IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131907 PIN# 4639 20 4696 3 DATE Nov. 10, 05

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

ADDRESS 4330 Sterlite St. SE, Massillon OH, 44646

LOCATION 150' W TR Perth Rd. (N) T- FORK Hill on Right across from Bagley Road

SUBDIVISION Lakewood Crossing BLOCK / SECTION _____ LOT 16 LOT AREA 1.29 ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. no 3

Septic Tank: 1000 Gallons STB 1079 Date 11-9-06

Pump Tank: 1000 Gallons PT 19 Date 10-7-06

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/R ☐ Gravity ☒ Pressure

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

System Description: PM 25% Reduction

Repair System Description: LP PRBAS

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:

Stormwater Diversion Ditch Required in place prior to issuance of O.P.
Initial site evaluation and system design performed by Rollins Soil & Env. Services

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan from Rollins Soil & Env. Services

AS BUILT SKETCH

TANK 1-12-21-06 JA

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 11-14-05 Installed by: Brad Johnson

Improvement Permit by: _____ date 11-10-05 Operation Permit by: _____ date 2-1-07

Authorization to Construct by: _____ date 3-16-06 Existing System Inspection by: _____ date _____

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