IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095624 PIN# 4723 23 3371 DATE 4/24/01

OWNER OR CONTRACTOR SENEKAL, PIERRE PHONE: Business Home (828) 315-9564

ADDRESS 2053 21st ST. SOUTHEAST, HICKORY, NC 28602

LOCATION OLD MTN. RD. (R) SPRING MEADOWS (L) ON ANGUS DR. ON (R)

SUBDIVISION SPRING MEADOWS BLOCK / SECTION LOT 34 LOT AREA .97 Ac. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 786 Date 5-6-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 300'
No Lines 4 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION
Repair System Description: 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

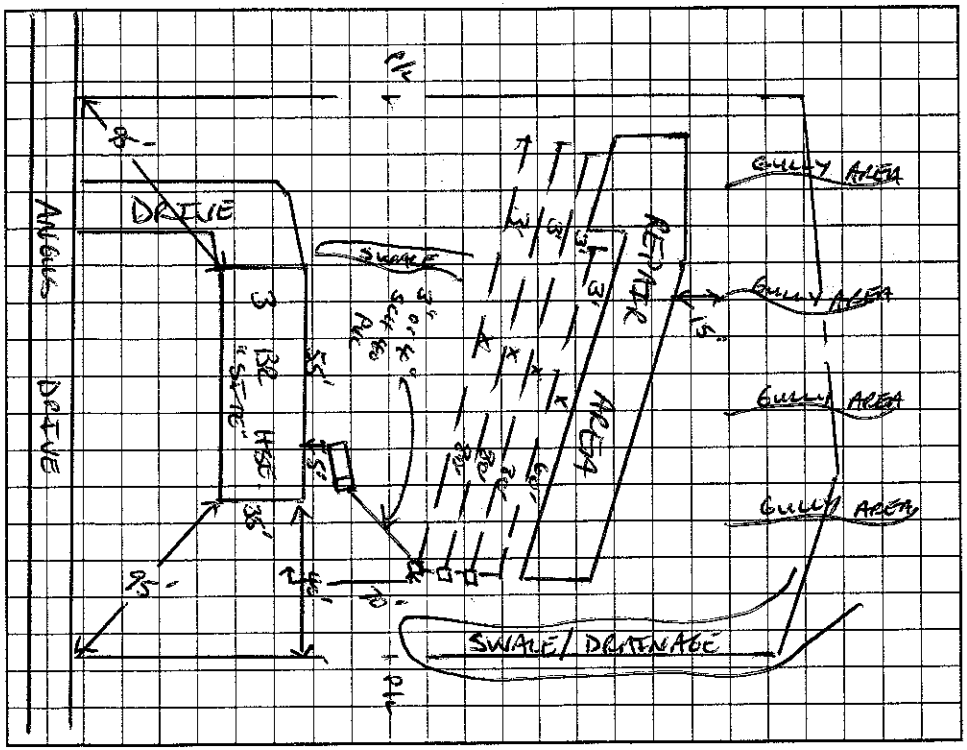
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2 1/2
☐ Business No. Employees
☐ Other
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ~~☐ Basement wo/plumbing~~

Water Supply: ☑ Individual ☐ Public ☐ Community

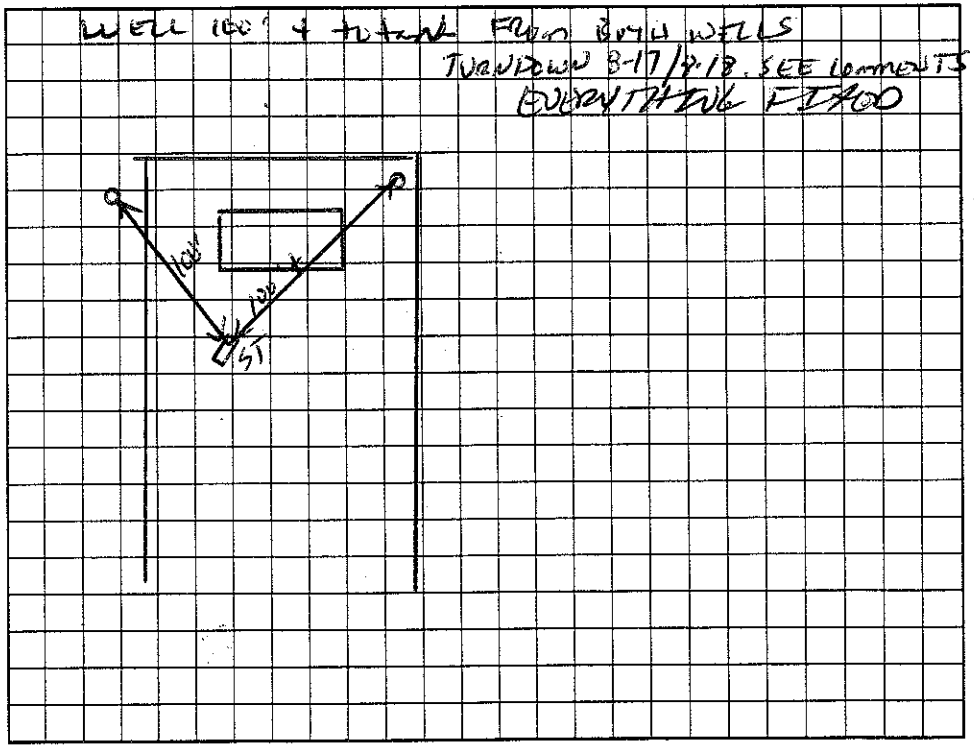
Comments/Conditions: (1) START 1st DRAINLINE APPROX. 70' FROM HOUSE (2) INSTALL DRAINLINES UNIFORM AND ON CONTOUR (3) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (4) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS

Comments/Conditions: POLYLOK FILTER & MARKER
✓ VENT WHEN COME BACK

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: date 5/29/01 Installed by: Crimson Builders / PHIL SKEENS

Improvement Permit by: Stacy Shinn date 4/24/01 Operation Permit by: date 8-19-04

Authorization to Construct by: Stacy Shinn date 4/24/01 Existing System Inspection by: date

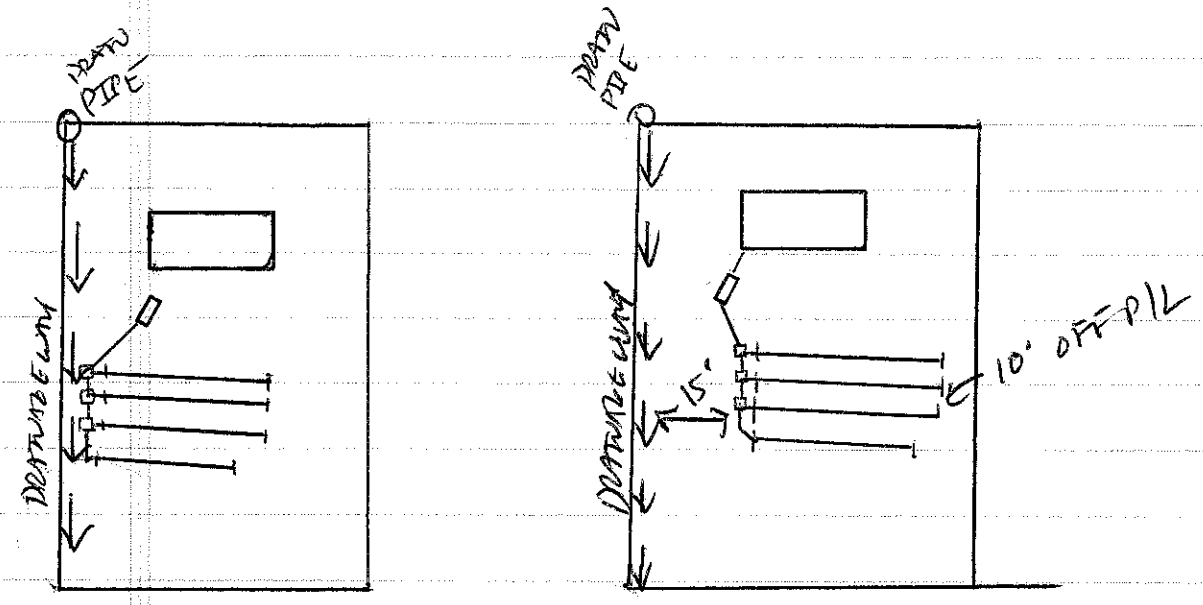
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

8-17-04 1:00 - 1:20 @ PROBE 1:20 - 2:30 = EVALUATED

1.5 HOURS

LINE 1	80'	3 1/2" FALL	⊗
LINE 2	80'	1 1/2" FALL	✓
LINE 3	80'	2 1/2 FALL	⊗
LINE 4	60'	3" FALL	⊗

LINES WERE ≈ 30' - 40' OFF P/L & BEGINNING IN MIDDLE OF DRAINAGE WAY. TURNDOWN & TOLD THEM TO SLIDE ENTIRE SYSTEM TOWARDS P/L & 15' OFF DRAINAGE WAY. ALSO LINES 1 | 3/4 HAD TO MUCH FALL



8-18-04

1:00 - 1:20 DRIVE
1:20 - 3:30 EVALUATED

2.5 HOURS

LINE 1 82' @ 10' 5' 7 3/4"
@ 40' 6' 1 1/2" TO MUCH FALL & TYPE RISE
@ 75' 5' 5 1/4"

- SEAL ROPE BOX
- BOX ELEVATION / DROP BOX OUTLET

LINE 2 76' - CHMBR @ 55 HAS HOLE IN IT
(HAS 1/4" FALL PER 10' OK BY RULES)

LINE 3 82' (HAS 1/4" FALL PER 10' OK BY RULES)

- DROP BOX NEEDS DROPPED & MAKE SURE KEEP FALL TO DITCH WITH OUTLET PIPE. H2O ELEVATION IS 2" BELOW GROUND SURFACE
- CHMR @ 71' CRACKED
- SEAL ROPE BOX

LINE 4 70' (HAS 1/4" FALL PER 10' OK BY RULES)

- SUPPLY LINE HAS 1/2" RISE BY 1ST DROP BOX
- WHEN ALL DONE LIMBERS NEEDS BACKFILLED AROUND LOWERS