2.30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141371 201276 PIN# ~~4639218089.100~~ 4638-29-8927 DATE 6-4-07

OWNER OR APPLICANT Woodbridge Partners LLC Princeton Bb PHONE: Business _____ Home _____

ADDRESS PO Box 3608 Mooresville NC 28117

LOCATION Perth Rd N TL Fern Hill TL Bagby TR Cedar Branch

SUBDIVISION Woodleaf BLOCK / SECTION 2 LOT 100 LOT AREA .750 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft2

Septic Tank: 1000 Gallons; STB 825 Date 5-5-14
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1206 Linear Feet 402
No Lines 3@134' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction gravity
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Shave berms in system area.

INITIAL SITE SKETCH

See Plan from SAME

HOUSE PLAN SLIGHTLY LARGER THAN IP BUT SHOULD WORK

Comments:/Conditions: ST ~ 6ft off deck in back of house. 1st Drainline fed in middle w/multi-port & other 2 lines end fed through end cap used Quick4.

AS BUILT SKETCH

1st line 133ft
2nd line 134ft
3rd line 133ft

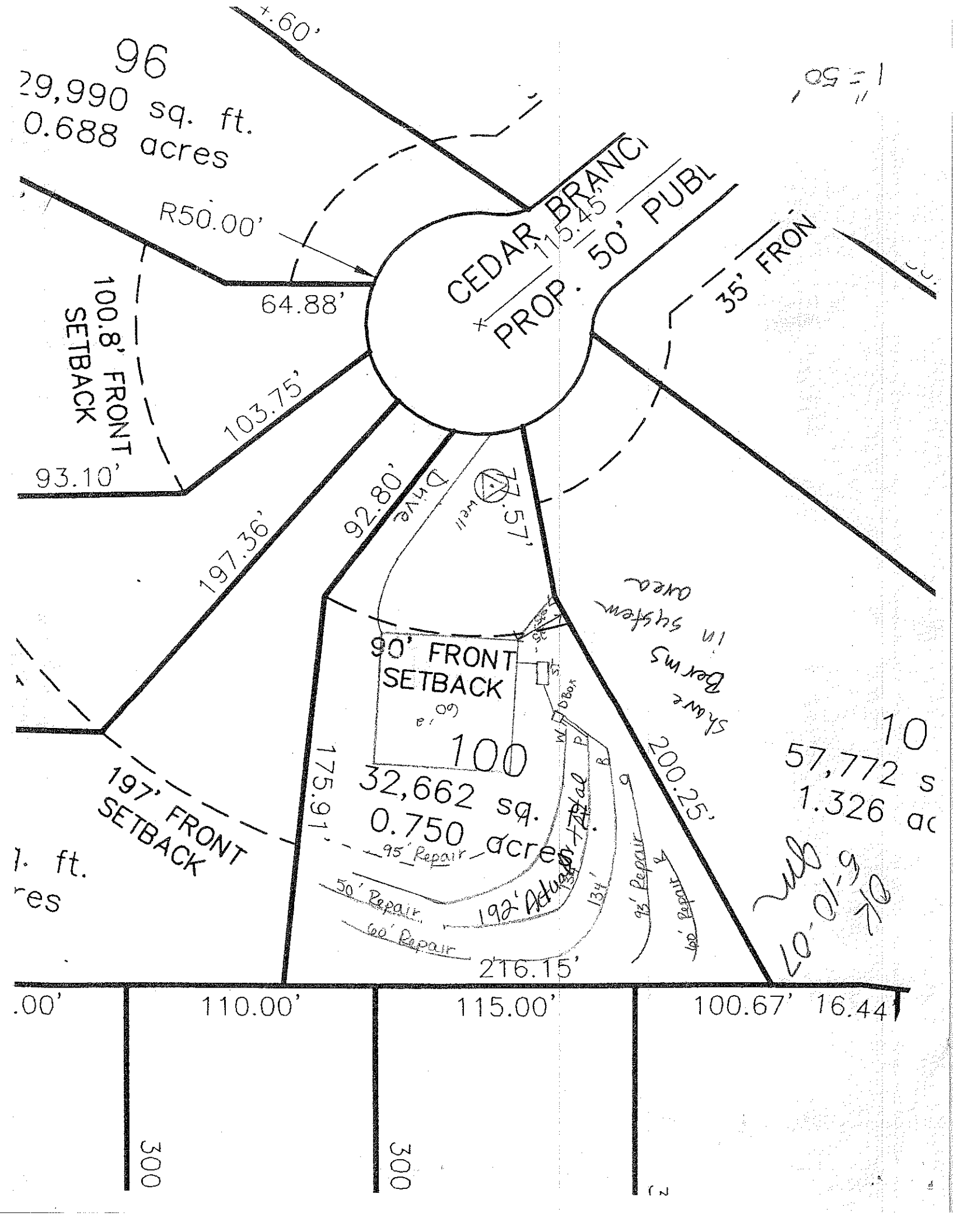
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Maureen M Davis date 6/12/07 Installed by: Rowan Septic LS

Improvement Permit by: Suzy Mayfield date 6-4-07 Operation Permit by: Maureen M Davis date 6/26/14

Authorization to Construct by: [signature] date 1-24-14 Existing System Inspection by: _____ date _____

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


96
29,990 sq. ft.
0.688 acres
R50.00'
64.88'
CEDAR BRANCH
PROP. 50' PUBL
115.45'
35' FRON
100.8' FRONT SETBACK
103.75'
93.10'
197.36'
92.80'
Drive
well
57.7'
90' FRONT SETBACK
100
32,662 sq.
0.750 acres
175.91'
197' FRONT SETBACK
95' Repair
50' Repair
60' Repair
192' Actual
134'
93' Repair
90' Repair
216.15'
200.25'
Shade Berms in System Area
10
57,772 s
1.326 ac
110.00'
115.00'
100.67'
16.44
300
300