IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245838 231515

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

PIN # 4732164373

APPLICANT/OWNER: Autumn Brook LLC APPLICANT ADDRESS: 1542 Queens Rd W Charlotte NC 28207

SITE ADDRESS: 144 Sierra Chase Dr. Statesville NC 28677 PHONE: 704-578-4951 ALT. PHONE N/A

SITE DIRECTIONS: Rt. On 64, Rt on 90W/ left onto Absher Farm Lp, left onto Staffordshire Dr, Rt onto Greythorn Dr, property on left. SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 22 LOT AREA: .74ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	Infi-Tank	Date	Acosta	■ New System	☐ Repair	☐ Expansion
Pump Tank		(gal)	PT		Date		System Type: I II III (IV) V VI		
Pump Make			Model		Serial #		System Description:	Horizontal LPPBPPS	
# Nitrification Fields	1	# Lines	5	Linear Ft:	285		Repair System Description:	Drip	
Trench Width	36"	Trench Bottom Depth (low Side)		14"	Gravel Depth	N/A	Maintenance Agreement Required:	■ YES	☐ NO
								☐ 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: Per plan By The Oaks Group, PA

Although 3BR floorplans submitted, 4BR system must be installed per permit.

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed

LSS Evaluation attached here.

See plan by:The Oaks Group, PA

AS BUILT SKETCH

* 12-5-19 Cut 4 - 90ft
Measured 100 - 10ft Section hard piped.

	Date	Initials
Drain Lines Checked	12-5	BB
Tanks Checked	11-14	
Pressure Manifold or Valve Box Checked	12/13	BB
Pressure Head Set	12/13	BB
Electrical Checked	12/13	BB
Floats Set	12/13	BB
Alarm Checked	12-12-19	CCN
Maintenance Contract Y / N		
Comments: Checked Supply line -Needs Maintenance	11-14	

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**

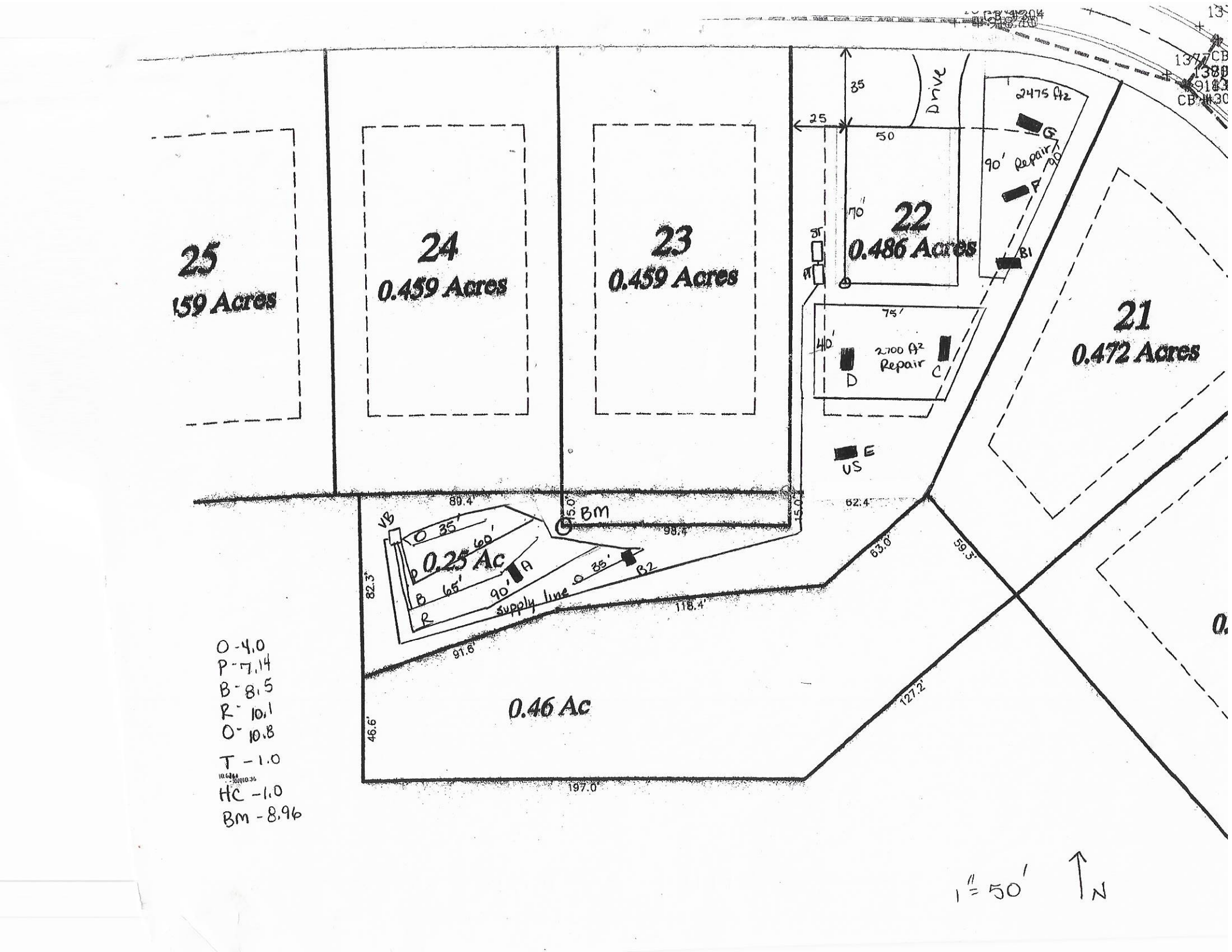
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ■ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Katherine Saunders Date: 9/5/18 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Ralph H. Date: 09/04/18 OPERATION PERMIT by: Benjamin A Baker Date: 12/13/19

AUTHORIZATION TO CONSTRUCT by: Carter C. Cave Date: 12-14-19 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.


25
.459 Acres
24
0.459 Acres
23
0.459 Acres
22
0.486 Acres
21
0.472 Acres
0.25 Ac
0.46 Ac
Drive
35
25
50
2475 ft2
90' Repair
70'
75'
110'
2700 ft2 Repair
VS
BM
VB
Supply line
89.4
98.4
82.4
82.3'
118.4'
91.6'
46.6'
197.0'
127.2'
83.6'
59.3'
O - 4.0
P - 7.14
B - 8.5
R - 10.1
O - 10.8
T - 1.0
HC - 1.0
BM - 8.96
1" = 50'
N

Autumn Brook Lot 22 Septic System Information

Horizontal Installation

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	5 (See Table)
Minimum Linear Feet	270
Total Linear Feet	285
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth	14"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	340' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	33 gpm
Elevation head	Approx: 6 ft
Pressure head	3 ft
Friction head	8.0 ft
20% Contingency	3.4 ft
Total Head	20.4 ft
Pump Requirements	33 gpm @ 20.4' of head To be designed by installer.
Maximum Dosing Volume	237.6 gal -2.2 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	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	Yes
Repair System	**Subsurface Drip**
Total Linear Feet	5175 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.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Orange	LPPPBPS	35 endfed	4	8	8	1 per panel	5/32"
2	System	Pink	LPPPBPS	60 endfed	7.14	14	14	1 per panel	5/32"
3	System	Blue	LPPPBPS	65 endfed	8.5	15	15	1 per panel	5/32"
4	System	Red	LPPPBPS	90 endfed	10.1	21	21	1 per panel	5/32"
5	System	Orange	LPPPBPS	35 endfed	10.8	8	8	1 per panel	5/32"
						Total: 66	Total: 66 (1 in each panel turned up)		
				Total System: 285'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	1.00
House	blue		1.00

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
May require 4-6 inches of imported fill for cap.
Please notify T&J Panel prior to installation for horizontal installation instructions

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 144 Sierra Chase Lane

Date: August 13, 2018

Attached is the septic specification information required to permit 144 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, excluding soil descriptions, before permitting and/or septic system installation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of the above mentioned SL. The LSS Evaluation 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
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Frederick

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

OWNER: Autumn Brook, LLC
ADDRESS: 1542 Queens Rd W Charlotte 28207
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Autumn Brook # 22
APPLICATION DATE
DATE EVALUATED: 11-2-17
PROPERTY SIZE: 0.736
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 ~14%	0-10	Mo GR SL	FR ns/np	Br	60"	N/A	N/A	0.3
		10-31	Mo SBK C	FR SS/SP	R				
		31-60	WK SBK SCL	↓	R; C/M Sap				
B1	L ~9%	0-15	Mo GR SL	FR ns/np	Br	54"	PS	N/A	0.3
		15-34	Mo ABK C	FR SS/SP	R; F Sap				
		34-54	WK SBK CL	↓	R; C/M Sap				
		54-60	MA L Sap	↓	multi				
B2	L ~9%	0-8	Mo GR SL	FR ns/np	Br	42"	N/A	Ave 36"	0.3 to 36"
		8-30	Mo SBK C	FR SS/SP	R				
		30-42	WK SBK SCL	↓	R; C Sap				
		42"	Cr						
		Opp wall; Rock @ 30"							
C	L ~9%	0-19	Mo GR SL	FR ns/np	Br	60+	N/A	N/A	0.3
		19-37	Mo SBK C	FR SS/SP	R				
		37-60	WK SBK CL	↓	R; C Sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	Subdrip
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): 14" TB; Import Cover as needed
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT:

COMMENTS: Horizontal Installation

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

Sheet 2 of 2
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 28027
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Autumn Brook # 22
APPLICATION DATE
DATE EVALUATED: 11-2-17
PROPERTY SIZE: 0.736
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
D	L ~9%	0-10	Mo GR SL	FR NS/NP	Br				
		10-24	Mo ABK C	FR SS/SP	R; F Yel Br				
		24-32	WK SBK C	↓	R; C Quartz				0.25
		32-60	WK SBK C	↓	R; F Sap	60+	N/A	N/A	
F	L 5%	0-6	Mo GR SL	FR NS/NP	Br				
		6-19	Mo SBK C	FR SS/SP	R				
		19-44	WK SBK C	↓	R; C Sap				0.3
		44-60	MA L Sap	Fi/FR SS/SP	multi	44"	PS	N/A	
G	L 5%	0-24	Mo SBK C	FR SS/SP	R				Keep Shallow 0.3
		24-32	WK SBK C	↓	R; C Sap				
		32-55	MA SL Sap	Fi NS/NP	multi				
						11"	PS	N/A	

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

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	TV	Sub. drip
Site LTAR	0.3	0.1

OTHER FACTORS (.1940): TB; Import cover as needed
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT:
Kathleen Saunders

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

Updated February 2014

For Auth.

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	PO Box 311 Midland NC 28107	704-781-5158	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SDH Charlotte LLC	PO Box 311 Midland NC 28107	704-781-5158	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

144 Sierra Chase Drive	Autumn Brook	22
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I77 to exit 42, Hwy 21 N, left on Old Mountain Rd, right on Wallace Springs Rd, right on Autumn Mist.

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 6
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: Andrea Randall — 6/12/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

231515

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

\pplication For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) *Septic Improvement Permit* ( ) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repa*

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTE APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAIL

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Please see (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 fe

Applicant Information: Contact Kathleen Saunders (704) 578-4951

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

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

Property Information:

Street Address: 144 Sierra Chase Drive Statesville, NC 28677

Subdivision Name: Autumn Brook **Section/Phase:** 2 **Lot Number:** 22

Driving Directions: Wallace Springs Rd, R Autumn Mist Rd, L Sierra Chase property is on the right.

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: 4
Maximum Number of Occupants: 8 max
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employees:
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 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: Emma Holt / Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

[redacted] 8-13-18
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ 1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ 2. I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)**

_____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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: Ralph Gilliam Jr, am the legal owner of the property located at 144 Sierra Chase LN, identified as PIN(Parcel Identification Number) Not Recorded yet, located in Iredell County, North Carolina.

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

Ralph Gilliam Jr — 12.8.17
Signature of Owner — Date

Jenni S Carlson — 12.8.17
Signature of Witness — 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...

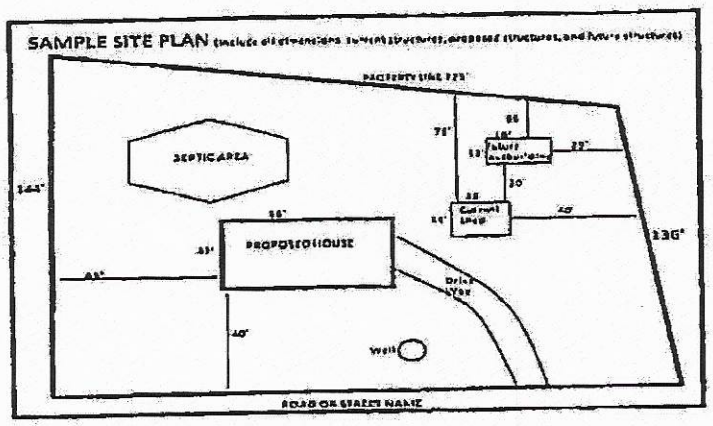
X North arrow, or other sufficient indicator of direction...

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

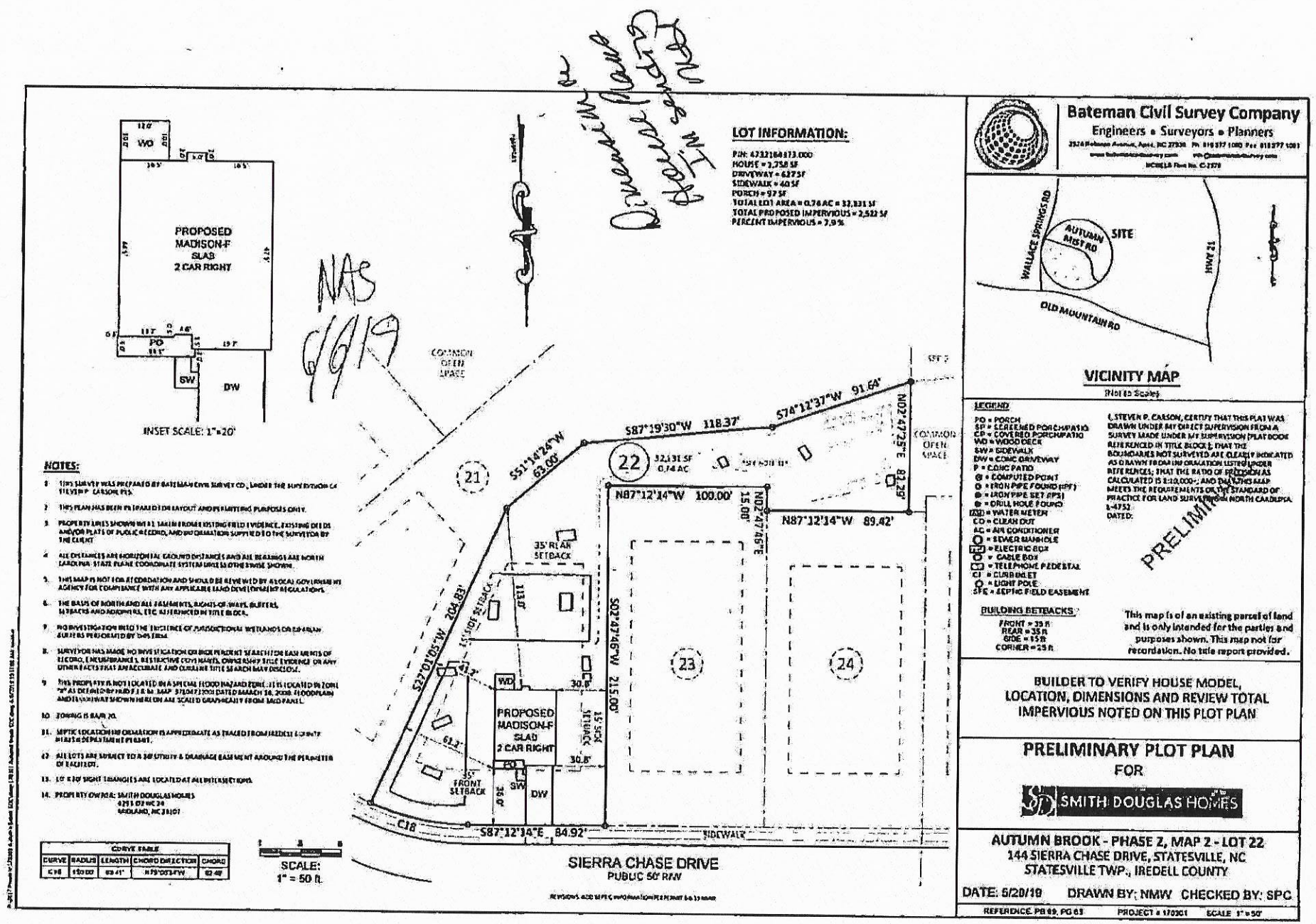
See attached

Signature: Andrea Randall

REQUIRED property owner or owner's legal representative signature.

6/12/19

DATE


PROPOSED MADISON-F SLAB 2 CAR RIGHT
WO
PO
SW
DW
INSET SCALE: 1"=20'
NAS 6/9/19
COMMON OPEN SPACE
21
22
32,131 SF 0.74 AC
23
24
S51°14'24"W 63.00'
S87°19'30"W 118.37'
S74°12'37"W 91.64'
N02°47'25"E 82.29'
N87°12'14"W 100.00'
N02°47'46"E 115.00'
N87°12'14"W 89.42'
S02°47'46"W 215.00'
S27°01'05"W 204.83'
35' REAR SETBACK
15' SIDE SETBACK
30' FRONT SETBACK
30.8'
61.2'
15' SIDE SETBACK
PROPOSED MADISON-F SLAB 2 CAR RIGHT
WD
PO
SW
DW
C18
S87°12'14"E 84.92'
SIDEWALK
SIERRA CHASE DRIVE
PUBLIC 50' R/W
SCALE: 1" = 50 ft.
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 PLANTING 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 ALL 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 MONUMENTS, ETC. AS REFERENCED IN TITLE BLOCK.
7. NO INVESTIGATION WAS MADE TO DETERMINE THE EXISTENCE OF JURISDICTIONAL WETLANDS OR RIPARIAN AREAS AS PERFORMED BY THIS FIRM.
8. SURVEYOR HAS MADE NO INVESTIGATION OR IN DEPENDENT 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 DETERMINED BY F.I.R.M. MAP 3710473200J DATED MARCH 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING IS R-MFV-10.
11. SEPTIC LOCATION INFORMATION IS APPROXIMATE AS TRACED FROM IREDELL COUNTY HEALTH DEPARTMENT RECORDS.
12. ALL LOTS ARE SUBJECT TO A 20' 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 4751 ST HWY 24 KANNAPOLIS, NC 28107
C-DRIVE TABLE
CURVE | RADIUS | LENGTH | CHORD DIRECTION | CHORD
C18 | 150.00 | 69.41' | N79°05'34"W | 68.48'
LOT INFORMATION:
PIN: 4732184873.000
HOUSE = 1,758 SF
DRIVEWAY = 627 SF
SIDEWALK = 40 SF
PORCH = 97 SF
TOTAL LOT AREA = 0.74 AC = 32,131 SF
TOTAL PROPOSED IMPERVIOUS = 2,522 SF
PERCENT IMPERVIOUS = 7.9%
Bateman Civil Survey Company
Engineers • Surveyors • Planners
WALLACE SPRINGS RD
AUTUMN BROOK RD
SITE
HWY 21
OLD MOUNTAIN RD
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
EB = ELECTRIC BOX
= CABLE BOX
= TELEPHONE PEDESTAL
CI = 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
SMITH DOUGLAS HOMES
AUTUMN BROOK - PHASE 2, MAP 2 - LOT 22
144 SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY
DATE: 5/20/19 DRAWN BY: NMW CHECKED BY: SPC
REFERENCE PB 69, PG 63 PROJECT # 170301 SCALE 1" = 50'

Amanda Horton

From: Andrea Randall <arandall@smithdouglas.com>
Sent: Wednesday, June 12, 2019 4:33 PM
To: Amanda Horton
Subject: RE: 144 Sierra Chase drive permit apps

23155
144 Sierra Chase

46 wide by 36 deep

From: Amanda Horton <amanda.horton@co.iredell.nc.us>
Sent: Wednesday, June 12, 2019 3:05 PM
To: Andrea Randall <arandall@smithdouglas.com>
Subject: RE: 144 Sierra Chase drive permit apps

I didn't see the dimensions on the layout. Can you let me know what those are?

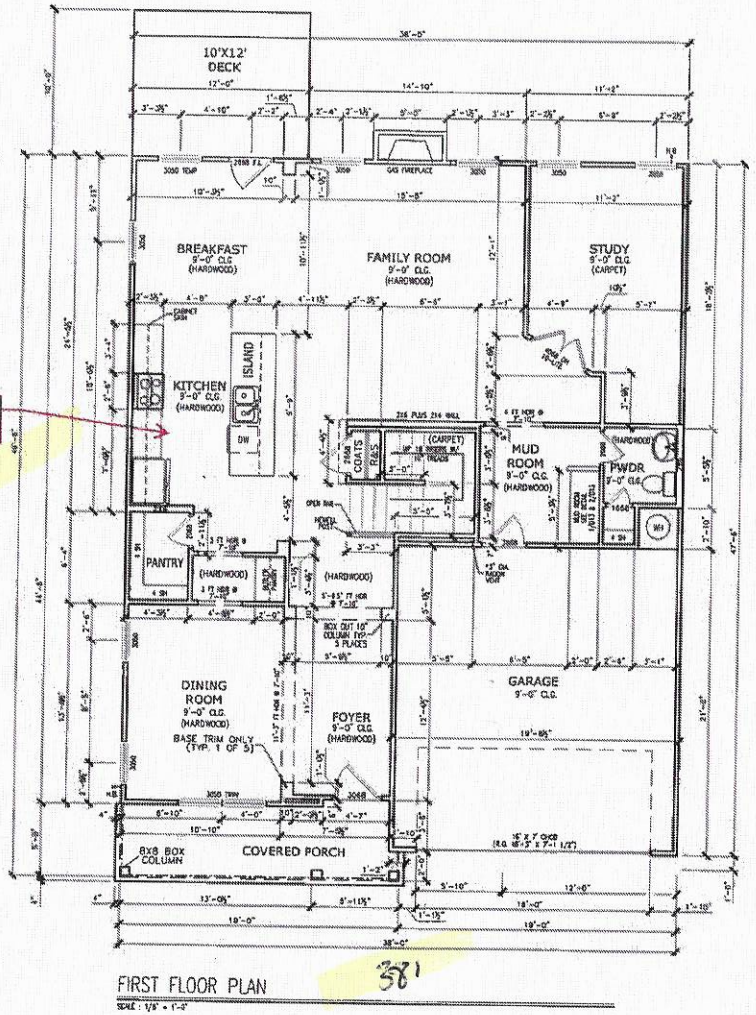
From: Andrea Randall <arandall@smithdouglas.com>
Sent: Wednesday, June 12, 2019 1:13 PM
To: Amanda Horton <amanda.horton@co.iredell.nc.us>
Subject: 144 Sierra Chase drive permit apps

Hey Mandy,
I have attached the apps for Lot 22 in Autumn Brook. Thank you!

Andrea Randall
Starts Manager
arandall@smithdouglas.com
O: 704.781.5158
Mailing Address: PO Box 311, Midland, NC 28107
Physical Address:4293 NC Highway 24/27 E, Suite D2, Midland, NC 28107



AUTUMN BROOK - 22



FIRST FLOOR PLAN

SCALE : 1/8" = 1'-0"

36" cabinet upgrade

49

38'

*RADON VENT PROVIDED PER LOCAL CODE

© SMITH DOUGLAS HOMES 2019

REVISION	DATE	BY

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
MADISON

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

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DR.	CH.
ED	AW

DATE: 5/29/19

ELEV. OPT.: C

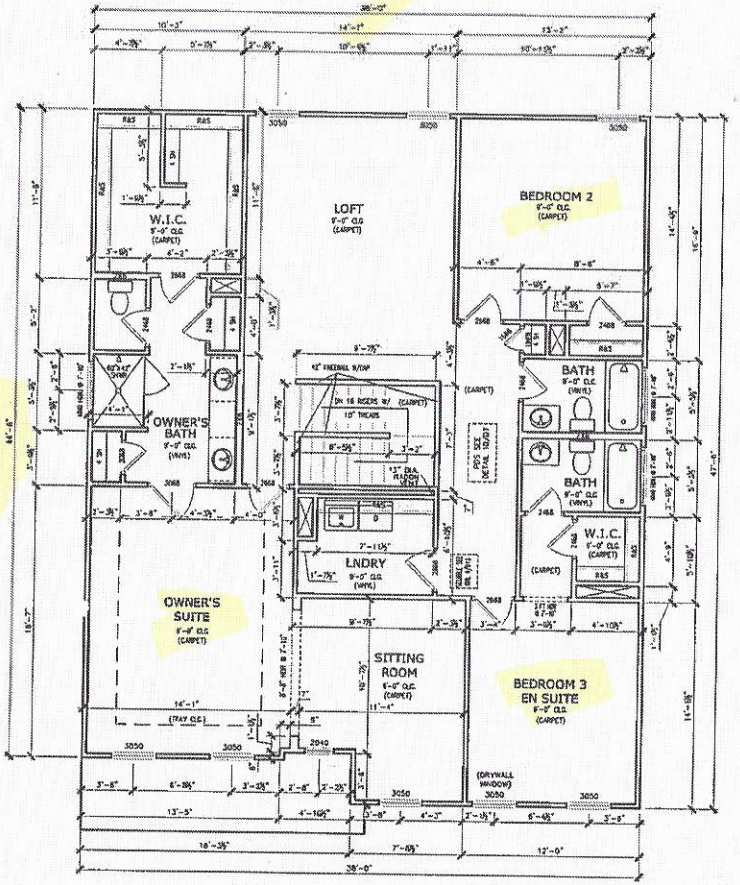
PLAN ID:

FRM	ELEV
ALL	F

DRWG. NO.: A5.1

Acknowledgement Of
Plans Submittal ONLY!
Michele Stevens Date 6-19-19
Carla C. Cave Date 6-14-19

AUTUMN BROOK - 22



SECOND FLOOR PLAN ELEV
SCALE: 1/8" = 1'-0"

*RADON VENT PROVIDED PER LOCAL CODE

REFER TO MANUFACTURER'S SPECS. FOR DRAIN LOCATIONS ON DETAIL SHEETS D12,D12.1,D12.2 & D12.3

© SMITH DOUGLAS HOMES 2019

REVISION	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
MADISON

SMITH DOUGLAS HOMES
310 VILLAGE TRAIL
SUITE 215
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BY	CK
ED	AW

DATE: 5/29/19
FACADE OPT: C
PLAN NO:
ENG: ALL
DEPT: F
SHEET NO: A5.2

IREDELL COUNTY

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

APPLICATION NUMBER
231515
Issue Date: 11/13/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732162596.000	144 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	120396	TOTAL FEES:	$ 77.25

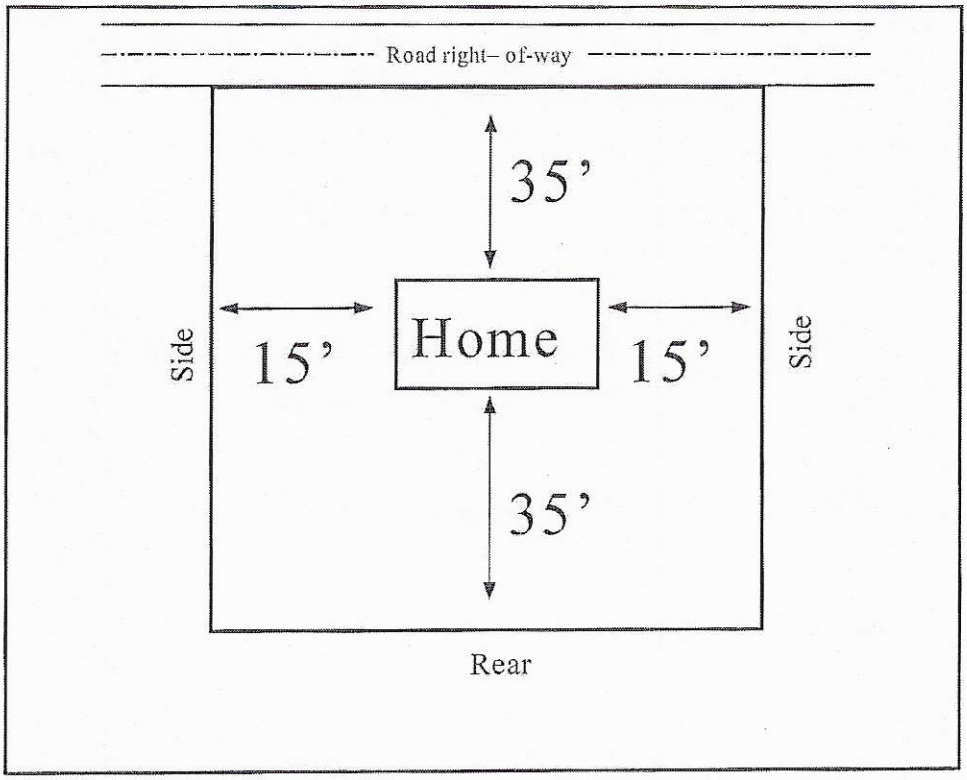
ZONING DISCLAIMER

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 : 144 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.