IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230166

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

PIN # 4732462596

APPLICANT/OWNER: Autumn Brook Properties LLC APPLICANT ADDRESS: 1542 Queens Rd W. Charlotte, NC 28207

SITE ADDRESS: 117 Sierra Chase Dr Statesville, NC 28677 PHONE: 704-301-0056 ALT. PHONE 828 817-0962

SITE DIRECTIONS: Old Mountain Rd TR Wallace Springs TR Autumn Mist TL Sierra Chase on L SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 4 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: 3I/.1R

Septic Tank	1000 (gal)	STB InRotech 2016 Date 1060	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000 (gal)	PT InFiltech 2016 Date 1060	System Description: LP PPBPS				☐ Business	No. Persons	8	☐ Private	
Pump Make		Model	Serial #	Repair System Description: LP PPBPS			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1	# Lines 3	Linear Ft 267'	Maintenance Agreement Required:	☒ YES	☐ NO	☒ Slab	☒ Crawl Space		☐ Community	
Trench Width	min 24"	Trench Bottom Depth(Low side) 30"	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing	

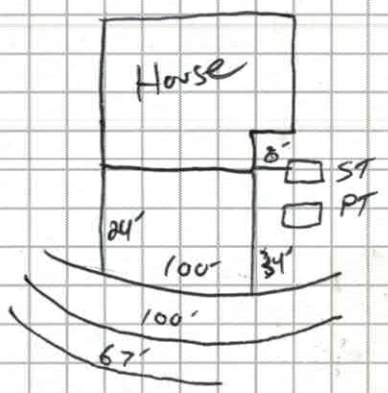
Comments / Conditions: Divert surface/storm water away from Septic.

Note: Repair needs diversion ditch for surface water

INITIAL SITE SKETCH

See attached, approved Septic plan by The Oaks Group, PA (dated 9/15/17)

AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	2-15	
Tanks Checked	2-9	BB
Pressure Manifold or Valve Box Checked	2-15	
Pressure Head Set	3-6	BCW
Electrical Checked	3-6	BCW
Floats Set	3-6	BCW
Alarm Checked	3-6	BCW
Maintenance Contract (Y/N	5-13	BCW

Comments: REPAIR +H20 upper D-line checked. STANDING 2-6 BCW

* Needs Diversion Ditch

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**

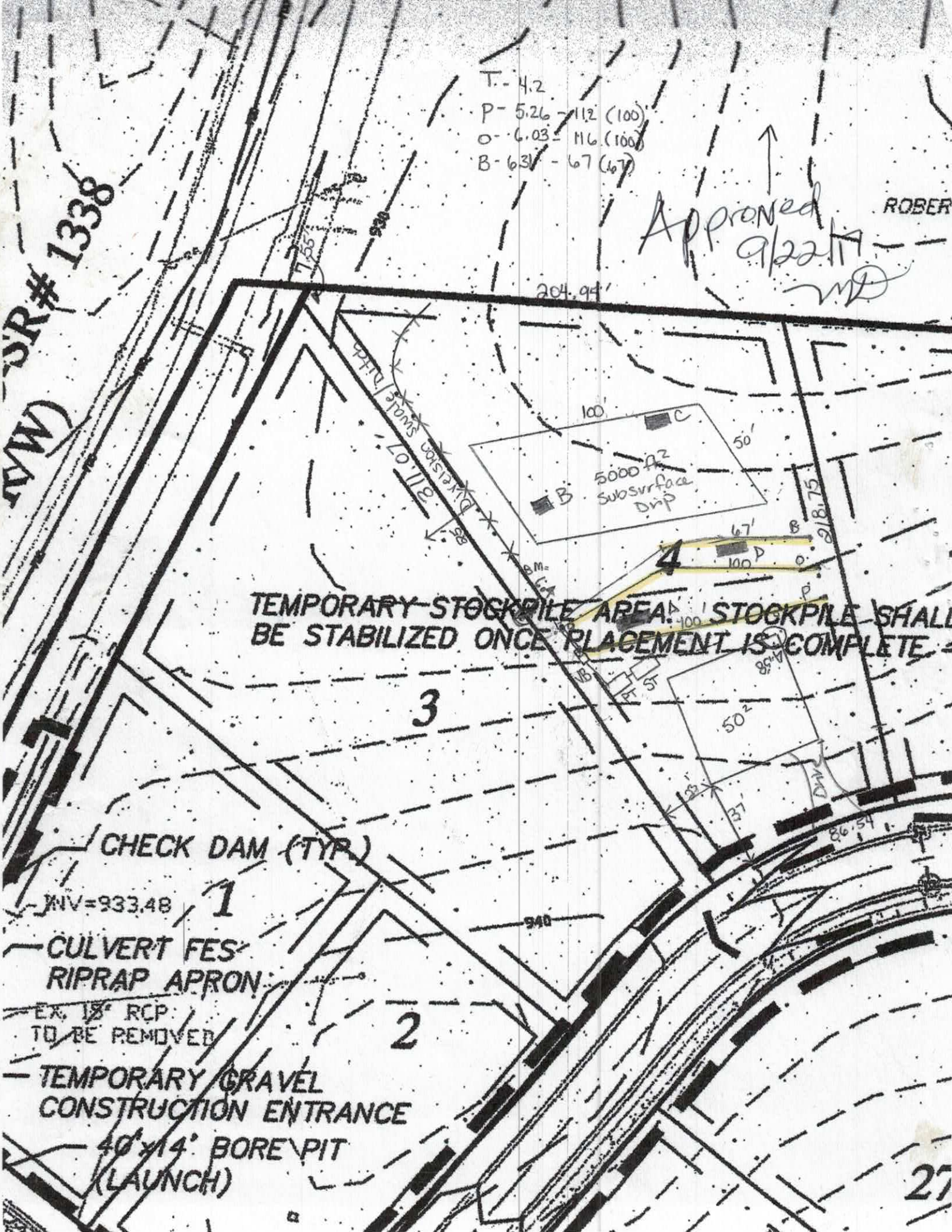
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 9-29-17 Installed by: Specialty Septic - James O Daniel

IMPROVEMENT PERMIT by: Mona Nelson Date: 9/22/17 OPERATION PERMIT by: Bradford C White Date: 5-13-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bitting Date: 9/17/18. 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.


T. - 4.2
P - 5.26 - 112 (100)
O - 6.03 - 116 (100)
B - 6.31 - 67 (67)
Approved
9/22/17
ROBER
SR# 1338
204.94'
100'
50'
5000 ft²
Subsurface
Drip
67'
100
4
TEMPORARY STOCKPILE AREA! STOCKPILE SHALL
BE STABILIZED ONCE PLACEMENT IS COMPLETE
3
50²
CHECK DAM (TYP)
INV=933.48
1
CULVERT FES
RIPRAP APRON
EX. 18" RCP
TO BE REMOVED
2
TEMPORARY GRAVEL
CONSTRUCTION ENTRANCE
40'x14' BORE PIT
(LAUNCH)
940
86.54
37'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 117 Sierra Chase Drive

Date: September 15, 2017

Attached is the septic specification information required to permit 117 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.



Kathleen Saunders

Autumn Brook Lot 4 Fast Track Septic System Information

Approved 9/22/17 MD

Number of Bedrooms	4
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Minimum Linear Feet	267
Total Linear Feet	267
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	10' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30.5 gpm
Elevation head	Approx: 6 ft
Pressure head	3 ft
Friction head	1.0 ft
20% Contingency	2 ft
Total Head	12 ft
Pump Requirements	30.5 gpm @ 12' of head To be designed by installer.
Maximum Dosing Volume	219.6 gal -2.2 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	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.**

Approved
9/22/17

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Pink	LPPPBPS	100 endfed	5.26	23	23	1 per panel	5/32"
2	System	Orange	LPPPBPS	100 endfed	6.03	23	23	1 per panel	5/32"
3	System	Blue	LPPPBPS	67 endfed	6.31	15	15	1 per panel	5/32"
						Total: 61	Total: 61 (1 in each panel turned up)		
				Total System: 267'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	4.20
House	orange		4.58

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Remove berms
Repair area will require a surface diversion ditch/swale/drain

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
ADDRESS: 1542 Queens Rd W Charlotte 28207
APPLICATION DATE ___
DATE EVALUATED: 8/22/17
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___
PROPERTY SIZE: ___
LOCATION OF SITE: Autumn Brook #4
PROPERTY RECORDED: No
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

Approved 9/22/17 MD

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 3-4%	0-6	Mo GR SL	FR ns/np	DK Br				0.3
		6-21	Mo SBK C	FR SS/SP	R				
		21-38	WK SBK CL	↓	R, C Sap				
		38-56	MA L Sap	↓	Multi	38"	PS	N/A	
B	LCC ~2%	0-13	Mo GR SL	FR SS/np	Br				0.2 drip
		13-17	WK GR SCL	↓	R				
		17-23	Mo GR SCL	↓	DK Br ←	bound A			
		23"	2 Chr			23+	N/A	23"	
C	L ~5%	0-10	Mo GR SL	FR ns/np	DK Br				0.275
		10-15	WK SBK SL	↓	Br				
		15-30	Mo SBK C	FR SS/SP	R, F Yel Br				
		30-49	WK SBK C	↓	P, F Sap	49+	N/A	N/A	
D	3-4% L LCC (Shave berm)	0-12	Mo GR SL	FR ns/np	Br				0.3
		12-34	Mo SBK C	FR SS/SP	R				
		34-42	WK SBK C	↓	R, C Sap				
		42-60	MA L Sap	↓	Mo Hi	42"	PS	N/A	

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

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

COMMENTS: Repair needs diversion ditch for surface water

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

1. APPLICATION FOR: ___Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

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

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
117 Sierra Chase Drive	Autumn Brook	4

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
( ) Repair To Failing Septic System due to _____
(✓) Other Confirming bedrooms on existing permit

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

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

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

6. **Proposed Water Supply:**

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

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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

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

9. Signature: _____ 4/6/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED SEP 1 8 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $850.00 #230166

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Autumn Brook Dev LLC **Address:** 1542 Queens Rd W Charlotte **Zip:** 28207
Applicant Email: Viewpointdevelopment@Yahoo.com **Phone:** 704-301-0056 **Alt. Phone:** 828-817-0962
Owner Name: Same **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 117 Siena Chase Dr Statesville 28677
Subdivision Name: Autumn Brook **Section/Phase:** _____ **Lot Number:** 4
Driving Directions: Old mnt Rd. Wallace Springs, Autumn Mist, Siena Chase, on L

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: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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 (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: Kathleen Saunders 9-15-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Autumn Brook Development, LLC By: Ralph Gilliam, am the legal owner of the property located at 117 Sierra Chase Dr, identified as PIN(Parcel Identification Number) 4732-16-2596, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, PA, _____, _____, _____, _____, 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.

Ralph Gilliam — 9-15-17
Signature of Owner — Date

Leeann B Carlson — 9-15-17
Signature of Witness — Date

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

SITE PLAN WORKSHEET

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

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

X Property Line measurements are clearly identified... **X All proposed structures are indicated...**

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

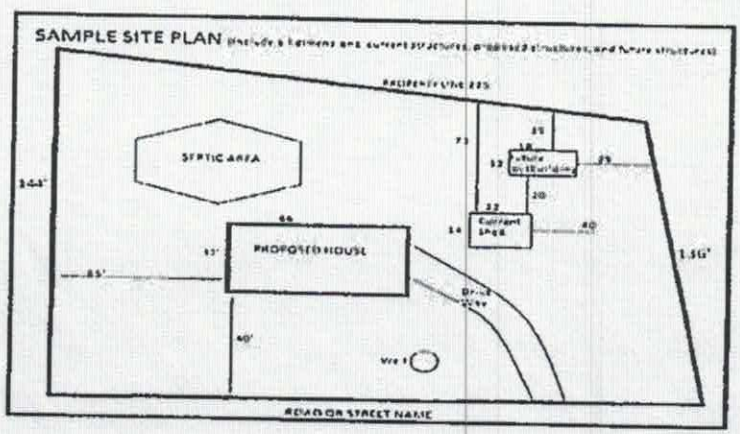
X Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

X Area you prefer your septic system to be placed... **X North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

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

____ Location of easements and rights of ways on your property. N/A **____ Location of any designated wetlands on the property.. N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: Greg Mabry

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

9/6/2018

DATE

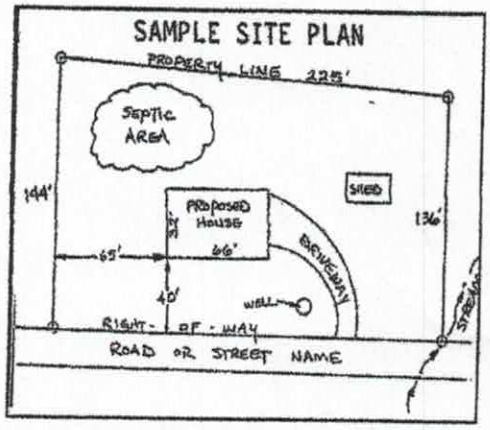
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system 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

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

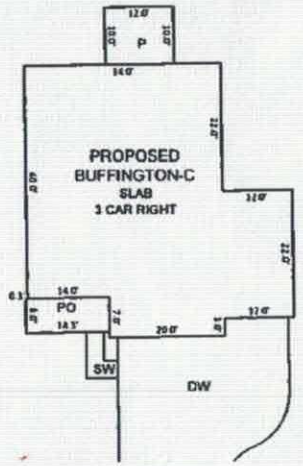
Please see Attached

Signature: Kathleen Saunders

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

9-15-17

DATE

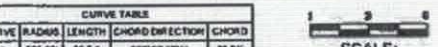


INSET SCALE: 1"=20'

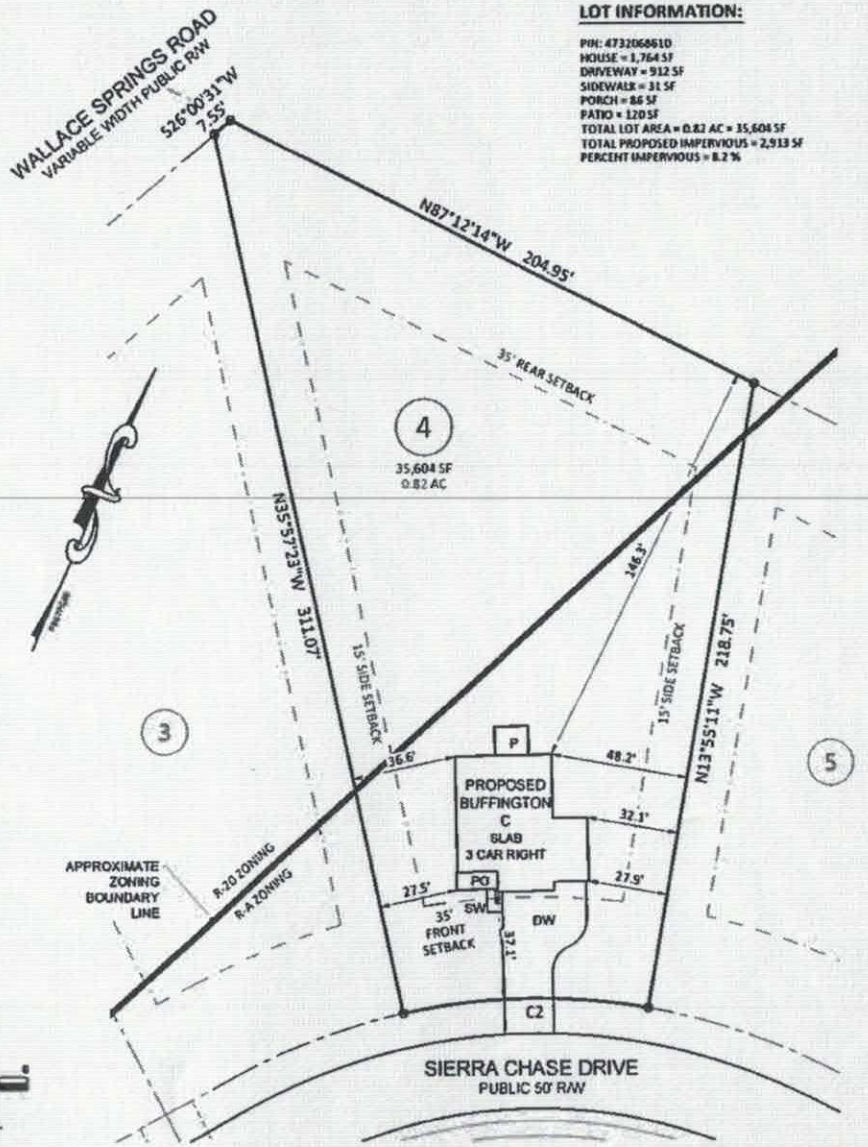
NOTES:

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. 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. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
5. 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.
6. THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, 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 NO. 3710473200I DATED MARCH 16, 2009. FLOODPLAIN AND FLOODWAY SHOWN HERE ON 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. ALL LOTS ARE SUBJECT TO A 10' UTILITY & DRAINAGE EASEMENT AROUND THE PERIMETER OF EACH LOT.
13. 10' X 70' SIGHT TRIANGLES ARE LOCATED AT ALL INTERSECTIONS.
14. PROPERTY OWNER: SMITH DOUGLAS HOMES
    10130 MALLARD CREEK ROAD, SUITE 210
    CHARLOTTE, NC 28262

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C2	325.00'	86.94'	S85°03'42"W	86.71'



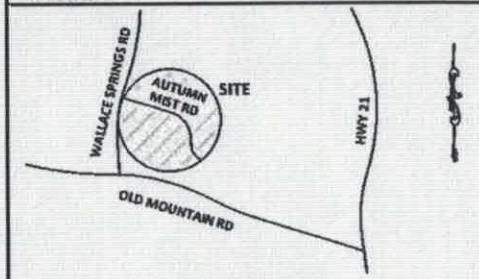
SCALE:
1" = 40 ft.



LOT INFORMATION:

PIN: 4732068610
HOUSE = 1,764 SF
DRIVEWAY = 912 SF
SIDEWALK = 31 SF
PORCH = 86 SF
PATIO = 120 SF
TOTAL LOT AREA = 0.82 AC = 35,604 SF
TOTAL PROPOSED IMPERVIOUS = 2,933 SF
PERCENT IMPERVIOUS = 8.2 %

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-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
○ = SEWER MANHOLE
PB = ELECTRIC BOX
○ = CABLE BOX
TB = TELEPHONE PEDESTAL
CI = CURB INLET
○ = LIGHT POLE
SFE = SEPTIC FIELD EASEMENT

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

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

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

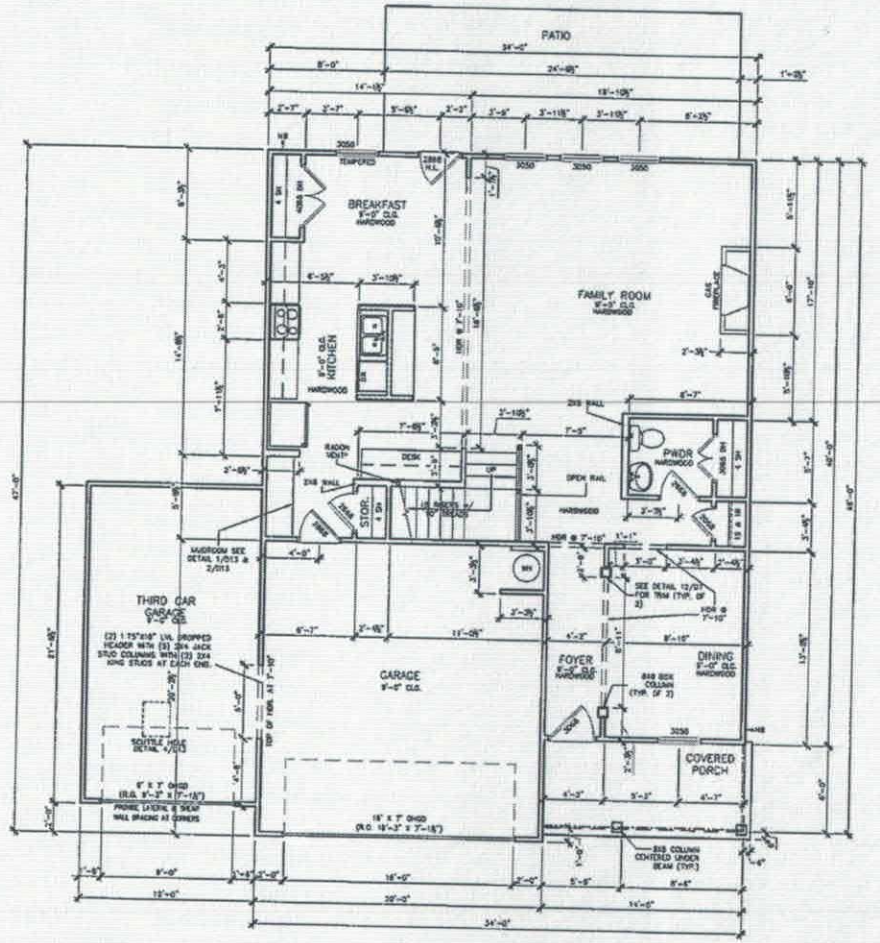
SMITH DOUGLAS HOMES

AUTUMN BROOK - PHASE 2, MAP 1 - LOT 4
117 SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

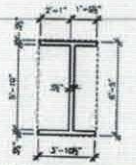
DATE: 8/7/18 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 67, PG 86 PROJECT # 170301 SCALE: 1" = 40'

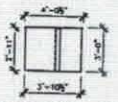
AUTUMN BROOK
LOT 4



FIRST FLOOR PLAN



KITCHEN ISLAND SUPPORT FRAMING (PLAN VIEW)



KITCHEN ISLAND SUPPORT FRAMING (SIDE VIEW)

*RADON VENT PROVIDED PER LOCAL CODE

Acknowledgement Of Plans Submittal ONLY!

Date 9/17/18

Date

REVISION	DATE

SMITH DOUGLAS HOMES | QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
BUFFINGTON

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA 30189
www.smithdouglas.com

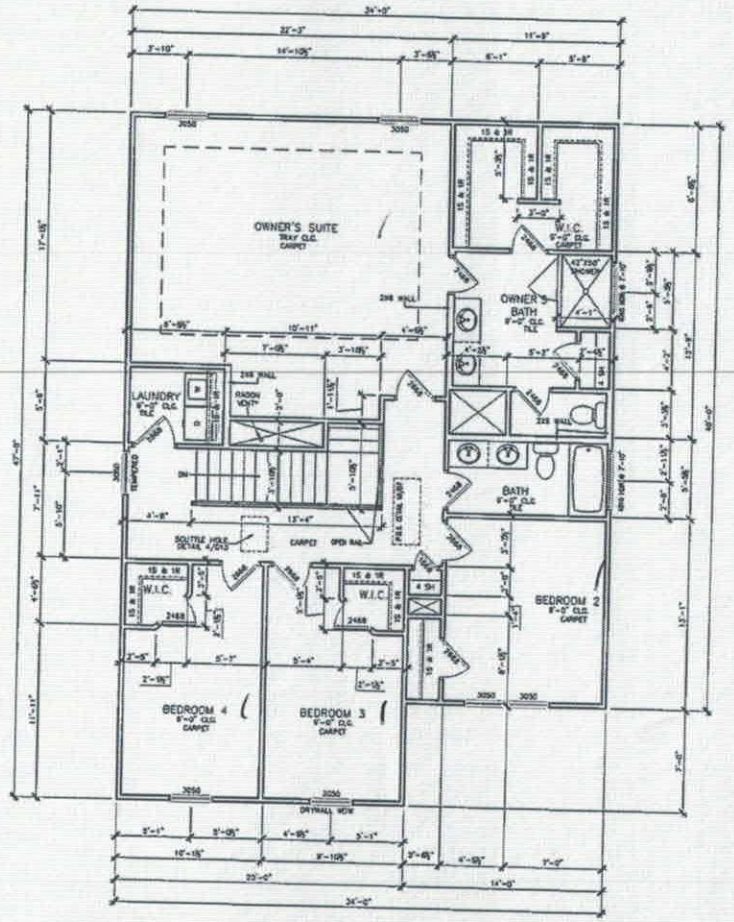
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BY	CK
MM	AW

DATE: 8/8/18
PROJECT: C
JOB NO: 2545
NO: ALL
SHT: C
FILE NO: A5.1

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AUTUMN BROOK
LOT 4



SECOND FLOOR PLAN

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

Acknowledgement Of
Plans Submittal ONLY!

Date 8/17/18

Date

*RADON VENT PROVIDED PER LOCAL CODE

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

NO.	DIVISION	DATE
1		
2		
3		
4		
5		

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
BUFFINGTON

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

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BY	CH
MM	AW

DATE: 8/8/18
FLOOR ID: C
PLAN ID: 2545
PKG: ALL
ELEV: C
SHEET NO: A5.2

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IREDELL COUNTY

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

APPLICATION NUMBER
230166
Issue Date: 09/14/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732162596.000	117 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	115055	TOTAL FEES:	$ 77.25

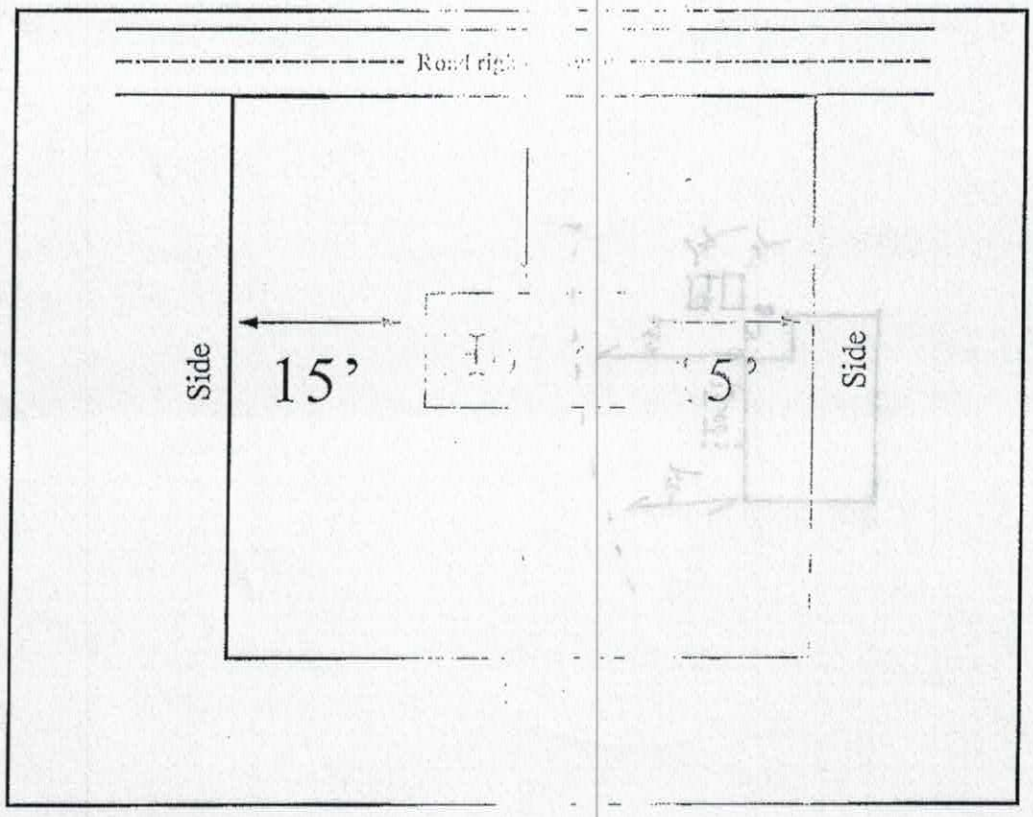
ZONING DI[illegible]MER

The applicant certifies that there are no le[illegible]ions, contractual agreements or governmental regulations of any kind that interfe[illegible] prohibit the use of the property or the use for which this permit is requeste[illegible] further acknowledges that the enforcement of deed restrictions, plat co[illegible]ntractual agreements will not be undertaken by Iredell County and is the sole [illegible]ity of the affected parties.

Kathleen Saunders — Applicant

9-14-17 — Date

STREET NAME :



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