ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-234871

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

PIN # 4626-89-3135

APPLICANT/OWNER: Clifford Wagner | APPLICANT ADDRESS: P.O. Box 49626 Charlotte, NC 28277

SITE ADDRESS: 139 Gatehouse Lane Mooresville, NC 28117 | PHONE: 704-231-5255 | ALT. PHONE

SITE DIRECTIONS: BSR towards LKN → Blume Rd → Beech Tree → Gatehouse → House@end on left

SUBDIVISION: CL+T | SECTION: 8 | LOT # 524 | LOT AREA: 0.638 | SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 GPD | L.T.A.R.: 0.15 / 0.20 (Repair)

Septic Tank *	(gal)	STB 347	Date 3/16/2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV (V) VI	☒ Residence	No. Bedrooms 3
Pump Tank *	(gal)	PT	Date	System Description: TSII + Drip Irrigation (see plan)		☐ Business	No. Persons 6
Pump Make *	Model		Serial #	Repair System Description: same		☐ Other	No. Employees
# Nitrification Fields *	# Lines *		Linear Ft *	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space
Trench Width *	Trench Bottom Depth (Low side)	12"	Gravel Depth	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: Installer MUST have a physical copy of the design plans referenced below at site and at time of inspection. 50' Lake Buffer survey stakes must be present at time of installation and final inspection. Installation techniques must match engineer instructions. Any deviation must be done with prior consultation with the engineer / ICHD + have engineer written permission.

INITIAL SITE SKETCH

* See attached engineer design plans from Piedmont Design Associates, PA *

* House already built *

Dated: 1/30/2019
Revised: 5/5/2020
Received: 5/13/2020

Donald L. Mundy PE # 17327 (Sealed 5/7/2020)

AS BUILT SKETCH

6/10/2020: Sheaf top seam 1000-gallon tank w/ an Orenco Biotube model FT-08 effluent filter + Pretreatment Unit: AX20 RTUV-3 S/N: 434176 (installed where permitted)

6/12/2020 16 Drip lines installed using Toro tracked trencher - 12" installation.

6/16/2020: Headworks / plumbing connections OK

6/17/2020 - Start up of system
- Proper Dose
- Alarm Check
- Panel Check
- Electrical Check

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:

IMPROVEMENT PERMIT by: Tom Rhuck Date: 5/21/2020

AUTHORIZATION TO CONSTRUCT by: Tom Rhuck Date: 5/21/2020

Installed by: Specialty Septic

OPERATION PERMIT by: Benjamin A Bates Date: 6-17-2020

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 inpsector to confirm your inspection time.

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

Sheet 1 of 2
PROPERTY ID #: 9626-89-3135
COUNTY: Iredell

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

OWNER: Clifford Wagner
ADDRESS: P.O. Box 49626 Charlotte, NC
APPLICATION DATE 4/12/18
PROPOSED FACILITY: 3 BR SFR PROPOSED DESIGN FLOW (.1949): 360 GPD
DATE EVALUATED: 5/15/2018
LOCATION OF SITE: 139 Gatehouse Mooresville, NC
PROPERTY SIZE: 0.638
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	N upper 30%	0-19	Loam V.W.SBK	SI Friable, SS, Sp, Sap					Drip? U
		17-63	Rx Qtz + Feldspar						
2	N mid/lower 30%	0-19	Sandy Loam V.W SBK	SI Friable, SS, Sp, Sap					Drip? U
		19-60	Rx Qtz + Feldspar						
3	In Buffer 28%	0-24	Loam V.W SBK	Friable, SS, Sp, Sap					Drip? U
		24-33	Clay Loam W. SBK	SI Friable, SS, Sp, Sap					
		33-43	MA Loamy Saprolite	Moderately Dranined Friable					
4	South (upper/mid) 30%	0-22"	Loam V.W.SBK	Friable, SS, Sp, Sap					Drip? U
		22"-42"	Dk Cr Dense	in place Saprolite					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	See Survey	See Survey
System Type(s)	Drip	Drip + TSII
Site LTAR	0.1	0.15

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): U → Drip
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

COMMENTS:

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

PROPERTY ID #:
COUNTY:

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

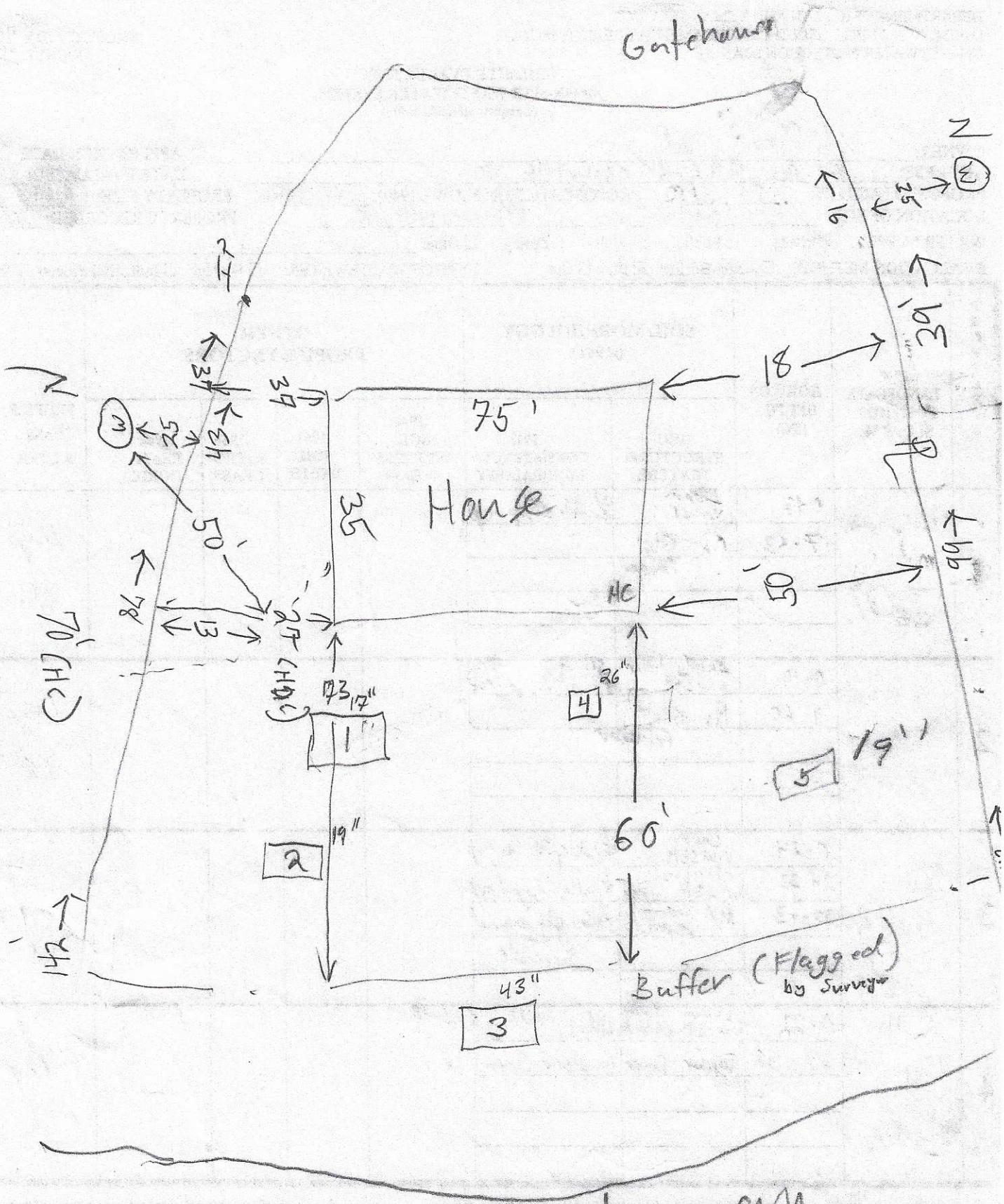
OWNER: See Page 1 Clifford Wagner
ADDRESS: _____ APPLICATION DATE
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED:
LOCATION OF SITE: 139 Gatehouse PROPERTY SIZE:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED:
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

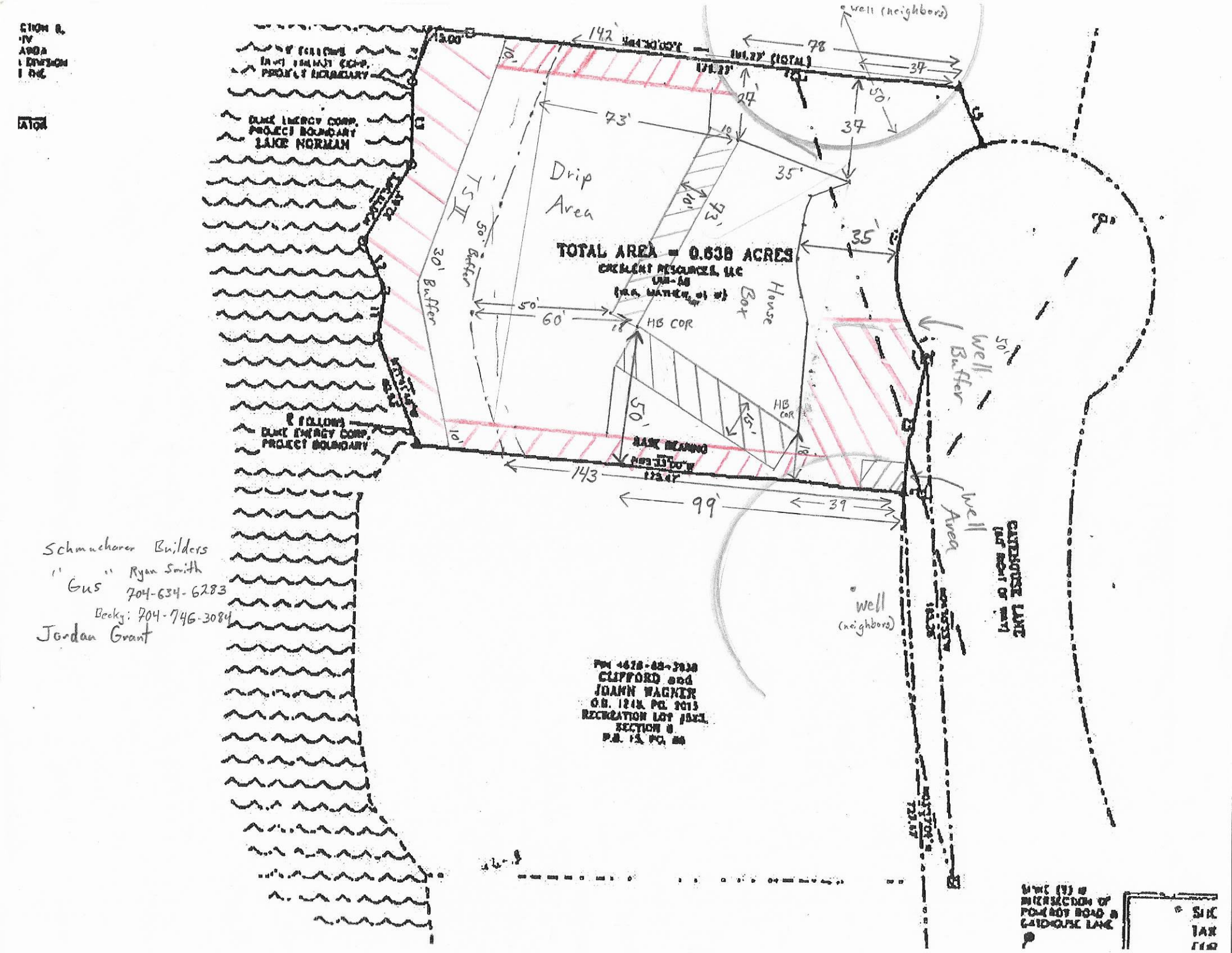
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	Far South middle 25%	0-26	Loam V.V.SBK some Saprolite	Friable, SS Sp Exp					
		Cr/Rx @ 26" (Schist/Gneiss) + Qtz Feldspar							
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____


Gatehouse
N
E
25
16
39'
18
W
25
34
34
75'
House
35
50'
50'
HC
HC
HC
HC
26"
17"
19"
43"
60'
Buffer (Flagged by Surveyor
Lake Norman
1
2
3
4
5



Schmucherer Builders
"Gus" Ryan Smith
704-634-6283
Becky: 704-746-3084
Jordan Grant

4/17/19

TH 1A

0-3 Silty clay Loam v.w. SBK Sl. Firm, sticky, Sp, Sexp

3-12 Sandy clay Loam w.SBK Sl. Friable, SS, Sp, Sexp

12-24 Loam v.w.SBK Friable, SS, Sp, Sexp

24-~~32~~ 40" MA Loamy Saprolite very Friable + wc II Drained

0.15 (Drip)
or
0.275 ConV

TH 2A

TH 2A 0-3 Silty clay loam v.w.SBK Sl. Firm, SS, Sp, Sexp

3-31 Loam W.SBK some Saprolite Friable, SS, Sp, Sexp

31-48" MA clay loam Saprolite (U) Sl. Friable, Poorly Drained

0.15 (Drip)

Josh Galle



PIEDMONT DESIGN ASSOCIATES, P.A.
125 East Plaza Drive | Suite #101
Mooresville, NC 28115
Phone: 704-664-7888 | Fax: 704-664-1778
Email: dmunday@pdapa.com
NCBELS License # C-1007

Engineering
Surveying
Planning

June 17, 2020

Iredell County Health Department
610 East Center Avenue
Mooresville, NC 28115
Attn: Benjamin Botkins, REHS

RE: Subsurface Drip with Advanced Treatment Sewage Effluent Disposal System
Wagner Residence – 139 Gatehouse Lane
Mooresville, Iredell County, North Carolina

Dear Mr. Botkins:

ENGINEER'S CERTIFICATION

I, **Donald L. Munday**, as a duly registered Professional Engineer in the State of North Carolina, having been authorized to observe periodically the construction of the referenced project, a Subsurface Drip with Advanced Treatment Sewage Effluent Disposal System; 139 Gatehouse Lane, located in Mooresville, Iredell County, NC, hereby state that, to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within substantial compliance and intent of the approved plans and specifications.

Sincerely,

PIEDMONT DESIGN ASSOCIATES, P.A.

Donald L. Munday, P.E.
N.C. Registration No. 17327

NORTH CAROLINA PROFESSIONAL SEAL 17327 ENGINEER DONALD L. MUNDAY
06/17/2020

cc: Cliff Wagner, Owner
Jamie O'Daniel, Specialty Septic, Installer
Todd Harrell, AQWA, ORC
Steve Barry, AQWA, ORC

Attachments: Residential Start-up Sheet
Executed Inspection and Maintenance Agreement

********** RESIDENTIAL START-UP SHEET **********

Start Up Date: 6/15/20

Owner: **Cliff Wagner**

Address: 139 Gatehouse Lane Mooresville, NC 28117

Phone Number: 704-231-5255

Email: cwagner1@carolina.rr.com

Operator: AQWA

Installer: Specailty Septic

Designer: Piedmont Designs

Bedrooms: 4

Env. Spec: DENR - Subsurface

County: **Iredell**

********** TANK INFO **********

Septic Tank: Size: **1000** **Manufacturer:** Shoaf

Recirc Tank: Size: **RT** **Manufacturer:** Orenco

Pump Tank: **Size**: RT **Manufacturer**: Orenco **GPI:** 4.5

********** TREATMENT INFO **********

System Type: AX20RTUV

Mode: 3B

Pod #'s : 434176

********** Recirc Float Settings **********

AX20 Float Settings: (top of tee): 11

AX 20RT Float Settings (top of tee): 14

AX 25RT Float Settings (top of tee): 26

(Use as a reference only)
AX20RT 9" - 10.5" - 21.5" (Old Style)
AX25RT 13.5" - 15" - 26" (Old Style)
AX20 & 25 RT 11" - 14" - 26" (New Style)

********** Recirc Timer Settings **********

Normal Settings: On: .8 Off: 10

Override Settings: On: .8 Off: 5

********** Recirc Pump Info **********

Recirc Pump Model #: PF300511

Voltage: 121.3 Amps: 11.06

********** CONTROL PANEL INFO **********

Control Panel Model #:Vcom-AX20B2UVDrip (Programed)

RTU #:142782

********** DISINFECTION INFO **********

UV Type: Orenco

Amps: .32

********** DISCHARGE SYSTEM INFO **********

System Type: Geoflow Single Zone Drip 24" spacing @.53

Dose Type: Demand = 76.5 Gallon Dose

GPM: 6.9

********** Discharge Float Settings **********

Discharge Float Settings: (top of tee) 17 (HW/ON) - 34 (OFF) 37 - (RO)

(Use as a reference only)
Old Style RT Discharge Float Settings 19" - 21"
New Style RT Discharge Float Settings: 17" - 20"

********** Discharge Timer Settings (if applicable) **********

Normal Settings On: NA Off: NA

Override Settings On: NA Off: NA

********** Discharge Pump Info **********

Discharge Pump Model #: PF200511

MFG: Orenco

Voltage: 121.1 Amps: 11.5

********** DRIP SYSTEM INFO **********

Headworks: Single Zone Auto

Ft./Zone: Zone 1: 1330

Z1 : Pre: 56 Post: 52 Supply Return Headworks: 46 GPM 6.9

Flushing Flow Rate Z1: 19.2

NOTES:

RECEIVED MAY 13 2020 AP-234871
$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: (X) 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: Clifford Wagner Address: PO Box 49626 Zip: 28277
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Clifford Wagner Address: 139 Gatehouse Mooresville Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 139 Gatehouse Lane Mooresville NC
Subdivision Name: CLAT Section/Phase: 8 Lot Number: 524
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: ~~2~~ 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: N/A

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) 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.

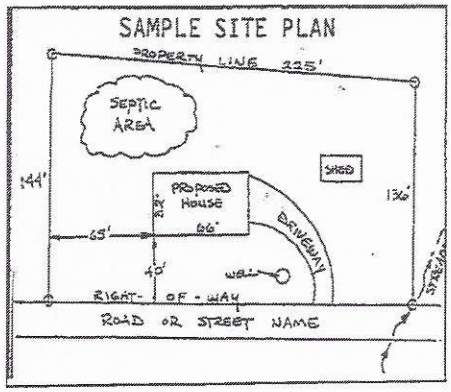
Signature: _____ _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

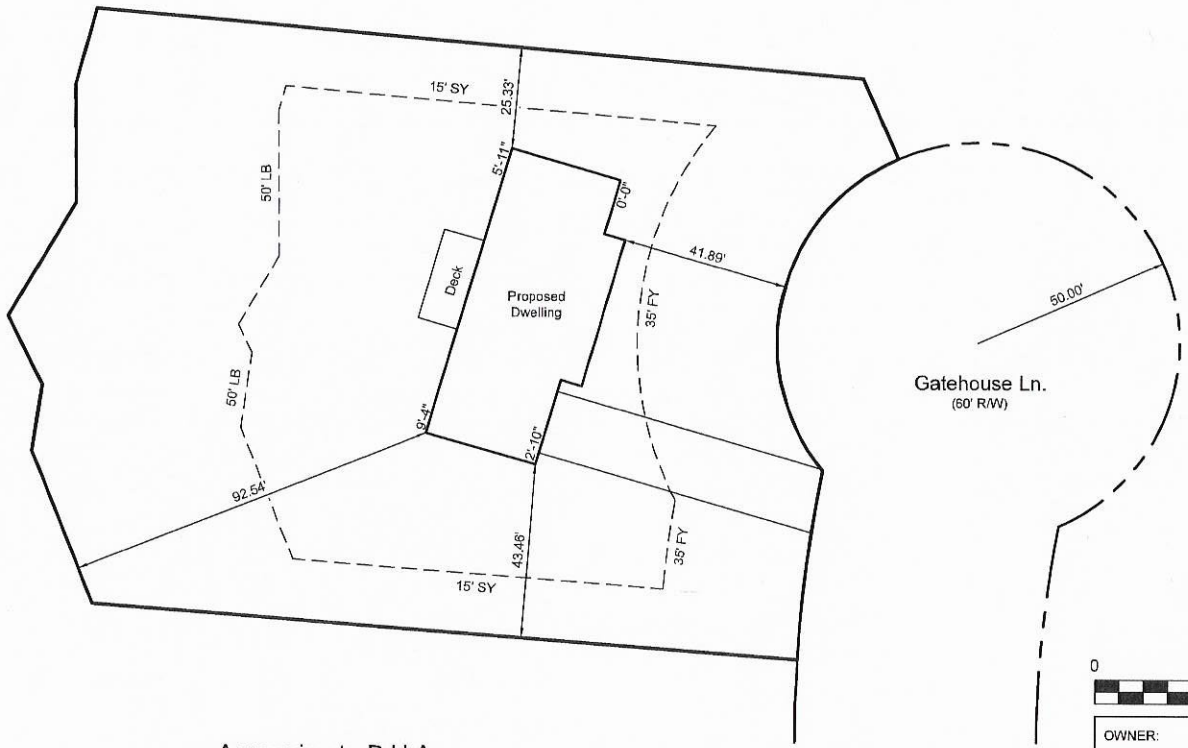
Signature: _____ _____

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

PRELIMINARY FOR REVIEW ONLY

NOTES:

PROPERTY LIES WITHIN WS-IV CRITICAL AREA, THE MAXIMUM BUILT UPON AREA MUST NOT EXCEED 24%.



0 30 60 90

LEGEND	
FY	Front Yard Setback
SY	Side Yard Setback
RY	Rear Yard Setback
R/W	Right of Way
LB	Lake Buffer
P.B.	Plat Book
PG.	Page
B.U.A	Built Upon Area

Approximate B.U.A

Lot Area:	27,801.60 sq. ft. 0.638 acres
Proposed B.U.A.:	3,627.05 sq. ft. 0.083 acre
B.U.A. %:	13.0%

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

OWNER: Wagner

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 30'	
DEED REF: 1630 - 15	PIN NO: 4626-89-3135
DATE OF MAP: 05-10-18	SURVEY DATE: 05-09-18
REVISION:	DRAWING FILE: 20180509

139 Gatehouse Ln., Mooresville, NC 28117
Davidson TWP. - Iredell County - North Carolina

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, Clifford J Wagner, am the legal owner(s) of the property located at 139 Gatehouse LN, Mooresville, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Patrick Joseph Distinctive Homes _____, 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.

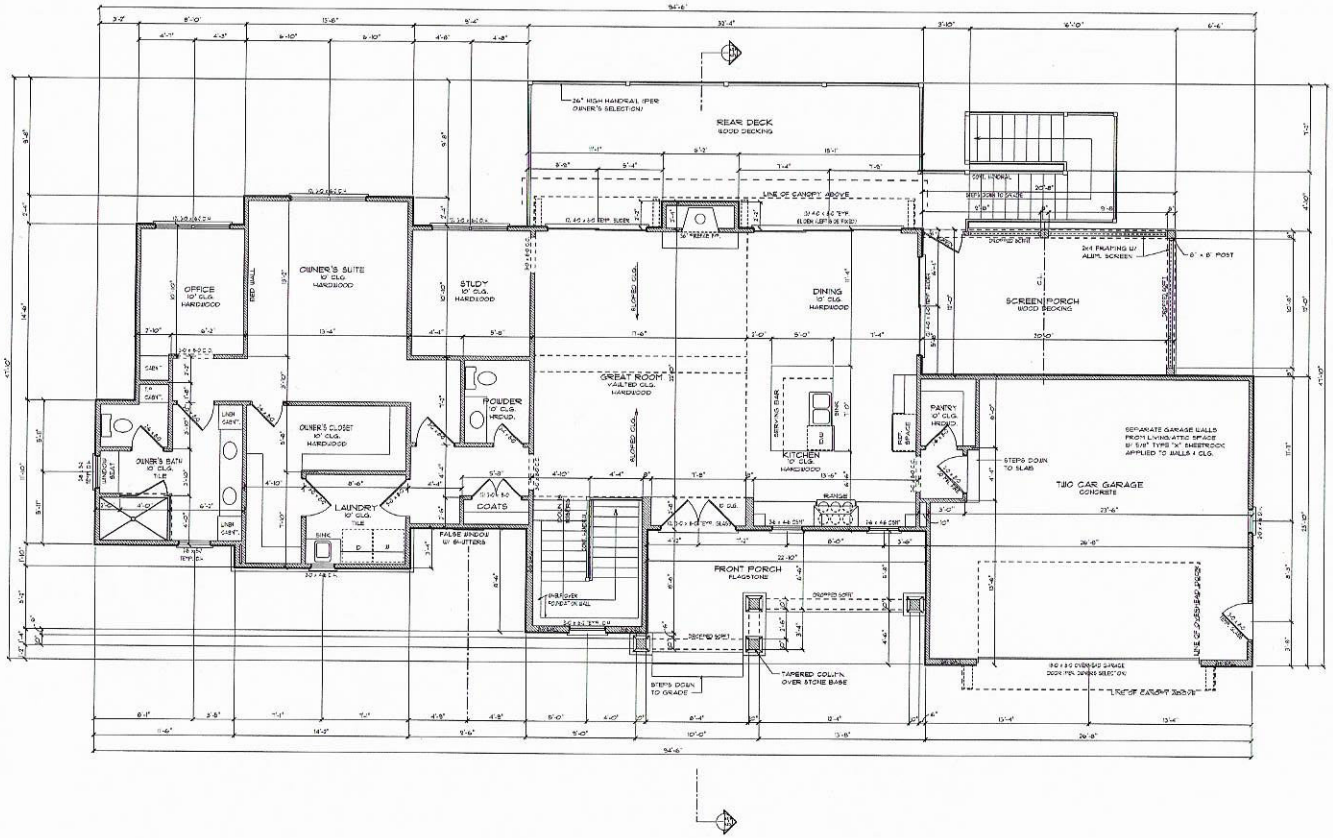
_____ 5/8/20
Signature of Owner(s) Date

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

Acknowledgement of
Plans Submittal ONLY
Tuesday, Feb 12th Date 06/05/19
Date 6/6/19

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928



DOOR & WINDOW NOTE
ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY ALL SIZES & HOMEOWNERS CONDITIONS. FALL PROTECTION CODE = GLAZING REQUIREMENTS PER CODE w/ WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS & WINDOWS TO COMPLY w/ ALL OF 2018 NORTH CAROLINA RESIDENTIAL CODES.

SQUARE FOOTAGE	
FIRST FLOOR HEATED	1,743
LOWER LEVEL HEATED	994
TOTAL HEATED AREA	2,737
FRONT PORCH	180
TWO CAR GARAGE	593
SCREEN PORCH	248
LAKE STORAGE	688
MECHANICAL	74
LOWER TERRACE	388
TOTAL UNDER ROOF	5,014

FIRST FLOOR NOTES

- 10' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 8' DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR BEAM & FIRST FLOOR HEADER SIZES.
- IN DWELLING UNITS, WHERE THE OPENING OF AN OPERABLE WINDOW IS LOCATED MORE THAN 72" ABOVE THE FINISHED GRADE OR SURFACE BELOW, THE LOWEST PART OF THE CLEAR OPENING OF THE WINDOW SHALL BE A MINIMUM OF 24" ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. OPERABLE SECTIONS OF WINDOWS SHALL NOT PERMIT THE OPENINGS THAT ALLOW PASSAGE OF A 4" DIAMETER SPHERE WHERE SUCH OPENINGS ARE LOCATED WITHIN 24" OF THE FINISHED FLOOR.
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

FIRST FLOOR PLAN
SCALE 1/4" = 1'-0"

PROJECT:

Wagner Residence

©COPYRIGHT 2018

ELITE DESIGN GROUP
EST. 2003

DRAWN BY:

DATE:
April 11th, 2019

REVISED:

SHEET A-2

OF

Acknowledgement Of
Plans Submittal ONLY!
Received By: [illegible] Date 06/05/19

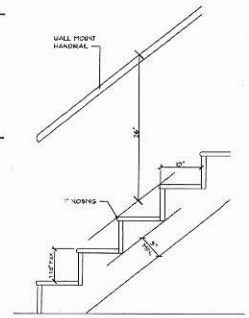
Date _____

STAIR NOTES

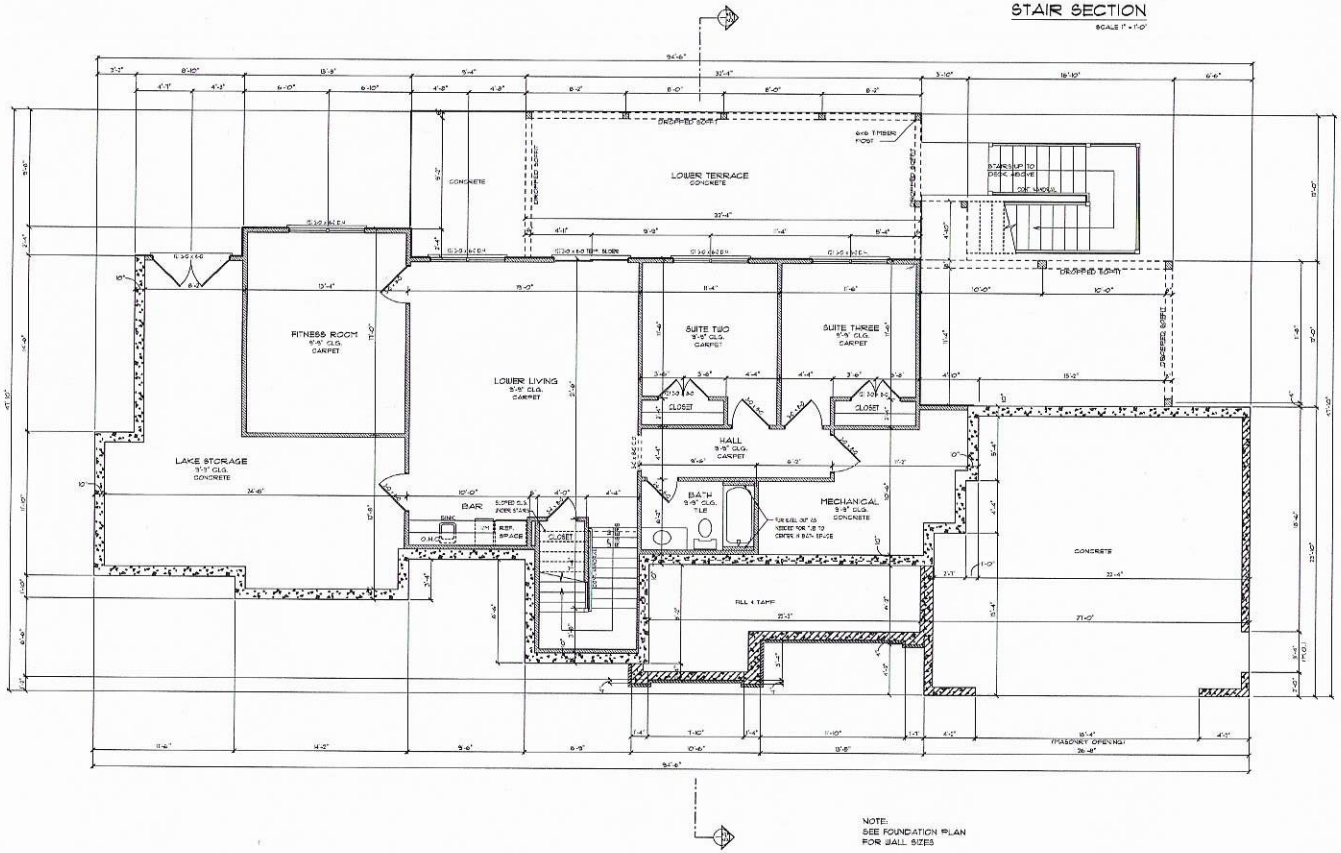
NOTE:
VERIFY ACTUAL CONDITIONS & FLOOR FINISH MATERIALS PRIOR TO STAIR FABRICATION

NOTE:
GUARD RAILS & HANDRAILS SHALL BE IN COMPLIANCE W/ 2015 I.R.C.

HANDRAILS & BALUSTERS SHOWN MAY NOT REPRESENT THE FINAL PRODUCT. THIS DRAWING IS FOR CODE PURPOSES ONLY.



STAIR SECTION
SCALE 1" = 1'-0"



NOTE:
SEE FOUNDATION PLAN
FOR WALL SIZES

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY ALL EGRESS & NON-EGRESS CONDITIONS. FALL PROTECTION, CODE & GLAZING REQUIREMENTS PER CODE w/ WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS & WINDOWS TO COMPLY w/ ALL OF 2018 NORTH CAROLINA RESIDENTIAL CODES.

LOWER LEVEL NOTES

- ALL ANGLED WALLS ARE 45 DEGREES OR 90 DEGREES (UNLESS NOTED OTHERWISE)
- IN CONCRETE USE 1/2" DIA. BOLTS @ 6' O.C. & 12" FROM EACH CORNER (1" MIN. EMBEDMENT) (3 BOLTS MIN. PER PLATE)
- ALL INTERIOR DOORS ARE 6" FROM WALL (UNLESS DIMENSIONED OTHERWISE)
- LOWER LEVEL SLAB TO BE 4" THICK CONCRETE (3000 PSI MIN.) W/ 6X6 10/10 W.W.M.
- ALL RETAINING WALL HEIGHTS & LOCATIONS TO BE DETERMINED ON SITE PER GRADE.

LOWER LEVEL PLAN
SCALE 1/4" = 1'-0"

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928

PROJECT:

Wagner Residence

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DATE:
April 11th, 2019

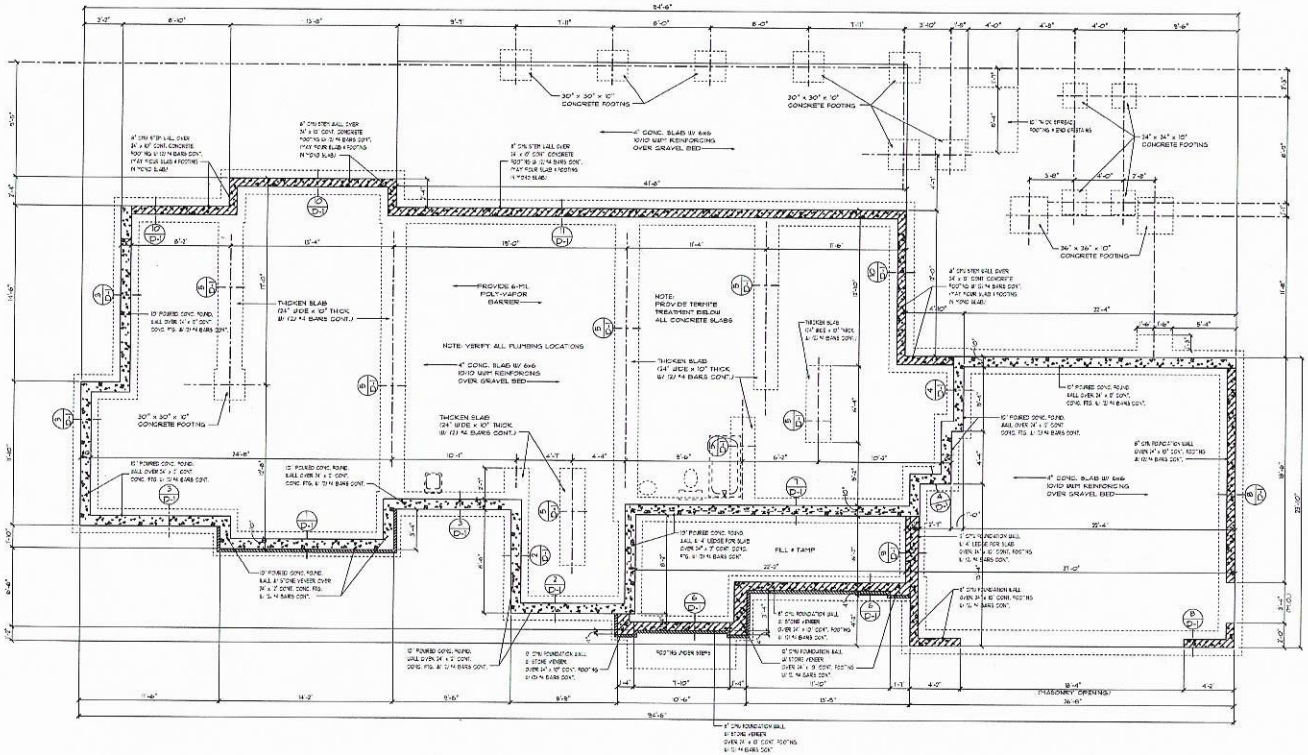
REVISED:

SHEET A-1

OF _____

Acknowledgement Of
Plans Submittal ONLY!
Authorized Agent Date 06/05/19
Owner Date 6/4/19

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

GENERAL FOUNDATION NOTES

SEE SHEET S#- FOR ADDITIONAL FRAMING NOTES.

CONCENTRATED POINT LOADS (SEE SHEET S#-) INSTALL SOLID BLOCKING EQUAL TO THE NUMBER OF STUDS ABOVE BETWEEN CRIPPLED STUDS AND FOUNDATION WALL + THE FLOOR SHEATHING. FILL VOIDS WEBS OF SOLID BLOCKING WHERE NECESSARY.

ALL SLABS TO BE 4" CONCRETE 3000 PSI W/ 6x6 10/10 WWF REINFORCING U.N.O.

PER PLAN, FOUNDATION WALL SHALL BE 10" POURED CONCRETE WALL OVER 10" x 24" CONT. CONCRETE FOOTING WITH (2) #5 BARS IN BOTTOM (MID OF FOOTING U.N.O.

PROVIDE REQUIRED TERMITE TREATMENT + 6 MIL POLY VAPOR BARRIER BELOW ALL CONCRETE SLABS.

ALL PIERS SHALL BE CAST FROM NORMAL WEIGHT CONC. HAVING A 28 DAY COMPRESSIVE STRENGTH (F'C) = 3000 or GREATER. PSI

SILL PLATE SHALL BE ATTACHED TO FOUND. WALL WITH 1/2" DIA. ANCHOR BOLTS EMBEDDED MINIMUM OF 7" X 12" O.C. & WITHIN 12" OF ALL CORNERS.

REFER TO ARCHITECTURAL DRAWINGS FOR ALL DIMENSIONS.

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