IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223171

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

PIN # 4648475937 73

APPLICANT: Sister's Cove LKN/West APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC

SITE ADDRESS: 122 Sisters Cove Ct Homes Mooresville, NC 28117 PHONE: 7044339947 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Bluefield TL Cornelius TL Sisters Cove Ct

SUBDIVISION: Sisters Cove SECTION: 5 LOT # 16 LOT AREA: .29 Acre DESIGN FLOW: 360 gpd L.T.A.R.:

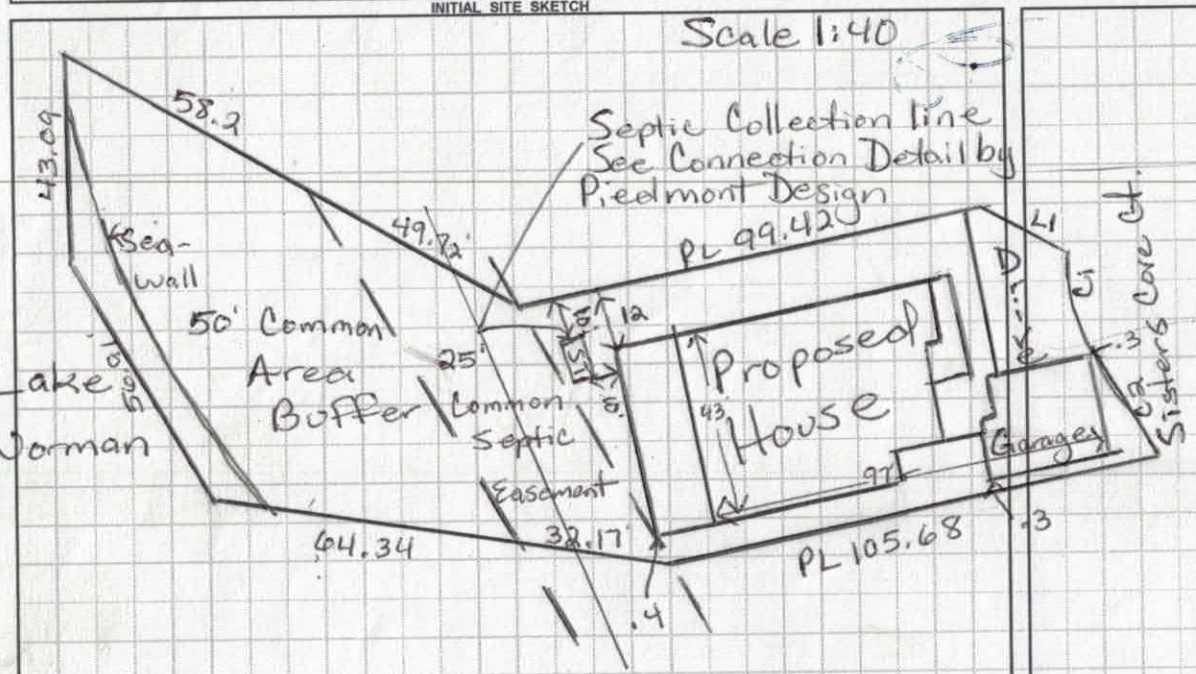
Septic Tank	2000 (gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV (V) VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Community TS-II Drip Irr.			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Community TS-II Drip Irr.			☐ Other	No. Employees
# Nitrification Fields	1	# Lines		Linear Ft:		Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width		Max. Trench Bottom Depth		Gravel Depth			☐ GRAVITY	☒ PRESSURE		☒ 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.

Note:- ST must be lower than foundation drain.

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: 12/6/16 Installed by: Matt

IMPROVEMENT PERMIT by: Maria Dotson REHS Date: 11/29/16 OPERATION PERMIT by: Maria Dotson Date: 12/7/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/29/16 Existing System Inspected by: Date:

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

RECEIVED NOV 1 4 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

223171

(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)

Paid $500.00 EFT

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

Group Septic

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:**

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, LLC	PO Box 3965 Mooresville NC 28117		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
122 Sisters Cove Court	Sisters Cove	Phase V - Lot 16

Driving Directions: I-77 S to NC150/ W onto 150/ R onto Bluefield/ L onto Cornelius/ Left onto Sisters Cove Ct.

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

(✓) **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 3
Maximum Number of Occupants 6
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** 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:** Erin W Ed — 11/14/16
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
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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 122 Sisters Cove Court, identified as PIN (Parcel Identification Number) 4648475937.000, 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 Wood — 11/14/16
Signature of Owner(s) — Date

J. Michael Wetter Jr. — 11/14/16
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

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	34

LOT	# OF BEDROOMS
7	
8	
9	
10	3
11	
12	3
13	
14	
15	3
16	3
17	3

BLANK	AVG/REMAINING
8	4.3

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

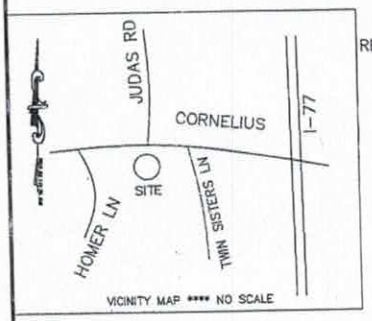
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2297, page 193, and/or plat book 63, page 11, that the ratio of precision is 1:10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 17, day of OCT., A.D. 20 16.

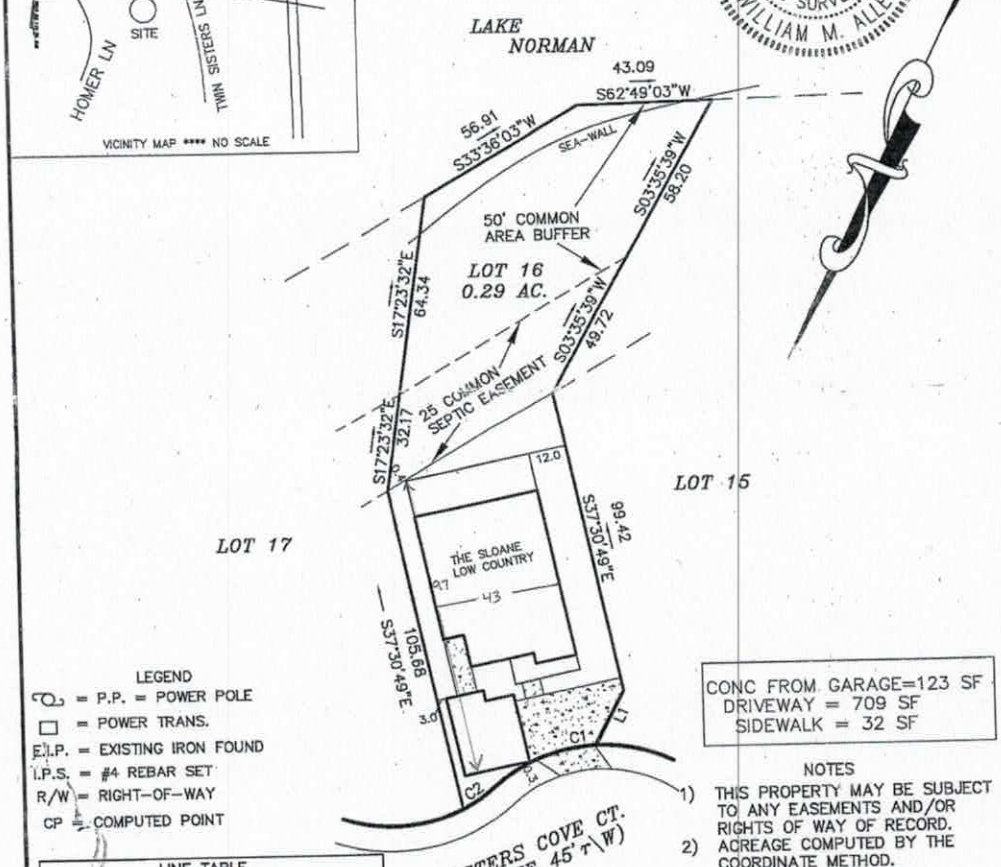
REVISED OCT. 26,2016(REVISED SITE & PLAN)

REVISED NOV. 11,2016 (ADDED CONC. TO DR.)

WILLIAM M. ALLEN, PLS

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





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

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 01°18'59" W	19.87'

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.50'	35.20'	N 42°41'06" E	34.49'
C2	49.50'	13.05'	S 30°16'03" W	13.01'

CONC FROM GARAGE=123 SF
DRIVEWAY = 709 SF
SIDEWALK = 32 SF

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' 20' 40' 100'
SCALE IN FEET

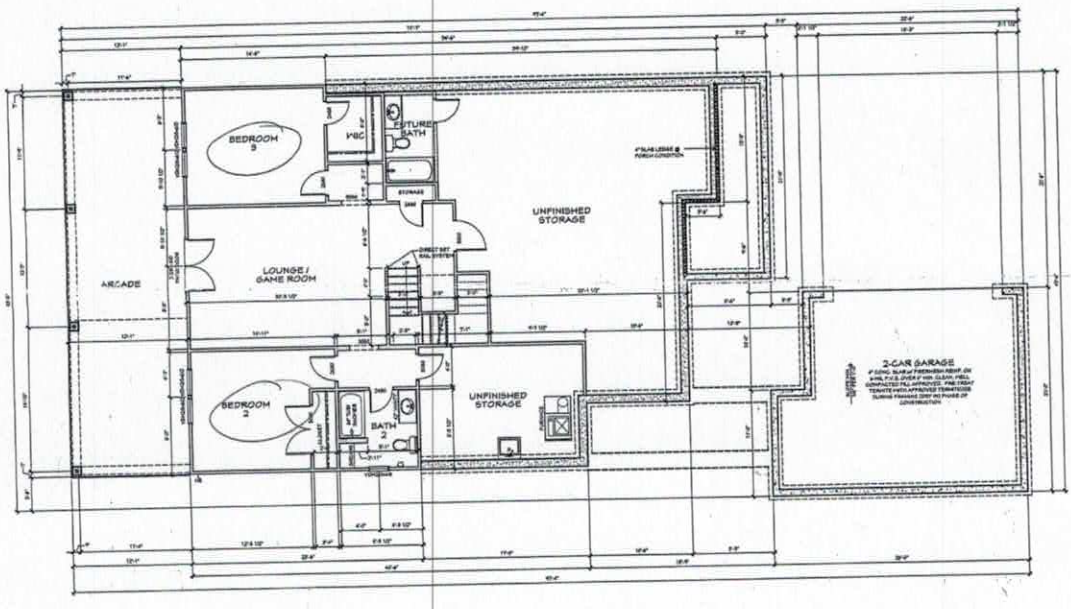
PLOT PLAN SURVEY

OF
122 SISTERS COVE CT.
LOT 16 SISTERS COVE PHASE V

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

FIELD BOOK:
FILE: SISTERS COVE 16
DC FILE:
TAX MAP NO: 4648475973

Acknowledgement of
Plans Submittal ONLY!
Date 11/29/16
Date 12/6/16



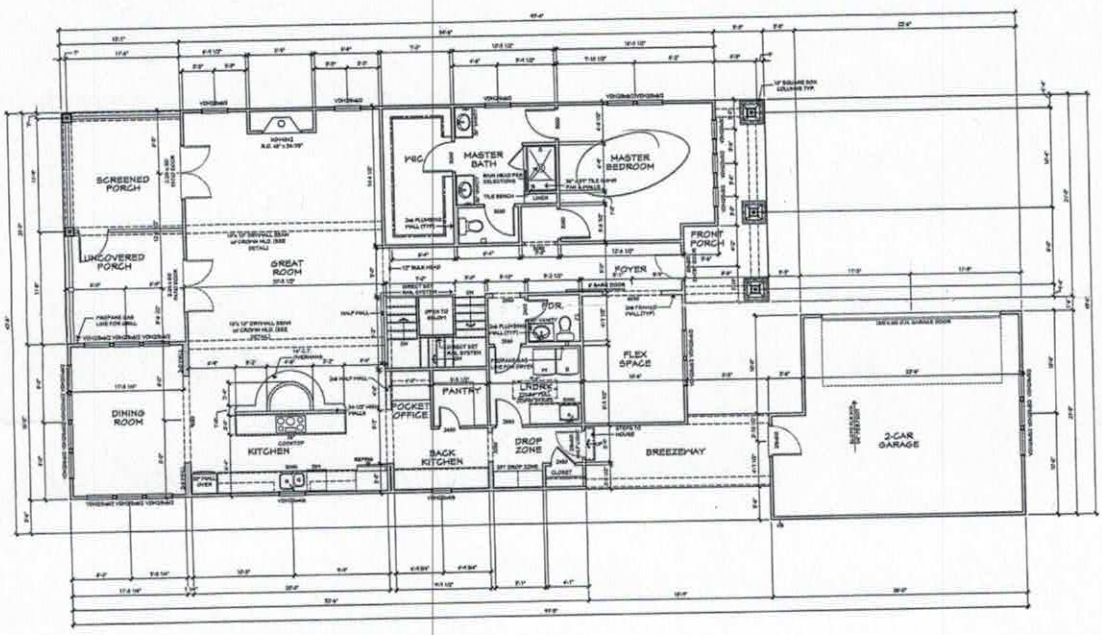
BASEMENT PLAN
SCALE: 1/8"=1'-0"

A3.0

Acknowledgement of
Plans Submittal ONLY

Date 11/29/16

Date 12/4/16



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

THE ELOISE
LOW COUNTRY ELEVATION

SISTERS COVE
LOT 19

MARKET READY
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
FX: 000-000-0000

November 8, 2016

RMA

INITIALS

24x36 sheet
3/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

XX.XX.XXXX

CONSTRUCTION SET

SECOND FLOOR PLAN
CRAFTSMAN ELEVATION

A4.0

401