# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212885

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

PIN # 4736305936

APPLICANT: Jim Mixson APPLICANT ADDRESS: 115 Oaklawn Rd Statesville NC 28625

SITE ADDRESS: 130 Meadow Oaks Dr Statesville NC PHONE: 704-876-3852 ALT. PHONE: 704-929-5050

SITE DIRECTIONS: 115 N T/R Sullivan Farm Rd T/R Meadow Oaks Dr house on right

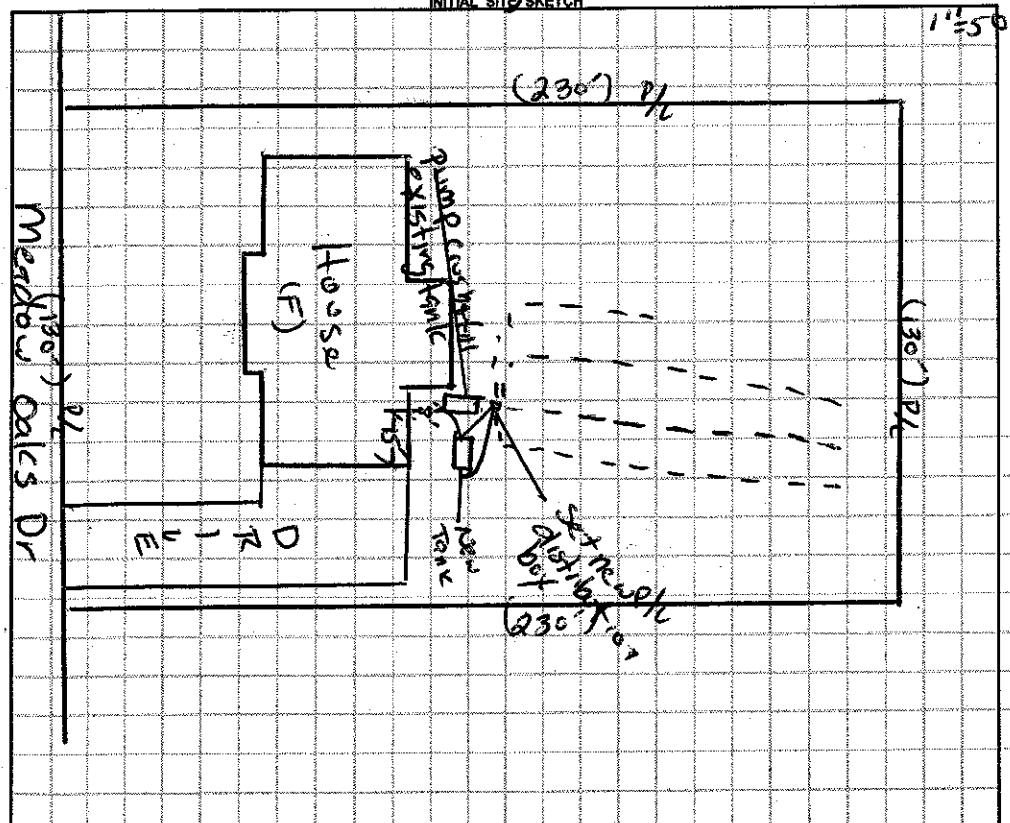
SUBDIVISION: Meadow Oaks SECTION: N/A LOT # 24 LOT AREA: 0.69 ac DESIGN FLOW: 360 L.T.A.R.: Ex

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 7-10-15 | ☐ New System ☒ Repair ☐ Expansion System Type: I ☒ II ☐ III ☐ IV ☐ V ☐ VI | ☒ Residence | No. Bedrooms | 3 |
| Pump Tank | N/A (gal) | PT | N/A | Date | N/A | System Description: Tank | ☐ Business | No. Persons | 6 |
| Pump Make | N/A | Model | Polylok | Serial # | PL-69 | Repair System Description: | ☐ Other | No. Employees | |
| # Nitrification Fields | Ex | # Lines | Ex | Linear Ft: | Ex | Maintenance Agreement Required: ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space | |
| Trench Width | Ex | Max. Trench Bottom Depth | Ex | Gravel Depth | Ex | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump, crush + fill existing tank, Set new distribution box. Maintain 5' off any building foundation. Install risers to maintain no greater than 6" of cover

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed with risers as drawn

*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.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 8/21/15 Installed by: Sammy Reaves

IMPROVEMENT PERMIT by: Date: 08/21/15 OPERATION PERMIT by: Date: 08/24/15

AUTHORIZATION TO CONSTRUCT by: Date: 08/21/15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

SHOAF PRECAST SEPTIC TANK, INC.
4130 West U.S. Hwy. 64
Lexington, NC 27295

Phone: (336) 787-5826
FAX: (336) 787-2826

Email: info@shoafprecast.com

August 24, 2015

Iredell County Health Department
Environmental Health
ATTN: Heath Snow
Heath.snow@co.iredell.nc.us

That will certify that the 1000 gal. Non-Traffic septic tank ordered by Sammy Reavis and provided to the 130 Meadow Oaks Road, Yadkinville, NC, on August 21, 2015, was manufactured on July 10, 2015.

SHOAF PRECAST SEPTIC TANK, INC.

By: _____
Phillip Shoaf
Operations Manager