IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 301619

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

PIN # 4686042999.000

APPLICANT/OWNER: Century Communities Southeast APPLICANT ADDRESS: 7401 Carmel Executive Park Drive Suite 310 Charlotte NC 28226

SITE ADDRESS: 153 Turtleback Drive Mooresville NC PHONE: 704-943-1310 ALT. PHONE

SITE DIRECTIONS: Hwy 152 Right on Teeter Rd Community on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Holly Brook SECTION: - LOT # 35 LOT AREA: 1.66 Acres DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	Infiltrator	Date	IM-1060	☑ 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	IM-1060	System Description: Pressure manifold - 25% Reduction		☐ Business	No. Persons	8	☑ Private
Pump Make	Goulds	Model	PE41M		Serial #		Repair System Description: Drip (.125 LTAR)		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5		Linear Ft	400	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	18		Gravel Depth	-	☑ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing

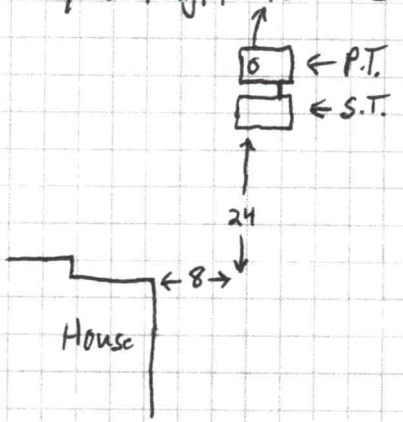
Comments / Conditions:

INITIAL SITE SKETCH

See attached Proposal + Site Design by Michael Athansas + Associates LSS# 1252

AS BUILT SKETCH

3/13/2020: Infiltrator IM-1060 tanks (Septic + Pump tank) w/ a Polylok PL-68 effluent filter



L_1	38' } 44'	2'8" ✓
L_2	56' }	6'6" ✓
L_3	102	8'10¾" ✓
L_4	102	11'3½" ✓
L_5	106'	12'9½" ✓

IQ4W installed @ 18" TB substantially as permitted

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: [signature] Date: 11/7/19

IMPROVEMENT PERMIT by: Benjamin S. Butts Date: 10/31/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/21/19

Installed by: Specialty Septic (Jamie O'Daniel)

OPERATION PERMIT by: [signature] Date: 4-27-2020

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.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
10/16/19

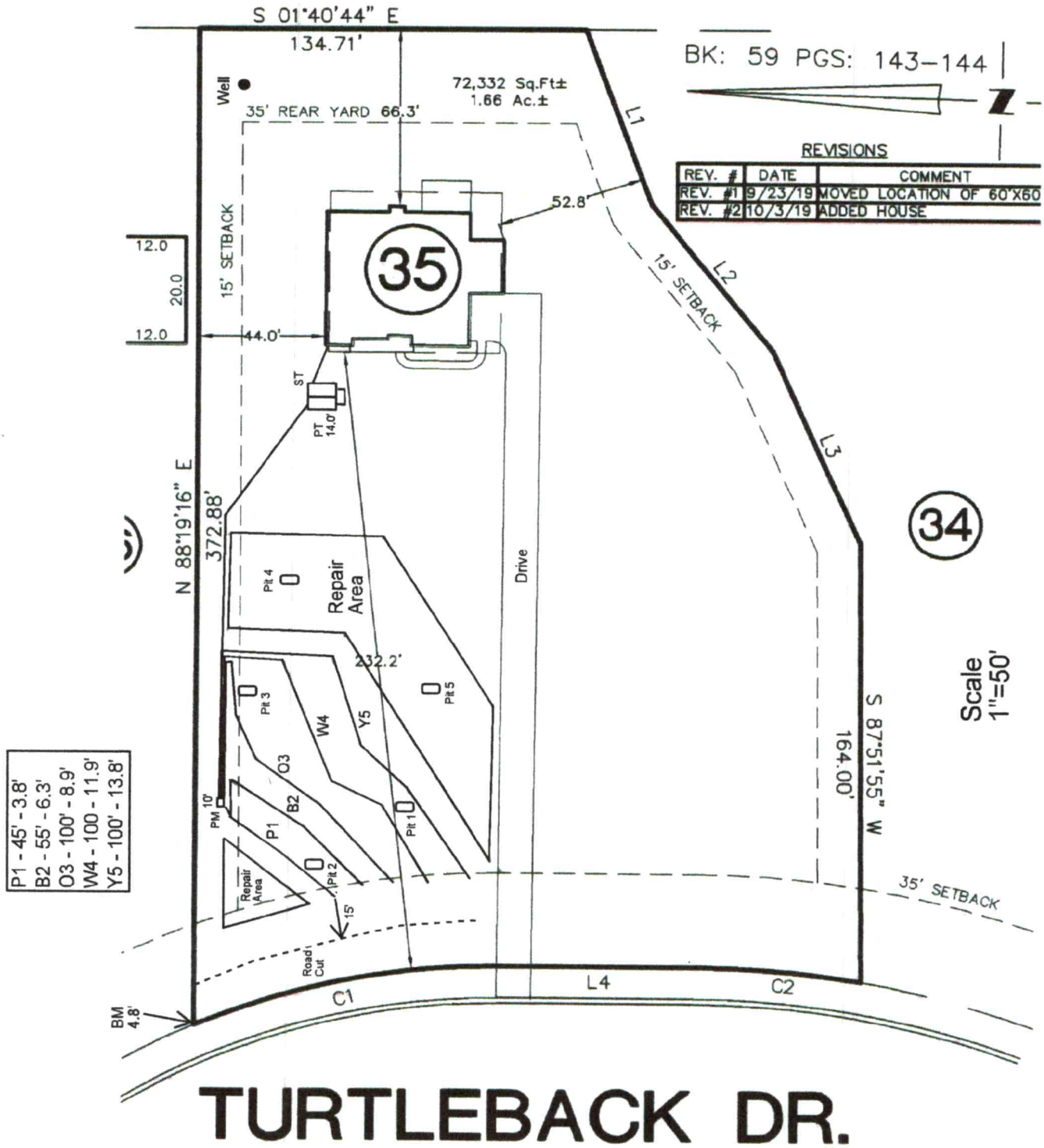
Reference: Data Sheet for 153 Turtleback Dr, Hollybrook Lot 35
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip Irrigation
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 15.2'
Friction Head: 2.9'
Pressure Head: 2'
Total Dynamic Head: 20.1'
Supply Line Length: 155' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: ~~24~~ 18" (initial), 6' (repair)
GdH 10/29/2019



Line	Design Length	Actual Length	Elevation
Pink 1	**45'**	**46'**	**3.8'**
Blue 2	**55'**	**55'**	**6.3'**
Orange 3	**100'**	**100'**	**8.9'**
White 4	**100'**	**100'**	**11.9'**
Yellow 5	**100'**	**100'**	**13.8'**

Initial System: 400' **Repair System:** 4000 FT^2
Pump Tank: 14.0' **House Corner:** 12.1' **Benchmark:** 4.8'

Comments:
Tap 1 – P1, B2
Tap 2 – O3
Tap 3 – W4
Tap 5 – Y5


S 01°40'44" E
134.71'
BK: 59 PGS: 143-144
Well
72,332 Sq.Ft±
1.66 Ac.±
35' REAR YARD 66.3'
REVISIONS
REV. # | DATE | COMMENT
REV. #1 | 9/23/19 | MOVED LOCATION OF 60'X60
REV. #2 | 10/3/19 | ADDED HOUSE
L1
52.8'
15' SETBACK
L2
L3
12.0
20.0
12.0
15' SETBACK
44.0'
35
ST
PT 14.0'
N 88°19'16" E
372.88'
34
Pit 4
Repair Area
Drive
232.2'
Pit 3
W4
Y5
Pit 5
O3
B2
P1
PM 10'
Pit 1
Repair Area
Pit 2
15'
Road Cut
35' SETBACK
S 87°51'55" W
164.00'
Scale 1"=50'
C1
L4
C2
BM 4.8'
P1 - 45' - 3.8'
B2 - 55' - 6.3'
O3 - 100' - 8.9'
W4 - 100 - 11.9'
Y5 - 100' - 13.8'
TURTLEBACK DR.

PROPERTY ID #: 4686042999
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Century Communities APPLICATION DATE
ADDRESS: 7400 Carmel Exec Park Dr, STE 205, Charlotte, NC 28226 DATE EVALUATED: 10/2019
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 3.09 AC
LOCATION OF SITE: 153 Turtleback Dr, Hollybrook Lot 35 PROPERTY RECORDED:
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ 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	
1	LS 10%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"	F-C SAP PS	N/A	PS 0.3 ✓
		6-25	R C SBK	FR SS SP SXP					
		25-48	R CL WSBK	FR SS SP SXP					
		48-58	VER L SAP M	FR SS SP SXP					
2	LS 15%	0-3	Br CL WSBK	FR SS SP SXP	N/A	51"	F-C SAP PS	N/A	PS 0.3 ✓
		3-22	R C SBK	FR SS SP SXP					
		22-51	R CL WSBK	FR SS SP SXP					
		51-61	VER SL SAP M	VFR SS SP SXP					
3	LS 8%	0-12	Br CL WSBK	FR SS SP SXP	YB @ 40"	56"	N/A	N/A	PS 0.3 TO 40" 0.25 > 40" Chroma Low 54 Inches
		12-42	R C SBK	FR SS SP SXP					
		42-56	R CL WSBK	FR SS SP SXP					
4	LS 5%	0-10	Br CL WSBK	FR SS SP SXP	YB @ 38" CHR 2 @ 55"	55"	N/A	N/A H2O Inside Evel to 44 Inches	PS 3.0 TO 38" 0.25 > 38"
		10-24	R C SBK	FR SS SP SXP					
		24-62	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	4000 FT^2
System Type(s)	25%Reduction	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4686042999____
DATE OF EVALUATION: _____
COUNTY: _IREDELL____

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	LS 5%	0-12	BrR SCL WSBK	FR SS SP SXP	CHR 2 @ 40"	40"	N/A	N/A	PS 0.25
		12-30	RBr C SBK	FR SS SP SXP					
		30-40	YB SC WSBK	FR SS SP SXP					
5	IcHD.	0-21	C WSBK	SS SP FR SEXP	2.5YR4/6. 10YR6/6.			10YR 6/2 e2c	PS Drip .1
		21-27	C WSBK	SS SP FR					
		27-36	CL WSBK	S P					
		36-45	CL EXP.						

COMMENTS: _____

AP-301619
10.23.19
$350.00

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:** 7401 Carmel Executive Park Dr. Suite 310 **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: 153 Turtleback Drive

Subdivision Name: Hollybrook **Section/Phase:** **Lot Number:** 35

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: _____ 10/16/2019
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 153 Turtleback Drive, identified as PIN (Parcel Identification Number) 4686-04-2999, 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.

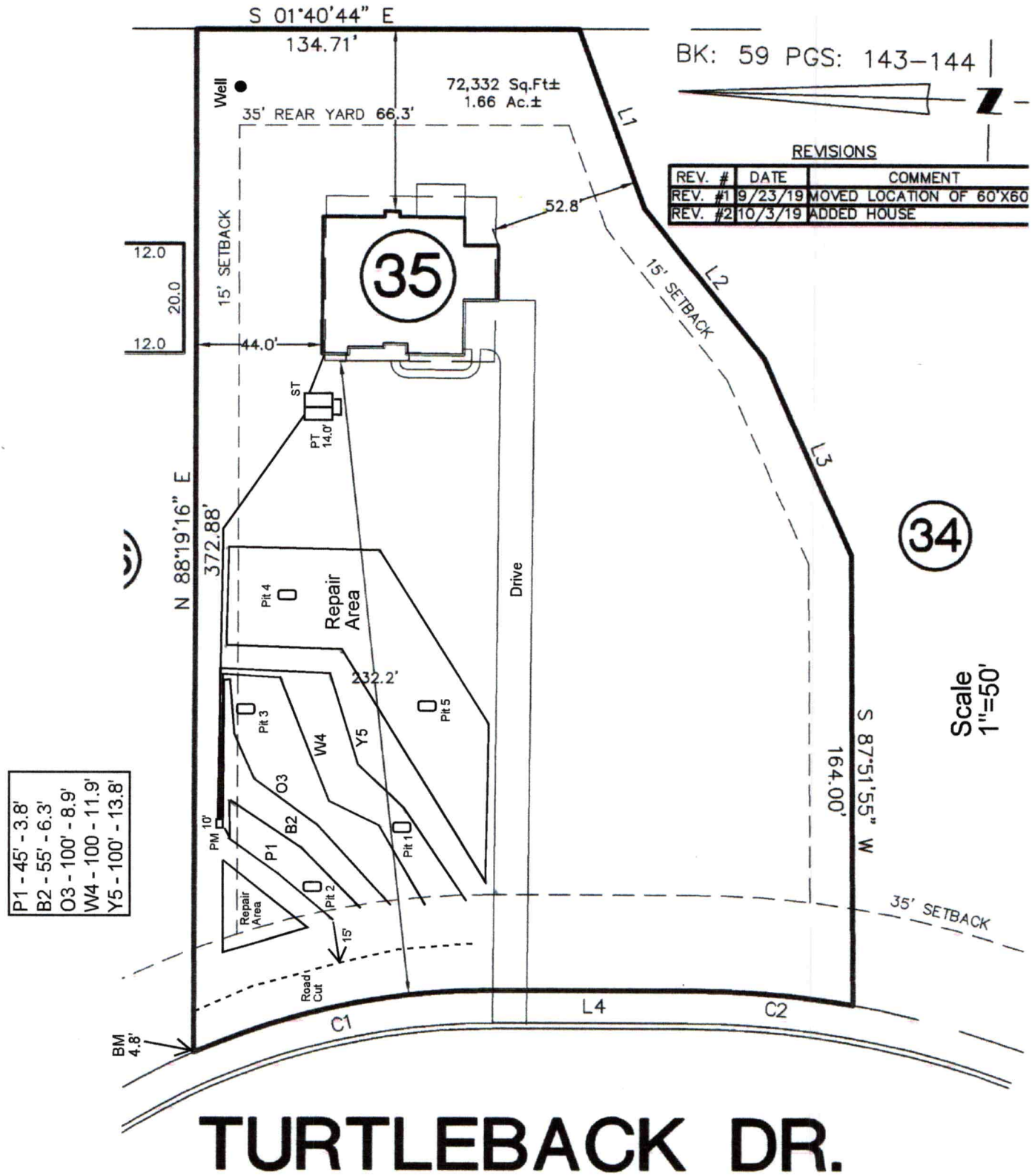
Signature of Owner(s) Date

Rhonda Gustad
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

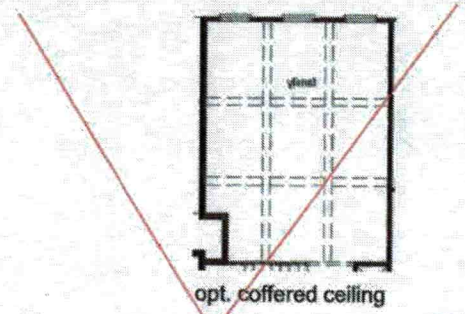
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677


S 01°40'44" E
134.71'
BK: 59 PGS: 143-144
72,332 Sq.Ft±
1.66 Ac.±
Well
35' REAR YARD 66.3'
REVISIONS
REV. # | DATE | COMMENT
REV. #1 | 9/23/19 | MOVED LOCATION OF 60'X60
REV. #2 | 10/3/19 | ADDED HOUSE
52.8'
L1
15' SETBACK
L2
35
12.0
20.0
12.0
44.0'
ST
PT 14.0'
L3
34
N 88°19'16" E
372.88'
Pit 4
Repair Area
Drive
232.2'
Pit 5
Pit 3
W4
Y5
O3
B2
P1
PM 10'
Pit 1
Pit 2
Repair Area
15'
Road Cut
35' SETBACK
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Scale 1"=50'
BM 4.8'
C1
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P1 - 45' - 3.8'
B2 - 55' - 6.3'
O3 - 100' - 8.9'
W4 - 100 - 11.9'
Y5 - 100' - 13.8'
TURTLEBACK DR.

Lot 35

* No basement

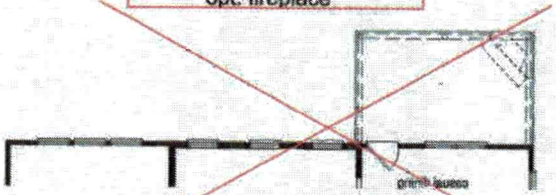
Acknowledgement Of
Plans Submittal ONLY!
Jay Goumans Date 11/21/19
Sam Shuck Date 11/21/19



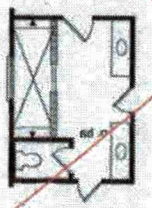
opt. coffered ceiling



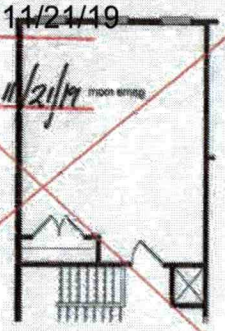
opt. fireplace



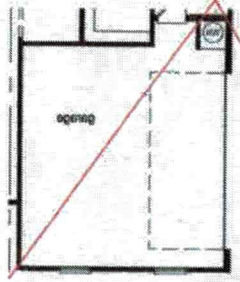
opt. covered patio



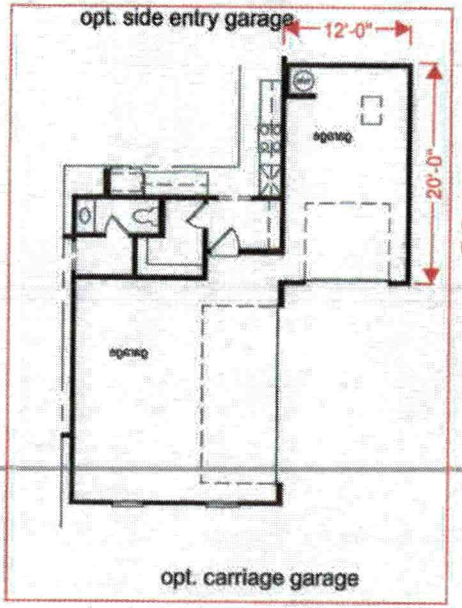
opt. spa bath



opt. game room

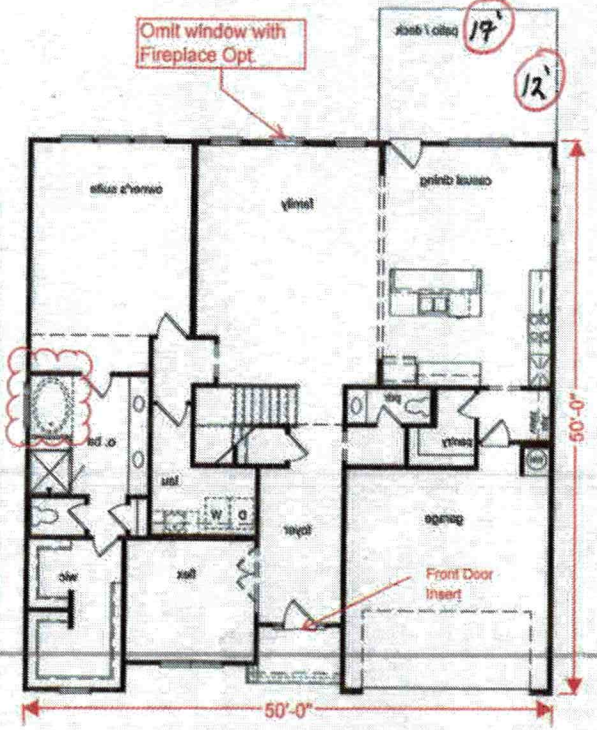


opt. side entry garage



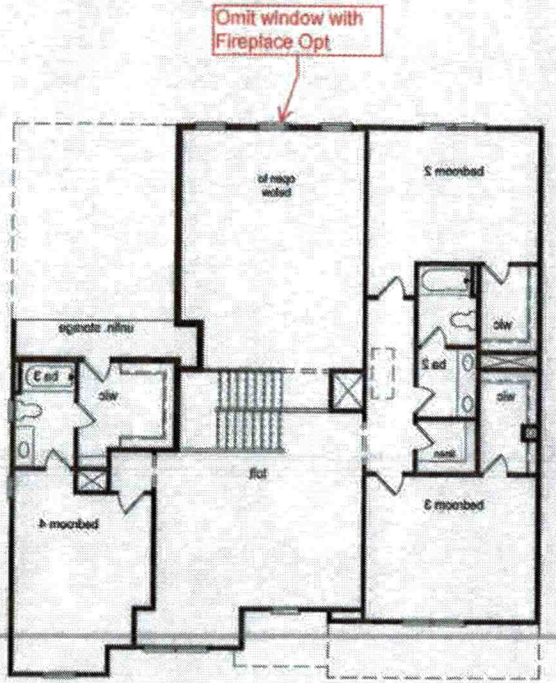
opt. carriage garage

Omit window with Fireplace Opt.



first floor plan

Omit window with Fireplace Opt



second floor plan

REVISION NUMBER
REFER TO COVER SHEET FOR DESCRIPTION

CENTURY COMMUNITIES

PLAN NUMBER: 5023425
RELEASE DATE: 03.07.19

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
301619 Issue Date: 10/09/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4686042999.000	153 TURTLEBACK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: BMCH NC LLC	Name: CENTURY COMMUNITIES SOUTHEAST, LLC
Address:	Address: 7400 CARMEL EXECUTIVE PARK DRIVE SUITE 205 CHARLOTTE, NC 28226
Phone:	Phone: (704)943-1310

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.66	35	35	15	15	WSII-BOW Coddle Creek	NO

Remarks
SFD

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.

Date: 10/09/2019

Signature of Owner/Contractor

Permit Number	000518	TOTAL FEES:	$77.25