IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222121

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

PIN # 4659-16-6325

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

SITE ADDRESS: 126 Clear Springs Rd. Mooresville, NC PHONE: 704-239-2001 ALT. PHONE:

SITE DIRECTIONS: Rt 21 N from Mooresville → L on Clear Springs Rd → Lot on Right.

SUBDIVISION: Autumn Grove SECTION: 2 LOT # 6 LOT AREA: 0.64 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	160	Date	7/21/16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT	319	Date	1/19/17	System Description:	LP-PPBPS (50% Reduction)			
Pump Make	1/2 HP Zoeller		Model		Serial #		Repair System Description:	50% Reduction (LP-PPBPS)			
# Nitrification Fields	1	# Lines	3		Linear Ft:	267'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"	Max. Trench Bottom Depth	36" [high side]		Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. 11-2-16: Though only a 3 Bedroom house appears to be proposed per the house plan, the full 4-bedroom septic system must be installed. Any deviation from the design must first be approved by IC HD.

CHECKED LINES 2-24-17

3/1/17 Checked rest of lines 89'

INITIAL SITE SKETCH

See attached plans from Soil + Forestry Services of the Carolinas, PA

[Wendell Overby LSS #1218]

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	2/24/17 & 3/1/17	BA & MD
Tanks Checked	3/1/17	MD
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract (Y) / N Attached	3/15/17	MD
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.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

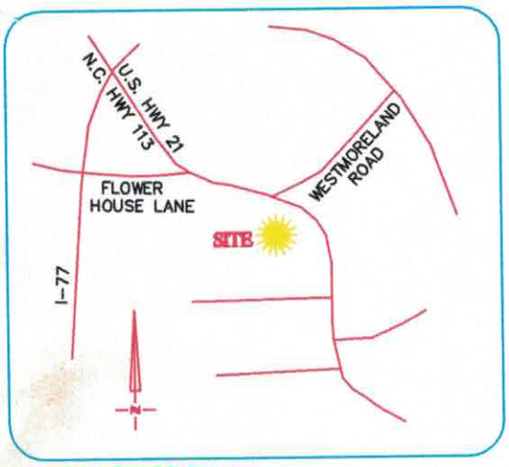
Owner / Applicant Signature: Wendell Overby Date: 10-13-16 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Tom Shuck Date: 10-11-2016 OPERATION PERMIT by: Marva Dotson Date: 5/26/17

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

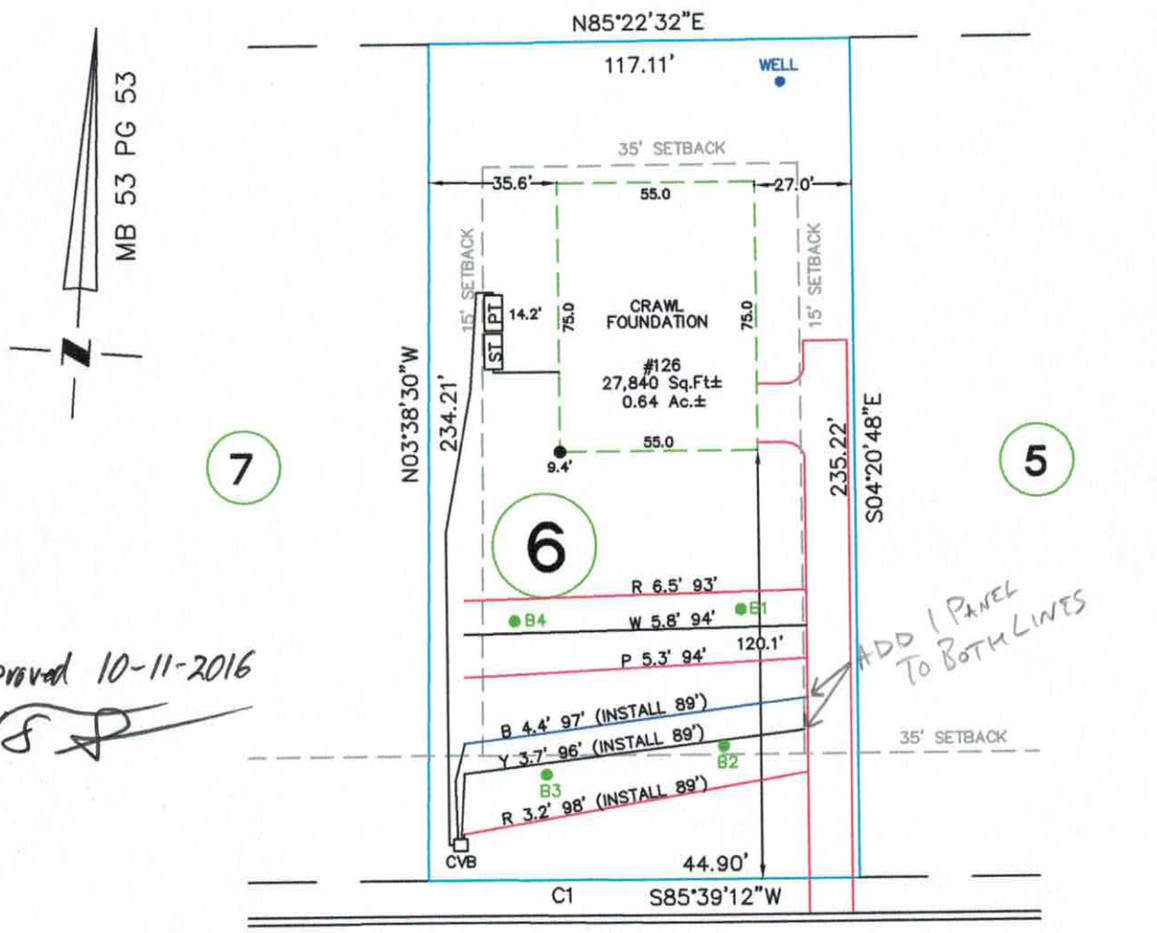
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

LOT FIT ONLY



VICINITY MAP
Not To Scale

WINDWARD POINTE
PHASE 1
MB 27 PG 124



Approved 10-11-2016

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	S86°00'21"W	75.10	75.10	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 (704) 889-0105

HOUSE LOCATION PLOT PLAN

FOR

LOT 6, 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 14, 2015

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence on Lot # 6 in Autumn Grove Subdivision, Iredell County, North Carolina

Contents:

	Page
Information for the Installer	1
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Prior Iredell County Improvements Permit	

for Essex Homes Southeast, Inc.
Attn: Darek Burns
120 Cromer Road, Lexington, SC 29073
(803) 223-4003 / dburns@essexhomes.net

Sept '16
Project #: 16-1076
Design By: Wendell Overby (S&FS)

LICENSED SOIL SCIENTIST
JAMES WENDELL OVERBY
1218
STATE OF NORTH CAROLINA

Approved 10-11-2016

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.
- 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 and repair 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 has approval to move system components such as tanks.

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Essex Homes Darek Burns
Address:	120 Cromer Road Lexington, SC 29073
Phone:	803 223-4003
County:	Iredell
Location:	AUTUMN GROVE LOT 6

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	25.83

Design Specifications

Drainfield Size:	267
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000

Estimated Supply Line Length:	160
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	27.84
Dosing Volume:	151.96
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:	2.13
Elevation Head:	16.00
Total Dynamic Head:	20.45

Approved 10-11-20

Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by S&FS

AUTUMN GROVE LOT 6
LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	534
TOTAL LATERAL LENGTH:	267
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	267
SUPPLY LINE LENGTH:	160
TOTAL DYNAMIC HEAD:	20.45
MANIFOLD SIZE:	N/A
DOSING VOLUME:	151.96
PUMP TANK DRAW DOWN*:	7.2
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 10-11-2016

AUTUMN GROVE LOT 6

Project #: 16-1076

LAYOUT FOR 4 BEDROOM HOME — Sept '16

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		9.4			100.00		
INSTR. 1			109.40				
HOUSE CNR				9.40	100.00		
P. TANK				14.20	95.20		
1	***RED***			***3.20***	***106.2***	***98***	***89***
2	***YELLOW***			***3.70***	***105.7***	***96***	***89***
3	***BLUE***			***4.40***	***105.0***	***97***	***89***
4	PINK			5.30	104.1	94	89
5	WHITE			5.80	103.6	94	89
6	RED			6.50	102.9	93	89
					Total	**572**	**534**

	LINE LENGTH	TRENCH BOTTOM	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
****System***	***267***	***36"***	***MOD.***	***0.300***	***PPBPS***	***LOW PRESSURE***
Repair	267	36"	MOD.	0.300	PPBPS	LOW PRESSURE

**TBM located at front left house stake (see plan)

**TBM assigned 100' by surveyor

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS, HI, and FS indicate rod readings

Approved 10-11-2016

OSR

LP PPBPS TAPSHEET -AUTUMN GROVE LOT# 6

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*RED*	106.2	*89*	0.156	**0.41**	267	21
2	*YELO*	105.7	*89*	0.156	**0.41**	267	21
3	*BLUE*	105	*89*	0.156	**0.41**	267	21
							63
	total	**feet =**	**267**	**gal/min =**	**25.83**		
			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

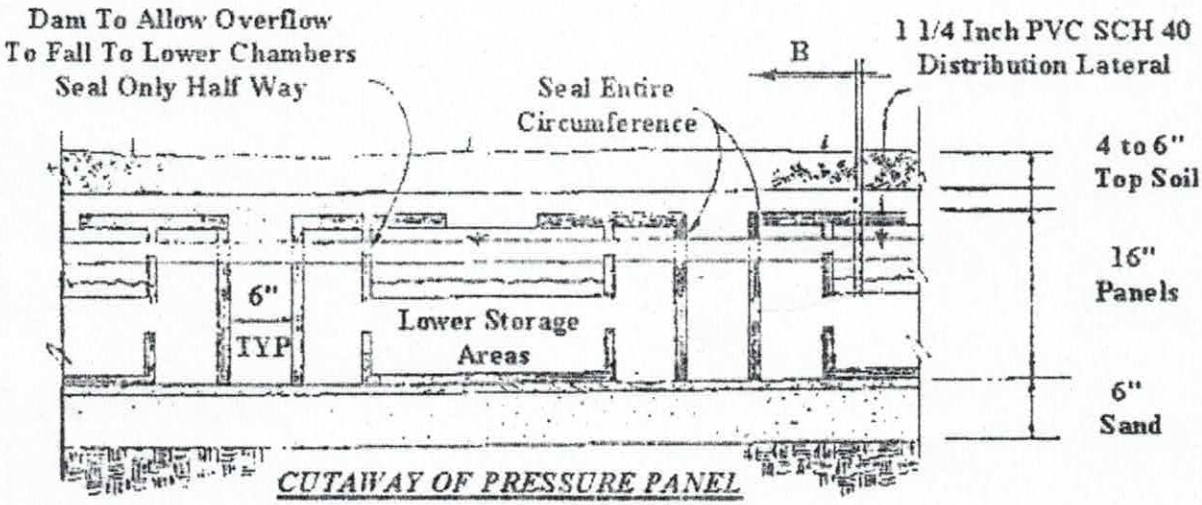
Approved 10-11-2016

Panels With Pressure Distribution

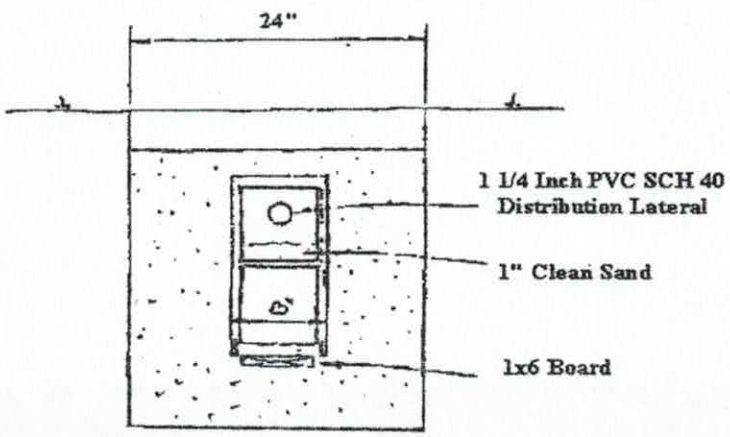
The LP Panel uses technology similar to that of Low Pressure Pipe (LPP) Systems. The tables and distribution design described in the LPP manual is applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects a LP Panel is similar to a LPP with the 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 holds 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 gallons 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 turn-ups should be neatly capped, covered and labeled for future service. Pump tanks should be constructed as shown in the drawing on page 12 to allow for service and repairs.



CUTAWAY OF PRESSURE PANEL



CALCULATIONS

Location AUTUMN GROVE

Project Number 16-1076

Lot No:	6	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	160	ft.
Supply Line Volume	27.84	gal.
Required Feet of Line	267	ft.
Amount of Line from Layout	267	ft.
Gallons per Minute	25.83	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	63	
Dosing Volume	151.96	gal.

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

10-11-2016

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
25.55	1.33
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	7.2	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	16	ft.
Pressure Head	2	ft.
Friction Factor	1.33	ft./100 ft. *(From the interpolater.)*
Friction Head	2.13	ft.
Friction Head+ 15%	2.45	
Total Dynamic Head (+15%)	20.45	ft.

Approved 10-11-16

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

Sheet 1 of 1
PROPERTY ID #: 4659166325
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: ESSEX HOMES SE
ADDRESS: 120 CROMER RD LEXINGTON, SC
PROPOSED FACILITY: 4 BEDROOM PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: AUTUMN GROVE LOT 6

APPLICATION DATE 9/27/16
DATE EVALUATED: 9/22/16
PROPERTY SIZE: .64
PROPERTY RECORDED: YES

WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L/10%	0-12	B L WFGR	FR SS SP	N/A	49+	N/A	—	PS .3
		12-20	BR CL WFS	FR SS SP					
		20-41	RC MMA/S	FR SS SP					
		41-49	RY CL WMS/A	FR SS SP few SAP					
2	L/10%	0-16	B SL WFGR	FR SS SP	N/A	48"	N/A	—	PS .3
		16-43	BR C WMA/S	FR SS SP					
		43-48	BR CL WMA/S	FR SS SP few SAP					
3	L/6%	0-18	B SL WFGR	FR SS SP	N/A	40	N/A	—	PS .3
		18-48	BR C WMA/S	FR SS SP					
4	L/8%	0-15	B SL WFGR	FR SS SP	N/A	40	N/A	—	PS .3
		15-48	BR C WMA/S	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267	267
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

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

LICENSED SOIL SCIENTIST JAMES WENDELL OVERBY 1218 STATE OF NORTH CAROLINA

COMMENTS:
Approved 10-11-2016 OS

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:** 704-301-3226

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

Property Information:

Street Address: 126 Clear Springs Rd

Subdivision Name: Autumn Grove **Section/Phase:** 2 **Lot Number:** 6

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 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 6, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina. 126 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 27 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 $ 850.00

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

#222121

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___ **Survey Plat, Scaled no more than 1 Inch = 60 Feet**

Place check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
WENDELL OVERBY	PO BOX 832 MOORESVILLE NC		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
126 CLEAR SPRINGS ROAD	AUTUMN GROVE	LOT 6

Driving Directions: FROM DOWNTOWN MOORESVILLE GO NORTH ON HWY 115, TURN LEFT ON CLEAR SPRINGS RD.

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 Overby — 9/25/16

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

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

Essex Homes, am the legal owner of the property located
AUTUMN GROVE LOT 6, identified as
arcel Identification Number) 4659166325, located in Iredell County, North na.

ereby authorize (print authorized agent/company name) WENDELL OVERBY / S&FS,
,
, ,
, to act as an agent on my behalf in applying for/signing/obtaining f the documents described below.

provement Permit (IP)/ Authorization to Construct (AC).
plication for soil-site evaluation (new/repair).
plication/permit for water well/well abandonment.
plication for existing system.
plication for Improvement Permit (IP)/ Authorization to Construct (AC).

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

ture of Owner	8/22/15 Date	Darek Burns
ture of Witness	8/22/15 Date	

IREDELL COUNTY HEALTH DEPARTMENT

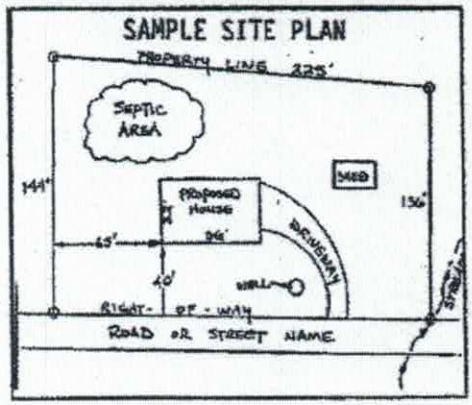
ENVIRONMENTAL HEALTH DIVISION

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

126 Clear Springs Rd
Lot 6

See attached Site Plan

Signature: Stan Rossley

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

10/26/10

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…**

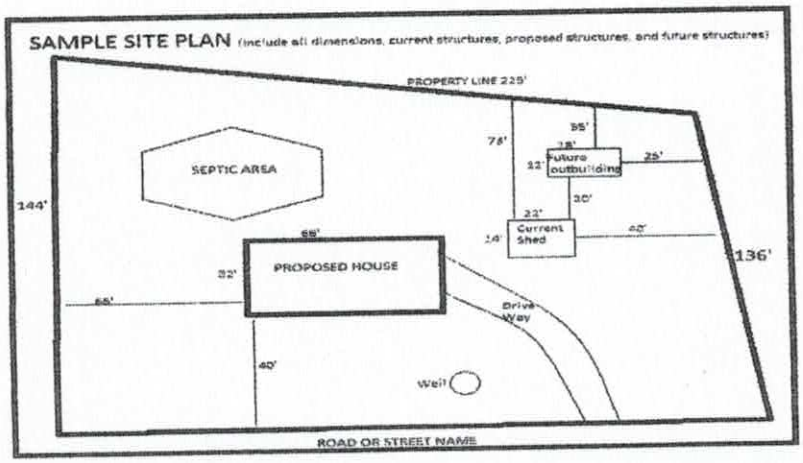
X **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

N/A **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**



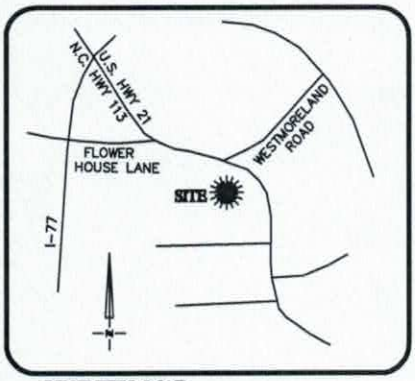
USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: Wendell Oj

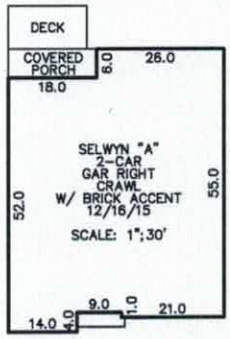
REQUIRED **property owner or owner's legal representative signature.**

9/25/16

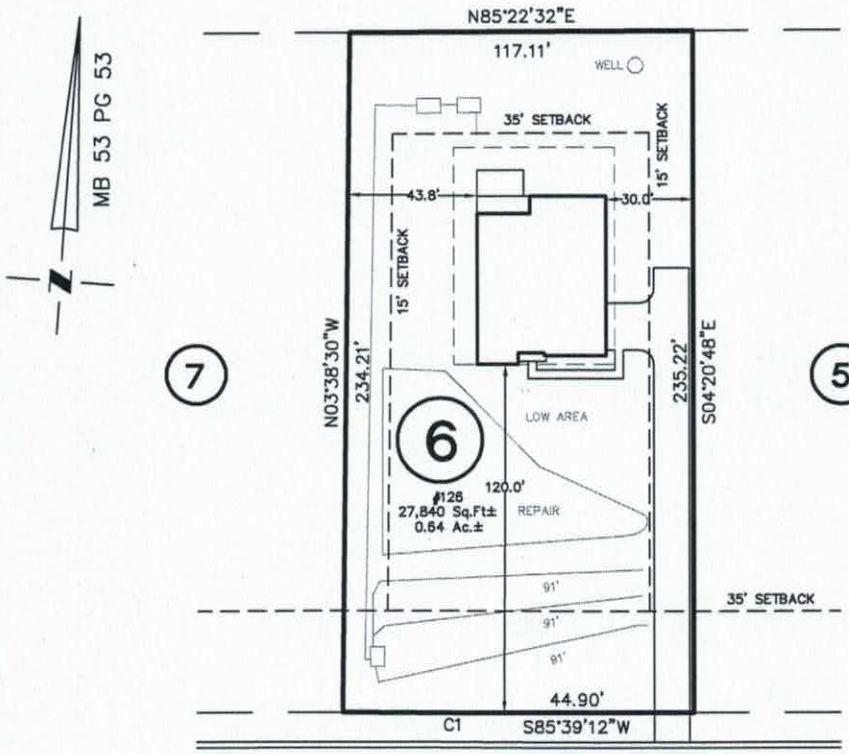
DATE



VICINITY MAP
Not To Scale



WINDWARD POINTE
PHASE 1
MB 27 PG 124



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.

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

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	S86°00'21"W	75.10	75.10	6104.56

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 (908) 309-0842

HOUSE LOCATION PLOT PLAN

FOR

LOT 6, AUTUMN GROVE SUBDIVISION, PHASE 2

Barringer Township, Iredell County, North Carolina

PROPERTY OF: ESSEX HOMES

MAP BOOK 53 PAGE 53 DEED REFERENCE

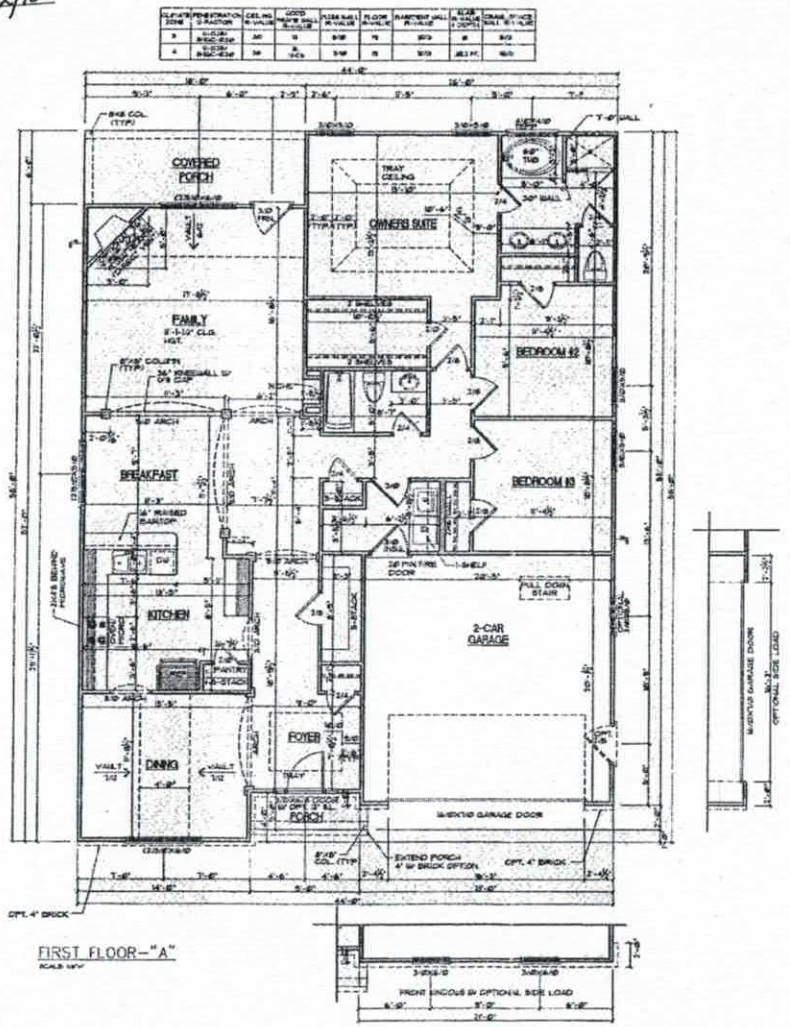
DRAWN BY: ERG | DATE: OCTOBER 6, 2016

Autumn Grove Lot 6 - 126 Clear Springs Rd

Acknowledgement of Plans Submittal ONLY 10/27/16

Date

Date 11/2/16



FIRST FLOOR - "A"

PROVIDE WINDOW FALL PROTECTION PER R312

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 UNO.
ANGLED WALL ARE DRAWN @45° UNO.

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

EGRESS:
ALL BEDROOMS MUST HAVE AT LEAST ONE WINDOW WHICH CONFORMS TO R-310 OF THE N.C. 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.
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 6' FROM PROPERTY LINE PROVIDE SOFFIT PROTECTION PER NC RESIDENTIAL BUILDING CODE SECTION R302.1(2)

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

THE SELWYN

Essex Homes, Inc.

DATE: 10/03/2016
DRAWN BY: JJ
REVISION DATE: 07/13/2016 CJA

FIRST FLOOR

SHEET NO: 4.1

IREDELL COUNTY

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

APPLICATION NUMBER
222121
Issue Date: 09/27/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4659166325.000	126 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	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.640	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: _____

Permit Number	81644	TOTAL FEES:	$ 77.25