IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 234046

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

PIN #4648372472

APPLICANT/OWNER: Nest Homes LLC | APPLICANT ADDRESS: PO Box 3965 Mooresville, NC | PHONE: 980-500-1239 | ALT. PHONE 704-433-9947

SITE ADDRESS: 133 Homer Ln. Mooresville, NC | SAP CONTROLLED: ☐ YES ☑ NO

SITE DIRECTIONS: NC 115 N → L on Connector → L on Homer → lot on L | DESIGN FLOW: 600gpd | L.T.A.R.:

SUBDIVISION: Sisters Cove | SECTION: 2 | LOT # 40 | LOT AREA: .74ac

Septic Tank 2000 (gal) STB 74 Date 5-3-19
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines 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. TSII drip
Repair System Description: same
Maintenance Agreement Required: ☑ YES ☐ NO ☐ GRAVITY ☑ PRESSURE

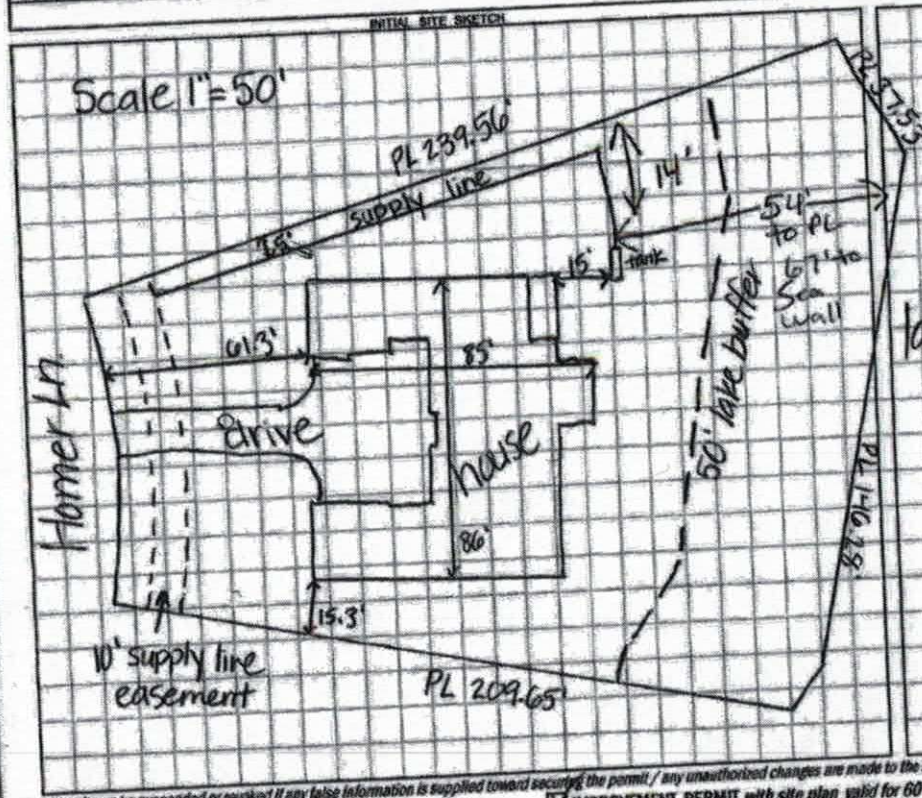
☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Basement w/plumbing
No. Bedrooms . 5
No. Persons . 10
No. Employees
☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

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

6/18/19 Checked ST & Supply line up to top of house (by propane tank)

INITIAL SITE SKETCH



AS BUILT SKETCH

10/1 * Move Irrigation / Sleeved where crossed *

	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked	10/1	BB
Floats Set		
Alarm Checked	10/1	BB
Maintenance Contract Y / N		
Comments: * H_2O Line on Top of Pressure Line Needs to be Sleeved or moved.	10-2	CC

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 change

☐ 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: 3-29-18 Installed by: R#H

IMPROVEMENT PERMIT by: Kayla Wilson Date: 3-26-18 OPERATION PERMIT by: Carl C. Cae Date: 10-2-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 3-26-18 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 inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

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

PIN # 4648372472

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

APPLICANT/OWNER: Nest Homes LLC

APPLICANT ADDRESS: PO Box 3965 Mooresville, NC

PHONE: 980-500-1239

ALT. PHONE 704-433-9947

SITE ADDRESS: 133 Homer Ln. Mooresville, NC

SAP CONTROLLED: ☐ YES ☑ NO

SITE DIRECTIONS: NC 115 N → L on Connector → L on Homer → lot on L

DESIGN FLOW: 600gpd L.T.A.R.: —

SUBDIVISION: Sisters Cove

SECTION: 2 LOT # 40 LOT AREA: .74ac

Septic Tank 2000 (gal) STB 74 Date 5-3-19

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields ____ # Lines ____ Linear Ft ____

Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV ⓥ VI

System Description: comm. TS II drip

Repair System Description: same

Maintenance Agreement Required: ☑ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

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

6/18/19 Checked ST & Supply line up to top of house (by propane tank)

INITIAL SITE SKETCH



AS BUILT SKETCH

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: 3-28-18

IMPROVEMENT PERMIT by: Kayla Wilson Date: 3-26-18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 3-26-18

Installed by: R & H Date: ____

OPERATION PERMIT by: ____ Date: ____

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.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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 X BOTH ___ Existing System Inspection

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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	980-500-1239	704-433-9947
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
John & Albertine Stenbit	PO Box 3965 Mooresville NC 28117	980-500-1239	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

133 Homer Lane, Mooresville, NC 28117	Sisters Cove	Phase 2/ lot 40
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

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** ( ) Yes (x) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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:** _____ 3/9/18
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Community Septic - AC

RECEIVED MAR 12 2018

Paid $1200.00 EFT

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

#234046

Application for SEPTIC REPAIR PERMIT

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1. **APPLICATION FOR:** ___Improvement Permit ___Authorization To Construct _x_ **BOTH** ___ **Existing System Inspection**

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
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Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
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Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

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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 4 / 6 see revised KW
Maximum Number of Occupants 8
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:** _____ 3/9/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 Nest Homes, LLC, identified as PIN (Parcel Identification Number) 4648372472.000, 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

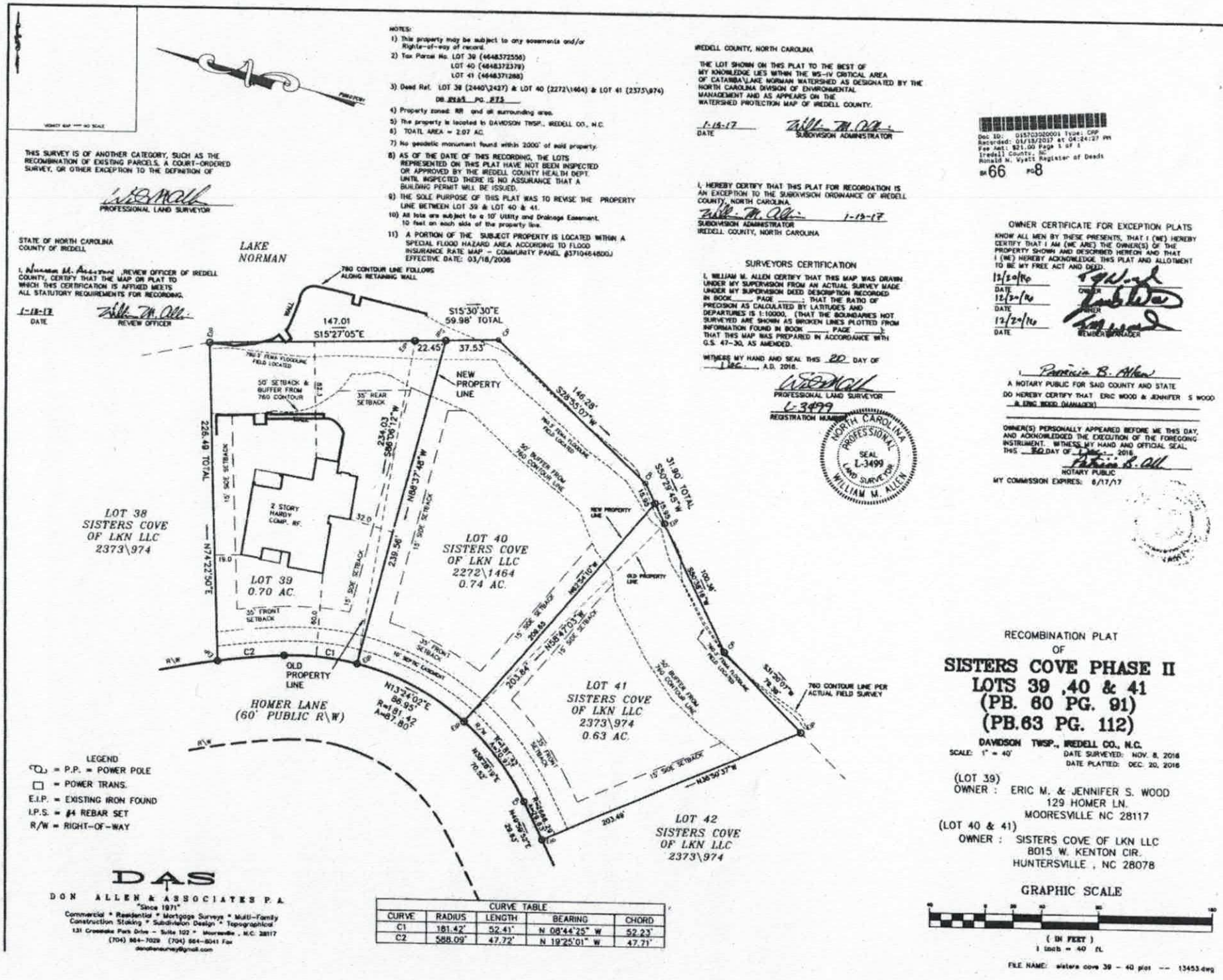
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	3/9/18		3/9/18

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



NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Tax Parcel No. LOT 39 (4648372556)
LOT 40 (4648372379)
LOT 41 (4648371288)
3) Deed Ref. LOT 38 (2440\2437) & LOT 40 (2272\1464) & LOT 41 (2375\874)
DB 2565 PG. 875
4) Property zoned: RR and all surrounding area.
5) The property is located in DAVIDSON TWSP., IREDELL CO., N.C.
6) TOATL AREA = 2.07 AC.
7) No geodetic monument found within 2000' of said property.
8) AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.
9) THE SOLE PURPOSE OF THIS PLAT WAS TO REVISE THE PROPERTY LINE BETWEEN LOT 39 & LOT 40 & 41.
10) All lots are subject to a 10' Utility and Drainage Easement, 10 feet on each side of the property line.
11) A PORTION OF THE SUBJECT PROPERTY IS LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA ACCORDING TO FLOOD INSURANCE RATE MAP – COMMUNITY PANEL #3710468800J EFFECTIVE DATE: 03/18/2008

IREDELL COUNTY, NORTH CAROLINA

THE LOT SHOWN ON THIS PLAT TO THE BEST OF MY KNOWLEDGE LIES WITHIN THE WS-IV CRITICAL AREA OF CATAWBA\LAKE NORMAN WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

1-18-17
DATE
SUBDIVISION ADMINISTRATOR

I, HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

1-18-17
SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA

THIS SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF

PROFESSIONAL LAND SURVEYOR

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, [illegible], REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

1-18-17
DATE
REVIEW OFFICER

SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK ____ PAGE ____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000, (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ____ PAGE ____; THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 20 DAY OF Dec., A.D. 2016.

PROFESSIONAL LAND SURVEYOR
L-3499
REGISTRATION NUMBER

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

Doc ID: 015703020001 Type: CRP
Recorded: 01/18/2017 at 04:24:27 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald M. Wyatt Register of Deeds
BK 66 PG 8

OWNER CERTIFICATE FOR EXCEPTION PLATS

KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

12/20/16
DATE
OWNER

12/20/16
DATE
OWNER

12/20/16
DATE
MEMBER/MANAGER

I, Patricia B. Allen
A NOTARY PUBLIC FOR SAID COUNTY AND STATE
DO HEREBY CERTIFY THAT ERIC WOOD & JENNIFER S WOOD & ERIC WOOD (MANAGER)

OWNER(S) PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL, THIS 20 DAY OF Dec., 2016

Patricia B. Allen
NOTARY PUBLIC
MY COMMISSION EXPIRES: 6/17/17

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	181.42'	52.41'	N 08°44'25" W	52.23'
C2	588.09'	47.72'	N 19°25'01" W	47.71'

RECOMBINATION PLAT
OF
SISTERS COVE PHASE II
LOTS 39 ,40 & 41
(PB. 60 PG. 91)
(PB.63 PG. 112)

DAVIDSON TWSP., IREDELL CO., N.C.
SCALE: 1" = 40'
DATE SURVEYED: NOV. 8, 2016
DATE PLATTED: DEC. 20, 2016

(LOT 39)
OWNER : ERIC M. & JENNIFER S. WOOD
129 HOMER LN.
MOORESVILLE NC 28117

(LOT 40 & 41)
OWNER : SISTERS COVE OF LKN LLC
8015 W. KENTON CIR.
HUNTERSVILLE , NC 28078

GRAPHIC SCALE
(IN FEET)
1 inch = 40 ft.

FILE NAME: sisters cove 39 - 40 plat -- 13453.dwg

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family Construction Staking * Subdivision Design * Topographical
131 Crossside Park Drive - Suite 102 * Mooresville , N.C. 28117
(704) 664-7029 (704) 664-8041 Fax
donallensurvey@gmail.com

						A2.0

BASEMENT CONCRETE NOTES

FOOTING SCHEDULE

#	SIZE	REINFORCING
1	24"x12" CONT.	2 - #4 CONTINUOUS
2	16"x8" CONT.	2 - #4 CONTINUOUS
3	20"x10" CONT.	2 - #4 CONTINUOUS
4	20"x10" CONT.	2 - #4 CONTINUOUS
5	12"x6" CONT.	2 - #4 CONTINUOUS

GENERAL NOTES

Acknowledgement of Plans Submittal ONLY!

Date 3-26-18

Date 3-28-18

LAKE LEVEL FLOOR PLAN

A3.0

Acknowledgement of
Plans Submittal ONLY!

Date 3-26-18

Date 3-26-18

FIRST FLOOR PLAN

SECOND FLOOR PLAN



Acknowledgement of
Plans Submittal ONLY!

Date 3-26-18

Date 3-28-18

A4.0

IREDELL COUNTY

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

APPLICATION NUMBER
234046
Issue Date: 03/12/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4648372379.000	133 HOMER LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SISTERS COVE OF LKN LLC	Applicant: NEST HOMES LLC
Address: ATTN: HIGHLAND HINKLEY LLC PO BOX 3965 MOORESVILLE, NC 28117	Address: PO BOX 3965 MOORESVILLE, NC 28117
Phone:	Phone: 704-208-4251

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.835	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	131652	TOTAL FEES:	$ 77.25