ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3825 (CW) | PERMIT # 303983

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

PIN # 4658881707

APPLICANT/OWNER: Nest Communities, LLC | APPLICANT ADDRESS: 236 Raceway, Suite 7, Mooresville NC 28117

SITE ADDRESS: 107 Collins Grove Court Mooresville NC 28117 | PHONE: 704-208 4251 | ALT. PHONE: —

SITE DIRECTIONS: Hwy 21 North New Road on Right Past Shinnville Rd | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Collins Grove | SECTION: — | LOT # 1 | LOT AREA: .783 + offsite | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank 1000 (gal) | STB | Date 7/10

Pump Tank 1000 (gal) | PT 363 | Date 7/31

Pump Make Barnes | Model EHHS 12 | Serial # 1446668

Nitrification Fields 1 | # Lines 4 | Linear Ft 300

Trench Width 36 | Trench Bottom Depth (low side) 36 max | Gravel Depth —

☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI

System Description: Pressure manifold -25% Reduction

Repair System Description: LPP - Pond Block 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence | No. Bedrooms 3

☐ Business | No. Persons 6

☐ Other | No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System is pumped offsite. Install Septic Drainlines on the contour of the land & utilize Pressure manifold. Sleeve at Bldg Pressure line under Road 30 mins. Install Ditch 25Lf away from Reserve Area & Promote Positive Drainage

Taps: 1/2 Sch 40 @ 7.11 gpm = 28.44 gpm Flow

136 gallon Dose 6.5 inch Drawdown

INITIAL SITE SKETCH

1=60'

possible well

pl 166

Mailbox Easement

pin

15

Manifold

124

pl 109

Promote Positive Drainage

	Date	Initials
Drain Lines Checked	CW	
Tanks Checked	CW	
Pressure Manifold or Valve Box Checked + Supply Line	JB	9/10/21
Pressure Head Set	CW	10/8/21
Electrical Checked	CW	
Floats Set	CW	
Alarm Checked	CW	
Maintenance Contract Y (N)	not Required	
Comments:		

AS BUILT SKETCH

+ Easement + Property Recorded Prior to A/C +

PM + Supply line 9.10.2021 JB

Drainlines ✓

Tanks ✓

15 75 75 75 75 15 15 pl 69 pl 109 12

House

10 11 23 +

5' 8'

13 21 76 76 76 76

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: 3/5/2021

IMPROVEMENT PERMIT by: [signature] Date: 3/5/2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3/5/2021

Installed by: Specialty Septic Date: 10/8/21

RATION PERMIT by: Cory Date:

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 303983.

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

PIN #

APPLICANT/OWNER: Nest Communities, LLC APPLICANT ADDRESS: 236 Raceway, Suite 7, Mooresville NC 28117.

SITE ADDRESS: 107 Collins Grove Court Mooresville NC 28117 PHONE: 704-208 4251 ALT. PHONE —

SITE DIRECTIONS: Hwy 21 North New Road on Right Past Shinnville Rd SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Collins Grove SECTION: — LOT # 1 LOT AREA: .783 + offsite DESIGN FLOW: 360 L.T.A.R.: .30

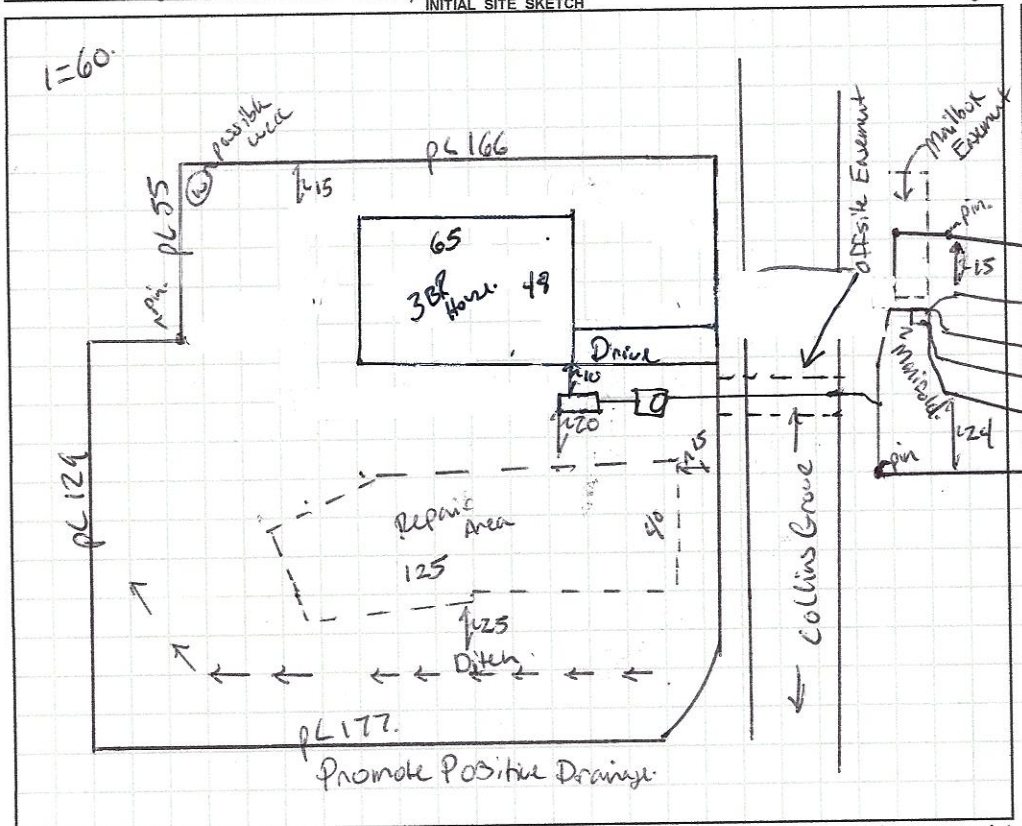
Septic Tank	1000	(gal)	STB		Date	7/10	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	303	Date	7/31	System Description:	Pressure manifold -25% Reduction			
Pump Make	—		Model		Serial #		Repair System Description:	LPP - Panel Block 50% Reduction			
# Nitrification Fields	1	# Lines	4		Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth (low side)	30 max		Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

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

Comments / Conditions: System is pumped offsite. Install Septic Drainlines on the contour of the land + utilize Pressure Manifold. Sleeve or Bury Pressure line under Road 30 mins. Install Ditch 25ft away from Repair Area + Promote Positive Drainage

Taps: 1/2 sch 40 @ 7.11 gpm = 28.44 gpm flow
136 gallon Dose 6.5 inch Drawdown

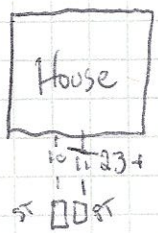
INITIAL SITE SKETCH

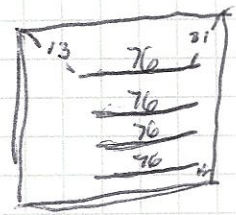


AS BUILT SKETCH

+ Easement + Property Recorded Prior to A/C +

Drainlines ✓
Tanks ✓





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: 3/5/2021 Installed by: _____

IMPROVEMENT PERMIT by: Benjamin A Butler Date: 3/5/2021 RATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Benjamin A Butler Date: 3/5/2021 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 2
PROPERTY ID #: Enclave
COUNTY: C

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

Lot 1

OWNER: V&T Communities
ADDRESS: 236 Racing Drive. Site 7
PROPOSED FACILITY: ~~3 BR~~ 3 BR
LOCATION OF SITE: Collins Grove
APPLICATION DATE: 1-23-20
DATE EVALUATED: Feb 2020
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: NA
PROPERTY RECORDED: NO

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-15	Fill	—		60			Remove Fill. PS .30
		15-35	SC WSBK	" "					
		35-60	CL WSBK	" "					
2		0-15	Fill	—		60			PS .30
		15-34	SC WSBK	" "					
		34-60	CL WSBK	" "					
3	OFFSite Access Rd.	0-5	SC	" "		60		Yellow Heavy Lithomottled	PS .30
		5-28	C SBK	SS SP FR SEXP					
		28-60	CL WSBK	SS SP FR					
4	" "	0-7	Fill	—		60			PS .30
		7-22	SC	" "					
		22-40	C	/					
		40-60	CL	/					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 sq. ft.	200 sq. ft.
System Type(s)	III 25%	IV 50%
Site LTAR	.30	.30

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

COMMENTS:

SOIL/SITE EVALUATION

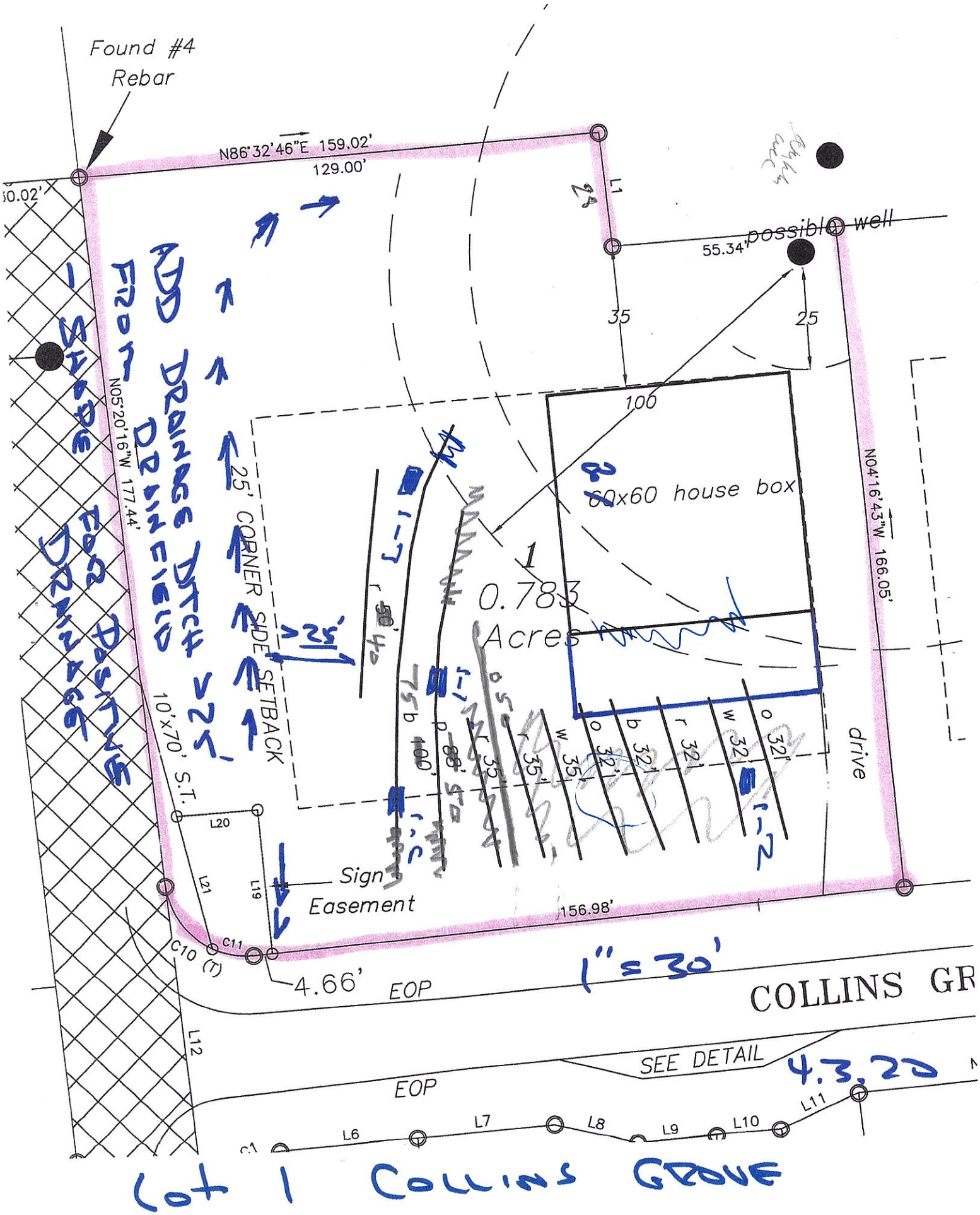
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: N/A
DATE OF EVALUATION: 8/20/Feb
COUNTY: Lincoln

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1-6		0-15	SCL wSBC	SS SP FR SEAP	2.5YR 4/6	55	—	—	PS 30
		15-38	C ABK/SBK	SS SP FR					
		38-55	CL wSBK	SS SP FR					
1-7		0-8	SCL wSBK	SS SP FR SEAP		56	—	—	PS 30.
		8-33	C SBK/ABK	SS SP FR					
		33-56	CL wSBK	SS SP FR					
1-5		0-11	FRC	—		55	—	—	PS 80.
		11-20	SC wSBK	SS SP FR SEAP					
		20-41	C SBK	SS SP FP					
		41-55	CL wSBK	S P V FR					
		55-70	LSap M	WS NP V FR					

COMMENTS:


Found #4
Rebar
N86°32'46"E 159.02'
129.00'
L1
24
possible well
55.34'
35
25
100
60x60 house box
1
0.783
Acres
N04°16'43"W 166.05'
N05°20'16"W 177.44'
25' CORNER SIDE SETBACK
>25'
10'x70' S.T.
L20
L21
L19
Sign
Easement
156.98'
C11
C10 (T)
4.66'
EOP
1" = 30'
COLLINS GR
SEE DETAIL
4.3.22
EOP
L12
L6
L7
L8
L9
L10
L11
drive
r 50'
r 35'
w 35'
o 32'
b 32'
r 32'
w 32'
o 32'
100'
88' STD
Lot 1 Collins Grove

Lot 1 onsite

1-6

0-15 SCL
15-38 C ABK/SBK, 2.5YR 4/6
38-55 CL

Lot 6 months. PS .30

1-7

0-8 SCL
8-33 C ABK/SBK
33-56 CL

Lot 6 months PS .30

Lot 1 - Primary offsite

360- -300 ~~Ot~~ - Easement/Encroachment + Recorded

Repair Area ~~to~~ Encroachment

I P.

4e 75

State 15 Lin Accessible

$500.00 1-30-2020 AP-303983

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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 Communities, LLC **Address:** 236 Raceway, Suite 7, Mooresville, NC **Zip:** 28117

Applicant Email: dhughes@nesthomes.com **Phone:** (704) 208-4251 **Alt. Phone:**

Owner Name: same as above **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 107 Collins Grove Court

Subdivision Name: Collins Grove **Section/Phase:** **Lot Number:** 1

Driving Directions: Highway 21 North, new road on right past Shinnville Road.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 2002

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: 1-23-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

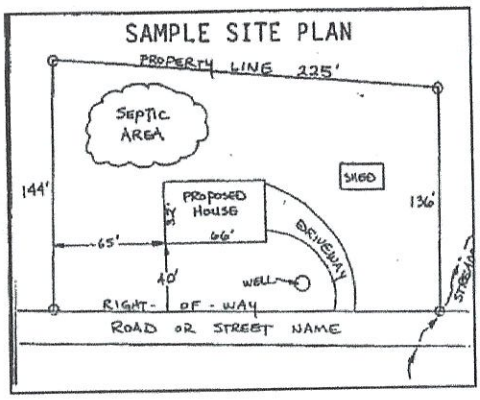
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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

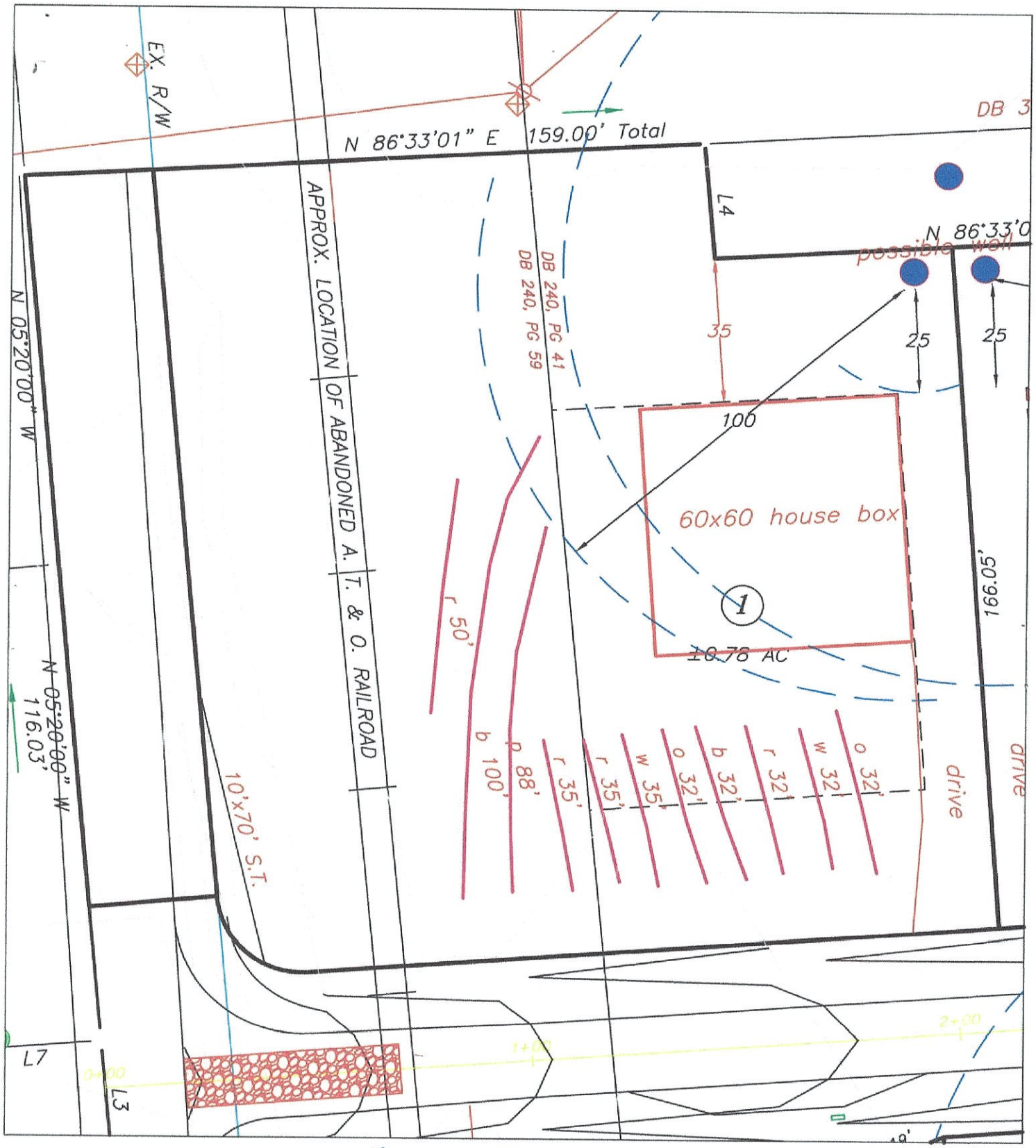
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached site plan.

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-23-1920
DATE



Nest Communities, LLC Collins Grove Septic Site Plan 1-23-20

*base site plan from Latham-Walters Engineering, Inc. Preliminary Plat. Field lot staking by Patterson Land Surveying
*proposed septic lines approximately sketched on site plan by Penninger Soil Consulting, PLLC. Refer to actual flag locations in field.
*soils and proposed septic systems and well locations must be approved and permitted by the Iredell County Env. Health Department.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Nest Communities, LLC, am the legal owner(s) of the property located at Collins Grove Court - Lots 1-8, identified as

PIN (Parcel Identification Number) 4658884711.000, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Paul Penninger / Penninger Soil Consulting _____, 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.

_____ 1-6-20
Signature of Owner(s) 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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303983
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4658884711.000	~~247177~~ CHARLOTTE HWY 107	Iredell County

Owner Information	Applicant Information
Name: NEST COMMUNITIES LLC	Name: NEST COMMUNITIES LLC
Address: P O BOX 3965	Address: P O BOX 3965
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD - 107 CHARLOTTE HWY

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 01/09/2020

Signature of Owner/Contractor

Permit Number	303983	TOTAL FEES:	$77.25

Central Permitting
Please UPDATE Review Checklist once:
✓ Balance Paid 01/17/20 $700.00 due
✓ Permit Signed
____ Floor Plans Signed

RECEIVED FEB 19 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Intermediate

AP-303983

$320.00

Application For:

(X) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:** P.O. Box 3965, Mooresville, NC **Zip:** 28117

Applicant Email: jdubois@nesthomes.com **Phone:** 980-500-1239 **Alt. Phone:**

Owner Name: R & B Enterprises of Salisbury, Inc. **Address:** 675 Gupton Drive, Salisbury, NC **Zip:** 28147

Owner Email: jdubois@nesthomes.com **Phone:** 980-500-1239 **Alt. Phone:**

Property Information:

Street Address: 107 Collins Grove Court, Mooresville, NC 28115

Subdivision Name: Collins Grove **Section/Phase:** **Lot Number:** 1

Driving Directions: Hwy 21 North, New Road on right past ShinnvilleRoad

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) 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: _____ 1/13/21

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

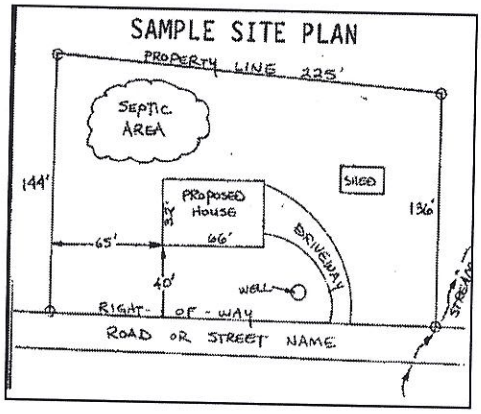
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

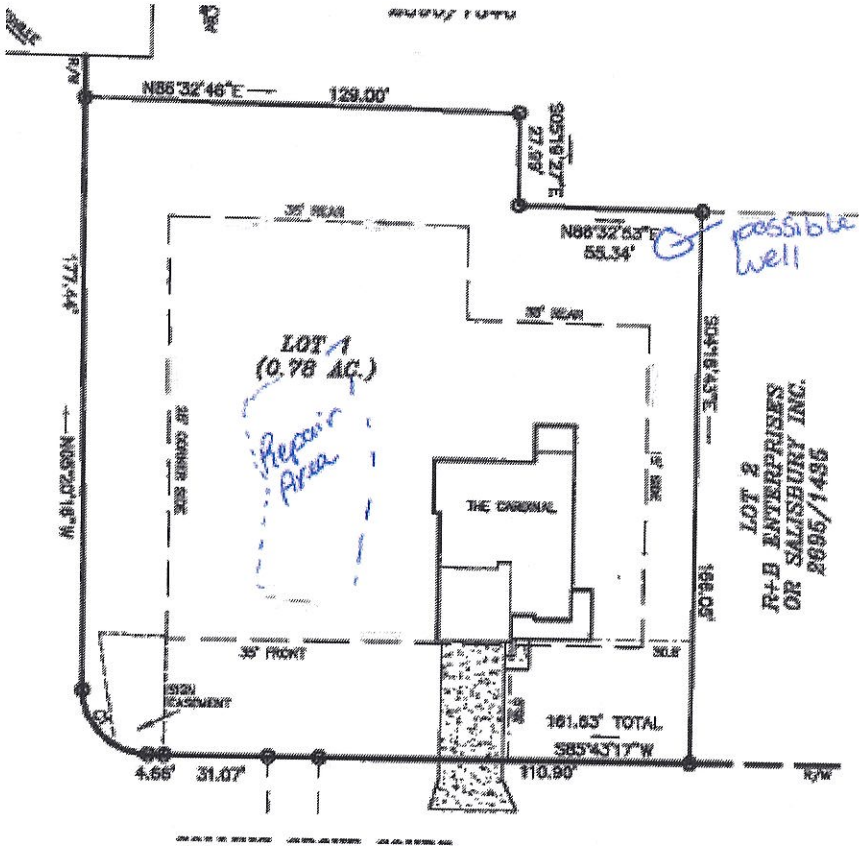


Circle N/A on the following if appropriate:

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



Signature: _____

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

1/13/21

DATE

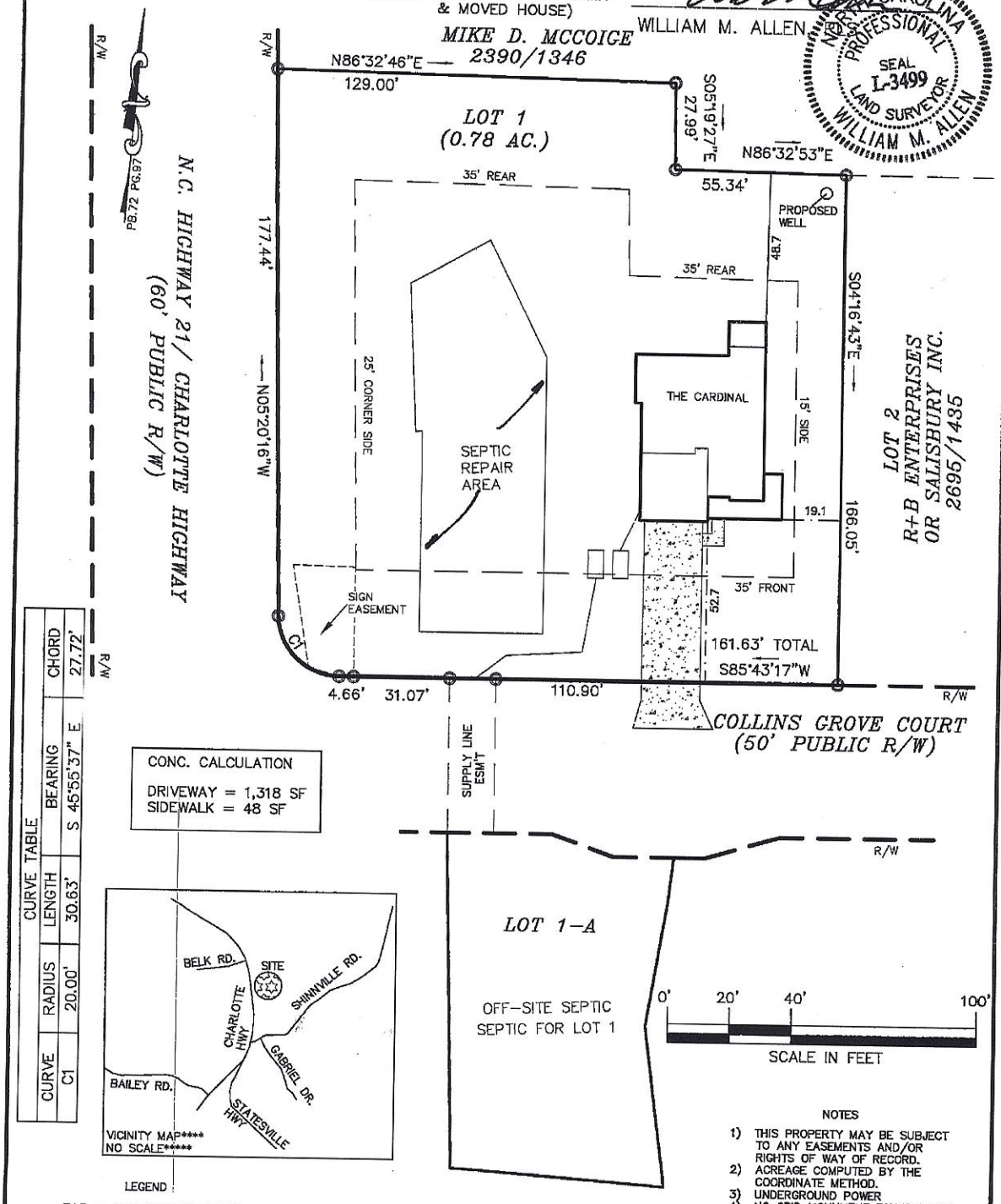
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive -- Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2695, page 1435, and/or plat book 72, page 97, 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 30, day of DECEMBER, A.D. 20 20.

REVISED : FEB. 8, 2021 (ADDED SEPTIC PERMIT & MOVED HOUSE)

WILLIAM M. ALLEN

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



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	20.00'	30.63'	S 45°55'37" E	27.72'

CONC. CALCULATION

DRIVEWAY = 1,318 SF
SIDEWALK = 48 SF

LEGEND

E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

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.
5) SETBACKS SHOWN PER PLAT (PB.72 PG.97)
   FRONT: 35'
   SIDE: 15' ; 25' AT CORNER
   REAR: 35'

PLOT PLAN SURVEY

OF

107 COLLINS GROVE CT.

LOT 1 COLLINS GROVE SUBDIVISION

CODDLE CREEK TWSP., IREDELL CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: NEST HOMES LLC.

FIELD BOOK: -
FILE: COLLINS GROVE 1.DWG
DC FILE:
TAX MAP NO: 4658881707

ICHD – Environmental Health Division

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

PRIVATE DRINKING WATER WELL PERMIT PIN # 4658-88-1707 PERMIT # 303983

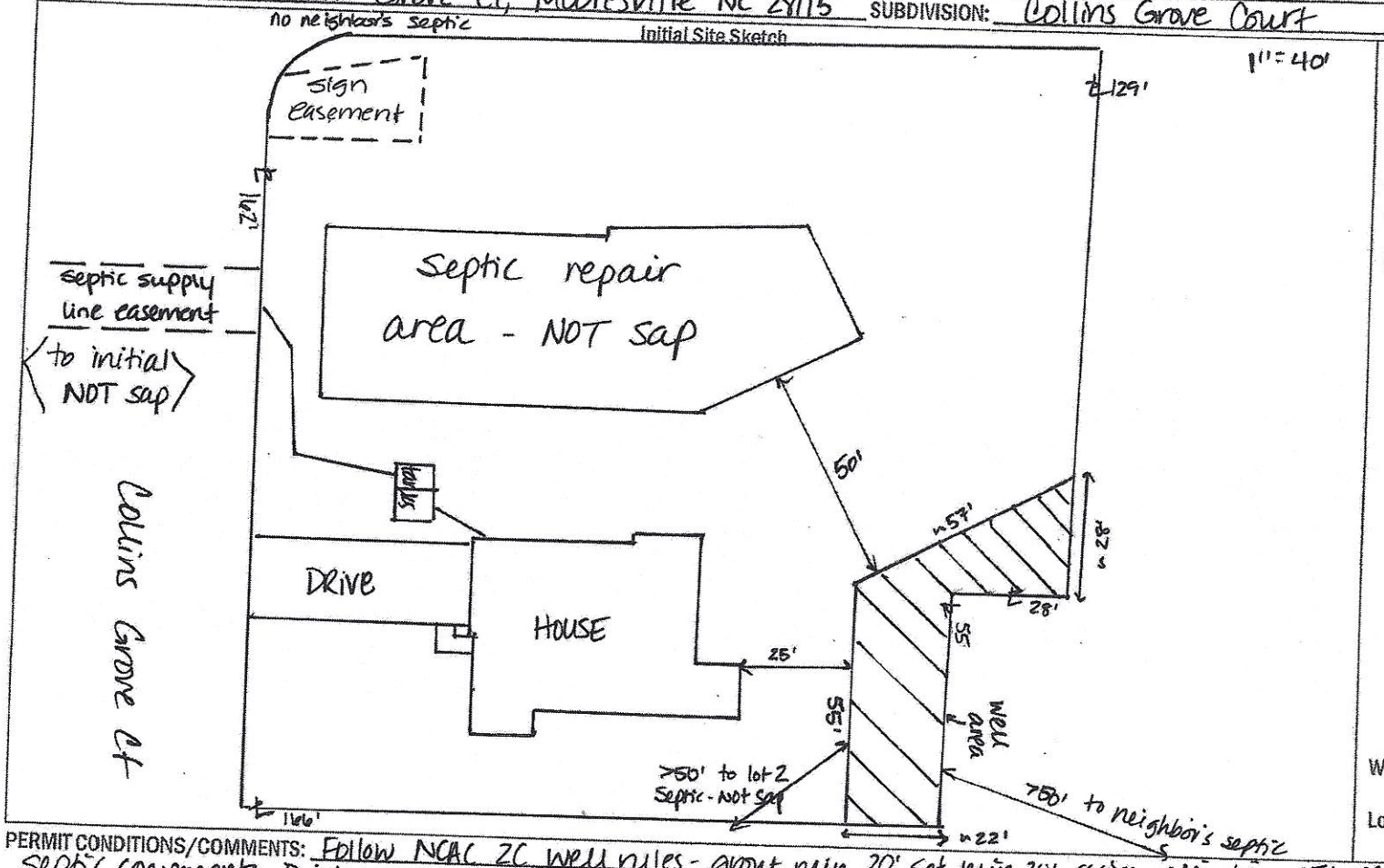
APPLICANT/OWNER NAME: Nest Homes, LLC ADDRESS: PO Box 3965, Mooresville, NC 28117

Type of Permit (circle one): (New) Repair Abandonment

DIRECTIONS TO SITE: (N) on NC 21 → (R) Collins Grove (1st road North of Shinnville) → lot on (L) PHONE: 980-500-1239

SITE ADDRESS: 107 Collins Grove Ct, Mooresville NC 28115 SUBDIVISION: Collins Grove Court SECTION/LOT: 1

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow NCAC 2C well rules - grout min 20', set min 20' casing. Maintain 25' off structures, 50' off septic components. Drill in well area. No known contaminant release w/in 1000'.

WELL PERMIT ISSUED BY: D. Wieberg DATE: 2/8/21 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-864-3703 to schedule grout or well head inspections between 8-9am

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number) 4658883708.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jenna DuBois, 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

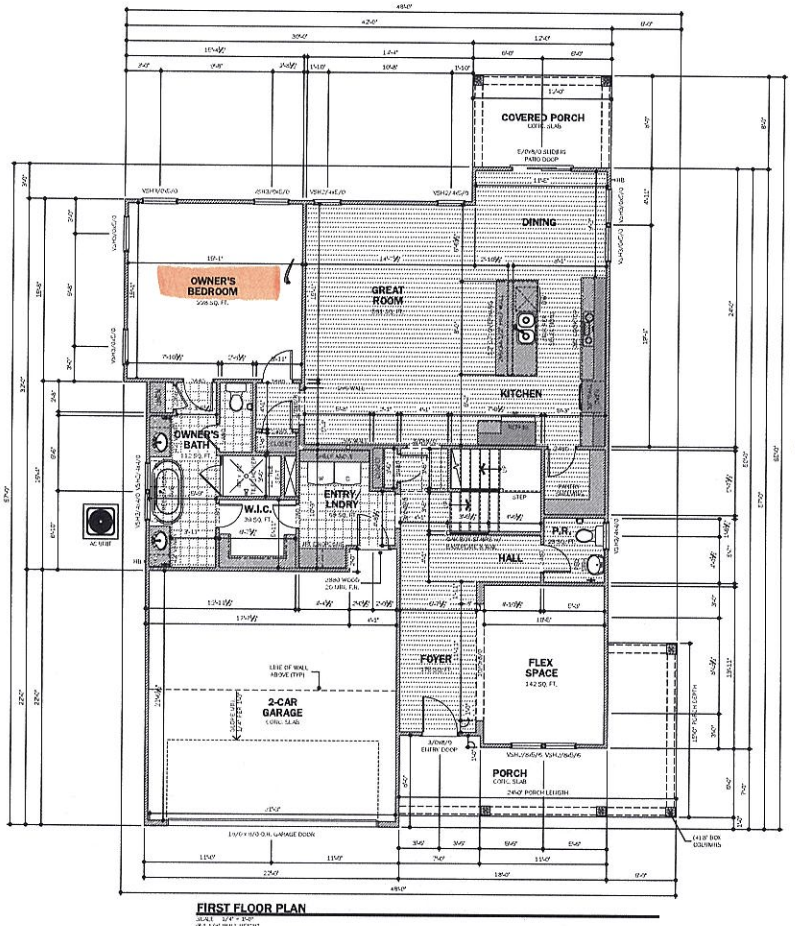
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 10/23/20

Signature of Owner(s) 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



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
9'-1 1/4" 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 < 12'-0"	2x6 @ 16" O.C.
h > 12'-0"	CONSULT ENGINEER

I-JOIST NOTES

FRAMING CONSTRUCTION NOTES:

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED OSB WALL SHEATHING RATED TO RESIST AT 6" O.C. ALONG THE EDGE AND 12" O.C. AT INTERMEDIATE FRAMING. BLOCK AND NAIL ALL PANEL EDGES, OTHERWISE ELEMENTS ONLY. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE IRC, IT WAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACED ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS.

1. HEADERS ARE DESIGNED TO BE CONTINUOUSLY SUPPORTED ALONG ENTIRE LENGTH BY FULL BEARING WALLS, BEAMS OR POSTS. SEE PLANS FOR ALL NOTES AND DETAILS.
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 SPRUCE UNLESS OTHERWISE NOTED ON THE PLANS.
5. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE CENTERED TO ALIGN WITH LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
6. ALL WALLS UP TO 10'-0", TALL SHALL BE 2X4 SPRUCE @ 16" O.C. U.N.O. ON PLANS OR THE PLANS. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(5) OF THE CODE OR AS NOTED ON THE PLANS.
7. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING IS NOT BEARING. 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) 1 3/4" X 9 1/4" LVL	HUS 1.81
(2) 1 3/4" X 11 7/8" LVL	HUS 1.12
(2) 1 3/4" X 14" LVL	HUS 1.12
ALL TRIPLE LVLs	HHUS 5.5/9.5/9

8. NAIL - FILL ALL OF THE HOLES IN HANGERS WITH 10d X 1 1/2" LONG NAILS (0.148" DIA) OR 16d X 2 1/2" LONG (0.162") NAILS, UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR NOTCH THE NAILS OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10D X 1 1/2" NAILS IN HANGERS UNLESS OTHERWISE NOTED ON THE PLANS OR IF SITUATION IS WHERE ONLY 1" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
9. STEEL BEAMS MUST HAVE (EACH END) KNEE BRACE AT SUPPORT UNLESS NOTED OTHERWISE.
10. "DBL" AND GIRDER BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL POINT LOADS 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 RAFTERS, BEAM SUPPORTS AND TRIPLE WOOD OR STEEL GIRDER BEAMS SHEATHING ALONE BLOCK AND EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SPLASH BLOCKS (LBL) OF EQUAL THICKNESS TO CONCRETE ABOVE BETWEEN JOIST FLOOR & FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND HEADER BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF DISTRIBUTING A CONCENTRATE POINT LOAD FROM LAM AND STEEL BEAMS OR WHERE "LBEAMS BEARING ON THE PLAN.
12. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 10" LONG TRUSS LOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOOT PLY LVLs WITH TWO ROWS OF 10" TRUSS LOK SCREWS @ 24" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE LOWER LEVEL BE LOCATED A MINIMUM OF 3" AND A MAXIMUM OF 9" FROM THE TOP OR BOTTOM OF THE BEAM.
13. FASTEN FIRST & RIM JOIST TO SUMMER HEADER WITH AT LEAST THREE 16d (3.5") NAILS IN EACH PLY.
14. JACK AND KING STUD SCHEDULE AT WALL OPENINGS

TO BE INSTALLED AT EACH END OF HEADING UNLESS OTHERWISE NOTED. "KS" OR "KING" ON PLANS

SPANS UP TO 3'-0"	1 KING, 1 JACK
SPANS 3'-0" TO 5'-0"	1 KING, 2 JACKS
SPANS 5'-0" TO 6'-0"	2 KING, 2 JACKS
SPANS 6'-0"	SEE PLAN

(c) 2019 copyright notice Arel Homes, Inc. all rights reserved. These plans are the property of Arel Homes, Inc. and are protected by law. Unauthorized use, copying, or distribution of these plans is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or disclosed, in whole or in part, except as otherwise authorized from Arel Homes.

Township/County: TOWNSHIP COUNTY

Engineer: INTELLIGENT DESIGN ENGINEERING, 1045 J M PEASE PLACE #204, CHARLOTTE, NC 28262, CHAD RITTER, P.E., CORPORATE LIC.#C-4318, 704-535-7200

Stamp/seal

Project name/owner: THE CARDINAL, COLLINS GROVE, LOT 1

Date: January 13, 2021

Drawn by: RES

Reviewed by: INITIALS

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

Project/plan code: ---

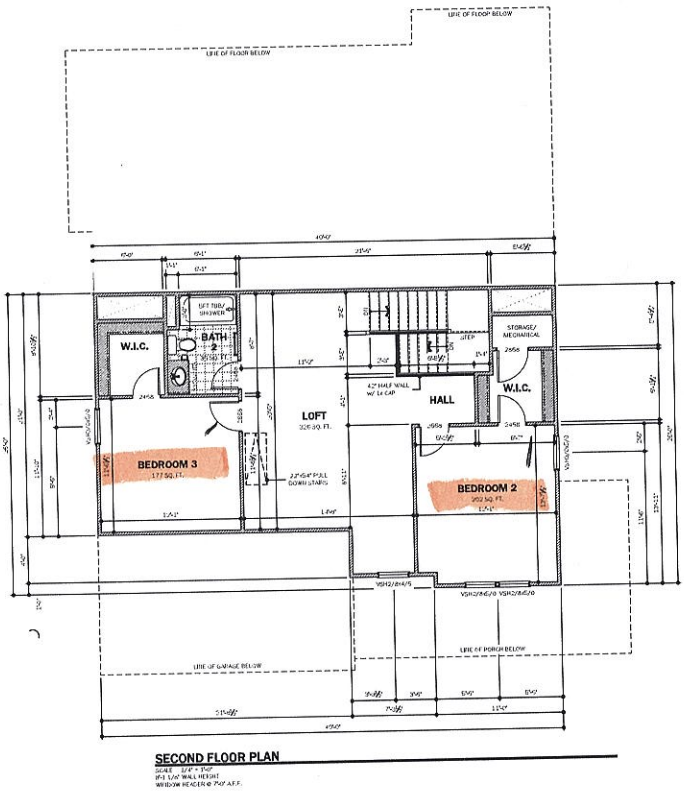
Drawing set: FOR CONSTRUCTION

Sheet title/description: FIRST FLOOR PLAN & ELEVATION

Sheet no.: **A3.0**

Master plan version: v1.0

C:\Users\Arel\Pictures\Dropbox (Arel Homes)\CAD FOLDER_OUTSOURCE\COLLINS GROVE\COL_CARDINAL_LH_STOA_011321.dwg Plot Date: Wednesday, January 13, 2021 2:18:04 PM Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0" Plotted by: Arel Pictures



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
9'-1 1/4" WALL HEIGHT
WINDOW HEADER @ 7'-0" A.F.F.

UPPER LEVEL NOTES

UPPER LEVEL FRAMING NOTES:

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED WOOD WALL SHEATHING USING 3 WALLS AT 4' ELEC ALONG THE EDGE AND 1.4' OA... AS 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. "LVL" INDICATES "LAMINATED VENEER LUMBER" WITH FOUR (4) PLIES.
2. ALL LOAD BEARING HEADERS SHALL BE (2)2x6 SPRUCE UNLESS OTHERWISE NOTED ON THE PLAN.
3. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN WITH LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
4. ALL WALLS UP TO 10'-0". TALL SHALL BE 2x4 SPRUCE @ 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 FRAMED INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN.

MEMBER SIZE	SIMPSON HANGERS
(2)2x8	USP 2Sx
(2)2x10	USP 2Lx
(2)1.75" x 9.25" LVL	USP 2Lx
(2)1.75" x 9.5" LVL	HUS 410
(2)1.75" x 11.25" LVL	HUS 412
(2)1.75" x 14" LVL	HHUS 412
ALL TRIPLE LVLs	HHUS 5.5/16

6. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 10d x 3" COMMON NAILS OR (4) 0.162" OR 10d x 3" (0.148" DIAMETER) UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE IMPROPRIATE FASTENERS. DO NOT USE 10dx 3" HANGER NAILS UNLESS OTHERWISE NOTED ON THE PLANS OR BELOW NOTES. WHERE ONLY 3" 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)2x6 STUDS WIDER FASTENED UNLESS NOTED OTHERWISE.
8. ALL POST LOADS FROM ROOF BRACES, JACK SPANS, BEAM SUPPORTS WHETHER WOOD OR STEEL MUST BEAR ON SHEATHING ABOVE. BLOCKING EQUAL TO OR BETTER THAN THE FLOOR LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. IF BEARING ON 2x12 WALL BLOCKING IS 3-1 OF EQUAL NUMBER "D" LOCATED ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND HOST BLOCKING SHALL NOT BE CONSIDERED AS AN ASSEMBLY MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE NOTED INDICATED ON THE PLAN.
9. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 12" O.C. STAGGERED ON UNIFORM LOAD SIDE NOTED IN 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 8d" TRUSS LOK 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 STUD POSTS SUPPORTING AT WALL OPENINGS:
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED ABOVE OR NOTED ON PLAN:
SPANS UP TO 4'-0" ..... 1 JACK, 1 STUD
SPANS 4'-0" TO 6'-0" ..... 1 JACK, 2 STUDS
SPANS 6'-0" TO 8'-0" ..... 2 JACK, 3 STUDS
SPANS OVER ..... SEE PLAN
11. LOCATION TO PROVIDE 22"x30" ACCESS TO ATTIC.

(c) 2019 copyright notice Ideal Homes, Inc. All rights reserved These plans are the property of Ideal Homes, Inc. any reproduction, in whole or in part, of these plans is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or divulged in any manner, in whole or in part, without the express written authorization from Ideal Homes.

Date: January 13, 2021
Drawn by: RES
Approved by: BHITHALB
Plot set to site: 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 & ELEVATION
Sheet no.: **A4.0**
Master plan version: v1.0

Township/County: TOWNSHIP COUNTY
Engineer: INTELLIGENT DESIGN ENGINEERING 1945 J B PEASE PLACE #204 CHARLOTTE, NC 28262 CHAD RITTER, P.E. CORPORATE LIC.#C-3118 704-335-7200
Survey/Local:
Project name/owner: THE CARDINAL COLLINS GROVE LOT 4

C:\Users\RyanBrashear\Dropbox (Ideal Homes)\CAD FOLDER_OUTSOURCE\COLLINS GROVE\CV\SD1_CARDINAL_LH_STDA_011321.dwg Plot Date: Wednesday, January 13, 2021 2:16:05 PM Plot Scale: 1"=1" = 1/8"=1'-0" 12"x36" = 1/4"=1'-0" Plotted by: Ryan Brashear