KW

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 668-3625 PERMIT # 20[illegible]59

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

PIN # 4676 95 36 76

APPLICANT/OWNER: Century Communities APPLICANT ADDRESS: 7430 Carnegie Blvd Park Dr Ste 205 Charlotte NC 282[illegible]

SITE ADDRESS: 137 Rain Shadow Dr Mooresville NC PHONE: 704 944-1310 ALT. PHONE

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

SUBDIVISION: Hollybrook SECTION: — LOT # 9 LOT AREA: 1.235Ac DESIGN FLOW: 480 gpd LTAR: .3

Septic Tank	1000 gal	SN# 2071-960	Date 10/[illegible]/19	Other System ☐	Repair ☐	Expansion ☐	System Type: I II III IV V	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 gal	PT # 2071-960	Date 10/[illegible]/19	System Description: LPP GPS				☐ Business	No. Persons 8	☒ Private
Pump Make	Zoeller	Model N151-H	Brand	Repair System Description: LPP PPBPS				☐ Other	No. Employees	☐ Public
# Manifold Valves	1	# Lines 3	Lineal Ft 270	Maintenance Agreement Required: ☒ YES ☐ NO				☐ Slab	☐ Crawl Space	☐ Community
Trench Width	24"	Trench Bottom Depth/Lowering	36"	Gravel Depth N/A				☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Comments / Conditions:

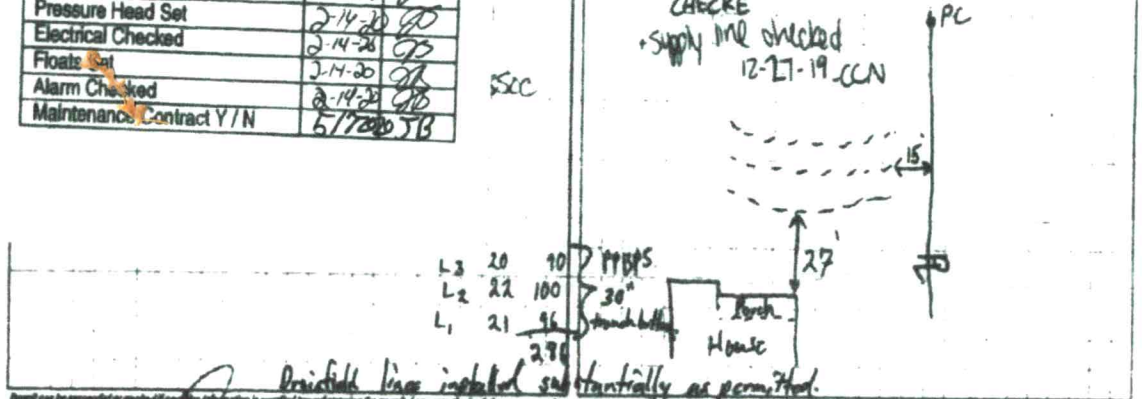
Divert Storm/surface water away from Septic

Keep Septic System a minimum 15ft from drive ditches & embankments.

AS-BUILT SKETCH

House must be built as Shown on Most recent Septic plan dated 1/15/19. Drive on Sidelide that adjoins Lot #18

TANKS CHECKED 12-6-19
FILTER STILL NEEDS TO BE CHECKED
Supply Ml checked 12-27-19 CCN



	Date	Initials
Drain Lines Checked	12/6/19	[illegible]
Tanks Checked	12/20/19	SC
Pressure Manifold or Valve Box Checked	2-14-19	SC
Pressure Head Set	2-14-20	SC
Electrical Checked	2-14-20	SC
Floats Set	2-14-20	SC
Alarm Checked	2-14-20	SC
Maintenance Contract Y/N	6/7/2020	SB

Drainfield lines installed substantially as permitted.

Permit can be suspended or revoked if conditions of application is supplied toward changing the permit / any unauthorized changes are made to the site / any unauthorized changes are made to the installation of the system. CONTACT A LICENSED SEPTIC TANK INSTALLER BEFORE YOU EXCAVATE

☐ IMPROVEMENT PERMIT with [illegible] 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.

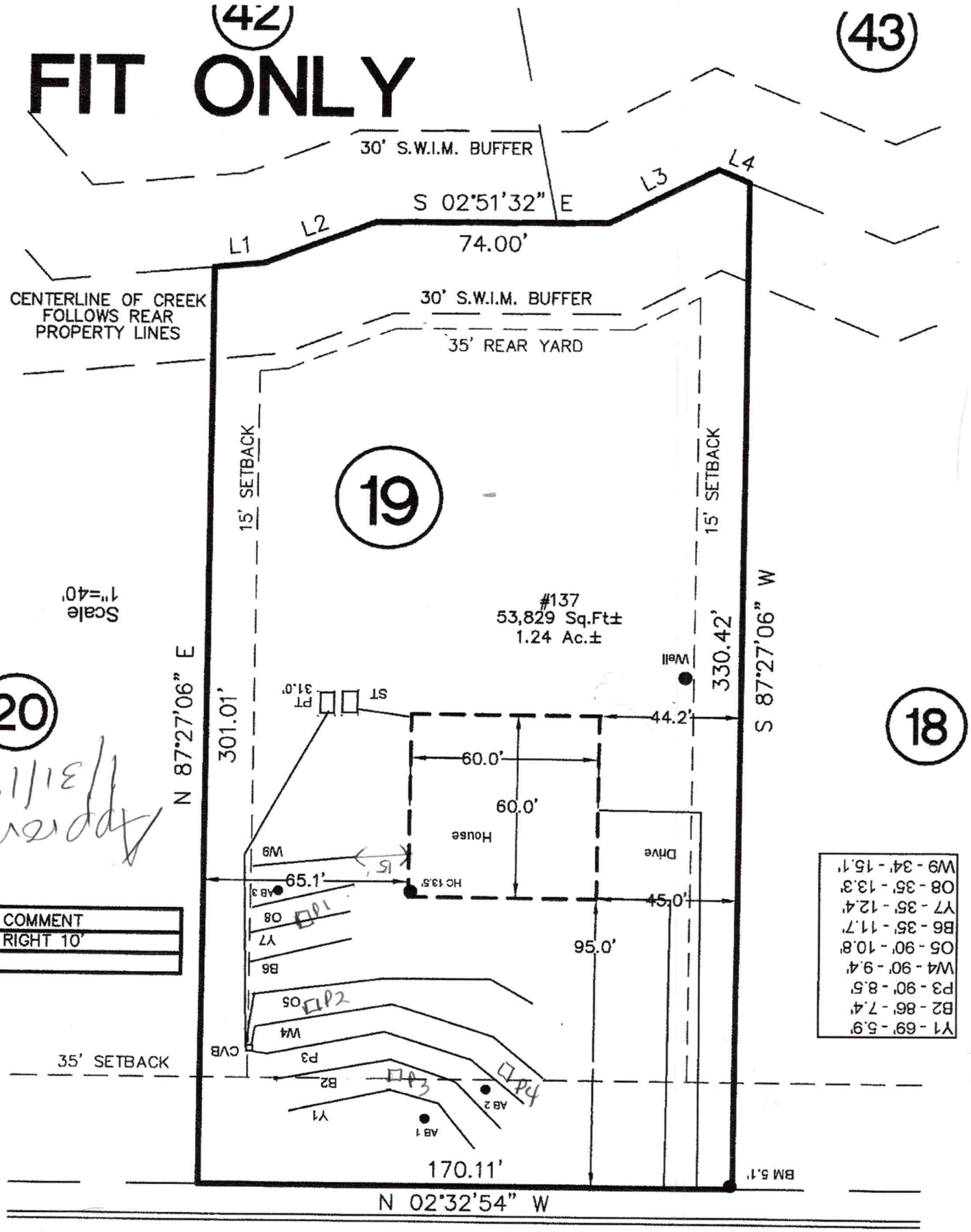
Owner / Applicant Signature: [signature] Date: 2-19-2019 Installed by: SPECIALTY SEPTIC

IMPROVEMENT PERMIT by: [signature] Date: 1/15/19 OPERATION PERMIT by: [signature] Date: 5-8-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2/18/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3793 between 8am-10am the day before inspection is needed. Be sure to speak with someone to confirm your inspection time.

Γ FIT ONLY



Approved 3/13/19

SIONS

COMMENT
HIFTED RIGHT 10'

UBJECT TO A UTILITY

RAIN SHADOW DRIVE



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

Approved
MD
1/31/19

Reference: Data Sheet for 137 Rain Shadow Dr, Hollybrook Lot 19
House Footprint: See attached
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: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 37.2 GPM
Dosing Volume: 226.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 27.5'
Friction Head: 3.8'
Pressure Head: 2'
Total Dynamic Head: 33.3'
Supply Line Length: 120' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: ~~36~~ 30" maximum GM

Line	Design Length	# of Panels	Actual Length	Elevation
Yellow 1			69'	5.9'
Blue 2			86'	7.4'
Pink 3	**90'**	**21**	**100'**	**8.5'**
White 4	**90'**	**21**	**114'**	**9.4'**
Orange 5	**90'**	**21'**	**98'**	**10.8'**
Blue 6			35'	11.7'
Yellow 7			35'	12.4'
Orange 8			35'	13.3'
White 9			34'	15.1'

Initial System: 270' **Repair System:** 294'
Pump Tank: 31.0' **House Corner:** 13.5' **Benchmark:** 5.1'

Comments:

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

Sheet ___ of ___
PROPERTY ID #: 4676952776
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): 480 — PROPERTY SIZE: 1.23AC
LOCATION OF SITE: Lot 19 137 Rain Shadow — 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	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
1	7%	0-4"	Brn SCL	wSBK SS, SP, SExp, FR					PS .3-.35
		4-16	Rd/Brn	C mSBK SS, SP, SExp, FR					
		16-48	Rd/Brn	CL wSBK SS, SP, SExp, FR					
		48-52	L/SL	SAP massive FR		48"			
2	7%	0-6	Brn SCL	wSBK SS, SP, SExp, FR					PS .3-.35
		6-17	Rd/Brn	C mSBK SS, SP, SExp, FR					
		17-46	Rd/Brn	CL wSBK SS, SP, SExp, FR					
		46-54	Yel/Brn	L/SL SAP massive FR		46"			
3	Repair 0%	0-8	Brn SCL	Compacted					PS .3
		8-48	Rd to Yel/Rd	CL wSBK SS, SP, SExp, FR					
		48-54	L/SL	SAP massive, FR		48"			
4	0%	0-6	Compacted Fill						PS .3
		6-20	RC	m-wSBK SS, SP, SExp, FR					
		20-49	RC	CL wSBK SS, SP, SExp FR					
		49-60	L/SL	SAP massive, FR		49"			

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): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Gary McNeely

COMMENTS: _____

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: 137 Rain Shadow Dr

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 19

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: _____

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

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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 141 Rainshadow Dr, identified as PIN (Parcel Identification Number) 4676953676, 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) — 1/15/2019 Date

Rhonda Gustafson — 1/15/2019
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

Hollybrook-19
137 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 (3) 2X4 CLIPS WITH CAP PER SPECS
A3 ATTIC ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACCESS SUPPORT	P3 36" HIGH SLOPED BENCH SEAT WITH TILE FINISH - SEE DETAIL PER SHEET CD-4
A4 COFFERED CEILING PER SHEET CD-2	P4 42" HIGH TUB DECK PLATFORM - DETAILS PER SHT CD-4
A5 PROVIDE 6" MIN. FLAT CLG AT ANGLED CLG CONDITION	A SEPARATE ENCLOSED SHOWER PANS WITH TILE WALLS, GLASS ENCLOSURE
D1 DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	B 42" X 60" UNDERMOUNT TUB - INTEGRAL SKIRT
D2 DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	C 60" X 42" 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 32"X60" TUB PER SPECS
D5 8'-10" TALL CASED OPENING, WIDTH PER PLAN	F SHOWN W/ TILE FLOOR / WALLS, GLASS ENCLOSURE
K1 36" KNEE WALL WITH TILE CAP	G SHOWN TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
K2 36" KNEE WALL WITH 1/2 CAP	H SEPARATE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K3 36" KNEE WALL WITH TILE CAP	S1 BOX STAIR WITH 36" KNEE WALL & 1/2 CAP
K4 34-1/2" KNEE WALL	S2 BOX STAIR W/ OPEN RAIL
K5 42" KNEE WALL WITH 1/2 CAP	S3 EXPOSED TREAD WORK RAIL
	S4 OPEN RAIL WITH TREAD AT NEW 1ST TO 2ND FLOOR

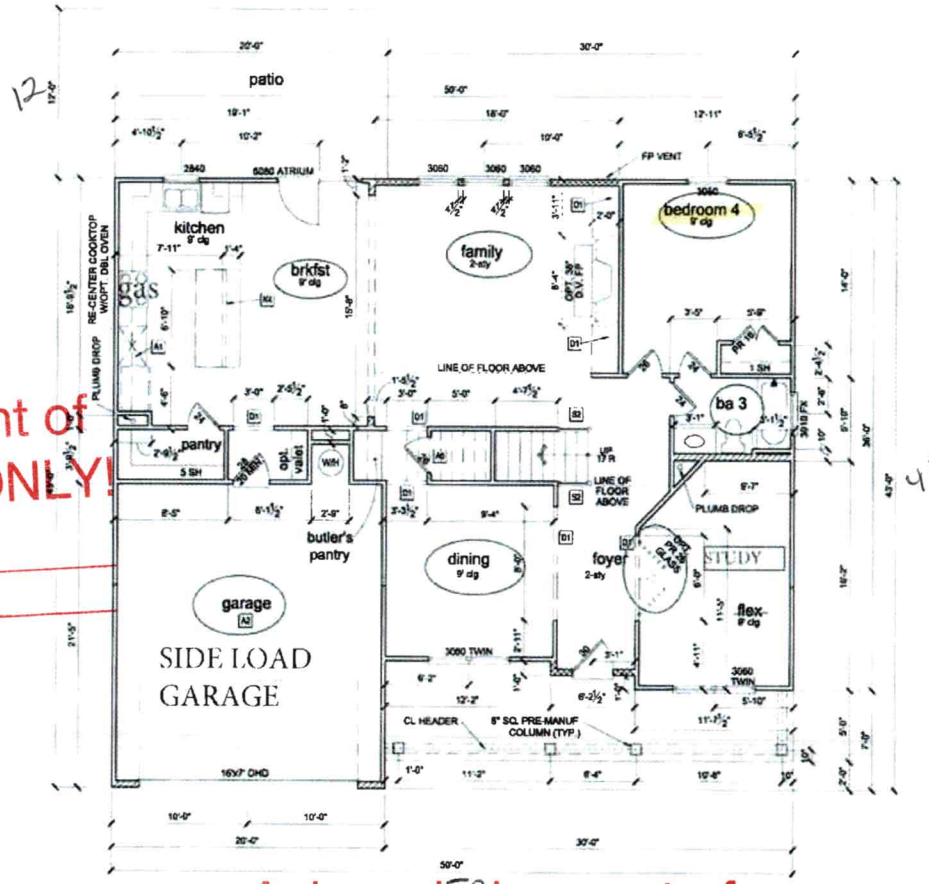
AREA TABULATION 'B'

GARAGE	425 SF
FRONT PORCH	181 SF
PATIO	240 SF
FLOOR 1 LIVING	1,485 SF
FLOOR 2 LIVING	1,502 SF
TOTAL LIVING	2,987 SF

plan option area tabulation

COVERED PATIO	240 SF
MORNING ROOM	+168 SF
CARRIAGE GARAGE	+295 SF
OPT. 3RD FLOOR GAME ROOM	+323 SF

REVERSE



Acknowledgement of Plans Submittal ONLY!

Date

Date

Acknowledgement of Plans Submittal ONLY!

Rhonda Bostard Date

Maria Robson Date 2/18/19

FIRST FLOOR PLAN 'B'

3/16" = 1'-0" @ 11x17

NOTES & LEGENDS

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

OPTIONAL WINDOW | 2x4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (REF STRUCTURAL S)

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER 7040

RELEASE DATE: 8.31.18

MODEL PROVIDENCE 'B'

DRAWING TITLE FIRST FLOOR PLAN

SHEET NO. A3.1B

KEYNOTES

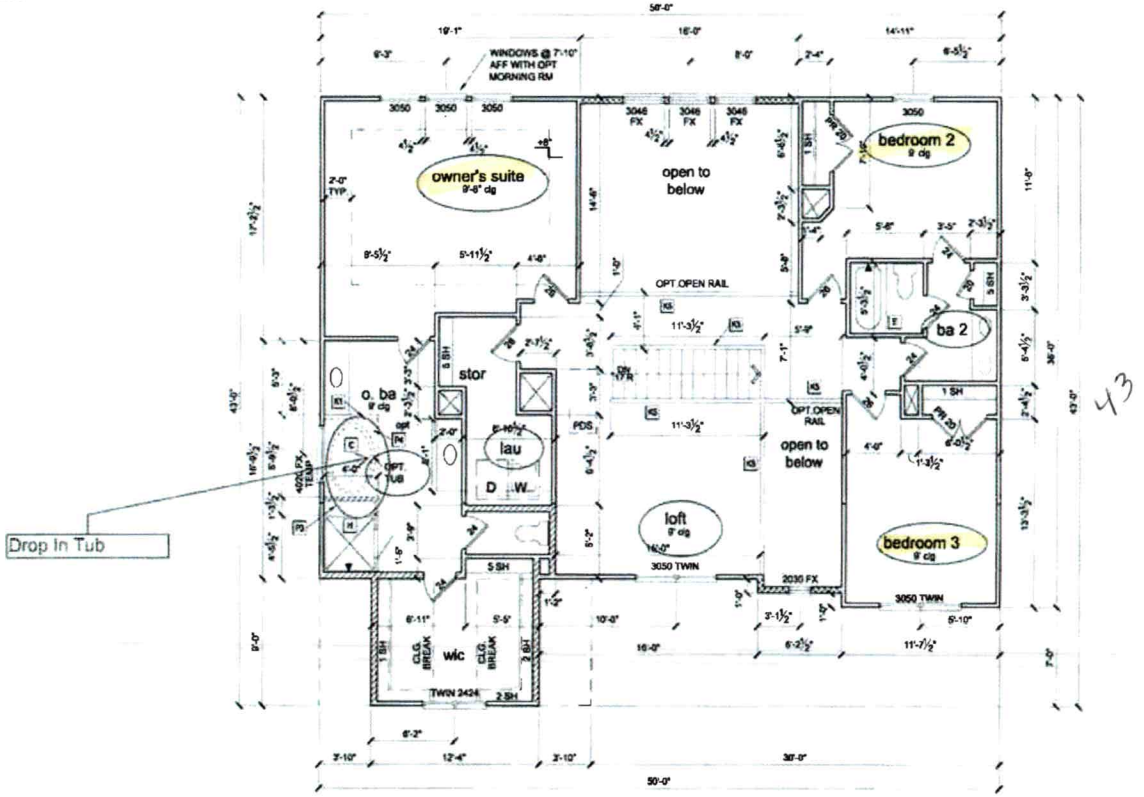
A1	OVEN / MICRO 24" DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P1	OPT LAUNDRY SINK
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P2	(3) 2X4 CUBS WITH CAP PER SPECS
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR FRAME ACCESS SUPPORT	P3	48" WIDE HIGH RAISED SEAMLESS MOLDED SOLID SURFACE VANITY WITH TILE FINISH. SEE DETAIL ON PLN SHEET CD 4
A4	COFFERED CEILING PLR SHEET CD 2	P4	20"H HIGH RAISED SEAMLESS MOLDED SOLID SURFACE VANITY WITH TILE FINISH. SEE DETAIL ON PLN SHEET CD 4
A5	PROVIDE 8" MIN FLAT CLG AT ANGLED CLG CONDITION	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	B	42" X 60" ENSEMBLE TUB - ANTICIPATED SPEC
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	C	42" X 60" CARL LAWSON TUB - DROP IN
D3	6' 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
K1	30" KNEE WALL WITH TILE CAP	G	SHOWER TILE FLOOR / WALLS TILE WALL TO CEILING AND AT ALL SIDES OF WINDOWS
K2	36" KNEE WALL WITH TILE CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K3	48" KNEE WALL WITH TILE CAP	S1	BOX STAIR WITH 36" KNEE WALL & 1X CAP
K4	24 1/2" KNEE WALL	S2	BOX STAIR WITH OPEN RAIL
K5	42" KNEE WALL WITH 1X CAP	S3	EXPOSED TREAD W/OPEN RAIL
		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.
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4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

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

REVERSE



SECOND FLOOR PLAN 'B'

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

Acknowledgement of Plans Submittal ONLY!

Rhonda Buetow Date

Maria Dolson Date 2/18/19

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER 7040

RELEASE DATE 8.31.18

MODEL PROVIDENCE 'B'

DRAWING TITLE SECOND FLOOR PLAN

SHEET NO. A3.2B