ICHD–ENVIRONMENTAL HEALTH DIVISION KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 243027

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

PIN # 4686-04-0464

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

SITE ADDRESS: 169 Turtleback Dr. Mooresville, NC 28115 | PHONE: 704-943-1310 | ALT. PHONE

SITE DIRECTIONS: Rt 150 E from Mooresville → R on Tector Rd → L on Rain Shadow → L on Turtleback → 1st lot on left

SUBDIVISION: Hollybrook | SECTION: — | LOT # 32 | LOT AREA: 1.366 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

SAP CONTROLLED: ☒ YES ☐ NO

Septic Tank	1000 (gal)	STB	Infiltrator	Date	plastic
Pump Tank	1000 (gal)	PT	Infiltrator	Date	plastic
Pump Make	Goulds	Model	PE4LPM	Serial #	—
# Nitrification Fields	1	# Lines	3	Linear Ft	400
Trench Width	36"	Trench Bottom Depth(Low side)	31"	Gravel Depth	—

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

System Description: PM - 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees — | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Lot recorded in land records 6/26/19 (DB 70 Pg 52). See attached survey by Eastover Land Surveying Co. showing side entry garage / driveway layout. Do not cut more than 3' for driveway.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated: 5/30/19 Michael Athanas LSS # 1252

AS BUILT SKETCH

- ST 9' from deck
- 3 lines @ 134' each

	Date	Initials
Drain Lines Checked	10-14	CC
Tanks Checked	10-14	CC
Pressure Manifold or Valve Box Checked	12/12/19	BF
Pressure Head Set	12/12/19	BF
Electrical Checked	12/12/19	BF
Floats Set	12/12/19	BF
Alarm Checked	12/12/19	BF
Maintenance Contract Y (N)	N/A	—

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**

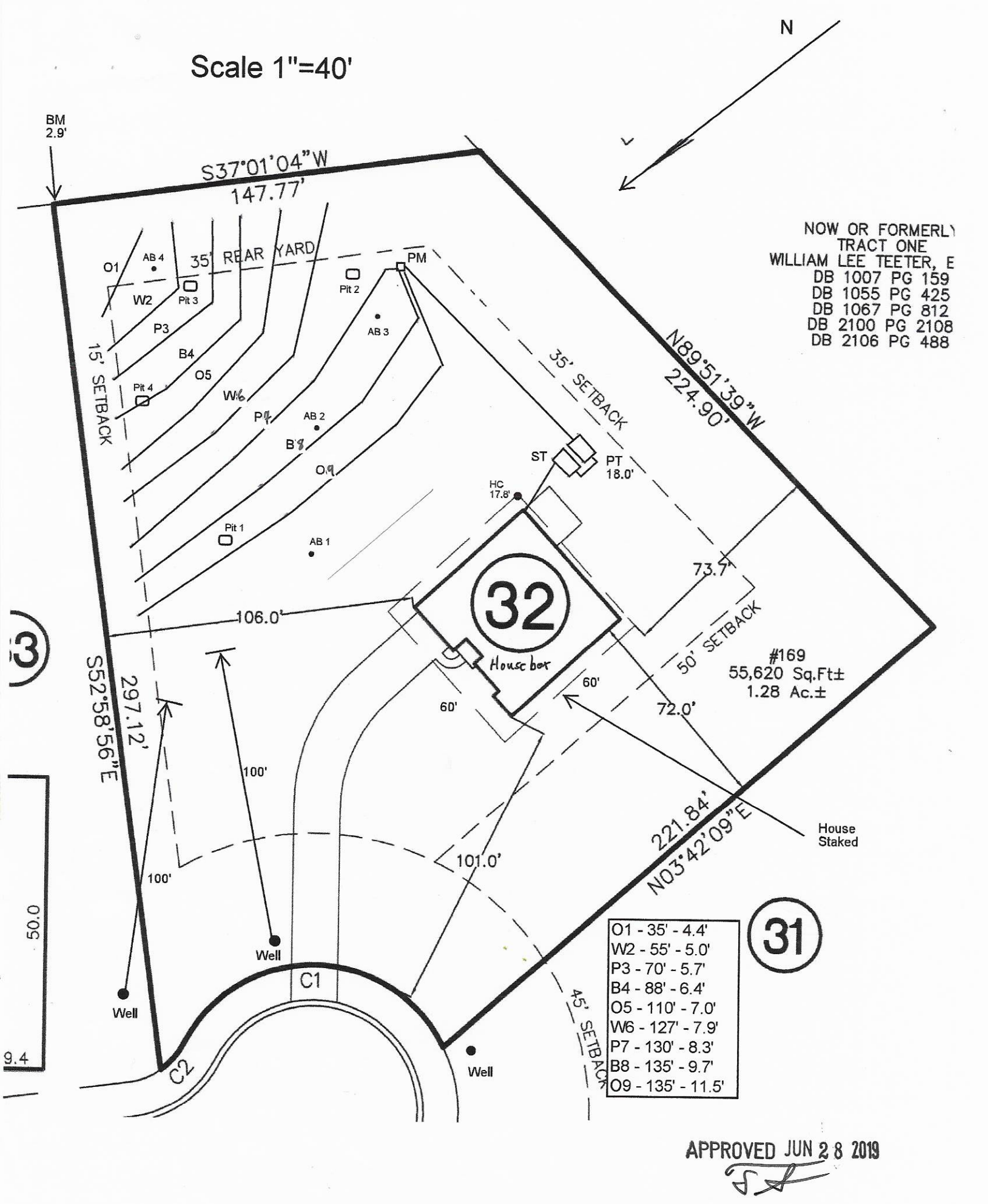
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Hoa Macdonald Date: 10/25/19 Installed by: Specialty Septic

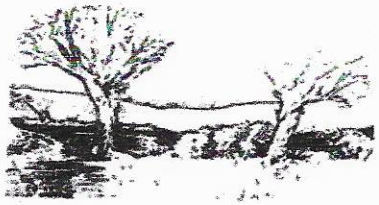
IMPROVEMENT PERMIT by: Tom Shuck Date: 6/28/19 OPERATION PERMIT by: Tom Shuck Date: 12/13/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/28/19 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 inspector to confirm your inspection time.



APPROVED JUN 28 2019



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

Reference: Data Sheet for 169 Turtleback Dr, Hollybrook Lot 32

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: Pressure manifold
Flow per Tap: 3 @ 7.11 GPM
Tap Size and Material: 3 @ ½" SCH 40
System Flow: 21.33 GPM
Dosing Volume: 175 gallons
Pump Run Time: 8.2 minutes
Elevation Head: 14.7'
Friction Head: 1.1'
Pressure Head: 2'
Total Dynamic Head: 17.8'
Supply Line Length: 85' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	Actual Length	Elevation
Orange 1		35'	4.4'
White 2		55'	5.0'
Pink 3		70'	5.7'
Blue 4		88'	6.4'
Orange 5		110'	7.0'
White 6		127'	7.9'
Pink 7	**130'**	**130'**	**8.3'**
Blue 8	**135'**	**140'**	**9.7'**
Orange 9	**135'**	**146'**	**11.5'**

APPROVED JUN 28 2019

Initial System: 400'
Pump Tank: 18.0'

Repair System: 485'
House Corner: 17.8'

Benchmark: 2.9'

Comments:

APPROVED JUN 28 2019

PROPERTY ID #: 4686040464
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Century Communities
ADDRESS: 7400 Carmel Executive Park Dr, STE 205, Charlotte, NC 28226
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 169 Turtleback Dr, Hollybrook Lot 32
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED: 5/2019
PROPERTY SIZE: 1.366 AC
PROPERTY RECORDED:
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	
PIT 1	LS 12%	0-11	Br CL WSBK	FR SS SP SXP	N/A	41"	F-C SAP PS	N/A	PS 0.3-0.35
		11-30	R C SBK	FR SS SP SXP					
		30-41	R CL WSBK	FR SS SP SXP					
		41-63	VER L SAP M	VFR SS SP SXP					
PIT 2	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	34"	F-C SAP PS	N/A	PS 0.3-0.35
		4-20	R C SBK	FR SS SP SXP					
		20-34	R CL WSBK	FR SS SP SXP					
		34-62	VER LS SAP M	VFR SS SP SXP					
PIT 3	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	34"	F-C SAP PS	N/A	PS 0.3-0.35
		4-20	R C SBK	FR SS SP SXP					
		20-34	R CL WSBK	FR SS SP SXP					
		34-63	VER L SAP M	VFR SS SP SXP					
PIT 4	LS 6%	0-12	Br CL WSBK	FR SS SP SXP	N/A	49"	F-C SAP PS	N/A	PS 0.3
		12-36	R C SBK	FR SS SP SXP					
		36-49	R CL WSBK	FR SS SP SXP					
		49-60	VER L SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	1521 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:

APPROVED JUN 28 2019

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4686040464
DATE OF EVALUATION:
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 12%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		6-30	R C SBK	FR SS SP SXP					
		30-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 12%	0-6	Br CL WSBK	FR SS SP SXP	N/A	38"	F-C SAP PS	N/A	PS 0.3
		6-20	R C SBK	FR SS SP SXP					
		20-38	R CL WSBK	FR SS SP SXP					
		38-48	VER L SAP M	VFR SS SP SXP					
AB 3	LS 6%	0-15	Br CL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		15-46	R C SBK	FR SS SP SXP					
		46-48	R CL WSBK	FR SS SP SXP					
AB 4	LS 6%	0-15	R CL WSBK	FR SS SP SXP	N/A	15"	F-C SAP PS	N/A	PS 0.4-0.5
		15-48	VER SL SAP M	VFR SS SP SXP					

COMMENTS:

RECEIVED MAY 3 1 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 #243027

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)

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: 169 Rain ~~Shadow~~ Dr Turtleback Dr.

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 32

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: 4
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: 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: Gary McNeely _____ 5/30/2019

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

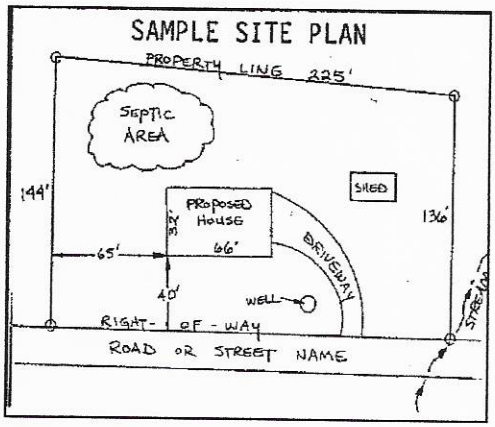
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

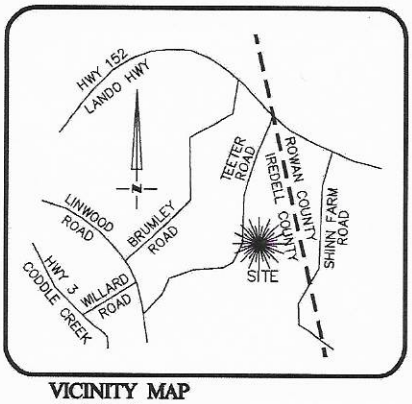
See attached plan

Signature: Gary McNeely

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

5/30/2019

DATE

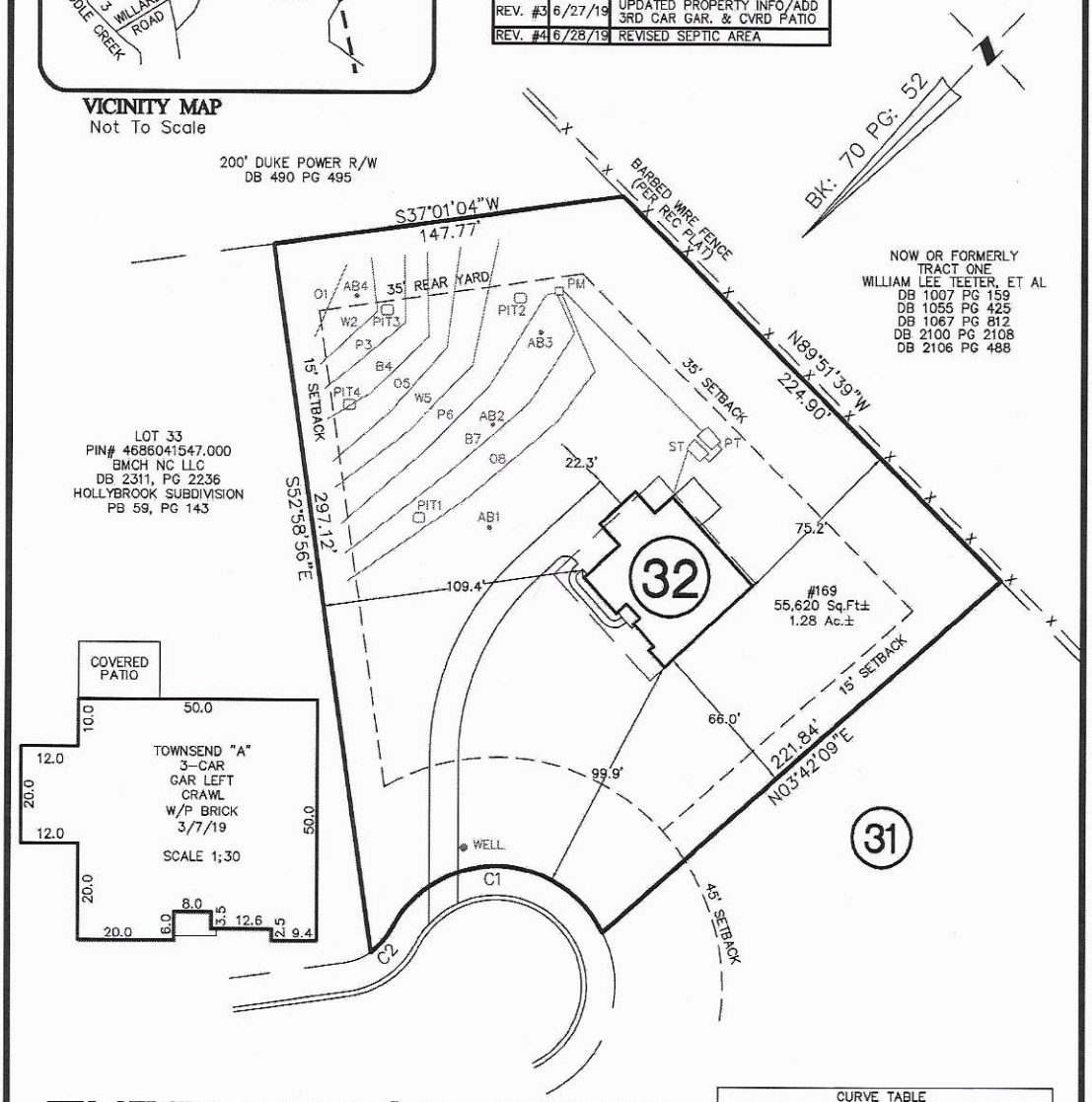


VICINITY MAP
Not To Scale

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.

REVISIONS

REV. #	DATE	COMMENT
REV. #1	4/8/19	CHANGED TO FRONT LOAD
REV. #2	6/14/19	CHANGED TO SIDE LOAD/SLAB
REV. #3	6/27/19	UPDATED PROPERTY INFO/ADD 3RD CAR GAR. & CVRD PATIO
REV. #4	6/28/19	REVISED SEPTIC AREA



TURTLEBACK DRIVE
50' PUBLIC R/W

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N45°04'45"E	89.24	110.26	50.00
C2	S04°15'17"E	11.97	12.09	25.00

NOTE:
ALL LOTS ARE SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT ALONG ALL LOT LINES.

THIS PROPERTY LIES WTHIN "ZONE X" ACCORDING TO FLOOD INSURANCE RATE MAP COMMUNITY PANELS #3710467600J, DATED MARCH 18, 2008 & #3710468600K, DATED JUNE 16, 2009. XONE X BEING THE AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN.

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

60 0 60
SCALE: 1" = 60'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS - (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (980) 309-0842

HOUSE LOCATION PLOT PLAN
FOR

LOT 32, HOLLYBROOK SUBDIVISION
Coddle Creek Township, Iredell County, North Carolina

PROPERTY OF: CENTURY COMMUNITIES

MAP BOOK 70 PAGE 52 DEED REFERENCE

DRAWN BY: CAF | DATE: MARCH 15, 2019

AC w/ Inspection 24302-7 (with new well)

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an **(X)** *beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Century Communities Southeast, LLC **Address:** 7400 Carmel Executive Park Dr. Suite 205 **Zip:** 28226

Applicant Email: rhonda.bustard@centurycommunit **Phone:** 704-943-1310 **Alt. Phone:**

Owner Name: Century Communities Southeast, LLC. **Address:** 7400 Carmel Executive Park Dr. Suite 205 **Zip:** 28226

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

Property Information:

Street Address: 169 Turtleback Drive Gus: 704-728-1594 Schnitker

Subdivision Name: Hollybrook **Section/Phase:** **Lot Number:** 32

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 — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed: 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 — 3/19/19

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

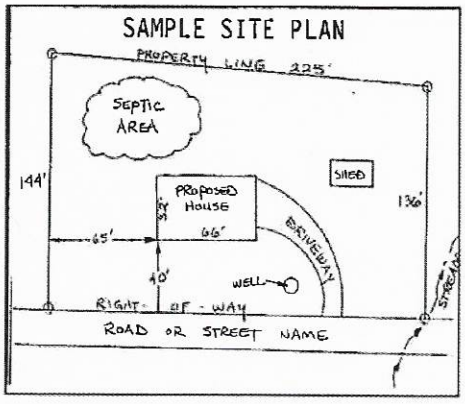
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached Site Plan

Signature: Rhonda Bustard

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

3/19/19

DATE

Book 70 Page 52 Page 1 of 1

SURVEYOR NOTES:

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.

2) BOUNDARY INFORMATION BASED ON PLAT BOOK 59, PAGE 143, AS RECORDED IN THE IREDELL COUNTY REGISTER OF DEEDS.

3) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.

4) COORDINATE VALUES AS SHOWN HEREON ARE GROUND UNLESS OTHERWISE NOTED (US SURVEY FOOT) AND BASED ON THE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM NAD 83/2007. THE AVERAGE COMBINED FACTOR USED FOR THE PROJECT WAS 0.999855078. COORDINATE VALUES SHOWN FOR NCGS MONUMENTS "40 JAS" AND "BRUMLEY" ARE OBSERVED.

5) #4 REBARS SET AT ALL CORNERS UNLESS OTHERWISE NOTED.

6) THIS PROPERTY LIES WITHIN "ZONE X" ACCORDING TO FLOOD INSURANCE RATE MAP COMMUNITY PANELS #3710468760DJ, DATED MARCH 18, 2008 & #3710468560K, DATED JUNE 16, 2009. ZONE X BEING THE AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN.

7) THIS PROPERTY IS ZONED: RA
35' FRONT SETBACK
15' SIDEYARD
35' REARYARD
25' CORNER SIDEYARD

8) ALL LOTS ARE SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT ALONG ALL LOT LINES.

9) THE PURPOSE OF THIS PLAT IS TO CORRECT AN ERROR IN THE DIMENSIONS OF THE REAR BOUNDARY LINES OF LOTS 31 AND 32, CORRECTLY MONUMENT THE COMMON LINE BETWEEN LOTS 31 AND 32 AS INTENDED, AND TO CORRECT SIDE SETBACK LINES FOR THE COMMON LINE BETWEEN LOTS 31 AND 32. THE LICENSEE IS ONLY CERTIFYING TO THESE SPECIFIC CHANGES AND DOES NOT CERTIFY TO ANY INFORMATION AS RECORDED IN PLAT BOOK 59, PAGE 143 OF THE IREDELL COUNTY, NC REGISTER OF DEEDS AS CERTIFIED BY STEVEN A. AMOS, PLS L-4520 ON 7/30/2012. ALL OTHER INFORMATION SHOWN ON SAID PLAT BOOK 59, PAGE 143 REMAINS THE SAME AND IS NOT AFFECTED BY THIS REVISION."

LINE TABLE		
LINE	LENGTH	DIRECTION
L1	63.98	N15° 08' 28"E
L2	47.00	N29° 51' 32"W
L3	25.00	N72° 08' 28"E
L4	25.00	N12° 51' 32"W
L5	51.00	N77° 51' 32"W
L6	12.33	N00° 08' 28"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	DIRECTION	CHORD LENGTH
C1	79.57	50.00	S28° 08' 54"E	71.44
C2	110.27	50.00	N45° 04' 45"E	89.24
C3	12.08	25.00	N4° 15' 17"W	11.97
C4	50.60	50.00	S48° 26' 05"W	48.47
C5	11.98	25.00	S23° 17' 57"W	11.85

OWNER CERTIFICATE FOR EXCEPTION PLATS
KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

OWNER
MATT CHISHOLM, VP OF OPERATIONS
BMCH NC, LLC
7401 CARMEL EXECUTIVE DR. SUITE 310
CHARLOTTE, NC 28226

6/26/19
DATE

REVIEW OFFICER
I, Richard Hoffman REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

Ruth A. Hoffman
REVIEW OFFICER

6-26-2019
DATE

CERTIFICATE OF APPROVAL
I, HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

Ruth A. Hoffman
SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA

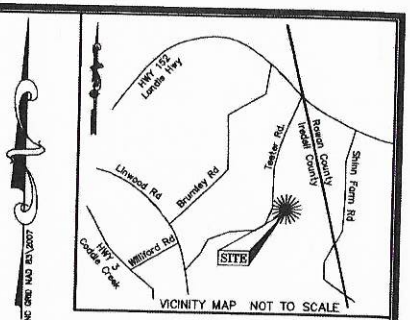
6-26-2019
DATE

I, Frances C. Walker A NOTARY PUBLIC FOR SAID COUNTY AND STATE, DO HEREBY CERTIFY THAT Matt Chisholm OWNER(S) PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL, THIS 26th DAY OF June 2019

Frances C. Walker
NOTARY PUBLIC

MY COMMISSION EXPIRES: 10-21-2022

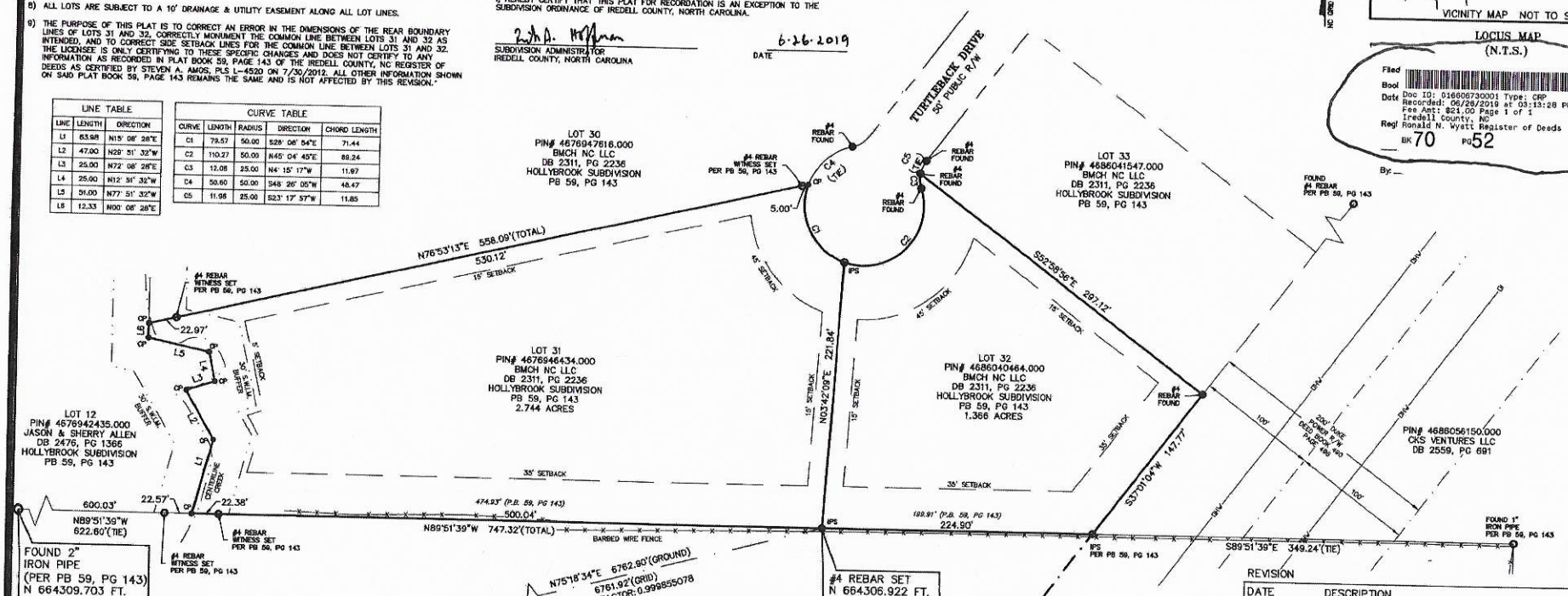
FRANCES G. WALKER NOTARY PUBLIC LINCOLN COUNTY, NC



VICINITY MAP NOT TO SCALE

LOCUS MAP
(N.T.S.)

Filed
Book
Date Doc ID: 016606730001 Type: CRP Recorded: 06/28/2019 at 03:13:28 PM Fee Amt: $21.00 Page 1 of 1 Iredell County, NC Regi Ronald N. Wyatt Register of Deeds
BK 70 PG 52
By:



LEGEND
△ = NGS MONUMENT
o = COMPUTED POINT
O = #4 REBAR SET
● = #4 REBAR FOUND
R/W = RIGHT-OF-WAY
IPS = #4 REBAR SET
~ = NOT TO SCALE
OHV — OVERHEAD WIRES
SWIM BUFFER
CENTERLINE OF CREEK
EASEMENT
BOUNDARY LINE
SETBACK
RIGHT OF WAY
ADJOINER

GRAPHIC SCALE
60 0 30 60 120
(IN FEET)
1 inch = 60 ft.

CERTIFICATE OF SURVEY AND ACCURACY

I, J. BRANDON HICKS, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN PLAT BOOK 59, PAGE 143) (OTHER); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN PLAT BOOK 59, PAGE 143, BOOK 2475, PAGE 1396, AND BOOK 2106, PAGE 488; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10,000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G. S. 47-30, AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 25th DAY OF JUNE, A.D. 2019.

I FURTHER CERTIFY THAT THIS PLAT IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION.

J. BRANDON HICKS, PLS L-5219

NORTH CAROLINA PROFESSIONAL SEAL L-5219 LAND SURVEYOR J. BRANDON HICKS

REVISION

DATE	DESCRIPTION
--/--/--	---

BOUNDARY LINE REVISION PLAT

REVISION OF LOTS 31 & 32
HOLLYBROOK SUBDIVISION
AS RECORDED IN PB 59, PG 143
CODDLE CREEK TOWNSHIP, IREDELL COUNTY, NC

WSP USA Inc.
128 Talbert Road, Suite A
Mooresville, NC 28117
Tel: 704.662.0100
WWW.WSP.COM

Drawn By	JSH	Date	Job No.
Surveyed By	CB/TP	JUNE 25, 2019	096039
Checked By	JBH	Scale	Sheet No.
Book No.	096039	1" = 60'	1 OF 1

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 169 Turtleback Dr Hollybrook lot 32, identified as PIN (Parcel Identification Number) 4686040464, 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: 5/21/2019

Rhonda Guetard — Signature of Witness — Date: 5/21/2019

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

KEYNOTES

A1	[illegible] PER COMMUNITY SPECS	P1	OPT LAUNDRY SINK
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P2	12 2X4 CURB WITH CAP PER SPECS
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACCESS SUPPORT	P3	18" HIGH SLOPED RHOMBUS SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CD-4
A4	COFFERED CEILING PER SHEET CD 2	P4	22" HIGH TUB DECK PLATFORM. DETAILS PER SHEET CD-4
A5	PROVIDE 6" MIN FLAT CLG AT ANGLED CLG CONDITION	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
B1	[illegible]	B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
B2	[illegible]	C	42" X 60" OVAL LAWSON TUB DROP-IN
C3	8 TALL DRYWALL OPENING WIDTH PER PLAN	D	42"X72" LAWSON TUB DROP-IN
C4	8' TALL CASED OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
C5	[illegible]	F	SHOWER TILE FLOOR / WALLS W/ GLASS ENCLOSURE
K1	36" KNEE WALL WITH TILE CAP	G	SHOWER TILE FLOOR / WALLS TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
K2	36" KNEE WALL [illegible] CAP	H	48"X96" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K3	48" KNEE WALL WITH TILE CAP	S1	BOX STAIR WITH 36" KNEE WALL & 1X CAP
K4	36 1/2" KNEE WALL	S2	BOX STAIR WITH OPEN RAIL
K5	42" KNEE WALL WITH CAP	S3	EXPOSED TREAD W/OPEN RAIL
		S4	OPEN RAIL W/INTERMEDIATE RAILS AS REQ'D PER CODE

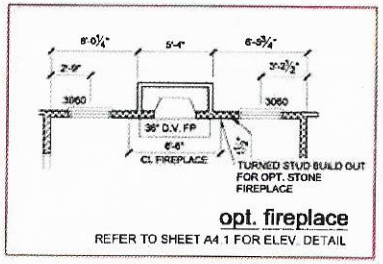
NOTES & LEGENDS

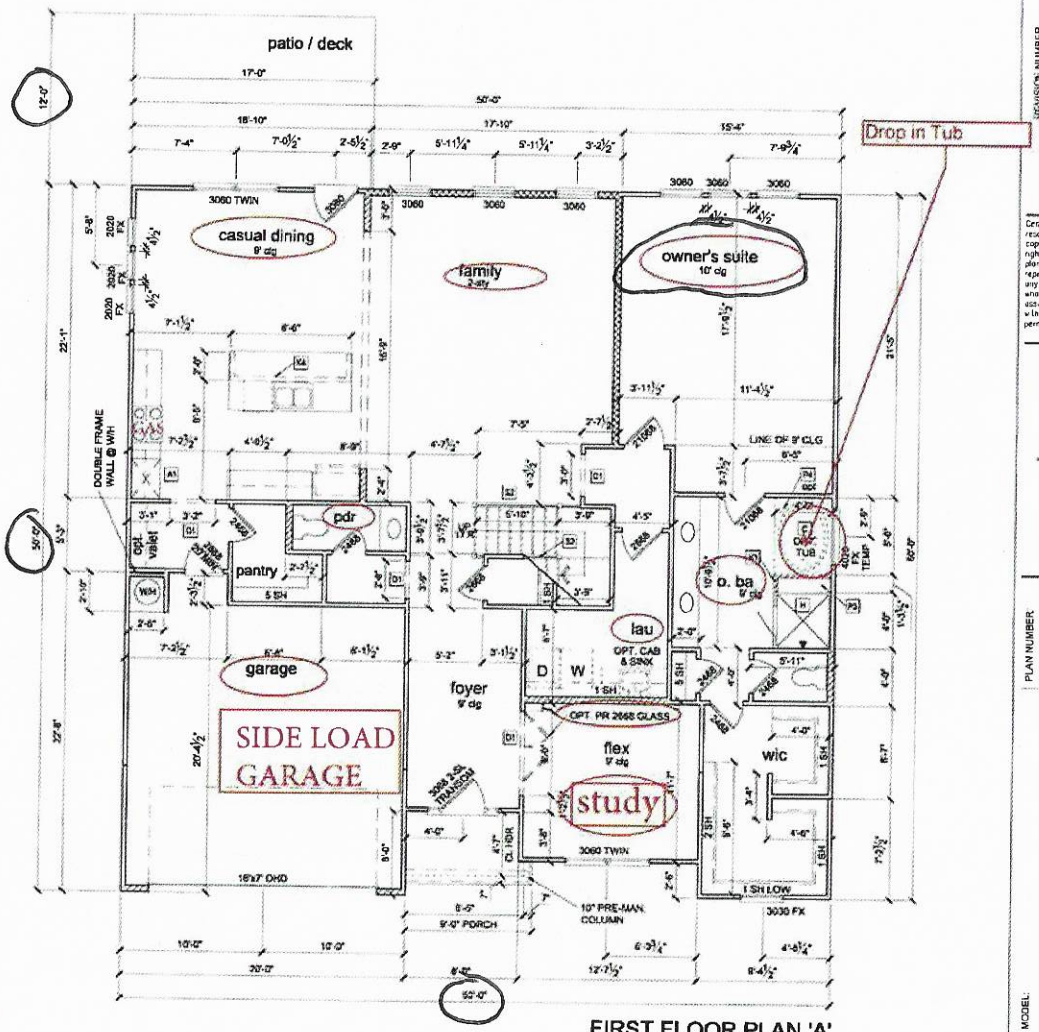
1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS
2. EXTERIOR & LOAD BEARING WALLS SHALL BE 16" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WITH DOUBLE TOP PLATE U.N.O
3. INTERIOR 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 | 2X4 FRAME WALL | 2X6 FRAME WALL | MASONRY VENEER WALL PER STRUCTURALS

AREA TABULATION

PATIO/ DECK	254 SF
PORCH	43 SF
GARAGE	420 SF
FLOOR 1 LIVING	2,001 SF
FLOOR 2 LIVING	1,517 SF
TOTAL LIVING	3,518 SF
OPT. GARAGE	240 SF
GAMEROOM	425 SF





FIRST FLOOR PLAN 'A'
1/8" = 1'-0" @ 11x17

Acknowledgement Of Plans Submittal ONLY!

Date 6/28/19

Date 6/28/19

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 50223425

RELEASE DATE: 03.07.19

MODEL: TOWNSEND 'A'

DRAWING TITLE: 1ST FLOOR PLAN

SHEET NO: A3.1A

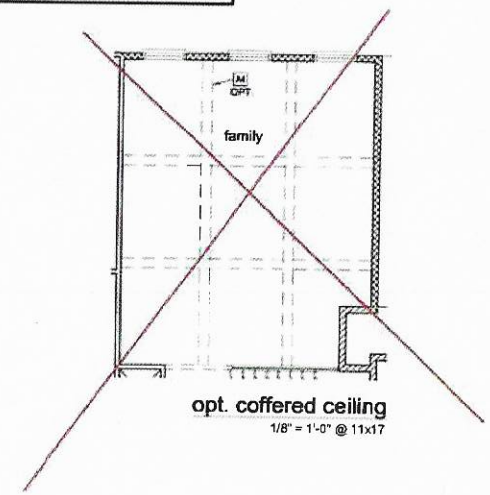
KEYNOTES

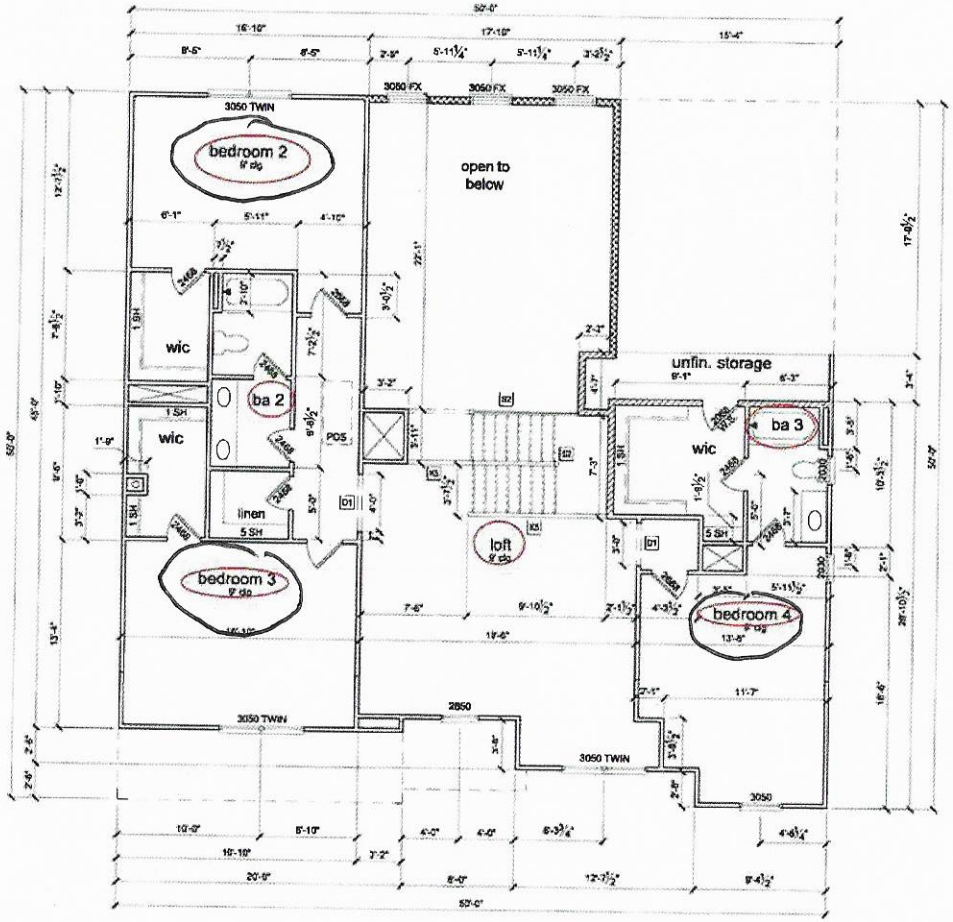
A1	OVER MINDOW OR DOUBLE DOOR (OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P1	OPT. LAUNDRY SINK
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P2	(3) 2X4 CURB WITH CAP PER SPECS
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACROSS SUPPORT	P3	16" HIGH SLOPED BENCH SEAT WITH TILE FINISH. SEE DETAIL
A4	COFFERED CEILING PER SHEET C1.2	P4	22" HIGH TUB DECK PLATFORM. DETAILS PER SPC C2.4
A5	PROVIDE 5" NON-HEAT CLAD AT WINDOW/DOOR 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. INTEGRAL SKIRT
D2	DRYWALL SOFFIT 8" DROP FROM CEILING LINE	C	42" X 60" OVAL I AMSON TUB. DROP IN
D3	5' TALL DRYWALL OPENING, WIDTH PER PLAN	D	42"X72" LAMINON TUB. DROP IN
D4	8' TALL CASED OPENING, WIDTH PER PLAN	E	30"X60" (SEE PLAN FOR SPECS)
D5	6'-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	35" KNEE WALL WITH TILE CAP	H	48"X48" SHOWER PAN WITH TILE WALLS. GLASS ENCLOSURE
K2	36" KNEE WALL WITH TILE CAP	S1	BOX STAIR WITH 36" KNEE WALL & RAILING
K3	46" KNEE WALL WITH TILE CAP	S2	BOX STAIR WITH OPEN RAIL
K4	34 1/2" KNEE WALL	S3	4 RISER OPEN ACCESS RAIL
K5	42" KNEE WALL WITH TILE CAP	S4	OPEN RAIL WINTER/CURVATE 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 @ 24" 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 (PER STRUCTURALS)





SECOND FLOOR PLAN 'A'
1/8" = 1'-0" @ 11x17

Acknowledgement Of Plans Submittal ONLY!

Date 6/28/19

Date 6/28/19

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

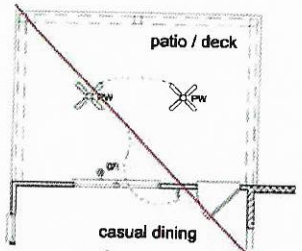
PLAN NUMBER: 50234125

RELEASE DATE: 03.07.19

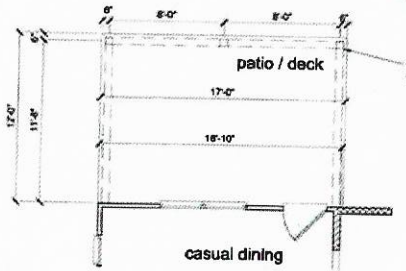
MODEL: TOWNSEND 'A'

DRAWING TITLE: 2ND FLOOR PLAN

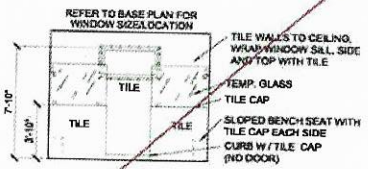
SHEET NO: A3.2A



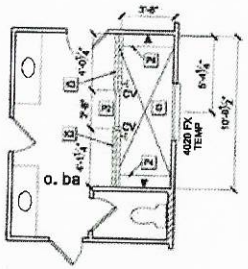
opt. covered patio
1/8"=1'-0" @ 11X17



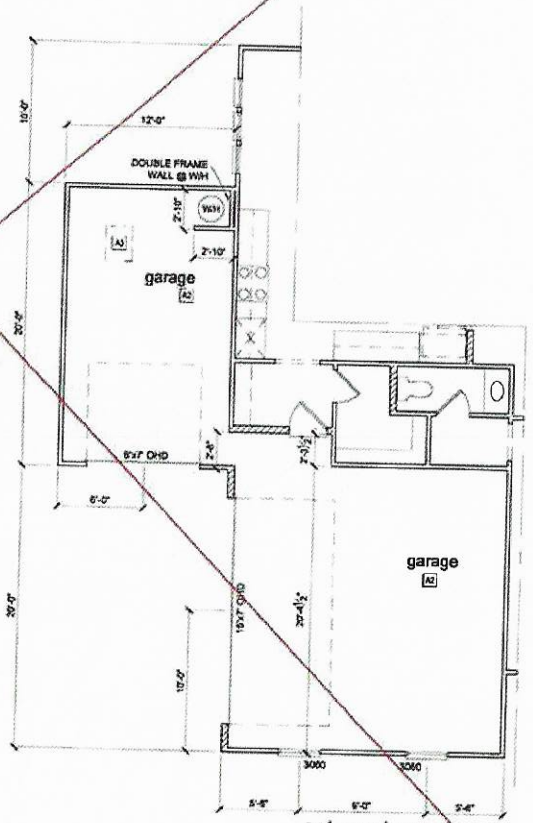
opt. covered patio
1/8"=1'-0" @ 11X17



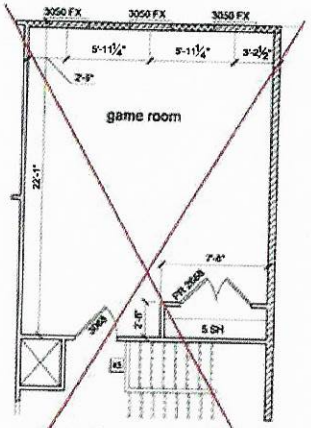
opt. spa bath elev.



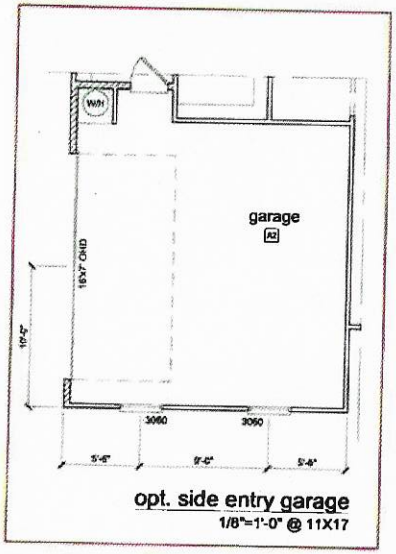
opt. spa bath



opt. carriage garage
1/8"=1'-0" @ 11X17



opt. game room (+405 sf)
1/8"=1'-0" @ 11X17



opt. side entry garage
1/8"=1'-0" @ 11X17

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REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

CENTURY COMMUNITIES

PLAN NUMBER: 50234425

RELEASE DATE: 03.07.19

MODEL: TOWNSEND

DRAWING TITLE: PLAN OPTIONS

SHEET NO: A3.3

IREDELL COUNTY

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

APPLICATION NUMBER
243027
Issue Date: 03/19/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4686040464.000	169 TURTLEBACK DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BMCH NORTH CAROLINA LLC	Applicant: CENTURY COMMUNITIES SO
Address: P O BOX 481962 CHARLOTTE, NC 28262	Address: 7400 CARMEL EXECUTIVE PARK DRIVE SUITE 205 CHARLOTTE, NC 28226
Phone:	Phone: 704-943-1310

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.366	35.00	35.00	15.00	15.00	BOWC	X

Remarks:

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

Applicant: _____ Date: _____

Permit Number	171072	TOTAL FEES:	$ 77.25