IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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: ___ Improvement Permit __X__ 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 __X__ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sisters Cove of LKN LLC	8015 W. Kenton Circle Huntersville, NC		704-202-1524
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
120 Pinto	Sisters Cove	62

Driving Directions: 21N, TL Cornelius, TL Pinto, on R

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System
- ( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

- (X) Crawl Space Foundation?
- (X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: ___ 12-11-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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~~

Signature: _____ 12-16-13

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Kestler Surveying Site Plan

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17714

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

PIN # 4648 56 2727

APPLICANT: Magnolia Lakes Partners APPLICANT ADDRESS: P.O. Box 3965, Mooresville, NC 28117

SITE ADDRESS: 960 Pinto Road, Mooresville, N.C. PHONE: ALT. PHONE:

SITE DIRECTIONS: From Mooresville, US 21 North, TL Cornelius Road TL Pinto Road on Right near end

SUBDIVISION: Sisters Cove SECTION: 3 LOT # 62 LOT AREA: ½ ac DESIGN FLOW: 360 gpd L.T.A.R.: .25

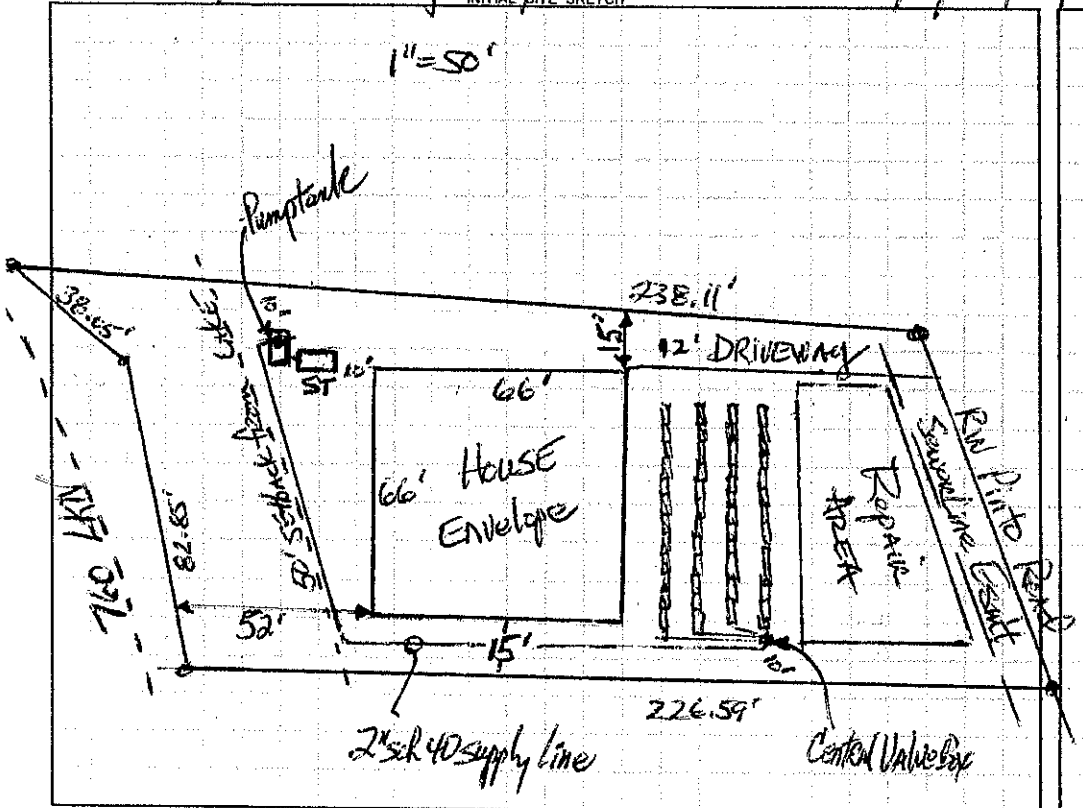
Septic Tank	1000 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	Date	System Description:	LP PPBPS
Pump Make		Model	Serial #	Repair System Description:	LP PPBPS
# Nitrification Fields	1	# Lines	4	Linear Ft: 240	Maintenance Agreement Required: [X] YES [ ] NO
Trench Width	24", 8' oc	Max. Trench Bottom Depth	36"	Gravel Depth	N/A [ ] GRAVITY [X] PRESSURE

[X] Residence No. Bedrooms 3 [ ] Business No. Persons [ ] Other No. Employees [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [X] Community

Comments / Conditions: Permit may be suspended or Revoked if buried materials from prior usage are encountered which compromise the initial or Repair AREA of the septic system. Community Water Line to Run within 50' Lake setback according to Engineer. Use one 5/32" hole per panel, 85 panels total. Water + Sewer Lines to be installed in accordance w/ 15A NCAC 18A, 1950

INITIAL SITE SKETCH



AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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.* [X] **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: 8/19/13 Installed by:

IMPROVEMENT PERMIT by: DR Hinson REHS Date: 8-9-13 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

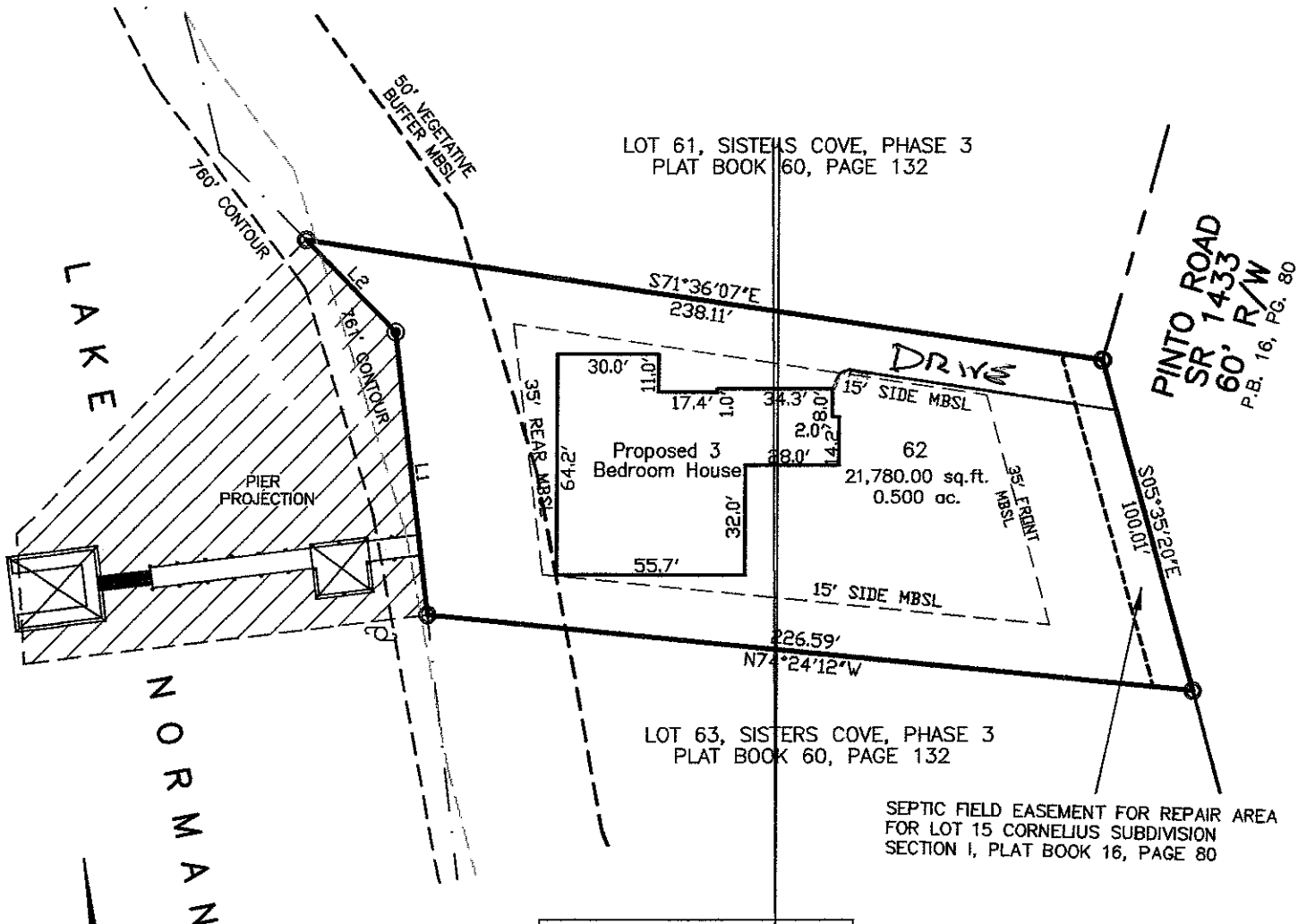
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

MINIMUM BUILDING SETBACK LINES:

FRONT----------35 FEET
SIDELINE----------15 FEET
SIDELINE ABUTTING STREET-------25 FEET
REAR----------35 FEET FROM PROJECT BOUNDARY OR 50' FROM 760' CONTOUR LINE

LEGEND:

MBSL – MINIMUM BUILDING SETBACK LINE
EIP – EXISTING IRON PIN
VB – 50' REAR VEGETATIVE BUFFER
◉ – UNMARKED POINT



LINE TABLE		
LINE	LENGTH	BEARING
L1	82.85'	N03°09'54"E
L2	38.05'	N35°20'06"W

PIER PROJECTION MAP FOR

LOT 62, SISTERS COVE, PHASE 3

DAVIDSON TOWNSHIP | IREDELL COUNTY | NORTH CAROLINA
PIN NO: 4648-56-2727 | SCALE: 1"=50' | DRAWN BY: SMS
DEED REF.: 1876-2391 | DATE: 08-19-13 | DRAWING NO: K02307-PIER62

KESTLER SURVEYING, INC.
2351 SIMONTON ROAD, STATESVILLE, N.C. 28625 PH. 704 - 872 - 0212

GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)
1 inch = 50 ft.

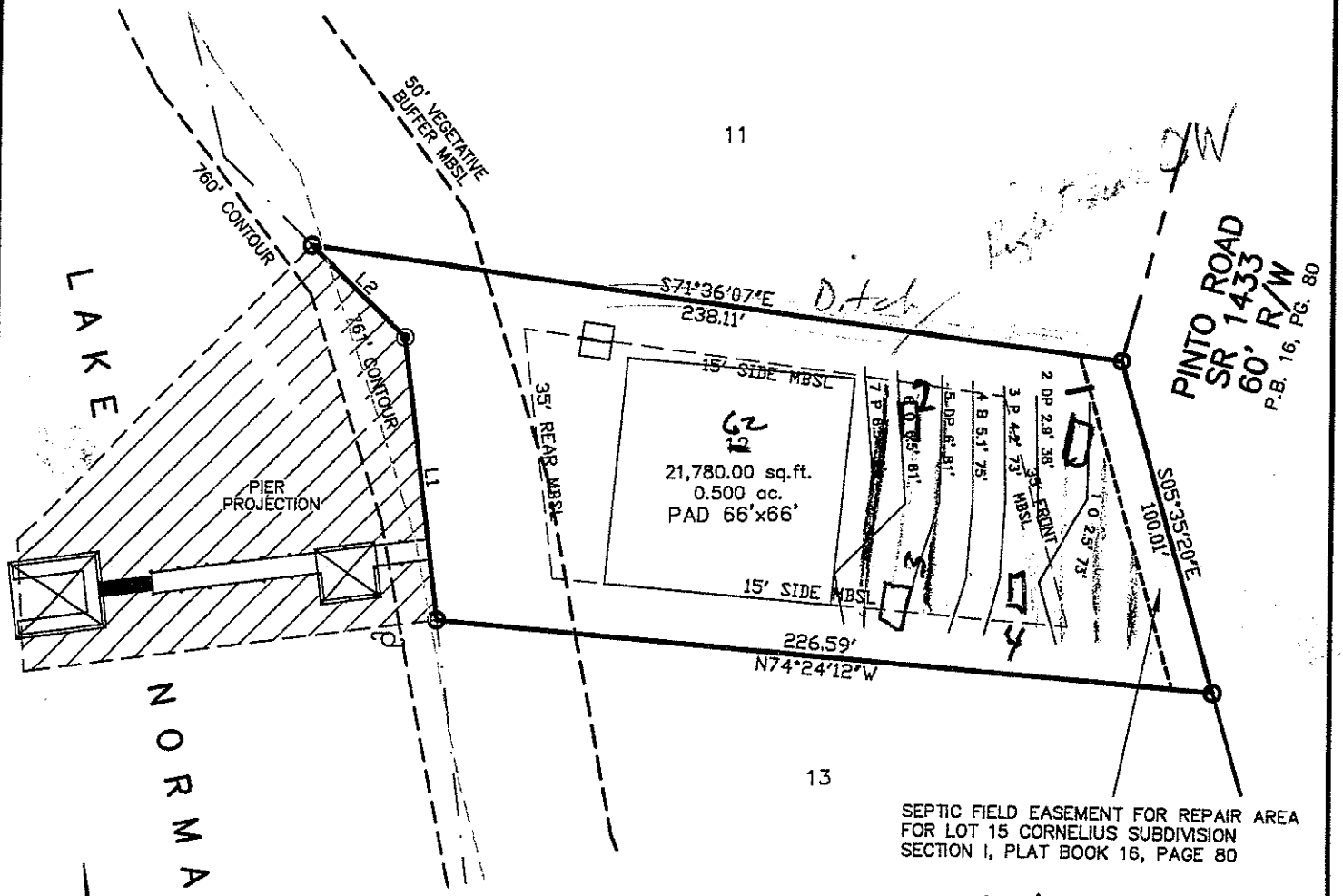
NAD83

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LINE TABLE		
LINE	LENGTH	BEARING
L1	82.85'	N03°09'54"E
L2	38.05'	N35°20'06"W

Sisters Cove Ph. 3

PIER PROJECTION MAP FOR

MAGNOLIA BAY EAST

DAVIDSON TOWNSHIP | IREDELL COUNTY | NORTH CAROLINA

PIN NO: 4648-56-2727 | SCALE: 1"=50' | DRAWN BY: SMS

DEED REF.: 1876-2391 | DATE: 09-20-07 | DRAWING NO: K02307-PIER12

KESTLER SURVEYING, INC.
P.O. BOX 1793, STATESVILLE, N.C. 28687 PH. 704 - 872 - 0212

GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)
1 inch = 50 ft.

02-12-13
pd $500.00 @ Stool M

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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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 #
Magnolia Lakes Partners	P.O. Box 3965 Mooresville NC 28117		(704) 202-1524
SLF-II NC Magnolia Bay, LLC (Owner Name)	8015 W. Kenton Cr, Huntersville NC (Mailing Address)		(704) 202-1524

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Pinto Rd, Mooresville NC	~~Magnolia Bay East~~ Sisters Cove Ph. III	PB 7-23 Lot ~~12~~ 62

Driving Directions: from Hwy 150 take Right onto Bluefield, Left onto Cornelius, 1st left on Pinto Rd (entrance has fence & stone)

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
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Maximum Number of Bedrooms 3
Maximum Number of Occupants ____
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Square Footage of Building
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7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. Please Answer The Following To The Best of Your Ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
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9. Signature: EMN
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/13/13
DATE

CW at end of Pinto Lane

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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- X **Location of any designated wetlands on the property… N/A**

Signature: EMW

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

2/13/13

DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

(See attached