IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208437

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

PIN # 4730458683

APPLICANT: Jonathan & Jenna Lesser APPLICANT ADDRESS: 9168 Glenashley Dr Cornelius NC 28031

SITE ADDRESS: 146 Winding Creek Dr Troutman NC 28166 PHONE: 704-495-9419 ALT. PHONE: N/A

SITE DIRECTIONS: Perth T/R State Park T/L Twin Creeks T/L Winding creek Lot on right

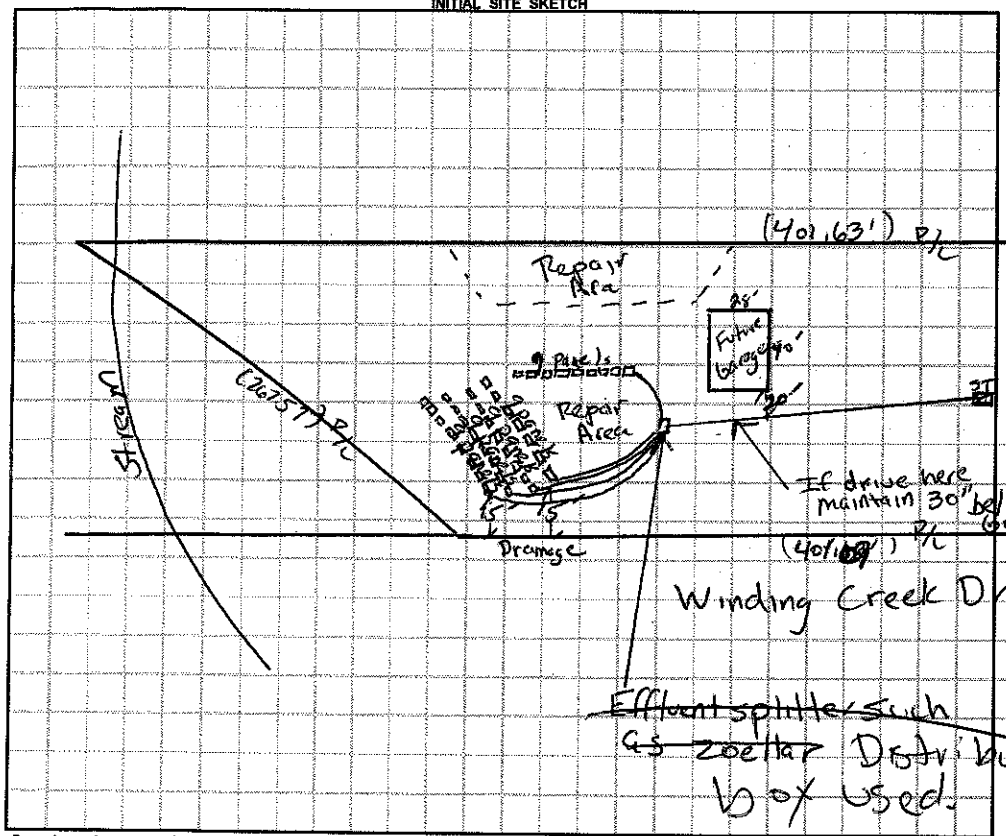
SUBDIVISION: Twin Creek Estates SECTION: 2 LOT # 47 LOT AREA: 1.87ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794	Date	4-17-15	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	50% Reduction			[ ] Business	No. Persons 6
Pump Make	N/A	Model	Polylok	Serial #	PL-68	Repair System Description:	50% Reduction			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	200	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	48"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

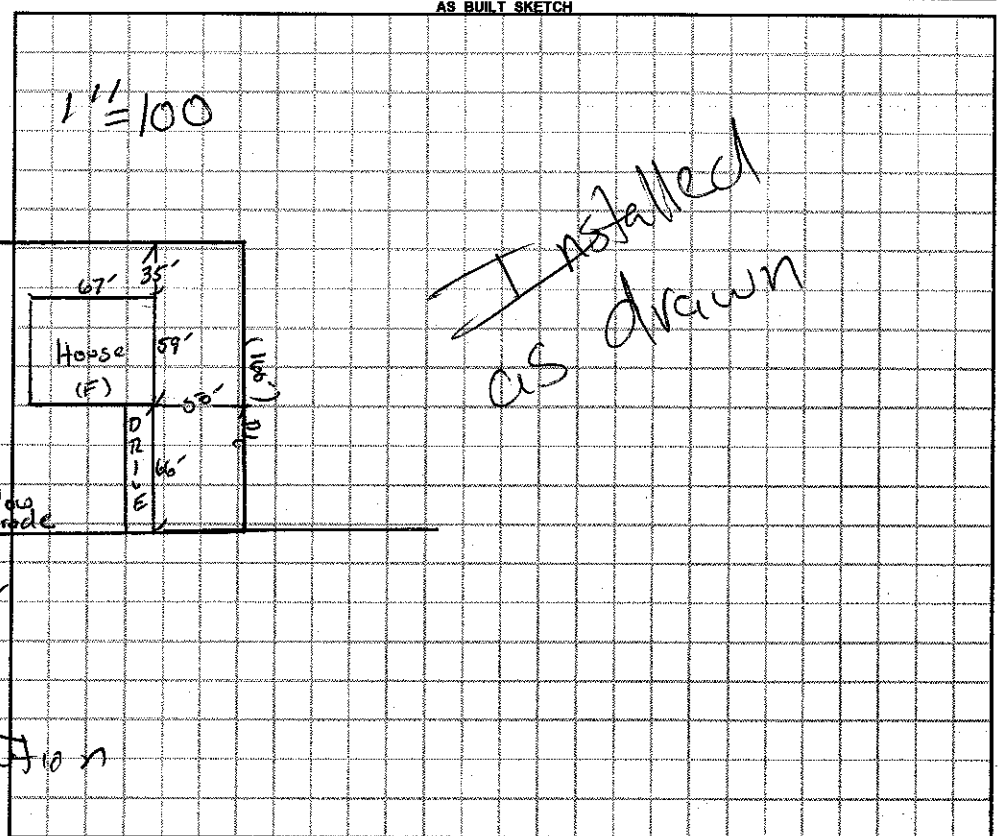
Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install 50% reduction using parallel distribution with Zoellar effluent splitter or equivilent maintain 15' from any drainage.

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

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

Owner / Applicant Signature: [signature] Date: 3/11/15 Installed by: Bass Grading

IMPROVEMENT PERMIT by: [signature] Date: 03/11/15 OPERATION PERMIT by: [signature] Date: 05/27/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 03/11/15 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 172054 PIN # 4730458683 DATE 6-18-12

OWNER Emmit Rodriguez APPLICANT: Erica Wilson PHONE: Home/Cell # 704-467-6673 Business # 256-313-5611

SITE ADDRESS Winding Creek Drive OWNER / APPLICANT ADDRESS

SITE DIRECTIONS 21S to (R) on Perth, (R) on State Park, (L) on Twin Creeks, (L) on Winding Creek, Lot on (R)

SUBDIVISION Twin Creek Estates BLOCK / SECTION 2 LOT # 47 LOT AREA 1.87 Ac. DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB ____ Date ____

Pump Tank 1000 Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 5 Linear Feet 267'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth n/a

☒ New System ☐ Repair ☐ Expansion System Type I II III (IV) V VI

System Description: 50% ~~40~~ Reduction LP

Repair System Description: 50% Reduction LP

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

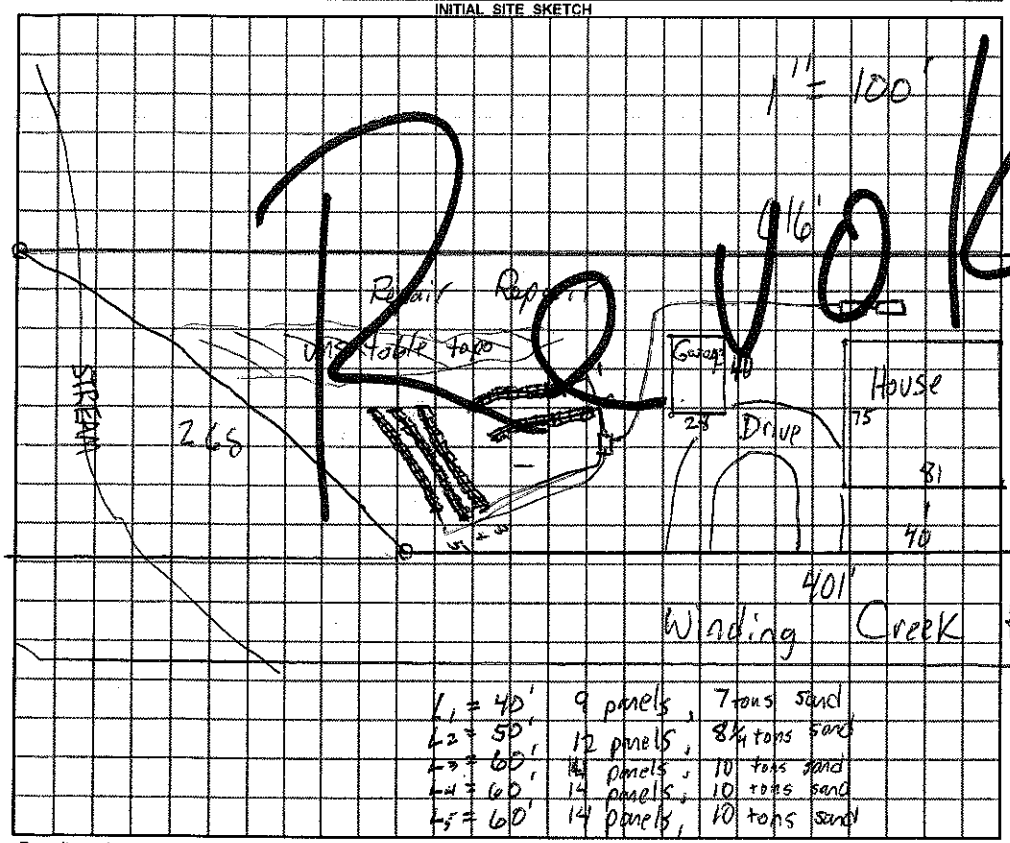
☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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

Owner / Applicant Signature: [signature] Date 6/28/12 Installed by: ____

IMPROVEMENT PERMIT by: [signature] ***REHS*** Date 6-26-12 OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: ____ ***REHS*** Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

3/11/15 (Date)

Owner: J. Lesser
Address: 146 Winding Creek
Troutman, NC 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
#17205 J. Lesser
146 Winding Creek

I, Jenna Lesser, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 3/26/12 (date) for a system

50% reduction L.P.
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Jenna Lesser
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/