IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24/6537

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

PIN # 4732166117.000

APPLICANT/OWNER: Smith Douglas Homes APPLICANT ADDRESS: PO Box 311 Midland NC 28107

SITE ADDRESS: 156 Sierra Chase Drive Statesville NC 28677 PHONE: - ALT. PHONE 704-578-4951 (LSS)

SITE DIRECTIONS: Old Mtn Rd, Wallace Springs Autumn Mist, Sierra Chase Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 20 LOT AREA: .64 Acres. DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	160	Date	9-16-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply			
Pump Tank	-	(gal)	PT	-	Date	-	System Description: Gravity 25% Reduction				☐ Business	No. Persons	8	☐ Private			
Pump Make	-	Model		-	Serial #	-	Repair System Description: Drip				☐ Other	No. Employees		☒ Public			
# Nitrification Fields	1	# Lines		3	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☐ Community			
Trench Width	36	Trench Bottom Depth(Low side)		24	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing			

Comments / Conditions: Purpose of this permit is to Change System description. Original permit issued by Section 11.(c) of SL 2018-114.

INITIAL SITE SKETCH

This permit is issued pursuant to SL 2018-114 & Section 11.(c) using the attached design proposal by:

See attached Proposal + Design by The Davis 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**

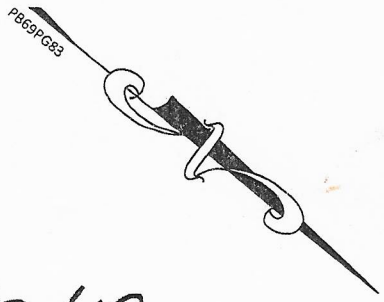
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Samelko Date: 9-3-19 Installed by: SID GASKINS

IMPROVEMENT PERMIT by: Benjamin A. Bitikofer Date: 8/26/19 OPERATION PERMIT by: Benjamin C. White Date: 12-6-2019

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bitikofer Date: 8/26/19 Existing System Inspected by: _____ Date: _____

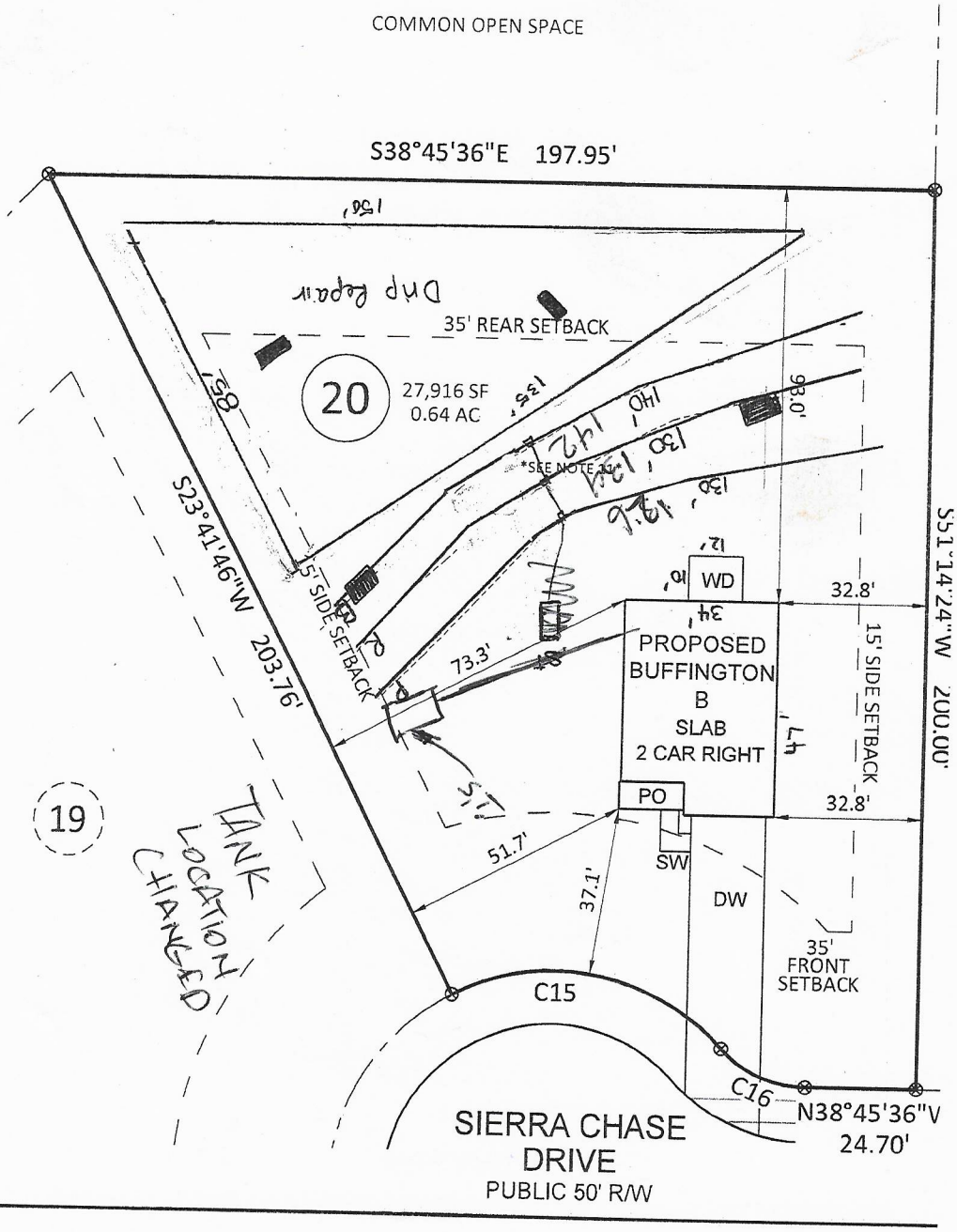
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



HOUSE = 1,500 SF
DRIVEWAY = 856 SF
SIDEWALK = 47 SF
PORCH = 86 SF
TOTAL LOT AREA = 0.64 AC = 27,9
TOTAL PROPOSED IMPERVIOUS =
PERCENT IMPERVIOUS = 8.9 %

'/3/19

1" = 40'



Bryant White

From: Kathleen Saunders <kathleenmsaunders@gmail.com>
Sent: Monday, December 9, 2019 11:19 AM
To: Bryant White
Cc: Benjamin Botkins
Subject: Re: Autumn Brook Lot 20: 156 Sierra Chase Drive

Bryant,

I am ok with the changes noted in your email for Lot 20 Autumn Brook Subdivision.

Thanks,

Kat Saunders

Sent from my iPhone

On Dec 9, 2019, at 10:35 AM, Bryant White <bryant.white@co.iredell.nc.us> wrote:

Good Morning Kathleen,

Autumn Brook Lot 20 was installed Friday 12-06-2019, this was a lot submitted under Session law. Changes to original design were made and thus I will be holding operations till I have your approval.

- Tank Location moved further from house closer to first drain line.
- Drain line lengths changed from 130, 130, and 140 to 126, 134, and 142 respectively.
- Drain lines end feed rather than split feeding from center.

Please let me know if you need anything from me.

Regards,

Bryant C. White

Environmental Health Specialist
On-Site Water Protection Program
Iredell County Public Health Department
349 North Center Street
Statesville, NC 28677
(704) 902-0273 Mobile
(704)871-3483 Fax

https://www.co.iredell.nc.us/214/Environmental-Health

<image001.png> <image004.jpg>

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 158 KMS Carriage Hill Dr

Date: August 14, 2019

Attached is the septic specification information required to permit 158 KMS 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 site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

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

Kathleen Saunders

Autumn Brook Lot 20 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	3 (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~~ Low side kms)	24"
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	Pink	25% Reduction	130 endfed
2	System	Red	25% Reduction	130 endfed
3	System	Blue	25% Reduction	140 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
Remove berms in septic area to prevent ponding upslope

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
LOCATION OF SITE: Lot 20
APPLICATION DATE
DATE EVALUATED: 12/1/17
PROPOSED DESIGN FLOW (.1949): 480
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%	0-14	Mo SBK C	FR SS/SP	R				
		14-29	WK SBK CL	↓	R; C sap				
		29-60	MA L sap	↓	yel R				
						29"	PS	N/A	0.3
B	L ~15%	0-19	Mo SBK C	FR SS/SP	R				
		19"	2 Clay						
						19+	N/A	19"	0.1 drip
C	L ~12%	0-30	Mo SBK C	FR SS/SP	R				
		30-50	WK SBK CL	↓	R; C sap				
						50"	N/A	N/A	0.3
D	L ~5%	0-24	Mo SBK C	FR SS/SP	R				
		24-39	WK SBK C	↓	R; C sap				
		39-60	MA L sap	↓	mot				
					F Qual 17		N/A		0.3

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

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

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

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

Updated February 2014

Session Law 246537

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

RECEIVED AUG 19 2019 Paid $500.00

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: Smith Douglas Homes Address: PO Box 311 Midland NC Zip: 28107

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 156[illegible] Sierra Chase Dr

Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 20

Driving Directions: Old Mountain Rd, Wallace Springs, Autumn Mist, Sierra Chase

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: Kathleen Saunders 8/14/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

$ 500.00 Lot 20

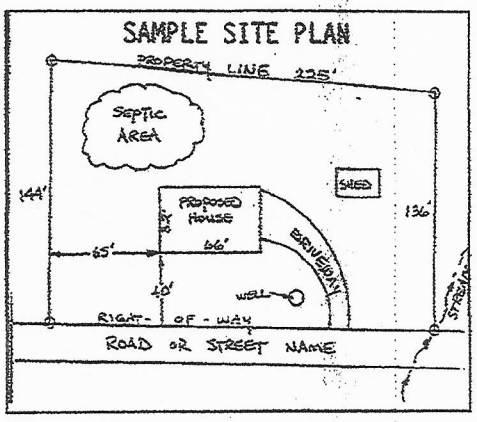
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

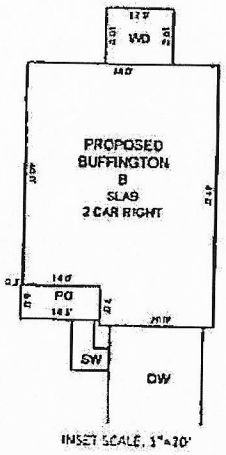
Please see Attached

Signature: Kathleen Saunders

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

8/14/19

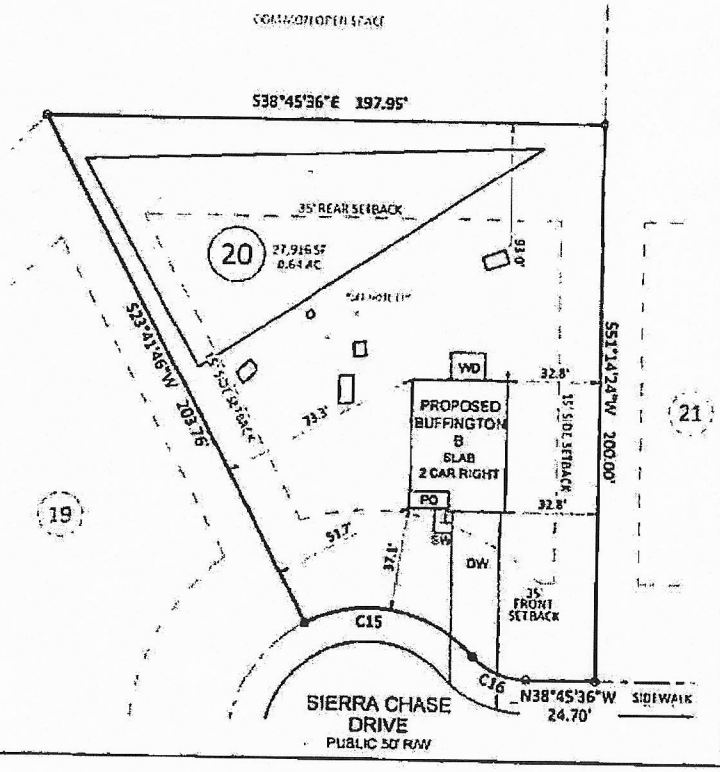
DATE



NAS 7/3/19

LOT INFORMATION:

PIN: 4732166137.000
HOUSE = 1,500 SF
DRIVEWAY = 836 SF
SIDEWALK = 47 SF
PORCH = 86 SF
TOTAL LOT AREA = 0.64 AC = 27,916 SF
TOTAL PROPOSED IMPERVIOUS = 2,469 SF
PERCENT IMPERVIOUS = 8.8 %



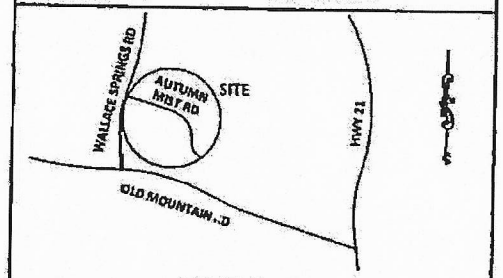
SCALE:
1" = 40 ft.

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 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 UNDER.
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 FEMA F.I.R.M. MAP #3104731200J DATED MARCH 16, 2006. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING IS R-A/R-20
11. SEPTIC LOCATION INFORMATION IS APPROXIMATE AS TRACED FROM IREDELL COUNTY HEALTH DEPARTMENT PLANS.
12. ALL LOTS ARE SUBJECT TO A 10' UTILITY & DRAINAGE EASEMENT AROUND THE PERIMETER OF EACH LOT.
13. 20' x 70' SIGHT TRIANGLES ARE LOCATED AT ALL INTERSECTIONS
14. PROPERTY OWNER: SMITH DOUGLAS HOMES
4291 ID HC 24
MOLARS, NC 28107

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C15	50.00	44.09	N26°28'16"W	61.38'
C16	25.00	21.02	N14°30'57"W	29.47'

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reynolds Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
NCBELS Firm No. C-3378



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
CB = CABLE BOX
TP = TELEPHONE PEDESTAL
CI = CURB INLET
☼ = LIGHT POLE
SFE = SEPTIC FIELD EASEMENT

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

BUILDING SETBACKS:
FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 25 ft

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 20
156 SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 6/18/19 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 69, 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, Ron Willing/Smith Douglas Homes, am the legal owner of the property located at 156 Sierra Chase, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — 8/14/19 Date

Signature of Witness — 8/14/19 Date

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

Mooresville Office (704) 660-3625 PERMIT # 246537

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

SITE ADDRESS: 156 ~~158~~ Sierra Chase Dr. Statesville NC 28677 PHONE: 704-578-4951 ALT. PHONE N/A

SITE DIRECTIONS: Wallace Springs, T/R Autumn Mist T/L Sierra Chase property on right

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 20 LOT AREA: SAP CONTROLLED: ☐ YES ■ NO

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft 280'

Trench Width 36" Trench Bottom Depth (low Side) 24" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Horizontal LPPBPPS

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ■ NO

■ GRAVITY ☐ PRESSURE

DESIGN FLOW: 480 L.T.A.R.: 0.3

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

No. Bedrooms 4 No. Persons 8 No. Employees

■ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions: Per plan By The Oaks Group, PA

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

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

Revoked

mit 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.

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.*

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

ler / Applicant Signature: Kathleen Saunders Date: 10/29/18 Installed by:

ROVEMENT PERMIT by: Date: 10/26/18 OPERATION PERMIT by:

HORIZATION TO CONSTRUCT by: Date: 7/12/19 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. Date:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232044.

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

PIN #

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

SITE ADDRESS: 158 Sierra Chase Statesville NC 28677 PHONE: Kathleen Saunders ALT. PHONE 704-578 4961

SITE DIRECTIONS: Wallace Springs RD (R) Autumn Mist RD (L) Sierra Chase 1st on Right SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Autumn Brook SECTION: II LOT # 30 LOT AREA: DESIGN FLOW: 480 gpd L.T.A.R.: .30

Septic Tank 1000 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI		[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank ~ (gal)	PT ~	Date ~	System Description: 25% Reduction		[ ] Business	No. Persons 8	[ ] Private
Pump Make ~	Model ~	Serial # ~	Repair System Description: Subsurface Drip 480 gpd		[ ] Other	No. Employees	[X] Public
# Nitrification Fields 1	# Lines 3	Linear Ft 400	Maintenance Agreement Required: [ ] YES [X] NO		[X] Slab	[ ] Crawl Space	[ ] Community
Trench Width 36	Trench Bottom Depth (24" High)	Gravel Depth ~	[X] GRAVITY [ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: NO Pin # property must be recorded prior to A/C
See attached. From The Owen Group, PA

INITIAL SITE SKETCH

See attached Proposal + Site Design from Kathleen Saunders #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. [X] 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: _____ Installed by: _____

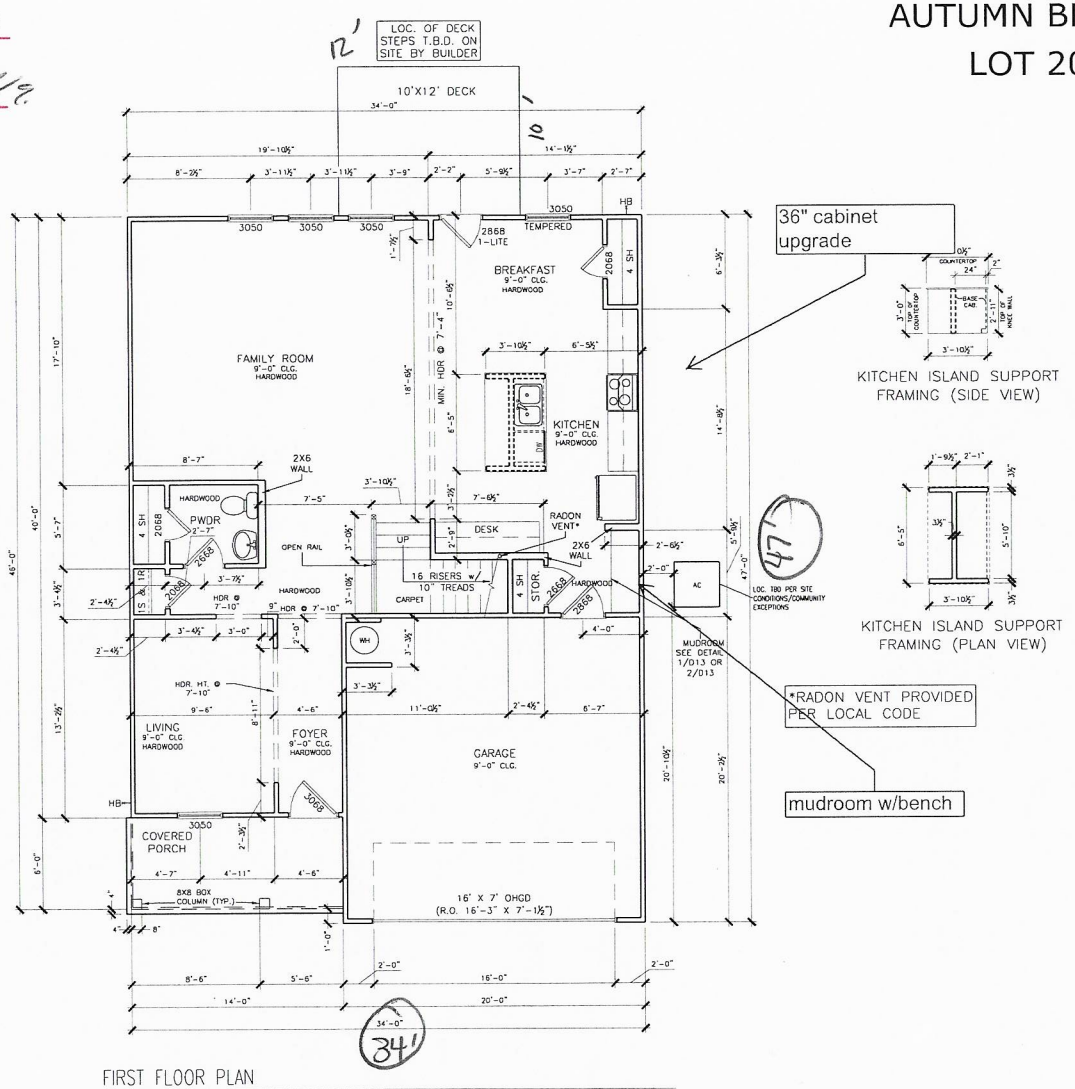
IMPROVEMENT PERMIT by: Benjamin A. Bebko Date: 1/25/2018 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT 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 Inspector to confirm your Inspection time.

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saunders Date 8-19-19
Bryant Bhatt Date 8/26/19

AUTUMN BROOK
LOT 20



FIRST FLOOR PLAN

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

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BY | REVISION | DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLAN
FIRST FLOOR
BUFFINGTON

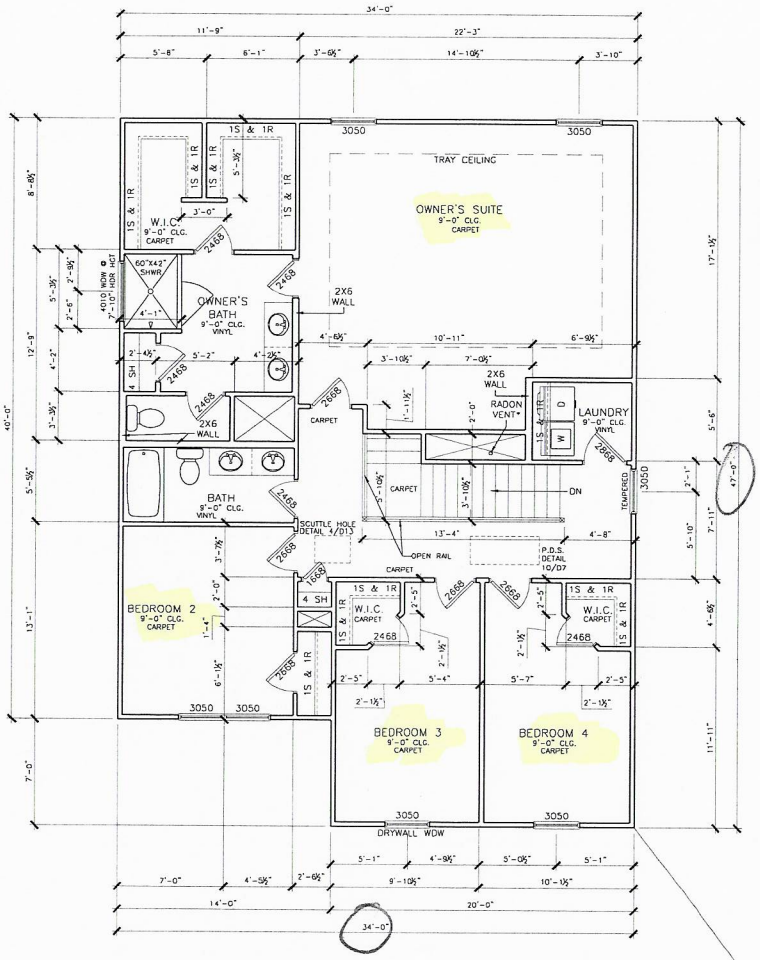
SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 115
WOODSTOCK, GA 30188
www.smithdouglas.com

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BY: BB	CH: AW
DATE: 6/20/19	
FACADE OPT: B	
PLAN ID:	
FND: ALL	ELEV: B
PAGE NO: A5.1	

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Sandys Date 8-19-19
Benjamin Bethy Date 8/26/19

AUTUMN BROOK
LOT 20



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

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BY	CH
BB	AW

DATE: 6/20/19
FACADE OPT: B
PLAN ID:
IND: ALL
REV: B
PAGE NO: A5.2

FLOOR PLANS
SECOND FLOOR
BUFFINGTON

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

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IREDELL COUNTY

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

APPLICATION NUMBER
246537
Issue Date: 07/11/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732166117.000	156 SIERRA CHASE DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK DEV LLC	Applicant: SDH CHARLOTTE LLC
Address: 1542 QUEENS ROAD WEST	Address: PO BOX 311
STATESVILLE, NC 28207	MIDLAND, NC 28107
Phone:	Phone: 704-781-5158

Use Requested	Zone Code
SFD	

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

Remarks:

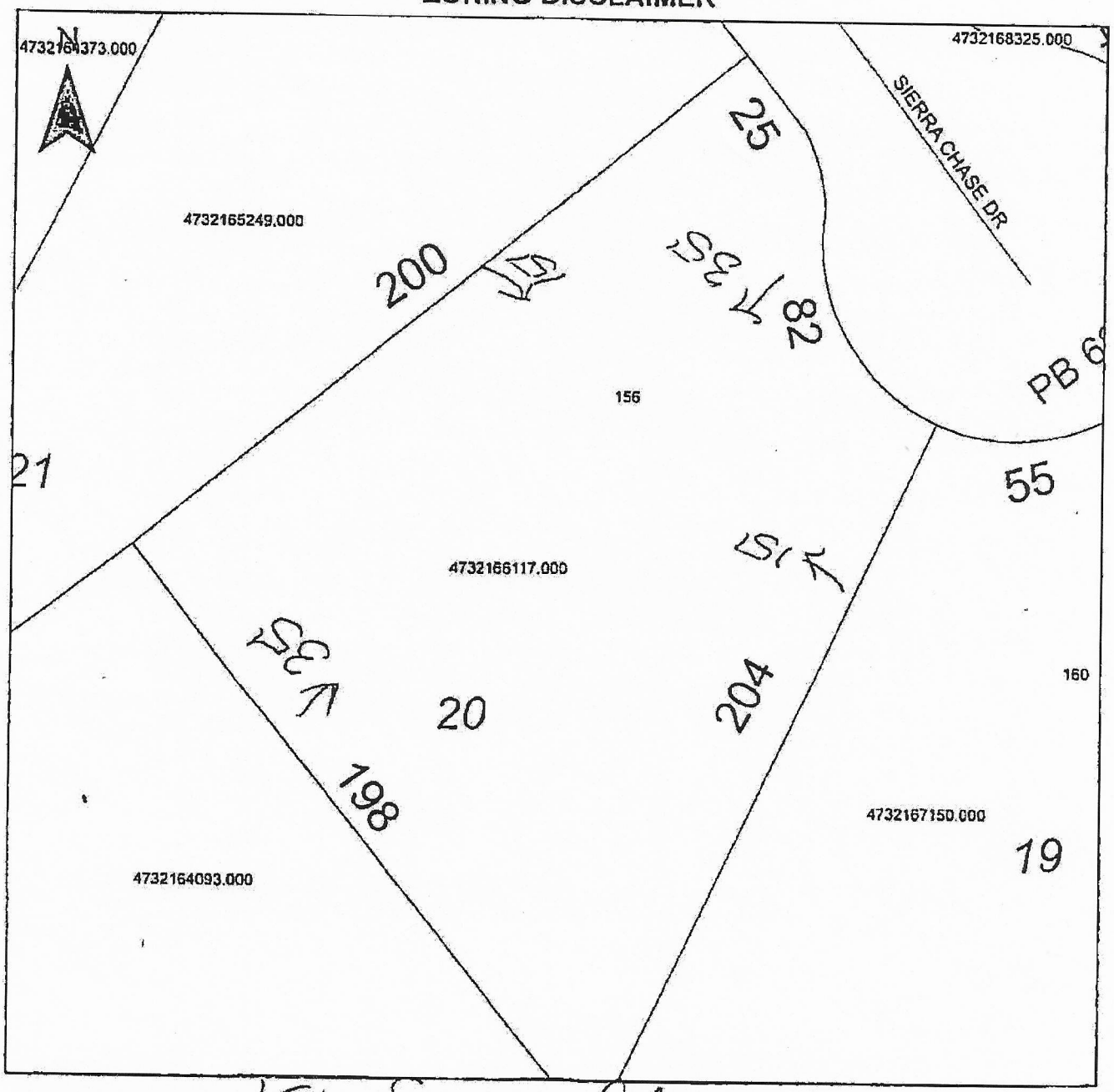
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	184689	TOTAL FEES:	$ 77.25

246537

ZONING DISCLAIMER



Property Address 156 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.

Amanda Rowell
Applicant

7/11/19
Date