IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217355

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

PIN # 4761399826

APPLICANT: Michael Ryan Homes Inc APPLICANT ADDRESS: PO Box 62 Charlotte NC

SITE ADDRESS: 149 Mountain Island Dr Statesville NC PHONE: 704-504-9000 ALT. PHONE: N/A

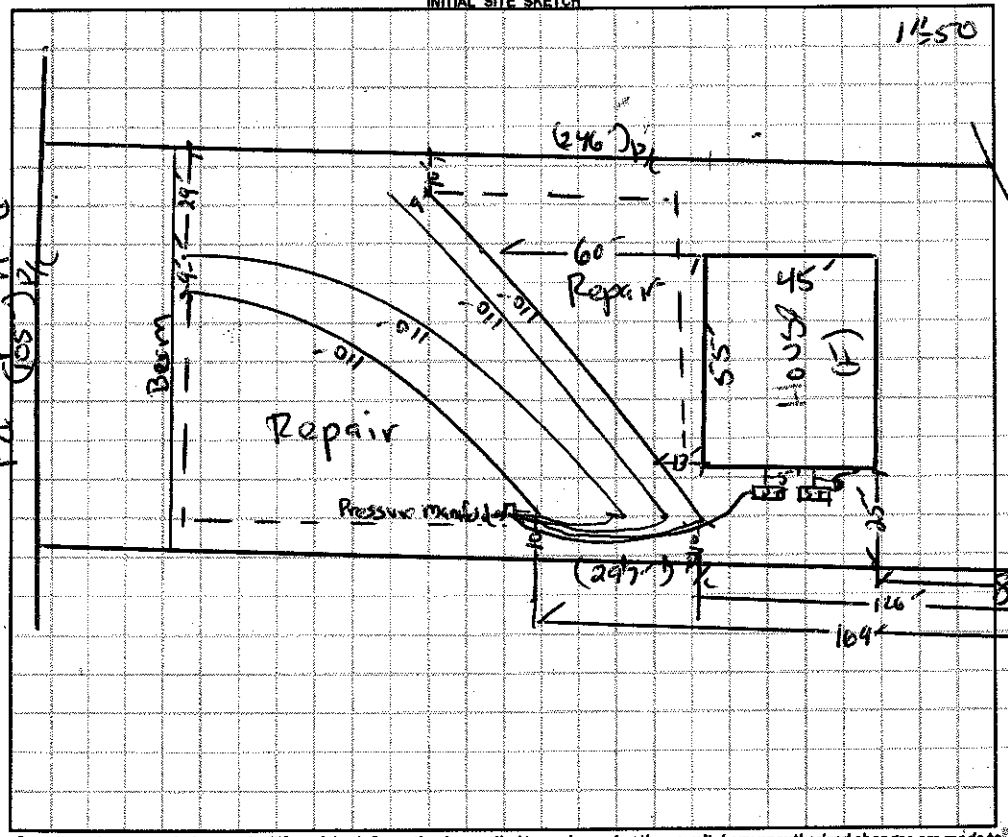
SITE DIRECTIONS: 70E T/R Bethesda Rd T/L North lake Dr T/L Mountain Island lot on right

SUBDIVISION: North lake SECTION: P2 LOT # 5 LOT AREA: 0.66 ac DESIGN FLOW: 480 L.T.A.R.: 0.275

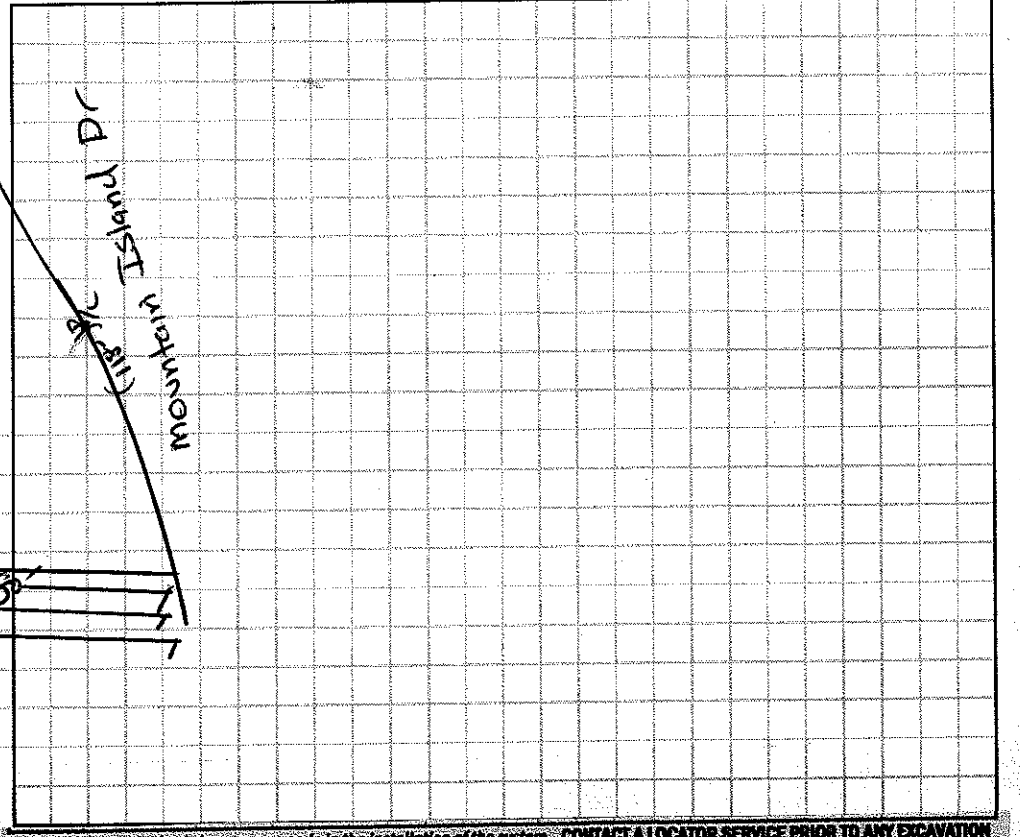
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description:	35% Reduction - Pump			☐ Business	No. Persons	5	☐ Private
Pump Make	Goulds	Model	PE51M	Serial #	Repair System Description:	50% Reduction - Pump		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	440	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install 35% Reduction on contour with pressure distribution.

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: Date: 5/6/16

IMPROVEMENT PERMIT by: Date: 04/12/16

AUTHORIZATION TO CONSTRUCT by: Date: 04/29/16

Installed by: Matt Lytle

OPERATION PERMIT by: W Sparks Date: 6/11/16

Existing System Inspected by: Date:

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