IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127691 PIN# 4749597241 DATE 5-26-05

OWNER OR CONTRACTOR CLIFFORD SCAMEHORN PHONE: Business 704-880-3930 Home 704-876-3397

ADDRESS 27 MARIAN LANE STATESVILLE, NC 28625

LOCATION JENNINGS RD NORTH (L) RADFORD RD (R) CON-LEE DR ON RT IN CURVE LOT # 170 OR #17 OR 65-68

SUBDIVISION CON-LEE HEIGHTS BLOCK / SECTION ____ LOT 65-68 LOT AREA .534AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 1007 Date 7-11-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 4x75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: GRAV 25% RED
Repair System Description: LP SOIL REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No

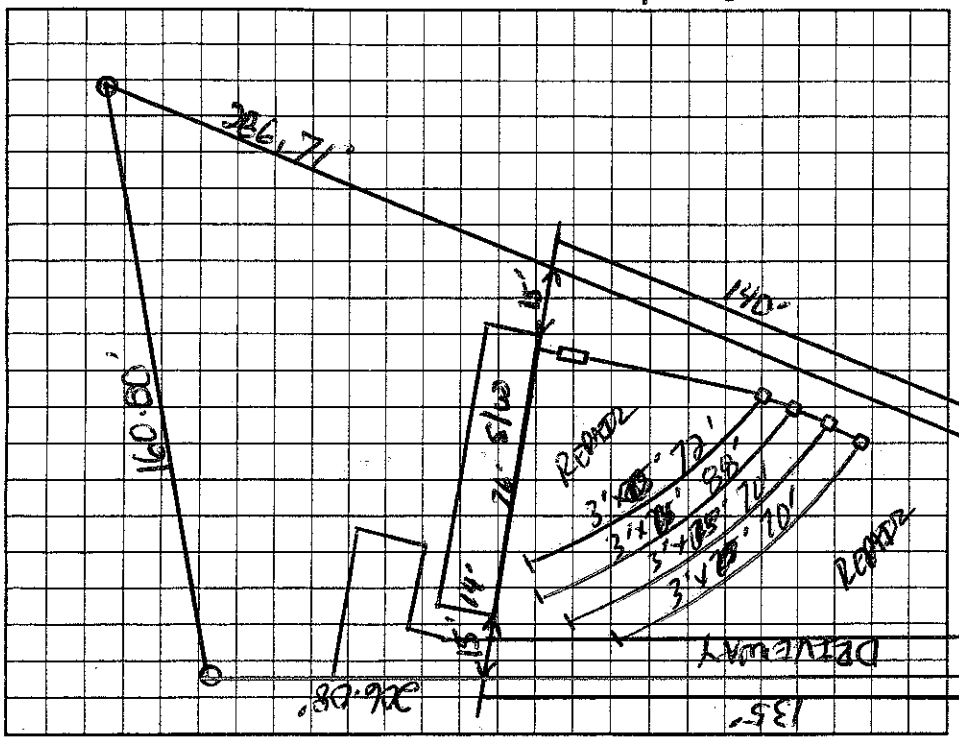
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

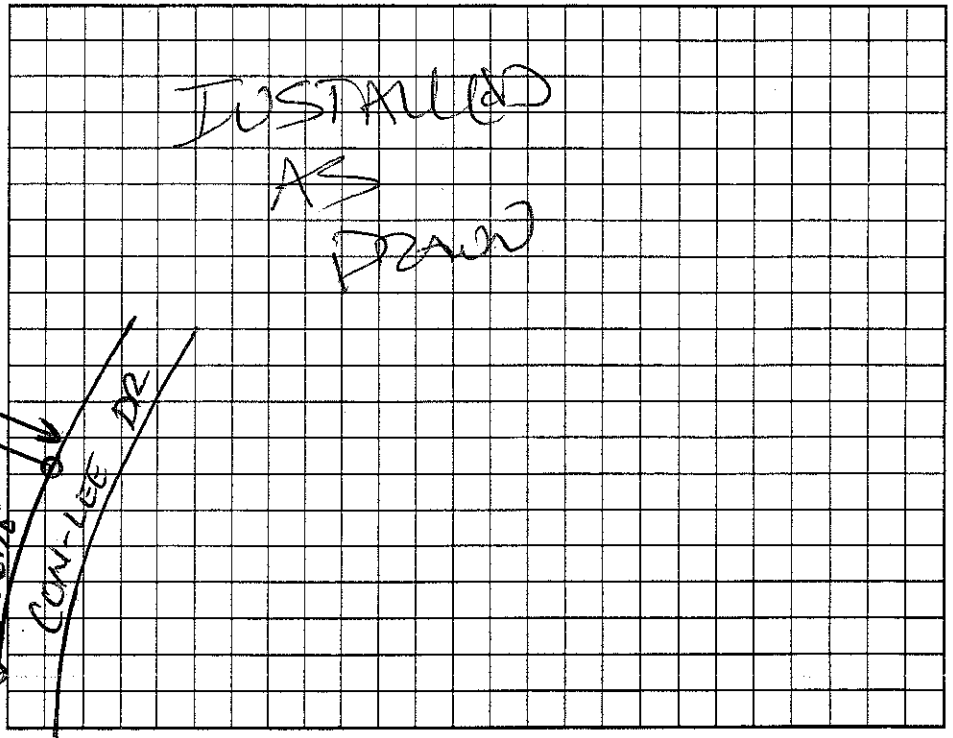
Comments:/Conditions: (1) HOUSE & SYSTEM IS COMPLETELY FLAGGED OUT (2) INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS.

Comments:/Conditions: 72 2 ABSL FILTER
88 & MARKER
10
70

INITIAL SITE SKETCH 1"=50'



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: [signature] date 5-26-05 Installed by: JAMES HUDDLE

Improvement Permit by: [signature] date 5-16-05 Operation Permit by: [signature] date 9-6-05

Authorization to Construct by: [signature] date 5-16-05 Existing System Inspection by: ____ date ____

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