IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120085 PIN# 4748 20 6348 DATE 3/3/06

OWNER OR APPLICANT MKM BUILDERS PHONE: Business _____ Home _____

ADDRESS 17014 WINGED THISTLE CT DAVIDSON, NC 28036

LOCATION 21N @ JENNINGS @ DEER HAVEN @ SHANDANCE 202 SHANDANCE CIRCLE

SUBDIVISION DEER CROSSING BLOCK / SECTION 4 LOT 79 LOT AREA .46 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 1-3-07
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet eq 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

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

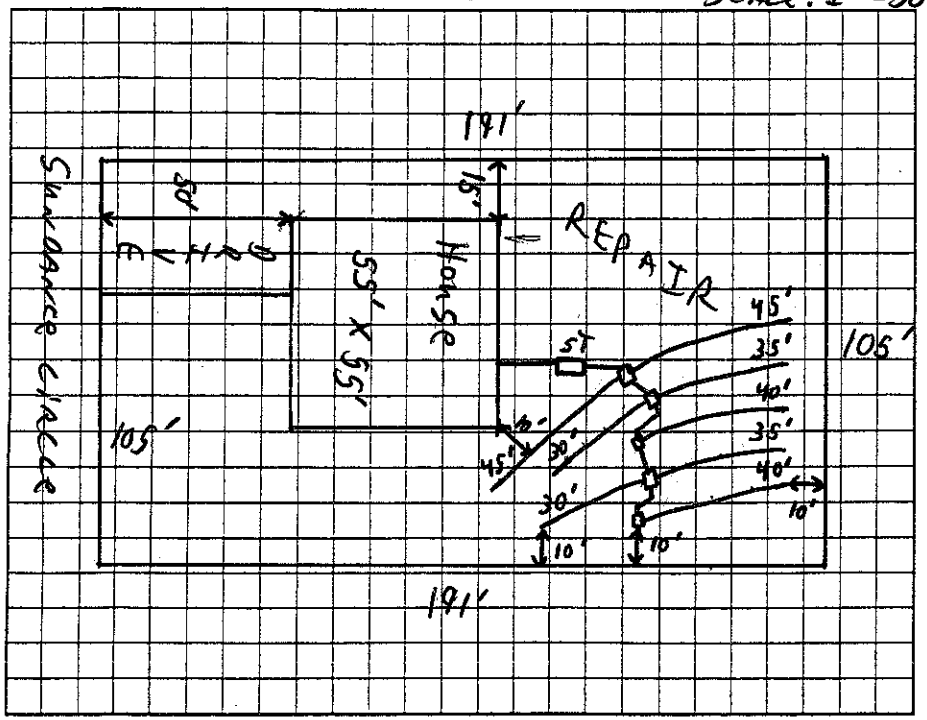
Water Supply: ☐ Individual ☐ Public ☒ Community

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

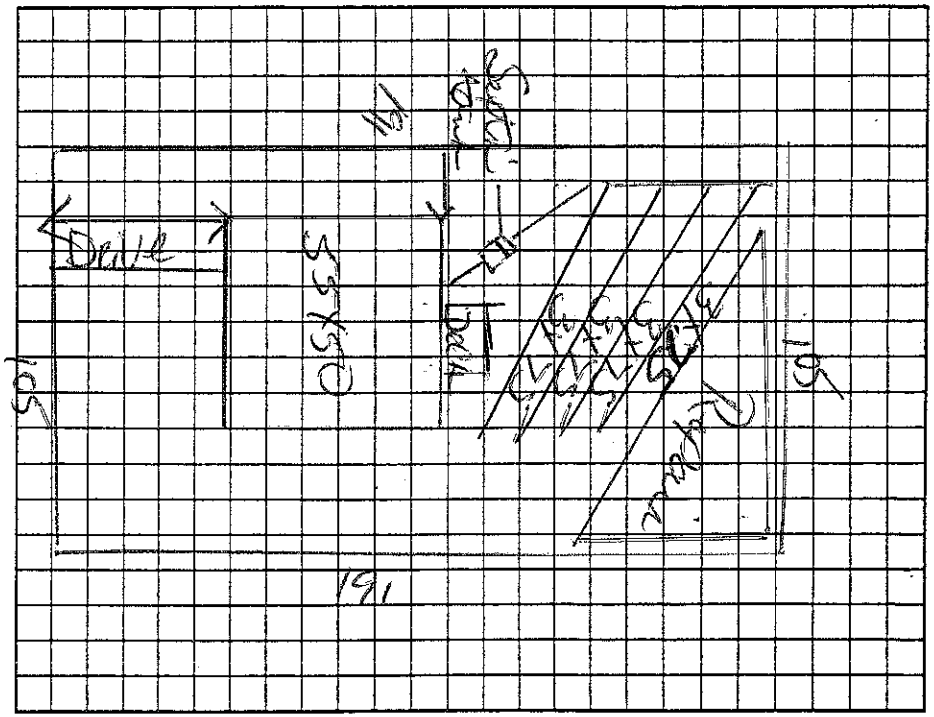
Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS.

Comments:/Conditions: Yellow 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: MKM date 3/7/06

Improvement Permit by: [signature] date 3/3/06

Authorization to Construct by: [signature] date 3/6/06

Installed by: Steve Jordan

Operation Permit by: [signature] date 7-17-07

Existing System Inspection by: _____ date _____

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