IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 221258

PIN # 4732-87-8912

APPLICANT: JOHN McCORMICK

APPLICANT ADDRESS: 115 ASHMORE CIR. TROUTMAN

SITE ADDRESS: 118 CREWS LN. - Statesville

PHONE: 412-608-8709 ALT. PHONE:

SITE DIRECTIONS: 21N, TR MOOSE CLUB, TL SKYUKA, TL CREWS, ON R

SUBDIVISION: TROUTMAN CROSSING

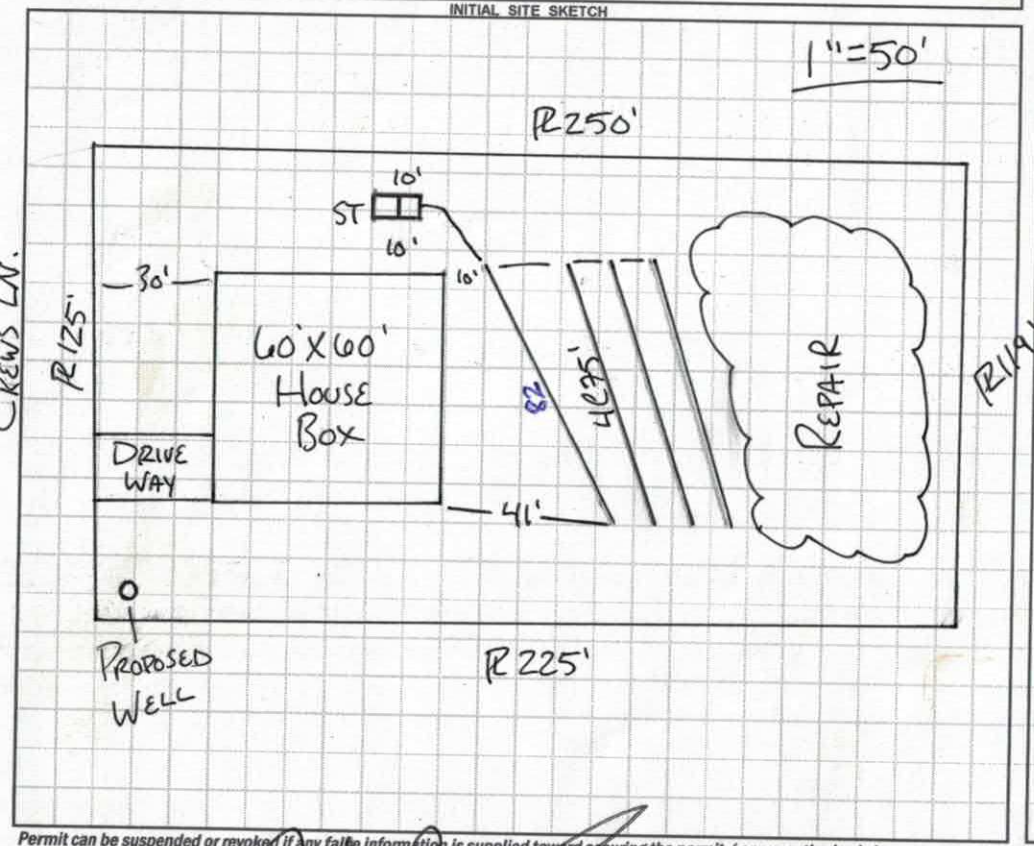
SECTION: - LOT # 2 LOT AREA: .64AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	675	Date	4-11-17	☒ 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:	SAME	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4@75'	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	* 32" *	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

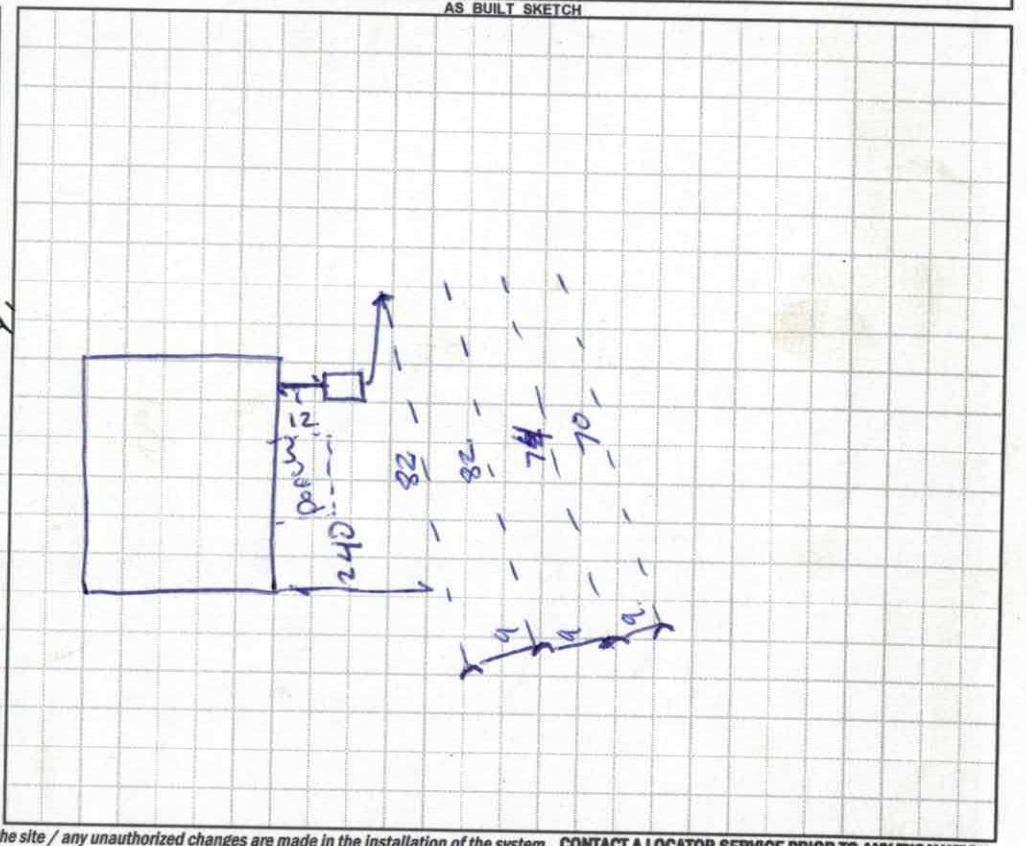
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

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: Date:

IMPROVEMENT PERMIT by: Date: 10-7-16

AUTHORIZATION TO CONSTRUCT by: Date: 10-7-16

Installed by: JST Enterprises

OPERATION PERMIT by: Benjamin D. Bolkins Date: 6/1/2017.

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4732-87-8912
Lot #: 2
Permit #: 221258
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: JOHN MCCORMICK
Applicant: SAME
Address: 118 CREWS LN. TROUTMAN
Date Evaluated: 10/4/2016
Proposed Facility: SFR Design Flow (.1949) 360
Property Size: .64 AC
Location of Site: TROUTMAN CROSSING LOT 2
Property Recorded: YES
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 4	SIDE 10%	0-35	RC,M,SBK	SS	NA	40"	S	50"+	.3
		35-40	RCL,M,SBK	SS					
		40-50	LSAP	SS					
AB 3	SIDE 10%	0-40	RC,M,SBK	SS	NA	48"	NA	48"	.3
		40-48	RCL,M,SBK	SS					
AB 2	SIDE 10%	0-38	RC,M,SBK	SS	NA	50"	NA	50"+	.3
		38-50	RCL,M,SBK	SS					
PIT 1	SIDE 7%	0-6	SCL,W,SBK	SS	NA	55"	NA	55"+	.325
		6-24	RC,M,SBK	SS					
		24-55	RCL,W,SBK	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	G-25% RED
Site LTAR	.3	.3

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: JOHN MCCORMICK
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: JOHN MCCORMICK

RECEIVED AUG 2 3 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

#221258

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

Paid $500.00

The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
John R McCormick Const LLC	115 Ashmore Ct Troutman NC 28166	(704) 528 7883	(412) 6088709
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
118 Crews Lane, Troutman	Troutman Crossing	1 — 2

Driving Directions: 21 North - Rt Moose Club - Lft Crews Lane

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 8-23-16

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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…**

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

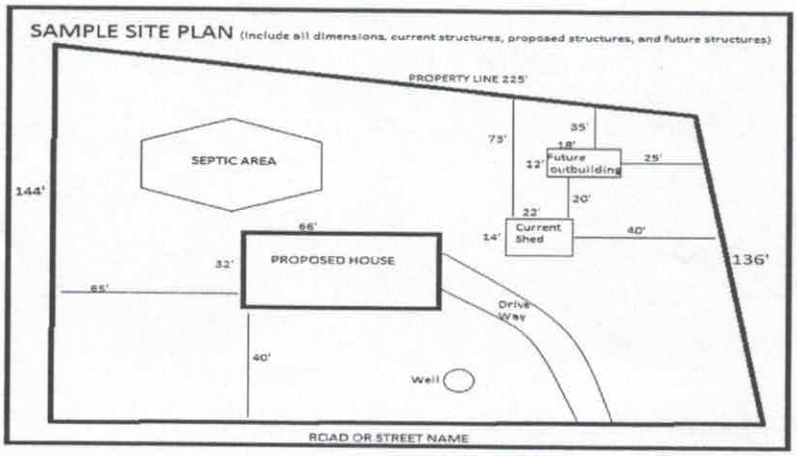
__/__ **Front and side setbacks from property line…** __✓__ **Preferred driveway location and configuration, preferred well location…**

__✓__ **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:

__NA__ **Location of septic systems and wells within 100' of your property… N/A**

__NA__ **Location of easements and rights of ways on your property… N/A** __NA__ **Location of any designated wetlands on the property… N/A**

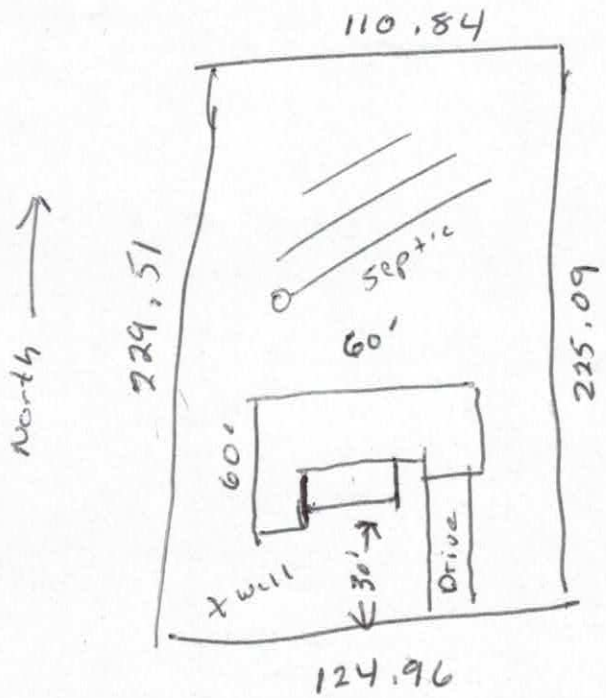


USE THIS SPACE TO DRAW YOUR SITE PLAN

0.640 Acre

Set Backs

25' Front
10' side
25' Rear



Signature: _____

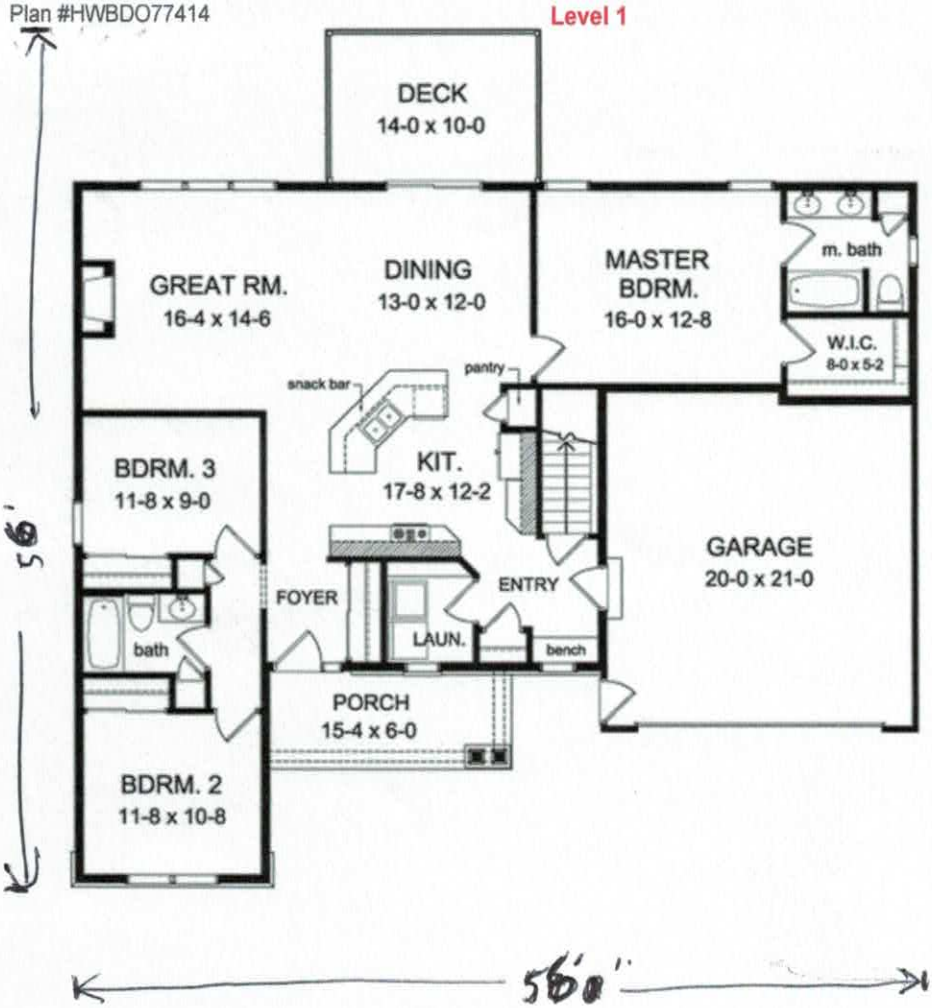
REQUIRED **property owner or owner's legal representative signature.**

8-23-16

DATE

Plan #HWBDO77414

Level 1





Tweet 7 Save

Keywords: Ranch , 3 Bedroom

PRIMARY STYLE:	Ranch
FIRST FLOOR:	1571 sq.ft.
LIVING AREA	1571 sq.ft.
BONUS SPACE:	0 sq.ft.
FOUNDATION:	Unfinished Walkout Basement
BEDROOMS:	3
BATHS:	2
HALF BATHS	0
WIDTH:	55'
DEPTH:	56'
STORIES:	1
GARAGE BAYS:	2

MORE DETAILS

CUSTOMIZE THIS PLAN

SAVE PLAN

Acknowledgement of
Plans Submittal ONLY!

Date 8-23-16

Date

Zoning Permit # 221258
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	8-23-16	Tax Parcel #	4932887156
	Business Name or Property Owner	John McCormick		
	Street Address & Lot Number	118 Crews Lane	Lot 2	
	Business Type and/or Project Description	New Construction		
APPLICANT	Applicant	John McCormick	Preferred Phone	704-528-7883
	Address City/State/Zip	115 Ashmore Circle Troutman NC		
	E-Mail			
	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	TL ☐ ETJ ☐	Plans Attached	Yes ☐ No ☐
Utilities	Well / Septic		Floodplain	Yes ☐ No ☐
Permitted Use of Property	Perc Test / SFR			
Minimum Setback Requirements	Front ____' Rear ____' Left Side____' Right Side ____' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments:

Perc Test only / Hold until Troutman Zoning is permitted

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.

Daniel Wright

Signature of Zoning Administrator