IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 22172 9

APPLICANT: ESSEX HOMES PIN # 4659262172

SITE ADDRESS: 105 CLEAR SPRINGS RD MOORESVILLE 28115 APPLICANT ADDRESS: 120 CROMER RD LEXINGTON, SC 29073

SITE DIRECTIONS: 21/115 (N) - TL CLEAR SPRINGS - ON LT CORNER PHONE: ALT. PHONE:

SUBDIVISION: AUTUMN GROVE SECTION: -1- LOT # 68 LOT AREA: .8 AC DESIGN FLOW: 480 GPD L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	160	Date	7-21-17
Pump Tank	1000	(gal)	PT	319	Date	4-11-17
Pump Make			Model		Serial #	
# Nitrification Fields	1		# Lines	4	Linear Ft:	400
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: PUMP 25% REDUCTION

Repair System Description: CP PPBPS

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:

INITIAL SITE SKETCH

See Soil & Forestry Services' Plan

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	9-22-17	KW
Tanks Checked	9-15-17	Ben B.
Pressure Manifold or Valve Box Checked	10-25-17	KW
Pressure Head Set	↓	↓
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)		
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.*

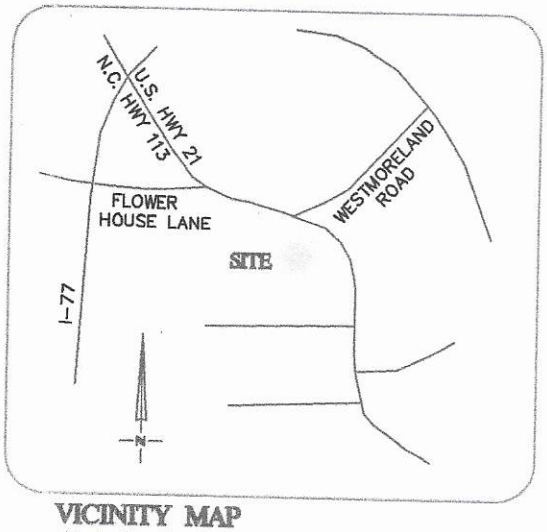
Owner / Applicant Signature: Date: 10/7/16 Installed by: Michael w/ Sid Gaskins

IMPROVEMENT PERMIT by: Date: 9/27/16 OPERATION PERMIT by: Date: 10-25-17

AUTHORIZATION TO CONSTRUCT by: Date: 4/21/17 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

LINE TABLE		
LINE	LENGTH	BEARING
L1	8.12	N17°42'07"W

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N77°41'45"E	76.52	76.57	638.87
C2	N73°47'39"E	10.45	10.45	638.87
C3	N62°11'18"W	35.04	38.83	25.00

1"=60'

NOW OR FORMERLY
JERRY F LOFTIS
731/550

66
AUTUMN GROVE
PHASE 2

MB 52 PG 3

S82°37'05"E
95.79'
N13°43'56"E
127.86'
S08°31'35"E
265.02'
N17°42'07"W
152.55'

35' SETBACK
25' SETBACK
15' SETBACK

1 P 2.9' 84'
2 B 3.5' 88'
3 O 3.9' 100'
4 R 4.7' 100'
5 P 5.5' 100'
6 B 6.3' 100'
7 O 6.8' 97'
8 R 7.5' 84'

P.MANIFOLD

68
#105
34,720 Sq.Ft±
0.80 Ac.±

67

TBM
7.0'

55.0'
75.0'
SLAB FND
SIDE LOAD
RIGHT HAND DRIVE
7.8'
S/T
26.5'
35' SETBACK
36.6'
10'X70'
S.T.
SIGN
ESMNT
35'X35' S.T.
WELL
40.0'
W/ELL
L1
C3
C2
C1

CHARLOTTE HIGHWAY
(US HWY-21 & NC HWY-115)
(PUBLIC R/W VARIES)

CLEAR SPRINGS ROAD
50' PUBLIC R/W

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT

CALCULATIONS

Location Autumn Grove

Project Number 16-1068

Lot No: Lot 68

No. of Bedrooms 4

Design Flow 480 $^{gal}/_{day}$

LTAR 0.3 $^{gpd/ft^2}$

25% RED.? (YES OR NO) YES

Supply Line Length 135 ft.

Supply Line Volume 23.49 gal.

Required Feet of Line 400 ft.
Amount of Line from Layout 400 ft.

Gallons per Minute 28.44 $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Minimum Standard Tank Size 1000

Lateral Line Volume 261.2 gal.

Dosing Volume 195.90 gal.

Note: Dosing Volume based on75% of lateral line volume

Tank Draw Down 9.3 *Generic Draw Down of 21 gal.per in.*

Pump Run Time 6.89 minutes

Elevation Head 10.3 ft.
Pressure Head 2 ft.
Friction Factor 1.78 ft./100 ft. *(From the interpolater.)*
Friction Head 2.40 ft.

Total Dynamic Head (+15%) 16.91 ft.

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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

September 9, 2016

Iredell County Environmental Health Department
Attn: Ronda Hart
601 E. Center Avenue
Mooresville, NC 28115

RE: Lot 68 Autumn Grove Subdivision (PIN 4659262172)

Ronda,

Soil & Forestry Services has been contracted by Essex Homes to submit septic design related information to Iredell County for Lot 68 of Autumn Grove subdivision. It's our understanding a valid 4-bedroom Improvement Permit (#145543) exists for the parcel. Essex Homes is requesting an intermediate re-layout under the Expedited Review process at a fee of $225. A different sized house envelope is proposed versus what was previously permitted. In addition a slab foundation is proposed. The proposed system and repair areas remain within the previously approved soils area. Attached please find an agent authorization, voluntary relinquishment form and pressure manifold septic design. Essex Homes will provide house plans for approval. It's our understanding a zoning permit is not required for this particular lot.

Please contact me if you have any questions or comments.

Regards,

Wendell Overby
NC Licensed Soil Scientist
NC Registered Forester

Cc: Darek Burns

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

Attached is a proposed design for an Accepted (25% reduction) Septic System with Pressure Manifold distribution for a 4 bedroom single family residence on Lot #68 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
- Pressure Manifold Diagram---------- 6

Site Plan/System Plan---------- 7

Calculations---------- 8

Septic System Application---------- 9-10

Expedited Review Process Checklist---------- 11

Environmental Health Requirements Sheets---------- 12

Authorization to Act as Agent for Owner Form---------- 13

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

September 12, 2016
Project #: 16-1068
Soil & Forestry Services of the Carolinas, PA (Wendell Overby)



INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- 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.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as an accepted 25% reduction installation.
- Repair is specified as a PPBPS system with LPP distribution
- Iredell County has approval to move tanks/manfold in the field

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner:	Essex Homes Southeast
Address:	120 Cromer Road Lexington, SC 29073
Phone:	(803) 223-4003
County:	Iredell
Location:	Autumn Grove LOT 68

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	28.44

Design Specifications

Drainfield Size:	400
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000

Estimated Supply Line Length:	135
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	23.49
Dosing Volume:	195.90
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
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:	2.40
Elevation Head:	10.30
Total Dynamic Head:	16.91

Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	

Autumn Grove LOT 68
PRESSURE MANIFOLD DESIGN

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	135
TOTAL DYNAMIC HEAD:	16.91
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	195.90
PUMP TANK DRAW DOWN*:	9.3
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.*

Autumn Grove LOT 68

Project #: 16-1068

LAYOUT FOR 4 BEDROOM HOME

September 9, 2016

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		7.0			100.00		
INSTR. 1			107.00				
HOUSE			100.00	7.00			
TANK			99.20	7.80			
1	PINK			2.90	104.10	64	64
2	BLUE			3.50	103.50	88	88
3	***ORANGE***			***3.90***	***103.10***	***117***	***100***
4	***RED***			***4.70***	***102.30***	***123***	***100***
5	***PINK***			***5.50***	***101.50***	***131***	***100***
6	***BLUE***			***6.30***	***100.70***	***118***	***100***
7	ORANGE			6.80	100.20	97	97
8	RED			7.50	99.50	84	84
					Total	**822**	**733**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***400***	***0.30***	***ACCEPT.***	***0.30***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	333	0.30	MOD.	0.30	PPBPS	LOW PRESSURE

Notes:

**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

PRESSURE MANIFOLD TAPSHEET - Autumn Grove LOT#68

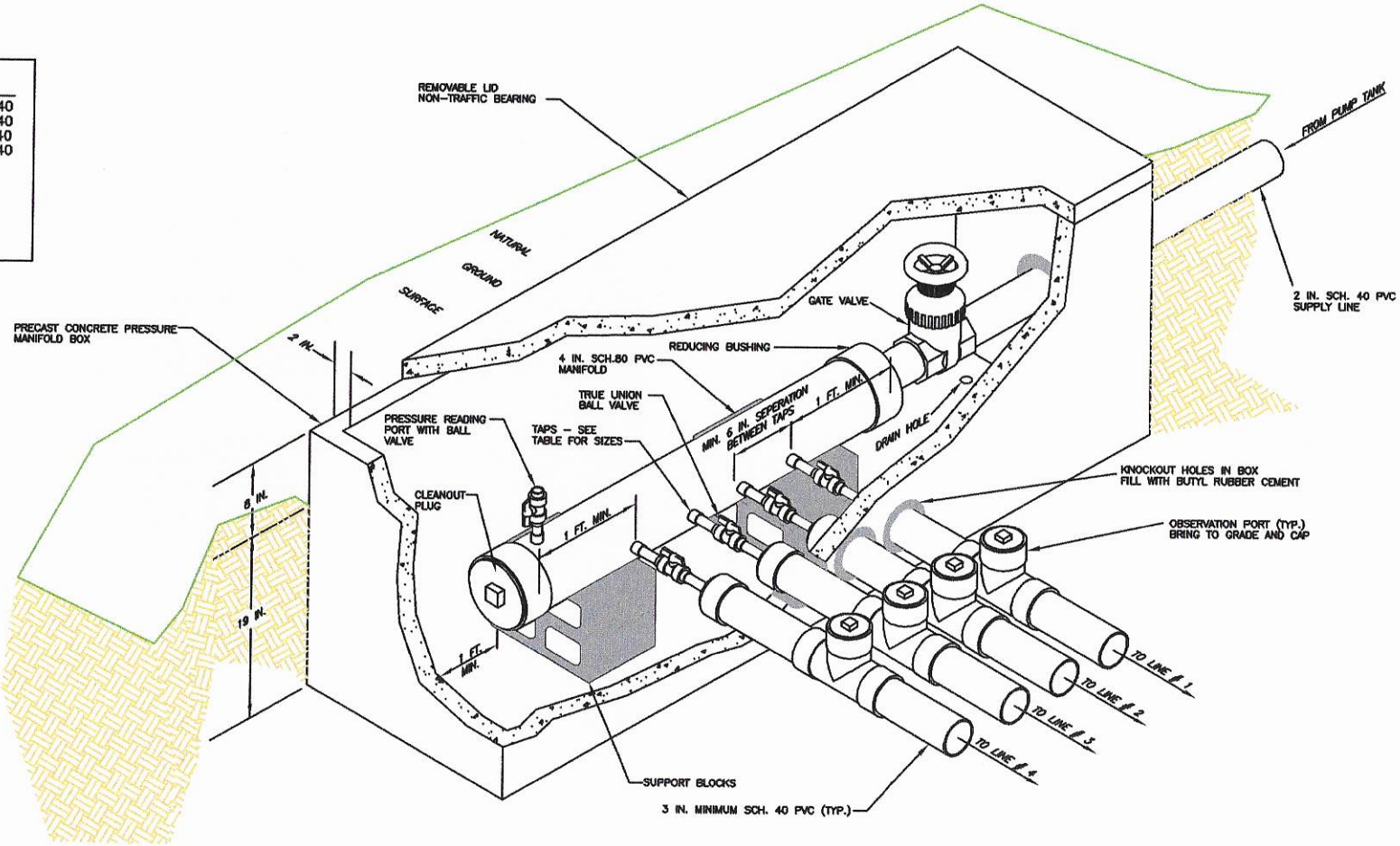
SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area
3	*ORANGE*	103.1	**100**	SCH 40 1/2	**7.11**	300
4	*RED*	102.3	**100**	SCH 40 1/2	**7.11**	300
5	*PINK*	101.5	**100**	SCH 40 1/2	**7.11**	300
6	*BLUE*	100.7	**100**	SCH 40 1/2	**7.11**	300
	total	**feet =**	**400**	**gal/min =**	**28.44**	
			Des. Flow	**480**		
			Pump Run=	**6.89**		
			soil LTAR	**0.30**		
			LTAR +5%	**0.315**		
			LTAR with ACCEPTED	**0.33075**		
			LTAR with ACCEPTED + 5%	**0.3472875**		

PRESSURE MANIFOLD DETAILS

TAP SIZES

LINE No.	TAP SIZE
1	1/2" SCH. 40
2	1/2" SCH. 40
3	1/2' SCH. 40
4	1/2" SCH. 40



RECEIVED APR 1 7 2017

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: 704-309-3220

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

Property Information:

Street Address: 105 Clear Springs Rd

Subdivision Name: Autumn Grove Section/Phase: 1 Lot Number: 68

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 4/17/17
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 105 CLEAR SPRINGS ROAD MOORESVILLE, identified as PIN(Parcel Identification Number) 4659262172, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) WENDELL OVERBY ASHLEY ROLLANS / SOIL & FORESTRY SERVICES OF THE CAROLINAS, _____, _____, _____, 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 — 1/12/16 Date — Darek Burns

Signature of Witness — 1/12/16 Date

RECEIVED SEP 1 3 2016

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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) Init. Relayout Paid $225.00

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

2. Page 2: *Site Plan Worksheet* **Form MUST Accompany This Application** #221729

The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*

X **Survey Plat, Scaled no more than 1 Inch = 60 Feet**

X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

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

4. Property Information:

105 CLEAR SPRINGS ROAD MOORES	AUTUMN GROVE	LOT 68
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: FROM DOWNTOWN MOORESVILLE NORTH ON HWY 115 TURN LEFT ON CLEAR SPRINGS ROAD.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
( ) **Repair To Failing Septic System**
( ) **Other** _____

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

( ) **Crawl Space Foundation?**
(X) **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:

(X) **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** (X) **Innovative** ( ) **Modified Conventional** ( ) **Other**_____ ( ) **No Preference**

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

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) to be generated?**
( ) Yes (X) 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 — 9-13-16

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

IREDELL COUNTY HEALTH DEPARTMENT

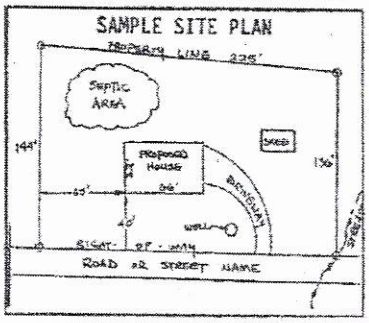
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

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



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

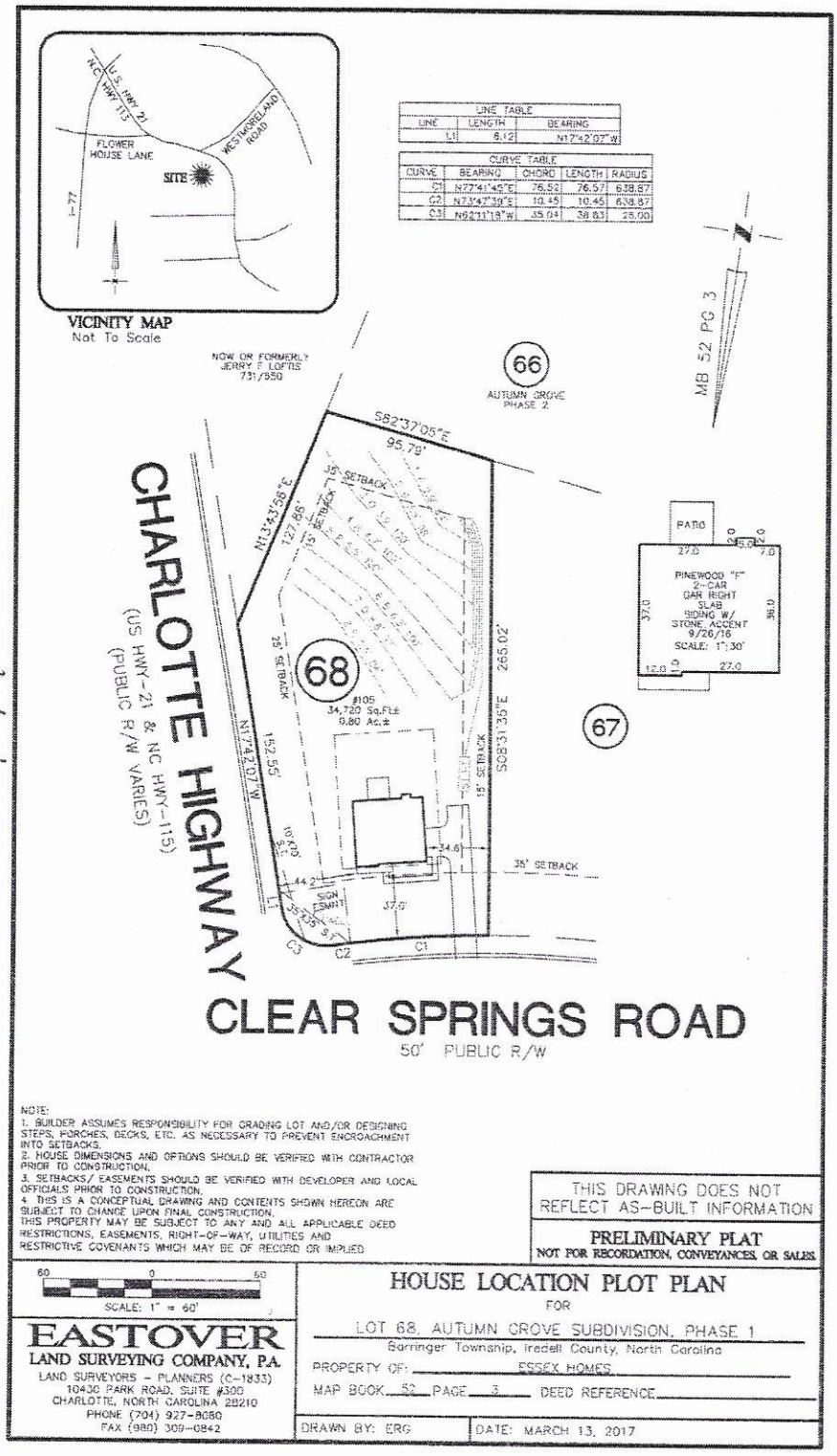
See attached Site Plan

Signature: Stan Pooley

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

4/17/17

DATE



Stan Pressley
4/17/17

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.

60 0 60
SCALE: 1" = 60'

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 68, AUTUMN GROVE SUBDIVISION, PHASE 1
Berringer Township, Iredell County, North Carolina

PROPERTY OF: ESSEX HOMES

MAP BOOK 52 PAGE 3 DEED REFERENCE

DRAWN BY: ERG | DATE: MARCH 13, 2017

IREDELL COUNTY HEATLH 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:

- 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:

- 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**

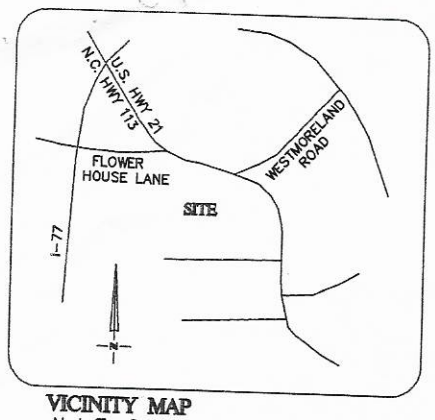
Signature: Wendell Dy — 9-13-16

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED SITE PLAN

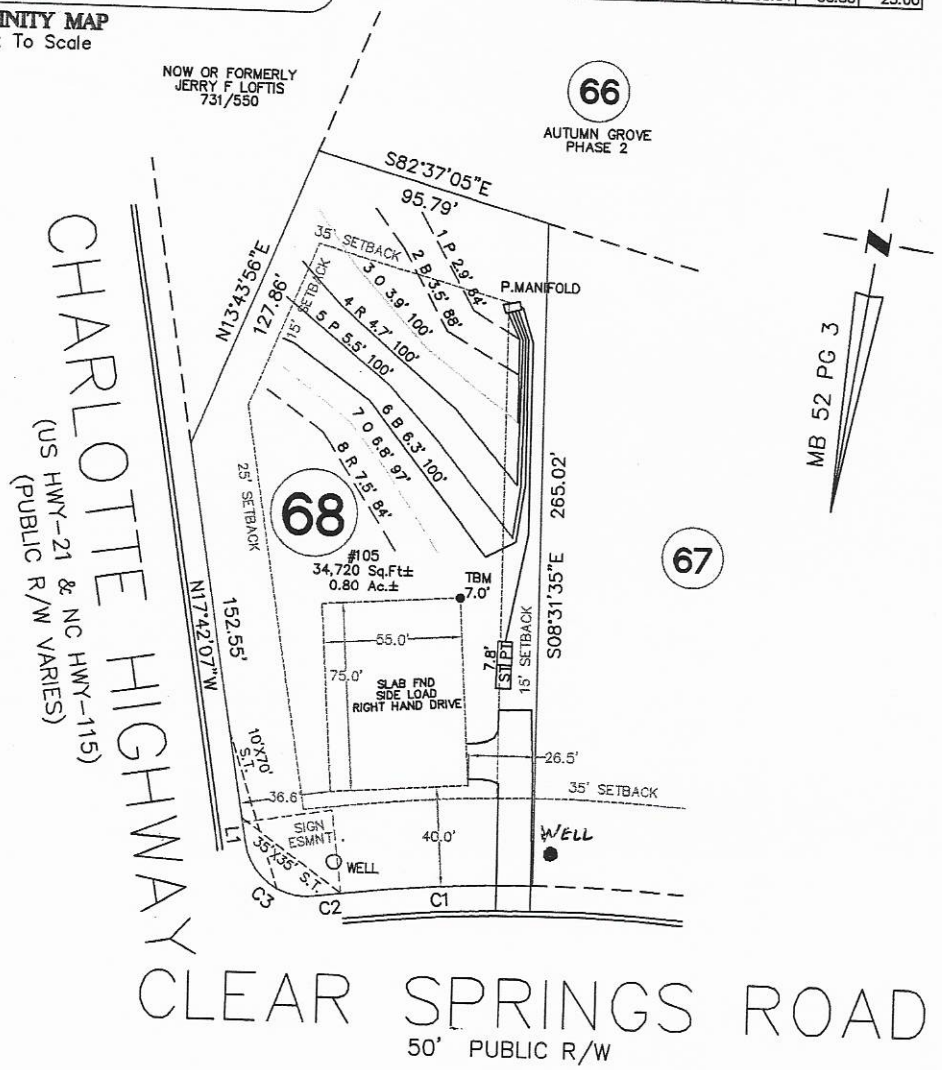
LOT FIT ONLY



VICINITY MAP
Not To Scale

LINE TABLE		
LINE	LENGTH	BEARING
L1	8.12	N17°42'07"W

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N77°41'45"E	76.52	76.57	638.87
C2	N73°47'39"E	10.45	10.45	638.87
C3	N62°11'18"W	35.04	38.83	25.00



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.

60 0 60
SCALE: 1" = 60'

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 68, AUTUMN GROVE SUBDIVISION, PHASE 1
Barringer Township, Iredell County, North Carolina

PROPERTY OF: ESSEX HOMES

MAP BOOK 52 PAGE 3 DEED REFERENCE

DRAWN BY: ERG | DATE: OCTOBER 23, 2015

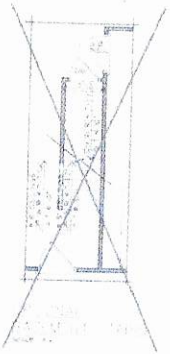
Acknowledgement of
Plans Submittal ONLY!

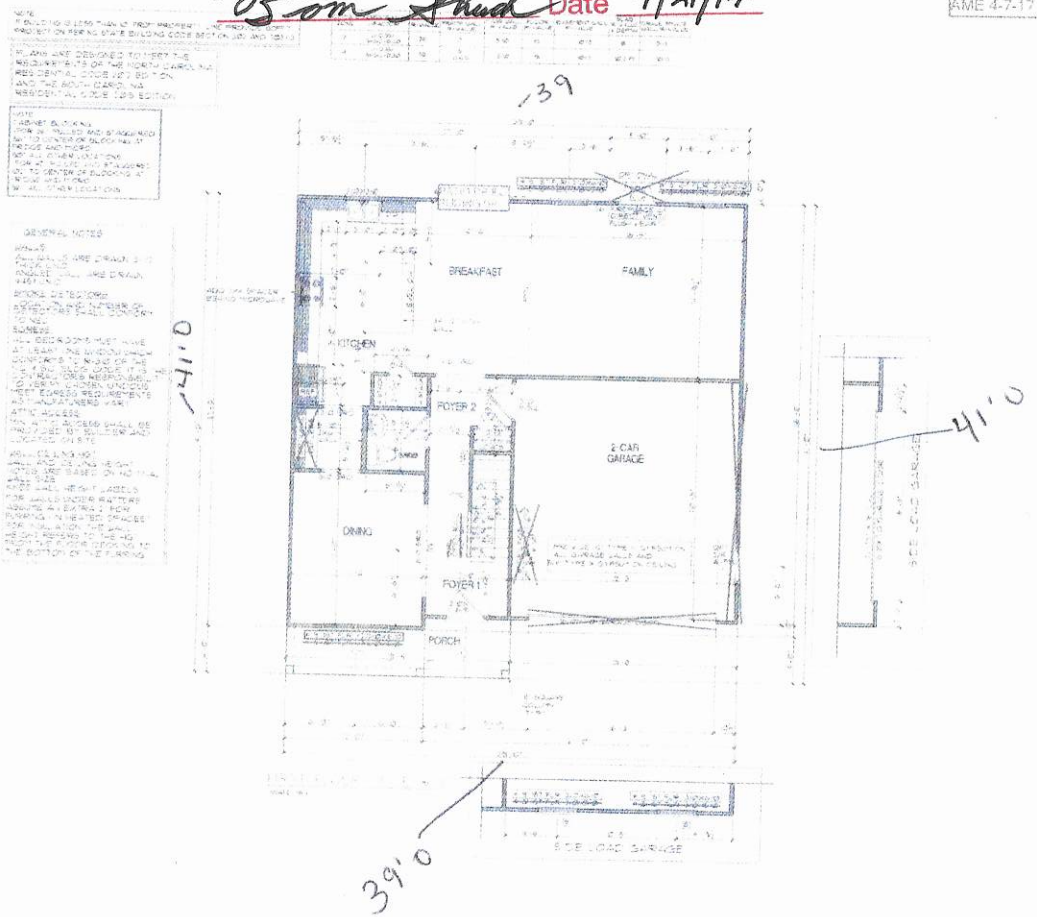
105 Clear Springs Rd Lot 68

Date 4/21/17

Date 4/21/14

Lot 68 Autumn Grove
AME 4-7-17





FRAZIER HOME DESIGN, LLC
www.frazierhomedesign.com
2961 PIVOT PLACE, SUITE 106
RALEIGH, NC 27607
O: (919) 424-7245

THE PINEWOOD

Essex Homes, Inc.

FIRST FLOOR

4.1C

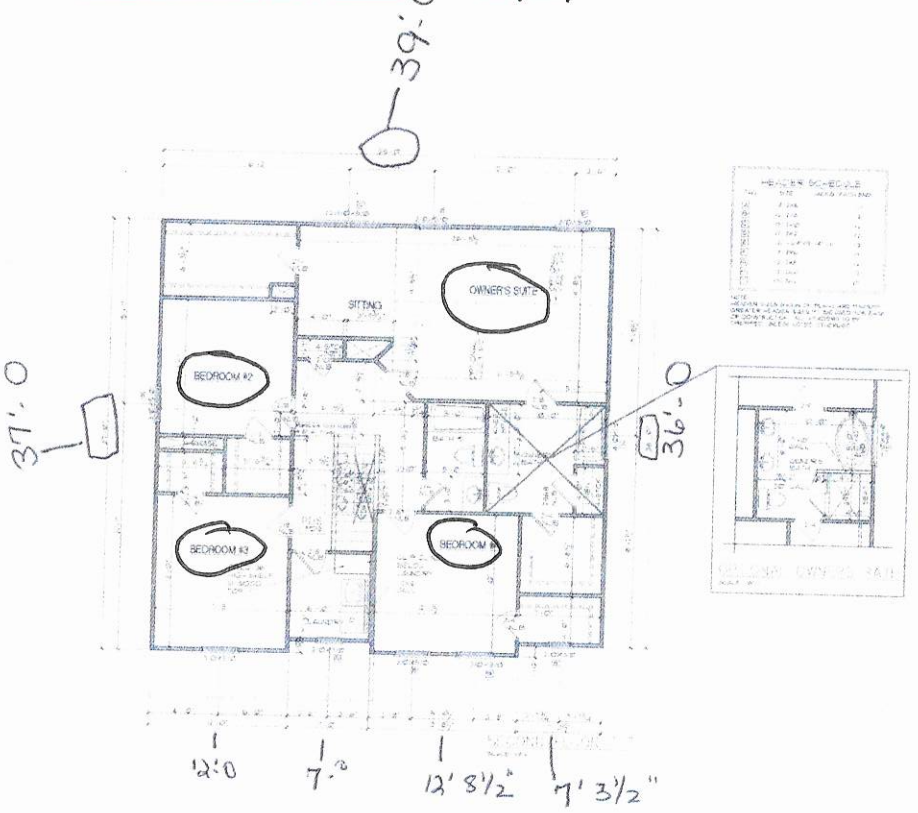
Acknowledgement of
Plans Submittal ONLY!

lot 68

Date 4/17/17

Date 4/21/17

Lot 68 Autumn Grove
AME 4-7-17



FRAZIER HOME DESIGN, LLC
www.frazierhomedesign.com
2840 PLAZA PLACE SUITE 230
RALEIGH, NC 27612
O (919) 424-2246

THE PINEWOOD

Essex Homes, Inc.

DATE 4/7/2017
DRAWN BY TDH
REVISIONS

SECOND FLOOR "F"

SHEET NO.
5.1F