IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24/1379.

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

PIN # 4732162578

APPLICANT/OWNER: Autumn Brook Properties LLC APPLICANT ADDRESS: 1542 Quails Rd W Statesville NC 28207

SITE ADDRESS: 133 Sierra Chase Drive Statesville NC 28677 PHONE: Kathleen Saunders ALT. PHONE 7045784951.

SITE DIRECTIONS: Hwy 21 to Old/NTN Rd R on Wallace Spring R on Autumn Mist L on Sierra Chase

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 8 LOT AREA: 700 K 113. DESIGN FLOW: 360 L.T.A.R.: .30.

Septic Tank	1000 (gal)	STB	760	Date	7-1-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	– (gal)	PT	–	Date	–	System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make	–	Model	–	Serial #	–	Repair System Description:	LP-PPBPS Horizontal			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	18 inch	Gravel Depth	–		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

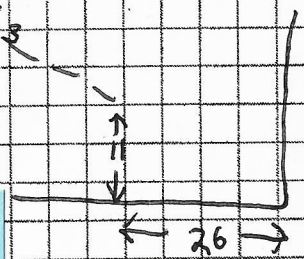
Comments / Conditions: 9/26/19 Checked ST & upper 2 lines ST - 9 Ft behind house

INITIAL SITE SKETCH

See Revised Site plan Dated June 10, 2019 by The Oaks Group PA Kathleen M. Saunders LSS#1318

AS BUILT SKETCH

9/27/19: L_3 86' of IQ4W @ 18" TB
- verified ok by laser



	Date	Initials
Drain Lines Checked (2 lines)	9/26/19	MD
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)	not Required	

Final Drain Line (8c') 9/27/19 SL

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**

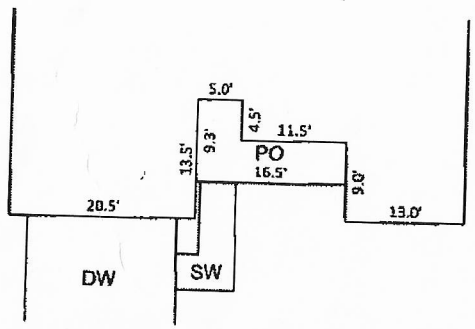
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 6-12-19 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Benjamin A Bostic Date: 6/10/19 OPERATION PERMIT by: Tom Shuck Date: 9/27/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bostic Date: 6/10/19. 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'

P869PG

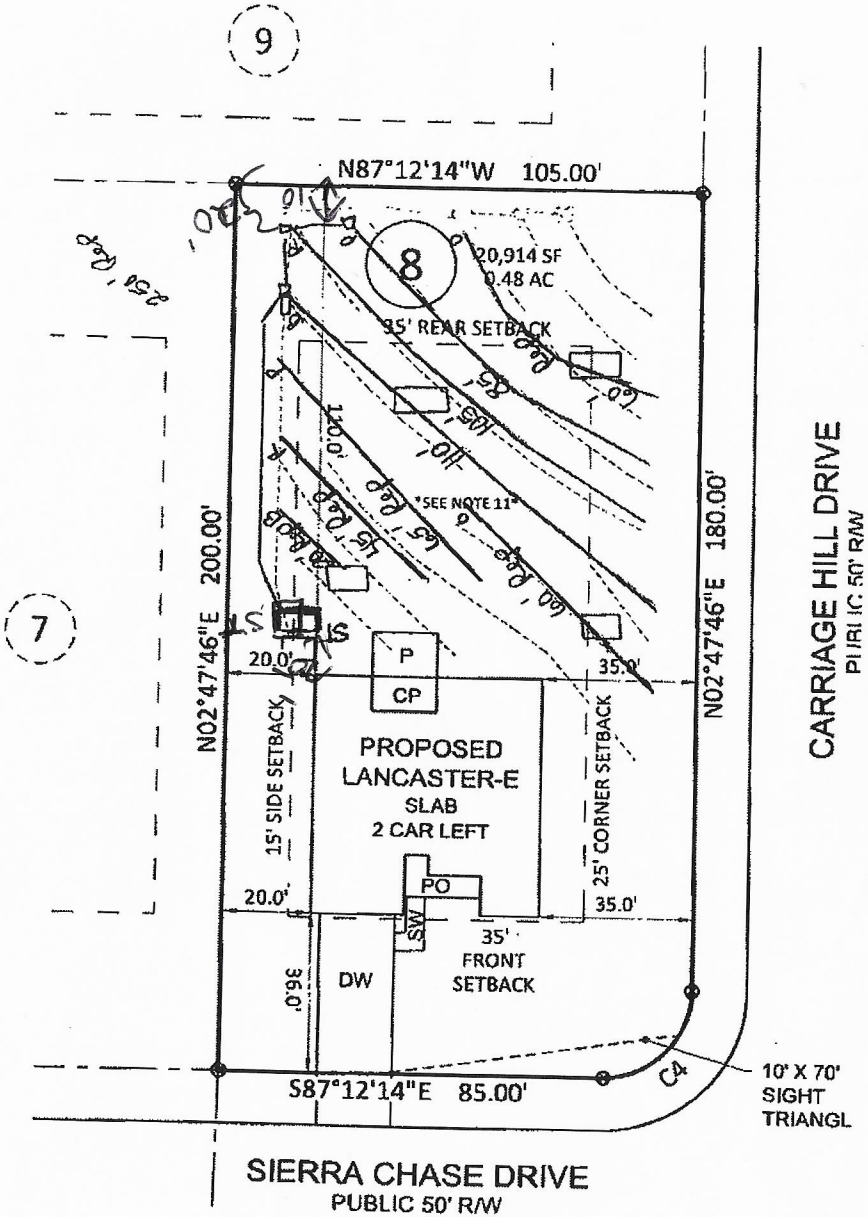
NOTES:

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 37104732001 DATED MARCH 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING IS RA/R-20.
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

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C4	20.00'	31.42'	N47°47'46"E	28.28'



SCALE:
1" = 40 ft.



APPROVED JUN 10 2019

Benjamin A Boone

P:\2017 Projects\170301 Autumn Brook SD\dwg\170301 Autumn Brook SDC.dwg 5/4/2019 2:59:18 PM mwalker

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

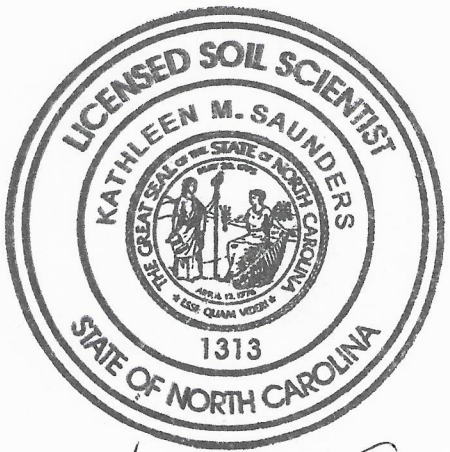
RE: 133 Sierra Chase Dr

Date: January 14, 2019

Attached is the septic specification information required to permit 133 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, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

Autumn Brook Lot 8 - 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	3 (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 - Horizontal**
Total Linear Feet	250
Repair Loading Rate	0.3
Repair trench depth	~~30"~~ 18"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Blue	LP PPBPS	20
2	Repair	Red	LP PPBPS	45
3	Repair	Pink	LP PPBPS	65
4	Repair	Orange	LP PPBPS	60
5	System	Blue	25% Reduction	110 endfed
6	System	Red	25% Reduction	105 endfed
7	System	Pink	25% Reduction	85 endfed
8	Repair	Orange	LP PPBPS	60
				Total System: 300'
				Total Repair: 250'

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

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

Approved 11/2/17

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Autumn Brook Properties
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 8/22/17
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE:
LOCATION OF SITE: Autumn Brook 8
PROPERTY RECORDED: N
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%	0-11	Mo GR SL	FR ns/np	Br				
		11-28	Mo SBK C	FR SS/SP	R				
		28-53	WK SBK C	↓	R, C sap > F WR	53"	N/A	N/A	0.3
B	L 5%	0-9	Mo GR SL	FR ns/np	Br				
		9-32	Mo SBK C	FR SS/SP	R				
		32-48	WK SBK CL	↓	R; C sap				
		48-52	MA L sap	↓	R	48"	PS	N/A	0.3
C	L 3-5%	0-28	Mo SBK C	FR SS/SP	R				
		28-48	WK SBK CL	↓	R, C/M sap	48"	N/A	N/A	0.3
D	L ~10%	0-8	Mo GR SL	FR ns/np	Br				
		8-36	Mo SBK C	FR SS/SP	R				
		36-46	WK SBK CL	↓	R; C/M sap				
		46-65	MA L sap	↓	multi	46"	PS	N/A	0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AvailableSpace (.1945)	PS	PS
System Type(s)	25% Red	LP PPB PS
Site LTAR	0.3	0.3

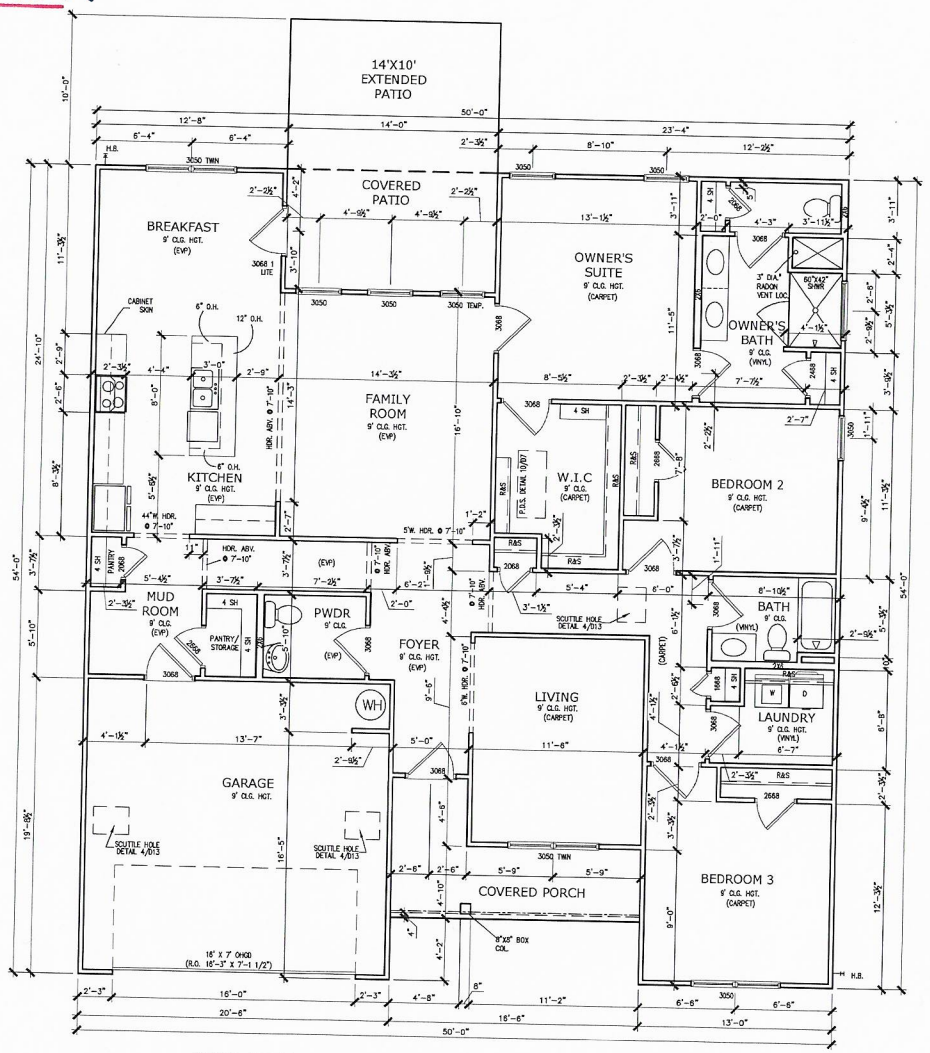
OTHER FACTORS (.1946): Remove Berms
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

Acknowledgement Of
Plans Submittal ONLY!
Benjamin D Bell Date 6/10/19.
Kathleen Saunders
Date 6-12-19

AUTUMN BROOK - 8



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

BY	DATE	REVISION

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

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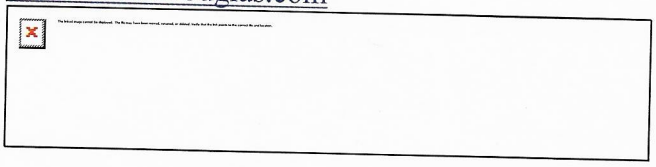
BY: ED	CH: AW
DATE: 5/7/19	
FACADE OPT: B	
PLAN ID:	
FND: ALL	ELEV: E
PAGE NO: A5.1	

Benjamin Botkins

From: Ron Willing <rwilling@smithdouglas.com>
Sent: Thursday, June 6, 2019 9:57 AM
To: Kathleen Saunders
Cc: Benjamin Botkins
Subject: Re: Lot 8 Autumn Brook

That is correct. Thank you very much.

Ron Willing
Land Development Manager
Mailing Address: PO Box 311 Midland, NC 28107
Physical Address:4293 NC Highway 24/27 E Suite D2 Midland, NC 28107
Midland, NC 28107
E-MAIL: rwilling@smithdouglas.com
CELL: 704-808-1132
www.SmithDouglas.com



On Jun 6, 2019, at 9:39 AM, Kathleen Saunders <kathleenmsaunders@gmail.com> wrote:

> This is to confirm the house box on Lot 8 is 50 wide, 54 deep with a 10 ft deep patio (64 deep at it's farthest from the front) using the attached Lancaster house plans for 3 bedrooms.
>
> Kathleen Saunders, LSS
> The Oaks Group, PA
>
> <ArchitecturalPlans_008_20190515Revised.pdf>

Lot Relay 241379

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) *Septic Improvement Permit* ( ) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repai*

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:
Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Autumn Brook Properties LLC **Address:** 1542 Queens Rd W Statesville 28207 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 133 Sierra Chase Dr Statesville 28677

Subdivision Name: Autumn Brook **Section/Phase:** **Lot Number:** 8

Driving Directions: Hwy 21, L on Old Mountain Rd. R on Wallace Springs Rd. R on Autumn Mist Rd. L on Sierra Chase Ln. Lot on left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbi

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) 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 gran right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for 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: Emma Helt / Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/14/19
DATE

IREDELL COUNTY HEALTH DEPARTMENT

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED 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...

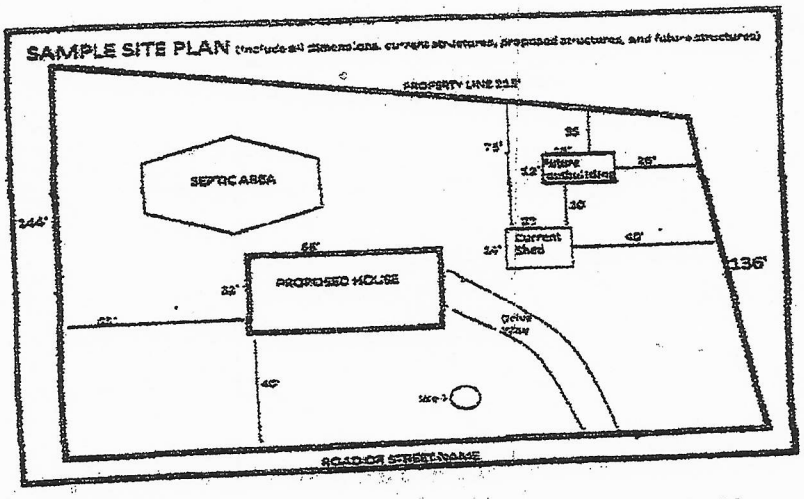
X North arrow, or other sufficient indicator of direction...

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

Please see attached site plan

Signature: Emma Hall / Kathleen Sanders — 1/14/19 DATE

owner's local representative signature.

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, Autumn Brook Development, LLC By: Kayla Gilliam, am the legal owner of the property located at 133 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 P.A., _____, _____, _____, _____, 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.

Kayla Gilliam 10.7.16
Signature of Owner Date

Terri S Carlson 10.7.16
Signature of Witness Date

IREDELL COUNTY

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

APPLICATION NUMBER
241379
Issue Date: 01/09/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732162578.000	133 SIERRA CHASE DRIVE, 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	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	25.00	NOT	X

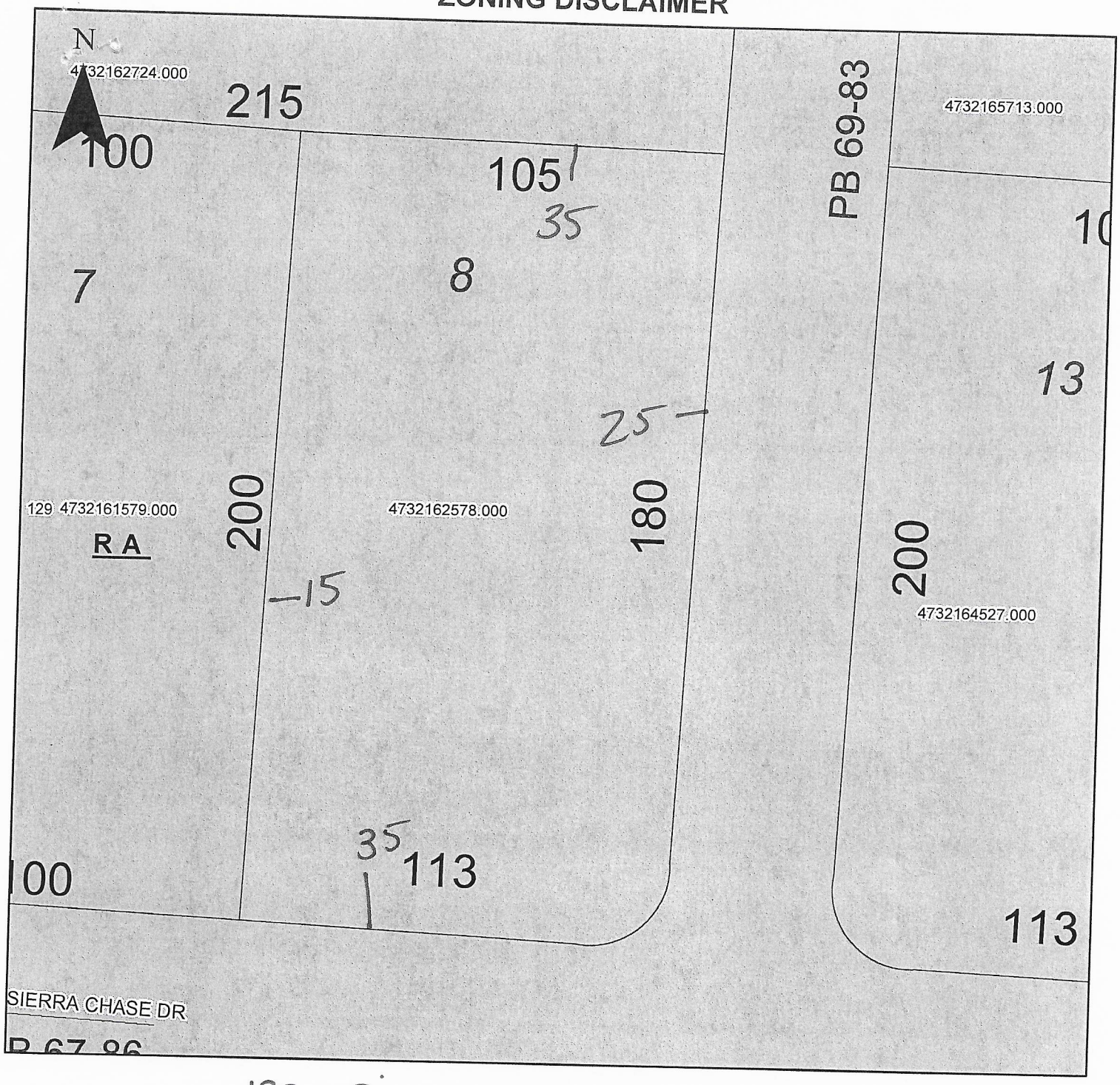
Remarks:

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	164075	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 133 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 Saunders
Applicant

1/9/19
Date