H5 10

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP309686

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

PIN # 4624298727

APPLICANT/OWNER: Stephen Ford | APPLICANT ADDRESS: 7914 Skye Lochs Dr Waxhaw NC 28173

SITE ADDRESS: 126 Hanes Bee Ln, Mooresville NC 28117 | PHONE: 704-618-0402 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to R on Stonemarker Dr, R on Hanes Bee Ln, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL and T | SECTION: 6 | LOT # 69 | LOT AREA: 0.61 acres | DESIGN FLOW: 360GPD | L.T.A.R.:

Septic Tank	1000 (gal)	STB	160	Date	3-22-21
Pump Tank	1000 (gal)	PT	319	Date	3-16-21
Pump Make		Model		Serial #	
# Nitrification Fields	1	# Lines	4	Linear Ft	200
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	—

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

System Description: PM PPBPS

Repair System Description: LP PPBPS pretreated

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

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

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☐ 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, corners and 50' buffer must be marked by a licensed surveyor at time of Installation and inspection

ST - 12ft to house

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 and Forestry Services of the Carolinas

LSS # 1218

AS BUILT SKETCH

As Built Attached

	Date	Initials
Drain Lines Checked	5/26/21	DW
Tanks Checked	5/21/21	MD
Pressure Manifold or Valve Box Checked	5/26/21	DW
Pressure Head Set	5/26/21	DW
Electrical Checked	7/28/2021	PJB
Floats Set	5/26/21	DW
Alarm Checked	5/26/21	DW
Maintenance Contract Y / N		
Comments:		

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: Stephen Ford Date: 10/28/20

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 10/28/2020

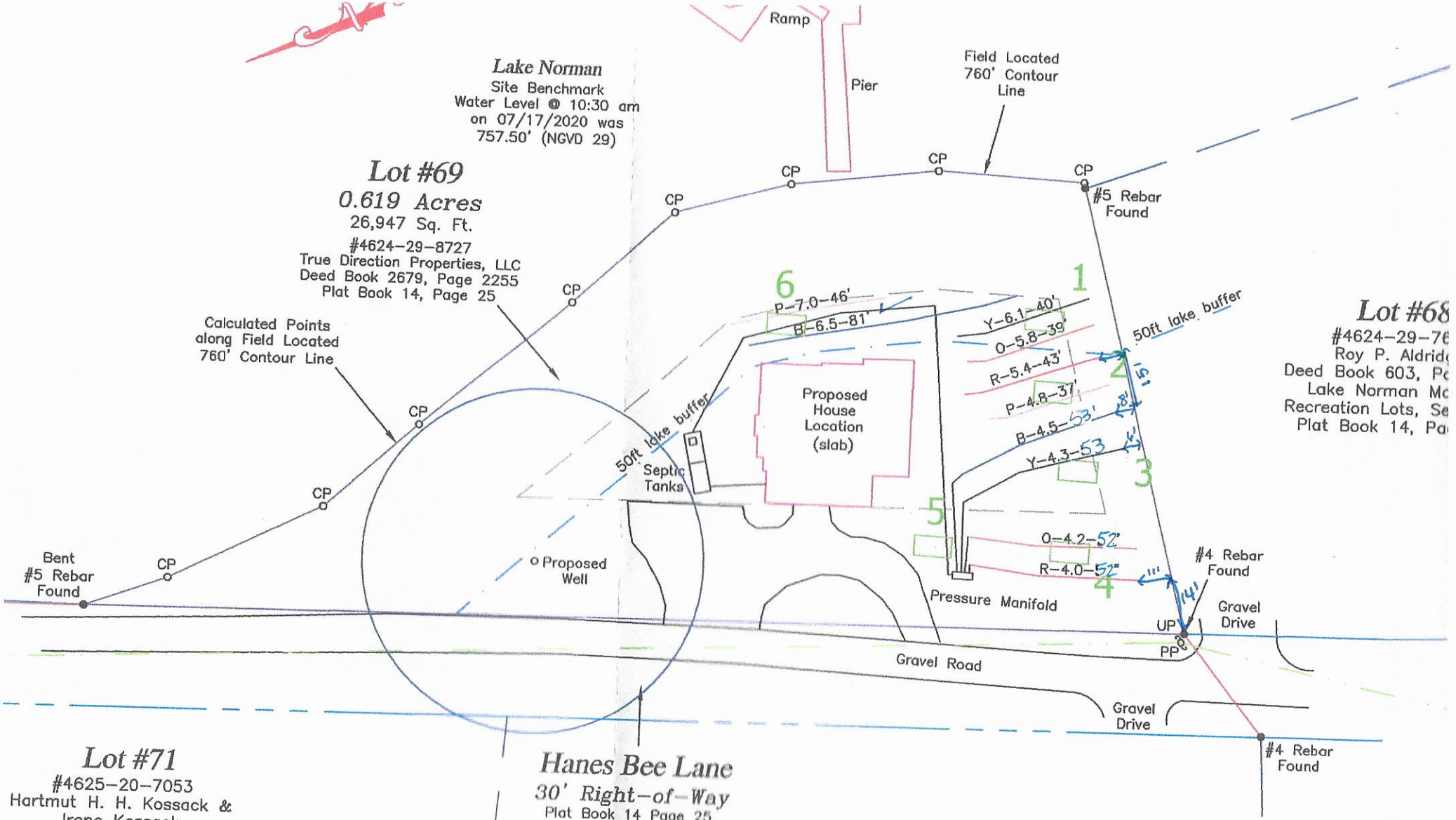
AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 10/23/2020

Installed by: (Ryan Byers) Hager Byers Rental Date: 7/28/2021

OPERATION PERMIT by: Patrick J Boyle III 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.



As Built - 126 Hanes Bee

5/26/21 DW

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

October 7, 2020

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

Re: Session Law 2018-114 Submittal for 126 Hanes Bee Lane

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom vertical panel block system using pressure manifold distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"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/applicant: Steve Ford

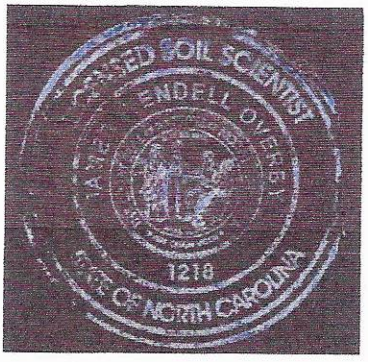
Signature: Steve Ford

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

Wendell Overby, LSS

Signature: [redacted]

Seal:



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

Attached is a proposed design for a 3 Bedroom PPBPS Septic System using pressure manifold distribution at 126 Hanes Bee Lane

Contents: **Page**

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

Design Information

Design Specifications---------- 2-3
Layout Specifications---------- 4
System Tapsheet---------- 5

Site Plan---------- 6

Calculations---------- 7

Pressure Manifold Specifications---------- 8

Profile Descriptions---------- 9-10

Iredell County Septic Application---------- 11-12

Environmental Health Requirements---------- 13

Agent Authorization---------- 14

1975 Subdivision Plat Map---------- 15

Owner/Applicant: Steve Ford
704.618.0402
October 4, 2020
Project #: 20-1125
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 DHHS, 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 structure.
- 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 for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PM PPBPS installation.
- Repair is specified as pre-treated LPPPBPS installation.
- Rake trench walls and lime side-walls as per manufacturer's specifications.
- Install trenches 24" wide and have no more than 1/4" fall in 10 feet.
- **House foundation is slab**
- **Lot recorded prior to 1977. Septic lines 5ft from property lines in places.**

PPBPS PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Stephen Ford
Address:	7914 Skye Lochs Drive Waxhaw, NC 28173
Phone:	704 618-0402
County:	Iredell
Location:	126 Hanes Bee Lane
Source of Wastewater Flow:	3 Bedroom Home
Estimated Gallons Per Day Flow:	360
System Flow:	28.44

Design Specifications

Drainfield Size:	200
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	175
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	30.45
Dosing Volume:	172.80
Supply Manifold:	4" SCH80 PVC
Supply Manifold Length:	4'
Supply Manifold Volume:	2.17 gallons
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2.00
Friction Head:	2.84
Elevation Head:	7.00
Total Dynamic Head:	12.26
Threaded Union:	In tank
Gate Valves:	1 in tank; 1 at manifold
Check Valves:	in tank
Anti-Siphon Hole:	NA

126 Hanes Bee Lane

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	400
TOTAL LATERAL LENGTH:	200
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	200
SUPPLY LINE LENGTH:	175
TOTAL DYNAMIC HEAD:	12.26
MANIFOLD SIZE:	2.5 ft
DOSING VOLUME:	172.80
PUMP TANK DRAW DOWN*:	8.2
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

may vary among pump tank manufacturers.

126 Hanes Bee Lane

Project #: 20-1125

LAYOUT FOR 360 gpd SYSTEM / SLAB FOUNDATION 10/4/2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		6.20			100.00		
INSTR. 1			106.20				
back h crnr				6.20	100.00		
pump tank				6.00	100.20		
			SYSTEM				
1	RED			4.00	102.2	50	50
2	ORANGE			4.20	102.0	50	50
3	YELO			4.30	101.9	50	50
4	BLUE			4.50	101.7	50	50
	REPAIR (OUTSIDE 50' BUFFER-50% REDUCTION)						
5	PINK			4.80	101.4	37	37
6	RED			5.40	100.8	43	43
	REPAIR (INSIDE 50' BUFFER-25% REDUCTION)						
7	ORANGE			5.80	100.4	39	39
8	YELLOW			6.10	100.1	40	40
9	BLUE			6.50	99.7	81	55
10	PINK			7.00	99.2	46	46

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	TRENCH SYSTEM	DISTRIBUTION	TRENCH BOTTOM
SYSTEM	**200**	**0.3**	**MOD.**	**PPBPS**	**P MANIFOLD**	**36**
Repair	260	0.3	MOD.	PPBPS	LOW PRESSURE	36

80' @ 50%

180' @ 25%

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS, HI, and FS indicate rod readings

126 Hanes Bee Lane

PPBPS P MANIFOLD DISTRIBUTION

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	RED	4.00	50	sch80 1/2"	7.11	150	12
2	ORANGE	4.20	50	sch80 1/2"	7.11	150	12
3	YELLOW	4.30	50	sch80 1/2"	7.11	150	12
4	BLUE	4.50	50	sch80 1/2"	7.11	150	12
	total	feet =	200	gal/min =	28.44		48

Des. Flow	360
Pump Run=	7.22
soil LTAR	0.3
LTAR +5%	0.315
LTAR with mod.	0.6
LTAR with mod.. + 5%	0.63

.156 equals 5/32 inch hole

CALCULATIONS

Location 126 Hanes Bee Lane

Project Number 20-1125

Lot No: CL&T S6 LOT 69

Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	175	ft.
Supply Line Volume	30.45	gal.
Required Feet of Line	200	ft.
Amount of Line from Layout	200	ft.
Gallons per Minute	28.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	48	
Dosing Volume	172.80	gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

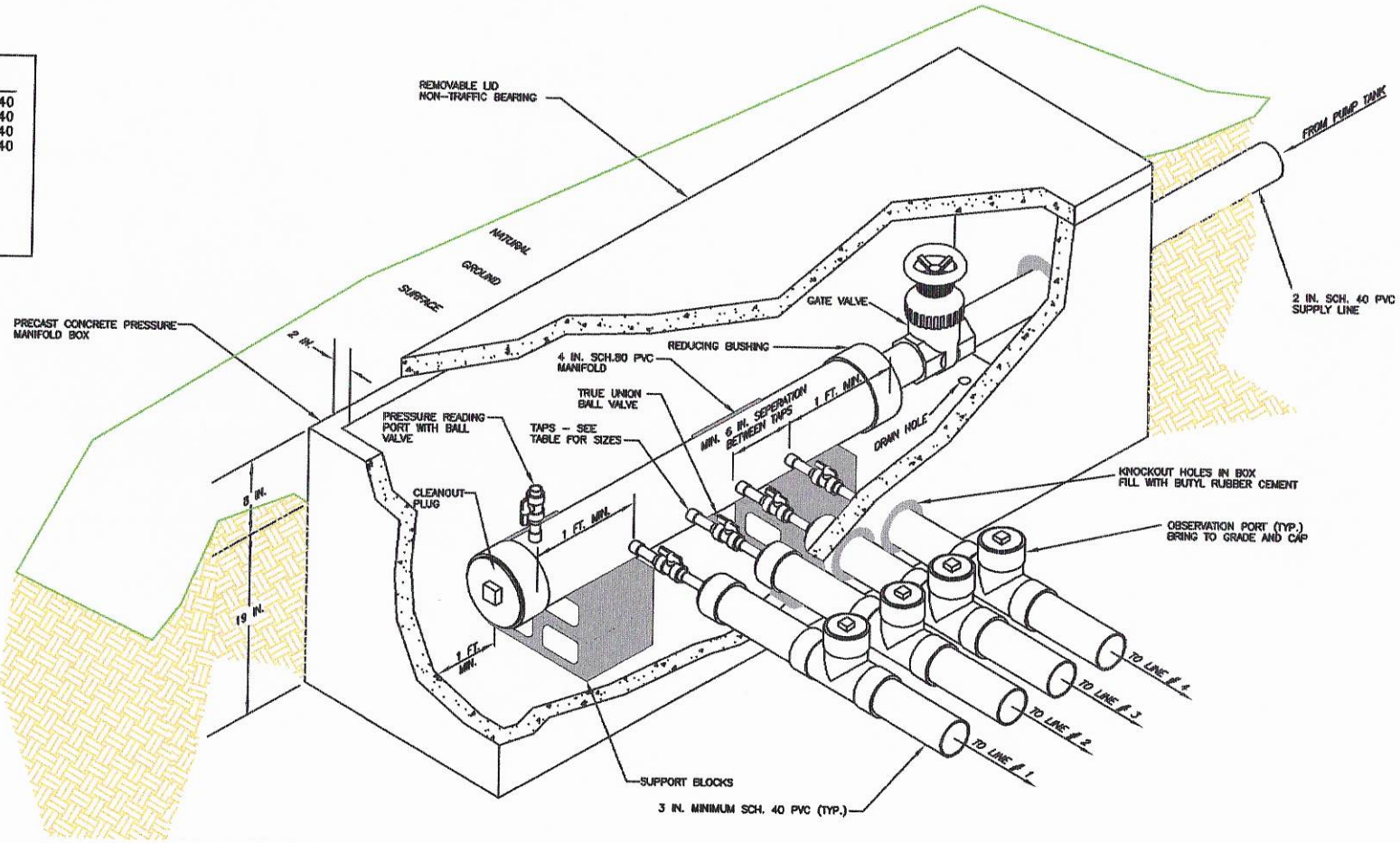
GPM	*f*
20	0.84
	-0.88
25	1.27
28.44	1.62
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
54.8	5.46
60	6.42

Tank Draw Down	8.23	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.08	minutes
Elevation Head	7	ft.
Pressure Head	2	ft.
Friction Factor	1.62	ft./100 ft. *(From the interpolater.)*
Friction Head	2.84	ft.
Friction Head (+15%)	3.26025	
Total Dynamic Head	12.26	ft.

PRESSURE MANIFOLD DETAILS
FOR
126 HANES BEE LANE

TAP SIZES

LINE No.	TAP SIZE
1	1/2" SCH. 40
2	1/2" SCH. 40
3	1/2" SCH. 40
4	1/2" SCH. 40



PROPERTY ID #: 4624298727
COUNTY: Iredell

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

OWNER: STEVE FORD
ADDRESS:
PROPOSED FACILITY: new house
LOCATION OF SITE: 126 Hanes Bee Lane
PROPOSED DESIGN FLOW (.1949): 360
APPLICATION DATE
DATE EVALUATED: 8/25/20
PROPERTY SIZE: .61
PROPERTY RECORDED: 1975
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☑ 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 SAP CLASS	.1944 RESTR HORIZ	
1	L / 4%	0-5	DB SL WFGr	Fr SS SP	N/A	72			.3
		5-12	RB SCL WMA/S	Fr SS SP					
		12-35	R C WMA/S	Fi SS SP					
		35-48	RB CL WMA/S	Fr SS SP few sap					
		48-72	RB CL WMA/S	Fr SS SP com sap					
2	L / 4%	0-6	B SL WFGr	Fr SS SP	N/A	72			.3
		6-15	RB SCL WMA/S	Fi SS SP					
		15-48	RB C WMA/S	Fr SS SP					
		48-58	RB CL WMA/S	Fr SS SP few sap					
		58-72	RB CL WFA/S	Fr SS SP com sap					
3	L / 4%	0-6	B SL WFGr	Fr SS SP	N/A	50	PS		.3
		6-13	BR SL WFGr	Fr SS SP					
		13-40	BR SC WMA/S	Fi SS SP					
		40-50	RB CL WMA/S	Fr SS SP few sap					
		50-70	VAR L MASS						
4	L / 5%	0-7	B SL WFGr	Fr SS SP	N/A	60			.3
		7-14	RB SCL WMA/S	Fr SS SP					
		14-50	R SC WMA	Fi SS SP					
		50-60	BR CL WFA/S	Fr SS SP few sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	260
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4624298727
DATE OF EVALUATION: 8/25/2020
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	
5	L 5%	0-15	YR SL WFGr	Fr SS SP	N/A	60			.3
		15-42	BR C WMA/S	Fi SS SP					
		42-52	RB CL WMA/S	Fr SS SP					
		52-60	RB L WMA	Fr SS SP					
6	L 5%	0-6	B SL WFGr	Fr SS SP	N/A	48			.3
		6-12	BR SCL WMA/S	Fr SS SP					
		12-26	R C WMA/S	Fi SS SP					
		26-48	BR CL WMA	Fr SS SP					
4									

COMMENTS:

RECEIVED OCT 9 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Paid $500 8/4 + $700 10/9/20

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-309686

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (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)

Applicant Name: STEPHEN FORD **Address:** 7914 SKYE LOCHS DRIVE WAXHAW **Zip:** 28173

Applicant Email: STEVEF@DWOTC.COM **Phone:** 704 618-0402 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 126 HANES BOB LANE MOORESVILLE NC

Subdivision Name: CL+T **Section/Phase:** SG **Lot Number:** 69

Driving Directions: BRAWLEY SCHOOL, R ON STONEMARKER, R ON HANES BOB LANE VACANT LOT ON RIGHT

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 6
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

( ) Crawl Space Foundation
(X) 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 ( ) Innovative (X) 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: _____ 10/7/20
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, STEVE FORD, am the legal owner(s) of the property located at 126 HANES BEE LANE, identified as PIN (Parcel Identification Number) 4624298727, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WENDELL OVERBY, _____, 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.

Steve Ford
_____
Signature of Owner(s)

10/07/20
Date

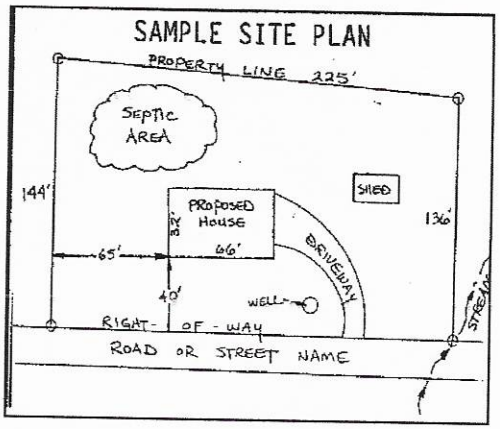
Mooresville - Environmental Health

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

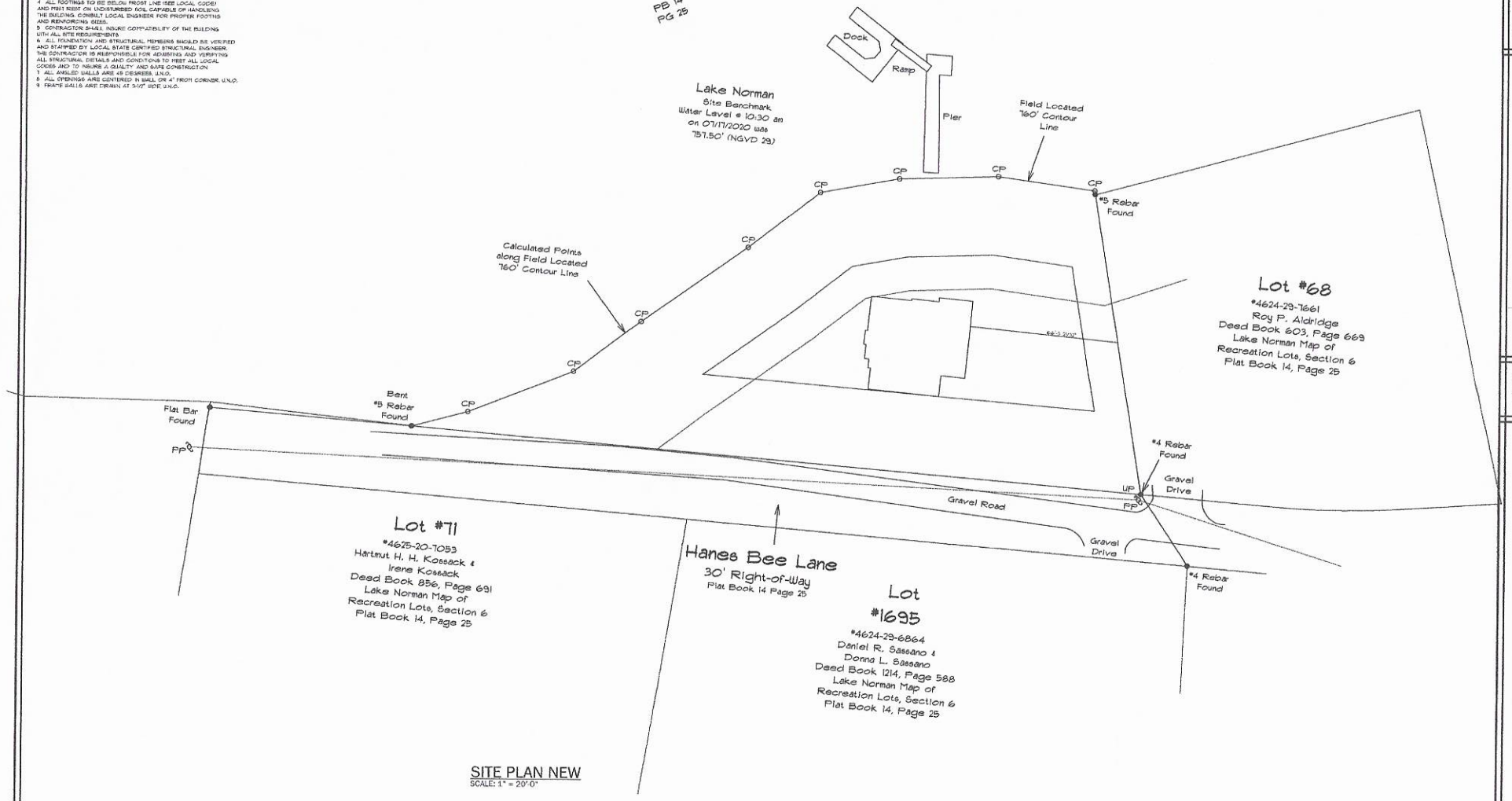
SEE ATTACHED

Signature: W Cl
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/7/20
DATE

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, REGULATIONS, AND FHA/VA MPS.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION ANY DISCREPANCIES SHALL BE REPORTED FOR JUSTIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSION SHOULD BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS TO BE BELOW FROST LINE (SEE LOCAL CODE) AND MUST REST ON UNDISTURBED SOIL CAPABLE OF HANDLING THE BUILDING. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SIZES.
5. CONTRACTOR SHALL INSURE COMPATIBILITY OF THE BUILDING WITH ALL SITE REQUIREMENTS.
6. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND STAMPED BY LOCAL STATE CERTIFIED STRUCTURAL ENGINEER. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND VERIFYING ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO INSURE A QUALITY AND SAFE CONSTRUCTION.
7. ALL ANGLED WALLS ARE 45 DEGREES, U.N.O.
8. ALL OPENINGS ARE CENTERED IN WALL OR 4" FROM CORNER, U.N.O.
9. FRAME WALLS ARE DRAWN AT 3-1/2" SIDE, U.N.O.



SITE PLAN NEW
SCALE: 1" = 20'-0"

PAGE SIZE 24"X36"

DATE: Thursday, October 22, 2020
SCALE: 1" = 20'-0"

MEMBER AIBD
AMERICAN INSTITUTE of BUILDING DESIGN

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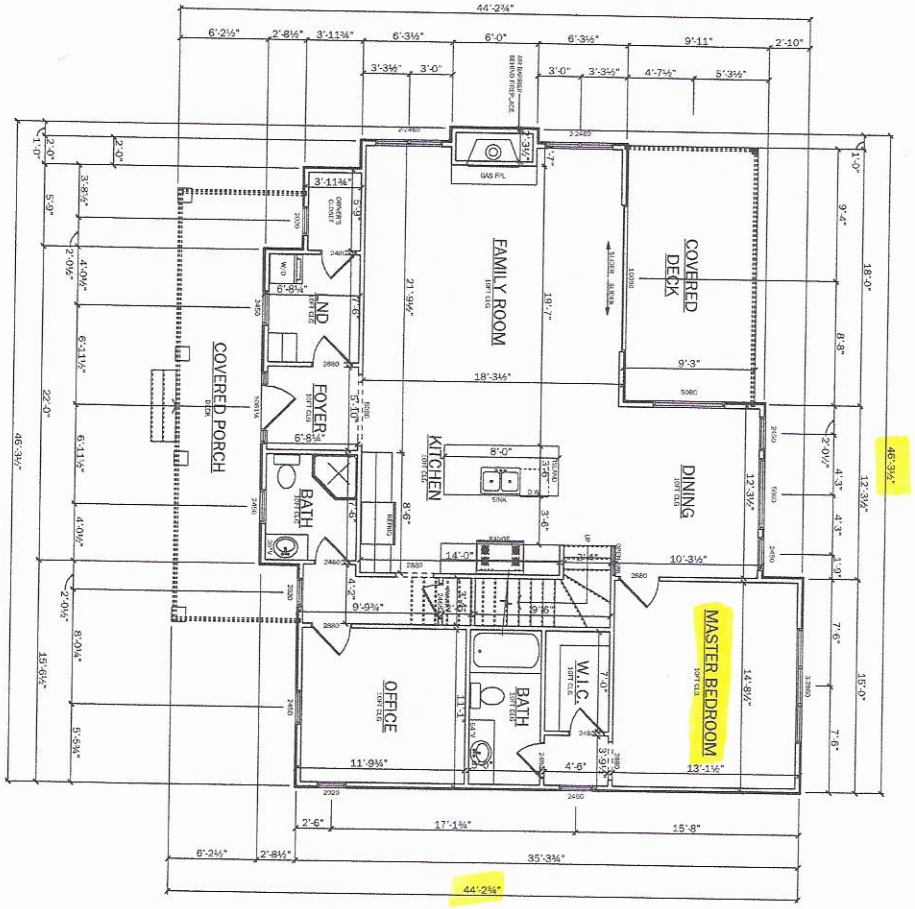
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PAGE: 2
SITE PLAN

Acknowledgement Of
Plans Submittal ONLY!
Stanford Date 10/20/20
Robert J Bagley III Date 10/23/2020

GENERAL NOTES

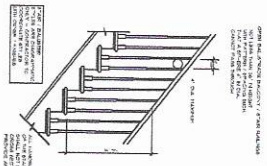
1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES.
2. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS AT JOB SITE. ANY DISCREPANCIES SHALL BE REPORTED FOR ARBITRATION AND/OR CLARIFICATION BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ANY WORK PERFORMED WITH DISCREPANCIES NOT REPORTED.
3. DIMENSIONS SHOULD BE READ OR CALCULATED AND NEVER SCALED.
4. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2018 NORTH CAROLINA RESIDENTIAL CODE AND ANY OTHER APPLICABLE CODES AND REGULATIONS.
5. CONTRACTOR SHALL INSPECT CONDITIONS OF THE BUILDING AND SITE PRIOR TO CONSTRUCTION AND REPORT ANY DISCREPANCIES.
6. ALL FOUNDATION AND STRUCTURAL REPAIRS SHOULD BE VERIFIED BY A LICENSED STRUCTURAL ENGINEER. THE CONTRACTOR IS RESPONSIBLE FOR ALL STRUCTURAL ENGINEER FEES.
7. CONTRACTOR SHALL VERIFY ALL LOCAL CODES AND REQUIREMENTS FOR ENERGY CONSERVATION.
8. ALL NATURAL GAS APPLIANCES SHALL BE VENTED TO THE OUTSIDE.
9. PROVIDE GFCI AT ALL WET AREAS.



FIRST FLOOR

Sq Footage	
FIRST FLOOR	1392
SECOND FLOOR	764
TOTAL HEATED	2156
FRONT PORCH	208
REAR PORCH	166
TOTAL UNDER ROOF	2530

STAIR RAILING DETAIL/NOTES



PAGE SIZE 24"X36" DATE: Thursday, October 22, 2020
SCALE: 1/4" = 1'-0"

PAGE: 5
FIRST FLOOR

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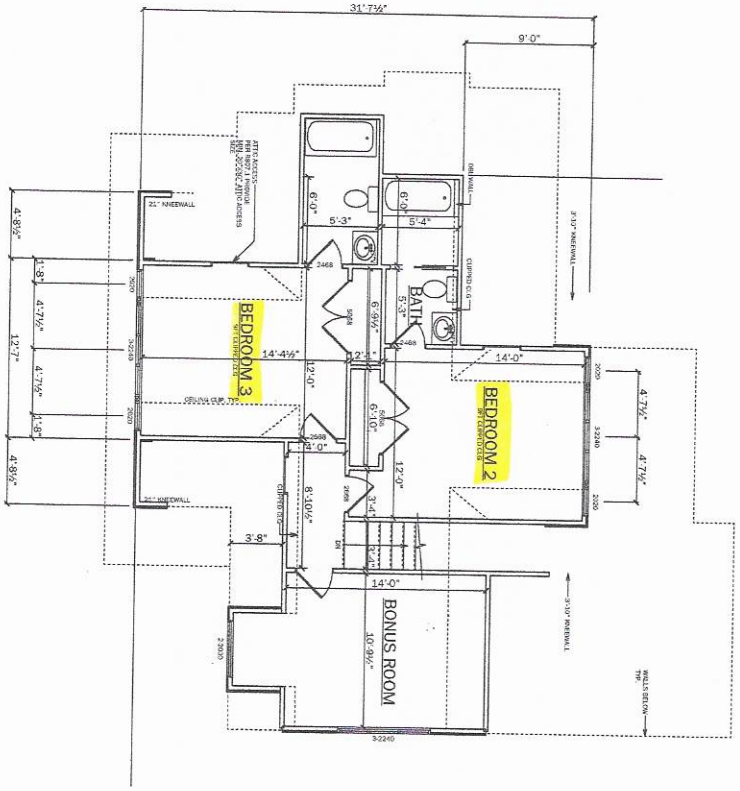
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Acknowledgement Of
Plans Submittal ONLY!
Date 10/28/20
Date 10/23/2020

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES, RESIDENTIAL CODE, STATE AND LOCAL CODES, REGULATIONS, AND TRADITIONAL PRACTICES.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS ON THE JOB AND SHALL NOTIFY THE DESIGNER OF ANY DISCREPANCIES BEFORE PROCEEDING WITH THE WORK. DO NOT SCALE DRAWINGS. FIGURED DIMENSIONS SHALL BE REPORTED FOR VERIFICATION AND/OR SMALL ABSOLUTE RESPONSIBILITY FOR ERRORS THAT MAY OCCUR.
3. ALL DIMENSION SHOULD BE READ OR CALCULATED AND NOTED SCALED.
4. FOOTINGS TO BE BELOW FROST LINE AND BEAR ON UNDISTURBED SOIL CAPABLE OF HANDLING THE REQUIRED LOADS. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SIZES.
5. ALL CONCRETE SHALL HAVE COMPATIBILITY OF THE SLUMPING WITH ALL SITE SHALL HAVE COMPATIBILITY OF THE SLUMPING
6. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND APPROVED BY LOCAL BUILDING INSPECTOR BEFORE BACKFILLING.
7. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND DIMENSIONS CODED AND TO INSURE A QUALITY INSPECTION TO MEET ALL LOCAL
8. ALL ANGLED WALLS ARE 45 DEGREES UNLO
9. PRIVATE WELLS ARE DRAWN AT 75' FROM ANY CORNER UNLO.

SECOND FLOOR



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PAGE: 7
SECOND FLOOR

FORD RESIDENCE

North Carolina

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