# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 15616 36 PIN # 4775-11-1786 DATE 5-29-09

OWNER or APPLICANT Robin Gettys PHONE: Business Home: 704-880-3104

OWNER or APPLICANT ADDRESS 191 Verna Dr. Statesville 28625

LOCATION / DIRECTIONS 64 E to New Salem to Cynthia to Verna at end

SUBDIVISION Campbell Glen BLOCK / SECTION 2 LOT # 12 LOT AREA 1.18 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 183 Date 2-12-99

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields ____ No Lines 7 Linear Feet 533 - 270

Trench Width 3'/90 - 4'/133 Max. Trench Bottom Depth 36" Gravel Depth 24"

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

System Description: Conventional Gravity

Repair System Description: 25% → 50%

Maintenance Agreement Required ☐ YES ☐ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4 ☐ Business No. Persons ____ ☐ Other No. Employees ____

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions

Maintain 5' BB trench drain with cut for pool

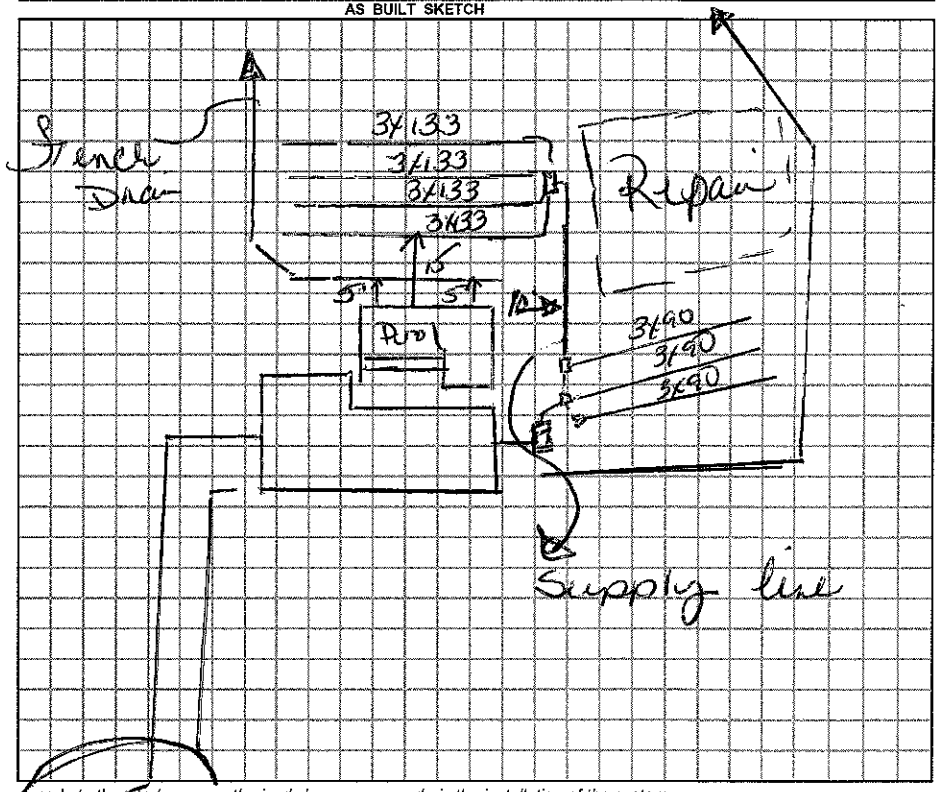
Comments / Conditions

Maintain 15' BB Septic line with cut for pool

INITIAL SITE SKETCH

Maintain 10' BB supply line

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 w / plan valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: X Robin Gettys Date ____

Improvement Permit by: ____ Date ____

Authorization to Construct by: ____ Date ____

***YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.***

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: Kelly Cox Date: 5-29-09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant