ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 314405

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

PIN # 4648 -- 48 -- 0292

APPLICANT/OWNER: Nest Homes LLC APPLICANT ADDRESS: PO Box 3965 Mooresville NC 28117

SITE ADDRESS: 707 Cornelius Rd, Mooresville NC 28117 PHONE: 980-500 1234 ALT. PHONE

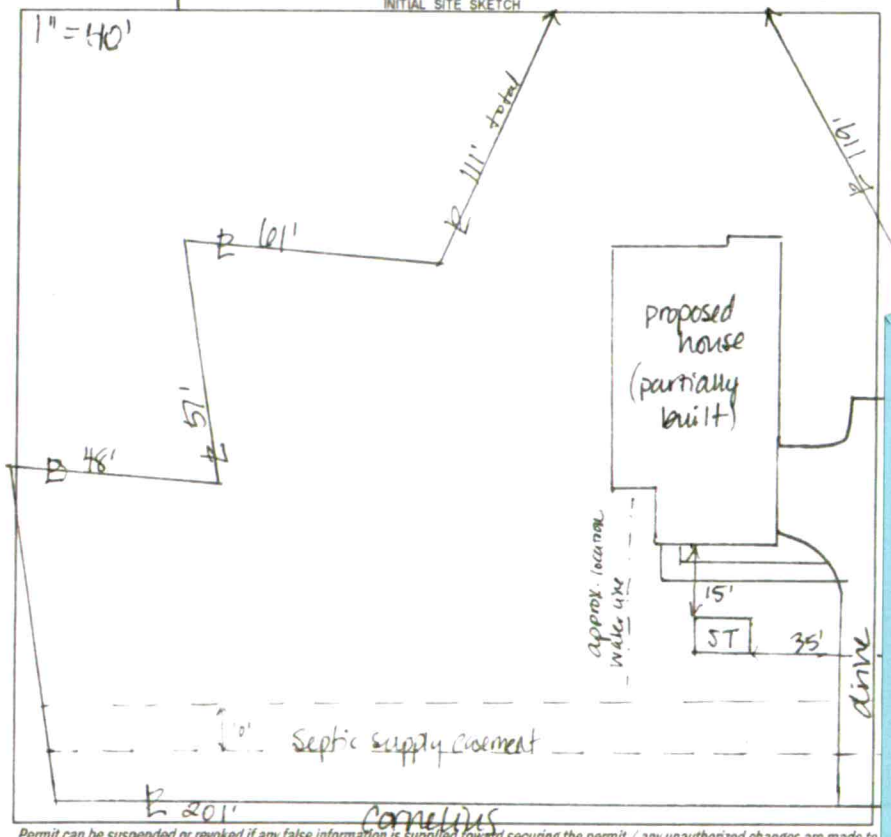
SITE DIRECTIONS: W NC150 → R Perth → R Cornelius → lot on R. across from Judas Rd SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Sisters Cove SECTION: 4 LOT # 6 LOT AREA: 0.62 ac DESIGN FLOW: 360 gal L.T.A.R.: EXISTING

Septic Tank	2000 (gal)	STB	548	Date	10-16-2021	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV (V) VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Offsite - TS II Drip (existing)	[ ] Business	No. Persons 6	[ ] Private
Pump Make	Franklin Electric	Model	2445049106	Serial #	½ hp	Repair System Description:	TS # Drip	[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	# Lines EXISTING	linear Ft				Maintenance Agreement Required:	[X] YES [ ] NO	[ ] Slab	[X] Crawl Space	[X] Community
Trench Width	Trench Bottom Depth (Low side)			Gravel Depth	N/A		[ ] GRAVITY [X] PRESSURE	[ ] Basement w/ plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Traffic rated tank to be used, installation depth greater than 3'. Keep tank 10' from water line & water tap.

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

BCW 12-1-2021 TANK AND SUPPLY LINE CHECKED

CW 3/29/22 Alarm Floats

707 Cornelius

	Date	Initials
Drain Lines Checked	N/A	N/A
Tanks Checked	12/1/21	BCW
Pressure Manifold or Valve Box Checked	N/A	N/A
Pressure Head Set	N/A	N/A
Electrical Checked	4/19/22	CW
Floats Set	3/29/22	CW
Alarm Checked	3/29/22	CW
Maintenance Contract (Y) N	4/28/22	DW

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to

[ ] IMPROVEMENT PERMIT *with plat valid without expiration.* [X] IMPROVEMENT PERMIT *with site plan valid for*

Owner / Applicant Signature: Heath Potter Date: 11/9/21 Installed by: JAMIE O'DANIELS Specialty Septic

IMPROVEMENT PERMIT by: D. Mieberg Date: 11/7/21 OPERATION PERMIT by: D. Mieberg Date: 4/28/22

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 11/7/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 314405

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

PIN # 4648--48--0292

APPLICANT/OWNER: Nest Homes LLC APPLICANT ADDRESS: PO Box 3965 Mooresville NC 28117

SITE ADDRESS: 707 Cornelius Rd, Mooresville NC 28117 PHONE: 980-500 1234 ALT. PHONE

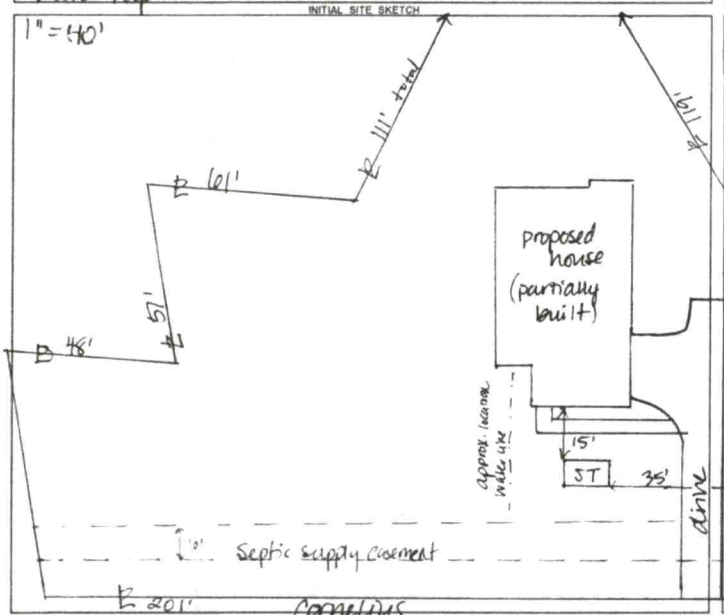
SITE DIRECTIONS: (W) NC150 → (R) Perth → (R) Cornelius → lot on (R) across from Judas Rd SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Sisters Cove SECTION: 4 LOT # 6 LOT AREA: 0.62 ac DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

Septic Tank	2000 (gal)	STB 548	Date 10-16-2021	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV (V) VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Offsite - TS II Drip (existing)			[ ] Business	No. Persons	6	[ ] Private
Pump Make	Model		Serial #	Repair System Description:	TS # Drip			[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required:	[X] YES	[ ] NO		[ ] Slab	[X] Crawl Space		[X] Community
Trench Width	Trench Bottom Depth (Low side)		Gravel Depth N/A	[ ] GRAVITY	[X] PRESSURE			[ ] Basement w/ plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: Traffic rated tank to be used, installation depth greater than 3'. Keep tank 10' from water line & water tap.

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

BCW 12-1-2021 TANK AND SUPPLY LINE CHECKED

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Heath Porter Date: 11/9/21 Installed by: JAMIE O'DANIELS

IMPROVEMENT PERMIT by: L. Mabery Date: 11/7/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mabery Date: 11/7/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 308286

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

PIN # 4770-26-2182

APPLICANT/OWNER: Cynthia Blading | APPLICANT ADDRESS: 3401 Saint Vardell Ln Suite B Charlotte NC 28217

SITE ADDRESS: 127 charlesfarm Dr Cleveland NC 27013 | PHONE: 704-621-4664 | ALT. PHONE 704-884-1548

SITE DIRECTIONS: E Statesv. 11 Ave to Ron N Main St, Lon W Park Ave, Lon triplett Rd, Lon Charlesfarm Dr, Lot on L

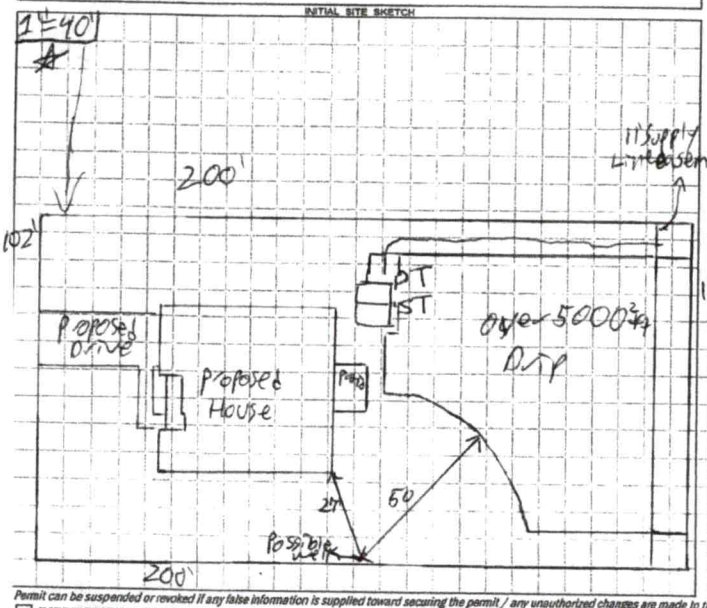
SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Creek | SECTION: P1 | LOT # 4 | LOT AREA: 0.46 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .3

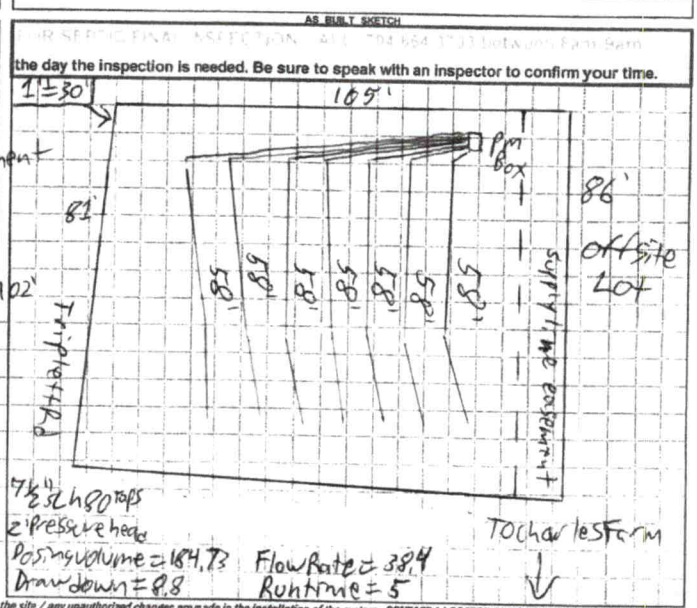
Septic Tank	1000 (gal)	STB	7666	Date	9/28/21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	3663	Date	9/22/21	System Description:			Pm 25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make	Gruds	Model	WE-05 III HTN	Serial #	12 110	Repair System Description:			Drip	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	7	Linear Ft.	406	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)	24"	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour DO NOT driveon, store material or manipulate drainfield in any way.

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: Cynthia Blading Date: 6/15/21

IMPROVEMENT PERMIT by: Patrick G Edgerton III Date: 6/8/2021

AUTHORIZATION TO CONSTRUCT by: Patrick G Edgerton III Date: 6/14/2021

Installed by: Precision Excavating

OPERATION PERMIT by: _____ Date: _____

Existing System inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION CALL 704 664 3703

HS

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 314405

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

PIN # 4648 -- 48 -- 0292

APPLICANT/OWNER: Nest Homes LLC APPLICANT ADDRESS: PO Box 3965 Mooresville NC 28117

SITE ADDRESS: 707 Cornelius Rd, Mooresville NC 28117 PHONE: 980-500-1239 ALT. PHONE

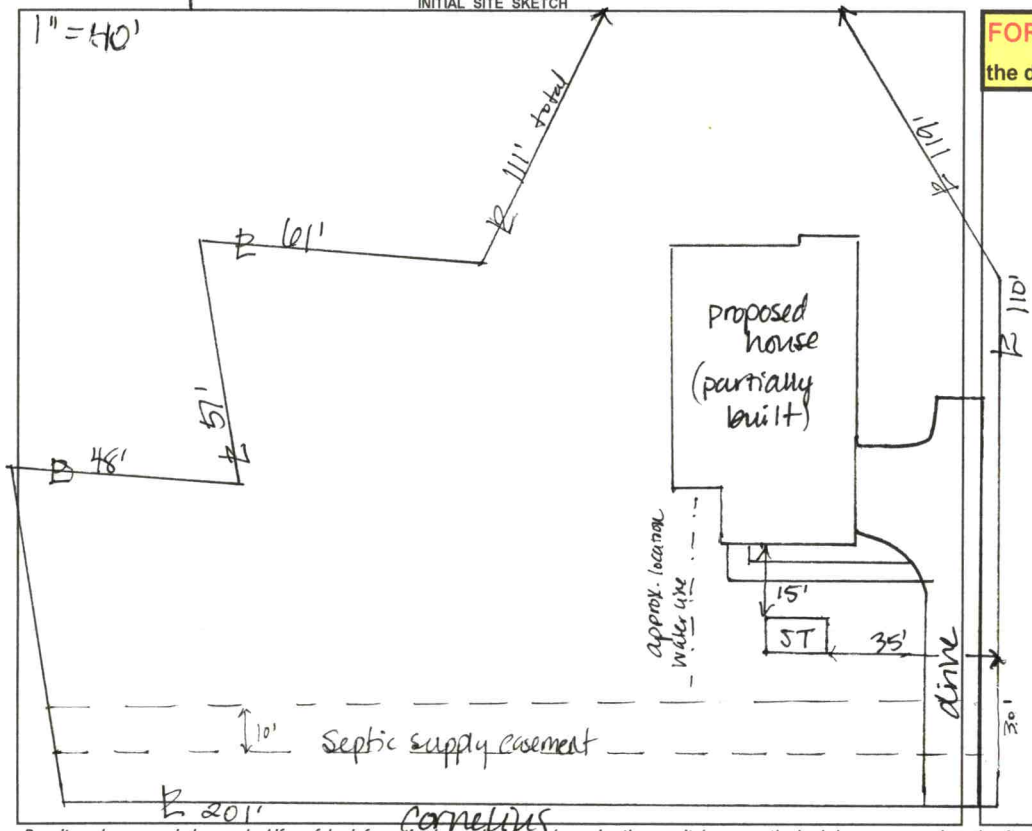
SITE DIRECTIONS: (W) NC150 → (R) Perth → (R) Cornelius → lot on (R). across from Judas Rd SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Sisters Cove SECTION: 4 LOT # 6 LOT AREA: 0.62 ac DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

Septic Tank	2000	(gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV (V) VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	Offsite - TS II Drip (existing)			[ ] Business	No. Persons	6	[ ] Private
Pump Make		Model		Serial #	Repair System Description:	TS # Drip			[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	EXISTING	# Lines		Linear Ft	Maintenance Agreement Required:	[X] YES	[ ] NO		[ ] Slab	[X] Crawl Space		[X] Community
Trench Width		Trench Bottom Depth (Low side) ?		Gravel Depth	N/A	[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: Traffic rated tank to be used, installation depth greater than 3'. Keep tank 10' from water line & water tap.

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Heath Poston Date: 11/9/21 Installed by:

IMPROVEMENT PERMIT by: D. Mabery Date: 11/7/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mabery Date: 11/7/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Intermediate Relayout

RECEIVED OCT 20 2021

DW

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-314405 $320.00

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Nest Homes, LLC Address: P.O. Box 3965, Mooresville, NC Zip: 28117
Applicant Email: jdubois@nesthomes.com Phone: 980-500-1239 Alt. Phone: _____
Owner Name: SC Landholdings, LLC Address: P.O. Box 3965, Mooresville, NC Zip: 28117
Owner Email: jdubois@nesthomes.com Phone: 980-500-1239 Alt. Phone: _____

Property Information:

Street Address: 701 Cornelius Road, Mooresville, NC 28117
Subdivision Name: Sisters Cove Section/Phase: _____ Lot Number: 6
Driving Directions: I-77 South to NC 150, West on 150, Right onto Bluefield Road, left onto Cornelius Rd

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 10/19/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

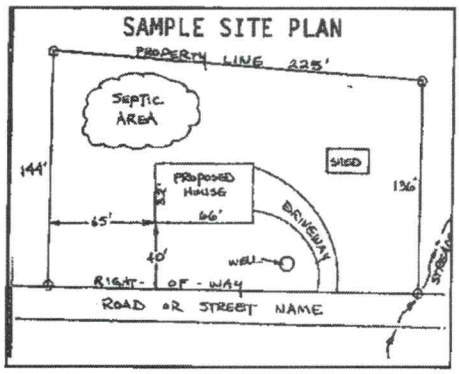
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- **( ) Preferred well location**
- **( ) Preferred septic system location**
- **( ) North arrow, or other sufficient indicator of direction**

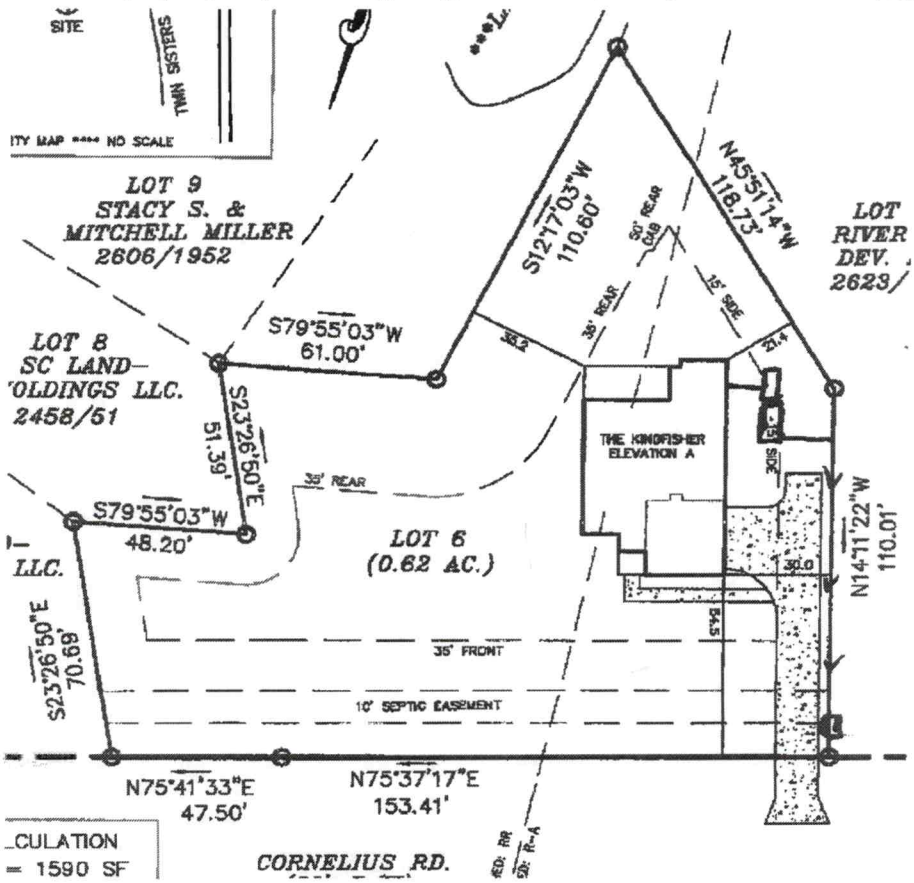


Circle N/A on the following if appropriate:

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



Signature: _____ 10/19/21

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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. * (*Sign here*)** _____

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.

2. I, Eric Wood of SC Landholdings, LLC, am the legal owner(s) of the property located at Lot 6 Cornelius Road, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4648480292.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Nest Homes, LLC, Jenna DuBois & Kayla Enriquez, 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 _____ 10/9/21

Signature of Owner(s) Date

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

SPECIFICATIONS, CALCULATIONS, AND SUPPORTING MATERIAL FOR A S.T.E.P. COLLECTION SYSTEM EXTENSION FOR SISTERS COVE SUBDIVISION PHASE II LOCATED HOMER LANE MOORESVILLE, IREDELL COUNTY, NC

August 12, 2019

RECEIVED
DEC 30 2019
DHHS
ON-SITE WASTEWATER

PREPARED FOR:
Nest Homes, LLC
236 Raceway Drive, Suite #7
Mooresville, NC 28117
Phone: (704) 208-4251

PREPARED BY:
PIEDMONT DESIGN ASSOCIATES, P.A.
Suite 101 Westfield Center
125 East Plaza Drive
Mooresville, NC 28115
Phone: (704) 664-7888
Fax: (704) 664-1778
NCBELS: C-1007

NORTH CAROLINA PROFESSIONAL SEAL 017327 ENGINEER DONALD L. MUNDAY
08-12-19

Approved By
ON-SITE WASTEWATER
Department of Health & Human Services
File No: 2008-753
Date: 2/27/2020
By:

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

February 27, 2020

Mr. Heath Snow
Iredell County Health Dept.
610 East Center Ave
Mooresville, NC 28115

Subject: Approval of Engineering Plans and Specifications for Sisters Cove Phase II Extension Judas Rd, Homer Ln, and Cornelius Rd, Mooresville, Iredell County, North Carolina Project Number 2008-75-3

Dear Mr. Snow:

Staff has reviewed additional information and engineering plans and specifications for the collection sewer extension for Sisters Cove Phase II. The collection sewer extension will serve an additional four lots. A flow reduction proposed by the Donald Munday, PE, Piedmont Design Associates under S.L. 2013-413 and 2014-120, increases the total number of bedrooms served by Sisters Cove Phase II from 81 to 106.

Enclosed is one copy of the plans and specifications, stamped "Approved by On-Site Wastewater, Department of Health and Human Services." The Improvement Permit and Authorization to Construct to be issued for this system repair must include the approved plans, specifications, system operation and maintenance plan, legal documents and any other conditions deemed appropriate by the health department.

The approved plans and specifications are for the following facilities and system components:

Facilities: Twenty two home subdivision (mix of four bedroom and five bedroom homes, total number of bedrooms - 106)

System: 2-inch STEP collection sewer extension; and four new 2,000 gallon STEP tanks with each utilizing a simplex control panel pumping system (one installed at each home)

Design Flow: 9,720 gallons/day

Drainfield Loading Rate: 0.20 gpd/sq ft

Treatment Standard: TS-I (CBOD < 15 mg/L, TSS < 15 mg/L, Total Ammonia Nitrogen < 10 mg/L or at least 80% removal of NH_3 if influent TKN exceeds 50 mg/L, and fecal coliforms < 10,000 colonies/100 mL)

System Classification: Va, requiring monthly inspections by the ORC with semi-annual inspection reports submitted to the local health department and at least yearly inspection by your department

It is critical that the Health Department require a preconstruction meeting to be held prior to the system installation. This meeting must be attended by representatives of the Health Department, owner, installer, and the engineer certifying the installation. During this meeting, the sequencing of project construction, inspection, and testing activities must be discussed and clearly understood by all parties. Holding such a preconstruction meeting must be listed as a condition in the Authorization to Construct, with attendance required by all key parties prior to the onset of the system installation.

There are several times during the installation of this system when direct supervision by the health department must be provided to ensure proper installation.

1. The new tanks to be provided are installed in accordance with the approved plans and specifications. The tanks are required to be leak tested and shown to be watertight. Surface water must be diverted away from tanks and tank access openings. Tanks must be accessible from the ground surface.
2. The operation permit conditions must include the O&M procedures attached to the approved specifications. It shall also include the necessary information regarding the proposed management entity and certified operator as well as any additional concerns deemed appropriate by the health department for O&M of this system.

A certified subsurface system operator shall be contracted to operate the subsurface system. The operator shall inspect the system monthly and report findings to the health department semi-annually. The health department shall review/inspect system operation annually.

A professional engineer must certify that the system has been installed in accordance with the approved plans and specifications. This certification is based upon periodic observations of construction and a final inspection for design compliance by the certifying engineer or his representative. Record drawings must be provided by the engineer unless the installation is completed without alteration to the approved plans. The installation must be approved by the health department prior to the issuance of an operation permit.

Please contact staff for assistance with the final inspection. Also feel free to contact me if you have any questions pertaining to this letter or if I may be of further assistance with this project. I can be contacted at 919-707-5878 or by email at trish.angoli@dhhs.nc.gov.

Sincerely,

Tricia Angoli, PE
On-Site Wastewater Engineering

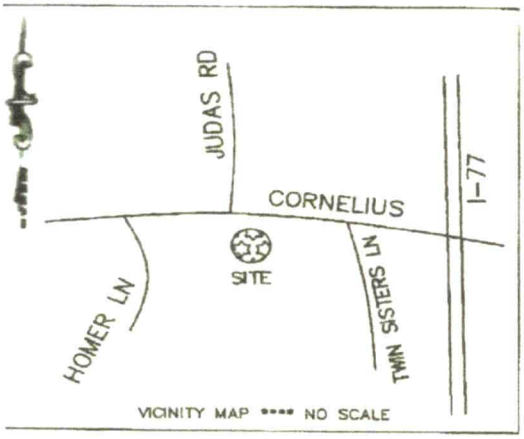
Enclosures

cc: Donald Munday, PE, Piedmont Design Associates, PA

my hand and seal on the 18, day of DECEMBER
A.D. 20 20 REVISED DATE: JAN 15, 2021 (MOVED HOUSE)

WILLIAM M. ALLEN

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



PB.63 PG.12

LAKE NORMAN

LOT 9
STACY S. &
MITCHELL MILLER
2606/1952

LOT 8
SC LAND-
HOLDINGS LLC.
2458/51

LOT 7
SC LAND-
HOLDINGS LLC.
2458/51

LOT 6
(0.62 AC.)

LOT 5
RIVER TOP
DEV. LLC.
2623/1623

S79°55'03"W
61.00'

S23°26'50"E
51.39'

S79°55'03"W
48.20'

S23°26'50"E
70.69'

S12°17'03"W
110.60'

N45°51'14"W
118.73'

N14°11'22"W
110.01'

50' REAR
CAB

35' REAR

15' SIDE

35.2

21.4

THE KINGFISHER
ELEVATION A

15' SIDE

30.0

64.6

35' REAR

35' FRONT

10' SEPTIC EASEMENT

R/W

N75°41'33"E
47.50'

N75°37'17"E
153.41'

R/W

CONC. CALCULATION
DRIVEWAY = 1590 SF
SIDEWALK = 180 SF

CORNELIUS RD.
(60' R/W)

ZONED: RR
ZONED: R-A

R/W

R/W

LEGEND

- P.P. = POWER POLE
- CP = COMPUTED POINT
- 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

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) OVERHEAD POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
5) SETBACKS SHOWN PER PLAT (PB.63 PG.12)
   FRONT: 35'