IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 233914

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

PIN # 4638544998

APPLICANT/OWNER: Nest Homes LLC/Norman Point LLC APPLICANT ADDRESS: 236 Raceway Dr. Mooresville, NC 28117

SITE ADDRESS: 254 Normandy Road Mooresville, NC PHONE: 980-500-1239 ALT. PHONE

SITE DIRECTIONS: Rt 150 W → R on Perth Rd → L on Normandy → Site on Right SAP CONTROLLED: ☐ YES ☒ NO

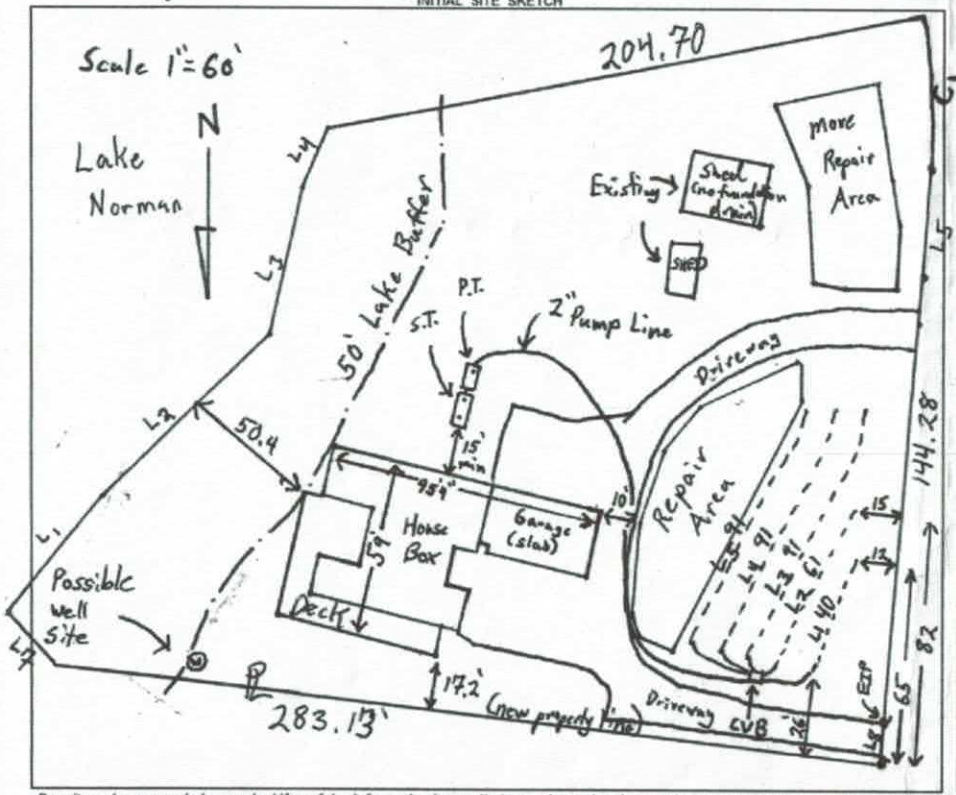
SUBDIVISION: CL+T SECTION: 11 LOT # 77 LOT AREA: 1.18 acres DESIGN FLOW: 600 GPD L.T.A.R.: 0.275

Septic Tank	1250 (gal)	STB	444	Date	8/2/19	☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	5
Pump Tank	1250 (gal)	PT	477	Date	8/1/19	System Description: LP-PPBPS (50% Reduction)	☐ Business	No. Persons	10
Pump Make	Liberty	Model	290HV	Serial #		Repair System Description: same	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	5	Linear Ft	364	Maintenance Agreement Required: ☒ YES ☐ NO	☒ Slab	☐ Crawl Space	
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump line must be installed deeper than 30" or constructed of ductile iron (w/ mechanical joints) below driveway. 87 total panels L1 10 L2 14 L3 21 L4 21 L5 21. Set floats to dose no more than 220 gallons per pumping event. Recommend drilling well before constructing house due to accessibility concerns. Lot lines recently changed (11-19-18) Bk69 Pg57 in land records (pin not yet available). Basement fixtures may need to be ejected. If a whole-house ejection system is used a 2nd septic (trash) tank of equal size shall be required.

INITIAL SITE SKETCH



AS BUILT SKETCH

9/27/19: Dellinger Precast top seam S.T. (conc) w/a Polylok PL-68 filter. (1500 gal)

L1 40
L2 61
L3 91
L4 91
L5 91
} LPPPBPS @ 30" install w/ level checked by laser.

Installed as permitted.

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: 12/4/18 Installed by: Brad Russell

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/3/18 OPERATION PERMIT by: Benjamin D Betts Date: 11/13/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/3/18 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	9/27/19	[illegible]
Tanks Checked	9/29/19	[illegible]
Pressure Manifold or Valve Box Checked	11/13	BB
Pressure Head Set	11/13	
Electrical Checked	11/13	
Floats Set	11/13	
Alarm Checked	11/13	
Maintenance Contract (Y) / N	11/13	
Comments:		

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233914

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

PIN # (new lot lines - PIN not yet available)

APPLICANT/OWNER: Nest Homes LLC/Norman Point LLC. APPLICANT ADDRESS: 236 Raceway Dr. Mooresville, NC 28117

SITE ADDRESS: 254 Normandy Road Mooresville, NC PHONE: 980-500-1239 ALT. PHONE

SITE DIRECTIONS: Rt 150 W → R on Perth Rd → L on Normandy → site on Right SAP CONTROLLED: ☐ YES ☒ NO

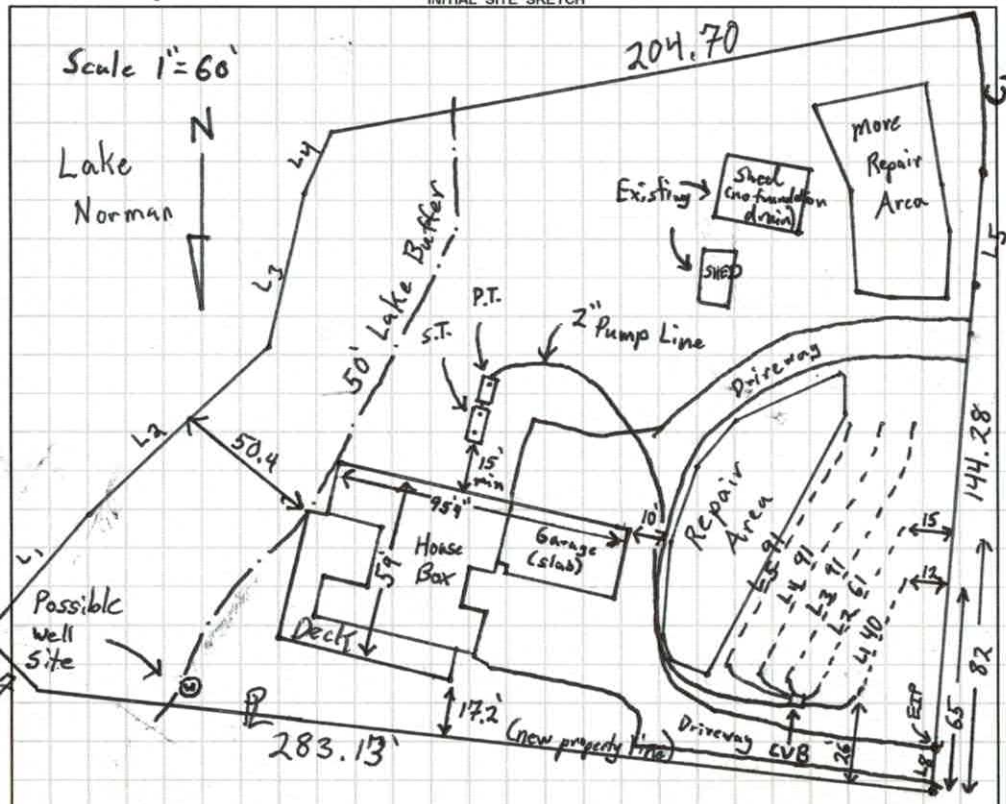
SUBDIVISION: CL+T SECTION: 11 LOT # 77 LOT AREA: 1.18 acres DESIGN FLOW: 600 GPD L.T.A.R.: 0.295

Septic Tank	1250	(gal)	STB 444	Date	8/2/19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1250	(gal)	PT 477	Date	8/1/19	System Description:	LP-PPBPS (50% Reduction)			☐ Business	No. Persons 10
Pump Make	Liberty	Model	290HV	Serial #		Repair System Description:	same			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	364	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump line must be installed deeper than 30" or constructed of ductile iron (w/ mechanical joints) below driveway. 87 total panels L1 10 L2 14 L3 21 L4 21 L5 21. Set floats to dose no more than 220 gallons per pumping event. Recommend drilling well before constructing house due to accessibility concerns. Lot lines recently changed (11-19-18) Bk69 Pg57 in land records (pin not yet available). Basement fixtures may need to be ejected. If a whole-house ejection system is used a 2nd septic (trash) tank of equal size shall be required.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as permitted.

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: 12/4/18 Installed by: Brad Russell

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/3/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/3/18 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet ___ of ___
PROPERTY ID #: 4638-64-590
COUNTY: Iredell

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

OWNER: Greg Smart
ADDRESS: 14573 Braddock Oak Dr. Orlando, FL
PROPOSED FACILITY: 5 BR SFR
PROPOSED DESIGN FLOW (.1949): 600 GPD
LOCATION OF SITE: 254 Normandy Rd. Mooresville

APPLICATION DATE 2/28/18
DATE EVALUATED: 3/15/18
PROPERTY SIZE: 1.08 acres
PROPERTY RECORDED: Yes (1976)

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	16% LSS	0-7	SCL V, W. SBK	Sl. Friable, SS, Sp, Sexp	–	61	–	–	0.3 PS
		7-42"	clay m SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					
		42-61"	clay Loam w. SBK some mica	Sl. Friable, SS, Sp, Sexp 40"+ – 62"					
2	17% LSS	0-10	SCL V, W. SBK	Sl. Friable, SS, Sp, Sexp	–	52	–	–	0.3 PS
		10-25	clay m SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					
		25-56	clay Loam w. SBK some mica + Saprolite	Sl. Friable, SS, Sp, Sexp					
3	19% LSS	0-12	Fill (Sand)	Grey + moderately Drained	–	73	–	–	0.3 PS
		12-28	SCL V. W. SBK	Sl. Firm, SS, Sp, Sexp					
		28-45	clay m SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					
		45-73"	clay Loam w. SBK	Sl. Friable, SS, Sp, Sexp					
4	17% LSS	0-12	SCL V. W. SBK	Sl. Friable, SS, Sp, Sexp	10YR 7/8 Yellow @ 34"-44" some organics	52"	–	–	0.275 PS
		12-33"	clay m SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					
		33-52"	clay Loam w. SBK some	Sl. Friable, SS, Sp, Sexp					
			Saprolite inclusions						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	370	435+
System Type(s)	50% LPP/PS	50% LPP/PS
Site LTAR	0.275	0.250

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS: ___

45	0-8	SCL v.w SBk	Sl. Friable, SS, Sp Sexp	10YR 5/4 @ 35"-52" Mn 20"-52"	0.25 PS
6% Slope SS	8-34	Clay m-SBk/ABk	Sl. Firm, Sticky, Sp, Sexp		
	34-52	clay loam w. SBk	Sl. SS, Sp Friable, Sexp		

105'
90'
25'
+ 10'
2230

65
65
65
40
465

Please CALL prior to inspection

RECEIVED MAR 7 - 2018

Name: Paul — CALL PAUL PERHAPS FOR

Number: 704-996-6330

TY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM SITE VISIT 704-996-6330

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 Paid $500.00 / pd $700.00 4/10/18

The following optional attachments may also be submitted: (X) 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) Kathy Smart GREGG SMART #233914

Applicant Name: NORMAN Point LLC - Smart Family Co & Smart Partners Address: 14573 BRADDOCK OAK DR Zip:
Applicant Email: gsmart@fenwaypartners.com Phone: ORLANDO, FL 32837 Alt. Phone:
Owner Name: SAME Address: SAME Zip:
Owner Email: SAME Phone: 910-623-8355 Alt. Phone: 201-852-2205

Property Information:

Street Address: 254 NORMANDY Rd
Subdivision Name: CL & T Section/Phase: 11 Lot Number: 77
Driving Directions: 150 N, TR PERTH, TL NORMANDY ON Rt @ 254 WATERFRONT lot

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 5
( ) New Multi-Family Residence — Maximum Number of Occupants: 10
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure:
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) 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: _____ 2-28-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Tim Carr
704-402-8594 AC

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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 X 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: X 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	980-500-1239	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Norman Point, LLC	PO Box 3965 Mooresville NC 28117	980-500-1239	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
254 Normandy Road, Mooresville, NC 28117	Crescent Land & Timber Corp.	Phase S11, Lot 77

Driving Directions: I-77 N to exit 36, left onto NC-150, right onto Perth Road, Left onto Normandy Road, lot will be on right

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

- (X) 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 5
Maximum Number of Occupants 10
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (X) 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:**

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **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. industry) 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.

9. **Signature:** Eric Wood — 10/5/18

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

Intermediate Relayouts ICHD

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Tom Has AC Previously Submitted 233914

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an **(X)** *beside whichever is submitted if applicable* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: NEST HOMES, LLC **Address:** 236 RACEWAY DR, MOORESVILLE **Zip:** 28117

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

Owner Name: NORMAN POINT LLC. **Address:** 14573 BRADDOCK OAK DR, ORLANDO Fl **Zip:** 32837

Owner Email: gsmart@fenwaypartners.com **Phone:** 917.623.8355 **Alt. Phone:**

Property Information:

Tom Call me before site visit - Panel P

Street Address: 254 Normandy Road

Subdivision Name: CL&T **Section/Phase:** 11 **Lot Number:** 77

Driving Directions: Hwy 150, TR Perth, TL Normandy, Lot on Rt at 254 Normandy; vacant lot; existing house recently demolished.

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: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
CARPORT/GARAGE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:**
MAY need to modify well Tom on ICHD Permits
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:**
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: T&J Panel

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.

NEW PL RECD 10-23-18

Signature: **DATE** 10-23-18

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

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*) NORMAN POINT LLC

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, NORMAN POINT LLC / KATHY P. SMART / GREGG SMART, am the legal owner(s) of the property located at 262 Normandy Road, CL&T Section 11 Lot 78, identified as

PIN (Parcel Identification Number) 4638555133.000, located in Iredell County, North Carolina.

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

Whitney Smart Kathy P. Smart
Signature of Owner(s)

10/01/2018
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

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 254 Normandy Road, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638545907.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jenna DuBois, Nest Homes, LLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

Eric Wood — Signature of Owner(s) — 10/5/18 — Date

Jenna DuBois — Signature of Witness — 10/5/18 — Date

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

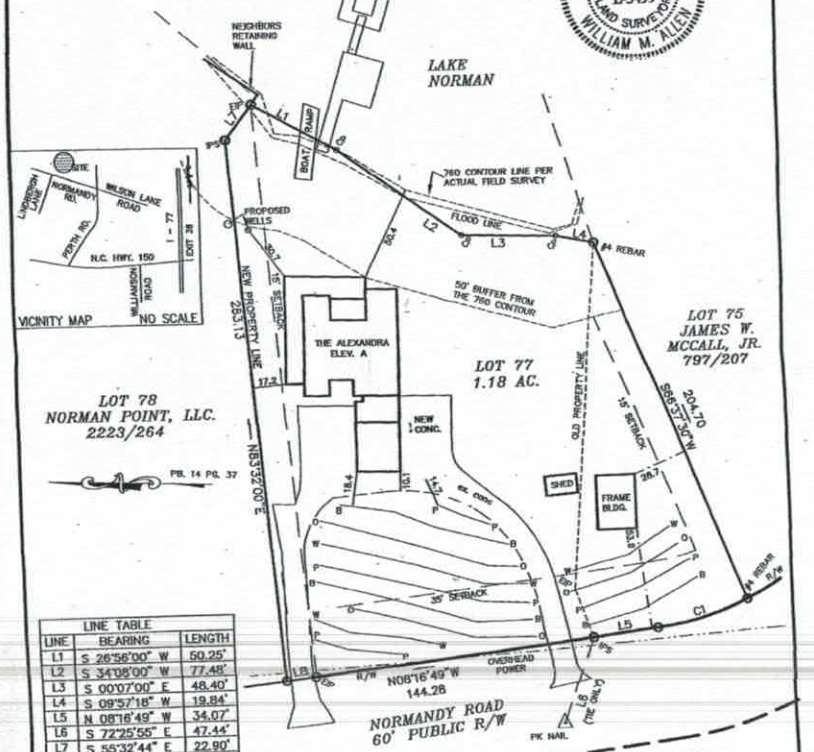
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2223, page 264, and/or plat book 14, page 37, 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 17, day of SEPY. A.D. 20 18. REVISED: OCT. 15, 2018(MOVED HOUSE)

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	146.00'	50.32'	S 17°16'14" E	50.07'



LINE TABLE		
LINE	BEARING	LENGTH
L1	S 26°56'00" W	50.25'
L2	S 34°08'00" W	77.48'
L3	S 00°07'00" E	48.40'
L4	S 09°57'18" W	19.84'
L5	N 08°16'49" W	34.07'
L6	S 72°25'55" E	47.44'
L7	S 55°32'44" E	22.90'
L8	N 08°25'00" W	15.01'

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 781' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWANS FORD DAM (READING ON 1/24/18) ELEVATION: 757.0'
4) OVERHEAD POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'
SCALE IN FEET

LEGEND
'D' = P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
Ⓦ = WELL
☼ = LP = LIGHT POLE
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

PLOT PLAN SURVEY

OF
254 NORMANDY ROAD
LOT 77 CRESCENT LAND & TIMBER CORP., SECT. 11
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 50'
ACQUIRED BY: GREGG SMART

FIELD BOOK:
FILE: CLT 77 S11
DC FILE:
TAX MAP NO: 4638545907

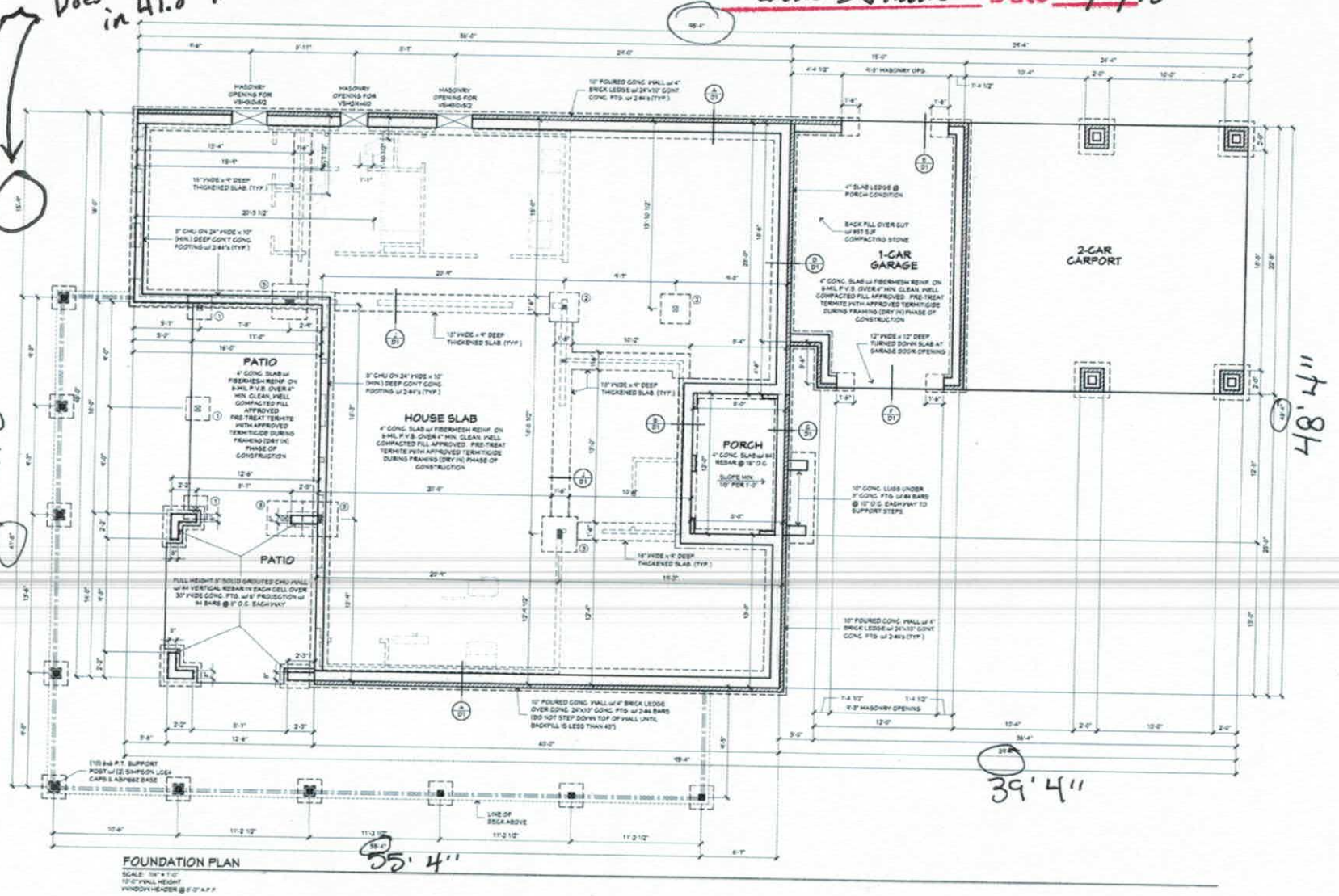
10-23-18 REVISED
SITE PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 12/4/18

95'4" from Stud Date 12/3/18

Doesn't appear included in 41.8" measurement



Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-335-7266

Stamp/seal

Project name/owner
THE ALEXANDRA
ELEVATION A
SECTION 7
LOT 77
WILLIAM & KATHY SMART
14573 BRADDOCK OAK DRIVE
ORLANDO, FL 32837

Date
September 19, 2018

Drawn by
RES

Reviewed by
INITIALS

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

Projection scale
—

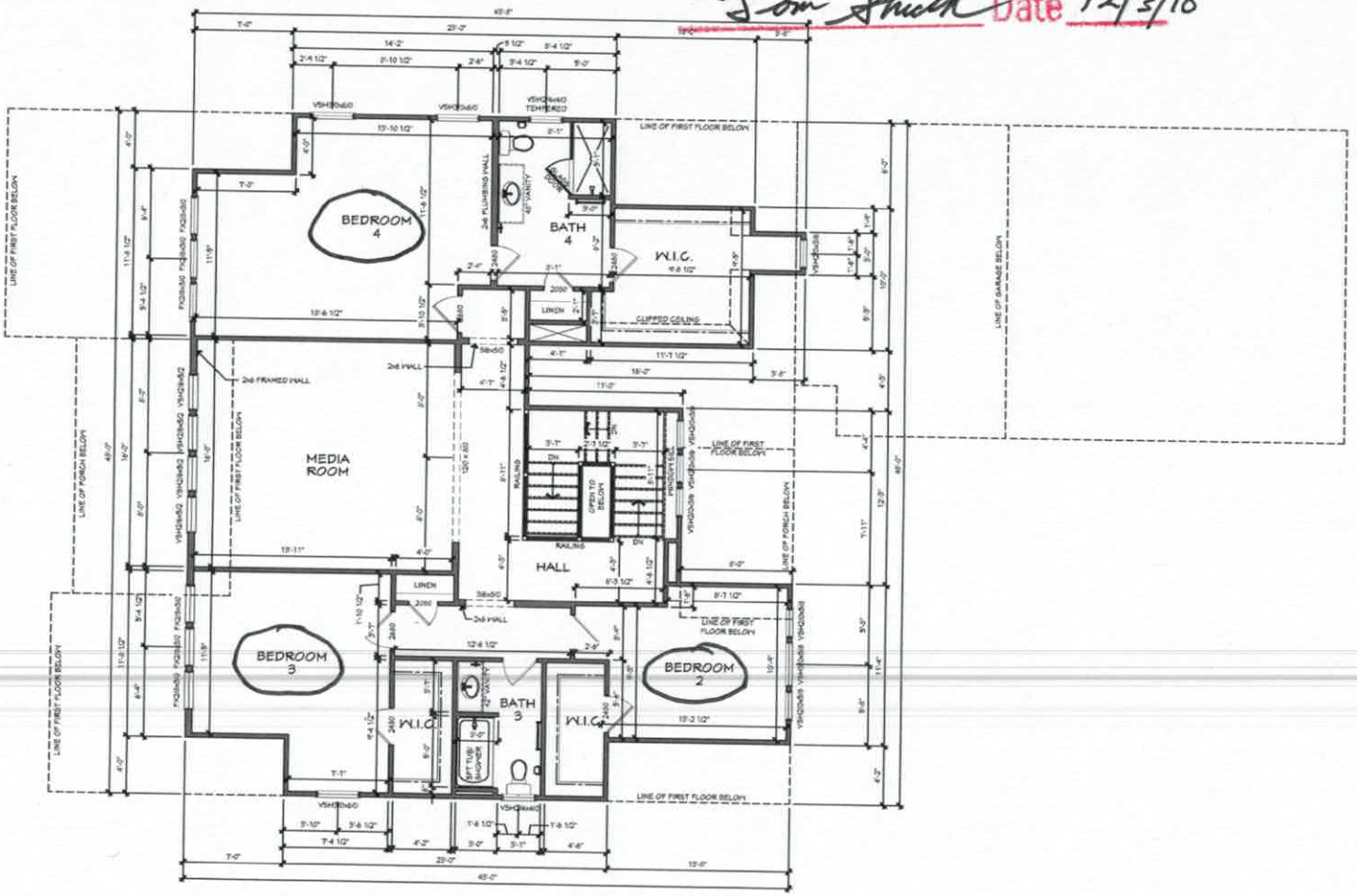
Drawing set
FOR CONSTRUCTION

Sheet title/description
MOND FOUNDATION FARMHOUSE

Sheet no
A2.0

Master plan version
V1.0

Acknowledgement Of
Plans Submittal ONLY!
Date
Tom Shuck Date 12/3/18



SECOND FLOOR PLAN - ELEVATION A
SCALE: 1/4" = 1'-0"
9'-1 1/2" WALL HEIGHT
WINDOW HEADER @ 8'-0" A.F.F.

HOMES
206 Runaway Drive Suite F
Mooresville, NC 28117
(P) 704-799-4063
www.besthomesnc.com

Township/County
TOWNSHIP
COUNTY

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

Stamp/seal

Project name/owner
THE ALEXANDRA
ELEVATION A
SECTION 7
LOT 77
WILLIAM & KATHY
SMART
14573 BRADDOCK OAK
DRIVE
ORLANDO, FL 32832

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Date
September 19, 2018

Drawn by
RES

Reviewed by
INITIALS

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

Project/plan code

Drawing set
FOR CONSTRUCTION

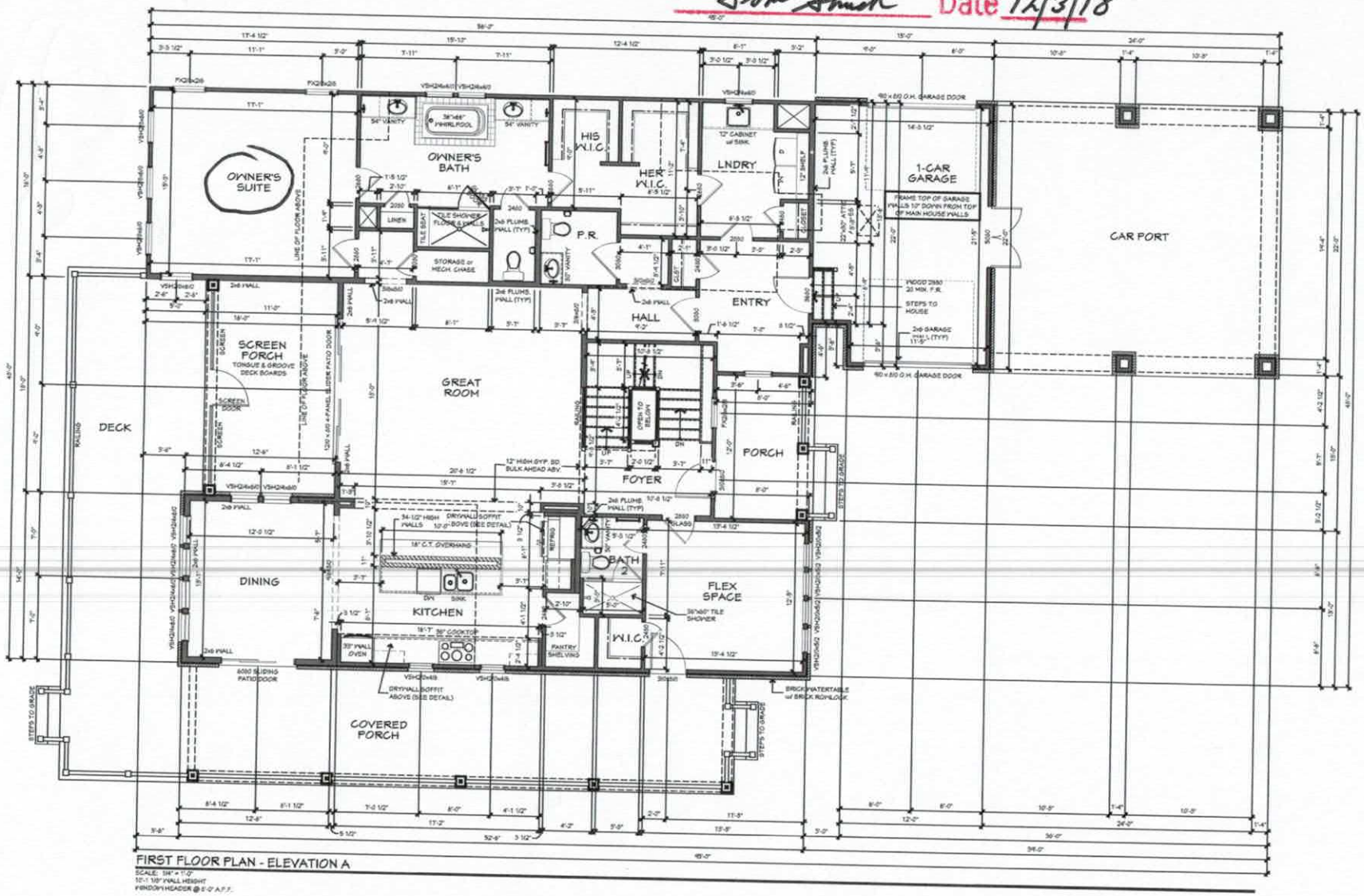
Sheet title/description
SECOND FLOOR PLAN
ELEVATION A

Sheet no.
A4.0

Master plan version
v1.0

G:\Users\Robert Smith\Dropbox (Best Homes)\BEST HOMES - HOME\BUILDING\ARCHITECTURAL SERVICES\2_PRODUCTION_ON YOUR LOT\SMART_VINYL\VINYL_SMART_ALEXANDRA_R4_B\SMART.dwg Plot Date: Wednesday, September 19, 2018 11:29:57 AM Plot Scale: 1"=1'-0" 22"x36" = 1/4"=1'-0"
Plotted By: Robert Smith

Acknowledgement Of
Plans Submittal ONLY!
Date
Tom Shuck Date 12/3/18



FIRST FLOOR PLAN - ELEVATION A

SCALE: 3/16" = 1'-0"
10'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 8'-0" A.F.F.

HOMES

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#250
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-335-7200

Stamp/seal

Project name/owner
THE ALEXANDRA
ELEVATION A
SECTION 7
LOT 77
WILLIAM & KATHY SMART
14573 BRADDOCK OAK DRIVE
ORLANDO, FL 32837

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Date
September 19, 2018

Drawn by
RES

Reviewed by
INITIALS

Plan set scale
24x36 sheet
1/8" = 1'-0"
11x17 sheet
3/8" = 1'-0"

Project/plan code

Drawing set
FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN
ELEVATION A

Sheet no.
A3.0

Master plan version
v1.0

C:\Users\Robert Smith\Dropbox (Nest Homes)\NEST HOMES - HOME\BUILDING\ARCHITECTURAL SERVICES\2_PRODUCTION_ON YOUR LOT\SMART_VINYL\VINYL_SMART_ALEXANDRA_RH_SHAW.dwg Plot Date/Time:Wednesday, September 19, 2018 11:20:58 AM Plot Scale: 1'1x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0"
Plotted by: Robert Smith

IREDELL COUNTY

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

APPLICATION NUMBER
233914
Issue Date: 03/07/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638545907.000	254 NORMANDY ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NORMAN POINT LLC	Applicant: PAUL PENNINGER
Address: 37 PINE STREET	Address: 595 J M PENNINGER RD
CHATHAM, NJ 7928	LEXINGTON, NC 27292
Phone:	Phone: 704-996-6330

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.078	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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	131046	TOTAL FEES:	$ 77.25

WELL ABANDONMENT RECORD

For Internal Use ONLY

1. Well Contractor Information:

Alfred L Kiesling Jr

Well Contractor Name (or well owner personally abandoning well on his/her property)

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc

Company Name

2. Well Construction Permit #: 233914

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☑ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	■ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☐ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 10/5/18

5a. Well location:

Nest Homes

Facility/Owner Name

Facility ID# (if applicable)

254 Normandy Rd

Physical Address, City, and Zip

Iredell

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 85 (ft.)

6c. Borehole diameter: 6" (in.)

6d. Water level below ground surface: 30 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned _____

7b. Approximate volume of water remaining in well(s): 75 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 8oz

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☑ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

20 Bags Hole plug
1 Bag Portland Cement

7g. Provide a brief description of the abandonment procedure:

poured and Hydrated

8. Certification:

Alfred L Kiesling Jr 10/5/18

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

**Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617**

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

**Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636**

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.