IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222778.

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

PIN # 4732151670 ✓

APPLICANT/OWNER: Smith Douglas Homes APPLICANT ADDRESS: 10130 Mallard Creek Rd Charlotte NC

SITE ADDRESS: 116 Bell Chase Lane ~~Frontage NC~~ Statesville, NC PHONE: 704-273-6541 ALT. PHONE ~

SITE DIRECTIONS: Hwy 21 @ OLD MTN @ Wallace Speigs @ Autumn Mist @ on Bell Chase on Left SAP CONTROLLED: ☒ YES ☐ NO

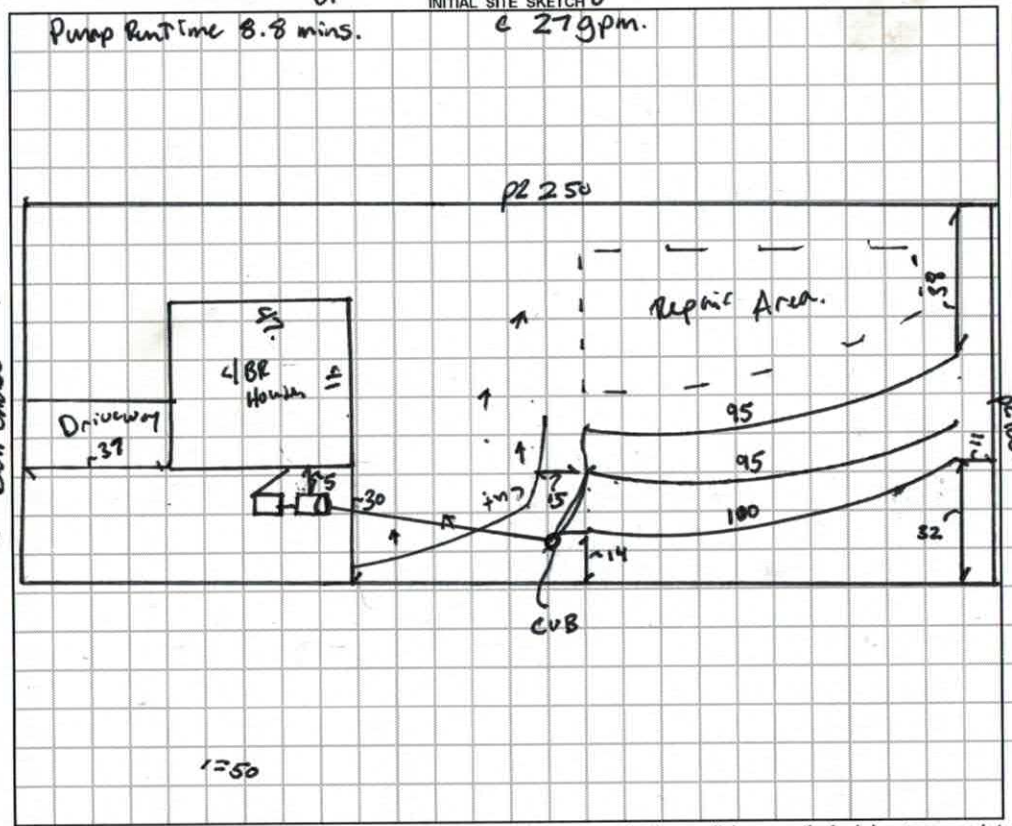
SUBDIVISION: ✓ Autumn Brook. SECTION: 1 LOT # 40 LOT AREA: 0.574 Acres. DESIGN FLOW: 480 gpd L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	Infiltrator	Date	IM1060.	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	Infiltrator	Date	IM1060.	System Description:	Low Pressure PBS -60% Red			☐ Business	No. Persons	8	☐ Private
Pump Make	Orenco	Model	PF500511		Serial #	1/2 HP	Repair System Description:	Low Pressure PBS - 50% Red.			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	290	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	24	Trench Bottom Depth	[redacted]	36	Gravel Depth	~		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: * Due to Cut/Swell made Drainfield area smaller.
* Install on Contour of the Land. Set Pressure Head & 2ft on Each Drainline
Use 5/32 Hole & .41 gpm. Dose @ 240 gallons Use 67 panels

* use 1.5 pipe for Distribution Lateral.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	8/15/18	BB
Tanks Checked	8/15/18	BB
Pressure Manifold or Valve Box Checked	8-16-18	KW
Pressure Head Set	8-16-18	KW
Electrical Checked	8/28	CC
Floats Set	8-16-18	KW
Alarm Checked	8/28	CC
Maintenance Contract (Y) N	8-16-18	KW
Comments:		

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**

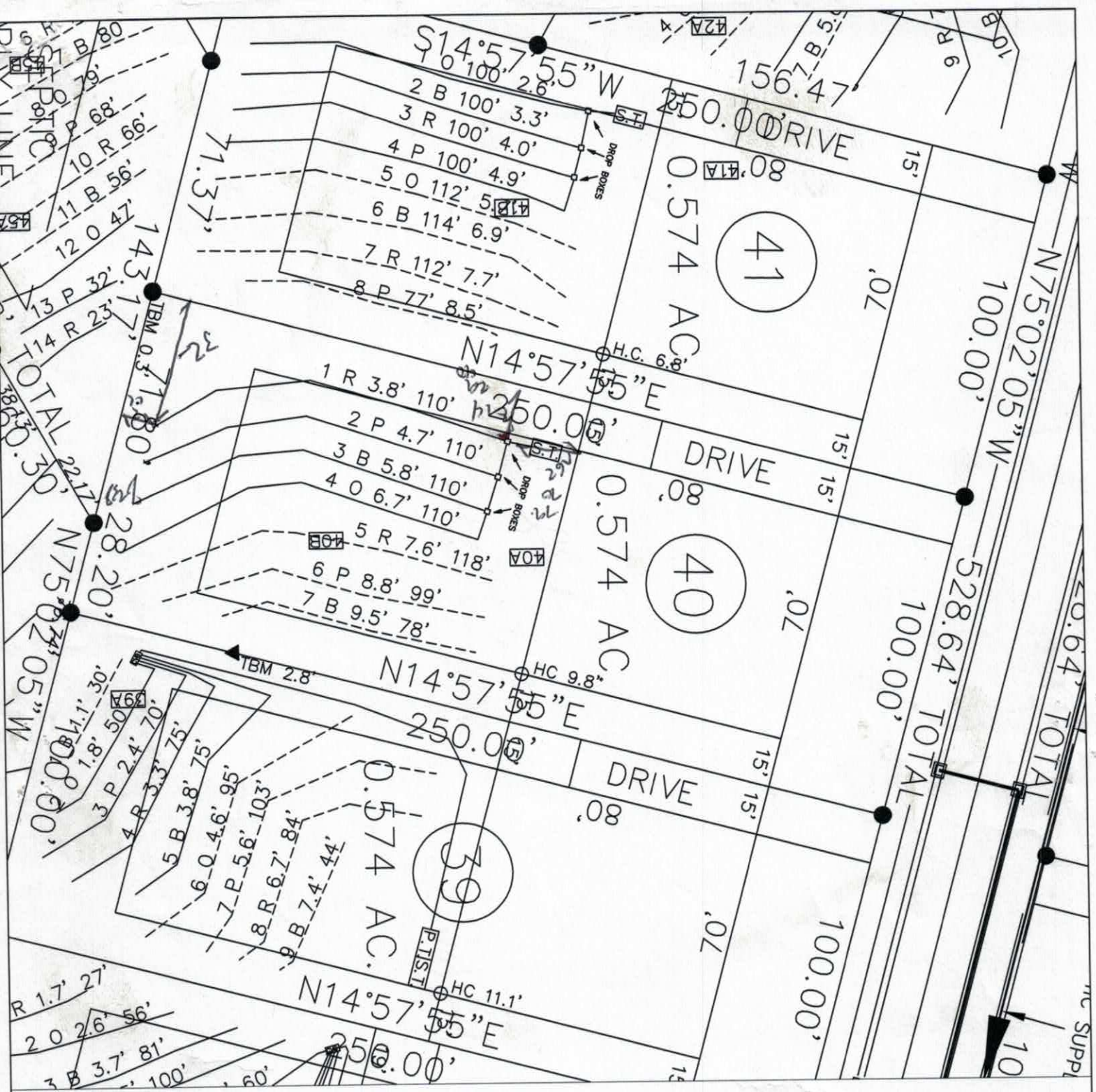
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 8/8/18 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Benjamin L Bolling Date: 8/1/2018 OPERATION PERMIT by: Carla C. Cave Date: 8/28/18

AUTHORIZATION TO CONSTRUCT by: Benjamin L Bolling Date: 8/1/2018 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.



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 2008

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 #40 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

May 23, 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 25% reduction installation.
- Repair is specified as a PPBPS low pressure 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.

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 40
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

Design Specifications

Drainfield Size:	440
Loading Rate (gpd/ft.^{2}):	0.275
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:	7
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	2.52
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 40

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	1320
TOTAL LATERAL LENGTH:	440
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	436.3636364
SUPPLY LINE LENGTH:	7
TOTAL DYNAMIC HEAD:	NA
MANIFOLD SIZE:	NA
DOSING VOLUME:	NA
PUMP TANK DRAW DOWN*:	NA
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	NA

AUTUMN BROOK LOT 40

Project #: 01-1439

LAYOUT FOR 4 BEDROOM HOME

May 23, 2008

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		NA			NA		
INSTR. 1			NA				
HOUSE CRN				NA	NA		
P. TANK				NA	NA		
1	***RED***			***NA***	***NA***	***117***	***110***
2	***PINK***			***NA***	***NA***	***117***	***110***
3	***BLUE***			***NA***	***NA***	***118***	***110***
4	***ORANGE***			***NA***	***NA***	***122***	***110***
5	RED			NA	NA	118	118
6	PINK			NA	NA	99	99
7	BLUE			NA	NA	78	78
					Total	**769**	**735**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***440***	***0.275***	***ACCEPT.***	***0.275***	***25% RED.***	**GRAVITY DISTRIBUTION**
Repair	295	0.30	*MOD.*	0.30	PPBPS	LOW PRESSURE

Notes:

** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

CALCULATIONS

Location AUTUMN BROOK

Project Number 01-1439

Lot No: Lot 40

No. of Bedrooms 4

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

LTAR 0.28 $^{gal}/_{ft^2\ day}$

25% RED.? (YES OR NO) YES

Supply Line Length 7 ft.

Supply Line Volume 2.52 gal.

Required Feet of Line 436.3636 ft.
Amount of Line from Layout 440 ft.

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

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

Lateral Line Volume 287.32 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 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 — APPLICATION DATE 6/08
ADDRESS: 132 Court St. Statesville NC 28677 — DATE EVALUATED: 4/08
PROPOSED FACILITY: 4 BRM — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 0.574 AC
LOCATION OF SITE: Autumn Brook Subdivision (off Wallace Springs Rd) Lot 40 — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
40A 1	LSS 5-10%	0-10	B scl Gr	SS, SP, Fr SEXP	—	48"	—	—	PS
		10-28	RC MFSBK	SS, SP, Fr SEXP					
		28-48	RCL WSBK	SS, SP, Fr SEXP	Com sap				.3
40B 2	LSS 5-10%	0-8	B scl Gr	SS, SP, Fr SEXP	—	51"	—	—	PS
		8-36	RC MFSBK	SS, SP, Fr SEXP					
		36-51	RCL WSBK	SS, SP, Fr SEXP	few sap				.3
40C 3	9%	0-10	B scl gr						
		10-36	mo sbk RC	Fr SE					
		36-77	sl sap	Fr SE			com-Cl		.3
40D 4		0-12	B scl gr						.275-
		12-36	mo sbk RC	Fr SE					
		36-55	wk sbk c/c	Fr SE	6" diagonal gravel		band of large		.3
		55	sl sap						

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.

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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 WOODS

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

Please CALL prior to inspection

222118

Paid $320.00 Online

Name: Matt Smith

Number: 704-273-6541

ARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

intermediate redraw

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

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

****

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) *beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: Smith Douglas Homes - Matt Smith **Address:** 10130 Mallard Creek Rd Charlotte **Zip:** _____

Applicant Email: msmith@smithdouglas.com **Phone:** 704-273-6541 **Alt. Phone:** _____

Owner Name: Smith Douglas Homes **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 116 Bell Chase Ln

Subdivision Name: Autumn Brook **Section/Phase:** - **Lot Number:** 40

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — **Maximum Number of Bedrooms:** 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — **Maximum Number of Occupants:** _____ — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____
Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: 26000 **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 (X) Other: redesign for lot

****

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: _____ 7/26/18

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * *(Sign here)* _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative. *Power of Attorney, Real Estate Contract, Estate executor, Estate/Trust trustee, Court ordered guardianship*

In the absence of the above documentation, the property owner may provide the local health department with a document that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, _____, am the legal owner(s) of the property located at _____, identified as (Tax Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

_____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 7/27/18

Signature of Owner(s) Date

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

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

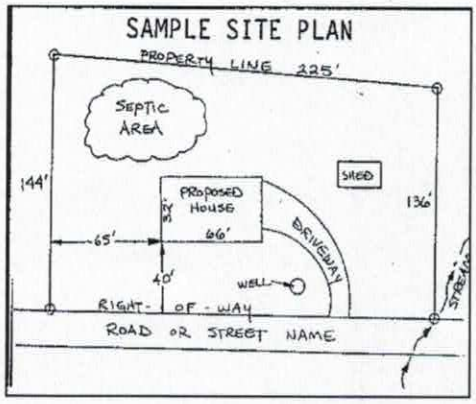
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other sufficient indicator of direction**

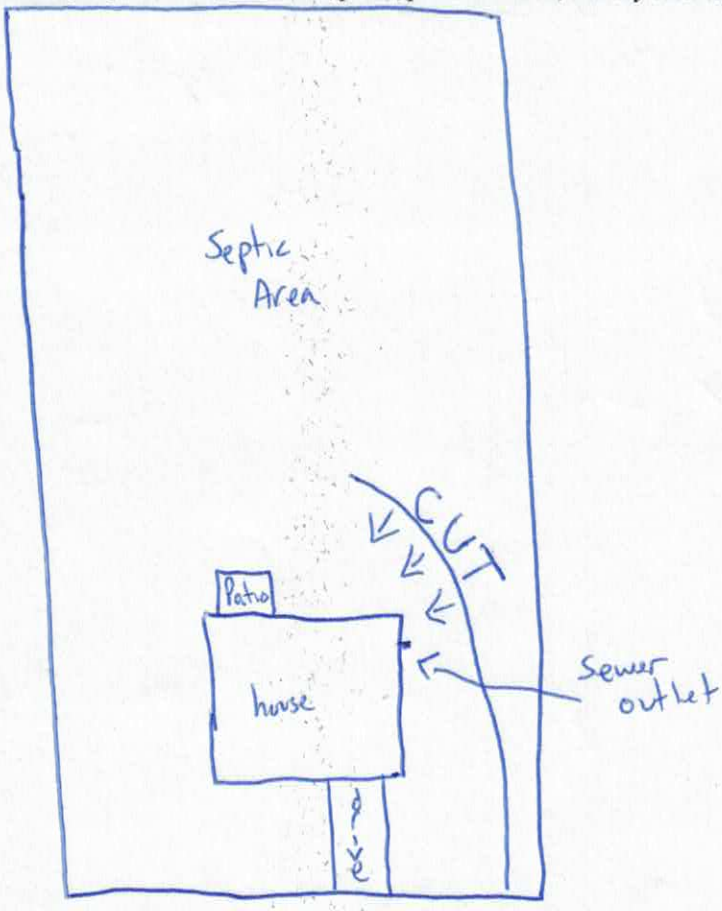


Circle N/A on the following if appropriate:

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**

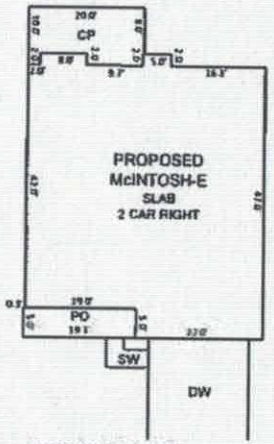
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ _____

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



INSET SCALE: 1"=20'

LOT INFORMATION:

PIN: 4732153670
HOUSE = 1,858 SF
DRIVEWAY = 640 SF
SIDEWALK = 28 SF
PORCH = 97 SF
COVERED PATIO = 183 SF
TOTAL LOT AREA = 0.574 AC = 25,000 SF
TOTAL PROPOSED IMPERVIOUS = 2,806 SF
PERCENT IMPERVIOUS = 11.2 %



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. SEPTIC LOCATION INFORMATION IS APPROXIMATE AS TRACED FROM IREDELL COUNTY HEALTH DEPARTMENT PERMIT.
12. PROPERTY OWNER: SMITH DOUGLAS HOMES
    10130 MALLARD CREEK ROAD, SUITE 210
    CHARLOTTE, NC 28262

NOTE:

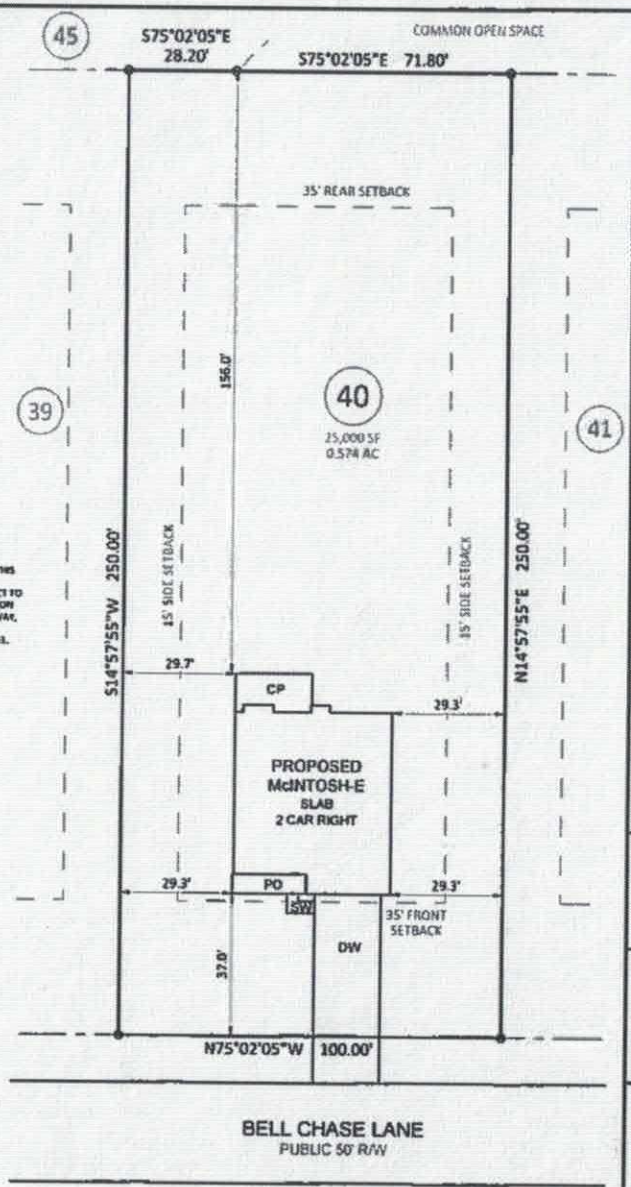
ALL DIMENSIONS, LOCATIONS AND FEATURES SHOWN ON THIS PLOT PLAN ARE APPROXIMATE AND ARE ONLY AN ARTIST'S RENDITION. EXACT LOCATION OF ALL FEATURES ARE SUBJECT TO CHANGE AND MAY NOT BE INSTALLED EXACTLY AS SHOWN ON PLANS AND/OR IN MODELS. PLACEMENT OF HOME, DRIVEWAY, SIDEWALKS AND EXTERIOR FEATURES ARE SUBJECT TO MODIFICATION AS DEEMED NECESSARY BY FIELD PERSONNEL.

CUSTOMER DATE

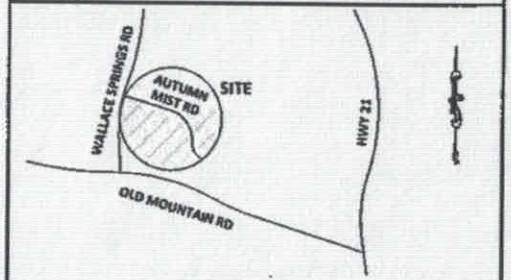
CUSTOMER DATE

SMITH DOUGLAS REPRESENTATIVE DATE

SCALE:
1" = 30 ft.



Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378



VICINITY MAP

(Not to Scale)

LEGEND

PO = PORCH
SP = SCREENED PORCH
CP = COVERED PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
P = CONC PATIO
= COMPUTED POINT
= IRON PIPE FOUND
= IRON PIPE SET
= DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
= SEWER MANHOLE
EB = ELECTRIC BOX
= CABLE BOX
= TELEPHONE PEDESTAL
CI = 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

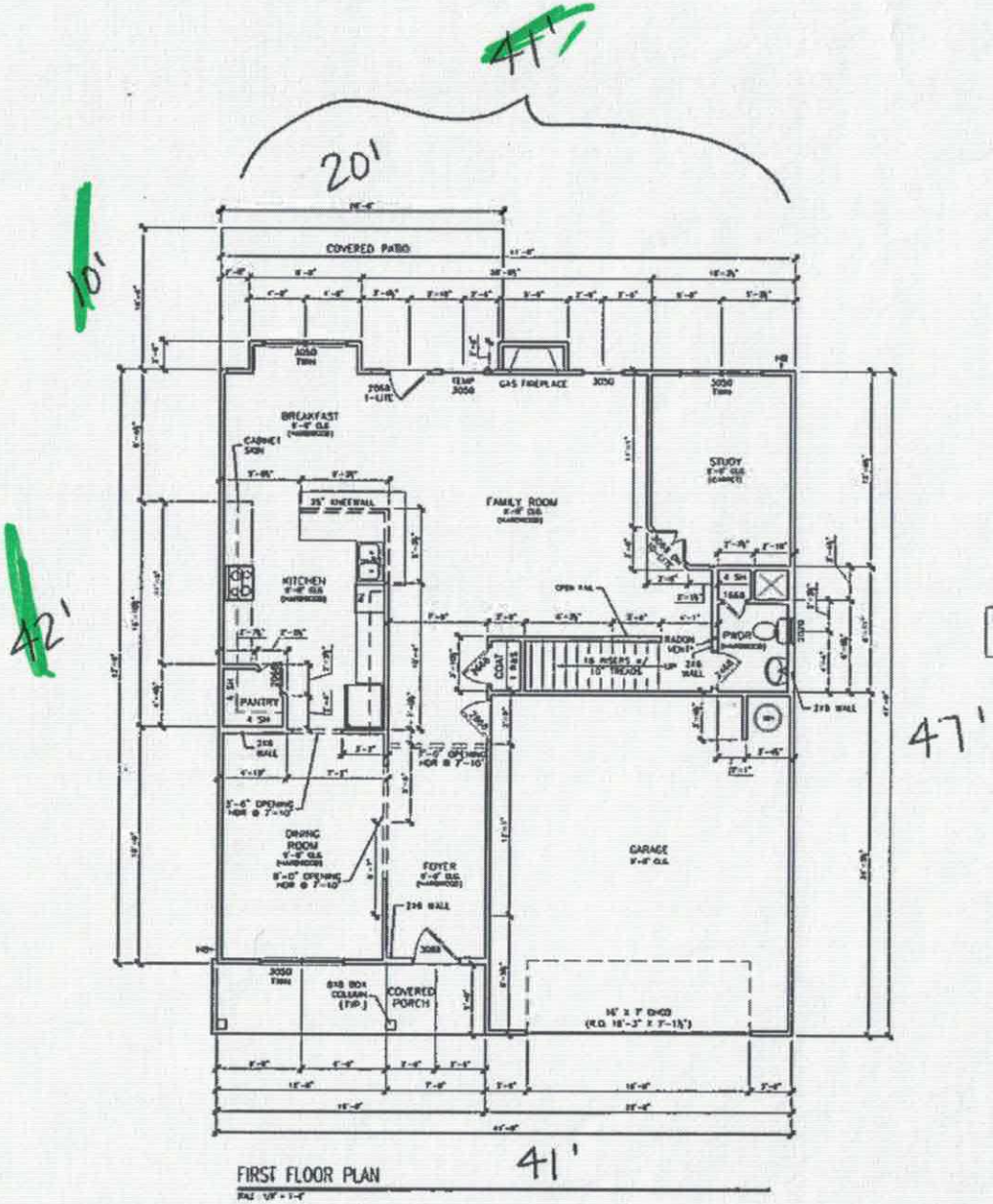
SMITH DOUGLAS HOMES

AUTUMN BROOK - PHASE 1, MAP 2 - LOT 40
116 BELL CHASE LANE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 3/26/18 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 64, PG 41 PROJECT # 170301 SCALE: 1" = 30'

AUTUMN BROOK - 40



FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Benjamin A Bell Date 4/26/2018.

Date _____

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REVISION | DATE

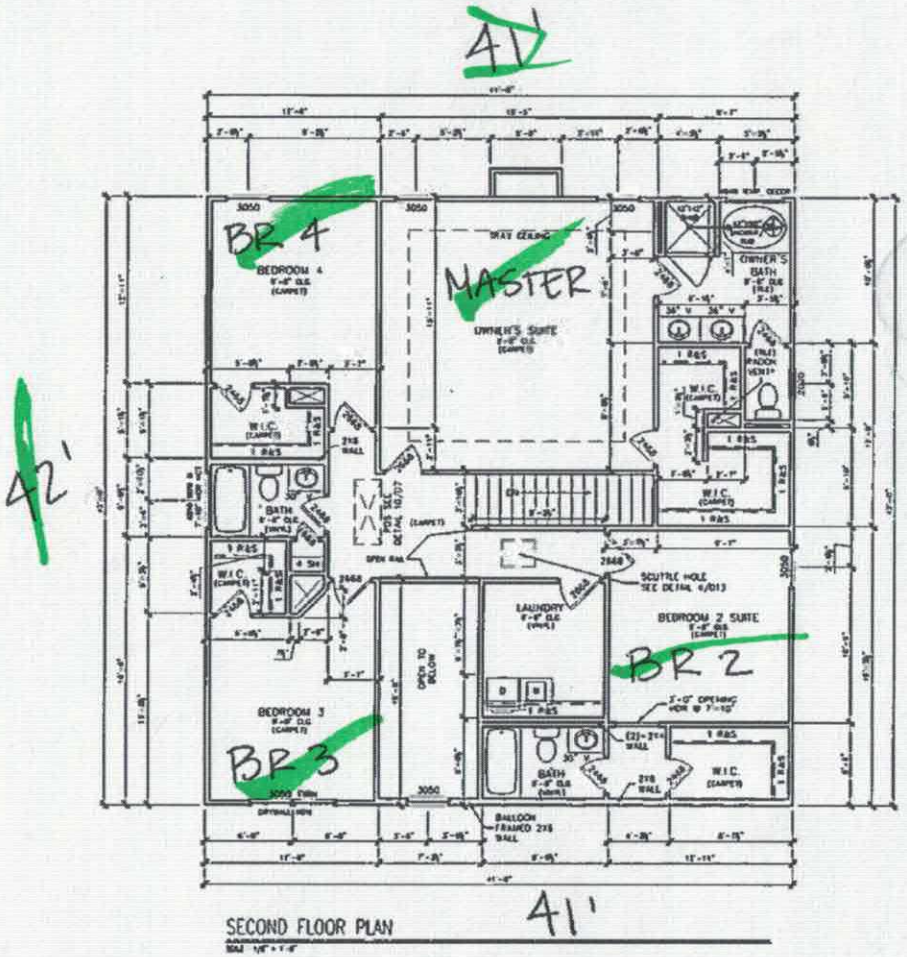
SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
MCINTOSH

SMITH DOUGLAS HOMES
1140 VILLAGE TRAIL
SUITE 113
WOODSTOCK, GA 30188

ED | AW
3/28/18
B
2921
ALL | E
A5.1

AUTUMN BROOK - 40



SECOND FLOOR PLAN

*RADON VENT PROVIDED PER LOCAL CODE

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

Acknowledgement Of Plans Submittal ONLY!

Benjamin A Bell Date 4/6/18 ed y.

Date

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SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
MCINTOSH

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

SMITH DOUGLAS HOMES
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ED	AW
3/28/18	
B	
2921	
ALL	E
A5.2	

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	150770ZO	Subdivision:	AUTUMN BROOK
Proposed Use:		Township:	0200 Statesville Outside
Location of Property:	000 BELL CHASE LN STATESVILLE NC 28677		
Parcel #:	4732164066.040	Zoning:	RA/R20
Lot #:	40 Size: 0.574	Flood Plain:	Watershed:
Applicant:	AUTUMN BROOK, LLC	Owner:	AUTUMN BROOK, LLC
Address:	323 WALNUT ST. STATESVILLE NC 28677	Address:	323 WALNUT ST. STATESVILLE, NC 28677
Phone:	704-996-2277	Phone:	704-996-2277
Property Recorded:	Site Plan Reviewed:	Community Water:	Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: Min. Left Side Yard:

Min. Lot Width: Min: Rear Yard: Min: Right Side Yard:

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

DEVELOPER PERMIT

Directions:

HWY21 S TO TROUTMAN, RT ON OLD MTN., RT ON WALLACE SPRGS, RT ON AUTUMN MIST, LFT ON BELL CHASE, LOT ON LFT

RECEIVED
JUN 06 2008
By

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$380.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

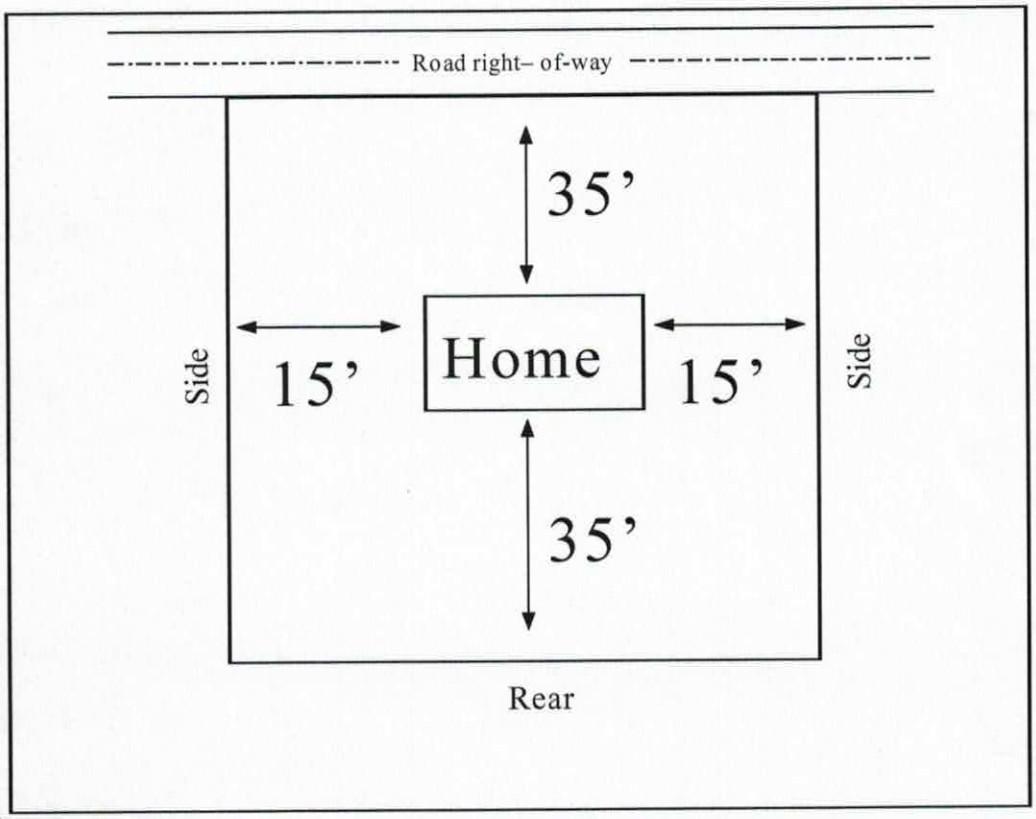
Printed: 6/2/2008

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 40, BELL CHASE LN.



#54.

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.