IREDELL ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (Mooresville Office (704) 660-3625 PERMIT # 216818

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

PIN # 4686-04-1547

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

SITE ADDRESS: 165 Turtleback Dr. Mooresville, NC PHONE: 704-943-1310 ALT. PHONE

SITE DIRECTIONS: Rt 150 E from Mooresville → Ron Teeter Rd → L on Rain Shadow → L on Turtleback → Lot on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Hollybrook SECTION: — LOT # 33 LOT AREA: 1.041 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank 1000 (gal)	STB Infiltrator	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT Infiltrator	Date	System Description: 25% Reduction (PM)		☐ Business	No. Persons 8	☒ Private Existing
Pump Make Cable	Model PE5 1.5 HP	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) 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: 5/30/2019 Michael Athanas LSS # 1252

AS BUILT SKETCH

Tank 25' off House

	Date	Initials
Drain Lines Checked	10-15-19	
Tanks Checked	10-15-19	
Pressure Manifold or Valve Box Checked	10-15-19	
Pressure Head Set	11/18	ESR
Electrical Checked	11/18	↓
Floats Set	11/18	
Alarm Checked	11/18	
Maintenance Contract Y / N	—	—
Comments:		

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 (Jamey)

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/11/2019 OPERATION PERMIT by: Tom Shuck Date: 11/18/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/17/19 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.

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 216818

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

PIN # 4686-04-1547

APPLICANT/OWNER: Century Communities | APPLICANT ADDRESS: 7400 Carnel Executive Park Ste #205 Charlotte, NC

SITE ADDRESS: 165 Turtleback Dr. 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 Turtleback → Lot on left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Hollybrook | SECTION: | LOT # 33 | LOT AREA: 1.041 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	25% Reduction (PM)			
Pump Make			Model		Serial #		Repair System Description:	same			
# Nitrification Fields	1		# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36		Trench Bottom Depth(Low side)	34"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private Existing
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ 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: 5/30/2019 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: Dore MacDonald Date: 6/12/19 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/11/2019 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/17/19 Existing System Inspected by: Date:

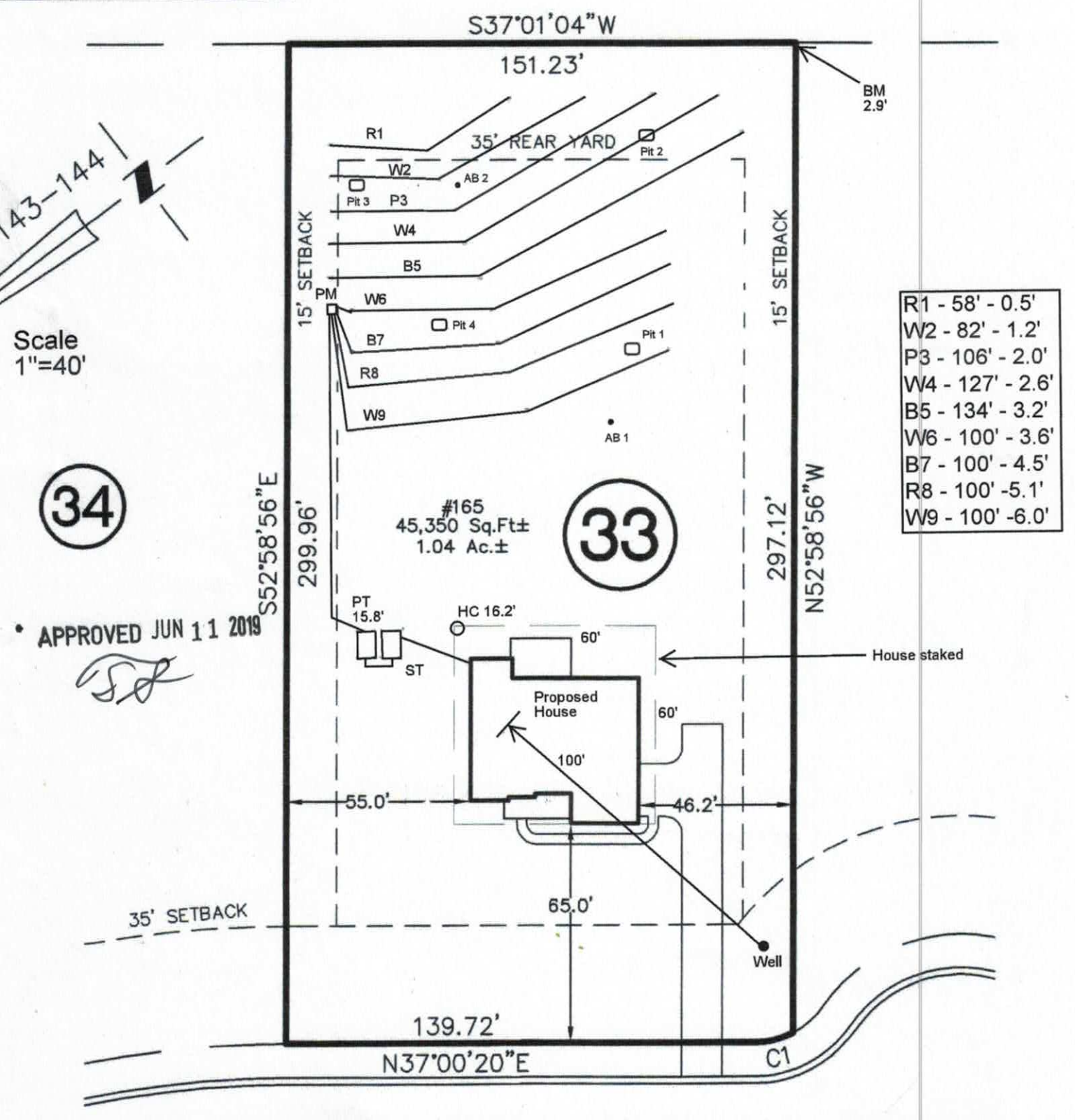
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

SIONS

COMMENT
HANGED TO BRIDGEPORT B

100' R/W
DB 480 PG 486

11.3 8.0 9.0



APPROVED JUN 11 2019

TURTLEBACK DRIVE

50' PUBLIC R/W

RVE TABLE

	CHORD	LENGTH	RADIUS



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

Reference: Data Sheet for 165 Turtleback Dr, Hollybrook Lot 33
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: 4 @ 7.11 GPM
Tap Size and Material: 4 @ ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 17.2'
Friction Head: 1.9'
Pressure Head: 2'
Total Dynamic Head: 21.1'
Supply Line Length: 105' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 30-36"



APPROVED JUN 11 2019

Line	Design Length	Actual Length	Elevation
Red 1		58'	0.5'
White 2		82'	1.2'
Pink 3		106'	2.0'
White 4		127'	2.6'
Blue 5		134'	3.2'
White 6	**100'**	**130'**	**3.6'**
Blue 7	**100'**	**130'**	**4.5'**
Red 8	**100'**	**129'**	**5.1'**
White 9	**100'**	**129'**	**6.0'**

Initial System: 400'
Repair System: 507'
Pump Tank: 15.8'
House Corner: 16.2'
Benchmark: 2.9'

Comments:

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: 5/2019
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 1.041 AC
LOCATION OF SITE: 165 Turtleback Dr, Hollybrook Lot 33 PROPERTY RECORDED:
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	33"	F-C SAP PS	N/A	PS 0.3-0.35
		4-18	R C SBK	FR SS SP SXP					
		18-33	R CL WSBK	FR SS SP SXP					
		33-61	VER SL SAP M	VFR SS SP SXP					
PIT 2	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	37"	F-C SAP PS	N/A	PS 0.3-0.35
		4-20	R C SBK	FR SS SP SXP					
		20-37	R CL WSBK	FR SS SP SXP					
		37-67	VER LS SAP M	VFR SS SP SXP					
PIT 3	LS 6%	0-3	Br CL WSBK	FR SS SP SXP	N/A	32"	F-C SAP PS	N/A	PS 0.3-0.4
		3-32	R CL WSBK	FR SS SP SXP					
		32-64	VER L SAP M	VFR SS SP SXP					
PIT 4	LS 6%	0-11	R C SBK	FR SS SP SXP	N/A	22"	F-C SAP PS PS	N/A	PS 0.4-0.5
		11-22	R CL WSBK	FR SS SP SXP					
		22-46	VER SL SAP M	VFR SS SP SXP					
		46-67	VER LS SAP M	VFR NS NP NXP					

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: Tom Shuck (Pits 2+4+1) on 5/19

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4686041547_____
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 6%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		6-30	R C SBK	FR SS SP SXP					
		30-48	R CL WSBK	FR SS SP SXP			F-C SAP		
AB 2	LS 6%	0-20	R C SBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		20-48	R CL WSBK	FR SS SP SXP			F-C SAP		

COMMENTS:_____

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

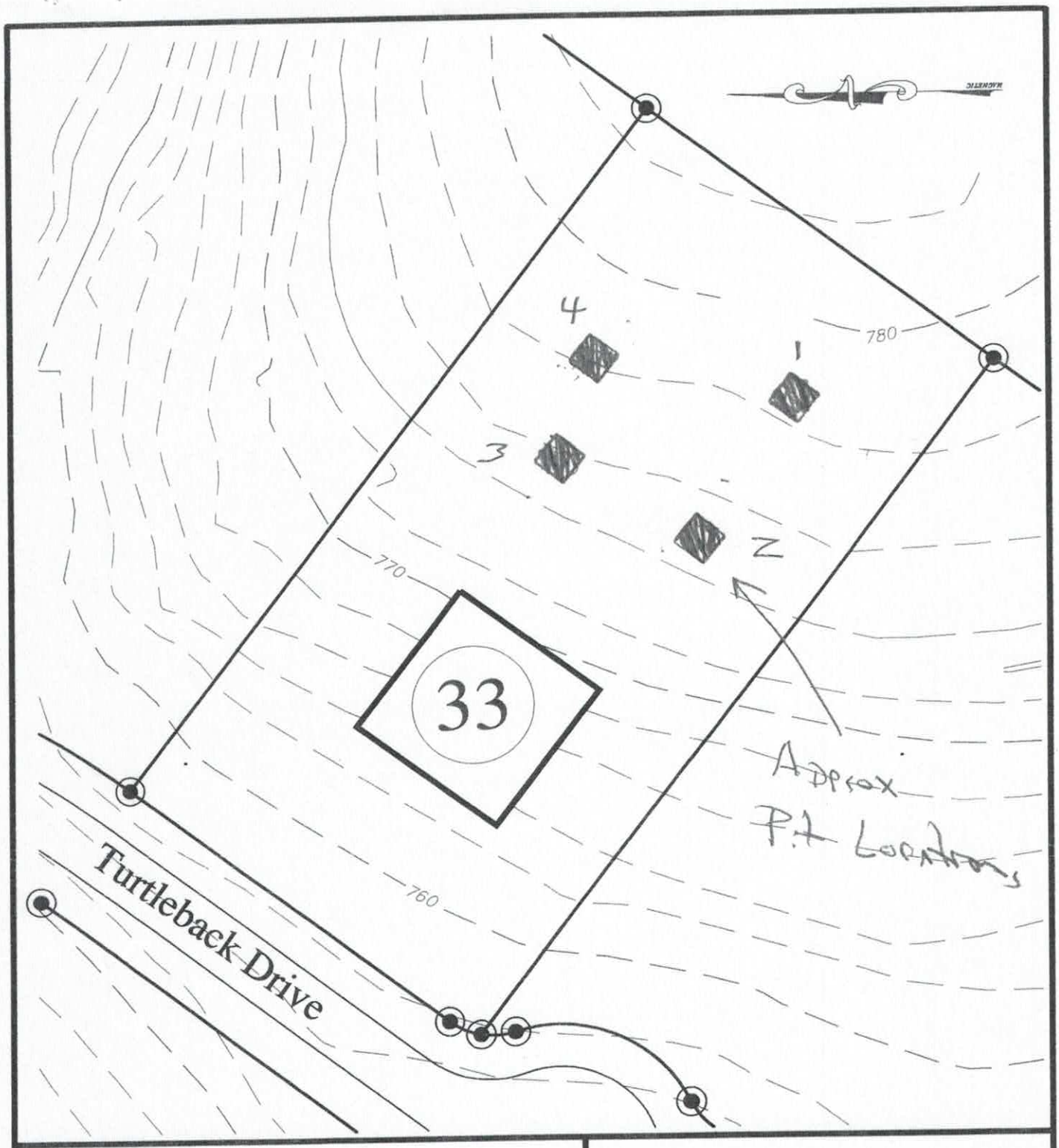
OWNER: Holly Brook Lot 33 — APPLICATION DATE: _____
ADDRESS: Rattlesnake Dr — DATE EVALUATED: _____
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: _____
LOCATION OF SITE: _____ — PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
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
	L	0-20	wsbk/cl	fr ss/sp	mod				PS .3
		20-36	wsbk-cl/sicl	fr ss/ps	w 6-10				SLT
		36-52	l sap	fr si/sp	mc				52+
		52-85	si-l sap	fr si/sp	mc				
	L	0-24	wsbk/cl	fr ss/sp	w				PS .3
		24-52	wsbk/sicl	fr si/sp					SLT
		52-80	si-l sap	fr ss/sp					52+
	L	0-21	wsbk/cl	fr ss/sp					PS .3
		21-43	wsbk cl	fr si/ps					SLT
		43-81	si-l sap	fr vfr/sp					43+
		0-10	mix w/c/scl	wsbk fr ss/sp					PS .3
		10-45	mix si-scl-l	massive fr					SLT
		45-80	si-l sap	massive fr					>45"

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	SCS Conv	
PSC LTAR	.3	.3

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 # 33

BAR SCALE 1"=50'

0 25 50 100

SOIL/SITE EVALUATION

(Continuation Sheet)

33

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
50	L / 10-15 smooth	Bt 0-10	SBK C	SEXP FR S P	2.5YR 4/6	10"	Unsuitable EXP clay mineralogy Too much clay in Sap	10"	?
		CB 10-26	SBK* CL	EXP? " VS "					
		C 26-48+	" * SCL	EXP " " VP?***					
51	L / 8-12 smooth	Bt 0-10	SBK C	SEXP FR S P	2.5YR 3/6	10"	As (50)	10"	?
		CB 10-22	SBK*** CL	EXP? " VS? "					
		C 22-48+	" SCL	EXP? " VS? VP?					
52	As (51) Wtr on 1/12 Dropped about 12"? Wtr in pit 1/21	Bt 0-36+****	SBK C	EXP FR VS VP	2.5YR 3/6	36"+	?	EXP in Bt	?
53	As (51)	AB 0-2	SBK SCL	SEXP FR S P	2.5YR 4/8	10"	As (50)	10"	? (U) exp, C @ 10"
		B 2-10	" "	" " " "					
		C_1 10-32	" "	EXP? " VS VP?					
		C_2 32-48+	" "	EXP? " " VP?					
54	As (51)	B 0-10	SBK SCL	SEXP FR S P	2.5YR 4/8	10"	As (50)	10"	? (U) exp.
		CB 10-26	SBK* "	EXP? " VS VP?					
		C 26-48+	" * "	" " " VP?					

COMMENTS: * Vertical Foliations of hornblende/biotite schist/gneiss shows weak PR structure. Several vertical dikes (veins) 1-5 mm thick hornblende biotite rich minerals

** To sticky to form into roll

*** Similar to (50) but no hornblende/biotite rich veins (dikes).

**** 36" to Ice/wtr layer, Couldn't get deeper

DENR/DEH

ON-SITE WASTEWATER SECTION

March 11 & 16 08

Sheet 1 of 3

PROPERTY ID #:

COUNTY: Iredell

SOIL/SITE EVALUATION (33)
for ON-SITE WASTEWATER SYSTEM

OWNER: Russell Williams, Teeter Road, Iredell Co. APPLICATION DATE

ADDRESS: DATE EVALUATED: 3/11/08

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	~~L~~ C-1b terraced	Ao 0-1	SBK CL	SEXP FR SSP	10R 4/6	48"+	N/A	N/A	IV C 0.25 ltar
		Bt 1-38	" C	" FRFI " P					
		BC 38-48+	" C	" FR " "					
2	~~As~~ (1)	Ao 0-1	SBK CL	SEXP FR SSP	10R4/6	36" (EXP? below 36")	U too much clay	EXP? below 36"	IV C 0.25 ltar
		Bt 1-36	" C	" " SP					
		BC 36-48	" SC/C	EXP? " VS VP					
3	As (1)	Ao 0-1	SBK SCL	SEXP FR SSP	10R 4/6	36" (EXP? below 36")	U too much clay	EXP? below 36"	III C ~~0.25 ltar~~ EXP. C om (U)
		Bt 1-24	" C	" " SP					
		BC 24-32	" CL	" " " "					
		BC 32-36	" "	" " " "					
		CB 36-48+	" SCL/CL	EXP? " VS VP					
4	As (1)	Ao 0-1	SBK CL	SEXP FR S P	10R 4/6	22" to EXP	U too much clay	EXP below 22"	? (U) om exp.
		Bw 1-22	" C	" " " "					
		Bt2 22-36	" "	EXP " " VP					
		BC 36-48+	" SC	" " " "					

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT: Revised by Paul

COMMENTS:

Sand-lined trenches

RECEIVED MAY 3 1 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 #216818

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: 165 ~~Rain Shadow Dr~~ Turtleback Dr.

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 33

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) 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: _____
( ) 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 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. Maiden		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 # 33

Driving Directions: Hwy # 152-E, Rt on Teeter Rd. go ≈ 2mi left on Rain Shadow Dr., 2nd left on Turtleback, lot on left before @ cul-de-sac.

****

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 Williams — 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 165 Turtleback Dr Hollybrook lot 33, identified as PIN (Parcel Identification Number) 4686041547, 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) 5/21/2019 Date

Rhonda Gustafson Signature of Witness 5/21/2019 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

Rhonda Bustard

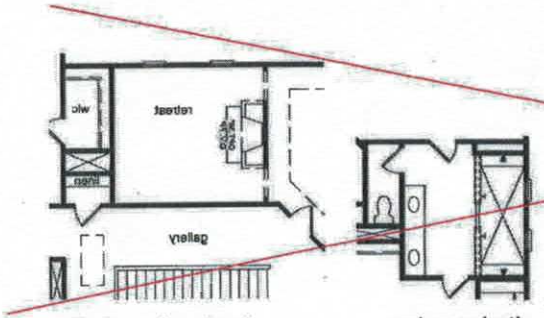
Acknowledgement:
Plans Submittal ONLY

Tom Shuck Date

Date 6/17/19

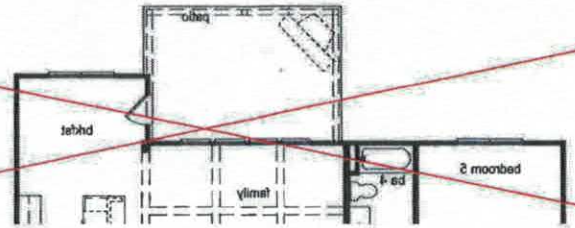
Hollybrook - 33

165 Turtleback

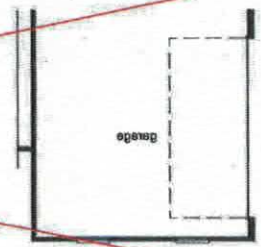


opt. owner's retreat

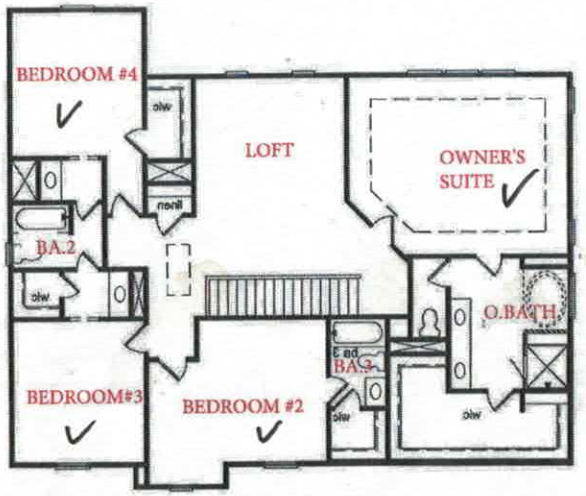
opt. spa bath



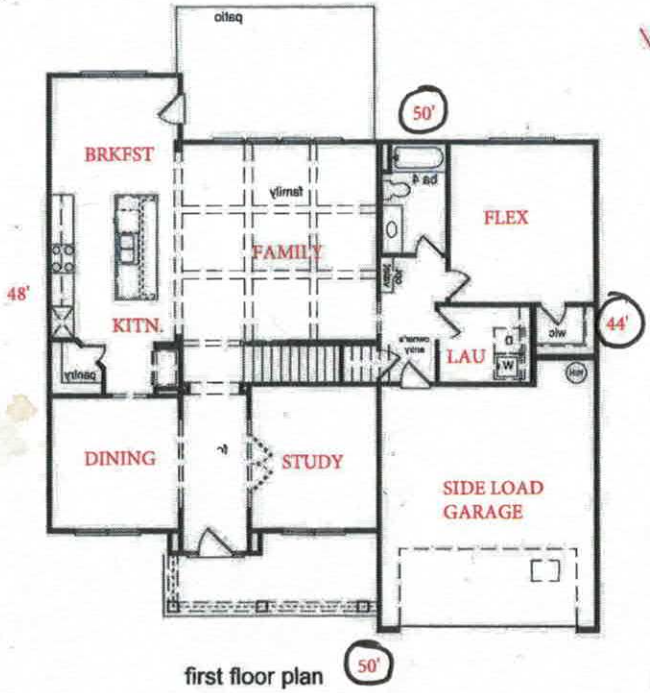
opt. covered patio



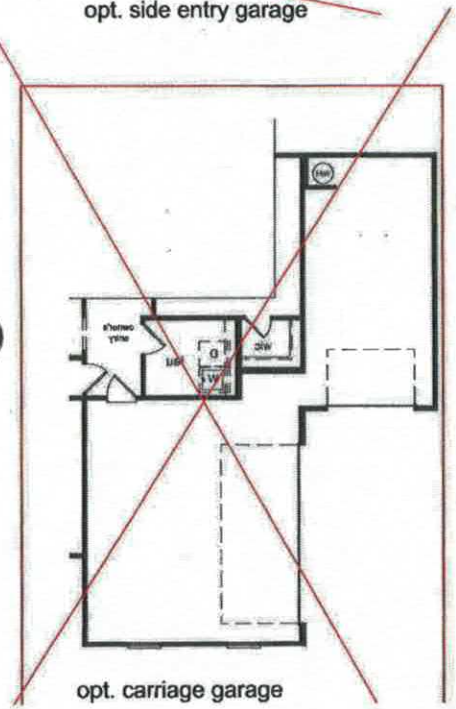
opt. side entry garage



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)

Acknowledgement of
Plans Submittal ONLY!

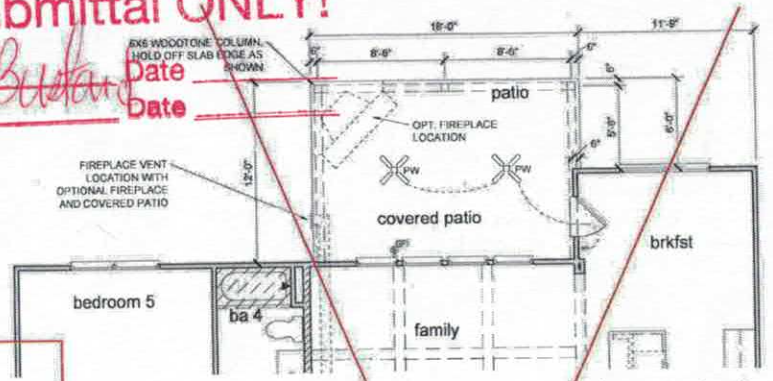
Rhonda Bustard Date

Date

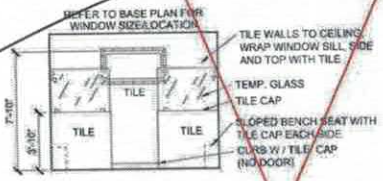
6/4/19

KEYNOTES

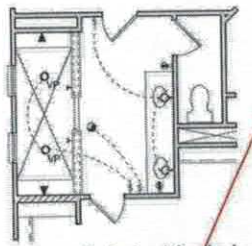
A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACCESS SUPPORT
A4	COFFERED CEILING PER SHEET CD-2
A5	PROVIDE 8" MIN. FLAT CLG AT ANGLED CLG CONDITION
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE
D3	8' TALL DRYWALL OPENING, WIDTH PER PLAN
D4	8' TALL CASED OPENING, WIDTH PER PLAN
D5	8'-0" TALL CASED OPENING, WIDTH PER PLAN
K1	39" KNEE WALL WITH TILE CAP
K2	36" KNEE WALL WITH 1x CAP
K3	48" KNEE WALL WITH TILE CAP
K4	34 1/2" KNEE WALL
K5	42" KNEE WALL WITH 1X CAP
P1	GFC LAUNDRY SINK
P2	DI 2X4 CURB WITH CAP PER SPECS
P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH - SEE DETAIL PER SHEET CD-4
P4	22" HIGH TUB DECK PLATFORM - DETAILS PER SHT CD-4
A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
C	42" X 60" OVAL LAWSON TUB - DROP-IN
D	42"X72" LAWSON TUB - DROP-IN
E	36"X60" TUB PER SPECS
F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
S1	BOX STAIR WITH 39" KNEE WALL & 1X CAP
S2	BOX STAIR WITH OPEN RAIL
S3	EXPOSED TREAD W/OPEN RAIL
S4	OPEN RAIL W/INTERMEDIATE RAIL AS REQ'D PER CODE



opt. covered patio
1/8" = 1'-0" at 11"x17"



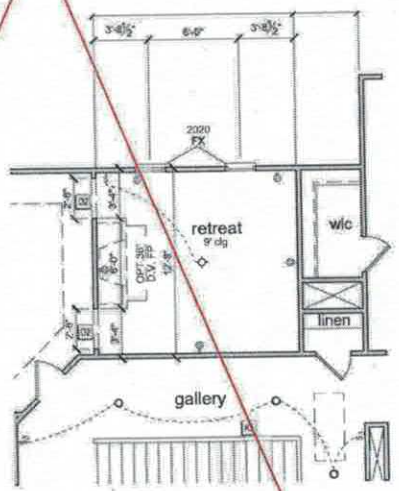
opt. spa bath elev.



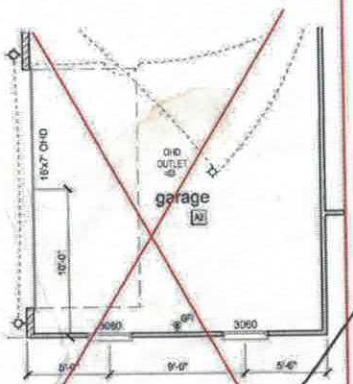
partial electrical plan
opt. spa bath



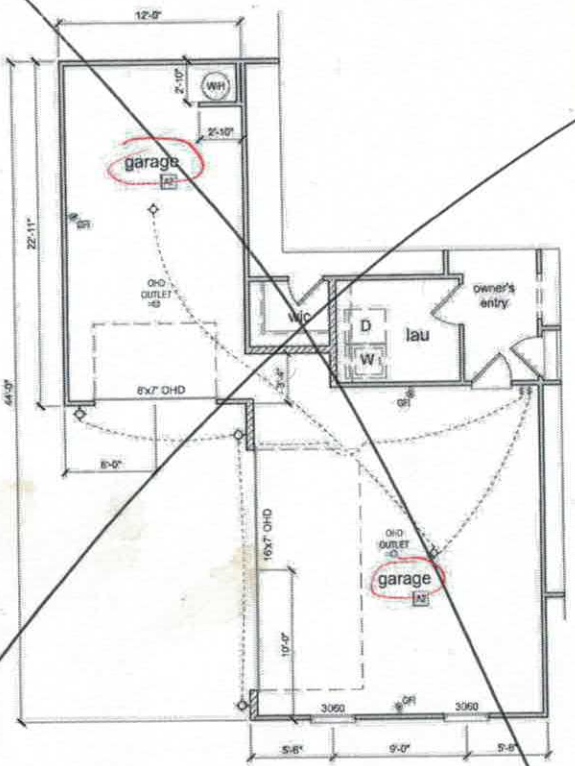
opt. spa bath
1/8" = 1'-0" at 11"x17"



opt. owner's retreat
1/8"=1'-0" @ 11X17



opt. side entry garage
1/8" = 1'-0" @ 11"x17"



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

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REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

CENTURY COMMUNITIES

PLAN NUMBER: 7020

RELEASE DATE: 03.07.19

MODEL: BRIDGEPORT

DRAWING TITLE: PLAN OPTIONS

SHEET NO: A3.3

IREDELL COUNTY

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

APPLICATION NUMBER
216818
Issue Date: 05/30/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4686041547.000	165 TURTLEBACK DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BMCH NORTH CAROLINA LLC	Applicant: BMCH NORTH CAROLINA LL
Address: P O BOX 481962	Address: P O BOX 481962
CHARLOTTE, NC 28262	CHARLOTTE, NC 28262
Phone:	Phone:

Use Requested	Zone Code
SFD REPLACING PERMIT 149163	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.041	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	179245	TOTAL FEES:	$ 77.25

PERMITS/INSP PAYMENT RECEIPT# 493544

COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

Central Permitting Center
2019

DATE: 05/31/19 TIME: 10:58
CLERK: chrystal.sloan
PAID BY: MICHAEL ATHANAS & ASSOCIATES

APPLICATION #: ~~243027~~ 216818

PERMIT ALLOCATION:

1	10492751 447004 PEHRL	350.00	Environmental Health Fees
TOTAL RECEIPT AMOUNT:		350.00	

AMOUNT PAID: 350.00
PAID BY: MICHAEL ATHANAS & ASSOCIATES
PAYMENT METHOD: CHECK 2134
APPLICATION #: 243027

AMT TENDERED: 350.00
AMT APPLIED: 350.00
CHANGE: .00