IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224274

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

PIN # 4648386078

APPLICANT: Sister Cove of LKN / Nest Homes APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC 28117

SITE ADDRESS: 723 Cornelius Rd Mooresville, NC 28117 PHONE: 980-500 1226 ALT. PHONE:

SITE DIRECTIONS: US 21 N TL Cornelius Rd on left at intersection with Judas Rd.

SUBDIVISION: Sisters Cove SECTION: 4 LOT # 2 LOT AREA: .704 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

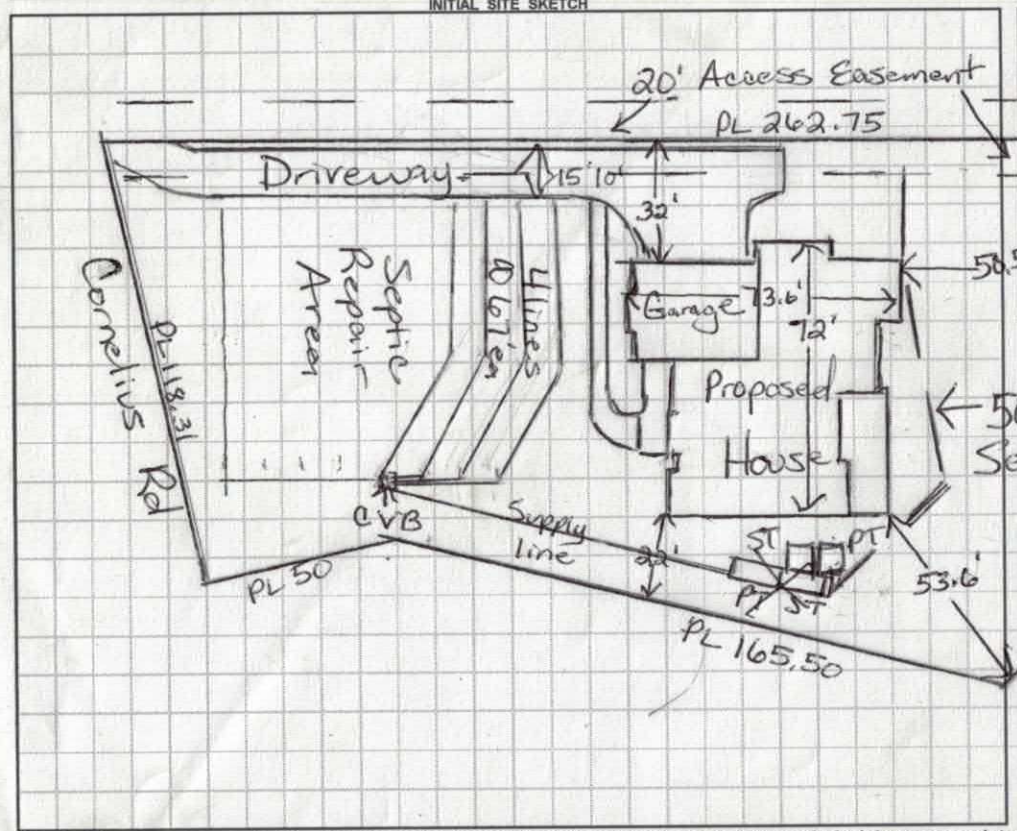
Septic Tank	1000 (gal)	STB	794	Date	10-14-16	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	283	Date	6-28-17	System Description:	Pump-LPPBPS	☐ Business	No. Persons 8
Pump Make	Liberty	Model	2907HV5	Serial #		Repair System Description:	LPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4@67'	Linear Ft:	268'	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	min 24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: 8/3/17 Checked tanks & lines

8/11/17 OK to switch initial & repair areas.
5/32" hole

INITIAL SITE SKETCH

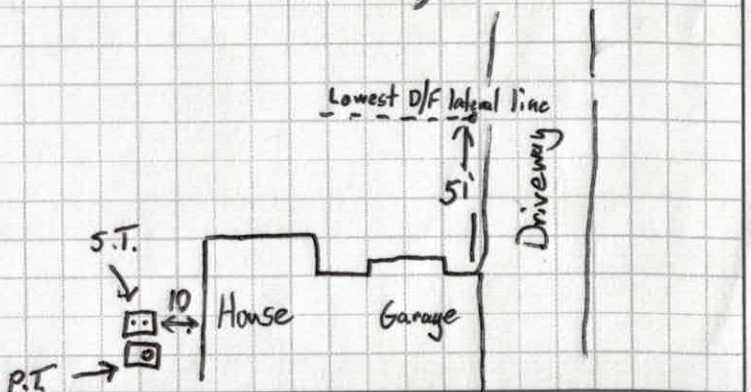


AS BUILT SKETCH

Scale 1:50

10/12/17:
- Alarm float ok
- 10" between Alarm & on/off float
- 6" of tether in on/off float
- 2' of pressure head in each line
- Breakers OK (* Alarm shared w/ Bedroom #2)

Lake Norman



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: Isabella Davis Date: 3/14-17 Installed by: RET

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/11/17 OPERATION PERMIT by: Tom Shuck Date: 10/11/2017

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 3/11/17 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	8/3/17	MD
Tanks Checked	8/3/17	MD
Pressure Manifold or Valve Box Checked	10/11/17	SA
Pressure Head Set	"	
Electrical Checked	"	
Floats Set	"	
Alarm Checked	"	
Maintenance Contract (Y) / N	"	

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Nest Homes — APPLICATION DATE ____
ADDRESS: ____ — DATE EVALUATED: 2/21/17
PROPOSED FACILITY: ____ — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: ____
LOCATION OF SITE: Sister's Cove #2 723 Cornelius Rd — PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	7%	0-8"	Rd/Brw CL	SS,SP,SExp,FR					PS .3
		8-40"	LSAP	massive FR					
	8-10%	0-12	R-Rd/Brw CL	AAK,SS,SP,SExp,FR					PS .3
		12-30	Yel/Brw CL	w/few to many SAP Indus					
		30-48	Yel/Brw LSAP	massive FR					
	Pit 1	0-16"	Brw SCL	w/SBK SS,SP,SExp,FR					PS .3+
		16-34"	RC/CL	w/SBK SS,SP,SExp,FR w/few to many SAP Indus					
		34-50"	Brw LSAP	massive FR					
	Pit 2	0-14"	Brw SCL to CL	w/few to many SAP Indus SS,SP,SExp,FR					PS .3+
		14-43"	LSAP	massive FR (could be called Sta)					
		43-45	RC	SS,SP,SExp,FR					
		45+60"	LSAP	massive, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBDS	PPBDS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ____

COMMENTS: ____

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

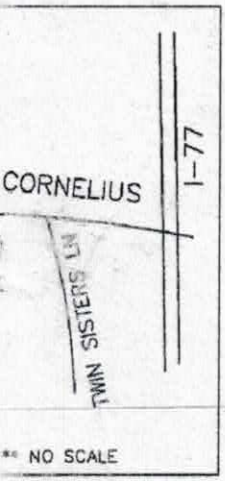
certify that this map was drawn under my supervision from an actual
ade under my supervision recorded in deed book_____, page_____, and/or
63, page 12, that the ratio of precision is 1':10,000, that this map
red in accordance with the General Statutes of North Carolina Chapter 89C.
and seal on the 24, day of MAY,
16.

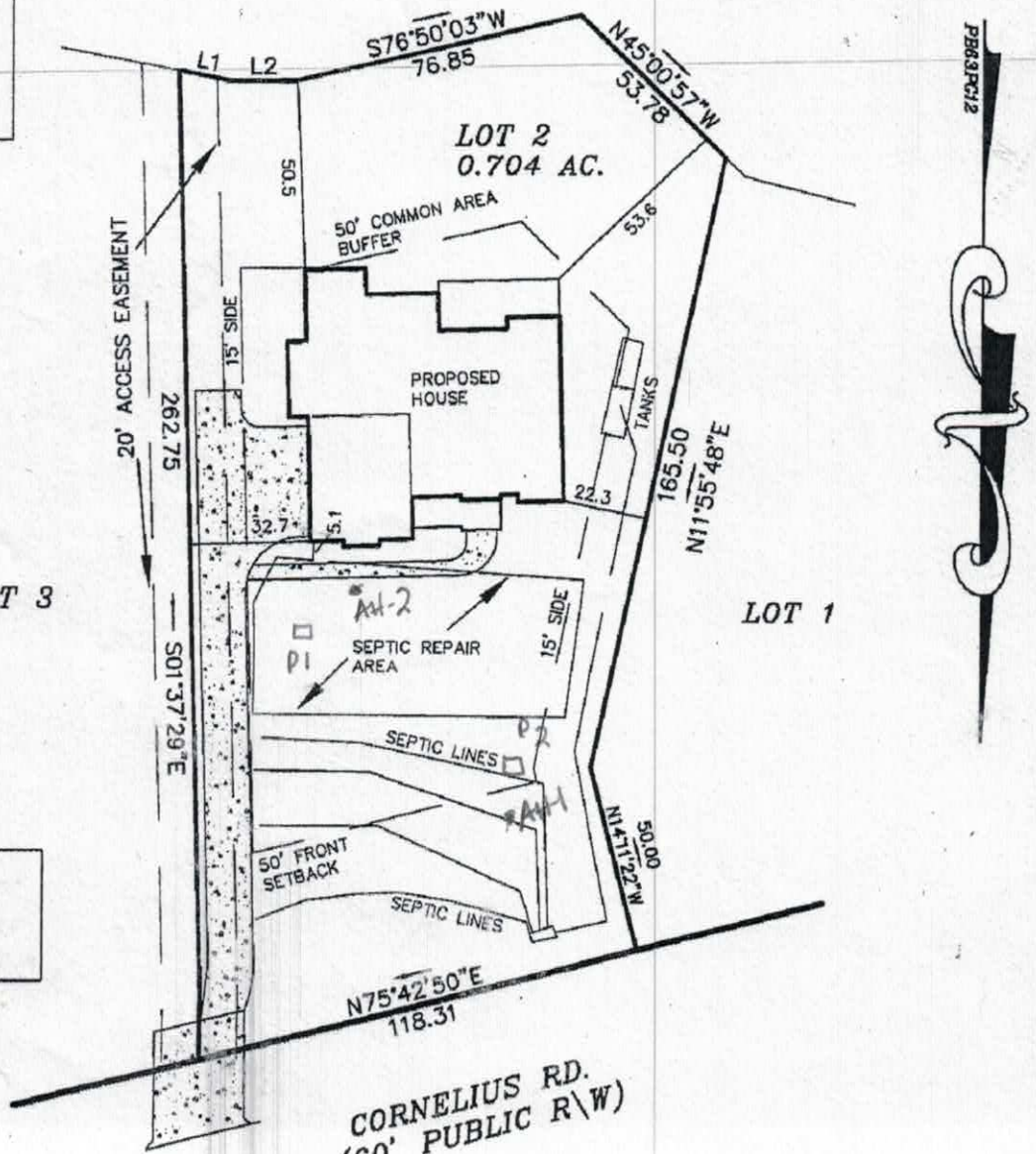
REVISED : OCT. 25, 2016 (REVISED HOUSE PLANS)

WILLIAM M. ALLEN, PLS

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

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 78°52'57" W	13.87'
L2	S 89°34'45" W	17.58'





CAL.
2909 SF
= 308 SF

For "Pit Locations"

GEND

2/21/17 SAP Found need Pits RECEIVED JAN 2 6 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $500.00 EFT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $600.00 #224274 100.00 EFT

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(✓) Septic Improvement Permit (✓ 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Sister Cove of LKN **Address:** PO Box 3965 Mooresvill, NC 28117 **Phone:** 980-500-1226

Owner Name: _____ **Address:** PO Box 3965 Mooresville, NC 28117 **Phone:** 980-500-1226

Property Information:

Street Address: 723 Cornelius Rd Mooresvill, NC 28117

Subdivision Name: Sisters Cove **Section/Phase:** 4 **Lot Number:** 2

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

Site Development Information: ***(check or complete ALL that apply)***

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (✓) 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 (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) 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.

Signature: LakstaDavis 01/25/17

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

IREDELL COUNTY HEALTH DEPARTMENT

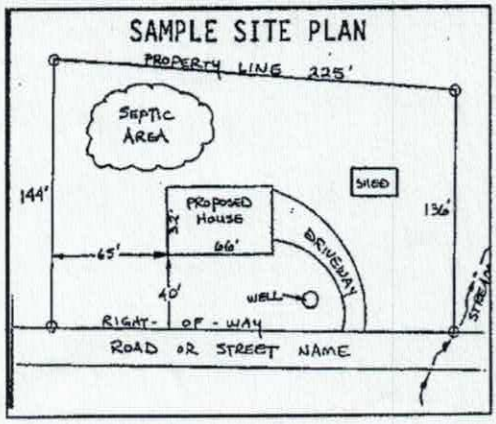
ENVIRONMENTAL HEALTH DIVISION

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

see attached

Signature: LaketaDavis

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

1/25/17

DATE

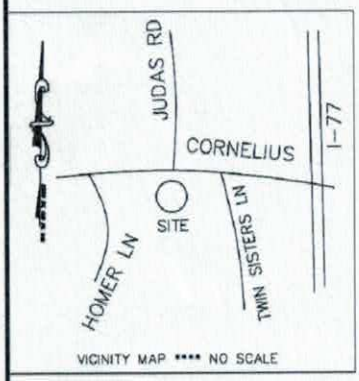
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book 63, page 12, 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 24, day of MAY,
A.D. 20 16. REVISED : OCT. 25, 2016 (REVISED HOUSE PLANS)

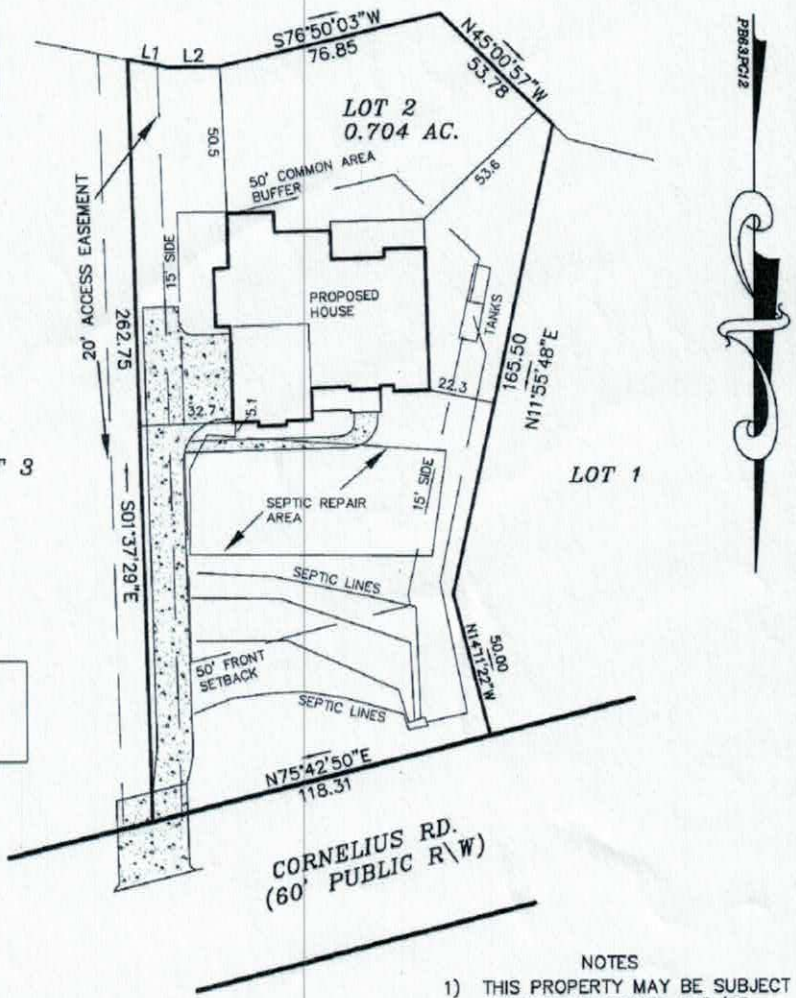
WILLIAM M. ALLEN, PLS

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



LINE TABLE		
LINE	BEARING	LENGTH
L1	N 78°52'57" W	13.87'
L2	S 89°34'45" W	17.58'

LAKE NORMAN



CONCRETE CAL.
DRIVEWAY = 2909 SF
SIDEWALK = 308 SF

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

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

PLOT PLAN SURVEY

OF
ROAD
LOT 2 SISTERS COVE PHASE IV

SCALE 1" = 50' DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: SISTERS 2
DC FILE:
TAX MAP NO:

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 14527 PIN# 4648 48 5128 DATE 10/1/07

OWNER OR APPLICANT Clarion Homes, LLC PHONE: Business _____ Home _____

ADDRESS 18745 Clarendon Circle Cornelius, NC 28031

LOCATION Hwy 21 N TL Cornelius Rd. on (L) across from Jetton Rd.

SUBDIVISION Magnolia Bay BLOCK / SECTION _____ LOT 2 LOT AREA ~1.74C SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 1.3

Septic Tank: 1000 Gallons STB _____ Date _____

Pump Tank: 1000 Gallons PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 798 Linear Feet 266

No Lines 4 Trench Width 2-3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: Pressurized - 16" PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other 1/2

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☐ Public ☒ Community

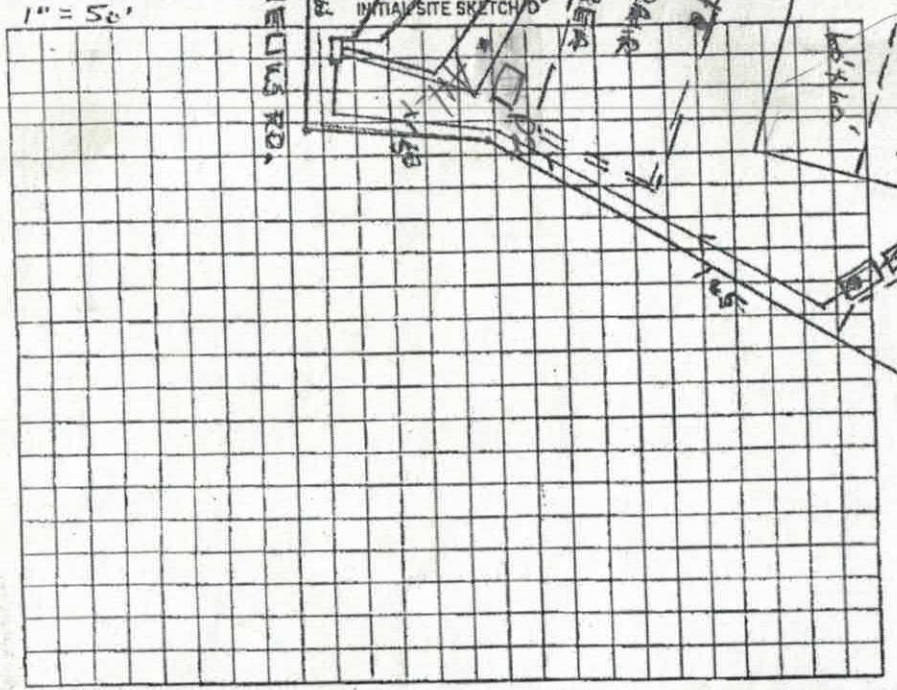
☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

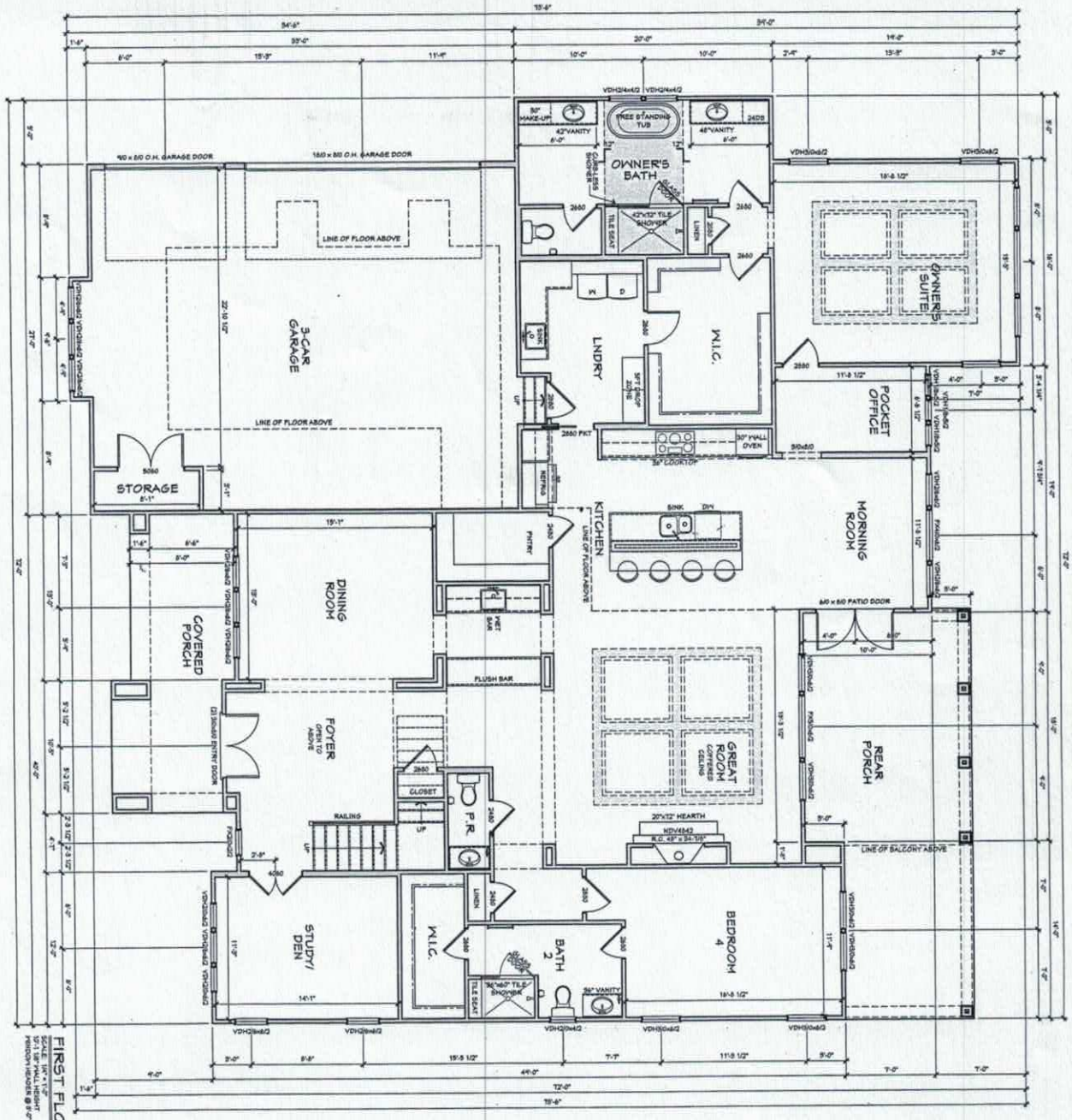
Comments/Conditions:

Comments/Conditions:

1" = 50'

INITIAL SITE SKETCH


CORNELIUS RD.
262'
118'
72'
70'
70'
70



SCALE: 1/4" = 1'-0"
10'-1 1/8" FINAL HEIGHT
PERSON HEADER @ 6'-0" A.F.F.

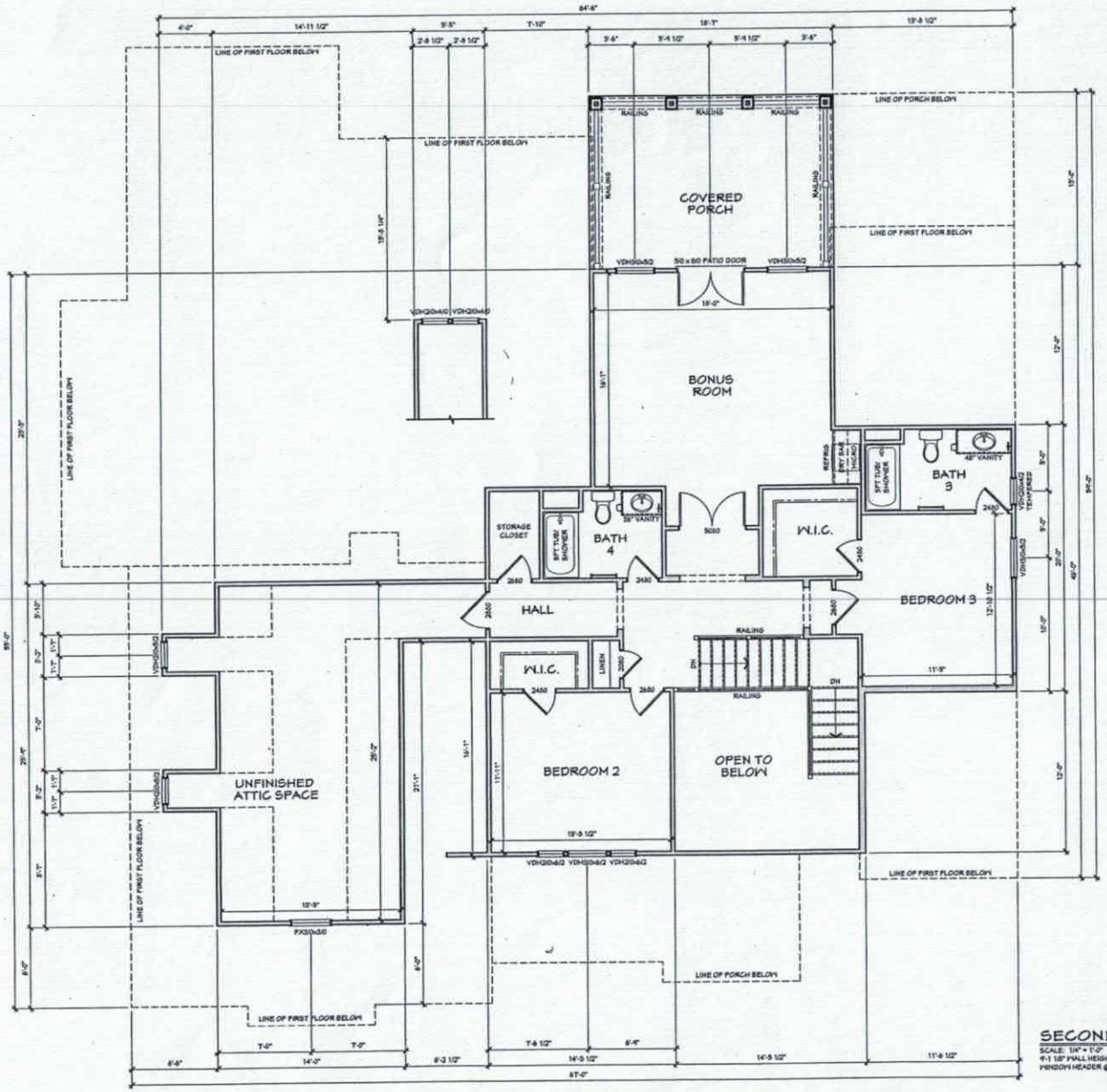
Acknowledgement of
Plans Submittal ONLY!

Maria Dhaan Date 3/11/17

Lakeela Davis Date 3/14-17

Sheet no.	A3.0
Master plan version	v01
Sheet title/description	FIRST FLOOR PLAN CRAFTSMAN ELEVATION
Plot/print/plan scale	1/4" = 1'-0" 11" x 17" 1/8" = 1'-0"
Drawing set	XXXXXXXX CONSTRUCTION SET
Plan set scale	24x36 sheet 1/4" = 1'-0" 11" x 17" 1/8" = 1'-0"
Reviewed by	RES
Drawn by	RES
Date	January 3, 2017
Project name/owner	CUSTOM HOME CUSTOM ELEVATION SISTERS GROVE LOT 2
OWNER NAME/TITLE ADDRESS LINE 1 PH: 000-000-0000 FAX: 000-000-0000	
Stamp/seal	
Engineer	INTELLIGENT DESIGN ENGINEERING 2 CHOCTAW DR. E. 334-537-7306
Inspector	INSPECTOR NAME 000-000-0000
Township/County	RANDOLPH TOWNSHIP RUSSELL COUNTY
	HCH HOMES 2M Blueway Drive Suite 2 Fort Mitchell, AL 36856 PH: 334-498-4663 www.hchhomes.com

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SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
9'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 6'-0" A.F.F.

Acknowledgement of Plans Submittal ONLY!

Date 3/4/17

Date 3/14-17

TRU HOMES
236 Rozeway Creek Suite F
Mooresville, NC 28117
PH: 704-238-4251
www.truhomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGINEERING
CHAD RITTER, P.E.
704-335-7206

Stamp/seal

Project name/owner
CUSTOM HOME
CUSTOM ELEVATION

SISTERS COVE
LOT 2

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

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Date
January 3, 2017

Drawn by
RES

Reviewed by
RES

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

IREDELL COUNTY

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

APPLICATION NUMBER
224274
Issue Date: 01/26/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4648386078.000	723 CORNELIUS ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SLF II NC MAGNOLIA BAYS JV LLC	Applicant: NEST HOMES LLC
Address: P O BOX 3965 MOORESVILLE, NC 28117	Address: PO BOX 3965 MOORESVILLE, NC 28117
Phone:	Phone: 704-208-4251

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.704	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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	91393	TOTAL FEES:	$ 77.25