ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 2022-3341

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

PIN # 4648 -- 57 -- 6943

APPLICANT/OWNER: Nest Homes | APPLICANT ADDRESS: PO Box 3465 Mooresville

SITE ADDRESS: 104 Twin Sisters Ln, Mooresville 28115 | PHONE: 704-438-8594 | ALT. PHONE: --

SITE DIRECTIONS: Hwy 150 - US 21 - Cornelius - Twin Sisters | SAP CONTROLLED: ☐ YES ☒ NO

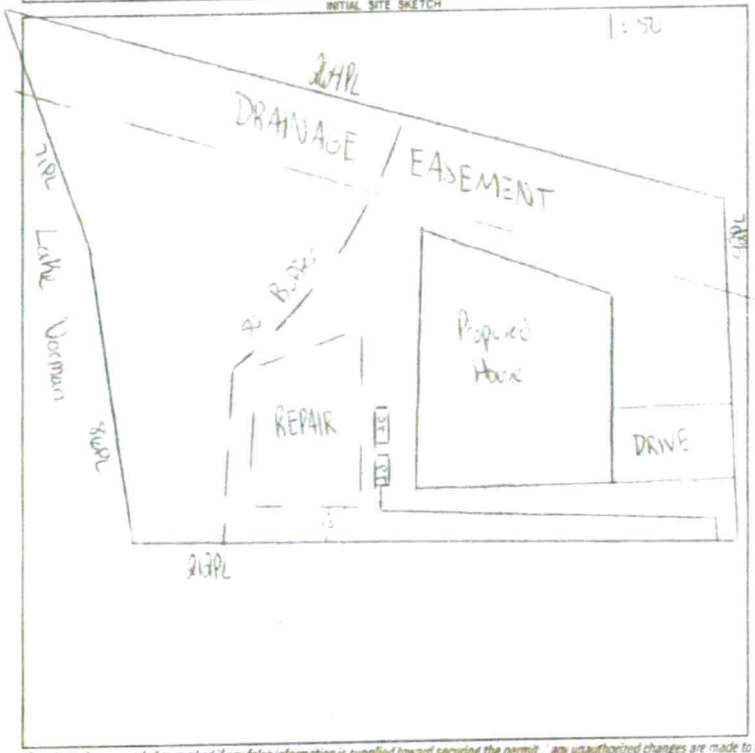
SUBDIVISION: Sisters Cove | SECTION: 3 | LOT # 51 | LOT AREA: 0.644 acres | DESIGN FLOW: 300 gpd | L.T.A.R. 0.5

Septic Tank	EX	(gal)	STB		Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	EX	(gal)	PT		Date	System Description: PM - VPPBPS		☐ Business	No. Persons 6
Pump Make		Model			Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3		Linear Ft 210	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	24 in	Trench Bottom Depth ~~Low Side~~		36 Max	Gravel Depth --	☐ GRAVITY ☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

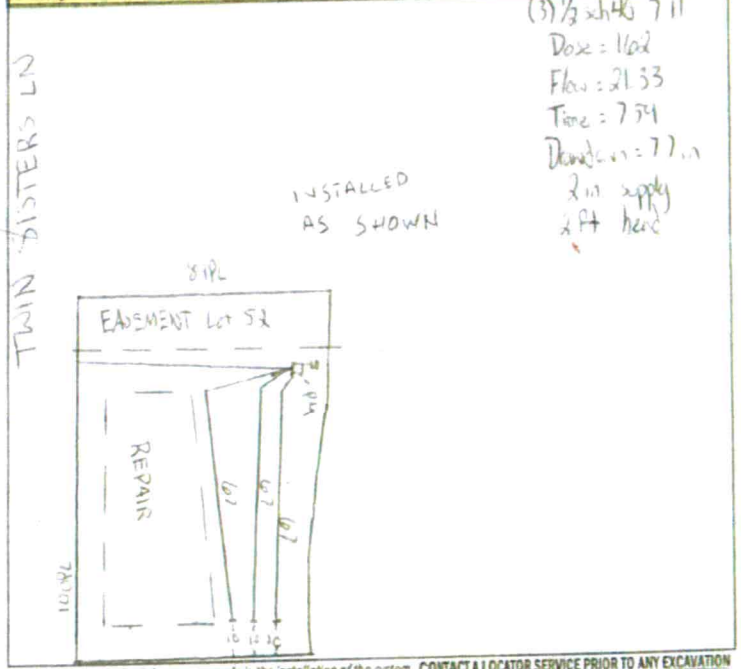
Comments / Conditions: Install lines on contour with the knoll. Do not grade, push, or drive on septic area

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.



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: _____ Installed by: SPECIALTY SEPTIC

IMPROVEMENT PERMIT by: Cory Hill Date: 12/20/22 OPERATION PERMIT by: Burnett C. Wilson Date: 1-5-2022

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 12/30/22 Existing System Inspected by: _____ Date: _____

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # **AP** 2022-8849

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

PIN # 4648 -- 57 -- 6943

APPLICANT/OWNER: Nest Homes | APPLICANT ADDRESS: PO Box 3965 Mooresville

SITE ADDRESS: 104 Twin Sisters Ln, Mooresville 28115 | PHONE: 704-402-8594 | ALT. PHONE –

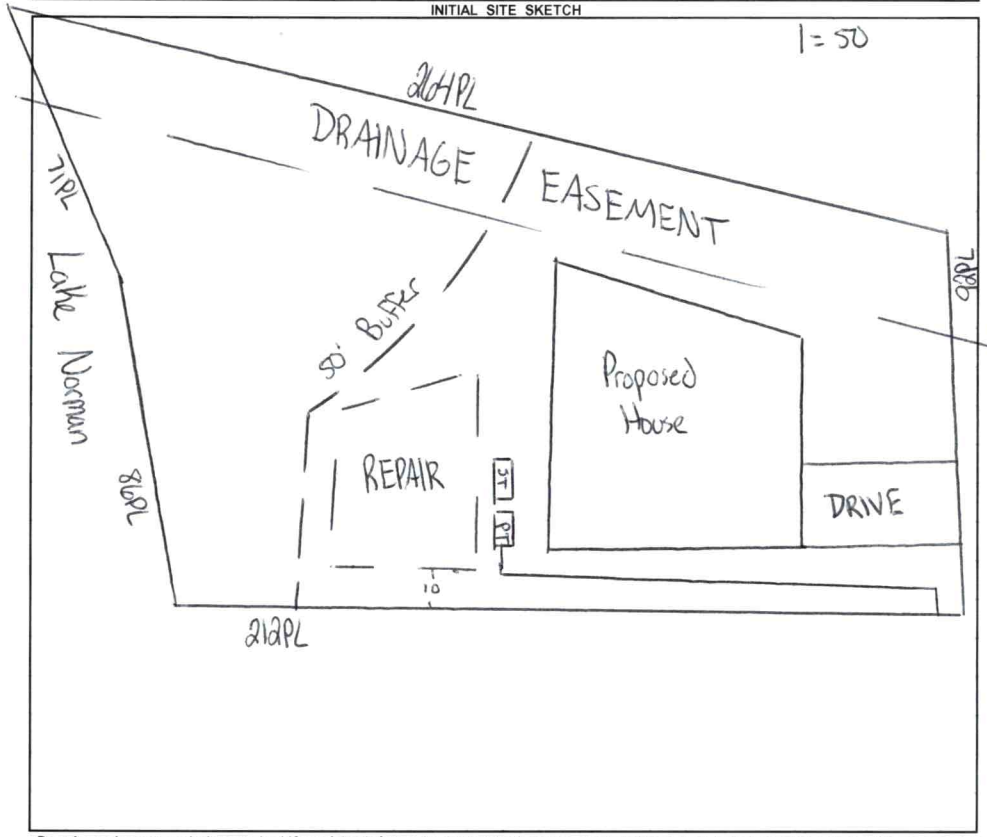
SITE DIRECTIONS: Hwy 150 - US 21 - Cornelius - Twin Sisters | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sisters Cove | SECTION: 3 | LOT # 51 | LOT AREA: 0.614 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3

Septic Tank	EX	(gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	EX	(gal)	PT		Date		System Description: PM - VPPBPS		☐ Business	No. Persons 6	☐ Private
Pump Make			Model		Serial #		Repair System Description: LP PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1		# Lines	3	Linear Ft	200'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☒ Community
Trench Width	24 in		Trench Bottom Depth ~~(Low side)~~	36" max	Gravel Depth	–	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour with the land. Do not grade, park, or drive on septic area.

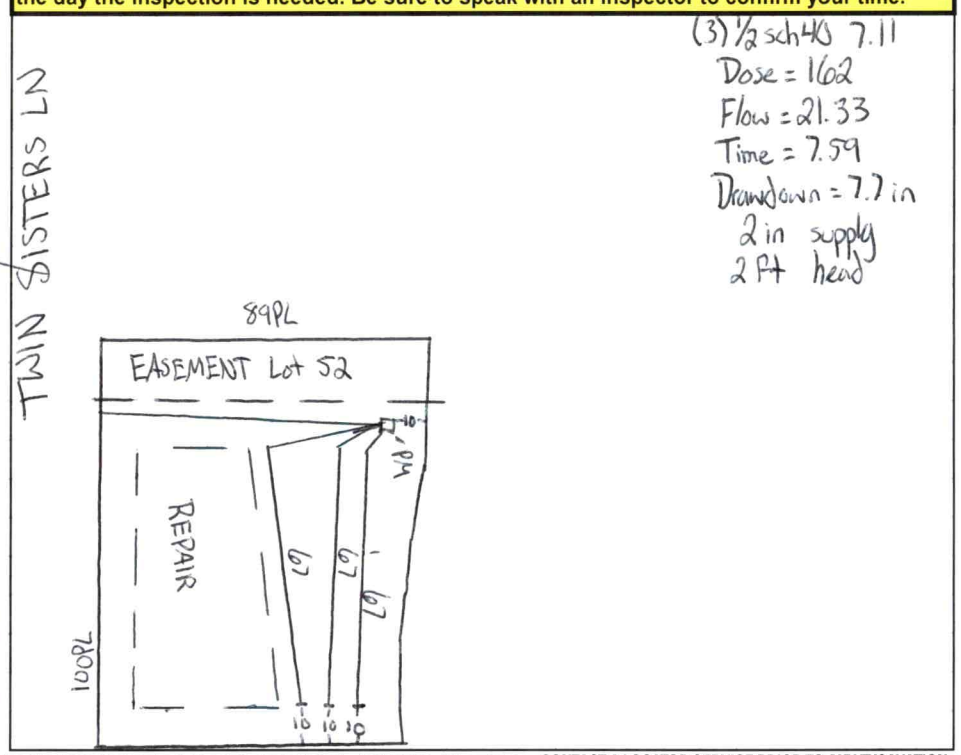
INITIAL SITE SKETCH



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.

(3) ½ sch40 7.11
Dose = 162
Flow = 21.33
Time = 7.59
Drawdown = 7.7 in
2 in supply
2 Ft head



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: Online Signature | Date: | Installed by:

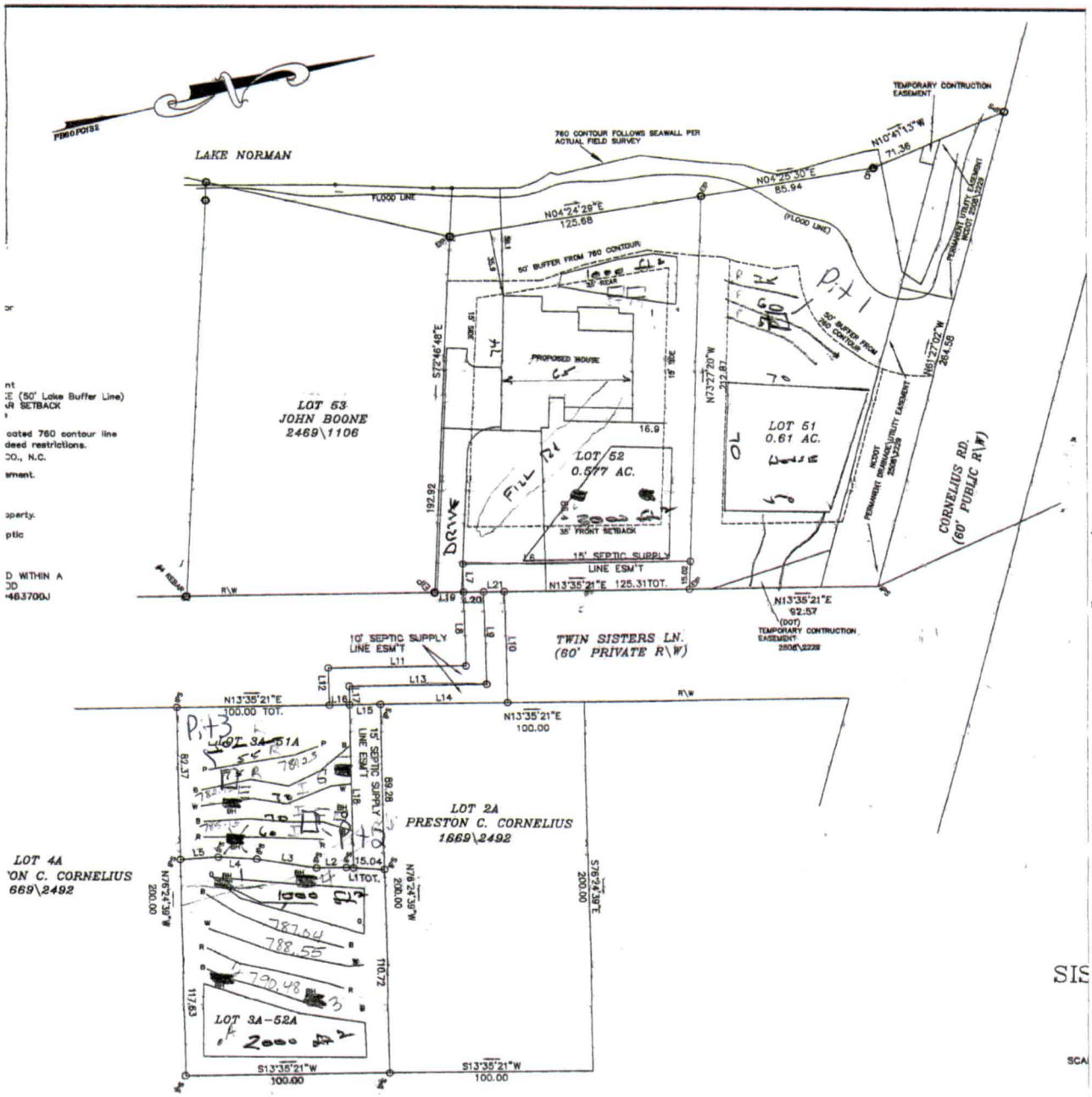
IMPROVEMENT PERMIT by: Cory Whit | Date: 12/20/22 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Cory Whit | Date: 12/20/22 | 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	12-28-2022	BCW
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? _____	



ATES P. A.

* Multi-Family
Topographical

ville , N.C. 28117
Fax

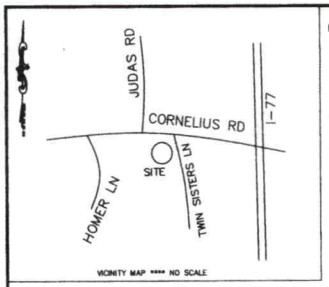
LEGEND

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

1"=50'

FILE : SISTERS COVE 52 .D

Doc ID: 016010820001 Type: ORP
Recorded: 11/09/2017 at 08:40:21 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 67 PG 72



VICINITY MAP **** NO SCALE

IREDELL COUNTY, NORTH CAROLINA

THE LOTS SHOWN ON THIS PLAT TO THE BEST OF MY KNOWLEDGE LIES WITHIN THE WS-IV CRITICAL AREA OF CATAWBA\LAKE NORMAN WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

11-9-17 DATE — Willis M. Allen SUBDIVISION ADMINISTRATOR

I, HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

Willis M. Allen 11-9-17
SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, William M. Arrowood, REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

11-9-17 DATE — Willis M. Allen REVIEW OFFICER

NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Tax Parcel LOT 51 (4648576943) DB. 2458 PG.46
LOT 52 (4648576822) DB.2458 PG.46
LOT 3A (4648578537) DB.1669 PG.2492
3) Property zoned: RA and all surrounding area.
4) Minimum Building Setback Per County Zoning: 35' Front
50' LAKE SETBACK & BUFFER FROM 760 CONTOUR
35' REAR SETBACK FROM PROPERTY LINE
15' Side
25' CORNER SIDE

NOTE 50' Lake Buffer Line based on actual field located 760 contour line
NOTE Iredell county does not enforce or interpret deed restrictions.

5) The property is located in DAVIDSON TWSP., IREDELL CO., N.C.
6) All lots are subject to a 10' Utility and Drainage Easement. 10 feet on each side of the property line.
7) No geodetic monument found within 2000' of said property.
8) Sole purpose of this plat is to record the supply line easement for septic for lot 51 & 52 Sisters Cove Phase III and add a landscape easement and divide lot 3A into two septic lots.
9) A PORTION OF THE SUBJECT PROPERTY IS LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA ACCORDING TO FLOOD INSURANCE RATE MAP – COMMUNITY PANEL #3710463700J EFFECTIVE DATE: 03/18/2008

THIS SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION.

PROFESSIONAL LAND SURVEYOR

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 17°52'32" W	18.88'
L2	S 13°34'41" W	14.55'
L3	S 23°49'10" W	29.50'
L4	S 17°41'13" W	19.11'
L5	S 10°15'41" W	18.76'
L6	N 13°35'21" E	111.89'
L7	S 76°24'39" E	15.00'
L8	S 76°24'39" E	40.00'
L9	S 76°24'39" E	50.00'
L10	S 76°24'39" E	60.00'
L11	S 13°35'21" W	67.35'
L12	N 76°24'39" W	20.00'
L13	S 13°35'21" W	67.35'
L14	S 13°35'21" W	62.35'
L15	S 13°35'21" W	15.00'
L16	S 13°35'21" W	10.00'
L17	N 76°24'39" W	10.00'
L18	N 76°24'39" W	88.16'
L19	N 13°35'21" E	14.20'
L20	N 13°35'21" E	10.00'
L21	N 13°35'21" E	10.00'
L22	S 61°26'48" E	88.52'
L23	N 28°33'12" E	20.00'
L24	N 13°35'21" E	149.85'
L25	N 76°24'39" W	20.00'

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

Sisters Cove Lot 51 & 52
The entire wastewater sewage system shall be on property owned or controlled by the person owning or controlling the system. Necessary easements, right or ways, or encroachment agreements, as applicable, shall be obtained prior to the issuance of a construction authorization for the system installation or repair. Terms of the easement, right-of-way, or encroachment agreement shall provide that the easement, right-of-way, or encroachment agreement:
(1) Is appurtenant to specifically described property and runs with the land and is not affected by change of ownership or control;
(2) Is valid for as long as the wastewater system is required for the facility that is designed to serve;
(3) Describes and specifies the use being granted and shall include ingress and egress, system installation, operation, maintenance, monitoring, and repairs;
(4) Specifies by metes and bounds description or attached plat, the area or site required for the wastewater system and appurtenances including a site for any required system replacement; and
(5) Shall be recorded with the register of deeds in the county where the system and facility located

History note: Authority G.S. 89C; 89F; 90A; 130A-335(f);
Eff. July 1, 1982;
Amended Eff. January 1, 1990; April 1, 1996; (704)
Temporary Amendment Eff. January 20, 1997;
Amended Eff. November 1, 1999; August 6, 1998.

GRAPHIC SCALE
40 0 20 40 80 160
(IN FEET)
1 inch = 40 ft.

SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK ____, PAGE ____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000, (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ____ PAGE ____); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 6 DAY OF Nov. A.D. 2017.

PROFESSIONAL LAND SURVEYOR
L-3499
REGISTRATION NUMBER

LOT : (SEAL)
OFFICIAL SEAL

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

OWNER CERTIFICATE FOR EXCEPTION PLATS

KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

11/9/2017 DATE — OWNER /MEMBER/MANAGER
11/8/2017 DATE — HOA
11/8/2017 DATE — OWNER : C. PRESTON CORNELIUS

NORTH CAROLINA
IREDELL COUNTY
I, Jenna DuBois
A NOTARY PUBLIC FOR SAID COUNTY AND STATE
DO HEREBY CERTIFY THAT ERIC WOOD MEMBER/MANAGER FOR SC HOLDINGS LLC & C. PRESTON CORNELIUS & ERIC WOOD FOR SISTERS COVE HOMEOWNERS ASSOC. INC.
OWNER(S) PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL, THIS 8 DAY OF November 2017.

NOTARY PUBLIC
MY COMMISSION EXPIRES: Nov. 1, 2021

REVISED RECORD PLAT
OF
SISTERS COVE PHASE III
LOT 51 & 52
(PB. 67 PG. 68)
CORNELIUS SUBDIVISION
LOT 3A
(PB. 16 PG. 80)

DAVIDSON TWSP., IREDELL CO., N.C.
SCALE: 1" = 40' DATE SURVEYED: OCTOBER 5, 2017
DATE PLATTED: NOV. 6, 2017

(LOT 51 & 52)
OWNER : SC HOLDINGS LLC
PO BOX 3965
MOORESVILLE, NC 28117

(LOT 3A)
OWNER : C. PRESTON CORNELIUS
2027 CHARLOTTE HWY
MOORESVILLE, NC 28117

(TWIN SISTERS LN.)
OWNER : SISTERS COVE HOMEOWNERS ASSOCIATION INC.
PO BOX 3965
MOORESVILLE, NC 28117

FILE : SISTERS COVE 52 .DWG

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 , N.C. 28117
(704) 664-7029 (704) 664-8041 Fax
DASSURVEY@WINDSTREAM.NET

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Nest Homes
APPLICATION DATE 11/8/22
ADDRESS: PO Box 3965 Mooresville
DATE EVALUATED: 12/13/22
PROPOSED FACILITY: 3 bdr home
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: .614 acres
LOCATION OF SITE: 104 Twin Sisters Ln
PROPERTY RECORDED: yes
WATER SUPPLY: X Private Public Well Spring Other
EVALUATION METHOD: Auger Boring X Pit Cut
TYPE OF WASTEWATER: X Sewage Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 5%	0 - 8	FILL		-	52	-	-	PS .3
		8 - 38	C ABK	SS SP FR SE					
		38 - 52	CL ABK	SS SP FR SE					
2	Linear 8%	0 - 16	SCL SBK	SS SP FR SE	-	55	-	-	PS .3
		16 - 40	C SBK	SS SP FR SE					
		40 - 55	CL SBK	SS SP FR SE					
3	Linear 10%	0 - 12	SCL SBK	SS SP FR SE	-	50	-	-	PS
		12 - 40	C ABK	SS SP FR SE					
		40 - 50	CL SBK	SS SP FR SE					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	50%
Site LTAR	.3	.3

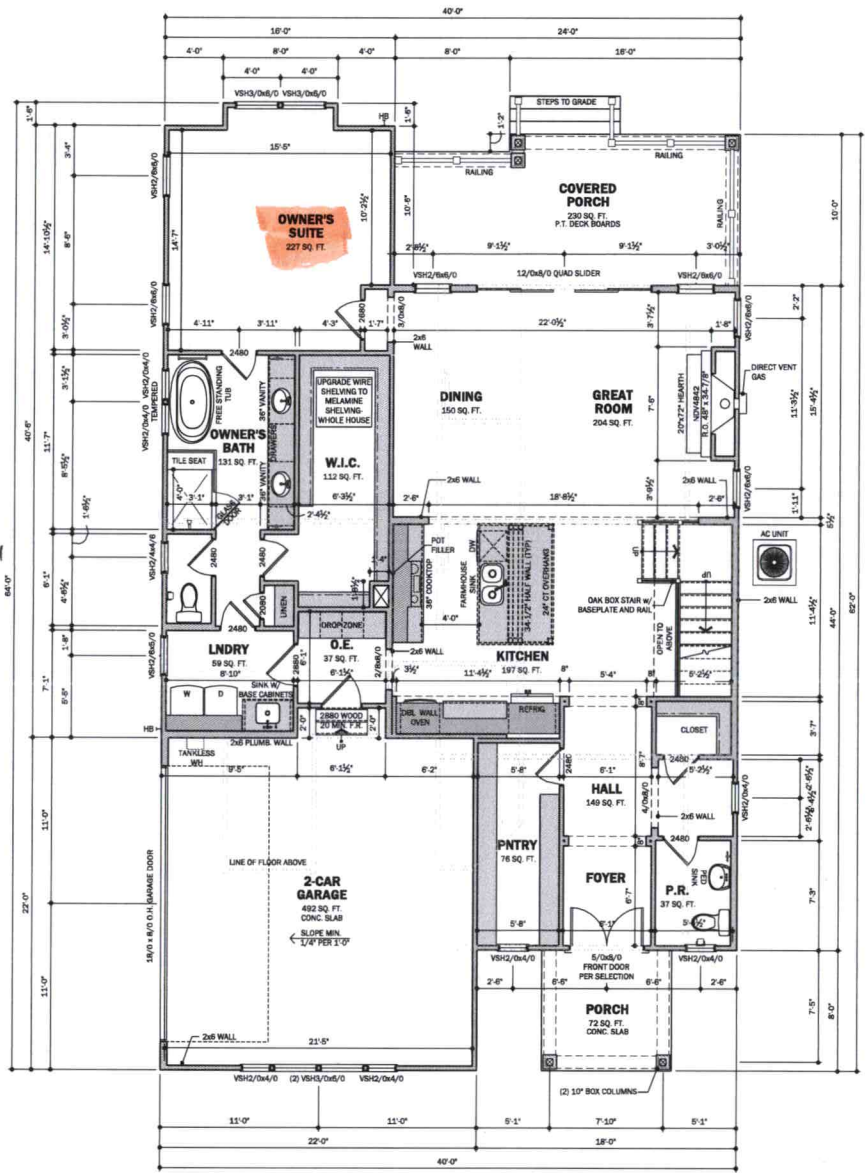
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT:

COMMENTS:

Cory Wirth 12/15/21

40'

Heather Peaks



40'6"

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
1/4 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. ON FRONT ELEVATION ONLY, 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 8.50/10

8. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 16d x 3½" COMMON NAILS (3¼"x 0.162") OR 16d x2½" (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 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.
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 "#J" OR "#K" 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

238 Raceway Drive Suite 7
Mooresville, NC 28117
PH: 704-208-4251
www.nesthomes.com

Township/County
DAVIDSON TWSP
IREDELL COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC.#C-3118
704-335-7200

Stamp/seal

Project name/owner
BLUE HERON
SISTERS COVE
LOT 51
ADDRESS LINE 1
ADDRESS LINE 2

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Date
September 23, 2021

Drawn by
MCN

Reviewed by
MCN

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

Project/plan code
—

Drawing set
FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN

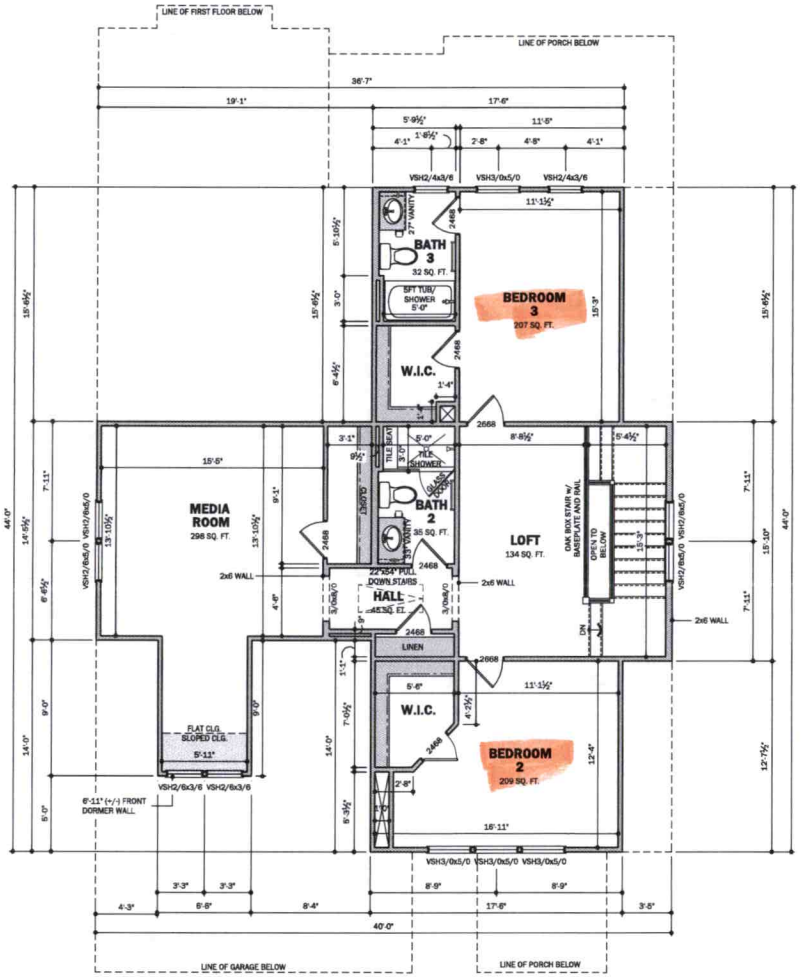
Sheet no.
A3.0

Master plan version
v1.0

C:\Users\MarioCastillo-Nova\OneDrive - Nest Homes\Desktop\TEMPORAL CON NUEVOS PROYECTOS\SC51_BLUE HERON_LH_CS_11092021.dwg Plot Date: Tuesday, November 9, 2021 11:44:16 AM Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0"
Plotted by:Mario Castillo-Nova

Comp Unit 12/15/21

Heather Poston



SECOND FLOOR PLAN

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

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. 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.T.R" INDICATES "TIE (CEILING JOIS) TO RAFTER WITH FOUR 3"X0.131" 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) 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

6. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 16d x 3½" COMMON NAILS (3½"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.
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)-2X8 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 5'-6" ..... 2 JACK, 2 KINGS
SPANS >5'-6" TO 8'-6" ..... 2 JACK, 3 KINGS
SPANS >8'-6" ..... SEE PLAN
11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

238 Raceway Drive Suite 7
Mooresville, NC 28117
PH: 704-208-4251
www.nesthomes.com

Township/County
DAVIDSON TWSP
IREDELL COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1948 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC.#C-3118
704-335-7200

Stamp/seal

Project name/owner
BLUE HERON
SISTERS COVE LOT 51
ADDRESS LINE 1
ADDRESS LINE 2

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Date
September 23, 2021

Drawn by
MCN

Reviewed by
MCN

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

Project/plan code
—

Drawing set
FOR CONSTRUCTION

Sheet title/description
SECOND FLOOR PLAN

Sheet no.
A3.1

Master plan version
v1.0

C:\Users\MarioCastillo-Novio\OneDrive - Nest Homes\Desktop\TEMPORAL CON NUEVOS PROYECTOS\SC51_BLUE HERON_LH_CS_11092021.dwg Plot Date: Tuesday, November 9, 2021 11:44:17 AM Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0"
Plotted by:Mario Castillo-Novio

RECEIVED DEC 14 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-323120

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: 104 Twin Sisters Lane

Subdivision Name: Sisters Cove **Section/Phase:** **Lot Number:** 51

Driving Directions: I-77 to Exit 36(Hwy150) - West on Hwy 150 to Right on Bluefield Rd, Bluefield Rd to Cornelius Rd.
West on Cornelius Rd. Twin Sisters Lane - Left.

****

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

CHECK FOUNDATION TYPE

(x) New Single Family Residence — Maximum Number of Bedrooms: 3 — (x) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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: Heather Poston 12/10/2021

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

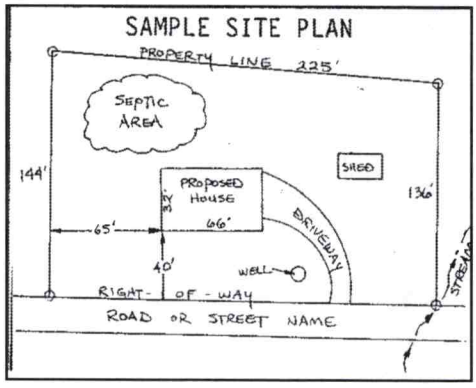
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Heather Poston — 12/10/2021

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

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

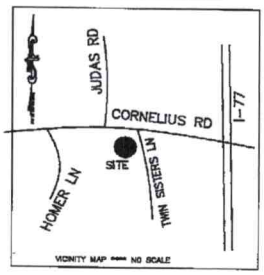
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2458, page 46, and/or plat book 67, page 72, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 24, day of AUGUST, A.D. 20 21.

REVISED: 9\17\21 (SIDE LOAD GARAGE LEFT)
REVISED: 11\15\21 CHECK NEW PLANS

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



CONC. CALCULATION
DRIVEWAY = 1504 SF
SIDEWALK = 212 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.

R\W

0' 20' 40' 100'
SCALE IN FEET

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

PLOT PLAN SURVEY

OF
104 TWIN SISTERS LANE
LOT 51 SISTERS COVE PHASE III

SCALE 1" = 40'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: SISTERS COVE 51
DC FILE:
TAX MAP NO: 4648576943

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

(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 104 Twin Sisters Lane, identified as

PIN (Parcel Identification Number) 4648576943.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Heather Poston, 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
Signature of Owner(s)

12/10/2021
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

HP **Complete all Environmental Health forms**:
- X Application
- X Site Plan with dimensions of proposed structure, addition, pool etc.
- X Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- X Copy of Zoning Permit when applicable
- X Sign this sheet after you have completed all items

HP **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

HP **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

HP **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

HP If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Heather Poston **Date** 12/10/2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625