IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117865 PIN# 4648-32-8497.14 4648-32-6572 DATE March 9, 2004

OWNER OR CONTRACTOR Bluebell Tree LLC / Rohler Homes Inc PHONE: Business _____ Home _____

ADDRESS 6000 Old Pineville Rd, Charlotte, N.C. 28217

LOCATION 150 West TR Bluefield TL Big Indian Loop TL Cedarwoods Dr. 4th lot on Right

SUBDIVISION Cedar Woods BLOCK / SECTION _____ LOT 14 LOT AREA .60Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 312 Date 4/7/05

Pump Tank: 1000 Gallons; PT 283 Date 7/9/05

Pump Make: Gould Model GT05511N Serial No 6050411

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240

No Lines 4 Trench Width 24" min/60" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

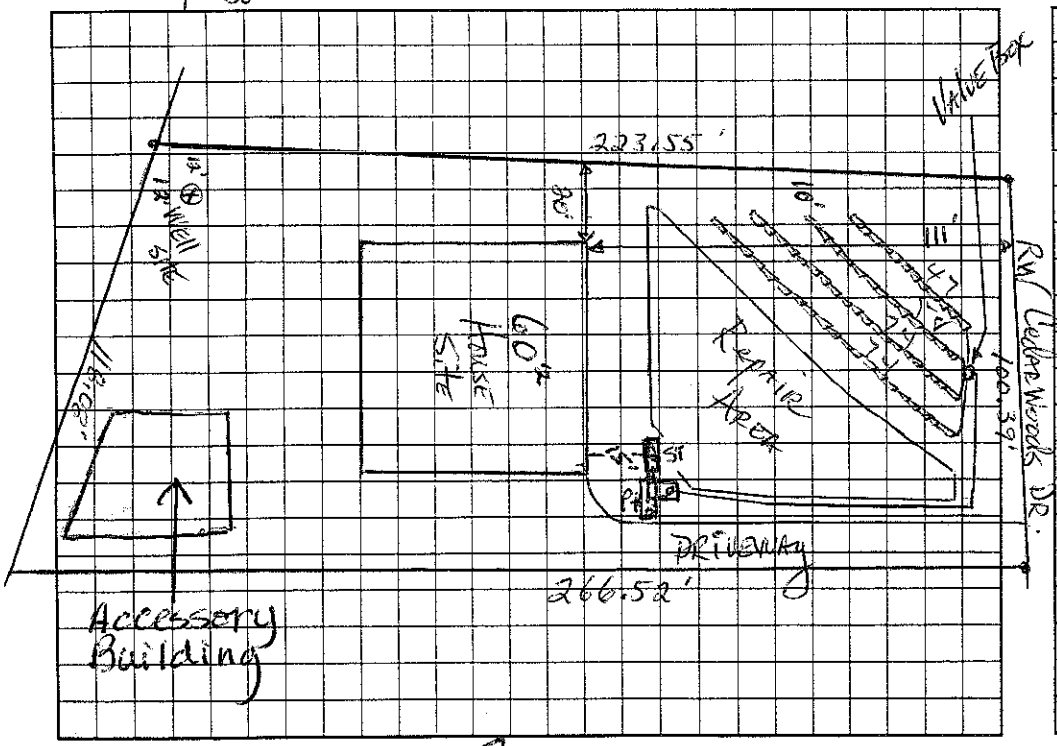
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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Driveway Will be on Right P/L

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

The proposed / existing Tree House/Access. Bldg. addition does not appear to impact the existing septic system.

**NOTE: _____

Judy Melville R.S.

Date: 7-20-12

ICHD-Environmental Health Division

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 3/12/04 Installed by: _____

Improvement Permit by: _____ date 3-9-04 Operation Permit by: _____ date 9/16/05

Authorization to Construct by: _____ RS date 12/8/04 Existing System Inspection by: _____ date _____

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