Replaced 205392

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120081 / 205392 PIN# 4748 20 9448 DATE 3/3/06

OWNER OR APPLICANT MKM BUILDERS PHONE: Business _____ Home _____

ADDRESS 12014 WINGED THISTLE CT DAVIDSON, NC 28036

LOCATION 21N ① JENNINGS ② DEER HAVEN ③ SUNDANCE ④ LOT 214 SUNDANCE CIRCLE

SUBDIVISION DEER CROSSING BLOCK / SECTION _____ LOT 76 LOT AREA .46 ACRES SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1@2-1000 Date 7-12-14

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 No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

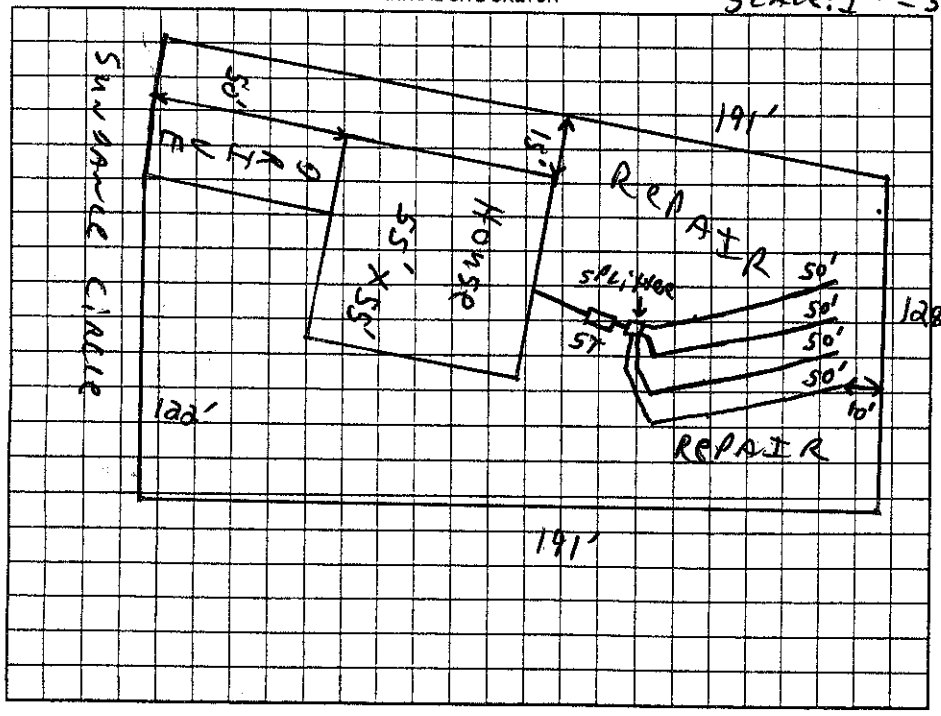
Water Supply: ☐ Individual ☐ Public ☒ Community

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

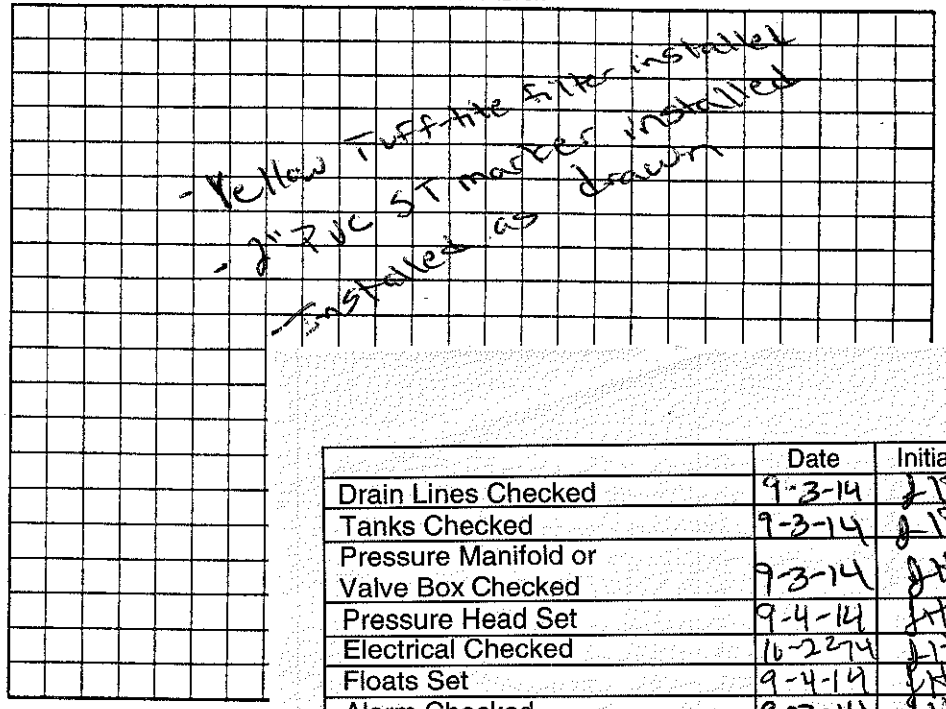
Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS. USE EFFLUENT SPLITTER SUCH AS ZOELLER TRU-FLO.

Comments:/Conditions:

INITIAL SITE SKETCH SCALE: 1" = 50'



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	9-3-14	[illegible]
Tanks Checked	9-3-14	[illegible]
Pressure Manifold or Valve Box Checked	9-3-14	[illegible]
Pressure Head Set	9-4-14	[illegible]
Electrical Checked	10-22-14	[illegible]
Floats Set	9-4-14	[illegible]
Alarm Checked	9-3-14	[illegible]
Maintenance Contract Y / N	N/A	N/A

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

Permit with plat valid without expiration. ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid

Signed: Mark McKenzie date 3/7/06

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

Authorization to Construct by: [signature] date 08/21/14

Installed by: Steve Jordan

Operation Permit by: [signature] date 10-29-14

Existing System Inspection by: _____ date _____

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