RECEIVED FEB 2 7 2015

Pd $500.00 - Reg. list on # 208239

# 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* SEE ATTACHED (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:**

Applicant Name: TRUE HOMES Address: 2649 BRECKENRIDGE CENTER DR Phone: 704-283-1229

Owner Name: TRUE HOMES Address: 2649 BRECKENRIDGE CENTER DR Phone: 704-283-1229

**Property Information:**

Street Address: 111 W HEATEN LANE

Subdivision Name: ROCK RIDGE POINT Section/Phase: NA Lot Number: 2

Driving Directions: HIGHWAY 21 SOUTH, RIGHT ONTO BRAWLEY SCHOOL RD

TRight ONTO ISLE OF PINES. TRight ONTO ROCK RIDGE POINT.

**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:

NA

**Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (X) 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:** Kenneth L Ann

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

2-26-15

DATE

# IREDELL COUNTY HEALTH DEPARTMENT

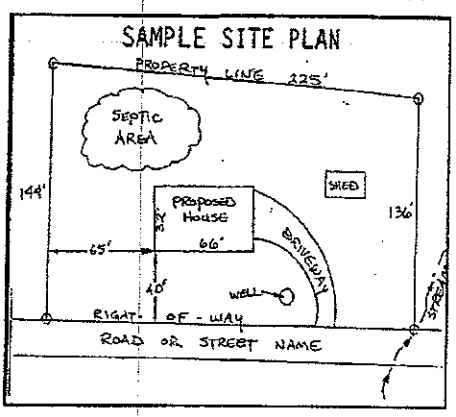
*ENVIRONMENTAL HEALTH DIVISION*

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

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

SEE ATTACHED

Signature: _____

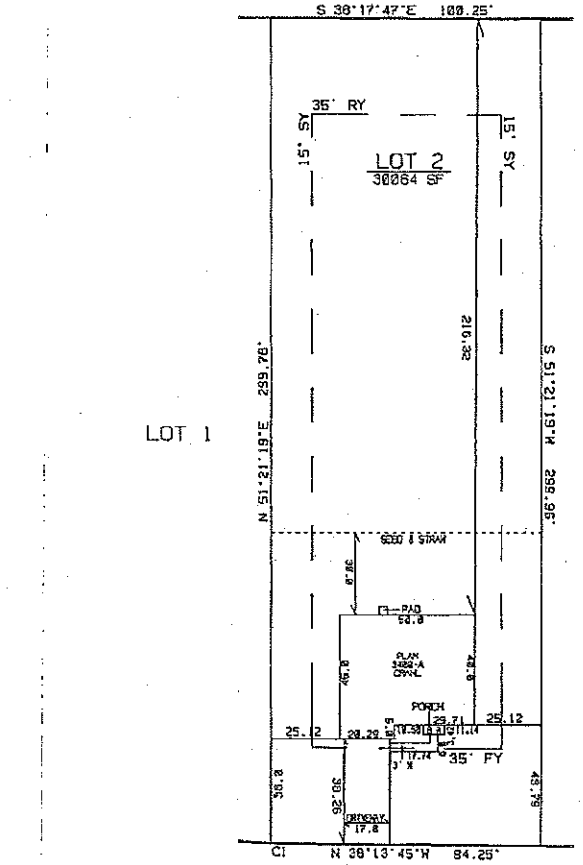
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-26-15

DATE

# ISLE OF PINES ROAD

60' PUBLIC R/W




PRELIMINARY SQ. FT.
TOTAL SF TO B/C: 31231 SF

5' PUBLIC S/W: 417 SF

HOUSE: 2129 SF
DRIVE: 652 SF HOUSE-R/W
192 SF R/W-B/C
SIDEWALK: 63 SF
PATIO: 9 SF
SOD TO B/C: 3756 SF
SEED/STRAW: 5134 SF

# WHEATON LANE

50' PUBLIC R/W

| CURVE | DELTA ANGLE | RADIUS | ARC | TANGENT | CHORD | CHORD BEARING |
|---|---|---|---|---|---|---|
| C 1 | 1°15'08" | 275.00' | 6.01' | 3.01' | 6.01' | N 37°36'11"W |

TRUE HOMES

## PLOT PLAN

OF

111 WHEATON LANE
LOT 2 OF ROCKRIDGE POINT SUBDIVISION
DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.

SCALE: 1" = 50'

0 25 50 75 100

MAP RECORDED IN BOOK 60
AT PAGE 73

CAGEO#76
REVISED: 1/26/15
DSK CA#163 RRP2
DRAWN BY ASW/JEJ

# 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, True Homes, am the legal owner of the property located at 111 Wheaton, identified as PIN(Parcel Identification Number) 4636235003.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kenneth L Owen, Sept Environmental Solutions 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.

Melody K. Patrick 3/11/15
Signature of Owner Date

Meredith Aguilar 3/11/15
Signature of Witness Date

SEPTIC ENVIRONMENTAL SOLUTIONS

1 March 2015 AD

To: Iredell County Environmental Health Department
Mooresville, North Carolina Office

From: Kenneth L. Owens, NCLSS
Septic Environmental Solutions, Inc.

RE: Rock Ridge Point Subdivision, True Homes Individual Lots

Per your request, Septic Environmental Solutions, Inc. has prepared this letter briefly summarizing the scope of services that was completed on individuals lots located at Rock Ridge Point Subdivision. It is our understanding that all soils work in the subdivision was completed and approved by Iredell County Health Department personnel (ICEHD). Therefore, for this scope of service, Septic Environmental Solutions, Inc. completed septic drainfield line layout for each available lot in the subdivision. Each septic line was laid out level and on contour per the Fast Tract requirement. In addition please see the following survey with the attached design proposal per your request. It should be noted that this is not an Improvement Permit or Authorization to Construct, and is only to assist ICEHD with the *SITE* Evaluation (soils approved in 2006 per the existing Improvement Permits for each lot) including field verification of property lines, corners, house pads, driveways, building setbacks, easements and septic drainfield layouts per the individual lots. The septic systems should be installed in accordance with the ICEHD permits, policies, and per the North Carolina Rules and Regulations. Verification of all information is the responsibility of ICEHD before issuing any septic permits.

Sincerely,

Kenneth L. Owens

Septic Environmental Solutions, Inc.
Kenneth L. Owens, President
NCLicensed Soil Scientist #1134

3019 Spring Fancy Lane• Indian Trail, North Carolina 28079
Mobile (704) 502.5588 • Fax (704) 684.1469

RECEIVED FEB - 3 2015

Paid $500.00 Statesville

# IREDELL COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

Expansion #208239

**Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION**

*(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 ✓ BOTH ___ 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 # |
|---|---|---|---|
| True Homes | 2649 Brekonridge Ctr Dr, Monroe NC 28110 | (704) 238-1229 | |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| True Homes | 2649 Brekonridge Ctr Dr, Monroe, NC 28110 | (704) 238-1229 | |

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 111 Wheaton Lane | Rockridge Point | 2 |

Driving Directions: 1-77 S to Brawley School Road, head West. Turn Left on Isle of Pines Rd

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

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

Maximum Number of Bedrooms 4 BR
Maximum Number of Occupants 7
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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (✓) No Preference

8. **Please Answer The Following To The Best of Your Ability:**
   ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   ( ) Yes (✓) No Is any non-domestic sewage (i.e. 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: Melody B. Patrick — 1/29/15

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

## INSPECTION AND MAINTENANCE AGREEMENT

STATE OF NORTH CAROLINA

This agreement is made and entered into this **18th** day of **May 2015,** by and between **AMS** (hereinafter referred to as the "Owner") and **Mr. Kenneth L. Owens** (hereinafter referred to as the "Operator")

**WITNESSETH**

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IV (a) system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Administrative Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Administrative Code 18A.1961 requires a contract to be executed between the system owner and management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Administrative Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity, shall be in effect for as long as the system is in use; and

WHEREAS, the Operator is a management entity, of a type authorized by 15A N.C. Administrative Code 18A.1961 to manage the system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Operator as stipulated below.

1. The Operator Obligations. The Operator shall perform the following services on the Owner's system located at:

Atten: Mrs. Melissa Dickson
Rock Ridge Point HOA
111 Wheaton Lane, Lot 2
Mooresville, North Carolina 28117

a. The Operator shall inspect, document, and report the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b), to satisfy conditions of the Operation Permit and to comply with manufacturers' operation requirements. A schedule of these duties is detailed in APPENDIX A, at the back of this contract.
b. If an inspection indicates the need for system repairs, the Operator shall notify the local health department within 48 hours of the inspection.
c. The Operator shall notify the Owner of needed repairs, which are outside of the scope of routine maintenance described in this contract. The Operator shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefore at the Operators normal charge for services and materials.
d. The Operator shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Administrative Code 18Z.1961(b) for the system.
e. The Operator shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations

a. The Owner shall pay to the Operator:

- Deposit fee of $200.00 upon first visit (waived)
- $300.00 total per year, (two visits each billed at $150.00).
- Any charges for necessary replacement parts.
- Any charges for pumping/removal of solids from tanks.
- Additional maintenance (clearing around any septic components such as, septic tank, pump tank, drainfield lines etc) or labor repair and service calls requested by client billed at a minimum of $55.00/hour.

The annual fee may be amended upon sixty (60) days advance notice to the Owner. The Owner shall pay to the Operator his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Operator and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5% per month.

b. Within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e above, the Owner shall request the Operator to complete needed repairs that were not satisfactorily completed by another entity.

c. The Owner shall provide the Operator with such access to the system as is reasonably necessary for the Operator to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or the time for taking an appeal has passed.

b. Termination by Mutual Consent
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner
The Owner may terminate this Agreement by giving notice to the Operator and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Operator

1) The Operator may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

a. Failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination of this Agreement, but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

b. Failure of the Owner to provide to the Operator authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity. If said authorization to

complete needed repairs or evidence of completion of said repairs provided after notice of termination is given but prior to the date termination of this Agreement, this Agreement shall continue in effec or

c. Failure of the Owner to allow the Operator such access to the system is reasonably necessary in order for the Operator to comply with tl terms of this Agreement.

2) The Operator may terminate this Agreement without cause, by notification to tl Owner no less than ninety (90) days in advance of the termination date. Tl Operator may also assign its rights and duties under this Agreement as provide in paragraph 4, below.

4. Assignment

a. Assignment by the Owner
The Owner shall notify the Operator of the name and address of any purchaser of tl property on which the system is located. The Owner shall also notify any purchaser the property on which the system is located of the existence of this Agreement and sha assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Operator.
The Operator may assign its rights and duties under this Agreement to anoth management entity, which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 manage the system upon thirty (30) days written notice to the Owner and to the loc health department.

5. Use of Subcontractors. The Operator may subcontract with such manufacturers, suppliers ar contractors as it deems desirable to perform any of the Operator's duties under th Agreement. The Operator shall at all times remain responsible for the performance of ar payment for all work performed by all subcontractors.

6. Representatives. The Parties represent to each other that each has the power, authority ar legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrativ Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party, of the default or a breach by the other Par of any provision of this Agreement shall not operate or be construed to operate as a waiver any subsequent default or breach. The failure at any time of either Party to enforce ar provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or any other provision; and (b) shall not in any way affect the validity of this Agreement, or ar part of this Agreement, or the right of either Party thereafter to enforce each and ever provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deeme sufficiently given if delivered in person or sent by certified or registered mail, return recei requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: Atten: Mrs. Melissa Dickson
Rock Ridge Point HOA
111 Wheaton Lane, Lot 2
Mooresville, North Carolina 28117

To the Operator: **Septic Environmental Solutions, Inc.**
**Mr. Kenneth L. Owens**
**3019 Spring Fancy Lane**
**Indian Trail, North Carolina 28079**

To the Local Health Department: **Iredell County Environmental Health**
**610 E. Central Avenue**
**Mooresville, North Carolina 28115**

The date of any Notice shall be the date of personal delivery or the date shown on the retur receipt as the date of delivery or attempted deliver, as the case may be. Changes in the respectiv addresses to which notice may be directed may be made from time to time by either Party b notice to the other Party.

10. Place of Agreement. This Agreement and any questions concerning its validity, the syster construction or performance shall be governed by the laws of the State of North Carolin: Notwithstanding the place of execution, or the order in which the signatures of the Parties ar affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiation: agreements and understanding between the Parties with respect to the subject matter herec and constitutes the entire Agreement between the Parties with respect to the subject matt hereof. To be effective, any amendment or modification to this Agreement must be in writin and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, b determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate i good faith and agree to such amendments, modification or supplements of or to th Agreement or such other appropriate actions as shall, to the maximum practicable in light c such determination, implement and give effect to the intentions of the Parties as reflected i this Agreement, and the other provisions of this Agreement shall, as so amended, modifie supplemented or otherwise affected by such actions, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicat originals, one of which is retained by each of the Parties, the day and year first above written.

Melissa Dickson 5-22-15
(Mrs. Melissa Dickson) (Date)

5-22-15
(Mr. Kenneth L. Owens) (Date)

## Appendix A
## Low Pressure Pipe (LPPPBPS)

**Specific Operation and Maintenance Requirements listed by system components.**

15A NCAC 18A.1961 requires the LPP disposal system to be classified as a minimum Type IV(c) system, requiring the following:

- Detailed operation and maintenance, as required by the system designer, manufacturers of specific components, and state regulations as they pertain to those specific components.
- Inspection and maintenance by a certified subsurface wastewater system operator 2 times per year.
- Reporting by the operator to the local health department once every year.
- At each inspection and if applicable:
  - Check liquid level in pump tanks.
  - Check effluent filter. Clean if necessary (must be accessible).
  - Check water tightness of components.
  - Check operation of floats and electrical components.
  - Record pump run time meters and cycle counters.
  - Visual inspection of drainfield for obvious failures.
  - Check vegetative cover and drainfield.
  - Sample effluent to verify compliance with treatment standards (if applicable):
  - Check sludge and scum levels in septic tank every three to four years after first visit. Clean if necessary (must be accessible).
  - Record pump dose rate and drawdown test (if applicable).
  - Record dose volume and pump run time (if applicable).

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 208239 |
| Issue Date: 02/03/2015 |

FILE COPY

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4636235003.000 | 111 WHEATON LANE, MOORESVILLE, NC 28117 | MOORESVILLE |

| Owner Information | Applicant Information |
|---|---|
| Owner: CAROLINA DEVELOPMENT SERVICES LLC | Applicant: TRUE HOMES, LLC |
| Address: 2649 BREKONRIDGE DR MONROE, NC 28110 | Address: 2649 BRECKONRIDGE CENTRE DRIVE MONROE, NC 28110 |
| Phone: | Phone: 704-238-1229 |

| Use Requested | Zone Code |
|---|---|
| SFD | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .690 | 35.00 | 35.00 | 15.00 | 15.00 | CACL | X |

**Remarks:**

PAID
✓ 57193 $77.25
✓ 57379 $50000
2-3-15

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.

See Attached

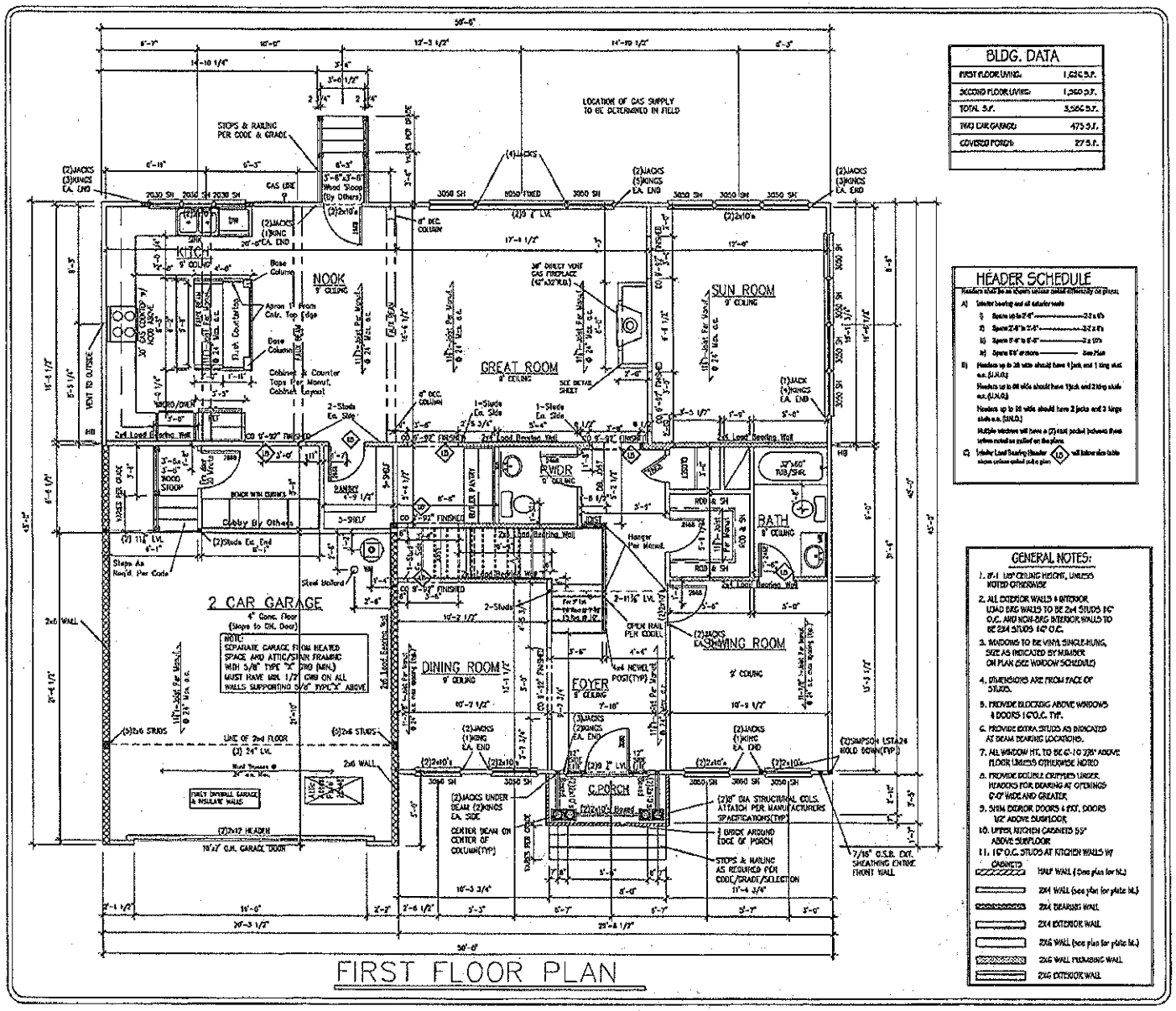
Applicant: _____ Date: _____

| Permit Number | 30763 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

Acknowledgement Of
Plans Submittal ONLY!
APPROVED
MAR 13 2015
Date 3-16-15

50'

45'




| BLDG. DATA | |
|---|---|
| FIRST FLOOR LIVING: | 1,626 S.F. |
| SECOND FLOOR LIVING: | 1,950 S.F. |
| TOTAL S.F. | 3,576 S.F. |
| TWO CAR GARAGE: | 475 S.F. |
| COVERED PORCH: | 275 S.F. |

**HEADER SCHEDULE**

Headers shall be as shown unless noted differently on plans.

A) Interior bearing and all exterior walls
1) Spans up to 3'-6" ——— 2-2 x 6's
2) Spans 3'-6" to 5'-6" ——— 2-2 x 8's
3) Spans 5'-6" to 8'-0" ——— 2-2 x 10's
4) Spans 8'-0" or more ——— See Plan

B) Headers up to 3ft wide should have 1 jack and 1 king stud e.a. (1JK/KS)
Headers up to 6ft wide should have 1 jack and 2 king studs e.a. (1JK/2KS)
Headers up to 8ft wide should have 2 jacks and 3 kings studs e.a. (2JK/3KS)
Multiple windows will have a (2) stud pocket between them unless noted as called on the plans.

C) Interior Load Bearing Header (LB) will follow above table unless noted as called on plan.

**GENERAL NOTES:**

1. 9'-1 1/8" CEILING HEIGHT, UNLESS NOTED OTHERWISE
2. ALL EXTERIOR WALLS & INTERIOR LOAD BRG WALLS TO BE 2x4 STUDS 16" O.C. AND NON-BRG INTERIOR WALLS TO BE 2X4 STUDS 16" O.C.
3. WINDOWS TO BE VINYL SINGLE-HUNG, SIZE AS INDICATED BY NUMBER ON PLAN (SEE WINDOW SCHEDULE)
4. DIMENSIONS ARE FROM FACE OF STUDS.
5. PROVIDE BLOCKING ABOVE WINDOWS & DOORS 16" O.C. TYP.
6. PROVIDE EXTRA STUDS AS INDICATED AT BEAM BEARING LOCATIONS.
7. ALL WINDOW HT. TO BE 6'-10 7/8" ABOVE FLOOR UNLESS OTHERWISE NOTED
8. PROVIDE DOUBLE CRIPPLES UNDER HEADERS FOR BEARING AT OPENINGS 6'-0" WIDE AND GREATER.
9. SVEN EXTERIOR DOORS & PAT. DOORS 1/2" ABOVE SUBFLOOR
10. UPPER KITCHEN CABINETS 55" ABOVE SUBFLOOR
11. 16" O.C. STUDS AT KITCHEN WALLS W/ CABINETS

HALF WALL (See plan for ht.)
2X4 WALL (See plan for plate ht.)
2X4 BEARING WALL
2X4 EXTERIOR WALL
2X6 WALL (See plan for plate ht.)
2X6 WALL FURRING WALL
2X6 EXTERIOR WALL

TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

ROCK RIDGE POINT
Lot #2

FIRST FLOOR PLAN

3400 DRAKE

Copyright True Homes L.L.C. All rights reserved. The duplication, reproduction, copying, sale, resale, licensing, or any other distribution or use of these drawings, any portion there of, or the ideas depicted herein is strictly prohibited.

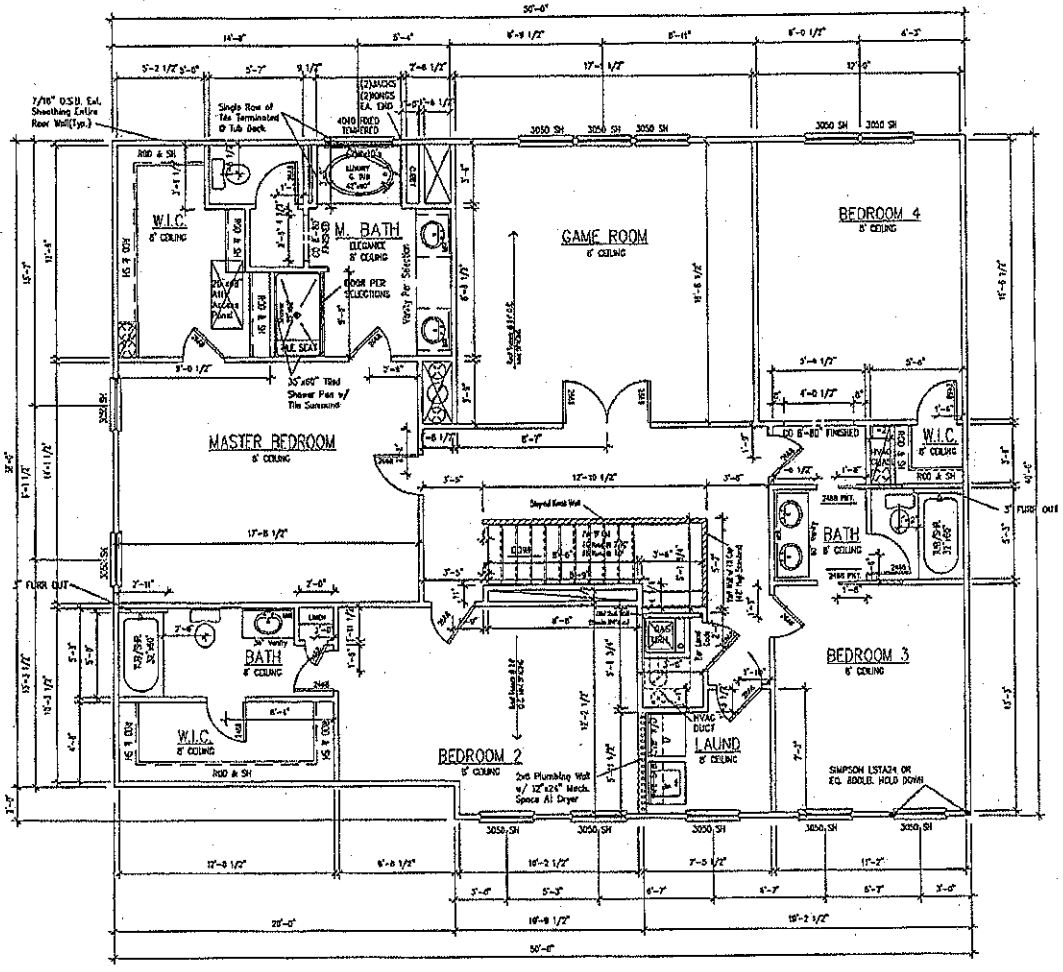
DRAWN BY: D.P.S.
DATE: 01.01.15
SCALE: 1/4"=1'-0"
REVIEWED:
JOB: Lot Specific

SHEET: 4 / 9

Acknowledgement Of
Plans Submittal ONLY!

APPROVED MAR 13 2015

Date 3-16-15




SECOND FLOOR PLAN

## HEADER SCHEDULE

Boundary Shall be as shown unless noted differently on plans

A) Interior bearing and all exterior walls

B) Spans up to 3'-6" — 2-2 x 8's

C) Spans 3'-6" to 5'-0" — 2-2 x 10's

D) Spans 5'-0" to 6'-0" — 2-2 x 12's

E) Spans 6'-0" or more — See Plan

3) Headers up to 3ft wide should have 1 jack and 1 king stud e.a. (1JK1K)

Headers up to 5ft wide should have 2 jacks and 1 king stud e.a. (2JK1K)

Headers up to 8ft wide should have 3 jacks and 1 king stud e.a. (3JK1K)

Multiple windows will have a (2) stud pocket between them unless noted as shorted on the plans

4) Interior Load Bearing Header — see below size table above unless noted on plan

## GENERAL NOTES:

1. 8'-1 1/8" CEILING HEIGHT, UNLESS NOTED OTHERWISE.
2. ALL EXTERIOR WALLS & INTERIOR LOAD BEARING WALLS TO BE 2x4 STUDS @ 16" O.C. AND NON-LOAD BEARING INTERIOR WALLS TO BE 2x4 STUDS @ 16" O.C.
3. WINDOWS TO BE VINYL SINGLE-HUNG, SIZE AS INDICATED BY NUMBER ON PLAN (SEE WINDOW SCHEDULE)
4. DIMENSIONS ARE FROM FACE OF STUDS.
5. PROVIDE BLOCKING ABOVE WINDOWS & DOORS @ 16" O.C. TYP.
6. PROVIDE EXTRA STUDS AS INDICATED AT BEAM BEARING LOCATIONS.
7. ALL WINDOW HT. TO BE @ 40 7/8" ABOVE FLOOR UNLESS OTHERWISE NOTED
8. PROVIDE DOUBLE CRIPPLES UNDER HEADERS FOR BEARING AT OPENINGS 6'-0" WIDE AND GREATER.
9. SEE EXTERIOR DOORS & PKT. DOORS 1/2" ABOVE SUBFLOOR.
10. UPPER KITCHEN CABINETS 55" ABOVE SUBFLOOR.
11. 16" O.C. STUDS AT KITCHEN WALLS W/

CABINETS

- HALF WALL ( See plan for ht.)
- 2X4 WALL (see plan for plate ht.)
- 2X4 BEARING WALL
- 2X4 EXTERIOR WALL
- 2X6 WALL (see plan for plate ht.)
- 2X6 WALL PLUMBING WALL
- 2X6 EXTERIOR WALL

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ROCK RIDGE POINT
Lot #2

SECOND FLOOR PLAN

3400 DRAKE

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DRAWN BY: D.P.S.

DATE: 01.01.15

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

REVIEWER:

JOB: Lot Specific

SHEET: 5 / 9