ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23152 / 24671

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

PIN # 4732165713

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

SITE ADDRESS: 114 Carriage Hill Dr. Statesville, NC 28677 PHONE: 704-578-4951 (Kathleen) ALT. PHONE

SITE DIRECTIONS: Old Mountain Rd → R on Wallace Springs → R on Autumn Mist → L on Sierra Chase → L on Carriage Hill

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 12 LOT AREA: .73 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	160	Date	8-27-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
~~Pump Tank~~ Settling	1000 (gal)	PT	160	Date	8-19-19	System Description: 25% reduction				☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: drip				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~) MAX	26"	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions:

* Max trench depth is 26". Settling tank is needed since grinder pump will be needed for basement.

INITIAL SITE SKETCH:

See attached site plan by The Oaks Group, PA

AS BUILT SKETCH

INSTALLED AS PERMITTED

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**

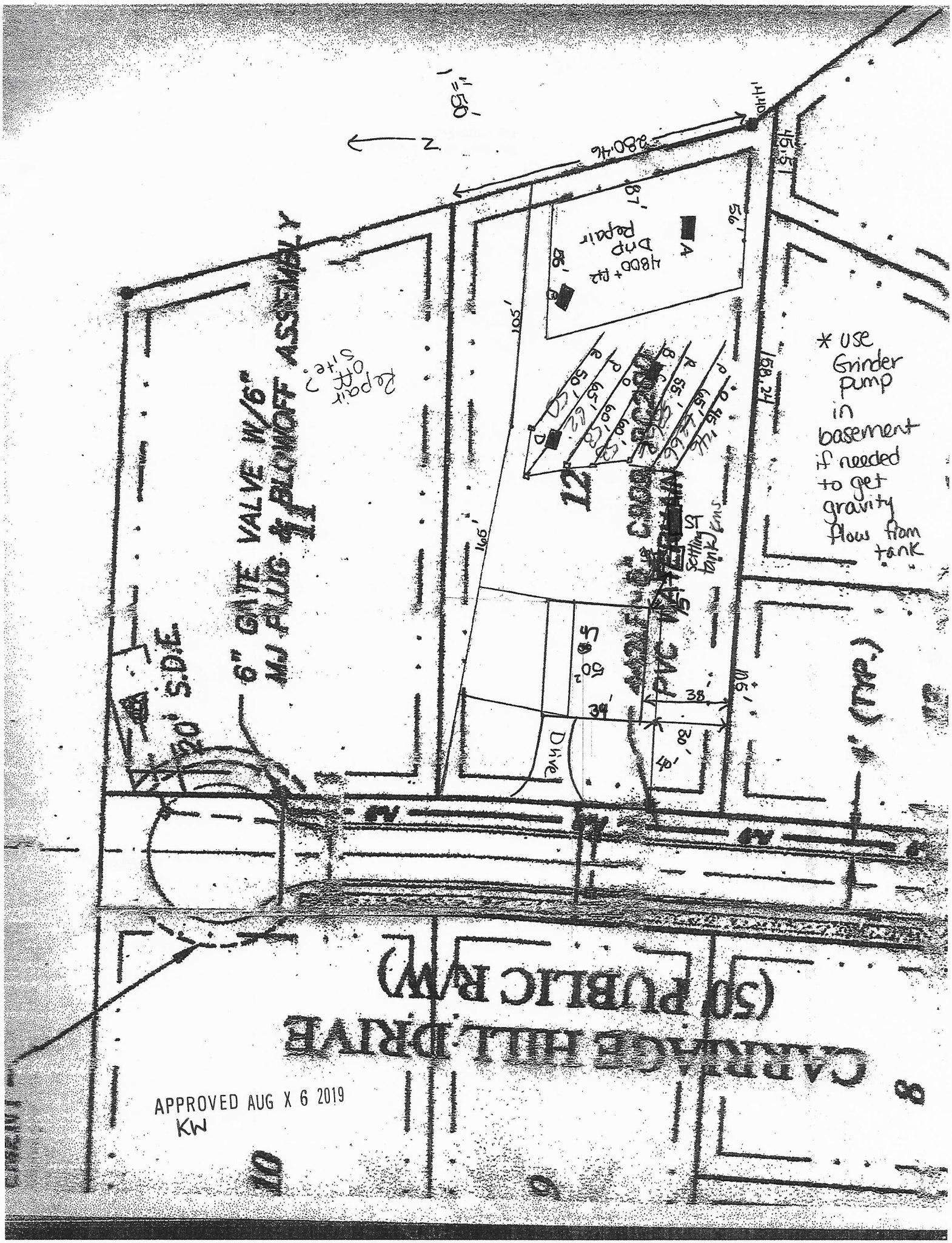
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 8-7-19 Installed by: SID GASKINS

IMPROVEMENT PERMIT by: Kayla Watson Date: 8-6-19 OPERATION PERMIT by: Buford C. White Date: 12-6-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 8-6-19 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.


1" = 50'
N
280.4'
45.5'
56'
87'
98'
105'
166'
158.24'
4800 + gal
Dump
Repair
A
B
C
D
E
F
12
Concrete
Septic tank
1500 gal
PVC water line
6" GATE VALVE W/6" MJ PLUG & BLOWOFF ASSEMBLY
Repair Office?
20' S.D.E.
50'
38'
39'
28'
40'
Drive
* use Grinder pump in basement if needed to get gravity flow from tank
CARRIAGE HILL DRIVE
(50' PUBLIC R/W)
APPROVED AUG X 6 2019
KW

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

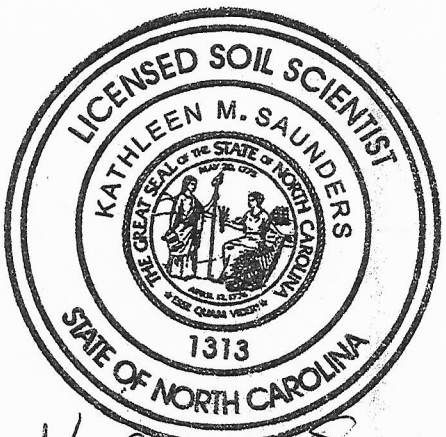
RE: 114 Carriage Hill Dr

Date: August 2, 2019

Attached is the septic specification information required to permit 114 Carriage Hill 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

THE OAKS GROUP, PA

To: Iredell County Environmental Health

From: Kathleen Saunders, LSS

RE: Autumn Brook Lot 12

Date: July 19, 2019

An application for an Authorization to Construct permit was made to Central Permitting for Autumn Brook Lot 12 showing a basement with plumbing foundation. The current Improvement Permit shows a crawl space foundation with the tank set on the high side to achieve gravity flow to the drain field.

The builder plans to build an unfinished basement with plumbing stubbed in the basement and a space for a grinder pump. The tanks will still be set at first floor level. If the basement plumbing is finished in the future, it will utilize a grinder pump to lift effluent to first floor levels to exit the house to the tanks. Therefore no changes to the existing permit is required at this time for the permitted system components.

Please let me know if you have any questions,

Sincerely,

Kathleen Saunders

Kathleen Saunders, LSS

NC License #1313

Autumn Brook Lot 12 Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	~~Crawl Space~~ Basement w/ Plumbing
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	7 (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)	26"
Maintenance Agreement Required	No
Repair System	**Subsurface Drip**
Total Linear Feet	4800+ sqft
Repair Loading Rate	0.1
Trench Depth	6"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Orange	25% Reduction	45 endfed
2	System	Pink	25% Reduction	65 endfed
3	System	Red	25% Reduction	55 endfed
4	System	Blue	25% Reduction	60 endfed
5	System	Orange	25% Reduction	60 endfed
6	System	Pink	25% Reduction	65 endfed
7	System	Red	25% Reduction	50 endfed
				Total System: 400'
				Total Repair: xxx'

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

APPROVED AUG X 6 2019
KW

#231521
8.5.19
$225.00

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 (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Rep

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 SUBMITT APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAI

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
Place an (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 Phone:
Charlotte 28207

Owner Name: Same Address: Phone:

Property Information:

Street Address: 114 Carriage Hill Drive Statesville NC 28677

Subdivision Name: Autumn Brook Section/Phase: II Lot Number: 12

Driving Directions: Wallace Springs Rd, R Autumn Mist Rd L Sierra Chase L Carriage Hill Drive 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
( ) Swimming Pool
( ) Other Addition/Structure:

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

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

~~7-8-19~~ 8-2-19
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...

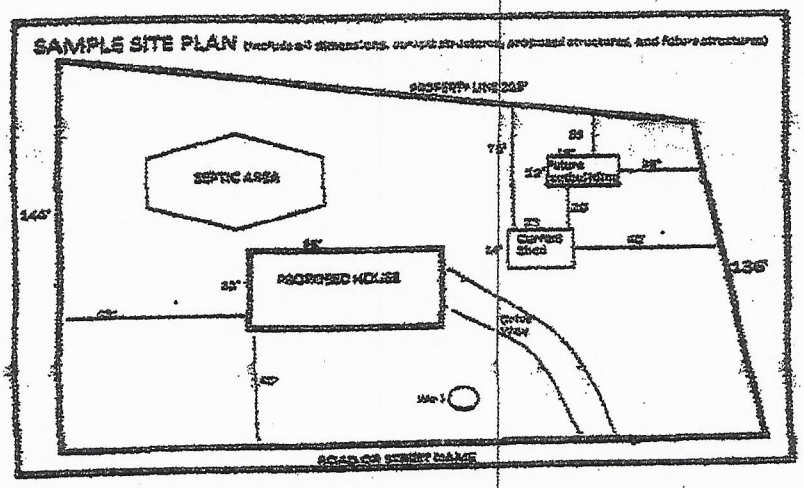
X North arrow, or other sufficient indicator of direction...

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)

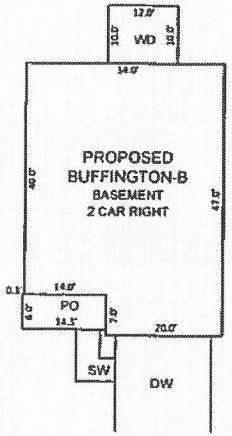
__ __ Location of any designated wetlands on the property... (N/A)



USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see attached site plan

Frances Wolf / Kathleen Saunders 8-8-19

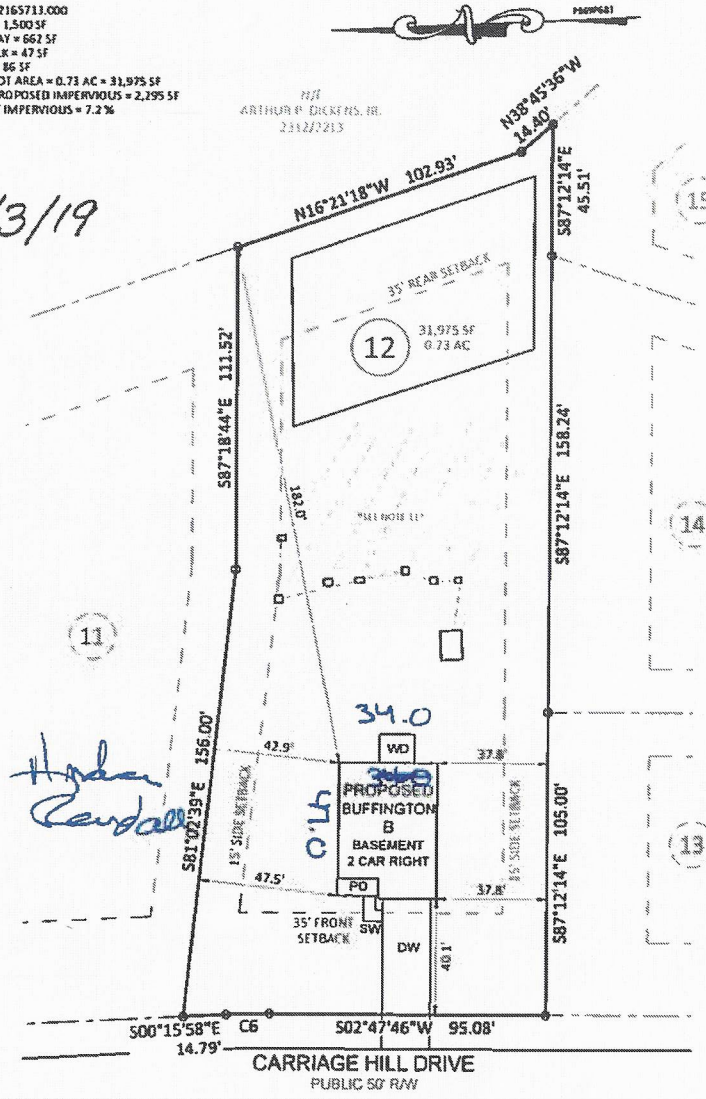


INSET SCALE: 1"=20'

LOT INFORMATION:

PIN: 4732165713.000
HOUSE = 1,500 SF
DRIVEWAY = 662 SF
SIDEWALK = 47 SF
PORCH = 86 SF
TOTAL LOT AREA = 0.73 AC = 31,975 SF
TOTAL PROPOSED IMPERVIOUS = 2,295 SF
PERCENT IMPERVIOUS = 7.2 %

NAS 7/3/19



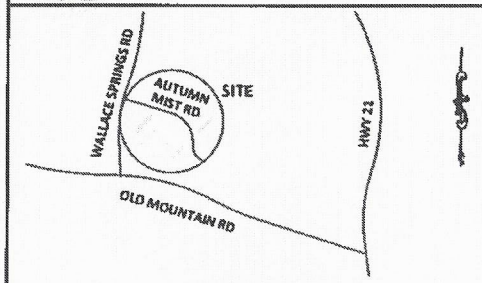
NOTES:

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 [illegible] 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 74
MIDLAND, NC 28107

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C6	275.00'	14.79'	S01°15'54"W	14.79'

SCALE:
1" = 40 ft.

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
S = SEWER MANHOLE
EB = ELECTRIC BOX
CB = CABLE BOX
T = TELEPHONE PEDESTAL
CI = CURB INLET
LP = 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 12
114 CARRIAGE HILL DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 6/26/19 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE PB 59, PG 83 PROJECT # 170301 SCALE 1" = 40'

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 Dev, LLC, am the legal owner of the property located at 114 Carriage Hill Dr, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders / The Orus 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.

Autumn Brook Development LLC

By: _____ 4-9-18

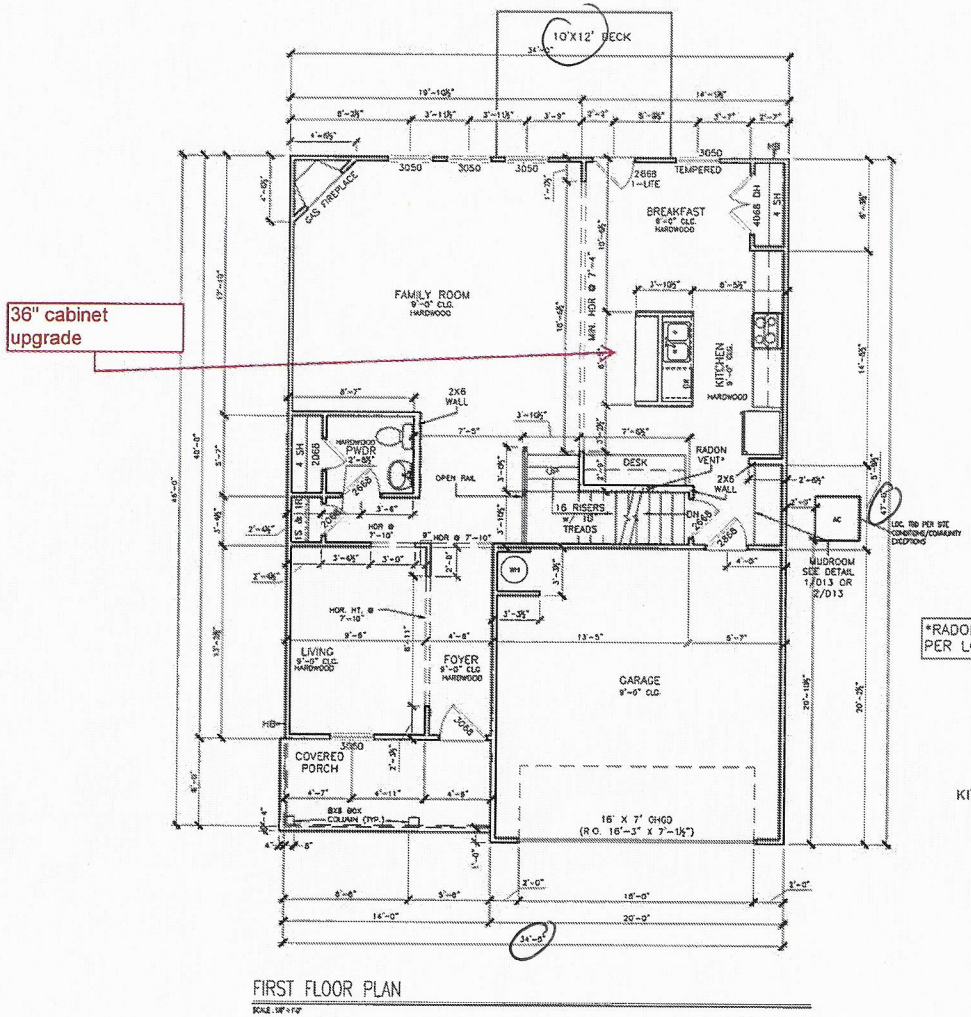
Signature of Owner Date

Jenni S. Carlton 4/9/18

Signature of Witness Date

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saunders Date 8-5-19
Kayla Watson Date 8-6-19

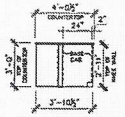
AUTUMN BROOK
LOT 12



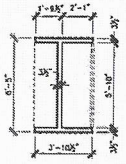
36" cabinet upgrade

FIRST FLOOR PLAN

*RADON VENT PROVIDED PER LOCAL CODE



KITCHEN ISLAND SUPPORT FRAMING (SIDE VIEW)



KITCHEN ISLAND SUPPORT FRAMING (PLAN VIEW)

© SMITH DOUGLAS HOMES 2019

SMITH DOUGLAS HOMES | QUALITY | INTEGRITY | VALUE

FLOOR PLAN
FIRST FLOOR
BUFFINGTON

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 115
WOODSTOCK, GA 30188
www.smithdouglas.com

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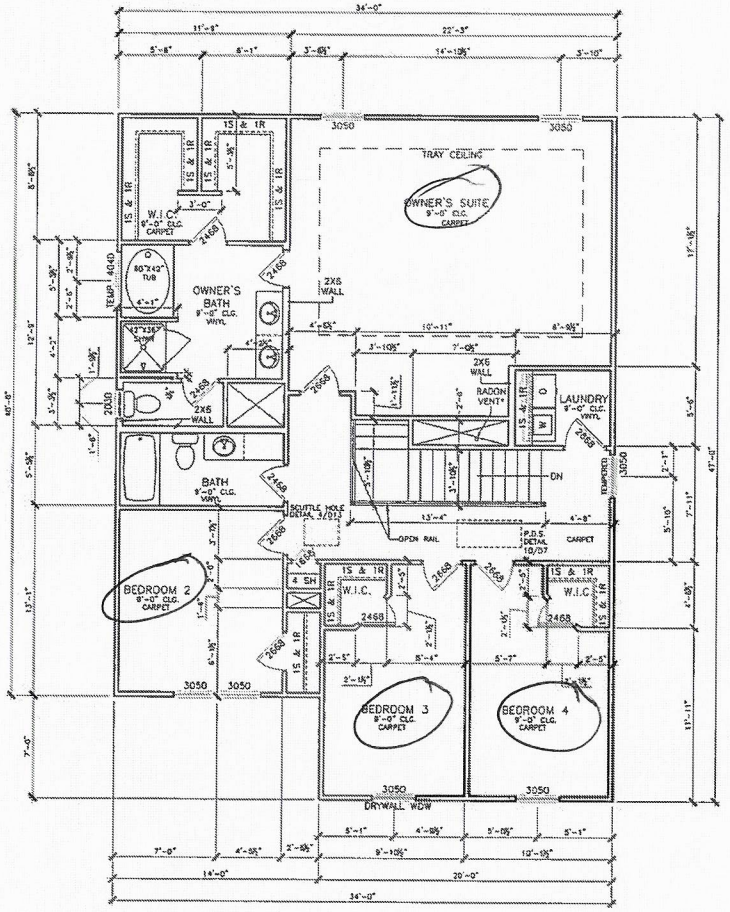
BY	MM / AW
DATE	7/01/19
PLAN SET	B
PLAN #	
FND	ALL
ELEV.	B
PAGE NO.	A5.1

Acknowledgement Of
Plans Submittal ONLY!

Date 8-6-19

Date 8-7-19

AUTUMN BROOK
LOT 12



SECOND 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

© SMITH DOUGLAS HOMES 2019

SMITH DOUGLAS HOMES | QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
BUFFINGTON

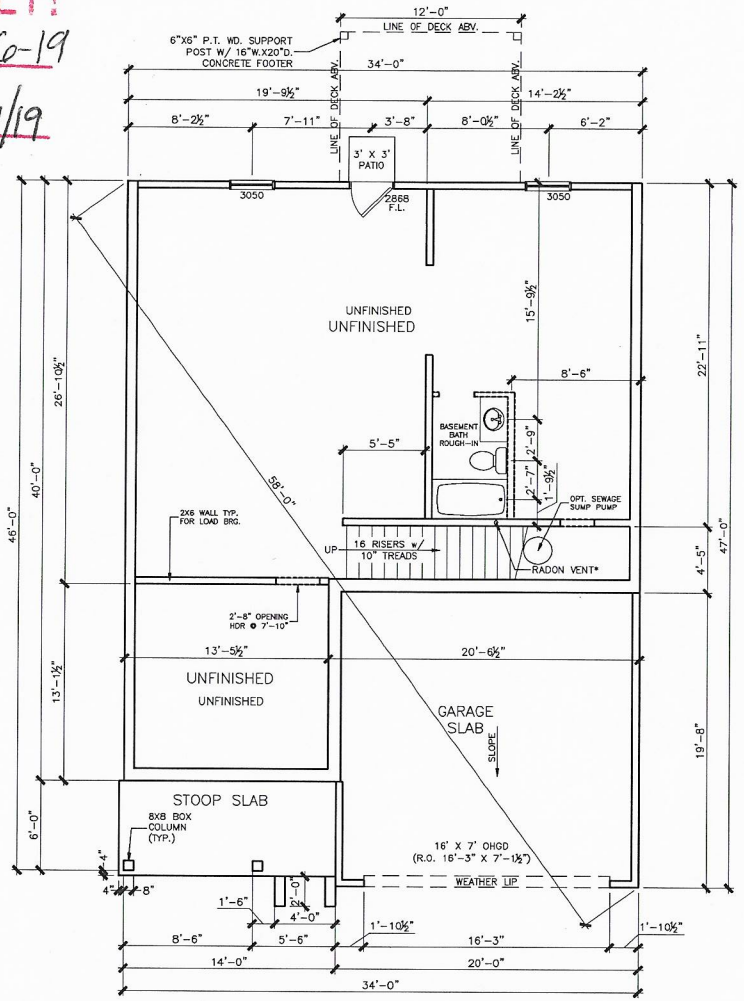
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BY	MM / AW
DATE	7/01/19
FACADE OPT	B
PLAN ID	
PHD	ALL
ELEV	B
FILE NO	A5.2

Acknowledgement Of
Plans Submittal ONLY!
Kayla Watson Date 8-6-19
Kathleen Saunders Date 8/7/19

AUTUMN BROOK
LOT 12



BASEMENT ELECTRICAL PLAN
SCALE: 1/8" = 1'-0"

*RADON VENT PROVIDED PER LOCAL CODE

REFER TO DETAIL 5/D2 FOR BRICK LEDGE DETAIL WHEN BRICK VENEER IS CHOSEN

© SMITH DOUGLAS HOMES 2019

BY	REVISION	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FOUNDATION PLAN
BASEMENT PLAN
BUFFINGTON

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SUITE 115
WOODSTOCK, GA 30188
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BY:	DR:
MM	AW
DATE: 7/01/19	
FACADE OPT: B	
PLAN ID:	
PKG: ALL	ELEV: B
PAGE NO: A4.1	