



# OPERATION PERMIT

Davie County Health Department

210 Hospital Street

P.O. Box 848

Mocksville

NC 27028

Phone: 336-753-6780 Fax: 336-753-1680

## For Office Use Only

\*CDP File Number 361127 - 1

5789443376

County ID Number:

Evaluated For: **NEW**

Township:

Applicant: Andrew Reece-Third Generation

Address: 162 Red Cedar Way

City: Mocksville

State/Zip: NC 27028

Phone #: (336) 469-5680

Property Owner: Alesia & William Cockerham

Address: 158 Odell Myers Road

City: Advance

State/Zip: NC 27006

Phone #:

## Property Location & Site Information

Address/Road #: Subdivision: Myers Ridge Phase: Lot: 4

134 Odell Myers Road

Advance NC 27006

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 8

\*Water Supply: PUBLIC

## Directions

158 East  
TR onto Dulin Road  
TL onto Howardtown Circle  
TR onto Howardtown Road  
TL onto Cornatzer Road

\*IP Issued by:

\*CA issued by: 2325 - Mitchell, Brittany

Design Flow: 4 8 0

Soil Application Rate: 0 . 2 7 5

\*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Saprolite System? ☐ Yes ☒ No

\*Distribution Type: GRAVITY - SERIAL

Pump Required?  
☐ Yes ☒ No

\*Pre-Treatment:

## Drain field

Nitrification Field 1 4 1 0 Sq. ft.

No. Drain Lines 5

Total Trench Length: 4 7 0 ft.

Trench Spacing: 9 ☐ Inches O.C.  
☒ Feet O.C.

Trench Width: 3 ☐ Inches  
☒ Feet

Aggregate Depth: inches

Minimum Trench Depth: 2 4 Inches

Minimum Soil Cover: 1 2 Inches

Maximum Trench Depth: 3 2 Inches

Maximum Soil Cover: 2 0 Inches

\*System Type: INFILTRATOR QUICK4 PLUS STANDARD

Installer: Brian McDaniel

Certification #: 1118

\*EHS: 2325 - Mitchell, Brittany

Date: 1 2 / 0 2 / 2 0 2 1

Approval Status

☒ Approved ☐ Disapproved

Manufacturer: Shoaf

Lat. \_\_\_\_\_



STB: 760

Long: \_\_\_\_\_

Gallons: 1000

Installer: Brian McDaniel

Date: 10 / 04 / 2021

Certification #: 1118

\*Filter Brand: POLYLOK PL-68

\*EHS: 2976 - Waldroop, Ariel

Date: 12 / 01 / 2021

ST Marker: ☐ Yes ☐ NoReinforced Tank: ☐ Yes ☐ No1 Piece Tank: ☐ Yes ☐ No

Approval Status

☒ Approved ☐ Disapproved**Pump Tank**

Manufacturer:

Installer:

PT:

Certification #:

Gallons:

\*EHS:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Riser Sealed ☐ Yes ☐ NoRiser Height: ☐ Yes ☐ No (Min. 6 in.)Reinforced Tank: ☐ Yes ☐ No1 Piece Tank: ☐ Yes ☐ No

Approval Status

☐ Approved ☐ Disapproved**Supply Line**

Pipe Size: \_\_\_\_\_ inch diameter

Installer:

Pipe Length: \_\_\_\_\_ feet

Certification #:

\*Schedule:

\*EHS:

Pressure Rated ☐ Yes ☐ NoApproved fittings ☐ Yes ☐ No

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approval Status

☐ Approved ☐ Disapproved**Pump Requirement**

Pump Type:

Installer:

Dosing Volume: \_\_\_\_\_ - \_\_\_\_\_ Gal Certification #:

Draw Down: \_\_\_\_\_ Inches

\*EHS:

\*Chain:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Valves Accessible ☐ Yes ☐ NoFlow Adjustment Valve ☐ Yes ☐ NoCheck-valve ☐ Yes ☐ NoPVC Unions ☐ Yes ☐ NoVent Hole ☐ Yes ☐ NoAnti-siphon Hole ☐ Yes ☐ No

Approval Status

☐ Approved ☐ Disapproved

**Electric Equipment**

NEMA 4X Box or Equivalent ☐ Yes ☐ No  
 Box 12 inches Above Grade ☐ Yes ☐ No  
 Box Adj. To Pump Tank ☐ Yes ☐ No  
 Conduit Sealed ☐ Yes ☐ No  
 Pump Manually Operable ☐ Yes ☐ No

Installer:

Certification #:

\*EHS:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Activation Method:

Alarm Audible ☐ Yes ☐ No  
 Alarm Visible ☐ Yes ☐ No

Approval Status

☐ Approved ☐ Disapproved

\*Operation Permit completed by: 2325 - Mitchell, Brittany

Authorized State Agent: Brittany Mitchell Date of Issue: 12 / 02 / 2021

Owner/Applicant Signature: \_\_\_\_\_

This system has been installed in compliance with applicable NC General Statutes: Article 11, Chapter 130A, Rules for Sewage Treatment and Disposal, 15A NCAC 18A .1900 *et. Seq.*, and all conditions of the Improvement Permit and Construction Authorization. This property is served by a TYPE III G. **sewage septic system.**

Rule .1961 requires that a Type TYPE III G. septic system meet the following criteria:Minimum System Review By The Local Health Department: N/AManagement Entity: OWNER

Minimum System Inspection/Maintenance Frequency By Certified Operator:

N/AReporting Frequency By Certified Operator: N/A

Rule .1961 requires that a Type IV and V septic systems designed for a home/business owner must maintain a valid contract with a public management entity with a certified operator or a private certified operator for the life of the septic system.

Rule .1961 requires that Type VI septic systems designed for a home/business owner must maintain a valid contract with a public management entity with a certified operator for the life of the septic system.

Rule. 1961 (2) (e) requires a contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity, unless the system owner and certified operator are the same. The contract shall require specific requirements for maintenance and operation, responsibilities of the owner and systems operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit that subsequent owners of the systems execute such a contract.

☒ Hand Drawing ☐ Import Drawing**\*\*Site Plan/Drawing attached.\*\***

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27028

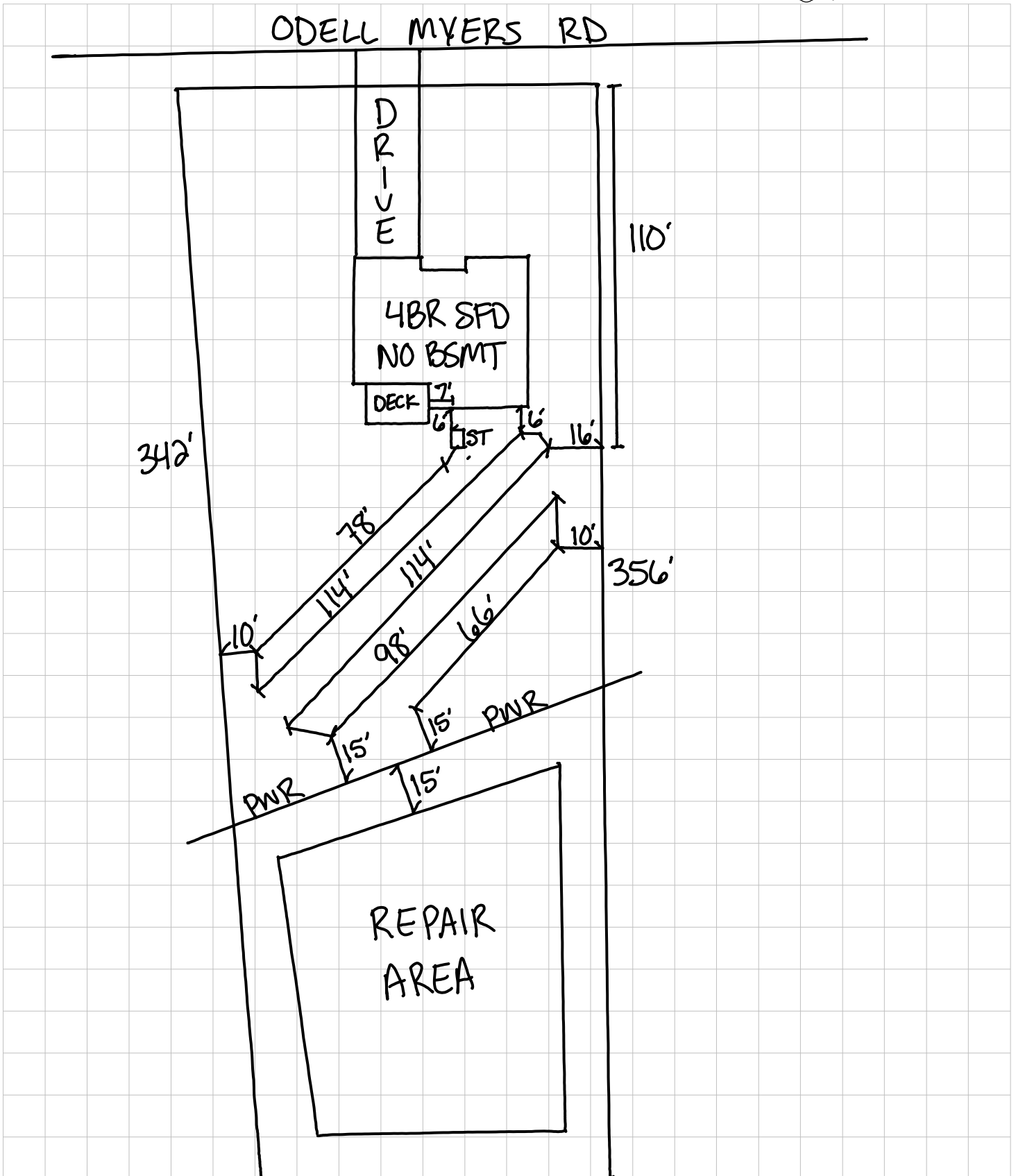
CDP File Number: 361127 - 1

County File Number: 5789443376

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Drawing** Drawing Type: Operation Permit

Scale: \_\_\_\_  
☐ Inch  
☐ Block = \_\_\_\_ ft.  
☒ N/A



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Click below to import an image from an external location: Drawing Type: Operation Permit

Drain Field:

System Final Inspection Log:

Characters  
Remaining  
4000

Septic Tank:

Characters  
Remaining  
4000

Pump Tank:

Characters  
Remaining  
4000

Supply Line:

Characters  
Remaining  
4000

Pump Requirements:

Characters  
Remaining  
4000

Electrical Equipment:

Characters  
Remaining  
4000