ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319663

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

off site PIN # 4629 -- 63 -- 1674

APPLICANT/OWNER: Oscar Koehler APPLICANT ADDRESS: 167 Maple View Dr. Troutman NC 28166

SITE ADDRESS: 111 Nautilus Court, Troutman NC 28166 PHONE: 704-309-0227 ~~ALT PHONE~~ House 4629-43-9264

SITE DIRECTIONS: (N) Perth → (O) State Park → (L) Morrison Farm → (R) April → (L) Nautilus Ct. SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: ✓ Hawkes Bay SECTION: N/A LOT# 30 & 30A LOT AREA: 0.582 + 1.447 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3 (I) / 0.1 (R)

Septic Tank	1000 (gal)	STB	760	Date	4/23/22	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
~~Septic Tank~~	1000 (gal)	PT	760	Date	4/23/22	System Description:	50% Reduction - VPPBPS - PM			[ ] Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	Drip - 4800 ft2 +			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	268	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space
Trench Width	24" min	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE		[X] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Use whole house grinder pump to get sewage to offsite easement, use 1000 g Settling tank before septic tank, use gravity feed. Divide flow from tank 4 ways - Feed: L1 & L2 together, L3 & L4 together (each receiving equal feed), L5 & L6 each fed separately - per plan. Do not pave, grade, park, or bury utilities in drainfield.

INITIAL SITE SKETCH

L1, L2, L3, L4 = 8 panels each
L5 & L6 = 15 panels each.

See attached site plan by ICHD dated 8/19/21

AS BUILT SKETCH

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 time.

- Divert all drainage from drainfield - stay 15' off gullies unless filled. May be 2' from filled gullies
- Keep grinder pump line 25' from wells.

Installed as Drawn

6-15-2022 BCW
BOTTOM 5 LINES
INSTALLED AS PERMITTED

6/16/22
Tanks CW
last line

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**

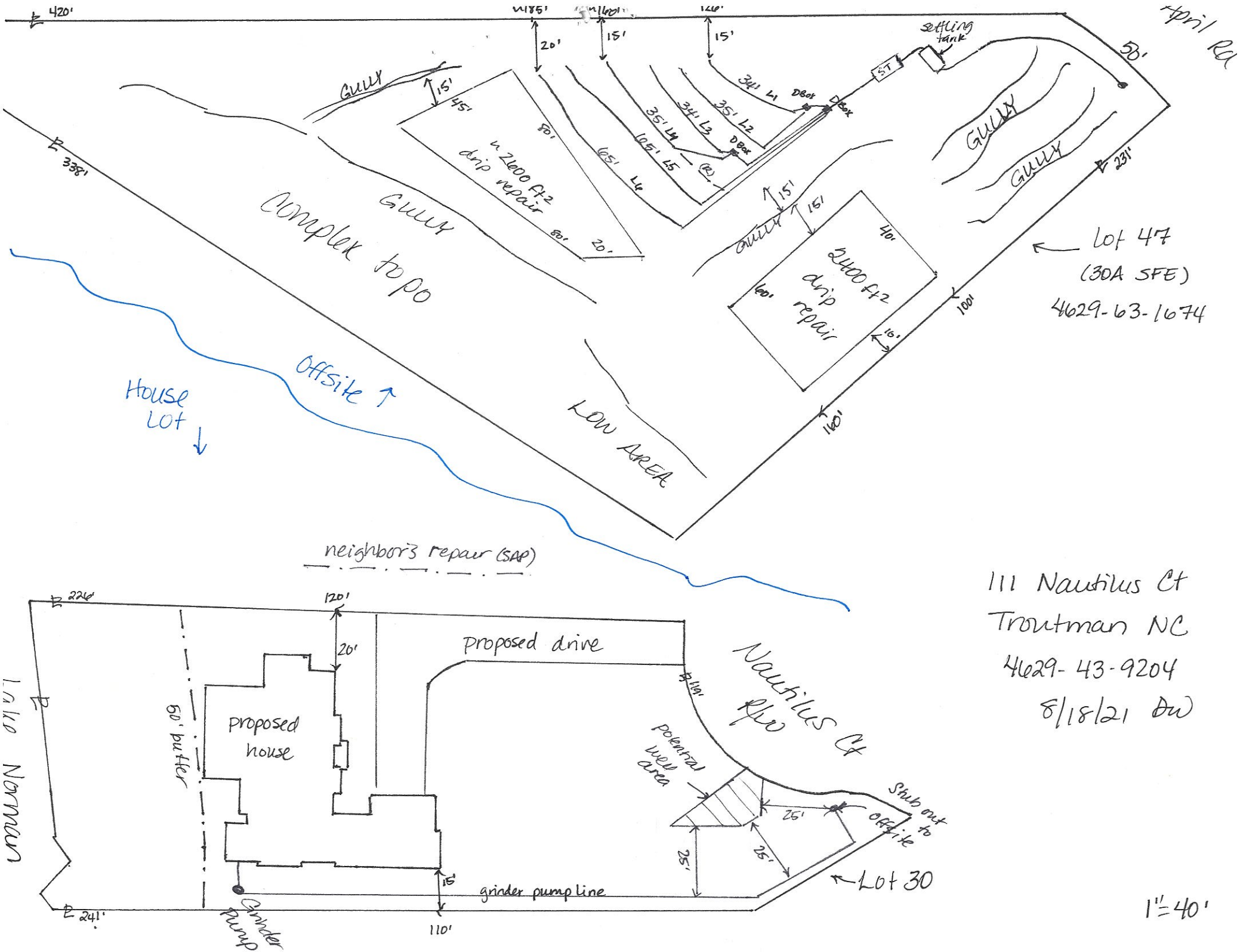
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: (Oscar) Date: 8-20-21 Installed by: Grandbreathers

IMPROVEMENT PERMIT by: D. Nieberg Date: 8/19/21 OPERATION PERMIT by: Cay Wtl Date: 6/16/22

AUTHORIZATION TO CONSTRUCT by: D. Nieberg Date: 8/19/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


420'
185'
160'
126'
20'
15'
15'
settling tank
50'
April Rd
GULLY
15'
45'
in 2400 ft2 drip repair
60'
20'
90'
65' L4
35' L4
35' L3
34' L2
34' L1
DBox
DBox
DBox
ST
(R)
GULLY
GULLY
GULLY
231'
338'
Gully
Complex topo
LOW AREA
15'
15'
40'
2400 ft2 drip repair
60'
10'
100'
160'
Lot 47
(30A SFE)
4629-63-1674
House Lot
Offsite
neighbor's repair (SAP)
226'
120'
20'
proposed drive
Nautilus Ct
Rev
116'
proposed house
60' buffer
potential well area
25'
25'
25'
Stub out to offsite
Lot 30
15'
grinder pump line
241'
110'
Grinder Pump
Norman Rd
111 Nautilus Ct
Troutman NC
4629-43-9204
8/18/21 DW
1"=40'

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

Sheet 1 of 1
PROPERTY ID #: 4629 43 92
COUNTY: Fairfax

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

OWNER: Robert Berklite — APPLICATION DATE 7/14/21
ADDRESS: 14462 Woodmere Pl, Centreville VA 20120 — DATE EVALUATED: 8/4/21
PROPOSED FACILITY: 4BR — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 0.582± 1.447 sqft
LOCATION OF SITE: 111 Nautilus Ct - Offsite @ COS SFE 47 on April Rd — PROPERTY RECORDED:
4629 63 1674
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	LS 15%	0-7	CL-SBK	SSSP-FI/FR-SEXP	some compacted soil - very dry hemysap h 14-35"	36"	S-L	N/A	PS 0.3
		7-14	C-SBK	SSSP-FR-SEXP					
		14-35	CL-SBK	SSNP-FR-SEXP					
		35-64	SAP-SL-M	NSNP-VFR					
2	LS 20%	0-5	CL/SCL-SBK	SSSP-FR-SEXP	N/A	36"	LS/S		PS 0.2
		5-11	C-SBK	"					
		11-36	CL-SBK						
		36-54	SAP-LS-M	NSNP-VFR-					
		54-70	SAP-S-M	"					
3	LS 10%	0-9	SCL-SBK	SSNP FR-SEXP	2.5Y 7/3 @ 32" 2.5Y 7/2/6/2 @ 34"+ N/A	70"	N/A	N/A	PS 0.1
		9-26	CL/SCL SBK	SSNP-FR-SEXP					
		26-70	CL-SBK	SSSP-FR-SP					
4	22%	0-5	CL-SBK	SSSP-FR-SEXP	N/A	60"	L	N/A	PS 0.35
		5-19	C-SBK	"					
		19-38	CL-SBK	SSNP FR-SEXP					
		38-60	L-SBK	SSNP FR SEXP					
		60-70	SAP-L-M						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267'	4800 sqft
System Type(s)	50% gravity	dnp
Site LTAR	0.3	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wickey
OTHER(S) PRESENT: D. Beane

COMMENTS: Complex slope on lot, wooded

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH — In inches below natural soil surface

DEPTH OF FILL — In inches from land surface

RESTRICTIVE HORIZON — Thickness and depth from land surface

SAPROLITE — S(suitable) or U(unsuitable)

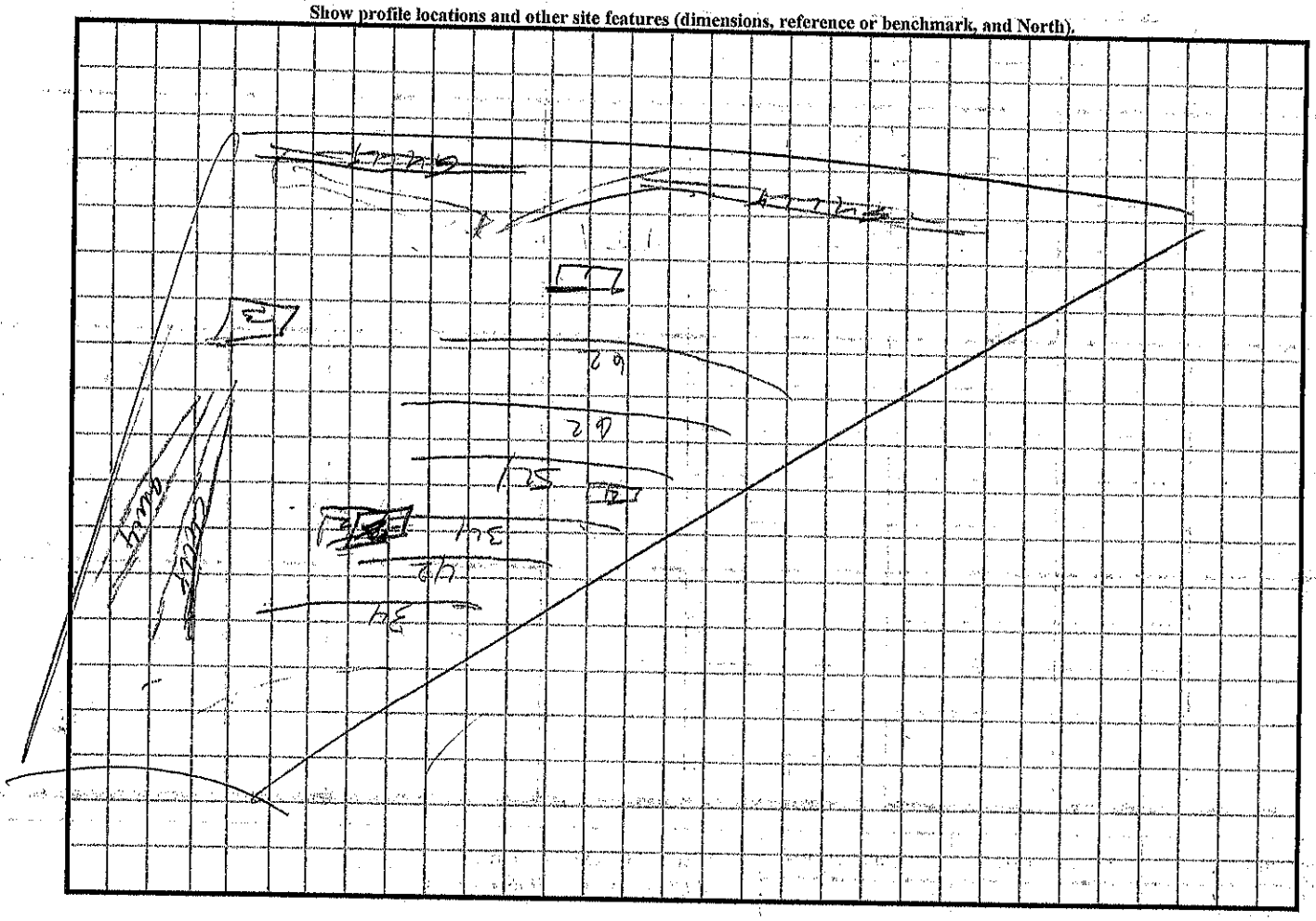
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

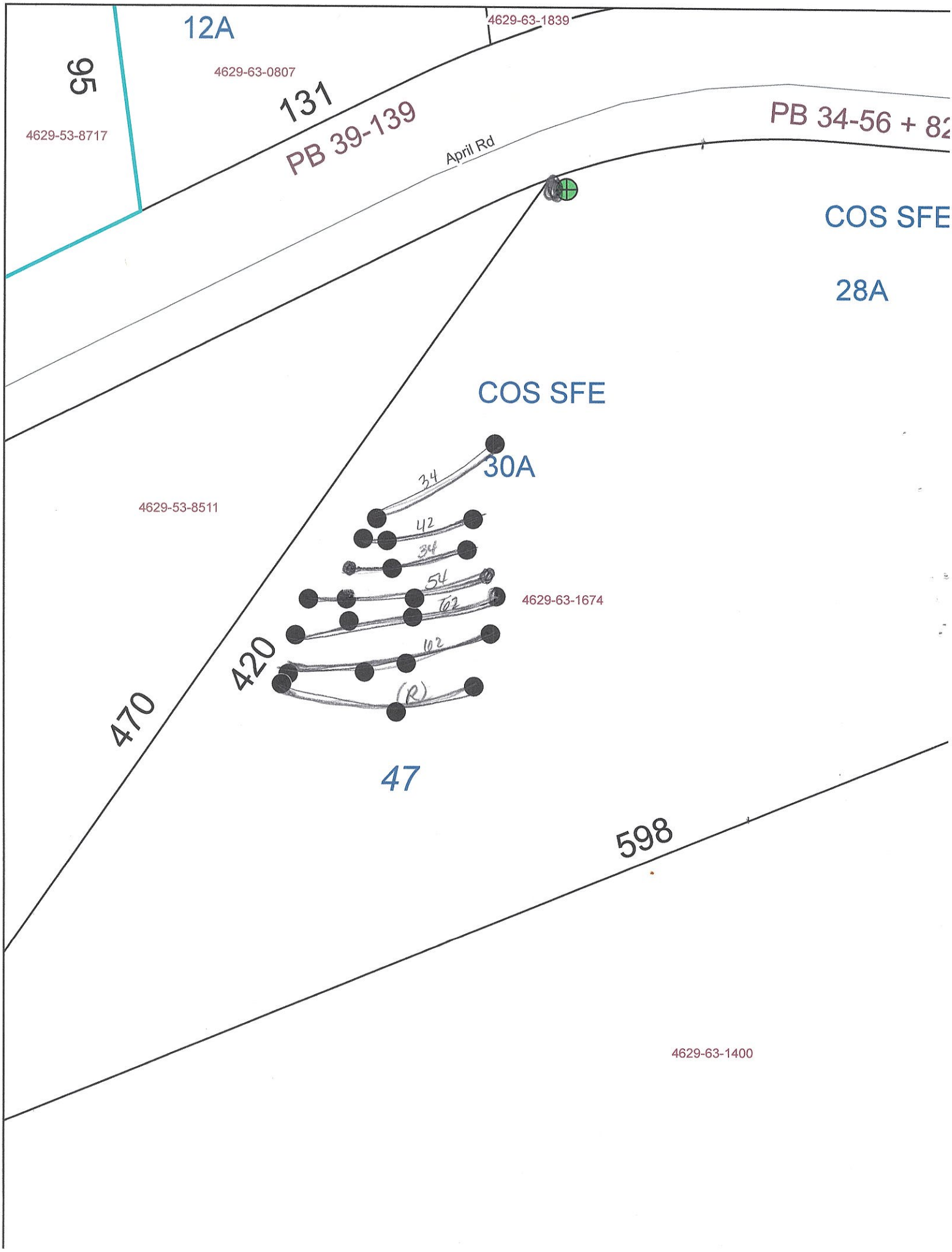
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).




12A
4629-63-1839
4629-63-0807
95
131
4629-53-8717
PB 39-139
April Rd
PB 34-56 + 82
COS SFE
28A
COS SFE
30A
34
42
34
54
62
4629-63-1674
102
420
(R)
4629-53-8511
470
47
598
4629-63-1400

8/49a

RECEIVED JUL 14 2021

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* AP-319663 $500.00

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

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: OSCAR KOEHLER **Address:** 107 MAPLE VIEW DR TROUTMAN **Zip:** 28166
Applicant Email: OKOEHLERHOMES@AOL.COM **Phone:** 704-309-0227 **Alt. Phone:**
Owner Name: ROSS & KELLY BERKLITE **Address:** 6462 WOODMERE PL CENTREVILLE VA **Zip:** 20120
Owner Email: KBERKLITE@VERIZON.NET **Phone:** 571-345-1491 **Alt. Phone:**

Property Information:

Street Address: 111 NAUTILUS CT TROUTMAN NC 28166
Subdivision Name: HAWKES BAY **Section/Phase:** **Lot Number:** 30
Driving Directions: MORRISON FARM, (R) ON APRIL RD, (L) ON NAUTILUS CT
* SEPTIC OFF SITE LOT #47 APRIL RD

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: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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:
(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: (APPLS) 7/13/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ **2.** I, Robert Kelly Berklite, am the legal owner(s) of the property located at 111 Nautilus Ct Statesville NC 28677, identified as PIN (Parcel Identification Number) 4629439204.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Oscar Koehler Sr Koehler Homes Inc, 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.

Kelly Berklite
Signature of Owner(s)

7/13/21
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

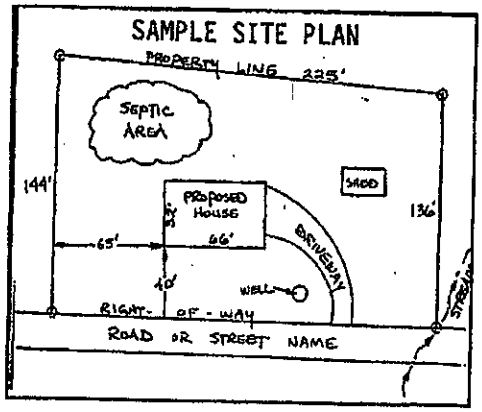
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

SEPTIC OFF SITE LOT #47 APPLED TRUITMAN
SEE ATTACHED PLAT.

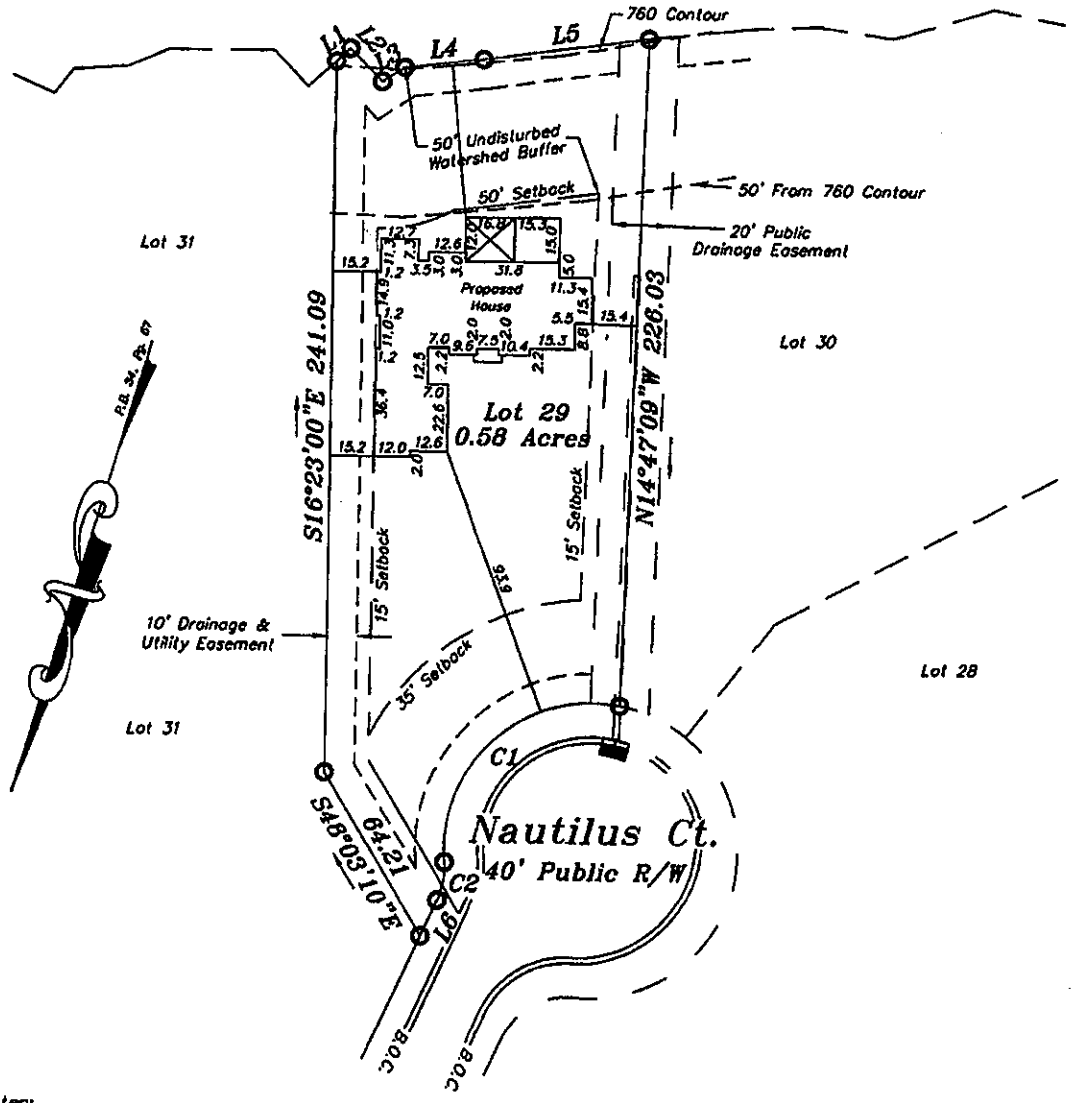
Signature: _____ (PAGES)
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/13/21
DATE

LINE TABLE		
LINE	LENGTH	BEARING
L1	6.54	N31°14'09"E
L2	15.58	S60°48'38"E
L3	9.00	N40°41'16"E
L4	27.08	N66°52'59"E
L5	56.64	N65°47'46"E
L6	13.32	N08°03'29"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chord Bearing
C1	92.28	50.00	79.73	N31°00'36"E
C2	13.06	25.00	12.91	S06°54'11"E

Lake Norman



Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 34 at Page: 57, recorded in the Iredell County Register of Deeds.
3) No Title Commitment was provided or reviewed.
4) This survey is of an existing parcel or parcels of land.
5) Area by coordinate method.

GRAPHIC SCALE

60 0 30 60 120

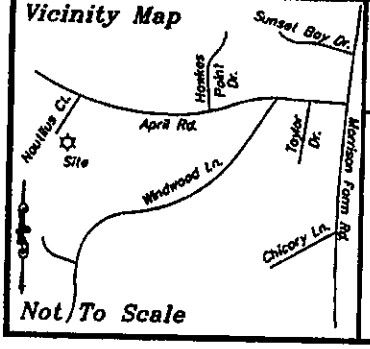
(IN FEET)

1 inch = 60 ft.

Legend

E.O.P. = Edge of Pavement
R/W = Right-of-way
—∿— = Not to scale
Ⓢ = Sanitary Sewer Manhole
▬ = Catch Basin
RCP = Reinforced Concrete Pipe
I.P.S. = #4 Rebar Set

Vicinity Map



Not To Scale

Plot Plan

FOR

Robert Berklite & Kelly Berklite

PROPERTY DESCRIPTION

Lot 30,
Hawkes Bay
Plat Book 34, Page 57

Fallstown Township, Iredell County, NC

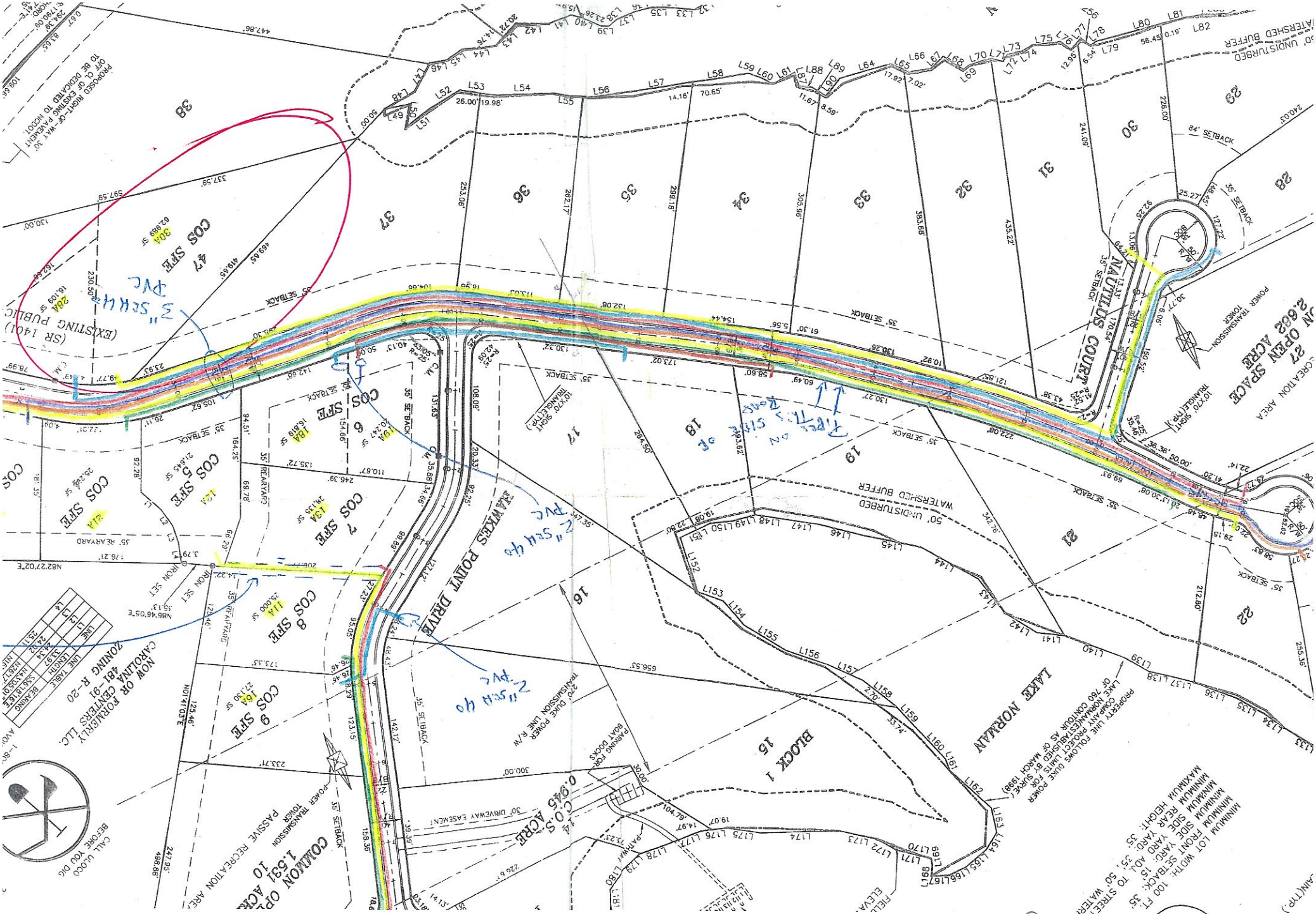
SCALE:

FIELD BOOK:

FILE: 2021-80

Tax Pin #: 4629439204

Schambock Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

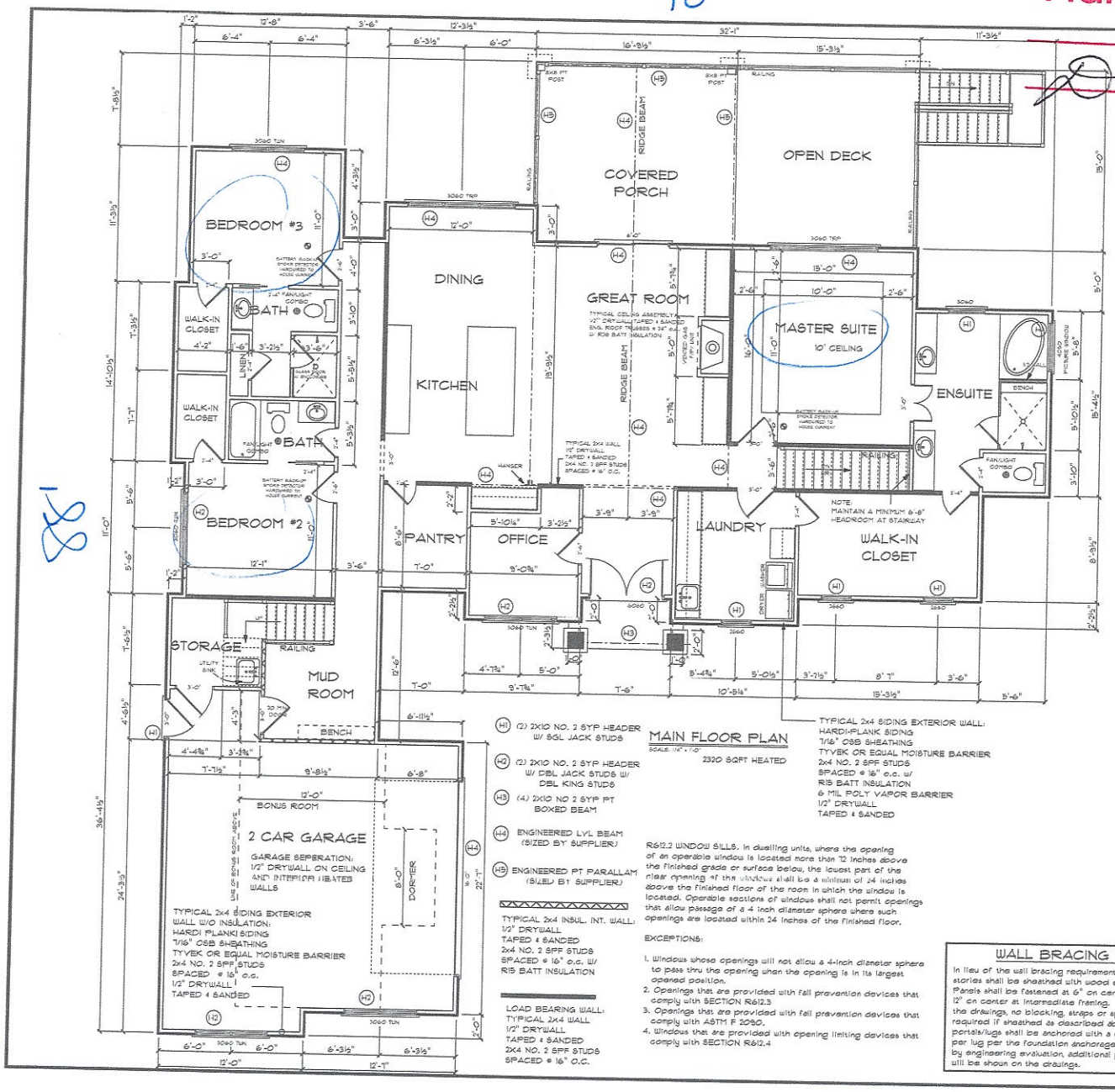

3" sch 40 PVC
2" sch 40 PVC
2" sch 40 PVC
Please supply new casing sheet at lot 18
Please supply new casing sheet at lot 17
Please supply new casing sheet at lot 19
NAUTILUS COURT
SAWYERS POINT DRIVE
BLOCK 1
LAKE NORMAN
COMMON OPEN SPACE
1.531 ACRE
2.682 ACRE
0.945 ACRE
NOW OR FORMERLY
CAROLINA 421-91
ZONING R-20
CALL ULOCO BEFORE YOU DIG
MINIMUM LOT WIDTH: 100 FT.
MINIMUM FRONT SETBACK: 35'
MINIMUM SIDE YARD: 10'
MINIMUM REAR YARD: 35'
MAXIMUM HEIGHT: 35'
50' UNDISTURBED WATERSHED BUFFER
84' SETBACK
35' SETBACK
35' REARYARD
POWER TRANSMISSION TOWER
PASSIVE RECREATION AREA
PROPOSED RIGHT-OF-WAY 30' OFF C.L. OF EXISTING PAVEMENT TO BE DEDICATED TO NCDOT
(EXISTING PUBLIC) (SR 1401)

Acknowledgement Of Plans Submittal ONLY!

Date

Date 8/16/21

73'



MAIN FLOOR PLAN

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

2320 SQFT HEATED

(H1) (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS

(H2) (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

(H3) (4) 2X10 NO 2 SYP PT BOXED BEAM

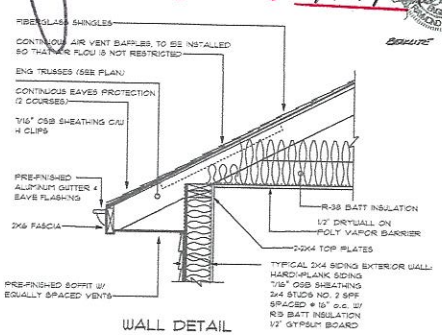
(H4) ENGINEERED LVL BEAM (SIZED BY SUPPLIER)

(H5) ENGINEERED PT PARALLAM (SIZED BY SUPPLIER)

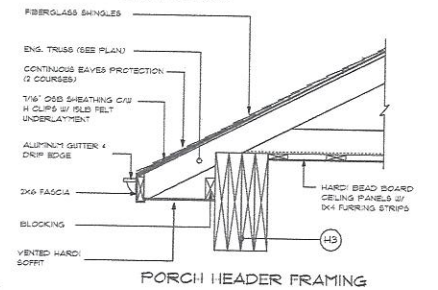
R612.2 WINDOW SILLS. In dwelling units, where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4 inch diameter sphere where such openings are located within 24 inches of the finished floor.

EXCEPTIONS:

1. Windows whose openings will not allow a 4-inch diameter sphere to pass thru the opening when the opening is in its largest opened position.
2. Openings that are provided with fall prevention devices that comply with SECTION R612.3
3. Openings that are provided with fall prevention devices that comply with ASTM F 2090.
4. Windows that are provided with opening limiting devices that comply with SECTION R612.4



WALL DETAIL



PORCH HEADER FRAMING

GENERAL NOTES:

1. DIMENSIONS SHALL BE TO FACE OF FRAMING OR FACE TO FACE OF CONCRETE UNLESS OTHERWISE NOTED. DO NOT SCALE DRAWINGS.
2. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND FIELD CONDITIONS BEFORE PROCEEDING AND SHALL NOTIFY SCRATCH PAD DESIGNS OF ANY DISCREPANCIES.
3. CONTRACTOR SHALL PROVIDE SHORING AND BRACING AS REQUIRED UNTIL PERMANENT SUPPORTS AND STIFFNERS ARE INSTALLED.
4. CONTRACTORS SHALL TAKE REASONABLE PRECAUTIONS FOR THE SAFETY OF WORKERS AND OTHER AFFECTED PERSONS AND SHALL PROVIDE REASONABLE PROTECTION TO PREVENT DAMAGE TO ALL WORK, MATERIALS AND EQUIPMENT.
5. CONTRACTOR SHALL NOTIFY OWNER OF PROPOSED FIELD CHANGES PRIOR TO CONSTRUCTION OF MODIFICATIONS.
6. DAMAGED OR DEFECTIVE WORK SHALL BE IMMEDIATELY REPAIRED OR REPLACED TO THE APPROVAL OF THE OWNER/BUILDER AT NO ADDITIONAL COST TO THE OWNER/BUILDER.
7. THE INTENT OF THESE DRAWINGS IS TO INCLUDE ALL ITEMS NECESSARY FOR THE COMPLETION OF THE WORK INCLUDING WHAT IS REASONABLY INFERABLE TO PRODUCE THE INTENDED RESULTS.
8. ALL MATERIALS, FIXTURES, ETC. SHALL BE NEW UNLESS OTHERWISE SPECIFIED AND SHALL BE INSTALLED ACCORDING TO ALL MANUFACTURES SPECIFICATIONS AND RECOMMENDATIONS.
9. CONTRACTORS SHALL SUBMIT SAMPLES OF ALL FINISH MATERIALS TO OWNER/BUILDER PRIOR TO INSTALLATION.
10. ALL SLEEPING AREAS WILL BE PROVIDED WITH UL APPROVED SMOKE DETECTORS. THESE SHALL BE WIRED TO THE 110 VOLT HOUSE CURRENT AND WILL MEET DESIGN CRITERIA AS REQUIRED BY UL DESIGN 268.

WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTUAL ERRORS ONCE CONSTRUCTION BEGINS.

ADDITIONAL NOTES: (REVISED)

DRAWING TITLE: MAIN FLOOR

PROJECT INFORMATION: BERKLITE RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: MARCH, 2021
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

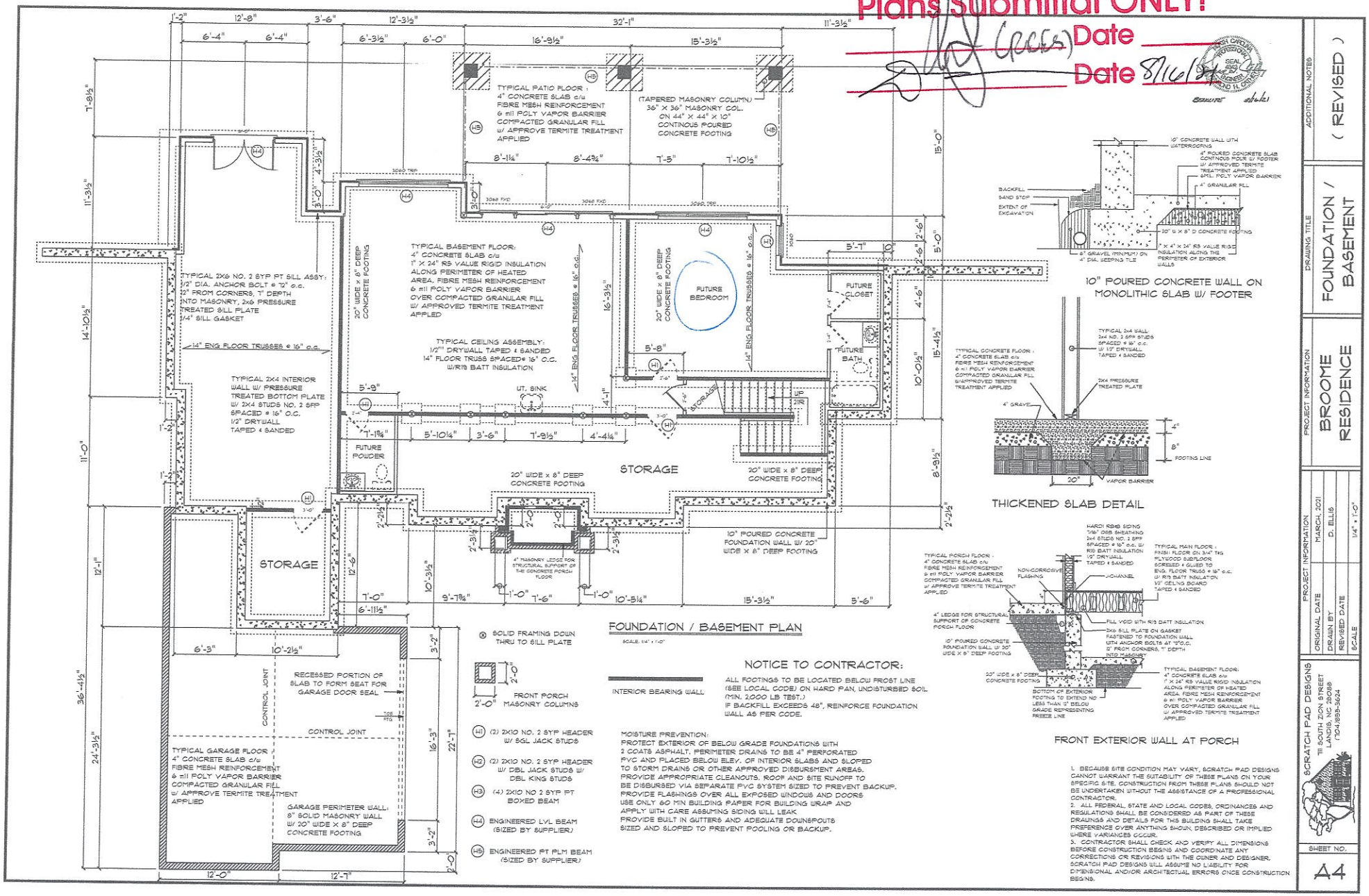
SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704) 855-3624

SHEET NO. A3

Acknowledgement Of
Plans Submittal ONLY!

(Access) Date

Date 8/16/21



FOUNDATION / BASEMENT PLAN

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

NOTICE TO CONTRACTOR:

ALL FOOTINGS TO BE LOCATED BELOW FROST LINE (SEE LOCAL CODE) ON HARD PAN, UNDISTURBED SOIL (MIN. 2000 LB TEST.) IF BACKFILL EXCEEDS 48", REINFORCE FOUNDATION WALL AS PER CODE.

MOISTURE PREVENTION:
PROTECT EXTERIOR OF BELOW GRADE FOUNDATIONS WITH 2 COATS ASPHALT. PERIMETER DRAINS TO BE 4" PERFORATED PVC AND PLACED BELOW ELEV. OF INTERIOR SLABS AND SLOPED TO STORM DRAINS OR OTHER APPROVED DISBURSMENT AREAS. PROVIDE APPROPRIATE CLEANOUTS. ROOF AND SITE RUNOFF TO BE DISBURSED VIA SEPARATE PVC SYSTEM SIZED TO PREVENT BACKUP. PROVIDE FLASHINGS OVER ALL EXPOSED WINDOWS AND DOORS USE ONLY 60 MIN BUILDING PAPER FOR BUILDING WRAP AND APPLY WITH CARE ASSUMING SIDING WILL LEAK PROVIDE BUILT IN GUTTERS AND ADEQUATE DOWNSPOUTS SIZED AND SLOPED TO PREVENT POOLING OR BACKUP.

10" POURED CONCRETE WALL ON MONOLITHIC SLAB W/ FOOTER

THICKENED SLAB DETAIL

FRONT EXTERIOR WALL AT PORCH

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2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
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ADDITIONAL NOTES: (REVISED)

DRAWING TITLE: FOUNDATION / BASEMENT

PROJECT INFORMATION: BROOME RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: MARCH, 2021
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
711 SOUTH ZION STREET
LANDIS, NC 28088
(704) 855-5624

SHEET NO. A4

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319663 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629439204.000	111 NAUTILUS CT	Iredell County

Owner Information	Applicant Information
Name: BERKLITE ROBERT+KELLY	Name: KOEHLER HOMES INC
Address:	Address: 167 MAPLE VIEW DRVE TROUTMAN, NC 28166
Phone:	Phone: (704)528-1235

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.582	35	50	15	15	WSIV-PA Catawba/Lake Norman	YES

Remarks
SFD Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

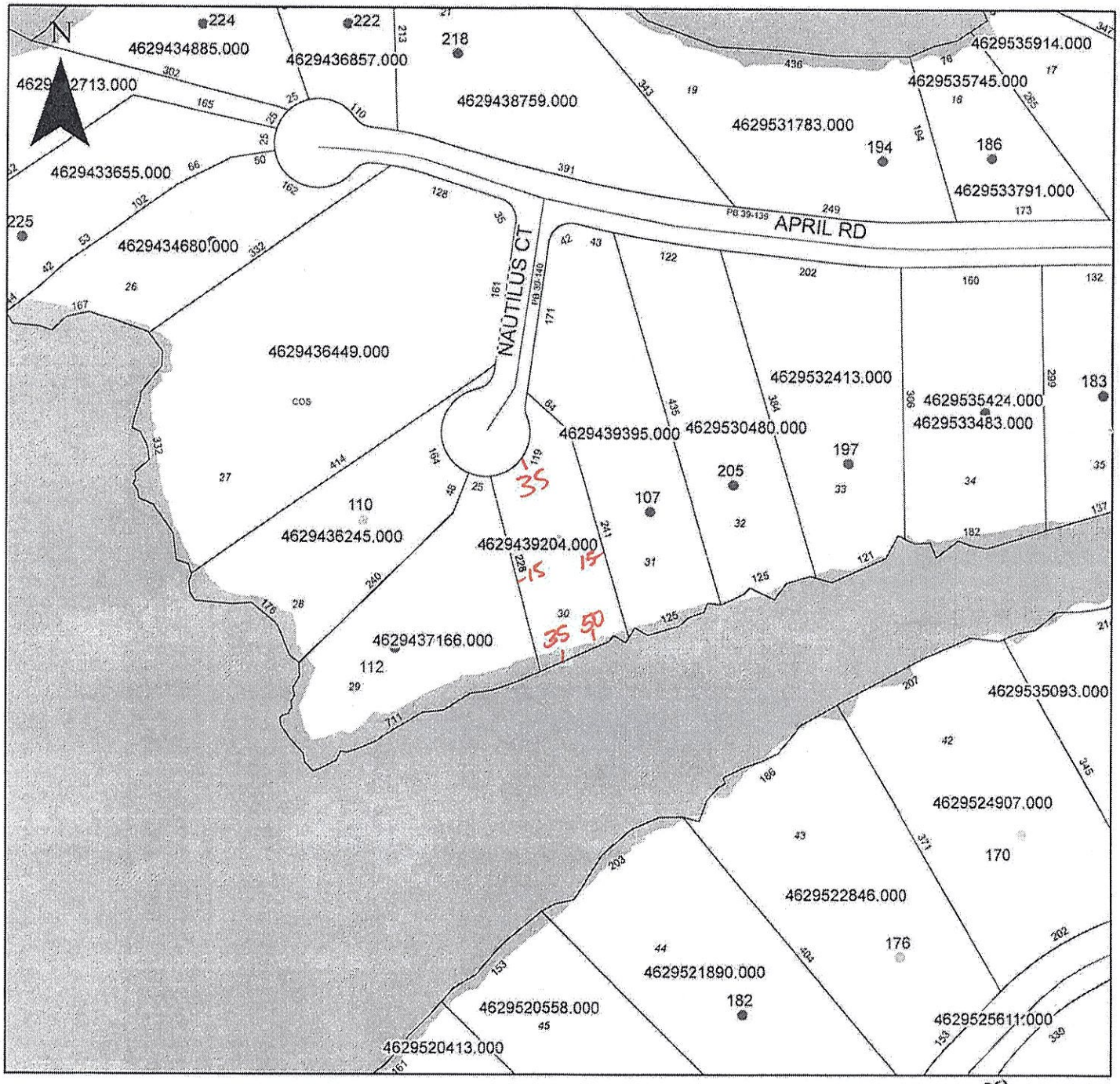
Signature of Owner/Contractor

Date: 07/14/2021

Permit Number	319663

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 111 Nautilus CT.

R-20
0.58 ac
WS-IV-BP
YES

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

2/14/21
Date