IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213388

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

PIN # 4732066376

APPLICANT: Autumn Brook LLC APPLICANT ADDRESS: 129 Delargy Circle Mooresville NC 28117

SITE ADDRESS: 107 Autumn Mist Rd Statesville NC 28677 PHONE: 704-578-4951 ALT. PHONE: N/A

SITE DIRECTIONS: 21S T/R old Mtn Rd T/R Wallace Springs Rd T/R Autumn Mist Lot 2nd on left

SUBDIVISION: Autumn Brook SECTION: Pt 1 LOT # 2 LOT AREA: 0.48ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 794 Date 4/7/16
Pump Tank 1000 (gal) PT 27 Date 4/8/16
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 3 Linear Ft: ____
Trench Width 24" Max. Trench Bottom Depth 36" low side Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III [IV] V VI
System Description: LPPPBPS
Repair System Description: Subsurface Drip
Maintenance Agreement Required: [X] YES [ ] NO
[ ] GRAVITY [X] PRESSURE

[X] Residence No. Bedrooms 4
[ ] Business No. Persons 8
[ ] Other No. Employees ____
[ ] Slab [ ] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install Per plan by The Oaks Group
* Remove 14" of soil across length of lower lateral to maintain contour *

INITIAL SITE SKETCH

See Plan by The Oaks Group

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	Need to add fill below	
Tanks Checked	Need to uncover	
Pressure Manifold or Valve Box Checked	Need to set pressure head	to 3#
Pressure Head Set	6/1/16	
Electrical Checked	05/25/16	HS
Floats Set		BF
Alarm Checked	05/25/16	HS
Maintenance Contract Y / N	06/22/16	HS

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11-20-15 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: [signature] Date: 11/19/15 OPERATION PERMIT by: [signature] Date: 06/27/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/20/15 Existing System Inspected by: ____ Date: ____

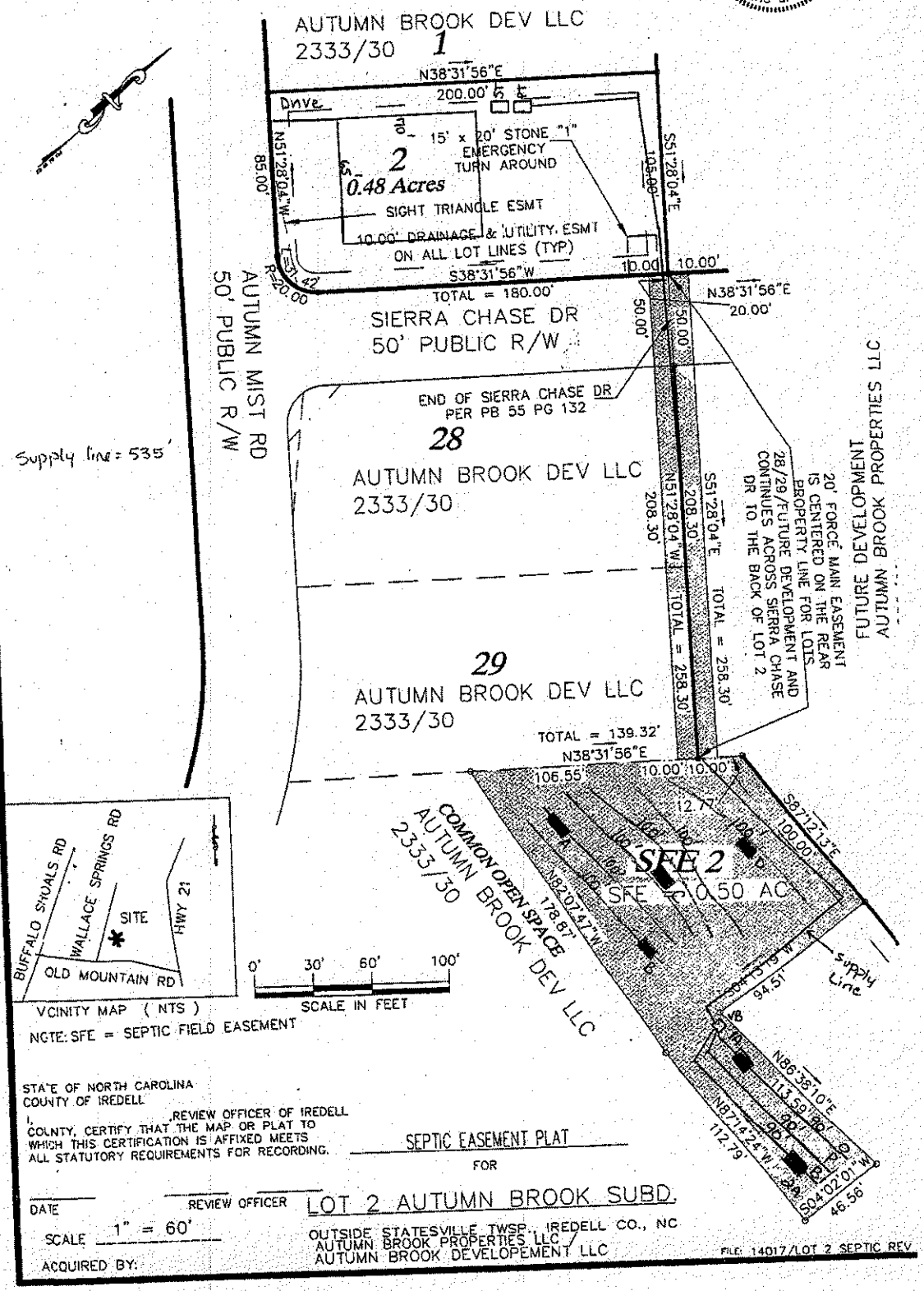
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DOWELL & COMPANY, P.C.
ENGINEERING - SURVEYING - PLANNING
344 Rolling Hill Road Suite 103 - Mooresville, N.C. 28117
(704) 660-9697 (704) 664-5177 Fax Email: leland7896@aol.com

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2333, page 30, and/or AND/OR DB 2333 PG 38 plat book 55, page 132, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter RBG my hand and seal on the 6, day of NOVEMBER, A.D. 20 15.

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL DOUGLAS L. DOWELL JR.

DOUGLAS L. DOWELL, JR., PLS L-3508



NOTE: SFE = SEPTIC FIELD EASEMENT

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

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

DATE REVIEW OFFICER

SEPTIC EASEMENT PLAT
FOR
LOT 2 AUTUMN BROOK SUBD.
OUTSIDE STATESVILLE TWSP., IREDELL CO., NC
AUTUMN BROOK PROPERTIES LLC /
AUTUMN BROOK DEVELOPEMENT LLC

SCALE 1" = 60'

ACQUIRED BY:

FILE: 14017/LOT 2 SEPTIC REV