# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237630

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

PIN # 4638189260

APPLICANT/OWNER: Cornerstone III Properties APPLICANT ADDRESS: 4509 Faith Church Rd.

SITE ADDRESS: 6668 Kenway Loop Mooresville, NC 28117 PHONE: 704-301-3229 ALT. PHONE ——

SITE DIRECTIONS: Perth → L on Fern Hill → L on Kenway Loop → lot on L SAP CONTROLLED: ☐ YES ☑ NO

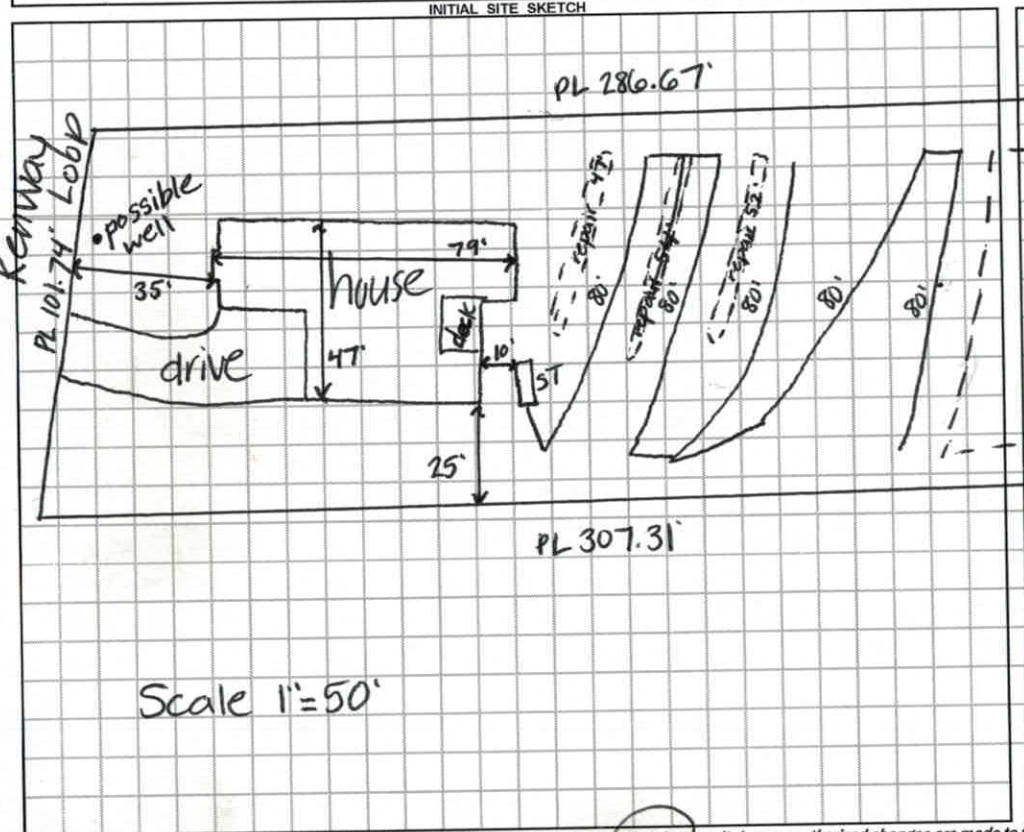
SUBDIVISION: Fern Leaf SECTION: 2 LOT # 23 LOT AREA: .683 ac DESIGN FLOW: 480gpd L.T.A.R.: .3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 794 | Date | 3-24-19 | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | 25% reduction | | | |
| Pump Make | — | | Model | — | Serial # | — | Repair System Description: | LP PPBPS | | | |
| # Nitrification Fields | 1 | | # Lines | 5@ 80' | Linear Ft | 400' | Maintenance Agreement Required: | ☐ YES | ☑ NO | | |
| Trench Width | 36" | | Trench Bottom Depth (~~Low side~~ MAX) | | | 36" | Gravel Depth | — | ☑ GRAVITY | ☐ PRESSURE | |

| | | | |
|---|---|---|---|
| ☑ Residence | No. Bedrooms | 4 | Water Supply |
| ☐ Business | No. Persons | 8 | ☑ Private |
| ☐ Other | No. Employees | | ☐ Public |
| ☐ Slab | ☑ Crawl Space | | ☐ Community |
| ☐ Basement w/ plumbing | | | ☐ Basement w/o plumbing |

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. Install at 36" highside.

INITIAL SITE SKETCH




Scale 1"=50'

AS BUILT SKETCH

* 4/30: OK to switch tank location to other side

5/3/19: Mid-seam concrete tank (Dellinger) w/ a PL-68 filter installed

* - Need to confirm repair before signing OP *

*Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

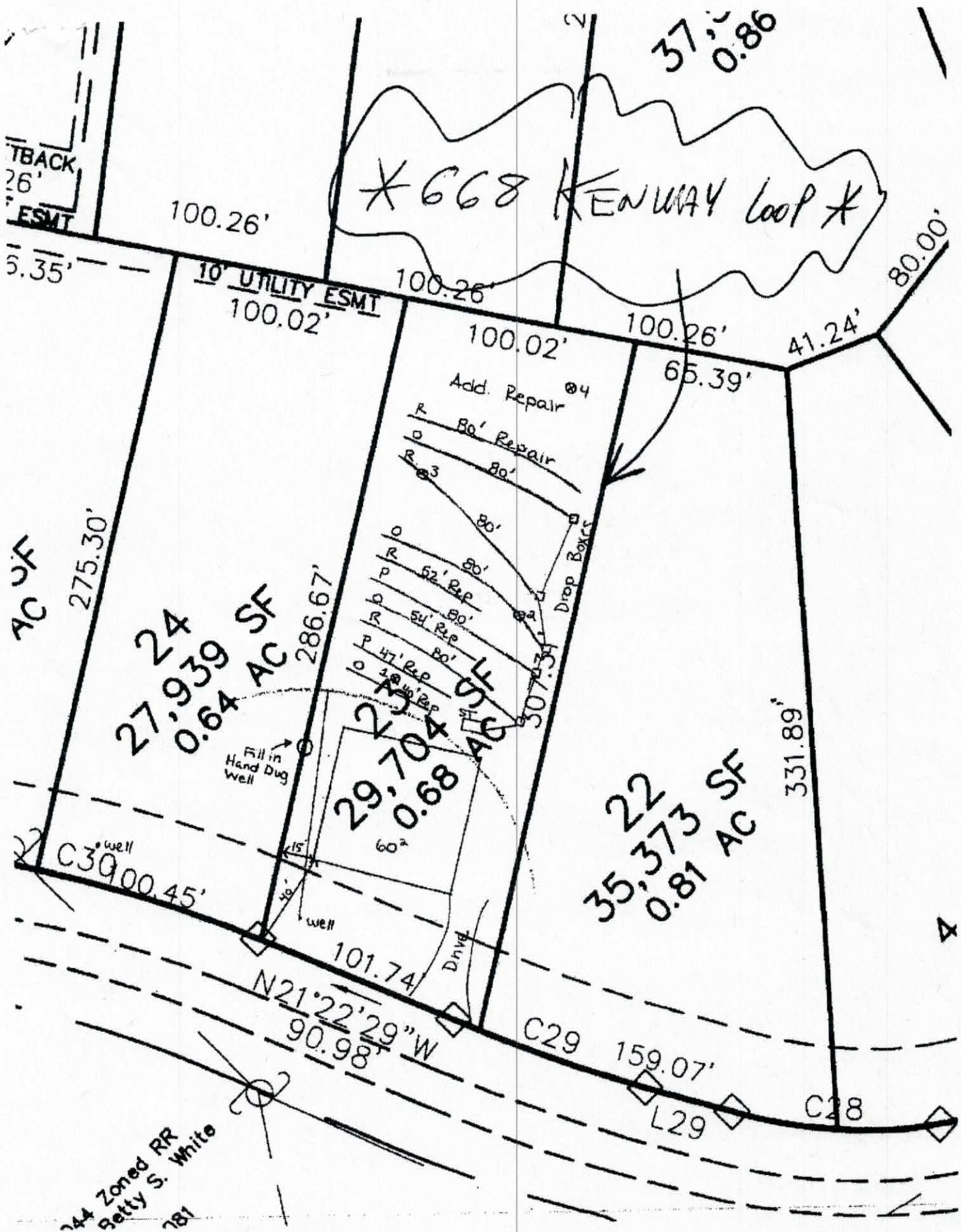
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9/21/18 Installed by: Carlos Rocha

IMPROVEMENT PERMIT by: Kayla Wilson Date: 8-7-18 OPERATION PERMIT by: Kayla Wilson Date: 5-6-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 9-5-18 Existing System Inspected by: Date:

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.**


*668 KENWAY Loop*
0.86
TBACK
26'
ESMT
6.35'
100.26'
10' UTILITY ESMT
100.02'
100.26'
100.02'
100.26'
41.24'
80.00'
65.39'
Add. Repair @4
R 80' Repair
O
R 80'
3
80'
Drop Boxes
O
R 80'
P 62' Rep
O
R 54' Rep
P 47' Rep
O 10' Rep
307.31'
AC SF
275.30'
24
27,939 SF
0.64 AC
286.67'
Fill in Hand Dug Well
29,704 SF
0.68 AC
60²
15'
40'
well
well
C30
100.45'
101.74'
Drvwy
N21°22'29"W
90.98'
C29
159.07'
L29
C28
22
35,373 SF
0.81 AC
331.89'
4
744 Zoned RR
Betty S. White
781

Project #: Fern Leaf
Property ID #:
County: Iredell

**SOIL/SITE EVALUATION**

Sheet:
Date Evaluated: 1/23/11

Owner or Client: Woodbridge Partners
Proposed Facility: House
Design Flow: 480
Location of Site: Lot 23
Soil Described By: KMS
Others Present: APS
Antecedent Moisture:
Weather: 34° F

Pfoperty Size: 0.68 Ac
Site LTAR: Int. 0.3 Rep. 0.3
Site Classification: PS

Initial: 25% Reduction
Repair: LP PPBPS

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

| PROFILE # | Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY Structure/ Texture | SOIL MORPHOLOGY Consistence Mineralogy | PROFILE FACTORS Inclusions | Matrix Color | Mottles | Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...) | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | L 23% | 0-3 | Mo GR SCL | FR SS/SP | | Red Br | | | 0.3 pit |
| | | 3-20 | Mo SBK C | FR SS/SP | C Sap | Red | | | |
| | | 20-32 | WK SBK CL | FR SS/SP | C Sap | Red | | | |
| | | 32-48 | MA L Sap | FR SS/SP | | Yel Red | | | |
| 2 | L 10% | 0-27 | Mo SBK C | FR SS/SP | | Red | | | 0.3 |
| | | 27-48 | WK SBK CL | FR SS/SP | F/C Sap | Red | | | |
| 3 | L 9% | 0-3 | Mo GR SL | FR NS/NP | | Br | | | 0.3 |
| | | 3-19 | Mo SBK C | FR SS/SP | | Red | | | |
| | | 19-36 | WK SBK C | FR SS/SP | F Sap | Red | | | |
| | | 36-48 | WK SBK CL | FR SS/SP | C Sap | Red | | F Quartz | |
| 4 | L 10% | 0-20 | Mo SBK C | FR SS/SP | | Red | | | 0.3 |
| | | 20-49 | WK SBK CL | FR SS/SP | F/C Sap | Red | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |

COMMENTS:

Approved ICHD
6-10-11 gm

| | |
|---|---|
| | **25% Reduction** |
| No. Lines | 5 (See Table) |
| Total Linear Feet | 400 |
| Trench Width | 3' min. |
| Trench Spacing | 9' min. |
| Distribution Device | Drop Boxes |
| Tank Size | 1000 gallon tank |
| Maintenance Agreement Required | No |
| Length and Diameter of Supply Pipe | 15' of 2" SCH 40 PVC |
| Siphon Break hole | Yes |
| **Repair System** | **LP PPBPS** |
| Total Linear Feet | 273 |
| Repair Loading Rate | 0.3 |

**Table: Summary of Primary and Repair Nitrification Line Specifications**

| Line No. | Use | Line Color | System Type | Line Length (Ft.) |
|---|---|---|---|---|
| 1 | Repair | Orange | LP PPBPS | 40 |
| 2 | Repair | Pink | LP PPBPS | 47 |
| 3 | System | Red | 25% Reduction | 80 endfed |
| 4 | Repair | Orange | LP PPBPS | 54 |
| 5 | System | Pink | 25% Reduction | 80 endfed |
| 6 | Repair | Red | LP PPBPS | 52 |
| 7 | System | Orange | 25% Reduction | 80 endfed |
| 8 | System | Red | 25% Reduction | 80 endfed |
| 9 | System | Orange | 25% Reduction | 80 endfed |
| 10 | Repair | Red | LP PPBPS | 80 |
| | | | | Total System: 400' |
| | | | | Total Repair: 273' |

**Note: Remove berms to prevent upslope ponding**
**Additional Repair located down slope**
**Properly fill in hand dug well near house box**
**Do not grade basement any lower than lowest house corner**

231630 FY $550 $175 $320 $1045

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

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

Lot. Relay

*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:** ( ) 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: CORNERSTONE III PROPERTIES Address: 4509 FAITH CHURCH ROAD Zip: 28079
Applicant Email: STAN@CORNERSTONE3P.COM Phone: 704-301-3229 Alt. Phone: _____
Owner Name: BUTLER RIVER DEVELOPMENT Address: 725 CHERRY RD. ROCK HILL Zip: 29732
Owner Email: N/A Phone: N/A Alt. Phone: ~~N/A~~ 803-325-1925

**Property Information:**

Street Address: 668 KENWAY Loop
Subdivision Name: FERNLEAF Section/Phase: _____ Lot Number: 23
Driving Directions: FERN HILL RD. NORTH / RIGHT TO KENWAY LOOP ROAD

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

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

**CHECK FOUNDATION TYPE**
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**Water Supply:** ( ) Replacement Well – Reason: WANT TO ABANDON OLD WELL ON PROPERTY
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**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. industrial) 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.*

**Signature:** Stan Pauly 8/4/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AC

# 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 # |
|---|---|---|---|
| CORNERSTONE III PROPERTIES | 4509 FAITH CH ROAD | ILLMAN TRAIL, NC 704 301 3229 | |
| OWNER NAME | MAILING ADDRESS | HOME PHONE # | ALTERNATE PHONE # |
| BULLER RIVER DEVELOPMENT | 725 CHERRY RD ROCK HILL SC 29732 | 803 325 1925 | |

4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 668 KENWAY LOOP | FERNLEAF | LOT-23 |

Driving Directions: FERN HILL RD NORTH / RIGHT TO KENWAY LOOP ROAD

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 due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
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 _____

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: Stan W. Purdy — 7/20/18
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)* Pam Hardin

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, Pam Hardin, am the legal owner(s) of the property located at 668 Kenway Loop, identified as

PIN (Parcel Identification Number) 4638 18 9260, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Stan Pressley/ Cornerstone III Properties, 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.

Pam Hardin
Signature of Owner(s)

8/3/18
Date

**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

STATE OF NORTH CAROLINA IREDELL COUNTY

"I, MARK C. CARTER, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2550, PAGE 250 OR OTHER REFERENCE SOURCE _____); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN PLAT BOOK 58, PAGE 116 OR OTHER REFERENCE SOURCE _____; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS 1:10,000; AND THAT THIS MAP MEET THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56, 1600). THIS 9TH DAY OF JULY, 2018.

PROFESSIONAL LAND SURVEYOR

**PRELIMINARY**
**NOT FOR SALES OR CONVEYANCES**

## NOTES

1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM IREDELL COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OF FORMERLY.
3. IRON PIPES AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. **LOT SUBJECT TO ALL ZONING ORDINANCES OF DAVIDSON TOWNSHIP. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.**
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE REPORT.
8. NO MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE PER CURRENT ZONING ORDINANCES UNLESS OTHERWISE NOTED.
10. SUBJECT PROPERTY ZONED RA.

## LEGEND

| | |
|---|---|
| RF | REBAR FOUND |
| RS | REBAR SET |
| R/W | RIGHT-OF-WAY |
| SF | SQUARE FEET |
| MB | MAP BOOK |
| DB | DEED BOOK |
| PG | PAGE |
| FB | FRONT SETBACK |
| RY | REAR YARD |
| SY | SIDE YARD |
| —SD— | STORM DRAIN LINE |
| —P— | OVERHEAD UTILITY LINE |
| —X— | CHAINLINK FENCE |
| | POWER POLE |

## SITE NOTES:

BUILDING SETBACK REQUIREMENTS (UNKNOWN) ZONED RA

| | |
|---|---|
| FRONT: | 35 FEET |
| SIDE YARD: | 15 FEET |
| REAR YARD: | 35 FEET |
| MINIMUM LOT WIDTH: | 100 FEET |
| MINIMUM LOT AREA: | 15,000 SF |

FLOOD NOTE:
NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 3710456300J; DATED: MARCH 18, 2008.

BRUCE MOSS & PATSY MOSS NOW OR FORMERLY LOT 33 DB 2118 PG 1635 PB 58 PG 116 PIN # 4838783440

$ 33°18'06" E 100.02

35' RY

167.8

LOT 23
0.683 ACRE
29,732 SF

35' SY

288.86

N 57°58'55" E

S 57°58'55" W 302.39

24.3

25.1

PROPOSED DRIVEWAY

N 21°24'51" W 88.49

C1

R/W

KENWAY LOOP
50' PUBLIC R/W
per PB 58 PG 116

PROPOSED GAZEBO PLAN

LOT 24
PB 58 PG 116

PULER RIVER DEV PARTNERS NOW OR FORMERLY LOT 24 DB 2550 PG 250 PB 58 PG 116 PIN # 4838783329

MICHAEL CARLOW & SAMATHA CARLOW NOW OR FORMERLY LOT 22 DB 2556 PG 1662 PB 58 PG 116 PIN # 4838280150

LOT 21
PB 58 PG 116

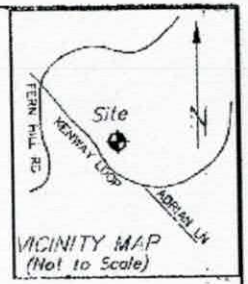
CURVE TABLE

| CURVE | LENGTH | RADIUS | CHORD BEARING | CHORD LENGTH |
|---|---|---|---|---|
| C1 | 112.25 | 1736.53' | S 20°50'02" W | 112.23 |

GRAPHIC SCALE

0 15 30 60 120

( IN FEET )
1 inch = 30 ft.




VICINITY MAP
(Not to Scale)

PLOT PLAN
AT PROPERTY KNOWN AS
# 888 KENWAY LOOP
LOT 23, FERNLEAF SUBDIVISION, PHASE 2
PB 58 PG 116
TAX # DB 2550 PG 250
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
FOR: CORNERSTONE III PROPERTIES
DATE: JULY 17, 2018


PHOENIX LAND SURVEYING, INC
3316 D.O. MONROE ROAD
STALLINGS, NORTH CAROLINA 28104
PH: (704)-356-1635
EMAIL: INFO@PHOENIX-SURVEYING.COM
FIRM # C-3912


Land Surveying
Land Planning

FIELD WORK = MAPPING #PAGE, ZIP
PROJ # 1535-77-01 888 KENWAY LOOP

668 Kenway Loop

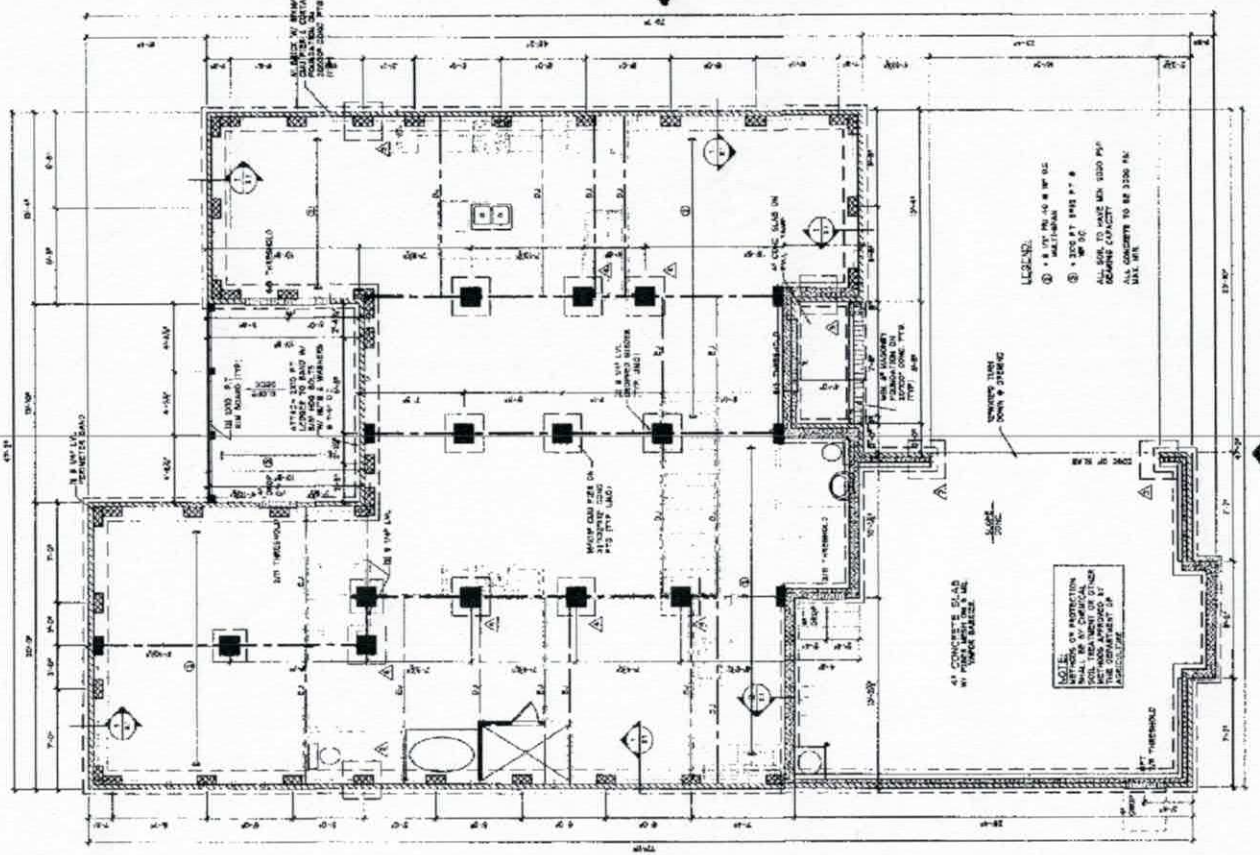
Lot 23

79-7

47-2

47-7

77-11



1/20 FOUNDATION PLAN







RESIDENTIAL STRUCTURES, PC.
4815 N. Davidson St.
Charlotte, N.C. 28205
Roof Truss Structural Only

LEGEND

FOUNDATION NOTES:

Acknowledgement Of
Plans Submittal ONLY
Date 8-7-18
Date 9/21/18

CORNERSTONE III PROPERTIES
4508 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

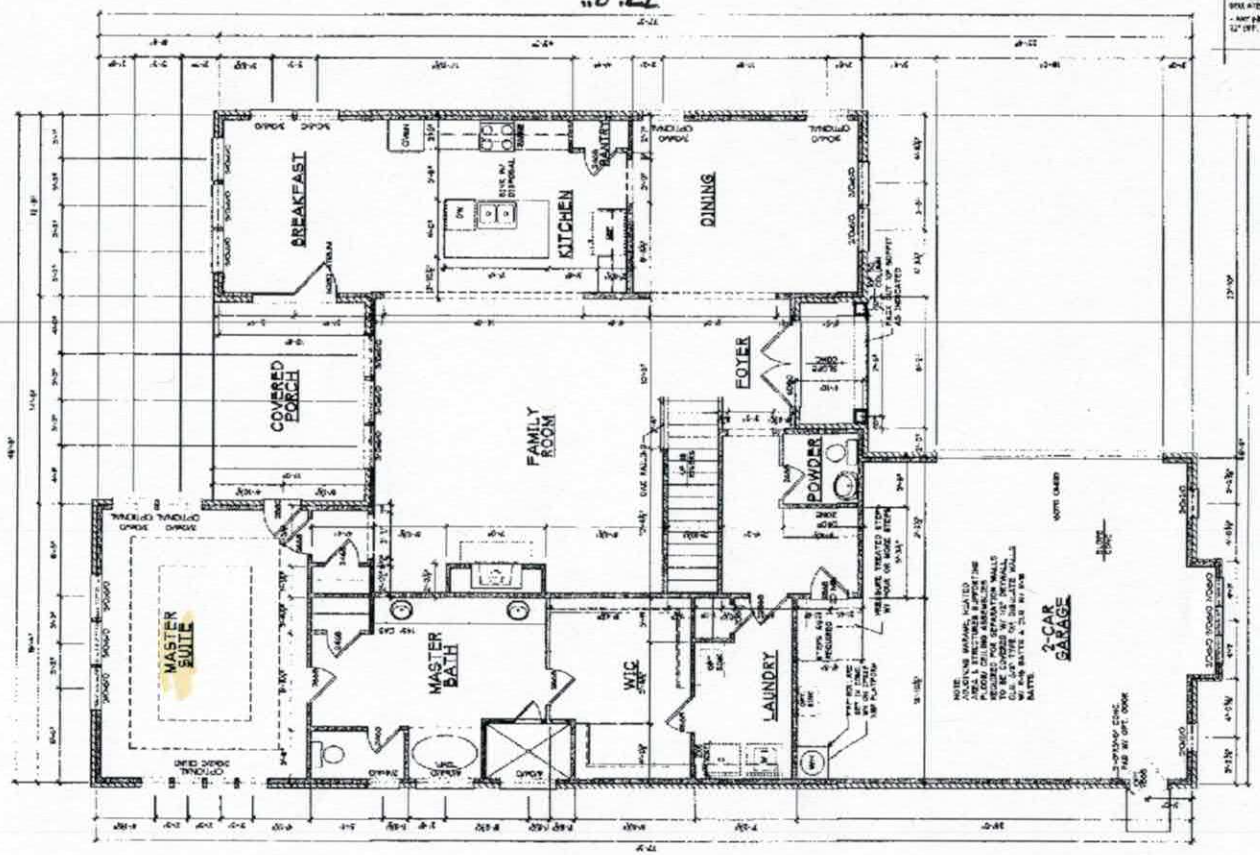
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WATERFORD
PLAN

ISSUE DATA

DRAWING DATA

SHEET TITLE
FOUNDATION
PLAN

SHEET NUMBER
2.0




1 / 4.0 FIRST FLOOR PLAN

FIRST FLOOR NOTES:

SQUARE FOOTAGE:

Acknowledgement of Plans Submittal ONLY!

Date 8-7-18

Date 9/21/18

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
WATERFORD PLAN

PROJECT NUMBER
ISSUE DATE

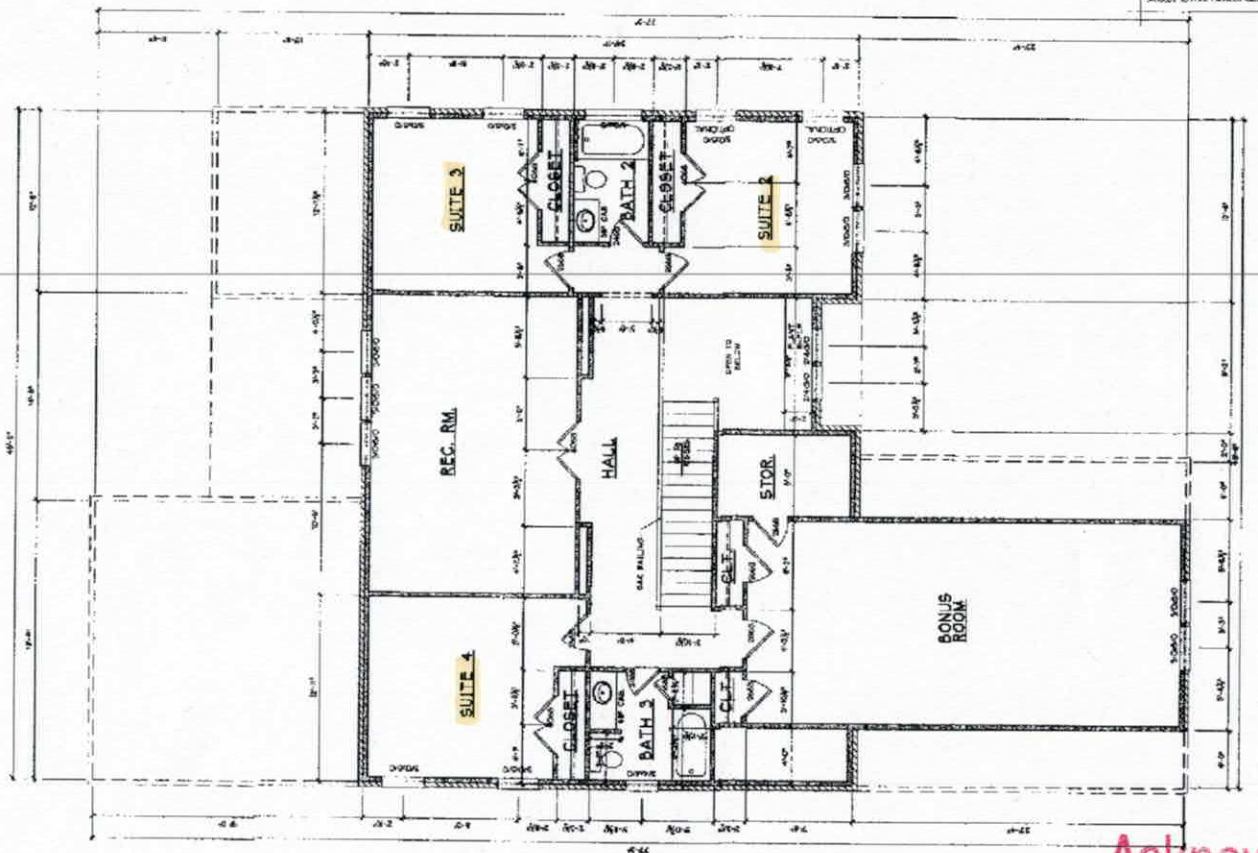
DRAWING DATA
DRAWN BY:
CHECKED BY:
FILE NUMBER

SHEET TITLE
FIRST FLOOR PLAN

SHEET NUMBER
4.0

SECOND FLOOR NOTES:

- FULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE MAIN CORNER OF THE HOUSE
- ALL ANGLED WALLS ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE
- ALL INTERIOR DOORS ARE 4" FROM WALL UNLESS NOTED OTHERWISE
- ALL WINDOW HEADER HEIGHTS ARE TO BE RAISED TO MATCH WITH A SUITABLE HEIGHT DROP
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING, INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF WALL
- WHERE HOSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN CROSSED (HOT WASHER ON LEFT AND DRYER ON RIGHT
- FRAMED GARAGE WALLS (i.e. 2X6), RAFTERS, STAIRS & TRUSS LAYOUT SHALL BE INSULATED WITH R30 BATTERS AND MEET IRC CODE
- ANY WINDOW NOT A SLIDER THAT ARE 24" AFF. MUST HAVE WOOD X MAT OR SIMILAR TO MEET PROJECT RATE




2 / 4.1 SECOND FLOOR PLAN

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
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PROJECT TITLE
WATERFORD PLAN

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