IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091482 PIN# 4735 29 7050 DATE 9-5-00

OWNER OR CONTRACTOR DAVID YOST PHONE: Business Home 878-9290

ADDRESS 415 MILLSAPS ROAD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TR UPPER OAK, TL GOLDEN OAK, 4TH LOT ON LEFT

SUBDIVISION MEADOW OAKS BLOCK / SECTION II LOT 64 LOT AREA 0.705 ACRE SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB 268 Date 11-7-00

Pump Tank: 1500 Gallons; PT 247 Date 3-21-01

Pump Make: HYDROMATIC Model SHEF50M1 Serial No.

Nitrification Field: No Fields 1 Square Feet Eq. to 2000 Linear Feet 336±

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: LOW PRESSURE PPBPS

Repair System Description: LOW PRESSURE PPBPS

Maintenance Agreement Required: ☑ Yes ☐

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

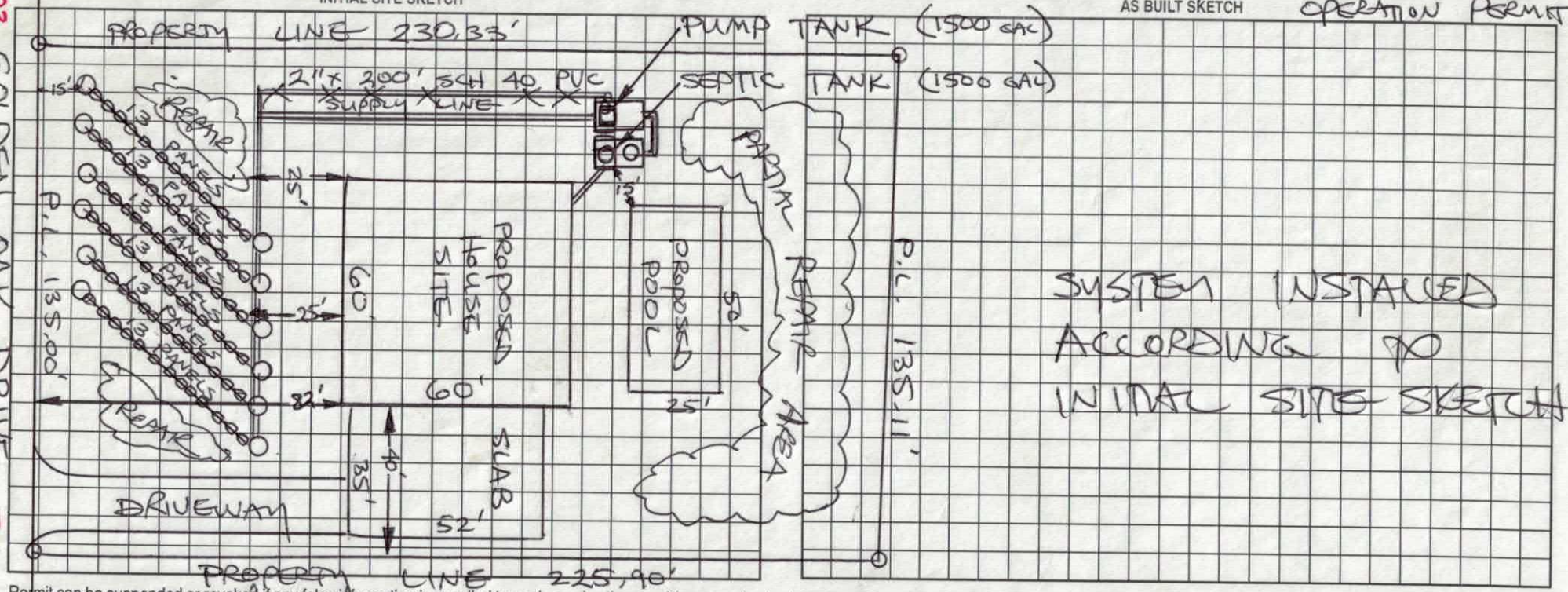
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING 78 LOW PRESSURE PPBPS PANELS (13 PER LINE) ② KEEP SYSTEM MINIMUM 25' FROM FOUNDATION DRAIN, 15' FROM EMBANKMENT, 15' FROM PROPOSED POOL SITE.

Comments:/Conditions: ③ SEE ATTACHED SHEETS FOR PUMP AND LOW PRESSURE REQUIREMENTS. ④ A CONTRACT SHALL BE EXECUTED BETWEEN SYSTEM OWNER AND AN MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT.

INITIAL SITE SKETCH

AS BUILT SKETCH



123 GOLDEN OAK DRIVE - Style

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: D. Yost date 9/25/00

Improvement Permit by: STEVE HEDRICK date 9-5-00

Authorization to Construct by: STEVE HEDRICK date 9-5-00

Installed by: JOEY TRAVIS

Operation Permit by: STEVE HEDRICK date 8-13-01

Existing System Inspection by: date

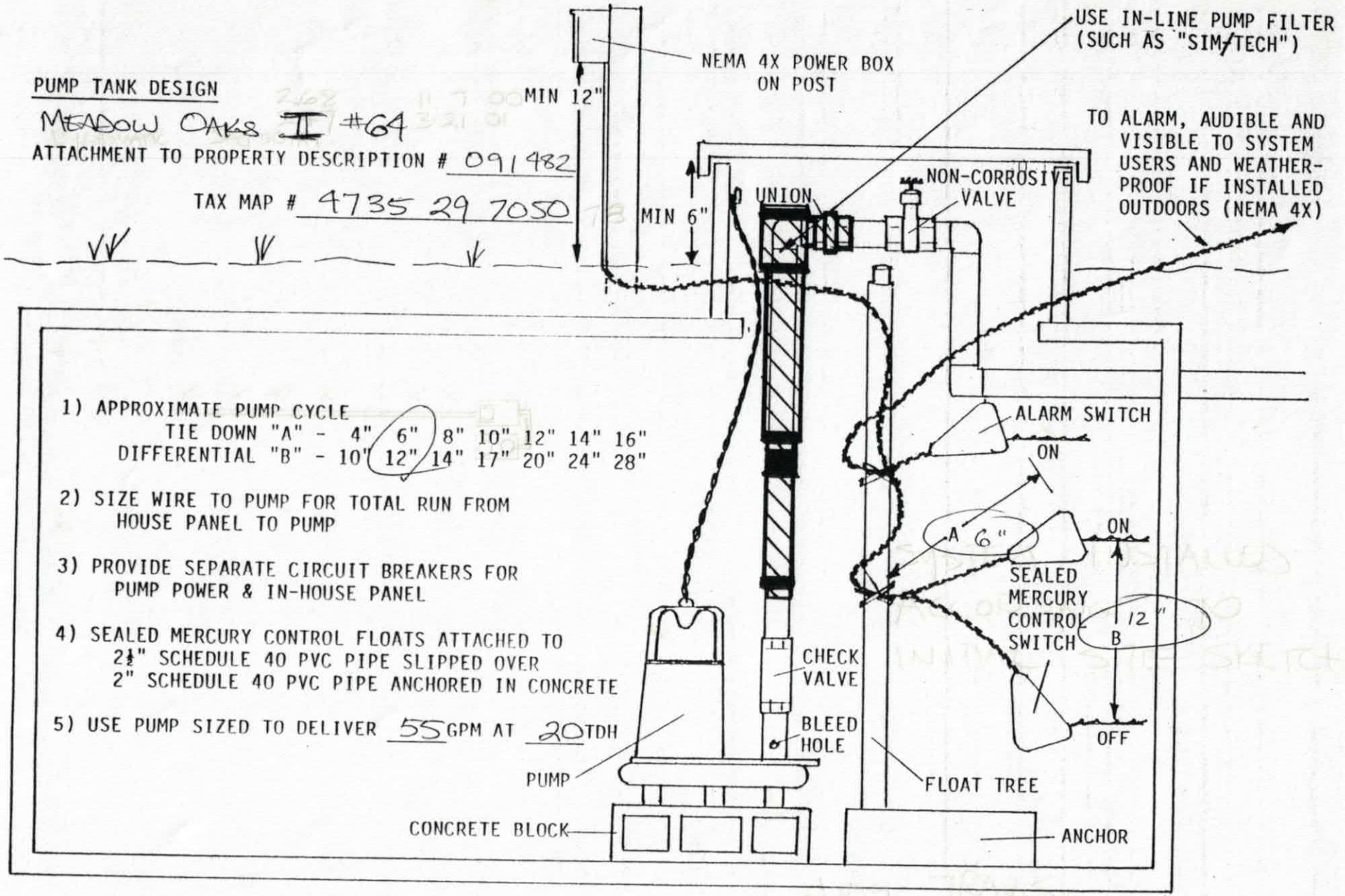
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

PUMP TANK DESIGN

MEADOW OAKS II #64

ATTACHMENT TO PROPERTY DESCRIPTION # 091482

TAX MAP # 4735 29 7050



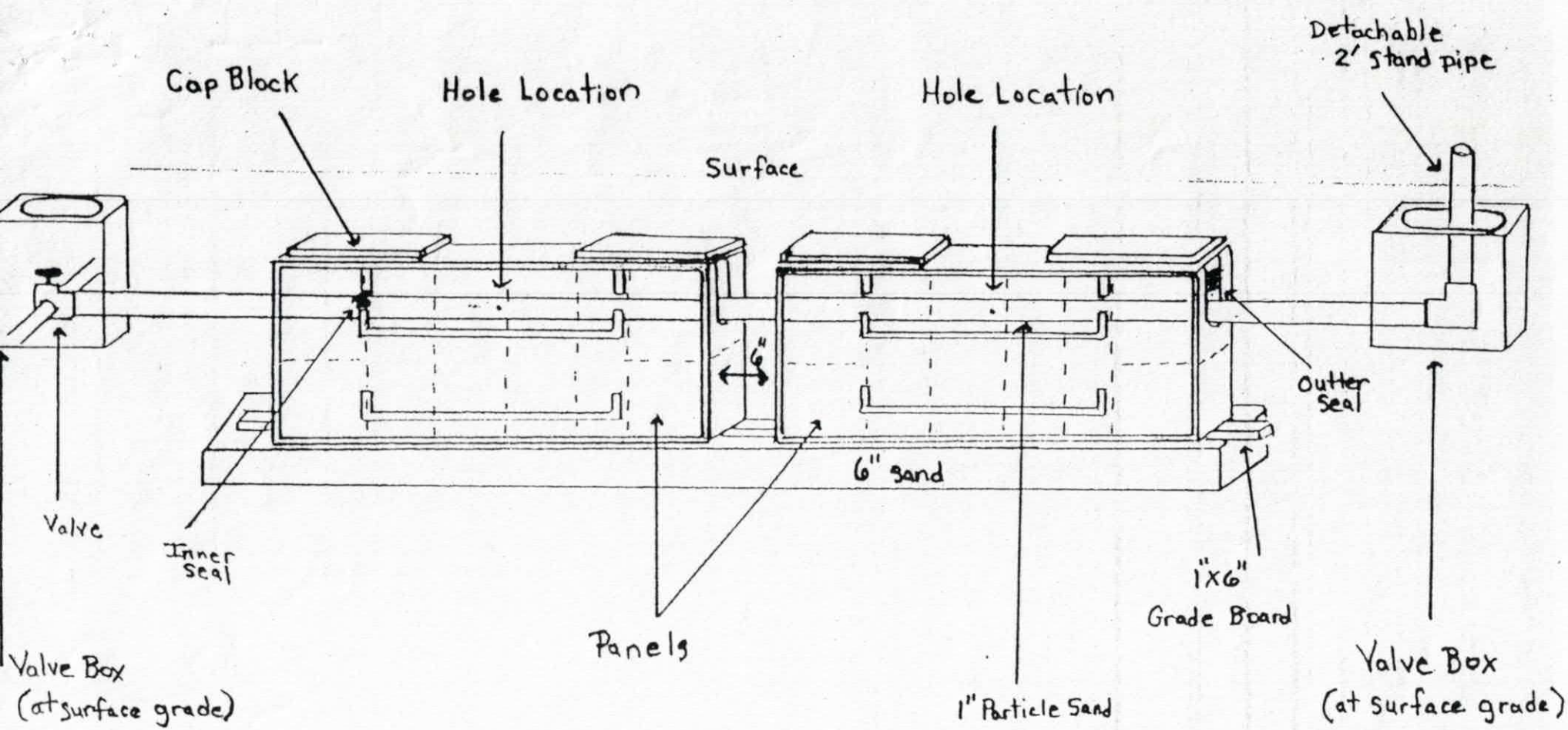
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10' 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 55 GPM AT 20 TDH



Pressure Dosed PPBPS

# of panels ~~18~~ 8.
Size holes 5/32". 1 hole per panel.
Approximate amount of sand needed 56 TON
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 55.
TDH 20.

PERMIT # 091482
DAVID YOST
MEADOW OAKS II #64

Comments

SCOUR TRENCH SIDEWALLS AND APPLY A LIGHT DUSTING OF LIME PRIOR TO INSTALLING PANELS,

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

David Yost	878-9298	415 Millsaps Rd	Statesville	NC	28625
Applicant	Phone #	Mailing Address	City	State	Zip Code

David Yost	415 Millsaps Rd	Statesville	NC	28625
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Meadow Oaks II	64		Golden Oak
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Public		4735297050
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property 115 N TR on upper oak T Left golden Oak 4th Lot on left

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms _____ No. Baths _____

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing X

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

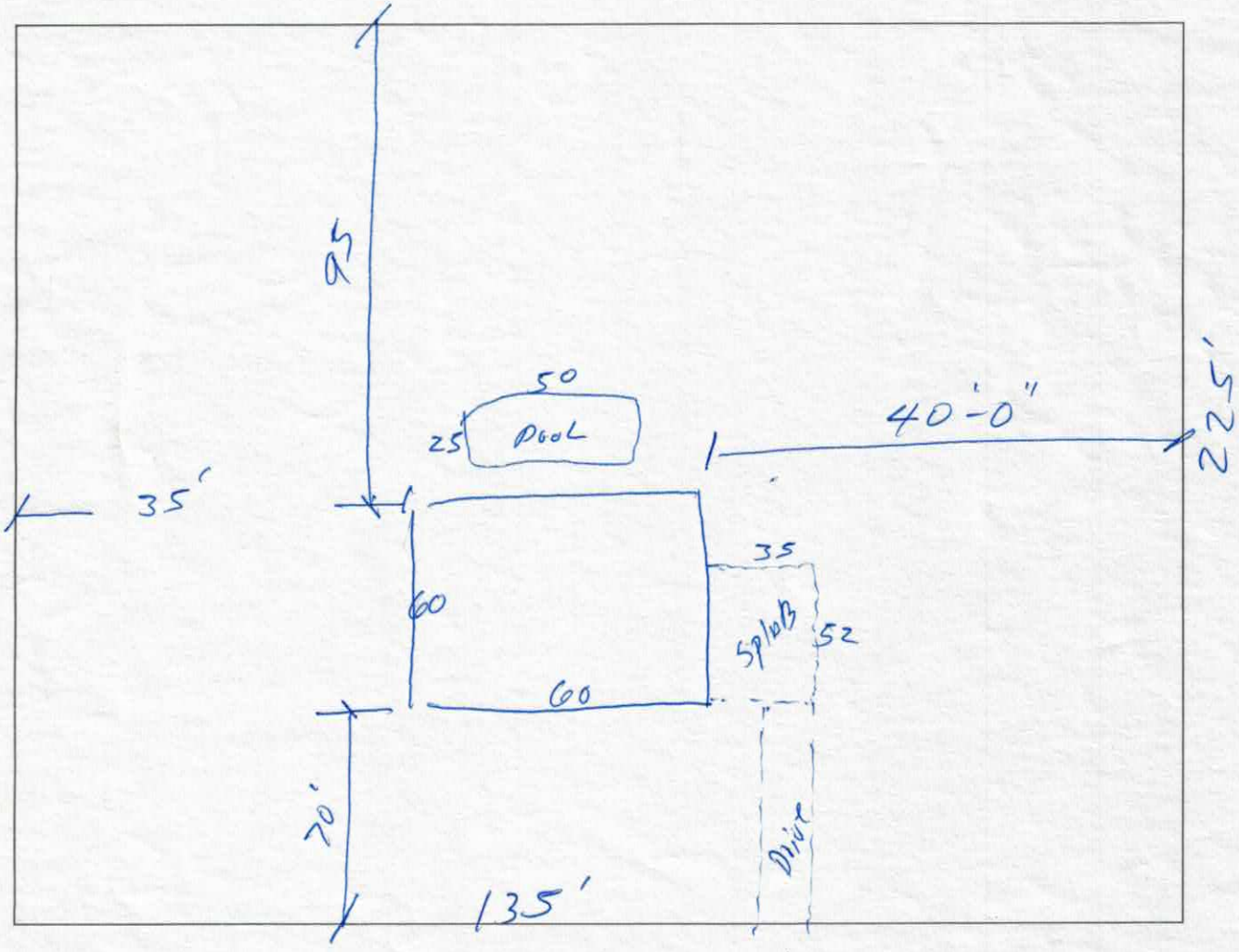
_____ DATE D. Kent Yost SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

_____Date_____SIGNATURE OF OWNER/AUTHORIZED AGENT

Called 8-3

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 091482 Zoning Permit: X Improvements Permit: 1

Name: YOST DAVID Address: 415 MILLSPAS RD

City: STATESVILLE State: NC Zip: 286250000

Phone: 7048789290

Proposed Use: 01

PIN #: 4735297050 Zoning: RA Township: 1000

Street Address: 123 GOLDEN OAK DR

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: MEADOW OAKS PH2 Lot #: 64 Lot Size: .71

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35

Minimum Lot Size: 20000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Reason:

Location: 115N,R UPPER OAK,L GOLDEN OAK,4TH ON LEFT

Staff: RAM Date: 08/02/00

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant: _____
Owner: Agent: