IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120086 PIN# 4748 20 5345 DATE 3/3/06

OWNER OR APPLICANT MKM BUILDERS PHONE: Business _____ Home _____

ADDRESS 17014 WINGES THISTLE CT DAVIDSON, NC 28036

LOCATION 21N @ JENNINGS @ DEER HAVEN @ SUNDANCE 198 SUNDANCE CIRCLE

SUBDIVISION DEER CROSSING BLOCK / SECTION 4 LOT 80 LOT AREA .46 ACRES SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB PJS Date 9-1707
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet sq 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth n/a

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% REDUCTION
Repair System Description: LP PIPES
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

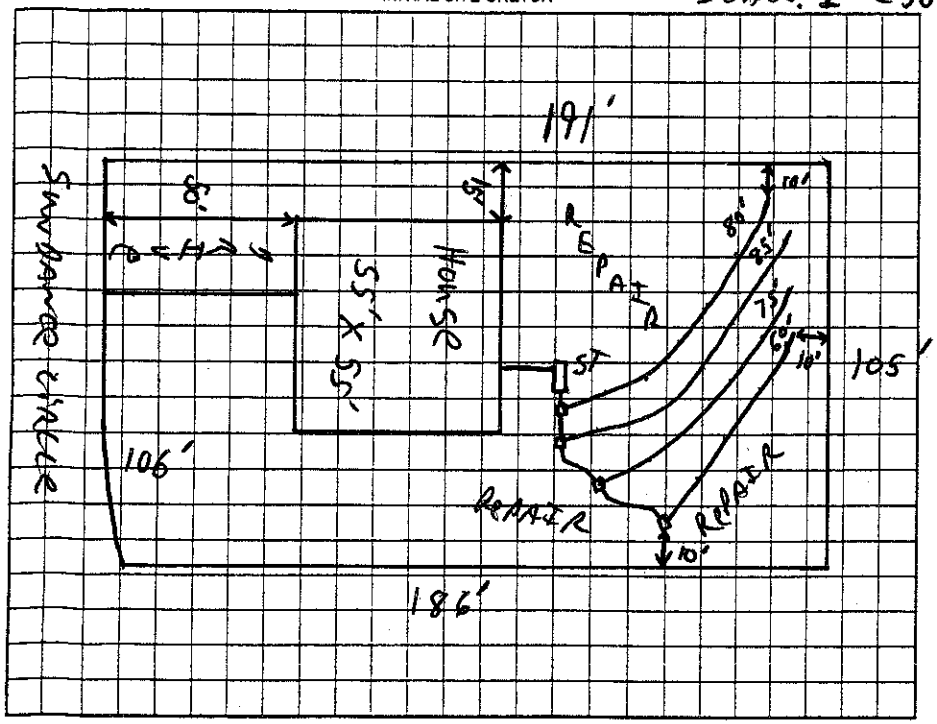
Water Supply: ☐ Individual ☐ Public ☒ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS.

Comments:/Conditions: Blue Lid-lite Septic tank marker

INITIAL SITE SKETCH SCALE: 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: _____ date 3/7/06 Installed by: Kelly Septic

Improvement Permit by: _____ date 3/3/06 Operation Permit by: _____ date 11-5-07

Authorization to Construct by: _____ date 3/6/06 Existing System Inspection by: _____ date _____

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