IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220459

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

PIN # 4648279182

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

SITE ADDRESS: 147 Homer Ln Mooresville, NC 28117 PHONE: 704 433-9947 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Bluefield Rd TL Cornelius TL Homer Ln

SUBDIVISION: Sister's Cove SECTION: II LOT # 43 LOT AREA: .625 Ac DESIGN FLOW: 600gpd L.T.A.R.:

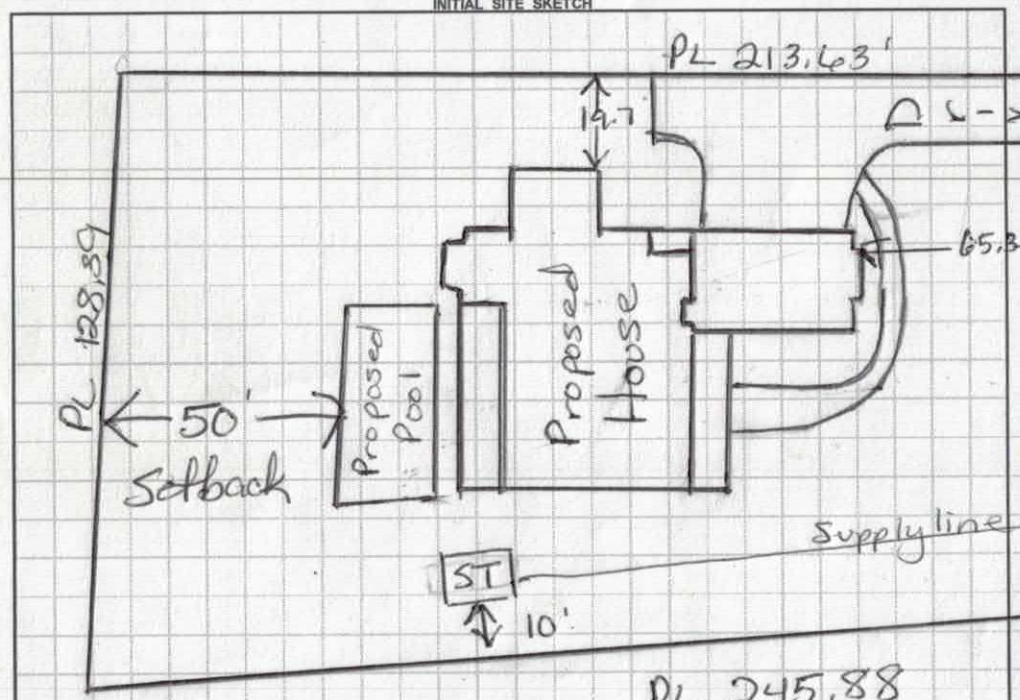
Septic Tank	2000 (gal)	STB	74	Date	10-18-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV ☒ V VI
Pump Tank	(gal)	PT		Date		System Description:	★ Community TS-II Drip Irr		
Pump Make		Model		Serial #		Repair System Description:	★ Community TS-II Drip Irr		
# Nitrification Fields	1	# Lines		Linear Ft:		Maintenance Agreement Required:	☒ YES	☐ NO	
Trench Width		Max. Trench Bottom Depth		Gravel Depth			☐ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	5	Water Supply	
☐ Business	No. Persons	10	☐ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☒ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install pump package, control panel and connect to collection lines specified by Piedmont Design.

★ Community Drip System on Judas Rd

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:40

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: 7/26/16 Installed by: R&H

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date: 3-24-17

AUTHORIZATION TO CONSTRUCT by: Date: 7/25/16 Existing System Inspected by: Date:

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

RECEIVED JUL 2 0 2016

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)

#220459

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

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Group Septic

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 #	Alternate Phone #
Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	704-433-9947	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Sisters Cove Of LKN	PO Box 3965 Mooresville NC 28117		

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
147 Homer Ln	Sisters Cove	PH II/ Lot 43

Driving Directions: I-77 S to NC150/ W onto 150/ R onto Bluefield/ L onto Cornelius/ L onto Homer/

****

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 5
Maximum Number of Occupants 10
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 Community TS-II Drip

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: _____ 7/13/16

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 Wood, am the legal owner(s) of the property located at 147 Homer Ln, identified as PIN (Parcel Identification Number) 4648279182.000, 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.

Eric W Wood — 7/20/16
Signature of Owner(s) — Date

J. Michael Wetter Jr. — 7/20/16
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

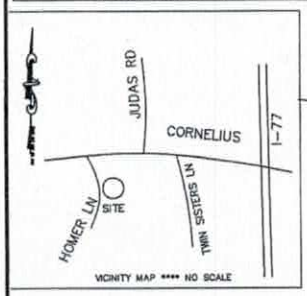
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2373, page 974, 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 6, day of JULY, A.D. 20 16.

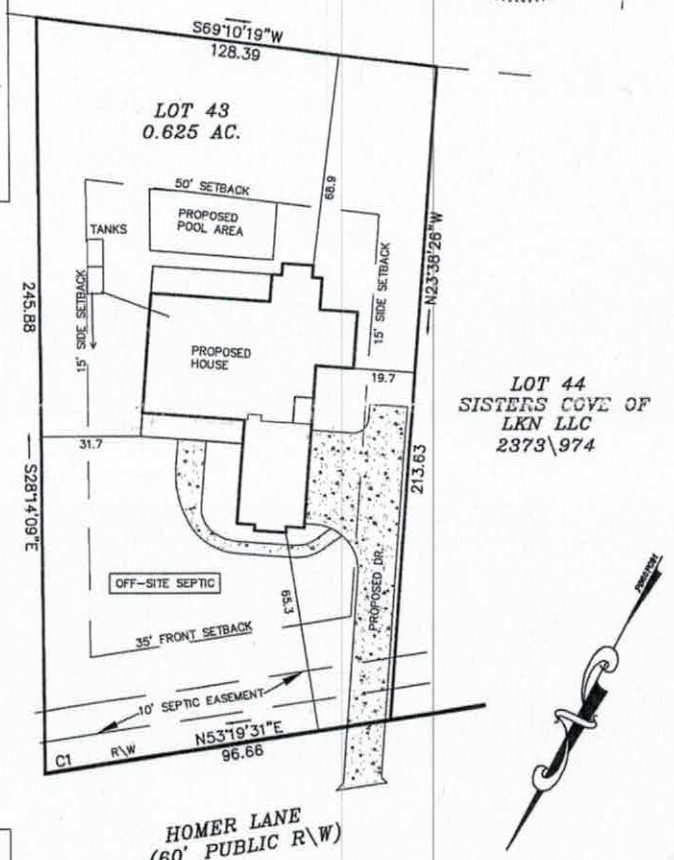
WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	2666.29'	14.75'	N 53°11'47" E	14.75'



LAKE NORMAN



DRIVEWAY = 2103 SF
SIDEWALK = 413 SF

R\W

0' 20' 40' 100'
SCALE IN FEET

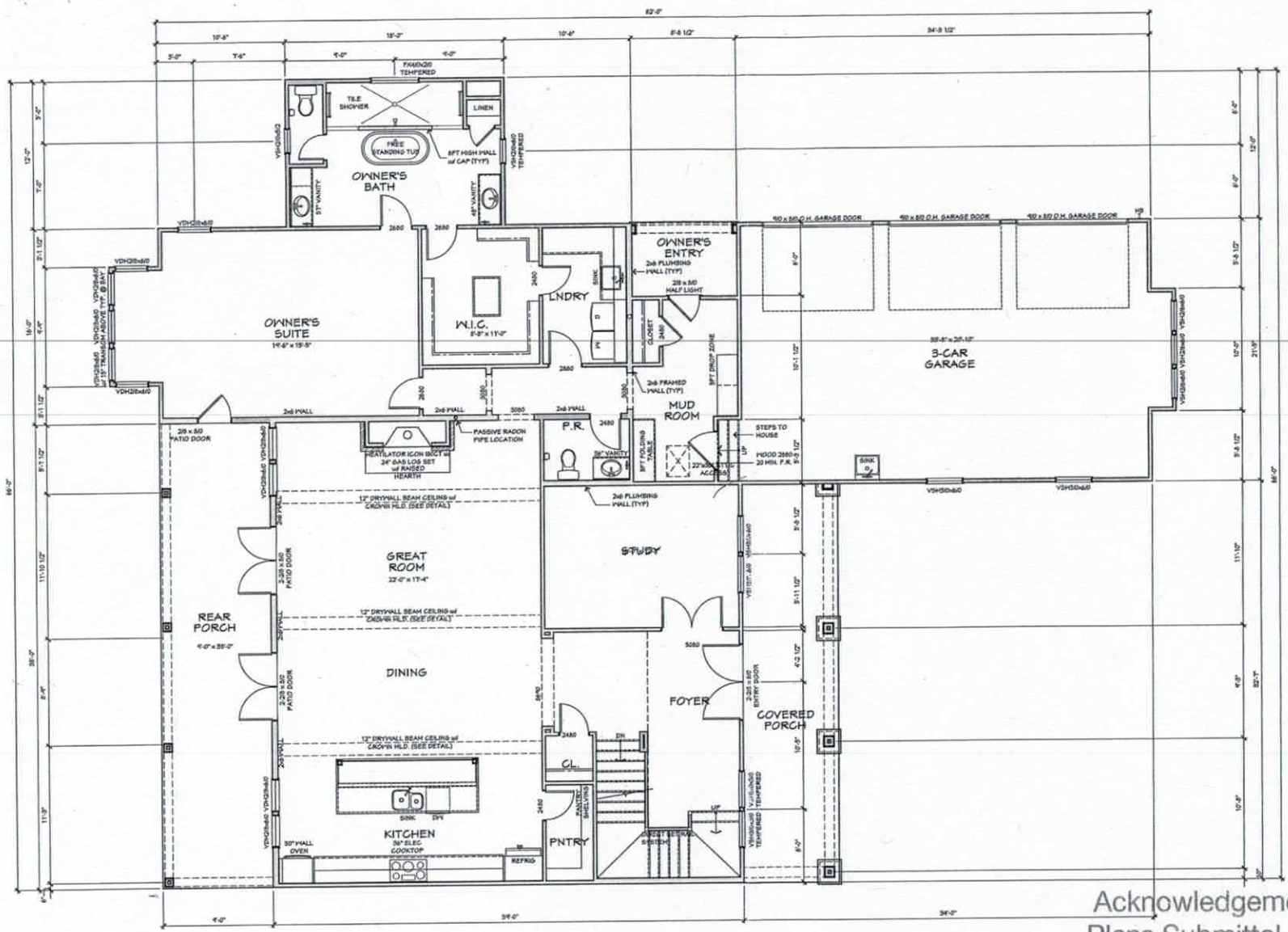
LEGEND
P.P. = POWER POLE
DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

PLOT PLAN SURVEY

OF
147 HOMER LN
LOT 43 SISTERS COVE PHASE II

SCALE 1" = 40' DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: SISTERS COVE 43
DC FILE:
TAX MAP NO: 4648279182



FIRST FLOOR PLAN

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

Acknowledgement of Plans Submittal ONLY!

Date 7/23/16

Date 7/27/16

DSL HOMES
290 Raceway Drive Suite 2
Mooresville, NC 28117
PH: 704-208-4251
www.dslhomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGINEERING
CHAD RITTER, PE
704-335-7300

Stamp/seal

Project name/owner
THE BERKELEY
LOW COUNTRY ELEVATION

SISTERS COVE
LOT 42

OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

(c) 2016 copyright notice Next Homes, Inc. All rights reserved. These plans are the property of Next Homes. Any use, reproduction, licensing, or distribution of these drawings is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or divulged, in whole or in part, without written authorization from Next Homes.

Date
July 15, 2016

Drawn by
RWA

Reviewed by
INITIALS

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

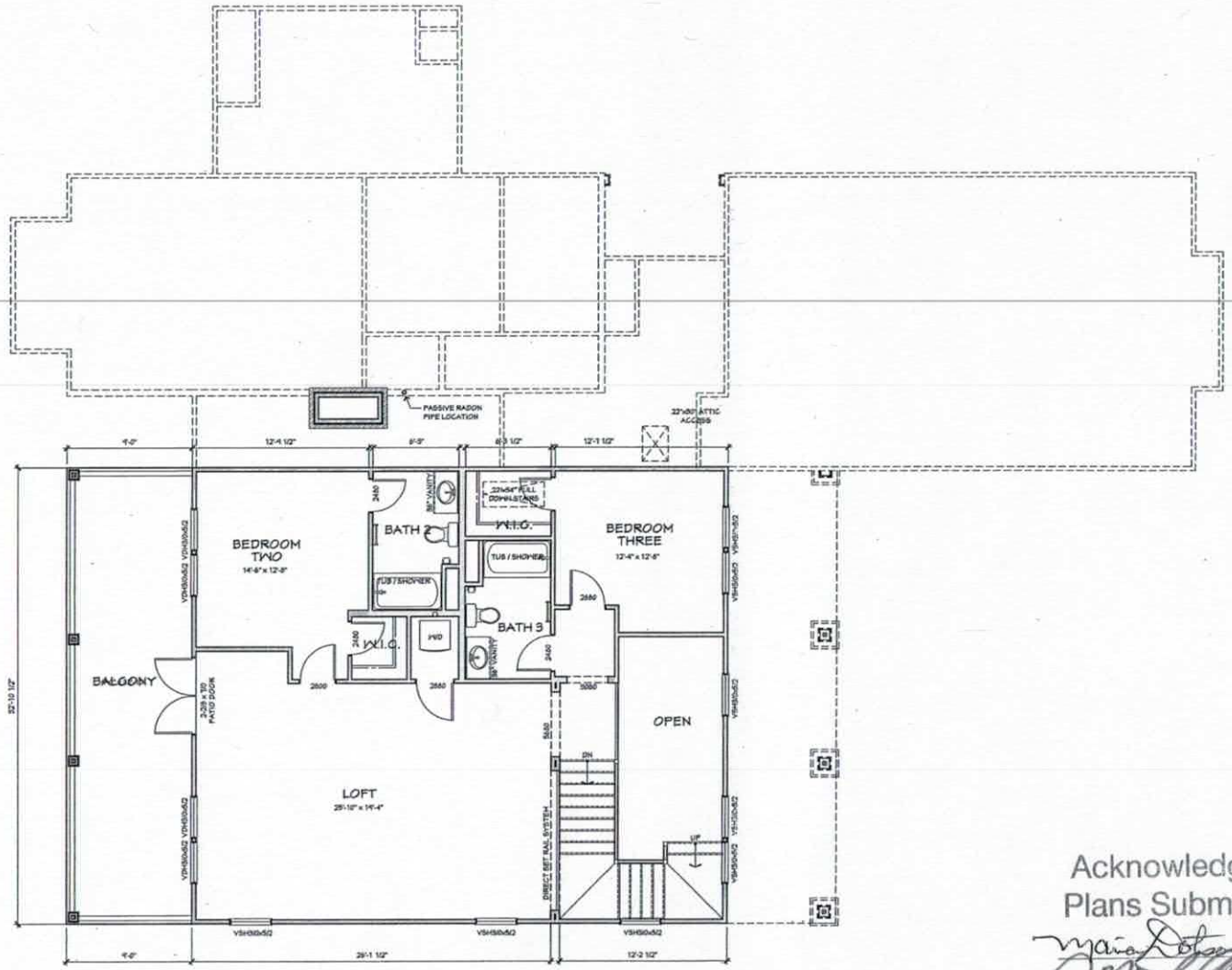
Project/plan code
XX.XX.XXXX

Drawing set
NOT FOR CONSTRUCTION

Sheet title/description
LOWER LEVEL FLOOR PLAN

Sheet no.
A4.0

Master plan version
v0.1



SECOND FLOOR PLAN - CLASSICAL

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

Acknowledgement of Plans Submittal ONLY!

Date 7/23/16

Date 7/22/16

NEST HOMES
295 Fairway Drive Suite 7
Mooresville, NC 28117
PH: 704-658-4251
www.nesthomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGINEERING
CHAD RITTER, PE
704-535-7200

Stamp/seal

Project name/owner
THE BERKELEY
LOW COUNTRY ELEVATION

SISTERS COVE
LOT 43

OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

(c) 2016 copyright notice Nest Homes, Inc. All rights reserved These plans are the property of Nest Homes. Any use, reproduction, licensing, or distribution of these drawings is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or divulged, in whole or in part, without written authorization from Nest Homes.

Date
July 18, 2016

Drawn by
RWA

Reviewed by
INITIALS

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

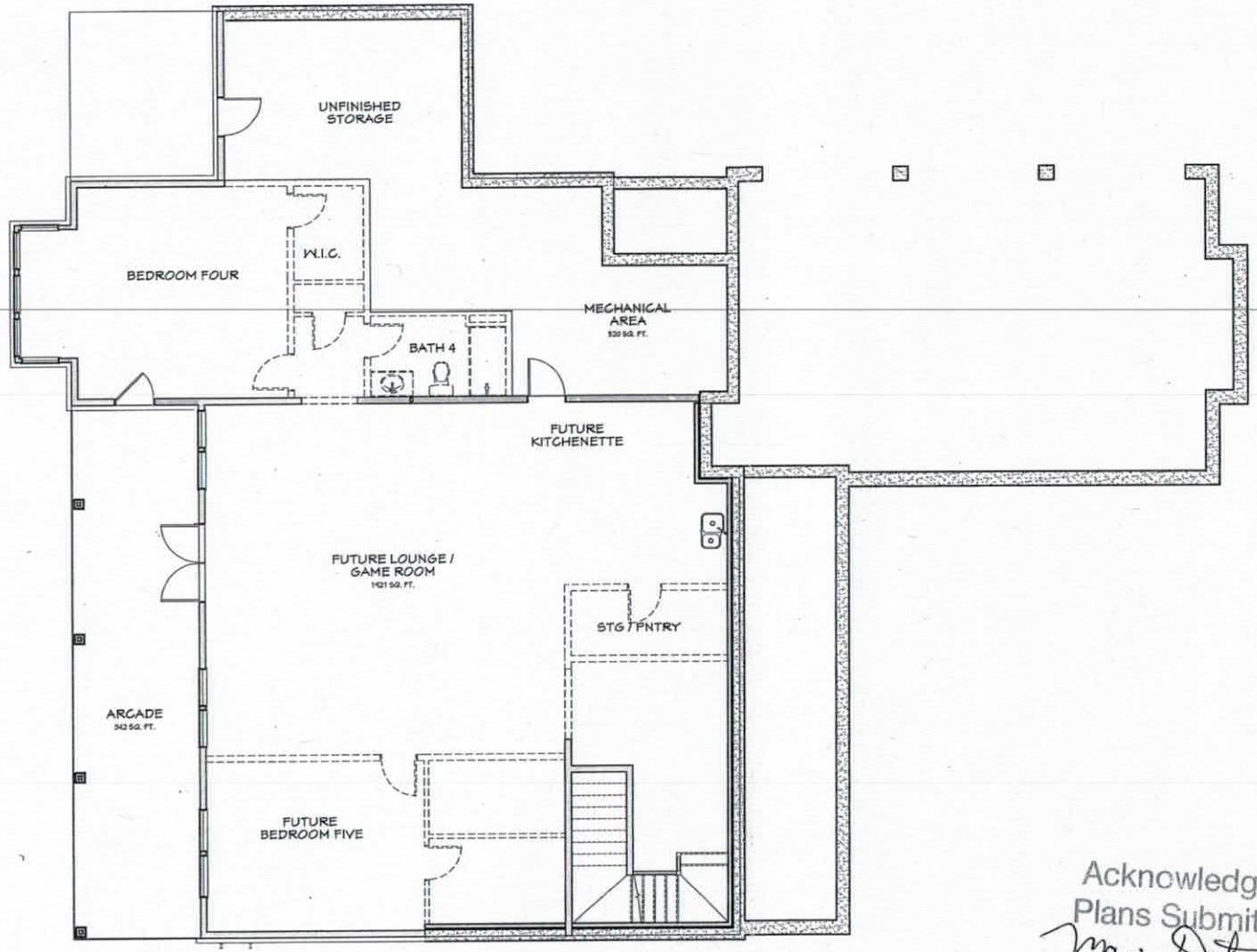
Project/plan code
XX.XX.XXXX

Drawing set
NOT FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN FLOORING

Sheet no.
A5.0

Master plan version
v0.1



BASEMENT PLAN

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

FLOORING

Acknowledgement of Plans Submittal ONLY!

Maria Dotson Date 7/28/16

Date 7/27/16

Project name/owne
THE BERKE
LOW COUNTRY E
SISTERS C
LOT 43
OWNER NAME
ADDRESS L
ADDRESS L
PH: 000-000-
PH: 000-000-

(c) 2016 copyright Homes, Inc. All rig
These plans are the Next Homes,
reproduction, in
distribution of these
strictly prohibit
document contains
and proprietary infor
cannot be repro
divulged, in whole
without written au
from Next

Date
July 18, 20
Drawn by
RWA
Reviewed by
INITIALS
Plan set scale
24x36 she
1/4" = 1'-0
11x17 she
1/8" = 1'-0
Project/plan code
XXXX.XX
Drawing set
NOT FOR
CONSTRUCT
Sheet title/descriptio
SECOND FLOO
FLOORIN

Sheet no.
A6.

Master plan version
v0.1