ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 310188

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

PIN # 4677 -78 -7362 ✓

APPLICANT/OWNER: NGA Homes. APPLICANT ADDRESS: 236 Racing Drive Suite 7 Mooresville NC.

SITE ADDRESS: 105 Sills Creek Lane Mooresville NC ✓ PHONE: — ALT. PHONE

SITE DIRECTIONS: 150 W/A ⓒ to Sills Creek. SAP CONTROLLED: ☒ YES ☐ NO ~~Sap~~

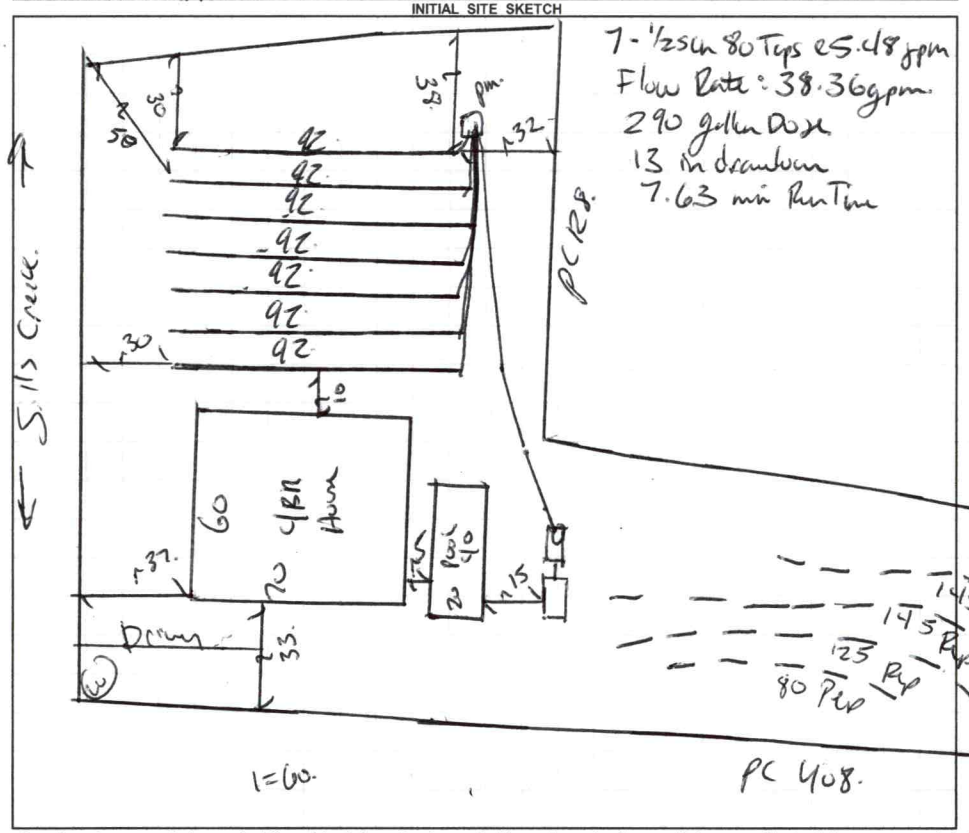
SUBDIVISION: Sills Creek ✓ SECTION: — LOT # 17 ✓ LOT AREA: 1.220 AC DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description:	PM - Infiltration High Capacity	☐ Business	No. Persons	8	☒ Private
Pump Make	—	Model	Serial #	Repair System Description:	LP - Panel Block - Flow Rate Dep	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	7	Linear Ft: 640	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36.	Trench Bottom Depth(Low side)	AT 53 in	Gravel Depth	Ø ☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on the contour of the land. Trench Bottom must be at 53 in deep
~~PZm of Great Mountain Wood. Point Drip, Park, Pave, Gate or Building~~ in drainfield Area.

* No gravel required - use only high capacity Chambers *

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: [signature] Date: 12/9/2020 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 11-1-2020 OPERATION PERMIT by: Ben Botkins Date: 5/3/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/15/21 Existing System Inspected by: Date:

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

ND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION
NCH

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

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

Lot 17.

APPLICATION DATE _____
DATE EVALUATED: _____
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

ate ☐ Public ☐ Well ☐ Spring ☐ Other _____
OD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

#	.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		0-26	C-P/SABK		2.5Y 7/2 8/2	64"			PS 0.25
		26-64	CL-WSBK						
		64-87	SAP-SL-M						
2		0-33	C-P/SABK	Tiger Dirt plate	2.5Y 7/2 8/2	55"			PS 0.3
		33-55	CL						
		55-87	SAP-SL-M						
3		0-26	Terrace			82"			PS ~~.30~~ .25 Deep Install
		26-42	C SBK						
		42-82	CL WSBK						
4		0-29	C-ABK		Chroma 2 Sap incl common	72" throughout			PS 0.25 Deep Install
		29-72	CL-WSBK						
		72-80	CL						

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

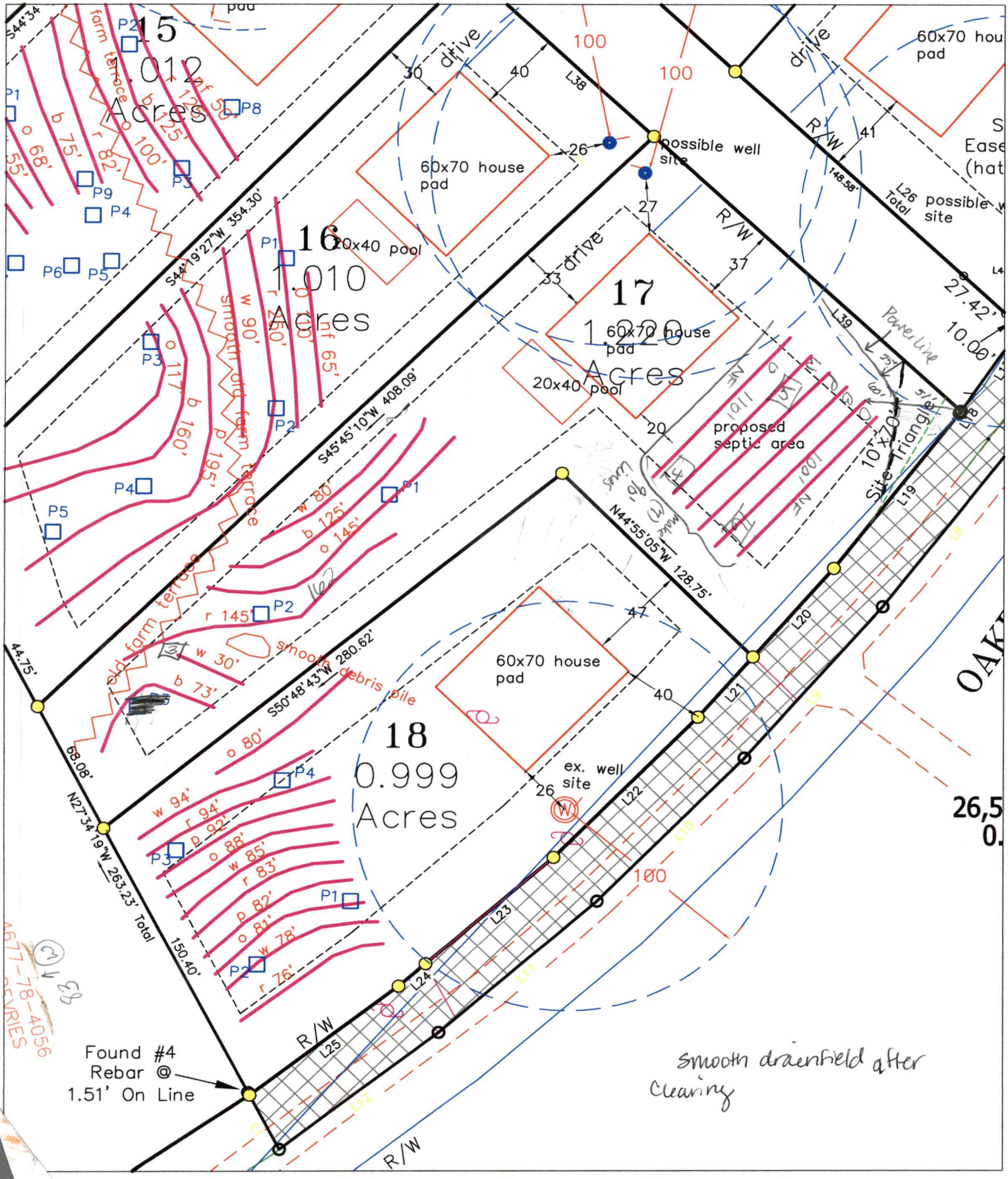
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____ 0.25
EVALUATED BY: _____
OTHER(S) PRESENT: _____

6) 0-43 - CABK
43-79 CL-WSBK
79-80 SAP-SL-M

5) 0-25 C-ABK — chroma 2
25-38 - Sap incl.
CL 38-70 — common sap throughout
70-80 - SAP-SL-M

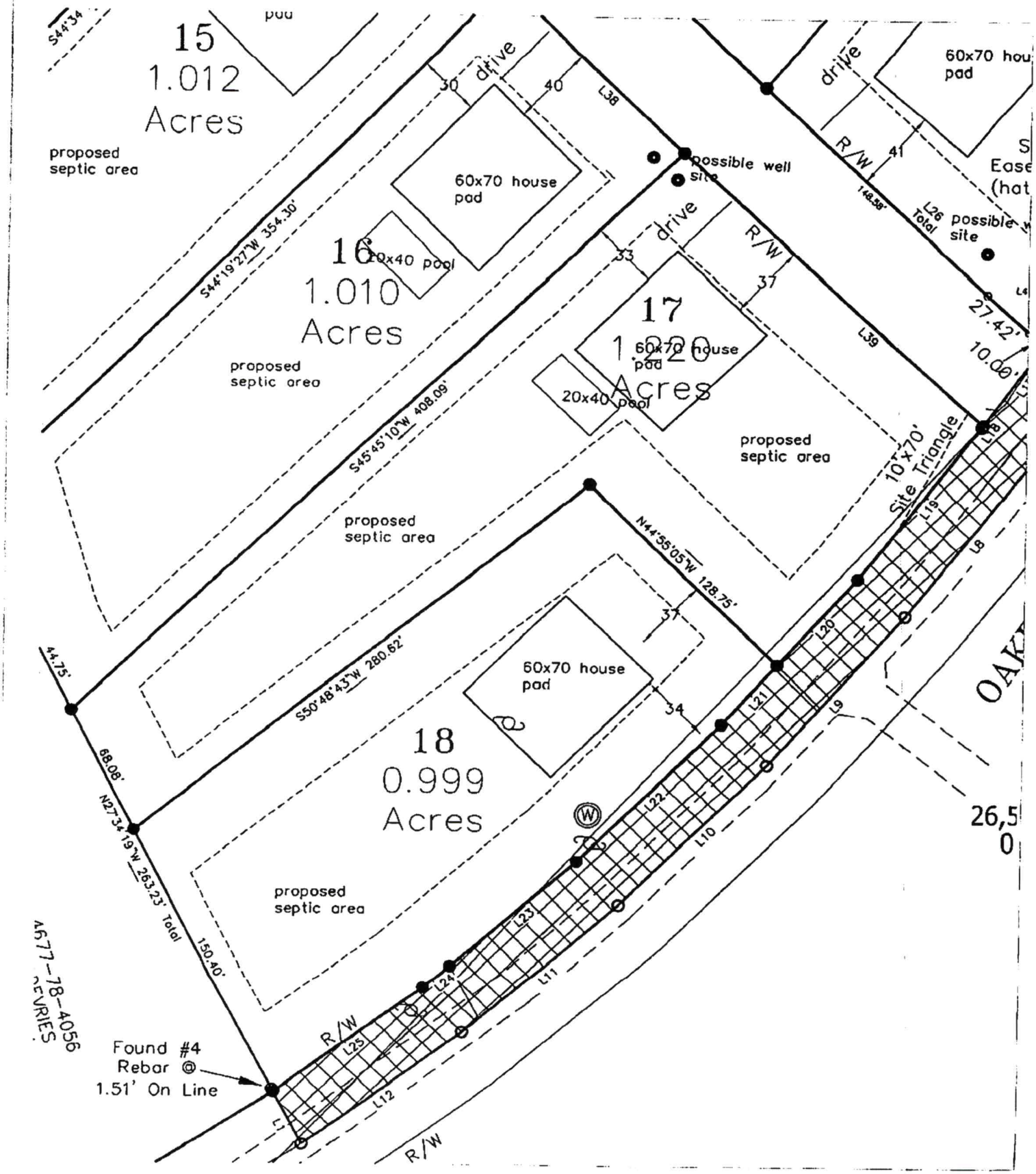
COMMENTS: _____

5



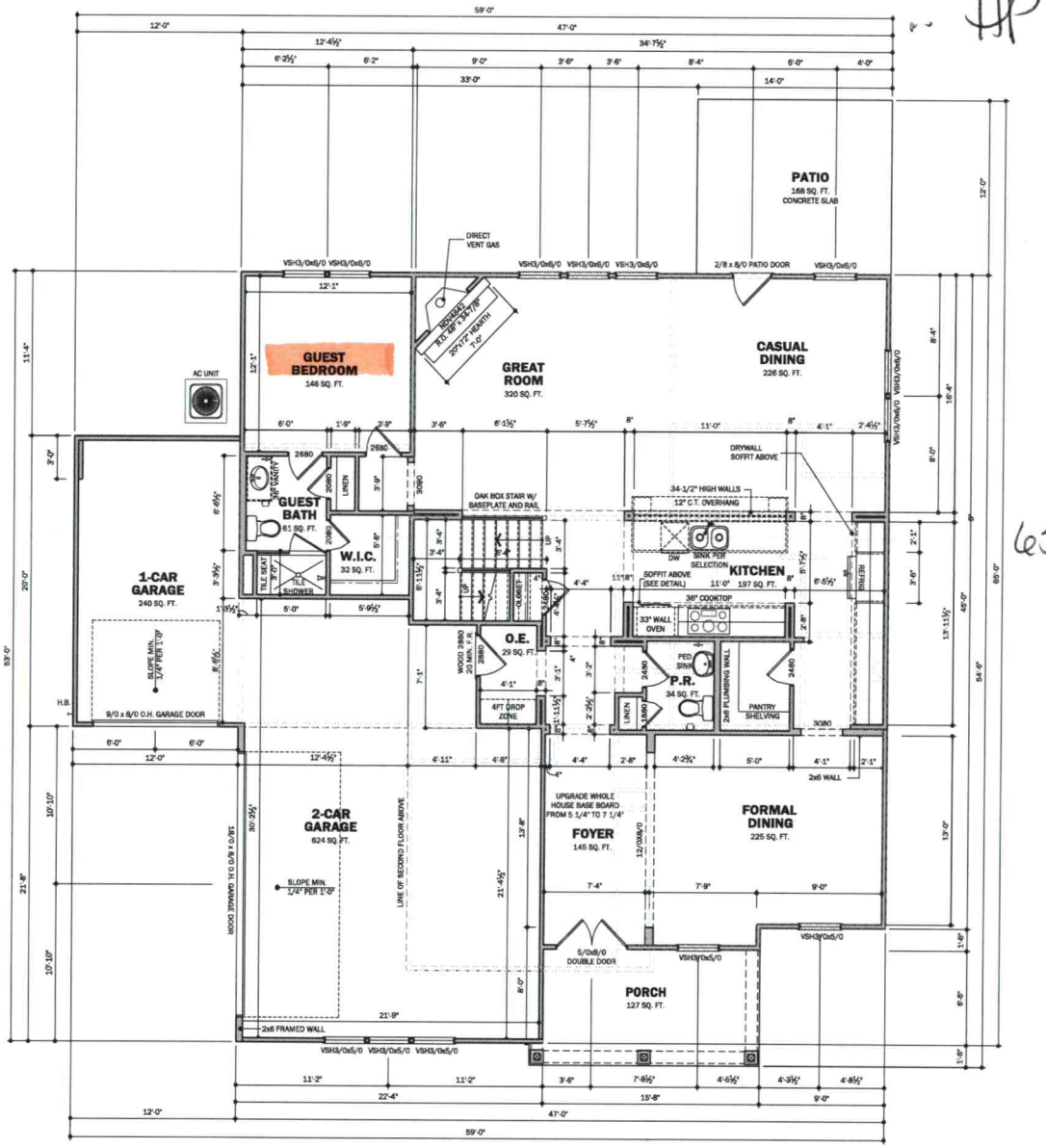
+ Homes – Lot 17 Sills Creek Plantation Septic Site Plan 9–4–20 1"=60'

te plan from Patterson Land Surveying. Lot and house pad staked by Patterson Land Surveying
ystem and well must be approved and permitted by ICHD. Approx. septic and pit locations.



Nest Homes – Lot 17 Sills Creek Plantation Septic Site Plan 8–18–20 1"=60'

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



FIRST FLOOR PLAN - ELEVATION C

SCALE: 1/4" = 1'-0"
9'-1 1/8" FRAMED WALL HEIGHT
WINDOW HEADERS @ 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 413
ALL TRIPLE LVLs	HHUS 8.5Q/10

8. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 16d x 3½" COMMON NAILS (3½"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 1⅜" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
9. STEEL BEAMS MUST HAVE (5)-2X4 OR (4)-2X8 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)-2X8 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 @ 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.
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 1
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
MOCKINGBIRD SILLS CREEK
LOT 17
ADDRESS LINE 1
ADDRESS LINE 2

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Date
September 20, 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

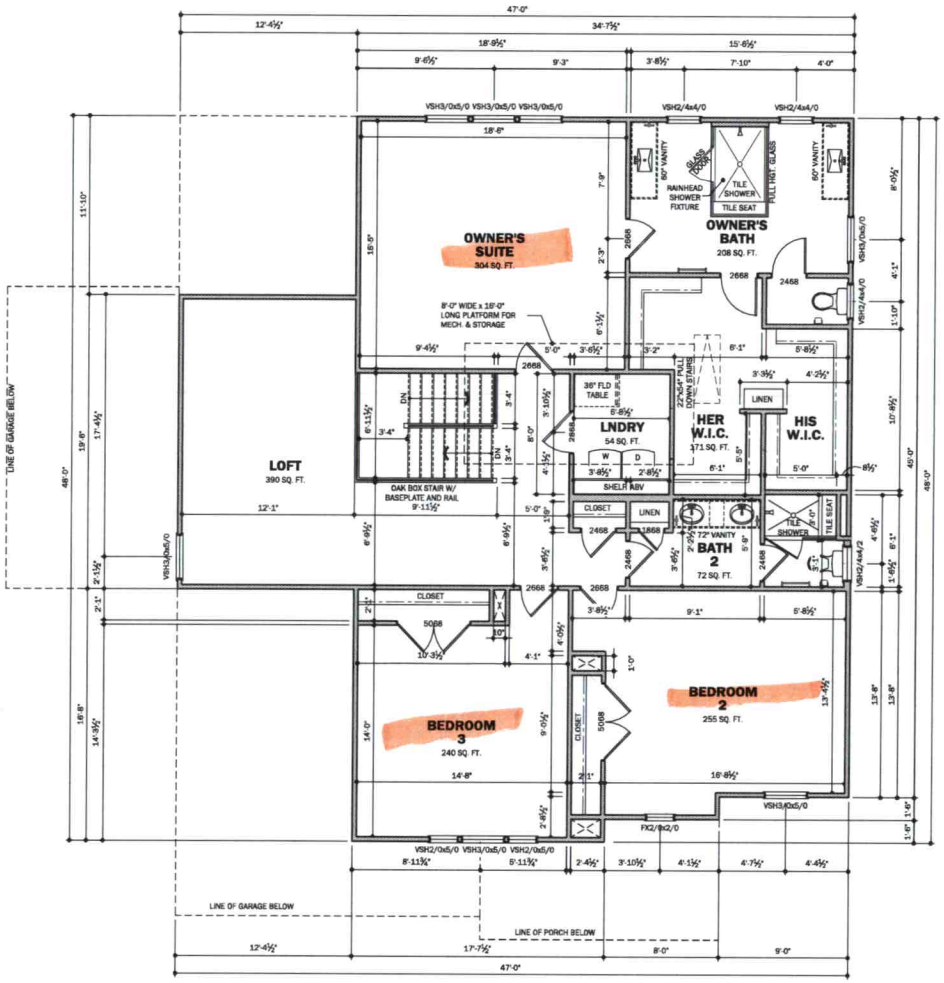
Sheet no.
A3.0

Master plan version
v1.0

C:\Users\MarioCastillo-Novio\OneDrive - Nest Homes\Desktop\SL17 MOCKINGBIRD C_LH_STEM_11092021.dwg Plot Date:Tuesday, November 9, 2021 10:40:15 AM Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0" Plotted by:Mario Castillo-Novio

Cay Whitt 12/15/21

Heather Rader



SECOND FLOOR PLAN - ELEVATION C

SCALE: 1/4" = 1'-0"
8'-1" 1/8" FRAMED WALL HEIGHT
WINDOW HEADERS @ 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 ½" 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.
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MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(2) 2X12	LUS 212-2
(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 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.
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 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.
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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
11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

239 Raceway Drive Suite 7
Mooresville, NC 28117
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Township/County
DAVIDSON TWSP
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Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
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MOCKINGBIRD
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Date
September 20, 2021

Drawn by
MCN

Reviewed by
MCN

Plan set scale
24x36 sheet
1/4" = 1'-0"
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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\SL17 MOCKINGBIRD C_LH_STEM_11092021.dwg Plot Date: Tuesday, November 9, 2021 10:49:16 AM Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0" Plotted by:Mario Castillo-Novio

RECEIVED AUG 2 1 2020

AP-310188
$500.00

CALL PAUL PENNINGER FOR SITE VISIT 704.996.6330

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 Homes Address: 236 Raceway Drive, Suite 7, Mooresville Zip: 28117
Applicant Email: mwetter@nesthomes.com Phone: 704.208.4251 Alt. Phone:
Owner Name: SCP MOORESVILLE LLC Address: 114 MORLAKE DR STE 103 MOORESVILLE Zip: 28117
Owner Email: nick@landandluxury.com Phone: 704-658-1121 Alt. Phone:

Property Information:

Street Address: 105 Sills Creek Lane
Subdivision Name: Sills Creek Plantation Section/Phase: Lot Number: 17
Driving Directions: 150 West out of Mooresville, L Sills Creek Lane PSC 9-4-20

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: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) 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:
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) 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: _____ 8-18-20
Property owner or owner's ~~legal representative~~ signature (SIGNATURE REQUIRED) DATE

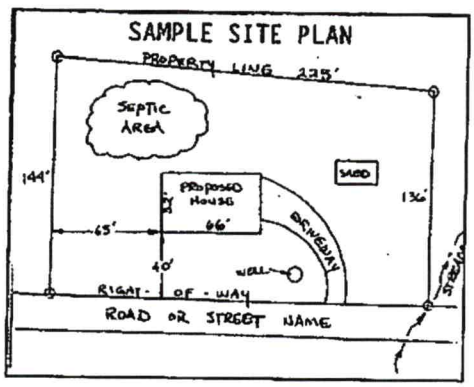
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- ( ) **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)

8-18-20

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, SCP MOORESVILLE LLC, am the legal owner(s) of the property located at Sills Creek Sub. Lot 1,2, 7-11, 14-17; 1443 Oakridge Farm Rd, identified as 4677789525; 4677788606; 4677792105; 4677699139; 4677695241; 4677695064; 4677688858;4677783692;4677784487;4677785356;4677787362;4677786135 PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting M. Wetter/Nest Homes, 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.

_____ _____
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

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 *****

Complete all Environmental Health forms:

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

___ **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.**

___ **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.**

___ **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.

___ 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 _____ **Date** 8-18-20

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-310188 -

Application For: (×) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 ( ) 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: Sills Springs Development LLC **Address:** PO Box 3965 , Mooresville NC **Zip:** 28117

Owner Email: hposton@nesthomes.com **Phone:** 980-500-1238 **Alt. Phone:**

****

Property Information:

Street Address: 105 Sills Creek Lane

Subdivision Name: Sills Creek Plantation **Section/Phase:** **Lot Number:** 17

Driving Directions: Hwy 150 east, left onto Sills Creek Lane, property is left

****

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

CHECK FOUNDATION TYPE

(×) 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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
(×) 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:**

(×) 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:

****

Please answer the following to the best of your ability:

( ) Yes (×) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (×) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (×) No **Is the site subject to approval by any other public agency?**

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Heather Poston 12/09/2021

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

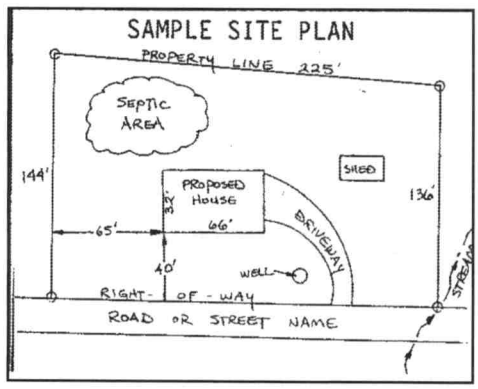
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

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

12/09/2021

DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # 310188

PIN # 4677 -78 -7362.

APPLICANT/OWNER: NBA Homes. APPLICANT ADDRESS: 236 Rocky Drive Suite 7 Mooresville NC.

SITE ADDRESS: 105 Sills Cove Lane Mooresville NC PHONE: — ALT. PHONE —

SITE DIRECTIONS: 150 West on to Sills Creek.

SUBDIVISION: Sills Creek SECTION: — LOT# 17 LOT AREA: 1.220 AC

SAP CONTROLLED: ☒ YES ☒ NO Sap

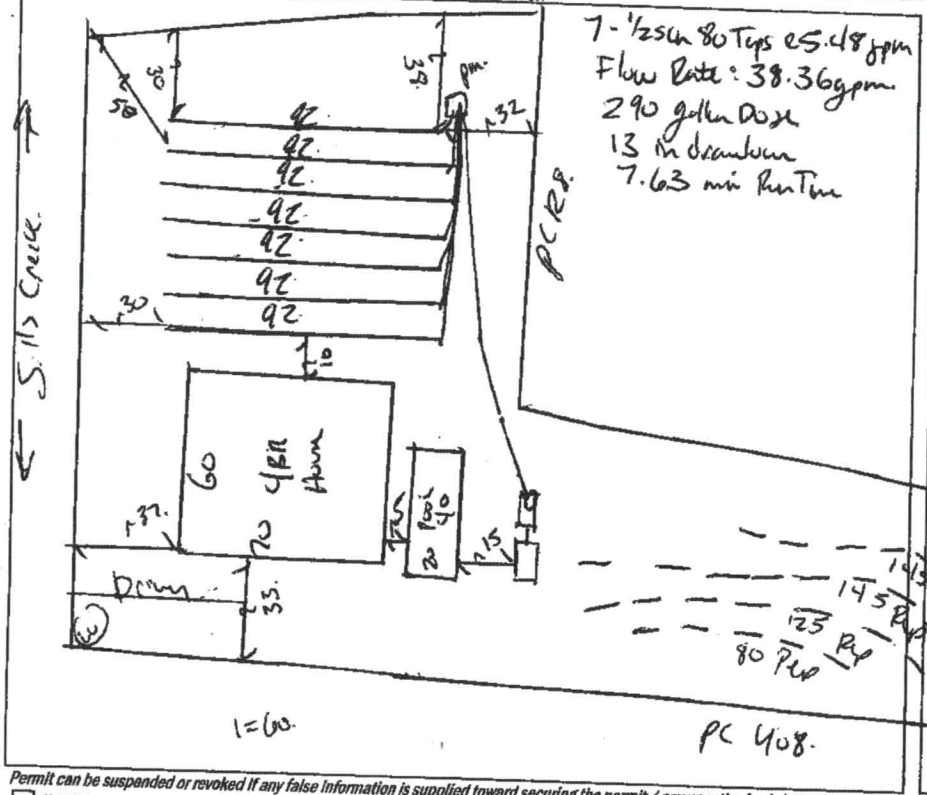
DESIGN FLOW: <180 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description: PM- Infiltrator High Capacity		☐ Business	No. Persons 8
Pump Make	—	Model	Serial #	Repair System Description: LP- Panel Block - Infiltrator Rep		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 7	Linear Ft: 640	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36.	Trench Bottom Depth(Low side)	AT 53 in	Gravel Depth 12	☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on the contour of the land. Trench Bottom must be at 53 inch. 12 in of Gravel must be used. Do not Drive, park, place, grade or build on drainfield 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: 12/9/2020

IMPROVEMENT PERMIT by: Date: 11-1-2020

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

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

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.
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2. I, Eric Wood, am the legal owner(s) of the property located at 105 Sills Creek Lane , Mooresville NC 28115, identified as

PIN (Parcel Identification Number) 4677787362.000, 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)
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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)

12/09/2021
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

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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** 12/09/2021

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