IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131900 PIN# 4638 19 9984 DATE Nov. 7,05

OWNER OR APPLICANT Nations Land Co, LLC - PRIDE HOMES PHONE: Business _____ Home _____

ADDRESS 4332 Stanbery St SE, Massillon, OH 44646

LOCATION 150 yds TR Pennyroyal (N) TL Fern Hill TR Periwinkle Ln. 2nd lot on left

SUBDIVISION Lakewood Crossing BLOCK / SECTION _____ LOT 10 LOT AREA .65 Ac SITE CLASS. II DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: 1000 Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 640-960 Linear Feet 320

No Lines 4@80' Trench Width * Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: LPPPBDS

Repair System Description: LPPPBDS

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: * Trench width specified on plan is 36". This must be a minimum of 9' on center. Initial site evaluation and system design performed by Rollans Soil and Env. Services

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan from Rollans Soil and Env. Services

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: Tracey Edwards date 11-10-05

Improvement Permit by: _____ date 11-7-05

Authorization to Construct by: _____ date 11/6/05

Installed by: C+S

Operation Permit by: _____ date 8/29/06

Existing System Inspection by: _____ date _____

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