IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230162

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

PIN # 4732067513

APPLICANT/OWNER: Andrea Randall APPLICANT ADDRESS: PO Box 311 Midland NC 28107

SITE ADDRESS: 113 Sierra Chase Drive Statesville NC 28677 PHONE: 704-781-5158 ALT. PHONE -

SITE DIRECTIONS: Old Mtn Road, Wallace Springs, Autumn Mist to Sierra Chase SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Autumn Brooke SECTION: 2 LOT # 3 LOT AREA: .814 Acres DESIGN FLOW: 360 L.T.A.R.: .30

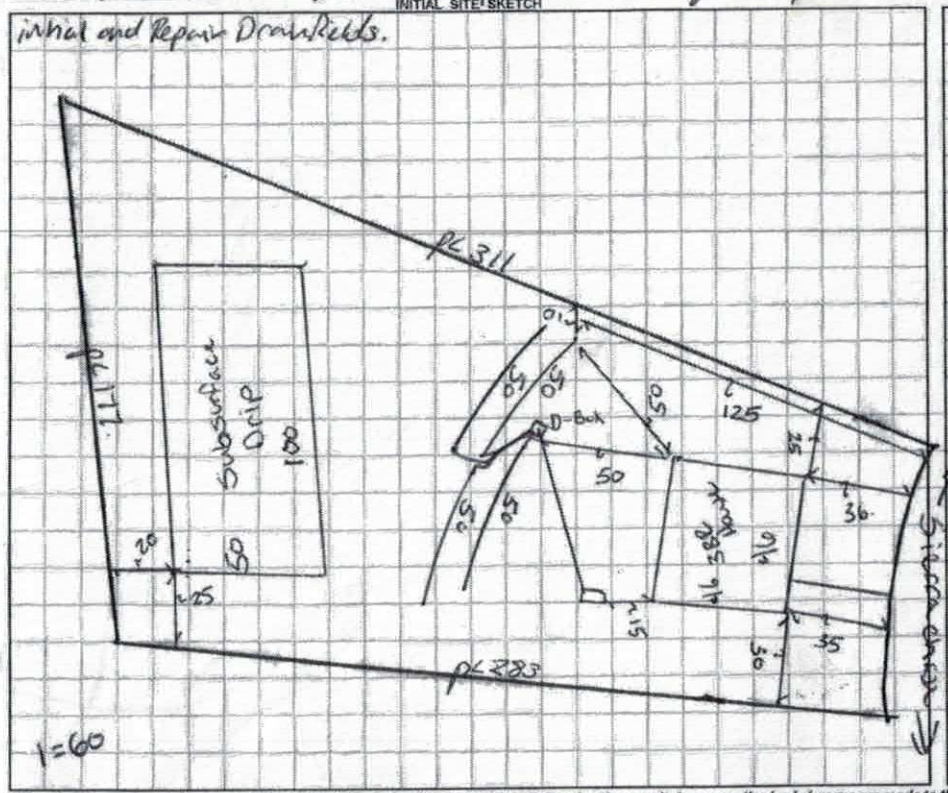
Septic Tank	1000	(gal)	STB	2071	Date	Infiltrator	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity - Panel Block 50% Reduction			
Pump Make	-		Model	-	Serial #	-	Repair System Description:	Subsurface Drip			
# Nitrification Fields	1		# Lines	4	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24		Trench Bottom Depth	36 max	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

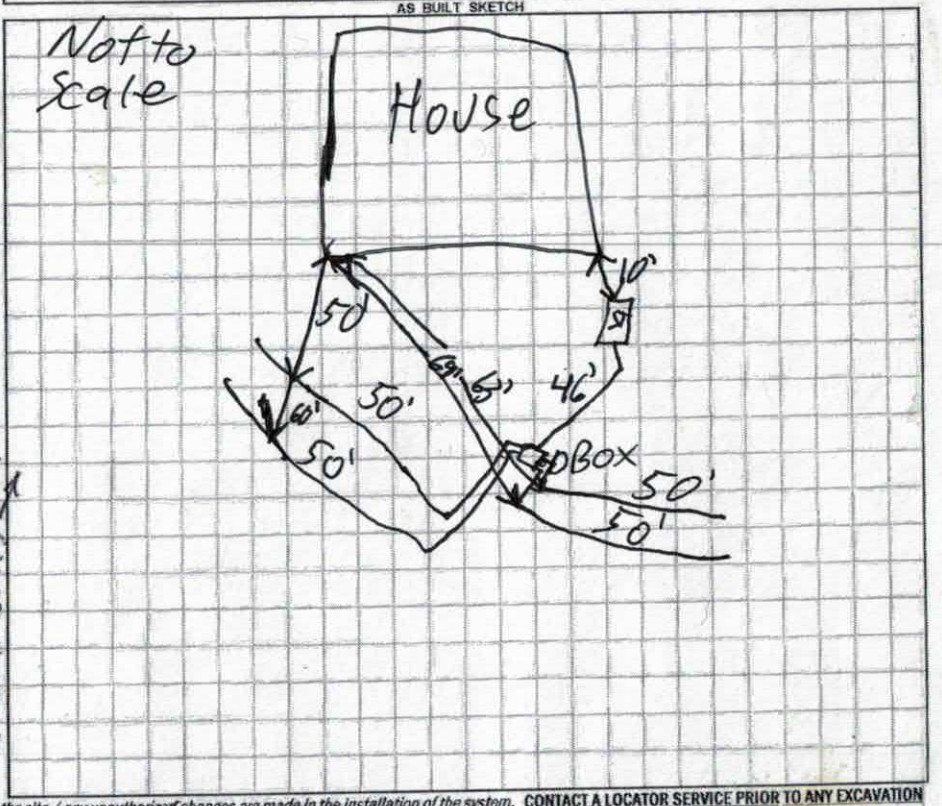
Comments / Conditions: Purpose of this permit is to Replace permit issued 9/24/18. Install Septic Doublelines on the Contour of the Land and utilize Distribution Box. Remove Brooms / Promote Positive Drainage away from the initial and Repair Drainfields.

BOTTOM 2 LINES CHECKED 6-5-2019 BKW

INITIAL SITE SKETCH



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. **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: 6/4/19 Installed by: Jamie

IMPROVEMENT PERMIT by: Benjamin A Bettis Date: 5/29/19 OPERATION PERMIT by: [signature] Date: 06/06/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bettis Date: 5/29/19. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 113 Sierra Chase Drive

Date: September 15, 2017

Attached is the septic specification information required to permit 113 Sierra Chase Drive 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.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

Autumn Brook Lot 3 Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space/Slab**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**PPBPS**
No. Lines	6 (See Table)
Total Linear Feet	270
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth Low Side	36"
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	5 ft of 2" SCH 40 PVC
Repair System	**Subsurface Drip**
Total Linear Feet	5,000 sqft
Repair LTAR	0.1

***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.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	System	Orange	PPBPS	45 endfed	10
2	System	Pink	PPBPS	45 endfed	10
3	System	Pink	PPBPS	45 endfed	10
4	System	Red	PPBPS	45 endfed	10
5	System	Blue	PPBPS	45 endfed	10
6	System	Orange	PPBPS	45 endfed	10
					Total: 60
				Total System: 270'	
				Total Repair: xxx'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line
Remove Berms
Repair area may need a diversion swale/drain

APPROVED OCT - 5 2017
BAB

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Autumn Brook Dev LLC — APPLICATION DATE ___
ADDRESS: 1542 Queens R W Charlotte 28207 — DATE EVALUATED: 8/22/17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 0.814
LOCATION OF SITE: Autumn Brook #3 — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
A	L ~10%	0-11	Mo GR SL	FR ns/np	Dk Br (Berm)				0.3 PS
		11-27	Mo SBK C	FR SS/SP	R, F Sap				
		27-40	WK SBK CL	↓	R, C/M Sap				
		40-60	MA SL Sap	↓	multi	40"	PS	N/A	
B	L ~10%	0-13	Mo GR SL	FR ns/np	Dk Br				0.25 to 35"
		13-35	Mo SBK C	FR SS/SP	R; F yel Br				
		35+	2 chr			35+	N/A	35"	
C	L ~5%	0-12	Mo GR SL	FR ns/np	Dk Br				0.2 to 28"
		12-18	WK SBK SCL	FR SS/SP	Lt Br				
		18-28	Mo ABK C	↓	R, C yel Br				
		28"	2 chr			28+	N/A	28"	
D	L ~40%	0-9	Mo GR SL	FR ns/np	Br				0.3
		9-40	Mo SBK C	FR SS/SP	R; F WR-/Quartz				
		40-49	WK SBK C	↓	R; C Sap				
		49-62	MA L Sap	↓	multi	49"	PS	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	Sub. Drip
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): Remove Berms
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: RMS
OTHER(S) PRESENT: ___

~~APPROVED OCT~~ - 5 2017
~~BAB~~

COMMENTS: May need diversion swale / drain

Updated February 2014

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

Sheet 1 of 1
PROPERTY ID #: 4-75206-7593
COUNTY: Brunswick

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

OWNER: Rendell
ADDRESS: 113 Sivercharge SUNSET
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 113 Sivercharge SUNSET
APPLICATION DATE: 5/7/19
DATE EVALUATED: 5/19
PROPERTY SIZE: .814 Acres
PROPERTY RECORDED: YES
PROPOSED DESIGN FLOW (.1949): 360
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	Side	0-21	Fill	M	WS	WS	WS	W	WS
2	Side	0-35	Fill	M	W	WS	WS	WS	WS
3	Side	0-9	SC WSBK	SSSP FR SFAP	2.5YR4/6	50	—	—	PS .30
		9-32	C WSBK	SSSP FR					
		32-50	CL WSBK	SSSP FR					
4	Side	0-10	SC WSBK	SSSP FR SFAP	" "	50	—	—	PS .30
		10-30	C SBK	SSSP FR					
		30-50	CL WSBK	SSSP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	20% C.F.	
System Type(s)	III 50% Go	V Pipe
Site LTAR	.30	.1

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

COMMENTS:


200
63
472
285
152
(285)
Wallace Springs Rd
185
311
219
121
117
148
283
87
192
105
200
Sierra Chase Dr
195
114
N
W
E
S
1 : 60 Feet

RECEIVED MAY 10 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Basic Redraw ☒ *APPLICATION FORM* # 230162 Paid $320.00 online

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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, 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: (PRINT CLEARLY)

Applicant Name: Andrea Randall Address: PO Box 311 Midland, NC Zip: 28107
Applicant Email: arandall@smithdouglas.com Phone: 704-781-5158 Alt. Phone: _____
Owner Name: SDH Charlotte Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: #230162

Street Address: 113 Sierra Crase Drive
Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 3
Driving Directions: OH Mountain Road, Wallace Springs, Autumn Mist to Siena Crase.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (X) 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: _____
( ) 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: Andrea Randall 5/7/19
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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * *(Sign here)* Autumn Brook Development, LLC By: Ray A. Killian Jr

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.

Autumn Brook Development, LLC

2. I, By: Ray A. Killian, Jr., am the legal owner(s) of the property located at 113 Sierra Chase Drive, identified as

PIN (Parcel Identification Number) 4732163352, located in Iredell County, North Carolina.

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

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

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

Autumn Brook Development, LLC
By: Ray A. Killian Jr
Signature of Owner(s)

4-25-19
Date

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

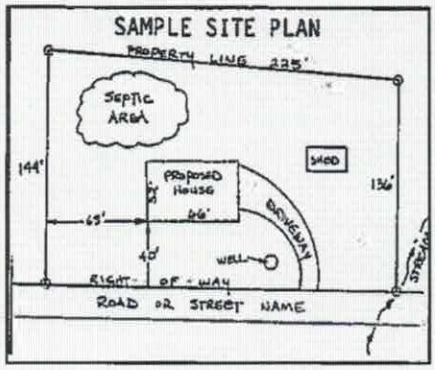
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

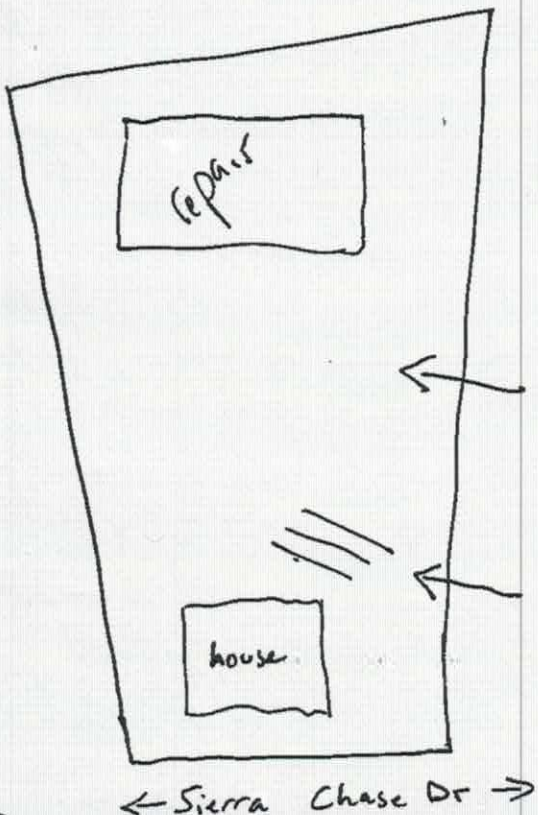


Circle N/A on the following if appropriate:

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



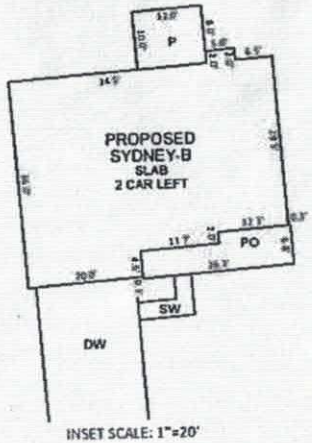
- slope from house pad encroaches on septic field. We need to shift lines toward the repair area.

← more lines towards rear

← current lines location

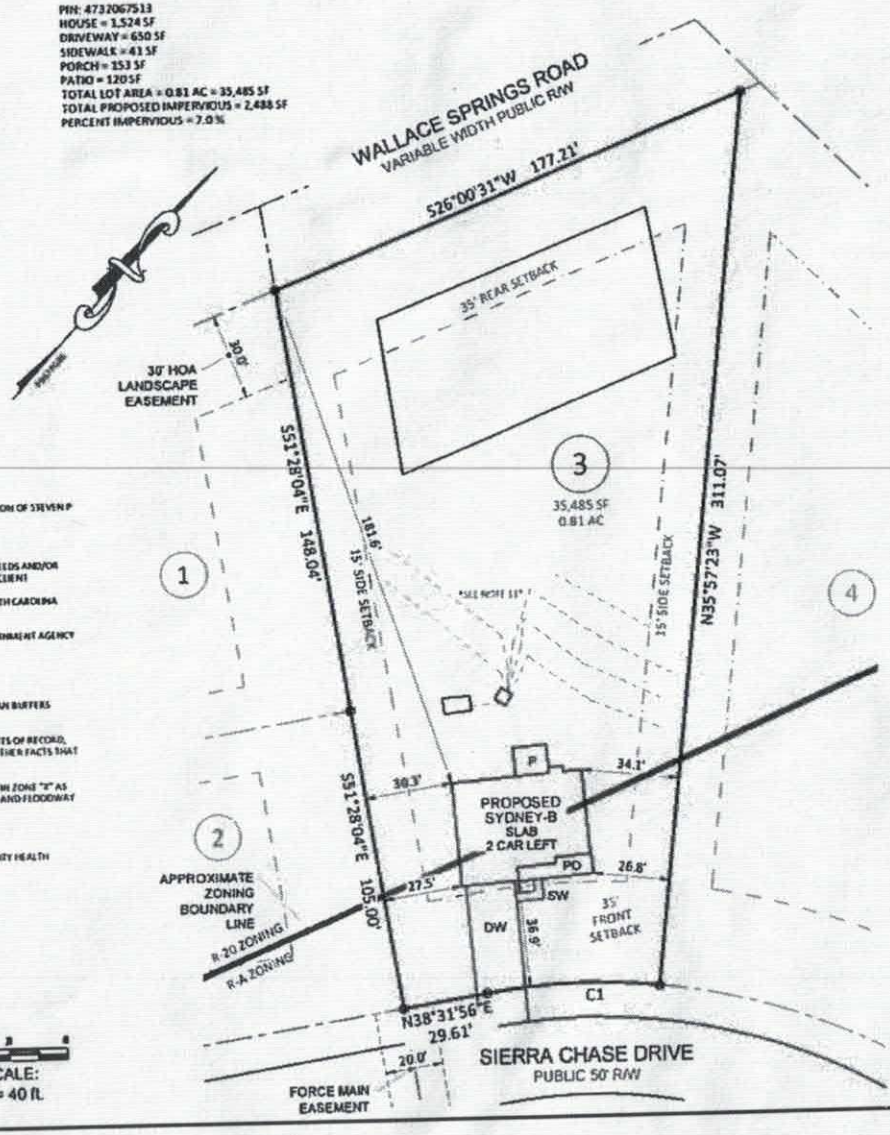
Signature: Andrea Rendall **5/8/19**

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



LOT INFORMATION:

PIN: 4732067513
HOUSE = 1,524 SF
DRIVEWAY = 650 SF
SIDEWALK = 41 SF
PORCH = 153 SF
PATIO = 120 SF
TOTAL LOT AREA = 0.81 AC = 35,485 SF
TOTAL PROPOSED IMPERVIOUS = 2,488 SF
PERCENT IMPERVIOUS = 7.0 %



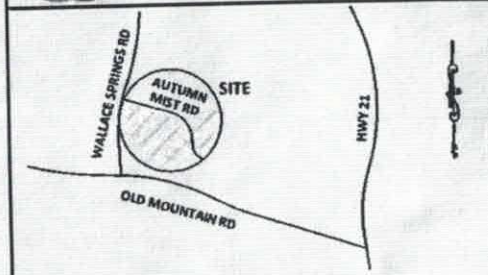
NOTES:

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. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT
4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
5. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
6. THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ABUTMENTS, ETC. REFERENCED IN TITLE BLOCK.
7. NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM.
8. SURVEYOR HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
9. 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 3730473200J DATED MARCH 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING IS RA/R-20
11. SEPTIC LOCATION INFORMATION IS APPROXIMATE AS TRACED FROM IREDELL COUNTY HEALTH DEPARTMENT PERMIT.
12. A 10' UTILITY EASEMENT IS LOCATED AROUND THE PERIMETER OF ALL LOTS.
13. PROPERTY OWNER: SMITH DOUGLAS HOMES
10130 MALLARD CREEK ROAD, SUITE 210
CHARLOTTE, NC 28262

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C1	225.00'	60.91'	N48°17'16"E	60.73'

SCALE:
1" = 40 ft

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378



VICINITY MAP
(Not to Scale)

LEGEND

PO = PORCH
SP = SCREENED PORCH/PATIO
CP = COVERED PORCH/PATIO
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
MH = SEWER MANHOLE
EB = ELECTRIC BOX
CB = CABLE BOX
TP = TELEPHONE PEDESTAL
CI = CURB INLET
LP = LIGHT POLE
SFE = SEPTIC FIELD EASEMENT

BUILDING SETBACKS:

FRONT = 35 ft
REAR = 35 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 2, MAP 1 - LOT 3
113 SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 9/13/18 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 67, PG 66 PROJECT # 170301 SCALE: 1" = 40'

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230162.

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

PIN # 4732-06-7513

APPLICANT/OWNER: Autumn Brooke Dev LLC APPLICANT ADDRESS: 1542 Queens RD W. Charlotte NC 28207.

SITE ADDRESS: 113 Sierra Chase Drive Statesville NC 28677. PHONE: ALT. PHONE

SITE DIRECTIONS: Old Mantava RD, Wallace Springs, Autumn Mist, Sierra Chase on Left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Autumn Brooke SECTION: 2 LOT # 3 LOT AREA: .814 Acres DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	~ (gal)	PT	~	Date	~	System Description: Gravity - Panel Block 50%		☐ Business	No. Persons 8
Pump Make	~	Model	~	Serial #	~	Repair System Description: Drip		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	270.	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space
Trench Width	3	Trench Bottom Depth(Low side)	36	Gravel Depth	~.	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Observe notes in the Oaks Group Report * Must install 4-bedroom system although 3-bedroom floor plan turned in *

INITIAL SITE SKETCH

See Site plan + Report by The Oaks Group. Kathleen Sanders #1313.

AS BUILT SKETCH

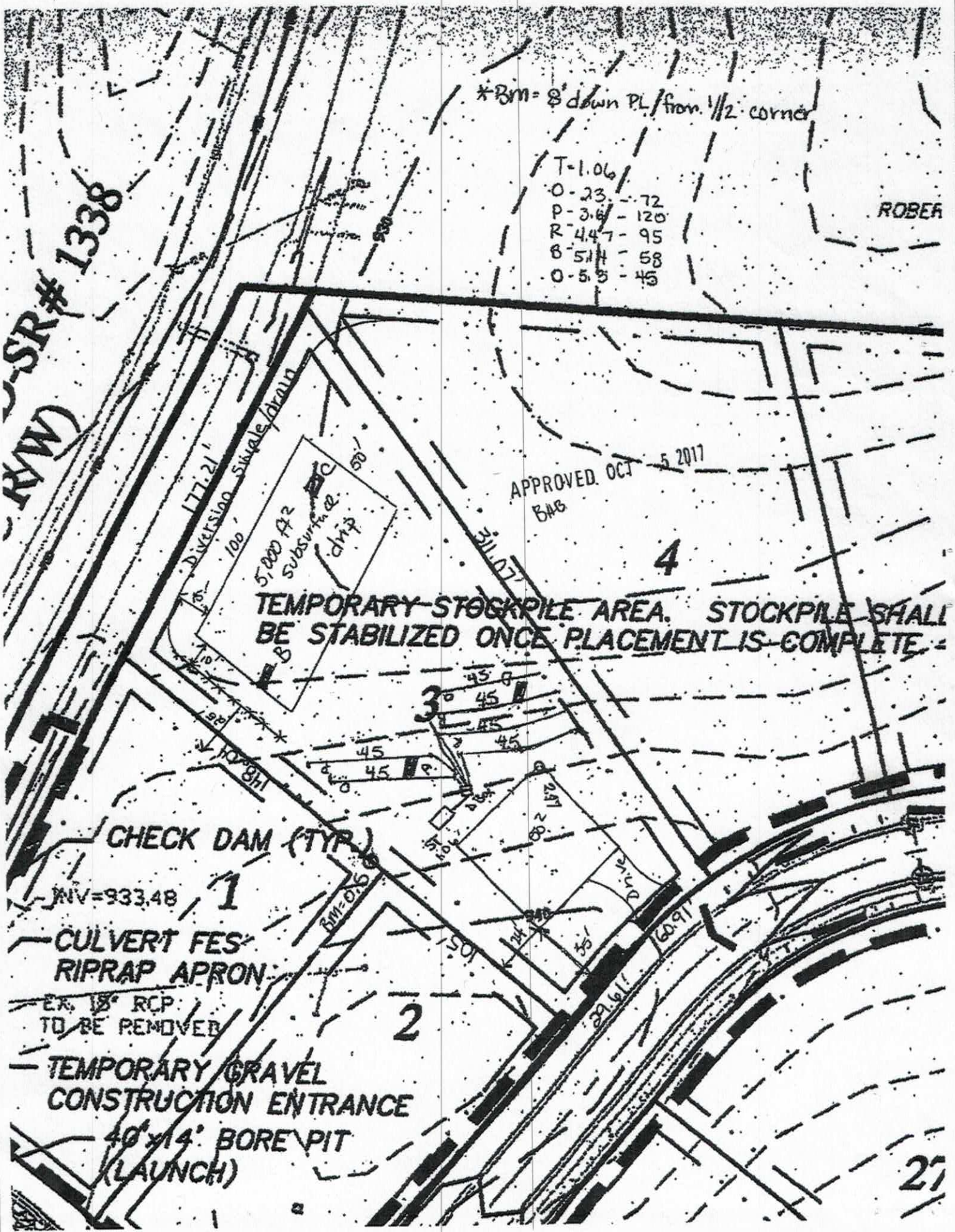
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: 12/15/17 Installed by:

IMPROVEMENT PERMIT by: Benjamin A. Robbins Date: 10/5/2017. OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 9/27/18 Existing System Inspected by: Date:


*Bm = 8' down PL from 1/2 corner
T-1.06
O-23 - 72
P-3.6 - 120
R-4.47 - 95
B-5.11 - 58
O-5.5 - 45
SR# 1338
R/W)
ROBER
Diversion Swale/drain
177.21'
100'
5,000 A2 subsurface drip
60'
APPROVED OCT 5 2017
BAG
311.07'
4
TEMPORARY STOCKPILE AREA. STOCKPILE SHALL BE STABILIZED ONCE PLACEMENT IS COMPLETE
3
45
45
45
45
45
45
192'
CHECK DAM (TYP.)
INV=933.48
1
CULVERT FES
RIPRAP APRON
ER. 18" RCP
TO BE REMOVED
2
TEMPORARY GRAVEL CONSTRUCTION ENTRANCE
40'x14' BORE PIT (LAUNCH)
Bm=0.6
150'
60.91'
39.61'
35'
24'
2

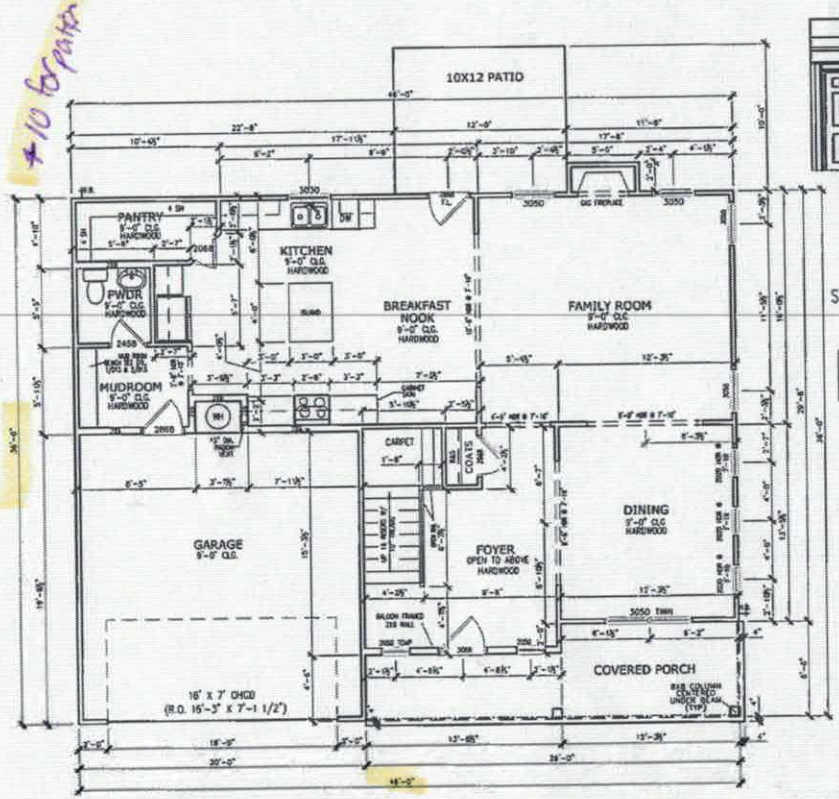
Acknowledgement Of
Plans Submittal ONLY!

Matt Smith Date 9/25/18

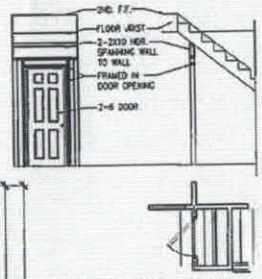
Carla C-Cone Date 9/27/18

AUTUMN BROOK LOT 3

*10 for patio



FIRST FLOOR PLAN



STAIR HEADER FRAMING DETAIL

*RADON VENT PROVIDED PER LOCAL CODE

REVISION | DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
SYDNEY

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

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BB | AW
DATE 9/20/18
SCALE 1/8"
B
PLAN NO.
2430
ALL | B
FILE NO.
A5.1

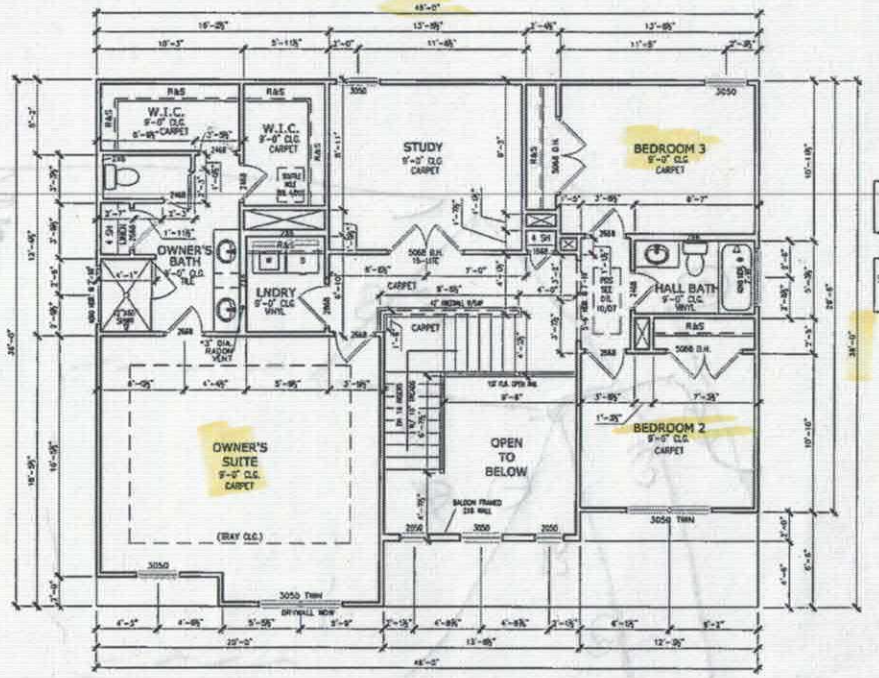
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Acknowledgement Of
Plans Submittal ONLY!

Date 9/25/18

M & H Smith
Carla C. Cone Date 9/27/18

AUTUMN BROOK LOT 3



SECOND FLOOR PLAN
SCALE : 1/8" = 1'-0"

REVISION | DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
SYDNEY

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 318
WOODSTOCK, GA 30188
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BY	CK
BB	AW

DATE 9/20/18
FLOOR OPT B
PLAN # 2430
ELEV ALL | B
SHEET # A5.2

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IREDELL COUNTY

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

APPLICATION NUMBER
230162
Issue Date: 09/14/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732162596.000	113 SIERRA CHASE DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK PROPERTIES LLC	Applicant: KATHLEEN SAUNDERS
Address: 1542 QUEENS RD W 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
16.660	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	115050	TOTAL FEES:	$ 77.25

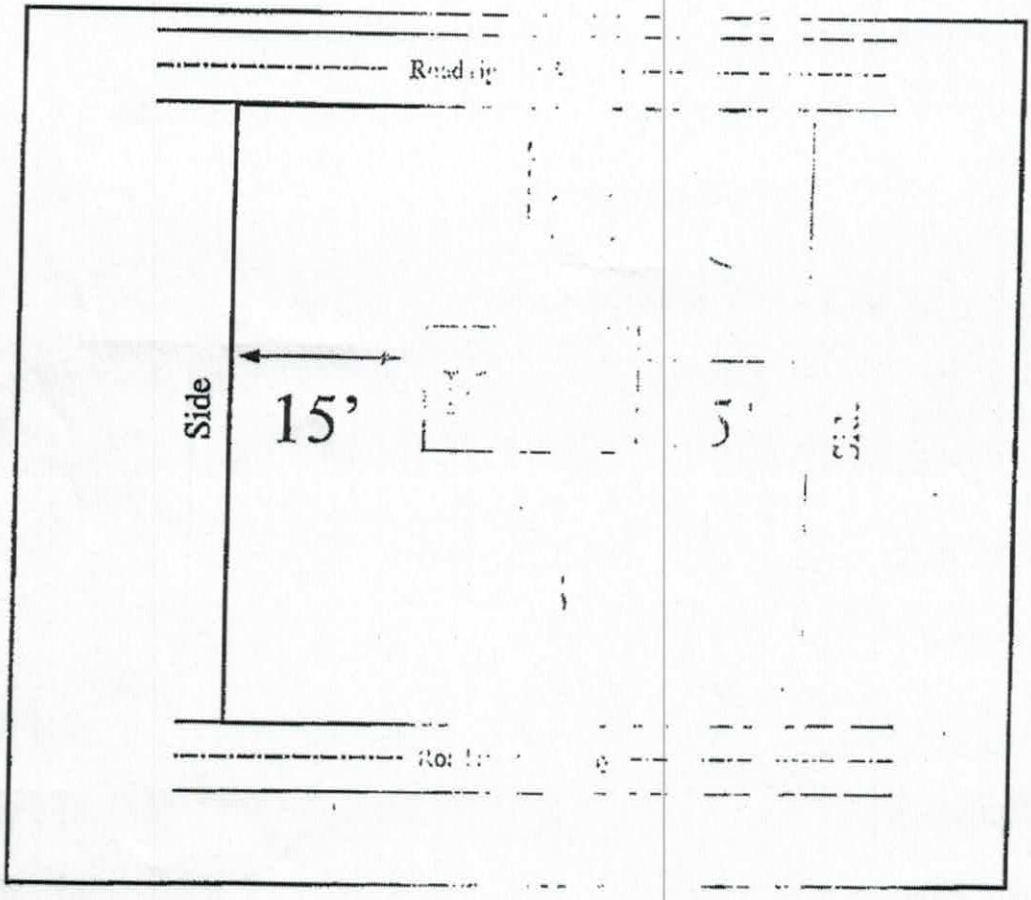
ZONING PERMIT

The applicant certifies that there are [illegible] contractual agreements or governmental regulations of any kind that [illegible] 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 covenants and contractual agreements will not be undertaken by Iredell County and is the responsibility of the affected parties.

Kathleen Saunders
Applicant

9-14-17
Date

STREET NAME :



In the box above indicate the location of [illegible] structures, their orientation to the front of the lot as indicated, and the [illegible] property lines and the distances to any other building's or structure's [illegible] and width/shape of the lot and the corresponding dimensions when necessary. [illegible] is the portion which abuts a public right of way or easement.