ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325350

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

PIN # 4686 -- 05 -- 2393

APPLICANT/OWNER: Steven Mercedes APPLICANT ADDRESS: 110 Sweet Grass Ln, Mooresville NC 28115

SITE ADDRESS: 110 Sweet Grass Lane, Mooresville NC 28115 PHONE: 516-743-1727 ALT. PHONE

SITE DIRECTIONS: E 152 → R Teeter → L Rainshadow → L Turtleback → L Sweet Grass SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hollybrook SECTION: N/A LOT # 37 LOT AREA: 1.221 DESIGN FLOW: 480 L.T.A.R.: EX / 0.2750

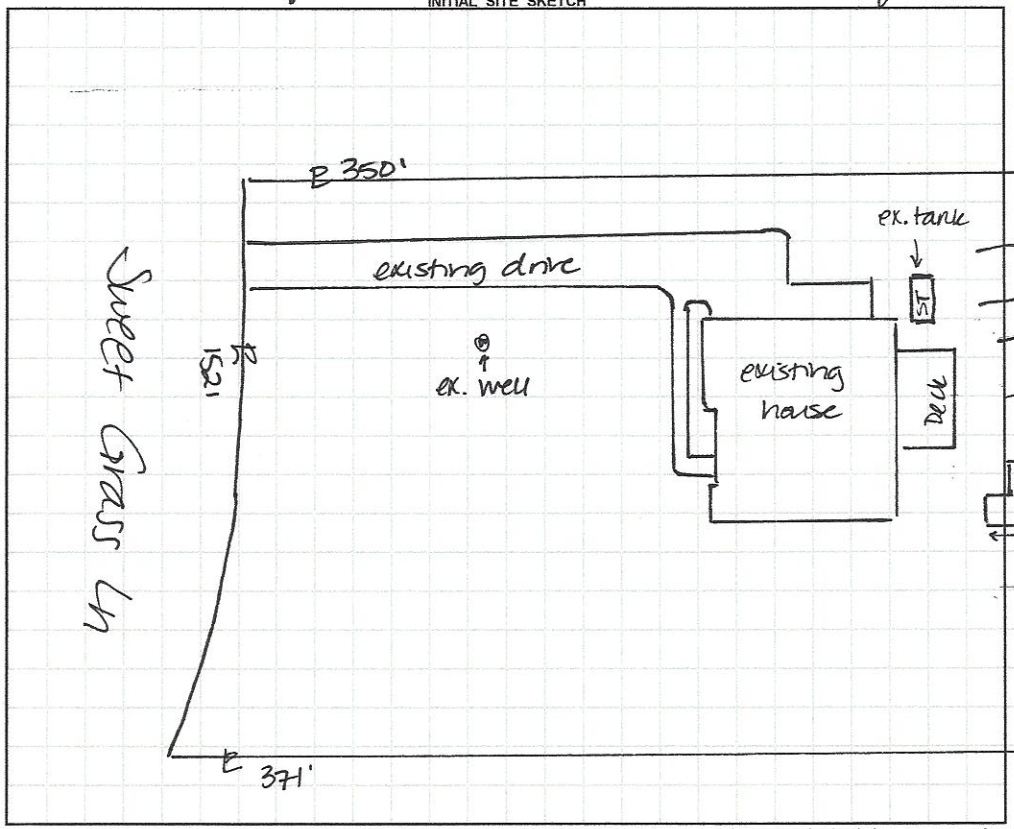
Septic Tank	EXISTING (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description:	EXISTING			☐ Business	No. Persons 4
Pump Make	Model		Serial #	Repair System Description:	50% Reduction			☐ Other	No. Employees
# Nitrification Fields	# Lines EXISTING		Linear Ft:	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	Trench Bottom Depth (Low side)		Gravel Depth	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

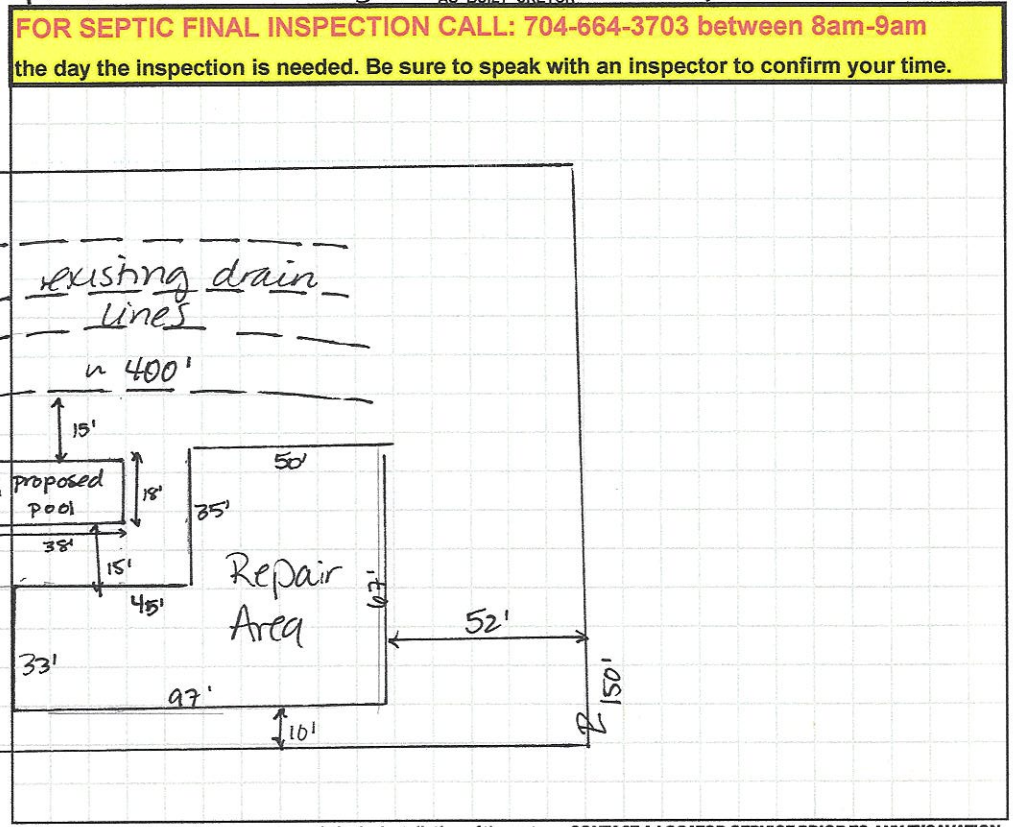
Comments / Conditions: Redesignation of repair area for pool construction. Pool design shown on permit meets all required setbacks to installed system.

Recommend removing irrigation from all areas w/in 10' of existing system. Keep waters' edge of pool 15' off existing drainfield. Keep patio off drainlines.

INITIAL SITE SKETCH



AS BUILT SKETCH



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 time.

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: 3/1/22 Installed by: Specialty Septic - initial installation

IMPROVEMENT PERMIT by: D. Mebane Date: 2/28/22 OPERATION PERMIT by: Ben Botkins Date: 4/26/19

AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 2/28/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: Iredell

Repair Relocation

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Steven Mercedes
APPLICATION DATE _____
ADDRESS: _____
DATE EVALUATED: 2/22/22
PROPOSED FACILITY: 4BR Existing PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: _____
LOCATION OF SITE: 110 Sweet Grass Ln, Mooresville 28115
PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other existing
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-24	CL-WSBK	SSSP-FR	5/3 5YR 5/+ variegated RB	68"	N/A	N/A	PS 0.25
		24-54	C-SBK	SP-FR SEXP					
		~~50-54~~	~~CL~~	~~SP-FR~~					
		54-68	CL/C-WSBK						
				low area - some natural drainage					
2	LS	0-14	C-SBK	SSSP-FR-SEXP	dewsap	47" 14-40"	L	N/A	PS 0.3 ~~0.25~~
		14-40	CL-WSBK						
		40-47	CL/L-WSBK	SSNP-FR-SEXP					
		47-54	SAP.L-M	SSNP FR	heavy sap inc	40"+			
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Existing	
System Type(s)	~~Standard~~	50%
Site LTAR		0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Meberg
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .195" LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
) (Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		CR (Crumb)
)S (Debris Slump)		L (Loam)				GR (Granular)
P (Flood Plain)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		SBK (Subangular Blocky)
S (Foot Slope)		SiCL (Silty Clay Loam)				ABK (Angular Blocky)
I (Head Slope)		CL (Clay Loam)				PL (Platy)
(Linear Slope)		SCL (Sandy Clay Loam)				PR (Prismatic)
N (Nose Slope)		SiL (Silt Loam)			**MOIST**	**WET**
R (Ridge)					VFR (Very Friable)	NS (Non-sticky)
S (Shoulder Slope)					FR (Friable)	SS (Slightly Sticky)
T (Terrace)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SiC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		C (Clay)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)				SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

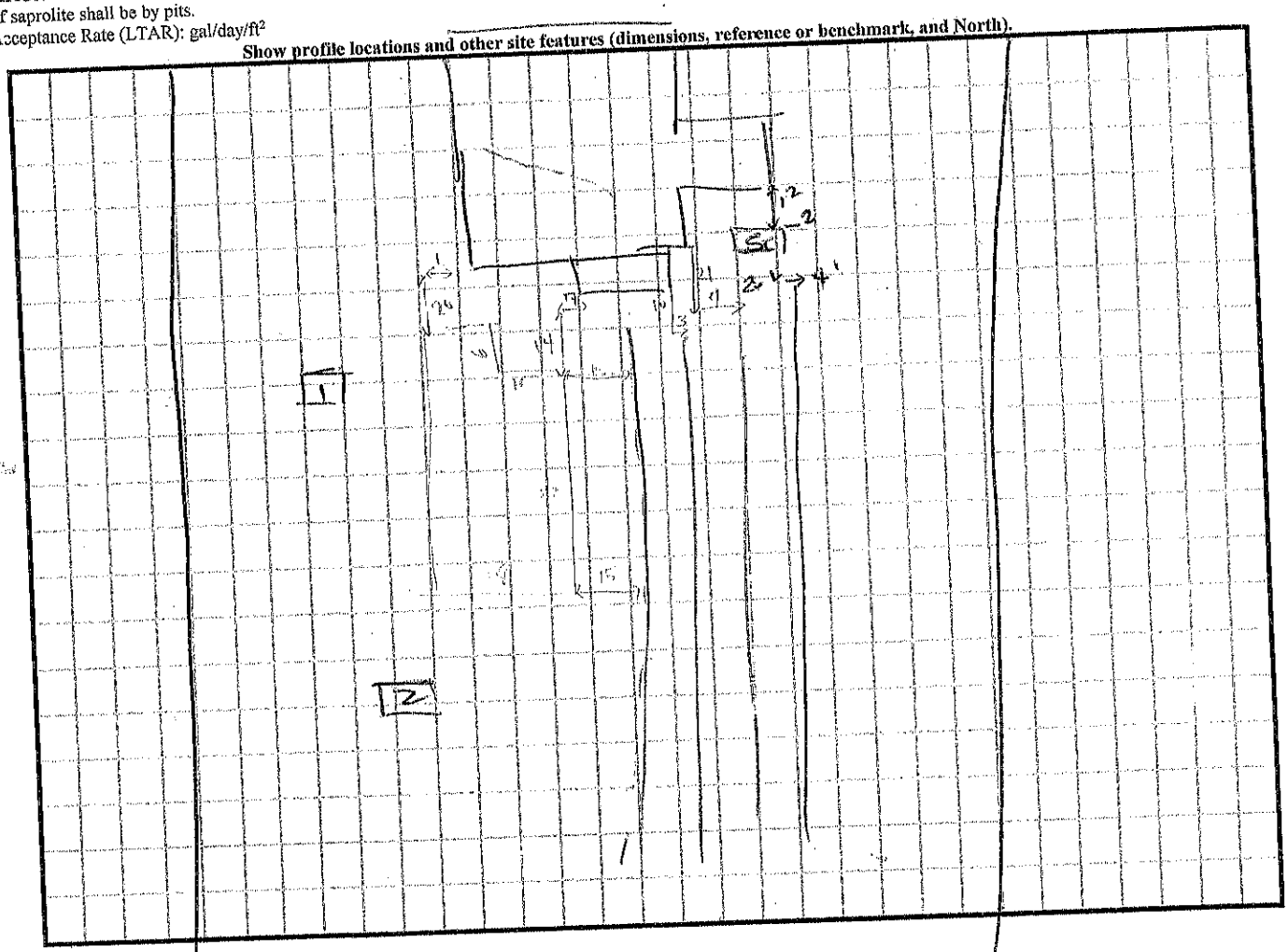
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



M 2/22

RECEIVED FEB C 7 2022

DLO

Relocation

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP - 325350 - $500.00

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Steven Mercedes **Address:** 110 sweet grass lane **Zip:** 28115
Applicant Email: Kmercedes917@gmail.com **Phone:** 516 743 1727 **Alt. Phone:**
Owner Name: Steven Mercedes **Address:** 110 sweet grass lane **Zip:** 28115
Owner Email: Kmercedes917@gmail.com **Phone:** 516 743 1727 **Alt. Phone:**

Property Information:

Street Address: 110 Sweet grass lane Mooresville NC 28115
Subdivision Name: Hollybrook **Section/Phase:** **Lot Number:** 37
Driving Directions: Hwy 152 rt on teeter 2 miles lft on rainshadow 2nd lft on turtleback lft on sweet grass.

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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** 2019
(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.

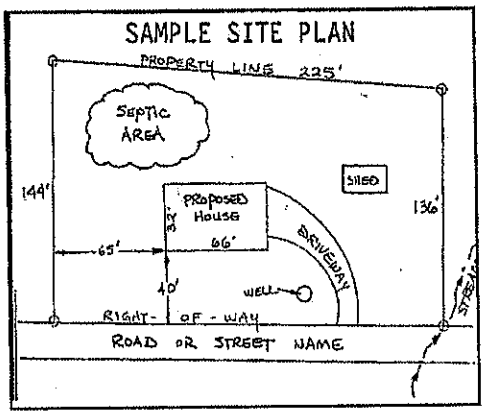
Signature: _____ 2/2/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached plan.

Signature: _____ _____

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

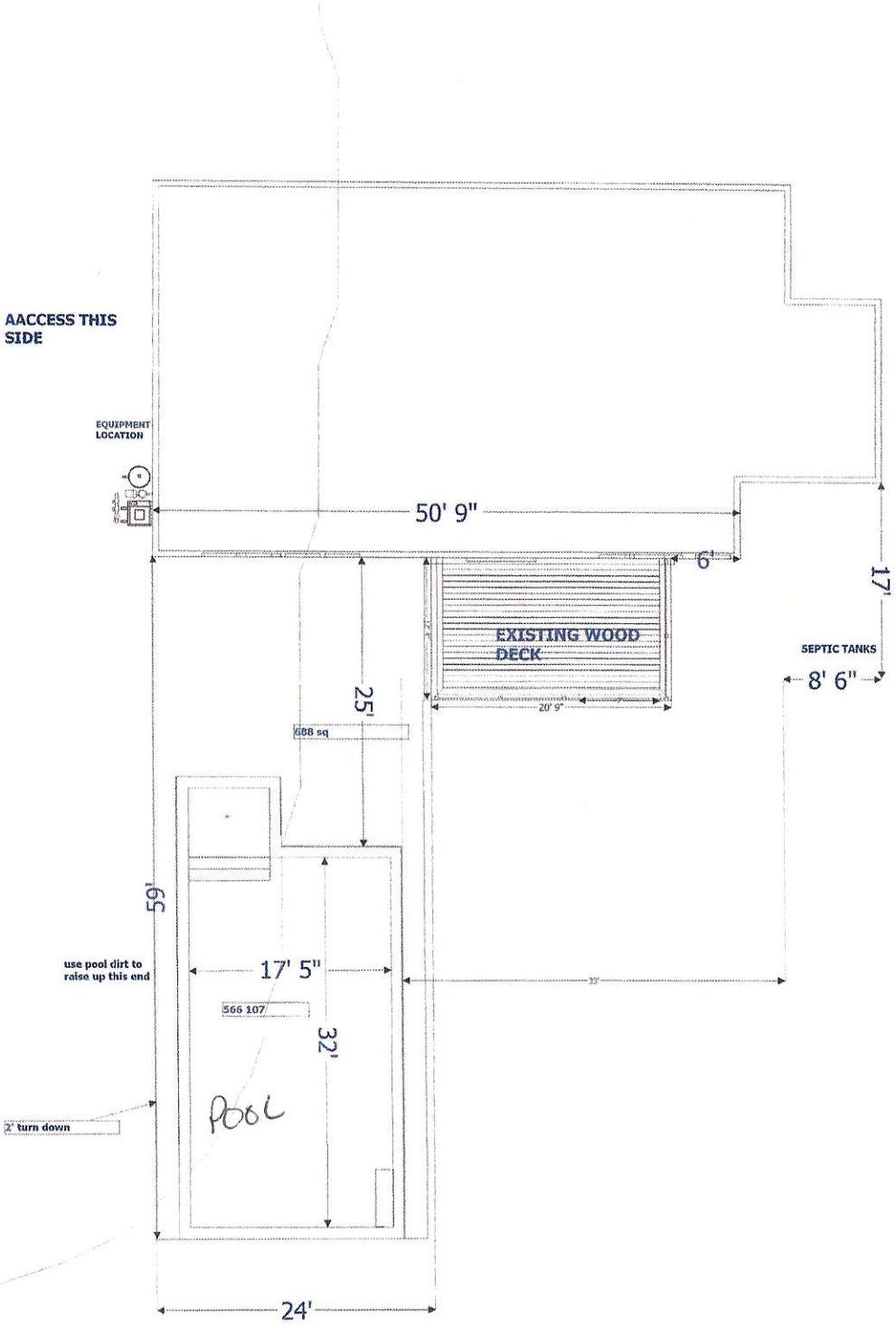
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



Scale: 1/8 in. per ft.

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool X

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Steven Mercedes Phone # 516 743 1727

Owner's Current Address 110 Sweet grass lane Mooresville NC 28115

Property Information

Property Address 110 sweet grass lane Parcel # _____

Subdivision: Hollybrook Lot: 37 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:____

Directions to property (from a MAIN ROAD) HWY 152 E, rt on teeter, 2 miles left on rainshadow, 2nd lft on turtle back, lft on sweet grass.

Application Information

Applicant's Name or Company Steven Mercedes Applicant's Phone # 516 743 1727

Applicant's Address 110 Sweet grass lane mooresville NC 28115

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 2/2/22

Site Address: 110 Sweet Grass Ln, Troutman 28115

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 1492062400516 PIN# ~~4676956328.037~~ 4686-05-2393 DATE 8-29-08

OWNER OR APPLICANT David R McKay, LLC PHONE: Business (704) 664-9080 Home

ADDRESS 505 Teeter Rd. Mooresville, NC 28115

LOCATION Hwy 152 E Rt on Teeter Rd. Approx 2 mi. Th Rainshadow Lt on Turtleback Lt Sweetgrass

SUBDIVISION Holly Brook BLOCK / SECTION LOT 37 LOT AREA 1.205 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3 GPD/FT2

Septic Tank: 1000 Gallons; STB DM1060 Date 11/5/18 Water

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: SEPTIC SYSTEM MUST BE 100' MINIMUM FROM ANY WELL.

Comments:/Conditions: 11/28/18 Reviewed floor plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

AS BUILT SKETCH

X SEE PLAN FROM WASTEWATER SOLUTIONS

S' STEVE GURLEY - GSS CONSULTANTS INC.

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 11-13-08 9-29-08 CSM

Improvement Permit by: date ~~8-27-08~~

Authorization to Construct by: date 11/28/18

Installed by: Specialty Septic

Operation Permit by: Benjamin Botkin (a) date 4-26-19

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Site Address

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 149206 240056 PIN# 4676956328.037 DATE 8-19-08

OWNER OR APPLICANT David R McCoy, LLC PHONE: Business (704) 664-9080 Home

ADDRESS 505 Tester Rd. Mooresville, NC 28115

LOCATION Hwy 115 E RT on Tester Rd. Approx 2 mi. To Rainshadow LT on Turtleback LT Sweetgrass L

SUBDIVISION Holly Brook BLOCK / SECTION LOT 37 LOT AREA 1.205 AC SITE CLASS: PS DESIGN FLOW 460 L.T.A.R. .3 GPD/FT2

Septic Tank: 1050 Gallons: STB LM1060 Date 11/5/18 Inspector

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair [ ] Expansion System Type: I (II) III IV V VI

System Description: 25% REDUCTION

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth [X] Gravity [ ] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Persons

[ ] Business No. Employees

[ ] Other

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

Comments/Conditions: SEPTIC SYSTEM MUST BE 100' MINIMUM FROM ANY WELL.

Comments/Conditions: 11/28/18 Reviewed floor plans, in Compliance with Septic plan

INITIAL SITE SKETCH

X SEE PLAN FROM WASTEWATER SOLUTIONS 1' STEVE GURLEY - GES CONSULTANTS INC.

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. Improvement Permit with plat valid without expiration [ ] Improvement Permit with site plan valid for sixty months [X] Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 11-13-08

Improvement Permit by: [signature] date 8-29-08 CSM

Authorization to Construct by: [signature] date 11/28/18

Installed by: Specialty Septic

Operation Permit by: [signature] date 4/26/2019

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Hollybrook Subdivision Septic Specifications
Iredell County , NC

Lot # 37 Type of Water Supply Well Number of Bedrooms _____ GPD Flow _____

Type of Initial System 3-25% Gravity ✓ Pump _____ LTAR 0.3

Total Linear feet of drain line 400 ' Type of Distribution System Serial

_____ Number of Trenches 4 Trench Width and Length 3x100' If

Variable Length Lines List Separately — Minimum Trench Spacing 9' o/c

Trench Depth 24 in. Septic Tank Size 1000 gal. Pump Tank Size _____ gal.

Type of Repair System 3-25% Gravity _____ Pump _____ LTAR 0.3

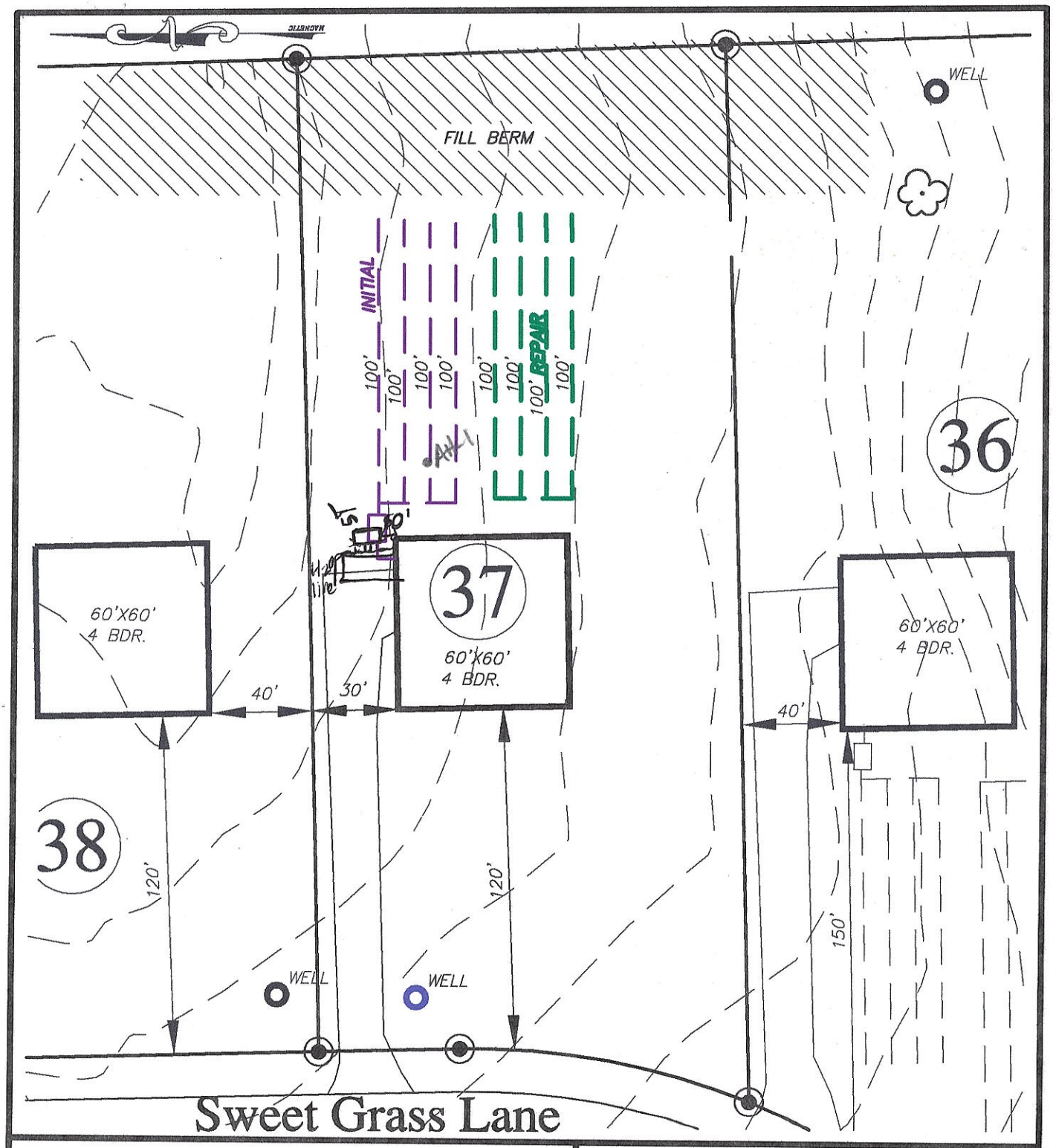
Total Linear Feet of drain line 400 ' Type of Distribution System Serial

Number of Trenches 4 Trench Width and Length 3'x100'

If Variable Length List Separately —

Minimum Trench Spacing 9' o/c

Trench Depth 24 in. Septic Tank Size 1000 gal. Pump Tank Size — gal.



Hollybrook

FOR

DAVID R. MCKAY, LLC. & BETTY MCKAY, LLC.

606 TEETER ROAD
Mooresville, NC 28115
(704) 664-9080

IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 37

BAR SCALE 1"=50'

0 25 50 100

SOIL/SITE EVALUATION

(Continuation Sheet)

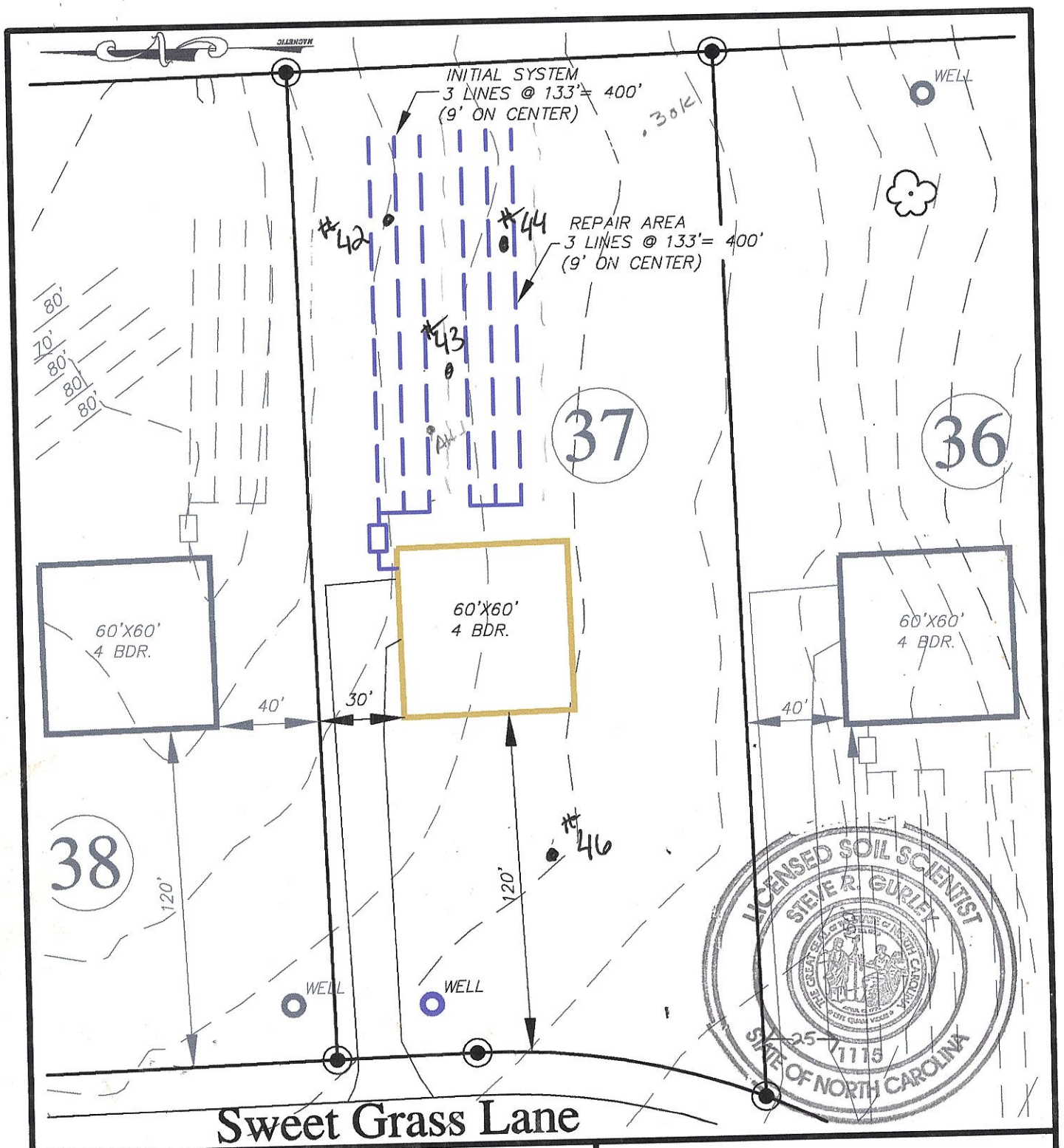
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

37

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
~~41~~	~~AS~~ (40)	A 0-2	SBK CL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 ltar
		B+ 2-46	" C	" " " P					
		BC 46-48+	" "	" " " "					
42	AS (41)	A 0-2	SBK CL	SEXP FR S SP	2.5YR 4/6	48"+	N/A C-m SAP	N/A	IV 0.3 ltar .30K
		B+ 2-40	" C	" " " P					
		BC 40-48+	" "	" " " "					
43	AS (41)	A 0-2	SBK CL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A 48" SAP	IV 0.3 ltar .30K
		B+ 2-48+	" C	" " " P					
44	AS (40)	A 0-2	SBK CL	SEXP FR S SP	10YR 4/6	48"+ C to 48"+	N/A	N/A	IV 0.3 ltar .3 OK
		B+ 2-48+	" C	" " " P					
~~Thin skim of tr~~ ~~LES~~	~~PS~~ (30) WTC in pit 1/5	A 0-2	SBK CL	SEXP FR S P	2.5YR 4/8	48"+	N/A	N/A	II
		B+ 2-48+	" C	" " " "					

COMMENTS: _____



Hollybrook

FOR

DAVID R. MCKAY, LLC. & BETTY MCKAY, LLC.

506 TEETER ROAD
Mooresville, NC 28115
(704) 664-9080

IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 37

BAR SCALE 1"=50'

0 25 50 100

DENR/DEH

ON-SITE WASTEWATER SECTION

37

Sheet 11 of 12
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
46 1	As (45)	AB 0-4	SBK SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	42" ± to sap; Cl sap @ 42"	IV 0.3 ltar OK w/ 24" TB
		B+ 4-42	" C	" " " P					
		CB 42-48+	" c/CL	" " " SP					
47 2	As (45)	AB 0-4	SBK SCL	SEXP FR S SP	2.5YR 4/6	37"	N/A	37" ± to sap	IV 0.25 ltar (depth)
		B+ 5-21	" C	" " " P					
		BC 21-37	" c/CL	" " " "					
		C 37-48+	" c/CL	" " " SP					
48 3	CV 6-10% undulating Lag. terrace 20' to N.	A 0-2	SBK SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	42" ± to CB	IV 0.3 ltar
		B+ 2-42	" C	" " " P					
		C 42-48+	" SCL/SL	" " " SP					
49 4	L 6-10% Smooth	A 0-2	SBK SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	42" ± to CB	IV 0.3 ltar
		B+ 2-35	" C	" " " P					
		BC 35-42	" SCL/C	" " " SP					
		CB 42-48+	" SL/CL	" " " "					

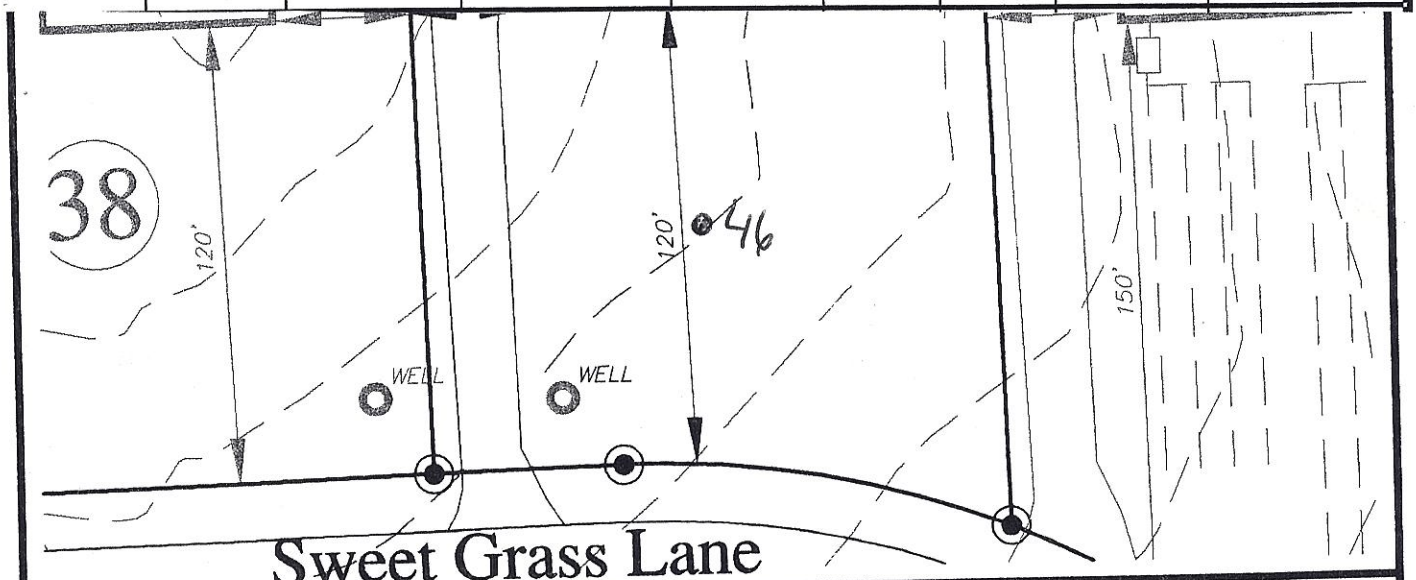
root in system

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

42	As (41)	Ap 0-2	SBK	CL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	II 0.3 ltr
		B+ 2-40	"	C	" " " P					
		BC 40-48+	"	"	" " " "					
43	As (42)	Ap 0-2	SBK	CL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	II 0.3 ltr
		B+ 2-48+	"	C	" " " P					
44	As (43)	Ap 0-2	SBK	CL	SEXP FR S SP	10R 4/6	48"+	N/A	N/A	II 0.3 ltr
		B+ 2-48+	"	C	" " " P					
46 1	As (45)	AB 0-4	SBK	SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	42"+6 sap	II 0.3 ltr
		B+ 4-42	"	C	" " " P					
		CB 42-48+	"	CLCL	" " " SP					



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 # 37

BAR SCALE 1"=50'

0 25 50 100

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

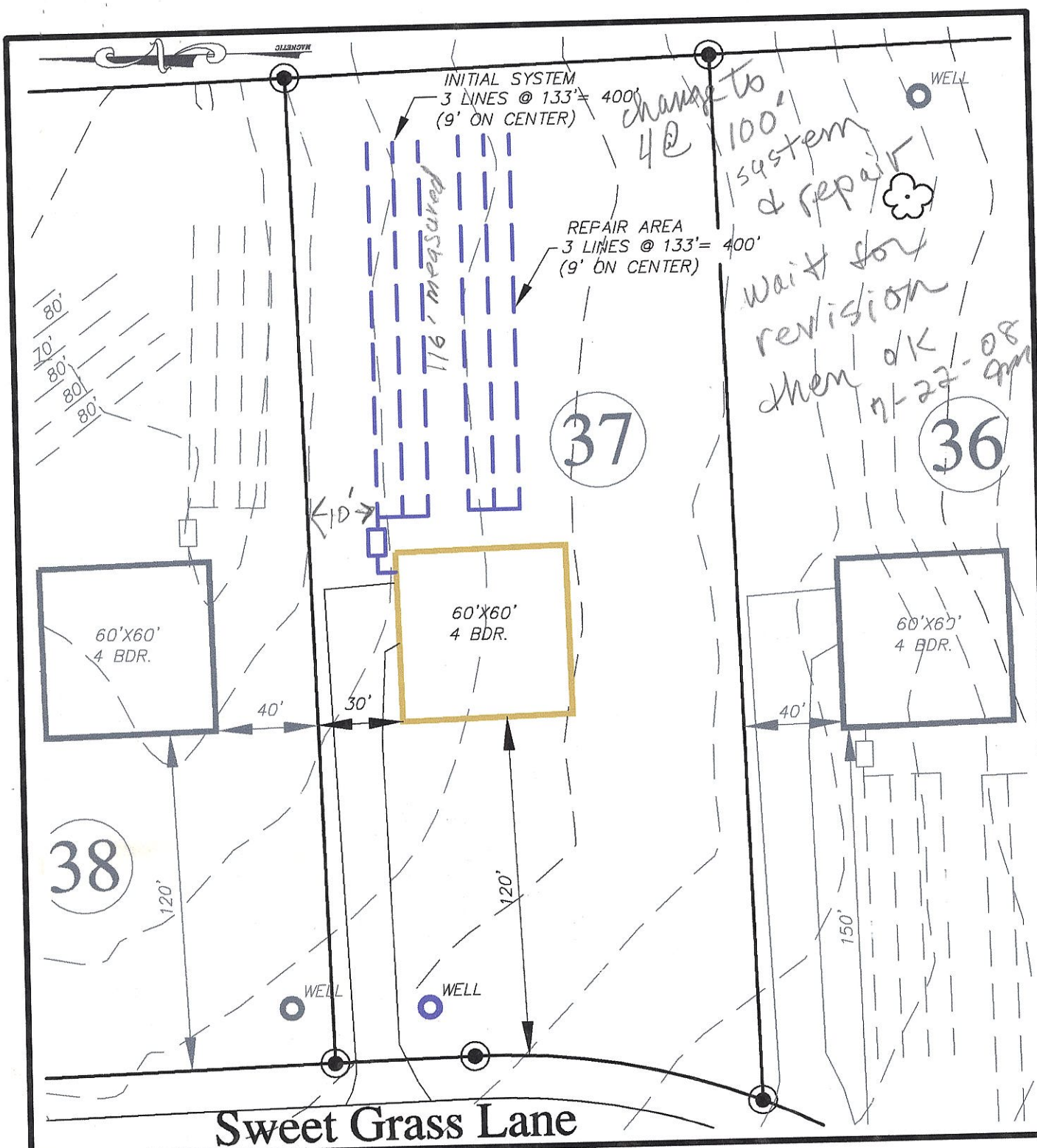
OWNER: Century Communities Southeast, LLC — APPLICATION DATE: 11/16/18
ADDRESS: 7402 Carmel Executive Park Dr Ste 205 — DATE EVALUATED: 11/26/18
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 1.22Ac
LOCATION OF SITE: 110 Sweet Grass (Hollybrook #37) — PROPERTY RECORDED: Y
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	4%	0-4	Rd/Brn SCLSS	SP, SExp, FR					PS .3
		4-22	R CL w SBK	SS, SP, SExp, FR					
		22-48	R CL w SBK	SS, SP, SExp, FR					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Marcus Dotson
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 # 37

BAR SCALE 1"=50'

0 25 50 100

Same

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: 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: 110 Sweet Grass Lane

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 37

Driving Directions: HWY 152 Right on Teeter Road, community on Right

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

Describe Problem: _____

CHECK FOUNDATION TYPE

(X) 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:** 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 11/16/18
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 110 Sweet Grass Lane, identified as PIN (Parcel Identification Number) 4686-05-2393, 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 11/16/18

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

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:**

Wastewater Solutions (Applicant Name)	4711 Rocking Horse Dr. (Mailing Address)	____ (Home Phone)	980-429-1580 (Work Phone)
David McKay (Owner Name)	505 Teeter Rd Mooresville (Mailing Address)	____ (Home Phone)	704 664 9080 (Work Phone)

4. **Property Information:**

____ (Street Address)	Hollybrook (Subdivision Name)	Lot #37 (Section/Phase and Lot Number)

Driving Directions: Hwy #152-E, Rt on Teeter Rd, go ≈ 2mi left on Rain Shadow, 2nd left on Turtleback, left on Sweet Grass. 1st lot on Rt.

****

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.

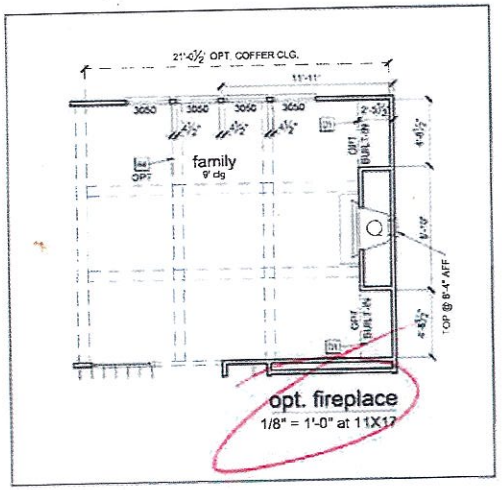
9. Signature: Russell Williams — 5-4-05
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Hollybrook - 37

Acknowledgement of Plans Submittal ONLY!

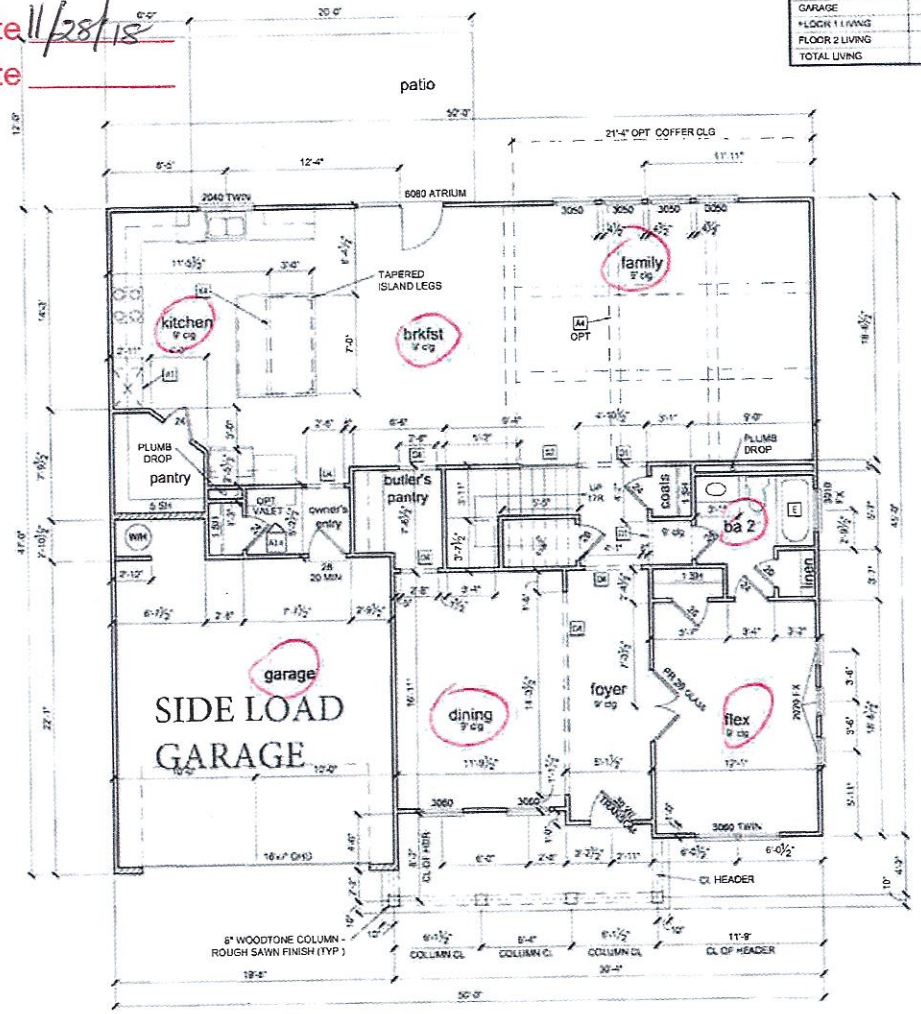
Mark Dotson Date 11/28/18

Date



AREA TABULATION

PORCH	105 SF
GARAGE	455 SF
*LOOR 1 LIVING	1,805 SF
FLOOR 2 LIVING	2,195 SF
TOTAL LIVING	4,000 SF



FIRST FLOOR PLAN
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. (3) 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)

KEYNOTES

- A1 OVEN / MICRO OR DOUBLE OVEN OPTIONAL, OR TWILIGHT FILM COMPANY "7" SERIES
- 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 CO-2
- D1 DRYWALL SOFFIT - 12" DROP FROM CEILING LINE
- D2 DRYWALL SOFFIT - 8" DROP FROM CEILING LINE
- D3 8' FALL DRYWALL OPENING, WIDTH PER PLAN
- D4 8' TALL CASED OPENING, WIDTH PER PLAN
- D5 8' 10" TALL CASED OPENING, WIDTH PER PLAN
- K1 28" KNEE WALL WITH TILE CAP
- K2 36" KNEE WALL WITH TILE CAP
- K3 40" KNEE WALL WITH TILE CAP
- K4 34 1/2" KNEE WALL
- K5 42" KNEE WALL WITH TILE CAP
- P1 OPT. SAUNA + SPA
- P2 (2) 20A CLOSE WITH CAP PER SPECS
- P3 18" HIGH SCORED BENCH SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CO-4
- P4 22" HIGH TUB DECK PLATFORM DETAILS PER SHT CO-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" LAUSON TUB - DROP IN
- E 30"X60" T.U.B (TILE SURROUND)
- 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 RISE STAIR WITH 28" KNEE WALL & SF CAP
- S2 RISE STAIR WITH OPEN RAIL
- S3 EXPOSED TREAD W/OPEN RAIL
- S4 OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE

Rhonda Buetaud
11/16/18

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: 7030

RELEASE DATE: 8.13.18

MODEL: HAWTHORN 'A'

DRAWING TITLE: 1ST FLOOR PLAN

SHEET NO: A3.1A

Acknowledgement of
Plans Submittal ONLY!

Date 11/28/18

Date

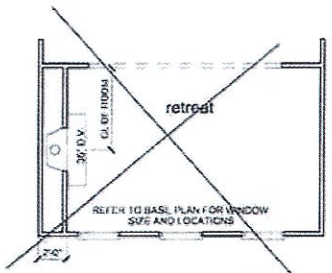
KEYNOTES

A1	12"DEEP MICRO OR DOUBLE OVEN OPTIONAL OPT. FURNITURE PER CONSULTANT SPACE	I2	12" H CURB WITH CAP PER DETAIL
A2	**GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL**	I3	16" HIGH SLOPED BENCH SEAT WITH TILE FINISH - SEE DETAIL PER SHEET CD-4
A3	22"X30" ATTIC ACCESS (LOCATION TO BE DETERMINED BY GYP AND DOOR TRIM FRAME ACCESS SUPPORT	I4	22" HIGH TUB DECK PLATFORM - SEE WALLS FOR FINISH DETAIL
A4	COFFERED CEILING PER SHEET CD-2	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 SPEC'S
D5	6'-10" TALL CASED OPENING - WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
		G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
K1	28" KNEE WALL WITH TILE CAP	H	48"X60" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K2	36" KNEE WALL WITH 1X CAP	S1	BOX STAIR WITH 5/8" KNEE WALL & 1X CAP
K3	48" KNEE WALL WITH TALL CAP	S2	BOX STAIR WITH OPEN RAIL
K4	34 1/2" KNEE WALL	S3	EXPOSED TREAD W/OPEN RAIL
K5	42" KNEE WALL WITH 1X CAP	S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE
P1	OPT. LAUNDRY SINK		

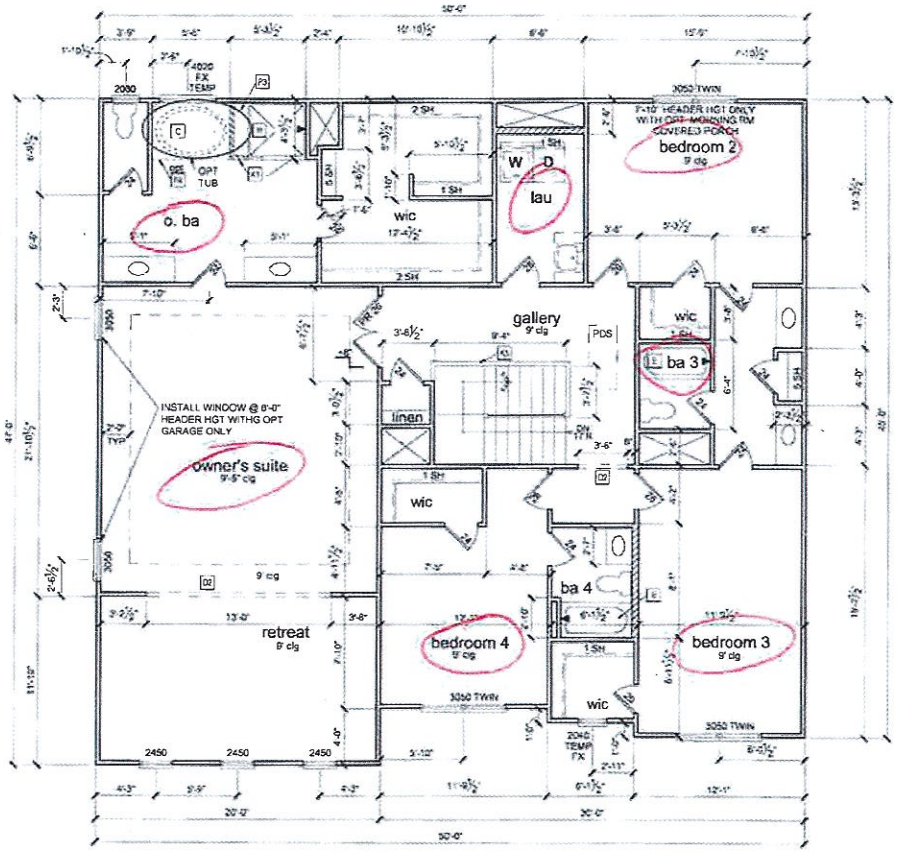
NOTES & LEGENDS

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)



opt. fireplace
1/8" = 1'-0" @ 11x17



SECOND FLOOR PLAN
1/8" = 1'-0" @ 11x17

Rhonda Bustard
11/16/18

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 or manner whatsoever, nor are they to be assigned to any third party, without first obtaining written permission and consent of Century Communities

CENTURY COMMUNITIES

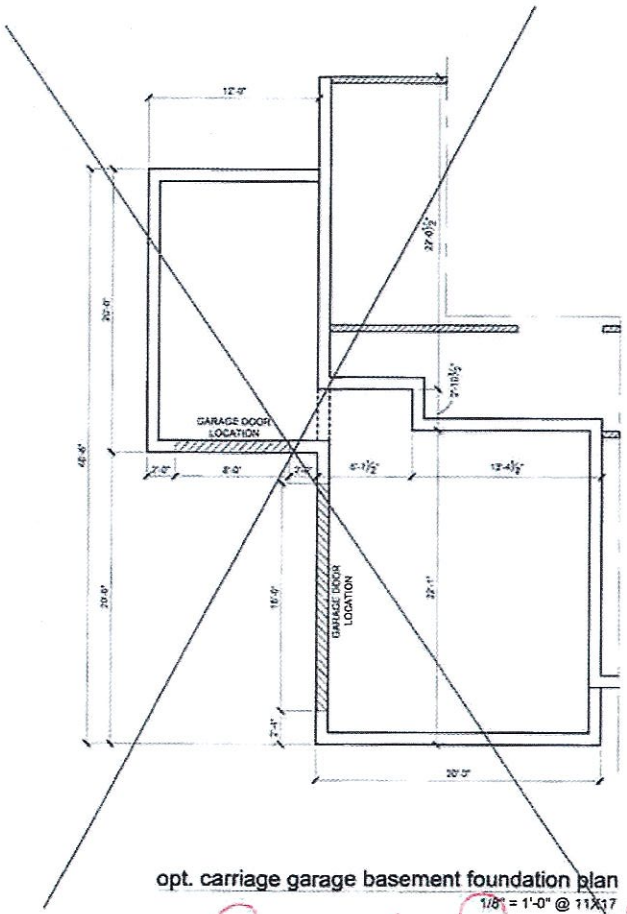
PLAN NUMBER: 7030

RELEASE DATE: 8.13.18

MODEL: HAWTHORN 'A'

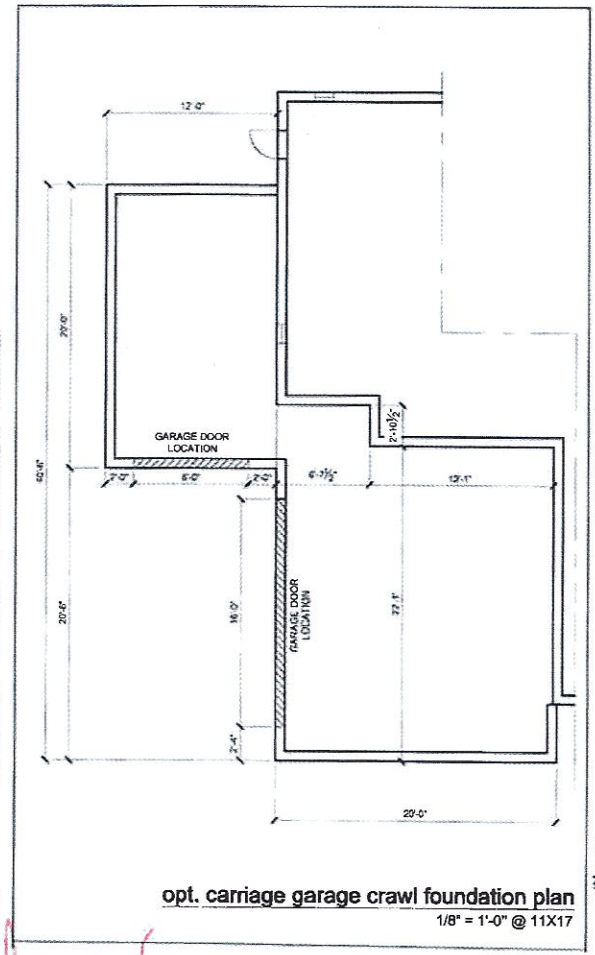
DRAWING TITLE: 2ND FLOOR PLAN

SHEET NO: A3.2A



opt. carriage garage basement foundation plan

1/8" = 1'-0" @ 11X17



opt. carriage garage crawl foundation plan

1/8" = 1'-0" @ 11X17

Rhonda Bustard

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: 703C

RELEASE DATE: 8.13.18

MODEL: HAWTHORN

DRAWING TITLE: PLAN OPTIONS

SHEET NO A2.6

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	149206ZO	Subdivision:	Hollybrook
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 Sweet Grass Ln. MOORESVILLE NC 28115		
Parcel #:	4676956328.037	Zoning:	RA
Lot #:	37 Size: 1.205	Flood Plain:	No Watershed: WSII BA
Applicant:	Wastewater Solutions & Design	Owner:	David & Betty McKay
Address:	4711 Rocking Horse Dr. Maiden NC 28650	Address:	505 Teeter Rd. MOORESVILLE, NC 28115
Phone:	980-429-1580	Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:	Max. Built Upon Area:	

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

Directions:

SE on Coddle Creek, lft on Williford, rt on Linwood, lft on Teeter, rt on Rain Shadow, lft on Turtleback, lft on Sweet Grass, lot on rt

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY Printed: 3/17/2008