IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141249 PIN# ~~4639821 8089.067~~ 4639 32 0186 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 113

SUBDIVISION Woodleaf BLOCK / SECTION 2 LOT 67 LOT AREA 1.696 AC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft2

Septic Tank: 1000 Gallons; STB 794 Date 4-21-13

Pump Tank: 1000 Gallons; PT 39 Date 4-13-13

Pump Make: Zoeller Model WE0312M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: 25% reduction pm

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ 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:

Comments/Conditions: 7/15/13
>2ft pressure set
Checked elect & alarm
~180gp dose

INITIAL SITE SKETCH

See plan from SK ME

AS BUILT SKETCH

CHECKED TANKS & LINES 5-23-13
½" SCH 40 TAPS BA

INSTALLED 5 LINES @ 75'

REPAIR
50'
50'
45'
45'
40'
10'
10'
15'
25'

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 _____

Improvement Permit by: Judy Melville date 6-4-07

Authorization to Construct by: Judy Melville date 2-25-13

Installed by: STANLEY RS

Operation Permit by: Maria RS date 7/15/13

Existing System Inspection by: _____ date _____

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