IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221468

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

PIN # 4750713846

APPLICANT: Nest Homes LLC Trentman APPLICANT ADDRESS: P.O. Box 3965 Mooresville NC 28117

SITE ADDRESS: 658 Houston Rd Mooresville, NC PHONE: ALT. PHONE: 704 433-9947

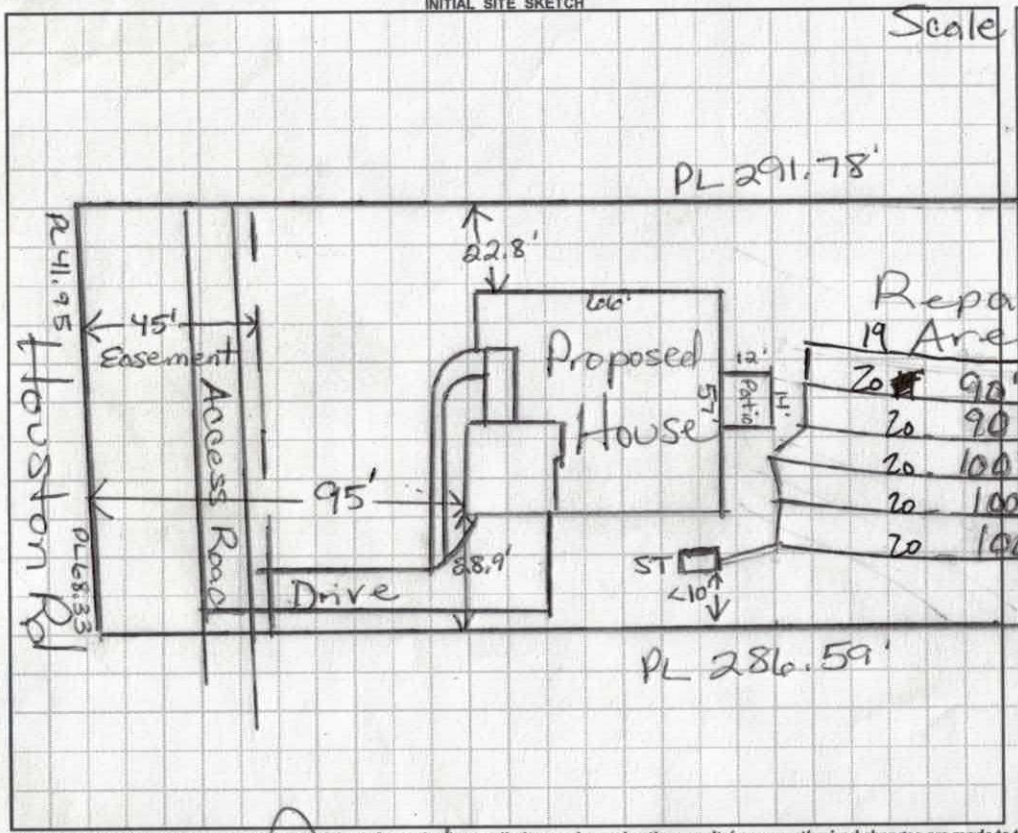
SITE DIRECTIONS: US21/Hwy 115N TR Shepherd Rd TL Houston Rd on left.

SUBDIVISION: GA Mills Plantation SECTION: - LOT # 5 LOT AREA: .730 Acre DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 794	Date 1-23-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons	8	☒ Private
Pump Make	Model		Serial #	Repair System Description: PUBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields 1	# Lines 5		Linear Ft: 480'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width 36"	Max. Trench Bottom Depth 36"		Gravel Depth N/A		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

488' INSTALLED

LINE 1 6'7"
LINE 2 6'6"1/2
LINE 3 6'7"
LINE 4 6'8"
LINE 5 6'11"
LINE 6 6'8"

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: 10/9/16 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Lobo RS Date: 10/11/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Lobo RS Date: 10/17/16 Existing System Inspected by: Date:

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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: West Homes
ADDRESS: _____
PROPOSED FACILITY: House
LOCATION OF SITE: GA Mills #5

APPLICATION DATE _____
DATE EVALUATED: 10-10-16
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: _____
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 4%	0-48"	R C/CL	m-w SBK	SS, SP, SE, FR				PS .3
2	L 6%	0-6	Brw SCL	GR, FR					PS .25 to 22" .3 > 22'
		6-22	Brw to Yel/Brw	C/SCL	m-w SBK	SS, SP, SE, FR			
		22-48	R C/CL	m SBK	SS, SP, SExP, FR				
			Lrf Common Mica						
3	L 5%	0-12	Brw, SCL	GR. FR					PS .25
		12-36	R C/CL	m-w SBK	SS, SP, SExP, FR				
		36-48	R/Y SCL	w SBK	SS, SP, SExP, FR				
			Some Yel/Brw		Mottles				
4	L 4%	0-4	Brw SCL	GR, FR					PS .3
		4-36	R C/CL	m-w SBK	SS, SP, SExP, FR				
		36-48	R CL	w SBK	SS, SP, SExP, FR				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.25	.25

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

COMMENTS: _____

RECEIVED AUG 3 0 2016

Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

#221468

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	704-433-9947	
Rameses Development	PO Box 3965 Mooresville NC 28117		

Owner Name / Mailing Address / Home Phone # / Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
658 Houston Rd	Georgia Mills	Lot #5

Driving Directions: I-77 S to Exit 42/ East on HWY 21/ Right onto Houston Rd/ Property on right

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

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

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 8/30/16
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

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.

I, Eric Wood, am the legal owner(s) of the property located at 658 Houston Rd, identified as PIN (Parcel Identification Number) 4750713846, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Wetter, _____, 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	Signature of Witness	Date
[signature]	8/30/16	[signature]	8/30/16

Please return this signed form to the appropriate office:

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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

____ Property Line measurements are clearly identified... **____ All proposed structures are indicated...**

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

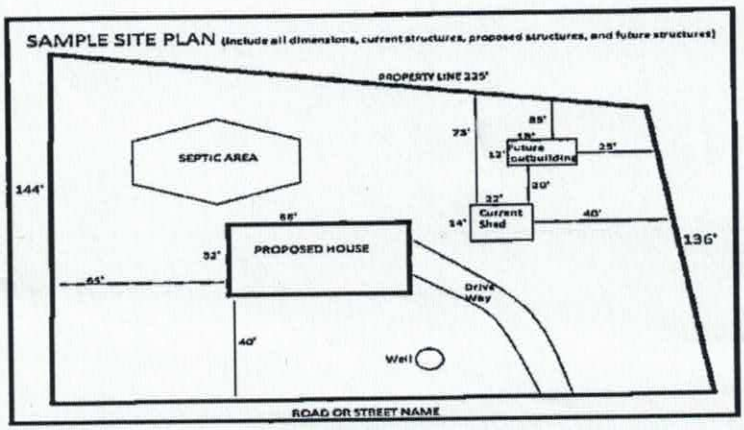
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

____ Location of septic systems and wells within 100' of your property... N/A

____ Location of easements and rights of ways on your property... N/A **____ Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See plot plan attached

Signature: Eric W Todd

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

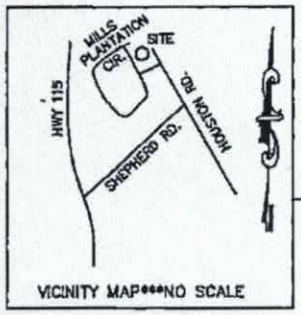
8/30/16

DATE

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crossiake 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 2354, page 2074, and/or plat book 54, page 82, 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 18, day of AUG A.D. 20 16.

WILLIAM M. ALLEN, PLS
SEAL L3499
NORTH CAROLINA PROFESSIONAL LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP***NO SCALE

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

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.

0' 25' 50' 100'
SCALE IN FEET

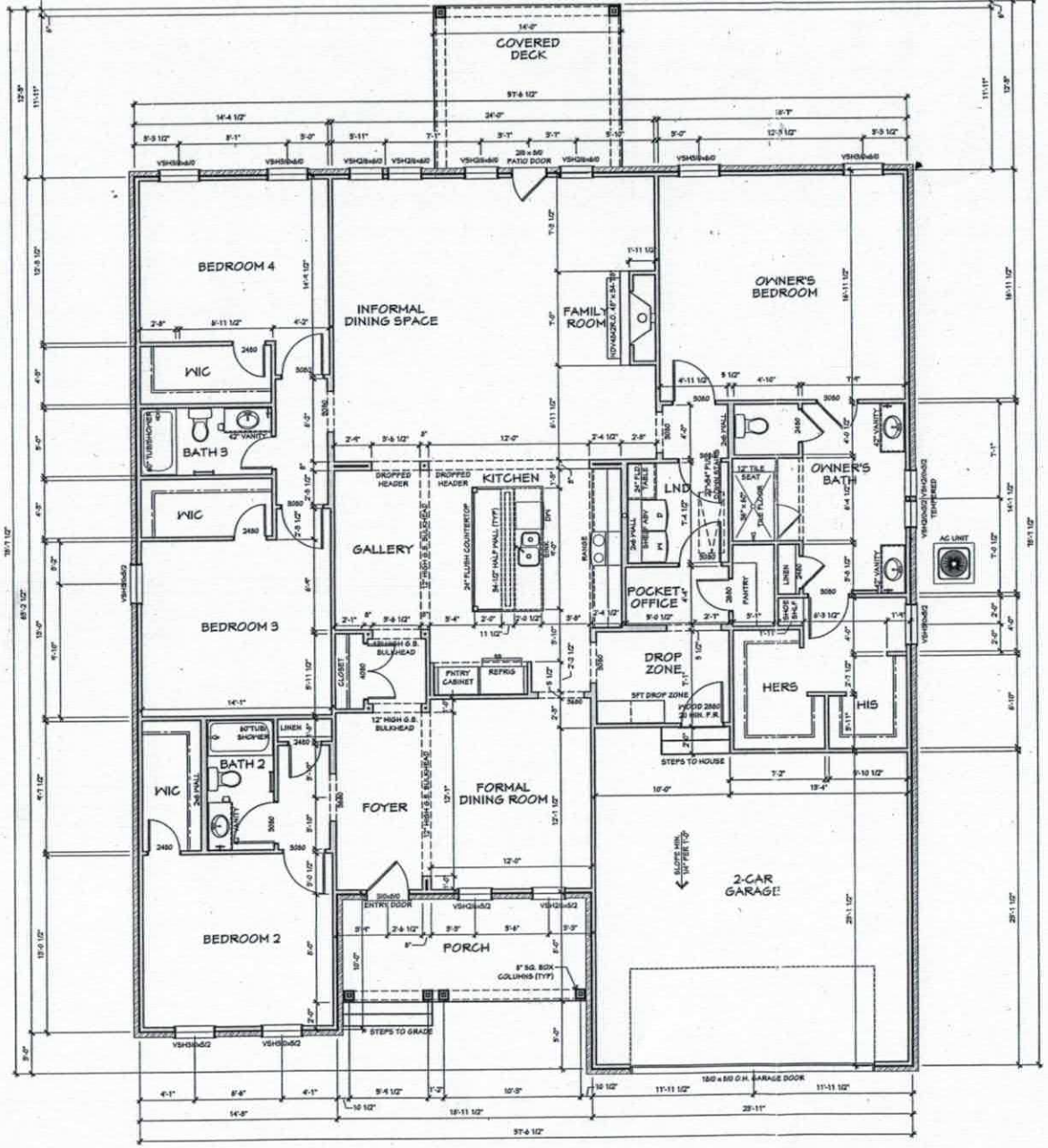
PLOT PLAN SURVEY

OF
658 HOUSTON RD
LOT 5 GEORGIA MILLS PLANTATION

SCALE 1" = 50'
BARRINGER TWSP., IREDELL CO., N.C
ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: GEORGIA MILLS 5
DC FILE:
TAX MAP NO: 4750713846

Contour
78 43
116 39
176 16



Acknowledgement of Plans Submittal ONLY!

Date 10/10/16

Date 10/11/16

FIRST FLOOR PLAN - CLASSICAL

SCALE: 1/4" = 1'-0"
9'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 6'-0" A.F.F.

HOMES

276 Fairway Drive Suite 7
Mooresville, NC 28117
PH: 704-838-4351
www.nanhomes.com

Township/County
TOWN OF TROUTMAN
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGERING
1845 J N PEASE PLACE #204
CHARLOTTE, NC 28262
corporate license #: C-3118
704-335-7200

Stamp/seal

Project name/owner
THE MARQUETTE CLASSICAL ELEVATION
GEORGIA MILLS
LOT 6

OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
August 31, 2016

Drawn by
TAG

Reviewed by
REB

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

Project/plan code
XX.XX.XXXX

Drawing set
CONSTRUCTION SET

Sheet title/description
FIRST FLOOR PLAN
CLASSICAL ELEVATION

Sheet no.
A3.0

Master plan version
v0.0

IREDELL COUNTY

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

APPLICATION NUMBER
221468
Issue Date: 08/31/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4750713846.000	658 HOUSTON ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: RAMESES DEV LLC	Applicant: NEST HOMES LLC
Address: PO BOX 3965 TROUTMAN, NC 28117	Address: PO BOX 3965 MOORESVILLE, NC 28117
Phone:	Phone: 704-208-4251

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.730	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	79231	TOTAL FEES:	$ 77.25