IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239689

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

PIN # 4732888239 - 4732-88-8221

APPLICANT/OWNER: John McCormick APPLICANT ADDRESS: 115 Ashmore Circle Troutman, NC

SITE ADDRESS: 196 Watering Trough Rd. Statesville, NC 28677 PHONE: 412-608-8709 ALT. PHONE 704-528-7883

SITE DIRECTIONS: US 21 N → R on Moose Club → L on Skyuka → L on Watering Trough → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Troutman Crossing SECTION: 2 LOT # 8 LOT AREA: .884ac DESIGN FLOW: 360gpd L.T.A.R.: .25/.25repair

Septic Tank 1000 (gal) STB Infiltrator Date 1060
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft 360'
Trench Width 36" Trench Bottom Depth(Low side) 32"/36" highside Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% reduction
Repair System Description: horizontal LP PPBPS
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

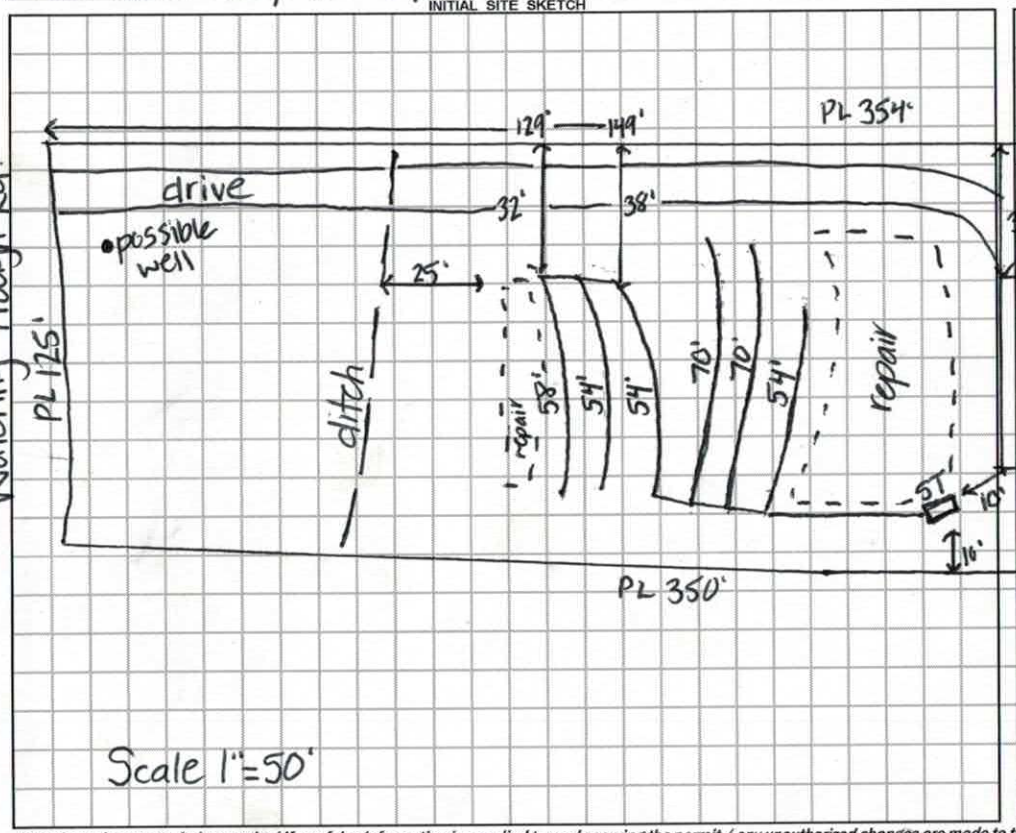
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. * Install at 36" highside. * Divert storm water runoff away from septic area.

* Lot must be recorded prior to issuing AC. *
Recorded Bk. 69 PG 86

INITIAL SITE SKETCH



Scale 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: Date: 1-9-19 Installed by: Joe Thompson

IMPROVEMENT PERMIT by: Date: 1-8-19 OPERATION PERMIT by: Date: 5/24/2019.

AUTHORIZATION TO CONSTRUCT by: Date: 1/10/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day ection 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 1
PROPERTY ID #: 4732888239
COUNTY: Iredell

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

OWNER: John McCormick
ADDRESS: 196 Watering Trough Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: US 21 N → R on Cumberland → R on Watering Trough → lot on R
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 10-19-18
DATE EVALUATED: 10-31-18
PROPERTY SIZE: .502 ac
PROPERTY RECORDED: YES

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4% FS	0-8	WSBK SCL	FI,SS,SP,SE	16-22 chroma 2 5YG12	22-61	water coming in @ 16" +33" (lowside)		PS .25
		8-22	ABK C	FI,S,P,SE					
		22-46	WSBK CL	FI,SS,SP,SE					
		46-61	SL SAP	FI,NS,NP					
2 init	6% LS	0-6	WSBK SCL	FI,SS,SP,SE	6-49 few-com YB mottles	49	—		PS .25
		6-30	ABK C	FI,S,P,SE					
		30-49	WSBK CL	FI,SS,SP,SE					
3 init	7% LS	0-3	WSBK SCL	FI SS,SP,SE	3-52 few-com YB mottles	52	—		PS .25
		3-32	ABK C	FI,S,P,SE					
		32-52	WSBK CL	FI-FI,SS,SP					
4	4% FS	0-5	WSBK SCL		21-36 com-many YB mottles	25-62	36-62 few com SAP inc		PS .25
		5-21	ABK C	FI-FI,S,P,SE					
		21-25	platy CL	FI,S,P					
		25-36	WSBK CL	FI-FI,SS,SP,SE					
		36-62	WSBK CL	FI-FI,SS,SP,SE					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

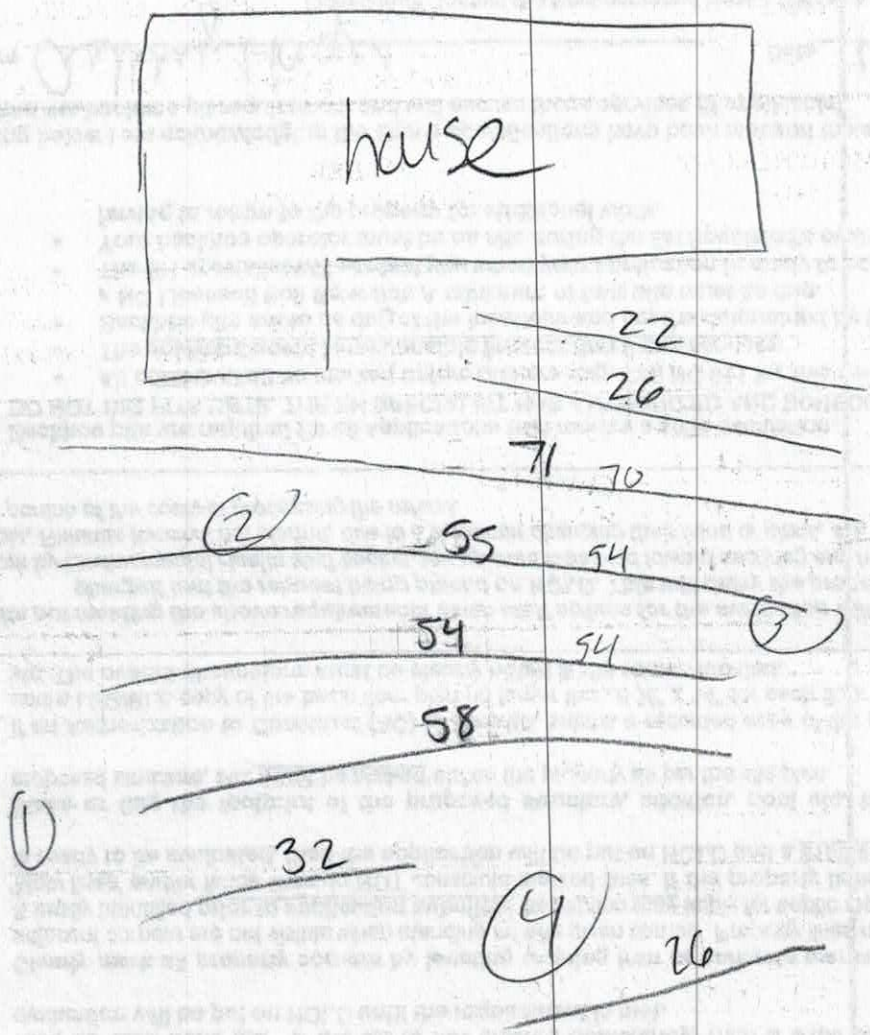
COMMENTS:

360
240
600

344

50|56 480

25|56 600



*need 256

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY:

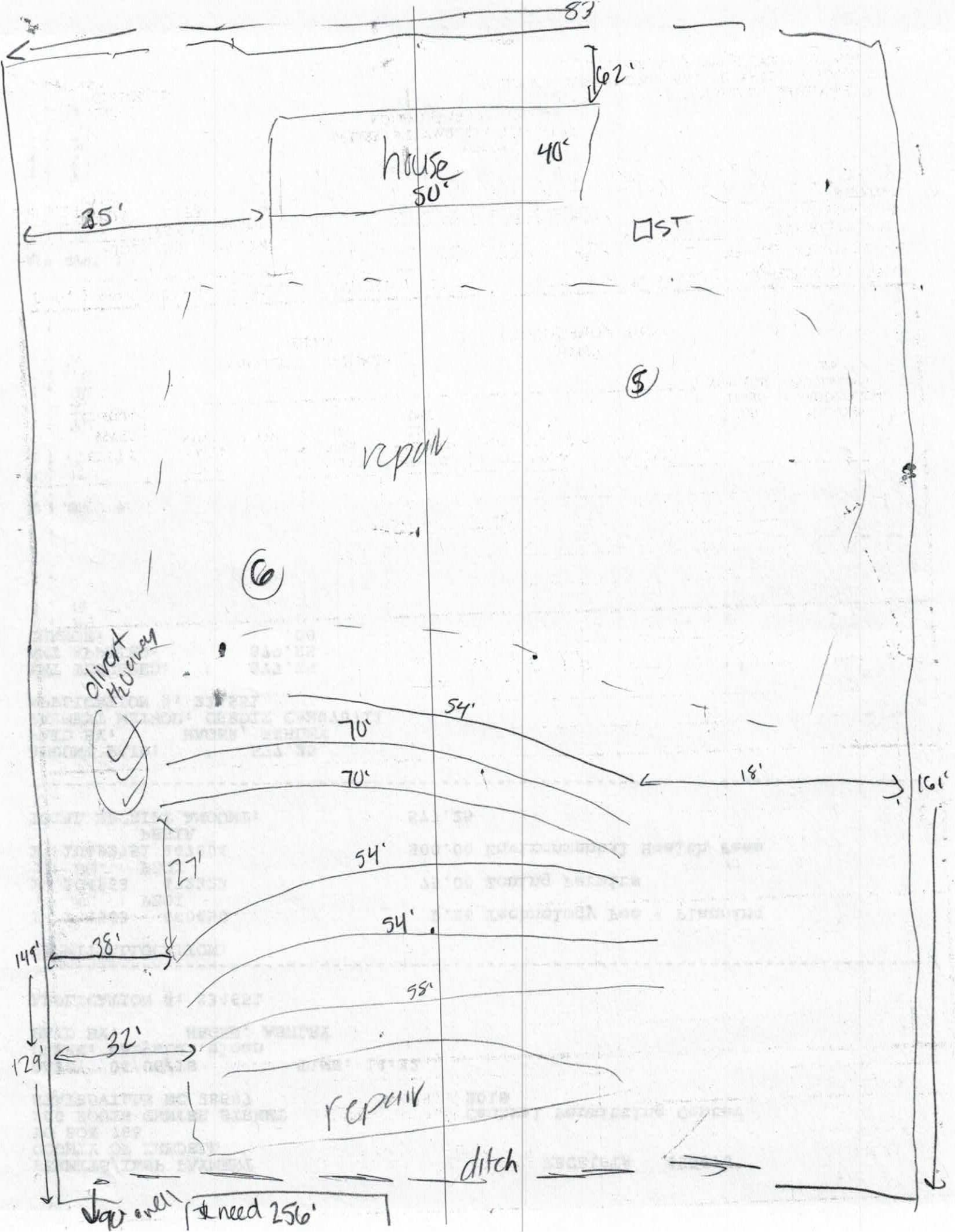
SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: REFER TO SHEET ONE — APPLICATION DATE
ADDRESS: — DATE EVALUATED: 1/3/19
PROPOSED FACILITY: — PROPOSED DESIGN FLOW (.1949): — PROPERTY SIZE:
LOCATION OF SITE: — PROPERTY RECORDED:
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 (Typical) 5	12% LS	0-7	WSBK SCL	Fr, SS, SP, SE	7-32 few YB mottles	48	32-48 few SAP inc		PS .25
		7-32	ABK C	Fr, SS, SP, SE					
		32-48	WSBK CL	Fr, SS, SP, SE					
2 (Typical) 6	8% LS	0-31	SBK C	Fr, SBP, SE	0-31 few YB mottles 31-48 common YB mottles	31	—	—	PS .25
		31-48	mass C pods 7.1	Fi, SVP, E					
3									
4									

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:


83'
62'
house
40'
50'
35'
ST
5
repair
6
divert
runoff
54'
70'
70'
18'
161'
27'
54'
54'
38'
149'
55'
32'
129'
repair
ditch
well
need 256'

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Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#239689

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 Address: 115 Ashmore Cir Trautman Zip: 28166
Applicant Email: JSMcCormick@roadrunner.com Phone: 704 528 7883 Alt. Phone: ~~~
Owner Name: Same Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 196 Watering Trough Rd Statesville
Subdivision Name: Trautman Crossing Section/Phase: Lot Number: 8
Driving Directions: 21 S Lft Moose Club Left Skyuka Lft watering Trough

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:

CHECK FOUNDATION TYPE
(✓) 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:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* 25% 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: JRM
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-19-18
DATE

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, John R McCormick, am the legal owner(s) of the property located at 196 Watering Trough Rd Statesville, identified as

PIN (Parcel Identification Number) 4732888239.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) John R McCormick, 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.

_____ 10-19-18

Signature of Owner(s) Date

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

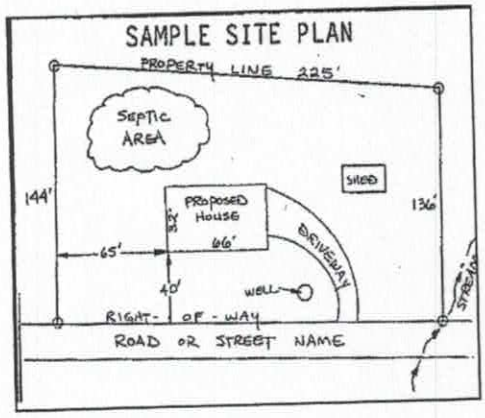
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

RECEIVED DEC 1 8 2018

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:

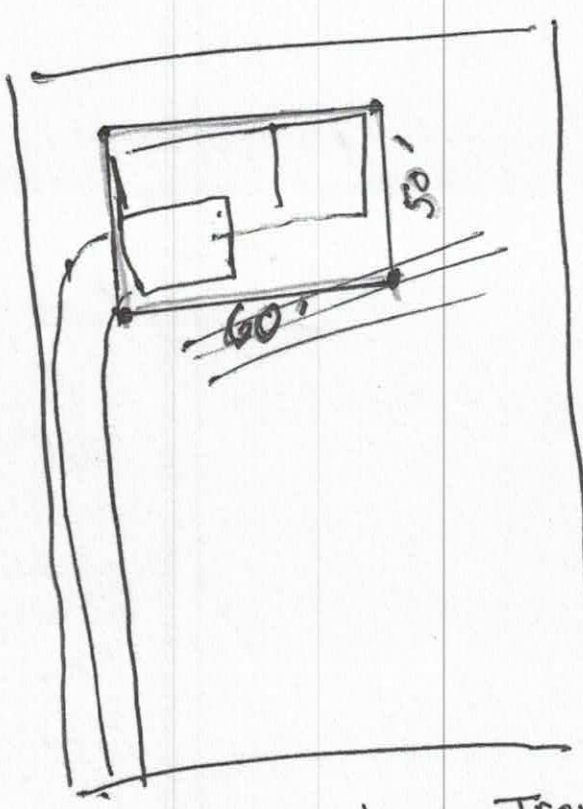
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator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



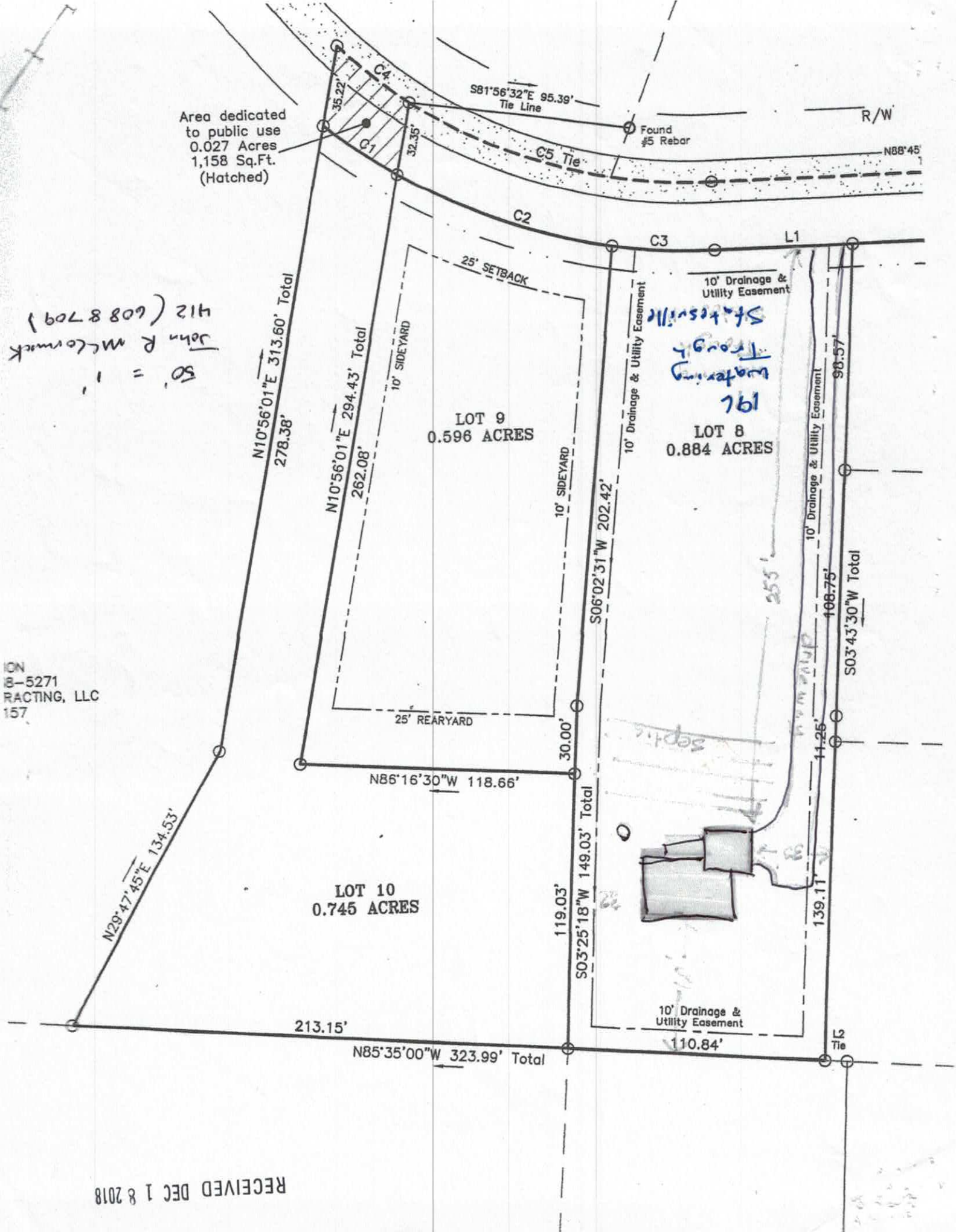
House Box 60' wide
5' Deep

151

196 Watering Trough

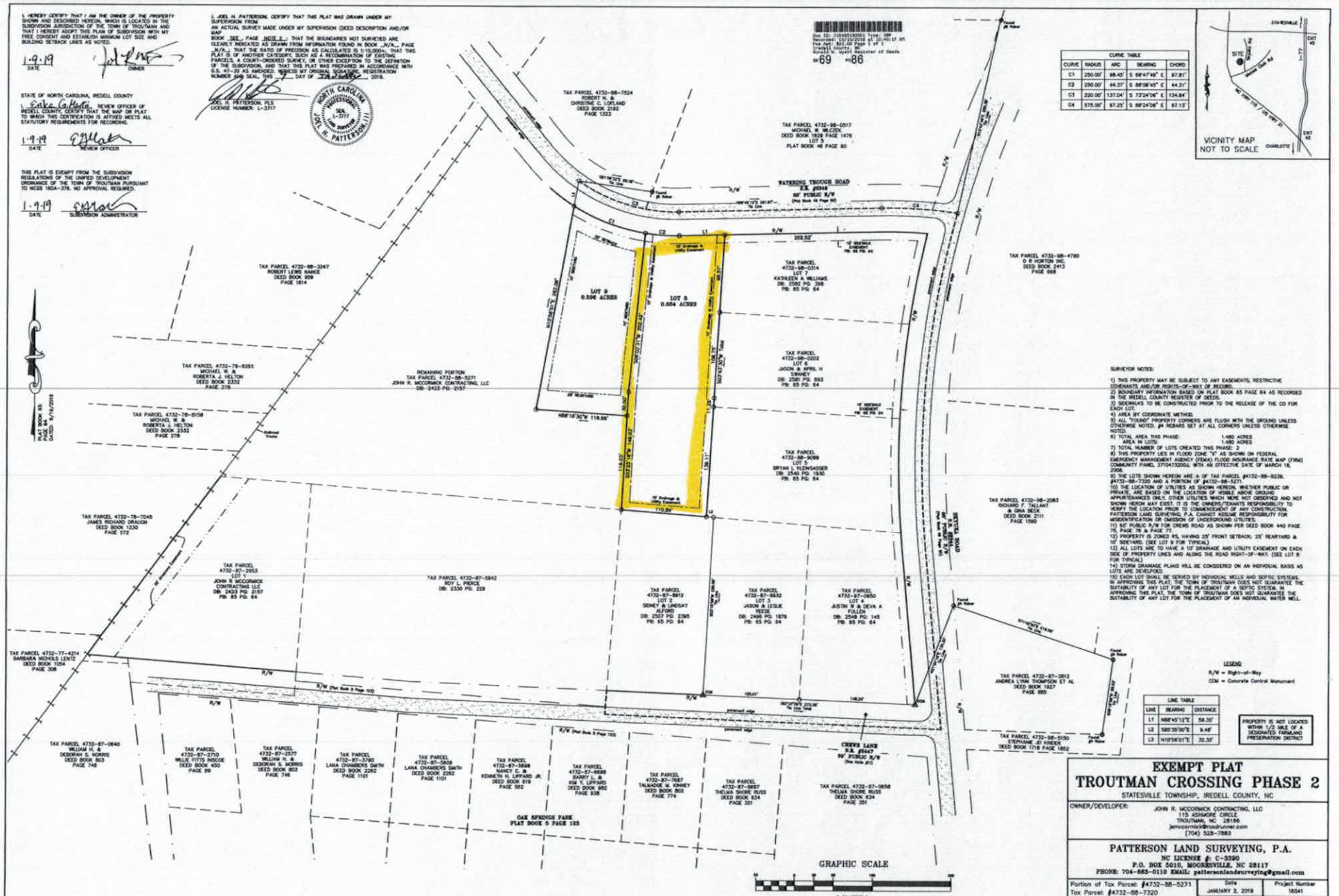
Signature: _____ 12.18.18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-19-18
DATE



ION
8-5271
RACTING, LLC
157

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EXEMPT PLAT
TROUTMAN CROSSING PHASE 2

STATESVILLE TOWNSHIP, IREDELL COUNTY, NC

OWNER/DEVELOPER:
JOHN R. MCCORMICK CONTRACTING, LLC
115 ASHMORE CIRCLE
TROUTMAN, NC 28166
jamccormick@troodrunner.com
(704) 528-7883

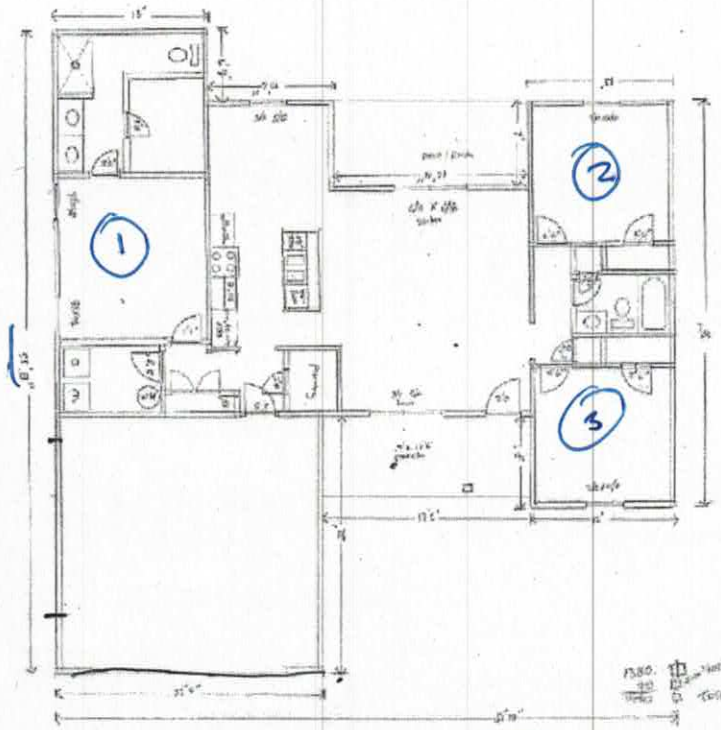
PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-665-0110 EMAIL: pattersonlandsurveying@gmail.com

Portion of Tax Parcel: #4732-88-5271	Date	Project Number
Tax Parcel: #4732-88-7320	JANUARY 2, 2019	16041
Tax Parcel: #4732-88-8239	Drawn By: MDH	Scale
File: 16041-Plat-12-3-18.dwg	Checked By: JHP	1" = 50'

FLOORPLAN SKETCH

Borrower: John R. McCormick Contracting, LLC		File No.: Z0851536
Property Address: 190 Watering Trough Road		Case No.: 18-002115-01-01
City: Statesville	State: NC	Zip: 28677
Lender: Bank OZK		

Acknowledgement Of
Plans Submittal ONLY!
Date 1-9-19
Date 1-10-19



239689 Grantmar Crossing - Lot 8
196 Watering Trough Rd
Statesville

Zoning Permit # 23946 89
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	10 - 19 - 18	Tax Parcel #	4732 888239.000
	Business Name or Property Owner	John R McCormick Contracting	LLC	
	Street Address & Lot Number	196 Watering Trough Rd	Statesville	Lot 8
	Business Type and/or Project Description	single family Home		
APPLICANT	Applicant	John R McCormick	Preferred Phone	704 528 7883
	Address City/State/Zip	115 Ashmore Cir	Troutman NC	28166
	E-Mail	JS McCormick @ Road Runner .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	Well / Septic		Floodplain	Yes ☐	No ☑
Permitted Use of Property	SFR				
Minimum Setback Requirements	Front 25' Rear 25' Left Side 10' Right Side 10' *Setback measured from nearest projecting point of structure to Property Line.*				
Comments:	Front of home should be parallel to front lot line / Street. @ rear / side yard trees for lots over 1/2 acre. Use of existing is okay.				

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.

Dominique Upwright
Signature of Zoning Administrator

Sandy - 412 608-8708
cell 412 6088709