MD

# ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 245331

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

PIN # 4676-95-8310

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

SITE ADDRESS: 109 Sweet Grass Lane Mooresville, NC | PHONE: 704-943-1310 | ALT. PHONE

SITE DIRECTIONS: Rt 150 E from Mooresville → R on Teeter Rd → L on Rain Shadow → L on Sweet Grass → lot on left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Hollybrook | SECTION: — | LOT # 45 | LOT AREA: 1.909 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB Infiltrator | Date Infiltrator | ☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 4 | Water Supply |
| Pump Tank | — | (gal) | PT — | Date — | System Description: 25% Reduction (Serial Distribution) | | ☐ Business | No. Persons 8 | ☐ Private |
| Pump Make | — | Model — | | Serial # — | Repair System Description: same | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft 400 | Maintenance Agreement Required: ☐ YES ☒ NO | | ☐ Slab | ☒ Crawl Space | ☐ Community |
| Trench Width | 36" | Trench Bottom Depth(Low side) | | 30-34" | Gravel Depth — | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

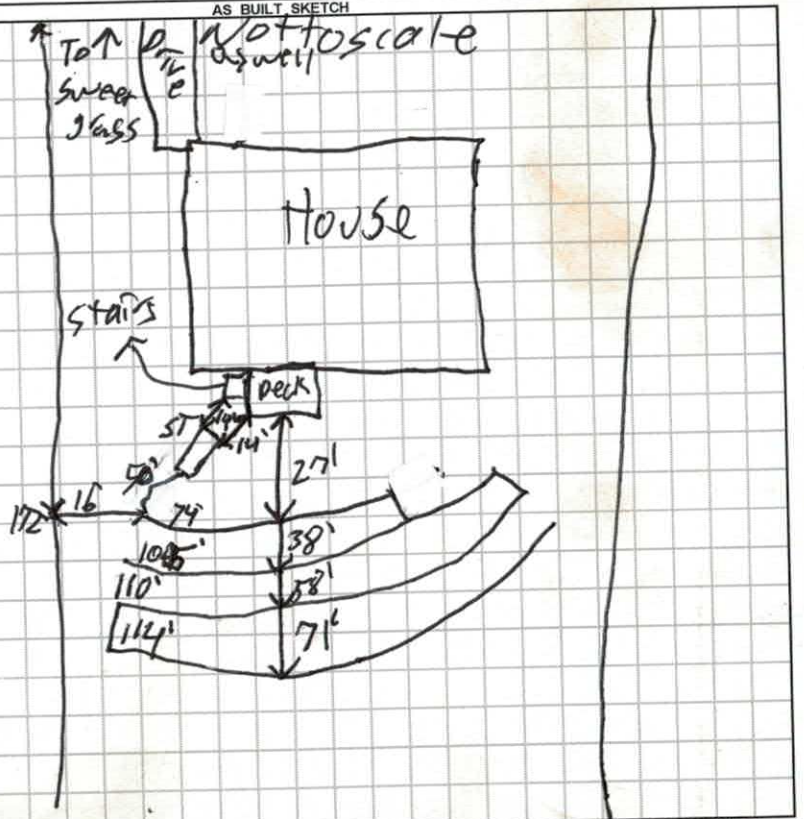
Comments / Conditions: Recommend having septic tank pumped every 3-5 years.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated: 6/3/19 Michael Athanas LSS # 1252

AS BUILT SKETCH




*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**

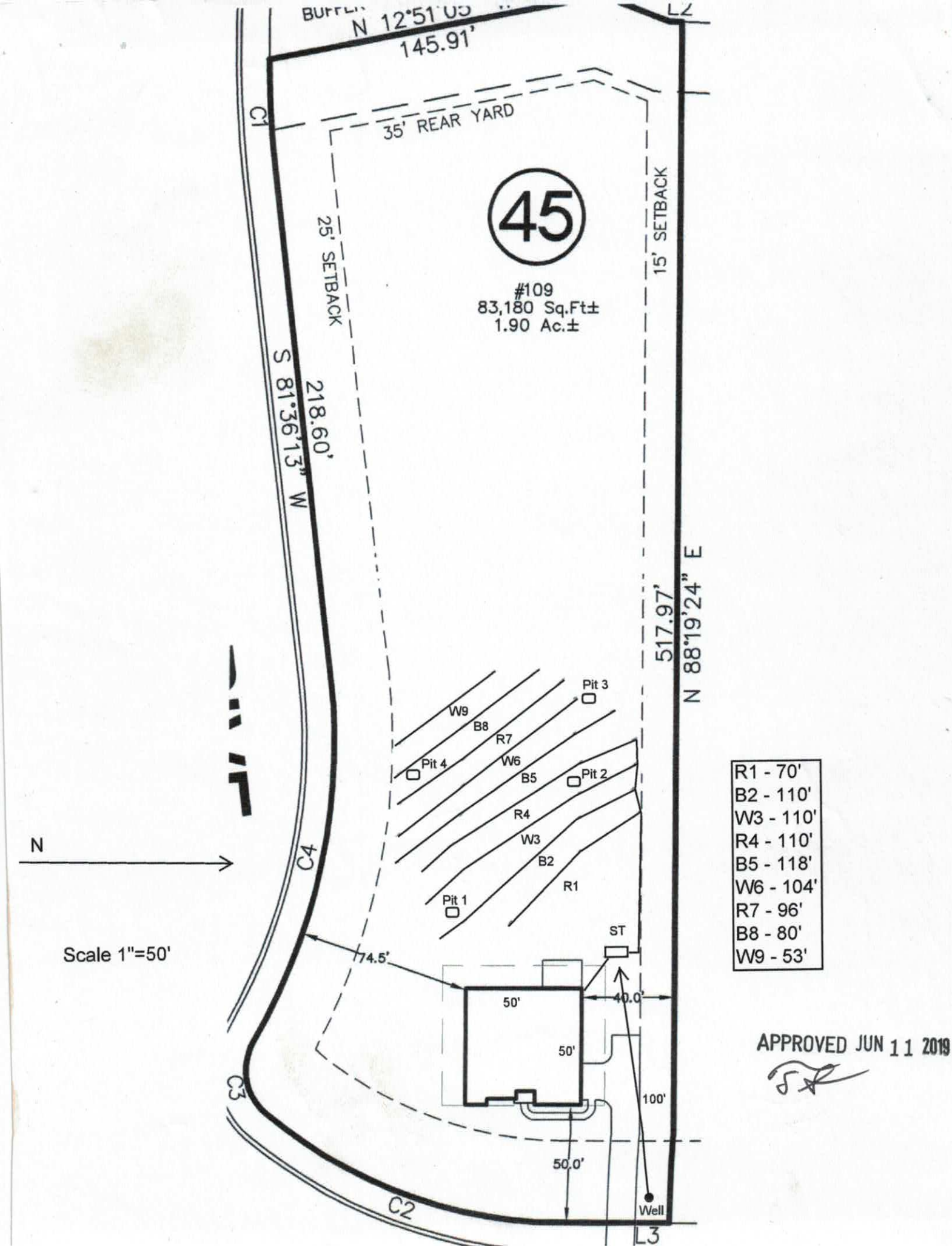
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Hope Macdonald Date: 6/12/19 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/11/2019 OPERATION PERMIT by: Patrick J Bagley II Date: 10/10/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/17/2019 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 inpsector to confirm your inspection time.


N 12°51'05"
145.91'
L2
C1
35' REAR YARD
25' SETBACK
15' SETBACK
45
#109
83,180 Sq.Ft±
1.90 Ac.±
S 81°36'13" W
218.60'
517.97'
N 88°19'24" E
Pit 3
W9
B8
R7
Pit 4
W6
B5
Pit 2
R4
W3
B2
R1
Pit 1
ST
74.5'
50'
40.0'
50'
100'
50.0'
Well
C4
C3
C2
L3
N
Scale 1"=50'
R1 - 70'
B2 - 110'
W3 - 110'
R4 - 110'
B5 - 118'
W6 - 104'
R7 - 96'
B8 - 80'
W9 - 53'
APPROVED JUN 11 2019



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

**Reference: Data Sheet for 109 Sweet Grass Ln, Hollybrook Lot 45**
**House Footprint:** See attached plan
**Building Setbacks:** 35' front/rear, 15' side
**Water Source:** Private well
**Number of Bedrooms/Daily Flow:** 4/480 GPD
**Proposed LTAR:** 0.3 GPD/FT$^2$
**Proposed System Type:** 25% Reduction
**Proposed Repair System Type:** 25% Reduction
**Distribution:** Gravity-End cap/Drop boxes
**Septic Tank Size:** 1000 gallons
**Proposed Trench Bottom:** 30-36"

| Line | Design Length | Actual Length |
|---|---|---|
| **Red 1** | **70'** | **75'** |
| **Blue 2** | **110'** | **145'** |
| **White 3** | **110'** | **115'** |
| **Red 4** | **110'** | **134** |
| Blue 5 | | 118' |
| White 6 | | 104' |
| Red 7 | | 96' |
| Blue 8 | | 80' |
| White 9 | | 53' |

**Initial System:** 400' **Repair System:** 451'

**Comments:**




APPROVED JUN 11 2019

PROPERTY ID #: 4676958310
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:
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 1.35 AC
LOCATION OF SITE: 109 Sweet Grass Ln, Hollybrook Lot 45 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 8% | 0-12 | Br CL WSBK | FR SS SP SXP | N/A | 63" | N/A | N/A | PS 0.3 |
| | | 12-32 | R C SBK | FR SS SP SXP | | | | | |
| | | 32-63 | R CL WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | LS 8% | 0-21 | R CL WSBK | FR SS SP SXP | N/A | 21" | F-C SAP PS | N/A | PS 0.3-0.4 |
| | | 21-64 | VER L SAP M | VFR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | LS 8% | 0-14 | R C SBK | FR SS SP SXP | N/A | 28" | F-C SAP PS | N/A | PS 0.3-0.4 |
| | | 14-34 | R CL WSBK | FR SS SP SXP | | | | | |
| | | 34-60 | VER SL SAP M | VFR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | LS 5% | 0-24 | R CL WSBK | FR SS SP SXP | N/A | 67" | F-C SAP PS | N/A | PS 0.3-0.4 |
| | | 24-62 | VER L SAP M | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 1200 FT$^2$ | 1353 FT$^2$ |
| System Type(s) | 25% Reduction | 25% Reduction |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: Tom Shuck (Pits 1, 2 + 3)

COMMENTS:

# SOIL/SITE EVALUATION

(Continuation Sheet)



DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

45

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 |
|---|---|---|---|---|---|---|---|---|---|
| 50 | As (49) | B+ 6-30 | SBK C | SEXP FR S SP | 2.5YR 4/6 | 45" | N/A | 45" to Sap | IV 0.3 ltar |
| | | BC 30-45 | " CL/C | " " " P | | | | | |
| | | C 45-48+ | " CL | " " " SP | | | | | |
| 51 | CV 6-10% smooth | AB 0-5 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 | 48"+ | N/A | N/A | IV <0.25 ltar |
| | | B+ 5-48+ | " C | " " S P | | | | | |
| | | Wtr. in hole on 10/27 @ 13. Wtr level appeared to have stopped about 5" based on water marks in pit. Several cedars in vicinity of p.t. | | | | | | | |
| 52 | R 6-10% smooth | A 0-6 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 | 48"+ | N/A | Platy Struc. in B+ | III/IV 0.3 ltar |
| | | B+ 6-36 | SBK PL* C/CL | " " " " | | | | | |
| | | BC 36-48+ | " " * " " | " " " " | | | | | |
| | | Wtr. in hole 10/27 @ 13. Wtr level had stopped about 7" based on water mark location in pit. Wtr level dropped from 5" to 57" as soil surface. Sandy spot. | | | | | | | |
| 53 | L 4-8% smooth | Ao 0-1 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 | 48"+ | N/A | N/A | IV 0.35 ltar (texture) |
| | | B+ 1-48+ | " C/CL | " " " P | | | | | |
| 54 | As (53) | Ao 0-2 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 | 48"+ | N/A | N/A | IV 0.3 ltar |
| | | B+ 2-48+ | " C | " " " P | | | | | |
| 55 | As (53) | Ao 0-2 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 | 39" | N/A | 39" to C Sap. | IV 0.3 ltar .30K |
| | | B+ 2-39 | " C/SCL | " " " P | | | | | |
| | | C 39-48+ | " SL | " " " SP | | | | | |

COMMENTS: * SBK grades to platy throughout B+ horizon. Upon observation of soil scientist at previous investigation.

DENR/DEH

ON-SITE WASTEWATER SECTION

45



PROPERTY ID #: _____

COUNTY: _____

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Williams, Teeter Rd, Iredell Co. APPLICATION DATE _____

ADDRESS: _____ DATE EVALUATED: 1/12/08

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 | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 (64) | L 6-15 smooth | Ap 0-2 | SBK CL | SEXP FR S P | 2.5YR 4/6 | 48"+ | N/A | N/P caved in 43" | IV 0.3 ltar .30K gpm |
| | | Bt 2-48+ | " C | " " " | | | | | |
| 2 (65) | Ap (A) | Bt 0-8" | SBK CL | SEXP FR S P | 2.5YR 4/6 need lab analysis 8-36" 36-48" gpm | 8" to cB | V Too much clay | 8"+cB possibly V sap 8"+ to 36"+ | U ! |
| | | cB 8-36 | " C/CL | " " " | | | | | |
| | | C 36-48+ | " CL | " " " | | | | | |
| 3 (66) | L 6-15 smooth CL | Ap 0-1 | SBK CL | SEXP FR S P | 2.5YR 4/6 | 38"+ to cB | N/A | 32" to cB | IV 0.3 ltar |
| | | Bt 1-24 | " C | " " " | | | | | |
| | | BC 24-38 | " CL | " " " | | | | | |
| | | cB 38-48+ | " CL | " " " | | | | | |
| 4 (67) | L 2-6 | Ap 0-4 | SBK CL | SEXP FR S P | 2.5YR 4/6 | 46"+ to CR | N/A | N/P | IV 0.3 ltar |
| | | Bt 4-36 | " C | " " " | | | | | |
| | | BC 36-46 | " C/CL | " " " | | | | | |
| | | CR 46-42+ | SBK/M CL/C | " " " | | | | | |

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

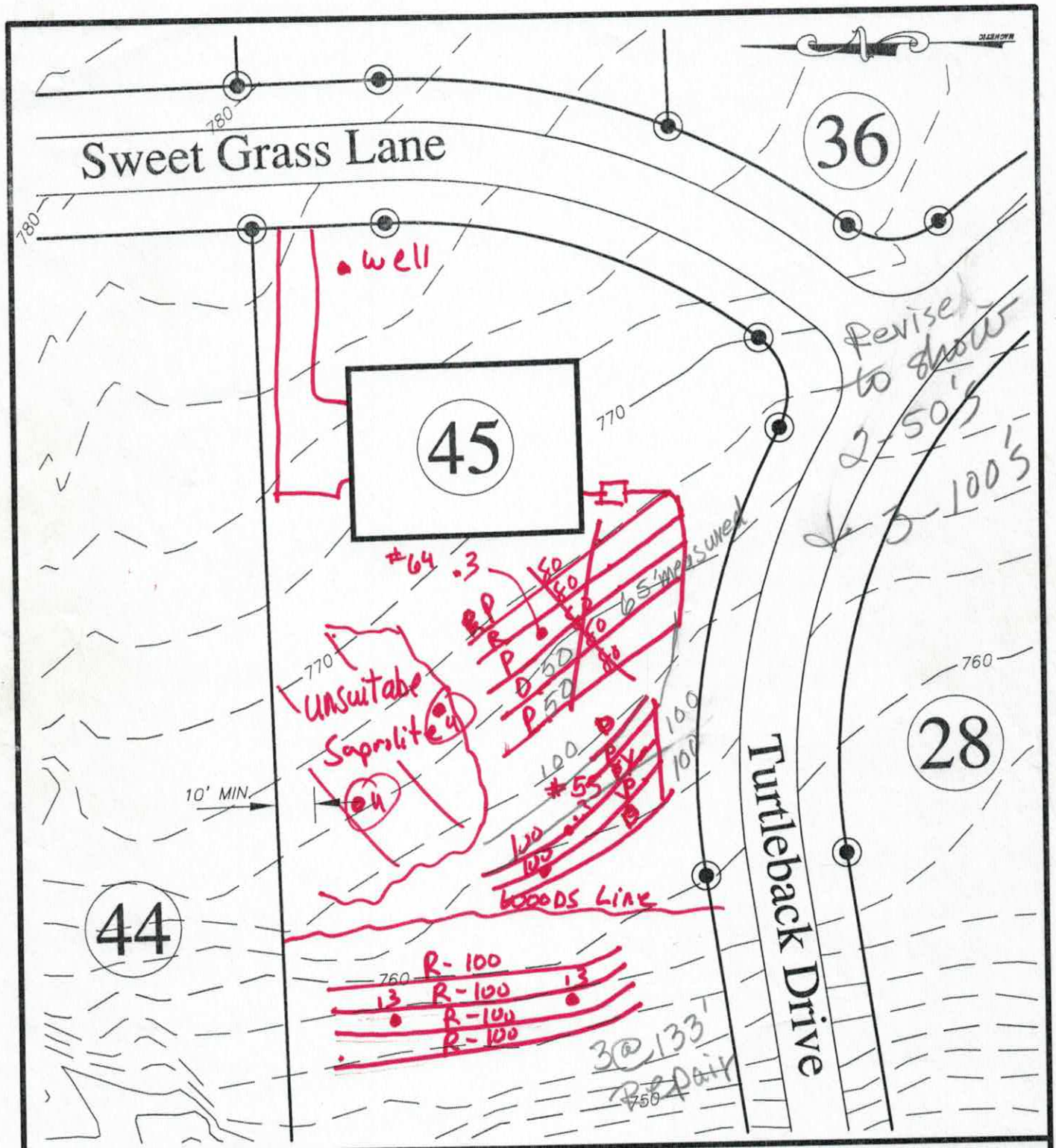
OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS: _____




# Hollybrook

FOR

DAVID R. MCKAY, LLC. & BETTY MCKAY, LLC.

*505 TEETER ROAD*
*Mooresville, NC 28115*
*(704) 664-9080*

IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 45

BAR SCALE 1"=50'

0 25 50 100

4BR
460 gpd

Initial LTAR 0.3 @25% Red = (5) lines of 3'x60' Serial Dist
Repair. LTAR 0.3 @25% Red. = (4) lines of 3'x100' Serial Dist.

RECEIVED JUN 4 - 2019

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***APPLICATION FORM*** Paid $350.00 # 245331

**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** Comprehensive Relayout

**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 **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:** 109 Sweet Grass Ln

**Subdivision Name:** Hollybrook **Section/Phase:** _____ **Lot Number:** 45

**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: Accepted

**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:** _____ 6/3/2019
**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:** FT ✓ 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 (Applicant Name) | 4711 Rocking Horse Dr. Maiden (Mailing Address) | (Home Phone) | 980 429-1580 (Work Phone) |
| David McKay (Owner Name) | 505 Teeter Rd, Mooresville (Mailing Address) | (Home Phone) | 704 664-9080 (Work Phone) |

4. **Property Information:**

| | | |
|---|---|---|
| (Street Address) | Holly brook (Subdivision Name) | Lot #45 (Section/Phase and Lot Number) |

Driving Directions: Hwy #152-E, Rt on Teeter Rd, go ≈ 2mi left on Rain Shadow, 2nd left on Turtle back, left on Sweet Grass 1st lot on left.

**********

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 Miller — 5-4-08
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 109 Sweet Grass Ln Hollybrook 45, identified as PIN (Parcel Identification Number) 4676958310, 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.

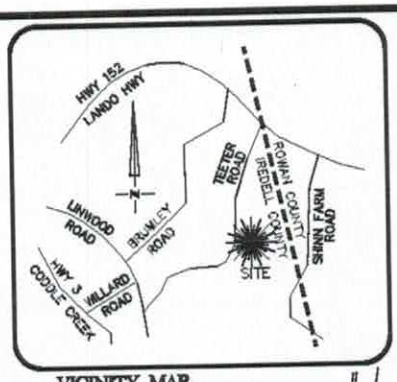
Signature of Owner(s) — Date 6/3//2019

Signature of Witness Rhonda Gustafson — Date 6/3/2019

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



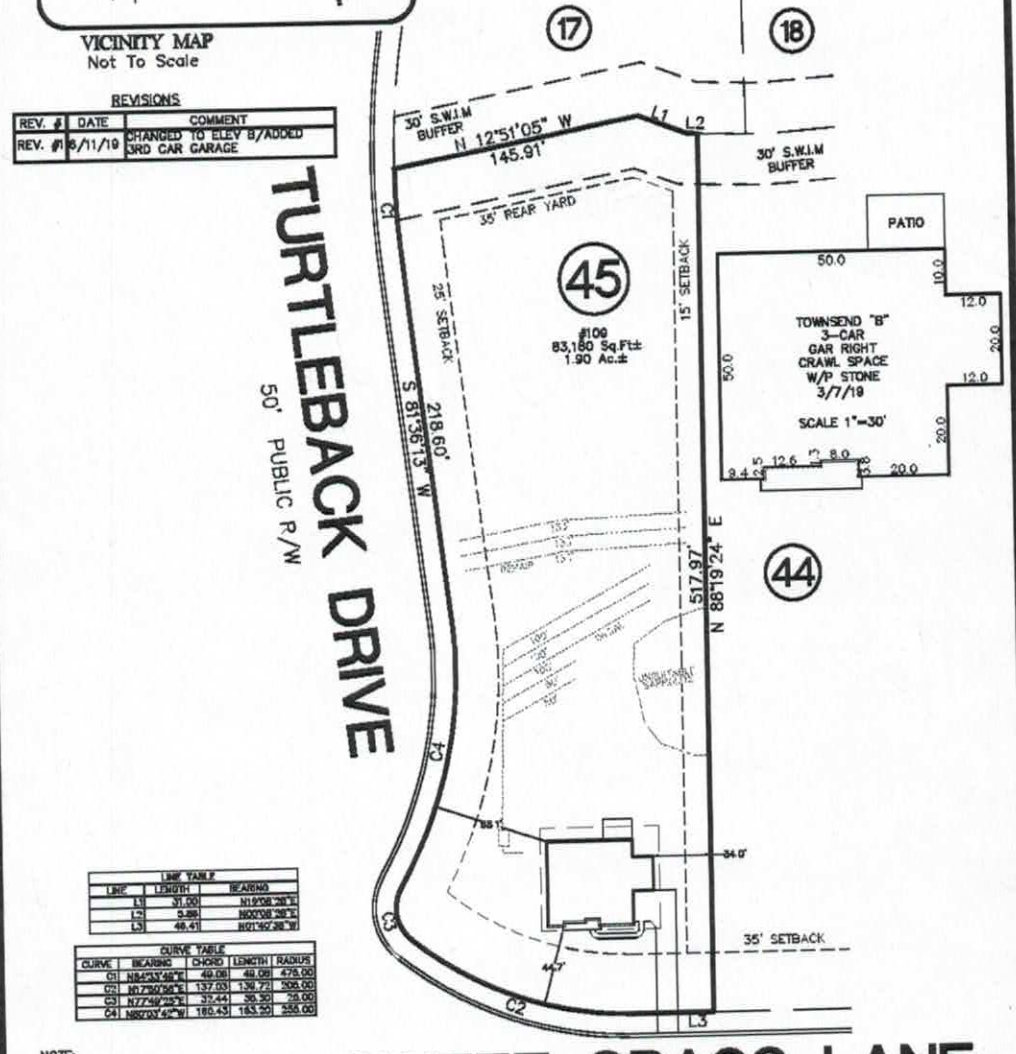

VICINITY MAP
Not To Scale

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.

BK: 59 PGS: 143-144

REVISIONS

| REV. # | DATE | COMMENT |
|---|---|---|
| REV. #1 | 6/11/19 | CHANGED TO ELEV B/ADDED 3RD CAR GARAGE |




| LINE TABLE | | |
|---|---|---|
| LINE | LENGTH | BEARING |
| L1 | 31.00 | N19°08'28"E |
| L2 | 9.89 | N00°08'28"E |
| L3 | 48.41 | N21°40'28"W |

| CURVE TABLE | | | | |
|---|---|---|---|---|
| CURVE | BEARING | CHORD | LENGTH | RADIUS |
| C1 | N84°33'46"E | 49.08 | 49.08 | 475.00 |
| C2 | N72°40'06"E | 137.03 | 138.72 | 300.00 |
| C3 | N77°49'25"E | 37.44 | 39.30 | 75.00 |
| C4 | N80°03'46"W | 180.43 | 183.30 | 350.00 |

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 #3710467800J, 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

# SWEET GRASS LANE
50' PUBLIC R/W

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

**PRELIMINARY PLAT**
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

80 0 80
SCALE: 1" = 80'

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 (980) 309-0842

## HOUSE LOCATION PLOT PLAN
FOR

LOT 45, HOLLYBROOK SUBDIVISION
Coddle Creek Township, Iredell County, North Carolina
PROPERTY OF: CENTURY COMMUNITIES
MAP BOOK 59 PAGE 143-144 DEED REFERENCE

DRAWN BY: CAF
DATE: APRIL 29, 2019

RECEIVED 04/24/2017 10:52AM +17047024445 PAGE 1/1
2019-06-17 10:13 -05:00 -

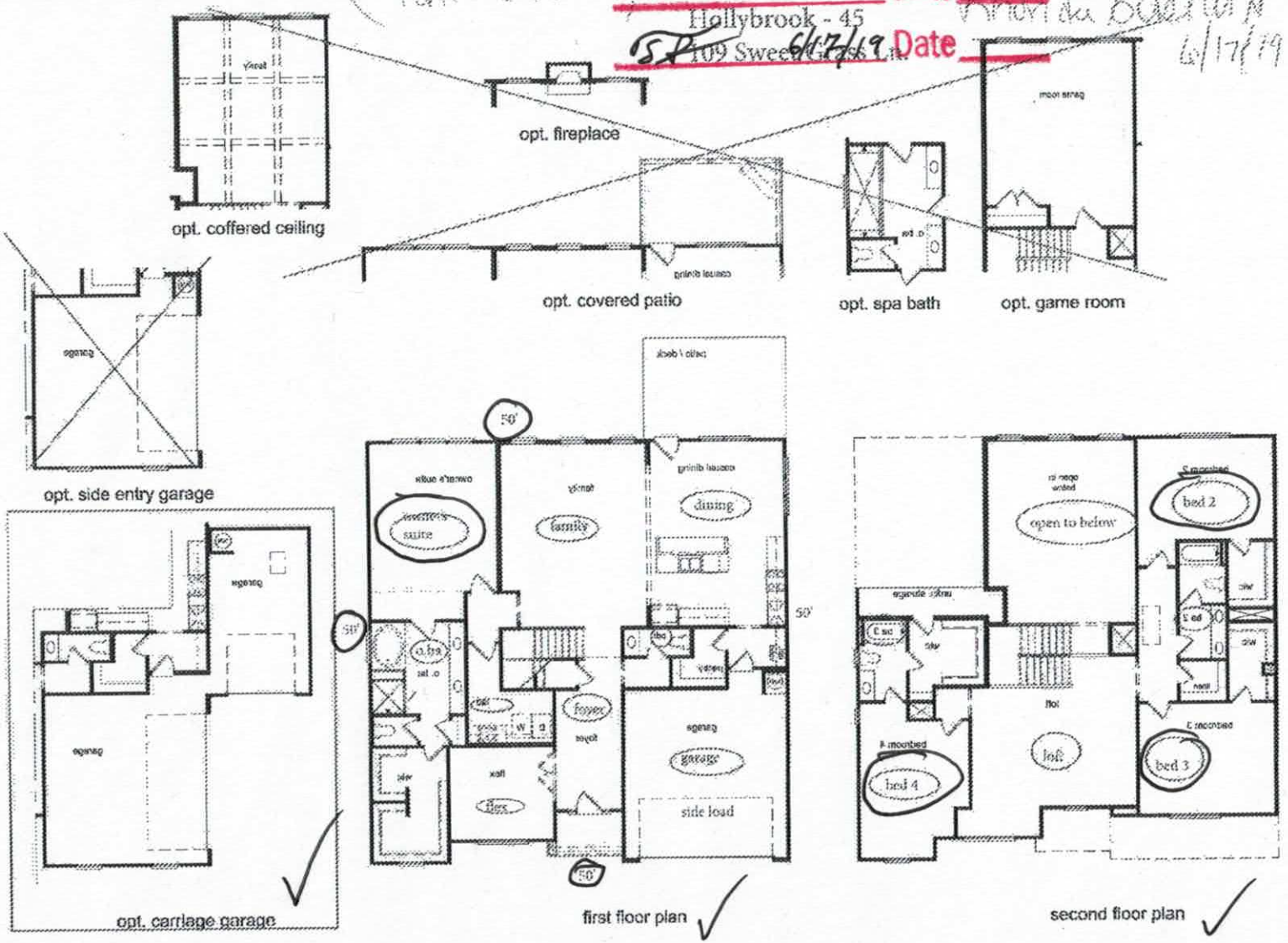
**Acknowledgement Of Plans Submittal ONLY!**

Hollybrook - 45
109 Sweet Gum Creek Ln.

Date 6/17/19

Date 6/17/19

(A.W. - 3rd ca.)




CENTURY COMMUNITIES

PLAN NUMBER: 5023425
RELEASE DATE: 03.07.19

MODEL: TOWNSEND
DRAWING TITLE: MARKETING FLOOR PLAN
SHEET NO: M-2

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 245331 |
| Issue Date: 06/04/2019 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4676958310.000 | 109 SWEET GRASS LANE, MOORESVILLE, NC 28115 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: DAVID R MCKAY LLC | Applicant: MICHAEL ATHANAS & ASSO |
| Address: 105 | Address: 561 ENNIS RD |
| IREDELL CO, NC 28625 | WEDDINGTON, NC 28173 |
| Phone: | Phone: 704-576-3887 |

| Use Requested | Zone Code |
|---|---|
| | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.900 | 35.00 | 35.00 | 25.00 | 15.00 | BOWC | X |

**Remarks:**

Lots with a perennial stream: Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

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 | 179720 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|