IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 23216

PIN # 4648371279

APPLICANT/OWNER: West Homes

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

SITE ADDRESS: 137 Homer Ln Mooresville, NC 28117

PHONE: 704 433-9947 ALT. PHONE 980 500-1239

SITE DIRECTIONS: US N TL Cornelius Rd TL Homer Ln on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sister's Cove

SECTION: 2 LOT # 41 LOT AREA: .63 Acre

DESIGN FLOW: 600gpd L.T.A.R.:

Septic Tank	2000 (gal)	STB	445	Date	5/30/18
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields		# Lines	(traffic rated)	Linear Ft	
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Comm. TS II Drip

Repair System Description: Same

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 5 No. Persons No. Employees ☐ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community

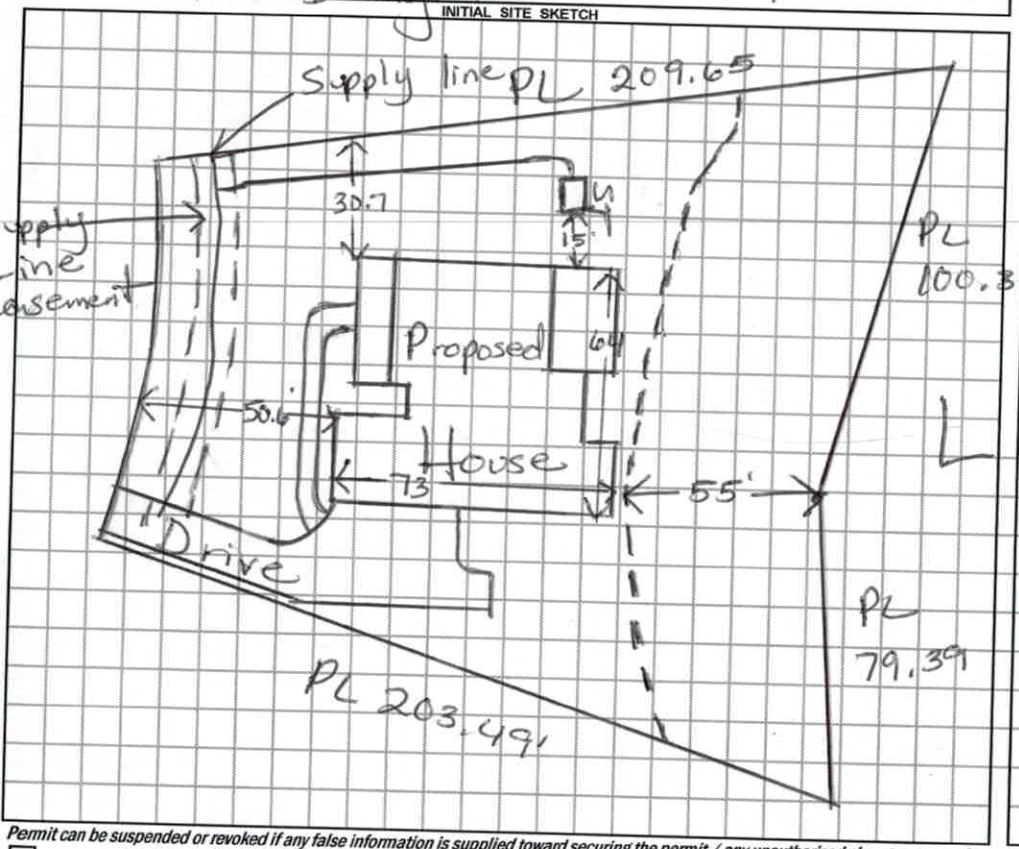
☐ Basement w/o plumbing

Comments / Conditions: Install Pump Package, Control Panel, & Connect to Calleation line as specied by Piedmont Design.

9/18/18 Checked alarm & pump. - MD

7/10/18 tank checked CC

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

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: 1/22/18 Installed by: Kett

IMPROVEMENT PERMIT by: Maria Dotson Date: 1/16/18 OPERATION PERMIT by: Maria Dotson Date: 9/18/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 1/16/18 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.

Group Septic

RECEIVED DEC 2 8 2017

AC

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

Paid $1200.00 #232161

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct / Inspection X BOTH ___ Existing System

****

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

The following optional attachments may also be submitted: X 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	P.O. Box 3965, Mooresville, NC 28117	704-433-9947	980-500-1239
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Elisabeth Johnson & John Stenbit	P.O. Box 3965, Mooresville, NC 28117	704-433-9947	980-500-1239

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
137 Homer Lane, Mooresville, NC 28117	Sisters Cove	Phase 2/ lot 41

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

****

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

(x) 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 5
Maximum Number of Occupants 10
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (x) 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 (x) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

9. Signature: _____ 12-27-17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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	**18**

BLANK 5 AVG/REMAINING 3.6

LOT	# OF BEDROOMS
1	
6	
7	
8	
9	
10	3
11	3
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	3
25	3

HOMER LN/HOMESTEAD (CUMULATIVE)	81
REMAINING BEDROOMS AVAILABLE	**34**

BLANK 8 AVG/REMAINING 4.3

LOT	# OF BEDROOMS
35	
36	4
37	4
38	
39	4
40	
41	5
42	4
43	5
44	5
45	4
46	4
47	
48	4
49	
50	4
66	
67	
68	

Sisters Cove
Rec'd 1-5-18

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, Eric Wood, am the legal owner(s) of the property located at 137 Homer Lane, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648371279.000, 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 M Wood 12/27/17

Signature of Owner(s) Date

Signature of Witness 12/27/17

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***

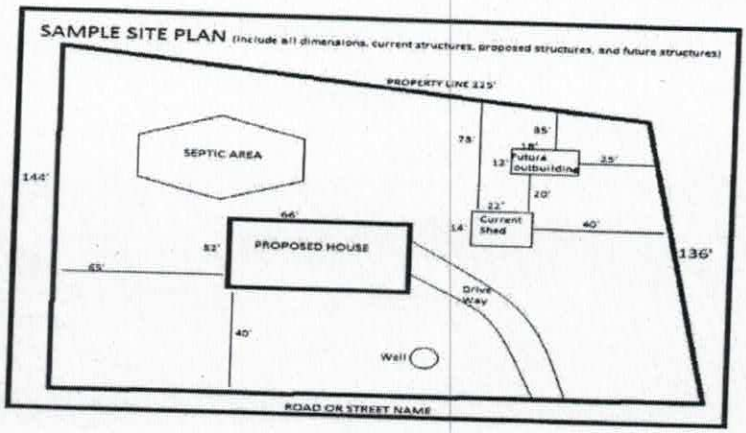
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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 attached

Signature: _____

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

12-27-17

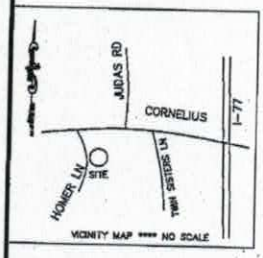
DATE

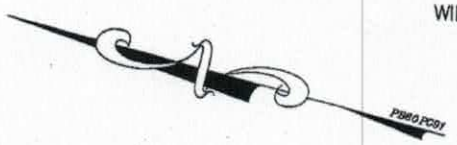
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2458, page 51, and/or plat book 66, page 8, 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 5, day of DEC., A.D. 20 17.

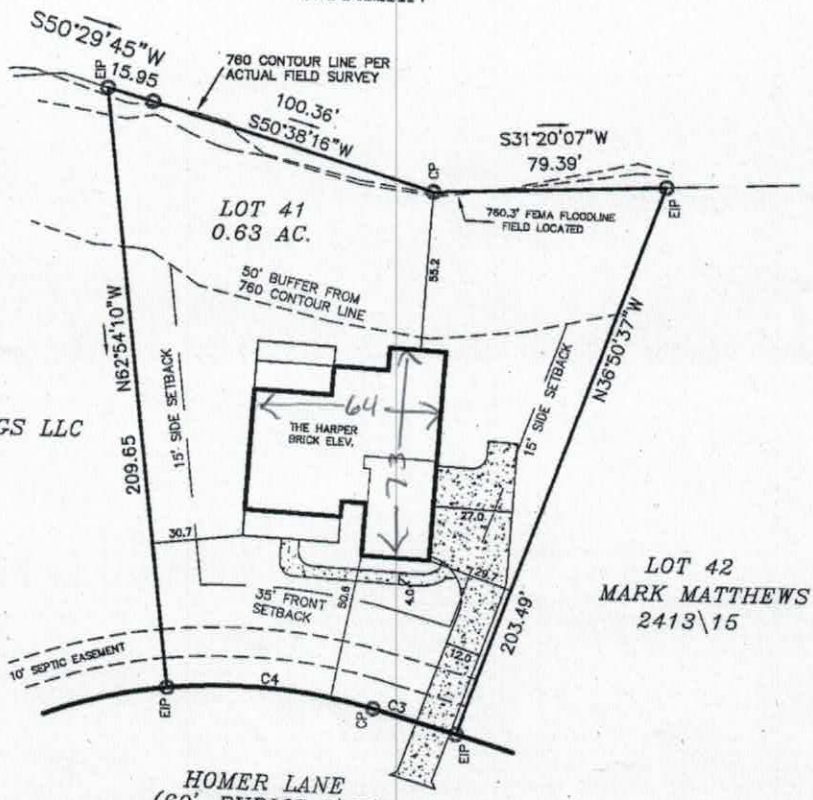
WILLIAM M. ALLEN

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





LAKE NORMAN



DRIVEWAY = 2019 SF
SIDEWALK = 293 SF

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C3	2566.29'	29.63'	N 49°59'52" E	29.63'
C4	181.42'	70.97'	N 38°28'19" E	70.52'

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

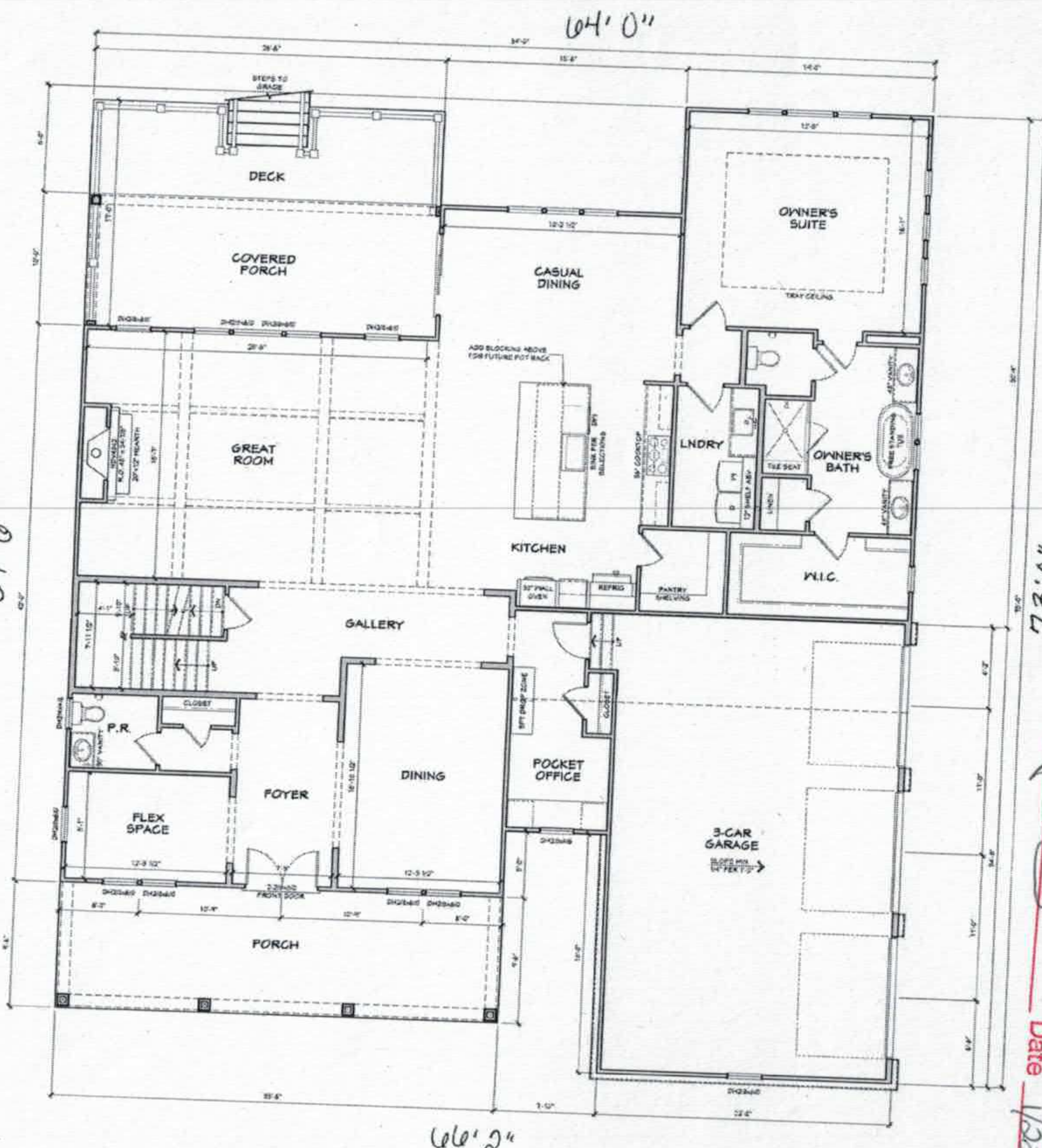
0' 20' 40' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF
137 HOMER LN.
LOT 41 SISTERS COVE PHASE II

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

FIELD BOOK:
FILE: SISTERS 41
DC FILE:
TAX MAP NO: 4648371279



Acknowledgement of
Plans Submittal ONLY!
Date 1/16/18
Date 1/22/18

UPPER LEVEL NOTES

UPPER LEVEL FRAMING NOTES:
BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED WALL SHEATHING AS INDICATED IN THE GENERAL NOTES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE.

1. "T.T.R." INDICATES "TIE (CEILING JOIST) TO RAFTER WITH FOUR 3"X0.131" NAILS)
2. ALL LOAD-BEARING HEADERS SHALL BE (2)2X8 SPF#2 UNLESS OTHERWISE NOTED ON THE PLAN.
3. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
4. ALL WALLS UP TO 10 FT. TALL SHALL BE 2X4 SPF#2 @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(4) OF THE CODE OR AS NOTED ON THE PLAN.
5. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN.

MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(2) 2X12	LUS 210-2
(2) 1¾" X 9¼" LVL	HUS 410
(2) 1¾" X 11⅞" LVL	HUS 412
(2) 1¾" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

6. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 16d x 3½" COMMON NAILS (3½"x 0.162") OR 16d x 2½" (2½"x 0.162") NAILS, UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10dX 1½" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 1½" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
7. "LVL" AND GLU-LAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)-2X4 OR (2)-2X6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
8. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS -WHETHER WOOD OR STEEL-CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B." IS INDICATED ON THE PLAN.
9. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6¾" TRUSSLOK SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.
10. JACK AND KING STUD SCHEDULE AT WALL OPENINGS:
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "#J" OR "#K" ON PLAN.

SPANS UP TO 4'-0"	1 JACK, 1 KING
SPANS >4'-0" TO 6'-4"	1 JACK, 2 KINGS
SPANS >6'-4" TO 9'-4"	2 JACK, 3 KINGS
SPANS >9'-4"	SEE PLAN

11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

HOMES

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1045 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORP. LIC.#C-3118
704-338-7200

Stamp/seal

Project name/level
THE HARPER
BRICK ELEVATION
SISTERS COVE
LOT 41
OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

Date
December 6, 2017

Drawn by
RES

Reviewed by
INITIALS

Plan set scale
24x36 sheet
3/8" = 1'-0"
11x17 sheet
3/8" = 1'-0"

Project/plan code
1331

Drawing set
FOR CONSTRUCTION

Sheet title/description
SECOND FLOOR PLAN
FARMHOUSE ELEVATION

Sheet no.
A4.0

Master plan version
v1.0

C:\Users\Robert Smith\Dropbox (Neal Homes)\NEST HOMES - HOMEBUILDING\ARCHITECTURAL SERVICES\0_PRODUCTION\NESTERS COVE\LOT 41\NESTERS COVE LOT 41.dwg Plot Date:Monday, December 11, 2017 1:27:40 AM Plot Scale: 1"1"1" = 1/0" 22"x36" = 1/8"=1'-0" Plotted by:Robert Smith

71' 0"

71' 0"

Lot 41

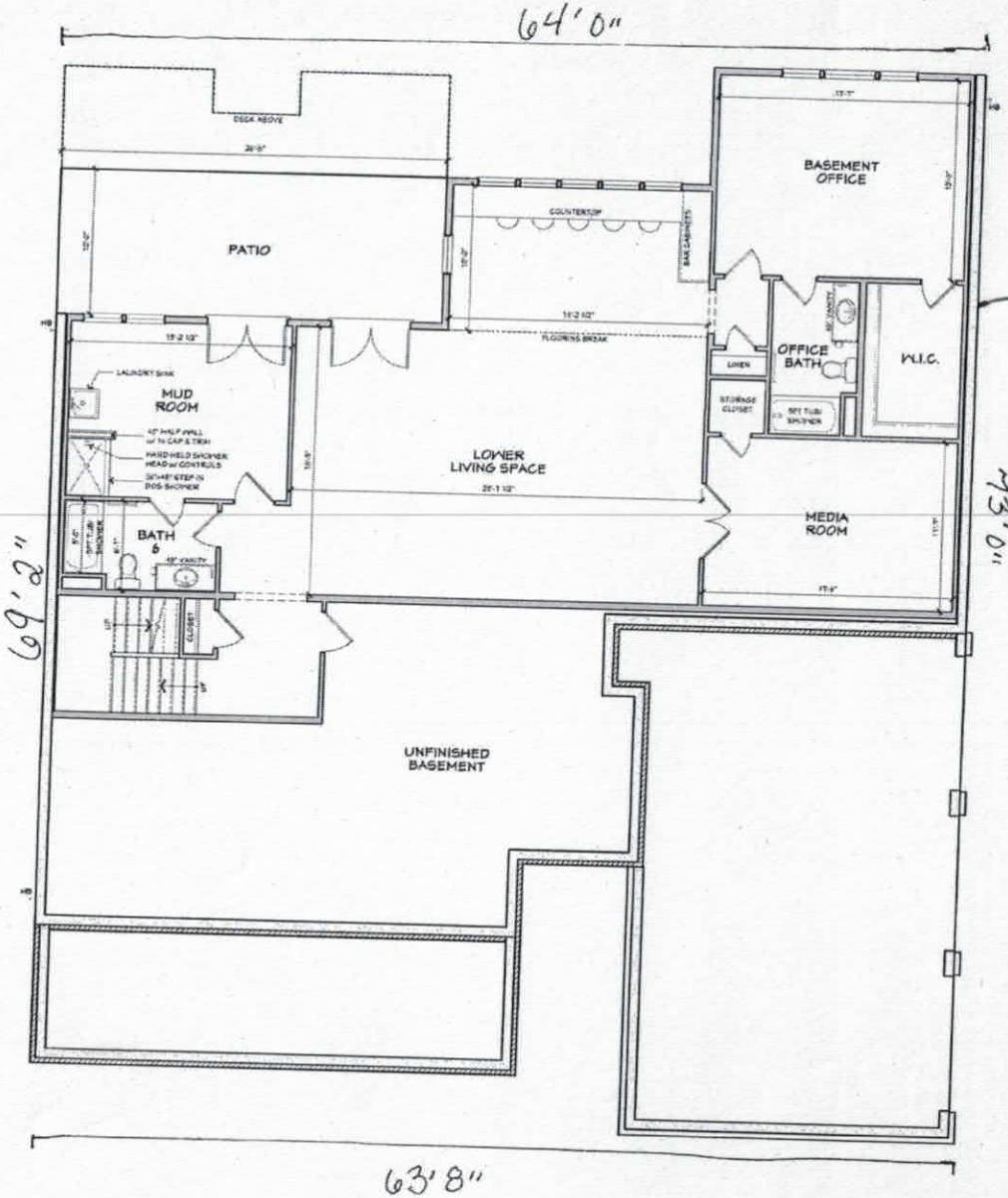
Lot 41

Acknowledgement of Plans Submittal ONLY!

Date 11/9/18

Date 11/30/18

Neal Homes	
Nesterton/Kay County	
Engineer: ELLSBERRY DOBSON 1845 J W PEASE PLACE 1204 CHARLOTTE, NC 28262 CHAD BUTLER, P.E. CORP. LIC.#C-3118 704-369-3260	
Structural:	
Project Name/Address: THE HARPER BRICK ELEVATION NESTERS COVE LOT 41	
OWNER NAME/TITLE ADDRESS LINE 1 ADDRESS LINE 2 PH: 000-000-0000 CELL: 000-000-0000	
Date: December 5, 2017 Drawn by: REB Reviewed by: INITIALS Plan Version: 24x36 sheet 1/8" = 1'-0" 1/4" = 1'-0" Project/plan note: 1231 Drawing set: FOR CONSTRUCTION Sheet title/description: SECOND FLOOR PLAN FRONT ELEVATION	Sheet no: A5.0 Number per set: of 0



Acknowledgement of Plans Submittal ONLY!

Maria Dotson Date 1/16/18

Date

TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1946 J N PEASE PLACE
#264
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORP. LIC.#C-2116
704-334-7200

Stamp/seal

THE HARPER
BRICK ELEVATION

SISTERS COVE
LOT 41

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

Date
December 6, 2017

Drawn by
MES

Reviewed by
INITIALS

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

Project/plan code
1231

Drawing set
FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN
FARMHOUSE ELEVATION

Sheet no.
A3.0

Master plan version
v1.0

© Ryan Ryzel Smith/Boston Host Homes/DIGEST HOMES - HOMES/BUILDING/ARCHITECTURAL RENDERING_PRODUCTION/SISTERS COVE/LOT 41/SISTERS COVE LOT 41.dwg Plot Date: Monday, December 11, 2017 7:21:41 AM Plot Scale: 1'1.571" = 1'0" Plotted by: Ryzel Smith

IREDELL COUNTY

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

APPLICATION NUMBER
232161
Issue Date: 12/28/2017

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4648371279.000	137 HOMER LANE	

Owner Information	Applicant Information	Contractor Information
Owner: SC LANDHOLDINGS LLC	Applicant: NEST HOMES LLC	Contractor: NEST HOMES LLC
Address: PO BOX 3965 MOORESVILLE, NC 28117	Address: PO BOX 3965 MOORESVILLE, NC 28117	Address: PO BOX 3965 MOORESVILLE, NC 28117
Phone: - -	Phone: 704-208-4251	Phone: 704-208-4251
		License Type: BLDG License Number: 74867

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	1,200.00
		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.

Signature of Owner/Contractor

Date: 12/28/2017

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	124499	TOTAL FEES:	$ 1,200.00