IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13932 PIN# 4639213113 DATE Nov 8, 05

OWNER OR APPLICANT Nations Land Co, LLC PHONE: Business 330-832-4091 Home

ADDRESS 4330 Stanlite St SE, Massillon, OH 44646

LOCATION 150 W TR Perth Rd. (N), TL Fern Hill TR Harvest Ln. 2nd lot on Right

SUBDIVISION Lakewood Crossing BLOCK / SECTION LOT 23 LOT AREA .65 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1212 Date 8/29/05

Pump Tank: 1000 Gallons: PT 17 Date 3/11/06

Pump Make: Gould's Model WE50-311M Serial No.

Nitrification Field: No Fields 1 Square Feet 540# Linear Feet 270

No Lines 6@45' Trench Width 3' 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 PPBPS

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:

*SEE Plan SPECS

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

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan from Rollins Soil & 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: Teresa Edwards date 11-10-05

Improvement Permit by: [signature] date 11-8-05

Authorization to Construct by: Wesley Sparks RS date 1/5/06

Installed by: C+S

Operation Permit by: Wesley Sparks RS. date 7/18/06

Existing System Inspection by: ___ date ___

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