IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES / VOID PERMIT # 079154

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

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

(1)

PERMIT# 130954 PIN# 4747-54-3235 DATE 9-17-05

OWNER OR CONTRACTOR MKM BUILDERS LLC PHONE: Business 980-722-3343 Home 704-895-6081

ADDRESS 17014 WINGED THISTLE COURT, DAVIDSON, NC 28036

LOCATION US21 N, TL JENNINGS RD, TL WHITES FARM RD TL SADDLEWOOD LANE 2ND LOT ON LEFT

SUBDIVISION SADDLEWOOD BLOCK / SECTION ____ LOT 2 LOT AREA 1.447 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/F

Septic Tank: 1000 Gallons; STB TRL Date 3-3-05

Pump Tank: 1000 Gallons; PT 32 Date 9-21-05

Pump Make: ____ Model 60 GPM/200 Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 200

No Lines FIVE Trench Width 24"-36" Max Trench Bottom Depth 24" Gravel Depth SAND 24"

☑ New System ☐ Repair System Type: I, II, III, IV, V

System Description: 50% REDUCTION, LOW-PRESSURE

Repair System Description: 50% REDUCTION, LOW-PRESS

Maintenance Agreement Required: ☑ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

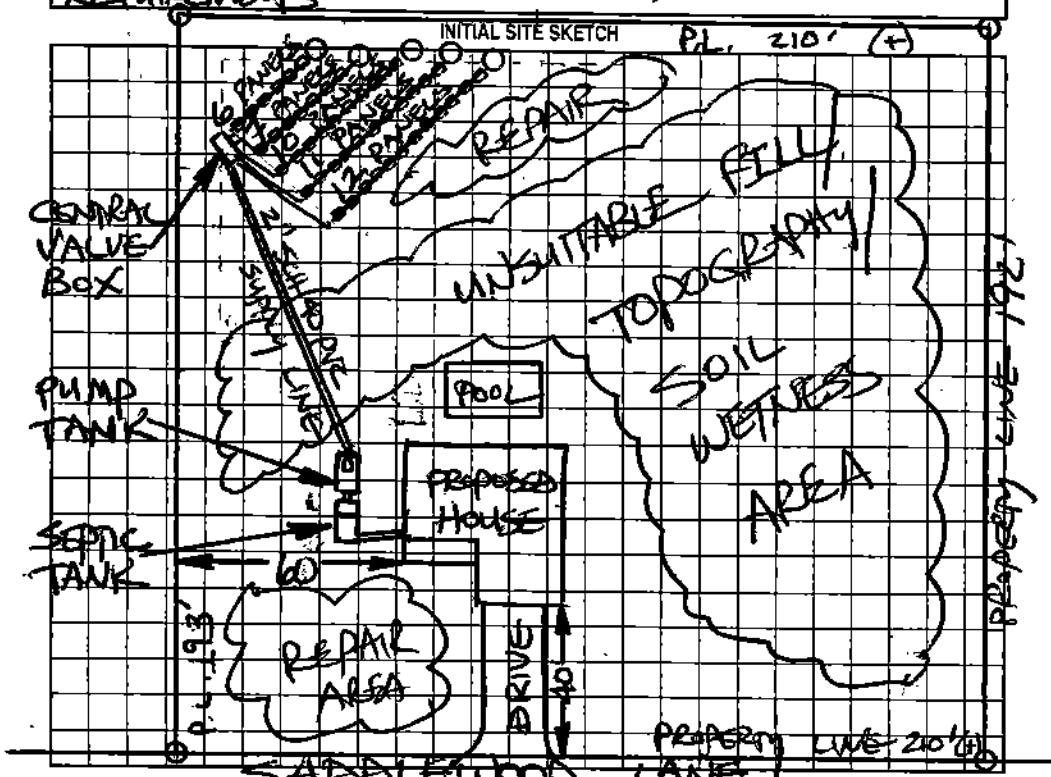
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

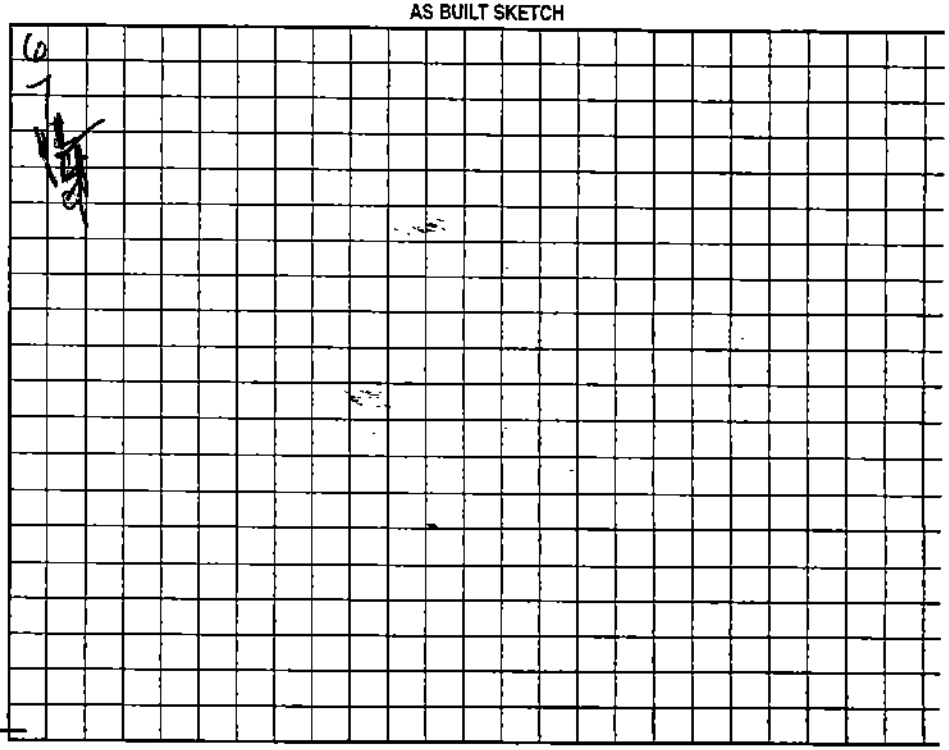
Comments/Conditions: (1) INSTALL 50% REDUCTION SYSTEM USING 46 PPBPS PANELS W/ LOW PRESSURE DISTRIBUTION (2) SEE ATTACHED SHEETS for PUMP & LOW PRESSURE REQUIREMENTS

Comments/Conditions: (3) A CONTRACT SHALL BE EXECUTED BETWEEN THE SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE of OPERATION PERMIT

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. Improvem 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: MKM date 9-17-05 Installed by: Paul Howard

Improvement Permit by: STEVE HEDRICK date 9-17-05 Operation Permit by: [signature] date 12-27-05

Authorization to Construct by: STEVE HEDRICK date 9-17-05 Existing System Inspection by: ____ date ____

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

ONSITE WASTEWATER SECTION