IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4775-10-0706 DATE 04-01-02

OWNER OR CONTRACTOR ROBIN & MARK GETTY PHONE: Business _____ Home 704-873-3571

ADDRESS 101 VERN LN STATESVILLE NC 28625

LOCATION HWY 64 E, ® NEW SALEM, © VERNA, ® AGAIN AT END IN CUL-DE-SAC

SUBDIVISION CAMPBELL GLEN BLOCK / SECTION _____ LOT 12 LOT AREA 1.18 AC SITE CLASS A5 DESIGN FLOW 480 L.T.A.R. .5

REPAIR

Septic Tank: 1000 Gallons; STB 183 Date 2-12-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 270'
No Lines 3X90' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☐ New System X Repair System Type: I Ⓓ III. IV. V. VI
System Description: CONV GRAV
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes X No

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

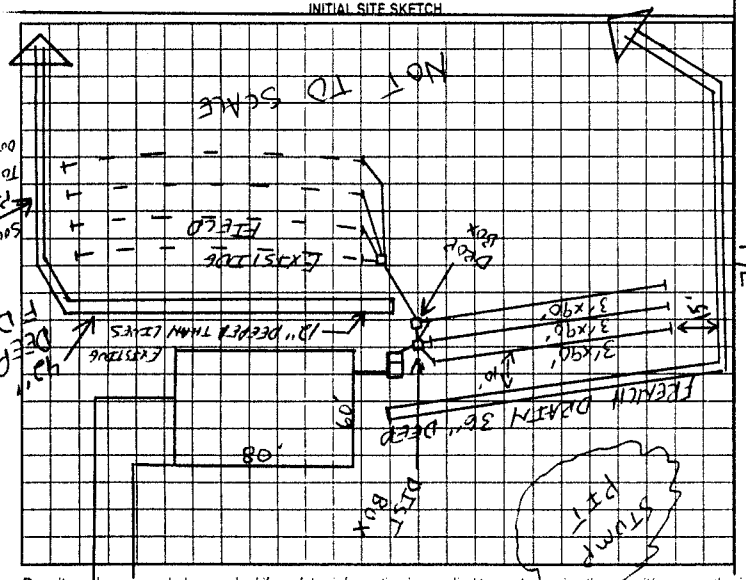
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

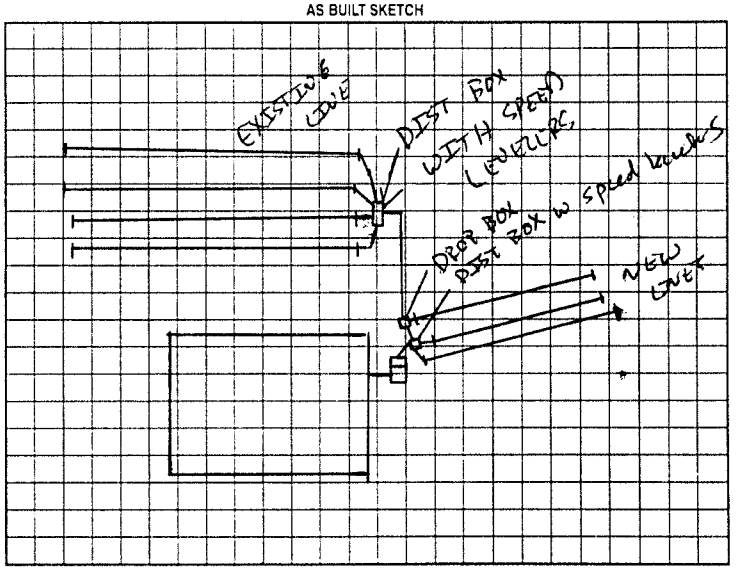
Comments/Conditions: ① MAINTAIN SETBACKS ③ INSTALL LINES ON CONTOUR ③ Complex Repair: Met with David YOUNTZ & DISCUSSED SITUATION ④ STUMP PILE HAS MADE LARGE PORTION OF THE REPAIR AREA UNSUITABLE. FUTURE

Comments/Conditions: REPAIR MAY HAVE TO BE A PUMP SYSTEM. ⑤ THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS.

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 _____ Installed by: DAVID YOUNTZ

Improvement Permit by: _____ date 04-02-02 Operation Permit by: _____ date 04-15-02

Authorization to Construct by: _____ date 04-02-02 Existing System Inspection by: _____ date _____

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