1:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # ~~H06-7H202490~~ PIN # 4638 28 0100 / Princeton Bldg DATE June 10, 2011

OWNER or APPLICANT Woodbridge Partners LLC PHONE: Business 704-799-9770 Home:

OWNER or APPLICANT ADDRESS PO Box 3608 mooresville, NC 28117

LOCATION / DIRECTIONS Perth Rd N, TL Fern Hill TL 2nd Kenway Loop on left

SUBDIVISION Fernleaf BLOCK / SECTION 2 LOT # 22 LOT AREA .81 Ac. DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft2

Septic Tank 1000 Gallons: STB 325-1000 Date 7/1/14

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 400

Trench Width 36" Max. Trench Bottom Depth ~~X~~ 36" Gravel Depth NA

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

System Description: 2590 Reduction gravity

Repair System Description: LP PPBPS

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Remove Berms

Keep trench bottom 33" if less than 100ft to well.

Comments / Conditions 4/1/14 Reviewed Floor plans, in Compliance with original Septic plan.

INITIAL SITE SKETCH

See Plan from Kathleen Saunders, LSS

Approved by FCHD

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date 6/13/11

Improvement Permit by: Judy Melville REHS Date 6-10-11

Authorization to Construct by: Maina Watson REHS Date 4/1/14

Installed by: Rowan Septic

Operation Permit by: [signature] Date: 8/15/14

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant