IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23192

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

PIN # 4648482169

APPLICANT/OWNER: Nest Homes LLC APPLICANT ADDRESS: P.O Box 3965 Mooresville, NC 28117

SITE ADDRESS: 108 Sisters Cove Ct. Mooresville, NC 28117 PHONE: 704 433 9947 ALT. PHONE 980-500 1239

SITE DIRECTIONS: Hwy 150 W TR Bluefield TL Cornelius TL Sisters Cove Ct on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sisters Cove SECTION: 5 LOT # 9 LOT AREA: .312 AC DESIGN FLOW: 360gpd L.T.A.R.: N/A

Septic Tank 2000 (gal) STB 74 Date 11-28-18

Pump Tank (gal) PT Date

Pump Make Orenco Model Serial # MFPBN-1155

Nitrification Fields 1 # 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: Community TS II Drip-Irr

Repair System Description: Same

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

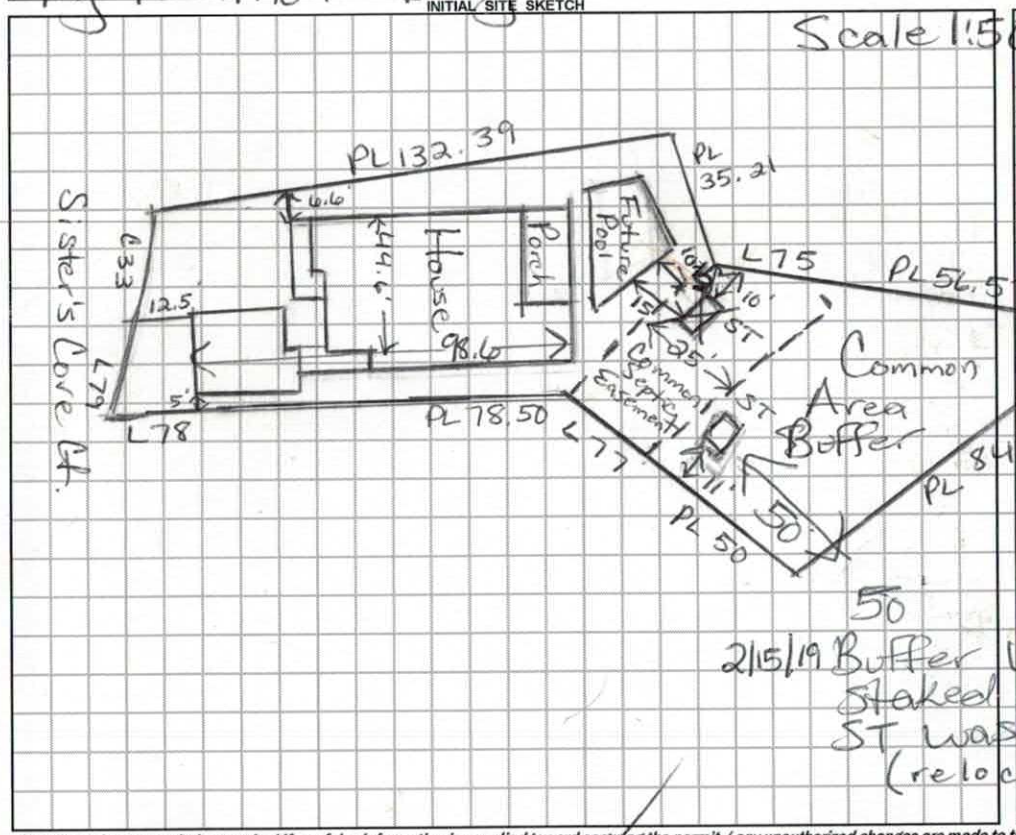
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

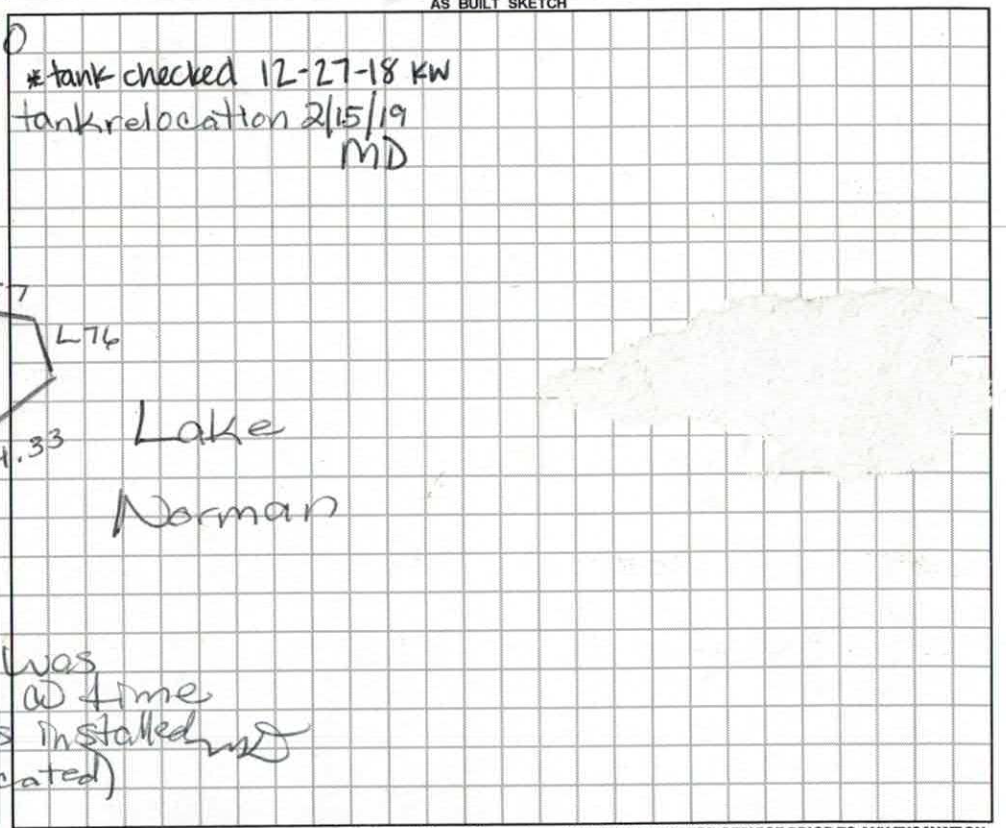
Water Supply: ☐ Private ☐ Public ☒ Community

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

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: 7/31/18 Installed by: R+H

IMPROVEMENT PERMIT by: Date: 7/30/18 OPERATION PERMIT by: Date: 3-7-19

AUTHORIZATION TO CONSTRUCT by: Date: 7/30/18 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 inpsector to confirm your inspection time.

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

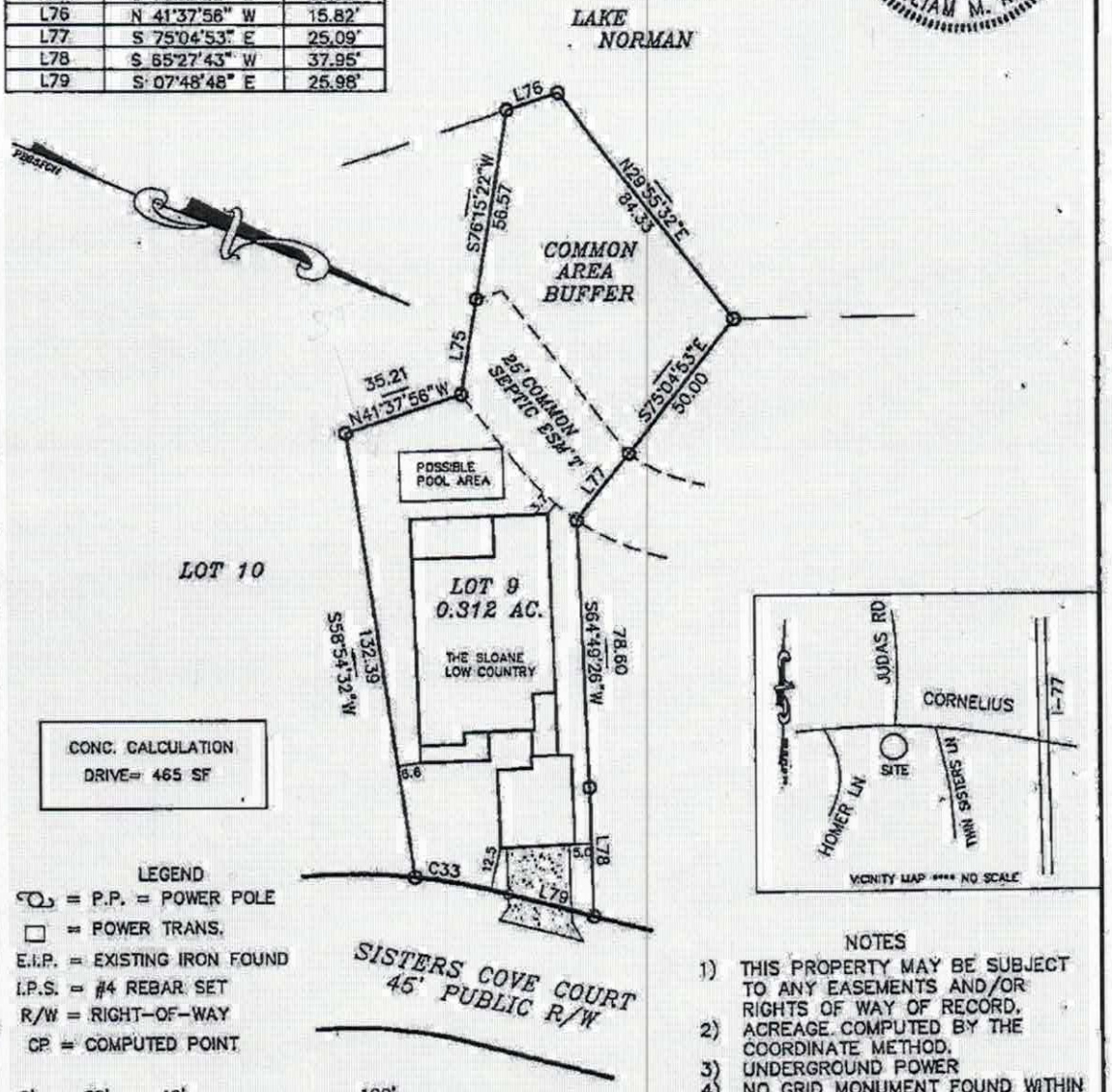
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2458, page 51, and/or plat book 63, page 11, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 5, day of JULY, A.D. 20 18.

WILLIAM M. ALLEN, PLS

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C33	172.50'	27.49'	S 12°22'42" E	27.46'

LINE TABLE		
LINE	BEARING	LENGTH
L75	S 76°15'22" W	28.29'
L76	N 41°37'56" W	15.82'
L77	S 75°04'53" E	25.09'
L78	S 65°27'43" W	37.95'
L79	S 07°48'48" E	25.98'



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

0' 20' 40' 100'
SCALE IN FEET

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.

PLOT PLAN SURVEY

OF

108 SISTERS COVE CT.

LOT 9 SISTERS COVE PHASE V

SCALE 1" = 40' DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: SISTERS COVE 9
DC FILE:
TAX MAP NO: 4646482169

237192

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: X Improvement Permit X 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: X 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	980-500-1239
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SC Landholdings, LLC	PO Box 3965 Mooresville NC 28117		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
108 Sisters Cove Court, Mooresville, NC 28117	Sisters Cove	Lot 9, Phase 5

Driving Directions: Hwy 150 W, Right onto Bluefield, Left onto Cornelius Road, Left onto Sisters Cove Court

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 3 — (X) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 6 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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 ( ) 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: _____ 7/11/19
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 108 Sisters Cove Court, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648482169.000, 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) 7/11/18 Date

Signature of Witness 7/11/18 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

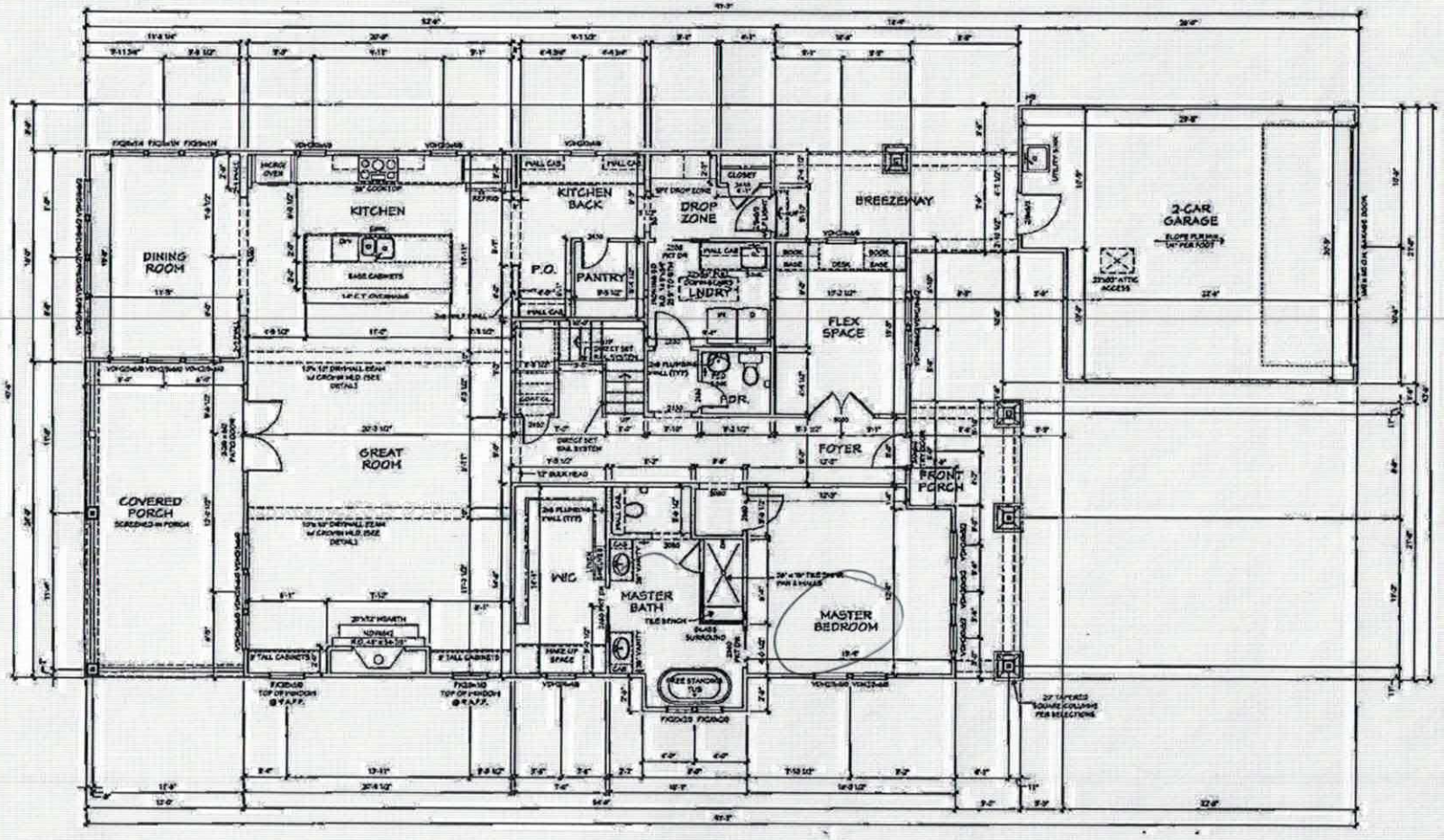
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of
Plans Submittal ONLY!

Date 7/30/18

Date 7/31/18

98.6



FIRST FLOOR PLAN

HOMES

DAVIDSON TOWNSHIP
IREDELL COUNTY

THE SLOANE
LOW COUNTRY ELEVATION

SISTERS COVE
LOT 8

MITCHELL & STACY
STEWART
168 SISTERS COVE CT
MOORESVILLE, NC
28117

July 11, 2018

RES

RES

CONSTRUCTION SET

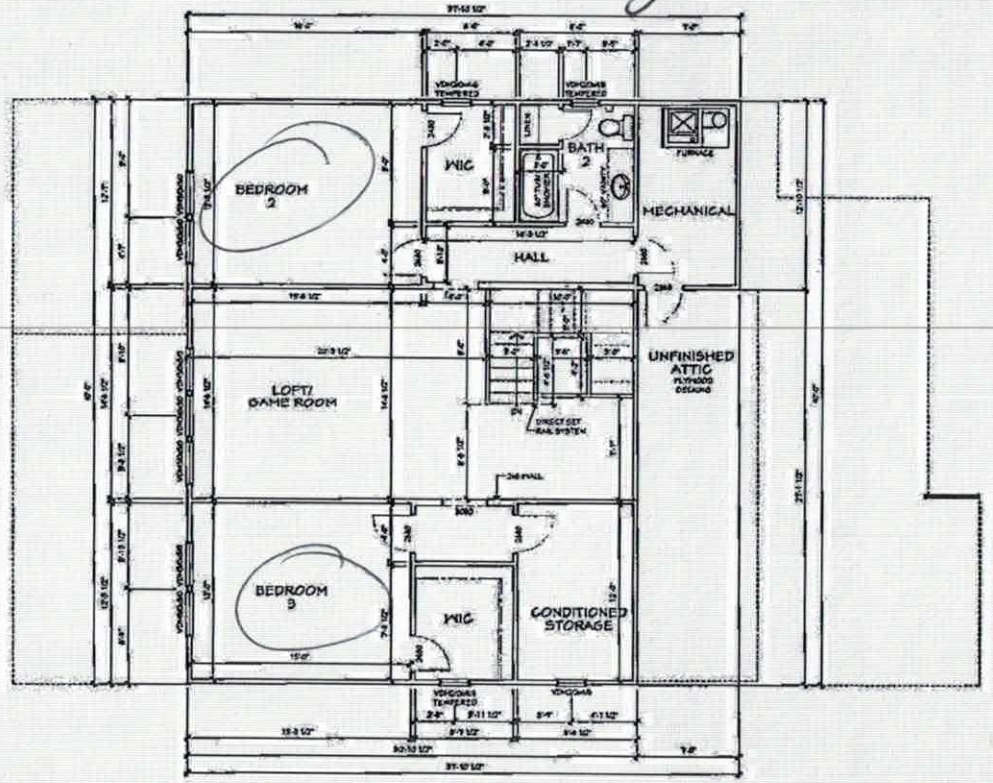
FIRST FLOOR PLAN
CRAFTSMAN ELEVATION

A3.0

Acknowledgement of
Plans Submittal ONLY!

Date 7/30/18

Date 7/31/18



SECOND FLOOR PLAN

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

UPPER LEVEL NOTES

UPPER LEVEL FRAMING NOTES:
BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED WALL SHEATHING AS INDICATED IN THE GENERAL NOTES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERED ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF 2018 CODE.

1. "7.7.8" INDICATES "TIE JOISTS JOIST TO RAFTER WITH FOUR 8"(10.1.37" NAILS)
2. ALL LOAD-BEARING HEADERS SHALL BE (2)2X10 SPF#2 UNLESS OTHERWISE NOTED ON THE PLAN.
3. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
4. ALL WALLS UP TO 10 FT. TALL SHALL BE 2X4 SPF#2 @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3.5 OF THE CODE OR AS NOTED ON THE PLAN.
5. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN.

HOWICK MTC	SIMPSON HANGERS
(2) 2X8	LUS 26-2
(2) 2X10	LUS 210-3
(2) 2X12	LUS 212-3
(2) 1.75" x 9.25" LVL	HUS 410
(2) 1.75" x 11.88" LVL	HUS 412
(2) 1.75" x 14" LVL	HUS 414
ALL TRIPLE LVLs	HHUS 5.50/10

6. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 10d x 1.5" COMMON NAILS (0.148") OR 10d x 1.0" DTFA (0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10D "HANGER NAIL" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 1.5" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
7. 7.25" AND (3)1.75" BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3) 2X4 OR (2)-2X6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
8. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS, WHETHER WOOD OR STEEL, AGAINST REAR OR SHEATHING ALONE, BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION, INSTALL 3X4 EQUASH BLOCKS (3.5") OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "SLB IS INDICATED ON THE PLAN.
9. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 8" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 10" TRUSSLOK SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 3" AND A MAXIMUM OF 9" FROM THE TOP OR BOTTOM OF THE BEAM.
10. JACK AND KING STUD SCHEDULE AT WALL OPENINGS TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "K" OR "JK" ON PLAN
SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS 4'-0" TO 6'-0" ..... 2 JACK, 2 KINGS
SPANS 6'-0" TO 8'-0" ..... 3 JACK, 3 KINGS
SPANS 8'-0" ..... SEE PLAN
11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

HOMES
DAVIDSON TOWNSHIP
IREDELL COUNTY
SITE/LEGACY DESIGN ENGINEERING
1045 J.W. PEASE PLACE
SUITE
CHARLOTTE, NC 28262
CHAD BITTER, P.E.
CORP. LIC.NO.-0115
704-315-7295

Project name/Number
THE SLOANE
LOW COUNTRY ELEVATION
RIVERS COVE
LOT 8
MITCHELL B. STACY
STEWART
100 RIVERS COVE CT
MOORESVILLE, NC
28117

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Date: July 11, 2018
Drawn by: RES
Reviewed by: RES
Plan set scale: 24x36 sheet 1/4"=1'-0" 11x17 sheet 1/8"=1'-0"
Project plan scale: XX.XX.XXXX
Drawing set: CONSTRUCTION SET
Sheet title/description: SECOND FLOOR PLAN CRAFTSMAN ELEVATION
Sheet no.: A4.0
Master plan no.: v01