ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 244528

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

PIN # 4626-44-2214

APPLICANT/OWNER: Ronald Rawald | APPLICANT ADDRESS: 15 Green Acres Lane Westport, CT

SITE ADDRESS: 137 Chatfield Cove Dr. Mooresville, NC 28117 | PHONE: | ALT. PHONE Gary Wood 704-634-3951

SITE DIRECTIONS: BSR → McKendree → Agnew → Chatfield Cove → House on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T | SECTION: | LOT # 58 | LOT AREA: ≈ 0.89 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	2/25/2020	☐ New System ☐ Repair ☒ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	1/15/2020	System Description:	LP-PPBPS (50% Reduction)	☐ Business	No. Persons	8	☒ Private Existing
Pump Make	Zoeller		Model	EN 154-C	Serial #	ZK20D16X	Repair System Description:	Drip + TS II (≈4600 ft²)	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	6	Linear Ft	267	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: Though 390 l.f. of line has been laid out, only 267 l.f. need be installed. Existing old septic tank shall be pumped and crushed in place

INITIAL SITE SKETCH

See attached proposal from Michael Athanas + Associates

Dated 8/15/19

* Well in proximity to house requires abandonment
Well Abandoned 9/18/19 with report provided 10/1/19

AS BUILT SKETCH

5/5/2020 Mid seam 1000-gal conc tank. (no filter yet) Pump tank (1000-gal top seam). Shaft No Date? 5/3? -SR

★ Powered January 15th per Andrew Barney @ Shaft ★
W-5 line installed * 21 Panels, 92 linear feet *
- Part of line appears to be in buffer. Surveyor to mark buffer FIRST before anything done -SR

5/6/2020 Checked drain lines

5/7/2020 - Supply lines & Floats set

5/22/20 - Couldn't get pump to operate. or Floats -SR

5/27/20 - pressure head set, alarm not working CCN

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: [signature] Date: 10/17/19 Installed by: Gale Excavation

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/3/19 OPERATION PERMIT by: Maria Dotson Date: 6/5/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/4/19 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 inpsector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	5/6/2020	Maria Dotson
Tanks Checked	5/5/2020	[illegible]
Pressure Manifold or Valve Box Checked	↑	↑
Pressure Head Set	5/27/20	CCN
Electrical Checked	5/28/20	mk
Floats Set		
Alarm Checked		
Maintenance Contract Y / N	6/5/20	MD

Reeds Contract



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

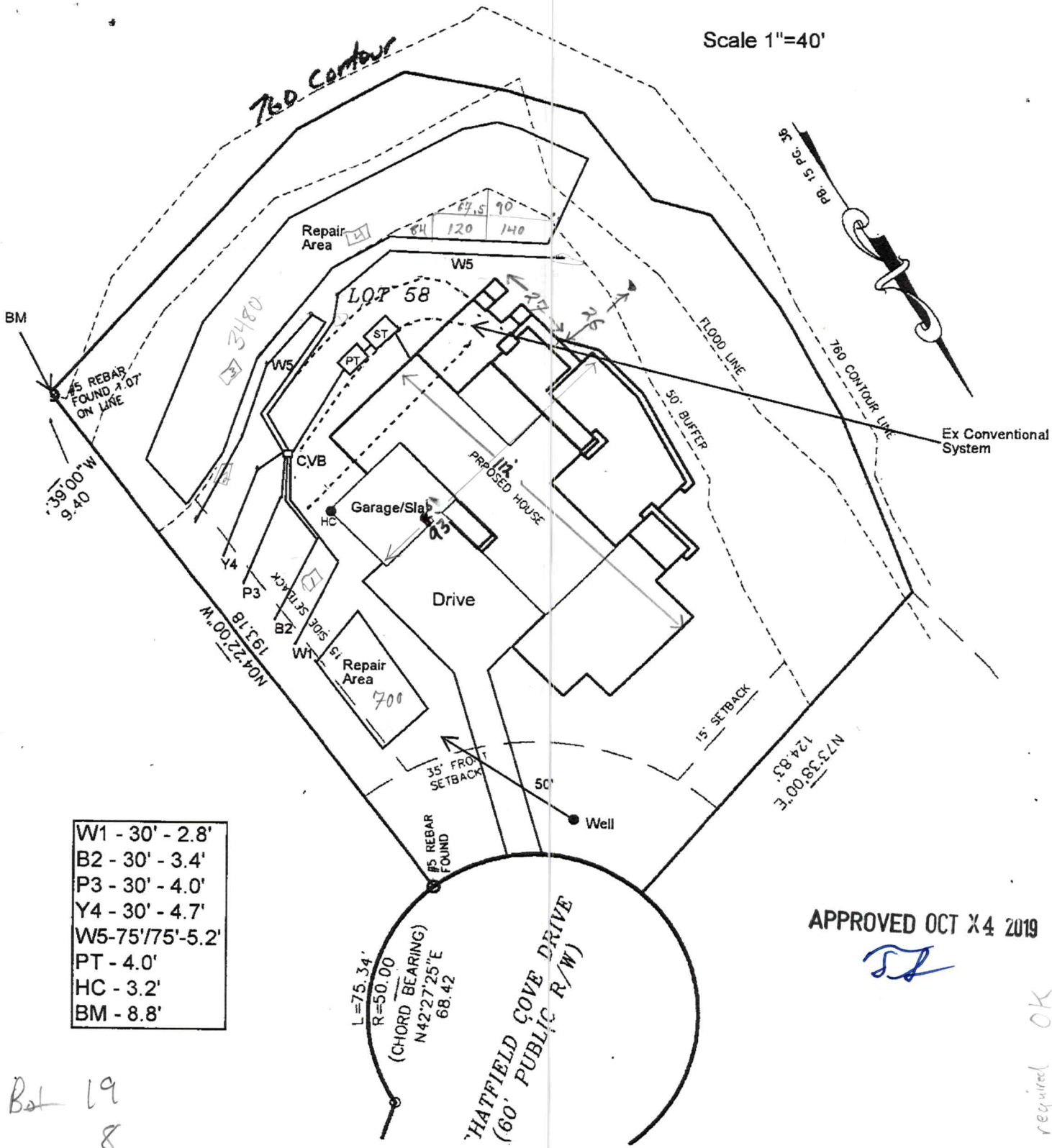
Reference: Data Sheet for 137 Chatfield Cove Dr. CL&T Sec 8 Lot 58
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Drip Irrigation
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: 6.2'
Friction Head: 1'
Pressure Head: 2'
Total Dynamic Head: 9.2'
Supply Line Length: 30' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

APPROVED OCT 14 2019

Line	Design Length	# of Panels	Actual Length	Elevation
White 1	30'	7	32'	2.8'
Blue 2	30'	7	32'	3.4'
Pink 3	30'	7	38'	4.0'
Yellow 4	30'	7	47'	4.7'
White 5	75'/75'	17/17	161'	5.2'

Initial System: 267' **Repair System:** 3840 FT^2
Pump Tank: 4.0' **House Corner:** 3.2' **Benchmark:** 8.8'

Comments:



APPROVED OCT 24 2019

Bat 19
8
5
7
7

1"=40'

1681.5 → 3840 required OK

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4626-44-2214
COUNTY: Tyrrell

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

OWNER: Ronald Rawald
ADDRESS: 15 Green Acres Lane Westport, CT
PROPOSED FACILITY: 4 BR SFR
LOCATION OF SITE: 137 Chatfield Cove Moorsville
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other Existing
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 8/15/19
DATE EVALUATED: 8/19/19
PROPERTY SIZE: ± 0.89 acres
PROPERTY RECORDED: Yes
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 4% Prim	0-7	SCL V.W.SBK	SI. Friable SS, Sp, Sexp	—	63"	—	—	0.13 PS
		7-24	clay M.SBK/ABK trace mica	SI. Firm, Sticky, Sp, Sexp					
		24-63	clay Lower comp W.SBK Mica Sap	Friable, SS, Sp, Sexp					
2	LSS 5% Prim	0-7	SCL V.W.SBK	SI. Friable, SS, Sp, Sexp	—	60"	—	—	0.30 PS
		7-23	clay M.ABK/SBK some mica	SI. Firm, Sticky, Sp, Sexp					
		23-60	Clay Loam W.SBK trace FAB	SI. Friable, SS, Sp, Sexp					
3	LSS 3% Repair	0-2	SCL V.W.SBK	SI. Friable, SS, Sp, Sexp	—	58"	—	—	0.30 PS
		2-27	clay M.SBK/ABK	SI. Firm, Sticky, Sp, Sexp					
		27-58	clay Loam W.SBK common Saprolite	Friable, SS, Sp, Sexp					
4	LSS 4% Repair	0-5	Clay Loam V.W. SBK	SI. Friable, SS, Sp, Sexp	Mg 18"-44" + Saprolite —	58	—	—	0.25 PS
		5-17	clay M.SBK W.ABK	SI. Firm, Sticky, Sp, Sexp					
		17-58	Clay Loam + common W.SBK Saprolite	SI. Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	270	4600
System Type(s)	LP-PPBPS	Drip + TS II
Site LTAR	0.30	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Gary McNealy

COMMENTS: Existing well 10' off of house

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

244528

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair $500

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: Ronald Rawald Address: 15 Green Acres Ln, Westport, CT Zip: 06880

Applicant Email: _____ Phone: Gary Wood-704-634-3751 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 137 Chatfield Cove

Subdivision Name: CL&T Section/Phase: 8 Lot Number: 58

Driving Directions: _____

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: _____

CHECK FOUNDATION TYPE

(X) 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 (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: _____
( ) 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: _____ 8/15/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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, Ronald & Hiroko Rawald, am the legal owner(s) of the property located at 137 Chatfield Cove, Mooresville NC 28117, identified as
PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & 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.

8/12/19

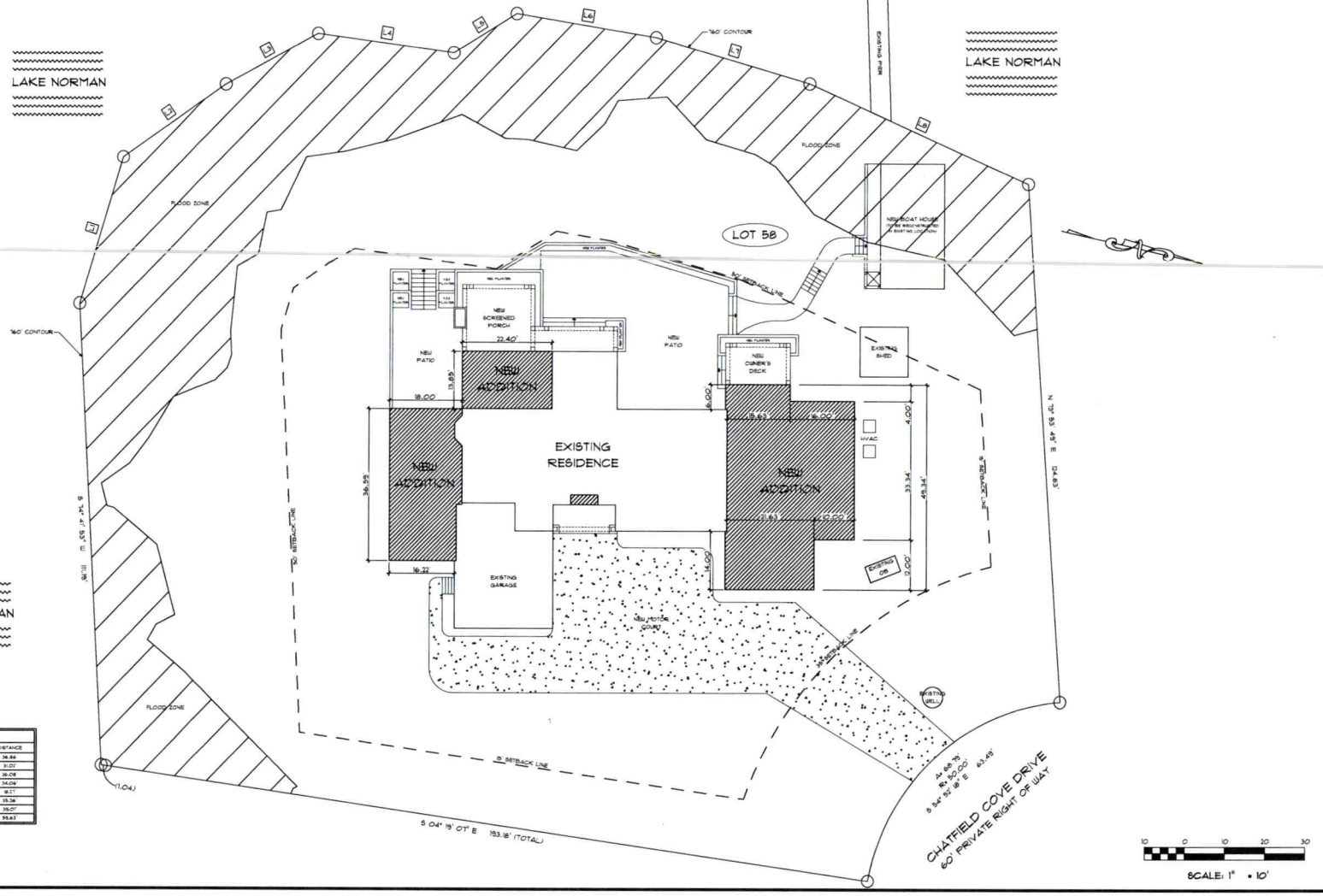
Signature of Owner(s) Date

Signature of Witness

8/12/19

Date

to Authorize



LINE CHART		
LINE	BEARING	DISTANCE
L1	N 89° 18' 07" W	26.86
L2	N 47° 01' 07" W	31.02
L3	N 40° 39' 07" W	26.08
L4	N 04° 56' 07" W	34.06
L5	N 45° 03' 07" W	18.27
L6	N 07° 56' 07" W	35.36
L7	N 09° 40' 53" E	39.07
L8	N 17° 18' 23" E	35.63

KDA RESIDENTIAL DESIGNS
KDARESIDENTIAL DESIGNS.COM
704-728-0505

N·C·B·D·C

ENGINEER:

THE RAVALD RESIDENCE

187 CHATFIELD COVE DRIVE
MOORESVILLE, NORTH CAROLINA

MEMBER AIBD
AMERICAN INSTITUTE of BUILDING DESIGN

PROJECT NO: 2017-888
DATE: 4/24/2018
REVISIONS:

DRAWN BY: T.LEONARD

COPYRIGHT
KDA RESIDENTIAL DESIGNS AUTHORIZES THIS PLAN TO BE BUILT ONE TIME BY THE ORIGINAL PURCHASER - MODIFICATIONS OR REUSE OF THIS PLAN IS PROHIBITED

SHEET TITLE
SITE PLAN

02
SHEET 02 OF 16

EXISTING SQUARE FOOTAGE ALL FOOTAGE CALCULATED TO 8TAD		NEW SQUARE FOOTAGE ALL FOOTAGE CALCULATED TO 8TAD	
1. FIRST FLOOR HEATED	1595	1. NEW FIRST FLOOR HEATED	1381
TOTAL EXISTING HEATED	1595	TOTAL NEW HEATED	2,382
COVERED DECK	38	NEW COVERED ENTRY	100
COVERED ENTRY	16	NEW COVERED OWNER'S DECK	160
GARAGE	668	NEW COVERED PORCH	43
TOTAL EXISTING UNDER ROOF	2317	TOTAL NEW UNDER ROOF	3,084

WALL TEMPLATE	
EXISTING WALLS	
NEW WALLS	

OVERALL TOTAL UNDER ROOF	5676

(1) LSTAIB STRAP @ 16" o.c.
1/2" ANCHOR BOLT @ 32" o.c.
(2) 2x4 PR.T.
1/2 FINISH (TBB)
3x4 PURIN OUT AS NEEDED
WRAP COLUMN w/ 1/2" PLYWOOD
-OR-
LSTAIB STRAP @ 16" o.c.
1/2" ANCHOR BOLT @ 32" o.c.
(2) 2x4 PR.T.
1/2 FINISH (TBB)
3x4 PURIN OUT AS NEEDED
WRAP COLUMN w/ 1/2" PLYWOOD

A 12" BOX COLUMN DETAIL
SCALE: 1" = 1'-0"

1/2" GYP. FINISH
2x4 PURLIN OUT AS NEEDED
1 GABLE STUDS
3x4 PURIN OUT AS NEEDED

SLAB

NEW 4" CONCRETE SLAB (3000 psi) w/ 6x6 10/10 WWM, or #3 @ 18" o.c. REBAR, OVER 6 MIL POLY VAPOR BARRIER w/ 4" GRAVEL. PROVIDE TERMITE TREATMENT BELOW ALL CONCRETE SLABS ON BORATE ON THE WOOD FRAMING (TYP.)

B 12" INTERIOR BOX COLUMN
SCALE: 1" = 1'-0"

JOIST DESIGNATION	
B	NEW 2x8 SPFS @ 16" o.c. CEILING JOISTS
C	NEW 2x6 SPFS @ 16" o.c. CEILING JOISTS
EX	EXISTING 2x8 SPFS @ 16" o.c. CEILING JOISTS

T.T.N. = TIED TO RAFTERS w/ (4) 12's 0.131" NAILS EACH END

FIRST FLOOR WINDOW SCHEDULE				
ID	QTY	SIZE W	SIZE HT	NOTES
A	6	1'-0"	1'-0"	SINGLE FIXED GLASS UNDOU UNIT
B	1	2'-0"	4'-0"	SINGLE SINGLE-HUNG UNDOU UNIT
C	5	3'-0"	4'-0"	SINGLE SINGLE-HUNG UNDOU UNIT
D	1	6'-0"	4'-6"	INTERIOR CASED OPENING (OVER KITCHEN SINK)
E	1	6'-0"	6'-0"	TWIN 36" SINGLE HUNG WINDOW UNIT -TEMPERED
F	6	9'-0"	6'-0"	TRIPPLE 36" SINGLE HUNG WINDOW UNIT
G	1	10'-0"	3'-0"	QUAD 30" FIXED GLASS WINDOW UNIT w/ SEGMENTED ARCH TOP -TEMPERED
H	2	5'-0"	3'-8"	QUAD 30" FIXED GLASS WINDOW UNIT w/ SEGMENTED ARCH TOP -TEMPERED
J	1	5'-0"	10'-0"	QUAD 30"W x 72"H SINGLE HUNG WINDOW UNIT w/ QUAD 36"W TRANSOM ABOVE w/ SEGMENTED ARCH TOP - TEMPERED

* VERIFY ROUGH OPENING REQUIREMENTS WITH WINDOW MANUFACTURER

FIRST FLOOR DOOR SCHEDULE					
ID	QTY	DOOR W	DOOR HT	DOOR GLZ	NOTES
01	1	6'-0"	7'-0"	TEMP.	TWIN 36" EXTERIOR FRONT ENTRY DOOR w/ 24" GLASS PANEL -TEMPERED
02	1	3'-0"	7'-0"		SINGLE EXTERIOR TWO PANEL DOOR
03	1	16'-0"	8'-0"		FOUR PANEL OVERHEAD GARAGE DOOR
04	1	5'-0"	7'-0"	TEMP.	TWIN 30" EXTERIOR DOUBLE DOORS w/ SINGLE 30" FIXED PANEL, EACH SIDE - TEMPERED
05	1	6'-0"	7'-0"	TEMP.	TWIN 36" EXTERIOR DOUBLE DOORS w/ SINGLE 36" FIXED PANEL -TEMPERED
06	3	6'-0"	7'-0"	TEMP.	TWIN 36" EXTERIOR DOUBLE DOORS w/ SINGLE 36" FIXED PANEL, EACH SIDE - TEMPERED
07	1	6'-0"	7'-0"	TEMP.	TWIN 36" EXTERIOR DOUBLE DOORS w/ TWIN 36" FIXED PANELS ONE SIDE - TEMPERED
08	1	3'-4"	7'-0"		CASED OPENING
09	9	2'-4"	7'-0"		SINGLE INTERIOR TWO PANEL DOOR
10	8	2'-8"	7'-0"		SINGLE INTERIOR TWO PANEL DOOR
11	1	5'-0"	7'-0"		SINGLE INTERIOR INSULATED TWO PANEL DOOR w/ 20 min. FIRE RATING w/ WEATHER STRIPPING + THRESHOLD
12	1	3'-4"	7'-6"		CASED OPENING
13	1	4'-0"	7'-0"		CASED OPENING
14	2	3'-0"	7'-0"		TWIN 8" INTERIOR TWO PANEL DOORS
15	3	4'-0"	7'-0"		TWIN 24" INTERIOR TWO PANEL DOORS

* VERIFY ROUGH OPENING REQUIREMENTS WITH DOOR MANUFACTURER

FLOOR PLAN CONSTRUCTION NOTES

(SEE SHEET 3 FOR ADDITIONAL NOTES)

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING DIAGONAL WALL BOARD SHEATHING FOR EXISTING PORTION OF STRUCTURE

NEW PORTIONS OF THIS STRUCTURE HAVE BEEN ANALYZED FOR CONTINUOUS SHEATHED 7/16" OSB WALL SHEATHING USING 8d NAILS AT 6" o.c. ALONG EDGES AND 12" o.c. AT INTERMEDIATE FRAMING. BLOCK AND NAIL ALL PANEL EDGES.

WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE REQUIRED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS

1. TEMPORARY SUPPORT OF THE EXISTING FRAMING DURING AND AFTER DEMOLITION OF EXISTING CONDITIONS IS THE RESPONSIBILITY OF THE CONTRACTOR.
2. "T.T.N." INDICATES THE CEILING JOISTS TO RAFTERS WITH FOUR 3"X0.131" NAILS
3. ALL LOAD- BEARING HEADERS SHALL BE (2)2x8 SPFS WITH 1 "J" AND 1 "K" UNLESS OTHERWISE NOTED ON THE PLAN.
4. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
5. ALL NEW WALLS UP TO 10 FT. TALL SHALL BE A MINIMUM OF 2X4 SPFS @ 16" o.c. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(4) OF THE CODE OR AS NOTED ON THE PLAN.
6. NEW WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLANS.

HEADER SIZE	ADDISON HANGERS
(2) 2x8	LUS 28-2
(2) 2x10	LUS 210-2
(2) 2x12	LUS 212-2
(2) 9 1/4" LVL	HUS 410
(2) 9 1/4" LVL	HUS 412
(2) 11 7/8" LVL	HUS 412
(2) 14" LVL	HUS 414
(2) 9 1/4" & 14" LVL	HUS 414
ALL TRIPLE LVLs	HHUS 5.50/10

7. NOTE: FILL ALL OF THE HOLES IN BEAM HANGERS WITH 16d x 3½" GOMPHON NAILS (.162"D x 3.5"L) OR 16d x 3½" (.131"D x 3.5"L) NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10d'x 10" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 3/4" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
8. NEW LVL AND GLULAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF 3-2x4s OR (3)-2x6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
9. ■ ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS, ANYTHING BEARING ON STEEL CANNOT BEAM ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2x4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN AND/OR RETURN SUBFLOOR AND FOUNDATION WALL ON LOWER PLATE. ROT BOARDS AND I-JOIST DECKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS ON GRADE "S.B." IS INDICATED ON THE PLAN.
10. FASTEN ALL NEW TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 3" LONG PLATLOK OR SIMPSON SDS SCREWS x ⅜" o.c. AND FOUR PLY LVLs WITH TWO ROWS @ 24" o.c. OR 16d @10" (3.5"L x 0.162"D) NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10d'x 10" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 3/4" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
11. FASTEN FIRST KING STUD TO LUMBER HEADER WITH AT LEAST THREE 16D (3½"D 162") IN EACH PLY. EACH KING STUD PLY SHALL BE NAILED TO THE OTHER WITH TWO ROWS OF 3½"D 16" NAILS AT 8"o.c. SEE R602.7.5 FOR NUMBER OF KING STUDS REQUIRED IF NOT NOTED ON PLANS.
J = JACK STUD K = KING STUD
12. CONTRACTOR TO PROVIDE 25"x30" ACCESS TO ATTIC.
13. SEE ARCHITECTURAL PLANS FOR ALL DIMENSIONS.
14. LINTELS SUPPORTING MASONRY VENEER
SEE TABLE R703.8.3 FOR SIZE OF STEEL LINTEL FOR A GIVEN SPAN UP TO 10'-0"
FOR SPANS GREATER THAN 10' (OR WHERE SHOWN ON PLANS BY "L" NOTE) NOTED FASTEN L4"x4"x5/16" STEEL ANGLE TO WOOD HEADER WITH 1/2"x4" LAG SCREWS @ 16" o.c. EXTEND ALL ANGLES 6" PAST OPENING TO BEAR ON MASONRY VENEER AT ENDS.
SUPPORT ALL BRICK CLIMBS PER DETAIL ON PLANS OR R703.8.3 AND FIGURE R703.8.3.1

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

Acknowledgement of
Plans Submittal ONLY!
Date 10/7/19
Tom Shuck
Date 10/4/19

K&H RESIDENTIAL DESIGN
KHRESIDENTIAL DESIGNS.COM
704-728-0505
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NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD — NOTIFY DESIGNER OF ANY DISCREPANCIES BEFORE PROCEEDING.

MEMBER BBB AIBD

PROJECT NO: 207-886
STARTED: 4/24/2019
REVISIONS:

DRAWN BY: T.LEONARD

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