IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228315

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

PIN # 4629694763

APPLICANT/OWNER: Pinnacle Building Services LLC / Mike Ryon APPLICANT ADDRESS: 127 Promenade Dr. Mooresville, NC

SITE ADDRESS: 137 Deer Run Dr. Troutman, NC PHONE: 704-361-1084 ALT. PHONE —

SITE DIRECTIONS: State Park Rd → L on Wildlife → R on Sierra Woods → L on Deer Run → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Wildlife Bay SECTION: 1 LOT # 7 LOT AREA: .58ac DESIGN FLOW: 480gpd L.T.A.R.: .3(.3 repair)

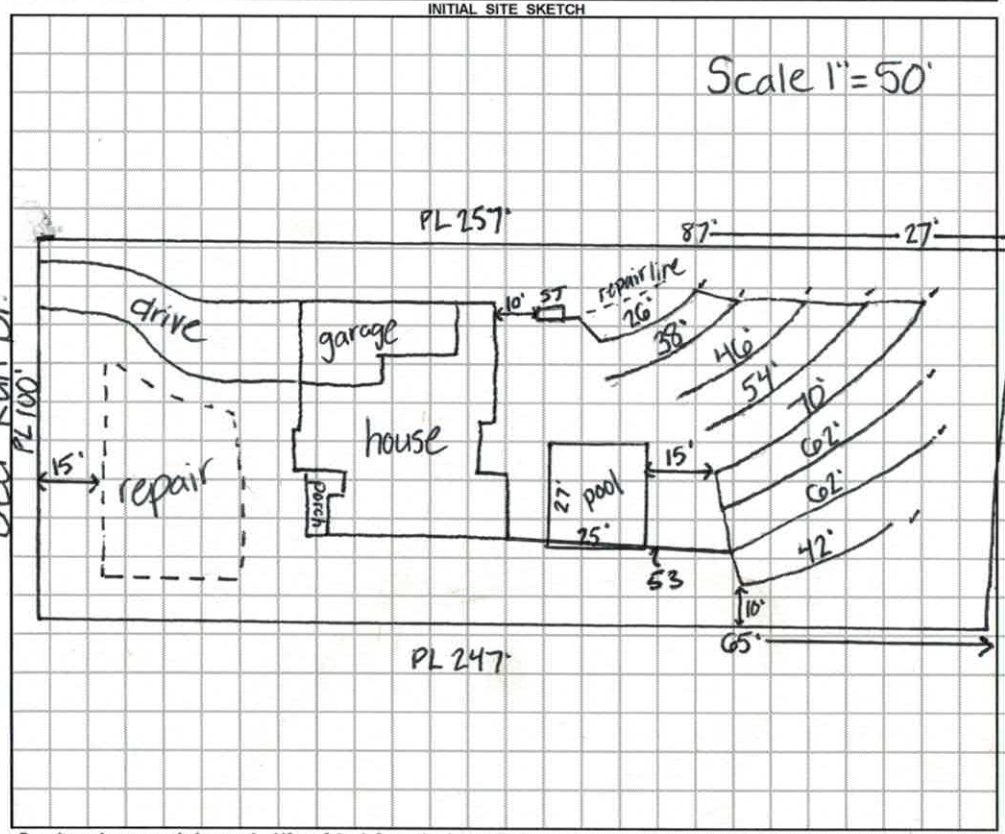
Septic Tank	1000	(gal)	STB	1012.	Date	4-7-18.	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS			
# Nitrification Fields	1		# Lines	8	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	32"/36" highside			Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☑ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

* Installed as shown.

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: [signature] Date: 7/30/18 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Kayla Watson Date: 7-24-18 OPERATION PERMIT by: Benjamin A. Bolton Date: 8/10/18.

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 7-24-18 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 1 of 1
PROPERTY ID #: 4629694763
COUNTY: Iredell

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

OWNER: Mike Ryon
ADDRESS: 137 Deer Run Dr.
PROPOSED FACILITY: SFR
LOCATION OF SITE: State Park Rd → L on Wildlife → R on Sierra Woods → L on Deer Run → lot on L

APPLICATION DATE: 6-28-17
DATE EVALUATED: 7-3-17
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: .58 ac
PROPERTY RECORDED: yes

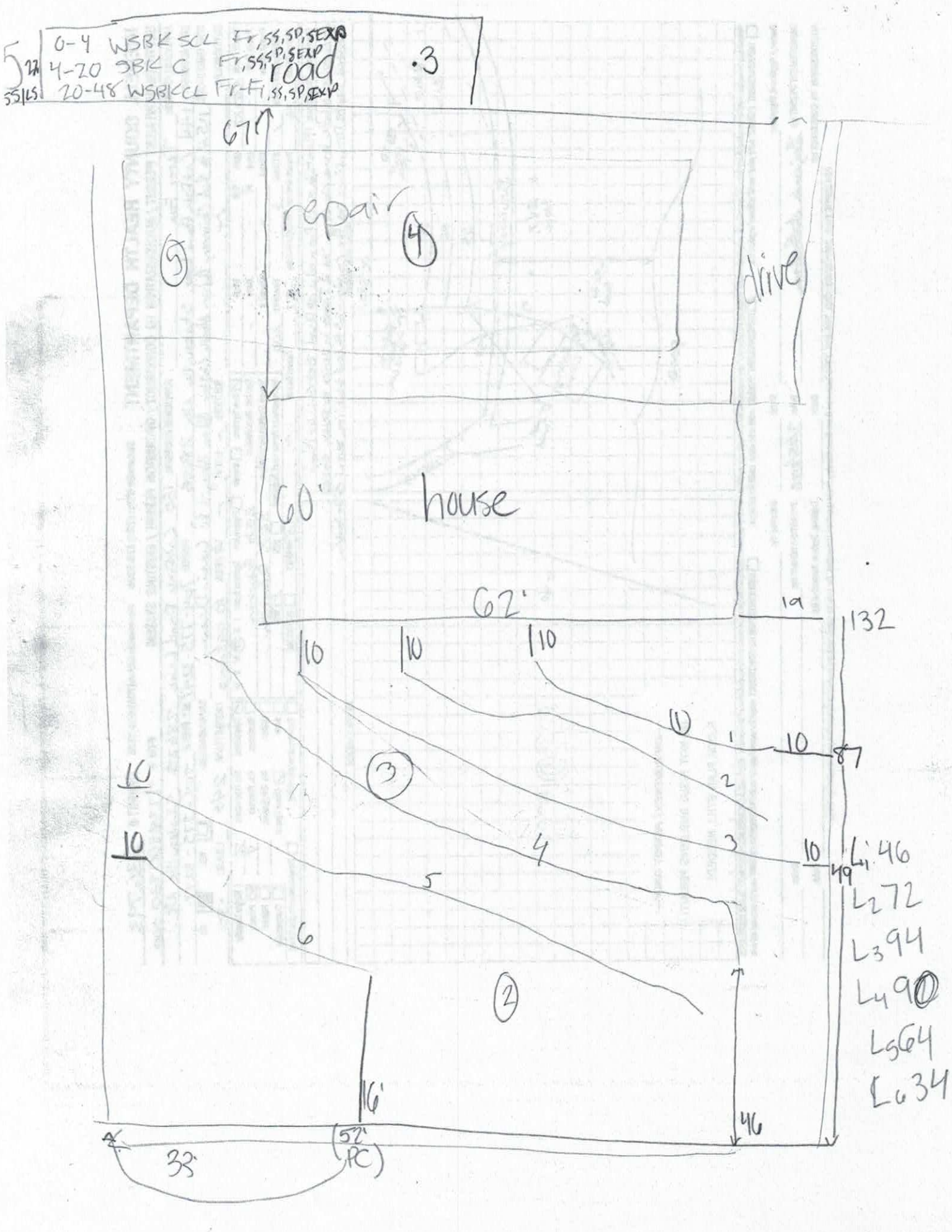
WATER SUPPLY: ☐ Private ☑ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5% LS	0-7	WSBK SCL	Fr,SS,SP,SEXP	—	48"	46-48" com SAP inc		PS .3
		7-21	SBK C	Fi,SS,SP,SEXP					
		21-48	WSBK CL	Fr-Fi,SS,SP,SEXP					
2	7% LS/FS	0-6	WSBK SCL	Fr,SS,SP,SEXP	—	48"	21-48" few SAP inc.		PS .3
		6-21	SBK SC	Fr,SS,SP,SEXP					
		21-48	WSBK CL	Fi,SS,SP,SEXP					
3	9% LS	0-7	WSBK SCL	Fr,SS,SP,SEXP	—	48"	19-48" few-com SAP inc		PS .3
		7-19	SBK C	Fr-Fi,SS,SP,SEXP					
		19-48	WSBK CL	Fi,SS,SP,SEXP					
4	2% SS/LS	0-18	SBK C	Fr,SS,SP,SEXP	—	45"	18-45" few SAP inc.		PS .3
		18-45	WSBK CL	Fr,SS,SP,SEXP					
		45 root	—	—					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% reduc.	PM PP1975
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


0-4 WSBK SCL Fr, SS, SD, SEXP
4-20 SBK C Fr, SS, SD, SEXP
20-48 WSBK CL Fr-Fi, SS, SD, SEXP
road
.3
67'
repair
drive
60'
house
62'
19
132
10
10
10
1
2
3
4
5
6
10
10
10
87
49
L1 46
L2 72
L3 94
L4 90
L5 64
L6 34
16'
46
33'
(52' PC)

RECEIVED JUL 10 2018 22835

Paid $320.00

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

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 #
PINNACLE BUILDING SERVICES	127 A PROMENADE DR. MOORESVILLE NC	704 799 8441	704 360 1084
MIKE RYOU	"	"	"
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
137 DEER RUN DR. TROUTMAN NC	WILDLIFE BAY	PHASE 2 LOT 7

Driving Directions: PERTH RD. TO SMITHFIELD RD TO WILDLIFE RD TO DEER RUN

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
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

- (X) 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 (X) 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 ( ) 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: PINNACLE BUILDING SERVICE WRIGHT JASON (MANAGER) 7/10/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

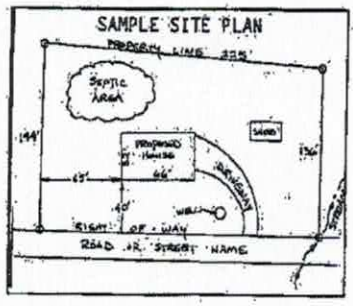
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) 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

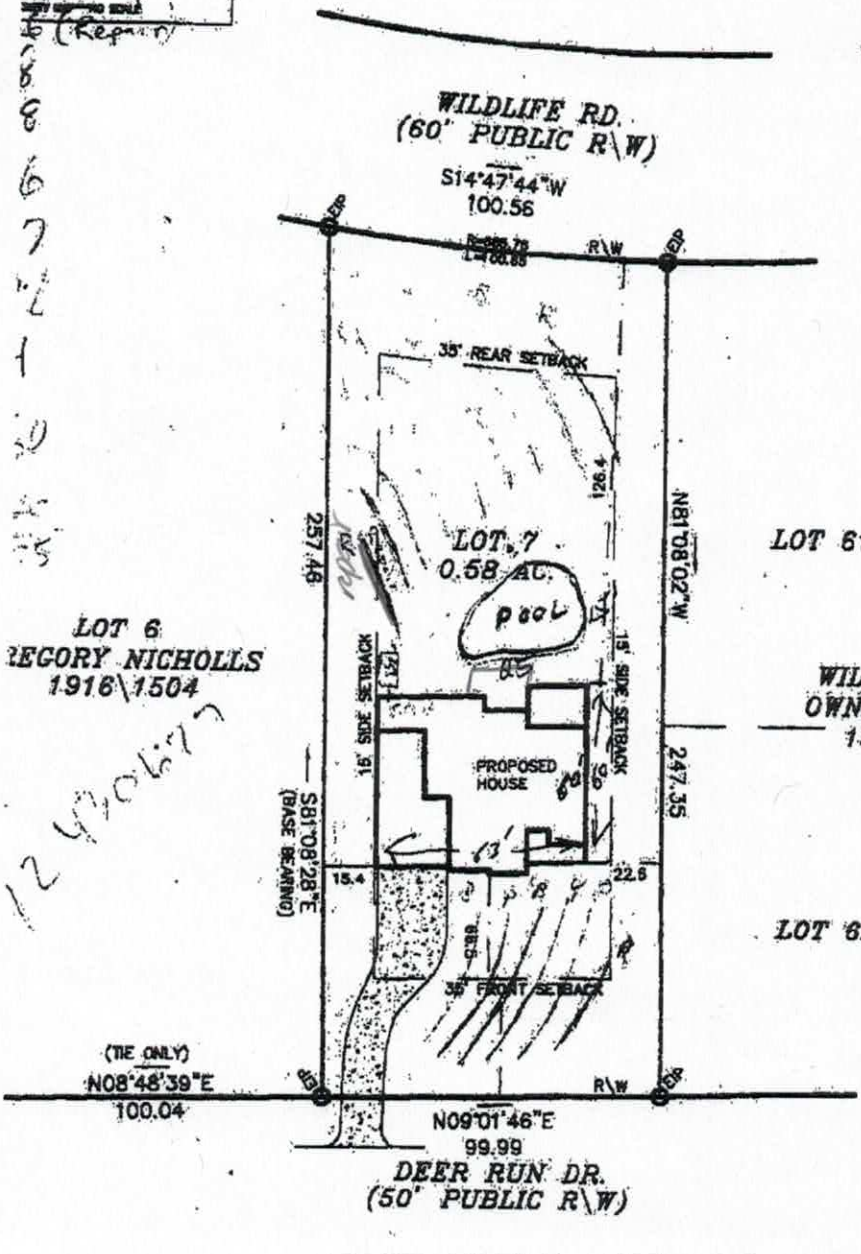
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Signature: Property Builder [signature]
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/12/2018
DATE

5) PARCEL #4628884763
6) DEED REF. BOOK 2044 PA
7) PLAT BOOK 31 PAGE 83
8) ADDRESS 137 DEER RUN C



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

1"=40'

7/10/2017

7/19/17

1st Floor

Acknowledgement Of
Plans Submittal ONLY!
Date 12/22/2017
Date 7-12-17

2ND FLOOR

Acknowledgement Of
Plans Submittal ONLY!

Date 12/29/2017

Date 7-12-17