ICHD-ENVIRONMENTAL HEALTH DIVISION KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 240844

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

PIN # 4625080701 ✓

APPLICANT/OWNER: Fran Medina APPLICANT ADDRESS: 132 Rollingwood Ln Mooresville NC 28117

SITE ADDRESS: 132 Rollingwood Ln Mooresville NC 28117 PHONE: 203-395-5213 ALT. PHONE 203-455-4929

SITE DIRECTIONS: Brawley school Rd to Ronchuckwood Rd, L on Barber Lp, L on Old Arborway Rd, S on Rollingwood Ln, 1st on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLandT ✓ SECTION: 7 ✓ LOT # 127 ✓ LOT AREA: 0.831 acres DESIGN FLOW: 480GPD L.T.A.R.: .5

Septic Tank	1000	(gal)	STB	2071	Date	INFILTRATOR	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☐ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	Existing 25% trench, 75% additional	☐ Business	No. Persons	8	☒ Private
Pump Make			Model		Serial #		Repair System Description:	TS2 LPP1BPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	3	Linear Ft	135	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"		Trench Bottom Depth(Low side)		34"		Gravel Depth	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install drainlines on 1st or 2nd tier. Use caution when removing deck. Property Lines, corners and 50' Buffer must be marked by a licensed Surveyor during time of installation and inspection. Recommend having pool location marked during installation, cutter for basement cannot extend into drainfield. Any part of septic must be 15' aff water edge of pool. DO NOT drive on, store material or maneuver over drainfield. Olds and lengths of

INITIAL SITE SKETCH

See attached and Approved Site plan by CSandSC 3/31/2020 See Comments made by LSS

AS BUILT SKETCH

Drain lines must be properly abandoned.

NEED FILTER + D-BOXS

INSTALLED 12-11-2020

AS BCM

PERMITTED

12/15/2020: Filter inst, D Boxes all have fall and were connected.

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

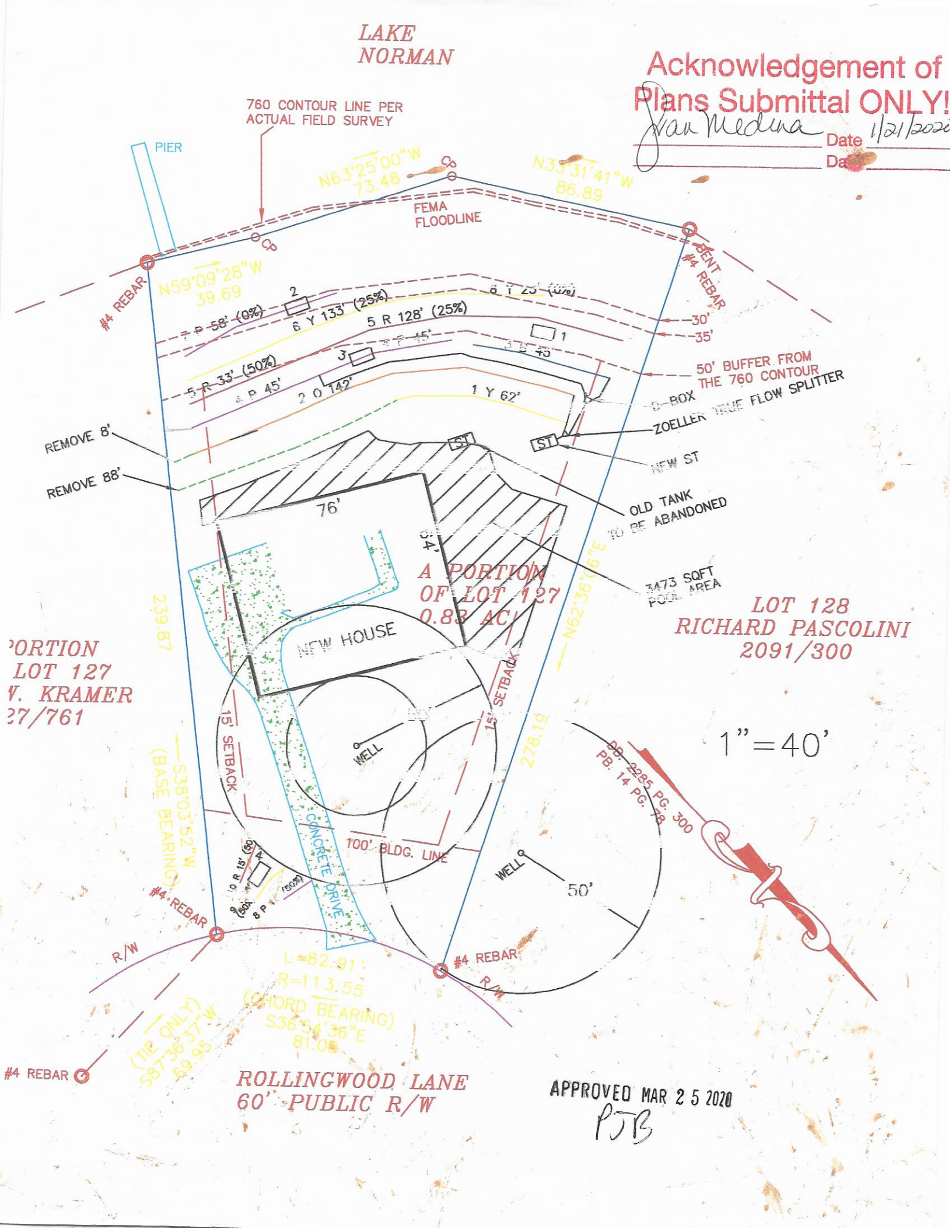
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Acceptance of Permit Revd Date: 3.31.2020 Installed by: RICHARD ABERNATHY Co. LLC

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 3/31/2020 OPERATION PERMIT by: Patrick J Boyle III Date: 12/15/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 3/31/2020 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.



Acknowledgement of
Plans Submittal ONLY!
Ivan Medina Date 1/21/2020
Da

APPROVED MAR 25 2020
PJB

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Attached is a proposed design for a 25% / 50% reduction Septic System with Gravity distribution for a 4 bedroom single family residence on Section 7 Lot 127 of CL&T, 132 Rollingwood Ln., Iredell County, North Carolina.

Contents:

	Page
Installer Information	1
Design Information	
Install Specifications	2
Field Layout Specifications	3
Site Plan/System Plan	4
Dosing Calculations	5
Profile Descriptions	6

November 20, 2018
Job Number: 18151
Design By: Ben Aldridge, REHS



APPROVED MAR 2 5 2020
PJB

INSTALLER INFORMATION:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any 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 has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Backfill minimum of 6" of material (County Approved) over panels, rake trench walls, lime side walls, install trenches **24"** wide.
- **System is specified as a Gravity 25% / 50% Reduction using the remaining existing system and new PPBPS lines**
- **Repair is specified as a TS-II LP PPBPS installation**
- Design precludes the use of foundation drains around the new addition.

APPROVED MAR 25 2020
PJB

132 ROLLINGWOOD LN.
DESIGN SPECIFICATIONS

Owner:	Linda Martin
Address:	6270 Campbell Rd. York, SC 29745
Buyer:	Domm Medina
Phone:	203-445-4929
County:	Iredell
Location:	CL&T SECTION 7 LOT 127, 132 ROLLINGWOOD LN.

Drainfield Design Flow (gpd):	480	Total
Loading/Soil Application Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	NA (PPBPS)	
Gravel Size:	NA (PPBPS)	
Total Lateral Length From Layout:	135	
Total Lateral Length Required:	135	
Trench Depth:	34 in. LOW SIDE	
Trench Width:	24 in.	
Trench Bottom Area:	405	
Trench Spacing:	8 ft.	
Repair Trench Depth:	26 in. LOW SIDE	
Repair Trench Width:	24 in.	
Repair Trench Spacing:	8 ft.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	3	
Supply Line Diameter:	3 in. SCH 40 PVC	
Supply Line Volume:	1.15	
Additional Comments:	Soil suitability was performed by Adrian L. Pruett, LSS	

APPROVED MAR 2 5 2020

PJB

FIELD LAYOUT SPECIFICATIONS
CL&T SECTION 7 LOT 127, 132 ROLLINGWOOD LN.

LAYOUT FOR 4 BEDROOM HOME

August 21, 2016

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH	
TBM								
INSTR. 1								
HOUSE								
TANK								
1	***EX. YELLOW***					***62***	***62***	***25% RED.***
2	***EX. ORANGE***					***142***	***142***	***25% RED.***
3	***BLUE***					***50***	***45***	***50% RED.***
4	***PINK***					***45***	***45***	***50% RED.***
4	***PINK***					***45***	***45***	***50% RED.***
5	RED					33	33	50% RED.
5	RED					128	128	25% RED.
6	YELLOW					110	110	25% RED.
6	YELLOW					23	23	0% RED.
7	PINK					58	58	0% RED.
8	PINK					12	12	50% RED.
9	YELLOW					16	16	50% RED.
10	RED					15	15	50% RED.
					Total	**739**	**734**	

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION	GPD FLOW	
** System*	***204***	***MOD.***	***0.300***	***25% RED.***	**GRAVITY**	**244.8**	**Existing**
	135	***MOD.***	***0.300***	***50% RED.***	**GRAVITY**	**243**	**New**
	339	TOTAL				**487.8**	**GPD**
Repair	76	MOD.	0.300	50% PPBPS	LOW PRESSURE	136.8	
	238	MOD.	0.300	25% PPBPS	LOW PRESSURE	285.6	
	81	MOD.	0.300	0% PPBPS	LOW PRESSURE	72.9	
	395	TOTAL				495.3	GPD

Notes:
** TBM not required
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Comments: Remove 88' from line 1 and 8' from line 2 to meet setbacks.
Stairs to be relocated to side of deck as shown.
Use Zoeller flow splitter, Distribution Box or Flow Divider to send half of the flow to remaining existing lines and half to a new Distribution Box to feed the new lines.
Tie two of the lines coming from the D-Box together to feed line 4 from the middle
Existing Septic Tank to be property abandoned. Pumped, Crushed and Backfilled.
Portion of existing deck to be cantilevered as shown on site plan to maintain proper setbacks from existing septic line.
Approximately 18" of fill material and mulch to be removed off of lines 8-10 of repair.
Iredell County has CS&SC's permission to relocate tank and distribution devices as needed.

APPROVED MAR 2 5 2020

PJB

CALCULATIONS

Location	132 ROLLINGWOOD LN	
Subdivision:	CL&T	
Section:	7	
Lot No:	127	
Total No. of Bedrooms	4	
Total Design Flow	480	$^{gal}/_{day}$
Existing 25% Line to be Used:	204	ft.
New 50% Line to be Added:	135	ft.
LTAR	0.3	$^{gpd/ft^2}$
PPBPS RED.? (YES OR NO)	YES	New lines only
Supply Line Length	3	ft.
Supply Line Volume	1.152	gal.
New Required Feet of Line	135	ft.
New Amount of Line from Layout	135	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	
Number of Panels	30	
Panel Line Volume	108.00	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6gal/panel

PROP. ID #: 4625080701

COUNTY: IREDELL

SOIL/SITE EVALUATION

for **ON-SITE WASTEWATER SYSTEM**

(Complete all fields in full)

OWNER: LINDA MARTIN

ADDRESS: 6270 CAMPBELL RD., YORK, SC 29745

PROPOSED FACILITY: RES. PROPOSED DESIGN FLOW (.1949): 480

LOCATION OF SITE: 132 ROLLINGWOOD LN., MOORESVILLE, NC 28117

APPLICATION DATE:

DATE EVALUATED: 12/5/2018

PROPERTY SIZE: 0.831

PROPERTY RECORDED: YES

WATER SUPPLY: X PRIVATE PUBLIC WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** 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 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LSS 10%	0-11	B SCL WSBK	FR SS SP SEXP	N/A	49"	N/A	N/A	PS 0.3 GPD/SQFT
		11-31	R C SABK	FI S SP SEXP					
		31-49	R C MABK	FI S SP SEXP					
2	LSS 9%	0-4	B SCL WSBK	VFR SS SP SEXP	N/A	41"	PS	N/A	PS 0.325 GPD/SQFT
		4-30	R C MABK	FR S SP SEXP					
		30-41	R CL WABK	FR SS SP SEXP					
		41-102	L SAP M	VFR SS SP SEXP					
3	LSS 8%	0-26	R C MABK	FR S SP SEXP	N/A	55"	N/A	N/A	PS 0.325 GPD/SQFT
		26-42	R CL WSBK	FR SS SP SEXP					
		42-55	R L WSBK	VFR SS SP SEXP					
4	LSS 3%	0-6	MULCH		N/A	23-72"	N/A	N/A	PS 0.3 GPD/SQFT
		6-23	FILL						
		23-38	R C MABK	FI S SP SEXP					
		38-47	R CL WABK	FR SS SP SEXP					
		47-63	R CL WSBK	VFR SS SP SEXP					
		63-72	R L WSBK	VFR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	GRAVITY 25%/50%	TS-II PPBPS
SITE LTAR	0.3	0.3
COMMENTS		

OTHER FACTORS (.1946):	NONE
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE
OTHER(S) PRESENT	JACOB CONRAD, DAVID BEANE

Int Relayout

RECEIVED FEB 2 8 2020

AP-240844
$320.00

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*

Application For:
( ) 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: ( ) 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: Fran Medina Address: 132 Rollingwood Lane Zip: _____
Applicant Email: medinafd@yahoo.com Phone: 203 395-5213 Alt. Phone: 203 455-4929
Owner Name: Fran & Dom Medina Address: same Zip: _____
Owner Email: medinafd@yahoo.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 132 Rollingwood Lane Mooresville NC 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Brawley to Chuckwood - Barberloop

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

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

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

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

Signature: Fran Medina 2/27/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

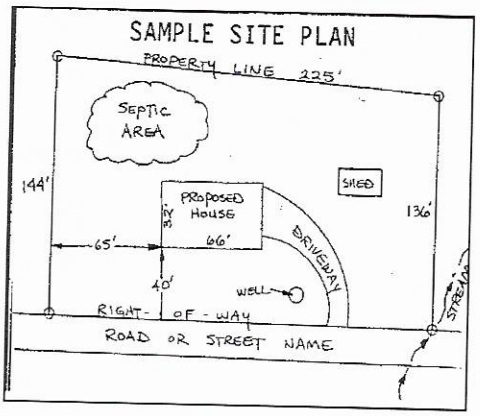
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred well location
- (X) Preferred septic system location
- (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

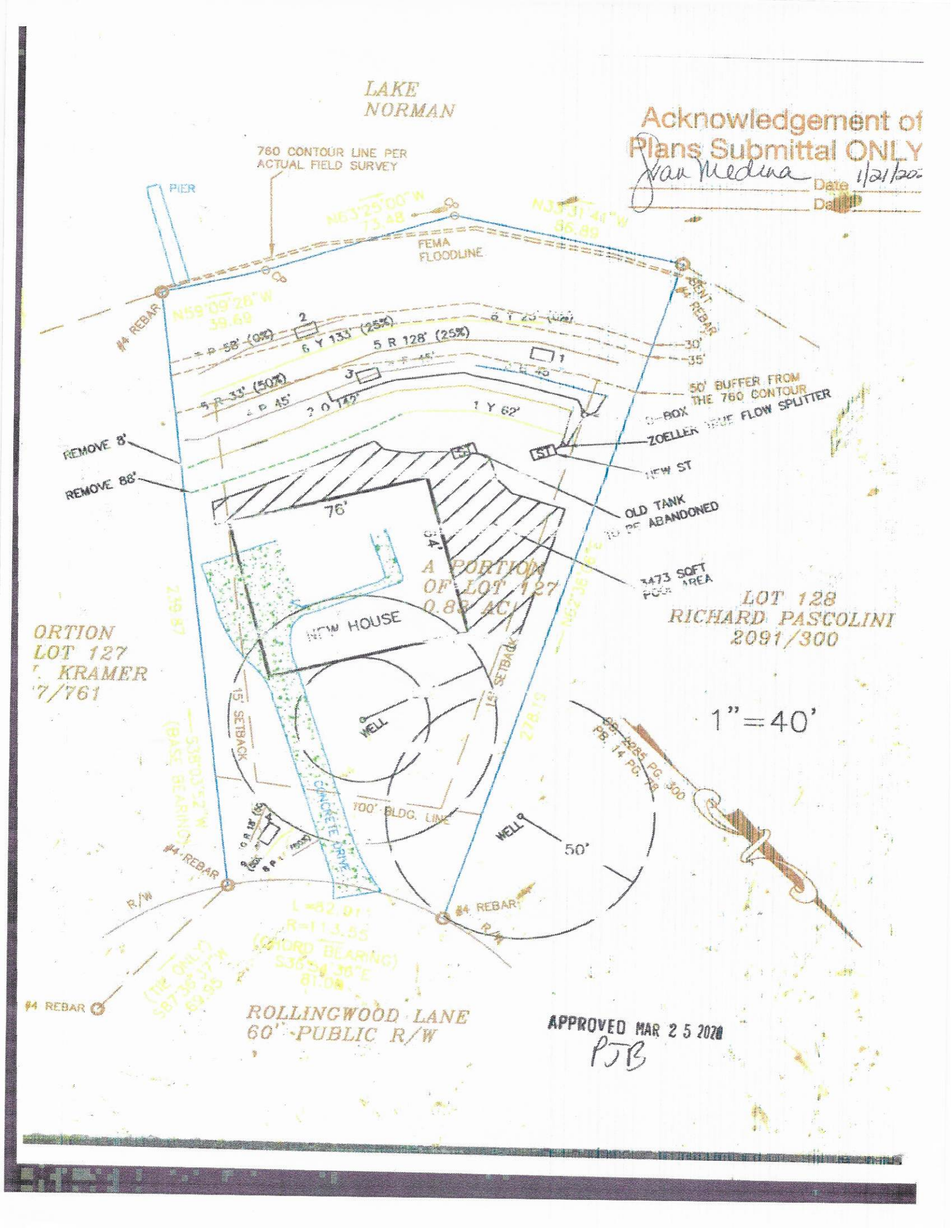
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: Ivan Medina

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

2/28/20

DATE



Acknowledgement of
Plans Submittal ONLY
Joan Medina Date 1/21/20
Date

APPROVED MAR 2 5 2020
PJB

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*) Fran Medina

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, Fran Medina, am the legal owner(s) of the property located at 132 Rollingwood Lane, identified as

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

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

_____, 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

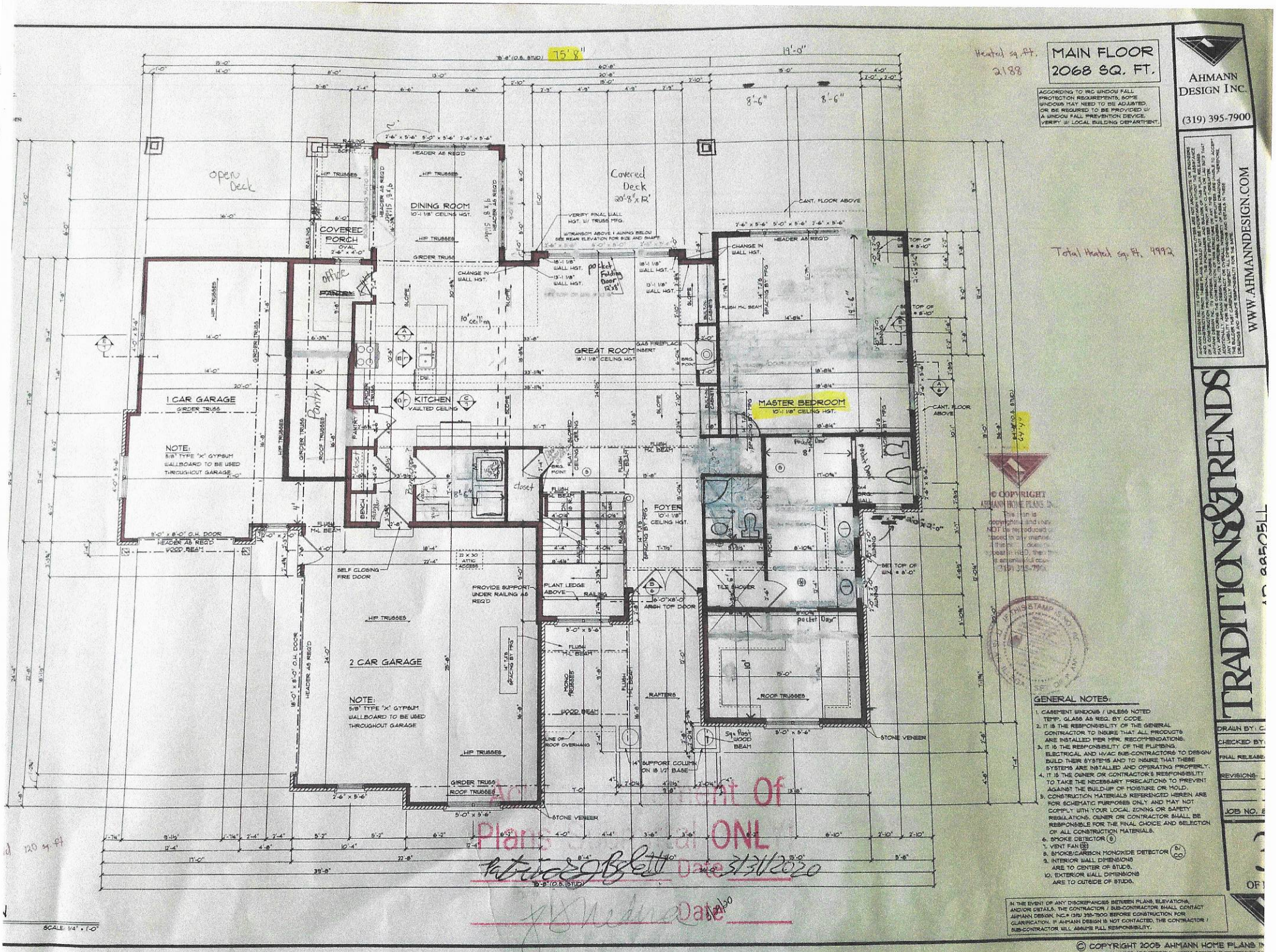
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

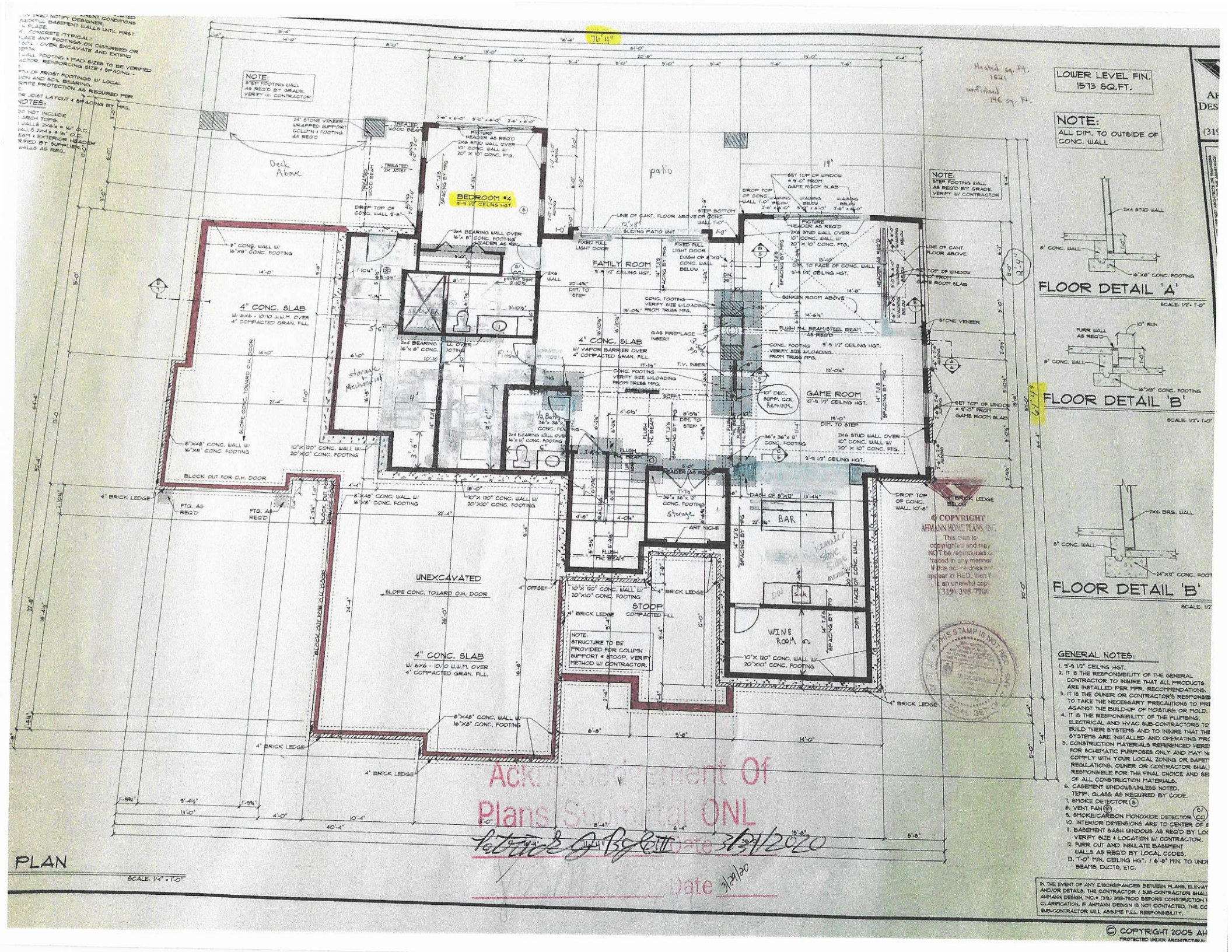
Fran Medina
_____
Signature of Owner(s)

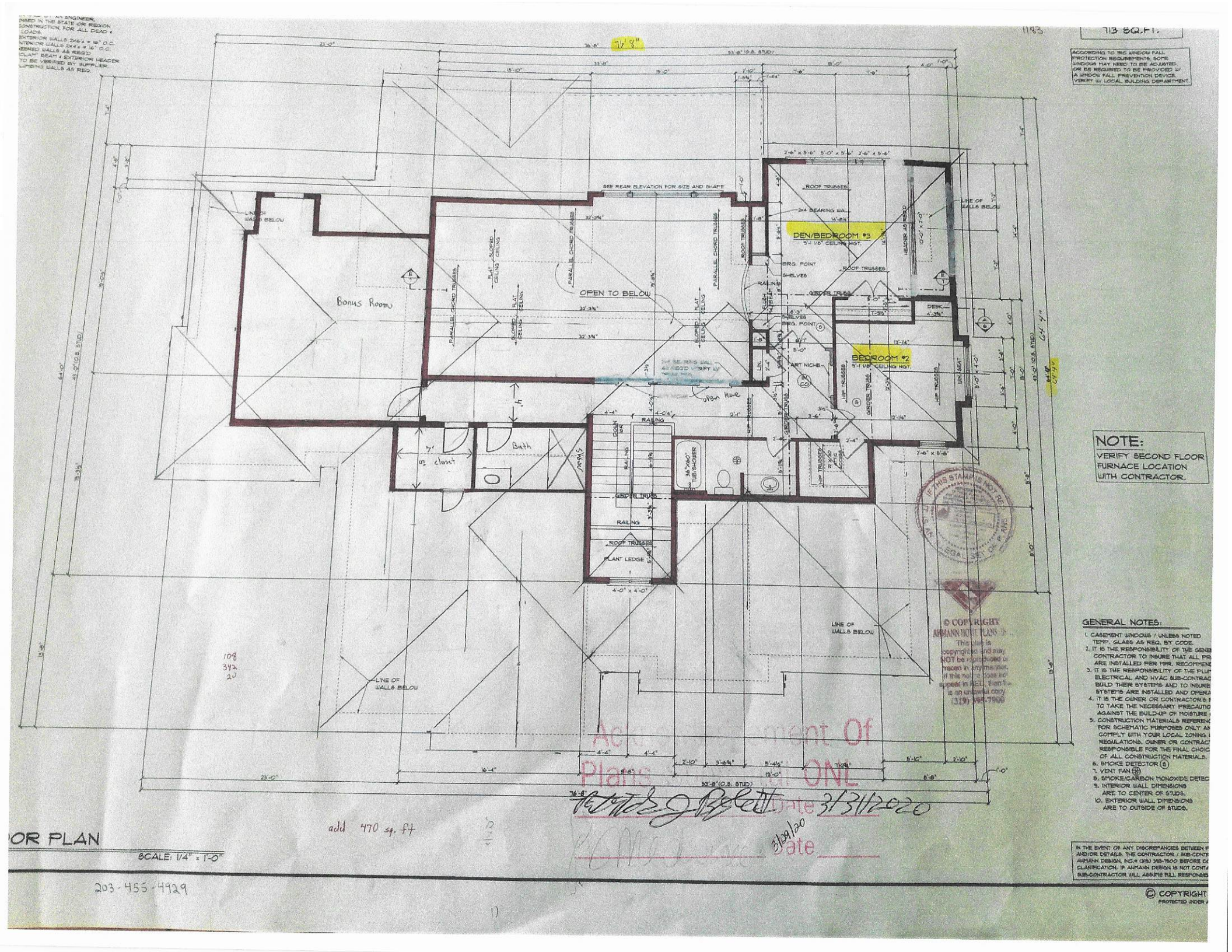
_____
Date

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


MAIN FLOOR
2068 SQ. FT.
Heated sq. ft. 2188
Total Heated sq. Ft. 4992
AHMANN DESIGN INC.
(319) 395-7900
WWW.AHMANNDESIGN.COM
TRADITIONS & TRENDS
DINING ROOM
10'-1 1/8" CEILING HGT.
COVERED PORCH
OVAL
Covered Deck
20'-8" x 12'
GREAT ROOM
10'-1 1/8" CEILING HGT
KITCHEN
VAULTED CEILING
MASTER BEDROOM
10'-1 1/8" CEILING HGT.
FOYER
10'-1 1/8" CEILING HGT.
1 CAR GARAGE
2 CAR GARAGE
NOTE:
5/8" TYPE 'X' GYPSUM WALLBOARD TO BE USED THROUGHOUT GARAGE
open Deck
office
Pantry
closet
Bench
pocket Folding Door 12'-5"
pocket Door
SELF CLOSING FIRE DOOR
PROVIDE SUPPORT UNDER RAILING AS REQ'D
PLANT LEDGE ABOVE
RAILING
16'-0" x 8'-0" ARCH TOP DOOR
TILE SHOWER
STONE VENEER
14" SUPPORT COLUMN ON 18 1/2" BASE
Sq. Post WOOD BEAM
RAFTERS
ROOF TRUSSES
GIRDER TRUSS
HIP TRUSSES
FLUSH HL BEAM
WOOD BEAM
LINE OF ROOF OVERHANG
22 x 30 ATTIC ACCESS
GENERAL NOTES:
1. CASEMENT WINDOWS / UNLESS NOTED TEMP. GLASS AS REQ. BY CODE.
2. IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO INSURE THAT ALL PRODUCTS ARE INSTALLED PER MFR. RECOMMENDATIONS.
3. IT IS THE RESPONSIBILITY OF THE PLUMBING, ELECTRICAL AND HVAC SUB-CONTRACTORS TO DESIGN/BUILD THEIR SYSTEMS AND TO INSURE THAT THESE SYSTEMS ARE INSTALLED AND OPERATING PROPERLY.
4. IT IS THE OWNER OR CONTRACTOR'S RESPONSIBILITY TO TAKE THE NECESSARY PRECAUTIONS TO PREVENT AGAINST THE BUILD-UP OF MOISTURE OR MOLD.
5. CONSTRUCTION MATERIALS REFERENCED HEREIN ARE FOR SCHEMATIC PURPOSES ONLY AND MAY NOT COMPLY WITH YOUR LOCAL ZONING OR SAFETY REGULATIONS. OWNER OR CONTRACTOR SHALL BE RESPONSIBLE FOR THE FINAL CHOICE AND SELECTION OF ALL CONSTRUCTION MATERIALS.
6. SMOKE DETECTOR (S)
7. VENT FAN
8. SMOKE/CARBON MONOXIDE DETECTOR (SD/CO)
9. INTERIOR WALL DIMENSIONS ARE TO CENTER OF STUDS.
10. EXTERIOR WALL DIMENSIONS ARE TO OUTSIDE OF STUDS.
ACCORDING TO IRC WINDOW FALL PROTECTION REQUIREMENTS, SOME WINDOWS MAY NEED TO BE ADJUSTED OR BE REQUIRED TO BE PROVIDED W/ A WINDOW FALL PREVENTION DEVICE. VERIFY W/ LOCAL BUILDING DEPARTMENT.
IN THE EVENT OF ANY DISCREPANCIES BETWEEN PLANS, ELEVATIONS, AND/OR DETAILS, THE CONTRACTOR / SUB-CONTRACTOR SHALL CONTACT AHMANN DESIGN, INC. (319) 395-7900 BEFORE CONSTRUCTION FOR CLARIFICATION. IF AHMANN DESIGN IS NOT CONTACTED, THE CONTRACTOR / SUB-CONTRACTOR WILL ASSUME FULL RESPONSIBILITY.
DRAWN BY:
CHECKED BY:
FINAL RELEASE:
REVISIONS:
JOB NO.
SCALE: 1/4" = 1'-0"
Approved Plans Dept Of ONL
Patrice Bylett Date 3/31/2020
Date
© COPYRIGHT 2005 AHMANN HOME PLANS IN
PROTECTED UNDER ARCHITECTURAL WORKS COPYRIGHT PROTECTION AC


LOWER LEVEL FIN.
1573 SQ.FT.
NOTE:
ALL DIM. TO OUTSIDE OF CONC. WALL
FLOOR DETAIL 'A'
FLOOR DETAIL 'B'
FLOOR DETAIL 'B'
BEDROOM #4
9'-3 1/2" CEILING HGT.
FAMILY ROOM
9'-9 1/2" CEILING HGT.
GAME ROOM
10'-9 1/2" CEILING HGT.
4" CONC. SLAB
w/ 6x6 - 10/10 W.W.M. OVER 4" COMPACTED GRAN. FILL
UNEXCAVATED
SLOPE CONC. TOWARD O.H. DOOR
STOOP
COMPACTED FILL
BAR
WINE ROOM
Deck Above
patio
Storage
Mechanical
GENERAL NOTES:
1. 9'-9 1/2" CEILING HGT.
2. IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO INSURE THAT ALL PRODUCTS ARE INSTALLED PER MFR. RECOMMENDATIONS.
3. IT IS THE OWNER OR CONTRACTOR'S RESPONSIB TO TAKE THE NECESSARY PRECAUTIONS TO PRE AGAINST THE BUILD-UP OF MOISTURE OR MOLD.
4. IT IS THE RESPONSIBILITY OF THE PLUMBING, ELECTRICAL AND HVAC SUB-CONTRACTORS TO BUILD THEIR SYSTEMS AND TO INSURE THAT THE SYSTEMS ARE INSTALLED AND OPERATING PRO
5. CONSTRUCTION MATERIALS REFERENCED HERE FOR SCHEMATIC PURPOSES ONLY AND MAY N COMPLY WITH YOUR LOCAL ZONING OR SAFET REGULATIONS. OWNER OR CONTRACTOR SHALL RESPONSIBLE FOR THE FINAL CHOICE AND SIZ OF ALL CONSTRUCTION MATERIALS.
6. CASEMENT WINDOWS UNLESS NOTED. TEMP. GLASS AS REQUIRED BY CODE.
7. SMOKE DETECTOR (S)
8. VENT FAN (F)
9. SMOKE/CARBON MONOXIDE DETECTOR (S/CO)
10. INTERIOR DIMENSIONS ARE TO CENTER OF
11. BASEMENT BASH WINDOWS AS REQ'D BY LO VERIFY SIZE & LOCATION W/ CONTRACTOR.
12. FURR OUT AND INSULATE BASEMENT WALLS AS REQ'D BY LOCAL CODES.
13. 7'-0" MIN. CEILING HGT. / 6'-8" MIN. TO UND BEAMS, DUCTS, ETC.
IN THE EVENT OF ANY DISCREPANCIES BETWEEN PLANS, ELEVAT AND/OR DETAILS, THE CONTRACTOR / SUB-CONTRACTOR SHALL AHMANN DESIGN, INC. @ (319) 395-7700 BEFORE CONSTRUCTION CLARIFICATION. IF AHMANN DESIGN IS NOT CONTACTED, THE CO SUB-CONTRACTOR WILL ASSUME FULL RESPONSIBILITY.
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Acknowledgement Of Plans Submittal ONLY
Date 3/31/2020
Date 3/31/20
PLAN
SCALE: 1/4" = 1'-0"
© COPYRIGHT 2005 AH


713 SQ.FT.
ACCORDING TO IRC WINDOW FALL PROTECTION REQUIREMENTS, SOME WINDOWS MAY NEED TO BE ADJUSTED OR BE REQUIRED TO BE PROVIDED W/ A WINDOW FALL PREVENTION DEVICE. VERIFY W/ LOCAL BUILDING DEPARTMENT
SEE REAR ELEVATION FOR SIZE AND SHAPE
Bonus Room
OPEN TO BELOW
DEN/BEDROOM #3
9'-1 1/8" CEILING HGT.
BEDROOM #2
9'-1 1/8" CEILING HGT.
ROOF TRUSSES
2x4 BEARING WAL
LINE OF WALLS BELOW
BRG. POINT
SHELVES
RAILING
GIRDER TRUSS
DESK
ART NICHE
HIP TRUSSES
PARALLEL CHORD TRUSSES
FLAT CEILING
SLOPED CEILING
5' closet
Bath
DOWN
RAILING
GIRDER TRUSS
PLANT LEDGE
4'-0" x 4'-0"
LINE OF WALLS BELOW
NOTE:
VERIFY SECOND FLOOR FURNACE LOCATION WITH CONTRACTOR.
GENERAL NOTES:
1. CASEMENT WINDOWS / UNLESS NOTED TEMP. GLASS AS REQ. BY CODE.
2. IT IS THE RESPONSIBILITY OF THE GENER CONTRACTOR TO INSURE THAT ALL PR ARE INSTALLED PER MFR. RECOMMEN
3. IT IS THE RESPONSIBILITY OF THE PLUM ELECTRICAL AND HVAC SUB-CONTRAC BUILD THEIR SYSTEMS AND TO INSURE SYSTEMS ARE INSTALLED AND OPERA
4. IT IS THE OWNER OR CONTRACTOR'S R TO TAKE THE NECESSARY PRECAUTIO AGAINST THE BUILD-UP OF MOISTURE
5. CONSTRUCTION MATERIALS REFERENC FOR SCHEMATIC PURPOSES ONLY. AN COMPLY WITH YOUR LOCAL ZONING REGULATIONS. OWNER OR CONTRACT RESPONSIBLE FOR THE FINAL CHOIC OF ALL CONSTRUCTION MATERIALS.
6. SMOKE DETECTOR (S)
7. VENT FAN (F)
8. SMOKE/CARBON MONOXIDE DETEC
9. INTERIOR WALL DIMENSIONS ARE TO CENTER OF STUDS.
10. EXTERIOR WALL DIMENSIONS ARE TO OUTSIDE OF STUDS.
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(319) 395-7900
IF THIS STAMP IS NOT RED IT IS AN ILLEGAL SET OF PRINTS
Approved Department Of Plans ONL
Date 3/31/2020
3/31/20
Date
add 470 sq. ft
OR PLAN
SCALE: 1/4" = 1'-0"
203-455-4929
IN THE EVENT OF ANY DISCREPANCIES BETWEEN P AND/OR DETAILS, THE CONTRACTOR / SUB-CONTR AHMANN DESIGN, INC.@ (319) 395-7900 BEFORE C CLARIFICATION. IF AHMANN DESIGN IS NOT CONTA SUB-CONTRACTOR WILL ASSUME FULL RESPONSIB
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IREDELL COUNTY

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

APPLICATION NUMBER
240844
Issue Date: 12/11/2018

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4625080701.000	132 ROLLINGWOOD LANE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: MARTIN LINDA P REVOC TR	Applicant: CAROLINA SOIL & SEPTIC	Contractor: CAROLINA SOIL SEPTIC C
Address: 6270 CAMPBELL RD	Address: PO BOX 1703	Address: 162 WEST B ST
YORK, SC 29745	MOORESVILLE, NC 28115	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791	Phone: 704-202-5791
		License Type License Number
		UNLI

Project Description

ADDITION - IREDELL

Scope of Work

ADDITION OF A BEDROOM & LIVING SPACE

Permit Details

issued for eft purposes	EXPEDITED REVIEW	Amount:	200.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

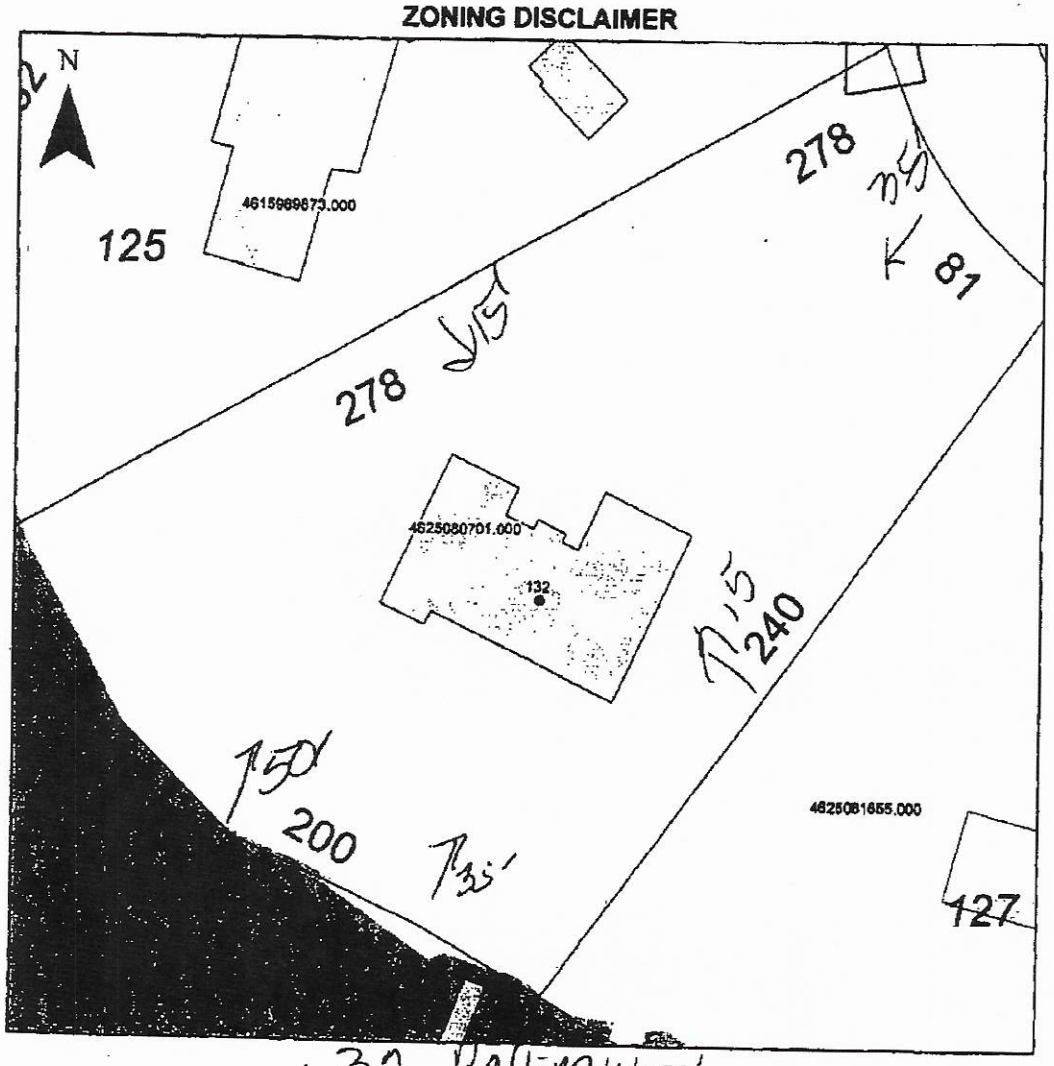
Signature of Owner/Contractor

Date: 12/11/2018

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	161714	TOTAL FEES	$ 200.00

ZONING DISCLAIMER



Property Address 132 Rolling Wood

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

Applicant

12-11-18
Date