IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241877 232042

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

PIN # 4732165429828L

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

SITE ADDRESS: 159 Sierra Chase Dr. Statesville, NC PHONE: 704-578-4951 (Kathleen) ALT. PHONE ——

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

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 18 LOT AREA: .82 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB LM 1060 Date infiltrator

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 5 Linear Ft. 400'

Trench Width 36" Trench Bottom Depth (Low side, high side) 36" Gravel Depth ——

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% reduction

Repair System Description: drip

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees ____

☑ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. * Install at 36" highside * Lot must be recorded prior to issuing AC.

INITIAL SITE SKETCH

See attached site plan by The Oaks Group, PA

ALL DRAINLINES CHECKED 7-19-2019 BCW

FILL STILL ON REPAIR

AS BUILT SKETCH

*Fill is on top of repair area do NOT issue OP. comp. relayout is needed *

	Date	Initials
Drain Lines Checked	7-19-19	BW
Tanks Checked	7-18	KW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract (Y) / N	But not Required	

- last drain line checked 7-18 KW

- risers + supply line checked 7-22 cc

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: 10-26-18

IMPROVEMENT PERMIT by: Kayla Wilson Date: 10-16-18

AUTHORIZATION TO CONSTRUCT by: Carly C. Carl Date: 2/13/19

Installed by: Specialty Septic

OPERATION PERMIT by: Benjamin A. Bathurst Date: 7/30/19

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 inspector to confirm your inspection time.

APPROVED OCT 16 2018
KW

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 159 Sierra Chase Dr

Date: September 26, 2018

Attached is the septic specification information required to permit 159 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.

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

Kathleen Saunders

RECEIVED JAN 3 1 2018

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:

159 Sierra Chase Dr	Autumn Brook	Lot 18
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: _____

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 4
Maximum Number of Occupants ___
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: _____ 1/29/19
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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...

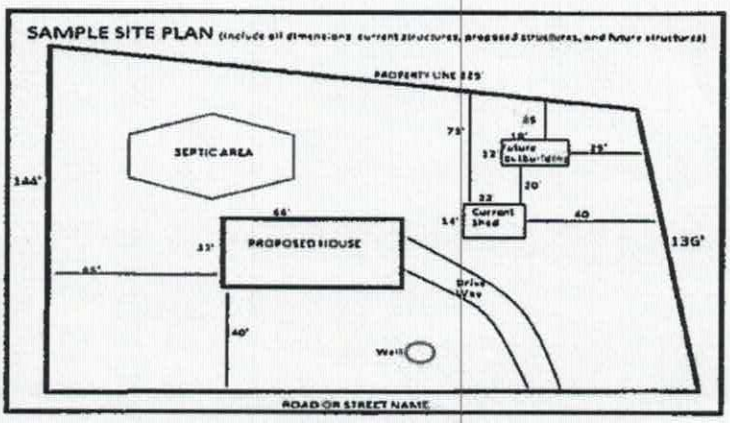
X North arrow, or other sufficient indicator of direction...

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



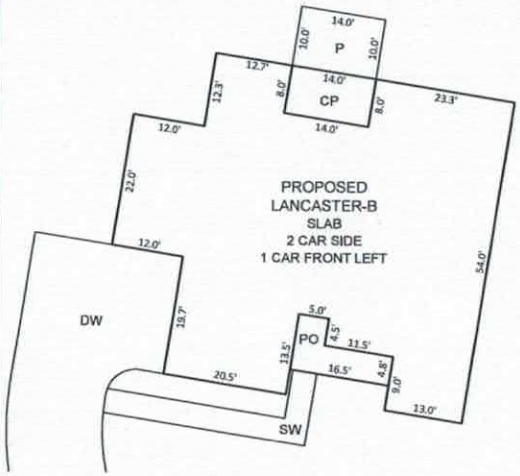
USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: _____

REQUIRED property owner or owner's legal representative signature.

1/29/19

DATE



INSET SCALE: 1"=20'

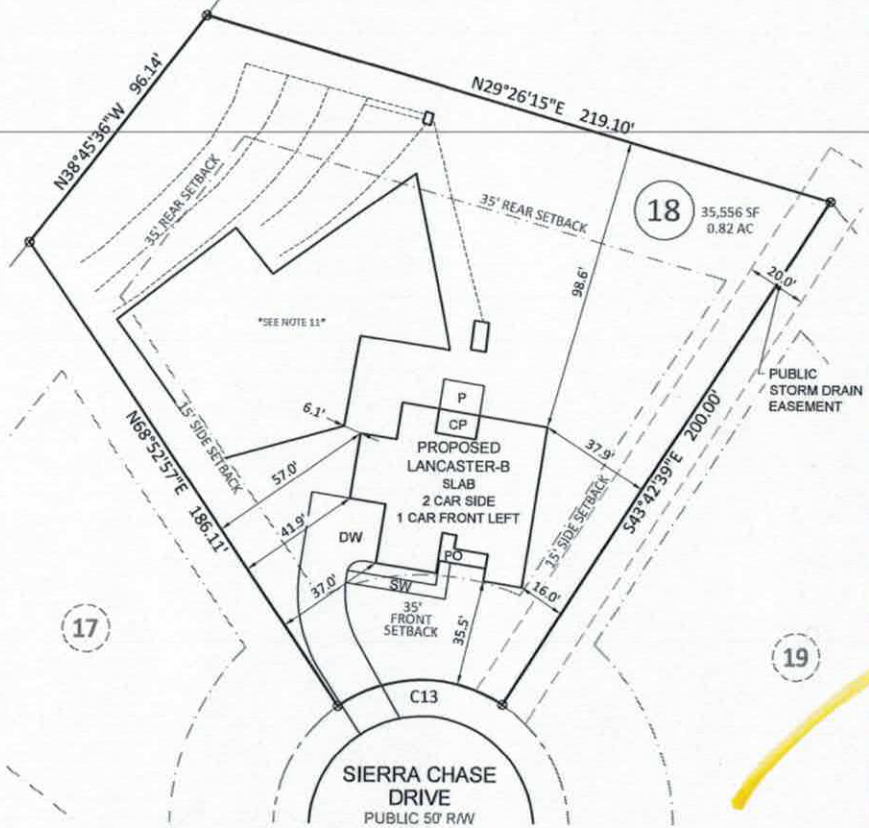
LOT INFORMATION:

PIN: 4732168282000
HOUSE = 2,681 SF
DRIVEWAY = 1,278 SF
SIDEWALK = 169 SF
PORCH = 102 SF
COVERED PATIO = 112 SF
PATIO = 140 SF
TOTAL LOT AREA = 0.82 AC = 35,556 SF
TOTAL PROPOSED IMPERVIOUS = 4,482 SF
PERCENT IMPERVIOUS = 12.6 %

PB69/PG83

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

COMMON OPEN SPACE



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

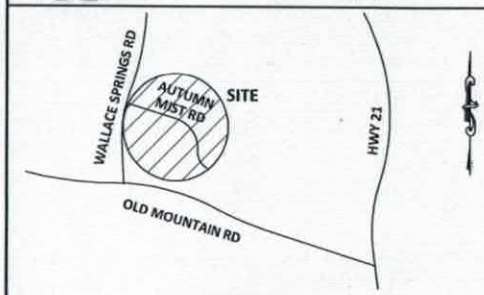
CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C13	50.00'	58.82'	S12°35'09"W	55.49'

SCALE:
1" = 40 ft.

REVISIONS: MOVE HOUSE TO 6.6' FROM SEPTIC REPAIR FIELD 2-5-19 NMW
MOVE HOUSE AS CLOSE AS POSSIBLE TO FRONT SETBACK PER REQUEST 2-5-19 NMW

P:\2017 Projects\170301 Autumn Brook 6DC\dwg\170301 Autumn Brook 6DC.dwg, 2/5/2019 1:06:55 PM, nwaller

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
= CABLE BOX
T = 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 18
SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 1/25/19 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: PB 69, PG 83 PROJECT # 170301 SCALE: 1" = 40'

Autumn Brook - Lot 18

*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!

Date 2/13/19

* Surveyed plat shows garage 6' from rear -cc

© SMITH DOUGLAS HOMES 2019

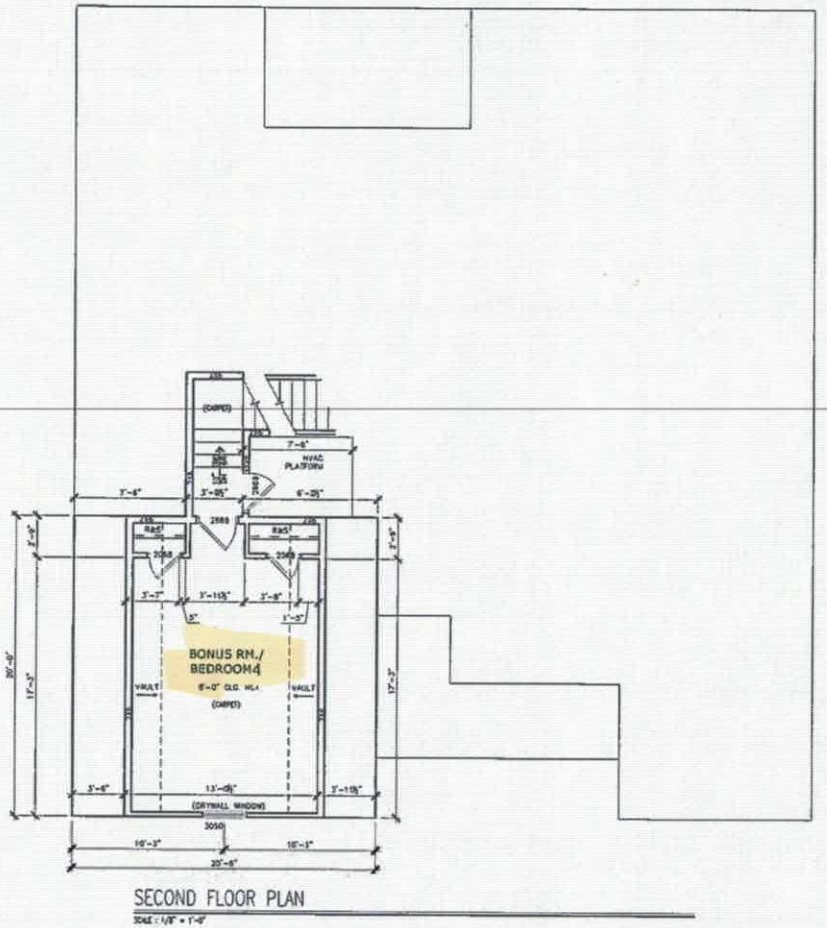
DATE	REVISION	BY

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
LANCASTER

DRAWN	CJJ	CHK	AW
DATE	01/18/19		
REVISION	B		
SCALE	ALL	BY	B
SHEET	A5.1		

Autumn Brook - Lot 18



SECOND FLOOR PLAN

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

Carla C. Cave
2/13/19

© SMITH DOUGLAS HOMES 2019

SMITH DOUGLAS HOMES

FLOOR PLANS
SECOND FLOOR
LANCASTER

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	CLJ	CK	AW
DATE	01/18/19		
SCALE SHT	B		
PLAN NO			
REV	ALL	REV	B
SHEET NO	A5.2		

IREDELL COUNTY

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

APPLICATION NUMBER
241877
Issue Date: 01/31/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4732168282.000	159 SIERRA CHASE DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK DEV LLC	Applicant: SDH CHARLOTTE LLC
Address: 1542 QUEENS ROAD WEST STATESVILLE, NC 28207	Address: 10130 MALLARD CREEK RD #218 CHARLOTTE, NC 28262
Phone:	Phone: 704-944-5555

Use Requested	Zone Code
SFD OLD PERMIT #232042--HAD TO DO NEW # BECAUSE ISSUE W/OLD PERMIT #	

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

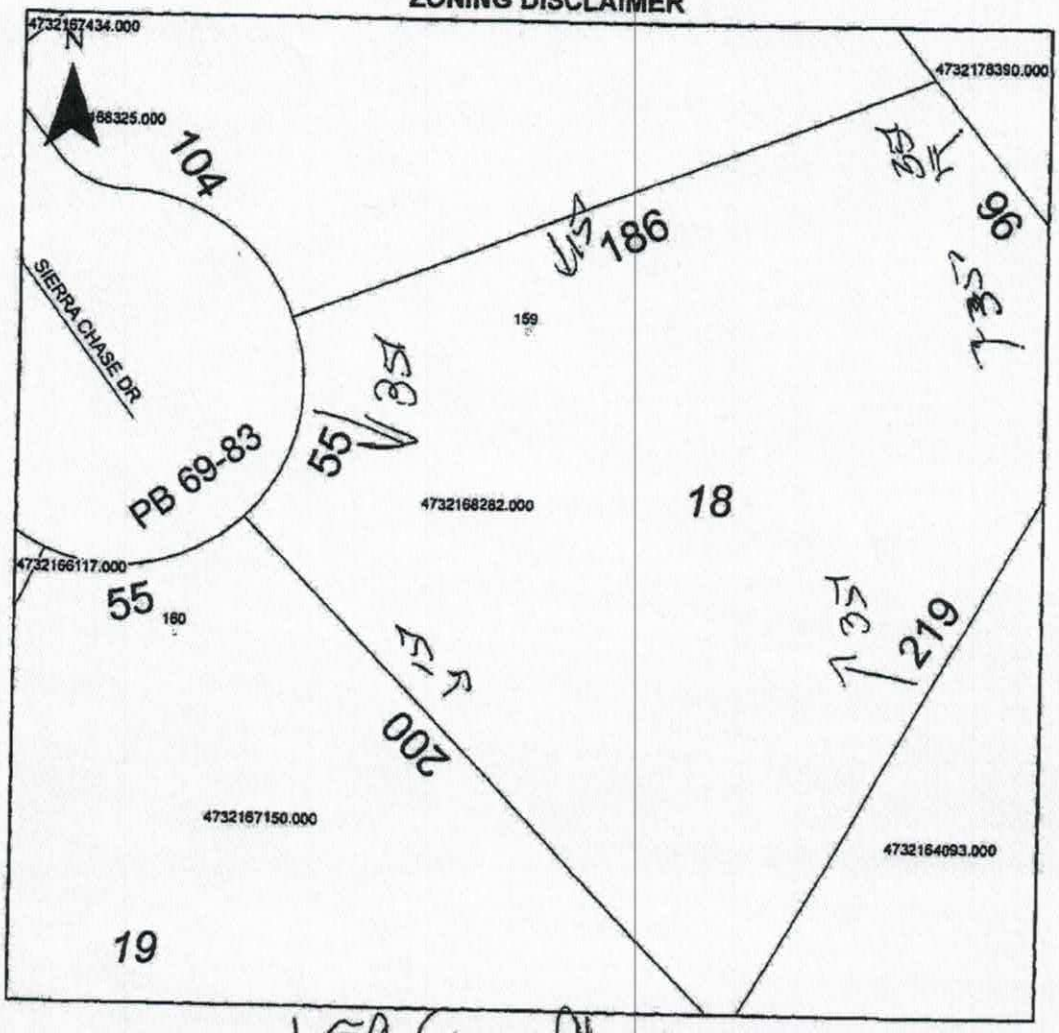
Remarks:

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	166177	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 159 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.

Applicant

1/31/19
Date

ON SITE WASTEWATER SYSTEM INSPECTION CONTRACT AND AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF IREDELL-STATESVILLE

CONTRACT FOR INSPECTION AND MAINTENANCE
GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEM
AUTUMN BROOK

(I), (WE), as the owners of Lot(s) Number 18 ("THE LOT"), of the subdivision known as Autumn Brook, have certain duties and responsibilities for the maintenance of ground absorption sewage treatment and disposal system as regulated and set out in N.C.G.S. Article II, Chapter 130A; T15A-C18-S18A.1961 "Maintenance of Sewage Systems"; and/or under the "Declaration of Covenants, Conditions and Restrictions-Autumn Brook", (the "Declaration"), and under the Bylaws of Autumn Brook Community Association, Inc.

Autumn Brook Community Association, Inc. ("The Association") in order to provide for uniform inspection, maintenance, and repair and operation of sewage treatment and disposal systems within Autumn Brook community, has entered into a Master Agreement dated the 1st day of April, 2016, which Master Contract with TCW Wastewater Management, Inc., a memorandum of which is incorporated fully by this reference thereto.

The undersigned lot(s) owner(s) hereby agrees and contracts with TCW Wastewater Management, Inc. and with Autumn Brook Community Association, Inc. as follows:

1. The Master Contract referred to above is hereby accepted, agreed, and is binding upon the undersigned with TCW Wastewater Management, Inc. and it's successors and assigns. The undersigned lot owner(s), their successors, and assigned agree to be bound by this Master Contract and any further or future contracts in substitution thereof.

2. The undersigned lot owner(s) further acknowledge and agree that Autumn Brook Community Association, Inc. acting by and under it's Declaration of Covenants, Conditions, and Restrictions-Autumn Brook, has and is hereby granted the full power and authority to assess the undersigned for fees, expenses, and costs associated with the inspection, maintenance, and or repair of septic disposal systems on the lot as set forth in the Master Agreement.

This agreement is binding upon the undersigned, their heirs, administrators, personal representatives, successors, and assigns, and the transfer and assignment of the duty and responsibility to contract with a qualified maintenance contractor (operator) is a covenant running with the land ("The Lot"). This agreement will terminate: (1) when The Association is dissolved or liquidated; or (2) when the undersigned has no legal duty to maintain a sewage disposal system on "The Lot".

Witness our hands and legal seals, this 16 day of July, 2019.

_____(SEAL)
Signature

James A. Gaskins
Owners Printed Name

_____(SEAL)
Signature

_____
Owners Printed Name