IREDELL COUNTY HEALTH DEPARTMENT

BB

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

PERMIT # 245639

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

PIN # 4629952140 ✓

APPLICANT/OWNER: JOHN R. MCCORMICK | APPLICANT ADDRESS: 115 ASHMORE CIRCLE, TROUTMAN, N.C. 28166

SITE ADDRESS: 454 STILLWATER ROAD, TROUTMAN, N.C. 28166 | PHONE: 412-608-8709 | ALT. PHONE 303-681-1315

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (L) ON STILLWATER, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

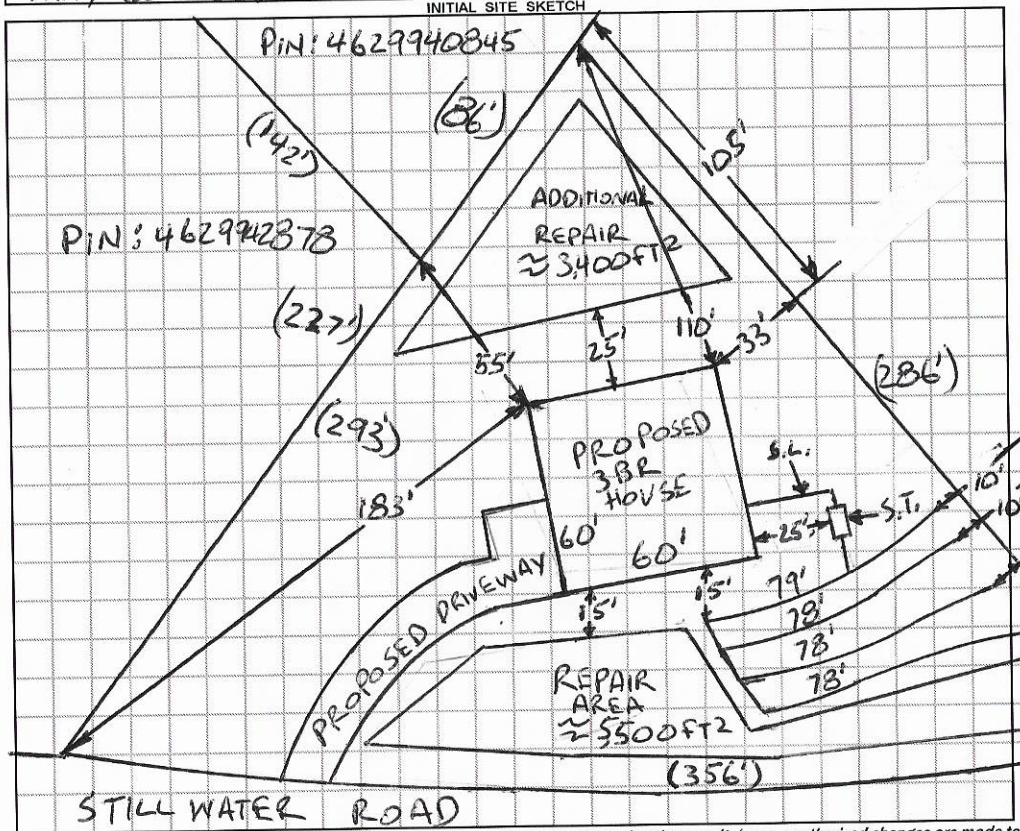
SUBDIVISION: ✓ FALLS PARK | SECTION: 2 | LOT # 12 | LOT AREA: 1.002 AC | DESIGN FLOW: 360GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	100	Date	7-17-19	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

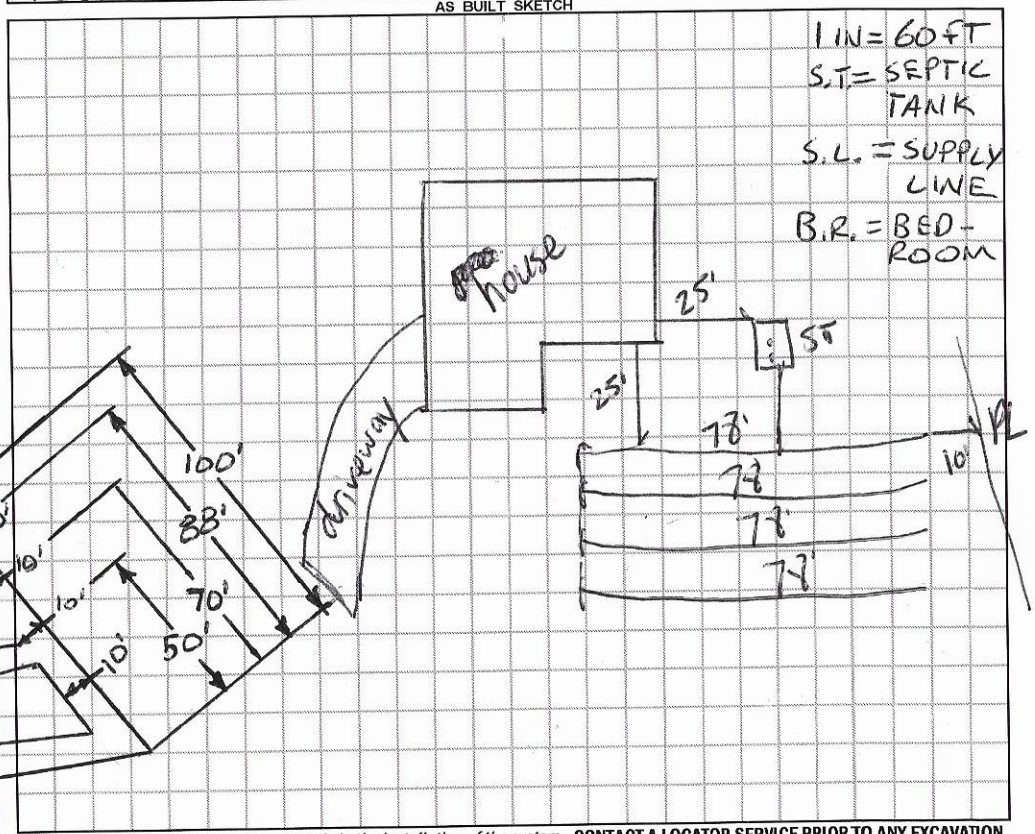
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 50FT FROM ALL WELL, FONDATION SETBACKS MAY BE REDUCED IF NO FONDATION DRAINAGE IS INSTALLED AROUND HOUSE

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.* ☑ **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: JRM | Date: | Installed by: Maiden Grading + Septic Carla C. Cave | Date: 10-2-19

IMPROVEMENT PERMIT by: Burdett C. White | Date: 7-23-2019 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Burdett C. White | Date: 7-23-2019 | Existing System Inspected by: | Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 4629952140
COUNTY: IREDELL

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

OWNER: JOHN R. McCORMICK
ADDRESS: 115 ASHMORE CIRCLE, TROUTMAN, NC 28166
APPLICATION DATE: 6-13-2019
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
DATE EVALUATED: 7-16-2019
LOCATION OF SITE: 454 STILLWATER ROAD, TROUTMAN, NC 28166
PROPERTY SIZE: 1.002 AC
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: YES
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	HEAD 10%	0-24	SC, SBK	FR, S, P, SEXP	SAP INC 24-48 0½-12" MN CONC	48"+	NA	NA	PS .3
		24-48	CL, WSBK	FR, SS, SP, SEXP					
2	NOSE 10%	0-20	SC, SBK	FR, S, P, SEXP	SAP INC 20-48 0"-8" MN CONC	48"+	NA	NA	PS .3
		20-48	CL, WSBK	FR, SS, SP, SEXP					
3	HEAD 10%	0-30	SC, SBK	FR, S, P, SEXP	SAP INC 18"-48"	48"+	NA	NA	PS .3
		30-48	CL, WSBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 5%	0-30	SC, SBK	FR, S, P, SEXP	SAP INC THRU OUT	30"	5 U VFI	NA	PS .3 ABOVE 30"
		30-48	SAP, RC	FI SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Wilder
OTHER(S) PRESENT:

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

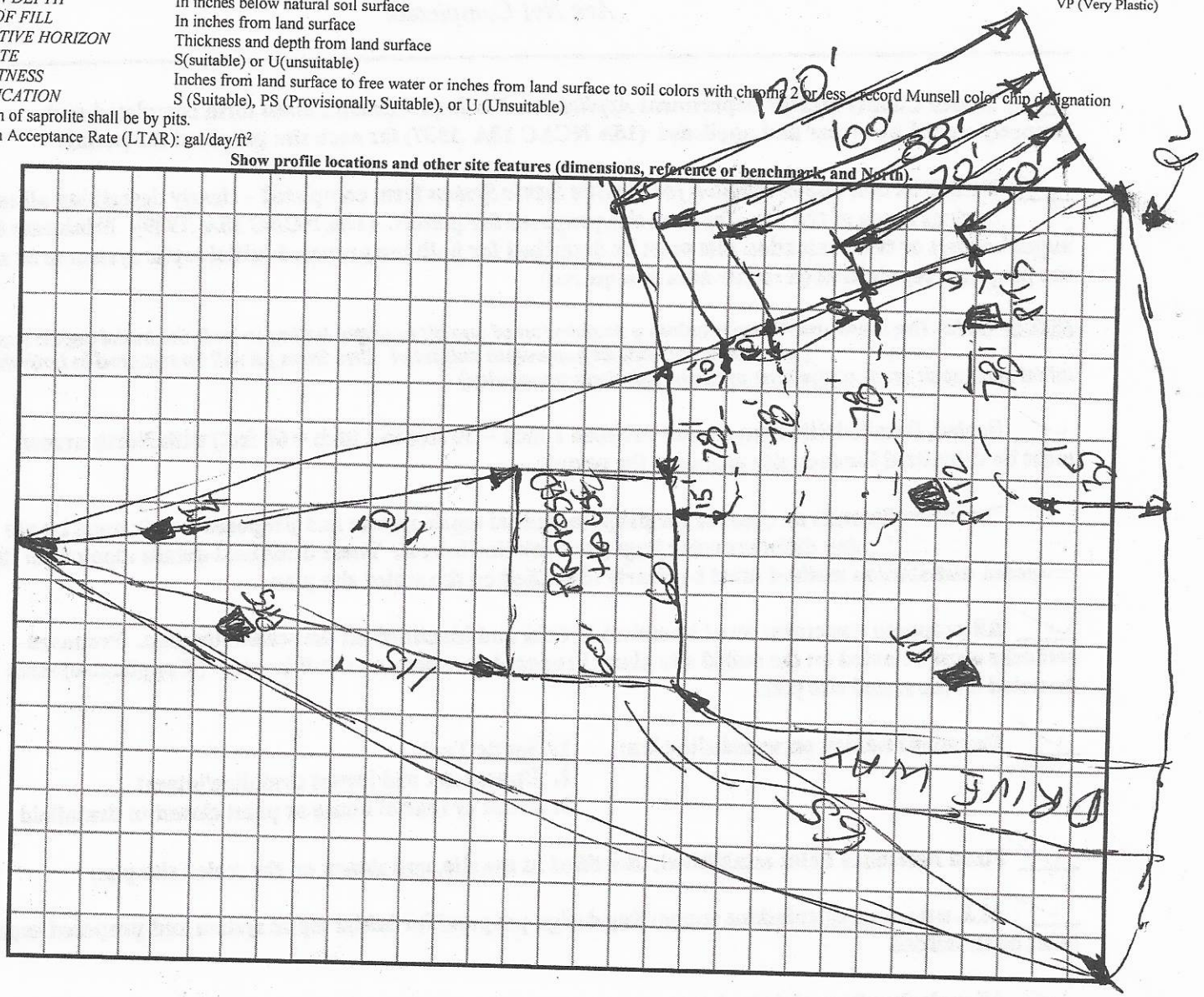
NOTES

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).



PIT							
5	LINEAR SIDE 5%	0-24	SC, SBK	FR, S, P, SEXP	SAP	NA	NA	PS 13
		24-48	CL, WSBK	FR, SS, SP, SEXP	INC THRU OUT			

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 465-995-2140
DATE OF EVALUATION: 2-16-2017
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LINEAR SIDE 5%	0-24	SC, SBK	FR, S, P, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		24-48	CL, W SBK	FR, SS, SP, SEXP					

2014

DESIGN SPECIFICATIONS

___ Stillwater Road – Lot 12 Falls Park Subdivision

Daily design flow	480 gpd.
Septic tank size	1000 gal.
Pumping tank size	1000 gal.
Initial system	424' of 25% reduction
Effluent loading rate, Initial system	0.3 gpd/ft^2 (slightly lower for distribution balance)
Total length and diameter of supply pipe	approx. 90 ft. 2" sch 40 PVC
Number and length of laterals	4 total – 1 @88', 3 @112' end-fed **(Note*)**
Trench depth	24" maximum on low side
Flow rate through the system	20.6 gpm from 3 each ½" sch 80 taps and 1 each 3/8" sch 40 tap from a 3" manifold
Tank depth	7.0'
Elevation head	approx. 11.8' (to be verified by installer after tanks are set)
Pressure head	2.0'
Friction head	2.5'
20% contingency	3.3'
Total head	19.6'
Pump requirements	20.6 gpm at 19.6' of head; use Goulds WE03M pump, pump and compatible panel or equivalent
Dosing volume	240 gal. – 2.0 doses/day at design flow
Depth of water pumped per dose	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump run per dose	approx. 11.6 min.
Check valve	yes
Siphon break hole	no
Effluent loading rate, Repair system	0.3 gpd/ft^2
Repair system	low pressure T & J Panel designated on site plan as 46', 62', 79', 72', 70'
Design constraints	remove old berms/terraces
Protected zone	there has to be a 25' protected zone between the lowest septic line and any drain, and 15' to any cut greater than 2'.

***This is a 2 tap size manifold**

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Lot #: 12
File #:
AppID:

Owner: Falls Park, LLC
Address:
Proposed Facility: SFR
Design Flow (.1949) 480
Location of Site: Lot 12 Falls Park
Applicant: Same
Date Evaluated: 5/8/14
Property Size: 1.002
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #:	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941: 1941 Structure/ Texture	1941 Consistence/ Mineralogy	b. PROFILE FACTORS: 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr. Horiz.	Profile Class & LTAR
1	L	0-32	Mo SBK C	FR SS/SP	Red				0.3
		32-41	Mo SBK CL	FR SS/SP	Red ; F sap				
		41-48	WK SBK CL	FR SS/SP	R yel; C sap				
2	L	0-30	Mo SBK C	FR SS/SP	Red				0.3 to 36"
		30-36	WK SBK CL	FR SS/SP	Red; C sap, F yel Br WR				
		36"	AR						
3	L	0-34	Mo SBK C	FR SS/SP	Red				0.3
		34-48	WK SBK C	FR SS/SP	Red; F sap				
4	L	0-24	Mo SBK C	FR SS/SP	Red				0.3
		24-36	Mo SBK CL	FR SS/SP	Red ; F Sap				
		36-42	WK SBK CL	FR SS/SP	Red; C Sap				
		42-52	Ma SL Sap	FR ns/np	yel R				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	LPP PS
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present:

18" TBD

Please CALL prior to inspection

Name: John McCormick

Number: 412-608-8709

7.8.19
$500.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (x) 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: (PRINT CLEARLY)

Applicant Name: John R McCormick Address: 115 Ashmore Cir Troutman Zip: 28166
Applicant Email: jsmccormick@roadrunner.com Phone: 4126088709 Alt. Phone: _____
Owner Name: Brandin Chacon/Sarah Drake Address: 16950 Hugh Torance Pkwy Zip: 28078
Owner Email: chaconbrandin@gmail.com Phone: 3036815315 Alt. Phone: _____

Property Information:

Street Address: 454 Stillwater Rd Troutman NC 28166
Subdivision Name: Falls Park Section/Phase: 2 Lot Number: 12
Driving Directions: State Park Left on Morrison Farm Left on Stillwater

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

(x) 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: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2196 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) 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 (x) No Does the site contain any jurisdictional wetlands?
( ) Yes (x) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (x) 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: _____ 6.13.19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

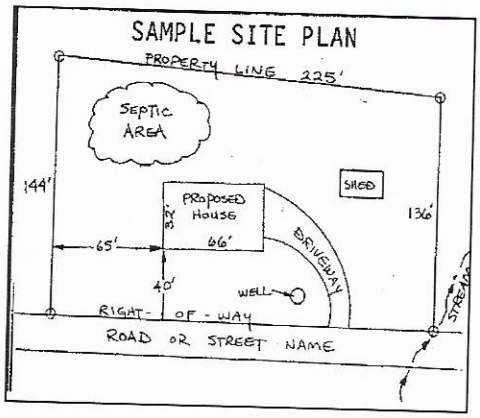
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***

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

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) 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

See attached

Signature: _____ 6-13-19

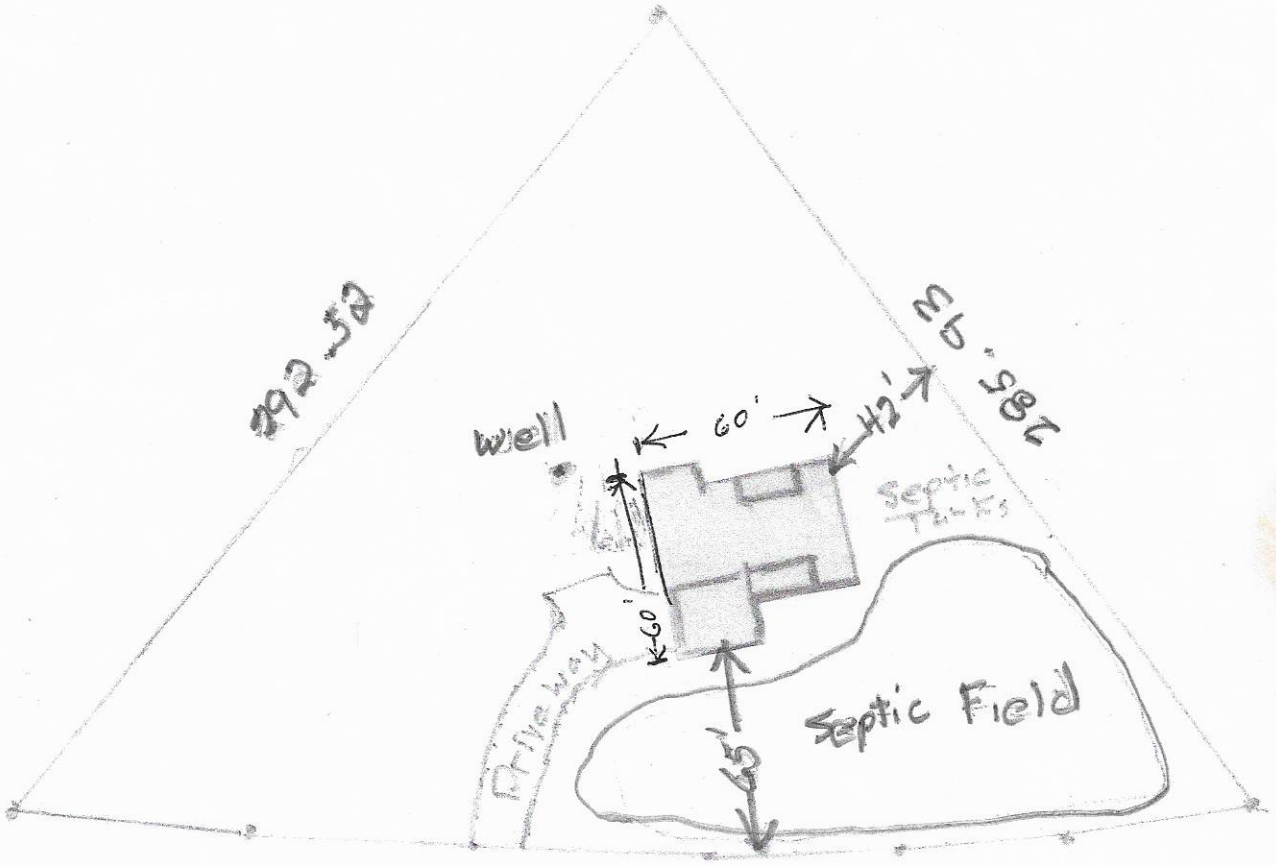
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Comprehensive relayout - $500

John R McCormick Contracting LLC
Phone 704 528 7883
Cell 412 608 8709

Charcon Residence
Lot 12
454 Stillwater Rd
Troutman NC 28166

Approx 1" = 60'



Stillwater Rd

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Sarah Drake, am the legal owner(s) of the property located at 454 Stillwater Dr., identified as

PIN (Parcel Identification Number) 4629952140, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** John R. McCormick Contracting LLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

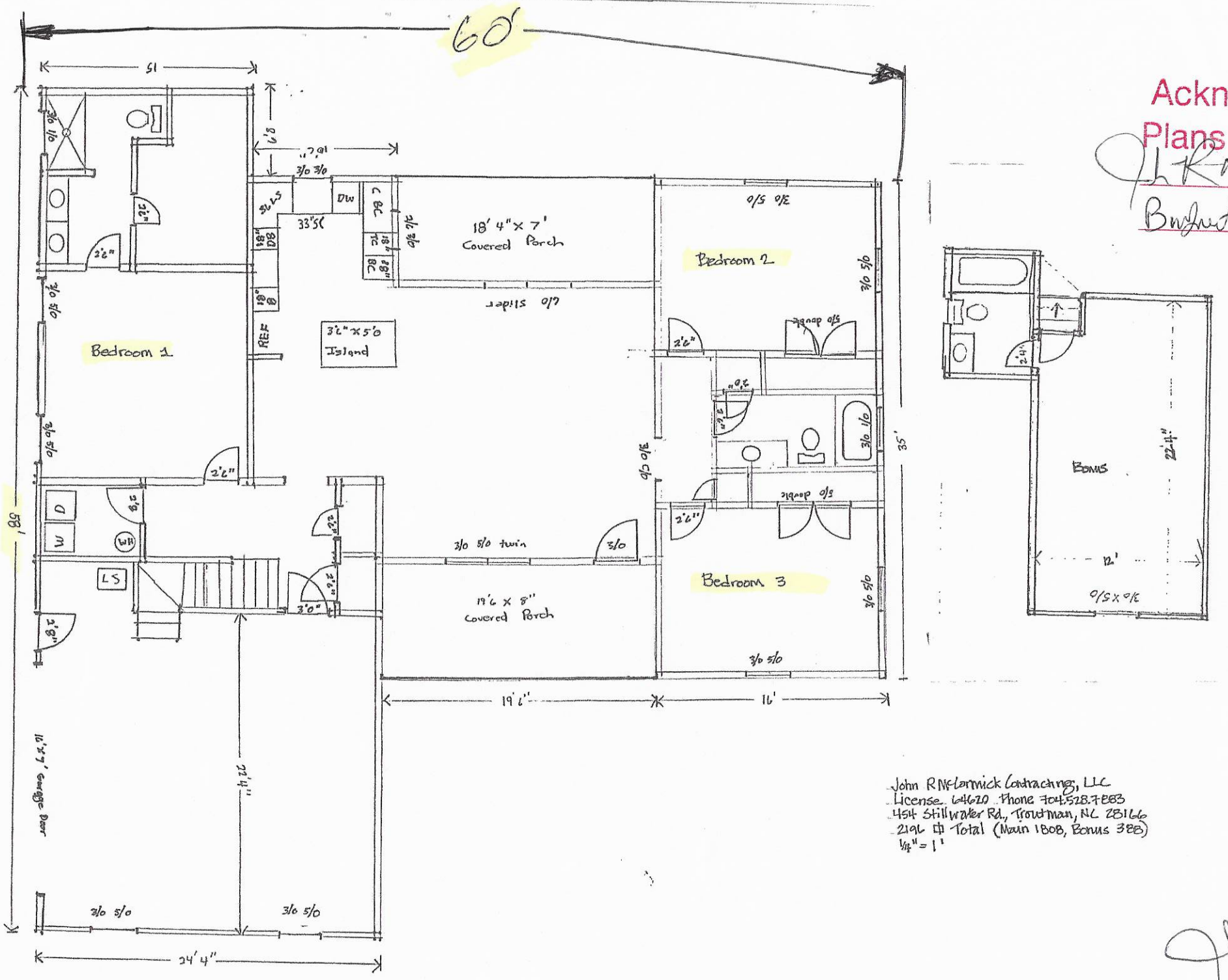
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Sarah Drake
Signature of Owner(s)

6-13-19
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



Acknowl
Plans Su

John R McCormick Contracting, LLC
License 64620 Phone 704.528.7883
454 Stillwater Rd., Troutman, NC 28166
2196 ☐ Total (Main 1808, Bonus 388)
1/4" = 1'

Zoning Permit # 245639
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	06.13.19	Tax Parcel #	4629952140
	Business Name or Property Owner	John R. McCormick Contracting, LLC		
	Street Address & Lot Number	#5 454 Stillwater Rd Troutman, NC 28166		
	Business Type and/or Project Description	single family home		
APPLICANT	Applicant	John McCormick	Preferred Phone	4126088709
	Address City/State/Zip	115 Ashmore Cir. Troutman, NC 28166		
	E-Mail	jsmccormick@roadrunner.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. 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	TL ☑ ETJ ☐	Plans Attached	Yes ☑ No ☐
Utilities	Public WA / Septic		Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR			
Minimum Setback Requirements	Front 25', Rear 25', Left Side 15', Right Side 15'. *Setback measured from nearest projecting point of structure to Property Line.*			

Comments: 1 large Canopy tree per 5,000 sqft. min, 50% of the required trees must be located in front yard.

The preservation of existing healthy trees preferred to new plantings

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.

JLRM

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.

Danielle Upright

Signature of Zoning Administrator