IREDELL COUNTY HEALTH DEPARTMENT

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

2100 BA

PERMIT # 219894

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

PIN # 4648388110

APPLICANT: Nest Homes, LLC

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

SITE ADDRESS: 119 Cornelius Rd Mooresville, NC 28117 PHONE: 7044339947 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W. TR Bluefield TL Cornelius lot on left

SUBDIVISION: Sisters Cove SECTION: IV LOT # 3 LOT AREA: .679 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank ~~1000~~ 1500 STB 379 Date 1-19-17

Pump Tank ~~1000~~ 1500 PT 465 Date 1-25-17

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 268'

Trench Width min. 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LP- PPBPS

Repair System Description: Same

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

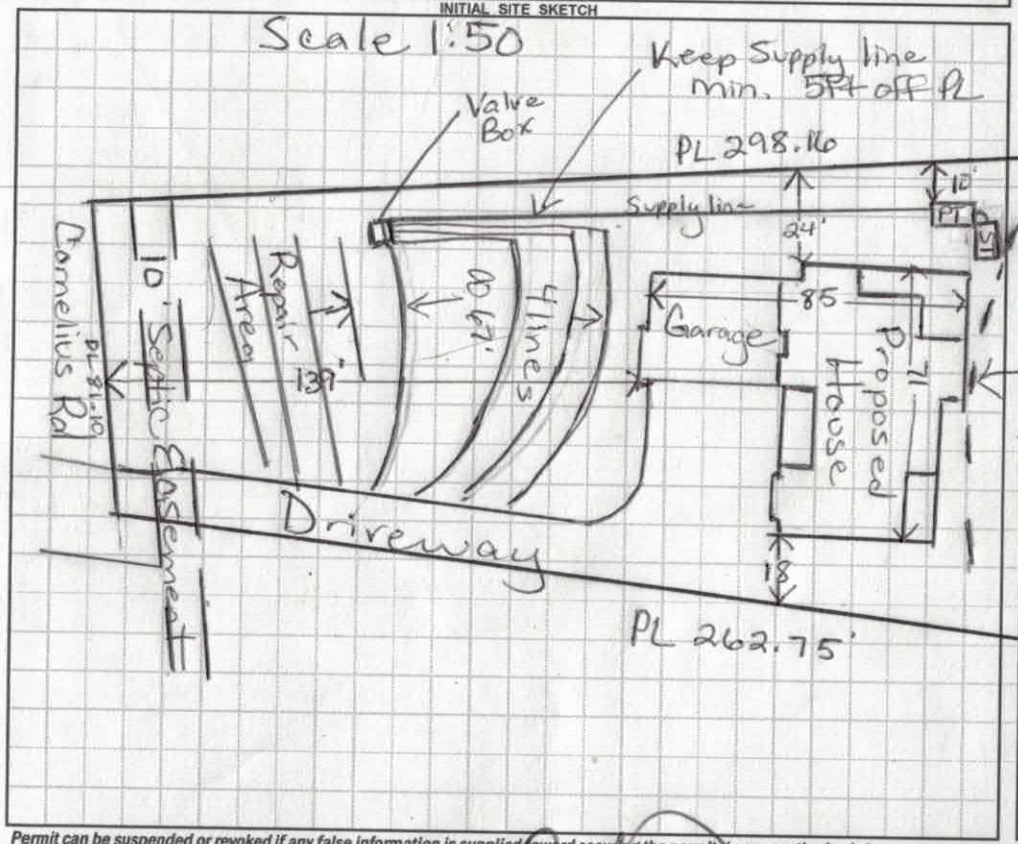
Comments / Conditions: Divert Stormwater Away From Septic System

ST = 1500 g PT = 1000 g Checked 2/28/17

Lines Checked 2/28/17.

Used traffic rated tanks buried 5 ft

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	2/28/17	MD
Tanks Checked	2/28/17	MD
Pressure Manifold or Valve Box Checked	5-22-17	BA
Pressure Head Set	↑	BA
Electrical Checked	↑	BA
Floats Set	↑	BA
Alarm Checked	↑	BA
Maintenance Contract (Y) N	↑	BA

Comments:

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: 8/8/16

IMPROVEMENT PERMIT by: Maria Dolan RS Date: 8/2/16

AUTHORIZATION TO CONSTRUCT by: Maria Dolan RS Date: 8/2/16

Installed by: K & H

OPERATION PERMIT by: BA Date: 5-22-17

Existing System Inspected by: Date:

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

RECEIVED JUN 2 8 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

Paid $320.00 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)

#219894

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

Int. Relayout

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:

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 #**
SLF	PO Box 3965 Mooresville NC 28117		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
719 Cornelius Rd	Sisters Cove	~~II~~ IV - Lot #3

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

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 ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____ 6/27/16

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

IREDELL COUNTY HEALTH DEPARTMENT

Old

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___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
   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	Work Phone
Clarion Homes LLC	18745 Cloverstone Circle Corneilus, NC 28031		(Kathleen, SAME) 704-942-1250
Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. **Property Information:**

Street Address: ____ Subdivision Name: Magnolia Bay Section/Phase and Lot Number: Lot # #3

Driving Directions: Hwy 115 N, US 21S, R Corneilus Rd. Lots on left across from Judas Rd.

****

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other____ ( ) No Preference

****

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:** Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/14/07
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 719 Cornelius Rd. Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4648388110, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
Eric W Wood	6/27/16	J. Michael Wetter Jr.	6/27/16

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

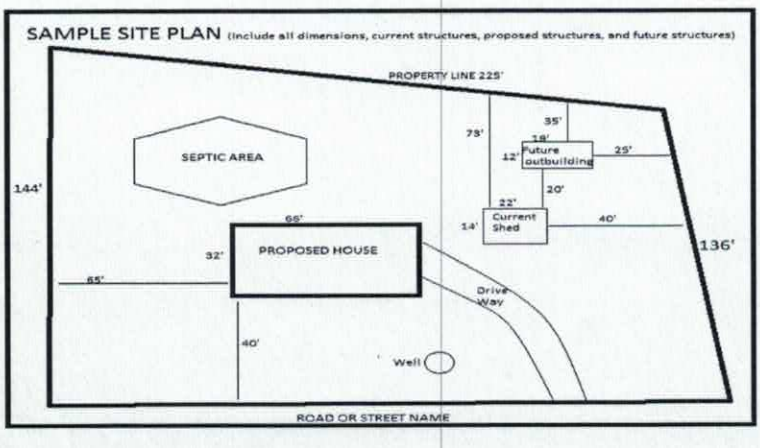
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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 PLOT PLAN ATTACHED

Signature: _____

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

6/27/16

DATE

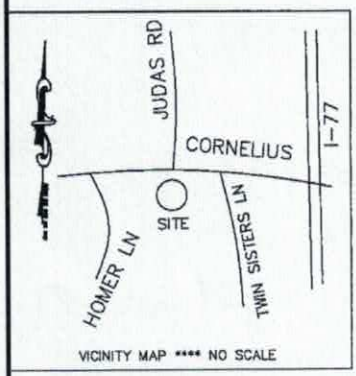
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2174, page 1385, and/or plat book 63, page 113, 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 8, day of JUNE, A.D. 20 16.

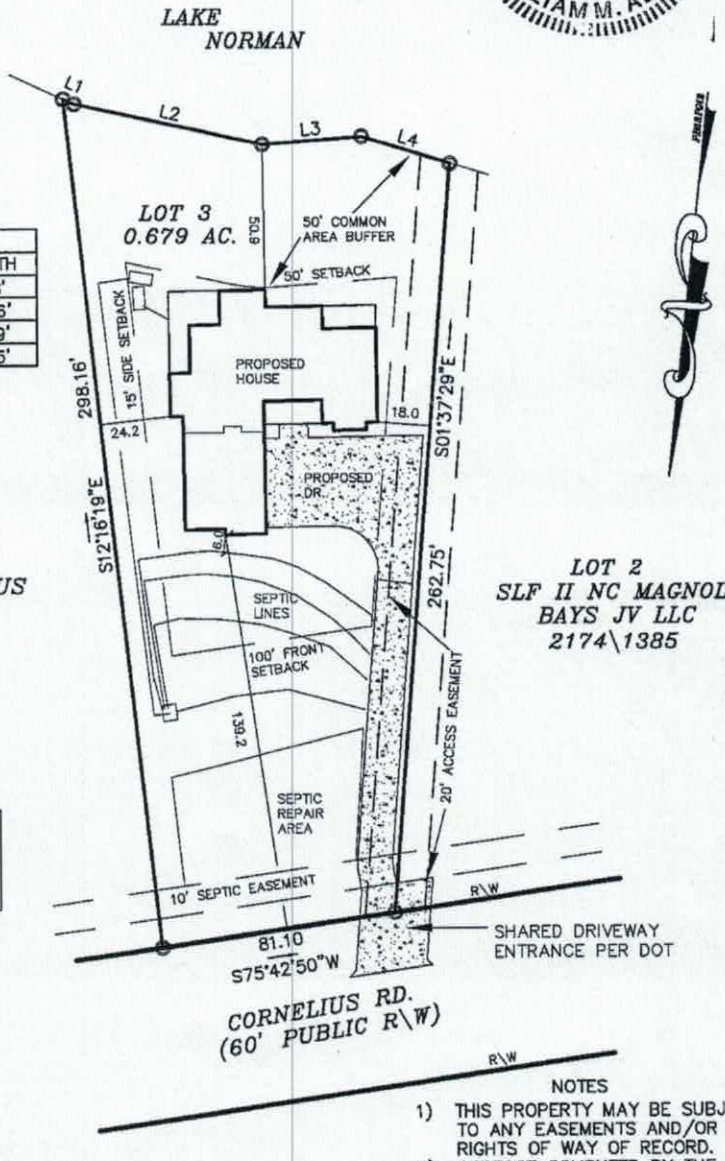
REVISED JUNE 13, 2016
(REVISED DRIVE TO SHOW SHARED ENTRANCE)

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN



LINE TABLE		
LINE	BEARING	LENGTH
L1	S 70°52'06" E	4.08'
L2	N 83°45'58" W	66.46'
L3	N 79°46'00" E	34.19'
L4	S 78°52'00" E	31.55'



CONC. CALCULATION
DRIVEWAY = 4034 SF
SIDEWALK = 48 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
719 CORNELIUS RD.
LOT 3 SISTERS COVE PHASE IV

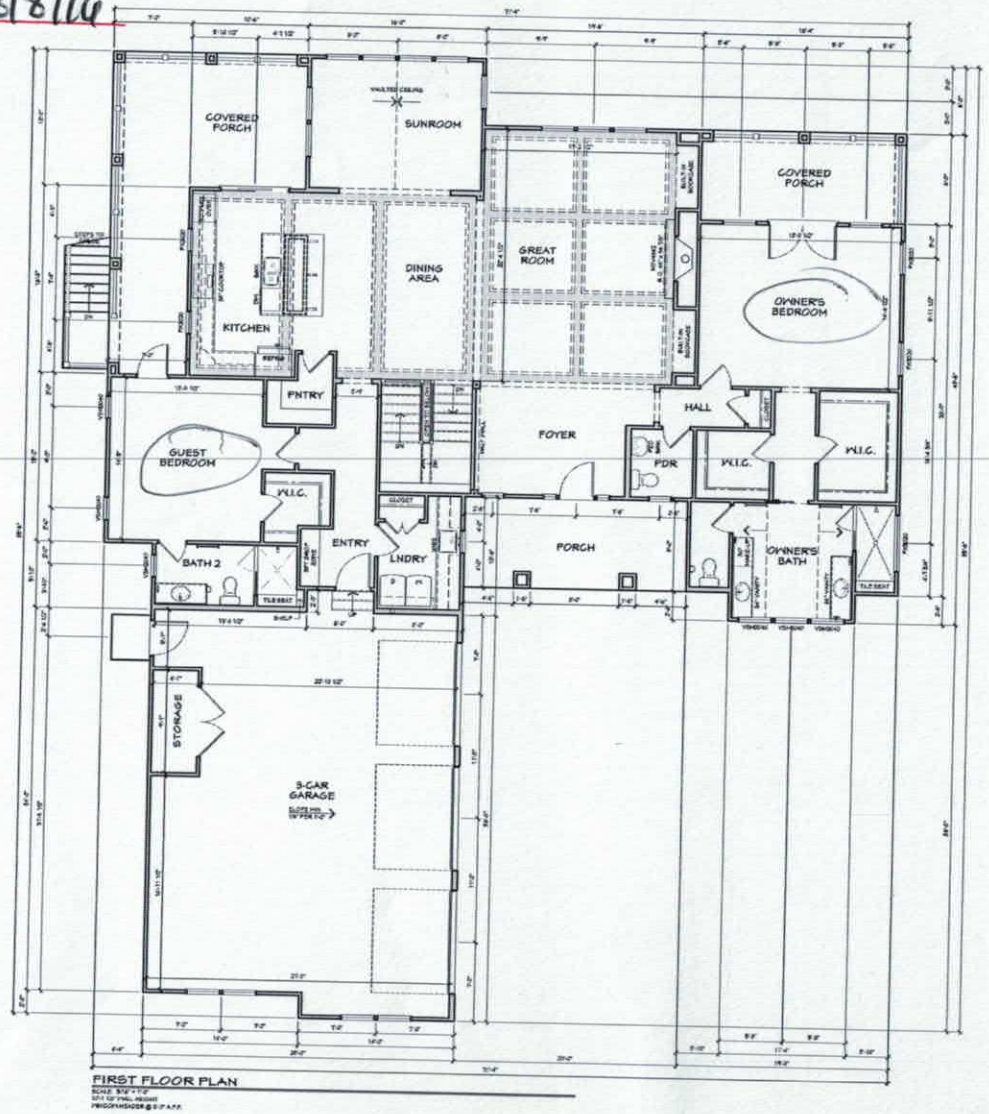
SCALE 1" = 50'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: SISTERS COVE 3
DC FILE: 9110
TAX MAP NO: 4648388110

Acknowledgement of
Plans Submittal ONLY!

Date 8/2/16

Date 8/8/16



FIRST FLOOR PLAN

Township/County
TOWNSHIP
COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
COMPANY NAME
ENGINEER
000-000-0000

Stamp/seal

Project name/owner
CUSTOM HOME
CUSTOM ELEVATION

SISTERS COVE
LOT 3

CHRIS & RHONDA
MUHLENKAMP
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

Date
June 8, 2016

Drawn by
RES

Reviewed by
INITIALS

Plan set scale
22x34 sheet
3/16" = 1'-0"
11x17 sheet
3/32" = 1'-0"

Project/plan code
XX.XX.XXXX

Drawing set
NOT FOR CONSTRUCTION

Sheet title/description
MAIN FLOOR LEVEL

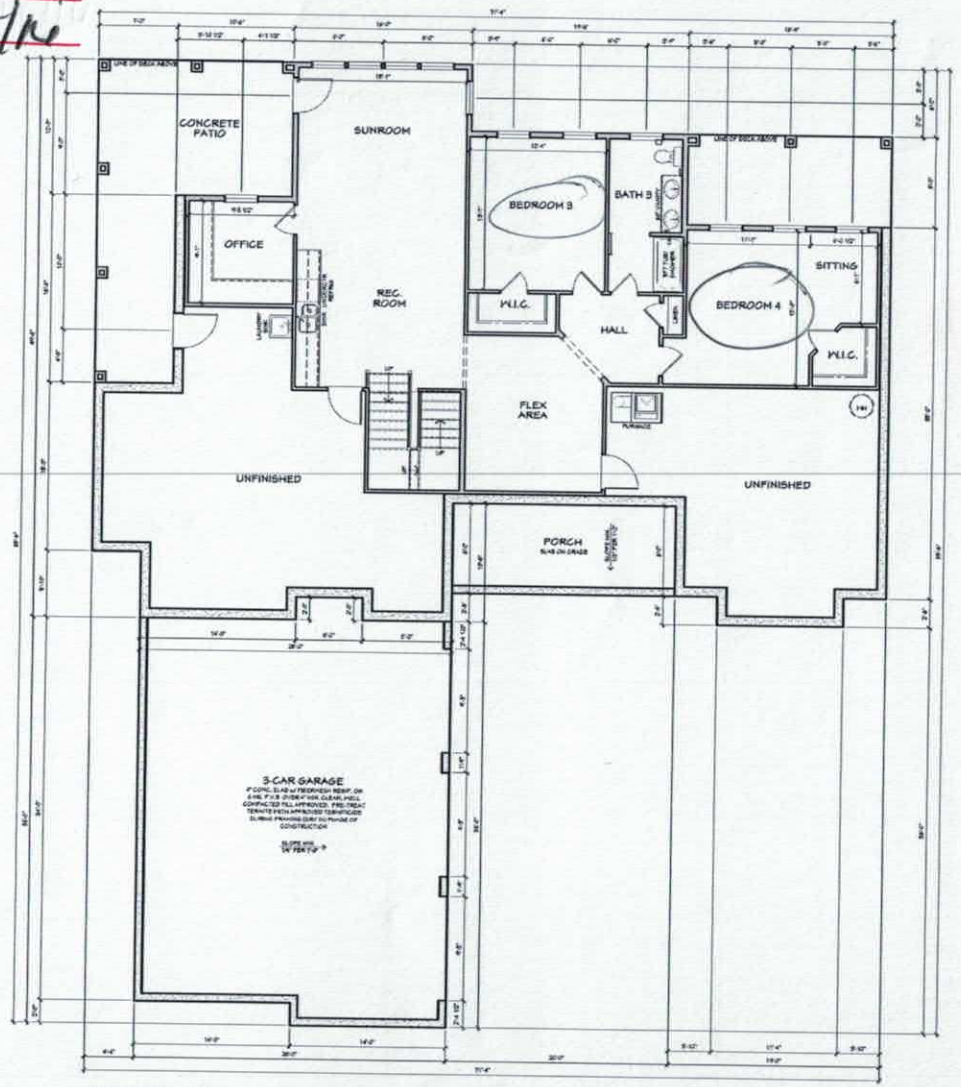
Sheet no.
A3.0

Master plan version
v1.0

Acknowledgement of
Plans Submittal ONLY!

Date 8/2/16

Date 8/8/16



BASEMENT PLAN

RICE HOMES

Township/County
TOWNSHIP
COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
COMPANY NAME
ENGINEER
000-000-0000

Stamp/seal

Project name/owner
CUSTOM HOME
CUSTOM ELEVATION

SISTERS COVE
LOT 3

CHRIS & RHONDA
MUHLENKAMP
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

Date
June 8, 2016

Drawn by
RES

Reviewed by
INITIALS

Plan set scale
22x34 sheet
3/16" = 1'-0"
11x17 sheet
3/32" = 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
v1.0