IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 221257

PIN # 4732 87 9932.

APPLICANT: John McCormick

APPLICANT ADDRESS: 115 Ashmore Circle Troutman

SITE ADDRESS: 112 Crews Lane Statesville NC

PHONE: 412-608 8709 ALT. PHONE: —

SITE DIRECTIONS: 21 N, TR Moose Club, TL SKYUKA, TL Crews on Right

SUBDIVISION: Troutman Crossing

SECTION: — LOT # 3 LOT AREA: .64 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .3 LTAR

Septic Tank	1000 (gal)	STB	825.	Date	4-1-17.
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	3 & 100	Linear Ft:	300
Trench Width	36	Max. Trench Bottom Depth	* 29 *	Gravel Depth	—

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% reduction

Repair System Description: 25% reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

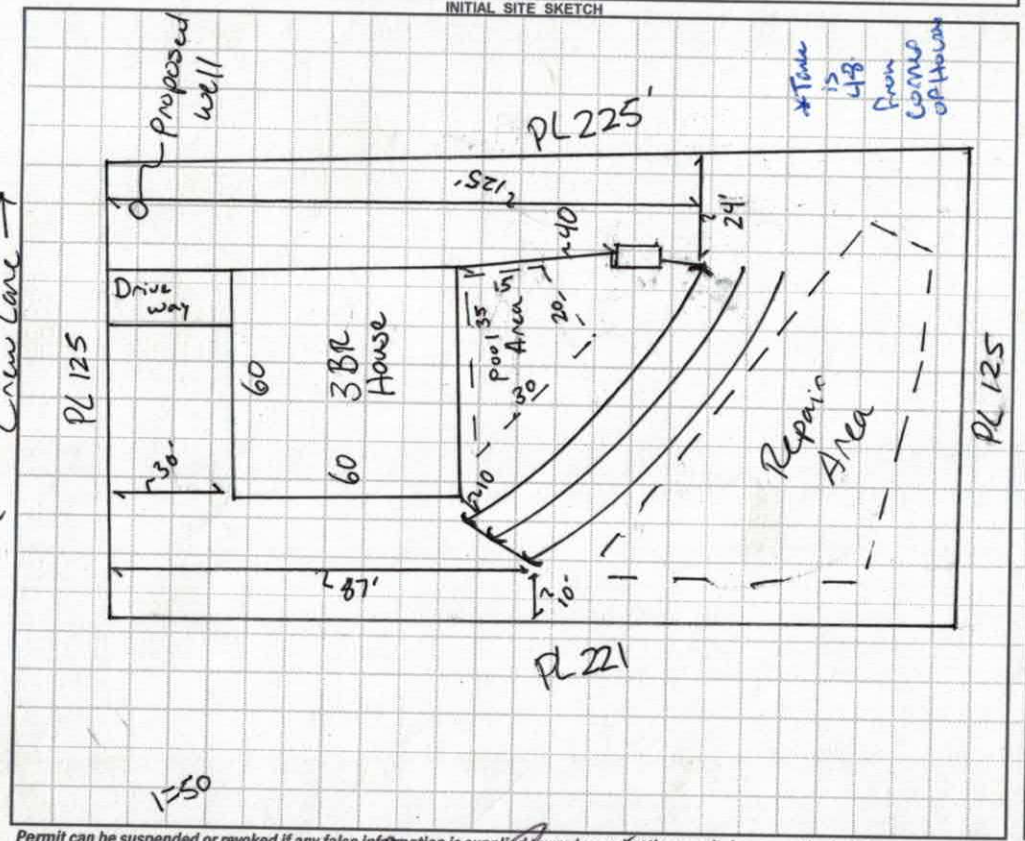
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Septic Tank Must be *100 ft from Well*

INITIAL SITE SKETCH



1"=50'

AS BUILT SKETCH

*Installed as permitted.

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: 5/17/17 Installed by: JST Enterprises

IMPROVEMENT PERMIT by: Benjamin A Batkins Date: 5/12/17 OPERATION PERMIT by: Benjamin A Batkins Date: 5/17/17.

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Batkins Date: 5/12/17. 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 #: 4732-87-9932
Lot #: 3
Permit #: 221257
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: JOHN MCCORMICK
Address: 112 CREWS LN.
Proposed Facility: SFR Design Flow (.1949) 360
Location of Site: TROUTMAN CROSSING LOT 3
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: SAME
Date Evaluated: 10/4/2016
Property Size: YES
Property Recorded:

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
AB 1	SIDE 7%	0-42	RC,M,SBK	SS	NA	52"	NA	52"+	.3
		42-52	RCL,W,SBK	SS					
AB 2	SIDE 7%	0-37	RC,M,SBK	SS	NA	45"	S	50"+	.3
		37-45	RCL,W,SBK	SS					
		45-50	LSAP	SS					
AB 3	SIDE 7%	0-41	RC,M,SBK	SS	NA	50"	NA	50"+	.3
		41-50	RCL,W,SBK	SS					
AB 4	SIDE 7%	0-27	RC,M,SBK	SS	NA	36"	S	50"+	.3
		27-36	RCL,W,SBK	SS					
		36-50	LSAP	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)

#221257

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

Paid $500.00

2. 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 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 Cost LLC	115 Ashmore Circle Troutman	(704) 5287883	(412) 6088709
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
112 Crews Ln Troutman	Troutman Crossing	1 — 3

Driving Directions: 21 North / Rt Moose Club Rd / 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
(X) 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
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

5/12/2017 (Date)

Owner: John McCormick
Address: 115 Ashmore Circle Troutman

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit # 221257 / John McCormick / 112 Crews Lane Statesville / issued 10/7/16

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 10/7/2016 for a system
(date)

Type 3 25% reduction.
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
5/12/17

Owner: John McCormick
Address: 115 Ashmore Circle Troutman

Subject: Notice of Intent to Revoke/Suspend _: 112 Crews Lane Statesville NC

Dear John McCormick :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 112 Crews Lane Statesville for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization 221257 type III 25% reduction determined the following violations:

Violation	Law or Rule Citation
Moving of Septic Tank in completely new area and to account for new pool area.	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General

Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 5/12/17. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Benjamin A. Botkins

_____

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 221257

PIN # 4732-87-9932

APPLICANT: JOHN McCORMICK APPLICANT ADDRESS: 115 ASHMORE CIR. TROUTMAN

SITE ADDRESS: 112 CREWS LN. PHONE: 412-608-8709 ALT. PHONE:

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

SUBDIVISION: TROUTMAN CROSSING SECTION: LOT # 3 LOT AREA: .64AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3E100' Linear Ft: 300'

Trench Width 36" Max. Trench Bottom Depth * 29" * Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

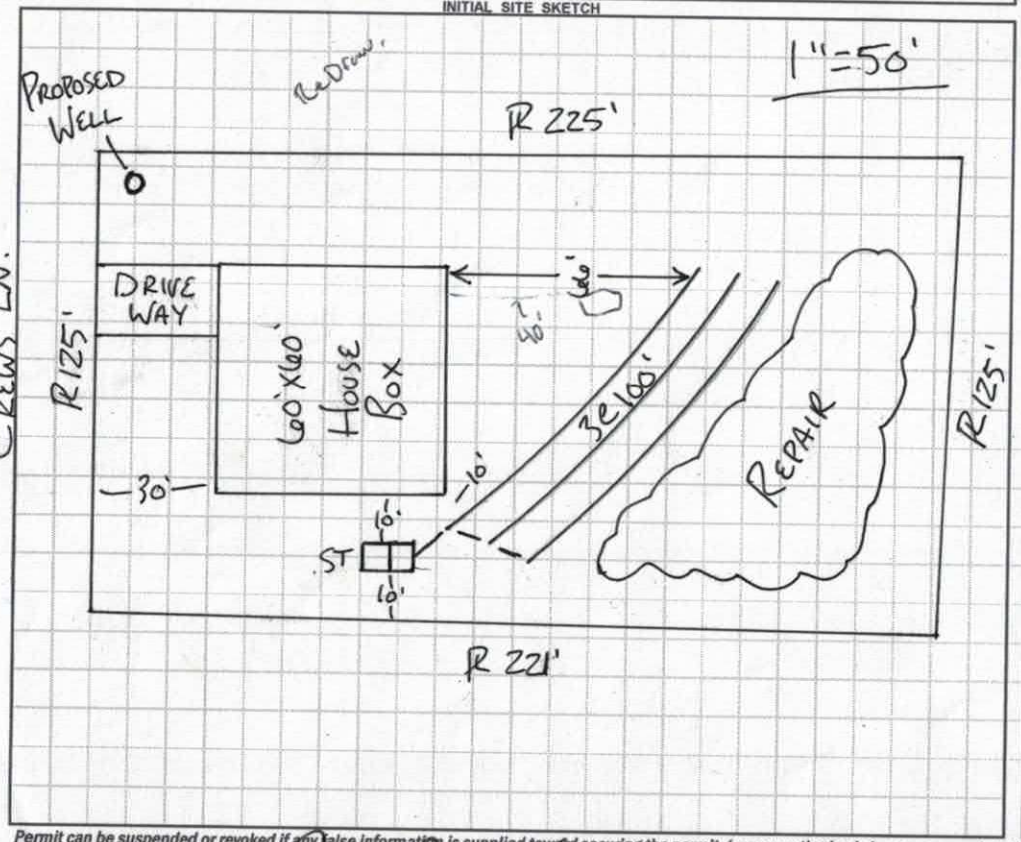
No. Bedrooms 3 No. Persons 6 No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

REVOKE

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: Installed by:

IMPROVEMENT PERMIT by: RA Ellis Date: 10-7-16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: RA Ellis Date: 10-7-16 Existing System Inspected by: Date:

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

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…**

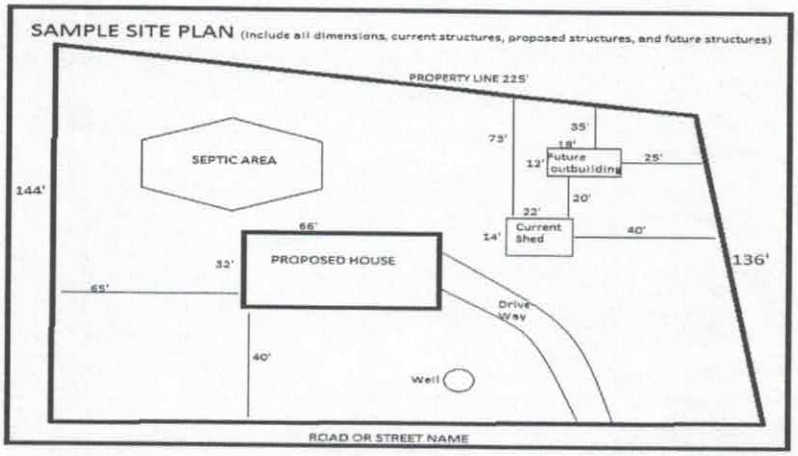
✓ **North arrow, or other sufficient indicator of direction…**

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

125.03

Set Backs

25' Front

10' sides

25' rear

Foot print on lot

60' X 60'

North

225.09

220.42

30'

Driveway

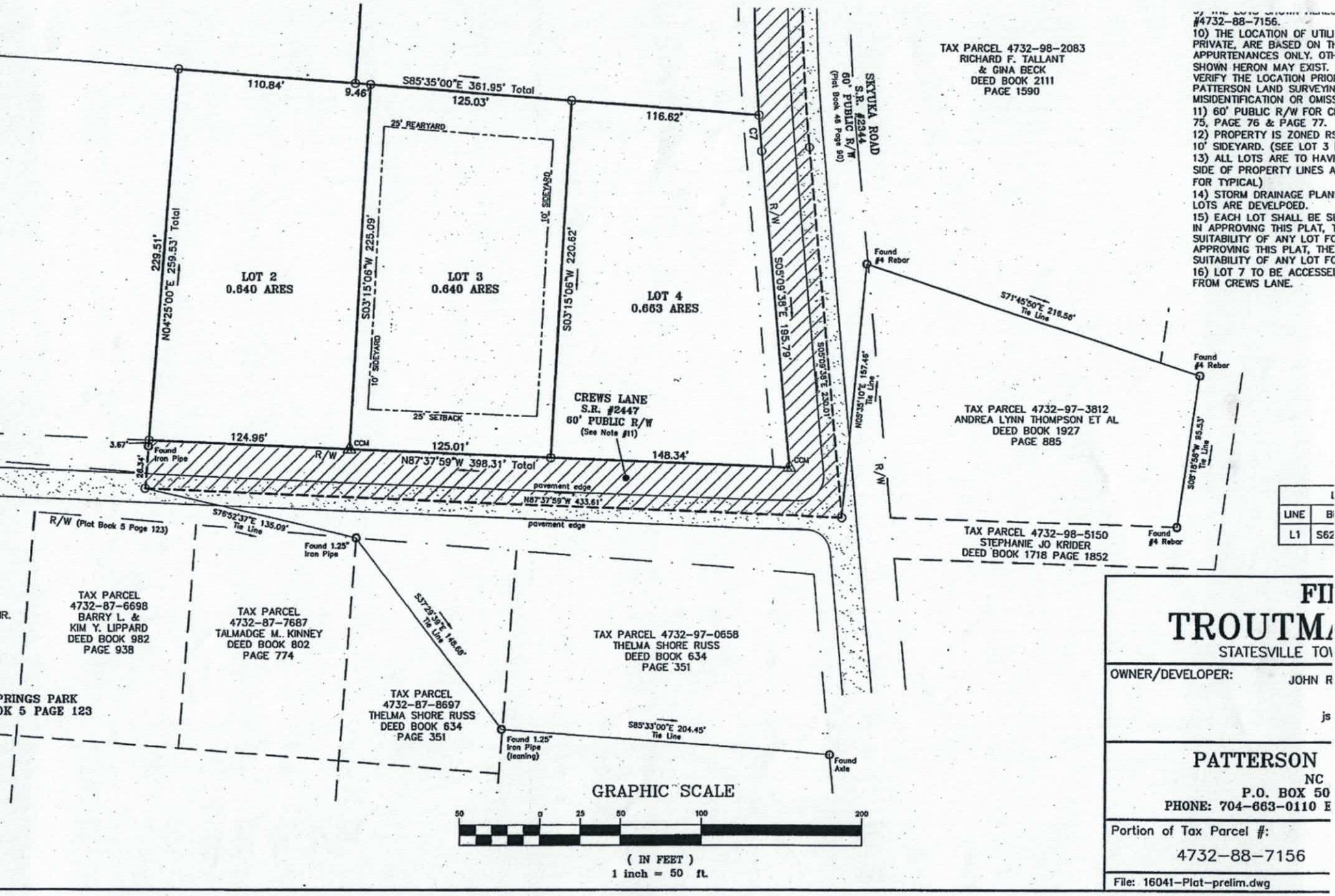
125.01

Signature: _____

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

8-23-16

DATE



#4732-88-7156.
10) THE LOCATION OF UTILI
PRIVATE, ARE BASED ON TH
APPURTENANCES ONLY. OTH
SHOWN HERON MAY EXIST.
VERIFY THE LOCATION PRIOR
PATTERSON LAND SURVEYIN
MISIDENTIFICATION OR OMISS
11) 60' PUBLIC R/W FOR CR
75, PAGE 76 & PAGE 77.
12) PROPERTY IS ZONED RS
10' SIDEYARD. (SEE LOT 3
13) ALL LOTS ARE TO HAVE
SIDE OF PROPERTY LINES A
FOR TYPICAL)
14) STORM DRAINAGE PLAN
LOTS ARE DEVELPOED.
15) EACH LOT SHALL BE SU
IN APPROVING THIS PLAT, T
SUITABILITY OF ANY LOT FO
APPROVING THIS PLAT, THE
SUITABILITY OF ANY LOT FO
16) LOT 7 TO BE ACCESSED
FROM CREWS LANE.

LINE	BE
L1	S62

FI
TROUTMA
STATESVILLE TO

OWNER/DEVELOPER: JOHN R

js

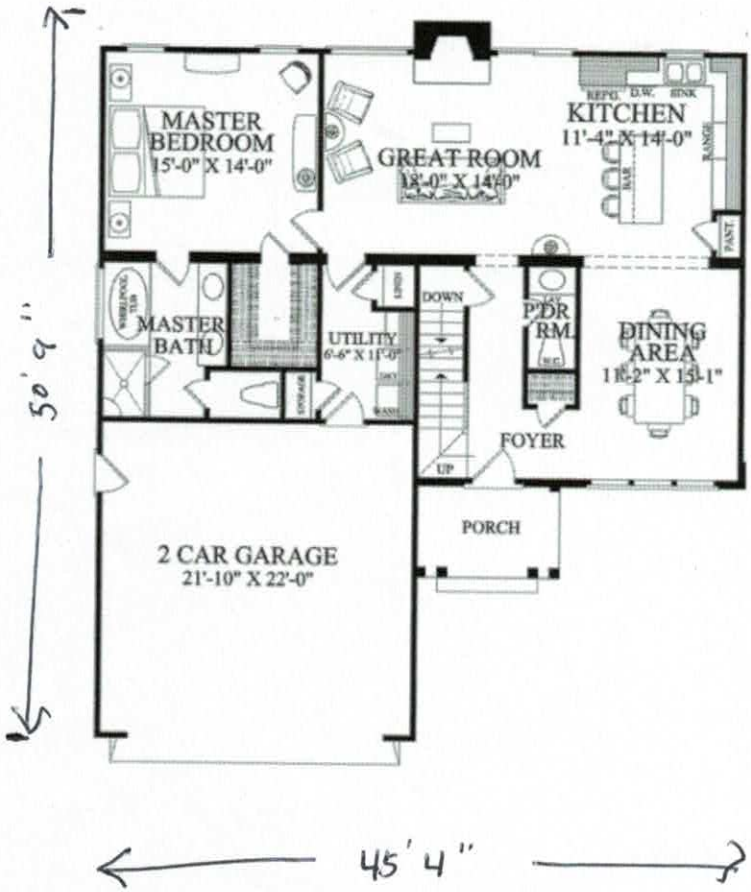
PATTERSON
NC
P.O. BOX 50
PHONE: 704-663-0110 E

Portion of Tax Parcel #:
4732-88-7156

File: 16041-Plat-prelim.dwg

Plan #HWBDO75753

Level 1 | Level 2





19 Save 1

Keywords: Cottage , 3 Bedroom , 2 Story

PRIMARY STYLE:	Cottage
FIRST FLOOR:	1292 sq.ft.
LIVING AREA	1838 sq.ft.
BONUS SPACE:	0 sq.ft.
FOUNDATION:	Crawlspace
BEDROOMS:	3
BATHS:	2
HALF BATHS	1
WIDTH:	45' 4"
DEPTH:	50' 9"
STORIES:	2
GARAGE BAYS:	2

MORE DETAILS

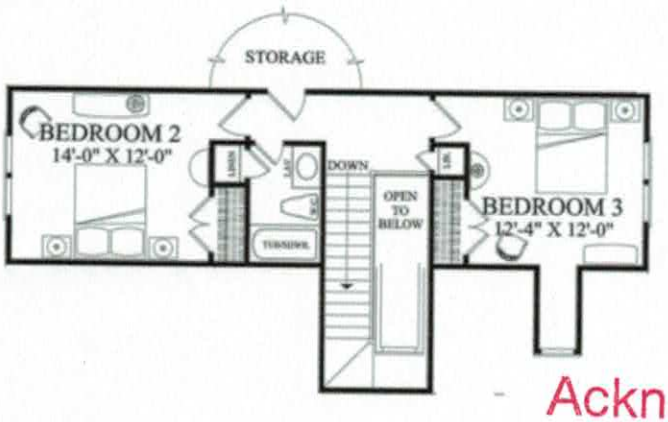
CUSTOMIZE THIS PLAN

SAVE PLAN

Acknowledgement of Plans Submittal ONLY!

Date 8-23-16

Date



HWBDO75753 - HOUSE PLAN PRICE

$600 - 1,000

5 Copy Construction Set – $700

Plan set information

select foundation type

Crawlspace

select framing

Wood – 2x4

add additional options

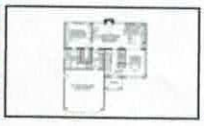
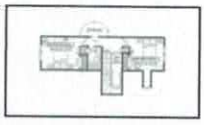
Acknowledgement of Plans Submittal ONLY!

8-23-14 Date

Date

ADD TO CART

GENEROUS BEDROOMS AND OPEN LIVING SPACE

reverse zoom

Is this plan close to what you're looking for? We can help make it perfect!

CUSTOMIZE THIS PLAN

Like 1 19 Save 1 Tweet

save print

ForSaleByOwner



Sell Your Home By Owner
Save Money. Get Started

PLAN DETAILS

Keywords: Cottage , 3 Bedroom , 2 Story

More From This Designer »

This plan offers fantastic value: modestly sized at just 1,838 square feet and 45 feet wide, it nevertheless boasts surprisingly generous bedrooms, an open kitchen (complete with a snack bar), and an impressive master suite with a large shower and separate tub. Other thoughtful details include a powder bath that faces away from main living spaces, and attractive stone on the front exterior.

OVERVIEW	
Primary Style	Cottage
Bedrooms:	3
Half Baths:	1
Baths:	2
Living Area:	1,838 sq.ft.
Width:	45' 4"
Foundation:	Crawlspace
Depth:	50' 9"
Stories:	2
Styles:	Country Cottage Bungalow Traditional
Garage Bays:	2

DETAILS	
Heated/living area	1,838 sq. ft.
Foundations	Crawlspace
Framing	Wood - 2x4
Facade	Shingle/Stone
Roof material	Shingle
Roof framing	Conventional
First Floor	1292 sq ft/ height 9
Second Floor	546 sq ft/ height 8

CHAT WITH A REPRESENTATIVE ABOUT BUYING OPTIONS

Have questions?
Need help deciding which plan set to buy?
Want to learn more about customization?
We're here to help!

CHAT NOW 877-222-1762

JOIN THE CLUB!

Zoning Permit# 221257
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	8-23-16	Tax Parcel #	4732887156
	Business Name or Property Owner	John McCormick		
	Street Address & Lot Number	112 Crews Lane		Lot 3
	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.

Danielle Upright
Signature of Zoning Administrator