IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216834

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

PIN # 4761495715

APPLICANT: Michael Ryan Homes Inc. APPLICANT ADDRESS: PO Box 620013 Charlotte NC

SITE ADDRESS: 120 Wylie Trail Statesville PHONE: 704-504-9000 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70E TR Bethesda Rd TL Northlake TL Mountain Island TR Wylie Property on Right

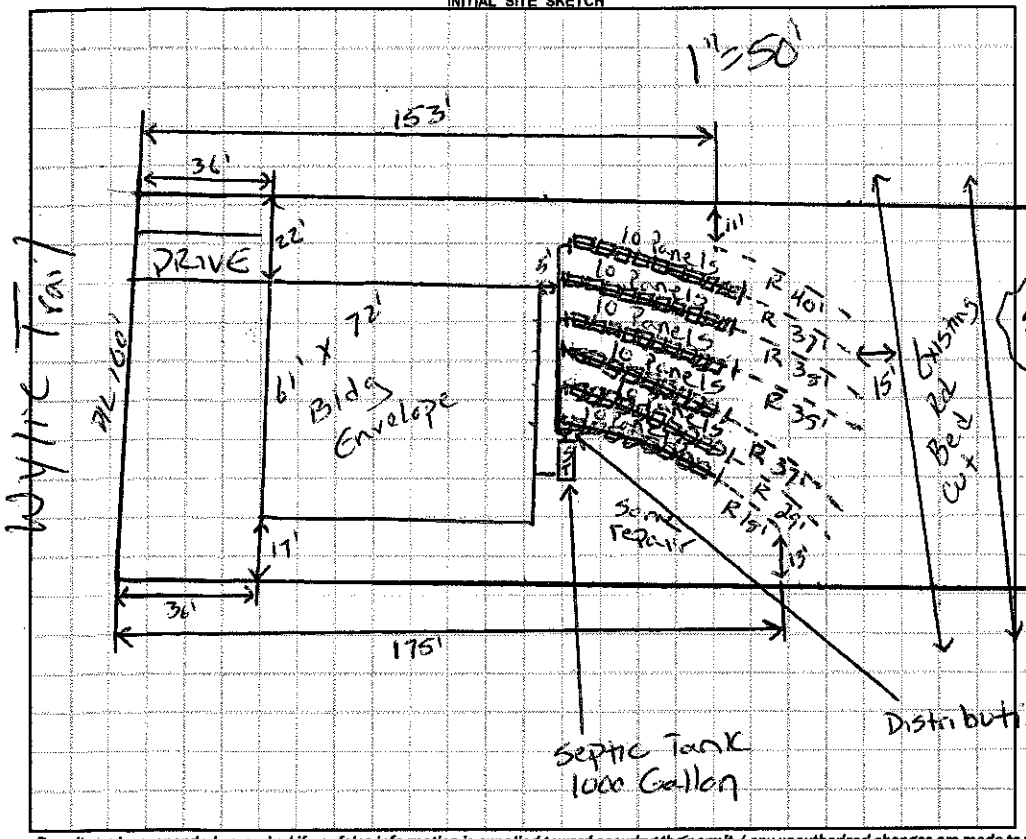
SUBDIVISION: Northlake SECTION: 2 LOT # 37 LOT AREA: 0.169 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

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	(gal)	PT		Date	System Description: Gravity PPBPS		☐ Business	No. Persons 5	☐ Private
Pump Make		Model		Serial #	Repair System Description: 50% Reduction		☐ Other	No. Employees	☑ Public
# Nitrification Fields	1	# Lines	6	Linear Ft: 267	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

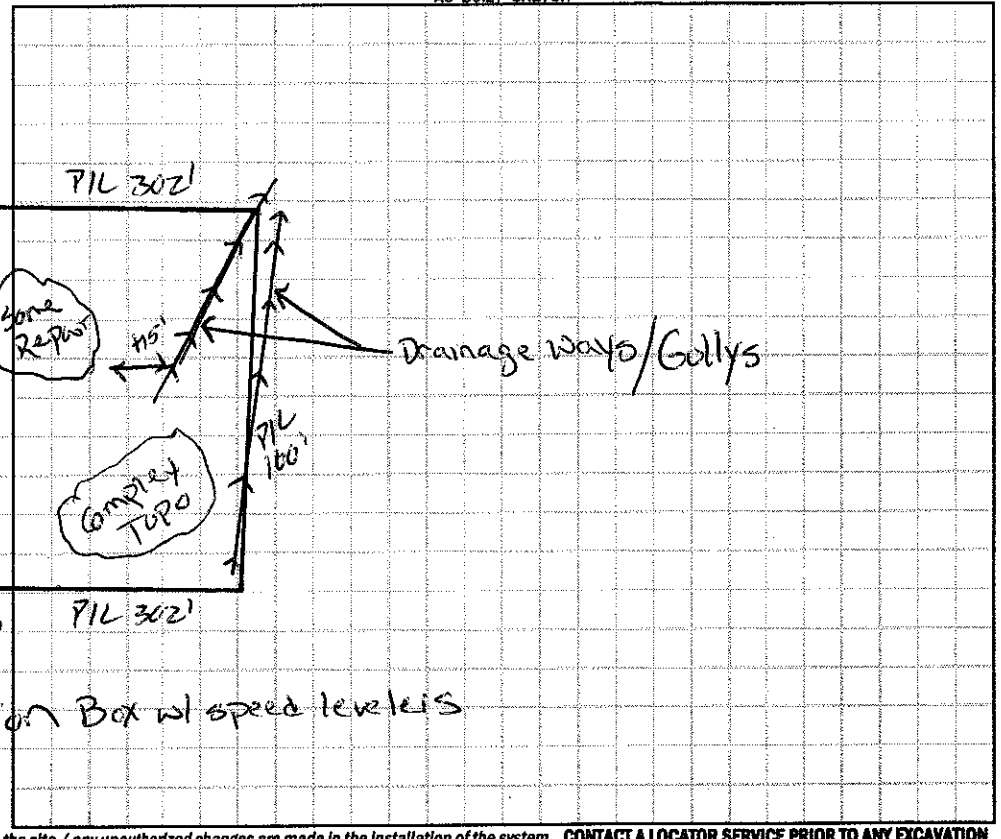
Comments / Conditions: Install a PPBPS system on contour with parallel distribution, utilizing a distribution box with speed levelers. * DO NOT CUT FOR HOUSE PAD **

Fill Existing Rd Bed Cut prior to issuance of CA!

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: 4/28/16 Installed by: ?

IMPROVEMENT PERMIT by: Justin Henderson Date: 3-30-16 OPERATION PERMIT by: Wesley Sparks (ad) Date: 8-26-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 4-28-16 Existing System Inspected by: _____ Date: _____

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