ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 303882

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

PIN # 4732-87-2953

APPLICANT/OWNER: John R McCormick Contracting LLC | APPLICANT ADDRESS: 115 Ashmore Cir. Troutman NC 28166

SITE ADDRESS: 144 Crews Ln Statesville NC 28677 | PHONE: 412-608-8709 | ALT. PHONE 704-528-7883

SITE DIRECTIONS: N Center St to US21S, Lon Cumberland Rd, Lon Blue Bird Ln, Lon Sky Vu Rd, Lon Crews Ln, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

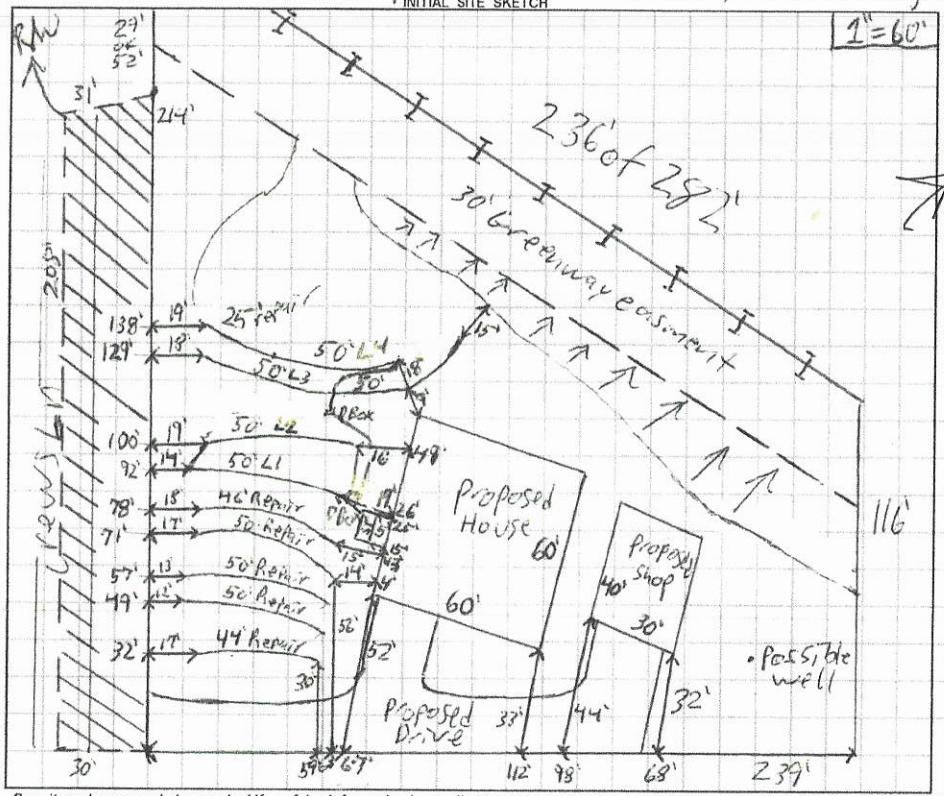
SUBDIVISION: Troutman Crossing | SECTION: — | LOT# 1 | LOT AREA: 1.046 acres | DESIGN FLOW: 360GPD | T.A.R.: .25

Septic Tank	1000	(gal)	STB	160	Date	6/21/20	☒ 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:	Pump to 50% Reduction	
# Nitrification Fields	1		# Lines	5	Linear Ft	250'	Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width	24"		Trench Bottom Depth(Low side)	21"/24"			Gravel Depth	—	☒ GRAVITY ☐ PRESSURE

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

Comments / Conditions: Install Lines on Contour. Property Lines and Right of way must be clearly marked by a licensed surveior during time of installation and inspection. Do not Drive on, store material, or manipulate drainfield may way 6" of approved Type 3 soil cover must be brought in, approved by ICHD. Spit feed L3. If there are any questions please contact ICHD

INITIAL SITE SKETCH



AS BUILT SKETCH

8/26/2020 System to be installed ≤ 24.in max use 1 D-Box to feed 5 Lines.
9ft ~~to~~ Set D-box to dist box from house 17ft ~~from~~ ST to house
Contractor/Builder informed that gutter drains need to be piped away from Septic. 8/28/2020
Installed as drawn.

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 R McCormick | Date: 3-3-20 | Installed by: Maiden Grading

IMPROVEMENT PERMIT by: Brittney Boyle III | Date: 02/26/2020 | OPERATION PERMIT by: Marvin Wilson | Date: 8/28/2020

AUTHORIZATION TO CONSTRUCT by: Brittney Boyle III | Date: 02/26/2020 | 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 #: 4732872953
COUNTY: Iredell

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

OWNER: John McCormick
ADDRESS: 115 Ashmore Cir Troutman 28166
PROPOSED FACILITY: New single farm PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 144 Crews Ln Statesville NC 28677
APPLICATION DATE: 1/7/2020
DATE EVALUATED: 1/21/2020
PROPERTY SIZE: 1.046 acres
PROPERTY RECORDED: yes

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	SS 10%	0-6	Fill	—	YBr mottles scattered throughout	60"	Litho inclusions throughout more common at bottom	Rocks common in top few inches with some inclusions throughout	PS .275
		6-30	C SBK	Fr SS SP SEXP					
		30-60	CL SBK	Fr SS SP SEXP					
2	SS 10%	0-24	SC/ Stone/Rock	—	YBr mottles scattered throughout Gly along root channels	60"	Litho inclusions throughout common at 60"	Stone/rock fill from 24" Gly along root channels slightly common other pores mat 94	PS .25 if top layer removed
		24-44	C ABK	Fr SS SP SEXP					
		44-60	CL SBK/ABK	Fr SS SP SEXP					
3	SS 9%	0-15	Fill	—	YBr mottles inclusions	50"	Litho inclusions common to Gly saprolite	15" of Fill	PS .25
		15-36	C ABK	Fr SS SP SEXP					
		36-50	CL SBK/ABK	Fr SS SP SEXP					
		50-60	Some Sap mass	VFr					
4	SS 5%	0-7	Compacted C	—	YBr mottles scattered throughout	49"	Litho inclusions throughout to saprolite 49"	Parent sap inclusions at 49"	PS .25
		7-29	C ABK	Fr SS SP SEXP					
		29-49	CL strong ABK	Fr SS SP SEXP					
		49-60	Sap with Parent SBK	Fr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240"	240"
System Type(s)	Gravity Pump	Pump Pump
Site LTAR	.25	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Ben B Heaths

COMMENTS: _____

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

Sheet 2 of 2
PROPERTY ID #: 4732877283
COUNTY: Iredell

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

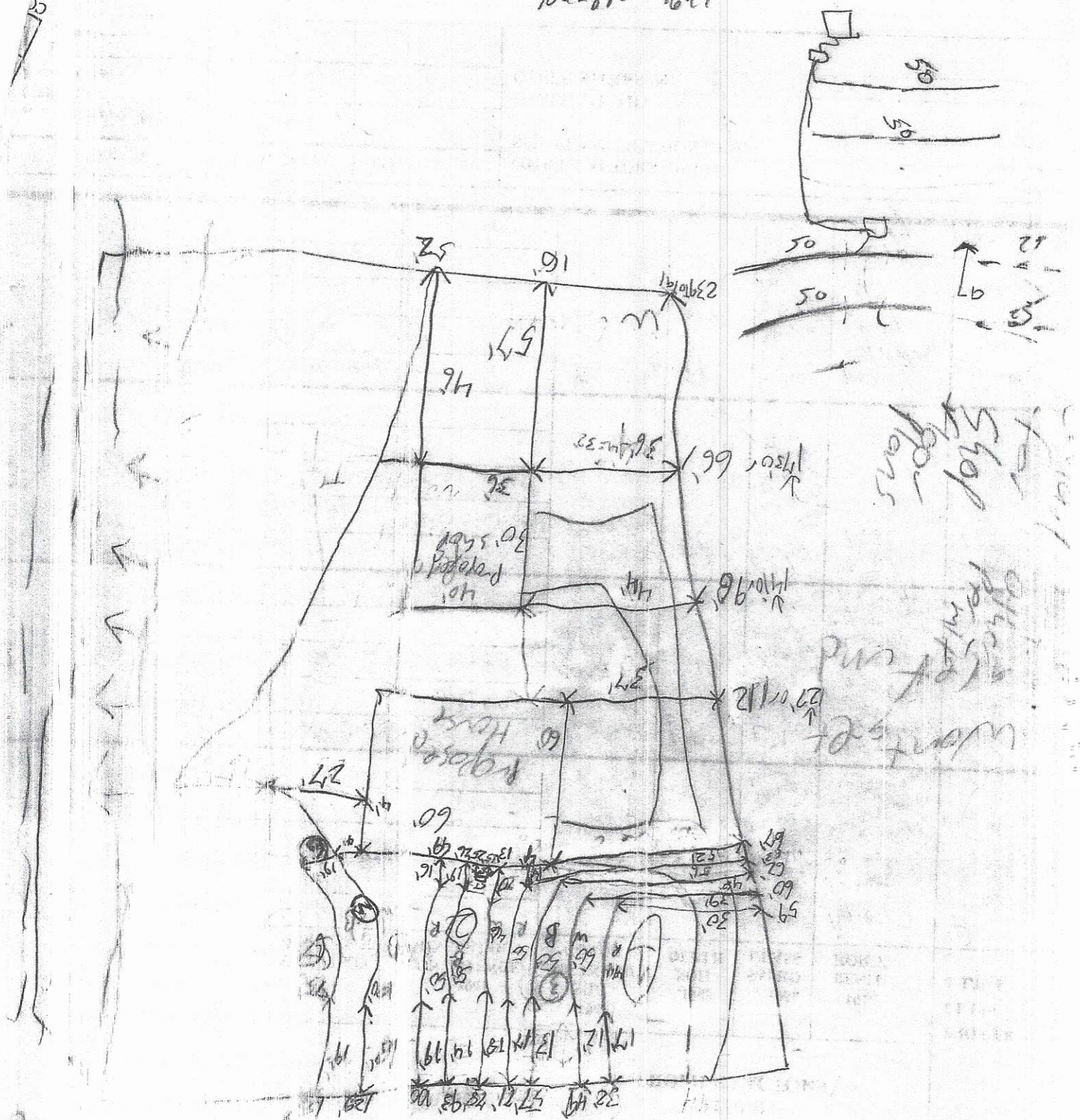
OWNER: John McCormick
ADDRESS: 115 Ashmore Circle Troutman NC 28166 APPLICATION DATE 1/7/2020
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360GPD DATE EVALUATED: 1/21/2020
LOCATION OF SITE: 144 Crews Ln Statesville NC 28677 PROPERTY SIZE: 1.046 acres
WATER SUPPLY: ☒ Private ☐ Public ☐ 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	SS 5%	0-12	SCL WSBK	Fr S PS SxP	Ybmottles scattered throughout	60"	Litho inclusions throughout	platty at 31"	U with platty at 31"
		12-31	CSBK/SBK	Fr S PS SxP					
		31-43	CL Platty	Fr SSS SPSxP					
		43-60	LCABK	Fr SS SPSxP					
6 2	SS 7%	0-7	organic	—	Chroma 3's throughout	43"	Litho inclusions throughout	Parent sap at 43" Rocks scattered	.25 PS most U
		7-12	SCL SBK	Fr SP SxP					
		12-24	C SBK/ABK	Fr SSS PSxP					
		24-43	CL strong SBK	Fr SS SPSxP					
		43-56	Rock cont/ sap	FJ					
		56-60	Lom ysa pMass	VFr					
7	8/26/2020 Botkins	0-10	SCL ERSBK	SS SP FL	2.5YR 6/6 Mottles Litho throughout	42		throughout PL FMSap e36inch	Max 24 .25
		10-30	C ABK/SBK	SS SP					
		30-42	CL WABK	FM e36					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	240'
System Type(s)	Gravity Conv	Pump Conv
LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Ryan Hughes

COMMENTS:



$500/$550

AP-303882

1/9/2020

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 (✓) 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 Contracting LLC Address: 115 Ashmore Cir, Troutman Zip: 28166
Applicant Email: JS McCormick @ Roadrunner.com Phone: (412) 6088709 Alt. Phone: (704) 5287883
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 144 Crews Lane ~~Troutman~~ Statesville NC 28677
Subdivision Name: Troutman Crossing Section/Phase: _____ Lot Number: 1
Driving Directions: N 21 Rt Moose Club Lft Skyuca Lft Crews Ln

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: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* 250 gpd reduction Year existing system installed: _____
( ) 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?

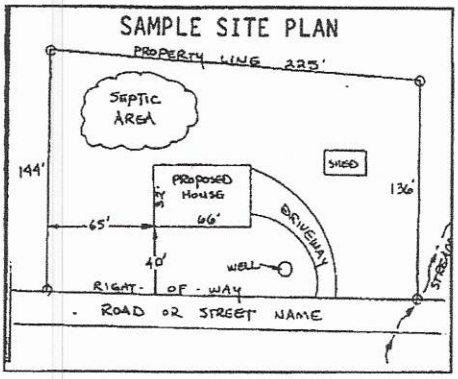
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 1-7-2020
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:

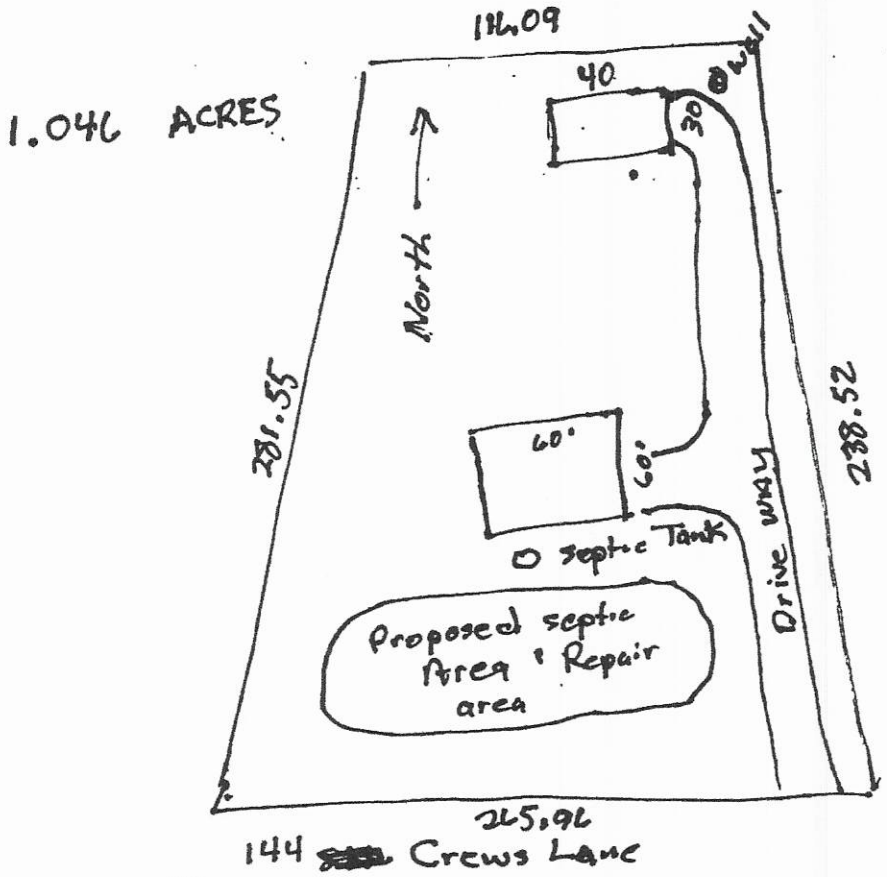
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator 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



25' Min Rear Set back
25' Min Front Set Back
10' min Side Set Back

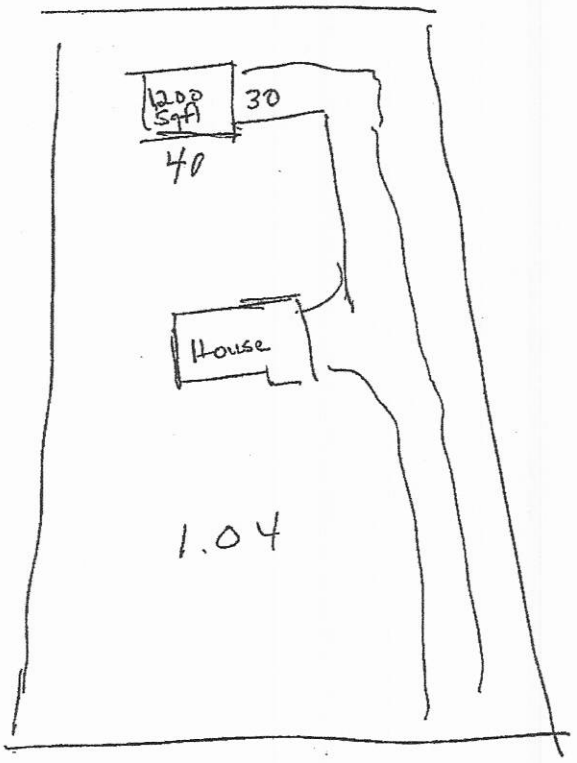
15' min set back to out Building

Signature: _____

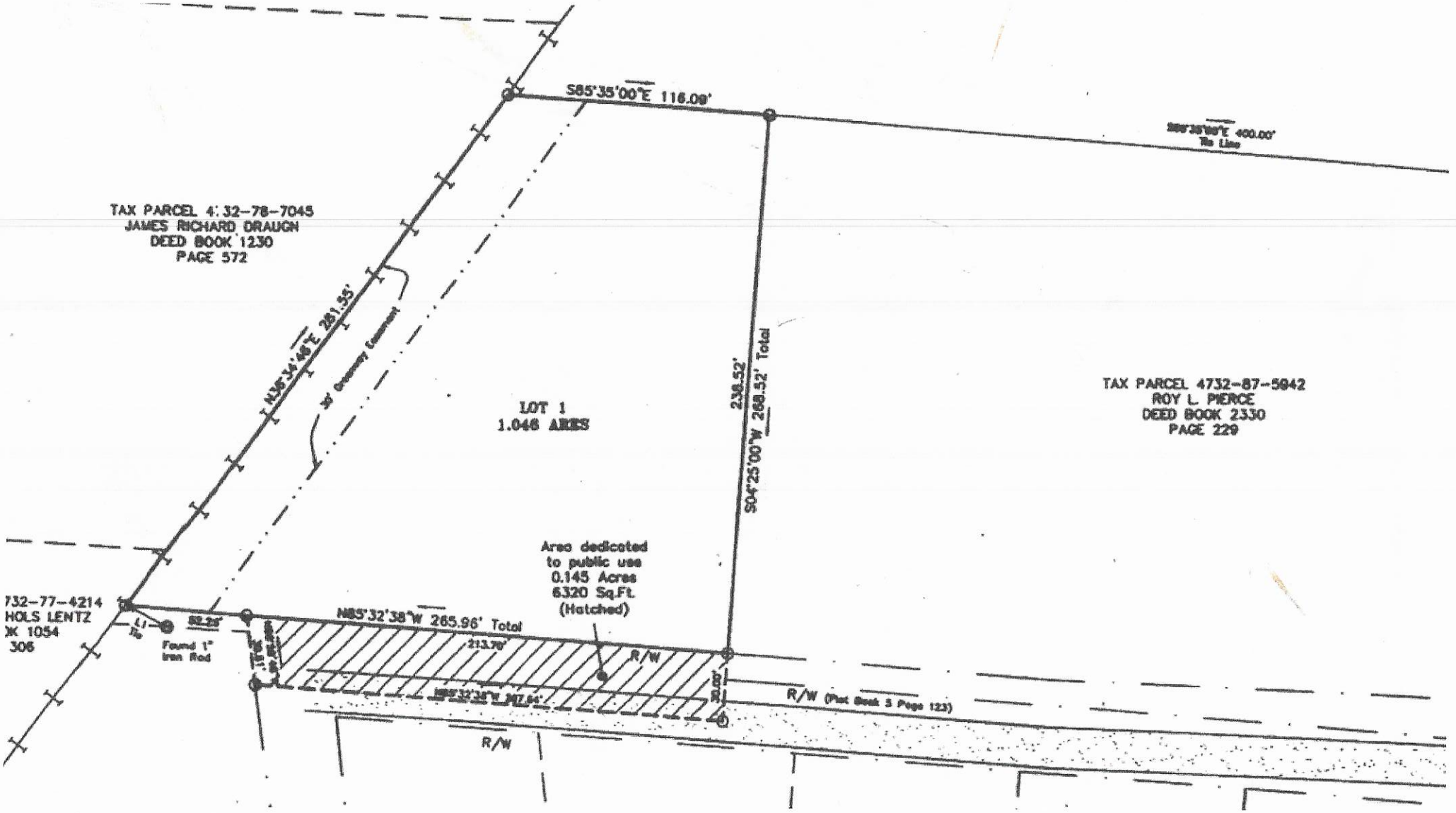
Property owner or owner's legal representative signature (**SIGNATURE REQUIRED**)

1-7-2020

DATE



Total Lot size - 45,302 Square Feet.


S85°35'00"E 116.09'
TAX PARCEL 4732-87-7045
JAMES RICHARD DRAUGN
DEED BOOK 1230
PAGE 572
N36°34'46"E 281.35'
30' Driveway Easement
LOT 1
1.048 ACRES
238.52'
S04°25'00"W 268.32' Total
TAX PARCEL 4732-87-5942
ROY L. PIERCE
DEED BOOK 2330
PAGE 229
Area dedicated
to public use
0.145 Acres
6320 Sq.Ft.
(Hatched)
732-77-4214
HOLS LENTZ
)K 1054
306
Found 1"
Iron Rod
N85°32'38"W 265.96' Total
213.70'
R/W
20.00'
R/W (Plat Book 5 Page 123)
R/W

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*) John R McC

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, John Russell McCormick, am the legal owner(s) of the property located at 144 Crews Lane Statesville, identified as

PIN (Parcel Identification Number)_____, 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.

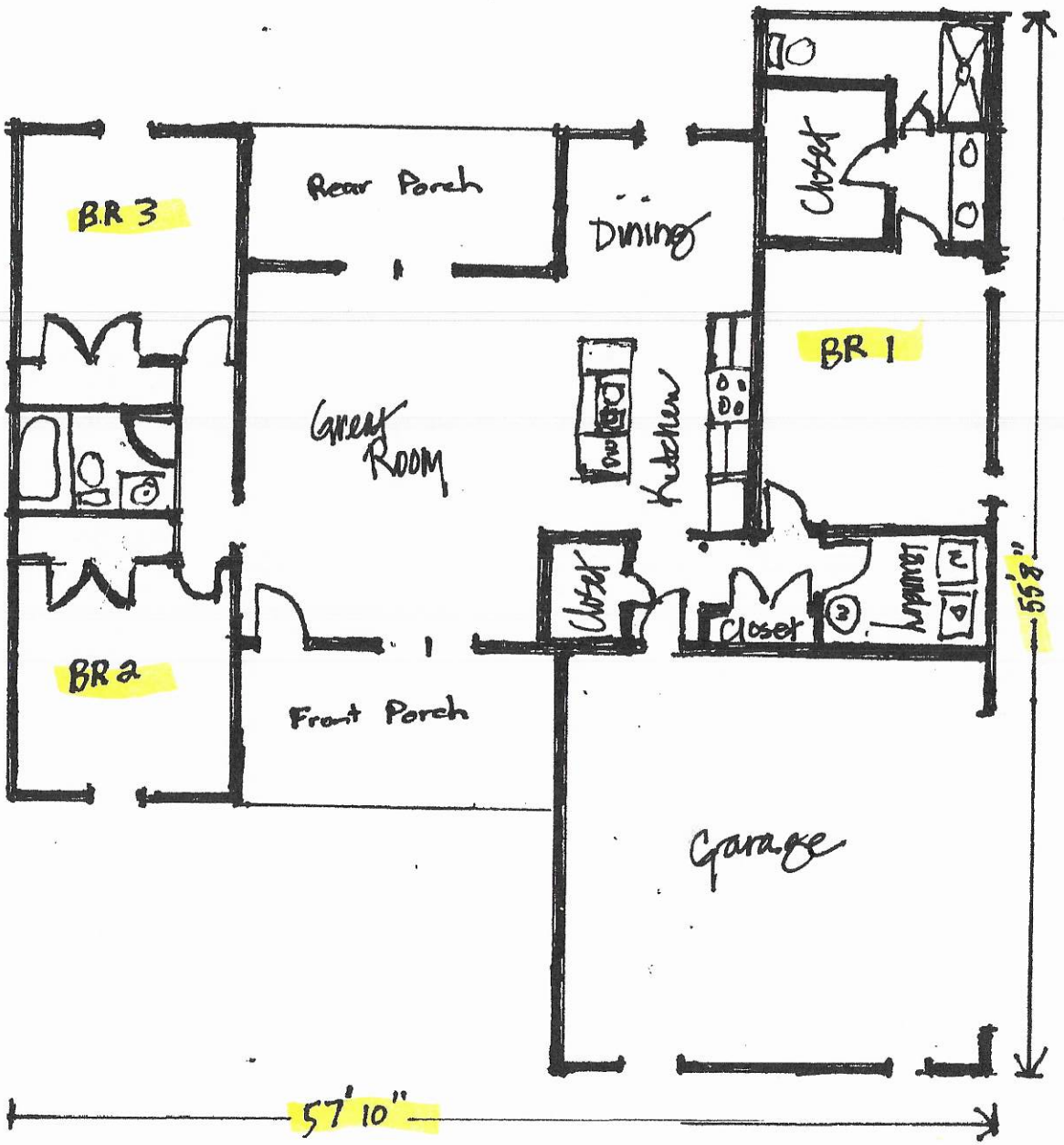
JLR McC
Signature of Owner(s)

1-7-2020
Date

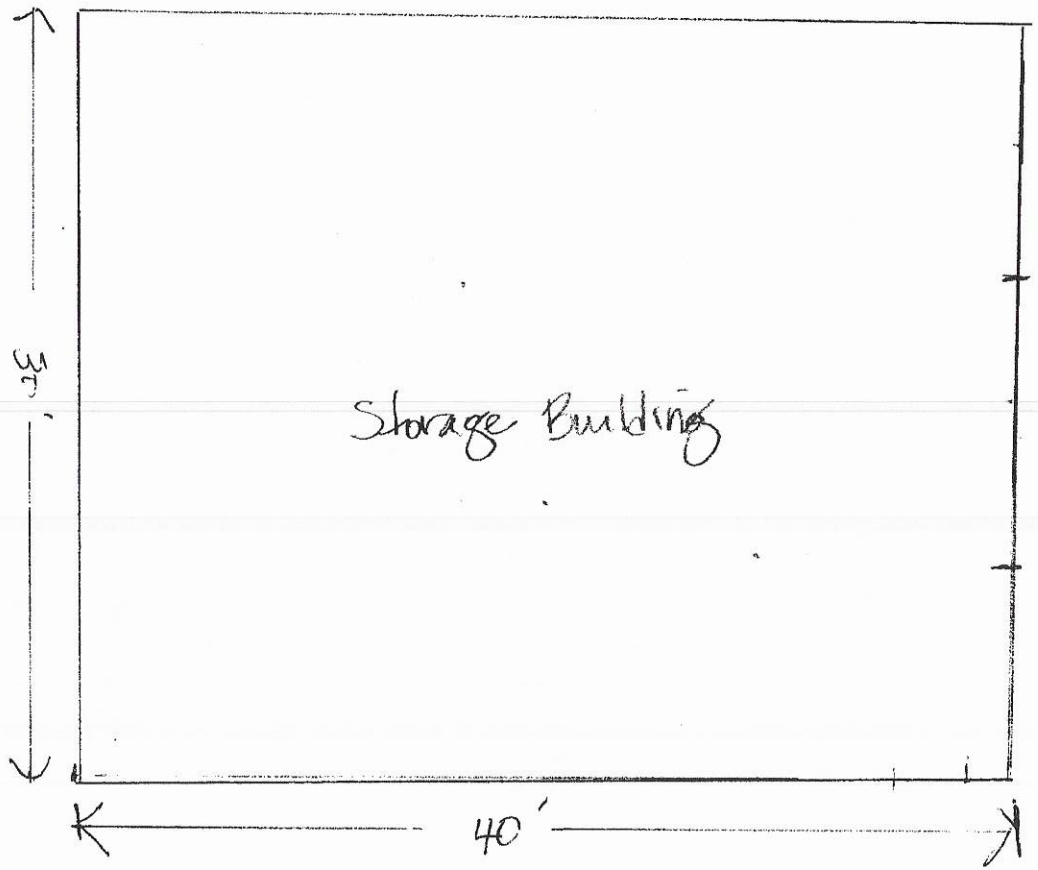
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONL
Patrick J Boyle II Date 2/27/2020
[illegible] Date 3-3-20



John R McCormick
Contracting, LLC
704.528.7883
Lot 1 Troutman Crossings
144 Crews Ln.
Statesville, NC 28677
1450 ± heated



Acknowledgement Of
Plans Submittal ONL
Date 2-27-2020
Date 3-3-20

John R McCormick
Contracting LLC

704 528 7853

Lot 1 Troutman Crossing
144 Crews Lane
Statesville NC 28677

1200 ☐ unheated
Storage Bld

SFR

Zoning Permit # 303882
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	1-6-2020	Tax Parcel #	4732-87-2953
	Business Name or Property Owner	John R McCormick Contracting LLC		
	Street Address & Lot Number	Lot 1 (144 Crews Lane)		
	Business Type and/or Project Description	single Family Res		
APPLICANT	Applicant	John R McCormick	Preferred Phone	(412) 6088709
	Address City/State/Zip	115 Ashmore Circle, Troutman NC 28166		
	E-Mail	JS McCormick@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	N/A		Floodplain	Yes ☐ No ☐
Permitted Use of Property	SFR			
Minimum Setback Requirements	Front 25', Rear 25', Left Side 15', Right Side 5' *Setback measured from nearest projecting point of structure to Property Line.*			
Comments: (Trees 2 required) (See attached 5.1.8 of UDO) Front of home must be parallel to street or lot line				

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.

Signature of Zoning Administrator