IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

110 Turtleback Dr Mooresville NC 28115

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

PERMIT # ~~14943~~ 24815 PIN # 4676956328.031 946434 DATE 11-13-08

OWNER or APPLICANT David McKay LLC/Century Comm PHONE: Business 704-664-9080 Home:

OWNER or APPLICANT ADDRESS 505 Teeter Rd Mooresville NC 28115

LOCATION / DIRECTIONS Hwy 152E TR Teeter TL Rain Shadow TL Turtleback at end

SUBDIVISION Hollybrook BLOCK / SECTION LOT # 31 LOT AREA 2.924Ac DESIGN FLOW 480gpd L.T.A.R. .25gpd/ft²

Septic Tank 1000 Gallons STB Infiltrator Date

Pump Tank 1500 Gallons Fiberglass Tanks Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 5 Linear Feet 650

Trench Width 36" Max. Trench Bottom Depth 60" Gravel Depth 12"

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

System Description: LPP sand-lined trench

Repair System Description: LPP .1 LTAR

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4 ☐ Business No. Persons 8 ☐ Other No. Employees ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☒ Private ☐ Public ☐ Community

.1 Rep

Comments / Conditions Install at 60" trench bottom or EZ flow (No reduction)
36" sand
Gravel or EZ flow over sand
LPP specs approved by Steve Hedrick

INITIAL SITE SKETCH

See Plans from
Steve Gurley, GSS Consultants
Wastewater Solutions
S & ME
125ft from SL to Drainfield
113ft down from front

Comments / Conditions no basement
★ Keep Septic 100ft from well.
100ft well to 1st drainline
Tanks 12ft to house, 7ft to deck,
11ft over from side of house.

AS BUILT SKETCH

PT
ST
House
Turtleback Dr

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.

☐ IMPROVEMENT PERMIT w / plat valid without expiration. ☒ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT

Owner / Applicant Signature: Date 11-13-08

Improvement Permit by: Date 11-13-08

ation to Construct by: Date 2/20/19

Installed by: Jamie O Daniel

Operation Permit by: Carla C. Cave Dat 9/3/2019

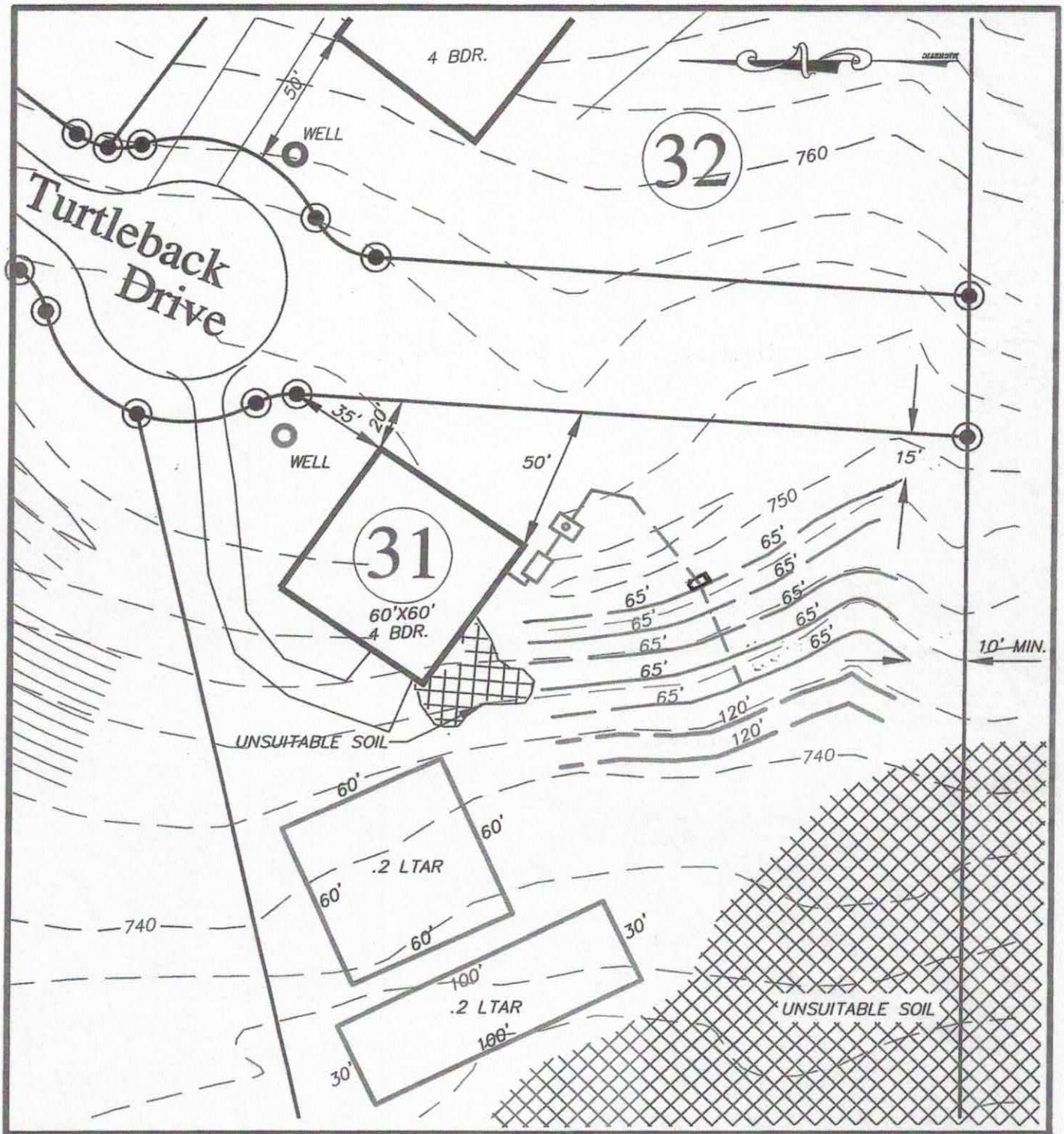
Existing System Inspected by: Date

SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial)

All lines checked

Upper 3 lines	Date	Initials
Drain Lines Checked	8/7/19	MD
Tanks Checked	8/5/19	MD
Pressure Manifold or Valve Box Checked	9-3	CC
Pressure Head Set	9-3	CC
Electrical Checked	9-3	CC
Floats Set	9-3	CC
Alarm Checked	9-3	CC
Maintenance Contract (Y) N	9-3	CC



Hollybrook

FOR

DAVID R. MCKAY, LLC. & BETTY MCKAY, LLC.

505 TEETER ROAD
Mooresville, NC 28115
(704) 664-9080

IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 31

BAR SCALE 1"=50'

0 25 50 100

Hollybrook Subdivision Septic Specifications
Iredell County , NC

Lot #31 Type of Water Supply Well Number of Bedrooms 4 GPD Flow 480

↱ Deep Sand Lined Trench (See S+ME Design)

Type of Initial System * Gravity ____ Pump ✓ LTAR 0.25

Total Linear feet of drain line 650' Type of Distribution System LP

____ Number of Trenches 5 Trench Width and Length 3'x130' If

Variable Length Lines List Separately ____ Minimum Trench Spacing 9' o/c

Trench Depth 5' in. Septic Tank Size 1000 gal. Pump Tank Size 1,500 gal.

* 12" Backfill, 12" Stone or EZ Flow, 36" Approved Sand Media.

Type of Repair System 4a LPP Gravity ____ Pump ✓ LTAR 0.1

Total Linear Feet of drain line 960' Type of Distribution System Low Pressure

Number of Trenches — Trench Width and Length Variable Length

If Variable Length List Separately * 4800 sq/ft required. There is

Minimum Trench Spacing 5' o/c 6,600 sq/ft available.

Trench Depth 12 in. Septic Tank Size 1000 gal. Pump Tank Size 1500 gal.

	line	lat.length	elev	diff	head	hole size	flow/hole	# holes	spacing	1st/last	flow/lat	inst. flow
Top	1	130	NA	–	2.5	5/32	0.46	16	8.13	4.5	6.90	.053
	2	130	NA	–	2.3	5/32	0.44	16	8.13	4.5	6.60	.051
	3	130	NA	–	2.0	5/32	0.41	16	8.13	4.5	6.15	.047
	4	130	NA	–	2.0	5/32	0.41	16	8.13	4.5	6.15	.047
Bottom	5	130	NA	–	2.0	5/32	0.41	16	8.13	4.5	6.15	.047
	total length	650								total gpm:	31.9	

line	start with number 1 at the top		
lat length	in feet		
elevation	from layout data: convert rod readings to elevations		
diff	elevation difference between this line and the top line	Formula:	elev.of line 1 - elev.of line "x"
head	choose head for top line, then calculate head in successive lines.	Formula:	head in line 1 + diff
hole size	choose hole size		start with 5/32", but consult local jurisdiction
flow/hole	depends on hole size and head.	See table:	
# holes	start with max possible: minimum 3' spacing, minimum 1st/last 2.5'	Formula:	(length/3)-1
	Unless site is FLAT, decrease # holes going down hill enough to make inst. flow decrease.		
spacing	plug in spacing - start with minimum		
1st/last	distance from end of lateral to first (or last) hole Must be at least 2.5'	Formula:	((length - (# holes - 1)) x spacing)/ 2
	As number of holes decreases, spacing will increase. 1st/last should usually be same as or less than spacing		
flow/lat	flow for entire lateral	Formula:	# holes x flow per hole
inst.flow	allows comparison of flow rates among laterals of different lengths	Formula:	flow per lat / length

Holly Brook
Lot #31 LPP - Calculations

LPP calculations

GIVEN		
wasteload	480	gpd
LTAR	0.25	gal/sf/day
design head	2	feet
supply line	110	feet
diam	2	inch →
manifolds	NA	feet
diam	NA	inch 3"
laterals	650	feet
diam	1 1/4	inch →
ST vol	1000	gal
PT vol	1,500	gal
gal/in	28.8	gal/inch
PT elev	-5.0	- Depth to Pump

Sch. 40 Pipe Values

actual i.d. 2.068 in = vol 17.4 gal/100'

actual i.d. 3.068 in = vol 38.4 gal/100'

actual i.d. 1.38 in = vol 7.8 gal/100'

Total Flow = 33.9 gal/min.

CALCULATE

Lateral volume	50.7 gal	5x	253.5 gal	10x	507.0 gal	
Manifold volume	NA gal	draining	NA gal			
Supply line volume	19.14 gal	draining	19.14			

DOSE RANGE	273 gal	to	526 gal
DRAWDOWN	13 in, minim.		25 in, max
SELECTED	13 inches		
DOSE VOLUME	374 gallons		
PUMP RUN TIME	11.0 minutes		
2" SUPPLY LINE VEL.	3.1 ft/sec		

$\frac{33.9 \times .408}{4.28} = \frac{13.8}{4.28} = 3.2$

Manifold friction loss	NA	feet
Supply line friction loss	2.6	feet
subtotal	2.6	feet
fittings 20%	0.05	feet
total friction loss	2.65	feet
elevation head	5.0	feet
design head	2.0	feet
flush head (optional)	NA	feet
TOTAL DYNAMIC HEAD	9.65	feet

2.37 per 100' @ 35 gal/min

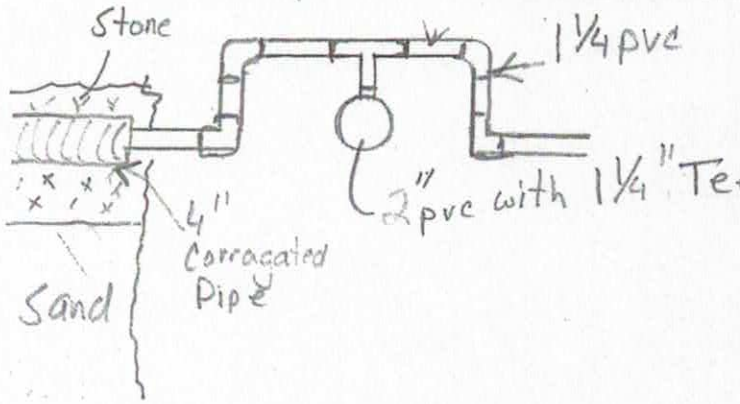
- Added For margin of error in tank location.

* 1st line head @ 2.5', 2nd Line @ 2.3' Lines 3, 4 & 5 @ 2.0' This Head adjustment is to compensate for the drain back from the seperate 2" pvc supply lines going to each trench from the valve Box.

Lot #31 - Hollybrook

Pumping Downhill

Fig. 2: - Cross-Section of 2" pvc From Valve box to 1¼" pvc then to Head of Trench



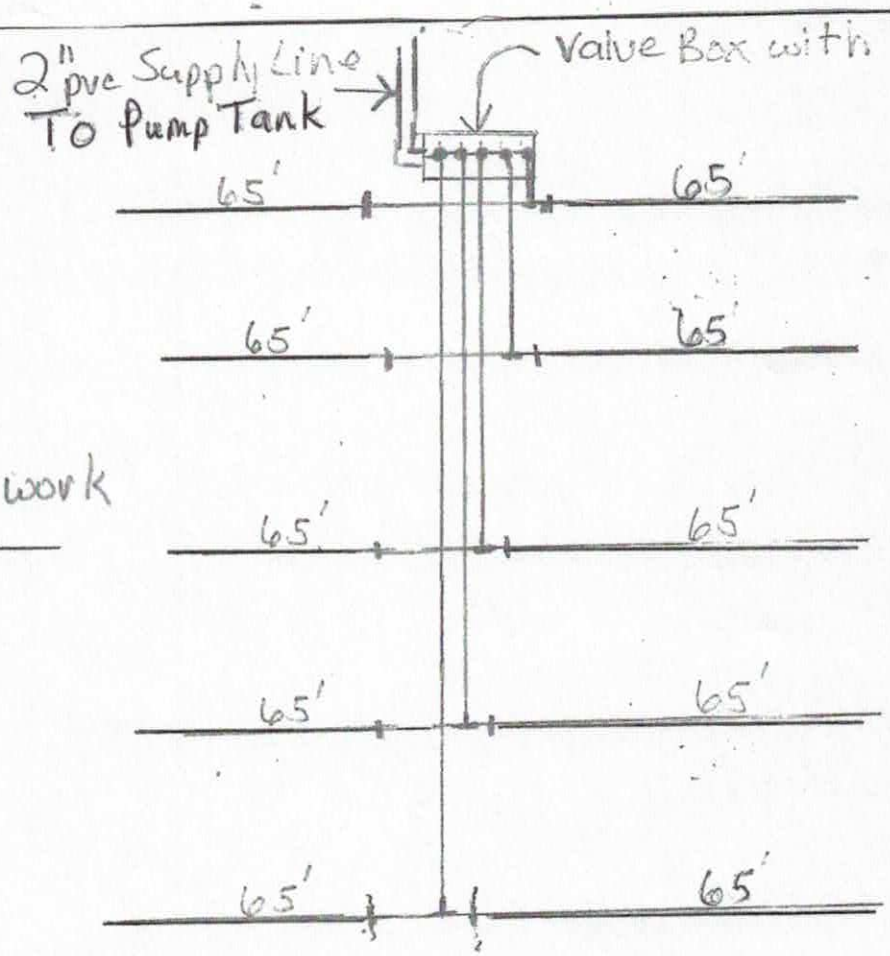
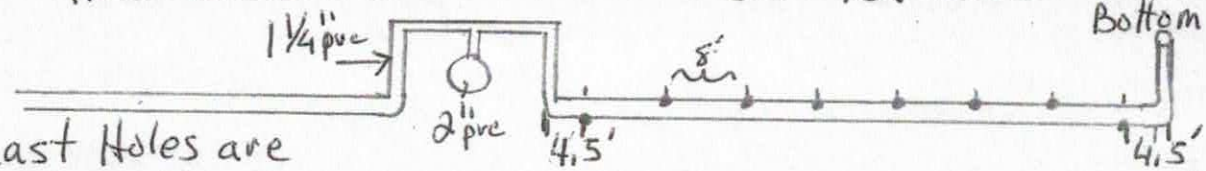


Fig. 1
To View of LPP Network

Fig. 3 Hole locations on 65' Latteral - (8) - 5/32 Holes - 1st & Last on Bottom of pipe

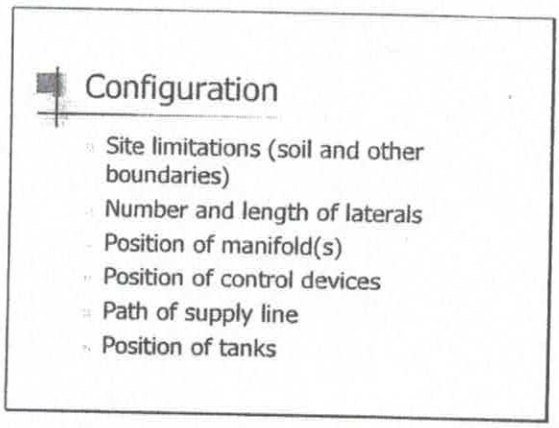


1st & Last Holes are 4.5' From ends

1 65' 1

LPP Configuration

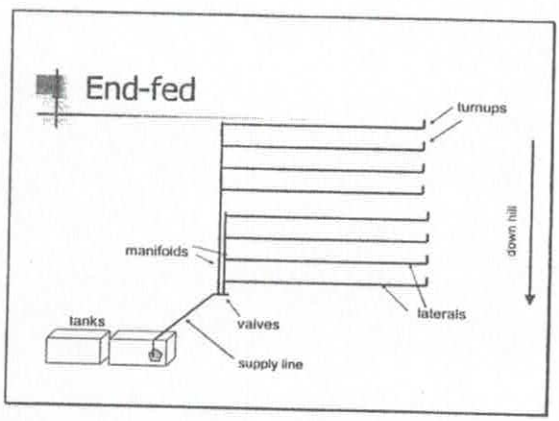
Slide 10



System configuration should be based on actual site work. Soils conditions, topography, and other space limitations determine how the drainfield trenches are arranged on the site. The lateral network is then designed to disperse wastewater throughout those trenches. Then, the distribution components (manifolds and supply lines) are designed to get the effluent from its origin (the tanks) to its destination (the drainfield). *Notice that we're working backwards here.*

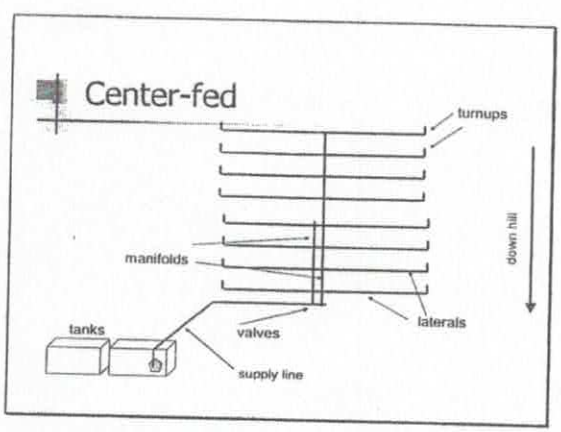
Let's look at some examples:

Slide 11



Note that this system has two subfields, each with its own manifold

Slide 12



LPP networks can be fed from one end, as in the previous drawing, or from the center with laterals running in both directions from the manifolds.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet
PROPERTY ID #: 2
COUNTY: 1

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

OWNER: Century Communities Southeast LLC
ADDRESS: 7400 Carmel Exec Park Dr Ste 205
PROPOSED FACILITY: House
LOCATION OF SITE: 170 Turtleback Dr Mooresville, NC
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other Lot #31
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 2/5
DATE EVALUATED: 2/19
PROPERTY SIZE: 2.92
PROPERTY RECORDED: Y

PROPOSED DESIGN FLOW (.1949): 480gpd

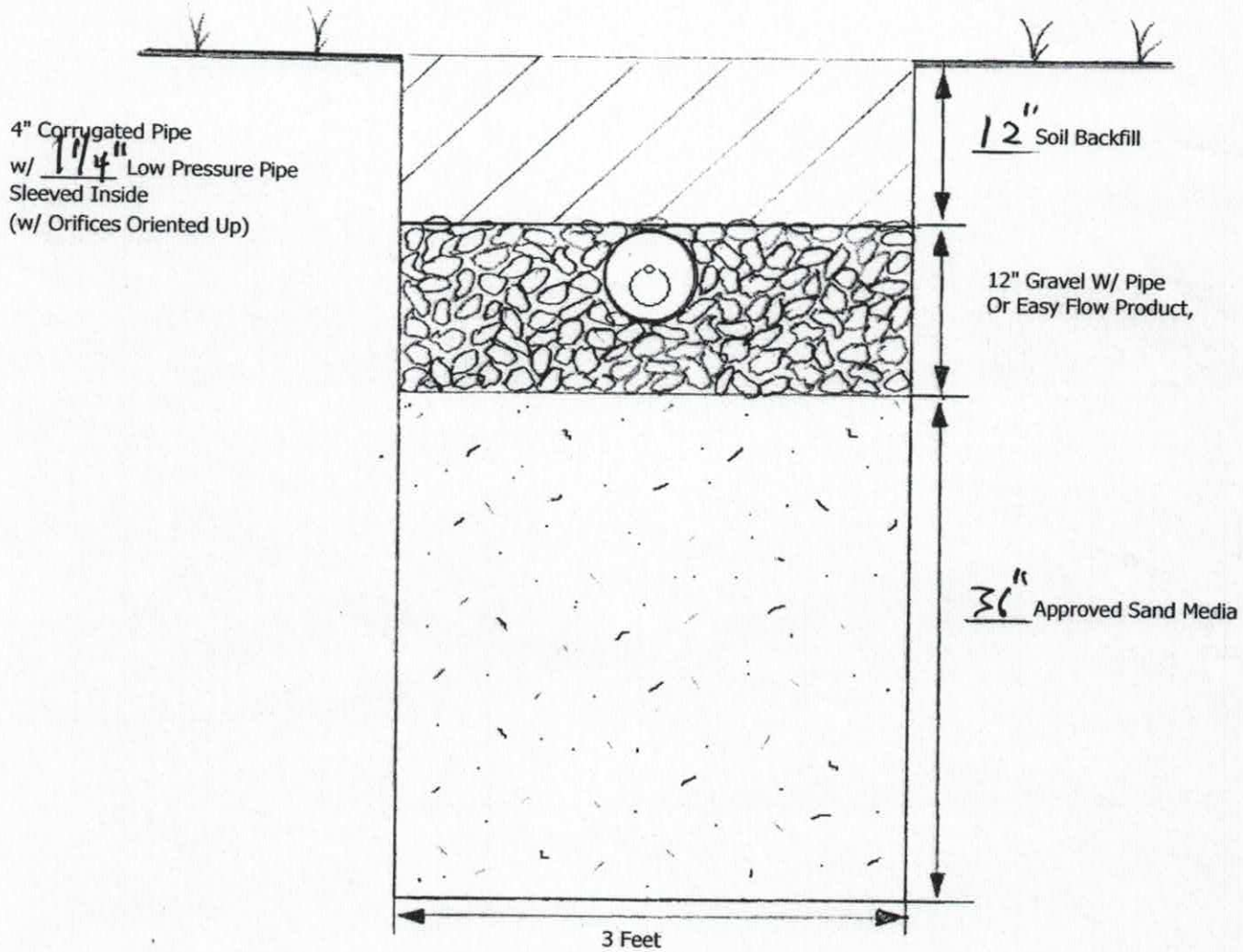
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	AH	0-10	Brw SCL	SS, SP, SExp, FR					PS .2
		10-31	Yel/Rd CL	SExp, FR, S, P					
		31-43	Yel/Brw SCL/CL	Fi, S, P, Exp	lots of Yel/Brw mottles				
		43-60	Yel/Brw CL	SAP massive					
			Note: Original Soil evaluation had Lab Particle						
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ilable Space (.1945)	PS	PS
n Type(s)	LPP sand-lined trench	LPP
TAR	.2-.25	.1

ENTS:

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

LPP Sand Lined Trench Schematic



SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ____ of ____

EPARTMENT OF ENVIRONMENT
ND NATURAL RESOURCES
IVISION OF ENVIRONMENTAL HEALTH

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

Holly Brooks Job 71

Evan Pfab Jr., CPSS

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	1-2 C	0-5	WSBK/SCL	gr fr SS/SS	hue				PS .2 SHALLOW TRANS
		5-25	ABK/C	fi s/p	dusky red				
		25-40	ABK/SBK C/CL	fi s/p	red hue	C MN CONC/F YELLOW			
2		0-9	WSBK/SCL	fi SS/SP	red hue	MN CONC/F YELLOW			PS .2
		9-36	W-MABK/C	fi s/p					
		36+	C MN, YELLOW						
3		0-9	WSBK/SCL	fi SS/SP	hue				PS .2
		9-40	ABK/SBK C-SC	fi s/p	red hue	F YELLOW/MN			
		40+	ff ≤ 2 mottles						
4		0-12	WSBK SCL	fi SS/SP	red hue				PS .2 2 2
		12-34	SBK/C	fi s/p	red				
		34-48	ABK/C	fi s/p	red	F MN/YELLOW			
5		0-32	MABK/C	fi s/p	red	F YELLOW/MN			PS .2
		32+	EXC C						

COMMENTS: _____

S&ME, INC.
SITE/SOIL EVALUATION

Project No. Lot 31 **Phone No.** _____ **Date:** _____

Location _____ **Pin** _____ **County:** _____ **Property Size** _____

Proposed Facility: Wally Bridge **Water Supply:** On-Site Well ☐ Community ☐ Public ☐ **Evaluation:** Auger Boring ☐ Pit ☐ Cut ☐

Weather: _____ **Antecedent Moisture** _____ **Surface Water:** _____

FACTORS	PROFILE 6	PROFILE 7	PROFILE 8	PROFILE 9
Landscape Position %	L - FS	C	L	C
Horizon Depth I	0-8	0-12	0-5	0-30
Color Munsell	Red Br	ml		red
Texture	scl-cl	c	S	scl B, BC, CB
Structure	wsbk fr sh/sl	wm sbk fr sh/sc		wcsbk (m fr sh/sl
Consistence				
Boundary				
Horizon Depth II	8-28	12-22	5-20	30-96
Color – Munsell	red yel	mix cl(sc) fsbk		olive br
Texture	mix scl/cl (x	wsbk		l sbk
Mottles	C sbk	fr sh/sp	S	fcl in
Structure	wcsbk (m			m
Consistence	fr sh/sp			fr sh/sl
Boundary				
Horizon Depth III	28-75	22-82	20-68	
Color – Munsell	yel/brn	mult cols		
Texture	l sbk	l sbk		
Mottles		incl sol	S	
Structure	m fr sh/sc	m		
Consistence		fr sl/fs		
Boundary				
Horizon Depth IV	75-96			
Color – Munsell	yel/brn (sl mtl			
Texture	l sbk			
Mottles	sl cly colors			
Structure	m			
Consistence	fr sh/ss			
Boundary				
Soil Wetness				
Restrictive Horizon				
Saprolite				
SHWT	25"	PS. 25-3	PS. 25-3	PS. 25-3
Classification	SLT	SLT	SLT	SLT

LEGEND

LANDSCAPE POSITION

R	Ridge Interfluve
S	Shoulder
L	Linear Slope
S	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Conclave Slope
Cv	Convex Slope
T	Terrace
P	Flood Plain

TEXTURE

s	sand
ls	Loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay loam
cl	clay loam
scl	sandy clay loam
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE WET

Ns	non-sticky
Ss	slightly sticky
S	sticky
Vs	very sticky
Np	non-plastic
Sp	slightly plastic
P	plastic
Vp	very plastic

MOIST

vfr	Very friable
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single grain
m	massive
cr	crumb
gr	granular
sab	subangular blocky
ab	angular blocky
pl	platy
pr	prismatic

S&ME, INC.
SITE/SOIL EVALUATION

Project No. _____ **Phone No.** _____ **Date:** _____
Location _____ **Pin** _____ **County:** _____ **Property Size** _____
Proposed Facility: _____ **Water Supply:** On-Site Well ☐ Community ☐ Public ☐ **Evaluation:** Auger Boring ☐ Pit ☐ Cut ☐
Weather: _____ **Antecedent Moisture** _____ **Surface Water:** _____

FACTORS	PROFILE 10	PROFILE 12	PROFILE 11	PROFILE 13
Landscape Position %	C	C		FS
Horizon Depth I	0-15	0-17	0-4	0-17
Color Munsell	br			
Texture	sal			
Structure	WSBK		S	
Consistence		S		
Boundary				
Horizon Depth II	15-47	17-43	11-31	17-27
Color – Munsell				
Texture				
Mottles			S	
Structure		S		
Consistence				
Boundary				
Horizon Depth III	47-60	43-60		
Color – Munsell				
Texture				
Mottles		S		
Structure				
Consistence				
Boundary				
Horizon Depth IV	60-100	60-86	31-90	
Color – Munsell				
Texture			S	
Mottles		S		
Structure				
Consistence				
Boundary				
Soil Wetness				
Restrictive Horizon				
Saprolite				
PTAR	PS. 3	PS. 3	PS. 3	
Classification	SLT	SLT	SLT	

LEGEND

LANDSCAPE POSITION

R	Ridge Interfluve
S	Shoulder
L	Linear Slope
S	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Conclave Slope
Cv	Convex Slope
T	Terrace
P	Flood Plain

TEXTURE

s	sand
ls	Loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay loam
cl	clay loam
scl	sandy clay loam
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE WET

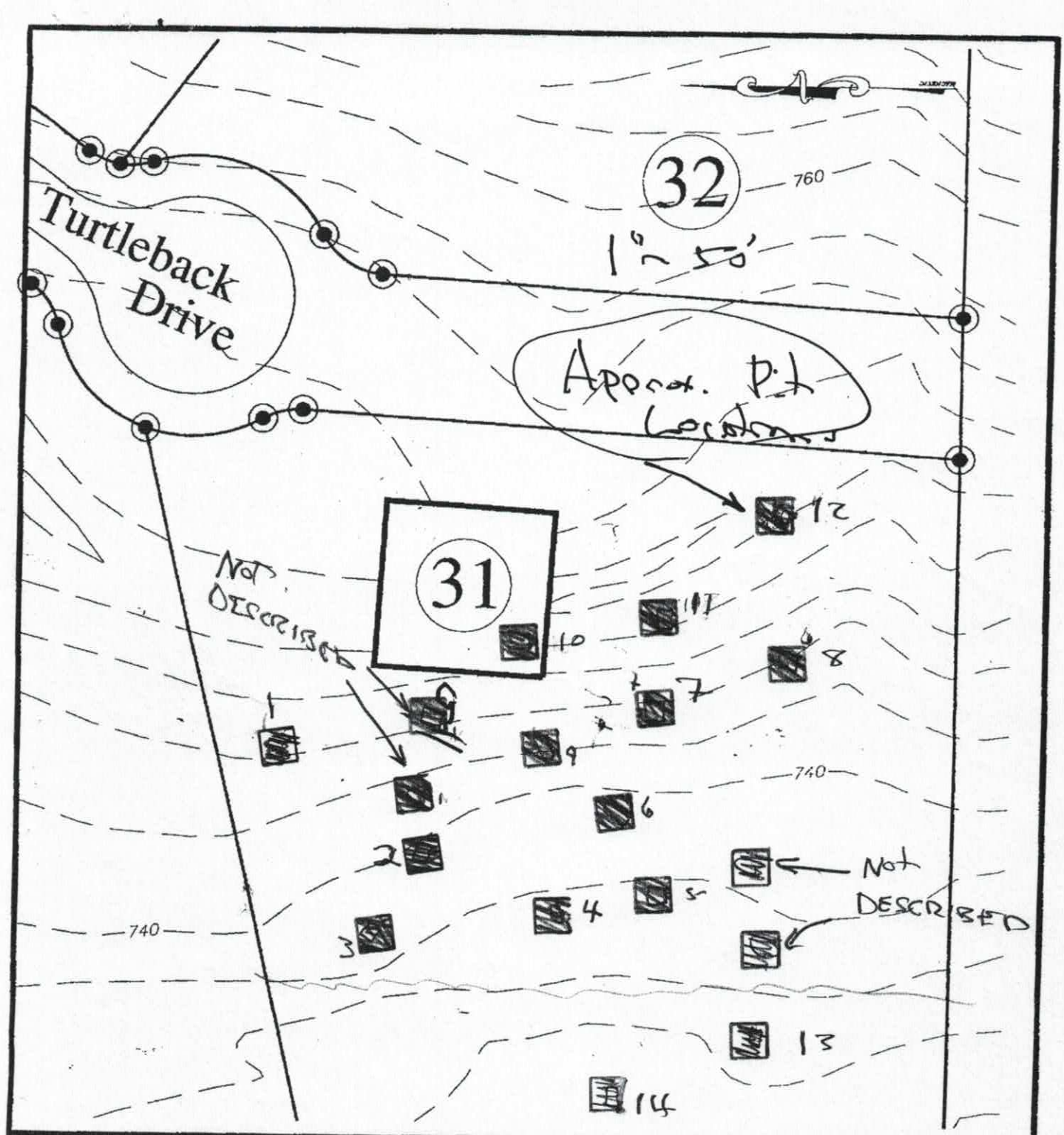
Ns	non-sticky
Ss	slightly sticky
S	sticky
Vs	very sticky
Np	non-plastic
Sp	slightly plastic
P	plastic
Vp	very plastic

MOIST

vfr	Very friable
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single grain
m	massive
cr	crumb
gr	granular
sab	subangular blocky
ab	angular blocky
pl	platy
pr	prismatic



Hollybrook

FOR

DAVID R. MCKAY, LLC. & BETTY MCKAY, LLC.

505 TEETER ROAD
Mooresville, NC 28115
(704) 664-9080

IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 31

BAR SCALE 1"=50'

0 25 50 100

Base map from Russell Williams.

DENR/DEH

ON-SITE WASTEWATER SECTION

31

Sheet 13 of 24
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Williams Tester Rd, Iredell Co
ADDRESS:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE:
WATER SUPPLY: Private Public Well Spring Other
EVALUATION METHOD: Auger Boring (Pit) Cut

APPLICATION DATE
DATE EVALUATED: 1/12/08
PROPERTY SIZE:
PROPERTY RECORDED:
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
~~S5~~ 1	L L-10 smooth	B+ 0-26	SBK c/cL	SEXP FR S P	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 ltar
		BC 26-48+	" " "	" " " "					
SL 2	L/FS 10-15 smooth	B+ 0-5	SBK C	SEXP FR S P	2.5YR 4/6	5"	Unsuitable Too much clay, structure, clay mineralogy	5" to CB u. sap.	5. ? PU ltar .25 gm
		CB 5-38	SBK* c/cL	" " " "					
		C 38-48+	" " "	" " " "					
~~S7~~ 3	FS (SL)	B+ 0-48+	SBK C	SEXP FR S P	2.5YR 4/8 mn 33"-48"	48"+ Br	N/A	N/A	~~II 0.3 ltar~~ .25 gm
~~S6~~ 4	FS (SS)	B+ 0-26	SBK c/cL	SEXP FR S P	2.5YR 4/8	38"	U Too much clay	38" to sap.	~~II~~ 0.3 ltar
		BC 26-38	" " "	" " " "					
		C 38-48+	" SCL	" " " "					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: to be revised by Paul
OTHER(S) PRESENT: 57" s/l sap

COMMENTS:
* SBK transitioning into PL relict structure of hornblende gneiss/schist

DENR/DEH

ON-SITE WASTEWATER SECTION

31

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
37 1	L L-10% Smith	A 0-6	SBK SCL	SFR VFR SSP	2.5YR 4/6 mottles w/ 7.5YR 5/6 secondary	48"+	N/A	N/A	II <0.25 l/sq ft (EXP. VP)
		B1 6-26	" C	SFR VFR SVP					
		Wtr. in hole @ 42"	w/z. Wtr. level appeared to have dropped from about 42" to 46" in pit						
		below soil surface based on wk mark							
38 2	L-S (ET)	B1 0-13	SBK C	SFR FR SP	[illegible]	13"	Texture bordering Too much clay	13"± to sap	? U · soil depth to U sap
		B2 13-?	SBK SCL/KL	" " SP					
3 ~~2~~	L ~~6-10%~~ hardwood hardwood hardwood	A 0-5	SBK C	SFR FR SP	2.5YR 4/6	3'	[illegible]	SS B P	II .25 l/sq ft depth
		B2 5-48	" C/CL	" " P					
4 ~~3~~	L ~~6-10%~~ Smith	B 0-10	SBK C	SFR FR SP	2.5YR 4/6	11"	II	11" to CB	0.4 l/sq ft SAP
		CB 10-34	" C/CL	" " P					
		C 34-48	SL***						

Check Rules about VP, EXP, Clay

U EXP com

44' sand trend

? U · soil depth to U sap

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: _____

Lot 31

Pit #10
sample @ 60"
particle size analysis

Pit #9
sample @ 60"

Pit #7
sample @ 60"

Pit #12
sample @ 60"

AC w/ site visit 241815

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: 170 Turtleback Drive

Subdivision Name: Hollybrook **Section/Phase:** **Lot Number:** 31

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 — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) 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: 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 — 2/5/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. **APPLICATION FOR:** FT ✓ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Wastewater Solutions	4711 Rocking Horse Dr. Maiden,		980-429-1580
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
David McKay	505 Teeter Rd. Mooresville		704 664-9080

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Hollybrook	Lot #31

Driving Directions: Hwy 152-E Rt on Teeter Rd. go ≈ 2mi. left on RainShadow Dr. 2nd left on Turtle back. Lot at end at Cul-de-Sac.

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (✓) No Preference

****

8. **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. industry) 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.

9. Signature: Russell Williams — 5-4-08

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, Matthew Chisholm, am the legal owner(s) of the property located at 170 Turtleback Drive, identified as PIN (Parcel Identification Number) 4676-94-6434, 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: 2/5/19

Signature of Witness: Rhonda Gustafson — Date: 2/5/19

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

Acknowledgement of Plans Submittal ONLY! Date 2/20/18

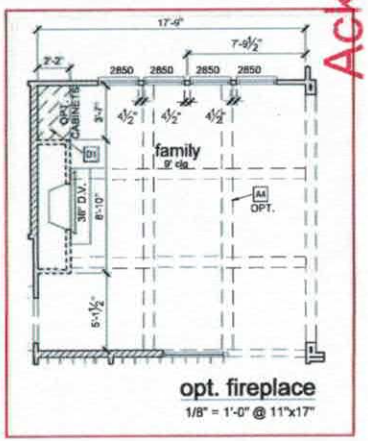
Date 2/22/18

KEYNOTES

A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH SEE DETAIL PER SHEET CD-4
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P4	22" HIGH TUB DECK PLATFORM DETAILS PER SHT CD-4
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACCESS SUPPORT	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
A4	COFFERED CEILING PER SHEET CD-2	B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	C	42" X 60" OVAL LAWSON TUB - DROP-IN
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	D	42"X72" LAWSON TUB - DROP-IN
D3	6' TALL DRYWALL OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
D4	6' TALL CASED OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
D5	9'-10" TALL CASED OPENING, WIDTH PER PLAN	G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
K1	28" KNEE WALL WITH TILE CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K2	38" KNEE WALL WITH 1x CAP	S1	BOX STAIR WITH 36" KNEE WALL & 1X CAP
K3	46" KNEE WALL WITH 1X CAP	S2	BOX STAIR WITH OPEN RAIL
K4	34 1/2" KNEE WALL	S3	EXPOSED TREAD W/OPEN RAIL
P1	OPT. LAUNDRY SINK	S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE
P2	(3) 2X4 CURB WITH CULTURED MARBLE CAP		

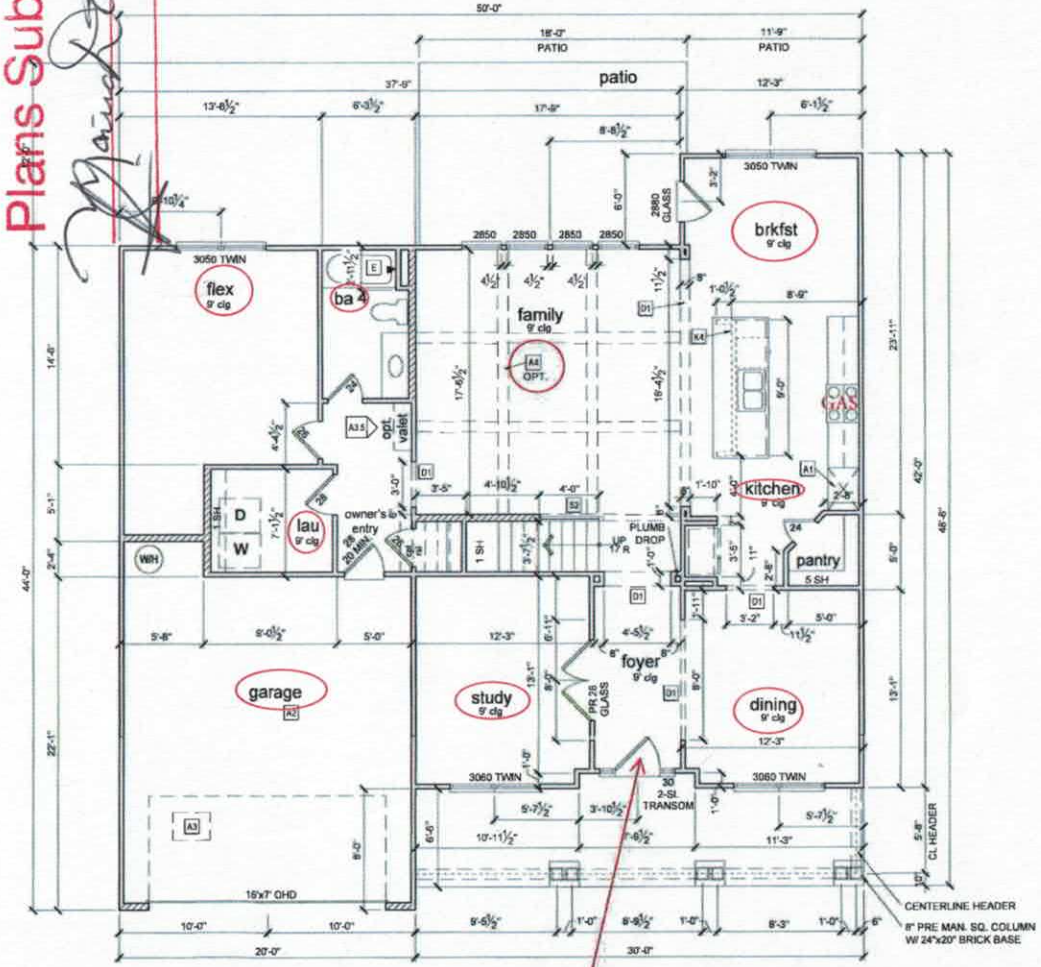
AREA TABULATION

PORCH	203 SF
GARAGE	451 SF
FLOOR 1 LIVING	1575 SF
FLOOR 2 LIVING	1802 SF
TOTAL LIVING	3377 SF



opt. fireplace

1/8" = 1'-0" @ 11"x17"



Front Door Insert

FIRST FLOOR 'C'

1/8" = 1'-0" @ 11x17

NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS
2. EXTERIOR & LOAD BEARING WALLS SHALL BE 16" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WITH DOUBLE TOP PLATE U.N.O.
3. INTERIOR NON-BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 W/VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE
4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (PER STRUCTURALS)

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020

RELEASE DATE: 1.12.18

MODEL: BRIDGEPORT - Hollybrook 'C'

DRAWING TITLE: FIRST FLOOR PLAN

SHEET NO: A3.1C

KEYNOTES

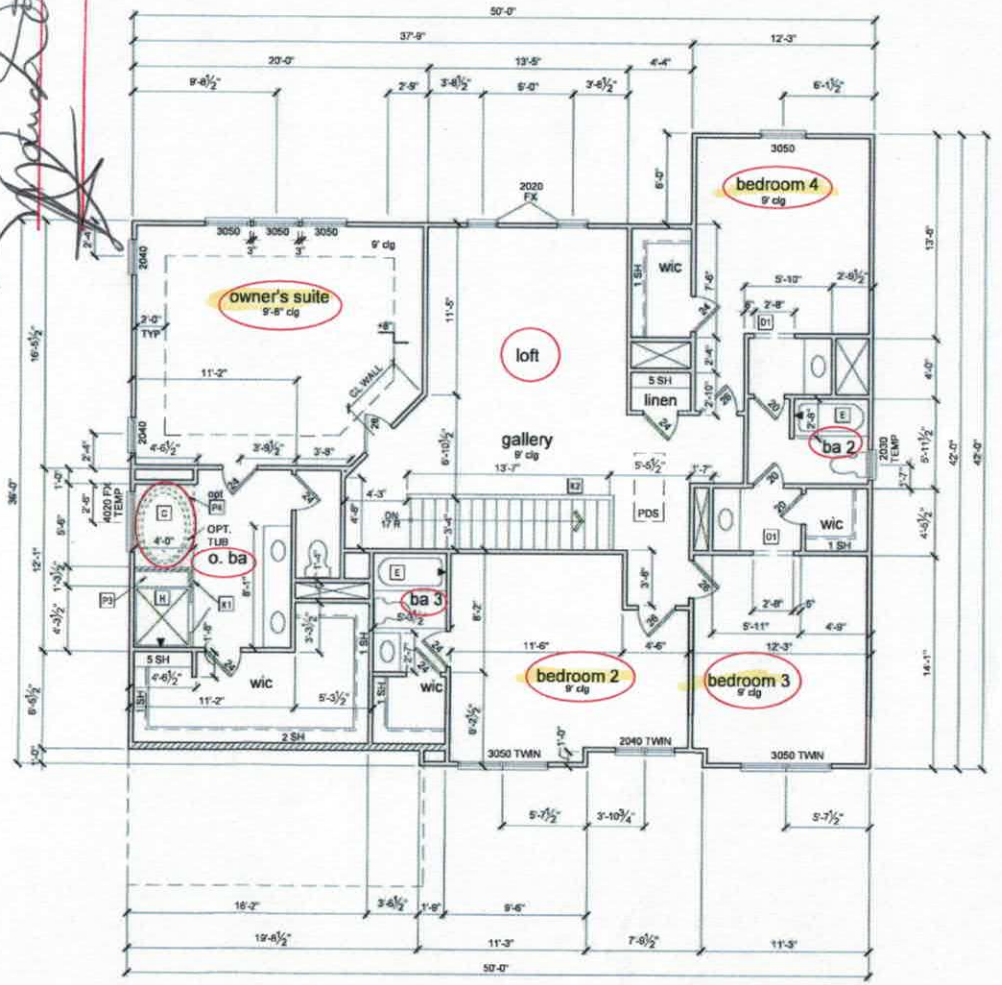
A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CD-4
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P4	22" HIGH TUB DECK PLATFORM. DETAILS PER GHT CD-4
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME. ACCESS SUPPORT	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
A4	COFFERED CEILING PER SHEET CD-2	B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	C	42" X 60" OVAL LAWSON TUB - DROP-IN
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	D	42"X72" LAWSON TUB - DROP-IN
D3	9' TALL DRYWALL OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
D4	8' TALL CASED OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
D5	9'-10" TALL CASED OPENING, WIDTH PER PLAN	G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
		H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K1	36" KNEE WALL WITH TILE CAP	S1	BOX STAIR WITH 36" KNEE WALL & 1X CAP
K2	36" KNEE WALL WITH 1x CAP	S2	BOX STAIR WITH OPEN RAIL
K3	40" KNEE WALL WITH 1X CAP	S3	EXPOSED TREAD W/OPEN RAIL
K4	34 1/2" KNEE WALL	S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQD PER CODE
P1	OPT. LAUNDRY SINK		
P2	(3) 2X4 CURB WITH CULTURED MARBLE CAP		

NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS
2. EXTERIOR & LOAD BEARING WALLS SHALL BE 16" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WITH DOUBLE TOP PLATE U.N.O.
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4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (PER STRUCTURALS)

Acknowledgement of Plans Submittal ONLY!
Date 2/26/19
Date 2/26/19



SECOND FLOOR 'C'
1/8" = 1'-0" @ 11x17

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

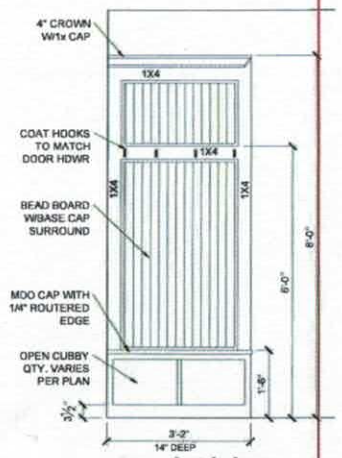
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CENTURY COMMUNITIES

MODEL: BRIDGEPORT - Hollybrook 'C'
PLAN NUMBER: 7020
RELEASE DATE: 1.12.18
DRAWING TITLE: SECOND FLOOR PLAN
SHEET NO: A3.2C

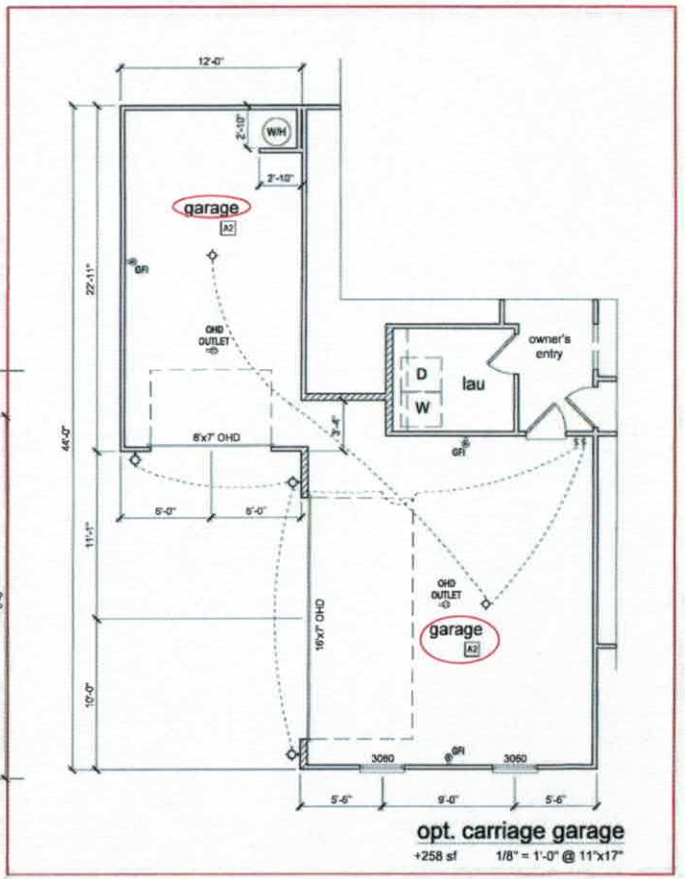
KEYNOTES

A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH SEE DETAIL PER SHEET CD-4
A2	**GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL**	P4	22" HIGH TUB DECK PLATFORM DETAILS PER SHT CD-4
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D3	8' TALL DRYWALL OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
D4	8' TALL CASED OPENING, WIDTH PER PLAN	G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
D5	6'-10" TALL CASED OPENING, WIDTH PER PLAN	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
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K2	36" KNEE WALL WITH 1x CAP	S2	BOX STAIR WITH OPEN RAIL
K3	40" KNEE WALL WITH 1X CAP	S3	EXPOSED TREAD W/OPEN RAIL
K4	34 1/2" KNEE WALL	S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQD PER CODE
P1	OPT. LAUNDRY SINK		
P2	(3) 2X4 CURB WITH CULTURED MARBLE CAP		



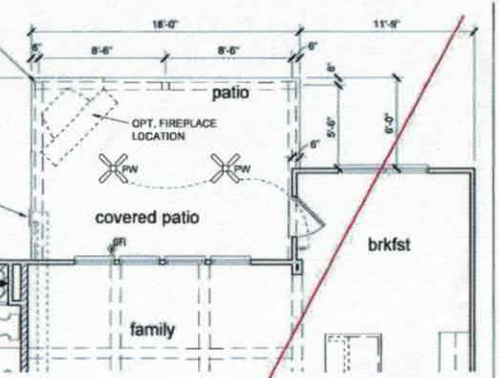
opt. coat valet

3/8" = 1'-0" @ 11x17



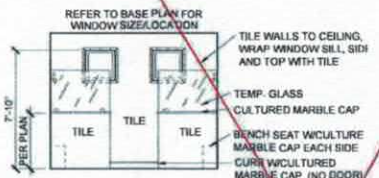
opt. carriage garage

+258 sf 1/8" = 1'-0" @ 11"x17"

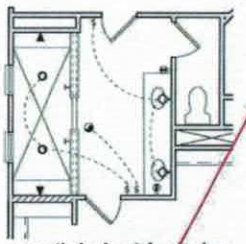


opt. covered patio

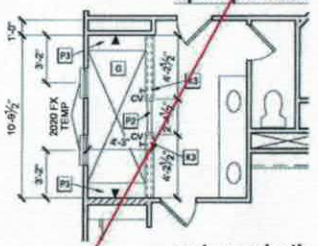
1/8" = 1'-0" at 11"x17"



opt. spa bath elev.

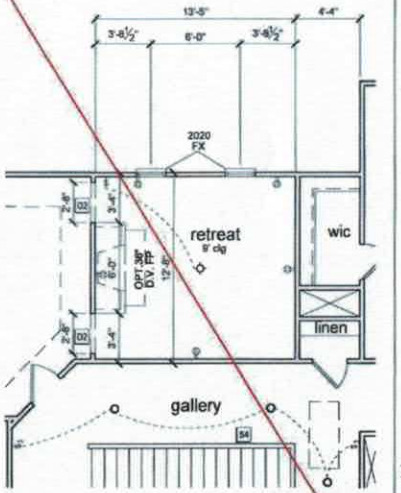


partial electrical plan opt. spa bath



opt. spa bath

1/8" = 1'-0" at 11"x17"



opt. retreat

1/8" = 1'-0" @ 11"x17"

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020

RELEASE DATE: 1.12.18

MODEL: BRIDGEPORT - Hollybrook

DRAWING TITLE: PLAN OPTIONS

SHEET NO: A3.3

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	149143ZO	Subdivision:	Hollybrook
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 Turtleback Dr. MOORESVILLE NC 28115		
Parcel #:	4676956328.031	Zoning:	RA
Lot #:	31 Size: 2.924	Flood Plain:	No Watershed: WSII BA
Applicant:	Wastewater Solutions & Design	Owner:	David & Betty McKay
Address:	4711 Rocking Horse Dr. Maiden NC 28650	Address:	505 Teeter Rd. MOORESVILLE, NC 28115
Phone:	980-429-1580	Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

RECEIVED
MAY 12 2008
By

Directions:

SE on coddle Creek, lft on Williford, rt on Linwood, lft on Teeter, rt on Rain Shadow, lft on Turtleback, house at end in cul de sac

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY Printed: 3/17/2008