IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210163

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

PIN # 4761492525

APPLICANT: Michael Ryan Homes Inc APPLICANT ADDRESS: 10700 Mallard Creek Rd.

SITE ADDRESS: 136 Mountain Island Drive PHONE: 704-504-9000 ALT. PHONE: 980-216-0652

SITE DIRECTIONS: Hwy 70 E TR Bethesda TL Northlake Dr. TL Mountain Island Dr.

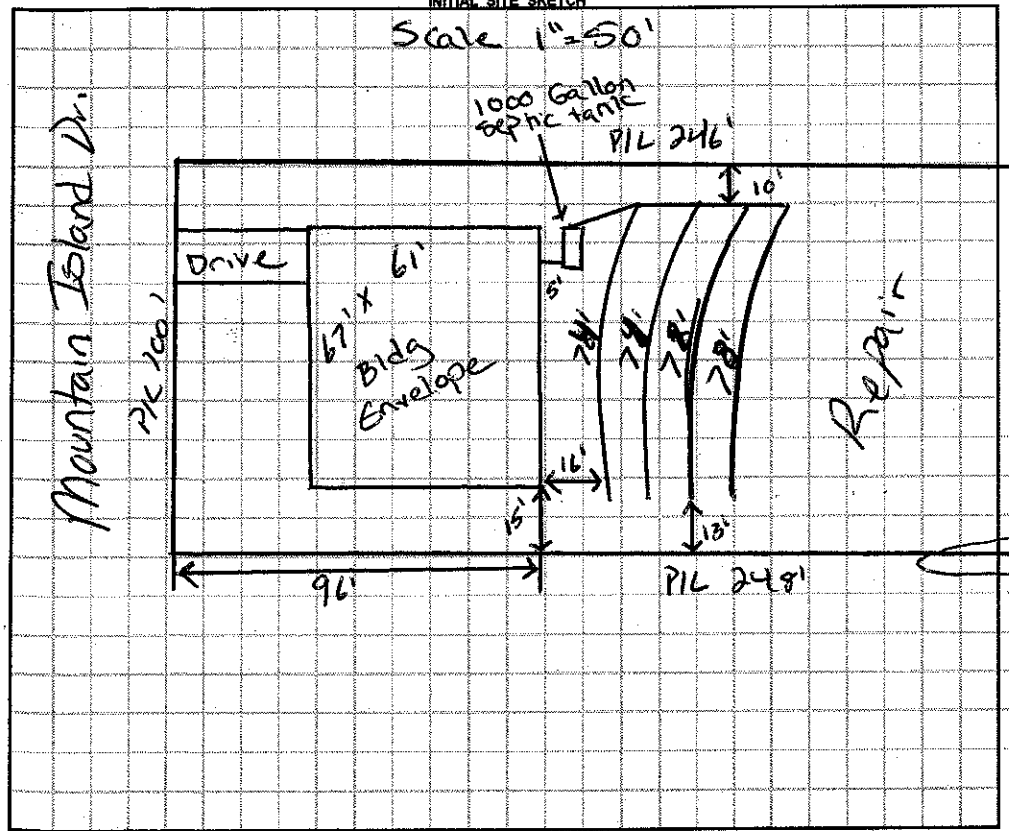
SUBDIVISION: Northlake SECTION: 2 LOT # 42 LOT AREA: 0.57 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794	Date	4-1-16	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make	N/A	Model	Duty Lol	Serial #	PL-68	Repair System Description:	50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	304	Maintenance Agreement Required:	☐ YES ☑ NO	☑ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

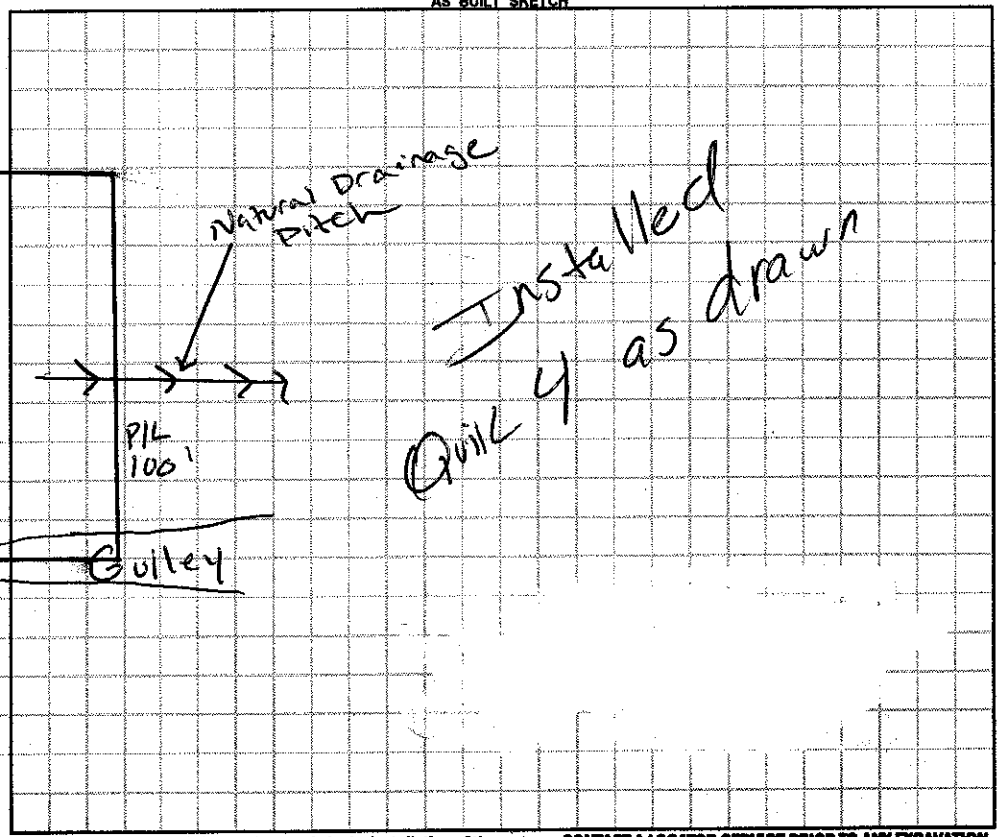
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: IMPROVEMENTS ONLY! Submit Floor Plan Prior to ISSUANCE OF CA! Install a 25% Reduction System on Contour with Serial distribution. ~~Yes~~ Install Trench bottoms @ 36" ~~X~~ ~~X~~

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: 6/3/15 Installed by: Marty Tucker

IMPROVEMENT PERMIT by: Justin Henderson Date: 4/3/15 OPERATION PERMIT by: [signature] Date: 05/25/16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 1-19-16 Existing System Inspected by: Date:

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