Exist[illegible]

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 149038 PIN# 4655202242.000 DATE 5/14/08

OWNER OR APPLICANT James F. Ritchie PHONE: Business 704 746 7113 Home 704 663 7065

ADDRESS ~~2693~~ 2693 Charlotte Hwy Mooresville NC 28117

LOCATION Hwy 115 S 1865 Mecklenburg Hwy (Hwy 115)

SUBDIVISION N/A BLOCK / SECTION ____ LOT ____ LOT AREA 1.805 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. Exis

Septic Tank: Exis 1500 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1300 Linear Feet 100 Exis

No Lines Exis Trench Width 13' Max Trench Bottom Depth Exis Gravel Depth ____

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

System Description: Existing System

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual Exis ☐ Public ☐ Community

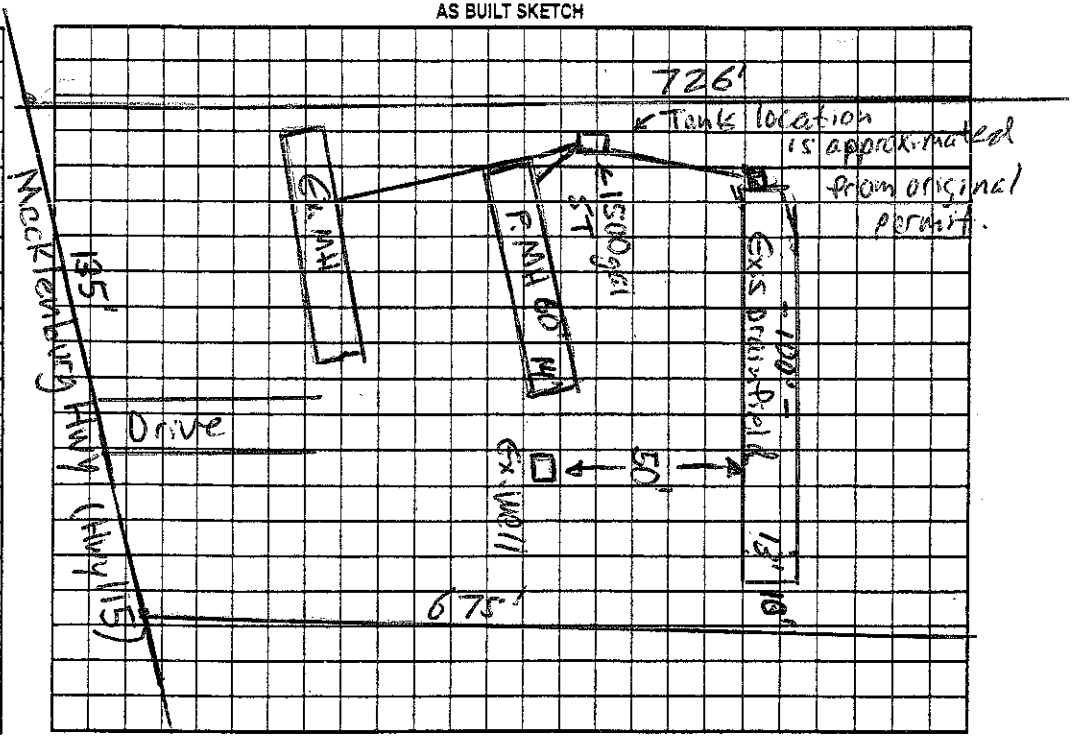
☐ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Existing System is 13'x100' Bed system
See original permit (James Ritchie 1976)
Exis System shows no visible malfunction

Comments/Conditions: There are 2 mobile Homes (2BR each) connected to Existing Septic System
original System can support 4 Bedrooms.

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. 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: James Ritchie date 5-14-08 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Anthony Cohen Jr date 5/13/08

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