BCW

2130

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 311340

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

PIN # 4741 - 11 - 5514

APPLICANT/OWNER: True North Homes LLC APPLICANT ADDRESS: 631-300 Brawley School Rd Mooresville NC 28117

SITE ADDRESS: 270 Autumn Leaf Rd Troutman NC 28166 PHONE: 704-363-2345 ALT. PHONE -

SITE DIRECTIONS: Hwy 21 to Autumn Leaf Rd 270 on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wayne Heights II SECTION: - LOT # 15+16 LOT AREA: 1.4 AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	Plastic	Date	Infiltrator	☒ 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 - PPBFD 50% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36	Trench Bottom Depth	30 in max	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: ST - 12ft From house

*Lots have Recorded Private pp A/E +
Lots Combined BK 2751 - PG 215-216

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

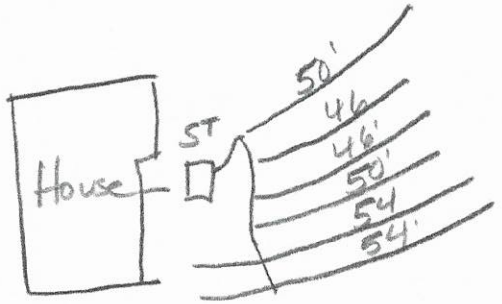
Soil + Forestry Services of the Carolinas, PA

LSS # 1231

AS BUILT SKETCH

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 time.

Installed Quick 4
>10ft to PL (Drainlines)
Autumn leaf



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: 11/2/20 Installed by: Russell Williams

IMPROVEMENT PERMIT by: Date: 10/26/2020 OPERATION PERMIT by: Date: 2/24/21

AUTHORIZATION TO CONSTRUCT by: Date: 11/5/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

NORTH
SCALE
1" = 40'
12 O 26'
11 R 36'
2
10 P 39'
COMPLEX TOPO
1
PROPERTY LINE TO BE REMOVED
RECOMBINATION PLAT REQUIRED FOR AC
DITCH MUST BE FILLED W/CLAY
RILLS
9 B 40'
8 Y 40'
3
7 O 48'
6 R 48'
5 P 60'
4 B 64'
3 Y 60'
4
2 O 60'
1 R 60'
POOL
(20' X 32')
ST
5'
HOUSE
16
15
DRIVE
84.8'
36.9'
M
AUTUMN LEAF ROAD

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0101
September 23rd, 2020

TRUNORTH HOMES, LLC
Attn: *Garrison Davis*
Email: garrison@trunorthhomes.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 220 Autumn Leaf Rd (LOTS 15 & 16), Troutman, NC 28166, PIN #'S (4741115501 & 4741115559).

Mr. Davis:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly pine/hardwood. Topography within the evaluated area was gently slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Bateman Civil Survey Co. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via measuring tape and used to produce the attached *Site Plan*. The house envelope was located via Survey by Bateman Civil Survey Co. The attached Survey provided has house setbacks to property lines.

Methodology

We evaluated soil areas through the use of hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four boring locations on the property flagged and located via GPS. All four of the soil borings are located in the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was located via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot.

202 Autumn Leaf Rd *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 307 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 30 inches. The repair system is proposed as 4,470 SF of area for drip irrigation drainfield. Trench depth is specified at 6 inches.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner

Date

Print Name Garrison A. Davis

Signature

10/13/20

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer

This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 202 Autumn Leaf Road, Troutman, NC may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

S. Ashley Rollins, LSS
Attachment: *Septic Design*

202 Autumn Leaf Rd (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 612 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 30 inches. The repair system is proposed as 200 linear feet of PPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth is specified at 30 inches. There is 281 linear feet of repair available.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

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Owner Date

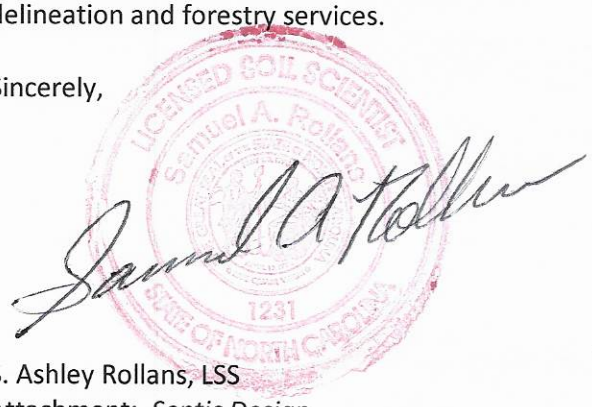
Print Name_____
Signature_____ _____

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 220 Autumn Leaf Road, Troutman, NC may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,



S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence at 220 Autumn Leaf Rd, PIN # (4741115501 & 4741115559) Troutman 28166, Iredell County, NC.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5

Calculations---------- 6

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Survey---------- 8

Zoning Permit & Receipt---------- 9

Application---------- 10-11

Green Sheet---------- 12

Agent Authorization Form---------- 13

10/05/2020
Project #: 20-0101
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a PPBPS (Mod. Conv.) w/ Low Pressure Distribution installation.

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Garrison Davis
Address:	631/300 Brawley School Road Mooresville, NC 28117
Phone:	704.363.2845
County:	Iredell
Location:	220 Autumn Leaf Rd Troutman NC 28166
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	300	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	30 in.	Repair Trench Bottom 30 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	8
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	5.22
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

220 Autumn Leaf Rd

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	8
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 220 Autumn Leaf Rd

Project #: 20-0101

LAYOUT FOR 3 BEDROOM HOME

10/05/2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	RED					66	60
2	ORANGE					64	60
3	YELLOW					65	60
4	***BLUE***					***64***	***64***
5	***PINK***					***60***	***60***
6	***RED***					***48***	***48***
7	***ORANGE***					***51***	***48***
8	***YELLOW***					***50***	***40***
9	***BLUE***					***43***	***40***
10	PINK					39	39
11	RED					36	36
12	ORANGE					26	26
					Total	612	581

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***300***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***GRAVITY***
Repair	281	0.300	Mod. Conv.	0.300	PPBPS	Low Pressure

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Property & House envelope surveyed by Bateman Civil Survey

**Septic Layout located via tape measure and scale

CALCULATIONS

Location	220 Autumn Leaf Rd Troutman, NC 28166	
Project Number	20-0101	
Lot No:	15 & 16	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	8	ft.
Supply Line Volume	5.224	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.
Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

4741115559
Lot 16

Sheet 1 of
PROPERTY ID #: 4741115501
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kimberly Hensley
ADDRESS: 451 Grasslick Dr. Clendinen WV 25045
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: Autumn Leaf Rd, Troutman NC 28166 Lot 15 & 16

APPLICATION DATE
DATE EVALUATED: 8/20/20
PROPERTY SIZE: .49 + .49 acres
PROPERTY RECORDED: Yes

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
B 1	L/1-4%	0-3	BSL Gr	Fr SS SP SEXP	Few SAP	51"	—	—	PS .3
		3-36	RC wms bk	Fr SS SP SEXP					
		36-51	RBCL wfs bk	Fr SS SP					
B 2	L/8-12%	0-4	RBSCL wfs bk	Fr SS SP SEXP	Few Quartz	50"	—	—	PS .3
		4-36	RC wms bk	Fr SS SP SEXP					
		36-50	RBCL wfs bk	Fr SS SP					
B 3	L/6-8%	0-7	RBSCL wfs bk	Fr SS SP SEXP	Few to C. SAP	50"	—	—	PS .3-.325
		7-28	RC wms bk	Fr SS SP SEXP					
		28-50	RBCL/SCL wfs bk	Fr SS SP					
B 4	L/6%	0-4	BSL Gr	Fr SS SP SEXP	fsaq	49	—	—	PS .3-.325
		4-26	RC wms bk	" " " "					
		26-49	RBCL wfs bk	" " " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted Gravity 25%	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

RECEIVED OCT 1 6 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 Session Law

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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 AP- 311340

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: Tru North Homes, LLC **Address:** 631-300 Brawley School Rd, Mooresville NC **Zip:** 28117

Applicant Email: garrison@trunorthhomes.com **Phone:** 704-363-2945 **Alt. Phone:** _____

Owner Name: Kimberly M. Hensley **Address:** 451 Grassick Dr. Clendinen WV **Zip:** 25045

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 220 Autumn Leaf Rd, Troutman NC 28166

Subdivision Name: Wagner Heights II **Section/Phase:** _____ **Lot Number:** 15 & 16

Driving Directions: Hwy 21 to Autumn Leaf Rd. 220 Autumn Leaf will be on ~~R~~ right.

****

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (✓) Concrete Slab Foundation
( ) Accessory Building — (✓) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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 ( ) 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: _____ 10/5/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

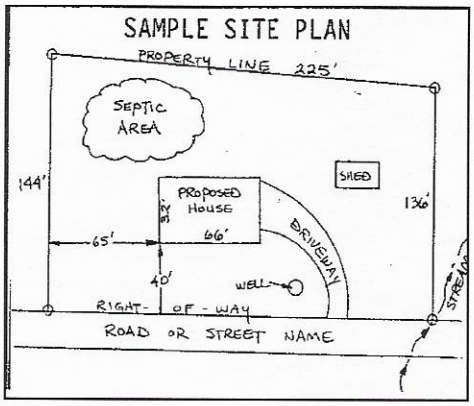
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (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

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

See Attached

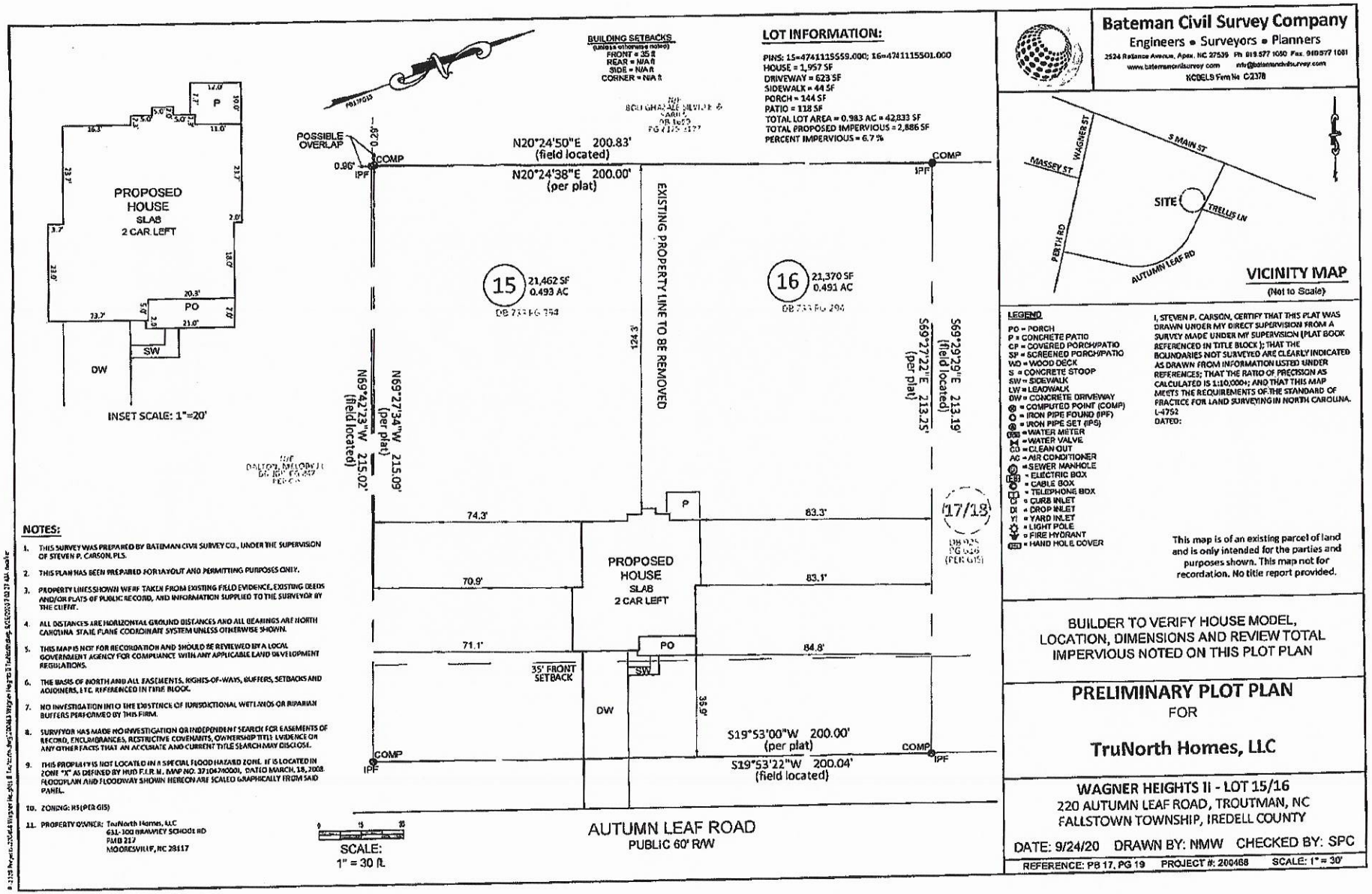
Signature: Brenda A Keller

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

10/5/20

DATE

NORTH
SCALE
1" = 40'
12 O 26'
11 R 36'
2
10 P 39'
COMPLEX TOPO
1
PROPERTY LINE TO BE REMOVED
RECOMBINATION PLAT REQUIRED FOR AC
16
DITCH MUST BE FILLED W/CLAY
RILLS
9 B 40'
8 Y 40'
3
7 O 48'
6 R 48'
5 P 60'
4 B 64'
3 Y 60'
4
2 O 60'
1 R 60'
POOL
(20' X 32')
ST
5'
HOUSE
DRIVE
15
84.8'
36.9'
W
AUTUMN LEAF ROAD



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 THIS 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 NO. 3710474000J, DATED MARCH, 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING: RS (PER GIS)
11. PROPERTY OWNER: TruNorth Homes, LLC
631-300 BRAWLEY SCHOOL RD
PMB 217
MOORESVILLE, NC 28117

DocuSign Envelope ID: 958A683B-9F84-4672-B88A-557A372FAA38

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Kimberly M. Hensley, am the legal owner(s) of the property located at 220 Autumn Leaf Rd, Troutman NC 28166, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Garrison Davis SFS / Ashley Rollins, 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.

DocuSigned by:
Kimberly M. Hensley — 10/12/2020
B76E98B29FA84BA...
Signature of Owner(s) — Date

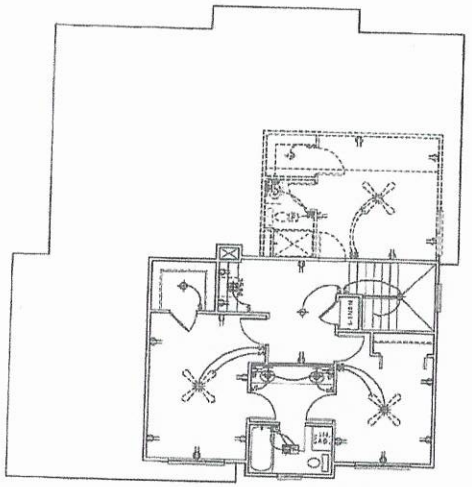
Signature of Witness — Date 10/12/20

Please return this signed form to the appropriate office:

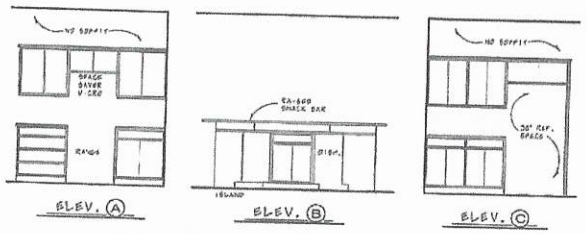
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

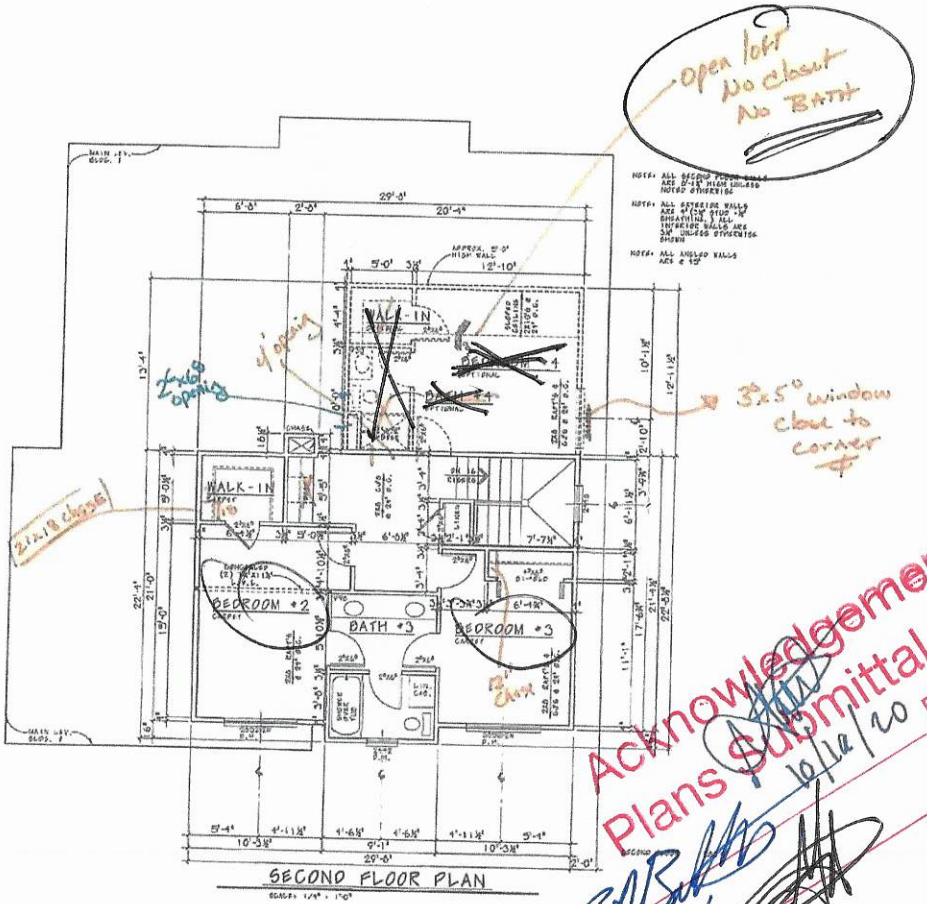
220 Autumn Leaf



SECOND FLOOR ELECTRICAL



KITCHEN CABINET ELEVATIONS



SECOND FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

10/12/20 Date

Date 11/2/20

11/5/20

ORIGINAL DRAFT
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SHEET 5 of 6

LUXURY BATH OPTION ELECTRICAL
LUXURY BATH OPTION
MAIN FLOOR PLAN
MAIN FLOOR PLAN W/ SECOND FLOOR OPTION
9' ceilings 1st & 2nd Floor
6' chase 12" SEAT 5' Shower
Center Door
16'-3" 8' Ceilings
Delete 3 windows
No windows
Acknowledgement Of Plans Submittal ONLY!
Date
Date
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HOME PLAN DESIGN SERVICE
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4 of 6

Zoning Permit # 311340
Fee: $ 45.00 CODE 104

*See reverse side for new construction

Zoning Permit

Please allow a minimum of 72 business hours for completion of zoning approvals and final inspections.

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677 704-878-3118). 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).

LOCATION	Date (mm/dd/yy)	9/28/20	Tax Parcel / PIN #	4741115501
	Business Name or Property Owner	Kimberly M. Hensley		
	Street Address & Lot Number	220 Autumn Leaf Rd Lot 16		
	Business Type and/or Project Description	spec home construction		
APPLICANT	Applicant	TruNorth Homes, LLC	Preferred Phone	(704) 363-2845
	Address City/State/Zip	631-300 Brawley School Rd PMB 217 Mooresville, NC 28117		
	E-Mail	garrison@trunorthhomes.com		

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 15' Right Side 15' *Setback measured from nearest projecting point of structure to Property Line.*				

Comments: Front home should parallel with street / lot-line. 10% of tract plus each residential lot must have at least one large canopy tree, per 5,000 square feet. At minimum, 50% of the required trees must be located in the front yard. The preservation of existing healthy trees is preferred to new plantings.

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