IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222592

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

PIN #4732155789 - 5880

APPLICANT/OWNER: Autumn Brook LLC APPLICANT ADDRESS: 1542 Queens Rd West

SITE ADDRESS: 129 Bell Chase Lane, Statesville PHONE: 704-578-4951 ALT. PHONE —

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

SUBDIVISION: Autumn Brook SECTION: 1 LOT # 35 LOT AREA: .732 ac. DESIGN FLOW: 1000 gpd L.T.A.R.: .25

Septic Tank	1250	(gal)	STB Infiltrator	Date 1500	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1250	(gal)	PT Infiltrator	Date 1500	System Description: LP-PPBPS				☐ Business	No. Persons	10	☐ Private
Pump Make			Model	Serial #	Repair System Description: LP-PPBPS				☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	7	Linear Ft 400	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth —		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions:

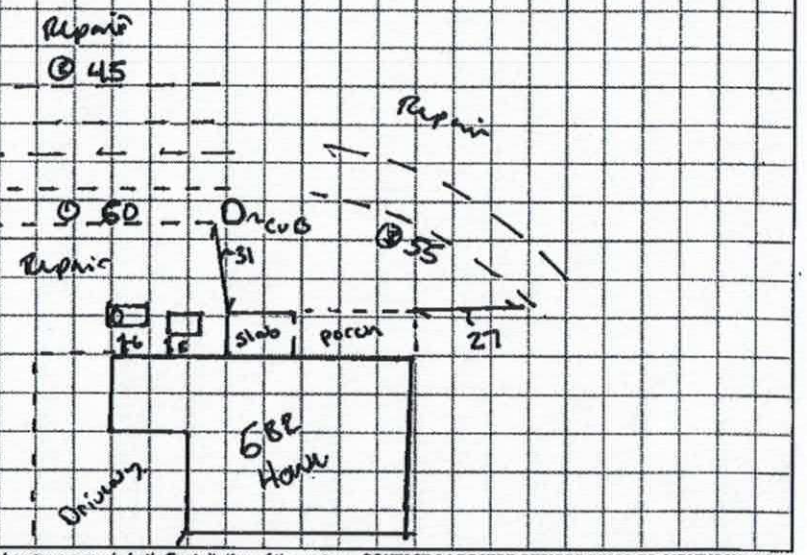
Lines 1, 2, 3 Inspected by B. Bottoms 9/13/18.
Tanks 9/13/18.

INITIAL SITE SKETCH

See Plan From The Oaks Group, PA

AS BUILT SKETCH

9/28/18: Electrical ok. 2' of pressure head set @ each line. Leak in force main addressed. 7" of feather for on/off float. Alarm ok. SP



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: [signature] Date: 9/5/18

IMPROVEMENT PERMIT by: Carla C. Cave Date: 5/2/18

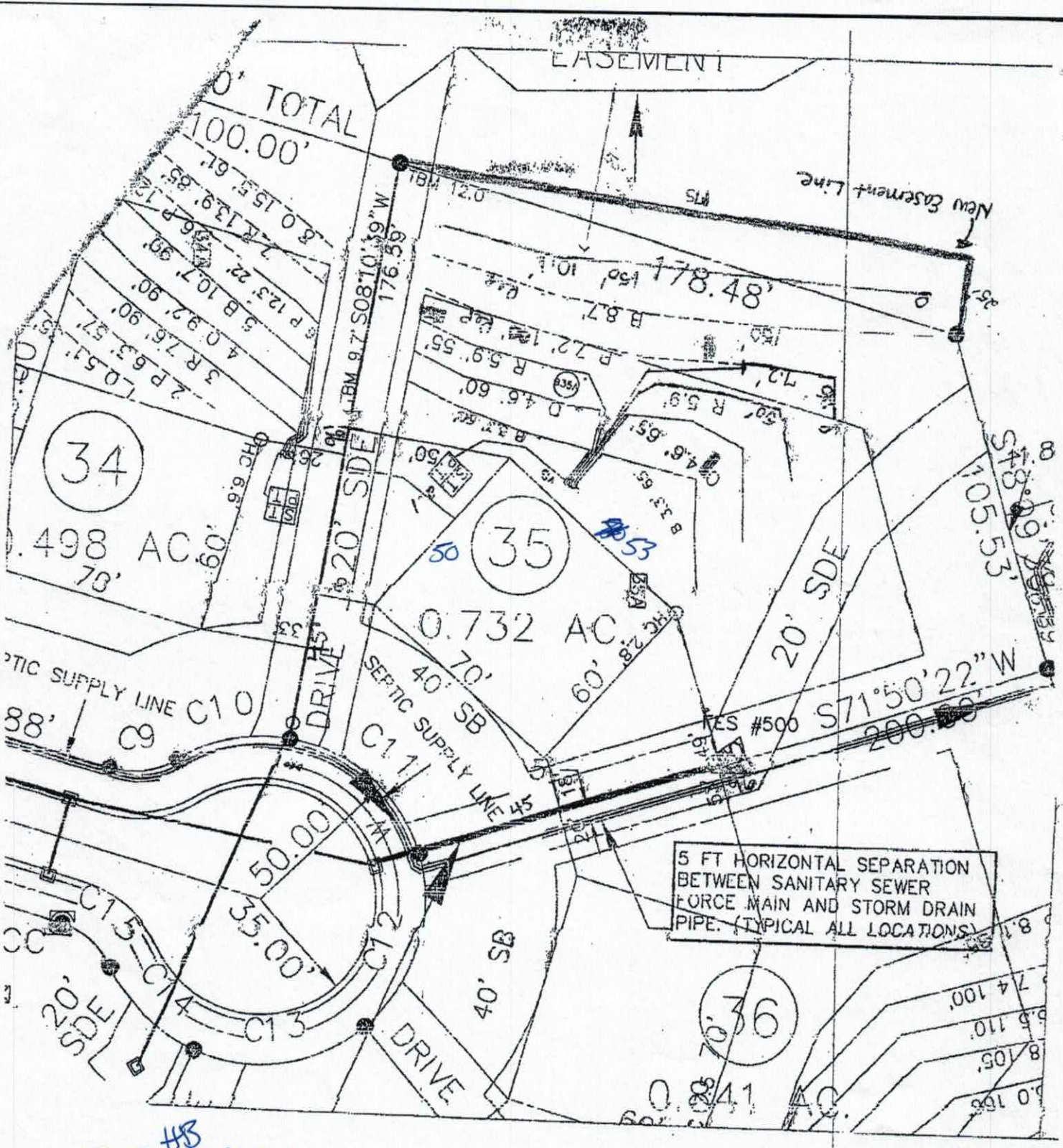
AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 5/3/18

Installed by: Specialty Septic

OPERATION PERMIT by: [signature] Date: 10/1/2018

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.



- 53x50 HB in field

- 800' laid out in field

120
120
130
130

136
164 lines in field

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 128 Bell Chase Lane

Date: April 9, 2018

Attached is the septic specification information required to permit 128 Bell Chase Lane 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

Autumn Brook Lot 35 Fast Track Septic System Information

Number of Bedrooms	5
Basement or Crawl	**Crawl Space/Slab**
Design Flow (gpd)	600
LTAR (gpd/ft2)	0.25 Per Existing Permit
Primary System Type	**LP PPBPS**
No. Lines	7 (See Table)
Minimum Linear Feet	400
Total Linear Feet	400
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth	36" Per Existing Permit
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	40' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	46.5 gpm
Elevation head	Approx: 6 ft
Pressure head	3 ft
Friction head	1.0 ft
20% Contingency	2 ft
Total Head	12 ft
Pump Requirements	46.5 gpm @ 12' of head To be designed by installer
Maximum Dosing Volume	334.8 gal - 1.8 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water *equals 7.48 gal.*)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	yes
Repair System	**LP PPBPS**
Total Linear Feet	400
Repair LTAR	0.25

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Blue	LPPPBPS	65 endfed	3.3	15	15	1 per panel	5/32"
2	System	Blue	LPPPBPS	60 endfed	3.3	14	14	1 per panel	5/32"
3	System	Orange	LPPPBPS	65 endfed	4.6	15	15	1 per panel	5/32"
4	System	Orange	LPPPBPS	60 endfed	4.6	14	14	1 per panel	5/32"
5	System	Red	LPPPBPS	50 endfed	5.9	12	12	1 per panel	5/32"
6	System	Red	LPPPBPS	55 endfed	5.9	13	13	1 per panel	5/32"
7	System	Pink	LPPPBPS	45 endfed	7.2	10	10	1 per panel	5/32"
8	Repair	Pink	LPPPBPS	100	7.2				
9	Repair	Blue	LPPPBPS	150	8.7				
10	Repair	Orange	LPPPBPS	150	10.1				
						Total: 93	Total: 93 (1 in each panel turned up)		

Total System:	400'
Total Repair:	400'

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	2.10
House	Pipe		2.80

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation

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

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

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

OWNER: _____ APPLICATION DATE 11/14/16
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: lot 35 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCY/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Shoulder 8%	0-8	BSCL GR	fri SSSP Sand					
		8-34	RC SAH/ASH	fi SP -YBC	20"+				
		34-66	RCL WASH	fri SSSP		66	—	—	.25
2	↓	0-6	BSCL GR	fri SSSP					
		6-32	RC ABR	fr SP-	YB's thru hard				
		32-66	RCL WSH	fri SSSP	—	66	—	—	.25
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: _____

RECEIVED APR 12 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Int. Relayout Paid $225.00

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

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

Page 2: *Site Plan Worksheet* form MUST accompany this application #222592

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: The Oaks Group Address: 121 Holt Lane Mooresville NC Zip: 28117

Applicant Email: _____ Phone: 7045184951 Alt. Phone: _____

Owner Name: Autumn Brook LLC Address: 1548 Queens Rd West Zip: _____

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

Property Information:

Street Address: 129 Bell Chase Lane Statesville NC 28677

Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 35

Driving Directions: On Int Road → Wallace Springs Rd Right Autumn Mist Rd. left on Bell Chase Ln Property is on Right.

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

(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: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
(X) 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 (X) City Water ( ) Other Public Water

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

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is there any other information that may affect the design?

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: _____ 4-2-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Autumn Brook Dev, LLC, am the legal owner of the property located at 129 Bell Chase Ln Statesville, NC 28677, identified as PIN(Parcel Identification Number) 4732155789.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders / 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.

By: Autumn Brook Development LLC
Signature of Owner — Date: 4-9-18

Signature of Witness — Date: 4/9/18

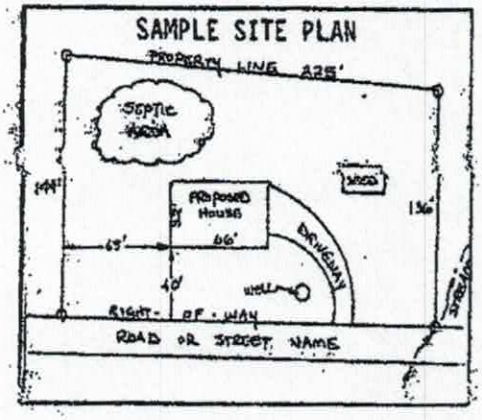
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 area designated wetlands on the property	N/A

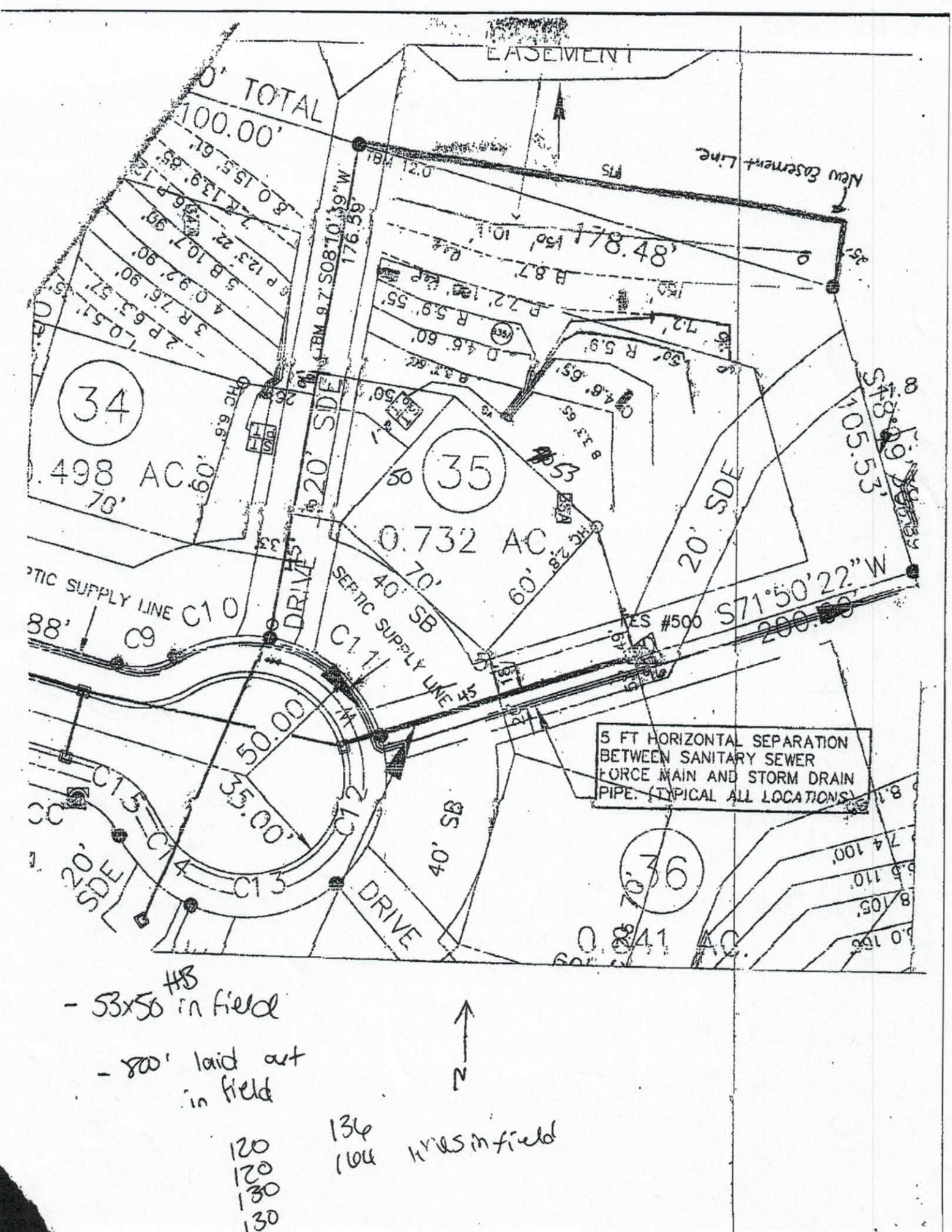
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: J Mangum
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-2-18
DATE



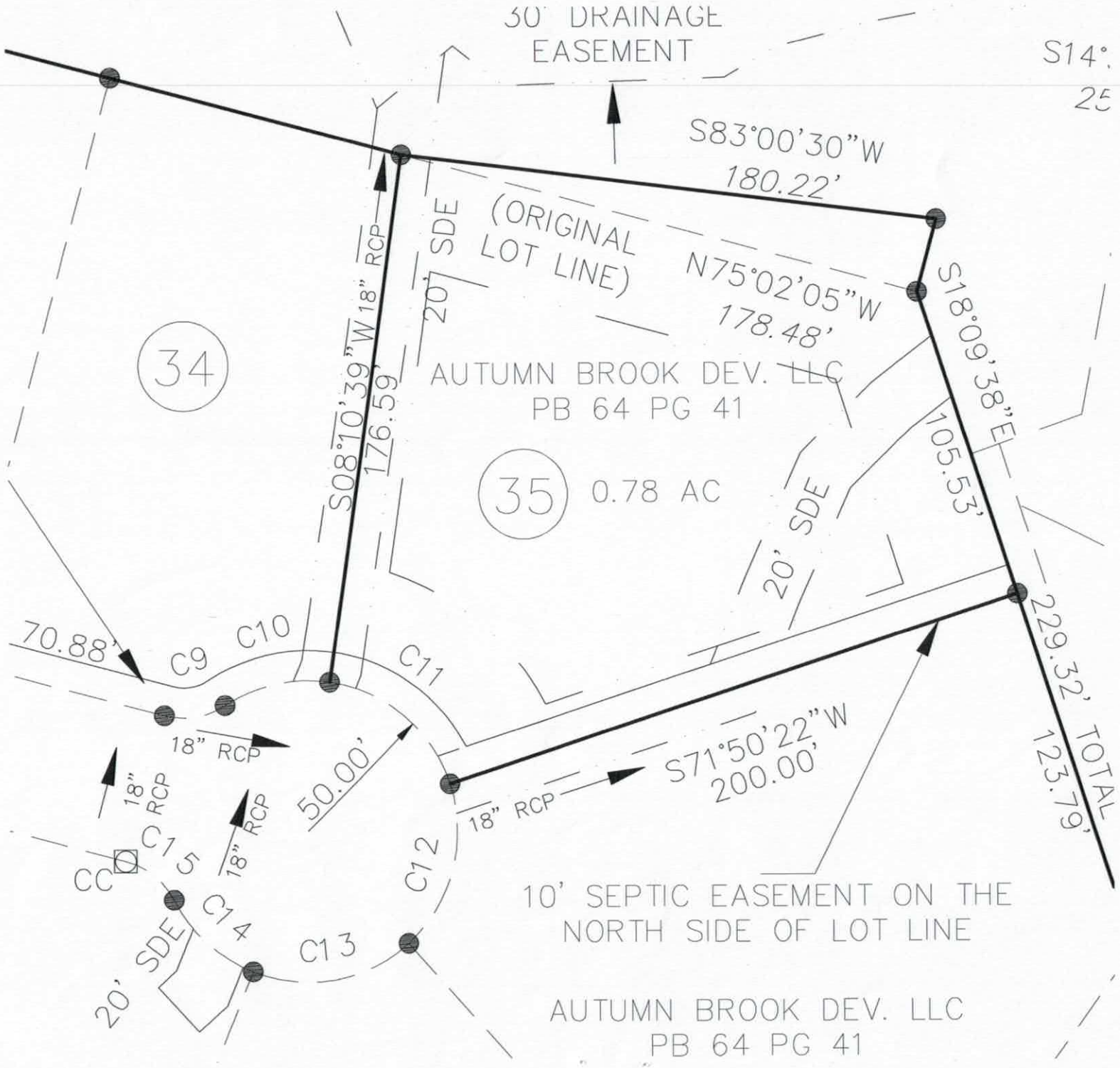
- 53x50 HB in field

- 800' laid out in field

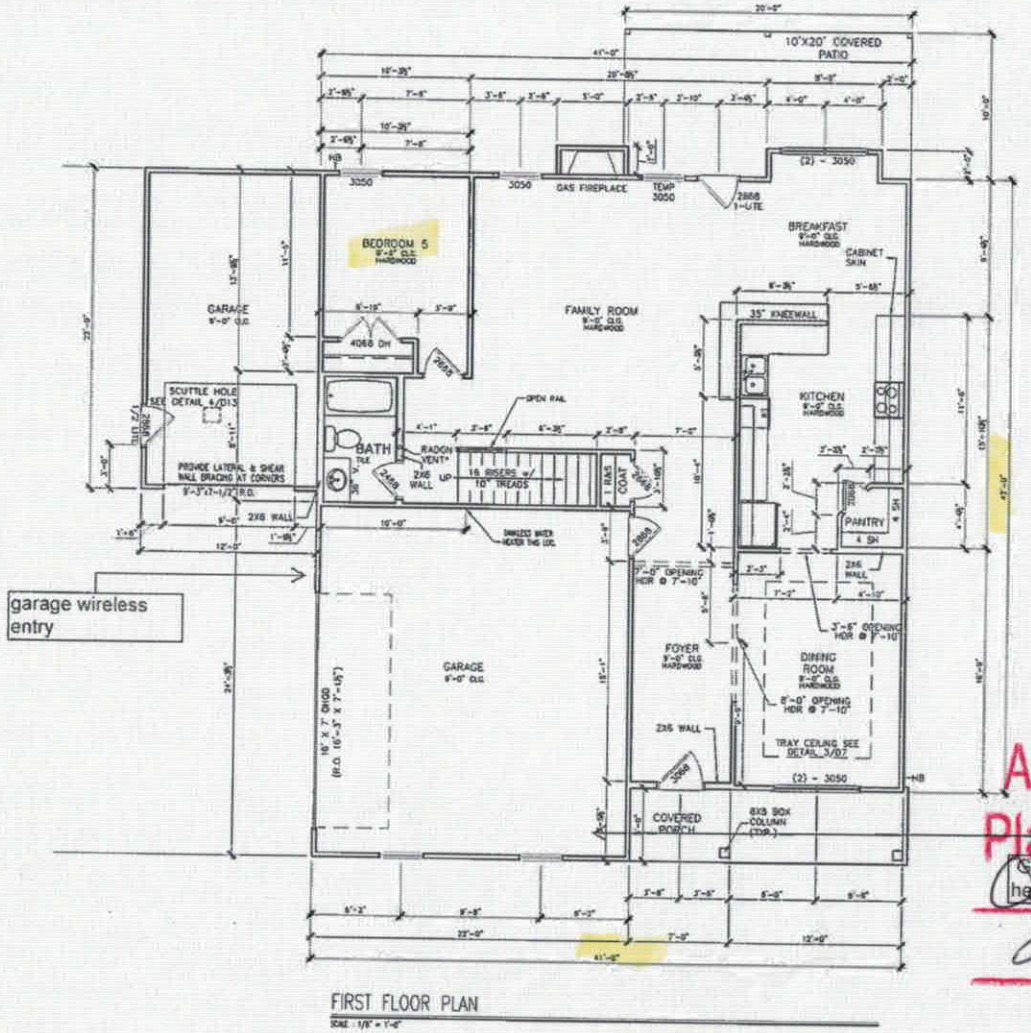
N

120
120
130
130

136
160 knees in field


30' DRAINAGE EASEMENT
S14°
25
S83°00'30"W
180.22'
(ORIGINAL LOT LINE)
20' SDE
N75°02'05"W
178.48'
S18°09'38"E
105.53'
S08°10'39"W
176.59'
18" RCP
34
AUTUMN BROOK DEV. LLC
PB 64 PG 41
35
0.78 AC
20' SDE
229.32' TOTAL
123.79'
70.88'
C9
C10
C11
18" RCP
50.00'
S71°50'22"W
200.00'
18" RCP
C12
C15
C14
C13
20' SDE
10' SEPTIC EASEMENT ON THE NORTH SIDE OF LOT LINE
AUTUMN BROOK DEV. LLC
PB 64 PG 41

AUTUMN BROOK
LOT 35



FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 5/3/18

Date 9/5/18

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REVISION | DATE | BY

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
MCINTOSH

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA 30189
www.smithdouglas.com

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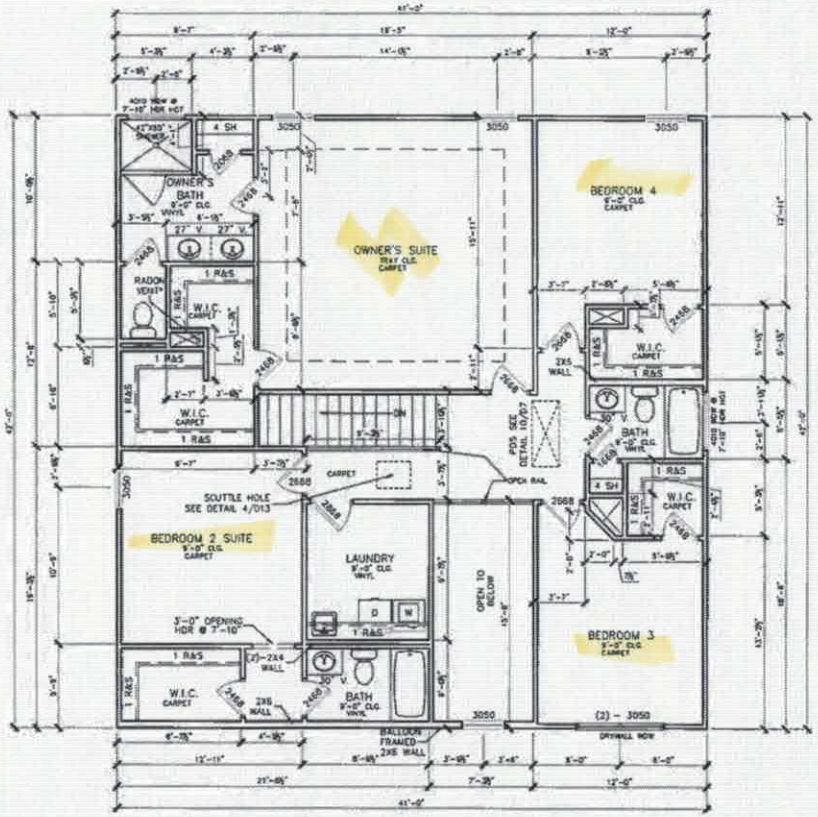
BY	MM / AW
DATE	4/13/18
PACKET OPT.	C
PLAN NO.	2895
ELEV.	ALL / F
SHEET NO.	A5.1

Acknowledgement Of
Plans Submittal ONLY!

Date 9/5/18

Date 9/3/18

AUTUMN BROOK
LOT 35



SECOND FLOOR PLAN

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

REVISION | DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
MCINTOSH

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BY	MM / AW
DATE	4/13/18
PLOT SET	C
PLAN NO.	2895
ELEV	ALL / F
SHT. NO.	A5.2

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IREDELL COUNTY

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

APPLICATION NUMBER
222592
Issue Date: 04/02/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732155789.000	129 BELL CHASE LANE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK DEV LLC	Applicant: KATHLEEN SAUNDERS
Address: 1542 QUEENS ROAD WEST	Address: 121 HOLT LANE
STATESVILLE, NC 28207	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		X

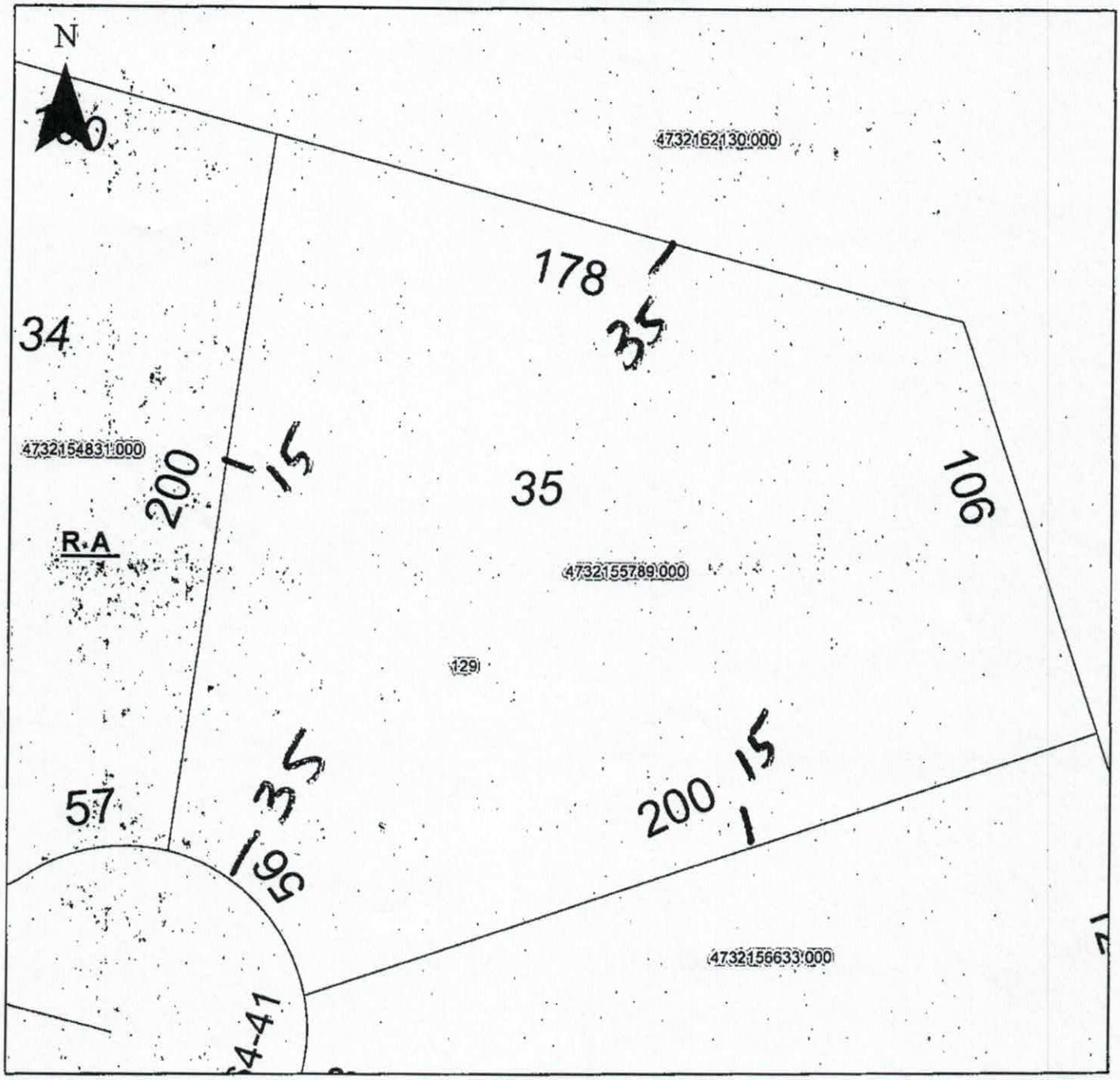
Remarks:

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

Applicant: _____ Date: _____

Permit Number	133978	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 129 Bell Chase Ln

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

4-2-18
Date