12 12 3-3:30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241492

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

PIN # 4670953489

APPLICANT/OWNER: Century Communities APPLICANT ADDRESS: 7400 Carmel Exec Park Dr. Ste 205 Charlotte, NC 28226

SITE ADDRESS: 141 Rain Shadow Dr Mooresville, NC PHONE: 704 943-1316 ALT. PHONE

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

SUBDIVISION: Hollybrook SECTION: LOT # 18 LOT AREA: 1.31 Ac DESIGN FLOW: 660gpd L.T.A.R. 1.3

Septic Tank	1500 (gal)	STB	Infiltrator	Date	1/15/19	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5
Pump Tank	1500 (gal)	PT	Infiltrator	Date	1/15/19	System Description: LPP BPBPS	☐ Business	No. Persons	10
Pump Make		Model		Serial #		Repair System Description: LPP BPBPS	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft	333	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☐ Crawl Space	
Trench Width	24"	Trench Bottom Depth(below grade)	36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert Storm/Surface Away from Septic System.

* Must do Side load garage as shown on plan

* Properly fill Gulley btwn drainfield and house

PARTIAL SITE SKETCH

Pump: Goulds We0712HD 3/4HP

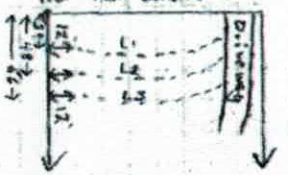
See attached. Approved

	Date	Initials
Drain Lines Checked	8/20/19	
Tanks Checked Previously checked per permit		
Pressure Manifold or Valve Box Checked	9-3	CC
Pressure Head Set	11/18	
Electrical Checked	11/18	
Floats Set	11/18	
Alarm Checked	11/18	
Maintenance Contract Y / N	11/18	
Supply line	9-3	CC

8/30/19: L1 113 } 35"-36" TB w/ 26 panels per line. L2 112 L3 112

verified OK by laser

P.C. Rain Shadow Rd



11/18 Alarm OK, Breakers OK, Lines Balanced (2' of head)

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 to the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT void 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 mos.

Owner / Applicant Signature: Maria D'Elia Date: 2/12/2019 Installed by: Jamie Attial Specialty Septic

IMPROVEMENT PERMIT by: Maria D'Elia Date: 1/31/19 OPERATION PERMIT by: Tom Shade Date: 11/18/19

AUTHORIZATION TO CONSTRUCT by: Maria D'Elia Date: 2/18/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704 664 3703 between 8am-9am Tuesday - Thursday. Inspections needed Before 12 noon will be done with an attempt to confirm your inspection.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241492

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

PIN # 4676953489

APPLICANT/OWNER: Century Communities APPLICANT ADDRESS: 7400 Carmel Exec. Park Dr. Ste 205 Charlotte, NC 28226

SITE ADDRESS: 141 Rain Shadow Dr. Mooresville, NC PHONE: 704 943-1310 ALT. PHONE

SITE DIRECTIONS: Hwy 152E TR Teeter Rd TL Rain Shadow on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Holly brook SECTION: LOT # 18 LOT AREA: 1.311 Ac DESIGN FLOW: 600gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500 (gal)	PT	Date	System Description:	1 LP PPBPS			☐ Business	No. Persons	10	☒ Private
Pump Make		Model	Serial #	Repair System Description:	1 LP PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft 333	Maintenance Agreement Required:	☒ YES	☐ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width		Trench Bottom Depth (Low side)	36" max	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Divert Storm/Surface away from Septic System.
* Must do side load garage as shown on plan.

* Properly fill gulley btw drainfield and house.

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & Assoc. (dated 1/15/19)

AS BUILT

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: 2/19/2019 Installed by:

IMPROVEMENT PERMIT by: Maria Dolgan Date: 1/31/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dolgan Date: 2/18/19 Existing System Inspected by: Date:

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



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

Approved
MD
1/31/19

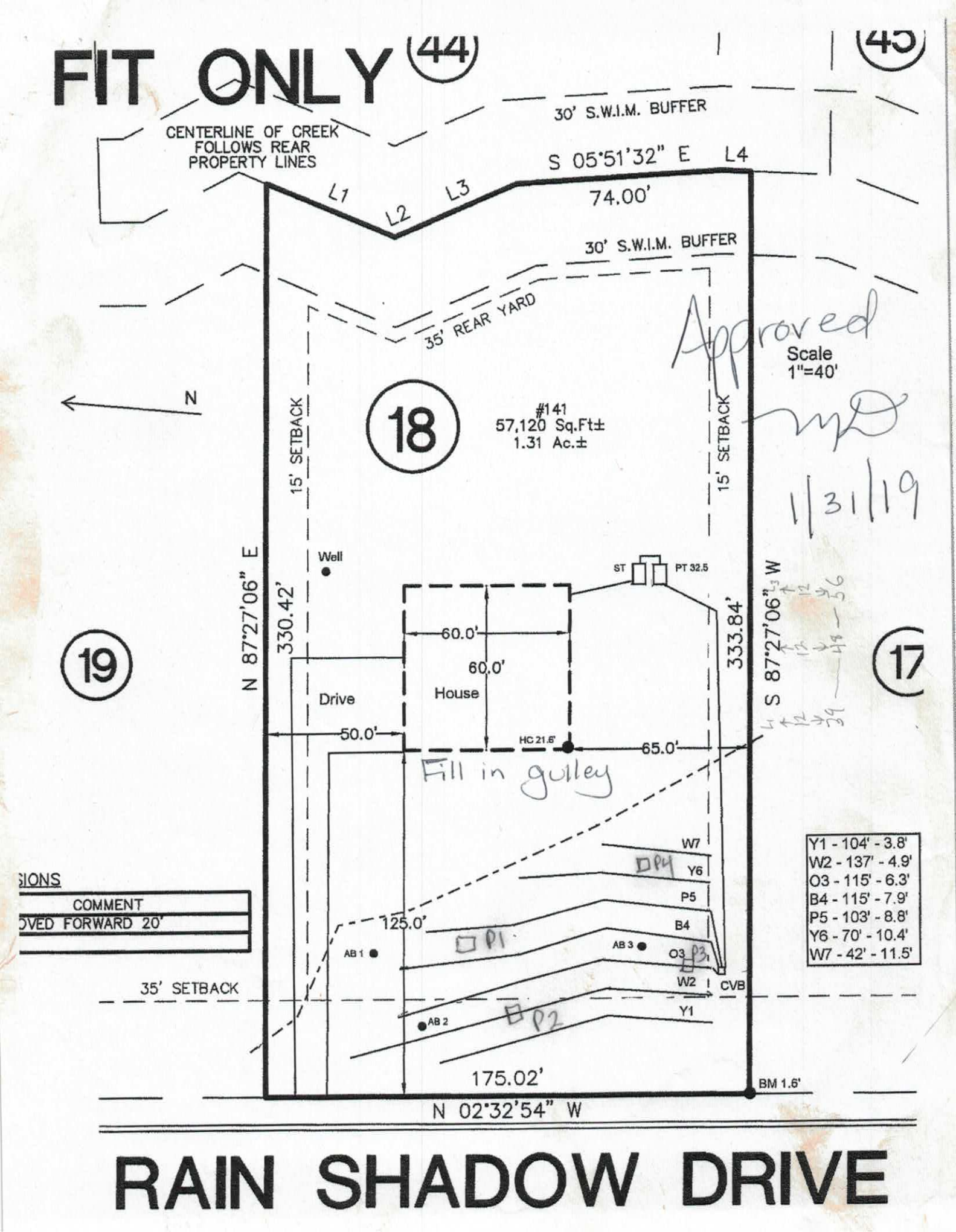
Reference: Data Sheet for 141 Rain Shadow Dr, Hollybrook Lot 18
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 46 GPM
Dosing Volume: 280.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 32.6'
Friction Head: 3.6'
Pressure Head: 2'
Total Dynamic Head: 38.2'
Supply Line Length: 145' of 2" PVC
Septic/Pump Tank Size: ~~1000/1000~~ gallons 1500/1500 GM
Proposed Trench Bottom: 36"

Line	Design Length	# of Panels	Actual Length	Elevation
Yellow 1			104'	3.8'
White 2			137'	4.9'
Orange 3	**115'**	**27**	**140'**	**6.3'**
Blue 4	**115'**	**27**	**138'**	**7.9'**
Pink 5	**103'**	**24**	**110'**	**8.8'**
Yellow 6			70'	10.4'
White 7			42'	11.5

Initial System: 333' **Repair System:** 353'
Pump Tank: 32.5' **House Corner:** 21.6' **Benchmark:** 1.6'

Comments:

FIT ONLY



RAIN SHADOW DRIVE

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

Sheet ___ of
PROPERTY ID #: 4676953481
COUNTY: Iredell

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

OWNER: Century Communities — APPLICATION DATE: 1/15/19
ADDRESS: 7400 Carmel Exec Park Dr Ste 205 Charlotte NC — DATE EVALUATED: 1/28/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 600gpd — PROPERTY SIZE: 1.31 ac
LOCATION OF SITE: Lot #18 141 Rainshadow — PROPERTY RECORDED: Y
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7%	0-8	Brw SCL	SS, SP,	SExp, FR				PS .3
		8-22	R C M	WSBK SS,	SP, SExp, FR				
		22-50	R CL	WSBK SS, SP,	SExp, FR				
			w/ Inclus of SAP			49"			
2	6%	0-6	Brw SCL	WSBK SS, SP,	SExp, FR				PS .3
		6-24	R C M	SBK SS, SP,	SExp, FR				
		24-56	R CL	WSBK SS, SP,	SExp, FR				
			w/ Inclus of SAP			56"			
3	7%	0-8	Brw SCL	WSBK SS, SP,	SExp, FR				PS .3
		8-28	R C M	SBK SS, SP,	SExp, FR				
		28-54	R CL	WSBK SS, SP,	SExp, FR				
			w/ Inclus of	SAP		54"			
4	10%	0-8	Brw SCL	WSBK SS, SP,	SExp, FR				PS .3
		8-23	R C M	SBK SS, SP,	SExp, FR				
		23-54	R C	WSBK SS SP,	SExp, FR				
			w/ Inclus of SAP			54"			
		54-56	L/SL	SAP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

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

COMMENTS:

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 5 of 12
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Hollybrook 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)		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	
19	L 6-10% undulating old road about 20' east of pit	AB 0-8 B+ 8-48+	SBK SCL " C/CL	SEXP, FR, SSP " " " P	2.5YR 4/6	48"+	N/A	N/A	III/II 0.35 ltar .3 gm
20 ~~21~~	L ~~6-10%~~ undulating old road about 40' south	AB 0-5 B+ 5-27 BC 27-45 CB 45-48+	SBK SCL " C/CL " SCL " SCL	SEXP FR S SP " " " P " " " SP " " " "	2.5YR 4/6	45"	N/A	45" to CB	III 0.4 ltar
~~21~~ 3	L ~~10-15%~~ undulating old road about 30' west	AB 0-36 B+ 36-48+	SBK SCL " CL	SEXP FR S SP " " " "	2.5YR 3/3	48"+	N/A	N/A	III 0.4 ltar
~~22~~ 4	L 6-15% smooth	B+ 0-28+ Wtr. in hole on 10/29 @ 11:3. Wtr appeared to have dropped about 3" based on wtr. mark in pit.	SBK C	SEXP? FR/FI S SP	2.5YR 4/6 surface 28" below soil surface. Wtr level	28"+	?	?	IV <0.25 ltar?

NOTE: FIRM CONSISTENCE CHANGE IN STRUCTURE AT DEPTH OR OTHER FACTORS MAY HELP EXPLAIN WHY WTR. IS NOT MOVING THROUGH THIS SOIL.

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

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
~~23~~	As ① Wtr. in pit 1/1 No wtr 1 1/2' + soap	B+ 0-28	SBK C	SEXP FR S P	2.5YR 4/8	40"	N/A	40" to CB	IV 0.3 l/ac
		BC 28-40	" "	" " " "					
		CB 40-48+	SBK/GR CL/SL	" FR/VFR SS SP					
24	~~As~~ ① Wtr in pit 1/1 Wtr. level had dropped about 18 since 12/30	BC 0-26	SBK C	SEXP FR S P	2.5YR 4/8	20"	II SL	26" to C	Sap 0.5 l/ac
		C 20-48+	SBK/GR SL	" VFR SS SP					
25	Storm event As ①	AB 0-3	SBK SCL	SEXP FR S SP	2.5YR 4/6	32"	II SL	25" to 32" to sap sicl sap	II AB-B/t LPP .125 LPF II sap INC 0.5 l/ac sap system
		B+ 3-32	" C	" " " P					
		C 32-48+	" SL	" " " "					
26	No wtg 1/5 Dropped about 18" As ① Wtr in pit 1/1	A0 0-3	SBK SCL	SEXP FR S SP	2.5YR 4/4	48"+	N/A	N/A	IV 0.3 l/ac .30K
		B+ 3-38	" C	" " " P					
		BC 38-48+	" C/CL	" " " "					
~~29~~	~~As~~ ①	B+ 0-22	SBK C	SEXP FR S P	2.5YR 4/6	41"	N/A	41" to C	IV 0.3 l/ac
		BC 22-41	SBK* C/CL	" " " P					
		C 41-48+	" SL	" VFR SS SP					

COMMENTS: * BC & C exhibit faint PL structure apparently relict of PM

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) Contact - Gary - 704 310 1832

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: 141 Rain Shadow Dr

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 18

Driving Directions: _____

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

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

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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: _____

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 _____ 1/15/2019
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
   Place check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

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

4. **Property Information:**

	Hollybrook	Lot #18
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Hwy #152-E Rt on Teeter Rd. go ≈2mi - left on Rainshadow in Hollybrook. Keep straight lot on left. ≈1/4 mi.

****

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 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 Wall — 5-4-05
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 137 Rainshadow Dr, identified as PIN (Parcel Identification Number) 4676953489, 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) — Date 1/15/2019

Rhonda Gustafson — Signature of Witness — Date 1/15/2019

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

Revised

Hollybrook K-18
141 Rain Shadow

KEYNOTES

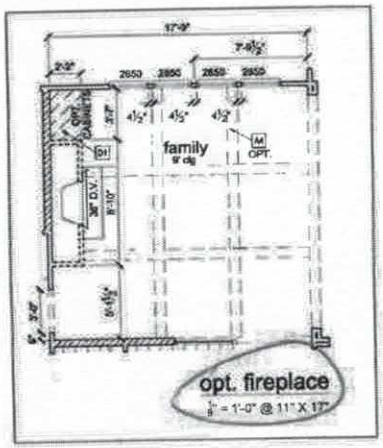
A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P1	OPT. LAUNDRY SINK
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P2	(2) 2x4 CURB WITH CAP PER SPECS
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X DRYWALL AND DOOR TRIM FRAME ACCESS SUPPORT	P3	16" HIGH SLOPED BENCH SEAT WITH TILE FINISH SEE DETAIL PER SHEET CD4
A4	COFFERED CEILING PER SHEET CD 2	P4	27" HIGH TUB DECK PLATFORM DETAILS PER SHT CD 4
A5	PROVIDE 5" MIN. FLAT CLG AT ANG FD CLG CONDITION	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	B	43" X 60" ENSEMBLE TUB / INTEGRAL SKIRT
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	C	42"X60" 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	8 1/2" 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(S)
K1	36" KNEE WALL WITH TILE CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K2	36" 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 WALL
K4	34 1/2" KNEE WALL	S3	4 RISERS OR MORE REQUIRE A RAIL
K5	42" KNEE WALL WITH 1X CAP	S4	OPEN RAIL WHERE INTERMEDIATE RISERS, AS REQ'D PER CODE

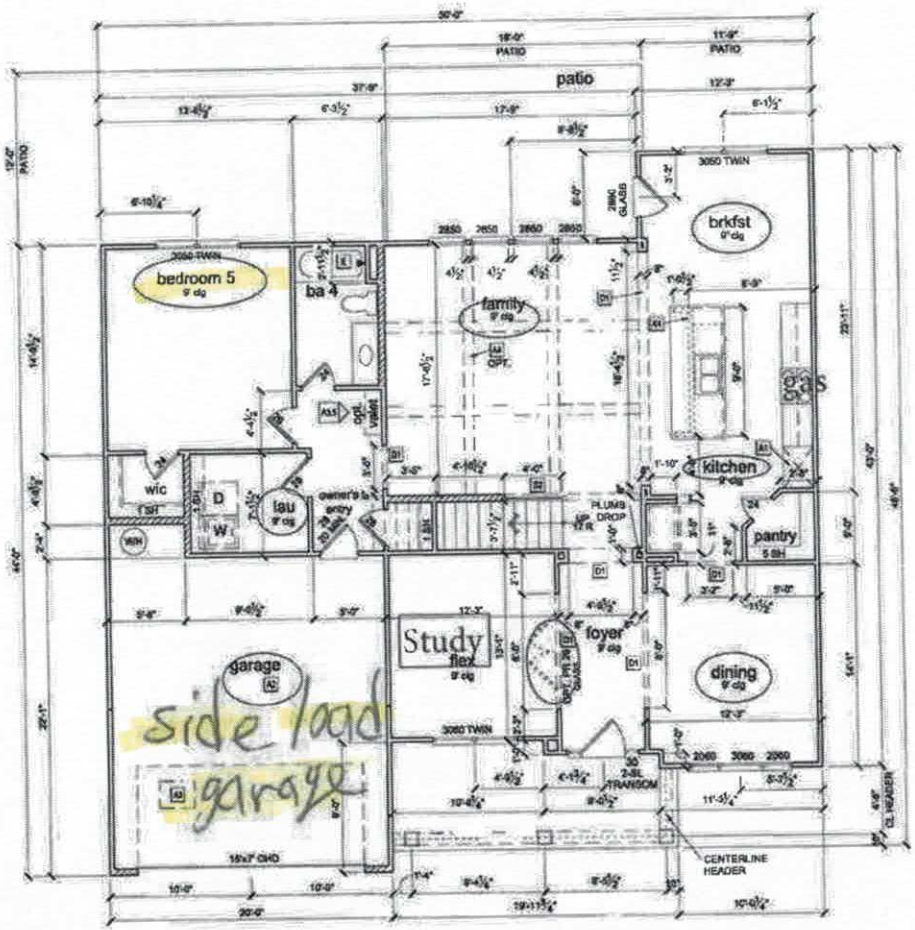
AREA TABULATION 'B'

GARAGE	461 SF
FRONT PORCH	139 SF
PATIO	213 SF
FLOOR 1 LIVING	1,583 SF
FLOOR 2 LIVING	1,810 SF
TOTAL LIVING	3,393 SF

plan option area tabulation

COVERED PATIO	213 SF
3-CAR CARAGE FRONT ENTRY	+260 SF
CARRIAGE GARAGE	+275 SF
OPT. 3RD FLOOR GAME ROOM	+449 SF





FIRST FLOOR PLAN 'B'
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 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. (E) HOSE BIBB SHALL BE INSTALLED LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR.

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | SALLOCRETE FRAME WALL (PER STRUCTURAL)

Acknowledgement of Plans Submittal ONLY!

Maria Lopez 8/18/19
Date

Rhonda Buxton
Date

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020
RELEASE DATE: 4.12.17

MODEL: BRIDGEPORT 'B'
DRAWING TITLE: FIRST FLOOR

SHEET NO: A3.1B

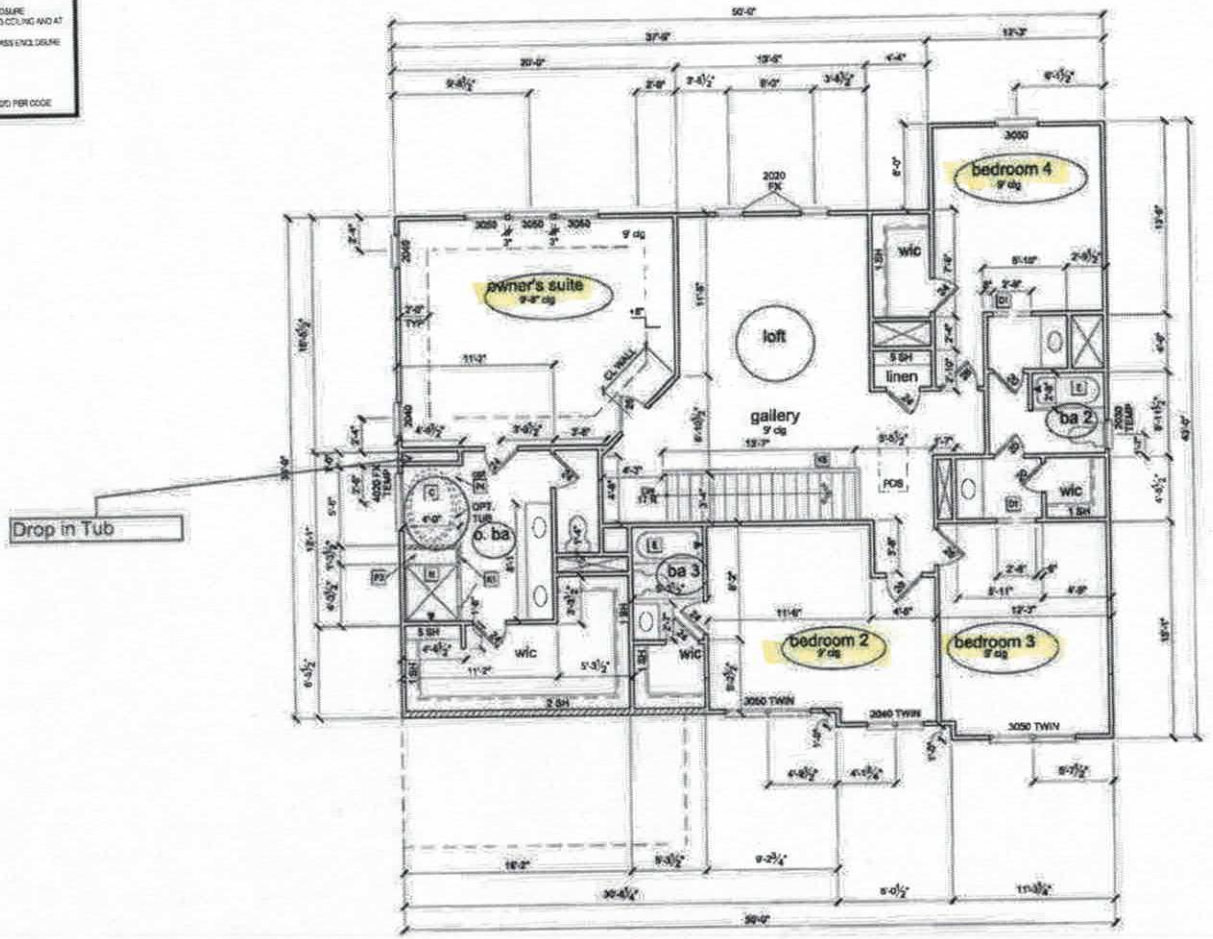
KEYNOTES

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) 20# CLARK WITH OPT PCR SPECS
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME AROUND SUPPORT	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH SEE DETAIL HH/ SHEET CD-4
A4	COFFERED CEILING PER SHEET CD-2	P4	30" HIGH TUB DECK PLATFORM DETAILS PER SHT CD-4
A5	PROVIDE 6" MIN. FLAT CLG AT ANGLED CLG CONDITION	A	36"X48" CHOMEBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	B	42"X 60" FIBER MELL - LID - INTEGRAL SKIRT
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING, MIN.	C	42" X 60" FIBER LAMINON TUB - DROP IN
D3	9' TALL DRYWALL CHASE WALL, WIDTH PER PLAN	D	42"X 72" LAMINON TUB - DROP IN
D4	9' TALL CASED OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
D5	9'-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 WINDOWS
K1	39" KNEE WALL WITH TILE CAP	N	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K2	36" KNEE WALL WITH ¾ CAP	S1	BOX STAIR WITH 36" KNEE WALL & TILE CAP
K3	42" KNEE WALL WITH TILE CAP	S2	BOX STAIR WITH OPEN RAIL
K4	34 1/2" KNEE WALL	S3	EXPOSED TREAD W/OPEN RAIL
K5	42" KNEE WALL WITH ¾ CAP	S4	OPEN RAIL W/INTERMEDIATE NEWEL 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 | 2X6 FRAME WALL | 2X8 FRAME WALL | BALLOON FRAME WALL (PER STRUCTURALS)



SECOND FLOOR PLAN 'B'

Acknowledgement of Plans Submittal ONLY!

Rhonda Bueta Date

Maria Lobo Date 2/18/19

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020

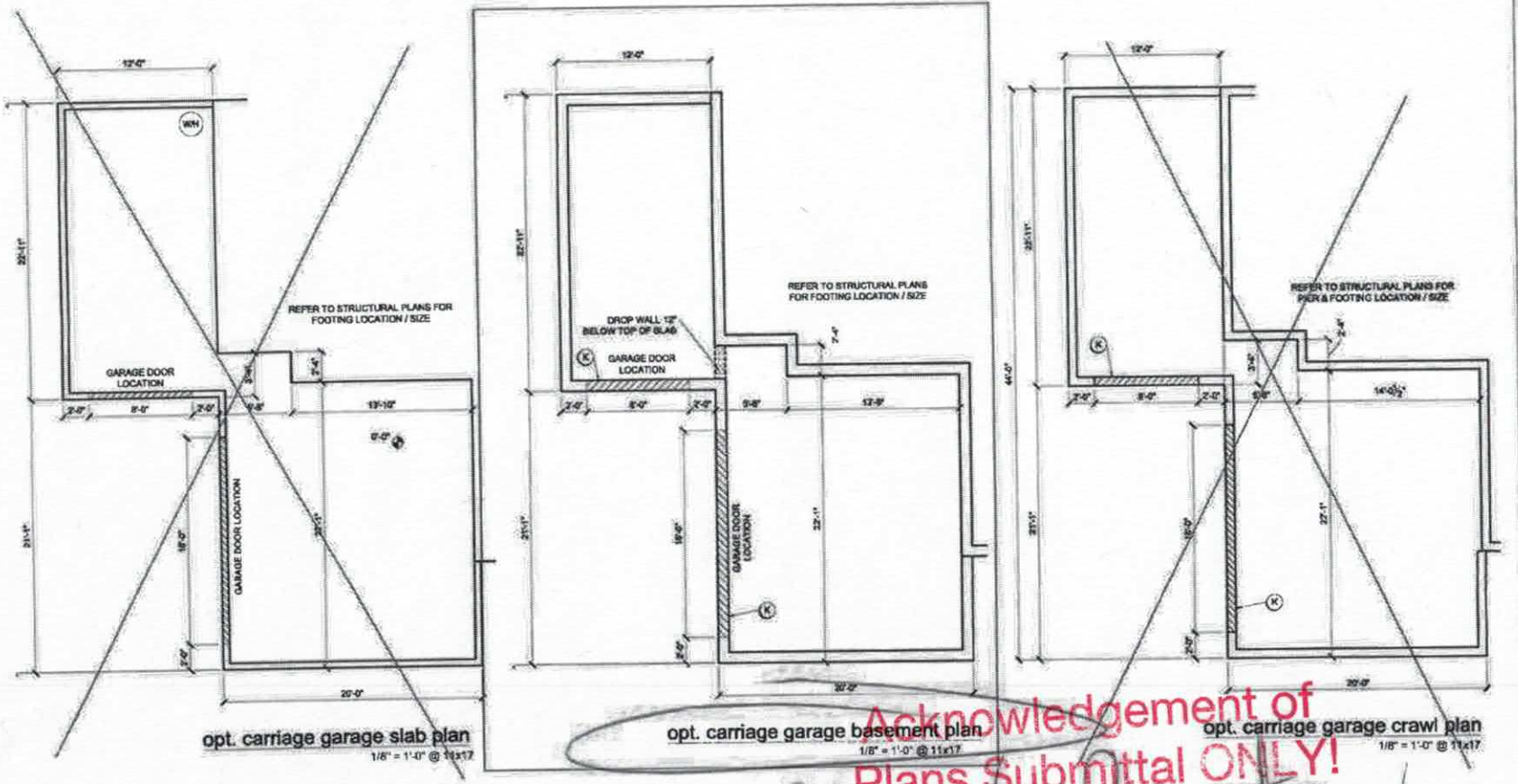
RELEASE DATE: 4.12.17

MODEL: BRIDGEPORT 'B'

DRAWING TITLE: SECOND FLOOR

SHEET NO: A3.2B

HB-18



Acknowledgement of Plans Submittal ONLY!

Rhonda Burton Date 2/18/19

Marie Dolson Date 2/18/19

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020

RELEASE DATE: 4.12.17

MODEL: BRIDGEPORT

DRAWING TITLE: PLAN OPTIONS

SHEET NO: A2.4

Revised

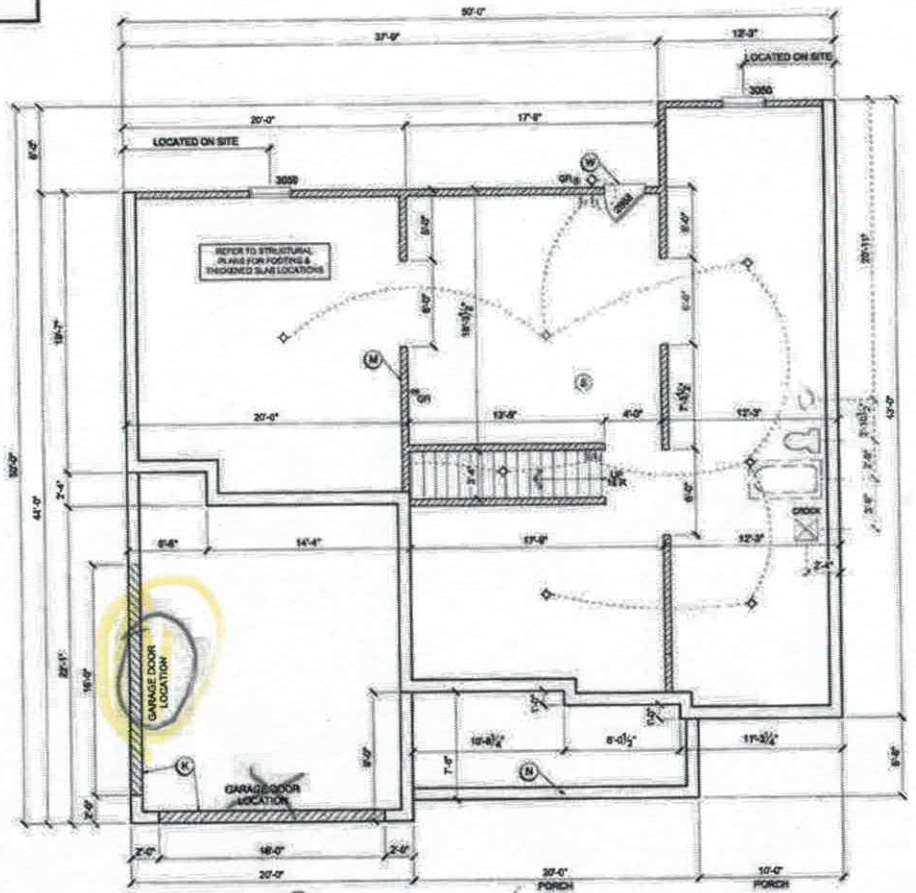
BASEMENT FOUNDATION KEYNOTES

- A AT GARAGE DOORS, POUR 20" WIDE X 20" DEEP CONC. FOOTING MONOLITHICALLY WITH FLOOR SLAB.
- L POUR 20" WIDE X 20" DEEP CONC. FOOTING MONOLITHICALLY WITH FLOOR SLAB @ REAR FRAME WALL LOCATIONS (TYPICAL)
- M 2X6 @ 16" O.C. STUD BEARING WALL WITH P.T. BOTTOM PLATE.
- N INSTALL PORCH WALL 8" HIGHER THAN MAIN HOUSE WALLS.
- P 2X8 WALL AT THIS LOCATION ONLY
- S 12" WIDE x 8" DEEP THICKENED SLAB.
- T 4" CONC. SLAB WITH 6X6 10/10 WWM ON 4" GRAVEL BASE WITH 6 MIL POLY VAPOR BARRIER UNDER SLAB ON GRADE. (DO NOT INSTALL VAPOR BARRIER AT GARAGE SLAB.)
- U INSTALL BOND/AGENT AT WALK-OUT BASEMENT LOCATIONS PER AD 318.
- W INSTALL 42"X42" CONC. PAD AT REAR DOOR
- X INSTALL 7'-6" WING WALL 7" HIGH AT FRONT STEPS. LOCATED ON SITE.

GENERAL BASEMENT SLAB NOTES

ALL CONCRETE TO BE 3000 PSI U.N.O. FOOTINGS DESIGNED FOR 2000 PSF MIN. SOIL BEARING

- PROVIDE "SIMPSON" CS22 STRAP AT MID-HEIGHT ON ALL UNSHEATHED FRAME WALLS. ATTACH TO STUD WITH (2) 10D NAILS
- ALL EXTERIOR WALLS TO BE ANCHORED W/ 1/2" DIAMETER BOLTS @ 6'-0" O.C. & NOT MORE THAN 12" FROM CORNERS. BOLTS SHALL EXTEND A MINIMUM OF 7" INTO CONCRETE. EQUIVALENT ANCHOR STRAPS ARE AN ACCEPTABLE SUBSTITUTE.
- ALL CONCRETE WALLS SHALL BE 9' HIGH x 10" WIDE POURED WALLS WITH 8" DEEP x 20" WIDE FOOTINGS, 8" DEEP x 24" WIDE FOOTING AT BRICK. (CONCRETE WALL HEIGHTS PER GRADE)
- GARAGE SLAB SHALL SLOPE TOWARD GARAGE DOOR OPENING
- REFER TO EXTERIOR ELEVATIONS FOR BRICK/STONE LOCATIONS.
- PLUMBING CONTRACTOR SHALL FIELD VERIFY ALL PLUMBING LOCATIONS



BASEMENT FOUNDATION 'B'

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

Unfinished

Acknowledgement of Plans Submittal ONLY!

Rhonda Bustay Date

Date 2/18/19

REVISION NUMBER	REFER TO COVER SHEET FOR DESCRIPTION
CENTURY COMMUNITIES	
PLAN NUMBER	7020
RELEASE DATE	4.12.17
MODEL	BRIDGEPORT 'B'
DRAWING TITLE	BASEMENT FOUNDATION
SHEET NO:	A2.2B

IREDELL COUNTY

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

APPLICATION NUMBER
241492
Issue Date: 01/15/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4676953489.000	141 RAIN SHADOW DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BMCH NORTH CAROLINA LLC	Applicant: CENTURY COMMUNITIES
Address: P O BOX 481962	Address: 7400 Carmel Executive Park
CHARLOTTE, NC 28262	CHARLOTTE, NC 28226
Phone:	Phone:

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.311					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	164549	TOTAL FEES:	$ 77.25