IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136491 PIN# 4639 42 0136.019 4639-41-0617 DATE August 7, 2006

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

ADDRESS P.O. Box 3608, Mooresville, N.C. 28117

LOCATION Peeler Rd. (N) TL FERN Hill Rd. TL Blue Ridge Trail at end

SUBDIVISION Woodleaf BLOCK / SECTION _____ LOT 19 LOT AREA 1.47Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .0225

Septic Tank: 1000 Gallons; STB 1612 Date 3/12/07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1600 Linear Feet 534

No Lines 3+3 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: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

SEE PLAN from S&ME

AS BUILT SKETCH

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 8-7-06

Authorization to Construct by: _____ date 3/9/07

Installed by: C+S Septic Tank

Operation Permit by: Wesley Sparks RS date 9/13/07

Existing System Inspection by: _____ date _____

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