IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2|7713

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

PIN # 4629866070

APPLICANT: Livewell Homes LLC APPLICANT ADDRESS: 501 Springcrest Dr. Fort Mill, SC

SITE ADDRESS: 408 Stillwater Rd Troutman, NC 28166 PHONE: ALT. PHONE: 704 578-4951

SITE DIRECTIONS: Perth Rd TL State Park Rd TL Morrison Farm Rd TL Day Vault. Cot TR, Stillwater on right

SUBDIVISION: Falls Park SECTION: 1B LOT # 3 LOT AREA: DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 7/7/2012
Pump Tank 1000 (gal) PT 283 Date 6/29/17
Pump Make Fowler Model 311M Serial # CEL5416
Nitrification Fields 1 # Lines 4 Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Pump - PM - 25% Reduction
Repair System Description: LPPBPS
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

☐ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Divert stormwater/surface water away from Septic, Septic

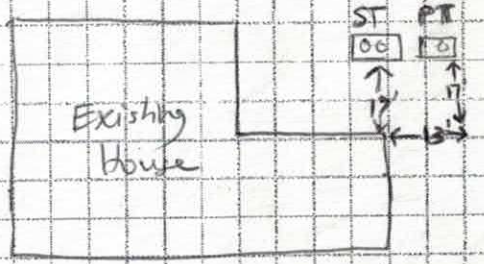
* 8/9/2017 Tanks were installed on other side of house. M.A.D.

INITIAL SITE SKETCH

See attached/approved Septic plan by The Oaks Group, PA (dated 4/4/16)

AS BUILT SKETCH

Polylock filter present.
Delliger STB-794 1000 gal.



← Stillwater Rd →

Installed as shown on site plan

	Date	Initials
Drain Lines Checked	8-10-17	KW
Tanks Checked	8/9/2017	M.A.D.
Pressure Manifold or Valve Box Checked	8-10-17	KW
Pressure Head Set	8-10-17	KW
Electrical Checked	8-22-17	M.A.D.
Floats Set	8-10-17	KW
Alarm Checked	8-10-17	KW
Maintenance Contract Y / (N)		

Permit can be suspended or revoked if any false information is given or authorized 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: Erma Helt Date: 04/8/16 Installed by: RCS, INC Carlos Rocha

IMPROVEMENT PERMIT by: [signature] RS Date: 4/7/16 OPERATION PERMIT by: Brian A Bowers Date: 8/29/2017

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2-23-17 Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217713

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

PIN # 4629816070

APPLICANT: Livewell Homes LLC APPLICANT ADDRESS: 501 Springcrest Dr. Fort Mill, SC

SITE ADDRESS: 408 Stillwater Rd Troutman, NC 28166 PHONE: ALT. PHONE: 704 578-4951

SITE DIRECTIONS: Perth Rd TL State Park Rd TL Morrison Farm Rd TL Dayvault. Cut TR Stillwater on right

SUBDIVISION: Falls Park SECTION: 1B LOT # 3 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 400'

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: Pump-PM-25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

☐ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees ☒ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Divert Stormwater/Surface Water Away from Septic, Septic

INITIAL SITE SKETCH

See attached/approved Septic plan by The Oaks Group, PA (dated 4/4/16)

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked	8/22/17	M.A.D.
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments: NEMA 4X box needs to be 12" above grade	8/22	BB

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**

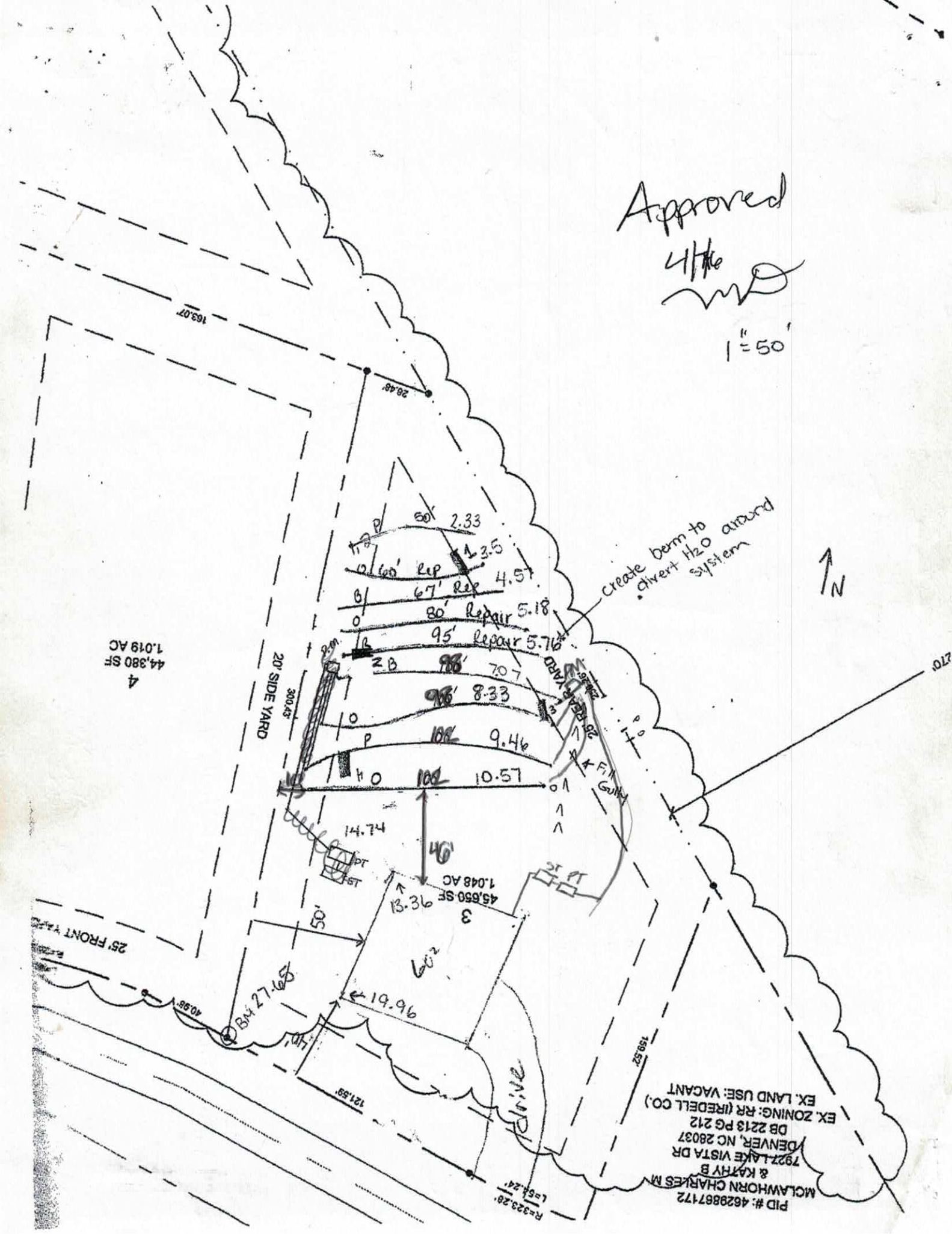
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 4/8/16 Installed by:

IMPROVEMENT PERMIT by: RS Date: 4/7/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Pluck Date: 2-23-17 Existing System Inspected by: Date:

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


Approved
4/11/16
1" = 50'
PID #: 4629867172
MCLAWHORN CHARLES M
& KATHY B
7927 LAKE VISTA DR
DENVER, NC 28037
DB 2213 PG 212
EX. ZONING: RR (IREDELL CO.)
EX. LAND USE: VACANT
create berm to divert H2O around system
N
20' SIDE YARD
25' REAR YARD
25' FRONT YARD
44,380 SF
1.019 AC
4
45,650 SF
1.048 AC
3
50'
60'
19.96
27.65'
46'
14.74
13.36
2.33
3.5
4.57
5.18
5.76
7.07
8.33
9.46
10.57
50'
60' Rep
67' Rep
80' Repair
95' Repair
100'
105'
110'
115'
120'
163.07'
28.48'
300.43'
40.58'
121.59'
158.52'
R=323.29'
L=58.24'
PT
ST
FIRE PIT
FIRE GUY

Falls Park Lot 3 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	24"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	90' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 18.4'
Pressure head	2.0'
Friction head	1.1'
20% Contingency	4.3'
Total Head	25.8'
Pump Requirements	22 gpm @ 25.8' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume 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	10.9
Repair System	**LP PPBPS**
Total Linear Feet	352
Repair Loading Rate	0.3

Approved
MD
4/7/16

Approved
4/7/16 MD

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Pink	LP PPBPS	50	2.33
2	Repair	Orange	LP PPBPS	60	3.5
3	Repair	Blue	LP PPBPS	67	4.57
4	Repair	Orange	LP PPBPS	80	5.18
5	Repair	Red	LP PPBPS	95	5.76
6	System	Blue	25% Reduction	100 endfed	7.07
7	System	Orange	25% Reduction	100 endfed	8.33
8	System	Pink	25% Reduction	100 endfed	9.46
9	System	Orange	25% Reduction	100 endfed	10.57
				Total System: 400'	
				Total Repair: 352'	

Tank	orange	1000 gal (2 compartment)	14.74
Pump Tank	orange	1000	
House	blue		13.36

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Use proper setbacks if foundation drains are used
Remove any berms in septic area to prevent ponding
Create berm/diversion swale along woodline to prevent surface water from running over septic area

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 408 Stillwater Road

Date: April 4, 2016

Attached is the septic specification information required to permit 408 Stillwater Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

On-site Wastewater Section

Lot #: 3
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Falls Park, LLC
Applicant:
Address:
Date Evaluated: 3/19/14
Proposed Facility: SFR
Design Flow (.1949) 480
Property Size: 1.048
Location of Site: Falls Park Lot 3
Property Recorded:

Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Approved 4/7/16

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L	0-8	WK SBK SL	FR NS/NP	Br				0.3
		8-28	Mo SBK C	FR SS/SP	Red				
		28-48	WK SBK CL	FR SS/SP	R yel; C sap				
2	L	0-10	WK SBK SCL	FR SS/SP	Br R				0.3
		10-34	Mo SBK C	FR SS/SP	Red				
		34-48	WK SBK CL	FR SS/SP	Red; C sap				
3	L 8%	0-5	WK SBK SL	FR NS/NP	Br	Root channels			0.3
		5-29	WK ABK C	FR SS/SP	Red; F yel Br in				
		29-48	WK SBK C	FR SS/SP	Red;				
4	L	0-17	WK SBK SCL	FR SS/SP	R Br				0.3
		17-48	Mo SBK C	FR SS/SP	Red				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	LP PPBPS
Site LTAR	0.3	0.3

Other Factors (.1946): Remove Berms
Soil Evaluation By: KMS
Others Present: DB
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present:

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 **X** 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:

Livewell Homes, LLC	PO Box 1345 Fort Mill, SC 29716	980-631-8811	N/A
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Greg Whitehead	PO Box 1345 Fort Mill, SC 29716	980-781-6388	N/A
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. Property Information:

108 Stillwater Rd Troutman NC 28166	Falls PARK	LOT # 3
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: _____

_____

_____

****

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 4 — (X) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

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 (X) City Water ( ) Other Public Water

****

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) 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: _____ 2/22/2017

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

RECEIVED APR 4 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
#217713

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

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

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Livewell Homes LLC **Address:** 501 Springcrest Dr. Fort Mill SC 29715 **Phone:**

Owner Name: same **Address:** **Phone:**

Property Information:

Street Address: 408 Stillwater Rd Troutman 28166

Subdivision Name: Falls Park **Section/Phase:** 1B **Lot Number:** 3

Driving Directions: Perth Rd, Left on State Park Rd, Left on Morrison Farm Rd, Left on Dayvault Cut Rd, Right on Stillwater, Lot on Right

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) 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 ( ) 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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/4/2016
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, Greg Whitehead, am the legal owner of the property located at 408 Stillwater Rd Troutman, identified as PIN(Parcel Identification Number) 4629-86-6070, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) BRIAN LAMBERT, Manager, LiveWell Homes, The Oaks Group, PA, _____, _____, 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.

[signature]	7/20/15
Signature of Owner	Date
[signature]	7/20/15
Signature of Witness	Date

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:

____ Property Line measurements are clearly identified… **____ 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

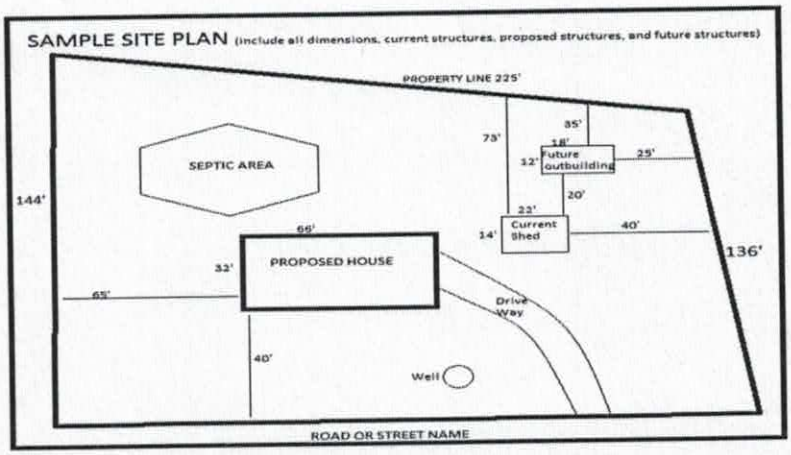
____ Front and side setbacks from property line… **____ Preferred driveway location and configuration, preferred well location…**

____ Area you prefer your septic system to be placed… **____ North arrow, or other sufficient indicator of direction…**

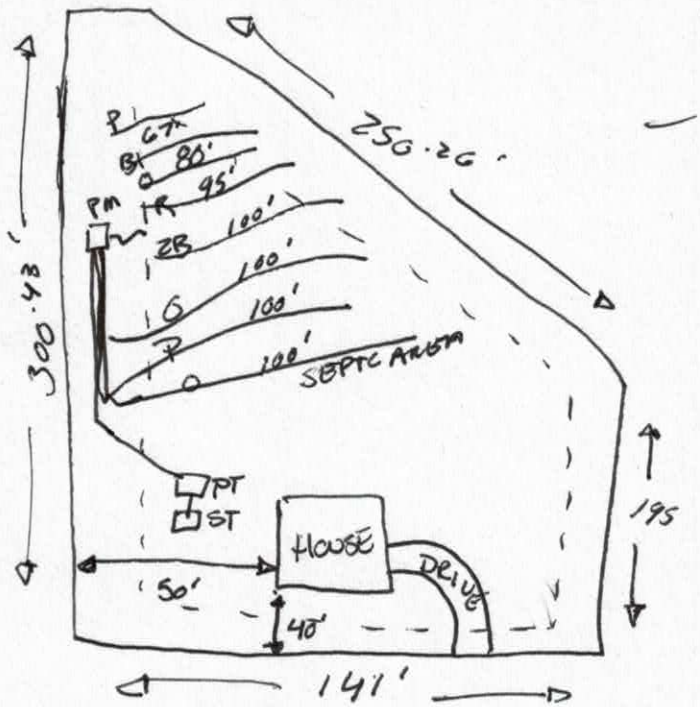
Circle N/A on the following if appropriate:

____ 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



Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

2/27/2017

DATE

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...

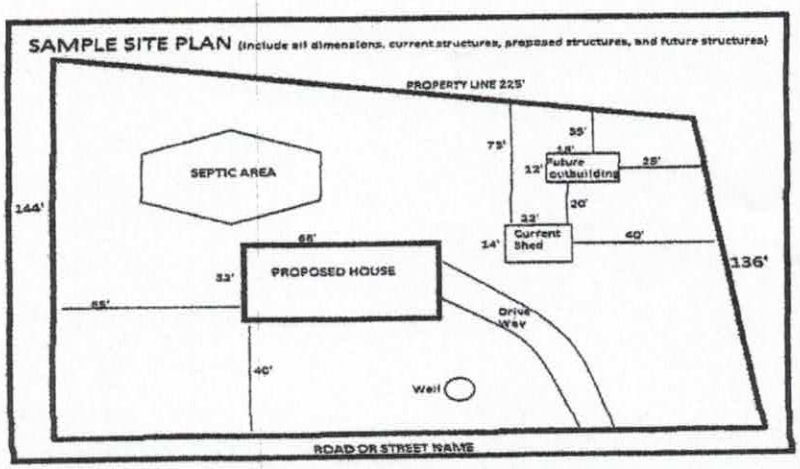
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

__ __ 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

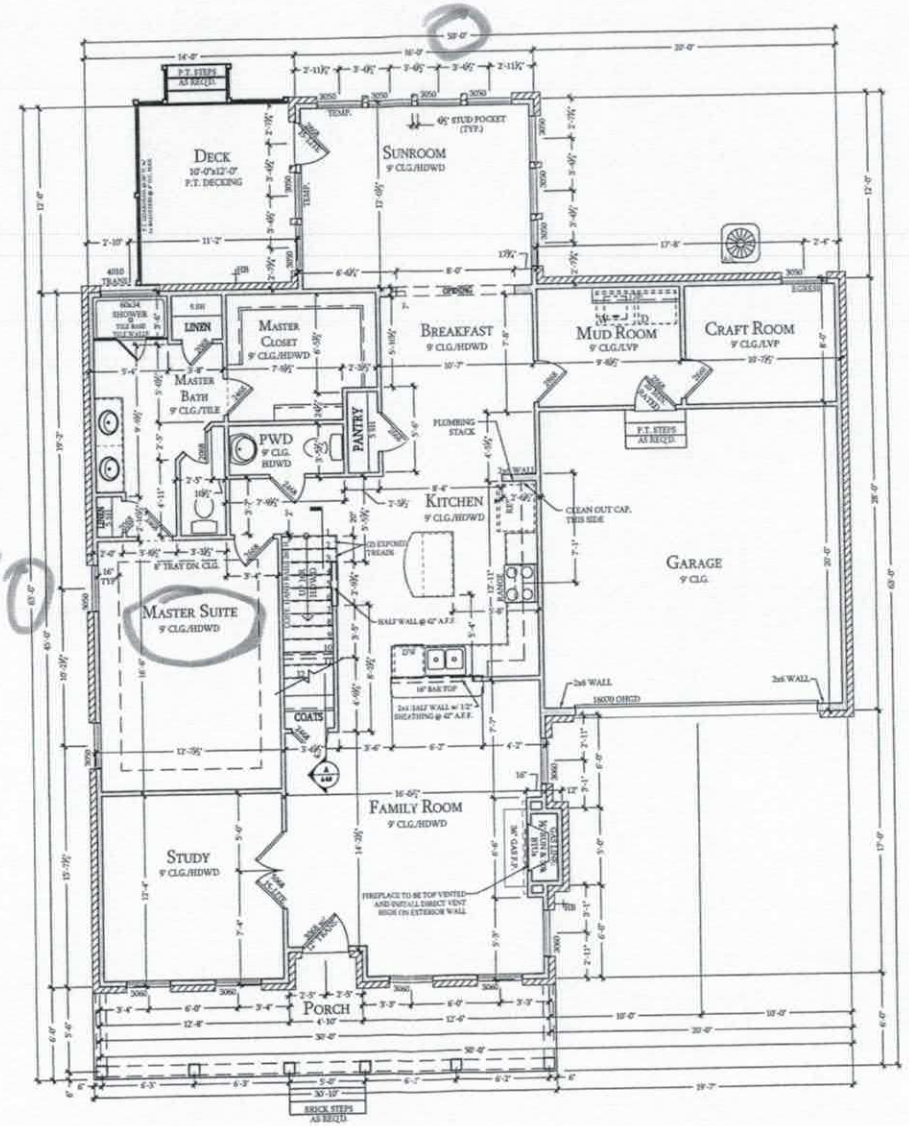
Please see attached site plan

Signature: Emma Hall

REQUIRED **property owner or owner's legal representative signature.**

4/4/2016

DATE



FIRST FLOOR PLAN

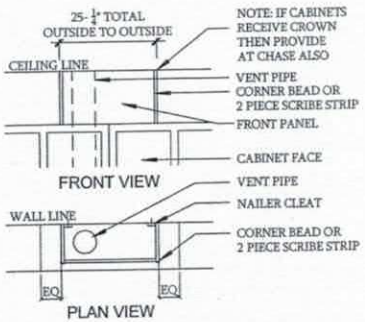
SCALE: 1/8"=1'-0"



SHEETROCK OPENING DETAIL

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

Plenty of Space



VENT PIPE CHASE FRAMING DETAIL

SCALE: N.T.S.

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:
8-11-16	PDS
9-12-16	PDS
10-21-16	PDS
3-21-17	PDS
8-31-17	PDS
10-31-17	PDS

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 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

SQUARE FOOTAGE TABLE

BASE PLAN

FIRST FL. LIVING:	1697 s.f.
SECOND FL. LIVING:	1260 s.f.
TOTAL LIVING:	2957 s.f.
GARAGE:	395 s.f.
FRONT PORCH/COVERED ENTRY:	195 s.f.

Acknowledgement Of Plans Submittal ONLY!

Tom Allard Date 2-23-17

Date 2/24/17

FALLS PARK LOT 3

1822 - Fairview

501 Springcrest Drive
Fort Mill, SC 29715

LiveWell

THE BEST THINGS IN LIFE BUILT INTO YOUR HOME

designed by:	keh
drawn by:	keh
checked by:	keh
date:	12/1/16

A-3.0

FIRST FLOOR PLAN

DO NOT SCALE DRAWINGS
For Dimensions not shown, contact Builder/Architect 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.

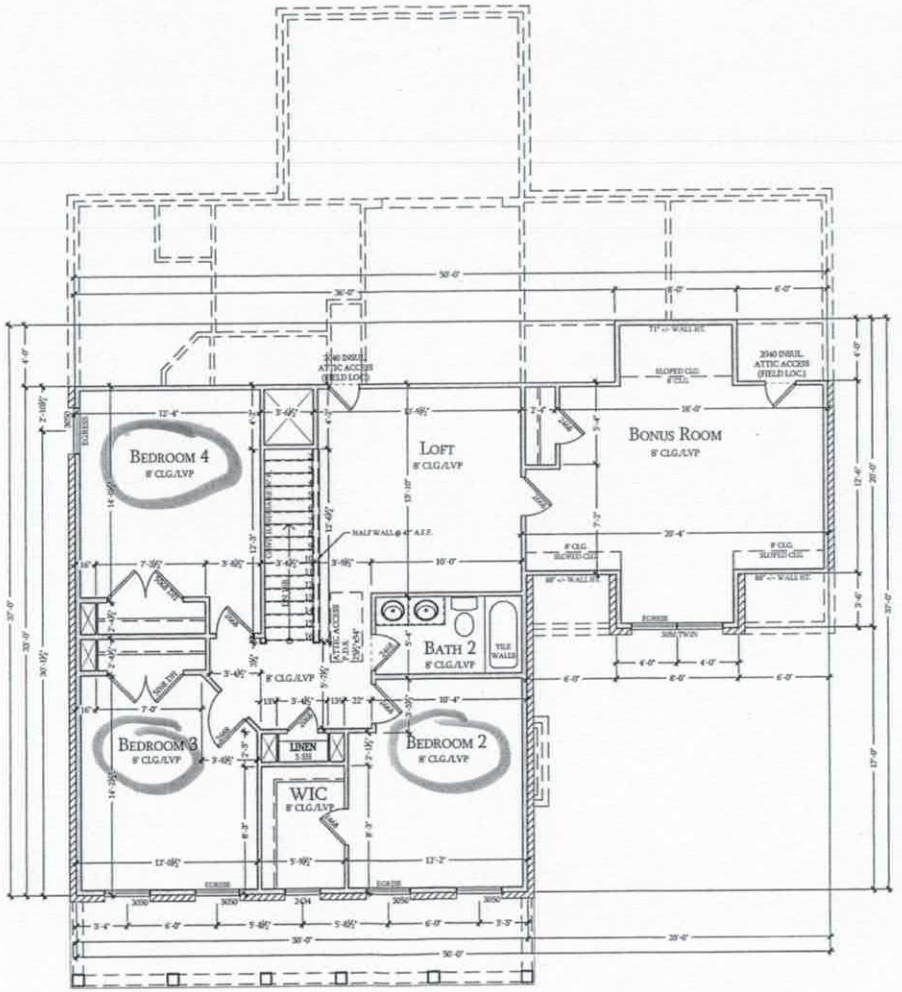
revisions:	
date:	revised by:
8-31-16	PZ
9-12-16	PZ
10-21-16	PZ
9-21-16	PZ
9-21-16	PZ
10-21-16	PZ

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 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



SECOND FLOOR PLAN
SCALE: 1/8"=1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Tom Shuck Date 2-23-17
Date 2/20/17

FALLS PARK LOT 3

1822 - Fairview

501 Springcrest Dirve
Fort Mill, SC 29715

LiveWell
THE BEST THINGS IN LIFE BUILT INTO YOUR HOME

designed by:	feh
drawn by:	feh
checked by:	feh
date:	12/1/16

A-5.0
SECOND FLOOR PLAN

Zoning Permit # 217713

Fee $ waiver Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	4/1/16	Tax Parcel #	4629-86-6070
	Business Name or Property Owner	Livewell Homes		
	Street Address	Lot 3 408 Stillwater Road		
	Business Type and/or Project Description	SFR - Septic		
APPLICANT	Applicant	The Oaks Group	Preferred Phone	704-578-4951
	Address City/State/Zip	121 Holt LN 28117		
	E-Mail	Kathleen M Saunders@gmail.com		
	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		
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 any additional permits until Troutman Zoning is approved			

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.

Kathleen Saunders
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.

Damien Upright
Signature of Zoning Administrator

APPROVED