ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # 246791

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

PIN # 4676957078

APPLICANT/OWNER: Century Communities

APPLICANT ADDRESS: 7400 Carmel Executive Park Dr Suite 205 28226

SITE ADDRESS: 142 Turtleback Dr Mooresville NC 28115

PHONE: 704-943-1310 ALT. PHONE –

SITE DIRECTIONS: NC3N to Lou Williford Rd, Rou Linwood Rd, Lon Teeter Rd, Ron Rainshadow, Lon Turtleback Lot on R

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hollybrook

SECTION: – LOT # 28 LOT AREA: 2.086 acres DESIGN FLOW: 600GPD L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	964	Date	8-26	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction Gravity		
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS		
# Nitrification Fields	1	# Lines	5	Linear Ft	500'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	–	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	5	Water Supply
☐ Business	No. Persons	10	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

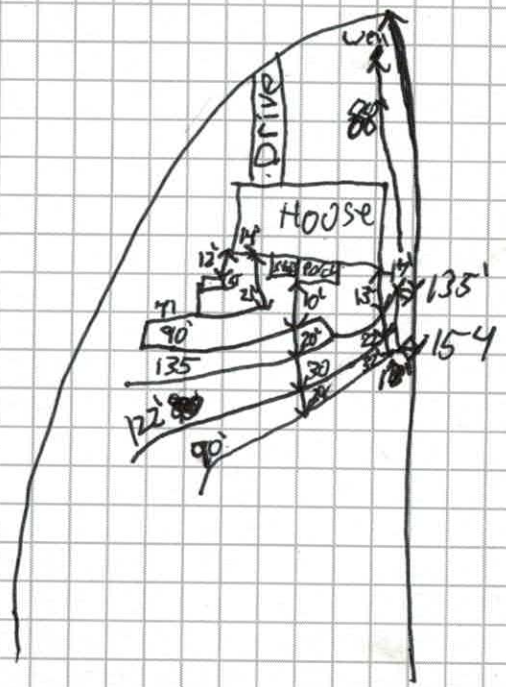
Comments / Conditions: Install lines on contour. Divert any storm or surface water away from septic system. Do not store material, drive on or manipulate septic area.

INITIAL SITE SKETCH

See Attached Approved Site plan by MA and A on 8/9/19. PJB

AS BUILT SKETCH

Not to Scale



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: Patrick J Boyle III Date: 8/13/19

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 08/09/19

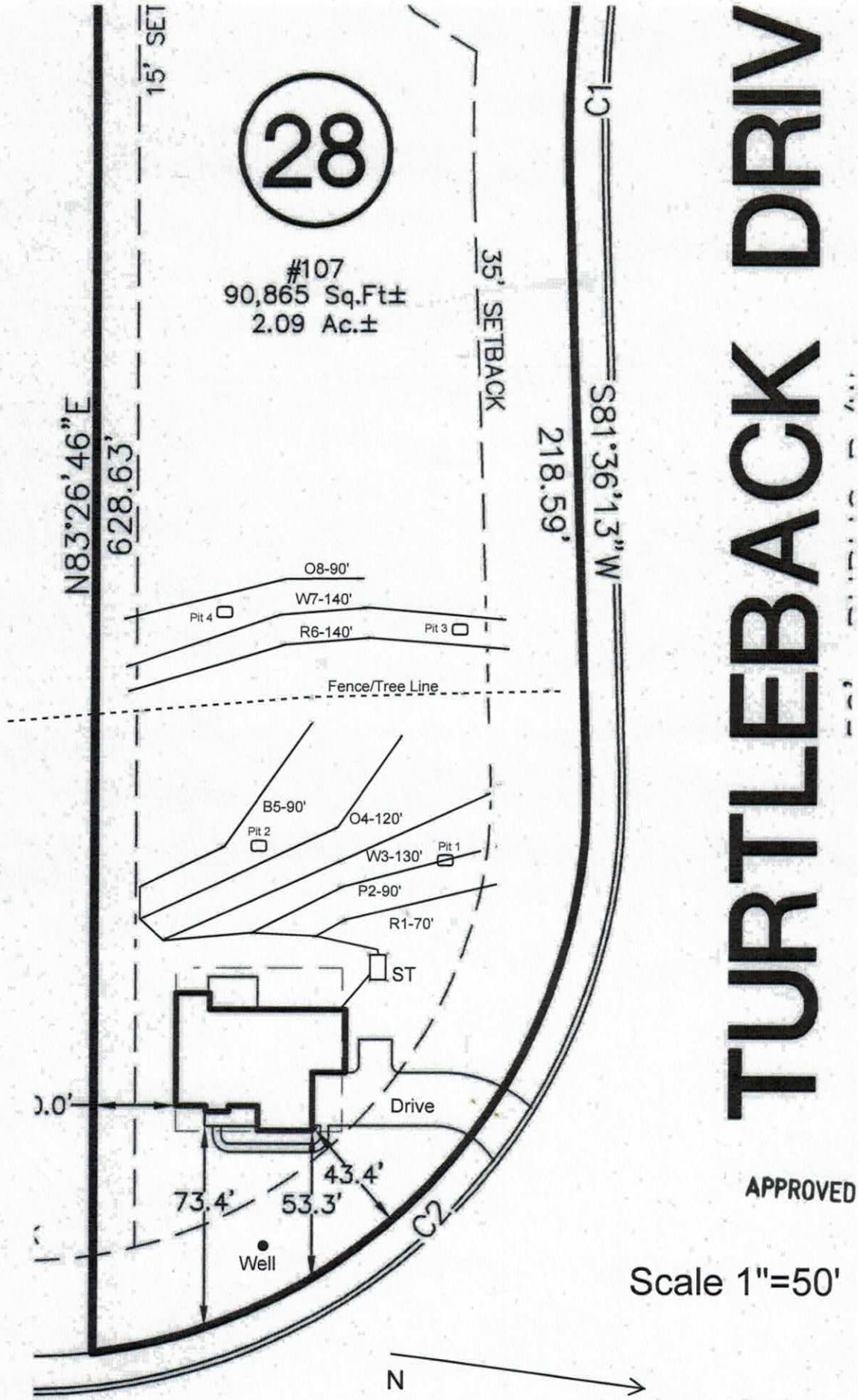
AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 08/09/19

Installed by: Specialty Septic

OPERATION PERMIT by: Patrick J Boyle III Date: 12/3/19

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.



PJB
APPROVED AUG 09 2019

NOTE:
ALL LOTS

PJB

APPROVED AUG 0 9 2019



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

Reference: Data Sheet for 142 Turtleback Dr, Hollybrook Lot 28
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: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 30-36"

Line	Design Length	Actual Length
Red 1	**70'**	**71'**
Pink 2	**90'**	**96'**
White 3	**130'**	**153'**
Orange 4	**120'**	**125'**
Blue 5	**90'**	**96'**
Red 6		140'
White 7		140'
Orange 8		90'

Initial System: 500' **Repair System:** 370'

Comments:

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

Sheet 1 of 1
PROPERTY ID #: 4676957078
COUNTY: Iredell

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

OWNER: Century Communities
ADDRESS: 7400 Carmel Executive Park Dr Suite 205 28226
PROPOSED FACILITY: New single Fam PROPOSED DESIGN FLOW (.1949): 600GPD
LOCATION OF SITE: 142 Turtleback Dr

APPLICATION DATE 7/24/19
DATE EVALUATED: 7/31/19
PROPERTY SIZE: 2.09 acres
PROPERTY RECORDED: yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-5	SCL SBK	Fr SS SP Sap	—	60"	Sap Inclusions between 46" and 60" more common at bottom	—	PS,3
		5-37	C SBK/ABK	Fr SS SP Sap					
		37-60	CL SBK	Fr SS SP Sap					
2	SS 5%	0-5	SCL SBK	Fr SS SP Sap	—	38"	Sandy Sap Horizon at 38" Litho Inclusions throughout	—	PS,3
		5-30	C SBK/ABK	Fr SS SP Sap					
		30-38	CL SBK	Fr SS SP Sap					
		38-60	Sandy Mass Sap	VFr SS SP Sap					
3	SS 4%	0-14	SCL SBK	Fr SS SP Sap	—	50"	Sandy Sap at 50"	—	PS,3
		14-36	C SBK/ABK	Fr SS SP Sap					
		36-50	CL SBK	Fr SS SP Sap					
		50-60	Sandy Sap Mass	VFr SS SP Sap					
4	SS 3%	0-5	SCL SBK	Fr SS SP Sap	—	62"	Sandy Sap at 62" Litho inclusions throughout	—	PS,3
		5-37	C SBK	Fr SS SP Sap					
		37-62	CL SBK	Fr SS SP Sap					
		62-66	sandy Mass Sap	VFr SS SP Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	500'	334'
System Type(s)	25% Reduct	50% Red Pump
Site LTAR	.3	.3

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

COMMENTS: Cloudy

PJB

APPROVED AUG 09 2019

PROPERTY ID #: 4676957078
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Century Communities APPLICATION DATE
ADDRESS: 7400 Carmel Executive Park Dr, STE 205, Charlotte, NC 28226 DATE EVALUATED: 7/31/2019
PROPOSED FACILITY: 5 bdrm PROPOSED DESIGN FLOW (.1949): 600 GPD PROPERTY SIZE: 2.09 AC
LOCATION OF SITE: 142 Turtleback Dr, Hollybrook Lot 28 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 5%	0-5	Br CL WSBK	FR SS SP SXP	N/A	59"	F-C SAP @ 46"	N/A	PS 0.3
		5-28	R C SBK	FR SS SP SXP					
		28-59	R CL WSBK	FR SS SP SXP					
2	LS 5%	0-6	Br CL WSBK	FR SS SP SXP	N/A	38"	F-C SAP PS	N/A	PS 0.3
		6-30	R C SBK	FR SS SP SXP					
		30-38	R CL WSBK	FR SS SP SXP					
		38-63	VER L SAP M	FR SS SP SXP					
3	LS 5%	0-16	Br CL WSBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		16-36	R C WSBK	FR SS SP SXP					
		36-50	R CL WSBK	FR SS SP SXP					
		50-71	VER L SAP M	FR SS SP SXP					
4	LS 5%	0-8	Br CL WSBK	FR SS SP SXP	N/A	57"	F-C SAP PS	N/A	PS 0.3
		8-32	R C SBK	FR SS SP SXP					
		32-57	R CL WSBK	FR SS SP SXP					
		57-65	VER L SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1500 FT^2	1110 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

Lot 28

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
~~59~~	L ~~6-10~~ smooth	Ap 0-3	SBK SCL	SEXP FR SS P	2.5YR 4/6	26"	U Too much clay	26"	III LPP 0.2 ltar
		B+ 3-15	" C	" " S "					
		BC 15-21	" CL	" " " "					
		CB 21-38	" "	" " " "					
		C 38-48+	" SCL	" " " "					
60	L 2-6 smooth	Ap 0-2	SBK SCL	SEXP FR SS P	2.5YR 4/6	40"	U Too much clay	40"	III 0.3 ltar max. TB 28"
		B+ 2-23	" C	" " S "					
		BC 23-40	" CL	" " " "					
		C 40-48+	" SCL	" " " "					
61	As 60	Ap 0-3	SBK SCL	SEXP FR SS P	2.5YR 4/6	48"+	N/A	N/A	III 0.3 ltar Install below AB
		AB 3-15*	" "	" " S "					
		AB 15-22*	" CL	" " " "					
		B+ 22-48+	" C	" " " "					
~~62~~	L ~~6-10~~ smooth	Ap 0-3	SBK SCL	SEXP FR SS P	2.5YR 4/6	48"+	N/A	N/A	III 0.3 ltar
		AB 3-15	" CL	" " S "					
		B+ 15-42	" C	" " " "					
		BC 42-48+	" "	" " " "					
~~63~~	As (62)	Ap 0-2	SBK SCL	SEXP FR SS P	2.5YR 4/6 2.5YR 4/6 w/ 6/1 secondary	48"+	N/A	34" to redox	I 0.2 ltar LPP
		B+ 2-34	" C	" " S "					
		B+g 34-48+	" "	" " " "					

COMMENTS: * Possibly fill? or Plow Layer

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 7 of 12
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

28

OWNER: _____ 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

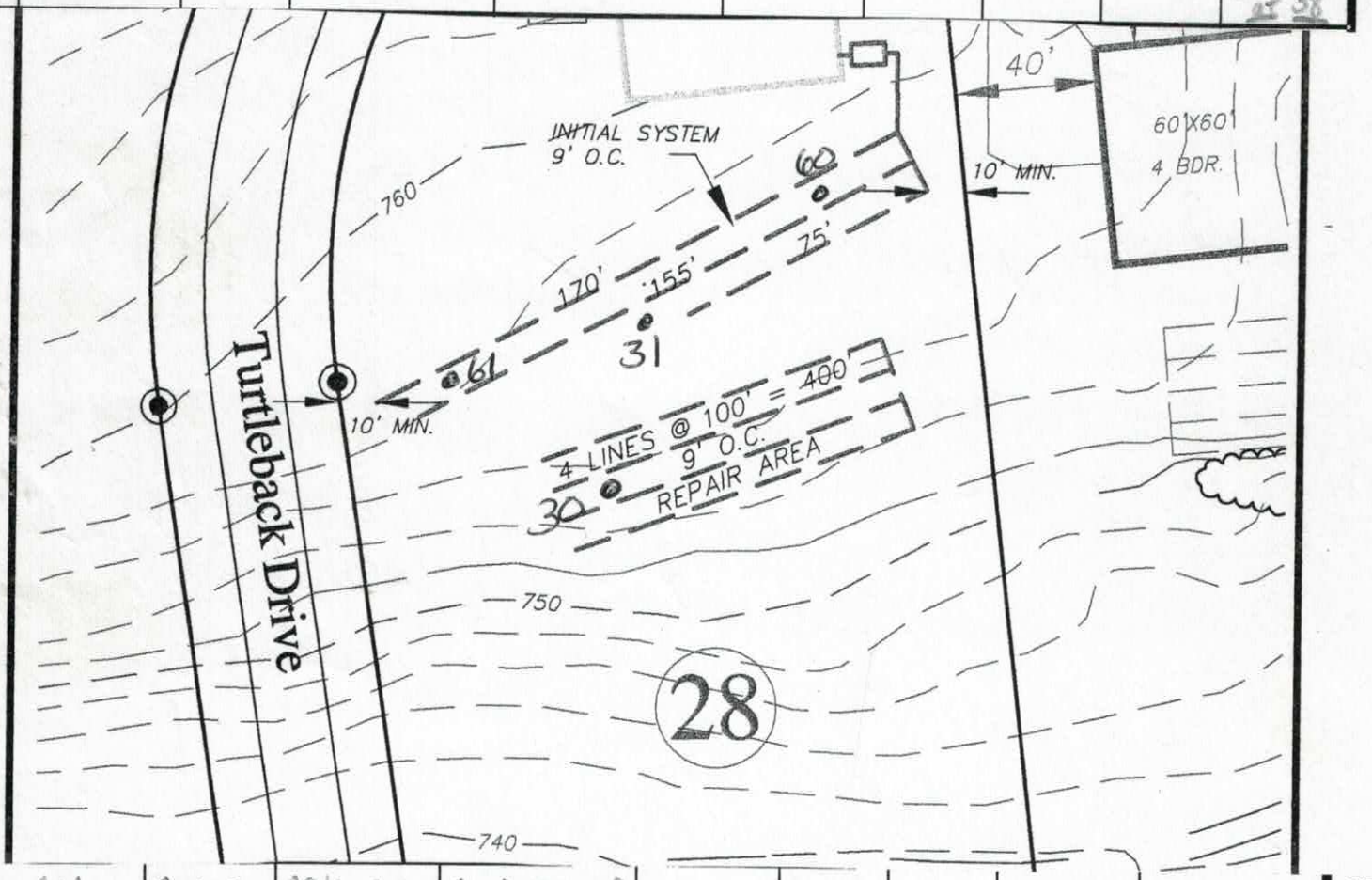
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
~~26~~ 1	HS (23)	B+ 1-25	SBK CL/SCL	SEXP FR S P	2.5YR 3/6	48"+	N/A	N/A	II 0.4 l/d
		BC 25-46+	" CL/SCL	" " " SP					
2	HS (23)	AP 1-13	SBK SCL	SEXP FR S SP		48"+		N/A	II 0.5 l/d
		B+ 13-18+	" CL/CL	" " " P					
30	CV 8-12 % smooth	H0 0-2	SBK SCL	SEXP FR S SP	2.5YR3/6	48"	N/A	40" to CB; U sap 36"/40"	Need 24" TB IV 0.5 l/d; .25 depth restriction and ped size
		B+ 2-21	" * C	" " " P					
		BC 21-40	" C/CL	" " "					
		CB 40-42+	" CL/SCL	" " " SP					
			60%	60%					
31 4	L 6-10 % smooth	H0 0-2	SBK SCL	SEXP FR S SP					
		B+ 2-24	" C	" " " P	10YR 5/6	45"+	N/A	45" to CB; U sap @ 45"	IV 0.3 l/d max. TB @ 33"
		BC 24-45	" SCL/C	" " " P	10YR 5/6 matrix w/ 10YR 4/6				
		CB 45-48+	" SCL	" " " SP					

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: * Peds larger in B+ in (1) through (24) some peds approach 1" diam.
** Weathered hornblende gneiss predominant in BC + CB

60	L 2-6 smooth	Ap 0-2	SBK	SCL	SEXP FR SS P	2.5YR 4/6	40"	U Tio much clay	40"	IV 0.3 l/hr MAX TRENCH BOTTOM OF 2.8
		B+ 2-23	"	C	" " S "					
		BC 23-40	"	C/CL	" " " "					
		C 40-48+	"	SCL	" " " "					
61	As 60	Ap 0-3	SBK	SCL	SEXP FR SS P	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 l/hr Trench bottom at 38"
		AB 3-15*	"	"	" " S "					
		AB 15-22*	"	CL	" " " "					
		B+ 22-48+	"	C	" " " "					



30 **	CV 8-12% smooth	Ap 0-2	SBK	SCL	SEXP FR S SP	2.5YR 3/6	40'	N/A	40" to CB	II 0.3 l/hr 0.25
		B+ 2-21	" *	C	" " " P					
		BC 21-40	"	C/CL	" " " "					
		CB 40-48+	"	CL/SCL	" " " SP					
31 ** 4	L 6-10% smooth	Ap 0-2	SBK	SCL	SEXP FR S SP	10YR 5/6 matrix w/ 10YR 7/6 secondary	45"+	N/A	45" to CB	IV 0.3 l/hr UNSUITABLE SAP AT 45
		B+ 2-24	"	C	" " " P					
		BC 24-45	"	SCL/C	" " " P					
		CB 45-48+	"	SCL	" " " SP					

CB at 3

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 FT

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Wastewater Solutions	4711 Rocking Horse Dr. Mardin.		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 #28

Driving Directions: Hwy #152-E, Rt on Teeter Rd. go 2mi left on Rain Shadow Dr. into Hollybrook 2nd left on Turtle Back. Lot on Rt after creek.

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) 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 Wilson — 5-4-08

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

246791
Lot 28

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

$500 online

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: 142 Turtleback Drive

Subdivision Name: Hollybrook **Section/Phase:** **Lot Number:** 28

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

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

CHECK FOUNDATION TYPE

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

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

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: **Type of Business:**
Square Footage of Building: **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** N/A
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Rhonda Bustard 7/24/19
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 142 Turtleback Drive, identified as PIN (Parcel Identification Number) 4676-96-7078, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Century Communities, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

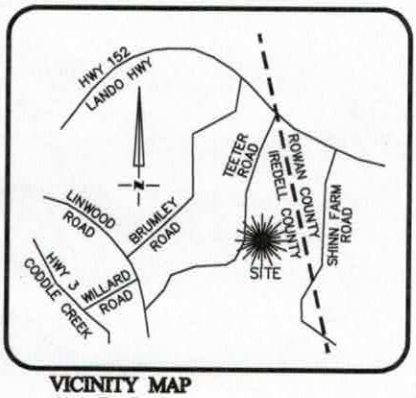
Signature of Owner(s) Date

Rhonda Gustafson 7/24/19
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

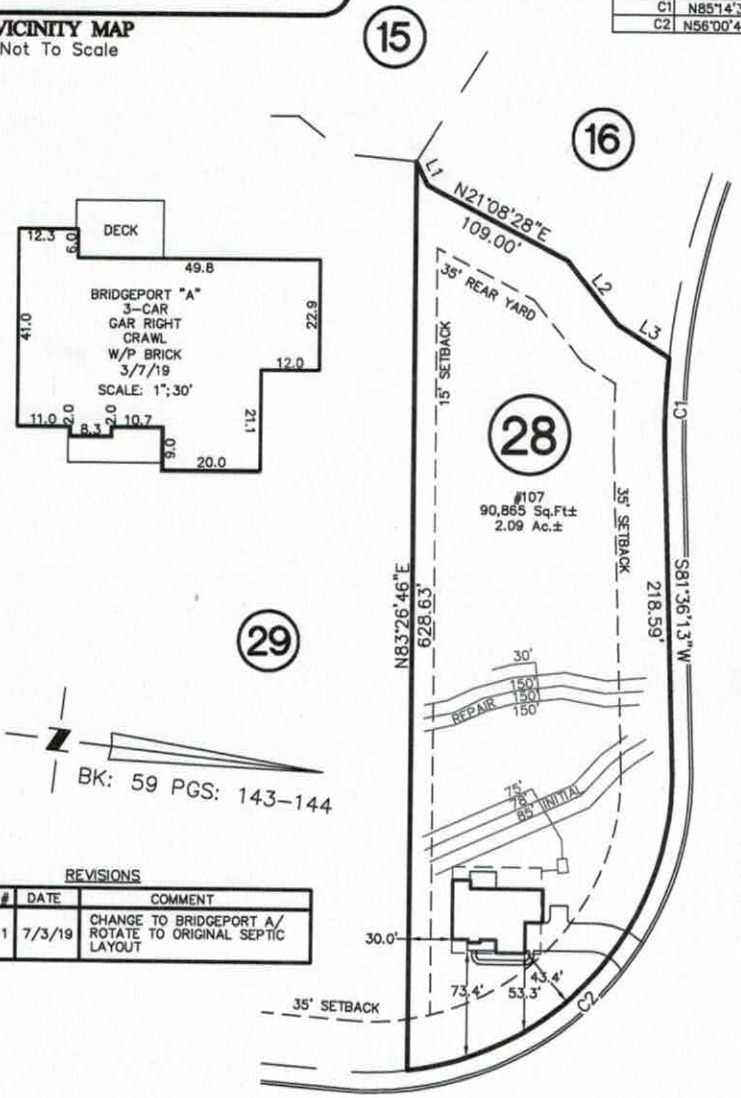


VICINITY MAP
Not To Scale

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	18.00	N57°08'28"E
L2	56.00	N45°08'28"E
L3	42.17	N26°07'01"E

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N85°14'35"E	66.65	66.69	525.00
C2	N56°00'49"W	276.36	303.27	205.00



BK: 59 PGS: 143-144

REVISIONS

REV. #	DATE	COMMENT
REV. 1	7/3/19	CHANGE TO BRIDGEPORT A/ ROTATE TO ORIGINAL SEPTIC LAYOUT

PJB
APPROVED AUG 09 2019

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'

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

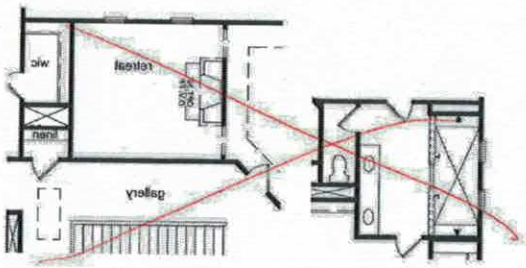
DRAWN BY: ERG | DATE: MARCH 7, 2015

Acknowledgement of
Plans Submittal ONLY!

Patricia D Bigelli Date 08/09/19

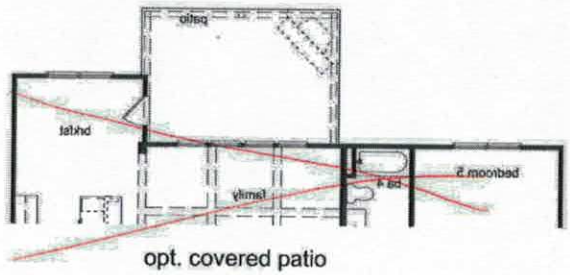
Rhonda Bullard Date 8/9/19

142 Turtleback Dr.
Hollybrook - 28

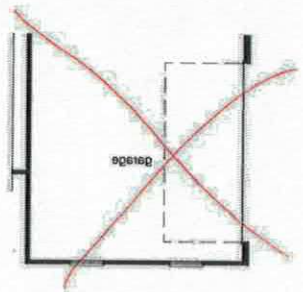


opt. owner's retreat

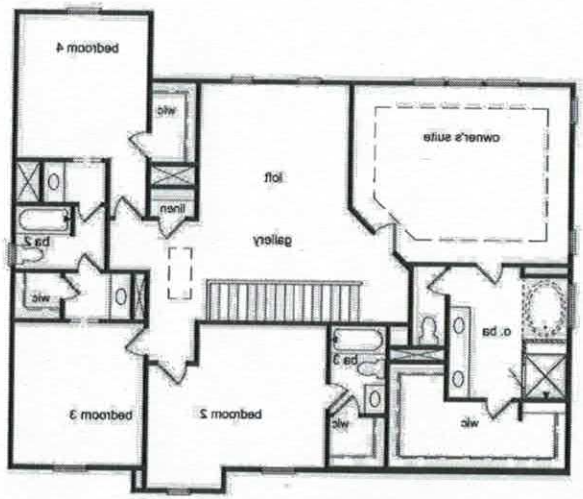
opt. spa bath



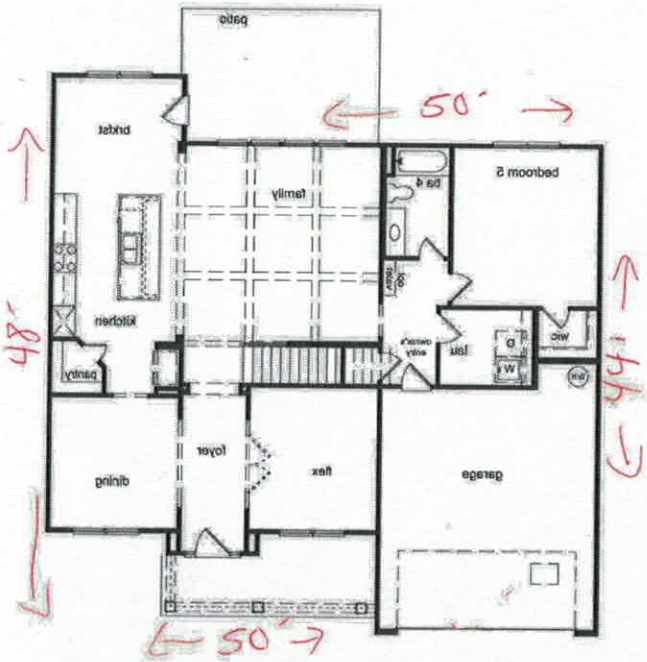
opt. covered patio



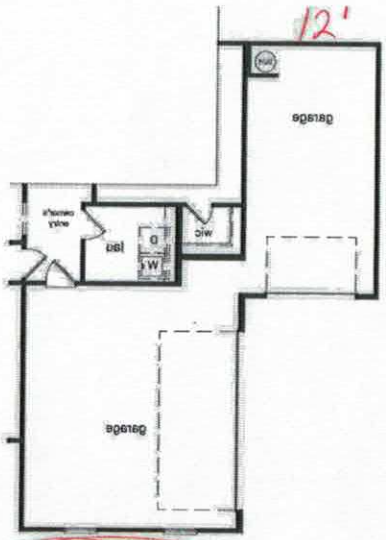
opt. side entry garage



second floor plan



first floor plan



opt. carriage garage

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020

RELEASE DATE: 03.07.19

MODEL: BRIDGEPORT

DRAWING TITLE: MARKETING FLOOR PLAN

SHEET NO: M-2 (2)

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	149140ZO	Subdivision:	Hollybrook
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 Turtleback Dr. MOORESVILLE NC 28115		
Parcel #:	4676956328.028	Zoning:	RA
Lot #:	28 Size: 2.085	Flood Plain:	No Watershed: WSII BA
Applicant:	Wastewater Solutions & Design	Owner:	David & Betty McKay
Address:	4711 Rocking Horse Dr. Maiden NC 28650	Address:	505 Teeter Rd. MOORESVILLE, NC 28115
Phone:	980-429-1580	Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:
Min. Front Yard: 35 ft
Min. Left Side Yard: 15 ft
Min. Lot Width: 100
Min: Rear Yard: 35 ft
Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:
Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

RECEIVED
MAY 12 2008
By _____

Directions:

SE on Coddle Creek, lft on Williford, rt on Linwood, lft on Teeter, rt on Rain Shadow, lft on Turtleback, lot on rt

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

Printed: 3/14/2008