ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # ~~303943~~ 222585

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

PIN #4732151849

APPLICANT/OWNER: Smith Douglas Homes | APPLICANT ADDRESS: PO Box 311, Midland

SITE ADDRESS: 111 Bell Chase Ln, Statesville 28677 | PHONE: 704-578-4951 | ALT. PHONE: —

SITE DIRECTIONS: Old Mountain Rd → R on Wallace Springs → R on Autumn Mist → L on Bell Chase → on L | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Autumn Brook | SECTION: 1 | LOT # 31 | LOT AREA: .459 | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank 1050 (gal) STB 1600 Date 11-12-19
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 7@40' Linear Ft 280'
Trench Width 24" Trench Bottom Depth(Low side) 30" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PPBPS
Repair System Description: TS11 drip
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees ____
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Keep tank 15' from basement cut.
* Property lines must be clearly marked at time of inspection *

-9 panels per line

INITIAL SITE SKETCH

See attached design by the Oaks Group, PA
LSS #1313

AS BUILT SKETCH

Installed as shown on site plan.

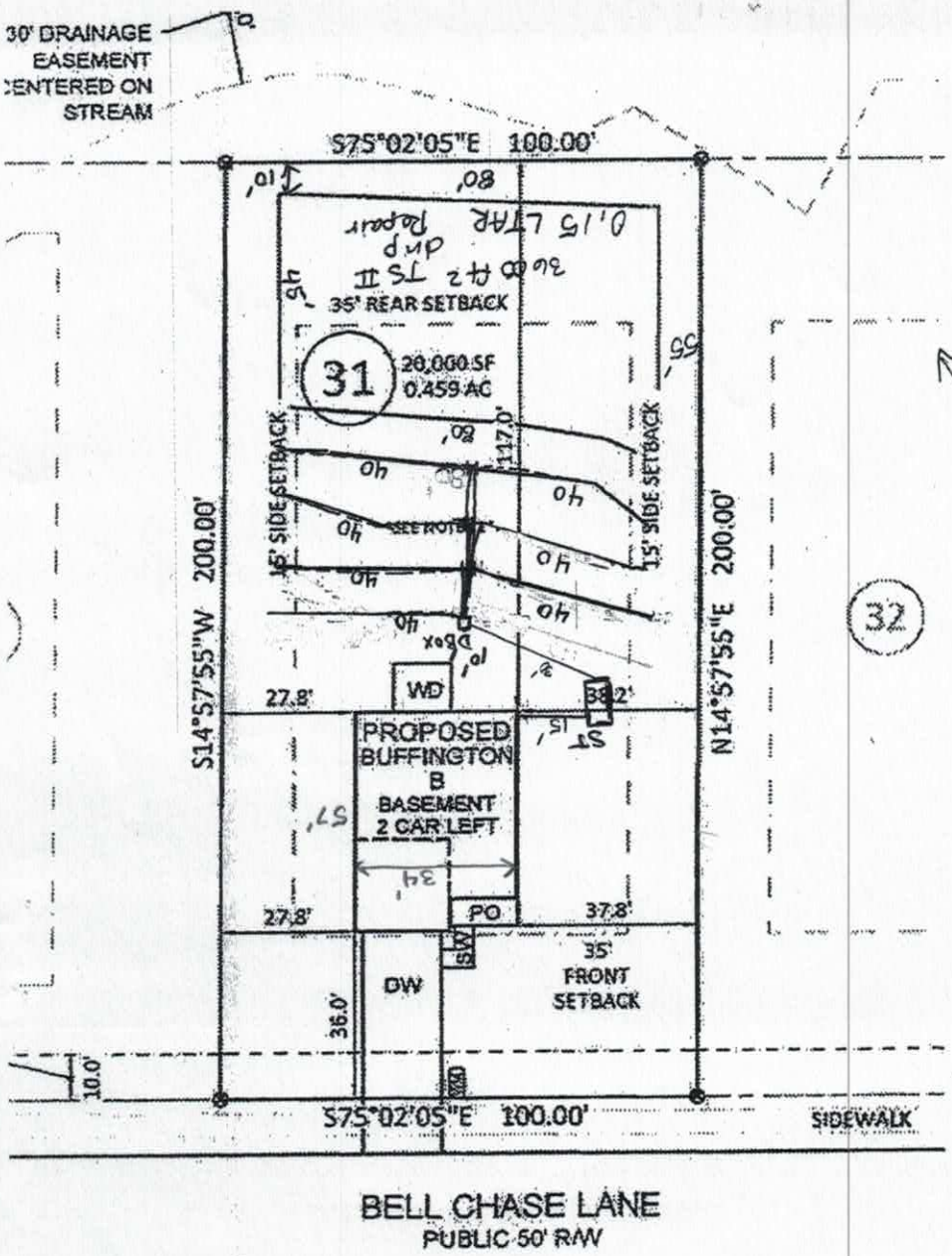
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ 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: Acceptance of Permit Rec'd Date: 3-24-20
IMPROVEMENT PERMIT by: Carla C. Nicks Date: 3-23-20
AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 3-23-20

Installed by: Sid Gaskins (Michael Powell)
OPERATION PERMIT by: Kayla Wilson Date: 4-16-20
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.



VICINI
(Not to

LEGEND

PO = PORCH
SP = SCREENED PORCH/PATIO
CP = COVERED PORCH/PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
P = CONC PATIO
⊗ = COMPUTED POINT
○ = IRON PIPE FOUND
● = IRON PIPE SET
● = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
S = SEWER MANHOLE
E = ELECTRIC BOX
C = CABLE BOX
T = TELEPHONE PEDESTAL
CI = CURB INLET
☼ = LIGHT POLE
SFE = SEPTIC FIELD EASEMENT

BUILDING SETBACKS:

FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 25 ft

BUILDER TO VER
LOCATION, DIMENSIO
IMPERVIOUS NOTE

PRELIMINAR
FO

SMITH D

AUTUMN BROOK - PH
111 BELL CHASE LA

1"=40'

Autumn Brook Lot 31 Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement with Plummbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**PPBPS**
No. Lines	7 (See Table)
Total Linear Feet	280
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth Low Side	30" (per existing)
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	30 ft of 2" SCH 40 PVC
Repair System	**TS II Subsurface Drip**
Total Linear Feet	3600 sqft
Repair LTAR	0.15

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	System	Pink	PPBPS	40 endfed	9
2	System	Red	PPBPS	40 endfed	9
3	System	Red	PPBPS	40 endfed	9
4	System	Blue	PPBPS	40 endfed	9
5	System	Blue	PPBPS	40 endfed	9
6	System	Orange	PPBPS	40 endfed	9
7	System	Orange	PPBPS	40 endfed	9
					Total: 63
				Total System: 280'	
				Total Repair: xxx'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line
Do not grade in septic area

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 111 Bell Chase Dr

Date: March 17, 2020

Attached is the septic specification information required to permit 111 Bell Chase Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

Kathleen Saunders

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

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Johnston

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

OWNER: ___ APPLICATION DATE ___
ADDRESS: ___ DATE EVALUATED: 11/14/16
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: Lot 31 Autumn Brook 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
~~F~~ 1	15-20 0/0 LSS	0-5	BSCL GR	fr SSSP SAP					.3
		5-29	RC SBK	fr SSSP SAP					
		29-35	RCL WSBK	fr SSSP common SAP		35	-	-	
		35-62	SLSAPM	fr NSNP	—				
F 2	LSS	0-18	BSCL GR	fr SSSP					.15 LPP .3 to 40%
		18-34	RC SBK	fr/fi SP/SSSP					
		34-40	RCL WSBK	fr SSSP common SAP				40	
		40-62	SLSAP + w/Rock-inc. (u)						
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: ___

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: 0.459 Ac
LOCATION OF SITE: Autumn Brook Subdivision (off Wallace Springs Rd) Lot #31 — PROPERTY RECORDED: No
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
31A 1	LSS 15-20%	0-22	RC MFSBK	SS,SP,FR SEXP	—	33"	PS	—	PS .35
		22-33	RCL WSBK	SS,SP,FR SEXP	com SAP				
		33-60	Var. SLS&PHASS	SS,SP,FR SEXP					
31 2 B		0-5	BSLSBK	FR					.3
		5-32	RC SBK	FR					
		32-63	SL SAP	FR					
31 C 3		0-5	BSLSBK	FR			C-SAP		.35
		5-29	RMOFSBKSCL	FR					
		29-48	SL SAP	FR					
		48-72	L SAP						
31D 4		0-20	BWKSBK	SCL					.35
		20-64	RB SL SAP	CL inc.					

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:

15' basement PE marked

$225

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $225.00 #222585

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 Address: PO Box 311 Midland NC Zip: 28107
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 111 Bell Chase Lane
Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 31
Driving Directions: Old Mountain Rd, Wallace Springs, Autumn Mist, ~~Bell Chase~~ Bell Chase, on L

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Kathleen Saunders 3-18-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

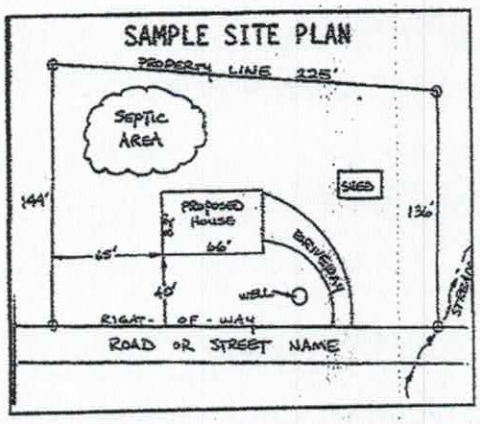
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (✓) 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)

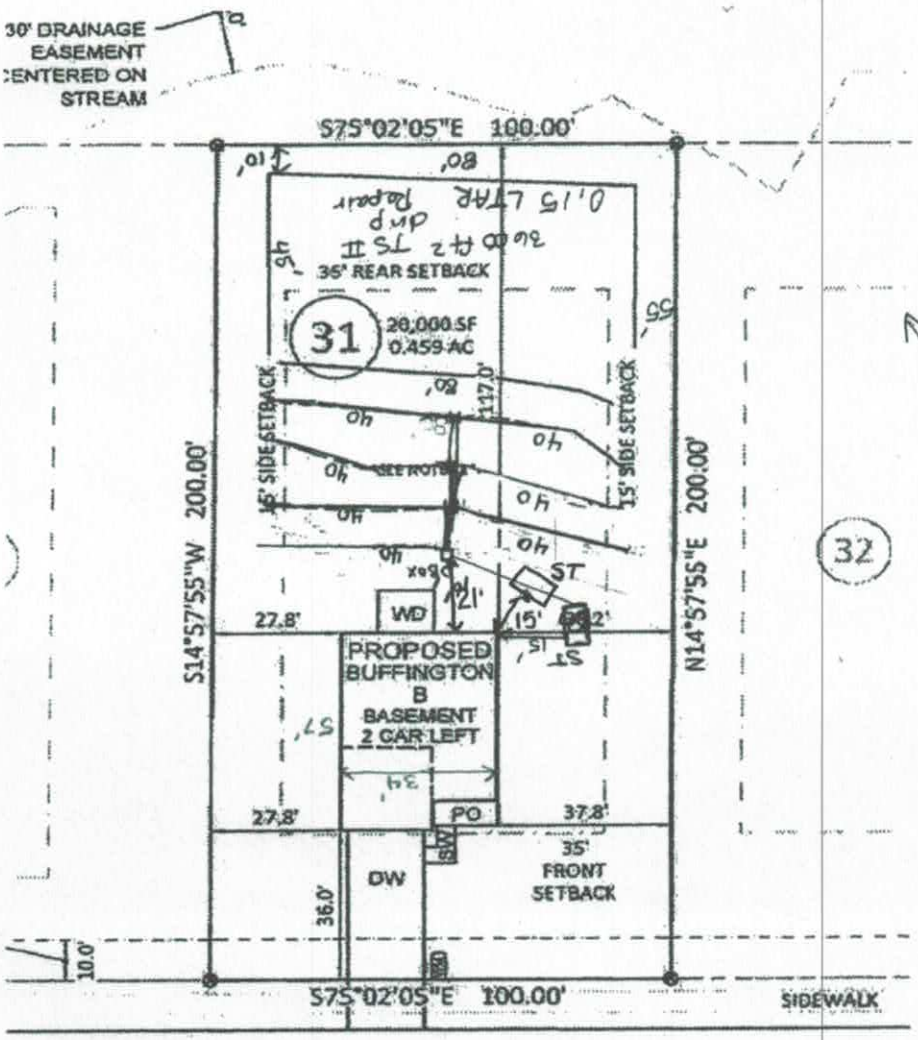
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Please see Attached

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-18-2020
DATE



1"=40'

VICINI

(Not to

LEGEND

PO = PORCH
SP = SCREENED PORCH/PATIO
CP = COVERED PORCH/PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
P = CONC PATIO
⊗ = COMPUTED POINT
○ = IRON PIPE FOUND
● = IRON PIPE SET
● = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
S = SEWER MANHOLE
EB = ELECTRIC BOX
= CABLE BOX
TS = TELEPHONE PEDESTAL
CI = CURB INLET
= LIGHT POLE
SFE = SEPTIC FIELD EASEMENT

L STEV
DRAW
SURVE
REFERI
BOUNI
AS DR
REFERI
CALCU
MEETS
FRACT
L-4752
DATED

BUILDING SETBACKS:

FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 25 ft

BUILDER TO VER
LOCATION, DIMENSIC
IMPERVIOUS NOTE

PRELIMINAR

FC

SMITH D

AUTUMN BROOK - PH

111 BELL CHASE LAN

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222585

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

PIN # 4732151849

APPLICANT: AUTUMN BROOK DEV LLC APPLICANT ADDRESS: 1542 QUEENS RD W CHARLOTTE

SITE ADDRESS: 111 BELL CHASE LN TROUTMAN PHONE: ALT. PHONE: 704 578 4951

SITE DIRECTIONS: HWY 21 (S) - TR OLD MOUNTAIN RD - TR WALLACE SPRINGS - TR AUTUMN BROOK - TL BELL CHASE - ON

SUBDIVISION: AUTUMN BROOK SECTION: 1 LOT # 31 LOT AREA: .459 AC DESIGN FLOW: 480 GPD L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 270

Trench Width 24" Max. Trench Bottom Depth 30" (Val) Gravel Depth N/A

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

System Description: LP PBPS

Repair System Description: FSII DRIP

Maintenance Agreement Required: ☑ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

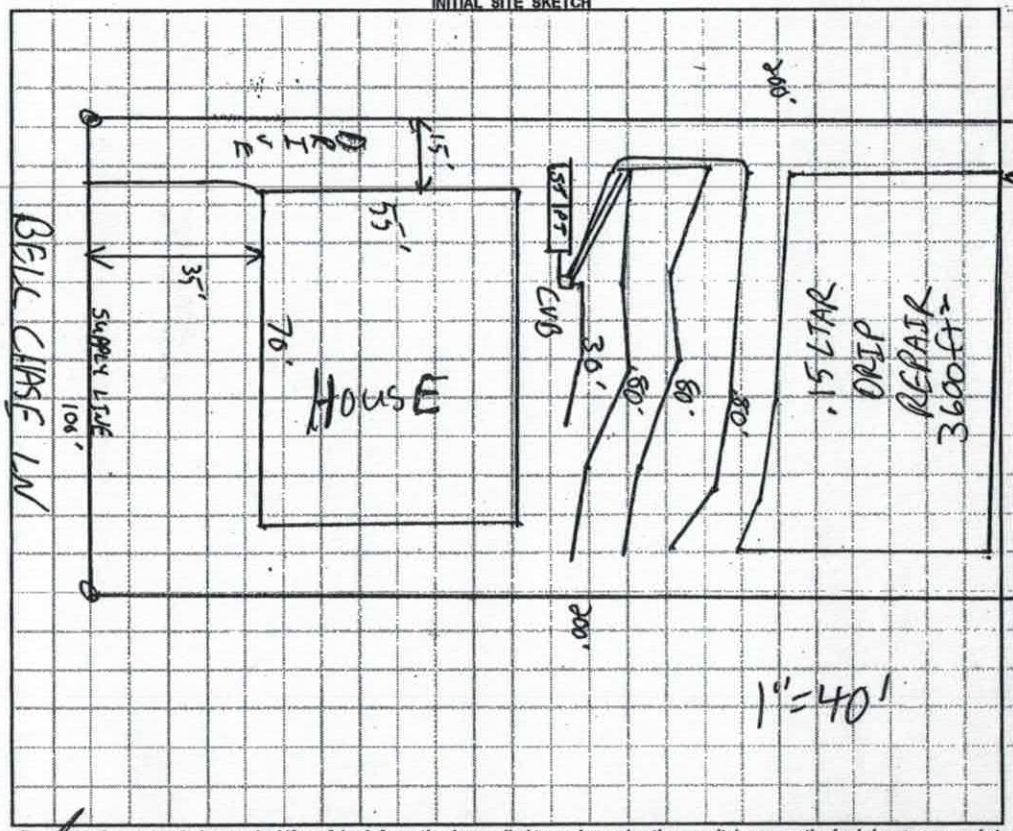
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Non-Expiring Permit

11/16/16

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: Emma Hyde Date: 12/21/16 Installed by:

IMPROVEMENT PERMIT by: C Date: 11/16/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

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, Ron Willing/Smith Douglas Homes, am the legal owner of the property located at 111 Bell Chase LN, identified as PIN(Parcel Identification Number) 4732151849, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 3-18-2020
Signature of Owner Date

_____ 3-18-2020
Signature of Witness Date

303943

Imp Issued 1/16/16 BF

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: SDH Charlotte, LLC **Address:** PO Box 311 Midland, NC 28107 **Zip:** _____

Applicant Email: arandall@smithdouglas.com **Phone:** 704-781-5137 ext. 114 **Alt. Phone:** _____

Owner Name: SDH Charlotte, LLC **Address:** same **Zip:** _____

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

Property Information:

Street Address: 111 Bell Chase Lane

Subdivision Name: Autumn Brook **Section/Phase:** _____ **Lot Number:** 31

Driving Directions: I – 77 to exit 42, Highway 21N, left on Old Mountain Road, right on Wallace Springs Road, right on Autumn Mist.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well (✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Andrea Randall 1/7/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

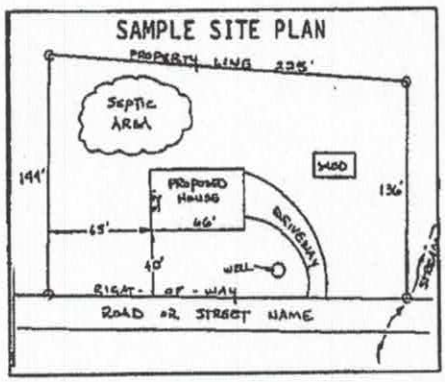
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (✓) 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

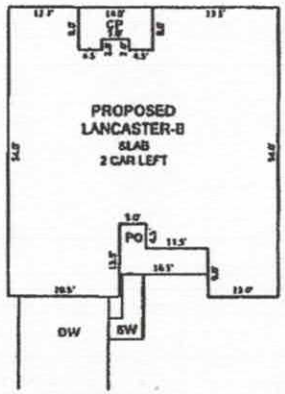
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached, please.

Signature: Andrea Randall — 1/7/20

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

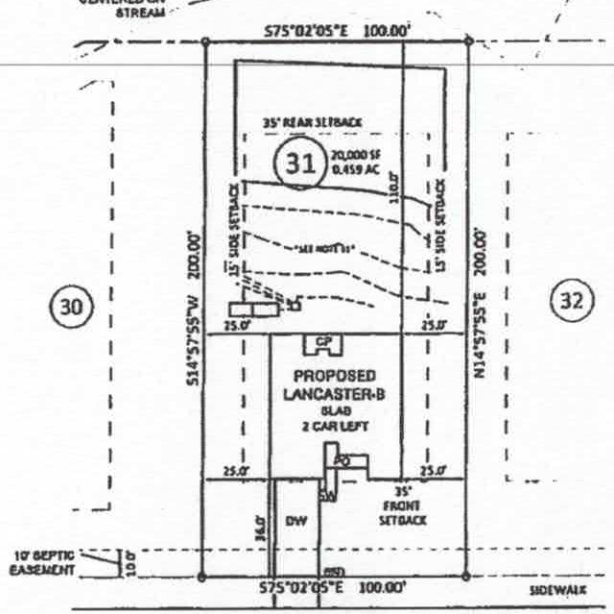


LOT INFORMATION:

PIN: 4738151849
HOUSE = 2,437 SF
DRIVEWAY = 586 SF
SIDEWALK = 58 SF
PORCH = 202 SF
COVERED PATIO = 302 SF
TOTAL LOT AREA = 0.459 AC = 20,000 SF
TOTAL PROPOSED IMPERVIOUS = 3,784 SF
PERCENT IMPERVIOUS = 18.4 %

COMMON OPEN SPACE

20' DRAINAGE EASEMENT CENTERED ON STREAM



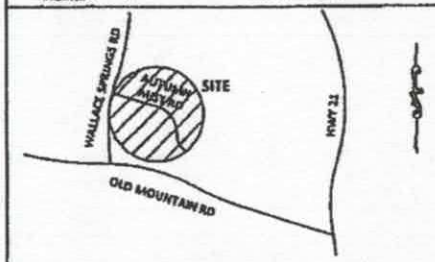
BELL CHASE LANE
PUBLIC 50' R/W

SCALE:
1" = 40 ft.

NOTES:

1. THIS SURVEY WAS PERFORMED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
3. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT.
4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
5. THIS MAP IS NOT FOR SUBDIVISION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
6. THE BASIS OF NORTH AND ALL BEARINGS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, ETC. REFERENCED IN TITLE BLOCK.
7. NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS OR FRAGILE BUFFERS WAS PERFORMED BY THIS FIRM.
8. SURVEYOR HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAN AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
9. THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD ZONE. IT IS LOCATED IN ZONE "X" AS DETERMINED BY FEMA FIRM MAP 3910473200J DATED MARCH 16, 2009. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING IS R-MH-20
11. SEPTIC LOCATION INFORMATION APPROVED ON 2-23-15 BY [illegible]
12. A 10' UTILITY EASEMENT IS LOCATED AROUND THE PERIMETER OF ALL LOTS.
13. PREPARED BY OWNER'S: SMITH DOUGLAS HOMES
500 NORTHLAND EXECUTIVE PARK, SUITE 310
CHARLOTTE, NC 28262

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2321-A N. Lake Boulevard, Apex, NC 27523 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivil-survey.com info@batemancivil-survey.com
NCBELS Firm No. C-3370



VICINITY MAP
(not to Scale)

LEGEND

PO = PORCH
SP = SCREENED PORCH/PATIO
CP = COVERED PORCH/PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
P = CONC PATIO
⊕ = COMPUTED POINT
○ = IRON PIPE FOUND
⊙ = IRON PIPE SET
⊙ = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
⊙ = SEWER MANHOLE
EB = ELECTRIC BOX
○ = CABLE BOX
TP = TELEPHONE PEDESTAL
□ = CURB INLET
○ = LIGHT POLE
SFE = SEPTIC FIELD EASEMENT

BUILDING SETBACKS
FRONT = 35 ft
REAR = 25 ft
SIDE = 15 ft
CORNER = 25 ft

I STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK &) REFERENCED IN TITLE BLOCK); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA.
L-4752
DATED:

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for recordation. No title report provided.

BUILDER TO VERIFY HOUSE MODEL, LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN

PRELIMINARY PLOT PLAN
FOR
SMITH DOUGLAS HOMES

AUTUMN BROOK - PHASE 1, MAP 2 - LOT 31
111 BELL CHASE LANE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 12/31/19 DRAWN BY: NMW CHECKED BY: SPC

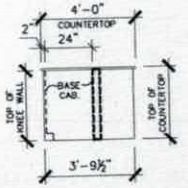
REFERENCE: PB 84, PG 41 & PB 87, PG 48 PROJECT # 119301 SCALE: 1" = 40'

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Sanders Date 3-18-2020
Carla C. Nicks Date 3-23-20

57 Total

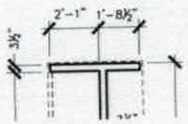
10'X12' DECK
34'-0"
14'-1½"
19'-10½"
2'-7"
3'-7"
5'-9½"
2'-2"
3'-9"
3'-11½"
3'-11½"
8'-2½"
4'-6½"
HB
3050 TEMPERED
2868 F.I.
3050
3050
3050
GAS FIREPLACE
4 SH
4068 DH
BREAKFAST
9'-0" CLG.
EVP
1'-7½"
4'-6½"
6'-1½"
10'-6½"
MIN. HDR @ 7'-4"
18'-6½"
6'-5½"
3'-9½"
FAMILY ROOM
9'-0" CLG.
EVP
17'-10"
14'-8½"
KITCHEN
9'-0" CLG.
EVP
DW
6'-5"
2X6 WALL
8'-7"
3'-10½"
7'-6½"
3'-2½"
7'-5"
RADON VENT*
DESK
2'-9"
UP
3'-0½"
OPEN RAIL
EVP PWDR
2'-8½"
2068
4 SH
5'-7"
40'-0"
2'-6½"
2X6 WALL
2668
3'-6"
2068
15 ¼" TR
2'-4½"
3'-4½"
47'-0"
5'-9½"
2'-0"
AC
EVP
ON
2668
16 RISERS @ 10" TREADS
3'-10½"
EVP
HDR @ 7'-10"
LOC. TBD PER SITE CONDITIONS/COMMUNITY EXCEPTIONS
2868
MUDROOM SEE DETAIL 1/D13 OR 2/D13
4'-0"
WH
3'-3½"
3'-3½"
5'-3"
5068 DH 15-LITE
STUDY
9'-0" CLG.
EVP
13'-2½"
6'-7"
13'-5"
4'-6"
FOYER
9'-0" CLG.
EVP
7'-11½"
GARAGE
9'-0" CLG.
3068
9'-6"
HB
3050
COVERED PORCH
9"
4'-6"
4'-11"
4'-7"
8X8 BOX COLUMN (TYP.)
4"
16' X 7' OHGD
(R.O. 16'-3" X 7'-1½")
8"
4"
1'-0"
6'-0"
20'-2½"
2'-0"
16'-0"
2'-0"
5'-6"
8'-6"
20'-0"
14'-0"

ON VENT PROVIDED PER LOCAL CODE

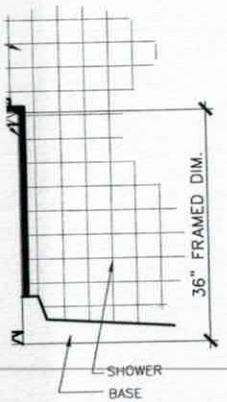


KITCHEN ISLAND SUPPORT FRAMING (SIDE VIEW)

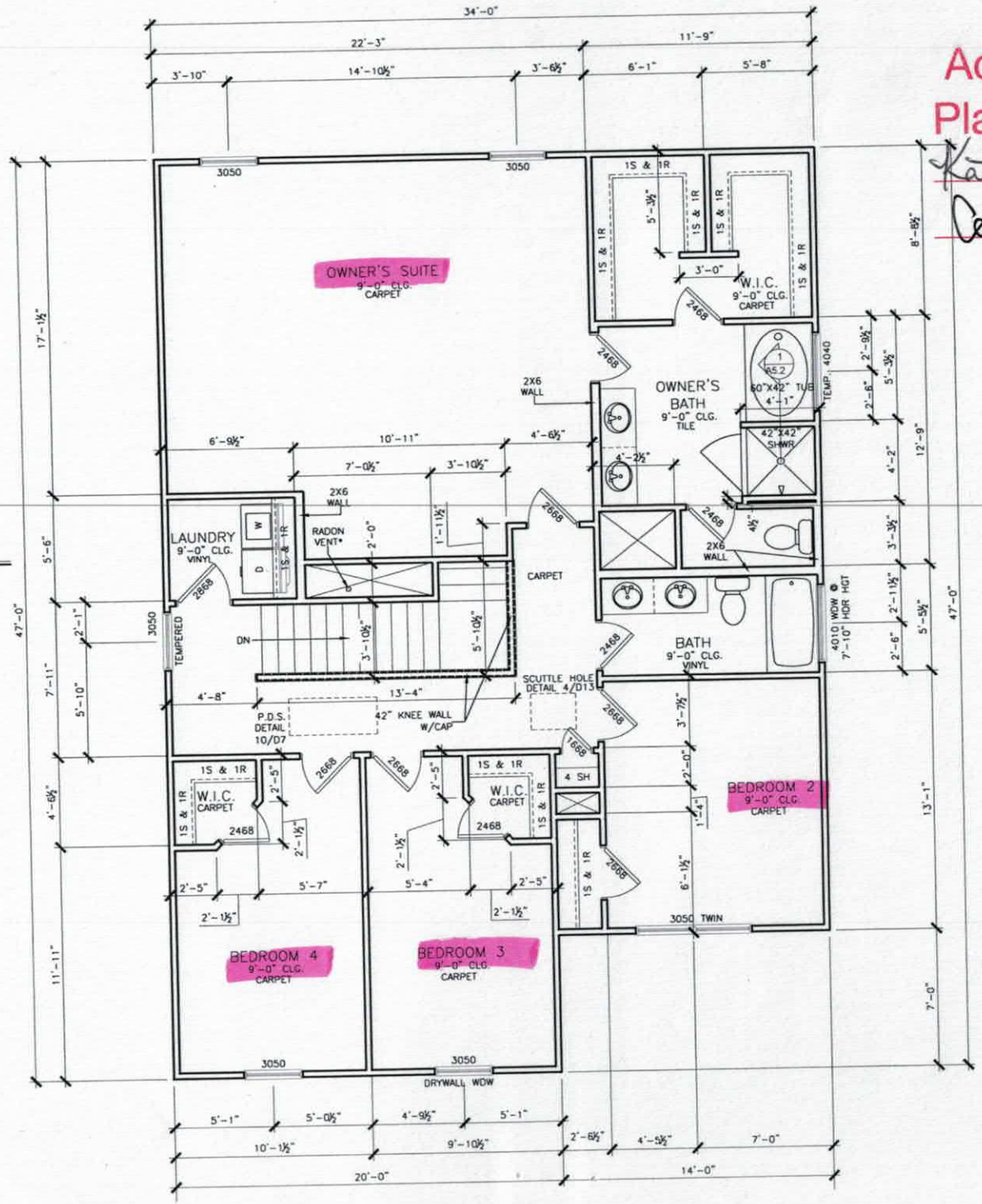
1st Floor



Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saunders Date 3-18-2020
Carla C. Nicks Date 3-23-20



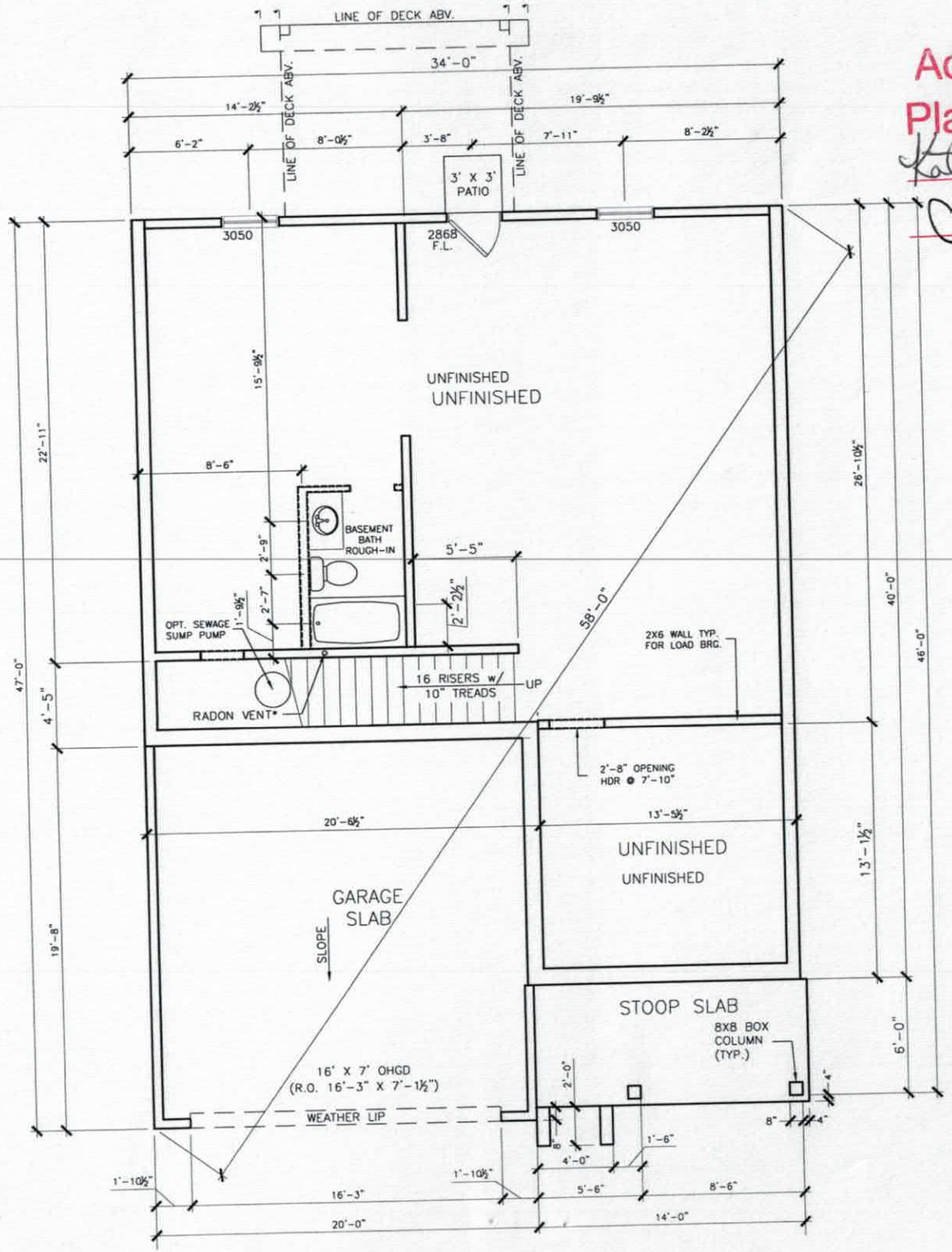
CAL GARDEN TUB/
v/GLASS WALL



*RADON VENT PR
PER LOCAL CODE

REFER TO MANUFACTU
FOR DRAIN LOCATIONS
SHEETS D12, D12.1,

2nd Floor



Acknowledgement Of Plans Submittal ONLY!

Kathleen Saunders Date 3-18-2020

Carla C. Nicks Date 3-23-20

*RADON VENT PROVIDED PER LOCAL CODE

REFER TO DETAIL 5/D2 FOR BRICK LEDGE DETAIL WHEN BRICK VENEER IS CHOSEN

Unfinished Basement

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303943 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4732151849.000	111 BELL CHASE LN	Iredell County

Owner Information	Applicant Information
Name: SDH CHARLOTTE LLC	Name: SDH CHARLOTTE LLC
Address: 110 VILLAGE TRL STE 218	Address: PO BOX 311
WOODSTOCK, GA 30188	MIDLAND, NC 28107
Phone:	Phone: (704)781-5158

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.459	35	35	15	15	N/A	NO

Remarks
SFD- MUNIS 222585 IMP APPROVED BY BF 11-16-16

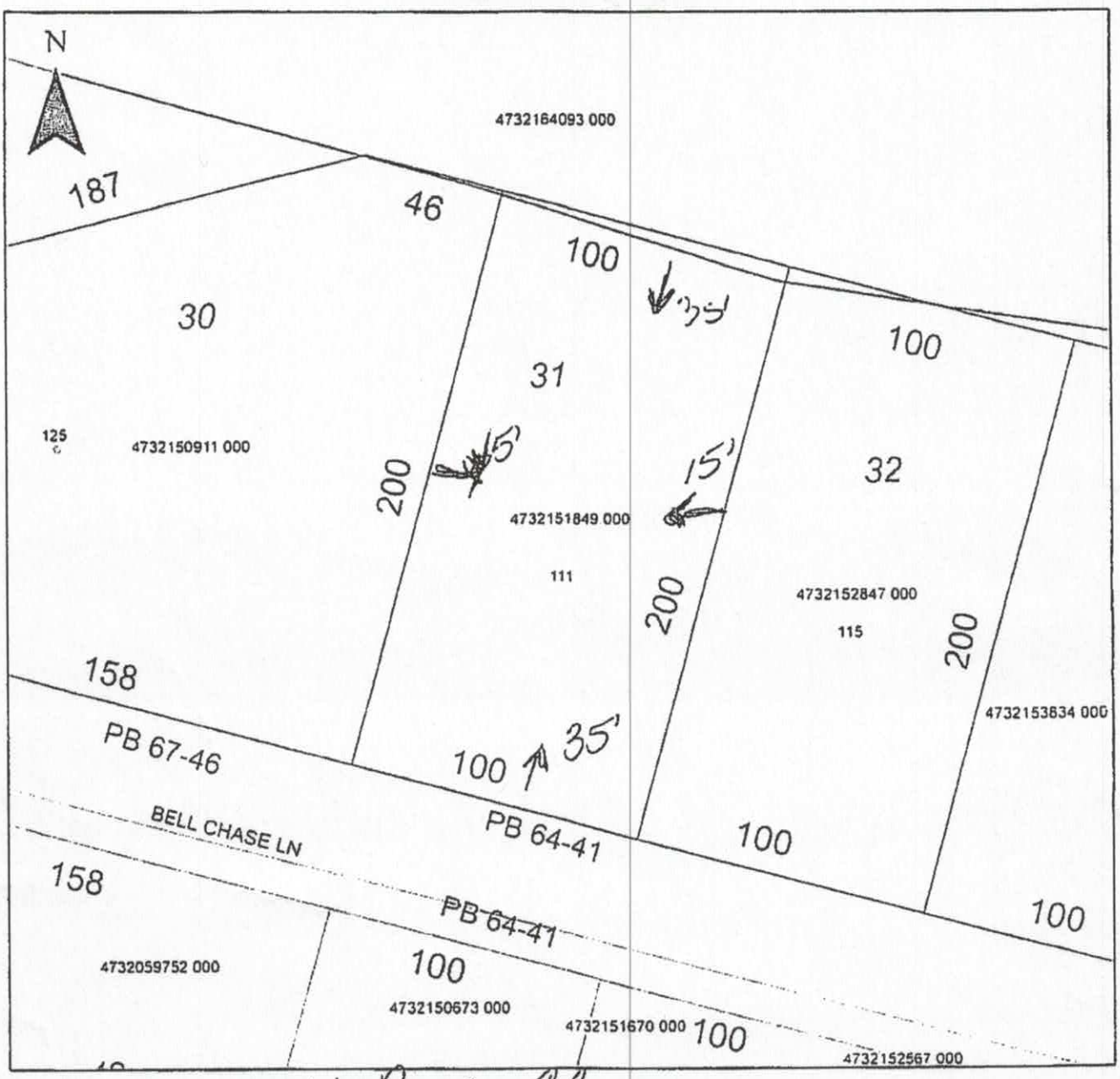
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 01/08/2020

Signature of Owner/Contractor

Permit Number	303943	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 111 Bell Chase

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.

Andrea Rowell

Applicant

1/8/2020

Date