IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21[illegible]

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

PIN # 4761492634

APPLICANT: Michael Ryan Homes APPLICANT ADDRESS: 10400 Mallard Creek Rd Charlotte NC 28252

SITE ADDRESS: 140 Mountain Island Dr - Statesville PHONE: 704-504-9000 ALT. PHONE: N/A

SITE DIRECTIONS: 77S T/L 70 T/R Bethesda Rd T/L Northlake Dr T/L Mountain Island Dr

SUBDIVISION: Northlake SECTION: P2 LOT # 41 LOT AREA: 0.56ac DESIGN FLOW: 360 L.T.A.R.: 0.275

Septic Tank 1000 (gal) STB 794 Date 3/16/17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 220'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI

System Description: 50% Reduction

Repair System Description: TS-1 Drip

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 3

[ ] Business No. Persons 6

[ ] Other No. Employees

[X] Slab [ ] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: See plan by Carolina Soil + Septic Consulting. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

See plan by Carolina Soil + Septic Consulting

AS BUILT SKETCH

Polylock filter present

117'

L1 = 93'

L2 = 93'

L3 = 93'

L4 = 94'

L5 = 94'

	Date	Initials
Drain Lines Checked	7/27/2017	M.A.D.
Tanks Checked	7/27/2017	M.A.D.
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked	N/A	
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

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.

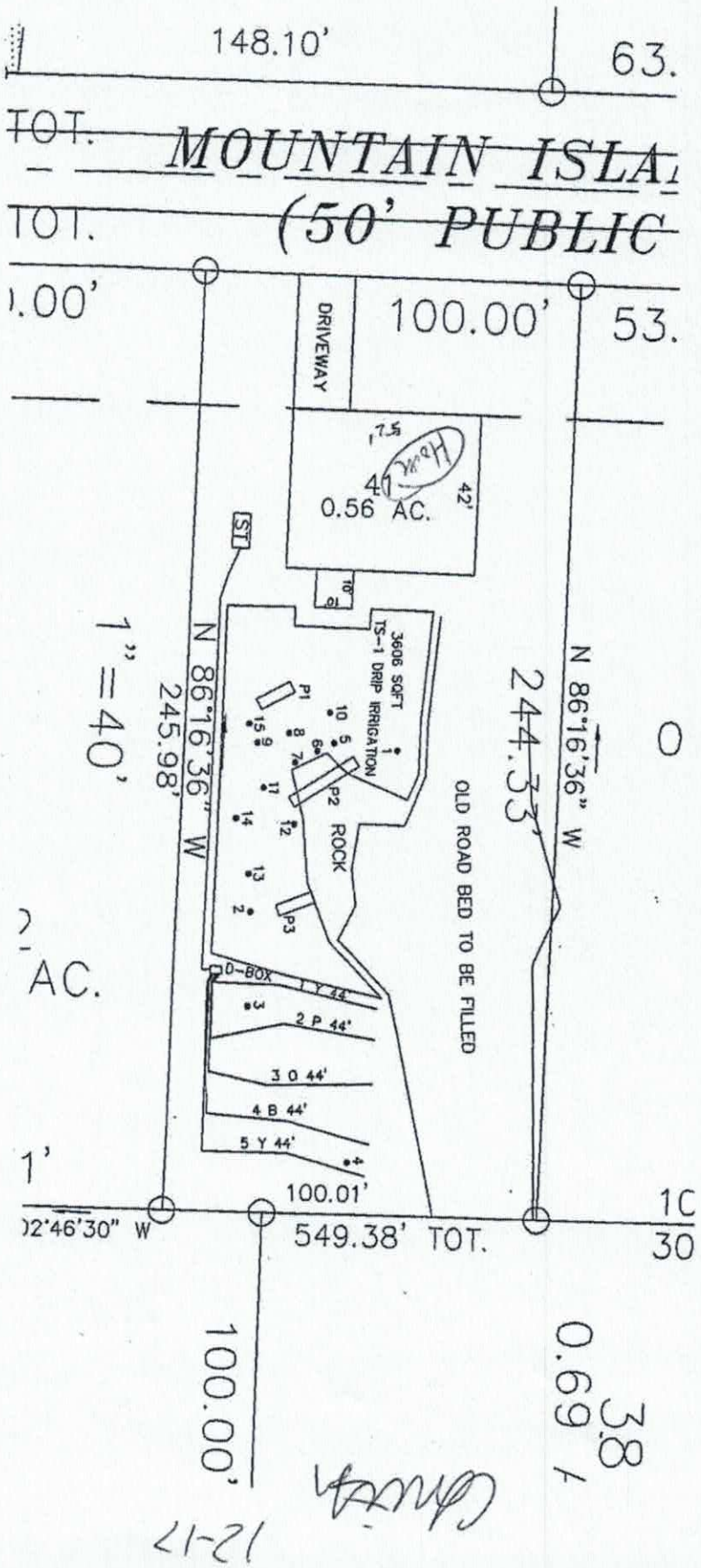
[X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 09/19/16 Installed by: Marty Tucker

IMPROVEMENT PERMIT by: Date: 09/16/16 OPERATION PERMIT by: Mohamed Dumarsh Date: 7/27/2017

AUTHORIZATION TO CONSTRUCT by: Date: 1/25/17 Existing System Inspected by: Date:

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


148.10'
63.
TOT.
MOUNTAIN ISLA
TOT.
(50' PUBLIC
1.00'
DRIVEWAY
100.00'
53.
41'
42'
0.56 AC.
ST
10'
3606 SQFT
TS-1 DRIP IRRIGATION
P1
P2
P3
ROCK
O-BOX
1 Y 44'
2 P 44'
3 O 44'
4 B 44'
5 Y 44'
OLD ROAD BED TO BE FILLED
1" = 40'
N 86°16'36" W
245.98'
N 86°16'36" W
244.33'
AC.
1'
100.01'
02°46'30" W
549.38' TOT.
100.00'
0.69 A
12-17

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4761492634
COUNTY: Iredell

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

OWNER: Lakeside Vista Partners LLC — APPLICATION DATE: 4/16
ADDRESS: 12621 McGinnis Ln, Huntersville NC 28078 — DATE EVALUATED: 8/16
PROPOSED FACILITY: 3 BRM — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 0.56ac
LOCATION OF SITE: 140 Mountain Island Dr, Troutman NC, Northlake Cor 41 — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B1	LSS 5-6%	0-12	R CL WFSBK	Fr SS SP SExP	N/A com mica	48"	N/A	N/A	PS 0.35 gpd/sqft
		12-20	R CL WFSBK	Fr SS SP SExP	com mica				
		20-40	YR CL WFSBK	Fr SS SP SExP	com sap, com mica				
		40-48	RY CL WFSBK	Fr SS SP SExP	many sap, com mica				
B2	LSS 5%	0-5	Fill		N/A	48"	N/A	N/A	PS 0.325 gpd/sqft
		5-18	R CM FABK	Fr SP SExP	com mica				
		18-40	R CL WFSBK	Fr SS SP SExP	com sap, com mica				
		40-48	YR CL WFSBK	Fr SS SP SExP	com sap				
B3	LSS 5%	0-4	B CL WFSBK	Fr SS SP SExP	N/A few mica	48"	N/A	N/A	PS 0.3 gpd/sqft
		4-30	R C MFSBK	Fr SS SP SExP					
		30-48	R CL WFSBK	Fr SS SP SExP	com mica few sap				
B4	LSS 7%	0-6	B SCL Gr	Fr SS SP SExP	N/A	48"	N/A	N/A	PS 0.275 gpd/sqft
		6-10	BR CL WFSBK	Fr SS SP SExP					
		10-30	R C MFABK/SBK	Fr SP SExP	few Mn				
		30-48	YR C WFSBK	Fr SS SP SExP	few gravel, few sap, com mica				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity PPBPS	TS-1, Drip Irr.
Site LTAR	0.275	0.12

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: AZP
OTHER(S) PRESENT: None

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4761492634
DATE OF EVALUATION: 8-16
COUNTY: Fredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B5	LSS 6%	0-6	R CL WFSBK/compacted		N/A	40"	N/A	N/A	PS
		6-12	R CL WFSBK	Fr SS SP SExP	few/con WR				0.3 gpd/sq ft
		12-24	R CL WFSBK	Fr SS SP SExP					
		24-40	R CL WFSBK	Fr SS SP SExP	com mica; few sap				
B6	LSS 6%	0-12	Gravel/Fill		N/A	48"	N/A	N/A	PS
		12-30	R C/CL WFSBK	Fr SS SP SExP					0.3 gpd/sq ft
		30-36	R CL WFSBK	Fr SS SP SExP	con sap				
		36-42	Var SL Sap Bk	Fr SS SP SExP	con R CL				
		42-48	R CL WFSBK	Fr SS SP SExP					
B7	LSS 6%	0-12	Gravel/compacted/WR		N/A	40"	N/A	N/A	PS
		12-20	R C/CL WFSBK	Fr SS SP SExP					0.3 gpd/sq ft
		20-40	R CL WFSBK	Fr SS SP SExP	few/con sap				
B8	LSS 6%	0-8	Gravel/compacted		N/A	40"	N/A	N/A	PS
		8-16	R C/CL WFSBK	Fr SS SP SExP					0.3 gpd/sq ft
		16-20	R C/CL WFSBK	Fr SS SP SExP	few WR, sap				
		20-40	R CL WFSBK	Fr SS SP SExP	few/con sap				
B9	LSS 5%	0-8	Gravel/compacted		N/A	24"	PS	44"	PS
		8-24	R C MFSBK	Fr SS SP SExP		34-44"			0.275 gpd/sq ft
		24-27	WR						
		27-34	Var LS Sap Bk	Fr NS NP MExP					
		34-44	R CL WFSBK	Fr SS SP SExP	few sap				

COMMENTS: 44 Rock

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4761492634
DATE OF EVALUATION: 8-16
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 10	LSS 6%	0-12	R C MFSBk	Fr SS SP SExP	N/A few sap	40"	N/A	N/A	PS 0.3 gpd/sq ft
		12-40	R CL wFSBk	Fr SS SP SExP					
B 11	LSS 6%	0-10	BR C compacted		N/A few wR	42"	N/A	N/A	PS 0.275-0.3 gpd/sq ft
		10-27	R C/CL wFSBk	Fr SS SP SExP					
		27-42	R CL wFSBk	Fr SS SP SExP	few wR				
		42	Rock						
B 12	LSS 6%	0-7	R C compacted		N/A few sap	43"	N/A	N/A	PS 0.3 gpd/sq ft
		7-20	R CL wFSBk	Fr SS SP SExP					
		20-43	R CL wFSBk	Fr SS SP SExP	few wB few/com sap				
B 13	LSS 6%	0-19	R C MFSBk	Fr SS SP SExP	N/A few sap	40"	N/A	N/A	PS 0.3 gpd/sq ft
		19-28	R C wFSBk	Fr SS SP SExP					
		28-40	R CL wFSBk	Fr SS SP SExP	few sap				
B 14	LSS 6%	0-7	R C compacted		N/A few wB com sap Mx from parent material	40"	PS	N/A	PS 0.3 gpd/sq ft
		7-20	R CM FSBk	Fr SS SP SExP					
		20-40	R CL wFSBk	Fr SS SP SExP					
		40-48	DB Sap L M	Fr SS SP SExP					

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4761-79-2634
DATE OF EVALUATION: 8-16
COUNTY: Iredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 15	LSS 6%	0-8	RC compacted		N/A	24"	N/A	24"	PS 0.3 gpd/sq ft to 24"
		8-12	RC MFSBk	Fr SSSPSExP					
		12-24	RCL MFSBk	Fr SSSPSExP					
		24							
P 1	LSS 5%	0-7	compacted		N/A	34"	N/A	34"	PS 0.3 gpd/sq ft
		7-18	RC MFSBk	Fr SSPSExP					
		18-34	RCL MFSBk	Fr SSSPSExP	com Sap				
		34	Rock						
P 2	LSS 5%	0-12	Gravel/RC	compacted	N/A	39"	N/A	39"	PS 0.3 gpd/sq ft
		12-39	RCL MFSBk	Fr SSSPSExP	few/com Sap				
		39	Rock						
P 3	LSS 5%	0-7	compacted		N/A	53"	PS	N/A	PS 0.35 gpd/sq ft
		7-14	RC MFSBk	Fr SSPSExP					
		14-33	RCL MFSBk	Fr SSSPSExP	few/com Sap				
		33-53	RCL MFSBk	Fr SSSPSExP	com Sap				
		53-72	Var L Sap M	Fr SSSPSExP					

COMMENTS:

RECEIVED JAN 17 2016

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 X 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:

Michael Ryan Homes	PO Box 481452, Charlotte, NC 28269	(843) 574-8900	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Michael Ryan Homes	PO Box 481452, Charlotte, NC 28269	(843) 574-8900	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

140 Mountain Island Drive	Northlake Club	Lot 41
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: _____

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 due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) 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 (X) City Water ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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: Michael Ryan Homes **January 12, 2017**
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

This office closes for lunch 1:00 – 2:00 daily.

This office closes for lunch 12-1:00 daily.

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, _____**Michael Ryan Homes**_____, am the legal owner(s) of the property located at__**140 Mountain Island Drive** _____, identified as
PIN (Parcel Identification Number) ___**Lot 41**_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) **Chandler Smith/Michael Ryan Homes**, 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.

CMH 1-12-17
Signature of Owner(s) Date

Signature of Witness 1/12/17
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*

(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: (X) 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 (X) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Michael Ryan Homes Inc.	10410 Mallard Creek Rd #102 Charlotte, NC 28262	704-504-4000	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
140 Mountain Island Dr.	Northlake	41

Driving Directions: _____

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 due to _____
( ) Other _____

Maximum Number of Bedrooms 3 4 (if 3 if not able to do 4)
Maximum Number of Occupants 8
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 (X) 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 _____
(Gravity)

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: _____ 10/22/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, Michael Blackmon, am the legal owner(s) of the property located at 140 Mountain Island Dr, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4762308097, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Blackmon, Michael Ryan Homes Inc, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	10/22/15		10/22/15

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 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…

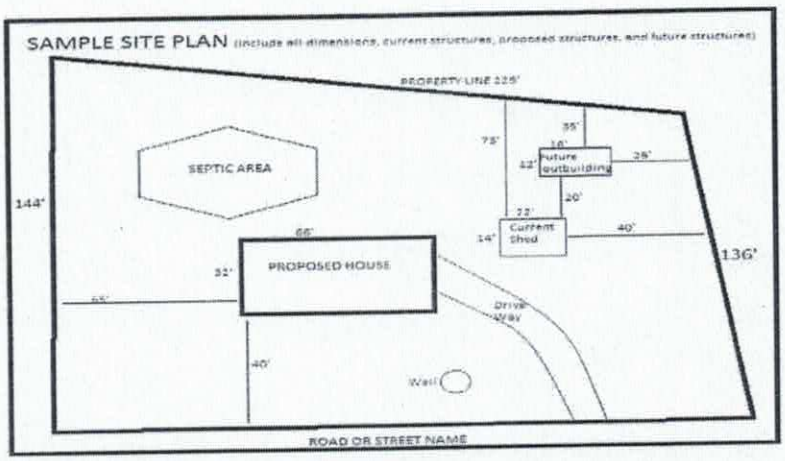
_____ North arrow, or other sufficient indicator of direction…

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



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

Signature: _____

REQUIRED property owner or owner's legal representative signature.

January 12, 2017

DATE

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 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...

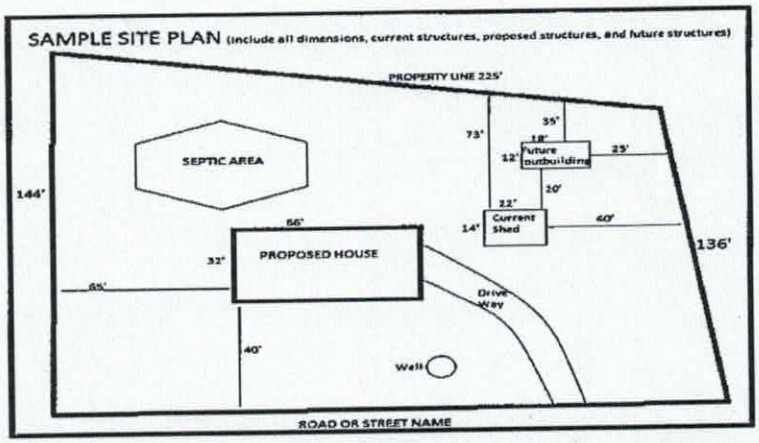
_____ North arrow, or other sufficient indicator of direction...

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



USE THIS SPACE TO DRAW YOUR SITE PLAN

Same as Original submittal

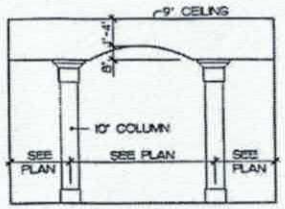
Signature: _____

REQUIRED property owner or owner's legal representative signature.

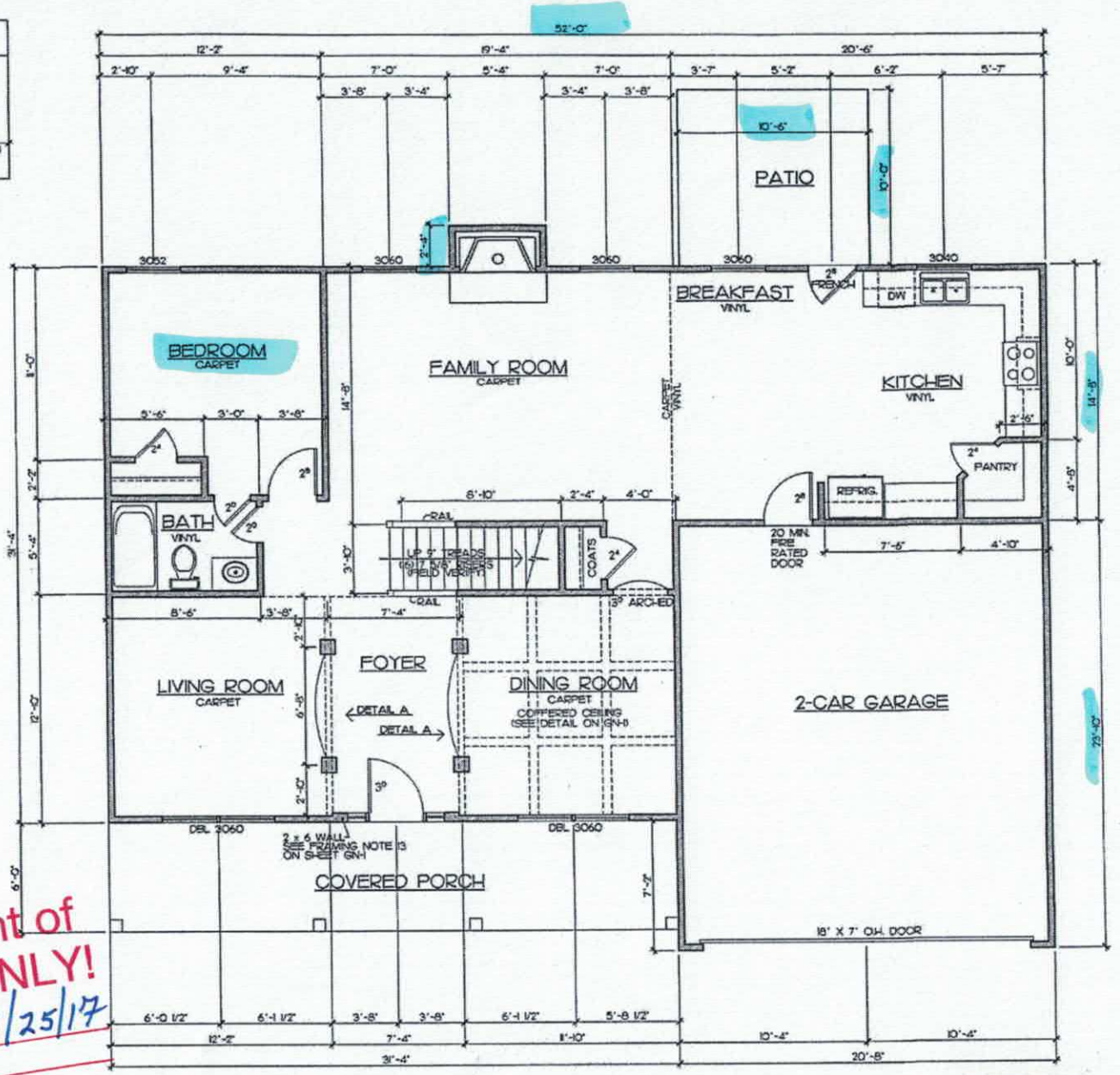
10/2-15

DATE

148.10'
63.
TOT.
MOUNTAIN ISLA
TOT.
(50' PUBLIC
.00'
DRIVEWAY
100.00'
53.
50'
41
0.56 AC.
42'
ST
10'
10'
3606 SQFT
TS-1 DRIP IRRIGATION
1" = 40'
N 86°16'36" W
245.98'
N 86°16'36" W
244.33'
P1
P2
P3
ROCK
OLD ROAD BED TO BE FILLED
D-BOX
1 Y 44'
2 P 44'
3 O 44'
4 B 44'
5 Y 44'
AC.
100.01'
02°46'30" W
549.38' TOT.
100.00'
0.69 AC.



DETAIL A
AT DINING ROOM



FIRST FLOOR PLAN
SCALE: 1/4"=1'-0"

Acknowledgement of
Plans Submittal ONLY!
Tom Shuck Date 1/25/17
1-12-17 Date

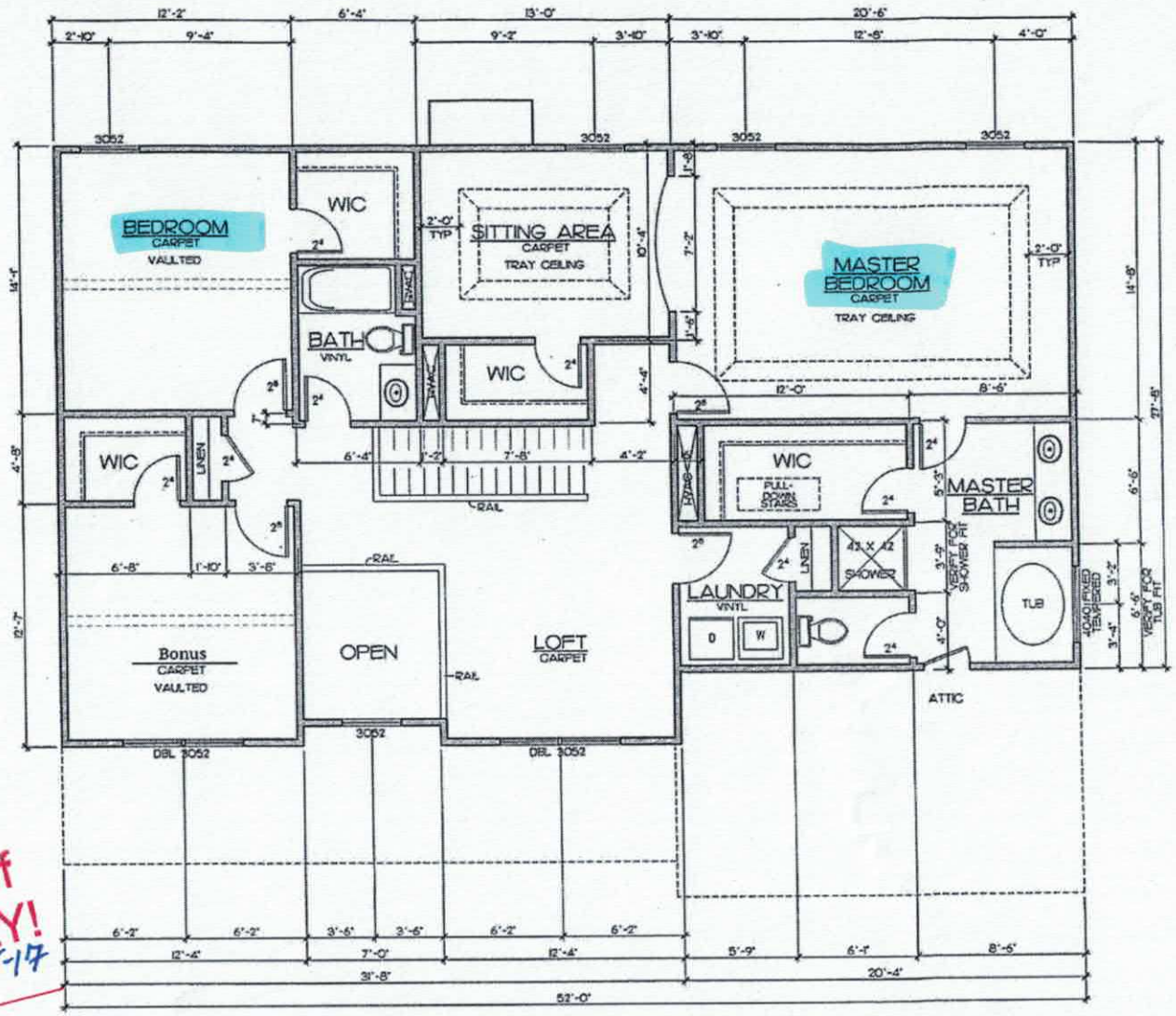
STANDARD PLAN
SQUARE FT SUMMARY

1ST FL. -	1295 SF HEATED
2ND FL. -	1435 SF HEATED
TOTAL -	2720 SF HEATED
2 CAR GARAGE -	485 SF
FRONT PORCH -	190 SF

House Plan Design Co.

Project: Michael Ryan Homes
Plan Name: THE LONGLEAF
Sheet Title: FIRST FLOOR

Drawn By: K. PANNELL
Date: 07-22-11
REV:
FILE NAME: A4DWG
Sheet
A-4



SECOND FLOOR PLAN

SCALE: 1/4"-1'-0"

Acknowledgement of Plans Submittal ONLY!

Tom Thud 1-12-17 Date

1-25-17 Date

House Plan Design Co.
Charlotte NC
704-846-5336

Project: Michael Ryan Homes
Plan Name: THE LONGLEAF
Sheet Title: SECOND FLOOR

Drawn By: K. PANNELL
Date: 07-22-16
REV:
FILE NAME: A6.DWG

Sheet
A-6

IREDELL COUNTY

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

APPLICATION NUMBER
210166
Issue Date: 05/01/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4761492634.000	140 MOUNTAIN ISLAND DRIVE, STATESVILLE, NC 28677	STATESVILLE

Owner Information	Applicant Information
Owner: ABMS DEVELOPMENT LLC	Applicant: MICHAEL RYAN HOMES INC
Address: 1230 IREDELL CO, NC 28625	Address: 10700 MALLARD CREEK RD #102 CHARLOTTE, NC 28262
Phone:	Phone: 704-504-9000

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.560	35.00	35.00	15.00	15.00	NO	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.

Applicant: _____ Date: _____

Permit Number	37205	TOTAL FEES:	$ 77.25