Sys Address: 120 Autumn Mist Rd - Stvl. 28677

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~15081~~ 22768 PIN# 4732-16-4066.054 05 7909 DATE 10-2-08

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 right

SUBDIVISION Autumn Brook BLOCK / SECTION -1- LOT ~~54~~ PT 54 LOT AREA .568 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .25 gpd/ft2

Septic Tank: 1000 Gallons: STB IM 1060 Date: infiltrator

Pump Tank: 1000 Gallons: PT IM 1060 Date: infiltrator

Pump Make: Marinco Model PF3005H Serial No: 1814-20-060884

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 490

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: 25% reduction pm

Repair System Description: LP PPBPS

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

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments/Conditions: Max. Trench Bottom Depth 30" System and Repair located in Septic Field easement Lot 54

Comments/Conditions: Off site septic on PIN # 4732-16-~~4130~~ 4093.54 ★Floor plan for 3-bedroom - must install 4-bedroom system per permit★

INITIAL SITE SKETCH

See plan from Rollans Soil & Environmental Services

See data sheet for varying tap sizes on pressure manifold

AS BUILT SKETCH

AS BUILT ATTACHED

	Date	Initials
Drain Lines Checked	~~5-6~~	BCW
Tanks Checked	2/28	KW
Pressure Manifold or Valve Box Checked	3-7	BB
Pressure Head Set	5-9	[illegible]
Electrical Checked	5-9	[illegible]
Floats Set	5-9	[illegible]
Alarm Checked	5-9	[illegible]
Maintenance Contract Y (N)	Not Required	

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 10-7-08 Installed by: Specialty Septic

Improvement Permit by: [signature] date 10-2-08 Operation Permit by: [signature] date 5-9-19

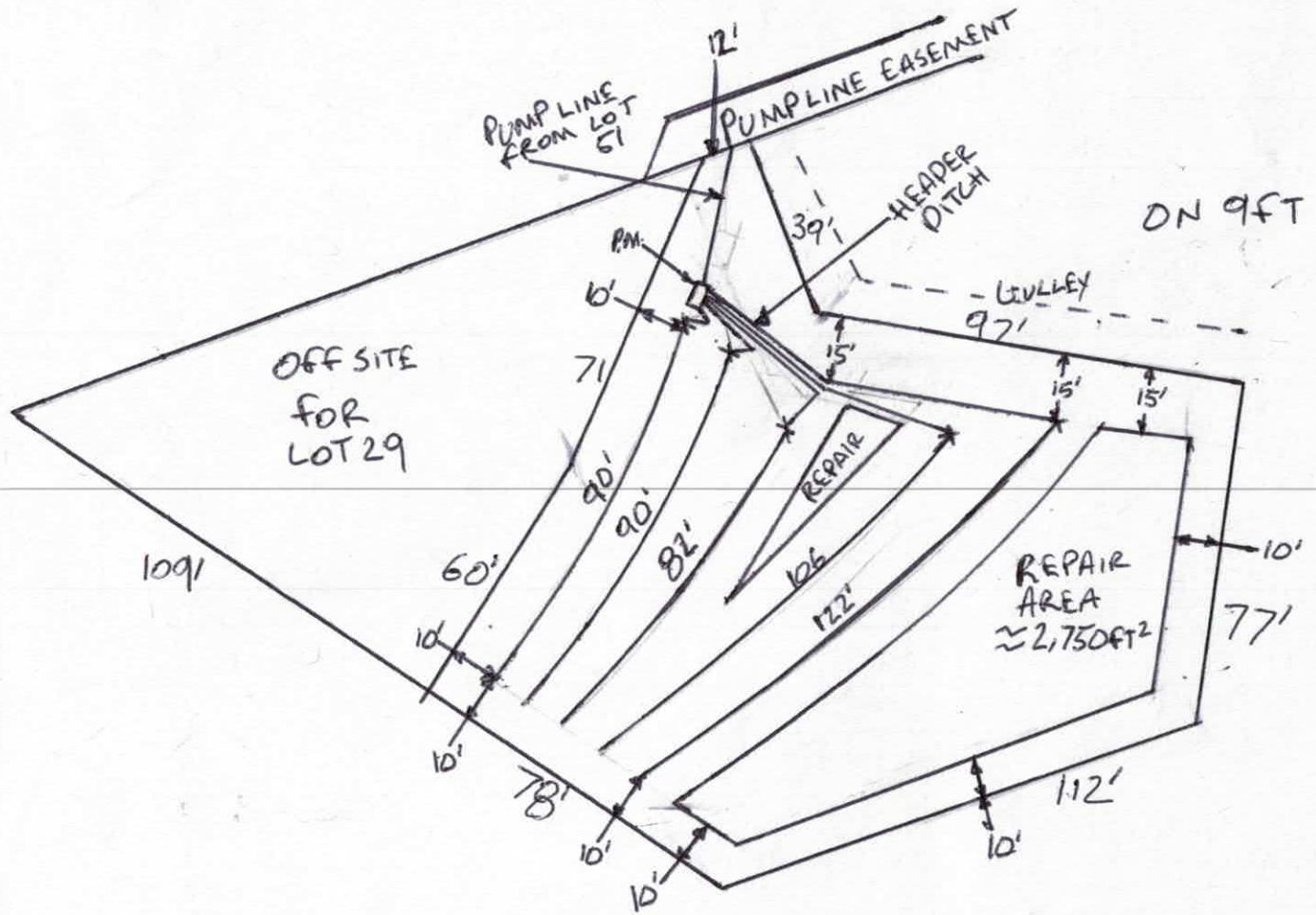
Authorization to Construct by: [signature] date 7/13/18 Existing System Inspection by: _____ date _____

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

AS BUILT DRAWING
FOR AUTUMN BROOK
LOT 54

P.M. = PRESSURE MANIFOLD

1 IN = 40 FT



ON 9FT CENTERS

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 Pressure Manifold distribution for a 4 bedroom single family residence on Lot # 54 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
- Pressure Manifold Diagram---------- 6

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

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

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

July 14, 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.
- System is specified as an accepted 25% reduction installation.
- Repair is specified as a low pressure PPBPS installation.
- Rake trench walls, lime sidewalls, 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.

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner:	The Johnson Group
Address:	132 Court Street Statesville, NC 28677
Phone:	704-881-0098
County:	Iredell
Location:	Autumn Brook LOT 54
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	32.29

Design Specifications

Drainfield Size:	490
Loading Rate (gpd/ft.^{2}):	0.25
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	30 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	1453
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	252.82
Dosing Volume:	223.98
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	34.44
Elevation Head:	0.00
Total Dynamic Head:	41.90
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	YES
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services.

Autumn Brook LOT 54
PRESSURE MANIFOLD DESIGN

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.25
TOTAL AREA TRENCH BOTTOM:	1470
TOTAL LATERAL LENGTH:	490
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	480
SUPPLY LINE LENGTH:	1453
TOTAL DYNAMIC HEAD:	41.90
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	223.98
PUMP TANK DRAW DOWN*:	10.7
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 54

Project #: 01-1439

LAYOUT FOR 4 BEDROOM HOME

July 14, 2008

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		7.5			100.00		
INSTR. 1			107.50				
HOUSE				8.50	99.00		
TANK				1.00	106.50		
1	***PINK***			***30.20***	***77.30***	***114***	***110***
2	***ORANGE***			***31.50***	***76.00***	***107***	***105***
3	***BLUE***			***33.00***	***74.50***	***96***	***85***
4	ORANGE			33.40	74.10	43	43
5	***DARK PINK***			***34.40***	***73.10***	***111***	***110***
6	***PINK***			***35.90***	***71.60***	***80***	***80***
6	PINK			35.90	***71.60***	49	49
7	ORANGE			37.60	69.90	147	147
8	BLUE			39.20	68.30	101	101
					Total	**848**	**830**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***490***	***0.250***	***ACCEPT.***	***0.250***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	340	0.250	MOD.	0.250	PPBPS	LOW PRESSURE

Notes:

** TBM located on left front corner lot (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

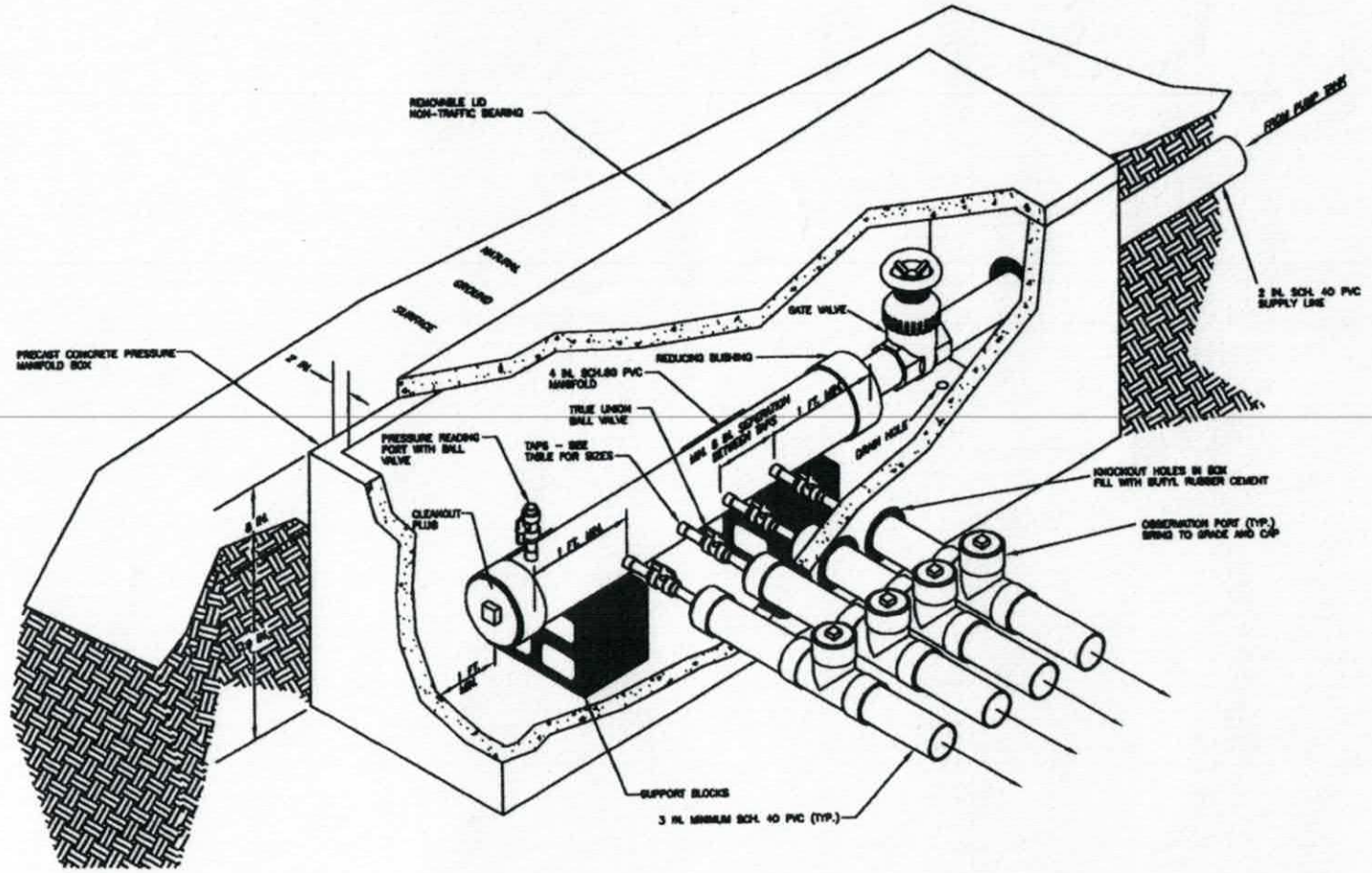
Autumn Brook LOT 54

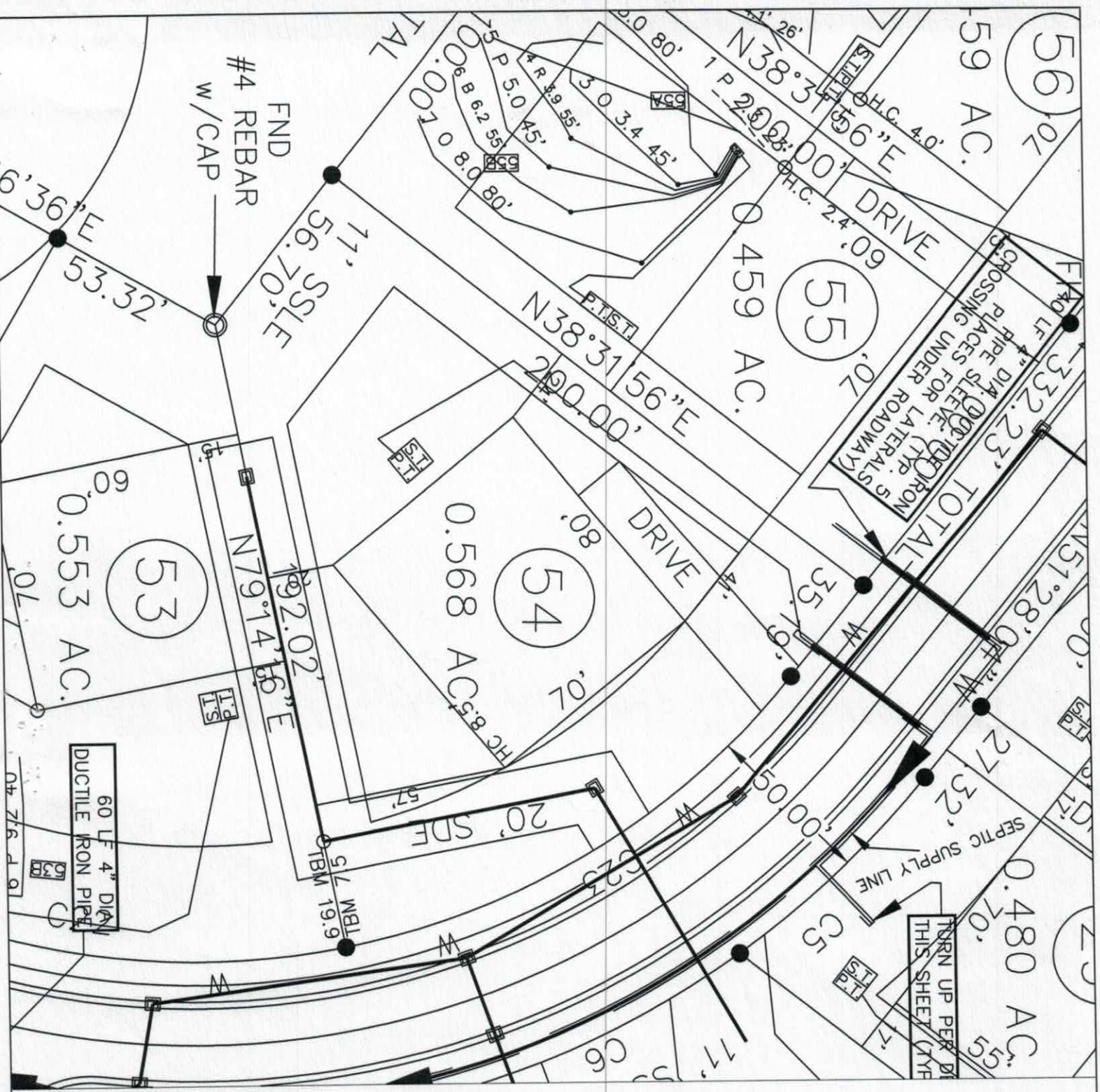
SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
1	*PINK*	*77.30*	*110*	SCH 40 1/2	**7.11**	49.32	330	0.15
2	*ORANGE*	*76.00*	*105*	SCH 40 1/2	**7.11**	49.32	315	0.16
3	*BLUE*	*74.50*	*85*	SCH 80 1/2	**5.48**	38.01	255	0.15
5	*DARK PINK*	*73.10*	*110*	SCH 40 1/2	**7.11**	49.32	330	0.15
6	*PINK*	*71.60*	*80*	SCH 80 1/2	**5.48**	38.01	240	0.16
	total	feet =	490	gal/min =	32.29			
			Des. Flow	480				
			Pump Run=	6.94				
			LTAR	0.25				
			LTAR + 5%	0.2625				
			LTAR w / INNOV	0.333333333				
			LTAR w / INNOV + 5%	0.35				

Some lines flagged longer in the field, shorten to lengths shown here.

TYPICAL PRESSURE MANIFOLD DETAIL





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 2008

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 54

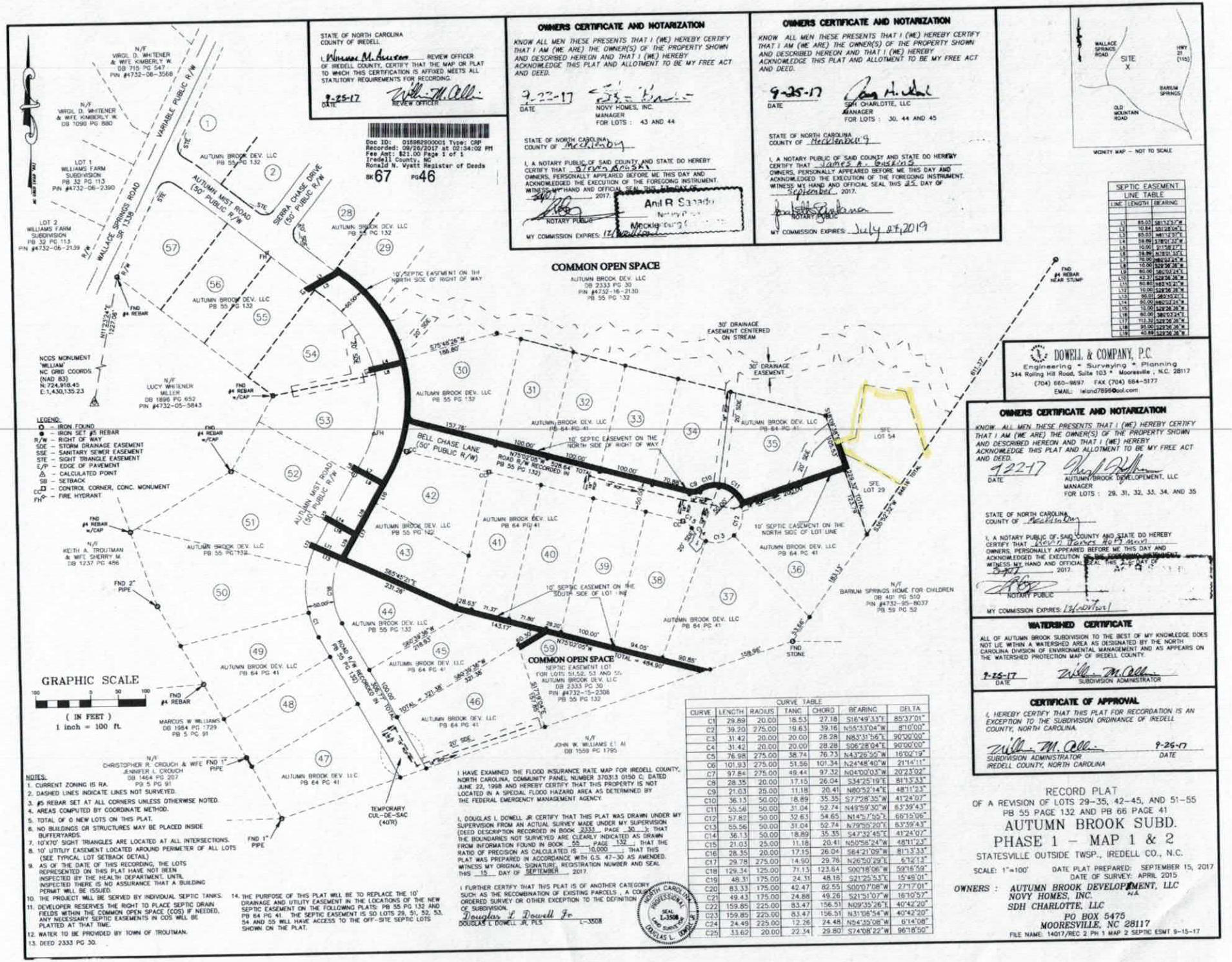
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.25	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	1453	ft.
Supply Line Volume	252.822	gal.
Required Feet of Line	480	ft.
Amount of Line from Layout	490	ft.
Gallons per Minute	32.29	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	319.97	gal.
Dosing Volume	223.98	gal.

Note: Dosing Volume based on 70% of lateral line volume

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

Tank Draw Down	10.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.94	minutes
Elevation Head	0.00	ft.
Pressure Head	2	ft.
Friction Factor	2.37	ft./100 ft. *(From the interpolater.)*
Friction Head	34.44	ft.
Total Dynamic Head (+15%)	41.90	ft.



STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, Wanner M. Austin, REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

9-25-17 DATE
Willie M. Allen REVIEW OFFICER

Doc ID: 015982900001 Type: CRP
Recorded: 09/26/2017 at 02:34:02 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 67 PG 46

OWNERS CERTIFICATE AND NOTARIZATION

KNOW ALL MEN THESE PRESENTS THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

9-22-17 DATE
NOVY HOMES, INC.
MANAGER
FOR LOTS : 43 AND 44

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, A NOTARY PUBLIC OF SAID COUNTY AND STATE DO HEREBY CERTIFY THAT Steven Aucoin OWNERS, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL THIS 25 DAY OF September 2017.
Anil B Sanan Notary Public Mecklenburg
NOTARY PUBLIC
MY COMMISSION EXPIRES: 12/

OWNERS CERTIFICATE AND NOTARIZATION

KNOW ALL MEN THESE PRESENTS THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

9-25-17 DATE
SDH CHARLOTTE, LLC
MANAGER
FOR LOTS : 30, 44 AND 45

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, A NOTARY PUBLIC OF SAID COUNTY AND STATE DO HEREBY CERTIFY THAT James A. Gallems OWNERS, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL THIS 25 DAY OF September 2017.
NOTARY PUBLIC
MY COMMISSION EXPIRES: July 07,2019

VICINITY MAP – NOT TO SCALE

SEPTIC EASEMENT LINE TABLE		
LINE	LENGTH	BEARING
L1	85.03	S81°43'37"W
L2	10.84	S81°28'54"E
L3	85.83	N81°43'37"E
L4	58.86	S78°01'33"W
L5	10.00	N13°58'27"W
L6	58.86	N78°01'33"E
L7	76.00	N80°07'45"W
L8	10.00	S29°36'36"W
L9	85.00	S80°07'45"E
L10	43.37	S29°36'36"W
L11	80.80	N83°45'21"W
L12	10.00	S29°36'36"W
L13	90.01	S83°45'21"E
L14	85.00	N80°07'24"W
L15	10.00	S29°36'36"W
L16	85.00	S80°07'24"E
L17	113.32	S29°36'36"W
L18	85.00	S29°36'36"W
L19	40.89	S29°36'36"W

DOWELL & COMPANY, P.C.
Engineering * Surveying * Planning
344 Rolling Hill Road, Suite 103 * Mooresville, N.C. 28117
(704) 660-9697 FAX (704) 664-5177
EMAIL: leland7895@aol.com

OWNERS CERTIFICATE AND NOTARIZATION

KNOW ALL MEN THESE PRESENTS THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

9-22-17 DATE
AUTUMN BROOK DEVELOPEMENT, LLC
MANAGER
FOR LOTS : 29, 31, 32, 33, 34, AND 35

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, A NOTARY PUBLIC OF SAID COUNTY AND STATE DO HEREBY CERTIFY THAT Lesli Diane Hoffman OWNERS, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL THIS 25 DAY OF September 2017.
NOTARY PUBLIC
MY COMMISSION EXPIRES: 12/

WATERSHED CERTIFICATE

ALL OF AUTUMN BROOK SUBDIVISION TO THE BEST OF MY KNOWLEDGE DOES NOT LIE WITHIN A WATERSHED AREA AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

9-25-17 DATE
Willie M. Allen SUBDIVISION ADMINISTRATOR

CERTIFICATE OF APPROVAL

I, HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

Willie M. Allen SUBDIVISION ADMINISTRATOR IREDELL COUNTY, NORTH CAROLINA
9-25-17 DATE

CURVE TABLE						
CURVE	LENGTH	RADIUS	TANG	CHORD	BEARING	DELTA
C1	29.89	20.00	18.53	27.18	S16°49'33"E	85°37'01"
C2	39.20	275.00	19.63	39.16	N55°53'04"W	8°10'00"
C3	31.42	20.00	20.00	28.28	N83°31'56"E	90°00'00"
C4	31.42	20.00	20.00	28.28	S06°28'04"E	90°00'00"
C5	76.98	275.00	38.74	76.73	N43°26'55"W	16°02'19"
C6	101.93	275.00	51.56	101.34	N24°48'40"W	21°14'11"
C7	97.84	275.00	49.44	97.32	N04°00'03"W	20°23'02"
C8	28.35	20.00	17.15	26.04	S34°25'19"E	81°13'33"
C9	21.03	25.00	11.18	20.41	N80°52'14"E	48°11'23"
C10	36.13	50.00	18.89	35.35	S77°28'35"W	41°24'07"
C11	55.56	50.00	31.04	52.74	N49°59'30"W	63°39'43"
C12	57.82	50.00	32.65	54.65	N14°57'55"E	66°15'06"
C13	55.56	50.00	31.04	52.74	N79°55'20"E	63°39'43"
C14	36.13	50.00	18.89	35.35	S47°32'45"E	41°24'07"
C15	21.03	25.00	11.18	20.41	N50°56'24"W	48°11'23"
C16	28.35	20.00	17.15	26.04	S64°21'09"W	81°13'33"
C17	29.78	275.00	14.90	29.76	N26°50'29"E	6°12'13"
C18	129.34	125.00	71.13	123.64	S00°18'06"W	59°16'59"
C19	48.31	175.00	24.31	48.16	S21°25'53"E	15°49'01"
C20	83.33	175.00	42.47	82.55	S00°07'08"W	27°17'01"
C21	49.43	175.00	24.88	49.26	S21°31'07"W	16°10'57"
C22	159.85	225.00	83.47	156.51	N09°35'26"E	40°42'20"
C23	159.85	225.00	83.47	156.51	N31°06'54"W	40°42'20"
C24	24.49	225.00	12.26	24.48	N54°35'08"W	6°14'08"
C25	33.62	20.00	22.34	29.80	S74°08'22"W	96°18'50"

NOTES:
1. CURRENT ZONING IS RA.
2. DASHED LINES INDICATE LINES NOT SURVEYED.
3. #5 REBAR SET AT ALL CORNERS UNLESS OTHERWISE NOTED.
4. AREAS COMPUTED BY COORDINATE METHOD.
5. TOTAL OF 0 NEW LOTS ON THIS PLAT.
6. NO BUILDINGS OR STRUCTURES MAY BE PLACED INSIDE BUFFERYARDS.
7. 10'X70' SIGHT TRIANGLES ARE LOCATED AT ALL INTERSECTIONS.
8. 10' UTILITY EASEMENT LOCATED AROUND PERIMETER OF ALL LOTS (SEE TYPICAL LOT SETBACK DETAIL)
9. AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED BY THE HEALTH DEPARTMENT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.
10. THE PROJECT WILL BE SERVED BY INDIVIDUAL SEPTIC TANKS.
11. DEVELOPER RESERVES THE RIGHT TO PLACE SEPTIC DRAIN FIELDS WITHIN THE COMMON OPEN SPACE (COS) IF NEEDED, ANY NECESSARY SEPTIC EASEMENTS IN COS WILL BE PLATTED AT THAT TIME.
12. WATER TO BE PROVIDED BY TOWN OF TROUTMAN.
13. DEED 2333 PG 30.
14. THE PURPOSE OF THIS PLAT WILL BE TO REPLACE THE 10' DRAINAGE AND UTILITY EASEMENT IN THE LOCATIONS OF THE NEW SEPTIC EASEMENT ON THE FOLLOWING PLATS: PB 55 PG 132 AND PB 64 PG 41. THE SEPTIC EASEMENT IS SO LOTS 29, 51, 52, 53, 54 AND 55 WILL HAVE ACCESS TO THE OFF-SITE SEPTIC LOTS SHOWN ON THE PLAT.

I HAVE EXAMINED THE FLOOD INSURANCE RATE MAP FOR IREDELL COUNTY, NORTH CAROLINA, COMMUNITY PANEL NUMBER 3703J 0150 C, DATED JUNE 22, 1998 AND HEREBY CERTIFY THAT THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY.

I, DOUGLAS L DOWELL JR CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2333 PAGE 30); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK 55 PAGE 132 ; THAT THE RATIO OF PRECISION AS CALCULATED IS 10,000 ; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 15 DAY OF SEPTEMBER , 2017.

I FURTHER CERTIFY THAT THIS PLAT IS OF ANOTHER CATEGORY SUCH AS THE RECOMBINATION OF EXISTING PARCELS , A COURT ORDERED SURVEY OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION.

Douglas L Dowell Jr
DOUGLAS L DOWELL JR, PLS L-3508

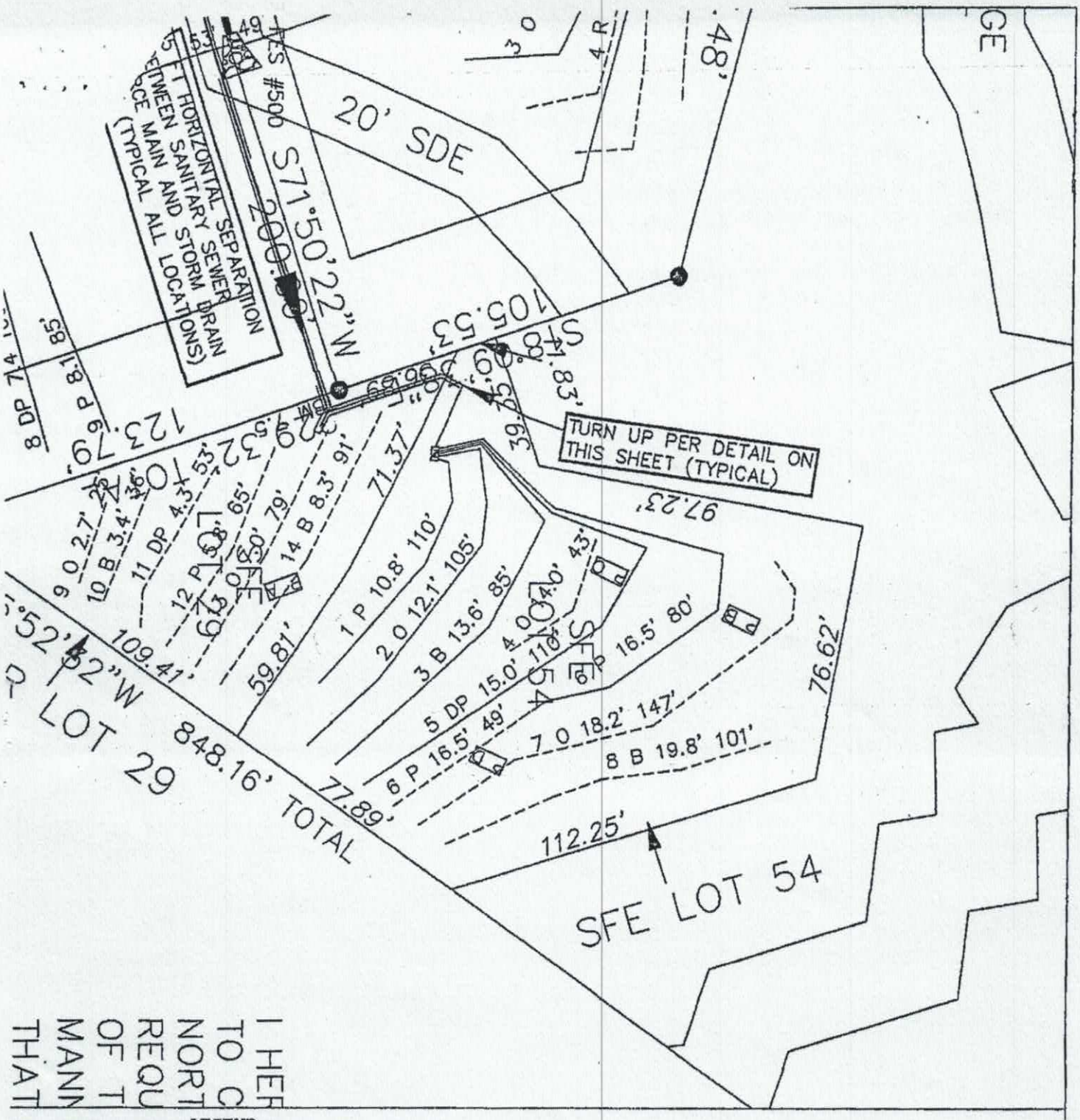
NORTH CAROLINA PROFESSIONAL SEAL L-3508 LAND SURVEYOR DOUGLAS L. DOWELL

RECORD PLAT
OF A REVISION OF LOTS 29-35, 42-45, AND 51-55
PB 55 PAGE 132 AND PB 66 PAGE 41
AUTUMN BROOK SUBD.
PHASE 1 – MAP 1 & 2
STATESVILLE OUTSIDE TWSP., IREDELL CO., N.C.

SCALE: 1"=100' DATE PLAT PREPARED: SEPTEMBER 15, 2017
DATE OF SURVEY: APRIL 2015

OWNERS : AUTUMN BROOK DEVELOPMENT, LLC
NOVY HOMES, INC.
SDH CHARLOTTE, LLC
PO BOX 5475
MOORESVILLE, NC 28117

FILE NAME: 14017/REC 2 PH 1 MAP 2 SEPTIC ESMT 9-15-17



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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.

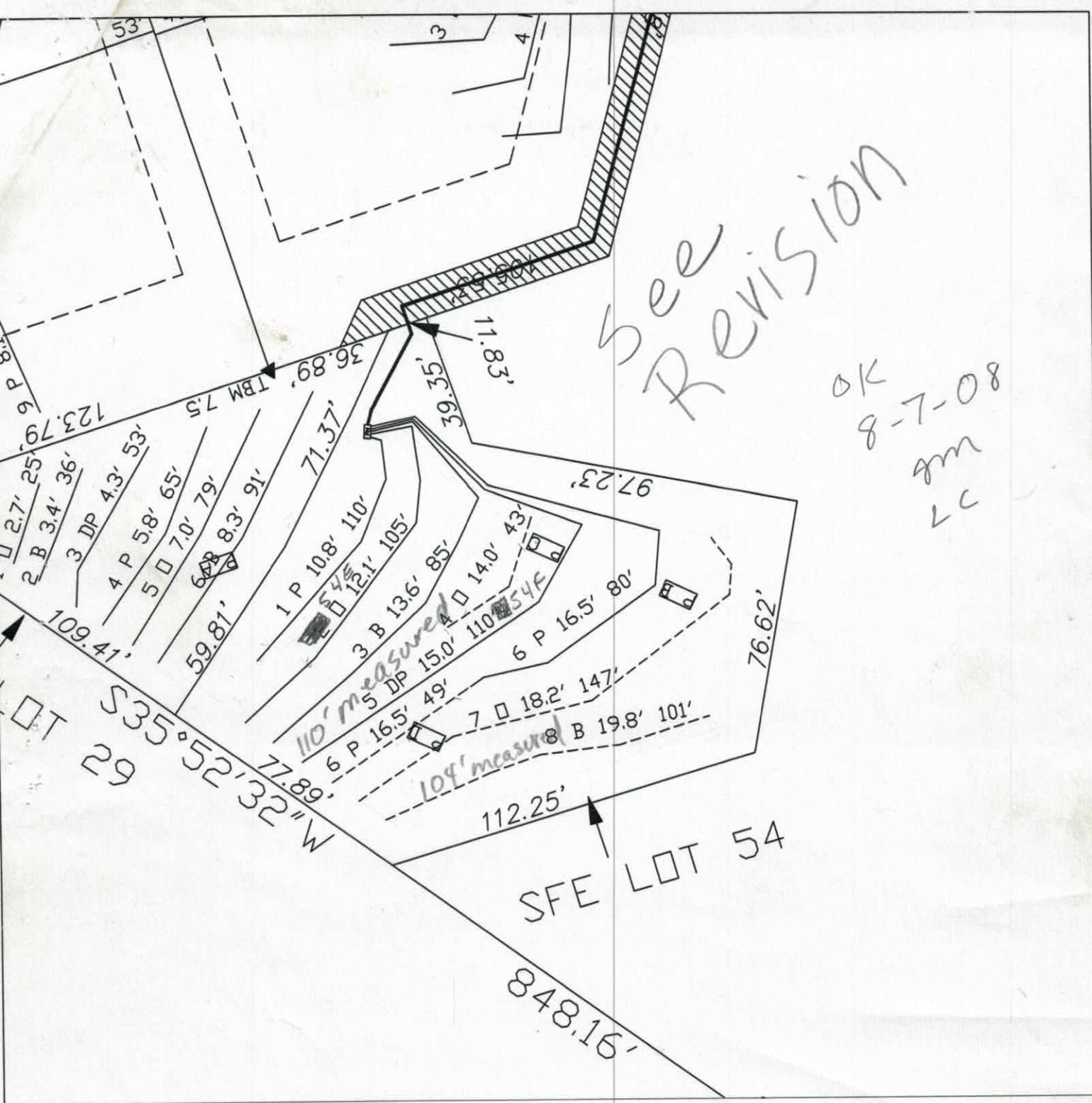
LLANS SOIL & ENVIRONMENTAL SERVICES
ROAD ST., SUITE D
SVILLE, NC 28115
/FAX: (704) 658-1725
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5016
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: PRELIMINARY SOIL EVALUATION

PROJECT NAME: THE JOHNSON GROUP / AUTUMN BROOK

LOCATION/DATE: WALLACE SPRINGS ROAD, WEDDELL 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



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

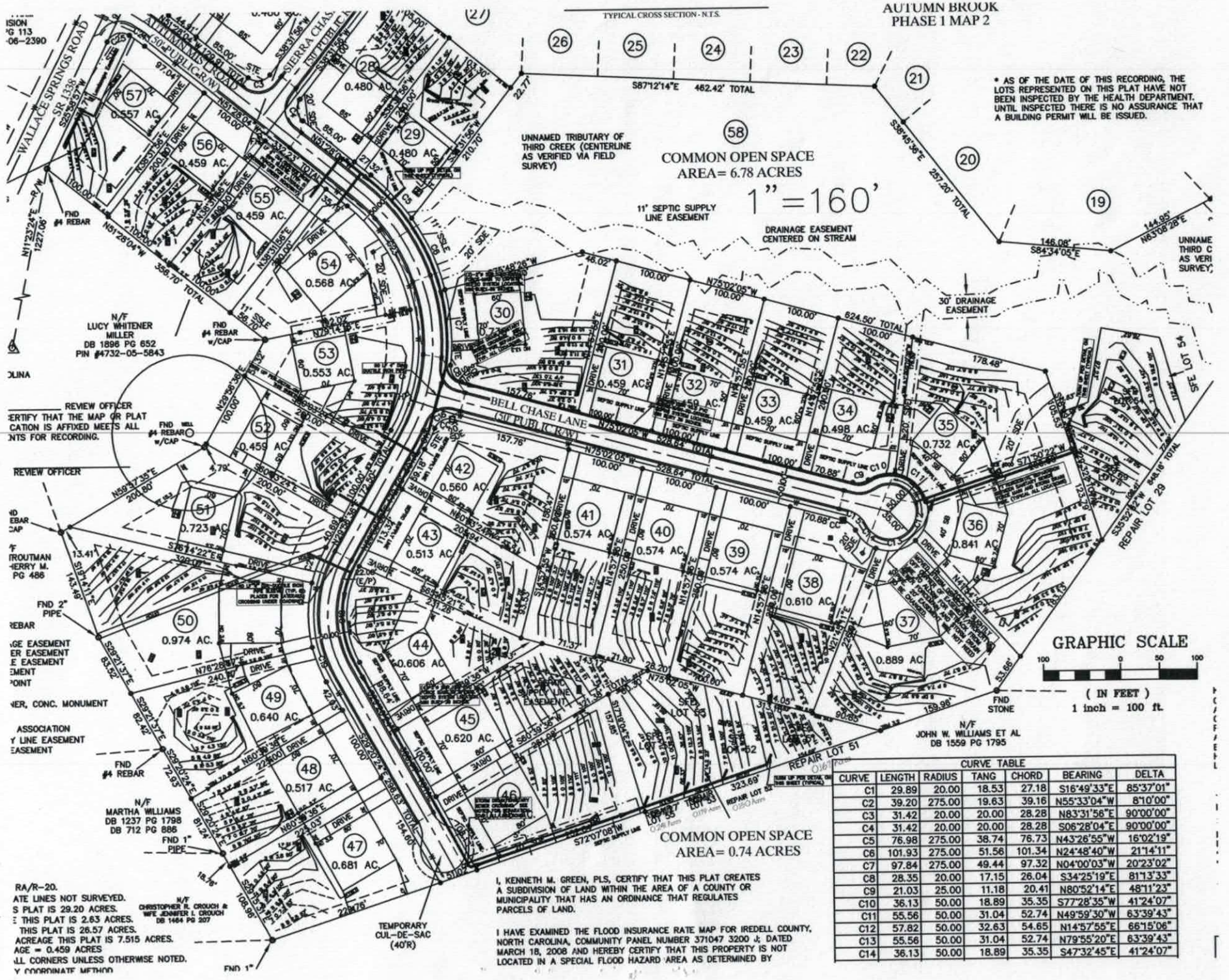
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: PRELIMINARY SOIL EVALUATION

PROJECT NAME: THE JOHNSON GROUP / AUTUMN BROOK

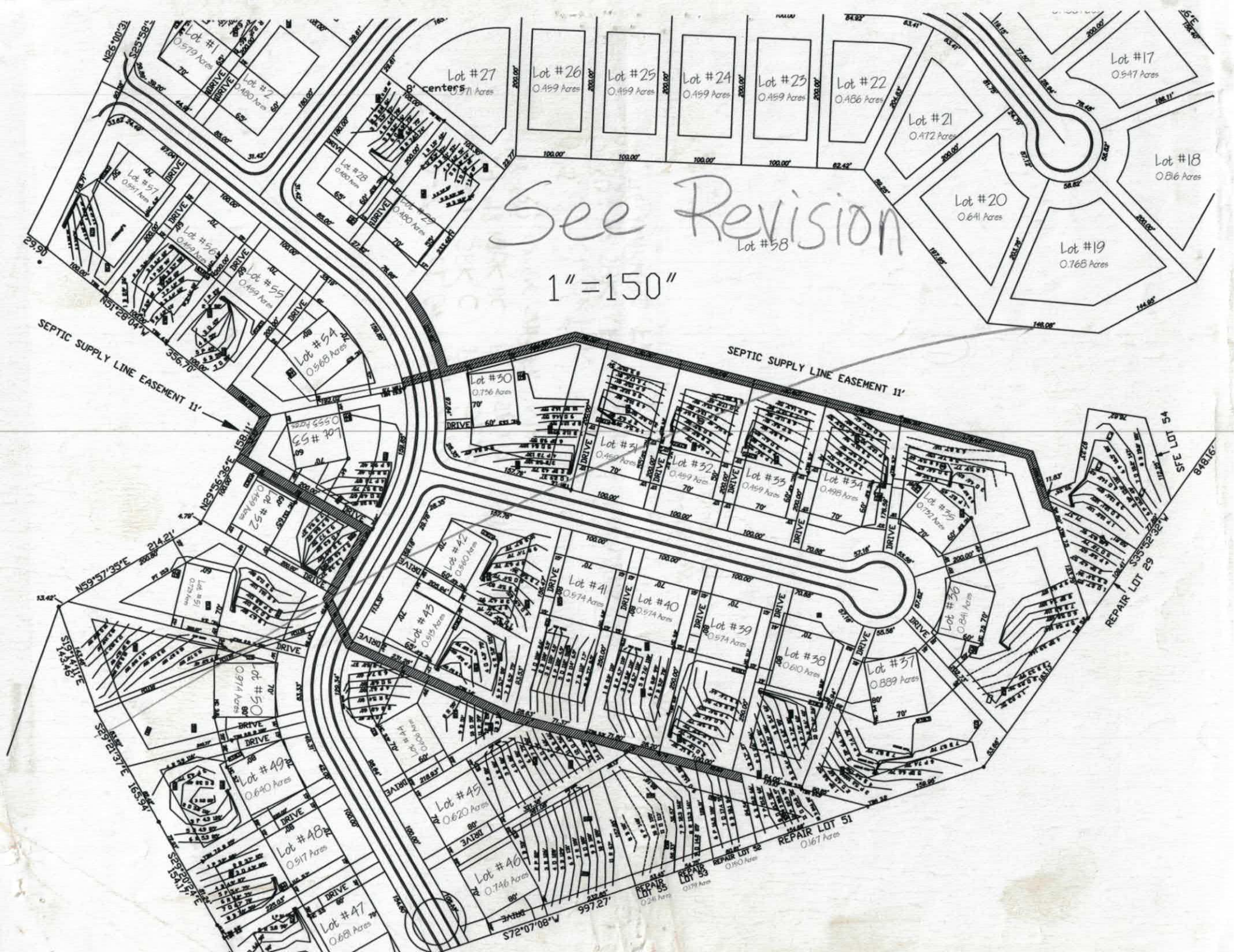
LOCATION/DATE: WALLACE SPRINGS ROAD, IREDELL COUNTY, NORTH CAROLINA, JUNE 2008

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



CURVE TABLE

CURVE	LENGTH	RADIUS	TANG	CHORD	BEARING	DELTA
C1	29.89	20.00	18.53	27.18	S16°49'33"E	85°37'01"
C2	39.20	275.00	19.63	39.16	N55°33'04"W	8°10'00"
C3	31.42	20.00	20.00	28.28	N83°31'56"E	90°00'00"
C4	31.42	20.00	20.00	28.28	S06°28'04"E	90°00'00"
C5	76.98	275.00	38.74	76.73	N43°26'55"W	16°02'19"
C6	101.93	275.00	51.56	101.34	N24°48'40"W	21°14'11"
C7	97.84	275.00	49.44	97.32	N04°00'03"W	20°23'02"
C8	28.35	20.00	17.15	26.04	S34°25'19"E	81°13'33"
C9	21.03	25.00	11.18	20.41	N80°52'14"E	48°11'23"
C10	36.13	50.00	18.89	35.35	S77°28'35"W	41°24'07"
C11	55.56	50.00	31.04	52.74	N49°59'30"W	63°39'43"
C12	57.82	50.00	32.63	54.65	N14°57'55"E	66°15'06"
C13	55.56	50.00	31.04	52.74	N79°55'20"E	63°39'43"
C14	36.13	50.00	18.89	35.35	S47°32'45"E	41°24'07"


See Revision
1"=150"
Lot #1 0.579 Acres
Lot #2 0.480 Acres
Lot #17 0.547 Acres
Lot #18 0.816 Acres
Lot #19 0.768 Acres
Lot #20 0.641 Acres
Lot #21 0.472 Acres
Lot #22 0.486 Acres
Lot #23 0.459 Acres
Lot #24 0.459 Acres
Lot #25 0.459 Acres
Lot #26 0.459 Acres
Lot #27 0.571 Acres
Lot #28 0.480 Acres
Lot #29 0.480 Acres
Lot #30 0.756 Acres
Lot #31 0.459 Acres
Lot #32 0.459 Acres
Lot #33 0.459 Acres
Lot #34 0.498 Acres
Lot #35 0.732 Acres
Lot #36 0.641 Acres
Lot #37 0.889 Acres
Lot #38 0.610 Acres
Lot #39 0.574 Acres
Lot #40 0.574 Acres
Lot #41 0.574 Acres
Lot #42 0.560 Acres
Lot #43 0.595 Acres
Lot #44 0.606 Acres
Lot #45 0.620 Acres
Lot #46 0.746 Acres
Lot #47 0.681 Acres
Lot #48 0.917 Acres
Lot #49 0.640 Acres
Lot #50 0.971 Acres
Lot #51 0.459 Acres
Lot #52 0.459 Acres
Lot #53 0.555 Acres
Lot #54 0.568 Acres
Lot #55 0.459 Acres
Lot #56 0.464 Acres
Lot #57 0.591 Acres
Lot #58
SEPTIC SUPPLY LINE EASEMENT 11'
SEPTIC SUPPLY LINE EASEMENT 11'
REPAIR LOT 29
REPAIR LOT 51
0.167 Acres
REPAIR LOT 52
0.150 Acres
REPAIR LOT 53
0.139 Acres
REPAIR LOT 55
0.261 Acres
997.27'
S72°07'08"W
848.16'
S35°52'32"W
214.21'
N59°57'35"E
356.70'
N51°28'07"W
N29°54'35"E 159.11'
S19°41'17"E 143.46'
S29°21'37"E 165.94'
S29°20'54"E 154.17'
DRIVE
8' centers

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: 0.568 AC
LOCATION OF SITE: Autumn Brook Subdivison Off Wallace Springs Rd) Lot 54 — 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
PB 1	NS 0-5% Offsite Area	0-4	B SL Gr	SS, SP, Fr SExP	—	49"	—	—	PS .3
		4-27	R C MMSBk	SS, SP, Fr SExP					
		27-49	R C WFSBk	SS, SP, Fr SExP					
PC 2	NS 0-5% Offsite Area	0-12	B SL Gr	SS, SP, Fr SExP	Chr 2 45-46" com. gravel to 29", few gravel >29"	56"	—	—	PS .25 to 45"
		12-41	R C MFSBk	SS, SP, Fr SExP					
		41-47	R SCL VWFSBk	SS, SP, Fi SExP	com YB, Chr 2 from 45-46" few chr 4				
		47-56	YR SCL VWFSBk	SS, SP, Fi SExP	com/many YB				
PD 3	LSS 10-15% Offsite Area	0-10	B SL Gr	SS, SP, Fr SExP	Chr 2 46" few YB com/many YB Chr 2 46"	51"	—	46"	PS .25 to 46"
		10-29	R C WFSBk	SS, SP, Fr SExP					
		29-38	R SC WFSBk	SS, SP, Fi SExP					
		38-51	R SCL VWFSBk	SS, SP, Fi SExP					
54 E 4		0-3	B scl			24"	PS		.3
		3-24	mmsbk RC	fr s p					
		34-60	sl sap						

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:

54F 0-3 Br scl .25

3-36 mm abk BC
2.5Y 8/6 mottles
@ 24"-60"

36-60 mm sbk BC

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 54

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	Initial	0-8	SCL, GR	VFr SEAD	N/A	48	48-55	N/A	PS .3
		8-24	SBK, C	Fr SEXP					
		24-48	WABK BC	Fr SEXP					
		48-55	massive SAP	VFr N/A					
2	repair	0-5	SCL, GR	Fr SEXP	44" many yellow browns throughout	48	N/A	N/A	PS .25
		5-30	C, SBK	Fr SEXP					
		30-48	WABKBC	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: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

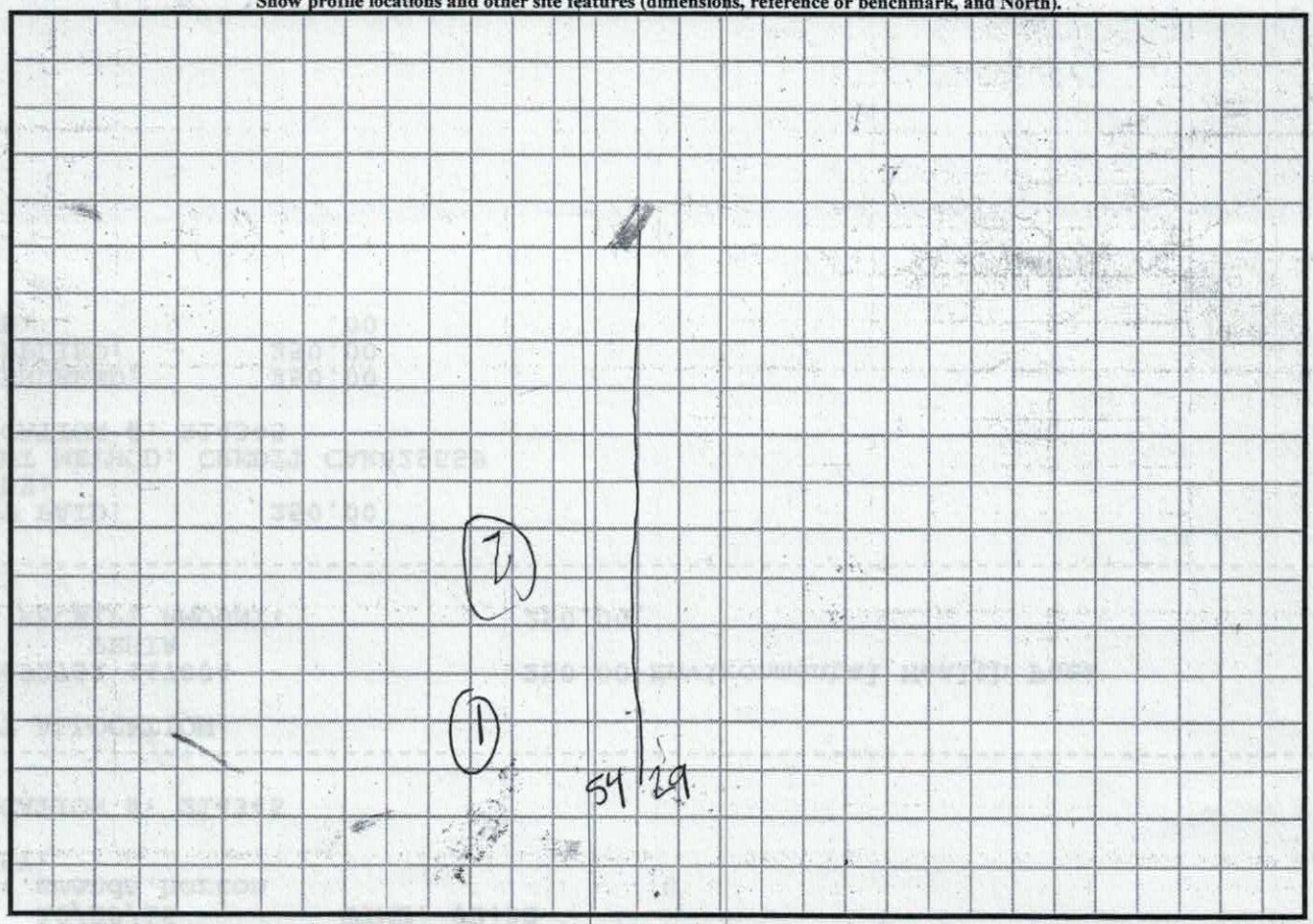
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Updated February 2014

RECEIVED JUL 1 2 2018

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 #
SDH Charlotte LLC	10130 Mallard Creek Road #218 Charlotte NC 28262	704-944-5557	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SDH Charlotte LLC	10130 Mallard Creek Road #218 Charlotte NC 28262	704-944-5557	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
120 Autumn Mist Rd	Autumn Brook	Lot 54

Driving Directions: _____

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (✓) Basement w/Plumbing?
( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
(✓) Other Confirming bedrooms on existing permit

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: _____ 7/12/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Non-expiring

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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 SUBMI APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DET

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

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: 120 Autumn Mist Rd Troutman

Subdivision Name: Autumn Brook **Section/Phase:** 1 **Lot Number:** 54

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 Foundatio
( ) Basement with Plumbing
( ) 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 granti 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: Kayle Gillespie, am the legal owner of the property located at 120 Autumn Mist Rd, identified as PIN(Parcel Identification Number) 4732 05 7909, 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.

Kayle Gillespie 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)			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Autumn Brook	Lot 54

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

07/14/08
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
Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Autumn Brook	Lot 54

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 — 10/2/08
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 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 Preferred driveway location and configuration, preferred well location...

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

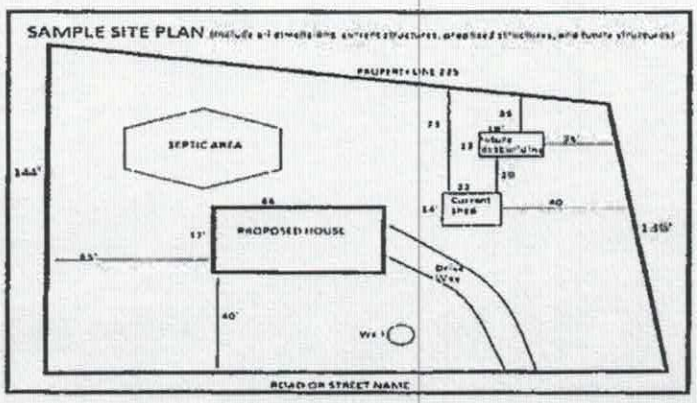
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

____ 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**

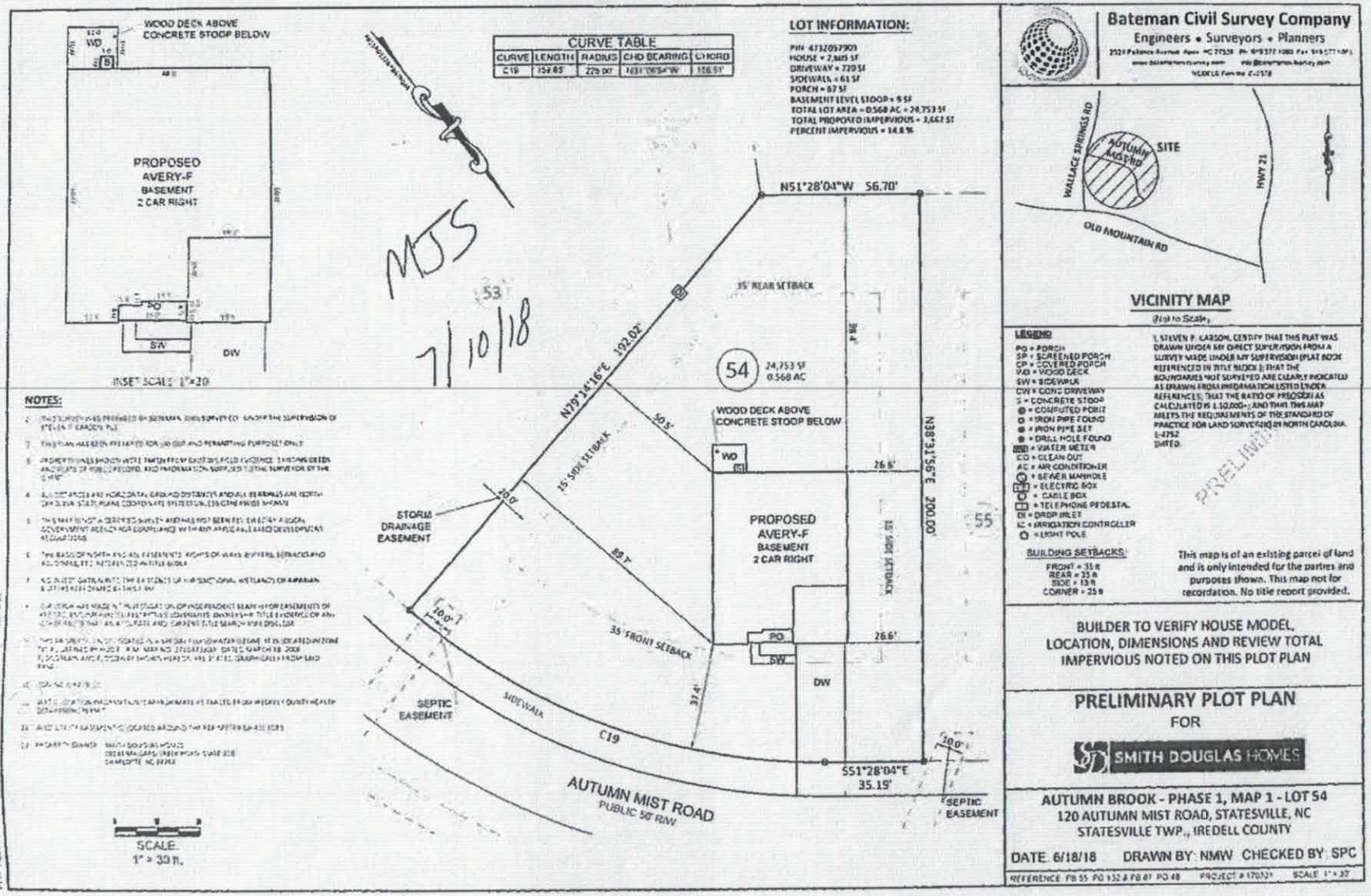
____ Location of any designated wetlands on the property.. **N/A**

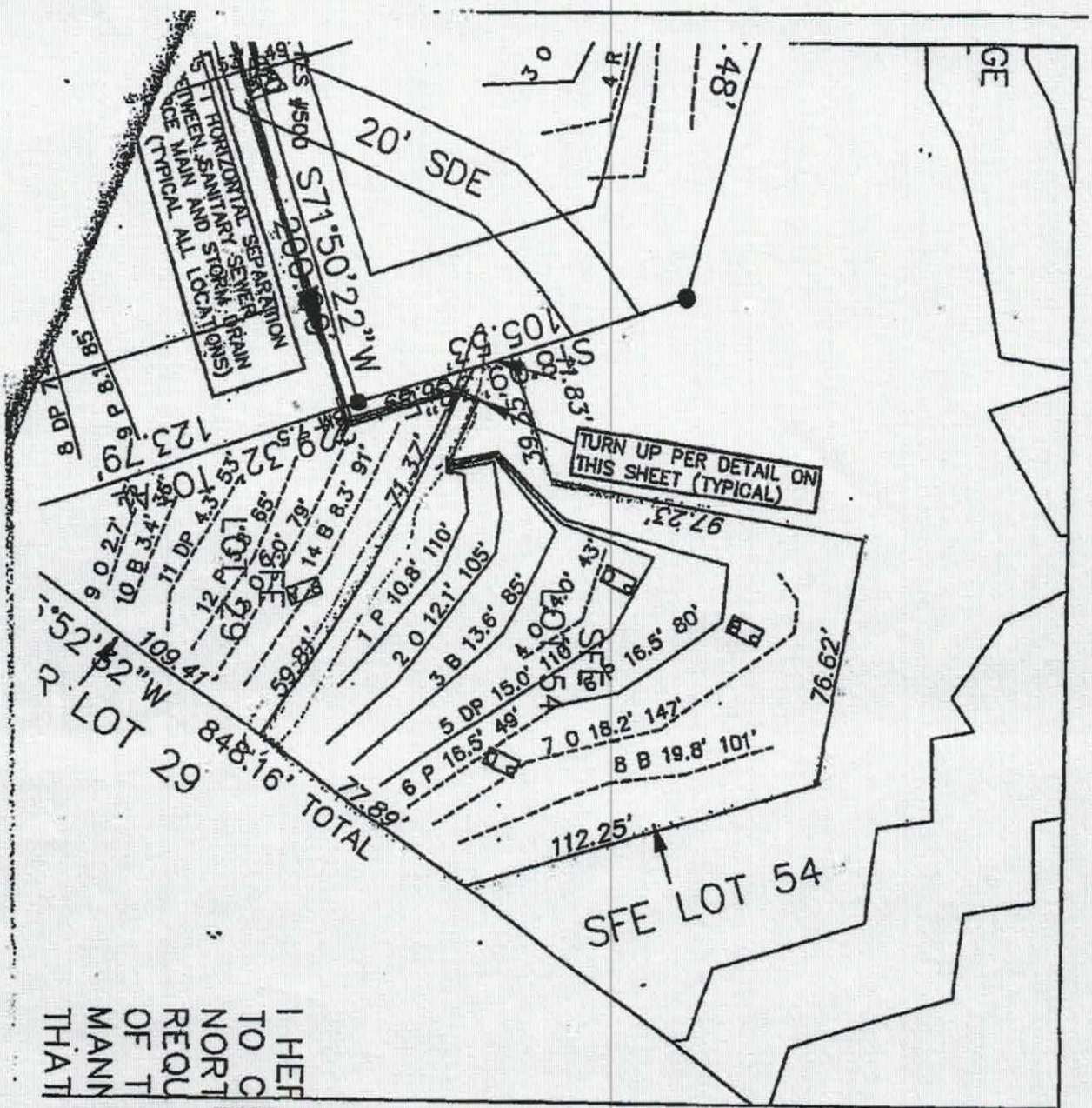


USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: _____ ____7/12/18____

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


WOOD DECK ABOVE CONCRETE STOOP BELOW
PROPOSED AVERY-F BASEMENT 2 CAR RIGHT
INSET SCALE 1"=20'
CURVE TABLE
CURVE | LENGTH | RADIUS | CHD BEARING | CHORD
C19 | 159.85' | 225.00' | N31°09'54"W | 156.51'
LOT INFORMATION:
PIN 4732057903
HOUSE = 2,805 SF
DRIVEWAY = 720 SF
SIDEWALK = 61 SF
PORCH = 67 SF
BASEMENT LEVEL STOOP = 9 SF
TOTAL LOT AREA = 0.568 AC = 24,753 SF
TOTAL PROPOSED IMPERVIOUS = 3,667 SF
PERCENT IMPERVIOUS = 14.8 %
MJS
7/10/18
N51°28'04"W 56.70'
35' REAR SETBACK
N79°14'16"E 192.02'
54
24,753 SF
0.568 AC
WOOD DECK ABOVE CONCRETE STOOP BELOW
WD
26.6'
N38°31'56"E 200.00'
15' SIDE SETBACK
50.5'
20.0'
STORM DRAINAGE EASEMENT
PROPOSED AVERY-F BASEMENT 2 CAR RIGHT
15' SIDE SETBACK
89.7'
10.0'
35' FRONT SETBACK
PO
SW
DW
26.6'
31.4'
SEPTIC EASEMENT
SIDEWALK
C19
10.0'
S51°28'04"E 35.19'
AUTUMN MIST ROAD
PUBLIC 50' R/W
SEPTIC EASEMENT
55
SCALE
1" = 30 ft.
Bateman Civil Survey Company
Engineers • Surveyors • Planners
WALLACE SPRINGS RD
AUTUMN MIST RD
SITE
HWY 21
OLD MOUNTAIN RD
VICINITY MAP
(Not to Scale)
LEGEND
PO = PORCH
SP = SCREENED PORCH
CP = COVERED PORCH
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
S = CONCRETE STOOP
= COMPUTED POINT
= IRON PIPE FOUND
= IRON PIPE SET
= DRILL HOLE FOUND
= WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
= SEWER MANHOLE
= ELECTRIC BOX
= CABLE BOX
= TELEPHONE PEDESTAL
DI = DROP INLET
IC = IRRIGATION CONTROLLER
= LIGHT POLE
BUILDING SETBACKS:
FRONT = 35 ft
REAR = 25 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.
L-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 1 - LOT 54
120 AUTUMN MIST ROAD, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY
DATE: 6/18/18 DRAWN BY: NMW CHECKED BY: SPC
REFERENCE PB 55 PG 132 & PB 61 PG 48 PROJECT # 17032 SCALE 1" = 30'



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THAT

SOIL & ENVIRONMENTAL SERVICES

PRELIMINARY SOIL EVALUATION

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...

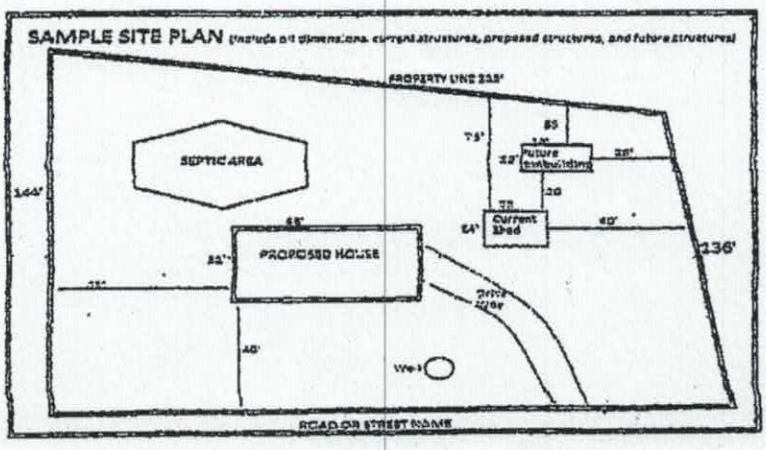
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

__ __ 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

N29°56'38"E
100.00'
FND REBAR
N38°31'58"E
200.00'
0.459 AC.
55
N38°31'58"E
200.00'
0.459 AC.
52
S60°03'22"E
200.00'
0.553 AC.
53
0.568 AC.
54
S51°28'02"W
200.00'
31.81'
C18
TOTAL CURVE
39.18'

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

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- ✓ Front and side setbacks from property line…
- ✓ Preferred driveway location and configuration, preferred well location…
- ✓ Area you prefer your septic system to be placed…
- ✓ North arrow, or other sufficient indicator of direction…

Circle N/A on the following if appropriate:

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

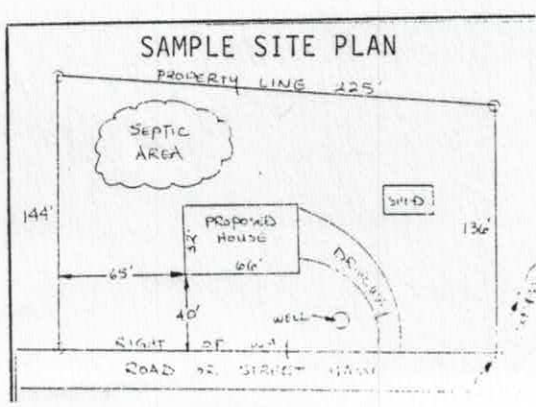
Signature: Alvin L. Pruett

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

10/2/08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Site Plan.



IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

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Circle N/A on the following if appropriate:

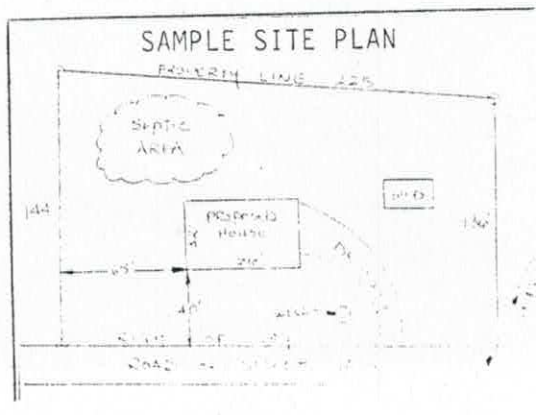
- ____ Location of septic systems and wells within 100' of your property… N/A
- ____ Location of easements and rights of ways on your property… N/A
- ____ Location of any designated wetlands on the property… N/A

Signature: Allen L Pruett
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

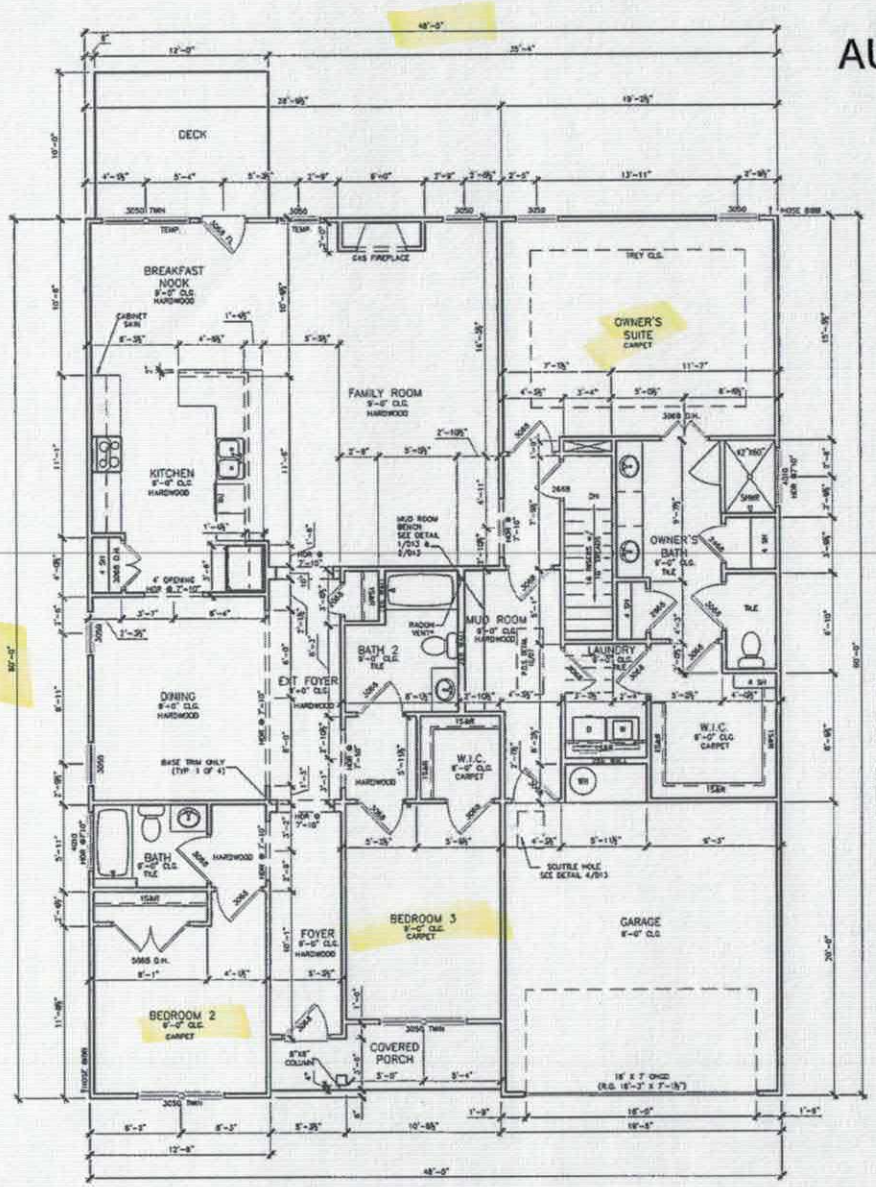
07/14/08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Site Plan.



AUTUMN BROOK LOT 54



FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"

*RADON VENT PROVIDED PER LOCAL CODE

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

Acknowledgement Of
Plans Submitted ONLY
Carl C. [illegible] 7/13/18

REVISION | DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
AVERY

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA 30188
www.smithdouglas.com

SMITH DOUGLAS HOMES expressly reserves it's property rights in these plans and drawings. These plans and related drawings are not to be reproduced without written consent from SMITH DOUGLAS HOMES.

BB	AW
DATE: 6/22/18	
PLAN SET: F	
PLAN NO: 2404	
NO: ALL	SET: F
PAGE NO: A5.1	

© SMITH DOUGLAS HOMES 2018

IREDELL COUNTY

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

APPLICATION NUMBER
222768
Issue Date: 10/26/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732057909.000	120 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
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.560	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	84188	TOTAL FEES:	$ 77.25

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 #:	150811ZO	Subdivision:	AUTUMN BROOK
Proposed Use:	Single Family	Township:	0200 Statesville Outside
Location of Property:	000 AUTUMN MIST RD STATESVILLE NC 28677		
Parcel #:	4732164066.054	Zoning:	RA/R20
Lot #:	54 Size: 0.568	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:

HWY 21 S TO TROUTMAN, RT ON OLD MTN, RT ON WALLACE SPRGS, RT ON AUTUMN MIST, LOT ON RT

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

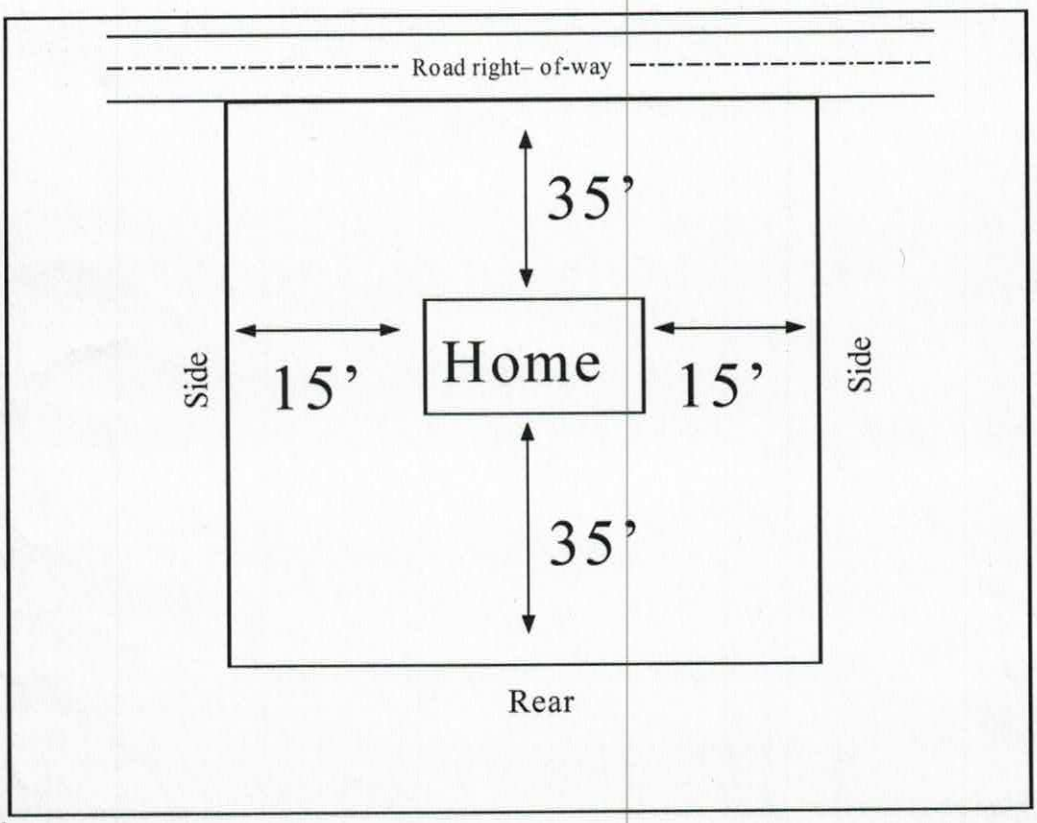
Printed: 6/2/2008

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 54, 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.