IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 210164

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

PIN # 4761492736

APPLICANT: Michael Ryan Homes APPLICANT ADDRESS: 10700 Mallard Creek Rd Charlotte NC

SITE ADDRESS: 144 Mountain Island Rd Statesville NC PHONE: 980-216-0652 ALT. PHONE: N/A

SITE DIRECTIONS: 70 to Bethesda to North lake to Mountain Island Lot on right

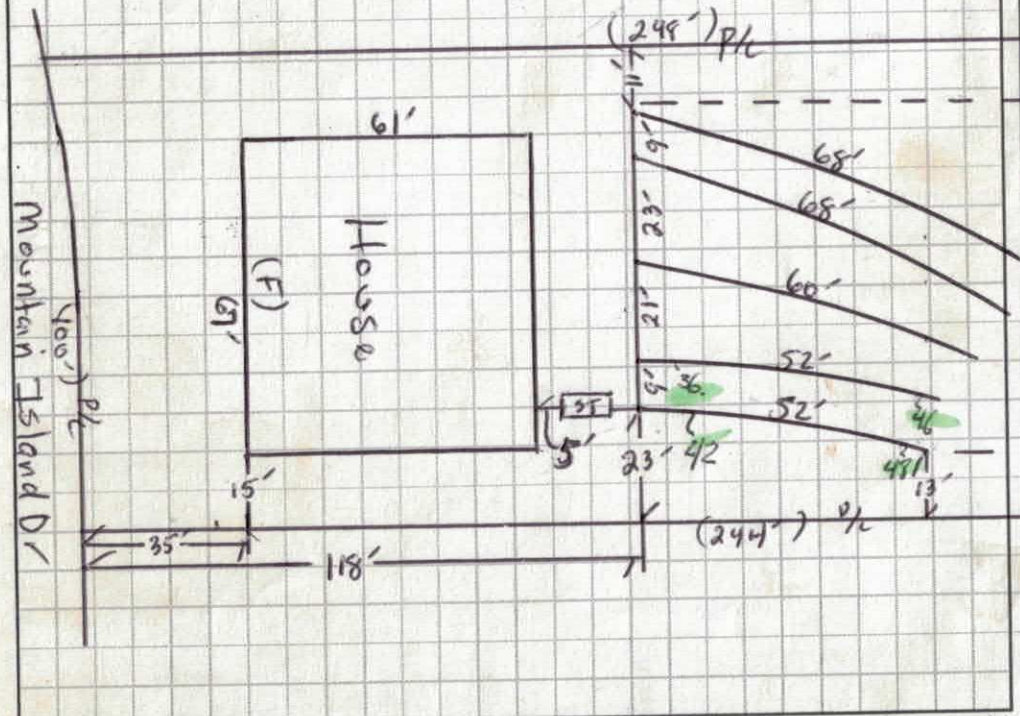
SUBDIVISION: North lake SECTION: P2 LOT # 40 LOT AREA: 0.56ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794	Date	2-6-17	☑ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:			25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:			50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	300	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

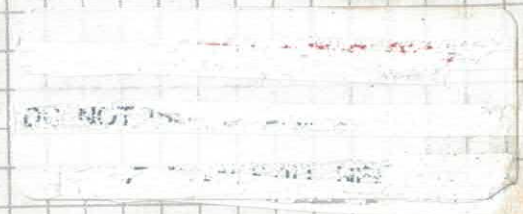
Comments / Conditions: Install 25% Reduction on contour with serial distribution. Maintain 36" trench depth on high side.
Recommend pumping septic tank every 3-5 years.
Unable to get Full.
Lines 1&2 too deep!!! - Gravity Pipe Vein Thru Drain Field

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40'



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: 6/3/15 Installed by: Marty Tucker

IMPROVEMENT PERMIT by: Date: 06/01/15 OPERATION PERMIT by: Benjamin A. Bolton Date: 6/29/17

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4761492736
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: M. Ryan Homes — APPLICATION DATE: 04-30-15
ADDRESS: 144 Mt Island Rd — DATE EVALUATED: 05-30-15
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.56ac
LOCATION OF SITE: 70 to Bethesda to North lake to Mt Island — PROPERTY RECORDED: Yes #10/14
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 8%	0-12	Fill	—	PS	PS	W/A	W/A	PS 0.3
		12-48	WSBK BC	fi fr SE					
2	L 6%	0-20	~~ABK~~ C	f. SE	PS	PS	W/A	W/A	PS 0.3
		20-48	WSBK BC	fi/fr SE					
3	L 6%	0-12	GR SCL	fr SE	PS	PS	W/A	W/A	PS 0.3
		12-32	SBK C	fi SE					
		32-48	WSBK BC	fi/fr SE					
4	L 4%	0-30	SBK C	f. SE	PS	PS	W/A	W/A	PS 0.3
		30-46	WSBK BC	fi/fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT: ____

COMMENTS: ____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)			MOIST	WET
R (Ridge)		SCL (Sandy Clay Loam)			VFR (Very Friable)	NS (Non-sticky)
S (Shoulder Slope)		SiL (Silt Loam)			FR (Friable)	SS (Slightly Sticky)
T (Terrace)					FI (Firm)	S (Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		SiC (Silty Clay)			EFI (Extremely Firm)	NP (Non-plastic)
		C (Clay)				SP (Slightly Plastic)
		O (Organic)	None	None		P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

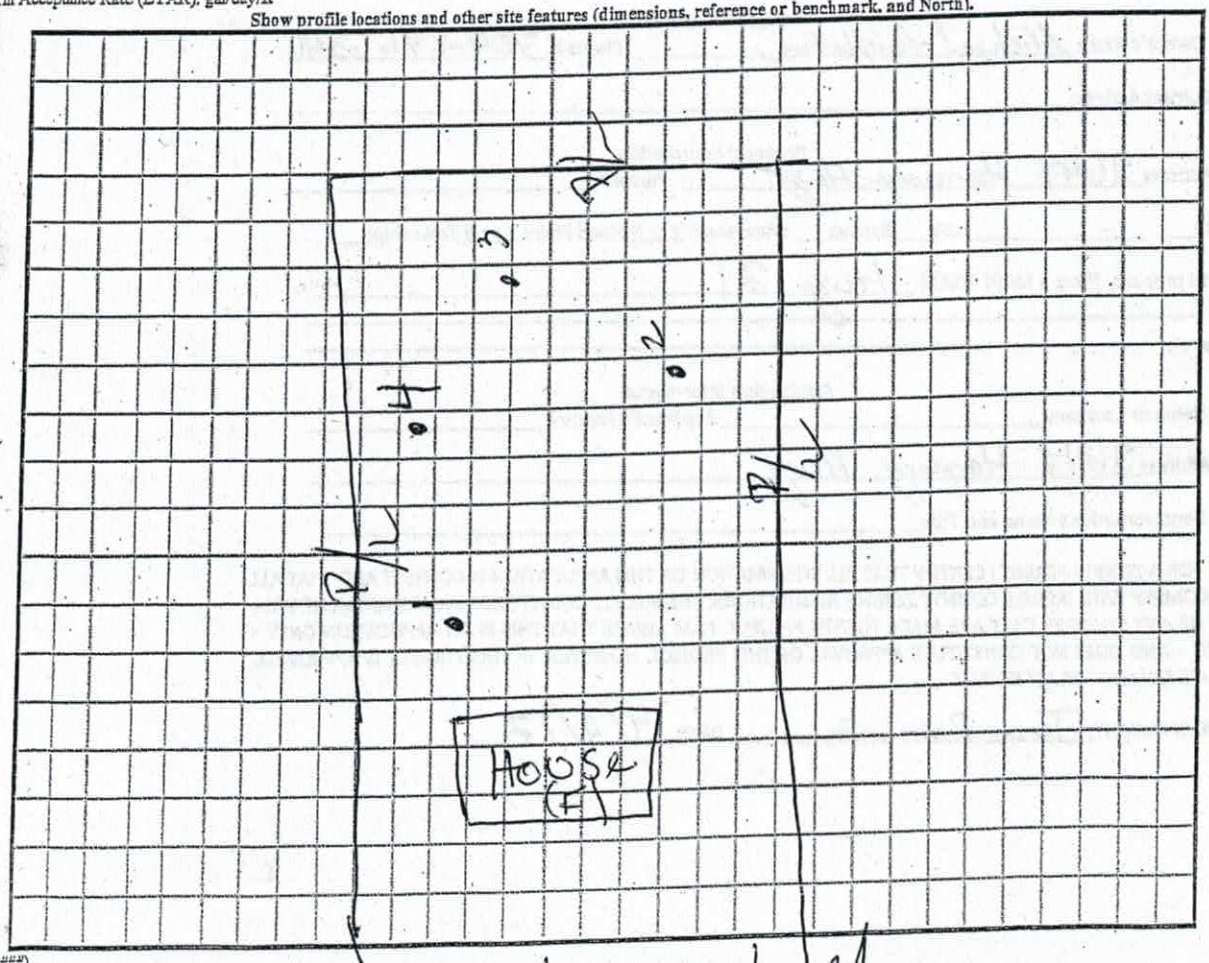
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



B 52
W 52
O 60
B 82
W 106
- - - - -
B 70
O 50

more repair not flagged

Mountain Island

ENR (######)
eview (#####)

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED JAN 7 2016

(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: X 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 #
Michael Ryan Homes	PO Box 481452, Charlotte, NC 28269	(843) 574-8900	
Michael Ryan Homes	PO Box 481452, Charlotte, NC 28269	(843) 574-8900	

Owner Name / Mailing Address / Home Phone # / Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
144 Mountain Island Drive	Northlake Club	Lot 40

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 (X) 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: Chandler Smith _____ 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.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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__**144 Mountain Island Drive** _____, identified as
PIN (Parcel Identification Number) ___**Lot 40**_____, 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.

Signature of Owner(s) — **January 12, 2017** 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
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

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

6/3/15 (Date)

Owner: Michael Ryan Homes Inc
Address: PO Box 620013
Charlotte, NC 28262

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
#152940
Northlake #40

I, Michael Blackmon, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full 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 on 08/08 (date) for a system 50% Low Pressure (system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

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
704 878-5358

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

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 15294D PIN # 4761492736 DATE 11-10-08

OWNER or APPLICANT ABMS Development LLC PHONE: Business Home:

OWNER or APPLICANT ADDRESS 145 Fairbrook RD Mooresville 28117

LOCATION / DIRECTIONS Bethesda (R) Northlake (R) Mountain Island on right

SUBDIVISION Northlake BLOCK / SECTION LOT # 470 LOT AREA .510 DESIGN FLOW 480 L.T.A.R. .5

Septic Tank 1500 Gallons: STB Date

Pump Tank 1500 Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines 4 Linear Feet 267

Trench Width 36 Max. Trench Bottom Depth 36" Gravel Depth NS

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

System Description: 50% Low Pressure

Repair System Description: 50% Low Pressure

Maintenance Agreement Required ☑ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

Comments / Conditions

Install as Certified
Maintain all setbacks

INITIAL SITE SKETCH

See Attached Design
Billard Soil & Environmental

Revoked

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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 w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / 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 12-10-08

Improvement Permit by: Date 11-10-08

Authorzation to Construct by: Date

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Michael Ryan Homes Inc. Address: 10400 Mallard Creek Rd #102 Charlotte, NC 28262 Phone: 980-216-0652

Owner Name: Lakeside Vista Partners, LLC Address: " Phone: "

Property Information:

Street Address: 144 Mountain Island Dr.

Subdivision Name: Northlake Section/Phase: _____ Lot Number: 40

Driving Directions: Bethesda → Northlake → Mountain Island Dr.

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4 3 MB
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 25% reduction

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. industrial) 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.

Signature: _____ 4/30/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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

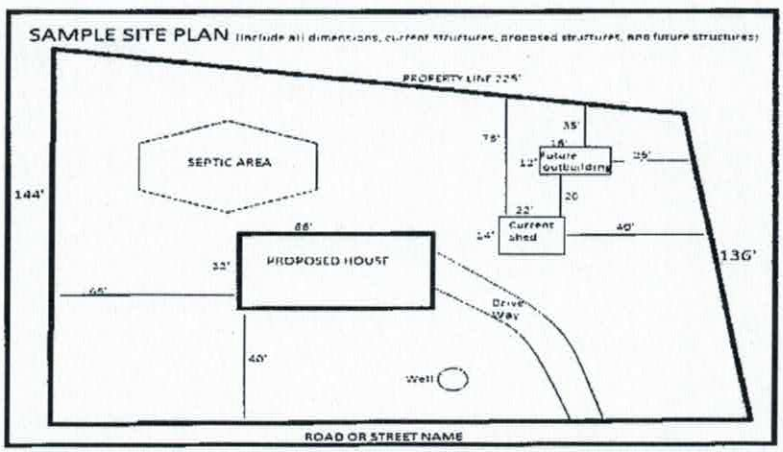
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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

See Attached

Signature: _____

REQUIRED property owner or owner's legal representative signature.

January 12, 2017

DATE

IREDELL COUNTY HEALTH DEPARTMENT

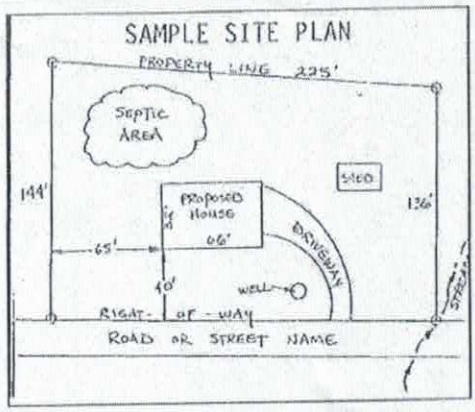
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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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 and 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

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 Drawing

* P/s call owner before going out 980-216-0652

Signature: _____ 4/30/15

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210164

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

PIN # 4761492736

APPLICANT: Michael Ryan Homes APPLICANT ADDRESS: 10700 Mallard Creek Rd Charlotte NC

SITE ADDRESS: 144 Mountain Island Rd Statesville NC PHONE: 980-216-0652 ALT. PHONE: N/A

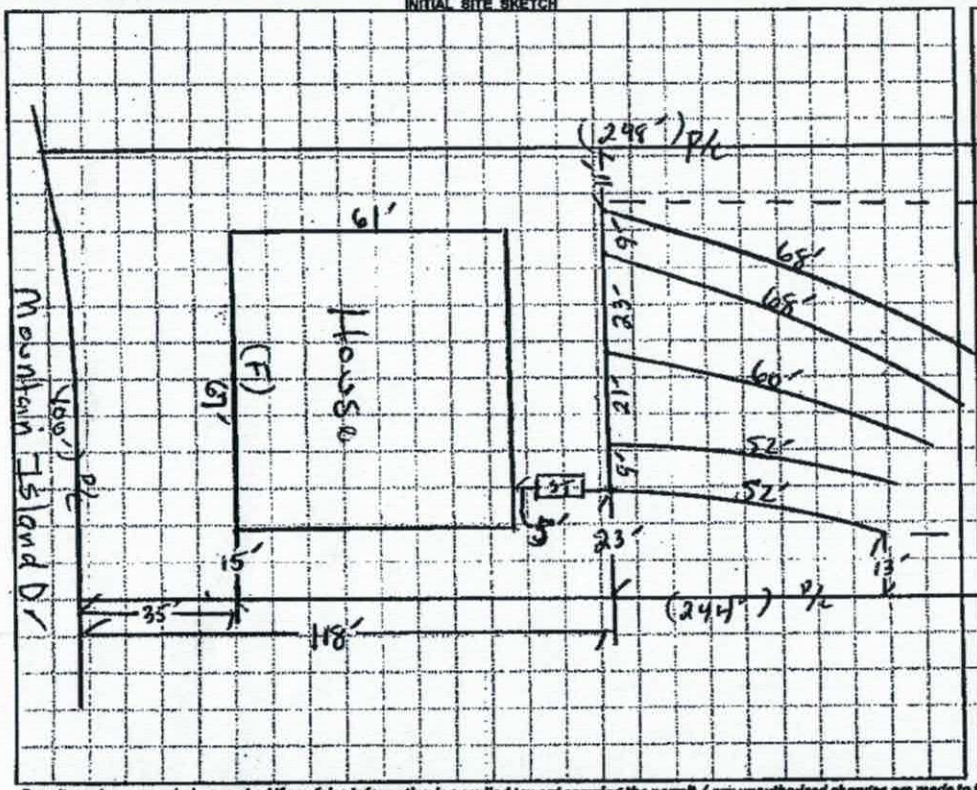
SITE DIRECTIONS: 70 to Bethesda to North lake to Mountain Island Lot on right

SUBDIVISION: North lake SECTION: P2 LOT # 40 LOT AREA: 0.56 ac DESIGN FLOW: 360 LTAR: 0.3

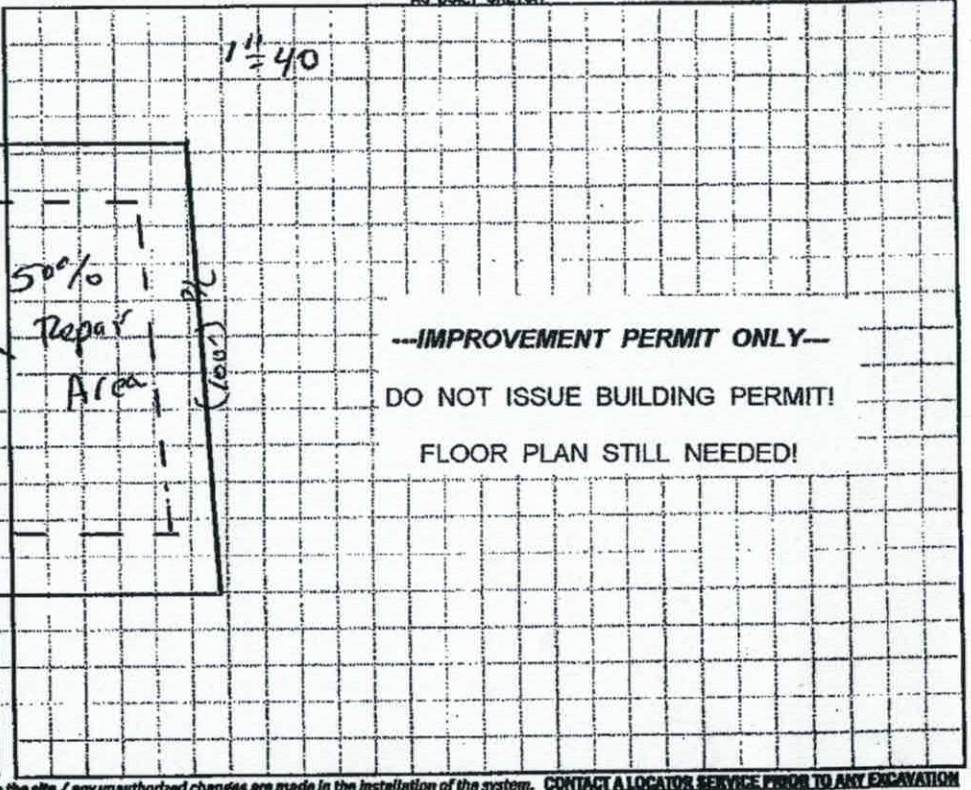
Septic Tank	1000	(gal)	STB		Date		[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms	3	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			[ ] Business	No. Persons	6	[ ] Private	
Pump Make		Model			Serial #		Repair System Description:	50% Reduction			[ ] Other	No. Employees		[X] Public	
# Nitrification Fields	1	# Lines	5		Linear Ft:	300	Maintenance Agreement Required:	[ ] YES	[X] NO		[X] Slab	[ ] Crawl Space		[ ] Community	
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE			[ ] Basement w/plumbing			[ ] Basement w/o plumbing	

Comments / Conditions: Install 25% Reduction on contour with serial distribution. Maintain 36" trench depth on high side.

INITIAL SITE SKETCH



AS BUILT SKETCH



---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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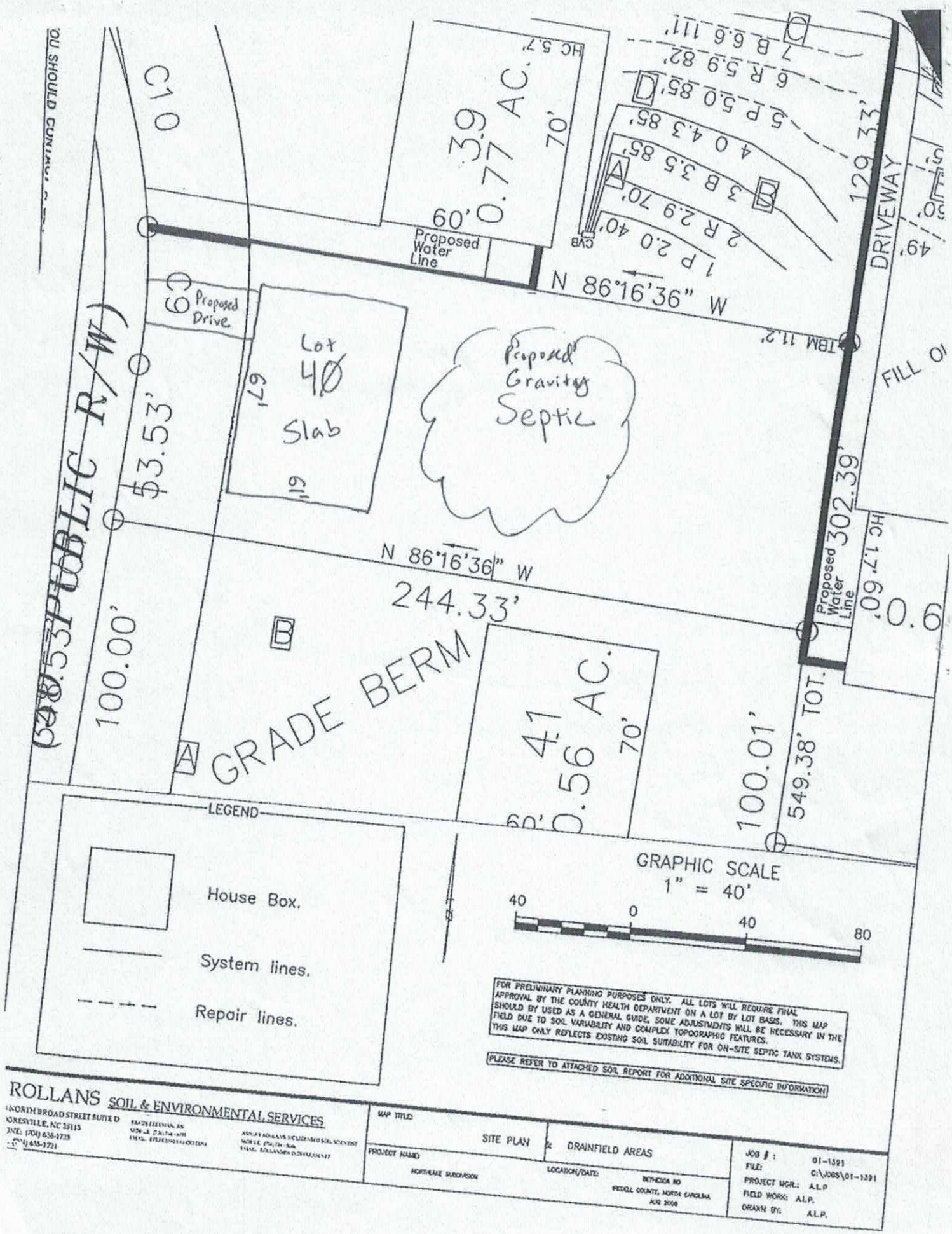
[ ] IMPROVEMENT PERMIT with plat valid without expiration [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [ ] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT—not to exceed 60 mo.

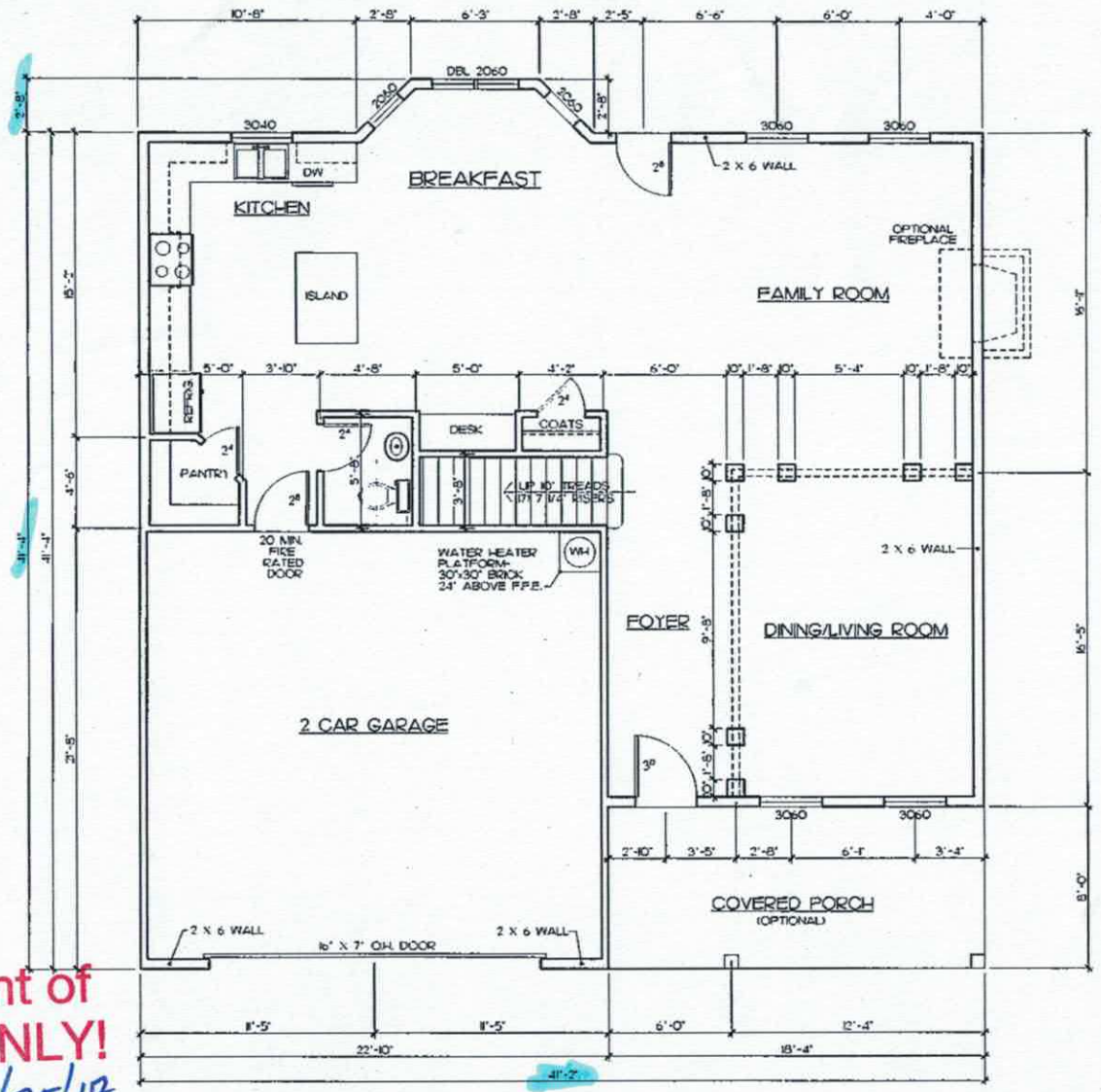
Owner / Applicant Signature: Date: 6/3/15 Installed by:

IMPROVEMENT PERMIT by: Date: 06/01/15 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


C10
39
0.77 AC.
70'
60'
HC 5.7'
Proposed Water Line
CVB
1P 2.0 40'
2R 2.9 70'
3B 3.5 85'
4 0 4.3 85'
5P 5.0 85'
6R 5.9 82'
7 B 6.6 111'
129.33'
DRIVEWAY
N 86°16'36" W
IBM 11.2'
Proposed Drive
60'
Lot 40
Slab
67'
19'
Proposed Gravity Septic
53.53'
(S28°53'E) PUBLIC R/W)
N 86°16'36" W
244.33'
Proposed Water Line
302.39'
HC 1.7' 60'
0.0
100.00'
GRADE BERM
41
0.56 AC.
70'
60'
100.01'
549.38' TOT.
LEGEND
House Box.
System lines.
Repair lines.
GRAPHIC SCALE
1" = 40'
40 0 40 80
FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.
PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION
ROLLANS SOIL & ENVIRONMENTAL SERVICES
NORTH BROAD STREET SUITE D
STATESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724
MAP TITLE: SITE PLAN & DRAINFIELD AREAS
PROJECT NAME: NORTHGATE SUBDIVISION
LOCATION/DATE: IREDELL COUNTY, NORTH CAROLINA AUG 2008
JOB #: 01-1391
FILE: C:\JOBS\01-1391
PROJECT MGR.: A.L.P.
FIELD WORK: A.L.P.
DRAWN BY: A.L.P.



FIRST FLOOR PLAN

SCALE • 1/4" = 1'-0"

SQUARE FT SUMMARY

1ST FL.	1092 SF	HEATED
2ND FL.	1385 SF	HEATED
TOTAL	2477 SF	HEATED
GARAGE	486 SF	
FRONT PORCH	147 SF	

Acknowledgement of Plans Submittal ONLY!

Tom Shook Date 1/25/17

Date 1-12-17

House Plan Design Co.

Washington, NC

704-946-8943

Michael Ryan Homes

P.O. Box 220913 Charlotte NC 28222

980-272-4000

Project: NORTHLAKE CLUB
MOUNTAIN ISLAND DRIVE
STATESVILLE, NC

FIRST FLOOR: THE ALEXANDER

Sheet Title: FIRST FLOOR PLAN

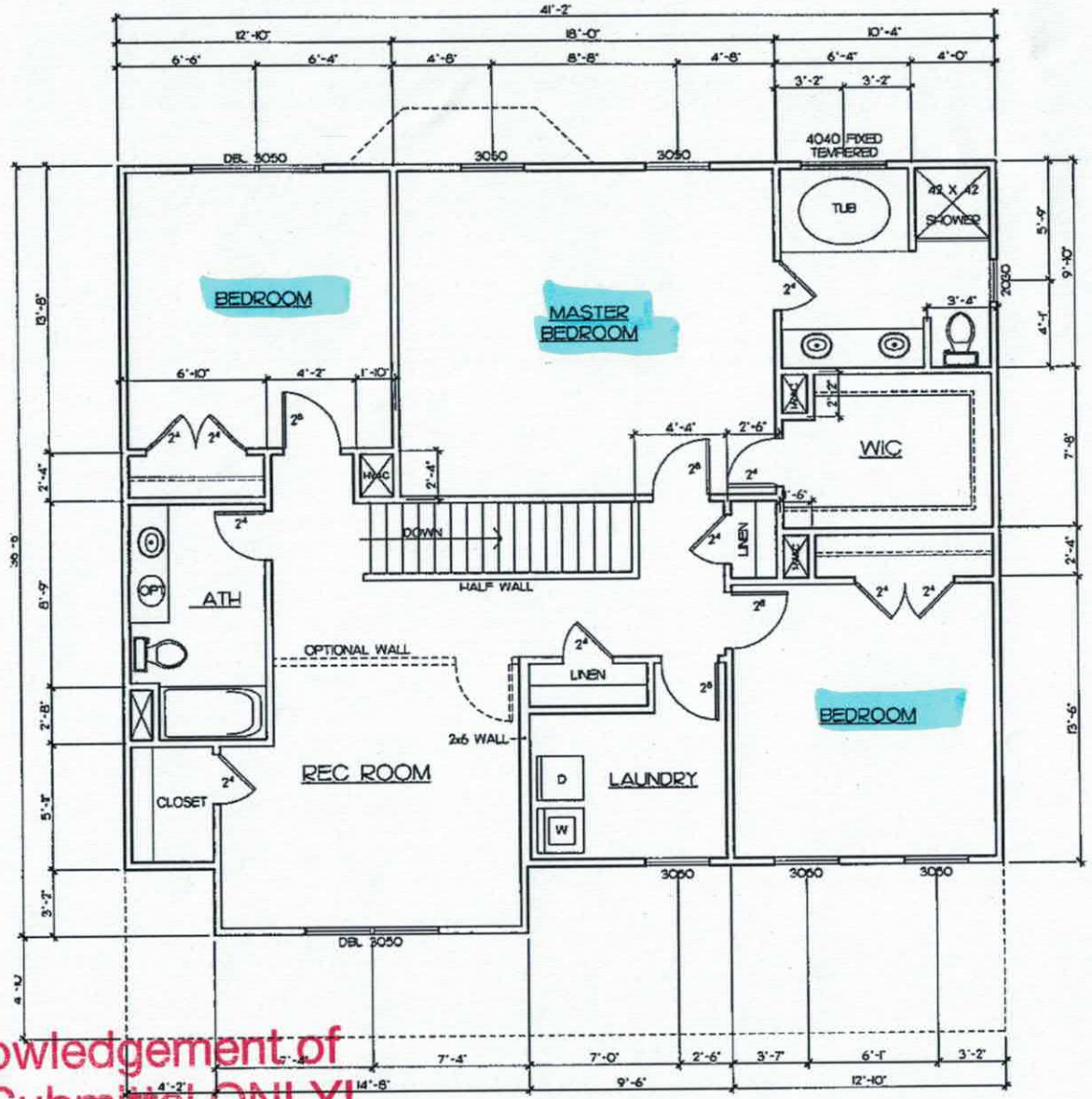
Drawn By K. PANNELL

Date 08-17-15

REV

FILE NAME A4.DWG

Sheet A-4



Acknowledgement of Plans Submittal ONLY!

Tom Shook Date 1/25/17

CA 1-12-17 Date

SECOND FLOOR PLAN

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

House Plan Design Co.
Waxhaw, NC
704-556-8947

Michael Ryan Homes
P.O. Box 620013
Charlotte NC 28262
980-272-4000

Project: NORTHLAKE CLUB
MOUNTAIN ISLAND DRIVE
STATESVILLE, NC
Plan Name: THE ALEXANDER
Sheet Title: SECOND FLOOR PLAN

Drawn By K. PANNELL
Date 08-17-15
REV:
FILE NAME: A6.DWG
Sheet A-6

IREDELL COUNTY

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

APPLICATION NUMBER
210164
Issue Date: 05/01/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4761492736.000	144 MOUNTAIN ISLAND DRIVE, STATESVILLE, NC	STATESVILLE

Owner Information	Applicant Information
Owner: BANK OF NC	Applicant: MICHAEL RYAN HOMES INC
Address: 1420 EAST THIRD ST STATESVILLE, NC 28204	Address: 10700 MALLARD CREEK RD #102 CHARLOTTE, NC 28262
Phone:	Phone: 704-504-9000

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.560	35.00	35.00	15.00	15.00	NOT	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	37206	TOTAL FEES:	$ 77.25