IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # [illegible]

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

PIN # 4626585308

APPLICANT: Nest Homes LLC APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC 28117

SITE ADDRESS: 113 Bells Run Ct. Mooresville NC 28117 PHONE: ALT. PHONE: 704-433-9947

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Grasshopper TR Cherry Tree Tl Bells Run Ct

SUBDIVISION: The Farms SECTION: 5 LOT # 584 LOT AREA: 1.17Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank: X min 1000 (gal) STB 444 Date 4-10-17
Pump Tank: 1000 (gal) PT 77 Date 4-6-17
Pump Make: Goulds Model 1/3 WE0312 Serial #
Nitrification Fields: 1 # Lines 6 Linear Ft: 270'
Trench Width: Min 24" Max. Trench Bottom Depth: 36" Gravel Depth: N/A

X New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LPPBPS
Repair System Description: LPPBPS
Maintenance Agreement Required: X YES ☐ NO
☐ GRAVITY X PRESSURE

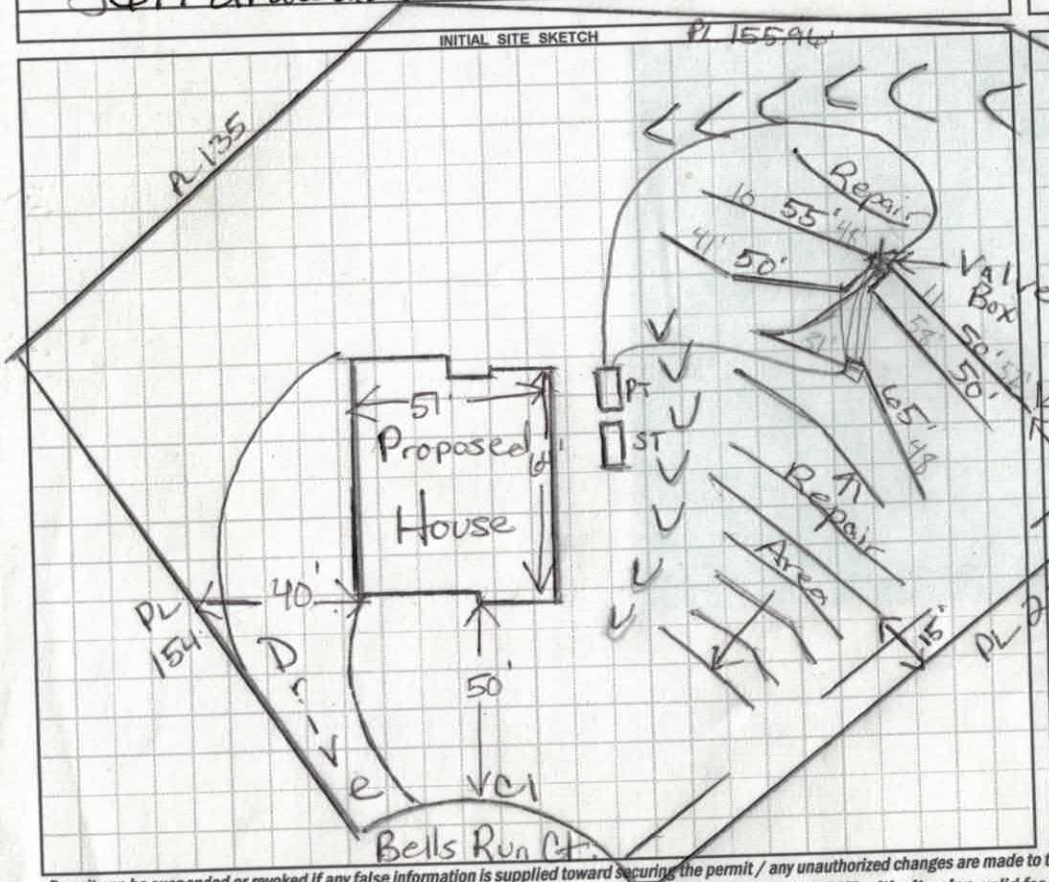
X Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab X Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private X Public X Community

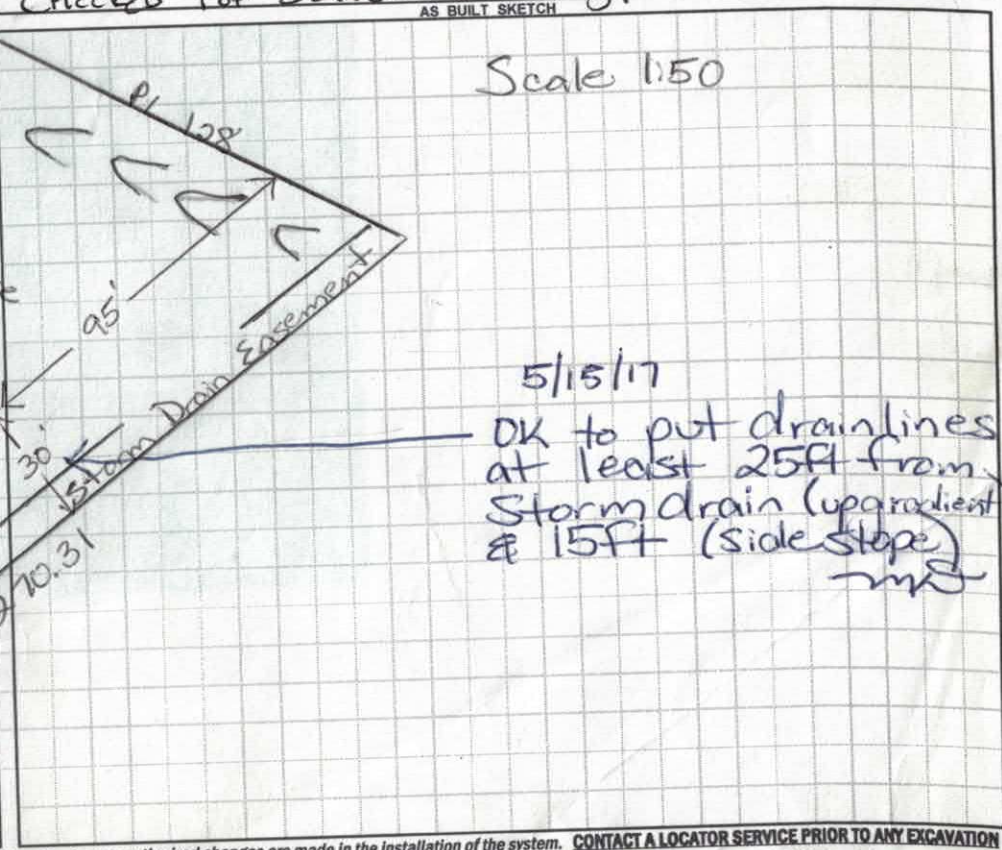
Comments / Conditions: X Refer to requirements of Septic Systems in Crescent Communities
16.7 drawdown

Note: "Properly fill in gullied areas. Slight shaping required in drainfield areas.
CHECKED TOP 2 LINES 5-12-17 RA

INITIAL SITE SKETCH



AS BUILT SKETCH



5/15/17
OK to put drainlines at least 25ft from storm drain (upgradient) & 15ft (side slope)

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

X 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: Date: 10/5/16 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 10/25/16 OPERATION PERMIT by: Maria Dotson Date: 6/9/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 10/25/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

4:00

	Date	Initials
Drain Lines Checked	5-16-17	BA
Tanks Checked	5-15-17	BA
Pressure Manifold or Valve Box Checked	5-16-17	BA
Pressure Head Set 25#	6/9/17	MD
Electrical Checked	6/9/17	MD
Floats Set	6/9/17	MD
Alarm Checked	6/9/17	MD
Maintenance Contract Y / N		

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Farms I
ADDRESS: House
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 584

APPLICATION DATE _____
DATE EVALUATED: _____
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other _____
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

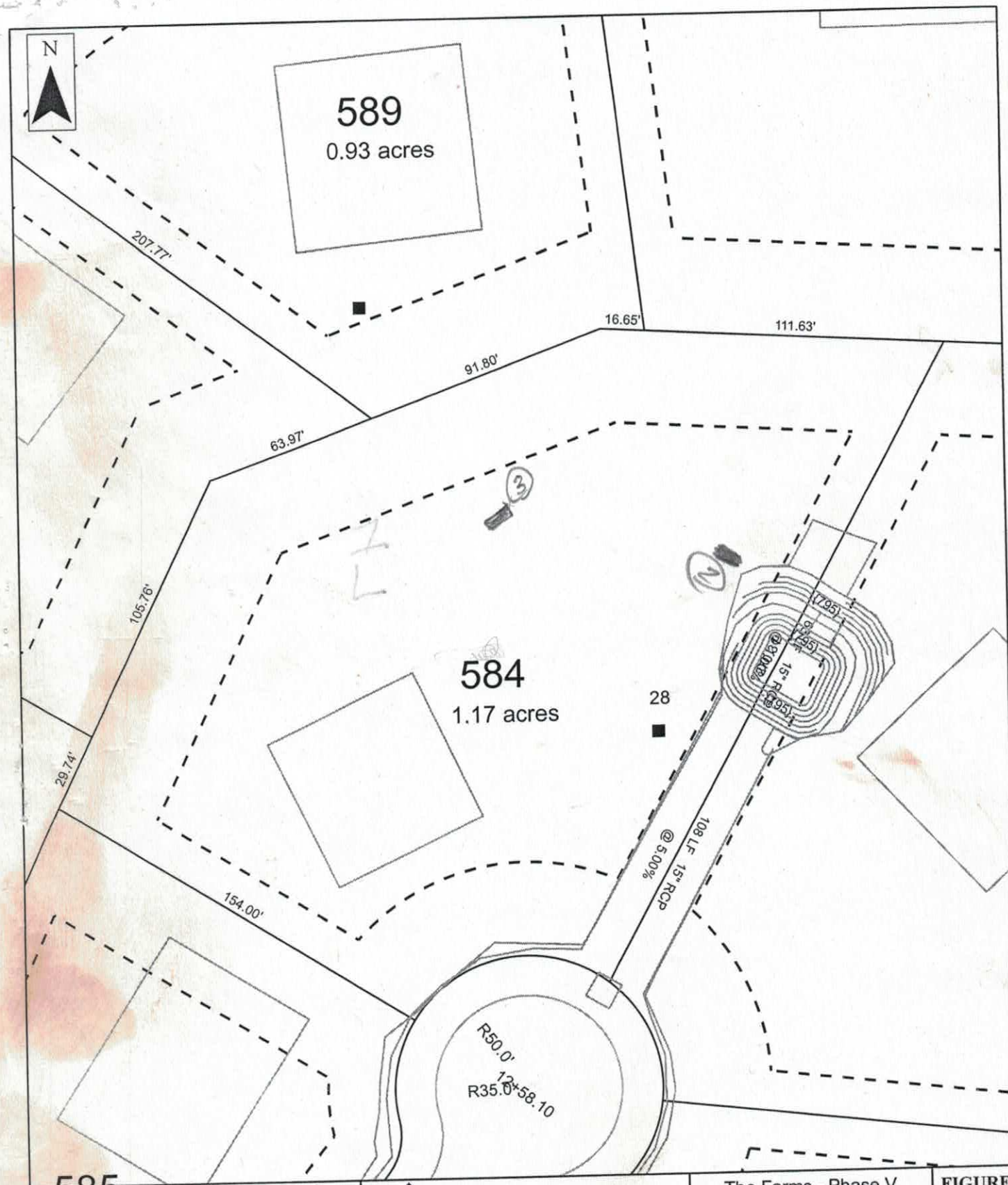
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
28 1	L 10-15%	0-10	Mo GR SL	FR SS/SP	Br	WR			0.3
		10-38	Mo SBK C	FR SS/SP	Red				
		38-52	WK SBK CL	FR SS/SP	Red; F				
2	11-29-Dc 11%	0-6	WkSbk [illegible] SL	frssp					.3
		6-34	msbk mdc	fr ssp sp					
		34-51	wkSBK CL	frssp					
3		0-2	gr SL	fr					.3
		2-50	mSbk mdc	frssp sp					
4									

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: _____



Scale: 1 inch equals 50 feet	S&ME	The Farms - Phase V	FIGURE
Drawn by: SDM		Lot 584	1
Reviewed by: JP		Iredell, North Carolina	
Date: November 2006	ENVIRONMENTAL SERVICES · ENGINEERING · TESTING	Job No. 1588-05-070	

RECEIVED MAY 13 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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)

218799

1. **APPLICATION FOR:** ✓ **Improvement Permit** ✓ **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

Paid $320.00 Int. Relayout

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**
   ✓ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	704-433-9947	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
	PO Box 3965 Mooresville NC 28117		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

113 Bells Run Ct. Mooresville NC	The Farms	5 - Lot #584
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Brawley School Rd to Mckendree/ Right onto Grasshopper/ Right onto Cherry Tree/ Left onto Bells Run Ct./

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 due to** ___
( ) **Other** ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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)* ( ) **EXISTING SYSTEM installed** ___ *Year*

( ) **Alternative** (✓) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other** ___

8. **Please Answer The Following** ( ) **Yes** (✓) **No Does the site contain any jurisdictional wetlands?**
   To The Best of Your Ability: ( ) **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:** J. Michael Watts Jr. — 5/12/16
   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, Adam Duke, am the legal owner(s) of the property located at 113 Bells Run Ct. Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4626585308.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Wetter, _____, 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.

Adam Duke	5/12/16	J. Michael Wetter Jr.	5/12/16
Signature of Owner(s)	Date	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 *ENVIRONMENTAL HEALTH DIVISION*:

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…

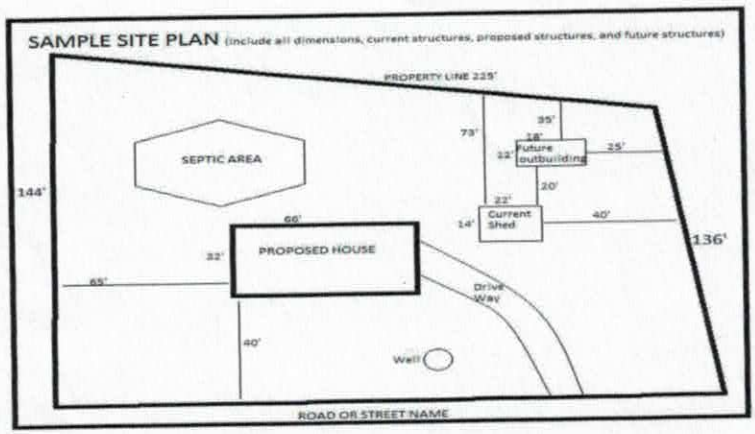
✓ North arrow, or other sufficient indicator of direction…

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

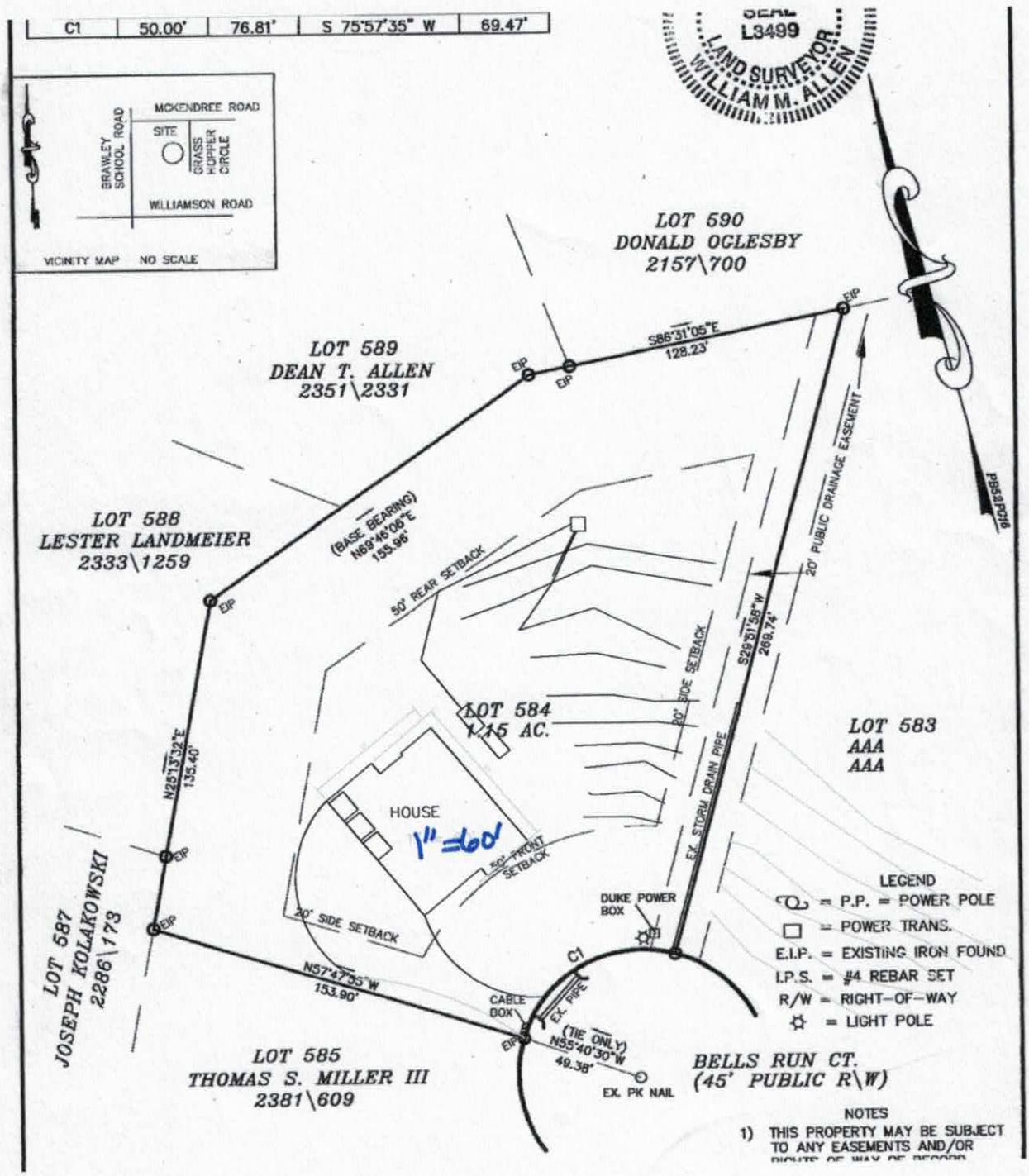


USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE SITE PLAN ATTACHED

Signature: J. Michael Watts Jr. 5/12/16

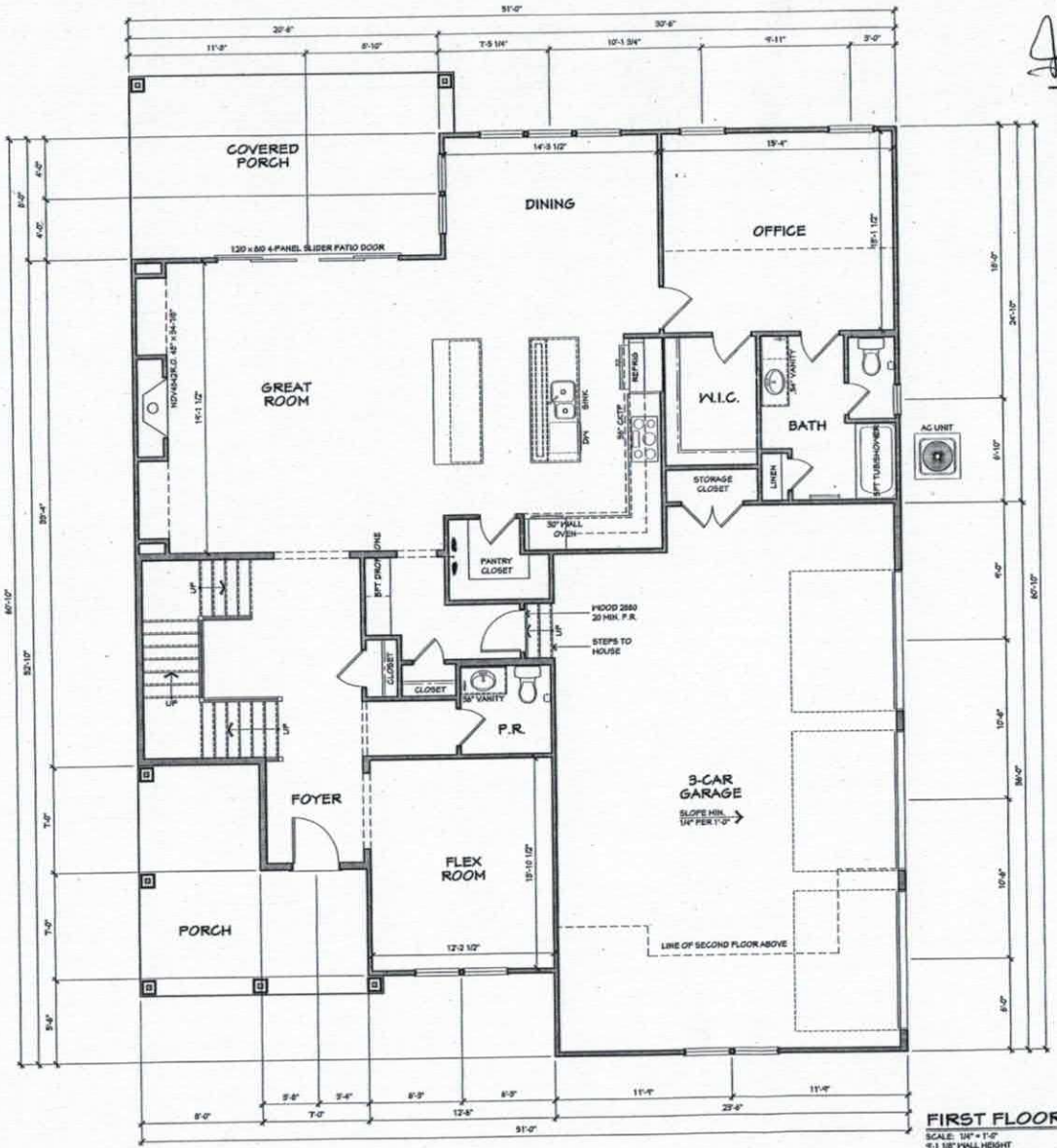
***REQUIRED* property owner or owner's legal representative signature.** **DATE**


C1 | 50.00' | 76.81' | S 75°57'35" W | 69.47'
SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN
MCKENDREE ROAD
SITE
GRASS HOPPER CIRCLE
BRAWLEY SCHOOL ROAD
WILLIAMSON ROAD
VICINITY MAP NO SCALE
LOT 590
DONALD OGLESBY
2157\700
LOT 589
DEAN T. ALLEN
2351\2331
LOT 588
LESTER LANDMEIER
2333\1259
LOT 587
JOSEPH KOLAKOWSKI
2286\173
LOT 585
THOMAS S. MILLER III
2381\609
LOT 584
1.15 AC.
LOT 583
AAA
AAA
BELLS RUN CT.
(45' PUBLIC R\W)
EIP
S86°31'05"E
128.23'
(BASE BEARING)
N69°46'06"E
155.96'
N25°13'32"E
135.40'
N57°47'53"W
153.90'
(TIE ONLY)
N55°40'30"W
49.38'
EX. PK NAIL
S29°31'58"W
269.74'
50' REAR SETBACK
20' SIDE SETBACK
50' FRONT SETBACK
20' PUBLIC DRAINAGE EASEMENT
EX. STORM DRAIN PIPE
EX. PIPE
CABLE BOX
DUKE POWER BOX
HOUSE
1" = 60'
PB53 PG18
LEGEND
P.P. = POWER POLE
POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
LIGHT POLE
NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR

Acknowledgement of
Plans Submittal ONLY!

Date 5/13/16

Date 6/27/16



FIRST FLOOR PLAN - CLASSICAL

SCALE: 1/4" = 1'-0"
9'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 8'-0" A.F.F.

RES HOMES
236 Raceway Drive Suite 7
Mooresville, NC 28117
PH: 704-208-4251
www.resihomes.com

Township/County
TOWNSHIP
COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
COMPANY NAME
ENGINEER
000-000-0000

Stamp/seal

Project name/owner
THE CATALINA
CLASSICAL ELEVATION

THE FARMS
LOT 584

ADAM DRAKE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
May 12, 2016

Drawn by
RES

Reviewed by
INITIALS

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
XX.XX.XXXX

Drawing set
NOT FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN
FARMHOUSE ELEVATION

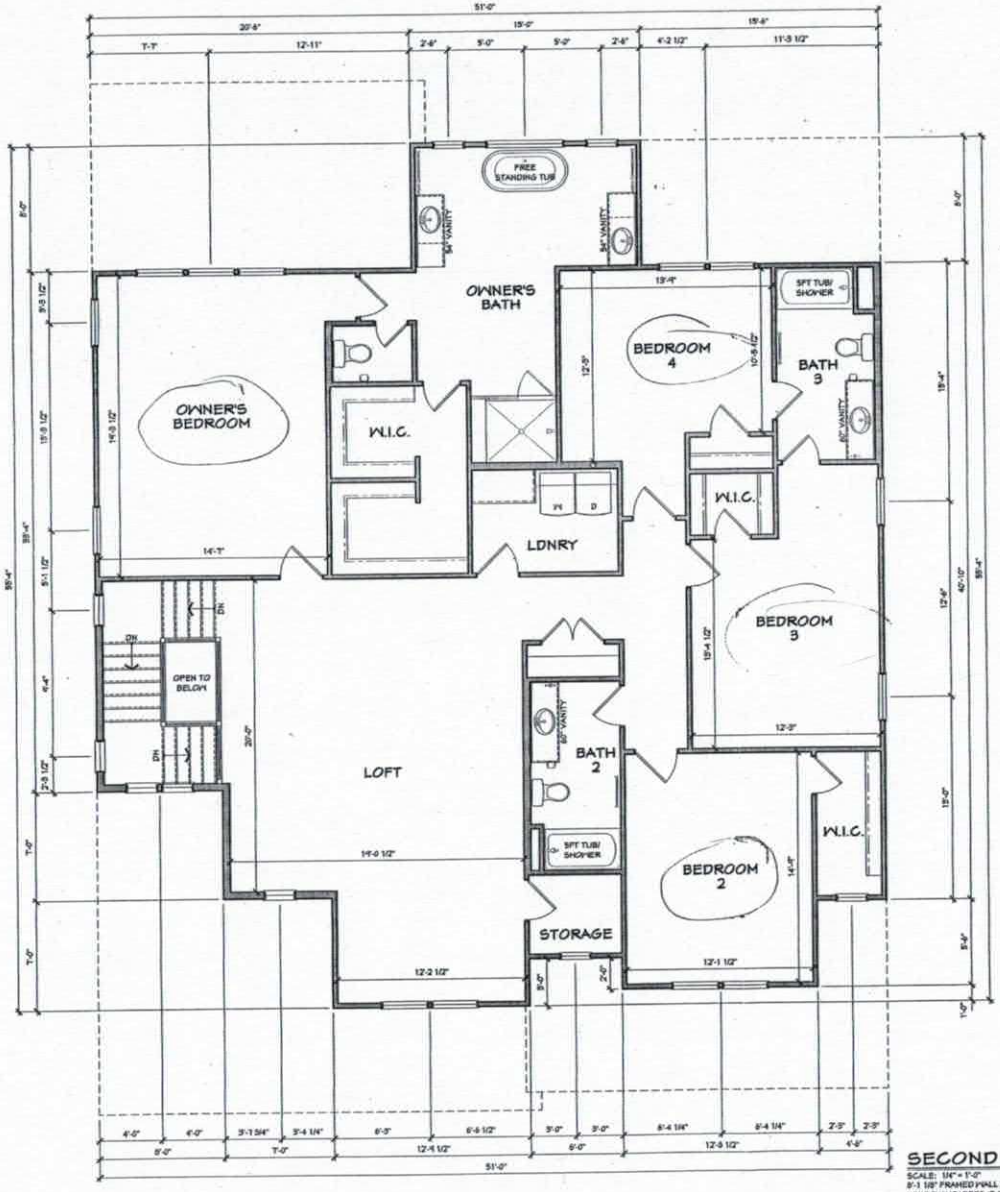
Sheet no.
A3.0

Master plan version
v1.0

Acknowledgement of
Plans Submittal ONLY!

Date 5/13/16

Date 6/27/16



SECOND FLOOR PLAN - CLASSICAL

SCALE: 1/4" = 1'-0"
8'-1 1/8" FRAMED WALL HEIGHT
WINDOW HEADERS @ 7'-0" A.F.F.

NEST HOMES
236 Raceway Drive Suite 7
Mooresville, NC 28117
PH: 704-208-4251
www.nesthomesnc.com

Township/County
TOWNSHIP
COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
COMPANY NAME
ENGINEER
000-000-0000

Stamp/seal

Project name/owner
THE CATALINA
CLASSICAL ELEVATION

THE FARMS
LOT 584

ADAM DRAKE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
May 12, 2016

Drawn by
RES

Reviewed by
INITIALS

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
XX.XX.XXXX

Drawing set
NOT FOR CONSTRUCTION

Sheet title/description
SECOND FLOOR PLAN
FARMHOUSE ELEVATION

Sheet no.
A4.0

Master plan version
v1.0

Farms Lot 584

Stanley Environmental Solutions

Septic System Maintenance Agreement

THIS AGREEMENT is made as of 6-20-17 between Stanley Environmental Solutions Inc, a North Carolina Corporation with offices located at 131 Mariposa Road, Stanley North Carolina (Hereby known as contractor) and Adam Drake located at 113 Bells Run Ct Mooresville, NC 28117 (Hereby known as customer) with phone of 864-434-9825 and email address of adam.c.drake@outlook.com.

For and in consideration of the mutual covenants and agreements set forth herein and other good and valuable consideration, contractor and customer hereby covenant and agree as follows:
The term of this agreement shall begin on 6-20-17 and shall automatically renew for successive terms, subject to the termination by either party with 30 day written notice upon approval of The Farm's Property Homeowner's Association.

Service Types ***(Type IV Low Pressure Panel):***
The scopes of work provided by contractor are as follows:

1. Wash the septic tank filter, 2 times a year
2. Wash the pump tank filter, 2 times a year
3. Check for any leaks, 2 times a year
4. Inspect pump, floats, control panel and alarm, 2 times a year
5. Inspect the drain field, 2 times a year
6. Flush system and verify head pressures, 1 time a year
7. The total cost per year is **$245.00** and is required per The Farm's Property Owner's Association (POA) and Iredell County.

Schedule: It will be the responsibility of the contractor to schedule the services two times a year. The first inspection will be scheduled as soon as the signed contract is returned to the contractor from the customer and the annual invoice is paid. The second inspection will be scheduled six months after the 1st inspection is completed.

Fees for Services:
The contractor will submit invoice to the customer for the services **before** the 1st scheduled and completed inspection. Such invoicing shall state the necessary details regarding the services performed as specified in the applicable service agreement. For approved customers payment terms are Net 15 days with a 1.5% late charge for all invoices not paid beyond 15 days. **Customer billing address is** Same.

Your contact for this agreement is Amanda Morrison, who can be reached at 704-263-8186. Please return this agreement via email: Amanda.morrison@stanleyenviro.com or mail: PO Box 184 Stanley, NC 28164.

Customer	**Stanley Environmental Solutions**
By: Adam Drake	By: Amanda W. Morrison
Print Name: Adam Drake	Print Name: Amanda Morrison
Title: Homeowner	Title: Inspection Lead
Date: 6-20-17	Date: 6/20/17

1st - 12/2017 2nd - 6/2018 prebill 11/2017