ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 217786 311520

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

PIN # 4629 -85 -9332 ✓

APPLICANT/OWNER: John McCormick Contracting — APPLICANT ADDRESS: 115 Ashmore Circle Troutman NC 28166

SITE ADDRESS: 434 Stillwaters Rd Troutman NC 28166. — PHONE: 704 528 7983 — ALT. PHONE 412 608 8209.

SITE DIRECTIONS: Falls Park → STATE Park Dan Morrison Farm Dan Stillwaters — SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Falls Park. — SECTION: 1A — LOT # 9 — LOT AREA: 1.07 Acres. — DESIGN FLOW: 360 — L.T.A.R.: .25

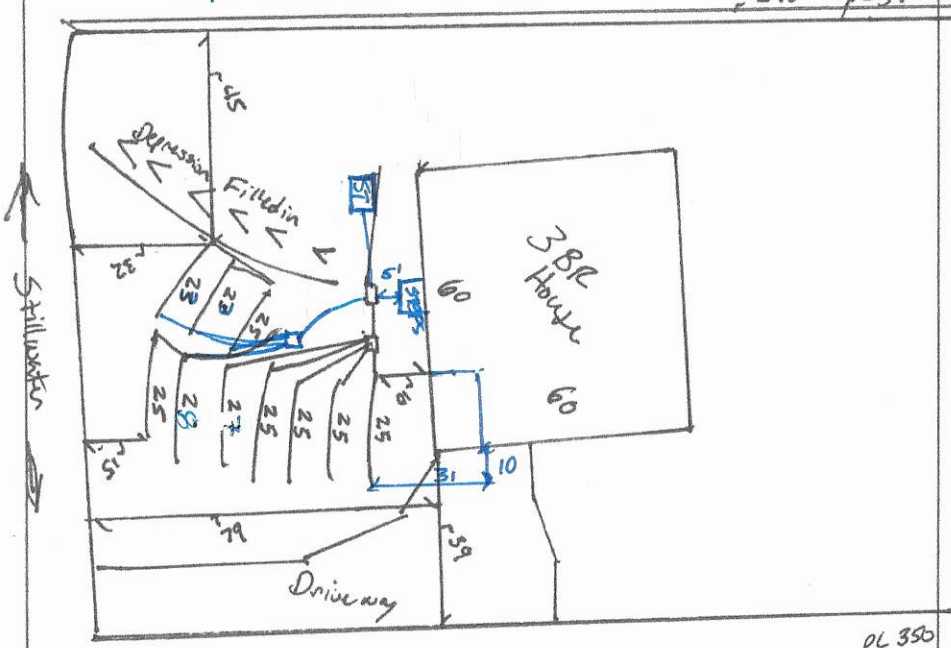
Septic Tank	1000	(gal)	STB	GST 160	Date	3/29/21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity - 50% Reduction			
Pump Make	-	Model		-	Serial #	-	Repair System Description:	PM - 25% Reduction			
# Nitrification Fields	1	# Lines		10	Linear Ft:	250	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24	Trench Bottom Depth		36 max	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply		
☐ Business	No. Persons	6	☐ Private		
☐ Other	No. Employees		☒ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install on the Contour of the land and feed each line Equally - Do not Drive, park, pave, grade or bury utilities. System not be installed in Filled Area.

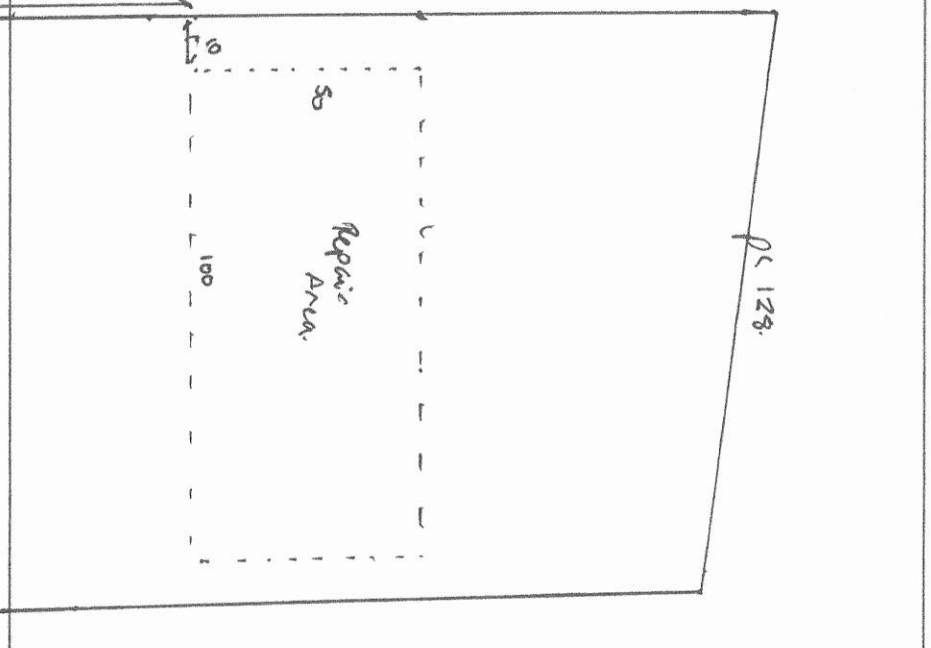
INITIAL SITE SKETCH

As Built - NTS 1"=40



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: John McCormick — Date: 11.18.2020 — Installed by: Maiden Grading

IMPROVEMENT PERMIT by: Benjamin A Bolt — Date: 11/13/2020 — OPERATION PERMIT by: D. Mekeel — Date: 5/26/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolt — Date: 11-17-2020 — Existing System Inspected by: — Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 462985 1332
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: McCranney
ADDRESS:
PROPOSED FACILITY: 3BR House
LOCATION OF SITE: 434 Shillawstr
APPLICATION DATE: 10/2020
DATE EVALUATED: 10/30/20
PROPERTY SIZE: 1 + AC
PROPERTY RECORDED: yes
PROPOSED DESIGN FLOW (.1949): 360
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	For Edge FS Close Edge	0-27	Fill	—	Fill in	48	Unsuit		For Edge of Pit In old Drainway PS .25 to Edge of Pit
		27-48	cc	VSvp					
		0-30	c SBk/SPk	SS Sp FR SEXP					
		30-48	cc SBk/SPk	SS Sp FR					
2	Side FS	0-18	SC GR/ABK	SS Sp FR SEXP	5YR 4/6	5C	—	PS	PS .25
		18-36	c ABk/SBk	S P FR					
		36-54	cc wSBk	S P FR					
3	Side FS	0-31	SC GRSBk	S P FR SEXP	5YR 4/6	49	—	PS	PS .25
		31-44	c WSBk	S P FR					
		44-49	cc WSBk	S P FR					
4	Low Side 10%	0-30	c SBk	SS Sp FR SEXP	2.5YR 4/6	49	—	Mica / Saprolite	PS .30
		30-49	CL SBk	SS Sp FR					
		49-54	LSp M	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	360
System Type(s)	TT Conv	LPP M 25%
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B. Harris
OTHER(S) PRESENT: Wilson

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

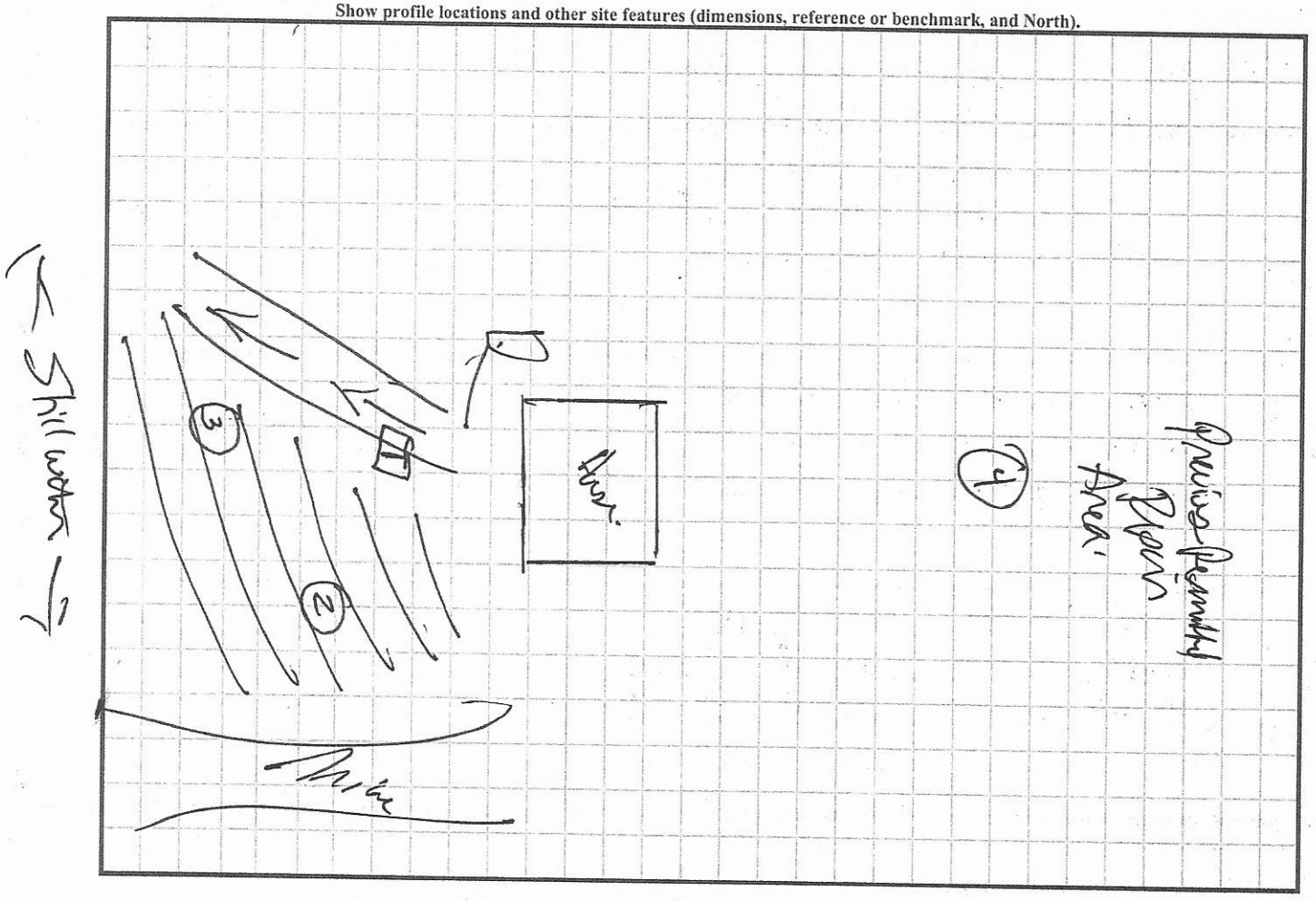
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED OCT 1 3 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

AP-311520 $500.00

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

City water

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: (PRINT CLEARLY)

Applicant Name: John R McCormick Contracting LLC Address: 115 Ashmore Cir Troutman Zip: 28166
Applicant Email: JSMCcormicke Roadrunner.com Phone: 704 528 7883 Alt. Phone: 412 608 8709
Owner Name: Mark & Susan Dooly Address: 19756 Hagen Knoll Dr, Davidson Zip: 28036
Owner Email: MPLSD1000@Gmail.com Phone: 952 484 1683 Alt. Phone: _____

Property Information:

Street Address: 434 Stillwater Rd Troutman NC 28166
Subdivision Name: Falls Park Section/Phase: _____ Lot Number: 9
Driving Directions: State Park, Lft Morrison farm, Lft Stillwater

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason: _____
City water ( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 25% Reduction

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.

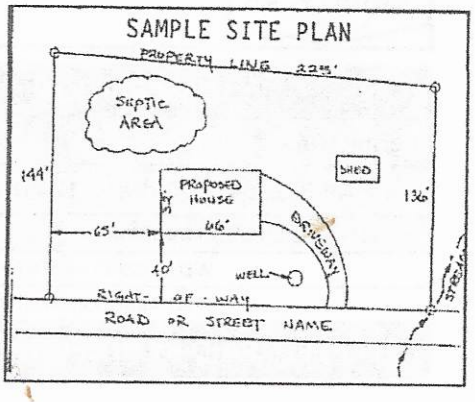
Signature: _____ 10-13-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***



Place an (X) beside each item as you complete the site plan:

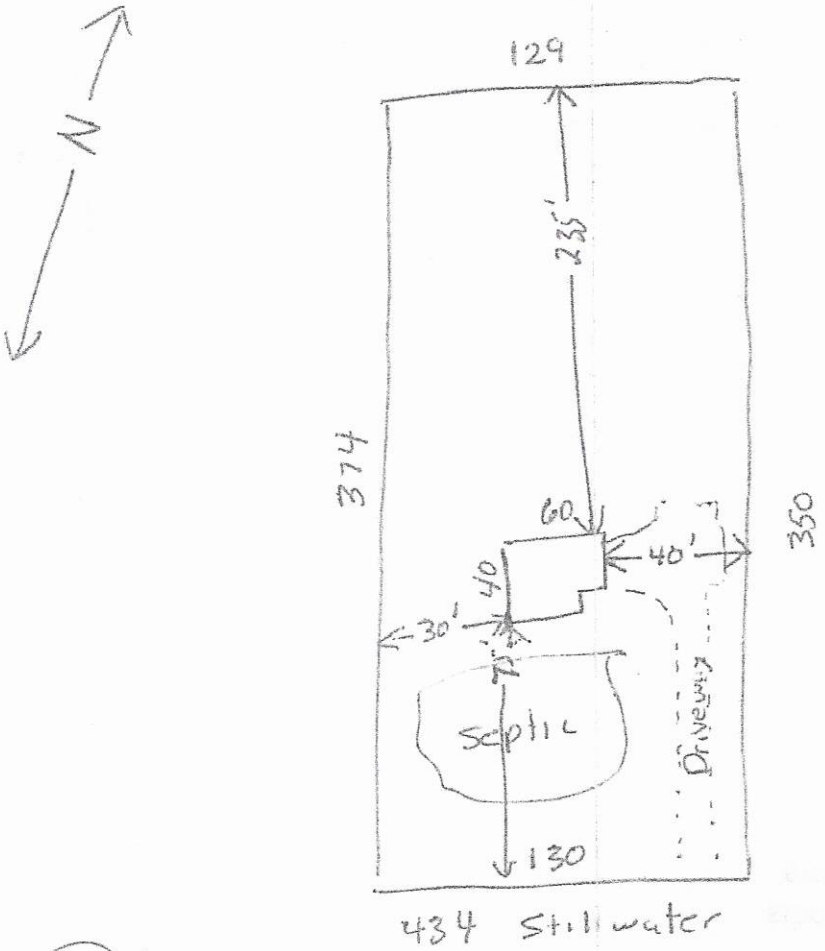
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



min Set Backs

25' Front
25' Rear
15' side

Move Septic to Front

Signature: _____

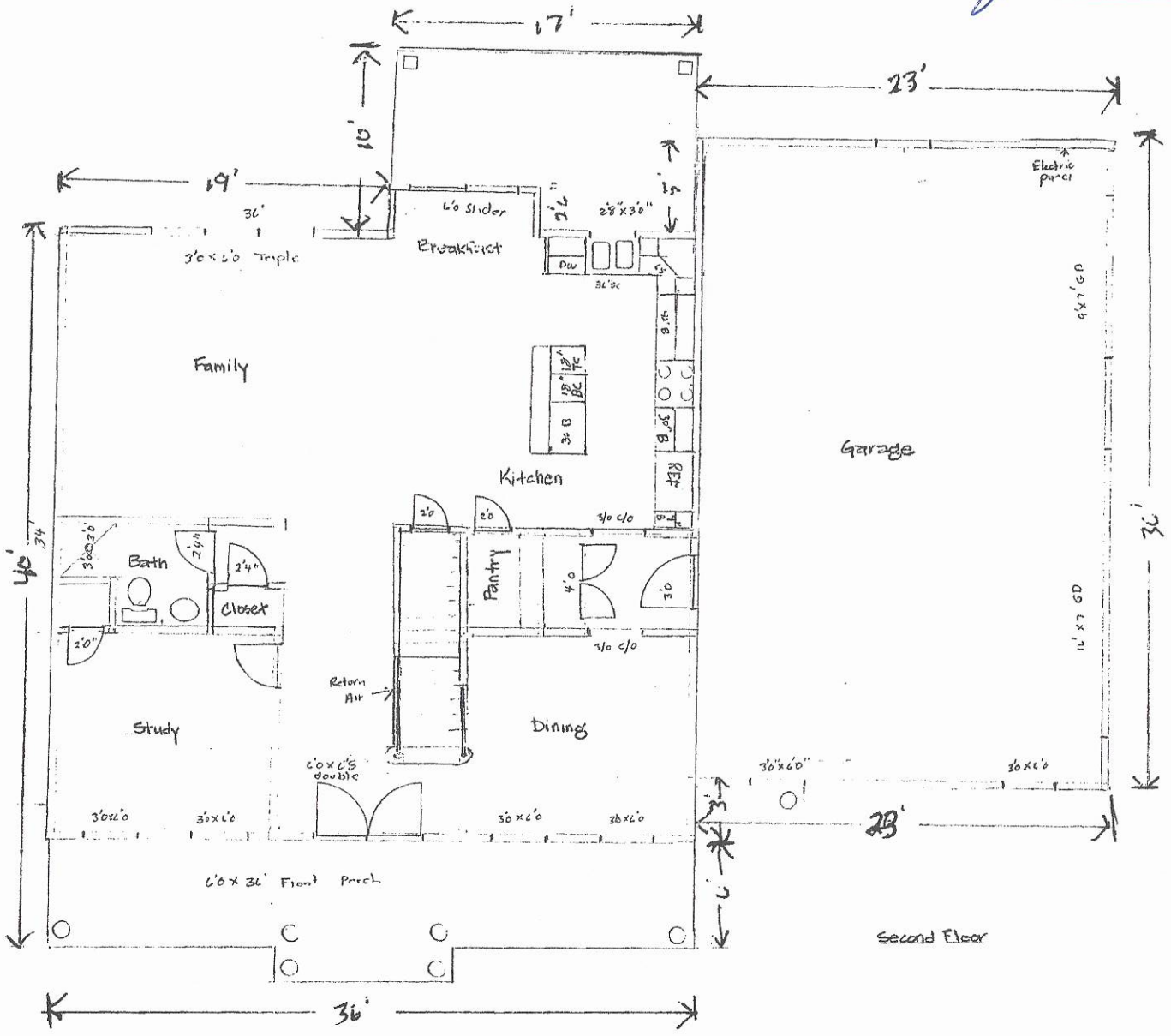
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-13-2020
DATE

Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Bess Date 11-17-2020

JR McCormick Date 11.18.20



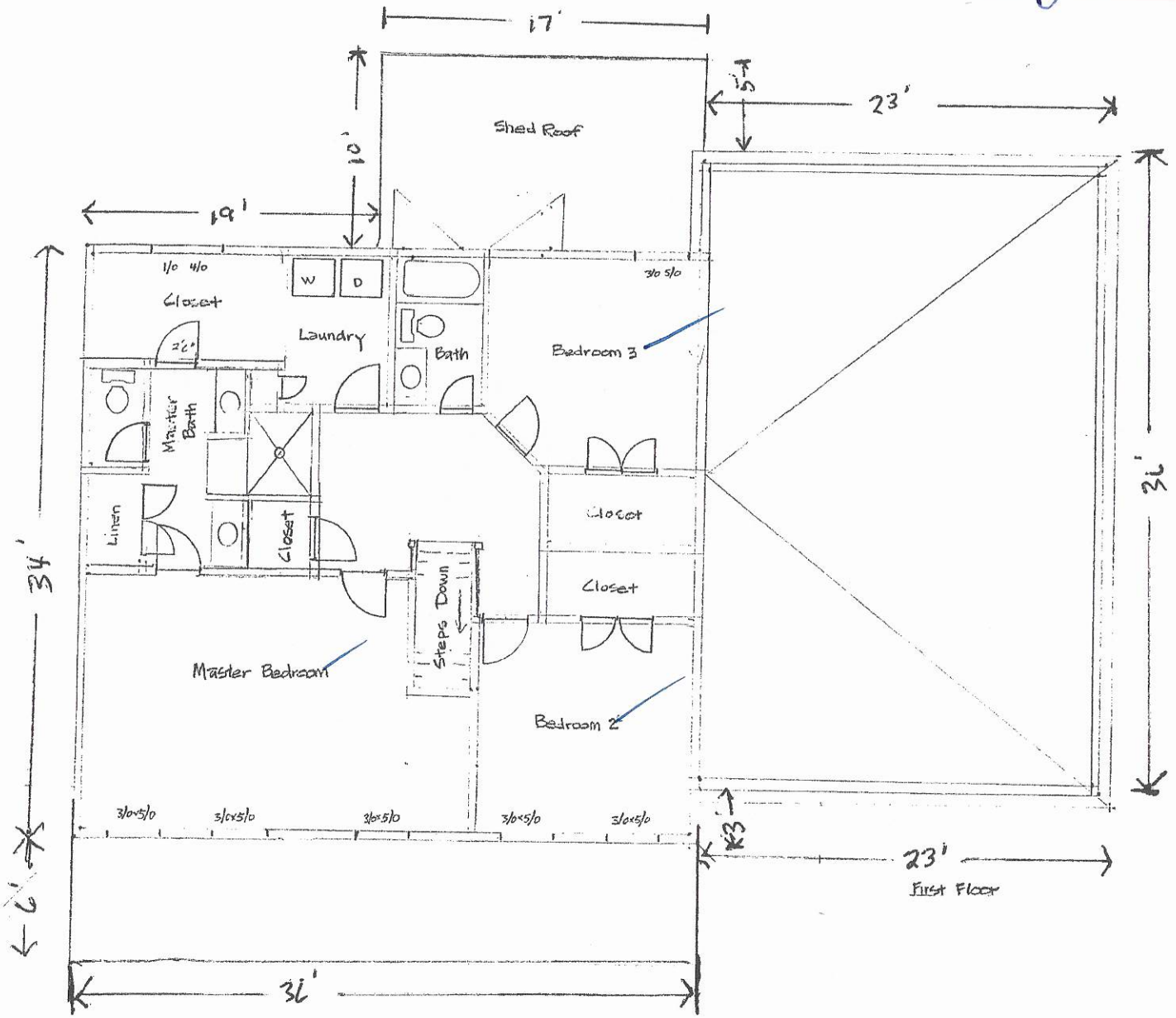
Dooly Home

John R McCormick Contract., LLC.

Acknowledgement Of
Plans Submittal ONLY!

Date 11-17-2020.

Date 11/17/20.



Dooly Home
434 Stillwater Rd
2424 ф
John R. McCormick Contract., LLC
License: 66620

Zoning Permit # 217786

Fee Waived Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	4/5/16	Tax Parcel #	4629-85-9332
	Business Name or Property Owner	Livewell Homes LLC		
	Street Address	434 Stillwater Rd		
	Business Type and/or Project Description	SFR- Septic		
APPLICANT	Applicant	The Oaks Group	Preferred Phone	704-578-4951
	Address City/State/Zip	121 Holt Ln Mooresville, NC 28117		
	E-Mail	KathleenMSaunders@gmail.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	Plans Attached	Yes ☐ No ☑
Utilities	Public WA/Septic	Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR		
Minimum Setback Requirements	Front 1' Rear 1' Right Side 1' Left Side 1' *Setback measured from nearest projecting point of structure to Property Line.*		

Comments: Perc Test Only / Hold any additional permits until Troutman Zoning is approved

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

4/5/16 Daneen Upright

Signature of Zoning Administrator

APPROVED