Parcel # 4726 40 4004

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 96013 PIN# ~~4726 31 6499~~ Site Address: 111 West Morrison Creek Rd - Stat DATE 11-12-99

OWNER OR CONTRACTOR James Hill PHONE: Business Home 878-6972

ADDRESS 146 morrison Creek Rd

LOCATION Scotts Creek To miller Farm To deercroft to morrison creek

SUBDIVISION ~~Deercroft~~ BLOCK / SECTION 4 LOT 153 LOT AREA 1.17 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .2 gal/sq ft/day

Septic Tank: 1000 Gallons; STB 1012 Date 9-12-01

Pump Tank: 1000 Gallons; PT 17 Date 2-15-01

Pump Make: Geotek Model PW E0712H Serial No. K012 4469

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 300

No Lines ____ Trench Width 24 Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Low Pressure Zoeet Panel

Repair System Description: " " " "

Maintenance Agreement Required: ☐ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

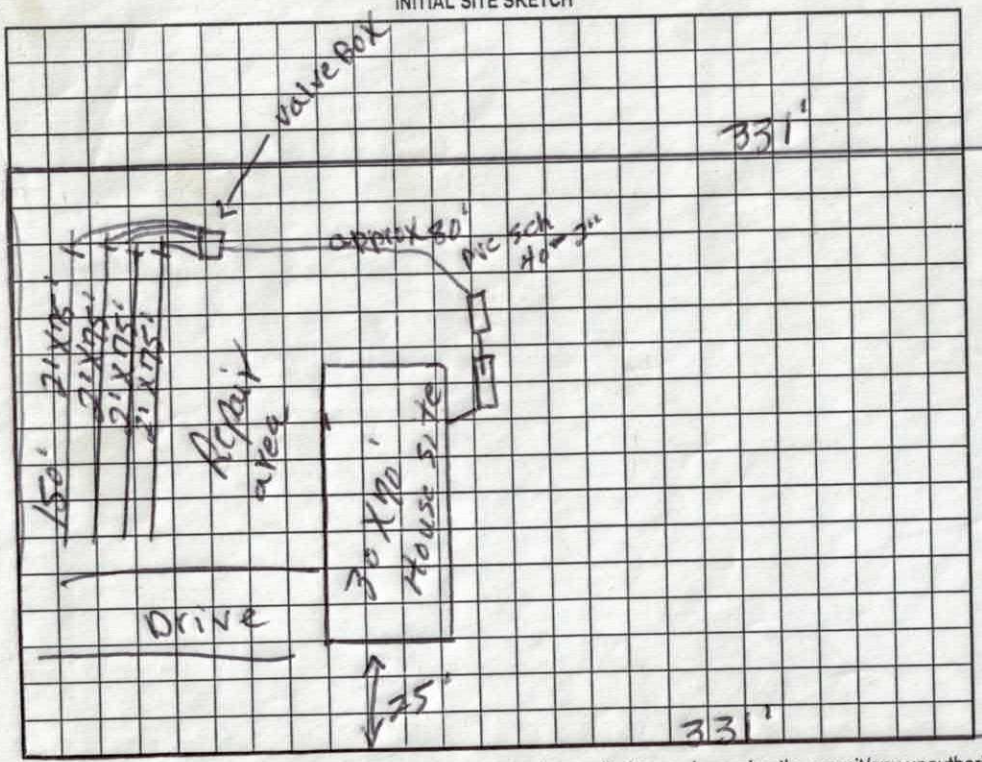
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

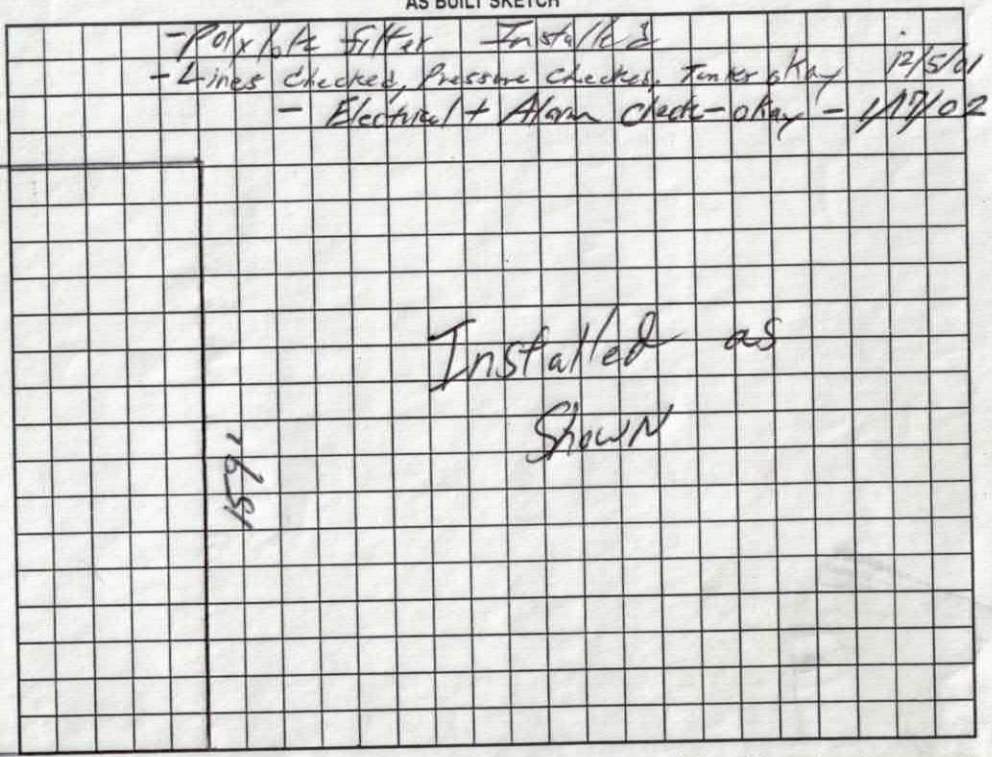
Comments:/Conditions: See Attachet Sheets for Drawings on P.T. & Pressure line set up which are Part of This Permit

Comments:/Conditions: A certified subsurface system operator must be on Contract before an operations Permit can be issued.

INITIAL SITE SKETCH



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: ~~X~~ Shirley P. Hill date ____ Installed by: Mitchell Grading

Improvement Permit by: R. C. moore date 11-12-99 Operation Permit by: William O. Johnson date 1/24/02

Authorization to Construct by: R. C. moore date 11-12-99 Existing System Inspection by: ____ date ____

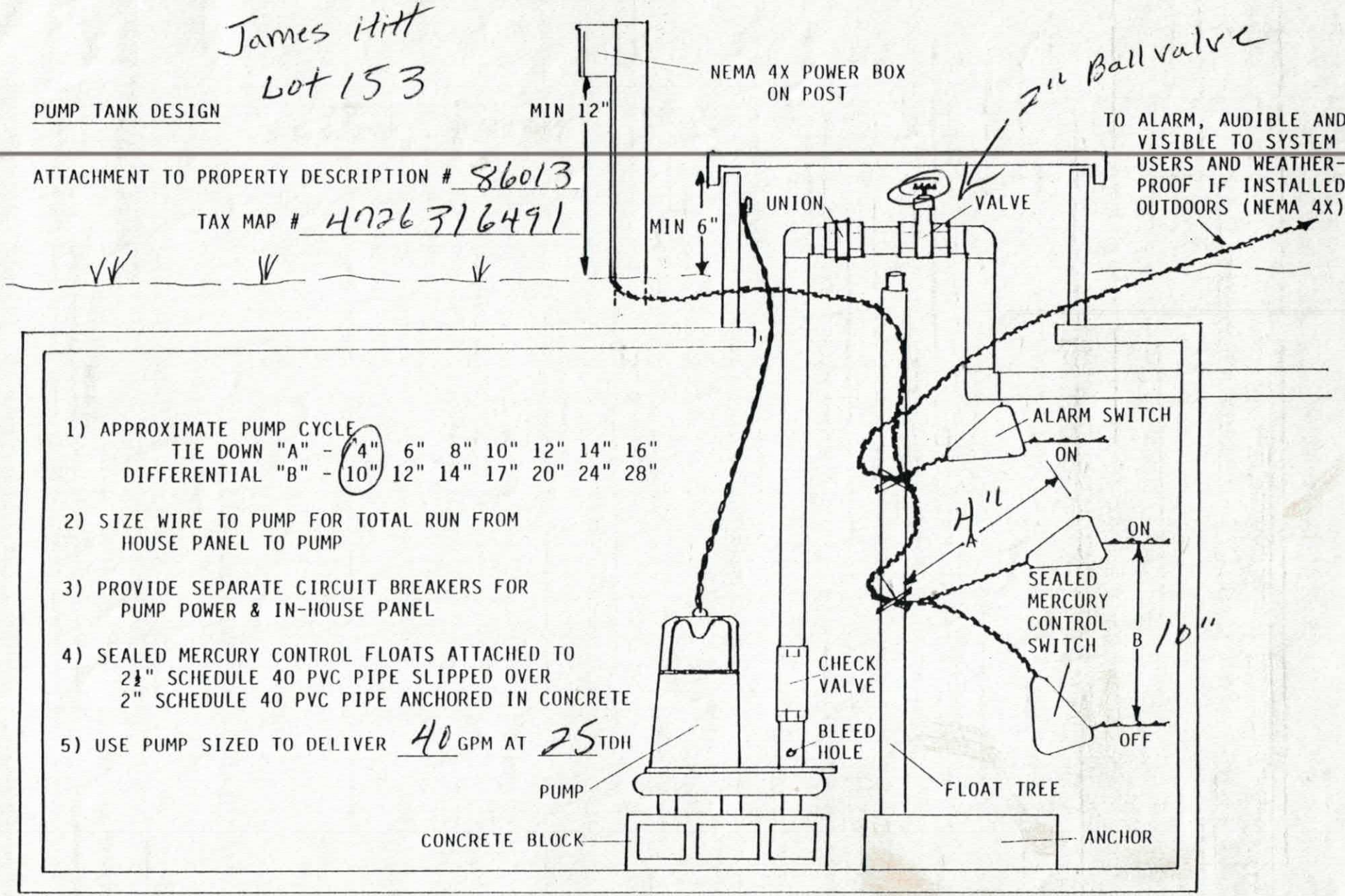
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

James Hitt
Lot 153

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 86013

TAX MAP # 4726716491



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

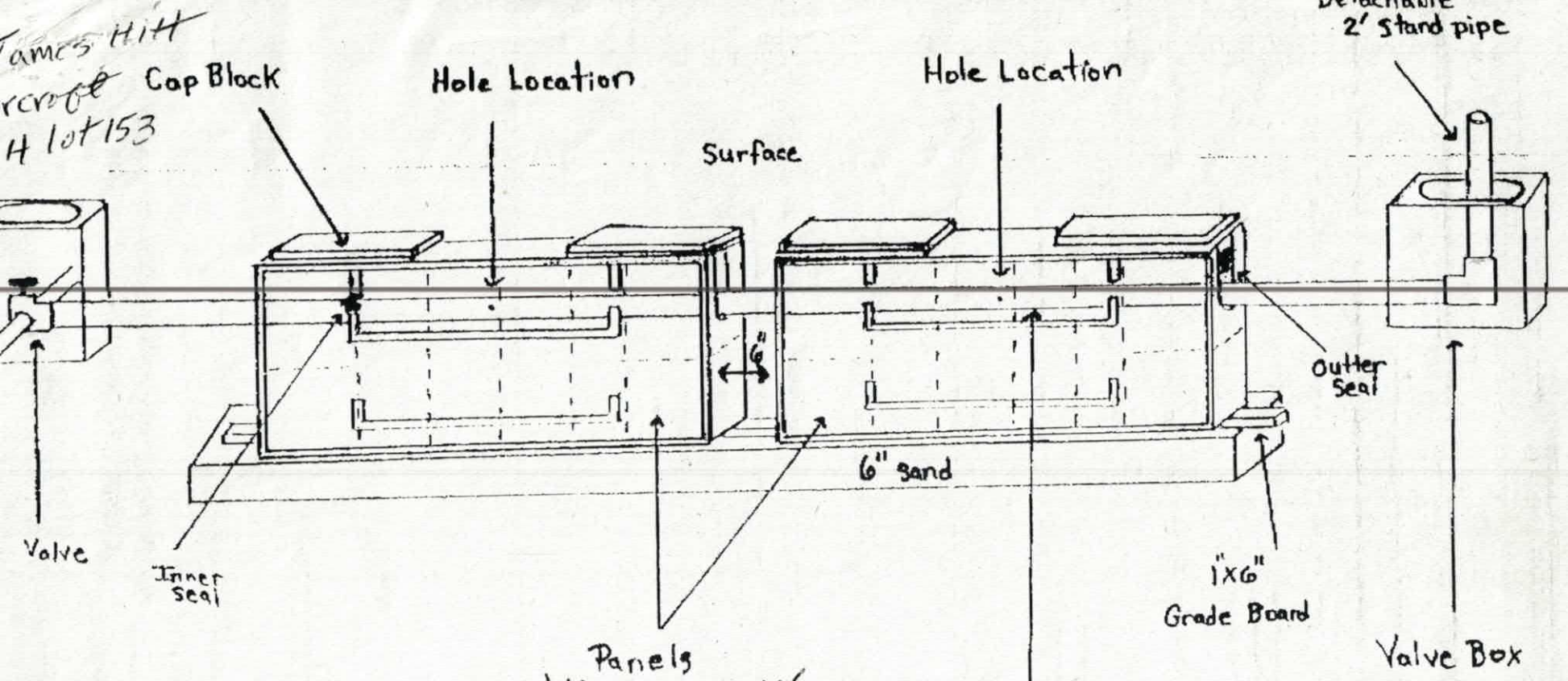
2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

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 40 GPM AT 25 TDH

James Hill
Forest
H lot 153



Valve Box
(at surface grade)

use centeral valve Box For all 4 valves as shown on permit

Pressure Dosed PPBPS

# of panels 69.
Size holes 3/16". 1 hole per panel.
Approximate amount of sand needed 50 Tons
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 40.
TDH 25.

Comments

08/25/98 TUE 08:40 FAX 704 464 5114 CCHD FIRST FLOOR 002

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:

James E Hitt. Jr	704-878-6972	POB. 1122	Statesville	NC	28687
Applicant	Phone #	Mailing Address	City	State	Zip Code

James E Hitt Jr	POB 1122	Statesville	NC	28687
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Deercroft Sec 4	153	Sec 4	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property 115 N. To Scotts Crk Rd Turn Left - then left onTo miller farm Rd - goTo Second Deercroft entrance follow Rd around To morrison crk Rd - will be facing lot 152 & 153 here-

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

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

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.

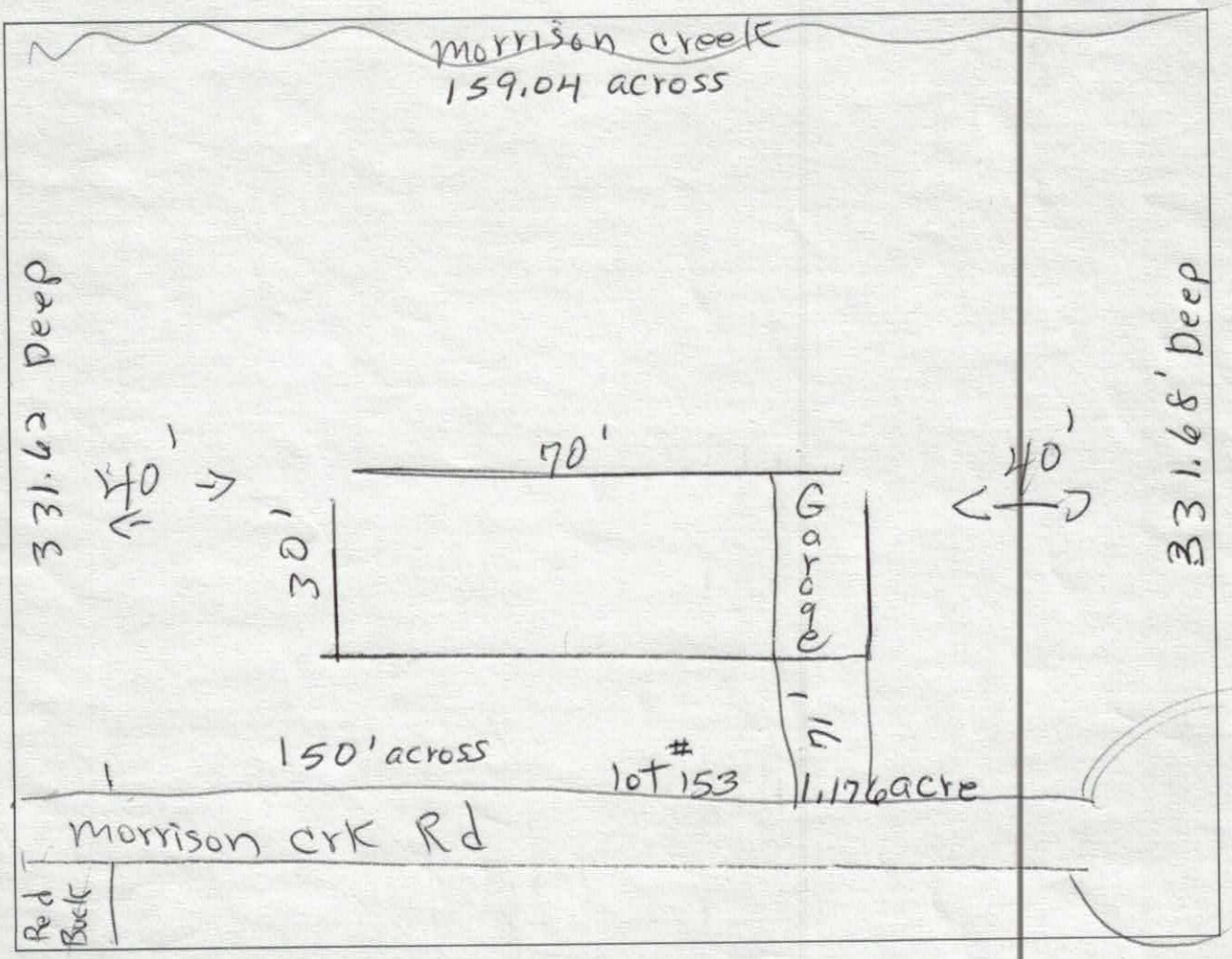
10-29-99 DATE James E Hitt Jr SIGNATURE OF OWNER/AUTHORIZED AGENT

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

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: 086013 Zoning Permit: X Improvements Permit: 1

Name: HITT JAMES Address: 146 MORRISON CREEK RD

City: STATESVILLE State: NC Zip: 286250000

Phone: 7048786972

Proposed Use: 01

PIN #: 4726316491 PT Zoning: RA Township: 1000

Street Address: MORRISON CREEK RD

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

Subdivision/MHP: DEERCROFT SEC4 Lot #: 153 Lot Size: 1.17

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: SCOTTS CK,L MILLER FARM,R MORISON CK,NEAR END ON L

Staff: RAM Date: 10/25/99

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant: James E Hitt
Owner: Agent:

James Hitt

Installed by Mitchell Grading + Backhoe

OPERATION PERMIT
INSPECTION CHECK LIST

Lot # 153

1. SEPTIC TANK
   a. Visually inspect the exterior walls, lids, and top of the tank for structurally soundness, fit ✓ and sealant ✓
   b. Visually inspect the interior walls, bottom, baffle, tee, for structurally soundness, fit ✓ sealant ✓ air vent, ✓ and outlet for water tightness ✓
   c. Tank ID number 1012
   e. Liquid capacity of tank 1000 gallons

2. SUPPLY LINE TO TRENCHES
   a. Grade ____
   b. Diameter 2"
   c. Length ____
   d. Distance tank to drainfield or distribution device ____

3. DISTRUBITION DEVICE(S)
   a. Type LP (pump) Low Pressure Doses Panel Blocks
   b. Is device water tight ____
   c. Distance from distribution device(s) to trenches ____
   d. Is the device on a level foundation No
   e. Does the device perform as designed ____

4. NITRIFICATION FIELD
   a. Trench depth 28 inches
   b. Trench width 24 inches
   c. Distance between trenches 8ft
   d. Number of trenches 4
   e. Length(s) of trenches 75 ft
   f. Storage media SAND (type)
      1. Aggregrate depth —
      2. Aggregrate size —
   g. Trench bottom grade okay
   h. Stepdowns - NA
      1. Minimum of 2' of undisturbed soil —
      2. Proper rise over step down —
      3. Solid pipe used ✓

5. LOCATION AND SETBACK DISTANCES Public H20 Supply
   a. Distance from system to any wells ____
   b. Distance from septic tank to foundation ____ trenches to foundation ____
   c. Distance from system to all property lines ____
   d. System meets other .1950 setback requirements Yes