ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321617

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

PIN # 3795.47-9401

APPLICANT/OWNER: Keith Hurley APPLICANT ADDRESS: N/A

SITE ADDRESS: 141 Miracle Farm; Stony Point NC 28678 PHONE: 336-301-0848 ALT. PHONE –

SITE DIRECTIONS: I-40 + Old Mtn Rd Rt Miracle Farm: Loop Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Cathy Jenkins Dixon SECTION: – LOT # 2+3 LOT AREA: DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	Date	☒ 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:	Gravity - 25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft: 400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36 in	Trench Bottom Depth (Cumulative)	24 in max	Gravel Depth	☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: *Property must be recorded prior to A/C*
Lot Recorded Bk 2865 Pg 1772.

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of the Carolinas PA

LSS # 1218 Dated Sept 29, 2021

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.

* 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.*

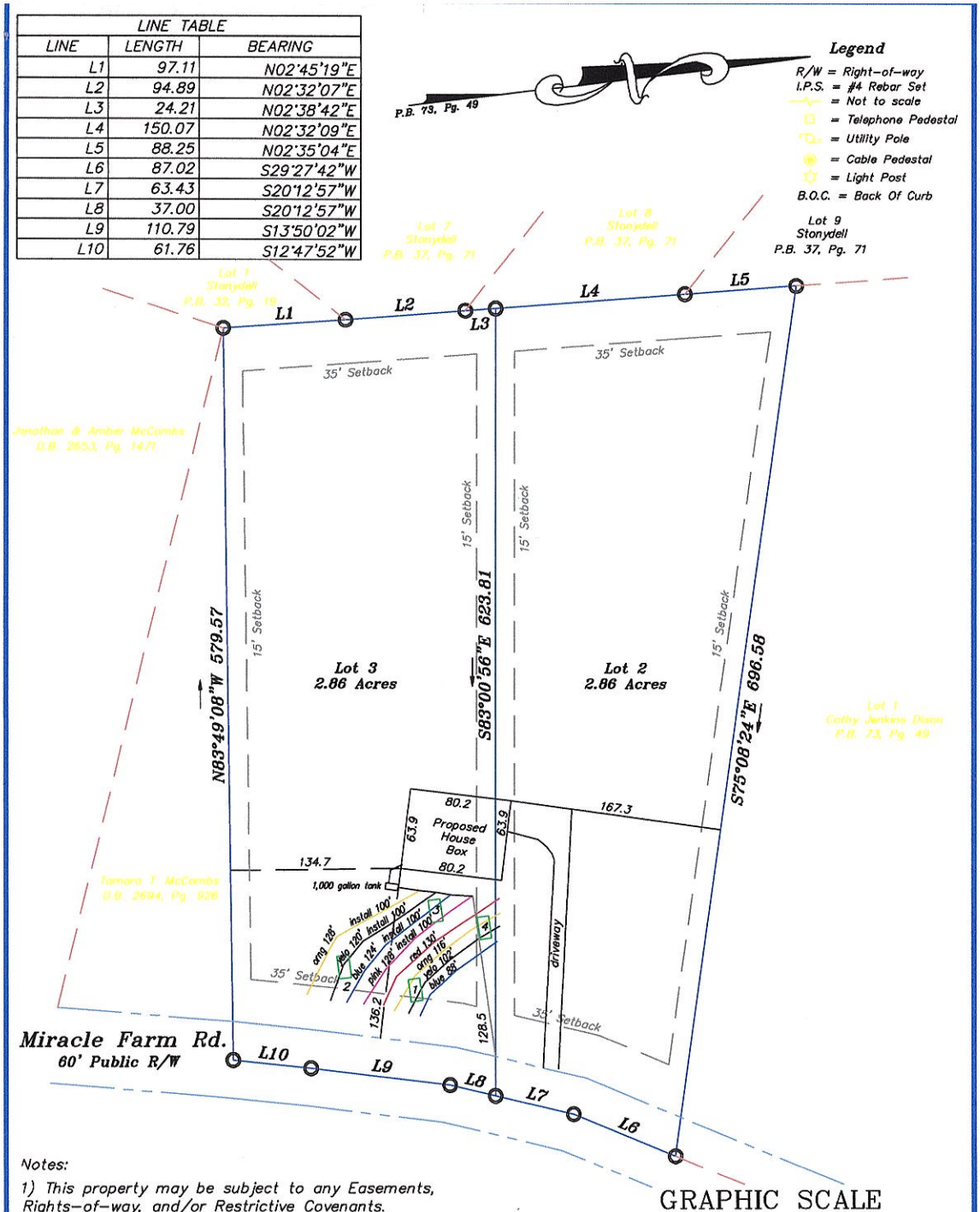
Owner / Applicant Signature: (Keith Hurley) Date: 11/1/21 Installed by: (Shawn) Grant Brooks

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 10-22-2021 OPERATION PERMIT by: Benjamin A Bolton Date: 2-20-22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 10-29-2021 Existing System Inspected by: Date:

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

LINE TABLE		
LINE	LENGTH	BEARING
L1	97.11	N02°45'19"E
L2	94.89	N02°32'07"E
L3	24.21	N02°38'42"E
L4	150.07	N02°32'09"E
L5	88.25	N02°35'04"E
L6	87.02	S29°27'42"W
L7	63.43	S20°12'57"W
L8	37.00	S20°12'57"W
L9	110.79	S13°50'02"W
L10	61.76	S12°47'52"W



Notes:

1) *This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.*

2) *Boundary information based on Plat Book: 73 at Page: 49 as recorded in the Iredell County Register of Deeds.*

3) *This plot is not for record conveyances or sales.*

4) *Area by coordinate method.*

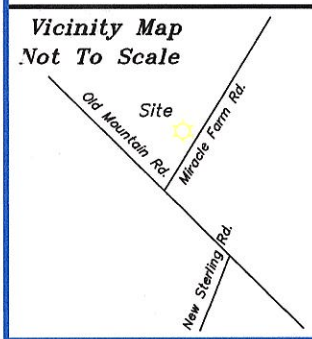
GRAPHIC SCALE

100 0 50 100 200

(IN FEET)

1 inch = 100 ft.

Vicinity Map Not To Scale



Plot Plan

FOR

Keith Hurley & Jessica Hurley

PROPERTY DESCRIPTION

Lots 2 & 3
Cathy Jenkins Dison
Plat Book 73 at Page 49

Shiloh Township, Iredell County, NC

SCALE: 1" = 100'

FIELD BOOK:

FILE: 2021-199

TAX MAP NO: 3795479511
3795478390

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

September 29, 2021

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal for 141 Miracle Farm Road

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 4-bedroom accepted system using gravity distribution. The design packet is submitted under Session Law 2018-114 (HB 374). Currently the property is comprised of 2 lots that are in the process of being combined.

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Owner: Keith & Jessica Hurley:

Signature: _____

"The LSS Evaluation is being submitted pursuant to and meets requirements of SL 2018-114 Section 11.(c)."

Wendell Overby, LSS

Signature: Wendell Overby

Seal:



Four (4) Bedroom Accepted Septic System Design using Gravity Distribution for 141 Miracle Farm Road

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7

Iredell County Septic Application---------- 8-9

Iredell County Environmental Health Requirements Checklist---------- 10

Iredell County Zoning Permit---------- 11

Agent Authorization---------- 12

Owner: Keith & Jessica Hurley
336 301-0848

October 2021

Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DHH, and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
- Elevations at pinflag locations should be checked by the installer prior to beginning
- Septic tank riser shall be a minimum of 6" above finished grade.
- **System specified as accepted type using gravity distribution**
- **Repair specified as accepted type using gravity distribution**
- **System trenches installed on 9' minimum; 3' wide trenches**
- **Iredell County Environmenal Health allowed to move tank / well location**

GRAVITY DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Keith Hurley
Phone:	336 301-0848
County:	Iredell
Location:	141 Miracle Farm Road

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	480 gpd
System Flow:	0.00 gpm

Design Specifications

Drainfield Size:	400 lf
Loading Rate:	0.3 gpd/ft.^{2}
Depth of Gravel in Trench:	n/a
Gravel Size:	n/a
Trench Depth:	24 in
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	0 lf
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	0.00 gal
Dosing Volume:	gal

Recommended Float Controls:

Recommended Control Panel:

Pressure Head:	0 ft.
Friction Head:	ft
Elevation Head:	ft
Total Dynamic Head:	ft
Threaded Union:	
Gate Valves:	
Check Valves:	
Anti-Siphon Hole:	
Recommended Pump:	

141 Miracle Farm Road
Gravity Design

DESIGN FLOW:	480	gpd
SOIL APPLICATION RATE:	0.3	
TOTAL AREA TRENCH BOTTOM:	1200	sf
TOTAL LATERAL LENGTH:	400	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	400	lf
SUPPLY LINE LENGTH:	0	lf
TOTAL DYNAMIC HEAD:	0.00	gpm
DOSING VOLUME:	0.00	gal
PUMP TANK DRAW DOWN*:	0.0	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	n/a	

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

141 Miracle Farm Road

Layout for a 4 bedroom home **Oct 2021**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM							
INSTR. 1							
Back Rt House Crnr							
			SYSTEM				
1	Orange					128	100
2	Yellow					120	100
3	Blue					124	100
4	Pink					128	100
			REPAIR				
5	Red					130	108
6	Orange					116	104
7	Yellow					102	100
8	Blue					88	88

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	400	0.300	ACCEPT	25%	GRAVITY	24
REPAIR	400	0.300	ACCEPT	25%	GRAVITY	24

Notes:

**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

CALCULATIONS

Location 141 Miracle Farm Road

Project Number 21-1122

Lot No:

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.3 $^{gal}/_{ft^2\ day}$
Accepted? (YES OR NO)	Yes
Supply Line Length	0 ft.
Supply Line Volume	0 gal.
Required Feet of Line	400 ft.
Amount of Line from Layout	400 ft.
Gallons per Minute	0.00 $^{gal}/_{min}$
Required Septic Tank Capacity	1000 gal.
Minimum Standard Tank Size	1000
Lateral Line Volume	261.2 gal.
Dosing Volume	0.00 gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
27.4	1.51
30	1.78
	-1.76
35	2.37
37	2.63
40	3.03
42.7	3.43
45	3.77
46.51	4.01
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	0.0	in.
		Generic Draw Down of 21 gal.per in.
Pump Run Time	#DIV/0!	minutes
Elevation Head	0	ft.
Pressure Head	0	ft.
Friction Factor	0	ft./100 ft. *(From the interpolater.)*
Friction Head	0.00	ft.
Elevation Head +15%	0	
Total Dynamic Head	0.00	ft.

Sheet 1 of
PROPERTY ID #: 3795479511
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Keith Hurley
ADDRESS:
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Miracle Farm Road
APPLICATION DATE
DATE EVALUATED: 9/13/21
PROPERTY SIZE: 5.70
PROPERTY RECORDED:
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L / 8%	0-4	B SCL WFGr	Fr SS SP	N/A	43	N/A		.3
		4-32	R C WMS	Fr SS SP					
		32-43	R CL WFS	Fr SS SP					
		43.00	auger refusal						
2	L / 8%	0-8	BR SCL WM Gr	Fr SS SP	N/A	43	N/A		.3
		8-27	R C WMS	Fr SS SP					
		27-43	R CL WFS	Fr SS SP					
		43	auger refusal						
3	L / 8%	0-5	BR CL WMS	Fr SS SP	N/A	42	N/A		.3
		5-24	R C WMS	Fr SS SP					
		24-42	R CL WMS	Fr SS SP					
		42	auger refusal						
4	L / 8%	0-12	RB SCL WFS	Fr SS SP	N/A	48	N/A		
		12-30	R C WMS	Fr SS SP					
		30-48	R CL WMS	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	accepted	accepted
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Wendell Overby
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST
JAMES WENDELL OVERBY
1218
STATE OF NORTH CAROLINA

COMMENTS:

RECEIVED OCT 15 2021

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

AP- 321617

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Session Law $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) 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) OZIAH KOEHLER 704-309-0227

Applicant Name: KEITH HURLEY Address: OKoehlerhomes@aol.com Zip:

Applicant Email: KMHURLEY1@OUTLOOK.COM Phone: 336 301-0848 Alt. Phone:

Owner Name: SAME Address: Zip:

Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 141 MIRACLE FARM ROAD

Subdivision Name: CATHY JENKINS DISON Section/Phase: Lot Number: 243

Driving Directions: I-40 & OLD MTN ROAD GO NORTH ON OLD MTN ROAD. TURN RIGHT ON MIRACLE FARM. LOT(S) ON THE LEFT

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

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 ( ) Conventional (X) 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: _____ 9/29/21
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, Keith Hurley, am the legal owner(s) of the property located at 141 Miracle Farm Rd, identified as PIN (Parcel Identification Number) 3795478390 / 3795479511 located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Oscar Koehler, Koehler Homes Inc, 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.

_____ 10/24/21

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

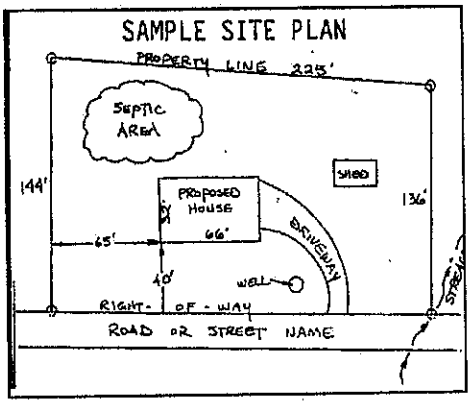
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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

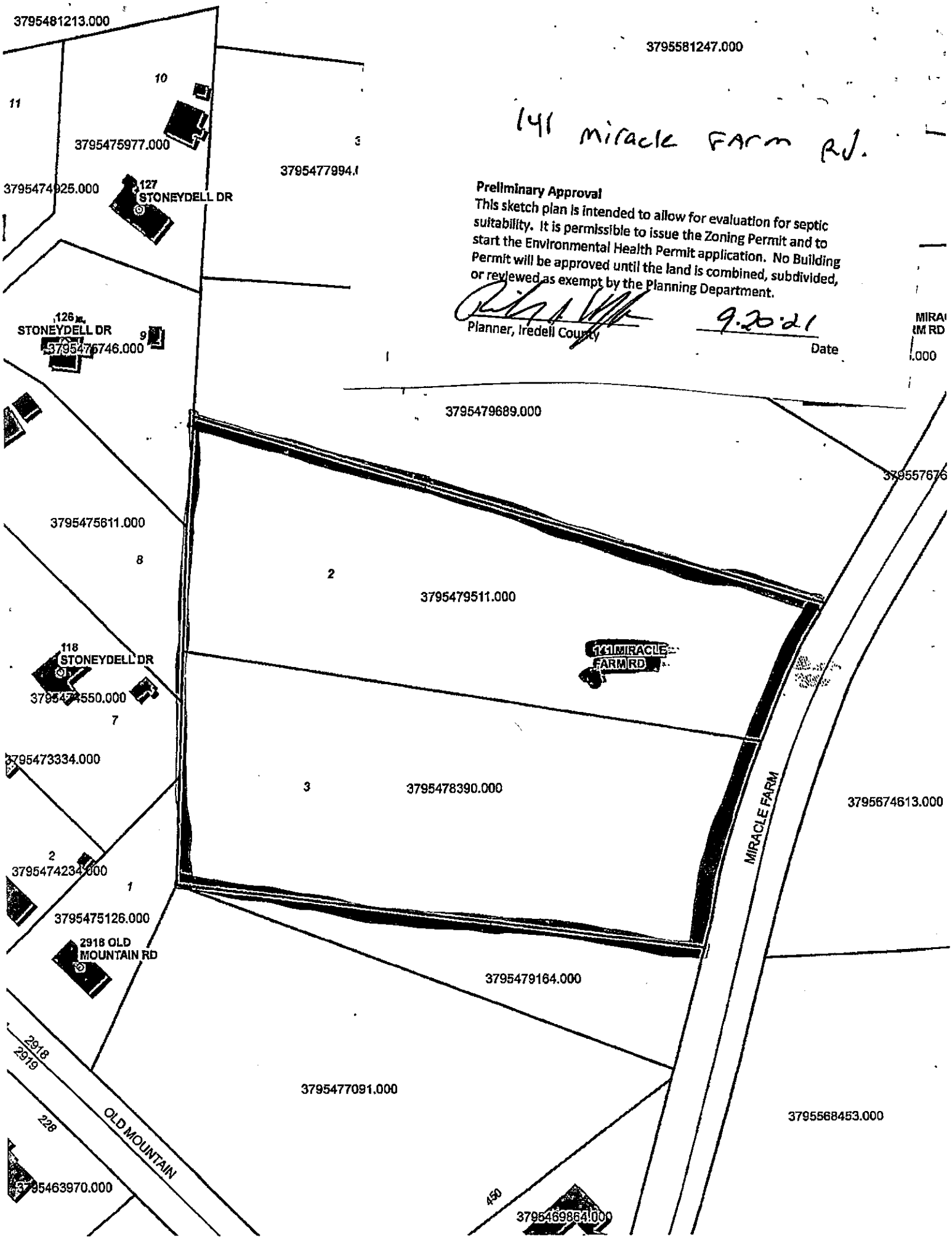
SEE ATTACHED

Signature: Wendell Cg

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

9/29/21

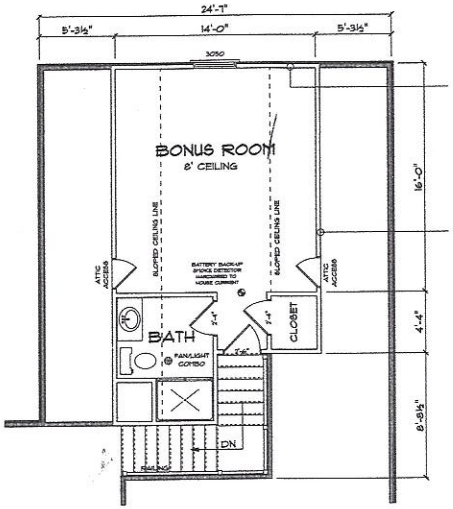
DATE


3795481213.000
3795581247.000
10
11
3795475977.000
3795477994.
3795474925.000
127 STONEYDELL DR
141 miracle FARM RD.
Preliminary Approval
This sketch plan is intended to allow for evaluation for septic suitability. It is permissible to issue the Zoning Permit and to start the Environmental Health Permit application. No Building Permit will be approved until the land is combined, subdivided, or reviewed as exempt by the Planning Department.
Planner, Iredell County
9.20.21
Date
126 STONEYDELL DR
9
3795476746.000
3795479689.000
3795475611.000
8
2
3795479511.000
141 MIRACLE FARM RD
118 STONEYDELL DR
3795474550.000
7
3795473334.000
3
3795478390.000
3795674613.000
MIRACLE FARM
2
3795474234.000
1
3795475126.000
2918 OLD MOUNTAIN RD
3795479164.000
2918
2919
228
OLD MOUNTAIN
3795477091.000
3795568453.000
3795463970.000
450
3795469864.000

Acknowledgement Of
Plans Submittal ONLY!

HVAC Attic Date 11/1/21

Date 10/29/21



BONUS FLOOR PLAN

SCALE: 1/4" = 1'-0"

HEATED 325 SQFT

TYPICAL 2x4 HARDI EXTERIOR WALL:
HARDI-PLANK SIDING
7/16" OSB SHEATHING
TYVEK OR EQUAL MOISTURE BARRIER
2x4 NO. 2 SPF STUDS
SPACED @ 16" o.c. w/
R15 BATT INSULATION
6 MIL POLY VAPOR BARRIER
1/2" DRYWALL
TAPED & SANDED

TYPICAL 2x4 INTERIOR WALL:
2x4 NO. 2 SPF STUDS
SPACED @ 16" o.c. w/
R15 BATT INSULATION
6 MIL POLY VAPOR BARRIER
1/2" DRYWALL
TAPED & SANDED

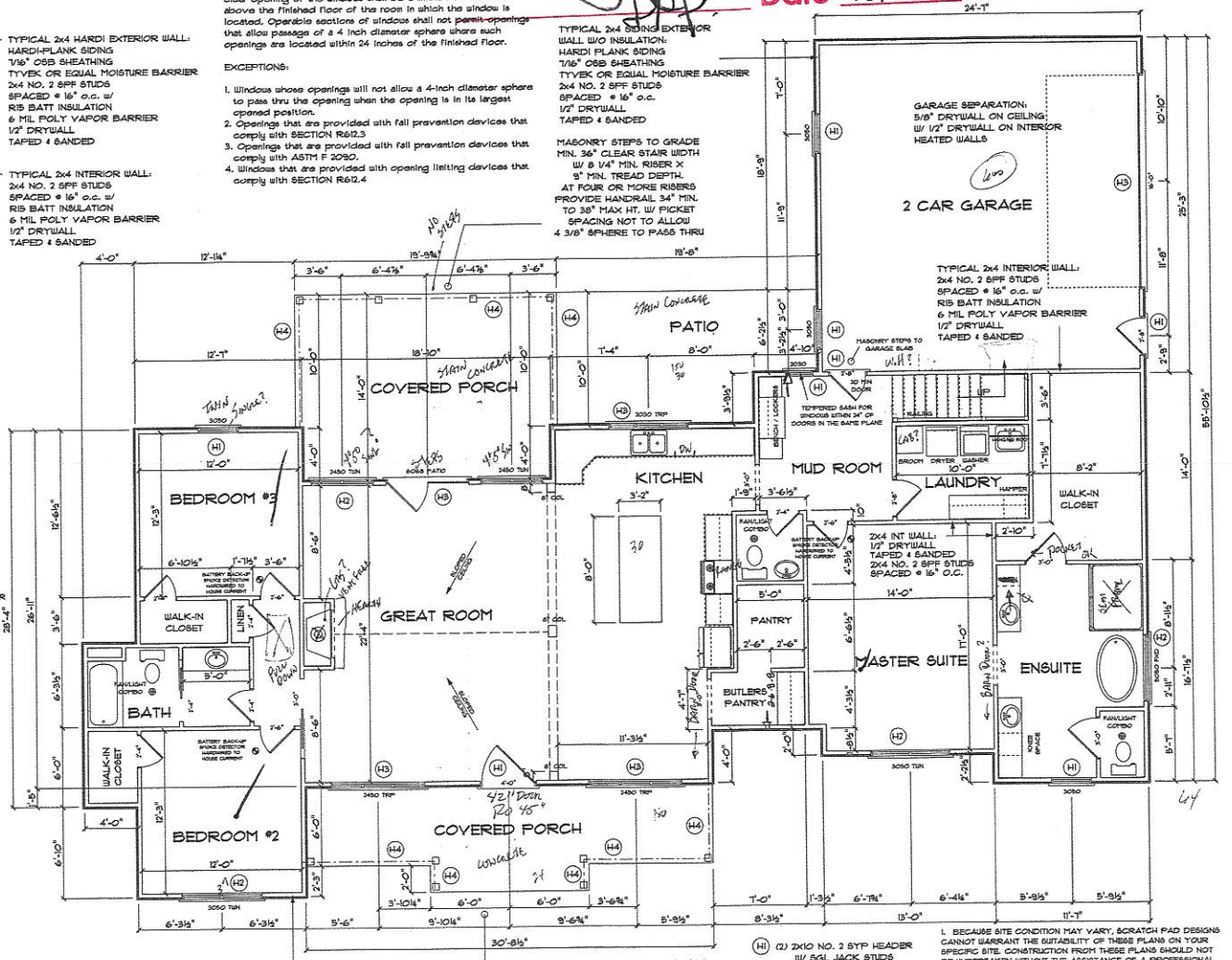
R612.2 WINDOW SILLS. In dwelling units, where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4 inch diameter sphere where such openings are located within 24 inches of the finished floor.

EXCEPTIONS:

1. Windows whose openings will not allow a 4-inch diameter sphere to pass thru the opening when the opening is in its largest opened position.
2. Openings that are provided with fall prevention devices that comply with SECTION R612.3
3. Openings that are provided with fall prevention devices that comply with ASTM F 2090.
4. Windows that are provided with opening limiting devices that comply with SECTION R612.4

TYPICAL 2x4 SIDING EXTERIOR WALL W/O INSULATION:
HARDI PLANK SIDING
7/16" OSB SHEATHING
TYVEK OR EQUAL MOISTURE BARRIER
2x4 NO. 2 SPF STUDS
SPACED @ 16" o.c.
1/2" DRYWALL
TAPED & SANDED

MASONRY STEPS TO GRADE
MIN. 36" CLEAR STAIR WIDTH
W/ 8 1/4" MIN. RISER X
9" MIN. TREAD DEPTH.
AT FOUR OR MORE RISERS
PROVIDE HANDRAIL 34" MIN.
TO 38" MAX HT. W/ PICKET
SPACING NOT TO ALLOW
4 3/8" SPHERE TO PASS THRU



FLOOR PLAN

SCALE: 1/4" = 1'-0"

HEATED 2179 SQFT

GENERAL NOTES:

1. DIMENSIONS SHALL BE TO FACE OF FRAMING OR FACE TO FACE OF CONCRETE UNLESS OTHERWISE NOTED. DO NOT SCALE DRAWINGS.
2. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND FIELD CONDITIONS BEFORE PROCEEDING AND SHALL NOTIFY SCRATCH PAD DESIGNS OF ANY DISCREPANCIES.
3. CONTRACTOR SHALL PROVIDE SHORING AND BRACING AS REQUIRED UNTIL PERMANENT SUPPORTS AND STIFFNERS ARE INSTALLED.
4. CONTRACTORS SHALL TAKE REASONABLE PRECAUTIONS FOR THE SAFETY OF WORKERS AND OTHER AFFECTED PERSONS AND SHALL PROVIDE REASONABLE PROTECTION TO PREVENT DAMAGE TO ALL WORK, MATERIALS AND EQUIPMENT.
5. CONTRACTOR SHALL NOTIFY OWNER OF PROPOSED FIELD CHANGES PRIOR TO CONSTRUCTION OF MODIFICATIONS.
6. DAMAGED OR DEFECTIVE WORK SHALL BE IMMEDIATELY REPAIRED OR REPLACED TO THE APPROVAL OF THE OWNER/BUILDER AT NO ADDITIONAL COST TO THE OWNER/BUILDER.
7. THE INTENT OF THESE DRAWINGS IS TO INCLUDE ALL ITEMS NECESSARY FOR THE COMPLETION OF THE WORK INCLUDING WHAT IS REASONABLY INFERABLE TO PRODUCE THE INTENDED RESULTS.
8. ALL MATERIALS, FIXTURES, ETC. SHALL BE NEW UNLESS OTHERWISE SPECIFIED AND SHALL BE INSTALLED ACCORDING TO ALL MANUFACTURES SPECIFICATIONS AND RECOMMENDATIONS.
9. CONTRACTORS SHALL SUBMIT SAMPLES OF ALL FINISH MATERIALS TO OWNER/BUILDER PRIOR TO INSTALLATION.
10. ALL SLEEPING AREAS WILL BE PROVIDED WITH UL APPROVED SMOKE DETECTORS. THESE SHALL BE WIRED TO THE 110 VOLT HOUSE CURRENT AND WILL MEET DESIGN CRITERIA AS REQUIRED BY UL DESIGN 269.

WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.

TYPICAL 2x4 HARDI EXTERIOR WALL:
HARDI-PLANK SIDING
7/16" OSB SHEATHING
TYVEK OR EQUAL MOISTURE BARRIER
2x4 NO. 2 SPF STUDS
SPACED @ 16" o.c. w/
R15 BATT INSULATION
6 MIL POLY VAPOR BARRIER
1/2" DRYWALL
TAPED & SANDED

MASONRY STEPS TO GRADE
MIN. 36" CLEAR STAIR WIDTH
W/ 8 1/4" MIN. RISER X
9" MIN. TREAD DEPTH.
AT FOUR OR MORE RISERS
PROVIDE HANDRAIL 34" MIN.
TO 38" MAX HT. W/ PICKET
SPACING NOT TO ALLOW
4 3/8" SPHERE TO PASS THRU

(H1) (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS

(H2) (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

(H3) ENGINEERED LVL BEAM (SIZED BY SUPPLIER)

(H4) ENGINEERED PT PLM BEAM (SIZED BY SUPPLIER)

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTUAL ERRORS ONCE CONSTRUCTION BEGINS.

ADDITIONAL NOTES

DRAWING TITLE: FLOOR PLAN

PROJECT INFORMATION: HURLEY RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: JUNE, 2021
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
711 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-3624

SHEET NO. A3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
321617 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction:
3795478390.000	141 Miracle Farm	Iredell County

Owner Information	Applicant Information
Name: HURLEY KEITH+JESSICA	Name: HURLEY KEITH+JESSICA
Address: 134 Atwell Dr	Address: 134 Atwell Dr
Statesville , NC 28677	Statesville, NC 28677
Phone: (336)301-0848	Phone: (336)301-0848

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.77	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD lots need to be combined before issuing building permit

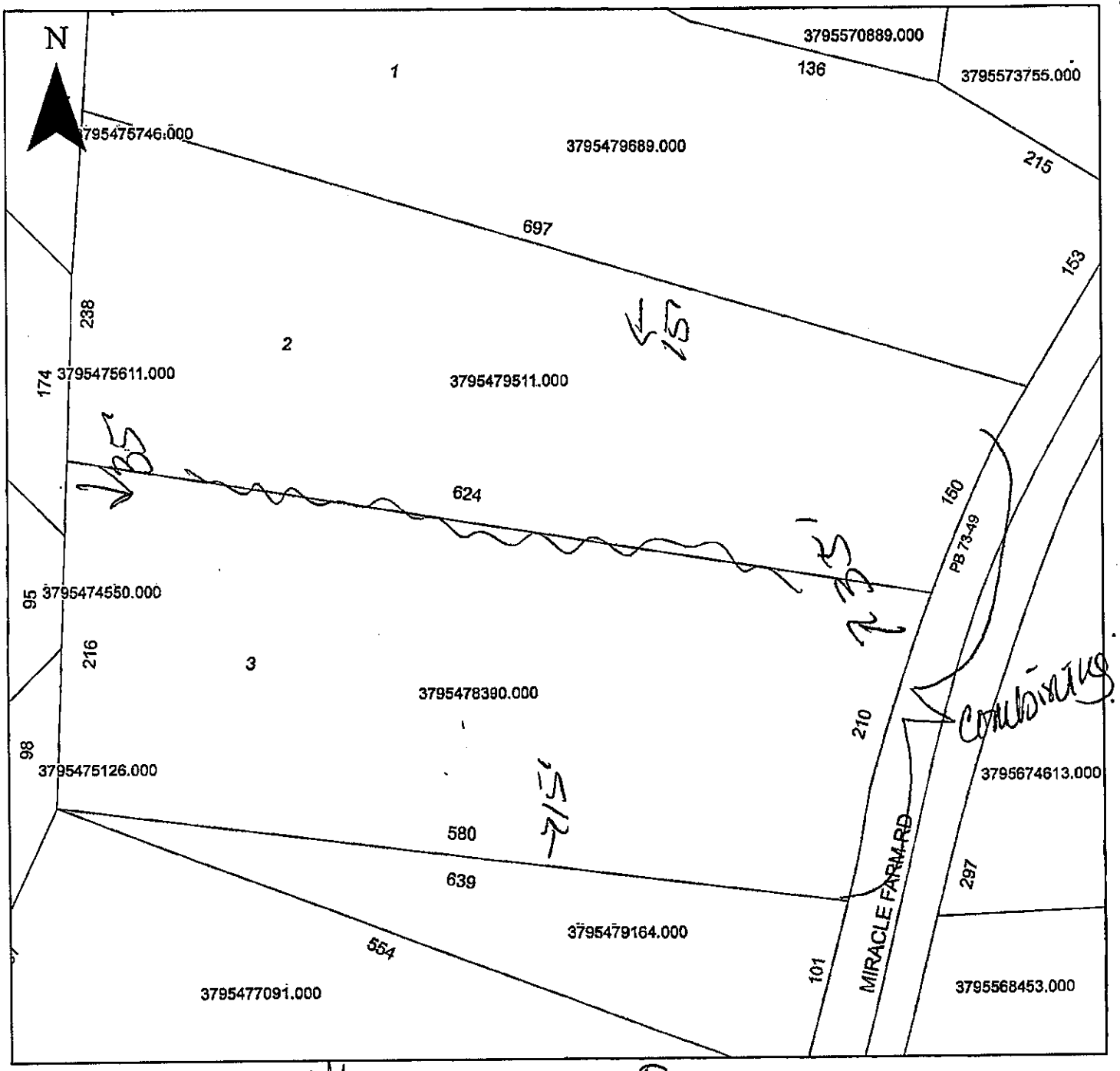
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 09/20/2021

Signature of Owner/Contractor

Permit Number	321617	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 141 Miracle Farm

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. Applicant further acknowledges that the 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.

Applicant

9-20-21

Date