IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (cc) | PERMIT # 301521

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

PIN # 4676947839.000

APPLICANT/OWNER: Century Communities Southeast | APPLICANT ADDRESS: 7401 Carmel Executive Park Drive Suite 310 28226

SITE ADDRESS: 152 Turtleback Drive Mooresville NC | PHONE: 704/943-1310 | ALT. PHONE –

SITE DIRECTIONS: Hwy 152 Right on Tenter Rd community on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hollybrooke | SECTION: – | LOT # 29 | LOT AREA: 3.094 | DESIGN FLOW: 480 | L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	IM1060	Date	infiltrator	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	Gravity 25% Reduction	☐ Business	No. Persons	8
Pump Make	–	Model		–	Serial #	–	Repair System Description:	Drip - (.125 LTAR)	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines		4	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☒ Crawl Space	
Trench Width	36	Trench Bottom Depth		36max	Gravel Depth	–		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		

Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: BackFill or maintain 15ft setback from Ditch
"Topo Charge"

INITIAL SITE SKETCH

See attached Proposal
+ Site Design by Michael
Athanasas + Associates
LSS # 1252

AS BUILT SKETCH

Installed as shown on site plan.

*must make site visit before signing OP to confirm water is diverted away from septic.

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.*

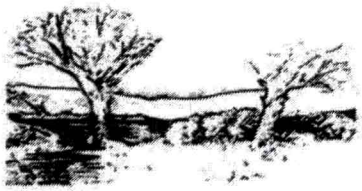
Owner / Applicant Signature: [signature] Date: 11/7/19 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Benjamin A Bothis Date: 10/31/19 OPERATION PERMIT by: Patrick J Boyle III Date: 4/15/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/21/19 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.

30
S 78°55'32" W
694.39'
527.5'
928.63'
N 83°26'41" E
Pit 3
Repair Area
Pit 5
60'
70'
Pit 4
Topo Change
74'
Creek
Pit 2
P4
Y3
B2
W1
Pit 1
91'
90'
110'
110'
56'
26'
23'
W1 - 90'
B2 - 110'
Y3 - 110'
P4 - 90'
N
60' x 60' House Staked
29.0'
89.4'
80.0'
Drive
Well
35' SE
Well
C2
L7
C1
Scale 1"=50'
ACK DRIVE
PUBLIC R/W
NOTE:
ALL LO
10' DR



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
10/10/2019

Reference: Data Sheet for 152 Turtleback Dr, Hollybrook Lot 29
House Footprint: 60' x 60'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private Well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
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: 24-36"

Line	Design Length	Actual Length
White 1	90'	95'
Blue 2	110'	153'
Yellow 3	110'	153'
Pink 4	90'	95'

Initial System: 400' **Repair System:** 4200 FT^2

Comments:



PROPERTY ID #: 4676947839
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Century Communities _____ APPLICATION DATE _____
ADDRESS: 7400 Carmel Exec Park Dr, STE 205, Charlotte, NC 28226 _____ DATE EVALUATED: 10/2019
PROPOSED FACILITY: 4 BDRM _____ PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 3.09 AC
LOCATION OF SITE: 152 Turtleback Dr, Hollybrook Lot 29 _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☰ Private ☐ Public ☰ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☰ Pit ☐ Cut TYPE OF WASTEWATER: ☰ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 10%	0-6	Br CL WSBK	FR SS SP SXP	N/A	64"	F-C SAP	N/A	PS 0.3 ✓
		6-26	R C SBK	FR SS SP SXP					
		26-64	R CL WSBK	FR SS SP SXP					
2	LS 10%	0-12	Br CL WSBK	FR SS SP SXP	YB/CHR 2 @ 52" not observed	52"	F-C SAP	N/A	PS 0.3TO 52" Determined Either
		12-27	R C SBK	FR SS SP SXP					
		27-62	R CL WSBK	FR SS SP SXP					
3	LS 8%	0-14	Br CL WSBK	FR SS SP SXP	YB @ 42" CHR 2 @ 52"	52"	N/A	N/A	PS 0.3-0.25 Chroma 2 @ 50 inches
		14-52"	R C SBK	FR SS SP SXP					
4	LS 4%				CHR 2 @ SURFACE	0			US

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	4200 FT^2
System Type(s)	25%Reduction	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4676947839
DATE OF EVALUATION: ____________
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
5	LS 8%	0-7	Br CL WSBK	FR SS SP SXP	Mn YB @ 42"	53"	N/A	N/A	PS 0.275- ✓ 0.25
		7-27	R C SBK	FR SS SP SXP					
		27-53	R CL WSBK	FR SS SP SXP					

COMMENTS: ____________

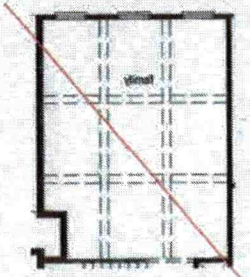
HB - LOT 29

* No basement

Acknowledgement Of
Plans Submittal ONLY!

Jay Goumans Date 11/21/19

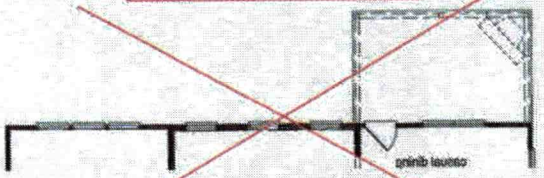
Tom Shuck Date 11/21/19



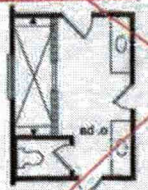
opt. coffered ceiling



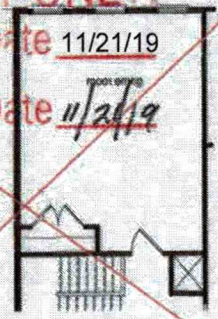
opt. fireplace



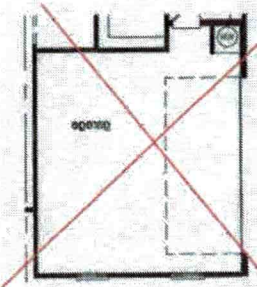
opt. covered patio



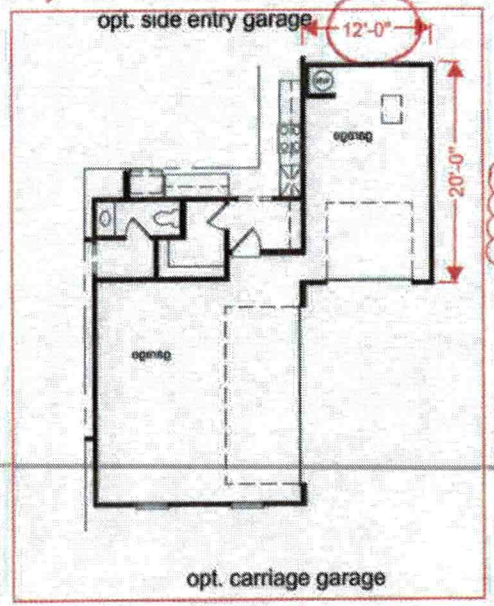
opt. spa bath



opt. game room



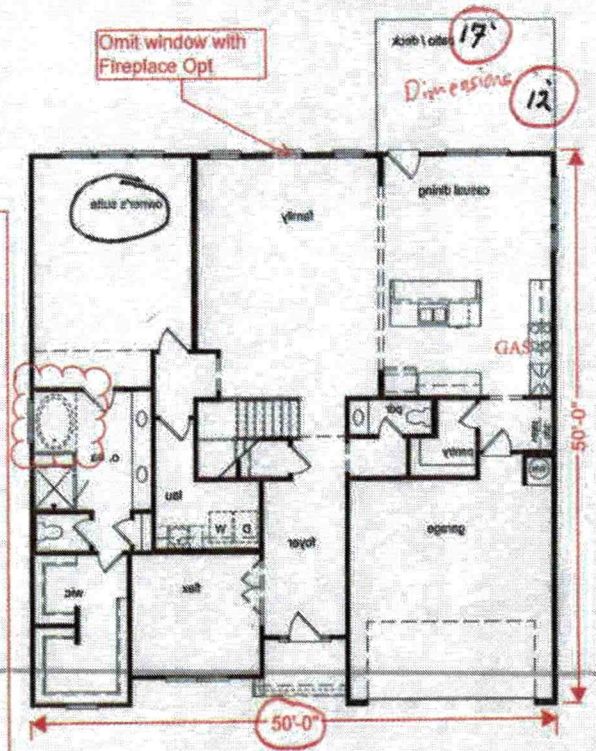
opt. side entry garage



opt. carriage garage

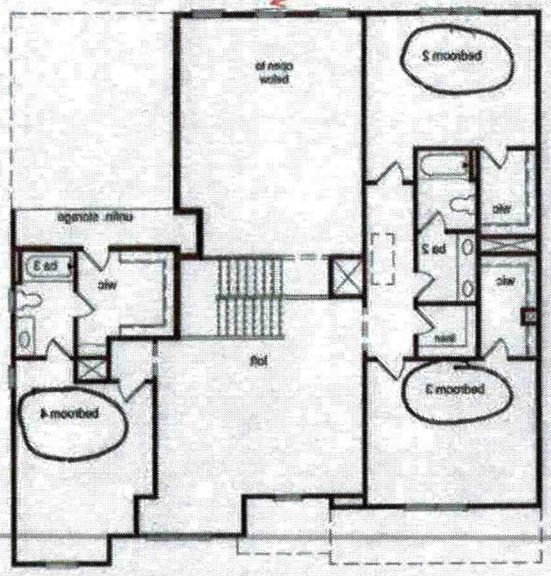
Omit window with Fireplace Opt

Dimensions 17' 12'



first floor plan

Omit window with Fireplace Opt



second floor plan

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

Century Communities expressly reserves its common law copyright and other property rights in these plans. These plans are not to be copied, reproduced, or changed in any form or manner whatsoever, nor are they to be assigned to a third party without first obtaining written permission and consent of Century Communities.

CENTURY COMMUNITIES

PLAN NUMBER: 5023425

RELEASE DATE: 03.07.19

MODEL: TOWNSEND

DRAWING TITLE: MARKETING FLOOR PLAN

SHEET NO: M-2

IREDELL COUNTY · NC

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

APPLICATION NUMBER
301521 Issue Date: 10/09/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4676947839.000	152 TURTLEBACK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: BMCH NC LLC	Name: CENTURY COMMUNITIES SOUTHEAST, LLC
Address:	Address: 7400 CARMEL EXECUTIVE PARK DRIVE SUITE 205 CHARLOTTE, NC 28226
Phone:	Phone: (704)943-1310

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.094	35	35	15	15	WSII-BOW Coddle Creek	NO

Remarks
SFD

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.

Date: 10/09/2019

Signature of Owner/Contractor

Permit Number	000519	TOTAL FEES:	$77.25

AP-301521
10.23.19
$350.00

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:** 7401 Carmel Executive Park Dr. Suite 310 **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: 152 Turtleback Drive

Subdivision Name: Hollybrook **Section/Phase:** **Lot Number:** 29

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:

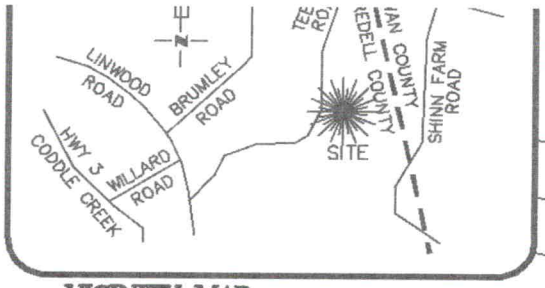
Please answer the following to the best of your ability:

( ) 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 — 10/16/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.



VICINITY MAP
Not To Scale

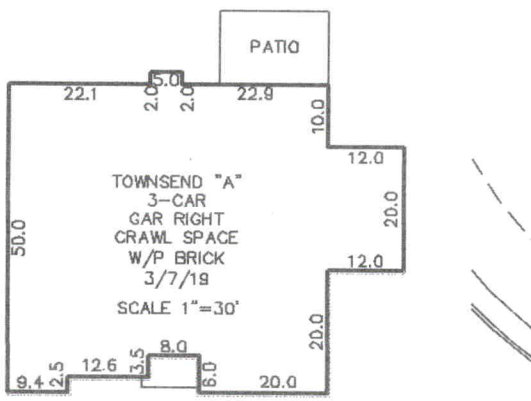
LINE TABLE		
LINE	LENGTH	BEARING
L1	35.00	N00°08'23"E
L2	46.00	N24°51'37"W
L3	72.00	N52°08'23"E
L4	34.00	N05°51'37"W
L5	41.00	N32°08'23"E
L6	49.00	N00°51'37"W
L7	68.97	N01°40'41"W

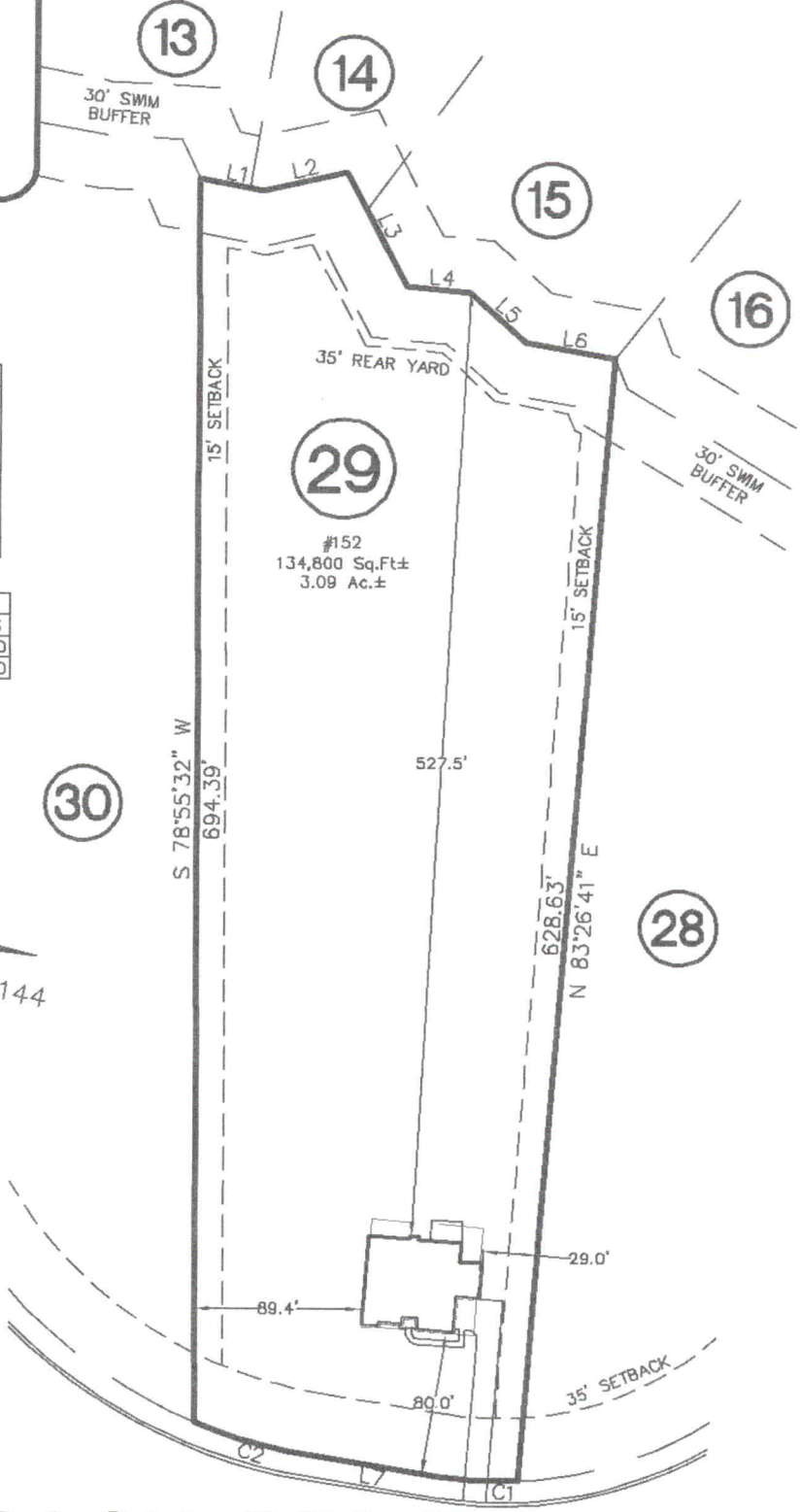
CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N07°39'18"W	42.69	42.77	205.00
C2	N05°11'51"E	65.84	66.00	275.00

REVISIONS

REV. #	DATE	COMMENT
REV. 1	10/4/19	UPDATED HOUSE PLACEMENT

BK: 59 PGS: 143-144





TURTLEBACK DRIVE
50' PUBLIC R/W

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
SCALE: 1" = 100'

HOUSE LOCATION PLOT PLAN
FOR

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 152 Turtleback Drive, identified as PIN (Parcel Identification Number) 4676-91-7839, 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 Gustad
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