IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2456515

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

PIN # 4732161579

APPLICANT/OWNER: Autumn Brook LLC APPLICANT ADDRESS: 1542 Queens Rd W Charlotte NC

SITE ADDRESS: 129 Sierra Chase Dr Statesville NC 28677 PHONE: 704 578-4951 ALT. PHONE –

SITE DIRECTIONS: Old MTN Rd R on Wallace Springs Rd R on Autumn Mist Rd L on Sierra

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 7 LOT AREA: .459 ac SAP CONTROLLED: [X] YES [ ] NO

DESIGN FLOW: 360 gpd L.T.A.R.: .275 (.275 Repair)

Septic Tank	1000 (gal)	STB	760	Date	8-12-19	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	gravity PP BPS		
Pump Make		Model		Serial #		Repair System Description:	Drip		
# Nitrification Fields	1	# Lines	5	Linear Ft	218'	Maintenance Agreement Required:	[ ] YES	[✓] NO	
Trench Width	24"	Trench Bottom Depth(Low side)	36/32" Max	Gravel Depth	–		[X] GRAVITY	[ ] PRESSURE	

[X] Residence No. Bedrooms 3 | [ ] Business No. Persons 6 | [ ] Other No. Employees | [X] Slab [ ] Crawl Space | [ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions:

ST 60ft from house
9/26/19 Checked SJ

INITIAL SITE SKETCH

See attached site Plan by:

The Oaks Group

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	10-2	CC
Tanks Checked	9/26/19	MD
Pressure Manifold or Valve Box Checked	10/3/19	PJB
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y (N)	10/3/19	PJB

-D box needs to be checked- did not have speed levelers 10-2

10/3/19: D box had speed Levelers and all were set correct PJB

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

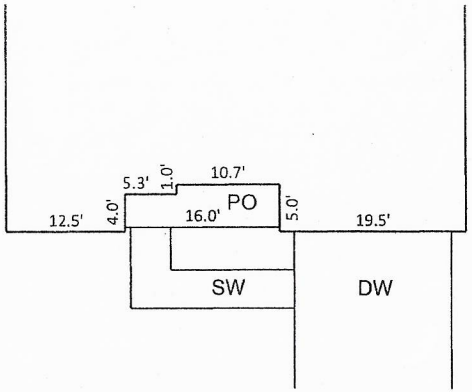
[ ] IMPROVEMENT PERMIT *with plat valid without expiration.* [ ] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Sanders Date: 6-19-19 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Date: 6-18-19 OPERATION PERMIT by: Patrick J Bagett II Date: 10/3/19

AUTHORIZATION TO CONSTRUCT by: Date: 6-18-19 Existing System Inspected by: Date:

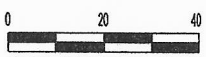
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



INSET SCALE: 1"=20'

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. 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



SCALE:
1" = 40 ft.



ROBERT & BRENDA
WHITENER
1896/646

9

S87°12'14"E 100.00'

35' REAR SETBACK

7

20,000 SF
0.46 AC

SEE NOTE 11

104.0'

N02°47'46"E 200.00'

6

26.0'

WD

PROPOSED
AVERY-F
SLAB
2 CAR RIGHT

15' SIDE SETBACK

15' SIDE SETBACK

26.0'

PO

SW

26.0'

35'
FRONT
SETBACK

DW

36.0'

S87°12'14"E 100.00'

SIERRA CHASE DRIVE
PUBLIC 50' R/W

REVISIONS: CHANGE FROM LEFT GARAGE TO RIGHT PER REQUEST AFTER PLOT PLAN DONE AS RIGHT PER START ORDER; REDO PLOT I

P:\2017 Projects\170301 Autumn Brook SDC\dwg\170301 Autumn Brook SDC.dwg, 5/22/2019 11:30:41 AM, nwalker

Autumn Brook Lot 7 Septic System Information

Number of Bedrooms	3
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.275 Per Existing Permit
Primary System Type	**PPBPS**
No. Lines	5 (See Table)
Total Linear Feet	225
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth Low Side	32" (Per Existing)
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	5 ft of 2" SCH 40 PVC
Repair System	**Subsurface Drip**
Total Linear Feet	3600 sqft
Repair LTAR	0.1

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	System	Red	PPBPS	45 endfed	10
2	System	Orange	PPBPS	45 endfed	10
3	System	Pink	PPBPS	45 endfed	10
4	System	Red	PPBPS	45 endfed	10
5	System	Blue	PPBPS	45 endfed	10
					Total: 50
				Total System: 225'	
				Total Repair: xxx'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

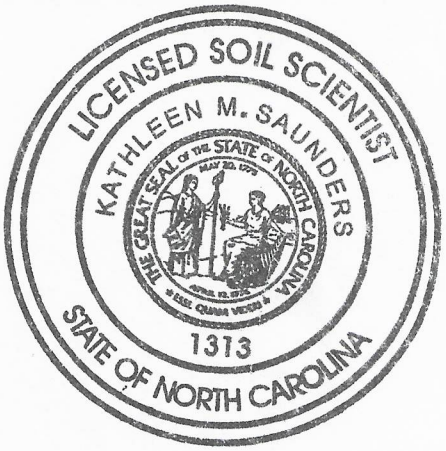
RE: 129 Sierra Chase

Date: May 31, 2019

Attached is the septic specification information required to permit 129 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.



Kathleen Saunders

SB

RECEIVED JUN 1 3 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#245655 Paid $225.00

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: 129 Sierra Chase LN Statesville
Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 7
Driving Directions: Old Mountain Rd, Wallace Springs, Autumn Mist, Sierra Chase on L

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: _____
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
(X) 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 (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 5-31-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

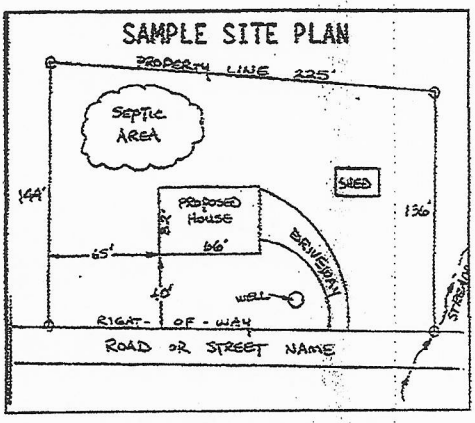
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

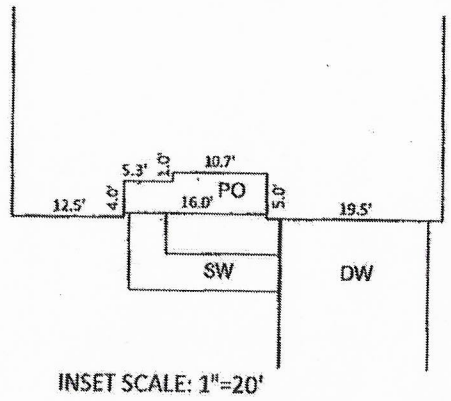
Please see Attached

Signature: Kathleen Saunders

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

5-31-19

DATE



INSET SCALE: 1"=20'



ROBERT & BRENDA WHITENER
1896/646

9

S87°12'14"E 100.00'

35' REAR SETBACK

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20,000 SF
0.46 AC

SEE NOTE 11

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N02°47'46"E 200.00'

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26.0'

PROPOSED
AVERY-F
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2 CAR RIGHT

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S87°12'14"E 100.00'

SIERRA CHASE DRIVE
PUBLIC 50' R/W

	Date	Initials
Drain Lines Checked		
Tanks Checked	9/26/19	MD
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

NOTES:

1. THIS SURVEY WAS PREPA CARSON, PLS.
2. THIS PLAN HAS BEEN PRE
3. PROPERTY LINES SHOWN PLATS OF PUBLIC RECORD
4. ALL DISTANCES ARE HORI STATE PLANE COORDINA
5. THIS MAP IS NOT FOR RE FOR COMPLIANCE WITH A
6. THE BASIS OF NORTH AN SETBACKS AND ADJOINE
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14. PROPERTY OWNER: SMITH DOUGLAS HOMES
4293-02 NC 24
MIDLAND, NC 28107

0 20 40

SCALE:
1" = 40 ft.

REVISIONS: CHANGE FROM LEFT GARAGE TO RIGHT PER REQUEST AFTER PLOT PLAN DONE AS RIGHT PER START ORDER; REDO PU

P:\2017 Projects\1703401 Autumn Brook SDC\dwg\1703401 Autumn Brook SDC.dwg, 9/23/2019 11:30:41 AM, rwalker

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 129 Sierra Chase, identified as PIN(Parcel Identification Number)_____, 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.

Signature of Owner — Date

Signature of Witness — Date 5-31-19

Reverse

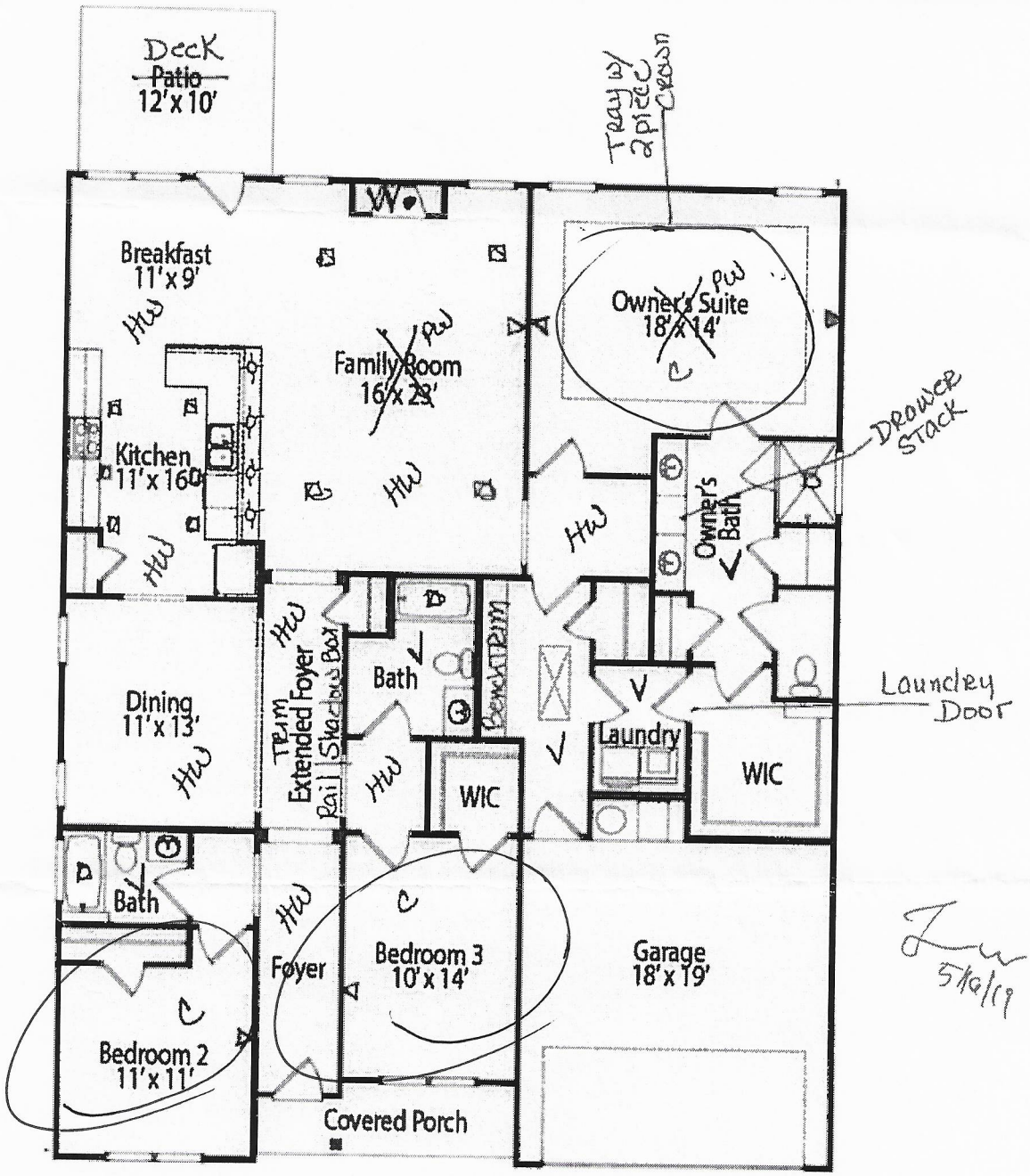
Avery F

2404 Sq Ft | 3 Bedrooms | 3 Baths

AB-07

Autumn Brook
Statesville, NC

Floor Plan: First Floor



5/9/19

Plan shown includes options not included in base price of the home & vary per plan/community. Dimensions & square footage is approximate can vary per plan/community. Drawings & photos are for illustrative purposes only. Information is subject to change without notice. Please contact a New Home Specialist for plans, pricing & availability. 5-14-2019

KimShelton 5/14/19

EQUAL HOUSING OPPORTUNITY

Acknowledgement of Plans Submittal ONLY!

Date 6-18-19

Kathleen Saunders Date 6-19-19

IREDELL COUNTY

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

APPLICATION NUMBER
245655
Issue Date: 06/13/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732161579.000	129 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	181138	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 129 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