IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230167

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

PIN # 4732069660

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

SITE ADDRESS: 121 Sierra Chase Drive Statesville NC 28677 PHONE: 704-301-0056 ALT. PHONE 828-817-0962.

SITE DIRECTIONS: Old Mtn Rd @ Wallace Springs @ Autumn Mist @ Sierra Chase Loop Left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Autumn Brooke SECTION: 2 LOT # 5 LOT AREA: .56 Acres DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	1060	Inf Date	color	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	Gravity PPbPS Horizontal			[ ] Business	No. Persons	8	[ ] Private
Pump Make		Model			Serial #		Repair System Description:	Pressure LP-PPBPS			[ ] Other	No. Employees		[X] Public
# Nitrification Fields	1	# Lines	6		Linear Ft	270	Maintenance Agreement Required:	[ ] YES	[X] NO		[X] Slab	[X] Crawl Space		[ ] Community
Trench Width	24	Trench Bottom Depth (Low side)		24	Gravel Depth	-		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/ plumbing			[ ] Basement w/o plumbing

Comments / Conditions: See attached Proposal / Remove Berms.

INITIAL SITE SKETCH

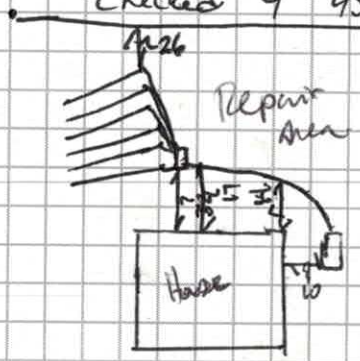
	Date	Initials
Drain Lines Checked	4/15/19	BB.
Tanks Checked	4/4/19	BB.
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

- Header from Tank to Box
- Box to Lows Downhill

AS BUILT SKETCH

Checked 4 45° lines 4-12-19

NTS



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**

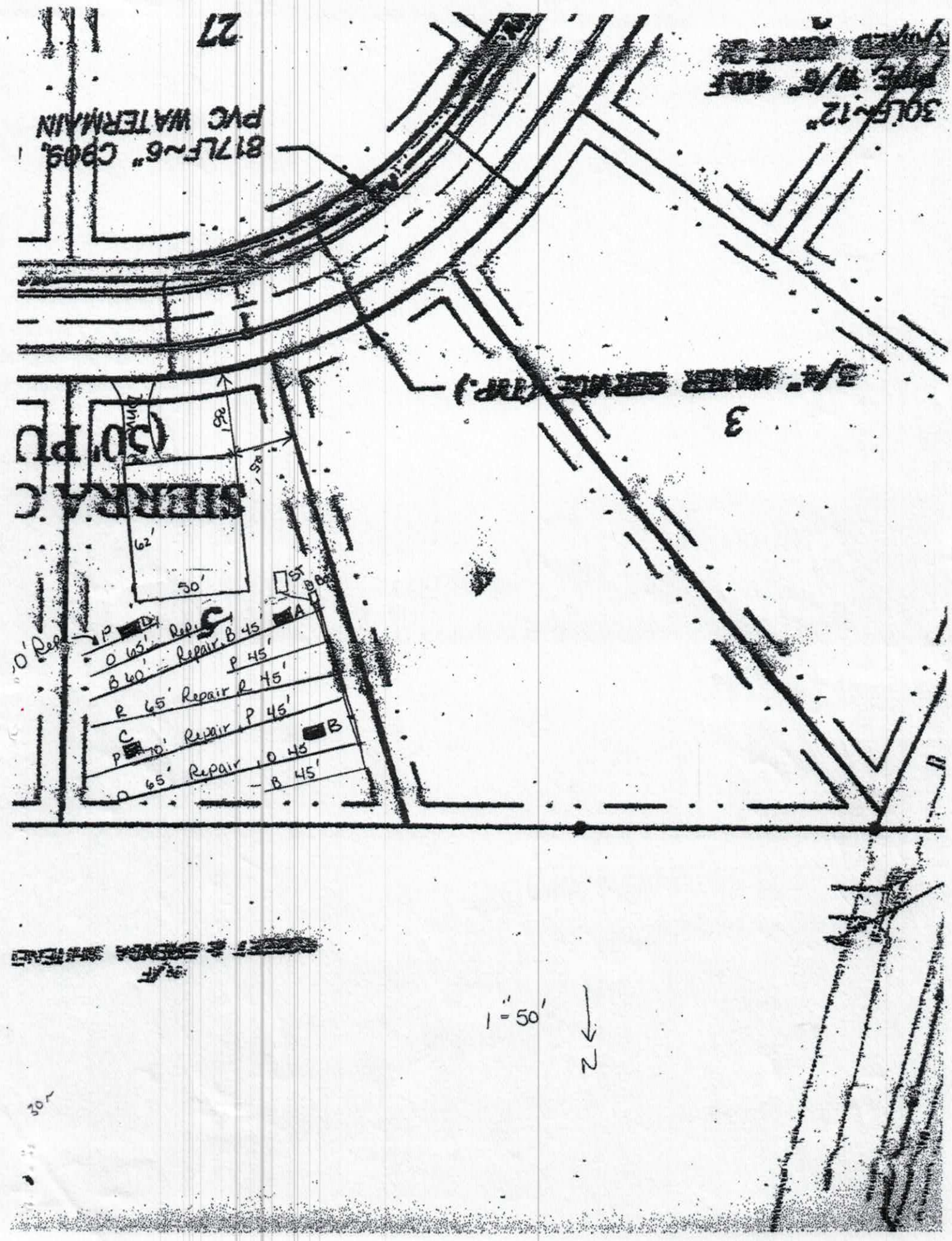
[ ] IMPROVEMENT PERMIT *with plat valid without expiration.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 11/6/18 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 10/31/18. OPERATION PERMIT by: Benjamin A Bottoms Date: 4/16/19.

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 3/27/19. 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.


62'
50'
ST
B
BG
P
D
C
A
B
O 65' Repair
B 40'
Repair, B 45'
P 45'
R 65' Repair R 45'
C
P
10' Repair P 45'
O 65' Repair, O 45'
B 45'
1" = 50'
N

RECEIVED OCT 29 2018

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 121 Sierra Chase

Date: October 29, 2018

Attached is the septic specification information required to permit 121 Sierra Chase 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 5 Septic System Information

Horizontal Installation

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
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~~ 24" EMS
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	10 ft of 2" SCH 40 PVC
Repair System	**LP PPBPS**
Total Linear Feet	355
Repair LTAR	0.3
Trench Depth	36"

***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.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	Repair	Pink	LP PPBPS	30	
2	Repair	orange	LP PPBPS	65	
3	Repair	Blue	LP PPBPS	60	
4	System	Blue	PPBPS	45 endfed	10
5	System	Pink	PPBPS	45 endfed	10
6	Repair	Red	LP PPBPS	65	
7	System	Red	PPBPS	45 endfed	10
8	Repair	Pink	LP PPBPS	70	
9	System	Pink	PPBPS	45 endfed	10
10	Repair	orange	LP PPBPS	65	
11	System	orange	PPBPS	45 endfed	10
12	System	Blue	PPBPS	45 endfed	10
					Total: 60
				Total System: 270'	
				Total Repair: 355'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: **Place tank to achieve gravity flow to uppermost line**
Remove Berms

RECEIVED OCT 2 9 2018

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: Autumn Brook #5
APPLICATION DATE
DATE EVALUATED: 8/22/17
PROPERTY SIZE: 0.564
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	SOIL MORPHOLOGY (.1941) .1941c CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
A	L 5-10%	0-21	Mo SBK C	FR SS/SP	R	31"	PS	N/A	0.3
		21-31	WK SBK CL	↓	R; C sap				
		31-60	MA L sap	↓	Multi				
B	L ~5%	0-8	Mo GR SL	FR NS/NP	DK Br	49"	PS	N/A	0.3
		8-22	WK SBK SCL	FR SS/SP	Lt Br				
		22-42	Mo SBK C	↓	R				
		42-49	WK SBK CL	↓	R; C sap				
		49-60	MA L sap	↓	Multi				
C	L Berm 5%	0-14	Mo GR SL	FR NS/NP	Br	50+	N/A	N/A	0.3
		14-37	Mo SBK C	FR SS/SP	R				
		37-50	WK SBK C	↓	R; C sap				
D	L 5-10%	0-18	Mo SBK C	FR SS/SP	R	25"			0.3
		18-25	WK SBK CL	↓	R; C sap				
		25-60	MA L sap	↓	Multi				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III 9	IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Permanent
SITE CLASSIFICATION (.1948)
EVALUATED BY: KM
OTHER(S) PRESENT: Kathleen Saunders

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

COMMENTS: The

Updated February 2014

RECEIVED OCT 1 1 2018

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:

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:

121 Sierra Chase Dr.	Autumn Brook	5
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
( ) Repair To Failing Septic System due to _____
(✓) Other Confirming bedrooms on existing permit

Maximum Number of Bedrooms 3
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: _____ 10/11/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Int. 230167

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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 ISA 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: 121 Sierra Chase Dr Statesville 28677
Subdivision Name: Autumn Brook Section/Phase: Lot Number: [redacted]5
Driving Directions: Old mnt Rd, Wallace Springs, Autumn Mist, Sierra 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 [redacted] 10-7-18
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 Dev. LLC, am the legal owner of the property located at 121 Sierra Chase Dr, identified as PIN(Parcel Identification Number) 4732-162596, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders / The Office 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.

Autumn Brook Development LLC

By: [signature] 4-9-18

Signature of Owner Date

[signature] 4/9/18

Signature of Witness Date

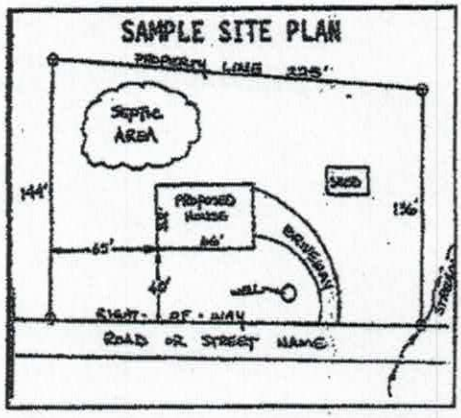
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

[redacted] 10-17-18
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

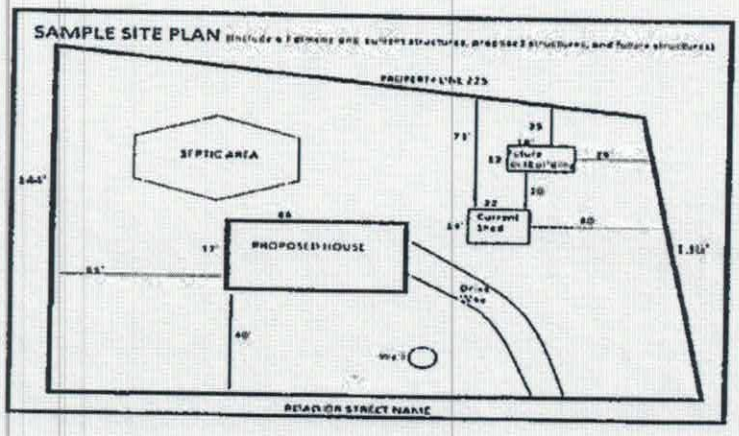
X Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

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**



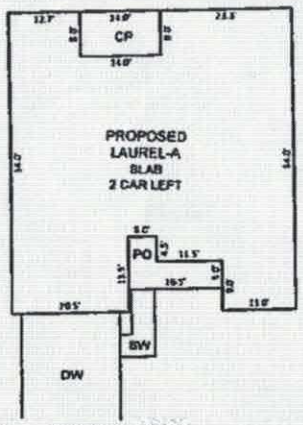
USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: Geoff Wood

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

10/6/14

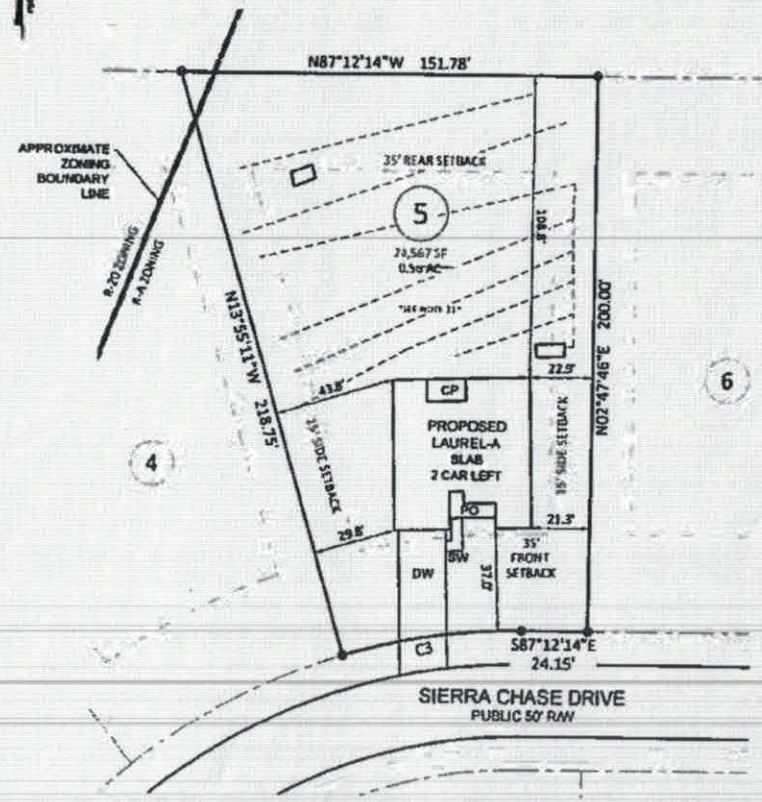
DATE



MJS 10/4/18

LOT INFORMATION:

PIN: 4732069660
HOUSE = 2,417 SF
DRIVEWAY = 674 SF
SIDEWALK = 56 SF
PORCH = 105 SF
COVERED PATIO = 112 SF
TOTAL LOT AREA = 0.56 AC = 24,567 SF
TOTAL PROPOSED IMPERVIOUS = 3,364 SF
PERCENT IMPERVIOUS = 13.7%



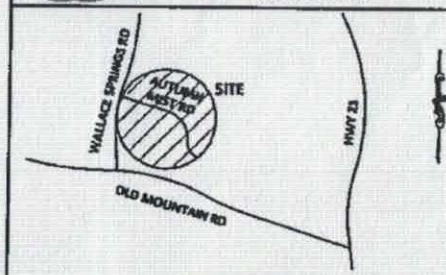
NOTES:

1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P CARSON, PLS.
2. THIS PLAT 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 ADDITIONS, 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 DEPICTED BY HUD F.I.R.M. MAP 3230473300 DATED MARCH 18, 2020. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING IS R-A/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
C3	325.00'	68.64'	S84°29'18"E	68.51'

SCALE:
1" = 40 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners
3524 Robinson 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 (#PS)
⊛ = 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

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 CITED 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 5
121 SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

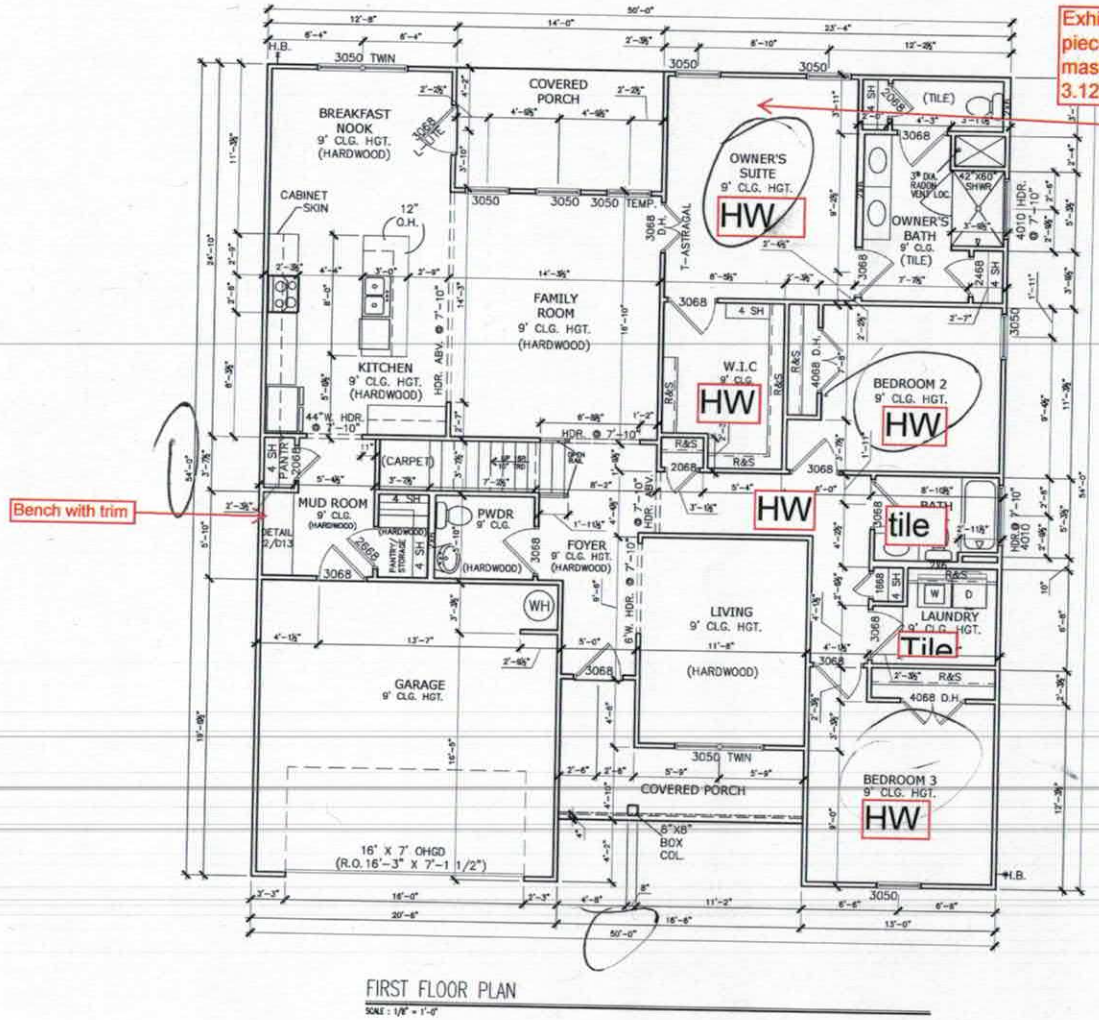
DATE: 10/2/18 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 87, PG 66 PROJECT # 178301 SCALE 1" = 40'

Acknowledgement Of
Plans Submittal ONLY!
~~Brijnath Parbhoo~~ Date 3/27/19.

Date

AUTUMN BROOK - 5



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

ExhibitJ add two piece crown to master suite 3.12.19 kpg

Change flooring on 3.12.19 kpg

add blinds on side and rear 3.12.19 kpg

Bench with trim

*RADON VENT PROVIDED PER LOCAL CODE

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

REVISION | DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
LAUREL

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

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BY	ED / AW
DATE	10/9/18
PACKAGE OPT.	A
PLAN NO.	2285
ELEV.	ALL / A
SHEET NO.	A5.1

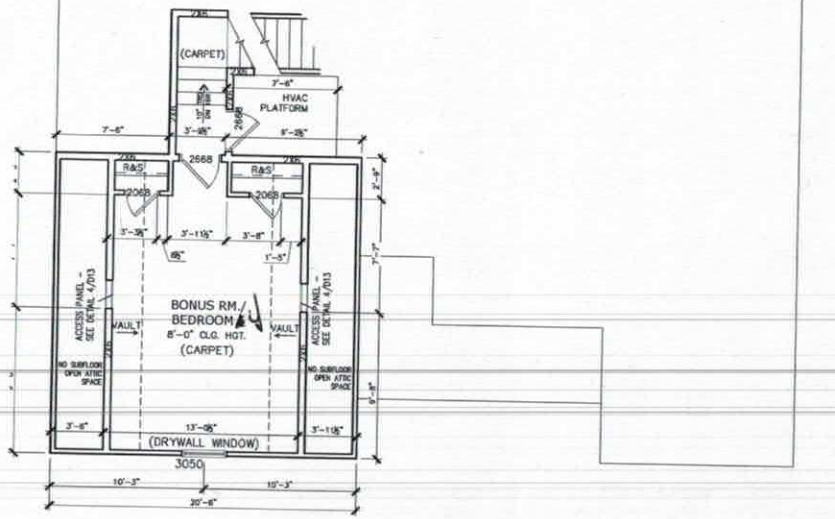
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AUTUMN BROOK - 5

Acknowledgement Of Plans Submittal ONLY!

Date 3/27/19.

Date



SECOND FLOOR PLAN

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

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BY	REVISION	DATE

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FLOOR PLANS
SECOND FLOOR
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DR	ED	CH	AW
DATE	10/9/18		
ELEVATION OPT	A		
PLAN ID	2285		
FND	ALL	ELEV	A
SHEET NO.	A5.2		