(4)

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237285

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

PIN # 4676-85-9104

APPLICANT/OWNER: Century Communities APPLICANT ADDRESS: 7400 Carmel Exec. Park Dr. Ste 205 Charlotte, NC

SITE ADDRESS: 170 Rain Shadow Dr. Mooresville, NC 28115 PHONE: Gene: 704-361-9345 ALT. PHONE

SITE DIRECTIONS: Rt 3 South from Mooresville → L on Williford → R on Linwood → L on Tector → R on Rain Shadow → on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hollybrook SECTION: — LOT # 6 LOT AREA: 1.120 acres DESIGN FLOW: 600 GPD L.T.A.R.: 0.30

Septic Tank	1500	(gal)	STB	964.	Date	7/19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1500	(gal)	PT	See attached note			System Description:	25% Reduction (PM)			
Pump Make	Liberty		Model	FL-290	Serial #		Repair System Description:	PPBPS (50% Reduction)			
# Nitrification Fields	4		# Lines	4	Linear Ft	500	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	24"-33"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	5	Water Supply
☐ Business	No. Persons	10	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Recommend pumping septic tanks every 3-5 years. 9/7/18: Per approved floorplans, house to be 62 feet wide with Garage (no foundation drain) in vicinity of septic + pump tanks. - pump Tank - Not dated. - tank lid/shaft - Lettering Sept + - pump Lids checked Attached: * House not constructed @ time of installation

INITIAL SITE SKETCH

See attached plans from:

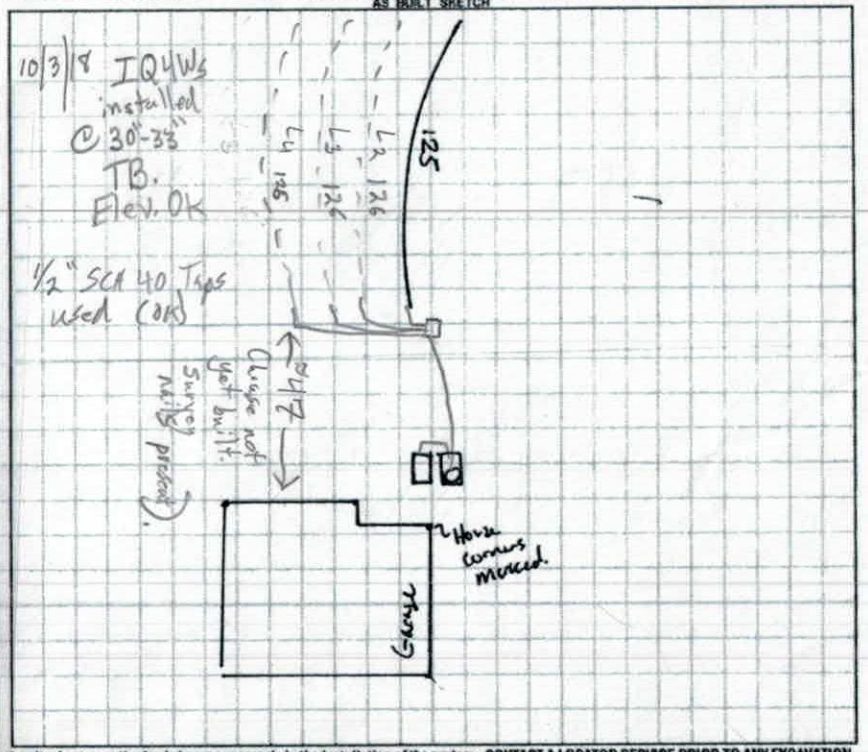
Michael Athanas + Associates

Dated: 7-16-2018

Michael Athanas LSS# 1252

	Date	Initials
Drain Lines Checked B.B. (top line)	10/3/18	SR
Tanks Checked	10/2/18	B.B.
Pressure Manifold or Valve Box Checked + pump line	10/3/18	SR
Pressure Head Set	2/28	KW
Electrical Checked	2/28	KW
Floats Set	2/28	KW
Alarm Checked	2/28	KW
Maintenance Contract Y / (N) NOT REQUIRED		
Comments:		

AS BUILT SKETCH



Permit can be ... made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

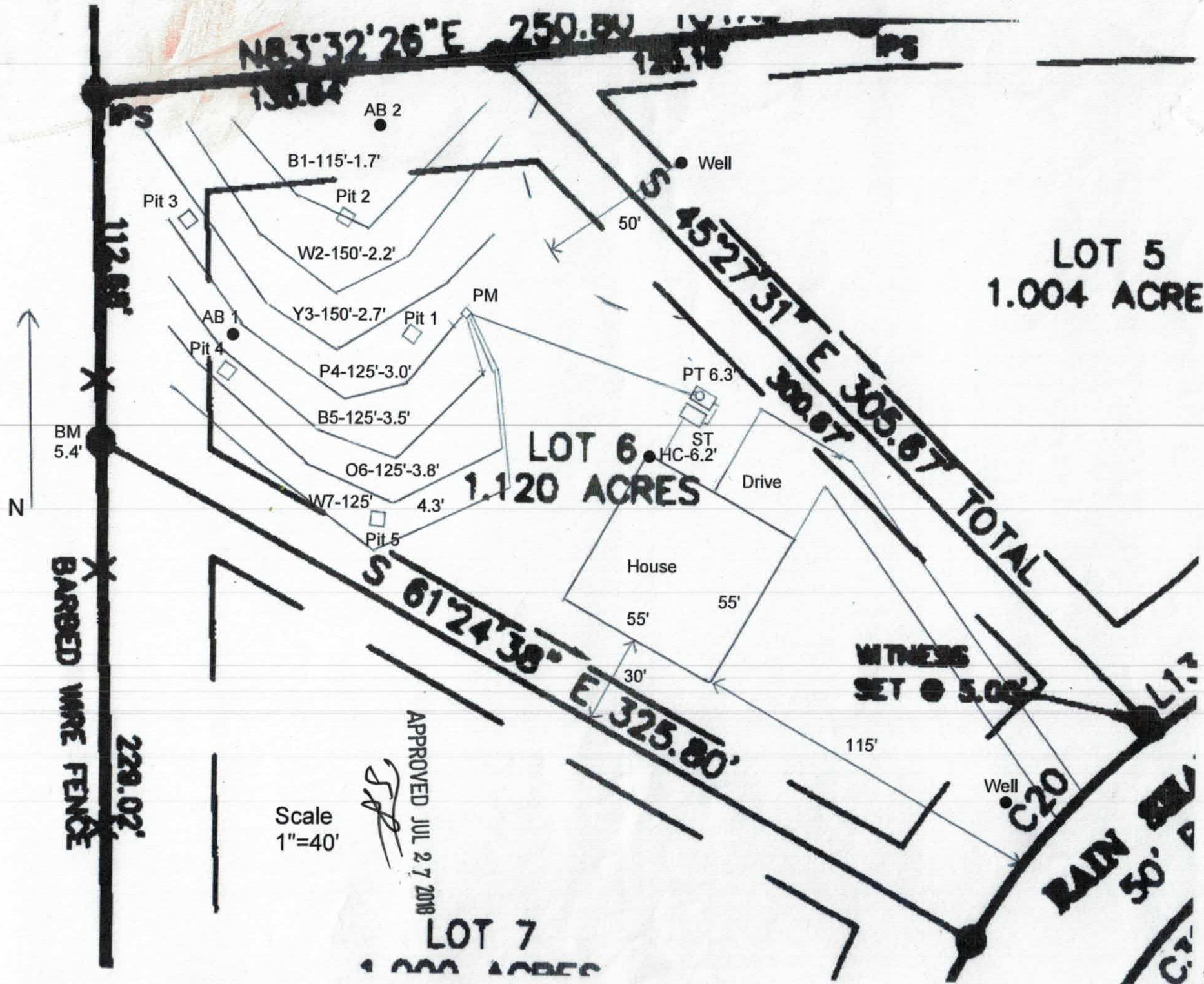
☐ IMPROV... valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Gene Barnes Date: 8/29/18 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/27/2018 OPERATION PERMIT by: Kayla Wilson Date: 2-28-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/7/2018 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.


N83°32'26"E 250.82'
136.64'
PS
PS
AB 2
B1-115'-1.7'
Pit 3
Pit 2
Well
50'
S 45°27'31" E 305.67' TOTAL
300.67'
LOT 5
1.004 ACRE
112.58'
W2-150'-2.2'
PM
AB 1
Y3-150'-2.7'
Pit 1
Pit 4
P4-125'-3.0'
PT 6.3'
B5-125'-3.5'
BM
5.4'
LOT 6
1.120 ACRES
ST
HC-6.2'
Drive
O6-125'-3.8'
N
W7-125'
4.3'
Pit 5
House
55'
55'
S 61°24'38" E 325.80'
30'
WITNESS
SET ● 5.00'
115'
Well
C20
L17
BARBED WIRE FENCE
228.02'
Scale
1"=40'
APPROVED JUL 27 2018
LOT 7
RAIN
50'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 170 Rain Shadow Dr, Hollybrook Lot 6
House Footprint: 55' x 55'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 218.8 gallons
Pump Run Time: 7.7 minutes
Elevation Head: 8.3'
Friction Head: 1.5'
Pressure Head: 2'
Total Dynamic Head: 11.8'
Supply Line Length: 80' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length	Elevation
Blue 1		115'	1.7'
White 2		150'	2.2'
Yellow 3		150'	2.7'
Pink 4	**125'**	**150'**	**3.0'**
Blue 5	**125'**	**150'**	**3.5'**
Orange 6	**125'**	**150'**	**3.8'**
White 7	**125'**	**150'**	**4.3'**

Initial System: 500' **Repair System:** 415'
Pump Tank: 6.3' **House Corner:** 6.2'
Benchmark: 5.4' (top of iron)

APPROVED JUL 27 2018

PROPERTY ID #: 4676859104
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Century Communities
ADDRESS: 7400 Carmel Exec Park Dr, Suite 205, Charlotte, NC 28226
PROPOSED FACILITY: 5 bdrm
PROPOSED DESIGN FLOW (.1949): 600 GPD
LOCATION OF SITE: 170 Rain Shadow Dr, Hollybrook lot 6
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 1.0 AC
PROPERTY RECORDED:

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 4%	0-8	Br SCL WSBK	FR SS SP SXP	N/A	52"	F-C SAP PS	N/A	PS 0.3
		8-32	R C SBK	FR SS SP SXP					
		32-52	R CL WSBK	FR SS SP SXP					
		52-60	VER SL SAP M	FR SS SP SXP					
PIT 2	LS 4%	0-8	Br SCL WSBK	FR SS SP SXP	N/A	60"	F-C SAP	N/A	PS 0.3
		8-30	R C SBK	FR SS SP SXP					
		30-60	R CL WSBK	FR SS SP SXP					
PIT 3	LS 4%	0-5	Br SCL WSBK	FR SS SP SXP	N/A	60"	F-C SAP	N/A	PS 0.3
		5-32	R C SBK	FR SS SP SXP					
		32-60	R CL WSBK	FR SS SP SXP					
PIT 4	LS 4%	0-5	Br SCL WSBK	FR SS SP SXP	N/A	57"	F-C SAP	N/A	PS 0.3
		5-30	R C SBK	FR SS SP SXP					
		30-57	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1500 FT^2	1245 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: Tom Shuck 4/26/2018

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: _4676859104____
DATE OF EVALUATION: _____
COUNTY: _IREDELL____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 5 ✓	LS 4%	0-5	Br SCL WSBK	FR SS SP SXP	N/A	52"	F-C SAP	N/A	PS 0.3
		5-30	R C SBK	FR SS SP SXP					
		30-54	R CL WSBK	FR SS SP SXP					
AB 1	LS 4%	0-3	Br SCL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		3-33	R C SBK	FR SS SP SXP					
		33-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 4%	0-3	Br SCL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		3-36	R C SBK	FR SS SP SXP					
		36-48	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	~~As~~ (1)	AB 0-6	SBK SCL	SEXP FR S SP	10YR 4/6	48"+	N/A	N/A	IV 0.3 ltar
		B+1 6-28	" C	" " " P					
		B+2 28-48+	" C	" " " "	10YR 4/6 Matrix w/ 10YR 6/6 Secondary				
6	CV 4-8% smooth	AB 0-8	SBK SCL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 ltar
		B+1 8-38	" C	" " " P					
		B+2 38-48+	" C	" " " "	2.5YR 4/6 Matrix w/ 2.5YR 6/6 Secondary				
7	~~CV~~ 2-6% Smooth	AB 0-6	SBK SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	Depth to CB 42"	IV 0.3 ltar
		B+1 6-26	" C	" " " P					
		B+2 26-46	" C	" FI " "	As B+2 in (6)				
		CB 46-48+	" SCL	" FR " SP					
8	~~As~~ (7)	AB 0-5	SBK SCL	SEXP FR S SP	2.5YR 4/6	36"	N/A	36" to CB	IV 0.3 ltar
		B+1 5-18	" C	" " " P					
		B+2 18-36	" C	" " " P	As B+2 in (6)				
		CB 36-48+	" SCL	" " " SP					
9	~~As~~ (7)	EA 0-23	SBK SCL/SL	SEXP FR SS SP	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 ltar
		B+ 23-48+	" C	" " S P					

COMMENTS: _____

DENR/DEH

ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Williams, Teeter Rd, Iredell Co APPLICATION DATE _____

ADDRESS: _____ DATE EVALUATED: 1/21/08

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	~~A~~ S 90 Wtr 1/21	Bt 48"+	? 0.25 ltar.	?					
2	~~A~~ 90 Wtr 1/21	Bt 48"+	? 0.25 ltar.	?					
6 B	L 6-10 smooth	Ap 0-4	SBK CL	SEXP FR S P	2.5YR 4/8	48"+	N/A	N/A	IV 0.25 ltar (high clay content)
		Bt1 4-28	" C	" " " "	2.5YR 4/8 W/ 10YR 6/2 SECONDARY				
		Bt2 28-48"+	" "	" " " "					
4	As (93)	AB 0-6	SBK CL	SEXP FR S P	2.5YR 4/8	48"+	N/A	N/A	IV 0.3 ltar
		Bt 6-48"+	" C	" " " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

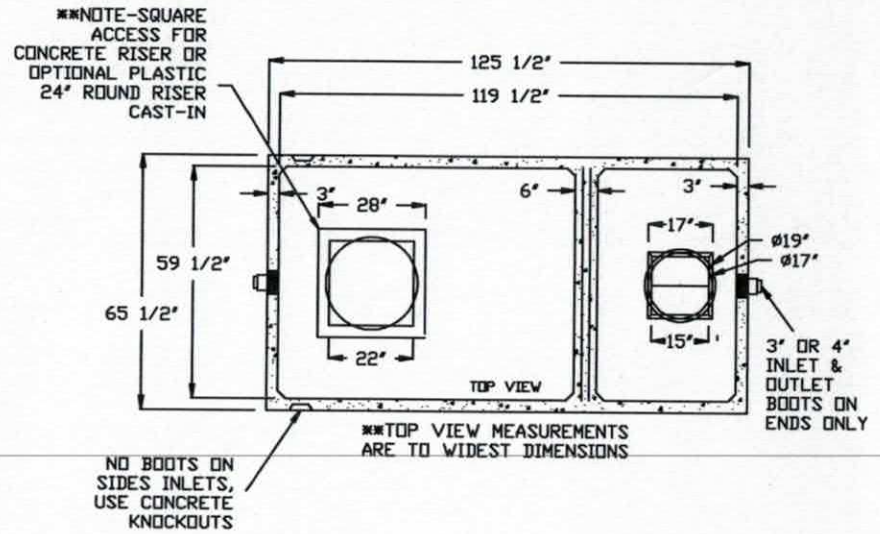
OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS: _____



SHOAF PRECAST SEPTIC INC.	
4130 WEST US HWY 64	
LEXINGTON, NC 27295	
PHONE (336) 787-5826	
FAX (336) 787-2826	

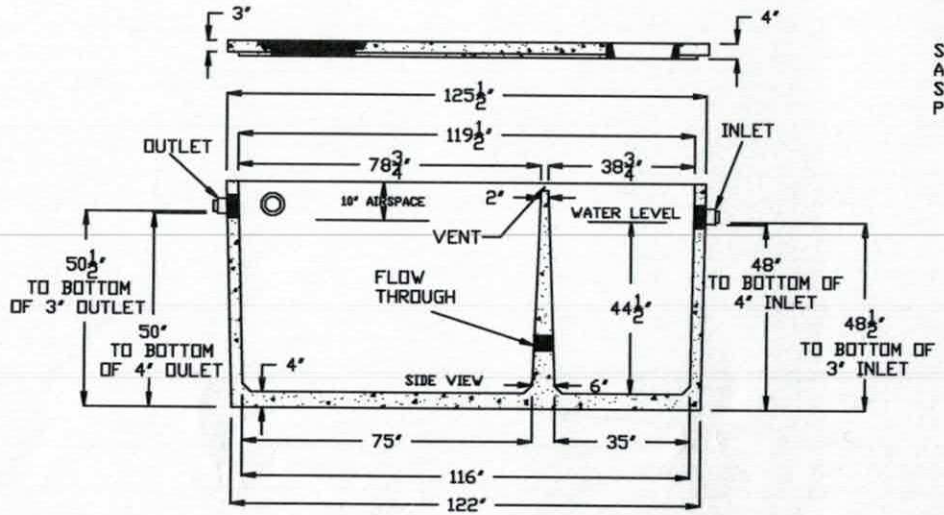
MODEL: TS 1500 PT

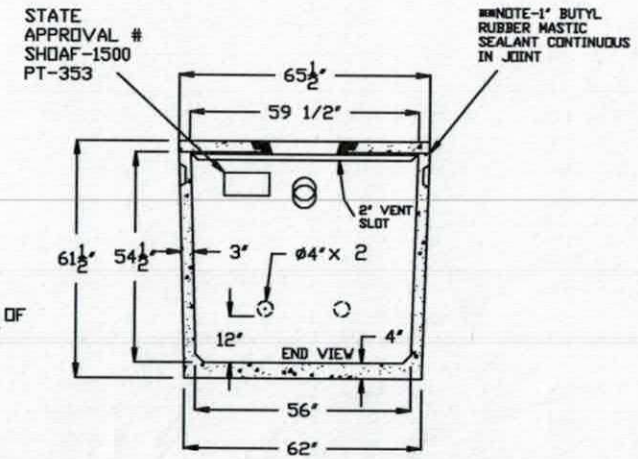
NON TRAFFIC

1500 Gallon Pump Tank

WWW.SHOAFPRECAST.COM
SHOAF-1,500 PUMP TANK
PT-353
LIQUID CAPACITY-1,518 GALLONS INCLUDING 10" AIRSPACE
GALLONS PER INCH-27.85 (AVERAGE)
TANK HEIGHT-61 ½"
BOTTOM OF TANK TO CENTER OF INLET-50"
BOTTOM OF TANK TO CENTER OF OUTLET-52"
LENGTH TO WIDTH RATIO-2 TO 1
SIZE OF INLET & OUTLET-3" OR 4" PIPE
TYPE OF INLET & OUTLET-POLYLOCK OR EQUAL (MEETS ASTM C-923)
CONCRETE PSI-4000; TANK WEIGHT- 11,000 LBS.
REINFORCEMENT PER STATE CODE

SCALE - N.T.S.





IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: Century Communities Southeast, LLC **Address:** 7400 Carmel Executive Park Dr. Suite 205 **Zip:** 28226

Applicant Email: rhonda.bustard@centurycommunit **Phone:** 704-943-1310 **Alt. Phone:** _____

Owner Name: Century Communities Southeast, LLC. **Address:** 7400 Carmel Executive Park Dr. Suite 205 **Zip:** 28226

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

Property Information:

Street Address: 170 Rain Shadow Drive

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 6

Driving Directions: HWY 152 Right on Teeter Road, community on Right

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

CHECK FOUNDATION TYPE

(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: 5
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) 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: _____
( ) 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:** N/A
(X) 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: Rhonda Bustard 7/4/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, Matthew Chisholm, am the legal owner(s) of the property located at 170 Rain Shadow Drive, identified as PIN (Parcel Identification Number) 4676-85-9104, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Century Communities, 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.

Signature of Owner(s) — Date 9/4/18

Signature of Witness Ronda Gustafson — Date 9/4/18

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

237285 $350 PD

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

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: Century Communities **Address:** 7400 Carmel Exec. Park Dr. STE 205, Charlotte, NC **Zip:** 28226

Applicant Email: _____ **Phone:** Gene-704-361-9395 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 170 Rain Shadow Dr

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 6

Driving Directions: _____

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: 5
Maximum Number of Occupants: _____
( ) 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: _____
( ) 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: Accepted

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 7/16/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Century Communities Southeast, LLC., am the legal owner(s) of the property located at 170 Rain Shadow Drive Lot- 6, identified as PIN (Parcel Identification Number) 4676-85-9104, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Athana, Michael Athanas & Associates, 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.

Signature of Owner(s) 7/27/18 Date

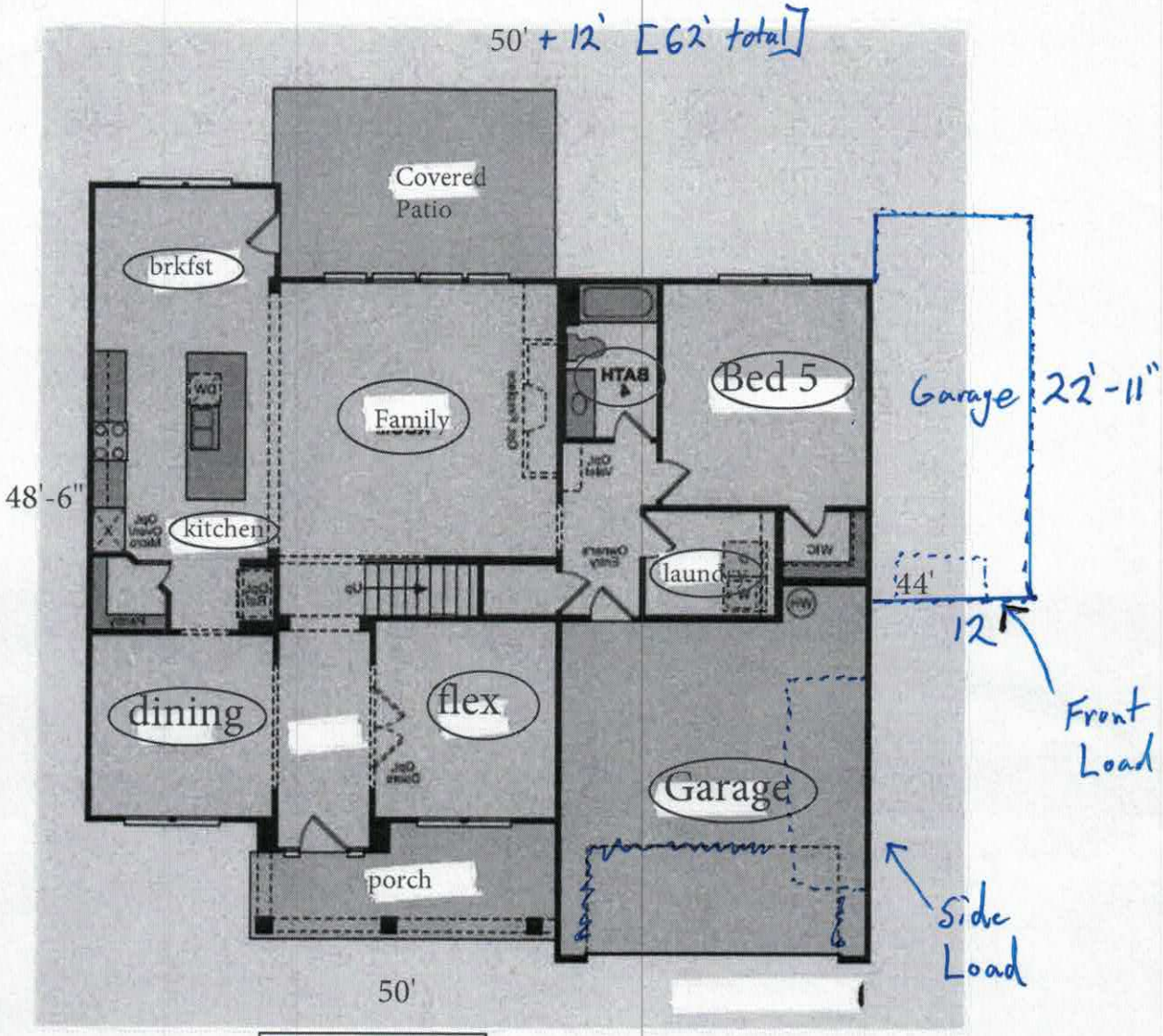
Rhonda Bustard 7/27/18

Signature of Witness Date

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

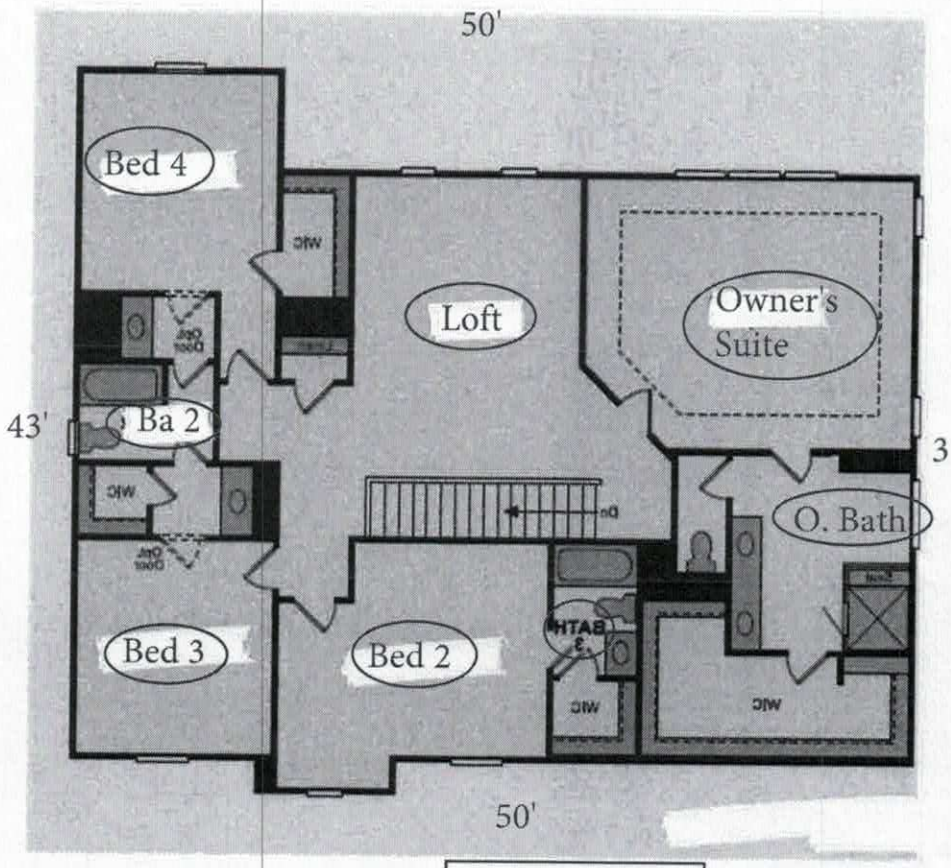


First Floor

Acknowledgement Of Plans Submittal ONLY!

Date 9/10/18

Date 9/7/18

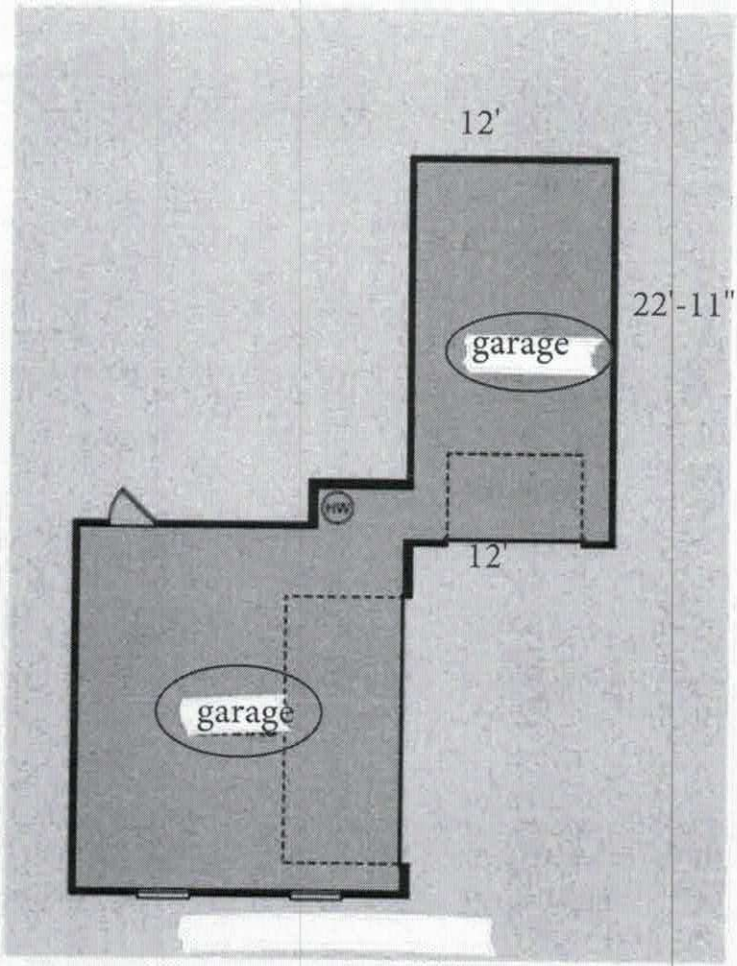


Second Floor

Acknowledgement Of Plans Submittal ONLY!

Date 9/10/18

Date 9/7/18



Acknowledgement Of
Plans Submittal ONLY!
Date 9/10/18
Date 9/7/18