IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216835

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

PIN # 4761496714

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

SITE ADDRESS: 124 Wylie Trail PHONE: 980-216-6652 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70 E TR Bethesda Rd TL Northlake TL Mountain Island TR Wylie Trail

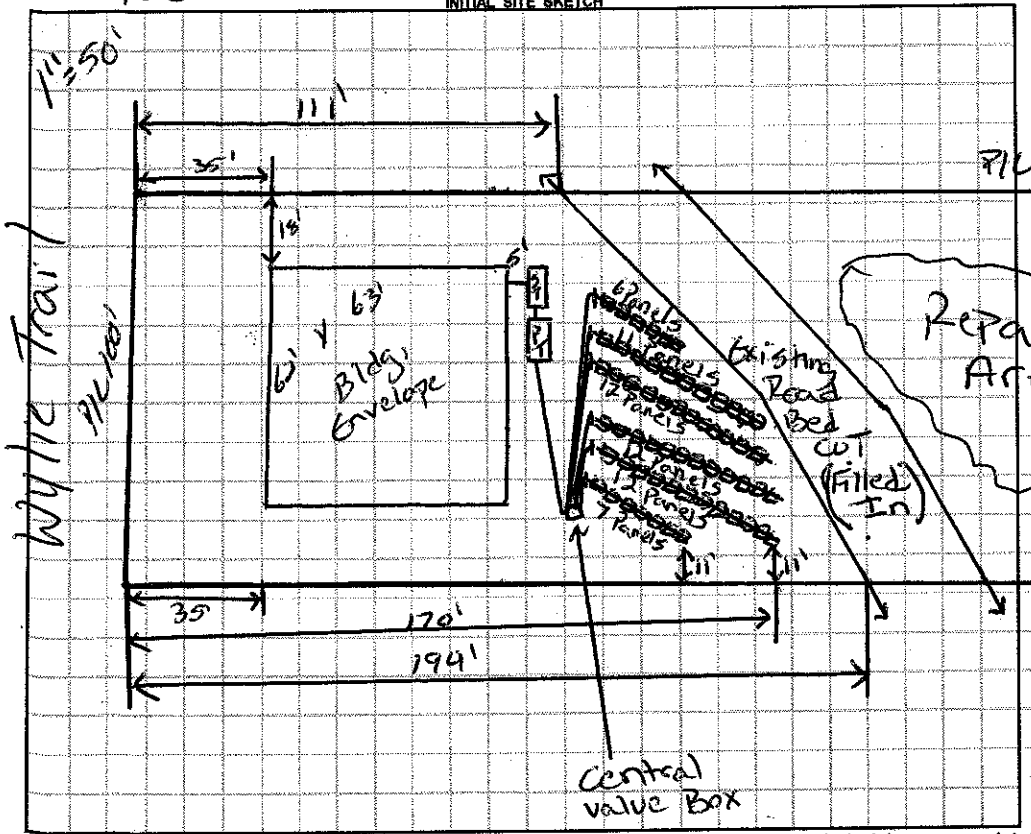
SUBDIVISION: Northlake SECTION: P2 LOT # 36 LOT AREA: 0.69 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794	Date	3/7/16	☑ New System ☐ Repair ☐ Expansion	System Type: I II III ⓘ V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	283	Date	6/21/16	System Description:	Low Pressure PPBPS	☐ Business	No. Persons 8
Pump Make	Gault	Model	FES/M	Serial #		Repair System Description:	Low Pressure PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	271	Maintenance Agreement Required:	☑ YES ☐ NO	☑ Slab	☐ Crawl Space
Trench Width	24"	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 a Low Pressure PPBPS system on contour with parallel distribution. * Install trench bottoms @ 36" on high side * Install a 3/32" hole in each Panel. Install a total of 60 panels.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	8/2	SC
Tanks Checked	8/2	SC
Pressure Manifold or Valve Box Checked	8/2	SC
Pressure Head Set 2' Head	8/2	SC
Electrical Checked		
Floats Set	8/2	SC
Alarm Checked	8/10	SC
Maintenance Contract Y / N	8/11	SC

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: Marty Tucker

IMPROVEMENT PERMIT by: Justin Henderson Date: 4-28-16 OPERATION PERMIT by: Date: 8/11/16

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