IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 232041

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

PIN # 4732168325

APPLICANT/OWNER: Smith Douglas Homes

APPLICANT ADDRESS: PO Box 311 Midland, NC

SITE ADDRESS: 157 Sierra Chase Dr, Statesville 28677

PHONE: 704-578-4951

ALT. PHONE –

SITE DIRECTIONS: Old NT Rd → R on Wallace Springs → L on Autumn Mist → L on Sierra Chase

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Autumn Brook

SECTION: 2 LOT # 17 LOT AREA: 1.55ac

DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make		Model			Serial #				
# Nitrification Fields	1	# Lines	5		Linear Ft	200			
Trench Width	36.	Trench Bottom Depth(Low side)	45" high		Gravel Depth	–			

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

System Description: PPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

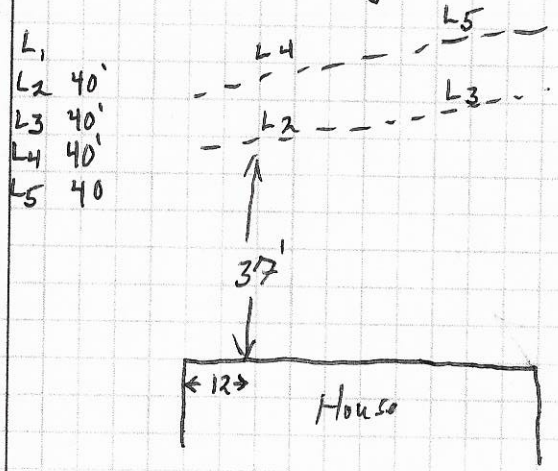
Comments / Conditions: Install panels at 45" high side.

INITIAL SITE SKETCH

See attached design from The Oaks Group, PA Kathleen Saunders, LSS #1313

AS BUILT SKETCH

1/30/2020 Tank not yet installed. L, not yet installed



* PPBPS installed @ 45" TB substantially as permitted.
- Conveyance not yet installed.

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.*

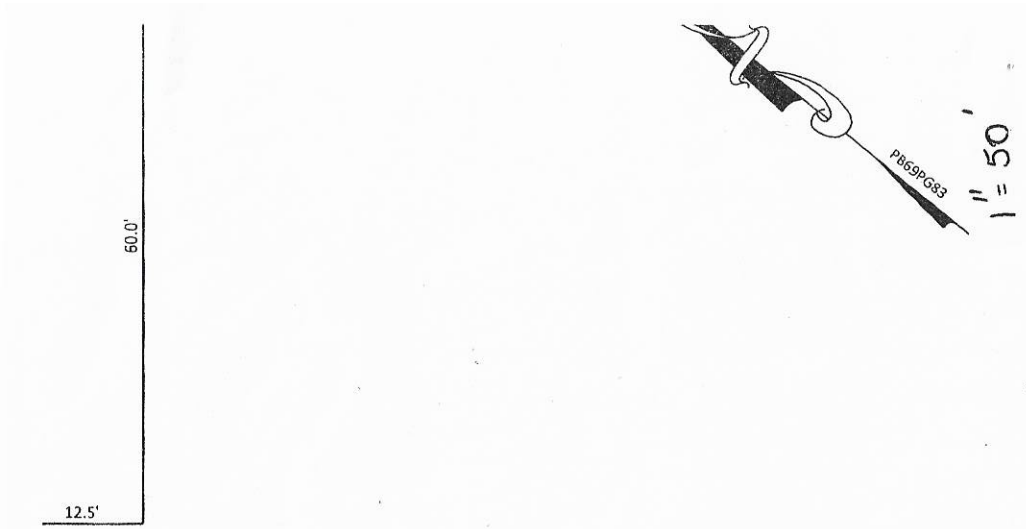
Owner / Applicant Signature: _____ Date: 8/27/19 Installed by: Sid Gaskins

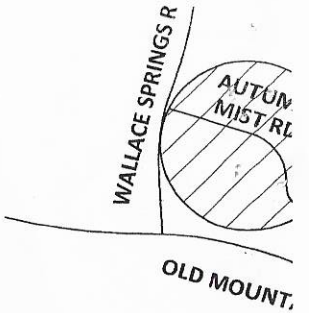
IMPROVEMENT PERMIT by: Carla C. Cave Date: 8-26-19 OPERATION PERMIT by: _____ Date: 2-4-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave 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.

PORCH = 67 SF
PATIO = 120 SF
TOTAL LOT AREA = 0.55 AC = 23,845 SF
TOTAL PROPOSED IMPERVIOUS = 3,966 SF
PERCENT IMPERVIOUS = 16.6%





V

LEGEND

PO = PORCH
SP = SCREENED PORCH/PATIO
CP = COVERED PORCH/PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
P = CONC PATIO
⊗ = COMPUTED POINT
O = 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
Ⓒ = 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

. UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.

3 PURPOSES ONLY.

EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, IT

L BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE

ED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH

BUFFERS,

VETLANDS OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM.

EARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES,
Y OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH

ZONE. IT IS LOCATED IN ZONE "X" AS DEFINED.BY HUD F.I.R.M.
FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM

FROM IREDELL COUNTY HEALTH DEPARTMENT PERMIT.

NT AROUND THE PERIMETER OF EACH LOT.

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LOCATION, DI
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PRELIM

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Autumn Brook Lot 17 Septic System Information

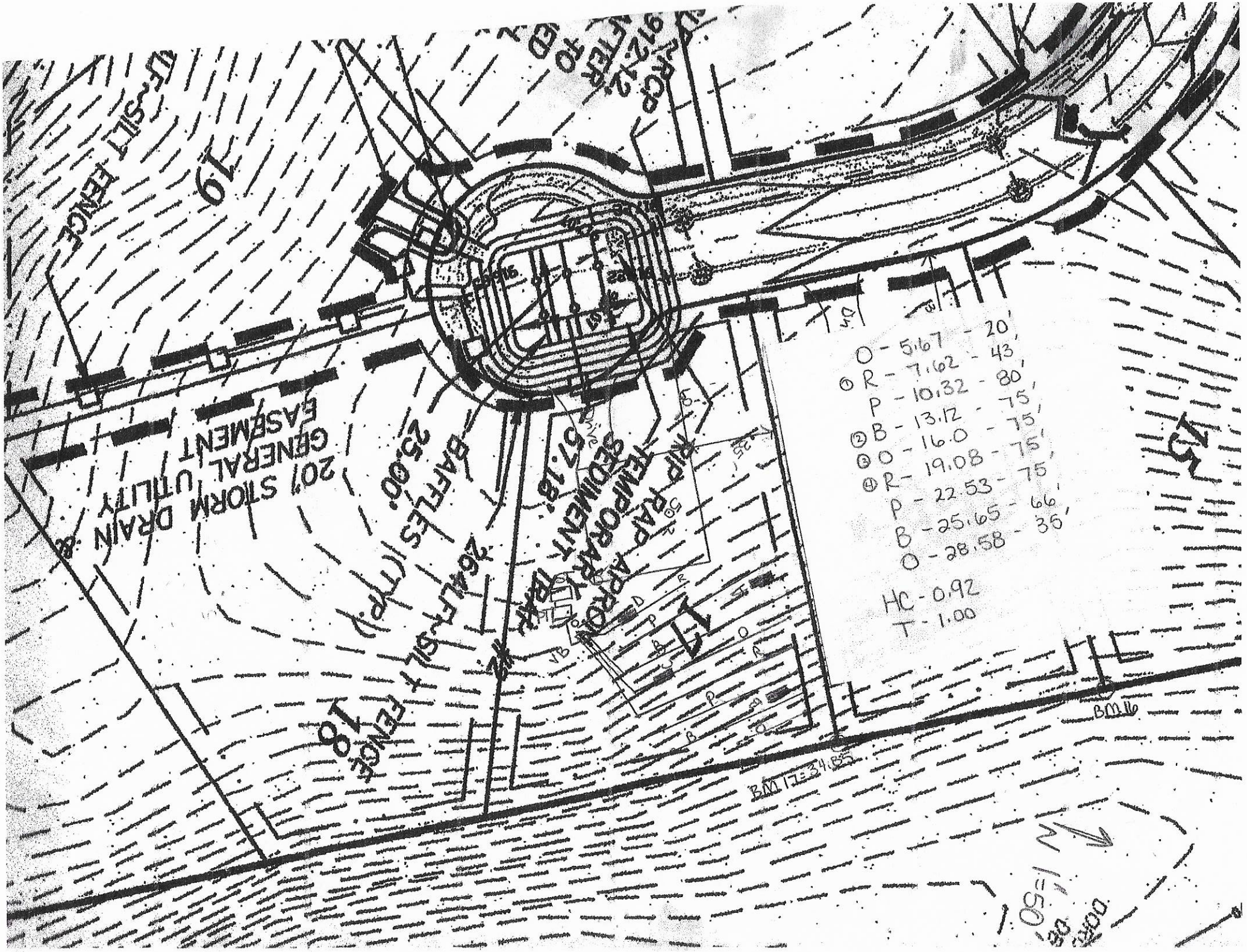
Number of Bedrooms	3
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**PPBPS**
No. Lines	5 (See Table)
Total Linear Feet	200
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth High Side	45"
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	10 ft of 2" SCH 40 PVC
Repair System	**LP PPBPS**
Total Linear Feet	241
Repair LTAR	0.3
Trench Depth	30"

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	System	Pink	PPBPS	40 endfed	9
2	Repair	Blue	LP PPBPS	75	
3	Repair	orange	LP PPBPS	75	
4	System	Red	PPBPS	40 endfed	9
5	System	Red	PPBPS	40 endfed	9
6	System	Pink	PPBPS	40 endfed	9
7	System	Pink	PPBPS	40 endfed	9
8	Repair	Blue	LP PPBPS	66	
9	Repair	orange	LP PPBPS	25	
					Total: 45
				Total System: 200'	
				Total Repair: 241'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: **Place tank to achieve gravity flow to uppermost line.**
Septic area needs slight shaping
Tanks and distribution device locations can be altered at ICHD descretion


SILT FENCE
19
20' STORM DRAIN
GENERAL UTILITY
EASEMENT
25.00'
BAFFLES (TYP.)
26 LF SILT FENCE
18
TEMPORARY
SEDIMENT
TRAP
RIP RAP APRON
57.18'
17
O - 5.67 - 20'
R - 7.62 - 43'
P - 10.32 - 80'
B - 13.12 - 75'
O - 16.0 - 75'
R - 19.08 - 75'
P - 22.53 - 75'
B - 25.65 - 66'
O - 28.58 - 35'
HC - 0.92
T - 1.00
BM 16
BM 17 = 34.85
N
1.50'
CONC.

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

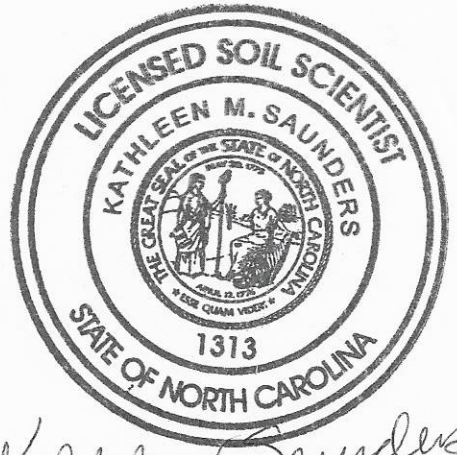
RE: 157 Sierra Chase Dr

Date: August 14, 2019

Attached is the septic specification information required to permit 157 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 AUG 19 2019 232041

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Ltd Relayout - Paid $75.00

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 ( ) 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: 157 Sierra Chase Dr
Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 17
Driving Directions: Old Mountain Rd, Wallace Springs, Autumn 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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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

$152.25

Lot 17

IREDELL COUNTY HEALTH DEPARTMENT

~~Statesville Office (704) 878-5305~~ Mooresville Office (704) 660-3625 PERMIT # 232041

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

PIN #

APPLICANT/OWNER: Autumn Brooke LLC APPLICANT ADDRESS: 1542 Queens Rd W Charlotte 28207.

SITE ADDRESS: 157 Sierra Chase Drive Statesville NC 28677 PHONE: Kathleen Saunders ALT. PHONE 704-578-4951

SITE DIRECTIONS: Wallace Springs RD, R Autumn Mist Rd, L Sierra Chase SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Autumn Brooke SECTION: II LOT # 17 LOT AREA: ~ DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LP PPBPS			
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS			
# Nitrification Fields	1	# Lines	4	Linear Ft	268		Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	36	Trench Bottom Depth(~~Low side~~)	45 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: See Design & Layout Report / See attached email
* Needs Pin or Recorded deed & page # *

INITIAL SITE SKETCH

See attached proposal and site design from Kathleen Saunders #1313

AS BUILT SKETCH

Revoked

---IMPROVEMENT PERMIT ONLY---
DO NOT ISSUE BUILDING PERMIT!
FLOOR PLAN STILL 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: 2/6/18 Installed by:

IMPROVEMENT PERMIT by: Benjamin L Batkins Date: 2/5/2018. 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 inpsector to confirm your inspection time.

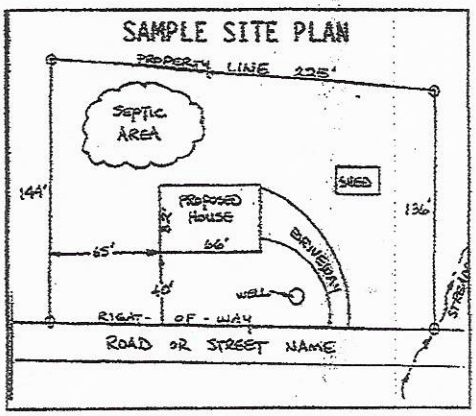
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

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 157 Sierra Chase Dr, 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.

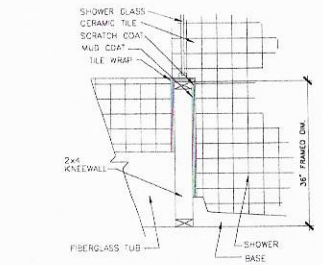
1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

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.

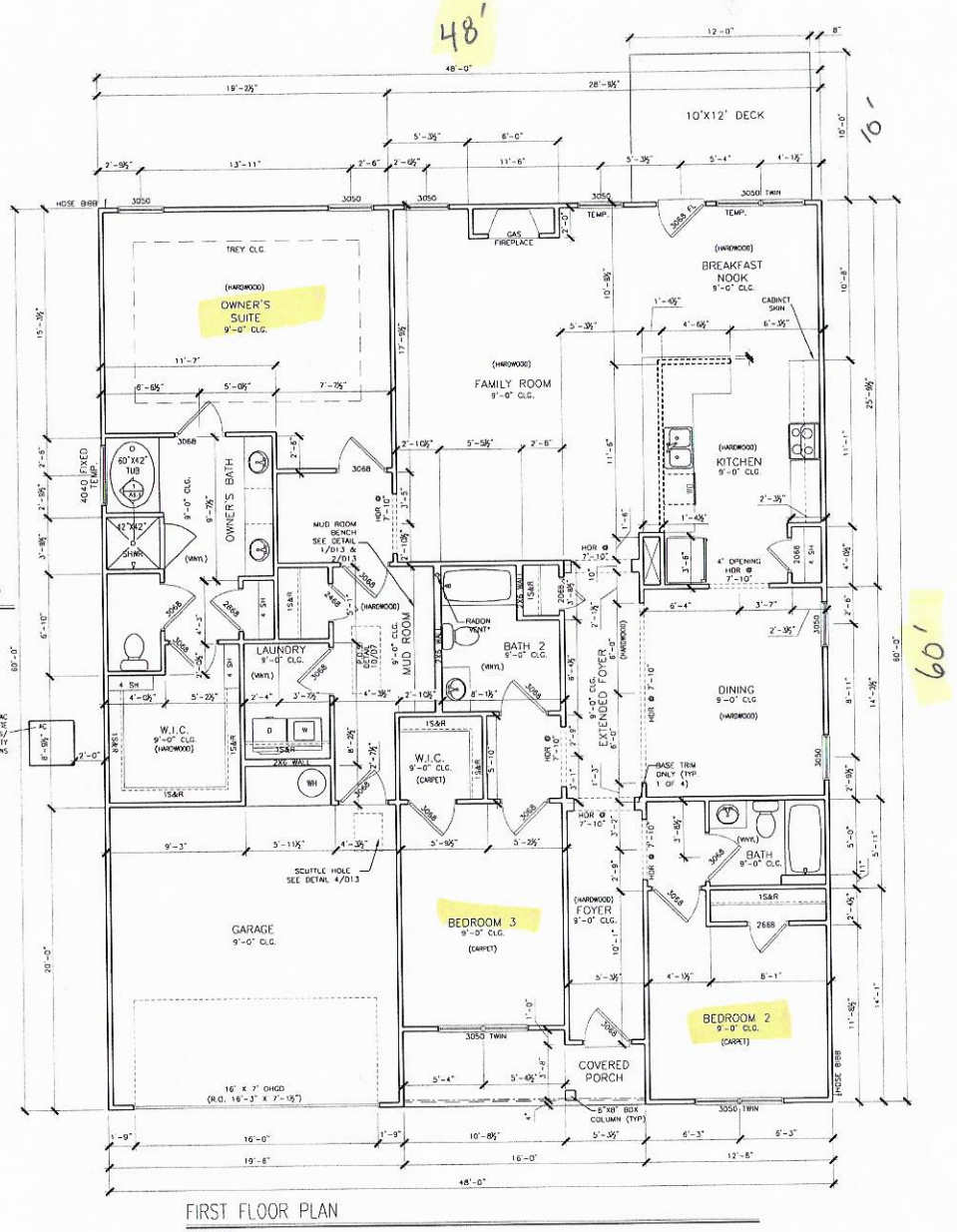
Signature of Owner — Date 8/14/19

Signature of Witness — Date 8/14/19

AUTUMN BROOK
LOT 17



SECTION @ TYPICAL GARDEN TUB/ TILED SHOWER w/GLASS WALL



FIRST FLOOR PLAN

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

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

*RADON VENT PROVIDED PER LOCAL CODE

Acknowledgement Of Plans Submittal ONLY!
Kristin Sanders Date 8-19-19
Carl C. Carr Date 8-19-19

© SMITH DOUGLAS HOMES 2019

REVISION | DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLAN
FIRST FLOOR
AVERY

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

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DES.	CLJ
DR.	AW
DATE	8/02/19
FACADE / ELEV.	B
PLAN NO.	
SHT.	ALL
ELEV.	B
PAGE NO.	A5.1

IREDELL COUNTY

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

APPLICATION NUMBER
232041
Issue Date: 08/19/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732162596.000	157 SIERRA CHASE DRIVE, STATESVILLE, NC 28677	

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

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
16.660	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	189239	TOTAL FEES:	$ 77.25