# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230178

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

PIN # 473216 0354

APPLICANT/OWNER: SDH Charlotte LLC APPLICANT ADDRESS: P.O. Box 311 Midland, NC 28107

SITE ADDRESS: 126 Sierra Chase Dr. Statesville, NC 28677 PHONE: ALT. PHONE

SITE DIRECTIONS: Wallace Springs TR Autumn Mist TL Sierra Chase on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Brooke SECTION: 2 LOT # 26 LOT AREA: .46 Ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

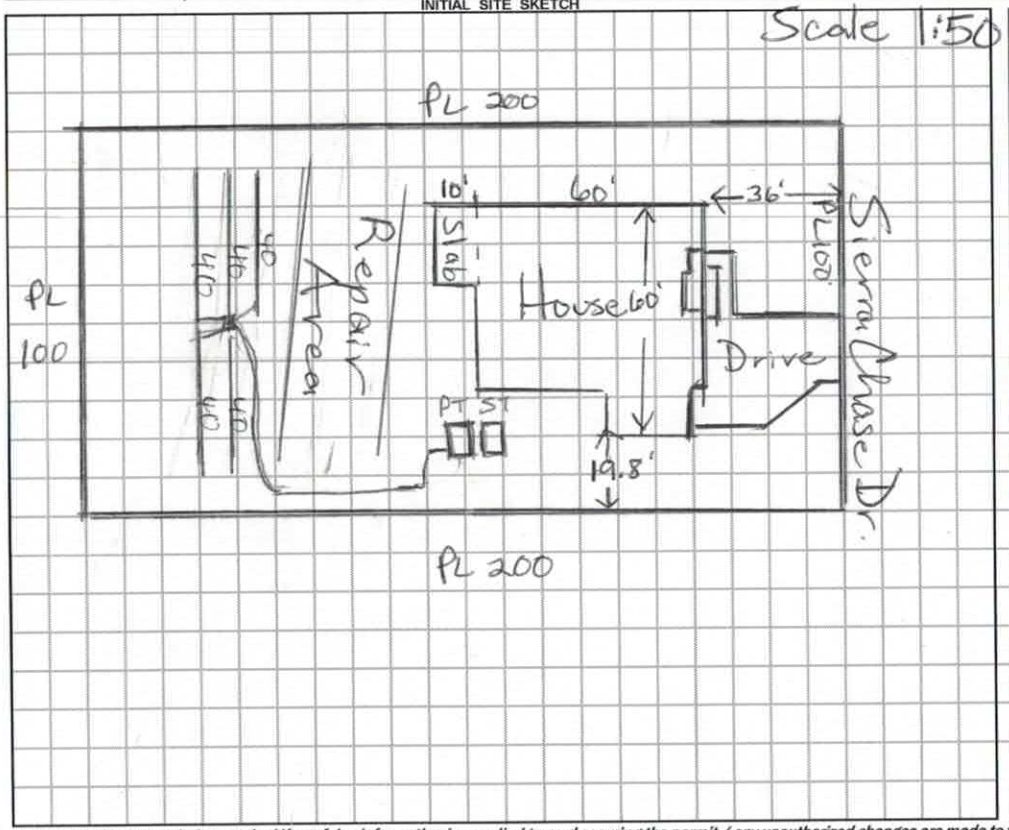
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Plastic | Date | Infiltrator | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 3 | Water Supply |
| Pump Tank | 1000 (gal) | PT | Plastic | Date | Infiltrator | System Description: 50% Reduction (Horizontal) | | | | ☐ Business | No. Persons 6 | ☐ Private |
| Pump Make | Orenco | Model | PF300511 | Serial # | 8614200602A | Repair System Description: LPPPBPS | | | | ☐ Other | No. Employees | ☒ Public |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 200 | Maintenance Agreement Required: | ☒ YES | ☐ NO | | ☐ Slab | ☒ Crawl Space | ☐ Community |
| Trench Width | 36" | Trench Bottom Depth(Low side) | | 14" | Gravel Depth | — | ☐ GRAVITY | ☒ PRESSURE | | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing |

Comments / Conditions: See previous approved design by Kathleen Saunders for Initial Site Evaluation re: soils.

5/32" hole in panels, 3/16" anti siphon hole

4-6" suitable cover material.

INITIAL SITE SKETCH




AS BUILT SKETCH

INSTALLED AS DRAWN

(per M. Dotson)

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 2/4/19 | MD |
| Tanks Checked | 2/4/19 | MD |
| Pressure Manifold or Valve Box Checked (Conv Line OK, Partial Manifold Pics) | 2/5/19 | SR |
| Pressure Head Set | 2/13/19 | MD |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | 2/13/19 | MD |
| Maintenance Contract Y / N | 2/13/19 | MD |

*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: X Date: 2/13/19 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/13/19 OPERATION PERMIT by: Maria Dotson Date: 2/13/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/13/19 Existing System Inspected by: Date:

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th ction is needed. Be sure to speak with an inpsector to confirm your inspection time.**

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 126 Sierra Chase Lane

Date: July 26, 2018

Attached is the septic specification information required to permit 126 Sierra 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.

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

Kathleen Saunders

## Autumn Brook Lot 26 Septic System Information

**Horizontal Installation**

| | |
|---|---|
| Number of Bedrooms | 3 |
| Basement or Crawl | Crawl Space |
| Design Flow (gpd) | 360 |
| LTAR (gpd/ft2) | 0.3 |
| | |
| Primary System Type | PPBPS |
| No. Lines | 5 (See Table) |
| Total Linear Feet | 200 |
| | |
| Trench Width | 3' min. |
| Trench Spacing | 9' min. |
| Trench Depth Low Side | 14" |
| | |
| Pump Required | No |
| Distribution Device | Distribution Box |
| Maintenance Agreement Required | No |
| Length and Diameter of Supply Pipe | 85 ft of 2" SCH 40 PVC |
| | |
| Repair System | LP PPBPS |
| Total Linear Feet | 240 |
| Repair LTAR | 0.25 |
| Trench Depth | 14" |

***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. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

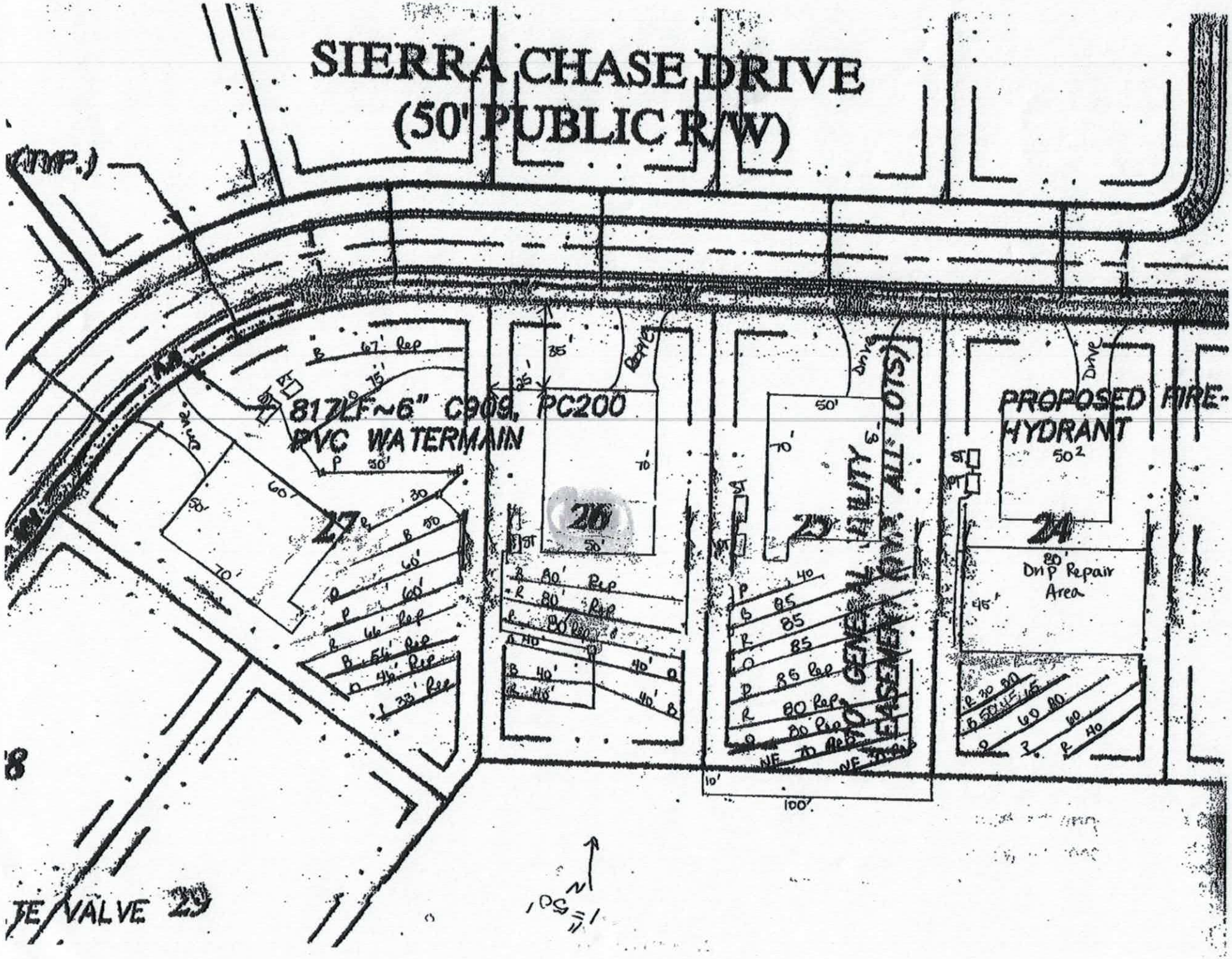
## Table 1: Summary of Primary and Repair Nitrification Line Specifications

| Line No. | Use | Line Color | System Type | Line Length (Ft.) | Panels |
|---|---|---|---|---|---|
| 1 | Repair | Blue | LP PPBPS | 80 | |
| 2 | Repair | Red | LP PPBPS | 80 | |
| 3 | Repair | Pink | LP PPBPS | 80 | |
| 4 | System | orange | PPBPS | 40 endfed | 9 |
| 5 | System | orange | PPBPS | 40 endfed | 9 |
| 6 | System | Blue | PPBPS | 40 endfed | 9 |
| 7 | System | Blue | PPBPS | 40 endfed | 9 |
| 8 | System | Red | PPBPS | 40 endfed | 9 |
| | | | | | Total: 45 |
| | | | | Total System: 200' | |
| | | | | Total Repair: 240' | |

| | | |
|---|---|---|
| Tank | Red | 1000 |
| Pump Tank | Red | |
| House | Blue | |

approved 8/1/18
- CC

Note: Place tank to achieve gravity flow to uppermost line
Remove Berms
Needs 4-6" of suitable cover material brought in over septic area


SIERRA CHASE DRIVE
(50' PUBLIC R/W)
817LF~6" C909, PC200
PVC WATERMAIN
PROPOSED FIRE-
HYDRANT
Dmp Repair
Area
GENERAL UTILITY EASEMENT
ALL LOTS
27
26
25
24
VALVE 29

RECEIVED FEB 8 - 2018
Paid $1,020.00 Online #230178

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM* (Relayout & Bal. for pump)

**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 Zip: 28107

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

Owner Name: SDH Charlotte LLC Address: PO Box 311 Midland NC Zip: 28107

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

**Property Information:**

Street Address: 126 Sierra Chase Dr

Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 26

Driving Directions: _____

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**CHECK FOUNDATION TYPE**
( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**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:** _____ 2/7/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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)* James A. Baskin

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, SDH Charlotte LLC, am the legal owner(s) of the property located at 126 Sierra Chase Drive, Statesville, identified as

PIN (Parcel Identification Number) 4732162596.000, 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.

James A. Baskin
Signature of Owner(s)

2/8/19
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

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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.
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_____ 2/7/19
Signature of Owner(s) Date

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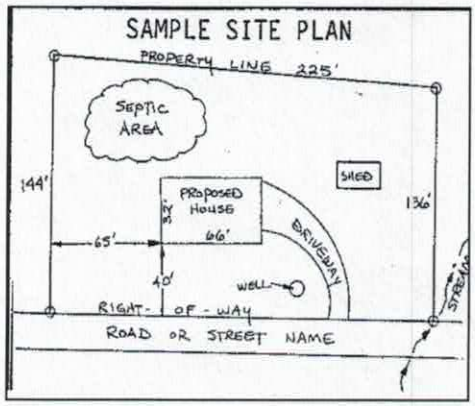
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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** |

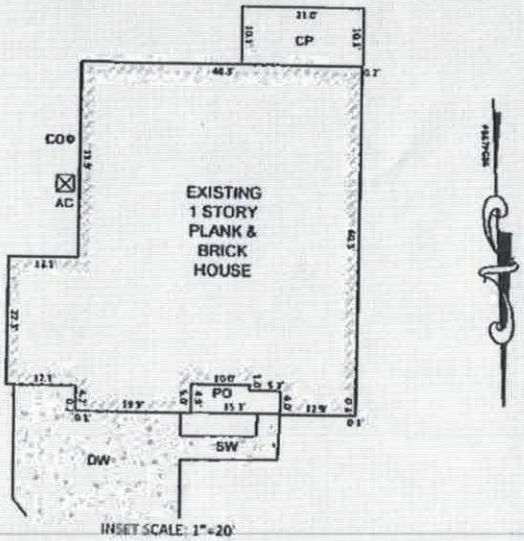
## USE THIS SPACE TO DRAW YOUR SITE PLAN

***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 septic

**Signature:** _____ 2/7/19

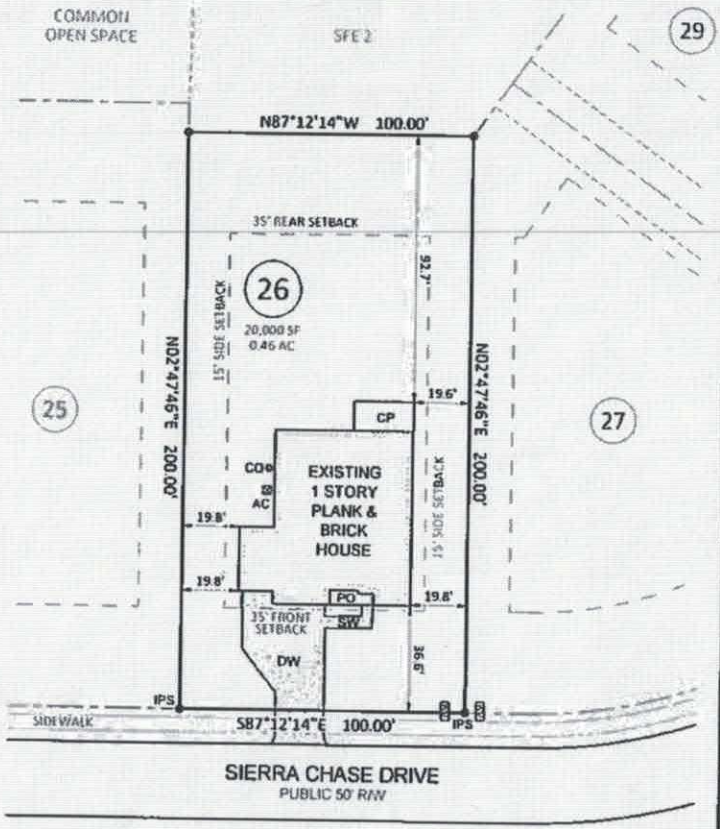
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)** **DATE**






## LOT INFORMATION:

PIN: 4732160354
HOUSE = 3,126 SF
DRIVEWAY = 941 SF
SIDEWALK = 84 SF
PORCH = 70 SF
COVERED PATIO = 121 SF
AC PAD = 9 SF
TOTAL LOT AREA = 0.46 AC = 20,000 SF
EXISTING IMPERVIOUS = 4,351 SF
PERCENT IMPERVIOUS = 21.8 %

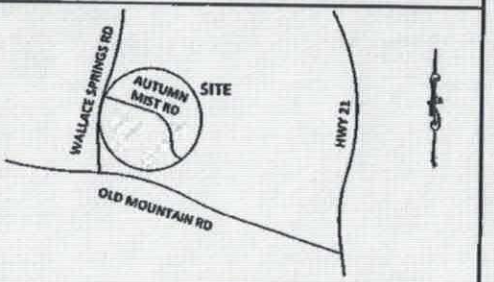



## NOTES:

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 3710473300J DATED MARCH 18, 2009. 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. ALL LOTS ARE SUBJECT TO A 10' UTILITY & DRAINAGE EASEMENT AROUND THE PERIMETER OF EACH LOT.
13. 10' x 70' SIGHT TRIANGLES ARE LOCATED AT ALL INTERSECTIONS.

SCALE:
1" = 40 ft.

**Bateman Civil Survey Company**
Engineers • Surveyors • Planners
2324 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
P = CONC PATIO
● = COMPUTED POINT
○ = IRON PIPE FOUND (IPF)
● = IRON PIPE SET (IPS)
● = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
○ = SEWER MANHOLE
EB = ELECTRIC BOX
CB = 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: 1/31/19

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR STEVEN P CARSON L-4752

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.

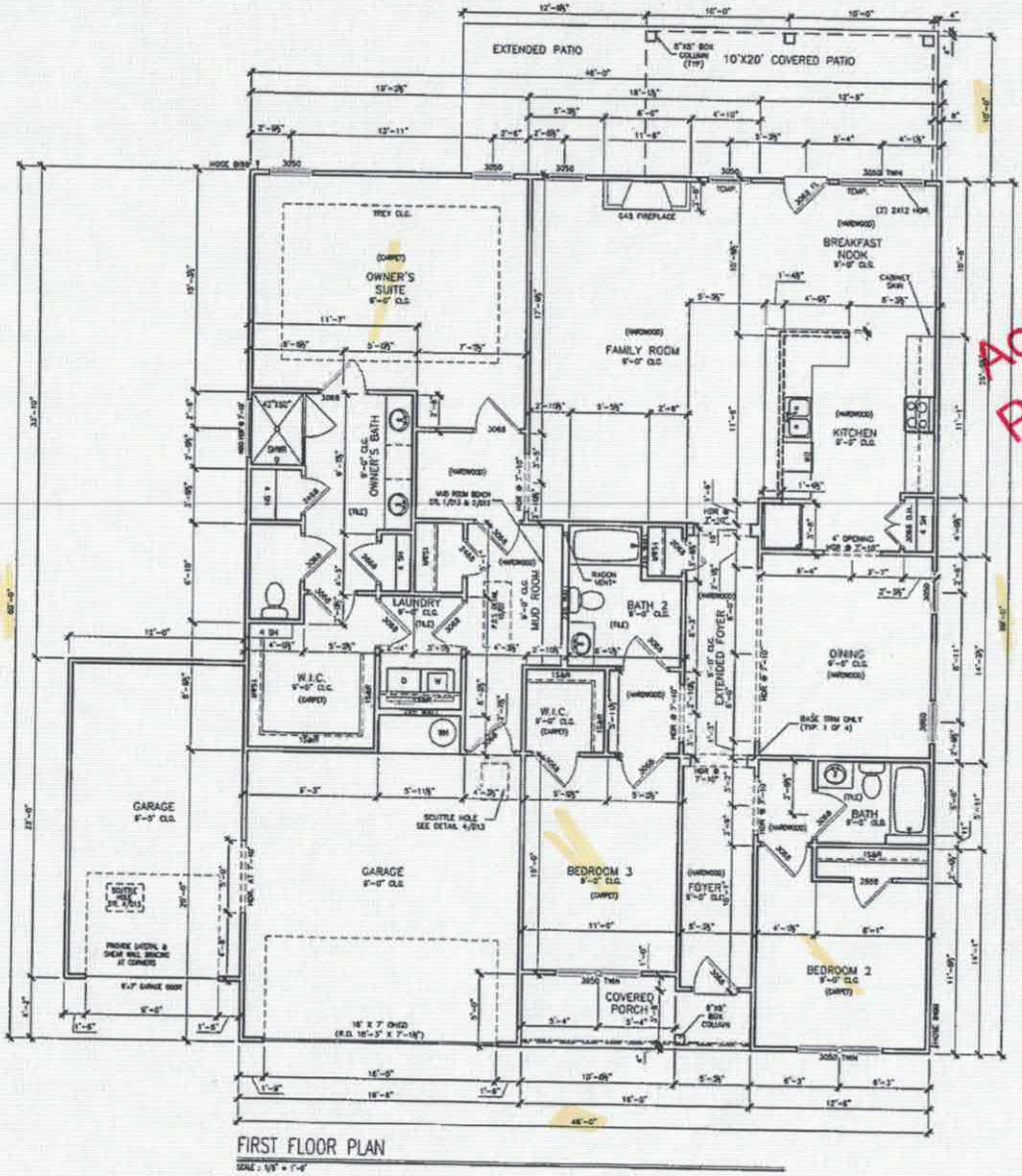
# FINAL SURVEY
FOR
# TERESA BULLION

**AUTUMN BROOK - PHASE 2, MAP 1 - LOT 26**
126 SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 1/31/19 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 67, PG 86 PROJECT # 170301 SCALE: 1" = 40'

# Autumn Brook - Lot 26




FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 9/24/18

9/14/19

*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 | BY | DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
AVERY

SMITH DOUGLAS HOMES
210 VILLAGE TRAIL
SUITE 213
WOODSTOCK, GA 30188
www.smithdouglas.com

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| | |
|---|---|
| BY | CLJ / AW |
| DATE | 9/6/18 |
| FLOOR SET | B |
| PLAN # | 2404 |
| REV | ALL / B |
| SHEET NO. | A5.1 |

© SMITH DOUGLAS HOMES 2018

# IREDELL COUNTY

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

| APPLICATION NUMBER |
| --- |
| 230178 |
| Issue Date: 09/14/2017 |

## ZONING PERMIT

Residential

Lot 26

| Parcel Number | Street Address | Jurisdiction |
| --- | --- | --- |
| 4732162596.000 | 126 SIERRA CHASE DRIVE, STATESVILLE, NC 28677 | |

| Owner Information | Applicant Information |
| --- | --- |
| Owner: AUTUMN BROOK PROPERTIES LLC | Applicant: KATHLEEN SAUNDERS |
| Address: 1542 QUEENS RD W<br>STATESVILLE, NC 28207 | Address: 121 HOLT LANE<br>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 |
| --- | --- | --- | --- | --- | --- | --- |
| 16.660 | 35.00 | 35.00 | 15.00 | 15.00 | NOT | 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 | 115077 | TOTAL FEES: | $ 77.25 |
| --- | --- | --- | --- |