ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315338

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

PIN # 4648-26-3781

APPLICANT/OWNER: Nest Homes LLC | APPLICANT ADDRESS: PO Box 3965 Mooresville NC 28117

SITE ADDRESS: 179 Homer Ln Mooresville NC 28117 | PHONE: 980-500-1239 | ALT. PHONE

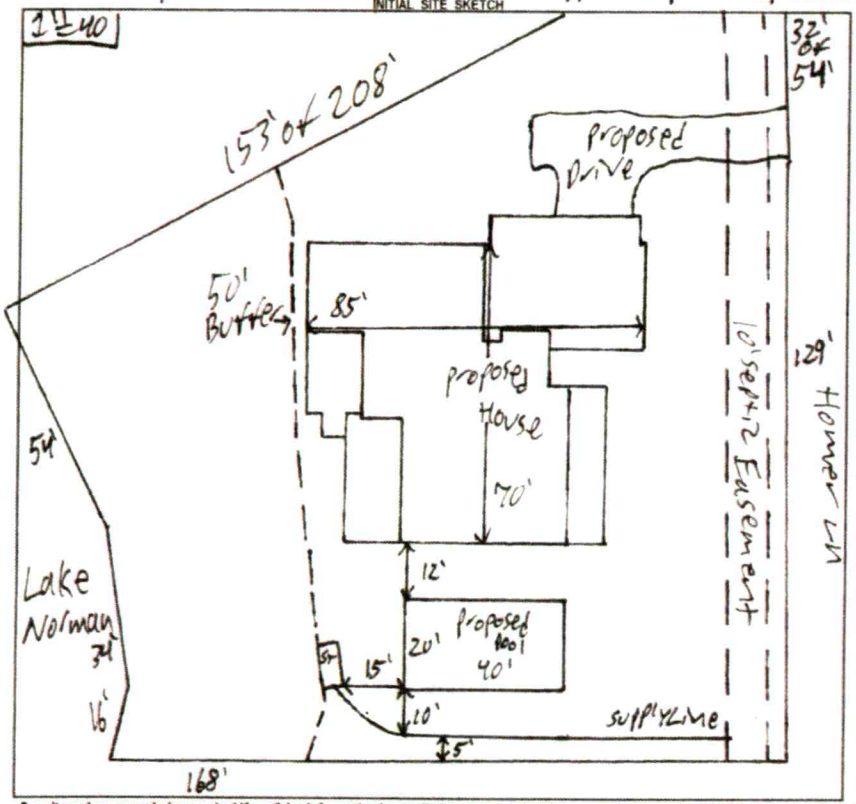
SITE DIRECTIONS: NC 115 N to L on Connector Rd, S on Cornelius Rd, L on Homer Ln, Lot on R | SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Sisters Cove | SECTION: P2 | LOT # 47 | LOT AREA: 0.574 acres | DESIGN FLOW: 480GPD | L.T.A.R.: EXISTING

Septic Tank	2000 (gal)	STB		Date	12/15/21	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV ⓥ VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	TS2 Drip	☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #		Repair System Description:	TS2 Drip	☐ Other	No. Employees		☐ Public
# Nitrification Fields	Existing	# Lines	Existing	Linear Ft	Existing	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☐ Crawl Space		☒ Community
Trench Width	Existing	Trench Bottom Depth(Low side)			Existing	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☒ Basement w/ plumbing		☐ Basement w/o plumbing	

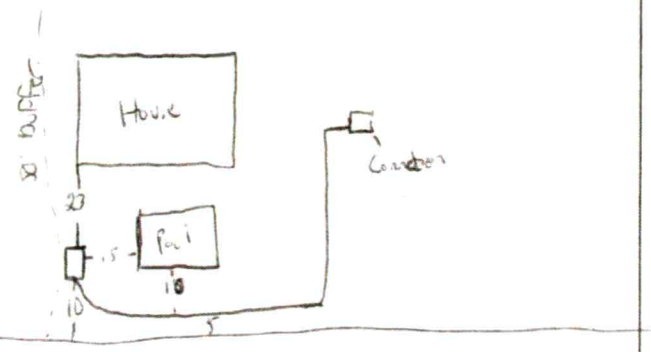
Comments / Conditions: All property lines, corners and 50' Buffer must be marked during installation and inspection. If tank is installed at 3' or deeper it must be traffic grade. Water line must be 10' off any part of septic. Septic tank must be 15' off waters edge of pool, supply line must be 10' off. Pool must be marked during installation and inspection

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.



See back for checklist

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: 1/23/21 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 7/19/2021 | OPERATION PERMIT by: D Weber Date: 4/28/22

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 7/19/2021 | Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	N/A	—
Tanks Checked		CW
Pressure Manifold or Valve Box Checked	N/A	—
Pressure Head Set	N/A	—
Electrical Checked	4-6-2022	BCW
Floats Set	3/31/22	DW
Alarm Checked	4-6-2022	BCW
Maintenance Contract Needed? (Y) N	4/28/22	DW
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315338

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

PIN # 4648 -- 26 -- 3781

APPLICANT/OWNER: Nest Homes LLC | APPLICANT ADDRESS: PO Box 3965 Mooresville NC 28117

SITE ADDRESS: 179 Homer Ln Mooresville NC 28117 | PHONE: 980-500-1234 | ALT. PHONE

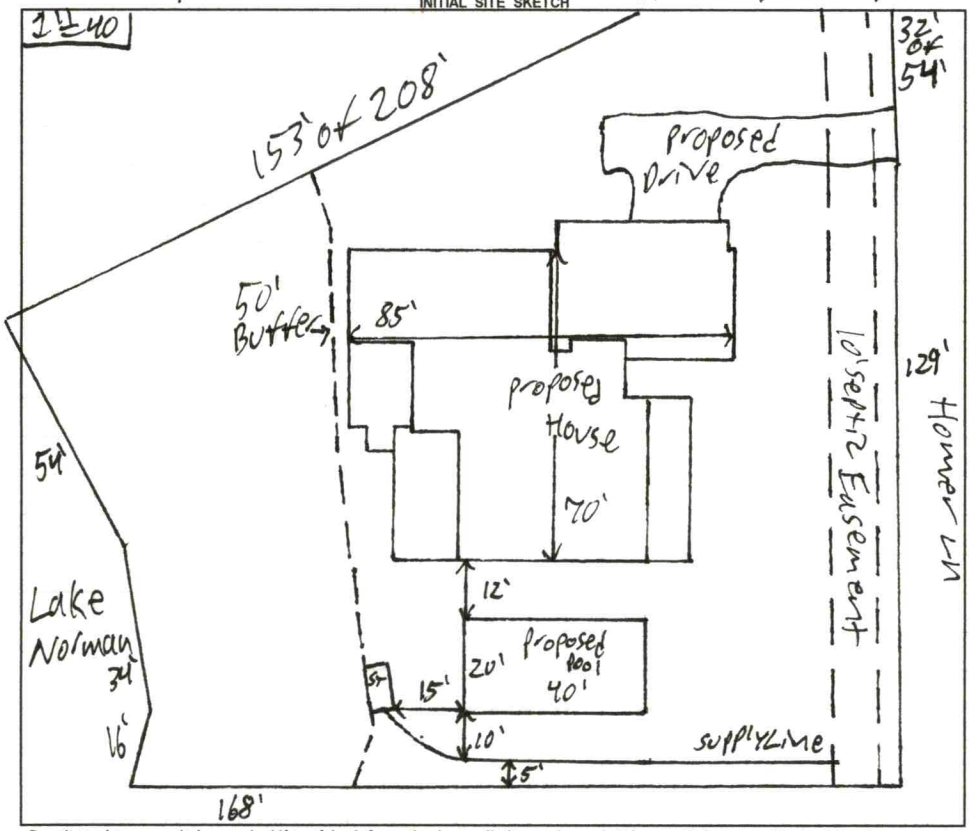
SITE DIRECTIONS: NC 115 N to L on Connector Rd, S on Cornelius Rd, L on Homer Ln, Lot on R | SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Sisters Cove | SECTION: P2 | LOT # 47 | LOT AREA: 0.574 acres | DESIGN FLOW: 480GPD | L.T.A.R.: EXISTING

Septic Tank 2000 (gal)	STB	Date 12/15/21	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms 4	Water Supply	
Pump Tank (gal)	PT	Date	System Description: TS2 Drip		☐ Business	No. Persons 8	☐ Private	
Pump Make	Model	Serial #	Repair System Description: TS2 Drip		☐ Other	No. Employees	☐ Public	
# Nitrification Fields Existing	# Lines Existing	Linear Ft: Existing	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space	☑ Community	
Trench Width Existing	Trench Bottom Depth(Low side) Existing	Gravel Depth	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing		

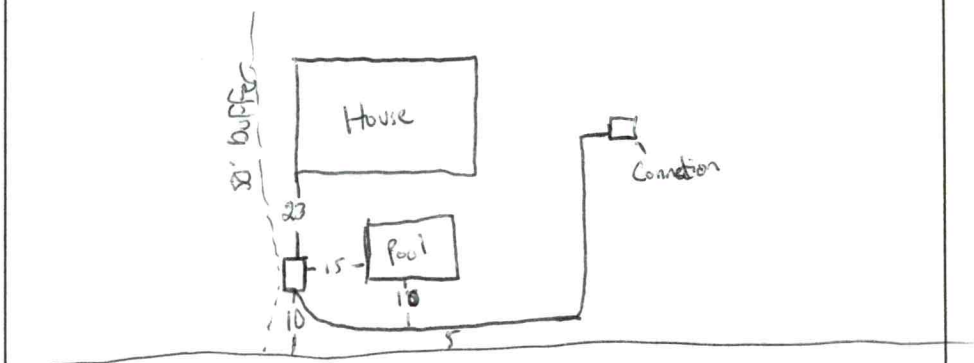
Comments / Conditions: All property lines, corners and 50' Buffer must be marked during installation and inspection. If tank is installed at 3' or deeper it must be traffic grade. Water line must be 10' off any part of septic. Septic tank must be 5' off water edge of pool, supply line must be 10' off. Pool must be marked during installation and inspection.

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.



See back for checklist

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: 7/23/21 | Installed by: Specialty Septic

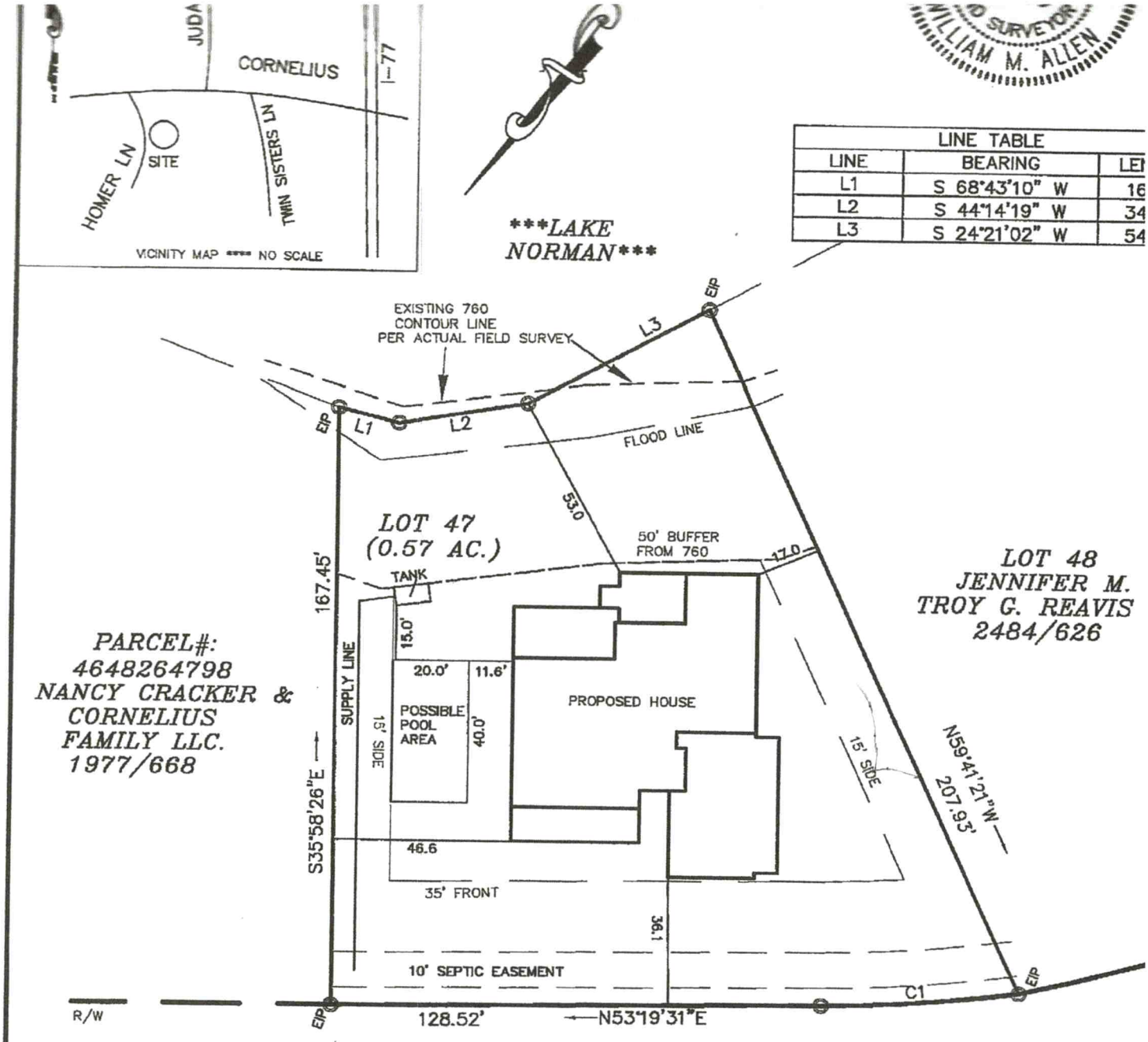
IMPROVEMENT PERMIT by: Patrick J Bagett Date: 7/19/2021 | OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagett Date: 7/19/2021 | Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	N/A	—
Tanks Checked		CW
Pressure Manifold or Valve Box Checked	N/A	—
Pressure Head Set	N/A	—
Electrical Checked		
Floats Set	3/31/22	DW
Alarm Checked		
Maintenance Contract Needed? (Y) / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



LINE TABLE		
LINE	BEARING	LEI
L1	S 68°43'10" W	16
L2	S 44°14'19" W	34
L3	S 24°21'02" W	54

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	391.30'	52.01'	N 85°29'32" E	51.97'

LEGEND R/W

E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

0' 20' 40' 100'

SCALE IN FEET

NOTES

1) THIS PROPERTY MAY BE SU TO ANY EASEMENTS AND/O RIGHTS OF WAY OF RECORD
2) ACREAGE COMPUTED BY TH COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND 2000 FEET.
5) SETBACKS SHOWN PER PLA (PB.60 PG.91)

PLOT PLAN SURVEY

OF

HOMER LANE

LOT 47 SISTER COVE PHASE 2

DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: NEST HOMES LLC.

FIELD BOOK: -
FILE: SISTERS COVE 47.DWG
DC FILE:
TAX MAP NO: 4648263781

RECEIVED JUN 2 1 2021

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-315338 $105.00

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: 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: SC Landholdings, 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: 179 Homer Lane, Mooresville, NC 28117

Subdivision Name: Sisters Cove **Section/Phase:** Phase 2 **Lot Number:** 47

Driving Directions: I-77 South to NC 150, West on 150, Right onto Bluefield Road, left onto Cornelius Road, Left onto Homer Lane

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: 4
Maximum Number of Occupants: 8
( ) 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 ( ) 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.

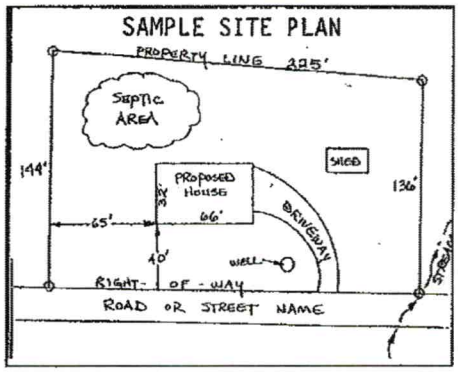
Signature: Jenna DuBois 6/2/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

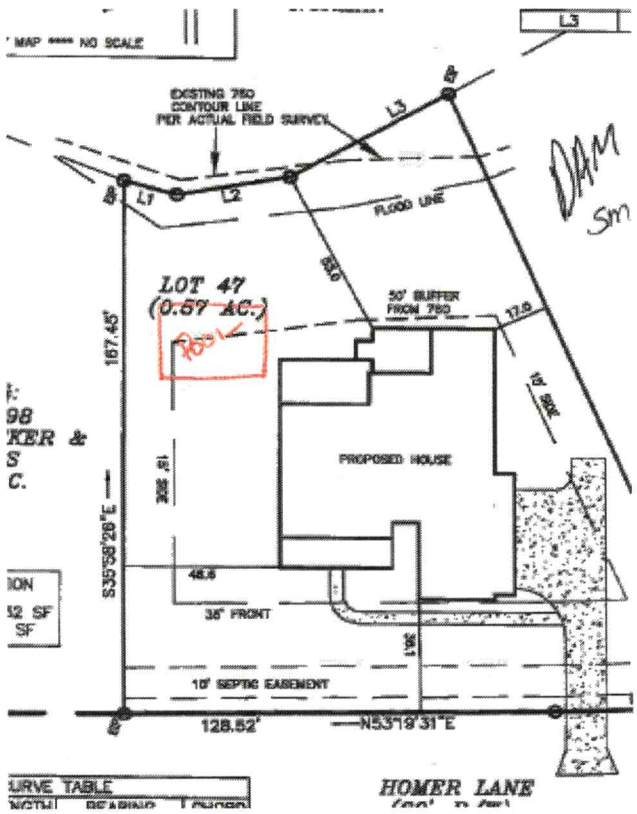
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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



Signature: Jenna DuBois 6/2/21

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, Eric Wood of SC Landholdings, LLC, am the legal owner(s) of the property located at 179 Homer Lane, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648263781.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jenna DuBois & Kayla Enriquez, 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 Type text here
Signature of Owner(s)

6/2/21
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