IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ✓ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
EJS Development Co.	P.O. Box 1065, Huntersville NC 28070	(704) 201-6465	(704) 201-6465
Same			
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Autumn Grove	Lot 65

Driving Directions: Highway 21, north. Turn left before Westmoreland Road.

****

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

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

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ (✓) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

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

****

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

9. Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/3/07
DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

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

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

- ✓ **Property Line measurements are clearly identified...**
- ✓ **All proposed structures are indicated...**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ **Front and side setbacks from property line...**
- ✓ **Preferred driveway location and configuration, preferred well location...**
- ✓ **Area you prefer your septic system to be placed...**
- ✓ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

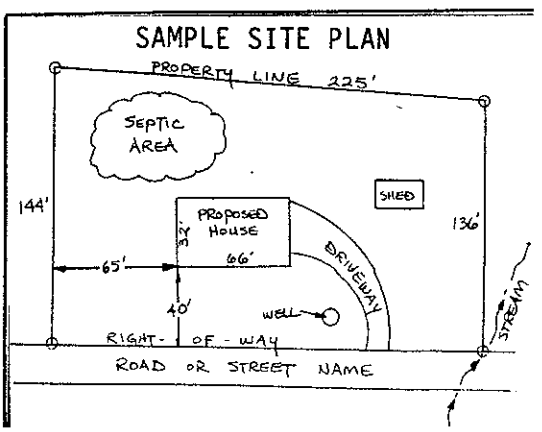
- ____ **Location of septic systems and wells within 100' of your property... N/A**
- ____ **Location of easements and rights of ways on your property... N/A**
- ____ **Location of any designated wetlands on the property... N/A**

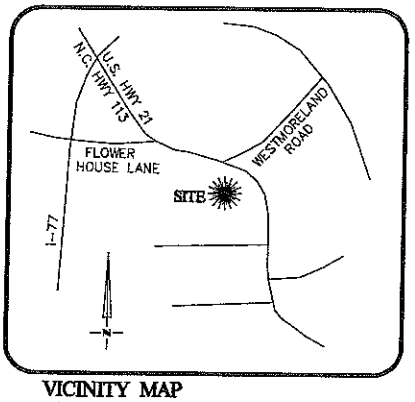
Signature: C. [illegible] _____ 10/3/07

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached site plan





VICINITY MAP
Not To Scale

MB 53 PG 53

NOW OR FORMERLY
JERRY F LOFTIS
731/660

S 13°43'56" W
110.00'

35' SETBACK

15' SETBACK

15' SETBACK

66

65

#121
27,500 Sq.Ft.±
0.63 Ac.±

64

S 76°18'04" E
250.00'

250.00'
N 76°18'04" W

PATIO
2.0 5.7 2.0
26.7
5.9 4.2 6.3 4.5

BALLENTINE "E"
GAR LEFT
2-CAR
W/ BRICK
CRAWL
8/7/12

40.7

39.8

SCALE: 1":30'

21.0 2.0 10.4 6.7 0.7 12.7

32.0'

27.3'

35' SETBACK

40.0'

110.00'

N 13°43'56" E

AUTUMN GROVE LANE

50' PUBLIC R/W

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

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

50 0 50
SCALE: 1" = 50'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS – PLANNERS
600 TOWNE CENTRE BOULEVARD, SUITE #309
PINEVILLE, NORTH CAROLINA 28134
PHONE (704) 927-8080
FAX (704) 889-0105

HOUSE LOCATION PLOT PLAN

FOR

LOT 65, 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: SEPTEMBER 4, 2014

RECEIVED SEP 15 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

#205838

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., F205 OFFICE - Phone: 7044238988

Owner Name: " " Address: CHARLOTTE, NC 28278 CELL - Phone: 704 622 5152 Jeff Beard

Property Information:

Street Address: 121 AUTUMN GROVE LN. MOORESVILLE, NC 28115

Subdivision Name: AUTUMN GROVE Section/Phase: 2 Lot Number: 65

Driving Directions: MOORESVILLE / CHARLOTTE HIGHWAY WEST, LEFT ON CLEAR SPRINGS RD, LEFT ON AUTUMN GROVE LN. PROPERTY IS ON THE LEFT,

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: 8
( ) 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 labelling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 9-15-14

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

IREDELL COUNTY HEALTH DEPARTMENT

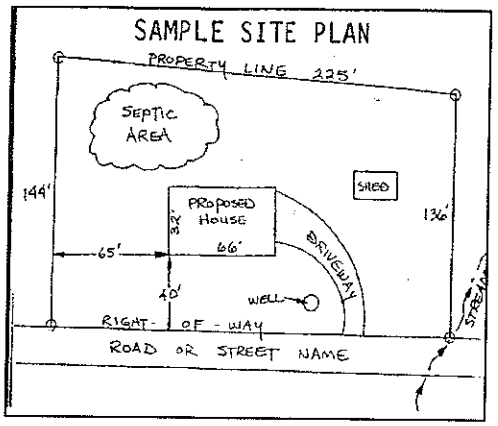
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

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



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

☑ PLEASE SEE ATTACHED plot PLAN AND IMPROVEMENT PERMIT.

Signature: _____

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

9-15-14

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

PERMIT# 145540 PIN# 4659157617.065

OWNER OR APPLICANT E & J Development Co.

ADDRESS PO Box 1065 Huntersville NC 28070 PHONE: Business 704-201-6465 Home DATE 11-26-07

LOCATION Hwy 21 N TL Clear Springs TL Autumn Grove Ln on left

SUBDIVISION Autumn Grove BLOCK / SECTION LOT 65 LOT AREA .163 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 855 Linear Feet 275

No Lines 4 Trench Width 36"± Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home • No. Bedrooms 4

☐ Mobile Home • No. Persons 8

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: * per plan specs

Septic system 100'± from well required

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from Rollins Soil & Environmental Services

AS BUILT SKETCH

Improvement Permit Only - Do Not Issue Building Permit

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 1-4-08

Improvement Permit by: Judy Melville date 11-26-07

Authorization to Construct by: date

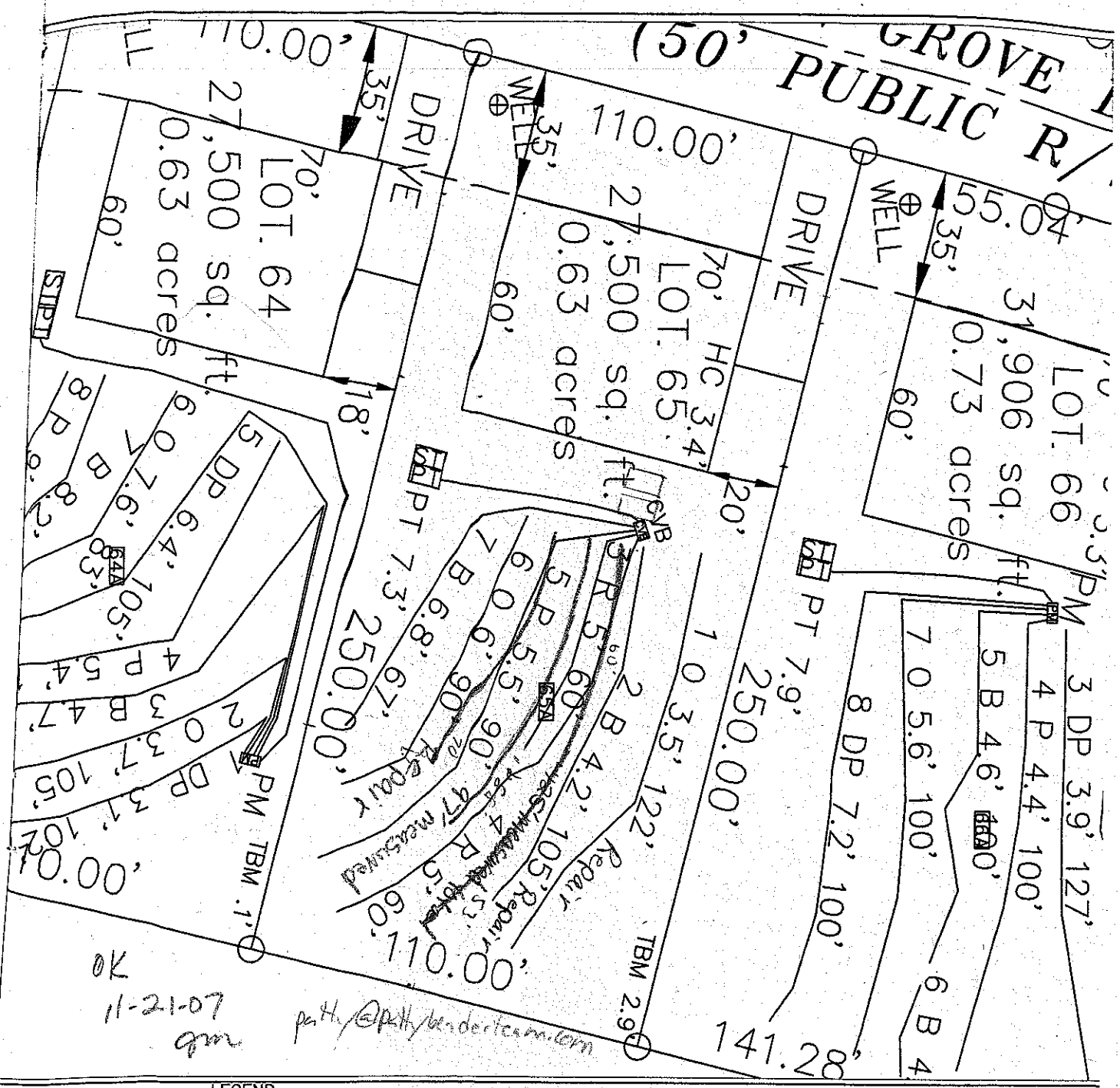
Installed by:

Operation Permit by: date

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Lot 65 - 121 Autumn Grove Ln



LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE

80

10.30 #65
Lot
Autumn Grove
Jordan
828 282 5502

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: BFREE359@YAHOO.COM

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ROLLANS4@WINDSTREAM.NET

MAP TITLE:

PROJECT NAME:

D.R. & M.D.B.

Richard Farris

From: Ashley Rollans <rollans.ashley@yahoo.com>
Sent: Friday, October 17, 2014 4:47 PM
To: Richard Farris
Subject: Autumn Grove Lot 65 - Tank Relocation

Richard,

I reviewed the Site Plan for Autumn Grove Lot 65 and have no problem with you moving the tanks further into the lot. Just wanted to let you know.

Let me know when you have Fred Hill's permit ready. I will come pick it up.

Thank you,

Ashley Rollans, NC Licensed Soil Scientist #1231, NC Cert. Septic Installer, NC Cert. Subsurface Operator & NC Cert. Septic Inspector

Rollans Soil & Environmental Services, PA P.O. Box 832 Mooresville NC 28115
704.278.0989
704.278.0989 (Fax)
704.746.5046 (Mobile)