Emailed to Esomers 12/9/13 12:30

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13/904 PIN# 4639 20 2237

OWNER OR APPLICANT ~~Nation Builders LLC~~ SHANE & [ATIE] ONNEMAN PHONE: Business 330 832 4091 Home

ADDRESS 4339 Steuben St. SE, Massillon, OH 44646 DATE Nov. 8, 05

LOCATION 150W TR FERN RD. (N) T2 FERN Hill on right at fork w/ Periwinkle

SUBDIVISION Lakewood Crossing BLOCK / SECTION LOT 13 LOT AREA ~.97ac SITE CLASS. PS DESIGN FLOW 450gpd L.T.A.R. ~.25

Septic Tank: 1000 Gallons; STB 760 Date 5-11-13

Pump Tank: 1000 Gallons; PT 363 Date 7-27-13

Pump Make: Myers Model ME45M Serial No. 27632A000

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

No Lines 6@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: PM 250 Reduction

Repair System Description: LPPMPS

Maintenance Agreement Required: ☐ Yes ☒ No W/ Finally

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Verified site evaluation and system design performed by Rollins Soil & Env Services

INITIAL SITE SKETCH

SEE PLAN from Rollins Soil & Env. Services

Comments:/Conditions: ST + PT checked 10-4-13

Lines Checked 10-11-13 Quick 4

PM Connections Checked 10-11-13

12/6/13 2# pressure set, electro alarm Checked

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 ☒

Signed: Lee Edmundson

Improvement Permit by: ___ date 11-10-05

Authorization to Construct by: ___ date 11-8-05

4-1-13

Installed by: Specialty Septic RS

Operation Permit by: Marie Dotson date 12/6/13

Existing System Inspection by: ___ date ___

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

