IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131406 PIN# 4639 20 3523 4639-20-3551 DATE Nov 10 05

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

ADDRESS 4330 Steeplite St SE, Mansillon, OH 44646

LOCATION 150 W Rt Rockford (N) - IL Fern Hill on right just past jct w/ Bagley Rd.

SUBDIVISION Colonial Crossing BLOCK / SECTION _____ LOT 15 LOT AREA .98ac SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 333 Date 10-11-06

Pump Tank: 1000 Gallons; PT 327 Date 9-16-06

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: PM 25% Reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No initially

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Initial site evaluation and system design performed by Rollans Soil and Env. Services

INITIAL SITE SKETCH

SEE Plan from Rollans Soil & Env. Services

Comments:/Conditions:

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: Kris & Wife date 11-4-05

Improvement Permit by: _____ date 11-10-05

Authorization to Construct by: _____ date 3-16-06

Installed by: Brad Johnson

Operation Permit by: _____ date 2-1-07

Existing System Inspection by: _____ date

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