# ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 241392

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

PIN # 4662 41855550

APPLICANT/OWNER: James Ditaranto | APPLICANT ADDRESS: 115 Mt. Joy Ln Mooresville, NC 28117

SITE ADDRESS: 115 Mt. Joy Ln Mooresville, NC 28117 | PHONE: 941-915-1920 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Stonemarker TL Barrey TR Mt. Joy on left

SUBDIVISION: CLAIV | SECTION: 16 | LOT # 182 | LOT AREA: 1.610 Acre | SAP CONTROLLED: ☐ YES ☒ NO

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

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | IM 1060 | Date | Initiated | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III (IV) V VI | ☒ Residence | No. Bedrooms 4 | Water Supply |
| Pump Tank | 1000 (gal) | PT | IM 1060 | Date | Initiated | System Description: | Horizontal LPPBPS | | | ☐ Business | No. Persons 8 | ☒ Private |
| Pump Make | Goulds | Model | WE07 3/4HP | Serial # | | Repair System Description: | Exempt decided on 5/25/17 | | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft. | 270' | Maintenance Agreement Required: | ☒ YES | ☐ NO | | ☐ Slab | ☐ Crawl Space | ☐ Community |
| Trench Width | Min 36" | Trench Bottom Depth(Low side) | 21" | Gravel Depth | N/A | | ☐ GRAVITY | ☒ PRESSURE | | ☒ Basement w/plumbing | | ☐ Basement w/o plumbing |

Comments / Conditions: Divert Stormwater away from Septic.

7/26/19 Checked Supply line -

INITIAL SITE SKETCH

See attached Septic plan by Michael Athanos & Assoc. (dated 7/17/19)

AS BUILT SKETCH

BOTTOM ~~FIRST~~ 2 LINE CHECK 8-27-2019 BCW

8/26: septic tank needs filter TOP 2 Drainlines checked PmBox checked All Lines sang Tanks were connected Tank not connected Top clothe-

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 8/28/19 | PJB |
| Tanks Checked | 8-26 | KW |
| Pressure Manifold or Valve Box Checked | 8/28/19 | PJB |
| Pressure Head Set | 9/16/19 | BS |
| Electrical Checked | 9/16/19 | BS |
| Floats Set | 9/16/19 | BS |
| Alarm Checked | 9/16/19 | BS |
| Maintenance Contract (Y) / N | 9/17/19 | BS |

1st 5 pages of contract 9/16/19 BS

Supply line 7/26/19 MD

Lo Bass Grading

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: _____

IMPROVEMENT PERMIT by: Maria Dotson Date: 7/17/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 7/17/19

Installed by: Bass Grading Specialty Septic

OPERATION PERMIT by: Tom Shuck Date: 9/16/19

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 inspector to confirm your inspection time.

# ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 241392

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

PIN # 4624185550

APPLICANT/OWNER: James Ditaranto | APPLICANT ADDRESS: 115 Mt. Joy Ln Mooresville, NC 28117

SITE ADDRESS: 115 Mt. Joy Ln Mooresville, NC 28117 | PHONE: 941-915-1920 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Stonemarker TL Barney TR Mt Joy on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLaT | SECTION: 6 | LOT # 182 | LOT AREA: .610 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank 1000 (gal) | STB IM 1060 | Date Infiltrator

Pump Tank 1000 (gal) | PT IM 1000 | Date Infiltrator

Pump Make | Model | Serial #

# Nitrification Fields 1 | # Lines 4 | Linear Ft 270'

Trench Width min 36" | Trench Bottom Depth(Low side) 21" | Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion | System Type: I II III (IV) V VI

System Description: Horizontal LPP.BPS

Repair System Description: Exempt decedelan 5/25/77

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence | No. Bedrooms 4

☐ Business | No. Persons 8

☐ Other | No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert stormwater away from Septic.

7/26/19 Checked Supply line.

INITIAL SITE SKETCH

See attached Septic plan by Michael Athanas & Assoc. (dated 7/17/19)

AS BUILT SKETCH

*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:

IMPROVEMENT PERMIT by: Maria Dotson Date: 7/17/19

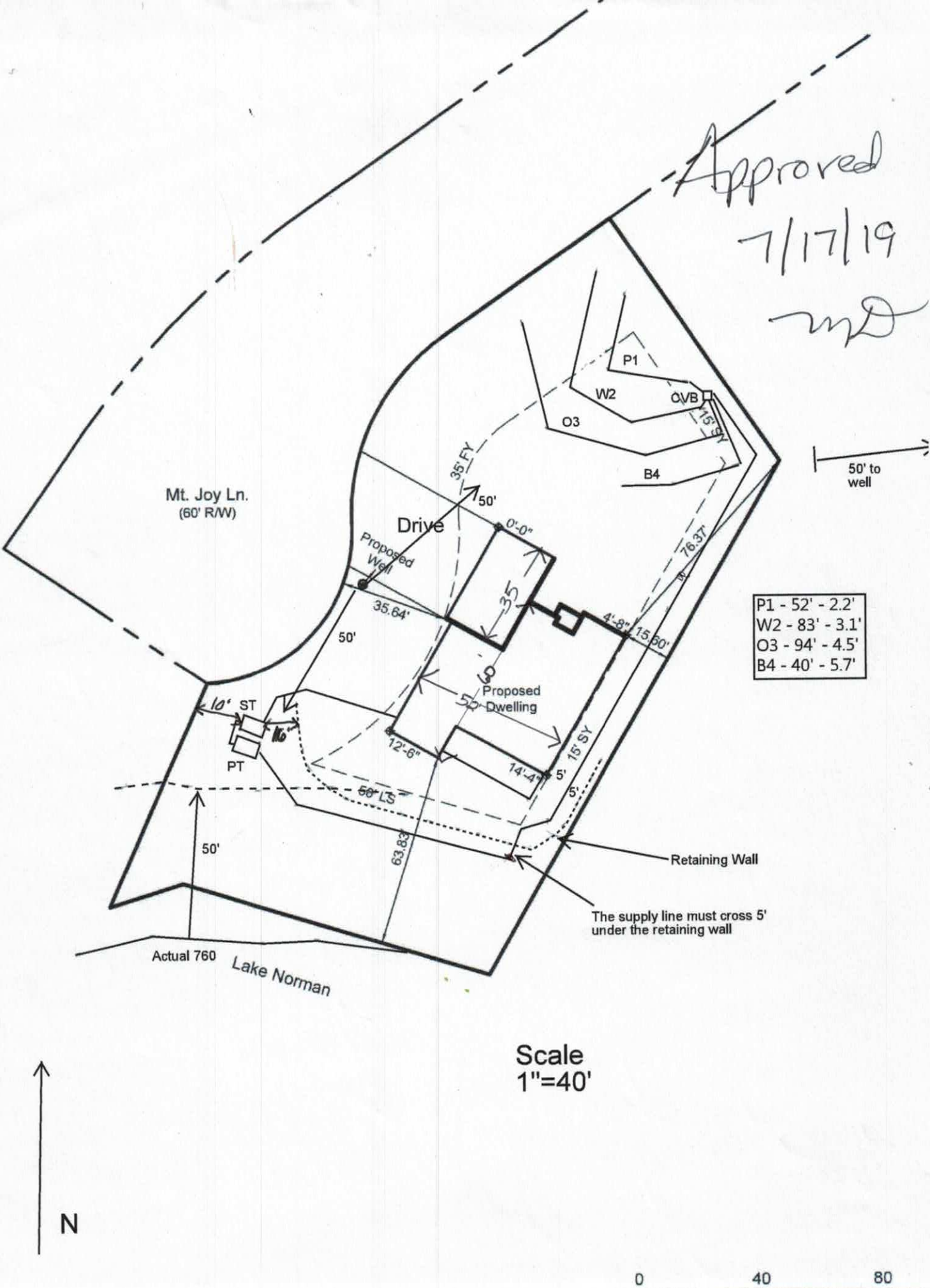
AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 7/17/19

Installed by: Bass Grading / Specialty Septic

OPERATION PERMIT by: Date:

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.**


Approved
7/17/19
Mt. Joy Ln.
(60' R/W)
Drive
Proposed Well
35' FY
50'
0'-0"
P1
W2
O3
B4
OVB
15' SY
50' to well
76.37'
35
35.64'
50'
4'-8"
15.60'
60'
50'
Proposed Dwelling
10' ST
PT
12'-6"
14'-4"
5'
15' SY
5'
50' LS
50'
63.83'
Retaining Wall
The supply line must cross 5' under the retaining wall
Actual 760
Lake Norman
P1 - 52' - 2.2'
W2 - 83' - 3.1'
O3 - 94' - 4.5'
B4 - 40' - 5.7'
Scale
1"=40'
N
0
40
80



Approved
7/17/19
MD

**MICHAEL ATHANAS & ASSOCIATES**
**LICENSED SOIL SCIENTIST**
**561 Ennis Rd.**
**Weddington, NC 28173**
**(704) 576-3887**
**7/17/2019**

**Reference: Data Sheet for 115 Mt Joy Ln, CL&T Sec 6 Lot 182**
**House Footprint:** See attached plan
**Building Setbacks:** 35' front, 15' side, 50' lake
**Water Source:** Private Well
**Number of Bedrooms/Daily Flow:** 4/480 GPD
**Proposed LTAR:** 0.3 GPD/FT$^2$
**Proposed System Type:** Horizontal PPBPS
**Proposed Repair System Type:** Exempt (Deeded 5/25/1977 BK 34/PG 35)
**Distribution:** Low Pressure-CVB
**Flow per Orifice:** 0.59 GPM
**Orifice Size:** 3/16"
**System Flow:** 36.6 GPM
**Dosing Volume:** 223.2 gallons
**Pump Run Time:** 6.1 minutes
**Elevation Head:** 27.1'
**Friction Head:** 8.8'
**Pressure Head:** 2'
**Total Dynamic Head:** 37.9'
**Supply Line Length:** 280' of 2" PVC
**Septic/Pump Tank Size:** 1000/1000 gallons
**Proposed Trench Bottom:** 21"




| Line | Design Length | # of Panels | Actual Length | Elevation |
|---|---|---|---|---|
| Pink 1 | 52' | 12 | 53' | 2.2' |
| White 2 | 83' | 19 | 84' | 3.1' |
| Orange 3 | 94' | 22 | 95' | 4.5' |
| Blue 4 | 40' | 9 | 40' | 5.7' |

**Initial System:** 270' **Repair System:** Exempt
**Pump Tank:** 24.3' **House Corner:** 10.3' **Benchmark:** 3.8'

**Comments:**
A retaining wall will be built. The supply line must be installed 5' from any foundation and 5' below the retaining wall. The tanks locations have been adjusted to accommodate the wall.

PROPERTY ID #: 4624185550
COUNTY: Iredell

Approved
1/14/19 MD

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: James Ditaranto
APPLICATION DATE
ADDRESS: 4415 Independence Ct, Sarasota, FL 32434
DATE EVALUATED: 12/2018
PROPOSED FACILITY: 4 BDRM
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.61 AC
LOCATION OF SITE: 115 Mt Joy Ln, CL&T Sec 6, Lot 182
PROPERTY RECORDED: 5/25/1977
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut
TYPE OF WASTEWATER: Ξ 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 | |
| PIT 1 | LS 8% | 0-10 | Br SCL WSBK | FR SS SP SXP | N/A | 62" | | N/A | PS 0.3 |
| | | 10-37 | R C SBK | FR SS SP SXP | | | | | |
| | | 37-62 | R CL WSBK | FR SS SP SXP | | | F-M SAP | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PIT 2 | LS 5% | 0-8 | Br SCL WSBK | FR SS SP SXP | N/A | 38" | | N/A | PS 0.3 |
| | | 8-30 | R C SBK | FR SS SP SXP | | | | | |
| | | 30-38 | R CL WSBK | FR SS SP SXP | | | F-C SAP | | |
| | | 38-60 | VER SL SAP M | FR SS SP SXP | | | PS | | |
| | | | | | | | | | |
| AB 1 | LS 6% | 0-10 | Br SCL WSBK | FR SS SP SXP | N/A | 48" | | N/A | PS 0.3 |
| | | 10-32 | R C SBK | FR SS SP SXP | | | | | |
| | | 32-48 | R CL WSBK | FR SS SP SXP | | | F-C SAP | | |
| | | | | | | | | | |
| | | | | | | | | | |
| AB 2 | LS 5% | 0-27 | YR SCL WSBK | FR SS SP SXP | N/A | 38" | | N/A | PS 0.3 |
| | | 27-38 | R CL WSBK | FR SS SP SXP | | | | | |
| | | 38-40 | VER SL SAP M | FR SS SP SXP | | | F-C SAP | | |
| | | | | | | | PS | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 540 FT$^2$ | EXEMPT |
| System Type(s) | PPBPS | |
| Site LTAR | 0.3 | |

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

COMMENTS:

# SOIL/SITE EVALUATION

*(Continuation Sheet)*



PROPERTY ID #: 4624185550

DATE OF EVALUATION: _____

COUNTY: IREDELL

| 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 | |
| AB 3 | LS 8% | 0-4 | Br SCL WSBK | FR SS SP SXP | N/A | 48" | | N/A | PS 0.3 |
| | | 4-20 | R C SBK | FR SS SP SXP | | | | | |
| | | 20-48 | R CL WSBK | FR SS SP SXP | | | F-C SAP | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | |

241392

$75 pd

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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:** (✓) 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:** James Ditaranto **Address:** 115 Mt Joy Ln, Mooresville, NC **Zip:** 28117

**Applicant Email:** _____ **Phone:** 941-915-1920 **Alt. Phone:** _____

**Owner Name:** Same **Address:** _____ **Zip:** _____

**Owner Email:** _____ **Phone:** _____ **Alt. Phone:** _____

**Property Information:**

**Street Address:** 115 Mt Joy Ln

**Subdivision Name:** CL&T **Section/Phase:** 6 **Lot Number:** 182

**Driving Directions:** _____

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

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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:** _____ 7/17/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

241392 pd $350

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

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(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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**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:** James Ditaranto **Address:** 4415 Independece Ct, Sarasota, FL **Zip:** 32434

**Applicant Email:** jamesd@ces-co.com **Phone:** _____ **Alt. Phone:** _____

**Owner Name:** Same **Address:** _____ **Zip:** _____

**Owner Email:** _____ **Phone:** _____ **Alt. Phone:** _____

**Property Information:**

**Street Address:** 115 Mt Joy Ln

**Subdivision Name:** CL&T **Section/Phase:** 6 **Lot Number:** 182

**Driving Directions:** _____

**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: 4
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: _____ 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:** _____ 1/10/2019
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

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, JAMES DiTARANTO, am the legal owner(s) of the property located at 115 MT JOY LN, identified as PIN (Parcel Identification Number) 4624185550, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Thomas & Associates, 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

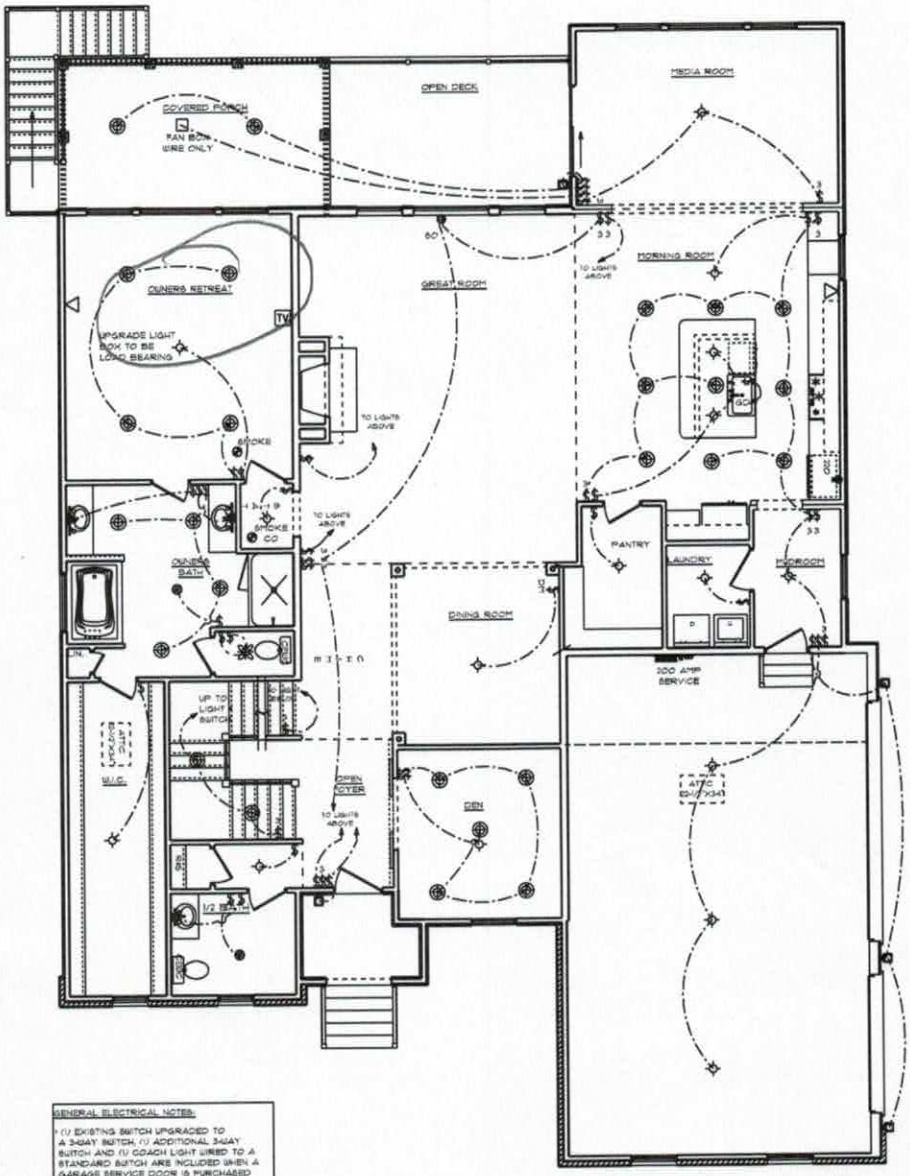
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

| Signature of Owner(s) | Date | Signature of Witness | Date |
|---|---|---|---|
| | 12/15/18 | X | 12-19-18 |

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




GENERAL ELECTRICAL NOTES:

- (1) EXISTING SWITCH UPGRADED TO A 3-WAY SWITCH, (1) ADDITIONAL 3-WAY SWITCH AND (1) COACH LIGHT WIRED TO A STANDARD SWITCH ARE INCLUDED WHEN A GARAGE SERVICE DOOR IS PURCHASED
- (1) COACH LIGHT, (1) SWITCH, AND (1) GFI OUTLET ARE INCLUDED WHEN ANY ADDITIONAL DOOR IS PURCHASED, EXCLUDING THE GARAGE SERVICE DOOR
- ALL SMOKE DETECTORS TO BE INTERCONNECTED WITH BATTERY BACKUP
- E3902.11 ARC-FAULT CIRCUIT-INTERRUPTER PROTECTION ALL BRANCH CIRCUITS THAT SUPPLY 30-VOLT, SINGLE- PHASE, 15- AND 20-AMPERE OUTLETS INSTALLED IN FAMILY ROOMS, DINING ROOMS, LIVING ROOMS, PARLORS, LIBRARIES, DENS, BEDROOMS, SUNROOMS, RECREATION ROOMS, CLOSETS, HALLWAYS AND SIMILAR ROOMS OR AREAS SHALL BE PROTECTED BY A COMBINATION TYPE ARC-FAULT CIRCUIT INTERRUPTER INSTALLED TO PROVIDE PROTECTION OF THE BRANCH CIRCUIT.
- GARAGE DOOR LOW VOLTAGE WIRING BY ELECTRICIAN
- TWO SEPARATE KITCHEN GENERAL ELECTRIC OUTLET CIRCUITS FED BY NUMBER 12 WIRE AND ON 20 AMP BREAKERS REQUIRED IN KITCHEN
- ALL OUTLETS INSTALLED IN BATHROOMS, GARAGES, 4 UNFINISHED BASEMENTS SHALL HAVE GFCI PROTECTION4 ALONG WITH OUTLETS LOCATED WITH 6'-0" OF LAUNDRY, UTILITY 4 WET BAR SINKS 4 ALL OUTLETS SERVING KITCHEN COUNTERTOP SURFACES
- ALL OUTLETS TO BE PLACED PER CODE

MOUNT ALL VANITY FIXTURES, LIGHTS DOWNWARD

HOMEOWNER TO PROVIDE ALL LOW VOLTAGE/AV/SECURITY

OLIVIA 'C' CUSTOM
FIRST FLOOR PLAN
9' CEILINGS THROUGHOUT
ELECTRICAL PLAN

Acknowledgement of Plans Submittal ONLY!

Date 3/4/19

Date

FINAL DRAWINGS APPROVED: 00-00-00
REVISED: 00-00-00

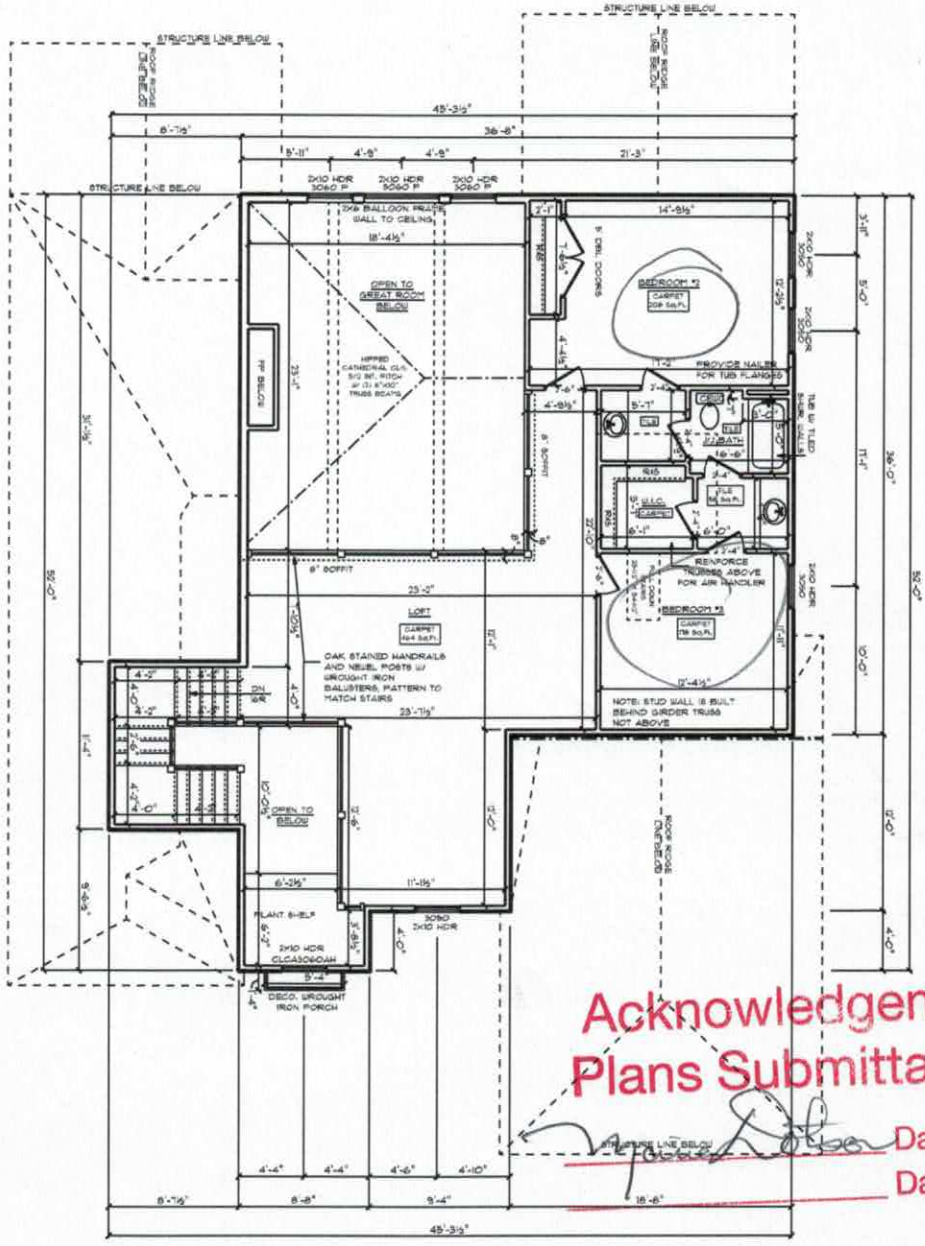

Paul Schumacher SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com


CUSTOM BUILT FOR: JAMES DITARANTO
XXX - CH 6TB 07B 0478 | CL - 37995
LOCATION: 19 MT. JOY LANE, MOORESVILLE, NC, 28117, IREDELL COUNTY

SQUARE FOOTAGES: 3459 SQ. FT.
1ST FLR. : 2443 SQ. FT
2ND FLR. : 1012 SQ. FT
OPEN SPACE : 660 SQ. FT
GARAGE : 706 SQ. FT
PORCHES : 271 SQ. FT
BASEMENT : 2459 SQ. FT

DRAWN BY: DMB | DATE: 2/28/2018 | SCALE: 1/8" = 1'-0" | SHEET: 10


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Acknowledgement of Plans Submittal ONLY!

Date 3/4/19

Date

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 8d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.

GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 6'-8" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 3-PLY 2X10 W/ (2) KING + (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING + (2) JACK STUDS, UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 3-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 3-PANEL SOLID CORE MOLDED INTERIOR DOORS
- PLY-GEM LOW-E VINYL WINDOWS

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED
- UNGRADED CARPET PADDING IN ALL CARPETED AREAS

OLIVIA 'C' / CUSTOM

SECOND FLOOR PLAN
9' CEILING HEIGHT

FINAL DRAWINGS APPROVED: 00-00-00
REVISED: 00-00-00

Paul Schumacher SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

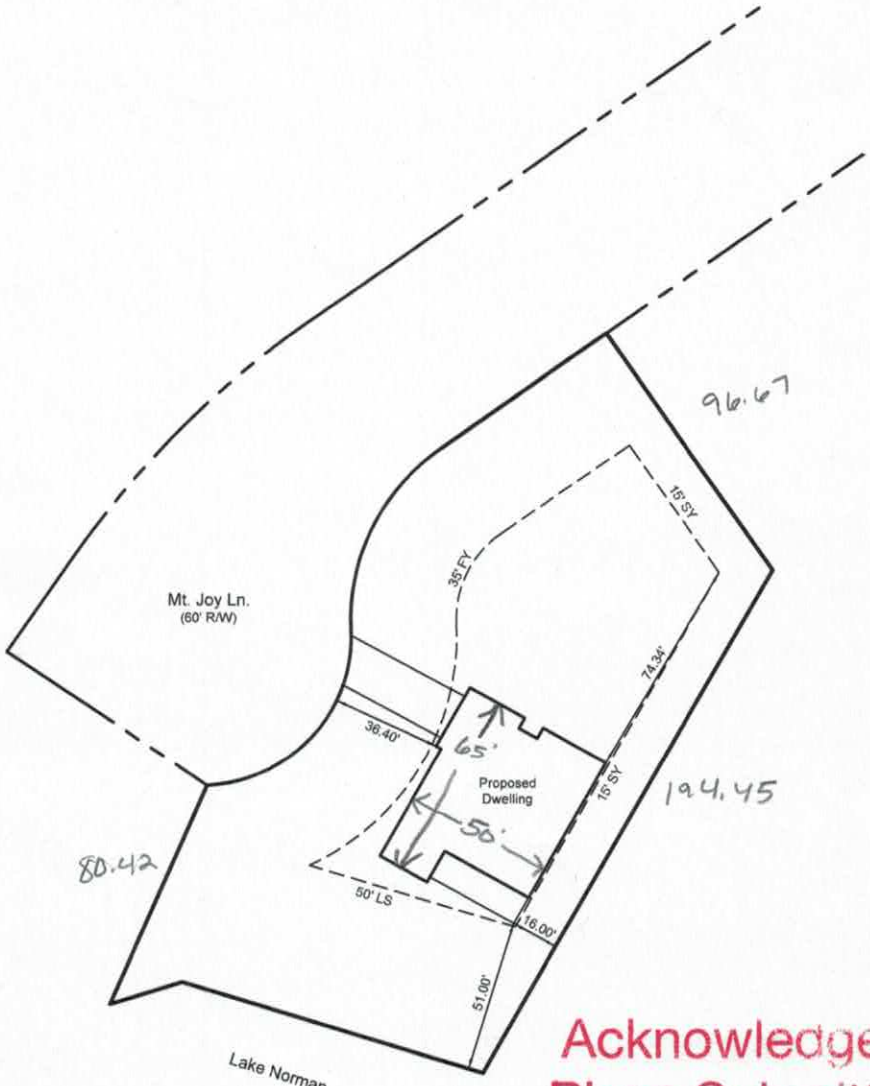
CUSTOM BUILT FOR: JAMES DITARANTO
JOB #: GH 6TB 018 0478 | DN #: 278955
LOCATION: 119 MT. JOY LANE, MOORESVILLE, NC, 28117, IREDELL COUNTY

SQUARE FOOTAGES: 3485 SQ. FT.
1ST FLR : 2443 SQ. FT
2ND FLR : 1012 SQ. FT
OPEN SPACE : 660 SQ. FT
GARAGE : 1128 SQ. FT
PORCHES : 221 SQ. FT
BASEMENT : 2458 SQ. FT

DRAWN BY: DMB | DATE: 2/26/2019 | SCALE: 1/8" = 1'-0" | SHEET: 11

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PRELIMINARY FOR REVIEW ONLY




Acknowledgement of Plans Submittal ONLY!

Maiya Dotson Date 3/4/19

Date

0 40 80 120

| LEGEND | |
|---|---|
| FY | Front Yard Setback |
| LS | Lake Setback |
| SY | Side Yard Setback |
| R/W | Right of Way |
| P.B. | Plat Book |
| PG. | Page |


JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227


OWNER: DITARANTO

| | |
|---|---|
| DRAWN BY: JWE | CHECKED BY: MIG |
| SCALE: 1" = 40' | |
| DEED REF: 1886 - 2040 | PIN NO: 4624-18-5550 |
| DATE OF MAP: 12-11-18 | SURVEY DATE: 12-05-18 |
| REVISION: 02-07-19 | DRAWING FILE: 20181126 |

115 Mt. Joy Ln., Mooresville, NC 28117
Davidson TWP. - Iredell County - North Carolina

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 241392 |
| Issue Date: 01/10/2019 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4624185550.000 | 115 MOUNT JOY LANE, , NC 28117 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: DITARANTO JAMES TRUST | Applicant: MICHAEL ATHANAS & ASSO |
| Address: 4401 | Address: 561 ENNIS RD |
| IREDELL CO, NC 28625 | WEDDINGTON, NC 28173 |
| Phone: | Phone: 704-576-3887 |

| Use Requested | Zone Code |
|---|---|
| | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .610 | 35.00 | 50.00 | 15.00 | 15.00 | CA | AE |

**Remarks:**

Lake Lots: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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.

Applicant: _____ Date: _____

| Permit Number | 164160 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|