ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 300689

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

PIN # 3782837911

APPLICANT/OWNER: Timothy White

APPLICANT ADDRESS: 510 Wagner Troutman NC 28166

SITE ADDRESS: 108 Starboard Ln Statesville, NC 28677

PHONE

ALT. PHONE

SITE DIRECTIONS: Hwy 70 towards Catawba Co. on right B4 Catawba River on right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Oaks Landing

SECTION: 4 LOT # 102 & 103 LOT AREA: 1.249 Ac

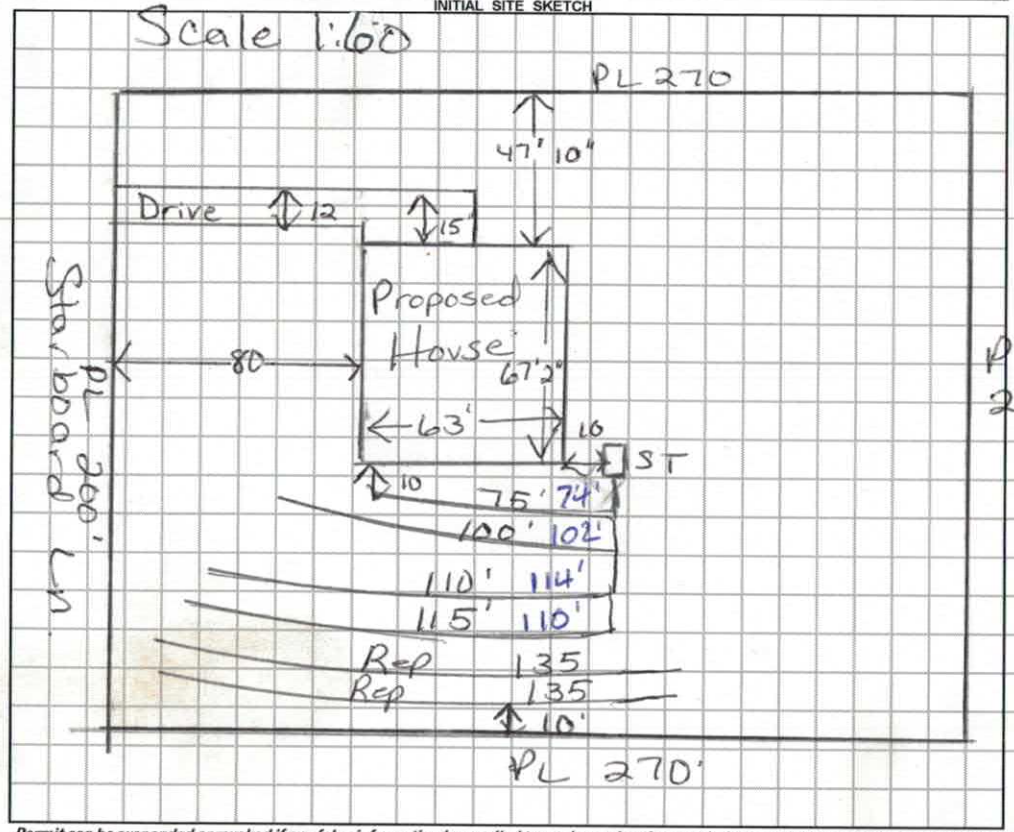
DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	10-12	Date	5-10-2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☒ Community

Comments / Conditions: Divert water away from Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS PERMITTED

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: Timothy White Date: 10/01/19

Installed by: TW CONSTRUCTION

IMPROVEMENT PERMIT by: Maria Dotson Date: 9-30-19

OPERATION PERMIT by: Bryant C. White Date: 7-31-2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 9-30-19

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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 378283-79
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Timothy C White
ADDRESS: 510 Wagner St Troutman, NC 28166
APPLICATION DATE: 8/7/19
DATE EVALUATED: 9/19/19
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 1.249Ac
LOCATION OF SITE: 168 Starboard Ln Statesville, NC
PROPERTY RECORDED: Y
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	7%	0-9	BrwSCLwSBKSS	SP,SExP,FR					PS
		9-30	RCLm-wSBKSS	SP,SExP,FR					
		30-55	RCLwSBKSS	SP,SExP,FR					.3
			wfewtomanySAPInclus		—	55"	—	—	
2	8%	0-9	BrwtoRd/BrwSCLwSBK	SS,SP,SExP,FR					PS
		9-30	RCLm-wSBKSS	SP,SExP,FR					
		30-48	vfewfewMed/BrwmottlesRCLwSBKSS	SP,SExP,FR					.3
			wfewSAPInclus		—	48"	—	—	
3	10%	0-16	BrwSCLGRFRSS	SP,SExP					PS
		16-26	RCLm-wSBKSS	SP,SExP,FR					
		26-55	RtoR/RCLwSBKSS	SP,SExP,FR					.3
			w/SAPInclus		—	55	—	—	
4	10%	0-15	Brw/toGraySCL						PS
			12" really compacted						>15"
		15-28	Rd/BrwCLLm-wSBK						
		28-50	RdCLwSBKSS	SP,SExP,FR	w/SomeSAPInclus				.3
		50-55	YRLSAPmassiveFR		—	50"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%Red	PPBPS
Site LTAR	.3	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Timothy White & Robert
COMMENTS:

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

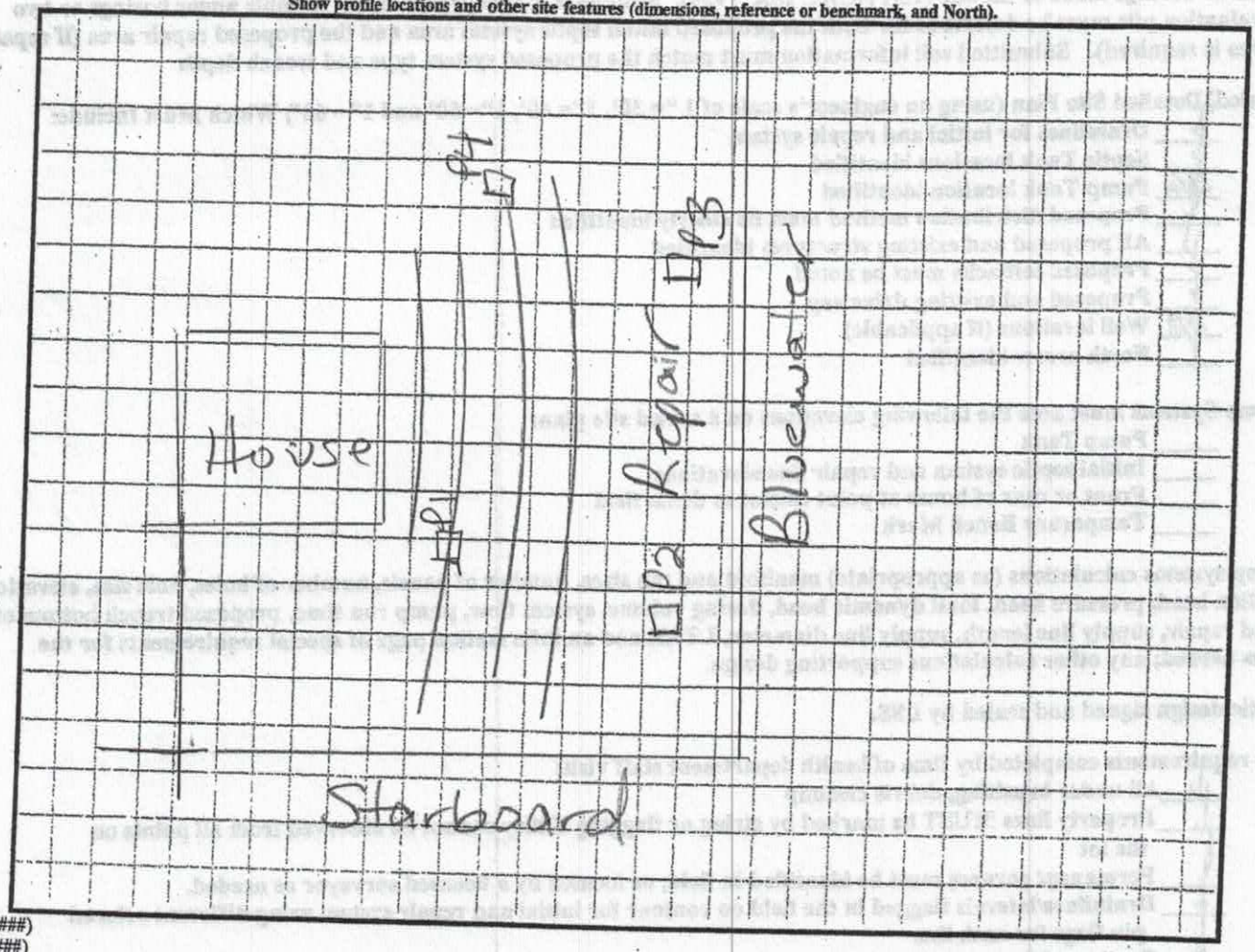
NOTES

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)

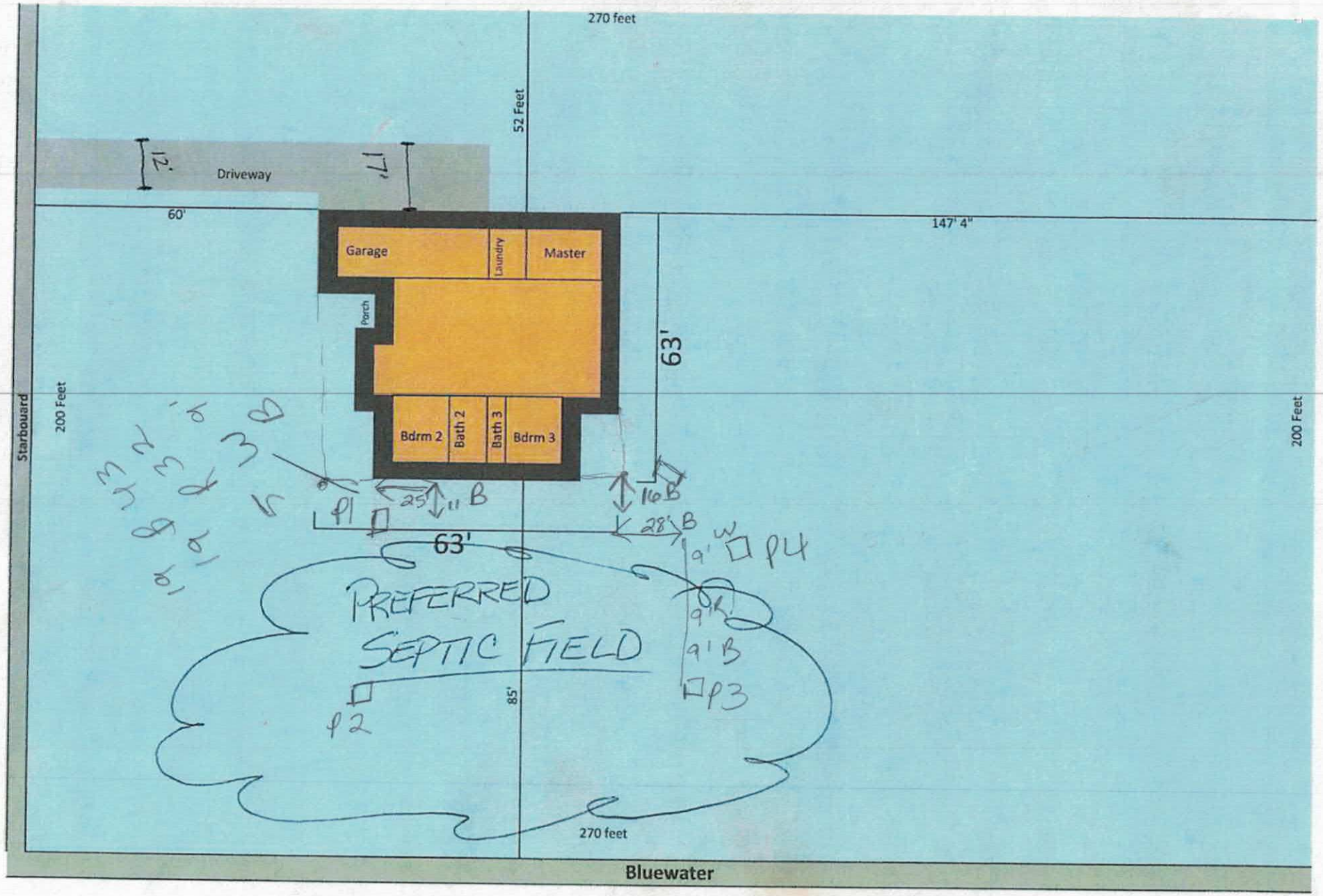
Evaluation of saprolite shall be by pits.

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

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



)ENR (######)
Review (#####)


270 feet
52 Feet
12'
Driveway
17'
60'
147' 4"
Garage
Laundry
Master
Porch
63'
Bdrm 2
Bath 2
Bath 3
Bdrm 3
200 Feet
Starbouard
200 Feet
25'
11' B
16' B
28' B
63'
P1
P4
9' W
PREFERRED
SEPTIC FIELD
9' B
P3
P2
85'
270 feet
Bluewater

4m @ 4:30pm
2:00 Thurs
AP 300689
$500 pd

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*

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Timothy C. White Address: 510 Wagner St./Troutman, NC Zip: 28166
Applicant Email: tim.white@panamericanscrew.com Phone: (704)880-0379 Alt. Phone: (704)880-0390
Owner Name: Bernard K Shepard II Address: MOORESVILLE, NC Zip: _____
Owner Email: bk.shepard@yahoo.com Phone: (336)655-3184 Alt. Phone: N/A

Property Information:

Street Address: 108 Starboard Lane
Subdivision Name: The Oaks @ Lake Norman Section/Phase: 1 Lot Number: #102 & #103
Driving Directions: Hwy 70 W. out of Statesville, SUBDIVISION ON THE RT Before Reaching the Catawba River. (GATE CODE 5253#) *

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 3
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

CHECK FOUNDATION TYPE

(✓) 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: _____
( ) 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?

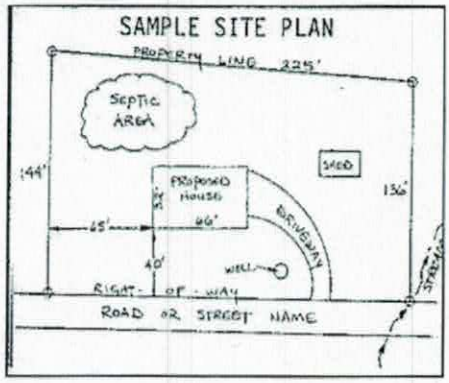
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Timothy C White 8/07/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 inuicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) 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

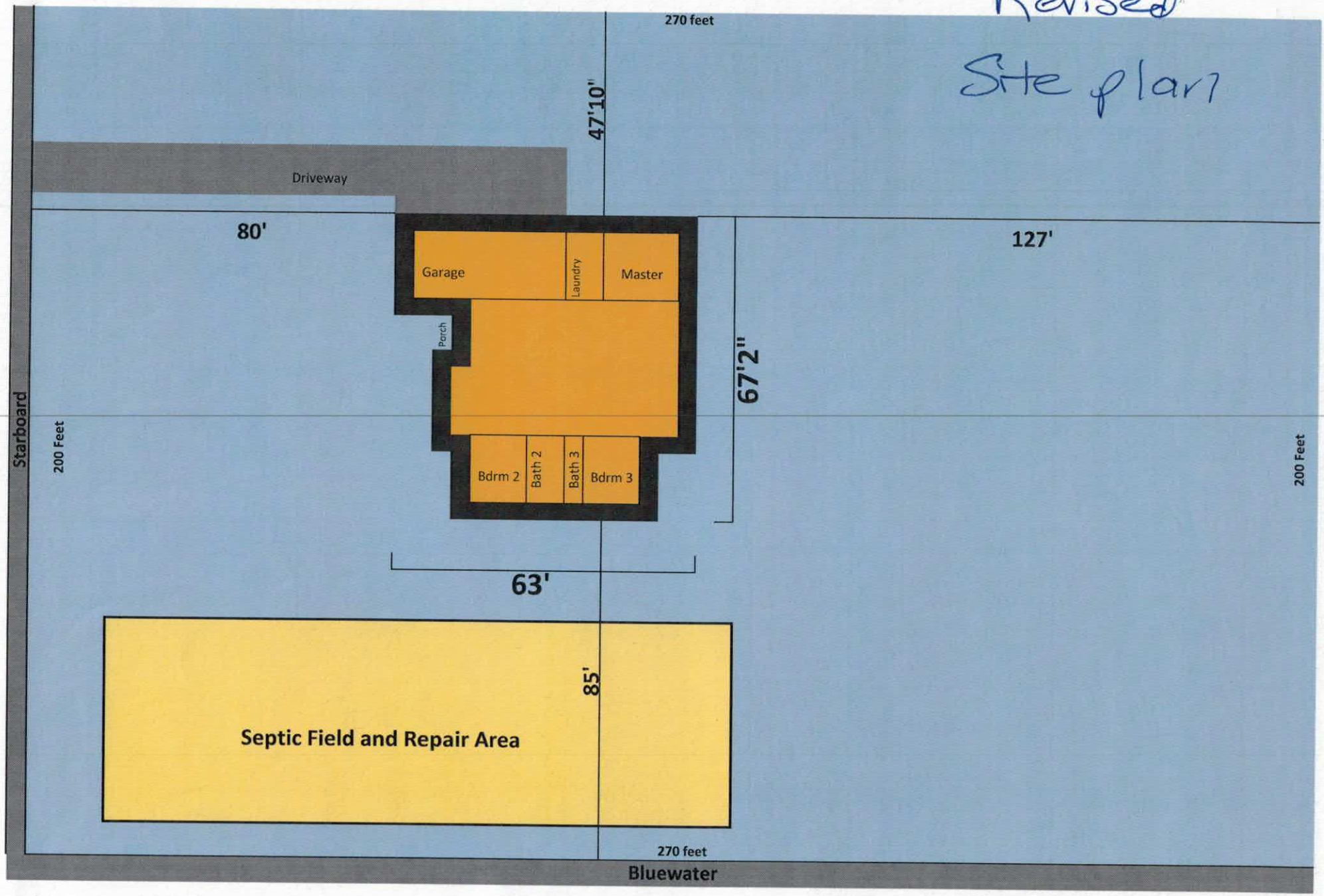
SEE ATTACHED PLEASE

Signature: Timothy Charles Wiest — 8/07/2019

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

Revised

Site plan



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*) _____

SEE CONTRACT

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) Date

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

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED; DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FACE OF STUD, UNLESS NOTED OTHERWISE.
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE INSIDE FACE OF STUD, UNLESS NOTED OTHERWISE.
4. ALL INTERIOR WALLS ARE ASSUMED TO BE 5-1/2" WOOD STUDS, UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 3-1/2" WOOD STUDS (PLUS 1/2" EXTERIOR WALL SHEATHING), UNLESS NOTED OTHERWISE.
6. ALL DOORS TO BE CENTERED, UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING IN WALLS FOR MOUNTING OF ALL CABINETS, TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CHIMNEYS TO BE DESIGNED BY OTHERS AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED)
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECT/OC.
10. NUMBER OF EXTERIOR HOSE'S TO BE TWO (2) VERIFIED AT LOCATIONS WHERE 4 OR MORE ARE REQUIRED A HANDWHL WILL ALSO BE REQUIRED.
11. PROVIDE TERMITE CHEMICAL AT FOUNDATION AS REQUIRED.
12. MINIMUM 22-1/2" (W) x 34-1/2" (L) ATTIC ACCESS DOOR w/ PULL DOWN LADDER TO BE DETERMINED ON SITE AND WEATHERSTRIPPED AND INSULATED WITH MIN. R-5.
13. HVAC RETURN (S) TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 36" A.F.F. UNLESS NOTED OTHERWISE.
15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION-OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE (3) 2x4 STUD JACKS UNDER EACH END SUPPORT, UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS, SEE SB.1, CONSTRUCTION-OTHER THAN ROOFS, NOTE 3
3. ALL BRICK OVER LOWER ROOFS MUST HAVE ANGLE WITH STOPS LAG SCREWS TO STUDS ABOVE AND ACCORDANCE WITH DETAIL.
4. ALL WOOD I-JOISTS AND OPEN JOISTS MUST BE BRACED IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS PLUS DETAILS SHOWN ON PLANS.
5. ALL RAFTER RIMJOISTS MUST HAVE 2 STUDS FROM PLATE TO FOUNDATION OR BEAM BELOW THEM AT ALL FLOORS. NO BRACES ON CEILING PLATE WITHOUT STUDS DIRECTLY UNDER THEM.
6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 2'x4" LADDERS @ 16"o.c. MUST BE PLACED PERPENDICULAR TO THE TRUSSES TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES OVER A 10' SPAN A MIN. SINGLE LINE OF 2"x4" SHALL BE NAILED TO DIAGONAL MEMBERS OR VERTICAL MEMBERS IN THE APPROXIMATE MID-SPAN AS A LOAD DISTRIBUTION MEMBER.
8. WHERE CEILING JOISTS ARE PARALLEL TO EXTERIOR WALLS AND RAFTERS BEAR ON STUD WALL TOP PLATE ADJACENT TO CEILING JOISTS, BRACE RAFTERS AND TOP PLATE TO 2x6 HOSS 8" LONG (MIN.) ON 6' CENTERS ALONG LENGTH OF CEILING JOISTS.
9. ALL 3-STORY OPEN GREAT ROOMS, LIVING ROOMS, WITH 2 OR MORE ADJACENT OPENINGS OF 3' OR LESS MUST USE A 3-1/2"X5-1/2"X1/2" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE/LAGGED TO KING STUDS WITH (3) 5"x3" LAGS @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (1) 3/4"HDP LAG THROUGH A 5/8" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 2' OR LESS SPACE BETWEEN ROUGH OPENINGS SHALL HAVE AT LEAST (1) STEEL ANGLE VERTICALLY IN EACH MULLION SPACE. THE SHEATHING ON THIS STEEL REINFORCED PARTITION SHALL BE 1/2" PLYWOOD, NO OTHER SHEATHING SHALL BE PERMITTED.

STAIRWAYS

1. TREADS SHALL BE 9" DEEP PLUS A 1" NOSING
2. RISERS SHALL BE FIELD VERIFIED LIMIT TO EXCEED 8-1/4"
3. STAIR SHALL BE 36" WIDE CLEAR MINIMUM AND SHALL HAVE A HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 34"-38".
4. GUARD RAIL HEIGHT SHALL BE A MINIMUM OF 36" IN HEIGHT PER R312.1.2
5. REQUIRED GUARDS SHALL NOT HAVE OPENINGS FROM WALKING SURFACE TO GUARD RAIL HEIGHT THAT ALLOW PASSAGE OF A 4" SPHERE.
6. GUARDS ON OPEN SIDES OF STAIRS SHALL NOT HAVE OPENINGS ALLOWING PASSAGE OF A 6-3/8" SPHERE
7. TRIANGLE FORMED BY RISER, TREAD AND BOTTOM GUARD RAIL SHALL NOT ALLOW PASSAGE OF A 6" SPHERE.

HEADER SIZE REQUIREMENTS

SIZES	EXTERIOR BRNG	INTERIOR BRNG	JACK STUDS
(2) 2x6's	+2'0"	+1'-6"	1
(2) 2x8's	2'-0" thru 3'-0"	2'-6" thru 3'-6"	2
(2) 2x10's	2'-0" thru 5'-0"	3'-6" thru 6'-6"	3
SEE PLAN	5'-0"+	6'-6"+	SEE PLAN

WALL STUD REQUIREMENTS

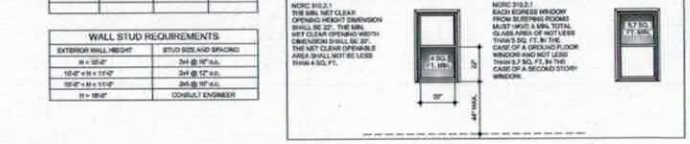
EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
H = 10'-0"	2x4 @ 16" o.c.
10'-0" < H < 11'-0"	2x4 @ 12" o.c.
10'-0" < H < 11'-0"	2x6 @ 16" o.c.
H > 16'-0"	CONSULT ENGINEER

EGRESS WINDOW REQUIREMENTS

NCRC 2018 310.2.1
EVERY SLEEPING ROOM SHALL HAVE AT LEAST ONE OPERABLE EXTERIOR WINDOW OR EXTERIOR DOOR APPROVED FOR EMERGENCY EGRESS OR RESCUE. THE UNITS MUST BE OPERABLE FROM THE INSIDE TO A FULL CLEAR OPENING WITHOUT THE USE OF A KEY OR TOOL. WHERE WINDOWS ARE PROVIDED AS A MEANS OF EGRESS OR RESCUE, THEY SHALL HAVE A SILL HEIGHT OF NOT MORE THAN 44" ABOVE THE FLOOR.

NCRC 310.2.1
THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 22". THE MIN. NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20". THE NET CLEAR OPENABLE AREA SHALL NOT BE LESS THAN 4 SQ. FT.

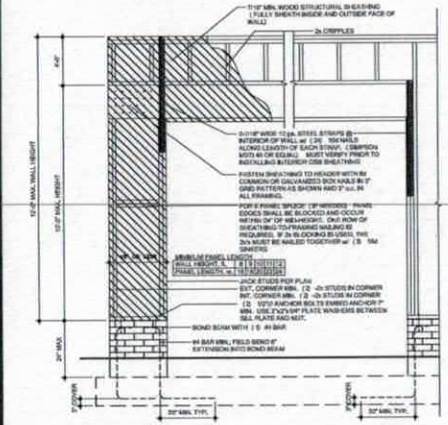
NCRC 310.2.1
EACH EGRESS WINDOW FROM SLEEPING ROOMS MUST HAVE A MIN. TOTAL GLASS AREA OF NOT LESS THAN 5 SQ. FT. IN THE CASE OF A GROUND FLOOR WINDOW AND NOT LESS THAN 5.7 SQ. FT. IN THE CASE OF A SECOND STORY WINDOW.



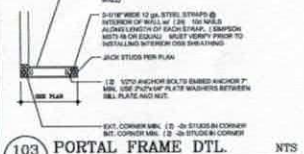
TYP. HANGERS FOR JOIST & BEAMS

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC.
(BRAND-NAME EQUIVALENTS ACCEPTABLE)

MEMBERS	HANGER
2x6	LUS26
2x10	LU210
2x12	LU212
(2) 2x6	HUS26-2
(3) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS212-3 RBL
(2) 1-3/4"x9-1/4" LVL	HUS5.512
(2) 1-3/4"x9-1/2" LVL	HUS5.512
(2) 1-3/4"x11-7/8" LVL	HUS5.512
(2) 1-3/4"x11-7/8" LVL	HUS5.512
(2) 1-3/4"x14" LVL	HUS5.514
(2) 1-3/4"x16" LVL	HUS5.514
(2) 1-3/4"x18" LVL	HUS5.514
(3) 1-3/4"x9-1/4" LVL	HGUS5.5610
(3) 1-3/4"x9-1/2" LVL	HGUS5.5612
(3) 1-3/4"x11-1/4" LVL	HGUS5.5612
(3) 1-3/4"x11-7/8" LVL	HGUS5.5612
(3) 1-3/4"x14" LVL	HGUS5.5614
(3) 1-3/4"x16" LVL	HGUS5.5614
(3) 1-3/4"x18" LVL	HGUS5.5614
(4) 1-3/4"x9-1/4" LVL	HGUS7.2510
(4) 1-3/4"x9-1/2" LVL	HGUS7.2510
(4) 1-3/4"x11-1/4" LVL	HGUS7.2512
(4) 1-3/4"x11-7/8" LVL	HGUS7.2512
(4) 1-3/4"x14" LVL	HGUS7.2514
(4) 1-3/4"x16" LVL	HGUS7.2514
(4) 1-3/4"x18" LVL	HGUS7.2514

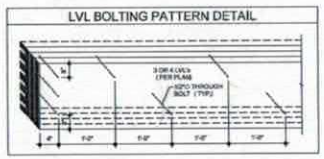


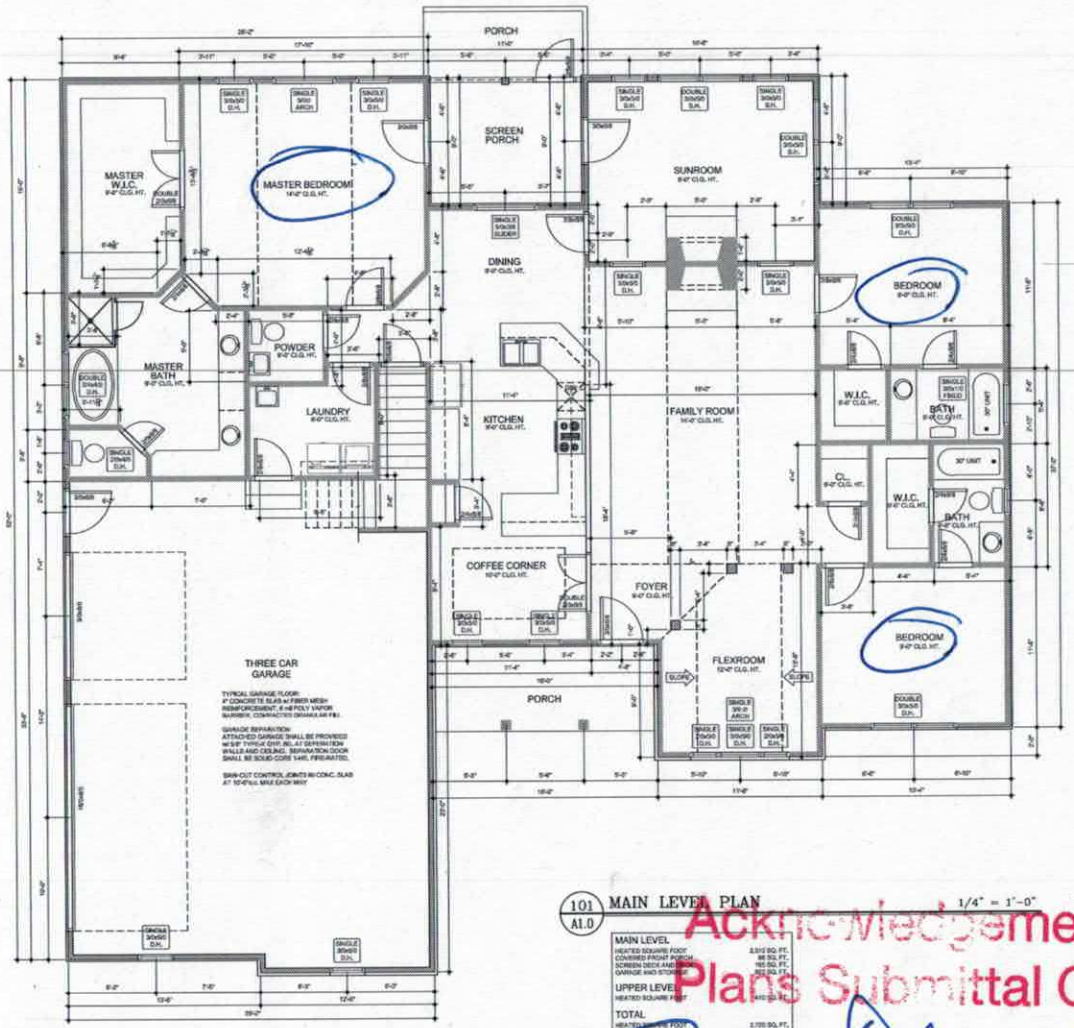
102 A1.0 PORTAL FRAME DTL. NTS



103 A1.0 PORTAL FRAME DTL. NTS

LVL BOLTING PATTERN DETAIL





101 A1.0 MAIN LEVEL PLAN 1/4" = 1'-0"

MAIN LEVEL	
HEATED SQUARE FOOT	2,512 SQ. FT.
COVERED FRONT PORCH	88 SQ. FT.
SCREEN DECK AND PORCH	182 SQ. FT.
GARAGE AND STORAGE	393 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FEET	0 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	2,700 SQ. FT.
COVERED SQUARE FOOT	1,163 SQ. FT.

THREE CAR GARAGE

TYPICAL GARAGE FLOOR:
4" CONCRETE SLAB w/ FIBER MESH REINFORCEMENT, 6 mil POLY VAPOR BARRIER, COMPACTED GRANULAR FILL

GARAGE SEPARATION
ATTACHED GARAGE SHALL BE PROVIDED W/ 5/8" TYPE-X GYP. BD. AT SEPARATION WALLS AND CEILING. SEPARATION DOOR SHALL BE SOLID CORE 1-3/8", FIRE-RATED.

SAW-CUT CONTROL JOINTS IN CONC. SLAB AT 10'-0" o.c. MAX EACH WAY

Acknowledgement of Plans Submittal ONLY

Maria Dolan Date 9/2-10/19

Timothy Collins Date 10/01/19

1501 PONCH ROAD
LINCOLN, CA 95602
(530) 425-4000
SBALSAM@YAHOO.COM

MSJ DRAFTING

A1.0

MAIN LEVEL PLAN AND NOTES

A NEW RESIDENCE FOR:
TIM [illegible]

PROJECT ADDRESS:
XXX
XXX

A1.0

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FACE OF STUD, UNLESS NOTED OTHERWISE.
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE INSIDE FACE OF STUD, UNLESS NOTED OTHERWISE.
4. ALL INTERIOR WALLS ARE ASSUMED TO BE 5-1/2" WOOD STUDS, UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 5-1/2" WOOD STUDS (PLUS 1/2" EXTERIOR WALL SHEATHING) UNLESS NOTED OTHERWISE.
6. ALL DOORS TO BE CENTERED, UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING IN WALLS FOR MOUNTING OF ALL CABINETS, TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CHIMNEYS TO BE DESIGNED BY OTHERS AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED)
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECT/GC.
10. NUMBER OF EXTERIOR RISERS TO BE FIELD VERIFIED; AT LOCATIONS WHERE 4 OR MORE ARE REQUIRED A HANDRAIL WILL ALSO BE REQUIRED.
11. PROVIDE TERMITE CHEMICAL AT FOUNDATION, AS REQUIRED.
12. MINIMUM 22-1/2" (+) x 54-1/2" (-) ATTIC ACCESS DOOR w/ PULL DOWN LADDER TO BE DETERMINED ON SITE AND WEATHERSTRIPPED AND INSULATED WITH MIN. R-5.
13. HVAC RETURN (S) TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 36" A.F.F., UNLESS NOTED OTHERWISE.
15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION-OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE (3) 2x4 STUD JACKS UNDER EACH END SUPPORT, UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS, SEE SS-1, CONSTRUCTION-OTHER THAN ROOFS, NOTE 7
3. ALL BRICK OVER LOWER ROOFS MUST HAVE ANGLE WITH STOPS LAG SCREWS TO STUDS ABOVE AND ACCORDANCE WITH DETAIL.
4. ALL WOOD I-JOISTS AND OPEN JOISTS MUST BE BRACED IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS PLUS DETAILS SHOWN ON PLANS.
5. ALL RAFTER BRACES MUST HAVE 2 STUDS FROM PLATE TO FOUNDATION OR BEAM BELOW THEM AT ALL FLOORS, NO BRACES ON CEILING PLATE WITHOUT STUDS DIRECTLY UNDER THEM.
6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 2"x8" LADDERS @ 16"o.c. MUST BE PLACED PERPENDICULAR TO THE TRUSSES TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES OVER A 12' SPAN A MIN. SINGLE LINE OF 2"x8" SHALL BE NAILED TO DIAGONAL MEMBERS OR VERTICAL MEMBERS IN THE APPROXIMATE MID-SPAN AS A LOAD DISTRIBUTION MEMBER.
8. WHERE CEILING JOISTS ARE PARALLEL TO EXTERIOR WALLS AND RAFTERS BEAR ON STUD WALL TOP PLATE ADJACENT TO CEILING JOISTS, BRACE RAFTERS AND TOP PLATE TO 2x4 RIDGE 8'-0" LONG (MIN.) ON 6' CENTERS ALONG LENGTH OF CEILING JOISTS.
9. ALL 2-STORY OPEN GREAT ROOMS, LIVING ROOMS, WITH 2 OR MORE ADJACENT OPENINGS OF 3' OR LESS MUST USE A 5-1/2"x5-1/2"x1/4" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO KING STUDS WITH (3) 5/16" LAGS @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (3) 5/16"Ø LAG THROUGH A 1/8" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 2' OR LESS SPACE BETWEEN ROUGH OPENINGS SHALL HAVE AT LEAST (1) STEEL ANGLE VERTICALLY IN EACH MULLION SPACE. THE SHEATHING ON THIS STEEL REINFORCED PARTITION SHALL BE 1/2" PLYWOOD, NO OTHER SHEATHING SHALL BE PERMITTED.

STAIRWAYS

1. TREADS SHALL BE 9" DEEP PLUS A 1" NOSING
2. RISERS SHALL BE FIELD VERIFIED (NOT TO EXCEED 8-1/4")
3. STAIR SHALL BE 36" WIDE CLEAR MINIMUM AND SHALL HAVE A HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 34"-38".
4. GUARD RAIL HEIGHT SHALL BE A MINIMUM OF 36" IN HEIGHT PER R312.1.2.
5. REQUIRED GUARDS SHALL NOT HAVE OPENINGS FROM WALKING SURFACE TO GUARD RAIL HEIGHT THAT ALLOW PASSAGE OF A 4" SPHERE.
6. GUARDS ON OPEN SIDES OF STAIRS SHALL NOT HAVE OPENINGS ALLOWING PASSAGE OF A 4-3/8" SPHERE
7. TRIANGLE FORMED BY RISER, TREAD AND BOTTOM GUARD RAIL SHALL NOT ALLOW PASSAGE OF A 6" SPHERE.

TYP. HANGERS FOR JOIST & BEAMS

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC. (BRAND-NAME EQUIVALENTS ACCEPTABLE)

MEMBERS	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS210
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-3
(3) 2x6	LUS26-3
(3) 2x12	LUS210-3
(3) 2x12	HUS210-3 MBL
(2) 1-3/4"x9-3/4" LVL	HGUS410
(2) 1-3/4"x9-1/2" LVL	HGUS410
(2) 1-3/4"x11-7/8" LVL	HGUS412
(2) 1-3/4"x11-7/8" LVL	HGUS412
(2) 1-3/4"x14" LVL	HGUS414
(2) 1-3/4"x16" LVL	HGUS414
(2) 1-3/4"x18" LVL	HGUS414
(3) 1-3/4"x9-3/4" LVL	HGUS5.50/10
(3) 1-3/4"x9-1/2" LVL	HGUS5.50/10
(3) 1-3/4"x11-7/8" LVL	HGUS5.50/12
(3) 1-3/4"x11-7/8" LVL	HGUS5.50/12
(3) 1-3/4"x14" LVL	HGUS5.50/14
(3) 1-3/4"x16" LVL	HGUS5.50/14
(3) 1-3/4"x18" LVL	HGUS5.50/14
(4) 1-3/4"x9-3/4" LVL	HGUS7.25/10
(4) 1-3/4"x9-1/2" LVL	HGUS7.25/10
(4) 1-3/4"x11-7/8" LVL	HGUS7.25/12
(4) 1-3/4"x11-7/8" LVL	HGUS7.25/12
(4) 1-3/4"x14" LVL	HGUS7.25/14
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(4) 1-3/4"x18" LVL	HGUS7.25/14

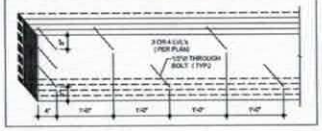
HEADER SIZE REQUIREMENTS

SIZES	EXTERIOR SPANS	INTERIOR SPANS	JACK STUDS
(2) 2x6's	<2'-0"	<2'-0"	1
(3) 2x6's	2'-0" thru 3'-0"	2'-6" thru 3'-6"	2
(3) 2x10's	3'-0" thru 5'-0"	3'-6" thru 6'-6"	3
SEE PLAN	5'-0"+	6'-6"+	SEE PLAN

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
H = 10'-0"	2x6 @ 16" o.c.
10'-0" < H < 11'-0"	2x6 @ 12" o.c.
10'-0" < H < 11'-0"	2x6 @ 16" o.c.
H > 18'-0"	CONSULT ENGINEER

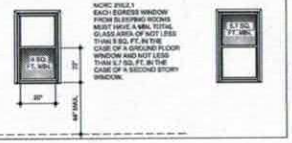
LVL BOLTING PATTERN DETAIL



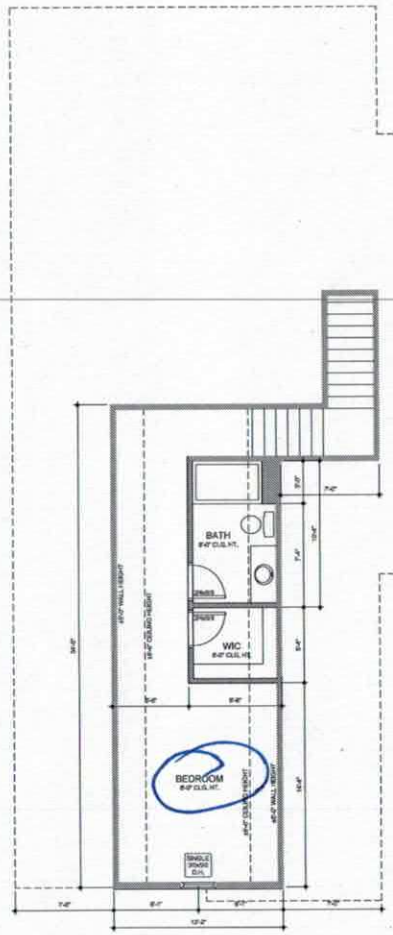
EGRESS WINDOW REQUIREMENTS

NCRC 2018 310.2.1
EVERY SLEEPING ROOM SHALL HAVE AT LEAST ONE OPERABLE EXTERIOR WINDOW OR EXTERIOR DOOR APPROVED FOR EMERGENCY EGRESS OR RESCUE. THE UNITS MUST BE OPERABLE FROM THE INSIDE TO A FULL CLEAR OPENING WITHOUT THE USE OF A KEY OR TOOL. WHERE WINDOWS ARE PROVIDED AS A MEANS OF EGRESS OR RESCUE, THEY SHALL HAVE A SILL HEIGHT OF NOT MORE THAN 44" ABOVE THE FLOOR.

NCRC 310.2.1
THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 22". THE MIN. NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20". THE NET CLEAR OPENABLE AREA SHALL NOT BE LESS THAN 4 SQ. FT.



NCRC 310.2.1
EACH EGRESS WINDOW FROM SLEEPING ROOMS MUST HAVE A MIN. TOTAL GLASS AREA OF NOT LESS THAN 5 SQ. FT. IN THE CASE OF A GROUND FLOOR WINDOW AND NOT LESS THAN 5.7 SQ. FT. IN THE CASE OF A SECOND STORY WINDOW.



101 / A1.1 UPPER LEVEL PLAN 1/4" = 1'-0"

MAIN LEVEL	
HEATED SQUARE FOOT	2,310 SQ. FT.
COVERED FRONT PORCH	96 SQ. FT.
SCREEN DECK AND DECK	160 SQ. FT.
GARAGE AND STORAGE	820 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	443 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	2,729 SQ. FT.
UNHEATED SQUARE FOOT	1,183 SQ. FT.

Acknowledgement of Plans Submittal ONLY

Maria Dotson Date 9/27/19

Date 10/01/19

1501 POWICH ROAD
LINCOLNTON, NC 28092
(828) 345-0900
BBALSINGER@YAHOO.COM

MSJ DRAFTING

A1.1

UPPER LEVEL PLAN AND NOTES

A NEW RESIDENCE FOR:
TIM WHITE
XXX
XXX

A1.1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
300689 Issue Date: 09/09/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
3782837911.000	108 STARBOARD LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: SHEPARD BERNARD K II	Name: TIMOTHY WHITE
Address: 828 HALDEMAN RD	Address: P.O. BOX 5204
SCHWENKSVILLE, PA 19473	STATESVILLE, NC 28687
Phone:	Phone: (704)880-0379

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.249	35	35	15	25		

Remarks

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: 09/09/2019

Signature of Owner/Contractor

Permit Number	000202	TOTAL FEES:	$77.25