IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14/256 PIN# ~~4639218089.069~~ 4639311827 DATE 6-4-07

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

ADDRESS PO Box 3608 Mooresville NC 28117 Holdings

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

SUBDIVISION Woodleaf BLOCK / SECTION 2 LOT 69 LOT AREA 1.181 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 7-28-13

Pump Tank: 1000 Gallons; PT 283 Date 8-23-13

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3@80LF 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: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 3 No. Persons 6 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: Fill all gullies
6/13/13 Reviewed Floor plans, in Compliance with Orginal plans

Comments/Conditions:

INITIAL SITE SKETCH

See Plan from SAME

AS BUILT SKETCH

CHECKED TANKS & LINES
~~AA~~ 10-22-13
SET PH 2'

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: Maren M Davis date 6/12/07 Installed by: STANLEY

Improvement Permit by: _____ date 6-4-07 Operation Permit by: _____ date 11-15-13

Authorization to Construct by: _____ RS date 6/4/13 Existing System Inspection by: _____ date _____

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