IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22819

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

PIN # 4659163395

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

SITE ADDRESS: 134 Clear Springs Mooresville, NC PHONE: ALT. PHONE: 704 239-2001

SITE DIRECTIONS: US 21/Hwy 115 N. TL Clear Springs Rd on right

SUBDIVISION: Autumn Grove SECTION: 2 LOT # 8 LOT AREA: .563Ac. DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB INFILTRATOR Date

Pump Tank 1000 (gal) PT INFILTRATOR Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 268'

Trench Width Min 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III [IV] V VI

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: [X] YES [ ] NO

[ ] GRAVITY [X] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

[X] Crawl Space [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions:

This permit replaces previous permit dated 5/21/08

INITIAL SITE SKETCH

See approved, attached plan by Soil & Forestry Services of the Carolinas, PA (dated 11-18-2016)

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	9-26-17	BA
Tanks Checked	9-26-17	BA
Pressure Manifold or Valve Box Checked	11-14-17	KW
Pressure Head Set	11-14-17	KW
Electrical Checked	11-14-17	KW
Floats Set	11-14-17	KW
Alarm Checked	11-14-17	KW
Maintenance Contract (Y/N) Attached	11-14-17	KW
Comments:		

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**

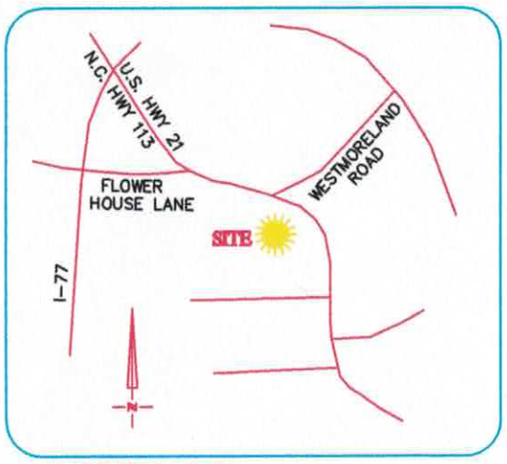
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 1-24-17 Installed by: SID GASKINS

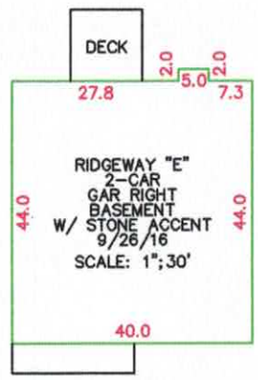
IMPROVEMENT PERMIT by: Date: 12/6/16 OPERATION PERMIT by: Date: 11-14-17

AUTHORIZATION TO CONSTRUCT by: Date: 12/6/16 Existing System Inspected by: Date:

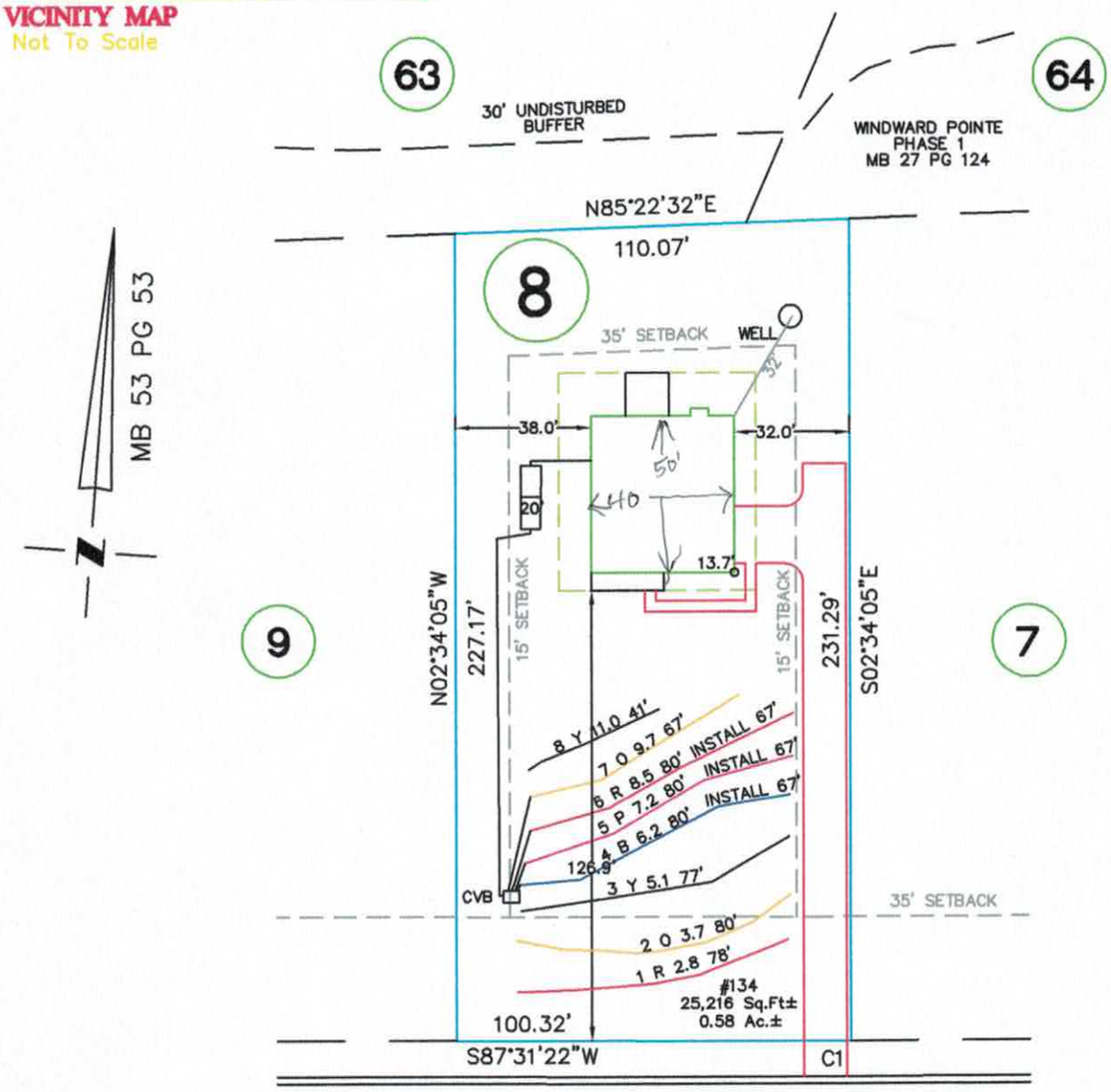
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



VICINITY MAP
Not To Scale



Approved
12/6/16
MD



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.

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N87°28'38"E	9.68	9.68	6104.56

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 8, 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 7, 2016

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

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence on Lot #8 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 Flow	5
Site Plan/System Plan	6-7
Calculations	8
Panels with Pressure Distribution Cut Sheet	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 Form	14
VOLUNTARY RELINQUISHMENT APPEAL FORM	15

November 18, 2016

Owner: Essex Homes SE
120 Cromer Road
Lexington, SC 29073
803 223-4003



INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Lot will have basement foundation
- 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.

Approved
12/6/14

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 8

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	25.35692308

Design Specifications

Drainfield Size:	268
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:	1000

Estimated Supply Line Length:	115
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	20.01
Dosing Volume:	222.65
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:	1.46
Elevation Head:	13.80
Total Dynamic Head:	17.48

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 8

LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	536
TOTAL LATERAL LENGTH:	268
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	266.6666667
SUPPLY LINE LENGTH:	115
TOTAL DYNAMIC HEAD:	17.48
MANIFOLD SIZE:	N/A
DOSING VOLUME:	222.65
PUMP TANK DRAW DOWN*:	10.6
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

Approved
12/6/16

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

Approved 12/6/16 MD

AUTUMN GROVE LOT 8

LAYOUT FOR 4 BEDROOM HOME

November 18, 2016

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		13.7			100.00		
INSTR. 1			113.70				
HOUSE CNR				13.70	100.00		
P. TANK				20.00	93.70		
			REPAIR				
1	RED			2.80	110.90	78	76
2	ORANGE			3.70	110.00	80	75
3	YELLOW			5.10	108.60	77	75
			SYSTEM				
4	***BLUE***			***6.20***	***107.50***	***80***	***67***
5	***PINK***			***7.20***	***106.50***	***80***	***67***
6	***RED***			***8.50***	***105.20***	***80***	***67***
7	***ORANGE***			***9.70***	***104.00***	***67***	***67***
			REPAIR				
8	YELLOW			11.00	102.70	41	41
					Total	**583**	**535**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
Repair	267	0.3	MOD.	0.300	PPBPS	LOW PRESSURE
System	***268***	***0.3***	***MOD.***	***0.300***	***PPBPS***	***LOW PRESSURE***

Notes:

** TBM located top of ground at front right house stake (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 MO 12/6/16

LP PPBPS TAPSHEET -AUTUMN GROVE LOT#8

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
4	*BLUE*	107.5	*67*	0.156	**0.41**	201	15
5	*PINK*	106.5	*67*	0.156	**0.41**	201	15
6	*RED*	105.2	*67*	0.156	**0.41**	201	15
7	*ORANGE*	104	*67*	0.156	**0.41**	201	15
							62

total	**feet =**	**268**	**gal/min =**	**25.3569**
		Des. Flow	**480**
		Pump Run=	**5.88**
		soil LTAR	**0.3**
		LTAR +5%	**0.315**
		LTAR with mod.	**0.6**
		LTAR with mod.. + 5%	**0.63**

.156 equals 5/32 inch hole

CALCULATIONS

Approved MD 12/6/16

Location	AUTUMN GROVE	
Project Number		
Lot No:	8	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	115	ft.
Supply Line Volume	20.01	gal.
Required Feet of Line	266.6667	ft.
Amount of Line from Layout	268	ft.
Gallons per Minute	25.35692	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	62	
Dosing Volume	222.65	gal.

Note: Dosing Volume based on # 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

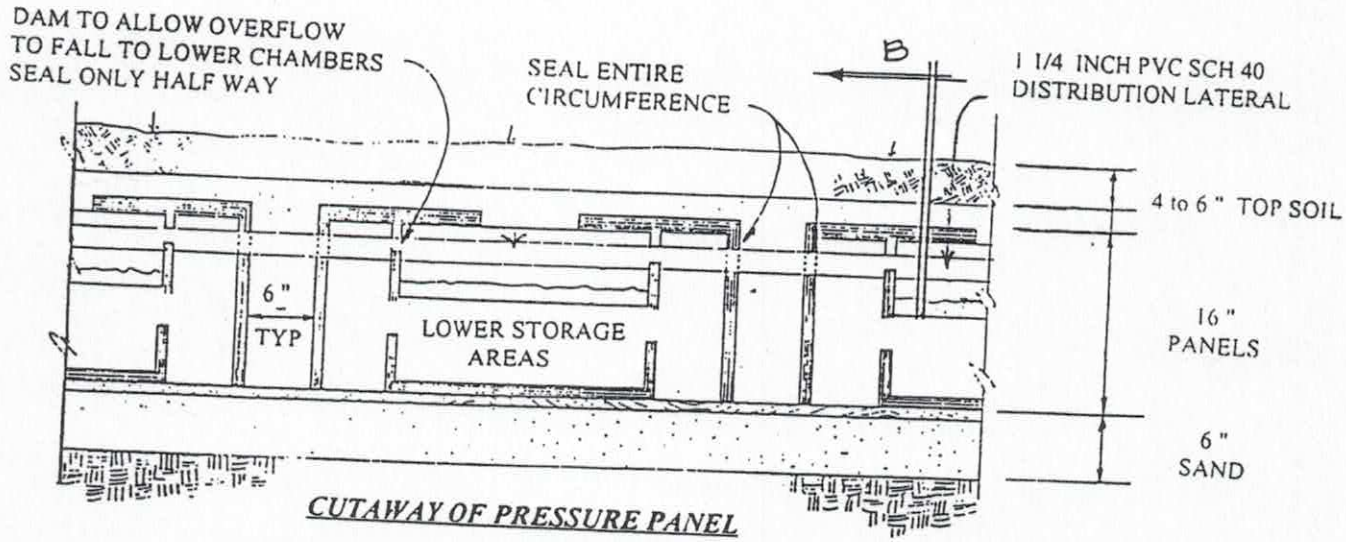
Tank Draw Down	10.6	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	13.8	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	1.46	ft.
Friction Head + 15%	1.679575	
Total Dynamic Head (+15%)	17.48	ft.

Panels With Pressure Distribution

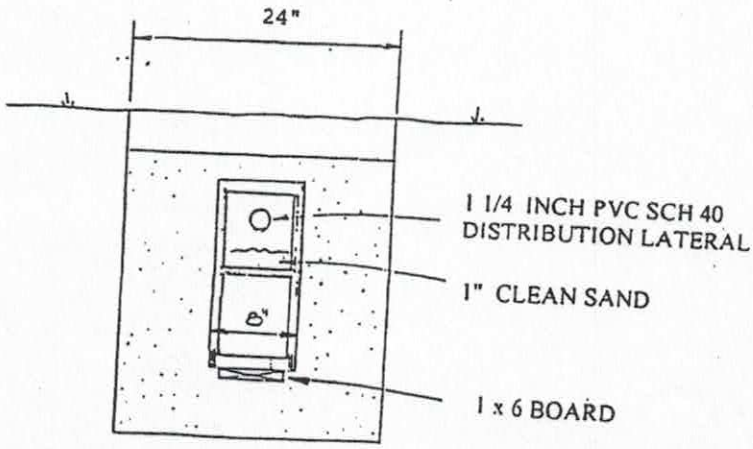
The LP Panel uses Technology similar to that of Low Pressure Pipe (LPP) System. The tables and distribution design described in the LPP manual is applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects a LP Panel is similar to a LPP with the holes discharging into the panels.

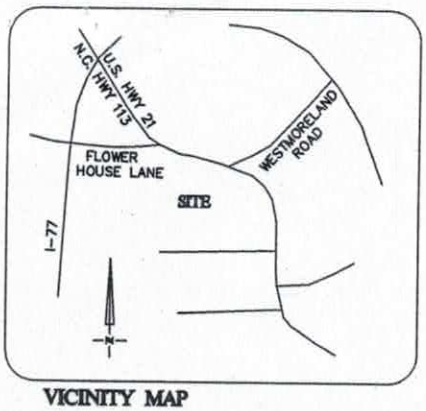
The dosing cycle for the Panel System is designed to pump enough effluent to fill the top chambers of all the panels in the system. The top chamber of a 16 inch panel hold 3.6 gallons. When the system has 34 panels and all holes are the same size, then you would multiply 34 x 3.6 to get 122 gallon per dose cycle. The holes are drilled in the distribution pipe at the 10 and the 2 o'clock position. These are then placed so that the effluent is pumped into the top chamber of the panel. If the hole sizing changes in the system the pump cycle is set by the hole that is discharging the fastest.

All valves and turnups should be neatly capped, covered and labeled for future service. Pump tanks should be constructed as shown in the drawing as to allow for service and repairs.

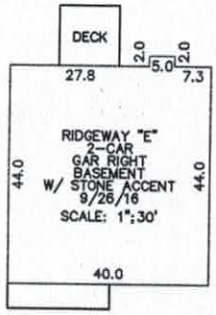


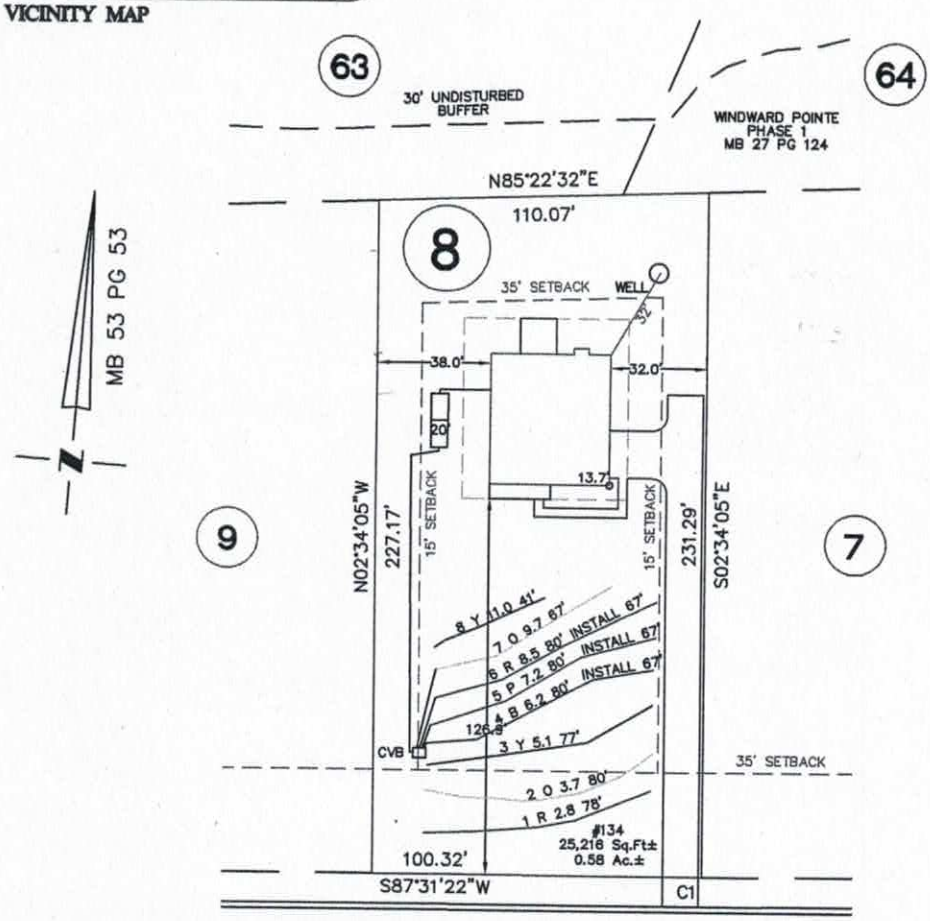
CUTAWAY OF PRESSURE PANEL





VICINITY MAP





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.

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CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
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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 8, 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 7, 2016



LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE
1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724

BRADY FREEMAN, RS
MOBILE: (704) 746 - 6497
EMAIL: BFREE2000@YAHOO.COM

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

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: E&J DEVELOPMENT/AUTUMN GROVE SUBDIVISION

LOCATION/DATE: HWY 21/115 IREDELL COUNTY, NORTH CAROLINA AUGUST 2007

JOB # : 01-1043
FILE: C:\JOBS\01-1043
PROJECT MGR.: C.B.F.
FIELD WORK: C.B.F., A.L.P. & M.D.B.
DRAWN BY: C.B.F. & M.D.B.

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ____ of ____

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 8A	L/6-10	0-14	B cl unsbk	Fr ss sp se xp		52	-	-	3 0.3
		14-33	Rc wmsbk/mok	Fr ss sp se xp					
		33-52	Rc wmsbk	Fr ss sp se xp	C sap				
			Same till 41" - water in Pit						
8B	L 6-10%	0-5	BSCL WE	fri sss sap	-	48	-	-	3
		5-32	RC MFSBK	fri sss sap					
		32-48	RC MFWSBK	fri sss sap					
			Couldn't located						
8C	L-6 10%	0-4	BSCL WE	fri sss sap	-	48	-	-	3
		4-24	RC MFSBK	fri sss sap					
		24-48	RC WSBK	fri sss sap					
				C sap					
			Couldn't locate						
10	L 6-10%	0-38	RC SBK	fri sss sap	-	58	-	-	3
		38-94	RC MFSBK	fri sss sap					
				fw sap					
			Same till 40" then water in pit						

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ____ of ____

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
Pit P 8A	L/6-10	0-14	B cl unsbk	Fr ss sp se vp		52	–	–	3 0.3
		14-33	Rc wmsbk/abk	Fr sss sp se vp					
		33-52	Rc wmsbk	Fr ss sp se vp	C sap				
Boring 8B	L 6-10%	0-5	SSCL GR	fri sss sp sap	–	48	–	–	3
		5-32	RC MFSBK	fri sss sp sap					
		32-48	RCL MFWSBK	fri sss sp sap					
Boring 8C	L-6-10%	0-4	SSCL GR	fri sss sp sap	–	48	–	–	3
		4-24	RCL MFSBK	fri sss sp sap					
		24-48	RCL WSBK	fri sss sp sap					
				C sap					
Pit E D	L 6-10%	0-38	RC SBK	fri sss sp sap	–	58	–	–	3
		38-54	RCL MFSBK	fri sss sp sap					
				fw sap					

COMMENTS: _____

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ed J. Doe APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5/21/08
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot #8 Autumn Grove PROPERTY RECORDED: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Pit 8A	0-14	Brw CL w/SBK	FR, SS, SP, SE					PS .3
		14-41"	R C m-w/SBK/ABK	FR SS, SP, SE					
			Water in Pit @ 41"						
2	Pit 8D	0-38"	RC SBK	FR, SS SP, SE					PS .3
		38-58"	RCL m-w SBK	FR SS, SP, SE					
			w/Few SAP Inclus						
			Water in Pit @	40"					
3									
4									

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

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

RECEIVED NOV 21 2016

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 $225.00

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

#222819

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		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
134 CLEAR SPRINGS	AUTUMN GROVE	8

Driving Directions: FROM HEALTH DEPT GO N ON CENTER AVE TO BROAD STREET. GO RIGHT - 115 TO CLEAR SPRINGS ROAD. TURN LEFT, LOT ON LEFT.

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 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)* ( ) EXISTING SYSTEM installed ___ *Year*

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

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

9. Signature: Wendell Cly — 11-21-16

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Essex Homes, am the legal owner of the property located at LOT 8 AUTUMN GROVE, identified as PIN(Parcel Identification Number) 4659163395, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) WGHOGH OVERBY/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 — Date — Darek Burns

Signature of Witness — 11-18-16 — Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

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

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

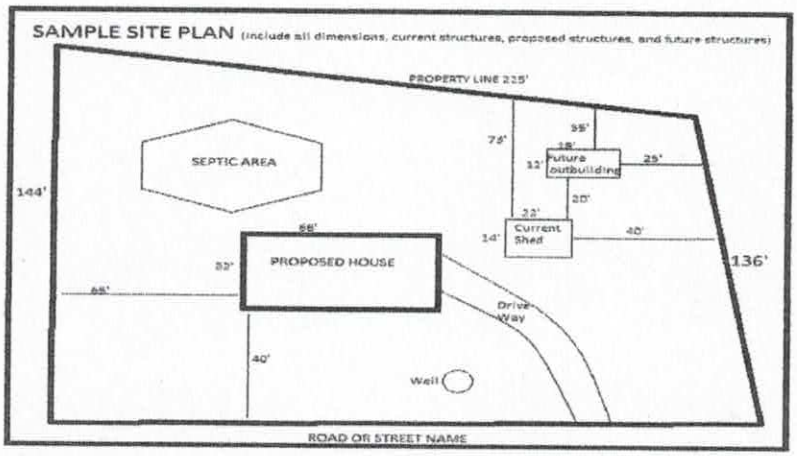
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

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

- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ____ **Area you prefer your septic system to be placed…**
- ✓ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

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



USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED PLANS

Signature: Wm Hall Ly

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

11-21-16

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 8, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina. 134 Clear Springs Rd.

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 — 10/27/16 Date

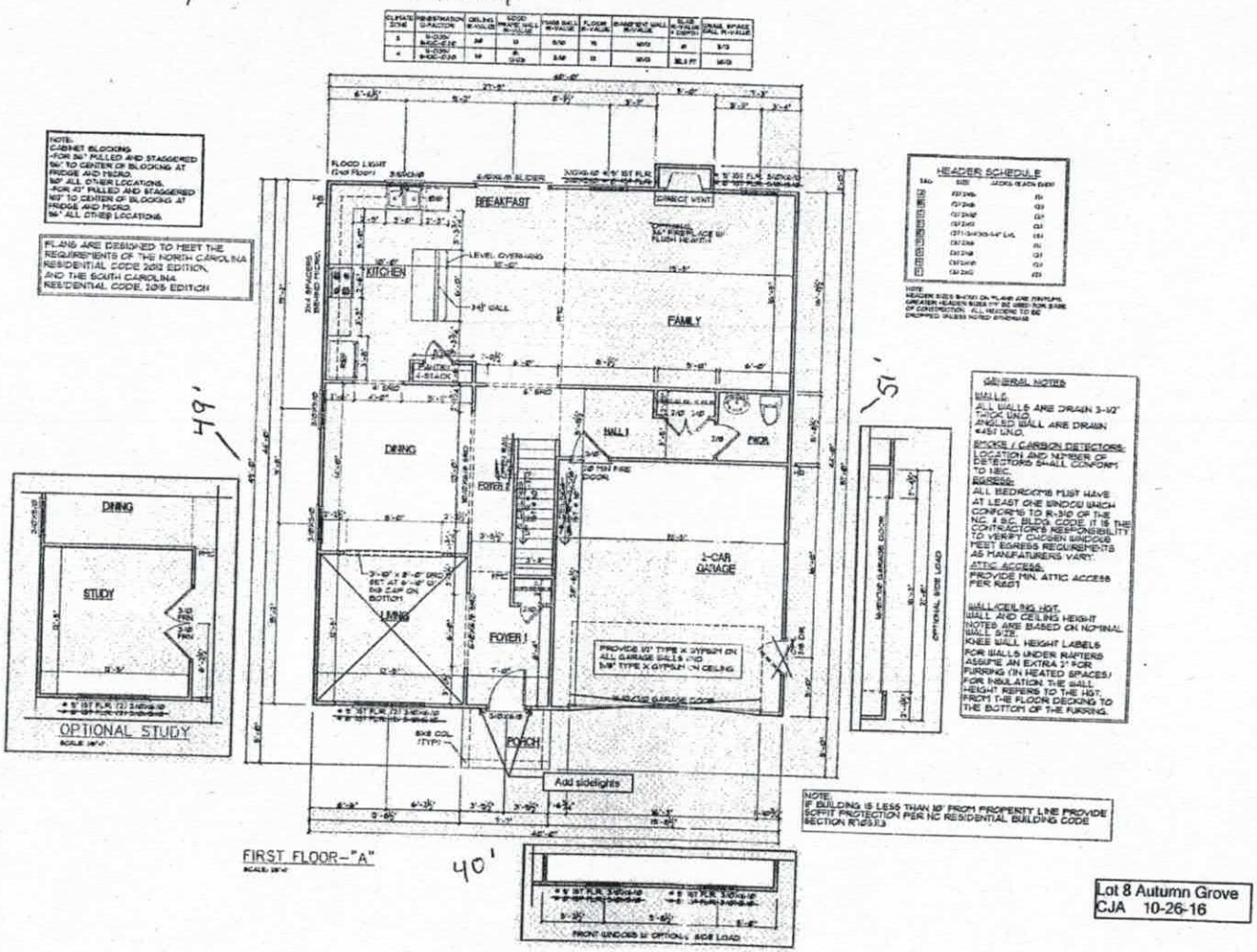
Autumn Grove - 134 Clear Springs Rd.
Lot 8

Acknowledgement of
Plans Submittal ONLY!

Date 10/27/16

Date 12/6/16

40'



Lot 8 Autumn Grove
CJA 10-26-16

FRAZIER HOME DESIGN, LLC
2840 PLAZA PLACE, SUITE 350
RALEIGH, NC 27612
O: (919)-424-7245
www.frazierhomedesign.com

THE RIDGEWAY

Essex Homes, Inc.

DATE: 08/27/2012
DRAWN BY: JJ
REVISION DATE: 04/08/2014 JJ

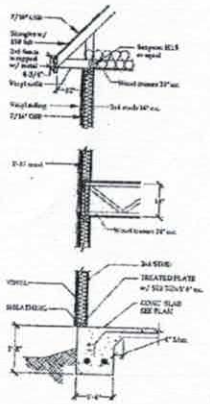
FIRST FLOOR

SHEET NO. 4.1

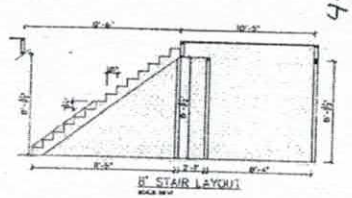
Acknowledgement of
Autumn Grove Lot 8
Plans Submittal ONLY!

Date 10/27/16

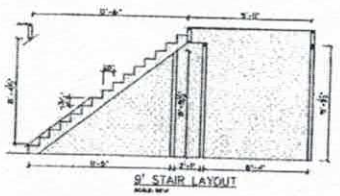
Date 12/6/16



TYP. WALL SECTION

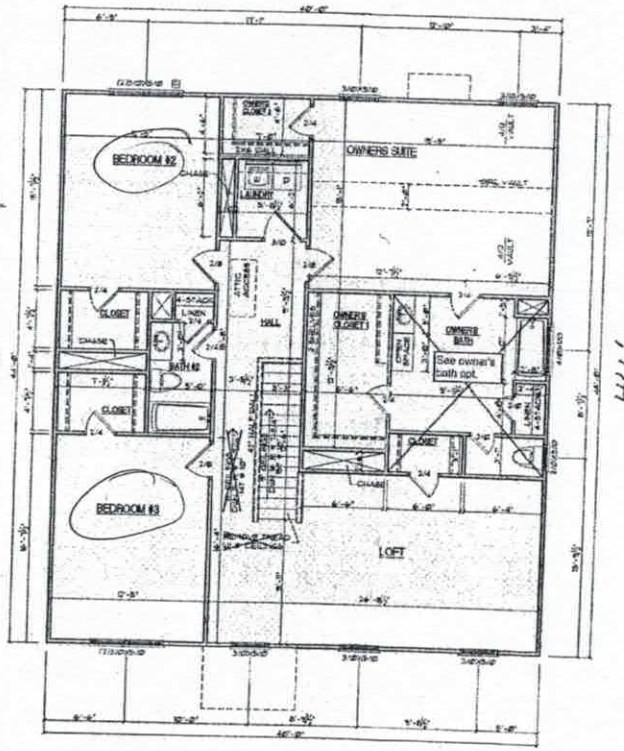


8' STAIR LAYOUT



9' STAIR LAYOUT

40'



44'

SECOND FLOOR-"A"

40'

HEADER SCHEDULE

TAG	SIZE	JACKS (CASE) (STUD)
H1	(1) 2x6	(1)
H2	(2) 2x6	(1)
H3	(1) 2x10	(1)
H4	(1) 2x12	(1)
H5	(2) 1-3/4x9-1/4 LVL	(1)
H6	(2) 2x6	(1)
H7	(2) 2x8	(1)
H8	(2) 2x10	(1)
H9	(2) 2x12	(1)

NOTE:
HEADER SIZES SHOWN ON PLANS ARE MINIMUM. GREATER HEADER SIZES MAY BE USED FOR EASE OF CONSTRUCTION. ALL HEADERS TO BE SUPPORTED, UNLESS NOTED OTHERWISE.

Lot 8 Autumn Grove
CJA 10-26-16

FRAZIER HOME DESIGN, LLC
2840 PLAZA PLACE, SUITE 320
RALEIGH, NC 27612
O: (919)-424-7845
www.frazierhomedesign.com

THE RIDGEWAY

Essex Homes, Inc.

DATE: 06/27/2012
DRAWN BY: JJ
REVISION DATE: 04/09/2014 JJ

SECOND FLOOR

SHEET NO: 5.1

Call Rollans Env

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	149751ZO	Subdivision:	AUTUMN GROVE
Proposed Use:	Single Family	Township:	1600 Barringer
Location of Property:	134 Clear Springs Rd. Mooresville NC 28115		
Parcel #:	4659163395.000	Zoning:	RA
Lot #:	8 Size: .563	Flood Plain:	No Watershed: WSIV-PA
Applicant:	E&J DEVELOPMENT CO.	Owner:	E&J DEVELOPMENT CO.
Address:	P.O. BOX 1065 HUNTERSVILLE NC 28070	Address:	P.O. BOX 1065 HUNTERSVILLE, NC 28070
Phone:	704-201-6465	Phone:	704-201-6465
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 21780 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

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

Comments:

RECEIVED
MAY 14 2008
By

Directions:

Charlotte Hwy South, left on Clear Springs Rd, on the right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$485.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$530.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK

Printed: 4/11/2008