IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228703

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

PIN # 4732059752

APPLICANT/OWNER: Nouy Homes Inc APPLICANT ADDRESS: PO Box 58 Cooleemee NC 28031

SITE ADDRESS: 133 Autumn Mist RD Statesville NC PHONE: 704-622-3356 ALT. PHONE N/A

SITE DIRECTIONS: 21 S to old Mocksville RD TR Wallace Springs TL Autumn Mist SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Brooke SECTION: 1 LOT # 42 LOT AREA: .560 AC DESIGN FLOW: 480 L.T.A.R.: .5

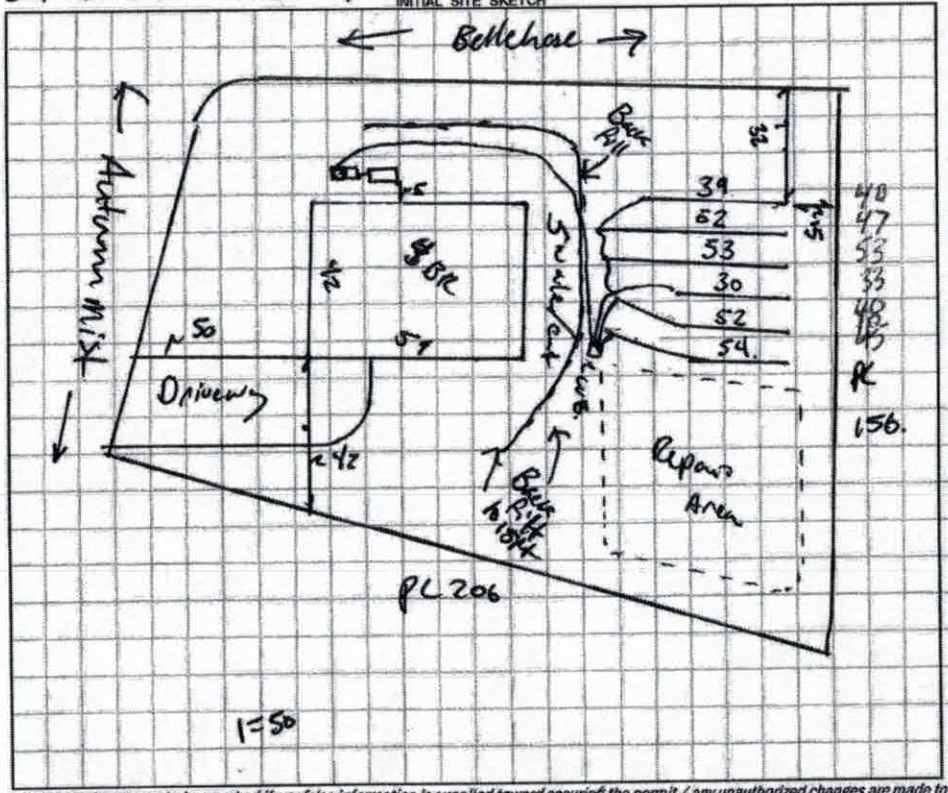
Septic Tank	1000	(gal)	STB		Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000	(gal)	PT		Date	System Description: LP PPBPS				☐ Business	No. Persons 8
Pump Make			Model		Serial #	Repair System Description: LP PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6		Linear Ft 267	Maintenance Agreement Required:	☒ YES	☐ NO		☑ Slab	☐ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)		36	Gravel Depth ~		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: This permit Replaces previous permit issued on 9/25/2017 due to un-permitted Grading. System must be Mantain 15ft from any Cut. Dirt from in fill may be used to fill in Cut

Original Design by Rollins Soil & Environmental

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	2/2	BB
Tanks Checked	2/2	BB
Pressure Manifold or Valve Box Checked	3-19-18	KW
Pressure Head Set		KW
Electrical Checked		KW
Floats Set		KW
Alarm Checked		KW
Maintenance Contract (Y)/ N	3/13	BB
Comments: 15ft from cut Verified 2/2		BB

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Benjamin A Battle Date: 1/31/2018 OPERATION PERMIT by: Kayla Wilson Date: 3-19-18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Battle Date: 1/31/2018 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-864-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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: 0.560 AC
LOCATION OF SITE: Autumn Brook Subdivision Off Wallace Springs Rd) Lot 42 — PROPERTY RECORDED: No
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
42A 1	LSS 5-10%	0-12	B scl gr	ss, sp, fr SE vp	—	48"	—	—	PS
		12-23	R C MFSBK	ss, sp, fr SE vp					
		23-48	R CL WSBK	ss, sp, fr SE vp	Com sap				.3
42B 2	LSS 5-10% 4gpd	0-10	B scl gr	ss, sp, fr SE vp	—	50"	—	—	PS
		10-26	R C MFSBK	ss, sp, fr SE vp					
		26-50	R CL WFSBK	ss, sp, fr SE vp	Com sap				.3
42C 3		0-8	B scl gr	fr					.3
		8-30	mosbk RC	fr SE					
		30-60	sl sap cl inc.	fr					
42D 4		0-8	B scl gr	fr					.3
		8-28	mosbk RC	fr SE					
		28-55	wk sbk RC	fr SE			Com-sap		
		55-60	sl sap	fr					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

COMMENTS:

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

Sheet 1 of 1
PROPERTY ID #: 4730547752
COUNTY: Iredell

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

OWNER: Steven Brusko
APPLICATION DATE 7/17/17
ADDRESS: 133 Autumn Mist Rd
DATE EVALUATED: 07/31/17
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 0.560 ac
LOCATION OF SITE: 21 S T/R Old Mtn T/R Wallace Springs T/R Autumn
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-8	SBK SCL	fr SE	PS	PS	N/A	N/A	PS .3
		8-32	SBK C	fi SE					
		32-52	WSBK BC	fi/fr SE					
2	L 4%	0-8	SBK SCL	fr SE	PS	PS	50"	N/A	PS .3
		8-27	SBK C	fi SE					
		27-50	WSBK BC	fi/fr SE					
		50-60	Mass Sap	fr N/A					
3	L 5%	0-12	SBK SCL	fr SE	PS	PS	N/A	N/A	PS .3
		12-34	SBK C	fi SE					
		34-50	WSBK BC	fi/fr SE					
4	L 5%	0-10	Lor SCL	fr SE	PS	PS	N/A	N/A	PS .3
		10-29	SBK C	fi SE					
		29-46	WSBK BC	fi/fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~IU~~	~~IU~~
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

CC (Concave Slope)
CV (Convex Slope)
D (Drainage Way)
DS (Debris Slump)
FP (Flood Plain)
FS (Foot Slope)
H (Head Slope)
L (Linear Slope)
N (Nose Slope)
R (Ridge)
S (Shoulder Slope)
T (Terrace)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05
	O (Organic)	None	None

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

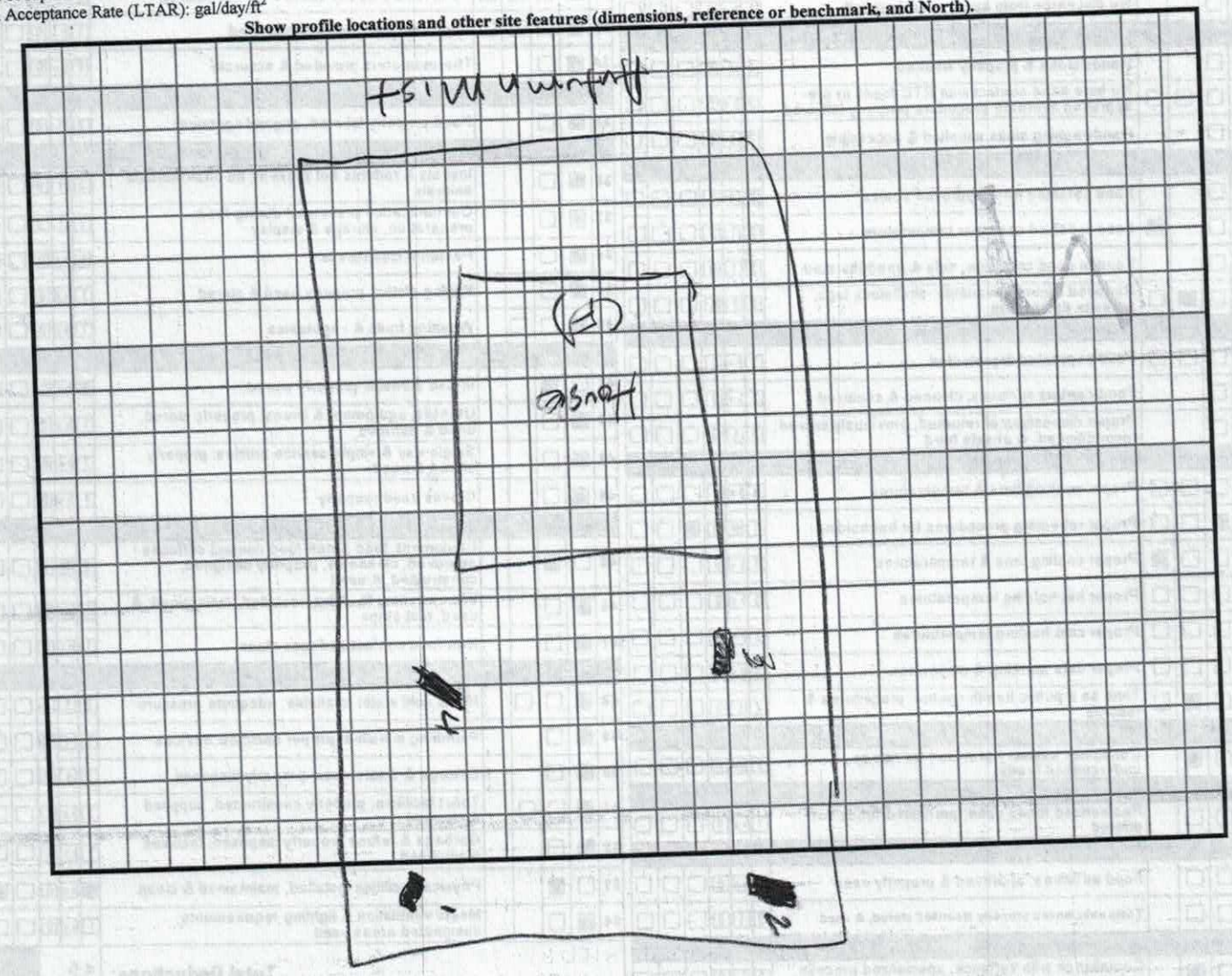
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

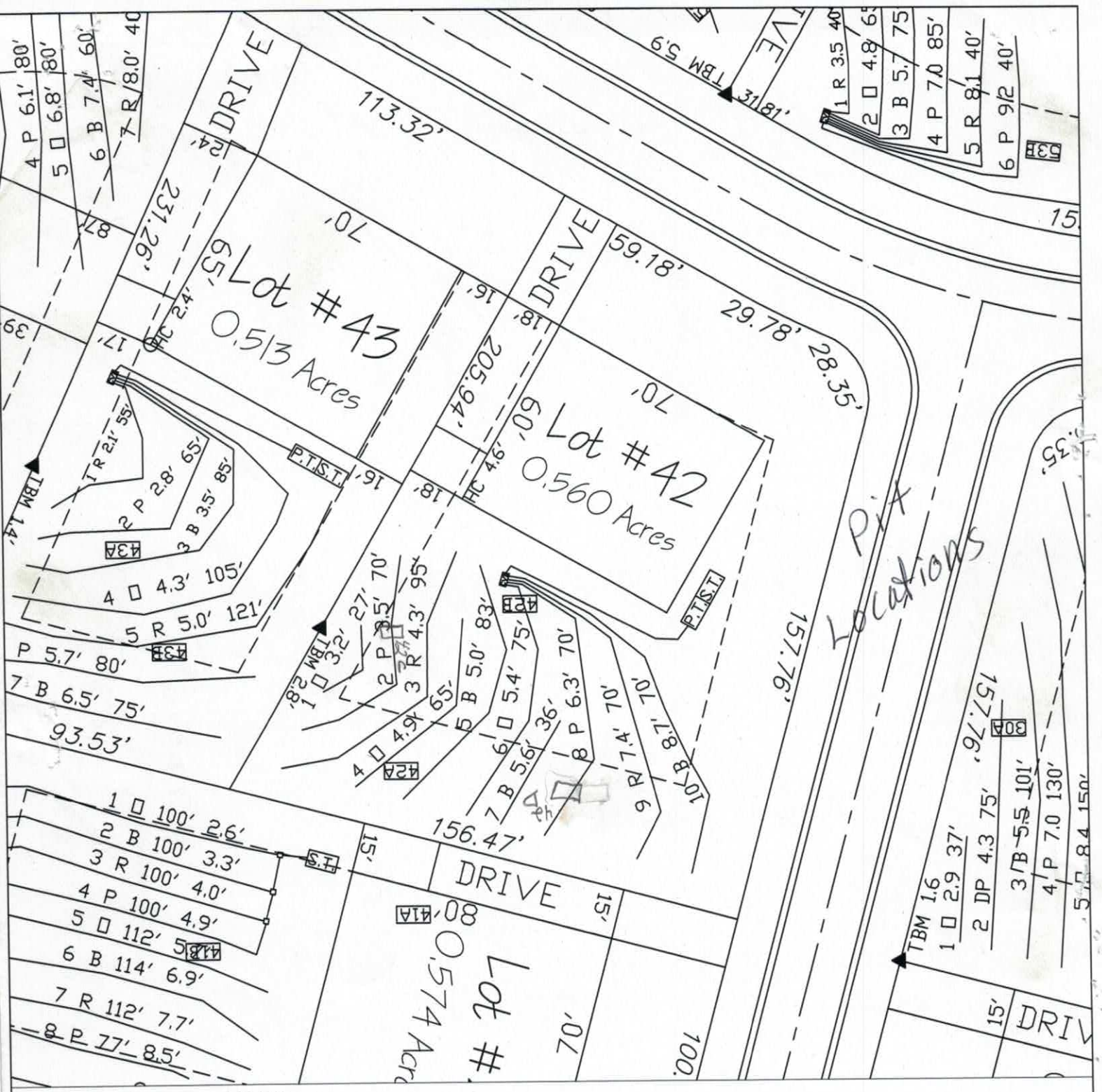
NOTES

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).





LEGEND

- HOUSE
- PIT
- SEPTIC LINES
- REPAIR LINES

GRAPHIC SCALE
1" = 40'

40 0 40 80

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

ROLLANS SOIL & ENVIRONMENTAL SERVICES

470 N. BROAD ST., SUITE D
MOORESVILLE, NC 28115
PHONE/FAX: (704) 658-1723

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

MAP TITLE: PRELIMINARY SOIL EVALUATION

PROJECT NAME: THE JOHNSON GROUP / AUTUMN WOODS

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

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

Relayout

11:30
w/ Jamie

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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

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

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

The following optional attachments may also be submitted: ( ) Survey Plat, sealed no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, sealed no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: NOVY HOMES INC Address: P.O. BOX 58 CORNELIUS NC Zip: 28031
Applicant Email: SBRUSKO@NOVYHOMES.COM Phone: 704-622-3356 Alt. Phone: _____
Owner Name: STEVEN BRUSKO NOVY HOMES Address: P.O. BOX 58 CORNELIUS NC Zip: 28031
Owner Email: SAME Phone: SAME Alt. Phone: _____

Property Information:

Street Address: LOT 42 AUTUMN BROOK (133 Autumn Mist Rd)
Subdivision Name: AUTUMN BROOK Section/Phase: _____ Lot Number: 42
Driving Directions: SOUTH ON HWY 21. RIGHT ONTO OLD MOUNTAIN. RIGHT ONTO WALLACE SPRINGS. RIGHT ONTO AUTUMN MIST

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 12-14-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

---

* Need to Fill in Cuts to Extend Footing of Driveway (get email) From Heath.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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

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

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Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

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Applicant Name: NOVY HOMES INC Address: P.O. BOX 58 CORNELIUS NC Zip: 28031

Applicant Email: SBRUSKO@NOVYHOMES.com Phone: 704-622-3356 Alt. Phone: _____

Owner Name: STEVEN BRUSKO NOVY HOMES Address: P.O. BOX 58 CORNELIUS NC Zip: 28031

Owner Email: SAME Phone: SAME Alt. Phone: _____

Property Information:

Street Address: LOT 42 AUTUMN BROOK (133 Autumn Mist Rd)

Subdivision Name: AUTUMN BROOK Section/Phase: _____ Lot Number: 42

Driving Directions: SOUTH ON HWY 21. RIGHT ONTO OLD MOUNTAIN. RIGHT ONTO WALLACE SPRINGS. RIGHT ONTO AUTUMN MIST

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 7-17-17

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, STEVEN BRUSKO / NOVY HOMES INC, am the legal owner(s) of the property located at LOT 42 AUTUMN BROOK, identified as PIN (Parcel Identification Number) 4732164066.042, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, STEVEN BRUSKO, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	7-17-17		

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
1/31/2018. **(Date)**

Owner: Navy Homes Inc
Address: Po Box 58 Cornelius
NC 28031.

Subject: Notice of Intent to ~~Revoke~~/Suspend Navy Homes Inc 133 Autumn Mist RD Statesville NC **(specify name/location)** Improvement Permit/Construction Authorization

Dear Navy Homes.:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 133 Autumn Mist RD Statesville NC (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type IV LPPPBPS. (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Grading of Septic Area.	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 1/31/2017. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Benjamin A Batts 1/31/2017

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPA 1ENT BB

Statesville Office (704) 878-5305 Mooresville Office (70 :625 PERMIT # 228703

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

PIN # 4732059752

APPLICANT/OWNER: NOVY Homes Inc APPLICANT ADDRESS: P.O. Box 58 Cornelius NC 28031

SITE ADDRESS: 133 Autumn Mist Rd Statesville NC PHONE: 704-622-3356 ALT. PHONE N/A

SITE DIRECTIONS: 215 T/R old mtn T/R Wallace Springs T/R Autumn Mist SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Brook SECTION: 1 LOT # 42 LOT AREA: 1.560ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LP PPBPS			
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS			
# Nitrification Fields	1		# Lines	4	Linear Ft	285	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE			

☒ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☒ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

In line pump filter required

INITIAL SITE SKETCH

See Plan from Rollins Soil + Environmental Services

AS BUILT SKETCH

REVOKED

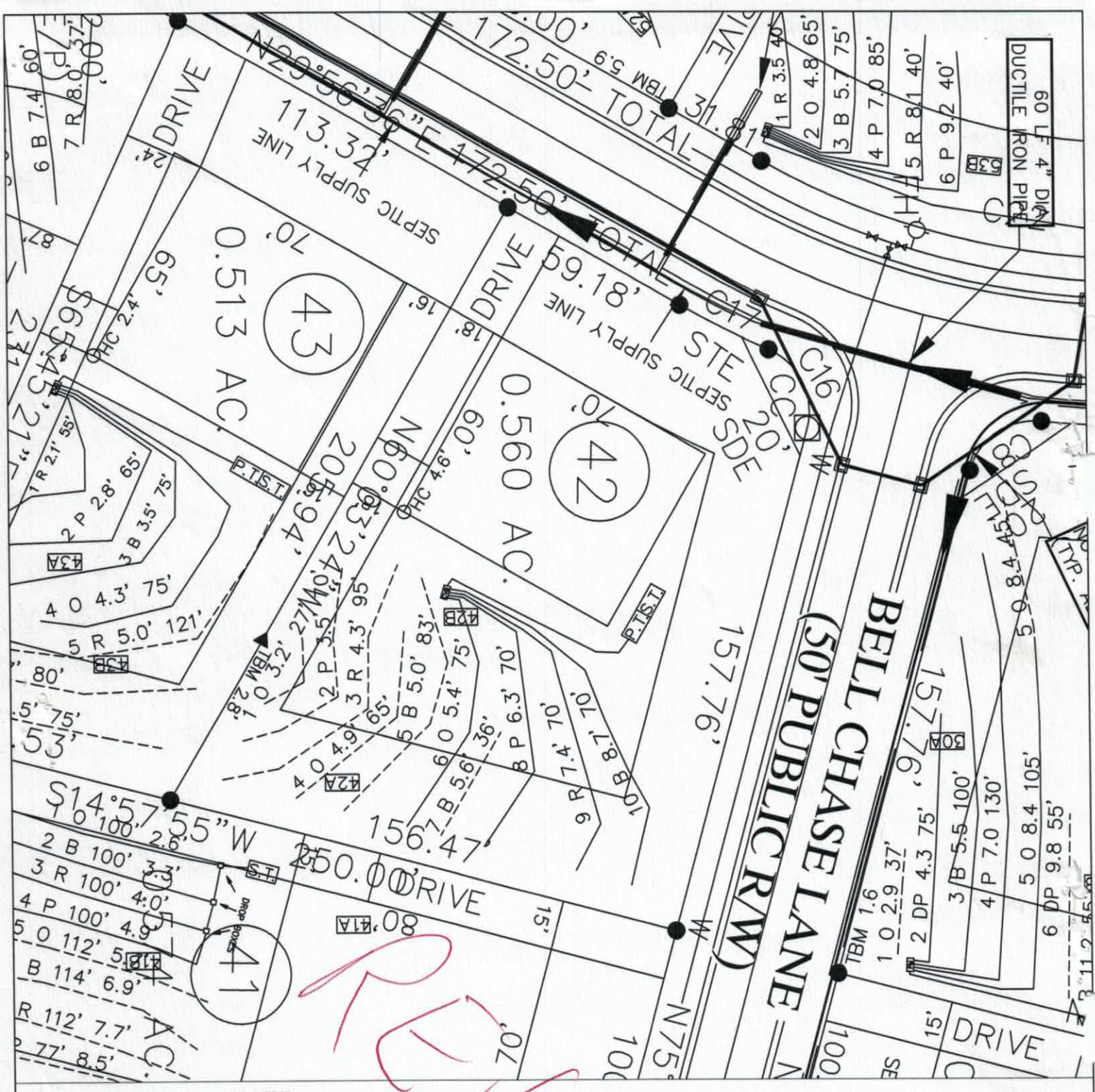
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☒ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9-26-17 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 08/01/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Botkins Date: 9/25/2017 Existing System Inspected by: Date:



REVISED

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

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, STEVEN BRUSKO / NOVY HOMES INC am the legal owner(s) of the property located at LOT 42 AUTUMN BROOK, identified as PIN (Parcel Identification Number) 4732164066.042, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, STEVEN BRUSKO, 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.

[signature]	7-17-17		
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY HEALTH DEPARTMENT

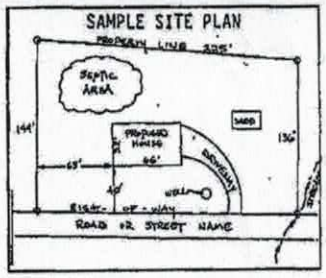
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

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

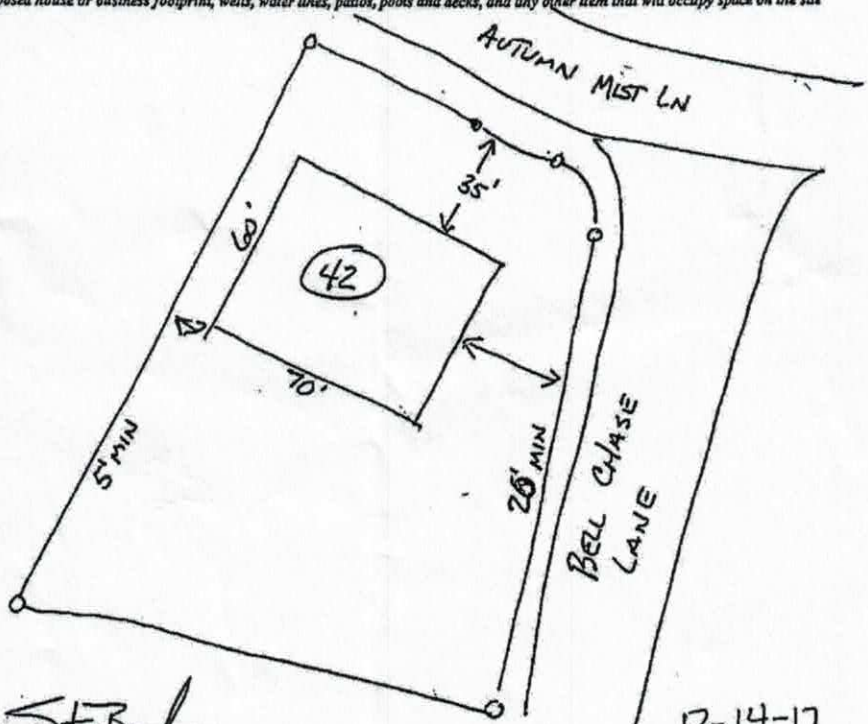


Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____ 12-14-17

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150776 PIN# 4732164066.042 DATE 6-30-08

OWNER OR APPLICANT Autumn Brook LLC PHONE: Business 704-986-2277 Home

ADDRESS 323 Walnut St Statesville NC 28677

LOCATION Hwy 21S TR old Mtn Rd TR Wallace Springs TR Autumn Mist TL Bell Chase on left at corne

SUBDIVISION Autumn Brook BLOCK / SECTION LOT 42 LOT AREA .560Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. 2gpd/ft²

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No:

Nitrification Field: No Fields 1 Square Feet Linear Feet 285

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 24 ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

☒ New System ☐ Repair ☐ Expansion System Type: I E ☒ T

System Description: LP PPAPS

Repair System Description: LP PPAPS

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: * per plan specs

In-line pump filter required

Comments/Conditions:

INITIAL SITE SKETCH

See plan from Rollins Soil & Environmental Services

AS BUILT SKETCH

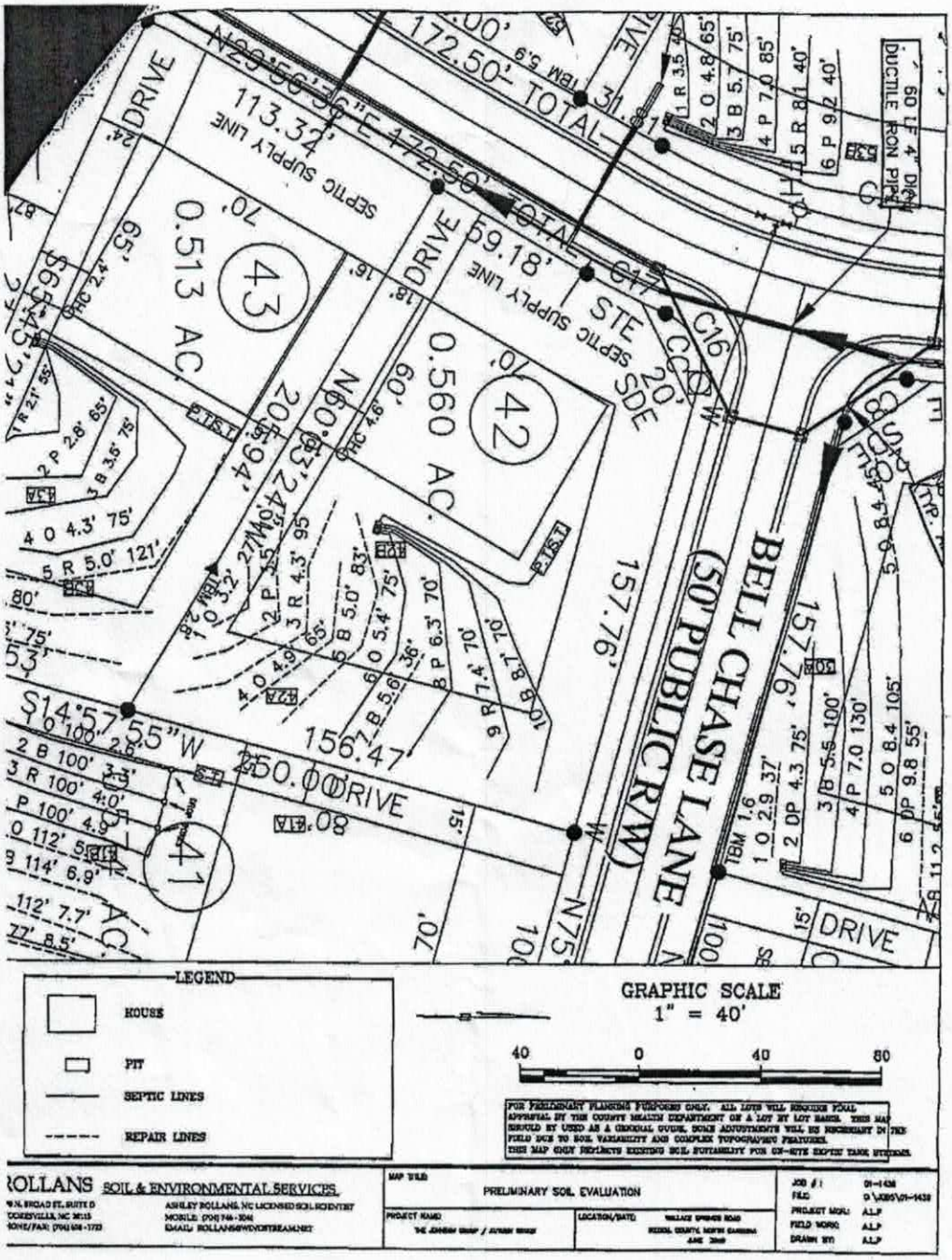
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plan valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Autumn Brook LLC date 9-19-08 Installed by:

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

Authorization to Construct by: date Existing System Inspection by: date

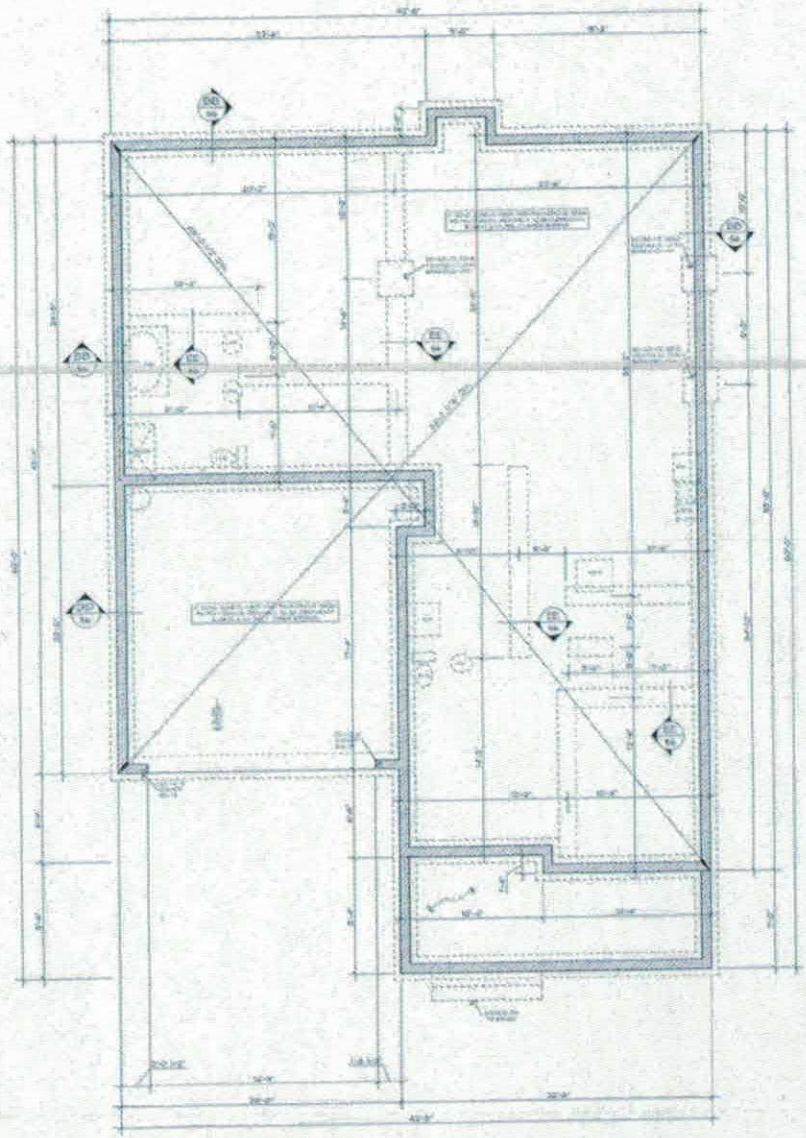
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


DRIVE
113.32'
0.513 AC.
43
0.560 AC.
42
41
172.50' TOTAL
59.18'
157.76'
BELL CHASE LANE
(50' PUBLIC R/W)
156.47'
S14°57'55"W 250.00'
DRIVE
SEPTIC SUPPLY LINE
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 DEPICTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.
SOIL & ENVIRONMENTAL SERVICES
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (910) 746-3041
EMAIL: ROLLANS@WILKES.NET
MAP TITLE
PRELIMINARY SOIL EVALUATION
PROJECT NAME
LOCATION/DATE
WILKES COUNTY, NORTH CAROLINA
JUNE 2009
JOB #: 09-1438
FILE: S:\JOBS\09-1438
PROJECT MGR: ALP
FIELD WORK: ALP
DRAWN BY: ALP

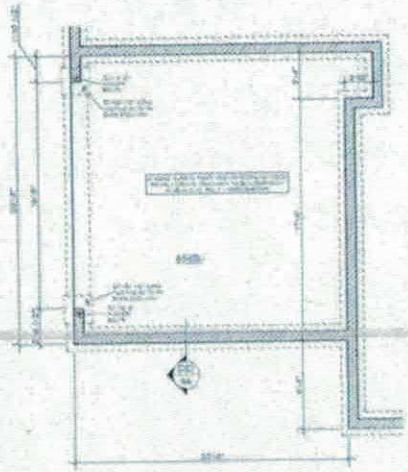
Acknowledgement Of
Plans Submittal ONLY!

Date _____

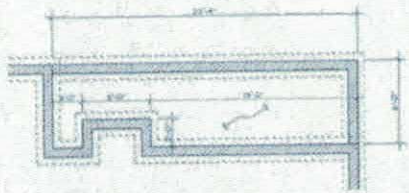
Date 9/25/2017



SLAB FOUNDATION PLAN - A SCALE: 1/4" = 1'-0"



OPT. SIDE LOAD GARAGE
SCALE: 1/4" = 1'-0"

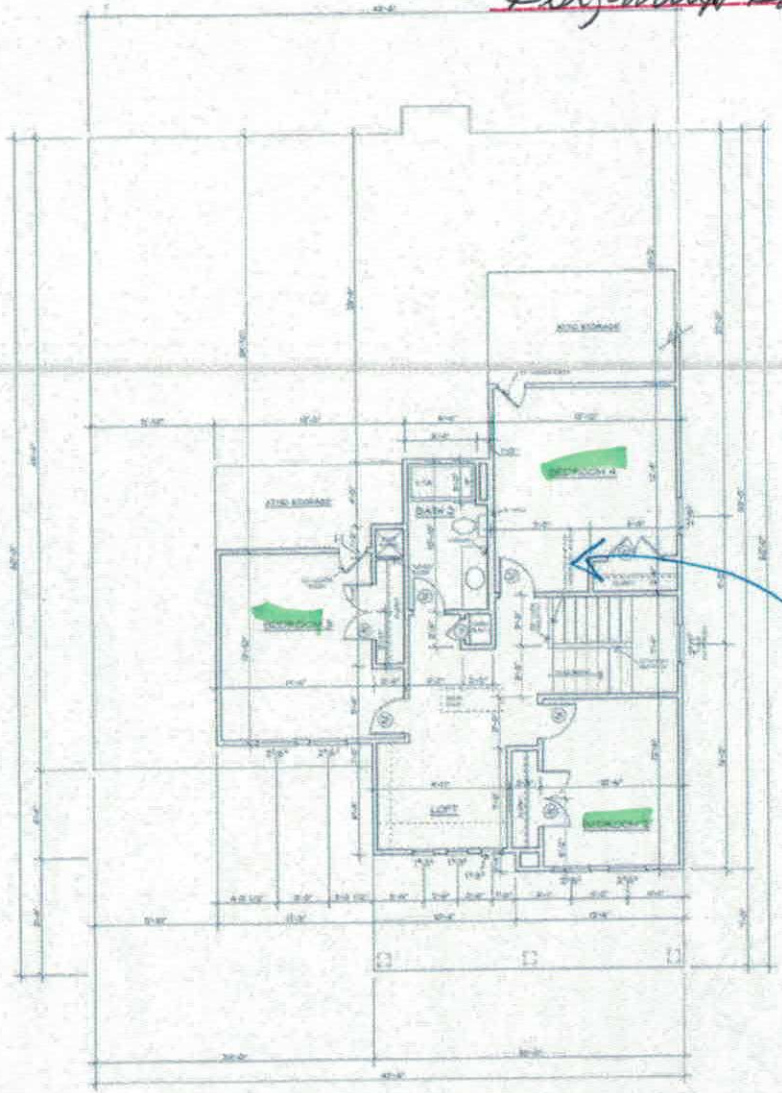


OPTIONAL REAR PORCH
SCALE: 1/4" = 1'-0"

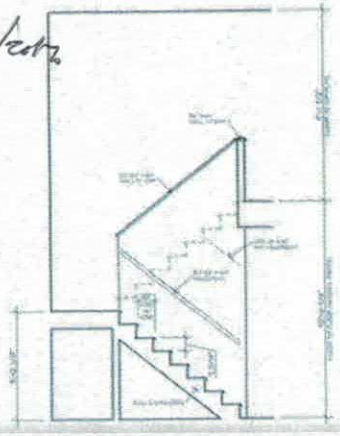
PLAN NAME:
PRINCETON

S1.2

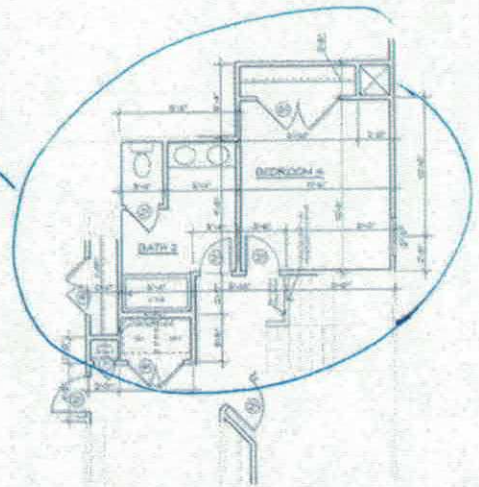
Acknowledgement Of
Plans Submittal ONLY!
Date _____
Benjamin Bates Date 4/25/2022



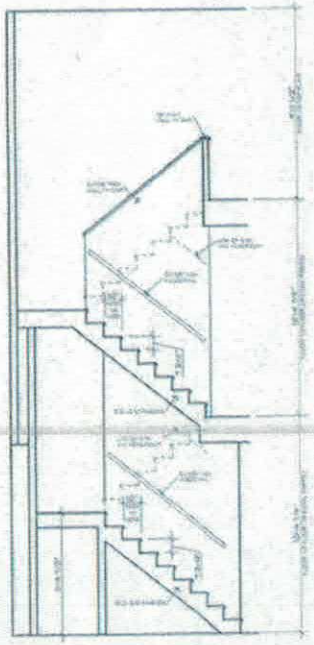
SECOND FLOOR PLAN - A



STAIR SECTION



OPTIONAL BEDROOM 4 / BATH 2



STAIR SECTION AT OPT. BASEMENT

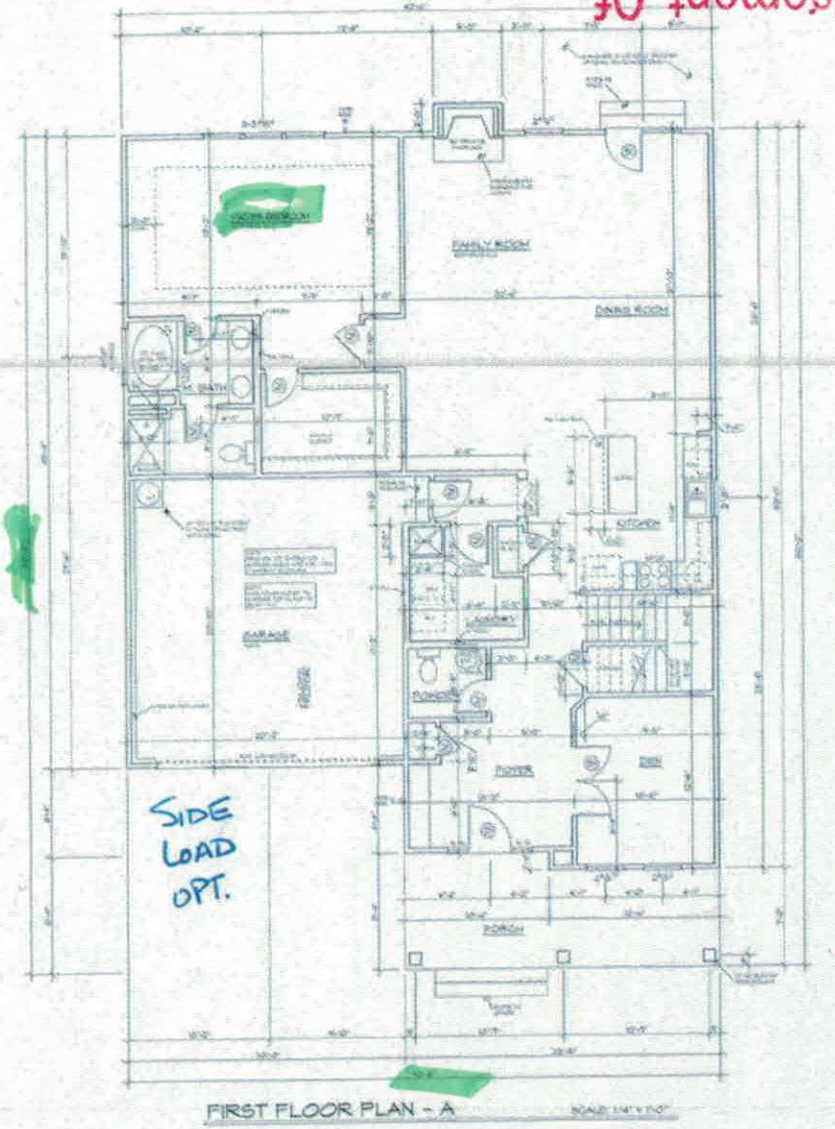
PLAN NAME:
PRINCETON

A2

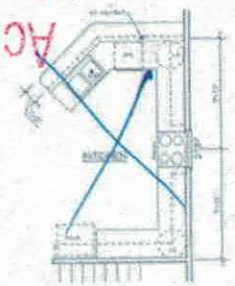
Date _____

Date _____

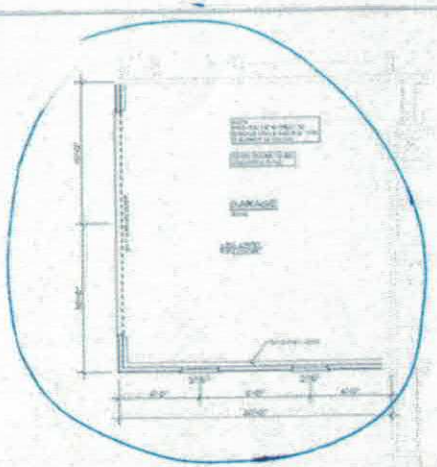
Acknowledgement Of
Plans Submittal ONLY!



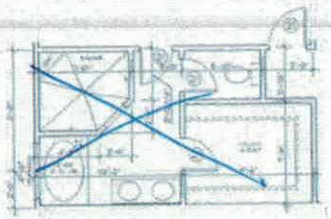
FIRST FLOOR PLAN - A



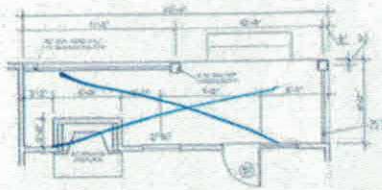
OPTIONAL KITCHEN



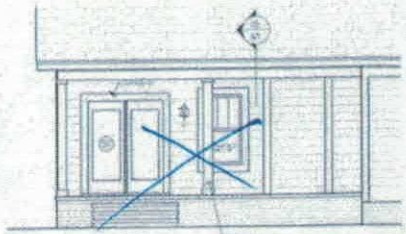
OPT. SIDE LOAD GARAGE



OPTIONAL MASTER BATH



OPTIONAL REAR PORCH



OPT. REAR PORCH ELEVATION

Acknowledgement Of
Plans Submittal ONLY!
Date 9/27/21

Date _____

AREA SCHEDULE	
1ST FLOOR HEATED	1974 SQ. FT.
2ND FLOOR HEATED	574 SQ. FT.
TOTAL HEATED AREA	2550 SQ. FT.
GARAGE	420 SQ. FT.
FRONT PORCH	172 SQ. FT.
TOTAL AREA	3148 SQ. FT.
OPT. BASEMENT	1974 SQ. FT.

NOVY

PLAN NAME:
PRINCETON

Tina Horne Design, LLC

A1

IREDELL COUNTY

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

APPLICATION NUMBER
228703
Issue Date: 07/17/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732059752.000	133 AUTUMN MIST ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: NOVY HOMES INC	Applicant: NOVY HOMES INC
Address: PO BOX 58 CORNELIUS, NC 28031	Address: PO BOX 58 CORNELIUS, NC 28031
Phone: 704-622-3356	Phone: 704-622-3356

Use Requested	Zone Code
SFD REPLACING PERMIT150776	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.560	35.00	35.00	25.00	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	109208	TOTAL FEES:	$ 77.25