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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~13551~~ 13,5552 PIN# 4639 20 9711.053 DATE June 9, 2006

OWNER OR APPLICANT Woodbridge Partners / Dreamworks PHONE: Business _____ Home _____

ADDRESS P.O. Box 3609 Mooresville, N.C. 28117

LOCATION Perth Rd. (N) TL Fern Hill TL Kenway Loop on Right

SUBDIVISION Woodleaf BLOCK / SECTION _____ LOT 53 LOT AREA .896ac SITE CLASS. B DESIGN FLOW 460gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 5-4-07

Pump Tank: 1000 Gallons; PT 17 Date 4-9-07

Pump Make: Goulds Model VE05121HHU Serial No. K078688

Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320

No Lines 3 Trench Width 24"min.36" Max Trench Bottom Depth 36"

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

System Description: LPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

2/20/08

Comments:/Conditions: 12/4/07 Checked tanks & lines See revised plan

Checked pressure & Electrical & Alarm & Floods

INITIAL SITE SKETCH

SEE PLAN from S&ME

AS BUILT SKETCH

Maintenance agreement Received 2/21/08

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: _____ date 6-20-06 Installed by: Steve Jordon

Improvement Permit by: _____ date 6-9-06 Operation Permit by: Anthony Cohen date 2/21/08

Authorization to Construct by: Anthony Cohen date 7-17-07 Existing System Inspection by: _____ date _____

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