(Dollar General)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 3|5238

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

PIN # 3743 -- 05 -- ~~5038~~ 4047

APPLICANT/OWNER: Teramore Construction LLC | APPLICANT ADDRESS: 214 Kluttz Rd Suite 101 Salisbury NC 28144

SITE ADDRESS: 114 Whitney Ln Statesville NC 28625 | PHONE: 704-224-7364 | ALT. PHONE

SITE DIRECTIONS: I-40 W to Exit 141, R on Sharon School Rd, R on Whitney Ln, Lot on R | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: The Lands of Teramore Development LLC | SECTION: — | LOT # -1- | LOT AREA: 4.86 acres | DESIGN FLOW: 2400 GPD | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	109	Date	7-30-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS
# Nitrification Fields	1	# Lines	5	Linear Ft:	218'	Maintenance Agreement Required:	☐ YES	☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

☐ Residence ☒ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms — No. Persons — No. Employees 3 ☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community ☐ Basement w/o plumbing

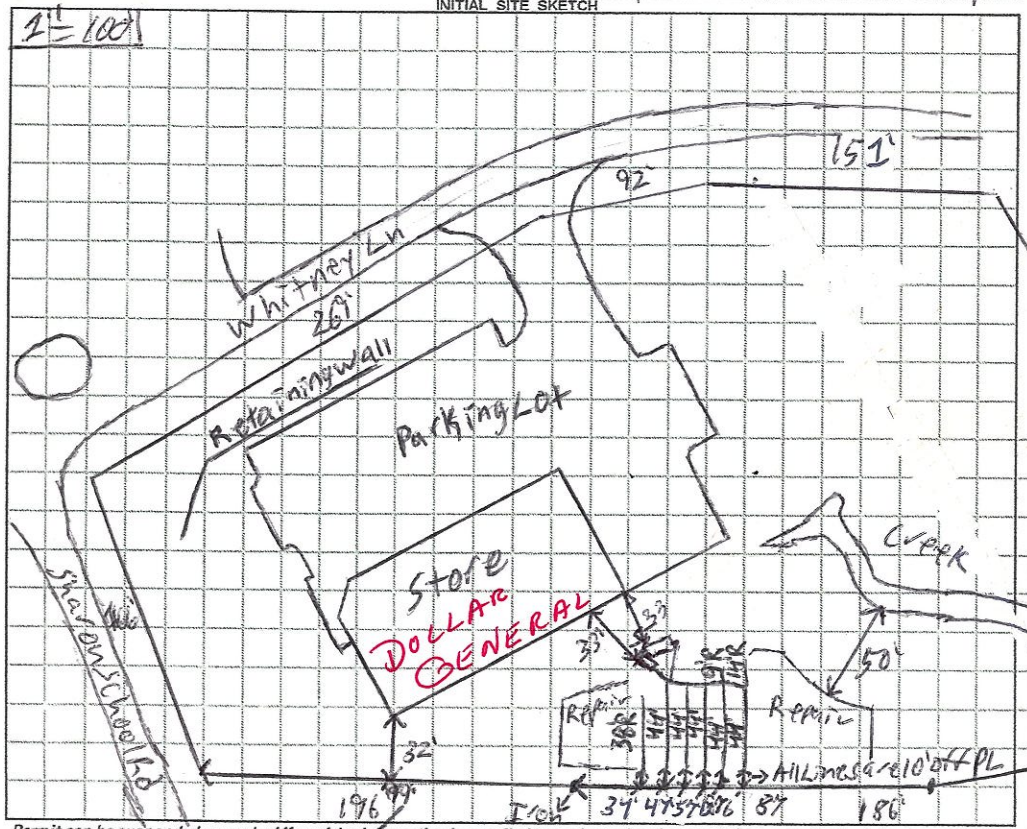
Comments / Conditions: Install lines on contour DO NOT drive on store material or manipulate drainfield in any way. All Property lines and corners must be marked during installation and inspection

Any part of the septic must be 50' off creek

Deed Bk 74 Pg 36

INITIAL SITE SKETCH

1" = 100'



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.

5 LINES INSTALLED @ 46 FT

INSTALLED AS SHOWN

FILL MUST BE REMOVED FROM REPAIR (UPPER AREA)

10/25/21 Checked repair area MD

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: 6-17-2021

IMPROVEMENT PERMIT by: Patrick J. Bagley III Date: 6/17/2021

AUTHORIZATION TO CONSTRUCT by: Benjamin Beam Date: 6/29/2021

Installed by: WARD BROTHERS SEPTIC

OPERATION PERMIT by: Maria Watson Date: 10-25-21

Existing System Inspected by: _____ Date: _____

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

...TMENT OF HEALTH AND HUMAN SERVICES
...SION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
...-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 379305502
COUNTY: Iredell

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

OWNER: Teramore Construction LLC — APPLICATION DATE 2/16/2021
ADDRESS: 214 Kilmacrd Suite 101 Salisbury NC 28144 — DATE EVALUATED: 3/25/2021
PROPOSED FACILITY: Business — PROPOSED DESIGN FLOW (.1949): 2000GPD — PROPERTY SIZE: 4.86 acres
LOCATION OF SITE: 114 Whitney Ln — PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other City
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-5	SCL WSBk	FrSSSP Sexp	few YBmottles scattered throughout	60"	few Litho inclusions with some parent Remote common	Manganese common at bottom	PS .275
		5-27	SC SBk	FrSSP Sexp					
		27-52	C SBk/ABk	FrSP Sptpl					
		52-60	CL SBk	FrSSSPS Exp					
2	SS 6%	0-5	SCL WSBk	FrSSSPS Exp	YBmottles throughout Mor common Gthaitan	55"	Very few Litho inclusions		PS .275
		5-55	C SBk/ABk	FrSP Sexp					
3	SS 8%	0-4	SCL WSBk	FrSSSP Sexp	few YBmott	50"	few Litho inclusions parent Rx Common		
		4-34	C SBk/ABk	FrSP					
		34-50	LL SBk	FrSSSP Sexp					
4	SS 5%	C-4	C-L WSBk	FrSSSPS Exp	YBmott throughout	50"	few		P
		4-[illegible]	CSBk/ABk	FrSP Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	182	121
System Type(s)	Gravity 25%	LPP BPS
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick Boyle
OTHER(S) PRESENT:

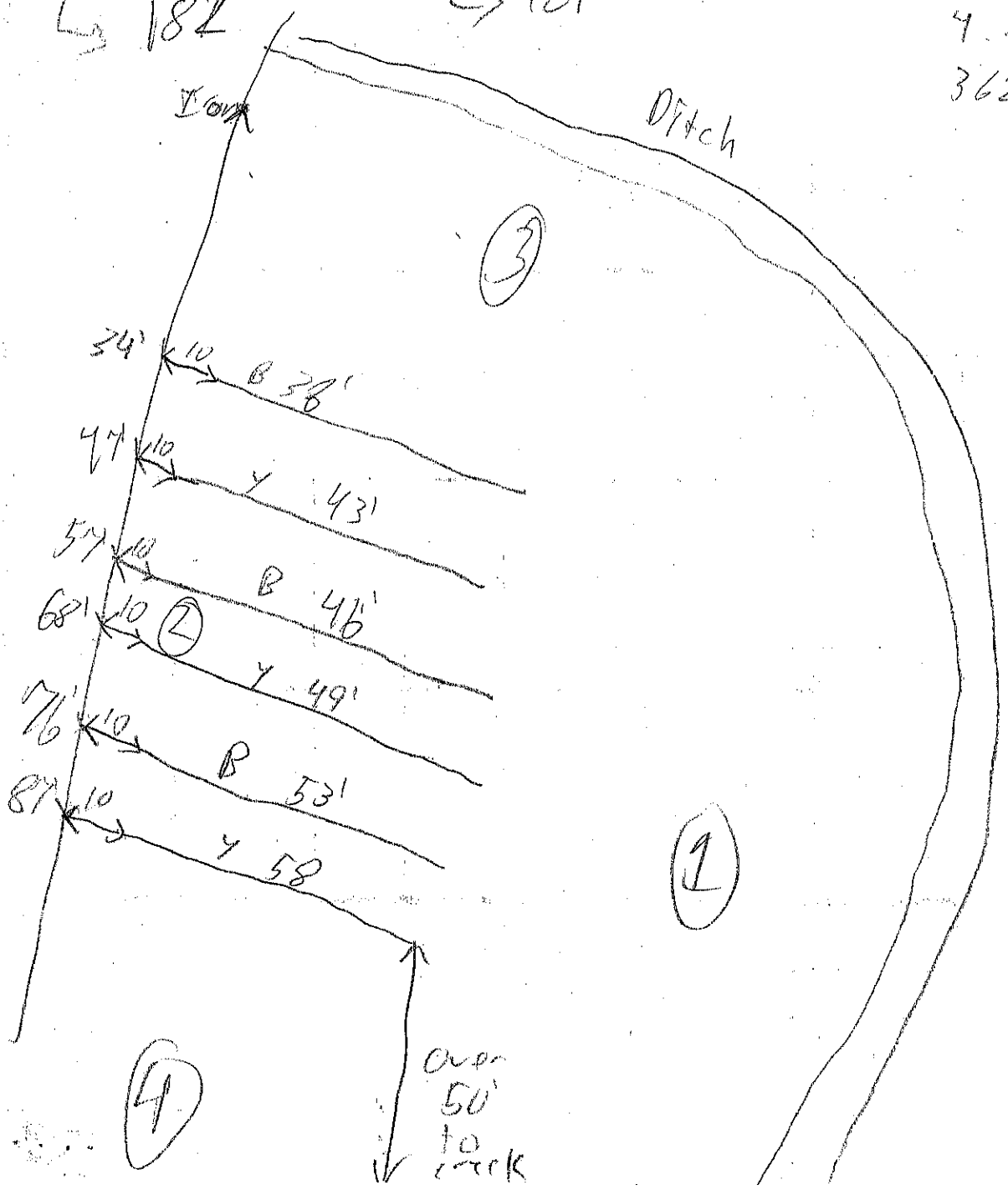
COMMENTS: Cloudy under trees, Light lain started partway through need new floor plan showing 8600 sq ft

200 ÷ .275
→ 727 ÷ 3
→ 242 4.75
→ 182'

200 ÷ .275
→ 727 ÷ 3
→ 242 4.5
→ 121

harvest 50' from Creek

5 38' lines
4 46' lines
362' Lines



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

To: North Carolina Environmental Health Specialists

From: Jon Fowlkes, On-Site Water Protection Branch Head

Subject: Updated Design Flow Reductions for Dollar General Stores

Date: May 24, 2021

Based on additional data sets provided for Dollar General Stores, the following adjusted design daily flows may be used:

- Up to 8,000 square feet of retail sales floor – 200 gpd
- Retail sales floor from 8,001 square feet to 10,000 square feet – 240 gpd
- Retail sales floor from 10,001 square feet to 12,000 square feet – 260 gpd

The adjusted design daily flows can only be used with the following conditions:

1. Tanks must be sized on the un-reduced design flow (120 gpd/1,000 square feet of retail space area).
2. Use of low-flow fixtures such as spring-loaded or automatically activated faucets with flow rates of one gallon per minute or less, low-flow urinals which use 0.5 gallons per flush or less, and low-flow toilets which use 1.28 gallons per flush or less. Cut sheets of the fixtures must be provided.
3. A floor plan of the building must be provided, identifying the retail sales floor square footage.
4. If a pump system is used, a Branch-approved flow equalization control panel must be used. The flow equalization control panel limits the amount of effluent discharged to the dispersal field to be no more than the maximum adjusted design daily flow. When the lag float is triggered, only one timed dose is delivered. Non-flow equalization control panels are programmed to discharge all effluent in the pump tank to the dispersal field when the lag float is triggered.
5. The tenants are prohibited from disposing into the wastewater system any chemical cleaners or any other compound which may be harmful to the bacteria in the wastewater system, including but not limited to quaternary ammonia compounds.
6. The tenants are prohibited from disposing of any food waste (solid or liquid) into the system.
7. The improvement permit, authorization to construct, and operation permit issued must specify a Dollar General store. In the case of multiple stores, the Dollar General store must be specifically identified. Any change to a facility designated as a Dollar General store would require a re-evaluation of the design flow and the system design, and revised permits would have to be issued.
8. We recommend the installation of a water meter for the Dollar General store.

RECEIVED MAR 3 - 2021

AP-315238

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

1. APPLICATION FOR: X **Improvement Permit** X **Authorization To Construct** ___ **Existing System Inspection**

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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Teramore Construction, LLC	214 Klumac Road - Suite 101 Salisbury NC 28144	704-224-7364	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Dane & Tamalita Campbell	120 S Oakland Avenue Statesville NC 28677		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
114 Whitney Lane		

Driving Directions: Take exit 141 from I-40W, turn right on to Sharon School Road, property will be immediately on your right.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:

Type of Business	Retail
Square Footage of Building	10,664
Maximum Number of Employees	3
Maximum Number of Seats	N/A

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

(3) Alternative (1) Conventional (4) Innovative (2) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
(X) 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: ___
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/16/2021
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, Dane & Tamalita Campbell, am the legal owner(s) of the property located at Whitney Lane, identified as PIN (Parcel Identification Number) 3793055028, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Teramore Construction 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.

2/12/21 — Signature of Owner(s) — Date

Mandy Goodman 2/12/2021 — Signature of Witness — Date

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 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:

X Property Line measurements are clearly identified... **X 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

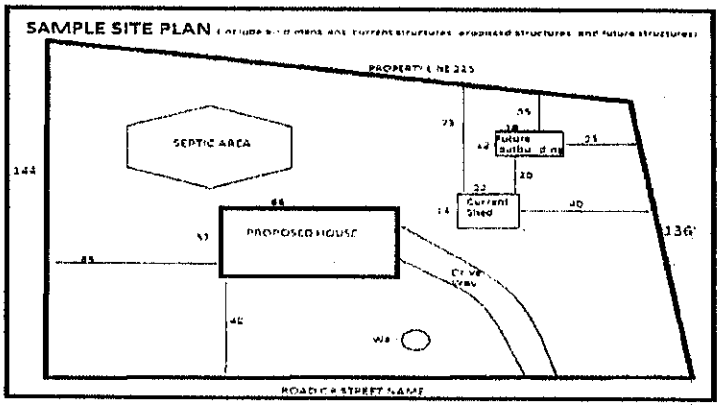
X Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

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:

X Location of septic systems and wells within 100' of your property... N/A

X 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

Signature: _____

REQUIRED property owner or owner's legal representative signature.

2/16/2022 RS

DATE

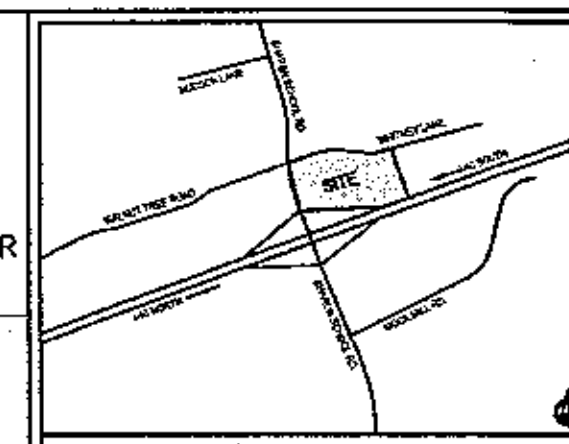
GENERAL NOTES
1. CONTRACTOR IS TO VERIFY ALL UTILITY LOCATIONS PRIOR TO BEGINNING WORK.
2. ALL WORK IS TO BE IN ACCORDANCE WITH ALL STATE AND LOCAL REGULATIONS.
3. ALL PERMITS ARE TO BE OBTAINED BY THE CONTRACTOR PRIOR TO THE START OF CONSTRUCTION.
4. CONTRACTOR IS RESPONSIBLE FOR COMPLYING WITH ALL PERMIT CONDITIONS.
5. EXISTING UTILITIES ON SITE SHALL BE RELOCATED AS REQUIRED. CONTRACTOR SHALL PAY ALL COSTS ASSOCIATED WITH RELOCATION.
6. CONTRACTORS ARE TO FULLY ACQUAINT THEMSELVES WITH ALL UTILITIES WITHIN THE CITY AND STATE ROW AND WITHIN THE PROPERTY BOUNDARIES WHICH WILL REQUIRE RELOCATION. ALL COSTS ASSOCIATED WITH RELOCATION SHALL BE INCLUDED IN THE BASE BID.
7. ALL WORK PERFORMED WITHIN NCDOT ROW SHALL BE PER NCDOT SPECS AND SHALL BE INSPECTED FOR COMPLIANCE BY STATE INSPECTORS AT THEIR DISCRETION.

ON-SITE UTILITY NOTES
1. FOR GENERAL SITE WORK, SEE SHEET C100.
2. ALL WATER DISTRIBUTION PIPE SHALL BE DUCTILE IRON WATER PIPE CONFORMING TO ALL STATE AND LOCAL STANDARDS.
3. ALL DUCTILE IRON PIPE SHALL BE PRESSURE CLASS 50 OR GREATER.
4. ALL SANITARY SEWER PIPE SHALL BE SDR 35 PVC PIPE FOR GRAVITY FLOW AND SCH 40 FOR PRESSURED FLOW (BEDDED IN STONE) CONFORMING TO ALL STATE AND LOCAL STANDARDS.
5. FITTINGS 4" AND LARGER SHALL BE DUCTILE IRON (PUSH-ON TYPE JOINT) CONFORMING TO ANSI AND AWWA STANDARD SPECIFICATIONS.
6. PIPE AND FITTINGS 3" AND SMALLER ARE TO BE EITHER PVC SCHEDULE 40 WITH SOLVENT WELD JOINTS OR SOFT K-COPPER. GATE VALVES SHALL BE TELESCOPE TYPES. ALL VALVES MUST BE MUELLER, M&H OR KENNEDY AND BE RATED 175 PSI WORKING PRESSURE AND 300 PSI HYDROSTATIC TEST PRESSURE. ALL VALVES WILL BE OPEN LEFT AND BE CAST OR DUCTILE IRON BODIED.
7. ALL WATER MAINS SHALL HAVE A MINIMUM COVER OF 3' ABOVE THE TOP OF THE PIPE.
8. THE MINIMUM HORIZONTAL SEPARATION BETWEEN THE CLOSEST TWO POINTS OF THE WATER AND SEWER LINE IS TEN FEET (10'). THE MINIMUM VERTICAL SEPARATION BETWEEN THE CLOSEST TWO POINTS OF THE WATER AND SEWER LINE IS EIGHTEEN INCHES (18").
9. THRUST BLOCKS SHALL BE PROVIDED AT ALL BENDS.
10. DIMENSIONS SHOWN ARE CENTERLINE OF PIPE OR FITTINGS.
11. ALL SPRINKLER, DOMESTIC, AND SANITARY LEADS TO THE BUILDING SHALL END 5' FROM THE EDGE OF BUILDING AS SHOWN ON PLAN AND SHALL BE PROVIDED WITH A TEMPORARY PLUG AT END (FOR OTHERS TO REMOVE AND EXTEND AS NECESSARY).
12. ALL WATER MAINS SHALL BE HYDROSTATICALLY TESTED AND DISINFECTED BEFORE ACCEPTANCE. SEE SITE WORK SPECIFICATIONS.
13. ALL GATE VALVES/BOXES SHALL BE TO TOWN/CITY STANDARDS.
14. ALL TRENCHING, PIPE LAYING, AND BACKFILLING SHALL BE IN ACCORDANCE WITH FEDERAL OSHA REGULATIONS.
15. SEE SITE SPECIFICATIONS FOR BACKFILLING AND COMPACTION REQUIREMENTS.
16. SITE CONTRACTOR SHALL HAVE APPROVAL OF ALL GOVERNING AGENCIES HAVING JURISDICTION OVER THIS SYSTEM PRIOR TO COMPLETION.
17. INSTALLATION OF THIS PLAN SHALL BE DONE IN STRICT ACCORDANCE WITH SITE WORK SPECIFICATIONS.
18. SEE ELECTRICAL PLAN FOR SITE LIGHTING LAYOUT.
19. SEE 'M' SHEETS FOR CONTINUATION OF FACILITIES INTO AND OUT OF THE BUILDING.
20. CONTRACTOR IS RESPONSIBLE FOR COORDINATION WITH LOCAL POWER PROVIDER FOR THE LOCATION OF THE TRANSFORMER AND ANY NECESSARY CONDUITS.
21. CONTRACTOR IS RESPONSIBLE FOR COORDINATION WITH LOCAL TELECOMMUNICATION PROVIDER THE LOCATION OF ANY PEDESTALS AND NECESSARY CONDUITS.

LOCAL UTILITY COMPANIES

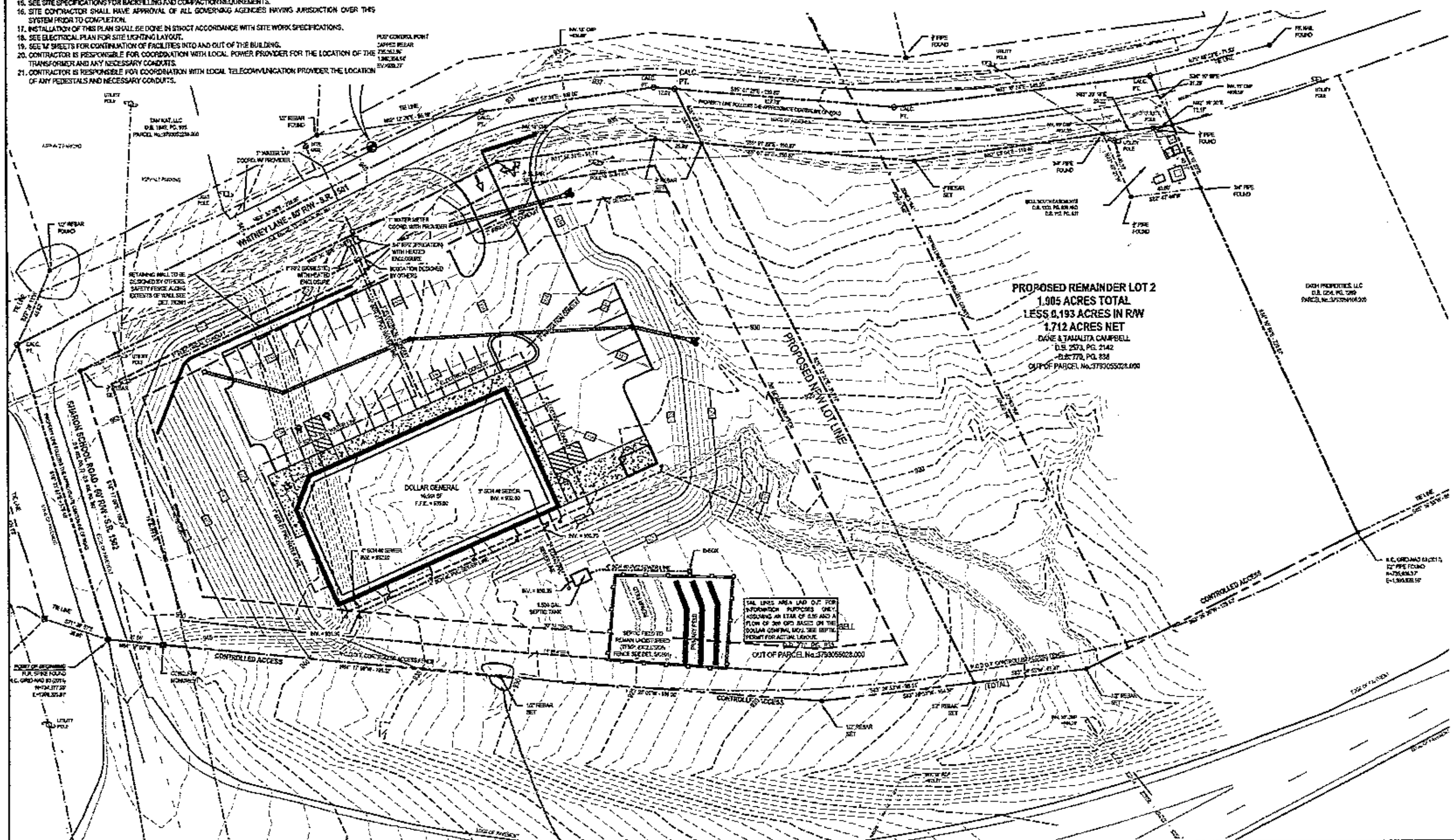
UTILITY	COMPANY NAME	PHONE
WATER	WEST IREDELL WATER	(704) 902-4811
POWER	DUKE ENERGY	(800) 452-2777
TELEPHONE	CHARTER	(855) 692-9635
TELEPHONE	AT&T	(800) 225-5288
SANITARY SEWER	IREDELL COUNTY ENVIRON. HEALTH	(704) 878-5305

BEFORE YOU DIG!
CALL 1-800-632-4949
N.C. ONE-CALL CENTER
IT'S THE LAW!



VICINITY MAP (NTS)

LEGEND
- PROPERTY LINE
- EXISTING CONTOURS
- PROPOSED CONTOURS
- BUILDING SETBACK
- LANDSCAPE BUFFER
- EX. OVERHEAD ELECTRIC
- EX. WATER
- EX. FIBER OPTICS



BREC
1629 MEADOWVIEW DRIVE
WILKESBORO, NC 28697

NORTH CAROLINA PROFESSIONAL ENGINEER REVIEW 035736 JUSTIN C. CHURCH 03/05/2021

BREC, P.A. CORPORATE NCBELS#C-3443 NORTH CAROLINA

DO NOT SCALE - PLANS MUST BE RECEIVED AS A COMPLETE SET

DOLLAR GENERAL
STATESVILLE, NC
STORE #22973

UTILITY PLAN

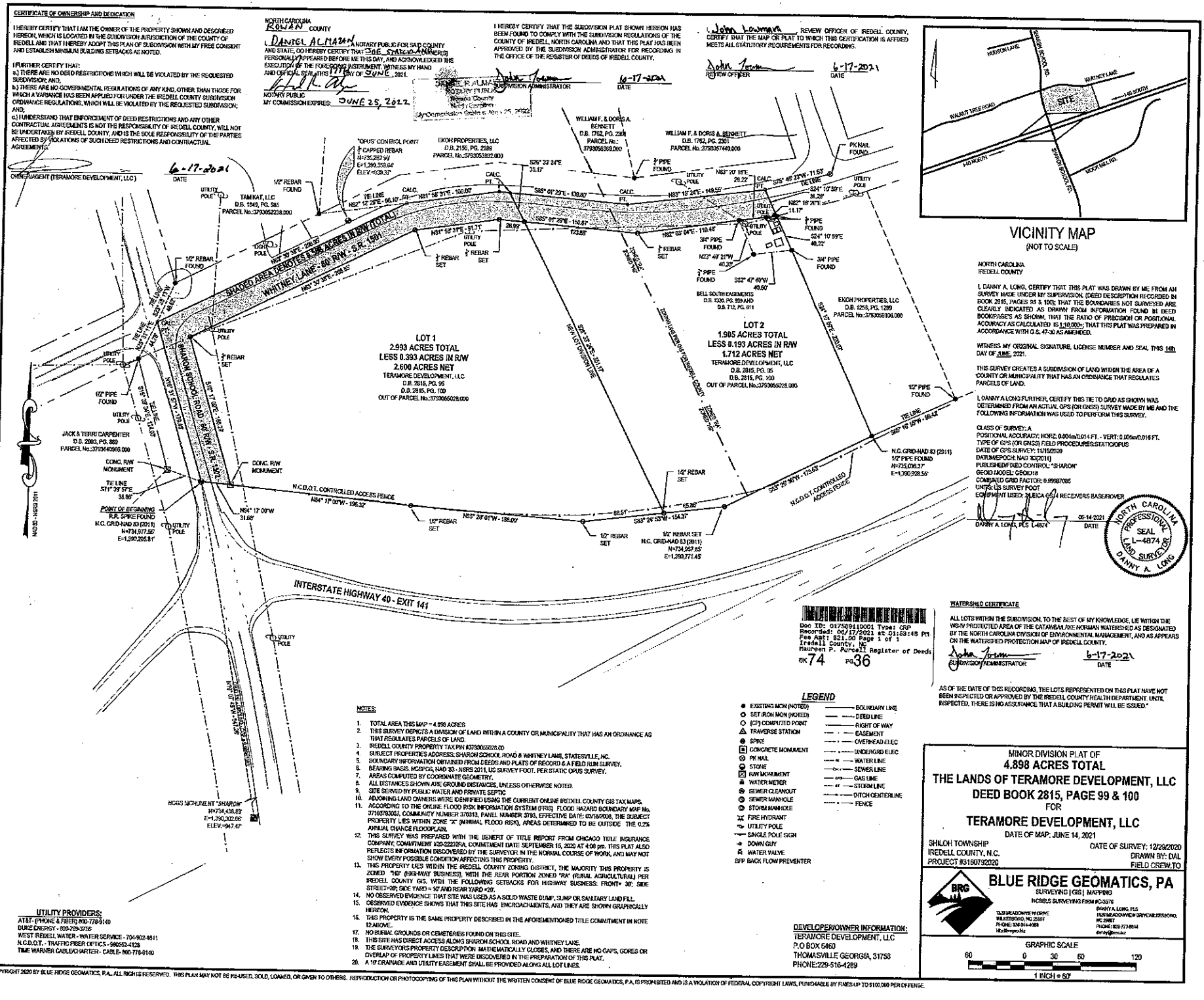
PREPARED FOR:
TERAMORE DEVELOPMENT, LLC
PO BOX 6460
THOMASVILLE, GA 31758

DATE:	REVISIONS:

SHEET SIZE:	24"x36"
DATE:	01/05/2021
PROJECT NUMBER:	3180079.2020
DRAWN BY:	J EDWARDS
APPROVED BY:	J CHURCH
SCALE:	1" = 30' (H) (V)
SHEET:	C400

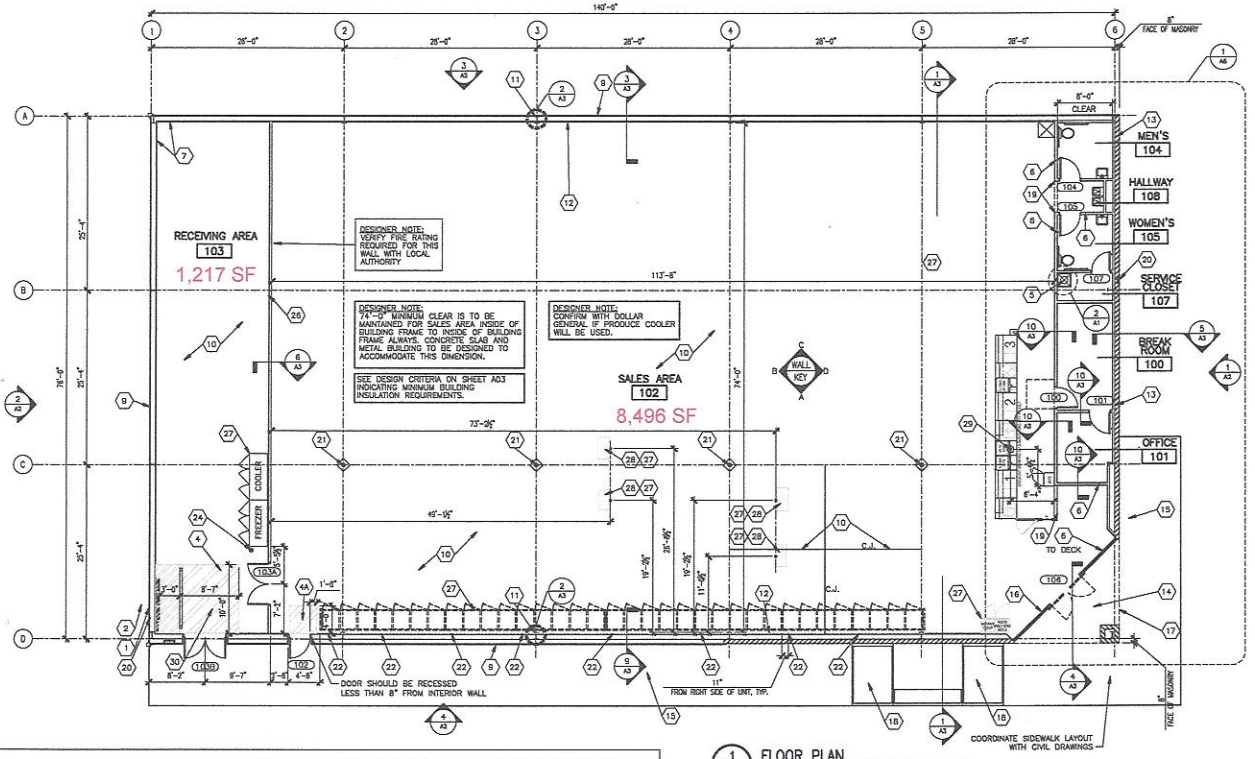
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114 Whitney

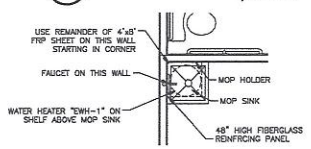


Book: 74 Page: 36 Page 1 of 1

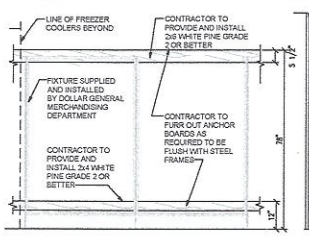
Acknowledgement Of
Plans Submittal ONLY!
Date 6-17-2021
Date 6/10/2021

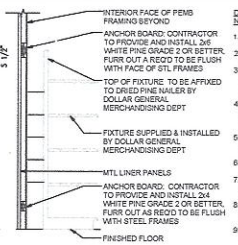


1 A1 FLOOR PLAN
1/8" = 1'-0"



2 A1 ENLARGED PLAN AT MOP SINK
3/8" = 1'-0"





DRINK FIXTURE WALL MOUNTING SUPPORT NOTES:
1. PROVIDE AND INSTALL 2X6 WHITE PINE - GRADE 2 OR BETTER.
2. PROVIDE AND INSTALL 2X4 WHITE PINE - GRADE 2 OR BETTER.
3. FASTEN THE 2X6 TO THE WALL WITH THE TOP EDGE OF THE BOARD AT 78" A.F.F. REFER TO FINAL DG FIXTURE PLAN FOR LENGTH AND LOCATION OF BOARD.
4. FASTEN THE 2X4 TO THE WALL WITH THE TOP EDGE OF THE BOARD AT 12" A.F.F.. REFER TO FINAL DG FIXTURE PLAN FOR LENGTH AND LOCATION OF BOARD.
5. PRE-DRILL PILOT HOLES IN ALL BOARDS PRIOR TO INSTALLATION TO PREVENT WOOD SPLITS.
6. SECURE THE 2X6 WITH TWO SELF-TAPPING SCREWS. MINIMUM SCREW SIZE IS #7x 1¼".
7. FASTEN THE 2X4 WITH WITH SELF-TAPPING SCREW PER WALL STUD. MINIMUM SCREW SIZE IS #7x 1¼".
8. CAULK THE EDGES OF THE 2X6 AT THE TOP AND BOTTOM WHERE IT MEETS THE WALL PRIOR TO PAINTING.
9. PRIME AND PAINT BOTH BOARDS TO MATCH WALL COLOR.

DESIGNER NOTE:
CONFIRM WITH DG IF ANCHOR BOARD DETAIL WILL BE USED.

3 A1 ANCHOR BD DETAILS
1/2"=1'-0"

FLOOR PLAN KEYED NOTES

1. RECEIVING DOOR BUZZER
2. 2" DOOR SCOPE.
3. NOT USED
4. STRIPE FLOOR FOR DESIGNATED CLEAR EGRESS PATH (PAINT YELLOW) AND DESIGNATED EMS PANEL CLEARANCE (PAINT RED).
4A. STRIPE FLOOR FOR DESIGNATED CLEAR ADA EGRESS PATH (PAINT YELLOW.)
5. PROVIDE AND INSTALL A TEN GALLON WATER HEATER (OR LARGER IF REQUIRED BY CODE) ABOVE THE MOP SINK.
6. METAL STUD WITH 1/2" GYP. BD. SEE WALL SECTION SHEET A3.
7. METAL LINER PANELS TO 8'-0" A.F.F. (BY PRE-ENGINEERED BUILDING MANUFACTURER).
8. DIMENSIONS TO BE FROM COLUMN LINE UNLESS OTHERWISE NOTED.
9. METAL BUILDING PANELS (BY PRE-ENGINEERED BUILDING MANUFACTURER).
10. CONCRETE SLAB WITH STRUCTURAL MIN. 6x6xW1.4 WELDED WIRE MESH OVER POLYETHYLENE VAPOR BARRIER (MIN. 10 MIL THICK) OVER CRUSHED STONE BASE, TYPICAL, OR EQUIVALENT. PROVIDE CONTROL JOINTS AT 14'-0" ON CENTER EACH WAY MAX. SEE SHEET S3.
11. METAL BUILDING FRAME. REFER TO DETAIL 3/A3 FOR ADDITIONAL INFORMATION.
12. METAL LINER PANELS (26/29 GAUGE) WITH 1/2" GYPSUM BOARD. SEE INTERIOR ELEVATIONS ON SHEET A4. PROVIDE R-13 METAL BUILDING INSULATION.
13. 8" SPLIT FACED CMU PAINTED SW #7037 BALANCED BEIGE. ALIGN FACE OF BLOCK WITH STEEL GIRT. PROVIDE PROPER ANCHORAGE TO STRUCTURE.
14. SLOPE CONCRETE 1/8" PER FOOT AWAY FROM BUILDING.
15. COORDINATE CONCRETE SIDEWALK WITH CIVIL AND BROOM FINISH, TYP.
16. BRONZE STOREFRONT SYSTEM. REFER TO SHEETS A4 AND A5 FOR ADDITIONAL INFORMATION. CONTINUE METAL LINER PANELS TO DECK.
17. LINE OF SOFFIT OR CANOPY ABOVE.
18. A.D.A. COMPLIANT H.C. RAMP WITH PAINTED SIDES TO ACCESSIBLE PARKING STALLS, REFER TO CIVIL.
19. MC CUE CART AND BUMPER GUARDS 3'-5" A.F.F., ORDER TRIMKIT FOR THIS PROTOTYPE.
20. WALL HYDRANT. REFER TO PLUMBING DRAWINGS FOR ADDITIONAL INFORMATION.
21. ROUND STEEL PIPE COLUMN WITH RECESSED BASE PLATE-PAINT SECOND CONCRETE POUR SW6991 BLACK MAGIC. PAINT STEEL COLUMN SW7005 PURE WHITE. WRAP COLUMN WITH TIGHT LOOP CARPET (BLACK) 48" HIGH AT BASE.
22. WALL OUTLETS FOR BANKS OF COOLERS AND FREEZERS. SEE ELECTRICAL FOR DETAILS.
23. NOT USED.
24. 6" DIAMETER PIPE McCUE FLEXICORE BOLLARDS 48" TALL ABOVE FINISHED FLOOR.
25. NOT USED
26. MAINTAIN 2" AIR GAP BETWEEN THE REACH IN COOLER / FREEZER AND THE WALL FOR VENTILATION
27. REFRIGERATION BY DOLLAR GENERAL.
28. ENDCAP COOLER/FREEZER AND DISPLAY LIGHTING AS NEEDED TO BE HARDWIRED THROUGH SO CORD. OC TO LEAVE BOTTOM OF CORD HANGING AT 80" A.F.F. (SEE ELECTRICAL). SO CORD ANCHORED TO PURLINS ABOVE. COORDINATE LOCATION WITH FINAL DOLLAR GENERAL FIXTURE PLAN.
29. POWER POLE. COORDINATE FINAL LOCATION WITH FINAL DOLLAR GENERAL FIXTURE PLAN (FD1).
30. MC CUE RAILING IN FRONT OF ELECTRICAL PANEL. 8'-0" LONG WITH TWP TOP RAILINGS AND NO MIDDLE POST.

CONSTRUCTION PLAN SYMBOLS

DOOR INSTALLATION. SEE DOOR SCHEDULE ON SHEET A4 FOR MORE INFORMATION.

NOTE:
METAL BUILDING COLUMNS SHALL BE STRAIGHT.

NOTE:
THE ALLOWABLE CLEAR DISTANCE BEHIND THE SALES FLOOR FIXTURES IS 1-½" MAXIMUM TO THE FACE OF DRYWALL. IF IT IS LARGER THAN THIS, PROVIDE HORIZONTAL WOOD FURRING STRIPS, PAINTED WALL COLOR, MOUNTED ON THE DRYWALL AT 78" AFF TO THE TOP OF THE STRIP TO REDUCE THE GAP TO LESS THAN 1-½".

REVISIONS:

THESE DOCUMENTS ARE PROVIDED AS A CONSTRUCTION DOCUMENT TEMPLATE FOR THIS BUILDING TYPE. THESE DRAWINGS MUST BE REVIEWED AND ADAPTED BY A LICENSED ARCHITECT AND ENGINEER TO COMPLY WITH THE REQUIREMENTS OF ALL FEDERAL, STATE AND LOCAL AUTHORITIES FOR SITE SPECIFIC PROJECTS. ALL PROJECTS MUST BE APPROVED BY DOLLAR GENERAL PRIOR TO START OF CONSTRUCTION.

STORE NUMBER
STREET ADDRESS
CITY—STATE

DOLLAR GENERAL

PROTOTYPE CRITERIA SET PLAN
76'-0"x140'-0" 10,640 SF PROTOTYPE "E" PLUS"
ARCHITECTURAL AND ENGINEERING DEPARTMENT (615) 855-4793
BTSD.ARCHENGDOLLARGENERAL.COM

DATE: MARCH 28, 2019
DRAWING TITLE: FLOOR PLAN
SCALE: AS NOTED
SHEET NO.: A1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
315238 Issue Date: 02/24/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3793055028.000	114 WHITNEY LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: CAMPBELL DANE+TAMALITA	Name: Teramore Construction LLC
Address: 120 S Oakland Ave	Address: 214 Klumac Rd
	Suite 101
Statesville, NC 28677	Salisbury, NC 28144
Phone:	Phone: (704)224-7364

Use Requested	Zone Code
COMMERCIAL	HB

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.411	30	20	10	20	WSIV-CA Catawba/Lake Norman	NO

Remarks

Dollar General

All landscaping and parking must be installed prior to the zoning final inspection and CO.

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: 02/24/2021

Signature of Owner/Contractor

Permit Number	315238	TOTAL FEES:	$77.25

IREDELL COUNTY DEVELOPMENT SERVICES
PLANNING DIVISION
PO BOX 788 / 349 N. Center Street
STATESVILLE NC 28687-0788
(704) 878-3118 / FAX 928-2025

Non-Residential Zoning Permit Application

What are you building? (Please check)

New Commercial Building X Sign_____ Home Occupation_____ Temporary Event_____
Commercial Addition_____ Cell Tower_____ Co-Location _____ Accessory Structure _____
Other_____ (explain)

Is there a septic tank on the property? Yes (No) Height of structure: 18'

If an addition, please describe project: _____
Please list square footage of project (if sign list copy area sq/ft): 10,664 sq.ft.

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Dane & Tamalita Campbell Phone # _____

Owner's Current Address 120 S Oakland Avenue Statesville NC 28677

Property Information

Property Address Whitney Lane

Watershed: Yes (No) Flood Plain: Yes (No) Parcel # 3793055028.000

Applicant Information

Applicant's Name Joe Strickland Applicant's Phone # 704-224-7364

Applicant's Company Teramore Construction LLC Applicant's Email jstrickland@teramore.net

Applicant's Address 214 Klumac Road - Suite 101 Salisbury NC 28144

If Company, Representative's Name and Title Joe Strickland, Member

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 2/15/2021