IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 245656

PIN # 4732160579.

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

SITE ADDRESS: 125 Sierra Chase Drive Statesville NC 28677 PHONE: 704-3010056 ALT. PHONE 7045784951 (LSS).

SITE DIRECTIONS: Old Mtn Rd, Wallace Springs, Autumn Mist, Sierra Chase

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 6 LOT AREA: .46 Acres SAP CONTROLLED: ☒ YES ☐ NO

DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 8-13-19 ☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 4 Linear Ft: 300

Trench Width 36. Trench Bottom Depth(Low side) 18 Gravel Depth —

System Description: Gravity 25% Reduction

Repair System Description: LP-PBBPS 50% Reduction.

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: 9/26/19 Checked ST

INITIAL SITE SKETCH

This Permit is issued Pursuant to Section 11.(d) of SL 2018-114 using the Signed and Sealed LSS Evaluation.

See Plan by The Oaks Group, PA Kathleen Saunders LSS#1313.

AS BUILT SKETCH

9/27/19

P.C.

35

10

44

L_1 86'

L_2 90'

L_3 98'

L_4 38'

302

IQ4W installed @ 18" TB. Verified ok by laser.

Installed substantially as permitted.

27

44

10

6

House (slab)

S.T.

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: Kathleen Saunders Date: 6-17-19

IMPROVEMENT PERMIT by: Benjamin A Robbins Date: 6/14/19

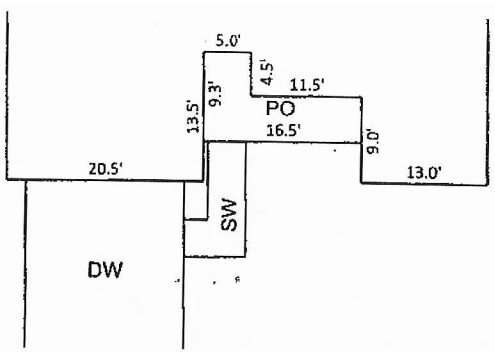
AUTHORIZATION TO CONSTRUCT by: Benjamin A Robbins Date: 6/14/19.

Installed by: Specialty Septic & Son Pump

OPERATION PERMIT by: Date: 9/27/19

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.



INSET SCALE: 1"=20'

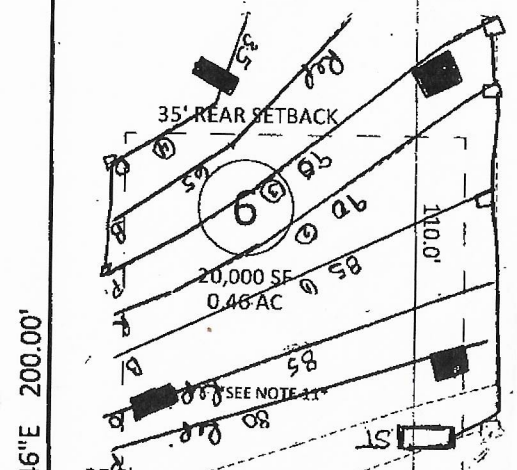
PB62PG8

N

ROBERT & BRENDA
WHITENER
1896/646

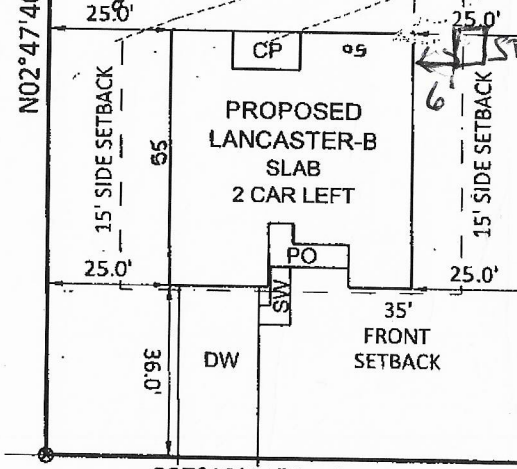
N87°12'14"W 85.09'

N87°12'14"W
14.91'



N02°47'46"E 200.00'

5



N02°47'46"E 200.00'

S87°12'14"E 100.00'

SIERRA CHASE DRIVE
PUBLIC 50' R/W

Approved
BAB
6/14/19.

REVISIONS: CHANGE MODEL FROM McINTOSH C TO LANCASTER B PER NEW START ORDER; REDO PLOT PLAN 5-9-19 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/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.
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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.
14. PROPERTY OWNER: SMITH DOUGLAS HOMES
    4293-D2 NC 24
    MIDLAND, NC 28107

0 20 40

SCALE:
1" = 40 ft.

P:\2017 Projects\170301 Autumn Brook SDC\dwg\170301 Autumn Brook SDC.dwg, 5/9/2019 11:53:18 AM, nwalker

Autumn Brook Lot 6 - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3 Per Existing Permit**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	18" per existing permit
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	230
Repair Loading Rate	0.3
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Pink	LP PPBPS	80
2	Repair	Orange	LP PPBPS	85
3	System	Blue	25% Reduction	85 endfed
4	System	Red	25% Reduction	90 endfed
5	System	Pink	25% Reduction	90 endfed
6	Repair	Blue	LP PPBPS	65
7	System	Orange	25% Reduction	35 endfed
				Total System: 300'
				Total Repair: 230'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 125 Sierra Chase Dr

Date: 6-12-19 KMS

Attached is the septic specification information required to permit 125 Sierra Chase Dr 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, **excluding** soil descriptions, before permitting and/or septic system installation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of the above mentioned SL. The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA and the LSS contains the proper insurance with the proper coverage.

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

Kathleen Saunders

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

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

OWNER: Autumn Brook Dev LLC — APPLICATION DATE ___
ADDRESS: 1542 Queens Rd W Charlotte — DATE EVALUATED: 8/22/17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 0.459 ac
LOCATION OF SITE: Autumn Brook #6 — PROPERTY RECORDED: No
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
A	L 5-10%	0-26	Mo SBK C	FR SS/SP	R	33"	PS	N/A	0.3
		26-33	WK SBK CL	↓	R yel; C sap				
		33-60	MA LSap	↓	multi				
B	L 5-10%	0-15	Mo SBK C	FR SS/SP	R	32"	PS	N/A	0.3
		15-32	WK SBK CL	↓	R; C/M sap				
		32-55	MA LSap	↓	multi				
C	L 5%	0-32	Mo SBK C	FR SS/SP	R	46"	PS	N/A	0.3
		32-40	WK SBK CL	↓	R; C/M sap				
		40-50	MA LSap	↓	multi				
D	L 3-5%	0-13	Mo SBK C	FR SS/SP	R	36"	PS	N/A	0.3
		13-36	WK SBK CL	↓	R; C sap/Mica				
		36-50	MA LSL Sap	↓	R yel				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III 9	IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Active Farms
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: Kathleen Saunders

LICENSED SOIL SCIENTIST — KATHLEEN M. SAUNDERS — 1373 — STATE OF NORTH CAROLINA

COMMENTS: The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Updated Februar

RECEIVED JUN 13 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Session Law Paid $500.00 #245656

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: 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: 125 Sierra Chase Dr

Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 6

Driving Directions: Old Mountain Rd, Wallace Springs, Autumn Mist, Sierra Chase

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
(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: _____
( ) 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 6-12-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

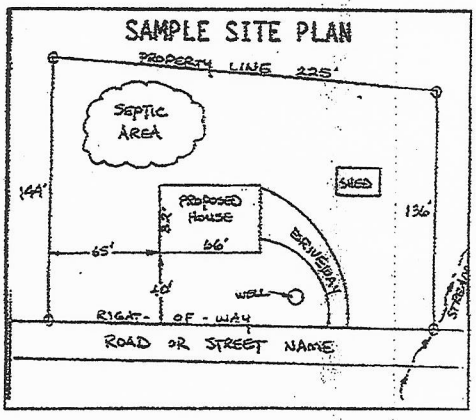
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

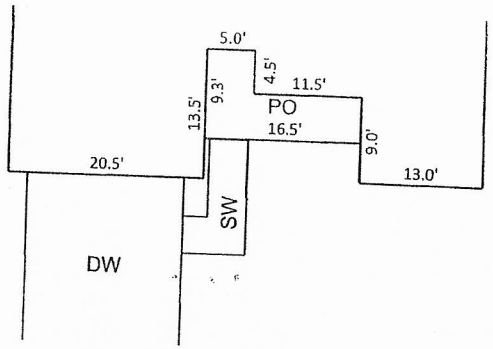
Please see Attached

Signature: Kathleen Saunders

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

6-12-19

DATE



INSET SCALE: 1"=20'

PB67PG8

ROBERT & BRENDA
WHITENER
1896/646

N87°12'14"W 85.09'

N87°12'14"W
14.91'

35' REAR SETBACK

6

20,000 SF
0.46 AC

110.0'

SEE NOTE 11

N02°47'46"E 200.00'

N02°47'46"E 200.00'

5

25.0'

25.0'

CP

PROPOSED
LANCASTER-B
SLAB
2 CAR LEFT

15' SIDE SETBACK

15' SIDE SETBACK

65

PO

SW

25.0'

25.0'

35'
FRONT
SETBACK

36.0'

DW

S87°12'14"E 100.00'

SIERRA CHASE DRIVE
PUBLIC 50' R/W

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.
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    MIDLAND, NC 28107

0 20 40

SCALE:
1" = 40 ft.

Approved
BAB
6/14/19.

REVISIONS: CHANGE MODEL FROM McINTOSH C TO LANCASTER B PER NEW START ORDER; REDO PLOT PLAN 5-9-19 NMW

P:\2017 Projects\170301 Autumn Brook SDC\dwg\170301 Autumn Brook SDC.dwg, 5/9/2019 11:51:18 AM, nwalker

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 125 Sierra Chase Dr, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Grap_____, _____, _____, _____, _____, 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).

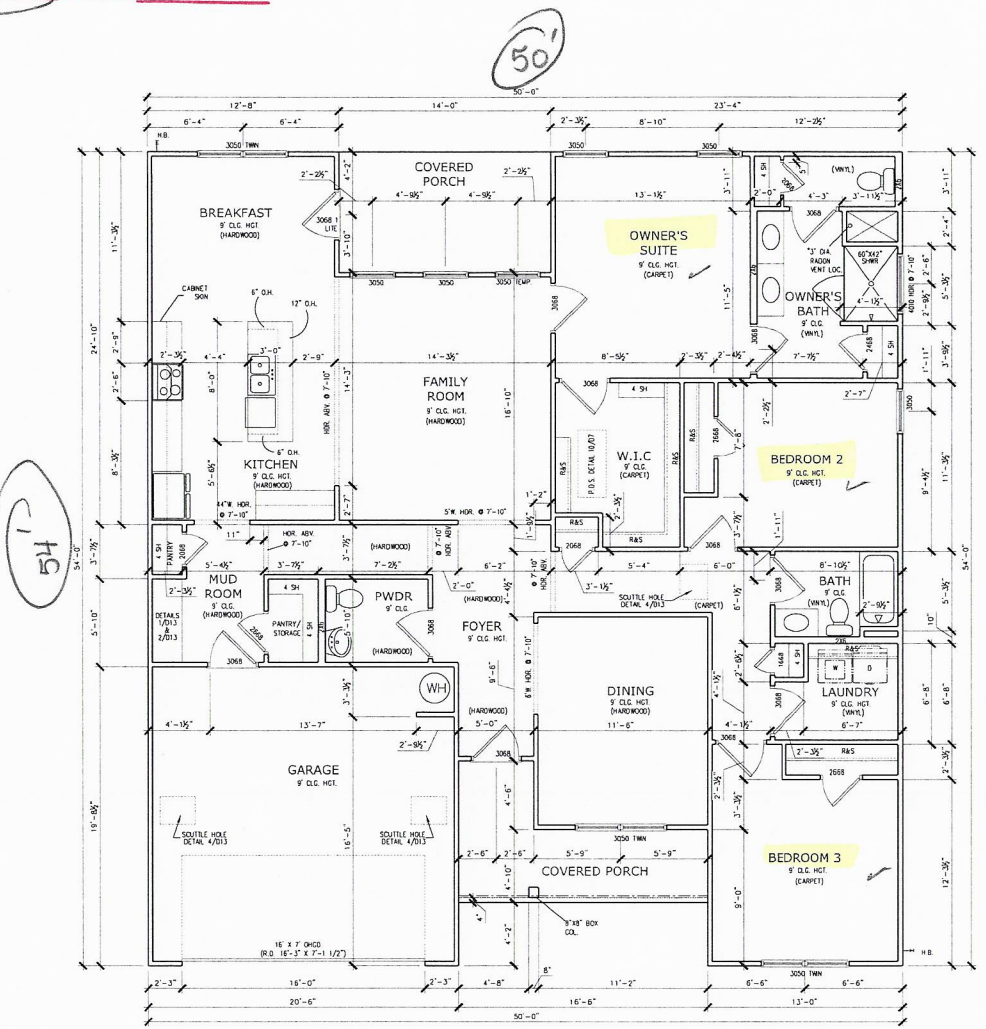
I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 6-12-19
Signature of Owner Date

_____ _____
Signature of Witness Date

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Sanders Date 6-12-19
Benjamin Bolton Date 6-14-19

AUTUMN BROOK - 6



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

© SMITH DOUGLAS HOMES 2019

REVISION | BY | DATE

SMITH DOUGLAS HOMES
QUALITY, INTEGRITY, VALUE

FLOOR PLANS
FIRST FLOOR
LANCASTER

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

SMITH DOUGLAS HOMES expressly reserves it's 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: ED	CH: AW
DATE: 5/15/19	
FACADE OPT: B	
PLAN ID:	
FND: ALL	ELEV: B
PAGE NO: A5.1	

IREDELL COUNTY

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

APPLICATION NUMBER
245656
Issue Date: 06/13/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732160579	125 SIERRA CHASE DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK PROPERTIES LLC	Applicant: THE OAKS GROUP
Address: 1542 QUEENS RD W	Address: 121 HOLT LN
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

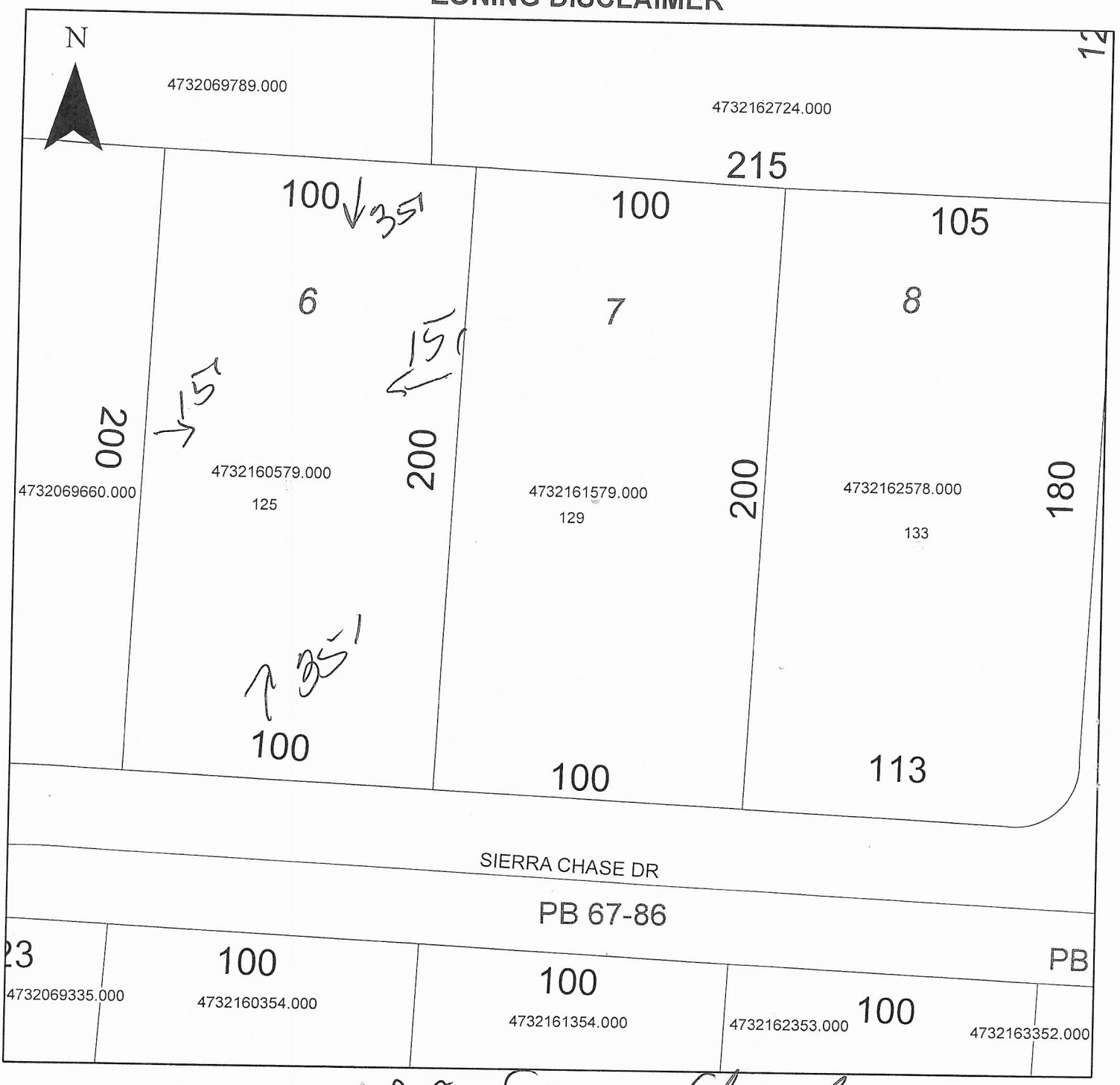
Remarks:

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	181139	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 125 Sierra Chase

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 Sanders
Applicant

6-12-19
Date