IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216161

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

PIN # 4636-93-5209

APPLICANT: Tina + Kurt Krohn APPLICANT ADDRESS: 164 Ringneck Trail Mooresville, NC 28117

SITE ADDRESS: 164 Ringneck Trail - Mooresville, NC 28117 PHONE: 704-609-8668 ALT. PHONE:

SITE DIRECTIONS: BSR towards Lake Norman → Left on Canvasback Rd → Left on Broadbill Drive → Right on Ringneck → On Right.

SUBDIVISION: Woodland Hills SECTION: 4 LOT # 94 LOT AREA: 1.086 acres DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	Exist	(gal)	STB		Date
Pump Tank		(gal)	PT		Date
Pump Make		Model			Serial #
# Nitrification Fields	EXISTING	# Lines			Linear Ft:
Trench Width		Max Trench Bottom Depth		Gravel Depth	

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Existing

Repair System Description: Exempt

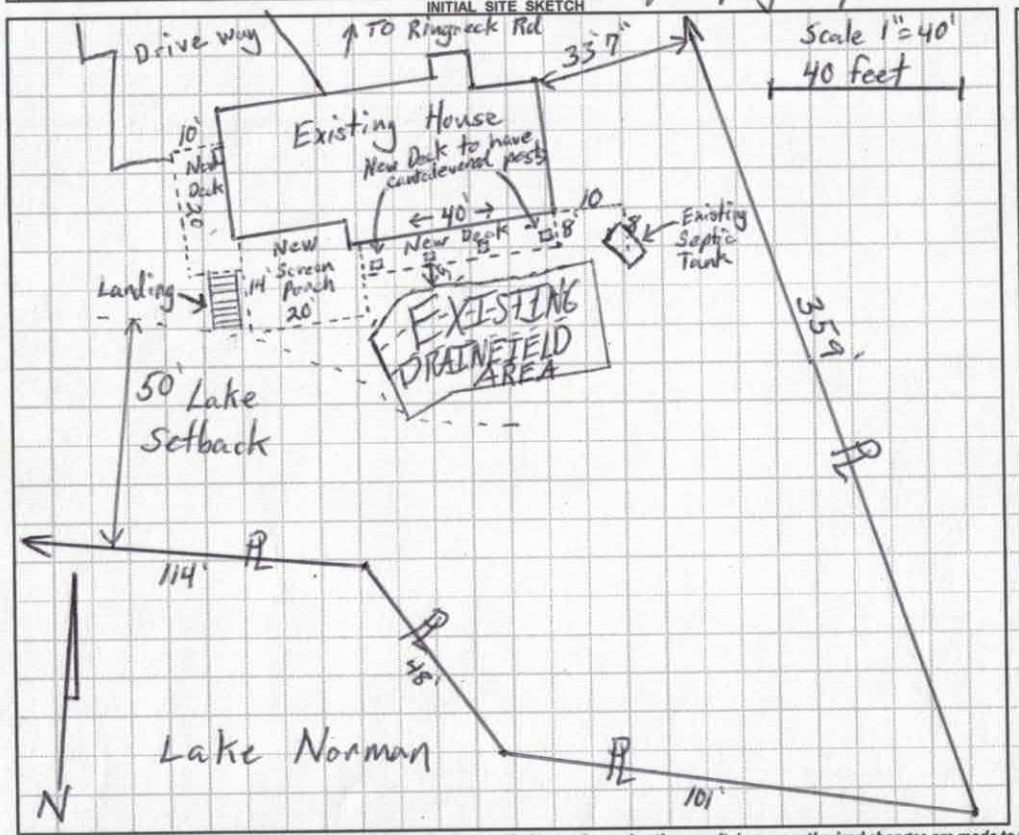
Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 5
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Approval is for a 40'x8' deck, 14'x20' covered porch, and a 10'x20' deck (with landing) Footers/support posts around drainfield to be cantalevered to ensure 5' septic setback is adherred to. Recommend pumping septic tank every 3-5 years + diverting all roof downspout drains away from sewage disposal system area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: Tina B. Krohn Date: 3/16/16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 3-15-16

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

RECEIVED JAN 2 1 2016

Paid $250.00 #216161

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 ___Authorization To Construct X Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check (-) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lake Vision Development 2972	Longcove Ct. Sherrills Ford 28673	704-501-0003	704-402-0463
Owner Name: Krahn, Kurt & Tina	Mailing Address: 164 Ringneck Trail, Mooresville 28117	Home Phone #: 704-809-8168	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
164 Ringneck Trail	Woodland Hills	94

Driving Directions: Brawley School Rd to Conyahack, L on Broadbill Dr, Rgt Ringneck Trail.

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to
(X) Other deck reconstruction, deck extension/covered porch

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:

( ) 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 1991 Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

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: [signature] ___
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Amended pg. 1

Amended 3-15-16

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 ___Authorization To Construct ___ Existing System Inspection

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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:**

Lake Vision Development (Applicant Name)	2422 Longcove Ct Sherrills Ford 28673 (Mailing Address)	704-506-0807 (Home Phone #)	704-402-0463 (Alternate Phone #)
Krohn, Kurt & Tina (Owner Name)	164 Ringneck Trail, Mooresville 28117 (Mailing Address)	704-609-8668 (Home Phone #)	(Alternate Phone #)

4. **Property Information:**

164 Ringneck Trail (Street Address)	Woodland Hills (Subdivision Name)	94 (Section/Phase and Lot Number)

Driving Directions: Brawley School Rd to Canvasback, L on Broadbill Dr, Ron Ringneck Trail.

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
(X) Other deck reconstruction and extension/covered porch.

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1981 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

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: Joanna Murphy ___ DATE
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

Original Pg. 1 (clearer copy)

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, Tina B. Krohn, am the legal owner(s) of the property located at 164 Ringneck Trail Mooresville, 28117, identified as PIN (Parcel Identification Number) 4636935209, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Lake Vision Development, Jodina Pizzuto, 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.

Tina B. Krohn	1/21/16		1-21-16
Signature of Owner(s)	Date	Signature of Witness	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

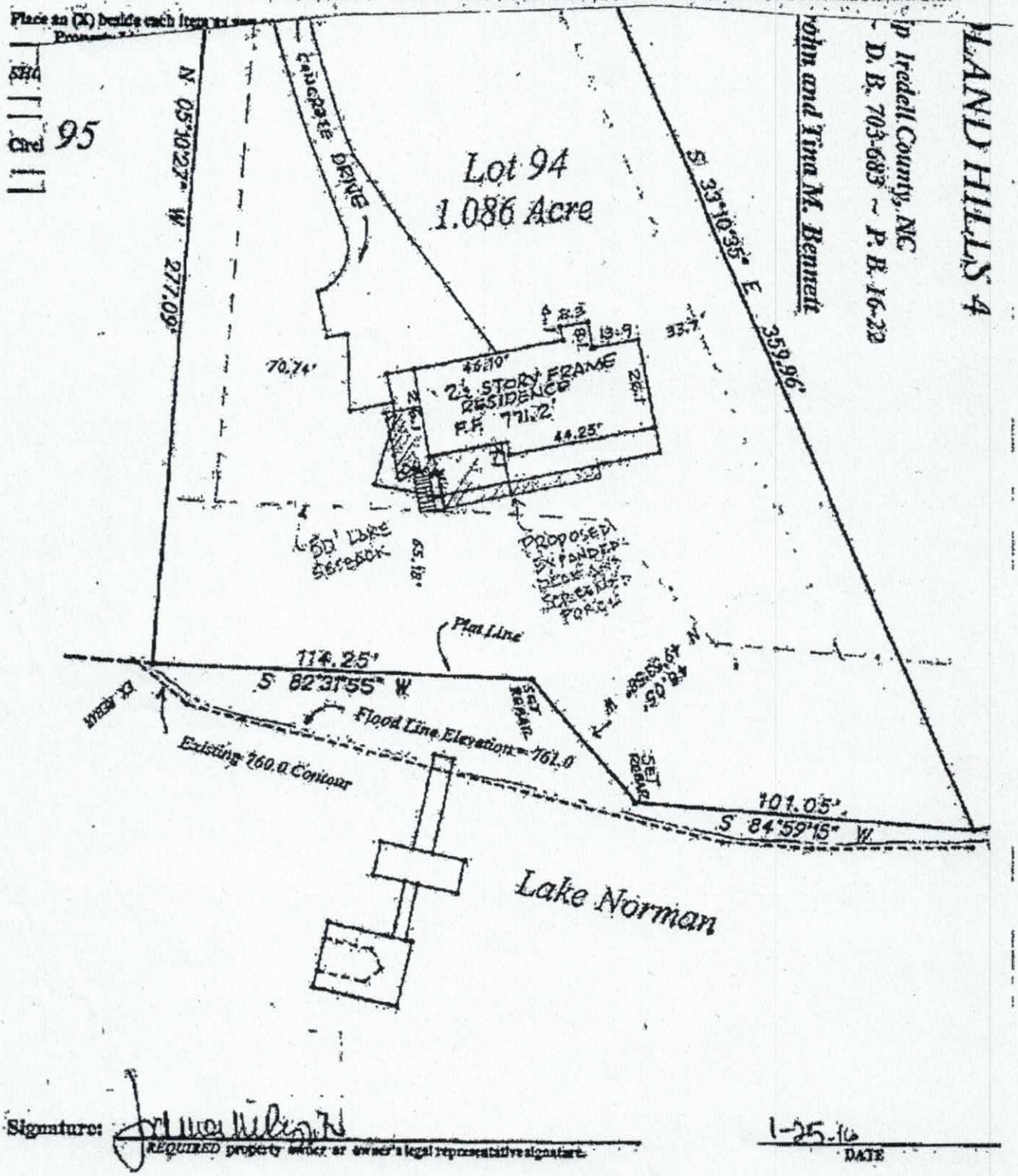
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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 Proceed

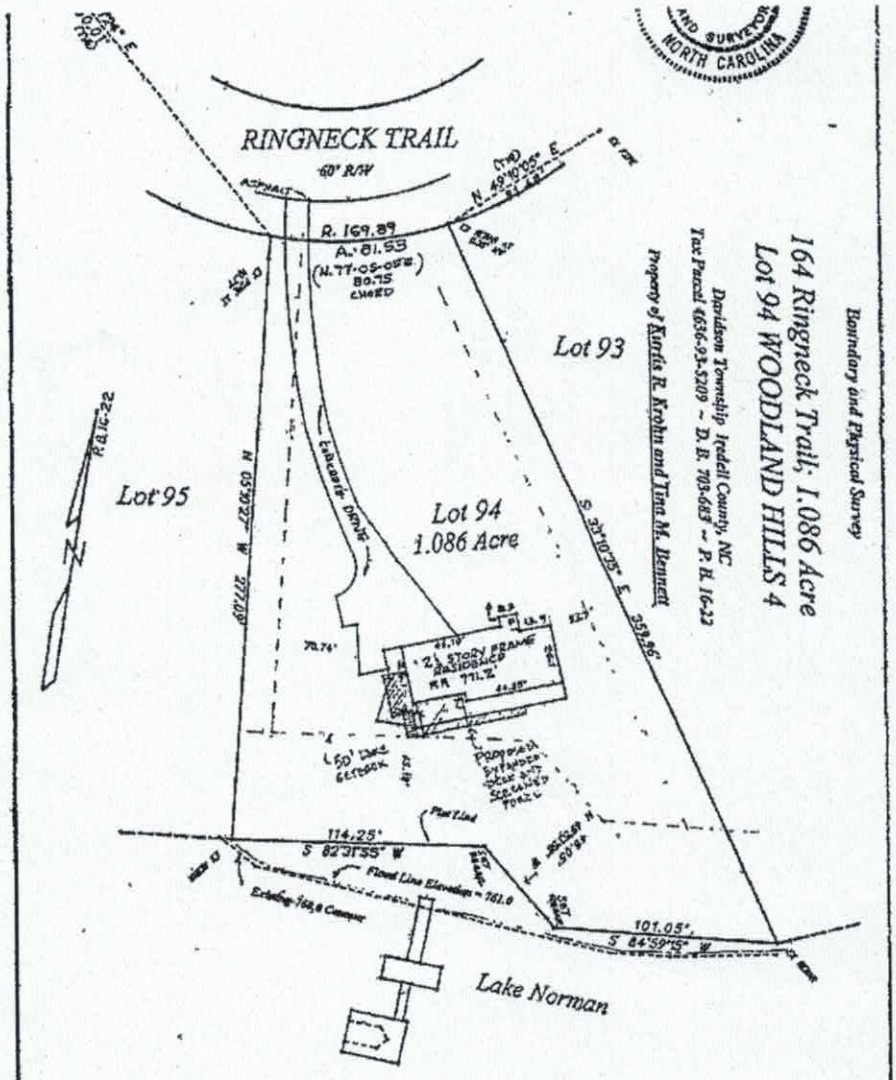


Signature: _____

REQUIRED property owner or owner's legal representative signature

1-25-16

DATE



R. S. Hollifield land surveying / subdivision planning ~ P. O. Box 1036 Troutman, NC 28166
~ phone (704) 871-1175 ~ fax (704) 871-2777 ~ email: holicon@vvi.net ~

A RENOVATION CONCEPT FOR:
KURT AND TINA KROHN
164 RING NECK TRAIL
MOORESVILLE, NORTH CAROLINA
IREDELL COUNTY

Creating where people live

PIPPIN HOME DESIGNERS

IREDELL COUNTY HEALTH DEPARTMENT 4636935209

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Phil McCraner DATE 7-10-81 PERMIT NO. 208

PHONE: Business _____ Home _____

LOCATION 400 ft 1179 ~.8 mile N Bear Pt on R on Circle on R on Hwy _____ S. R. No. _____

SUBDIVISION NAME Woodland Hills LOT NO. 94 SECTION OR BLOCK NO. 4

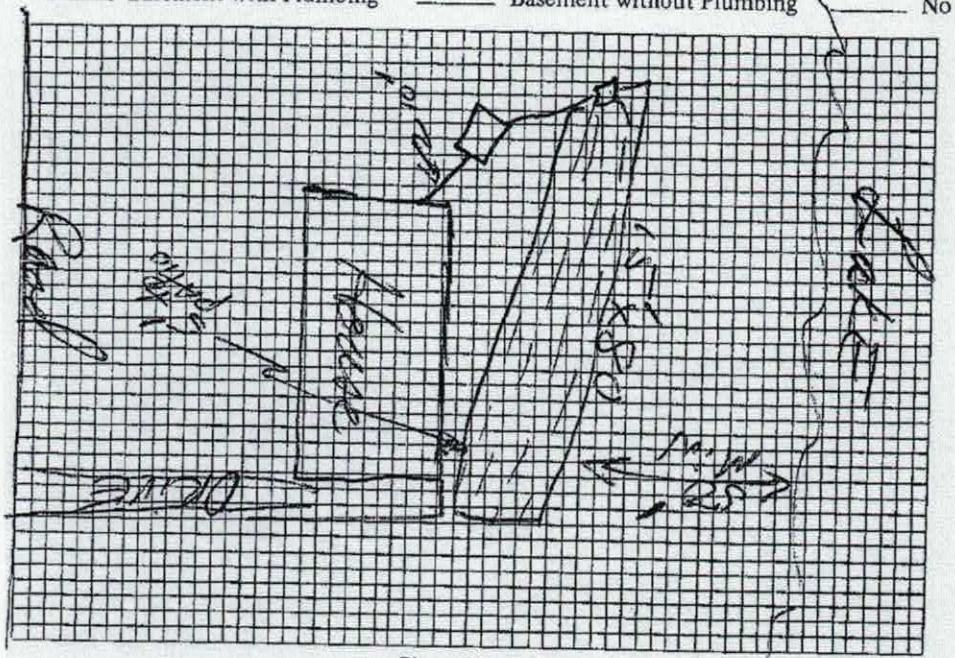
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (X) No ( )
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area ~1 Acre

Character & Porosity of Soil silty parent material
Percolation Rate 80 to 120
Topography 6-8%
Depth to Water Table 4 ft
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 16"
Water Supply: Individual ~~(X)~~
Public ( )

Installed by F.J. Ervin

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DCH

COMMENTS: _____

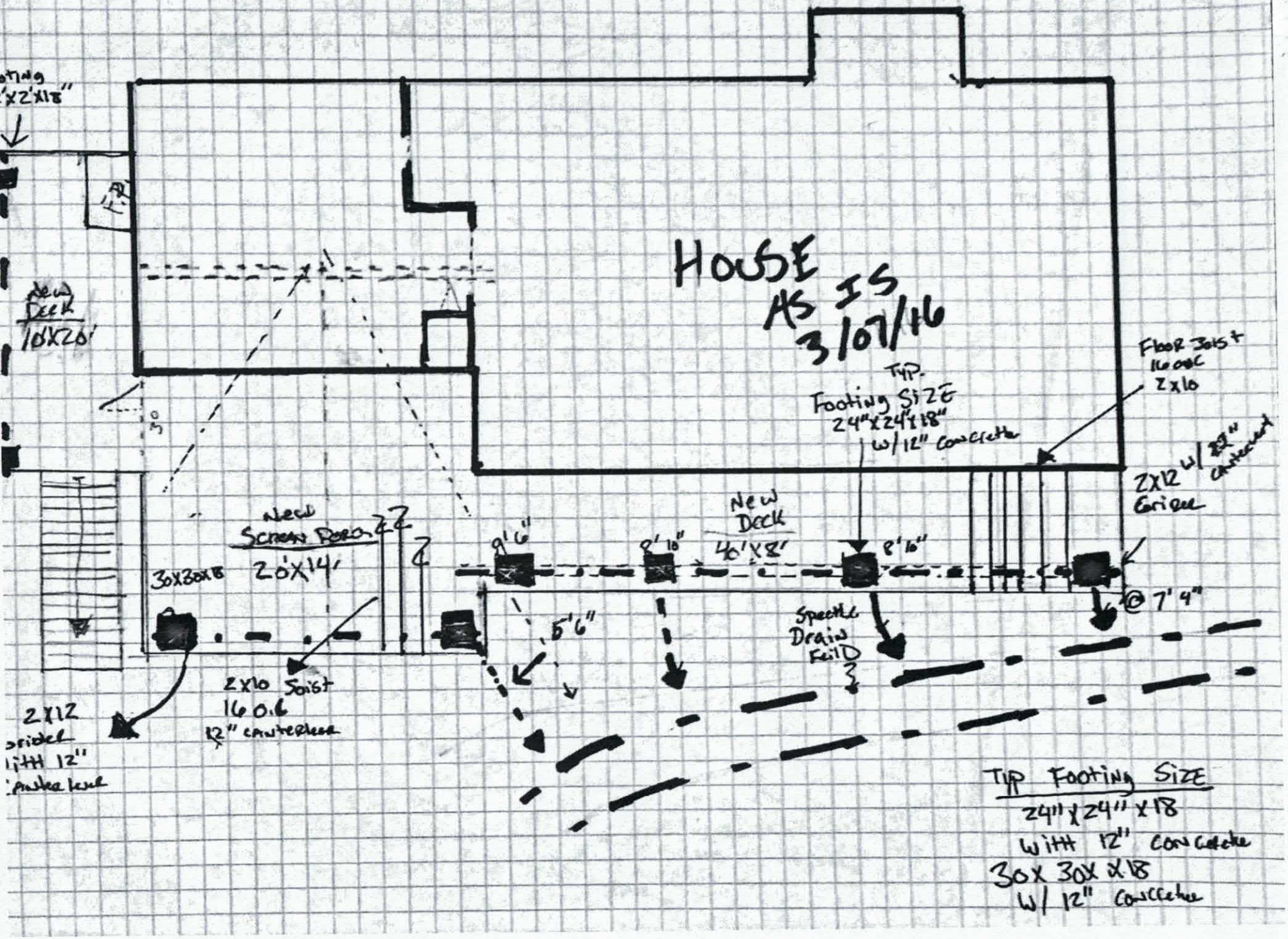
CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 7-10-81

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold


HOUSE AS IS 3/07/16
New Deck 10'X20'
New Screen Room 20'X14'
New Deck 46'X8'
30X30X18
9'6"
8'10"
8'6"
5'6"
@ 7'4"
Typ. Footing Size 24"X24"X18" w/12" Concrete
Floor Joist 16 OC 2X10
2X12 w/ 12" cantilever
2X12 Carrier
2X10 Joist 16 O.C 12" cantilever
2X12 girder with 12" cantilever
Septic Drain Feild
Typ Footing Size 24" X 24" X 18 with 12" Concrete
30 X 30 X 18 w/ 12" Concrete

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
216161
Issue Date: 01/21/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636935209.000	164 RINGNECK TRAIL, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: KROHN KURTIS R+TINA B	Applicant: LAKEVISION DEVELOPMENT
Address: 164 RINGNECK TL MOORESVILLE, NC 28117	Address: 8915 WARWICK LANE SHERRILLS FORD, NC 28673
Phone:	Phone:

Use Requested	Zone Code
REBUILD DECK AND EXTENDING / COVERED PORCH	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.086	35.00	50.00	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.

MAB

Applicant: Edward Wright Date: 1/21/16

Permit Number	58592	TOTAL FEES:	$ 77.25