ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242267

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

PIN # 4676947616

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

SITE ADDRESS: 164 Turtleback Dr. Mooresville, NC PHONE: 704-943-1310 ALT. PHONE

SITE DIRECTIONS: NC 152 E → R on Tector → L on Rain Shadow → L on Turtleback → lot on R SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Hollybrook SECTION: — LOT # 30 LOT AREA: 3.569 ac DESIGN FLOW: 480gpd L.T.A.R.: .25 (.1 repair)

Septic Tank	1000	(gal)	STB	2071-1060	Date	10/11/2019	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank		(gal)	PT		Date		System Description: 25% reduction		☐ Business	No. Persons 8
Pump Make			Model		Serial #		Repair System Description: drip		☐ Other	No. Employees
# Nitrification Fields	1		# Lines	5	Linear Ft	480'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"		Trench Bottom Depth (Low side)	33"/36" highside	Gravel Depth	—	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: * Install at 36" (highside) *
Install 25% reduction with serial distribution and drain lines on contour. Maintain 100' from any well.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

INSTALLED AS PERMITTED

FIRST 2 DRAIN LINES INSTALLED AT 48" LOWSIDE ON END CLOSES TO LOT 31

8" TO BE GRADED OFF

SOIL EVAL. TO BE PERFORMED IF NEED 10-11-2019 BCW

ISSUE CORRECTED 10-21-2019 BCW

NO SOIL EVAL NEEDED 10-15-2019 BCW

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 5/3/19 Installed by: SPECIALTY SEPTIC

IMPROVEMENT PERMIT by: Kayla Watson Date: 5-31-19 OPERATION PERMIT by: Brittany C. White Date: 10-21-2019

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 5-31-19 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.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2422607

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

PIN # 4676947616

APPLICANT/OWNER: Century Communities
APPLICANT ADDRESS: 7400 Carmel Exec. Park Dr. ste 205 Charlotte, NC
SITE ADDRESS: 164 Turtleback Dr. Mooresville, NC
PHONE: 704-943-1310
ALT. PHONE
SITE DIRECTIONS: NC 152 E→R on Tector→L on Rain Shadow→L on Turtleback→lot on R
SAP CONTROLLED: ☑ YES ☐ NO
SUBDIVISION: Hollybrook
SECTION: – LOT # 30 LOT AREA: 3.569ac
DESIGN FLOW: 480gpd L.T.A.R.: .25 (.1 repair)

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 480'
Trench Width 36" Trench Bottom Depth(Low side) 33"/36" highside Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% reduction
Repair System Description: drip
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

Comments / Conditions: *Install at 36" (highside)*
Install 25% reduction with serial distribution and drain lines on contour. Maintain 100' from any well.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.*
☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.*
☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 6/3/19
IMPROVEMENT PERMIT by: Kayla Watson Date: 5-31-19
AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 5-31-19

Installed by:
OPERATION PERMIT by: Date:
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.

CURVE TABLE			
BEARING	CHORD	LENGTH	RADIUS
N24°23'24"E	118.72	119.66	275.00

N

UBLIC R/W

IECK DR.

4

Well

N37°00'20"E

152.61'

100'

50.0'

Staked House Box

83.6'

79.4'

65'

65'

ST

77.5'

104.1'

C1

C2

C3

Well

100'

Pit 1

AB 1

R1-80'

W2-100'

O3-100'

B4-100'

P5-100'

AB 2

Pit 2

Pit 4

Pit 5

Repair area

AB 3

Pit 3

Scale
1"=50'

N78°55'32"E

694.39'

OF CREEK

558.09'

N76°53'13"E

APPROVED MAY 3 1 2019

KW

0

20.0

0

31



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

Reference: Data Sheet for 164 Turtleback Dr, Hollybrook 30
House Footprint: See attached design
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT^2 (initial), 0.1 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip Irrigation
Distribution: Gravity-End cap/Drop Boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Red 1	80'	93'
White 2	100'	101'
Orange 3	100'	105'
Blue 4	100'	112'
Pink 5	100'	118'

Initial System: 480' **Repair System:** 4800 FT^2

Comments:
The system should be installed at 36" to use the best soil.



APPROVED MAY 31 2019
KW

PROPERTY ID #: 46769487616__
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Century Communities_____ APPLICATION DATE_____
ADDRESS: 7400 Carmel Exec Park Dr, Suite 205, Charlotte, NC 28226_____ DATE EVALUATED: _____
PROPOSED FACILITY: __4 bdrm_____ PROPOSED DESIGN FLOW (.1949): __480 GPD____ PROPERTY SIZE: __3.569 AC_____
LOCATION OF SITE: 164 Turtleback Dr, Hollybrook Lot 30_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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 8%	0-9	Br CL WSBK	FR SS SP SXP	N/A	34"		N/A	PS 0.3-0.4
		9-21	R C SBK	FR SS SP SXP			F-C SAP		
		21-34	R CL WSBK	FR SS SP SXP					
		34-63	VER L SAP M	VFR SS SP SXP			PS		
PIT 2	LS 5%	0-7	Br CL WSBK	FR SS SP SXP	N/A	18"		N/A	PS 0.3-0.4
		7-18	R CL WSBK	FR SS SP SXP					
		18-62	VER L SAP M	VFR SS SP SXP			PS		
PIT 3	LS 5%	0-8	Br SCL WSBK	FR SS SP SXP		22"	N/A	N/A	DRIP 0.1-0.075
		8-15	YB CL WSBK	FR SS SP SXP					
		15-22	R C SBK	FR SS SP SXP	Mn, YB CHR 2 @ 22"				
PIT 4	LS 6%	0-10	Br CLWSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.25 Trench Bottom 36"
		10-28	R C SBK	FR SS SP SXP					
		28-48	R CL WSBK	FR SS SP SXP			F-C SAP		
		48-66	VER L SAP M	FR SS SP SXP			PS		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT^2	4800 FT^2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____ APPROVED MAY 31 2019 KW
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4676947616
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 5%	0-7	Br CL WSBK	FR SS SP SXP	YB CHR 2 @ 22"	22"	PS	N/A	DRIP 0.1-0.075
		7-22	R C SBK	FR SS SP SXP					
		22-62	VER L SAP M	VFR SS SP SXP					
AB 1	LS 8%	0-15	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3-0.4
		15-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 6%	0-15	Br CL WSBK	FR SS SP SXP	N/A	22"	F-C SAP PS	N/A	PS 0.3-0.4
		15-22	R CL WSBK	FR SS SP SXP					
		22-48	VER SL SAP M	VFR SS SP SXP					
AB 3	LS 5%	0-5	Br CL WSBK	FR SS SP SXP	Few YB	48"	N/A	N/A	PS 0.3
		5-48	YR CL WSBK	FR SS SP SXP					

COMMENTS: APPROVED MAY 31 2019 KW

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

30

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
32	L							22" to sap	?
33	L	21-48	sap ↓ L SL sicl sap?			21"	II	21" to sap. U sap @ 17"	0.4 ltar sap system
34	Ps (33)	40-48	CL/SL			40"		40" to CB	IV 0.3 ltar @ map 24" TB
35	FS 6-15% smooth	CB30-48+	SBK * SCL/CL	SEXP, FR * SP		30"±	Too much Clay for sep system C=CL	30"± to CB	LPP 0.2 ltar .15 LPP opm
36	Ps (35)	24-36	CL			24"	Too much Clay	24"± to CB	LPP 0.2 ltar
		36-48+	***	EXP FI VS P					

Mn @ 34" will Redescribe LOOKS like 40" soil

COMMENTS:

* weak to moderate blk to yellowish brown (10YR 4/6) SCL

** Firm to upper portion of CB (10YR 5/6)

*** Crushy to massive

DENR/DEH

ON-SITE WASTEWATER SECTION

30

Sheet 13 of 24
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

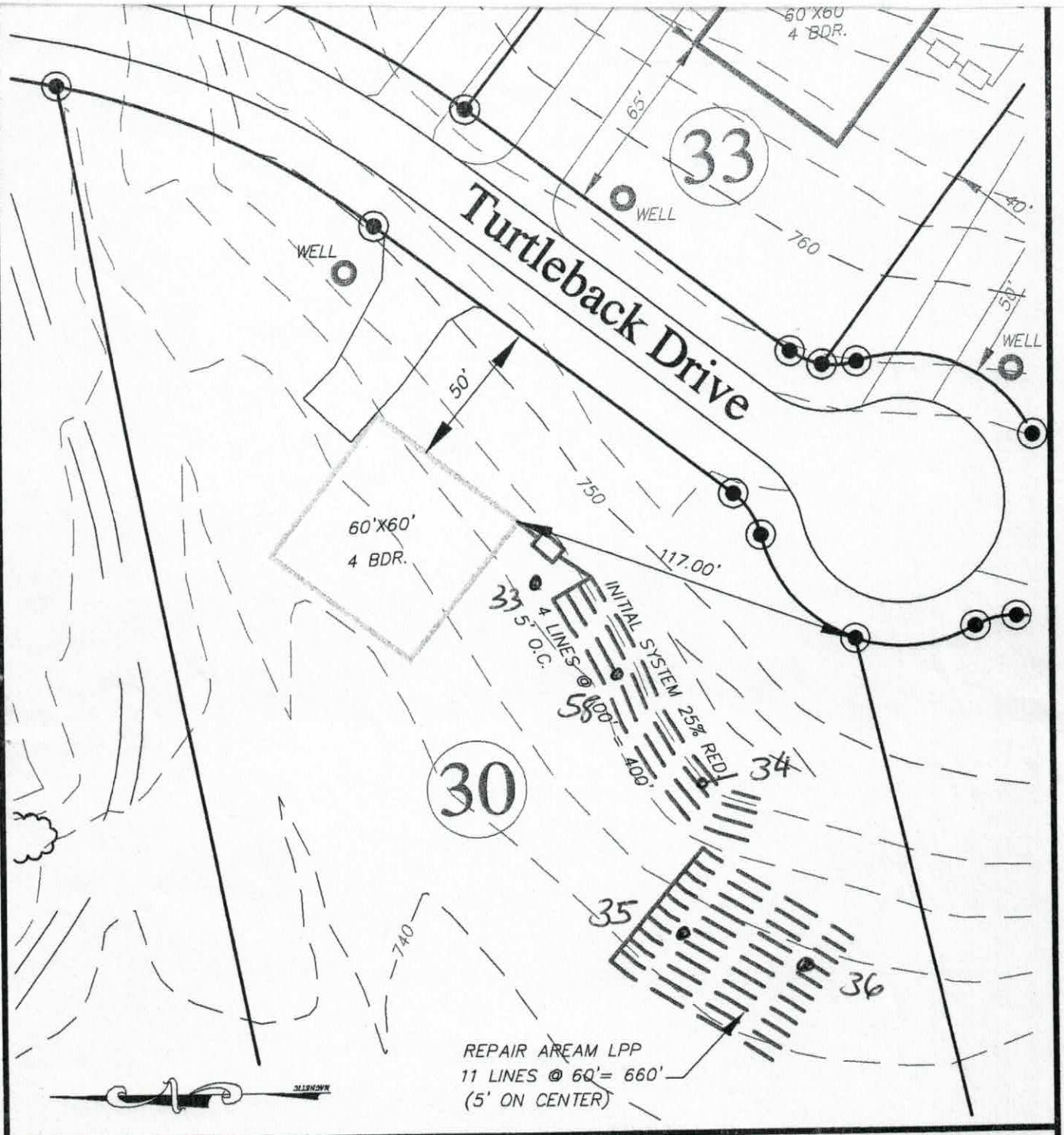
OWNER: Williams Teeter Rd, Iredell Co APPLICATION DATE
ADDRESS: DATE EVALUATED: 11/12/08
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:
WATER SUPPLY: Private Public Well Spring Other
EVALUATION METHOD: Auger Boring (Pit) Cut TYPE OF WASTEWATER: (Sewage) Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	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
~~SS~~ 1	L 6-10 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+	" " "	" " " "					
~~SC~~ 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	?
		CB 5-38	SBK* C/CL	" " VFR S VP					
		C 38-48+	" " "	" " " "					
~~SS~~ 3	~~A~~ FS (SL)	B+ 0-48+	SBK C	SEXP FR S P	2.5YR 4/8	48"+	N/A	N/A	II 0.3 Har
58 4	FS (SS)	B+ 0-26	SBK C/CL	SEXP FR S P	2.5YR 4/8	38"	U Too much clay	~~36"~~ to SL	~~II~~ ~~0.3~~ Har
		BC 26-38	" " "	" " " "		24"	f-R&K Inc	36" to U SAP	.25 gm
		C 38-48+	" SCL	" " " "					

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

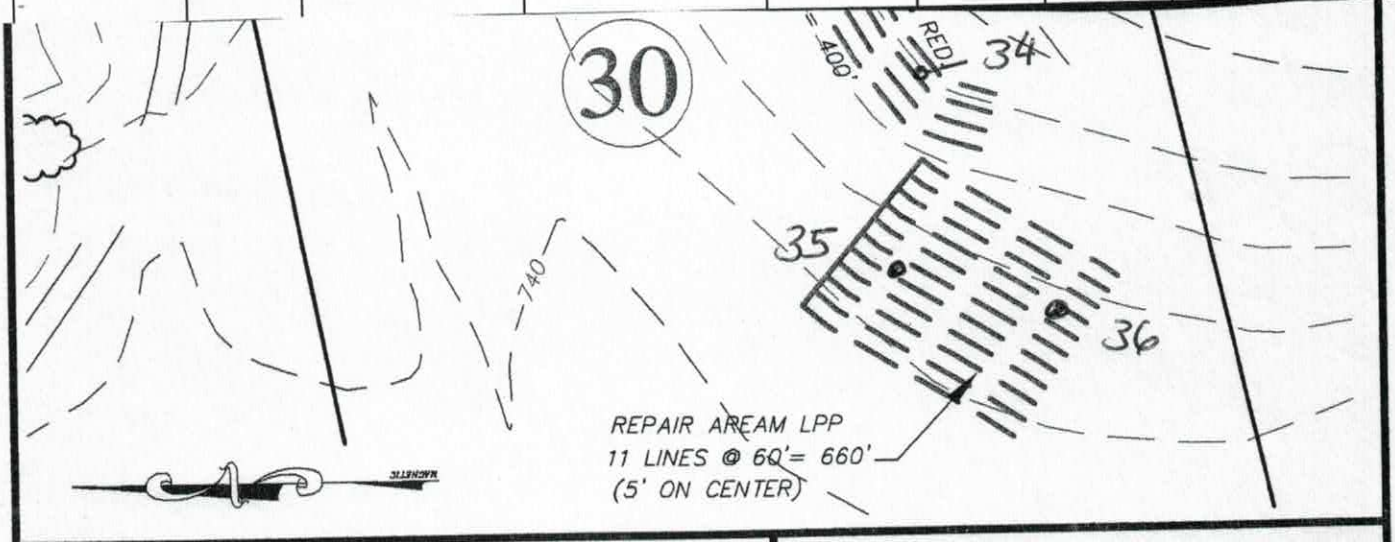
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

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



58 4	As (53)	Bt 0-26	SBK c/cL	SEXP FR S P	2.5YR 4/2	38"	U Toomuch clay	38" to sap	II 0.3 Hor 0.25 36" to C Few	rk Inclus
		BC 26-38	" " "	" " " "						
		C 38-48+	" SCL	" " " "						

33	8-12% smooth	A 0-2	SBK	SCL	SEXP, FR, S, SP	10YR 4/6 10YR 5/6	21"	II Sap Questionable Too much CL AV	21" to sap	0.4 ltar sap system Terminate at 24"
		B+ 2-21	"	C/CL	" " " P					
		C 21-48+	"	L/SL	" " " P					
34	As (33)	A 0-2	SBK	SCL	SEXP FR S SP	10YR 4/6	40"	N/A	4-0" to CB 24" trench bottom	II 0.3 ltar
		B+ 2-26	"	C	" " " P					
		BC 26-40	"	C/CL	" " " SP					
		CB 40-48+	"	CL/SCL	" " " "					
35	FS 6-10% smooth	AB 0-5	SBK	SCL	SEXP, FR, S, SP	10YR 4/6	30"	Too much clay for sap system (C & CL)	30" ± to CB	LPP 0.2 ltar 0.15 ltar
		B+ 5-36	"	C	" " " P					
		CB 36-48+	SBK *	SCL/C/CL	" FR " SP					
36	As (35)	AB 0-10	SBK	SCL	SEXP FR S SP	10YR 4/6	24"	Too much clay, EXP & VS	24" ± to CB	LPP 0.2 ltar 0.15 ltar
		B+ 10-24	"	C	" " " P					
		C, 24-36	"	C/CL	" " " SP					
		C2 36-48+	SBK ***	"	EXP FI VS P					



58 4	As (53)	B+ 0-26	SBK	C/CL	SEXP FR S P	2.5Y 4/2	38"	U Too much clay	38" to sap	III 0.3 ltar 0.25 36" to C Few
		BC 26-38	"	" "	" " " "					
		C 38-48+	"	SCL	" " " "					

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
David McKay	505 Teeter Rd. Mooresville		704 664-9080
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Holly Brook	Lot #30

Driving Directions: Hwy # 152-E, Rt on Teeter Rd. go ≈ 2 mi left on Rain Shadow Dr., 2nd left on Turtle Back 3rd lot on Rt @ 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)* Initial 25%, LPP Repair

( ) 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 McKay — 5-4-08

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

#2422621
AC w/site visit

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
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: 164 Turtleback Drive

Subdivision Name: Hollybrook **Section/Phase:** **Lot Number:** 30

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: 4
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 2/25/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

#24226
$350.00
5-22-19

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:** 704-943-1310 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 164 Turtleback Dr

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 30

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) 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: _____

(✓) 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: Gary McNeely _____ 5/21/2019
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 164 Turtleback Drive, identified as PIN (Parcel Identification Number) 4676-94-7616, 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 — Rhonda Gustafson 2/25/19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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I, Matthew Chisholm, am the legal owner(s) of the property located at 164 Turtleback Dr, identified as PIN (Parcel Identification Number) 4676947616, located in Iredell County, North Carolina.

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

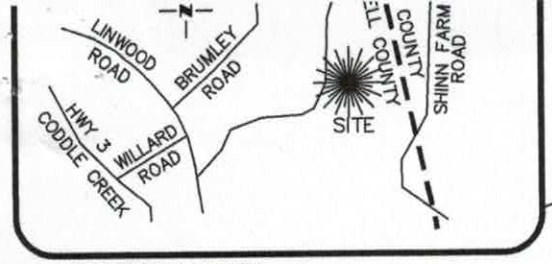
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	5/21/2019 Date	Rhonda Gustafson Signature of Witness	5/21/2019 Date

Please return this signed form to the appropriate office:

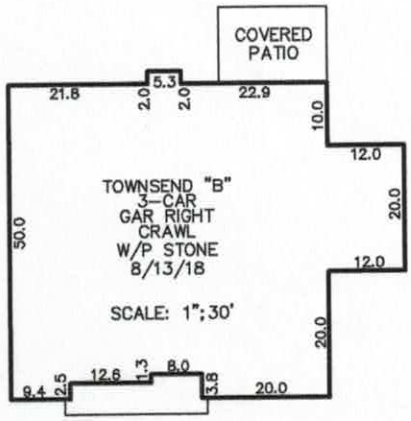
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610 E. Center Avenue, Mooresville, NC 28115

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



VICINITY MAP
Not To Scale

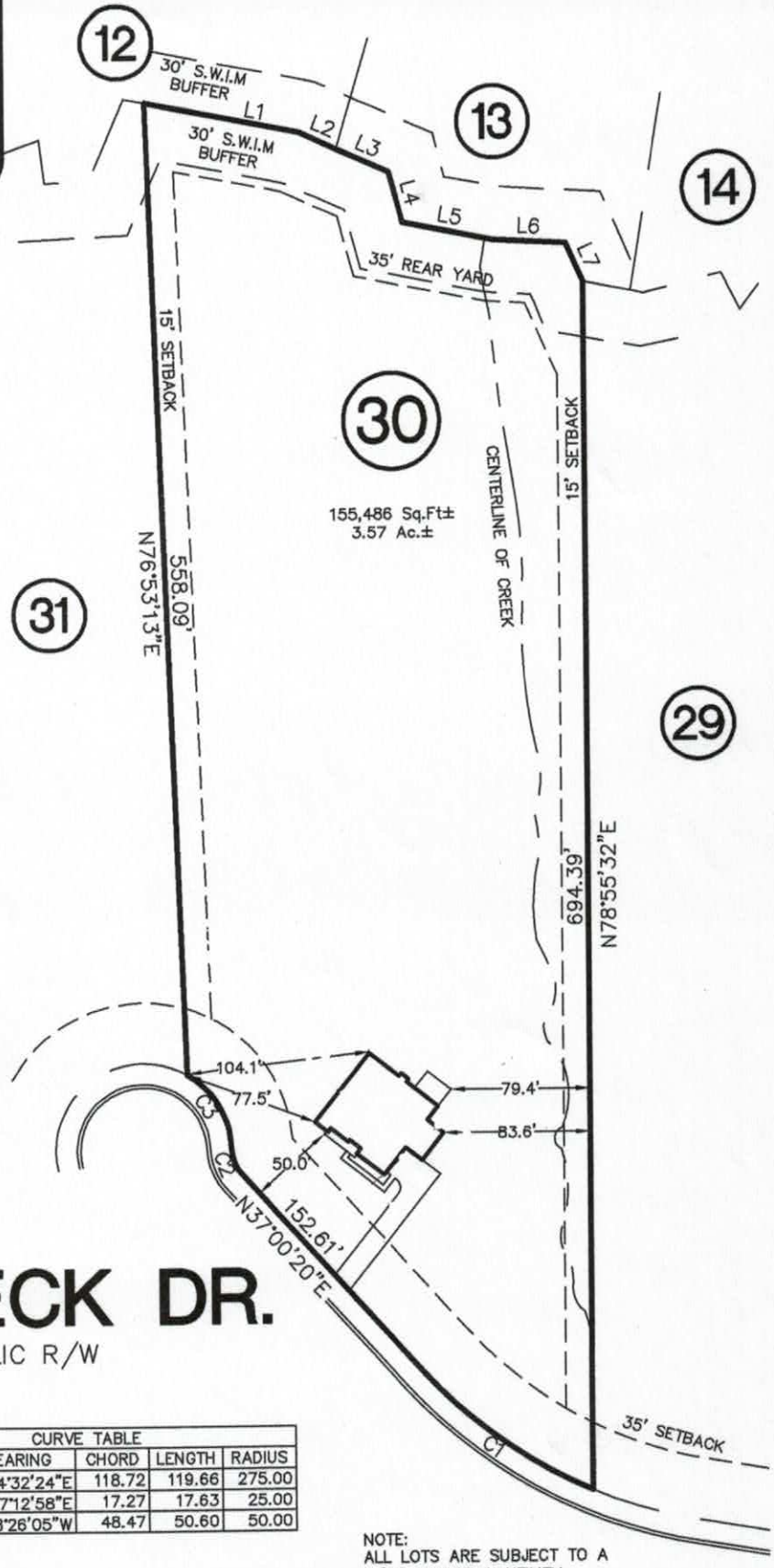
DESCRIPTION	AREA
LEADWALK	122 S.F.±
DRIVEWAY ASSUMED 12' TO BOC	1,111 S.F.±
SOD AREA 1 (BOC TO REAR OF HOUSE)	38,382 S.F.±
SOD AREA 2 (REAR OF HOUSE TO REAR SETBACK)	106,115 S.F.±



REVISIONS

REV. #	DATE	COMMENT
REV. 1	3/25/19	SHIFTED LEFT 15'
REV. 2	3/25/19	SHIFT L 10'/ROTATE CNTR-CLKWSE
REV. 3	4/12/19	SHIFT L 15'/ROTATE CNTR-CLKWSE

BK: 59 PGS: 143-144



TURTLENECK DR.

45' PUBLIC R/W

LINE TABLE		
LINE	LENGTH	BEARING
L1	89.67	N00°08'28"E
L2	23.28	N13°08'28"E
L3	32.72	N13°08'28"E
L4	30.00	N64°08'26"E
L5	52.00	N00°08'28"E
L6	42.00	N07°51'32"W
L7	24.00	N55°06'28"E

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N24°32'24"E	118.72	119.66	275.00
C2	N57°12'58"E	17.27	17.63	25.00
C3	S48°26'05"W	48.47	50.60	50.00

NOTE:
ALL LOTS ARE SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT ALONG ALL LOT LINES.

THIS PROPERTY LIES WITHIN "ZONE X" ACCORDING TO FLOOD INSURANCE RATE MAP COMMUNITY PANELS #3710467600J, DATED MARCH 18, 2008 & #3710468600K, DATED JUNE 16, 2009. XONE 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.

100 0 100

HOUSE LOCATION PLOT PLAN

FOR

KEYNOTES

A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P1	OPT. LAUNDRY SINK
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P2	(3) 2X8 CURB WITH CAP PER SPECS
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP. AND DOOR TRIM FRAME ACCESS W/SUPPORT	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CD-4
A4	COFFERED CEILING PER SHEET CD-2	P4	22" HIGH TUB DECK PLATFORM. DETAILS PER SHT CD-4
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D3	8" TALL DRYWALL OPENING, WIDTH PER PLAN	C	42" X 60" OVAL LAWSON TUB - DROP IN
D4	8" TALL CASED OPENING, WIDTH PER PLAN	D	42"X72" LAWSON TUB - DROP IN
D5	6'-10" TALL CASED OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
		F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
K1	36" KNEE WALL WITH TILE CAP	G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
K2	36" KNEE WALL WITH ¾ CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K3	48" KNEE WALL WITH TILE CAP		
K4	34 1/2" KNEE WALL	S1	BOX STAIR WITH 36" KNEE WALL & 1X CAP
K5	42" KNEE WALL WITH 1X CAP	S2	BOX STAIR WITH OPEN RAIL
		S3	EXPOSED TREAD W/OPEN RAIL
		S4	OPEN RAIL W/INTERMEDIATE RAIL AS REQ'D PER CODE

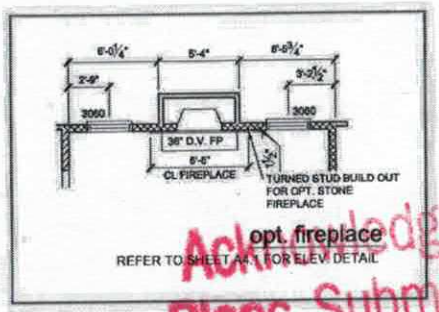
NOTES & LEGENDS

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 | GALLOON FRAME WALL (PER STRUCTURALS)

AREA TABULATION

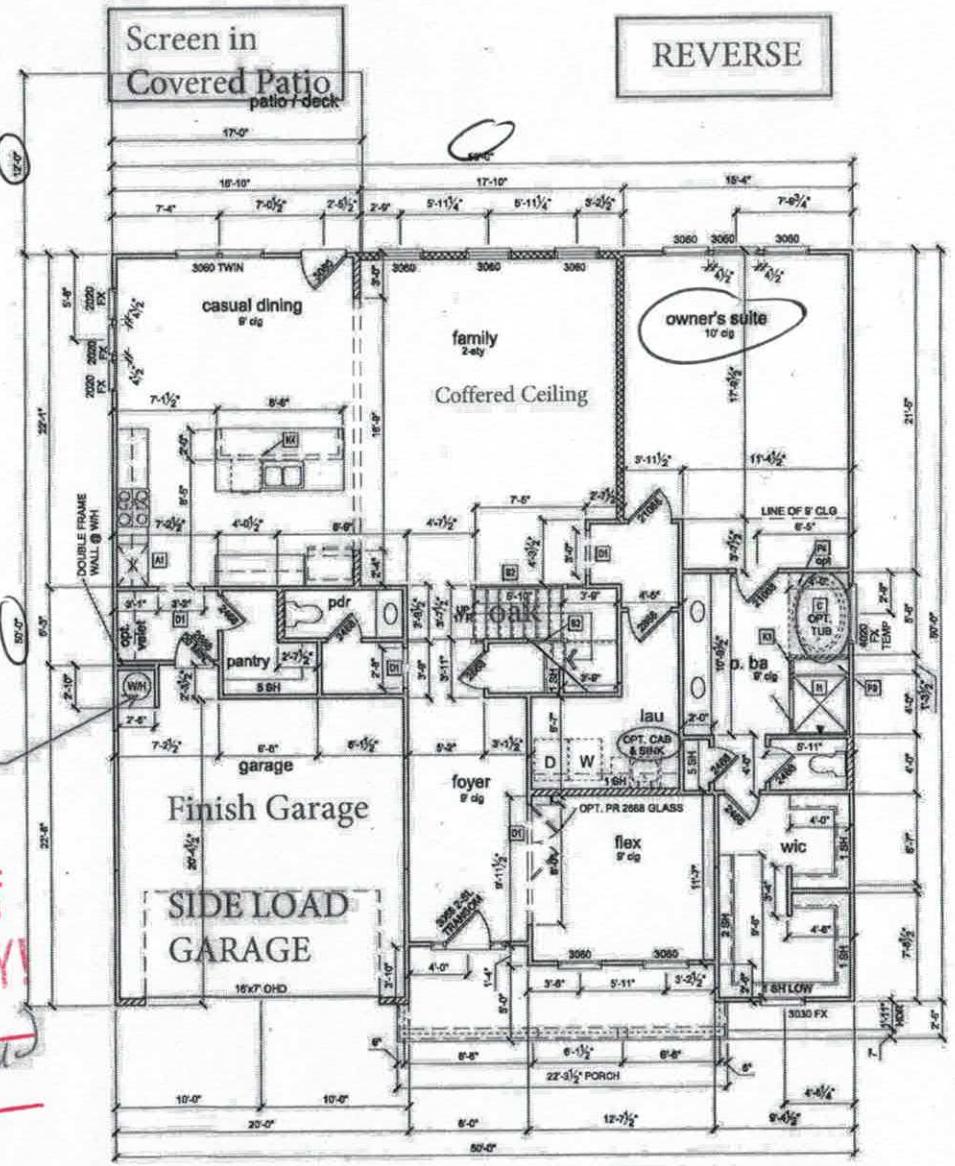
PATIO/ DECK	204 SF
PORCH	119 SF
GARAGE	420 SF
FLOOR 1 LIVING	2,018 SF
FLOOR 2 LIVING	1,515 SF
TOTAL LIVING	3,534 SF
OPT. GARAGE	240 SF
GAMEROOM	405 SF



Acknowledgement Of Plans Submittal ONLY!

5-31-19 Date

Rhonda Bueltas Date 5/31/19


Screen in Covered Patio
patio / deck
REVERSE
casual dining
9' clg
family
2-sty
Coffered Ceiling
owner's suite
10' clg
3060 TWIN
3060
3060
3060

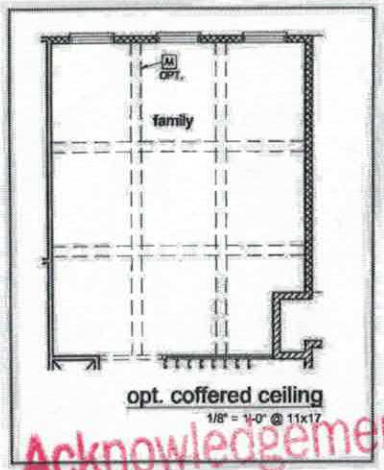
KEYNOTES

A1	OVER FASCIA OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P1	OPT. LAUNDRY SINK
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P2	(S) 2X4 CURB WITH CAP PER SPECS
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACCESS SUPPORT	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CD-4
A4	COFFERED CEILING PER SHEET CD-2	P4	22" HIGH TUB DECK PLATFORM. DETAILS PER SHT CD-4
A5	PROVIDE 6" MIN. FLAT CLG AT ANGLED CLG CONDITION	A	24"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	C	42" X 60" OVAL LAWSON TUB - DROP IN
D3	8" TALL DRYWALL OPENING, WIDTH PER PLAN	D	42"X72" LAWSON TUB - DROP IN
D4	8" TALL CASED OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
D5	6'-10" TALL CASED OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
		G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW
K1	36" 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	42" KNEE WALL WITH TILE CAP	S2	BOX STAIR WITH OPEN RAIL
K4	34 1/2" KNEE WALL	S3	EXPOSED BRICK W/OPEN RAIL
K5	42" KNEE WALL WITH 1X CAP	S4	OPEN RAIL WINTERFIRDATE NEWEL AS REQ'D PER CODE

NOTES & LEGENDS

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4. (S) HOSE BIBB SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

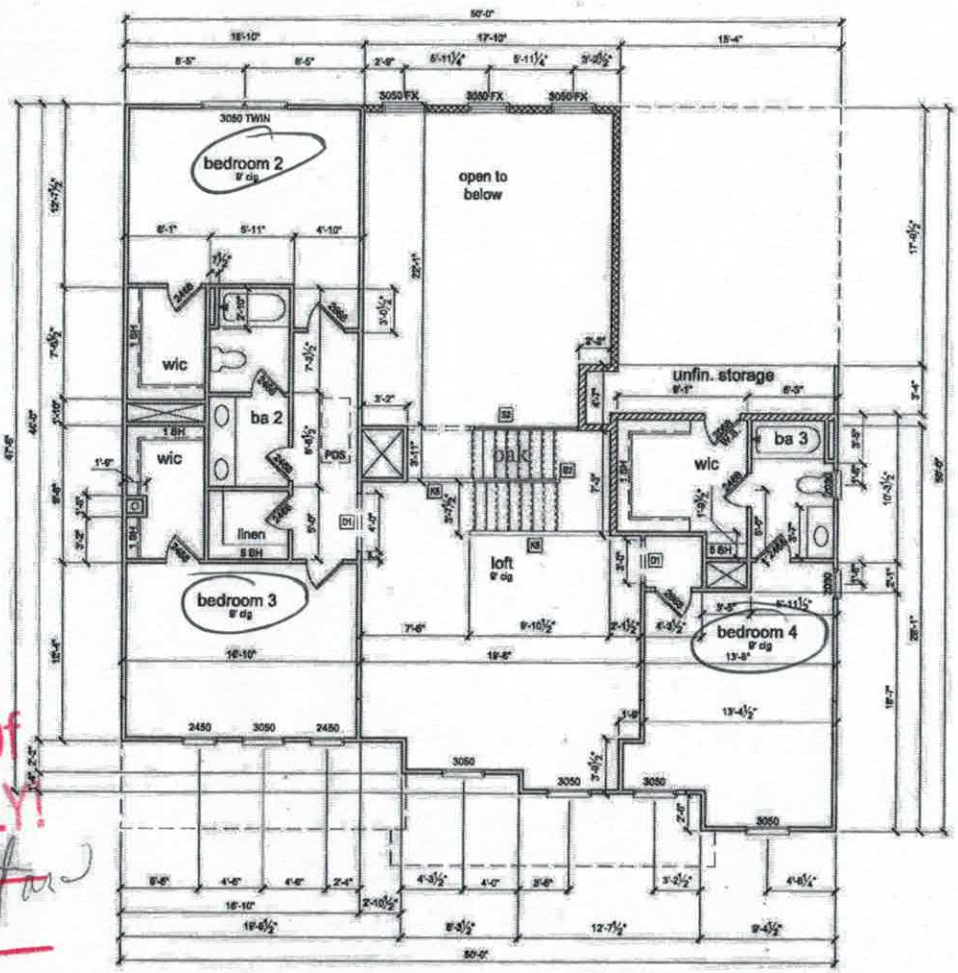
OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (PER STRUCTURALS)



opt. coffered ceiling

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

REVERSE



SECOND FLOOR PLAN 'B'

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

Acknowledgement Of Plans Submittal ONLY!

Rhonda Buxton Date 5-31-19

Date 5/31/19

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 5023425

RELEASE DATE: 03.07.19

MODEL: TOWNSEND 'B'

DRAWING TITLE: 2ND FLOOR PLAN

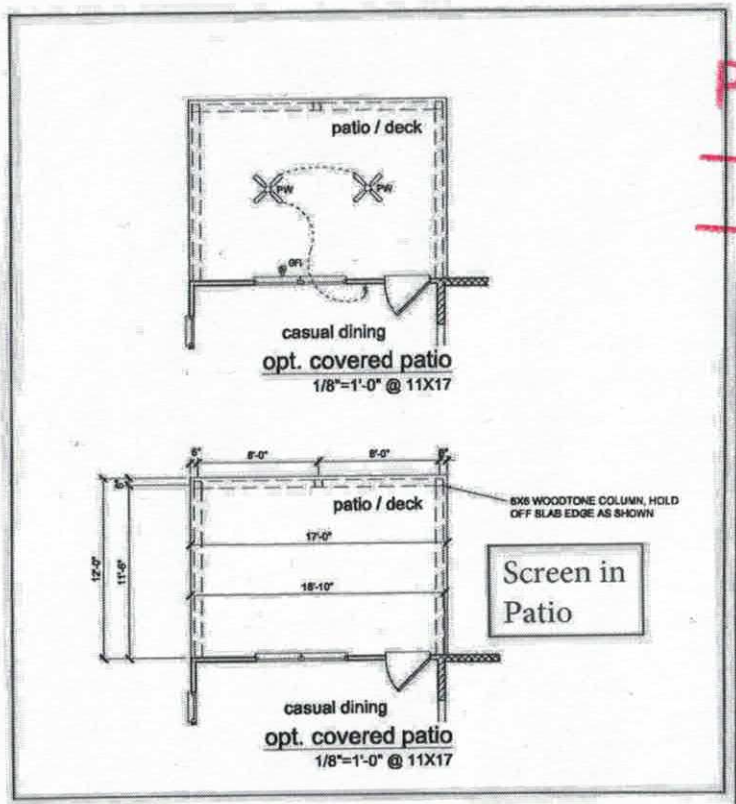
SHEET NO: A3.2B

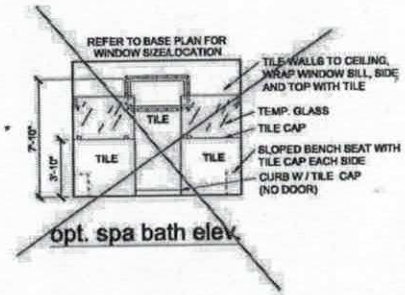
Acknowledgement Of Plans Submittal ONLY!

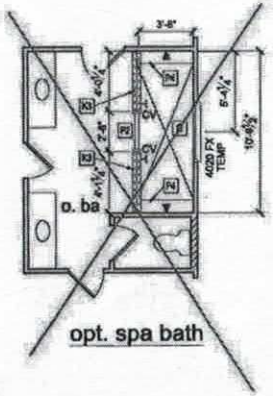
REVERSE

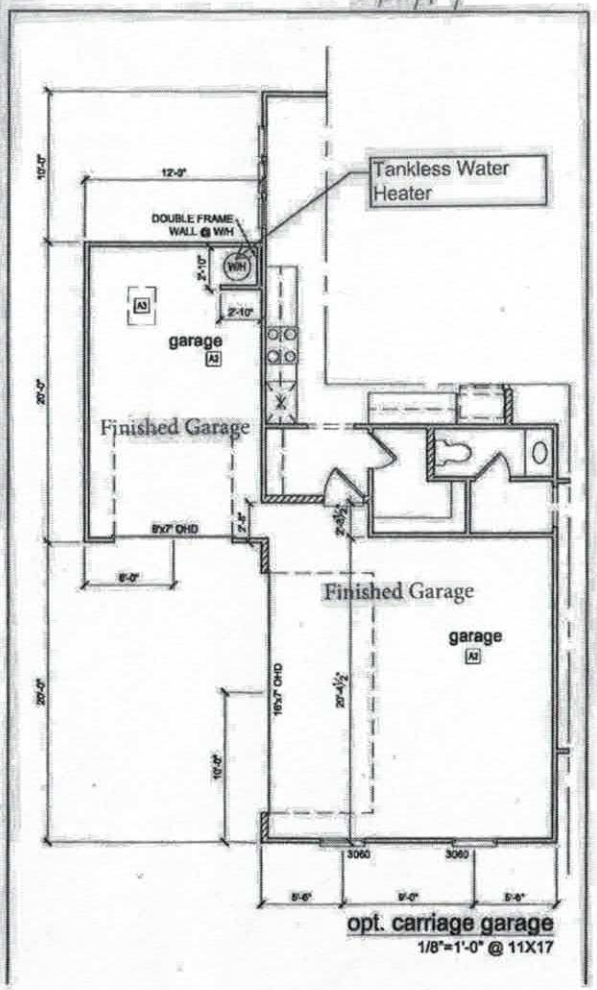
Date 5-31-19

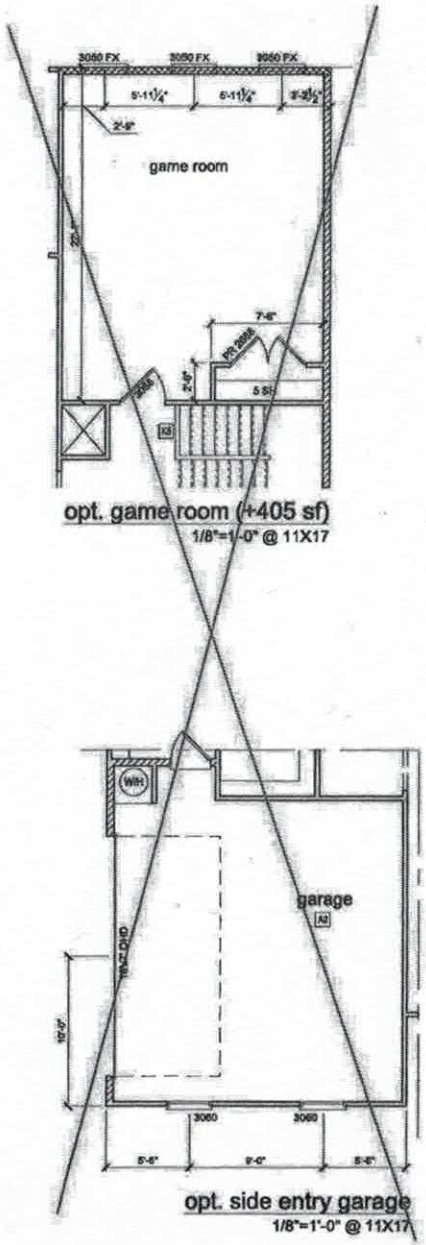
Rhonda Beaufard Date 5/31/19











REVISION NUMBER

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CENTURY COMMUNITIES

PLAN NUMBER: 5023425

RELEASE DATE: 8-13.18

MODEL: TOWNSEND

DRAWING TITLE: PLAN OPTIONS

SHEET NO: A3.3