IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135459 PIN# ~~4639-20-9711.038~~ 4639425366 DATE June 7, 2006

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

ADDRESS P.O. Box 3668 Mooresville, N.C. 28117

LOCATION Perth Rd. (N) TL FERN Hill TL Kenwyn Loop on Right

SUBDIVISION Woodleaf BLOCK / SECTION _____ LOT 38 LOT AREA .906Ac SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1097 Date 3-7-08

Pump Tank: 1000 Gallons: PT 274 Date 1-24-08

Pump Make Gould's Model WE0312M Serial No. _____

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

No Lines 2 CF Trench Width 24"min/Blz Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

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

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

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions: 4/7/08 Checked lines

4/18/08 Checked tanks

INITIAL SITE SKETCH

SEE Plan from S&ME

AS BUILT SKETCH

Drainfield installed as Drawn

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: _____

Improvement Permit by: _____ date 6-7-06 Operation Permit by: _____ date 6/4/2010

Authorization to Construct by: _____ date 5-7-07 Existing System Inspection by: _____ date _____

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