IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120083 PIN# 4798 20 8435 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 @ Sundance 210 Sundance Circle

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 77 LOT AREA .46 acres SITE CLASS. PS DESIGN FLOW 360 gPD L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 760 Date 1-15-07
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet eq 1200 Linear Feet 300
No Lines 4 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 pumps
Maintenance Agreement Required: ☐ Yes ☒ No

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

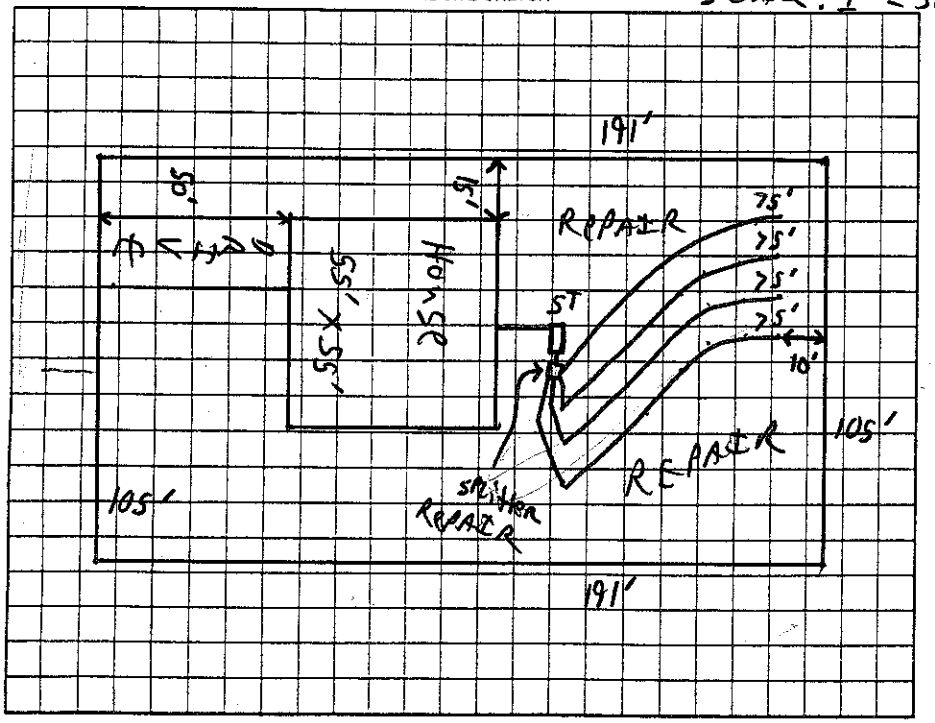
Water Supply: ☐ Individual ☐ Public ☒ Community

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

Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS.
USE EFFLUENT SPLITTER SUCH AS ZOELLER TAN-FLO.

Comments:/Conditions: Red Lid Riser Poly Lock Septic 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
Improvement Permit by: _____ date 3/3/06
Authorization to Construct by: _____ date 3/6/06

Installed by: Kenny Madison
Operation Permit by: Kelly Cook date 11-13-07
Existing System Inspection by: _____ date _____

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