ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222586

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

PIN # 4732152847

APPLICANT/OWNER: SDH Charlotte, LLC APPLICANT ADDRESS: PO Box 311 midland, NC

SITE ADDRESS: 115 Bell Chase Ln, Statesville 28677 PHONE: 704-781-5137 ALT. PHONE —

SITE DIRECTIONS: old Mountain rd → R on Walker Springs → R Autumn Crest → L Bell Chase → on L SAP CONTROLLED: ☒ YES ☐ NO

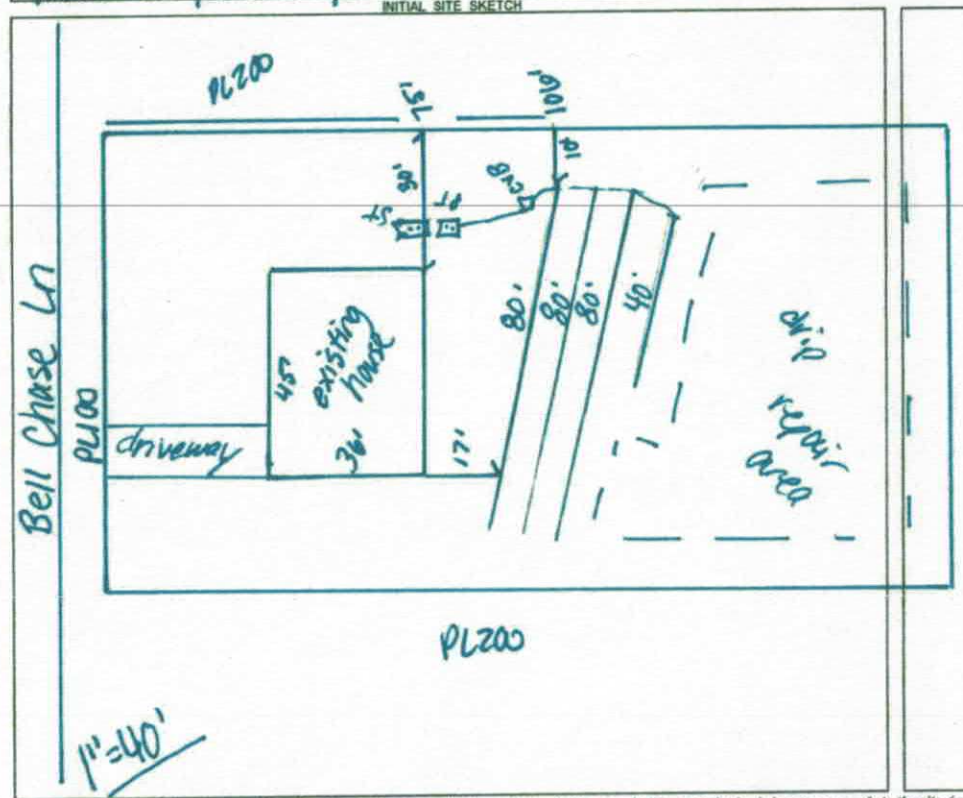
SUBDIVISION: Autumn Brook SECTION: 1 LOT # 32 LOT AREA: .457 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1160	Date	11-26-19	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1,000 (gal)	PT	319	Date	11-12-19	System Description: LP RBPS		☐ Business	No. Persons	8	☐ Private
Pump Make	Orenco	Model		Serial #		Repair System Description: TS II drip		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	280'	Maintenance Agreement Required: ☒ YES ☐ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Purpose of this permit is a relayout for 480 LP panel system since that system was installed from a previous permit.

- 224.8 gal dose vol
- 10.8in drawdown
- 25.83 gpm

INITIAL SITE SKETCH



AS BUILT SKETCH

4-9-20: Geomaxpl septic mid-seam 1000-gal conc. tank → filter not installed yet ✓

L1 - 80' (18 panels)
L2 - 80' (18 panels)
L3 - 80' (18 panels)
L4 - 40' (9 panels)
} RBPS 63 total panels 30" trench bottom (low side) - per Tom Shuck

5/32" ✓

4/30/2020

9.5" between on float + off float

5/32" 7" from on float + alarm (red) float

5 - Alarm float ok

3/8 = 7 L1 thru L4 Balanced (3' of head) - SD

6/1/2020: Breaker box was good still needs maintenance Agreement

6/11/20 - maintenance contract recd

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 Recd Date: 4-22-20 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 4-21-20 OPERATION PERMIT by: Carla C. Nicks Date: 6-11-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 4-21-20 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 Inspector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	4/9/2020	SF
Tanks Checked	4/9/2020	SF
Pressure Manifold or Valve Box Checked	4/30/2020	SF
Pressure Head Set	4/30/2020	SF
Electrical Checked		
Floats Set	4/30/2020	SF
Alarm Checked	4/30/2020	SF
Maintenance Contract Y / N	6-11-20	CCN

RECEIVED APR 16 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $320.00 # 222586

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: 115 Bell Chase ~~Drive~~ Lane

Subdivision Name: Autumn Brook **Section/Phase:** **Lot Number:** 32

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: 4
Maximum Number of Occupants: 8
( ) 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 — 4/16/2020

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

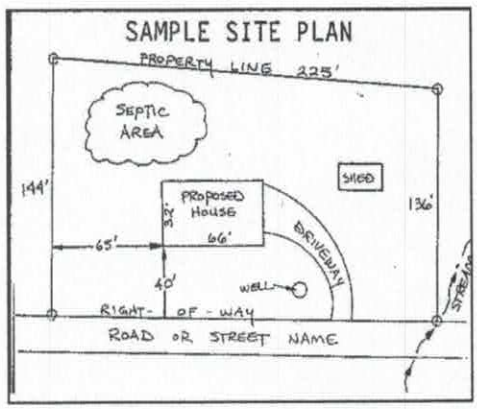
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

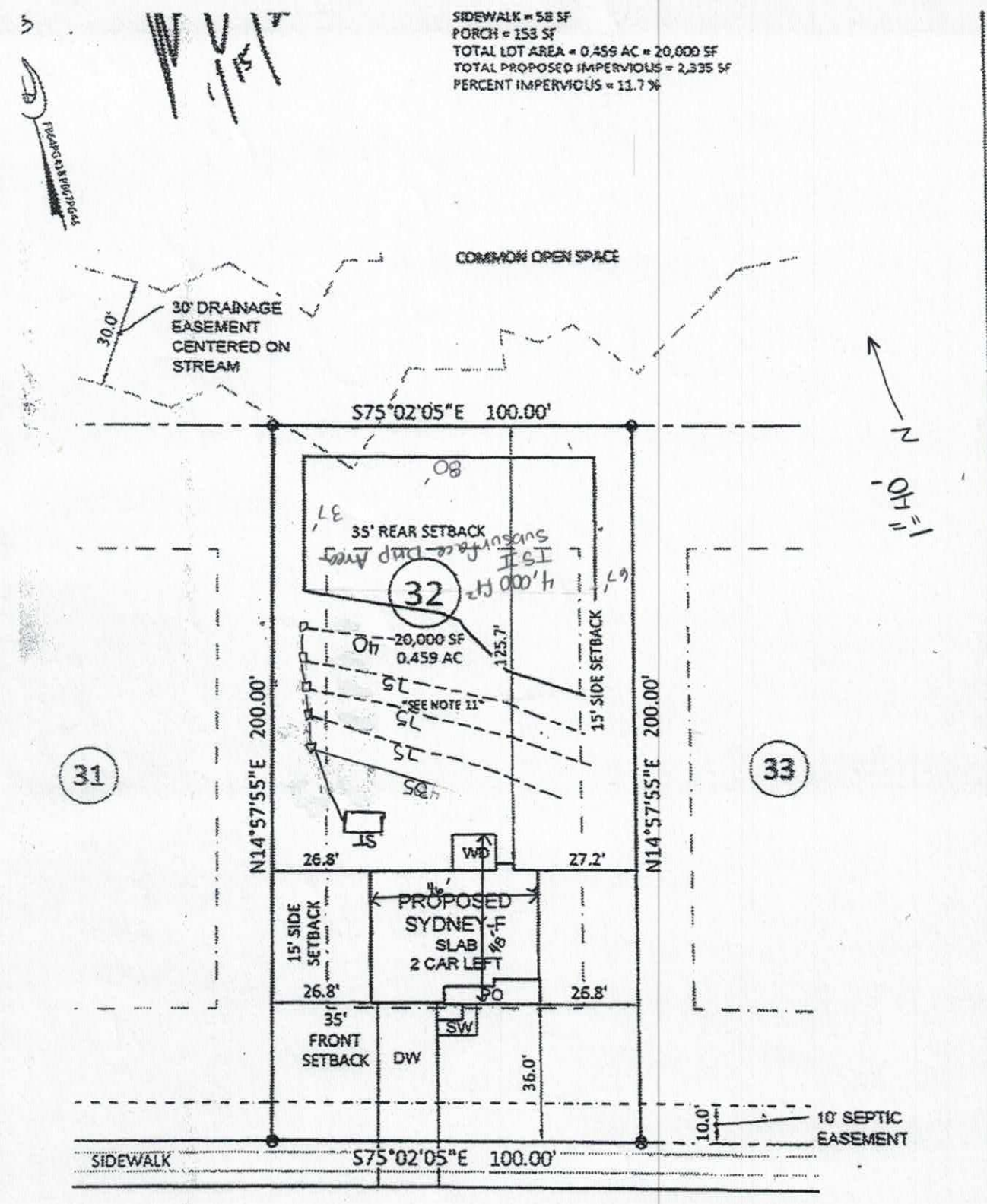
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

4/16/2020
DATE


SIDEWALK = 58 SF
PORCH = 153 SF
TOTAL LOT AREA = 0.459 AC = 20,000 SF
TOTAL PROPOSED IMPERVIOUS = 2,335 SF
PERCENT IMPERVIOUS = 11.7 %
COMMON OPEN SPACE
30' DRAINAGE EASEMENT CENTERED ON STREAM
30.0'
S75°02'05"E 100.00'
35' REAR SETBACK
32
20,000 SF
0.459 AC
125.7'
15' SIDE SETBACK
"SEE NOTE 11"
N14°57'55"E 200.00'
N14°57'55"E 200.00'
31
33
26.8'
WD
27.2'
PROPOSED SYDNEY-F SLAB 2 CAR LEFT
15' SIDE SETBACK
26.8'
PO
26.8'
35' FRONT SETBACK
DW
SW
36.0'
10.0'
10' SEPTIC EASEMENT
SIDEWALK
S75°02'05"E 100.00'
BELL CHASE LANE
PUBLIC 50' R/W
WALLACE SPRINGS RD
OLD MOU
LEGEND
PO = PORCH
SP = SCREENED PORCH/PA
CP = COVERED PORCH/PAT
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
P = CONC PATIO
= COMPUTED POINT
= IRON PIPE FOUND
= IRON PIPE SET
= DRILL HOLE FOUND
= WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
= SEWER MANHOLE
= ELECTRIC BOX
= CABLE BOX
= TELEPHONE PEDEST
= CURB INLET
= LIGHT POLE
SPE = SEPTIC FIELD EASE
BUILDING SETBACK
FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 25 ft
BUILD
LOCATION
IMPERV
PREL
AUTUMN
115 BE
STATE

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; Bankruptcy trustee; Court ordered guardianship*

In the absence of the above documentation, the property owner may provide the local health department with documentation 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 PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do 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.

_____ _____

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

Acknowledgement Of Plans Submittal ONLY!

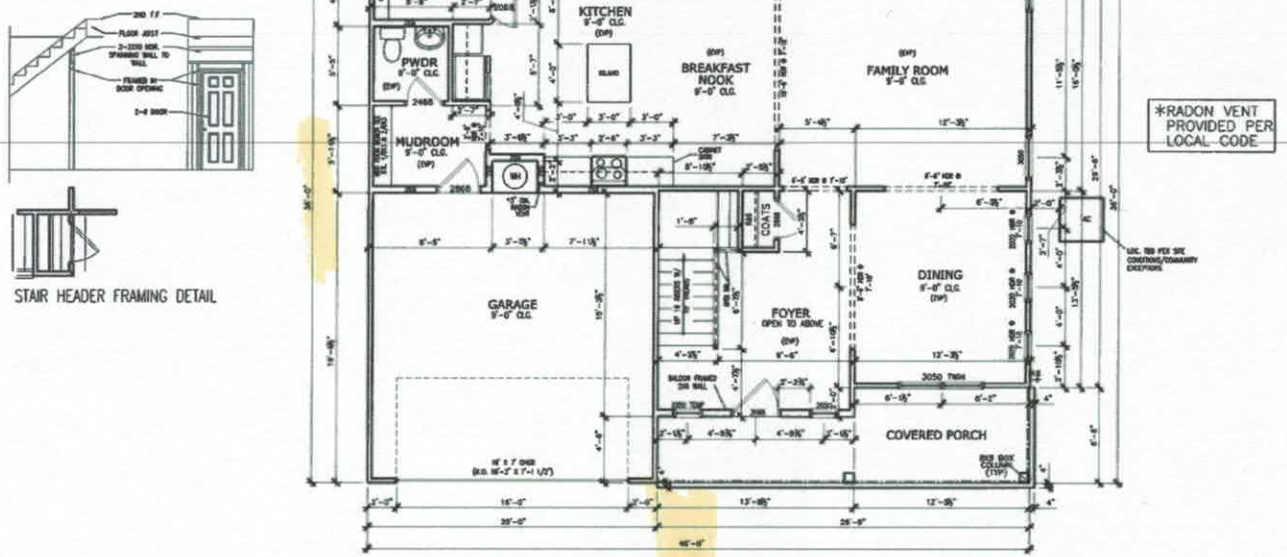
Hardin Reed Date 2/13/20

Carla C. Nice Date 2.19.20

Autumn Brook - Lot 32

36" cabinet upgrade

Steps added to deck 1.20.20 KB



FIRST FLOOR PLAN

STAIR HEADER FRAMING DETAIL

SMITH DOUGLAS HOMES | QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
SYDNEY

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

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PLAN ID	
PAGE	ALL
SCALE	F
PAGE NO	A5.1

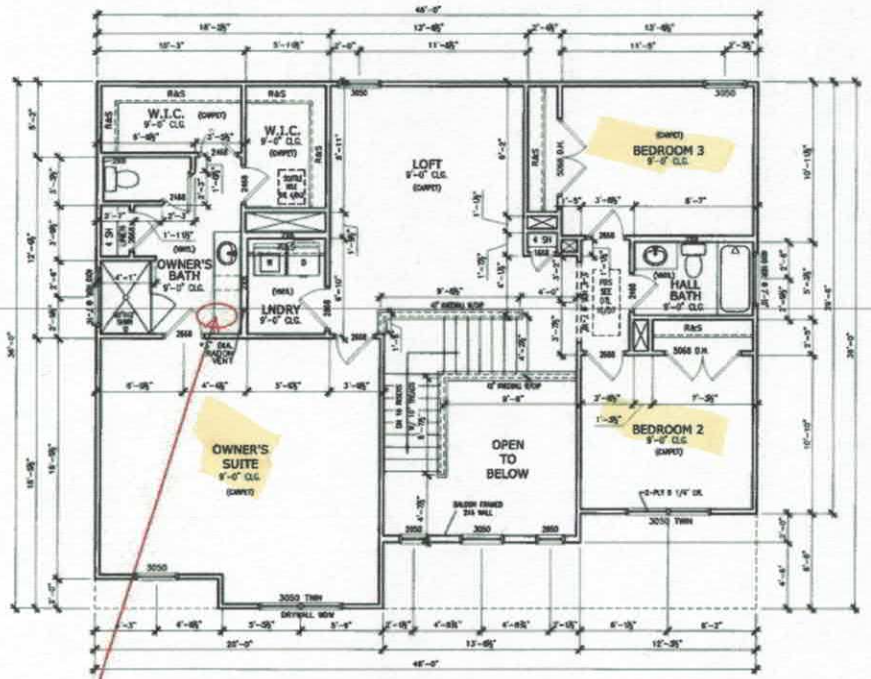
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Acknowledgement Of Plans Submittal ONLY!

Andrew Caudill 2/13/20 Date

Carla C. Nicke Date 2-19-20

Autumn Brook - Lot 32



SECOND FLOOR PLAN ELEVATION

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

*RADON VENT PROVIDED PER LOCAL CODE

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

double bowl
01.21.20 AR

REVISION	DATE	BY

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QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
SYDNEY

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PLAN #	
FILE ALL	ELEV F
SHEET NO A5.2	

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