# ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP302689

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

PIN # 4686 05 1978

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

SITE ADDRESS: 126 Sweet Grass Ln Mooresville NC 28115 | PHONE: 980-296-8683 | ALT. PHONE

SITE DIRECTIONS: NC-3N to Lon Williford Rd, R on Linwood Rd, L on Teeter Rd, R on Rainshadow, L on Turtleback Dr, L on Sweet Grass Ln to end

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hollybrook | SECTION: — | LOT # 41 | LOT AREA: 2.27 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Plastic Infiltrators | Date | | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 4 |
| Pump Tank | — (gal) | PT | — | Date | | System Description: | Gravity 25% Reduction | ☐ Business | No. Persons 8 |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: | Drip Irrigation | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 400' | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space |
| Trench Width | 36" | Trench Bottom Depth (Low side) | 24" max | Gravel Depth | — | | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Lines on contour, Do not drive on, store material, or manipulate designated, narrow way. Divert storm/surface water away from septic system.

INITIAL SITE SKETCH

See Attached and Approved site plan By Michael Athanas and Associates Dated 5/11/2020 PJB

AS BUILT SKETCH

ST - 11ft to house

20 chamber + 2 end caps 1-4 lines

43ft from house to drainlines

*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: Acceptance of Permit Recvd | Date: 5.12.2020 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Patrick Boyette III | Date: 5/11/2020 | OPERATION PERMIT by: Maria Nelson | Date: 7/14/2020

AUTHORIZATION TO CONSTRUCT by: Patrick Boyette III | Date: 5/11/2020 | 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.**

**IREDELL COUNTY HEALTH DEPARTMENT**
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

# ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, SHELLY LLOYD, am the legal owner or the agent of the property located at 126 SWEETGRASS LN, identified as PIN(Parcel Identification Number) 4686051978, located in Iredell County, North Carolina.
Permit # P302689.

I do hereby agree to the permit design and the conditions of this permit.

Shelly Lloyd 5-12-2020
Signature of Owner/Authorized Agent Date

_____ _____
Signature of Witness Date

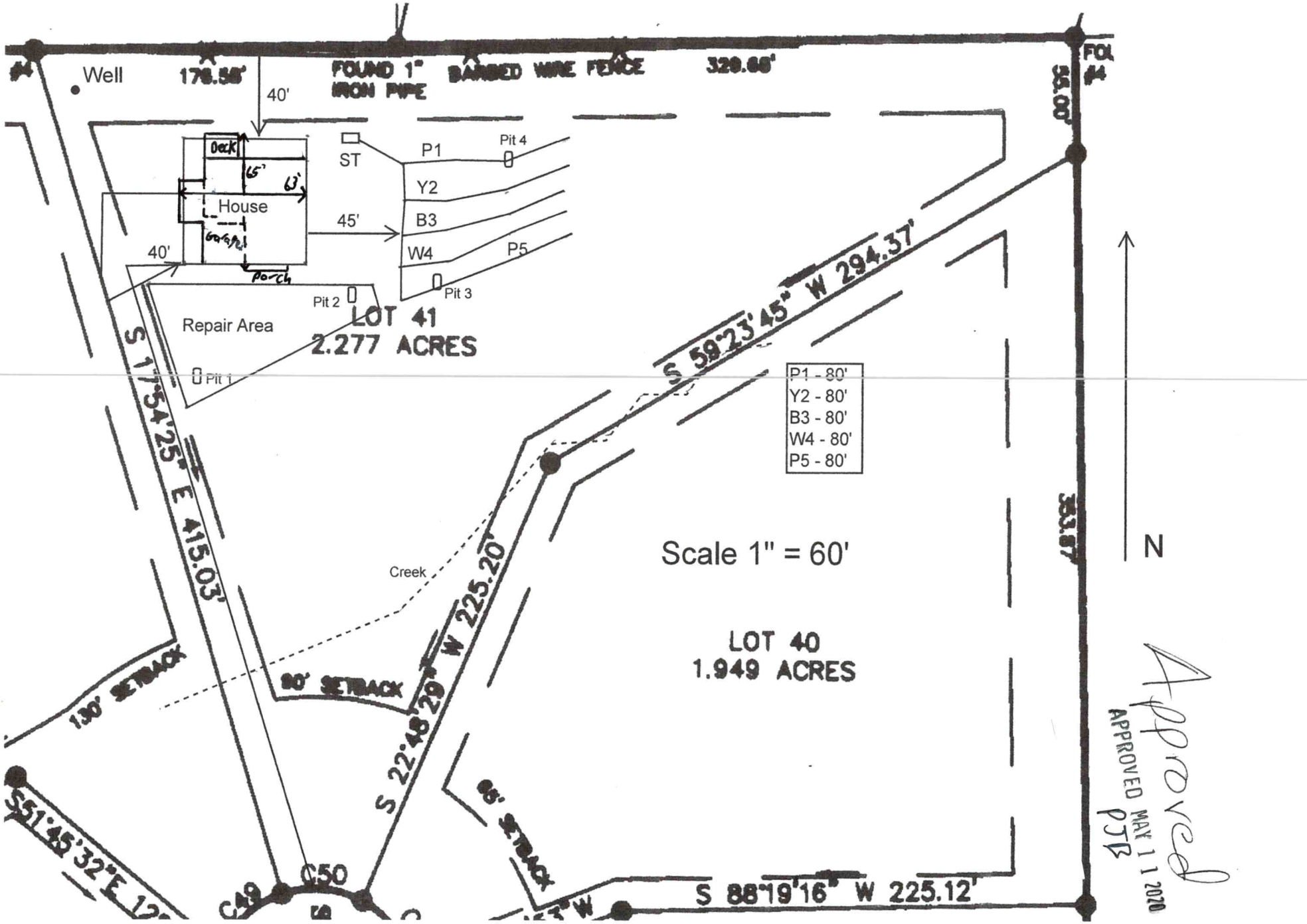
_____
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/


Well
178.56'
40'
FOUND 1" IRON PIPE
BARBED WIRE FENCE
328.66'
FOUND #4
55.00'
Deck
15'
63'
House
Garage
Porch
40'
45'
ST
P1
Pit 4
Y2
B3
W4
P5
Pit 3
Pit 2
Repair Area
Pit 1
LOT 41
2.277 ACRES
S 59°23'45" W 294.37'
P1 - 80'
Y2 - 80'
B3 - 80'
W4 - 80'
P5 - 80'
S 17°54'25" E 415.03'
Creek
Scale 1" = 60'
N
353.87'
LOT 40
1.949 ACRES
130' SETBACK
80' SETBACK
S 22°48'29" W 225.20'
65' SETBACK
S51°45'32"E 12
C49
C50
S 88°19'16" W 225.12'
Approved
APPROVED MAY 11 2020
PJR



**MICHAEL ATHANAS & ASSOCIATES**
**LICENSED SOIL SCIENTIST**
**561 Ennis Rd.**
**Weddington, NC 28173**
**(704) 576-3887**
**11/14/19**

Approved

APPROVED MAY 1 1 2020
PJB

**Reference: Data Sheet for 126 Sweet Grass Ln, Hollybrook Lot 41**
**House Footprint:** 60' x 60'
**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:** Gravity-End cap/Drop boxes/Distribution box
**Septic Tank Size:** 1000 gallons
**Proposed Trench Bottom:** 24" maximum (initial), 6" (repair)

| Line | Design Length | Actual Length |
|---|---|---|
| **Pink 1** | **80'** | **80'** |
| **Yellow 2** | **80'** | **80'** |
| **Blue 3** | **80'** | **80'** |
| **White 4** | **80'** | **80'** |
| **Pink 5** | **80'** | **80'** |

**Initial System:** 400' **Repair System:** 3840+ FT$^2$

**Comments:**
The property lines had been moved since the original permit, requiring a redraw of the permit.

PROPERTY ID #: 4686051978__
COUNTY: _Iredell_____

Approved
12/2/19 mD

# 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: __7/31/2019_
PROPOSED FACILITY: __4 bdrm_____ PROPOSED DESIGN FLOW (.1949): __480 GPD_____ PROPERTY SIZE: _2.277 AC_____
LOCATION OF SITE: 126 Sweet Grass Ln, Hollybrook Lot 41_____ 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 6% | 0-8 | Br CL WSBK | FR SS SP SXP | N/A | 68" | F-C SAP | N/A | PS 0.3 |
| | | 8-34 | R C SBK | FR SS SP SXP | | | | | |
| | | 34-68 | R CL WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | LS 6% | 0-7 | Br CL WSBK | FR SS SP SXP | CHR 2 @ 19" | 19" | N/A | N/A | PS 0.125 DRIP |
| | | 7-19 | R C SBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | LS 6% | 0-5 | Br CL WSBK | FR SS SP SXP | N/A | 55" | N/A | N/A | PS 0.3 |
| | | 5-17 | R C ABK | FR SS SP SXP | | | | | |
| | | 17-33 | R C SBK | FR SS SP SXP | | | | | |
| | | 33-55 | R CL WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| 4 | LS 6% | 0-10 | Br CL WSBK | FR SS SP SXP | CHR 2 @ 48"/ Lithochromic Colors | 48" | N/A | N/A | PS 0.3 TO 48" |
| | | 10-34 | R C SBK | FR SS SP SXP | | | | | |
| | | 34-48 | R CL WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 1200 $FT^2$ | 3840 $FT^2$ |
| 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:_____

RECEIVED MAY 1 1 2020 AP-302689 $105.00

# 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:** 7400 Carmel Executive Park Dr. Suite 205 **Zip:** 28226

**Applicant Email:** shelly.lloyd@centurycommunities.com **Phone:** 980-296-8683 **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:** 126 Sweet Grass Lane

**Subdivision Name:** Hollybrook **Section/Phase:** **Lot Number:** 41

**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:** Shelly Lloyd — 4/24/20

**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 126 Sweet Grass Ln Hollybrook 41, identified as PIN (Parcel Identification Number) 4686051978, 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) 11/14/2019 Date

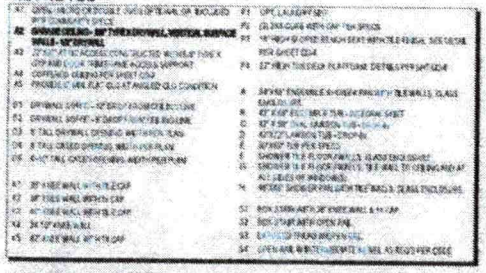
Rhonda Gustafson Signature of Witness 11/14/2019 Date

Please return this signed form to the appropriate office:

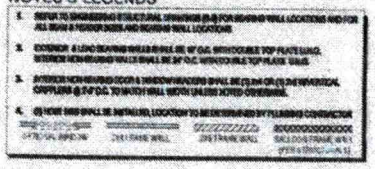
**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

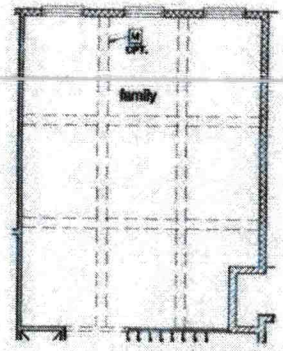
**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

## KEYNOTES



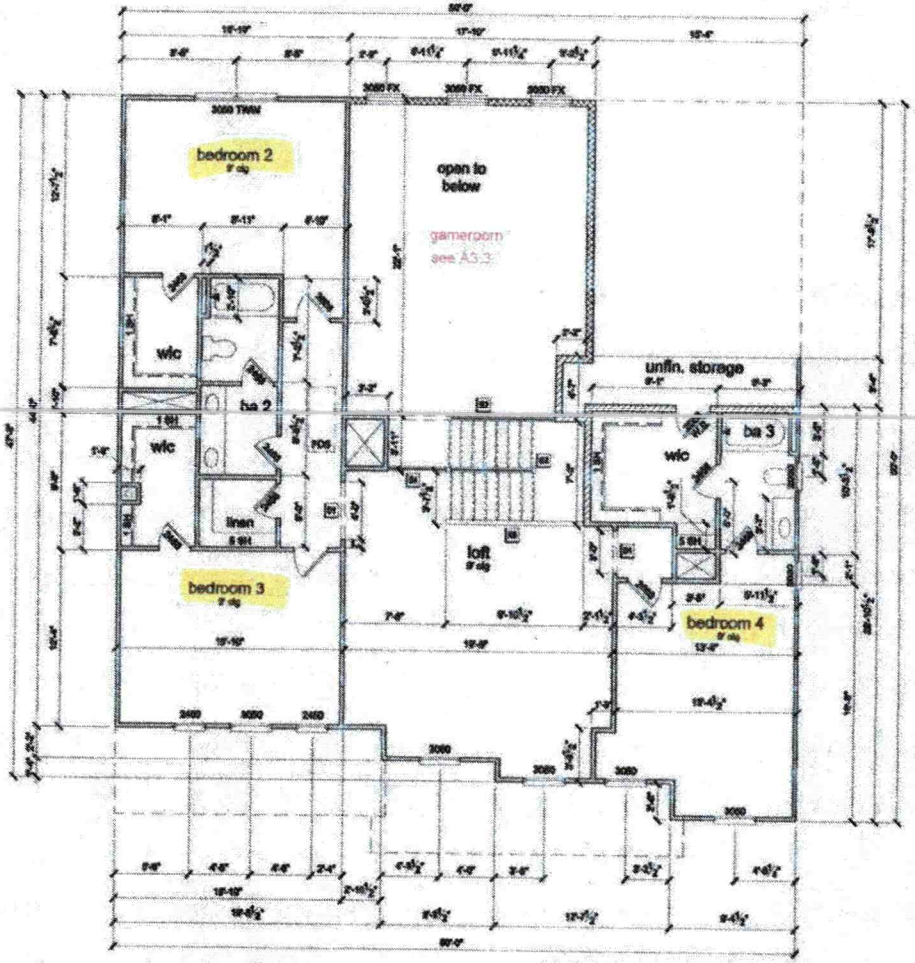
## NOTES & LEGENDS






opt. coffered ceiling

1/8" = 1'-0" @ 11x17




SECOND FLOOR PLAN 'B'

1/8" = 1'-0" @ 11x17

SIGN HERE

Acknowledgement Of Plans Submitted ONL

Shelly Lond Date 5/12/2020

Patrick J Byrd III Date 5/11/2020

| | |
|---|---|
| REVISION NUMBER | |
| DESCRIPTION | |
| REFER TO COVER SHEET FOR DESCRIPTION | |

Century Communities

CENTURY COMMUNITIES

PLAN NUMBER: 5023425

RELEASE DATE: 03.07.19

MODEL: TOWNSEND 'B'

DRAWING TITLE: 2ND FLOOR PLAN

SHEET NO: A3.2B

## KEYNOTES

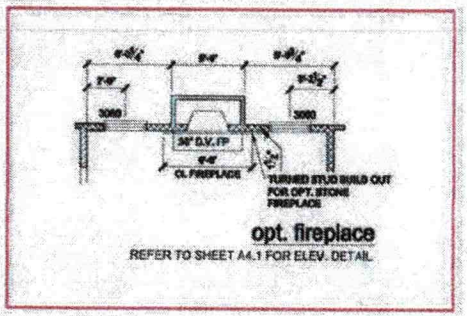
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|---|---|---|---|
| A1 | [illegible] | P1 | OPT. LAUNDRY SINK |
| A2 | [illegible] | P2 | CULTURED MARBLE TOP PER SPECS |
| A3 | [illegible] | P3 | 36" HIGH SLOPED WALL W/ MAT WITH TILE EDGE, SEE DETAIL PER SHEET CS-4 |
| A4 | [illegible] | P4 | 22" HIGH TUB DECK PLATFORM, SEE DETAILS SHT. CS-4 |
| A5 | [illegible] | | |
| A6 | [illegible] | | |
| A7 | [illegible] | | |
| A8 | [illegible] | | |
| A9 | [illegible] | | |
| A10 | [illegible] | | |
| A11 | [illegible] | | |
| A12 | [illegible] | | |
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| A14 | [illegible] | | |
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| A16 | [illegible] | | |
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## NOTES & LEGENDS

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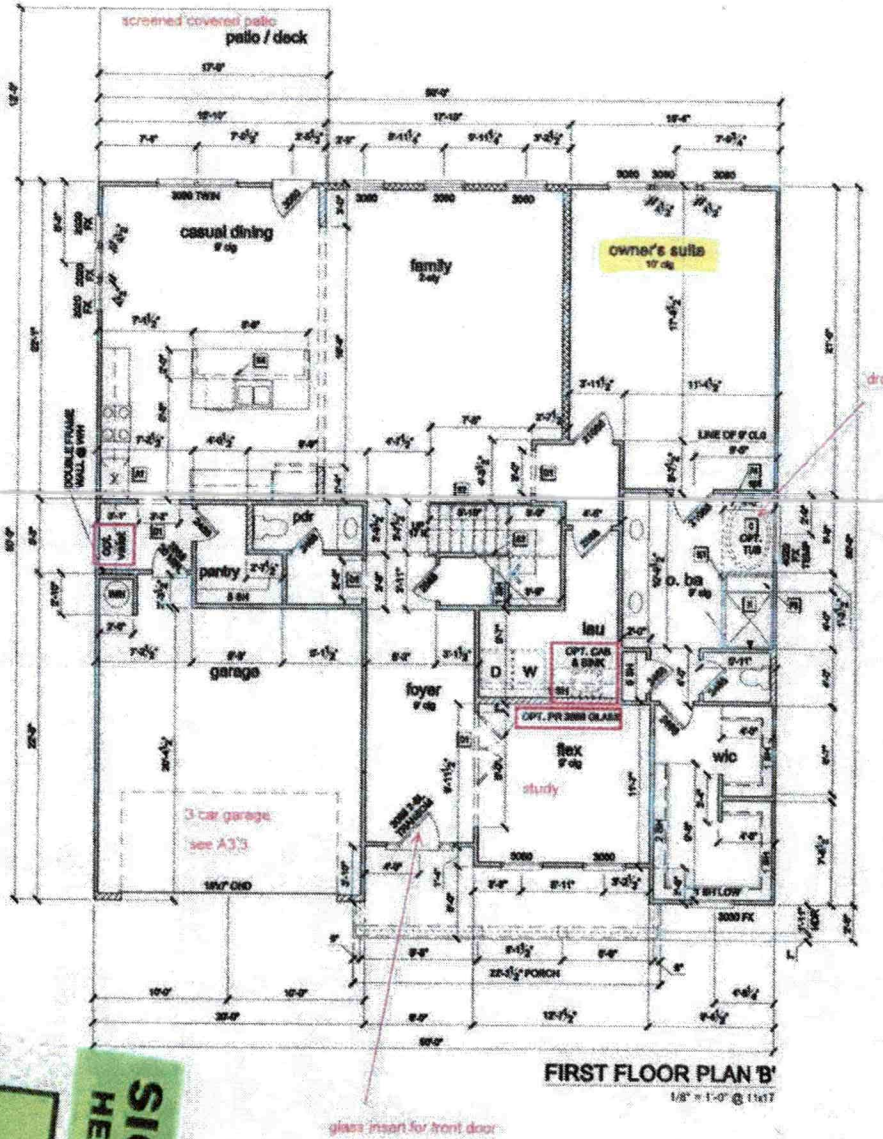
## AREA TABULATION

| | |
|---|---|
| PATIO/ DECK | 264 SF |
| PORCH | 136 SF |
| GARAGE | 420 SF |
| FLOOR 1 LIVING | 2,519 SF |
| FLOOR 2 LIVING | 1,015 SF |
| TOTAL LIVING | 3,534 SF |
| | |
| OPT. GARAGE | 240 SF |
| GAME ROOM | 405 SF |




**opt. fireplace**

REFER TO SHEET A4.1 FOR ELEV. DETAIL




**FIRST FLOOR PLAN 'B'**

1/8" = 1'-0" @ 11x17

Acknowledgement Of Plans Shelly Lond ONL

Date 5/11/2020

Patrick Bylett Date 5/11/2020

SIGN HERE

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

Century Communities

CENTURY COMMUNITIES

PLAN NUMBER: 5023425

RELEASE DATE: 03.07.19

MODEL: TOWNSEND 'B'

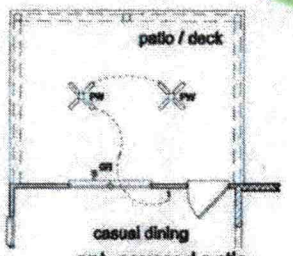
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SHEET NO: A3.1B

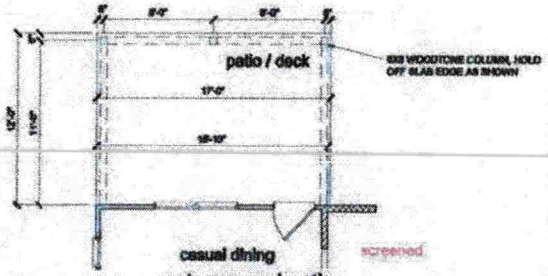
SIGN HERE

Shelly Lloyd 5/11/2020

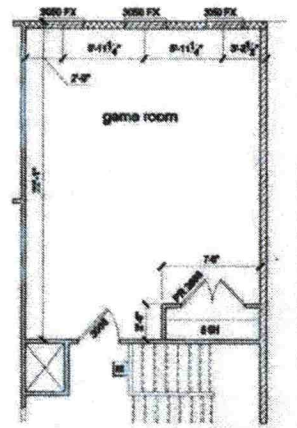
Patrick J Boyle III 5/11/2020



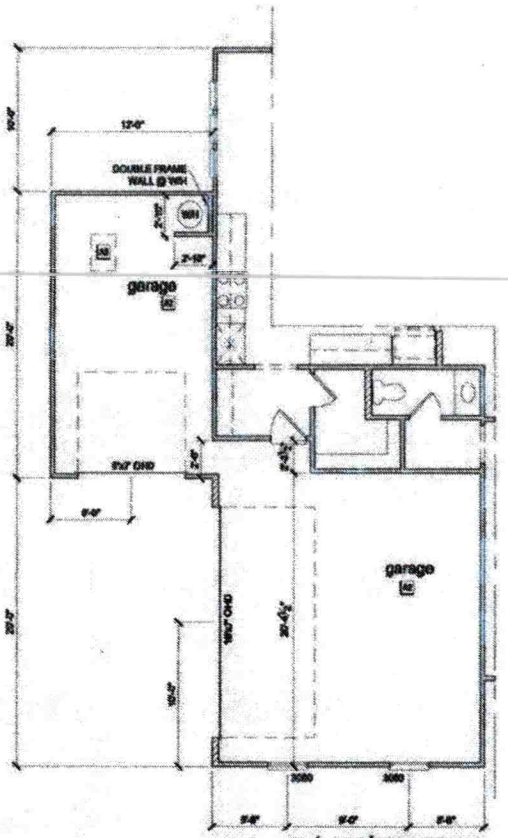

opt. covered patio
1/8"=1'-0" @ 11X17



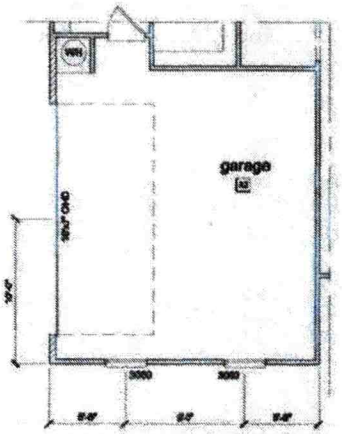

opt. covered patio
1/8"=1'-0" @ 11X17



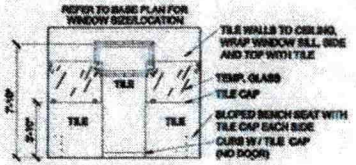

opt. game room (+405 sf)
1/8"=1'-0" @ 11X17



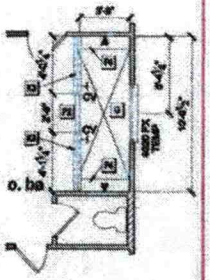

opt. carriage garage
1/8"=1'-0" @ 11X17




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




opt. spa bath elev.



opt. spa bath

| | |
|---|---|
| MODEL | TOWNSEND |
| DRAWING TITLE | PLAN OPTIONS |
| PLAN NUMBER | 5023425 |
| RELEASE DATE | 03.07.19 |
| SHEET NO | A3.3 |

CENTURY COMMUNITIES

IREDELL COUNTY · NC

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

**APPLICATION NUMBER**

**302689**
Issue Date: 11/14/2019

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4686051978.000 | 126 SWEET GRASS LN | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: BMCH NC LLC | Name: MICHAEL ATHANAS & ASSOCIATES |
| Address: | Address: 561 ENNIS RD<br>WEDDINGTON, NC 28173 |
| Phone: | Phone: (704)576-3887 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | ra |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 2.77 | 35 | 35 | 15 | 15 | WSII-BOW Coddle Creek | NO |

| Remarks |
|---|
| SINGLE FAMILY HOME |

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:** 11/14/2019

Signature of Owner/Contractor

| Permit Number | 302689 | TOTAL FEES: | $77.25 |
|---|---|---|---|