IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241689

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

PIN # 4732162827

APPLICANT/OWNER: SDH CHARLOTTE LLC APPLICANT ADDRESS: 1542 QUEEN ROAD WEST, CHARLOTTE, NC 28207

SITE ADDRESS: 119 CARRIAGE HILL DRIVE, STATESVILLE, NC 28677 PHONE: 704-808-1132 ALT. PHONE 704-578-4951

SITE DIRECTIONS: (S) ON 21, (R) ON HILL HAVEN ROAD, (L) ON WALLACE SPRINGS, (L) ON AUTUMN MIST (L) ON SIERRA CHASE, (L) ON CARRIAGE HILL, LOT on (L)

SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: AUTUMN BROOK SECTION: 2 LOT # 10 LOT AREA: 0.76 AC DESIGN FLOW: L.T.A.R.:

Septic Tank	1000	(gal)	STB 1060	Date INFILTRATOR	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT 1060	Date INFILTRATOR	System Description:	25% REDUCTION - PM			☐ Business	No. Persons	8	☐ Private
Pump Make	ORENCO	Model	PF300511	Serial # 18M1400046	Repair System Description:	50% REDUCTION - PBBPS LPP			☐ Other	No. Employees	—	☑ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 400	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)		30"	Gravel Depth	—	☐ GRAVITY	☑ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: SEE FLOORPLANS (APPROVED 4-17-19) BY ICHD
TANKS CHECKED 7-5-2019 ON PERMIT ISSUED 6-21-2019

INITIAL SITE SKETCH

THIS PERMIT IS ISSUED PURSUANT TO SEC. 11(L) OF SL 2018-114 USING THE SIGNED AND SEALED LSS EVALUATION ATTACHED HERE! SEE DESIGN PLANS FROM THE OAKS GROUP, PA DATED 7-9-2019

KATHLEEN SAUNDERS LSS # 1313

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: 7-12-. Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-11-2019 OPERATION PERMIT by: Benjamin A. Bell Jr. Date: 7/17/2019

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-11-2019 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.

RECEIVED JUL 09 2019

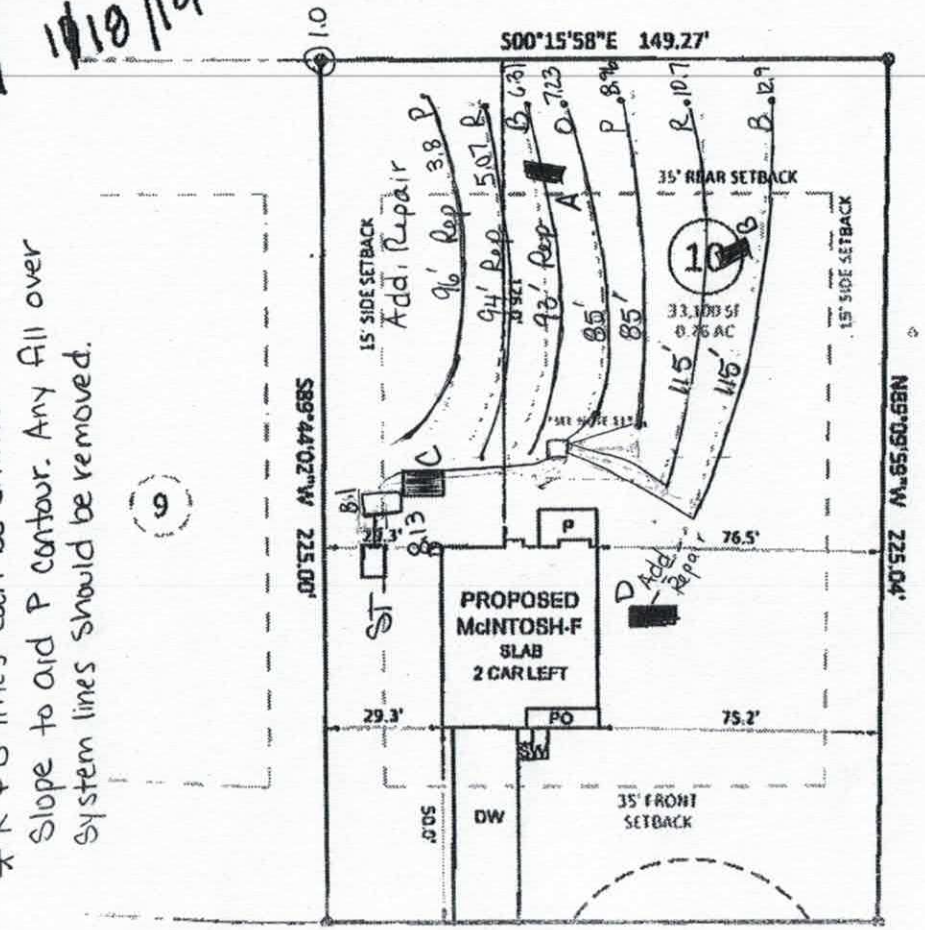
1"=50'

2@ 85' = 1/2 SCH 80 taps
2@ 115' = 1/2 SCH 40 taps

LOT INFORMATION:

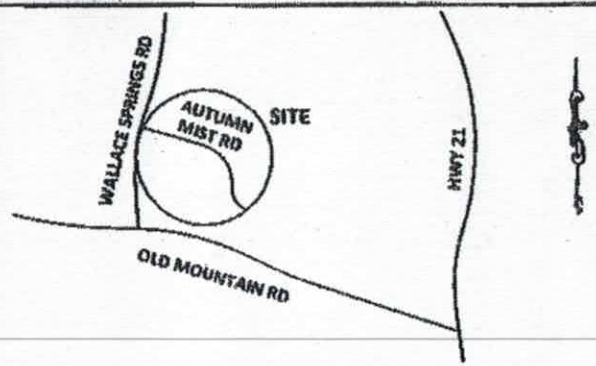
PIN: NOT AVAILABLE
HOUSE = 1,858 SF
DRIVEWAY = 850 SF
SIDEWALK = 48 SF
PORCH = 97 SF
PATIO = 139 SF
TOTAL LOT AREA = 0.76 AC = 33,100 SF
TOTAL PROPOSED IMPERVIOUS = 2,992 SF
PERCENT IMPERVIOUS = 9.0%

ok per Smitty 1/10/19 JPH



* R & B lines can be shifted 1-3' down Slope to aid P contour. Any fill over system lines should be removed.

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 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
= ELECTRIC BOX
= CABLE BOX
= TELEPHONE PEDESTAL
= 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:

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

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

RECEIVED JUL 09 2019

From: Kathleen Saunders, LSS

RE: 119 Carriage Hill Dr

Date: July 9 ~~June 17~~, 2019

Attached is the septic specification information required to permit 119 Carriage Hill Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell 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 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

7.9.19

Autumn Brook Lot 10 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3 Per Existing Permit**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	30"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	40' of 2" SCH 40 PVC
Flow Rate through the system	25 gpm
Elevation head	Approx. 10.3'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	2.7'
Total Head	16'
Pump Requirements	25 gpm @ 16' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	10.9
Repair System	**LP PPBPS**
Total Linear Feet	283
Repair Loading Rate	0.3 Per Existing permit

7-9-19

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Pink	LP PPBPS	96	3.8
2	Repair	Red	LP PPBPS	94	5.07
3	Repair	Blue	LP PPBPS	93	6.31
4	System	Orange	25% Reduction	85 endfed	7.23
5	System	Pink	25% Reduction	85 endfed	8.96
6	System	Red	25% Reduction	115 endfed	10.7
7	System	Blue	25% Reduction	115 endfed	12.9
				Total System: 400'	
				Total Repair: 283'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	8.10
House	blue		8.13

Manifold Information		
Tap Size (In.)	1/2	1/2
Tap Material	SCH 80 PVC	SCH 40 PVC
No. Taps	2	2.00
Barrel Size (In.)	4	
Barrel Material	SCH 80 PVC	
Flow (gpm)/Tap	5.5	7.11

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD

6-17-19

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Pink	LP PPBPS	96	3.8
2	Repair	Red	LP PPBPS	94	5.07
3	Repair	Blue	LP PPBPS	93	6.31
4	System	Orange	25% Reduction	95 endfed	7.23
5	System	Pink	25% Reduction	95 endfed	8.96
6	System	Red	25% Reduction	105 endfed	10.7
7	System	Blue	25% Reduction	105 endfed	12.9
				Total System: 400'	
				Total Repair: 283'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	8.10
House	blue		8.13

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD

6.17.19

Autumn Brook Lot 10 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3 Per Existing Permit**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	30"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	40' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 10.3'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	2.7'
Total Head	16'
Pump Requirements	22 gpm @ 16' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	10.9
Repair System	**LP PPBPS**
Total Linear Feet	283
Repair Loading Rate	0.3 Per Existing permit

4.10.19

Lot 10 Autumn Brook Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
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)	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	283
Repair Loading Rate	0.3
Repair 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	96
2	Repair	Red	LP PPBPS	94
3	Repair	Blue	LP PPBPS	93
4	System	Orange	25% Reduction	95 endfed
5	System	Pink	25% Reduction	95 endfed
6	System	Red	25% Reduction	105 endfed
7	System	Blue	25% Reduction	105 endfed
				Total System: 400'
				Total Repair: 286'

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

10.4.18

Autumn Brook Lot 10 Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**PPBPS**
No. Lines	8 (See Table)
Total Linear Feet	280
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth Low Side	36"
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	35 ft of 2" SCH 40 PVC
Repair System	**LP PPBPS**
Total Linear Feet	312
Repair LTAR	0.3

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	System	Pink	PPBPS	35 endfed	8
2	System	Pink	PPBPS	35 endfed	8
3	System	Red	PPBPS	35 endfed	8
4	System	Red	PPBPS	35 endfed	8
5	System	Blue	PPBPS	35 endfed	8
6	System	Blue	PPBPS	35 endfed	8
7	System	Orange	PPBPS	35 endfed	8
8	System	Orange	PPBPS	35 endfed	8
9	Repair	Pink	LP PPBPS	75	
10	Repair	Red	LP PPBPS	102	
11	Repair	Blue	LP PPBPS	135	
					Total: 64
				Total System: 280'	
				Total Repair: 312'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line
Remove Berms

10-4-18

Sheet 1 of 1

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

PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Autumn Brook LLC — APPLICATION DATE
ADDRESS: 1542 Queens Rd W Charlotte — DATE EVALUATED: 12-1-17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE:
LOCATION OF SITE: Lot 10 — 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 12-15%	0-29	WK SBK CL	FR SS/SP	R; C sap Multi, F	CL inc 29"	PS	N/A	0.35
		29-60	MA L sap	↓					
B	L 12-15%	0-21	Mo SBK C	FR SS/SP	R R; C sap Multi; F	Fi places 36"	PS	N/A	0.35
		21-36	WK SBK SCL	↓					
		36-60	MA L/SL sap	↓					
C	L 12-15%	0-24	Mo SBK C	FR SS/SP	R R; C/M sap Multi	>F Fi pockets 42"	PS	N/A	0.3
		24-42	WK SBK CL	↓					
		42-60	MA SL sap	↓					
D	L 12-15%	0-32	Mo SBK C	FR SS/SP	R R; C sap	50+			0.3
		32-50	WK SBK C	↓					

*Filled in Root

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): R
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT: Kathleen Saunders

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

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

12·8·17

Autumn Brook Lot 10 Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
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	337
Repair Loading Rate	0.3
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	101
2	Repair	Red	LP PPBPS	101
3	System	Blue	25% Reduction	97 endfed
4	System	Orange	25% Reduction	103 endfed
5	System	Pink	25% Reduction	98 endfed
6	System	Red	25% Reduction	102 endfed
7	Repair	Blue	LP PPBPS	135
				Total System: 400'
				Total Repair: 337'

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

Sheet 1 of 1
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 Charlotte
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 10
APPLICATION DATE
DATE EVALUATED: 12-1-17
PROPERTY SIZE:
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 12-15%	0-29	WK SBK CL	FR SS/SP	R; C sap	CL inc			0.35
		29-60	MA L sap	↓	Multi; F				
						29"	PS	N/A	
B	L 12-15%	0-21	Mo SBK C	FR SS/SP	R				
		21-36	WK SBK SCL	↓	R; C sap				
		36-60	MA L/SL sap	↓	Multi; F	Fi places			0.35
						36"	PS	N/A	
C	L 12-15%	0-24	Mo SBK C	FR SS/SP	R				
		24-42	WK SBK CL	↓	R; C/M sap	>F	Fi pockets		0.3
		42-60	MA SL sap	↓	Multi				
						42"	PS	N/A	
D	L 12-15%	0-32	Mo SBK C	FR SS/SP	R				
		32-50	WK SBK C	↓	R; C sap				
						50+	N/A	N/A	0.3
						*Filled in Root channel on R side			

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

COMMENTS: Grading or Filling not will impact Drainfield.
Needs to be Cleared May Require pump if site is disturbed B. Bottoms 1/24/17.

241687

URGENT JUL 9 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Session Law Paid $1200.00

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: SDH Charlotte LLC Address: 1542 Queen Rd W Charlotte Zip: 28207
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 119 Carriage Hill Dr Statesville
Subdivision Name: Autumn Brook Section/Phase: 2 Lot Number: 10
Driving Directions: Old Mnt Rd, Wallace Springs, Autumn Mist, Siena Chase, Carriage Hill

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: 4
Maximum Number of Occupants: 8
( ) 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: KathleenSaunders 7-9-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

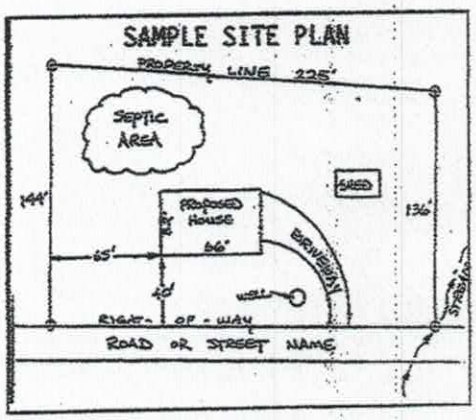
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

7-9-19

DATE

RECEIVED JUL 09 2019

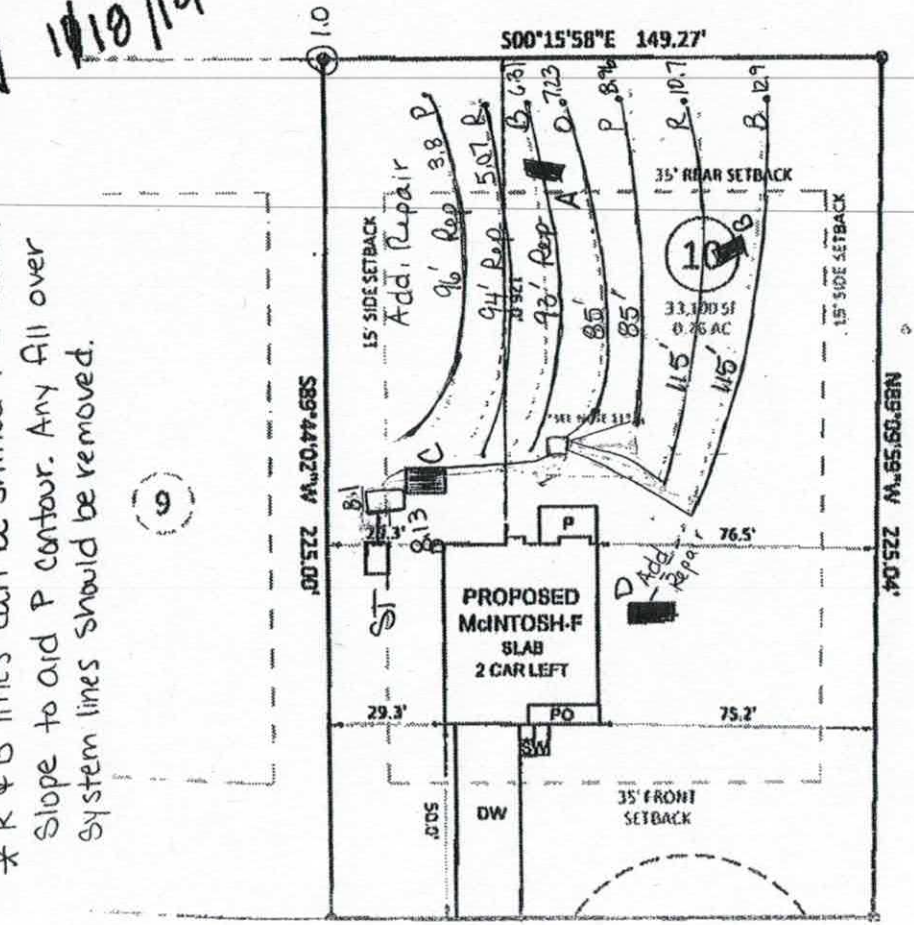
1"=50'

2@ 85' = ½ SCH 80 taps
2@ 115' = ½ SCH 40 taps

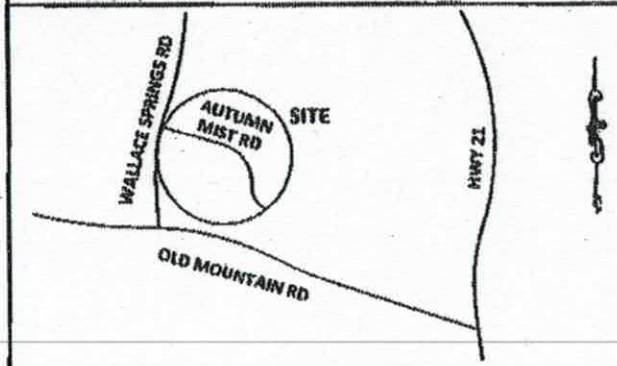
LOT INFORMATION:

PIN: NOT AVAILABLE
HOUSE = 1,858 SF
DRIVEWAY = 850 SF
SIDEWALK = 48 SF
PORCH = 97 SF
PATIO = 139 SF
TOTAL LOT AREA = 0.76 AC = 33,100 SF
TOTAL PROPOSED IMPERVIOUS = 2,992 SF
PERCENT IMPERVIOUS = 9.0%

ok per Smitty
YH 10/10/19



* R & B lines can be shifted 1-3' down Slope to old P contour. Any fill over system lines should be removed.



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
= ELECTRIC BOX
= CABLE BOX
= TELEPHONE PEDESTAL
= 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:

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

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Avenue, Apex, NC 27539 Ph 919.577.1080 Fax 919.577.1081
www.batemancivilsurvey.com
NCBELS Firm No. C-2378

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

7-9-19
(Date)

Owner: Smith Douglas Homes
Address: PO Box 311
Midland, NC 28107

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
119 Carriage Hill, Autumn Brook #9

I, Ron Willing, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 6/19 for a system
(date)

IIIb
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # 241689

PIN # 4732-16-2827

APPLICANT/OWNER: SDH Charlotte LLC

APPLICANT ADDRESS: 1542 Queen Rd. W Charlotte, NC

SITE ADDRESS: 119 Carriage Hill Dr. Statesville, NC 28677

PHONE: 704-598-4951 ALT. PHONE

SITE DIRECTIONS: Wallace Springs → R on Autumn Mist → L on Sierra Chase → L on Carriage Hill → site on left

SUBDIVISION: Autumn Brook

SECTION: 2 LOT # 10 LOT AREA: 0.76 acres

SAP CONTROLLED: ☒ YES ☐ NO

DESIGN FLOW: 480 L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	1060	Date	INFILTRATOR	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	1060	Date	INFILTRATOR	System Description:	PM - 25% Reduction
Pump Make	ORENCO	Model	PF300511	Serial #	[illegible]	Repair System Description:	LP-RpBPS (50% Reduction)
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(high side)			30"	Gravel Depth	☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees ☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: See floorplans (approved 4/17/19) by ICHD

INITIAL SITE SKETCH

This permit is issued pursuant to Sec. 11(c) of LSS Evaluation attached here;

See Design plans from The Oaks Group, PA dated 6/17/2019

Kathleen Saunders LSS # 1313

AS BUILT SKETCH

SL 2018-114 using the signed + sealed

Revoked

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: [signature]

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/24/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/21/2019

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

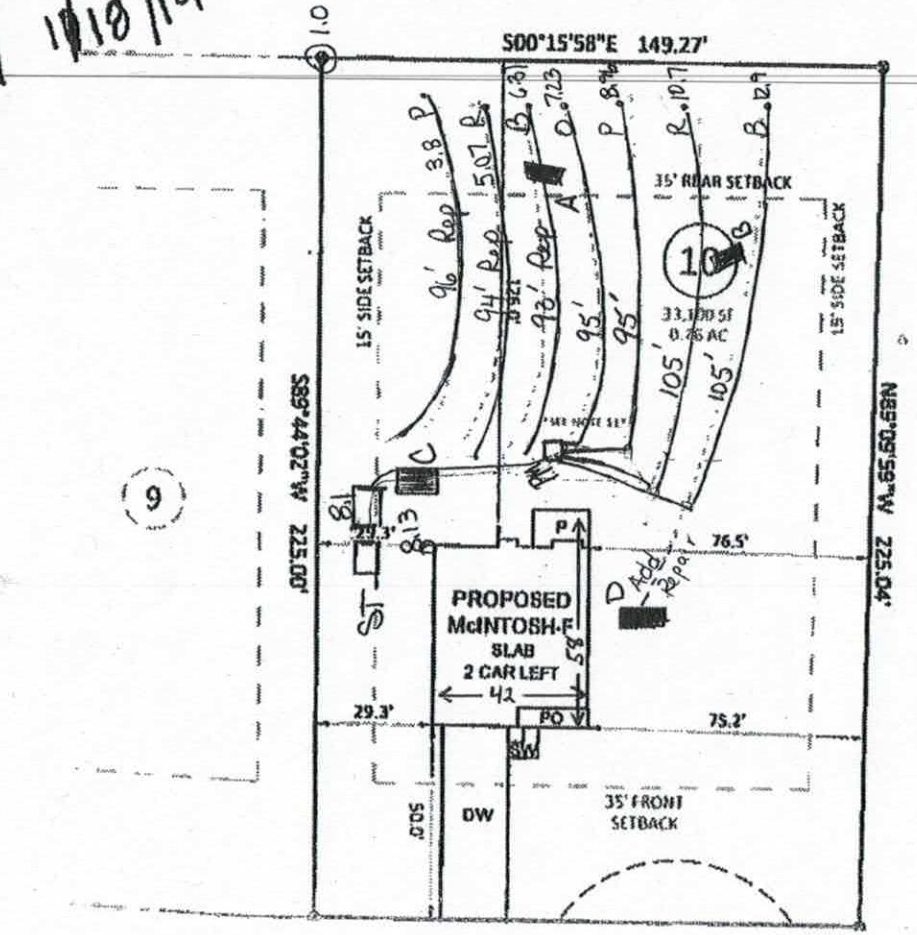
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

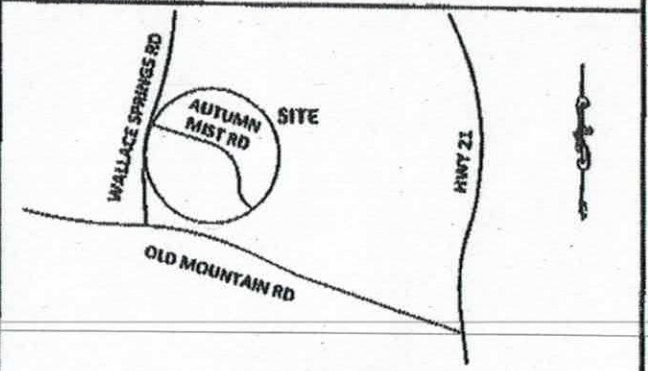
1"=50'

ok per Smitty
JPH 11/18/19

LOT INFORMATION:

PIN: NOT AVAILABLE
HOUSE = 1,858 SF
DRIVEWAY = 850 SF
SIDEWALK = 48 SF
PORCH = 97 SF
PATIO = 139 SF
TOTAL LOT AREA = 0.76 AC = 33,100 SF
TOTAL PROPOSED IMPERVIOUS = 2,992 SF
PERCENT IMPERVIOUS = 9.0%





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
= WATER METER
= CLEAN OUT
AC = AIR CONDITIONER
= SEWER MANHOLE
= ELECTRIC BOX
= CABLE BOX
= TELEPHONE PEDESTAL
= 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:

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

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378

Acknowledgement Of
Plans Submittal ONLY!

Carla C. Cox Date 4/17/19

Date 6/24/19

AUTUMN BROOK - 10

© SMITH DOUGLAS HOMES 2019

DATE	REVISION	BY

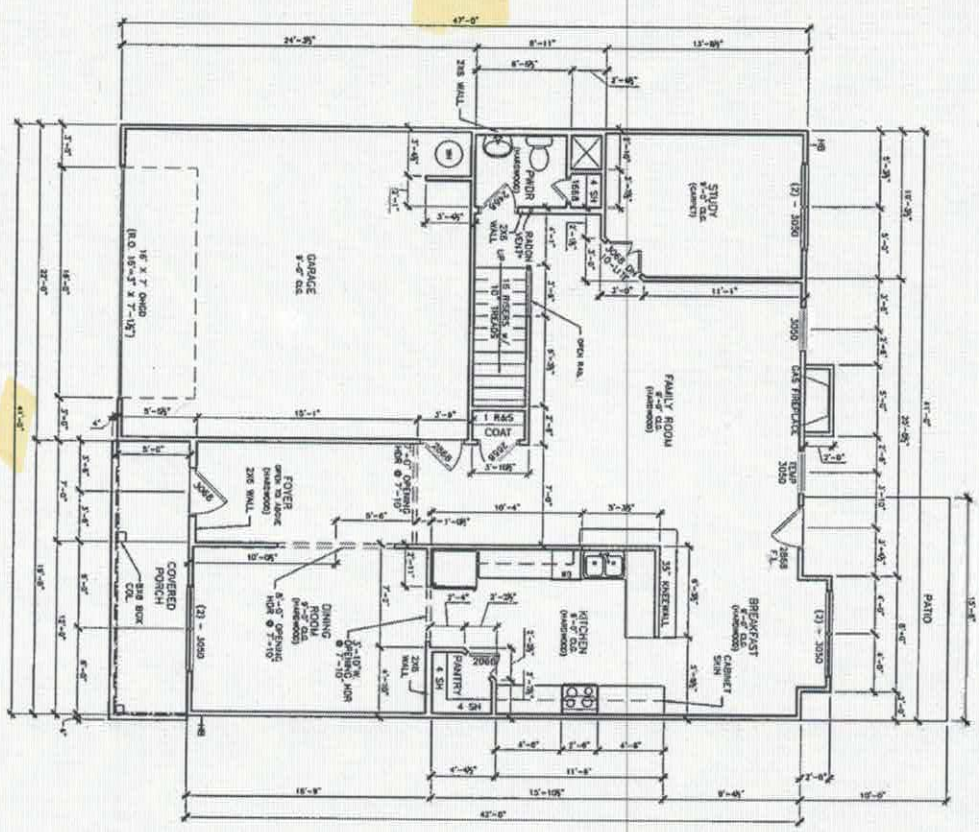
SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
MCINTOSH

SMITH DOUGLAS HOMES
335 VILLAGE TRAIL
WOODSTOCK, GA 30188

ED	BY
DATE 1/14/19	AW
SCALE 1/4"	
FOR C	
TITLE ALL	SHEET F
SHEET NO. A5.2	

Acknowledgement Of
Plans Submittal ONLY!
Carla C Cerri Date 4/17/19
Date 6/24/19



FIRST FLOOR PLAN

*RADON VENT PROVIDED PER LOCAL CODE

AUTUMN BROOK - 10

© SMITH DOUGLAS HOMES 2019

DATE	REVISION	BY

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
MCINTOSH

SMITH DOUGLAS HOMES
125 EDEN TRAIL
WOODSTOCK, GA 30188
www.smithdouglas.com

BY	ED	DP	AW
DATE	1/14/19		
SCALE	1/4" = 1'-0"		
SHEET	C		
ALL	F		
SHEET NO.	A5.1		

119 Carriage Hill Dr.
Sec. 2 - Lot 10

ON SITE WASTEWATER SYSTEM INSPECTION CONTRACT AND AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF IREDELL-STATESVILLE

CONTRACT FOR INSPECTION AND MAINTENANCE GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEM AUTUMN BROOK

(I), (WE), as the owners of Lot(s) Number 10 ("THE LOT"), of the subdivision known as Autumn Brook, have certain duties and responsibilities for the maintenance of ground absorption sewage treatment and disposal system as regulated and set out in N.C.G.S. Article II, Chapter 130A; T15A-C18-S18A.1961 "Maintenance of Sewage Systems"; and/or under the "Declaration of Covenants, Conditions and Restrictions-Autumn Brook", (the "Declaration"), and under the Bylaws of Autumn Brook Community Association, Inc.

Autumn Brook Community Association, Inc. ("The Association") in order to provide for uniform inspection, maintenance, and repair and operation of sewage treatment and disposal systems within Autumn Brook community, has entered into a Master Agreement dated the 1st day of April, 2016, which Master Contract with TCW Wastewater Management, Inc., a memorandum of which is incorporated fully by this reference thereto.

The undersigned lot(s) owner(s) hereby agrees and contracts with TCW Wastewater Management, Inc. and with Autumn Brook Community Association, Inc. as follows:

1. The Master Contract referred to above is hereby accepted, agreed, and is binding upon the undersigned with TCW Wastewater Management, Inc. and it's successors and assigns. The undersigned lot owner(s), their successors, and assigned agree to be bound by this Master Contract and any further or future contracts in substitution thereof.

2. The undersigned lot owner(s) further acknowledge and agree that Autumn Brook Community Association, Inc. acting by and under it's Declaration of Covenants, Conditions, and Restrictions-Autumn Brook, has and is hereby granted the full power and authority to assess the undersigned for fees, expenses, and costs associated with the inspection, maintenance, and or repair of septic disposal systems on the lot as set forth in the Master Agreement.

This agreement is binding upon the undersigned, their heirs, administrators, personal representatives, successors, and assigns, and the transfer and assignment of the duty and responsibility to contract with a qualified maintenance contractor (operator) is a covenant running with the land ("The Lot"). This agreement will terminate: (1) when The Association is dissolved or liquidated; or (2) when the undersigned has no legal duty to maintain a sewage disposal system on "The Lot".

Witness our hands and legal seals, this 16 day of July, 2019.

_____(SEAL)
Signature

James A. Gaskins
Owners Printed Name

_____(SEAL)
Signature

_____
Owners Printed Name