ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 325988

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

PIN # 4624-05-1529

APPLICANT/OWNER: Leland Honeyman | APPLICANT ADDRESS: 631 Brawley School Rd, Mooresville NC 28117

SITE ADDRESS: 281 Tuskarora Trail Mooresville NC 28117 | PHONE: 704-995-7912 | ALT. PHONE

SITE DIRECTIONS: (W) Brawley School Rd → (R) Tuskarora → lot @ corner of Bearcreek | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: CL & T | SECTION: 6 | LOT # 2 | LOT AREA: 1.163 | DESIGN FLOW: 600 gpd | L.T.A.R.: 0.35

Septic Tank	1500 (gal)	STB	7160	Date	9/19/22	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III (IV) V VI	[X] Residence	No. Bedrooms 5	Water Supply
Pump Tank	1500 (gal)	PT	363	Date	8/22/22	System Description:	LP-PPBPS 50% Reduction			[ ] Business	No. Persons 10	[X] Private
Pump Make		Model		Serial #		Repair System Description:	LP-PPBPS 50% Reduction			[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	1	# Lines	5	Linear Ft	287'	Maintenance Agreement Required:	[X] YES	[ ] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width	24"	Trench Bottom Depth(Below Grade)	42" max	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Keep all parts of septic out of the Power line R/W. Floor plans show 4 bedrooms - install 5 bedroom system.

Keep tanks 10' from foundation drains if downslope from house.

INITIAL SITE SKETCH

See attached site plan & design by Michael Athanas & Assoc. approved 3/3/22 (house box modified 3/31/22)

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.

See attached as built for buffer & well location

10/25/22 - lowest 3 lines checked
- tank location checked

11/3/22 - see back

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.* [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: [signature] Date: 4-4-2022 Installed by: Adam Garcia

IMPROVEMENT PERMIT by: [signature] D. Wieberg Date: 3/31/22 OPERATION PERMIT by: [signature] Date: 12/27/22

AUTHORIZATION TO CONSTRUCT by: [signature] D. Wieberg Date: 3/31/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	10/3/22	DW
Tanks Checked	11/3/22	DW
Pressure Manifold or Valve Box Checked	11/3/22	DW
Pressure Head Set	11/3/22	DW
Electrical Checked	12/27/22	CW
Floats Set	11/3/22	DW
Alarm Checked	12/27/22	CW
Maintenance Contract Needed? (Y) / N	12.29.22	CW
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

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SITE ADDRESS: 281 Tuskarora Trail Mooresville NC 28117 | PHONE: 704-995-7912 | ALT. PHONE

SITE DIRECTIONS: (W) Brawley School Rd → (R) Tuskarora → lot @ corner of Bearcreek | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: CL&T | SECTION: 6 | LOT # 2 | LOT AREA: 1.163 | DESIGN FLOW: 600 gpd | L.T.A.R.: 0.35

Septic Tank	1500	(gal)	STB	760	Date	9/19/22	[X] New System [ ] Repair [ ] Expansion	System Type: I II III (IV) V VI	[X] Residence	No. Bedrooms	5
Pump Tank	1500	(gal)	PT	363	Date	8/22/22	System Description:	LP-PPBPS 50% Reduction	[ ] Business	No. Persons	10
Pump Make			Model		Serial #		Repair System Description:	LP-PPBPS 50% Reduction	[ ] Other	No. Employees	
# Nitrification Fields	1	# Lines	5	Linear Ft	287'		Maintenance Agreement Required:	[X] YES [ ] NO	[ ] Slab	[X] Crawl Space	
Trench Width	24"	Trench Bottom Depth(Below Grade)	42" max	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

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

Comments / Conditions: Keep all parts of septic out of the power line R/W. Floor plans show 4 bedrooms - install 5 bedroom system.

Keep tanks 10' from foundation drains if downslope from house.

INITIAL SITE SKETCH

See attached site plan & design by Michael Athanas & Assoc. approved 3/3/22 (house box modified 3/31/22)

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.

See attached as built for buffer & well location

10/25/22 - lowest 3 lines checked - tank location checked

11/3/22 - see back

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**

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Owner / Applicant Signature: [signature] Date: 4-4-2022 Installed by: Adan Garcia

IMPROVEMENT PERMIT by: [signature] D. Wieberg Date: 3/31/22 OPERATION PERMIT by: Date:

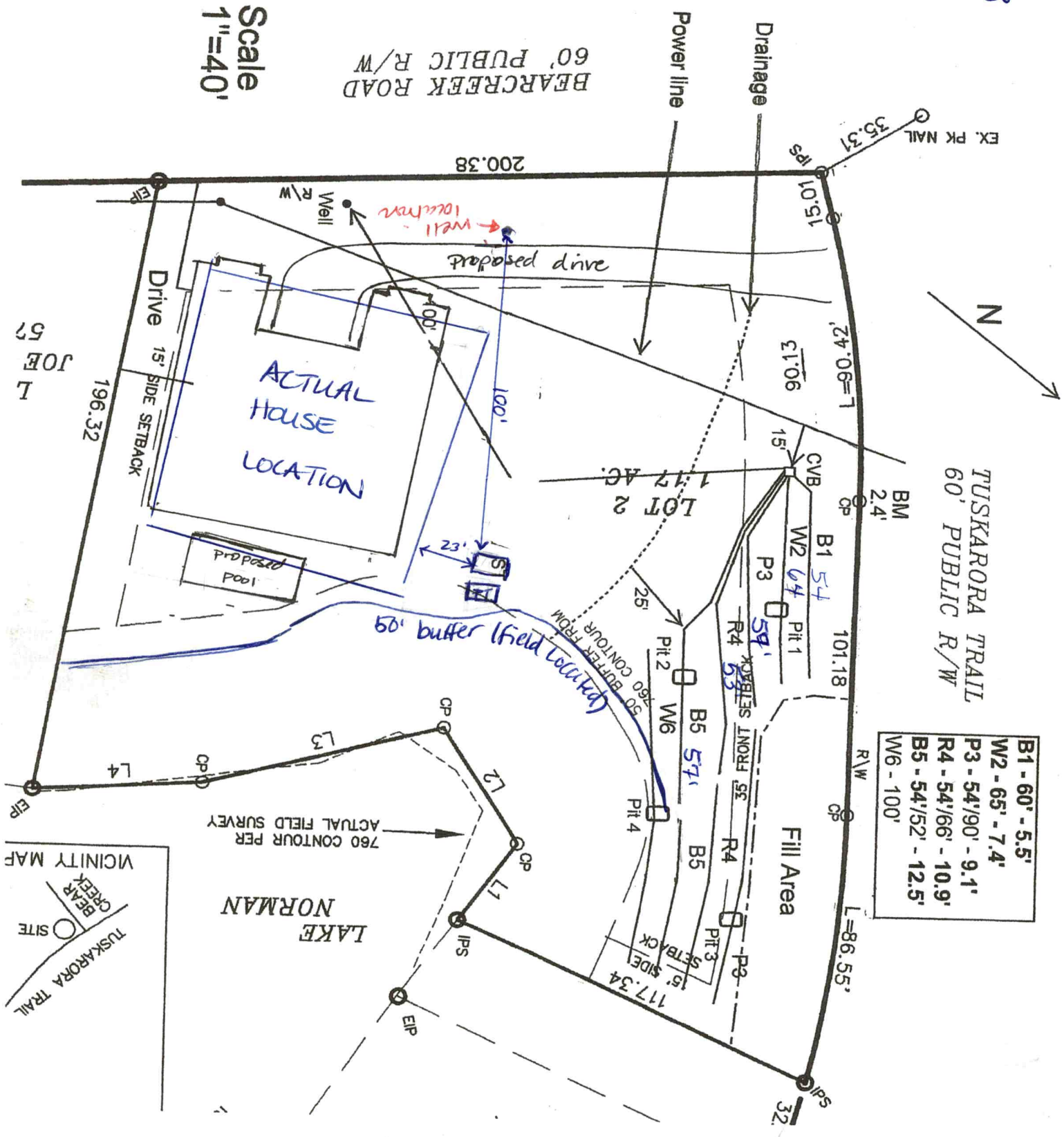
AUTHORIZATION TO CONSTRUCT by: [signature] D. Wieberg Date: 3/31/22 Existing System Inspected by: Date:

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

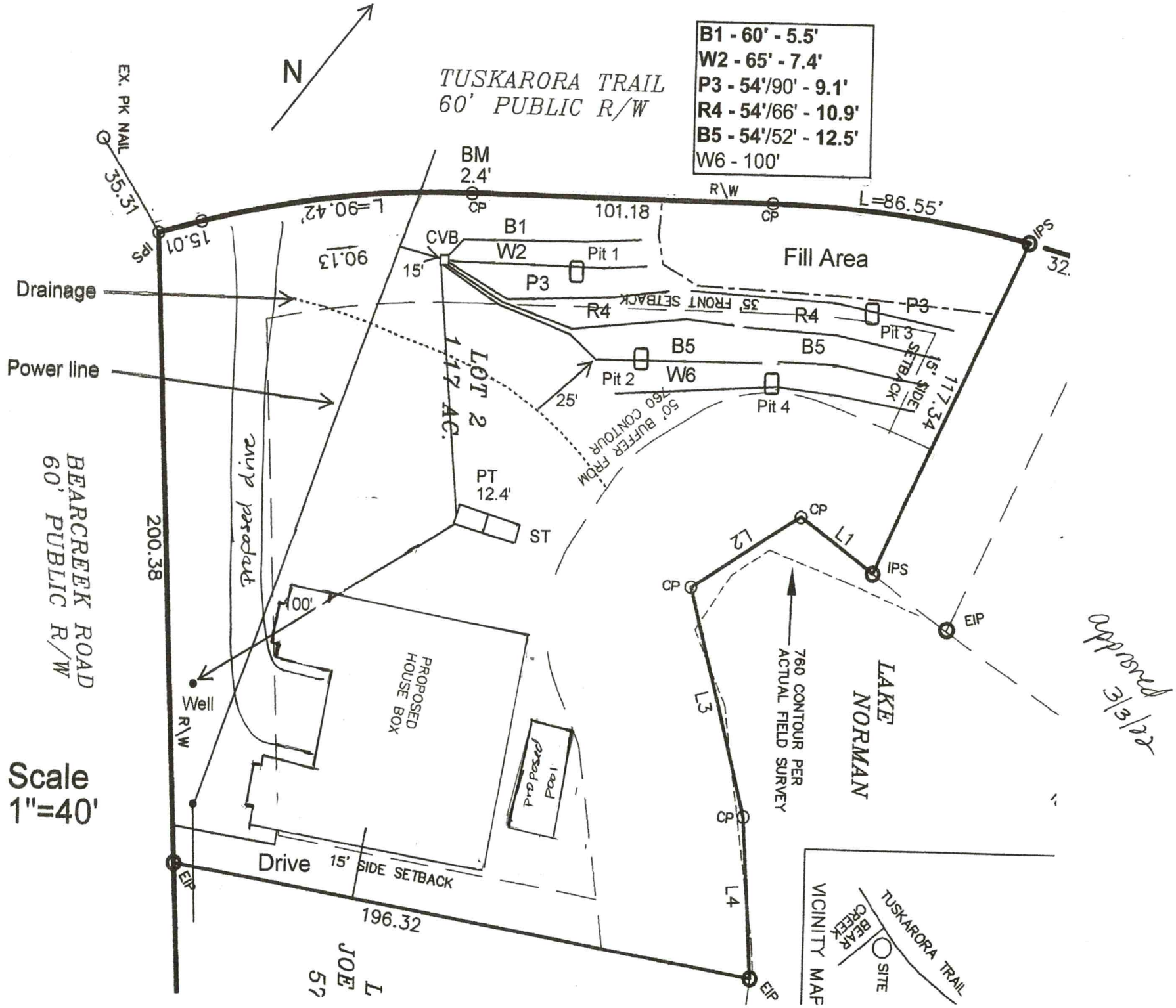
Item	Date	Initials
Drain Lines Checked	10/3/22	DW
Tanks Checked	11/3/22	DW
Pressure Manifold or Valve Box Checked	11/3/22	DW
Pressure Head Set	11/3/22	DW
Electrical Checked		
Floats Set	11/3/22	DW
Alarm Checked		
Maintenance Contract Needed? (Y) / N	12.29.22	
Comments:		

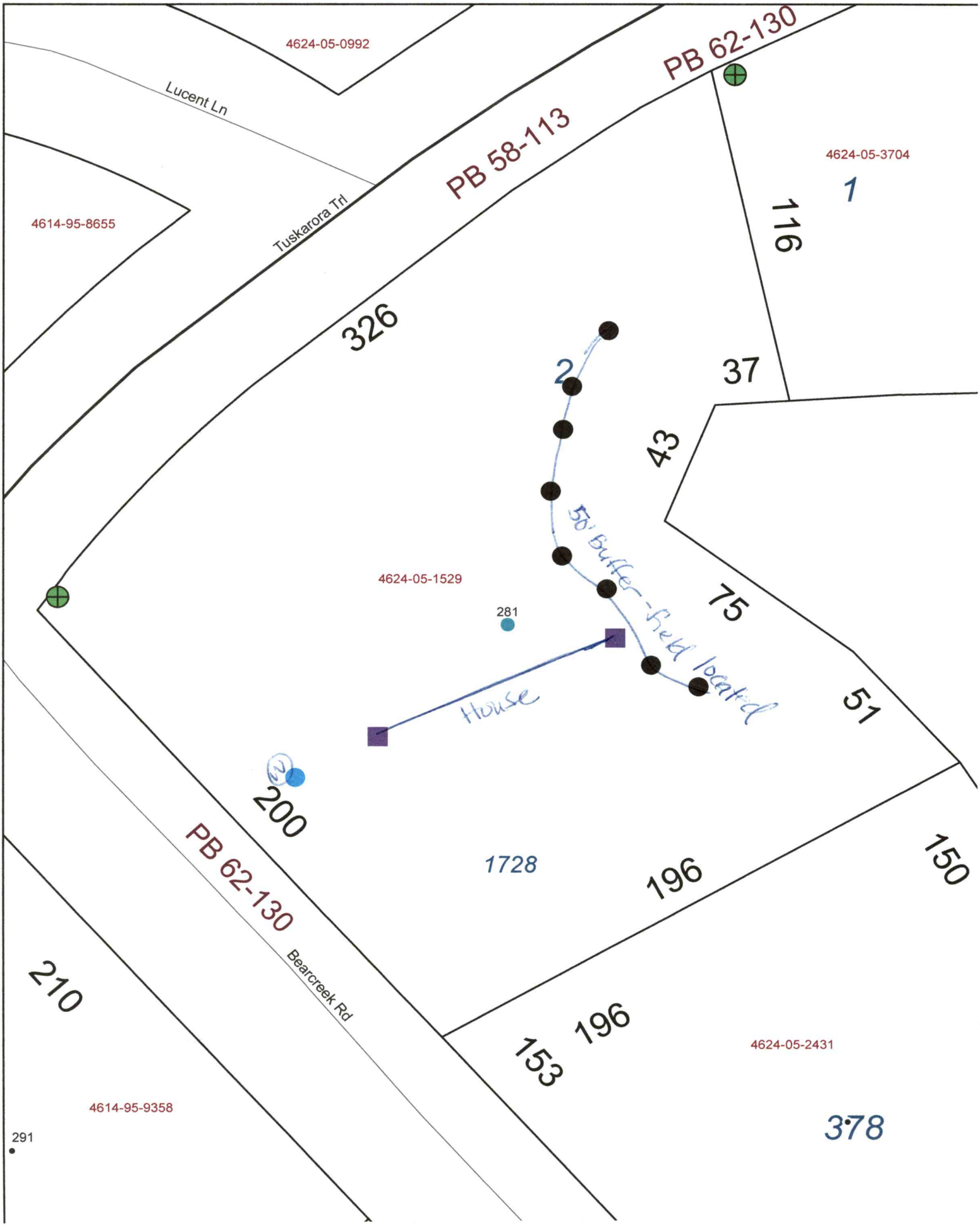
Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

As Built for Buffer & well



approved 3/3/23


N
TUSKARORA TRAIL
60' PUBLIC R/W
B1 - 60' - 5.5'
W2 - 65' - 7.4'
P3 - 54'/90' - 9.1'
R4 - 54'/66' - 10.9'
B5 - 54'/52' - 12.5'
W6 - 100'
EX. PK NAIL
35.31
IPS
15.01
L=90.42'
90.13
BM
2.4'
CP
101.18
R\W
CP
L=86.55'
IPS
32.
CVB
15'
B1
W2
Pit 1
P3
Fill Area
Drainage
Power line
R4
35' FRONT SETBACK
R4
P3
Pit 3
B5
B5
Pit 2
W6
Pit 4
25'
50' BUFFER FROM 760 CONTOUR
15' SIDE SETBACK
117.34
LOT 2
1.17 AC.
PT
12.4'
ST
Proposed drive
200.38
BEARCREEK ROAD
60' PUBLIC R/W
100'
PROPOSED HOUSE BOX
Proposed Pool
Well
R\W
Drive
15' SIDE SETBACK
196.32
EIP
CP
L1
L2
L3
L4
IPS
EIP
760 CONTOUR PER ACTUAL FIELD SURVEY
LAKE NORMAN
CP
EIP
Scale
1"=40'
VICINITY MAP
TUSKARORA TRAIL
BEAR CREEK
SITE
Approved 3/3/17


4624-05-0992
Lucent Ln
PB 62-130
PB 58-113
4624-05-3704
1
Tuskarora Trl
4614-95-8655
116
326
2
37
43
50' Buffer - Shed located
4624-05-1529
281
75
House
51
200
PB 62-130
Bearcreek Rd
1728
196
150
210
153
196
4624-05-2431
4614-95-9358
378
291

approved
3/3/22

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
2/18/2022

Reference: Data Sheet for 107 Bearcreek Rd
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 25' side street, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.35 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-Central Valve Box
Flow per Orifice: 0.59 GPM
Tap Size: 3/16"
System Flow: 40.12 GPM
Dosing Volume: 244.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 11.9'
Friction Head: 2.5'
Pressure Head: 2'
Total Dynamic Head: 16.4'
Supply Line Length: 80' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 42" maximum



Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1	**60'**	**14**	**60'**	**5.5'**
White 2	**65'**	**15**	**65'**	**7.4'**
Pink 3	**54'**/90' (rep)	**13**	**150'**	**9.1'**
Red 4	**54'**/66' (rep)	**13**	**126'**	**10.9'**
Blue 5	**54'**/52' (rep)	**13**	**112'**	**12.5'**
White 6			100'	14.2'

Initial System: 287'
Pump Tank: 12.4'
Benchmark: 2.4'
Repair System: 308'
House Corner: 8.5'

Comments:

Approved 3/3/22

PROPERTY ID #: 4624051529
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ogden Family Holdings LLC
ADDRESS: PO Box 1281, Davidson, NC 28036
APPLICATION DATE
PROPOSED FACILITY: 5 BDRM PROPOSED DESIGN FLOW (.1949): 600GPD
DATE EVALUATED: 2/2022
LOCATION OF SITE: 107 Bearcreek Rd
PROPERTY SIZE: 1.17 AC
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
PROPERTY RECORDED:
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X 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	LS 15%	0-12	R C SBK	FR SS SP SXP	N/A	36"	F-C SAP PS	N/A	PS 0.35-0.4 ✓
		12-36	R CL WSBK	FR SS SP SXP					
		36-68	VER SL SAP M	VFR SS SP SXP					
2	LS 15%	0-19	R C SBK	FR SS SP SXP	N/A	39"	F-C SAP PS	N/A	PS 0.35-0.4 ✓
		19-39	R CL WSBK	FR SS SP SXP					
		39-69	VER SL SAP M	VFR SS SP SXP					
3	LS 12%	0-22	R C SBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.35+ ✓
		22-50	R CL WSBK	FR SS SP SXP					
		50-65	VER SL SAP M	VFR SS SP SXP					
4	LS 12%	0-12	RBr SCL WSBK	FR SS SP SXP	N/A	62"	Com SAP @ 30"	N/A	PS 0.35+ ✓
		12-24	R C SBK	FR SS SP SXP					
		24-62	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	574 FT^2	616 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.35	0.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

Bear creek rd

RECEIVED MAR 2 3 2022

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-325988

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

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

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Leland Honeycutt **Address:** 631 Brawley school rd **Zip:** 28117
Applicant Email: LelandHoneycutt66@Hotmail.com **Phone:** 704-995-7912 **Alt. Phone:**
Owner Name: LH water Frontcoush **Address:** 631 Brawley school rd **Zip:** 28117
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 281 tusharora trail / 107 Beavercreek rd
Subdivision Name: **Section/Phase:** **Lot Number:** 2
Driving Directions: Brawley school to tusharora trail

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

(✓) 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: ✓
Maximum Number of Occupants:
(✓) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: 4217 **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 3-23-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

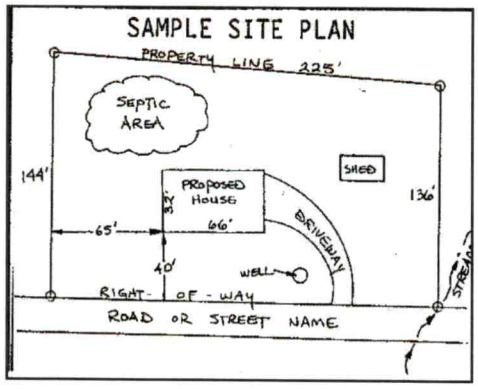
CWET 6 508

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:

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location and well location**
- **( ) Area you prefer your septic system to be placed**
- **( ) 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: _____

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

3-23-2022

DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, LCard Honeyman, am the legal owner(s) of the property located at 281 Tuthorora Trail, identified as

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

I do hereby authorize (**print legal representative/company name**) L&H water Front const, _____, 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

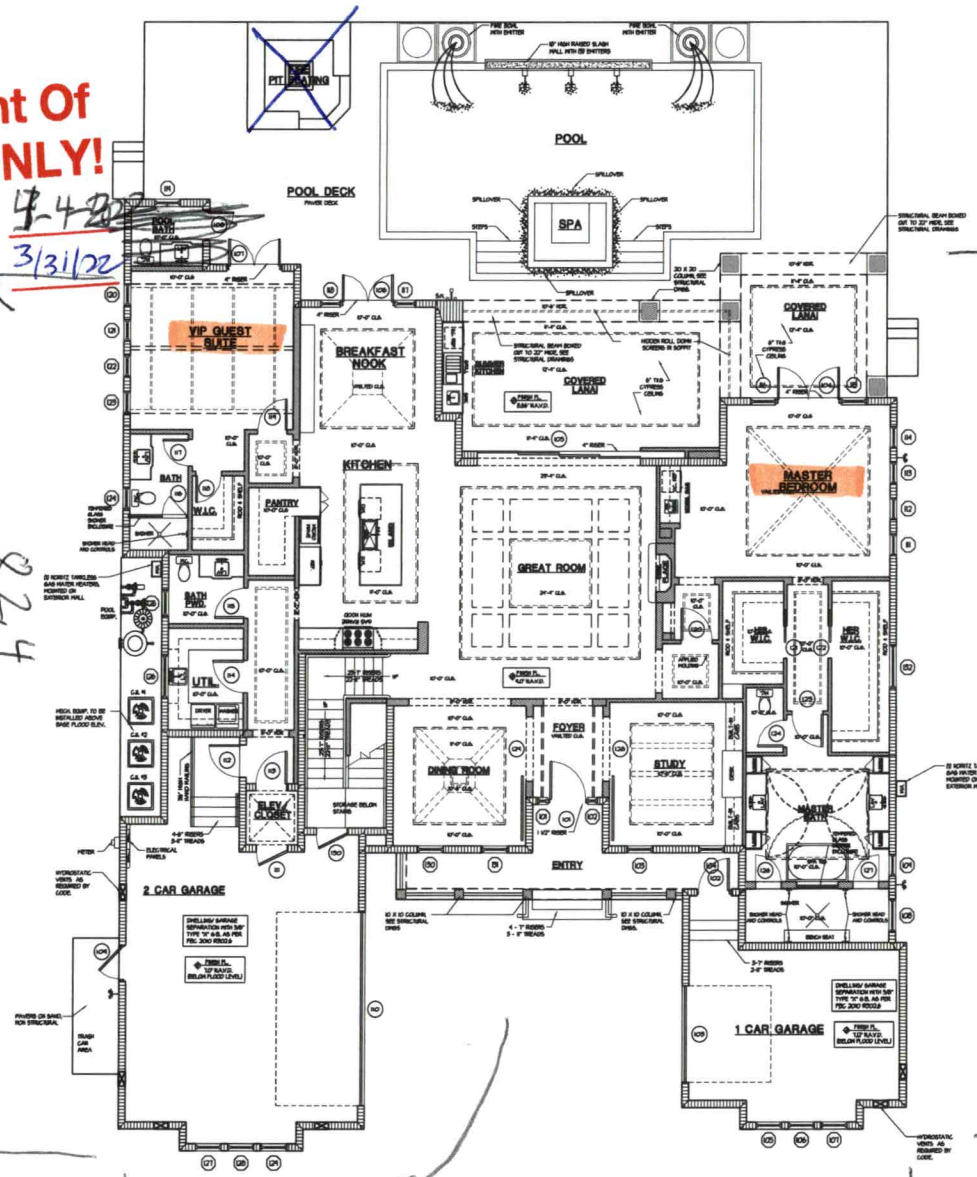
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 3-23-2022
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

Acknowledgement Of
Plans Submittal ONLY!
Date 4-4-22
Date 3/31/22



NOTE:
M1503.4 MAKEUP AIR REQUIRED.
EXHAUST HOOD SYSTEMS CAPABLE OF EXHAUSTING IN EXCESS OF 400 CUBIC FEET PER MINUTE SHALL BE PROVIDED WITH MAKEUP AIR AT A RATE APPROXIMATELY EQUAL TO THE EXHAUST AIR RATE. SUCH MAKEUP AIR SYSTEMS SHALL BE EQUIPPED WITH A MEANS OF CLOSURE AND SHALL BE AUTOMATICALLY CONTROLLED TO START AND OPERATE SIMULTANEOUSLY WITH THE EXHAUST SYSTEM.

MINIMUM OF 1/2" DRYWALL MUST BE INSTALLED TO UNDERSIDE OF STAIRCASE

ALL INTERIOR NEW PARTITIONS ON 20 GA METAL STUDS @ 16" O.C. TO UNDERSIDE OF ROOF STRUCTURE TO MEET I.C.B.O. #1TISP OR EQUAL.

NOTE:
GENERAL CONTRACTOR/ BUILDER IS RESPONSIBLE TO ENSURE THAT ALUMINUM SCREEN ENCLOSURE MEETS OR EXCEEDS THE RESIDENTIAL SWIMMING POOL SAFETY ACT, AS DOCUMENTED IN FLORIDA STATUES SEC. 515.21 - 515.27

TREADS AND RISERS MAY VARY DUE TO FIELD CONDITIONS. BUILDER TO VERIFY ALL EXTERIOR STAIR WITH SITE CONDITIONS BEFORE CONSTRUCTION

DOOR BETWEEN GARAGE AND LIVING SPACE TO BE 20 MINUTE RATED OR 1 3/8" THICK SOLID WOOD OR 1 3/8" THICK METAL DOOR AND MUST INCLUDE A SELF-CLOSER HINGE.

GARAGE TO RESIDENCE SEPARATION IS TO BE PROVIDED IN ACCORDANCE WITH 2014 FLORIDA BUILDING CODE -RESIDENTIAL, SECTION R302.6

NOTE:
ELECTRICAL CONTRACTOR AND OR SECURITY SYSTEM CONTRACTOR SHALL BE RESPONSIBLE TO ENSURE THAT ALL DOORS AND WINDOWS PROVIDING DIRECT ACCESS FROM THE HOME TO THE POOL WILL BE EQUIPPED WITH AN EXIT ALARM THAT HAS A MINIMUM SOUND PRESSURE RATING OF 85 DECIBELS AT 10 FEET, PER THE REQUIREMENTS DESCRIBED IN FLORIDA STATUTES SECTION 515.21 - 515.27, THE RESIDENTIAL SWIMMING POOL SAFETY ACT.

NOTE:
ALL WINDOWS AND DOORS TO BE BY JELD-WEN OR EQUIVALENT (SEE BUILDER FOR DETAILS)
ALL UNPROTECTED DOORS AND WINDOWS TO BE RATED AND LABELED FOR MAX. REQUIRED WINDLOADS.
COORDINATION OF CONSTRUCTION, INCLUDING VERIFICATION OF DIMENSIONS AND FIELD CONDITIONS, IS THE RESPONSIBILITY OF THE CONTRACTOR.
ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE DESIGN FIRM PRIOR TO CONSTRUCTION.

AREA SUMMARY

SQUARE FOOTAGE	
1ST FL. LIVING A/C	3,075 S.F.
2ND FL. LIVING A/C	1,142 S.F.
TOTAL A/C	4,217 S.F.
COVERED ENTRY	176 S.F.
1ST FL. COVERED LANAI	589 S.F.
2ND FL. COVERED BALCONIES	351 S.F.
2ND FL. FRONT DECK	0 S.F.
GARAGES	1,128 S.F.
TOTAL NON-A/C	2,244 S.F.
GRAND TOTAL	6,461 S.F.

1st FLOOR NOTES PLAN

SCALE: 3/16"= 1'-0"

No.	REVISIONS
1	
2	
3	
4	
5	

G2-4217

Don Stevenson Design, Inc.
& Lotus Architecture
2950 Tamiami Trail N. Suite 116, Naples, Florida
34103 PH: (239) 304-3041 FAX: (239) 790-3041
www.DonStevensonDesign.com

JOB
DATE
DRAWN BY
CAD REF

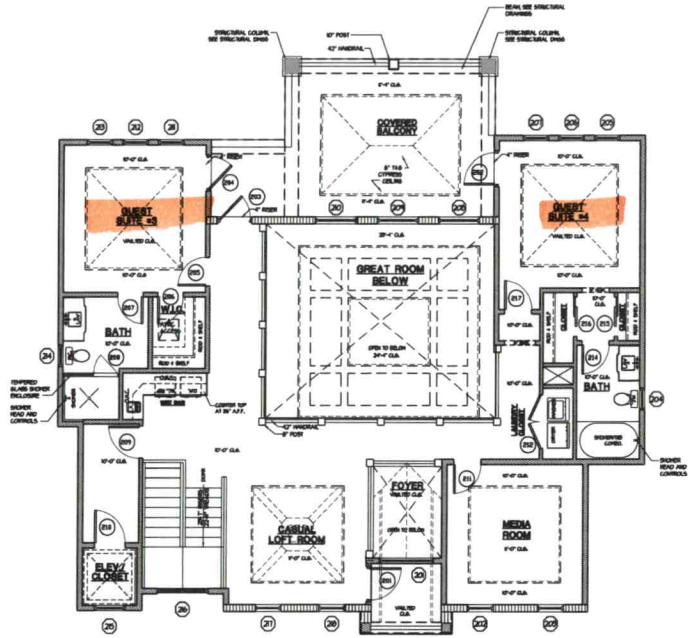
SHEET
A-3

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Acknowledgement Of
Plans Submittal ONLY!

Date 4-4-2022

Date 3/31/22



2nd FLOOR NOTES PLAN

SCALE: 3/16"= 1'-0"

NOTE:
MSC914 MAKEUP AIR REQUIRED.
EXHAUST HOOD SYSTEMS CAPABLE OF EXHAUSTING IN EXCESS OF 400 CUBIC FEET PER MINUTE SHALL BE PROVIDED WITH MAKEUP AIR AT A RATE APPROXIMATELY EQUAL TO THE EXHAUST AIR RATE. SUCH MAKEUP AIR SYSTEMS SHALL BE EQUIPPED WITH A MEANS OF CLOSURE AND SHALL BE AUTOMATICALLY CONTROLLED TO START AND OPERATE SIMULTANEOUSLY WITH THE EXHAUST SYSTEM.

MINIMUM OF 1/2" DRYWALL MUST BE INSTALLED TO UNDERSIDE OF STAIRCASE

ALL INTERIOR NON PARTITIONS ON 20 GA METAL STUDS @ 16" O.C. TO UNDERSIDE OF ROOF STRUCTURE TO MEET I.C.B.O. #1151 OR EQUAL.

NOTE:
GENERAL CONTRACTOR/ BUILDER IS RESPONSIBLE TO ENSURE THAT ALUMINUM SCREEN ENCLOSURE MEETS OR EXCEEDS THE RESIDENTIAL SWIMMING POOL SAFETY ACT, AS DOCUMENTED IN FLORIDA STATUES SEC. 515.21 - 515.31

TREADS AND RISERS MAY VARY DUE TO FIELD CONDITIONS. BUILDER TO VERIFY ALL EXTERIOR STAIR WITH SITE CONDITIONS BEFORE CONSTRUCTION

DOOR BETWEEN GARAGE AND LIVING SPACE TO BE 20 MINUTE RATED OR 1 3/8" THICK SOLID WOOD OR 1 3/8" THICK METAL DOOR AND MUST INCLUDE A SELF-CLOSER HINGE.

GARAGE TO RESIDENCE SEPARATION IS TO BE PROVIDED IN ACCORDANCE WITH 2014 FLORIDA BUILDING CODE -RESIDENTIAL, SECTION R302.6

NOTE:
ELECTRICAL CONTRACTOR AND OR SECURITY SYSTEM CONTRACTOR SHALL BE RESPONSIBLE TO ENSURE THAT ALL DOORS AND WINDOWS PROVIDING DIRECT ACCESS FROM THE HOME TO THE POOL WILL BE EQUIPPED WITH AN EXIT ALARM THAT HAS A MINIMUM SOUND PRESSURE RATING OF 85 DECIBELS AT 10 FEET, PER THE REQUIREMENTS DESCRIBED IN FLORIDA STATUTES SECTION 515.21 - 515.31, THE RESIDENTIAL SWIMMING POOL SAFETY ACT.

NOTE:
ALL WINDOWS AND DOORS TO BE BY JELD-WEN OR EQUIVALENT (SEE BUILDER FOR DETAILS)
ALL UNPROTECTED DOORS AND WINDOWS TO BE RATED AND LABELED FOR MAX. REQUIRED WINDLOADS.
COORDINATION OF CONSTRUCTION, INCLUDING VERIFICATION OF DIMENSIONS AND FIELD CONDITIONS, IS THE RESPONSIBILITY OF THE CONTRACTOR.
ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE DESIGN FIRM PRIOR TO CONSTRUCTION.

AREA SUMMARY

SQUARE FOOTAGE

1ST FL. LIVING A/C	3,075 S.F.
2ND FL. LIVING A/C	1,142 S.F.
TOTAL A/C	4,217 S.F.
COVERED ENTRY	176 S.F.
1ST FL. COVERED LANAI	589 S.F.
2ND FL. COVERED BALCONIES	351 S.F.
2ND FL. FRONT DECK	0 S.F.
GARAGES	1,128 S.F.
TOTAL NON-A/C	2,244 S.F.
GRAND TOTAL	6,461 S.F.

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No.	REVISIONS
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JOB
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TW AMMONS SEPTIC SERVICE, INC.
Septic Repair Specialist

OFFICES AT
215 Little Creek Road
Mooresville, NC 28115

CONTACT US
(704) 663-7631
AmmonsSeptic@gmail.com

www.AmmonsSeptic.com

MAINTENANCE CONTRACT

Maintenance Contract for the state of North Carolina, County of: Iredell
This agreement is made between: Leland Honeyman &
T.W. Ammons Septic Service, Inc., on: December, 2022 (Your signing date.)
The maintenance contract cost is: $500.00 Date Paid: 12/23/2022

Customer Information

Name: Please Provide: Bill Debeaste
Phone number: Please Provide: 707-974-2764
Email: Please Provide: Lelandhoneyman@hotmail.com

T.W. Ammons Septic Service, Inc. will perform the septic maintenance at:

281 Tuskarora Trail	Mooresville	NC	28117
Street Address	*City*	*State*	*Zip*

This contract is for 2 routine maintenance visits, roughly six months apart, and twelve months total. This contract satisfies the required Type IV maintenance by the state of North Carolina. Our first visit is 6 months after payment is received. We will contact you to schedule each service. *Please Note:* Our visits are determined by our availability and the our vehicle's route. If you request we delay our visit, or if you do not reply to our contact, we will not stop by. Your visit will be assigned at a later date.

This contract is for routine maintenance only. It does not include repairs if needed. In the case of a needed repair, you will be notified. We do offer estimates but you are not required to use us for any work needed.

Copies of your maintenance field reports are available on request. To request a copy of your maintenance report please call us at 704-663-7631, or email us at: AmmonsSeptic@gmail.com. You will receive your report within 5-7 business days.

All maintenance contracts are processed and active once signed and paid.

x Timothy Ammons
Tim Ammons
N.C Subsurface Operator #12272

x Leland honeyman (Dec 23, 2022 16:04 EST)
Signature of Payee, Home Owner, or Representative

Internal Use Only 1st visit approx.: _____ 2nd visit approx.: _____

Maintenance Contract to sign

Final Audit Report 2022-12-23

Created:	2022-12-23
By:	Edd Amon (bignewspaper@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAnHi6IKmFP_wJajPeFrLIBBBwtOLEVu_n

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Email viewed by lelandhoneyman@hotmail.com
2022-12-23 - 9:00:23 PM GMT- IP address: 166.205.218.80

Signer lelandhoneyman@hotmail.com entered name at signing as Leland honeyman
2022-12-23 - 9:04:35 PM GMT- IP address: 166.205.218.80

Document e-signed by Leland honeyman (lelandhoneyman@hotmail.com)
Signature Date: 2022-12-23 - 9:04:37 PM GMT - Time Source: server- IP address: 166.205.218.80

Agreement completed.
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