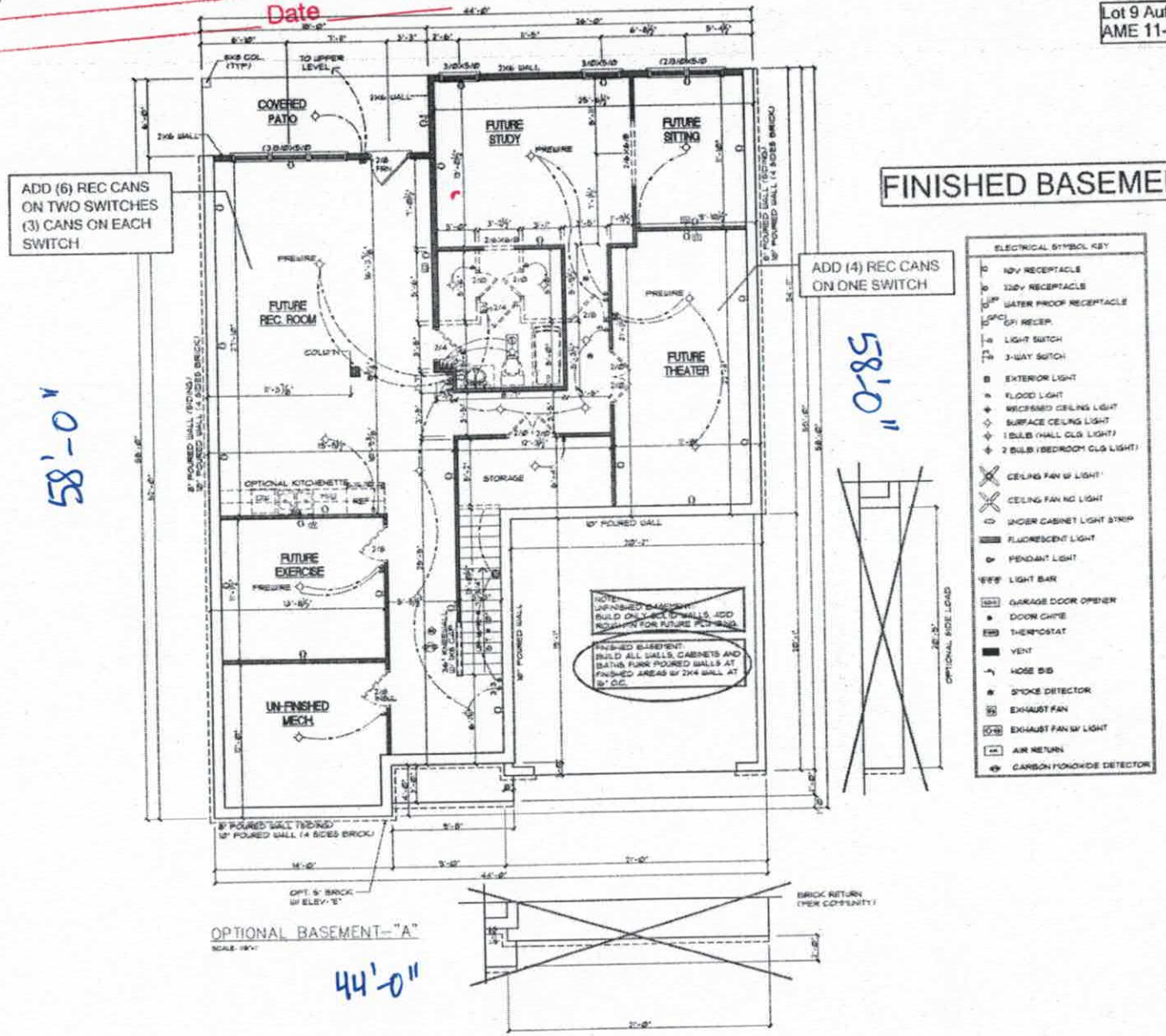
Date

Date

142 Clear Springs Rd

Lot 9 Autumn Grove
AME 11-29-16

FINISHED BASEMENT



OPTIONAL BASEMENT-"A"

44'-0"

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www.frazierhomedesign.com
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O: (919)-424-7245

THE SELWYN

Essex Homes, Inc.

DATE:	10/02/2015
DRAWN BY:	JJ
REVISION DATE:	07/13/2016 CJA

BASEMENT

SHEET NO.
3.1

IREDELL COUNTY

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

APPLICATION NUMBER
224093
Issue Date: 01/03/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4659162333.000	142 CLEAR SPRINGS ROAD, 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 REPLACING PERMIT 147295	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.140	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.

Applicant: _____ Date: 1-18-17

Permit Number	89516	TOTAL FEES:	$ 77.25