PJB 4:00

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 210136

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

PIN # 4636-93-4766

APPLICANT/OWNER: Koehler Homes | APPLICANT ADDRESS: 167 Maple View Dr. Mooresville, NC 28166

SITE ADDRESS: 183 Ringneck Trail Mooresville, Nc 28117 | PHONE: — | ALT. PHONE 704-578-4951 (LSS)

SITE DIRECTIONS: BSR → Canvasback → Broadbill → Ring Neck → in loop | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodland Hills | SECTION: 8 | LOT # 115 | LOT AREA: 0.43 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	8-22-19	☒ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II (III) IV V VI		
Pump Make	—		Model	—	Serial #	—	System Description: PPBPS (50% Reduction) [Parallel Distribution]		
# Nitrification Fields	1		# Lines	5	Linear Ft	200	Repair System Description: LP-PPBPS (50% Reduction)		
Trench Width	24"		Trench Bottom Depth(Low side)			36"	Maintenance Agreement Required:	☐ YES	☒ NO
Gravel Depth	—							☒ GRAVITY	☐ PRESSURE

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years. No grading or cutting within the primary/repair septic areas. Any cuts for the slab construction of the house within 15 feet of septic must be less than 2 feet of depth. As of 10/9/19, house already built. See approved floorplan from 5/14/2019

INITIAL SITE SKETCH

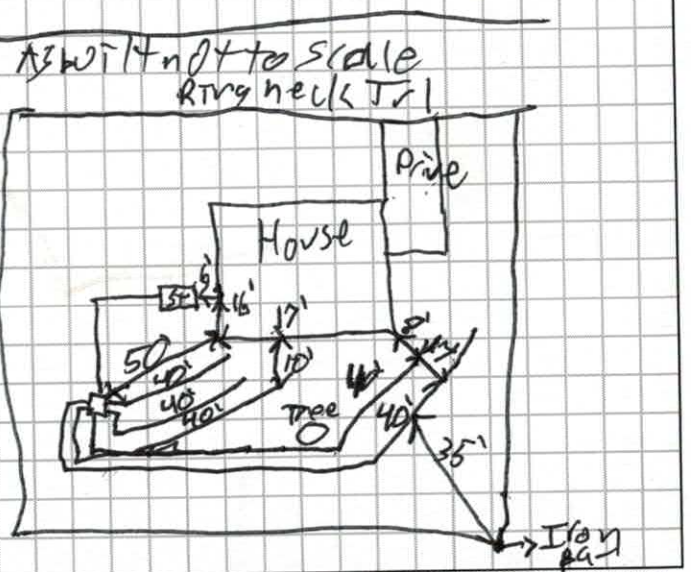
See attached plans from The Oaks Group, PA

Kathleen Saunders LSS #1313

Dated 9/27/19

AS BUILT SKETCH

ST - 6ft from house
Filter installed
4 panels per line - 40ft
10/17/19 Checked ST & upper 3 drain lines
10/18/19 Last 2 lines and Box checked and were good



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**

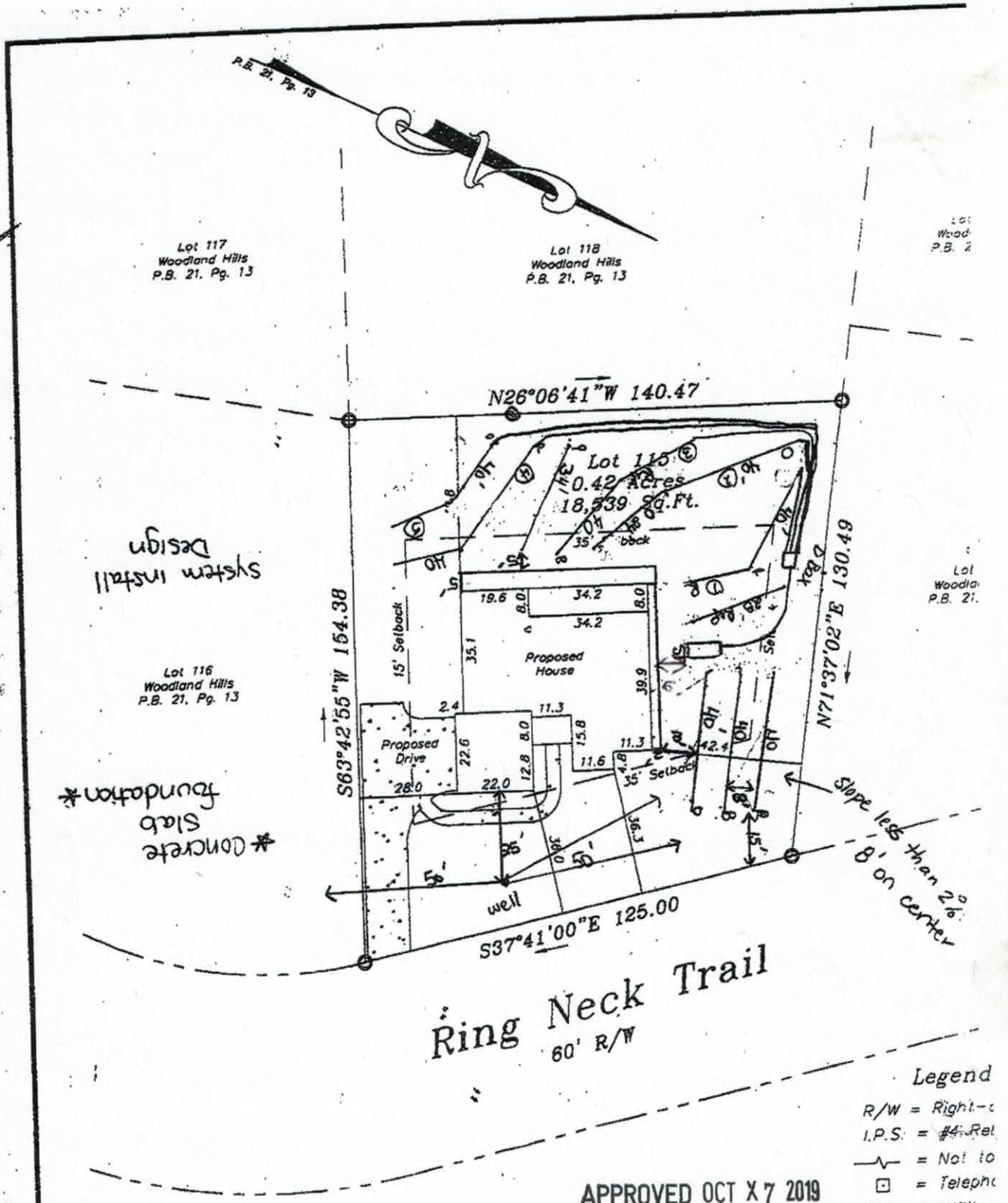
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 10/8/19 Installed by: Groundbreakers.

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/7/19 OPERATION PERMIT by: Patrick J Boyle III Date: 10/18/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/9/19 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.



APPROVED OCT X 7 2019

Legend

R/W = Right-
I.P.S. = #4 Rel
= Not to
= Telephc
= Utility
RCP = Reinfor
Concrete
PSDE = Public
Drainage

GRAPHIC SCAL

40 0 20 40

(IN FEET)

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 21 at Page: 13 as recorded in the Iredell County Register of Deeds.
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

Woodland Hills Lot 115 Septic System Information

Number of Bedrooms	3
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3 Per Existing Permit
Primary System Type	**PPBPS**
No. Lines	5 (See Table)
Total Linear Feet	200
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth Low Side	36" (Per Existing)
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	40 ft of 2" SCH 40 PVC
Repair System	**LP PPBPS**
Total Linear Feet	206
Repair LTAR	0.3

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	Repair	Red	PPBPS	40	
2	Repair	Blue	PPBPS	40	
3	Repair	Orange	PPBPS	40	
4	Repair	Pink	LP PPBPS	28	
5	System	Red	PPBPS	40 endfed	9
6	System	Orange	PPBPS	40 endfed	9
7	Repair	Orange	LP PPBPS	24	
8	System	Blue	LP PPBPS	40 endfed	9
9	Repair	Pink	LP PPBPS	34	
10	System	Red	LP PPBPS	40 endfed	9
11	System	Orange	LP PPBPS	40 endfed	9
					Total: 45
				Total System: 200'	
				Total Repair: 206'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: **Place tank to achieve gravity flow to uppermost line**
Lot will need slight shaping behind house

APPROVED OCT X 7 2019

DEPARTMENT OF ENVIRONMENTAL HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Constance Hold APPLICANT: _____ DATE EVALUATED: 10/5/15
ADDRESS: _____ APPLICATION DATE: _____ PROPERTY SIZE: .43 Acre
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY RECORDED: _____
LOCATION OF SITE: Lot 115 Woodland Hill
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 2%	0-17"	R C/CL m-w	SBK					PS .3
		17-48	R C/CL w	SBK SS, SP, SE, Exp	FR w/ Inclus	48"			
			of SAP						
2	L 3%	0-20"	R C/CL m-w	SBK SS, SP, SE	FR	48"			PS .3
		20-48	R C/CL w	SBK SS, SP, SE	FR w/ Inclus				
			of SAP &	common Mica flakes					
3	L 3%	0-3"	Br SCL	GR SS SP	FR				PS .3
		3-17	R C/CL m-w	SBK		48"			
		17-48	R C/CL w	SBK					
			Some Mica flakes						
4	L 4%	0-18"	R C/CL m-w	SBK SS, SP, SE	Exp, FR	48"			PS .3
		18"-48	R C/CL w	SBK SS, SP, SE	Exp, FR				
			Some SAP Inclus						

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

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

Fnl. Relay.

$225.00
5-3-19
#210136

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Koehler Homes Address: 167 Maple View Dr Zip: 28166
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (Less)

Property Information:

Street Address: 183 Ringneck TR Mooresville 28117
Subdivision Name: Woodland Hills Section/Phase: _____ Lot Number: 115
Driving Directions: BSR, Canvasback, Broadbill, Ring Neck, in loop

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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: _____
( ) New Well ( ) Existing Well (X) 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: Kathleen Saunders 5-2-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP210136

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair $75

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.

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( ) 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: Kathleen Sanders 9-27-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Oscar Koehler Jr, am the legal owner of the property located at 193 Ringneck Trail Mooresville, identified as PIN(Parcel Identification Number) 4636-93-4766.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders, The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

(OLES) 5/2/2019

Signature of Owner Date

_____ _____

Signature of Witness Date

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Oscar Koehler Jr, am the legal owner of the property located at 183 Ringneck Trail, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) KATHLEEN SAUNDERS THE OAKS GROUP, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
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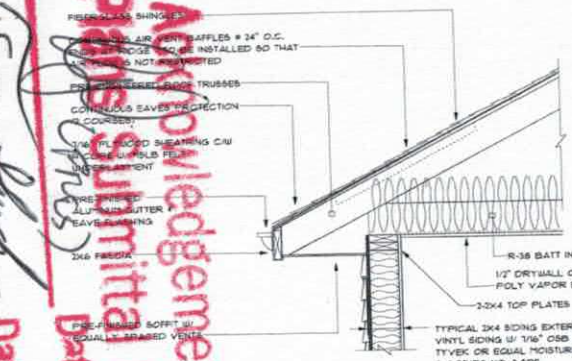
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(SALES) 9/27/2019

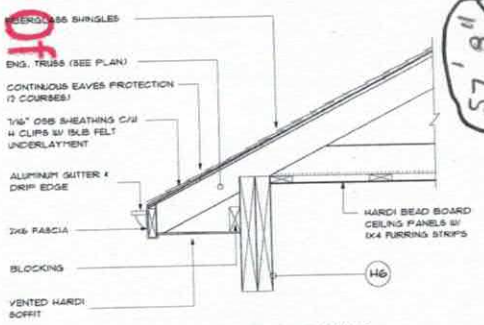
Signature of Owner Date

Signature of Witness Date

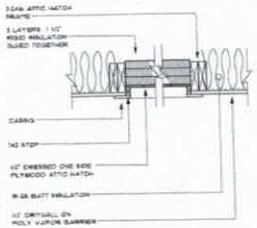
Approved
Plans
Permit Application
Date 5/14/2019
Approved Plans
Permit Application
Date 10/8/19
Development Order
ONLY!



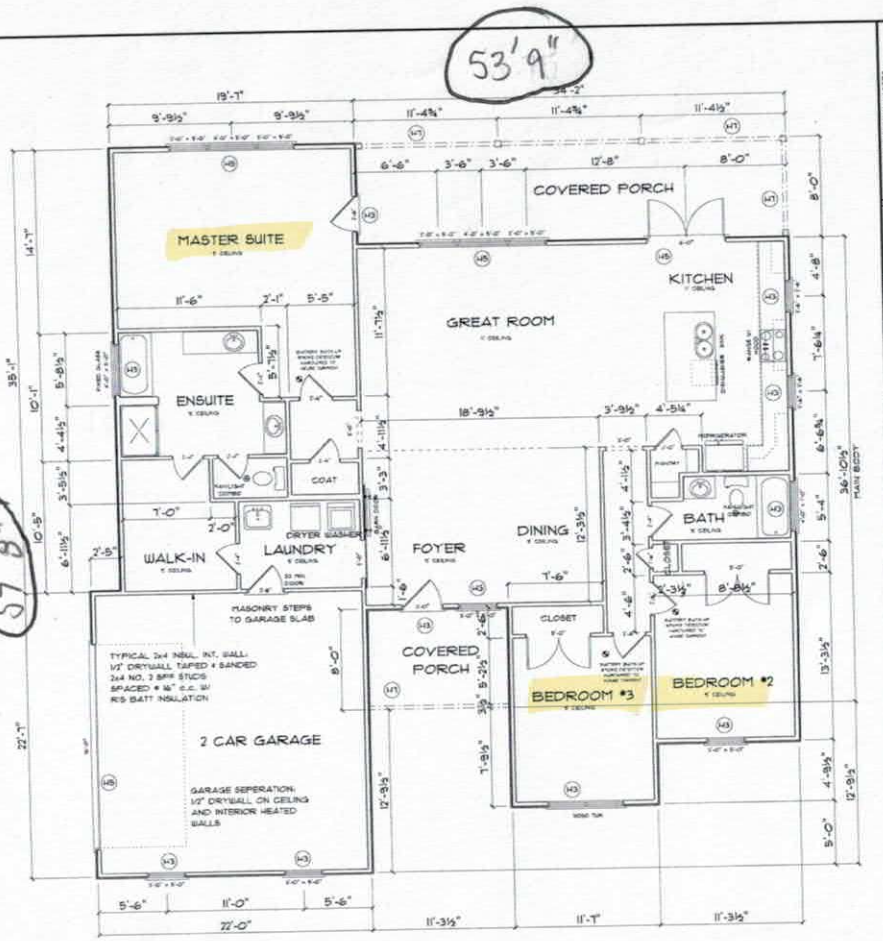
WALL DETAIL



PORCH HEADER FRAMING



ATTIC HATCH



MAIN FLOOR PLAN

1581 HEATED SQ. FT.

H1 (2) 2X6 NO. 2 SYP HEADER W/ SGL JACK STUDS

H2 (3) 2X6 NO. 2 SYP HEADER W/ DBL JACK STUDS

H3 (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS

H4 (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

H5 ENGINEERED LVL BEAM (SIZED BY SUPPLIER)

H11 PT ENGINEERED PSL BEAM (SIZED BY SUPPLIER)

WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/jugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional panel framing requirements will be shown on the drawings.

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTURAL ERRORS ONCE CONSTRUCTION BEGINS.

ADDITIONAL NOTES

DRAWING TITLE: FLOOR PLAN

PROJECT INFORMATION: CRUTCHFIELD RESIDENCE

ORIGINAL DATE	FEBRUARY, 2017
DRAWN BY	D. ELLIS
REVISED DATE	
SCALE	1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704) 855-5624

SHEET NO. A2

IREDELL COUNTY

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

APPLICATION NUMBER
210136
Issue Date: 05/01/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636934766.000	183 RINGNECK TRAIL, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WINSLOW MARK L+CAROLYN WALSH	Applicant: CONSTANCE HOLDINGS LLC
Address: 36	Address: 702-A BRAWLEY SCHOOL RD
IREDELL CO, NC 28625	MOORESVILLE, NC 28117
Phone:	Phone: 704-883-4567

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.430	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	175727	TOTAL FEES:	$ 77.25