IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136486 PIN# 4639-42-0136.015 4639-42-1130 DATE August 4, 2006

OWNER OR APPLICANT Woodbridge Partners / TOM NOTZ PHONE: Business _____ Home _____

ADDRESS P.O. Box 3600, Mooresville N.C. 28117

LOCATION Perth Rd. (N) TL FERN Hill TL Blue Ridge Trail 1st lot on left

SUBDIVISION Woodleaf BLOCK / SECTION _____ LOT 15 LOT AREA 1.052Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .025

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

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: Gravity 25% Reduction

Repair System Description: LPP085

Maintenance Agreement Required: ☐ Yes ☒ No Initially

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

Bonus room doorway has been cased 6/3/08

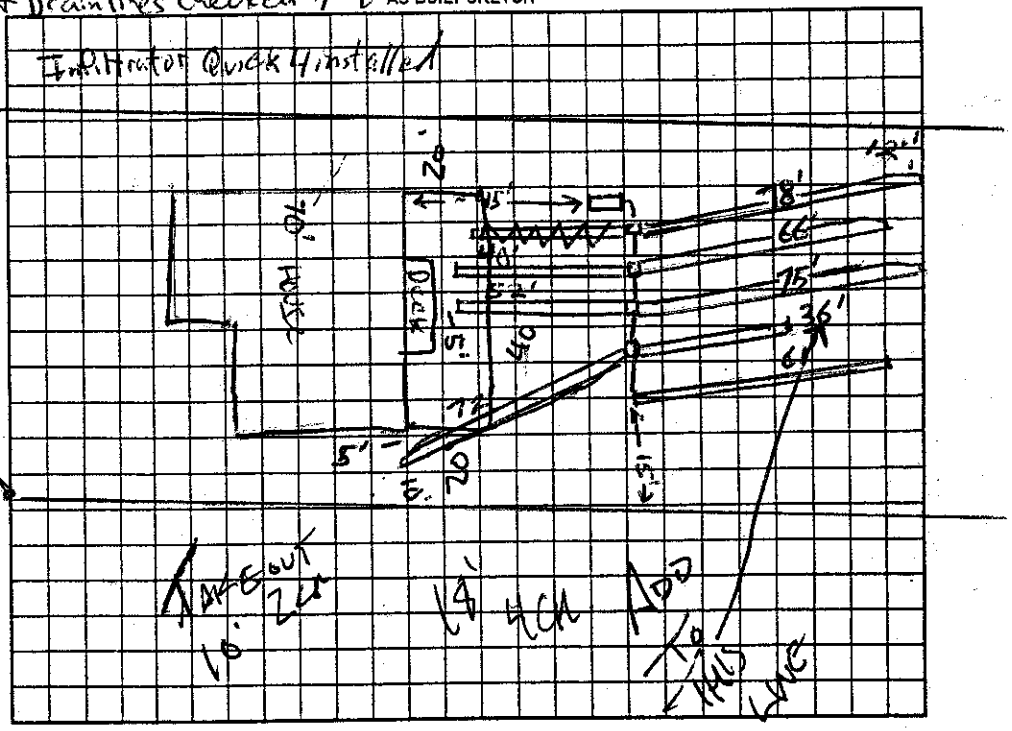
INITIAL SITE SKETCH

SEE PLAN from SAME

NEW PERMIT DONE 6-21-10 SA

Tank + Drainlines checked 1/14/08

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 8-4-06

Authorization to Construct by: _____ R.S. 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