12

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240798

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

PIN # 4676953078

APPLICANT/OWNER: Century Communities APPLICANT ADDRESS: 7400 Carmel Exec. Park Drive STE 205 Charlotte NC 28226

SITE ADDRESS: 163 Rain Shadow Drive Mooresville NC 28115 PHONE: 704-943-1310 ALT. PHONE

SITE DIRECTIONS: Hwy 152 W on Teeter Rd L on Rain Shadow SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Holly Brook SECTION: — LOT # 16 LOT AREA: 1.188 Acres DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	Infiltrator	Date	1060	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity - 25% Reduction			
Pump Make	-	Model		-	Serial #	-	Repair System Description:	Drip Irrigation.			
# Nitrification Fields	1	# Lines		4	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth		24	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☑ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

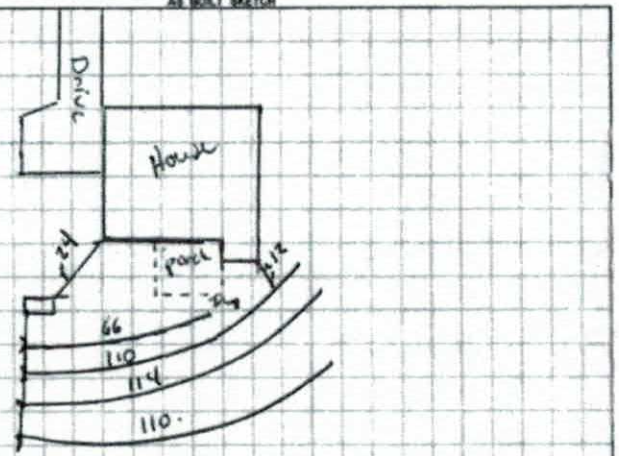
Comments / Conditions: Fill Gully Area / Remove Berm to Promote positive water flow away Drainfield. Recommend pumping septic tank every 3-5 years.

See floorplans w/ ICHD approval date of 5/6/2019

INITIAL SITE SKETCH

See Site Design and plan Proposal by Michael Athanas and Associates LLC.

AS BUILT SKETCH



GULLEY FILLED
9-25-2019
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: Gene Barney Date: 12/31/18 Installed by: Jamie O Daniel / Specialty Septic

IMPROVEMENT PERMIT by: Benjamin A Bullard Date: 12/20/2018 OPERATION PERMIT by: Burnett C. White Date: 9-25-2019

AUTHORIZATION TO CONSTRUCT by: Tom Church Date: 5/6/2019 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240798

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

PIN # 4676953078

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SITE ADDRESS: 163 Rain Shadow Drive Mooresville NC 28115 PHONE: 704-943-1310 ALT. PHONE

SITE DIRECTIONS: Hwy 152 ℄ on Teeter Rd ℄ on Rain Shadow SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Holly Brooke SECTION: LOT # 16 LOT AREA: 1.188 Acres DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank 1000 (gal) STB Date

Pump Tank - (gal) PT - Date -

Pump Make - Model - Serial # -

Nitrification Fields 1 # Lines 4 Linear Ft 400

Trench Width 36 Trench Bottom Depth 24 Gravel Depth -

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

System Description: Gravity - 25% Reduction.

Repair System Description: Drip Irrigation.

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Fill Gully Area / Remove Berm to Promote positive water flow away Drainfield. Recommend pumping septic tank every 3-5 years.

See floorplans w/ ICHD approval date of 5/6/2019

INITIAL SITE SKETCH

See Site Design and Plan Proposal by Michael Adhams and Associates LLC.

AS BUILT SKETCH

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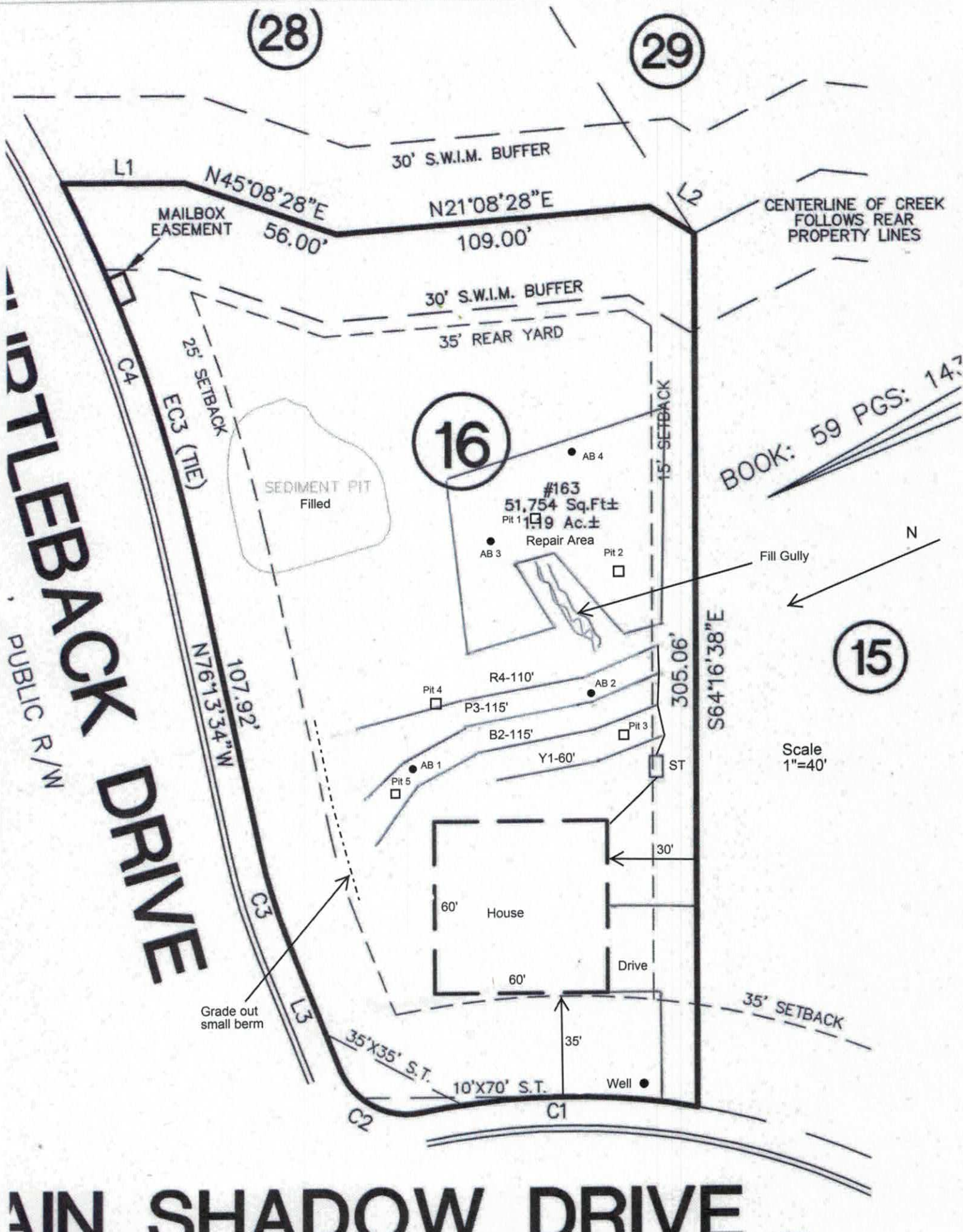
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Gene Bruny Date: 12/31/18 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Bullard Date: 12/20/2018. OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/6/2019 Existing System Inspected by: Date:

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28
29
30' S.W.I.M. BUFFER
L1
N45°08'28"E
56.00'
N21°08'28"E
109.00'
L2
CENTERLINE OF CREEK
FOLLOWS REAR
PROPERTY LINES
MAILBOX
EASEMENT
30' S.W.I.M. BUFFER
35' REAR YARD
25' SETBACK
C4
EC3 (TIE)
16
SEDIMENT PIT
Filled
15' SETBACK
AB 4
#163
51,754 Sq.Ft±
1.19 Ac.±
Pit 1
Repair Area
AB 3
Pit 2
BOOK: 59 PGS: 14
N
Fill Gully
15
305.06'
S64°16'38"E
R4-110'
Pit 4
AB 2
P3-115'
B2-115'
Pit 3
Y1-60'
ST
AB 1
Pit 5
Scale
1"=40'
30'
60'
House
Drive
60'
35' SETBACK
35'
N76°13'34"W
107.92'
C3
L3
Grade out
small berm
35'X35' S.T.
10'X70' S.T.
Well
C2
C1
PUBLIC R/W
IRTLEBACK DRIVE
AIN SHADOW DRIVE

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: _4676953078____
DATE OF EVALUATION: _____
COUNTY: _IREDELL____

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 5	LS 5%	0-12	Br SCL WSBK	FR SS SP SXP	N/A	52"	N/A	N/A	PS 0.3
		12-52	R C SBK	FR SS SP SXP					
AB 1	LS 5%	0-3	Br SCL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		3-30	R C SBK	FR SS SP SXP					
		30-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 5%	0-14	Br SCL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		14-34	R C SBK	FR SS SP SXP					
		34-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 6%	0-27	Br SCL WSBK	FR SS SP SXP	Few YB CHR 2 @ 43"	43"	N/A	N/A	PS 0.25
		27-43	R C SBK	FR SS SP SXP					
AB 4	LS 4%	0-28	RBr SCL WSBK	FR SS SP SXP	CHR 2 @ 28"	28"	N/A	N/A	DRIP 0.125

COMMENTS: _____

PROPERTY ID #: 4676953078_
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): __600 GPD____ PROPERTY SIZE: __1.19 AC_____
LOCATION OF SITE: 163 Rain Shadow Dr, Hollybrook lot 16_____ 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 5%	0-26	RBr CL WSBK	FR SS SP SXP	Mn	42"	N/A	N/A	PS 0.3
		26-42	RBr SCL WSBK	FR SS SP SXP					
PIT 2	LS 8%	0-12	Br SCL WSBK	FR SS SP SXP	N/A	52"	N/A	N/A	PS 0.3
		12-38	R C SBK	FR SS SP SXP					
		38-52	R CL WSBK	FR SS SP SXP					
PIT 3	LS 5%	0-22	Br SCL WSBK	FR SS SP SXP	N/A	54"	N/A	N/A	PS 0.3
		22-35	R C SBK	FR SS SP SXP					
		35-54	R CL WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-15	Br SCL WSBK	FR SS SP SXP	LITHO/YB @ 44"	52"	N/A	N/A	PS 0.3<44"
		15-52	R C SBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT²	4100 FT²
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)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
14	~~Hs~~ (11)	AP 0-5 C 5+-36+	SBK SCL " C	SEXP FR S,SP EXP FR S,VP	2.5Y 4/6	36"+	?	?	II <0.25 Itar (EXP, VS, VP)
		have dropped a bit ~8"	based on wk mach in pit						
15	~~Hs~~ (11)	AP 0-5 B+ 5-48+	SBK SCL " C/CL	SEXP FR S,SP EXP " VS,VP	2.5Y 4/6	48"+	N/A	N/A	II <0.25 Itar (EXP, VS, VP)
		based on wk mach in pit							
16	As (11)	A 0-25 B 25-48+	SBK SCL " CL	SEXP FR S,SP " " " P	2.5YR 4/6 Chroma 2 @50"	48"+	N/A	N/A	III ~~0.4 Itar~~ 0.3
17	CV 8-12 % smooth	AP 0-5 B+ 5-48+	SBK SCL " C	SEXP FR S,SP " " " P	2.5YR 4/6 C - yel/br @47"/48"	48"+	N/A	N/A B .25	IV 0.3 Itar B .30R w/24" T B
18	~~L~~ 8-12 % smooth	AB 0-5 B+ 5-48+	SBK SCL " C/CL	SEXP FR S,SP " " " P	2.5YR 4/6	48"+	N/A	N/A	III/IV 0.35 Itar

COMMENTS: _____

SOIL/SITE EVALUATION

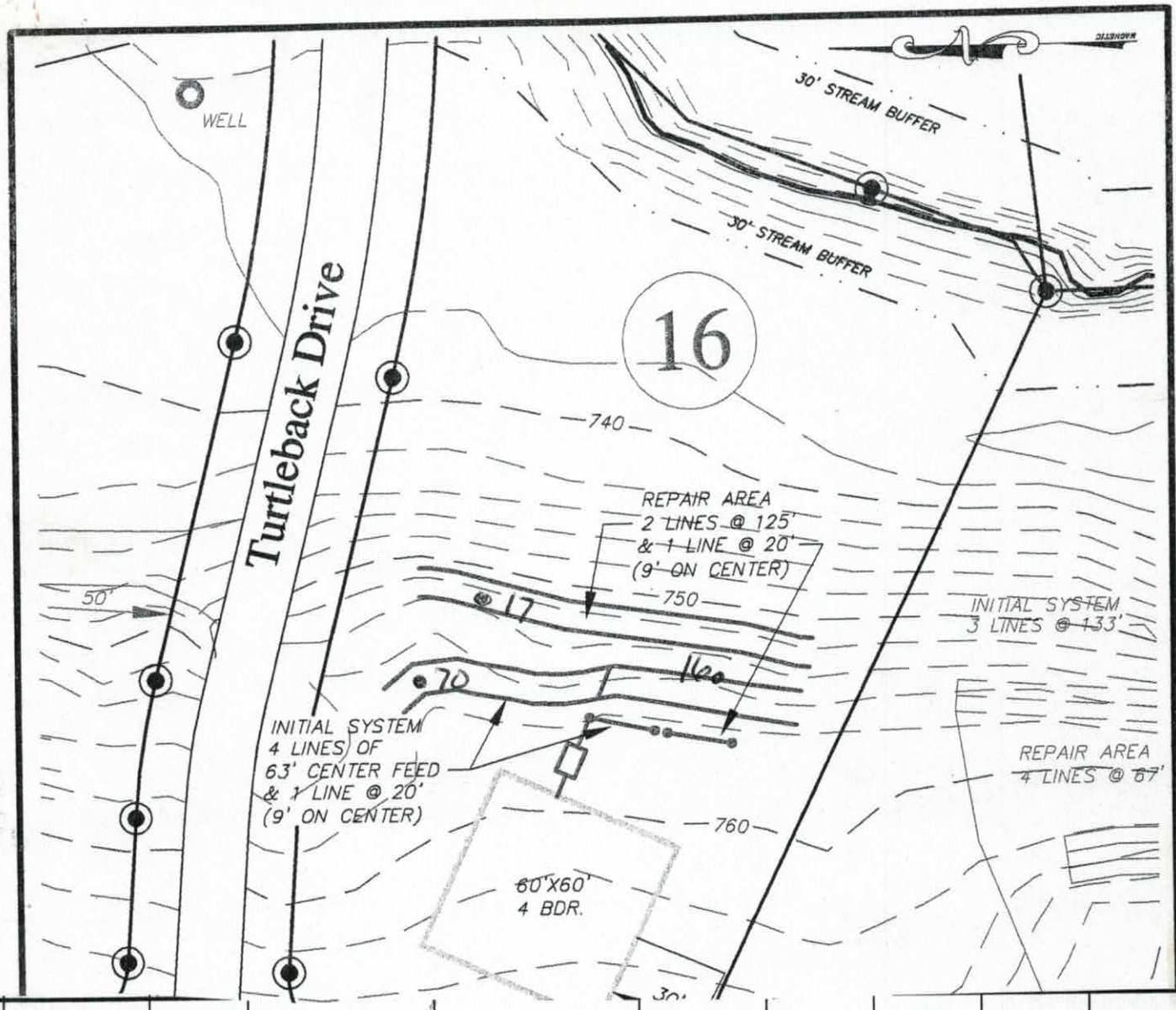
(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
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~~16~~	~~As~~ 67	As 0-3	SBK CL	SEXP FR S P	2.5YR 3/6	26" to CB	II 0.4 ltar	26" to CB	SAP 0.4 ltar
		B+ 3-26	" C	" " " "					
		CB+ 26-48+	" SL	" " " "					
~~17~~	~~L/CV~~ 10-15 smooth	As 0-3	SBK SCL	SEXP FR S P	2.5YR 3/6	48"+	N/A	N/A	IV 0.3 ltar
		AB 3-16	" SCL/CL	" " " "					
		B+ 16-38	" C	" " " "					
		BC 38-48+	" C/CL	" " " "					
70	L 8-10 smooth	As 0-3	SBK CL	SEXP FR S P	2.5YR 4/6	48"+	N/A	N/A	~~IV~~ 0.25 ltar (high) clay o/loages) .250K
		B+ 3-48+	" C	" " " "					
~~71~~	~~L~~ 4-8 undulating (slope 30'± to north)	As 0-3	SBK CL	SEXP FR S P	2.5YR 4/6	38" to CB	N/A	38" to CB	~~IV~~ 0.3 ltar
		B+ 3-22	" C	" " " "					
		BC 22-38	" C/CL	" " " "					
		CB 38-48+	" CL/C	" " " "					
~~72~~	~~T~~ 8-20 undulating sets prob reached?	As 0-3	SBK CL	SEXP FR S P	2.5YR 4/6	38" to CB	N/A	38" to CB	IV 0.25 ltar clayey clay in BT+ BC
		B+ 3-34	" C	" " " "					
		BC 34-38	" C/CL	" FR/FI " "					
		CB 38-48+	" CL/C	" FR/FI " "					

COMMENTS: * Abundant micaceous (mica smaller in texture)



16	As (11)	A 0-20	SBK	SCL	SEXP, FR, S, SP	2.5YR 4/6	48"+	N/A	N/A	III 0.4 ac
		B+ 20-48"+	"	CL	" " " P					
17	CV 8-12% smooth	AB 0-5	SBK	SCL	SEXP, FR, S, SP	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 ac
		B+ 5-48"+	"	C	" " " P					
76	L 8-10 smooth	A 0-3	SBK	CL	SEXP FR S P	2.5YR 4/6	48"+	N/A	N/A	IV 0.25 ac (high clay phases)
		B+ 3-48"+	"	C	" " " "					

* Revised *

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: 163 Rain Shadow Drive

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 16

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

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(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 4/22/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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: 163 Rain Shadow Drive

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 16

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

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

(X) New Single Family Residence
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( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(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?
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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 4/22/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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

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

Property Information:

Street Address: 163 Rain Shadow Dr

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 16

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) 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: _____
( ) 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?
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Signature: _____ 12/6/2018
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:** ✓ 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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Wastewater Solutions	4711 Rocking Horse Pl. Marion.		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 # 16

Driving Directions: Hwy #152-E Rt on Teeter Rd. go ≈ 2mi. left on Rain Shadow Pl. into Holly Brook. Lot on left on corner of Turtle back + Rain Shadow.

****

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 3 RW
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 Wells — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-4-08 — 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 163 Rain Shadow Drive, identified as PIN (Parcel Identification Number) 4676-95-3078, 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: 4/22/19

Signature of Witness: Rhonda Gustafson — Date: 4/22/19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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I, Matthew Chisholm, am the legal owner(s) of the property located at 169 Rainshadow Dr, Hollybrook Tr, identified as PIN (Parcel Identification Number) 4676949266, 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)
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- Application for soil-site evaluation (new/repair)
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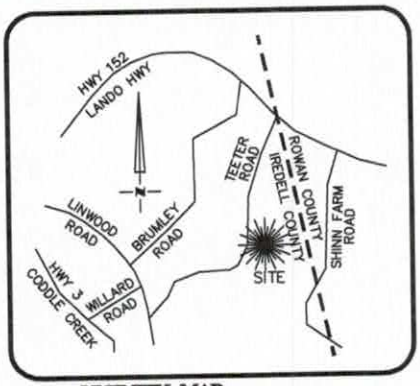
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Signature of Owner(s)	Date	Signature of Witness	Date
	12/4/2018	Rhonda Gustafson	12/4/2018

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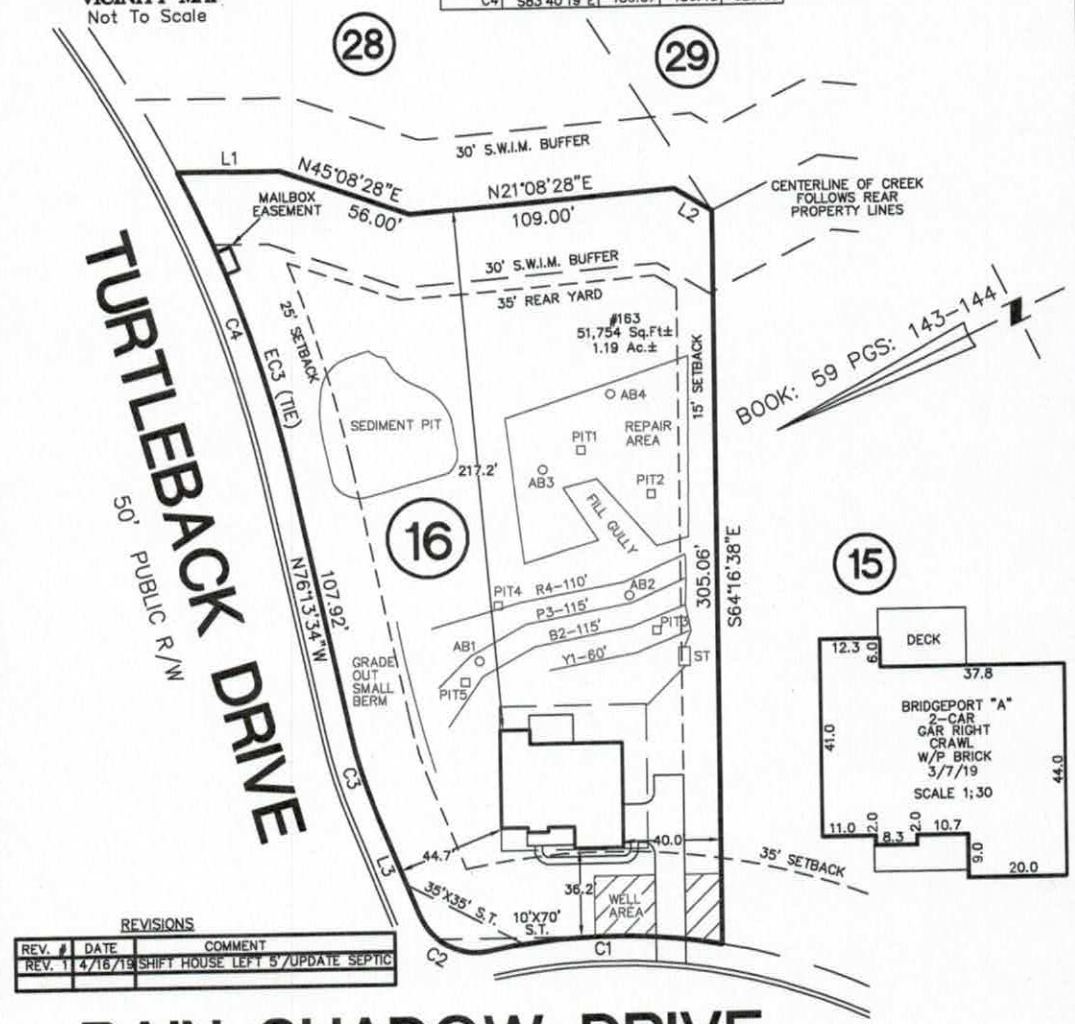


VICINITY MAP
Not To Scale

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.

LINE TABLE		
LINE	LENGTH	BEARING
L1	42.17	N26°07'01"E
L2	18.00	N57°08'28"E
L3	46.27	N86°03'52"W

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N25°03'37"E	95.90	96.47	255.00
C2	S54°04'43"W	32.04	34.78	25.00
C3	N81°08'43"W	35.16	35.20	205.00
C4	S83°40'19"E	136.07	136.45	525.00



REVISIONS		
REV. #	DATE	COMMENT
REV. 1	4/16/19	SHIFT HOUSE LEFT 5'/UPDATE SEPTIC

RAIN SHADOW 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.

60 0 60
SCALE: 1" = 60'

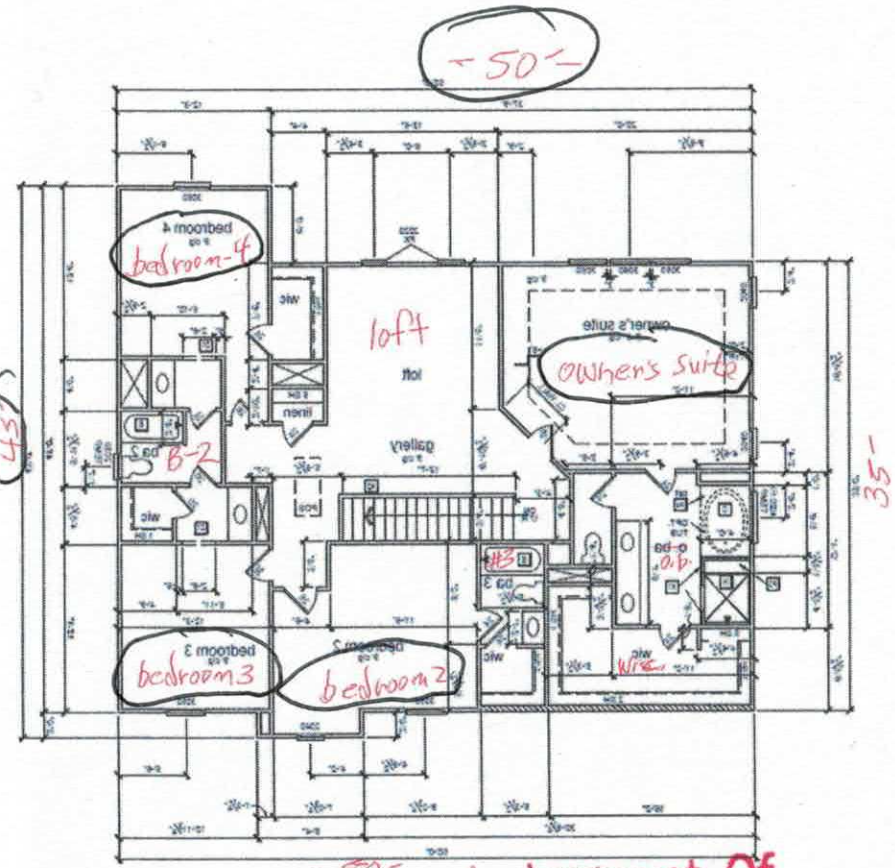
EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS - (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (704) 889-0105

HOUSE LOCATION PLOT PLAN
FOR

LOT 16, HOLLYBROOK SUBDIVISION
Coddle Creek Township, Iredell County, North Carolina
PROPERTY OF: BENCHMARK COMMUNITIES
MAP BOOK 59 PAGE 143-144 DEED REFERENCE

DRAWN BY: ERG
DATE: NOVEMBER 1, 2018

- 48'-6"
- 44'-
- 50'-
12'-1"
12'-3"
Dining
Foyer
Study
Family
brkfst
Kitchen
Garage
Sidelload
Flex
Acknowledgement Of
Plans Submittal ONLY!
Date 5/6/19
Date 5/8/2019
AREA TABULATION
NOTES
SYMBOL & LEGEND



Acknowledgement Of
Plans Submittal ONLY!
Tom Shudt Date 5/6/19
Rhonda Bateman Date 5/8/2019

IREDELL COUNTY

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

APPLICATION NUMBER
240798
Issue Date: 04/15/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4676953078.000	163 RAIN SHADOW DRIVE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: DAVID R MCKAY LLC	Applicant: CENTURY COMMUNITIES
Address: 105 IREDELL CO, NC 28625	Address: 7400 CARMEL EXECUTIVE PARK DR SUITE 205 CHARLOTTE, NC 28226
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.180	35.00	35.00	25.00	15.00	BOWC	X

Remarks:

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

Applicant: _____ Date: _____

Permit Number	174017	TOTAL FEES:	$ 77.25