IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office

PIN # 4732150911.000

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

APPLICANT/OWNER: SDH - Michael Picarrello

APPLICANT ADDRESS: 10130 Mallard Creek RD Suite # 218 Charlotte NC 28252.

SITE ADDRESS: 125 Autumn Mist RD Statesville NC 28677

PHONE: 704-578-4951 ALT. PHONE 984-225-9685

SITE DIRECTIONS: Hwy 21 Left on old Mountain RD Right on Wallace Springs

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Brook

SECTION: — LOT # 30 LOT AREA: .736 Acres. DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB Inf. Trailer	Date	IM-1060	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000	(gal)	PT Inf. Trailer	Date	IM-1060	System Description:	25% Reduction			☐ Business	No. Persons 8
Pump Make			Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1		# Lines	4	Linear Ft:	480	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36		Trench Bottom Depth (~~Low side~~)	36	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

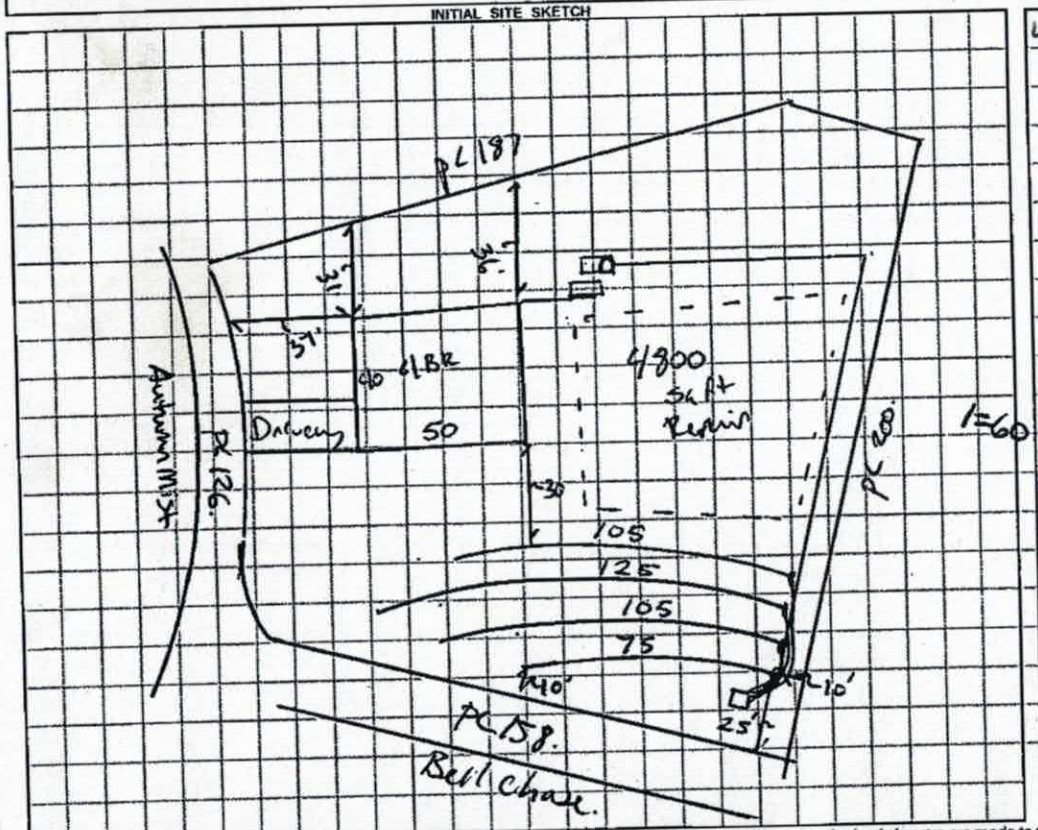
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: See Specs by Rollins Soil & Environmental

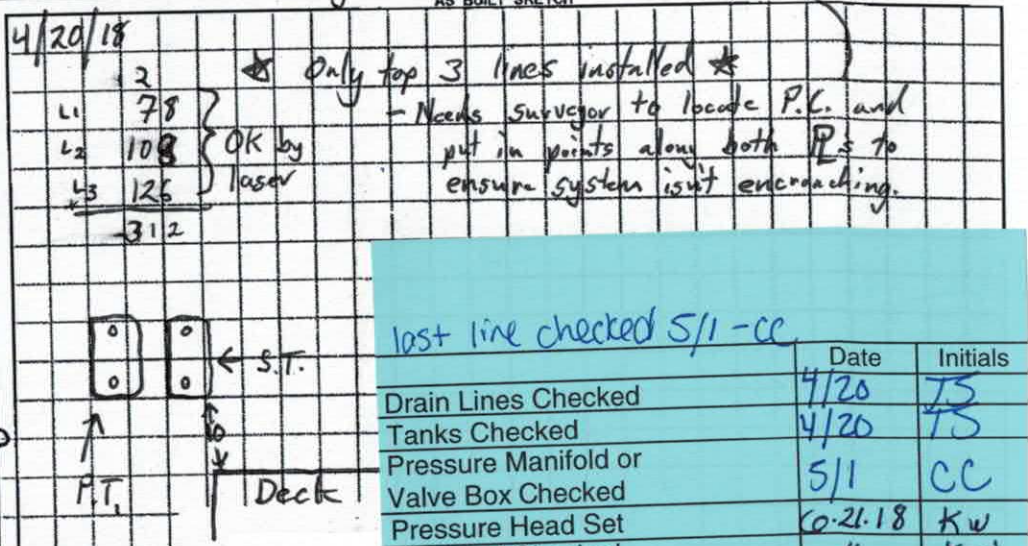
Replacet of Existing Permit issued 12/29/2016. * Change of foundation type.

Matt: [Smith Douglas] 704-273-6541

INITIAL SITE SKETCH



AS BUILT SKETCH



last line checked 5/1 - CC

	Date	Initials
Drain Lines Checked	4/20	TS
Tanks Checked	4/20	TS
Pressure Manifold or Valve Box Checked	5/1	CC
Pressure Head Set	6.21.18	KW
Electrical Checked	"	KW
Floats Set	"	KW
Alarm Checked	6/26/18	CC
Maintenance Contract Y / N	4/20	CC

* Need to hear alarm run w/float 6-26-18 CC

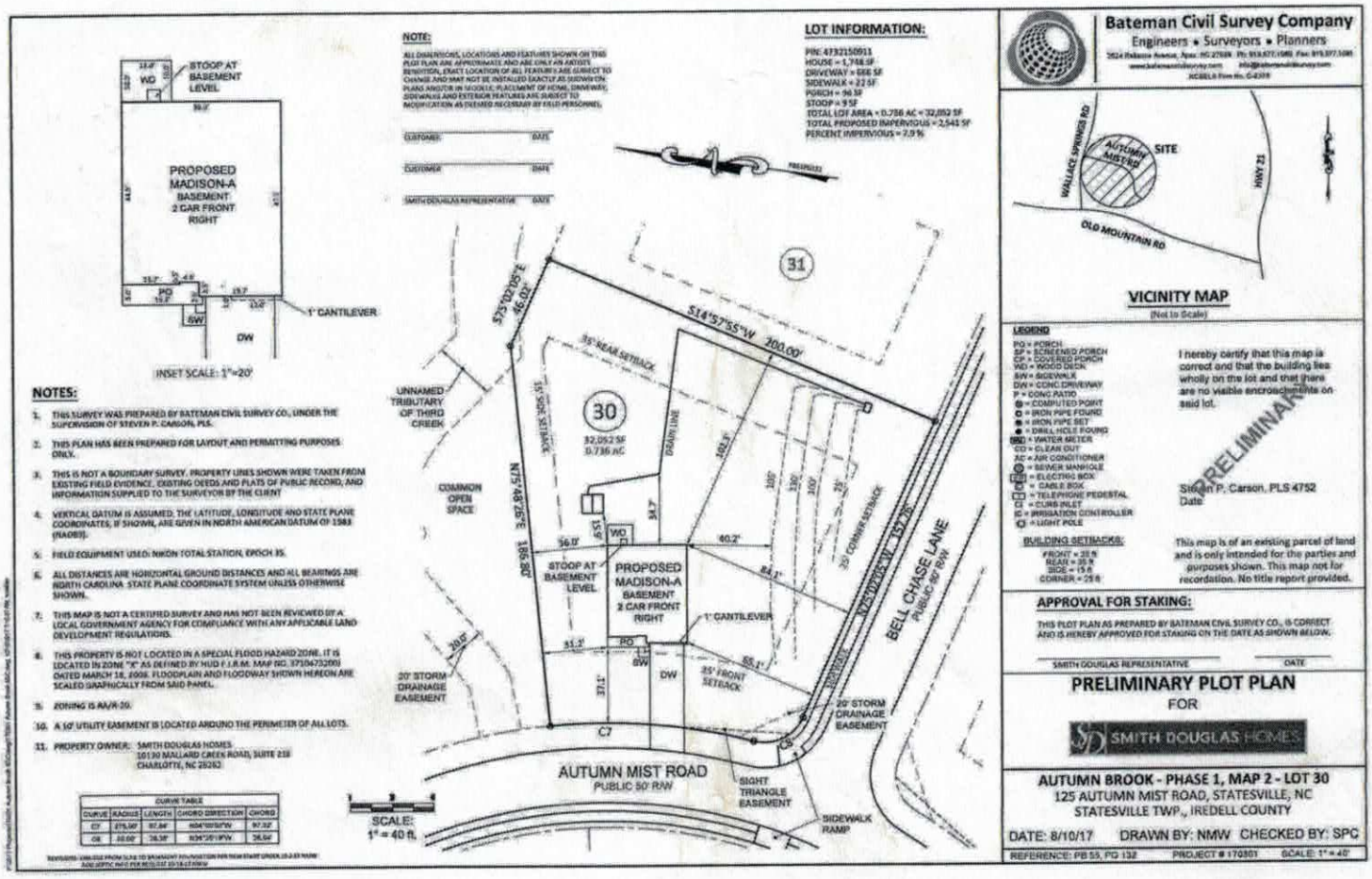
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: Date: 11/8/17 Installed by: Jamie O'Daniel - Specialty Septic

IMPROVEMENT PERMIT by: Date: 12/29/16 OPERATION PERMIT by: Carla Cave Date: 6-26-18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bettis Date: 11/3/17. Existing System Inspected by: 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. 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 210
CHARLOTTE, NC 28262

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C7	275.00'	97.84'	N04°05'51"W	97.32'
C8	50.00'	38.58'	N34°25'19"W	37.64'

REVISIONS: LINE USE FROM SLAB TO BASEMENT FOUNDATION PER NEW STAFF ORDER 10-2-17 NMW
ADD SEPTIC INFO PER REVISED 10-18-17 NMW

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 Pressure Manifold distribution for a 4 bedroom single family residence on Lot # 30 Autumn Brook Subdivision, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5
- Pressure Manifold Diagram---------- 6

Site Plan/System Plan---------- 7

Calculations---------- 8

Profile Descriptions---------- 9

June 20, 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 NC DENR, 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.
- System is specified as an accepted 25% reduction installation.
- Repair is specified as a low pressure PPBPS installation.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- Backfill against house to achieve positive drainage.
- All gulleys near system and repair areas must be filled with provisionally suitable material.

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner:	The Johnson Group
Address:	132 Court Street Statesville, NC 28677
Phone:	704-881-0098
County:	Iredell
Location:	Autumn Brook LOT 30
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	39.81

Design Specifications

Drainfield Size:	410
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:	1000
Estimated Supply Line Length:	209
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	36.37
Dosing Volume:	200.80
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	6.33
Elevation Head:	28.80
Total Dynamic Head:	42.70
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services.

Autumn Brook LOT 30
PRESSURE MANIFOLD DESIGN

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1230
TOTAL LATERAL LENGTH:	410
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	209
TOTAL DYNAMIC HEAD:	42.70
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	200.80
PUMP TANK DRAW DOWN*:	9.6
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

Autumn Brook LOT 30

Project #: 01-1439

LAYOUT FOR 4 BEDROOM HOME

June 20, 2008

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		1.6			100.00		
INSTR. 1			101.60				
HOUSE				13.30	88.30		
TANK				28.10	73.50		
1	ORANGE			2.90	98.70	37	37
2	*DARK PINK*			*4.30*	*97.30*	*75*	*75*
3	*BLUE*			*5.50*	*96.10*	*101*	*100*
4	*PINK*			*7.00*	*94.60*	*130*	*130*
5	*ORANGE*			*8.40*	*93.20*	*105*	*105*
5	ORANGE			8.40	93.20	45	45
6	DARK PINK			9.80	91.80	55	55
7	BLUE			11.20	90.40	55	55
8	PINK			12.90	88.70	55	55
9	ORANGE			14.60	87.00	55	55
10	DARK PINK			16.20	85.40	65	65
					Total	**778**	**777**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
** System*	*410*	*0.300*	*ACCEPT.*	*0.300*	*25% RED.*	**PRESSURE MANIFOLD**
Repair	4800sqFt	0.100		0.100	DRIP	

Notes:

** TBM located on left front corner lot (see site plan)
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Autumn Brook LOT 30

SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
2	***DARK PINK***	***97.30***	***75***	SCH 40 1/2	**7.11**	35.86	225	0.16
3	***BLUE***	***96.10***	***100***	SCH 80 3/4	**10.1**	50.94	300	0.17
4	***PINK***	***94.60***	***130***	SCH 40 3/4	**12.5**	63.05	390	0.16
5	***ORANGE***	***93.20***	***105***	SCH 80 3/4	**10.1**	50.94	315	0.16
	total	**feet =**	**410**	**gal/min =**	**39.81**			
			Des. Flow	**480**				
			Pump Run=	**5.04**				
			LTAR	**0.30**				
			LTAR + 5%	**0.315**				
			LTAR w / INNOV	**0.4**				
			LTAR w / INNOV + 5%	**0.42**				

Some lines flagged longer in the field, shorten to lengths shown here.

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)

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		0-12	Gr SCL						
		12-35	ABk C						
		35-44	wABk BC						
		44-60	Mass Sap (1)						
2		0-6	Gr SCL						
		6-24	ABk C					24"	Drip
		24-60	Mass CR						
3									
4									

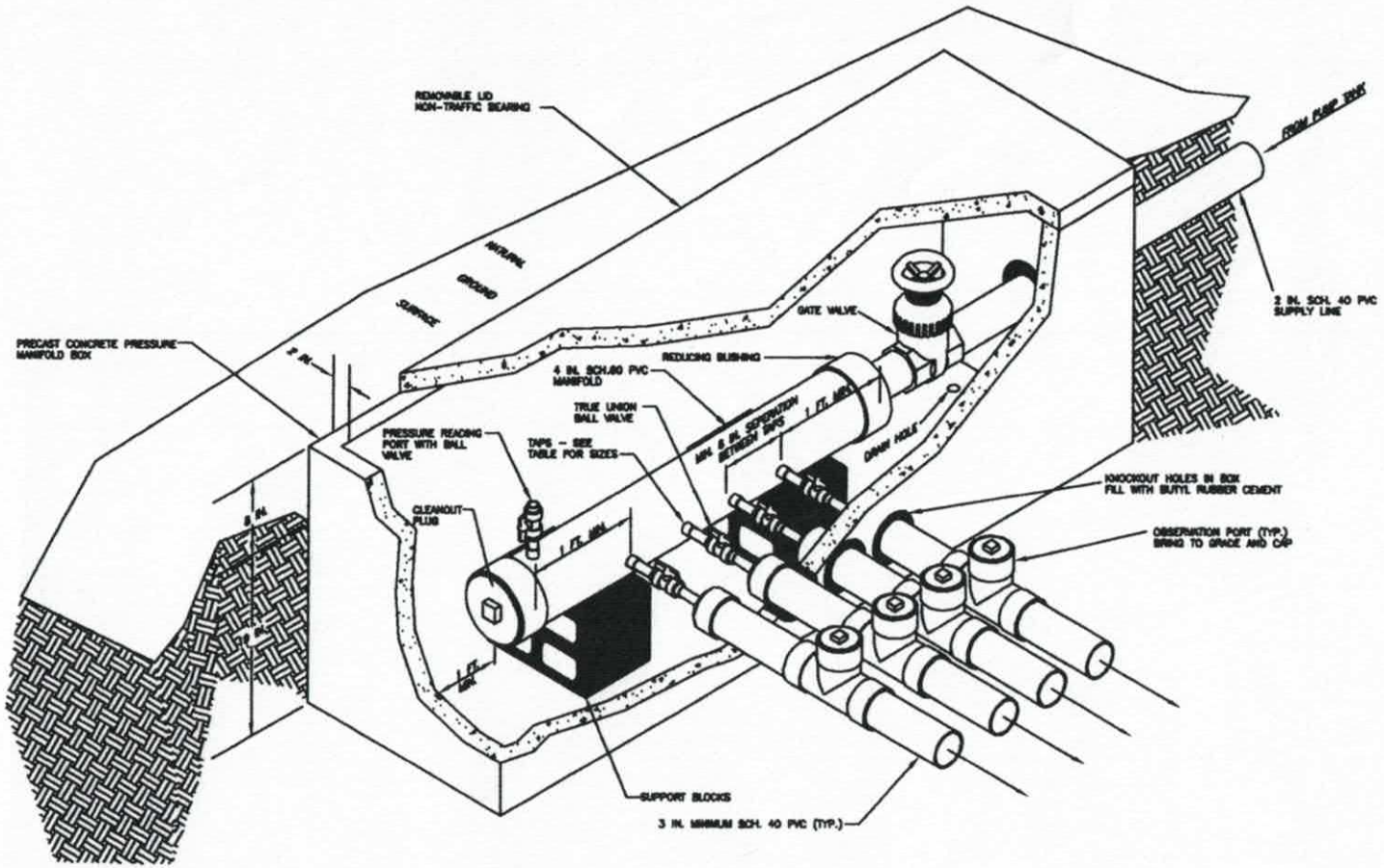
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____


Pit Locations
Lot #30
0.736 Acres
Lot #31
0.459 Acres
DRIVE
DRIVE
TBM 1.6
Tank 28.1
S.T.
P.T.
P.T.S.T.
139.85'
101.93'
97.84'
28.35'
157.76'
186.80'
200.00'
46.02'
100.00'
70'
15'
24'
55'
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.
LANS SOIL & ENVIRONMENTAL SERVICES
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE (704) 716-5016
EMAIL ROLLANS@WINDSTREAM.NET
MAP TITLE: PRELIMINARY SOIL EVALUATION
PROJECT NAME: THE JOHNSON GROUP / AUTUMN WOODS
LOCATION/DATE: WALLACE SPRINGS ROAD, RIDDELL 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

TYPICAL PRESSURE MANIFOLD DETAIL



CALCULATIONS

Location Autumn Brook

Project Number 01-1439

Lot No: Lot 30

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	209	ft.
Supply Line Volume	36.366	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	410	ft.
Gallons per Minute	39.81	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	267.73	gal.
Dosing Volume	200.80	gal.

Note: Dosing Volume based on 75% of lateral line volume

Tank Draw Down	9.6	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.04	minutes
Elevation Head	28.80	ft.
Pressure Head	2	ft.
Friction Factor	3.03	ft./100 ft. *(From the interpolater.)*
Friction Head	6.33	ft.
Total Dynamic Head (+15%)	42.70	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

RECEIVED OCT 2 6 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#222769 Pd. $320.00

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 Intermediate Relayout

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 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Michael Picariello Address: 10130 Mallard Creek Dr Zip: 28262
Applicant Email: MPicariello@SmithDouglas.com Phone: 984-225-9695 Alt. Phone:
Owner Name: Michael Picariello SDH Address: Same 10130 Mallard Creek Zip: 28262
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 125 Autumn Mist Road Statesville, NC
Subdivision Name: Autumn Brook Section/Phase: 1 Lot Number: 30
Driving Directions: 95 to 21 Left Old Mountain Road Rt. Wallace Springs

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4BR — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 5 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Switching INSpection to reflect Basement
Non-Residential Site Development: Type of Business:
Square Footage of Building: 3004+96 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:
(X) 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: _____ 10-25-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

10-27-17 (Date)

Owner: Smith Douglas Homes
Address: 10130 Mallard Creek Rd. Charlotte NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit # 222769 Autumn Brook Lot 30 PIN 4732150911
125 Autumn Mist Rd.

I, _____ (print full name), voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 12-29-16 (date) for a system 25% Reduction (system name) for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
____1/4/18_____**(Date)**

Owner: _Smith Douglas Homes _____
Address:___10130 Mallard Creek Rd Suite 2181 Charlotte NC 28252
_____
_____

Subject: Notice of Intent to Revoke/Suspend _____125 Autumn Mist Rd Statesville NC 28677 Permit # 222769_____ **(specify name/location)** Improvement Permit/Construction Authorization

Dear _____Smith Douglas Homes_____:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at _125 Autumn Mist Rd Statesville NC _____ (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization ___222769 Type III_____ (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation			Law or Rule Citation		
_Change	of	foundation	type	/system	relayout

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is __1/4/18_____. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222769

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

PIN # 4732150911

APPLICANT: Autumn Brook Dev LLC APPLICANT ADDRESS: 1542 Queens Rd West Statesville NC 28027

SITE ADDRESS: 125 Autumn Mist Rd Statesville NC 28677 PHONE: 704-578-4451 ALT. PHONE: —

SITE DIRECTIONS: 215 T/R Old Mountain Rd T/R Wallace Springs T/R Autumn Mist Lot on left

SUBDIVISION: Autumn Brook SECTION: 1 LOT # 30 LOT AREA: 1.736ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines Linear Ft: 410'
Trench Width 4 Max. Trench Bottom Depth 36" Gravel Depth

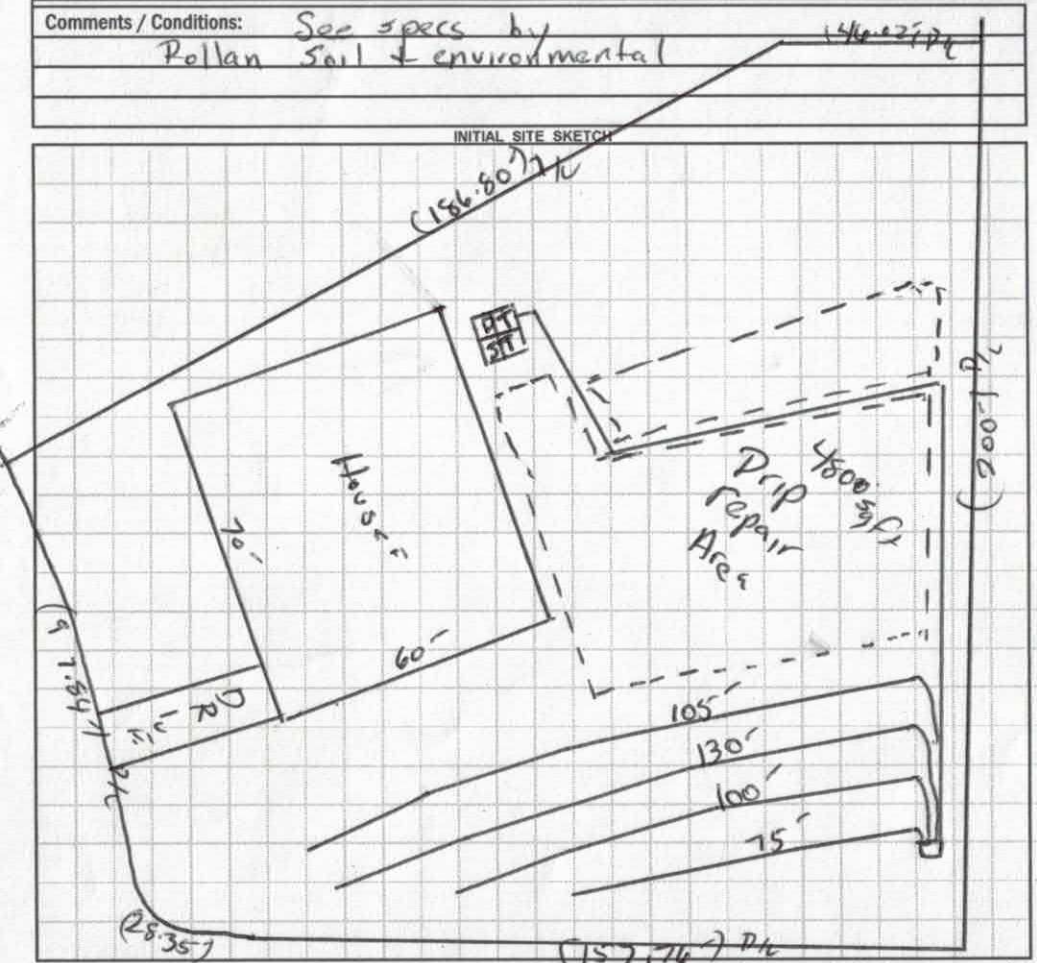
[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI
System Description: 25% Reduction
Repair System Description:
Maintenance Agreement Required: [ ] YES [X] NO
[ ] GRAVITY [X] PRESSURE

[X] Residence No. Bedrooms 4
[ ] Business No. Persons 8
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: See specs by Rollan Soil & environmental

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40

Revised

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**

[X] **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: 1-3-17 Installed by:

IMPROVEMENT PERMIT by: Date: 12/29/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 8/22/2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

10-7-16 (Date)

Owner: Autumn Brook Development, LLC By Ray A. Killian, Jr.
Address: 1542 Queens Rd West
Charlotte, NC 28207

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit# 150747
Autumn Brook 30
PIN 4732 15 0911

I, Ray Killian Jr, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 7/8/08 (date) for a system

25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Autumn Brook Development, LLC
By: Ray A. Killian Jr
Signature of Property Owner

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
12/29/2016

Owner: Autumn Brook LLC
Address: 1542 Queens Rd West

Subject: Notice of Intent to Revoke/Suspend _: 125 Autumn Mist Rd

Dear Autumn Brook LLC:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 125 Autumn Mist Rd for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization III determined the following violations:

Violation	Law or Rule Citation
Unsuitable soil depth for PPBPS in repair area	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 12/29/2016. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150747 PIN# 4732164066.030 DATE 7-18-08

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

ADDRESS 323 Walnut St. Statesville NC 28677

LOCATION Hwy 215 TR Old Mtn Rd TR Wallace Springs TR Autumn Mist TL Bell Chase on corner

SUBDIVISION Autumn Brook BLOCK / SECTION LOT 30 LOT AREA .736 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 410

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 pm

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

See system plan for varying tap sizes on pressure manifold

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from Rollans Soil & Environmental Services

Revoked

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 plan 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: Autumn Brook LLC date 7-14-08 Installed by:

Improvement Permit by: Judy Melville date 7-18-08 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

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

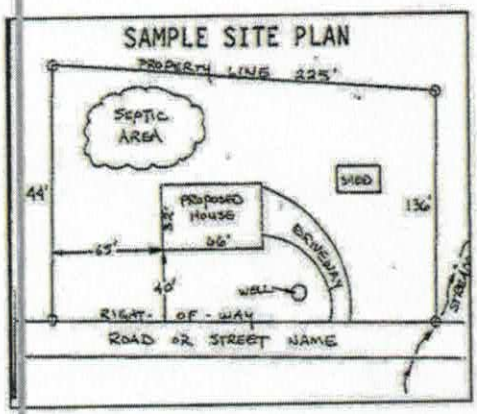
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- N A (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

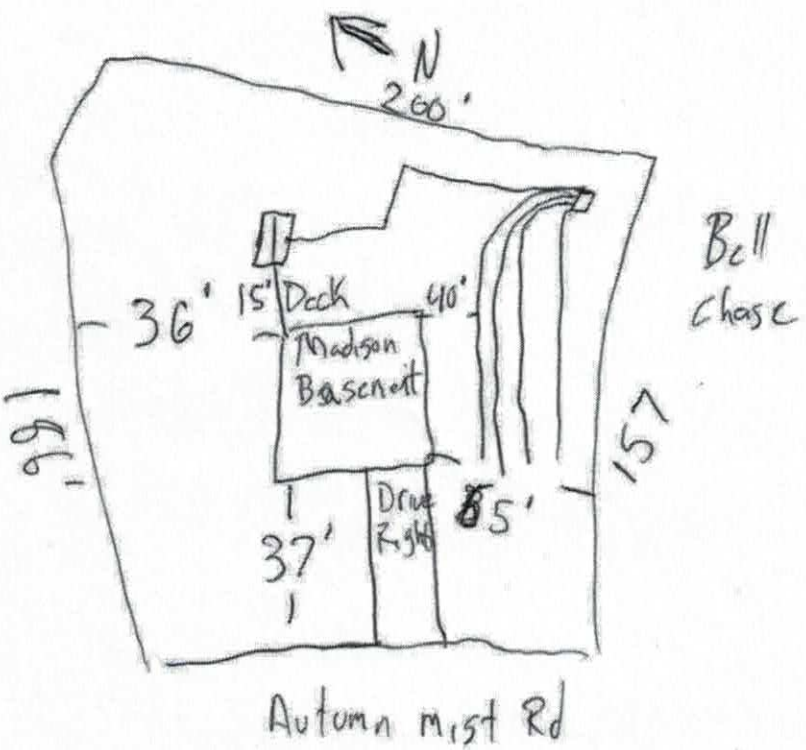


Circle N/A on the following if appropriate:

- 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)

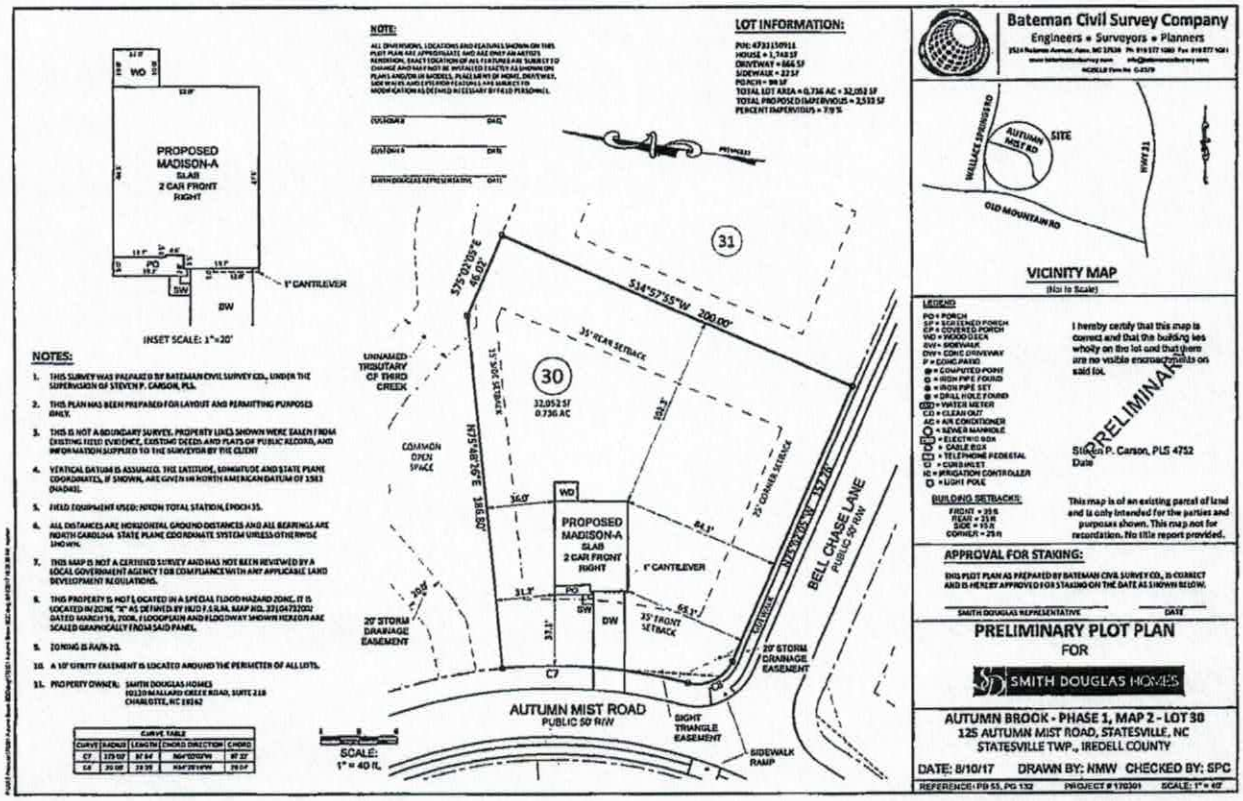
USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____ 10-26-17

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


PROPOSED MADISON-A SLAB 2 CAR FRONT RIGHT
1' CANTILEVER
INSET SCALE: 1"=20'
NOTE:
LOT INFORMATION:
PIN: 4733150911
HOUSE = 1,748 SF
DRIVEWAY = 666 SF
SIDEWALK = 223 SF
PORCH = 98 SF
TOTAL LOT AREA = 0.736 AC = 32,052 SF
TOTAL PROPOSED IMPERVIOUS = 2,533 SF
PERCENT IMPERVIOUS = 7.9 %
PROPOSED
CUSTOMER DATE
SMITH DOUGLAS REPRESENTATIVE DATE
31
S75°01'05"E 66.02'
S14°57'55"W 200.00'
35' REAR SETBACK
30
32,052 SF
0.736 AC
UNNAMED TRIBUTARY OF THIRD CREEK
COMMON OPEN SPACE
N75°42'04"E 265.00'
N75°42'04"E 265.00'
WD
PROPOSED MADISON-A SLAB 2 CAR FRONT RIGHT
1' CANTILEVER
PO
SW
DW
36.0'
84.3'
31.3'
55.3'
35' FRONT SETBACK
20' CORNER SETBACK
N74°50'20"W 157.20'
BELL CHASE LANE
PUBLIC 50' R/W
20' STORM DRAINAGE EASEMENT
20' STORM DRAINAGE EASEMENT
C7
AUTUMN MIST ROAD
PUBLIC 50' R/W
SIGHT TRIANGLE EASEMENT
SIDEWALK RAMP
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 FEMA 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 210
CHARLOTTE, NC 28262
CURVE TABLE
CURVE | RADIUS | LENGTH | CHORD DIRECTION | CHORD
C7 | 175.00' | 87.84' | N64°20'00"W | 87.27'
C8 | 20.00' | 23.35' | N34°28'19"W | 22.04'
Bateman Civil Survey Company
Engineers • Surveyors • Planners
3516 Nolanner Avenue, Apex, NC 27539 Ph: 919 577 1080 Fax: 919 577 1041
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-0579
WALLACE SPRINGS RD
AUTUMN MIST RD
SITE
I-77 NBR
OLD MOUNTAIN RD
VICINITY MAP
(Not to Scale)
LEGEND
PO = PORCH
SP = SCREENED PORCH
DP = 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
MH = SEWER MANHOLE
EB = ELECTRIC BOX
CB = CABLE BOX
TP = TELEPHONE PEDESTAL
CI = CURB INLET
IC = IRRIGATION CONTROLLER
LP = LIGHT POLE
BUILDING SETBACKS:
FRONT = 25 ft
REAR = 35 ft
SIDE = 10 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 is 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 30
125 AUTUMN MIST ROAD, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY
DATE: 8/10/17 DRAWN BY: KMW CHECKED BY: SPC
REFERENCE: PB 55, PG 132 PROJECT # 170301 SCALE: 1" = 40'

Ronda Hart

From: Michael Picariello <mpicariello@smithdouglas.com>
Sent: Friday, October 27, 2017 10:06 AM
To: Ronda Hart
Subject: FW:
Attachments: ArchitecturalPlan_030_20171001_REVISED.pdf; Septic 30 AB.pdf

Ronda,
It was nice meeting you yesterday. This is a completed form to proceed with re-permitting Lot 30 Autumn Brook. I also attached a copy of the Basement plans, with th optional future fourth bedroom to comply with the Previously approved system we plan to install.

From: Michael Picariello [mailto:mpicariello27@gmail.com]
Sent: Friday, October 27, 2017 9:05 AM
To: Michael Picariello <mpicariello@smithdouglas.com>
Subject:

http://thesmartbuilder.net/ProcessModel-SmithDouglas/Construction/LotDetails/Charlotte/AutumnBrook/Lot_030/ArchitecturalPlan_030_20171001_REVISED.pdf

Thank You,
Michael Picariello

4th Bd



Acknowledgement of
Plans Submittal ONLY!
Brian Peters
Date 11/3/17
Date

BASEMENT PLAN
SEE FRONT ELEVATION FOR MASONRY LOCATIONS

SIDE ENTRY OPTION @ GARAGE

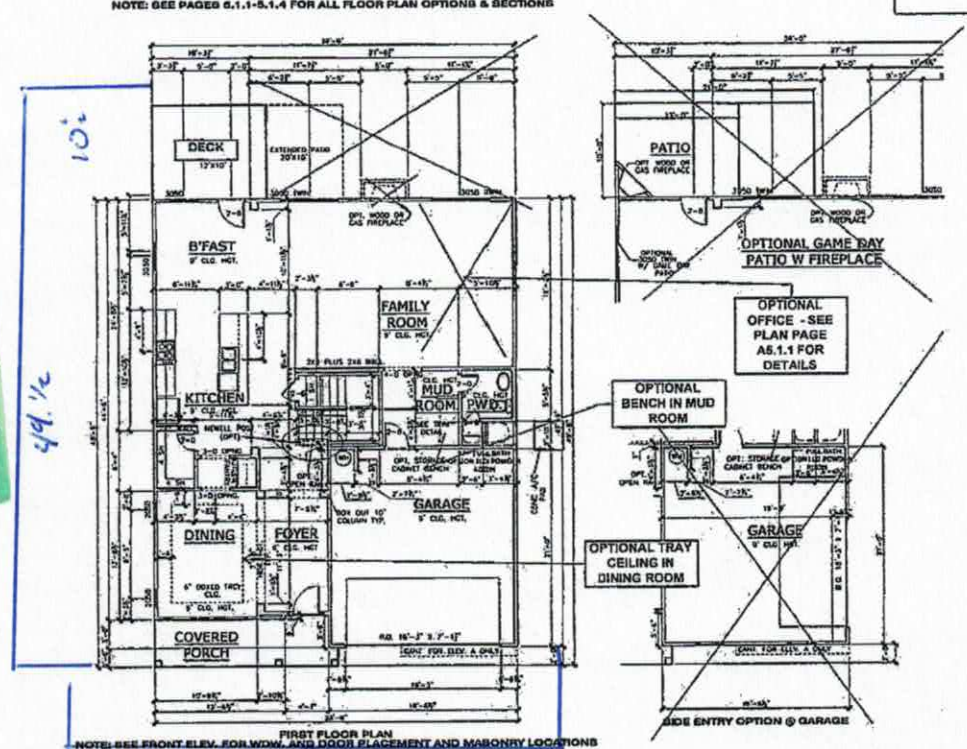
© SMITH DOUGLAS COMMUNITIES 2013

FOUNDATION PLAN
BASEMENT PLAN
MADISON

10/3/13
ALL
3004
B ALL
A4.1

AUTUMN BROOK 30

NOTE: SEE PAGES 5.1.1-5.1.4 FOR ALL FLOOR PLAN OPTIONS & SECTIONS



NOTE: SEE FRONT ELEV. FOR WDW. AND DOOR PLACEMENT AND MASONRY LOCATIONS

©SMITH DOUGLAS COMMUNITIES 2013

FLOOR PLAN
FIRST FLOOR PLAN
MADISON

ALL
3004
ALL ALL
A5.1

Acknowledgement Of Plans Submittal ONLY!
Date 8/21/2017
Date 9/5/17

AUTUMN BROOK 30

OPTIONS
FIRST FLOOR PLAN
MADISON

10/3/13
ALL
3004
ALL ALL
A5.2.1

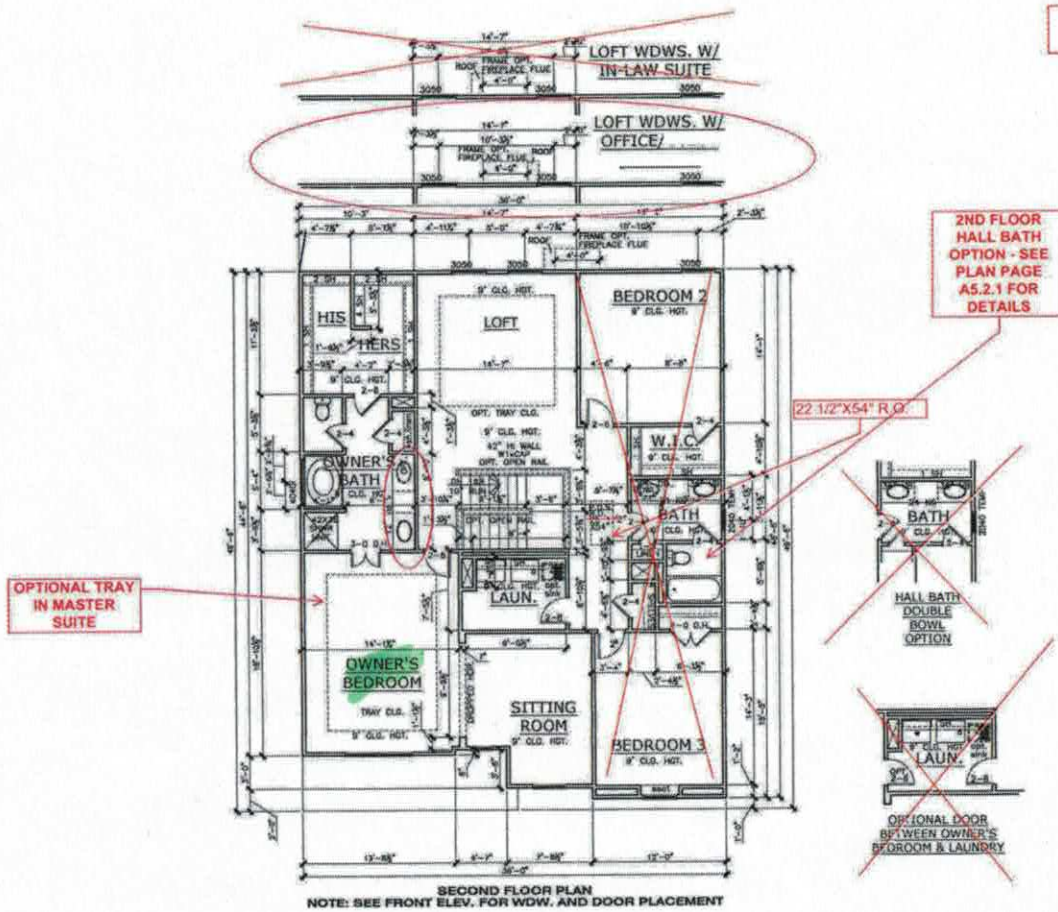
© SMITH DOUGLAS COMMUNITIES 2013

Acknowledgement of Plans Submittal ONLY!

Date 11/3/13

Date

AUTUMN BROOK 30



SECOND FLOOR PLAN
NOTE: SEE FRONT ELEV. FOR WDW. AND DOOR PLACEMENT

Acknowledgement of Plans Submittal ONLY!

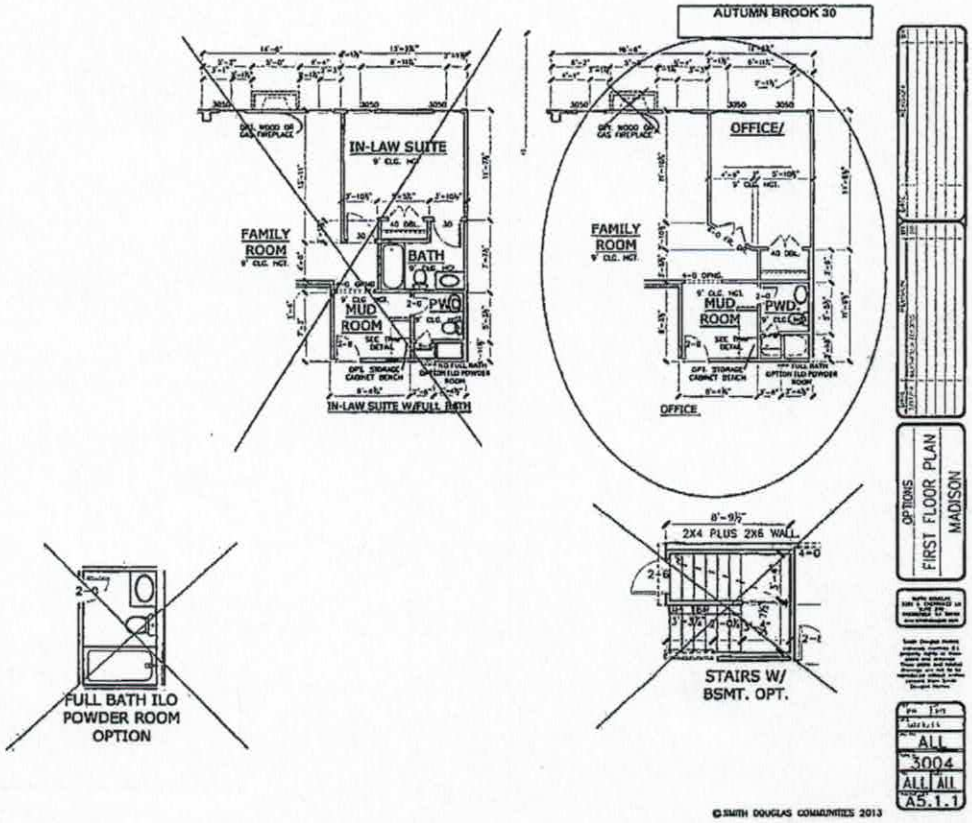
Date 11/3/13

Date

FLOOR PLAN
SECOND FLOOR PLAN
MADISON

10/3/13
ALL
3004
ALL ALL
A5.2

©SMITH DOUGLAS COMMUNITIES 2013


AUTUMN BROOK 30
IN-LAW SUITE
FAMILY ROOM
BATH
MUD ROOM
PWD.
IN-LAW SUITE W/FULL BATH
OFFICE/
FAMILY ROOM
MUD ROOM
PWD.
OFFICE
8'-9½"
2X4 PLUS 2X6 WALL
STAIRS W/ BSMT. OPT.
FULL BATH ILO POWDER ROOM OPTION
OPTIONS
FIRST FLOOR PLAN
MADISON
ALL
3004
ALL ALL
A5.1.1
©SMITH DOUGLAS COMMUNITIES 2013

IREDELL COUNTY

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

APPLICATION NUMBER
222769
Issue Date: 10/26/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732150911.000	125 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
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.730	35.00	35.00	15.00	25.00	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	84190	TOTAL FEES:	$ 77.25

ON SITE WASTEWATER SYSTEM INSPECTION CONTRACT AND AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF IREDELL-STATESVILLE

CONTRACT FOR INSPECTION AND MAINTENANCE GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEM AUTUMN BROOK

(I), (WE), as the owners of Lot(s) Number 30 ("THE LOT"), of the subdivision known as Autumn Brook, have certain duties and responsibilities for the maintenance of ground absorption sewage treatment and disposal system as regulated and set out in N.C.G.S. Article II, Chapter 130A; T15A-C18-S18A.1961 "Maintenance of Sewage Systems"; and/or under the "Declaration of Covenants, Conditions and Restrictions-Autumn Brook", (the "Declaration"), and under the Bylaws of Autumn Brook Community Association, Inc.

Autumn Brook Community Association, Inc. ("The Association") in order to provide for uniform inspection, maintenance, and repair and operation of sewage treatment and disposal systems within Autumn Brook community, has entered into a Master Agreement dated the 1st day of April, 2016, which Master Contract with TCW Wastewater Management, Inc., a memorandum of which is incorporated fully by this reference thereto.

The undersigned lot(s) owner(s) hereby agrees and contracts with TCW Wastewater Management, Inc. and with Autumn Brook Community Association, Inc. as follows:

1. The Master Contract referred to above is hereby accepted, agreed, and is binding upon the undersigned with TCW Wastewater Management, Inc. and it's successors and assigns. The undersigned lot owner(s), their successors, and assigned agree to be bound by this Master Contract and any further or future contracts in substitution thereof.

2. The undersigned lot owner(s) further acknowledge and agree that Autumn Brook Community Association, Inc. acting by and under it's Declaration of Covenants, Conditions, and Restrictions-Autumn Brook, has and is hereby granted the full power and authority to assess the undersigned for fees, expenses, and costs associated with the inspection, maintenance, and or repair of septic disposal systems on the lot as set forth in the Master Agreement.

This agreement is binding upon the undersigned, their heirs, administrators, personal representatives, successors, and assigns, and the transfer and assignment of the duty and responsibility to contract with a qualified maintenance contractor (operator) is a covenant running with the land ("The Lot"). This agreement will terminate: (1) when The Association is dissolved or liquidated; or (2) when the undersigned has no legal duty to maintain a sewage disposal system on "The Lot".

Witness our hands and legal seals, this 19th day of February, 2018.

James A. Gaskins (SEAL)
Signature

James A. Gaskins
Owners Printed Name

_____ (SEAL)
Signature

_____
Owners Printed Name

COPY

STATE OF NORTH CAROLINA
COUNTY OF IREDELL-STATESVILLE

MASTER CONTRACT FOR INSPECTION AND MAINTENANCE OF SEWAGE SYSTEMS FOR AUTUMN BROOK COMMUNITY

This Master Contract is entered into by and between Tri-County Wastewater Management, Inc., a North Carolina Corporation of Mecklenburg County, North Carolina (hereinafter "TCW") and Autumn Brook Community Association, Inc., a North Carolina non-profit corporation of Iredell County, North Carolina ("Autumn Brook"), acting for and on behalf of it's members ("The Owner(s)").

Preamble

Autumn Brook Community Association, Inc., a North Carolina non-profit corporation, was formed by the developer of Autumn Brook which is a residential sub-division. The Declaration of Covenants, Conditions and Restrictions-Autumn Brook, is recorded in the Register of Deeds of Iredell County, North Carolina.

Autumn Brook Community Association has the power to assess the membership of the Association for upkeep, inspections, maintenance, repair, and other activities for the good of the Association membership as well as to provide for common area maintenance, all of which responsibilities and duties are fully set forth in detail in the Declaration of Covenants, Conditions, and Restrictions-Autumn Brook and under the Bylaws of Autumn Brook Community Association, Inc.

Autumn Brook Community Association desires to provide for the inspection and maintenance of all sewage systems installed and to be maintained upon the individual lots owned by its membership. The obligation for maintenance, inspection, and repair of these septic systems is mandated by state and local laws, codes, regulations, and/or community bylaws. In order to fulfill the obligations of the individual owners of lots within Autumn Brook and to ensure fulfillment of all statutory and regulatory requirements in a uniform manner, Autumn Brook Community Association, Inc. acting by and through it's duly authorized officers and directors, desires to enter into this Master Contract with TCW Wastewater Management, Inc., which is a qualified licensed maintenance contractor, to inspect and to perform maintenance in order that the residential on-site wastewater systems of Autumn Brook's sub-division shall comply in all respects with applicable laws, codes, and regulations in a uniform and in identifiable means and methods.

Effective the date of this Master Contract, individual lot owners now and hereafter do;

1. Specifically adopt the terms of this Master Contract to provide for a qualified maintenance contractor to inspect and perform maintenance in order that their on-site waste systems in Autumn Brook sub-division complies in all respects with applicable laws, codes, and regulations too.

2. Specifically authorize Autumn Brook Community Association, Inc. to assess and to collect assessments for payment for inspections, maintenance, repair and other necessities related to the proper inspection, maintenance, and operation of the residential on-site waste systems of said individual owners within Autumn Brook sub-division.

2) Within 30 days of receipt of notice of repairs under A (3) above, the Owner(s) must request TCW to complete the needed repairs or provide proof to Autumn Brook that repairs have been performed by a licensed or qualified entity and the system is functioning properly and was inspected by TCW at the time of repair.

3) To notify TCW promptly of any emergency or malfunction which may violate environmental, health, or other laws and regulations, and to authorize immediate repair as necessary to restore the system to proper function and operation.

4) To provide and to maintain at all times, such access to the systems as is reasonably necessary for TCW to comply with its obligations under this Agreement, and as provided for in the Declaration.

C. **Terms of the Agreement**

1) This Agreement shall be effective for one year from **April 1, 2016**, and will be automatically renewed from year-to-year, unless written notice of termination and non-renewal is given to the other party not less than 60 days prior to the end of the then current annual contract year.

2) The real property to be serviced under this Contract is listed on Attachment B.

3) This Agreement automatically terminates if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for making an appeal has passed.

4) The parties may terminate at the end of the then current term with less than 60 days written notice only by consent of both parties or by not less than 60 days written notice to the other party prior to the end of the then current annual contract year. Not less than 30 days written notice to the local health department or other regulatory agency having jurisdiction will be given by TCW in the event of such termination.

5) This Agreement may be terminated for cause for breach which remains un-remedied after 30 days written notice to the defaulting party.

D. **Limited Warranty**

TCW'S SOLE DUTIES AND RESPONSIBILITIES UNDER THIS AGREEMENT IS TO PROVIDE INSPECTION AND ROUTINE MAINTENANCE ONLY AS SPECIFIED IN THIS AGREEMENT. INSPECTIONS WILL COMPLY WITH APPLICABLE CODES, LAWS, AND REGULATIONS IN FORCE AT THE TIME OF THE INSPECTION AND REPORT. WORK AND MATERIALS USED IN REPAIRS ARE WARRANTED ONLY TO BE OF GOOD WORKMANSHIP, FREE OF DEFECTS, AND CONFORM TO THE SYSTEMS SPECIFICATIONS AND EQUAL TO THE ORIGINAL PARTS AND EQUIPMENT. THE OWNER'S SOLE REMEDY UNDER THIS EXPRESS WARRANTY IS REPAIR OR REPLACEMENT AND CONSEQUENTIAL DAMAGE OR DAMAGES

Each party has executed this Agreement with full power, authority, and legal right to enter into; to bind itself to the rights, duties and responsibilities under this Agreement, which is binding on the parties, their successors and assigns, heirs and personal representatives, on the date first above written.

Autumn Brook Community Association, Inc.

By: _____
Print: Ray A. Killian, Jr.
Title: Director

SEAL - STAMP

TERRI S CARBON NOTARY PUBLIC IREDELL COUNTY, NC

NORTH CAROLINA, IREDELL COUNTY

I, a Notary Public for the County and State aforesaid, certify RAY A. KILLIAN, JR., personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 2ND day of MAY, 2016.

My commission expires: 6/28/2016

Terri S. Carbon
Notary Public

TCW Wastewater Management, Inc.

By: _____
Print: Tim Bannister
Title: President

SEAL - STAMP

MILDRED AUTREY ATKINSON
NOTARY PUBLIC
Union County
North Carolina
My Commission Expires Sep. 21, 2019

NORTH CAROLINA, Union COUNTY

I, a Notary Public for the County and State aforesaid, certify Tim Bannister, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 5 day of MAY, 2016

My commission expires: 9/21/2019

Mildred Autrey Atkinson
Notary Public

Attachment B

AUTUMN BROOK

LOT #	LOT #
1	30
2	31
3	32
4	33
5	34
6	35
7	36
8	37
9	38
10	39
11	40
12	41
13	42
14	43
15	44
16	45
17	46
18	47
19	48
20	49
21	50
22	51
23	52
24	53
25	54
26	55
27	56
28	57
29	