46.142 1084 Paid 315.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136488 PIN# 4639420136.016 DATE August 4, 2006

OWNER OR APPLICANT Woodbridge Partners / TOP NOTCH PHONE: Business _____ Home _____

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

LOCATION Perth Rd (N) TL Fern Hill TL Blue Ridge Trail on left at end

SUBDIVISION Woodleaf BLOCK / SECTION _____ LOT 16 LOT AREA .68ac SITE CLASS. PS DESIGN FLOW 440gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 160 Date 10/30/07

Pump Tank: 1000 Gallons; PT 314 Date 10/4/07

Pump Make: Gouldes Model WE03111M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 2 CE Trench Width 24" min/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: CPPPBPS

Repair System Description: CPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ 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:

Comments:/Conditions: NA

INITIAL SITE SKETCH

SEE PLAN from SOME

AS BUILT SKETCH

Installed as shown on site plan w/ modified changes.

AC 1/14/08

Maintenance agreement rec'd 6/2/08

Up stairs doorway to Dining room bear beam

Passed 6/2/08

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: Kathleen Saunders date 8/14/06

Improvement Permit by: [signature] date 8-4-06

Authorization to Construct by: W Starks RS date 2/22/07

Installed by: Gary Leatherman

Operation Permit by: Anthony Coker date 6/2/08

Existing System Inspection by: _____ date _____

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