# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 210165

PIN # 4761492843

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

SITE ADDRESS: 110 Wylie Trl Statesville NC 28677 PHONE: 980-216-0652 ALT. PHONE: N/A

SITE DIRECTIONS: 70 to Bethesda to Northlake to Mountain Island corner of Mt Island and Wylie Tr

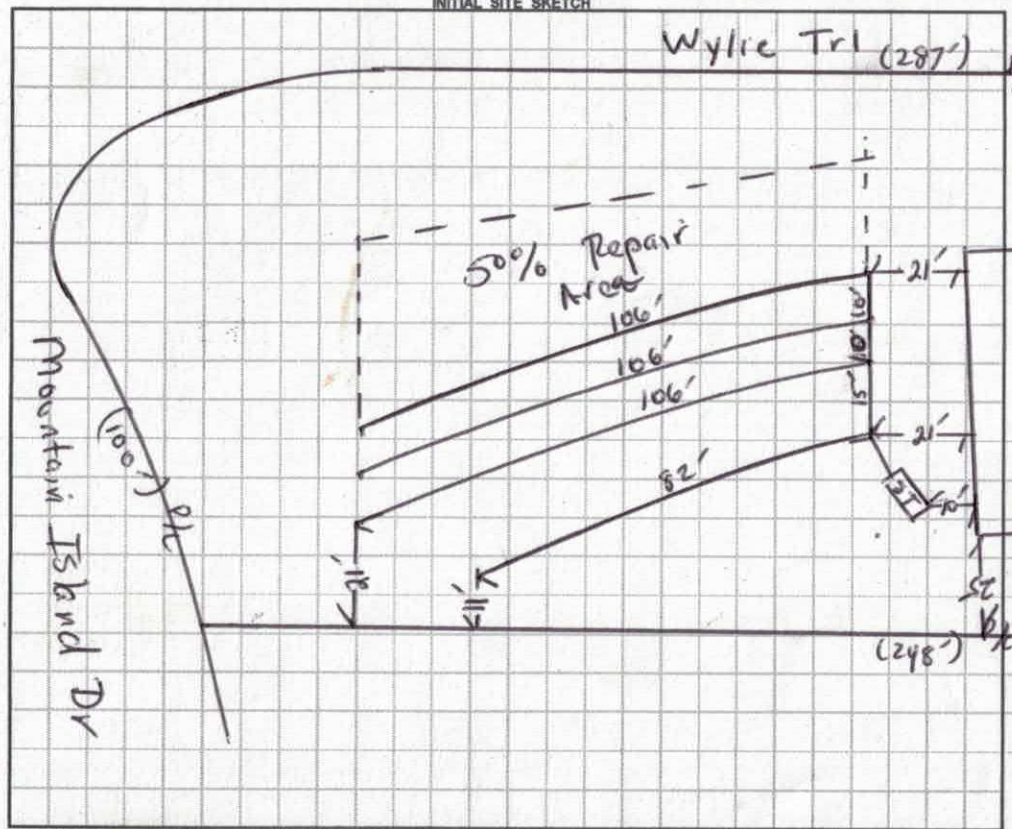
SUBDIVISION: Northlake SECTION: P2 LOT # 39 LOT AREA: 0.77 ac DESIGN FLOW: 480 L.T.A.R.: 0.3

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Date | ☒ 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: | 50% Reduction | | |
| # Nitrification Fields | 1 # Lines | 4 | Linear Ft: 400' | Maintenance Agreement Required: | ☐ YES | ☒ NO | |
| Trench Width | 36" Max. Trench Bottom Depth | 36" | Gravel Depth N/A | ☒ 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 | |

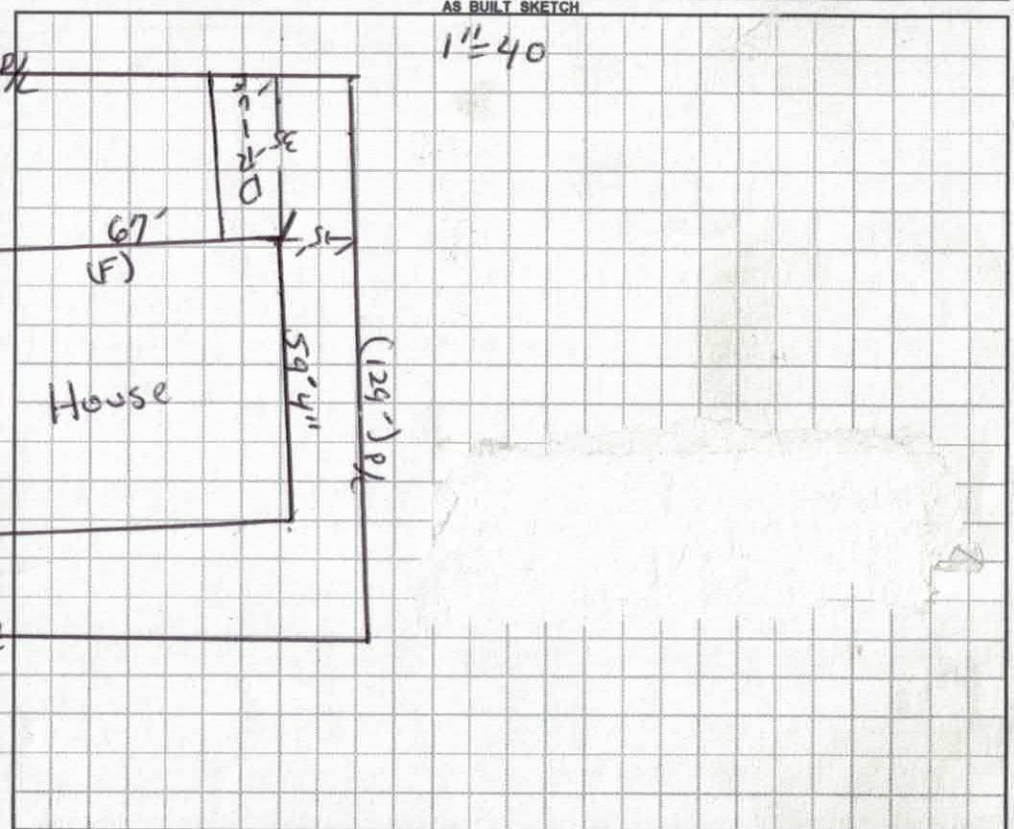
Comments / Conditions: Install 25% reduction on contour with serial distribution. * minimum trench depth 36" on high side. *

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: 6/21/15 Installed by: Marty Tucker

IMPROVEMENT PERMIT by: Date: 6/01/15 OPERATION PERMIT by: Benjamin A. Bolkins Date: 5/19/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck 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 #: 9761492843
COUNTY: Iredell

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: M. Ryan Homes
ADDRESS: 110 Wylie Trl
APPLICATION DATE 4-30-15
DATE EVALUATED: 5-30-15
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 4K0
PROPERTY SIZE: 0.77 ac
LOCATION OF SITE: Bathesida to Northlake Hwy Island
PROPERTY RECORDED: Yes
WATER SUPPLY: • Private • (Public) • Well • Spring • Other w/A
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 10% | 0-18 | SBK C | fr SE | PS | PS | N/A | N/A | PS 0.3 |
| | | 18-48 | WSBK BC | fi/fr SE | | | | | |
| 2 | L 9% | 0-12 | GR SCL | fr SE | PS | PS | N/A | N/A | PS 0.3 |
| | | 12-28 | SBK C | fi SE | | | | | |
| | | 28-48 | WSBK BC | fi/fr SE | | | | | |
| 3 | L 9% | 0-12 | GR SCL | fr SE | PS | PS | N/A | N/A | PS 48" installation 0.3 |
| | | 12-36 | SBK C | fi SE | | | | | |
| | | 36-60 | WSBK BC | fi/fr SE | | | | | |
| 4 | L 10% | 0-24 | Fill | ← | PS | PS | N/A | N/A | PS 48" installation 0.3 |
| | | 24-60 | WSBK BC | fi/fr SE | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | III | III |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): H.snow
EVALUATED BY:
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) | | | | | | G (Single Grain) |
| CV (Convex Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive) | M (Massive) |
| D (Drainage Way) | | LS (Loamy Sand) | | | SEXP (Slightly Expansive) | CR (Crumb) |
| DS (Debris Slump) | | | | | EXP (Expansive) | GR (Granular) |
| FP (Flood Plain) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | SBK (Subangular Blocky) |
| FS (Foot Slope) | | L (Loam) | | | | 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) | | | | |
| R (Ridge) | | SCL (Sandy Clay Loam) | | | MOIST | WET |
| S (Shoulder Slope) | | SiL (Silt Loam) | | | | |
| T (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | EFI (Extremely Firm) | NP (Non-plastic) |
| | | | | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

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

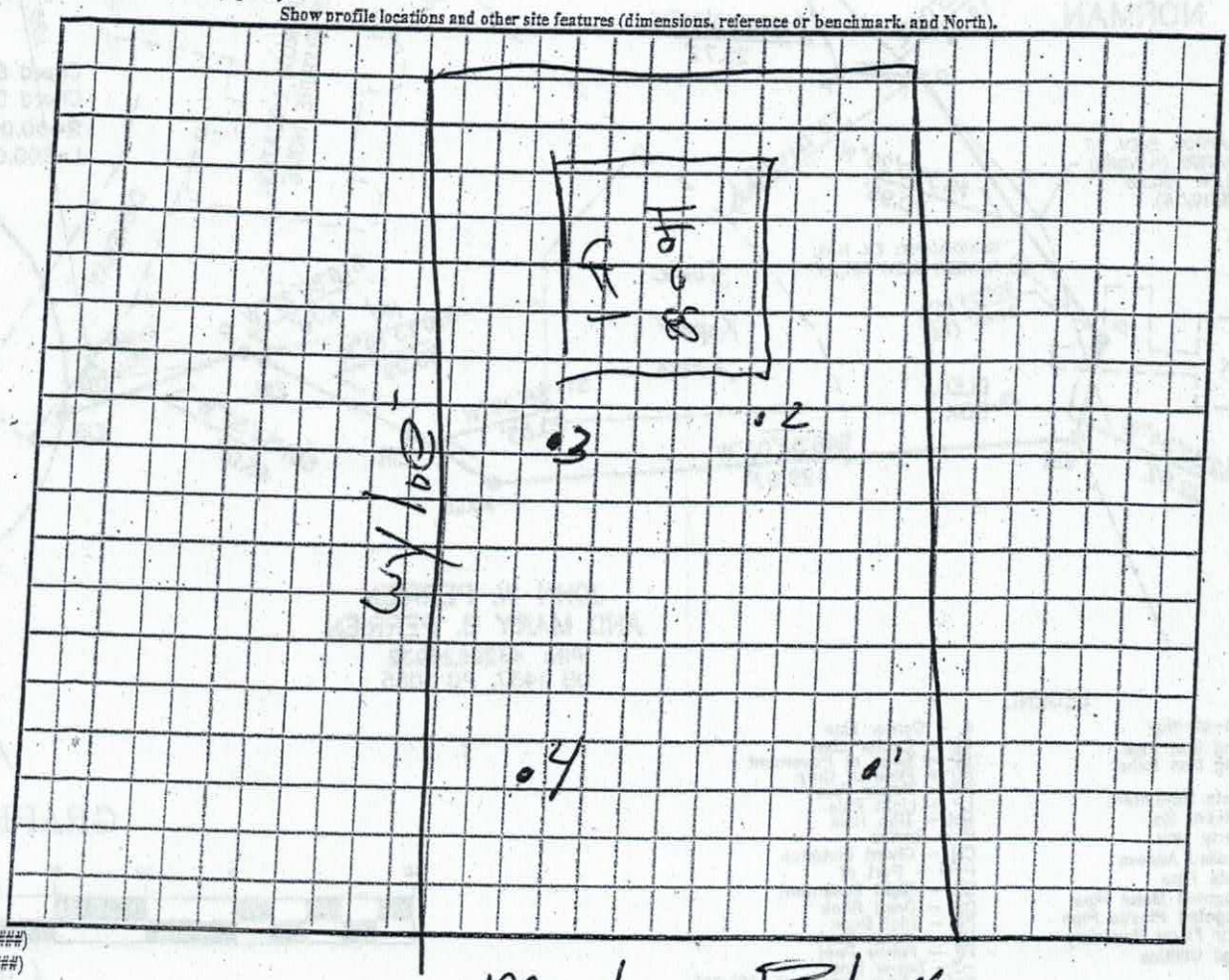
*NOTES*

| | |
|---|---|
| *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).




R (######)
ew (#####)

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED JAN 17 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: ___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 | |

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

**********

## 4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| ~~148 Mountain Island Drive~~ 110 Wylie Trail | Northlake Club | Lot 39 |

**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 4
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** ( ) 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:** Chandler Amin **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 __~~**148 Mountain Island Drive**~~ 110 Wylie Trail _____, identified as
PIN (Parcel Identification Number) ___**Lot 39**_____, 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.

C Smith — Signature of Owner(s)
1-12-17 — 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*

PAGE 1: *APPLICATION FORM*

**Application For:**
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
*Place an* (X) *beside whichever is submitted if applicable* (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: 980-211-0552

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

**Property Information:**

Street Address: 110 Wylie Trl

Subdivision Name: Northlake Section/Phase: 39 Lot Number: _____

Driving Directions: Bethesda → Northlake → Morrison Island → Wylie

**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
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:** _____ 4/20/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

**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):
#15187
Northlake #39

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# 15807 PIN# 4766492845 DATE 8-8-08

OWNER OR APPLICANT ABMS Development PHONE: Business _____ Home _____

ADDRESS 111-B Raceway Drive Mooresville NC 28117

LOCATION 215 (R) Oswalt Amity (L) Bethesda (R) North Lake

SUBDIVISION Northlake BLOCK / SECTION _____ LOT 39 LOT AREA .77 SITE CLASS P3 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field, No Fields _____ Square Feet 1440 Linear Feet 280

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth _____

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

System Description: 50% Low Pres.

Repair System Description: 50% Low Pres

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Persons _____ No. Employees _____

Water Supply: ☐ Individual ☑ Public ☐ Community

☐ Gravity ☑ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

36" Trench with per Soil Scientist design

Comments:/Conditions:

INITIAL SITE SKETCH

See Attached design by Rolland Soil and Environmental

Revoked

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 8-28-08 Installed by: _____

Improvement Permit by: Kelly Cook date 8-8-08 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

# 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***

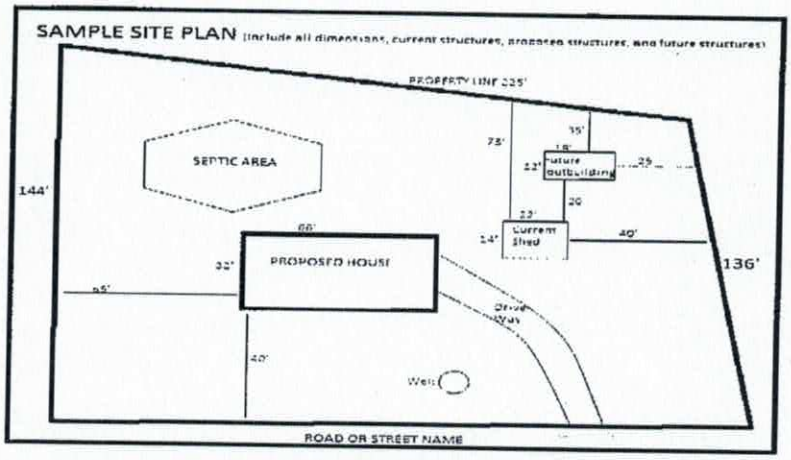
**_____ Front and side setbacks from property line...** **_____ Preferred driveway location and configuration, preferred well location...**

**_____ 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:** Amanda Irwin

*REQUIRED* property owner or owner's legal representative signature.

**January 12, 2017**

DATE

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210165

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

PIN # 476 492843

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

SITE ADDRESS: 110 Wylie Trl Statesville NC 28677 PHONE: 980-216-0652 ALT. PHONE: N/A

SITE DIRECTIONS: 70 to Bethesda to Northlake to Mountain Island corner of Mt Island and Wylie Trl

SUBDIVISION: Northlake SECTION: P2 LOT # 39 LOT AREA: 0.77 ac DESIGN FLOW: 480 L.T.A.R.: 0.3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | | | | | | |
| Pump Tank | | (gal) | PT | | Date | | | | | | |
| Pump Make | | | Model | | Serial # | | | | | | |
| # Nitrification Fields | 1 | | # Lines | 4 | Linear Ft: | 400' | | | | | |
| Trench Width | 36" | | Max. Trench Bottom Depth | 36" | Gravel Depth | N/A | | | | | |

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

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 4

[ ] Business No. Persons 8

[ ] Other No. Employees

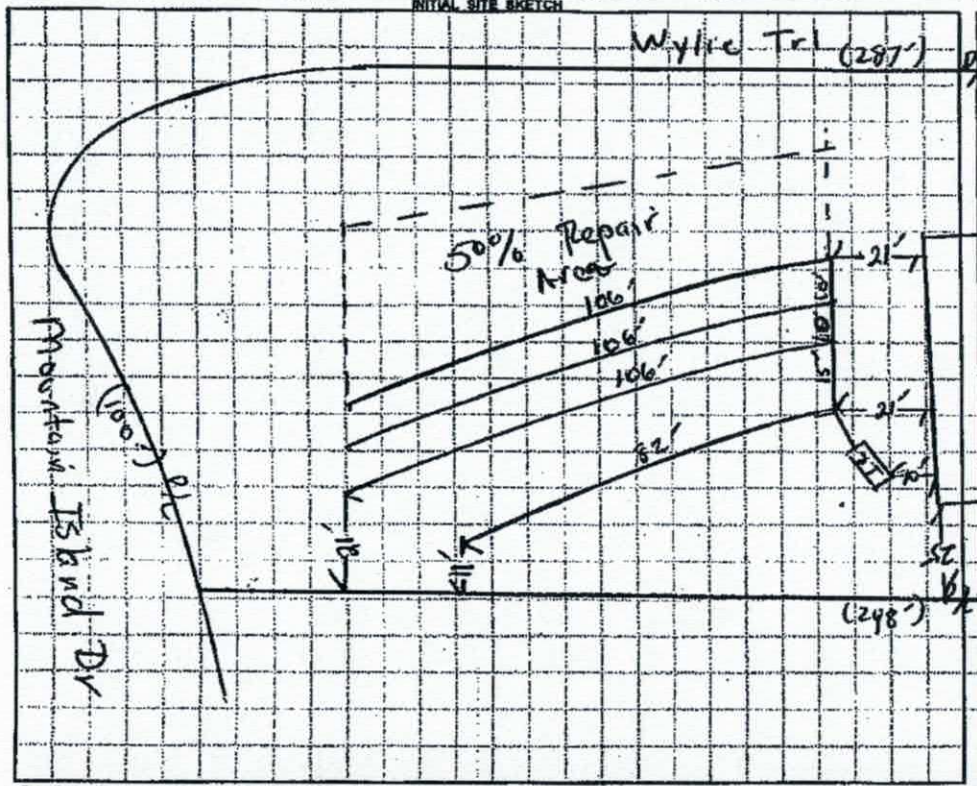
[X] Slab [ ] Crawl Space

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

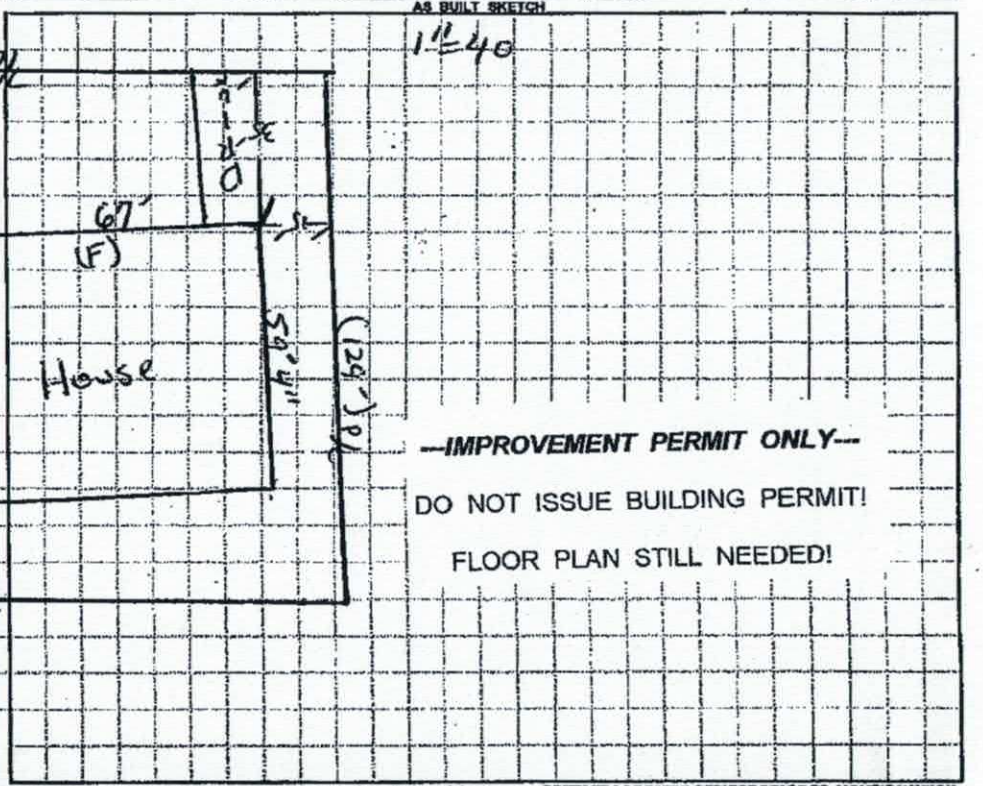
Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install 25% reduction on contour with serial distribution. * minimum trench depth 36" on high side. *

INITIAL SITE SKETCH




AS BUILT SKETCH 1" = 40'




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

Owner / Applicant Signature: Date: 6/21/15 Installed by:

IMPROVEMENT PERMIT by: Date: 6/01/15 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

# IREDELL COUNTY HEALTH DEPARTMENT

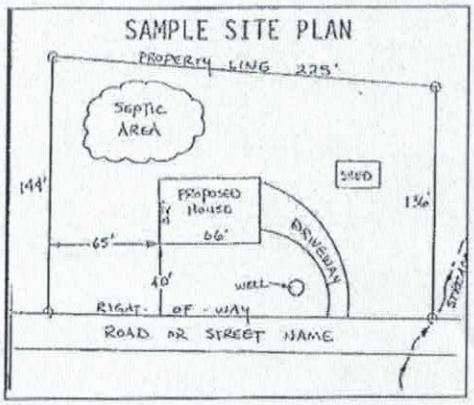
*ENVIRONMENTAL HEALTH DIVISION*

PAGE 2: *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
- ( ) 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

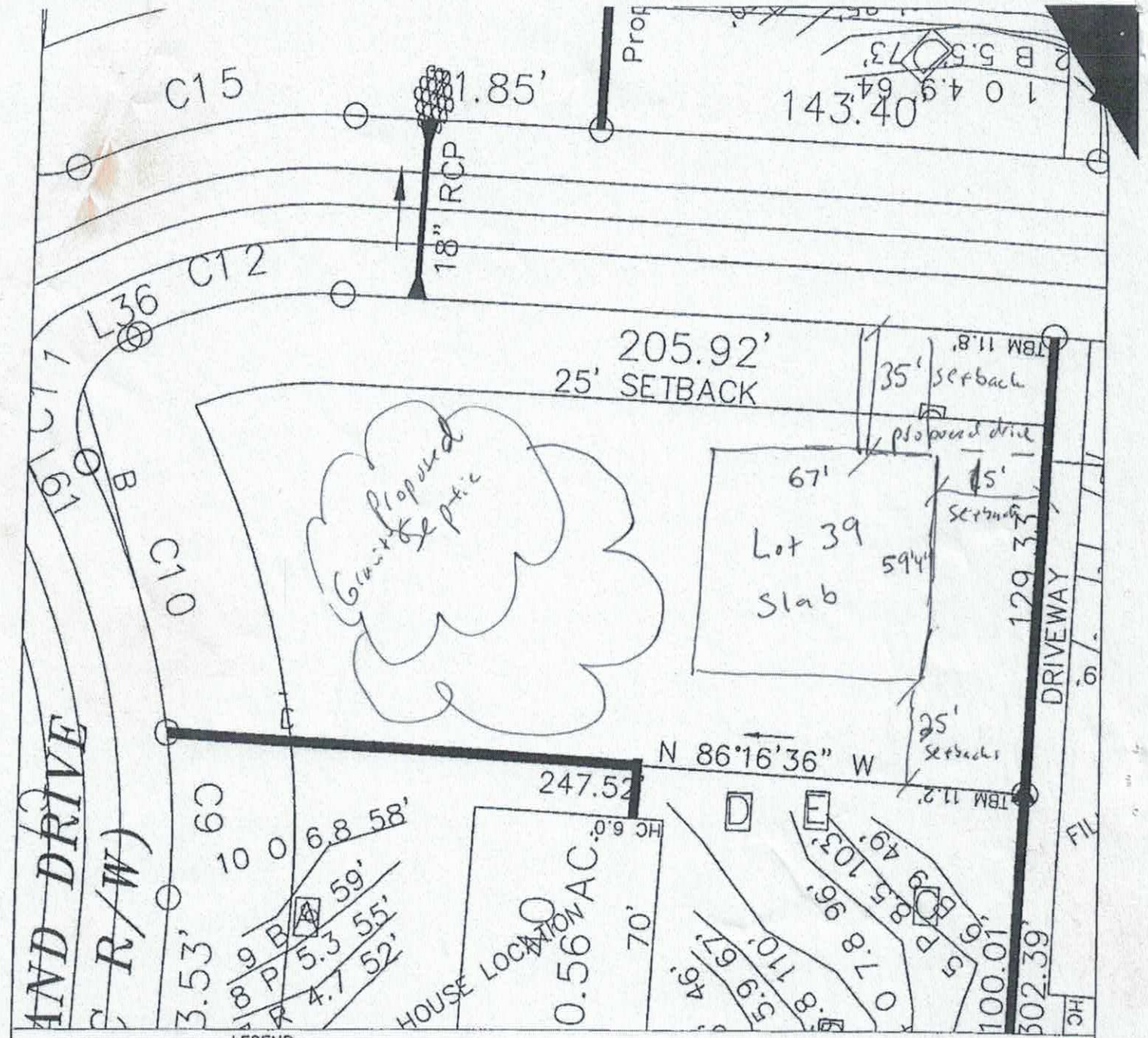
call owner before going 980-216-0653

**Signature:** _____

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

4/30/15

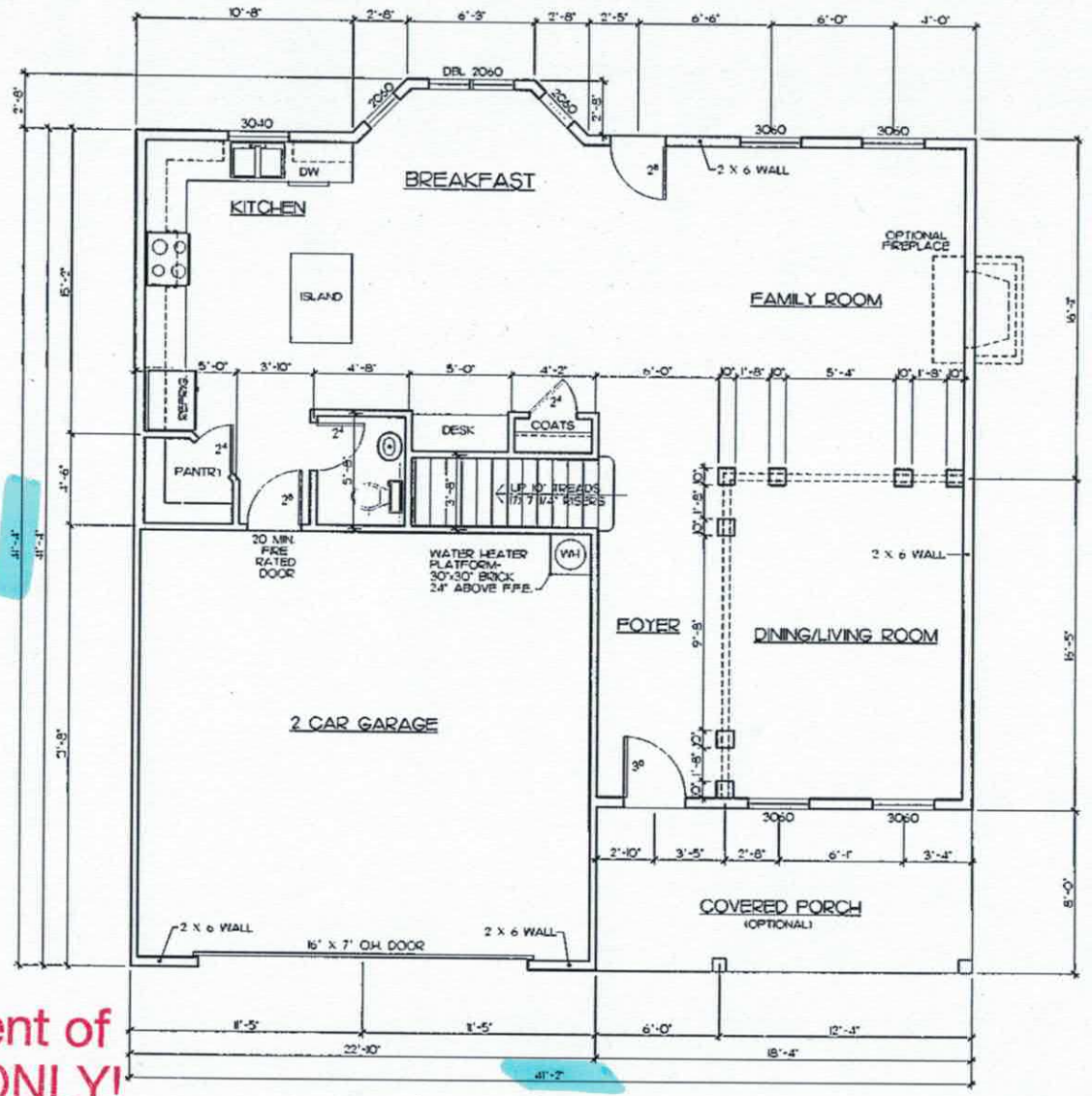
DATE




ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724

MAP TITLE: SITE PLAN & DRAINFIELD AREAS
PROJECT NAME: NORTHLAKE SUBDIVISION
LOCATION/DATE: IREDELL COUNTY, NORTH CAROLINA FEBRUARY 2006

JOB #: 01-1391
FILE: G:\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!

CA Tom Shuck Date 1/25/17

1-12-17 Date

House Plan Design Co.
Waxhaw, NC
704-996-8442

Michael Ryan Homes
P.O. Box 220613
Charlotte NC 28222
800-272-4000

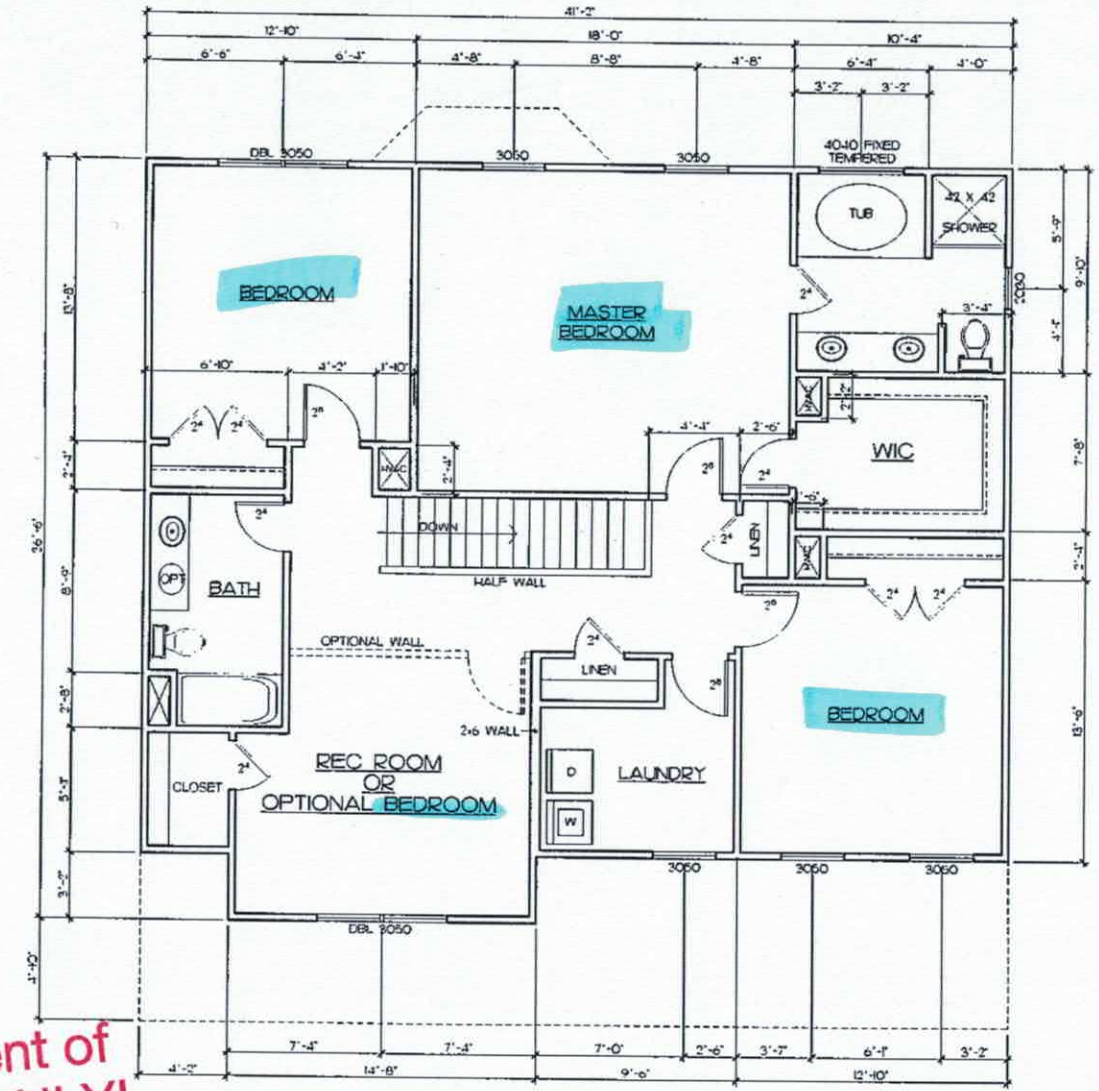
Project: NORTHLAKE CLUB
MOUNTAIN ISLAND DRIVE
STATESVILLE, NC

Plan Name: THE ALEXANDER

Sheet Title: FIRST FLOOR PLAN

Drawn By: K. PANNELL
Date: 08-17-15
REV
FILE NAME: A-1.DWG

Sheet: A-4




SECOND FLOOR PLAN

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

Acknowledgement of Plans Submittal ONLY!

Tom Shade Date 1/25/17

Date 1-12-17

House Plan Design Co.
Waxhaw, NC
(704) 756-2247

HOUSE PLAN DESIGN CO. & PANNELL HOMES & DEVELOPMENT, INC.
COPYRIGHT STATEMENT

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: 08-17-16
REV:
FILE NAME: A6.DWG

Sheet
A-6

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 210165 |
| Issue Date: 05/01/2015 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4761492843.000 | 110 WYLIE TRAIL, STATESVILLE, NC 28677 | STATESVILLE |

| Owner Information | Applicant Information |
|---|---|
| Owner: BANK OF NC | Applicant: MICHAEL RYAN HOMES INC |
| Address: 1420 EAST THIRD ST<br>STATESVILLE, NC 28204 | Address: 10700 MALLARD CREEK RD #102<br>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 |
|---|---|---|---|---|---|---|
| .770 | 35.00 | 35.00 | 15.00 | 25.00 | 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 | 37204 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|