IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146733 PIN# 4624344534 DATE 7-18-08

OWNER OR APPLICANT Miller - McCormick LLC PHONE: Business 704-264-9568 Home

ADDRESS PO Box 3334 Mooresville NC 28117

LOCATION Brawley School Rd, TL Washam, 5th on R

SUBDIVISION Washam Point BLOCK / SECTION LOT 5 LOT AREA .959 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 3/24/08

Pump Tank: 1000 Gallons: PT 17 Date 10/24/07

Pump Make: Goulds Model 851 Serial No. [illegible]

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

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

System Description: PM - 25%

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No Initially

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: * Driveway must be no wider than 10' * PM + Supply line must be 5' from prop. line + drain field must be 10' *

Comments:/Conditions: * Use 1/2" Sch. 40 taps in pressure manifold

yellow filter

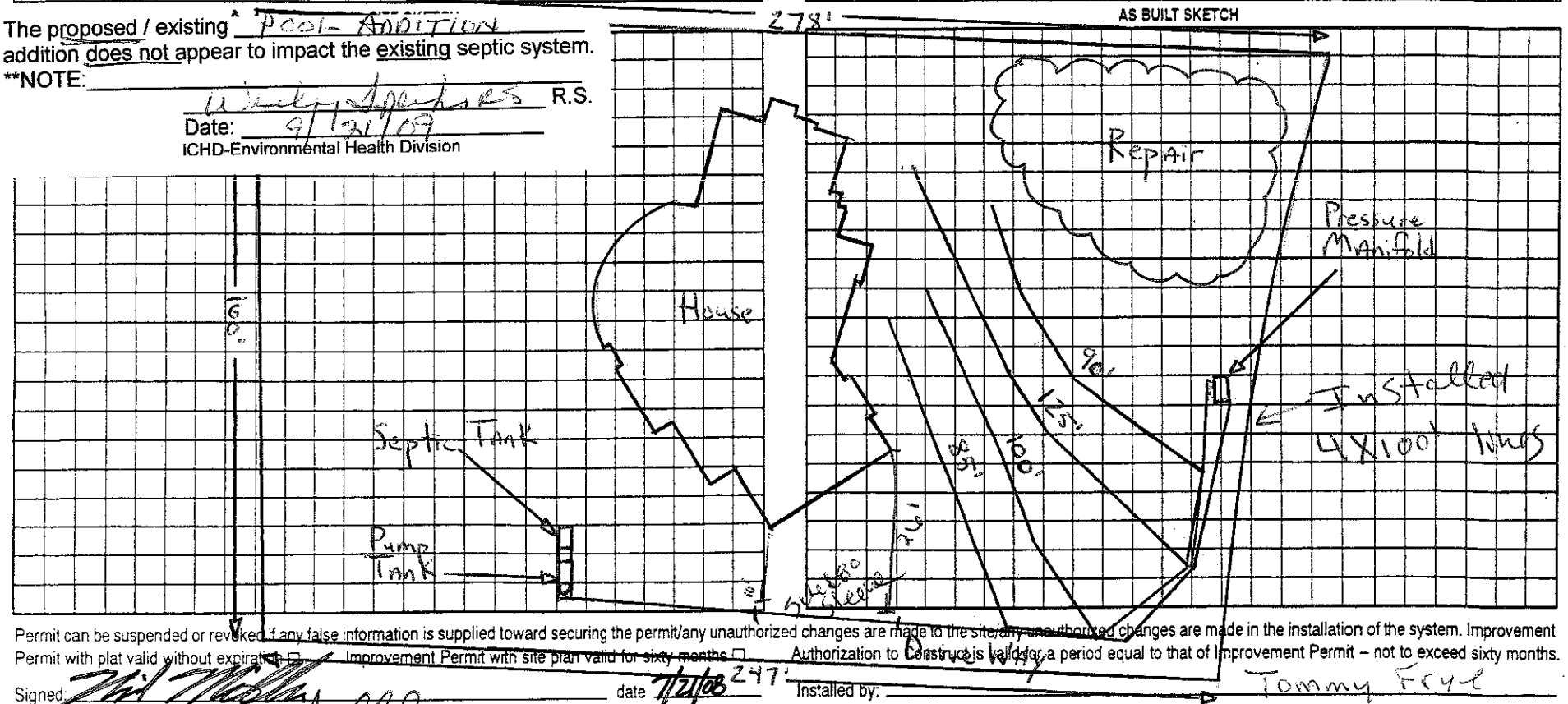
The proposed / existing Pool - Addition addition does not appear to impact the existing septic system.

**NOTE: [illegible] R.S.

Date: 9/12/09

ICHD-Environmental Health Division

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: [signature] date 7/21/08 Installed by: Tommy Frye

Improvement Permit by: [signature] date 7-18-08 Operation Permit by: Randy Moore date 5/12/09

Authorization to Construct by: [signature] date 7-18-08 Existing System Inspection by: ___ date ___

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