Site Address: 156 Autumn Mist Rd. - Stvl.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150784 > 222779 PIN# 4732-16-4066.044 05.7233 DATE 6-30-08

OWNER OR APPLICANT Autumn Brook LLC PHONE: Business 704-996-2277 Home

ADDRESS 323 Walnut St. Statesville NC 28677

LOCATION Hwy 21 S TR Old Mtn Rd TR Wallace Springs TR Autumn Mist on left

SUBDIVISION Autumn Brook BLOCK / SECTION -1- LOT 44 LOT AREA .606 Ac. SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons: STB 760 Date 7-15

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 400

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% reduction gravity

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH

See plan from Rollans Soil & Environmental Services

AS BUILT SKETCH

Non-Expiring reviewed 12/27/16

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒

Signed: Autumn Brook LLC date 9-6-08

Improvement Permit by: Judy Melville date 6-30-08

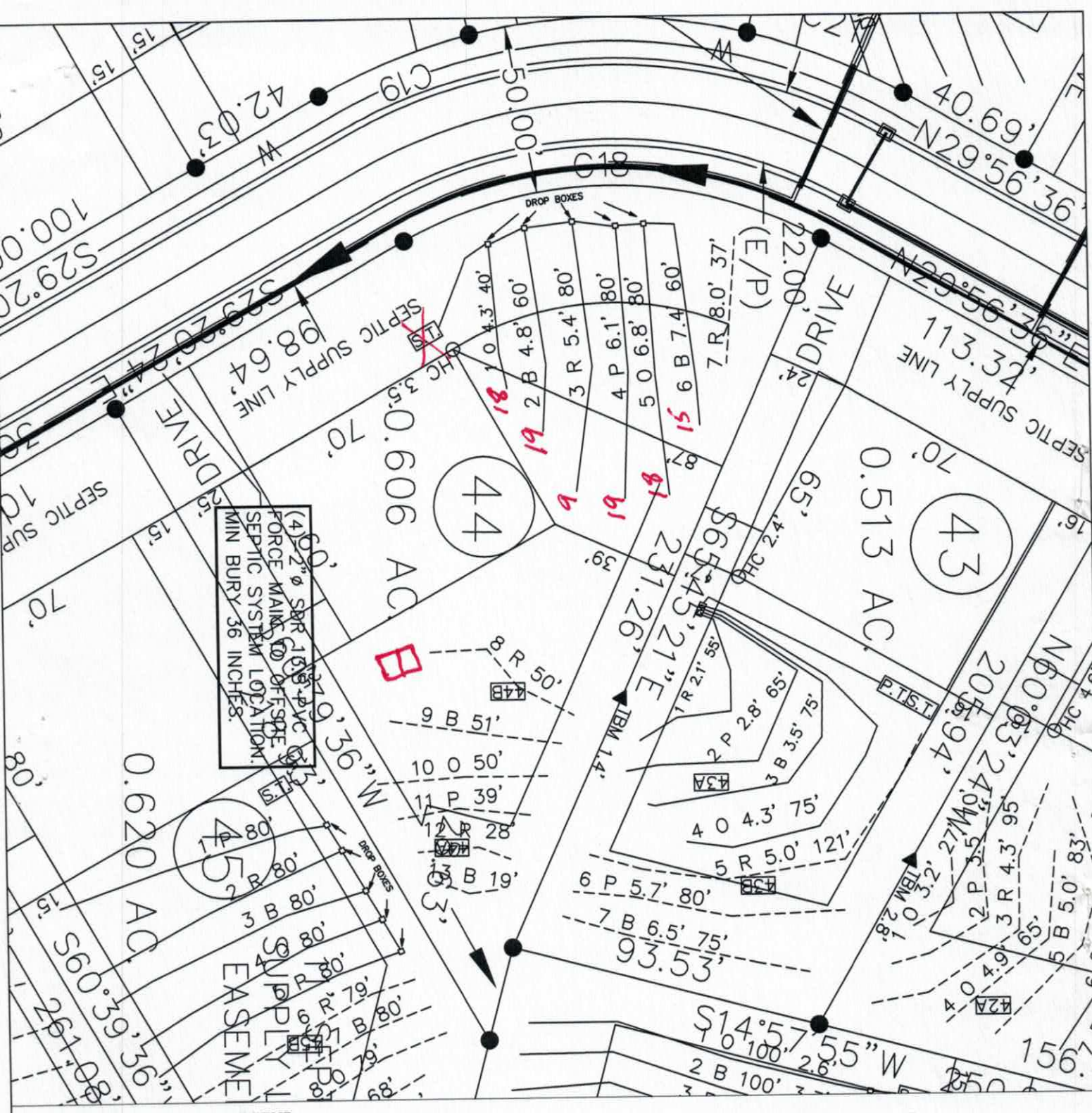
Authorization to Construct by: Benjamin A. Bottoms date 6-19-2017

Installed by: SPECIALTY SEPTIC

Operation Permit by: [signature] date 9-26-17

Existing System Inspection by: _____ date _____

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



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 BROOK
LOCATION/DATE:	WALLACE SPRINGS ROAD IREDELL 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

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 an Accepted (25% reduction) Septic System with Gravity distribution for a 4 bedroom single family residence on Lot #44 Autumn Brook Subdivision, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2-3
Layout Specifications---------- 4

Site Plan/System Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7

May 29, 2008
Project #: 01-1439
Design By: Rollans Soil and 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.
- Septic tank riser shall be a minimum of 6" above finished grade.
- Design precludes use of foundation drains on the residence.
- System is specified as an innovative gravity 25% reduction installation.
- Repair is specified as a PPBPS installation.
- Rake trench walls, lime sidewalls, install trenches 36" wide level but 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.

Gravity 25% Reduction
FOR WASTEWATER TREATMENT

Owner: The Johnson Group

Address: 132 Court Street
Statesville, NC 28677

Phone: 704-881-0098

County: Iredell

Location: AUTUMN BROOK LOT #44

Source of Wastewater Flow: 4 Bedroom Single Family Residence

Estimated Gallons Per Day Flow: 480

System Flow: NA

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: N/A

Estimated Supply Line Length: 30

Supply Line Diameter: 3 in. SCH 40 PVC

Supply Line Volume: 5.22

Dosing Volume: NA

Supply Manifold: DROP BOX

Supply Manifold Length: NA

Supply Manifold Volume: N/A

Recommended Float Controls: NA

Recommended Control Panel: NA

Pressure Head: NA

Friction Head: NA

Elevation Head: NA

Total Dynamic Head: NA

Threaded Union: NA

Gate Valves: NA
NA

Check Valves: NA

Anti-Siphon Hole: NA

Additional Comments: Soil suitability was performed by Rollans Soil & Environmental Services.

AUTUMN BROOK LOT #44

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:	30
TOTAL DYNAMIC HEAD:	NA
MANIFOLD SIZE:	NA
DOSING VOLUME:	NA
PUMP TANK DRAW DOWN*:	NA
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	N/A

AUTUMN BROOK LOT #44

Project #: 01-1439

LAYOUT FOR 4 BEDROOM HOME

May 29, 2008

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		N/A			100.00		
TANK			N/A	N/A			
HOUSE			N/A	N/A			
INSTR. 1				N/A			
1	***ORANGE***			***N/A***	***N/A***	***44***	***40***
2	***BLUE***			***N/A***	***N/A***	***71***	***60***
3	***RED***			***N/A***	***N/A***	***92***	***80***
4	***PINK***			***N/A***	***N/A***	***86***	***80***
5	***ORANGE***			***N/A***	***N/A***	***84***	***80***
6	***BLUE***			***N/A***	***N/A***	***62***	***60***
7	RED			N/A	N/A	40	37
8	RED			N/A	N/A	50	50
9	BLUE			N/A	N/A	52	51
10	ORANGE			N/A	N/A	51	50
11	PINK			N/A	N/A	41	39
12	RED			N/A	N/A	28	28
13	BLUE			N/A	N/A	19	19
					Total	**720**	**674**

	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.***	**GRAVITY DISTRIBUTION**
Repair	274	0.30	*MOD.*	0.30	PPBPS	LOW PRESSURE

Notes:

** TBM NOT REQUIRED

**All measures in feet

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

**BS, HI, and FS indicate rod readings

CALCULATIONS

Location AUTUMN BROOK SUBDIVISION

Project Number 01-1439

Lot No: Lot 44

No. of Bedrooms 4

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

LTAR 0.30 $^{gal}/_{ft^2\ day}$

25% RED.? (YES OR NO) YES

Supply Line Length 30 ft.

Supply Line Volume 5.22 gal.

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

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

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

Lateral Line Volume 261.2 gal.

Dosing Volume NA gal.

Note: Dosing Volume based on70% of lateral line volume

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

Pump Run Time NA minutes

Elevation Head NA ft.
Pressure Head NA ft.
Friction Factor NA ft./100 ft. *(From the interpolater.)*
Friction Head NA ft.

Total Dynamic Head (+15%) NA 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 — APPLICATION DATE 6/08
ADDRESS: 132 Court St. Statesville NC 28677 — DATE EVALUATED: 4/08
PROPOSED FACILITY: 4 BRM — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 0.606 AC
LOCATION OF SITE: Autumn Brook Subdivision (off Wallace Springs Rd) Lot 44 — 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P44A 1	LSS 5-10%	0-10	B scl Gr	SS, SP, Fr SExP	—	53"	—	—	PS .3
		10-34	RC MFSBk	SS, SP, Fr SExP					
		34-53	RCL WSBk	SS, SP, Fr SExP	few sap				
P44B 2	LSS 0-5%	0-10	B scl Gr	SS, SP, Fr SExP	—	58"	—	—	PS .3
		10-43	RC MFSBk	SS, SP, Fr SExP					
		43-58	RCL WSBk	SS, SP, Fr SExP	few sap				
44C 3	6-8%	0-6	BSCl	fr		f-c	C-sap cl inc.		.3
		6-30	mo sbk RC	fr SE					
		30-43	wk sbk RC	fr SE					
		43-68	SL sap	fr					
44D 4		0-4	B grscl				com-many sap		.3
		4-24	mo sbk RC	fr SE					
		24-62	wk sbk C	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:

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 44

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		0-6	SCL	Fr, SEXP					PS
		6-27	SBK, C	Fi, SEXP					
		27-50	WABK, BC CL	Fi, SEXP					.3
		50-67	mass. LSAP	Fr, NIA					
2		0-12	topsoil						PS
		12-42	C, SBK	Fi, SEXP					
		42-60	CL, WSBK BC	Fr, SEXP					.3
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: _____

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 #218 Cht, NC 28262	704-944-5555	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

151 Autumn Mist Road — Street Address
Autumn Brook — Subdivision Name
Lot 44 — Section/Phase and Lot Number

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
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

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

6. **Proposed Water Supply:**

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: _____ 10/26/16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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: KAY A. KILLIAN JR., am the legal owner(s) of the property located at 151 Autumn Mist Road (lot 44), identified as PIN (Parcel Identification Number) 4732058489, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Michelle Plesz, Smith Douglas Homes, 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 By: Kay A. Killian 5.31.17 Jenni S. Carlton 5/31/17

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

Rec'd 10-26-16 Non Expiring Paid $320.00

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* #222779

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonm
(X) *Septic Improvement Permit* ( ) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Re*

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

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

The following optional attachments may also be submitted: (X) 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 f

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: 151 Autumn Mist Rd Troutman

Subdivision Name: Autumn Brook Section/Phase: Lot Number: 44

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* Maximum Number of Bedrooms: 4 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 8 ( ) Concrete Slab Foundatio
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumb

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 th 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 10/10/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

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

I, Autumn Brook Development, LLC By: Kayla Gilliam Jr, am the legal owner of the property located at 151 Autumn Mist, identified as PIN(Parcel Identification Number) 4732 05 8489, 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.

Kayla Gilliam Jr 10.7.16
Signature of Owner Date

Lorri S Carlson 10.7.16
Signature of Witness Date

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
Autumn Brook LLC	323 Walnut St. Statesville NC 28677		(704) 996-2277
Same			

Owner Name | Mailing Address | Home Phone | Work Phone

4. **Property Information:**

Street Address: | Subdivision Name: Autumn Brook | Section/Phase and Lot Number: Lot 44

Driving Directions: N. Hwy 115, Lt Old Mountain Rd, Rt Wallace Springs Rd, Autumn Brook on Rt

****

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: Adrian L. Pruett — 06/04/08

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

All drawings Attached

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…

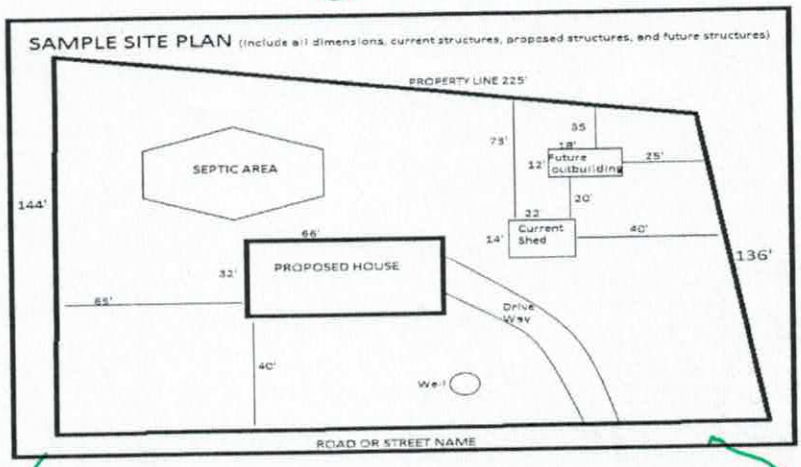
X North arrow, or other sufficient indicator of direction…

Circle N/A on the following if appropriate:

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

X Location of easements and rights of ways on your property… N/A

X Location of any designated wetlands on the property… N/A



North

USE THIS SPACE TO DRAW YOUR SITE PLAN

Septic

Patio

54'

291'

42'

Madison

f

LOT 44

Drive Right

37'

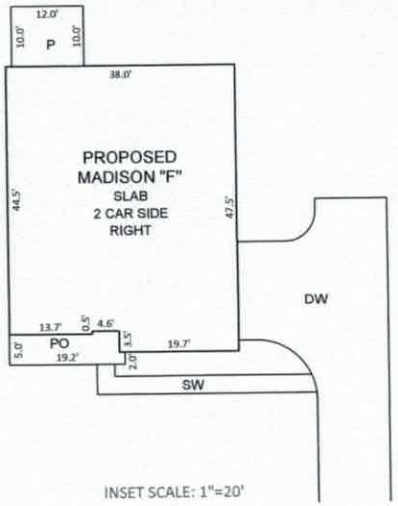
Autumn Mist rd

Signature: _____

REQUIRED property owner or owner's legal representative signature.

6-2-17

DATE



INSET SCALE: 1"=20'

NOTE:

ALL DIMENSIONS, LOCATIONS AND FEATURES SHOWN ON THIS PLOT PLAN ARE APPROXIMATE AND ARE ONLY AN ARTISTS RENDITION, EXACT LOCATION OF ALL FEATURES ARE SUBJECT TO CHANGE AND MAY NOT BE INSTALLED EXACTLY AS SHOWN ON PLANS AND/OR IN MODELS, PLACEMENT OF HOME, DRIVEWAY, SIDEWALKS AND EXTERIOR FEATURES ARE SUBJECT TO MODIFICATION AS DEEMED NECESSARY BY FIELD PERSONNEL.

CUSTOMER DATE

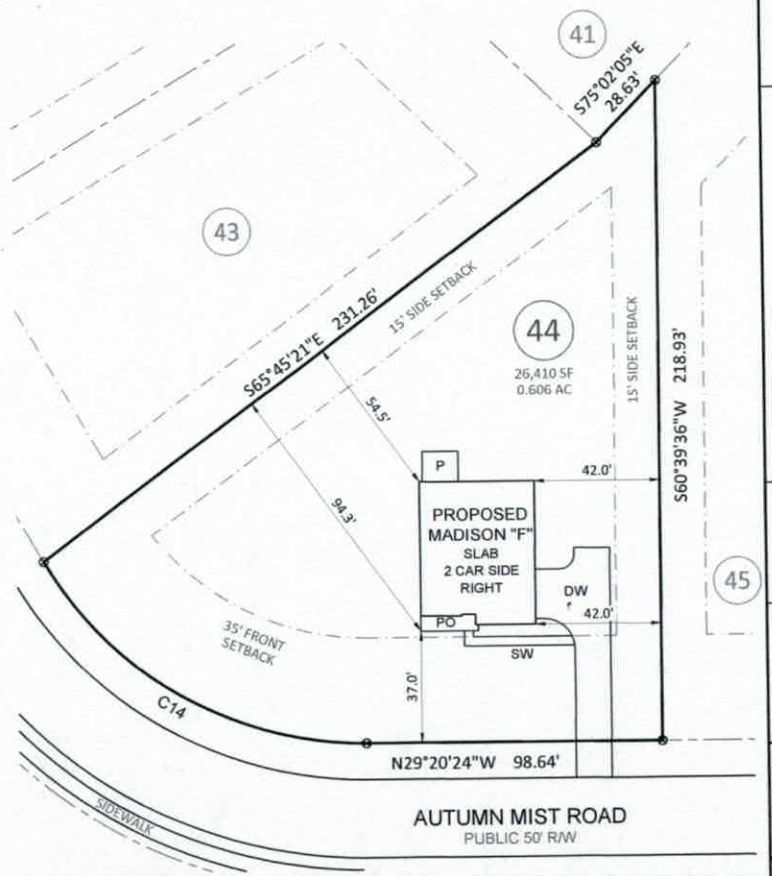
CUSTOMER DATE

SMITH DOUGLAS REPRESENTATIVE DATE

LOT INFORMATION:

PIN:4732058489
HOUSE = 1,478 SF
DRIVEWAY = 1,008 SF
SIDEWALK = 114 SF
PORCH = 96 SF
PATIO = 120 SF
TOTAL LOT AREA = 0.606 AC = 26,410 SF
TOTAL PROPOSED IMPERVIOUS = 2,816 SF
PERCENT IMPERVIOUS = 10.7 %

PB 55 PG 132



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. THIS IS NOT A BOUNDARY SURVEY. 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. VERTICAL DATUM IS ASSUMED. THE LATITUDE, LONGITUDE AND STATE PLANE COORDINATES, IF SHOWN, ARE GIVEN IN NORTH AMERICAN DATUM OF 1983 (NAD83).
5. FIELD EQUIPMENT USED: NIKON TOTAL STATION, EPOCH 35.
6. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
7. 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.
8. 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. 3710473200J DATED MARCH 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
9. ZONING IS RA/R-20.
10. A 10' UTILITY EASEMENT IS LOCATED AROUND THE PERIMETER OF ALL LOTS.
11. PROPERTY OWNER: SMITH DOUGLAS HOMES
    10130 MALLARD CREEK ROAD, SUITE 218
    CHARLOTTE, NC 28262

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHD BEARING	CHORD
C14	129.34'	125.00'	S00°18'06"W	123.64'

SCALE:
1" = 40 ft.

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
CP = COVERED PORCH
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
ELEC = ELECTRIC BOX
◯ = CABLE BOX
▭ = TELEPHONE PEDESTAL
CI = CURB INLET
IC = IRRIGATION CONTROLLER
☼ = LIGHT POLE

BUILDING SETBACKS:

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

I hereby certify that this map is correct and that the building lies wholly on the lot and that there are no visible encroachments on said lot.

PRELIMINARY

Steven P. Carson, PLS 4752
Date

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.

APPROVAL FOR STAKING:

THIS PLOT PLAN AS PREPARED BY BATEMAN CIVIL SURVEY CO., IS CORRECT AND IS HEREBY APPROVED FOR STAKING ON THE DATE AS SHOWN BELOW.

SMITH DOUGLAS REPRESENTATIVE DATE

PRELIMINARY PLOT PLAN

FOR

SMITH DOUGLAS HOMES

AUTUMN BROOK - PHASE 1, MAP 1 - LOT 44
151 AUTUMN MIST ROAD, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

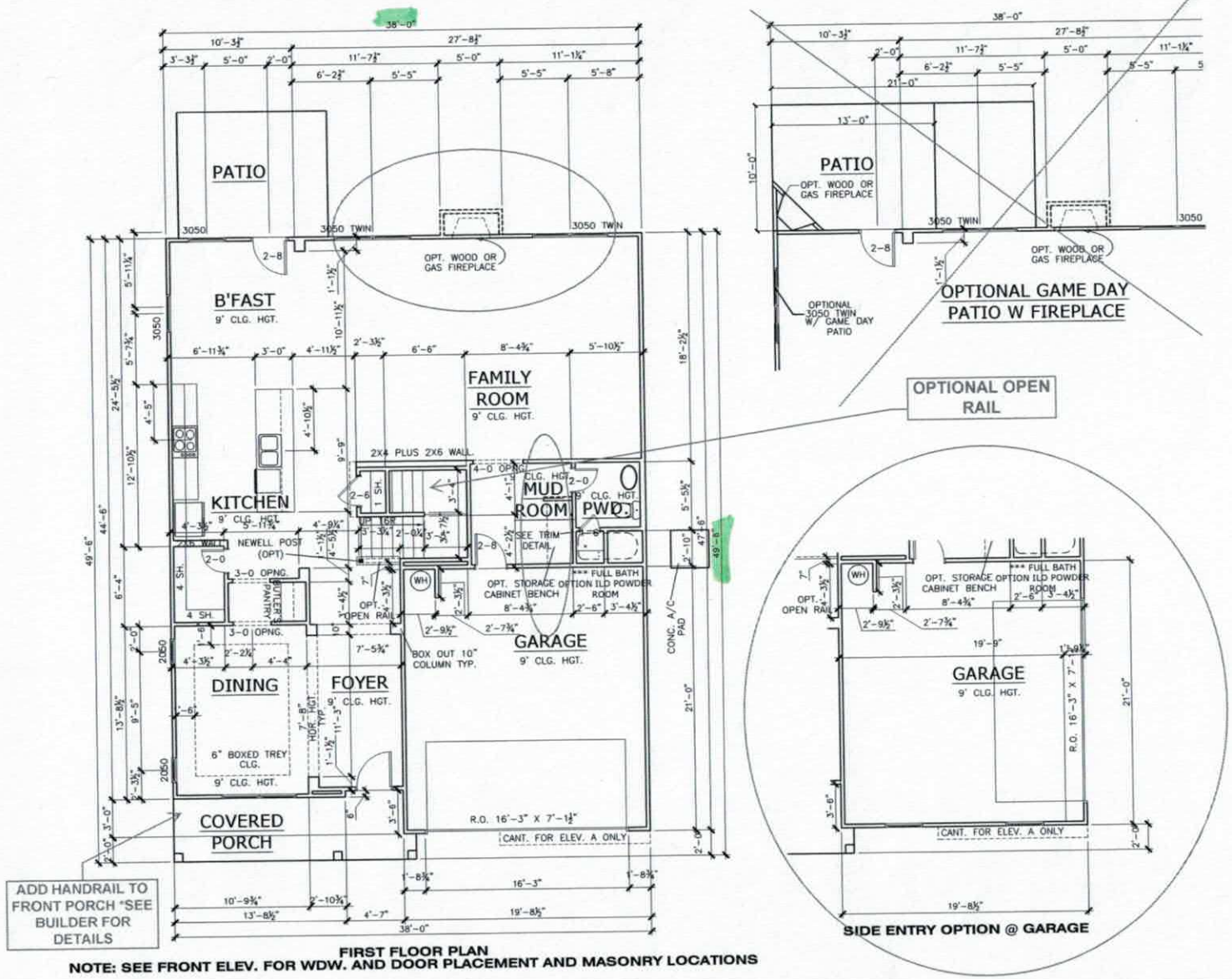
DATE: 5/31/17 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 55, PG 132 PROJECT # 170301 SCALE: 1" = 40'

P:\2017 Projects\170301 Autumn Brook SDC\dwg\170301 Autumn Brook SDC.dwg, 5/31/2017 2:52:41 PM, mwisher

NOTE: SEE PAGES 5.1.1-5.1.4 FOR ALL FLOOR PLAN OPTIONS & SECTIONS

AUTUMN BROOK 44



FIRST FLOOR PLAN

NOTE: SEE FRONT ELEV. FOR WDW. AND DOOR PLACEMENT AND MASONRY LOCATIONS

BY	DATE	REVISION
BB	3/17/14	WALKTHROUGH REVISIONS
BB	9/4/14	ADDED DIMENSION TO STAIRS

FLOOR PLAN
FIRST FLOOR PLAN
MADISON

SMITH DOUGLAS
2201 S. CHEROKEE LN
SUITE 310
WOODSTOCK, GA 30188
www.smithdouglas.com

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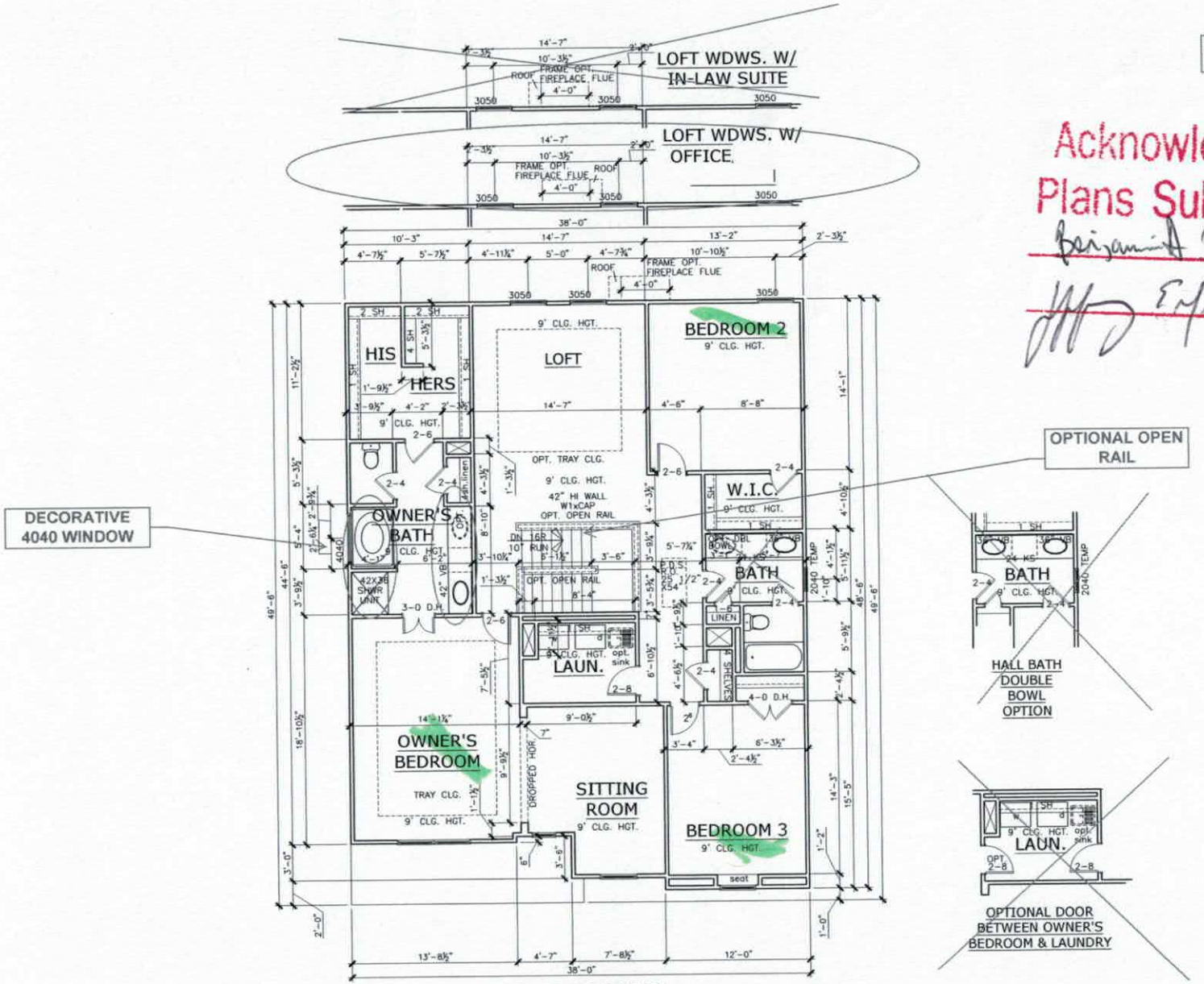
DR	CK
BB	BB

DATE: 10/3/13
UNIT NO: ALL
PLAN #: 3004
ELEV: ALL
ELEV: ALL
DRAWING NO: A5.1

© SMITH DOUGLAS COMMUNITIES 2013

AUTUMN BROOK 44

Acknowledgement of
Plans Submittal ONLY
Benjamin A Bolling Date 6/19/17
Date 6/21/17



SECOND FLOOR PLAN
NOTE: SEE FRONT ELEV. FOR WDW. AND DOOR PLACEMENT

REVISION	BY	DATE
WALKTHROUGH REVISIONS	BB	3/17/14
PER #003 - SHOW OPT. LNDRY DOOR BREAKOUT	AW	4/6/17

FLOOR PLAN
SECOND FLOOR PLAN
MADISON

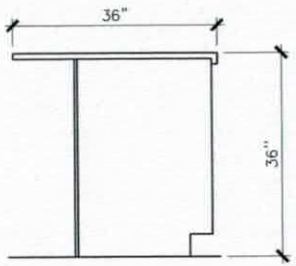
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WOODSTOCK, GA 30188
www.smithdouglas.com

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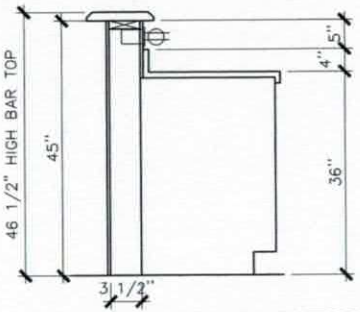
BY	CHK
BB	BB
DATE	10/3/13
DWG NO.	ALL
PLAN #	3004
ELEV	ALL
PACKAGE	ALL
SHEET NO.	A5.2

©SMITH DOUGLAS COMMUNITIES 2013

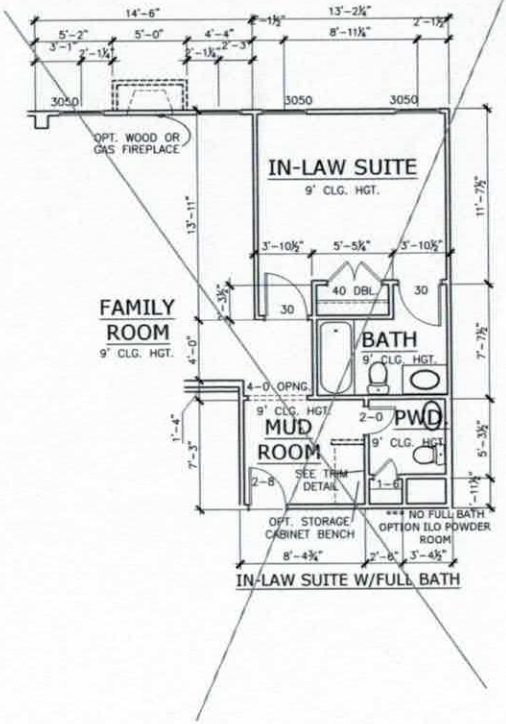
AUTUMN BROOK 44



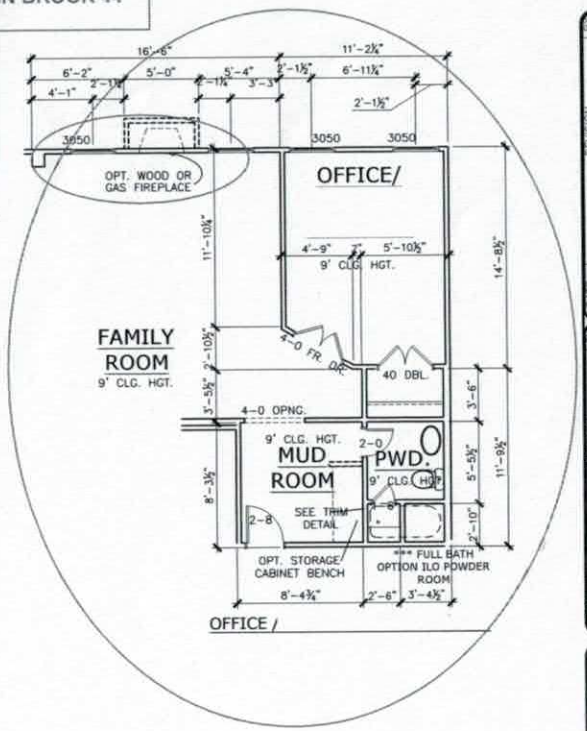
STANDARD KITCHEN
PENINSULA SECTION



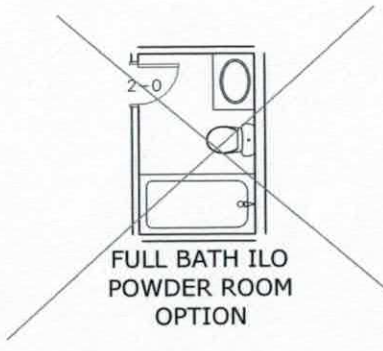
KITCHEN PENISULA SECTION
RAISED TOP OPTION



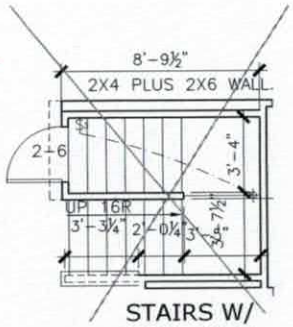
IN-LAW SUITE W/FULL BATH



OFFICE /



FULL BATH ILO
POWDER ROOM
OPTION



STAIRS W/
BSMT. OPT.

REVISION	BY	DATE
WALKTHROUGH REVISIONS	BB	3/17/14

OPTIONS
FIRST FLOOR PLAN
MADISON

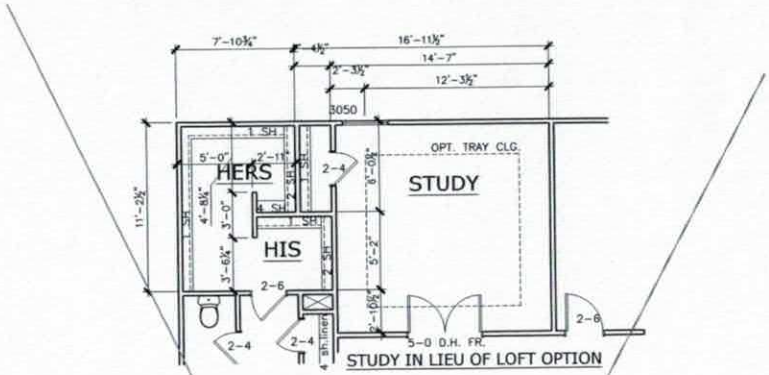
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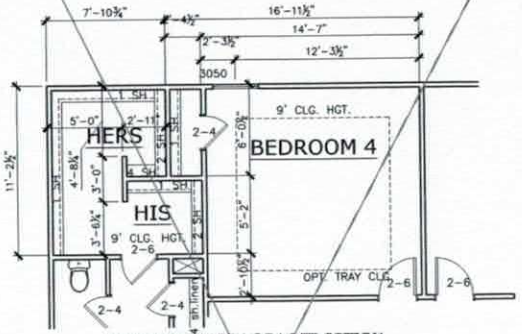
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DRN	CHK
BB	BB

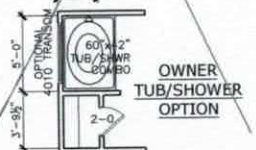
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DWG NO: ALL
PLAN #: 3004
TYPE: ALL
ELEV: ALL
DRAWING NO: A5.1.1

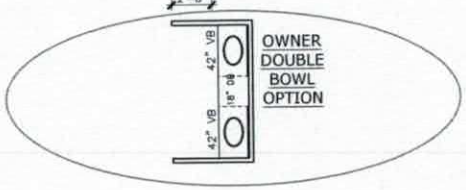
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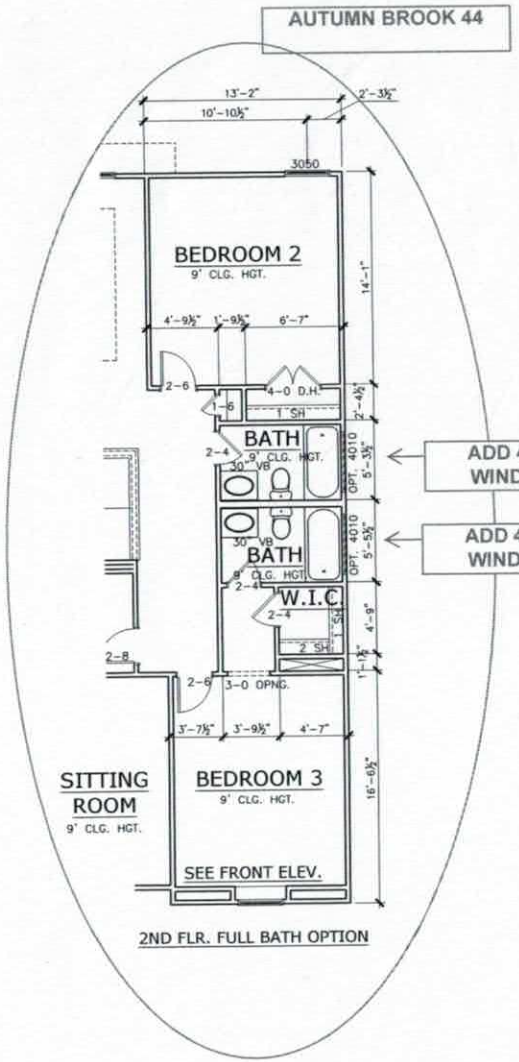












BY	DATE	REVISION
BB	3/17/14	WALKTHROUGH REVISIONS
BB	8/13/14	ADD CHASE TO BEDROOM 3 CLOSET 2 BATH OPTION

OPTIONS
FIRST FLOOR PLAN
MADISON

SMITH DOUGLAS
3201 S. CHEROKEE LN
SUITE 310
WOODSTOCK, GA 30188
www.smithdouglas.com

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DRN	CHK
BB	BB

DATE: 10/3/13
DIV NO: ALL
COM NO: 3004
PLAN NO: ALL | ALL
PROJECT NO: A5.2.1

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Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	150784ZO	Subdivision:	AUTUMN BROOK
Proposed Use:	Single Family	Township:	0200 Statesville Outside
Location of Property:	000 AUTUMN MIST RD STATESVILLE NC 28677		
Parcel #:	4732164066.044	Zoning:	RA/R20
Lot #:	44 Size: 0.606	Flood Plain:	No Watershed: None
Applicant:	AUTUMN BROOK, LLC	Owner:	AUTUMN BROOK, LLC
Address:	323 WALNUT ST. STATESVILLE NC 28677	Address:	323 WALNUT ST. STATESVILLE, NC 28677
Phone:	704-996-2277	Phone:	704-996-2277
Property Recorded:	No Site Plan Reviewed:	Community Water:	Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

DEVELOPER PERMIT

Directions:

HWY21 S TO TROUTMAN, RT ON OLD MTN, RT ON WALLACE SPGS, RT ON AUTUMN MIST, LOT ON LFT

RECEIVED
JUN 06 2008
By

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$380.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

Printed: 6/2/2008

IREDELL COUNTY

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

APPLICATION NUMBER
222779
Issue Date: 06/05/2017

lot # 44

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732058489.000	151 AUTUMN MIST ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK DEV LLC	Applicant: THE OAKS GROUP
Address: 1542 QUEENS ROAD WEST STATESVILLE, NC 28207	Address: 129 DELARGY CIRCLE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD- FAST TRACK	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.600	35.00	35.00	15.00	15.00	NOT	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: _____

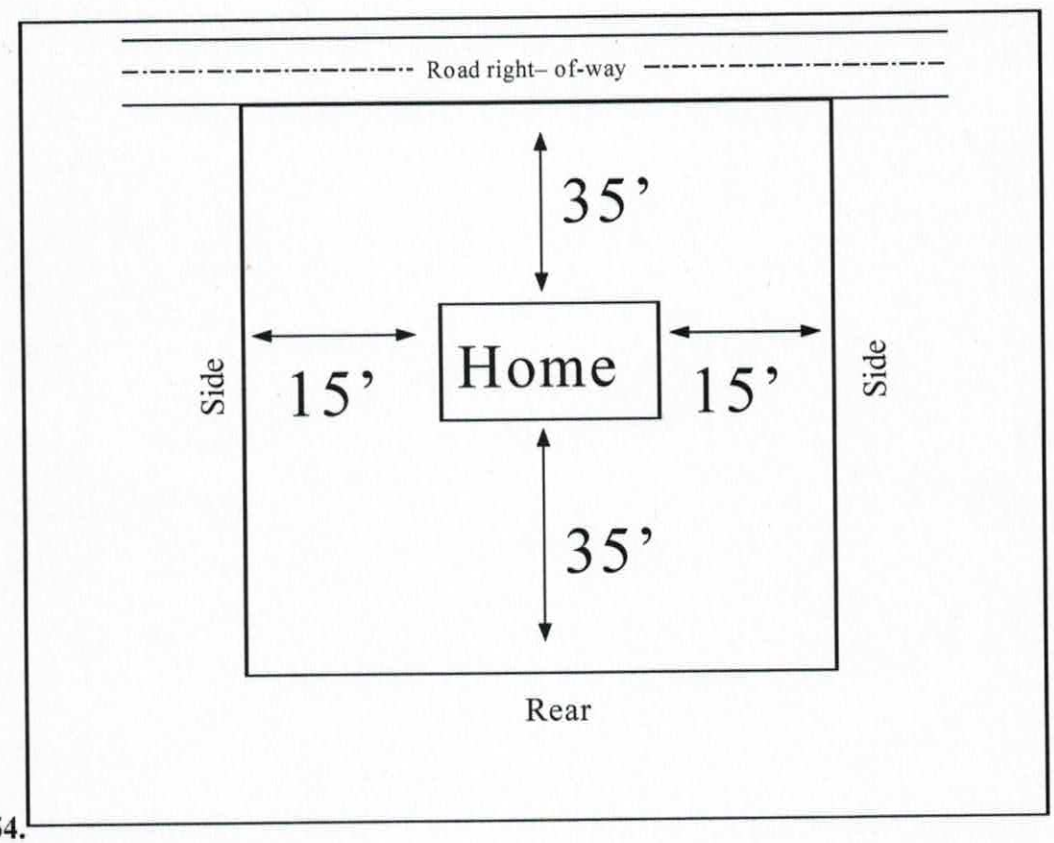
Permit Number	105048	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER

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. Applicant further acknowledges that the 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

STREET NAME : LOT 44, AUTUMN MIST RD.



#54.

In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.