IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228527

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

PIN # 4732889099

APPLICANT/OWNER: John R. McCormick APPLICANT ADDRESS: 112 Ashmore Circle, Troutman, NC 28166

SITE ADDRESS: 145 Skyuka Rd. ~~Statesville~~ Troutman, NC ~~28166~~ PHONE: 412 708-8709 ALT. PHONE 704 528-7883

SITE DIRECTIONS: US 21 S. from Statesville, TL Moose Club TL Skyuka Rd SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Troutman Crossing SECTION: - - LOT # 5 LOT AREA: 1.794 Ac. DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB 825 Date 9/15/17 ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank ____ (gal) PT ____ Date ____ System Description: Gravity - 25% Reduction

Pump Make ____ Model ____ Serial # ____ Repair System Description: RPBPS w/ Cover

Nitrification Fields 1 # Lines 4 Linear Ft 360 Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Trench Bottom Depth(Low side) 33" Gravel Depth N/A ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 — Water Supply: ☒ Private ☐ Public ☐ Community

☐ Business No. Persons 6

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

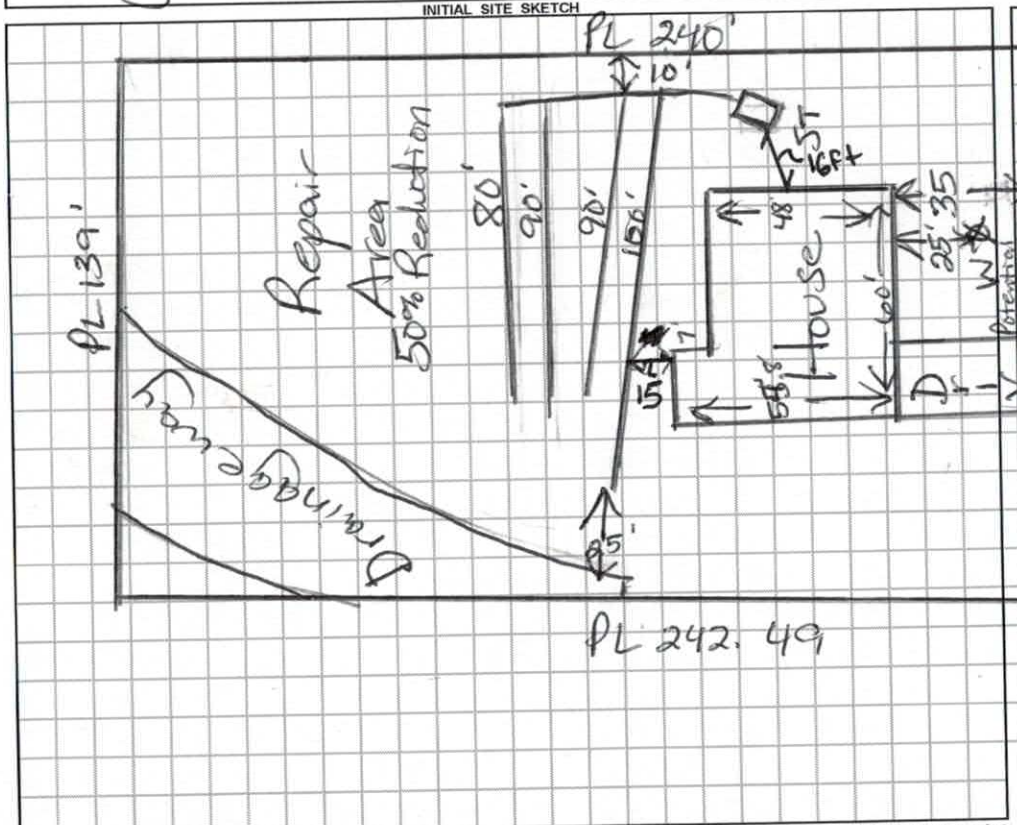
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Comments / Conditions: Divert stormwater/surface water away from Septic System.

Line 1 - 102 Line 2 - 90 Line 3 - 90 Line 4 - 82

*Installed as reflected on Permit.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:60

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: 11-15-17 Installed by: Joe Thompson

IMPROVEMENT PERMIT by: [signature] Date: 11/8/17 OPERATION PERMIT by: Benjamin A Bolkins Date: 11/16/2017

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/13/17 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 1
PROPERTY ID #: 473289
COUNTY: Forsyth

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

OWNER: John R. McCormick Contracting LLC
APPLICATION DATE 7/10/2017
ADDRESS: 112 Ashmore Circle Trout
DATE EVALUATED: 7/19/2017
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.794 acres
LOCATION OF SITE: 145 Skyuka
PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

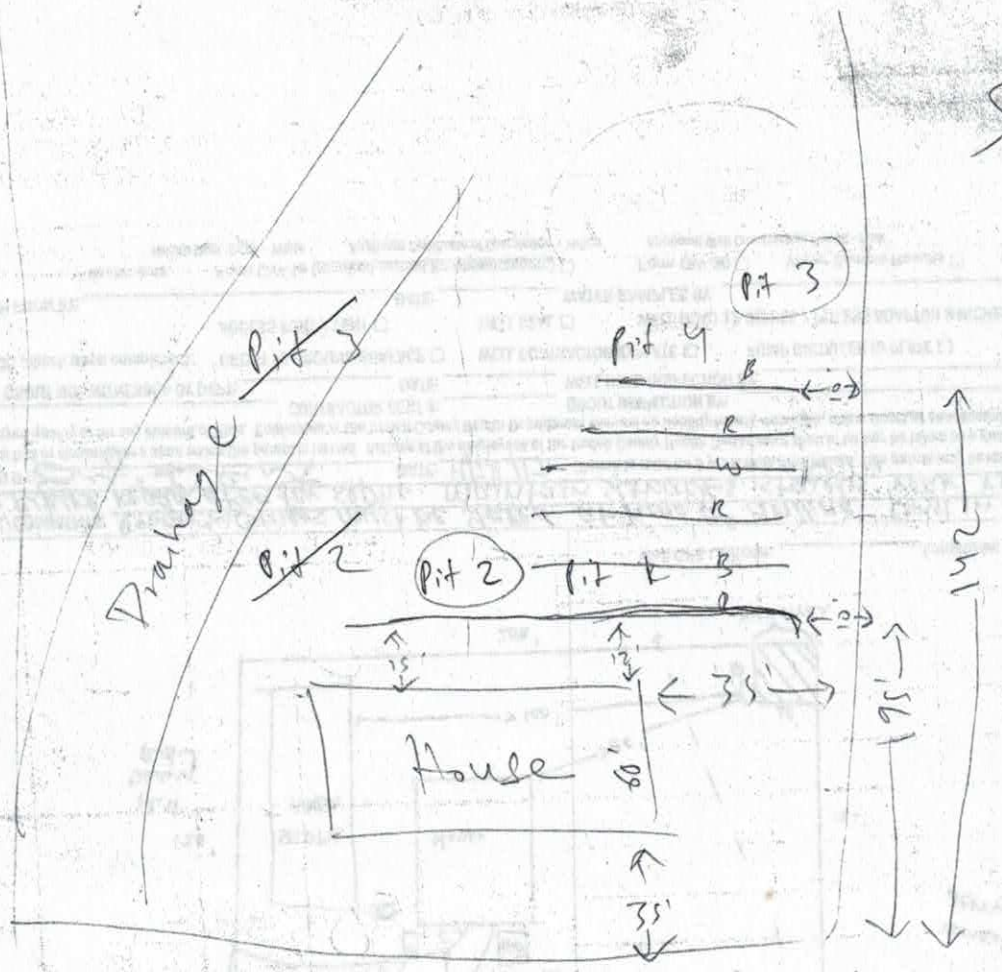
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	S-7% L Primary	6-11	WSBk SCL	FR SS SP Sexp	—	60	—	—	0.25 PS
		11-33	MSBk C	FI SS SP Sexp					
		33-60	WSBk CL	FR SS SP Sexp					
2	S-7% L Primary	0-8	WSBk SCL	FR SS SP Sexp	some redox features @ 54"	50	—	—	0.33 PS
		8-50	MSBk C	FR SS SP Sexp					
3	S-7% L Repair	0-30	MSBk C	FR SS SP Sexp	—	60	loam sap 47-60"	—	0.25 PS
		30-47	WSBk CL	FR SS SP Sexp					
		47-60	Loam sap	FR Sexp					
4	S-7% L Repair	0-6	WSBk SCL	FR SS SP Sexp	—	38	—	38" rock	0.33 PS
		6-38	MSBk C	FR SS SP Sexp					
		38-60	rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240 lineal feet	240 lineal feet
ystem Type(s)	50% reduction	50% reduction
te LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Shamed Dumanli
OTHER(S) PRESENT:

Primary
50% reduction

repair
50% reduction



6 pits total

the 1st Pit 2 & Pit 3 were wet.

40'	40'	50'	50'	50'	70'
B	R	W	R	B	R
6'4.3"	6'0.1"	5'4.2"	5'2"	4'7"	4'1.2"

6 lines

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Application For: ( ) 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
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: 112 Ashmore Ct. Troutman Zip: 28166
Applicant Email: JS McCormick@Roadrunner.com Phone: (412) 6088709 Alt. Phone: (704) 528 7883
Owner Name: same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 145 S Kyu Ka Statesville
Subdivision Name: Troutman Crossing Section/Phase: _____ Lot Number: 5
Driving Directions: 21 S Left moose club Rd Left S Kyu Ka Rd

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: _____
( ) 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: _____
(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: _____

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: _____ 10/23/17 (7-10-17)
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, John R McCormick, am the legal owner(s) of the property located at 145 Skyuka 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.

[signature]	7-10-17		
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

11/13/17 (Date)

Owner: John McCormick
Address: 112 Ashmore Circle
Troutman, NC 28166

Subject: Notice of Intent to Revoke/Suspend Troutman Crossing #5
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Mr. McCormick:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 145 Skyuka Troutman, NC (physical address) 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 Type 3 Gravity PPBPS (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
2 permits for 1 site	15A NCAC 18A. 1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

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 11/13/17. 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,

Maria Dotson

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 220527

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

PIN # 4732889099.000

APPLICANT/OWNER: John R McCormick

APPLICANT ADDRESS: 112 Ashmore Circle Troutman, NC 28166

SITE ADDRESS: 145 Skyuka Rd Troutman, NC 28166

PHONE: (412) 608-8709

ALT. PHONE (704) 528-7883

SITE DIRECTIONS: 21 S (L) Mooserlub Rd (L) Skyuka Rd.

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Troutman Crossing

SECTION: — LOT # 5 LOT AREA: 0.794 acres

DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	5	Linear Ft	245		
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		

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

System Description: 50% reduction

Repair System Description: 50% reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

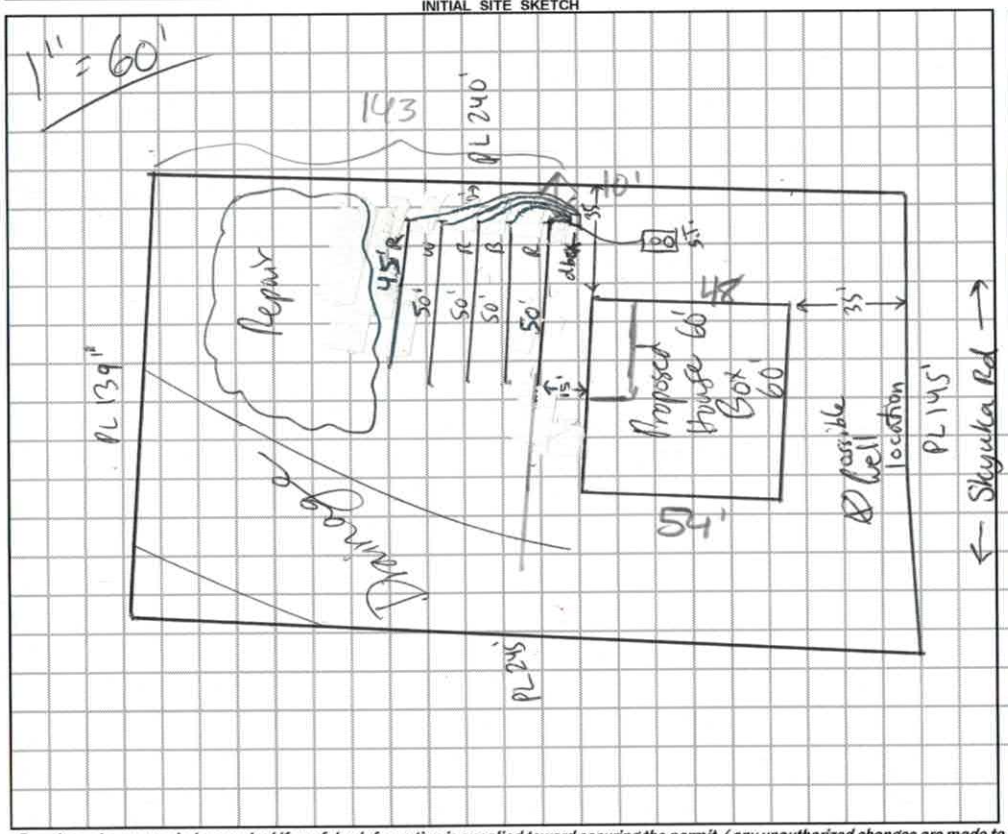
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour of the land. Although 300 linear feet were layed out, only 245 linear feet need to be installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Revoked

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: — Installed by: —

IMPROVEMENT PERMIT by: Shannon Dynamite Date: 7/25/2017 OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: Benjamin M. Bolton Date: 9/6/2017 Existing System Inspected by: — Date: —

IREDELL COUNTY HEALTH DEPARTMENT

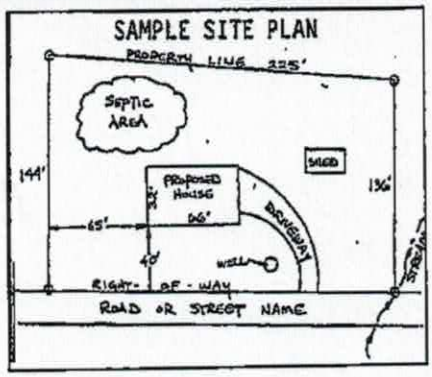
ENVIRONMENTAL HEALTH DIVISION

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

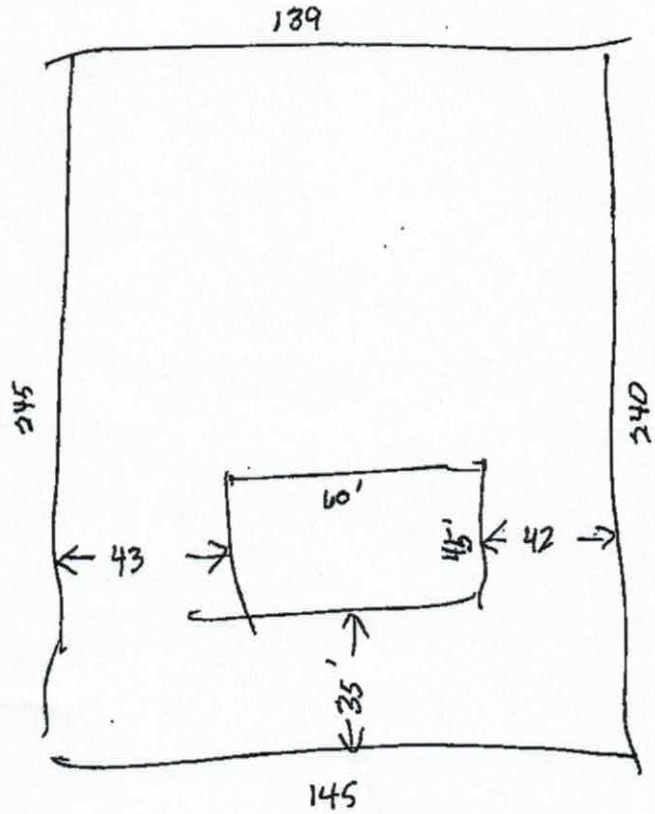


Circle N/A on the following if appropriate:

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



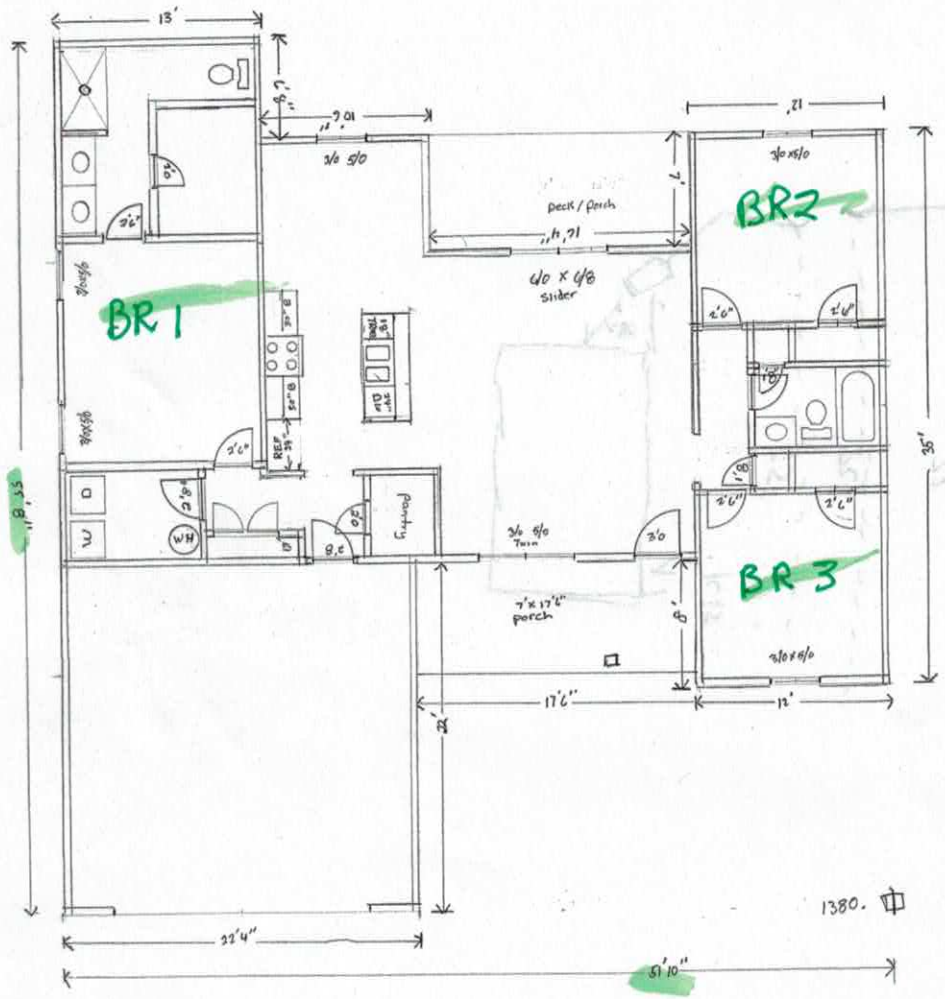
228527

Signature: _____

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

10-23-17

DATE



Acknowledgement Of
Plans Submittal ONLY!

Date

Date 9/19/2017

John R McCormick Const LLC
145 Skyuka Rd Lot 5
Statesville, NC
Phone 412 608 8709
NC Lic 64620

IREDELL COUNTY

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

APPLICATION NUMBER
228527
Issue Date: 07/11/2017

Permit Type: SINGLE FAMILY GRADING

Parcel Number	Street Address	Jurisdiction
4732889099.000	145 SKYUKA ROAD	

Owner Information	Applicant Information	Contractor Information
Owner: JOHN R MCCORMICK CONTRACTING L LC Address: 115 ASHMORE CIRCLE TROUTMAN, NC 28166 Phone: 704-528-7883	Applicant: MCCORMICK JOHN F Address: 115 ASHMORE CIRCLE TROUTMAN, NC 28166 Phone:	Contractor: MCCORMICK JOHN F Address: 115 ASHMORE CIRCLE TROUTMAN, NC 28166 Phone: License Type: BLDG License Number: 64620

Project Description

NEW SINGLE FAMILY - TROUTMAN

Scope of Work

PERC TEST ONLY HOLD ALL OTHER PERMITS UNTIL TROUTMAN ZONING IS APPROVED

Permit Details:

RESIDENTIAL GRADING PERMIT	Amount:	60.00
TECHNOLOGY FEE - PLANNING	Amount:	1.80
	Amount:	
	Amount:	
	Amount:	
	Amount:	
	Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 07/11/2017

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	108661	TOTAL FEES:	$ 61.80

Zoning Permit # 228527
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	7-7-17	Tax Parcel #	4732889099
	Business Name or Property Owner	John R McCormick		
	Street Address & Lot Number	145 Skyuka Road		
	Business Type and/or Project Description	SFR		
APPLICANT	Applicant	John R McCormick	Preferred Phone	704 528 7883
	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 (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	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: *Perc Test only* Hold all other permits until Troutman Zoning is approved.

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.

John R McCormick
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 Wright
Signature of Zoning Administrator