IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 CC Mooresville Office (704) 660-3625 PERMIT # 241376

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

PIN # 4732160605104

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

SITE ADDRESS: 149 Sierra chase Drive Statesville NC 28677 PHONE: - ALT. PHONE 704 578 4951

SITE DIRECTIONS: Old Mountain Rd @ on Walker Springs @ on Autumn Mist @ on Sierra chase Lot on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Autumn Brooke SECTION: 2 LOT # 15 LOT AREA: .6603 Acres DESIGN FLOW: 480 L.T.A.R.: .3 (.3 Repair)

Septic Tank	1000	(gal)	STB	Infiltrator	Date	plastic	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	LPP BRS			
# Nitrification Fields	1	# Lines	4	Linear Ft	400		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)	25/36 High	Gravel Depth	-			☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☐ Private		
☐ Other	No. Employees		☒ Public		
☐ Slab	☐ Crawl Space		☐ Community		
☒ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Septic Tank + Repair Area Must Remain Down Slope From any Basement Cuts.

INITIAL SITE SKETCH

See attached Site plan and Proposal From the Oaks Group, PA Kathleen Saunders LSS # 1313. - Dated Jan 8, 2019.

AS BUILT SKETCH

tank 16' from house

L1 - 118'
L2 - 122'
L3 - 82'
L4 - 78'

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**

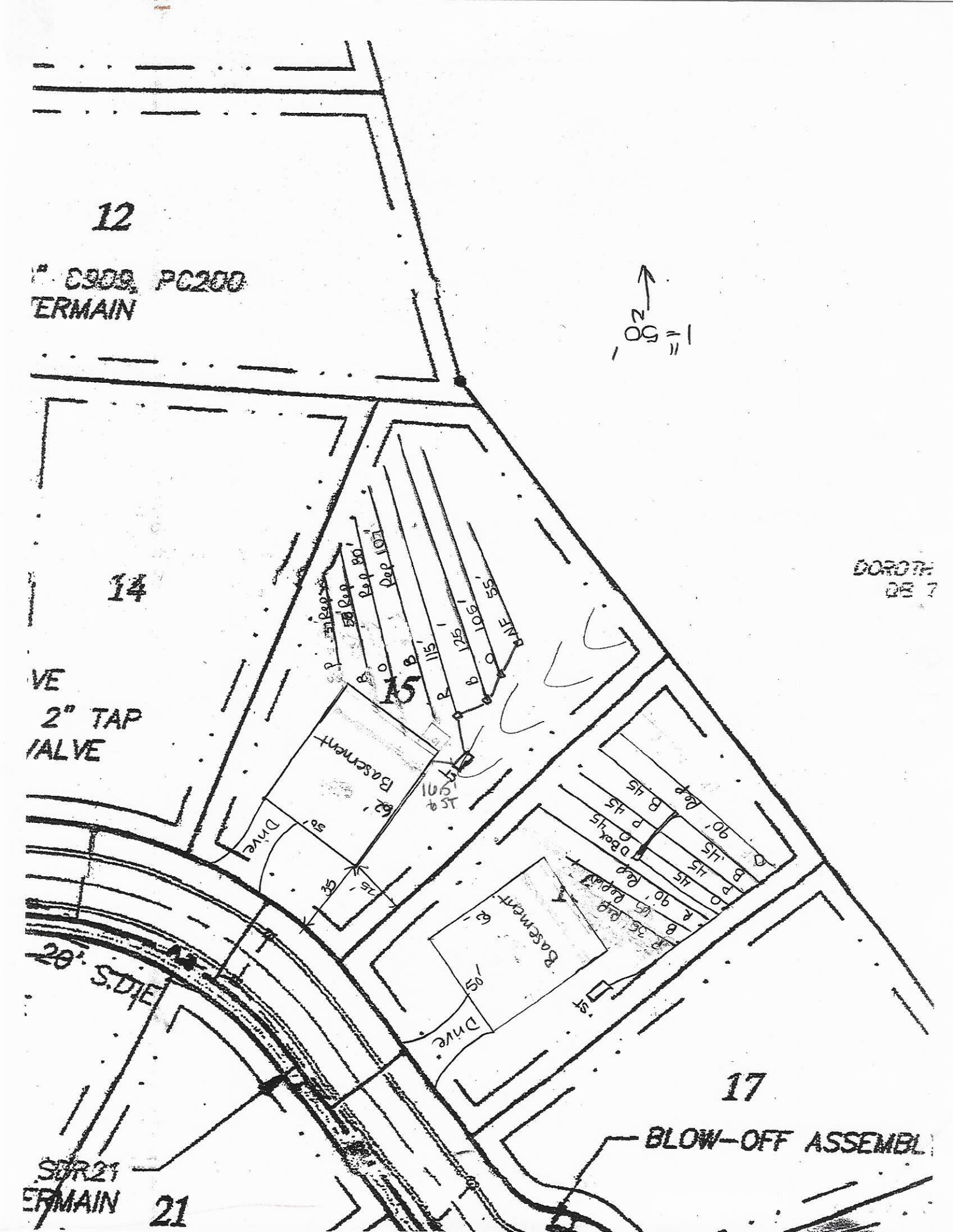
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 1/18/19 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 1/15/2019 OPERATION PERMIT by: Carla C. Nicks Date: 4-8-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 12-10-19 Existing System Inspected by: Date:

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


12
C909, PG200
TERMAIN
14
VE
2" TAP
/ALVE
15
Basement
Drive
35'
35'
105'
Rep 80'
Rep 100'
115'
125'
105'
55'
BNF
20' S.DIE
Basement
Drive
50'
17
BLOW-OFF ASSEMBL
S.DR21
ERMAIN
21

Autumn Brook Lot 15 Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Basement**
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	280
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	37
2	Repair	Blue	LP PPBPS	58
3	Repair	Orange	LP PPBPS	80
4	Repair	Blue	LP PPBPS	107
5	System	Red	25% Reduction	115 endfed
6	System	Blue	25% Reduction	125 endfed
7	System	Orange	25% Reduction	105 endfed
7	System	NF	25% Reduction	55 endfed
				Total System: 400'
				Total Repair: 280'

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

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 149 Sierra Chase Dr

Date: January 8, 2019

Attached is the septic specification information required to permit 149 Sierra Chase Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

RECEIVED JAN 9 - 2018

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Paid $225.00
#241376

PAGE 1: APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonme
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Re

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

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 f

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: 149 Sierra Chase Dr

Subdivision Name: Autumn Brook **Section/Phase:** **Lot Number:** 15

Driving Directions: Wallace Springs Rd, R Autumn Mist Rd, L Sierra Chase

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:

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

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are 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 Kelly / Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/7/19
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 Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed...

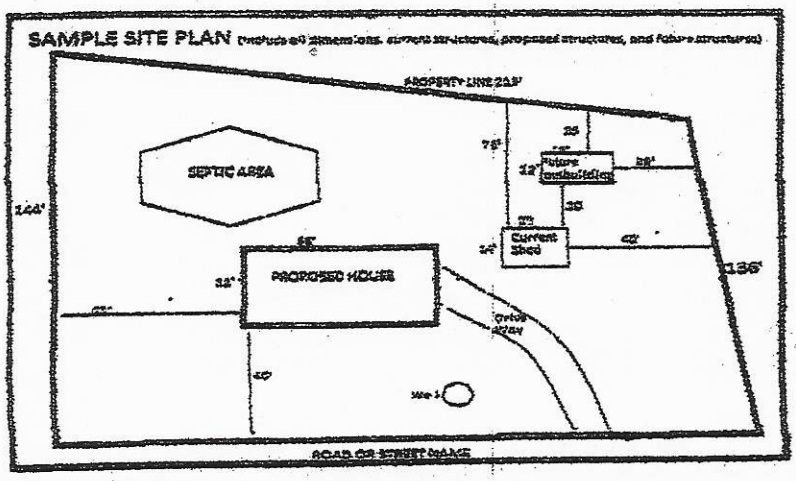
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

___ Location of septic systems and wells within 100' of your property... (N/A)

___ Location of easements and rights of ways on your property... (N/A)

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



USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see attached site plan

Signature: Emma Hall / Kathleen Saunders 1/7/19

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~23159~~ 241376

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

PIN # 4732162596

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

SITE ADDRESS: 149 Sierra Chase Dr. Statesville, NC PHONE: 704-578-4951 (Kathleen) ALT. PHONE ——

SITE DIRECTIONS: Old Mountain Rd → Ron Wallace Springs → R on Autumn Mist → L on Sierra Chase → lot on L SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 15 LOT AREA: .663 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3 (.3 repair)

Septic Tank	1000 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees
# Nitrification Fields 1	# Lines 4		Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space
Trench Width 36"	Trench Bottom Depth(Low side) 25"/30" high side		Gravel Depth ——	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Lot must be recorded prior to AC.

INITIAL SITE SKETCH

See attached site plan by The Oaks Group

AS BUILT SKETCH

Revised

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

Lot must be recorded prior to issuance of AC

New PIN needed

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

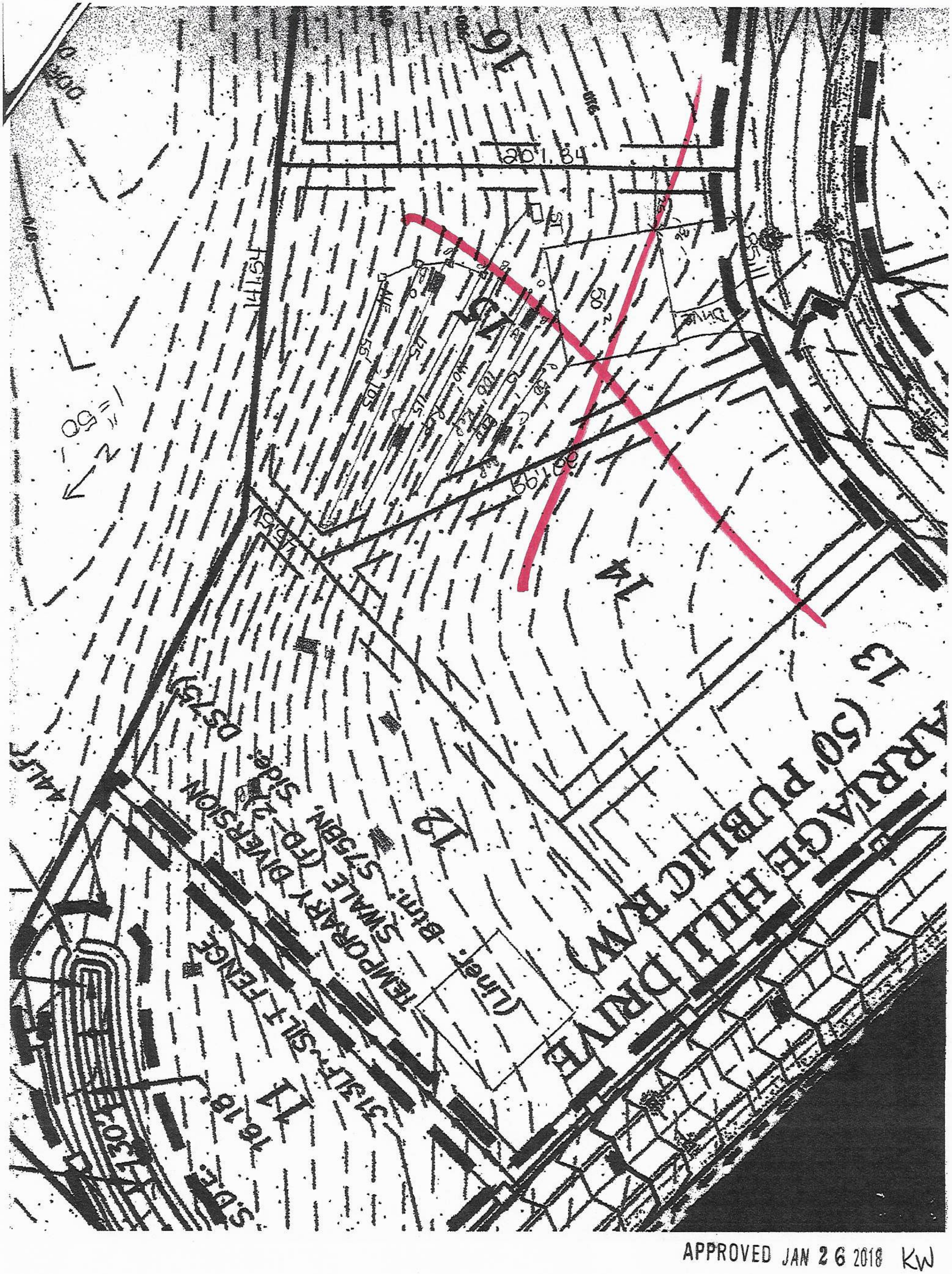
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☐ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1-29-18 Installed by: ——

IMPROVEMENT PERMIT by: Kayla Watson Date: 1-26-18 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 inpsector to confirm your inspection time.



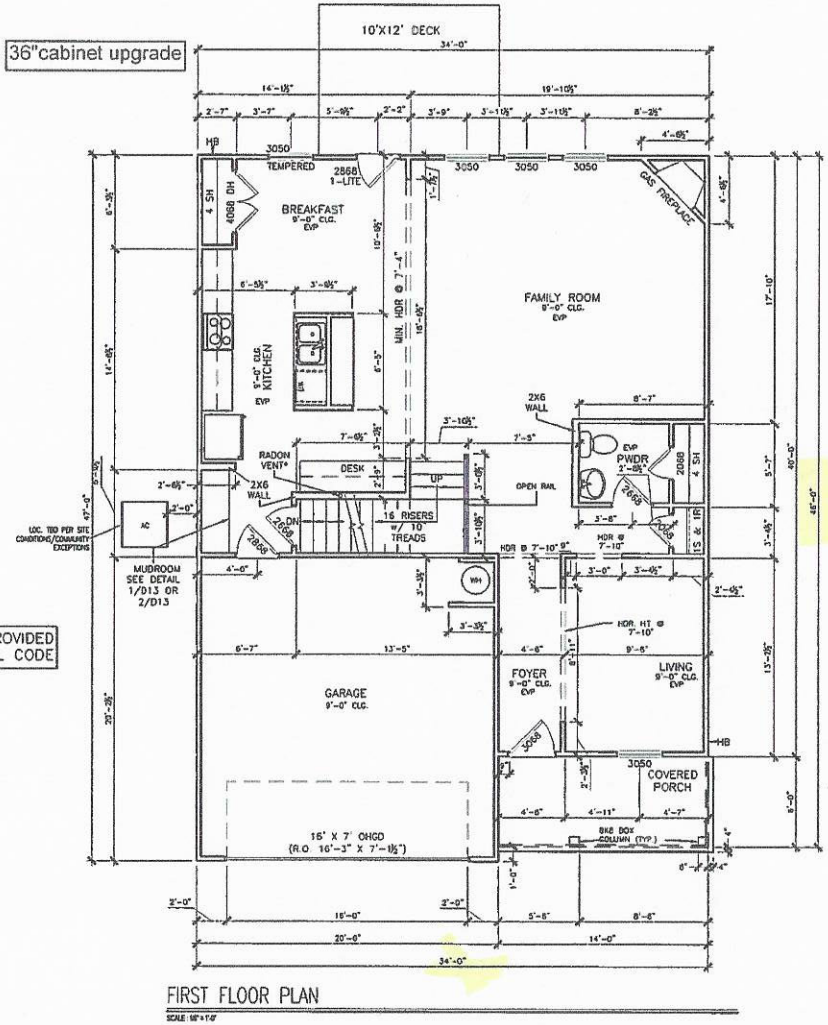
APPROVED JAN 26 2018 KW

AUTUMN BROOK
LOT 15

Andrea Rasbell 12/12/19

Colin C. Nicks 12-10-19

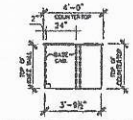
36"cabinet upgrade



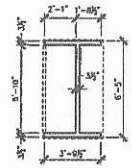
FIRST FLOOR PLAN

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

*RADON VENT PROVIDED PER LOCAL CODE



KITCHEN ISLAND SUPPORT FRAMING (SIDE VIEW)



KITCHEN ISLAND SUPPORT FRAMING (PLAN VIEW)

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REVISIONS

DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLAN
FIRST FLOOR
BUFFINGTON

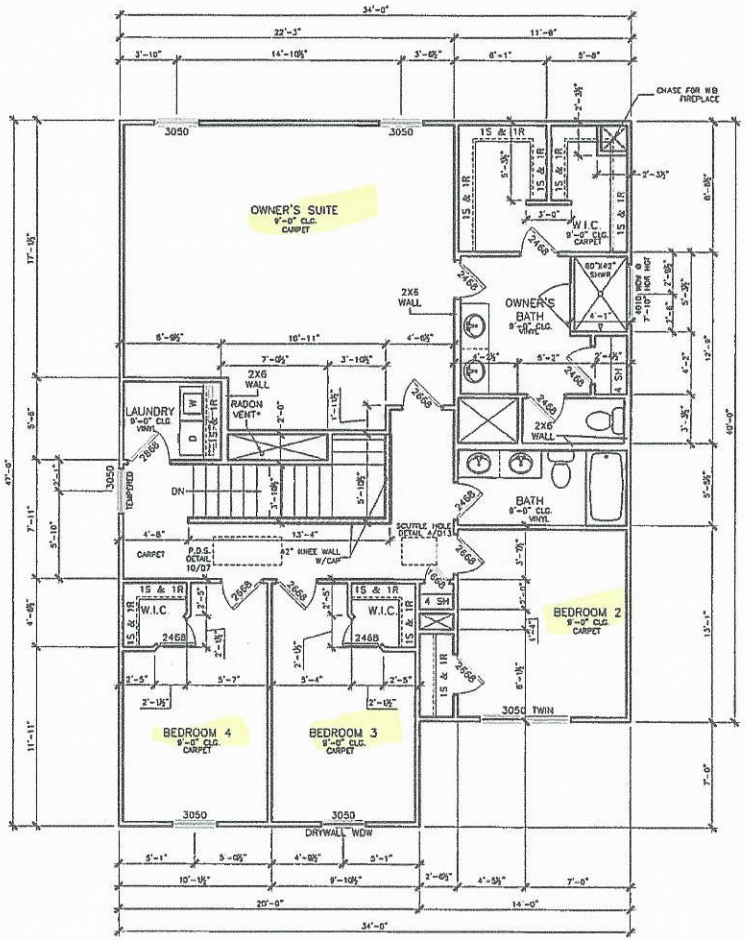
SMITH DOUGLAS HOMES
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WOODSTOCK, GA 30188
www.smithdouglas.com

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DR. MM	CH. AW
DATE 11/21/2019	
VALUE ENG. C	
PLAN ID.	
FND. ALL	ELEV. C
PAGE NO. A5.1	

AUTUMN BROOK
LOT 15

Andrea Radell
12/2/19
Carla C. Nicks
12-10-19



SECOND FLOOR PLAN

*RADON VENT PROVIDED PER LOCAL CODE

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

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DATE	REVISION

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
BUFFINGTON

SMITH DOUGLAS HOMES
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SUITE 115
WOODSTOCK, GA 30188
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BY	CHK
MM	AW

DATE: 11/21/2019
VILLAGE, LOT: C
PLAN ID:
ENG: ALL
ELEV: C
PAGE NO: A5.2

IREDELL COUNTY

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

APPLICATION NUMBER
241376
Issue Date: 01/09/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732166564.000	149 SIERRA CHASE DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK DEV LLC	Applicant: KATHLEEN SAUNDERS
Address: 1542 QUEENS ROAD WEST	Address: 121 HOLT LANE
STATESVILLE, NC 28207	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	

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

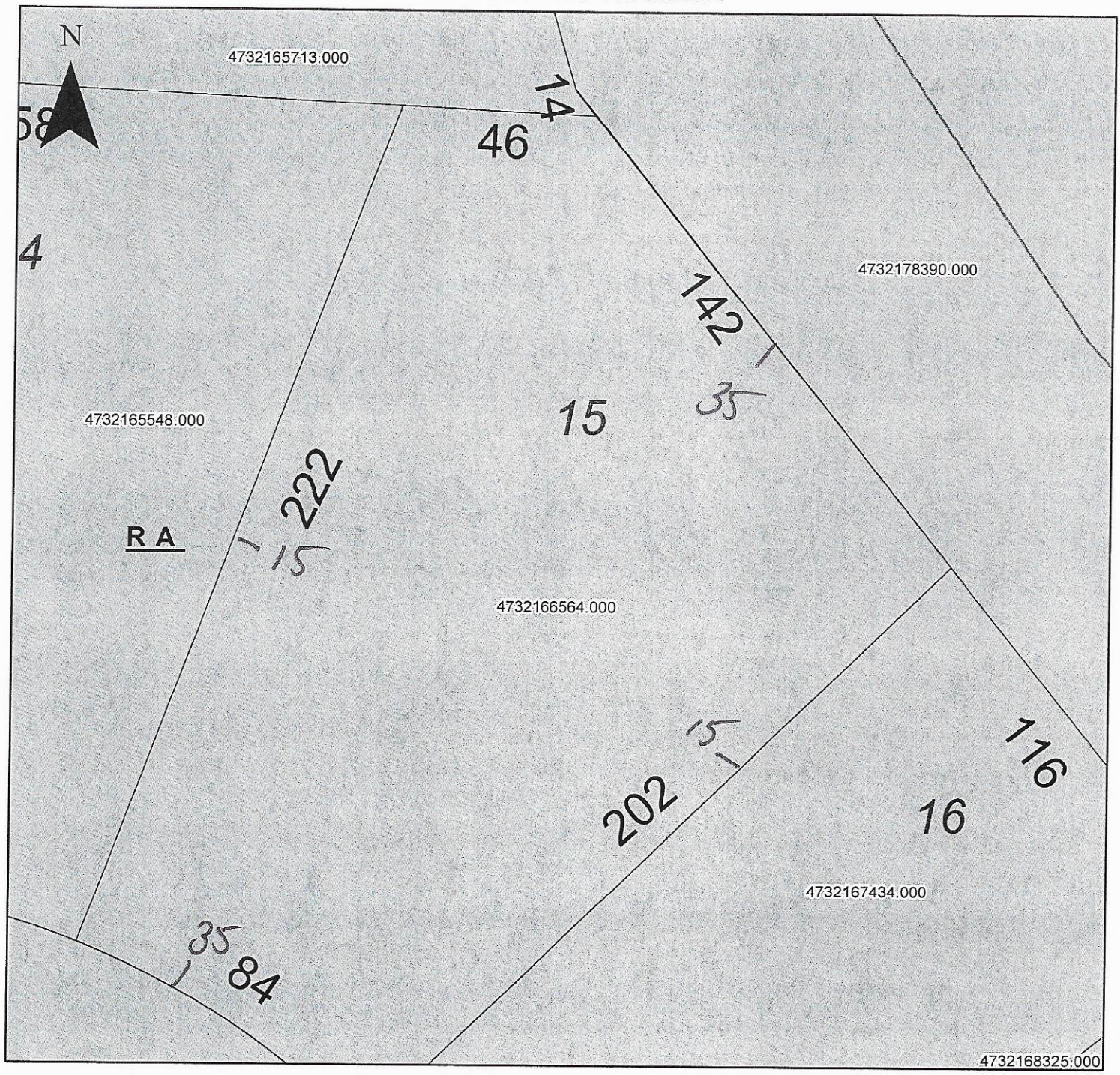
Remarks:

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	164072	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 149 Sierra Chase

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Kathleen Saunders
Applicant

1/9/19
Date