IREDELL COUNTY HEALTH DEPARTMENT

SP

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

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

PERMIT # 22152

APPLICANT: Nest Homes LLC PIN # 4648483040

SITE ADDRESS: 114 Sisters Cove Ct. Mooresville, NC APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC 28117

SITE DIRECTIONS: Hwy 150 W TR Bluefield TL Cornelius TL Sisters Cove Ct PHONE: 704 433-9947 ALT. PHONE:

SUBDIVISION: Sisters Cove SECTION: V LOT # 12 LOT AREA: DESIGN FLOW: 360 gpd L.T.A.R.:

Septic Tank 2000 (gal) STB 74 Date 4-21-17
Pump Tank (gal) PT Date
Pump Make Orenco Model Serial #
Nitrification Fields # Lines Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV (V) VI
System Description: Community TS II Drip Irr.
Repair System Description: Survey
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space
☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

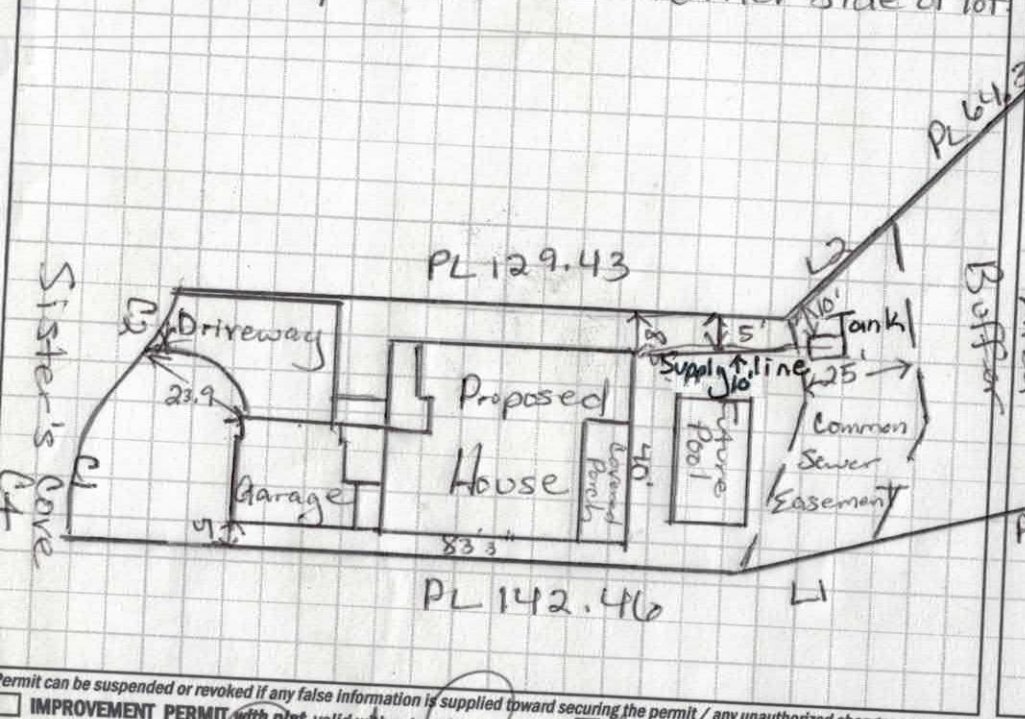
Comments / Conditions: Install pump package, control panel and connect to collection line as specified by Piedmont Design.

OK for Septic Tank to be in Sewer Easement Area
Keep future pool at least 15ft from tank & 10ft from supply line

INITIAL SITE SKETCH

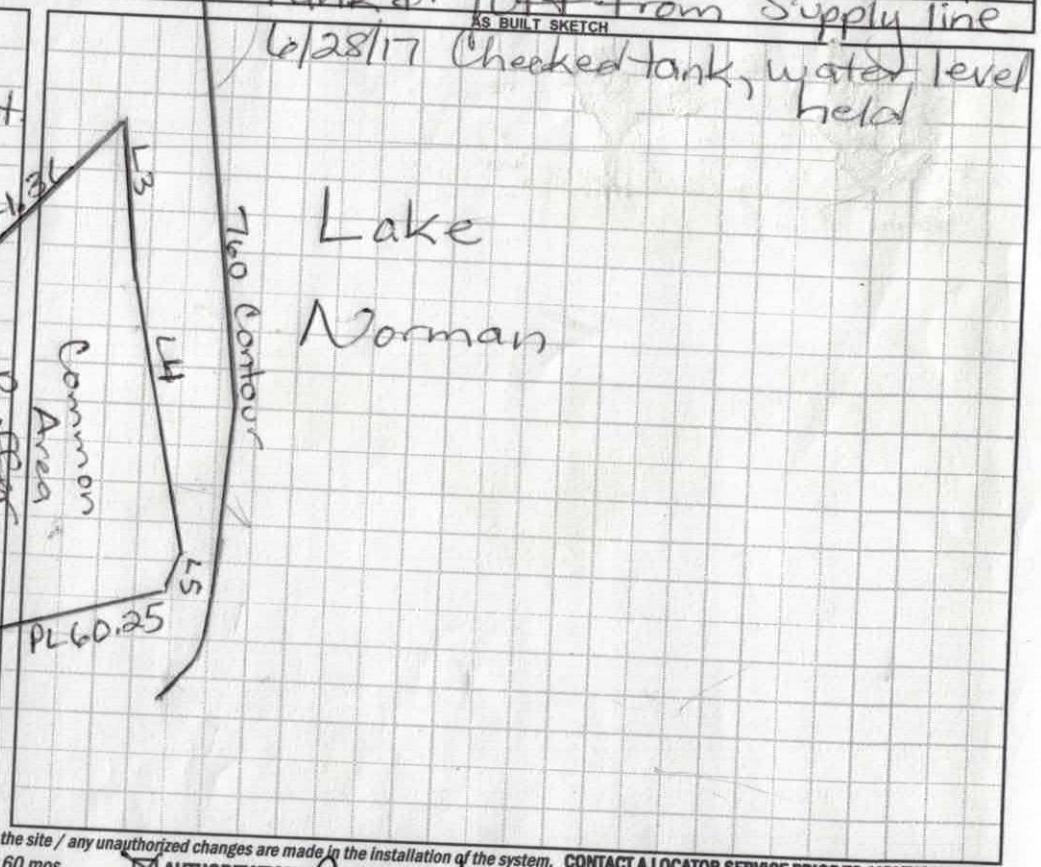
Scale 1:40

11/22/16 Reviewed/Approved new Floor plans & Site plan *Drive on other side of lot.



AS BUILT SKETCH

6/28/17 Checked tank, water level held



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.

☐ 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.

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Owner / Applicant Signature: Date: 9/27/16 Installed by: R&R

IMPROVEMENT PERMIT by: Maria Dolson RS Date: 9/9/16 OPERATION PERMIT by: Maria Dolson Date: 7/12/17

AUTHORIZATION TO CONSTRUCT by: Maria Dolson RS Date: 11/22/16 Existing System Inspected by:

Health Dept. Copy WHITE

RECEIVED NOV 14 2016

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)

Group Septic

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection Per BF - No Fee due - new FP submitted

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application #221589 EFT

The following optional attachments may also be submitted: ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	704-433-9947	
Sisters Cove, LLC	PO Box 3965 Mooresville NC 28117		

Owner Name / **Mailing Address** / **Home Phone #** / **Alternate Phone #**

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
114 Sisters Cove Court	Sisters Cove	Phase V - Lot 12

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 ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 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
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Eric Wood, am the legal owner(s) of the property located at 114 Sisters Cove Court, identified as PIN (Parcel Identification Number) 4648483052.000, 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	**37**

BLANK	AVG/REMAINING
9	4.1

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

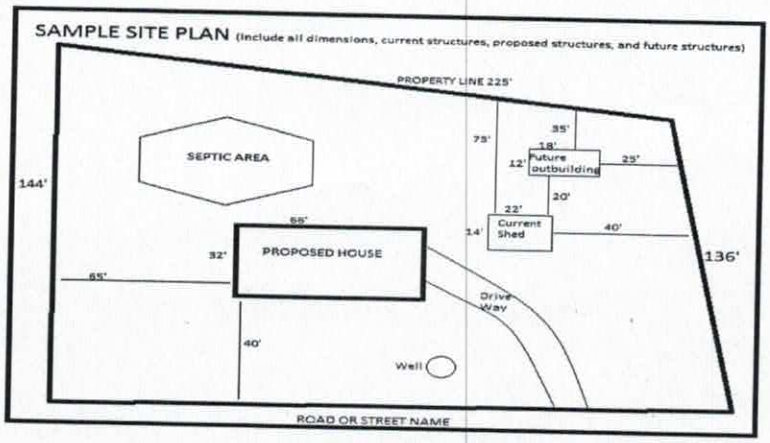
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property… N/A

_____ Location of easements and rights of ways on your property… N/A **_____ Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE PLOT PLAN ATTACHED

Signature: _____

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

11/14/16

DATE

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.

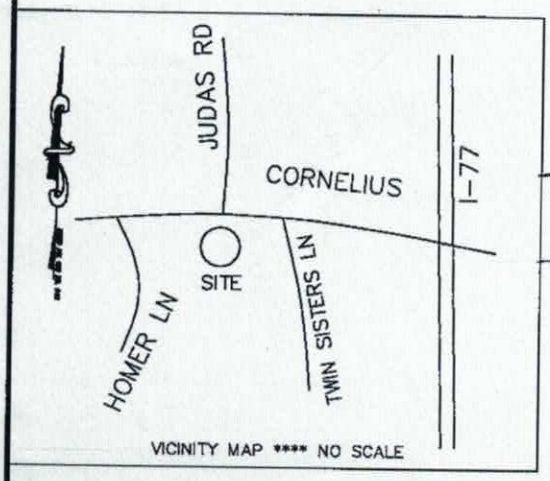
my hand and seal on the 25, day of AUG.,
A.D. 20 16.

WILLIAM M. ALLEN PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

Revised Site Plan Approved 11/22/16

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	49.50'	38.03'	N 12°37'50" W	37.10'
C2	50.50'	20.99'	S 02°31'49" E	20.84'



LAKE NORMAN

760 CONTOUR

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 43°34'33" W	30.12'
L2	S 12°30'16" W	30.20'
L3	N 37°17'56" W	31.01'
L4	N 43°21'56" W	60.10'
L5	N 12°30'56" W	9.00'

L3 L4 L5 L2 L1

S12°30'16"W 64.36

S43°34'33"W 60.25

COMMON AREA BUFFER

25' COMMON SEWER EASEMENT

POSSIBLE POOL AREA

25.9

8.5

LOT 12
0.307 AC.

LOT 13

129.43 S58°54'32"W

S58°54'32"W 142.46

LOT 11

DR.

26.5

5.0

R\W

C2

23.9

C1

SISTERS COVE CT.
(45' PRIVATE R\W)

CONC FROM GARAGE=56 SF
DRIVEWAY = 844 SF
SIDEWALK = 68 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.

LEGEND

= P.P. = POWER POLE

= POWER TRANS.

E.I.P. = EXISTING IRON FOUND

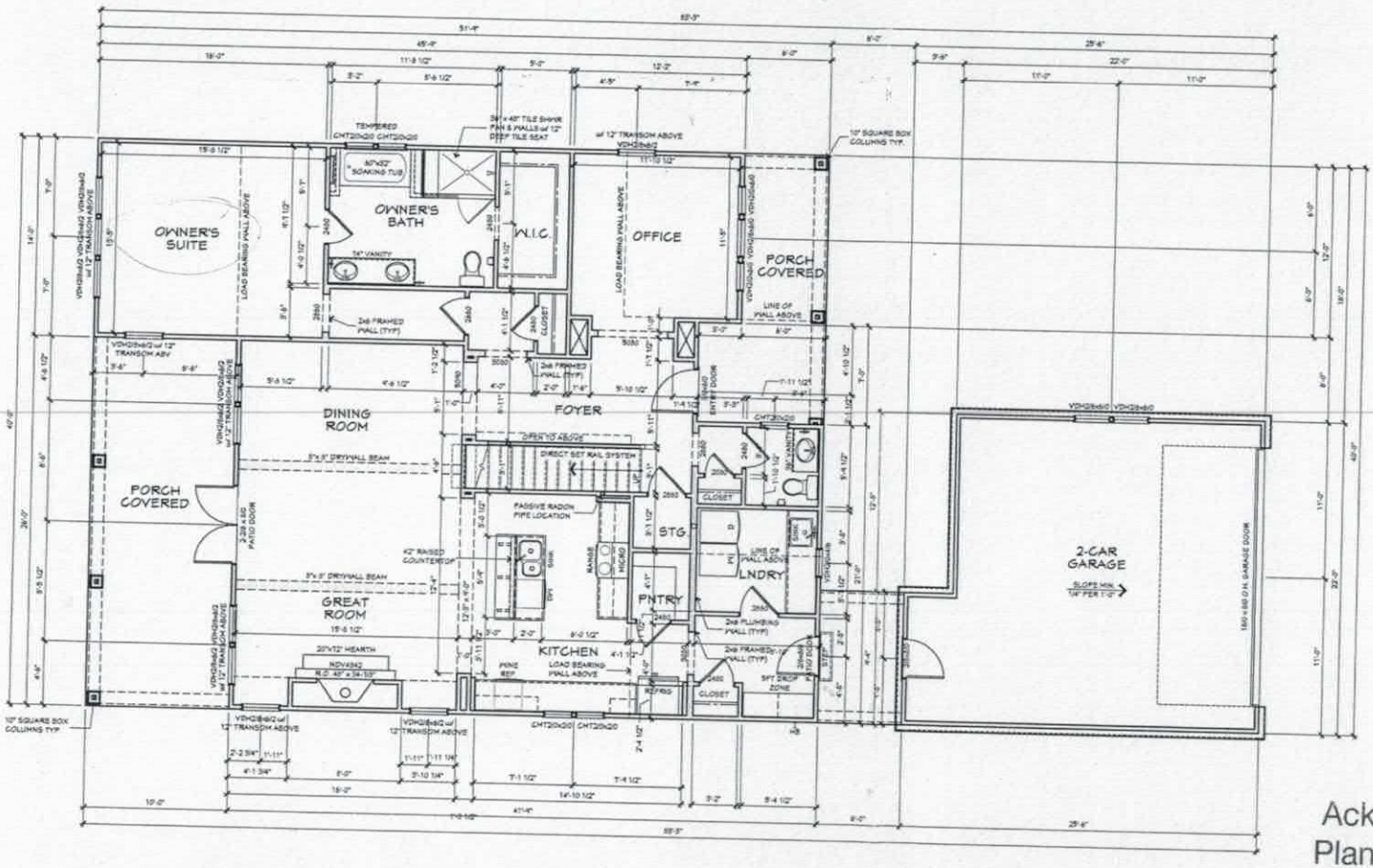
I.P.S. = #4 REBAR SET

0' 20' 40' 100'

SCALE IN FEET

PIN3 ROT

PLOT PLAN SURVEY



FIRST FLOOR PLAN - LOW COUNTRY ELEVATION

SCALE: 1/4" = 1'-0"
10'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 8'-0" A.F.F.

Acknowledgement of Plans Submittal ONLY!

Date 11/22/16

Date _____

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-335-7200

Stamp/seal

Project name/owner
THE OLIVIA
LOW COUNTRY ELEVATION
SISTERS COVE
LOT 12
OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
November 4, 2016

Drawn by
RES

Reviewed by
A.D.

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

Project/plan code
XX.XX.XXXX

Drawing set
FOR CONSTRUCTION

Sheet title/description
LOWER LEVEL FLOOR PLAN

Sheet no
A3.0

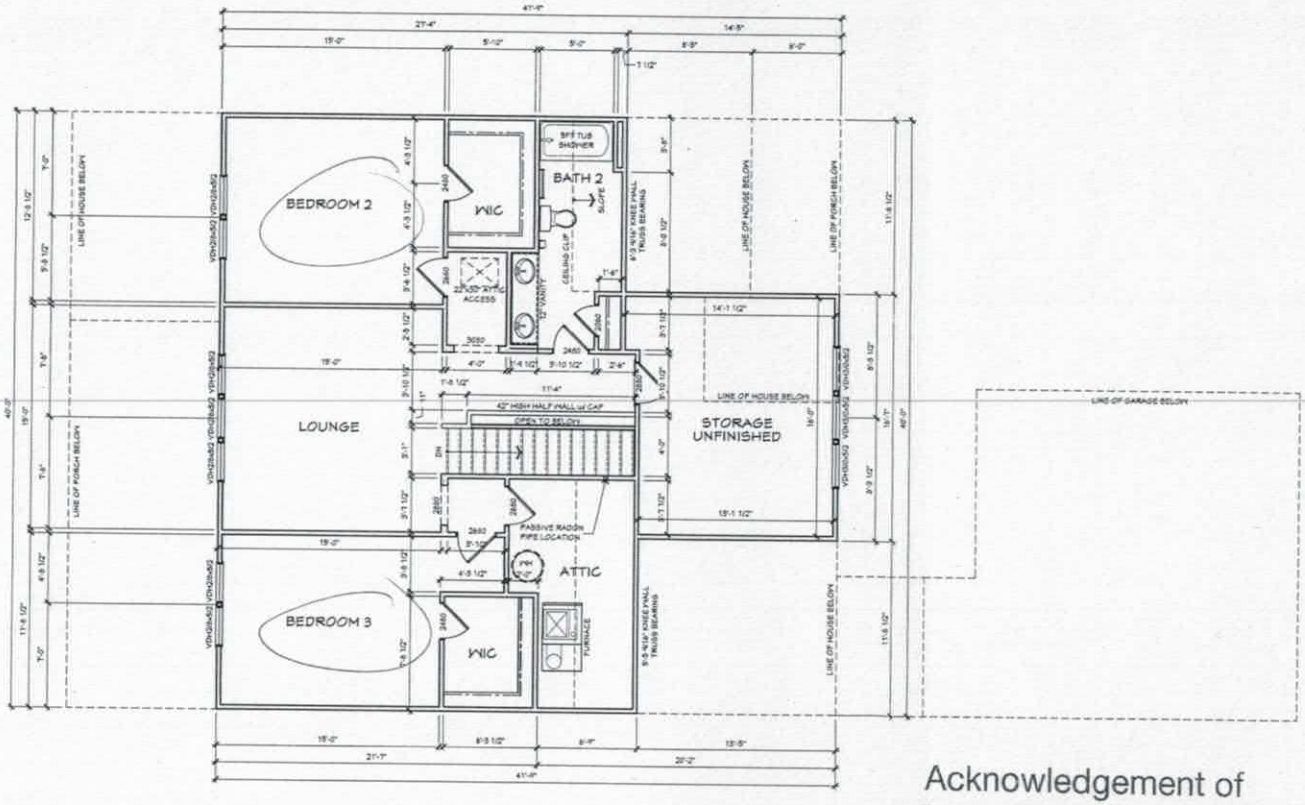
Master plan version
v5.1

Plotted By/Owner

Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0"

Plot Date/Time: Friday, November 04, 2016 4:48:56 PM

C:\Users\Owner\Dropbox\Architectural Services\PRODUCTION\SISTERS COVE\LOT 12\Sisters Cove Lot 12.dwg



SECOND FLOOR PLAN - LOW COUNTRY ELEVATION

SCALE: 1/4" = 1'-0"
9'-1 1/8" FRAMED WALL HEIGHT
WINDOW HEADERS @ 6'-8" A.F.F.

Acknowledgement of Plans Submittal ONLY!

Date 11/22/16

Date

HOMES

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1946 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-335-7200

Stamp/seal

Project name/owner
THE OLIVIA
LOW COUNTRY ELEVATION

SISTERS COVE
LOT 12

OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
November 4, 2016

Drawn by
RES

Reviewed by
A.D.

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

Project/plan code
XX.XX.XXX

Drawing set
FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN

Sheet no.
A4.0

Master plan version
v5.1

C:\Users\Documents\Revit\Architectural Services\PRODUCTION\SISTERS COVE\LOT 12\Sisters Cove Lot 12.rvt Plot Date: Friday, November 04, 2016 4:46:02 PM Plot Scale: 1"x11" = 1.00'-1'-0" 22"x34" = 1/4"=1'-0" Plotted by/Owner

IREDELL COUNTY

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

APPLICATION NUMBER
221589
Issue Date: 09/07/2016

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4648483040.000	114 SISTERS COVE COURT	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: SISTERS COVE OF LKN LLC Address: ATTN: HIGHLAND HINKLEY LLC PO BOX 3965 MOORESVILLE, NC 28117 Phone:	Applicant: NEST HOMES LLC Address: PO BOX 3965 MOORESVILLE, NC 28117 Phone: 704-208-4251	Contractor: NEST HOMES LLC Address: PO BOX 3965 MOORESVILLE, NC 28117 Phone: 704-208-4251 License Type: BLDG License Number: 74867

Project Description
NEW SINGLE FAMILY - IREDELL

Scope of Work
SFD

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 09/07/2016

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	79697	TOTAL FEES:	$ 500.00