3:00 Replace Previous Permits Dated 1-8-99

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 73526 PIN# 4730306857 DATE March 1 2000

OWNER OR CONTRACTOR David Ritchie PHONE: Business _____ Home 528-9427

ADDRESS 313 LockHART Circle

LOCATION 215 (R) Peath Ch Rd (R) State Park Rd (L) LockHART Circle (L) Fork 1st LOT on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT 11 LOT AREA 100x220 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 7-7-00
Pump Tank: 1000 Gallons; PT 17 Date 6-25-00
Pump Make: Gentes Model WED712H Serial No. K003067S
Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet 230
No Lines 5 Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump To Panel With P.Manifold
Repair System Description: Deeded 1962 Same
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A 6"SAND Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

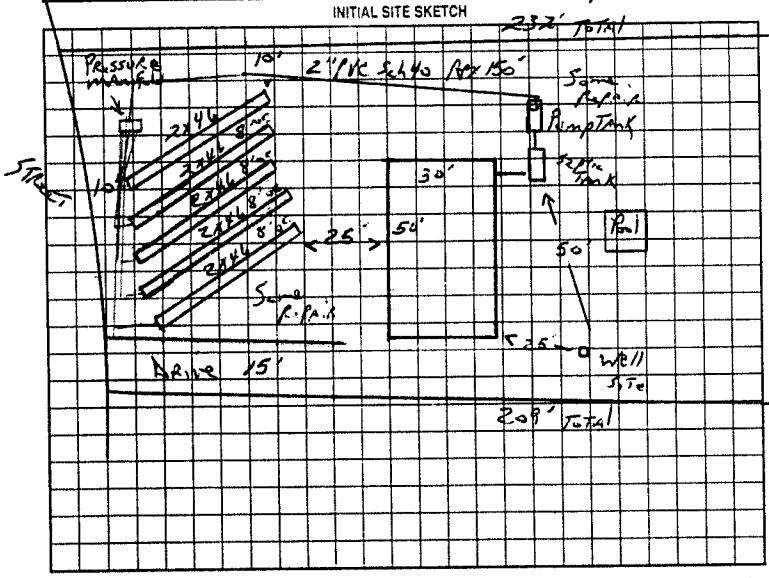
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community
Well

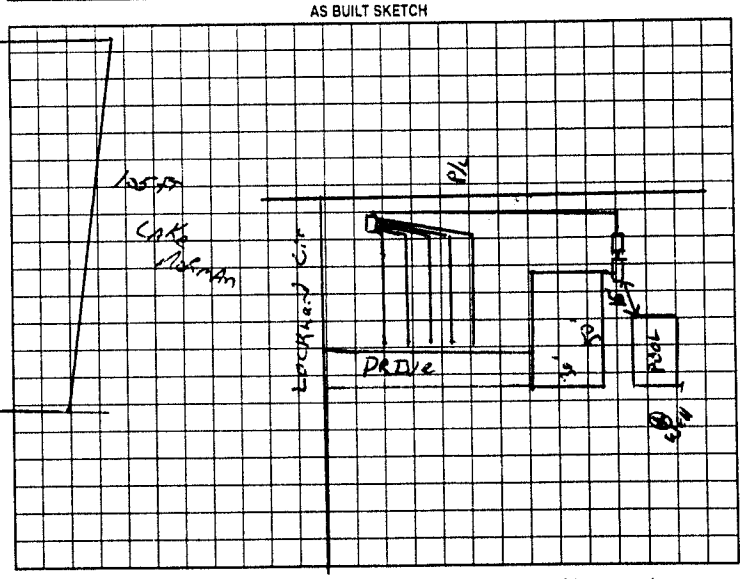
Comments/Conditions: INSTALL on CONTOUR
See Attachments on Pump Tank & Pressure Manifold Design
Rake to Line side walls
1"=40' for scale 53 panels

Comments/Conditions:
Lines + Tanks OK 11-3-00 GM
Pressure set 11-7-00 MO

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: _____ date 3/2/00 Installed by: TOMMY FRYE

Improvement Permit by: C. Potter date March 1 2000 Operation Permit by: _____ date 11/15/00

Authorization to Construct by: C. Potter date March 1 2000 Existing System Inspection by: _____ date _____

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