ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 310185

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

PIN # 4677 -- 78 -- 4487

APPLICANT/OWNER: Nest Homes | APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC 28117

SITE ADDRESS: 117 Sills Creek Ln Mooresville, NC 28115 | PHONE: 9805001239 | ALT. PHONE

SITE DIRECTIONS: Highway 150 East past jct w/ 152 TL Sills Creek on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sills Creek Plantation | SECTION: — | LOT # 15 | LOT AREA: 1.012 Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity – 25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #	437	Repair System Description:	PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Lines Ft	min 436	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side) max	36",	Gravel Depth	N/A		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	

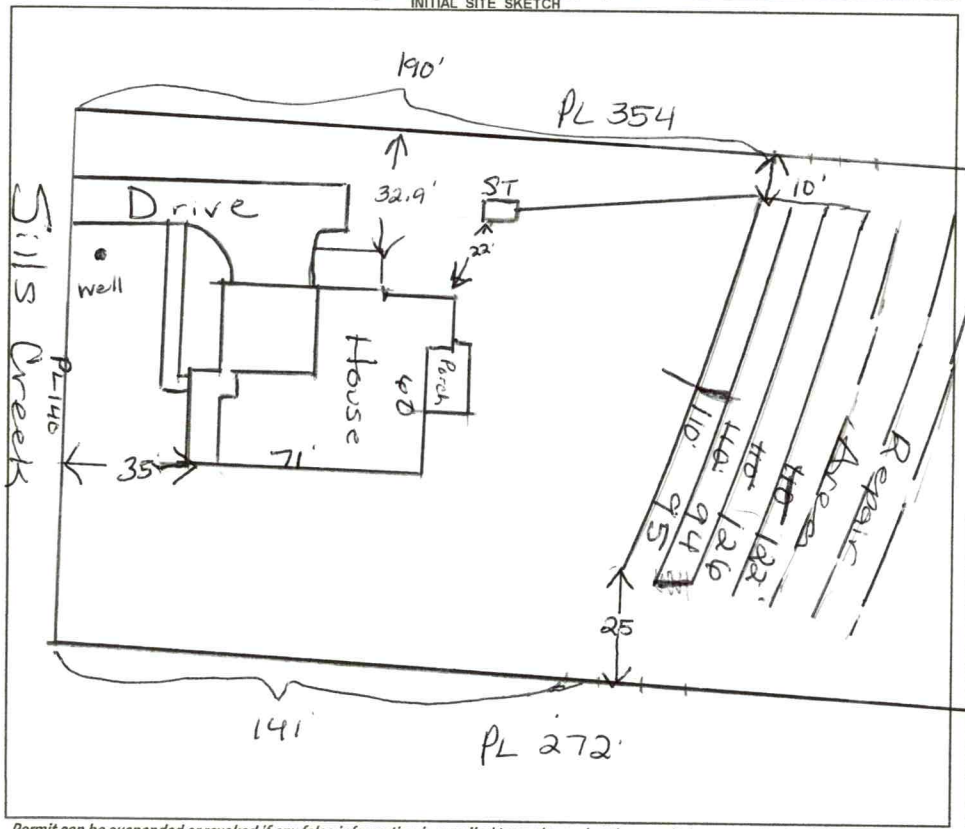
Water Supply: ☒ Private (already Drilled) ☐ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions:

Divert storm/surface water away from Septic.

* Do not exceed 36" trench bottom

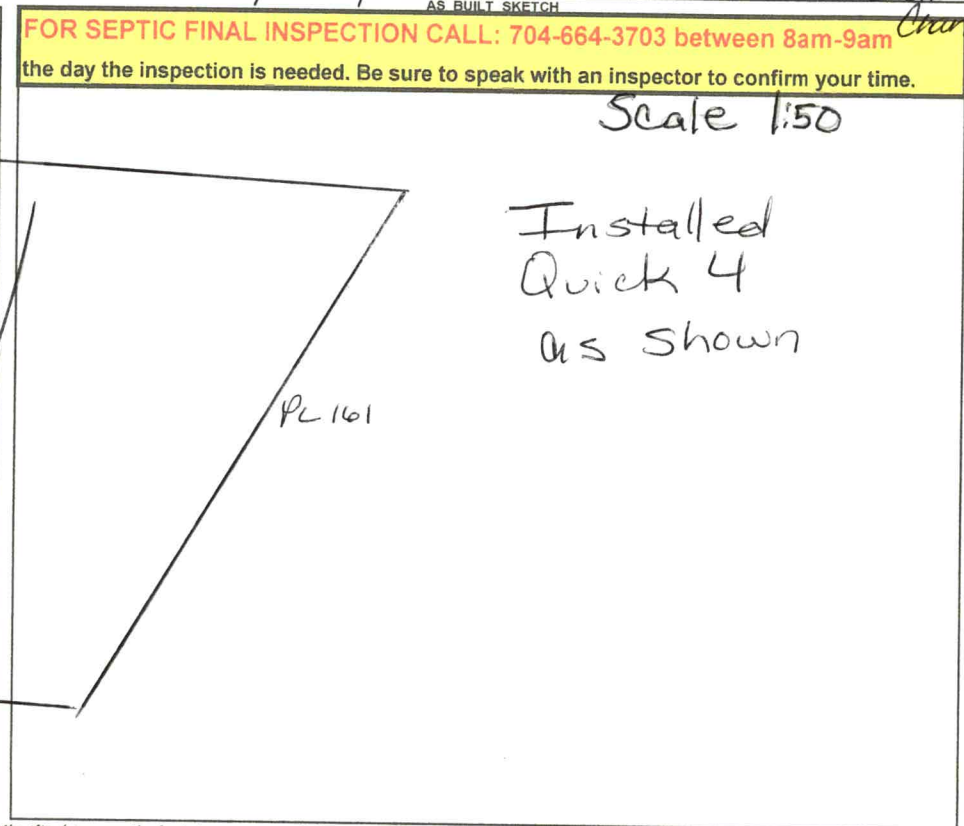
INITIAL SITE SKETCH



* 440ft of drainfield shown, a minimum of 436ft is required.

Tanks already set - permit redrawn to accomodate site

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.

Change

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: Heath Pratt | Date: 11/1/2021 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Dotson | Date: 10/28/21 | OPERATION PERMIT by: Maria Dotson | Date: 11/2/21

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date 10/28/21 | Existing System Inspected by: | Date:

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

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

Lot 15

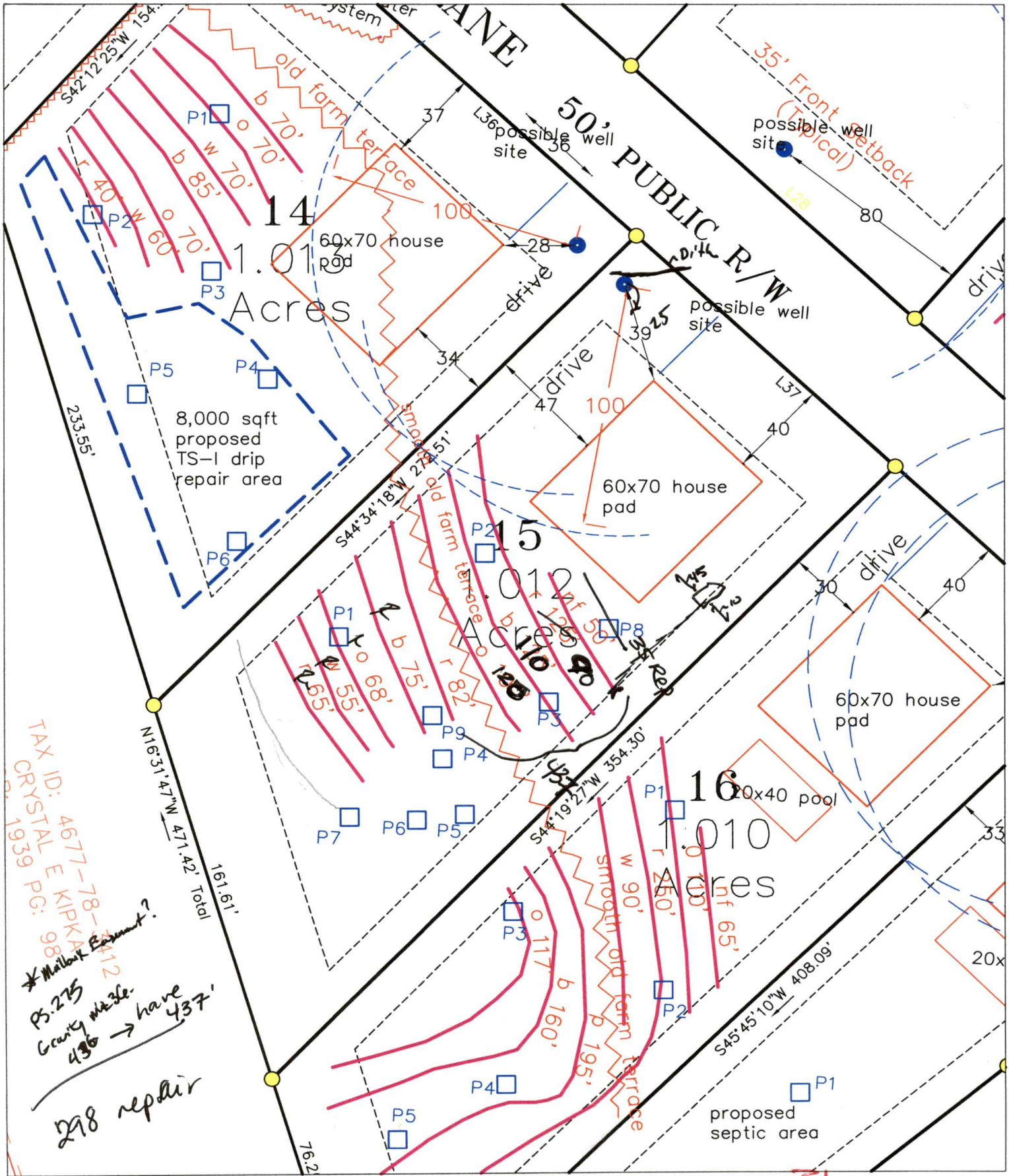
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Sl. 6%-8%	0-6	SCL	SS Mp FR	2.5Y 6/4 Lith Transition	59		N/A	PS .30
		6-29	C SBK	SS Sp PP					
		29-59	CL weBK	SS Sp FR.					
2		0-13	SCL						PS .30.
		13-28	C						
		28-46	CL					Hard Lith Transition	
		46-59+	SL. Sap M						
3		0-12	SCL						PS .30
		12-24	C						
		24-58	CL					Lith Transition	
4		0-9	SCL GR/SBK						PS -25 Shallow
		9-24	C ABK		FIRM @ 26				
		24-52	SAP RK					Rock @ 26 Inches	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____
c) W to Rock @ 0-16 Brn SCL
d) " @ 26 16-36 Rock



Nest Homes – Lot 15 Sills Creek Plantation Septic Site Plan 8–~~18~~–20 1"=50'

Base site plan from Patterson Land Surveying. Lot and house pad staked by Patterson Land Surveying
Septic system and well must be approved and permitted by ICHD.

MD

* Limited ~~Intermediate~~ Relayout *

RECEIVED OCT 20 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-310185 $105.00

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:** P.O. Box 3965, Mooresville, NC **Zip:** 28117

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

Owner Name: Sills Springs Development, LLC **Address:** P.O. Box 3965, Mooresville, NC **Zip:** 28117

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

Property Information:

Street Address: 117 Sills Creek Lane, Mooresville, NC 28115

Subdivision Name: Sills Creek Plantation **Section/Phase:** **Lot Number:** 15

Driving Directions: Hwy 150 west to Sills Creek

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — (X) 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:

(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: _____ 10/19/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

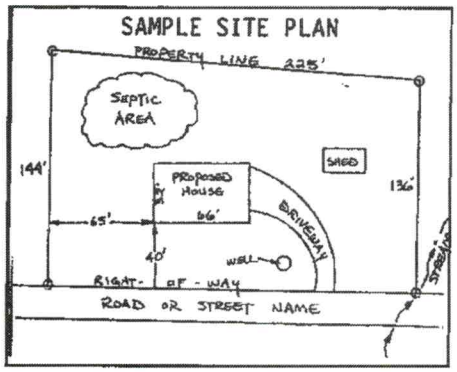
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

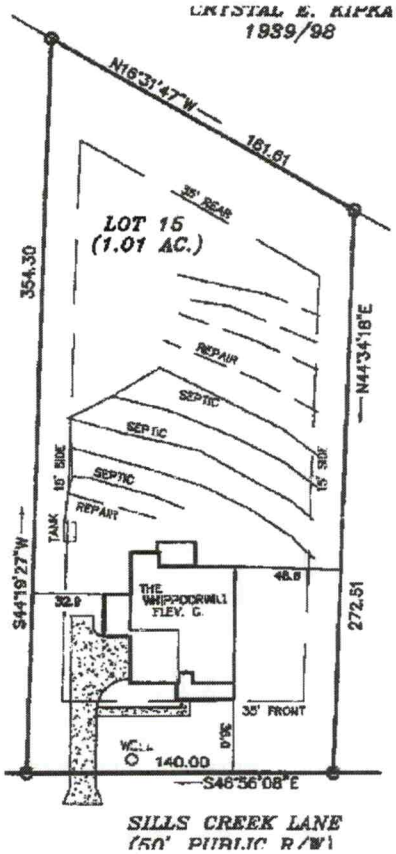


Circle N/A on the following if appropriate:

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: _____ 10/19/21

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

(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 of Sills Springs Development, LLC, am the legal owner(s) of the property located at 117 Sills Creek Lane, Mooresville, NC 28115, identified as

PIN (Parcel Identification Number) 4677784487.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jenna DuBois & Kayla Enriquez 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

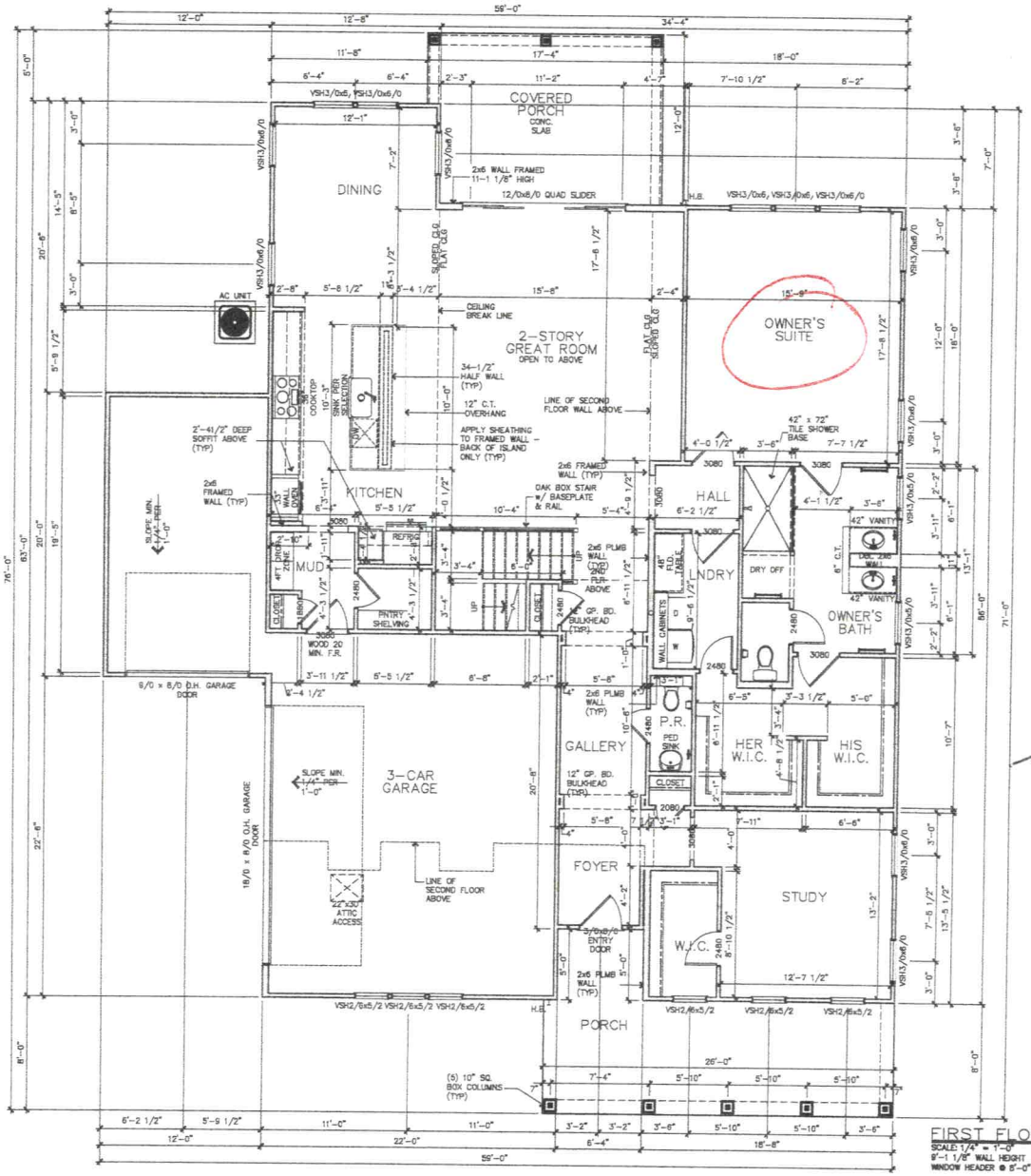
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Eric Wood
Signature of Owner(s)

10/19/21
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 1/8" WALL HEIGHT

WINDOW HEADER @ 8'-0" A.F.F.

Acknowledgement Of Plans Submittal ONLY!

Date 3/10/21

Date 3/12/21

Township/County
BARRINGER TWSP
IREDELL COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC#C-3112
704-335-7206

Stamp/seal

Project name/owner:
THE WHIPPOORWILL ELEVATION C
SILLS CREEK LOT 15
OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date: February 2, 2021

Drawn by: IPR

Reviewed by: —

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

Project/plan code: XX.XXX.XXXX

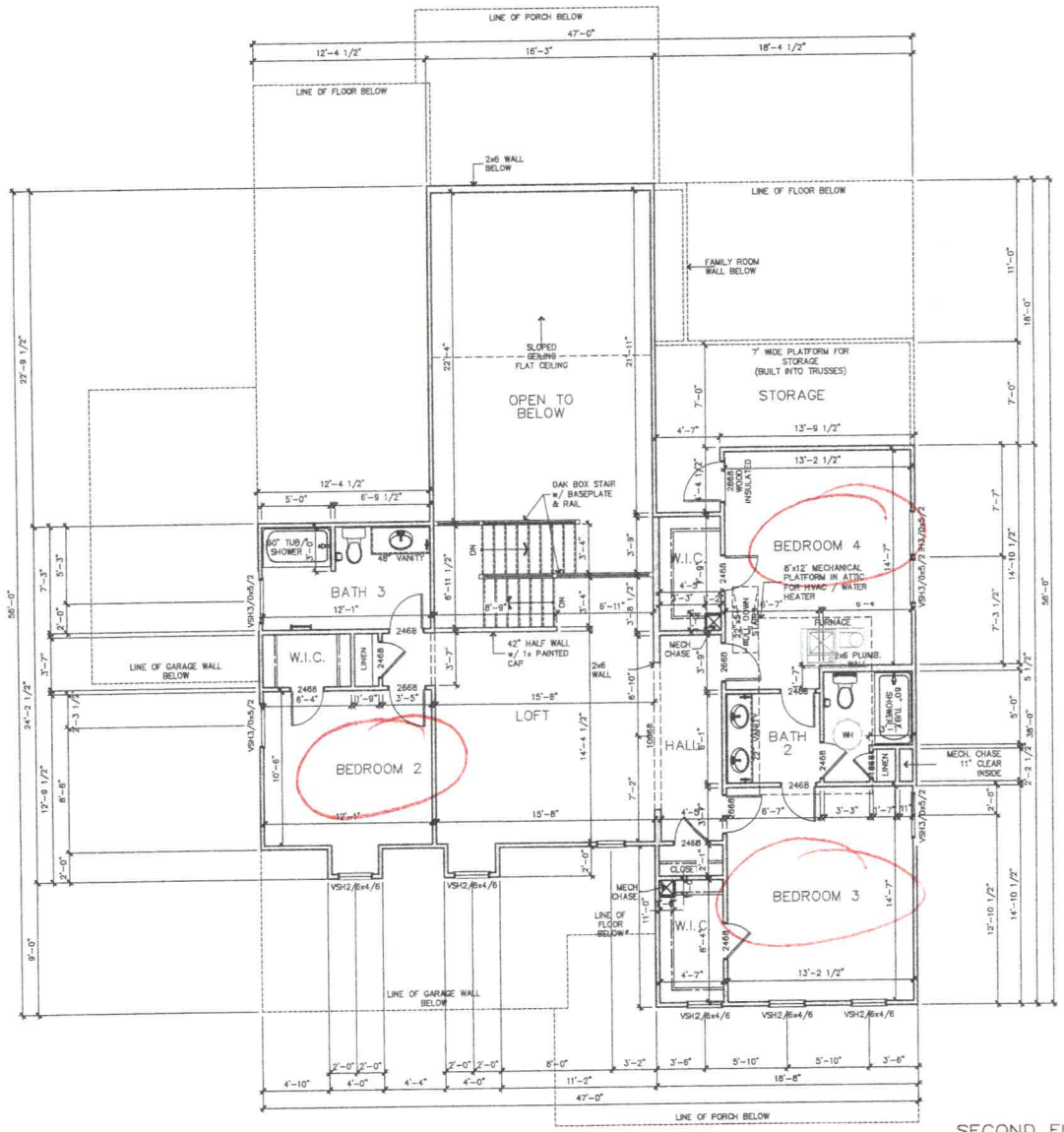
Drawing set: FOR CONSTRUCTION

Sheet title/description: FIRST FLOOR PLAN

Sheet no.: A3.0

Master plan version: v6.0

C:\Users\IvonPinedaRivas\Dropbox (Neat Homes)\CAD FOLDER_OUTSOURCE\SILLS CREEK\LOT 15\SL15_WHIPPOORWILL_C_LH_MOND_020221.dwg Plot Date:Friday, February 26, 2021 11:42:25 AM Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0" Plotted by:Ivon Pineda Rivas



SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"
8'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 7'-0" A.F.F.

Acknowledgement Of Plans Submittal ONLY!
Date 3/10/21
Date 3/11/21

Township/County
BARRINGER TWSP
IREDELL COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC.#C-3118
704-335-7290

Stamp/seal

Project name/owner
THE WHIPPOORWILL
ELEVATION C
SILLS CREEK
LOT 15
OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
February 2, 2021
Drawn by
IPR
Reviewed by
—
Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"
Project/plan code
XX.XX.XXXX
Drawing set
FOR CONSTRUCTION
Sheet title/description
SECOND FLOOR PLAN
Sheet no
A4.0
Master plan version
v1.0

C:\Users\IvonPinaleRivas\Dropbox (Next Homes)\CAD FOLDER_OUTSOURCE\SILLS CREEK\LOT 15\SL15_WHIPPOORWILL_C_LH_MONO_020221.dwg Plot Date:Friday, February 26, 2021 11:42:26 AM Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0" Plotted by:Ivon Pinale Rivas

IREDELL COUNTY · NC

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

APPLICATION NUMBER
310185 Issue Date: 08/19/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4677784487.000	117 SILLS CREEK LN	Iredell County

Owner Information	Applicant Information
Name: SCP MOORESVILLE LLC	Name: NEST HOMES LLC
Address:	Address: PO BOX 3965
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)808-1064

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.012	35	35	15	15	WSII-BOW Back Creek	NO

Remarks
SFD - NEEDS ZD

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: 08/19/2020

Signature of Owner/Contractor

Permit Number	310185	TOTAL FEES:	$77.25