ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 300355

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

PIN # 4686042786

APPLICANT/OWNER: Century Communities SE | APPLICANT ADDRESS: 7400 Carmel Executive Park Dr Ste 205 Charlotte, NC 28226

SITE ADDRESS: 161 Turtleback Dr Mooresville, NC | PHONE: 704 943-1310 | ALT. PHONE

SITE DIRECTIONS: Main St N TR Linwood Tl Teeter Rd TR Rain Shadow Tl Turtleback Dr | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hollybrooks | SECTION: — | LOT # 34 | LOT AREA: 2.3 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

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: Pump fm - 25% Reduction		☐ Business	No. Persons	8	☐ Private
Pump Make		Model	Serial #	Repair System Description: PPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5 @ 80'	Linear Ft. 400'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side) max	36"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Divert stormwater away from Septic.

This permit replaces previous permit dated 11/3/18

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanos & Assoc. (dated 9/12/19)

AS BUILT SKETCH

PUMP RISER NOT 6 IN ABOVE GRADE
3-25-2020 BCW

	Date	Initials
Drain Lines Checked	3-11-2020	BB
Tanks Checked	3-11-2020	BB
Pressure Manifold or Valve Box Checked	3-11-2020	BB
Pressure Head Set	3-25-2020	BCW
Electrical Checked	3-25-2020	BCW
Floats Set	3-25-2020	BCW
Alarm Checked	3-25-2020	BCW
Maintenance Contract Y (N)	3-25-2020	BCW
Comments: Pump Rise was 6" above Grade	3/26/2020	PJB

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: _____ Date: _____ Installed by: SPECIALTY SEPTIC

IMPROVEMENT PERMIT by: Maria Dolson Date: 9/20/19 OPERATION PERMIT by: Patrick J Bagett Date: 3/26/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dolson Date: 9/20/19 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.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
9/11/19

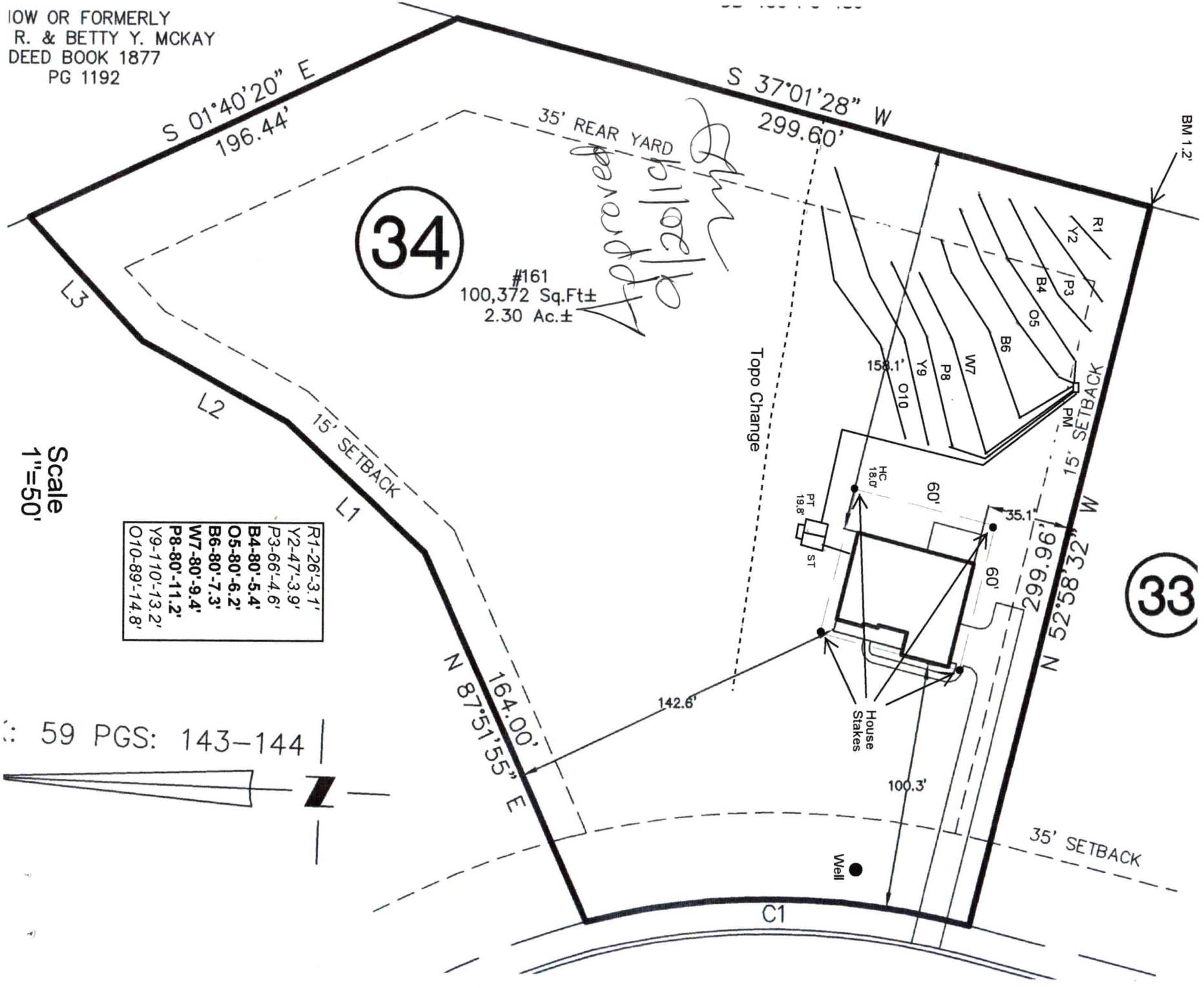
Approved
9/20/19
MD

Reference: 161 Turtleback Dr, Hollybrook Lot 34
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT^2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 27.4 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.4 minutes
Elevation Head: 19.4'
Friction Head: 2.8'
Pressure Head: 2'
Total Dynamic Head: 24.2'
Supply Line Length: 150' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" maximum



Line	Design Length	Actual Length	Elevation
Red 1		26'	3.1'
Yellow 2		47'	3.9'
Pink 3		66'	4.6'
Blue 4	**80'**	**85'**	**5.4'**
Orange 5	**80'**	**102'**	**6.2'**
Blue 6	**80'**	**120'**	**7.3'**
White 7	**80'**	**118'**	**9.4'**
Pink 8	**80'**	**115'**	**11.2'**
Yellow 9		110'	13.2'
Orange 10		89'	14.8'

Initial System: 400' **Repair System:** 338'
Pump Tank: 19.8' **House Corner:** 18.0' **Benchmark:** 1.2'


IOW OR FORMERLY
R. & BETTY Y. MCKAY
DEED BOOK 1877
PG 1192
S 01°40'20" E
196.44'
S 37°01'28" W
299.60'
35' REAR YARD
34
#161
100,372 Sq.Ft±
2.30 Ac.±
L3
L2
L1
15' SETBACK
Topo Change
BM 1.2'
R1
Y2
P3
B4
O5
B6
W7
P8
Y9
O10
158.1'
PM
15' SETBACK
HC
18.0'
PT
19.8'
ST
60'
35.1'
60'
299.96'
N 52°58'32" W
33
Scale
1"=50'
R1-26'-3.1'
Y2-47'-3.9'
P3-66'-4.6'
B4-80'-5.4'
O5-80'-6.2'
B6-80'-7.3'
W7-80'-9.4'
P8-80'-11.2'
Y9-110'-13.2'
O10-89'-14.8'
: 59 PGS: 143–144
N 87°51'55" E
164.00'
142.6'
House
Stakes
100.3'
35' SETBACK
Well
C1

SOIL/SITE EVALUATION

(Continuation Sheet)

34

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
5	L 8-12 terraced	Bt 0-15 BC 15-42+	SBK C " CL/SCL	SEXP FR S P " " " "	10 R 4/6	48"+	N/A	N/A	~~IV~~ C ~~0.3 Hac~~ .3 OK
6	L 15-20 undulating	Bt 0-36 BC 36-48+	SBK C " CL/SCL	SEXP FR S P " " " "	2.5 YR 4/6	48"+	N/A	N/A	IV C 0.25 Hac .25 OK
7	L 6-10 undulating	A 0-2 Bt 2-38 C 38-48+	SBK CL " C " SC/SL	SEXP FR S P " " " " " " SS SP	2.5YR 4/6	38"	Too much clay?	SAP at 38"	~~IV~~ C .3 Hac
8	S 4-8 Smooth	A 0-1 B 1-24 C 24-48+	SBK SiL " SiCL SBK/GR SiL	SEXP FR S P " " " P " " SS SP	5YR 4/6,	24"	Too much silt?	SAP below 24".	~~III~~ LPP 0.2 Hac
9	~~Water in pit~~	~~Bt 0-30"+~~ (Waterline)							IV

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

34

PROPERTY ID #: _____
DATE OF EVALUATION: _____
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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
41	L 8-12% smooth	B+ 0-15	SBK C	SEXP FR S P	2.5YR 4/6	15"	II SL from 34"± to 48"+	15" to CB	0.4 ltar sap
		CB 15-34	" C/SCL	" " " SP					
		C 34-48+	" SL	" " " "					
42	CV 15-20% Undulating (Old road to the north)	B+ 0-27	SBK C/CL	SEXP FR S P	2.5YR 4/6	27"	? Sap marginal/ 6S% texture (SCL & SL)	27"	IV ~~0.2 ltar~~ LPP 0.15 LPP
		C 27-48+	" SCL/SL	" " " SP					
~~42~~	N 6-10% undulating	~~AB 0-5~~	SBK SCL	SEXP FR S SP	2.5YR 4/4 matrix w/ 2.5YR 4/6 secondary	48"+	N/A	N/A	IV 0.3 ltar
		B+ 5-48+	" C	" " " P					
~~44~~	L 6-10% smooth	A 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					
~~45~~	CV 6-10% smooth	AB 0-6	SBK SCL	SEXP FR S SP	2.5YR 4/6	26"	Too much clay	26"±	LPP 0.2 ltar
		B+ 6-26	" C/CL	" " " P					
		C 26-48+	" CL	" " " P					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
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34

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DATE OF EVALUATION: _____
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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"	? U
		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 3/2	10"	As (50)	10"	? U
		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 5/6	36"+	?	EXP in Bt	?
53	As (51)	AB 0-2	SBK SCL	SEXP FR S P	2.5YR 4/8	10"	As (50)	10"	?
		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"	?
		CB 10-26	SBK* "	EXP? " VS VP?					
		C 26-48+	" * "	" " " VP?					

COMMENTS: * Near 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 hornble./biotite rich veins (dikes).
**** 36" to ice/wtr layer. Couldn't get deeper

AP 300355 55

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH $350pd $550pd online

APPLICATION FORM

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

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

****

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

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

****

Applicant Information: **(PRINT CLEARLY)**

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

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

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

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

****

Property Information:

Street Address: 161 Turtleback Drive

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 34

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 — 9/12/19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Matthew Chisholm, am the legal owner(s) of the property located at 161 Turtleback Drive, identified as PIN (Parcel Identification Number) 4686-04-2786, located in Iredell County, North Carolina.

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

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

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

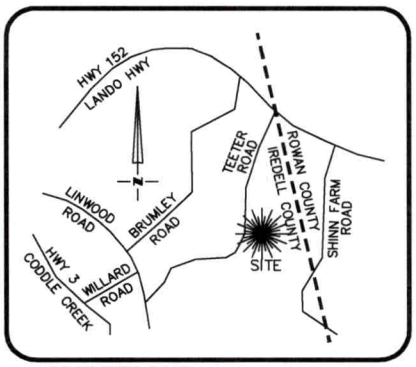
Signature of Owner(s) Date

Rhonda Gustafson 9/12/19
Signature of Witness Date

Please return this signed form to the appropriate office:

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

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



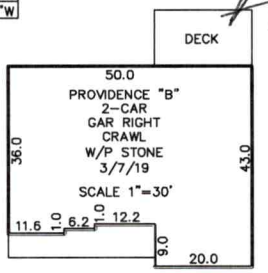
VICINITY MAP
Not To Scale

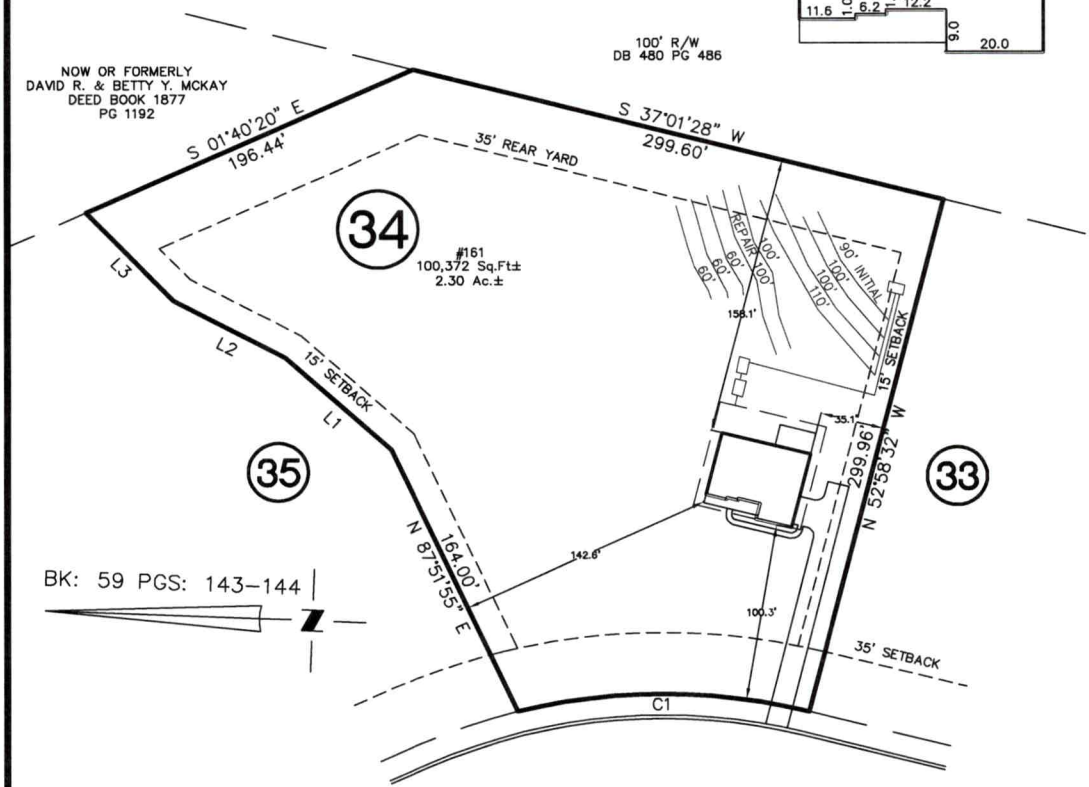
NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N22°48'00"E	159.58	161.23	325.00

LINE TABLE		
LINE	LENGTH	BEARING
L1	78.00	S64°50'33"W
L2	69.00	S50°34'36"W
L3	69.10	S69°01'26"W

Approved
9/20/19





TURTLEBACK DRIVE
50' PUBLIC R/W

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

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

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

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

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

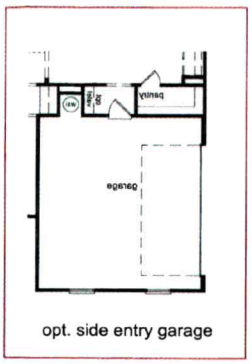
HOUSE LOCATION PLOT PLAN
FOR

LOT 34, HOLLYBROOK SUBDIVISION
Coddle Creek Township, Iredell County, North Carolina
PROPERTY OF: CENTURY COMMUNITIES
MAP BOOK 59 PAGE 143-144 DEED REFERENCE

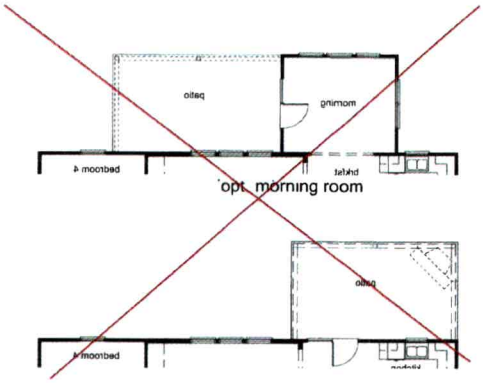
DRAWN BY: CAF | DATE: JUNE 17, 2019

Hollybrook - lot 34
161 Turtleback Dr.

Rhonda Buetard -

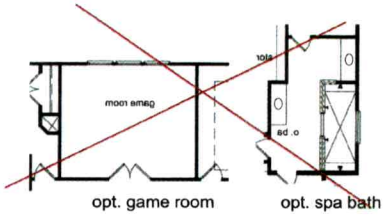


opt. side entry garage

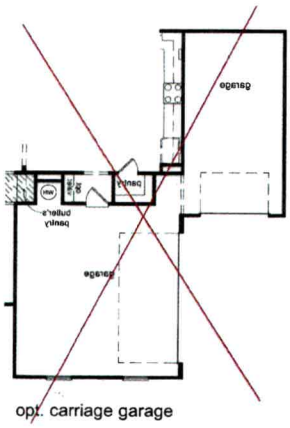


opt. morning room

opt. covered patio



opt. game room
opt. spa bath



opt. carriage garage



first floor plan



second floor plan

REVISION NUMBER	REFER TO COVER SHEET FOR DESCRIPTION

Century Communities expressly reserves its common law copyright and other property rights in these plans. These plans are not to be copied, reproduced, or changed, in any form and or manner whatsoever, nor are they to be assigned to a third party without first obtaining written permission and consent of Century Communities

CENTURY COMMUNITIES

PLAN NUMBER:	RELEASE DATE:
7040	03.07.19

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

Acknowledgement of
Plans Submittal ONLY!

Date 9/20/19

Date 9/3/2019