10.50

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13647 RIN# ~~4639 42 0136 ; 01~~ 4639 42 0108 4639329571 DATE ~~August 4, 2006~~

OWNER OR APPLICANT ~~Woodbridge Custom Homes, LLC~~ WHB PHONE: Business _____ Home _____

ADDRESS P.O. Box 3602 Mooresville N.C. 28117

LOCATION Pebble Pl (R) TL Fernhill Rd. TL Blue Ridge Trail 10th lot on left

SUBDIVISION Woodleaf BLOCK / SECTION _____ LOT 1 LOT AREA .96Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 4-15-12
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1470 Linear Feet 490
No Lines 7@70' Trench Width 36" Max Trench Bottom Depth 36"

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

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

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Arc 36

INITIAL SITE SKETCH

SEE PLAN from SAME

Comments:/Conditions: 10/18/2011 Reviewed floor plans in compliance with original permit OK to move house towards Street, maintain gravity flow.

AS BUILT SKETCH

INSTALLED AS SHOWN.

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: Kathleen Saunders date 8/11/06

Improvement Permit by: _____ date 8-4-06

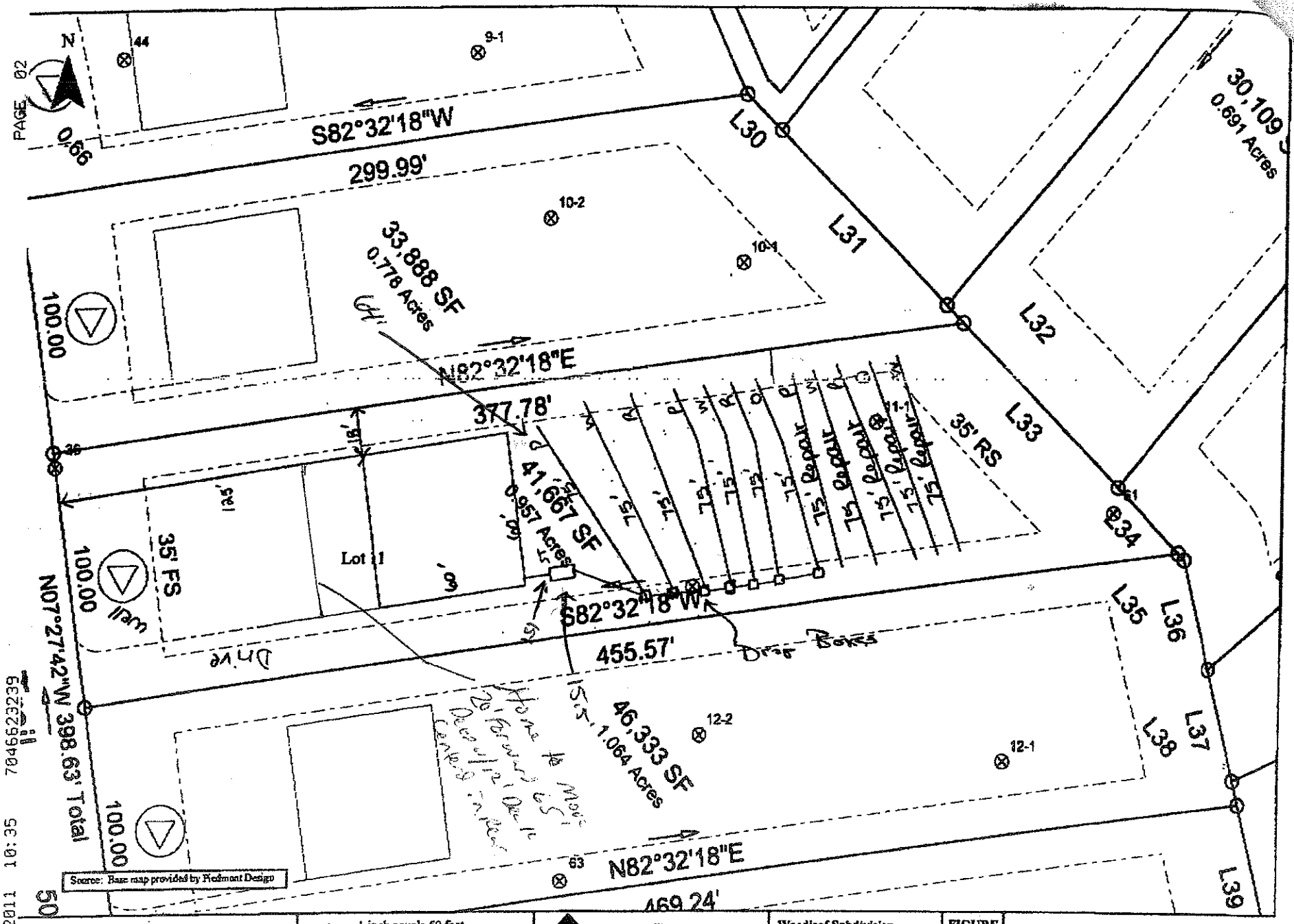
Authorization to Construct by: _____ RS date 10/18/11

Installed by: _____

Operation Permit by: R&H REHS date 6-15-12

Existing System Inspection by: _____ date _____

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



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