IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239605

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

PIN # 4740-09-9261

APPLICANT/OWNER: Bill whitley APPLICANT ADDRESS: P.O. Box 475 Harrisburg NC 28075

SITE ADDRESS: 350 Autumn Leaf Rd - from 28166 PHONE: 704-361-9879 ALT. PHONE —

SITE DIRECTIONS: South of Wayne Co. on Autumn Leaf 1 Mile on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn View / Touche LLC SECTION: — LOT # 4 LOT AREA: 1.811 Acres DESIGN FLOW: 4/80 gpd L.T.A.R.: .30

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: 25% Reduction				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)		30	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

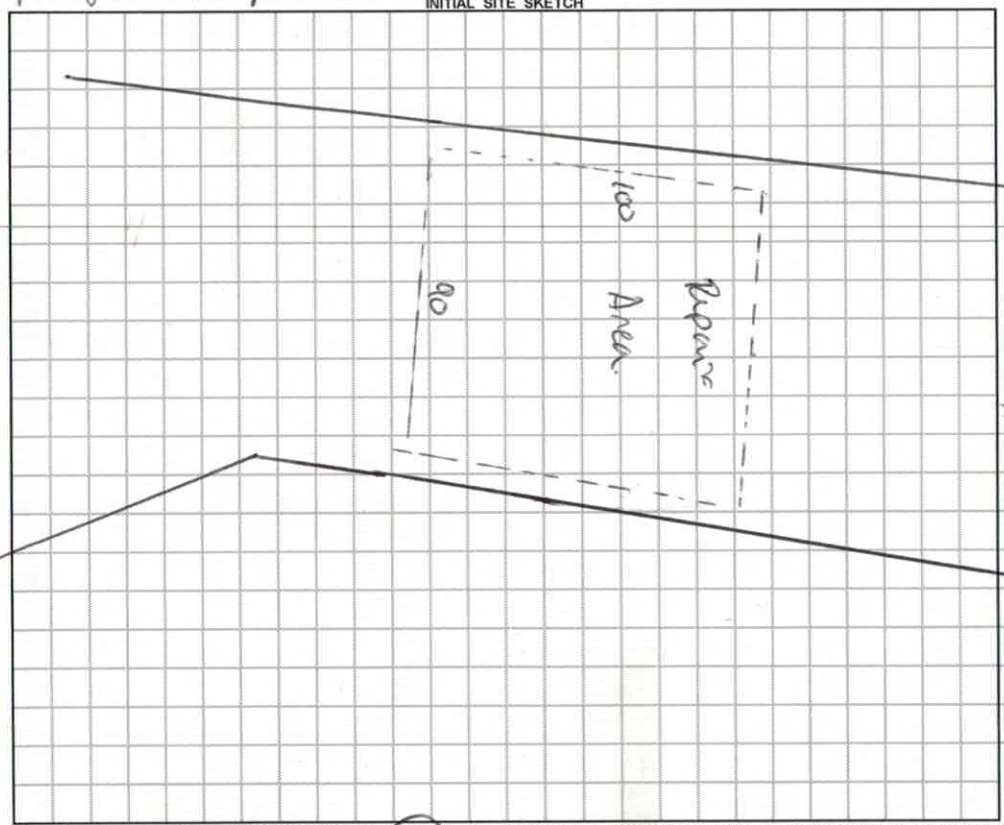
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install septic drainfield on the contour of the land and utilize serial distribution. Do not exceed max depth of 36 inches. Do not Drive upon, park, grade ect by utilities. Maintain 15Ft from Ditch

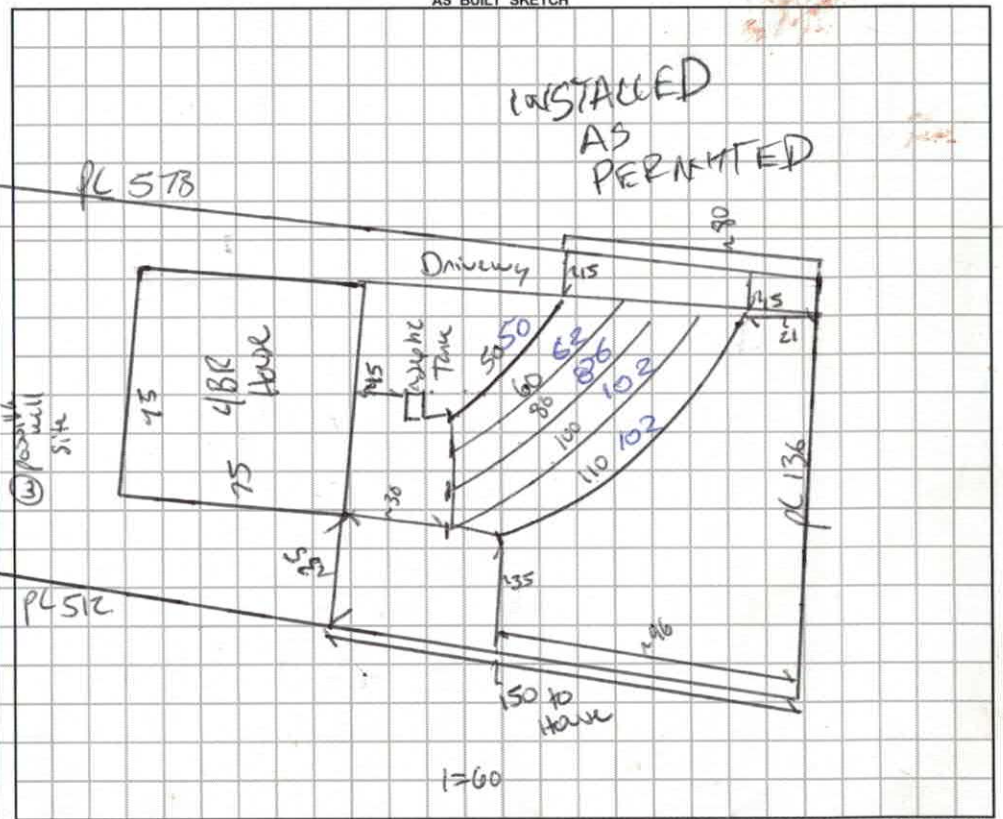
Lot Must be Recorded Prior to A/C. Bk 69 Pg 65 12/3/18.

*New floor plans reviewed/approved 3-9-20 - CCN

INITIAL SITE SKETCH



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.* ☑ **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: 2/2/19 Installed by: GREENWAY WASTE SOLUTION

IMPROVEMENT PERMIT by: Brijamin A. Bolick Date: 11/27/2018 OPERATION PERMIT by: Brijamin C. Wilson Date: 7-28-20

AUTHORIZATION TO CONSTRUCT by: Brijamin A. Bolick Date: 12/5/19 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.

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** 4
(Complete all fields in full)

OWNER: Bill Whitly
ADDRESS: P.O. Box 475 Harmony NC 28634
PROPOSED FACILITY: 4 BR Home PROPOSED DESIGN FLOW (.1949): 480 gpd.
LOCATION OF SITE: 350 Autumn Crest Rd

APPLICATION DATE 10/18/18
DATE EVALUATED: 11/20/18
PROPERTY SIZE: 1.8 Acres
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 10% R	0-6	SC GR SBK	SS SP	2.5Y 4/6	60"	—	Hem Litho	PS .3
		6-24	C SBK	SS SP					
		24-60	CC WSBK	SS SP					
2	LSS 10% R	0-4	SC GR SBK	SS SP FR SEP	2.5YR 4/6	60	—	—	PS .3
		4-38	C SBK	SS SP FR					
		38-60	CC WSBK	SS SP FR					
3	LSS 10% R	0-8	SC GR SBK	SS SP FR SEP	1-	60	—	—	PS .3
		8-36	C SBK	SS SP FR					
		36-60	CC WSBK	SS SP FR					
4	Slightly Side Slope 5-9% I	0-12	SC GR	SS SP FR SEP	10R 4/6	60	—	Mica	PS .3
		12-40	C SBK	SS SP FR					
		40-60	CC WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	25% III	25% III
Site LTAR	.30	.30

OTHER FACTORS (.1946): Ditch
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins
OTHER(S) PRESENT:

COMMENTS: Hole 5 on back

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

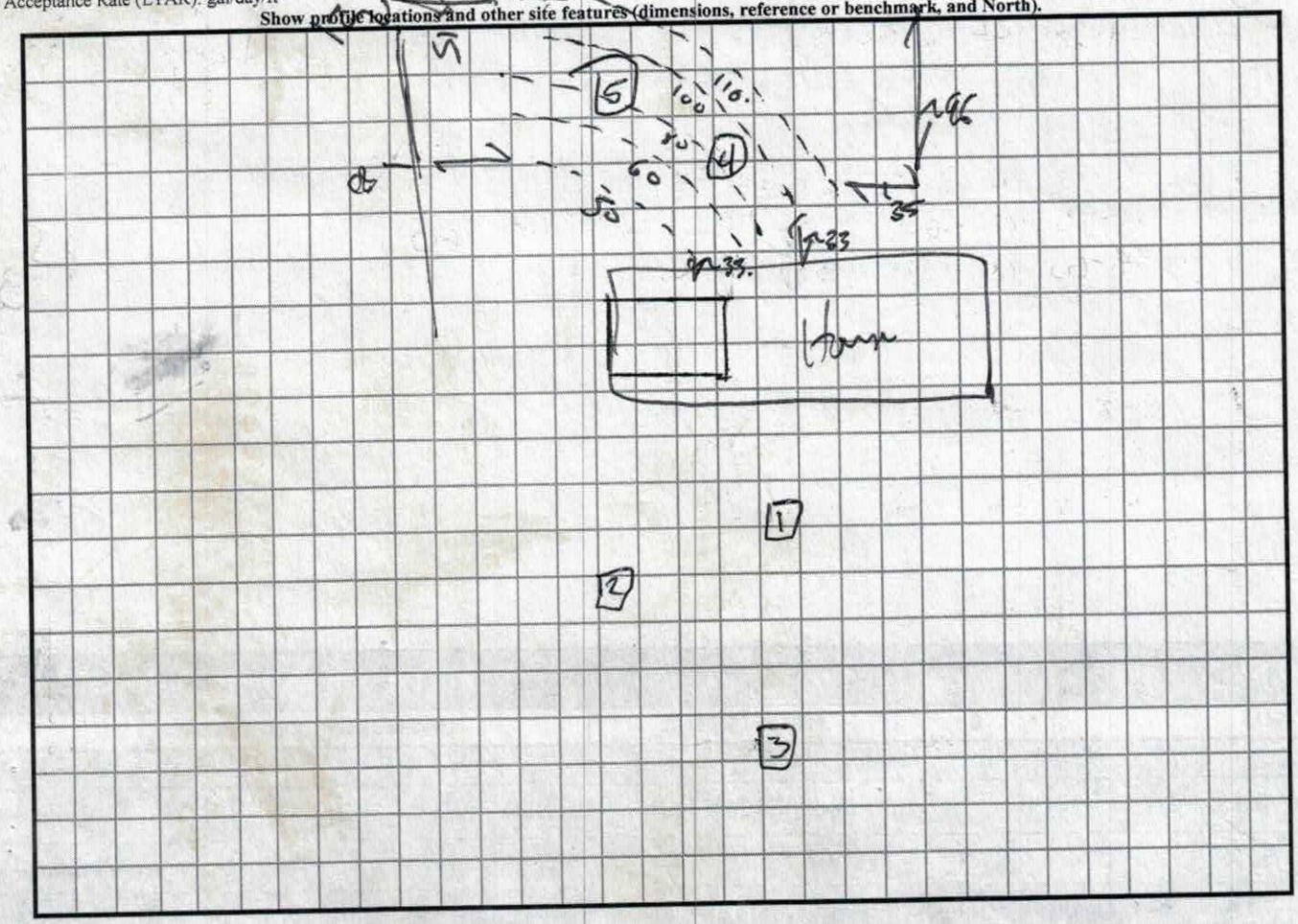
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Shoulder
5-9% 5) 0-12 SC GR SSSP FR SEXP PS .3.
12-44 CL SBK SSSP FR SEXP
I 44-65 CC WBK SSSP FR SEXP

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: 4G Design Build Address: 488 Pineville Rd Zip: 28677
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Kathryn Redling Address: 108 Carlson Dr Zip: 28115
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 350 Autumn Leaf Rd Troutman
Subdivision Name: Touche LLC Section/Phase: _____ Lot Number: 4
Driving Directions: Perth, Autumn Leaf, on L

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) 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: _____
(X) New Well ( ) Existing Well ( ) Community Well ( ) 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 3/5/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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: BILL WHITLEY Address: POB 475 HARRISBURG Zip: 28075
Applicant Email: whitleycollc@aol.com Phone: 704 361-9879 Alt. Phone: _____
Owner Name: DAWN ERVIN Address: 3532 Denson PL CLT Zip: 28215
Owner Email: _____ Phone: 704 579-7170 Alt. Phone: _____

Property Information:

Street Address: 350 AUTUMN LEAF RD
Subdivision Name: AUTUMN VIEW Section/Phase: _____ Lot Number: 4
Driving Directions: SOUTH ON WAGNER, LEFT ON AUTUMN LEAF, 1 MILE ON LEFT

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

(✓) 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: 4
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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: _____
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(✓) New Well ( ) Existing Well ( ) Community Well ( ) 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: _____

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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.

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

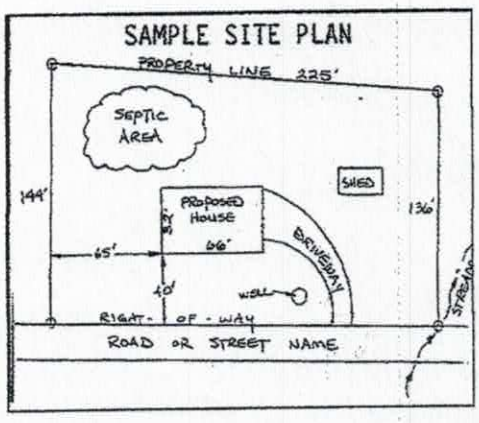
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

3/5/2020
DATE

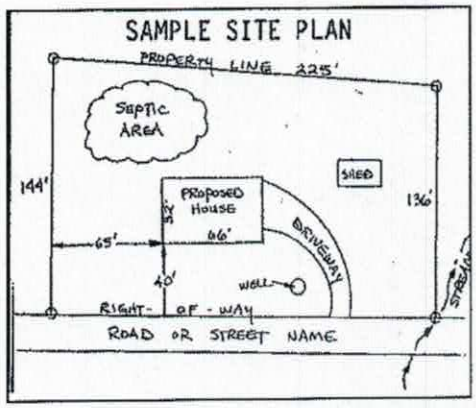
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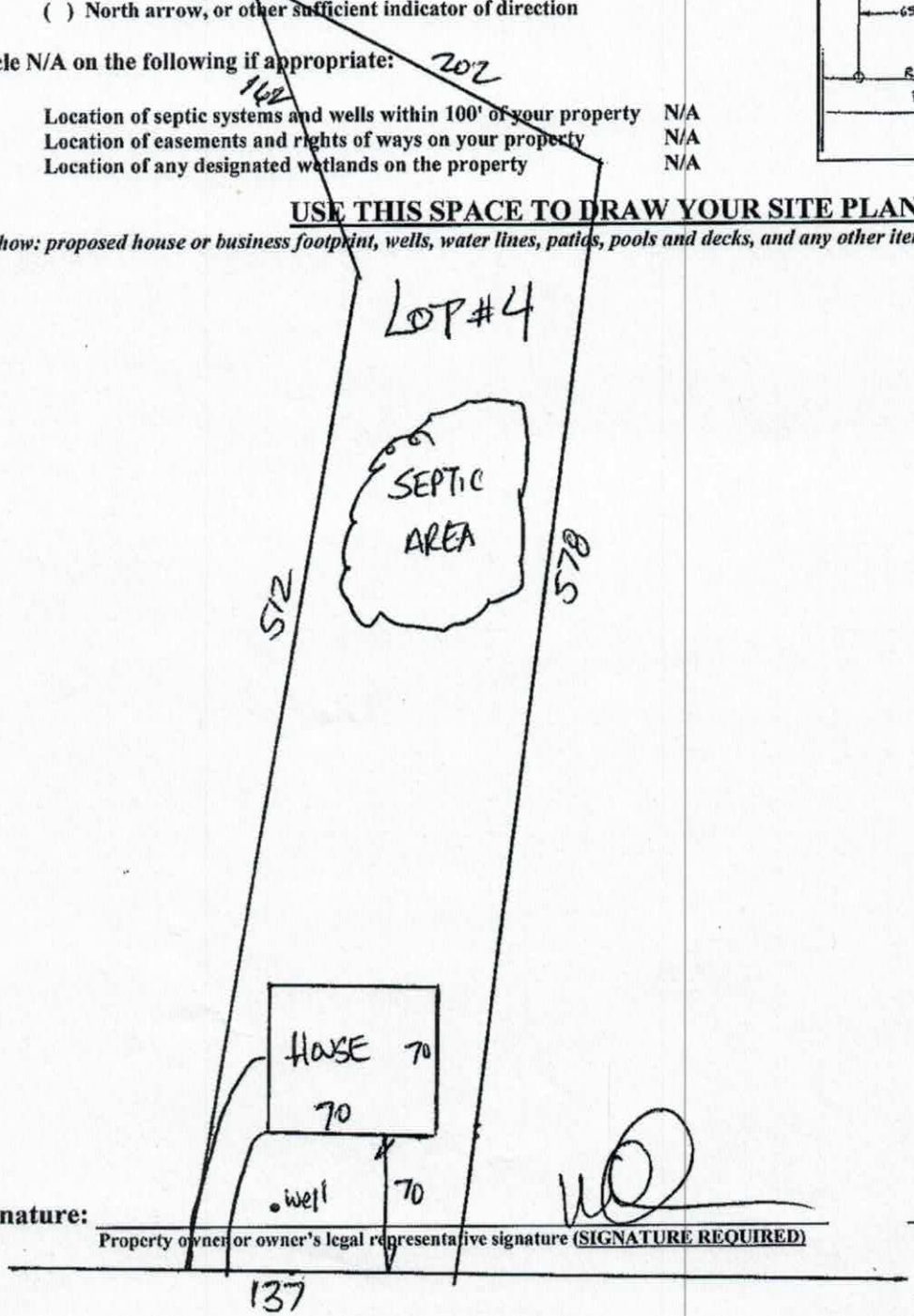


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Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

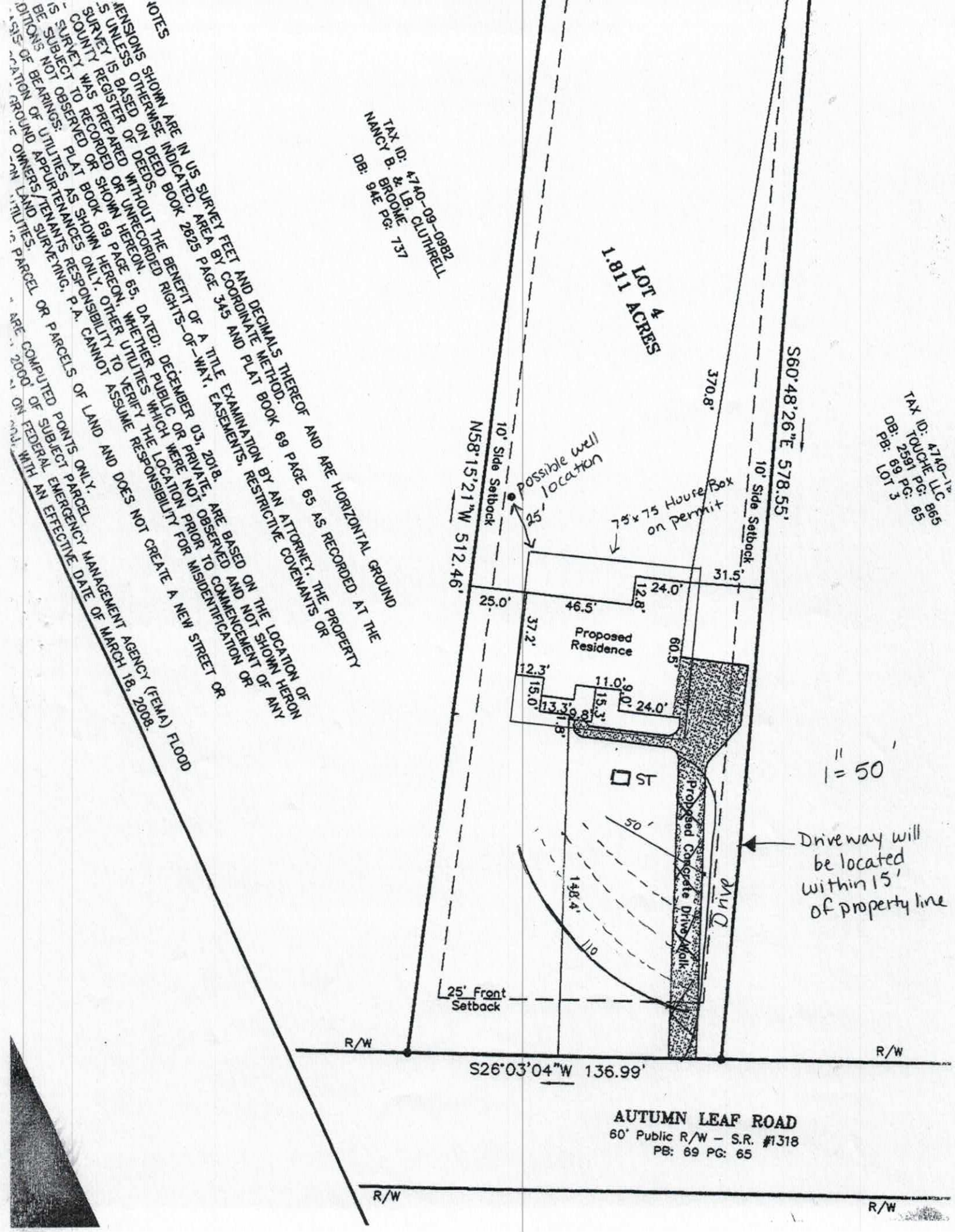
USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____ **DATE** 10/18/18

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


NOTES
MENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND
S UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
SURVEY IS BASED ON DEED BOOK 2625 PAGE 345 AND PLAT BOOK 69 PAGE 65 AS RECORDED AT THE
COUNTY REGISTER OF DEEDS.
SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY
IS SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR
BE SUBJECT TO OBSERVED OR SHOWN HEREON.
IS NOT OBSERVED AS SHOWN HEREON. WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF
DITIONS OF BEARINGS: PLAT BOOK 69 PAGE 65, DATED: DECEMBER 03, 2018. OBSERVED AND NOT SHOWN HERON
ASIS OF BEARINGS: UTILITIES AS SHOWN HEREON. OTHER UTILITIES WHICH WERE NOT PRIOR TO COMMENCEMENT OF ANY
CATION OF UTILITIES RESPONSIBILITY TO VERIFY THE LOCATION OR
GROUND APPURTENANCES ONLY. OTHER UTILITIES. P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR
E OWNERS/TENANTS SURVEYING. LAND AND DOES NOT CREATE A NEW STREET OR
ON UTILITIES. PARCEL OR PARCELS OF
ARE COMPUTED POINTS ONLY.
2000' OF SUBJECT PARCEL
ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD
AND WITH AN EFFECTIVE DATE OF MARCH 18, 2008.
TAX ID: 4740-09-0982
NANCY B. & LB. CLUTHRELL
DB: 94E PG: 737
LOT 4
1.811 ACRES
370.8'
S60°48'26"E 578.55'
10' Side Setback
N58°15'21"W 512.46'
Possible well location
25'
75'x75' House Box on Permit
31.5'
24.0'
12.8'
25.0'
46.5'
37.2'
Proposed Residence
60.5'
12.3'
11.0'
9.0'
15.0'
15.3'
24.0'
13.3'
1.8'
8.3'
ST
Proposed Concrete Drive/Walk
50'
148.4'
110
25' Front Setback
R/W
S26°03'04"W 136.99'
AUTUMN LEAF ROAD
60' Public R/W - S.R. #1318
PB: 69 PG: 65
TAX ID: 4740-1[illegible] TOUCHE LLC
DB: 2591 PG: 865
PB: 69 PG: 65
LOT 3
1" = 50'
Driveway will be located within 15' of property line

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK __, PAGE __; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS ____ DAY OF _____, 2020.

PRELIMINARY

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

PRELIMINARY
NOT FOR RECORDATION
CONVEYANCES AND/OR SALES



TAX ID: 4740-09-8843
MARK W. ERWIN
DB: 929 PG: 1797

N49°14'35"E 202.31'

20' Rear Setback

N88°44'30"W 162.39'

TAX ID: 4740-19-0361
TOUCHE LLC
DB: 2591 PG: 865
PB: 69 PG: 65
LOT 3

S60°48'26"E 578.55'

10' Side Setback

370.8'

LOT 4
1.811 ACRES

TAX ID: 4740-09-0982
NANCY B. & LB. CLUTHRELL BROOME
DB: 94E PG: 737

N58°15'21"W 512.46'

10' Side Setback

31.5'

24.0'

12.8'

60.5'

Proposed Residence

Proposed Concrete Drive/Walk

11.0'

24.0'

18.4'

8.0'

9.1'

46.5'

37.2'

12.7'

15.0'

20.0'

148.4'

R/W

AUTUMN LEAF ROAD
60' Public R/W - S.R. #1318
PB: 69 PG: 65

S26°03'04"W 136.99'

25' Front Setback

Plat Book 69
Page 65
Dated: 12/03/2018

LEGEND

R/W = Right-of-Way

GRAPHIC SCALE

60 0 30 60

(IN FEET)
1 inch = 60 ft.

PLOT PLAN
LOT 4 - TOUCHE, LLC SUBDIVISION
PLAT BOOK 69 PAGES 65
350 AUTUMN LEAF ROAD
FALLSTOWN TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA

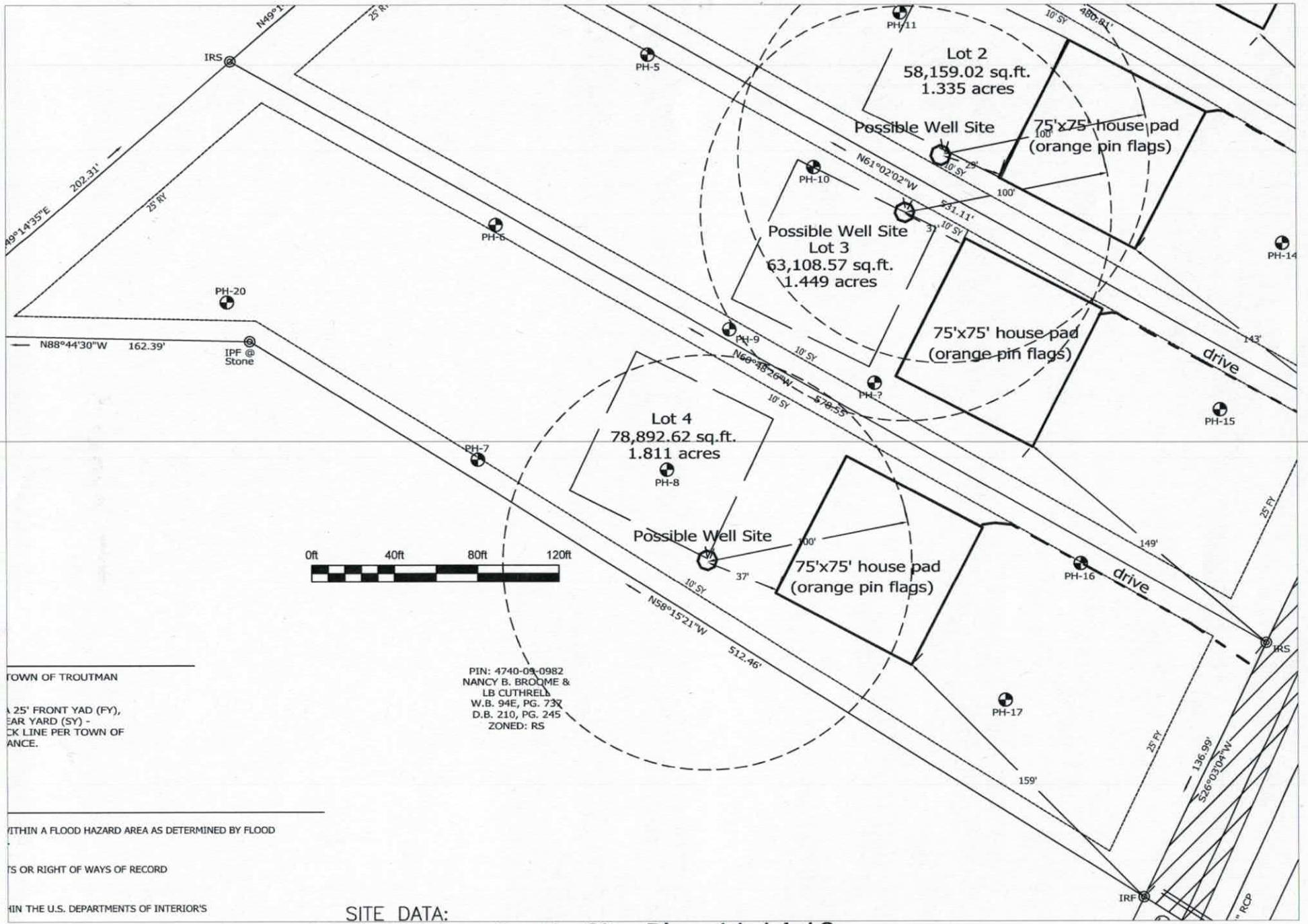
Prepared For: 4G DESIGN BUILD, LLC
P.O. BOX 60
TROUTMAN, NC 28166

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: P-1031
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: (O) 704-663-0100 (M) 704-361-0415

Drawn By: MDH	Checked By: JHP	Scale	Project No.
Tax PIN: 4740-09-9261		1" = 60'	20021
Date: March 2, 2020			Sheet No.
File: 20021_350AutumnLeaf			1 of 1

SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2) THIS SURVEY IS BASED ON DEED BOOK 2625 PAGE 345 AND PLAT BOOK 69 PAGE 65 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4) BASIS OF BEARINGS: PLAT BOOK 69 PAGE 65, DATED: DECEMBER 03, 2018.
5) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
6) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
7) POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.
8) NO NCGS OR USGS MONUMENTS FOUND WITHIN 2000' OF SUBJECT PARCEL.
9) THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710447400J, WITH AN EFFECTIVE DATE OF MARCH 18, 2008.



TOWN OF TROUTMAN

A 25' FRONT YAD (FY),
EAR YARD (SY) -
CK LINE PER TOWN OF
ANCE.

WITHIN A FLOOD HAZARD AREA AS DETERMINED BY FLOOD

TS OR RIGHT OF WAYS OF RECORD

HIN THE U.S. DEPARTMENTS OF INTERIOR'S

SITE DATA:

Autumn Leaf Road Subdivision Septic Site Plan 11.14.19

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, DAWN ERVIN, am the legal owner(s) of the property located at 350 AUTUMN LEAF RD, identified as

PIN (Parcel Identification Number) 4740-19-0367, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) BILL WHITLEY, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Dawn Ervin — 10/18/19

Signature of Owner(s) — Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

3/1/2020

Kathleen Saunders
Legal form
Feb 24, 2020 at 2:54:41 PM
Kathryn Redling

Ben Redling

Here's the legal form I need signed

Kathleen Saunders, LSS
The Oaks Group, PA

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, Kathryn Redling, am the legal owner of the property located at 350 Autumn Leaf Rd, identified as PIN/Parcel Identification Number(s) _____, 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/signing 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)

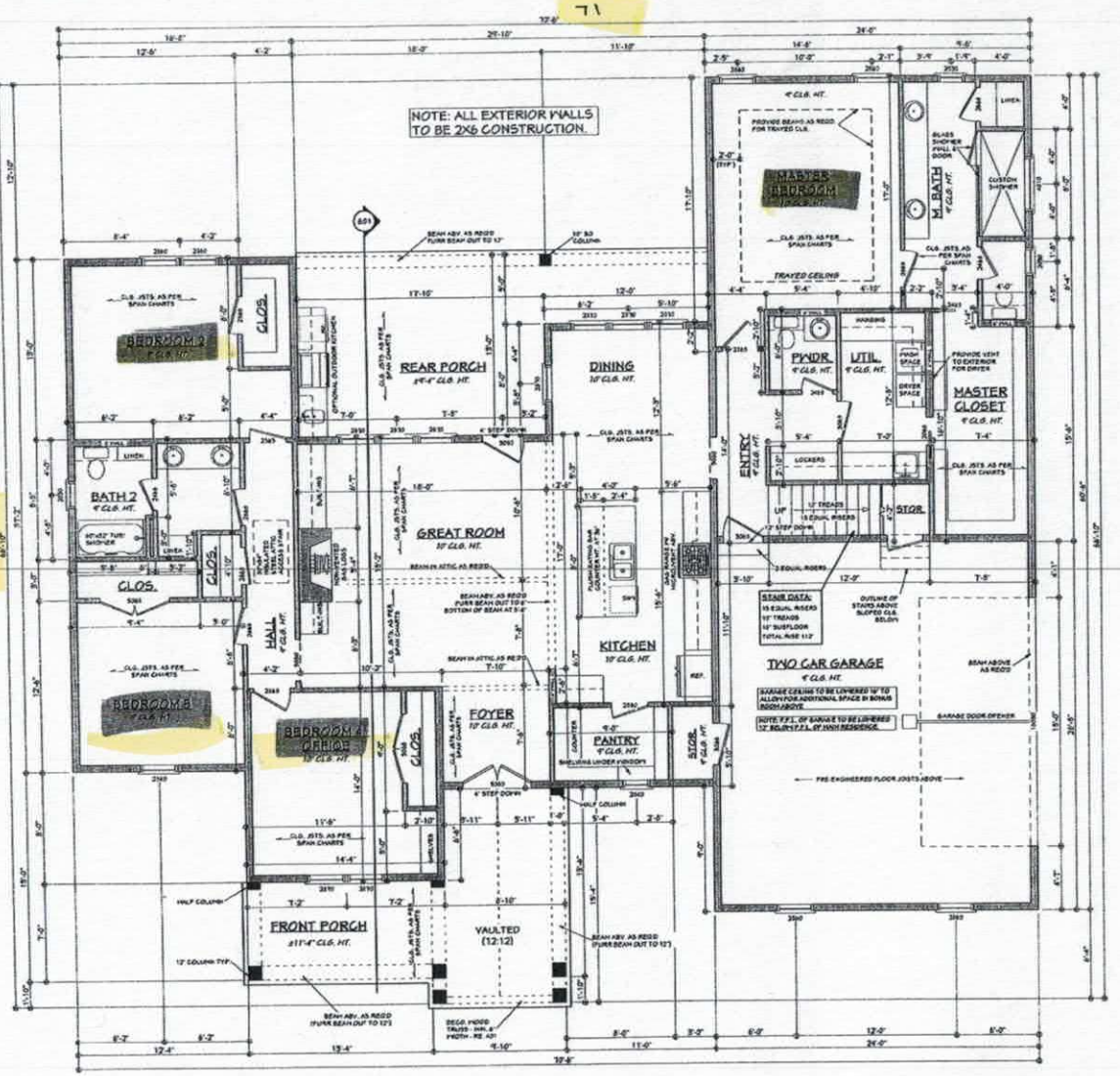
I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual specified above will be recognized as the authorized agent.

Kathryn Redling 2/24/20
Signature of Owner Date

_____ _____
Signature of Witness Date

https://mail.google.com/mail/u/0/?ui=2&ik=...&view=pt&search=inbox&th=FMfcgxwGDWzdWvHJqPwKRKTHwKjDhtnM?projector=1&messagePartId=0.1

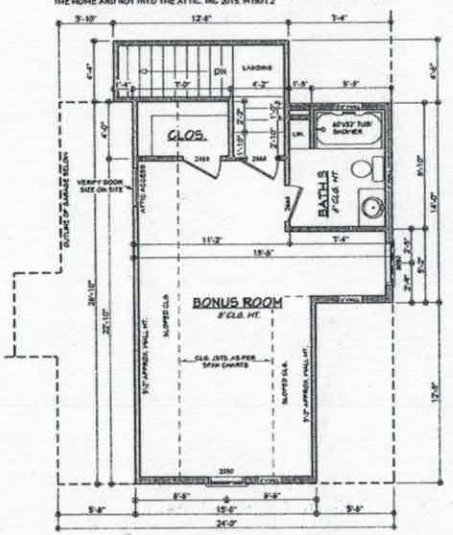
60427446071__91B16664-1B2D-48B0-AA86-3F5BA7F4FDF4.jpeg



BB-2373 FLOOR PLAN

SCALE: 1/4" ========== 1'-0"

AREAS:	2381	S.F. HEATED - FIRST FLOOR
	429	S.F. UNHEATED - BONUS FLOOR
	634	S.F. UNHEATED - GARAGE
	18	S.F. UNHEATED - STORAGE
	230	S.F. UNHEATED - FRONT PORCH
	292	S.F. UNHEATED - REAR PORCH
	1611	S.F. TOTAL UNHEATED
	3992	S.F. TOTAL UNDER ROOF



BONUS FLOOR PLAN

SCALE: 1/4" ========== 1'-0"

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2015, R312.1.1 & R312.1.2
8. M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
4. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. INSTALLATION OF ROOM HEATERS SHALL BE PERMITTED WITH AT LEAST AN 18-INCH WORKING SPACE. A PLATFORM SHALL NOT BE REQUIRED FOR ROOM HEATERS.
M1305.1.1 FURNACES AND AIR HANDLERS. FURNACES AND AIR HANDLERS WITHIN COMPARTMENTS OR ALCOVES SHALL HAVE A MINIMUM WORKING SPACE CLEARANCE OF 3 INCHES ALONG THE SIDES, BACK AND TOP WITH A TOTAL WIDTH OF THE ENCLOSING SPACE BEING AT LEAST 12 INCHES WIDER THAN THE FURNACE OR AIR HANDLER. FURNACES HAVING A FIREBOX OPEN TO THE ATMOSPHERE SHALL HAVE AT LEAST AN 18-INCH WORKING SPACE ALONG THE FRONT COMBUSTION CHAMBER SIDE. COMBUSTION AIR OPENINGS AT THE REAR OR SIDE OF THE COMPARTMENT SHALL COMPLY WITH THE REQUIREMENTS OF CHAPTER 11.
EXCEPTION: THIS SECTION SHALL NOT APPLY TO REPLACEMENT APPLIANCES INSTALLED IN EXISTING COMPARTMENTS AND ALCOVES WHERE THE WORKING SPACE CLEARANCES ARE IN ACCORDANCE WITH THE EQUIPMENT OR APPLIANCE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.1 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015, R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2015.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2015, M1507.2

Acknowledgement Of Plans Submittal ONLY!

Carla C. Nick Date 3-9-20

Date 3/19/20

HOUSE PLAN ZONE

Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.336.3254
Fax: 1.800.574.1387

N·C·B·D·C

JONATHAN L. BOONE

Pre-Drawn Plan ID: BB-2373

Date: 10.18.18

Drawn By: J.A.B.

Project Name:

SHEET NUMBER 3

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

APPLICATION NUMBER
305512 Issue Date: 03/02/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4740099261.000	350 AUTUMN LEAF RD	

Owner Information	Applicant Information
Name: REDLING BENJAMIN J+KATHRYN L	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.811	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD

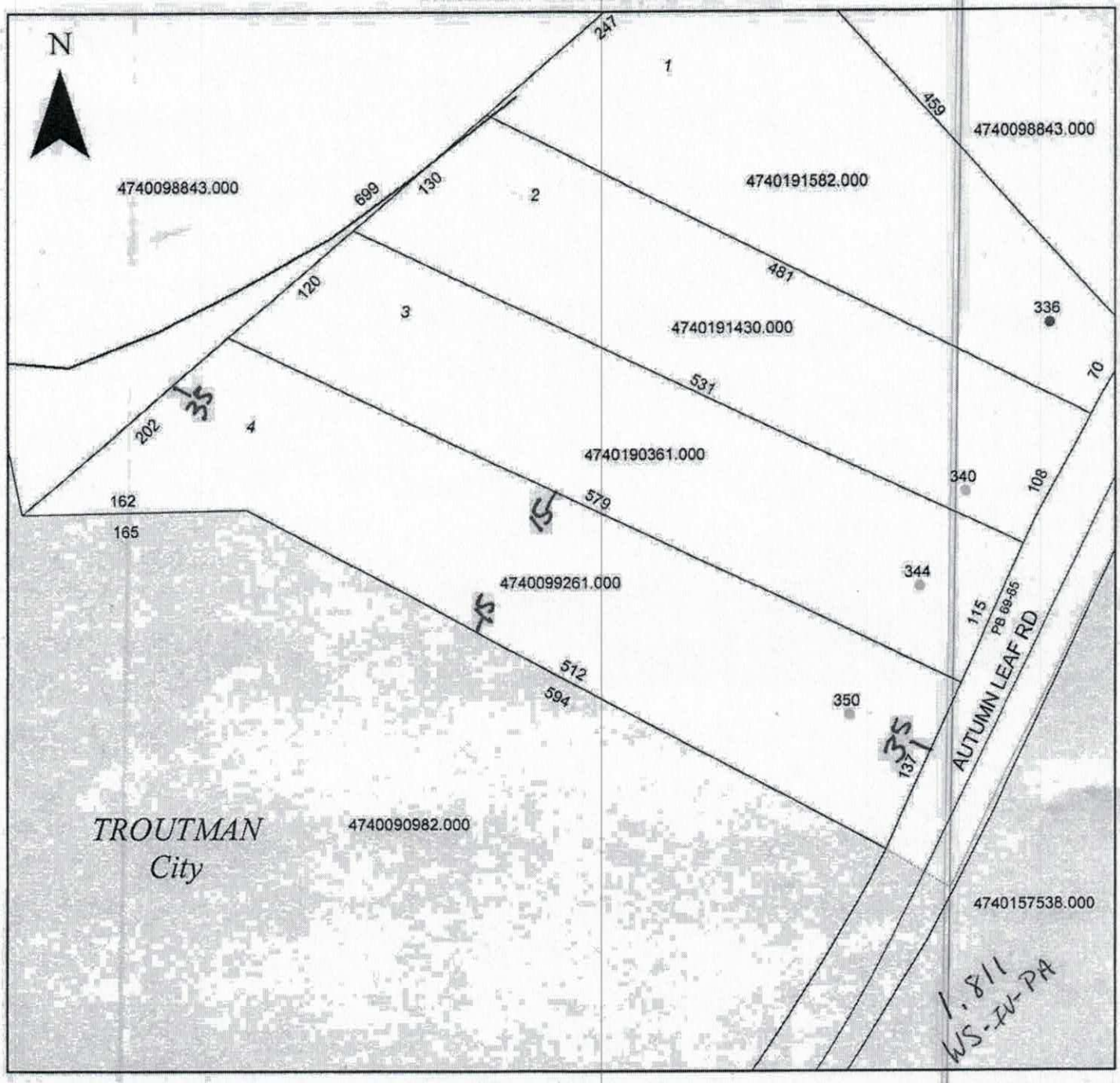
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 03/02/2020

Signature of Owner/Contractor

Permit Number	305512	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 350 Autumn Leaf

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

3/2/2020
Date

Zoning Permit # 239605

Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	10/16/18	Tax Parcel #	4740-19 0367
	Business Name or Property Owner	DAWN ERVIN		
	Street Address & Lot Number	350 ~~3806~~ AUTUMN LEAF RD LOT 4		
	Business Type and/or Project Description	NEW LOTS		
APPLICANT	Applicant	BILL WHITLEY	Preferred Phone	704 361-9879
	Address City/State/Zip	POB 475 HARRISBURG NC 28075		
	E-Mail	whitleycollc@aol.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	TL ☑ ETJ ☑	Plans Attached	Yes ☑ No ☐
Utilities	Well/Septic		Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR			
Minimum Setback Requirements	Front 25', Rear 25', Left Side 10', Right Side 10' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments: Front of home should be parallel to the front lot line/street.

6 rear/side trees for lots over 1/2 acre. Use of existing trees OKay

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Administrator