ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 24657

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

PIN # 4686052693

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

SITE ADDRESS: 120 Sweet Grass Ln mooresville NC 28115 | PHONE: 704-943-1310 | ALT. PHONE

SITE DIRECTIONS: NC 3 N to Lon Williford Rd, Rom Linwood Rd, Lontee Rd, Rom Rainbrook Dr, Lon Sweet Grass Ln on R

SAP CONTROLLED: ☒ YES ☐ NO

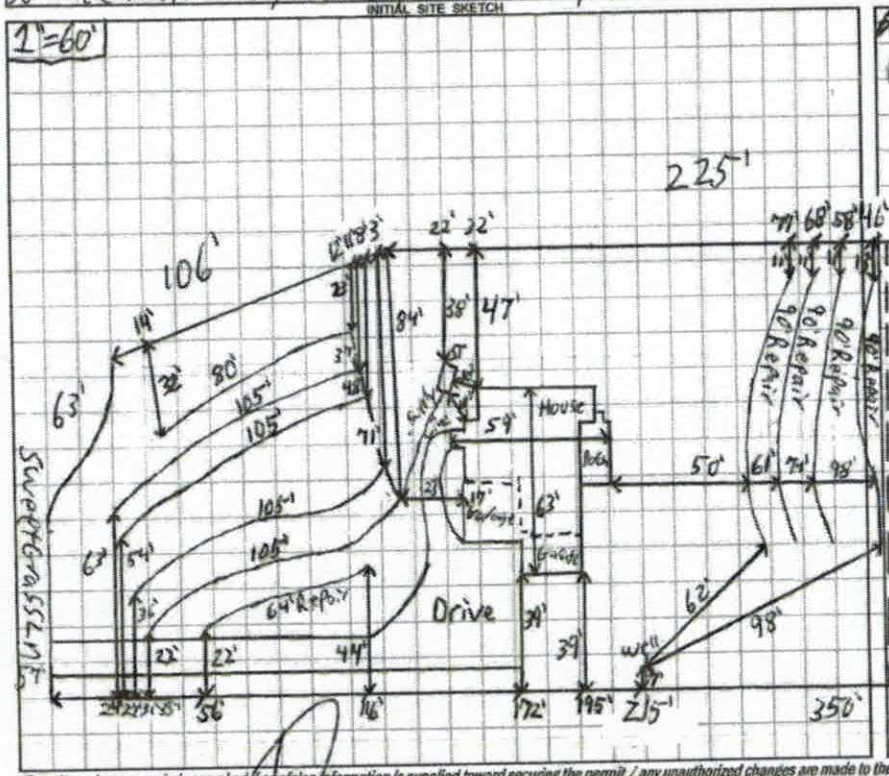
SUBDIVISION: Hollybrook | SECTION: — | LOT # 39 | LOT AREA: 1.25 acres | DESIGN FLOW: 600 GPD | L.T.A.R.: .13

Septic Tank 1500 (gal)	STB: Infiltrator	Date plastic	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% reduction gravity		☐ Business	No. Persons 10	☒ Private
Pump Make	Model	Serial #	Repair System Description: LPPBBS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 500	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth [redacted]	~~36" max~~ Gravel Depth	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

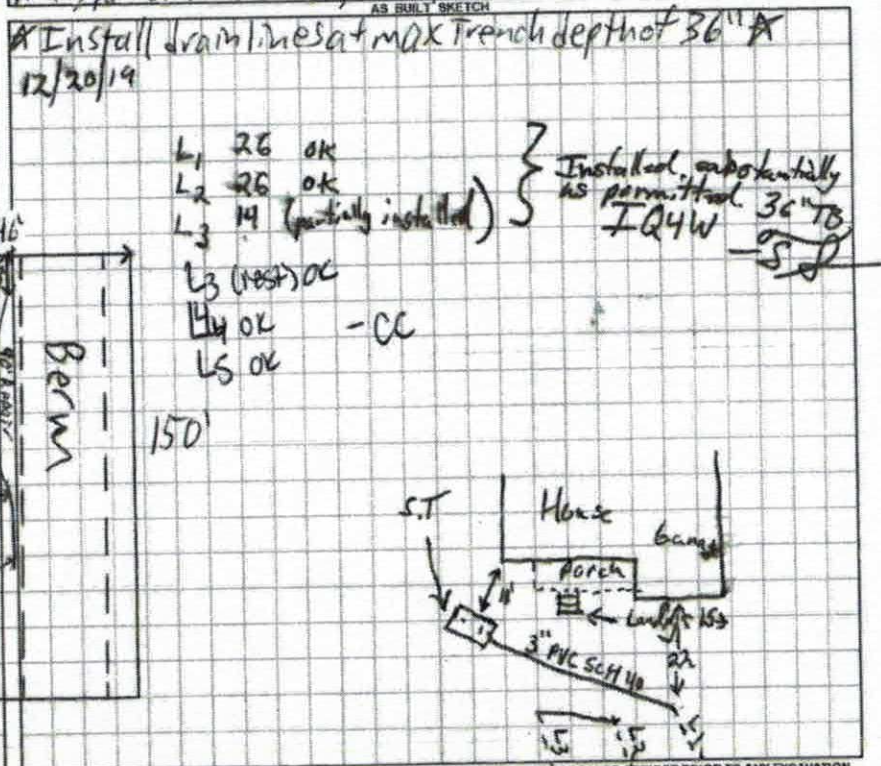
Comments / Conditions: Install Lines on contour. DO NOT Drive Place material or manipulate septic area. Divert Storm and surface water away from septic area. Repair must be installed

Shallow to avoid saprolite to allow well on Lot. Initial Tank must be installed as shallow as possible to ensure fall to first line if any part of tank is above ground approved cover must be brought in.

INITIAL SITE SKETCH



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. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

Owner / Applicant Signature: [signature] Date: 12/20/2019 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Patrick O Boyle III Date: 12/20/19 OPERATION PERMIT by: Carla C. Nicks Date: 12-27-19

AUTHORIZATION TO CONSTRUCT by: Patrick O Boyle III Date: 12/20/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 24675

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

PIN # 4686052693

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

SITE ADDRESS: 120 Sweet Grass Ln mooresville NC 28115 | PHONE: 704-943-1310 | ALT. PHONE

SITE DIRECTIONS: NC 3 N to L on Williford Rd, R on Linwood Rd, L on Statesville Rd, R on Rainshadow, L on Turtleback Dr, L on Sweetgrass Ln on R

SAP CONTROLLED: ☒ YES ☐ NO

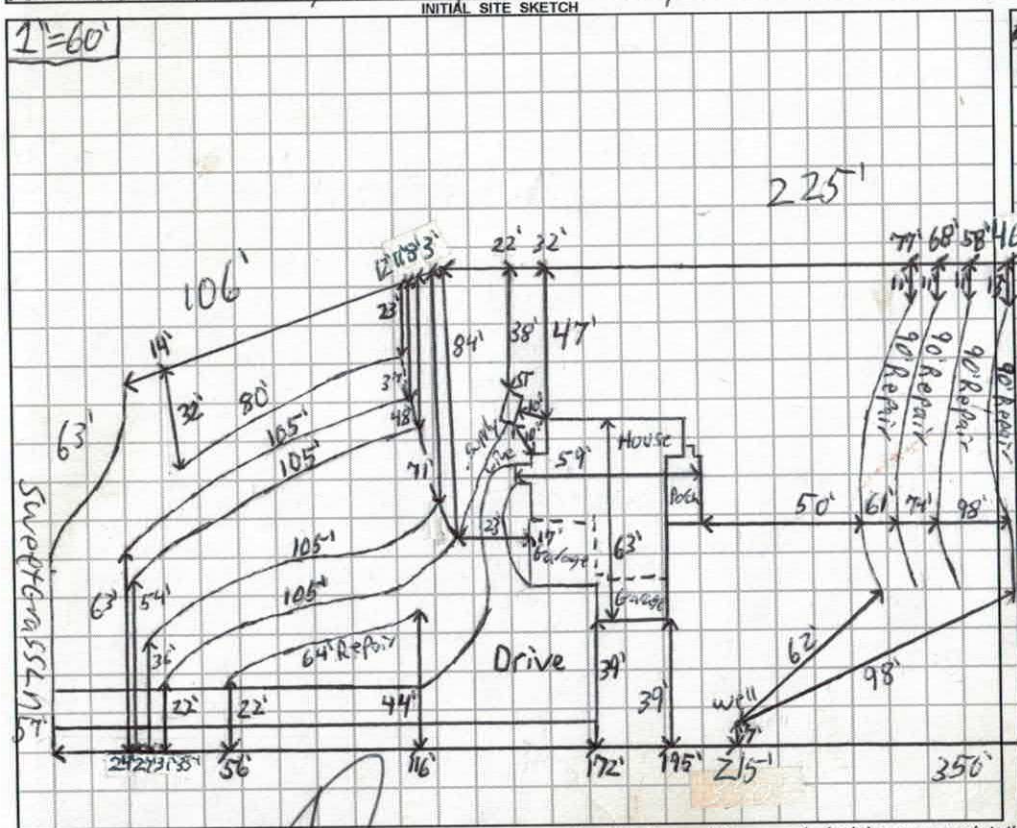
SUBDIVISION: Hollybrook | SECTION: — | LOT # 39 | LOT AREA: 1.125 acres | DESIGN FLOW: 600 GPD | L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	(gal)	PT	Date	System Description:	25% reduction Gravity	☐ Business	No. Persons 10
Pump Make	Model		Serial #	Repair System Description:	LPPPBRS	☐ Other	No. Employees
# Nitrification Fields	1 # Lines 5		Linear Ft 500'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36" Trench Bottom Depth (from existing)		~~36"~~ 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 Place material or manipulate septic area. Divert Storm and surface water away from septic area. Repair must be installed shallow to avoid saprolite to allow well on Lot. Initial Tank must be installed as shallow as possible to ensure fall to first line if any part of tank is above ground approved cover must be brought in.

INITIAL SITE SKETCH

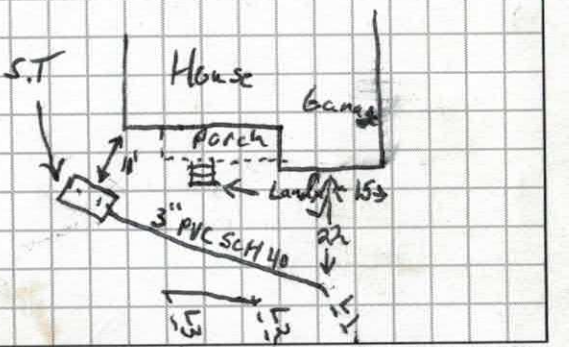


AS BUILT SKETCH

~~Install drainlines at max Trench depth of 36"~~

12/20/19

L1 26 ok
L2 26 ok
L3 14 (partially installed) } Installed substantially as permitted. 36" TB IQ4W



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: 12/20/2019 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Patrick O Bagley III | Date: 12/20/19 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Patrick O Bagley III | Date: 12/20/19 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4186052
COUNTY: Iredell

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

OWNER: Century Communities
ADDRESS: 7400 Carmel Executive Park Dr suite 205 28226
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 600GPD
LOCATION OF SITE: 120 Sweetgrass Ln
APPLICATION DATE 7/24/19
DATE EVALUATED: 7/31/19
PROPERTY SIZE: 1.125 acres
PROPERTY RECORDED: yes

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 4%	0-6	SCL sBk	Fr SS SP SexP.	—	57"	Litho inclusions starting at 16" more common until Sandy sap at 57"	—	PS.3
		6-40	C sBk	Fr SS SP SexP					
		40-57	CL SBk	Fr SS SP SexP					
		57-60	sandy sap mass	VFr SS SP SexP					
2	SS 5%	0-3	SCL SBk	Fr SS SP SexP	—	60"	Litho inclusions throughout more common at bottom	—	PS.3
		3-36	C SBk	Fr SS SP SexP					
		36-60	CL SBk	Fr SS SP SexP					
3	SS 5%	0-4	SCL SBk	Fr SS SP SexP	—	33"	Litho inclusions starting at 20" sandy sap starting at 33"	—	PS.3
		4-24	C SBk	Fr SS SP SexP					
		24-33	CL SBk	Fr SS SP SexP					
		33-60	sandy sap mass	VFr SS SP SexP					
4	SS 3%	0-4	SCL SBk	Fr SS SP SexP	—	60"	Litho common throughout	—	PS.3
		4-26	C SBk	Fr SS SP SexP					
		26-60	CL SBk	Fr SS SP SexP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	500'	334'
System Type(s)	25% Red	50% Red Trench
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Gary

COMMENTS:

Updated February 2014

PJB

APPROVED AUG 0 9 2019

PROPERTY ID #: 4686052693
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: 7/31/2019
PROPOSED FACILITY: 5 bdrm PROPOSED DESIGN FLOW (.1949): 600 GPD PROPERTY SIZE: 1.13 AC
LOCATION OF SITE: 120 Sweet Grass Ln, Hollybrook Lot 38 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
1	LS 5%	0-9	Br CL WSBK	FR SS SP SXP	N/A	52"	F-C SAP PS	N/A	PS 0.3
		9-22	R C SBK	FR SS SP SXP					
		22-52	R CL WSBK	FR SS SP SXP					
		52-62	VER L SAP M	FR SS SP SXP					
2	LS 5%	0-3	Br CL WSBK	FR SS SP SXP	N/A	62"	F-C SAP	N/A	PS 0.3
		3-20	R C SBK/ABK	FR SS SP SXP					
		20-62	R CL WSBK	FR SS SP SXP					
3	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	~~30~~ 33(1)	F-C SAP	N/A	PS 0.3
		4-18	R C WSBK	FR SS SP SXP					
		18-~~30~~33	R CL WSBK	FR SS SP SXP					
		~~33~~-66	VER L SAP	FR SS SP SXP					
4	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	60"	F-C SAP	N/A	PS 0.3
		4-26	R C SBK	FR SS SP SXP					
		26-60	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1500 FT²	1089 FT²
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS: Called and spoke to Gary about 3rd pit and he was fine with the changes

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 120 Sweet Grass Ln Hollybrook 39, identified as PIN (Parcel Identification Number) 4686052693, 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.

$320.00
12/11/19
#246757

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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: 120 Sweet Grass Ln
Subdivision Name: Hollybrook **Section/Phase:** **Lot Number:** 39
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:
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: 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

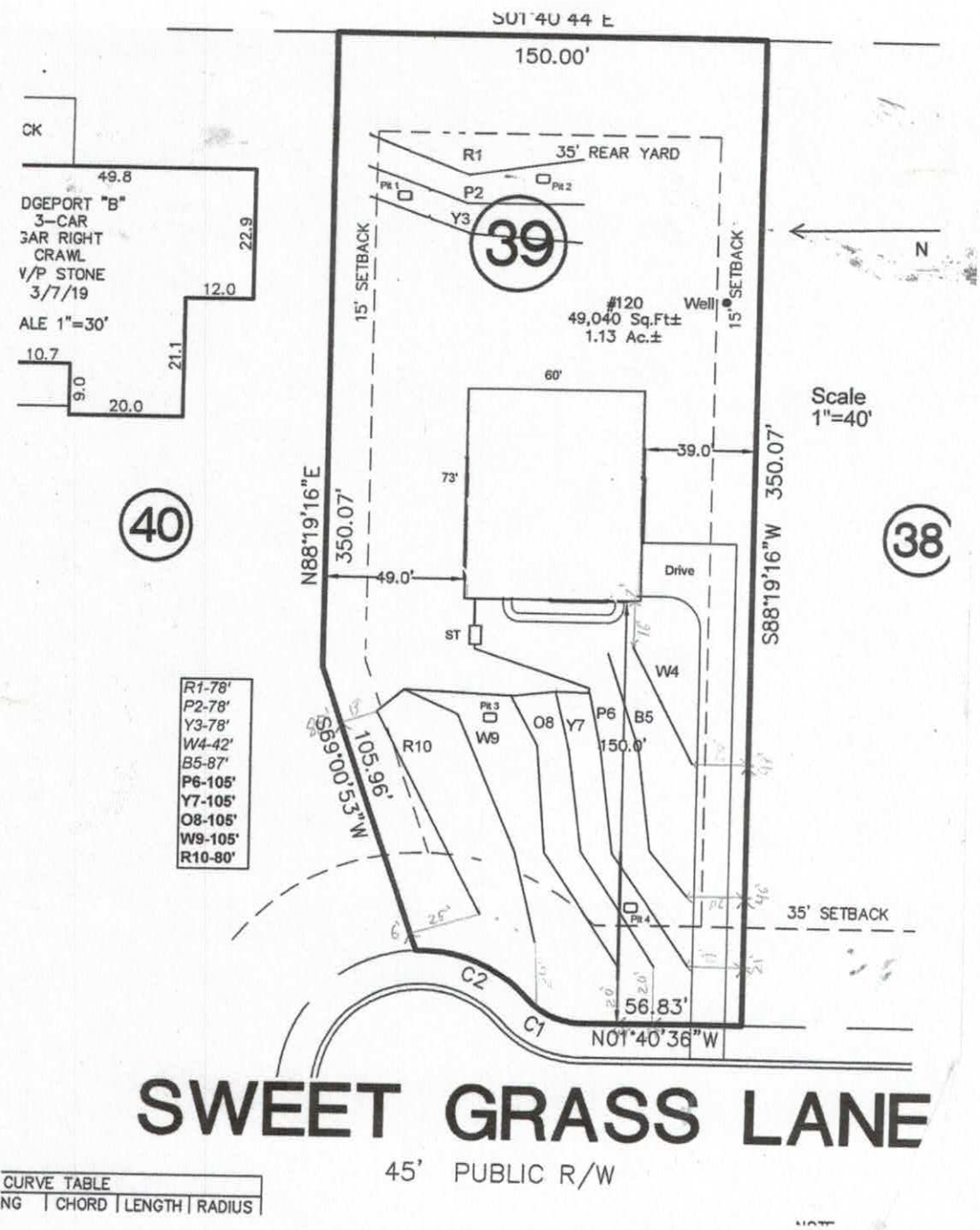
Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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: 12/9/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



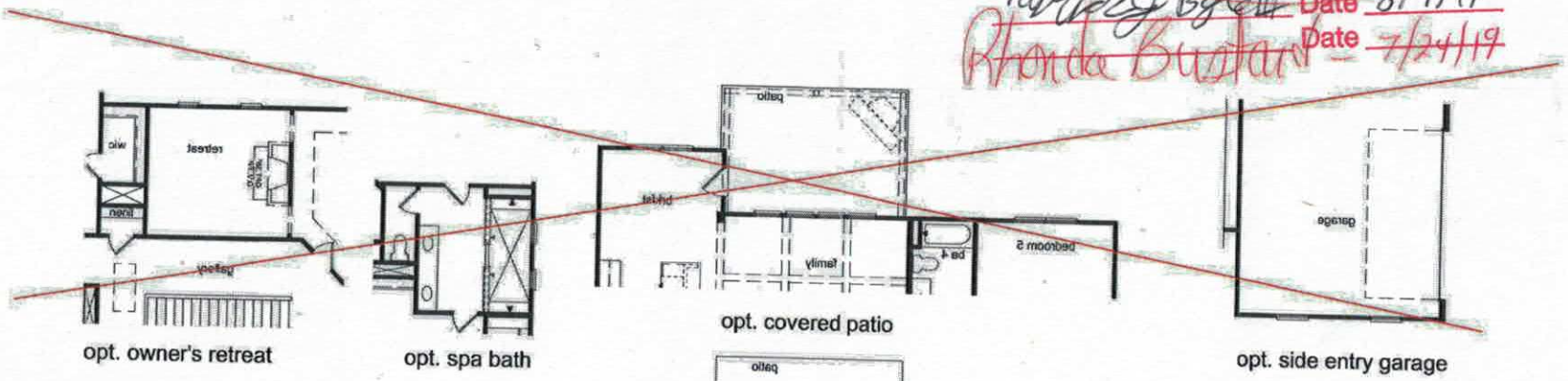
CURVE TABLE			
NG	CHORD	LENGTH	RADIUS

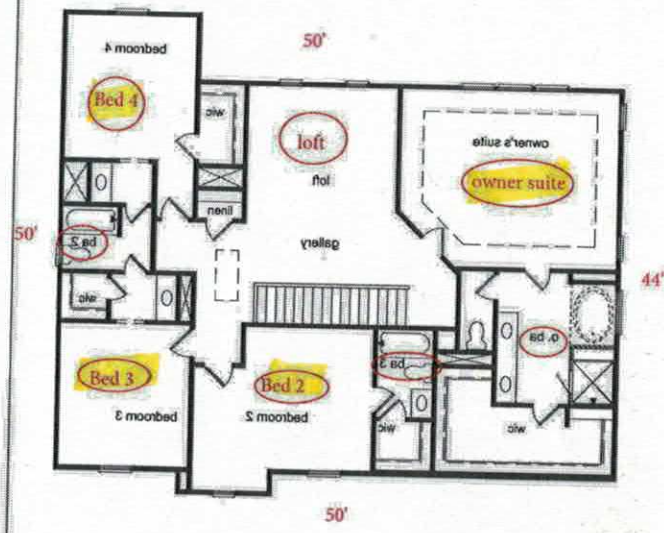
Acknowledgement of Plans Submittal ONLY!

Hollybrook - Lot 39
120 Sweet Grass Ln.

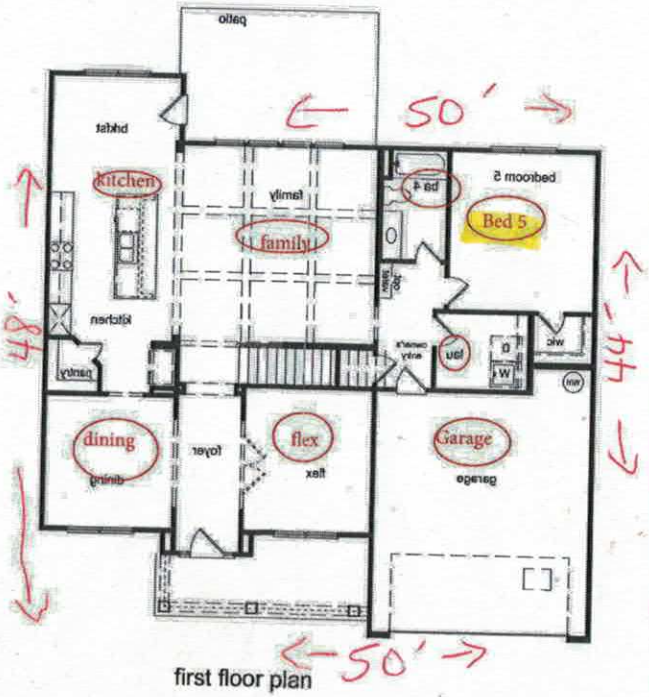
Patricia Clark Date 8/9/19

Rhonda Bustard Date 7/24/19

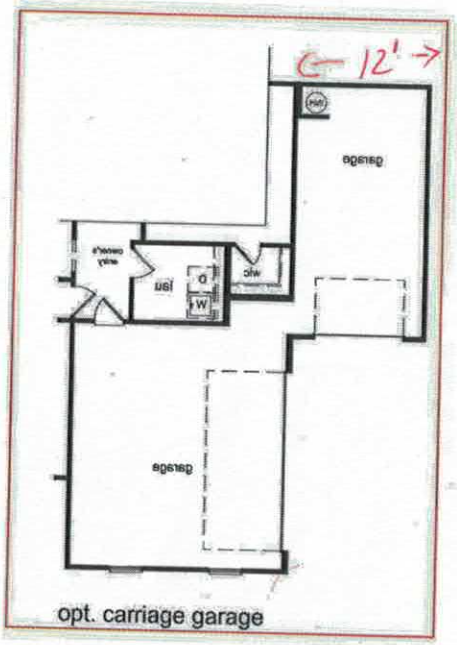




second floor plan



first floor plan



opt. carriage garage

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: 7020

RELEASE DATE: 03.07.19

MODEL: BRIDGEPORT

DRAWING TITLE: MARKETING FLOOR PLAN

SHEET NO: M-2 (2)

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

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
12/12/19 (**Date**)

Owner: Century Communities
Address: 7400 Carmel Exec. Park Dr. STE 205, Charlotte NC 28226

Subject: Notice of Intent to Revoke/Suspend Hollybrook Lot 39/ 120 Sweet Grass Ln. Mooresville NC 28115 (**specify name/location**) Improvement Permit/Construction Authorization

Dear Century Communities:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 120 Sweet Grass Ln. Mooresville NC 28115 (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization 246757 (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
~Cannot have 2 permits on the same lot.	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 12/12/19. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Patrick J Bagley III

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

12/8/2019 (Date)

Owner: Century Communites Southeast, LLC.
Address: 7400 Carmel Exec. Park Dr. Suite 205
Charlotte, NC 28226

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Hollybrook lot - 39 Owner: Century Communities Southeast, LLC.
ID# 4686052693

I, Century Communities (print full name), voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 2019 (date) for a system

25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149208 PIN# 4676956328,039 DATE 10-9-08

OWNER OR APPLICANT David McKay PHONE: Business 704-664-9080 Home

ADDRESS 505 Teeter Rd Mooresville NC 28115

LOCATION Hwy 152 E TR Teeter Rd TL Rain Shadow TL Turtleback TL Sweet Grass on right

SUBDIVISION Hollybrook BLOCK / SECTION LOT 39 LOT AREA 1.185 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3gpd/ft² .25 Repair

Septic Tank: 1000 Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: 25% reduction gravity

Repair System Description: 25% reduction gravity

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4/3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

12' Driveway at property line.

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from Steve Curley GSS Consultants & Wastewater Solutions

AS BUILT SKETCH

1.185 then

1.125 now

---NLY---

ERMIT!

)ED!

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

Improvement Permit by: Judy Melville date 10-9-08

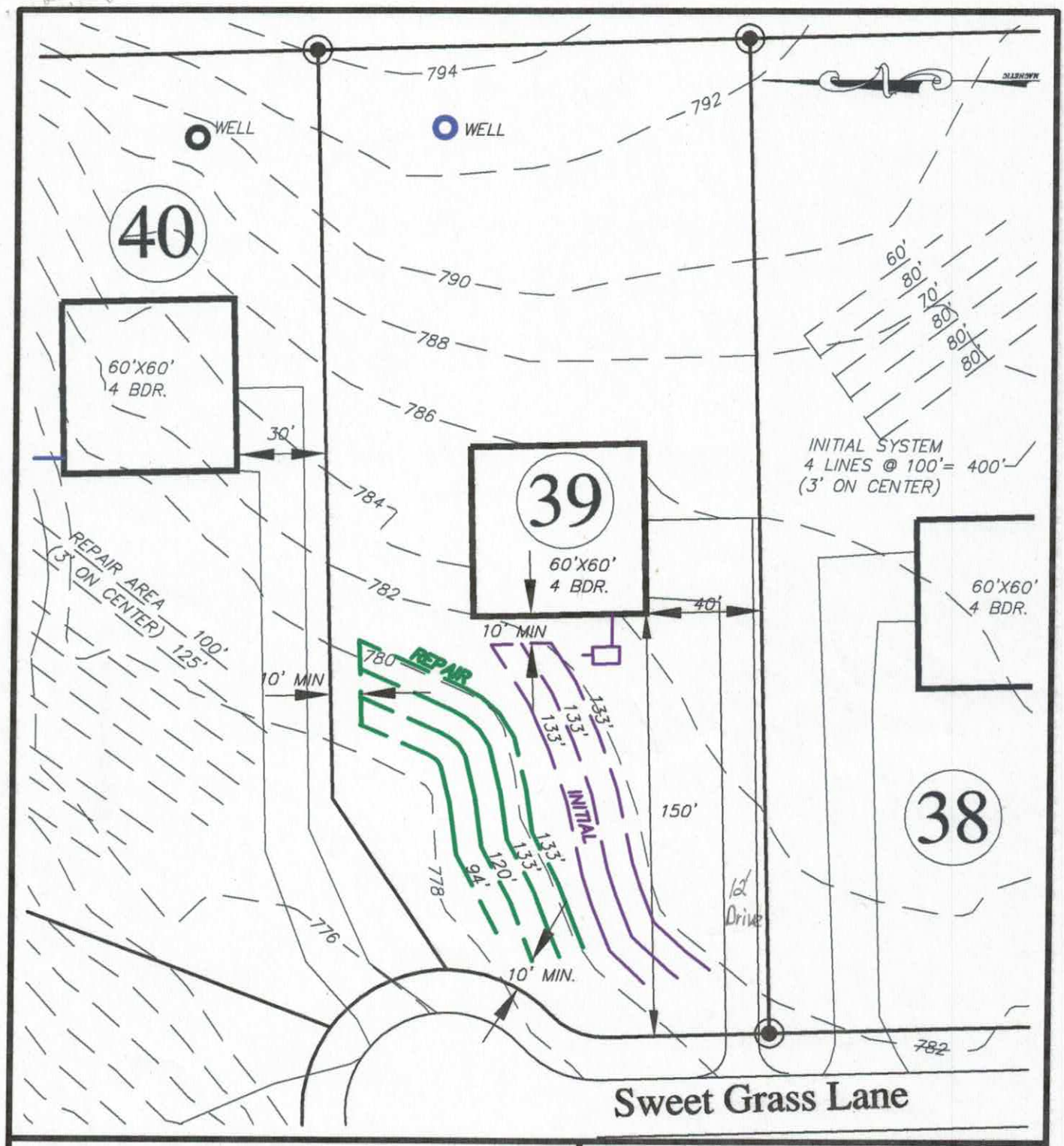
Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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



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 # 39

BAR SCALE 1"=50'

0 25 50 100

Hollybrook Subdivision Septic Specifications
Iredell County , NC

Lot # 39 Type of Water Supply Well Number of Bedrooms 4 GPD Flow 480

Type of Initial System 3g Gravity ____ Pump ____ LTAR 0.3

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

____ Number of Trenches 3 Trench Width and Length 3'x133' 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 3g Gravity ____ Pump ____ LTAR 0.25

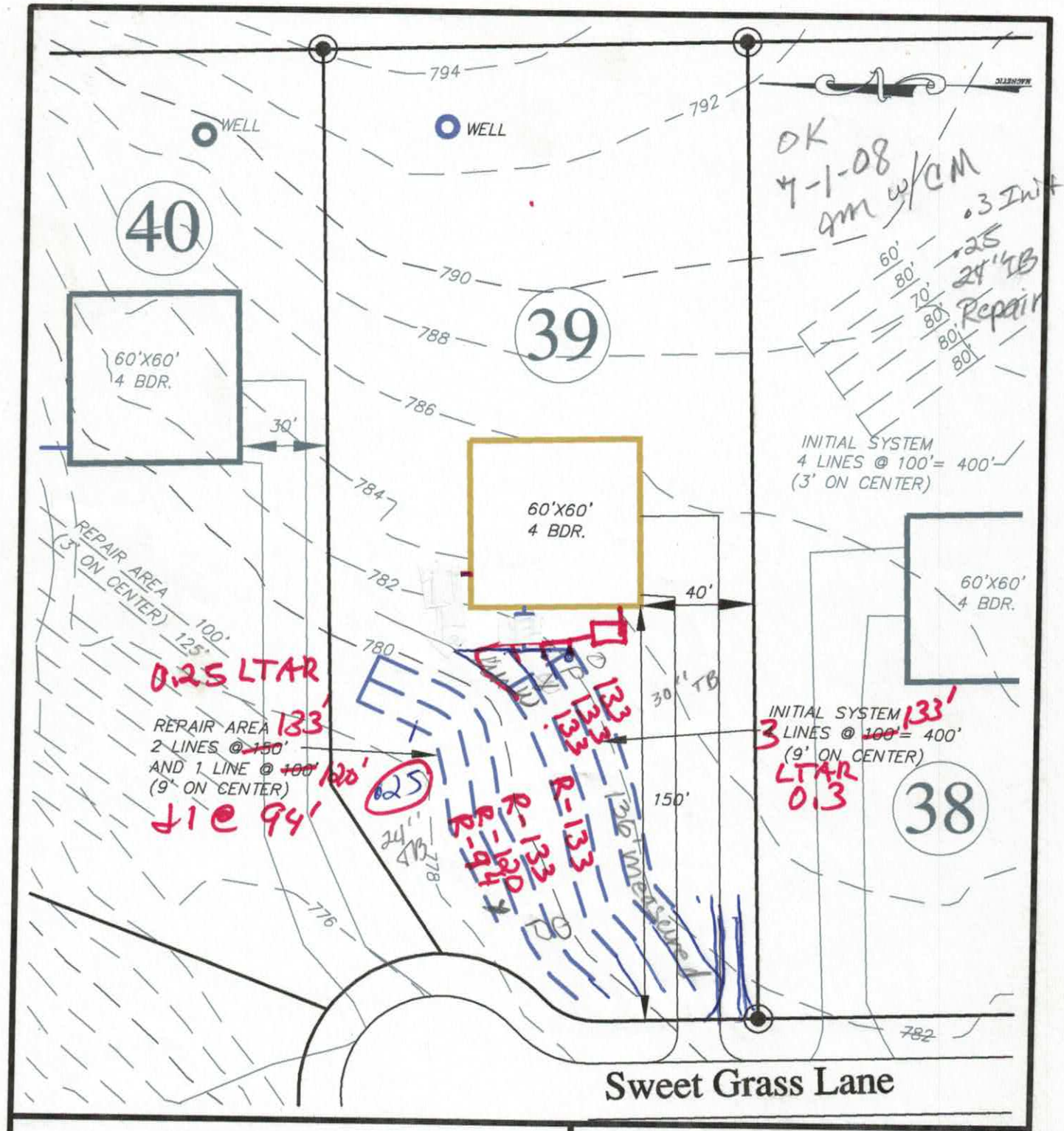
Total Linear Feet of drain line 480 ' Type of Distribution System Serial

Number of Trenches 4 Trench Width and Length 36" x —

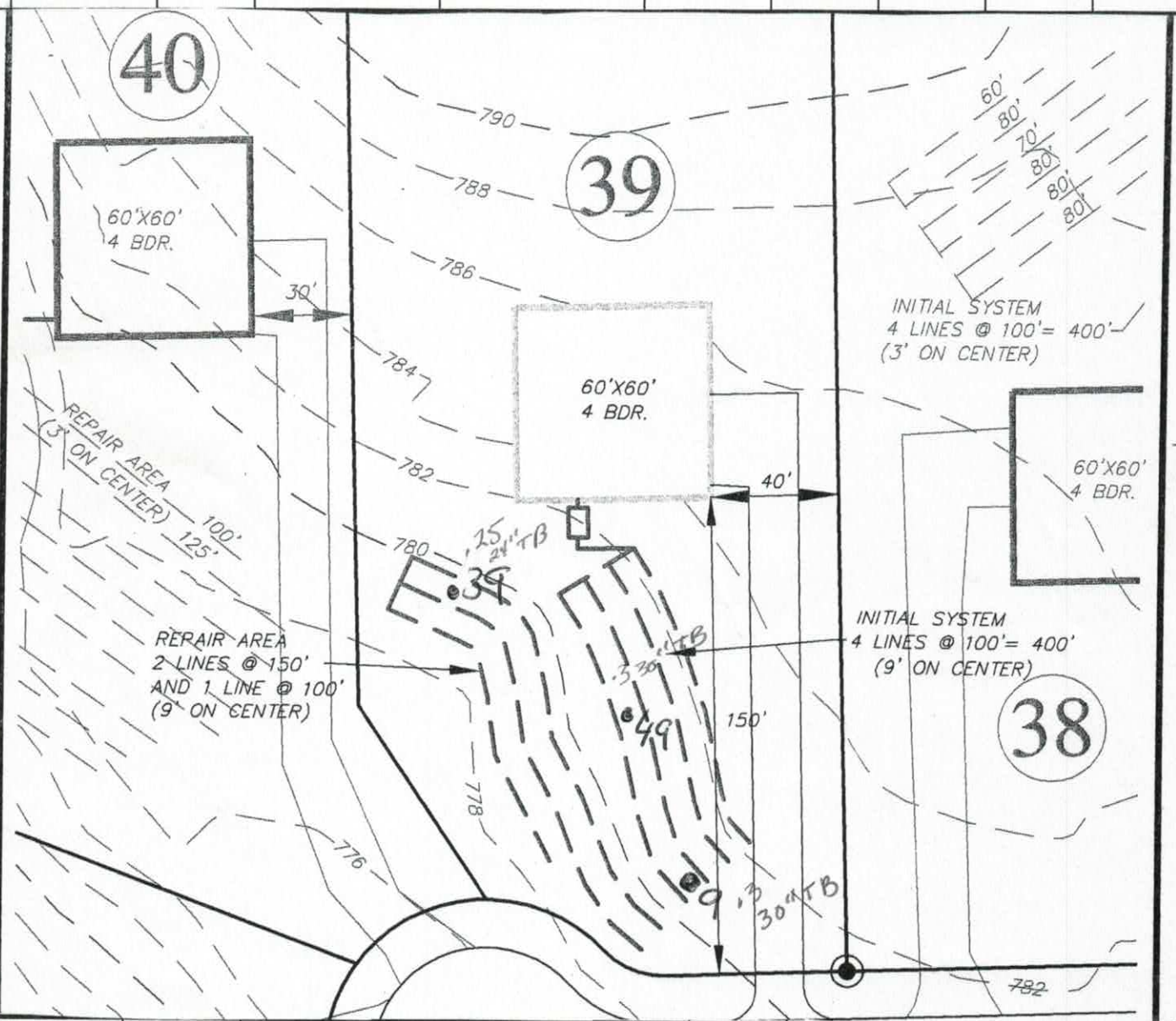
If Variable Length List Separately (2) 133' (1)-120 ,(1)-94

Minimum Trench Spacing 9 o/c

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

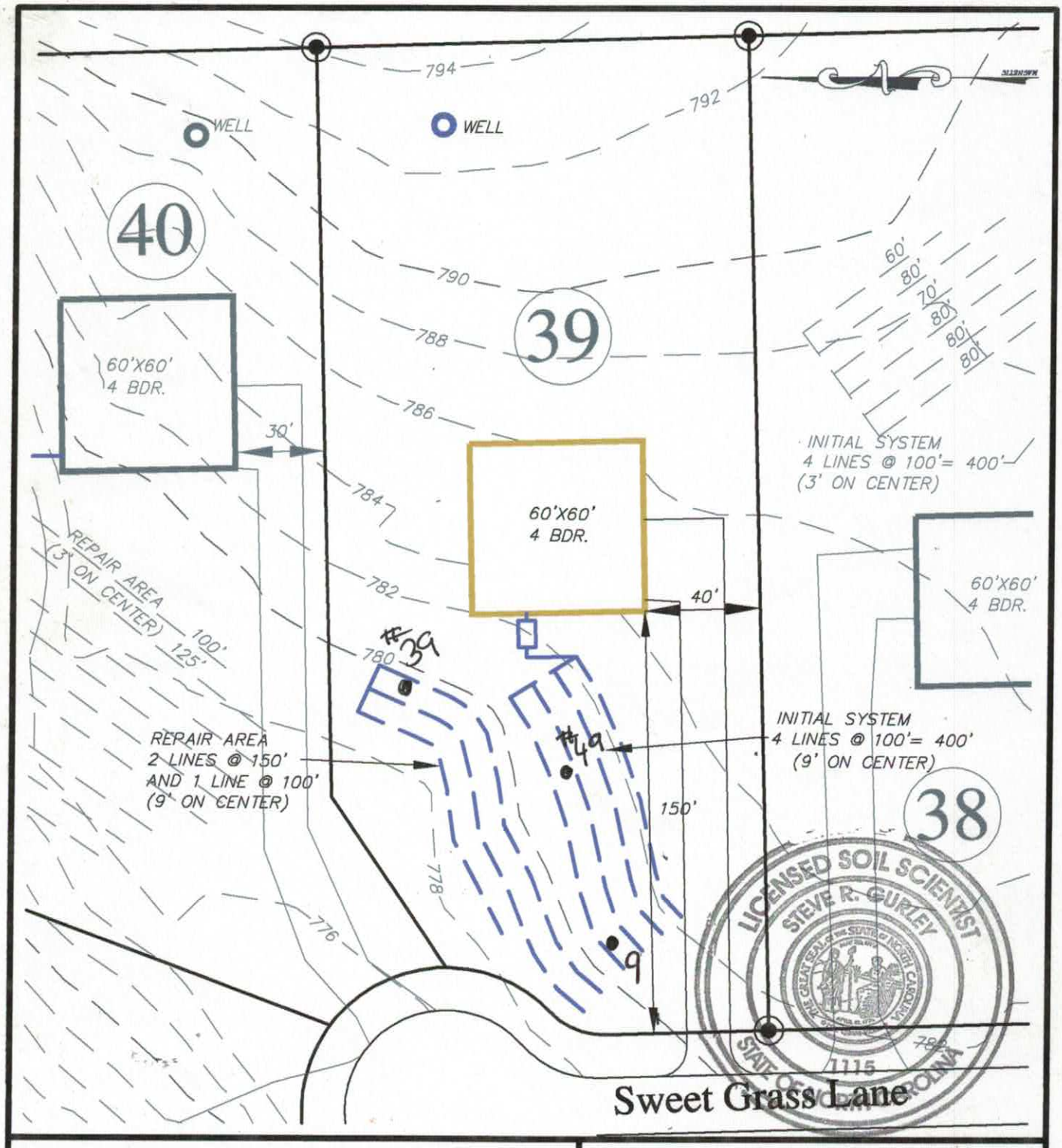

794
792
790
788
786
784
782
780
778
776
WELL
WELL
40
39
38
60'X60'
4 BDR.
30'
60'X60'
4 BDR.
40'
60'X60'
4 BDR.
INITIAL SYSTEM
4 LINES @ 100'= 400'
(3' ON CENTER)
REPAIR AREA
(3' ON CENTER)
100'
125'
REPAIR AREA
2 LINES @ 150'
AND 1 LINE @ 100'
(9' ON CENTER)
INITIAL SYSTEM
3 LINES @ 100'= 400'
(9' ON CENTER)
150'
Sweet Grass Lane
OK
4-1-08
gm w/CM
.3 Initial
.25
24" TB
Repair
0.25 LTAR
133'
120'
.25
24" TB
R-133
R-120
R-94
133'
LTAR
0.3
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 # 39
BAR SCALE
1"=50'
0
25
50
100
Service Dist - Initial & Repair

9	Wtr in pit	Bt 0-30+ (Waterlive)	Described by Judy Melville						IV 0.3



37-3	L 6-10 undulating Agtc rocks in area	AB 0-2	SBK	CL	SEXP FR S SP	2.5YR4/6	48"+	N/A	N/A	II 0.3/ac	Pass Caron at 4
		Bt 2-40	"	C	" " " P						
		BC 40-48+	"	"	" " " "						

49	L 6-10% Smooth	Ao 0-2	SBK	SCL	SEXP FR S SP	2.5YR4/6	42"	N/A	42" to CB	IV 0.3/ac
		Bt 2-35	"	C	" " " P					
		BC 35-42	"	SCL/C	" " " SP					
		CB 42-48+	"	SL/CL	" " " "					



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 # 39

BAR SCALE 1"=50'

0 25 50 100

DENR/DEH

ON-SITE WASTEWATER SECTION

39

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	As (45)	AB 0-4	SBK SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	42" ± to SAP	IV 0.3 l/sq ft
		B+ 4-42	" C	" " " P					
		CB 42-48+	" C/CL	" " " SP					
2	As (45)	AB 0-5	SBK SCL	SEXP FR S SP	2.5YR 4/6	37"	N/A	37" ± to SAP	IV 0.25 l/sq ft (depth)
		B+ 5-21	" C	" " " P					
		BC 21-37	" C/CL	" " " "					
		C 37-48+	" C/CL	" " " SP					
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 l/sq ft
		B+ 2-42	" C	" " " P					
		C 42-48+	" SCL/SL	" " " SP					
4	L 6-10% Smooth	A 0-2	SBK SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	42" to CB U SAP @ 42"	IV 0.3 l/sq ft .3 @ 30" TB
		B+ 2-35	" C	" " " P					
		BC 35-42	" SCL/C	" " " SP					
		CB 42-48+	" SL/CL	" " " "					

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: _____

NO 42" soil depth

⑨ 0-2 gr scl DK br Gr

2-26 mo sbk c Red fr

26-47 wk sbk cl Red Gr c-sap

47 sap. cl/sl sap

soil depth 47"

U sap @ 47"

.3

upto 30" TB

ENR/DEH

ON-SITE WASTEWATER SECTION

39

PROPERTY ID #:

COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Williams, Teeter Rd. Iredell Co. APPLICATION DATE

ADDRESS: DATE EVALUATED: 11/5/08

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	
37 1	L 6-10 smooth	B+1 0-26	SBK C	SEXP FR S P	2.5YR 4/6	48"+	N/A	26" to redox	~~III~~ LPP 0.2 ltar
		B+2g 26-48+	" "	" " " "	2.5YR 9/6 w/ 6/1 seq.				
38 2	AS (37)	B+1 0-34	SBK C	SEXP FR S P	2.5YR 4/8	48"+	N/A	34" to redox	IV LPP 0.2 ltar
		B+2g 34-48+	" "	" " " "	10YR 6/6 w/ 6/1 sec.				
39 3	L 4-10 undulating Agric roles increase	AB 0-2	SBK CL	SEXP FR S SP	2.5YR 4/6 + chroma 2 40"+	48"+	N/A	N/A	~~II~~ ~~0.3 ltar~~ .25 28" min TB 24" TB preferred
		B+ 2-40	" C	" " " P					
		BC 40-48+	" "	" " " "					
40	L 4-8 smooth	A0 0-2	SBK CL	SEXP FR S P	2.5YR 4/6	48"+	N/A	N/A	~~II~~ 0.3 ltar
		B+ 2-46	" C	" " " "					
		BC 46-48+	" "	" " " "					

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:

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149208 PIN# 4676956328.039 DATE 10-9-08

OWNER OR APPLICANT David McKay PHONE: Business 704-664-9080 Home

ADDRESS 505 Teeter Rd / Mooresville NC 28115

LOCATION Hwy 152 E TR Teeter Rd TL Rain Shadow TL Turtle back TL Sweet Grass on right

SUBDIVISION Hollybrook BLOCK / SECTION LOT 39 LOT AREA 1.185 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .39 gpd/ft² .25 Repair

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA ☒ Gravity ☐ Pressure

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

System Description: 25% reduction gravity

Repair System Description: 25% reduction gravity

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

12' Driveway at property line

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from Steve Gourley GSS Consultants & Wastewater Solutions

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 ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 11-13-08 Installed by:

Improvement Permit by: Judy Melville date 10-9-08 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

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

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 #:	149208ZO	Subdivision:	Hollybrook
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 Sweet Grass Ln. MOORESVILLE NC 28115		
Parcel #:	4676956328.039	Zoning:	RA
Lot #:	39 Size: 1.185	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. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

RECEIVED
MAY 12 2008
By

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

Hollybrook Subdivision Septic Specifications
Iredell County , NC

Lot # 39 Type of Water Supply Well Number of Bedrooms 4

Designed Gallons per Day Flow 480 LTAR .03 Absorption Area 1600 sq/ft.

Total Linear Feet of drain line required. 533 ft.

Type of Initial System 3g Gravity ✓ Pump ____ Type of Distribution System Serial Number of Trenches 4 Trench Width and Length 3'x100' If Variable Length Lines List Separately — Minimum Trench Spacing 9' o/c Trench Depth 30" in. Septic Tank Size 1000 gal. Pump Tank Size — gal.

Type of Repair System 3g Gravity ✓ Pump ____ Type of Distribution System Serial Number of Trenches 3 Trench Width and Length ____ If Variable Length List Separably 3 x (2) 155', 100' Minimum Trench Spacing 9' o/c Trench Depth 30" in. Septic Tank Size 1000 gal. Pump Tank Size — gal.

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
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
David McKay	505 Teeter Rd. Mooresville		704 664-9050

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Holly Brook	Lot # 39

Driving Directions: Hwy #152-E, Rt on Teeter Rd. go ≈ 2mi left on Rain Shadow, 2nd left on Turtleback., left on Sweet Grass 4th 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 — 5-4-08

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

IREDELL COUNTY HEATLH DEPARTMENT

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…**
- ____ ***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***
- ____ **Front and side setbacks from property line…**
- ____ **Preferred driveway location and configuration, preferred 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**

Signature: Russell Wall

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

6-12-05

DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Lot # 39 - Plan

