IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207338

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

PIN # 4730-50-9201

APPLICANT: Terry and Dianne Elledge APPLICANT ADDRESS: 143 Winding Shore Rd Troutman NC

SITE ADDRESS: 138 Winding Shore Rd Troutman, NC PHONE: (704) 258-8206 ALT. PHONE:

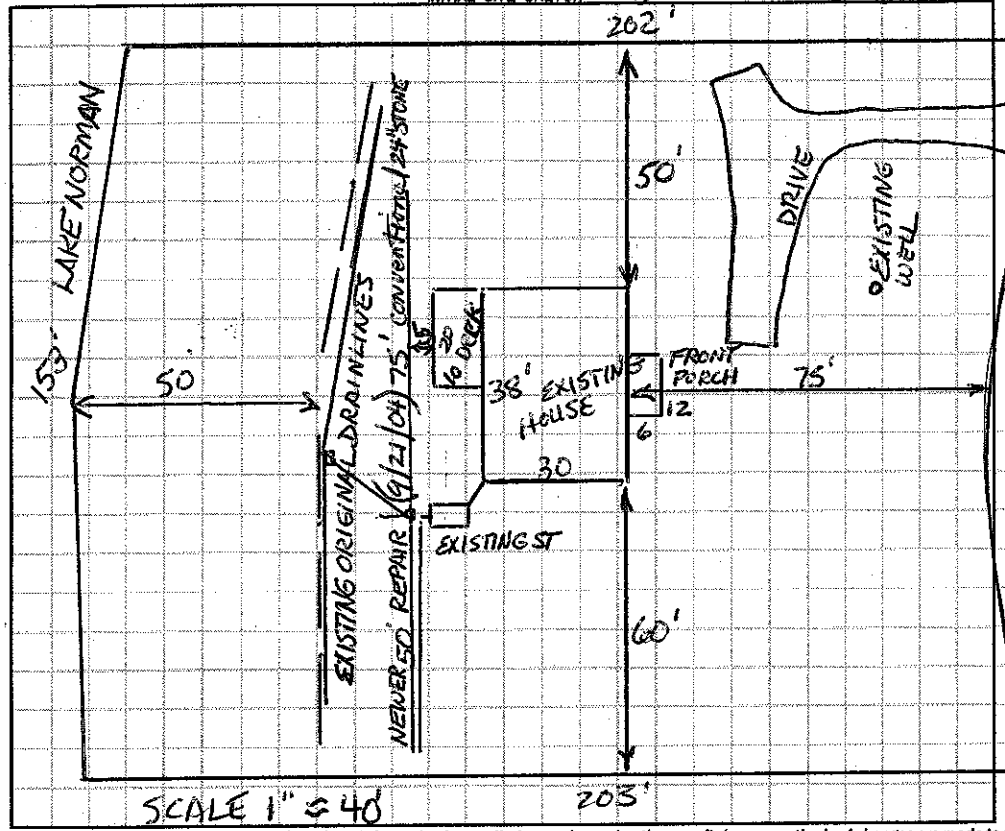
SITE DIRECTIONS: Go Hwy 150 W TR on Perth Rd Turn into Winding Forest S/D on Winding Forest Rd go to end TL on Winding Shore 2nd on right

SUBDIVISION: Winding Forest SECTION: LOT # 153 LOT AREA: .68 DESIGN FLOW: 480 L.T.A.R.: N/A

Septic Tank existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: ☐ I ☑ II ☐ III ☐ IV ☐ V ☐ VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: existing conventional gravity	☐ Business	No. Persons	☑ Private
Pump Make	Model	Serial #	Repair System Description:	☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines	Linear Ft: 125'+	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	Max. Trench Bottom Depth	Gravel Depth	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: In office review (NOT FIELD VERIFIED) BACK DECK AND FRONT PORCH REPLACEMENTS OCCUPY THE EXISTING FOOT PRINTS WITH NO EXPANSION. PORCH AND DECK REPLACEMENT ONLY, NO CHANGE IN BEDROOMS OR DAILY WASTER DESIGN ABOVE 4BR or 480 gpd. No change of use from single family dwelling

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing deck and front porch replacement addition does not appear to impact the existing septic system.

**NOTE: replacement occupies existing footprint

Richard Parris R.S.

Date: 12/17/14

ICHD-Environmental Health Division

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.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 12/18/14 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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