IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86012 PIN# 4726316491 DATE 11-12-99

OWNER OR CONTRACTOR James Hitt PHONE: Business _____ Home 878 6972

ADDRESS 1416 morrison Creek Rd Statesville N.C.

LOCATION Scotts Creek Turn miller Em Into Deercroft morrison Creek

SUBDIVISION Deer Croft BLOCK / SECTION 4 LOT 152 LOT AREA 1.14 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .2 gals/sq ft/day

Septic Tank: 1000 Gallons; STB 1042 Date 9-8-01
Pump Tank: 1000 Gallons; PT 1 Date 3-25-01
Pump Make: Equids Model EPWE0722 Serial No. E0153446
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 300'
No Lines 4 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: Pressure Dosed Panels
Repair System Description: " " "
Maintenance Agreement Required: (Yes) No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

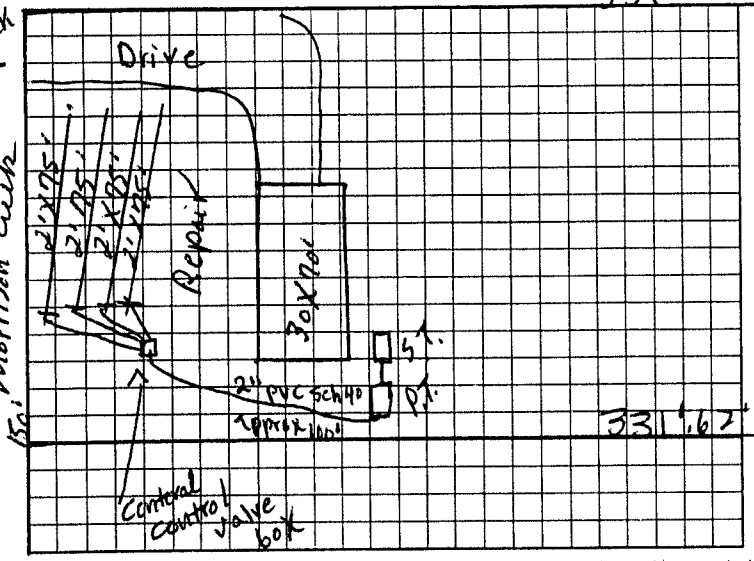
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: See Attached sheets for Drawings on Pipe & Pressure Line Setup which are part of This permit.

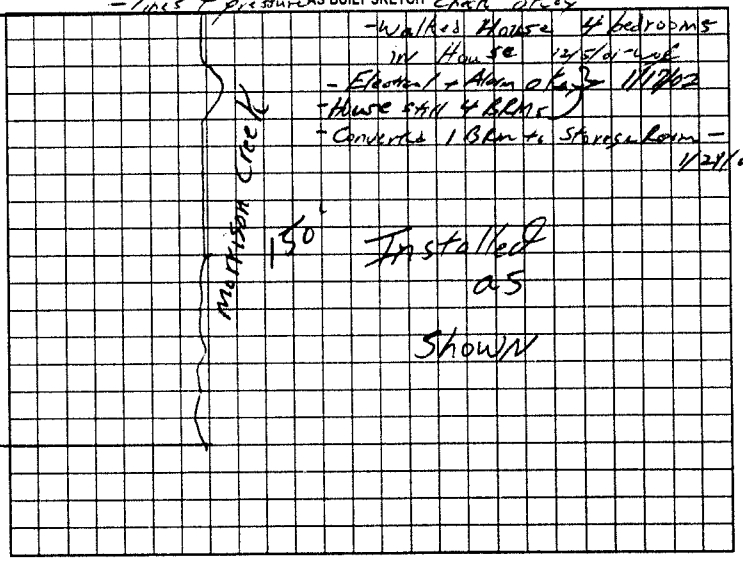
Comments/Conditions: A certified subsurface System operator must be on Contract before an operations permit can be issued.
- poly lok filter installed → 12/5/01
- lines & pressure

INITIAL SITE SKETCH



AS BUILT SKETCH check okay

- Wal/Red House 4 bedrooms
W House 12/5/01 ok
- Electrical + Alarm ok 11/7/02
- House full 4 BRMS
- Converted 1 BRM to storage room - 11/21/02



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: ~~Shirley B. Hill~~ date _____ Installed by: Mitchell Grading

Improvement Permit by: C. C. Moore date 11-12-99 Operation Permit by: William O Johnson date 11/28/02

Authorization to Construct by: C. C. Moore date 11-12-99 Existing System Inspection by: _____ date _____

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