ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

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

PERMIT # 245191

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

PIN # 4686-05-2178

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

SITE ADDRESS: 104 Sweet Grass Lane Mooresville, NC 28115 | PHONE: 704-943-1310 | ALT. PHONE

SITE DIRECTIONS: Rt 150 E from Mooresville → R on Teeter Rd → L on Rain Shadow → Lot @ intersection w/ Sweet Grass | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Hollybrook | SECTION: — | LOT # 36 | LOT AREA: 1.354 acres | DESIGN FLOW: 600 | L.T.A.R.: 0.35

Septic Tank	1500 (gal)	STB	IM 1530	Date	infiltrator	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 5
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)			[ ] Business	No. Persons 10
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LP- PPBPS (50% Reduction)			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	430	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30"-34"	Gravel Depth	—		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Keep S.T + drainfield lines at least 15 feet from foundation (sideslope).

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated: 6/3/19

Michael Athanas LSS #1252

AS BUILT SKETCH

Installed as shown on site plan

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**

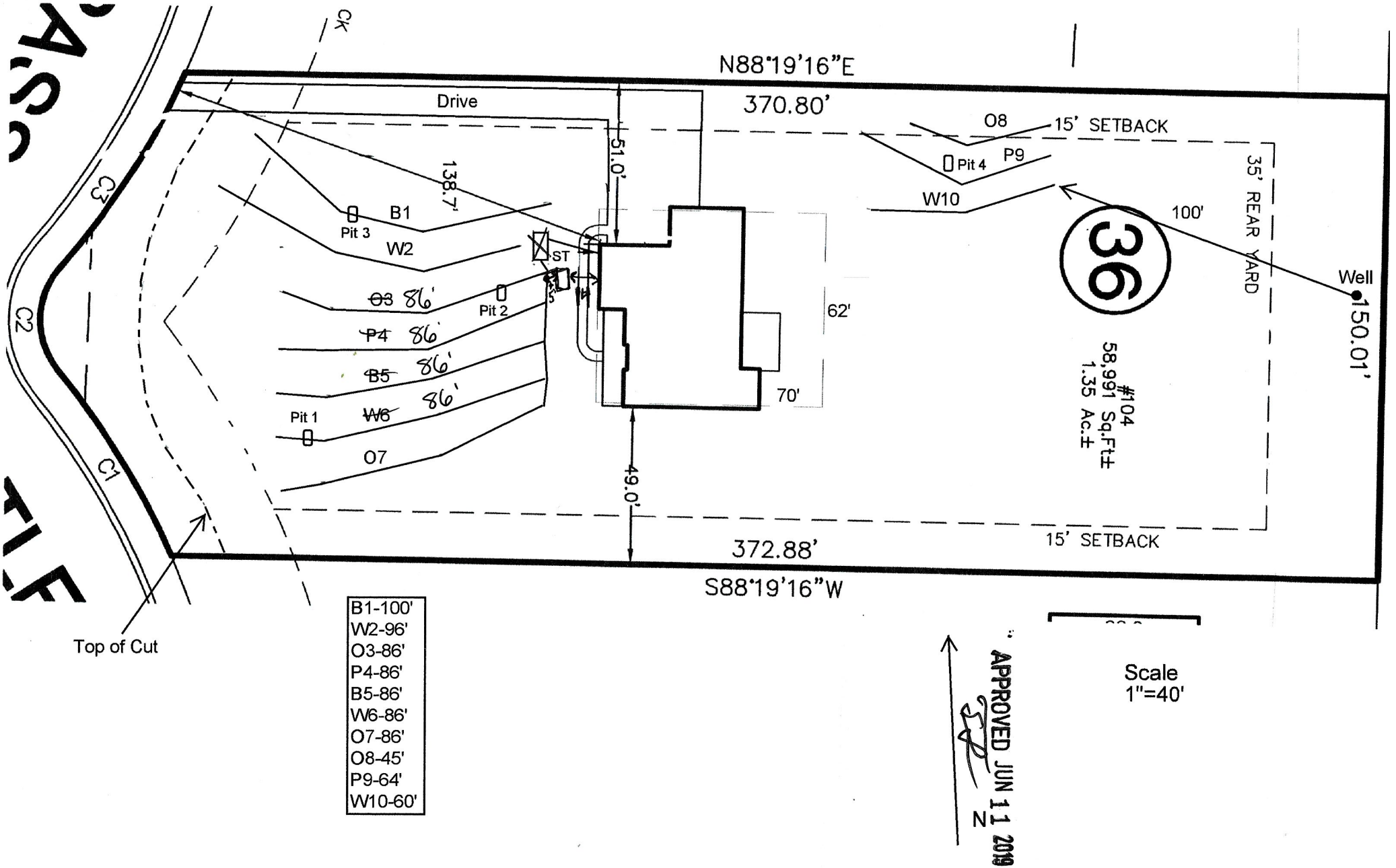
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Anne Macdonald | Date: 6/12/19 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Tom Shuck | Date: 6/12/19 | OPERATION PERMIT by: Kayla Wilson | Date: 12-5-19

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.


N88°19'16"E
370.80'
Drive
Ck
C3
C2
C1
138.7'
51.0'
B1
Pit 3
W2
ST
O3 86'
Pit 2
P4 86'
B5 86'
W6 86'
Pit 1
O7
62'
70'
49.0'
O8
15' SETBACK
Pit 4
P9
W10
100'
35' REAR YARD
36
#104
58,991 Sq.Ft±
1.35 Ac.±
Well
150.01'
372.88'
15' SETBACK
S88°19'16"W
Top of Cut
B1-100'
W2-96'
O3-86'
P4-86'
B5-86'
W6-86'
O7-86'
O8-45'
P9-64'
W10-60'
APPROVED JUN 11 2019
N
Scale
1"=40'



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

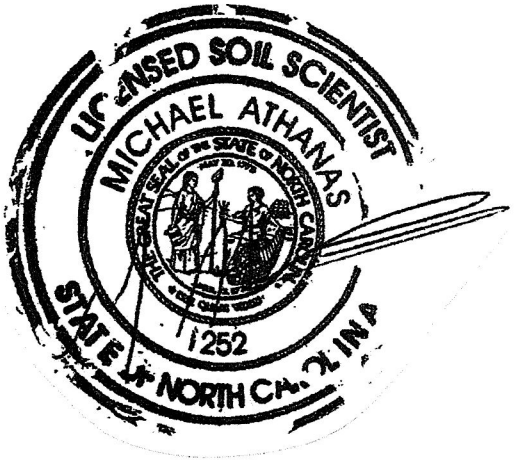
Reference: Data Sheet for 104 Sweet Grass Ln, Hollybrook Lot 36
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.35 GPD/FT^2 (initial), 0.3 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 30-36"

APPROVED JUN 11 2019

Line	Design Length	Actual Length
Blue 1		100'
White 2		96'
Orange 3	**86'**	**114'**
Pink 4	**86'**	**114'**
Blue 5	**86'**	**110'**
White 6	**86'**	**103'**
Orange 7	**86'**	**93'**
Orange 8		45'
Pink 9		64'
White 10		60'

Initial System: 430' **Repair System:** 365'

Comments:



PROPERTY ID #: 4686052178
COUNTY: Iredell

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:
PROPOSED FACILITY: 5 bdrm
PROPOSED DESIGN FLOW (.1949): 600 GPD
PROPERTY SIZE: 1.35 AC
LOCATION OF SITE: 104 Sweet Grass Ln, Hollybrook Lot 36
PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

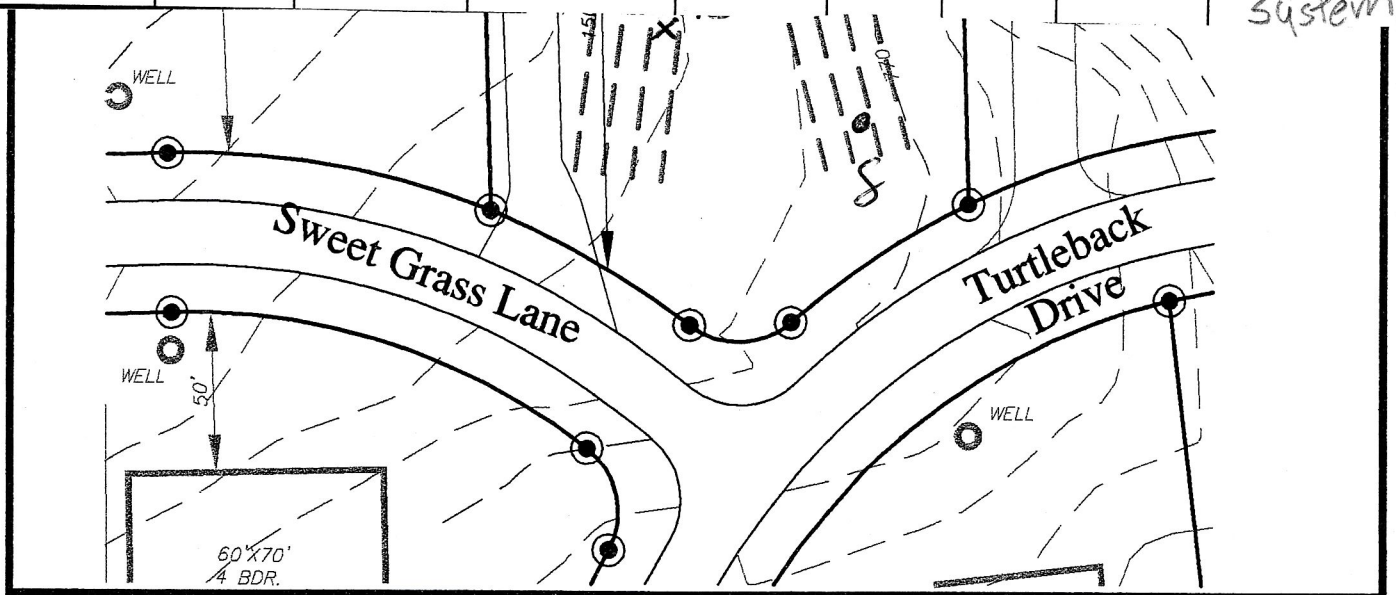
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 5%	0-8	Br CL WSBK	FR SS SP SXP	N/A	8"	PS	N/A	PS 0.4+
		8-64	VER L SAP M	VFR SS SP SXP					
2	LS 5%	0-5	Br CL WSBK	FR SS SP SXP	N/A	20"	F-C SAP PS	N/A	PS 0.4
		5-20	R CL WSBK	FR SS SP SXP					
		20-64	VER L SAP M	VFR SS SP SXP					
3	LS 5%	0-7	Br CL WSBK	FR SS SP SXP	N/A	28"	F-C SAP PS	N/A	PS 0.35-0.4
		7-28	R CL WSBK	FR SS SP SXP					
		28-65	VER L SAP M	VFR SS SP SXP					
4	LS 5%	0-10	Br CL WSBK	FR SS SP SXP	N/A	67"	F-C SAP	N/A	PS 0.3
		10-24	R C SBK	FR SS SP SXP					
		24-67	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1290 FT^2	1095 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.35	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: By Tom Shuck (Pits 1, 2, 3 +4)

COMMENTS:

8	S 4-8 smooth	Ap 0-1 B 1-24 C 24-48+	SBK " SBK/GR	SiL SiCL SiL	SEXP FR S P " " " P " " SS SP sample @ 36"	5YR 4/6	24"	Too much silt?	SAP below 2 24" silty clay loam	~~III~~ LPP ~~0.24 ac~~ .15 LTAR LPP
45	CV 6-10% smooth	Ap 0-6 Bt 6-26 C 26-48+	SBK " "	SCL CICL CL	SEXP FR S SP " " " P " " " P sample @ 36"	2.5YR 4/6	26"	Too much clay CI SAP	26"+	LPP ~~0.24 ac~~ .15 LPP
45	Thin Skim of wtr (12) AS ~~40~~ wtr in pit 1/5	Ap 0-2 Bt 2-48+	SBK "	CL C	SEXP FR S P " " " "	2.5YR 4/8	48"+	N/A	N/A	II 2.5Y4/6 Not in system
46 1	L 8-10% undulating 20°± to prevailing drainage slope	Ap 0-2 Bt1 2-16 Bt2g 16-48+	SBK " "	CL C "	SEXP FR S SP " " " P SEXP? " " "	2.5YR 4/6 2.5YR 4/1 CX* w/ 10YR 6/6 & 7/1 SEC.	48"+	N/A	16" to restr	P Not in system



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 # 36

BAR SCALE 1"=60'

0 30 60 120

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

36

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 forested	Bt 0-15	SBK C	SEXP FR S P	10 R 4/6	48"+	N/A	N/A	IV C 0.35 Htac
		BC 15-48+	" CL/SCL	" " " "					
~~6~~	L ~~15-20~~ undulating	Bt 0-36	SBK C	SEXP FR S P	2.5 YR 4/6	48"+	N/A	N/A	IV C 0.25 Htac
		BC 36-48+	" CL/SCL	" " " "					
~~7~~	L ~~6-10~~ undulating	Ap 0-2	SBK CL	SEXP FR S P	2.5YR 4/6	38"	Too much clay?	SAP at 36"	IV C .3 Htac
		Bt 2-38	" C	" " " "					
		C 38-48+	" SC/SL	" " SS SP					
8	S 4-8 Smooth	Ap 0-1	SBK SiL	SEXP FR S P	5YR 4/6,	24"	Too much silt?	SAP below 24".	III LPP 0.2 Htac
		B 1-24	" SiCL	" " " P					
		C 24-48+	SBK/GR SiL	" " SS SP					
~~9~~	~~Wtr in pit~~	Bt 0-30+ (Waterline)							IV

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

(36)

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
44	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	" " " "					
45	CV 15-20% Undulating (Collapsed to the north)	B+ 0-27	SBK C/CL	SEXP FR S P	2.5YR 4/6	27"	? Sap marginal bc of texture (SCL & SL)	27"	IV 0.2 Ltar LPP
		C 27-48+	" SCL/SL	" " " SP					
47	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					
46	L 6-10% smooth	A 0-2	SBK SCL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	II 0.5 Ltar
		B+ 2-48+	" C	" " " P					
45 Front yard	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: _____

DENR/DEH

ON-SITE WASTEWATER SECTION

(36)

PROPERTY ID #: _____

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE_____

ADDRESS: _____ DATE EVALUATED: _____

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)		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	
(46) X	Lot 35 As (45)	AB 0-4	SBK SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	42"± 6 sap	II 0.3 ltar
		B± 4-42	" C	" " " P					
		CB 42-48"±	" clCL	" " " SP					
(45) X	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	" clCL	" " " P					
		C 26-48"±	" CL	" " " P					

COMMENTS: _____

Report Number:
R08211-0050
Acount Number:
45788

A&L Eastern Laboratories, Inc.

7621 Whitepine Road Richmond, Virginia 23237 (804) 743-9401
Fax No. (804) 271-6446 Email: office@al-labs-eastern.com

TO: S&ME INC #1588-08-075
3718 OLD BATTLEGROUND RD
GREENSBORO, NC 27410-2314

Grower: PO#150268
WASTEWATER SOLUTIONS PSA

Submitted By: S&ME

ATTN: P PENNINGER

Date Received: 7/29/08 Date Reported: 08/04/2008

REPORT OF ANALYSIS

LAB NO.	SAMPLE ID	ANALYSIS	RESULT	UNIT	METHOD
4252	1 Lot 36 pit # 8	Sand	49	%	Bouyoucos 1962
		Silt	39	%	Bouyoucos 1962
		Clay	12	%	Bouyoucos 1962
		Soil Textural Class	Loam		Bouyoucus 1962
4253	2 Lot 36 pit # 45	Sand	49	%	Bouyoucos 1962
		Silt	33	%	Bouyoucos 1962
		Clay	18	%	Bouyoucos 1962
		Soil Textural Class	Loam		Bouyoucus 1962
4254	3	Sand	45	%	Bouyoucos 1962
		Silt	37	%	Bouyoucos 1962
		Clay	18	%	Bouyoucos 1962
		Soil Textural Class	Loam		Bouyoucus 1962
4255	4	Sand	49	%	Bouyoucos 1962
		Silt	33	%	Bouyoucos 1962
		Clay	18	%	Bouyoucos 1962
		Soil Textural Class	Loam		Bouyoucus 1962
4256	5	Sand	51	%	Bouyoucos 1962
		Silt	37	%	Bouyoucos 1962
		Clay	12	%	Bouyoucos 1962
		Soil Textural Class	Loam		Bouyoucus 1962

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Paul Chu, Ph.D.

RECEIVED JUN 4 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 # 245191

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 Comprehensive Relayout

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: 104 Sweet Grass Ln

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 36

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: 5
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: _____ 6/3/2019
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: FT ✓ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

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
David McKay (Owner Name)	585 Teeter Rd Mooresville		704 664-9080

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Holly Brook.	Lot #36

Driving Directions: Hwy #152-E, Rt on Teeter Rd. go ≈ 2mi left on Rain Shadow Dr., 2nd left on Turtle back. on left corner of Sweetgrass & Turtleback.

****

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: _____ 5-4-05
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 104 Sweet Grass Ln Hollybrook 36, identified as PIN (Parcel Identification Number) 4686052178, 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: 6/3//2019

Rhonda Gustafson — Signature of Witness — Date: 6/3/2019

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

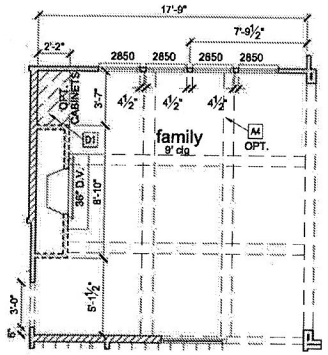
A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP. AND DOOR TRIM FRAME ACCESS SUPPORT
A4	COFFERED CEILING PER SHEET CD-2
A5	PROVIDE 6" MIN. FLAT 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	6'-10" TALL CASED OPENING, WIDTH PER PLAN
K1	36" KNEE WALL WITH TILE CAP
K2	36" KNEE WALL WITH 1x CAP
K3	46" KNEE WALL WITH TILE CAP
K4	34 1/2" KNEE WALL
K5	42" KNEE WALL WITH 1X CAP
P1	OPT. LAUNDRY SINK
P2	(3) 2X4 CURB WITH CAP PER SPECS
P3	16" 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	30"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 36" KNEE WALL & 1X CAP
S2	BOX STAIR WITH OPEN RAIL
S3	EXPOSED TREAD W/OPEN RAIL
S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE

AREA TABULATION C

GARAGE	451 SF
FRONT PORCH	203 SF
PATIO	213 SF
FLOOR 1 LIVING	1,575 SF
FLOOR 2 LIVING	1,802 SF
TOTAL LIVING	3,377 SF

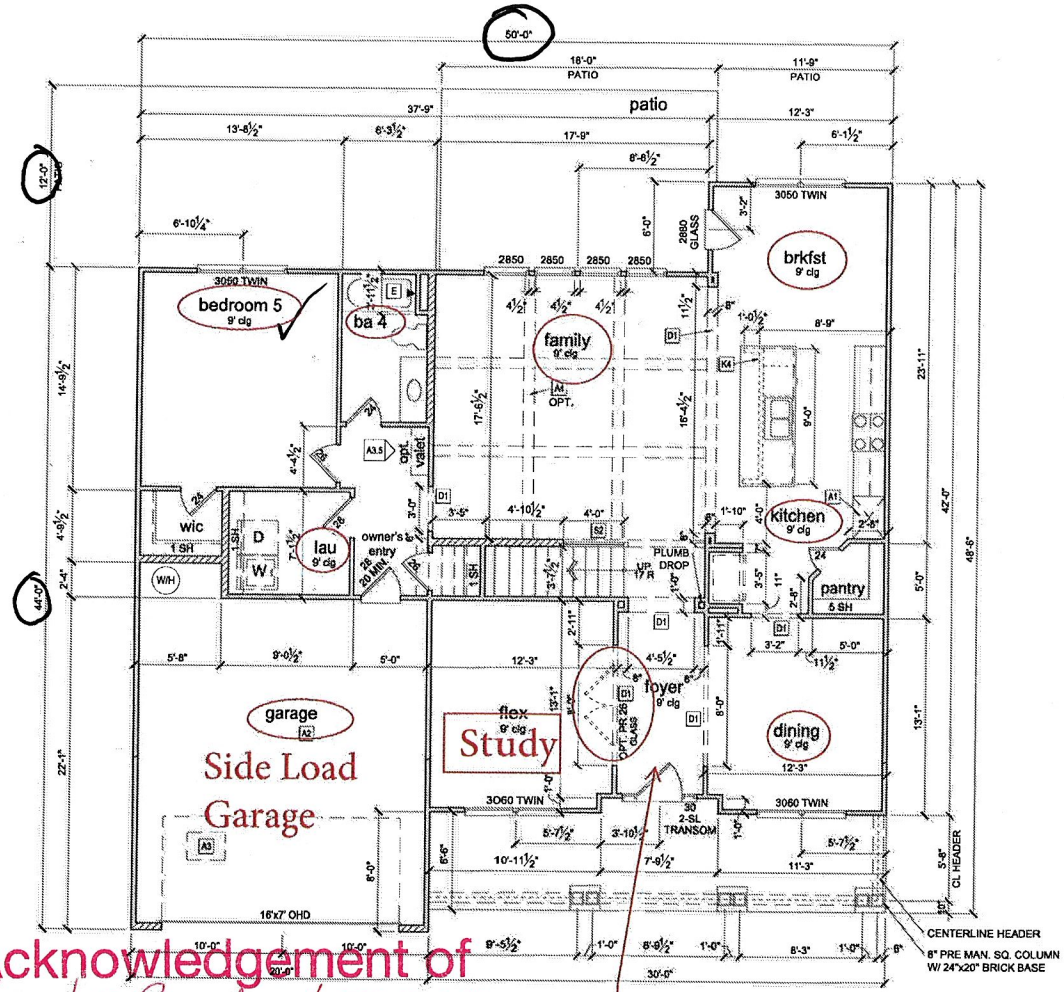
plan option area tabulation

COVERED PATIO	213 SF
3-CAR CARAGE FRONT ENTRY	+260 SF
CARRIAGE GARAGE	+275 SF
OPT. 3RD FLOOR GAME ROOM	+449 SF



opt. fireplace

⅜" = 1'-0" @ 11" X 17"



FIRST FLOOR PLAN 'C'

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

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 | BALLOON FRAME WALL (PER STRUCTURALS)

Acknowledgement of Plans Submittal ONLY!

6/4/19 Date

6/17/19 Date

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020

RELEASE DATE: 03.07.19

MODEL: BRIDGEPORT 'C'

DRAWING TITLE: FIRST FLOOR

SHEET NO: A3.1C

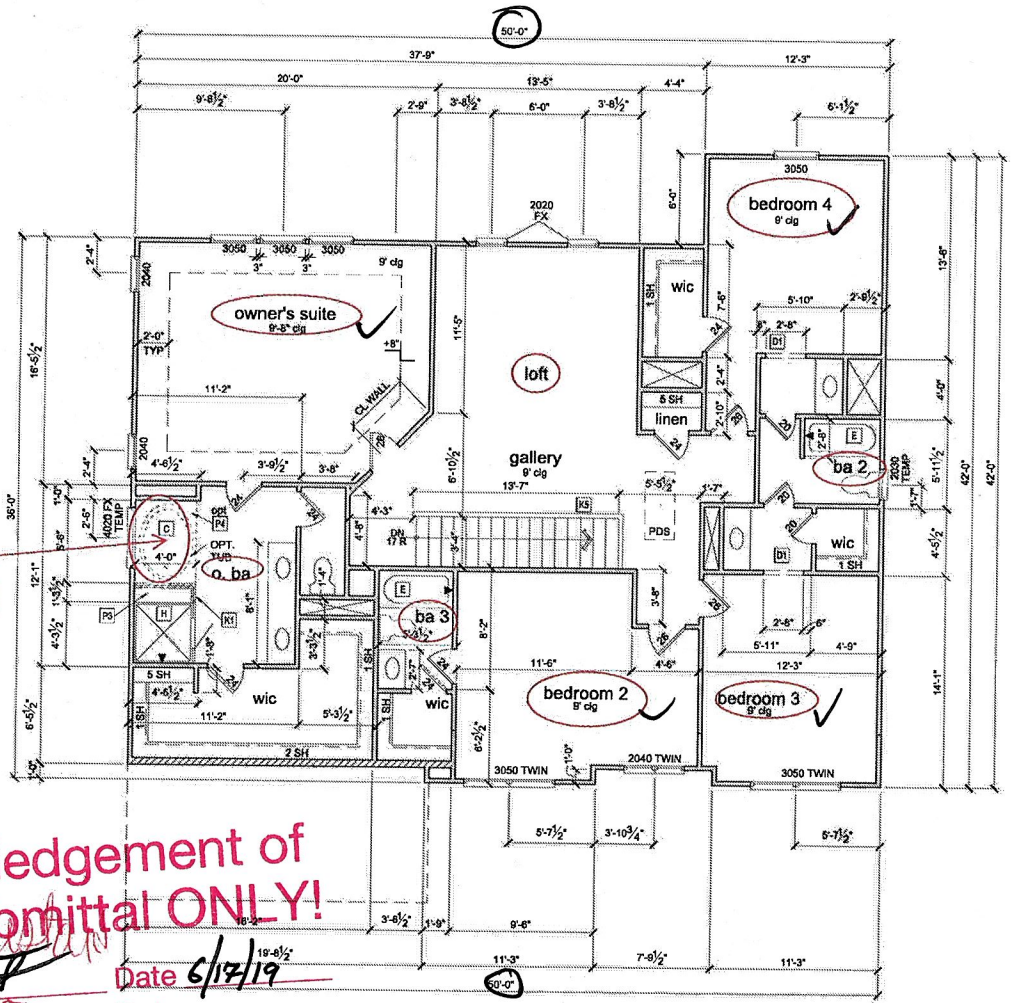
KEYNOTES

A1	OVEN / MICRO OR DOUBLE OVEN 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 ACCESS SUPPORT	P3	18" HIGH SLOPED BENCH 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 SHT CD-4
A5	PROVIDE 8" MIN. FLAT CLG AT ANGLED CLG 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 LAWSON TUB - DROP IN
D3	8' TALL DRYWALL OPENING, WIDTH PER PLAN	D	42"X72" LAWSON TUB - DROP-IN
D4	8' TALL CASED OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
D5	6' 10" TALL CASED OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
K1	35" 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 WITH 1x CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K3	46" KNEE WALL WITH TILE CAP	S1	BOX STAIR WITH 38" KNEE WALL & 1X CAP
K4	34 1/2" KNEE WALL	S2	BOX STAIR WITH OPEN RAIL
K5	42" KNEE WALL WITH 1X CAP	S3	EXPOSED TREAD W/OPEN RAIL
		S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE

NOTES & LEGENDS

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OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (PER STRUCTURALS)



Acknowledgement of Plans Submittal ONLY!

Date 6/17/19

Date 6/4/19

SECOND FLOOR PLAN 'C'

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

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020

RELEASE DATE: 03.07.19

MODEL: BRIDGEPORT 'C'

DRAWING TITLE: SECOND FLOOR

SHEET NO: A3.2C

7' 4" TB

6' 7½

4' 11" GS @ L1

2' 3.5"

7"

49

47"

75"

GS @ Crl Space 5' 4⅛" + side walk
(4" beneath sidewalk)

5' 2½"

@ invert of S.T 5' 11" @ GS

Below Ground ~~5' 9"~~ 7' 3" @ invert
(accounting for freeboard)

7' 5" (2" Fall in tank)

7' 7" (2" Fall to line)

264 Sink Farm

IREDELL COUNTY

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

APPLICATION NUMBER
245191
Issue Date: 05/30/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4686052178.000	104 SWEET GRASS LANE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: DAVID R MCKAY LLC	Applicant: CENTURY COMMUNITIES SO
Address: 105 IREDELL CO, NC 28625	Address: 7400 CARMEL EXECUTIVE PARK DRIVE SUITE 205 CHARLOTTE, NC 28226
Phone:	Phone: 704-943-1310

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.350	35.00	35.00	15.00	15.00	BOWB	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	179251	TOTAL FEES:	$ 77.25