IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141290 PIN# 4639218089.072 4639 31 1518 DATE 6-4-07

OWNER OR APPLICANT Woodbridge Partners LLC/Lakeshore PHONE: Business _____ Home _____

ADDRESS PO Box 3608 Mooresville NC 28117

LOCATION Perth Rd N TL Fern Hill TL Trent Pines on left

SUBDIVISION Woodleaf BLOCK / SECTION 2 LOT 72 LOT AREA .992 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25gpd/ft2

Septic Tank: 1000 Gallons: STB 794 Date 4-24-13

Pump Tank: 1000 Gallons: PT 283 Date 4-23-13

Pump Make: Goulds Model WE0512 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 3 Trench Width 24" min Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: 6/4/13 Checked tanks

6/5/13 Checked drainlines

3/16" hole drilled.

INITIAL SITE SKETCH

See plan from SAME

Comments/Conditions: Note: Hit vein of rock about midway on all trenches, machine was able to dig into it

7/15/13 Set pressure Checked alert alarm

7/17/13 PT riser-OK

AS-BUILT SKETCH

Note: Deck posts exactly 5ft from PT

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: Karen M. Davis date 6/12/07 Installed by: Stanley Septic

Improvement Permit by: Judy Melville date 6-4-07 Operation Permit by: Mark Dobson date 7/19/13

Authorization to Construct by: Judy Melville date 2-25-13 Existing System Inspection by: _____ date _____

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