IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222300

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

PIN # 4638-35-8215

APPLICANT: BLUCHER TAYLOR APPLICANT ADDRESS: WINSTON SALEM

SITE ADDRESS: 354 NORMANDY RD. MOORESVILLE PHONE: 336-774-8505 ALT. PHONE:

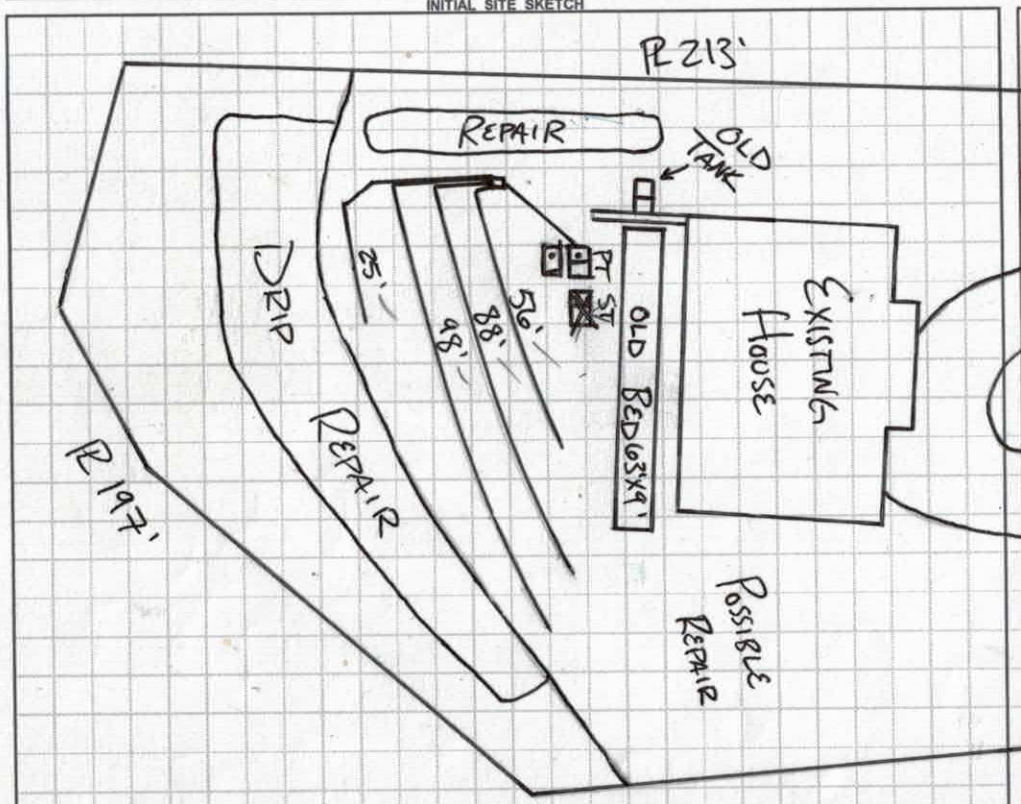
SITE DIRECTIONS: PERTH, TL NORMANDY, ON R

SUBDIVISION: CL&T SECTION: 11 LOT # 95 LOT AREA: DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	12-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	4-9	System Description:	LP- PANEL BLOCK			☐ Business	No. Persons	8	☒ Private
Pump Make	Goulds		Model	VEO81MU	Serial #		Repair System Description:	DRIP			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4	Linear Ft:	267'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"		Max. Trench Bottom Depth	30"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: PUMP, CRUSH & FILL OLD TANK

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

CHECKED TANKS & 1ST 2 LINES 2-14-17 BA

CHECKED OTHER LINES 2-16-17 BA
SET 2' PH
CHECKED ELEC. & ALARM

MAIN. CONT. 3-14-17 BA

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: Laurence L. Taylor Date: 2-9-17 Installed by:

IMPROVEMENT PERMIT by: RA Date: 2-9-17 OPERATION PERMIT by: BA LENTZ Date: 3-14-17

AUTHORIZATION TO CONSTRUCT by: RA Date: 2-9-17 Existing System Inspected by: Date:

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

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

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	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	6%	0-6	GR, CL	FI, SS, SP, SEXP	5YR 5/4/6	48	N/A	N/A	PS .3
		6-20	WSBK, SCL	FR, SS, SP, SEXP	2.5YR 4/8				
		20-33	SBK, CL	FR, SS, SP, SEXP	2.5YR 4/6				
		38-48	ABK, C	FR, SS, SP, SEXP	2.5YR 4/6				
2	8%	0-20	GR, SCL	VFR, SS, SP, SEXP	7.5YR 3/4	48	N/A	N/A	PS .3
		20-27	CL, SBK	FR, SS, SP, SEXP	2.5YR 4/6				
		27-42	C, ABK	FR, SS, SP, SEXP	2.5YR 4/6				
		42-48	C, SBK	FR, SS, SP, SEXP	2.5YR 4/6				
3	5%	0-28	GR, SCL	VFR, SS, SP, SEXP	7.5YR 4/8	48	N/A	N/A	PS .3
		28-43	CL, WSBK	FR, SS, SP, SEXP	2.5YR 3/6				
		43-48	C, SBK	FR, SS, SP, SEXP	2.5YR 4/6				
4	3%	0-25	GR, SCL	VFR, SS, SP, SEXP	5YR 4/6	48	N/A	N/A	PS .35
		25-48	CL, WSBK	FR, SS, SP, SEXP	2.5YR 4/8				

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

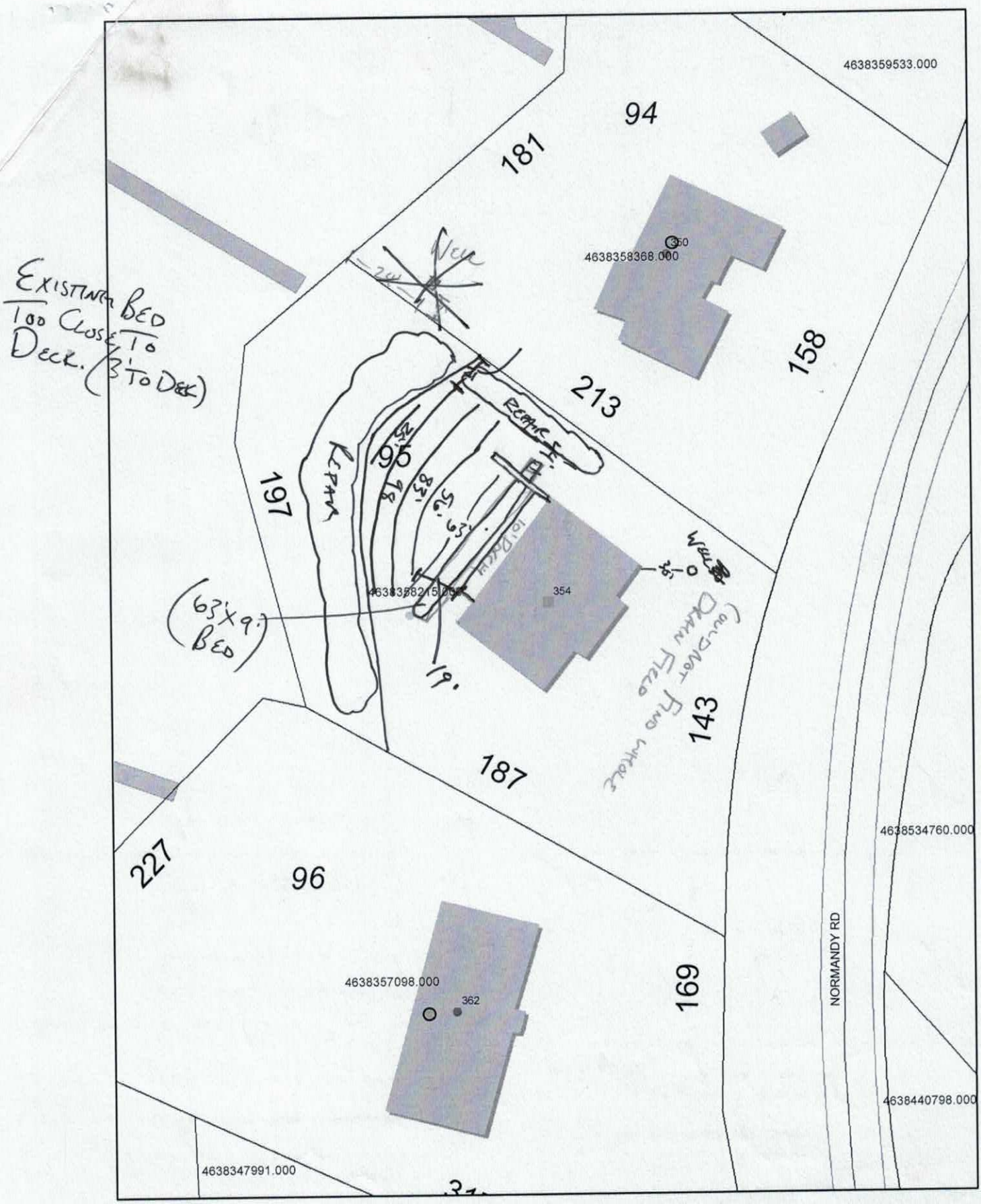
OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS: _____


4638359533.000
94
181
4638358368.000
350
158
213
197
95
354
143
187
227
96
4638357098.000
362
169
NORMANDY RD
4638534760.000
4638440798.000
4638347991.000
EXISTING BED
TOO CLOSE TO
DECK. (3' TO DECK)
(63'X9'
BED
19'
83'
56'
63'
25'
18'
Drain Field
(Out Of Use)
Drain Field
Water
Well
Retaining Wall
Retaining Wall
BTAYLOR12C TRIAD.RR.COM

RECEIVED OCT 5 - 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

#222300

1. APPLICATION FOR: (✓) Improvement Permit (✓) Authorization To Construct ( ) Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Expansion Paid $500.00

The following optional attachments may also be submitted: ( ) Survey Plat, Scaled no more than 1 Inch = 60 Feet ( ) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Place check (✓) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Blucher Taylor	144 Muirfield Dr. Winston-Salem, NC 27104	336 774-8505	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

354 Normandy Rd (Street Address) — CL&T (Subdivision Name) — Lot 95 Section 11 (Section/Phase and Lot Number)

Driving Directions: Hwy 150 to Perth Rd. R on Perth left on Normandy 1 mile on Right with Blue doors

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 existing existing home

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

(✓) 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 1971 (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: Blucher Taylor — 10/5/16

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

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

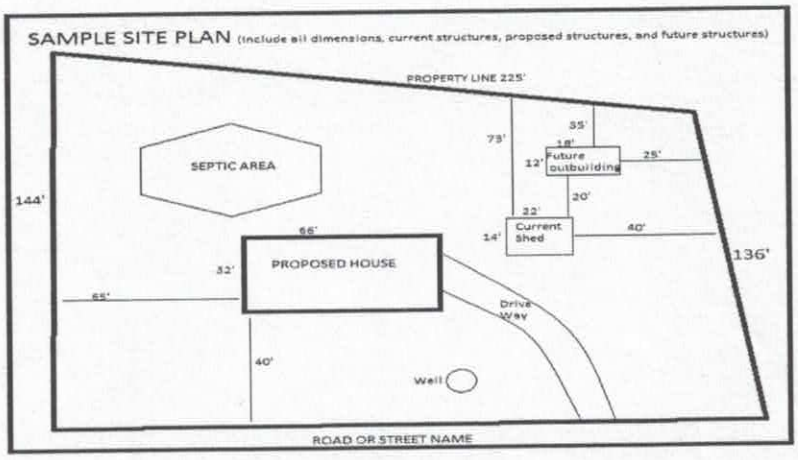
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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 attached

Signature: Frances Dayton Blackwell Taylor

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

10/5/17

DATE

SURVEY FOR

BLUCHER E. TAYLOR AND FR

BEING LOT 95 OF CRESCENT LAND & TIMBER CORP. SECTION II

DAVIDSON TOWNSHIP

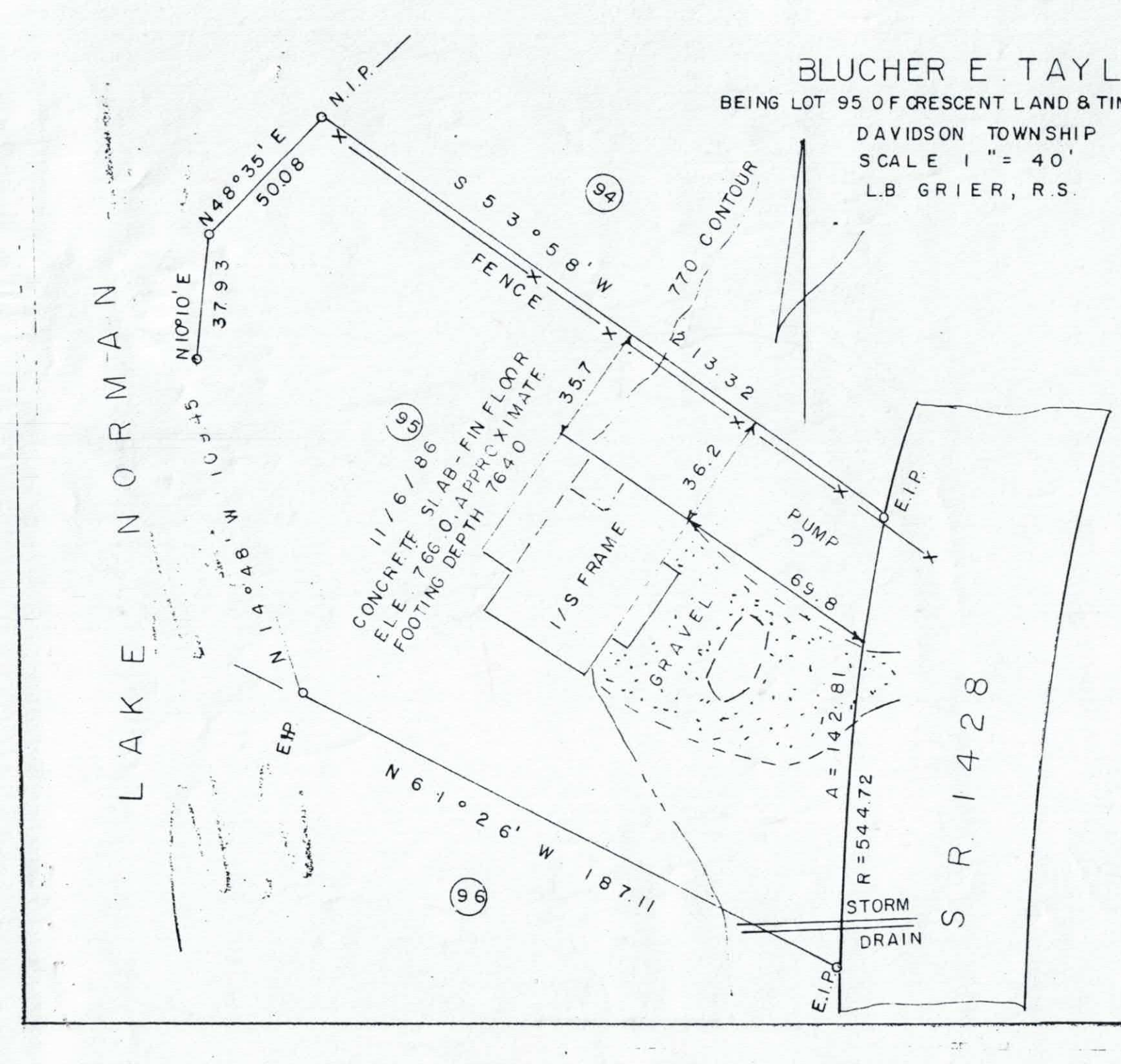
SCALE 1 " = 40'

L.B GRIER, R.S.

IREDE

JUL

STA



General Contractor
Lloyd Hudspeth Mooresville 704-664-4047
1428 Normandy Rd.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date 16 Dec 64

Owner P. Ruffin Ruffin Address Winston Salem

Installed By Honeycutt & Dineen Address Mooresville

Location of Property Sec 11 - beside Voyle - (Lot 96)

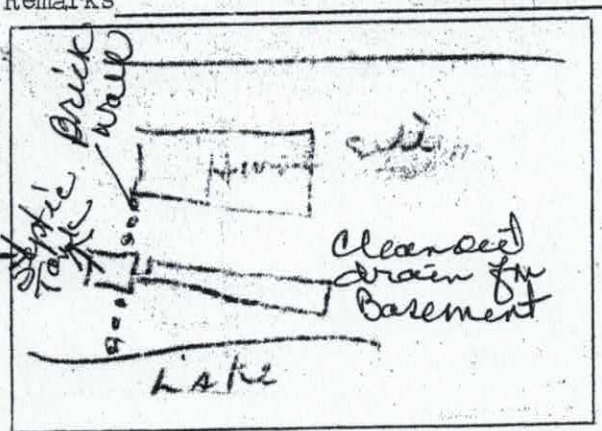
Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	( )	225'	( )	No. of Baths	( )
Precast	( )	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other		Garbage Grdr.	( )
		Other				Other	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 16 Dec 64 Approved X( ) Disapproved ( )

Remarks well not Drilled

Plumber located system



Sketch of Installation

Doug Douglas

Sanitarian

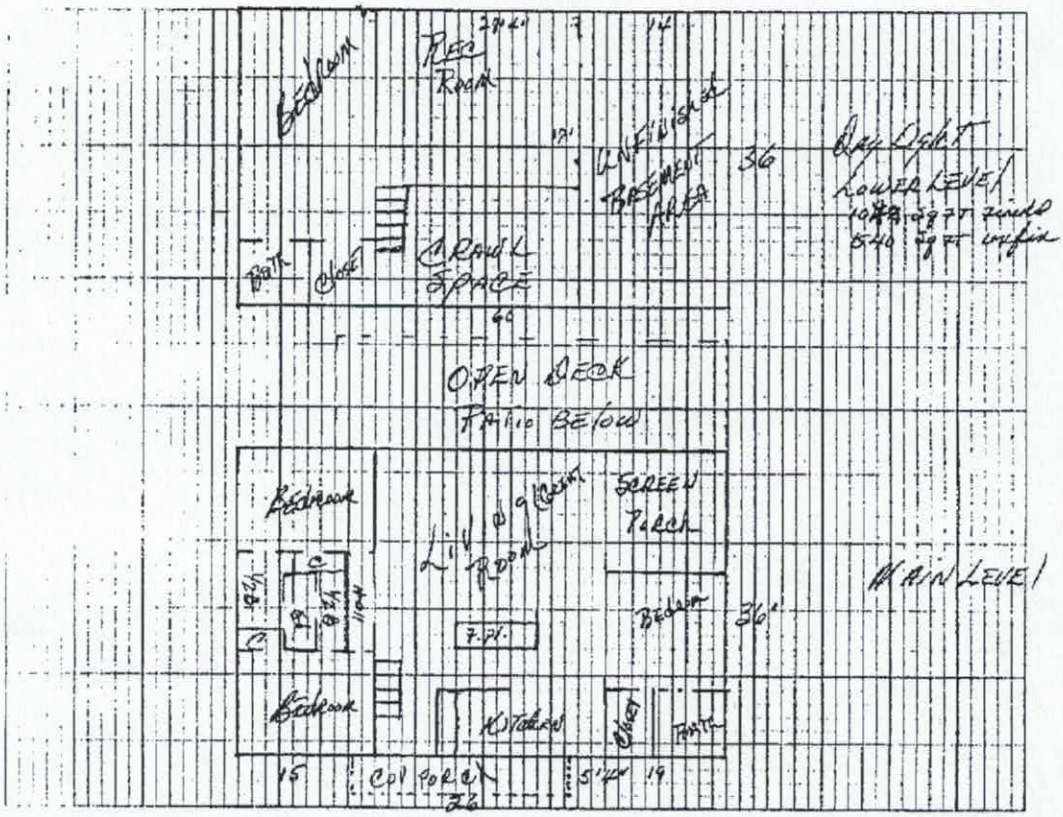
Perm or ID 4638358215

ASSOCIATES 356 DAVIE AVE. STATESVILLE, NC 28677 (704) 873 1148

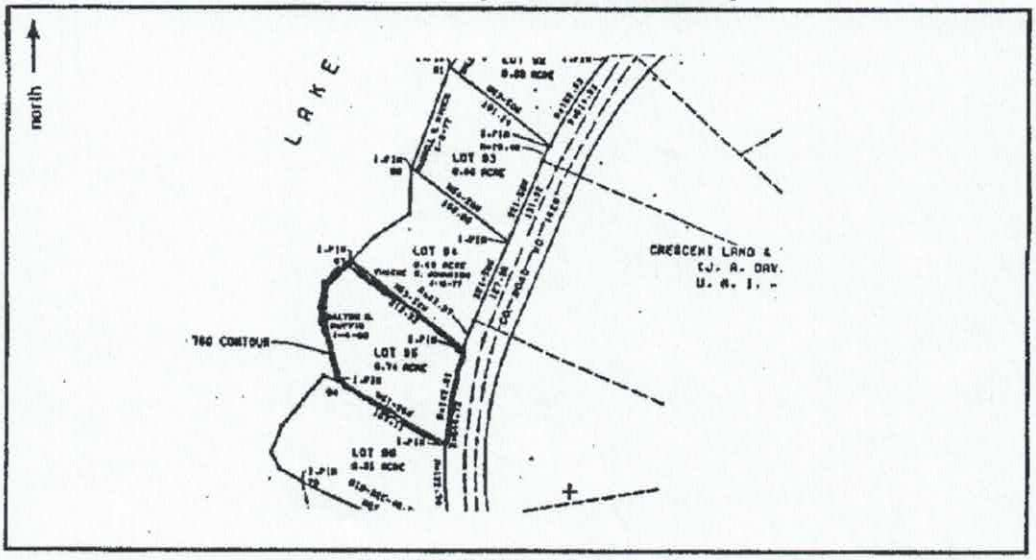
MAP SKETCH ADDENDUM

Borrower/Client	Dalton D. Ruffin	Blucher & Frances Taylor					
Property Address	Normandy Road 354						
City	Mooresville	County	Iredell	State	NC	Zip Code	28115
Lender	N/A						

BUILDING SKETCH



LOCATION MAP [*SUBJECT PROPERTY]



OVER FOR PHOTO ATTACHMENTS

Acknowledgement of Plans Submittal ONLY!

Date

Date

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01-3329

Subsurface (Class IV) Inspection and Maintenance Agreement

Date: Feb 20, 2017

Agreement between: **and** **Rollans Soil & Environmental Services, PA**

Blucher & Francis Taylor
144 Muirfield Dr.
Winston-Salem, NC 27104
(the "Owner")

Ashley Rollans
PO Box 832
Mooresville, NC 28115
(the "Operator")

The Owner owns or controls the property upon which a ground absorption sewage treatment system ("system") is installed, being designated a Type IV system that requires a contract to be executed between the system owner and management entity. In consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is agreed by the Owner and the Operator as stipulated below:

The Operator Obligations: The Operator shall perform the following services on the Owner's system located at:

354 Normandy Rd.

Mooresville, NC 28117

a. The Operator shall inspect, document, and report the system every 6 months.
b. If an inspection indicates the need for system repairs, the Operator shall notify the local health department within 48 hours of the inspection.
c. The Operator shall notify the Owner of needed repairs, which are outside of the scope of routine maintenance described in this contract. The Operator shall perform necessary repairs to the system at the request of the Owner, and shall be entitled to payment at the Operator's normal charge for services and materials.
d. The Operator shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations:
   a. The Owner shall pay to the Operator:
      - $300 total payment based on two [2] inspections per year each billed at $150
      - Any charges for necessary replacement parts
      - Any charges for pumping/removal of solids from tanks
      - Additional maintenance (clearing around any septic components, such as: septic tank, pump tank, drainfield lines, etc.) or labor repair and service calls requested by client billed at a minimum of $55 per hour.

   The annual fee may be amended upon sixty (60) days advance notice to the Owner. The Owner shall pay to the Operator the normal and customary fee for any work performed on the system as a result of nonscheduled service or maintenance calls. The first year payment is due at contract issuance. All fees after contract date are due and payable at the time of services rendered. Unless prior arrangements have been made, fees due to the Operator and unpaid by the Owner are considered past due after seven (7) days of completion of services. Unpaid fees shall accrue interest from the due date until paid, at a rate of 1.5% per month.
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 the 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 thirty (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 Operator and to the local health department thirty (30) days in advance of the date of termination.
   d. Termination by the Operator
      - The Operator may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (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 seven (7) days of receipt by the Owner of the bill. If said bill is paid after notice of termination of this Agreement, but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

2. Failure of the Owner to provide to the Operator authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity. 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 date of termination of this Agreement, this Agreement shall continue in effect; or
3. Failure of the Owner to allow the Operator such access to the system as is reasonably necessary in order for the Operator to comply with the terms of this Agreement.

- The Operator may terminate this Agreement without cause, by notification to the Owner no less than ninety (90) days in advance of the termination date. The Operator may also 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 Operator 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 Operator
      - The Operator may assign its rights and duties under this Agreement to another management entity, which is qualified to manage the system, upon thirty (30) days written notice to the Owner and to the local health department.
5. Use of Subcontractors: The Operator may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Operator's duties under this Agreement. The Operator shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.
6. Representatives: The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.
7. Notice: Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner:	Blucher & Francis Taylor 144 Muirfield Dr Winston-Salem, NC 27104 Phone: 336-774-8505
To the Operator:	Rollans Soil & Environmental Services, PA Ashley Rollans PO Box 832 Mooresville, NC 28115 Phone: 704-746-5046
To the Local Health Department:	Iredell County Environmental Health 610 E. Center Avenue Mooresville, NC 28115

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted 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 to the other Party.

8. Place of Agreement: This Agreement and any questions concerning its validity, the system construction or performance shall be governed by the laws of the State of North Carolina.
9. 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 both Parties.
10. 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, modification or supplements to this Agreement.

Frances Taylor B Blucher Taylor, M.D. 2/21/17

(Owner's Signature) (Date)

Samuel A Rollans 3/1/17

(Mr. Ashley Rollans – Operator's Signature) (Date)