IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221817

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

PIN # 4659-16-7327

APPLICANT: Wendell Overby / Essex Homes APPLICANT ADDRESS: P.O. Box 532 Mooresville, NC 28115

SITE ADDRESS: 122 Clear Springs Rd. Mooresville, NC PHONE: 704-239-2001 ALT. PHONE:

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

SUBDIVISION: Autumn Grove SECTION: 2 LOT # 5 LOT AREA: 0.54 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.275

Septic Tank 1000 (gal) STB 160 Date 1-23-17

Pump Tank 1000 (gal) PT 319 Date 9-17-16

Pump Make Zoeller Model 1/2 HP Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 290'

Trench Width 24" Max. Trench Bottom Depth 36" [High side] Gravel Depth —

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

System Description: 50% Reduction (LP-PPBPS)

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☒ YES ☐ NO ☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules.

3/1/17 Checked tanks & top 3 lines.
3/3/17 Checked last 2 lines

INITIAL SITE SKETCH

See attached plans from Soil + Forestry Services of the Carolinas P.A.

Wendell Overby LSS# 1218

Dated Sept 2016
Approved: 10-7-2016

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3/1/17 & 3/3	MD
Tanks Checked	3/1/17	MD
Pressure Manifold or Valve Box Checked	5/26/17	MD
Pressure Head Set	5/26	MD
Electrical Checked	5/26	MD
Floats Set	5/26	MD
Alarm Checked	5/26	MD
Maintenance Contract (Y) N attached		
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**

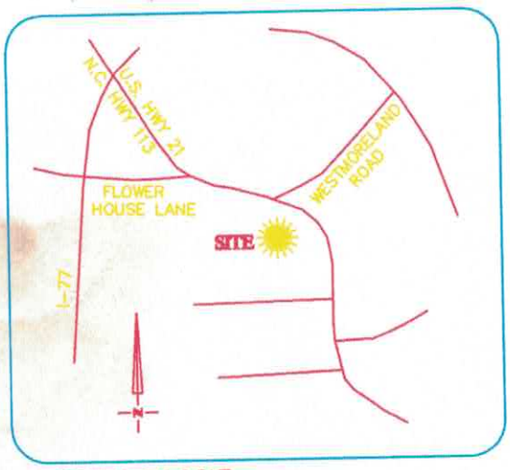
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Wendell Overby Date: 10-13-16 Installed by: Sid Gaskins RS Date: 5/26/17

IMPROVEMENT PERMIT by: Tom Shuck Date: 10-7-2016 OPERATION PERMIT by: Maria Dotson RS Date:

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

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

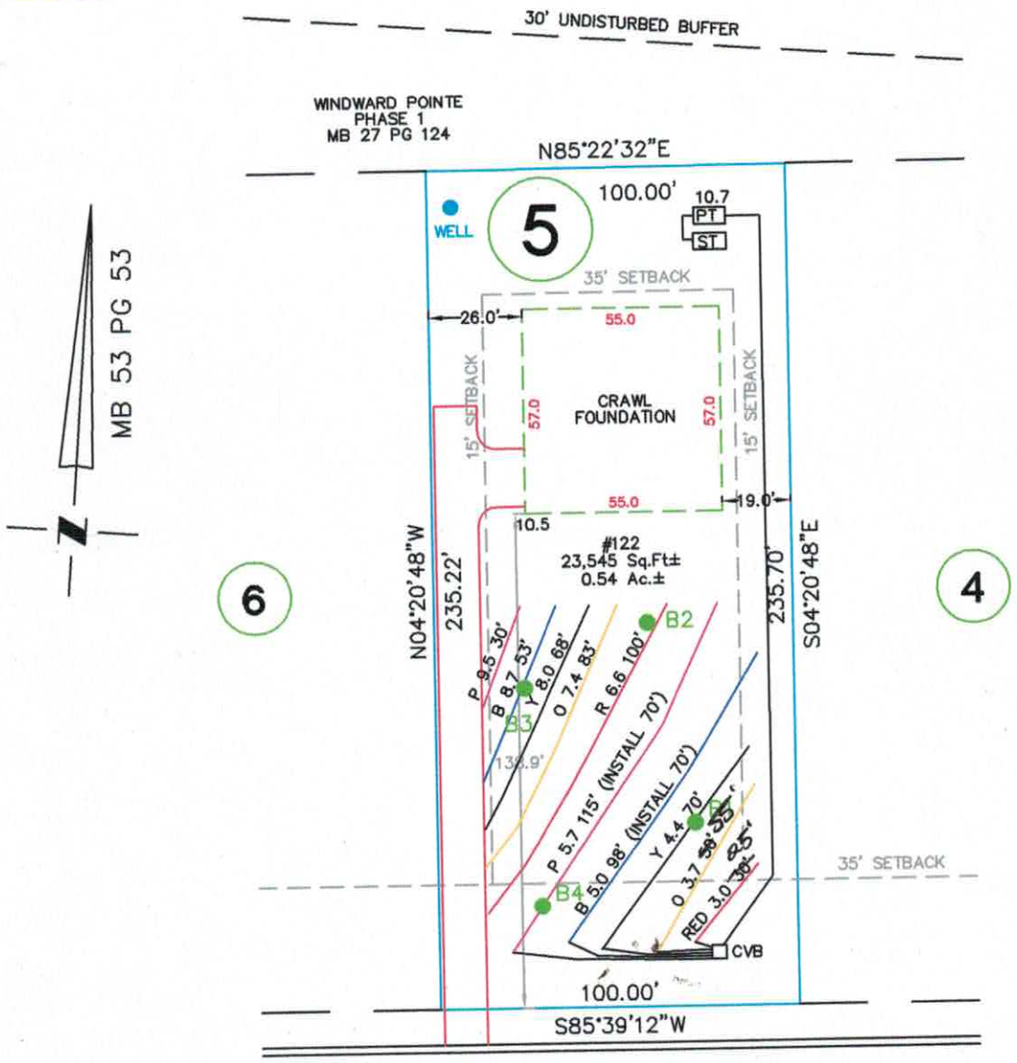


VICINITY MAP
Not To Scale

LOT FIT ONLY

REVISIONS

REV. #	DATE	COMMENT
REV. 1	5/22/15	REDUCED DEPTH OF BOX



CLEAR SPRINGS ROAD

50' PUBLIC R/W

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

APPROVED OCT - 7 2016

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.
THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

50 0 50
SCALE: 1" = 50'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (704) 889-0105

HOUSE LOCATION PLOT PLAN

FOR

LOT 5, 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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence on Lot # 5 in Autumn Grove Subdivision, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1
Design Information
Design Specifications---------- 2-3
Layout Specifications---------- 4
System Tapsheet---------- 5
Site Plan---------- 6
LP Panel diagram/cutaway---------- 7
Calculations---------- 8
Expedited Review Process Checklist---------- 9
Iredell County Application for Improvements Permit---------- 10
Iredell County Site Plan Form---------- 11
Environmental Health Requirements for Septic Permits---------- 12
Zoning Permit---------- 13
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Prior Iredell County Improvements Permit---------- 16

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

SOIL SCIENTIST

Sept '16
Project #: 16-1075
Design By: Wendell Overby (S&FS)

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 36" 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 5

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	27.44

Design Specifications

Drainfield Size:	290
Loading Rate (gpd/ft.^{2}):	0.275
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:	220
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	38.28
Dosing Volume:	161.60
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:	3.34
Elevation Head:	13.00
Total Dynamic Head:	18.85

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

APPROVED OCT - 7 2016

AUTUMN GROVE LOT 5
LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	580
TOTAL LATERAL LENGTH:	290
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	290
SUPPLY LINE LENGTH:	220
TOTAL DYNAMIC HEAD:	18.85
MANIFOLD SIZE:	N/A
DOSING VOLUME:	161.60
PUMP TANK DRAW DOWN*:	7.7
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 OCT - 7 2016

AUTUMN GROVE LOT 5

Project #: 16-1046

LAYOUT FOR 4 BEDROOM HOME

Sept '16

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		10.5			100.00		
INSTR. 1			110.50				
HOUSE CNR				10.50	100.00		
P. TANK				10.70	99.80		
1	***RED***			***3.00***	***107.5***	***30***	***30***
2	***PINK***			***3.70***	***106.8***	***54***	***50***
3	***YELLOW***			***4.40***	***106.1***	***70***	***70***
4	***BLUE***			***5.00***	***105.5***	***98***	***70***
5	***PINK***			***5.70***	***104.8***	***115***	***70***
6	RED			6.60	***103.9***	100	
7	ORANGE			7.40	***103.1***	83	
8	PINK			8.00	***102.5***	68	
9	BLUE			8.70	***101.8***	53	
10	PINK			9.50	***101.0***	30	
					Total	**701**	**290**

	LINE LENGTH	TRENCH BOTTOM	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***290***	***36"***	***MOD.***	***0.275***	***PPBPS***	***LOW PRESSURE***
Repair	320	36"	MOD.	0.250	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 OCT - 7 2016

LP PPBPS TAPSHEET -AUTUMN GROVE LOT# 5

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*RED*	107.5	*30*	0.156	**0.41**	90	7
2	*PINK*	106.8	*50*	0.156	**0.41**	150	12
3	*YELO*	106.1	*70*	0.156	**0.41**	210	16
4	*BLUE*	105.5	*70*	0.156	**0.41**	210	16
5	*PINK*	104.8	*70*	0.156	**0.41**	210	16
							67
	total	**feet =**	**290**	**gal/min =**	**27.44**		

Des. Flow	**480**
Pump Run=	**5.88**
soil LTAR	**0.275**
LTAR +5%	**0.28875**
LTAR with mod.	**0.55**
LTAR with mod.. + 5%	**0.5775**

.156 equals 5/32 inch hole

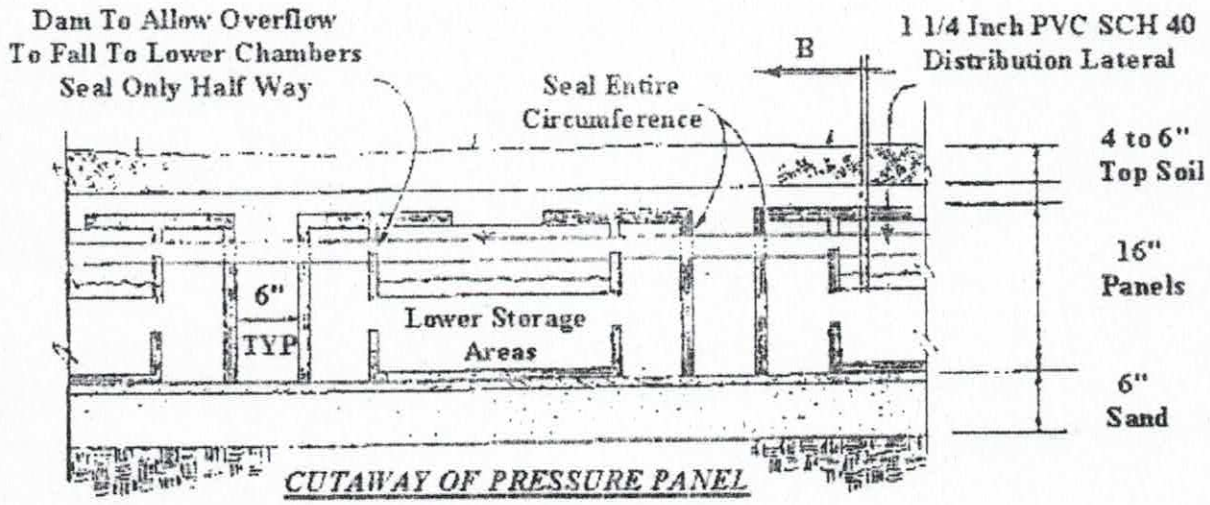
APPROVED OCT - 7 2016

Panels With Pressure Distribution

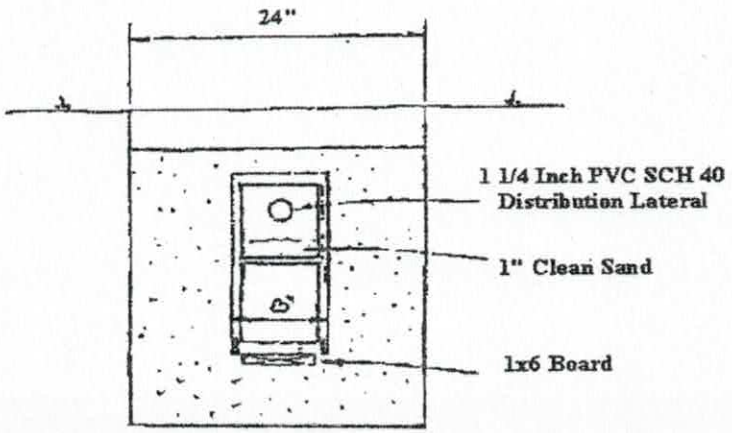
The LP Panel uses technology similar to that of Low Pressure Pipe (LPP) Systems. The tables and distribution design described in the LPP manual is applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects a LP Panel is similar to a LPP with the 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 16-1075

Lot No:	5	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2 day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	220	ft.
Supply Line Volume	38.28	gal.
Required Feet of Line	290	ft.
Amount of Line from Layout	290	ft.
Gallons per Minute	27.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	67	
Dosing Volume	161.60	gal.

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

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
27.44	1.52
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	7.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.89	minutes
Elevation Head	13	ft.
Pressure Head	2	ft.
Friction Factor	1.52	ft./100 ft. *(From the interpolater.)*
Friction Head	3.34	ft.
Friction Head+ 15%	3.85	
Total Dynamic Head (+15%)	18.85	ft.

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

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

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

OWNER: Essex Homes SE
ADDRESS: PO Box 832 Mooresville, NC 28115
PROPOSED FACILITY: 4BR House PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: Lot 5 Autumn Grove

APPLICATION DATE 9-23-16
DATE EVALUATED: 10-5-16
PROPERTY SIZE: 0.54 acres
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 [D]	Shoulder LSS 9% Primary	0-9	SCL w/SBK some mica	SL Firm, SS, SP, SCap	—	48	—	—	0.375 PS
		9-32	R clay w/SBK mica	SL Firm, SS, SP, SCap					
		32-48	R clay Loam + some Saprolite w/SBK fine mica	Friable, SS, SP, SCap					
			Sap more Rock at 40-48"	Very Friable					
2	X	0-10							
3	Shoulder LSS 10%	0-10	SCL w/SBK	SL Firm, SS, SP, SCap	—	48	—	—	0.256 PS
		10-42	R clay w/SBK trace mica	SL Firm, SS, SP, SCap					
		42-48	R clay Loam trace mica/Saprolite w/SBK	SL Firm, SS, SP, SCap					
			Heavy						
4	X								

Locations OK

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	290'	320'
System Type(s)	0.275	0.250
Site LTAR LSS 0.275	me: 0.325	0.250

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

COMMENTS: ___

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

Sheet 1 of 1
PROPERTY ID #: 4659167327
COUNTY: IREDELL

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

OWNER: ESSEX HOMES SOUTHEAST
APPLICATION DATE 9/23/16
ADDRESS: 120 CROMER ROAD, LEXINGTON SC 29073
DATE EVALUATED: 9/22/16
PROPOSED FACILITY: RESIDENCE
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: .54
LOCATION OF SITE: AUTUMN GROVE LOT #5
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/9%	0-6	B SL WFGR	FR SS SP	N/A	48"	N/A	—	.275
		6-11	RB SCL WMS	FR SS SP					
		11-34	BR C WMS/A	FR SS SP					
		34-48	BR CL WMS	FR SS SP f-c SAP					
2	L/9%	0-11	B SL WFGR	FR NS NP	N/A	48"	N/A	—	.25
		11-36	R C MMABK	FR SS SP					
		36-48	RB CL WMA/S	FR SS SP C Y/B MOTT f-c SAP					
3	L/9%	0-13	B SL WFGR	VFR NS NP	N/A	48"	N/A	—	.275
		13-40	R C MMABK	FR SS SP					
		40-48	BR CL WMA	FR SS SP					
4	L/9%	0-10	B SL WFGR	VFR NS NP	N/A	48"	N/A	—	.275
		10-16	BR SCL WMS	FR SS SP					
		16-40	R C MMA	FI SS SP					
		40-48	RB CL WMA	FR SS SP f-c SAP C Y MOTT					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	290	320
System Type(s)	PPBPS-LPP	PPBPS-LPP
Site LTAR	.275	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: OVERBY
OTHER(S) PRESENT:
APPROVED OCT - 7 2016

COMMENTS:

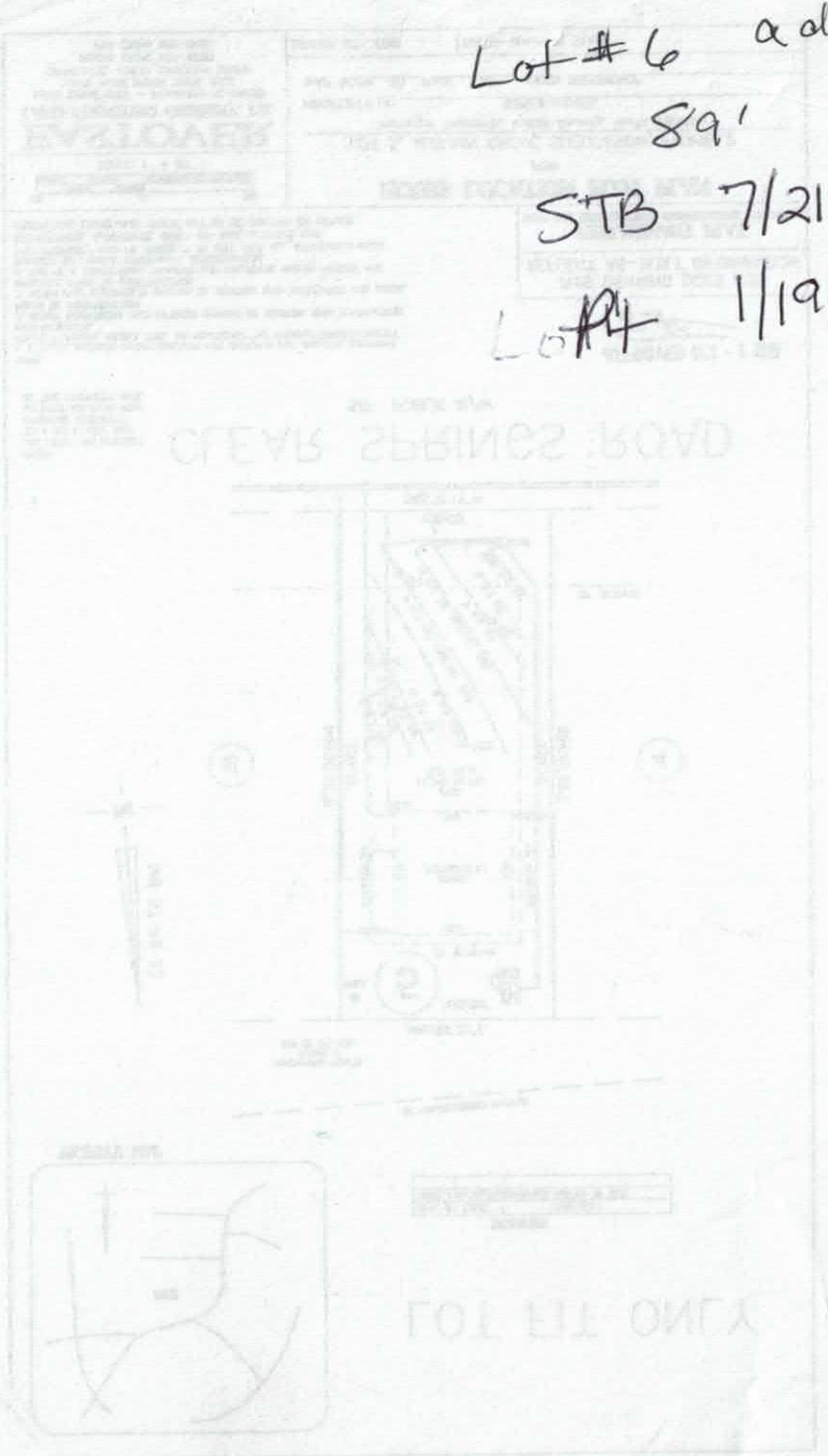


Lot #6 adding extra panel

89'

STB 7/21/16 160

~~PA~~ 1/19/17 319



RECEIVED OCT 3 1 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-205 **Phone:** 704-301-3225

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

Property Information:

Street Address: 122 Clear Springs Rd

Subdivision Name: Autumn Grove **Section/Phase:** 2 **Lot Number:** 5

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

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

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

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

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

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

Water Supply:

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

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

Please answer the following to the best of your ability:

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

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

Signature: Stan Caesar — 10/30/16

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

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

I, ESSEX Homes, am the legal owner of the property located at AUTUMN GROVE Lot, identified as PIN(Parcel Identification Number) 122 Clear Springs Rd, located in Iredell County, North Carolina.

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 — 10/30/16 Date — Darek Burns

Signature of Witness — 10/30/16 Date

RECEIVED SEP 2 3 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) #221817

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

Paid $850.00

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

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

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

3. Applicant Information:

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

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
122 CLEAR SPRINGS RD	AUTUMN GROVE	LOT 5

Driving Directions: HWY 115 N FROM MOORESVILLE, LEFT ON CLEAR SPRINGS

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

9-23-16
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 5, identified as PIN(Parcel Identification Number) 4659166732, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) WENDELL OVERCASH / S & FS, _____, _____, _____, _____, 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.

Darek Burns — 10/22/15
Signature of Owner — Date

Darek Burns — 10/22/15
Signature of Witness — Date

IREDELL COUNTY HEALTH DEPARTMENT

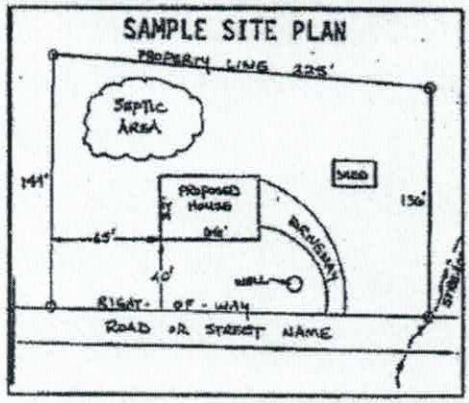
ENVIRONMENTAL HEALTH DIVISION

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

122 Clear Springs Rd

Lot 5

See attached Site Plan

Signature: Stan Rowley

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

10/30/12

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

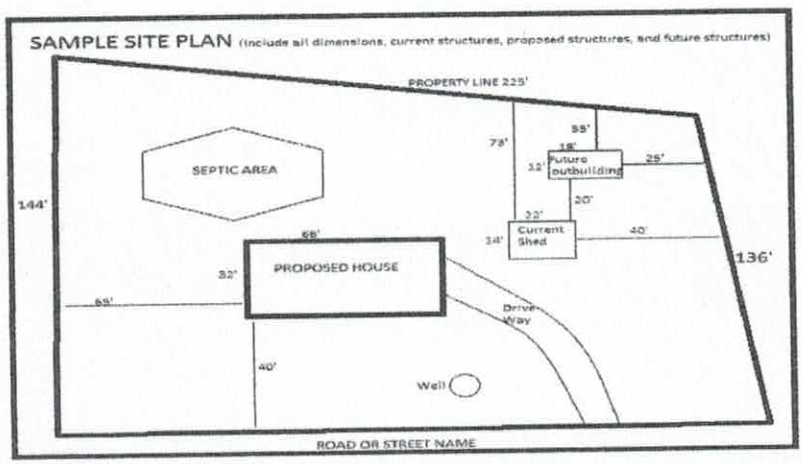
X Front and side setbacks from property line… **X Preferred driveway location and configuration, preferred well location…**

X Area you prefer your septic system to be placed… **X North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

X 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

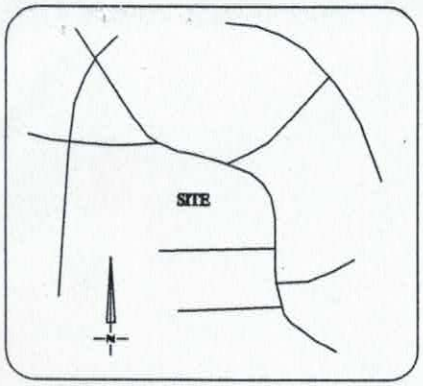
SEE ATTACHED SITE PLAN

Signature: Wendell Cy

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

9-23-16

DATE

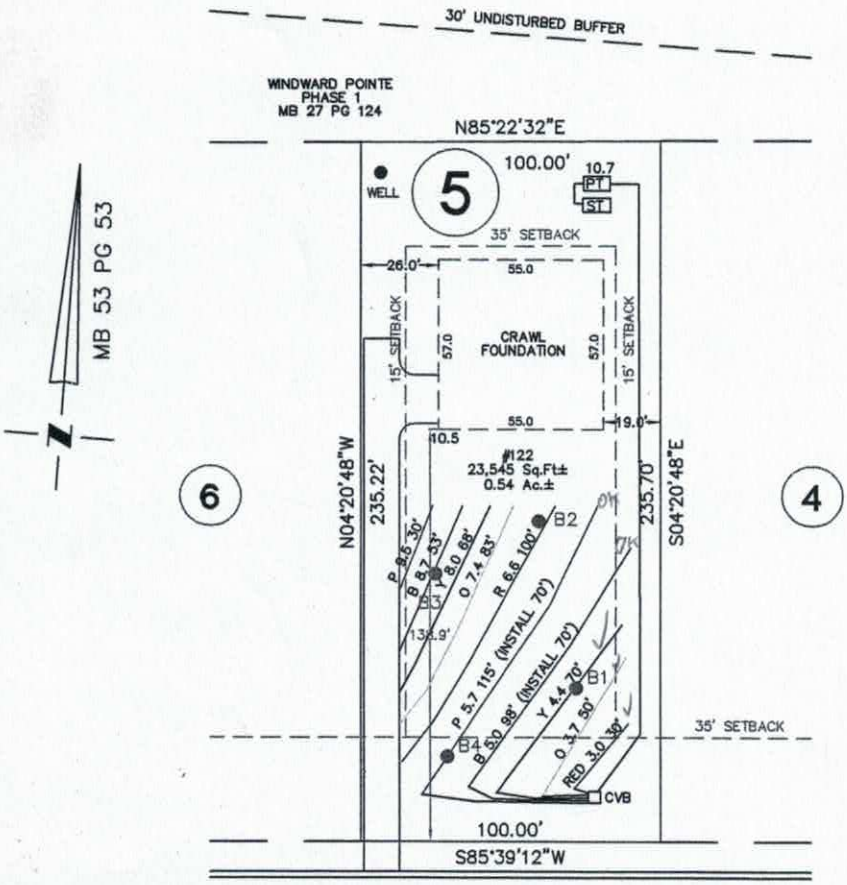


VICINITY MAP

LOT FIT ONLY

REVISIONS

REV. #	DATE	COMMENT
REV. 1	5/22/15	REDUCED DEPTH OF BOX



CLEAR SPRINGS ROAD

50' PUBLIC R/W

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

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 5, 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

122 Clear Springs Rd.
Lot 5
Acknowledgement of
Plans Submittal ONLY
Site Plan Date 12/30/16
Tom Shuck Date 11/2/2016

NOTE:
IF BUILDING IS LESS THAN 10' FROM PROPERTY LINE PROVIDE SOFFIT PROTECTION PER NC STATE BUILDING CODE SECTION 302 AND 1803.3

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

NOTE:
CABINET BLOCKING
-FOR 24" PILLED AND STAGGERED 36" TO CENTER OF BLOCKING AT FRIDGE AND MICRO
36" ALL OTHER LOCATIONS
-FOR 42" PILLED AND STAGGERED NOT TO CENTER OF BLOCKING AT FRIDGE AND MICRO
36" ALL OTHER LOCATIONS

GENERAL NOTES

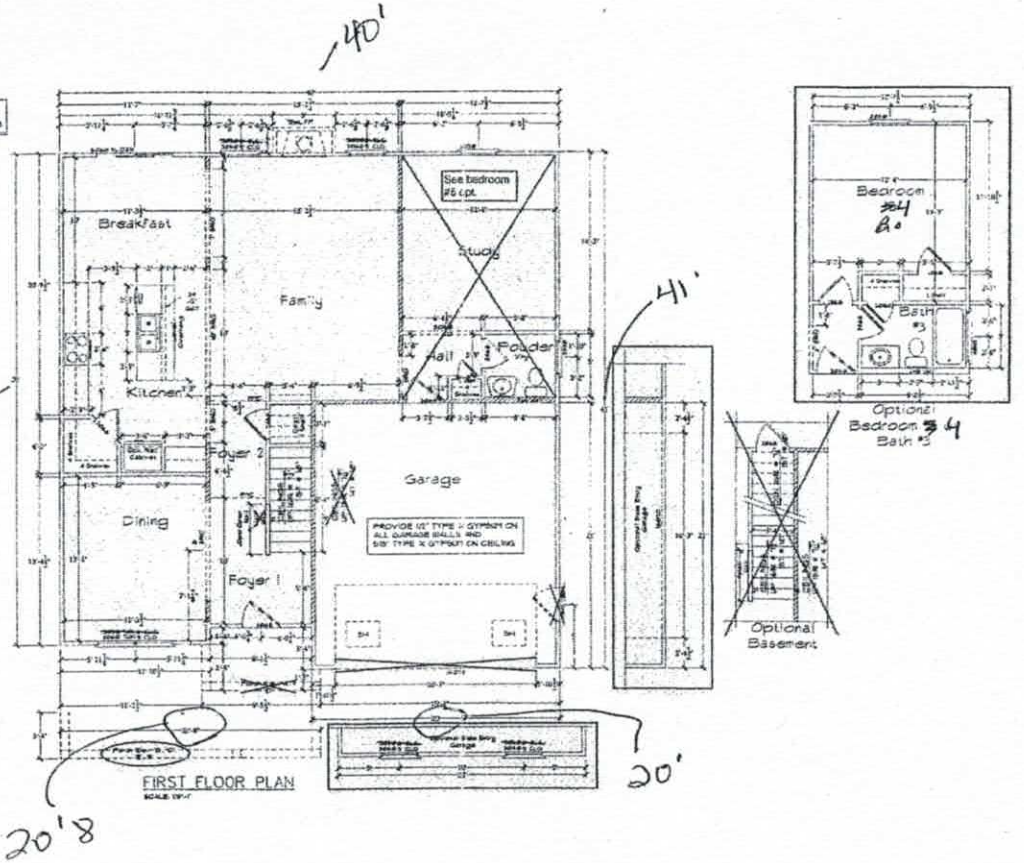
WALLS:
ALL WALLS ARE DRAWN 3-1/2" THICK UNO
ANGLED WALL ARE DRAWN 45° UNO.

SMOKE DETECTORS:
LOCATION AND NUMBER OF DETECTORS SHALL CONFORM TO NEC.

EGRESS:
ALL BEDROOMS MUST HAVE AT LEAST ONE WINDOW WHICH CONFORMS TO R-310 OF THE NC 1 & C BLDG. CODE. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY CHOSEN WINDOWS MEET EGRESS REQUIREMENTS AS MANUFACTURERS VARY

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

WALL/CEILING HGT.
WALL AND CEILING HEIGHT NOTES ARE BASED ON NOMINAL WALL SIZE.
KNEE WALL HEIGHT LABELS FOR WALLS UNDER RAFTERS ASSUME AN EXTRA 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.



FIRST FLOOR PLAN
SCALE: 1/8"=1'

THE COOPER

Essex Homes, Inc.

DATE: 10/25/2016
DRAWN BY: KDB
REVISION DATE:

FIRST FLOOR "A & D"

SHEET NO. 4.1A

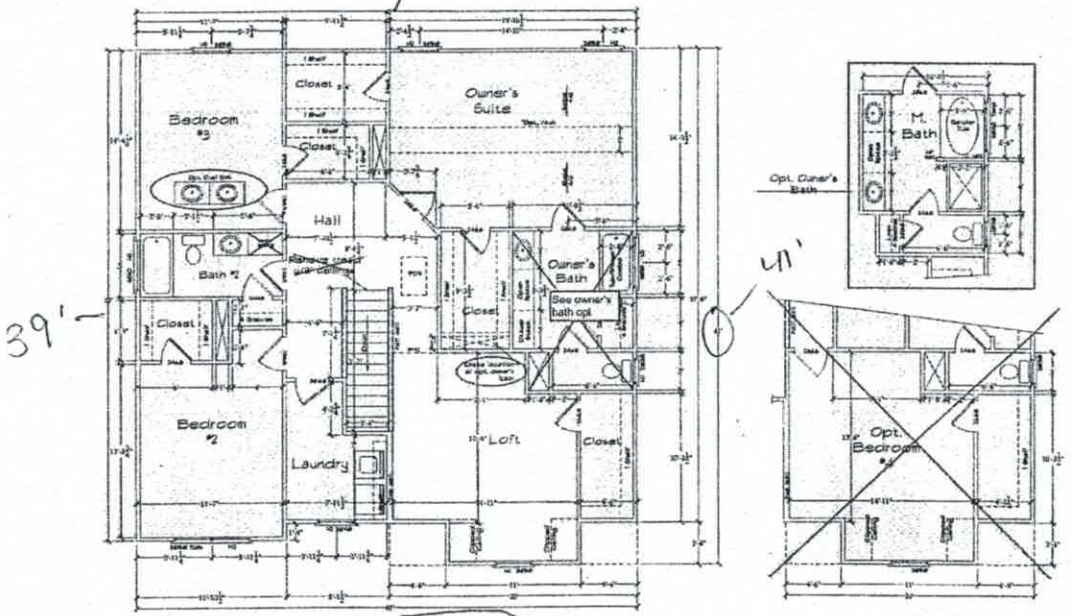
122 Clear Springs Pel

Acknowledgement of
Plans Submittal ONLY

Date 10/20/16

Date 11/2/16

40'



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

40'

THE COOPER

Essex Homes, Inc.

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

SECOND FLOOR ELEV. A, B & C

SHEET NO. 5.1A

IREDELL COUNTY

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

APPLICATION NUMBER
221817
Issue Date: 09/15/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4659167327.000	122 CLEAR SPRINGS ROAD, MOORESVILLE, NC	IREDELL COUNTY

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

Use Requested	Zone Code
SFD- FAST TRACK	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.540	35.00	35.00	15.00	15.00	PACL	X

Remarks:

$ PAID

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

Applicant: Wendell Overby Date: 9-15-16

Permit Number	80544	TOTAL FEES:	$ 77.25