File/Permit #: 2024-62159

SH

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

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

EXISTING SYSTEM APPROVAL

Issued by: ☒ Local Health Department ☐ AOWE ☐ Certified Inspector

☒ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☒ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☒ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Ellis Building Company
Mailing Address: 271 Cooper Farm Rd
City: Statesville
State: NC Zip: 28625
Phone #: 704-873-7373
Email: reita@toddellisinc.com

Owner: Mary Gochnauer
Mailing Address: 950 Elmwood Rd
City: Statesville
State: NC Zip: 28625
Phone #: 980-297-0594
Email:

PIN/Lot Identifier: 4783-05-1569
Property Location/Address: 950 Elmwood Rd, Statesville (No sub)

Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: 2024-62159 Design Daily Flow: 360 GPD
Number of Bedrooms: 3 Max # Occupants: 6 Other:

Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Building house in same foot print as existing house.

All of the following must be checked for approval:

***For Reconnections:**
- ☒ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☒ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☒ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☒ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☒ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☐ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions:

Inspector's Printed Name: Cory Whicher Inspector Certification #: 3014
Inspector's Signature: Cory Whicher Date: 9/25/24

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: 2024-62159 PIN/Lot Identifier: 4783-05-1569

Owner: Mary Gachnauer Property Location/Address: 950 Elmwood Rd

See attached by ICHD
9/25/24

Include the existing and proposed structures and applicable setbacks.

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

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

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

PERMIT : OSWP 2024-62159

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

PIN # 4783 -- 05 -- 1569

APPLICANT/OWNER: Ellis Building Company APPLICANT ADDRESS: 271 Looper Farm Rd, Statesville 28625

SITE ADDRESS: 950 Elmwood Rd, Statesville 28625 PHONE: ALT. PHONE

SITE DIRECTIONS: Salisbury Hwy - Elmwood SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 6.766 DESIGN FLOW: 360 gpd L.T.A.R.(Initial): EX L.T.A.R (Repair): EX

Septic Tank EX (gal) STB Date

Pump Tank EX (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EX # Lines EX Linear Ft EX

Trench Width EX *Max. Trench Depth(Initial) EX *Max. Trench Depth(Repair) EX Gravel Depth -

* Measured on the downhill side of the trench

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

System Description: EXISTING

Repair System Description: EXISTING

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

Effluent Standard: ☐ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

Usable Depth to LC (Initial): EX

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☒ Basement w/o plumbing

Usable Depth to LC (Repair): EX *Limiting Condition*

Water Supply

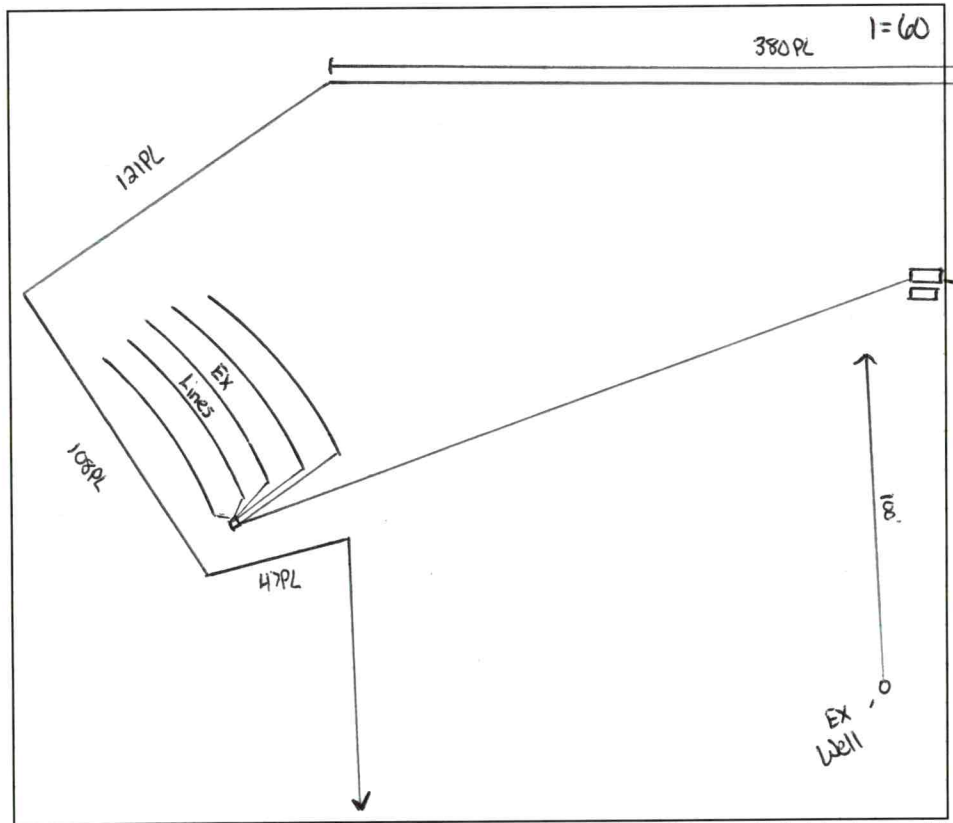
☒ Private

☐ Public

☐ Community

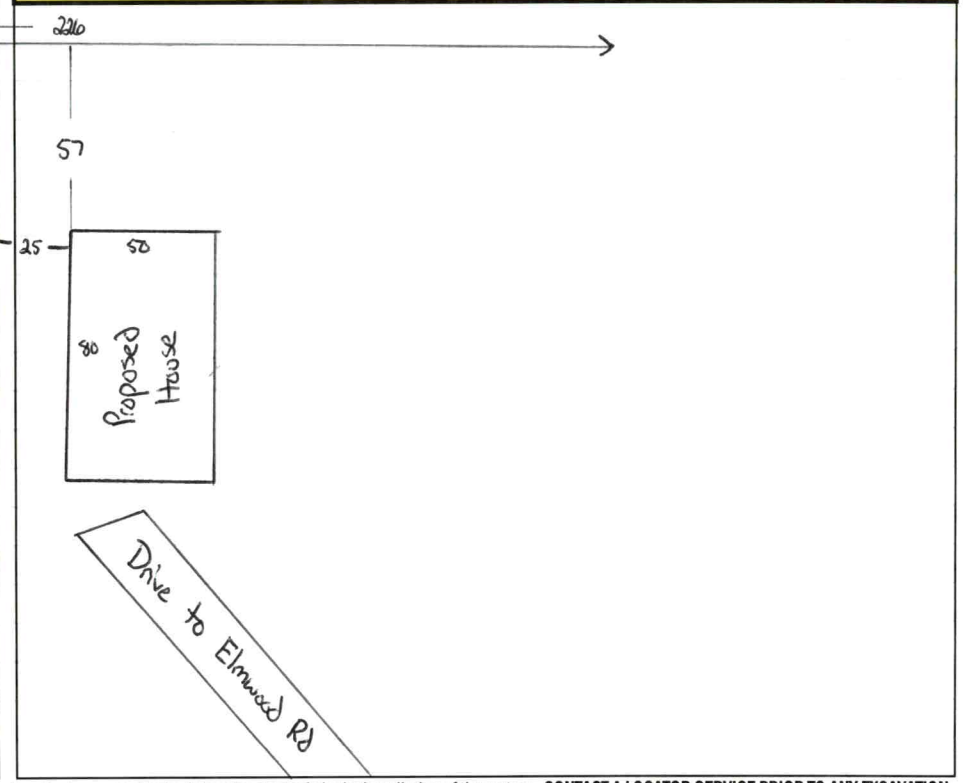
Comments / Conditions: System appeared to be working at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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.*

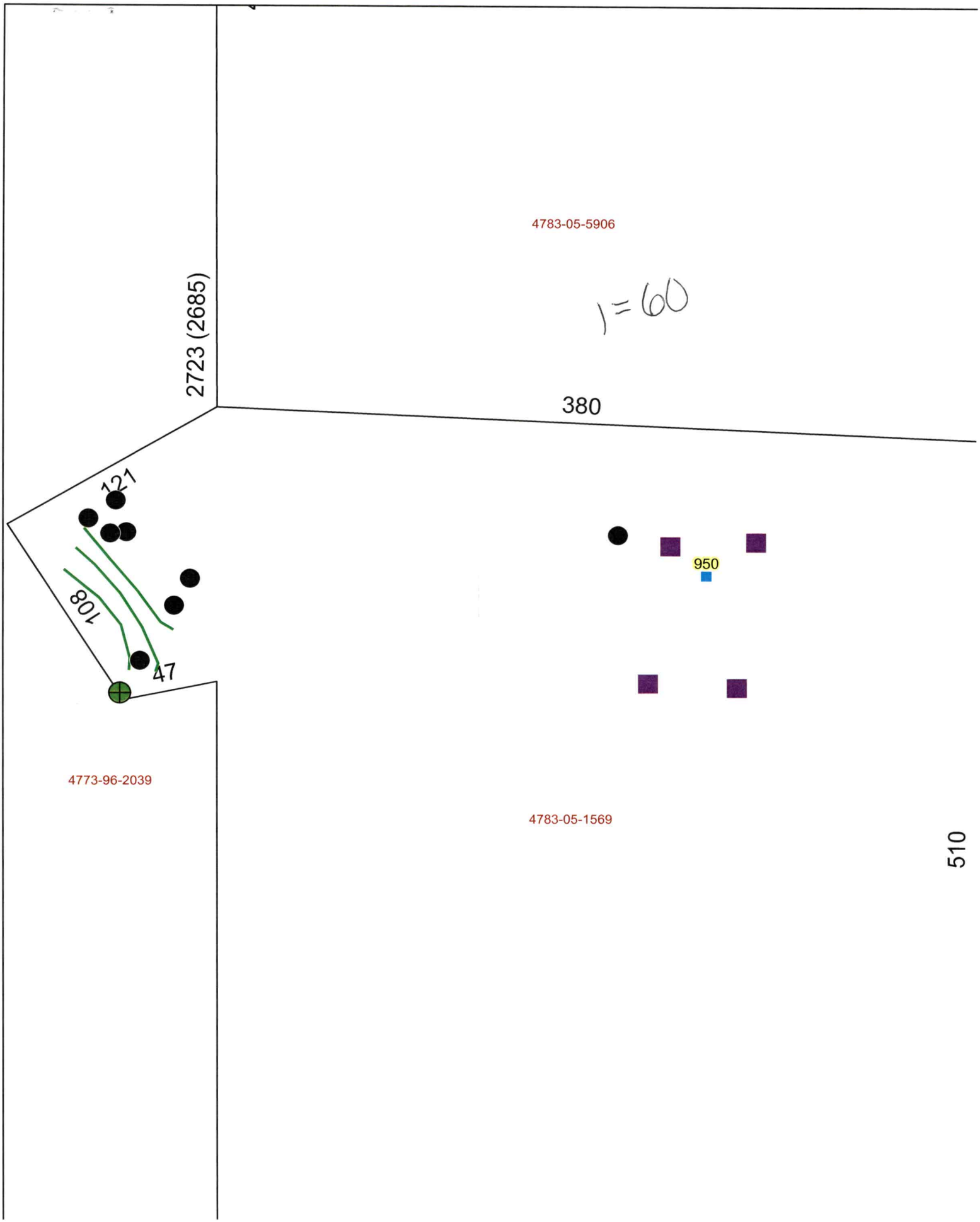
Owner / Applicant Signature: Online Signature Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Cory Wil Date: 9/25/24

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


4783-05-5906
1=60
2723 (2685)
380
121
108
47
950
4773-96-2039
4783-05-1569
510