# IREDELL COUNTY HEALTH DEPARTMENT
## *ENVIRONMENTAL HEALTH DIVISION*
**Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION**

*(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_ BOTH ___ 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:**

46 Design Build — Applicant Name
PO Box 60 28116 — Mailing Address
Kathleen Saunders — Home Phone # / Alternate Phone #

Doug Kromer — Owner Name
190 Timber Lake Dr — Mailing Address
704-578-4951 — Home Phone # / Alternate Phone #

4. **Property Information:**

190 Timber Lake Dr — Street Address
Falls Cove - Parkwood — Subdivision Name
Lot 632 — Section/Phase and Lot Number

Driving Directions: Morrison Farm, L into Parkwood SD, L Timber Lake, 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
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
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 (X) City Water ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

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: Kathleen Saunders — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)
4-20-15 — DATE

# IREDELL COUNTY HEATLH 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...
  *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- ✓ Front and side setbacks from property line...
- ✓ Preferred driveway location and configuration, preferred well location...
- ✓ Area you prefer your septic system to be placed...
- ✓ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

- ___ Location of septic systems and wells within 100' of your property... (N/A)
- ___ Location of easements and rights of ways on your property... (N/A)
- ___ Location of any designated wetlands on the property... (N/A)

**Signature:** Kathleen Saunders

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

4-20-15
DATE

## USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see Attached

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

PublicHealth
Iredell County Health Department

## Voluntary Relinquishment of Administrative Appeal Rights
## (Completion of Form by Property Owner)

Date

Owner

Address

Subject: Voluntary Relinquishment of Administrative Appeal Rights

Specify Permit ID owner's name/property location/site legal description(s):

I, Douglas Kramer, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued for
(system)

will (Reduction Upgrade)
(repair/new)

be rescinded immediately by the Authorized Agent/Local Health Department.

Douglas Kramer
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5351

https://www.co.iredell.nc.us/Departments/Health/

# 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.

Douglas Kromer, am the legal owner of the property located at [redacted], identified as PIN/Parcel Identification Number) [redacted], located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) [redacted], 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 full, executed before the individual's specified above will be recognized as the authorized agent.

Douglas Kromer 3-24-15
Signature of Owner Date

Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT
Jane Murray, RN BSN MS

PublicHealth

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209002

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

PIN # 4639295709

APPLICANT: 4 G Design Build APPLICANT ADDRESS: P.O. Box 984 Troutman NC 28166

SITE ADDRESS: 190 Timber Lake Dr Troutman NC 28166 PHONE: 704-578-4951 ALT. PHONE: N/A

SITE DIRECTIONS: Perth to State Park Rd to Morrison Farm Rd to Emerald Creek Dr to Timber Lake Dr

SUBDIVISION: Falls Cove - Parkwood SECTION: Rem1 LOT # 632 LOT AREA: 1.01 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Date | [X] New System | [ ] Repair | [ ] Expansion | System Type: I II [III] IV V VI | [X] Residence | No. Bedrooms | 3 | Water Supply |
| Pump Tank | 1000 (gal) | PT | Date | System Description: | 25% Reduction | | | [ ] Business | No. Persons | 6 | [ ] Private |
| Pump Make | | Model | Serial # | Repair System Description: | 25% Reduction | | | [ ] Other | No. Employees | | [X] Public |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft: 300 | Maintenance Agreement Required: | [ ] YES | [X] NO | [ ] Slab | [ ] Crawl Space | | [ ] Community |
| Trench Width | 36" | Max. Trench Bottom Depth | 36" | Gravel Depth | N/A | [ ] GRAVITY | [X] PRESSURE | [X] Basement w/plumbing | [ ] Basement w/o plumbing | | |

Comments / Conditions: * Per site plan by Kathleen Saunders

INITIAL SITE SKETCH

See plan by Kathleen Saunders

Revoked

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.* [X] **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: _____ Installed by: _____

IMPROVEMENT PERMIT by: [signature] Date: 04/06/15 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 140964 PIN# 473010 9262.632 DATE

OWNER OR APPLICANT Falls Cove Dev. LLC PHONE: Business Home

ADDRESS 2215 Brawley School Rd Mooresville NC 28115

LOCATION State Park Rd TL Morrison Farm TL Emerald Creek TR Timberlake on right

SUBDIVISION Parkwood@Falls Cove BLOCK / SECTION 6 LOT 632 LOT AREA 14293 sf SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/sf

Septic Tank: 1500 # Gallons; STB Date

Pump Tank: 1500 # Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% reduction pm

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: * Per plan specs
site needs slight shaping

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from SAME

Revoked

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 06/25/07 Installed by:

Improvement Permit by: Judy Melville date 6-19-07 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK