IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221254

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

PIN # 4738-97-0950

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

SITE ADDRESS: 106 CREWS LN. ~~TROUTMAN~~ Statesville PHONE: 412-608-8709 ALT. PHONE:

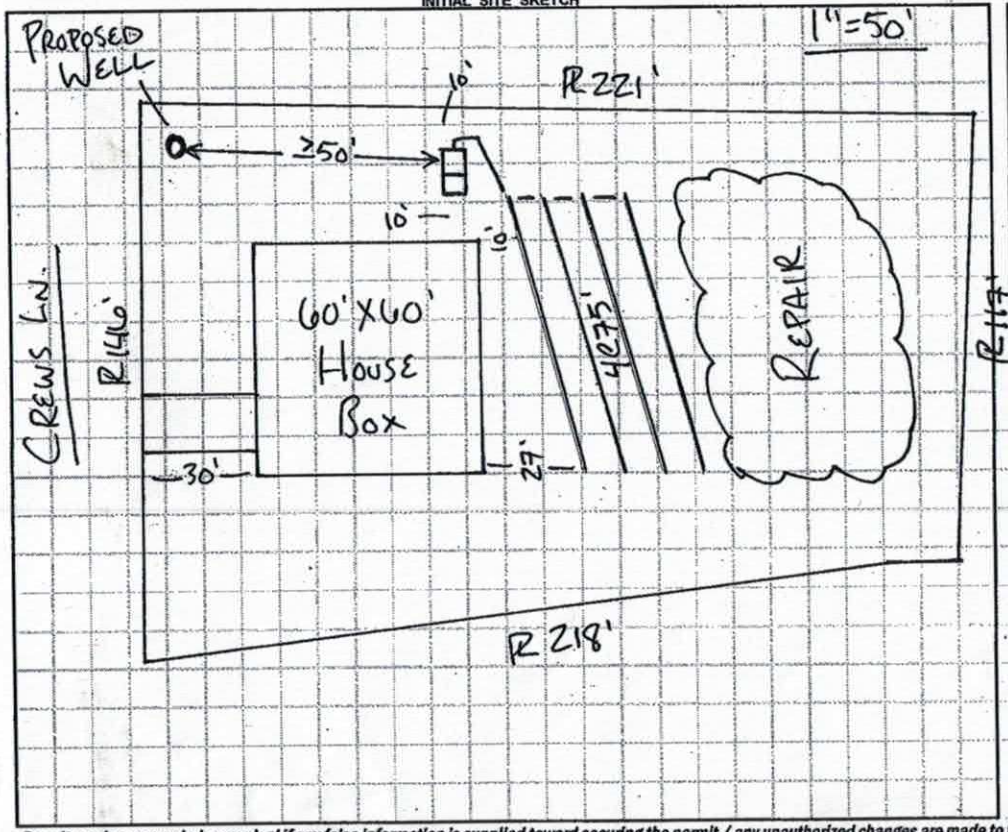
SITE DIRECTIONS: ZIN, TR MOOSECLUB, TL SKYUKA, TL CREWS, ON R

SUBDIVISION: TROUTMAN CROSSING SECTION: LOT # 4 LOT AREA: .663 AC DESIGN FLOW: 360 L.T.A.R.: .3(.225R)

Septic Tank	1000 (gal)	STB	825	Date	8-16-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% REDUCTION	☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	PANEL BLOCK	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4@75'	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	X 18" X	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 as drawn
ST 11ft to house
Checked TB depth – OK

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 MCCORMICK Date:

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

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

Installed by: Joe Thompson

OPERATION PERMIT by: Maria Dotson Date: 10/31/17

Existing System Inspected by: Date:

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

Sheet: 1 OF 1
PIN #: 4732-97-0950
Lot #: 4
Permit #: 221254
AppID:

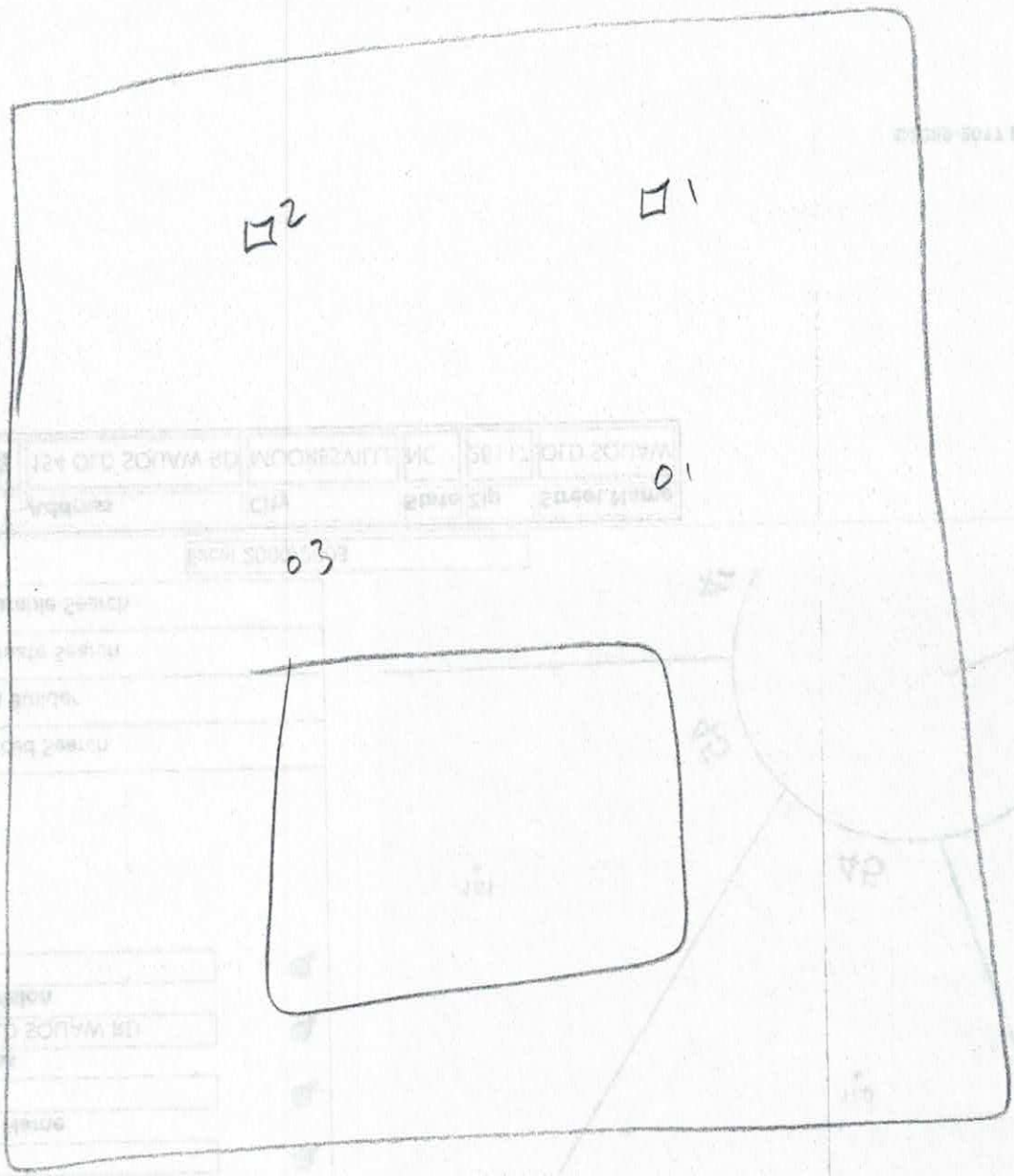
SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: JOHN MCCORMICK
Applicant: SAME
Address: 106 CREWS LN. TROUTMAN
Date Evaluated: 10/4/2016
Proposed Facility: SFR Design Flow (.1949) 360
Property Size: .663 AC
Location of Site: TROUTMAN CROSSING LOT 4
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 .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	LINEAR 7%	0-25	RC,M,SBK	SS	NA	38"	S	51"+	.325
		25-35	RCL,M,SBK	SS					
		35-38	RCL,W,SBK	SS					
		38-51	LSAP	SS					
AB 3	LINEAR 7%	0-8	SCL,W,SBK	SS	NA	32"	S	50"+	.325
		8-16	RC,M,SBK	SS					
		16-32	RCL,W,SBK	SS					
		32-50	LSAP	SS					
PIT 1	LINEAR 5%	0-9	SCL,W,SBK	SS	NA	52"	NA	52"+	.3
		9-37	RC,M,SBK	SS					
		37-52	RCL,M,SBK	SS					
PIT 2	LINEAR 4%	0-21	FILL		Y/BR @ 37-53	53"	NA	53"+	.225
		21-37	RC,S,SBK	SS					
		37-53	CL,W,SBK	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25% RED	PPBPS
Site LTAR	.3	.225

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


2
1
01
03

RECEIVED AUG 23 2016

Please CALL prior to inspection
Name: John
Number: 704-528-7883

EALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

LL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION MITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED THOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

#221254

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 Contracting LLC	115 Ashmore Cir Troutman	(704)5287883	(412)6088709
Same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

106 Crews Lane Troutman — Troutman Crossing — 1 — 4
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: 21 North / Rt moose Club / Lft Crews Ln

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 To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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:

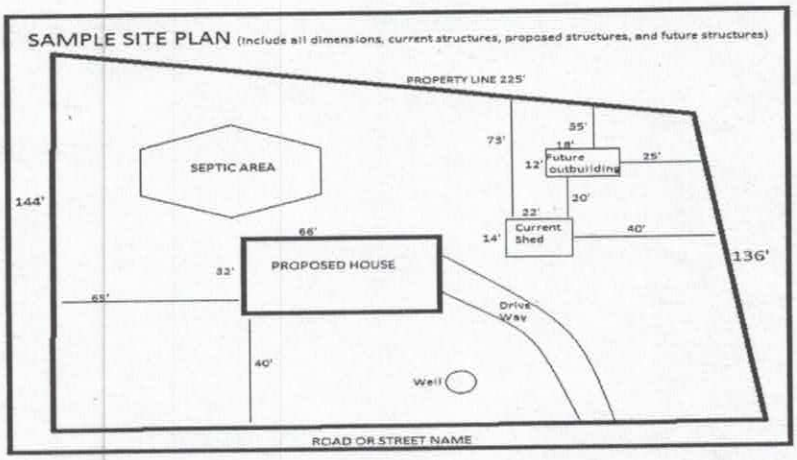
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

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:

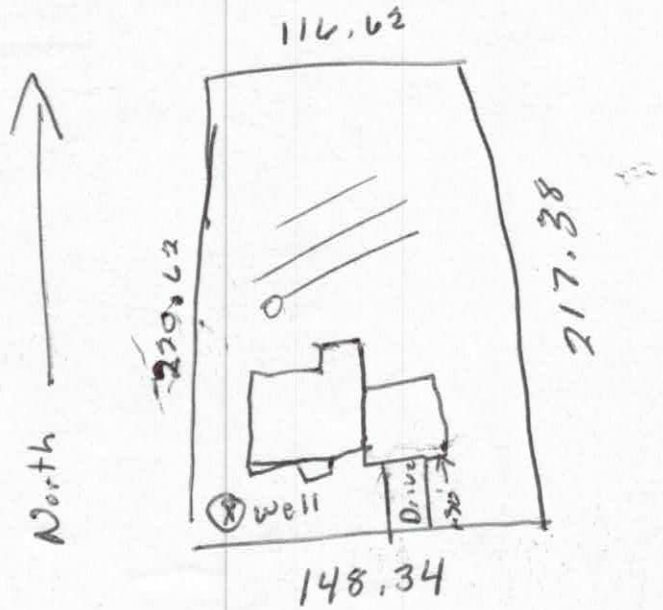
- N/A **Location of septic systems and wells within 100' of your property… N/A**
- N/A **Location of easements and rights of ways on your property… N/A**
- N/A **Location of any designated wetlands on the property… N/A**



0.663 Acre

USE THIS SPACE TO DRAW YOUR SITE PLAN

set Backs
25' Front
10' side
25' rear

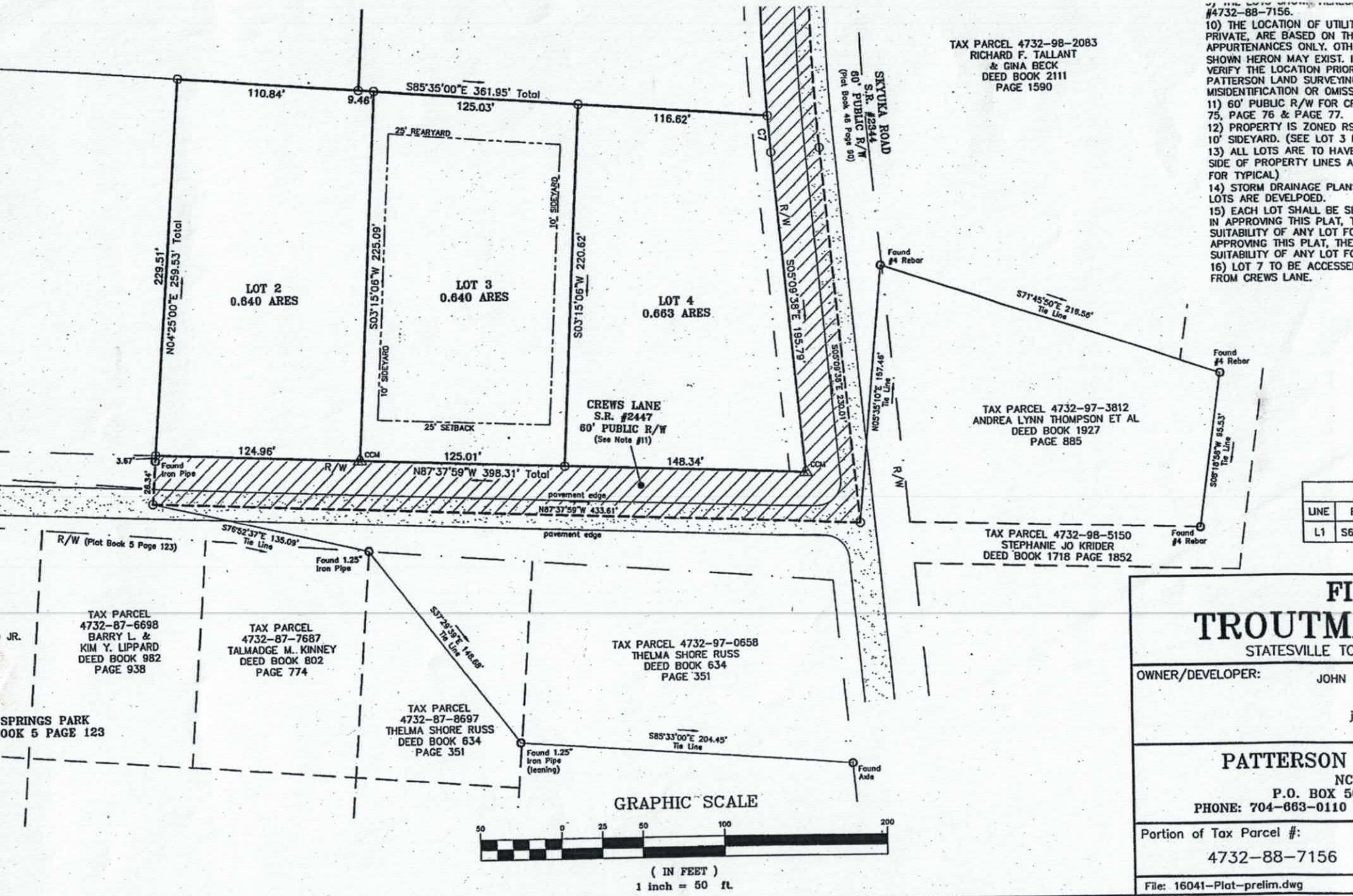


Foot Print on Lot
60' X 60'

Signature: _____

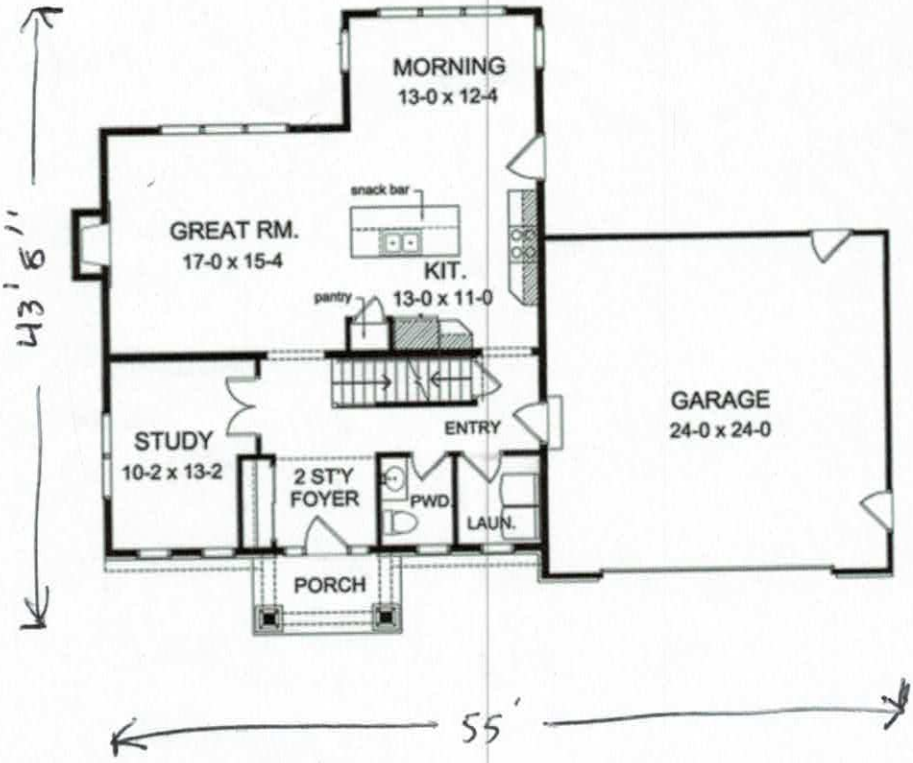
REQUIRED **property owner or owner's legal representative signature.**

8-23-16
DATE


#4732-88-7156.
10) THE LOCATION OF UTILIT
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 SI
IN APPROVING THIS PLAT,
SUITABILITY OF ANY LOT FO
APPROVING THIS PLAT, THE
SUITABILITY OF ANY LOT FO
16) LOT 7 TO BE ACCESSE
FROM CREWS LANE.
TAX PARCEL 4732-98-2083
RICHARD F. TALLANT
& GINA BECK
DEED BOOK 2111
PAGE 1590
SKYUKA ROAD
S.R. #2544
60' PUBLIC R/W
(Plat Book 45 Page 90)
S85°35'00"E 361.95' Total
110.84'
9.46'
125.03'
116.62'
25' REARYARD
10' SIDEYARD
25' SETBACK
229.51'
N04°25'00"E 259.53' Total
S03°15'06"W 225.09'
S03°15'06"W 220.62'
LOT 2
0.640 ARES
LOT 3
0.640 ARES
LOT 4
0.663 ARES
C7
R/W
S05°06'38"E 185.76'
S05°06'38"E 23.01'
CREWS LANE
S.R. #2447
60' PUBLIC R/W
(See Note #11)
Found
#4 Rebar
S71°45'50"E 218.56'
Tie Line
N05°35'10"E 157.46'
Tie Line
S08°18'58"W 85.53'
Tie Line
TAX PARCEL 4732-97-3812
ANDREA LYNN THOMPSON ET AL
DEED BOOK 1927
PAGE 885
3.67'
Found
Iron Pipe
124.96'
CCM
125.01'
148.34'
N87°37'59"W 398.31' Total
pavement edge
N87°37'59"W 433.61'
R/W (Plat Book 5 Page 123)
S76°52'37"E 135.09'
Tie Line
Found 1.25"
Iron Pipe
S37°29'59"E 148.68'
Tie Line
S85°33'00"E 204.45'
Tie Line
Found 1.25"
Iron Pipe
(leaning)
Found
Axle
TAX PARCEL 4732-98-5150
STEPHANIE JO KRIDER
DEED BOOK 1718 PAGE 1852
TAX PARCEL
4732-87-6698
BARRY L. &
KIM Y. LIPPARD
DEED BOOK 982
PAGE 938
TAX PARCEL
4732-87-7687
TALMADGE M. KINNEY
DEED BOOK 802
PAGE 774
TAX PARCEL 4732-97-0658
THELMA SHORE RUSS
DEED BOOK 634
PAGE 351
TAX PARCEL
4732-87-8697
THELMA SHORE RUSS
DEED BOOK 634
PAGE 351
SPRINGS PARK
OOK 5 PAGE 123
GRAPHIC SCALE
50 0 25 50 100 200
(IN FEET)
1 inch = 50 ft.
LINE
L1
OWNER/DEVELOPER:
JOHN
PATTERSON
NC
P.O. BOX 5
PHONE: 704-663-0110
Portion of Tax Parcel #:
4732-88-7156
File: 16041-Plat-prelim.dwg

Plan #HWBDO77459

Level 1 | Level 2





Like 0 | Save

Keywords: Traditional , 3 Bedroom , 2 Story

PRIMARY STYLE:	Traditional
FIRST FLOOR:	1042 sq.ft.
LIVING AREA	1969 sq.ft.
BONUS SPACE:	317 sq.ft.
FOUNDATION:	Unfinished Basement
BEDROOMS:	3
BATHS:	2
HALF BATHS	1
WIDTH:	55'
DEPTH:	43' 8"
STORIES:	2
GARAGE BAYS:	2

MORE DETAILS

CUSTOMIZE THIS PLAN

SAVE PLAN

Acknowledgement of Plans Submittal ONLY!

JLR Date 8-23-16

RA Date 10-7-16

Acknowledgement of Plans Submittal ONLY!

Date 8-23-16

Date 10-7-16

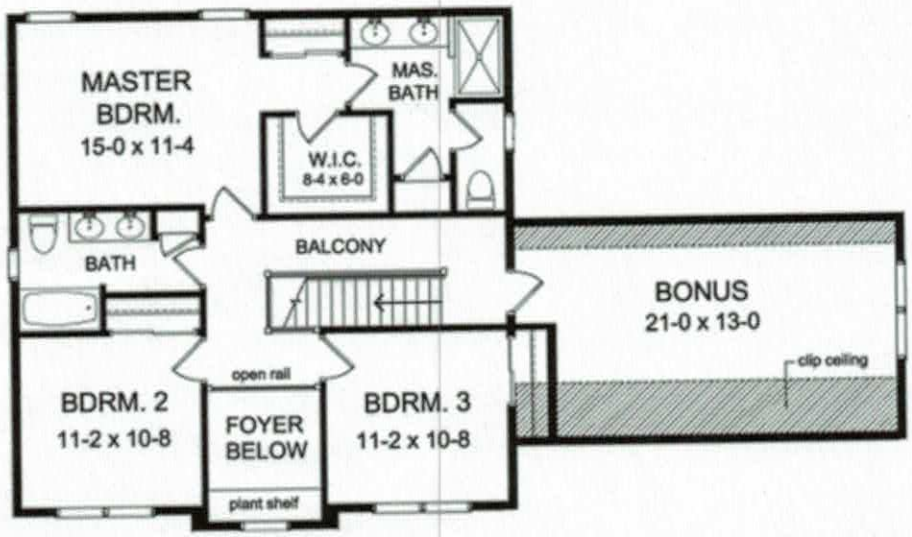
877-222-1762

Search Style, Features or Plan #...

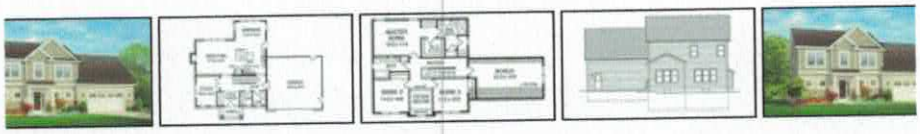
Sign-In and view your saved searches: SIGN IN REGISTER

ADVANCED SEARCH BROWSE STYLES BROWSE COLLECTIONS PLAN OF THE WEEK BUILDING COST ESTIMATOR CONSTRUCTION INFO

Home > Styles > Traditional House Plans > Great Beginnings



GREAT BEGINNINGS reverse zoom



Like 0 Save Tweet save print

HWBDO77459 - HOUSE PLAN PRICE

$770 - 935

5 Copy Construction Set – $770

Plan set information

select foundation type

Unfinished Basement

select framing

Wood – 2x6

add additional options

ADD TO CART

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

CUSTOMIZE THIS PLAN

ForSaleByOwner



The Official ForSaleByOwner Website

The Best Way To Sell Your Home Fast

PLAN DETAILS

Keywords: Traditional , 3 Bedroom , 2 Story

More From This Designer »

OVERVIEW	
Primary Style	Traditional
Bedrooms:	3
Half Baths:	1
Baths:	2
Living Area:	1,969 sq.ft.
Width:	55'
Foundation:	Unfinished Basement
Depth:	43' 8"
Bonus space:	317 sq.ft.
Stories:	2
Styles:	Colonial Traditional
Garage Bays:	2

DETAILS	
Heated/living area	1,969 sq. ft.
Bonus area	317 sq. ft.
Garage area	576 sq. ft.
Total area	3,962 sq. ft.
Foundations	Unfinished Basement
Framing	Wood - 2x6
Facade	Shingle/Siding
Roof material	Asphalt
Roof framing	Combination Truss/Conventional
First Floor	1042 sq ft/ height 9
Second Floor	927 sq ft/ height 8
Bonus	317 sq ft
Basement Unfinished	1042 sq ft
Porch	58 sq ft
Kitchen	143 sq ft / 13' 0" x 11' 0"
Morning Room	160 sq ft / 13' 0" x 12' 4"

FEATURES

- Balcony-Exterior
- Columned Front Entry

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 # 221254 See reverse for new construction.

Fee $45.00 Code 104

Zoning Permit

LOCATION	Date (mm/dd/yy)	8-23-16	Tax Parcel #	4732887156
	Business Name or Property Owner	John McCormick		
	Street Address & Lot Number	106 Crews Lane		Lot 4
	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.*			

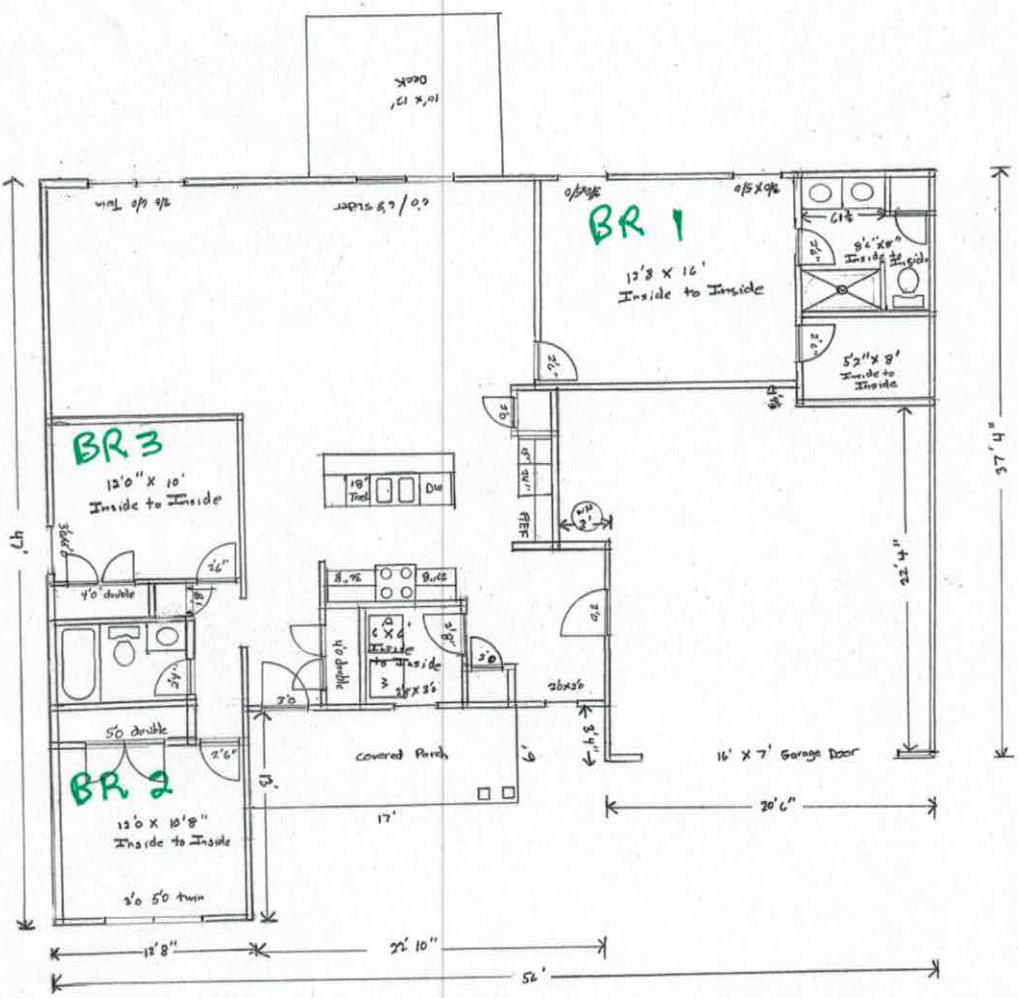
Comments: Perc Test only | Hold until Troutman Zoning is permitted.

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.

John R [illegible]
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.

Damien Upright
Signature of Zoning Administrator



1611 ☐ Heated

Acknowledgement Of
Plans Submittal ONLY!

_____ Date _____

_____ Date _____

John R McCormick Cont LLC
106 Crews Lane
Statesville NC
Phone 412 6088709
NC Lic 64620