# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222765

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

PIN # 4732164066 ~~06~~ 06-4158

APPLICANT: SDM Charlotte LLC APPLICANT ADDRESS: 110 Village Trail St.

SITE ADDRESS: 104 Autumn Mist Rd Statesville, NC PHONE: 704-578-4951 (Kathleen) ALT. PHONE: —

SITE DIRECTIONS: Old Mountain Rd → R on Wallace Springs → R on Autumn Mist → 1st lot on R (Corner lot)

SUBDIVISION: Autumn Brook SECTION: -/- LOT # 57 LOT AREA: .557 ac DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB Date Infiltrator pl.
Pump Tank 1000 (gal) PT Date Infiltrator pl.
Pump Make Model Serial #
# Nitrification Fields 1 # Lines 5 Linear Ft: 240
Trench Width 24" ~~Max~~ Trench Bottom Depth 30" (lowside) Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP PPBPS
Repair System Description: drip
Maintenance Agreement Required: ☑ YES ☐ NO
☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☑ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See attached site plans by The Oaks Group

AS BUILT SKETCH

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 3/9/18 | CEL |
| Tanks Checked | 3/9/18 | CEL |
| Pressure Manifold or Valve Box Checked | 6-1-18 | KW |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract (Y) / N | 6/6/16 | |

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

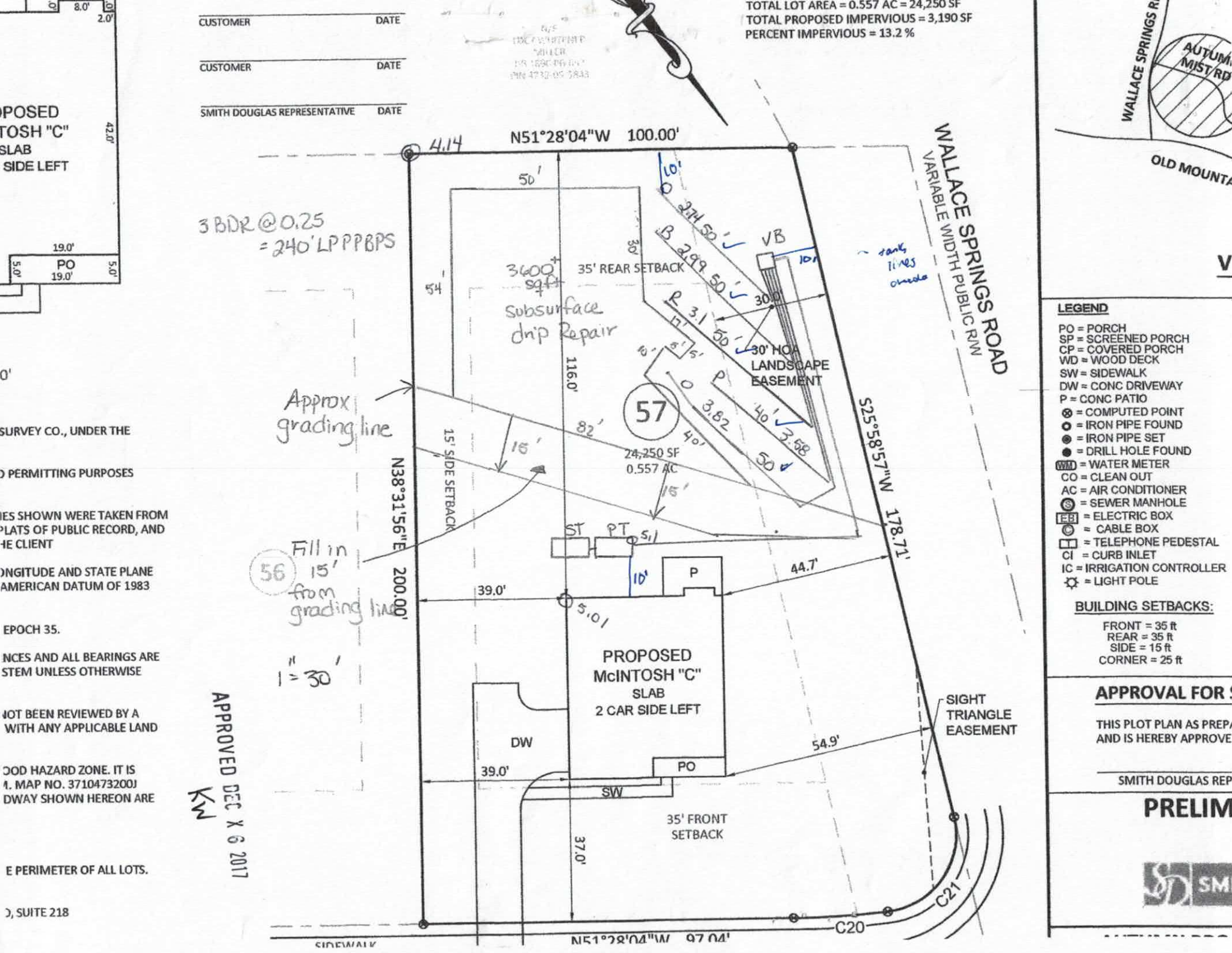
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 12-12-17 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Krayla Wilson Date: 12-6-17 OPERATION PERMIT by: Benjamin T. Batts Date: 6/7/18.

AUTHORIZATION TO CONSTRUCT by: Krayla Wilson Date: 12-6-17 Existing System Inspected by: Date:

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


TOTAL LOT AREA = 0.557 AC = 24,250 SF
TOTAL PROPOSED IMPERVIOUS = 3,190 SF
PERCENT IMPERVIOUS = 13.2 %
CUSTOMER DATE
CUSTOMER DATE
SMITH DOUGLAS REPRESENTATIVE DATE
N51°28'04"W 100.00'
WALLACE SPRINGS ROAD
VARIABLE WIDTH PUBLIC R/W
S25°58'57"W 178.71'
N38°31'56"E 200.00'
3 BDR @ 0.25
= 240' LPPPBPS
3600+ sqft
Subsurface drip Repair
35' REAR SETBACK
30' HOA LANDSCAPE EASEMENT
15' SIDE SETBACK
Approx grading line
Fill in 15' from grading line
24,250 SF
0.557 AC
PROPOSED
McINTOSH "C"
SLAB
2 CAR SIDE LEFT
DW
PO
SW
35' FRONT SETBACK
SIGHT TRIANGLE EASEMENT
39.0'
44.7'
54.9'
37.0'
116.0'
50'
54'
82'
40'
50'
30.0'
VB
P
ST
PT
APPROVED DEC X 6 2017
KW
1" = 30'
WALLACE SPRINGS RD
AUTUMN MIST RD
OLD MOUNTA
LEGEND
PO = PORCH
SP = SCREENED PORCH
CP = COVERED PORCH
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
P = CONC PATIO
= COMPUTED POINT
= IRON PIPE FOUND
= IRON PIPE SET
= DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
= SEWER MANHOLE
EB = ELECTRIC BOX
= CABLE BOX
= TELEPHONE PEDESTAL
CI = CURB INLET
IC = IRRIGATION CONTROLLER
= LIGHT POLE
BUILDING SETBACKS:
FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 25 ft
APPROVAL FOR
THIS PLOT PLAN AS PREP
AND IS HEREBY APPROVE
SMITH DOUGLAS REP
PRELIM

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 104 Autumn Mist Dr

Date: November 7, 2017

Attached is the septic specification information required to permit 104 Autumn Mist Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.




Kathleen Saunders

## Autumn Brook Lot 57 Fast Track Septic System Information

| | |
|---|---|
| **Number of Bedrooms** | 3 |
| **Basement or Crawl** | **Concrete Slab** |
| **Design Flow (gpd)** | 360 |
| **LTAR (gpd/ft2)** | 0.25 |
| | |
| **Primary System Type** | **LP PPBPS** |
| No. Lines | 5 (See Table) |
| Minimum Linear Feet | 240 |
| Total Linear Feet | 240 |
| | |
| Trench Width | 2' min. |
| Trench Spacing | 8' min. |
| Trench Depth (low side) | 30" |
| | |
| Pump Required | Yes |
| Distribution Device | Gate Valve Box w/ LPP Distribution |
| Maintenance Agreement Required | Yes |
| | |
| Length and Diameter of Supply Pipe | 140' of 2" SCH 40 PVC |
| Size of laterals | 1 1/4" SCH 40 PVC |
| | |
| Flow Rate through the system | 28.5 gpm |
| Elevation head | Approx: 8.4 ft |
| Pressure head | 3 ft |
| Friction head | 2.5 ft |
| 20% Contingency | 2.78 ft |
| Total Head | 16.68 ft |
| | |
| Pump Requirements | 28.5 gpm @ 16.7' of head<br>To be designed by installer. |
| | |
| Maximum Dosing Volume | 205.2 gal -1.8 doses/day @ design flow* |
| | |
| Volume of water pumped per dose | Calculated to specific tank by measure or dealer engineering specifications ( 1 cubic ft. of water equals 7.48 gal.) |
| | |
| Pump Run per dose | approx. 7.2 min. |
| | |
| Check Valve | Yes |
| Siphon Break hole | no |
| | |
| **Repair System** | **Subsurface Drip** |
| Total Linear Feet | 3,600 sqft |
| Repair LTAR | 0.1 |

APPROVED DEC X 6 2017
KW

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

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 57

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| 1 | | 0-27 | fill | — | many yellow browns | | | | PS .25 |
| | | 27-43 | ABK, C | Fi, SEXP | | | | | |
| | | 43-60 | WSBK, BC CL | Fi, SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | | 0-6 | compacted | | restrictive Horizon @ 32" 30-36" yellowbrown mottles | | | | PS 11 DripAm |
| | | 6-32 | C, ABK/SBK | Fi, SEXP | | | | | |
| | | 32+ | CL, WSBK | Fi, SEXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | | | | | | | | | |
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| 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: _____

~~Limited Redraw~~

RECEIVED NOV 2 8 2017

# IREDELL COUNTY HEALTH DEPARTMENT

Int. Relayout

## *ENVIRONMENTAL HEALTH DIVISION*

Paid $225.00 #222765

**PAGE 1: *APPLICATION FORM***

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

***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:** (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 feet

**Applicant Information:** contact Kathleen Saunders (704) 578-4951

**Applicant Name:** SDM Charlotte LLC **Address:** 110 Village Trail St 218 Woodstock, GA 30188 **Phone:**

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

**Property Information:**

**Street Address:** 104 Autumn Mist Rd 28677

**Subdivision Name:** Autumn Brook **Section/Phase:** **Lot Number:** 57

**Driving Directions:** Old Mat Rd; R Wallace Springs, R Autumn Mist, on R

**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:** 3
**Maximum Number of Occupants:** 6
( ) Swimming Pool
( ) Other Addition/Structure:

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

**Non-Residential Site Development:**
**Type of Business:**
**Square Footage of Building:**
**Maximum Number of Employee:**
**Maximum Number of Seats/Beds/Other:**

**Water Supply:**

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

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

**Please answer the following to the best of your ability:**

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

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

**Signature:** Emma Helton / Kathleen Saunders
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

11-7-17
**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, SDH CHARLOTTE, LLC, am the legal owner of the property located at 104 AUTUMN MIST RD, STATESVILLE, NC 28677 identified as PIN(Parcel Identification Number) 4732-06-4158, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) KATHLEEN SAUNDERS / THE OAKS GROUP, _____, _____, _____, 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.

Signature of Owner — Date 11/3/17

Signature of Witness — Date 11/3/17

# 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)*

2765

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:

Smith Douglas Homes | 10130 Mallard Creek Rd suite #218 | 704-944-5555 |
Applicant Name | Mailing Address Charlotte, NC 28262 | Home Phone # | Alternate Phone #

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

4. Property Information:

104 Autumn Mist Rd | Autumn Brook | Lot 57
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: _____

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
(X) Other Confirming Bedrooms on existing permit

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

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

6. Proposed Water Supply:

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

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

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

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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

9. Signature: _____ 7/13/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

22d 165

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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

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

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

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

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

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

I, Autumn Brook Development LLC BY: RAY A. KILLIAN, JR, am the legal owner(s) of the property located at Autumn Mist Road & Bell Chase Ln, identified as PIN (Parcel Identification Number) See attached list, located in Iredell County, North Carolina.

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

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

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

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

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

## *SITE PLAN WORKSHEET*

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

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

X **Property Line measurements are clearly identified...**

X **All proposed structures are indicated...**

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

X **Front and side setbacks from property line...**

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

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

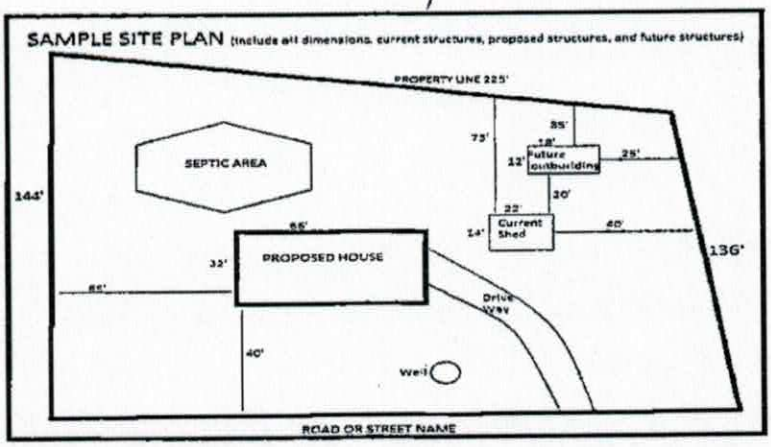
X **North arrow, or other sufficient indicator of direction...**

**Circle N/A on the following if appropriate:**

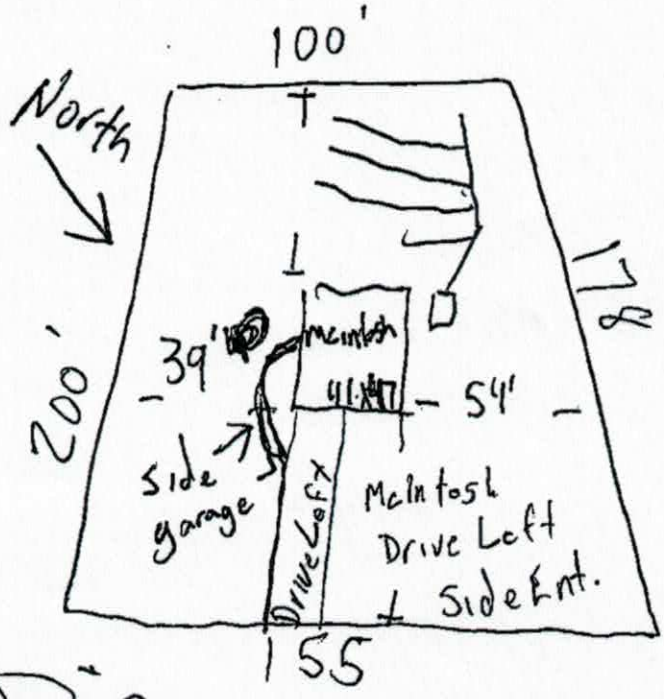
N/A **Location of septic systems and wells within 100' of your property... N/A**

N/A **Location of easements and rights of ways on your property... N/A**

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




**USE THIS SPACE TO DRAW YOUR SITE PLAN**

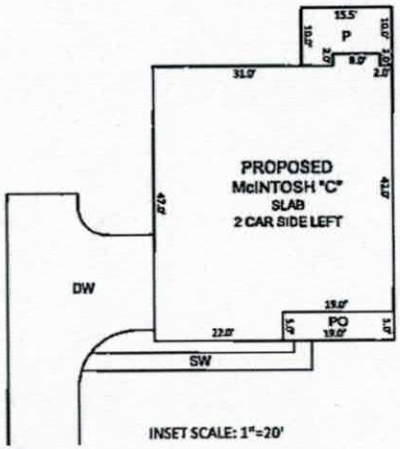



**Signature:** _____

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

7-17-17

**DATE**




INSET SCALE: 1"=20'

## NOTES:

1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
3. THIS IS NOT A BOUNDARY SURVEY. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT
4. VERTICAL DATUM IS ASSUMED. THE LATITUDE, LONGITUDE AND STATE PLANE COORDINATES, IF SHOWN, ARE GIVEN IN NORTH AMERICAN DATUM OF 1983 (NAD83).
5. FIELD EQUIPMENT USED: NIKON TOTAL STATION, EPOCH 35.
6. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
7. THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
8. THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD ZONE. IT IS LOCATED IN ZONE "X" AS DEFINED BY HUD F.I.R.M. MAP NO. 3710473200J DATED MARCH 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
9. ZONING IS RA/R-20.
10. A 10' UTILITY EASEMENT IS LOCATED AROUND THE PERIMETER OF ALL LOTS.
11. PROPERTY OWNER: SMITH DOUGLAS HOMES
    10130 MALLARD CREEK ROAD, SUITE 218
    CHARLOTTE, NC 28262

| CURVE TABLE | | | | |
|---|---|---|---|---|
| CURVE | LENGTH | RADIUS | CHD BEARING | CHORD |
| C20 | 24.45' | 225.00' | N54°35'08"W | 24.48' |
| C21 | 33.82' | 20.00' | S74°08'22"W | 29.80' |

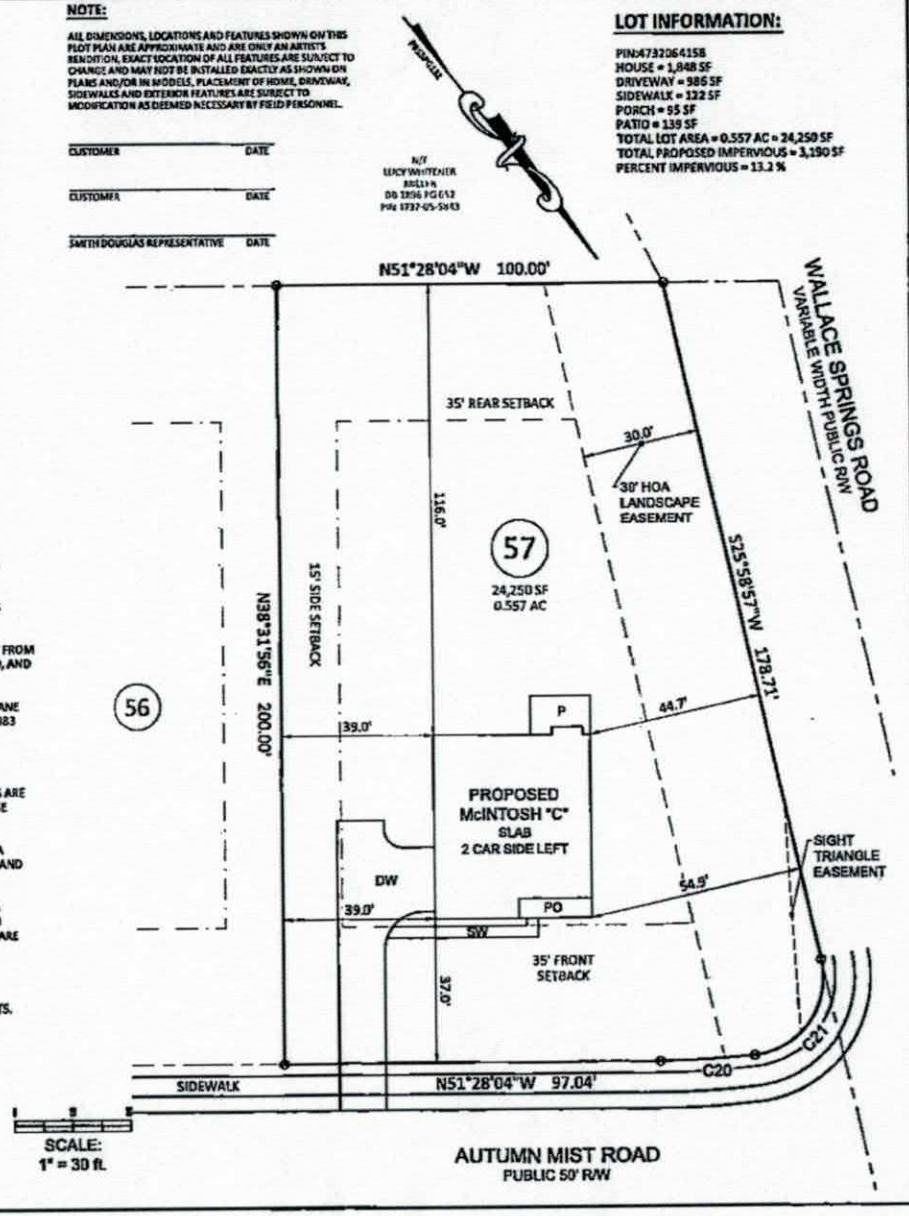
**NOTE:**

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

CUSTOMER _____ DATE _____

CUSTOMER _____ DATE _____

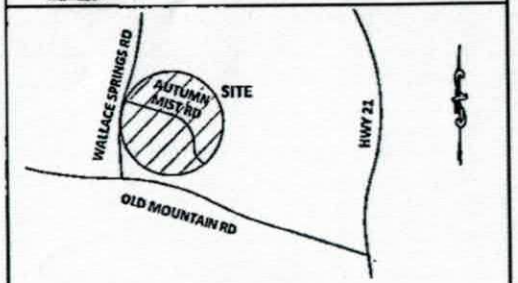
SMITH DOUGLAS REPRESENTATIVE _____ DATE _____




## LOT INFORMATION:

PIN:4732064158
HOUSE = 1,848 SF
DRIVEWAY = 986 SF
SIDEWALK = 122 SF
PORCH = 95 SF
PATIO = 139 SF
TOTAL LOT AREA = 0.557 AC = 24,250 SF
TOTAL PROPOSED IMPERVIOUS = 3,190 SF
PERCENT IMPERVIOUS = 13.2 %


**Bateman Civil Survey Company**
Engineers • Surveyors • Planners
2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2576


## VICINITY MAP

(Not to Scale)

LEGEND

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

BUILDING SETBACKS:
FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 25 ft

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

PRELIMINARY

Steven P. Carson, PLS 4752
Date

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

## APPROVAL FOR STAKING:

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

SMITH DOUGLAS REPRESENTATIVE _____ DATE _____

# PRELIMINARY PLOT PLAN

FOR

SMITH DOUGLAS HOMES

**AUTUMN BROOK - PHASE 1, MAP 1 - LOT 57**
104 AUTUMN MIST ROAD, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 7/13/17 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 55, PG 132 PROJECT # 170301 SCALE: 1" = 30'

P:\2017 Projects\170301 Autumn Brook 55\Dwg\170301 Autumn Brook 55Dwg, 7/13/2017 8:53:42 PM, nwhite

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

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

**Voluntary Relinquishment of Administrative Appeal Rights**
**(Completion of Form by Property Owner)**

11/3/17 (Date)

Owner: SDH CHARLOTTE, LLC
Address: 110 VILLAGE TRAIL SUITE 218
WOODSTOCK, GA 30188

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
222765
SDH CHARLOTTE, LLC
LOT 57/104 AUTUMN MIST RD, STATESVILLE, NC 28677

I, SDH CHARLOTTE, LLC, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 7/3/08 (date) for a system

LP PPBPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

**IREDELL COUNTY HEALTH DEPARTMENT**
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

12-6-17 (Date)

Owner: SDM Charlotte LLC
Address: 104 Autumn Mist Rd
Statesville, NC

Subject: Notice of Intent to Revoke/Suspend (specify name/location) revoke 104 Autumn Mist Rd Improvement Permit/Construction Authorization

Dear SDM Charlotte LLC:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 104 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 permit 222765 (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

| Violation | Law or Rule Citation |
|---|---|
| Cannot have 2 permits on the same lot. | |

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 December 6, 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,

Signature of DHHS Authorized Agent

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 22265 PIN# 4732164066.057 DATE 7-3-08

OWNER OR APPLICANT Smith Douglas Homes PHONE: Business 704-996-2277 Home

ADDRESS 323 Walnut St Statesville NC 28677

LOCATION Hwy 21 S TR old Mtn Rd TR Wallace Springs on corner

SUBDIVISION Autumn Brook BLOCK / SECTION LOT 57 LOT AREA .557Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25 gpd/ft² .1 Repair

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 320

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: LP PPBPS

Repair System Description: Drip LP

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

In-line pump filter required

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from Rollins Soil & Environmental Services

AS BUILT SKETCH

Revoked

Non-Expiring Permit

Non-Expiring reviewed 12/27/16

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement 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:

Improvement Permit by: Judy Melville date 7-3-08

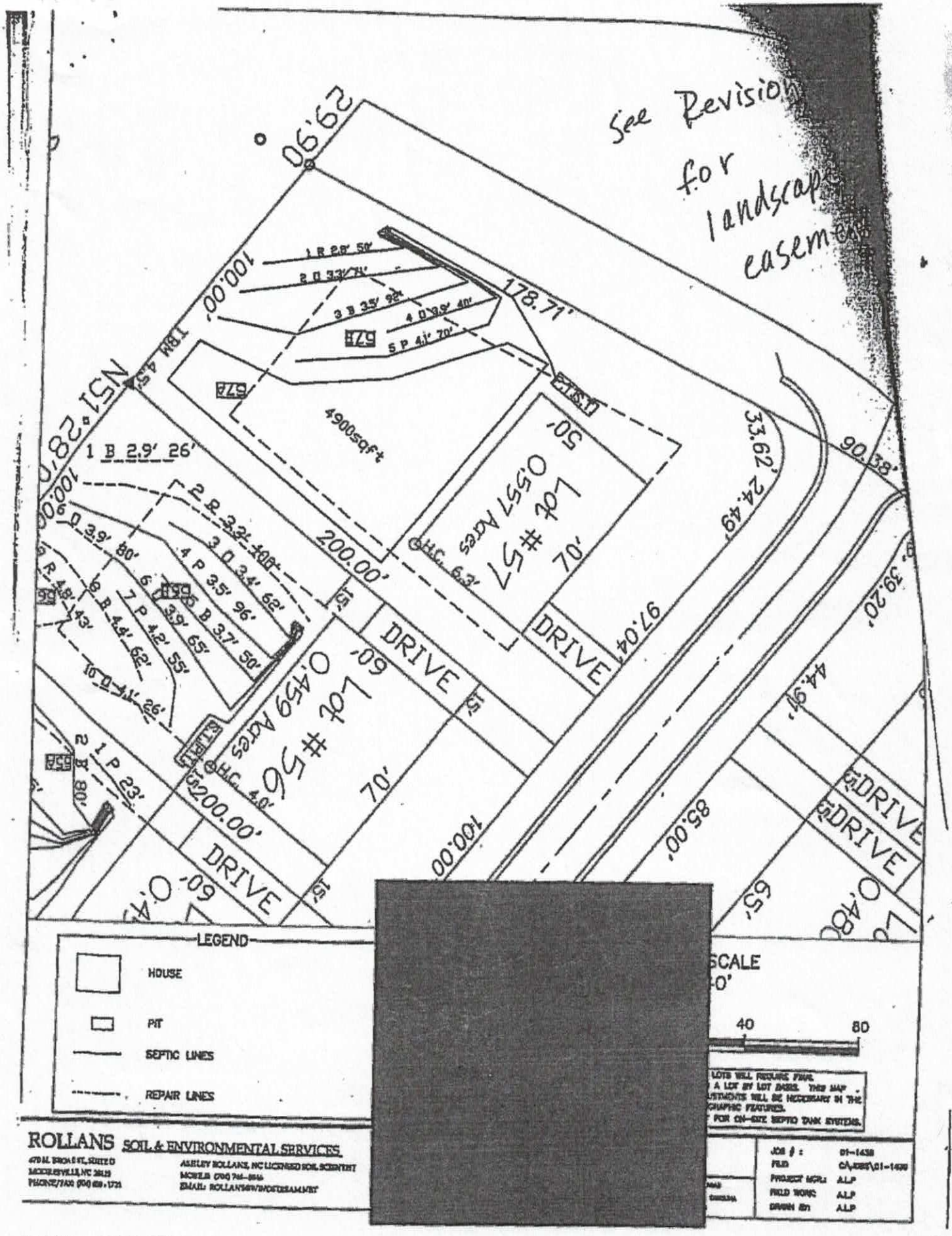
Authorization to Construct by: Raymond Bolton date 7/24/2017

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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


See Revision for landscape easement
Lot #57
0.957 Acres
Lot #56
0.459 Acres
4900sqft
DRIVE
200.00'
178.71'
97.04'
90.38'
33.62'
24.49'
39.20'
44.97'
85.00'
100.00'
70'
50'
15'
LEGEND
HOUSE
PIT
SEPTIC LINES
REPAIR LINES
SCALE
40
80
ROLLANS SOIL & ENVIRONMENTAL SERVICES

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

## *SITE PLAN WORKSHEET*

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

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

X **Property Line measurements are clearly identified...**

X **All proposed structures are indicated...**

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

X **Front and side setbacks from property line...**

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

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

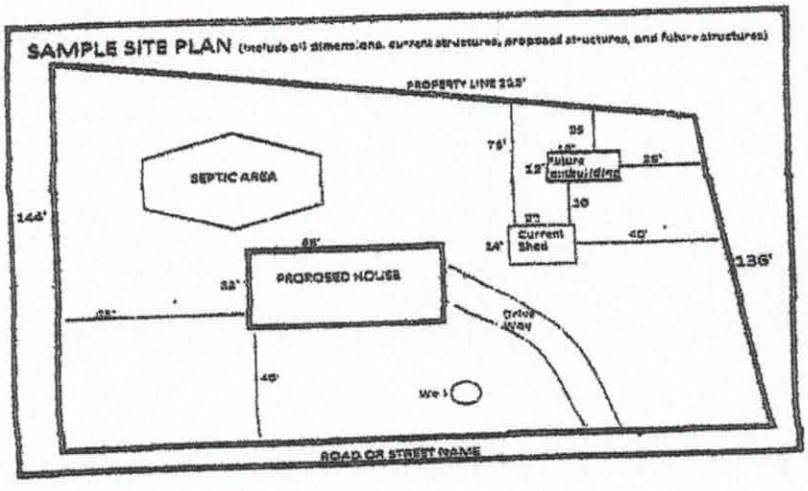
X **North arrow, or other sufficient indicator of direction...**

**Circle N/A on the following if appropriate:**

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

**Location of easements and rights of ways on your property...** (N/A)

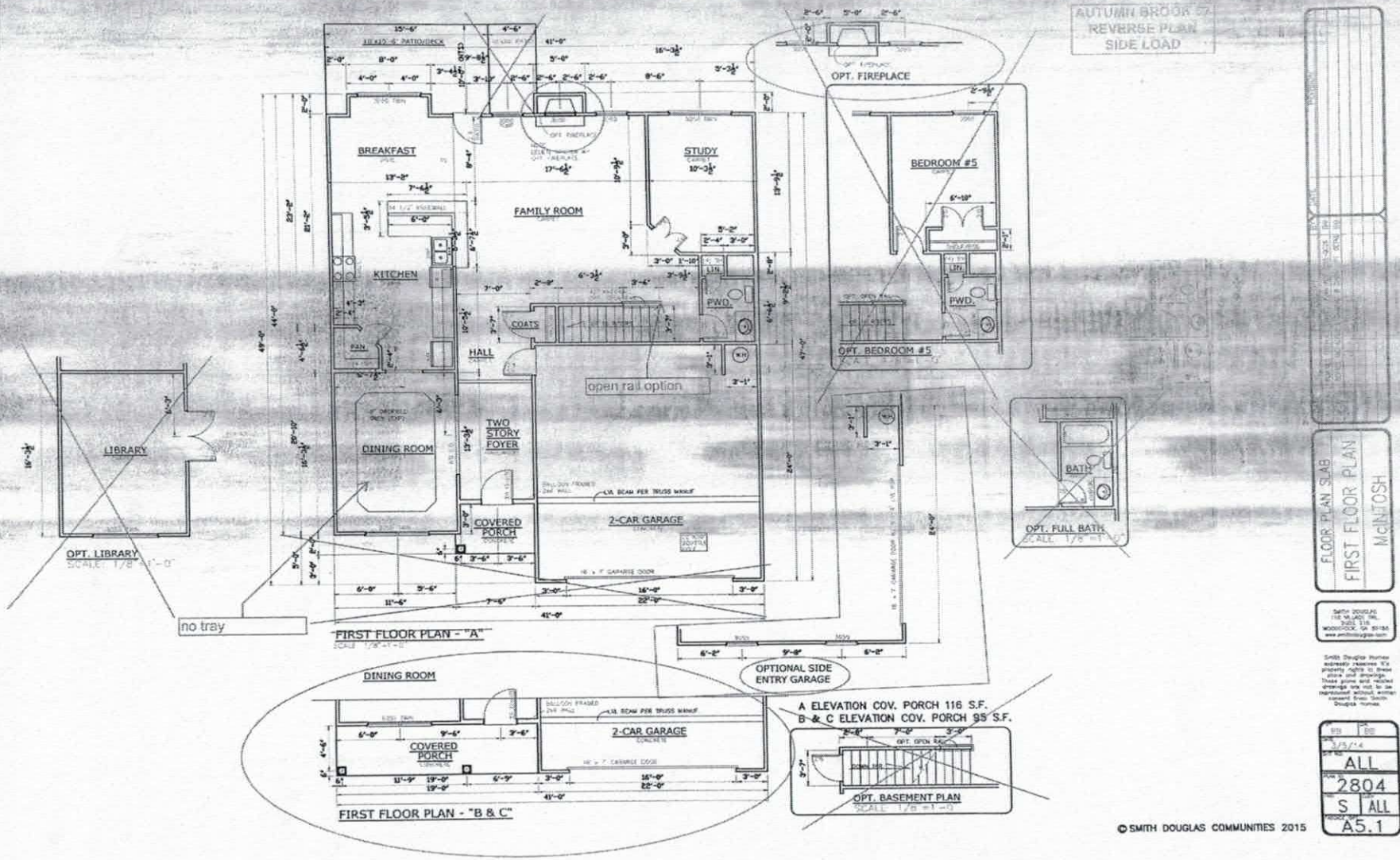
**Location of any designated wetlands on the property...** (N/A)




**USE THIS SPACE TO DRAW YOUR SITE PLAN**

Please see attached site plan

**Signature:** Emma Hall / Kathleen Sanders **DATE** 11-7-17




FLOOR PLAN SLAB
FIRST FLOOR PLAN
McINTOSH

SMITH DOUGLAS
116 VILLAGE BLVD.
SUITE 115
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.

| | |
|---|---|
| DATE | 2/5/14 |
| PLAN | ALL |
| JOB NO. | 2804 |
| ELEV. | S |
| SHEET | ALL |
| SHEET NO. | A5.1 |

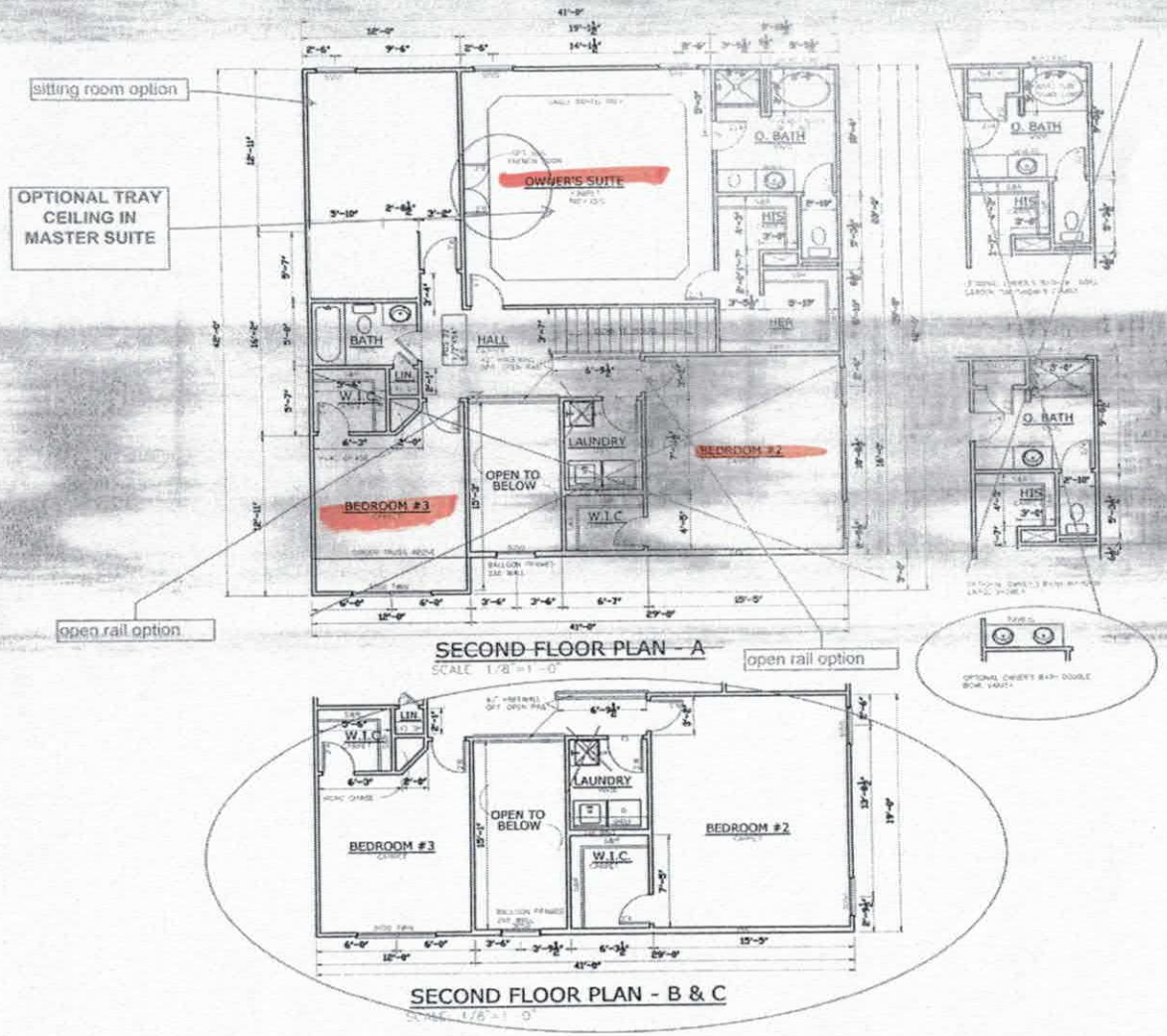
© SMITH DOUGLAS COMMUNITIES 2015

Acknowledgement of Plans Submittal ONLY!

Kathleen Saunders Date 11-28-17

Date 12-6-17

AUTUMN BROOK 57
REVERSE PLAN
SIDE LOAD




BONUS ROOM
SECOND FLOOR PLAN
McINTOSH

ALL
2804
S | ALL
A5.2.1

© SMITH DOUGLAS COMMUNITIES 2015

Acknowledgement of
Plans Submittal ONLY!

Kathleen Saunders Date 11-28-17

Douglas Wilson Date 12-6-17

PERMITS/INSP PAYMENT RECEIPT# 444702
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET Central Permitting Center
STATESVILLE NC 28687 2018

DATE: 11/28/17 TIME: 09:45
CLERK: ronda.hart
PAID BY: KATHLEEN SAUNDERS

APPLICATION #: 222765

---

PERMIT ALLOCATION:

1 10492751 447004 225.00 Environmental Health Fees
PEHRL
TOTAL RECEIPT AMOUNT: 225.00

---

AMOUNT PAID: 225.00
PAID BY: KATHLEEN SAUNDERS
PAYMENT METHOD: CREDIT CARAPPROVAL #013374
APPLICATION #: 222765

AMT TENDERED: 225.00
AMT APPLIED: 225.00
CHANGE: .00

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 222765 |
| Issue Date: 10/26/2016 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4732064158.000 | 104 AUTUMN MIST ROAD, STATESVILLE, NC 28677 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: AUTUMN BROOK DEV LLC | Applicant: KATHLEEN SAUNDERS |
| Address: 1542 QUEENS ROAD WEST<br>STATESVILLE, NC 28207 | Address: 121 HOLT LANE<br>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 |
|---|---|---|---|---|---|---|
| .550 | 35.00 | 35.00 | 15.00 | 25.00 | 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 | 84186 | 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 #: | 150815ZO | Subdivision: | AUTUMN BROOK |
| Proposed Use: | Single Family | Township: | 0200 Statesville Outside |
| Location of Property: | 000 WALLACE SPRINGS RD STATESVILLE NC 28677 | | |
| Parcel #: | 4732164066.057 | Zoning: | RA/R20 |
| Lot #: | 57 Size: 0.557 | 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: 25 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, LOT ON CORNER

RECEIVED JUN 06 2008 By

**FEES**

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

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

Applicant:_____ Date: _____

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

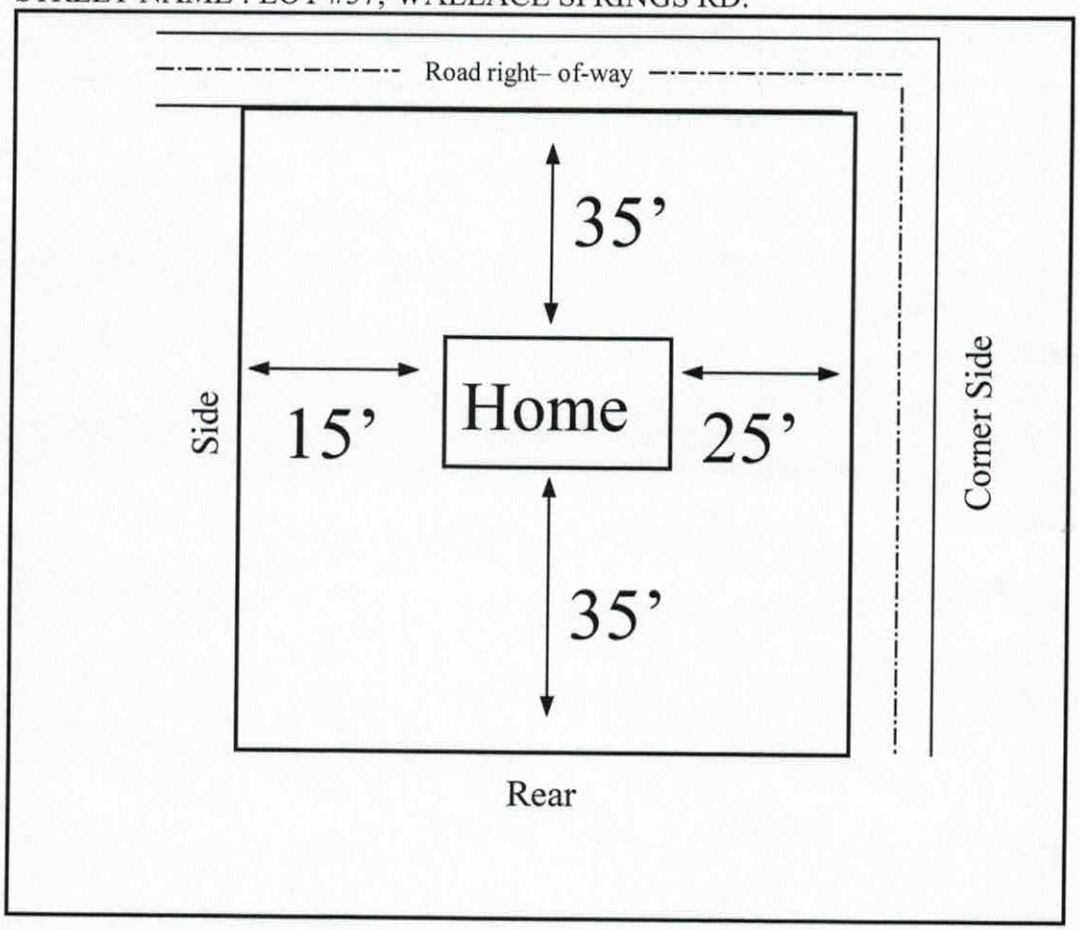
PAULA WOODY Printed: 6/2/2008

# 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 #57, WALLACE SPRINGS RD.




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.