IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216195

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

PIN # 4629-86-4432

APPLICANT: Livewell Homes APPLICANT ADDRESS: 310 Springcrest Drive

SITE ADDRESS: 106 Dayvault Cut Rd., Iredell 28166 PHONE: 704-777-8266 ALT. PHONE:

SITE DIRECTIONS: Rt 21 south from Statesville → Right on State Park Rd → Left on Morrison Farm Rd → Left on Dayvault Cut Rd → site on Right

SUBDIVISION: Falls Park SECTION: 1A LOT # 1 LOT AREA: 1.322 acres DESIGN FLOW: 600 gal/day L.T.A.R.: 0.30

Septic Tank	1500	(gal)	STB		Date						
Pump Tank	1500	(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields	1	# Lines	4		Linear Ft:	500					
Trench Width	36"	Max. Trench Bottom Depth	24-30" on low side		Gravel Depth						

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction - Pressure Manifold

Repair System Description: LP-PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Strongly recommend limiting the pumping of the pump chamber to 60% → 70% of design flow (360-420 gals/day) vs. the currently proposed 600 gallons/day (100% design flow)

INITIAL SITE SKETCH

See attached plans from Toney Jacobs, LSS of Jacobs On-Site Development, Inc.

Dated: January 22, 2016

Amended: February 12, 2016

AS BUILT SKETCH

SEE ATTACHED DRAWING

	Date	Initials
Drain Lines Checked	11/1	WS
Tanks Checked	11/1	WS
Pressure Manifold or Valve Box Checked	11/2	WS
Pressure Head Set	11/2	WS
Electrical Checked	6-4-19	CC
Floats Set	11/2	WS
Alarm Checked	6-4-19	CC
Maintenance Contract Y (N)	not required	
Comments:		

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**

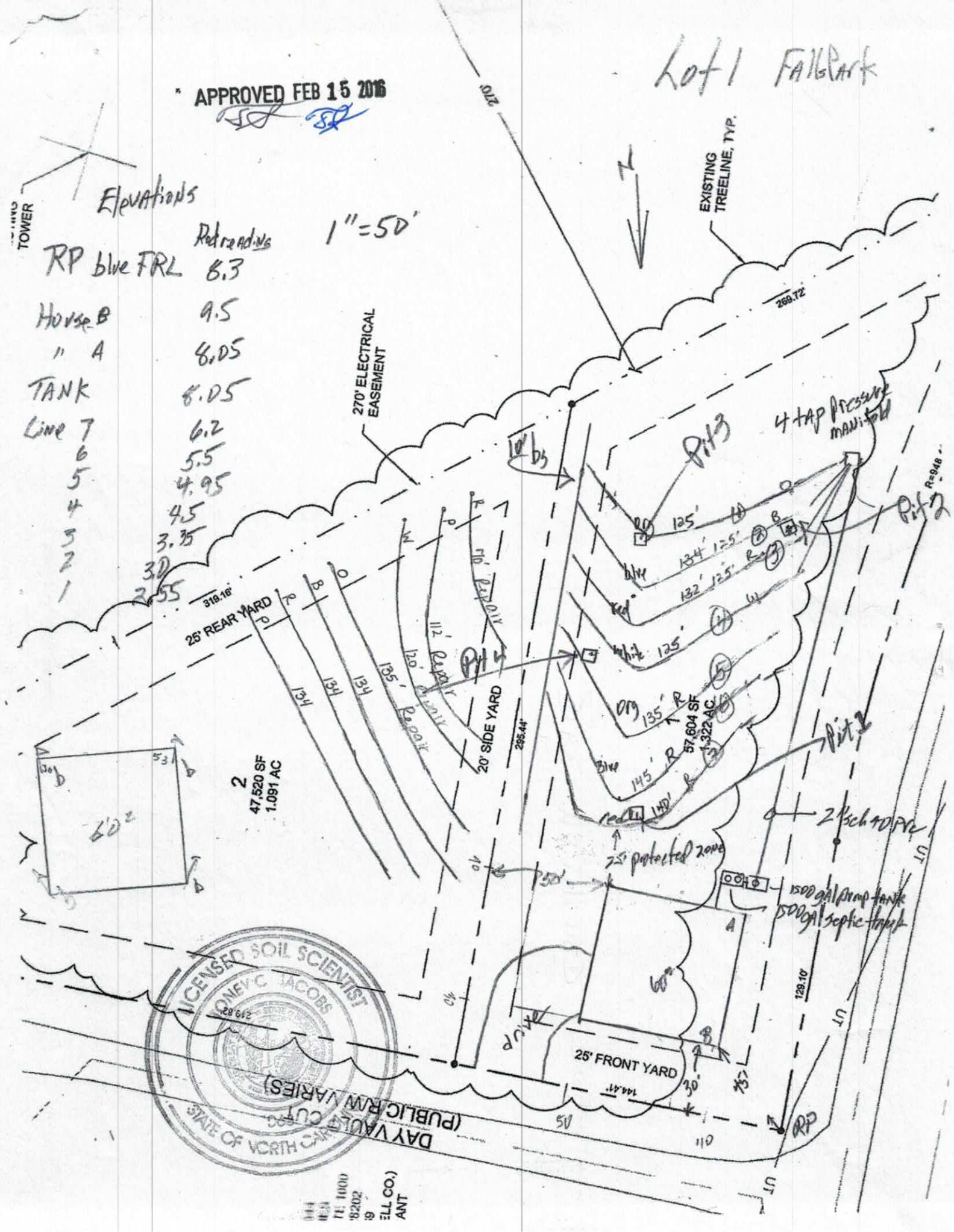
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Tommy Chapman LSS Date: 7/6/14 Installed by: Chris Dobbins

IMPROVEMENT PERMIT by: Tom Shuck Date: 2-5-2016 OPERATION PERMIT by: Carlton C. Cave Date: 6-4-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/16/2016 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


Lot 1 Falkpark
APPROVED FEB 15 2016
Elevations
Retreading
RP blue FRL 6.3
Horse B 9.5
" A 6.05
TANK 6.05
Line 7 6.2
6 5.5
5 4.95
4 4.5
3 3.35
2 30
1 255
1" = 50'
TOWER
EXISTING TREELINE, TYP.
270' ELECTRICAL EASEMENT
269.72'
4 tap Pressure manifold
Pit 3
Pit 4
Pit 2
Pit 1
10' Repair
112' Repair
120' drill
135' Repair
134'
125'
132'
135'
145'
319.16'
25' REAR YARD
20' SIDE YARD
295.44'
57,604 SF
1.322 AC
2
47,520 SF
1.091 AC
60'
25' protected zone
50'
1500 gal pump tank
1500 gal septic tank
25' FRONT YARD
144.41'
129.10'
60'
DAY VALLEY CUT
(PUBLIC R/W VARIES)
LICENSED SOIL SCIENTIST
RP

EXPEDITED REVIEW PROCESS LOW PRESSURE MANIFOLD DOSING
FOR A
25% REDUCTION SEPTIC SYSTEM
FOR
SUBSURFACE WASTEWATER DISPOSAL
FALLS PARK SUBDIVISION
CORNER MORRISON FARM AND DAYVAULT CUT – LOT 1
TROUTMAN NC

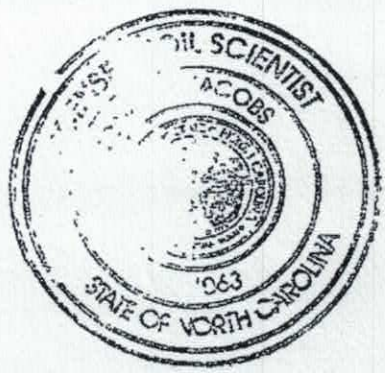
Prepared for
Livewell Homes
310 Springcrest Drive
Fort Mill SC
704-777-8266
dbowden@livewellhomes.net

Prepared by:
Toney C. Jacobs, LSS
Jacobs On-Site Development, Inc.
168 Broadbill Drive
Mooresville, North Carolina 28117
704 662-9845
toneycjacobs@gmail.com

and

Kathleen Saunders, LSS
The Oaks Group, PA
121 Holt Lane
Mooresville, North Carolina 28117
704 578-4951
kathleenmsaunders@gmail.com

January 22, 2016



Copy: Iredell County Health Dept.
Statesville, NC

Toney C. Jacobs, LSS

Kathleen M. Saunders, LSS

APPROVED FEB - 5 2016

DESIGN SPECIFICATIONS

Corner Morrison Farm and Dayvault Cut – Lot 1 Falls Park Subdivision

APPROVED FEB - 5 2016

Daily design flow	600 gpd.
Septic tank size	1500 gal.
Pumping tank size	1500 gal.
Initial system	500' of 25% reduction, 4 @ 125'
Effluent loading rate, Initial system	0.3 gpd/ft^2
Total length and diameter of supply pipe	approx. 200 ft. 2" sch 40 PVC
Number and length of laterals	4 @ 125' end-fed
Trench depth	24-30 inches maximum on low side
Flow rate through the system	22 gpm from 4 each ½" sch 80 taps from a 3" manifold
Tank depth	7.0'
Elevation head	approx. 12.5' (to be verified by installer after tanks are set)
Pressure head	2.0'
Friction head	3.0'
20% contingency	3.5'
Total head	21.0'
Pump requirements	22 gpm at 21.0' of head; use Goulds WE05H pump, pump and compatible panel or equivalent
Dosing volume	300 gal. – 2.0 doses/day at design flow
Depth of water pumped per dose	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump run per dose	approx. 13.6 min.
Check valve	yes
Siphon break hole	no
Effluent loading rate, Repair system	0.3 gpd/ft^2
Repair system	pressure dose 50% reduction designated on site plan as 135', 145', 140'
Protected zone	there has to be a 25' protected zone between the lowest septic line and any drain, and 15' to any cut greater than 2'.

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Livewell Homes
ADDRESS: 310 spring crest Drive unknown
PROPOSED FACILITY: 5BR House
LOCATION OF SITE: 106 Dayvault Cut Rd.
APPLICATION DATE 1-25-16
DATE EVALUATED: 1-30-16
PROPOSED DESIGN FLOW (.1949): 600 gal/day
PROPERTY SIZE: 1.322 acres
PROPERTY RECORDED: Yes

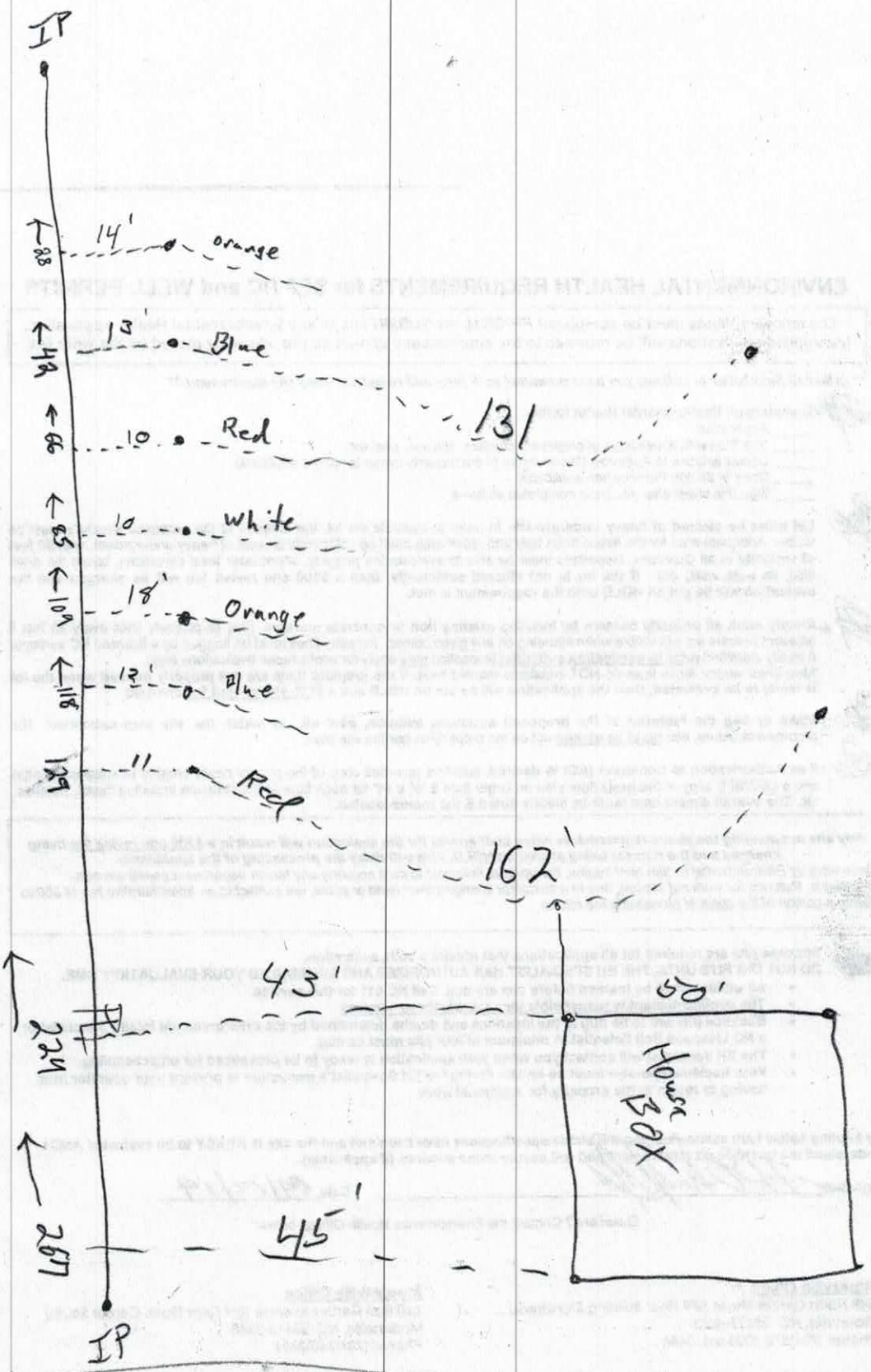
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear side slope Right Line Along main Rd	0-4	Fine Sandy clay Loam weak SBK	Loose slightly Firm, SS, Sp, Scap	—	44"	—	—	0.3 PS
		4-20	Clay medium ABK/SBK	Firm, SS, Sp, Scap					
		20-44	Clay Loam weak SBK	Friable, SS Sp Scap					
		44"-60"	Loamy Saprolite [massive]	Friable, +Well Drained					
2	Linear Head Slope [Top of Field] Primary	0-32	clay weak/moderate ABK	slightly Firm, SS, Sp, Scap	—	60	—	—	0.3 PS
		32-60	clay Loam weak SBK	slightly Friable, SS, Sp, Scap					
3									
4	Linear Side slope Blue Line + Right Repair	0-32	clay weak ABK	slightly Firm, SS, Sp, Scap	—	52	—	—	0.3 PS
		32-52"	clay Loam weak SBK	Friable, SS, Sp, Scap					
			Few → Common SAProlite inclusions						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	500 L.F. @ 25% reduction	
System Type(s)		
Site LTAR		

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

COMMENTS:


IP
14'
orange
88
13'
Blue
49
10
Red
66
10
White
65
18'
Orange
104
12'
Blue
118
11
Red
129
131
162
43'
60'
224
House Box
267
45'
IP

Daygult Cut

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

APPROVED FEB 15 2016

file 016195

Sheet 1 of 1
PROPERTY ID #: 0035 1KD 097
COUNTY: Iredell

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

OWNER: Live well Homes
ADDRESS: 310 Springcrest DR Fort Mill SC
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: 106 Daybreak Ct Rd Lot 1
WATER SUPPLY: Private ✓Public Well Spring Other _____
EVALUATION METHOD: Auger Boring ✓Pit Cut

APPLICATION DATE: 1/22/16
DATE EVALUATED: 2/16/16
PROPERTY SIZE: 1.018 Ac
PROPERTY RECORDED: Y5
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	L, N <2	0-21	MD SBK C	FR SS/SP 1:1	NA	>50	NA	NA	0.3
		21-50	WK SBK Cl	FR SS/SP "					
2	L <5	0-16	MD SBK C	FR SS/SP 1:1	NA	>50	S'LSAP 3-50	NA	0.3
		16-36	WK SBK Cl	FR SS/SP "					
		36-50	MA L SAP	FR SS/SP "					
3	L, N <5	0-24	MD SBK C	FR SS/SP 1:1	NA		PS Cs/SAP	NA	0.3
		24-46	WK SBK Cl	FR SS/SP "					
4	L <5	0-29	MD SBK C	FR SS/SP 1:1	NA		PS Fs/SAP		0.3
		29-52	WK SBK Cl	FR SS/SP "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% ext	25% ext
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): NA
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KS and Tony C. Davis
OTHER(S) PRESENT: David Spoon - Live Water

COMMENTS: _____

$350.00
Paid $500.00
2-16-16

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

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

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Livewell Homes	312 Spruce St.	704 777 9266	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
"	"	"	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
106 Dogwood Ct	Falls Park	Lot 1

Driving Directions: 5 N, R to State Park, TL Morrison, TL Dogwood, Right.

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

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

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
If Expansion, Current Number of Bedrooms ___

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

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

6. Proposed Water Supply:

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other 2" Graywater

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: (✓) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

9. Signature: Tommy C Funk, LLS
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/26/16
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Livewell Homes, LLC, am the legal owner of the property located at 106 Dayvault RD, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Tonay Jacobs, Jacobs on-site Development, inc, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 1·25·15
Signature of Owner Date

M. Heath Bell 1-25-15
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT

JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Date 2-10-16

Resubmittal # 1 Fee Due N/A Resubmittal Due Date 2-17-16

Re: Application for improvement permit for Livewell Homes property site 106 Daywault Cut Rd. Health Department file number 216195.

The Iredell County Environmental Health Department reviewed the above referenced application on 1-30-16. Based on the criteria set out in the Iredell County Expedited Review Process, the following errors were found during our review.

X NCDENR Soil/Site Evaluation form not submitted and/or (properly filled out)

___ Site plan does not utilized required scale

___ Initial and Repair Nitrification Fields not shown completely on site plan

___ Septic and/or pump tank locations not shown on site plan and/or in field

___ Proposed distribution not shown on site plan

___ Proposed and/or existing structures not shown on site plan

___ Proposed setbacks not shown on site plan

___ Proposed well location not shown on site plan (if applicable)

___ North Arrow not shown on site plan

___ Required elevations not shown on site plan

___ Pump calculations

___ Application not signed and sealed by LSS

___ Property corners and/or property side lines not visible

___ Property not accessible to complete evaluation

___ Nitrification Field laterals not flagged in field on contour

___ Proposed Structures not staked/marked in field

X Other: Soil test pits not legibly marked on site sketch (#s)

→ 1st Resubmittal: Errors shall be corrected, and application re-submitted with Owner/ Clients signature within 7 days to maintain place on Expedited Review work list.

2nd Resubmittal: Errors shall be corrected, and application re-submitted with Owner/Clients signature. A $50 fee due for office review resubmittals. Application placed at bottom of Expedited Review work list.

3rd Resubmittal: A $50 fee due for office review resubmittals. Application removed from Expedited Review work list and placed at bottom of Regular work list. LSS suspended from participation in Expedited Review Process for 6 months.

Owner/Clients Signature _____ LSS/Associates Signature Tony L. Clark, LSS

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

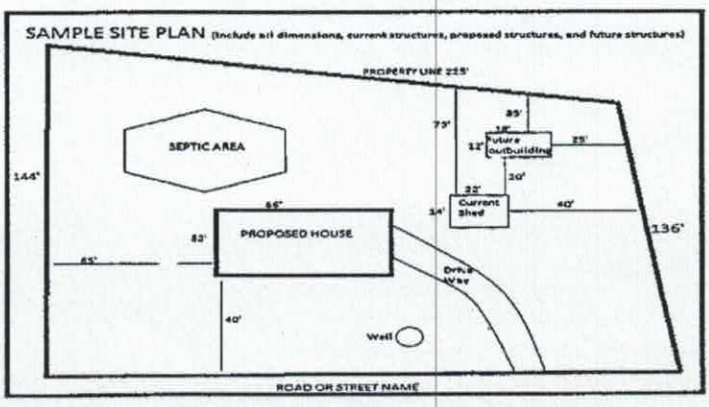
- X **Property Line measurements are clearly identified...**
- X **All proposed structures are indicated...**

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

- X **Front and side setbacks from property line...**
- X **Preferred driveway location and configuration, preferred 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:

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



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Plan by Tony Jacky
exp. Lp Vinyl

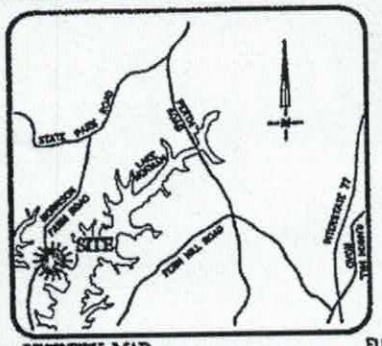
Signature: Tony C. Jacky

REQUIRED property owner or owner's legal representative signature.

11/25/14
DATE

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.

LOT FIT ONLY



VICINITY MAP
Not To Scale

FUTURE DEVELOPMENT
BK 2287, PG. 411
P.B. 55, PG 53

NTS
ref. only

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N14°26'57"E	341.53	343.40	948.42

S 55°22'28" W
269.72'
25' REAR YARD
25' SETBACK
C1
1
87,604 Sq.Ft.±
1.32 Ac.±
10' SETBACK
S 03°10'47" W
295.44'
BSMN'T
PATIO
1ST FLR
DECK
49.8
PROVIDENCE II
3237 "O"
2-CAR
OAR LEFT
W/ BRICK
1/8/10
SCALE: 1"=30'
34.8
40.8
19.0
13.3
13.3
2
25' SETBACK
129.46'
N 04°03'56" E
144.41'
S 85°23'01" E
MORRISON FARM ROAD
60' RIGHT-OF-WAY
MB. 63 PG. 38

DAYVAULT CUT ROAD
60' RIGHT-OF-WAY

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

60 0 60
Scale: 1" = 60'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-6060
FAX (704) 589-0105

HOUSE LOCATION PLOT PLAN
FOR

LOT 1, FALL'S PARK SUBDIVISION, PHASE 1A
Iredell County, North Carolina

PROPERTY OF: LIVEWELL HOMES

MAP BOOK 63 PAGE 38 DEED REFERENCE

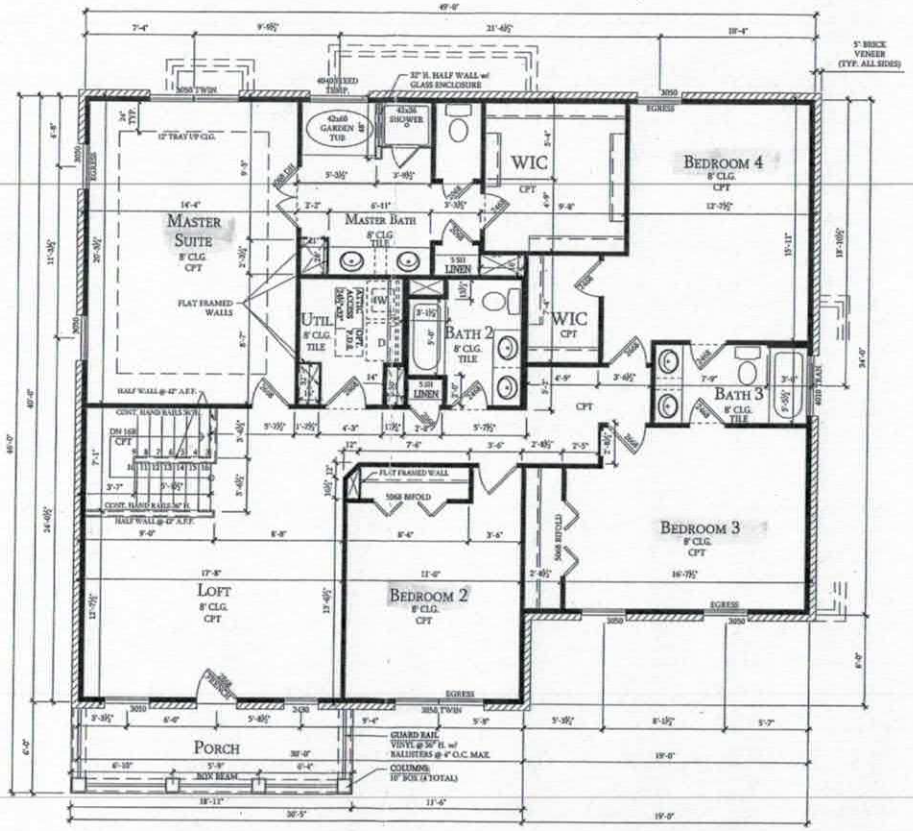
DRAWN BY: MJA

DATE: JANUARY 12, 2016

Acknowledgement of
Plans Submittal ONLY!

Date 2/16/16

Date 2/16/16



SECOND FLOOR PLAN

SCALE: 1/8"=1'-0"

DO NOT SCALE DRAWINGS
For dimensions not shown, contact plan coordinator for clarification.

THESE PLANS ARE THE PROPERTY OF LIVE WELL HOMES, LLC. AND MAY NOT BE REPRODUCED, CHANGED OR COPIED WITHOUT THE EXPRESSED WRITTEN CONSENT OF LIVE WELL HOMES, LLC., NOR ARE THEY TO BE ASSIGNED TO A THIRD PARTY WITHOUT OBTAINING SAID WRITTEN CONSENT.

revisions:	
date:	revised by:
-	-

GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRRC 2012 SECTION R613
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION & TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRRC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURN U.N.O.
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

FALLS PARK LOT 01

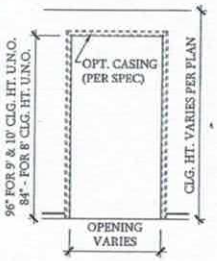
3237 Providence II

LiveWell Homes
THE BEST THINGS IN LIFE BUILT INTO YOUR HOME.
2424 Commons Court
Fort Mill, SC 29708
Phone: 704-574-0316

designed by:	teh
drawn by:	td
checked by:	td
date:	1/8/16

A-5.0c

SECOND FLOOR PLAN



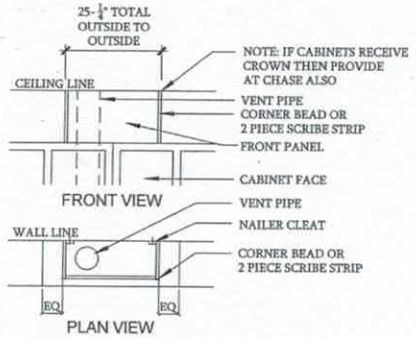
SHEETROCK OPENING DETAIL

SCALE: 3/16"=1'-0"

Acknowledgement of Plans Submittal ONLY!

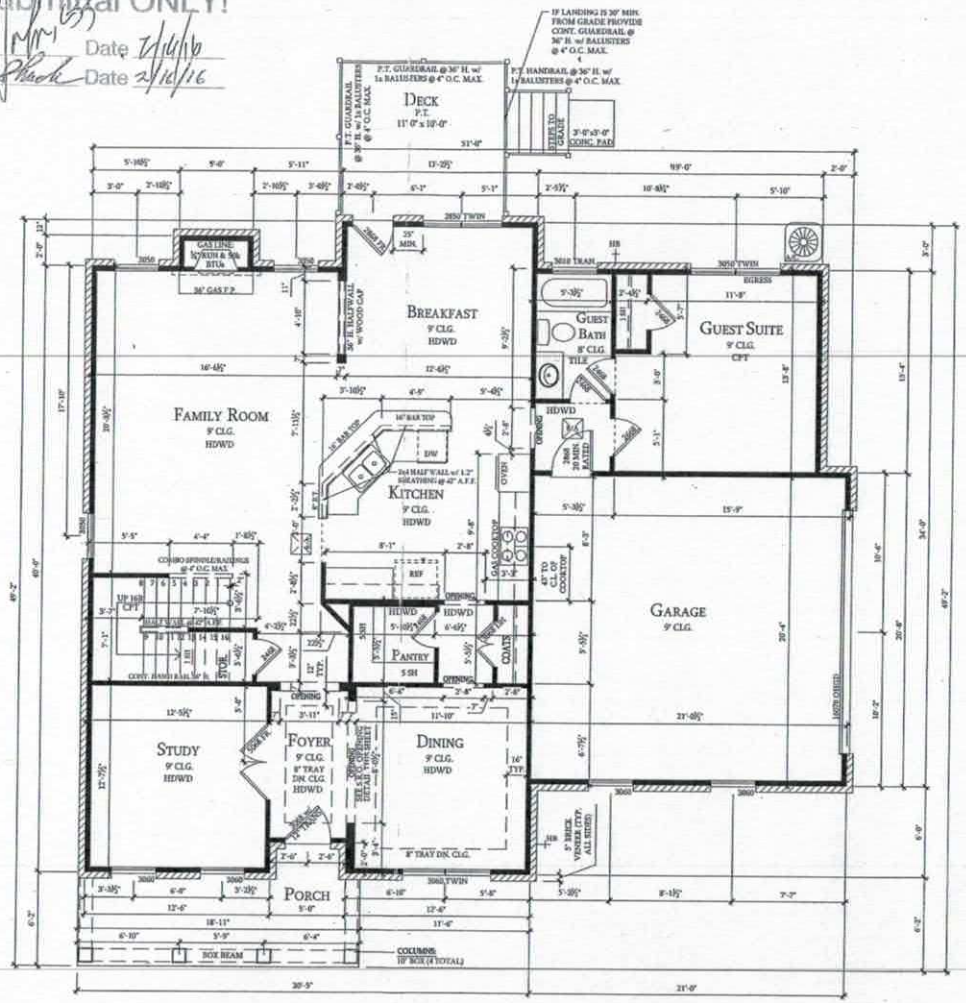
Date 2/16/16

Date 2/16/16



VENT PIPE CHASE FOR GAS RANGE

SCALE: 3/16"=1'-0"



FIRST FLOOR PLAN

SCALE: 1/8"=1'-0"

DO NOT SCALE DRAWINGS

For Dimensions not shown, please contact the designer for assistance

revisions:	
date:	revised by:
-	-

THESE PLANS ARE THE PROPERTY OF LIVE WELL HOMES, LLC. AND MAY NOT BE REPRODUCED, CHANGED OR COPIED WITHOUT THE EXPRESSED WRITTEN CONSENT OF LIVE WELL HOMES, LLC., NOR ARE THEY TO BE ASSIGNED TO A THIRD PARTY WITHOUT OBTAINING SAID WRITTEN CONSENT.

GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRBC 2012 SECTION R612
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION & TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRBC 2015
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURN U.N.O.
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

SQUARE FOOTAGE TABLE

BASE PLAN

FIRST FL. LIVING:	1498 s.f.
SECOND FL. LIVING:	1788 s.f.
TOTAL LIVING:	3237 s.f.
GARAGE:	429 s.f.
FRONT PORCH/COVERED ENTRY:	240 s.f.

FALLS PARK LOT 01

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designed by:	lwh
drawn by:	tdl
checked by:	tdl
date:	1/8/10

A-3.0c

FIRST FLOOR PLAN

Zoning Permit # 216195
Fee $ 45.00 **Code 104**

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	11/25/16	**Tax Parcel #**	4629864432.00
	Business Name or Property Owner	Livewell Homes		
	Street Address	~~310 Springcrest Dr~~ 106 Daynault Ct		
	Business Type and/or Project Description	New home lot 1 Falls Park Subdivision		
APPLICANT	Applicant	Livewell Homes	**Preferred Phone**	704 582 9219 Joey
	Address City/State/Zip	310 Springcrest Dr		
	E-Mail	dbowden@livewellhomes.net		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	**Plans Attached**	Yes ☑ No ☐
Utilities	Public WA / Septic	**Floodplain**	Yes ☐ No ☐
Permitted Use of Property	SFR / Perc Test		
Minimum Setback Requirements	**Front** 1' **Rear** 1' **Right Side** 1' **Left Side** 1' *Setback measured from nearest projecting point of structure to Property Line.*		
Comments:	Perc Test / Hold until Zoning is released Troutman		

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Administrator