IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218798

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

PIN # 4648-48 ~~6034~~ 7002

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

SITE ADDRESS: 126 Sisters Cove Court Mooresville, NC 28117 PHONE: 704-433-9447 ALT. PHONE:

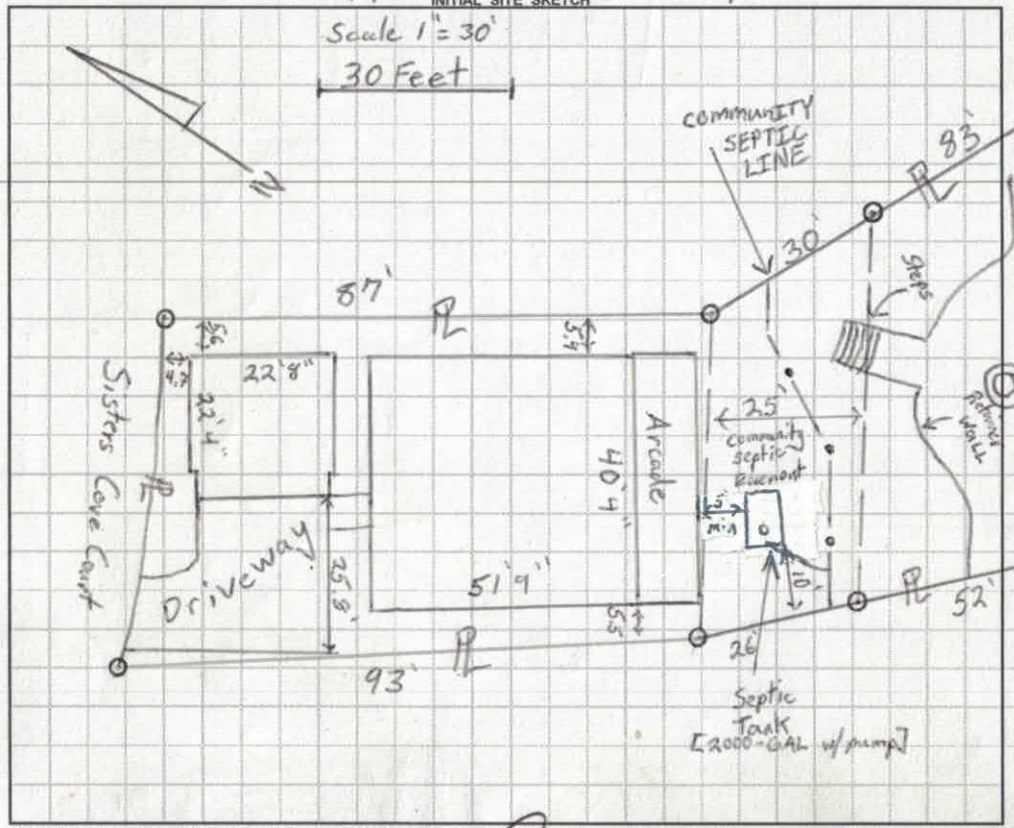
SITE DIRECTIONS: Rt. 150 West → Rt on Bluefield Rd → Lft on Cornelius Rd → Lft on Sisters Cove Court → On Right.

SUBDIVISION: Sisters Cove SECTION: Ph. V LOT # 18 LOT AREA: 0.224 acres DESIGN FLOW: 360 gal/day L.T.A.R.:

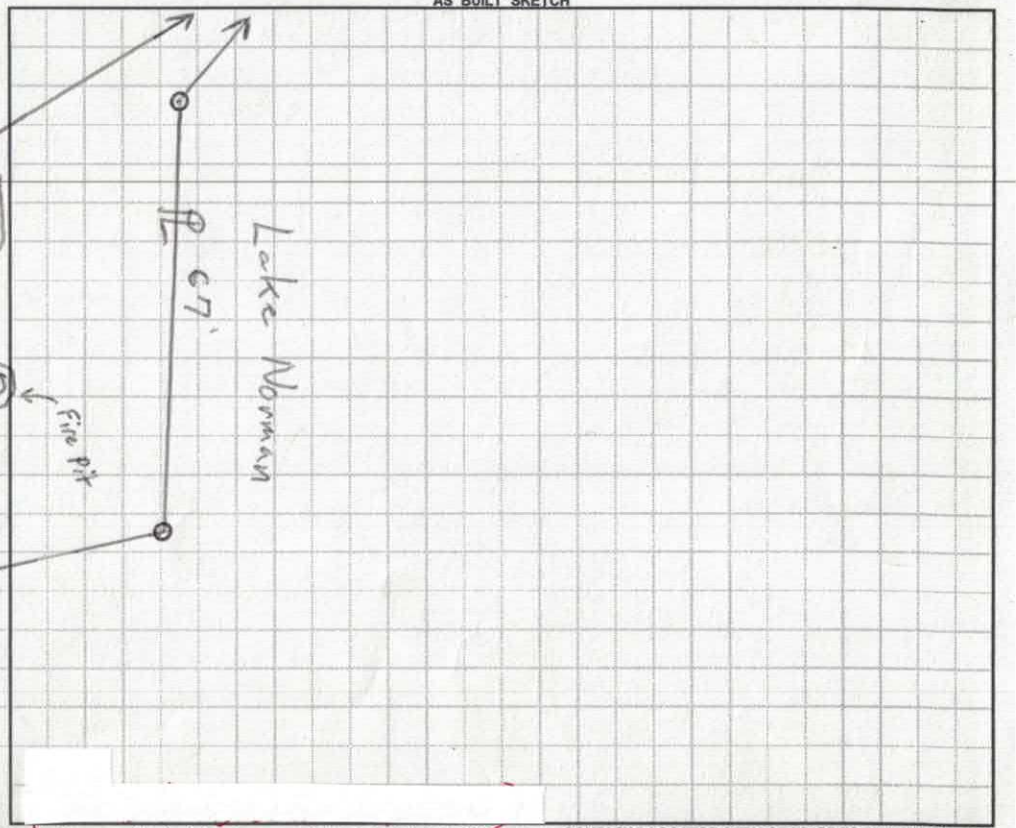
Septic Tank	2000 (gal)	STB	74	Date	7-1-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV (V) VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description: Community T.S. II Drip Irrigation				☐ Business	No. Persons 6	☐ Private
Pump Make	Model			Serial #		Repair System Description: Community T.S. II Drip Irrigation				☐ Other	No. Employees	☐ Public
# Nitrification Fields	# 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 encroachment upon easement may require relocating the community septic/pump line to ensure protection of the line. Recommend cantilevering the deck piers/footings by 2'→3' to assist with septic setback from deck and limit encroachment into easement. Recommend removing all objects/retainer walls within the 50' lake buffer.

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: [signature] Date: 5/23/16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: R & H Date: 4-5-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5-20-16 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT RECEIVED MAY 6 2016

(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)

$900.00 EFT

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

218798

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:

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

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
126 Sisters Cove Court	Sisters Cove	Phase V - Lot #18

Driving Directions: I-77 S to NC 150/ W on 150/ Right 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 To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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: J Michael Wetherington 5/6/16

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 126 Sisters Cove Court, identified as PIN (Parcel Identification Number) 4648486034.000, 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 W Wood 5/6/16
Signature of Owner(s) Date

J Michael Wetter 5/6/16
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	**43**

LOT	# OF BEDROOMS
7	
8	
9	
10	3
11	
12	
13	
14	
15	3
16	
17	
18	3
19	3
20	3
21	3
22	3
23	3
24	
25	

HOMER LN/HOMESTEAD (CUMULATIVE)	81

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

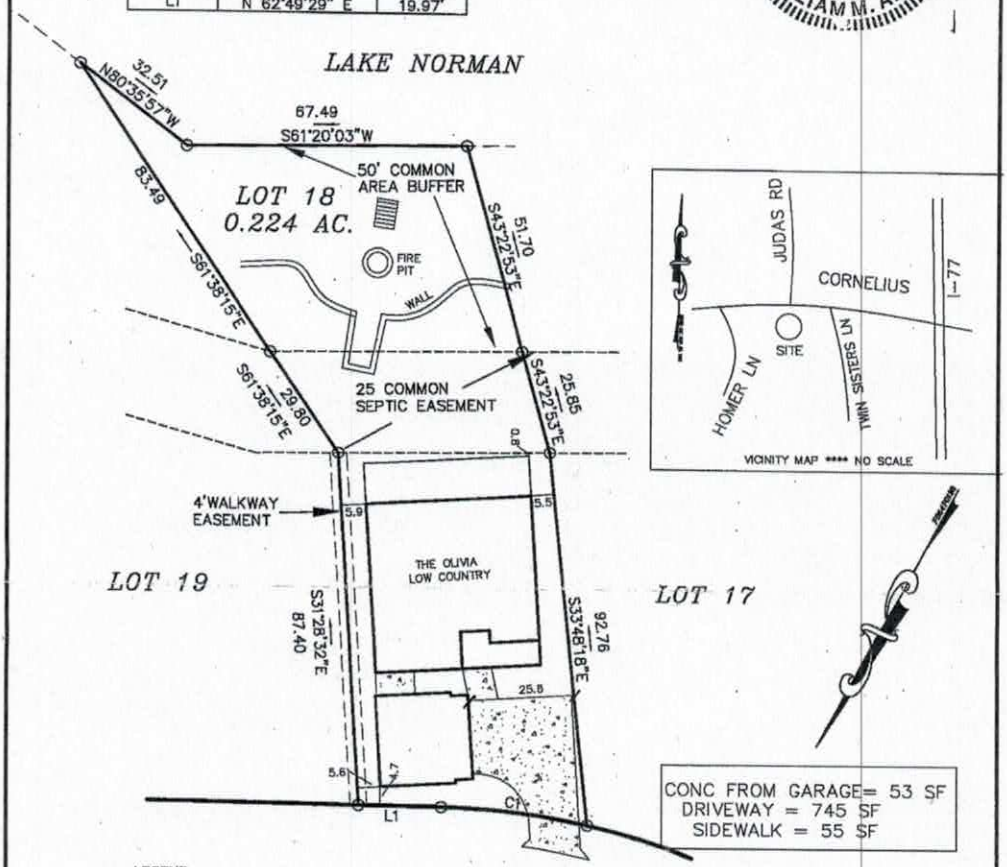
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2297, page 193, and/or plat book 63, page 11, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 5, day of MAY, A.D. 20 16.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	172.50'	35.55'	N 68°43'37" E	35.49'

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 62°49'29" E	19.97'



CONC FROM GARAGE= 53 SF
DRIVEWAY = 745 SF
SIDEWALK = 55 SF

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

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

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.

0' 15' 30' 60'
SCALE IN FEET

PLOT PLAN SURVEY

OF

LOT 18 SISTERS COVE PHASE V

SCALE 1" = 30'

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

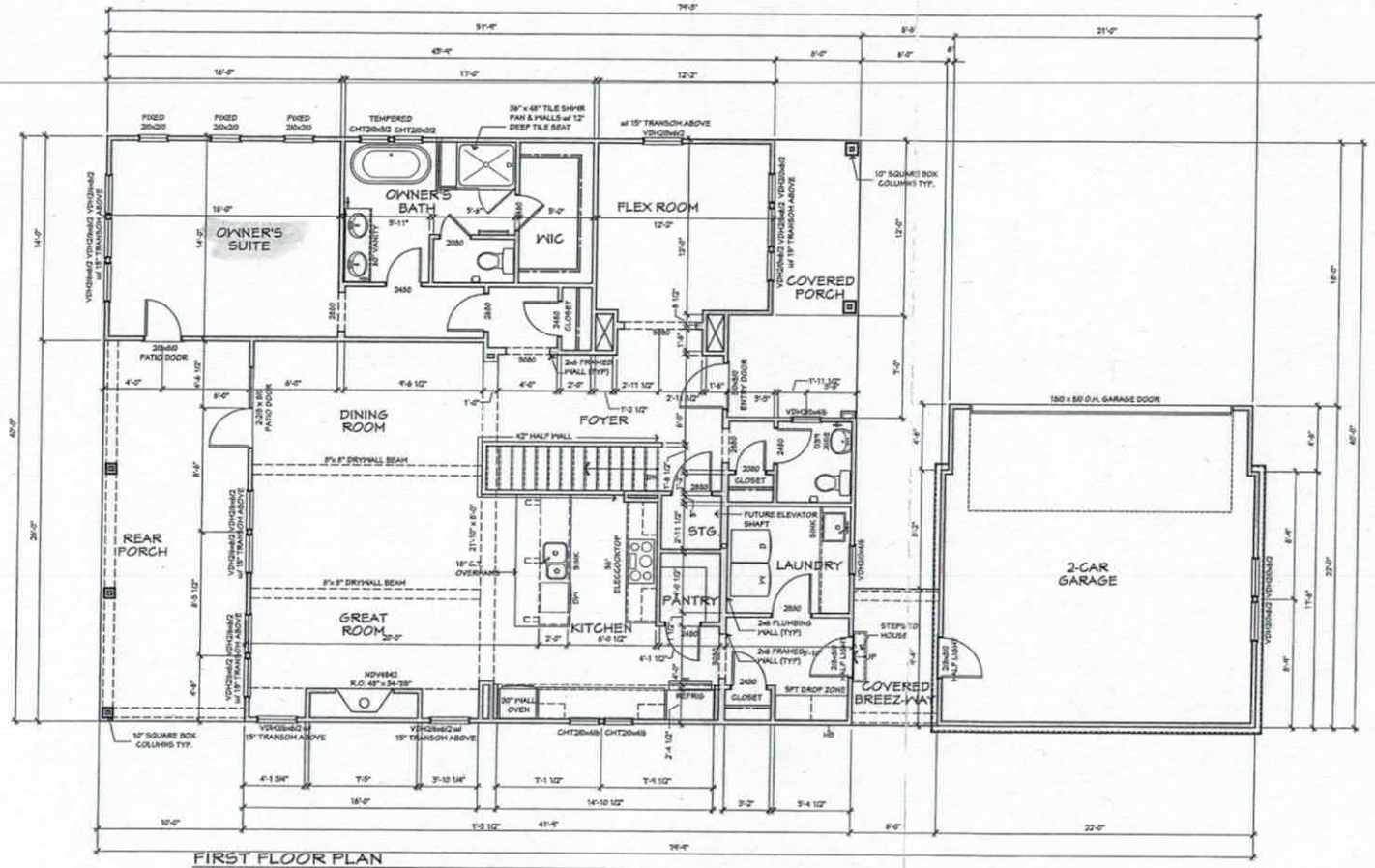
ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: SISTERS COVE 1B
DC FILE:
TAX MAP NO:

Acknowledgement Of
Plans Submittal ONLY!

Date 5/23/16

Date 5/20/16



FIRST FLOOR PLAN

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

HOMES
259 Fernandy Drive Suite 7
Mooresville, NC 28117
PH: 704-896-4251
www.nielshomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGINEERING
CHAD RITTER, PE
704-335-7290

Stamp/seal

Project name/owner
THE OLIVIA
LOW COUNTRY ELEVATION

SISTERS COVE
LOT 18

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

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Date
May 16, 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
FIRST FLOOR PLAN

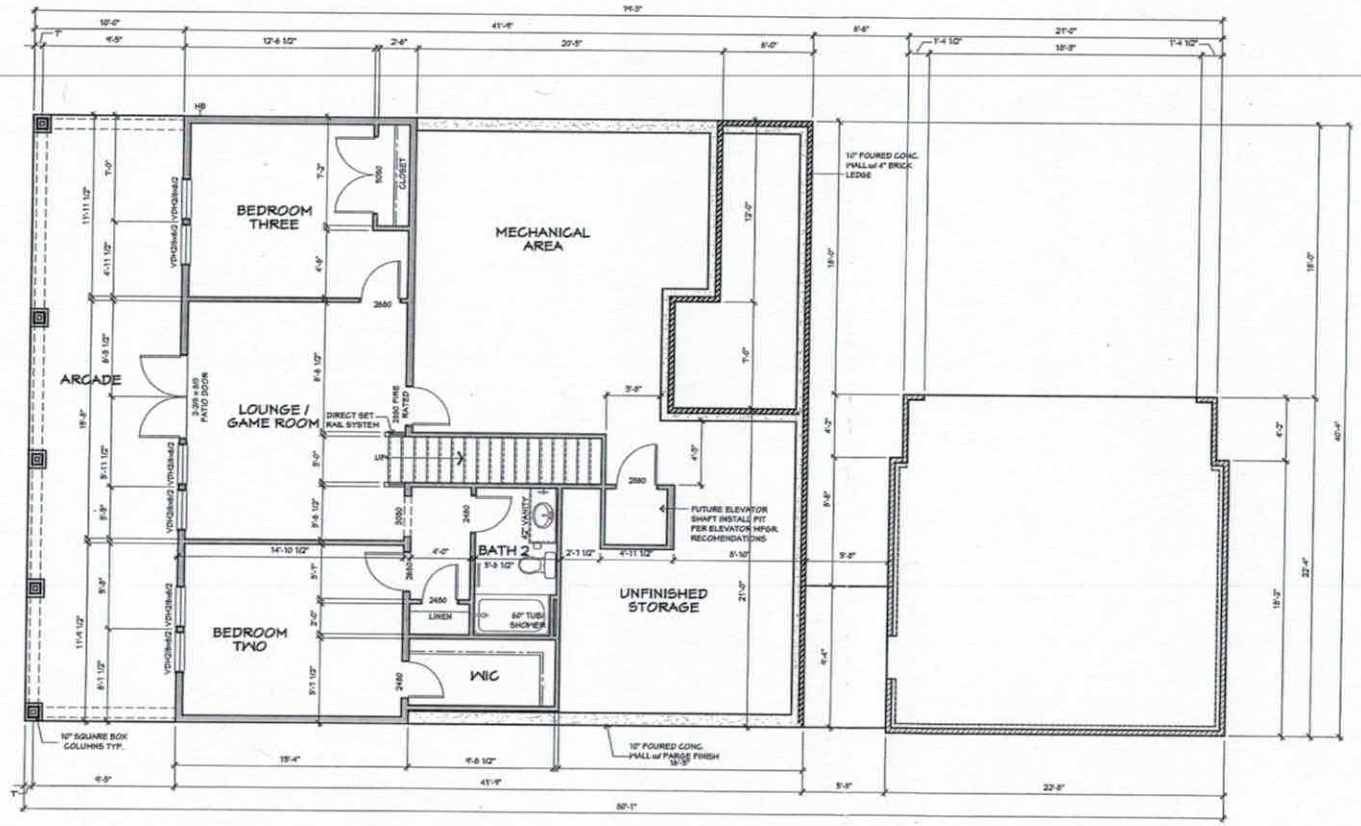
Sheet no.
A4.0

Master plan version
v0.1

Acknowledgement of
Plans Submittal ONLY!

Date 5/6/16

Date 5/20/16



BASEMENT PLAN

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

NEST HOMES
225 Raceway Drive Suite 7
Mooresville, NC 28117
PH: 704-209-4251
www.nesthomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGINEERING
CHAD RITTER, PE
704-336-7208

Stamp/seal

Project name/owner
THE OLIVIA
LOW COUNTRY ELEVATION
SISTERS COVE
LOT 18
OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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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