IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226186

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

PIN # 4648267939

APPLICANT: West Homes LLC APPLICANT ADDRESS: PO Box 3965 MUC NC 28117.

SITE ADDRESS: 159 Homes Lane - MUC. PHONE: 704 208 4851 ALT. PHONE: 980 500 1226.

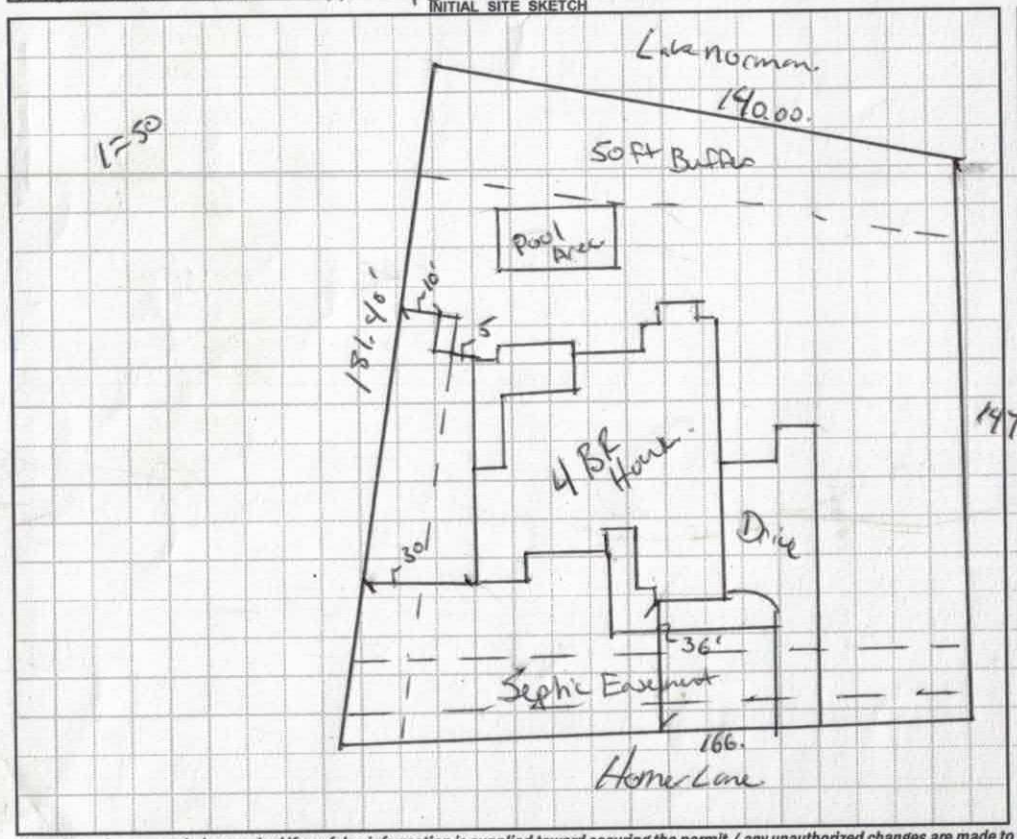
SITE DIRECTIONS: I-77 S Exit NC 150 W Right onto Bluefield Rd / Left onto Cornelius Left onto Homes Lane

SUBDIVISION: Sisters Cove SECTION: PH2 LOT # 45 LOT AREA: 0.574. DESIGN FLOW: 480 L.T.A.R.:

Septic Tank 2000 (gal)	STB 7-4	Date 11-20-17	☒ 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: Community TS II Drip Irrigation		☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: Community TS II Drip Irrigation		☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines	Linear Ft:	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space	☒ Community
Trench Width	Max. Trench Bottom Depth	Gravel Depth	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install pump package, Control panel & connect to collection line as specified by design. Keep Septic tank 5 ft from S/D foundation or 15 ft from basement cut. Main 15 ft offset from Pool.

INITIAL SITE SKETCH



AS BUILT SKETCH

2/21/18: Inspection canceled. (Broken electrical box & pump line. -BS

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: Lakeda Davis Date: 4/13/17 Installed by: R-H of Lake Norman

IMPROVEMENT PERMIT by: Benjamin A. Botkin Date: 4/10/2017 OPERATION PERMIT by: Benjamin Botkin (ad) Date: 3/28/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botkin Date: 4/10/2017. Existing System Inspected by: Date:

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

RECEIVED APR 6 - 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT Paid $1200.00 EFT

(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)

226186

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

****

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:

Nest Homes LLC	PO Box 3965 Mooresville, NC 28117	704-208-4251	980-500-1226
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
	Same as above		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

159 Homer LN	Sisters Cove Ph II	Lot 45
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: I-77 S exit NC150/W right onto Bluefield Rd /Left onto Cornelius Left onto Homer Ln

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
(X) **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 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: Laketa Davis — 03/31/2017
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

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, Eric M Wood, am the legal owner(s) of the property located at 159 Homer Ln Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648267939.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Laketa Davis, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
Eric M. Wood	03/31/17	Laketa Davis	03/31/17

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

159 Homer Lane

SEPTIC PERMITS - BEDROOM COUNT BREAKDOWN

TWIN SISTERS

LOT	# OF BEDROOMS PERMITTED
51	NO PERMIT AT THIS TIME
52	4
53	3
58	4
61	3
63	3
64	3

OVERLOOK (CUMULATIVE)	67
REMAINING BEDROOMS AVAILABLE	**27**

BLANK 6 AVG/REMAINING 4.5

LOT	# OF BEDROOMS
7	
8	
9	
10	3
11	
12	3
13	3
14	4
15	3
16	3
17	3
18	3
19	3
20	3
21	3
22	3
23	3
24	
25	

HOMER LN/HOMESTEAD (CUMULATIVE)	81
REMAINING BEDROOMS AVAILABLE	**39**

BLANK 8 AVG/REMAINING 4.9

LOT	# OF BEDROOMS
1	
6	
35	
36	4
37	4
38	
39	4
40	
41	
42	4
43	5
44	5
45	4
46	4
47	
48	4
49	
50	4

4-11-17

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

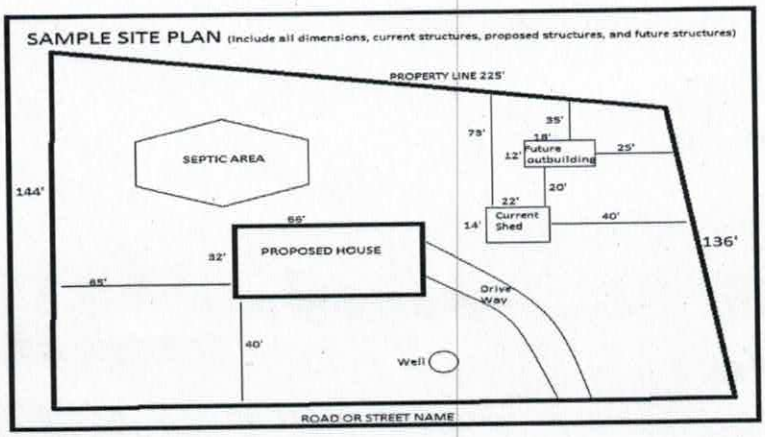
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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 plot plan attached

Signature: Lakesta Davis

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

03/31/2017

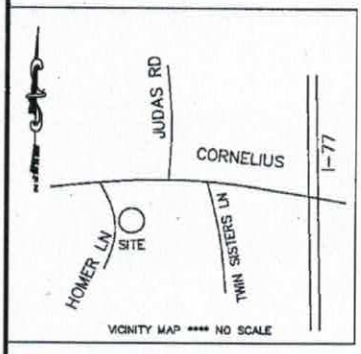
DATE

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_____, page_____, and/or plat book 60, page 91, 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 9, day of MARCH, A.D. 20 17.

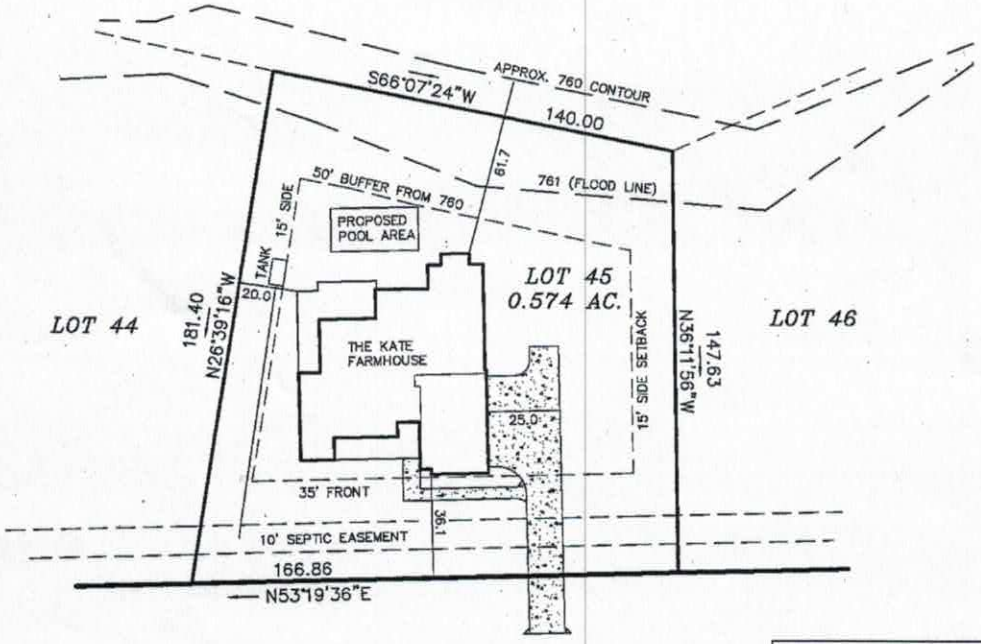
WILLIAM M. ALLEN, PLS

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





LAKE NORMAN



HOMER LN.
(60' PUBLIC R\W)

DRIVEWAY = 1632 SF
SIDEWALK = 238 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.

0' 25' 50' 100'
SCALE IN FEET

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

PLOT PLAN SURVEY

OF

LOT 45 SISTERS COVE, PH. II

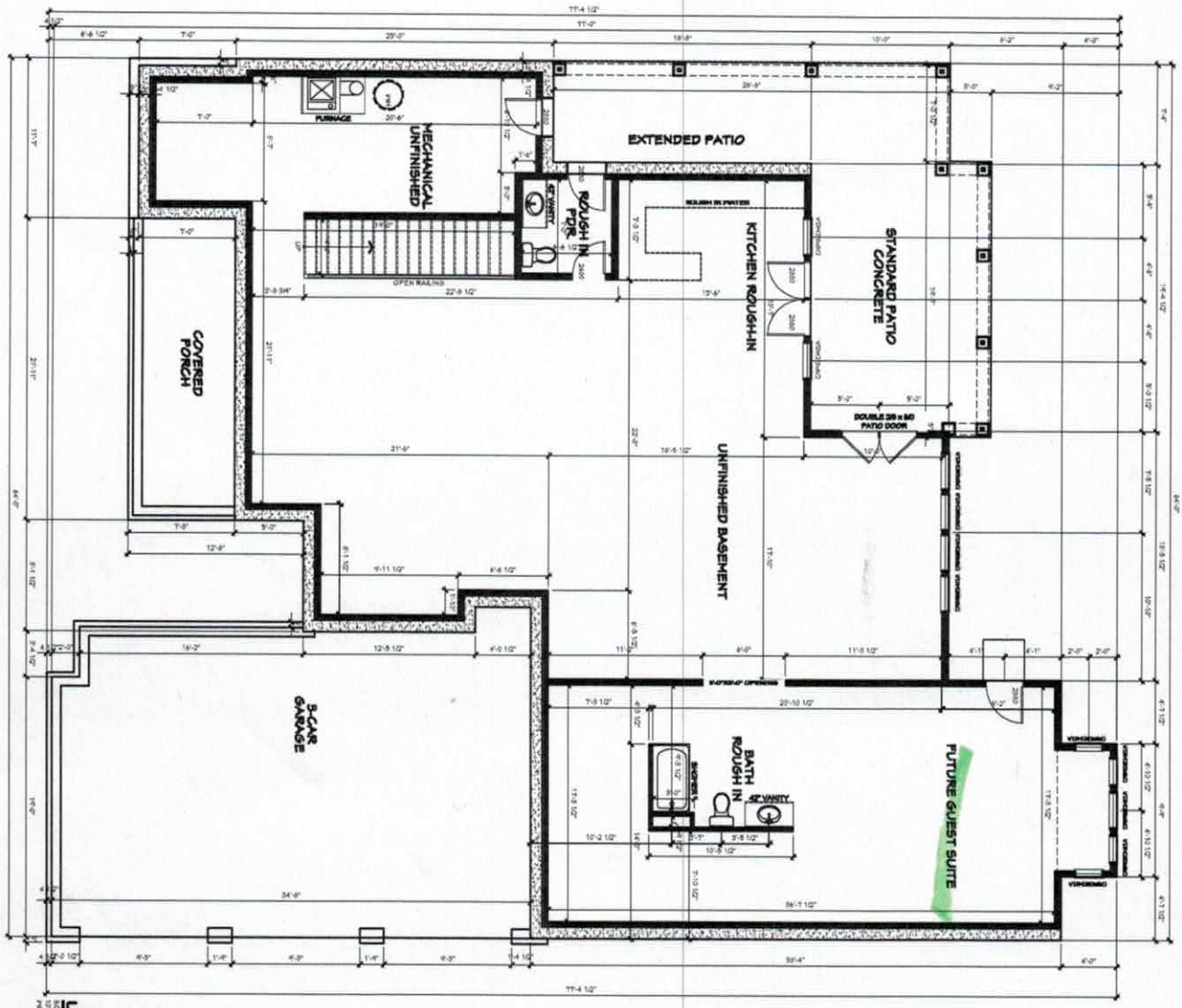
SCALE 1" = 50'

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

ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: SISTERS COVE 45
DC FILE:
TAX MAP NO:

77'-4 1/2"



64'-0"

64'-0"

77'-4 1/2"

UNFINISHED BASEMENT PLAN

SCALE: 1/4" = 1'-0"
10'-1 1/8" WALL HEIGHT
FINISH HEADER @ 9'-0" A.F.F.

Acknowledgement of Plans Submittal ONLY!

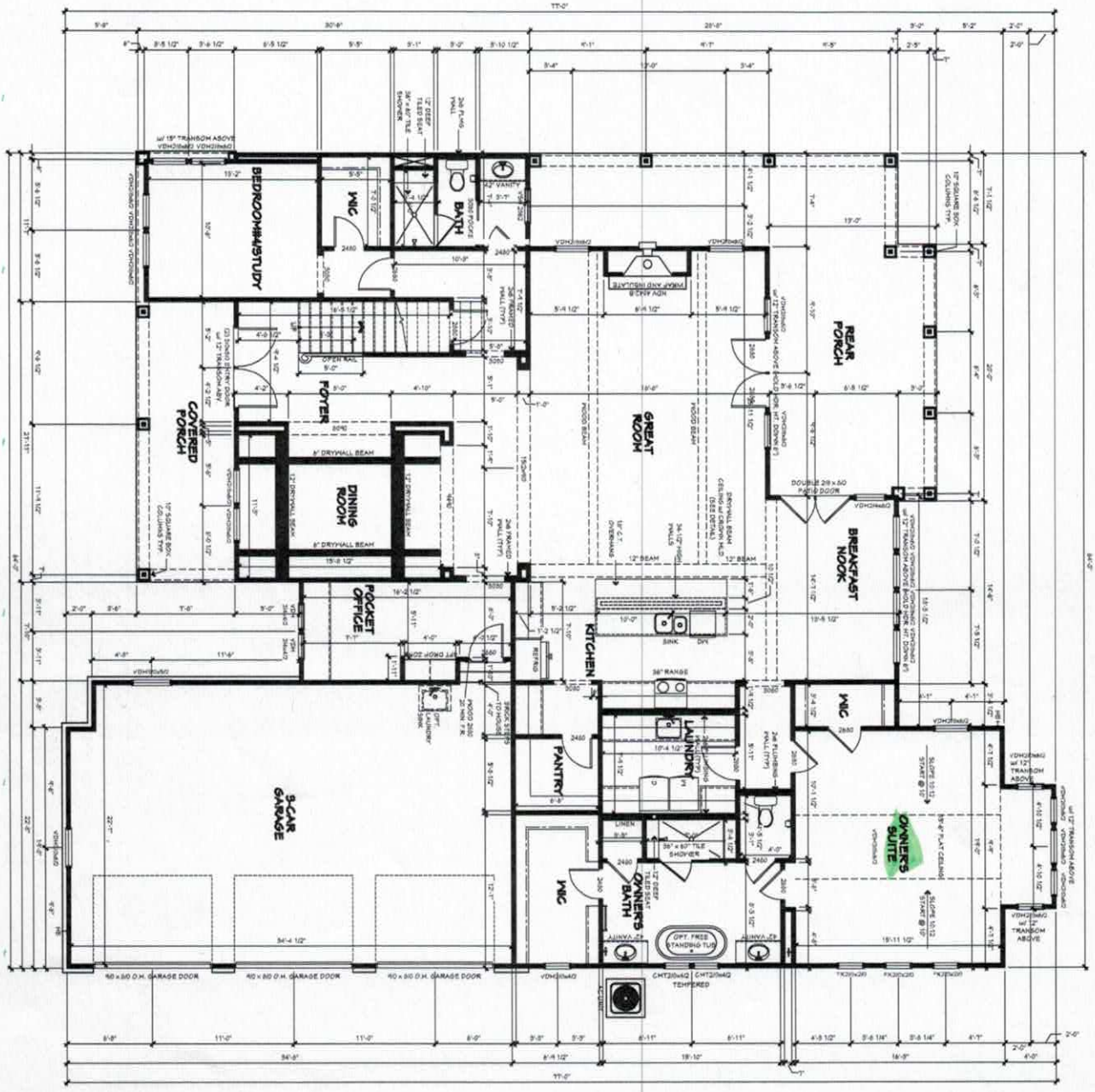
Lakeita Davis Date 4/13/17

B. Bethune Date 4/7/2017

Sheet no.	A2.1
Master plan version	v0.1
Drawn by	MWH
Reviewed by	CAD
Plan set date	24x36 sheet 1/4" = 1'-0" 11x17 sheet 1/8" = 1'-0"
Projection date	XX.XX.XXXX
Drawing set	CONSTRUCTION SET
Sheet title/description	CRAWL SPACE CRAFTSMAN ELEVATION
Project name/owner	THE LATE FARMHOUSE
	SISTERS COVE LOT 45
OWNER NAME/TITLE	
ADDRESS LINE 1	
ADDRESS LINE 2	
PH: 000-000-0000	
Blueprinted	
Engineer	INTELLIGENT DESIGN ENGINEERING CHAD RITTER, P.E. 734-335-7200
Inspector	INSPECTOR NAME 800-555-0000
Township/County	DAVIDSON TOWNSHIP IREDELL COUNTY
	1ST HOMES

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77'-0"



64'-0"

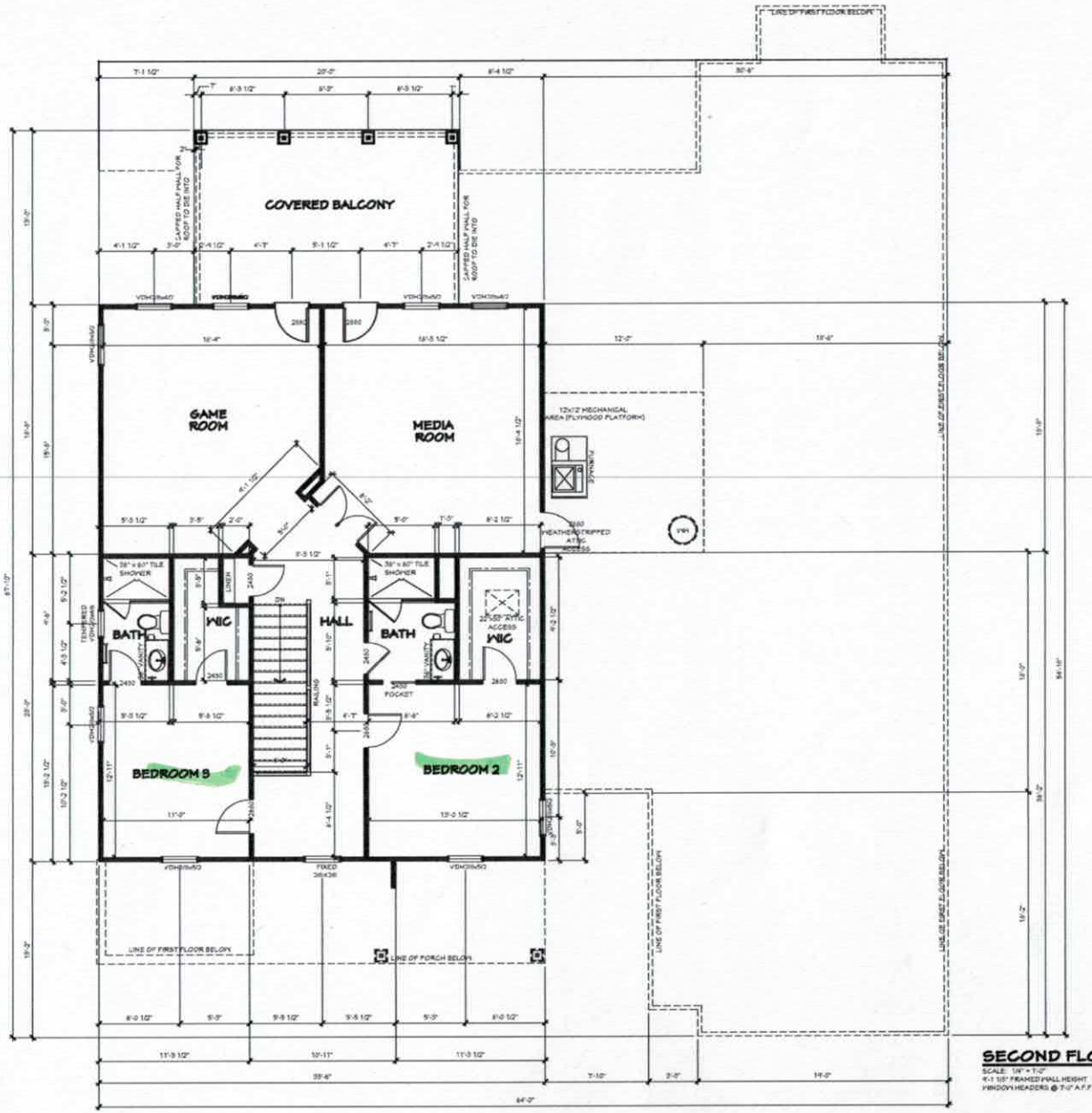
Acknowledgement of
Plans Submittal ONLY!

Lakeita Davis Date 4/13-17

B. Batkin Date 4/7/17

Sheet no. A3.0	Project name/owner: THE KATE FARMHOUSE; SISTERS COVE LOT 46; OWNER NAME/TITLE; OWNER'S ADDRESS LINE 1; ADDRESS LINE 2; PH: 000-000-0000; FAX: 000-000-0000	Township/County: EDGEWOOD / IREDELL COUNTY; Inspector: INSPECTOR NAME 000-000-0000; Engineer: INTELLIGENT DESIGN ENGINEERING; CHRIS ROSE, P.E. 704-539-7306; Surveyor:	TEN HOMES; 7741 Fairview Drive Suite 7, Charlotte, NC 28226; 704-554-4551; www.tenhomes.com
Master plan version: V2	Date: April 6, 2017; Drawn by: WWH; Reviewed by: CAB; Plan set scale: 1/4"=1'-0" (24x36 sheet) 1/8"=1'-0" (11x17 sheet); Project/plan code: XX.XX.XXXX; Drawing set: CONSTRUCTION SET; Sheet title/description: FIRST FLOOR PLAN CRAFTSMAN ELEVATION		

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SECOND FLOOR PLAN - CRAFTSMAN

SCALE: 1/4" = 1'-0"
9'-1 1/8" FRAMED WALL HEIGHT
WINDOW HEADERS @ 7'-0" A.F.F.

Acknowledgement of Plans Submittal ONLY!
Isabella Davis Date 4/13/17
B. Bruns Date 4/7/17.

Neal Homes
276 Raceway Drive Suite 7
Mooresville, NC 28117
PH: 704-094-4251
www.nealhomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGINEERING
CHAD RITTER, P.E.
794-335-7200

Stamp/seal

Project name/owner
THE KATE FARMHOUSE
SISTERS COVE
LOT 45
OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
April 6, 2017

Drawn by
MWH

Reviewed by
CAD

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

Project/plan code
XX.XX.XXXX

Drawing set
CONSTRUCTION SET

Sheet title/description
SECOND FLOOR PLAN
CRAFTSMAN ELEVATION

Sheet no.
A4.0

Master plan version
v0.1