IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135489 PIN# 4639 20 9711.044 4639414679 DATE June 8, 2006

OWNER OR APPLICANT Woodbridge Partners/Quest Homes PHONE: Business _____ Home _____

ADDRESS P.O. Box 3698, Mooresville, N.C. 28117

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

SUBDIVISION Woodleaf BLOCK / SECTION _____ LOT 44 LOT AREA .760 Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-2-06
Pump Tank: 1000 Gallons; PT 1 Date 6-30-06
Pump Make: Goulds Model WE03111 Serial No 5656495
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pm 25% Reduction
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☐ Yes ☒ No Initially

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

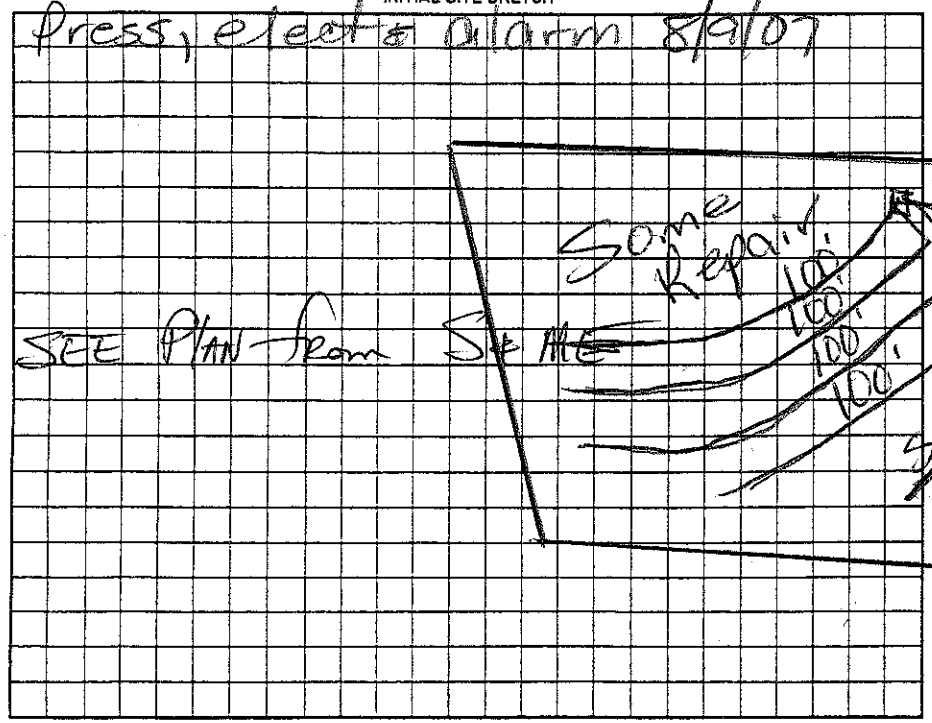
Water Supply: ☒ Individual ☐ Public ☐ Community

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

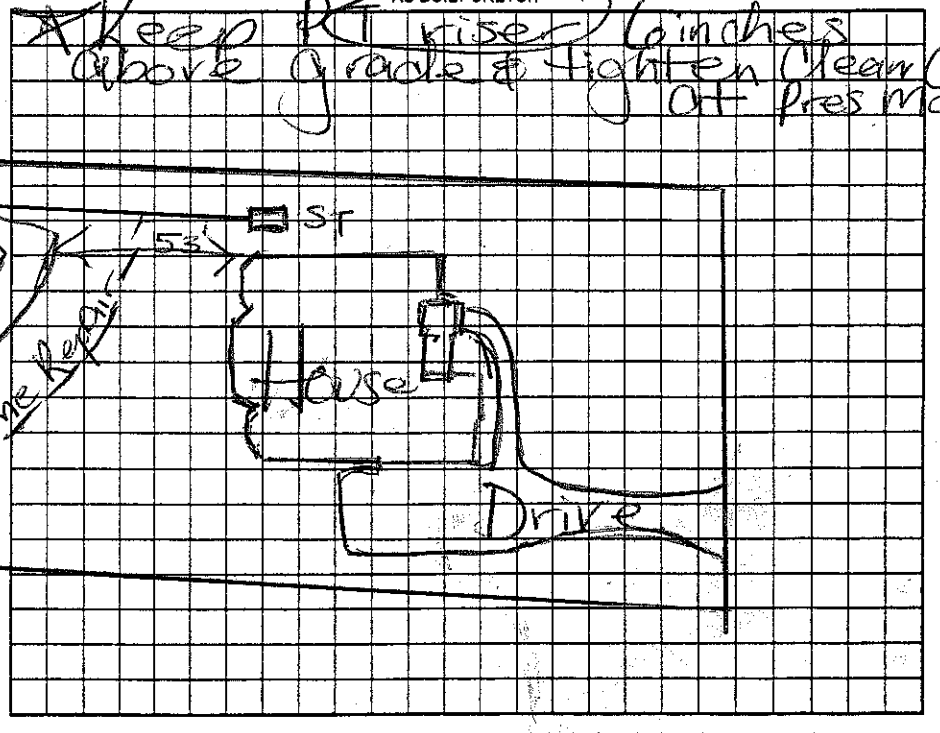
Comments/Conditions: 12/14/06 Reviewed Building plans & site plan, in compliance with original permit.

Comments/Conditions: Installed Quick 4 Drainfield, Essentially as Drawn 4/24/07, Checked Supply line 4/25/07

INITIAL SITE SKETCH



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: _____ date 6-20-06 Installed by: Craig Thompson

Improvement Permit by: _____ date 6-8-06 Operation Permit by: _____ date 8/9/07

Authorization to Construct by: _____ date 12/14/06 Existing System Inspection by: _____ date _____

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