IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 2017189

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

PIN # 4638567504

APPLICANT: Greg Miller APPLICANT ADDRESS: 212 Collingswood

SITE ADDRESS: 212 Collingswood Rd Mooresville, NC PHONE: ALT. PHONE: Paul 704996-6330

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Stumpy Creek TL Collingswood Lot on right

SUBDIVISION: Lot SECTION: 14 LOT # 69 LOT AREA: .72 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	4-13-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI Pretreat
Pump Tank	1000 (gal)	PT	37	Date	4-13-17	System Description:	LP PPBPS
Pump Make	Liberty	Model	290HV	Serial #		Repair System Description:	Existing Bed & Cor Trench, Panel & Drip
# Nitrification Fields	1	# Lines		Linear Ft:	267	Maintenance Agreement Required:	☒ YES ☐ NO
Trench Width	min 24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees ___ ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Well must be abandoned prior to A.C. being issued. ~~XX~~ must use check valves in drainlines. Clear check valve is recommended. Septic must be at least 15' from pool at basement

Note lot recorded in 1969. Keep Septic at least 5ft from PL. Fenced off Septic areas during Construction to avoid damage. Note if existing lines used for repair Abandon all

INITIAL SITE SKETCH

AS BUILT SKETCH

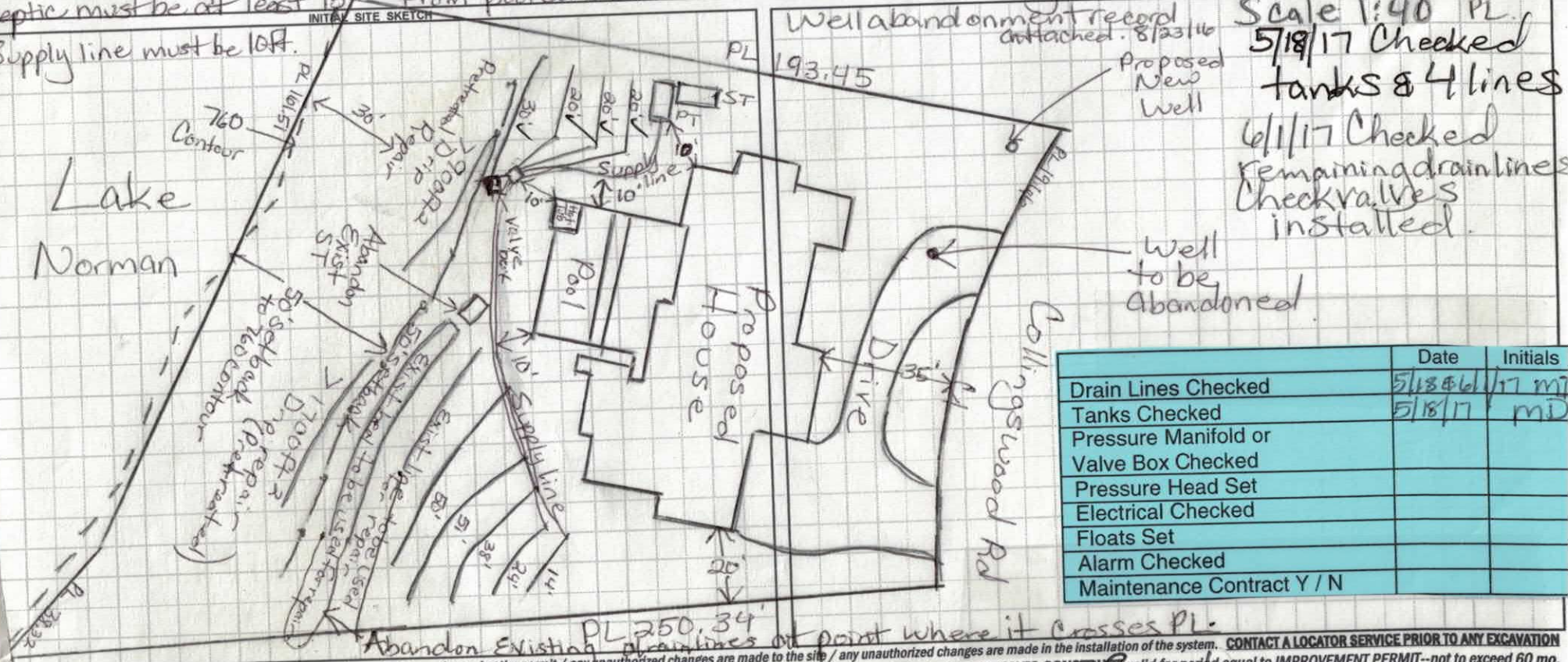
Supply line must be 10ft.

Well abandonment record attached. 8/23/16

Scale 1:40

5/18/17 Checked tanks & 4 lines

6/1/17 Checked remaining drainlines Check valves installed.



	Date	Initials
Drain Lines Checked	5/18 & 6/1/17	mj
Tanks Checked	5/18/17	mj
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

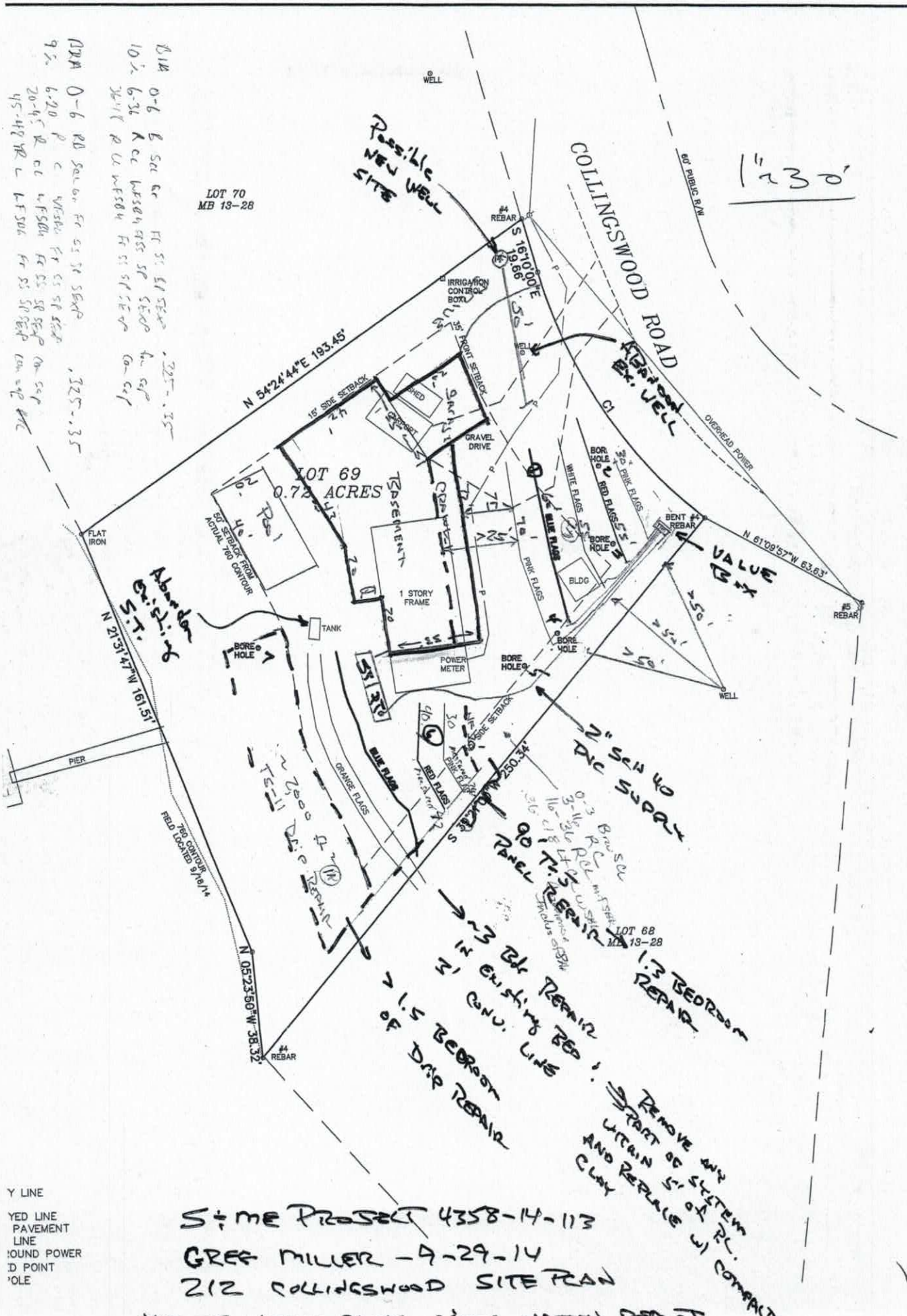
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 3/3/16 Installed by: R&H

IMPROVEMENT PERMIT by: Date: 2/26/16 OPERATION PERMIT by: Date: 6/28/17

AUTHORIZATION TO CONSTRUCT by: Date: 8/23/16 Existing System Inspected by: Date:

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



Rossville New Well Site

Abandon Existing S.T.

Existing Res. Well

Value Ex

2" SCH 40 PVC SUPPLY

90 Panel Repair

1.3 Bedroom Repair

#3 Bdr Repair in existing Res. Cons. Line

1.5 Bedroom Dwg Repair

Remove and Export off System Within 5' of R.L. and Replace w/ Compacted Clay

S+ME Project 4358-14-113

Greg Miller - 9-29-14

212 Collingswood Site Plan

*Must accompany S+ME written report


Newest site plan 2/26/16
MB 13-28
KINGSWOOD ROAD
Possible New Well
#4 REBAR 781.45'
#173 776.8'
S 16°10'00"E 42.66'
IRRIGATION CONTROL BOX
GRAVEL DRIVE
WELL
Abandon Well
Property T.S.
Remove Old Septic Tank & Repair Exist. Cond. Line
2-1500 gal Septic Tanks
2-150' Drip Tubing
2400 sq ft
#175 772.7'
#33 775.9'
N 54°24'44"E 193.45'
#45 772.9'
#44 770.9'
#176 766.6'
#35 775.8'
#32 765.8'
#49 767.7'
#48 767.2'
#38 776.1'
#177 778.6'
#31 765.7'
#47
#30 766.0'
#29 766.1'
#28 767.3'
#27 767.0'
#233 769.9'
#38 773.9'
#5 REBAR
#4 REBAR 760.5
FLAT IRON 761.7
EX. DECK
PROPOSED RESIDENCE
EX. SHED
1 STORY FRAME EXISTING
POOL
HOT TUB
MARK ON DECK
WHITE FLAGS
RED FLAGS
BLUE FLAGS
ORANGE FLAGS
30' FRONT SETBACK
15' SIDE SETBACK
N 61°09'57"W 63.63'
N 21°31'47"W 161.51'
S 39°21'00"W 250.34'
N 05°23'50"W 38.32'
PIER
Abandon Septic Tank
Drip Lines
Abandon Where Dep crosses Line if needed for repair
Abandon Pt. of Cons. Line
LOT 69
0.72 ACRES
LOT 68
MB 13-28
LAKE NORMAL
1" = 30'
2-16-16
Greg Miller
Proposed Septic
SITE PLAN
NOTES:
1. THIS PROPERTY IS LOCATED
2. AREA DETERMINED BY COORD
3. CP DENOTES COMPUTED POIN
4. UNDERGROUND UTILITIES NOT
5. NO NCGS GRID MONUMENTS
6. ALL MONUMENTS ARE EXISTIN
7. THE NUMBERS ON THE PROP
CORRESPOND WITH THE NUME
hord
Chord Bear.

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

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

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

OWNER: Greg Miller
ADDRESS: 212 Coltsfoot Road
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 4 bed
LOCATION OF SITE: _____

APPLICATION DATE: Sept 30
DATE EVALUATED: Sept 2011
PROPERTY SIZE: ~72 ac
PROPERTY RECORDED: A76

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~5-15%	A 0-3	gr sdl	fr ss/se	br				PS .3-.35
		B 3-20	msbk cl	fr ss/so	sdl				
		20-36	wsbk cl	fr ss/se	yell mott	f SAP			
		R 36-48	wsbk cl-l	fr ss/se	yell mott	(48)	(-)	(-)	
2	L ~ 1%	0-4							PS .3-.35
		4-20							
		20-40	Same as 1						
		40-48				(48)	(-)	(-)	
3	L ~10	0-2	gr sdl	fr ss/se	br				PS .35
		2-12	wsbk cl/l	fr ss/se	mott	f SAP (mod)			
		12-27	wsbk cl	fr ss/se	yell mott	f SAP (mod)			
		27-48	wsbk/mbk cl-l	fr ss/se	red/yell mott	f SAP/mod			
			almost rock		yell (-)	(48)	(-)	(-)	
4	L ~10	0-3	gr sdl	fr ss/se	br				PS .3-.35
		3-16	msbk cl	fr ss/se	mott				
		16-38	wsbk cl	fr ss/se	yell mott	f SAP (mod)			
		38-48	wsbk l	fr ss/se	red yell mott	f SAP/mod			
					(-)	(48)	(-)	(-)	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS ex.
System Type(s)	TS	Bed, ex.
Site LTAR	.3+	.3 conv

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS - PEP - must be operated as low ICRW
EVALUATED BY: _____
OTHER(S) PRESENT: TS-D Drip, o.r Drip

COMMENTS: _____

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

Sheet 2 of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Grey Miller — APPLICATION DATE 9-30
ADDRESS: 212 Collingwood — DATE EVALUATED: _____
PROPOSED FACILITY: _____ — PROPOSED DESIGN FLOW (.1949): 4 Bdr — PROPERTY SIZE: _____
LOCATION OF SITE: _____ — PROPERTY RECORDED: 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
3	cut 0 mtn 5%	0-8	WSSBK CL/L	fr SS/SP/PL	W				PS -4
		8-28	WSSBK CL/L	fr SS/SP/PL	SS/S mott				
		28-48	VW(SBK)	MASS	SL SDC w/ C				
					C	28	PS	C	
		Next	100' well setback		— Drw SS/			SETBACK	
6 2	L ~ 10	0-5	WSSBK SCL	fr SS/SP					PS .35
		5-22	MSSBK C	fr SS/SP					
		22-48	WSSBK CL	fr SS/SP	C SDC W				
					C	48	C	C	
5 7	L ~ 10%	0-10	WSSBK SCL	fr SS/SP	mix A+B				PS .35
		6-48	WSSBK CL	fr SS/SP	f-c SDC				
		Almost CB @ 40"			C	48	C	C	
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	T.T	Repair (Except)
Site LTAR	-.34	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: PSP - must
OTHER(S) PRESENT: Landowner by right

COMMENTS: _____

RECEIVED AUG 19 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)

1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ 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:

Greg Miller (Applicant Name)	212 Collingswood Rd (Mailing Address)	704-775-2021 (Home Phone #)	704-678-3323 (Alternate Phone #)
Greg Miller (Owner Name)	212 Collingswood Rd Mooresville, NC 28117 (Mailing Address)	704-775-2021 (Home Phone #)	704-678-3323 (Alternate Phone #)

4. Property Information:

212 Collingswood Rd (Street Address) — CLGT (Subdivision Name) — Sec 14 Lot 69 (Section/Phase and Lot Number)

Driving Directions: Hwy 150W, TR on Perth, TL on Stumpy Creek, LT on Collingswood, Lot on R

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 4
Maximum Number of Occupants 4
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 ( ) Conventional ( ) Innovative X Modified Conventional X Other TJ Panel

8. Please Answer The Following ( ) Yes X No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Greg Miller — 8-19-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Cook Rsvr. P. * Comp. Relayout
for site visit
RECEIVED
Paid $1,200.00
#205989

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

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

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: 212 Collingswood Rd

Applicant Name: Greg Miller **Address:** Mooresville, NC **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 212 Collingswood

Subdivision Name: SL:T **Section/Phase:** 14 **Lot Number:** 69

Driving Directions: Perth Rd, TL Stumpy Creek, TL Collingswood, on Rt past Folkstone

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

Same
(X) Crawl Space Foundation
(X) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply: Abandon

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

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 77, 88
( ) 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?** LW
( ) 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: _____ 12-22-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Greg Miller, am the legal owner(s) of the property located at 217 Collingwood Rd., identified as PIN (Parcel Identification Number) 4635567508, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) (ADC Permitting), 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) 12-21-15 Date

Signature of Witness 12/21/15 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

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:

X Property Line measurements are clearly identified...

X 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

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

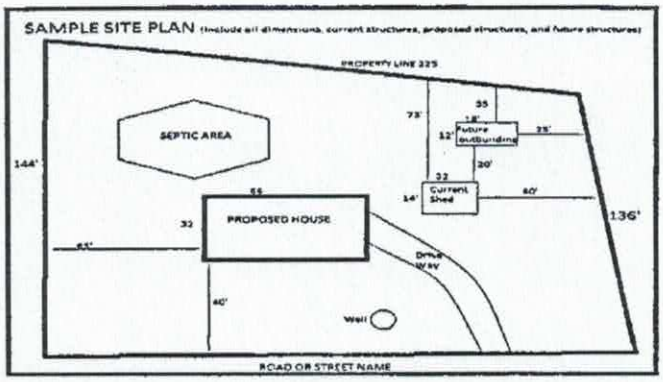
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

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

____ Location of easements and rights of ways on your property... N/A

____ Location of any designated wetlands on the property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

Signature: Greg Mills

REQUIRED property owner or owner's legal representative signature.

8-19-16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

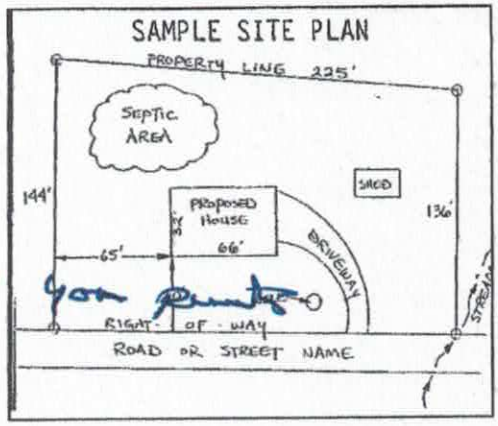
ENVIRONMENTAL HEALTH DIVISION

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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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

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

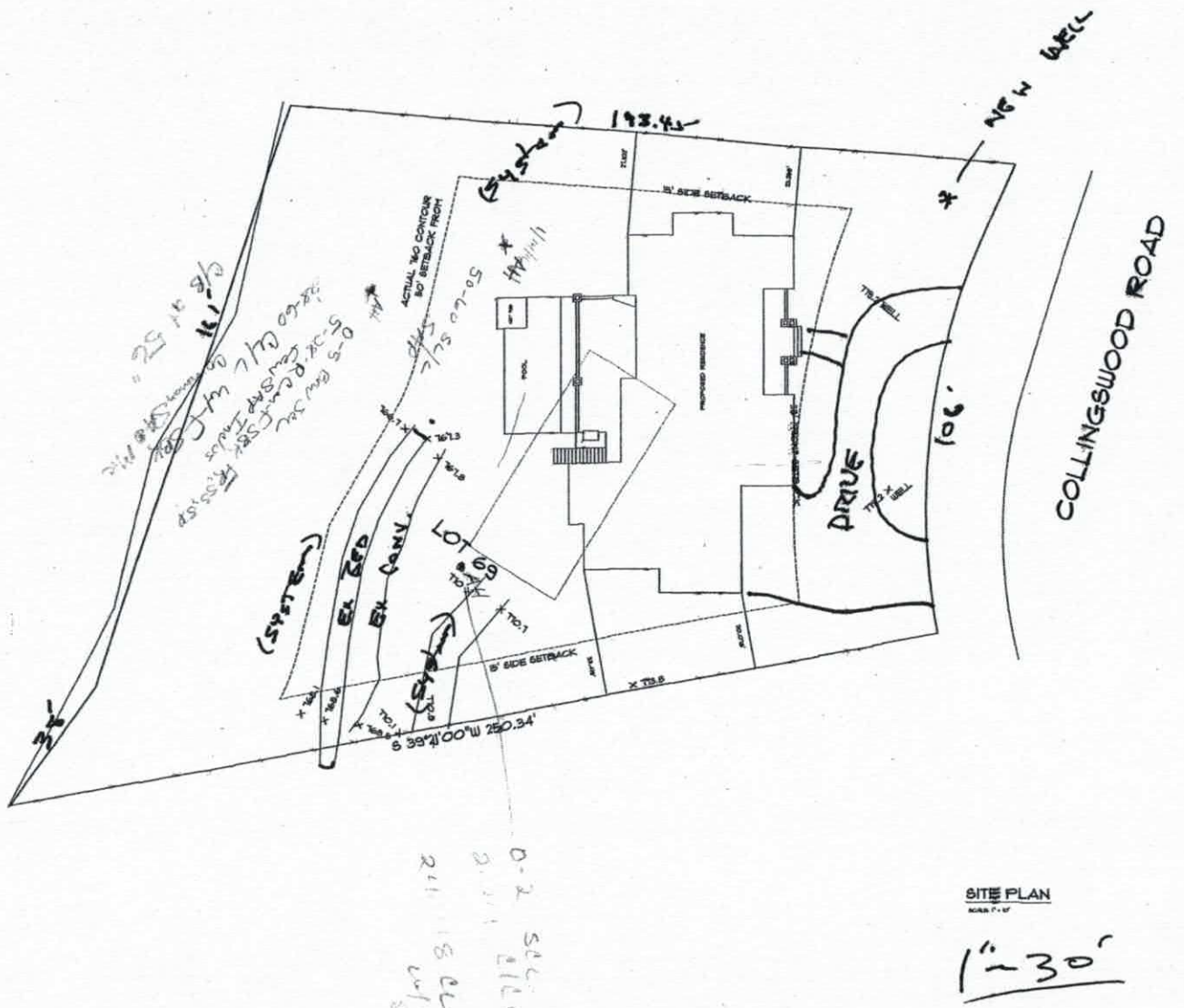
SEE Attached

Signature: _____ 12-22-15

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

ENGINEERED BY:

Custom Residential Designs
P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-8928
fax: 704-545-8600



SITE PLAN

1"=30'

PROJECT:

THE MILLER RESIDENCE

© COPYRIGHT 2015

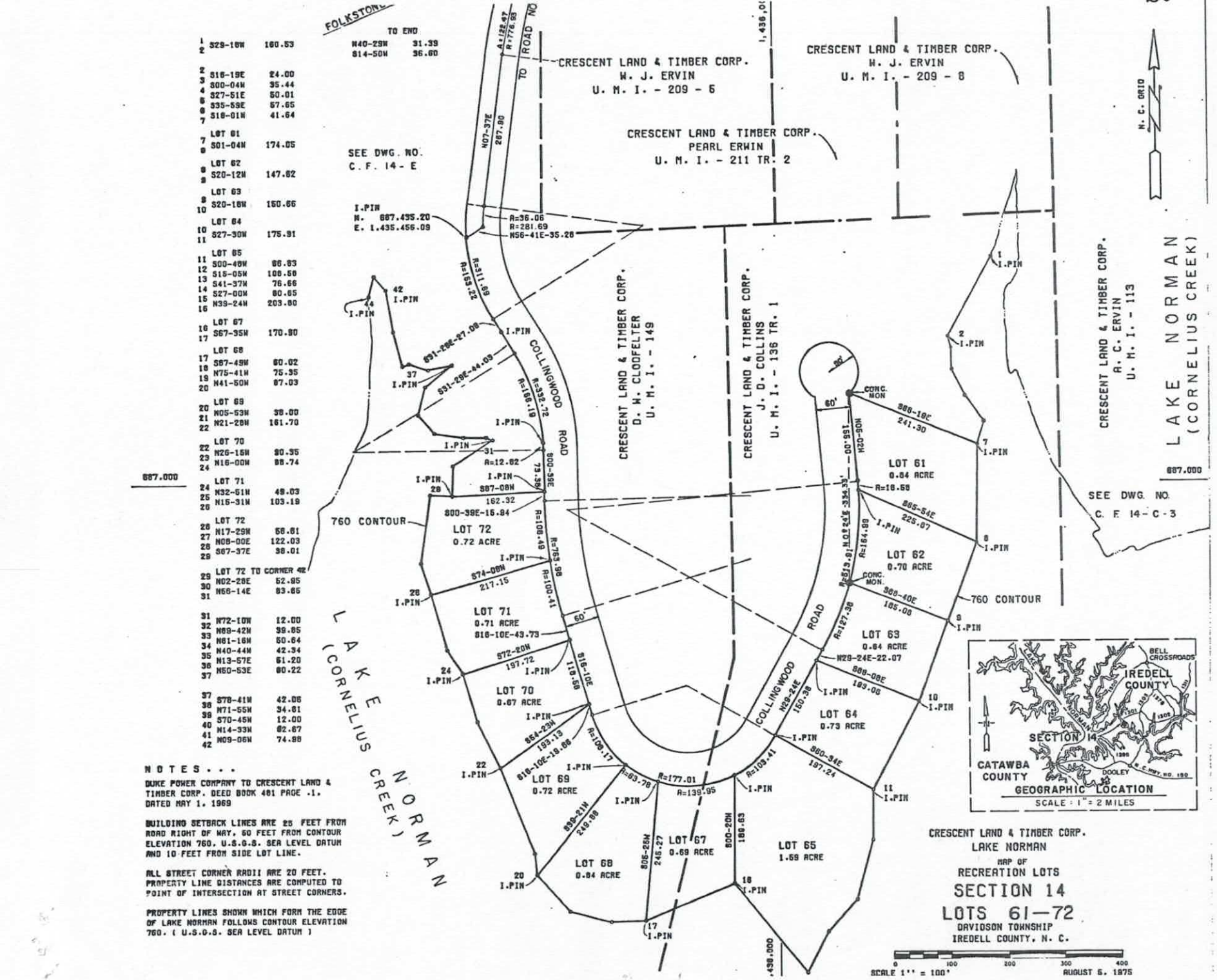
DRAWN BY:
J.J.BARJA

DATE:
12/18/2015

REVISED:

SHEET ____

OF ____



1		TO END	
2	S29-18W	160.53	N40-29W 31.39
			S14-50W 36.60
2			
3	S16-19E	24.00	
4	S00-04W	35.44	
5	S27-51E	50.01	
6	S35-59E	57.65	
7	S18-01W	41.64	
7	LOT 61		
8	S01-04W	174.05	
8	LOT 62		
9	S20-12W	147.62	
9	LOT 63		
10	S20-18W	150.66	
10	LOT 64		
11	S27-30W	175.91	
11	LOT 65		
12	S00-46W	86.83	
13	S15-05W	106.56	
14	S41-37W	76.66	
15	S27-00W	80.65	
16	N39-24W	203.80	
16	LOT 67		
17	S67-35W	170.80	
17	LOT 68		
18	S67-49W	80.02	
19	N75-41W	75.35	
20	N41-50W	87.03	
20	LOT 69		
21	N05-53W	38.00	
22	N21-28W	161.70	
22	LOT 70		
23	N26-15W	90.35	
24	N16-00W	88.74	
24	LOT 71		
25	N32-51W	49.03	
26	N15-31W	103.19	
26	LOT 72		
27	N17-29W	56.81	
28	N08-00E	122.03	
29	S67-37E	38.01	
29	LOT 72 TO CORNER 42		
30	N02-28E	52.95	
31	N56-14E	83.85	
31	N72-10W	12.00	
32	N69-42W	39.85	
33	N61-16W	50.64	
34	N40-44W	42.34	
35	N13-57E	61.20	
36	N50-53E	80.22	
37	S78-41W	42.06	
38	N71-55W	34.81	
39	S70-45W	12.00	
40	N14-33W	82.67	
41	N09-06W	74.98	
42			

NOTES . . .

DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 481 PAGE .1. DATED MAY 1, 1969

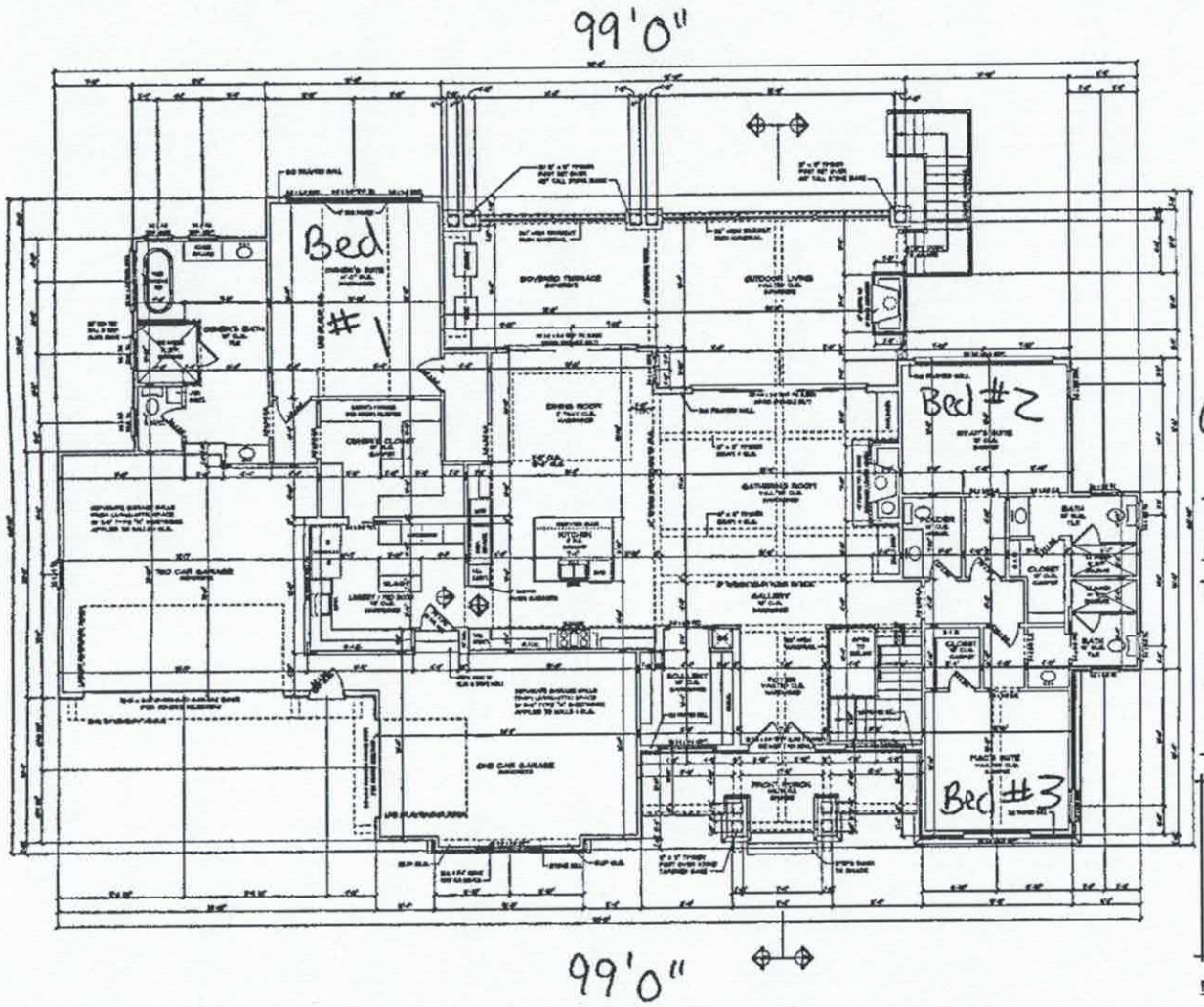
BUILDING SETBACK LINES ARE 25 FEET FROM ROAD RIGHT OF WAY, 50 FEET FROM CONTOUR ELEVATION 760, U.S.G.S. SEA LEVEL DATUM AND 10 FEET FROM SIDE LOT LINE.

ALL STREET CORNER RADII ARE 20 FEET. PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS.

PROPERTY LINES SHOWN WHICH FORM THE EDGE OF LAKE NORMAN FOLLOWS CONTOUR ELEVATION 760. (U.S.G.S. SEA LEVEL DATUM)

CRESCENT LAND & TIMBER CORP.
LAKE NORMAN
MAP OF
RECREATION LOTS
SECTION 14
LOTS 61—72
DAVIDSON TOWNSHIP
IREDELL COUNTY, N. C.

SCALE 1" = 100' 0 100 200 300 400
AUGUST 5, 1975



P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928
fax: 704-545-0600

DETAIL

DETAIL

60'10"

PROJECT:

MILLER RESIDENCE
212 Collingwood Rd
Mooresville NC 28117

© COPYRIGHT 2016

SQUARE FOOTAGE

FIRST FLOOR HEATED	3,344
LOWER LEVEL HEATED	3,346
TOTAL HEATED AREA	6,690
LOWER TERRACE	88
OUTDOOR STORAGE	120
MECHANICAL	32
COVERED TERRACE	320
OUTDOOR LIVING	704
TWO CAR GARAGE	682
ONE CAR GARAGE	323
FRONT PORCH	42
SAFE ROOM	33
TOTAL UNDER ROOF	8,390

FIRST FLOOR NOTES

DRAWN BY:
JOHN STEFANIK
DATE:
06/23/2016
REVISED:

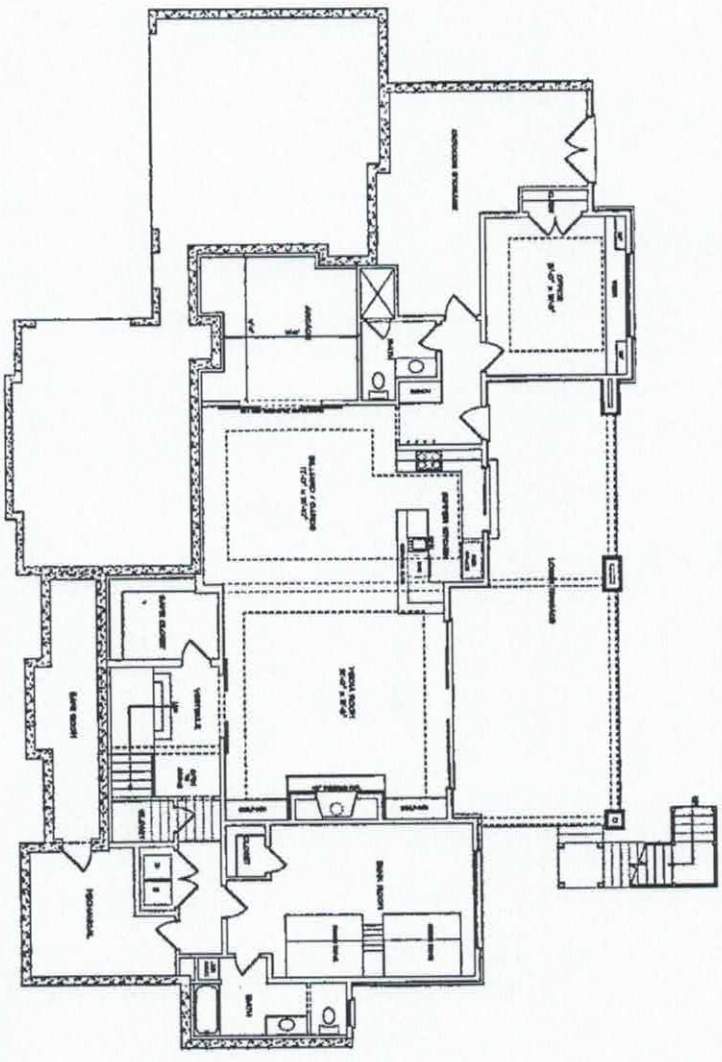
SHEET
5
OF 14

FIRST FLOOR PLAN

Acknowledgement of
Plans Submittal ONLY!

Maria Dotson Date 8/23/16

_____ Date _____



LOWER LEVEL PLAN

Acknowledgement of
Plans Submittal ONLY!

Date 8/23/16

Date

THE MILLER RESIDENCE

IREDELL COUNTY

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

APPLICATION NUMBER
205989
Issue Date: 09/24/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638567504.000	212 COLLINGSWOOD ROAD, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: LAMB MARGARET W	Applicant: ARTISAN CUSTOM HOMES
Address: 400 AVINGER LN APT-110 DAVIDSON, NC 28036	Address: PO BOX 2218 DAVIDSON, NC 28036
Phone:	Phone: 704-987-9369

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.720	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

50FOOT S/B IS OFF THE WATER

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	22520	TOTAL FEES:	$ 77.25

IREDELL COUNTY HEALTH DEPARTMENT

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

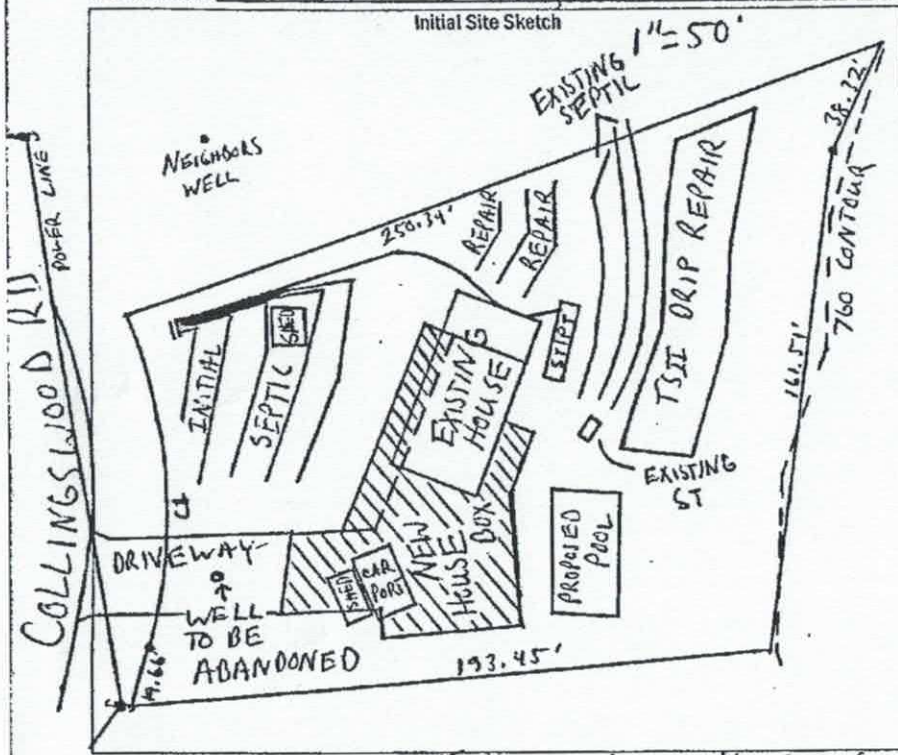
PRIVATE DRINKING WATER WELL PERMIT # 205482 PIN # 4638-56-7504 Type of Permit (circle one): New Repair Abandonment

APPLICANT NAME: John B Johnston ADDRESS: PO Box 2218 Davidson NC PHONE:

DIRECTIONS TO SITE: Hwy 150W, TRon Perth, TLon Stumpy Crk, TLon Collingswood, Loton R

SITE ADDRESS: 212 Collingswood Rd SUBDIVISION: CL&T SECTION/LOT: 14/69

Initial Site Sketch



"As Built" Sketch

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all well rules

WELL PERMIT ISSUED BY: _____ DATE: 10-2-14 (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 Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

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 / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

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

8/19/2016 4:40 PM GMT+2 From: Scanner Pro - To: Ronda Hart Page 6 of 11

Attention: Maria

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

Faxed 7/21/16

For Internal Use ONLY:

1. Well Contractor Information:

Alfred 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 #: 20? 882

List all applicable well permits (i.e. County, State, Variance, Injection, 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: 7/20/16

5a. Well location:

John B. Johnston
Facility/Owner Name

Facility ID# (if applicable)

212 Collingswood
Physical Address, City, and Zip

Iredell
County

4638-56-7504
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: 70 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 20 (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. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

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

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Clorox

7d. Amount of disinfectant used: 80z

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:

2 Bags Holeplug

1 Bag Sackcrete

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

poured + hydrated

8. Certification:

Alfred L Kiesling Jr — 7-20-16
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 02C .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.

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 6/28/12, by and between Gregg + Jem Miller (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 212 Collinswood Dr Mooresville.

   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: Greg + Ben Miller
212 Collinswood Dr
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.

X Tim Carr 6-28-17
(Owner) (Date)

X [signature] 6/28/17
(Contractor) (Date)