IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218547

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

PIN # 4648-48-6088

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

SITE ADDRESS: 128 Sisters Cove Court Mooresville, NC 28117 PHONE: 704-433-9947 ALT. PHONE:

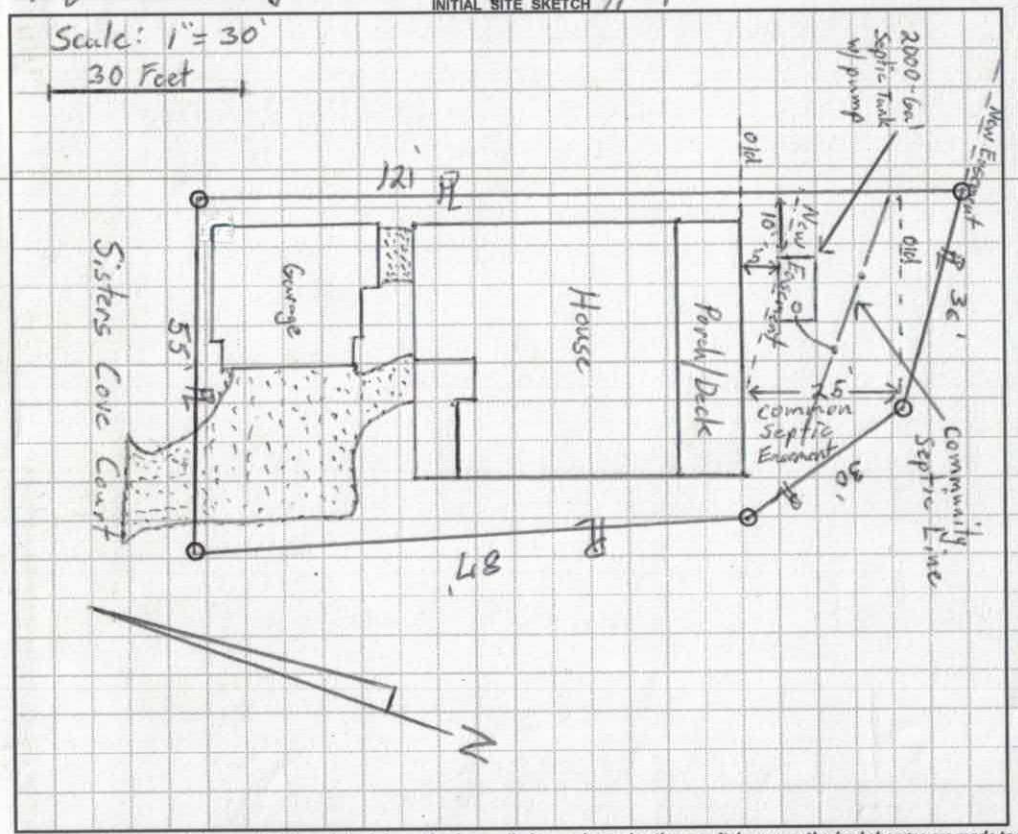
SITE DIRECTIONS: Rt 150 W → R on Bluefield Road → L on Cornelius Rd → Left on sisters cove court

SUBDIVISION: Sisters Cove SECTION: Ph. V LOT # 19 LOT AREA: 0.134 acres DESIGN FLOW: 360 gal/day L.T.A.R.:

Septic Tank	2000 (gal)	STB	14	Date	7/[illegible]/16	☒ 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: Community T.S. II Drip-Irrigation		☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description: Community TS II Drip-Irrigation		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines		Linear Ft:		Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space	☒ Community
Trench Width		Max. Trench Bottom Depth		Gravel Depth		☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install pump package, control panel and connect to collection lines as specified by Piedmont Design. Septic tank placement encroaching upon community septic easement may require relocating the community septic/pump line to ensure protection of the line & offsets are maintained. Strongly recommend cantilevering the deck piers/footings by 2-3' to assist with septic tank meeting the required 10' setback

INITIAL SITE SKETCH



AS BUILT SKETCH

10/11/17: No access to interior to check breakers RH

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: [signature] Date: 5/20/16 Installed by: R & H

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Maria Dotson Date: 11/1/17

AUTHORIZATION TO CONSTRUCT by: Thomas Shuck Date: 5-17-16 Existing System Inspected by: Date:

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

RECEIVED MAY 4 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT #218577

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS) Paid $500.00 EFT

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

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

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

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

3. Applicant Information:

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

4. Property Information:

128 Sisters Cove Court	Sisters Cove	Phase V/ Lot #19
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I-77 S to NC 150/ W on 150/ R onto Bluefield Rd/ Left 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 Community 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: _____ 5/3/16

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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

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

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

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

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

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

I, Eric Wood, am the legal owner(s) of the property located at 128 Sisters Cove Court, identified as PIN (Parcel Identification Number) 4648486086.000, 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 5/3/16
Signature of Owner(s) Date

J Michael Wetter 5/3/16
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

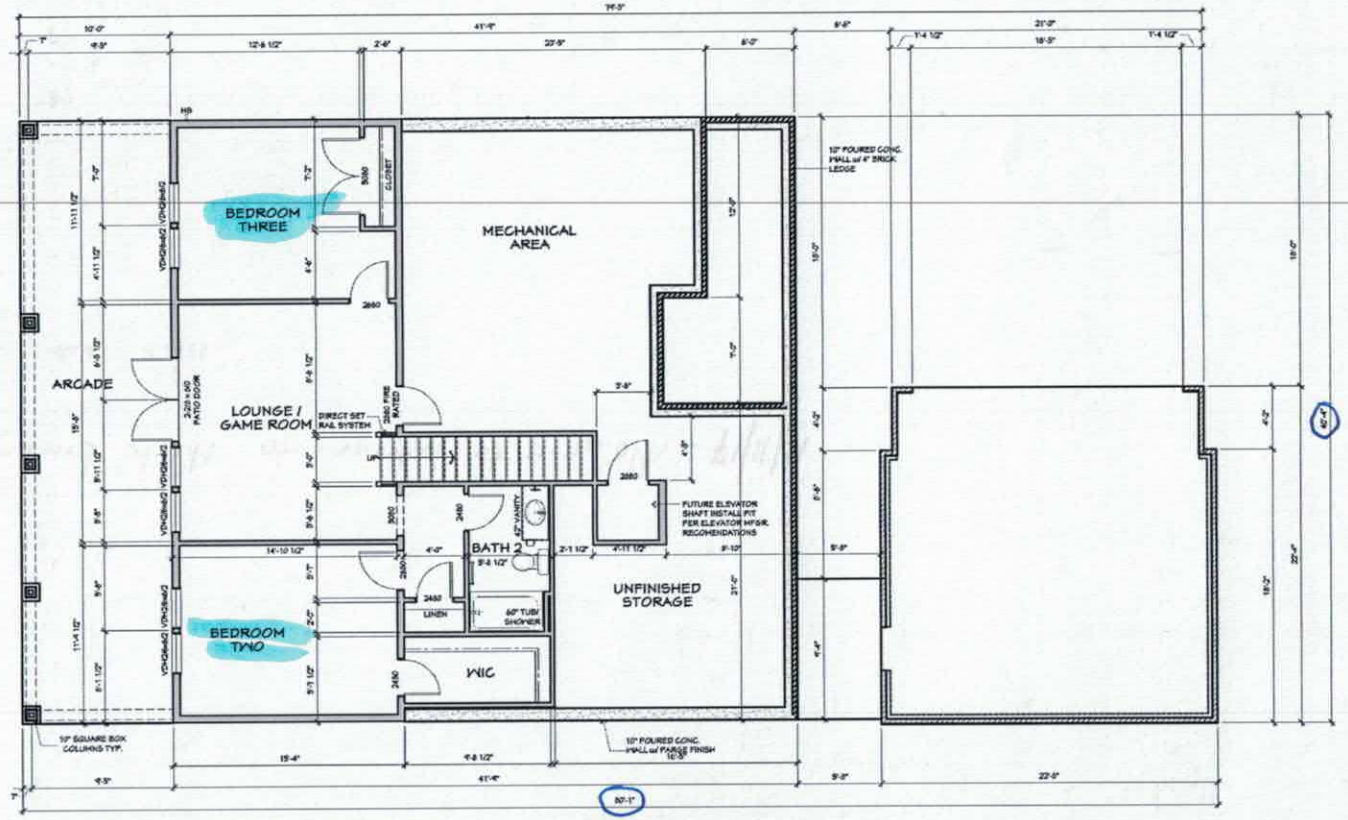
LOT	# OF BEDROOMS PERMITTED
51	NO PERMIT AT THIS TIME
52	4
53	3
58	4
61	3
63	3
64	3
OVERLOOK (CUMULATIVE)	67
REMAINING BEDROOMS AVAILABLE	46

LOT	# OF BEDROOMS
7	
8	
9	
10	3
11	
12	
13	
14	
15	3
16	
17	
18	
19	3
20	3
21	3
22	3
23	3
24	
25	
HOMER LN/HOMESTEAD (CUMULATIVE)	81

Acknowledgement of
Plans Submittal ONLY!

Tom Shyck Date 5-18-16

Date 5/20/16



BASEMENT PLAN

SCALE: 1/4" = 1'-0"
9'-1 1/2" WALL HEIGHT
WINDOW HEADER @ 8'-0" A.F.F.

RCH HOMES
216 Rosemary Drive Suite 7
Mooresville, NC 28115
PH: 704-799-4001
www.rchhomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGINEERING
CHAD RITTER, PE
704-335-7200

Stamp/seal

Project name/owner
THE OLIVIA
SHINGLE ELEVATION

SISTERS COVE
LOT 19

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

Date
April 28, 2016

Drawn by
RWA

Reviewed by
INITIALS

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

Project/plan code
XX.XX.XXXX

Drawing set
NOT FOR CONSTRUCTION

Sheet title/description
LOWER LEVEL FLOOR PLAN

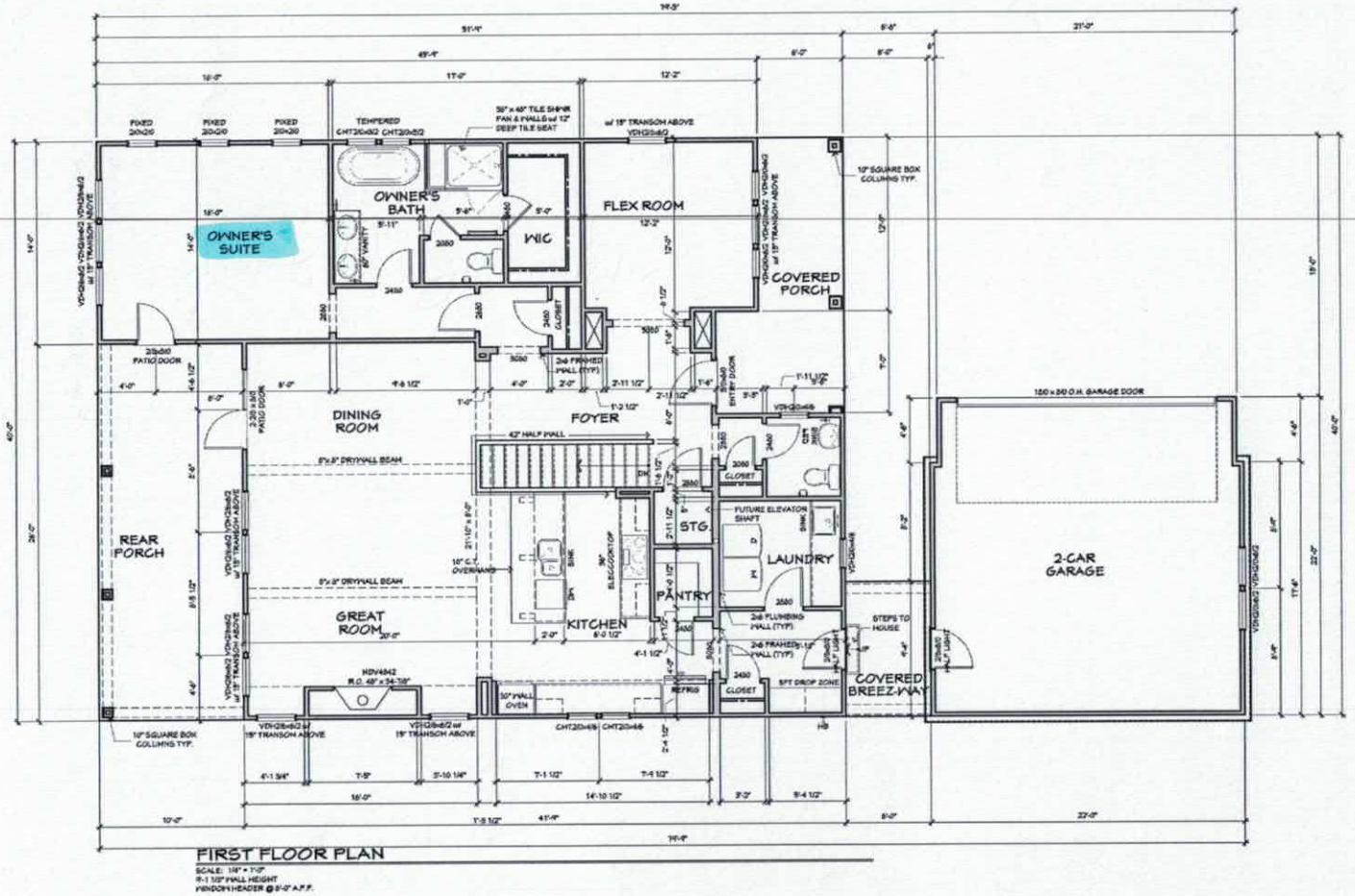
Sheet no.
A3.0

Master plan version
v0.1

Acknowledgement of
Plans Submittal ONLY!

Tom Shuck Date 5-18-16

Date 5/26/16



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
8'-1 1/2" WALL HEIGHT
WINDOW HEADER @ 6'-8" A.F.F.

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
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INTELLIGENT DESIGN ENGINEERING
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Stamp/seal

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THE OLIVIA
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SISTERS COVE
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OWNER NAME/TITLE
ADDRESS LINE 1
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NOT FOR CONSTRUCTION
Sheet title/description
FIRST FLOOR PLAN

Sheet no.
A4.0
Master plan version
v0.1

DAS DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

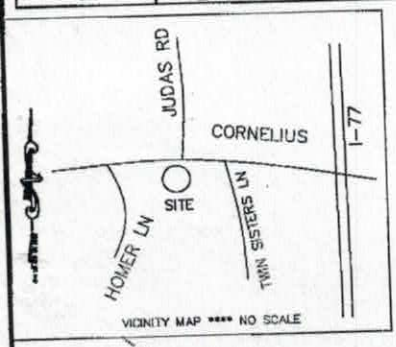
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2297, page 193, and/or plat book 63, page 11, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 12, day of APRIL, A.D. 20 16.

REVISED APRIL 27,2016(MOVED HOUSE LEFT 1' AND REVISED HOUSE PLANS)
REVISED: MAY 18, 2016 CORRECTED ADDRESS

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	127.50'	4.46'	S 63°49'34" W	4.46'



LAKE NORMAN

50' CAB

NEW EASEMENT

NEW EASEMENT

L1 L2 L3

OLD

OLD

25 COMMON SEPTIC EASEMENT

0.5

4.3

7.1

LOT 20
SISTERS COVE OF LKN LLC
2297\193

LOT 19
0.134 AC.
OLIVA(SHINGLE)

LOT 18
SISTERS COVE OF LKN LLC
2297\193

95.09

S28°39'57"E

4' WALKWAY EASEMENT TO FIRE PIT

S31°28'32"E 87.40

24.6

4.0

C1

L4

2.4

R\W

CONC FROM GARAGE= 53 SF
DRIVEWAY = 696 SF
SIDEWALK = 86 SF

SISTERS COVE COURT