IREDELL COUNTY HEALTH DEPARTMENT

CL

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241378

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

PIN # 4732167434.000

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

SITE ADDRESS: 153 Sierra Chase Drive Statesville NC 28677 PHONE: - ALT. PHONE 704 578 4951 (CSS).

SITE DIRECTIONS: Old Mtn Rd, Wallace Springs, Autumn Mist, Sierra Chase. SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Autumn Brooke SECTION: 2 LOT # 16 LOT AREA: .49 Acres. DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000	(gal)	STB Infiltrator	Date IM-1060 tank	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank -	(gal)	PT -	Date -	System Description: Gravity 25% Reduction		☐ Business	No. Persons 6	☐ Private
Pump Make -	Model -		Serial # -	Repair System Description: LP-Panel Blocks-Horizontal		☐ Other	No. Employees	☑ Public
# Nitrification Fields 1	# Lines 4		Linear Ft 300	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36	Trench Bottom Depth [redacted]		34 max	Gravel Depth -	☑ GRAVITY ☐ PRESSURE	☑ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

See attached Proposal + Site Design by The Oaks Group, PA LSS#1313. dated Oct 23, 2019.

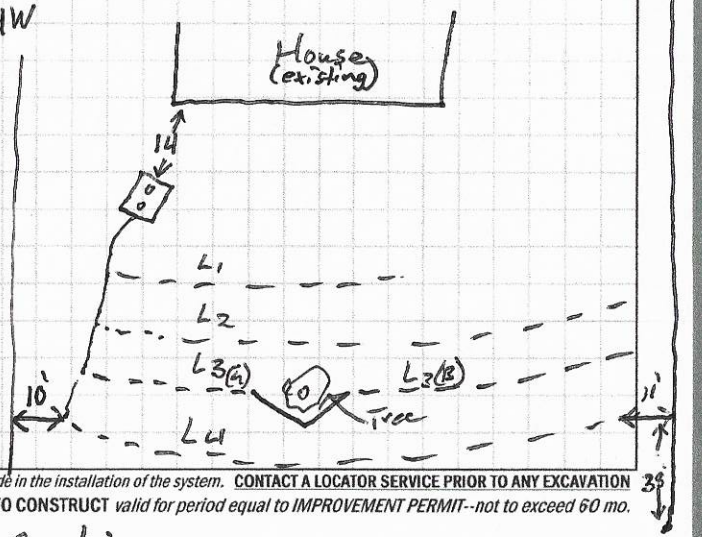
AS BUILT SKETCH

1/30/2020: Infiltrator IM-1060 tank w/ a Polylok PL-68 effluent filter.

L1 42'
L2 90'
L3 42' + 14' solid pipe (around tree) + 38' (distal)
L4 90'

302' of IQ4W

* installed substantially as permitted. 34" TB verified ok by laser.



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

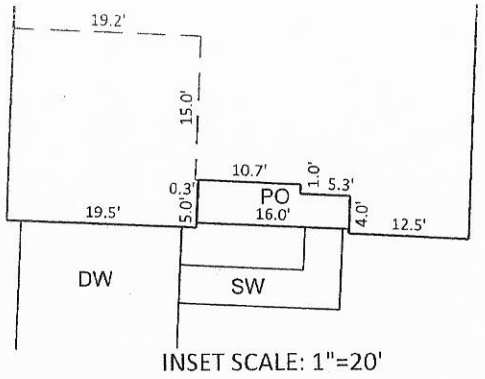
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11/1/19 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Benjamin A Batten Date: 10/31/2019 OPERATION PERMIT by: Tom Church Date: 1/30/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten Date: 10/31/2019 Existing System Inspected by: Date: —

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



INSET SCALE: 1"=20'

NOTES:

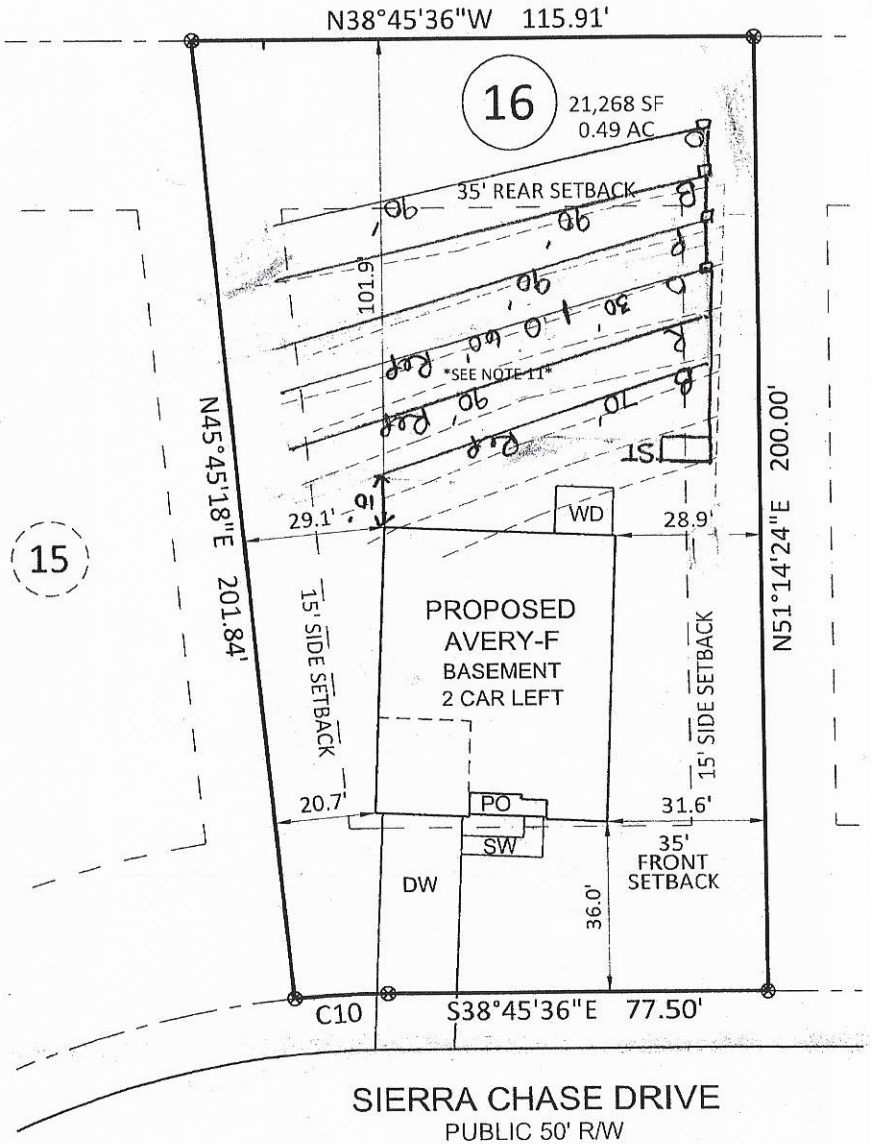
1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
3. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, AND INFORMATION 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 NOT 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 24
    MIDLAND, NC 28107

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C10	200.00'	19.15'	S41°30'09"E	19.14'

0 20 40

SCALE:
1" = 40 ft.

N/F
ARTHUR P. DICKENS, JR.
2312/2213



P:\2017 Projects\170301 Autumn Brook SDC\dwg\170301 Autumn Brook SDC.dwg, 10/3/2019 8:00:33 AM, nwalker

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

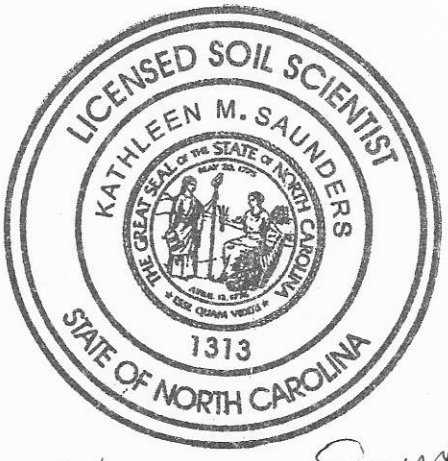
RE: 153 Sierra Chase Ln

Date: October 23, 2019

Attached is the septic specification information required to permit 153 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, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

Autumn Brook Lot 16 - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Basement**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3 Per Existing Permit**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	34" per existing permit
Maintenance Agreement Required	No
Repair System	**LP PPBPS - Horizontal**
Total Linear Feet	220
Repair Loading Rate	0.3
Repair trench depth	34"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Blue	LP PPBPS	70
2	Repair	Red	LP PPBPS	90
3	Repair	Orange	LP PPBPS	60
4	System	Orange	25% Reduction	30 endfed
5	System	Pink	25% Reduction	90 endfed
6	System	Blue	25% Reduction	90 endfed
7	System	Orange	25% Reduction	90 endfed
				Total System: 300'
				Total Repair: 220'

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

RECEIVED OCT 2 5 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $225.00 # 241378

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 ( ) 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: 153 Sierra Chase Dr

Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 16

Driving Directions: Old Mountain Rd, Wallace Springs, Autum Mist, 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
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

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

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Kathleen Saunders 10-23-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

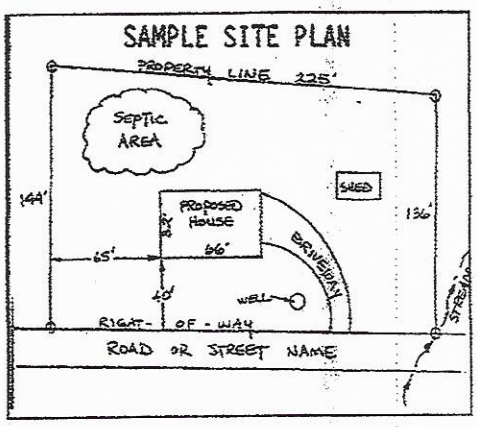
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

- Location of septic systems and wells within 100' of your property (N/A)
- Location of easements and rights of ways on your property (N/A)
- Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

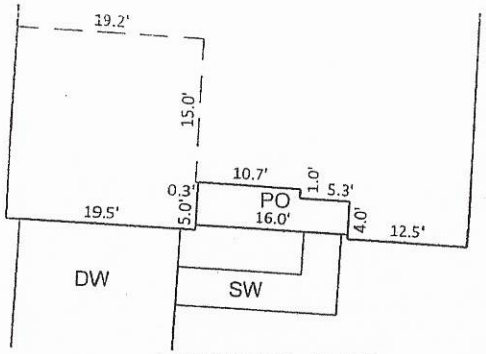
Please see Attached

Signature: Kathleen Saunders

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

10-23-19

DATE



INSET SCALE: 1"=20'

NOTES:

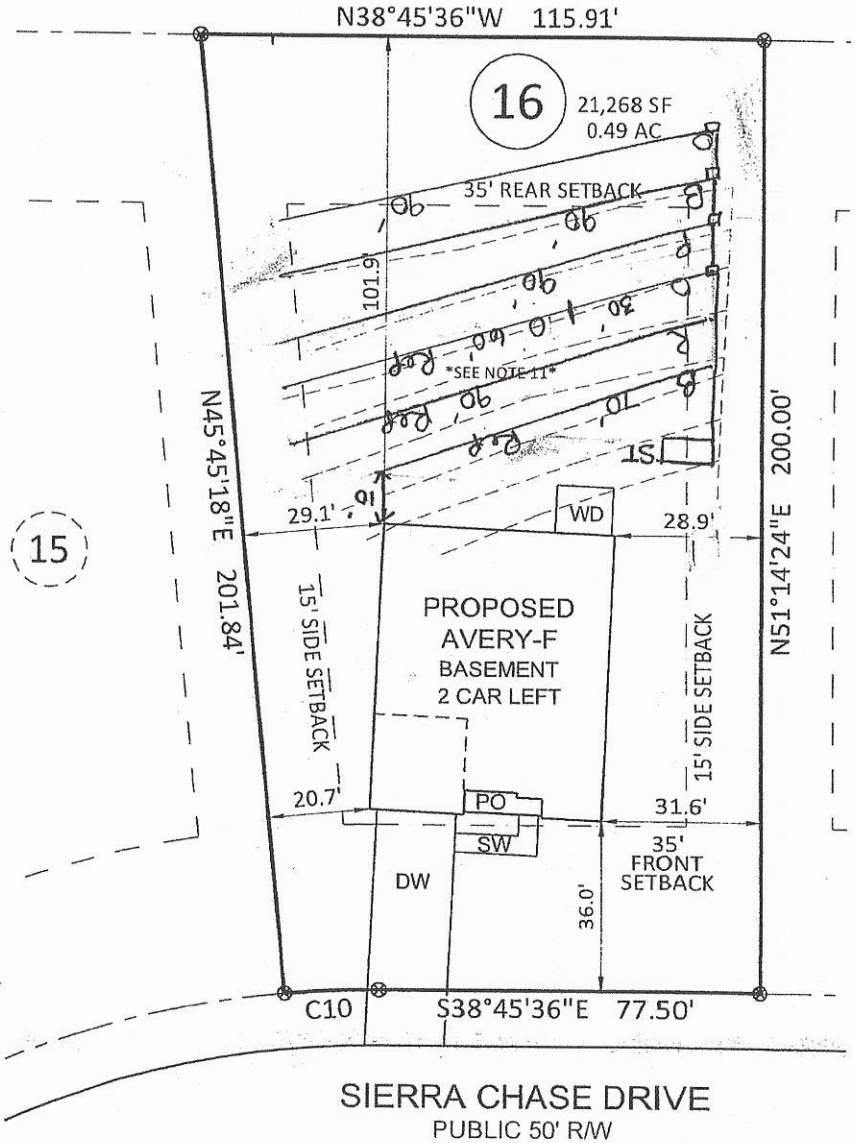
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    4293-D2 NC 24
    MIDLAND, NC 28107

CURVE TABLE				
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0 20 40

SCALE:
1" = 40 ft.

N/F
ARTHUR P. DICKENS, JR.
2312/2213



P:\2017 Projects\170301 Autumn Brook SDC\dwg\170301 Autumn Brook SDC.dwg, 10/3/2019 8:00:33 AM, nwalker

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 153 Sierra Chase, identified as PIN(Parcel Identification Number) 4732 16 7434, 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 — 10-23-19 Date

Signature of Witness — 10-23-19 Date

48' total

12'

12'-0" LINE OF DECK ABV.

48'-0"

19'-6½" | 16'-6½" | 11'-11"

2'-8½" | 13'-11" | 5'-0½" | 11'-6" | 1'-5" | 9'-5½"

LINE OF DECK ABV. | LINE OF DECK ABV.

3' X 3' PATIO

3050 | 3050 | 3050 | 3050

9'-2" | 9'-2"

6'-0" OPENING | 6'-0" OPENING

15'-0"

19'-11½"

11'-7" | 3'-9½" | 4'-0½" | 11½" | 7'-0½" | 2'-6"

10" | 8"

BASEMENT BATH ROUGH-IN

UNFINISHED

OPT. SEWAGE SUMP PUMP

RADON VENT*

2X6 WALL

2X6 BEARING WALL (TYP U.N.O.)

1'-9½" | 3'-0" | 23'-8"

39'-4" | 39'-7½"

26'-5½"

10'-0½"

76'-10"

UNFINISHED | UNFINISHED | UNFINISHED

60'-0" | 60'-0"

16 RISERS @ 7" | 10" TREADS

7'-0" OPENING | 4'-10" OPENING | 3'-0" OPENING | 6'-0" OPENING

7'-2" | 9'-4½" | 5'-5½" | 6'-5½"

3'-0½"

6'-0" OPENING | 8'-0" OPENING

14'-0"

GARAGE SLAB | UNFINISHED | UNFINISHED

SLOPE

15'-8"

20'-8" | 20'-4½"

1'-0" | 8'-5"

5'-0" | 4'-0"

STOOP SLAB

16' X 7' OHGD (R.O. 16'-3" X 7'-1½") WEATHER TIP

2'-0"

1'-7½" | 16'-3" | 1'-7½" | 10'-8½" | 4'-0" | 5'-3½" | 12'-6"

48'-0"

BASEMENT PLAN

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

72' total

*RADON VENT PROVIDED PER LOCAL CODE

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

60'

AUTUMN BROOK
LOT 16

Acknowledgement Of Plans Submittal ONLY!

Kathleen Saunders Date 10-25-19

Benjamin Bass Date 10/30/19

© SMITH DOUGLAS HOMES 2019

BY | REVISION | DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

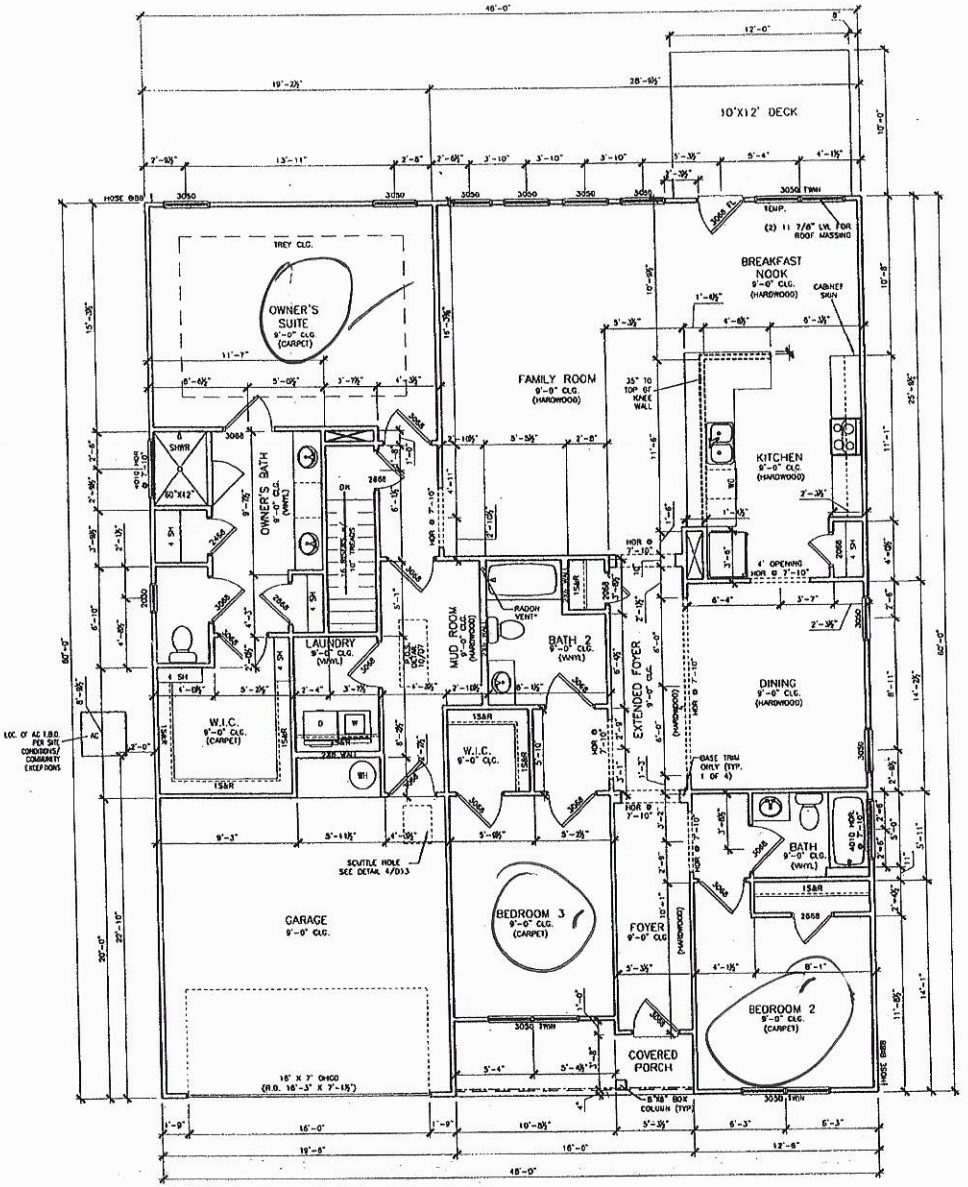
FOUNDATION PLAN
BASEMENT PLAN
AVERY

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

SMITH DOUGLAS HOMES expressly reserves it's property rights in these plans and drawings. These plans and related drawings are not to be reproduced without written consent from SMITH DOUGLAS HOMES.

BY: ED | CHK: AW
DATE: 10/09/19
ELEVATION: C
PLAN #:
TYP: ALL | REV: F
PAGE NO: A4.1

AUTUMN BROOK
LOT 16



FIRST FLOOR PLAN

SCALE: 1/4" = 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

Acknowledgement Of Plans Submittal ONLY!

Kathleen Saunders Date 10-25-19

Benjamin D Byers Date 10/30/19

© SMITH DOUGLAS HOMES 2019

BY	REVISION	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLAN
FIRST FLOOR
AVERY

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DR: ED	CH: AW
DATE: 10/09/19	
FACADE OPT: C	
PLAN #:	
ENV: ALL	ELEV: F
PAGE NO: A5.1	

IREDELL COUNTY

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

APPLICATION NUMBER
241378
Issue Date: 10/25/2019

AP-302055

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4732167434.000	153 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 REPLACING PERMIT 231520	

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

Remarks:

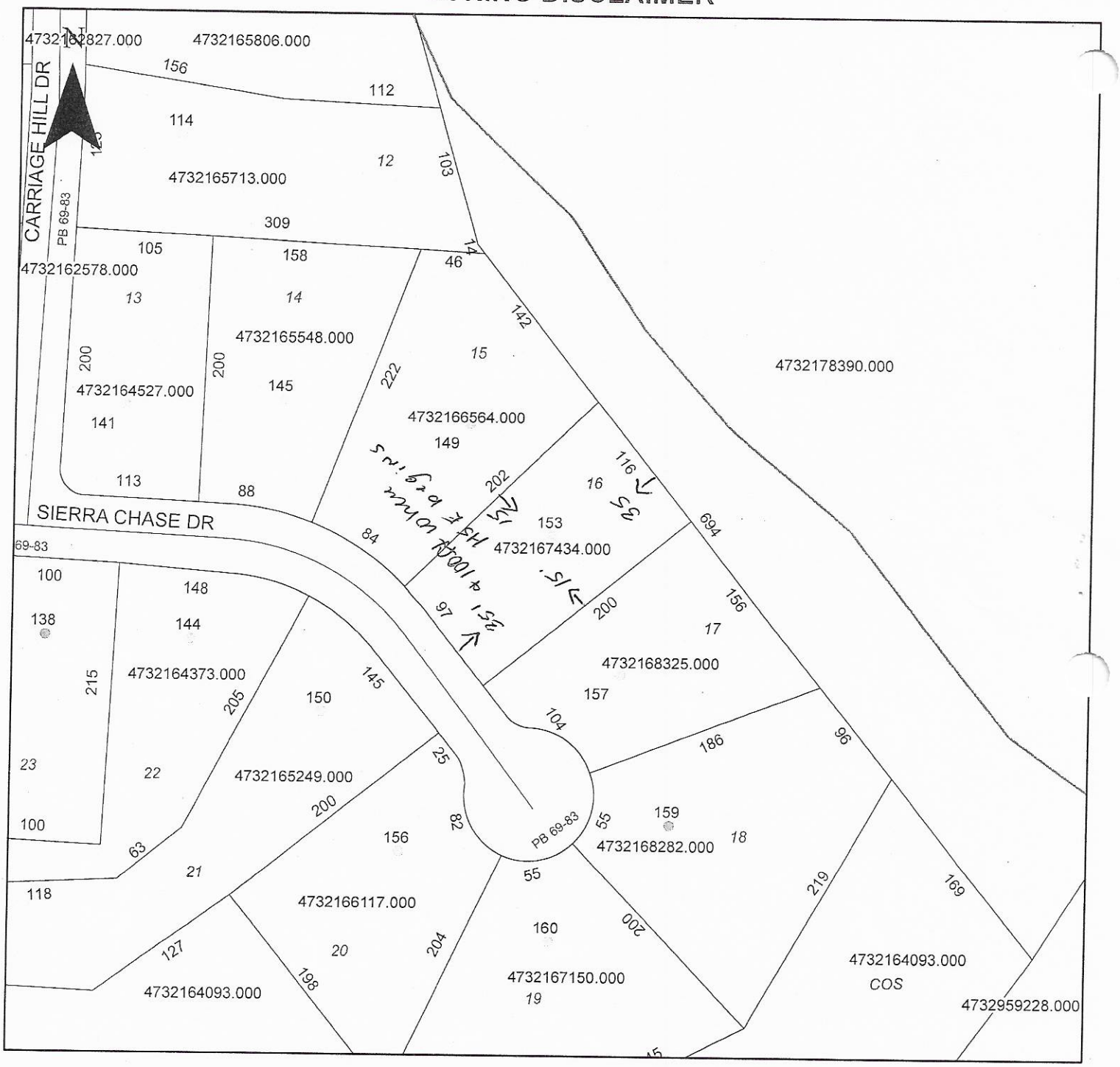
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	192110	TOTAL FEES:	$ 77.25

231520 Withdrawn SFP moved to permit 24/378

ZONING DISCLAIMER



Property Address 153 Sierra Chase Dr.

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Kathleen Saunders
Applicant

10-25-19
Date