ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

BLDR-2022-6851

PERMIT: AP - 322862

PIN # 3774-95-1018

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

APPLICANT/OWNER: MARIE C. SHIAH

APPLICANT ADDRESS: 131 WINBORNE DRIVE, MOORESVILLE, N.C. 28115

SITE ADDRESS: 274 GARDNER POINT DRIVE, STONY POINT, N.C. 28678

PHONE: 704-900-4425

ALT. PHONE: –

SITE DIRECTIONS: (W) ON 40, (R) ON SHARON SCHOOL, (L) ON STEWERT ROCK, (L) ON FULBRIGHT, (R) ON GARDNER POINT, LOT ON (R)

SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: RIVERWALK

SECTION: 5 LOT # 55 LOT AREA: 1.58 AC

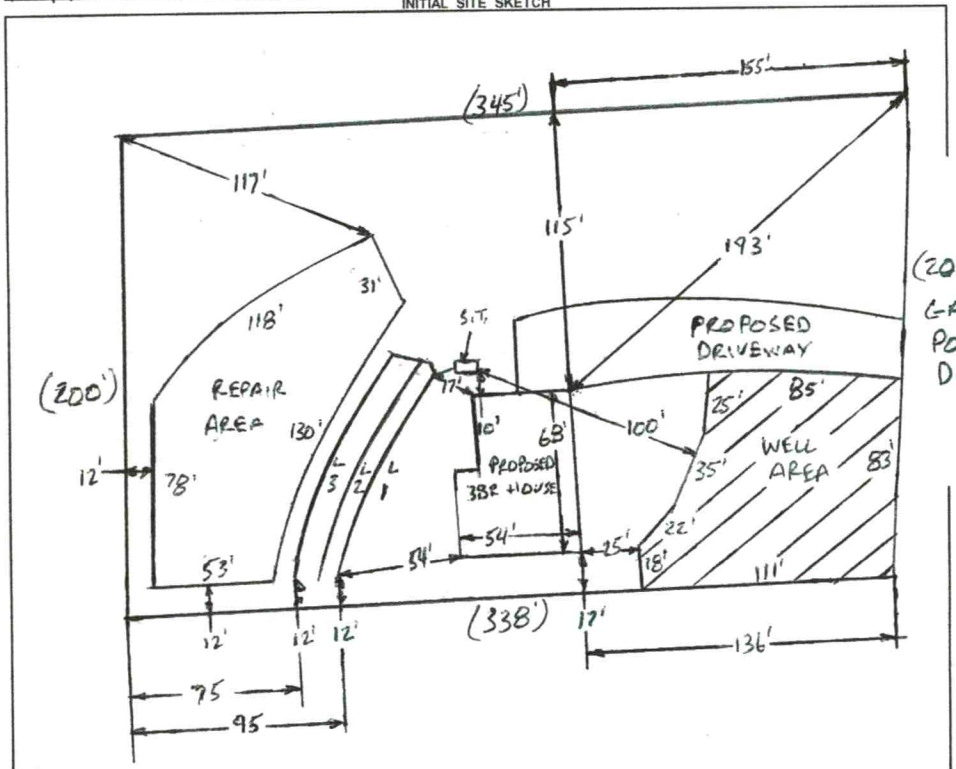
DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	12/19/23	[x] New System	[ ] Repair	[ ] Expansion
Pump Tank	–	(gal)	PT	–	Date	–	System Type: I II (III) IV V VI		
Pump Make	–	Model	–		Serial #	–	System Description:	25% REDUCTION	
# Nitrification Fields	1	# Lines	3		Linear Ft	302FT	Repair System Description:	25% REDUCTION	
Trench Width	36 IN	Trench Bottom Depth(Low side)		24 IN	Gravel Depth	–	Maintenance Agreement Required:	[ ] YES	[x] NO
								[x] GRAVITY	[ ] PRESSURE

[x] Residence	No. Bedrooms	3	Water Supply
[ ] Business	No. Persons	6	[x] Private
[ ] Other	No. Employees	–	[ ] Public
[ ] Slab	[ ] Crawl Space		[ ] Community
[x] Basement w/plumbing			[ ] Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

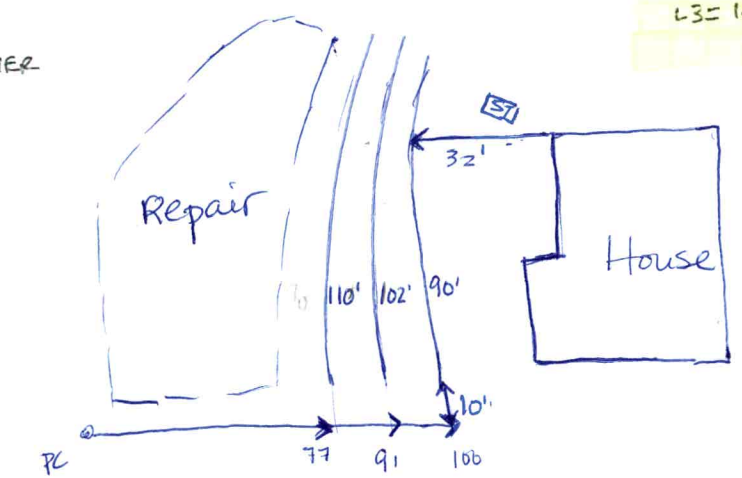
INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1 IN = 80 FT
S.T. = SEPTIC TANK
L1 = 98FT
L2 = 102FT
L3 = 102FT



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 plan 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: Marie C Shiah Date: 1/19/2022

IMPROVEMENT PERMIT by: Bryant C. White Date: 12-29-2021

AUTHORIZATION TO CONSTRUCT by: Date: 9/20/22

Installed by: Groundbreakers

OPERATION PERMIT by: D. Wieberg Date: 2/14/24

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

BIDR-2022-6851

PERMIT : AP - ~~322862~~

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

PIN # 3774-95-1018

APPLICANT/OWNER: MARIE C. SHIAH

APPLICANT ADDRESS: 131 WINBORNE DRIVE, MOORESVILLE, N.C, 28115

SITE ADDRESS: 274 GARDNER POINT DRIVE, STONY POINT, N.C, 28678

PHONE: 704-900-4425

ALT. PHONE –

SITE DIRECTIONS: (W) ON 40, (R) ON SHARON SCHOOL, (L) ON STEWERT ROCK, (L) ON FULBRIGHT, (R) ON GARDNER POINT, LOT ON (R)

SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: RIVERWALK

SECTION: 5 LOT # 55 LOT AREA: 1.58 AC

DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	–	(gal)	PT	–	Date	–			
Pump Make	–	Model		–	Serial #	–			
# Nitrification Fields	1	# Lines	3		Linear Ft	302FT			
Trench Width	36 IN	Trench Bottom Depth(Low side)		24 IN	Gravel Depth	–			

[x] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: [ ] YES [x] NO

[x] GRAVITY [ ] PRESSURE

[x] Residence No. Bedrooms 3

[ ] Business No. Persons 6

[ ] Other No. Employees –

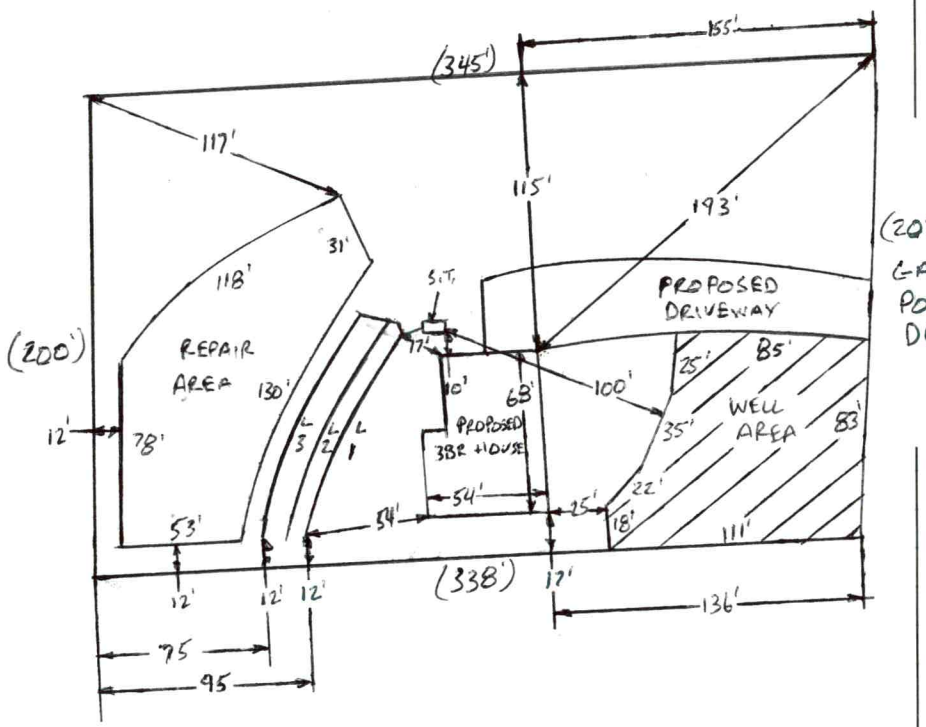
[ ] Slab [ ] Crawl Space

[x] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [x] Private [ ] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1 IN = 80 FT

S.T. = SEPTIC TANK

L1 = 98 FT

L2 = 102 FT

L3 = 102 FT

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 plan 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: Marie C Shiah Date: 1/19/2022 Installed by:

IMPROVEMENT PERMIT by: Burgess C. White Date: 12-29-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 9/20/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 3774-95-1046
COUNTY: IREDELL

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

OWNER: MARIEL SHIAH — APPLICATION DATE: 11-4-2021
ADDRESS: 131 WINBORNE DRIVE, MOORESVILLE, N.C. 28115 — DATE EVALUATED: 12-7-2021
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 1.58 AC
LOCATION OF SITE: 274 GARDNER POINT DRIVE, STONY POINT, N.C. 28678 — 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	LS 12%	0-24	L, SBK	FR, S, P, SE/SP	SAP INC THRU OUT	48"	PS II SL	NA	PS .3
		24-48	CL, WSBK	FR, SS/SP, SE/SP					
		48-67	SAP, MAS	VFR, NS/NP, SE/SP					
2	LS 15%	0-34	L, SBK	FR, S, P, SE/SP	SAP INC THRU OUT	45"	PS II SL	NA	PS .3
		34-45	CL, WSBK	FR, SS, SP, SE/SP					
		45-60	SAP, MAS	VFR, NS, NP, SE/SP					
3	LS 20%	0-34	L, SBK	FR, S, P, SE/SP	SAP INC THRU OUT	51"+	NA	NA	PS .3
		34-51	CL, WSBK	FR, SS, SP, SE/SP					
4	LS HEAD 20%	0-11	SCL, SBK	FR, SS/SP, SE/SP	SAP INC THRU OUT FEW FI	51"+	NA	NA	PS .3
		11-40	L, SBK	FR, S, P, SE/SP					
		40-51	CL, WSBK	FR, SS, SP, SE/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Weeks
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

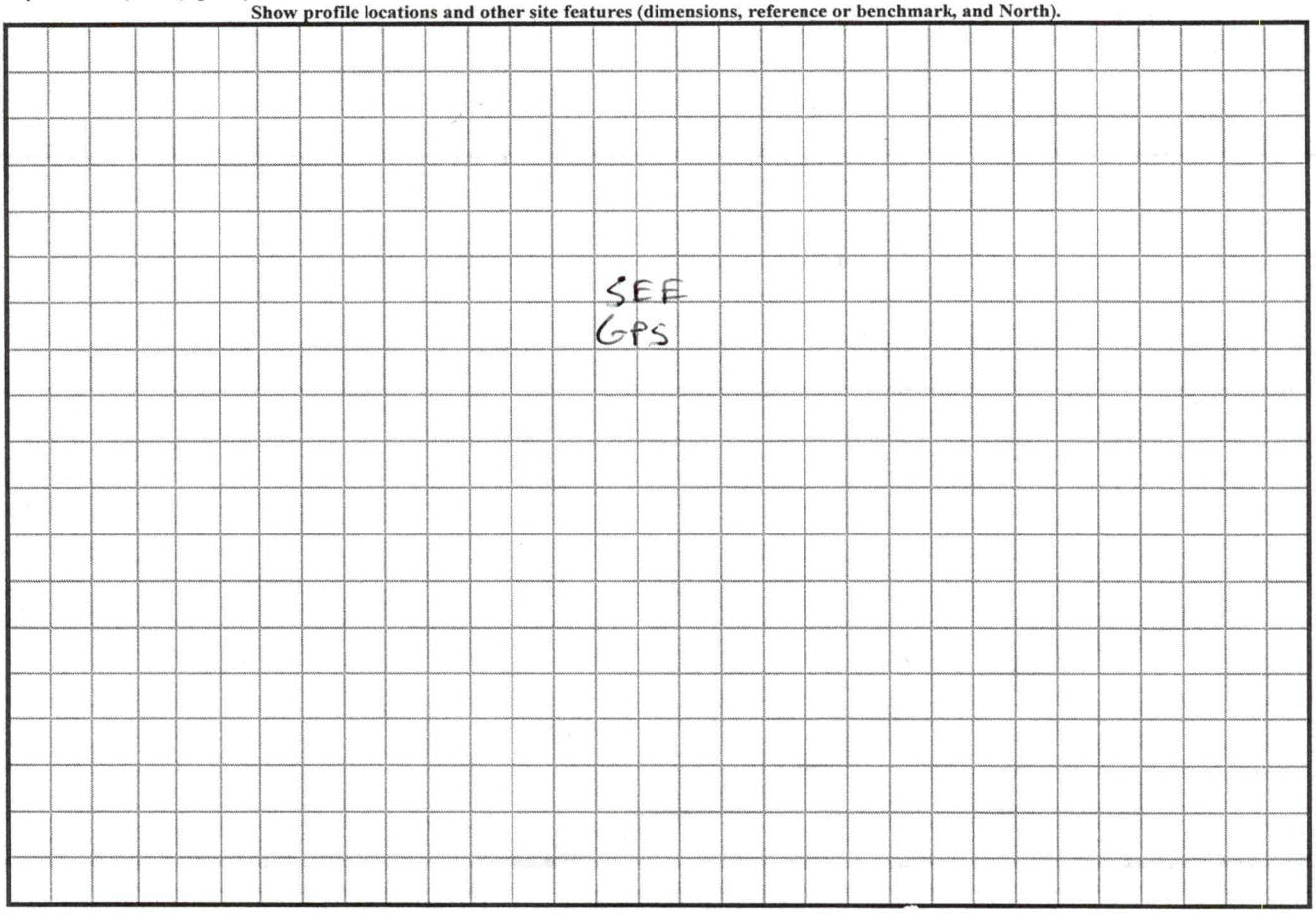
NOTES

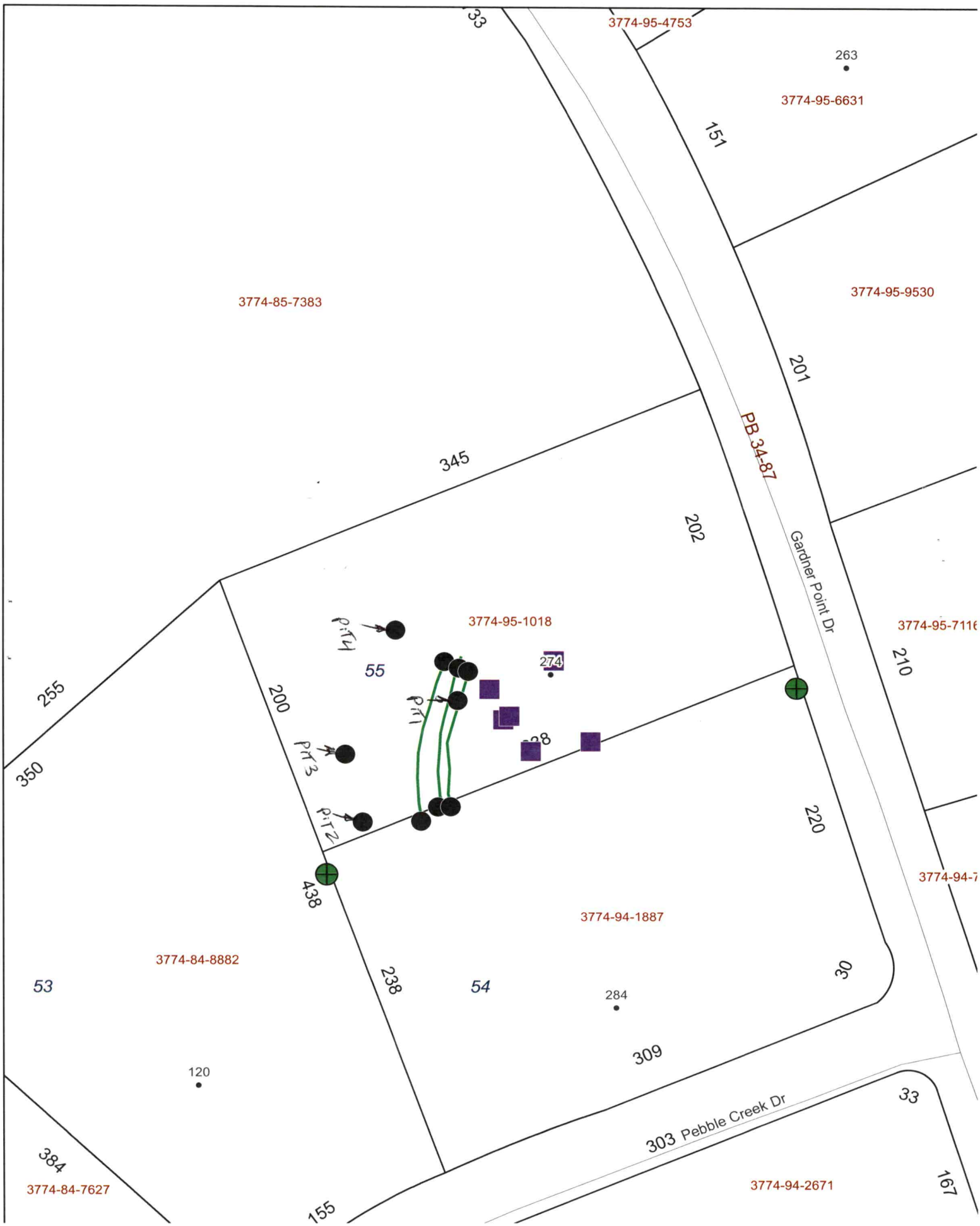
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




3774-95-4753
263
3774-95-6631
151
3774-85-7383
3774-95-9530
201
PB 34-87
345
202
Gardner Point Dr
3774-95-1018
3774-95-7116
210
PIT4
55
274
PIT1
255
200
PIT3
350
PIT2
220
438
3774-94-1887
3774-84-8882
53
238
54
284
30
309
120
303 Pebble Creek Dr
33
384
3774-84-7627
3774-94-2671
167
155

#7653

RECEIVED NOV 04 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-322862 $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
(No floorplan submitted with App.) (Floorplan submitted with App.)

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: Marie Shiah Address: 131 Winborne Drive Zip: 28115
Applicant Email: Shiah23@hotmail.com Phone: 704-900-4425 Alt. Phone: N/A
Owner Name: Marie Shiah Address: Same Zip: _____
Owner Email: Same Phone: Same Alt. Phone: _____

Property Information:

Street Address: 274 Gardner Point Drive Stony Point NC 28678
Subdivision Name: Riverwalk Section/Phase: _____ Lot Number: _____
Driving Directions: I40 to Shoaw School rd - turn right. Left on Stewart Rock rd, left on Fulbright rd. right on Gardner Point Dr (GATE)

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — (X) 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: _____

(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 (X) 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: Marie C Shiah 11/4/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

322862

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.

_____ Signature of Owner(s)

11/4/2021 Date

Mooresville - Environmental Health
barbara.nebel@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

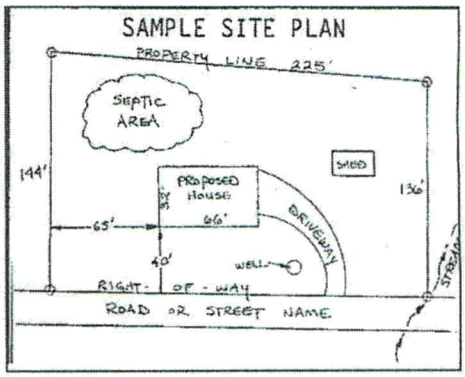
322862

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:

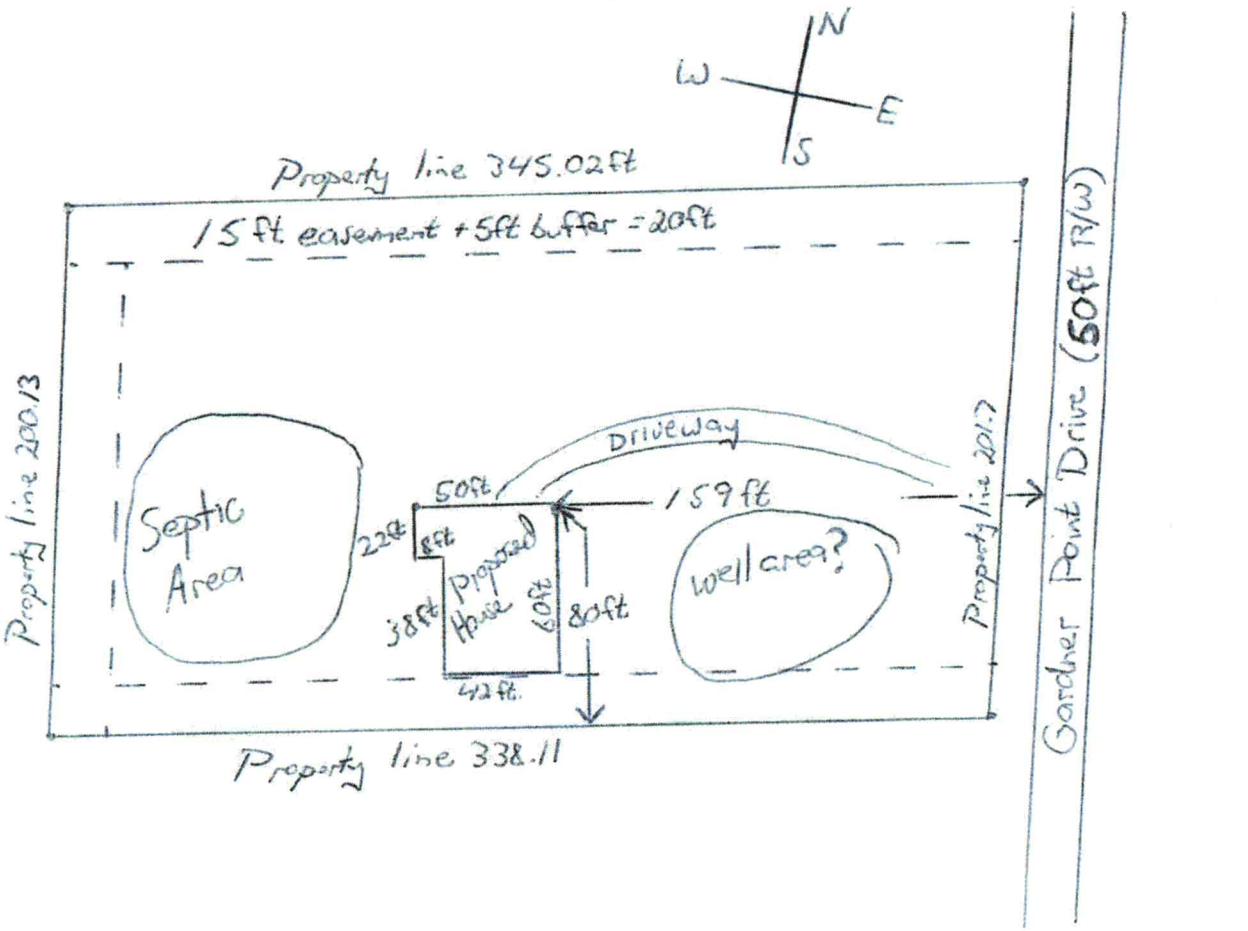
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: Mary C Shuck

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

11/4/2021
DATE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322862 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3774951018.000	274 GARDNER POINT DR	Iredell County

Owner Information	Applicant Information
Name: SHIAH MARIE C Address: Phone:	Name: SHIAH MARIE C Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.58	35	35	15	15	WSIV-CA Lookout Shoals	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 11/04/2021

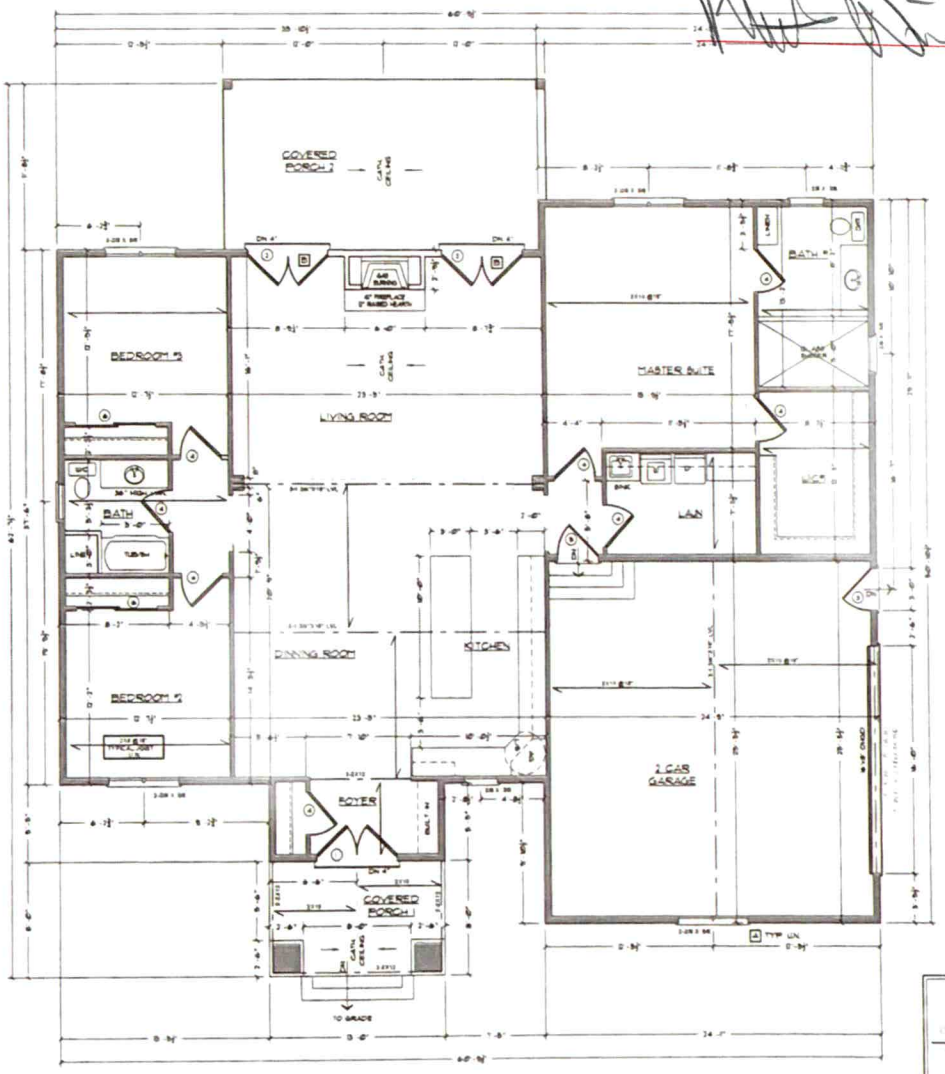
Signature of Owner/Contractor

Permit Number	322862	TOTAL FEES:	$77.25

Acknowledgement Of
Plans Submittal ONLY!

Date 9/28/22

Date 9/28/22



PROPOSED FLOOR PLAN & CEILING FRAMING PLAN

SCALE: N.A.

FLOOR AND CEILING RESIDENTIAL PLAN NOTES

1. ALL LUMBER SHALL BE #2 GRADE OR BETTER, HEADERS TO BE SOUTHERN YELLOW PINE Fb = 1,309 TO BE SPRUCE PINE FIR 5/10 GRADE MICRO-LAM/PARALLAM/VERSA-LAM LUMBER TO HAVE Fb = 2900 PSI, E = 2000 KSI
2. FLOOR SHEATHING TO BE 3/4" NOM. PLYWOOD GLUED AND NAILED NAIL PER MANUF RECOMMEND
3. PROVIDE ANCHORAGE OF WALL SILL PLATES TO FOUNDATION WITH 1/2 INCH DIAMETER ANCHOR BOLTS THERE SHALL BE A MINIMUM OF TWO BOLTS PER SECTION OF PLATE WITH ONE BOLT LOCATED WITHIN TWELVE INCHES FROM THE END OF EACH SECTION OF PLATE INTERMEDIATE BOLTS SHALL BE SPACED AT 6'-0" O/C THE BOLTS SHALL BE EMBEDDED IN FOUNDATIONS TO A MINIMUM DEPTH OF 8" INTO CONCRETE OR 15" INTO MASONRY UNLESS NOTED OTHERWISE
4. STEEL BEAMS MUST HAVE 3 - 2x4 STUDS MINIMUM UNDER EACH END WITH 2 - 1/2" DIA x 3" LAG SCREWS INTO THE STUDS. BLOCK THE BEAM SOLID AT THE WALL NAIL THE BEARING STUDS TOGETHER WITH 16d NAILS AT 12" O/C TYPICAL UNLESS NOTED OTHERWISE O/C = CENTER TO CENTER
5. MICRO-LAM/PARALLAM/VERSA-LAM BEAMS MUST HAVE 3 - 2x4 STUDS MINIMUM UNDER EACH END FOR SUPPORT UNO NAIL THE BEARING STUDS TOGETHER WITH 16d NAILS AT 12" O/C NAIL MULTIPLE MICRO-LAM'S TOGETHER PER MANUFACTURER'S RECOMMENDATIONS
6. MASONRY LINTELS
UNLESS NOTED OTHERWISE PROVIDE 1 ANGLE FOR EACH 4" OF WALL THICKNESS AS FOLLOWS

ANGLE SIZE	MASONRY OPENING	BEARING
L3 1/2 x 3 1/2 x 1/4	NOT MORE THAN 3'-6"	4"
L5 x 3 1/2 x 5/16 LLV	3'-1" TO 8'-0"	6"
L6 x 3 1/2 x 5/16 LLV	8'-1" TO 10'-0"	8"

7. ALL PREFABRICATED WOOD I JOISTS AND OPEN WEB JOISTS MUST BE BRACED PER THE MANF RECOMMENDATIONS SUBMIT JOIST LAYOUT TO STRUCTURAL ENGINEER FOR REVIEW PRIOR TO FABRICATION
8. ALL RAFTER BRACES MUST HAVE TWO STUDS FROM PLATE TO PDN OR BEAM/ MICRO-LAM BELOW THEM AT ALL FLOORS NO BRACES ON CEILING PLATE WITHOUT STUDS DIRECTLY UNDER THEM
9. BRACE TOP OF ALL ROOF RAFTER KNEE WALLS TO CEILING JOISTS WITH A DIAG. DIAG 2 x 4 AT 4'-0" O/C WITH 7 - 16d NAILS EACH END OF DIAGONAL BRACE
10. HEADERS SHALL BE AS SHOWN UNO SEE PLANS FOR JACK AND KING STUD REQUIREMENTS

OPENING	SIZE
UP TO 5'-0"	2 - 2 x 10
OVER 5'-0"	SEE PLAN

11. PROVIDE JOIST HANGERS FOR ALL NON-BEARING CONNECTIONS THE USE OF A LEDGER ON FLOOR JOISTS WILL NOT BE PERMITTED
12. MICRO-LAM'S/PARALLAM'S AND STEEL BEAMS THAT ARE UPSET/FLUSH FRAMED IN CEILING FRAMING MUST HAVE THE TOP SURFACE OF THE MEMBER BRACED TO THE CEILING JOISTS AT A MAXIMUM OF 48 INCHES O/C USE A DIAG 2 x 4 EACH SIDE WITH TWO 16d NAILS IN EACH END
13. BLOCK SOLID WITH CRIPPLE STUDS BELOW ALL LVL AND STEEL BEAM BEARING POINTS BETWEEN FLOOR JOISTS TO ENSURE CONTINUOUS LOAD TRANSFER TO FOUNDATION
14. STRUCTURAL STEEL MATERIALS SHALL BE:
A. SHAPES AND PLATES: ASTM A992
B. STRUCTURAL PIPES: ASTM A53 GRADE B
C. STRUCTURAL TUBES: ASTM A500 GRADE B - Fy = 46 KSI
D. METAL DECK (GALVANIZED): ASTM A611, A446
15. DEVIATION FROM THE STRUCTURAL REQUIREMENTS OF THESE PLANS WITHOUT CONSULTING WITH THE ENGINEER IS PROHIBITED AND THEREBY RELEASES THE ENGINEER FROM ANY RESPONSIBILITY

HEADER SCHEDULE

MARK	SIZE AND SUPPORT
A	2-2x10's W/ 1 JACK & 1 KING EACH END
B	3-2x10's W/ 2 JACKS & 1 KING EACH END

INTERIOR DOOR SCHEDULE

SYMBOL	QUANTITY	UNIT NO SIZE	UNIT *	DESCRIPTION
	8	2'-6" X 6'-8"		
	1	2'-6" X 6'-8"		GARAGE DOOR TO HOUSE
	3	2'-6" X 6'-8"		POCKET DOOR

NOTE VERIFY ALL QUANTITY OF WINDOW & DOOR SIZE PRIOR TO ORDERING (TYP.) AND CONTACT DESIGNER WITH ANY DISCREPANCIES

EXTERIOR DOOR SCHEDULE

SYMBOL	QUANTITY	UNIT SIZE	UNIT *	DESCRIPTION
	1	3'-0" X 6'-8"		FRONT DOOR
	1	3'-0" X 6'-8"		
	1	2'-6" X 6'-8"		

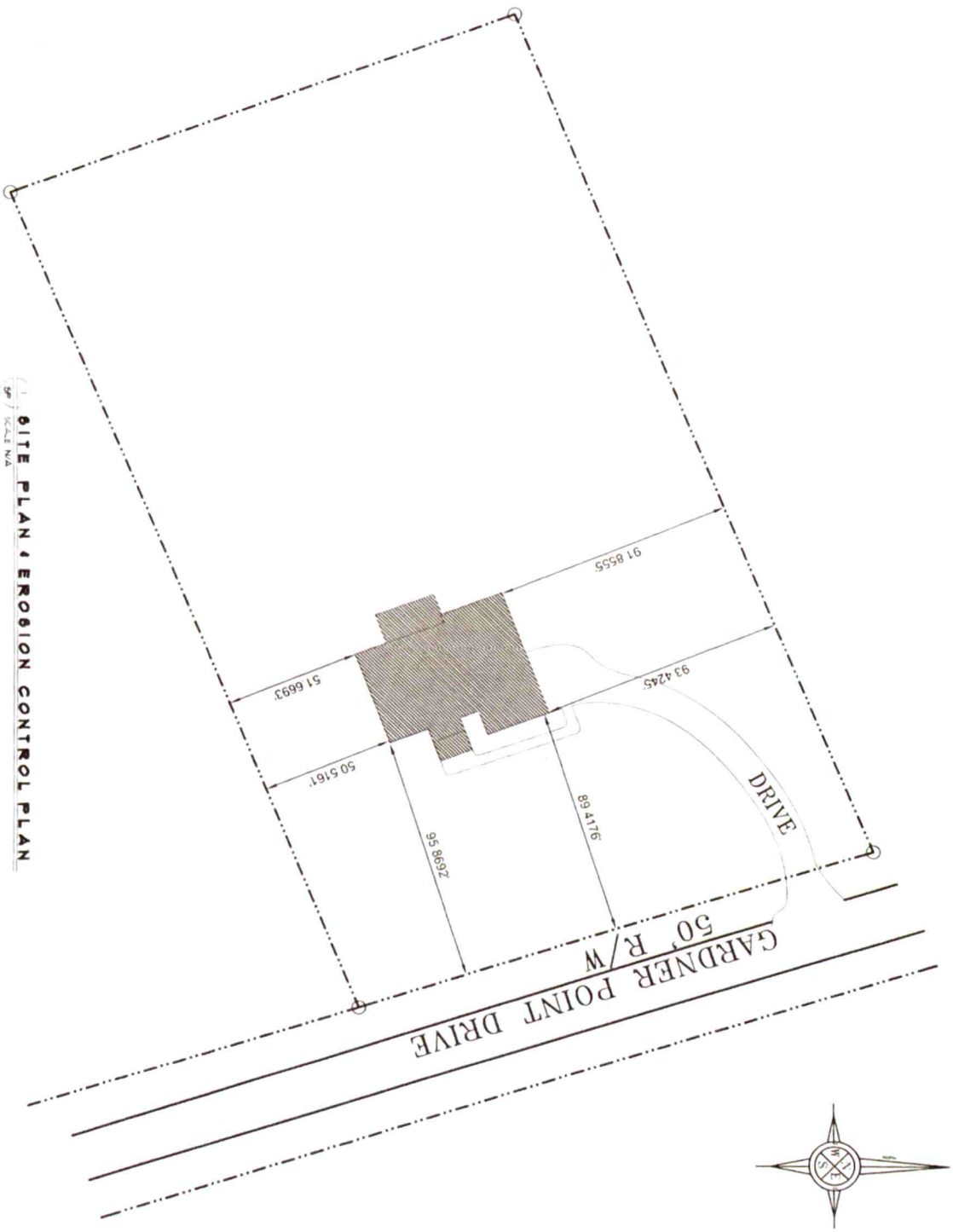
NOTE VERIFY ALL QUANTITY OF WINDOW & DOOR SIZE PRIOR TO ORDERING (TYP.) AND CONTACT DESIGNER WITH ANY DISCREPANCIES

SQUARE FOOTAGE

SDS
Stockman DESIGN Service
141 SLEEPY COVE TRAIL
MOORESVILLE, NC 28117
ADAM@STOCKMANDESIGNS.COM

PROPOSED FOR
MARIE SHANT
214 CASSELTON DRIVE
STATESVILLE, NC 28677

3



SITE PLAN & EROSION CONTROL PLAN

SCALE: N.A.

PROPOSED HOUSE FOR

MARIE SHIAH

274 GARDNER POINT DRIVE

STONY POINT, NC 28678

SDS

Stockman DESIGN Service

141 SLEEPY COVE TRAIL
MOORESVILLE, NC 28117
ADAM@STOCKMANDESIGNS.COM