08-17-12
Pd. $500.00 @ Store MS

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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 #
Brad Russell	142 Hidden Harbor Rd Mooresville 28117	704-361-9707	
Tom Stevenson and Lisa McGee			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
362 Normandy Rd.	CL+T Sect II Lot 97	II - 97

Driving Directions: Hwy 150. Rt on Perth Ch Rd. Left on Normandy House site will be 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
( ) 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)* Will abandon current system unless parts can be used.

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (✓) No Preference

8. 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, 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: Brad Russell — 8-17-12
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Contractor will bring in 24 x 40 floorplan & Mrsul.

$ PAID
CK. # 9010
8-17-12 (ad)

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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**

Signature: Brad Russell
REQUIRED **property owner or owner's legal representative signature.**

8-17-12
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

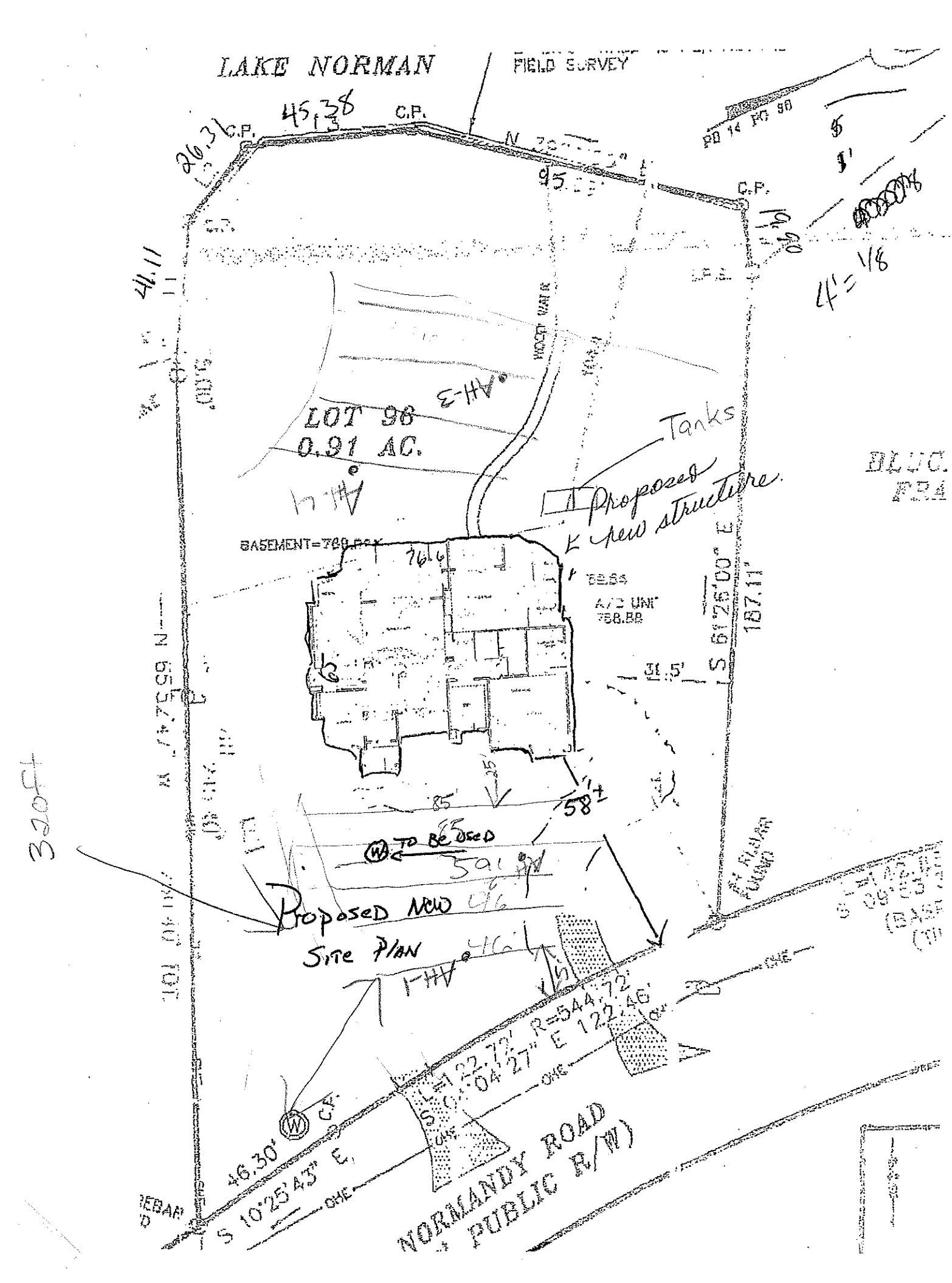
OWNER: Lisa McGee APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: 7/10/12
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: 362 Normandy Rd PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

SE = Slightly Expansive

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-6"	Brw SCL	GR, FR, SS, SP, SE					PS .3
		6-48"	Rd to Rd/Brw C/CL	m-w SBK SS, SP, SE, FR		48"			
2	L 6%	0-8"	Brw SCL	GR FR SS, SP SE					PS .3
		8-48	Rd to Rd/Brw C/CL	m-w SBK SS, SP, SE, FR		48"			
3	L 4%	0-12"	Brw SCL	GR					PS .3
		12-34	Rd CL	m-w SBK SS, SP, SE, FR					
		34-48	Rd CL wf-few to many w/SBK	SAP Indus		48"			
4	L 4%	0-10"	Brw SCL	GR					PS .3
		10-48	Rd to Rd/Brw C/CL	w-m SBK SS, SP, SE, FP		48"			

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

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: M. Dotson
OTHER(S) PRESENT: ___


LAKE NORMAN
FIELD SURVEY
C.P.
45.38
26.36
N 73°
95'
PB 14 PG 90
1"=1/8
41.11
LOT 96
0.91 AC.
E-HW
Tanks
Proposed
new structure.
BLUC.
PB4
BASEMENT=758.88
758.88
A/C UNIT
758.88
S 61°26'00" E
187.11'
31.5'
N 65°57'58" W
85'
58'±
TO BE USED
Proposed NCW
Site Plan
1-HW
320 SF
L=122.72'
R=544.72'
Δ=12°54'27"
E 122.46'
CHD
46.30'
S 10°25'43" E
NORMANDY ROAD
PUBLIC R/W

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

FILE COPY

Zoning Permit

Permit Number: 174491ZO

Printed: 8/17/2012

Master #: 174491

Associated Permits:
174491ZO Zoning

Applicant R+H of Lake Norman Inc.
Name: BRAD RUSSELL
Address: 142 HIDDEN HARBOR ROAD
MOORESVILLE, NC 28117
Phone: 704-361-9707

Parcel
Parcel Number: 4638357098.000
Address: 362 NORMANDY RD
MOORESVILLE, NC 28117
Subdivision: CL&T Sec 11
Zoning: R-20
Township: 1700
Area: .91
Lot(s): 96
Directions to Parcel: HWY 150; R ONTO PERTH CHURCH RD; L ONTO NORMANDY, HOUSE WILL BE ON RIGHT

Owners
Name: LISA MCGEE
Address: 4 BAYBERRY WAY
ESSEX FELLS 07021

Contractors R+H of Lake Norman Inc.

Fees and Receipts:

Number	Description	Amount
FEE-262754-07	Zoning - Permit Application	$75.00
FEE-262755-07	Technology Fee - Planning	$2.25
FEE-262756-07	Environmental Health - Gravity System	$500.00
	Total Fees:	**$577.25**
REC-137581-07		$577.25
	Total Receipts:	**$577.25**

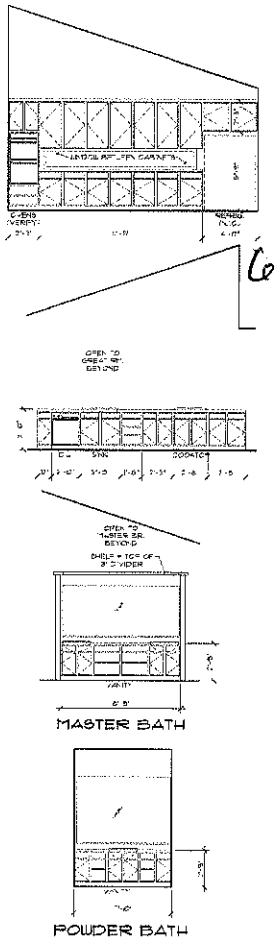
Conditions

$ PAID
Ck #9012
8-17-12

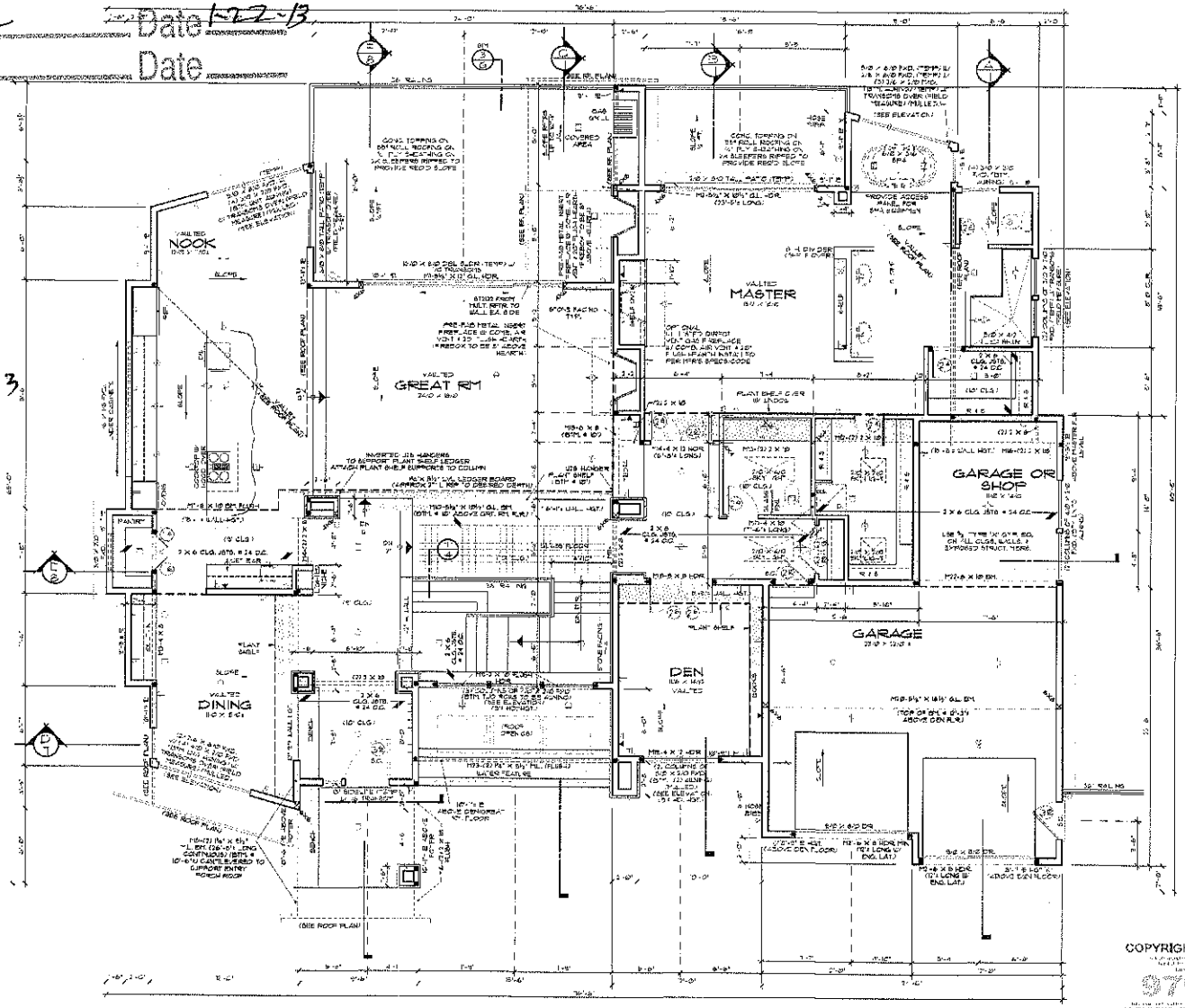
Acknowledgement Of
Plans Submittal ONLY!
Date 1-22-13
Date

76

Tom Stevenson
704-201-2270
E M - Tom Stevenson 1211 @ yahoo.com



CABINET ELEV. (MAIN)



MAIN FLOOR PLAN

IF LATERAL ENGINEERING IS REQUIRED REFER TO ENGINEERING SHEETS FOR LATERAL SPECIFICATIONS

COPYRIGHT NOTICE

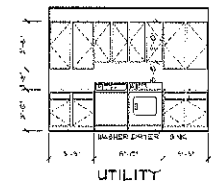
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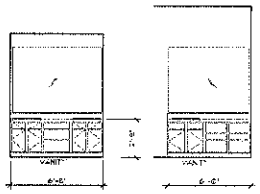
COPYRIGHT © 2010 ALAN MASCORD ESTATE HOMES INC.

Mascord COLLECTION

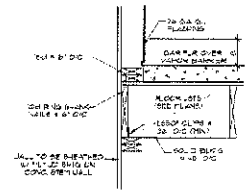
1410
3

Acknowledgement Of
Plans Submittal ONLY!
Date 1-22-13
Date

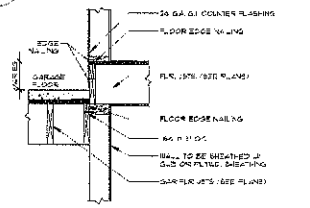




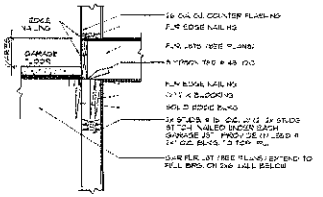
CABINET ELEV. (LOWER)



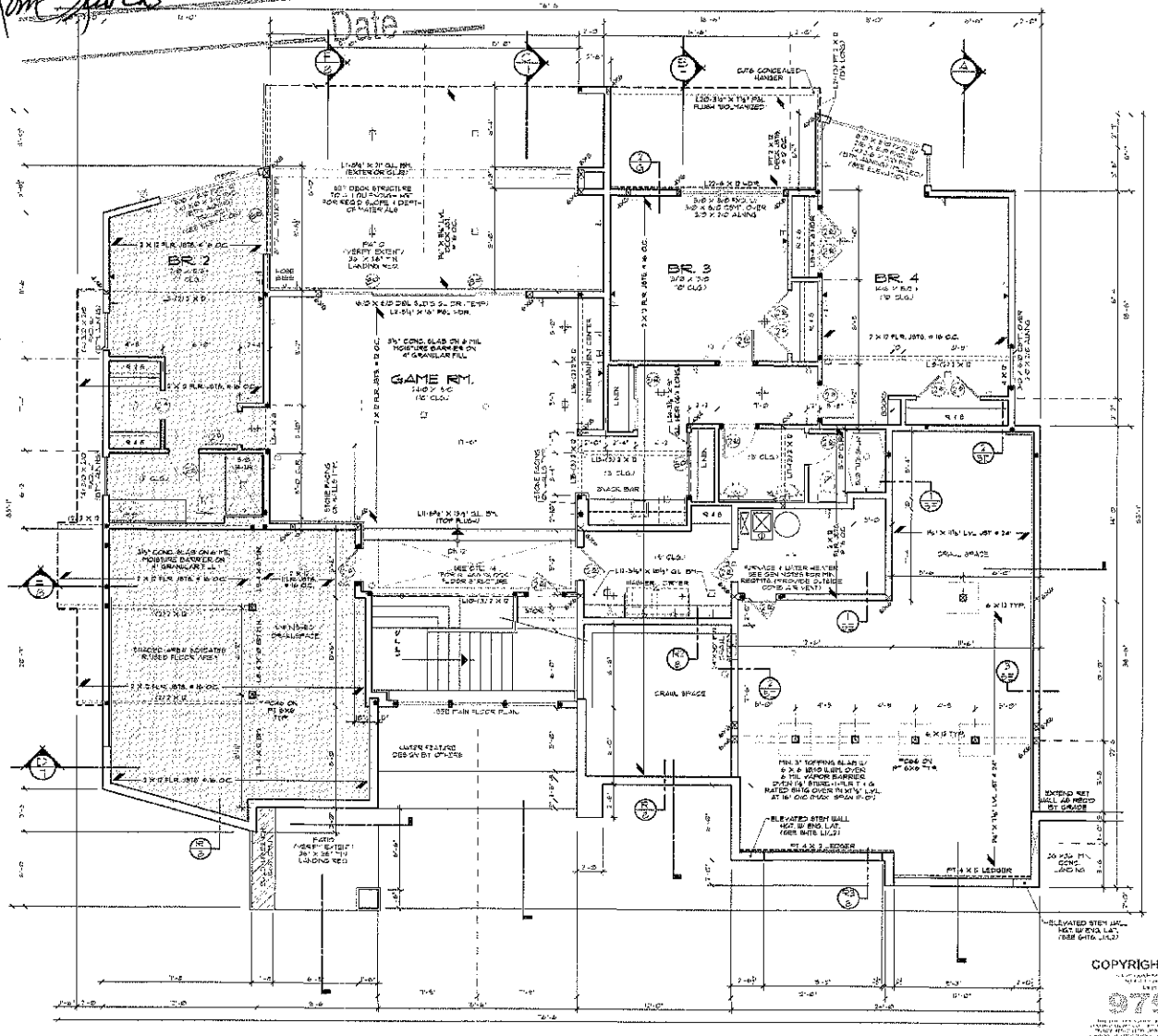
3 EXTERIOR GARAGE ON FRAMING
SCALE: 1" = 1'-0"



INTERIOR BTWN. GARAGE & HOUSE
2 SCALE: 1" = 1'-0"



1 BACK OF GARAGE
SCALE: 1" = 1'-0"



LOWER FLOOR PLAN
SCALE: 1/4" = 1'-0"

** IF LATERAL ENGINEERING IS REQUIRED, REFER TO ENGINEERING SHEETS FOR LATERAL SPECIFICATIONS

LEGEND

- RECESSED INCANDESCENT
- RECESSED DIRECTIONAL INCANDESCENT - TYP. ONE
- WALL MOUNTED INCANDESCENT
- SURFACE MOUNTED INCANDESCENT
- SURFACE MOUNTED FLUORESCENT
- RECESSED EXHAUST FAN VENTED TO THE EXTERIOR
- CHANDELIER TYPE CEILING FAN
- DUPLEX OUTLET
- CEILING MOUNTED DUPLEX OUTLET
- 220V OUTLET
- FLOOR MOUNTED OUTLET VERIFY LOC.
- TELEPHONE OUTLET
- DATA OUTLET
- TELEVISION OUTLET
- SPEAKER LOCATION
- 110 VOLT SPEAKER CONNECTOR (SEE ANTENNA NOTES FOR OTHERS)
- BEARING POINT LOCATION (PROVIDE FOR (1) BEARING MIN. OF FOUNDATION & CONT. WALLS)
- POINT LOAD FROM ABOVE
- 4 X 4 POST FROM ROOF OR VALLEY OR RIDGE DOWN TO BEARING POINT ON WALL BELOW (TYP. OF (2) FOR 1 STORY)
- BEARING WALL SURROUNDING STRUCTURE ABOVE
- 4 X 6 - DOR. & DR. OPENINGS OR FLUSH FLOOR FACING MEMBERS U.N.O. BUILT-UP COL. OF SAME THICKNESS AS WIDTH
- DROPPED STRUCT. MEMBER BEARING ON WALL

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Ascord COLLECTION

25# SNOW LOAD

1410
5

PERMIT # 174491 PIN # 4638357098

IREDELL COUNTY HEALTH DEPARTMENT – *Environmental Health Division*

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

PRIVATE DRINKING WATER WELL PERMIT

Type of Permit (circle one) New Repair Abandonment

APPLICANT INFORMATION

Lisa McGee / Tom Stevenson 570 Williamson Rd M'Ville, NC 704 660-6638

Name Full Address Telephone #

PROPERTY INFORMATION

Hwy 150 W. TR Perth Rd TL Normandy on right

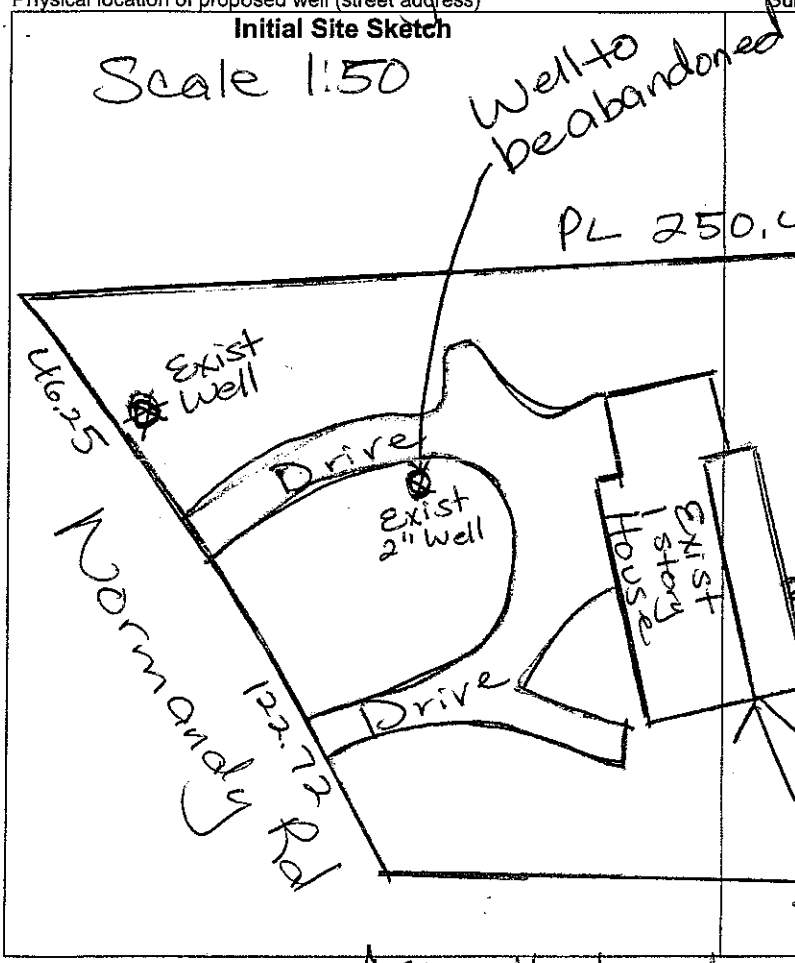
Directions to Site

362 Normandy Rd CL&T 11 96

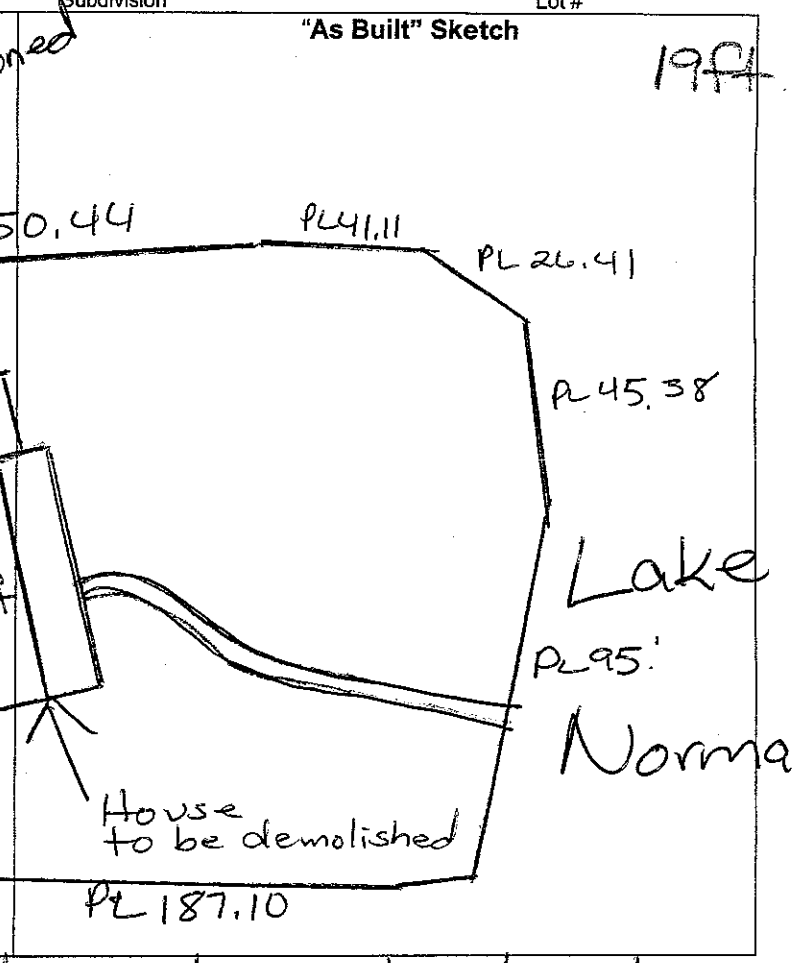
Physical location of proposed well (street address) Subdivision Lot #

Initial Site Sketch

Scale 1:50



"As Built" Sketch



Permit Conditions/ Comments: ☆ Well abandonment must be done by N.C. Cert. Drinking Water Well Driller

Well Permit Issued By: [signature] RS **Date:** 9/26/2012

(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 GPS Coordinates Lat: _____ **Long:** _____ **Well Contractor** _____ **Contractor Cert #** _____

Grout Inspection By: _____ **Date:** _____ **or Certification for Grouting Not Witnessed by Dept** [signature] **Date:** 1-17-13

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 / Pit less Adaptor 8 inches above grade ☐

Well Head Inspection By: _____ **Date:** _____

Certificate of Completion by: _____ **Date:** _____ **Water Samples By:** _____ **Date:** _____

Attachments: Form GW-1a (***required except for abandonment***) ☐ Form GW 30 ☐ Water Sample Results ☐ Plat ☐

Health Dept. Copy - White Applicant Certificate of Completion - Yellow Applicant Well Construction Permit - Pink

R & H of Lake Norman Inc.

Wastewater System Installation and Management
Inspection & Maintenance Agreement

STATE OF NORTH CAROLINA, COUNTY of Iredell. This agreement is made and entered into this date of 2/4/14 by and between Jones (the Owner) and R & H of Lake Norman Inc. (the Contractor).

Witnesseth

WHEREAS, the owner owns or controls the property upon which a ground absorption sewage treatment system is installed, such system being designed a Type 4 system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Adm. Code 18A 1900 et seq,; and

WHEREAS, 15A N.C. Adm. Code 18A 1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the contractor is a management entity of a type authorized by 15A N.C. Adm. Code 18A. 1961 to manage a Type 4 system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below:

1. The Contractor's obligations. The Contractor shall perform the following services on the Owner's system located at 362 Normandy Rd.

   a. The Contractor shall inspect the system at least the frequency required in Table V(b) of 15A N.C. Adm. Code 18A 1961(b) for a Type 4 system.

   b. The Contractor shall perform the following routine maintenance procedures in accordance with conditions of the Operation Permit:

   c. The Contractor shall report results of inspections to the local department at the frequency specified in Table V(b) of 15A N.C. Adm. Code 18A 1961 for a Type 4 system.

   d. If an inspection indicates the need for system repairs, the Contractor shall notify the health department within 24 hours of the then inspection.

   e. The Contractor shall notify the Owner of needed repairs, which are outside the scope of routine maintenance described in sub-paragraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment thereof at the Contractor's normal charge for services and materials.

   f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Adm. Code 18A 1961(b) for a Type 4 system.

   g. The Contractor shall respond to a request for a non-scheduled service or maintenance call within 72 hours after receipt of such request.

2. The Owner's obligations.

   a. The Owner shall pay to the Contractor the sum of $300 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon 60 days advance notice to the Owner but may not increase more than 2 percent per year. The Owner shall pay to the Contractor the normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within 30 days of billing. Payments due to the Contractor and unpaid by the Owner after 30 days shall accrue interest from the due date until paid at a rate of 2 percent per month.

   b. Within 7 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the repairs were satisfactorily completed.

   c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination. This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent. The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local Health Department within 30 days in advance of the date of termination.

c. Termination by the Owner. The Owner may terminate this Agreement by giving notice to the Contractor and to the local Health Department 30 days in advance of the date of termination.

d. Termination by the Contractor. The Contractor may terminate this Agreement for cause by giving notice of intent to terminate this Agreement to the Owner and the local Health Department 30 days in advance of the date of termination. Cause shall be defined as:

1. Failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within 30 days of receipt by the Owner. If the said bill is paid after notice of termination in this Agreement, the Agreement shall continue in effect; or

2. Failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs were completed within 2 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the due date of termination of this Agreement, this agreement shall continue in effect;

3. Failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

4. The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4 below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign it's rights and duties under this Agreement to another management entity, which is qualified pursuant to 15A N.C. Adm. Code 18A. 1961 to manage a Type 4 system upon 30 days written notice to the Owner and the local Health Department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by the subcontractors.

6. Representatives. The parties represent to each other that each has the power, authority and legal right to enter into and perform it's obligations as set forth in this Agreement.

7. Regulatory Amendments. References in the Agreement to sections of the administrative code shall include such rules as the may be amended in the future.

8. No Implied Waiver. The waiver by either party of the default or a breach by the party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provisions; and (b) shall not in any way affect the validity of this Agreement, or the right of either party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by a certified or registered mail, return receipt requested, postage prepaid to the party to be notified and addressed as follows:

To the Owner: Lisa + Russell Jones
362 Normandy Rd
Mooresville, NC 28117

To the Contractor: R & H of Lake Norman Inc.
142 Hidden Harbor Road
Mooresville, NC 28117

To the local Health Department: Iredell County Health Department
610 East Center Avenue
Mooresville, NC 28115

The date of any notice shall be date of personal delivery or the date shown on the return receipt as the date of delivery or attempt delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either party by notice of the other party.

10. Placement of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina notwithstanding the place of execution, or the order in which the signatures of the parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the parties with respect to the subject matter hereof and constitutes the entire Agreement between the parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum practicable in light of such determination, implement and give effect to the intentions of the parties reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such actions, remain in full force and effect.

IN TESTIMONY WHEREOF, the parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the parties, the day and year first above written.

(Owner) (Date)

X [signature] 2/4/14

(Builder)

Chris Hedrick 2/4/14

(Contractor) (Date)