1:30

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325196

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

PIN # 4648 -- 48 -- 2256

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

SITE ADDRESS: 106 Sisters Cove Court, Mooresville NC 28117 PHONE: 980-500-1238 ALT. PHONE

SITE DIRECTIONS: I-77 - Exit 36 - West to Bluefield Rd - R Bluefield - L Cornelius - L Sisters Cove SAP CONTROLLED N/A ☐ YES ☐ NO

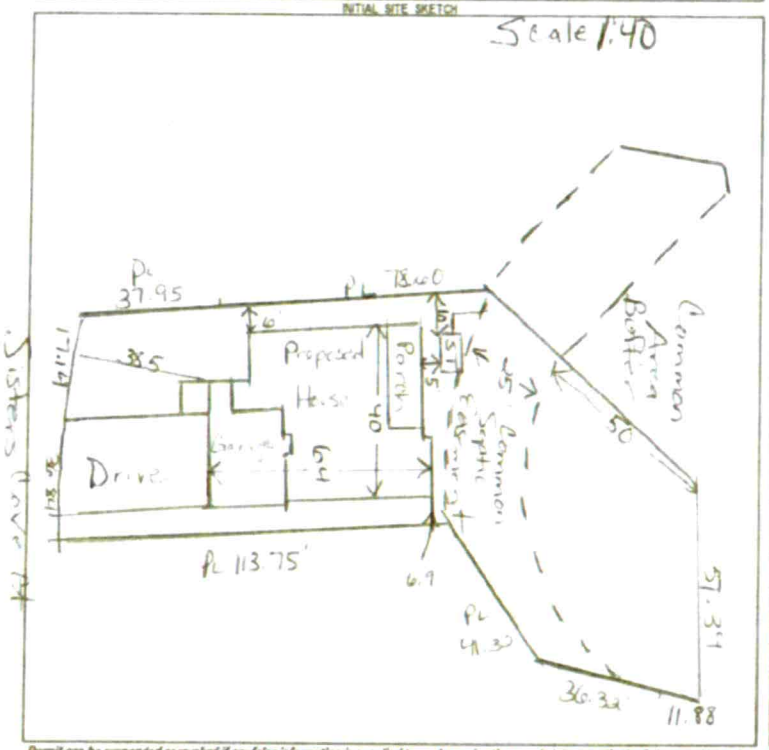
SUBDIVISION: Sisters Cove SECTION: 5 LOT # 8 LOT AREA: .24 Ac DESIGN FLOW: 360 gpd L.T.A.R.

Septic Tank	2000	(gal)	STB	2102	Date	9-14-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☐ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	Comm IS II Drip			☐ Business	No. Persons 6	☐ Private
Pump Make		Model			Serial #		Repair System Description:	Same			☐ Other	No. Employees	☐ Public
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft	Ex	Maintenance Agreement Required:	☒ YES	☐ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex		Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

Scale 1:40



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.

- tanks - B/W

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

— line to Stub out
11/18/22 DW

- Floats - Electrical ✓
12-1-22

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: 2/24/22 Installed by: SPECIALTY SEPTIC

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/24/22 OPERATION PERMIT by: Date: 12-14-22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/24/22 Existing System Inspected by: Date:

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

DAS DON ALLEN & ASSOCIATES, P.A.

"Since 1971"

Commercial • Residential • Mortgage Surveys • Multi-Family
Construction Staking • Subdivision Design • Topographical
131 Crossiaxe Park Drive – Suite 102 • Mooresville • NC • 28117
(704) 664-7029 (704) 664-8041 Fax

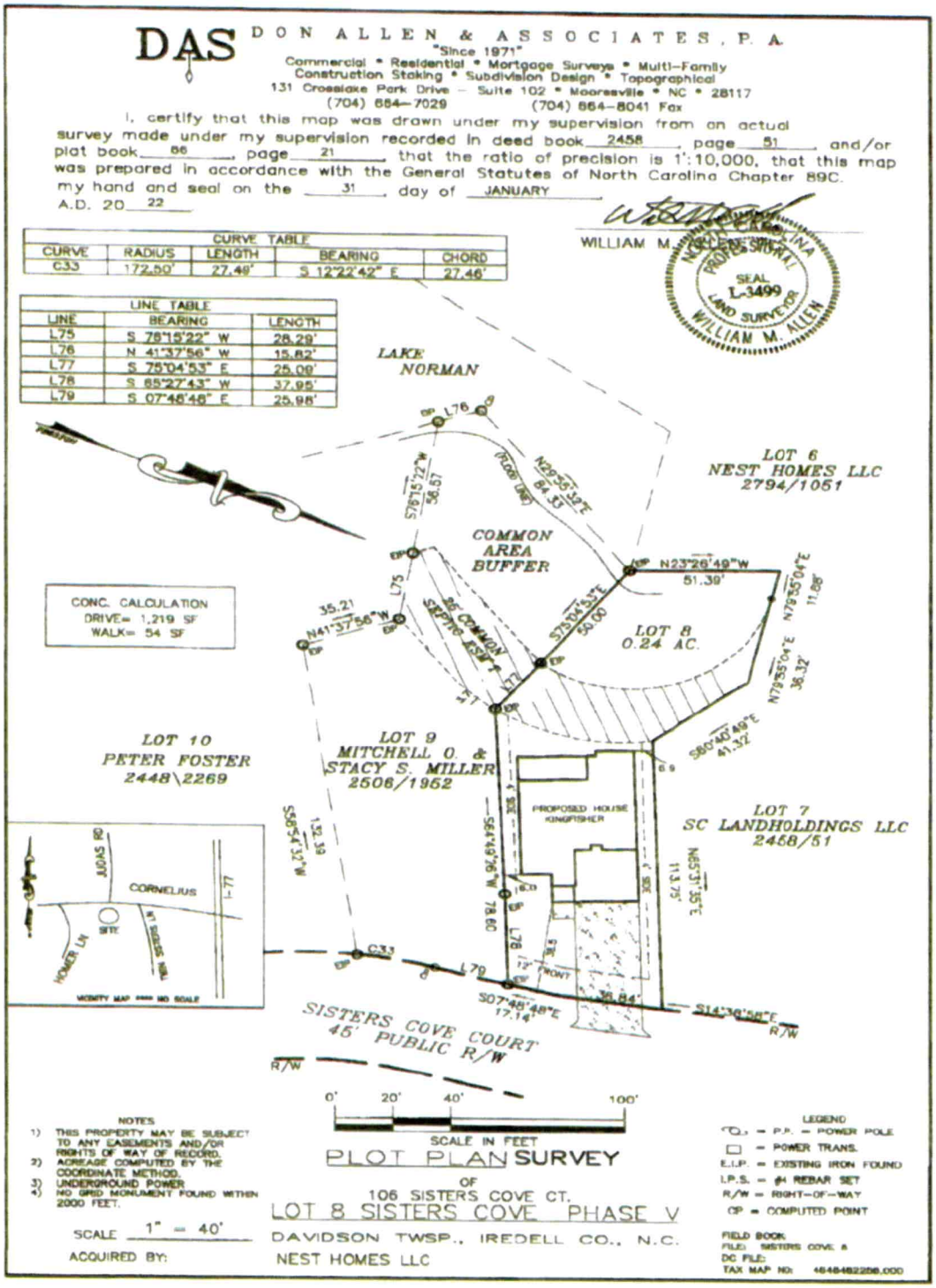
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2458, page 51, and/or plat book 66, page 21, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 31, day of JANUARY A.D. 20 22

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 78°15'22" W	28.29'
L76	N 41°37'56" W	15.82'
L77	S 75°04'53" E	25.09'
L78	S 85°27'43" W	37.95'
L79	S 07°48'48" E	25.98'



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.

LEGEND
"O" = P.P. – POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = ¾ REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

SCALE 1" = 40'

ACQUIRED BY:

PLOT PLAN SURVEY

OF

106 SISTERS COVE CT.

LOT 8 SISTERS COVE PHASE V

DAVIDSON TWSP., IREDELL CO., N.C.

NEST HOMES LLC

FIELD BOOK
FILE: SISTERS COVE 8
DC FILE:
TAX MAP NO: 4648482256.000

AQWA™
The clear leader.

December 14th, 2022

Iredell County Environmental Health Department
CC: Jamie O'Daniel

Subject: Orenco STEP System Start Up

On 12/05/22 a representative of AQWA, Inc. completed the necessary test on the Orenco STEP pump package located at Lot 8, 106 Sisters Cove Ct Mooresville, N.C. 28117. AQWA Inc certifies that the Orenco STEP equipment is operating within the specifications of the design engineer and manufacturer recommendations.

Michael Clayton

Sincerely,
Michael Clayton
Sales Manager, AQWA Inc.
mclayton@aqwa.net
252-292-1667

252 | 243 | 7693 PHONE 252 | 243 | 7694 FAX
2604 | Willis Court | Wilson, NC | 27896 ADDRESS
www.aqwa.net WEB

STATE OF NORTH CAROLINA, COUNTY OF IREDELL

This agreement is made and entered into this 22nd day of July, 2015 by and between SISTER'S COVE PHASE V OWNERS ASSOCIATION INC. (hereinafter referred to as the "Owner"), and AQWA, Inc. (hereinafter referred to as the "Contractor"). The effective date corresponds to the date of the Health Department Operations Permit.

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type Va system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Administrative Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Administrative Code 18A.1961 requires a contract to be executed between the system Owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Administrative Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system Owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity, of a type authorized by 15A N.C. Administrative Code 18A.1961 to manage a Type Va system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system serving the multi-unit facility located at ~~Cornelius Rd.~~ Sisters Cove Ct, (BMB), Mooresville, NC

a) The Contractor shall inspect the system at least at the frequency, required in Table V (b) of 15A N.C. Admin. Code 18A.1961(b) for a Type Va System and as specified in the State approval document for the equipment.

b) The Contractor shall monitor the routine operation of the system using the telemetry equipped control panel at least twice monthly and make such performance data available to the Owner if requested.

c) The Contractor shall take laboratory samples of effluent from the system as prescribed by the Health Department to monitor system performance at no additional expense to the Owner.

d) The Contractor shall perform the scheduled maintenance procedures in accordance with the conditions of the Operation Permit, 15A N.C. Administrative Code 18A.1961, specifications of the applicable N. C. Department of Natural Resources system approval document, and the manufacturers Operations and Maintenance Manual. Routine quarterly maintenance procedures include: inspect the structural integrity and maintain all of the physical and mechanical components of the system, inspect the performance and condition of the duplex pumping system servicing the septic and collection discharge tank, inspect the performance and condition of the drip irrigation dispersal system, service/replace UV disinfection lamps and sleeves, check and set pressures in the system,

inspect and clean the AX100 treatment modules, check and adjust pump delivery rate of the system, clean septic tank and recirculation tank filters, and perform any other requirements of the operations permit and AdvanTex O&M Manual.

e) The Contractor shall have an operator on call 24 hours daily. All emergency service will be billed to the Owner.

f) The Contractor shall report the results of its inspections to the local Health Department at the frequency specified in Table V (b) of 15A N.C. Administrative Code 18A.1961(b) for a Type Va System.

g) If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

h) The Contractor shall notify the Owner of needed repairs, which are outside of the scope of routine maintenance described in subparagraph (d) above. The Contractors shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefore at the Contractor's normal charge for services and materials.

i) The Contractor shall employ or shall contract with a State certified operator(s) if required by Table V (b) of 15A N.C. Administrative Code 18A.1961(b) for a Type Va System.

j) The Contractor shall respond to a request for service or maintenance call within twenty-four (24) hours after receipt of such request.

2. The Owner's Obligations.

a) The Owner shall pay to the Contractor sum of for the first year for periodic central treatment system inspections, routine maintenance procedures, telemetry cell phone charges, miscellaneous minor (less than $100) component replacement, laboratory sampling, and periodic reports. Additionally, the Owner shall pay to the Contractor sum of each for the first year for periodic individual STEP system inspections, routine maintenance procedures, and periodic reports. The annual fee will be renewed at the end of each 12 month period. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than six (6) percent per year. Upon notice by from the Contractor, the Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of unscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall incur a late fee of $50 per month for each month payment is not received by the Contractor.

b) Within thirty (30) days of receipt of notice of needed repairs pursuant to paragraph 1.h. above, the Owner shall request the Contractor to complete needed repairs.

c) The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement and requirements of the local health department.

d) The Owner shall keep the area of the septic system equipment and drain field properly mowed and

protected from traffic.

e) The Owner shall provide continuous dedicated telephone service to the treatment system control panel for telemetry monitoring. Service shall include "800 long distance" call-out capability at the control panel located at the collection system discharge pump tank.

3. Term. This Agreement shall remain in effect until terminated.

a) Automatic Termination. This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or the time for taking an appeal has passed.

b) Termination by Mutual Consent. The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c) Termination by the Owner. The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d) Termination by the Contractor.

1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

a. failure of the Owner to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination of this Agreement, the Agreement shall continue in effect; or

b. failure of the Owner to provide to the Contractor authorization to complete needed repairs within thirty (30) days of receipt of notice of needed repairs pursuant to paragraph 1.h. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

c. failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a) Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b) Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity, which is qualified pursuant to 15A N.C. Administrative Code 18A.1961 to manage a Type Va system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party, of the default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: Sister's Cove Phase V Owners Association Inc. PO Box 3965, Mooresville NC. 28117
To the Contractor: AQWA, Inc., 2604 Willis Court, Wilson, NC 27896
To the Local Health Department: Iredell County Environmental Health, 349 North Center Street Statesville, NC 28677-4063

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted deliver, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, the system construction or performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to Inspection and Maintenance of the system and constitutes the entire Inspection and Maintenance Agreement between the Parties. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to

such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such actions, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

Authorized Owners Association Representative:

Signature

ERIC WOOD
Printed Name

(Contractor)
Mike Barry, Chief Operating Officer, AQWA, Inc.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325196

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

PIN # 4648 -- 48 -- 2256

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

SITE ADDRESS: 106 Sisters Cove Court, Mooresville NC 28117 PHONE: 980-500-1238 ALT. PHONE

SITE DIRECTIONS: I-77 - Exit 36 - West to Bluefield Rd - (R) Bluefield - (L) Cornelius (L) Sisters Cove SAP CONTROLLED: N/A ☐ YES ☐ NO

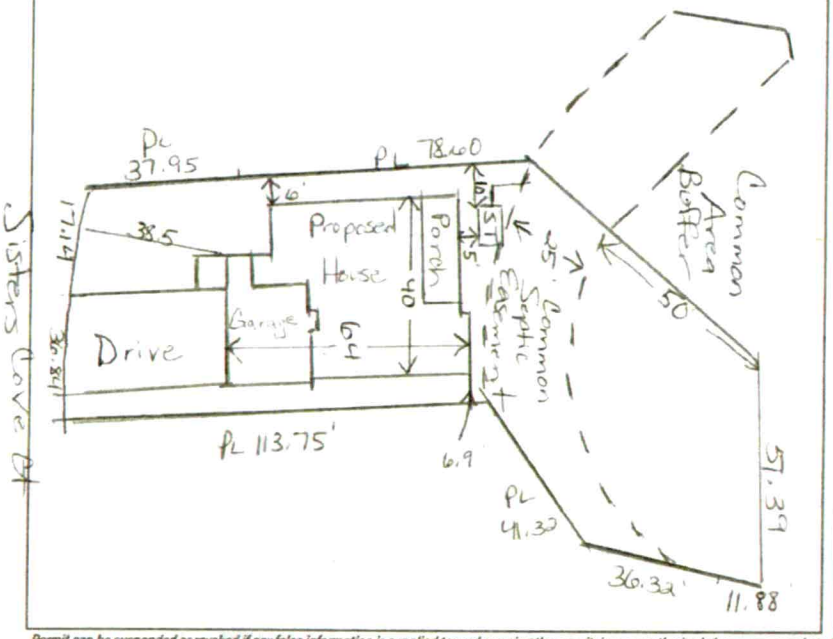
SUBDIVISION: Sisters Cove SECTION: 5 LOT # 8 LOT AREA: .241 Ac DESIGN FLOW: 360gpd L.T.A.R.

Septic Tank	2000 (gal)	STB	2102	Date	9-14-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☐ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Comm TS II Drip			☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description:	Same			☐ Other	No. Employees	☐ Public
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft	Ex	Maintenance Agreement Required:	☒ YES	☐ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

Scale 1:40



Lake Norman

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.

- tanks - B/W

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

— Line to Stub out
11/18/22 DW

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: Nathan Post Date: 2/24/22 Installed by: SPECIALTY SEPTIC

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/24/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/24/22 Existing System Inspected by: Date:

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

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

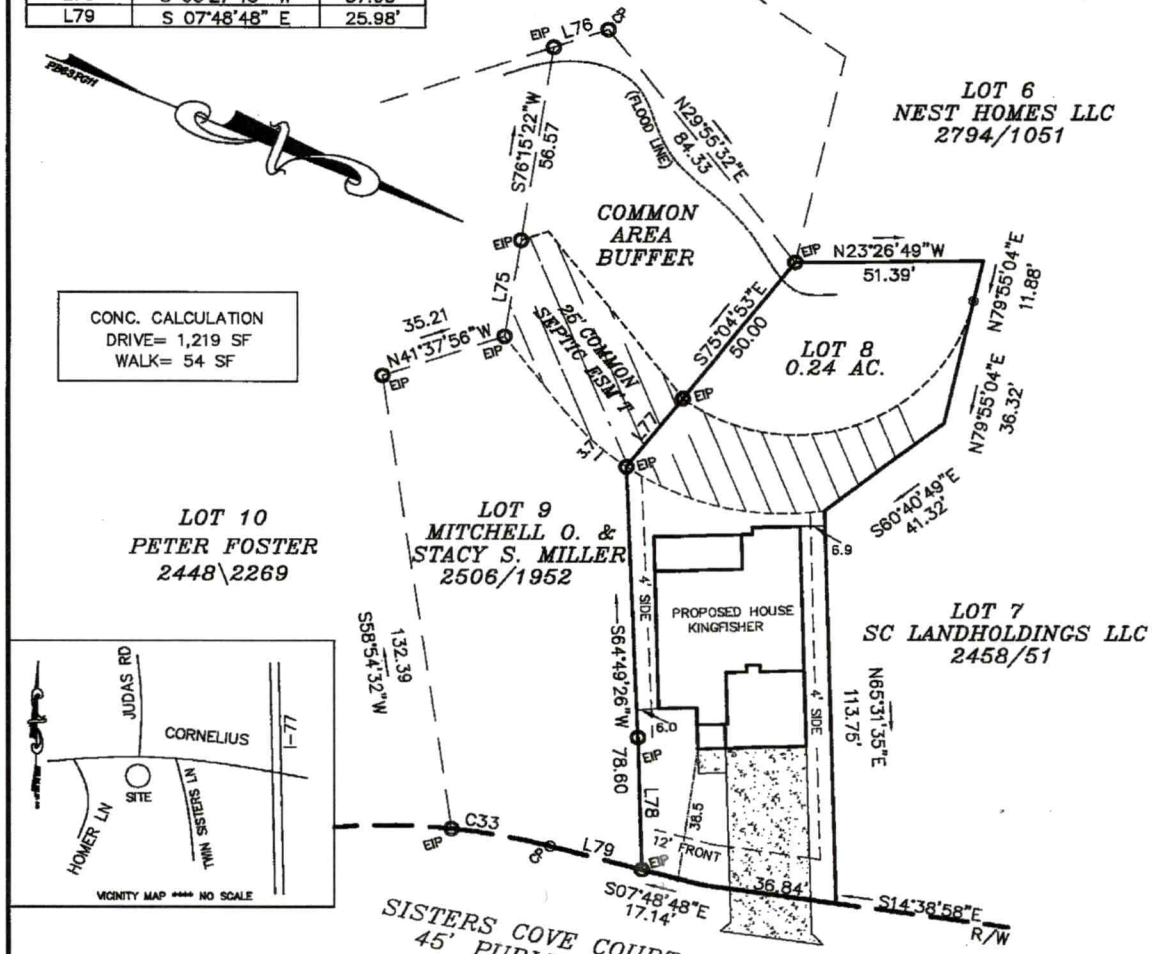
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2458, page 51, and/or plat book 66, page 21, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 31, day of JANUARY, A.D. 20 22.

WILLIAM M. ALLEN

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'



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.

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

PLOT PLAN SURVEY

OF

106 SISTERS COVE CT.

LOT 8 SISTERS COVE PHASE V

DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: NEST HOMES LLC

FIELD BOOK:
FILE: SISTERS COVE 8
DC FILE:
TAX MAP NO: 4648482256.000

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

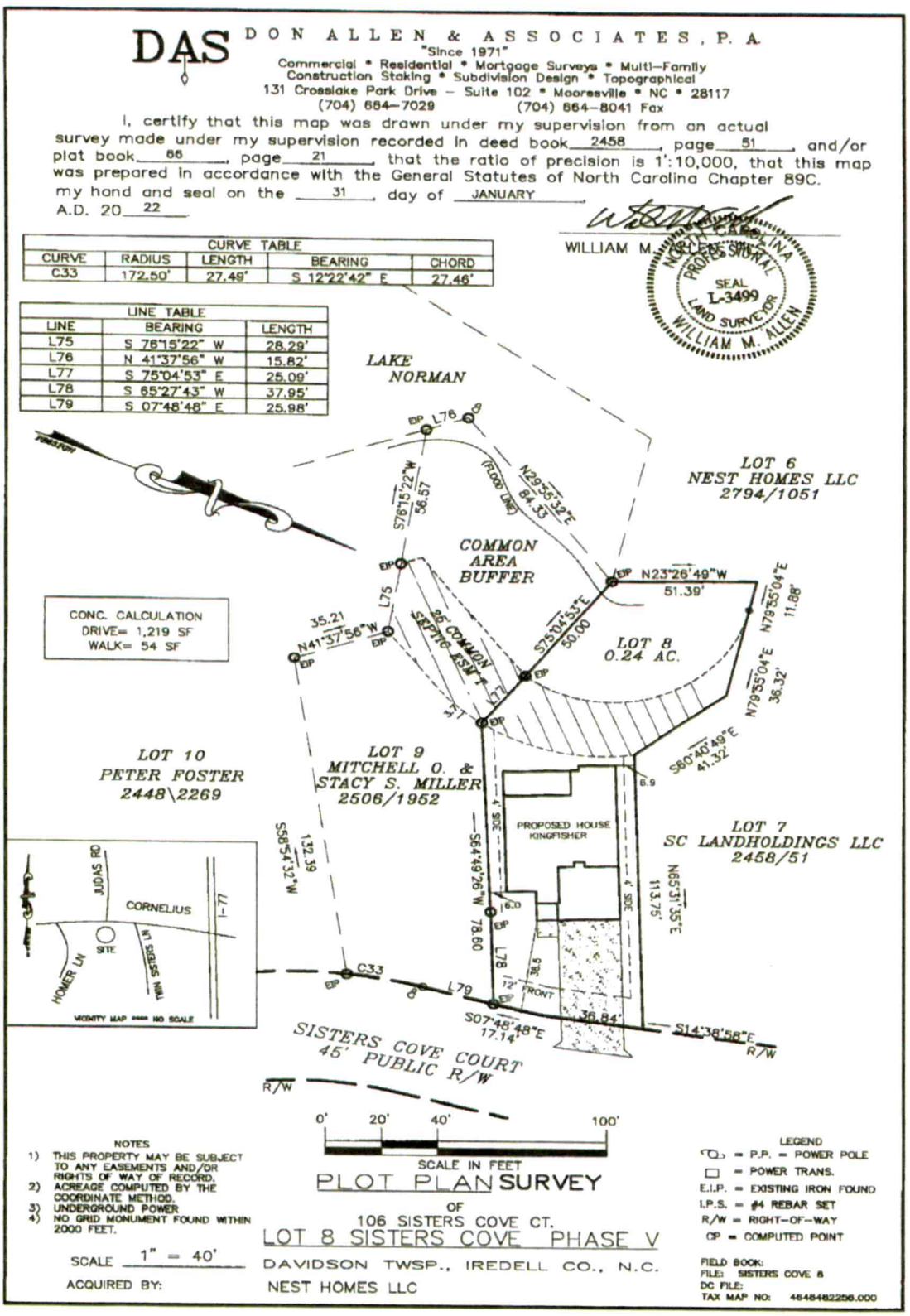
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2458, page 51, and/or plat book 66, page 21, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 31, day of JANUARY, A.D. 20 22.

WILLIAM M. ALLEN

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'



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.

SCALE 1" = 40'

ACQUIRED BY:

PLOT PLAN SURVEY

OF

106 SISTERS COVE CT.

LOT 8 SISTERS COVE PHASE V

DAVIDSON TWSP., IREDELL CO., N.C.

NEST HOMES LLC

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

FIELD BOOK:
FILE: SISTERS COVE 8
DC FILE:
TAX MAP NO: 4648482256.000

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325196

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

PIN # 4648 -- 48 -- 2256

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

SITE ADDRESS: 106 Sisters Cove Court, Mooresville NC 28117 PHONE: 980-500-1238 ALT. PHONE

SITE DIRECTIONS: I-77 - Exit 36 - West to Bluefield Rd - (R) Bluefield - (L) Cornelius (L) Sisters Cove SAP CONTROLLED: N/A ☐ YES ☐ NO

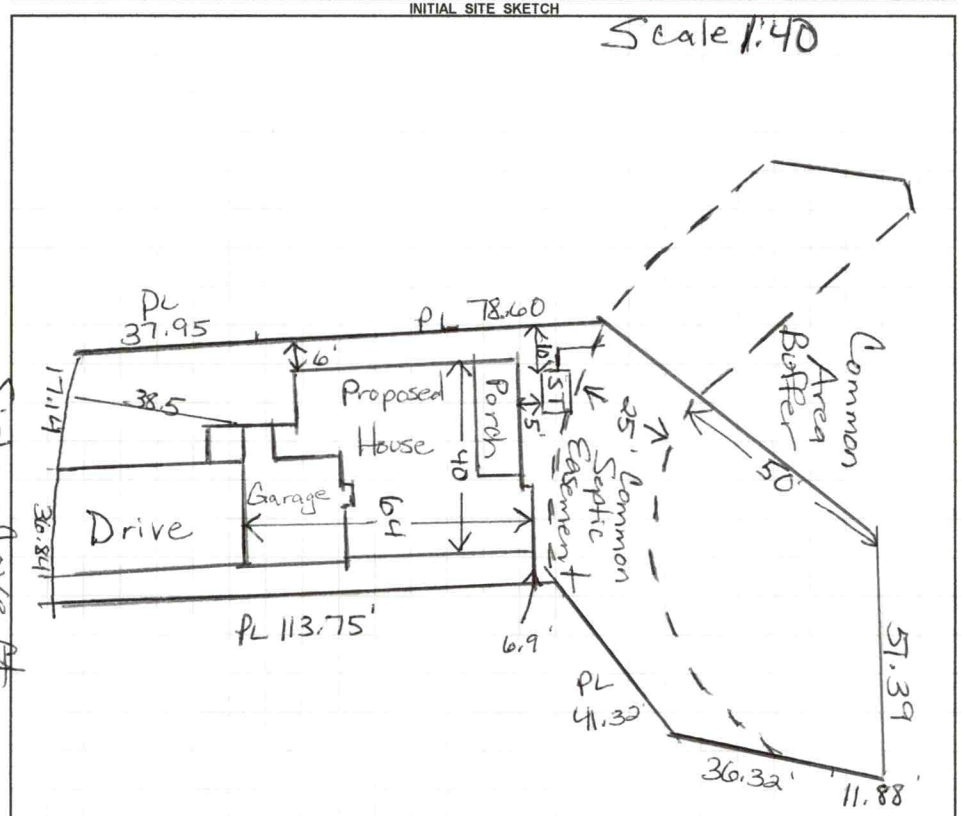
SUBDIVISION: Sisters Cove SECTION: 5 LOT # 8 LOT AREA: .241 Ac DESIGN FLOW: 360gpd L.T.A.R.:

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:	Comm LS II Drip			☐ Business	No. Persons	6
Pump Make			Model		Serial #		Repair System Description:	Same			☐ Other	No. Employees	
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex		Maintenance Agreement Required:	☒ YES	☐ NO		☑ Slab	☐ Crawl Space	
Trench Width	Ex	Trench Bottom Depth(Low side)		Ex	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions:

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.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: Date: 2/24/22 Installed by:

IMPROVEMENT PERMIT by: Maia Dolson Date: 2/24/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maia Dolson Date: 2/24/22 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? _____	

RECEIVED FEB 0 2 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-325196 $000.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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:** PO Box 3965 , Mooresville NC **Zip:** 28117

Applicant Email: hposton@nesthomes.com **Phone:** 980-500-1238 **Alt. Phone:**

Owner Name: SC Landholdings LLC **Address:** PO Box 3965 , Mooresville NC **Zip:** 28117

Owner Email: hposton@nesthomes.com **Phone:** 980-500-1238 **Alt. Phone:**

Property Information:

Street Address: 106 Sisters Cove Court, Mooresville NC 28117

Subdivision Name: Sisters Cove **Section/Phase:** Ph5 **Lot Number:** 8

Driving Directions: From I-77 & Exit 36 (Hwy 150/ River Hwy) travel west to Bluefield Road, Right on Bluefield Rd
Bluefield to Cornelius Road, Left on Cornelius Road, Left on Sisters Cove Ct.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (x) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (x) 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: _____ 02/01/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

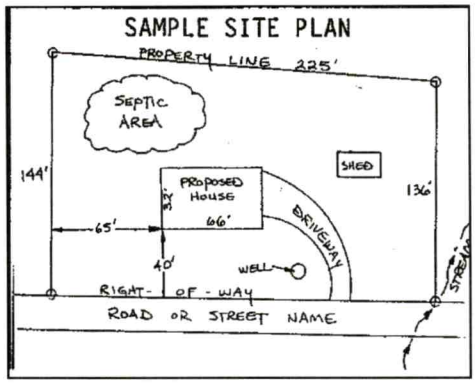
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

**** Please see attached plot plan ****

Signature: _____ 02/02/2022

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, am the legal owner(s) of the property located at SC Landholdings LLC, identified as

PIN (Parcel Identification Number) 4648482256.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Heather Poston, Permitting Coordinator, 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.

Eric Wood _____ 02/01/2022

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
325196 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4648482256.000	106 SISTERS COVE CT	Iredell County

Owner Information	Applicant Information
Name: SC LANDHOLDINGS LLC	Name: NEST HOMES LLC
Address: PO BOX 3965	Address: PO BOX 3965
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: (704)402-8594

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.241	1	1	1	1	WSIV-CA Catawba/Lake Norman	NO

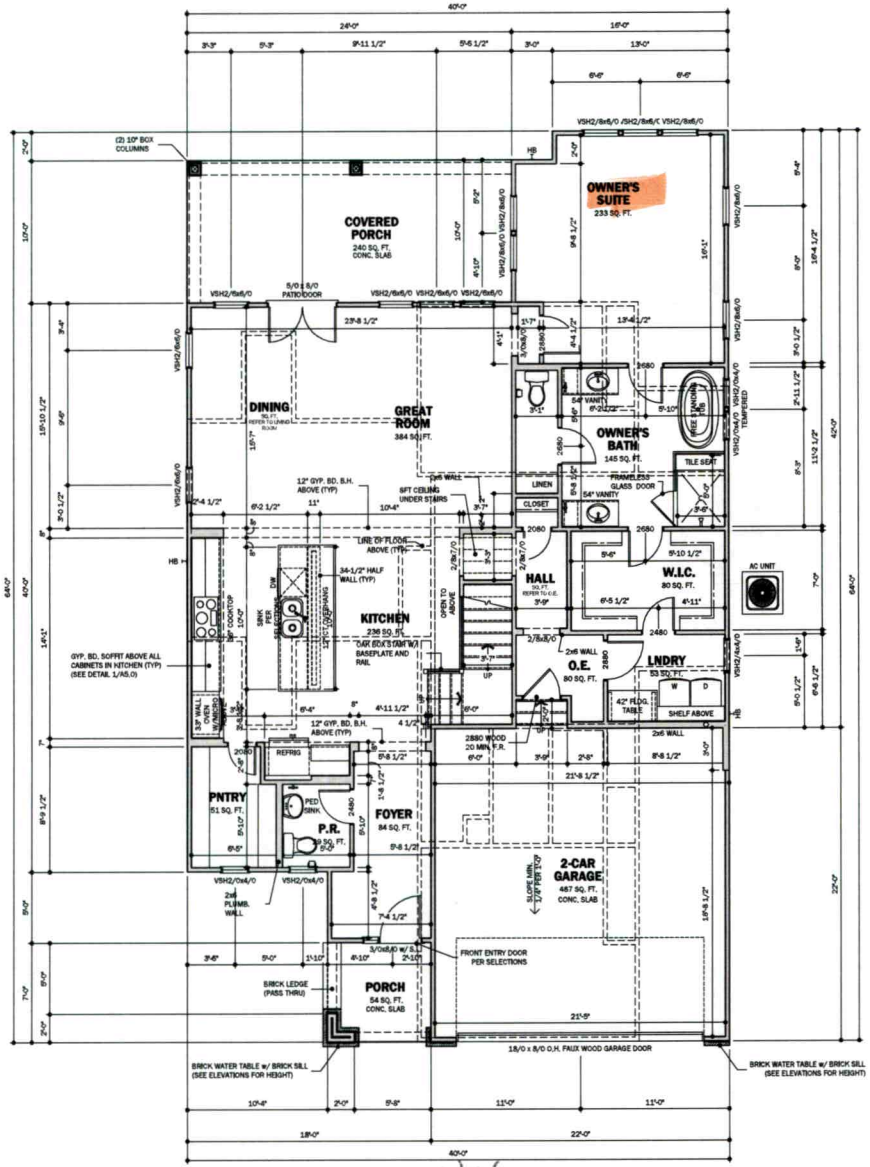
Remarks
sfd/need disc
unique setbacks, confirmed setback with Rebecca

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.

Date: 02/01/2022

Signature of Owner/Contractor

Permit Number	325196	TOTAL FEES:	$77.25



64'

40'

FIRST FLOOR PLAN

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

WALL STUD REQUIREMENTS	
EXT. WALL HEIGHT (h)	STUD SIZE AND SPACING
h < 10'-0"	2x4 @ 16" O.C.
10'-0" < h <11'-0"	2x4 @ 12" O.C.
11'-0" < h < 18'-0"	2x6 @ 16" O.C.
h > 18'-0"	CONSULT ENGINEER

I-JOIST NOTES

FRAMING CONSTRUCTION NOTES:

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED 7/16" OSB WALL SHEATHING USING 8D NAILS AT 6" O.C. ALONG THE EDGE AND 12" O.C. AT INTERMEDIATE FRAMING. BLOCK AND NAIL ALL PANEL EDGES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE. IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS.

1. I-JOISTS ARE DESIGNED TO BE CONTINUOUS IN SOME AREAS. I-JOIST MANUFACTURER TO STOP AND START JOISTS WHERE SHOWN ON PLAN TO ALLOW FOR CONTINUOUS ACTION.
2. "DBL" INDICATES DOUBLE JOIST
3. RIM BOARDS AND BANDS PARALLEL TO FLOOR FRAMING TO BE DOUBLED.
4. ALL LOAD- BEARING HEADERS SHALL BE (2)2X8 SPF#2 UNLESS OTHERWISE NOTED ON THE PLAN.
5. 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.
6. 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.
7. 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:

MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(2) 2X12	LUS 210-2
(2) 1¾" X 9¼" LVL	HUS 410
(2) 1¾" X 11⅞" LVL	HUS 412
(2) 1¾" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

8. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 10d x 3½" COMMON NAILS (3¼"x 0.162") OR 16d x 2½" (2½"x 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10dX 1½" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 1½" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
9. STEEL BEAMS MUST HAVE (5)-2X4 OR (4)-2X6 STUDS UNDER EACH END SUPPORT UNLESS NOTED OTHERWISE.
10. "LVL" AND GLULAM 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.
11. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS -WHETHER WOOD OR STEEL-CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B" IS INDICATED ON THE PLAN.
12. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 18" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6½" TRUSSLOK SCREWS @ 18" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.
13. FASTEN FIRST KING STUD TO LUMBER HEADER WITH AT LEAST THREE 16D (3½"X0.162") IN EACH PLY.
14. JACK AND KING STUD SCHEDULE AT WALL OPENINGS:
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "4/" OR "6/" ON PLAN)
SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS >4'-0" TO 5'-6" ..... 2 JACK, 2 KINGS
SPANS >5'-6" TO 6'-6" ..... 2 JACK, 3 KINGS
SPANS >6'-6" ..... SEE PLAN

Acknowledgement Of Plans Submittal ONLY!

Maria Dotson Date 2/24/22

Heather Pesh Date 2/24/22

NEAL HOMES
7251 Ridgeview Drive, Suite 100
Kingwood, TX 77338
PH: 713.896.8383
www.nealhomes.com

Township/County
MOORESVILLE
IREDELL COUNTY

Engineer

Stamp/seal

Project name/owner
THE KINGFISHER
ELEVATION A
SISTERS COVE
LOT 08

(c) 2021 copyright notice Neal Homes, Inc. All rights reserved. These plans are the property of Neal Homes. Any use, reproduction, likeening, or distribution of these drawings is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or divulged, in whole or in part, without written authorization from Neal Homes.

Date
December 22, 2021

Drawn by
MCML

Reviewed by

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
1221

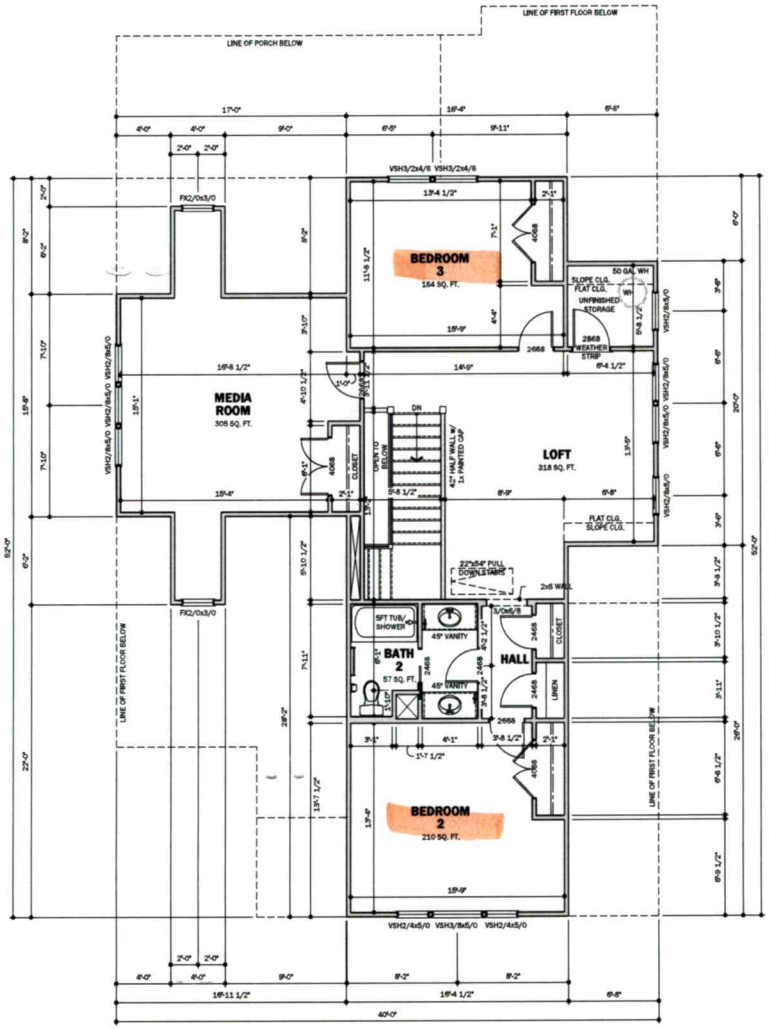
Drawing set
FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN

Sheet no.
A3.0

Master plan version
v1.0

G:\Sisters\Virtual Drives - MCML Studio\V - Builders\Neal\J-Lot Spec Orders\Sisters Cove\Lot 08\SCB_KINGFISHER_ELEV_A\Lot 08 SCB_KINGFISHER_ELEV_A_CS 12172021.dwg Plot Date: Wednesday, December 22, 2021 2:22:13 PM Plot Scale: 1'-1"x17" = 1'-0" - 22"x36" = 1'-4"-1'-0" Plotted by: christian evans



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
8-1 1/8" WALL HEIGHT
WINDOW HEADER @ 7'-0" A.F.F.

UPPER LEVEL NOTES

UPPER LEVEL FRAMING NOTES:

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED 7/16" OSB WALL SHEATHING USING 8D NAILS AT 6" O.C. ALONG THE EDGE AND 12" O.C. AT INTERMEDIATE FRAMING. BLOCK AND NAIL ALL PANEL EDGES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS.

1. "T.I.P. INDICATES "TIE (CEILING JOIST) TO RAFTER WITH FOUR 3"XD.131" NAILS)
2. ALL LOAD- BEARING HEADERS SHALL BE (2)2X8 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:

MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(2) 2X12	LUS 210-2
(2) 1.5" X 9.6" LVL	HUS 410
(2) 1.5" X 11.9" LVL	HUS 412
(2) 1.5" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.5Q/10

6. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 16d x 3½" COMMON NAILS (.39"x 0.162") OR 16d X2½" (3½"x 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10dX 1½" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 1½" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
7. "LVL" AND GLU-LAM 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-CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B" IS INDICATED ON THE PLAN.
9. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6½" TRUSSLOK SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" 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 "#J" OR "#K" ON PLAN
SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS >4'-0" TO 8'-0" ..... 2 JACK, 2 KINGS
SPANS >8'-0" TO 8'-6" ..... 2 JACK, 3 KINGS
SPANS >8'-6" ..... SEE PLAN
11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

Acknowledgement Of Plans Submittal ONLY!

Maria Dotson Date 2/24/22

Heather Pash Date 2/24/22

NEST HOMES
196 Rowan Drive Suite 1
Statesville, NC 28677
PH: 704.878.4251
www.nesthomes.com

Township/County
MOORESVILLE
IREDELL COUNTY

Engineer

Stamp/seal

Project name/owner
THE KINGFISHER
ELEVATION A
SISTERS COVE
LOT 08

(c) 2021 copyright notice Nest Homes, Inc. All rights reserved. These plans are the property of Nest Homes. Any use, reproduction, licensing, or distribution of these drawings is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or divulged, in whole or in part, without written authorization from Nest Homes.

Date
December 22, 2021

Drawn by
MCML

Reviewed by

Plan set scale
24x36 sheet
1/8" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
1221

Drawing set
FOR CONSTRUCTION

Sheet title/description
SECOND FLOOR PLAN

Sheet no.
A3.1

Master plan version
v1.0

C:\Users\vincent\OneDrive - MCML Studio\1-Builders\Nest\1-Lot Spec Orders\Sisters Cove\Lot 8\SCB_A-FND-ISHS_R4.dwg 12/7/2021 Plot Date: Wednesday, December 22, 2021 2:22:14 PM Plot Scale: 11"x17" = 1'-0" = 1'-0" 22"x36" = 1/4"=1'-0" Plotted by: christian evans