IREDELL COUNTY HEALTH DEPARTMENT

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

10:00

PERMIT # 228519

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

PIN # 4732980202.000

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

SITE ADDRESS: 151 Skyuka Rd ~~Troutman, NC 28166~~ Statesville PHONE: (412) 608-8709 ALT. PHONE (704) 528-7883

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

SUBDIVISION: Troutman Crossing SECTION: — LOT # 6 LOT AREA: 0.665 acres

SAP CONTROLLED: ☐ YES ☒ NO

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

Septic Tank	1000	(gal)	STB	825	Date	5-3-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% reduction			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	25% reduction			
# Nitrification Fields	1	# Lines		4	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		33"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

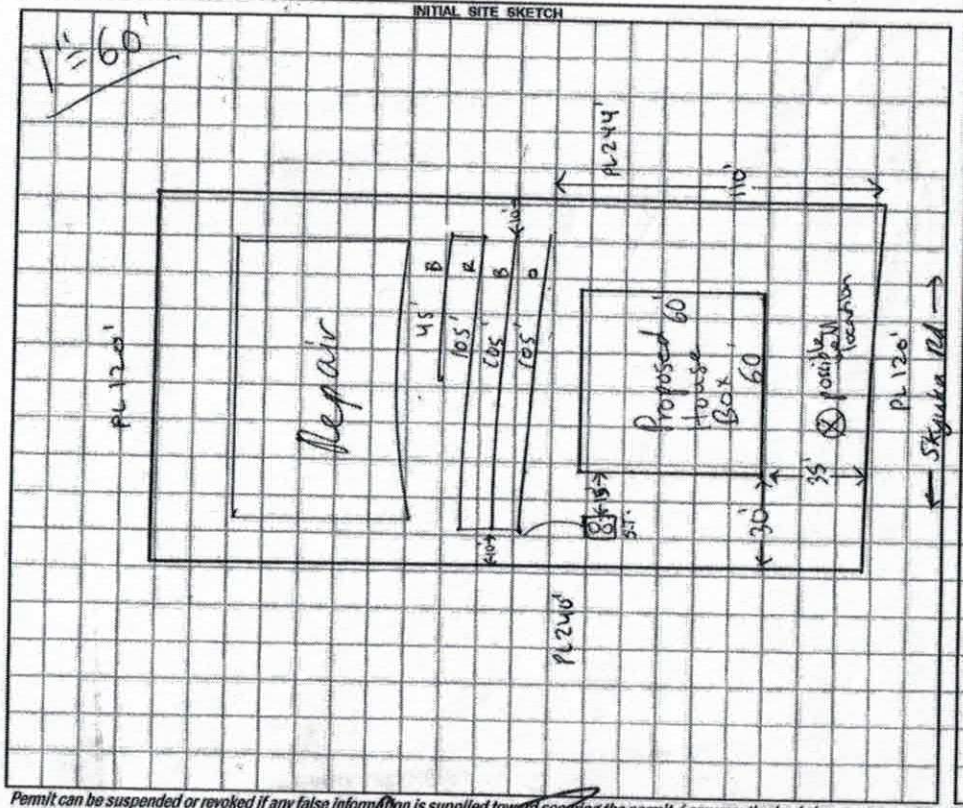
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees	—	☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install on contour of the land.

Installed Quick 4 Infiltrator Drainfield 20FT off House

INITIAL SITE SKETCH

1"=60'



AS BUILT SKETCH

Installed 4@90'

Permit can be suspended or revoked if any false information is supplied toward issuing 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: —

IMPROVEMENT PERMIT by: Mohamed Rumaneh Date: 7/25/2017

AUTHORIZATION TO CONSTRUCT by: Carter C. Cave Date: 4/30/18

Installed by: Joe Thompson

OPERATION PERMIT by: Marion Dotson Date: 6/15/18

Existing System Inspected by: — Date: —

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4732980202
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John R. McCormick APPLICATION DATE 7/10/2017
ADDRESS: 112 Aichmore Circle Troutman DATE EVALUATED: 7/19/2017
PROPOSED FACILITY: 3 BR House PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 0.685 acres
LOCATION OF SITE: 151 Skyuka Rd. PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

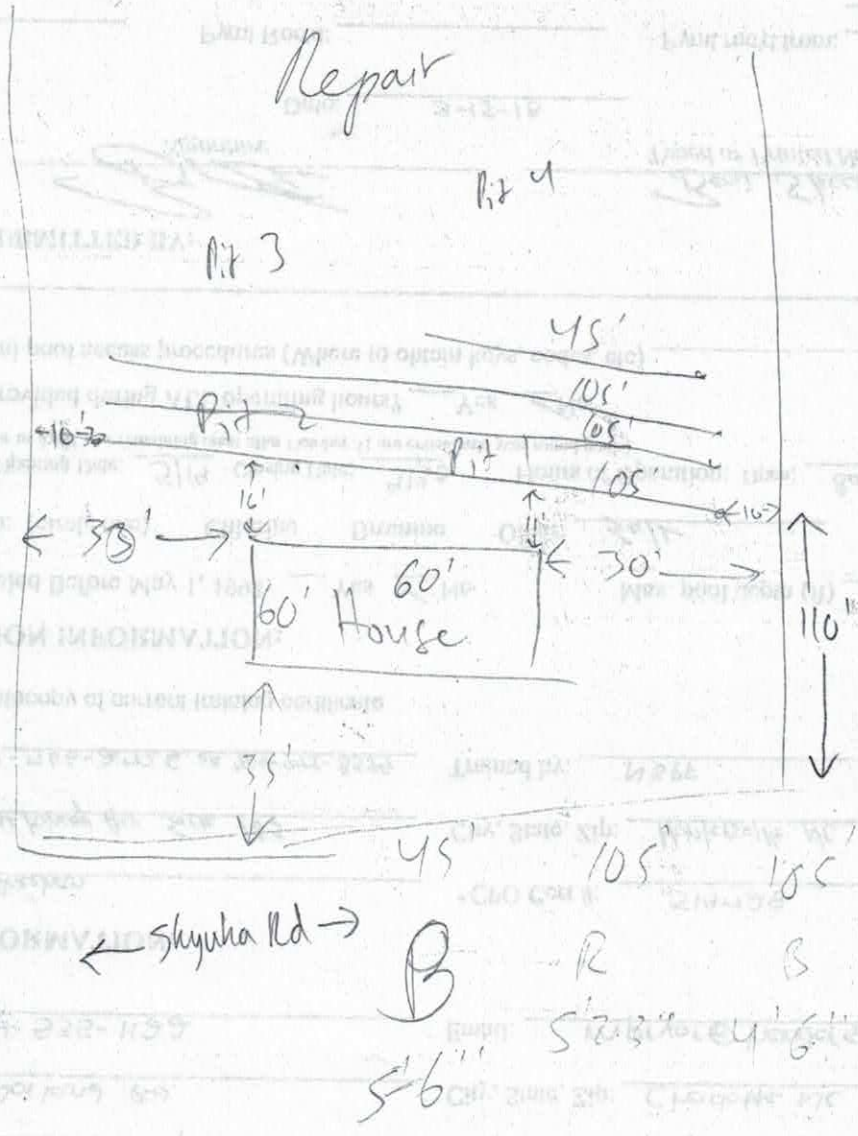
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4-6% L Primary	0-6	WSBk SCL	FR SS SP Scxp	some redox features 30"-50"	52	Loam sap 52"-60"	—	0.25 PS
		6-22	MSBk C	FR SS SP Scxp					
		22-52	WSBk CL	FR SS SP Scxp					
		52-60	Loam sap.	FR Scxp					
2	4-6% L Primary	0-5	WSBk SCL	FR SS SP Scxp	—	60	—	—	0.3 PS
		5-26	MSBk C	FR SS SP Scxp					
		26-60	WSBk CL w/ saprolite	FR SS SP Scxp					
3	L 6% Repair	0-17	MSBk C	FR SS SP Scxp	—	59	—	—	0.25 PS
		17-59	WSBk CL w/ sap	FR SS SP Scxp					
4	6% L Repair	0-6	WSBk SCL	FR SS SP Scxp	—	55	Loam sap 55"-60"	—	0.3 PS
		6-19	MSBk C	FR SS SP Scxp					
		19-55	WSBk CL w/ sap	FR SS SP Scxp					
		55-60	L sap	FR Scxp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360 linear ft	360 linear feet
System Type(s)	25% reduction	25% reduction
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): /
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Mohamed Dumarieh
OTHER(S) PRESENT:

COMMENTS:

360' Area feet



IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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 Contractor LLC Address: 115 Ashmore Cir, Troutman Zip: 28166
Applicant Email: JSmccormick@roadrunner.com Phone: (704) 5287883 Alt. Phone: (412) 608 8709
Owner Name: same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 151 SKyuKa Rd, Statesville, NC
Subdivision Name: Troutman Crossing Section/Phase: _____ Lot Number: 6
Driving Directions: 21 S Lft Moose Club, Lft SKyuKa

Site Development Information: *(check or complete ALL that apply*

(X) 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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1483 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: New
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 25% Reduction

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: _____ 4-27-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

#228519

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Application For:
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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@Boadrun.com Phone: (412) 6088709 Alt. Phone: (704) 528 7883
Owner Name: same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 151 Skyuka Statesville
Subdivision Name: Troutman Crossing Section/Phase: _____ Lot Number: _____
Driving Directions: 21 S Lft mooseclub Rd Left Skyuka 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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
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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: _____ 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 151 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 of Owner(s)	Date	Signature of Witness	Date
[signature]	7-10-17		

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

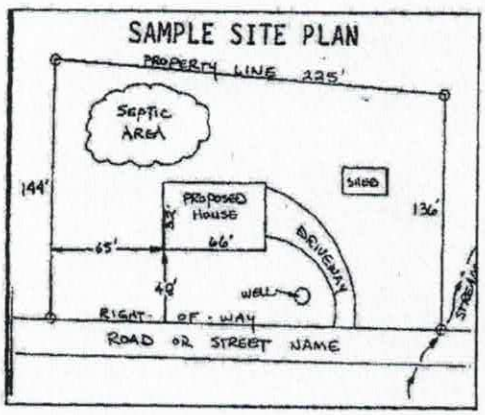
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

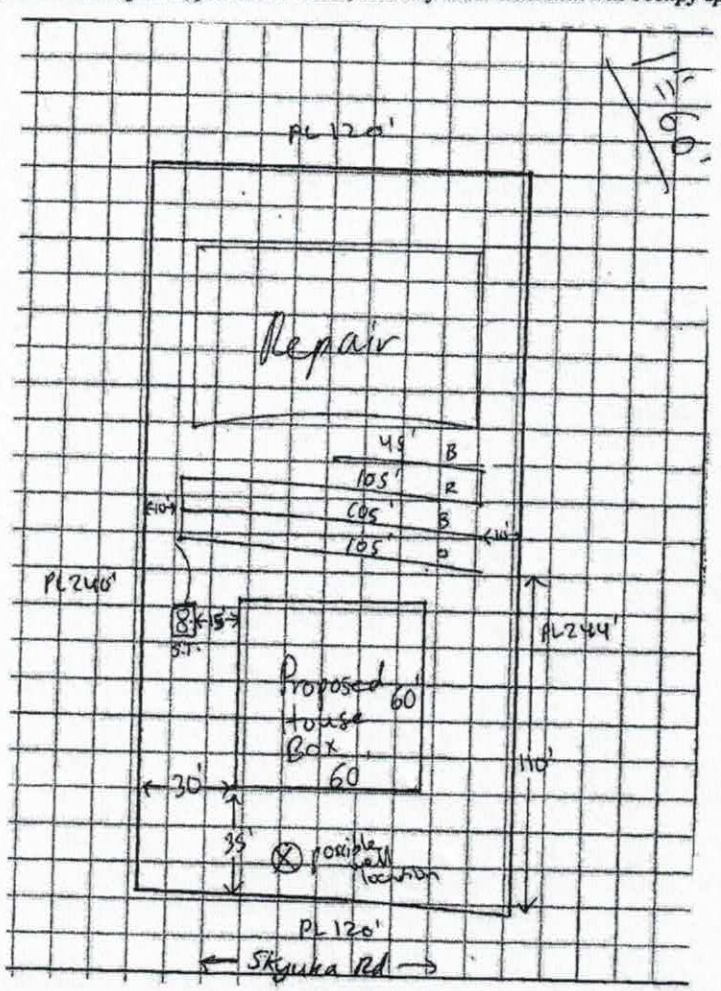


Circle N/A on the following if appropriate:

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

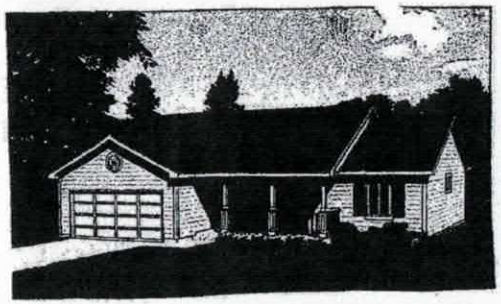


Signature: _____

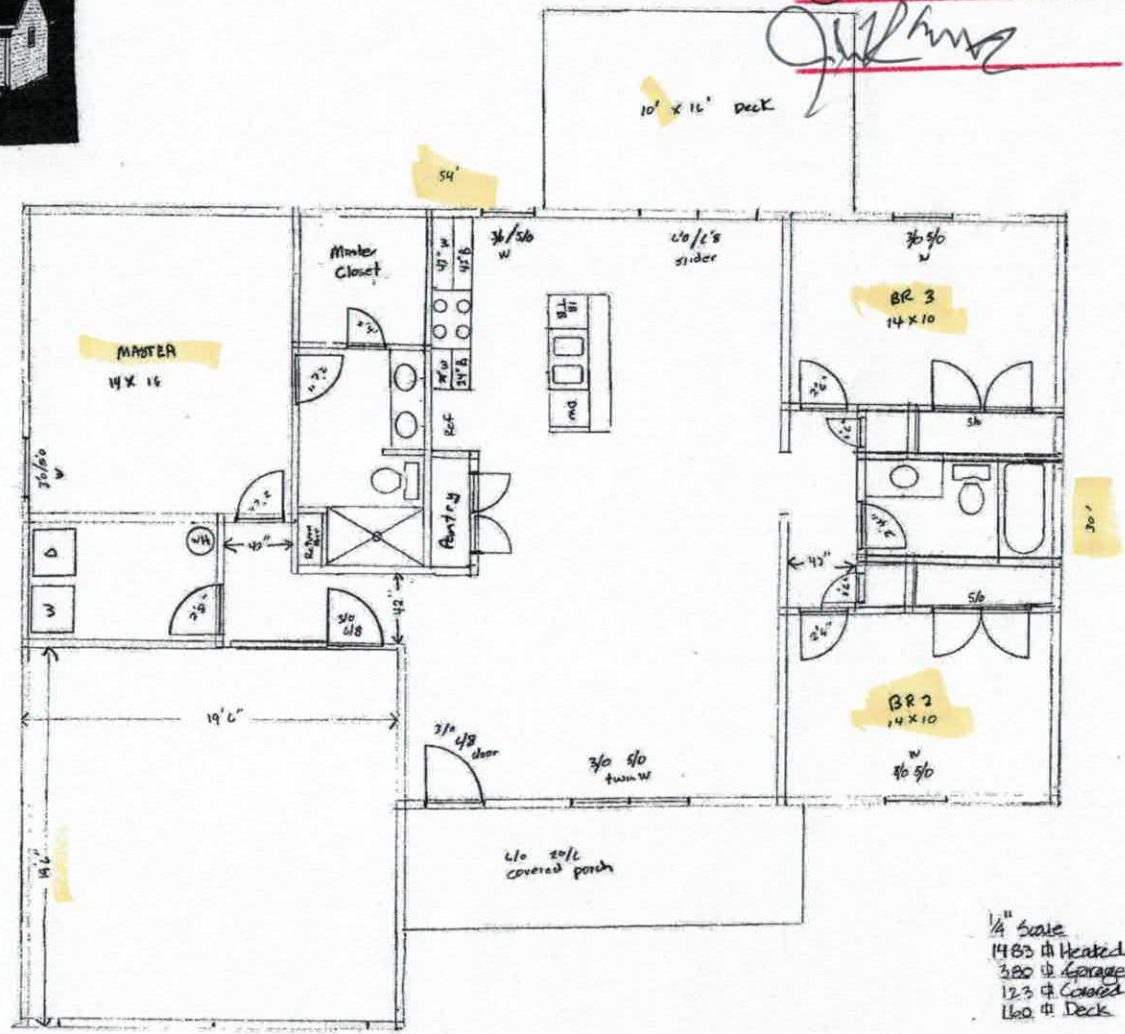
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-27-18

DATE



Acknowledgement Of
Plans Submittal ONLY!
Carla C Cave Date 4/30/19
Date 4-



John R. McCormick Contracting, LLC

704-528-7883

1/4" Scale
1483 ☐ Heated
380 ☐ Garage
123 ☐ Covered Front Porch
160 ☐ Deck

Zoning Permit # 228519
Fee $45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	7-7-17	Tax Parcel #	4732980202
	Business Name or Property Owner	John R McCormick		
	Street Address & Lot Number	151 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.

JR 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