IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 230175

APPLICANT/OWNER: SDH Charlotte LLC

APPLICANT ADDRESS: 10130 Mallard Creek Rd #219 Charlotte NC 28262

PIN # 4732-06-9335

SITE ADDRESS: 114 Sierra Chase Drive Statesville NC 28677

PHONE: 704-944-5587

ALT. PHONE ~

SITE DIRECTIONS: Old Mtn Rd Rt on Wallace Springs Rd on Autumn Mist Dr on Sierra Chase.

SUBDIVISION: Autumn Brooke

SECTION: 2 LOT # 27 LOT AREA: 0.51

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make	–	Model	–	Serial #	–
# Nitrification Fields	1	# Lines	7	Linear Ft	400
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	~

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

System Description: Gravity 25% Reduction

Repair System Description: Pump 50% Reduction LPPBS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

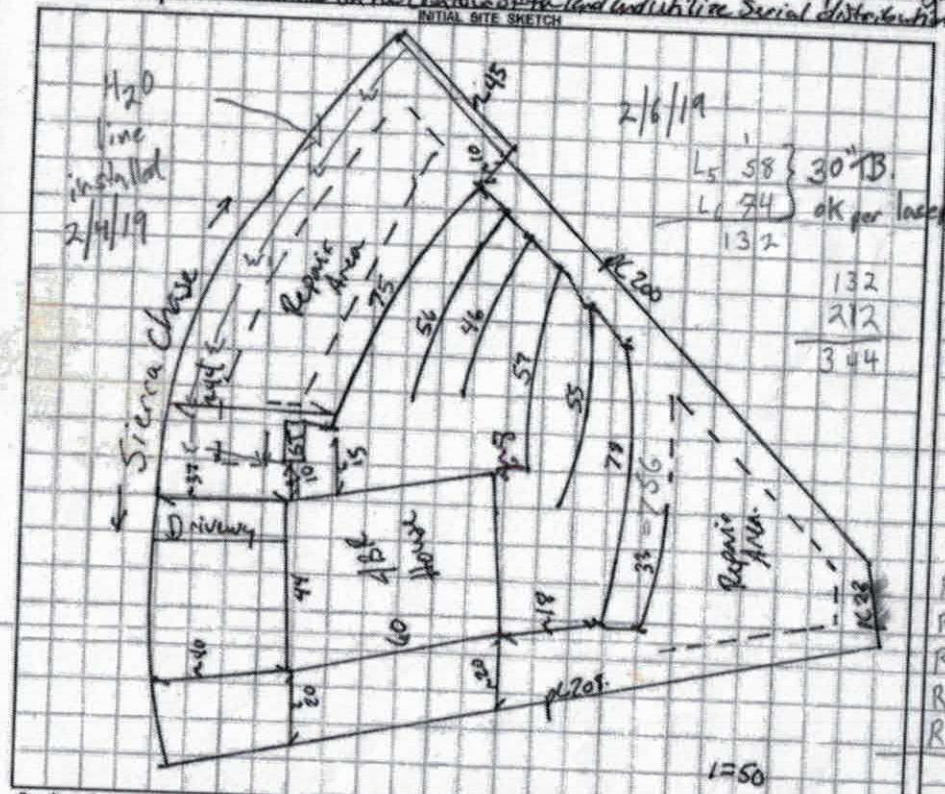
No. Bedrooms 4 No. Persons 8 No. Employees ___ ☐ Crawl Space

☐ Basement w/o plumbing

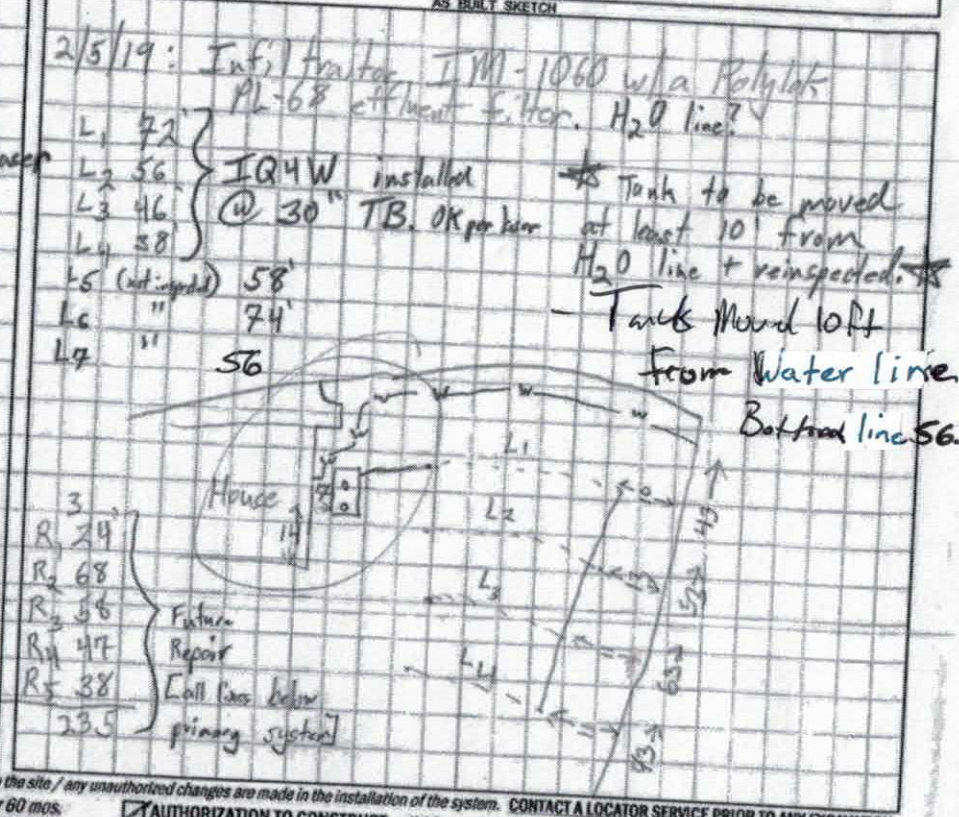
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Orgional proposal done by the Oaks Group on 9/21/2017.
The purpose of this permit is a Relayout due to change is house plan/design.
Fast-fill Septic Drain lines on the Contour of the land utilize Serial distribution

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: 10/23/18

Installed by: Jamie O'Daniel

IMPROVEMENT PERMIT by: Benjamin A Batts

Date: 10/5/18

OPERATION PERMIT by: Benjamin A Batts

Date: 2/8/2019

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts

Date: 10/5/18

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.

Autumn Brook Lot 27 Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Concrete Slab/Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	268
Repair Loading Rate	0.3
Trench Depth	48"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Blue	LP PPBPS	67
2	System	Orange	25% Reduction	75 endfed
3	System	Pink	25% Reduction	50 endfed
4	System	Red	25% Reduction	50 endfed
5	System	Blue	25% Reduction	75 endfed
6	System	Orange	25% Reduction	75 endfed
7	System	Pink	25% Reduction	75 endfed
8	Repair	Red	LP PPBPS	66
9	Repair	Blue	LP PPBPS	56
10	Repair	Orange	LP PPBPS	46
11	Repair	Pink	LP PPBPS	33
				Total System: 400'
				Total Repair: 268'

APPROVED OCT - 5 2017
BAB

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at CHD's discretion
Shave off berms in septic areas

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
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 27 Autumn Brook
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE
DATE EVALUATED: 9/16/17
PROPERTY SIZE: 0.57 Ac
PROPERTY RECORDED: No

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
1	L ~5%	0-25	PL 2 Chy						0.3 25+ deep panel
		25-60	WK SBK C	FR SS/SP	R; F/C R				
2	L 5%	0-19	Mo GR SL	FR ns/np	Br				0.3
		19-36	Mo SBK C	FR SS/SP	R				
		36-50	WK SBK CL	FR SS/SP	R; C sap				
		50-67	MA 4/SL Sap	↓	Mult; F CL pockets				
3	L 3-5%	0-6	Mo GR SL	FR ns/np	Br				0.3
		6-32	Mo SBK C	FR SS/SP	R; F Mica				
		32-56	WK SBK CL	↓	R; C Sap				
4	L 3%	0-16	Mo GR SL	FR ns/np	Br				0.3
		16-48	Mo SBK C	FR SS/SP	R				
		48-62	WK SBK CL	↓	R; C/M Sap				

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

OTHER FACTORS (.1946): Repair deep/Remove Berms
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT:
APPROVED OCT 5 2017
BAB

COMMENTS:

Updated February 2014

#5 0-33 Mo SBK C FR SS/SP R
3% 33-45 WK SBK CL ↓ R; C Sap 0.3

RECEIVED SEP 2 0 2018

Paid $320.00

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

#230175

(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:

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

4. Property Information:

114 Sierra Chase Dr — Street Address
Autumn Brook — Subdivision Name
Lot 27 — 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
( ) 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 ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/12/18
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*) _____

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.

2. I, SDH Charlotte LLC, am the legal owner(s) of the property located at 114 Sierra Chase Ln, identified as

PIN (Parcel Identification Number) 4732069335, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 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.

_____ 9/12/18
Signature of Owner(s) Date

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

Statesville - Environmental Health
ronda.hart@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...

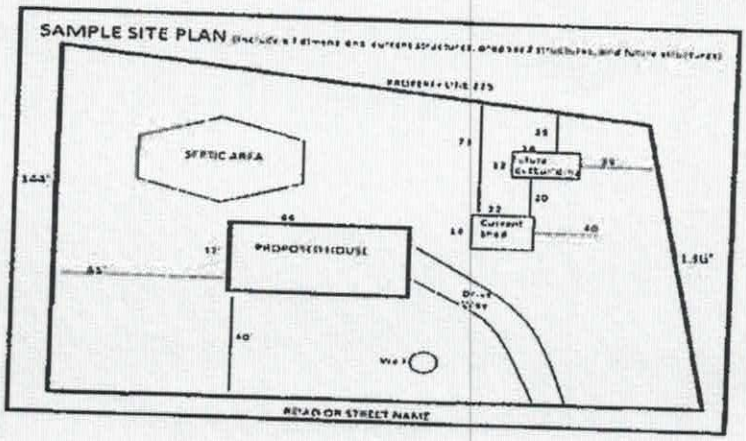
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

____ 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



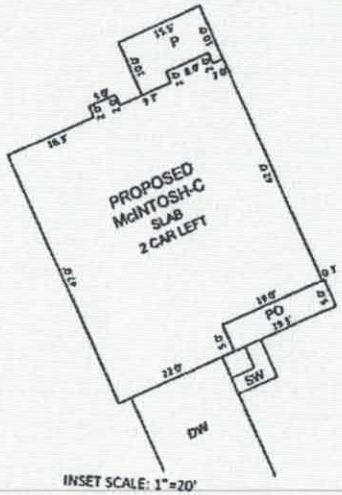
USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: J Haug

REQUIRED property owner or owner's legal representative signature.

9/12/18

DATE

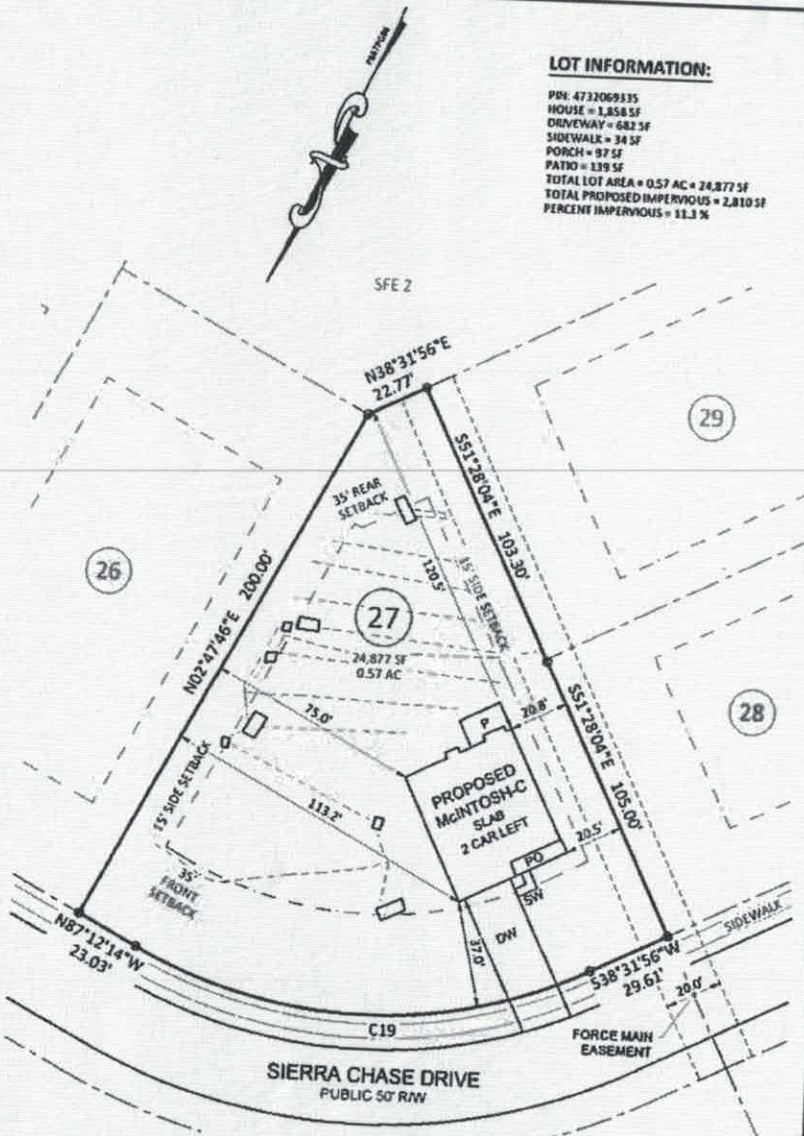


NOTES:

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. 3710473200 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. 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 310
    CHARLOTTE, NC 28262

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C19	175.00'	165.74'	S65°26'51"W	159.62'

SCALE:
1" = 40 ft.

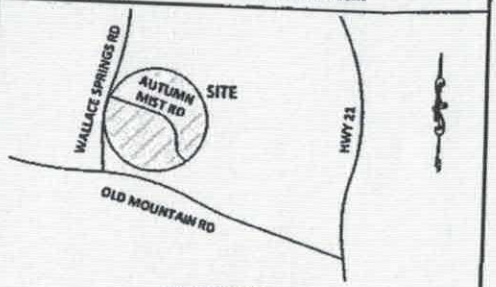


REVISIONS: MOVE HOUSE TO SEPTIC BLDG PAD, UPDATE PLOT PLAN 8-30-18 MMW

LOT INFORMATION:

PIN: 4732069335
HOUSE = 1,858 SF
DRIVEWAY = 682 SF
SIDEWALK = 34 SF
PORCH = 97 SF
PATIO = 139 SF
TOTAL LOT AREA = 0.57 AC = 24,877 SF
TOTAL PROPOSED IMPERVIOUS = 2,810 SF
PERCENT IMPERVIOUS = 11.3 %

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2928 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
EB = ELECTRIC BOX
◯ = CABLE BOX
TP = TELEPHONE PEDESTAL
CI = CURB INLET
◯ = 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 OR 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 27
114 SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

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

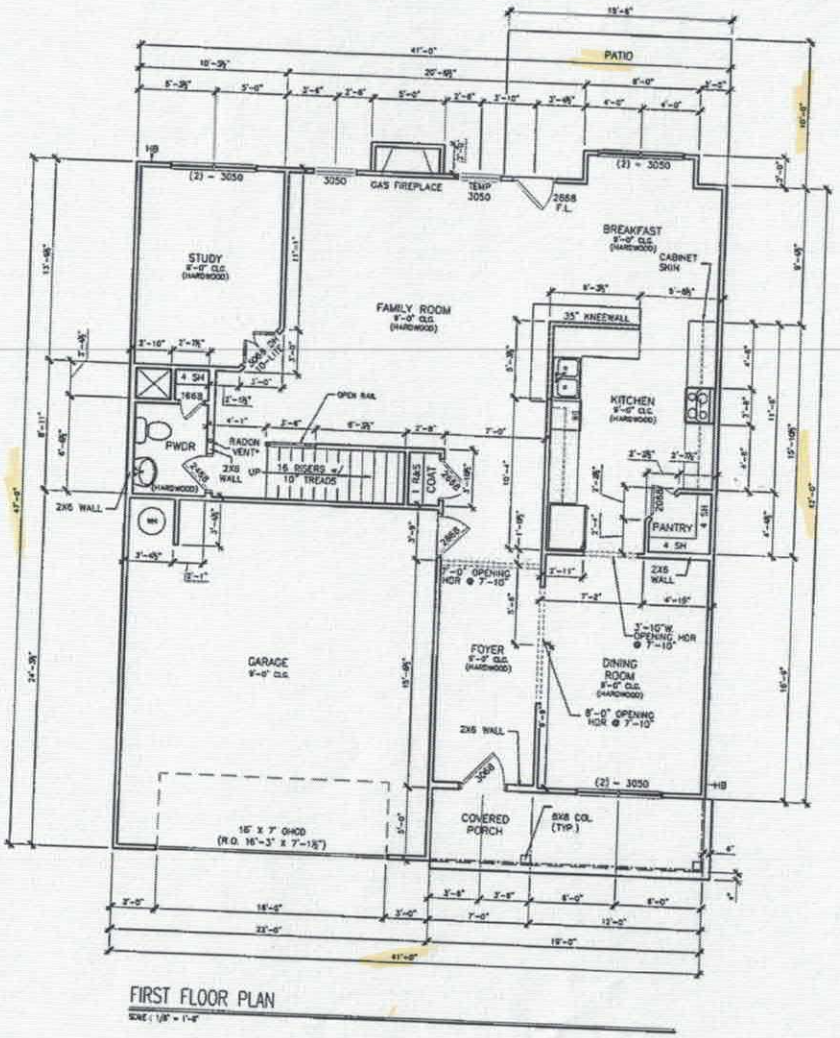
REFERENCE: PB 87, PG 86 PROJECT # 170301 SCALE: 1" = 40'

AUTUMN BROOK - 27

Acknowledgement Of Plans Submittal ONLY!

Date 10/5/18

Date



FIRST FLOOR PLAN

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

*RADON VENT PROVIDED PER LOCAL CODE

DATE	REVISION

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
MCINTOSH

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

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BY	CK
ED	AW

DATE: 9/7/18
FACADE OPT: C
PLAN ID: 2895
PAGE: ALL
SIZE: C
SHEET NO: A5.1

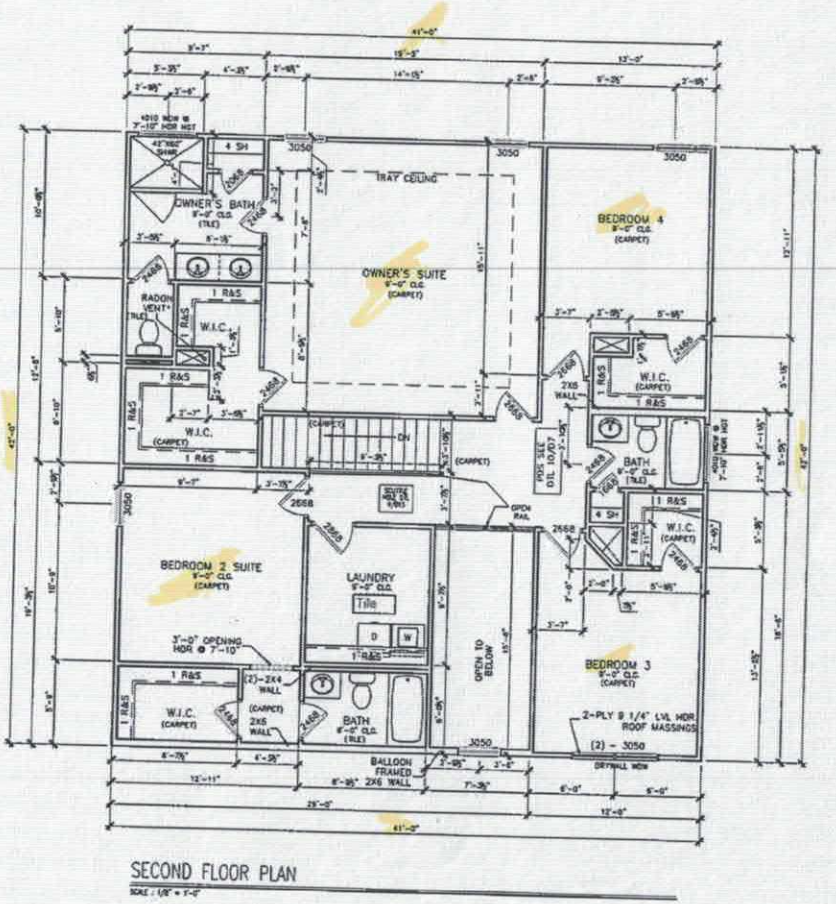
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AUTUMN BROOK - 27

Acknowledgement Of
Plans Submittal ONLY!

Benjamin R Bell Date 10/5/18

Date



SECOND FLOOR PLAN

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

*RADON VENT PROVIDED PER LOCAL CODE

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

© SMITH DOUGLAS HOMES 2018

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
MCINTOSH

SMITH DOUGLAS HOMES
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DR.	ED / AW
DATE	9/7/18
TRADE DIV.	C
PLAN #	2895
ELEV.	ALL
MAP	C
PAGE NO.	A5.2