IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222758

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

PIN # 4732156633

APPLICANT/OWNER: Smith Douglas Homes APPLICANT ADDRESS: Po Box 311 Midland NC 28107.

SITE ADDRESS: 130 Bell Chase Lane Statesville NC 28677 PHONE: — ALT. PHONE 704 578 4951 (CSS)

SITE DIRECTIONS: Old Mtn Rd, Wallace Springs, Autumn Mist, Bell Chase SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Brook SECTION: -/- LOT # 36 LOT AREA: .841 Acres. DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB Infiltrator Date 1060

Pump Tank 1000 (gal) PT Infiltrator Date 1060

Pump Make Orenco Model PF300511 Serial # 1/2 HP

Nitrification Fields 1 # Lines 3 Linear Ft 300

Trench Width 36 Trench Bottom Depth (from inside) 36 max Gravel Depth —

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

System Description: Pressure manifold 25% Reduction.

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees — ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Tanks may need to be moved once final grading is completed to obtain fall from basement Grade

INITIAL SITE SKETCH

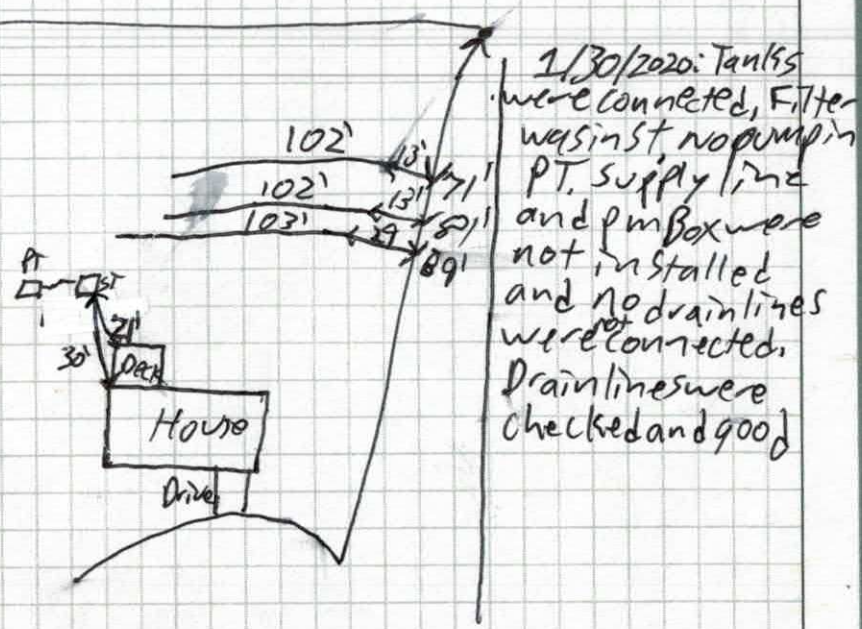
See Proposal + Sit Plan.

From The Oaks Group, PA

Lss # 1313 dated 10/23/2019

AS BUILT SKETCH

*Tanks - 1/27/2020 - Need Filter Check



1/30/2020: Tanks were connected, Filter was in st no pump in PT. supply line and pump Box were not installed and no drainlines were connected. Drainlines were checked and good

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: 11/1/19 Installed by: Specialty Septic

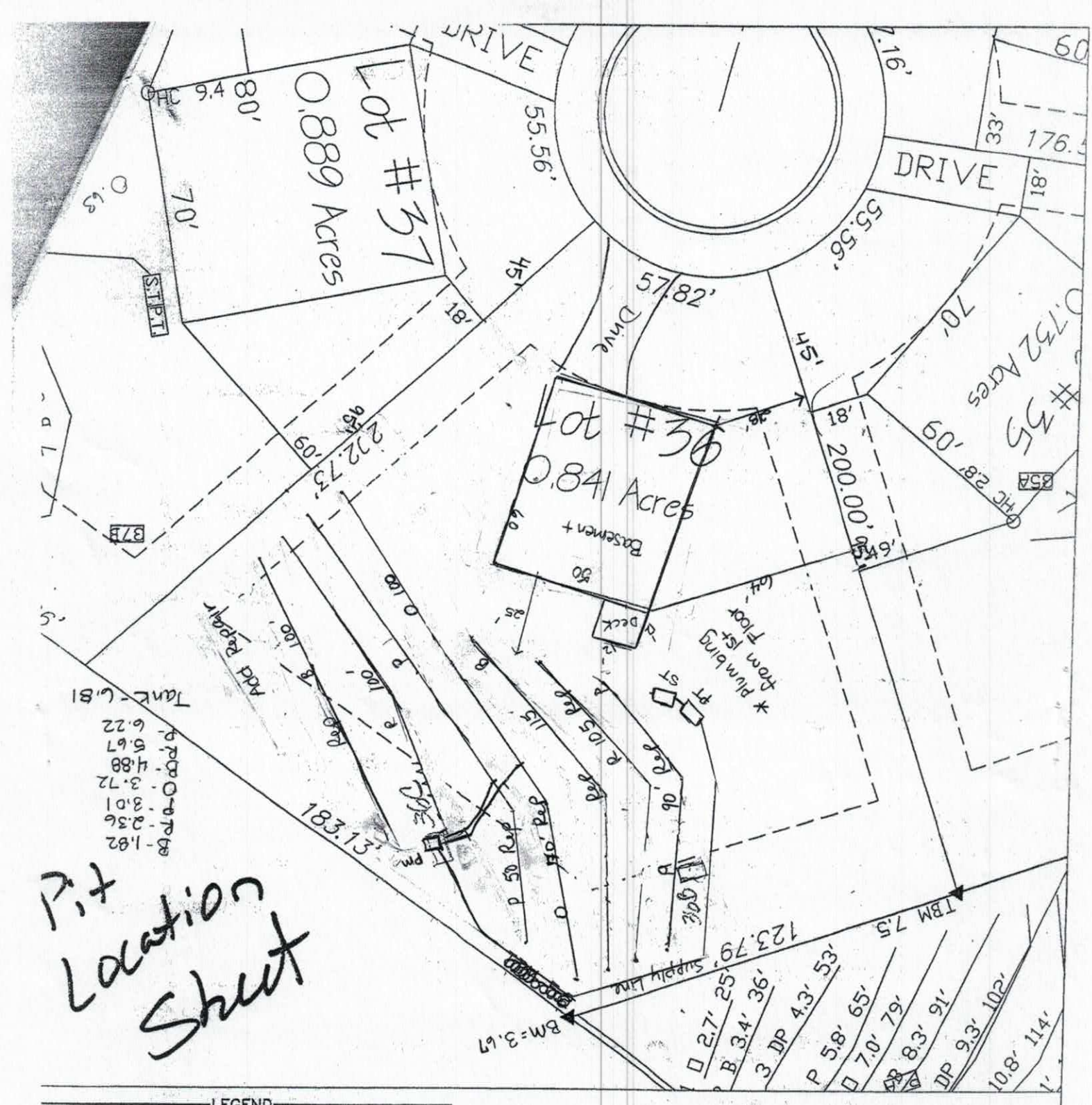
IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 10/30/2019. OPERATION PERMIT by: Kayla Wilson (a) Date: 3-16-20

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 10/30/19. 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.

	Date	Initials
Drain Lines Checked	1/30/2020	PJB
Tanks Checked	"	"
Pressure Manifold or Valve Box Checked	3/16/20	KW
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

Supply line checked 1/31/20 CCN



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.

LANS SOIL & ENVIRONMENTAL SERVICES
OAD ST, SUITE D
VILLE, NC 28115
AX: (704) 658-1723
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE (704) 746-3046
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

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 130 Bell Chase Ln

Date: October 23, 2019

Attached is the septic specification information required to permit 130 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 36 Fast Track Septic Spec Sheet

Number of Bedrooms	**3**
Basement or Crawl	**Basement**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3 Per existing permit**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	36" Per Existing Permit
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	175' of 2" SCH 40 PVC
Flow Rate through the system	16.5 gpm
Elevation head	Approx. 11'
Pressure head	2.0'
Friction head	1.1'
20% Contingency	2.8'
Total Head	16.9'
Pump Requirements	16.5 gpm @ 16.9' of head To be designed by installer.
Maximum Dosing Volume	180 gal -2.0 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	10.9
Repair System	**25% Reduction**
Total Linear Feet	530
Repair Loading Rate	0.3 per existing permit

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Blue	25% Reduction	100	1.82
2	System	Red	25% Reduction	100 endfed	2.36
3	System	Pink	25% Reduction	100 endfed	3.01
4	Repair	Pink	25% Reduction	50	3.01
5	System	Orange	25% Reduction	100 endfed	3.72
6	Repair	Orange	25% Reduction	70	3.72
7	Repair	Blue	25% Reduction	115	4.88
8	Repair	Red	25% Reduction	105	5.67
9	Repair	Pink	25% Reduction	90	6.22
				Total System: 300'	
				Total Repair: 530'	

Tank	Red	1000 gal (2 compartment)	6.81
Pump Tank	Red	1000	
House	blue		Foundation dug (9')

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	3
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD

RECEIVED OCT 2 5 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $225.00 # 222758

Application For:
(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

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: 130 Bell Chase, Statesville

Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 36

Driving Directions: Old Mountain Rd, Wallace Springs, Autum Mist, Bells Chase, at end

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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 10-23-19
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, Ron Willing/Smith Douglas Homes, am the legal owner of the property located at 130 Bell Chase LN, identified as PIN(Parcel Identification Number) 4732 15 6633, 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.

_____ 10-23-19
Signature of Owner Date

_____ 10-23-19
Signature of Witness Date

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)

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

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:

SDH Charlotte LLC	PO Box 311 Midland NC 28107	704-781-5137	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SDH Charlotte LLC	PO Box 311 Midland NC 28107	704-781-5137	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

130 Bell Chase Lane	Autumn Brook	36
Street Address	Subdivision Name	Section/Phase and Lot Number

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

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms ___ — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — (✓) Basement w/out Plumbing?
(✓) Other Confirming bedrooms on existing permit

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?

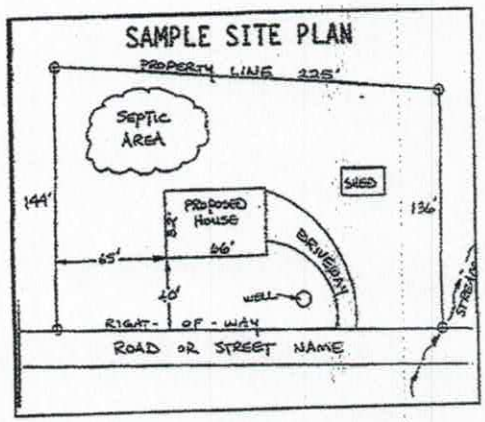
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Andrea Randall — 9/26/19
   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)

10-23-19

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

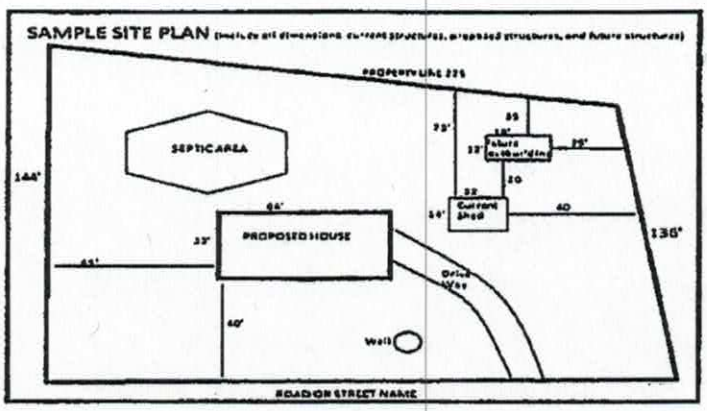
X Front and side setbacks from property line... **X** Preferred driveway location and configuration, preferred well location...

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

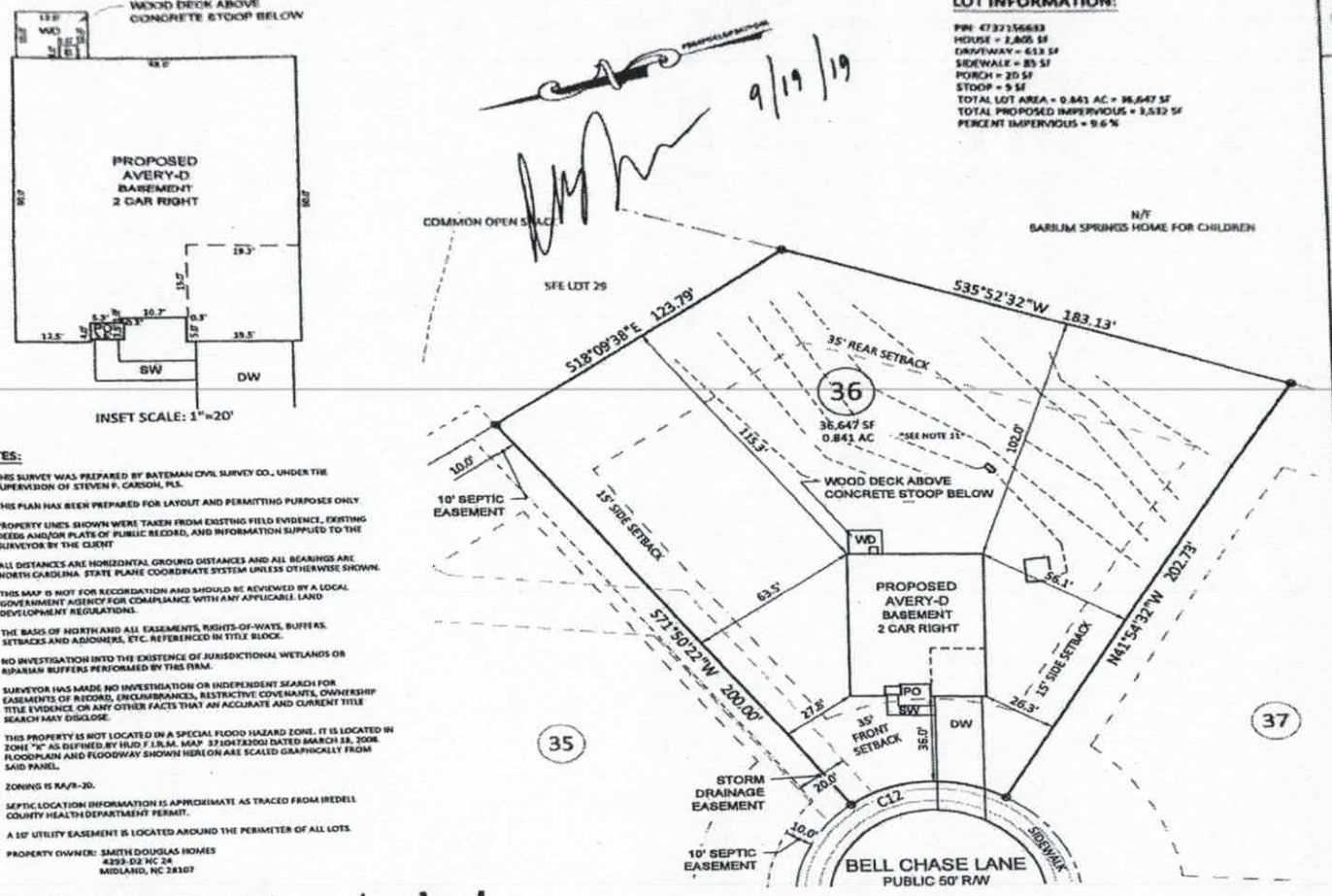
See attached

Signature: Andrea Randall

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

9/26/19

DATE



9/19/19

LOT INFORMATION:

PIN: 4732156683
HOUSE = 2,805 SF
DRIVEWAY = 613 SF
SIDEWALK = 85 SF
PORCH = 20 SF
STOOP = 9 SF
TOTAL LOT AREA = 0.841 AC = 36,647 SF
TOTAL PROPOSED IMPERVIOUS = 3,532 SF
PERCENT IMPERVIOUS = 9.6 %

NOTES:

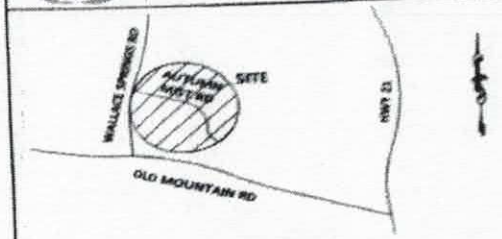
1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY
3. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, AND INFORMATION 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 RECORDATION AND SHOULD BE 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 3710473200J DATED MARCH 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING IS RA/R-20.
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
4299-D2 NC 24
MIDLAND, NC 28107

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C12	50.00'	57.62'	N14°57'55"E	54.60'

SCALE:
1" = 40 ft.

REVISIONS: ADD SEPTIC INFO PER SEPTIC PERMIT 9-10-19 NMW

Bateman Civil Survey Company
Engineers • Surveyors • Planners



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 (IPF)
● = IRON PIPE SET (IPS)
● = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
SM = SEWER MANHOLE
EB = ELECTRIC BOX
CB = CABLE BOX
TP = TELEPHONE PEDESTAL
CI = CURB INLET
LP = LIGHT POLE
SFE = SEPTIC FIELD EASEMENT

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 REFERENCED; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA.
L-4752
DATED:

PRELIMINARY

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

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.

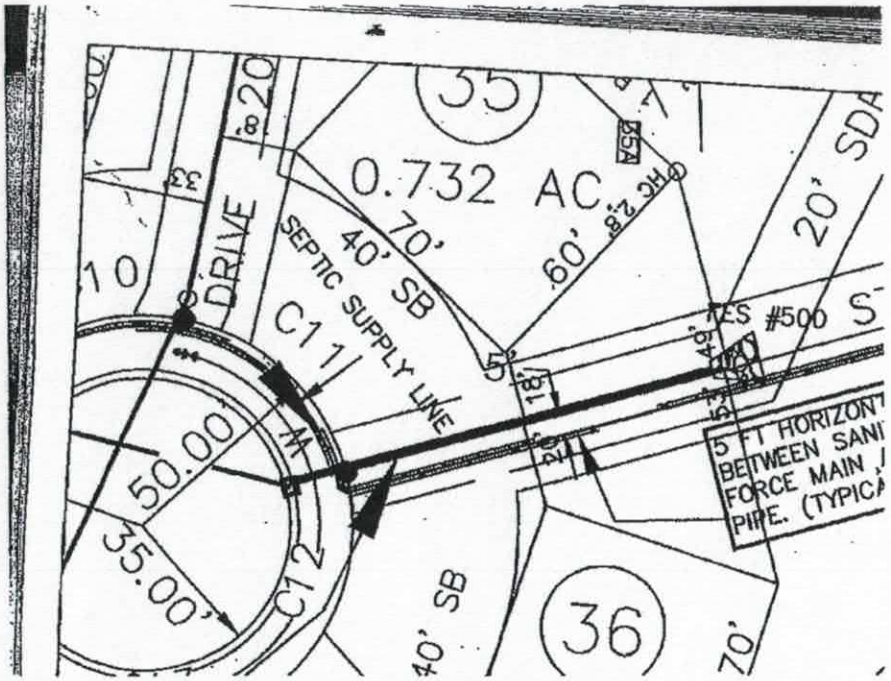
BUILDER TO VERIFY HOUSE MODEL, LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN

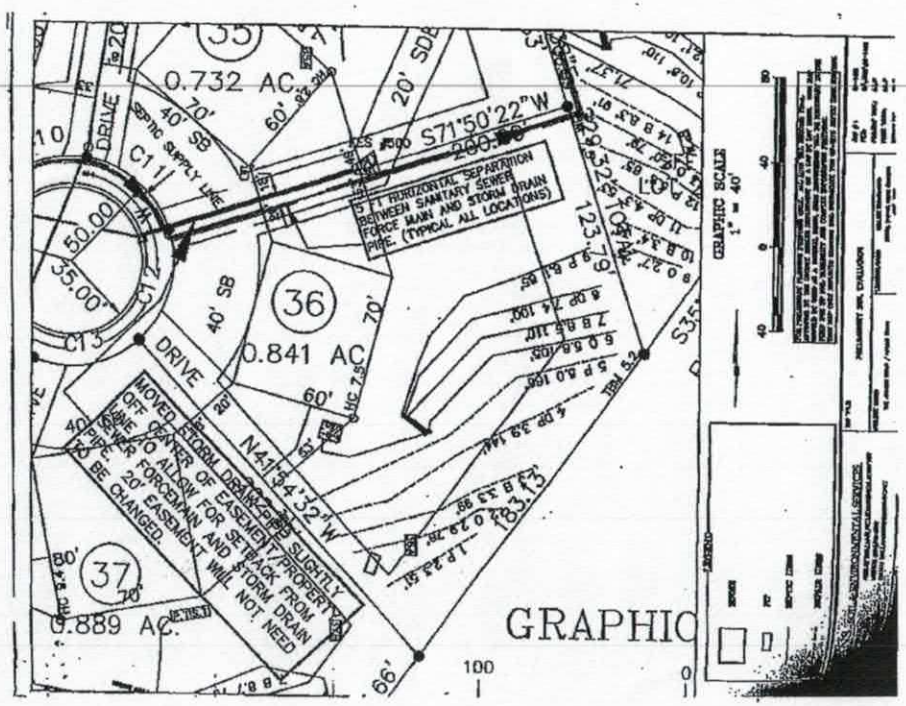
PRELIMINARY PLOT PLAN
FOR
SMITH DOUGLAS HOMES

AUTUMN BROOK - PHASE 1, MAP 2 - LOT 36
130 BELL CHASE LANE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 9/4/19 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 84, PG 41 & PB 87, PG 46 PROJECT # 170351 SCALE: 1" = 40'


35
0.732 AC
70'
40' SB
60'
20' SDA
DRIVE
SEPTIC SUPPLY LINE
C11
C12
50.00
35.00'
5'
18'
49'
TES #500 S
5 FT HORIZONT
BETWEEN SANI
FORCE MAIN
PIPE. (TYPICA
40' SB
36
70'


0.732 AC
DRIVE
SEPTIC SUPPLY LINE
C11
C12
C13
50.00
35.00'
TES #500 S71°50'22"W
200.00'
5 FT HORIZONTAL SEPARATION BETWEEN SANITARY SEWER FORCE MAIN AND STORM DRAIN PIPE. (TYPICAL ALL LOCATIONS)
36
0.841 AC
40' SB
70'
60'
123.79'
S35°
GRAPHIC SCALE
1" = 40'
MOVED STORM DRAIN PIPE SLIGHTLY OFF CENTER OF EASEMENT/PROPERTY LINE TO ALLOW FOR SETBACK FROM SEWER FORCEMAIN AND STORM DRAIN PIPE TO BE CHANGED. 20' EASEMENT WILL NOT NEED
N41°44'32"W
183.13'
37
0.889 AC.
80'
GRAPHIC
100
0

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

48' total

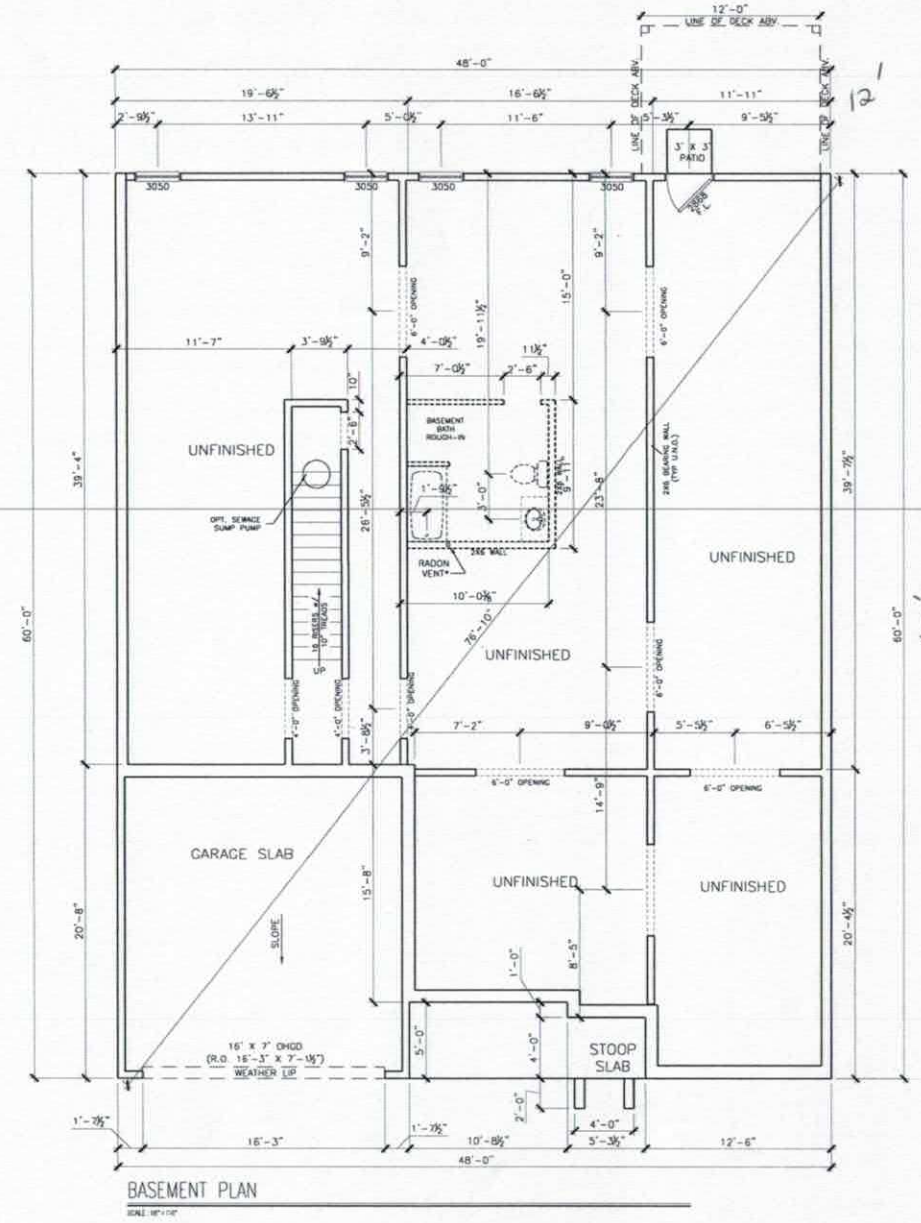
12'

72' total

60'

AUTUMN BROOK

~~116~~



*RADON VENT PROVIDED PER LOCAL CODE

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

Acknowledgement Of Plans Submittal ONLY!

Kathleen Saunders Date 10-25-19

Benjamin Buck Date 10/5/19.

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SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

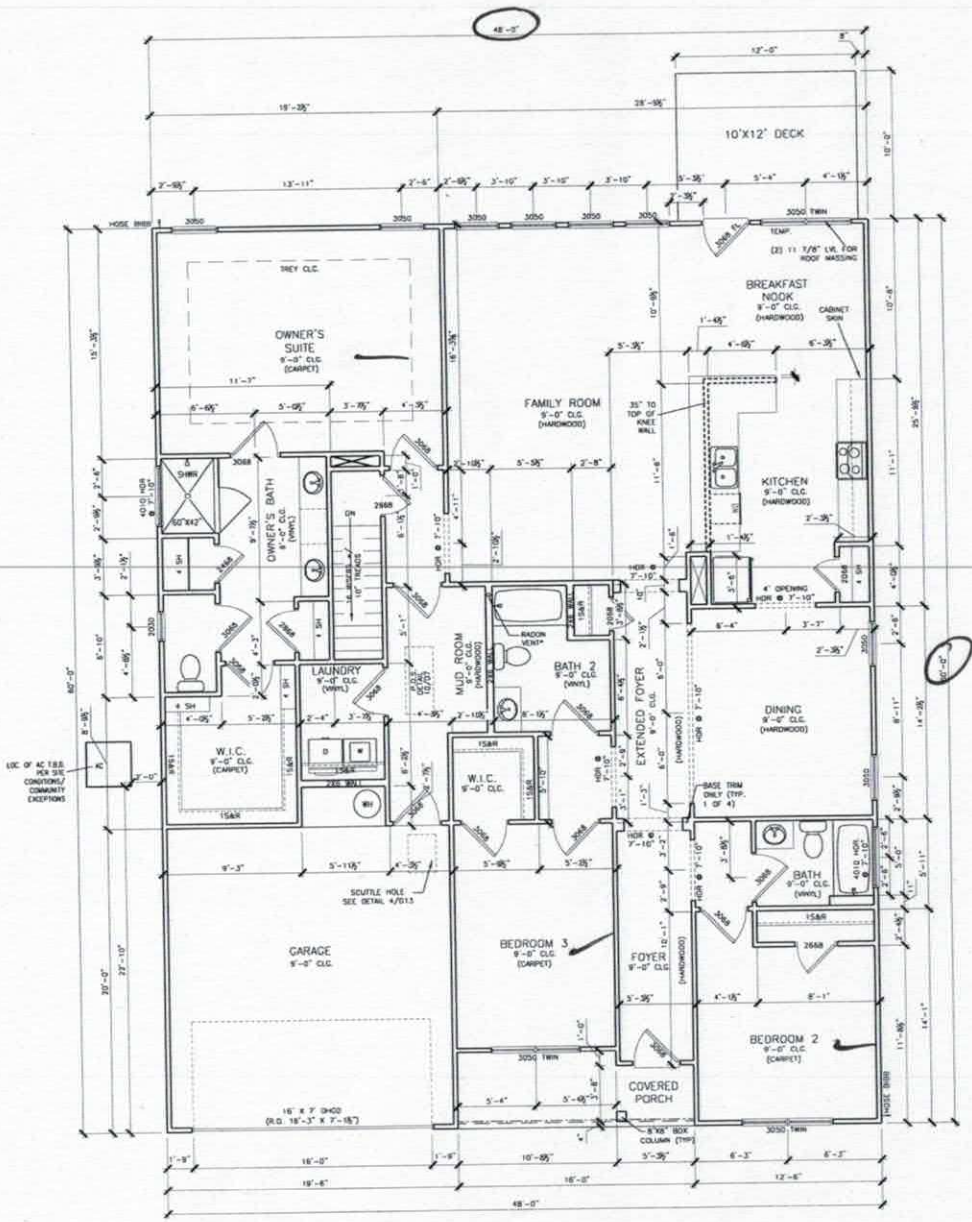
FOUNDATION PLAN
BASEMENT PLAN
AVERY

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

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ED	AW
DATE: 10/09/19	
SCALE: 1/4" = 1'-0" C	
PLAN NO.	
ELEV. ALL	OPT. F
PAGE NO. A4.1	

AUTUMN BROOK
LOT 16



FIRST 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

Acknowledgement Of Plans Submittal ONLY!

Kathleen Saunders Date 10-25-19

Benjamin Busby Date 10-30-19

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FLOOR PLAN
FIRST FLOOR
AVERY

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BY	ED / AW
DATE	10/09/19
SCALE SET	C
PLOT TO	ALL / F
DRAWING NO.	A5.1

IREDELL COUNTY

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

APPLICATION NUMBER
222758
Issue Date: 10/25/2019

ZONING PERMIT
Residential

AP - 301445

Parcel Number	Street Address	Jurisdiction
4732156633.000	130 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
SFD	RA

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

Remarks:

zoning paid 10-3-19

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.

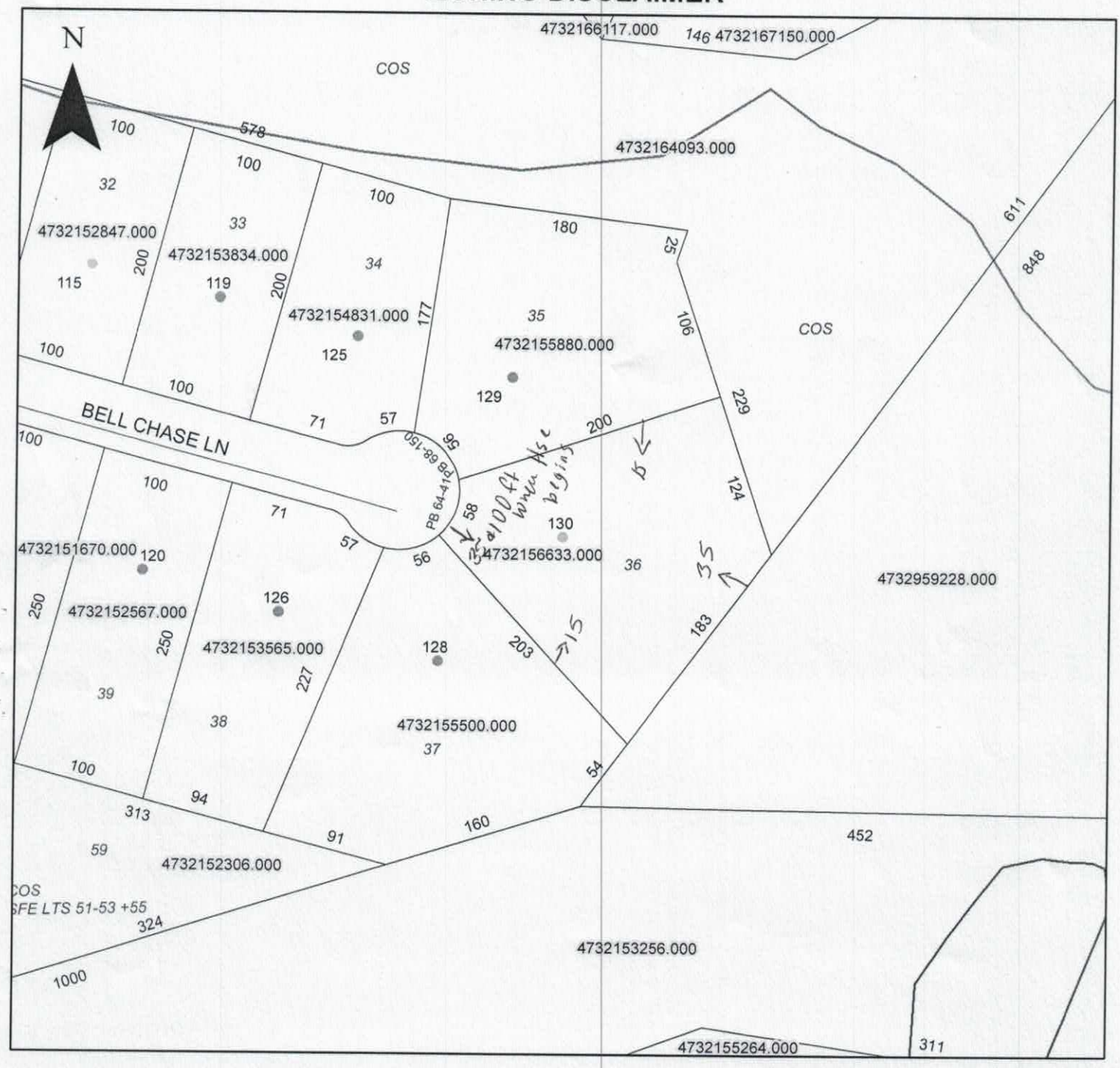
Applicant: _____ Date: _____

Permit Number	192109	TOTAL FEES:	$ 77.25

222158

77746

ZONING DISCLAIMER



Property Address 130 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.

Kathleen Saunders

Applicant

10-25-19

Date