12:30

SF

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 226209

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

PIN # 4646089344

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

SITE ADDRESS: 176 Hazelton Ln Mooresville, NC | PHONE: 980500-1239 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Canvasback TL Regency TR Hazelton Ln on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Regency Lake Village | SECTION: | LOT # 13 | LOT AREA: .55 Acre | DESIGN FLOW: 360gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	IM1060	Date	Filtrator	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	IM1060	Date	Filtrator	System Description:	PM PPBPS			☐ Business	No. Persons 6	☐ Private
Pump Make	Goulds	Model	PES1M	Serial #	6011S	Repair System Description:	LP PPBPS			☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	4@50ft	Linear Ft	200ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☒ Community
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Condition: No cut 2ft or greater within 15ft of Septic. Must keep waterline minimum 10ft from

INITIAL SITE SKETCH

Lot recorded prior to July 1, 1977. Septic can be 5ft from property line & Supply line 8ft from basement per 15A NCAC 18A .1951

AS BUILT SKETCH

** Must have Lake buffer surveyed at time of Installation. Septic

See attached

Site plan

Submitted by Paul Pennington

(dated 3-28-19)

Use 1/2" sch 40 laps. 120gals/dose

LINES CLOSEST TO HOUSE TO HOUSE
CHECKED 12-3-2019 BCW

1/2/20 - Lines 2, 3, 4 installed as permitted.
-SF

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.*

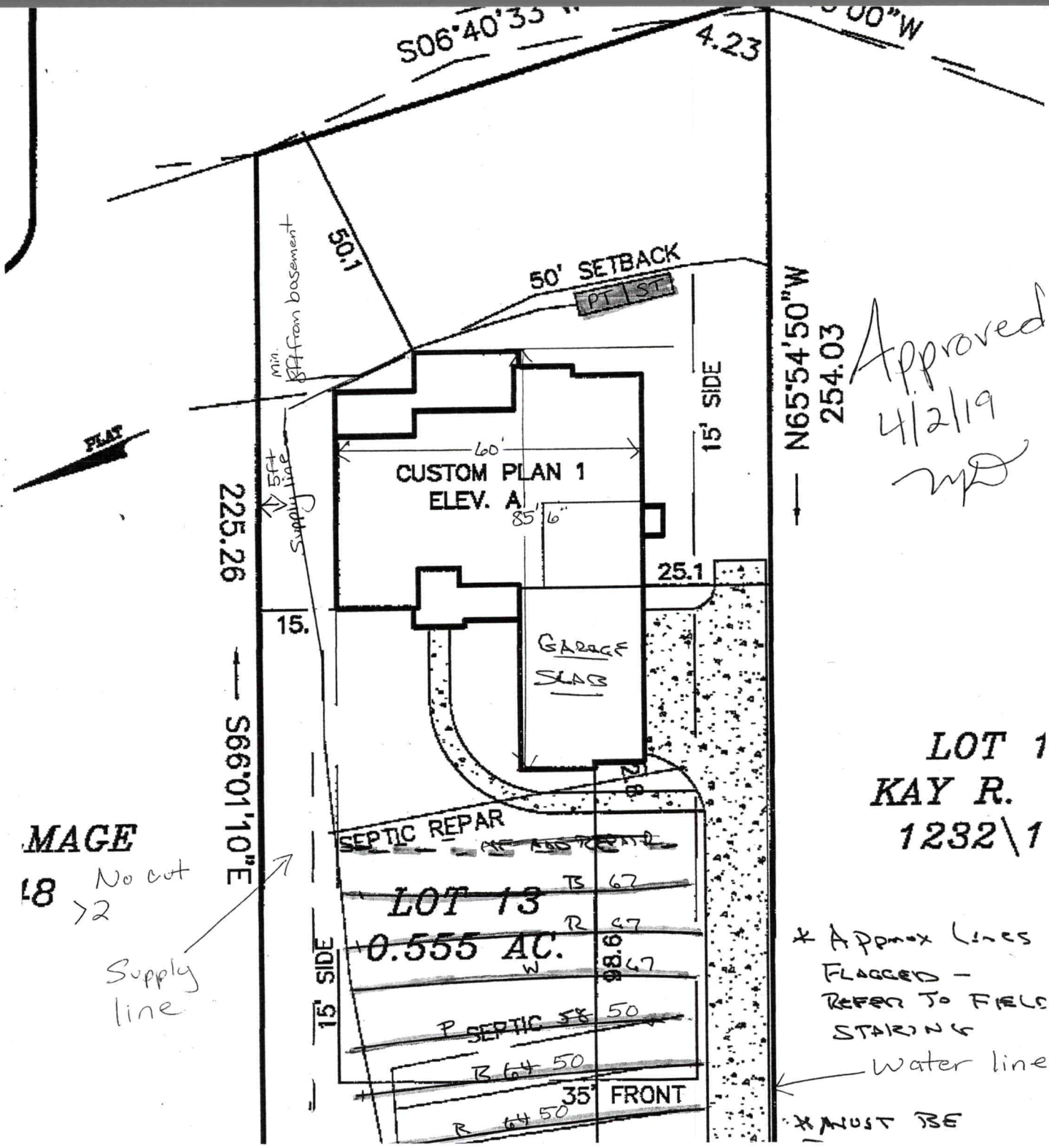
Owner / Applicant Signature: | Date: 4/4/19 | Installed by: SPECIALTY SEPTIC

IMPROVEMENT PERMIT by: Maria Dotson | Date: 4/2/19 | OPERATION PERMIT by: Maria Dotson | Date: 3/24/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 4/2/19 | 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.

	Date	Initials
Drain Lines Checked	1/2/20	TS
Tanks Checked	1/6/20	KW
Pressure Manifold or Valve Box Checked	3/24/20	MD
Pressure Head Set	3/24/20	MD
Electrical Checked	3/24/20	MD
Floats Set	3/24/20	MD
Alarm Checked	3/24/20	MD
Maintenance Contract (Y) N	contract not required, but one was submitted	
Comments: supply line checked 1/6/20 KW		


S06°40'33"
4.23
00"W
50.1
50' SETBACK
PT 1 ST
Min. FF from basement
PLAT
5ft Supply line
225.26
S66°01'10"E
CUSTOM PLAN 1
ELEV. A
60'
85' 6"
15' SIDE
N65°54'50"W
254.03
Approved
4/2/19
25.1
15.
GARAGE SLAB
SEPTIC REPAR
LOT 13
0.555 AC.
98.6
15' SIDE
P SEPTIC
35' FRONT
MAGE
48
No cut
>2
Supply line
LOT 1
KAY R.
1232\1
* Approx Lines Flagged - Refer To Field Staking
Water line
* MUST BE

Int. Redraw

#226209
EFT
$320
3/7/19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: Nest Homes, LLC **Address:** P.O. Box 3965, Mooresville, NC **Zip:** 28117

Applicant Email: jdubois@nesthomes.com **Phone:** 980-500-1239 **Alt. Phone:**

Owner Name: Rivertop Development, LLC **Address:** P.O. Box 3965, Mooresville, NC **Zip:** 28117

Owner Email: jdubois@nesthomes.com **Phone:** 980-500-1239 **Alt. Phone:**

****

Property Information:

Street Address: 176 Hazelton Loop, Mooresville, NC 28117

Subdivision Name: Regency Lake Village **Section/Phase:** **Lot Number:** 13

Driving Directions: Brawley School Road, Turn Left on Canvasback, Turn Left at Regency, Turn Right Hazelton loop

****

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

CHECK FOUNDATION TYPE

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) 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 (X) 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: Jenna DuBois 3/6/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Eric Wood, am the legal owner(s) of the property located at 176 Hazelton Loop, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4646089344.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jenna DuBois, Nest Homes, LLC, 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.

Eric Wood _____ 3/6/19
Signature of Owner(s) Date

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

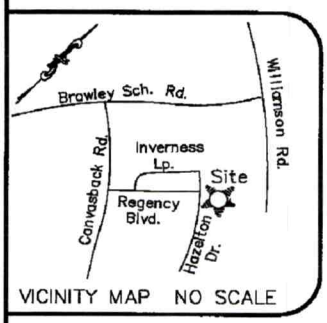
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1189, page 1557, and/or plat book 10, page 59, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 8, day of AUGUST, A.D. 20 17.

REVISED : 10\2\2017(SWITCHED HOUSES)
REVISED : MARCH 16, 2018(SWITCHED HOUSES)
REVISED : MARCH 5, 2019(NEW HOUSE PLANS)

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP NO SCALE

CONCRETE CALCULATION
DRIVEWAY = 2336 SF
WALK = 308 SF

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

0' 20' 40' 100'
SCALE IN FEET

PLOT PLAN SURVEY
OF
176 HAZELTON LOOP
LOT 13 REGENCY LAKE VILLAGE
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 40'
ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: REGENCY LAKE VILLAGE 12
DC FILE:
TAX MAP NO: 4646089344

UPPER LEVEL NOTES

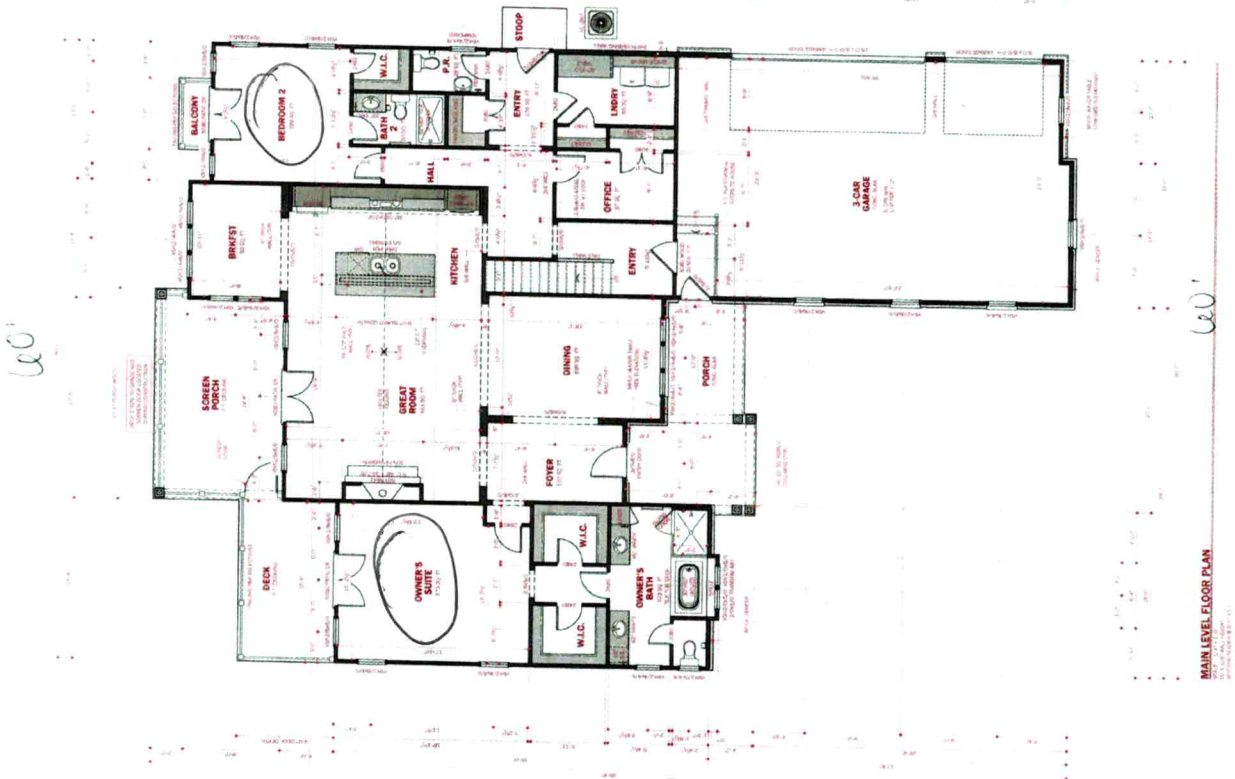
A3.0

Acknowledgement of
Plans Submittal ONLY!

Date 4/2/19

Date 4/4/19

85'6"



85'6"

A4.0

Acknowledgement of
Plans Submittal ONLY!

Date 4/2/19

Date 4/4/19

45'6"



LAKE LEVEL FLOOR PLAN

IREDELL COUNTY

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

APPLICATION NUMBER
226209
Issue Date: 03/07/2019

Permit Type: RELAYOUT APPLICATION

Parcel Number	Street Address	Jurisdiction
4646089344.000	176 HAZELTON LOOP	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: SC LANDHOLDINGS LLC	Applicant: NEST HOMES LLC	Contractor: SC LANDHOLDINGS LLC
Address: PO BOX 3965	Address: PO BOX 3965	Address: PO BOX 3965
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: 704-208-4251	Phone:
		License Type License Number

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	320.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 03/07/2019

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	169744	TOTAL FEES:	$ 320.00