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#207338

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (✓) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Dianne Elledge Address: 143 Winding Shore Rd Troutman Phone: 704-528-8206

Owner Name: Terry & Dianne Elledge Address: 143 Winding Shore Rd Troutman Phone: Same

Property Information:

Street Address: 136 Winding Shore Rd Troutman NC

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Perth Rd - Turn into Winding Forest Subdivision at End of Winding Forest Rd - Left on Winding Shore 2nd home on Left

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

PAID 10.21 MH 12/5

Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 3
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Dianne Elledge 12/5/14

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

10'x20' rear deck
12x6 front porch
38x30

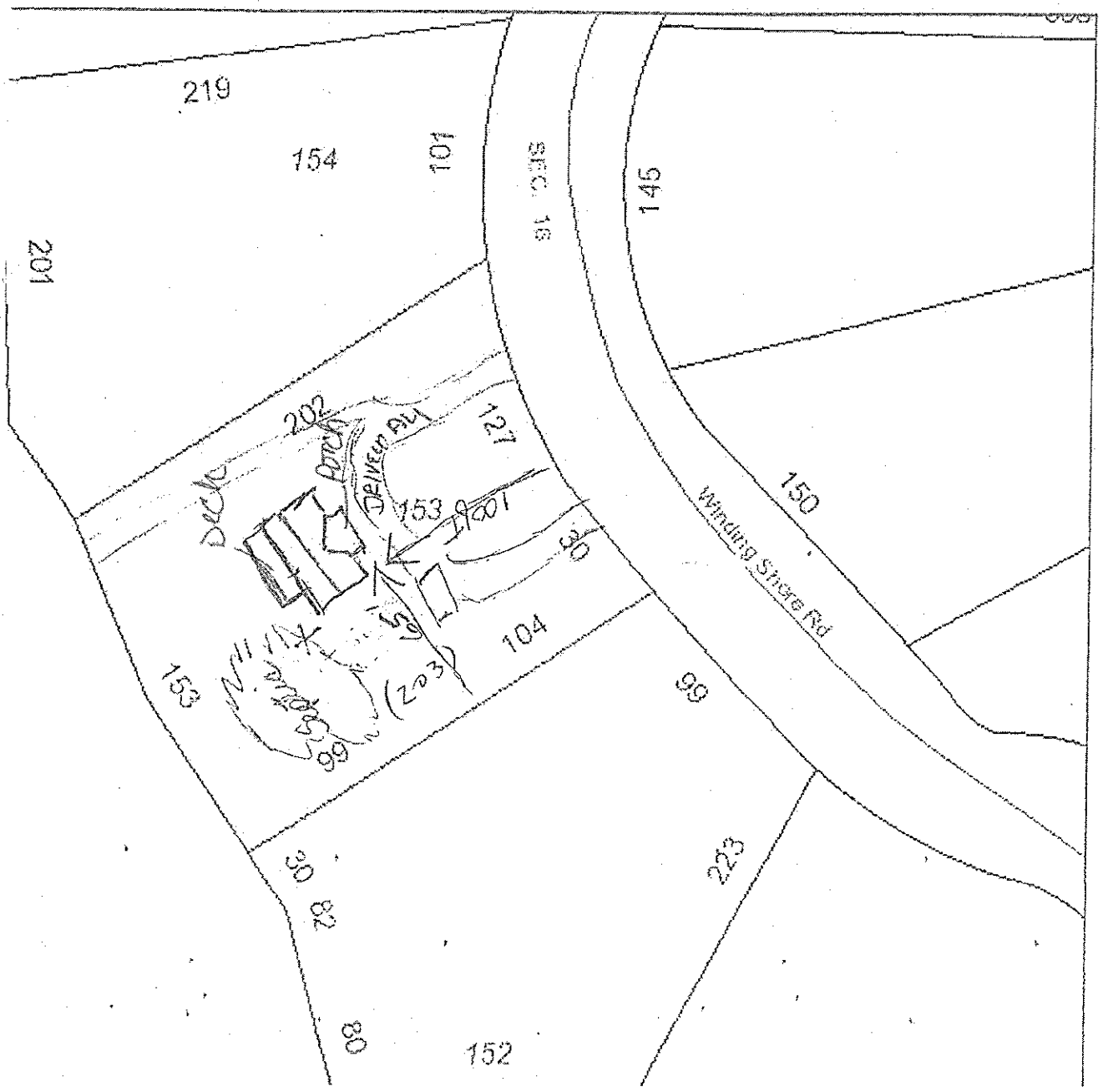
Iredell County

Property Data

Parcel Number: 4 [illegible]

Inquiry Date: [illegible]

o keep information provided over the internet accurate and up-to-date, the County does not certify the
tion. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use



IREDELL COUNTY HEALTH DEPARTMENT

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

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

(Curt Dunning) 1:00 -

PERMIT# REPAIR PIN# 4730-50-9201 DATE 9-1-04

OWNER OR CONTRACTOR FRED & SUSAN TIPPETT PHONE: Business 704-872-1321 Home 704-528-6110

ADDRESS 136 WINDING SHORE ROAD, TROUTMAN, NC 28166

LOCATION PERTH ROAD TO NEILL FARM RD, TR WINDING SHORE ROAD, 0.2 MILE ON LEFT AT #136

SUBDIVISION DUKE BLOCK / SECTION 16 LOT 153 LOT AREA 0.68 ACRE SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons: STB ____ Date ____
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 375 Linear Feet 125
No Lines ONE Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI
System Description: ____
Repair System Description: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 24"

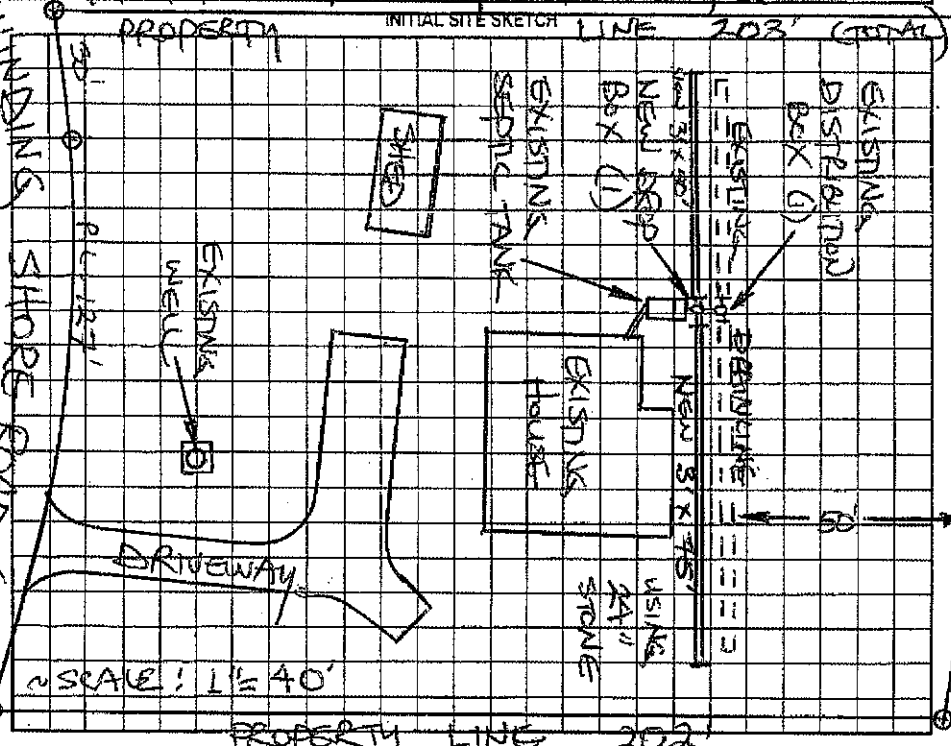
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

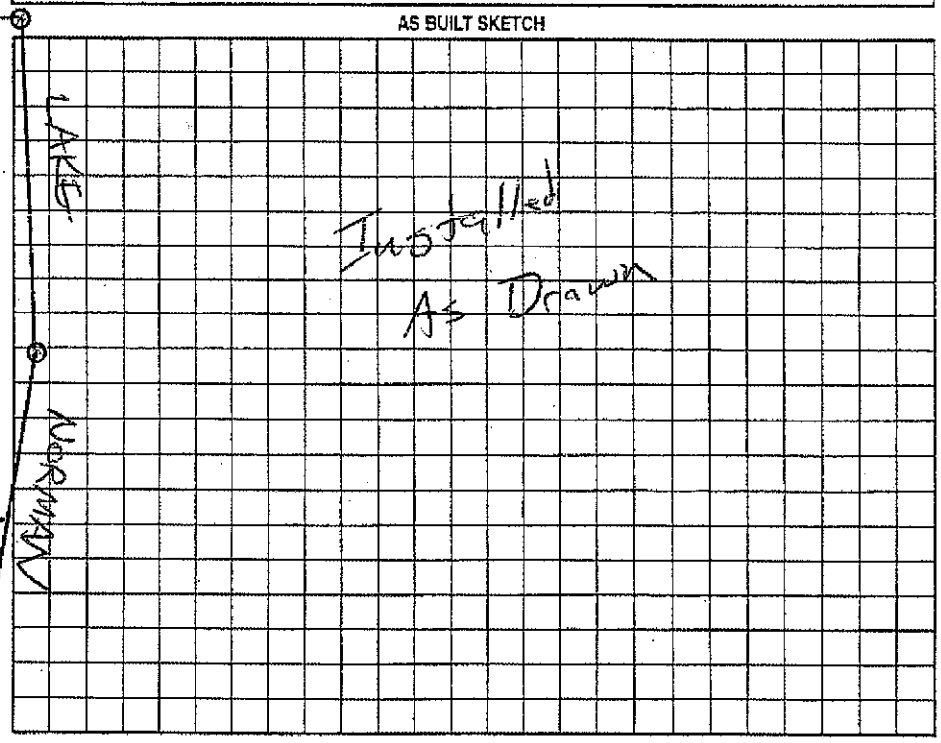
Comments:/Conditions: ① INSTALL NEW DROP BOX AT LOCATION SHOWN FEEDING NEW DRAINLINE FIRST. ② INSTALL NEW 3'x125' DRAINLINE AS SHOWN 5' OFF HOUSE, USING 24" STONE. ③ SYSTEM TO BE REPAIRED BY OCTOBER 1, 2004

Comments:/Conditions:

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: Susan W. Tippett date 9-1-04

Improvement Permit by: STEVE HEDRICK date 9-1-04

Authorization to Construct by: STEVE HEDRICK date 9-1-04

Installed by: Curt Dunning

Operation Permit by: ____ date 9/21/04

Existing System Inspection by: ____ date ____

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

Terry & Dianne Elledge
143 winding Shore Road
Troutman, North Carolina
28166

Cell PH: 336-210-7907
Phone: 704-528-8206
Fax Number

Terry Email: olmastr@aol.com
Dianne Email: shortiekins@aol.com

FAX TRANSMITTAL FORM

To: Environmental Health Division
Name: Richard Ferris
CC
Phone: 704-664-3718
Fax: 704-662-3239

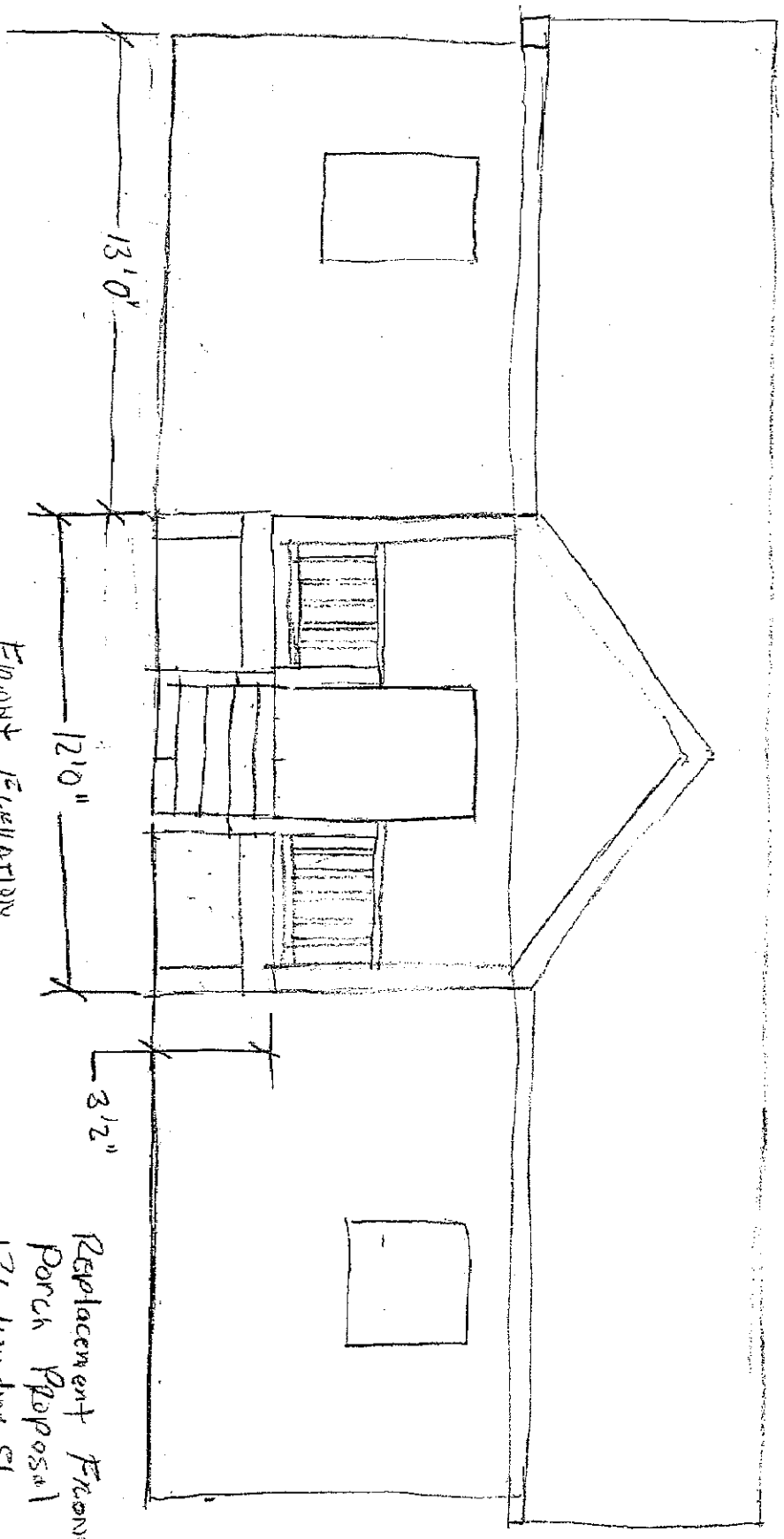
From: Dianne Elledge
Date Sent:

Number Of Pages: 5

Message:

Richard,
Here are the sketches we have to repair and replace the front & back decking as per our phone conversation.

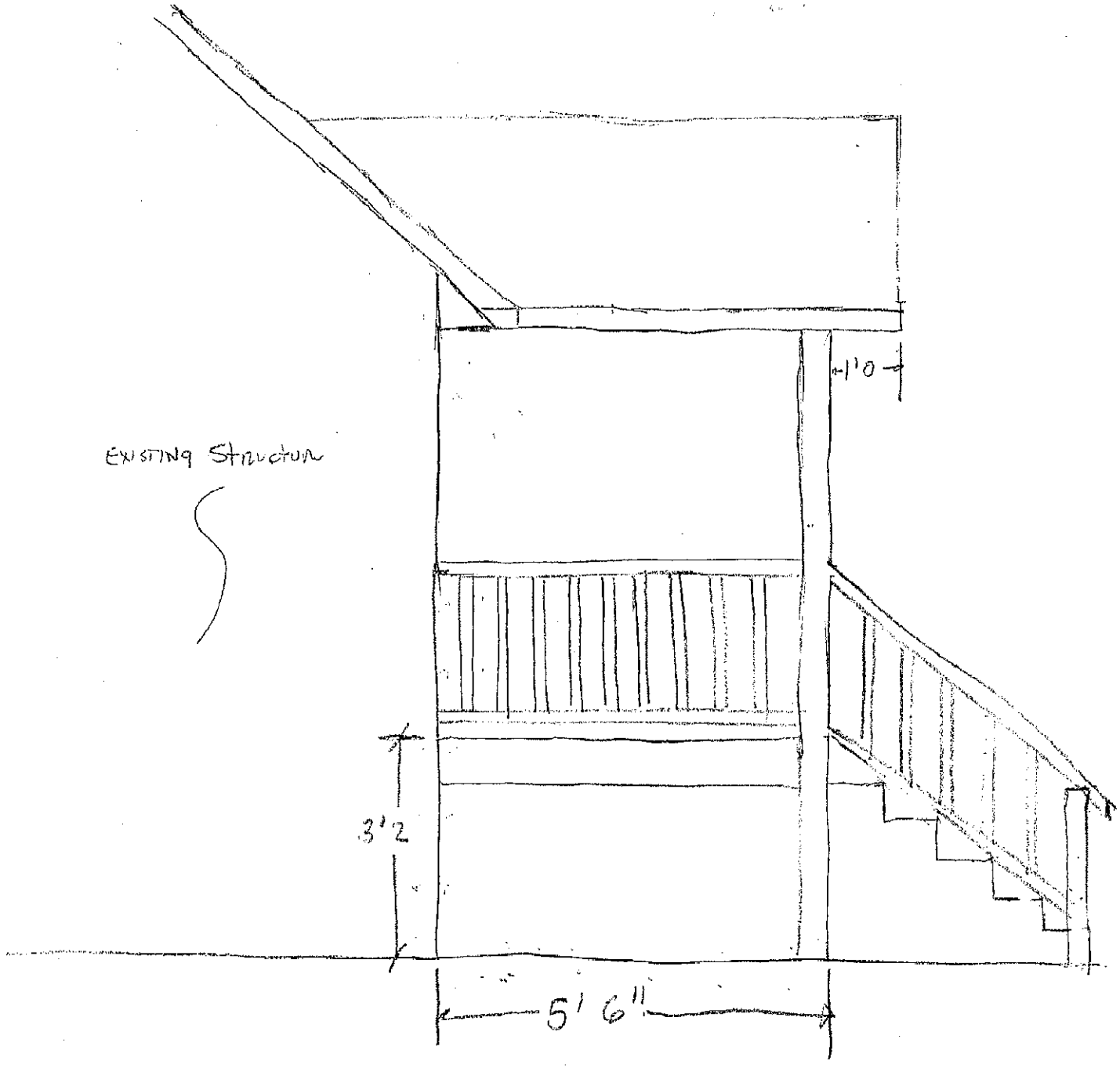
Thanks
Terry Elledge



FRONT ELEVATION

Replacement Front Porch Proposal
136 Windmill Shore Rd
Troutman N.C.

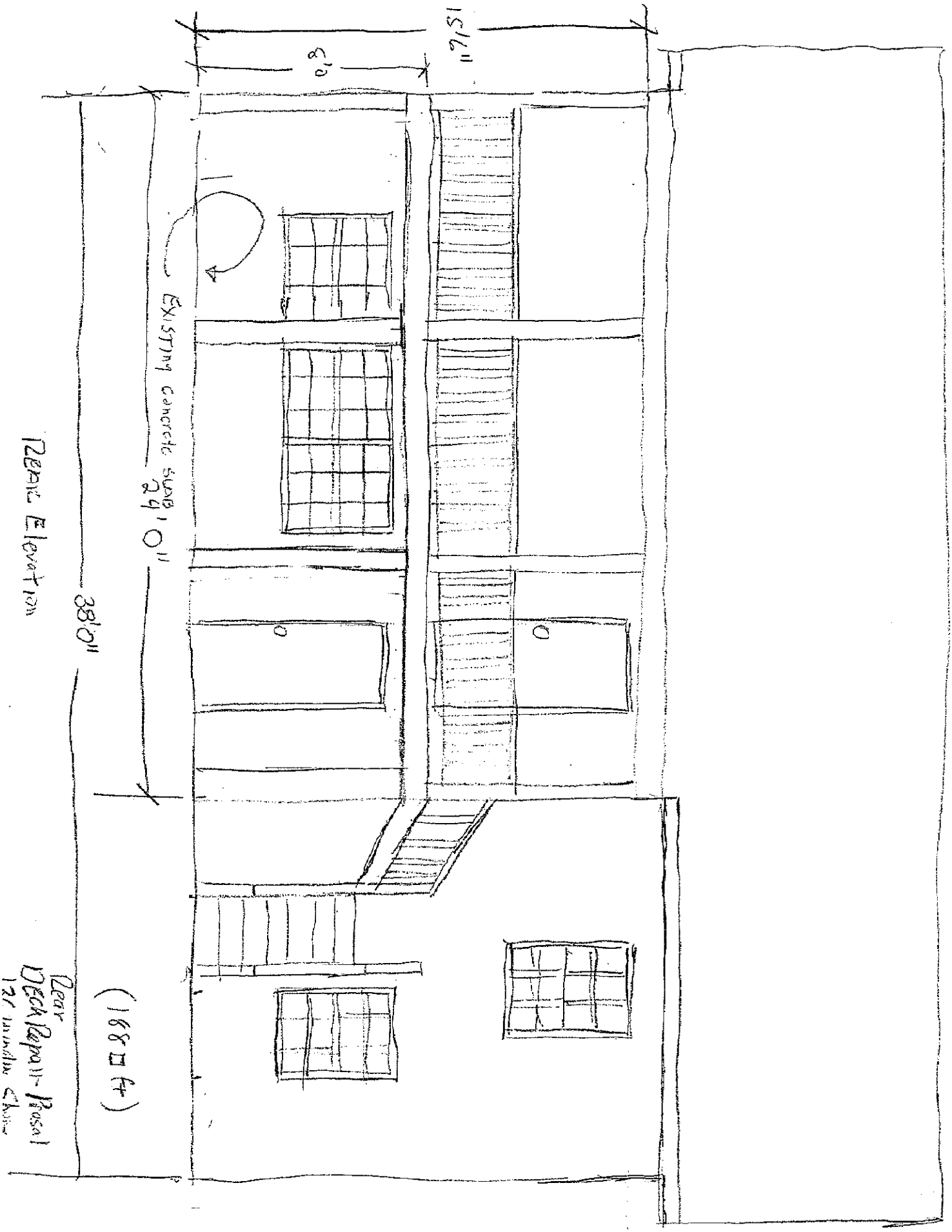
Terry Elledge
704-528-8206



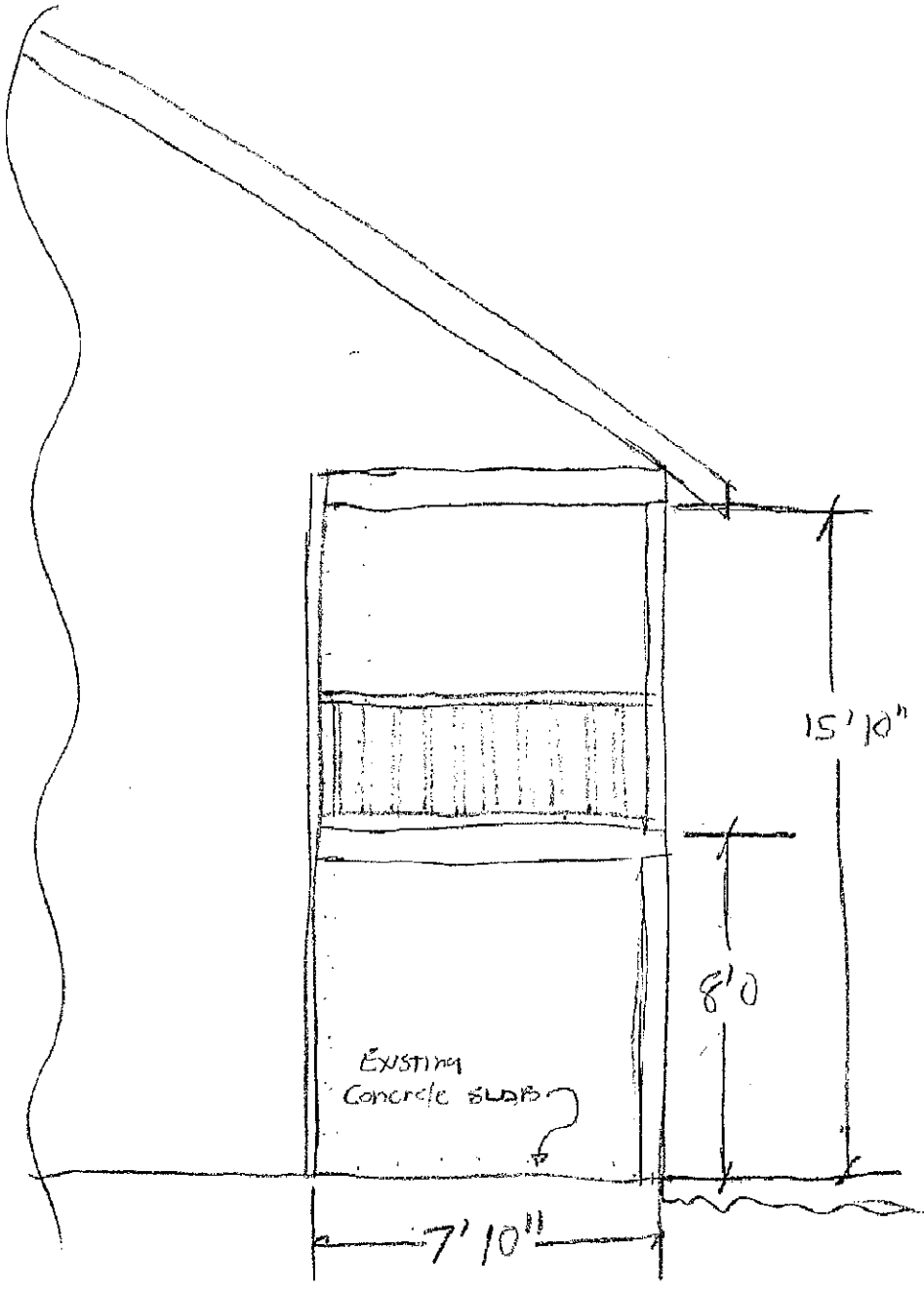
SIDE Elevation

Replacement Front Porch Proposal

136 winding Shore Rd
Troutman N.C.


8'0"
EXISTING Concrete SLAB
24' 0"
38'0"
Rear Elevation
Rear Deck Expansion Proposal
(168 sq ft)

Terry Elledge
704-528-8206



Side Elevation

Rear
Deck Repair
136 Winding Shore Rd
Troutman