Site Address: 159 Autumn Mill Rd - Stat.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# ~~15698~~ 22276 PIN# 4732~~64066.046~~ 15.0322 DATE 9-26-08

OWNER OR APPLICANT Autumn Brook LLC PHONE: Business 704-996-2277 Home

ADDRESS 323 Walnut St. Statesville, NC 28677

LOCATION Hwy 21 S TR Old Mtn Rd TR Wallace Springs TR Autumn Mist at end on left

SUBDIVISION Autumn Brook BLOCK / SECTION -1- LOT 46 LOT AREA .74 Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 9-25-17
Pump Tank: Gallons; PT Shoaf Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% reduction gravity
Repair System Description: 25% reduction gravity
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☐ Individual ☒ Public ☒ Community

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:
Keep system & repair min. 15' from storm drain. See Revised Site Design.

Comments/Conditions:
Installed Quick 4
last (bottom sides > 5Ft from drain)
Upper 2 lines > 25Ft to drain

INITIAL SITE SKETCH

See plan from Rollans Soil & Environmental Services

AS BUILT SKETCH

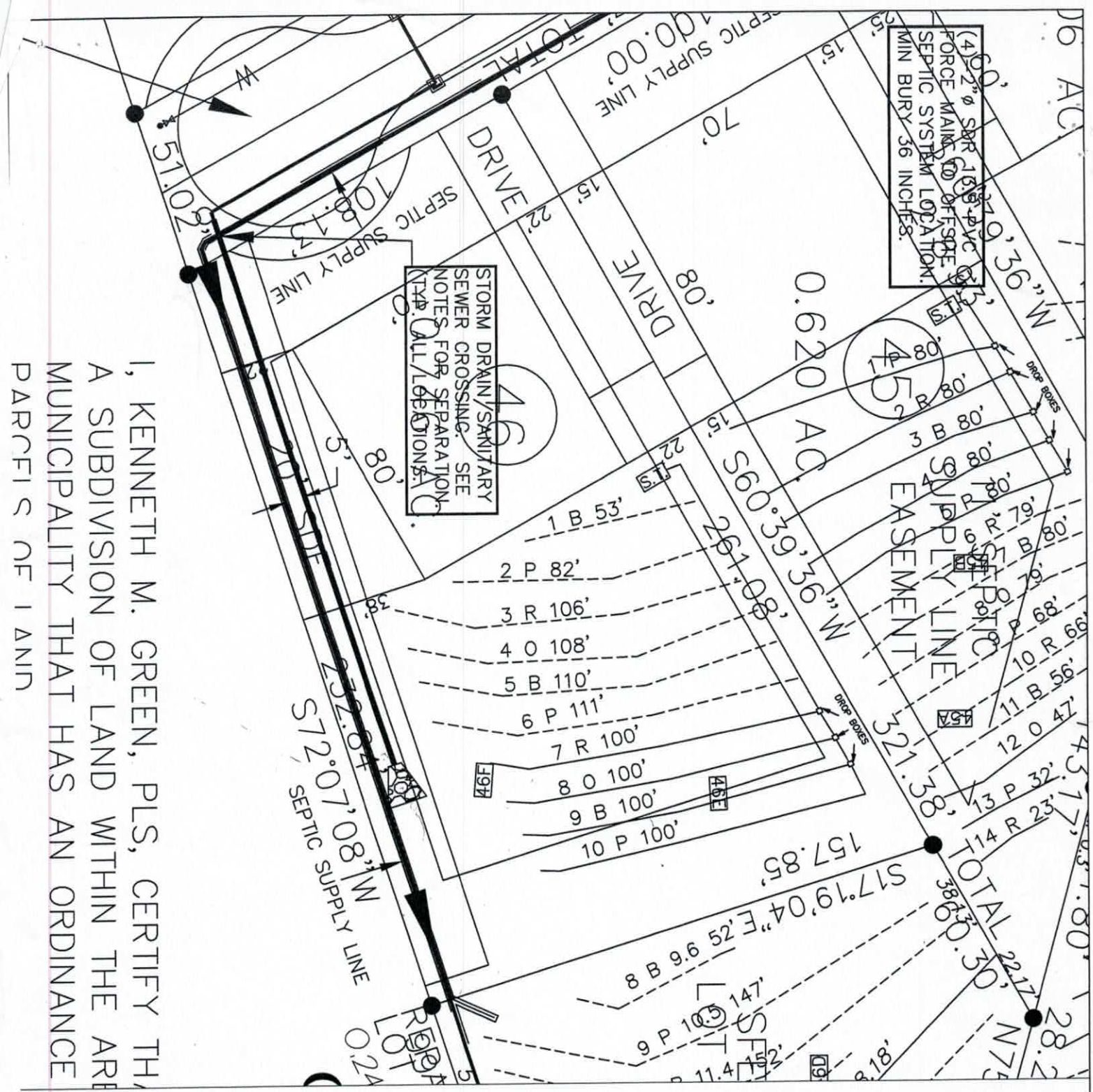
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with ~~plat~~ valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 11/3/17 Installed by: Specialty Septic

Improvement Permit by: Mary Melville date 9-26-08 Operation Permit by: _____ date 12/12/17

Authorization to Construct by: Benjamin D. Bittle date 8/29/2017 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK



I, KENNETH M. GREEN, PLS, CERTIFY THA
A SUBDIVISION OF LAND WITHIN THE ARE
MUNICIPALITY THAT HAS AN ORDINANCE
PARCELS OF LAND

LEGEND

- HOUSE
- PIT
- SEPTIC LINES
- REPAIR LINES

GRAPHIC SCALE

1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

ROLLANS SOIL & ENVIRONMENTAL SERVICES

470 N. BROAD ST., SUITE D
MOORESVILLE, NC 28115
PHONE/FAX: (704) 658-1723

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: PRELIMINARY SOIL EVALUATION

PROJECT NAME: THE JOHNSON GROUP / AUTUMN BROOK

LOCATION/DATE: WALLACE SPRINGS ROAD IREDELL COUNTY, NORTH CAROLINA JUNE 2006

JOB # :	01-1439
FILE:	C:\JOBS\01-1439
PROJECT MGR.:	A.L.P
FIELD WORK:	A.L.P
DRAWN BY:	A.L.P

ROLLANS *Soil & Environmental Services, Inc.*

470 N Broad Street, Suite D, Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 658-1724

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Brady Freeman, Registered Sanitarian
Mobile: (704) 746-6497
Email: bfree209@yahoo.com

Attached is a proposed design for an Accepted (25% reduction) Septic System with Gravity distribution for a 4 bedroom single family residence on Lot #46 Autumn Brook Subdivision, Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	7

September 22, 2008
Project #: 01-1439
Design By: Rollans Soil and Environmental Services



INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DEHNR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- Design precludes use of foundation drains on the residence.
- System is specified as an innovative gravity 25% reduction installation.
- Repair is specified as an innovative gravity 25% reduction installation.
- Rake trench walls, lime sidewalls, install trenches 36" wide level but have no more than 1/4" fall in 10 feet.
- Backfill against house to achieve positive drainage.
- All gullies near system and repair areas must be filled with provisionally suitable material.

Gravity 25% Reduction
FOR WASTEWATER TREATMENT

Owner:	The Johnson Group
Address:	132 Court Street Statesville, NC 28677
Phone:	704-881-0098
County:	Iredell
Location:	AUTUMN BROOK LOT #46
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

Design Specifications

Drainfield Size:	400
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	N/A
Estimated Supply Line Length:	90
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	15.66
Dosing Volume:	NA
Supply Manifold:	DROP BOX
Supply Manifold Length:	NA
Supply Manifold Volume:	N/A
Recommended Float Controls:	NA
Recommended Control Panel:	NA
Pressure Head:	NA
Friction Head:	NA
Elevation Head:	NA
Total Dynamic Head:	NA
Threaded Union:	NA
Gate Valves:	NA
	NA
Check Valves:	NA
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services.

AUTUMN BROOK LOT #46

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	90
TOTAL DYNAMIC HEAD:	NA
MANIFOLD SIZE:	NA
DOSING VOLUME:	NA
PUMP TANK DRAW DOWN*:	NA
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	N/A

AUTUMN BROOK LOT #46

Project #: 01-1439

LAYOUT FOR 4 BEDROOM HOME

September 22, 2008

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		N/A			100.00		
TANK			N/A	N/A			
HOUSE			N/A	N/A			
INSTR. 1				N/A			
1	BLUE			N/A	N/A	53	53
2	PINK			N/A	N/A	82	82
3	RED			N/A	N/A	106	106
4	ORANGE			N/A	N/A	108	108
5	BLUE			N/A	N/A	110	110
6	PINK			N/A	N/A	111	111
7	***RED***			***N/A***	***N/A***	***100***	***100***
8	***ORANGE***			***N/A***	***N/A***	***100***	***100***
9	***BLUE***			***N/A***	***N/A***	***100***	***100***
10	***PINK***			***N/A***	***N/A***	***100***	***100***
					Total	**970**	**970**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***400***	***0.30***	***ACCEPT.***	***0.30***	***25% RED.***	**GRAVITY DISTRIBUTION**
Repair	570	0.30	*ACCEPT.*	0.30	25% RED.	GRAVITY DISTRIBUTION

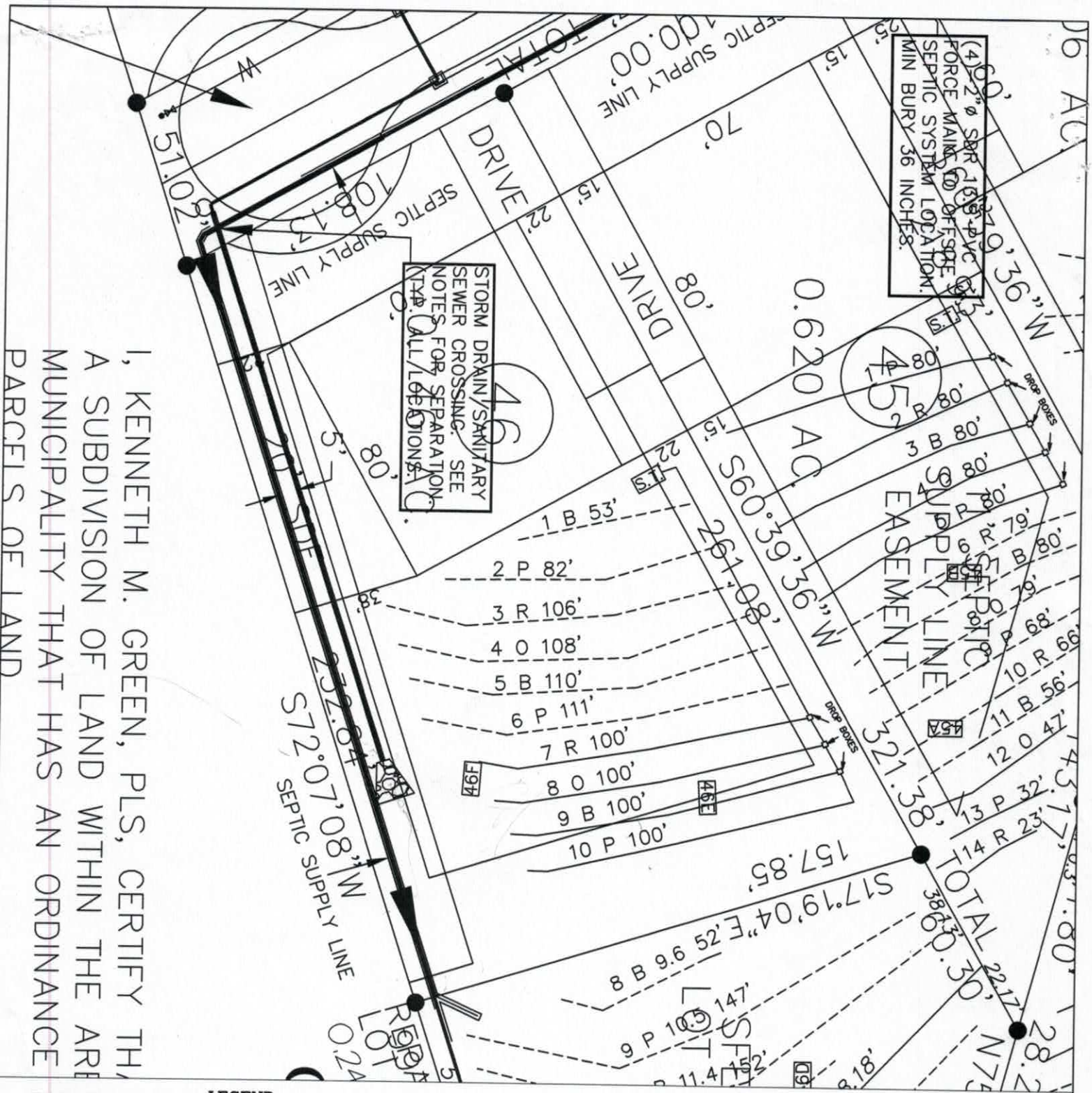
Notes:

** TBM NOT REQUIRED

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS, HI, and FS indicate rod readings



ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 N. BROAD ST., SUITE D
MOORESVILLE, NC 28115
PHONE/FAX: (704) 658-1723
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: PRELIMINARY SOIL EVALUATION

PROJECT NAME: THE JOHNSON GROUP / AUTUMN BROOK

LOCATION/DATE: WALLACE SPRINGS ROAD, IREDELL COUNTY, NORTH CAROLINA, JUNE 2006

JOB #: 01-1439
FILE: C:\JOBS\01-1439
PROJECT MGR.: A.L.P
FIELD WORK: A.L.P
DRAWN BY: A.L.P

CALCULATIONS

Location AUTUMN BROOK SUBDIVISION

Project Number 01-1439

Lot No: Lot 46

No. of Bedrooms 4

Design Flow 480 $^{gal}/_{day}$

LTAR 0.30 $^{gal}/_{ft^2\ day}$

25% RED.? (YES OR NO) YES

Supply Line Length 90 ft.

Supply Line Volume 15.66 gal.

Required Feet of Line 400 ft.
Amount of Line from Layout 400 ft.

Gallons per Minute NA $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Minimum Standard Tank Size 1000

Lateral Line Volume 261.2 gal.

Dosing Volume NA gal.

Note: Dosing Volume based on70% of lateral line volume

Tank Draw Down NA *Generic Draw Down of 21 gal.per in.*

Pump Run Time NA minutes

Elevation Head NA ft.
Pressure Head NA ft.
Friction Factor NA ft./100 ft. *(From the interpolater.)*
Friction Head NA ft.

Total Dynamic Head (+15%) NA ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

lot 46

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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		0-8	SCL	Fr, SEXP			common SAP Inc. 30-53		PS .3
		8-30	ABK, C	Fi SEXP					
		30-53	ABK BC, CL	Fi, SEXP					
2		0-8	SCL, WSBK	Fr, SS, SP, SEXP			fcw SAP Inc. 48+"		PS .3
		8-58	SBK, C	Fr, SS, SP, SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: Stormwater — diverge pipe on right side of property

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

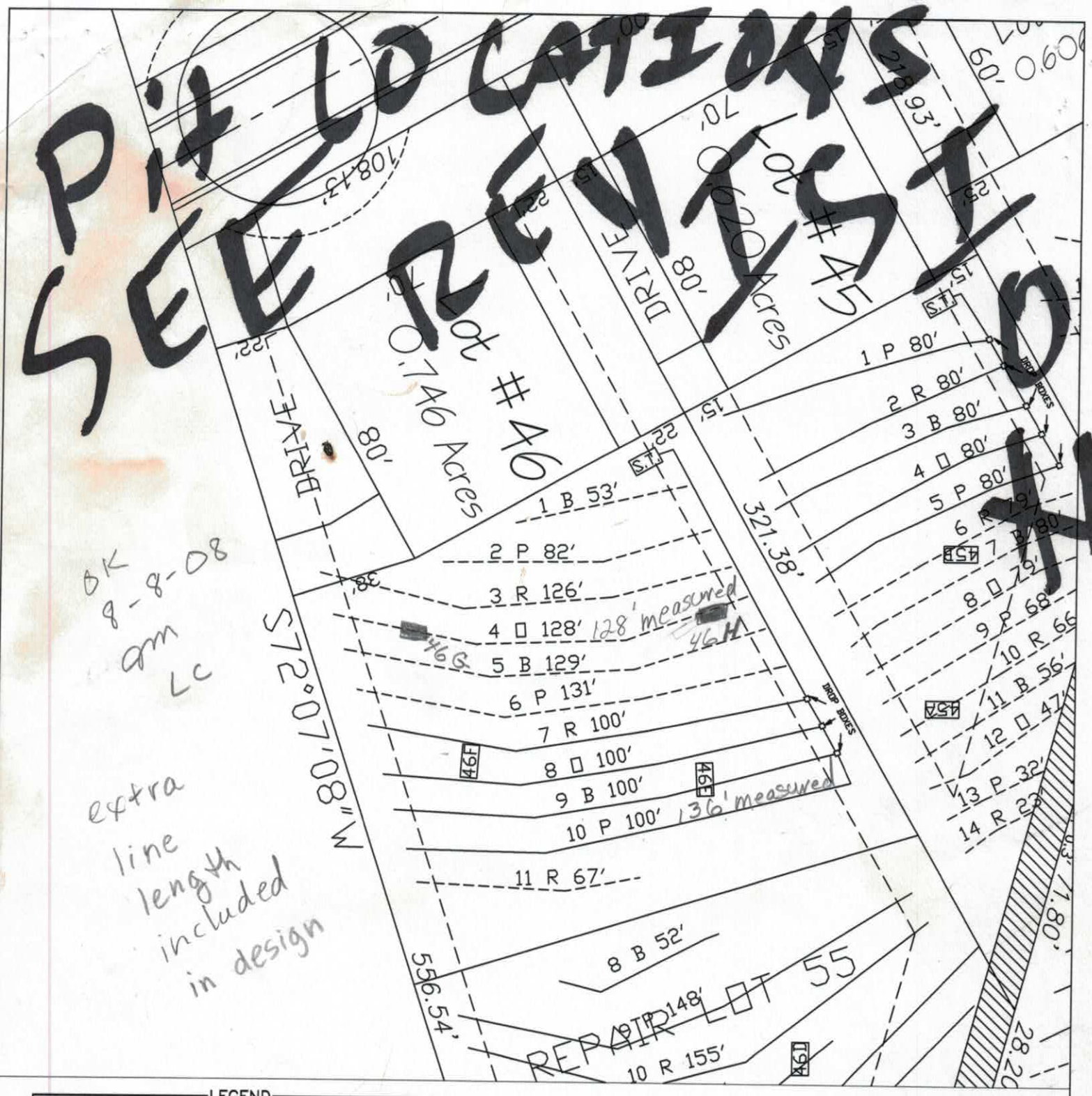
OWNER: The Johnson Group
ADDRESS: 132 Court St, Statesville NC 28677
PROPOSED FACILITY: 4BRM
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: Autumn Brooks Subdivison (off Wallace Springs Rd) Lot 46
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
APPLICATION DATE 6/08
DATE EVALUATED: 4/08
PROPERTY SIZE:
PROPERTY RECORDED:
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	
P46E 1	LSS 5-10%	0-10	B SL Gr	SS, SP, Fr SExP	—	54"	-	-	PS .3
		10-42	R C WM/WFSBk	SS, SP, Fr SExP	few Sap				
		42-54	R CL WFSBk	SS, SP, Fr SExP	com/many Sap				
P46F 2	LSS 0-5%	0-8	B SL Gr	SS, SP, Fr SExP	—	40"	PS	-	PS .3
		8-30	R C MFSBk	SS, SP, Fr SExP					
		30-40	R/YCL WFSBk	SS, SP, Fr SExP	com Sap				
		40-63	Var SL Sap Rocks	SS, SP, Fr SExP	com R CL incl.				
46 G 3		0-5	wkgr SCl						.3
		5-24	mosbk RC	Gr S P			PS		
		24-60	sl sap						
46 H 4		0-7	Br SL Gr	fr			PS		.3
		7-17	mosbk RC	fr SS SP					
		17-36	mosbk RC	fr			C-sap		
		36-55	SL/LS SAP many inc. C/Cl	Vfr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:



LEGEND

- HOUSE
- PIT
- SEPTIC LINES
- REPAIR LINES

GRAPHIC SCALE
1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

ROLLANS SOIL & ENVIRONMENTAL SERVICES
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MOBILE: (704) 746-5046
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: PRELIMINARY SOIL EVALUATION

PROJECT NAME: THE JOHNSON GROUP / AUTUMN BROOK

LOCATION/DATE: WALLACE SPRINGS ROAD, IREDELL COUNTY, NORTH CAROLINA, JUNE 2008

JOB # : 01-1439
FILE: C:\JOBS\01-1439
PROJECT MGR.: A.L.P
FIELD WORK: A.L.P
DRAWN BY: A.L.P

Non expiring

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonmen
(X) *Septic Improvement Permit* ( ) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repa*

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) 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 fe

Applicant Information: Contact: Kathleen Saunders (704) 578-4951

Applicant Name: Autumn Brook Dev. LLC **Address:** 1542 Queens Road W Charlotte 28207 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 159 Autumn Mist Rd Troutman

Subdivision Name: Autumn Brook **Section/Phase:** 1 **Lot Number:** 46

Driving Directions: Hwy 21, Old Mountain Rd, Right on Wallace Springs Rd
Right on Autumn Mist Rd

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbi

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) 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 granta right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for th 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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/10/16
DATE

Stormwater - Diverge Pipe on Right Side of Property

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: Kayla Gillum Jr, am the legal owner of the property located at 159 Autumn Mist Rd, identified as PIN(Parcel Identification Number) 4732 15 0322, located in Iredell County, North Carolina.

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

Kayla Gillum Jr 10.7.16
Signature of Owner Date

Terri S Carlson 10.7.16
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___BOTH ___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	Work Phone
Autumn Brook LLC	323 Walnut St. Statesville NC 28677		(704)996-2277
Same			

Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Autumn Brook	Lot 46

Driving Directions: N. Hwy 115, Lt Old Mountain Rd, Rt Wallace Springs Rd, Autumn Brook on Rt

****

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (✓) No Preference

****

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: Adrian L. Pruett
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

   9/25/08
   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...

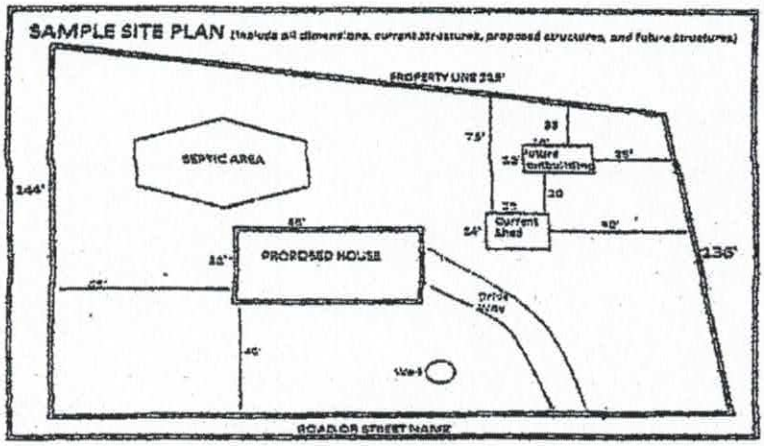
X North arrow, or other sufficient indicator of direction...

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

Please see attached site plan

Signature: Emma Hall

REQUIRED property owner or owner's legal representative signature.

10/10/16

DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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:

- ✓ Property Line measurements are clearly identified…
- ✓ 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*
- ✓ Front and side setbacks from property line…
- ✓ Preferred driveway location and configuration, preferred well location…
- ✓ Area you prefer your septic system to be placed…
- ✓ 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

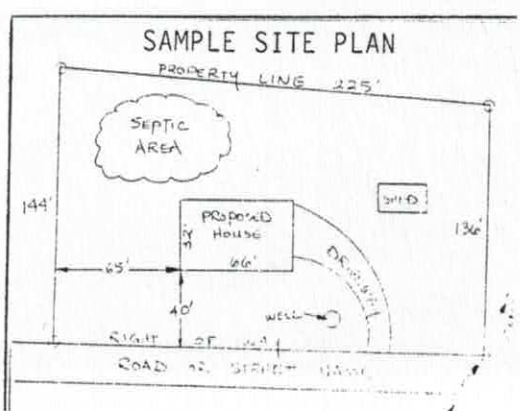
Signature: Alma L. Pruett

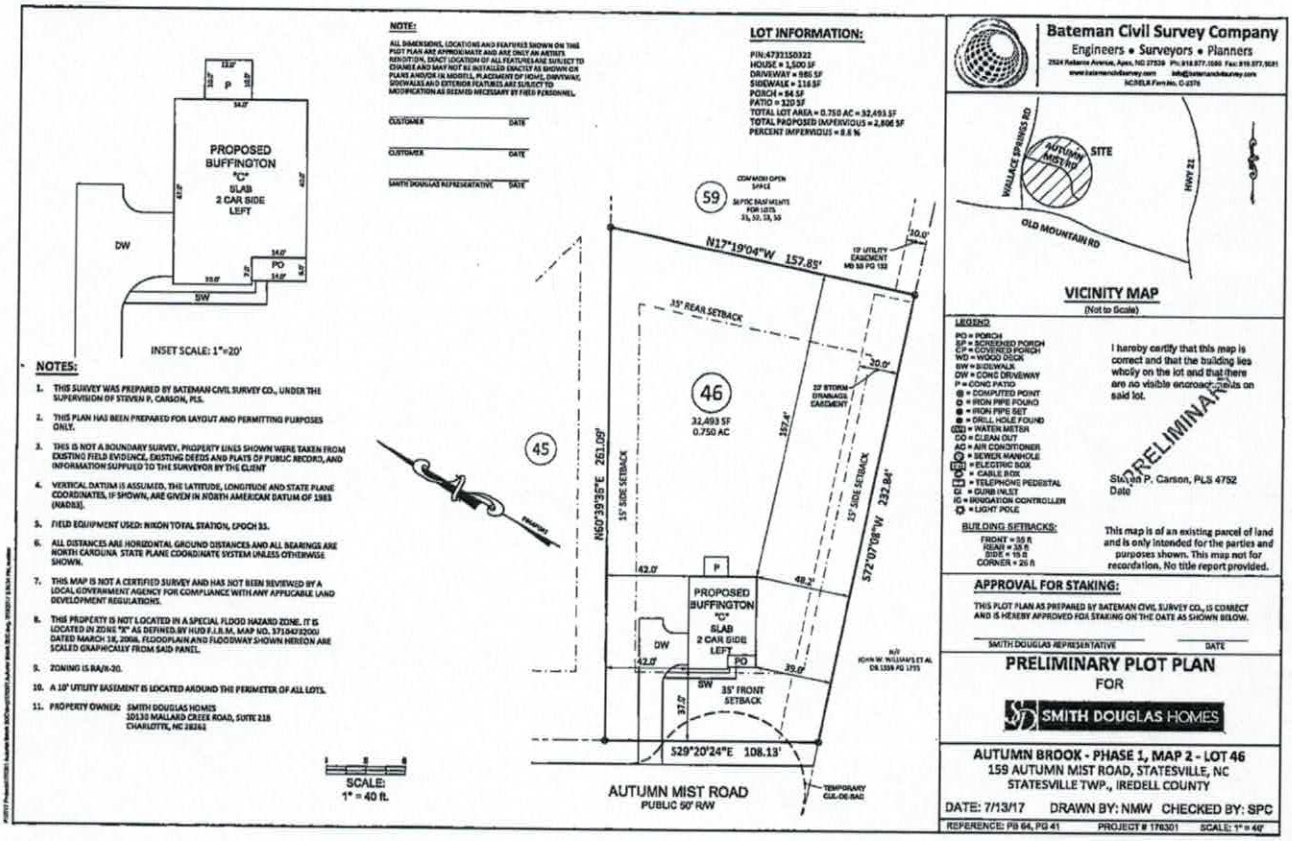
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/25/08
DATE

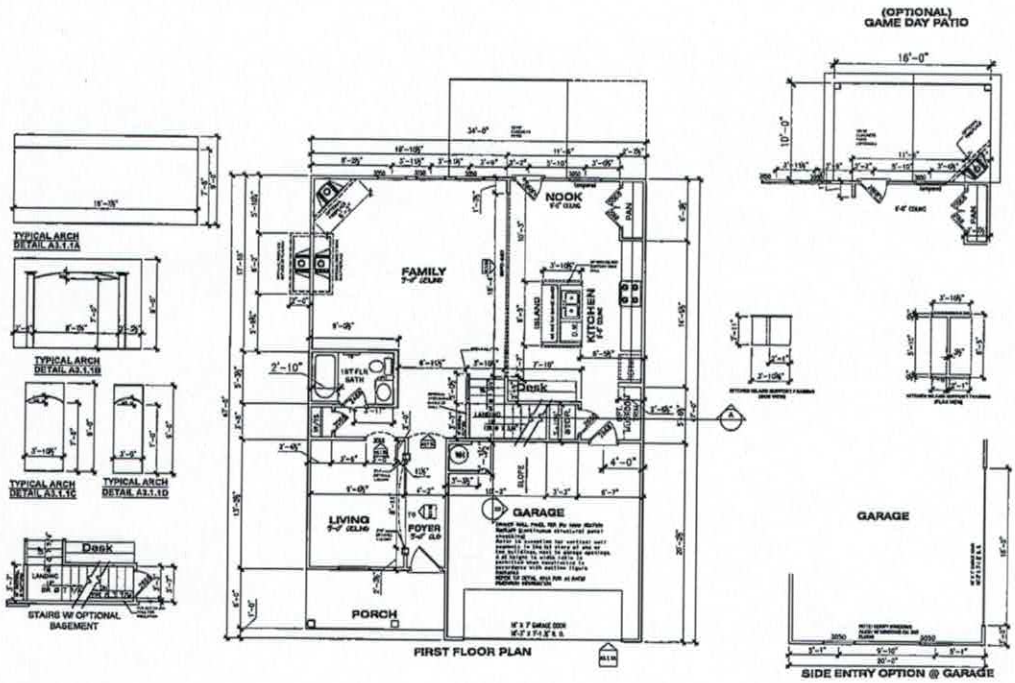
USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Site Plan.




PROPOSED BUFFINGTON
SLAB
2 CAR SIDE LEFT
DW
SW
PO
INSET SCALE: 1"=20'
NOTE:
ALL DIMENSIONS, LOCATIONS AND FEATURES SHOWN ON THIS PLOT PLAN ARE APPROXIMATE AND ARE ONLY AN ARTISTS RENDITION. EXACT LOCATION OF ALL FEATURES ARE SUBJECT TO CHANGE AND MAY NOT BE INSTALLED EXACTLY AS SHOWN ON PLANS AND/OR IN MODELS. PLACEMENT OF HOME, DRIVEWAY, SIDEWALKS AND EXTERIOR FEATURES ARE SUBJECT TO MODIFICATION AS DEEMED NECESSARY BY FIELD PERSONNEL.
CUSTOMER DATE
CUSTOMER DATE
SMITH DOUGLAS REPRESENTATIVE DATE
LOT INFORMATION:
PIN:4732150322
HOUSE = 1,500 SF
DRIVEWAY = 986 SF
SIDEWALK = 116 SF
PORCH = 84 SF
PATIO = 120 SF
TOTAL LOT AREA = 0.750 AC = 32,493 SF
TOTAL PROPOSED IMPERVIOUS = 2,806 SF
PERCENT IMPERVIOUS = 8.6 %
59
46
45
32,493 SF
0.750 AC
N17°19'04"W 157.85'
S72°07'08"W 232.84'
N60°39'35"E 261.09'
S29°20'24"E 108.13'
35' REAR SETBACK
15' SIDE SETBACK
35' FRONT SETBACK
10' UTILITY EASEMENT MB 59 PG 132
15' STORM DRAINAGE EASEMENT
AUTUMN MIST ROAD
PUBLIC 50' R/W
TEMPORARY CUL-DE-SAC
SCALE: 1" = 40 ft.
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. THIS IS NOT A BOUNDARY SURVEY. 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. VERTICAL DATUM IS ASSUMED. THE LATITUDE, LONGITUDE AND STATE PLANE COORDINATES, IF SHOWN, ARE GIVEN IN NORTH AMERICAN DATUM OF 1983 (NAD83).
5. FIELD EQUIPMENT USED: NIKON TOTAL STATION, EPOCH 35.
6. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
7. 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.
8. 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. 3710473200J DATED MARCH 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
9. ZONING IS RA/R-20.
10. A 10' UTILITY EASEMENT IS LOCATED AROUND THE PERIMETER OF ALL LOTS.
11. PROPERTY OWNER: SMITH DOUGLAS HOMES
10130 MALLARD CREEK ROAD, SUITE 218
CHARLOTTE, NC 28262
Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.9181
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-0576
WALLACE SPRINGS RD
AUTUMN MIST RD
SITE
HWY 21
OLD MOUNTAIN RD
VICINITY MAP
(Not to Scale)
LEGEND
PO = PORCH
SP = SCREENED PORCH
CP = COVERED PORCH
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
= ELECTRIC BOX
= CABLE BOX
= TELEPHONE PEDESTAL
= CURB INLET
IC = IRRIGATION CONTROLLER
= LIGHT POLE
BUILDING SETBACKS:
FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 25 ft
I hereby certify that this map is correct and that the building lies wholly on the lot and that there are no visible encroachments on said lot.
PRELIMINARY
Steven P. Carson, PLS 4752
Date
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.
APPROVAL FOR STAKING:
THIS PLOT PLAN AS PREPARED BY BATEMAN CIVIL SURVEY CO., IS CORRECT AND IS HEREBY APPROVED FOR STAKING ON THE DATE AS SHOWN BELOW.
SMITH DOUGLAS REPRESENTATIVE DATE
PRELIMINARY PLOT PLAN
FOR
SMITH DOUGLAS HOMES
AUTUMN BROOK - PHASE 1, MAP 2 - LOT 46
159 AUTUMN MIST ROAD, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY
DATE: 7/13/17 DRAWN BY: NMW CHECKED BY: SPC
REFERENCE: PB 64, PG 41 PROJECT # 176301 SCALE: 1" = 40'

AB-46 side load
left hand

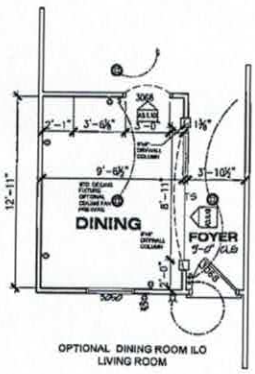


©SMITH DOUGLAS HOMES 2014

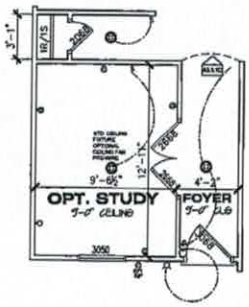
FLOOR PLAN
FIRST FLOOR PLAN
BUFFINGTON

ALL
2508
S ALL
A5.1

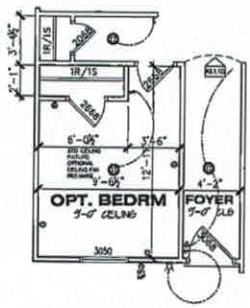
AB-46 side load
left hand



OPTIONAL DINING ROOM ILO LIVING ROOM



OPTIONAL STUDY ILO DINING



OPTIONAL 5TH BEDROOM IN LIEU OF LIVING ROOM

©SMITH DOUGLAS HOMES 2014

FLOOR PLAN
1ST FLR PLAN OPTS
BUFFINGTON

BB | RA
3/30/14
ALL
2508
ALL | ALL
A5.1.1

AB-46 Side load
left hand

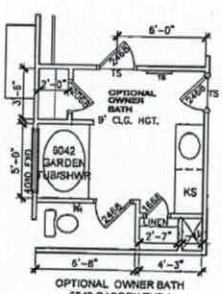
Acknowledgement Of
Plans Submittal ONLY

Buyer Signature Date 8/29/2017

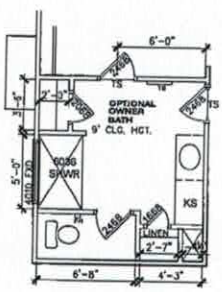
Date 11/8/17

31

dB-46 side load
left hand



OPTIONAL OWNER BATH
6042 GARDEN TUB / SHOWER COMBO



OPTIONAL OWNER BATH
6038 SHOWER



STANDARD OWNER BATH

OWNER BATH LAYOUT
W/OPT. WOOD
BURNING FIREPLACE
ON SIDE OF HOME

©SMITH DOUGLAS HOMES 2014

FLOOR PLAN
2ND FLR PLAN OPTS
BUFFINGTON

ALL
2508
ALL | ALL
A5.2.1

IREDELL COUNTY

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

APPLICATION NUMBER
222776
Issue Date: 10/26/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732150322.000	159 AUTUMN MIST ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK DEV LLC	Applicant: KATHLEEN SAUNDERS
Address: 1542 QUEENS ROAD WEST STATESVILLE, NC 28207	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		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	84201	TOTAL FEES:	$ 77.25

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit
Permit Number: 151698ZO

Printed: 7/15/2008

Master #: 151698

Associated Permits:
151698ZO Zoning

Applicant
Name: AUTUMN BROOK, LLC
Address: 323 WALNUT ST.
STATESVILLE, NC 28677
Phone: 704-996-2277

Parcel
Parcel Number: 4732164066.046
Address: 000 AUTUMN MIST RD
Statesville, NC 28677
Subdivision: AUTUMN BROOK
Zoning: RA/R20
Township: 0200
Area: 1.484
Lot(s): 46
Directions to Parcel: OLD MTN RD, RT ON WALLACE SPRINGS, RT ON AUTUMN MIST, SITE AT END ON LFT

Owners
Name: AUTUMN BROOK, LLC
Address: 323 WALNUT ST.
STATESVILLE, NC 28677
Phone: 704-996-2277

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-177123-07	Zoning - Permit / Inspection	$55.00
FEE-177124-07	Environmental Health - Type I or II Fast Track	$335.00
	Total Fees:	**$390.00**
REC-99429-07		$390.00
	Total Receipts:	**$390.00**

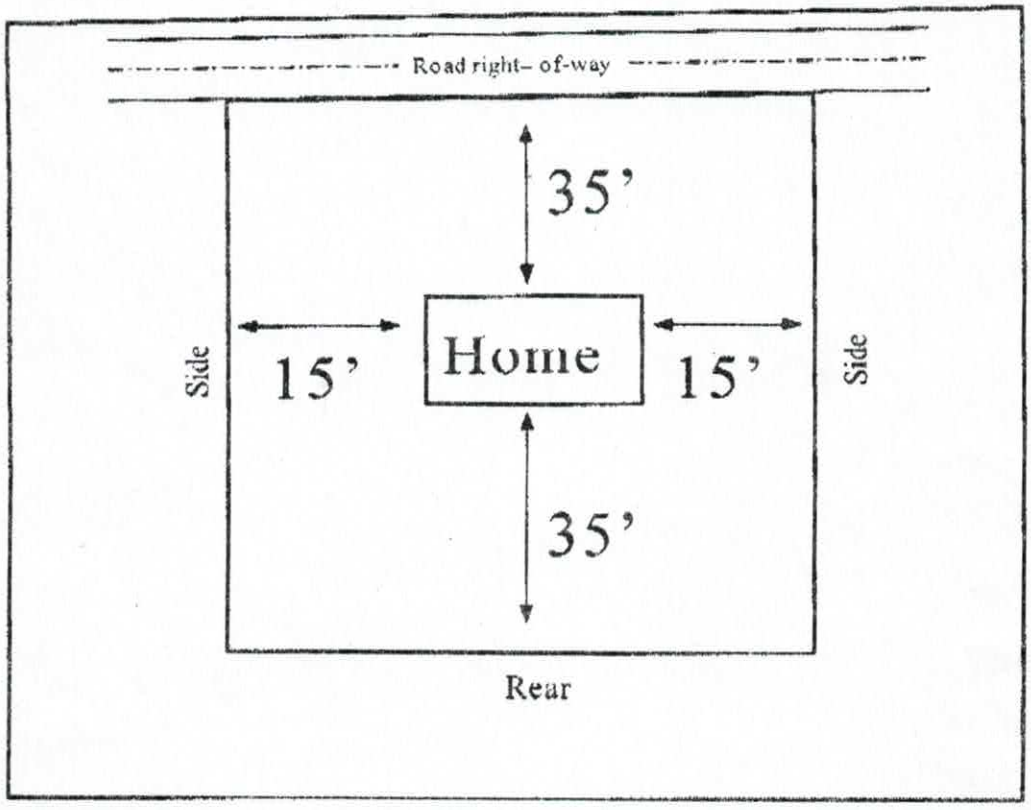
Conditions

ZONING DISCLAIMER

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. Applicant further acknowledges that the 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 _____

STREET NAME : lot #46, Autumn Mist Rd.



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.