IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222781

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

PIN # 4732057233 ✓

APPLICANT: Autumn Brook LLC APPLICANT ADDRESS: 1542 Queens Road West Statesville NC 28207

SITE ADDRESS: ✓ 156 Autumn Mist Rd Statesville NC 28677 PHONE: 704-578-4951 ALT. PHONE: N/A

SITE DIRECTIONS: 21S T/R Old Mountain Rd T/R Wallace Springs T/R Autumn Mist Lot on right

SUBDIVISION: Autumn Brook SECTION: -1- LOT # 47 LOT AREA: .68 AC DESIGN FLOW: 480 L.T.A.R.: .275

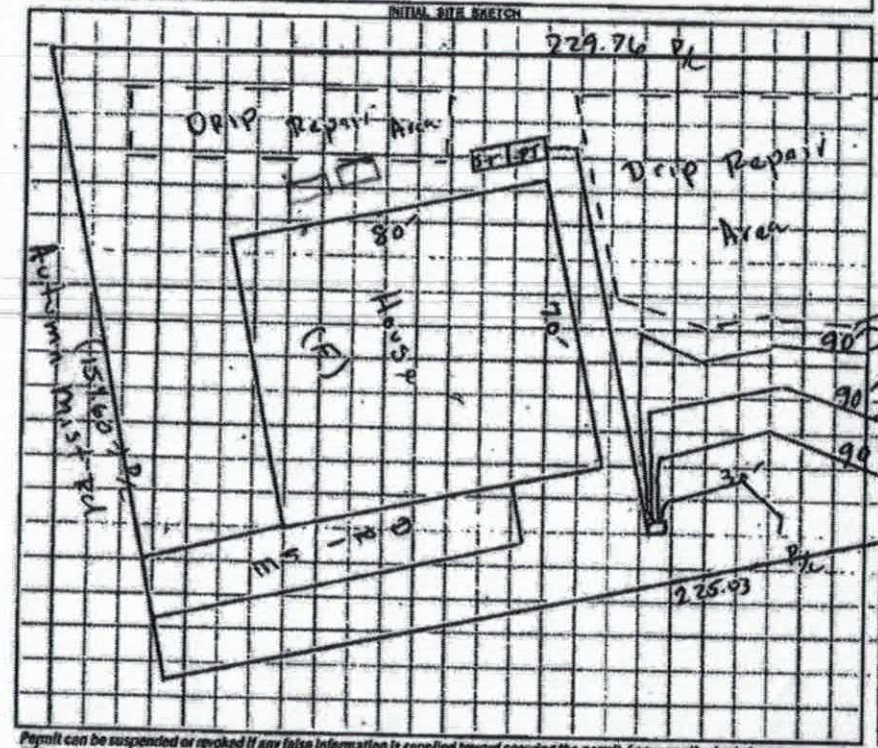
Septic Tank	1000 (gal)	STB 960	Date 7/7/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III ☒ IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT 363	Date 5/27/18	System Description:	LP PPBPS			☐ Business	No. Persons 8
Pump Make	Orenco	Model PF-300511	Serial #	Repair System Description:		Drip		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	Linear Ft: 300	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	4	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

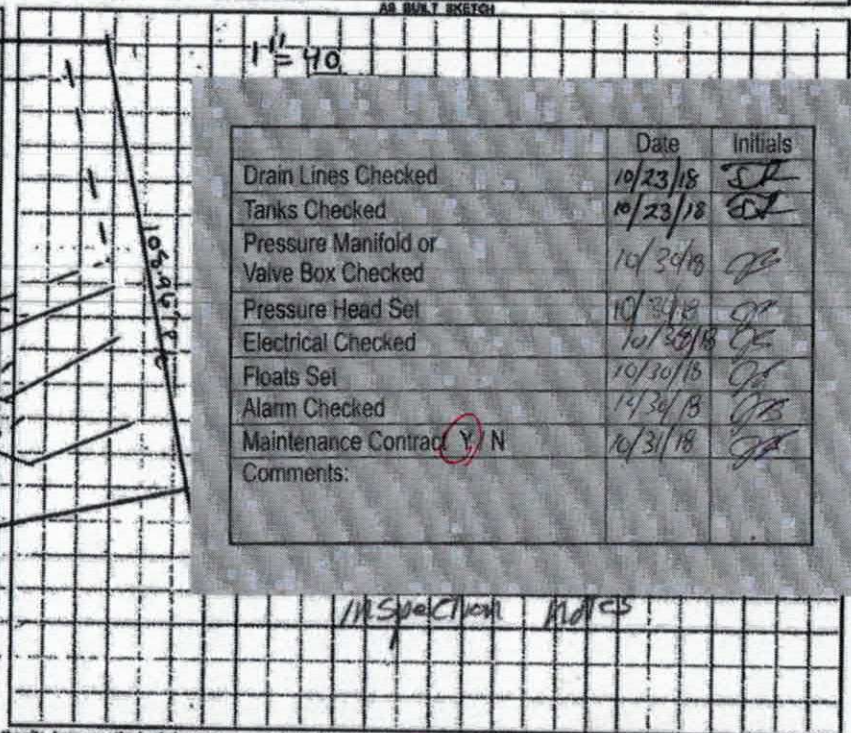
Comments / Conditions: * per plan specs

* Floorplan Acc 3BR House w/ Install 4BR Septic

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	10/23/18	SP
Tanks Checked	10/23/18	SP
Pressure Manifold or Valve Box Checked	10/30/18	
Pressure Head Set	10/30/18	
Electrical Checked	10/30/18	
Floats Set	10/30/18	
Alarm Checked	10/30/18	
Maintenance Contract Y / N	10/31/18	
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: Kathleen Saunders Date: 1/3/17 Installed by: Specialty Septic (Jame O'Dane)

IMPROVEMENT PERMIT by: Date: 12/29/16 OPERATION PERMIT by: Date: 11-1-18

AUTHORIZATION TO CONSTRUCT by: Date: 6/19/18 Existing System Inspected by: Date:

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

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 # 47 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 47
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	28.7

Design Specifications

Drainfield Size:	300
Loading Rate (gpd/ft.^{2}):	0.275
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:	102
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	17.75
Dosing Volume:	168.84
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:	1.82
Elevation Head:	8.40
Total Dynamic Head:	14.05
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 47
LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	290.9090909
SUPPLY LINE LENGTH:	102
TOTAL DYNAMIC HEAD:	14.05
MANIFOLD SIZE:	N/A
DOSING VOLUME:	168.84
PUMP TANK DRAW DOWN*:	8.0
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 47

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		3.3			100.00		
INSTR. 1			103.30				
HOUSE CNR				3.50	99.80		
P. TANK				6.50	96.80		
1	*PINK*			*3.10*	*100.20*	*33*	*30*
2	*RED*			*3.80*	*99.50*	*90*	*90*
3	*ORANGE*			*4.60*	*98.70*	*90*	*90*
4	*BLUE*			*5.40*	*97.90*	*90*	*90*
5	PINK			6.20	97.10	100	100
6	RED			6.80	96.50	100	100
7	ORANGE			7.30	96.00	83	83
8	BLUE			7.50	95.80	57	57
					Total	**643**	**640**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*300*	*0.275*	*MOD.*	*0.275*	*PPBPS*	*LOW PRESSURE*
Repair	450sq ft	0.100	MOD.	0.100	Drip	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# 47

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*PINK*	*100.20*	*30*	0.156	**0.41**	90	7
2	*RED*	*99.50*	*90*	0.156	**0.41**	270	21
3	*ORANGE*	*98.70*	*90*	0.156	**0.41**	270	21
4	*BLUE*	*97.90*	*90*	0.156	**0.41**	270	21
	total	**feet =**	**300**	**gal/min =**	**28.7**		70

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

CALCULATIONS

Location AUTUMN BROOK

Project Number 01-1439

Lot No: Lot 47

No. of Bedrooms 4

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

LTAR 0.275 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) YES

Supply Line Length 102 ft.

Supply Line Volume 17.748 gal.

Required Feet of Line 290.9091 ft.
Amount of Line from Layout 300 ft.

Gallons per Minute 28.7 $^{gal}/_{min}$

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

Panel Volume 3.6 gal.
# of Panels 70
Dosing Volume 168.84 gal.

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

Tank Draw Down 8.0 *Generic Draw Down of 21 gal.per in.*

Pump Run Time 5.88 minutes

Elevation Head 8.4 ft.
Pressure Head 2 ft.
Friction Factor 1.78 ft./100 ft. *(From the interpolater.)*
Friction Head 1.82 ft.

Total Dynamic Head (+15%) 14.05 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 ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Johnson Group
ADDRESS: 132 Court St. Statesville NC 28677
PROPOSED FACILITY: 4 BRM
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: Autumn Brook Subdivision (off Wallace Springs Rd) Lot 47
APPLICATION DATE 6/08
DATE EVALUATED: 4/08
PROPERTY SIZE: 0.681 AC
PROPERTY RECORDED: NO
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
47A 1	LSS 5-10%	0-10	BR SCL WFSBk	SS,SP,Fr SExP	—	57"	—	—	PS .275
		10-45	RC MFSBk	S,P,Fr SExP	few YB				
		45-57	RCL WSBk	SS,SP,Fr SExP	many sap				
47B 2	LSS 5-10%	0-28	RC MFSBk	SS,SP,Fr SExP	—	56"	—	—	PS .3
		28-56	RCL WFSBk	SS,SP,Fr SExP					
47C B		0-10	B scl	fr					.3
		10-24	mo sbk RC	fr SE			com-sap clinc.		
		24-44	wk sbk RCl	fr					
		44-63	sl sap	fr					
47D 4		0-6	B scl						.275 to .3 if grade to shed water
		6-30	mo f sbk C	fr SE			f-sap c-m sap		
		30-44	wk sbk Cl	fr					
		44-63	sl sap	fr					

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.

ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 N. BROAD ST., SUITE D
MOORESVILLE, NC 28115
PHONE/FAX: (704) 658 - 1723
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 WOODS

LOCATION/DATE: WALLACE SPRINGS ROAD, IREDELL 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

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 47

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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) ..941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-10	SCL	Fr, SEXP					PS .275
		10-35	ABK, rock in C	Fi, SEXP					
		35-60	CR						
2		0-8	SCL, WSBK	Fr, SEXP			SAP Inc 39-56"		PS .3
		8-39	C, ABK	Fi, SEXP					
		39-56	CL, WSBK	Fr, SEXP					
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: _____

Taylor Planner SEPTIC
SITE PLAN 1" = 60'

Existing Pool

Pass thru gate

RETAIN

Non-Expiring

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonmen
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Rep

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

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

(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 fe

Applicant Information: Contact - Kathleen Saunders - (704) 578-4951

Applicant Name: Autumn Brook Dev. LLC **Address:** 1542 Queens Road W Charlotte 28207 **Phone:**

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

Property Information:

Street Address: 156 Autumn Mist Rd Troutman

Subdivision Name: Autumn Brook **Section/Phase:** 1 **Lot Number:** 47

Driving Directions: Hwy 21, Old Mountain Rd, Right on Wallace Springs Rd Right on Autumn Mist Rd

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

(X) 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:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbi

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 (X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/10/16
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, Autumn Brook Development, LLC By: Kayo Gillum Jr, am the legal owner of the property located at 156 Autumn Mist Rd, identified as PIN(Parcel Identification Number) 4732057233, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group P.A., _____, _____, _____, 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.

Kayo Gillum Jr 10.7.16
Signature of Owner Date

Terri S Carlson 10.7.16
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

SITE PLAN WORKSHEET

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

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

X Property Line measurements are clearly identified...

X All proposed structures are indicated...

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

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

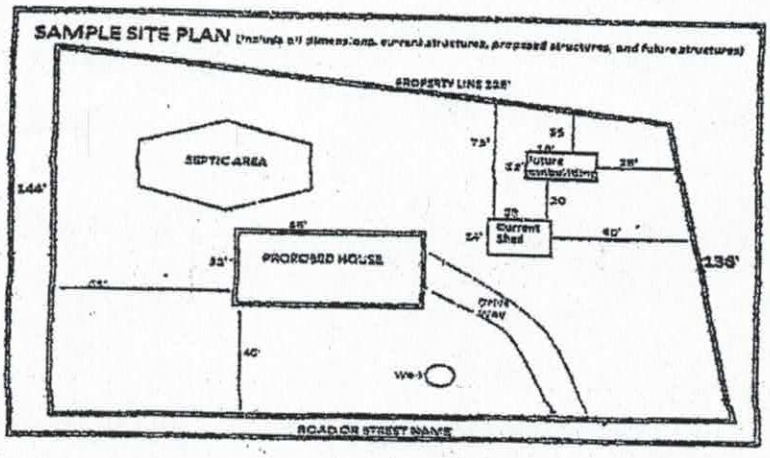
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

__ __ 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

Please see attached site plan

Signature: Emma Hall

REQUIRED property owner or owner's legal representative signature.

10/10/16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-3625

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

PERMIT # 222781

APPLICANT: Autumn Brook LLC

PIN # 4732057233

SITE ADDRESS: 156 Autumn Mist Rd Statesville NC 28677

APPLICANT ADDRESS: 1542 Queens Road West Statesville NC 28207

SITE DIRECTIONS: 215 TR Old Mountain Rd TR Wallace Springs TR Autumn Mist Lot on right

PHONE: 704-578-4957 ALT. PHONE: N/A

SUBDIVISION: Autumn Brook SECTION: LOT # 47 LOT AREA: .68 Ac

DESIGN FLOW: 450 L.T.A.R.: .275

Septic Tank	1000 (gal)	SIR:	Date		
Pump Tank	1000 (gal)	PT	Date		
Pump Make	Model		Serial #		
# Nitrification Fields	1 # Lines		Linear Ft: 300		
Trench Width	4 Max. Trench Bottom Depth	36"	Gravel Depth	N/A	

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

System Description: LP PPBFS Drip

Repair System Description:

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

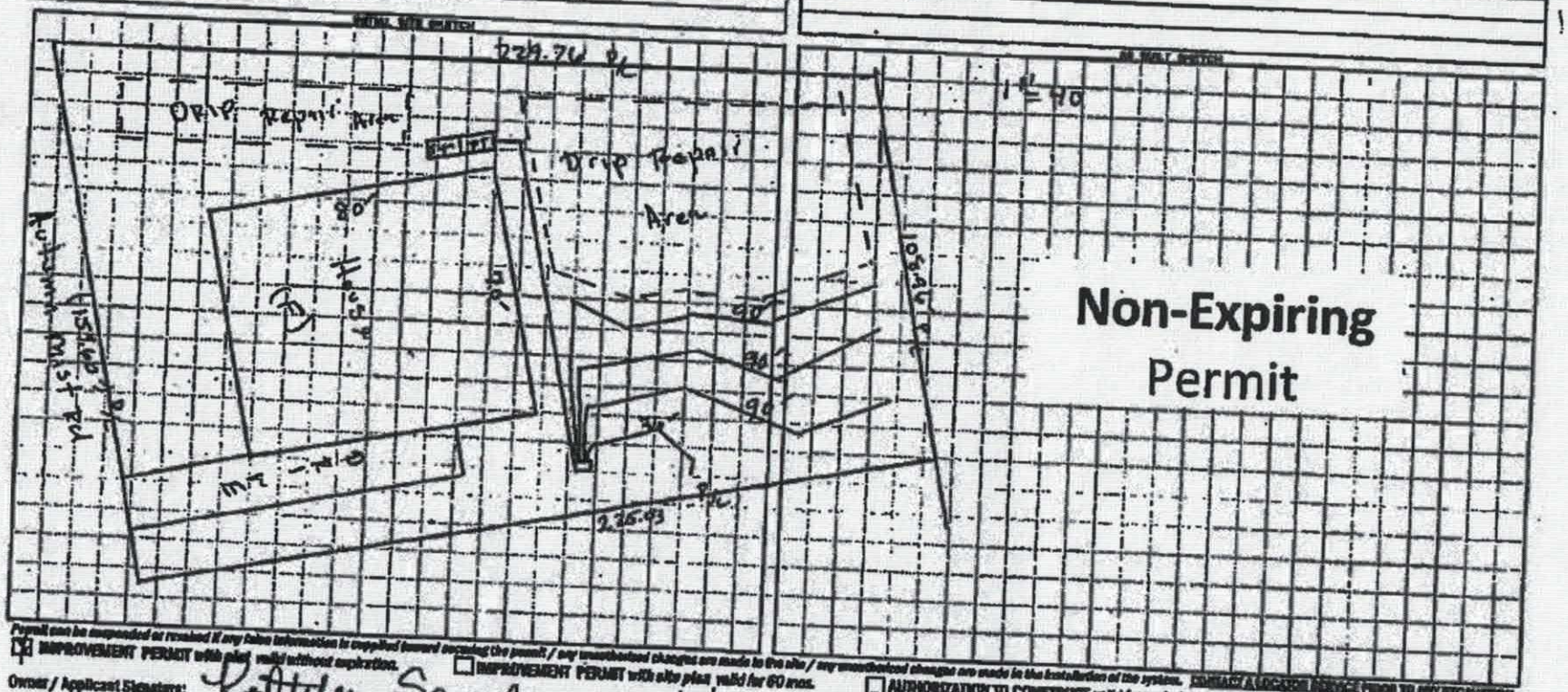
☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: * per plan specs



Non-Expiring 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 to the installation of the system.

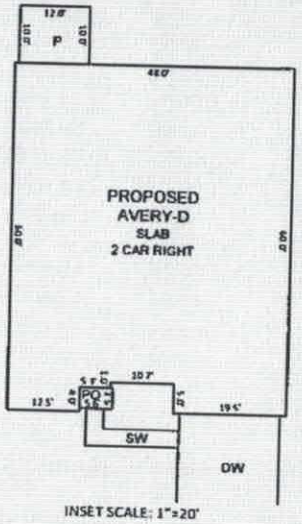
☒ IMPROVEMENT PERMIT with plot valid without expiration. ☐ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo. CONTACT A LOCATION SERVICE PRIOR TO ANY EXCAVATION

Owner / Applicant Signature: Kathleen Saunders Date: 1/3/17 Installed by:

IMPROVEMENT PERMIT by: Date: 12/29/16 OPERATION PERMIT by: Date:

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

Health Dept. Rep. (Print)

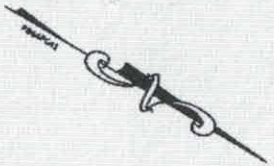


INSET SCALE: 1"=20'

NOTES:

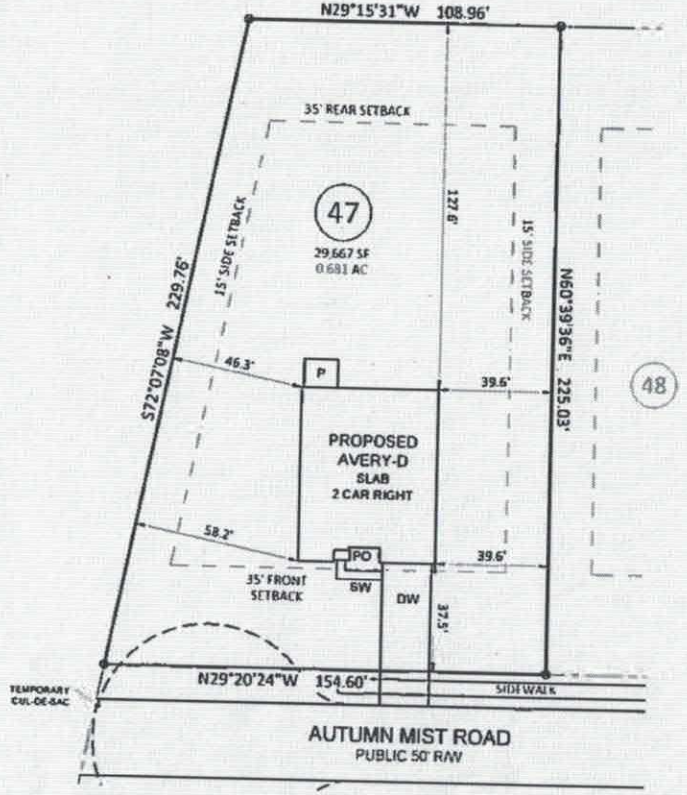
1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
3. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT
4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
5. THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
6. THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, ETC. REFERENCED IN TITLE BLOCK.
7. NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM.
8. SURVEYOR HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE
9. THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD ZONE. IT IS LOCATED IN ZONE "X" AS DEFINED BY HUD F.I.R.M. MAP NO. 3710472700J DATED MARCH 16, 2009. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING IS RA/R 20.
11. SEPTIC LOCATION INFORMATION IS APPROXIMATE AS TRACED FROM IREDELL COUNTY HEALTH DEPARTMENT PERMIT.
12. A 10' UTILITY EASEMENT IS LOCATED AROUND THE PERIMETER OF ALL LOTS.
13. PROPERTY OWNER: SMITH DOUGLAS HOMES
10130 MALLARD CREEK ROAD, SUITE 210
CHARLOTTE, NC 28262

SCALE:
1" = 40 ft.

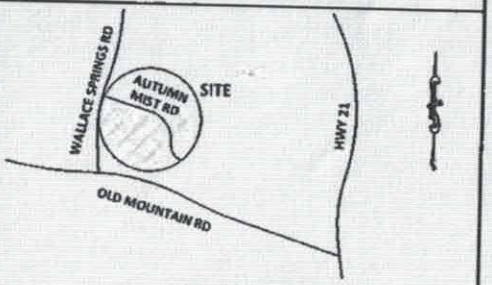


LOT INFORMATION:

PIN: 4732057233
HOUSE = 2,805 SF
DRIVEWAY = 649 SF
SIDEWALK = 58 SF
PORCH = 20 SF
PATIO = 120 SF
TOTAL LOT AREA = 0.681 AC = 29,667 SF
TOTAL PROPOSED IMPERVIOUS = 3,652 SF
PERCENT IMPERVIOUS = 12.3 %



Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Avenue, Apex, NC 27539 Ph 919 577 1080 Fax 919 577 1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378



VICINITY MAP

(Not to Scale)

LEGEND

PO = PORCH
SP = SCREENED PORCH/PATIO
CP = COVERED PORCH/PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
P = CONC PATIO
⊕ = COMPUTED POINT
○ = IRON PIPE FOUND
● = IRON PIPE SET
⊕ = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
= SEWER MANHOLE
EB = ELECTRIC BOX
CB = CABLE BOX
TP = TELEPHONE PEDESTAL
CI = CURB INLET
= LIGHT POLE
SFE = SEPTIC FIELD EASEMENT

BUILDING SETBACKS:

FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 25 ft

I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK REFERENCED IN TITLE BLOCK); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA. (-4752
DATED:

PRELIMINARY

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for recordation. No title report provided.

BUILDER TO VERIFY HOUSE MODEL, LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN

PRELIMINARY PLOT PLAN

FOR

SMITH DOUGLAS HOMES

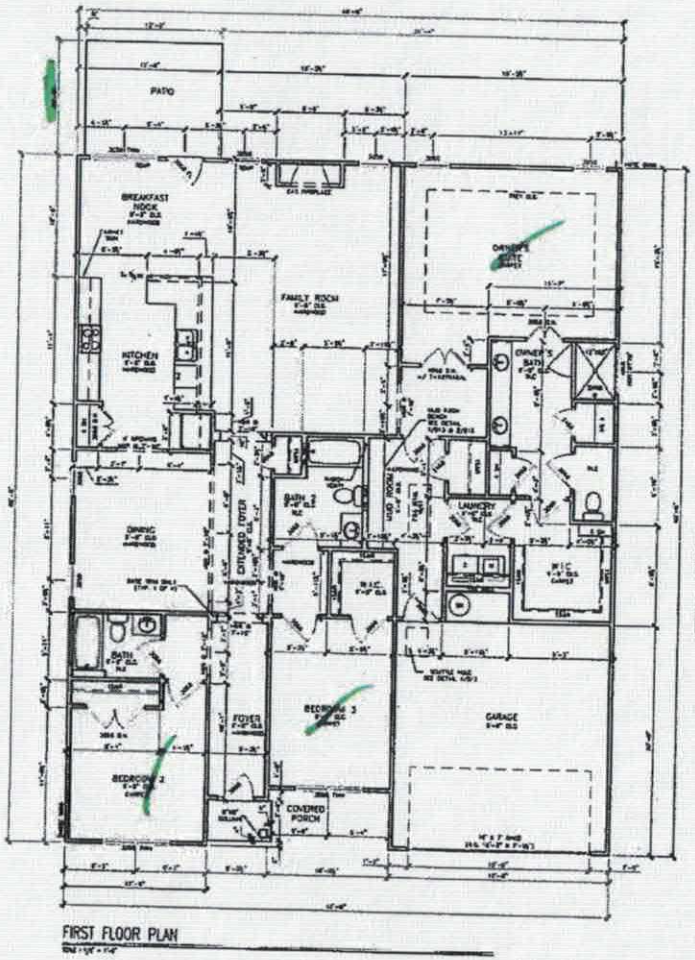
AUTUMN BROOK - PHASE 1, MAP 2 - LOT 47
156 AUTUMN MIST ROAD, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 6/12/18 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 64, PG 41 PROJECT # 170301 SCALE: 1" = 40'

48'-0"

60'-0"



FIRST FLOOR PLAN

*RADON VENT PROVIDED PER LOCAL CODE

REFER TO MANUFACTURER'S SPECS. FOR DRAIN LOCATIONS ON DETAIL SHEETS D12,D12.1,D12.2 & D12.3

AUTUMN BROOK LOT 47

Acknowledgement Of Plans Submitted ONLY!
Buyer(s) Brent & Bree Willis
Date 6/21/18
Initials

© SMITH DOUGLAS HOMES 2018

REVISION

DATE

SMITH DOUGLAS HOMES

FLOOR PLANS
FIRST FLOOR
AVERY

SMITH DOUGLAS HOMES
3541 BUFORD HIGHWAY, SUITE 300
DULUTH, GEORGIA 30096
(770) 232-0000
WWW.SMITHDOUGLASHOMES.COM

SMITH DOUGLAS HOMES
Copyright © 2018
All rights reserved
These plans and related drawings are the property of Smith Douglas Homes and may not be reproduced or used without written permission from Smith Douglas Homes

BB | AW
6/14/18
D
2404
ALL | D
A5.1

IREDELL COUNTY

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

APPLICATION NUMBER
222781
Issue Date: 10/26/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732057233.000	156 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	84210	TOTAL FEES:	$ 77.25