IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 222764

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

PIN # 4732-05-6373

APPLICANT/OWNER: Smith Douglas Homes APPLICANT ADDRESS:

SITE ADDRESS: 152 Autumn Mist Statesville NC PHONE: ALT. PHONE

SITE DIRECTIONS: Old Mountain Rd TR Wallace Spgs TL Autumn Mist Q End SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Autumn Brook SECTION: 1 LOT # 48 LOT AREA: .517 DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	9-21-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	10-20-17	System Description: LPPPBPS		☐ Business	No. Persons 8
Pump Make	Orenco	Model	PF300511	Serial #	—	Repair System Description: LPPPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	272	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☒ Crawl Space
Trench Width	Min 24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

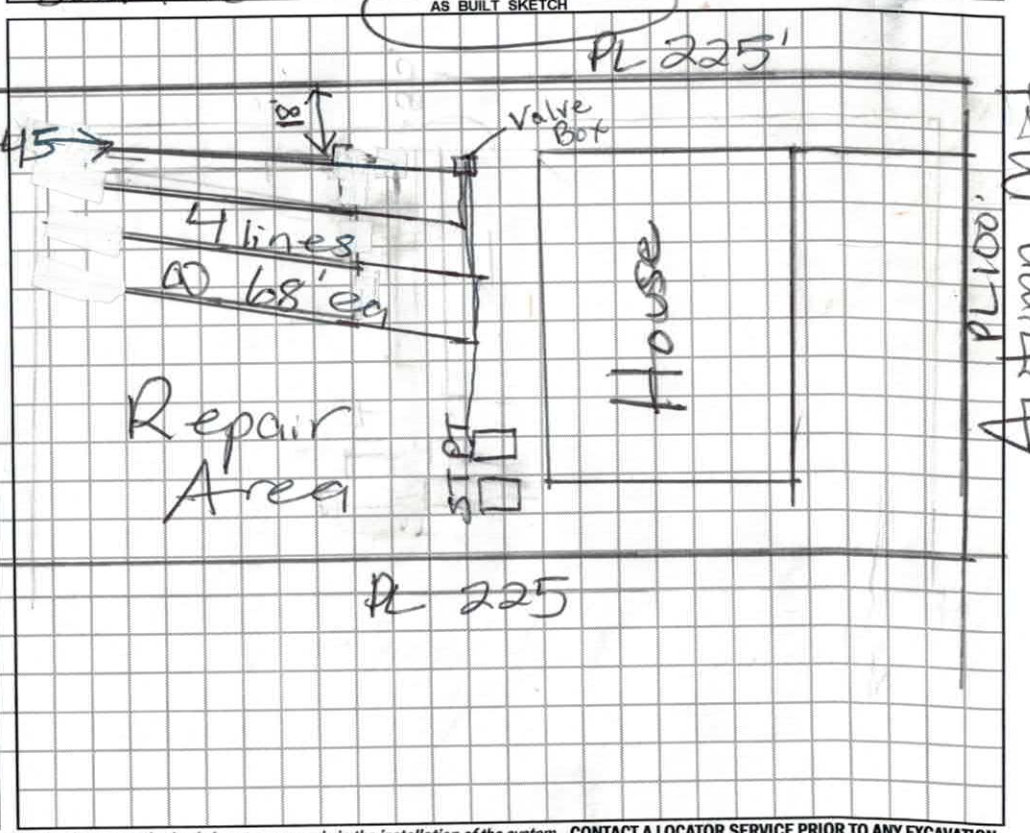
2/7/18 2" of pressure head set for lines
7" of float elevation difference between on/off floats and another 7" to alarm float (3-float setup)
- Alarm ok
- Electrical panel ok. (independent circuits)

★ Still needs maintenance Contract as of 2/7/18



Scale 1:40

AS BUILT SKETCH



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: Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Benjamin A Bolton Date: 2/7/2018

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 6/30/17

PERMIT# 22276 4 PIN# 473216406 6.048 05-6373

OWNER OR APPLICANT Smith Douglas Homes PHONE: Business 704-936-2277 Home

ADDRESS 323 Walnut St Statesville NC 28677

LOCATION 21 South @ Oak @ Wallace Streets @ Autumn Mist LOT on RT

SUBDIVISION Autumn Brooke BLOCK / SECTION LOT 43 LOT AREA .517 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 7603 Date 9-21-17

Pump Tank: 1000 Gallons: PT 3623 Date 10-20-17

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 602/600 Linear Feet 270'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: LPP Pressure 50% Reduct

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments/Conditions: ☒ See design specs
In line Pump Filter is required

Comments/Conditions: PT - Off from house "pumpout" MD
Checked tanks & lines 12/12/17
9/12/14/17

INITIAL SITE SKETCH

See attached system design by Rollins Soil + Environmental

AS BUILT SKETCH

SVL

Non-Expiring Permit

Non-Expiring Permit 12/27/16

* See next page for As-Built & inspection notes. SA

Authorization to Construct
Client gets pink copy

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: [signature] date 10-18-17

Improvement Permit by: [signature] RS date 6/30/17

Authorization to Construct by: Benjamin A. Botkin date 7/20/2017

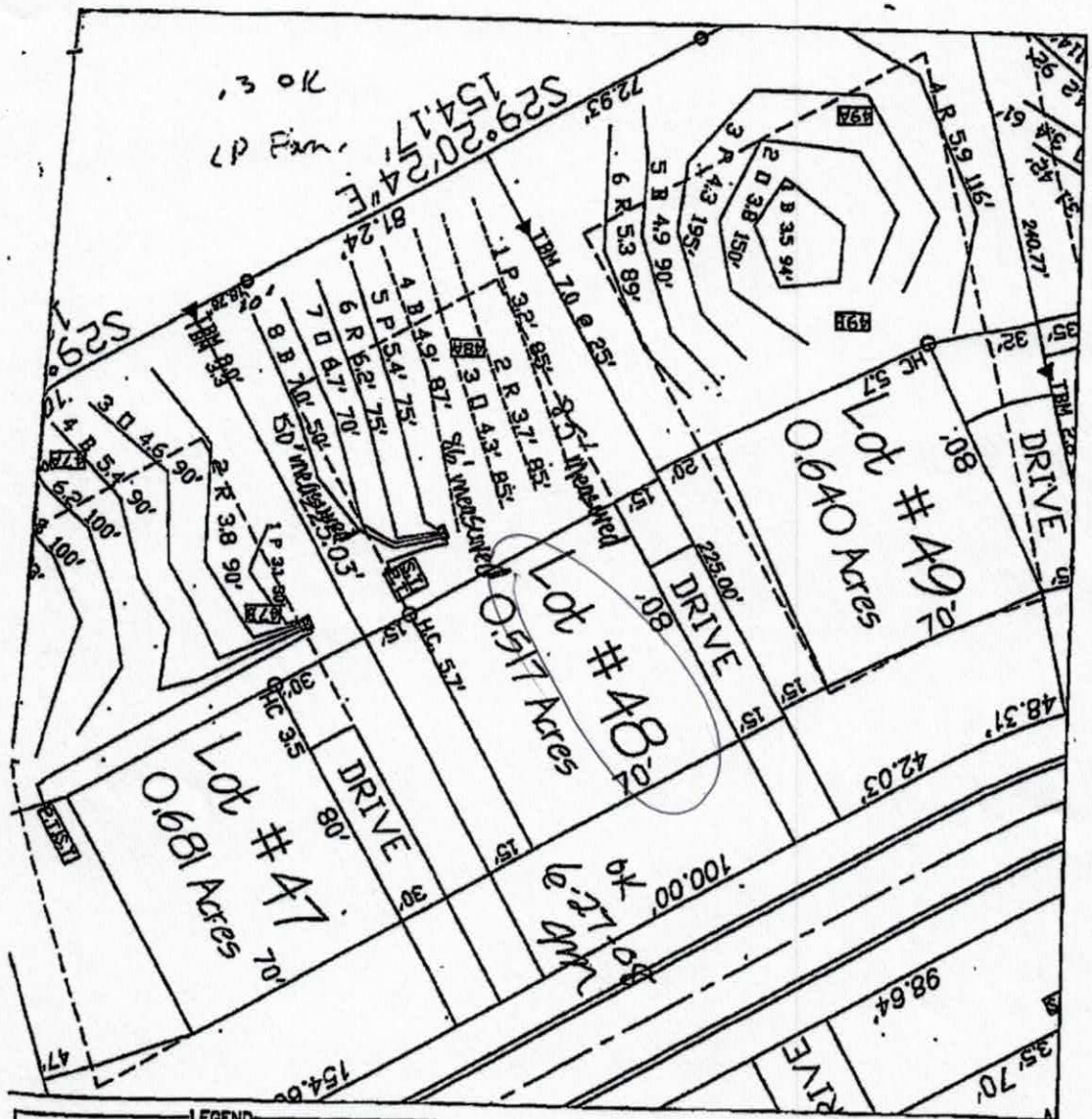
Installed by: Specialty Septic

Operation Permit by: Benjamin A. Botkin date 2/7/2018

Existing System Inspection by: date

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

	Date	Initials
Drain Lines Checked	12/12/17	MD
Tanks Checked	12/14/17	MD
Pressure Manifold or Valve Box Checked	12/14/17	MD
Pressure Head Set	2/7/18	SA
Electrical Checked	2/7/18	SA
Floats Set	2/7/18	SA
Alarm Checked	2/7/18	SA
Maintenance Contract Y / N		
Comments: Supply lines	12/14/17	MD


Lot #49
0.640 Acres
70'
Lot #48
0.517 Acres
70'
Lot #47
0.681 Acres
70'
DRIVE
80'
225.00'
100.00'
42.03'
48.37'
98.64'
154.66'
240.77'
229.37'
S29°20'24"E
154.17'
81.24'
TBM 7.0 @ 25'
TBM 8.8
TBM 5.7
LEGEND
HOUSE
PIT
SEPTIC LINES
REPAIR LINES
GRAPHIC SCALE
1" = 40'
40 0 40 80
FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BE USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.
SOIL & ENVIRONMENTAL SERVICES
PRELIMINARY SOIL EVALUATION

ROLLANS *Soil & Environmental Services, Inc.*

470 N Broad Street, Suite D, Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 658-1724

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Brady Freeman, Registered Sanitarian
Mobile: (704) 746-6497
Email: bfree209@yahoo.com

Attached is a proposed design for a PPBPS Septic System with low pressure distribution for a 4 bedroom single family residence on Lot # 48 in Autumn Brook 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/System Plan---------- 6-7

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

Profile Descriptions---------- 9

May 23, 2008
Project #: 01-1439
Design By: Rollans Soil & Environmental Services

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 NC DENR, 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.
- Design precludes foundation drains.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation.
- Repair is specified as a PPBPS installation.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- Backfill against house to achieve positive drainage.
- All gulleys near system and repair areas must be filled with provisionally suitable material.

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	The Johnson Group
Address:	132 Court Street Statesville, NC 28677
Phone:	704-881-0098
County:	Iredell
Location:	AUTUMN BROOK LOT 48
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	25.42

Design Specifications

Drainfield Size:	270
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	23
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	4.00
Dosing Volume:	149.54
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:	0.41
Elevation Head:	5.40
Total Dynamic Head:	8.98
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	YES
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

AUTUMN BROOK LOT 48

LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	810
TOTAL LATERAL LENGTH:	270
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	266.6666667
SUPPLY LINE LENGTH:	23
TOTAL DYNAMIC HEAD:	8.98
MANIFOLD SIZE:	N/A
DOSING VOLUME:	149.54
PUMP TANK DRAW DOWN*:	7.1
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 BROOK LOT 48

Project #: 01-1439

LAYOUT FOR 4 BEDROOM HOME

May 23, 2008

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		8.0			100.00		
INSTR. 1			108.00				
HOUSE CNR				5.70	102.30		
P. TANK				5.90	102.10		
1	PINK			3.20	104.80	85	85
2	RED			3.70	104.30	85	85
3	ORANGE			4.30	103.70	85	85
4	BLUE			4.90	103.10	87	87
5	***PINK***			***5.40***	***102.60***	***87***	***75***
6	***RED***			***6.20***	***101.80***	***87***	***75***
7	***ORANGE***			***6.70***	***101.30***	***71***	***70***
8	***BLUE***			***7.00***	***101.00***	***52***	***50***
					Total	**639**	**612**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***270***	***0.300***	***MOD.***	***0.300***	***PPBPS***	***LOW PRESSURE***
Repair	342	0.300	MOD.	0.300	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at lot corner. (see site plan)

**TBM is assumed to be 100'

**All measures in feet

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

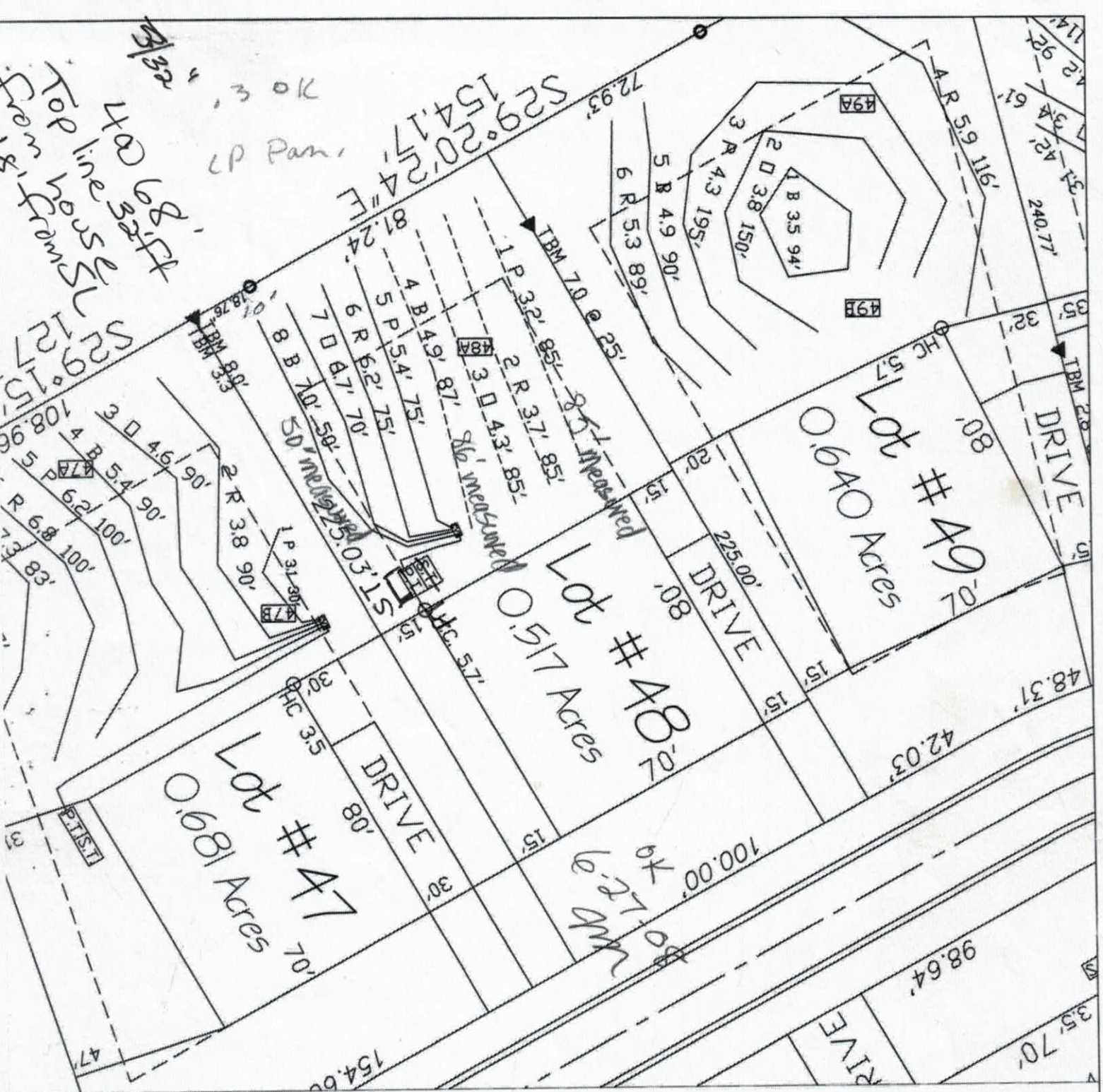
**BS, HI, and FS indicate rod readings

LP PPBPS TAPSHEET -AUTUMN BROOK LOT# 48

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
5	***PINK***	***102.60***	***75***	0.156	**0.41**	225	17
6	***RED***	***101.80***	***75***	0.156	**0.41**	225	17
7	***ORANGE***	***101.30***	***70***	0.156	**0.41**	210	16
8	***BLUE***	***101.00***	***50***	0.156	**0.41**	150	12
							62
	total	**feet =**	**270**	**gal/min =**	**25.42**		
			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



40 68.32ft Top line house from SL S29°15'12"

,30K

LP Pan.

36ft from back window to Supply line.

45' off back PL to Drainfield

ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 N. BROAD ST., SUITE D
MOORESVILLE, NC 28115
PHONE/FAX: (704) 658 - 1725
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: PRELIMINARY SOIL EVALUATION

PROJECT NAME: THE JOHNSON GROUP / AUTUMN BROOK

LOCATION/DATE: WALLACE SPRINGS ROAD, RIDDELL COUNTY, NORTH CAROLINA, JUNE 2006

JOB # : 01-1439
FILE: C:\JOBS\01-1439
PROJECT MGR.: A.L.P
FIELD WORK: A.L.P
DRAWN BY: A.L.P

CALCULATIONS

Location AUTUMN BROOK

Project Number 01-1439

Lot No: Lot 48

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	23	ft.
Supply Line Volume	4.002	gal.
Required Feet of Line	266.6667	ft.
Amount of Line from Layout	270	ft.
Gallons per Minute	25.42	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	62	
Dosing Volume	149.54	gal.

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

Tank Draw Down	7.1	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	5.4	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	0.41	ft.
Total Dynamic Head (+15%)	8.98	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

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

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

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

lot 48

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

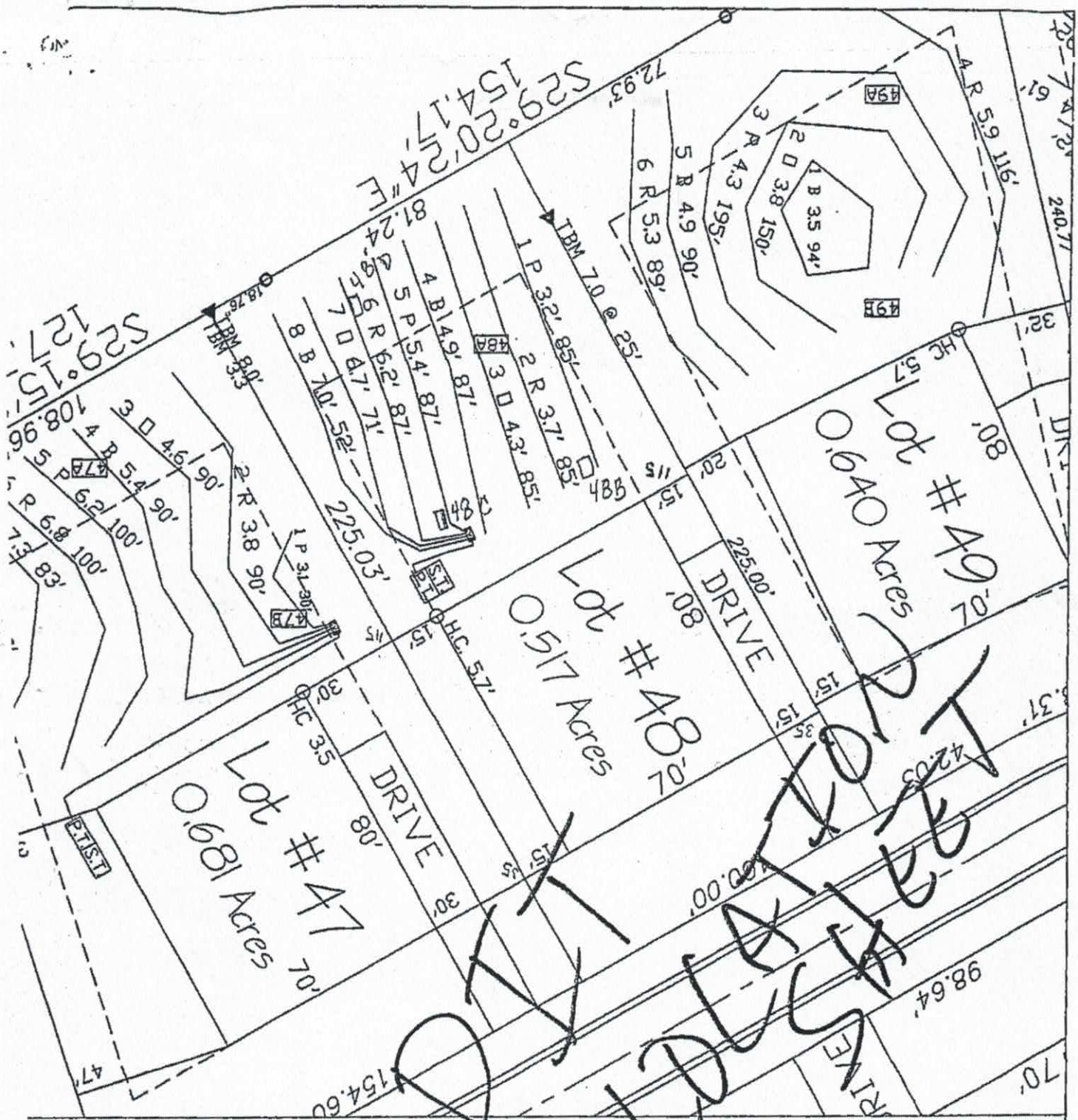
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1		0-8	manipulated						PS .3
		8-30	ABK, C	Fi, SEXP					
		30-63	WABK, BC, CL	Fi, SEXP					
2		0-12	SCL, WSBK	Fr, SEXP					PS .3
		12-30	C, SBK	Fi, SEXP					
		30-37	CL, WSBK	Fi, SEXP					
		37-58	SL, SAP mass.	Fr, NS, NP					
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____



LEGEND

- HOUSE
- PIT
- SEPTIC LINES
- REPAIR LINES

GRAPHIC SCALE
1" = 40'

40 0 40 80

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

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ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE (704) 746-3016
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: PRELIMINARY SOIL EVALUATION

PROJECT NAME: THE JOHNSON GROUP / AUTUMN WOODS

LOCATION/DATE: WALLACE SPRINGS ROAD, FIDDELL COUNTY, NORTH CAROLINA, JUNE 2008

JOB # : 01-1439
FILE: C:\JOBS\01-1439
PROJECT MGR.: A.L.P
FIELD WORK: A.L.P
DRAWN BY: A.L.P

Maria Dotson

Keep this.

From: Ashley Rollans <ashleyrollans@gmail.com>
Sent: Friday, December 15, 2017 4:28 PM
To: Maria Dotson
Subject: Re: Autumn Brook #48

Maria,

I am good with that. No problem.

Have a good weekend.

Thank you

Ashley Rollans
NC Licensed Soil Scientist, NC Certified Septic Inspector, NC Certified Septic Installer & NC Certified Operator

Rollans Soil & Environmental Services, PA
P.O. Box 832
Mooresville, NC 28115
704.746.5046

On Thu, Dec 14, 2017 at 9:37 AM, Maria Dotson <MDotson@co.iredell.nc.us> wrote:

Ashley:

I met with the Septic Installer on Autumn Brook #48 and he would like to install 24" wide trenches instead of 36". Also he was going to put the initial drainfield in the repair area and use the initial area for repair due to some fill that was put on the drainfield area. I have given my ok but since you submitted the initial Septic plan we need your ok too.

Thanks,

Maria Dotson

IC Environmental Health Specialist

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)

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ 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 #	Alternate Phone #
Smith Douglas Homes	10130 Mallard Creek Rd suite #218 Charlotte, NC 28262	704-944-5555	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Autumn Brook Development LLC	1542 Queens Rd W, Charlotte, NC 28207	704-301-0056	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
152 Autumn Mist Rd	Autumn Brook	Lot 48

Driving Directions: _____

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 _____
(X) Other Confirming bedrooms on existing permit

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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:

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

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____ 7/14/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

add 104

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Autumn Brook Development LLC By: Ray A. Killian, Jr, am the legal owner(s) of the property located at Autumn Mist Road & Bell Chase Ln, identified as PIN (Parcel Identification Number) [redacted], located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Michelle Plese SDH Charlotte LLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Autumn Brook Development LLC c/o Ray A. Killian, Jr 7-12-17 Jenni S. Carlson 7/12/17

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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...

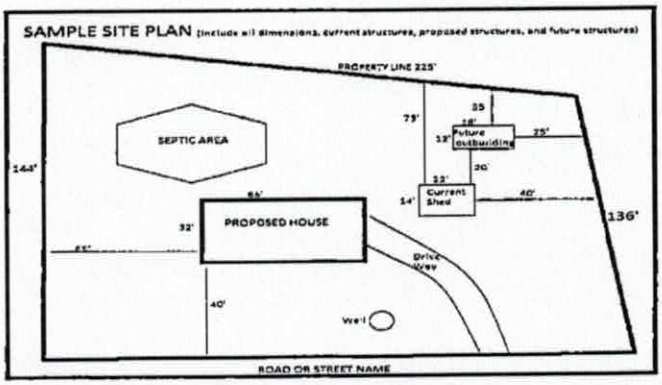
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

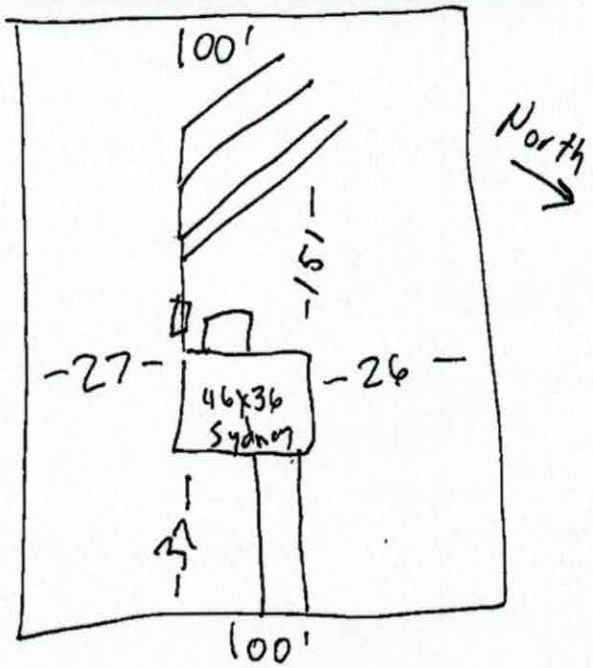
N/A Location of septic systems and wells within 100' of your property... N/A

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



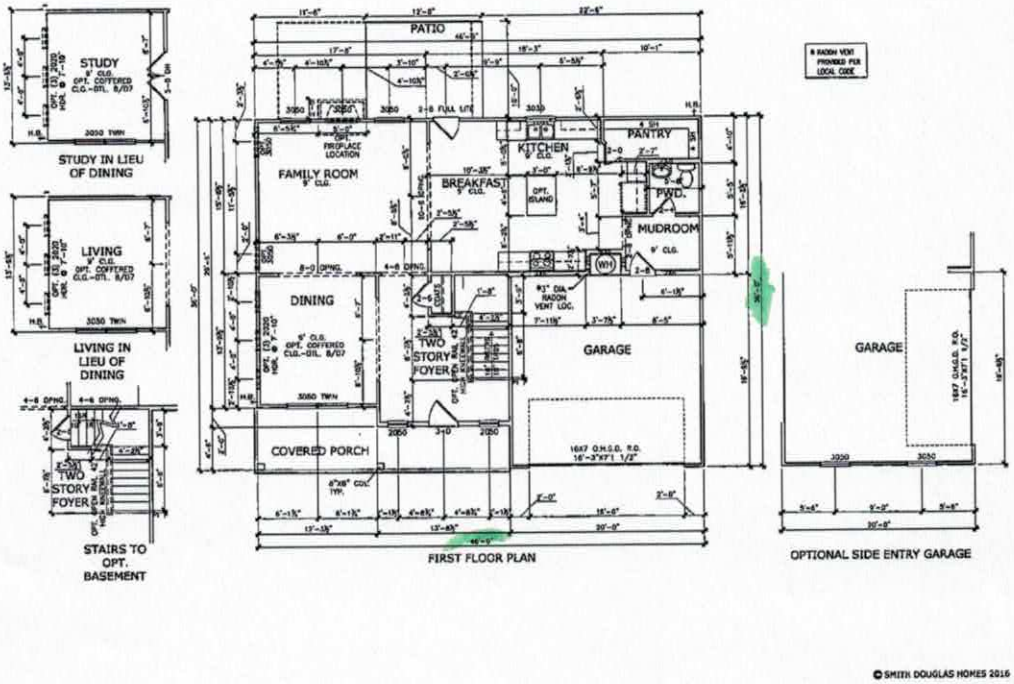
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: EN — *REQUIRED property owner or owner's legal representative signature.*

7/19/17 — DATE

AB-48 front load
right hand



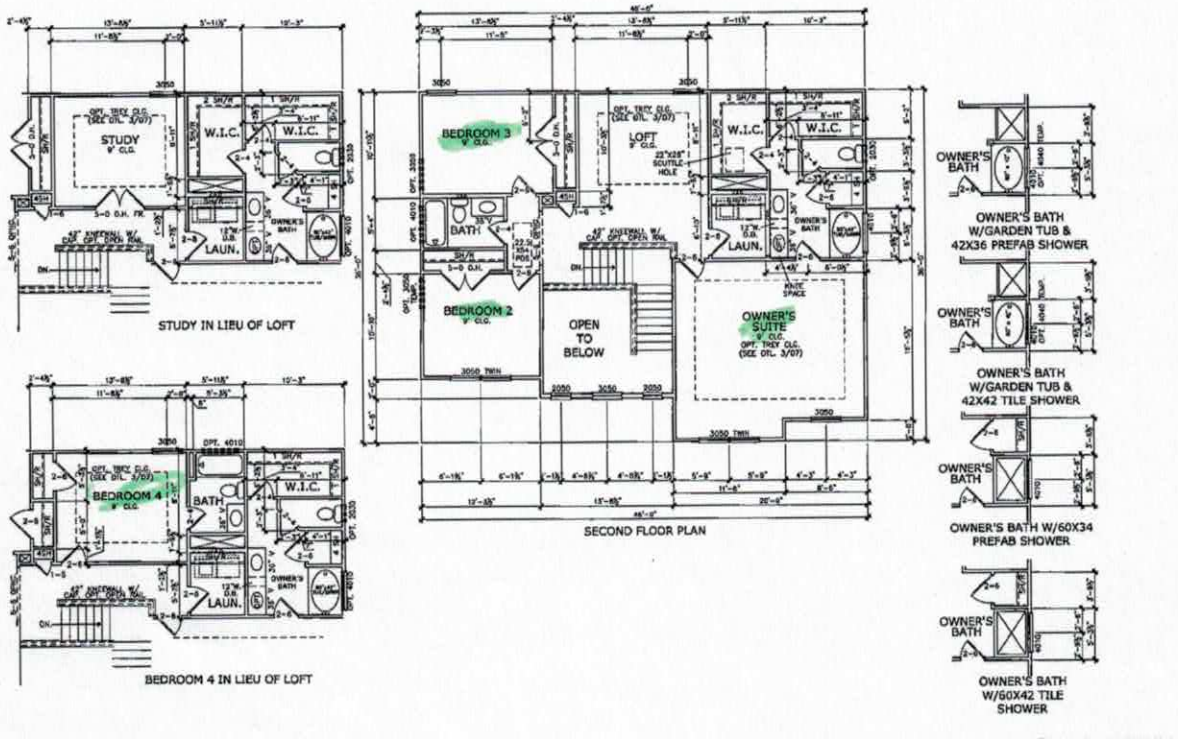
SMITH DOUGLAS HOMES

FLOOR PLANS
FIRST FLOOR PLAN
SYDNEY

ALL
2600
ALL
A5.1

Acknowledgement Of
Plans Submittal ONLY!
Benjamin L Battle Date 7/20/2017
Date

AB-48 front load
right hand



©SMITH DOUGLAS HOMES 2016

SMITH DOUGLAS HOMES

LOFT OPTION
2ND FLOOR PLAN
SYDNEY

ALL
2600
ALL
A5.2

Acknowledgement Of
Plans Submittal ONLY!

Brijmohan Batra Date 7/20/2017

_____ Date _____

IREDELL COUNTY

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

APPLICATION NUMBER
222764
Issue Date: 10/26/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732056373.000	152 AUTUMN MIST ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK DEV LLC	Applicant: KATHLEEN SAUNDERS
Address: 1542 QUEENS ROAD WEST STATESVILLE, NC 28207	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		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	84195	TOTAL FEES:	$ 77.25