IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 204826

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

PIN # 4714245364l

APPLICANT/OWNER: John McCormick APPLICANT ADDRESS: 115 Ashmoore Circle 28166 Troutman NC

SITE ADDRESS: 140 Hamilton Rd Troutman NC 28166 PHONE: ALT. PHONE

SITE DIRECTIONS: Murdock Rd @ on Hamilton SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Silo Acres SECTION: ~ LOT # 31 LOT AREA: .77 DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Existing Serial #

Nitrification Fields # Lines Linear Ft

Trench Width Trench Bottom Depth(Low side) Gravel Depth

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

System Description: 25% Reduction

Repair System Description: TS-11 Drip

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

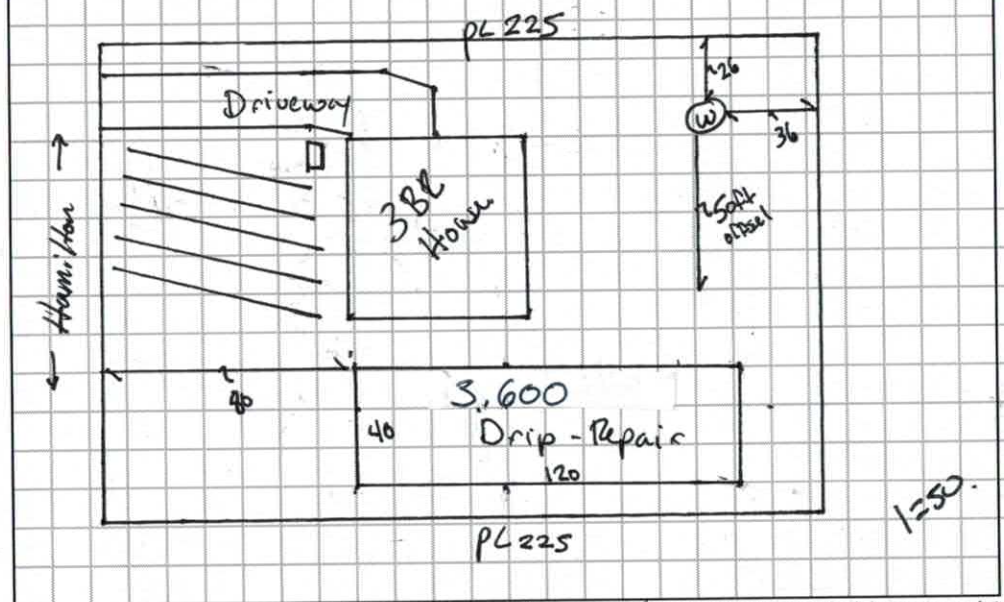
☐ Slab ☑ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: System Installed 4/2/2018. Well Drilled 7/9/18. Purpose of this permit is to re-classify the Repair Area to Drip due to the well being drilled to close to a Saprolite controlled system.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: 8-24-18 Installed by: JST Construction

IMPROVEMENT PERMIT by: Benjamin A Batten Date: 8/24/18 OPERATION PERMIT by: Benjamin A Batten Date: 8/24/2018.

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten Date: 8/24/18. 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.

RECEIVED AUG 2 2 2018

Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#204826

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 McCormick Address: 115 Ashmoore Cir Zip: 28166
Applicant Email: JSMcCormick@Roadrunner.com Phone: 412 6088709 Alt. Phone: 704 5287883
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 140 Hamilton Rd Troutman NC 28166
Subdivision Name: Silo Acre Section/Phase: _____ Lot Number: _____
Driving Directions: Murdock Rt on Hamilton
* Relocation of Repair Area

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 3 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) 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: _____

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)* 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: _____ 8-22-18
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

(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, _____, am the legal owner(s) of the property located at _____, identified as

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

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

_____ 8-22-18

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

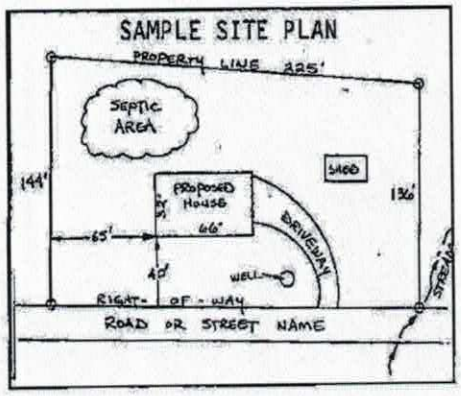
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Atached

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

8-22-18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 204826

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

PIN # 4742453603 3641

APPLICANT: Donald Wiswell APPLICANT ADDRESS: 8311 Aeromarine Blvd Catawba NC

SITE ADDRESS: 140 Hamilton Rd - Iron Cmmn PHONE: 828-478-4201 ALT. PHONE: N/A

SITE DIRECTIONS: 21 to Murdock Rd left on Hamilton Rd Lot on left

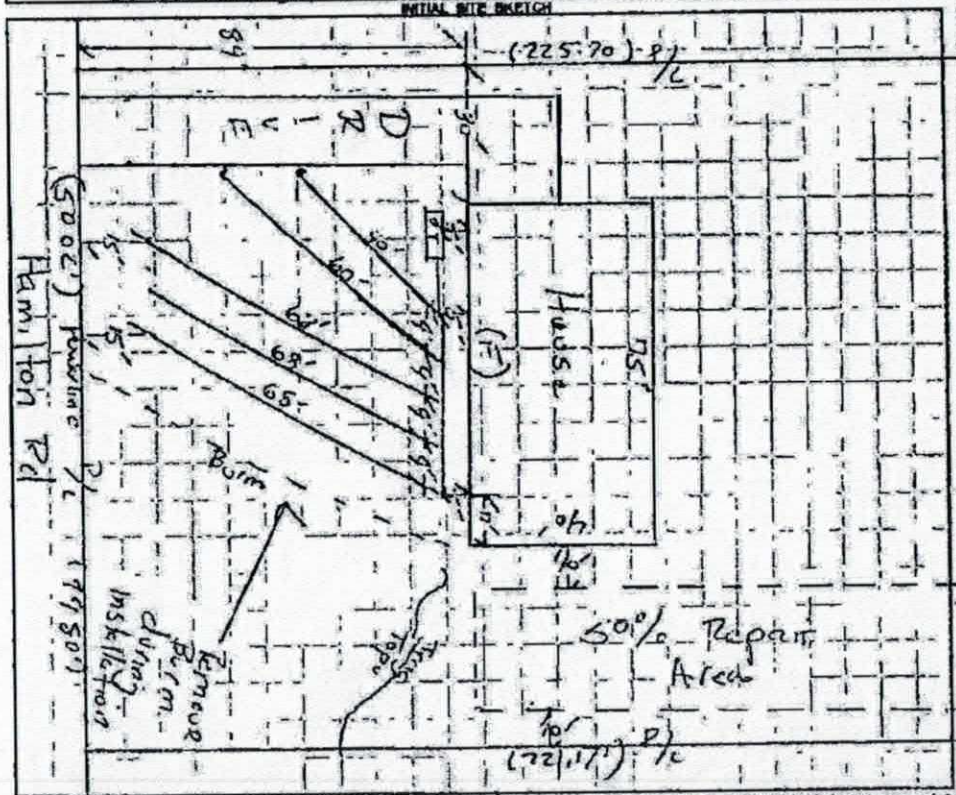
SUBDIVISION: Silo Acres SECTION: N/A LOT # 31 LOT AREA: 0.77ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion System Type: I II/III IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction	[ ] Business	No. Persons 6	[X] Private
Pump Make	Model	Serial #	Repair System Description: 50% Reduction	[ ] Other	No. Employees	[ ] Public
# Nitrification Fields 1	# Lines 5	Linear Ft: 301'	Maintenance Agreement Required: [ ] YES [X] NO	[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

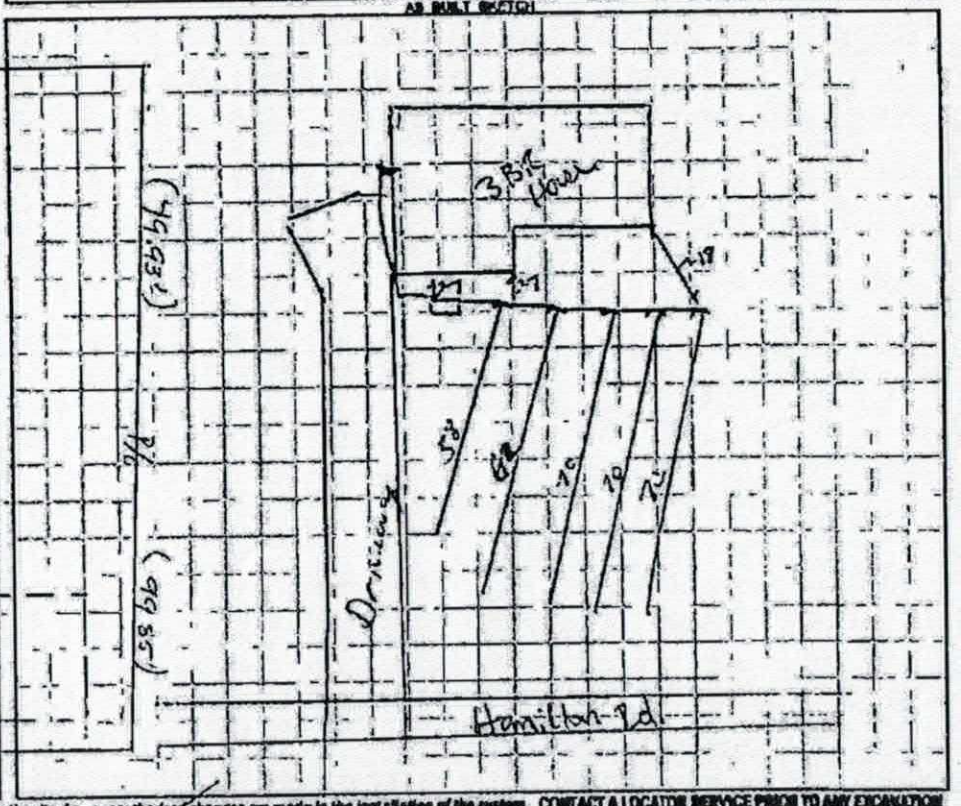
Comments / Conditions: Improvement Only must submit recorded plat + Floor Plan. Install 25% reduction on contour with serial distribution

*Survey Drawing plans have 6" Alt from Front Corner of house to Front Property Line. House is 56'x55' ok.

INITIAL SITE SKETCH



AS BUILT SKETCH



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[ ] IMPROVEMENT PERMIT with plat valid without expiration. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT - not to exceed 60 mo.

Owner / Applicant Signature: Donald Wiswell Date: Installed by: JST Construction - Joe Thompson

IMPROVEMENT PERMIT by: Date: 05/22/14 OPERATION PERMIT by: Benjamin A Gaither Date: 6/7/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin A Gaither Date: 4/2/2014 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

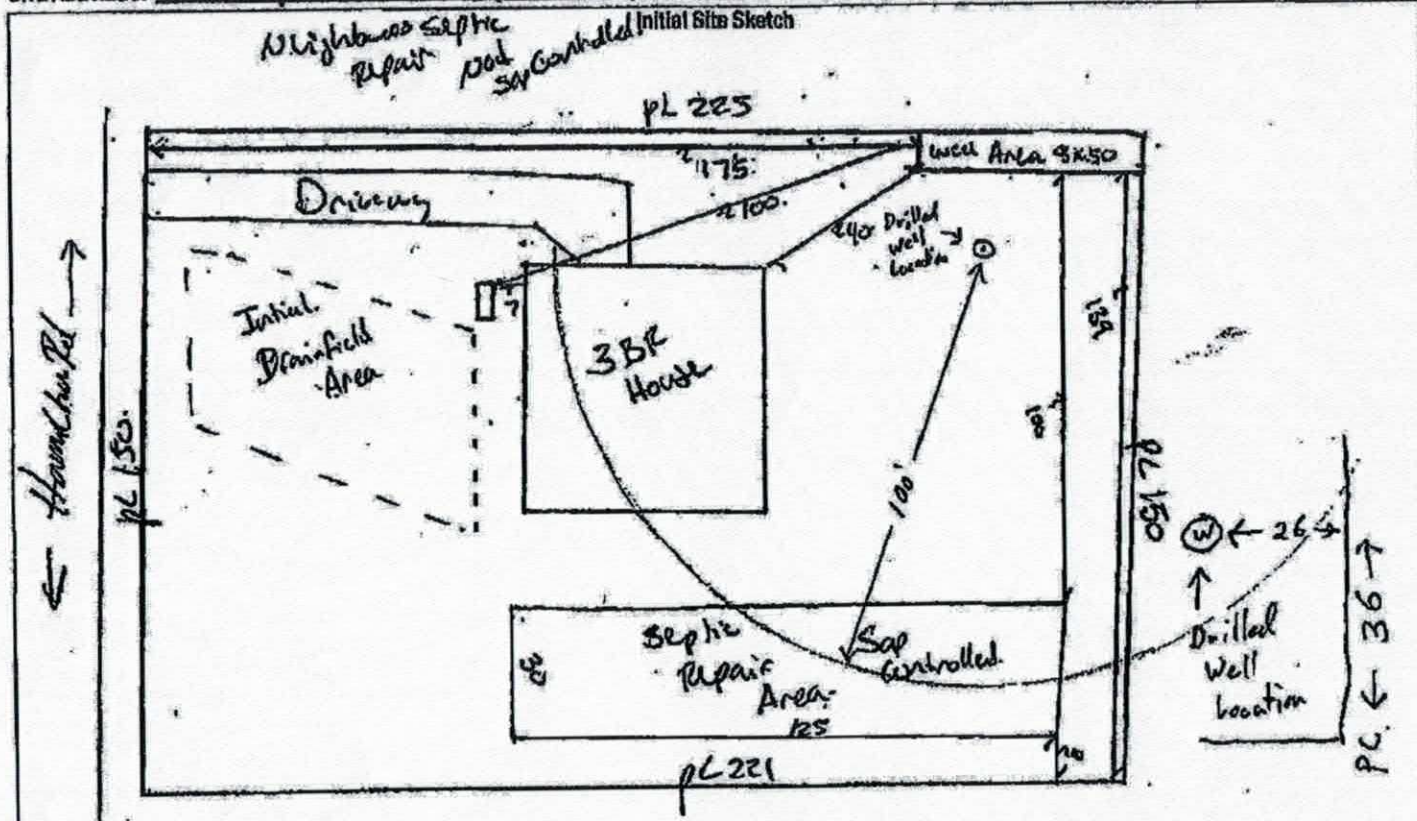
PRIVATE DRINKING WATER WELL PERMIT # 20/926 **PIN #** 4742453603 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT/OWNER NAME: John R McCormick **ADDRESS:** 115 Ashmore Creek Trantman NC **PHONE:** 704 528 7883,

DIRECTIONS TO SITE: Murdock Rd RT on Hamilton to 140 Hamilton.

SITE ADDRESS: 140 Hamilton Rd Troutman NC **SUBDIVISION:** Silo Acres **SECTION/LOT:** 31

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing 45' SDR-21

Yield Estill Drilling

Notes:

7/9/18: 200 Deep (50 foot)

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Drill is well Area only Septic System is Sap Controlled.

WELL PERMIT ISSUED BY: Benjamin A Bostic **DATE:** 6/20/2018. (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Chris Russell (Russell Well Drilling) **CONTRACTOR CERT #:** 2938-A **GROUT INSPECTION BY:** _____ **DATE:** _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ **DATE:** _____ **WELL HEAD INSPECTION BY:** _____ **DATE:** _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ **DATE:** _____ **WATER SAMPLES BY:** _____ **DATE:** _____

Attachments: Form GW-1a (required except for abandonment) ☑ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ **CALL 704-664-3703** to schedule grout or well head inspections between 8-9am