ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (1) Mooresville Office (704) 660-3625 (BB)

PERMIT # 307941

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

PIN # 4720961961a9

APPLICANT/OWNER: John McCormick

APPLICANT ADDRESS: 115 Ashmore Cir

SITE ADDRESS: 443 Hicks Creek Rd, Trautman 28166

PHONE: 412-603-8709 ALT. PHONE —

SITE DIRECTIONS: 115 S → R old Mountain Rd → L East Monbo → L Hicks Creek → on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Daniel + Renea Carrig property

SECTION: — LOT # 3 LOT AREA: 4ac

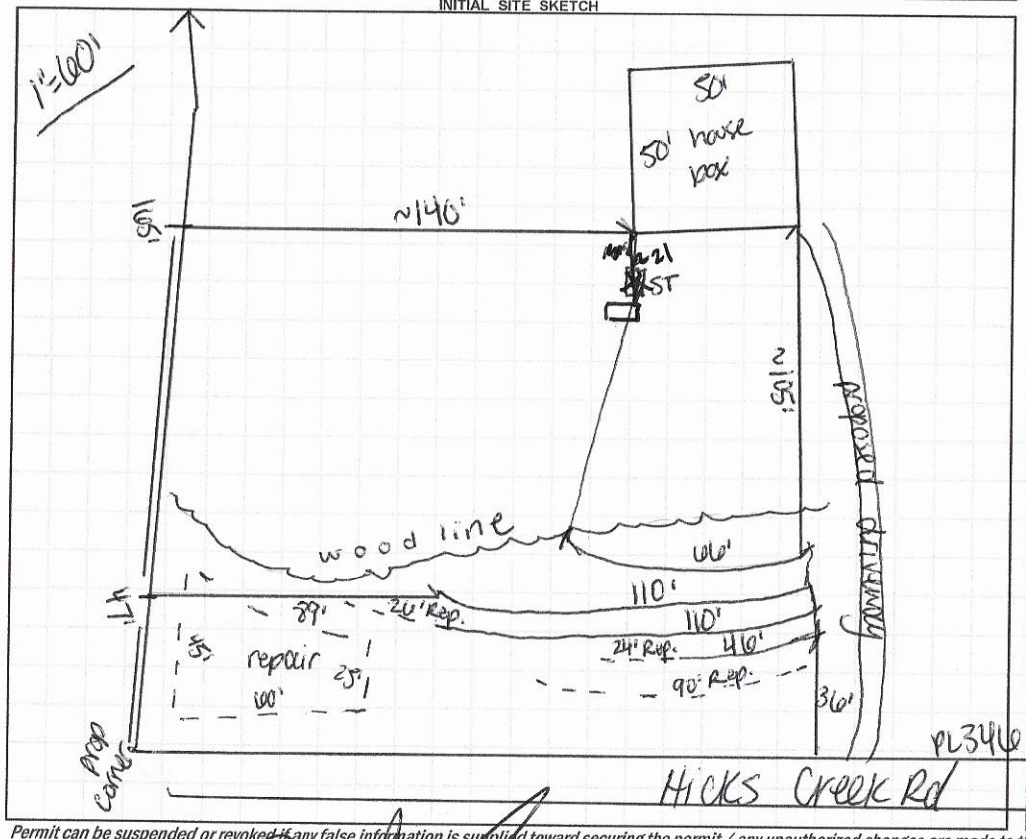
DESIGN FLOW: 360gpd L.T.A.R.: .275 (.25R)

Septic Tank	1000	(gal)	STB 160	Date	8-31-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank		(gal)	PT	Date		System Description:		25% reduction	
Pump Make		Model		Serial #		Repair System Description:		RPBPS (50% red.)	
# Nitrification Fields	1	# Lines	4	Linear Ft	330'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth (~~Low side~~)		36" max	Gravel Depth —		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	10	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

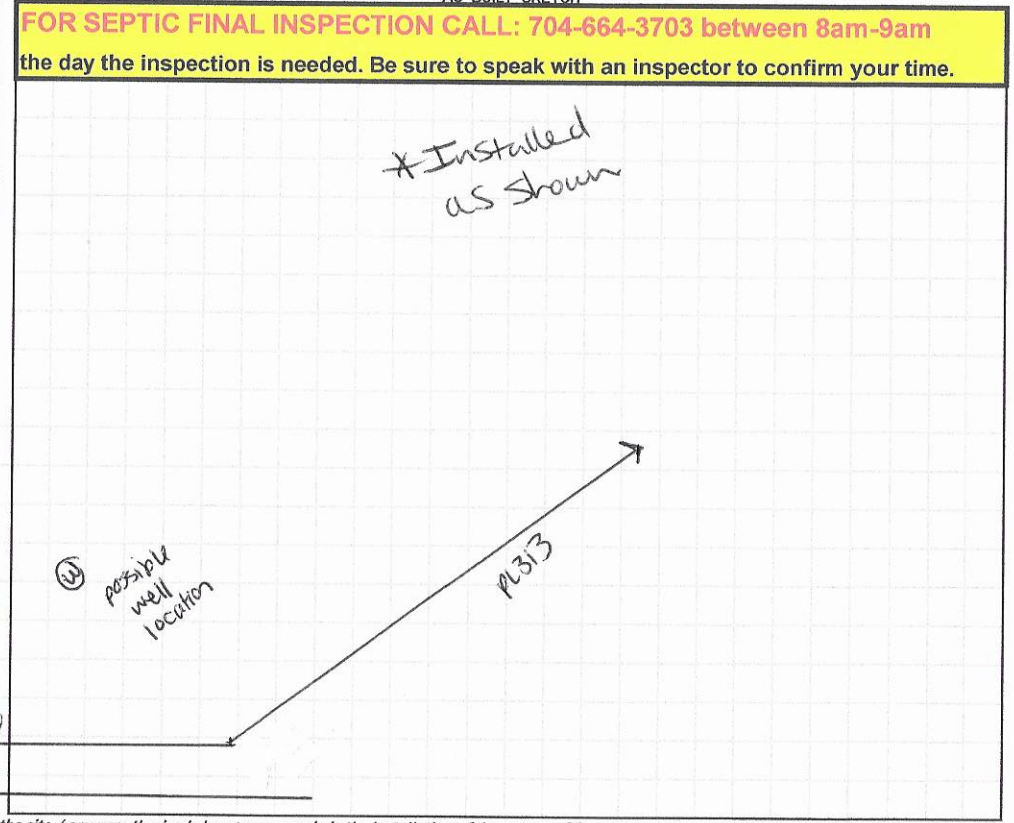
Comments / Conditions: Install on contour + utilize serial distribution. Do not exceed max depth of 36".

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: [signature] Date: 6-24-20 Installed by: Maiden Grading & Septic

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 6-23-20 OPERATION PERMIT by: Benjamin A. Botts Date: 11-18-2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 6-23-20 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 #: 4709694849
COUNTY: Iredell

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

OWNER: John Melomick
ADDRESS: 115 Ashmore Ct
APPLICATION DATE: 6-4-20
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
DATE EVALUATED: 6-23-20
LOCATION OF SITE: 943 Hicks Creek
PROPERTY SIZE: 4 ac
PROPERTY RECORDED: 4
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	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	L 12%	0-6	GR SCL	FR SS SP SBK	litho mots throughout few sap inc incl	52"	-	-	PS .275
		6-39	SBK C	" "					
		39-52	SBK CL	" "					
2	L 12%	0-13	GR SCL	FR SS SP SBK	many sap inc incl	49"	-	-	PS .275
		13-39	SBK C	" "					
		39-49	SBK CL	" "					
		49-54	L SAP	VFR					
3	L 12%	0-6	GR SCL	FR SS SP SBK	many sap inc some incl firm	39"	PS	-	PS .25
		6-27	SBK C	" "					
		27-39	ABK CL	" "					
		39-60	L SAP	FR/FI					
4	L 12%	0-6	GR SCL	FR SS SP SBK	few litho mottles	48"	-	-	PS .275
		6-32	SBK C	" "					
		32-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330'	240'
System Type(s)	25%	50%
Site LTAR	.275	.23

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

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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	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.

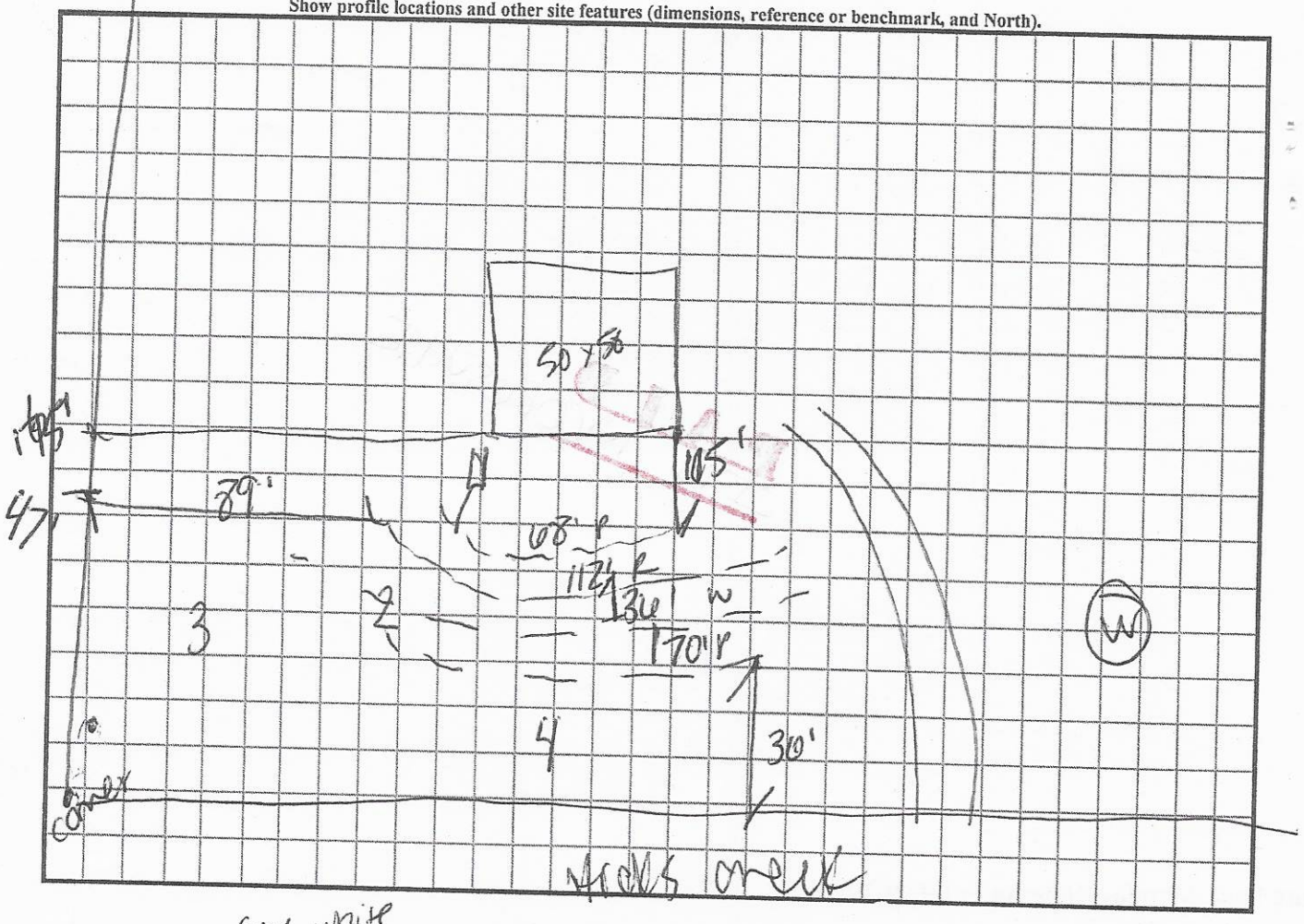
NOTES

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).



Same white as rep?

lines next to woodline went to keep woods

70 110 110 110 110 40

RECEIVED JUN 04 2020 AP-307941 $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:
- [X] New Well Permit
- [ ] Well Repair Permit
- [ ] Well Abandonment
- [X] 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
- [ ] Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: John R McCormick Const. Address: ~~443 Hicks Creek Rd~~ 115 Ashmore Cir Zip: 28166

Applicant Email: jsmccormick@roadrunner.com Phone: 412.6088709 Alt. Phone: 704.528.7883

Owner Name: Steve Peterson Address: _____ Zip: 28166

Owner Email: gonefishn8903@att.net Phone: 704.740.6964 Alt. Phone: 704-740-6767 Alyssa Steve

Property Information:

Street Address: 443 Hicks Creek Rd, Troutman, NC 28166

Subdivision Name: N/A Section/Phase: _____ Lot Number: 3

Driving Directions: Hicks Creek Rd.

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

CHECK FOUNDATION TYPE

- [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: 2
- [ ] Swimming Pool
- [ ] Other Addition/Structure: _____

- [X] Crawl Space Foundation
- [ ] Concrete Slab Foundation
- [ ] Basement with Plumbing
- [ ] Basement without Plumbing

Non-Residential Site Development: Type of Business: _____

Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply:
- [ ] Replacement Well – Reason: _____
- [ ] Multi-connection Well Number of Houses: _____ Number of Persons: _____
- [X] 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: _____

( ) 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: _____ 6/3/2020

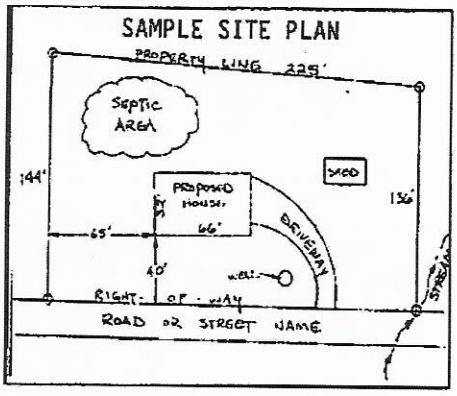
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) 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

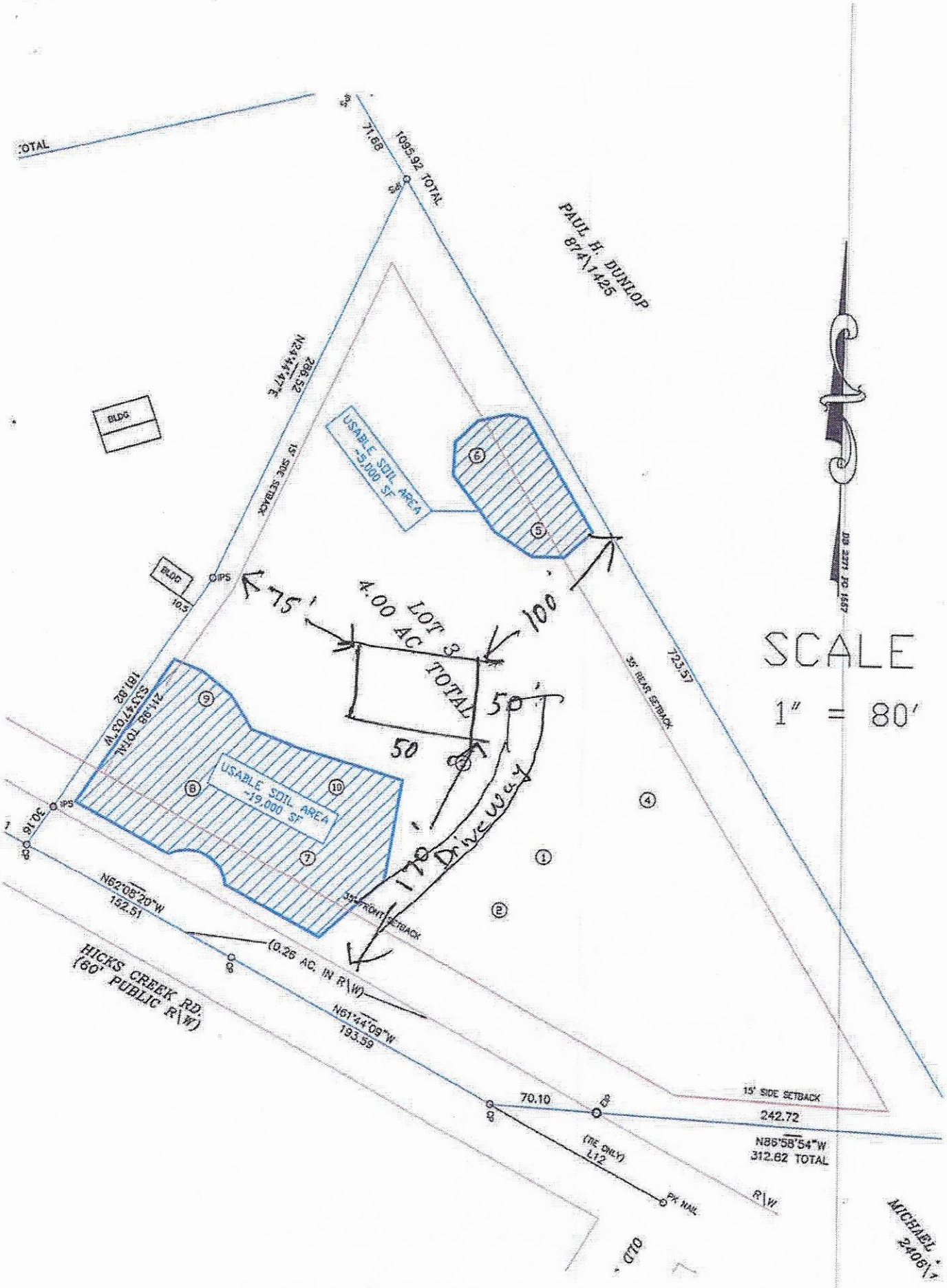
See Attached

Signature: _____

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

6-3-2020

DATE


TOTAL
71.68
1095.92 TOTAL
PAUL H. DUNLOP
874\1425
N24°44'47"E
286.52
15' SIDE SETBACK
BLDG.
USABLE SOIL AREA
~5,000 SF
BLDG.
10.3
IPS
75'
4.00 AC. LOT 3
TOTAL
100'
50'
50'
35' REAR SETBACK
723.57
SCALE
1" = 80'
S33°47'03"W
211.98 TOTAL
181.82
USABLE SOIL AREA
~19,000 SF
IPS
30.16
170' Driveway
35' FRONT SETBACK
N62°05'20"W
152.51
(0.26 AC. IN R\W)
HICKS CREEK RD.
(60' PUBLIC R\W)
N61°44'09"W
193.59
70.10
15' SIDE SETBACK
242.72
N86°58'54"W
312.62 TOTAL
(TIE ONLY)
L12
PK NAIL
R\W
OLD
MICHAEL
2406\1

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, Stan Peterson, am the legal owner(s) of the property located at 443 Hicks Creek Rd, Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4720969669.000, located in Iredell County, North Carolina.

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

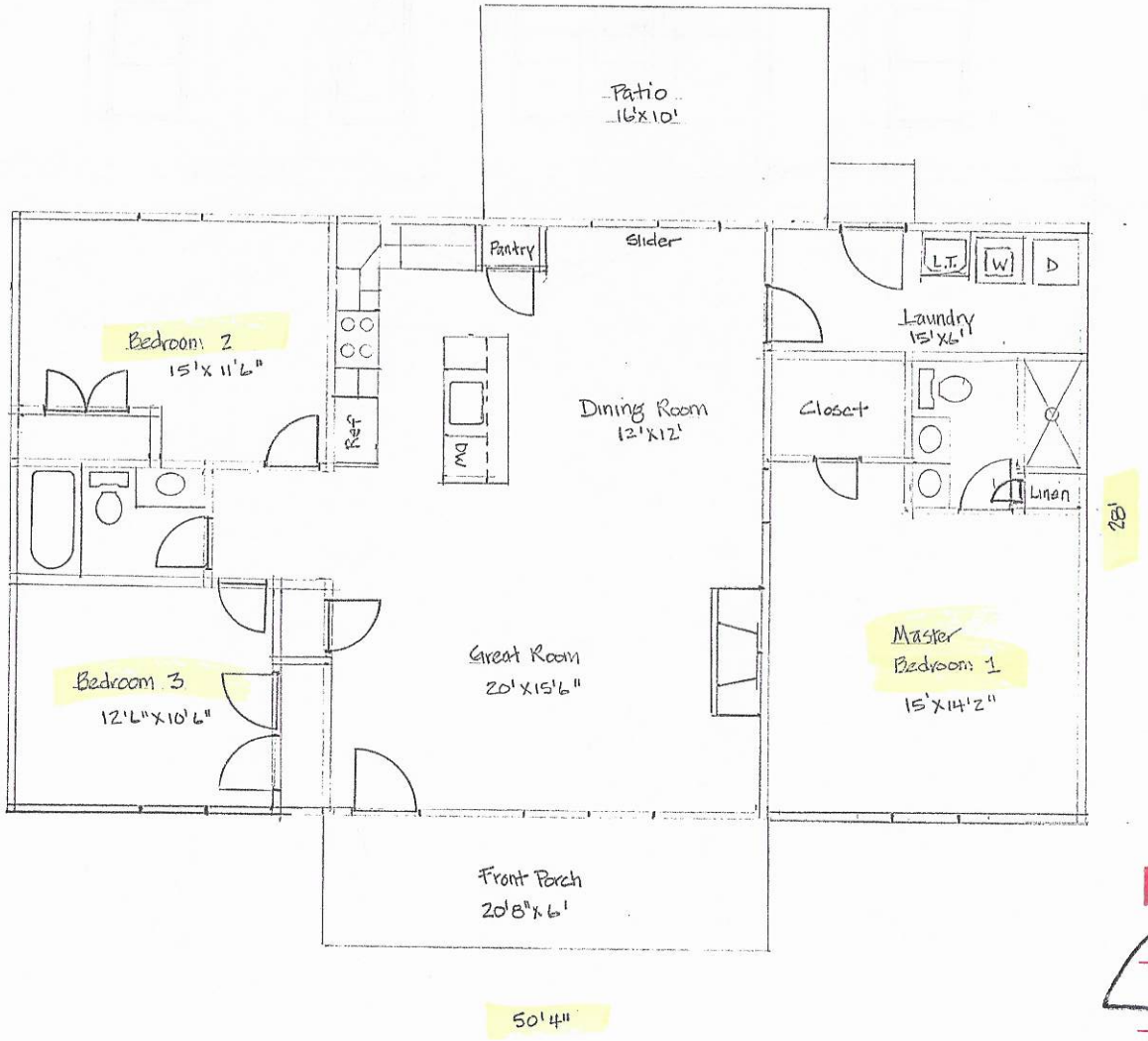
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 6/3/2020
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



Peterson Plan 1409 #1
John R McCormick Contracting, LLC
Floor plan

Acknowledgement Of
Plans Submittal ONLY!

Carla C. Nicks Date 6-23-20

Date 6-24-20

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
307941 Issue Date: 06/03/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4720969669.000	443 HICKS CREEK RD	Iredell County

Owner Information	Applicant Information
Name: PETERSON STEVEN+ALYSSA Address: Phone:	Name: JOHN R MCCORMICK CONTRACTING Address: 115 Ashmore Circle TROUTMAN, NC 28166 Phone: (412)608-8709

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 06/03/2020

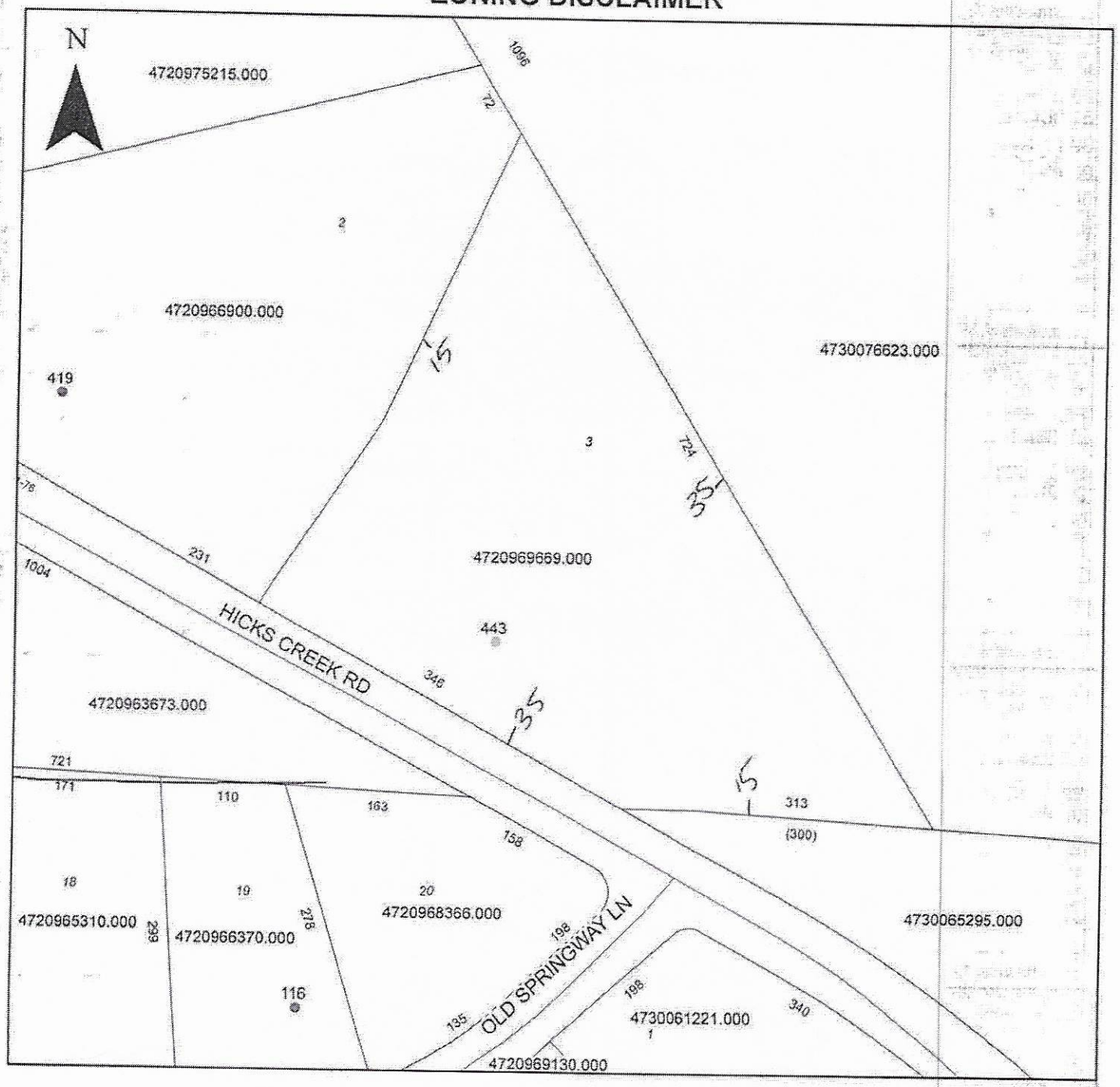
Permit Number	307941

TOTAL FEES:	$77.25

$ PAID Credit SL 6-3-20

$1,127.25

ZONING DISCLAIMER



Property Address 443 Hick Creek

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

6.3.20
Date