IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231512

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

PIN # 4732161354

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

SITE ADDRESS: 130 Sierra Chase Drive Statesville NC 28677 PHONE: 704-944-5557 ALT. PHONE 704-578-4951 Kathleen Sanders

SITE DIRECTIONS: Wallace Springs Rd → on Autumn Mist → on Sierra Chase → on Right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Autumn Brooke SECTION: 2 LOT # 25 LOT AREA: 1/8 DESIGN FLOW: 360 gpd L.T.A.R.: .275 (.25) Reduction

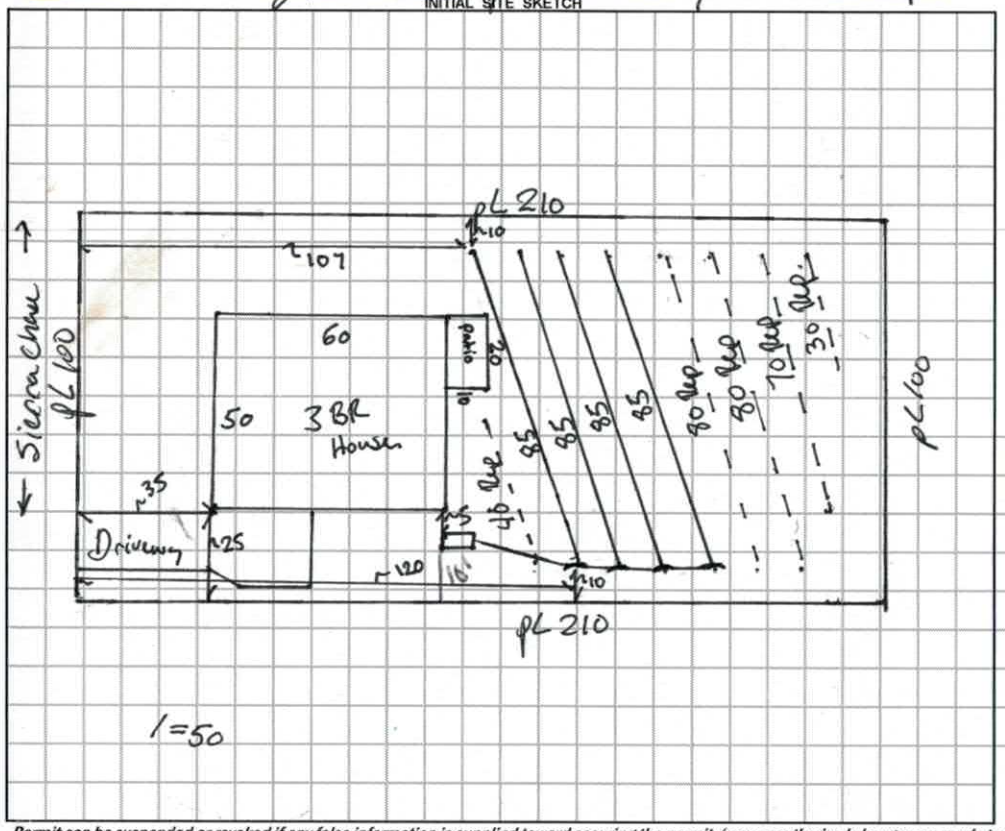
Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	Gravity 25% Reduction			
Pump Make	~	Model		~	Serial #	~	Repair System Description:	LP PPBP			
# Nitrification Fields	1	# Lines	4		Linear Ft	340	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)	20/24 high		Gravel Depth	~	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees		☒ Public	
☒ Slab	☐ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

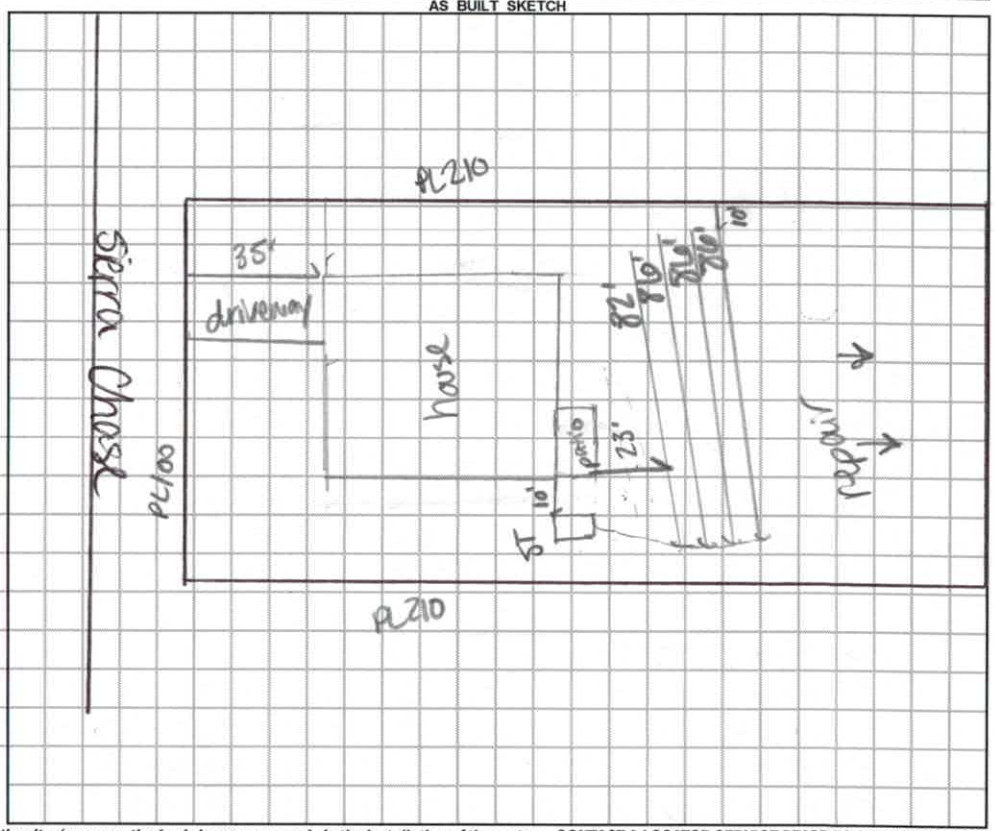
Comments / Conditions: Purpose of this permit is a Redraw due to house design change with patio. No offset from Drainfield to Patio. Remove berms See attached design dated July 26, 2018 by The Odom Group.

Property Recorded Bk 67 Pg 86

INITIAL SITE SKETCH



AS BUILT SKETCH



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 - Jamie ODaniel

IMPROVEMENT PERMIT by: Benjamin A Butler Date: 10/1/2018 OPERATION PERMIT by: Corlie C. Cave Date: 1/9/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Butler 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.

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 130 Sierra Chase Lane

Date: July 26, 2018

Attached is the septic specification information required to permit 130 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 25 Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.275**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	340
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	24"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	300
Repair Loading Rate	0.25
Trench Depth	36"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Pink	LP PPBPS	40
2	System	Blue	25% Reduction	85 endfed
3	System	Red	25% Reduction	85 endfed
4	System	Orange	25% Reduction	85 endfed
5	System	Pink	25% Reduction	85 endfed
6	Repair	Red	LP PPBPS	80
7	Repair	Orange	LP PPBPS	80
8	Repair	NF	LP PPBPS	70
9	Repair	NF	LP PPBPS	30
				Total System: 340'
				Total Repair: 300'

approved
8/1/18
-CC

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Shave off berms in septic areas

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

APPROVED DEC 12 2017
KW

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

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

OWNER: Autumn Brook LLC
ADDRESS: 1542 Queens Rd W
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 25
PROPOSED DESIGN FLOW (.1949): 480
APPLICATION DATE ___
DATE EVALUATED: 10-11-17
PROPERTY SIZE: 0.459
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	.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%	0-9	Mo GR SL	FR ns/np	Br				
		9-22	Mo SBK C	FR SS/SP	R				
		22-52	WK SBK C	↓	R, C/M Sap	52"	N/A	N/A	0.3
B	L 5-10%	0-25	Mo SBK C	FR SS/SP	R				
		25-46	WK SBK CL	↓	R; C Sap				
		46-60	MA SL Sap	FR ns/np	Multi	46"	PS	N/A	0.3
					x Sap depth vary				
C	L 5-10%	0-9	Mo GR SL	FR ns/np	Br				
		9-36	Mo SBK C	FR SS/SP	R				
		36-54	WK SBK CL	↓	R, C Sap	54	N/A	N/A	0.3
D	L 5-10%	0-24	Mo SBK C	FR SS/SP	R				
		24-35	WK SBK C	↓	R; C Sap				
		35-60	MA L Sap	↓	Multi; F/C Fi	35"	PS	N/A	0.3

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

OTHER FACTORS (.1946): Shave Berms
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ___

COMMENTS: ___

Updated February 2014

Lower LTAR applied for initial + repair. KW

RECEIVED SEP 20 2018

Paid $105.00 #231512

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	10130 Mallard Creek Road #218 Charlotte NC 28262	704-944-5557	
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 #

4. Property Information:

130 Sierra Chase Ln	Autumn Brook	Lot 25
Street Address	Subdivision Name	Section/Phase and Lot Number

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 3
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: _____ 9/20/18
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:

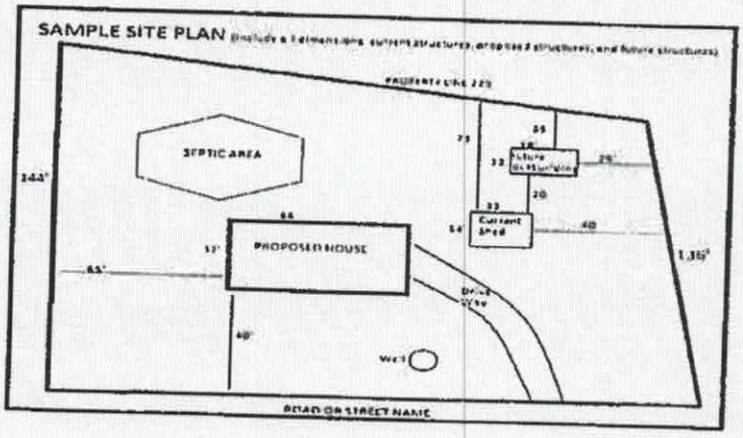
- **X Property Line measurements are clearly identified...**
- **X All proposed structures are indicated...**

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 Area you prefer your septic system to be placed...**
- **X Preferred driveway location and configuration, preferred well location...**
- **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**



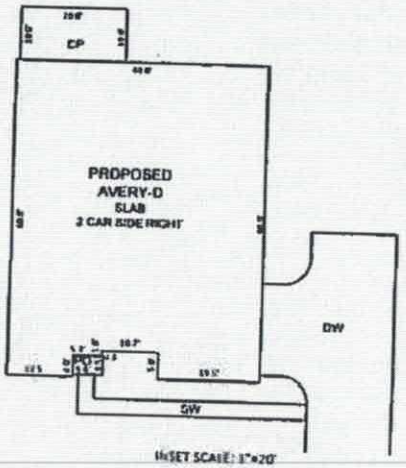
USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: J Haw

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

9/20/18

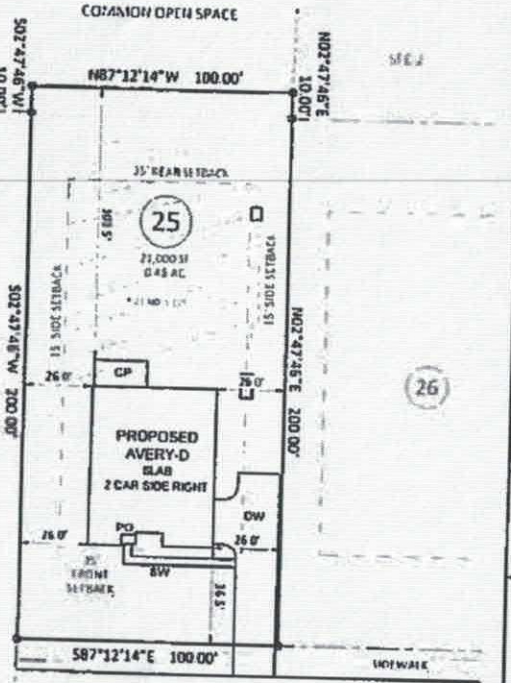
DATE



ok per
Smitty
9/18/18

LOT INFORMATION:

PIN: 4732143954
HOUSE = 2,805 SF
DRIVEWAY = 1,316 SF
SIDEWALK = 144 SF
PORCH = 203 SF
COVERED PATIO = 200 SF
TOTAL LOT AREA = 0.48 AC = 21,000 SF
TOTAL PROPOSED IMPERVIOUS = 4,185 SF
PERCENT IMPERVIOUS = 20.9%

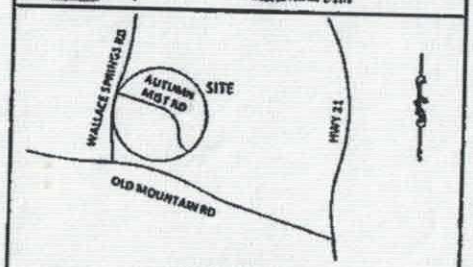


FUTURE DEVELOPMENT

NOTES:

1. This survey was prepared by Bateman Civil Survey Co., under the supervision of Steven P. Carson, PLS.
2. This plan was 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 lines of roads and all easements, rights-of-ways, buffers, setbacks and drainage, etc. are based on title deeds.
7. No investigation into the existence of jurisdictional wetlands or riparian buffers performed by this firm.
8. Survey was made without the benefit of a current title 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 FIRM map 3710451200J dated March 18, 2008. Floodplain and floodway shown hereon are scaled graphically from said maps.
10. Zoning is R-20.
11. Septic location information is approximate as taken from Iredell County Health Department records.
12. A 10' utility easement is located around the perimeter of all lots.
13. Property owner: Smith Douglas Homes
10130 Mallard Creek Road, Suite 300
Charlotte, NC 28262

SCALE:
1" = 40 ft.



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
⊙ = IRON PIPE SET
⊕ = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
○ = SEWER MANHOLE
EB = ELECTRIC BOX
= CABLE BOX
= TELEPHONE PEDESTAL
= CURB INLET
○ = LIGHT POLE
SFE = SEPTIC FIELD EASEMENT

BUILDING SETBACKS
FRONT = 35'
REAR = 35'
SIDE = 15'
CORNER = 25'

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 STANDARDS 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 2, MAP 1 - LOT 25
130 SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 8/7/18 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 87 PG 96 PROJECT # 170301 SCALE: 1" = 40'

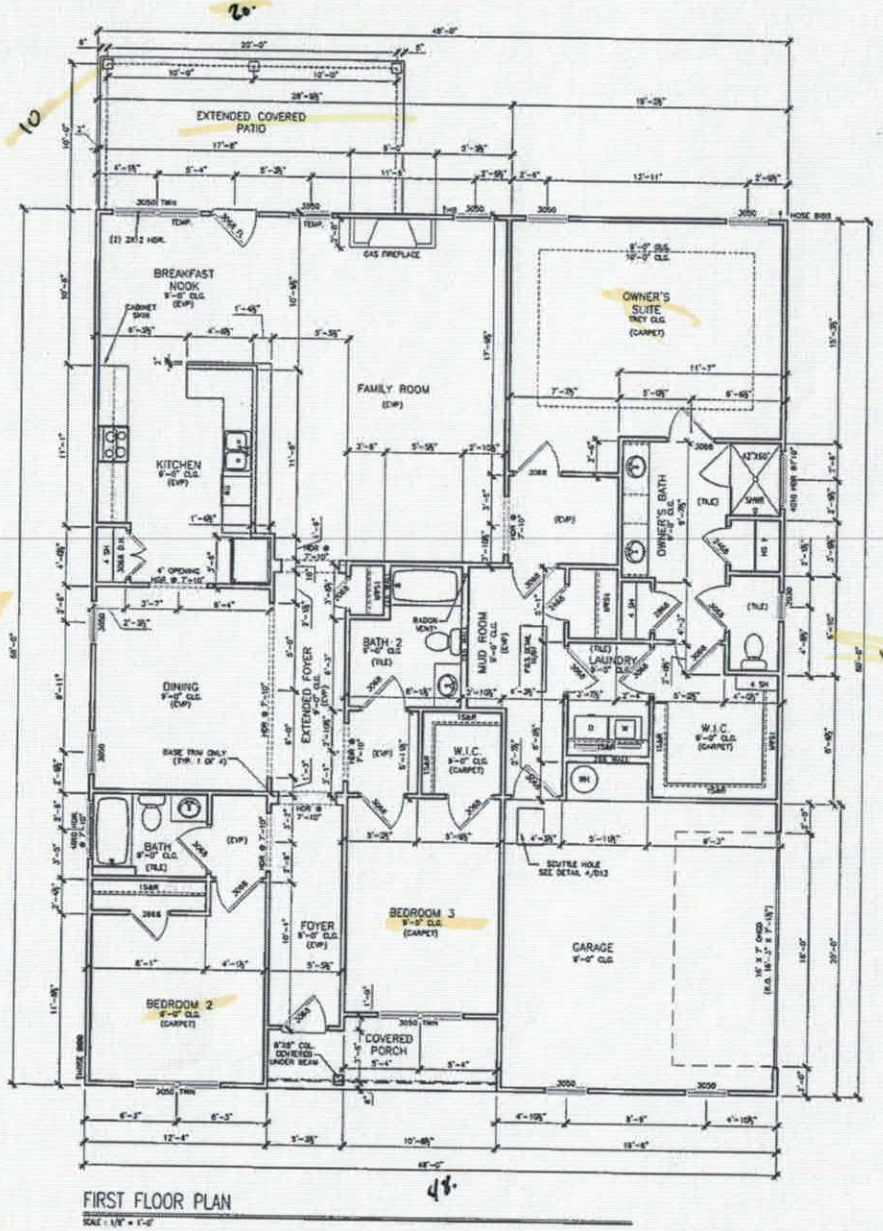
Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Bateman Avenue, Apex, NC 27539 Ph: 919 577 1080 Fax: 919 577 1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378

AUTUMN BROOK - 25

Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Bur Date 4/6/18

Date



FIRST FLOOR PLAN

*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 | QUALITY | INTEGRITY | VALUE

DATE	REVISION

FLOOR PLANS
FIRST FLOOR
AVERY

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

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

BY	CK
ED	AW

DATE: 8/8/18
HOUSE DIV.: A
PLAN NO.: 2404
TYP: ALL | ELEV: D
PAGE NO.: A5.1

© SMITH DOUGLAS HOMES 2018

IREDELL COUNTY

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

APPLICATION NUMBER
231512
Issue Date: 11/13/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732162596.000	130 SIERRA CHASE DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK PROPERTIES LLC	Applicant: KATHLEEN SAUNDERS
Address: 1542 QUEENS RD W STATESVILLE, NC 28207	Address: 121 HOLT LANE 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	120392	TOTAL FEES:	$ 77.25

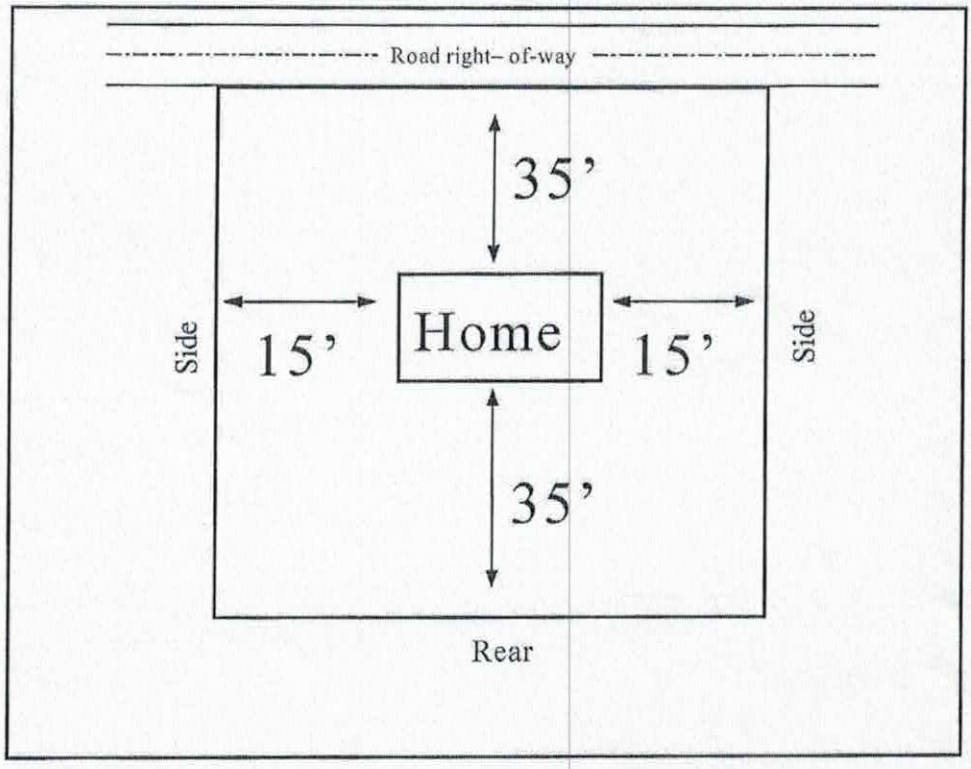
ZONING DISCLAIMER

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 — 11-13-17

Applicant — Date

STREET NAME : 130 SIERRA CHASE DR



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.