IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242970

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

PIN # 4676940453

APPLICANT/OWNER: Scott Walker APPLICANT ADDRESS: 192 Rain Shadow Dr. Mooresville NC 28115

SITE ADDRESS: 192 Rain Shadow Dr. Mooresville, NC 28115 PHONE: 704 497-1577 ALT. PHONE 980 444 9207

SITE DIRECTIONS: Main St N. TR Linwood TL Teeter Rd TR Rain Shadow at end SAP CONTROLLED: ☐ YES ☒ NO Rep

SUBDIVISION: Holly brook SECTION: — LOT # 11 LOT AREA: 1.005 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .25/.225

Septic Tank	Exist (1000 gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank		(gal) PT		Date		System Description:	Gravity - 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	Hort. PPBPS		
# Nitrification Fields	1	# Lines	2	Linear Ft	204'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	36" max	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE		

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

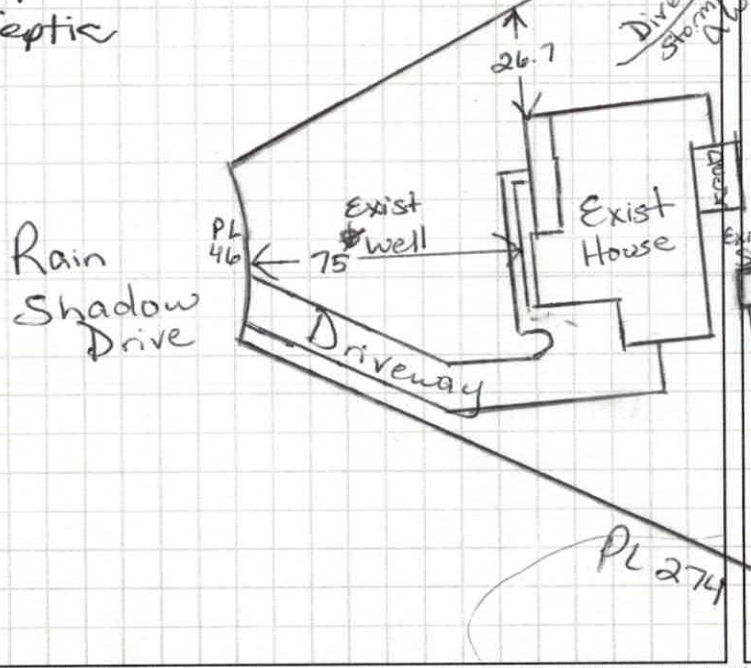
Comments / Conditions: * Must abandon any part of Septic System within 15ft of pool "cut". Relocation to accomodate pool.

* Divert Surface/Storm Water Away From Septic

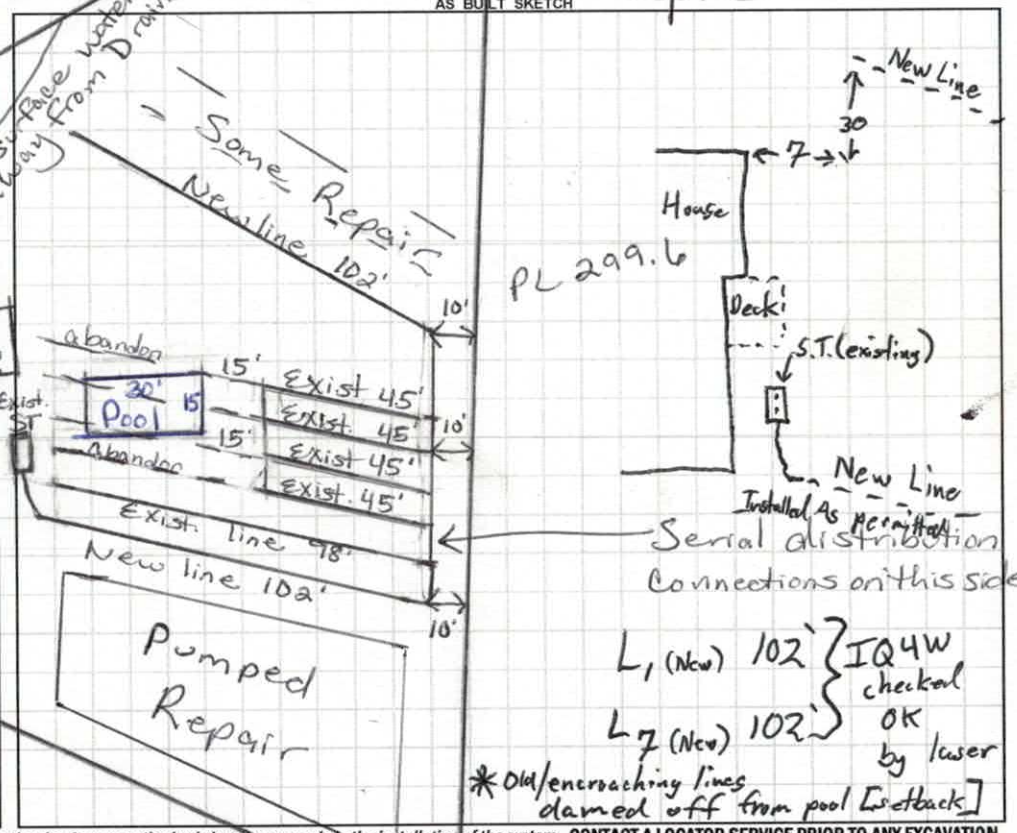
INITIAL SITE SKETCH

Scale 1:50

* No footers or foundation within 5ft of Septic



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: Scott Walker Date: 4/16/19 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/15/19 OPERATION PERMIT by: Tom Shuck Date: 5/16/2019

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/15/19 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 ___ of ___
PROPERTY ID #: 4676940450
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Scott Walker
ADDRESS: 192 Rain Shadow Dr Mooresville NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 192 Rain Shadow / Hollybrook #11
APPLICATION DATE: 3-12-19
DATE EVALUATED: 4/4/19
PROPERTY SIZE: 1.005Ac
PROPERTY RECORDED: Y

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	9%	0-8	Brw SCL	SS,SP,SExp,FR					PS .3 Initial
		8-24	RC m-wSBK	SS,SP,SExp,FR					
		24-52	RCL wSBK	SS,SP,SExp,FR					
			w/ Few SAP Inclus						
2	13%	0-9	Brw SCL	SS,SP,SExp,FR					PS .225 Repair
		9-27	Rd/Brw C m-wSBK	SS,SP,SExp,FR					
		27-41	Rd/Brw CL	wSBK SS,SP,SExp,FR					
		41-52'	Rd C/CL	wSBK SS,SP,SExp,FI-FR					
			Yel/Brw mottles						
3	4%	0-18	Brw SCL	SS,SP,SExp,FR					PS .25
		18-32	RC wSBK	SS,SP,SExp,FR					
		32-50	R to Rd/Brw	wC SS,SP,SExp,FI-FR					
			w/ Some Man staining						
4	8%	0-15	Brw SCL	wSBK SS,SP,SExp,FR					PS .225 Repair
		15-30	RC wSBK	SS,SP,SExp,FR					
		30-55	RC wSBK	S,P,Exp,FI					
			w/ Man staining						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Hort PBPS
Site LTAR	.25	.225

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean / Scott Walker

COMMENTS:

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 3 of 12
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
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	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
10 ~~11~~	~~As~~ (1)	AB 0-5	SBK SCL	SEXP-P, SSP					IV. 0.3 ltar (EXP VS VP)
		B+ 5-27+	" C	EXP FR VS VP	2.5YR 5/2	27"+	?	?	
		Wtr in hole on 10/22 at 6 hrs after sunset 29" below soil surface. Wtr level appeared to have risen to approx 6" below wtr mark in pit (Natural event 10/24-25&26)							Numerous coarse fragments in vicinity of site
11 ~~2~~	L 6-10% smooth	AB 0-5	SBK SCL	SEXP FR, SSP					
		B+ 5-48+	" C	" " " P	2.5YR 4/6	48"+	N/A	N/A	IV. 0.3 ltar .275
							Few Mn or Dark Streaks		
12 ~~3~~	~~As~~ (11)	AB 0-9	SBK SCL	SEXP FR SSP					III 0.4 ltar
		B+ 9-34	" CL	" " " P	2.5YR 4/8	48"+	N/A	N/A	
		BC 34-48+	" SCL/SL	" " " SP					
13 ~~4~~	~~As~~ (11)	AB 0-4	SBK SCL	SEXP FR SSP					IV 0.3 ltar
		B+ 4-48+	" C	" " " P	2.5YR 4/6	48"+	N/P	n/p	

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: _____

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	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
77	L 6-10 smooth	A 0-5	SBK CL	SEXP FR S P	5YR 5/6 2.5YR 4/6	48"+	N/A	N/A	IV 0.25 ltar dense clay
		B+1 5-23	" C	" " " "					
		B+2 23-48+	" "	" " " "					
78	As 77	A 0-3	SBK CL	SEXP FR S P	2.5YR 4/6	28"+ to CB	II Below 44"	28"+ to CB	III LPP 0.2 ltar or 0.5 ltar sap below 44"
		B+ 3-28	" C	" " " "					
		CB 28-44	" C/CL	" " " "					
		C 44-48+	SBK/GR SL	" FR/VFR SS SP					
79	As 77	A 0-4	SBK CL	SEXP FR S P	2.5YR 4/6	44"+ to sap	N/A	44" to sap	IV 0.3 ltar
		B+ 4-44	" C	" " " "					
		C 44-48+	" CL/SL	" " " "					
80	As 77	A 0-3	SBK CL	SEXP FR S P	2.5YR 4/6	40"+ to CB	N/A	40"+ to CB	IV 0.3 ltar
		B+ 3-24	" C	" " " "					
		BC 24-40	" C/CL	" " " "					
		CB 40-48+	" CL/C	" " " "					
81	As 77	A 0-3	SBK CL	SEXP FR S P	2.5YR 4/6	48"+ to sap	N/A	N/A	IV 0.3 ltar, 3 OK
		B+ 3-48+	" C	" " " "					

COMMENTS: _____

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 19 of 24
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Williams, Tietor Rd, Iredell County 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

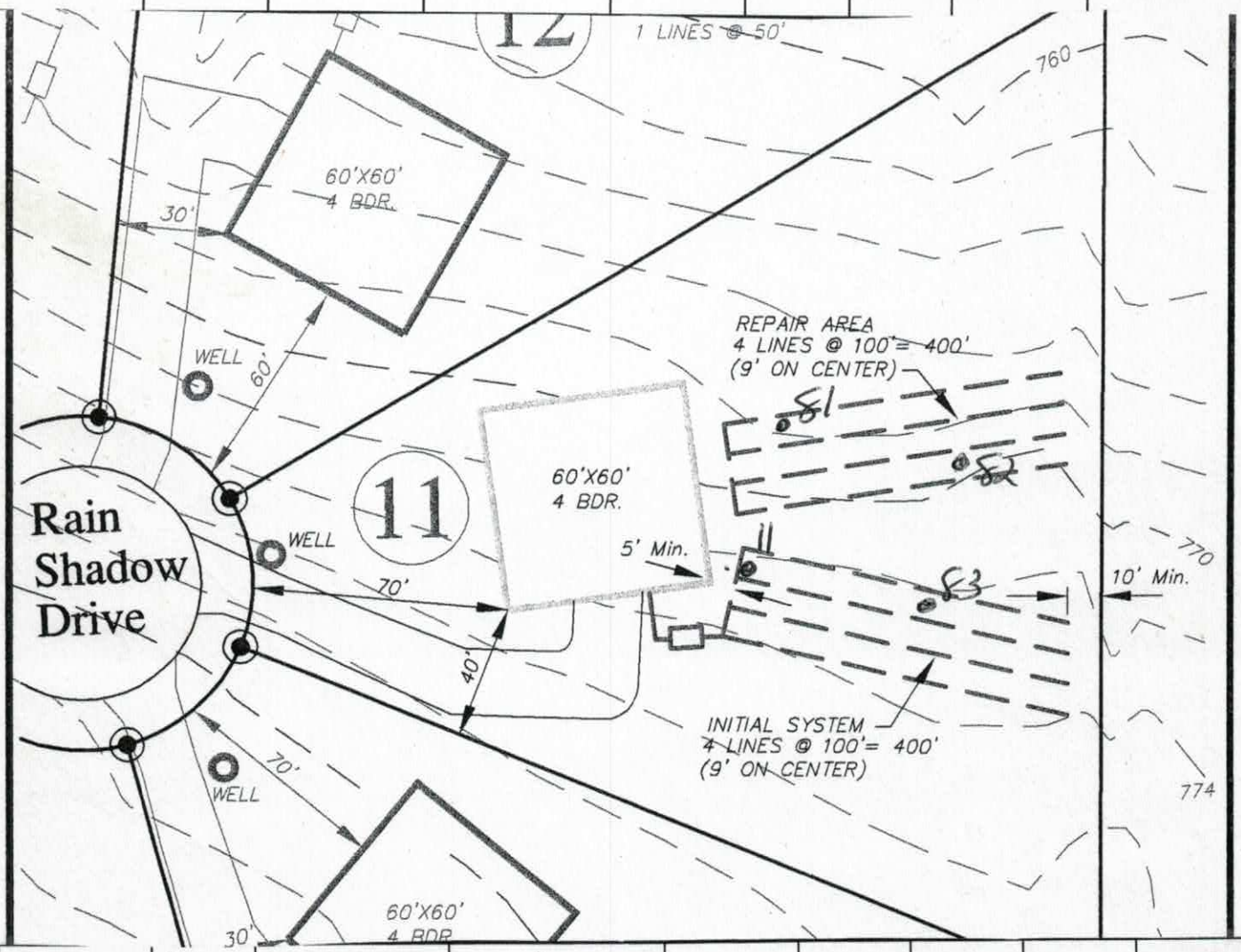
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
~~82~~ 1	L 4-8 Smooth	Bt 0-48+	SBK C	SEXP FR S P	2.5YR 4/8	48"+ f-mn	N/A	N/A	~~IV 0.3 Hor~~ .275
~~83~~ 2	As 82	AB 0-5	SBK CL	SEXP FR S P	2.5YR 4/8 C mn	48"+	N/A	N/A	~~IV 0.3 Hor~~ .25
		Bt 5-48+	" C	" " " "					
~~84~~ 3	As 82	Ap 0-3	SBK CL	SEXP FR S P	2.5YR 4/8	48"+	N/A	N/A	~~IV~~ 0.3 Hor
		Bt 3-44	" C	" " " "					
		BC 44-48+	" C/CL	" " " "					
~~85~~ 4	As 82	Ap 0-2	SBK CL	SEXP FR S P	2.5YR 4/8	48"+	N/A	N/A	~~IV~~ 0.3 Hor
		Bt 2-48+	" 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:

11 2	L 6-10% smooth	AB 0-5 B+ 5-48+	SBK SCL " C	SEXP FR S SP " " " P	2.5YR4/6	48"+	N/A	N/A	IV 0.3 ltar



81	As 77	Ao 0-3 B+ 3-48+	SBK CL " C	SEXP FR S P " " " "	2.5YR4/6	48"+ To Sap	N/A	N/A	IV 0.3 ltar
82 1	L 4-8 smooth	B+ 0-48+	SBK C	SEXP FR S P	2.5YR 4/8	48"+	N/A	N/A	IV 0.3 ltar
83 2	As 82	AB 0-5 B+ 5-48+	SBK CL " C	SEXP FR S P " " " "	2.5YR4/8	48"+	N/A	N/A	II 0.3 Har

242970
Pd online
$500

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM (moving lines for pool)

Application For:
( ) New Well Permit
(X) Septic Improvement Permit
( ) Authorization to Construct
( ) Well Repair Permit
(X) 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: *Place an (X) beside whichever is submitted if applicable*
(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Scott Walker Address: 192 Rain Shadow Dr Mooresville NC Zip: 28115
Applicant Email: scottawalker@bellsouth.net Phone: 980-444-9207 Alt. Phone: 7044971577
Owner Name: Scott Walker Address: 192 Rain Shadow Dr, Mooresville NC Zip: 28115
Owner Email: Scottawalker@bellsouth.net Phone: 980444 9207 Alt. Phone: 7044971577

Property Information:

Street Address: 192 Rain Shadow Drive, Mooresville NC 28115
Subdivision Name: Holly Brook Section/Phase: 1 Lot Number: 11
Driving Directions: 150 to 152, turn R on Teeter. Turn L into Holly Brook

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: 2
(X) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:
Square Footage of Building: Type of Business: 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2018
( ) 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: _____ 3-12-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 15 2018 ~~RECEIVED FEB 8 - 2018~~

AC w/ inspection - Old permit

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

#233272

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 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: 192 Rain Shadow Drive

Subdivision Name: Hollybrook Section/Phase: 1 Lot Number: 11

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

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: _____
( ) 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: _____

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

2/8/18
DATE

RECEIVED 12/17/2015 10:38AM
From Century Communities NC 1,704,702,4445 Thu Feb 8 07:59:56 2018 MST Page 1 of 6

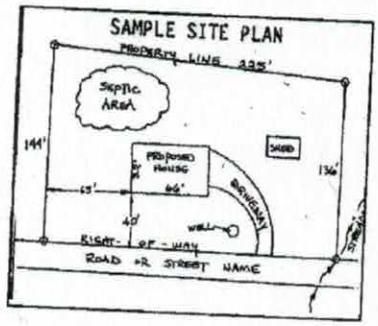
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

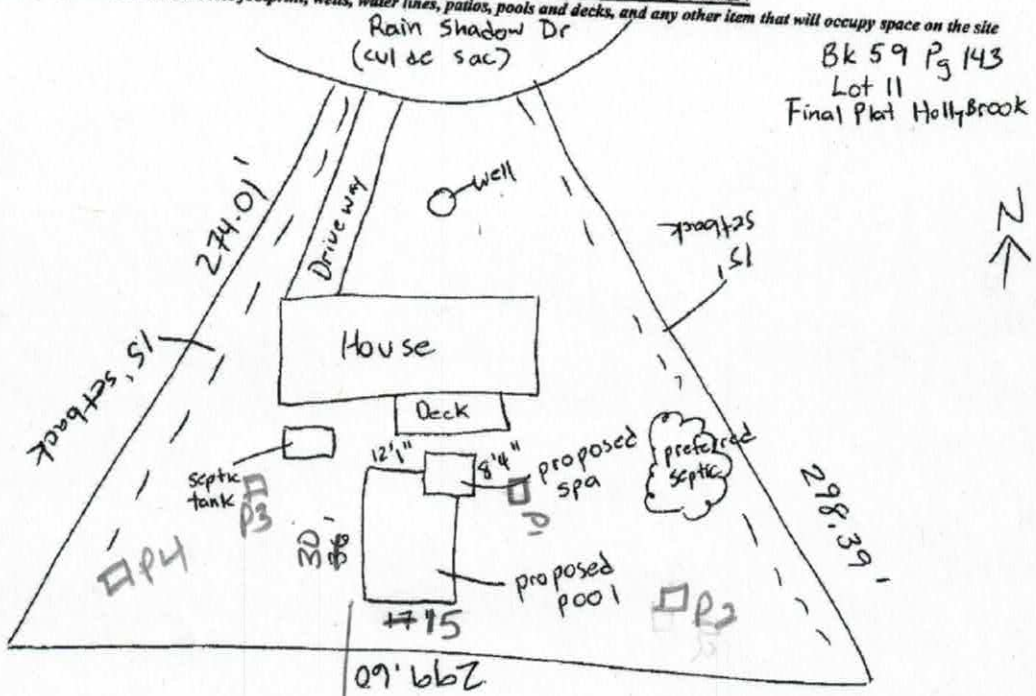


Circle N/A on the following if appropriate:

- 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



Signature: _____

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

3-12-19

DATE

approx.
5' concrete deck
10' concrete deck nearest house

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, 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

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

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 192 Rain Shadow Drive, identified as PIN (Parcel Identification Number) 4676-94-0453, 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.

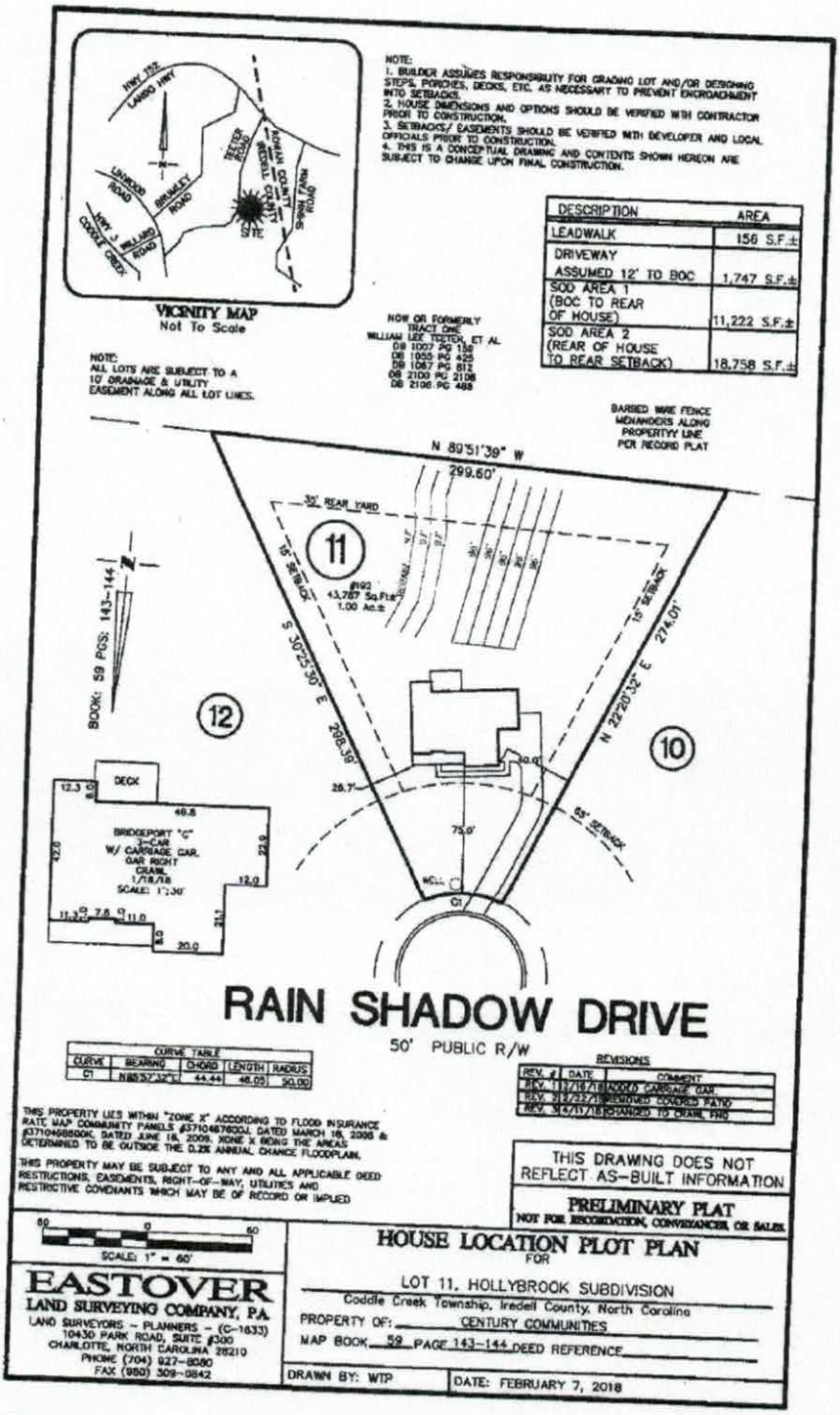
Signature of Owner(s)	Date	Signature of Witness	Date
	2/6/18		2/6/18

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

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From Century Communities NC 1,704,702,4445 Thu Feb 8 07:59:56 2018 MST Page 3 of 6


NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.
VICINITY MAP
Not To Scale
SITE
NOTE:
ALL LOTS ARE SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT ALONG ALL LOT LINES.
NOW OR FORMERLY
TRACT ONE
WILLIAM LEE TESTER, ET AL
DB 1007 PG 156
DB 1055 PG 425
DB 1067 PG 812
DB 2103 PG 2108
DB 2106 PG 488
DESCRIPTION
AREA
LEADWALK
156 S.F.±
DRIVEWAY
ASSUMED 12' TO BOC
1,747 S.F.±
SOD AREA 1
(BOC TO REAR OF HOUSE)
11,222 S.F.±
SOD AREA 2
(REAR OF HOUSE TO REAR SETBACK)
18,758 S.F.±
BARBED WIRE FENCE MEANDERS ALONG PROPERTYY LINE PER RECORD PLAT
N 89°51'39" W
299.60'
35' REAR YARD
15' SETBACK
11
#92
43,787 Sq.Ft.±
1.00 Ac.±
S 30°22'30" E
298.30'
N 22°20'32" E
274.01'
15' SETBACK
BOOK: 59 PGS: 143-144
12
10
DECK
BRIDGEPORT "C"
3-CAR
W/ CARRAGE CAR,
GAR RIGHT
CRAWL
1/16/18
SCALE: 1"=30'
28.7'
30.0'
75.0'
55' SETBACK
C1
RAIN SHADOW DRIVE
50' PUBLIC R/W
CURVE TABLE
CURVE
BEARING
CHORD
LENGTH
RADIUS
C1
N85°57'32"E
44.44
46.05
50.00
REVISIONS
REV. #
DATE
COMMENT
REV. 1
1/19/18
ADDED CARRAGE CAR
REV. 2
2/2/18
ADDED COVERED PATIO
REV. 3
4/17/18
CHANGED TO CRAWL PRO
THIS PROPERTY LIES WITHIN "ZONE X" ACCORDING TO FLOOD INSURANCE RATE MAP COMMUNITY PANELS #3710467600J, DATED MARCH 18, 2008 & #3710468500K, DATED JUNE 16, 2009, ZONE X BEING THE AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN.
THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED
THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION
PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES
50 0 50
SCALE: 1" = 60'
EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS - (C-1633)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (980) 309-0842
HOUSE LOCATION PLOT PLAN
FOR
LOT 11, HOLLYBROOK SUBDIVISION
Coddle Creek Township, Iredell County, North Carolina
PROPERTY OF: CENTURY COMMUNITIES
MAP BOOK 59 PAGE 143-144 DEED REFERENCE
DRAWN BY: WTP
DATE: FEBRUARY 7, 2018

IREDELL COUNTY

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

APPLICATION NUMBER
242970
Issue Date: 03/18/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4676940453.000	192 RAIN SHADOW DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BMCH NORTH CAROLINA LLC	Applicant: WALKER SCOTT A
Address: P O BOX 481962	Address: 135 WEATHERS CREEK RD
CHARLOTTE, NC 28262	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.005	35.00	35.00	15.00	15.00	BOWC	X

Remarks:

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10 Æ from side & rear property line. Lake lots must meet the 50 Æ setback from the 760 contour line AND the 35 Æ setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10 Æ. Fenced with a minimum 4 Æ in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4 Æ in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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

Applicant: _____ Date: _____

Permit Number	170858	TOTAL FEES:	$ 77.25