IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120084 PIN# 4748 20 7432 DATE 3/3/06

OWNER OR APPLICANT MKM BUILDERS PHONE: Business _____ Home _____

ADDRESS 1701 WINGED THISTLE CT DAVIDSON, NC 28036

LOCATION 21N ① JENNINGS ② DEER HAVEN ⓡ SNOWDANCE 206 SNOWDANCE CIRCLE

SUBDIVISION DEER CROSSING BLOCK / SECTION 4 LOT 78 LOT AREA .46 ACRES SITE CLASS. NS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 9-10

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Eq 1200 Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☐ Public ☒ Community

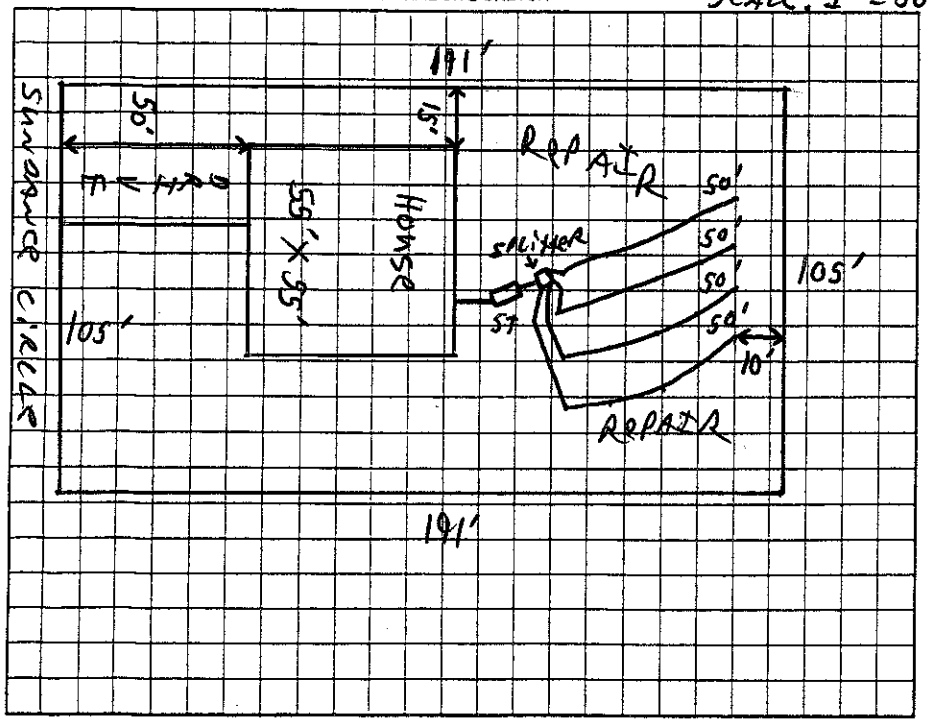
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS.
NSC EFFLUENT SPLITTER 3INCH AS SOLLER TRU-FLO.

Comments:/Conditions:

Blue Lot Lines
~~Septic~~ Lot Mark

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

Improvement Permit by: _____ date 3/3/06

Authorization to Construct by: _____ date 3/6/06

Installed by: _____

Operation Permit by: _____ date 10-24-07

Existing System Inspection by: _____ date _____

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