IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 222588

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

PIN # 4732-15-3834

APPLICANT/OWNER: SDH Charlotte LLC APPLICANT ADDRESS: 10130 Mallard Creek Road #218 Charlotte, NC 28262

SITE ADDRESS: 119 Bell Chase Lane, STATESVILLE 28677 PHONE: 704-944-5557 ALT. PHONE

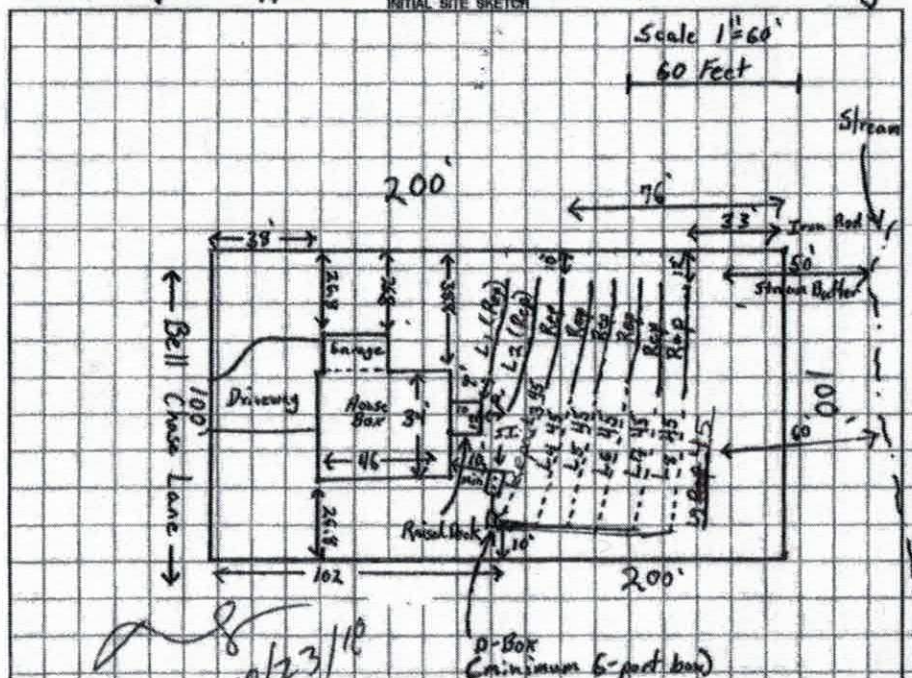
SITE DIRECTIONS: Old Mountain Rd N from Trantman → R on Wallace Springs → R on Autumn Mist → L on Bell Chase → on R SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Autumn Brook SECTION: 1 LOT # 33 LOT AREA: 0.459 DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	P/93RC	Date	Filtrate	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	50% Reduction (PPBPS) Parallel Distribution			☐ Business	No. Persons	8	☐ Private	
Pump Make	—	Model	—	Serial #	—		Repair System Description:	50% Reduction CLP-PPBPS			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	6	Linear Ft	270		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☒ Community	
Trench Width	24"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—			☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Recommend that septic tank be pumped every 3-5 years. 60 total panels. This approval is for the floorplans approved 10/11/2018 by SK. Do not direct any house downspouts or foundation drain outflows towards septic area/components.

INITIAL SITE SKETCH



AS BUILT SKETCH

ST 14ft to house

42ft from house to 1st drainline

Top line will be used as repair, initial system shifted down 1' line MS

(No Soil Note)

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: 10/23/18 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/11/2018 OPERATION PERMIT by: Marie Dotson Date: 3/14/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/11/2018 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.

RECEIVED AUG 30 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $320.00

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

#222588

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SDH Charlotte LLC	10130 Mallard Creek Road #218 Charlotte NC 28262	704-944-5557	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SDH Charlotte LLC	10130 Mallard Creek Road #218 Charlotte NC 28262	704-944-5557	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
119 Bell Chase Lane	Autumn Brook	Lot 33

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(✓) Other Confirming bedrooms on existing permit

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

9. Signature: _____ 8/30/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

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

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

_X_ Property Line measurements are clearly identified... **_X_ All proposed structures are indicated...**

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

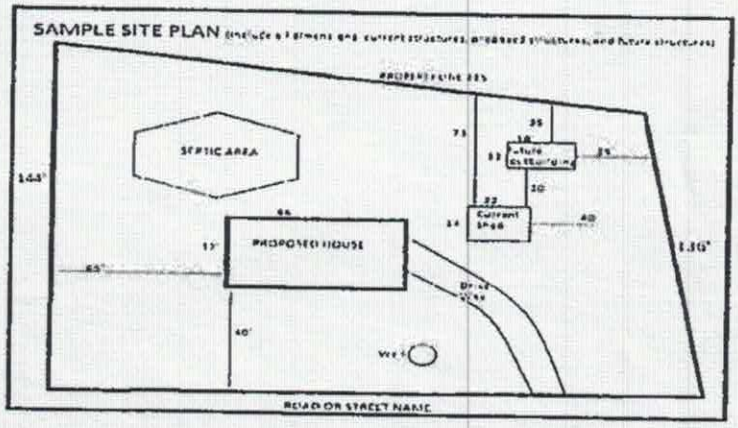
_X_ Front and side setbacks from property line... **_X_ Preferred driveway location and configuration, preferred well location...**

_X_ Area you prefer your septic system to be placed... **_X_ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property. N/A

_____ Location of easements and rights of ways on your property. N/A **_____ Location of any designated wetlands on the property.. N/A**



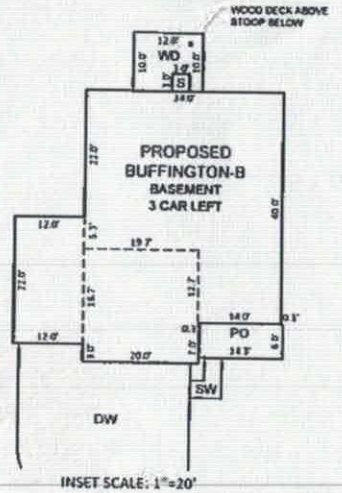
USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

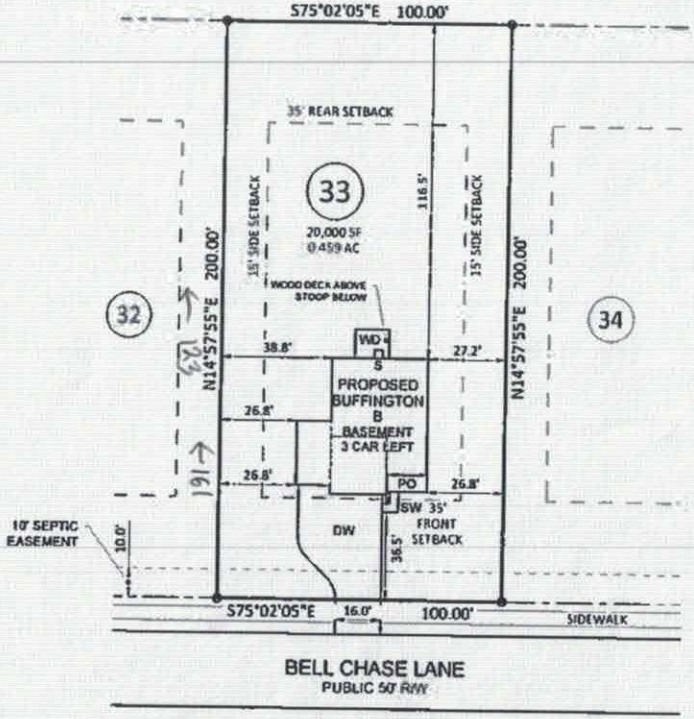
_____

DATE





COMMON OPEN SPACE



SCALE:
1" = 40 ft.

REVISIONS: CHANGE PATIO TO WOOD DECK PER REQUEST, UPDATE IMPERVIOUS LOT INFO 6-26-18 NMW
CHANGE FROM SLAB TO BASEMENT FOUNDATION PER REQUEST, REDO PLOT PLAN 7-16-18 NMW

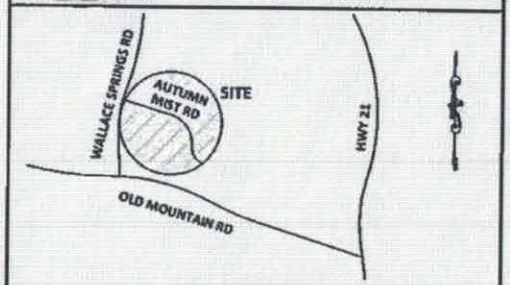
NOTES:

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. 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. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
5. 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.
6. THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, ETC. REFERENCED IN TITLE BLOCK.
7. NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS OR RIPARIAN BUFFERS 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 THAT 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 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.
10. ZONING IS RA.
11. SEPTIC LOCATION INFORMATION IS APPROXIMATE AS TRACED FROM IREDELL COUNTY HEALTH DEPARTMENT PERMIT.
12. A 10' UTILITY EASEMENT IS LOCATED AROUND THE PERIMETER OF ALL LOTS.
13. PROPERTY OWNER: SMITH DOUGLAS HOMES
10130 MALLARD CREEK ROAD, SUITE 210
CHARLOTTE, NC 28262

LOT INFORMATION:

PIN: 4732153834
HOUSE = 1,764 SF
DRIVEWAY = 963 SF
SIDEWALK = 29 SF
PORCH = 86 SF
CONCRETE STOOP = 9 SF
TOTAL LOT AREA = 0.459 AC = 20,000 SF
TOTAL PROPOSED IMPERVIOUS = 2,851 SF
PERCENT IMPERVIOUS = 14.3 %

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/PATIO
CP = COVERED PORCH/PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
S = CONCRETE STOOP
= 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
CI = CURB INLET
= LIGHT POLE
SFE = SEPTIC FIELD EASEMENT

BUILDING SETBACKS:

FRONT = 35 ft
REAR = 35 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:

PRELIMINARY

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

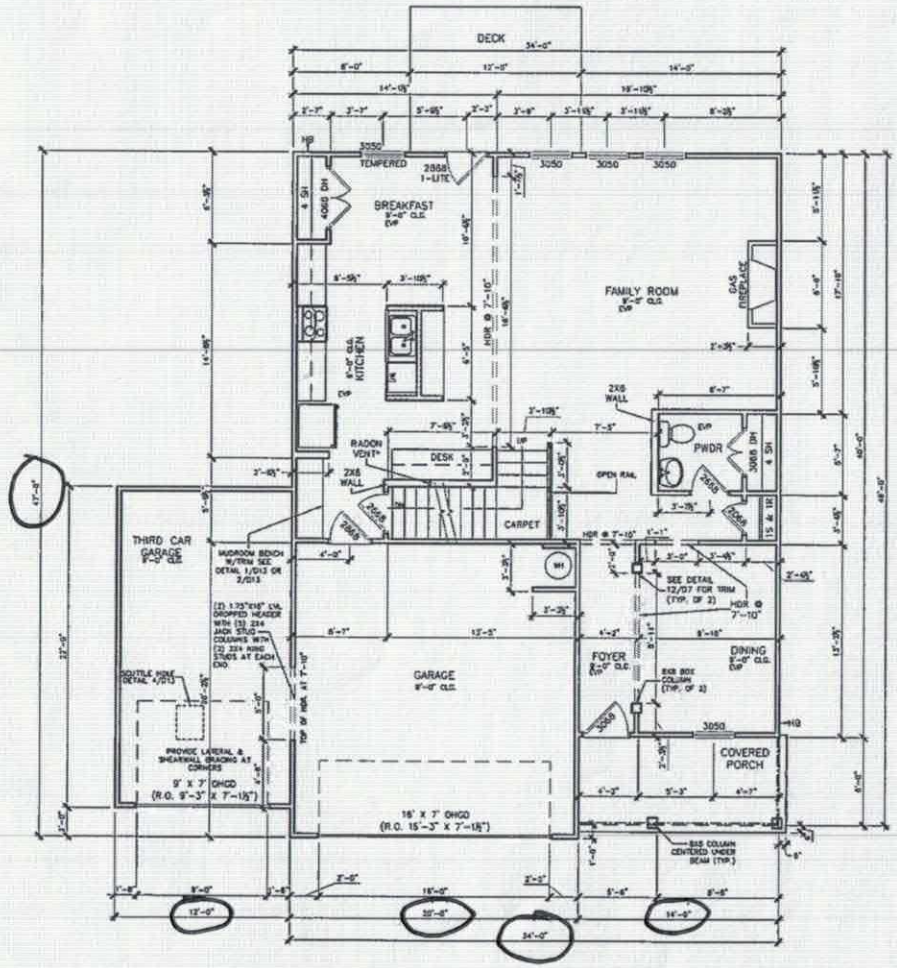
SMITH DOUGLAS HOMES

AUTUMN BROOK - PHASE 1, MAP 2 - LOT 33
119 BELL CHASE LANE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

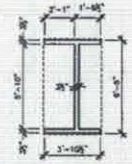
DATE: 6/12/18 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 64, PG 41 & PB 67, PG 48 PROJECT # 170301 SCALE: 1" = 40'

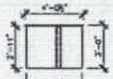
AUTUMN BROOK
LOT 33



FIRST FLOOR PLAN



KITCHEN ISLAND SUPPORT FRAMING (PLAN VIEW)



KITCHEN ISLAND SUPPORT FRAMING (SIDE VIEW)

*RADON VENT PROVIDED PER LOCAL CODE

Acknowledgement Of Plans Submittal ONLY!

Date 10/23/18

Tom Shuck Date 10/11/18

© SMITH DOUGLAS HOMES 2018

REVISION	BY	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
BUFFINGTON

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

SMITH DOUGLAS HOMES expressly reserves its property rights on these plans and drawings. These plans and related drawings are not to be reproduced without written consent from SMITH DOUGLAS HOMES.

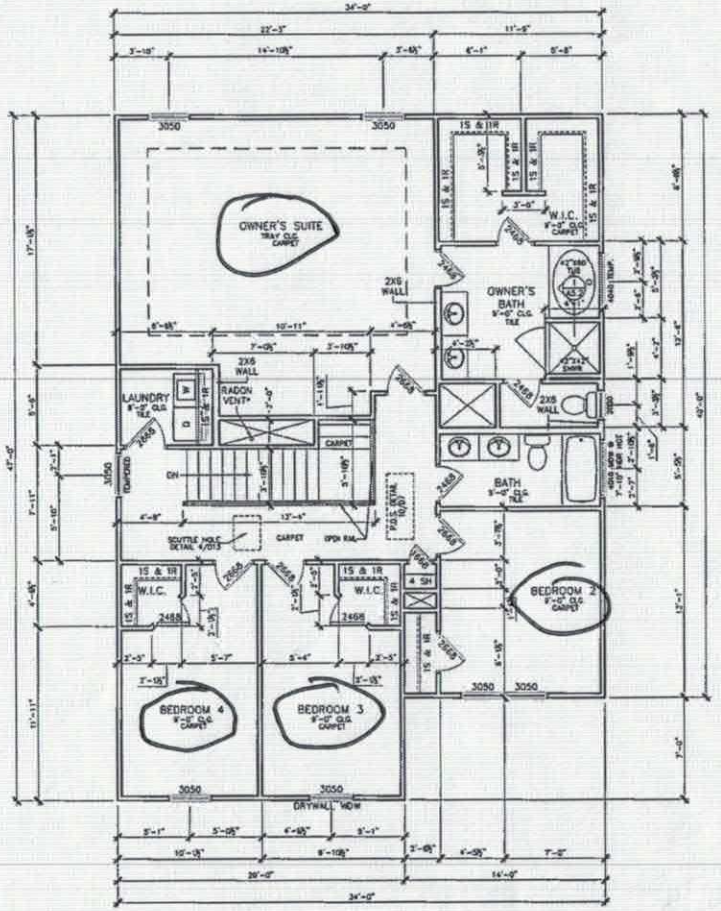
BY	MM / AW
DATE	8/7/18
PLAN SET	B
PLAN NO	2545
ELEV	ALL / B
SHT. NO	A5.1

Acknowledgement Of
Plans Submittal ONLY!

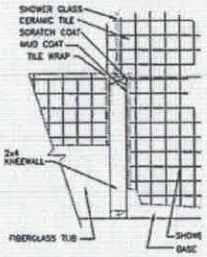
Date 10/23/18

Tom Shuck Date 10/16/18

AUTUMN BROOK
LOT 33



SECOND FLOOR PLAN



SECTION @ TYPICAL GARD TILED SHOWER w/GLASS

*RADON VENT PROVIDED PER LOCAL CODE

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

REVISION | DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
BUFFINGTON

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 116
WOODSTOCK, GA 30188
www.smith-douglas.com

SMITH DOUGLAS HOMES expressly reserves its property rights in these plans and drawings. These plans and related drawings are not to be reproduced without written consent from SMITH DOUGLAS HOMES.

BY	DR
MM	AW
DATE	
8/7/18	
PLAN ID	
B	
JOB ID	
2545	
ALL	B
SHEET NO	
A5.2	

© SMITH DOUGLAS HOMES 2018