IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 227723

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

PIN # 4624321675

APPLICANT/OWNER: Dale Russell/Arcadia | APPLICANT ADDRESS: 10325 Jim Sossoman Rd Midland, NC

SITE ADDRESS: 151 Ripplewater Mooresville NC | PHONE: 704 201 7273 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd towards end TL on Ripplewater on left @ end | SAP CONTROLLED: ☐ YES ☒ NO

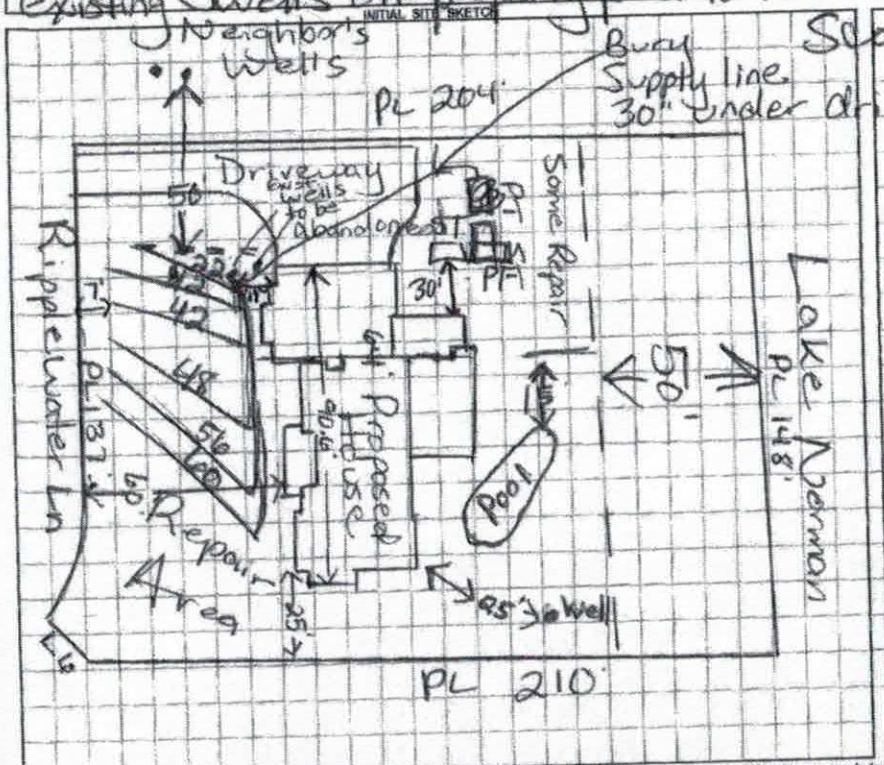
SUBDIVISION: CLAT | SECTION: 6 | LOT # 458 | LOT AREA: .650 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 794	Date 3-16-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT 283	Date 3-10-19	System Description:	LPPPBPS			☐ Business	No. Persons 8
Pump Make	Myers	Model ME45 1/2 HP	Serial #	Repair System Description:	LPPPBPS & TS-II PPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 6	Linear Ft 270'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	min 24"	Trench Bottom Depth(Low side)	33" / 36" (High side)	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ~~Note: Must stay at least 50ft from any well(s).~~ * Must abandon existing wells on property prior to AC. Stay at least 5ft from Property line. Property abandon existing SFT. 7/10/18 Well abandoned, approved by C.C

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale: 1:50 5/32" hole drilled, 63 Panels 4/23/19 OK to orient tanks other way.

	Date	Initials
Drain Lines Checked	4/25 & 4/29	MD
Tanks Checked	4/25	KW
Pressure Manifold or Valve Box Checked	5/23	CC
Pressure Head Set	5/23	CC
Electrical Checked	5/23	CC
Floats Set	5/23	CC
Alarm Checked	5/23	CC
Maintenance Contract Y / N		CC

4/25 checked lines 1-3 KW
4/29 checked lines 4-6 MD

Permit can be suspended or revoked if any false information is supplied toward securing the permit, / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Dale Russell Date:

IMPROVEMENT PERMIT by: Maria A Sossoman Date: 6/14/18

AUTHORIZATION TO CONSTRUCT by: Maria A Sossoman Date: 8/10/18

Installed by: R+H

OPERATION PERMIT by: Carla C Cave Date: 5-23-19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-3pm the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227722

PIN # 4624321675

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

APPLICANT/OWNER: Dale Russell/Arcadic APPLICANT ADDRESS: 10325 Jim Sossoman Rd Midland, NC

SITE ADDRESS: 151 Ripplewater Mooresville, NC PHONE: 704 201 7273 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd towards end TL on Ripplewater on left & end SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLAT SECTION: 6 LOT # 458 LOT AREA: .650 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

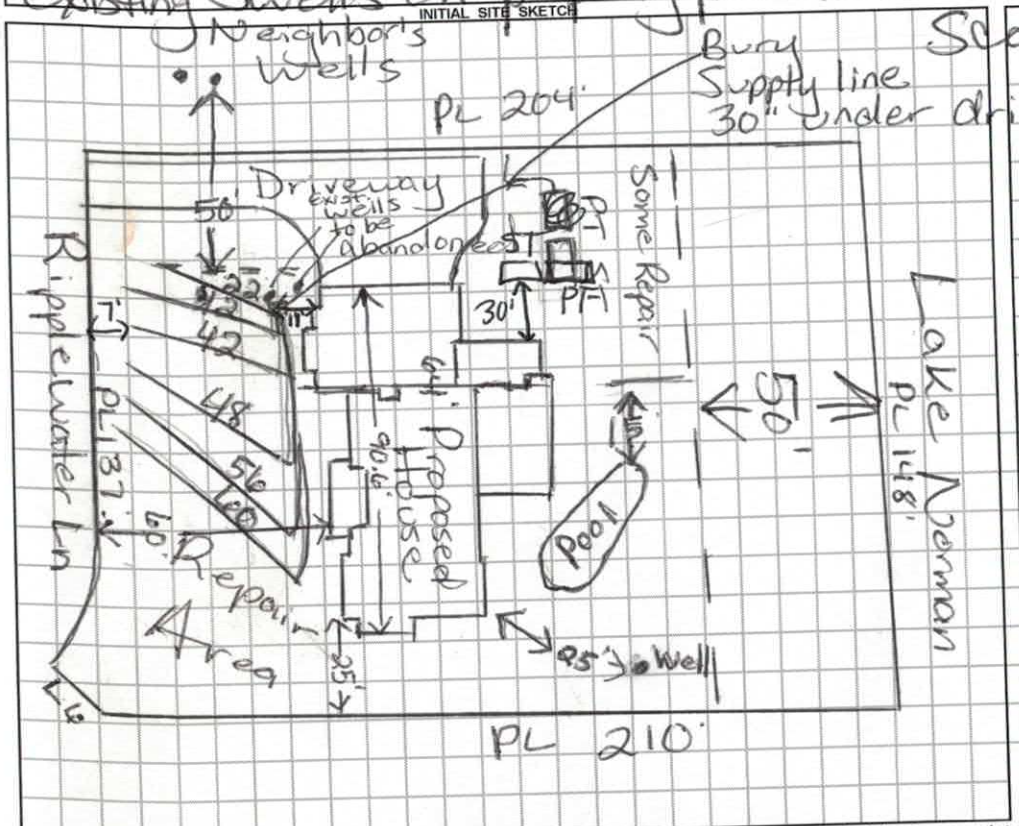
Septic Tank	1000 (gal)	STB 794	Date 3-16-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT 283	Date 3-10-19	System Description: LP PPBPS		☐ Business	No. Persons 8
Pump Make	Myers	Model ME45 1/2HP	Serial #	Repair System Description: LPPPBPS & TS-11 PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 6	Linear Ft 270'	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	min 24"	Trench Bottom Depth(Low side)	33" / 36" high side	Gravel Depth	N/A	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Must stay at least 50 Ft from any well(s). Must abandon 2 existing wells on property prior to AC

Stay at least 5Ft from Property line
Properly abandon existing STF
7/10/18 Well abandoned, approved by C.C

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50
5/32" hole drilled, 63 Panels
4/23/19 OK to orient tanks other way.

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: Dale A Russell Date:

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/14/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 8/10/18

Installed by: R+H

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.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4624321677
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rajeeva Bajpai — APPLICATION DATE: 6-6-17
ADDRESS: 151 Ripplewater Ln. — DATE EVALUATED: 6-11-17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: .650 ac
LOCATION OF SITE: Brawley School Rd → L on Ripplewater Ln → lot on L at end — PROPERTY RECORDED: yes
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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7% LS	0-7	WSBK SCL	Fr,SS,SP,SEXP	—	48	40-48" few-com SAP inc.		PS .3
		7-25	SBK C	Fr,SS,SP,SEXP					
		25-48	WSBK CL mc	Fr,SS,SP,SEXP					
2	5% LS	0-3	fill	—	—	48	36-48" com-many SAP inc.		PS .3
		3-8	compact SCL	Fi,SS,SP					
		8-24	SBK C	Fr,SS,SP,SEXP					
		24-48	WSBK CL mc	Fr,SS,SP,SEXP					
3	5% LS	0-3	fill	—	—	48	35-48" com-many SAP inc.		PS .3
		3-9	compact SCL	Fi,SS,SP					
		9-24	SBK C	Fr-Fi,SS,SP,SEXP					
		24-48	WSBK CL mc	Fr,SS,SP,SEXP	—				
4	6% LS	0-5	fill	—	—	48	41-48" com SAP inc		PS .3
		5-13	WSBK SCL	Fr,SS,SP,SEXP					
		13-28	SBK C	Fr-Fi,SS,SP,SEXP					
		28-48	WSBK CL mc	Fr,SS,SP,SEXP	—				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	type 4	type 4
Site LTAR	.3	.3

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

COMMENTS:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 462432167
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rajeeva Baipai — APPLICATION DATE: 6-6-17
ADDRESS: 151 Ripplewater Ln — DATE EVALUATED: 6-12-17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: .050 AC
LOCATION OF SITE: Brawley School Rd → L on Ripplewater Ln → 1st on L at end — PROPERTY RECORDED: yes
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5		0-10	WSBK SCL	Fr, SS, SP, SEXP					PS
1	8%	10-31	SBK C	Fr, SS, SP, SEXP	—	48	—	—	
repair		31-48	WSBK CL	Fr, SS, SP, SEXP					.3
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	—	PS
System Type(s)	—	Type 5
Site LTAR	—	.3

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

COMMENTS:

RECEIVED JUN 6 - 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

Paid $500.00

1. APPLICATION FOR: ✓ Improvement Permit ___Authorization To Construct ___ Existing System Inspection

227722

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kenny Simpson	189 old Post Rd Mooresville	Call before (Cengout)	704-201-0630
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Rajeeva Bajpai			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
151 Ripplewater	CL&T	S6 Lot 458

Driving Directions: _____

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Panel

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 6/6/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAY 23 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $ 320.00 #227722

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: ~~KENNY~~ DAVE RUSSELL Address: 10325 JIM SOSSOMAN RD, MIDLAND Zip: 28107
Applicant Email: DRUSSELL@ARCADIAHOMESINC.com Phone: 704-201-7273 Alt. Phone: _____
Owner Name: KENNY SIMPSON Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 151 RIPPLEWATER LN, MOORESVILLE, NC
Subdivision Name: CRESENT LAND & TIMBER Section/Phase: 6 Lot Number: 458
Driving Directions: BRAWLEY SCHOOL RD - LEFT ON RIPPLEWATER LN

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: 1 Number of Persons: 2
(✓) 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: TYPE 4

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: Kenny Simpson 5/23/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

22722

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, Rajeev Patel, am the legal owner(s) of the property located at 151 Ripplewater Lane, Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4624-32-1675, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Iredell County Environmental Health Dept, 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 6-6-17

Signature of Witness — Date 6-6-17

FILE COPY

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY 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*) Kenny Simpson

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, KENNY SIMPSON, am the legal owner(s) of the property located at 151 RIPPLEWATER LN, identified as

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

I do hereby authorize (**print legal representative/company name**) ARCADIA HOMES, DALE RUSSELL (PM), 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.

Kenny Simpson
Signature of Owner(s)

5/23/18
Date

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

CHORD
36.49
45.30

LAKE NORMAN

PROPERTY LINE FOLLOWS 760.0 CONTOUR LINE

CP

760.94

L1

L2

CP

L3

OLD LOT LINE

L4

BRICK RETENTION WALL

EIP

760.74

L5

EIP

EIP

LOT 458 30,620 SQ. FT. 0.703 ACRES

50' LAKE BUFFER

NOTE: POOL, DECK, SIZE, SHAPE, LOCATION, ETC. BY OTHERS

PROPOSED NEW WELL

S79°44'02"E 181.03'

37'-0"

PROPOSED POOL

42'-7"

25'-0"

15' SIDE SETBACK

N79°13'00"W 194.70'

459

PG 1810

15' SIDE SETBACK

64'-0 1/4"

GARAGES

PROPOSED RESIDENCE

LOT 457

RICHARD A. OLSEN & DONNA B. OLSEN

DB 1210 PG 1323

24'-11"

35'-0"

DRIVEWAY

90'-6"

60'-0"

35' FRONT SETBACK

NOTE: THIS IS A PRELIMINARY PLOT PLAN. ALL DIMENSIONS TO VERIFIED IN FIELD BY SURVEYOR

50' RADIUS

WELL SITE

EIP

EIP

N09°31'00"E 99.41'

EIP

C1

L6

EIP

OVERHEAD POWERLINE

TIE ONLY

C2

GRAVEL ROAD

RIPPLEWATER LANE

60' PUBLIC R/W

EIP

Acknowledgement of
Plans Submittal ONLY!

Date 5/23/18

Date 6/18/18

ARCADIA HOMES, INC

WINDOW OPENING SCHEDULE			
OPENING ID	SIZE	LIBRARY NAME	REMARKS
A	5'-6" x 5'-0" Triple	Windows\Casement	
B	2'-6" x 5'-0"	Windows\Casement	
C	1'-6" x 3'-6" Fixed	Windows\Casement	
D	2'-0" x 2'-0" Fixed	Windows\Casement	
E	2'-0" x 4'-0"	Windows\Casement	
F	2'-6" x 5'-6" Twin	Windows\Casement	Tempered Glass
G	2'-6" x 6'-0"	Windows\Casement	
H	2'-6" x 6'-0" 5'-0" x 6'-0" Fixed 2'-6" x 6'-0"	Windows\Casement	
J	5'-0" x 6'-0" Glass w/ 3'-0" x 1'-6" Transoms above	Windows\Casement	
K	2'-6" x 4'-0"	Windows\Casement	

NOTE: BUILDER TO VERIFY ALL WINDOW/DOOR SIZES, ROUGH OPENINGS, ETC. BY MANUFACTURER PRIOR TO CONSTRUCTION.

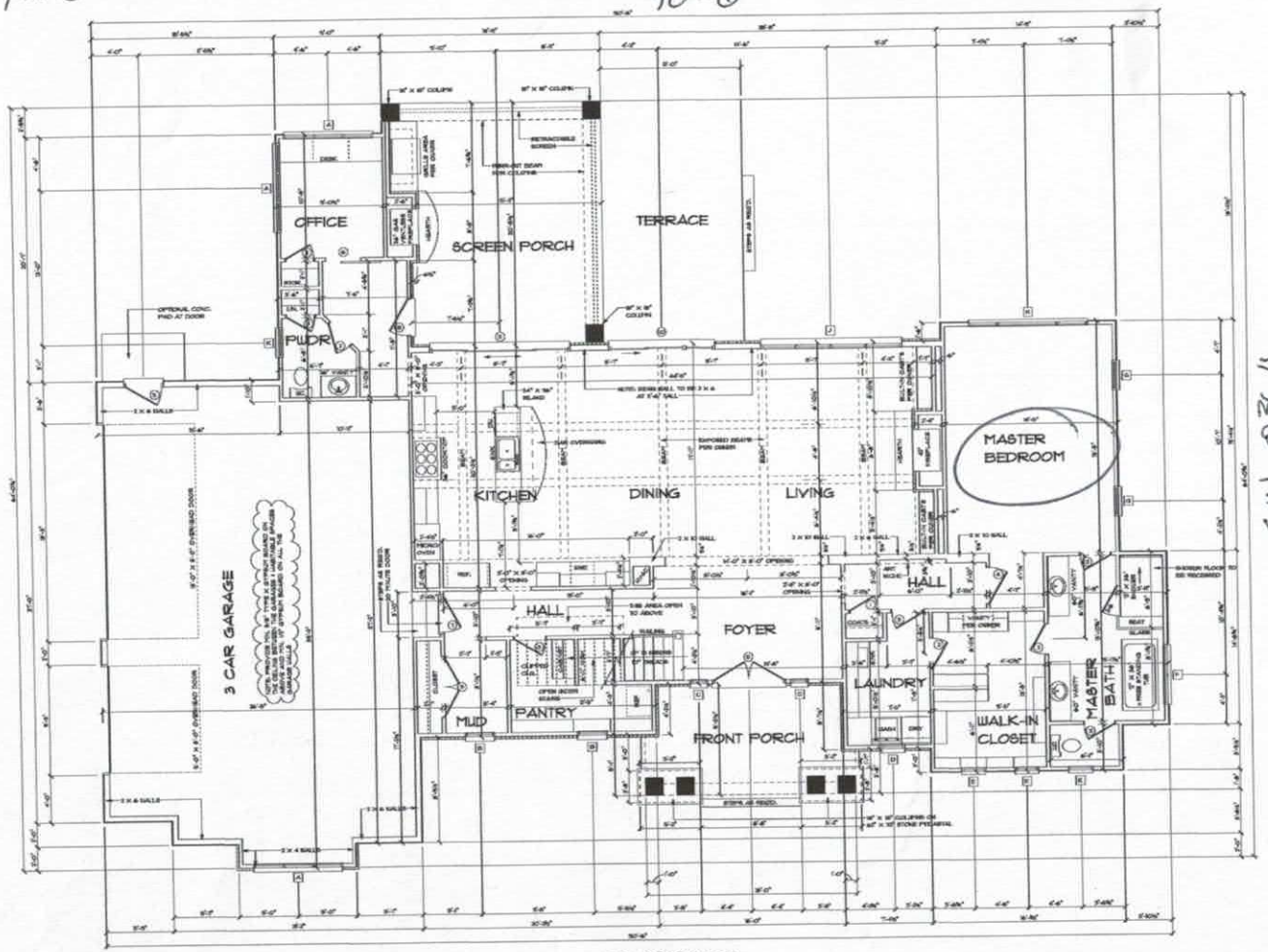
DOOR OPENING SCHEDULE			
OPENING ID	SIZE	LIBRARY NAME	REMARKS
1	2'-4" x 6'-0"	Interior Door\Colonial	
2	2'-6" x 6'-0"	Interior Door\Colonial	
3	2'-8" x 6'-0"	Interior Door\Colonial	
4	3'-0" x 6'-0"	Interior Door\Colonial	
5	(2) 2'-6" x 6'-0"	Exterior Door\French	
6	3'-0" x 6'-0"	Barn Style	
7	3'-0" x 6'-0"	Exterior Door\Colonial	20 Minute Door
8	3'-0" x 8'-0"	Exterior Door\Full Glass	
9	3'-0" x 8'-0"	Exterior Door\Colonial	Style by owner
10	5'-0" x 8'-0" w/ (3) 3'-0" x 1'-6" transoms above	Exterior Sliding Glass	
11	5'-0" x 5'-0" w/ (4) 3'-0" x 1'-6" transoms above	Exterior Sliding Glass	
12	(2) 3'-0" x 6'-0"	Exterior Front Entry	Style by owner

GENERAL NOTES:

1. 10'-0" CEILING HEIGHT UNLESS SPECIFIED OTHERWISE. SEE ELEVATION SHEETS FOR BRICK HEIGHTS.
2. 2 X 4 STUD, W/OC, UNLESS NOTED OTHERWISE.
3. ROOF SHEATHING: "ON" OSB W/ 15# FELT
   WALL SHEATHING: "ON" OSB
   FLOOR SHEATHING: 3/4" T & G PLYWOOD
   INTERIOR TRIM: 1/2" BASEBOCK UNLESS SPECIFIED OTHERWISE.
4. VERIFY ALL MATERIALS, DIMENSIONS, ETC. PRIOR TO CONSTRUCTION.
5. REFER TO ENGINEERED SEALED DRAWINGS FOR ANY STRUCTURAL INFORMATION PERTAINING TO THIS PLAN.
6. ALL CLOSET SHELVING PER OWNER/ BUILDER

90'-6"

64'-03¼"



MAIN FLOOR PLAN

NOTE: VERIFY ALL MATERIALS, DIMENSIONS, WALL HEIGHTS, ETC. IN FIELD

FRAMER NOTE:

SQUARE FOOTAGES	
FOR LEVEL FLOOR	1,771
2ND LEVEL FLOOR	1,342
TOTAL HEATED	3,113
PORCH	1,301
FRONT PORCH	268
SCREEN PORCH	368
GARAGE	1,035
TOTAL UNHEATED	1,668
TOTAL UNDER ROOF	5,781

ALT BID
member of American Institute of Building Design

Proposed Residence for
The Hann Family
151 Ripplewater Lane
Mooresville, North Carolina 28117

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House Plan Service
www.MCDesignServices.com
OFFICE PHONE: (704) 948-1046
MICHAEL CONNOR, DESIGNER

DATE: May 2018
DRAWN BY: Michael Connor
JOB NO: Dave Robbins
SHEET NO. 4
OF 8 SHEETS

Acknowledgement of Plans Submittal ONLY!

Daniel F Rumsey Date 5/23/18

Maria Dotson Date 6/18/18

ARCADIA HOMES, INC

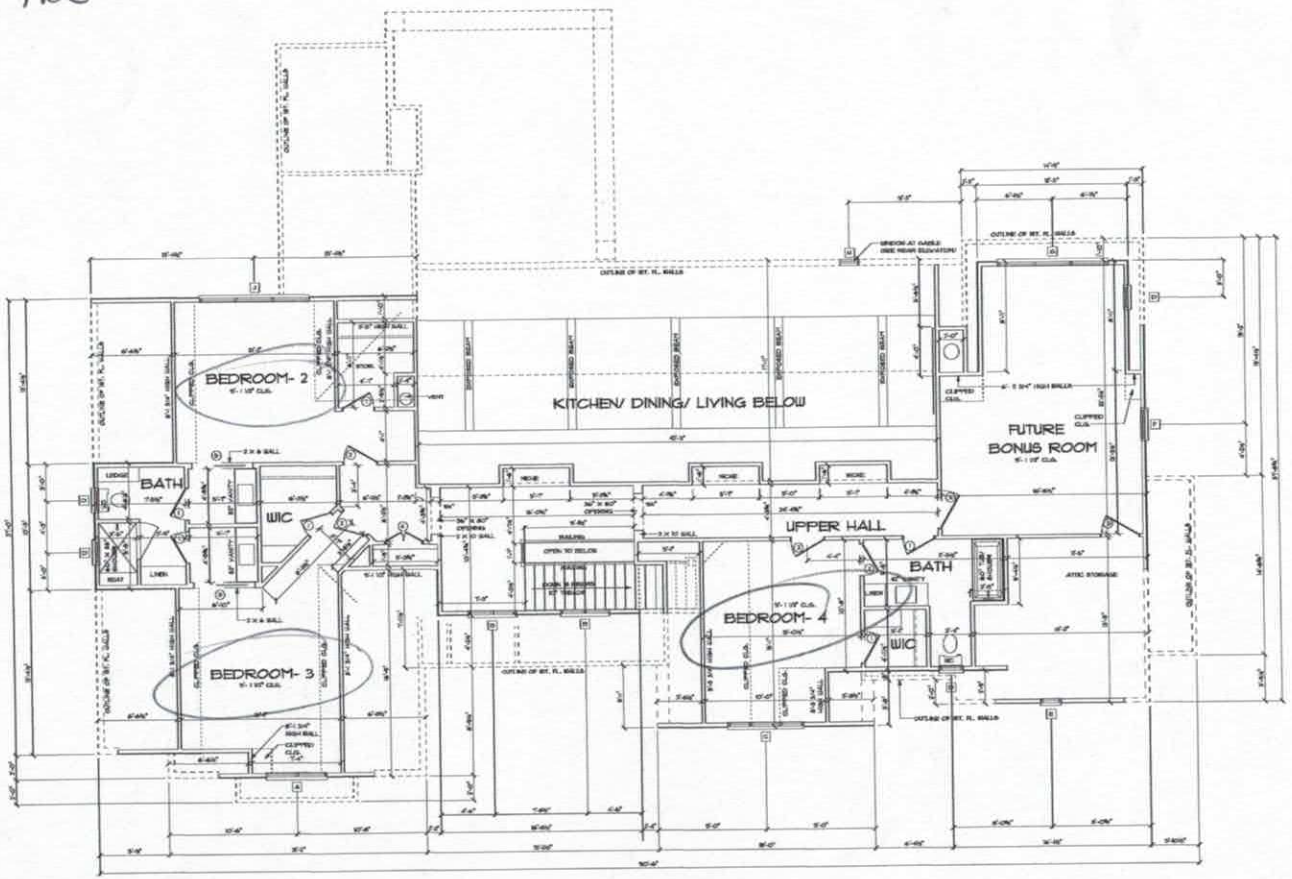
WINDOW OPENING SCHEDULE			
OPENING ID	SIZE	LIBRARY NAME	REMARKS
A	2'-6" x 5'-0" Twin	Window\Casement	
B	2'-0" x 3'-0" Twin	Window\Casement	
C	2'-0" x 3'-0" 3'-0" x 4'-6" Egress 2'-0" x 3'-0"	Window\Casement	
D	3'-0" x 3'-0" Fixed	Window\Casement	
E	1'-6" x 3'-0" Fixed	Window\Casement	
F	3'-6" x 4'-0"	Window\Casement	Egress
G	3'-6" x 4'-0" Triple	Window\Casement	
H	3'-6" x 5'-0" Triple	Window\Casement	

DOOR OPENING SCHEDULE			
OPENING ID	SIZE	LIBRARY NAME	REMARKS
1	2'-6" x 6'-8"	Interior Door\Colonial	
3	2'-6" x 6'-8"	Interior Door\Colonial	
5	3'-0" x 6'-8"	Interior Door\Colonial	
4	CD 1'-6" x 6'-8"	Interior Door\Colonial	
9	2'-6" x 6'-8"	Interior Door\Pocket	

NOTE: BUILDER TO VERIFY ALL DOOR/DOOR SIZES, ROUGH OPENINGS, ETC. W/ MANUFACTURER PRIOR TO CONSTRUCTION.

GENERAL NOTES:

1. 10'-0" CEILING HEIGHT UNLESS SPECIFIED OTHERWISE. SEE ELEVATION SHEETS FOR BEAM HEIGHTS.
2. 2 X 4 STUDS @ 16"OC, UNLESS NOTED OTHERWISE.
3. ROOF SHEATHING: 7/16" OSB W/ 15# FELT
   WALL SHEATHING: 7/16" OSB
   FLOOR SHEATHING: 3/4" T & G PLYWOOD
   INTERIOR FINISH: 1/2" SHEETROCK UNLESS SPECIFIED OTHERWISE.
4. VERIFY ALL MATERIALS, DIMENSIONS, ETC. PRIOR TO CONSTRUCTION.
5. REFER TO ENGINEERED SEALED DRAWINGS FOR ANY STRUCTURAL INFORMATION PERTAINING TO TAIL BEAMS.
6. ALL CLOSET SHELVING PER OWNER/ BUILDER.



UPPER LEVEL FLOOR PLAN

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

NOTE: VERIFY ALL MATERIALS, DIMENSIONS, WALL HEIGHTS, ETC. IN FIELD

FRAMER NOTE:

DIMENSIONS ARE FROM OUTSIDE INDICATING TO INSIDE OF STUDS.
EXTERIOR 2 X 4 WALL: 4" IS 1/2" PLUS 1/2" SHEATHING
EXTERIOR 2 X 4 WALL: 4" IS 1/2" PLUS 1/2" SHEATHING
ALL INTERIOR WALLS ARE 2 X 4 IS 1/2"
UNLESS NOTED OTHERWISE

- 2 X 4 WALL W/ SIDING
- 2 X 4 WALL

ALT BID member of American Institute of Building Design

Proposed Residence for
The Hann Family
151 Ripplewater Lane
Mooresville, North Carolina 28117

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OFFICE PHONE/ CHAT HOURS
MICHAEL CRITCHFIELD, DESIGNER

DATE: May 2018
DRAWN BY: Michael Critchfield
JOB NAME: New Residence
SHEET NO. 6
OF 8 SHEETS

IREDELL COUNTY

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

APPLICATION NUMBER
227722
Issue Date: 06/06/2017

FILE COPY

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624321675.000	151 RIPPLEWATER LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BAJPAI RAJEEVA+MASHAL J	Applicant: SIMPSON KENNETH C+TAUS
Address: 5150 GREAT FOSTERS DR ROCHESTER, MI 48306	Address: 189 OLD POST RD MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.650	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

PAID
4481 mtd
6/6

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: See Attached Date: _____

Permit Number	105103	TOTAL FEES:	$ 77.25