ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 311263.

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

PIN # 4638 -21 -1645

APPLICANT/OWNER: Leland Honeyman APPLICANT ADDRESS: 631 Brawley School Rd 300-164 Mooresville NC 28117.

SITE ADDRESS: 114 Rustic Way Lane Mooresville NC 28117 PHONE: 704 995-7912 ALT. PHONE NA

SITE DIRECTIONS: 150 to Robinson Rd TL Rustic Way House on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: East Lake SECTION: - LOT # 2 LOT AREA: .573 DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	Plastic	Date	Infiltrator	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity - 25% Reduction			☐ Business	No. Persons	6	☑ Private
Pump Make	-	Model	.		Serial #	-	Repair System Description:	Repair Exempt			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	7		Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth				36	Gravel Depth	-	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

Real fitter installed
SI to left to house
11ft from BL to upper drainline

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

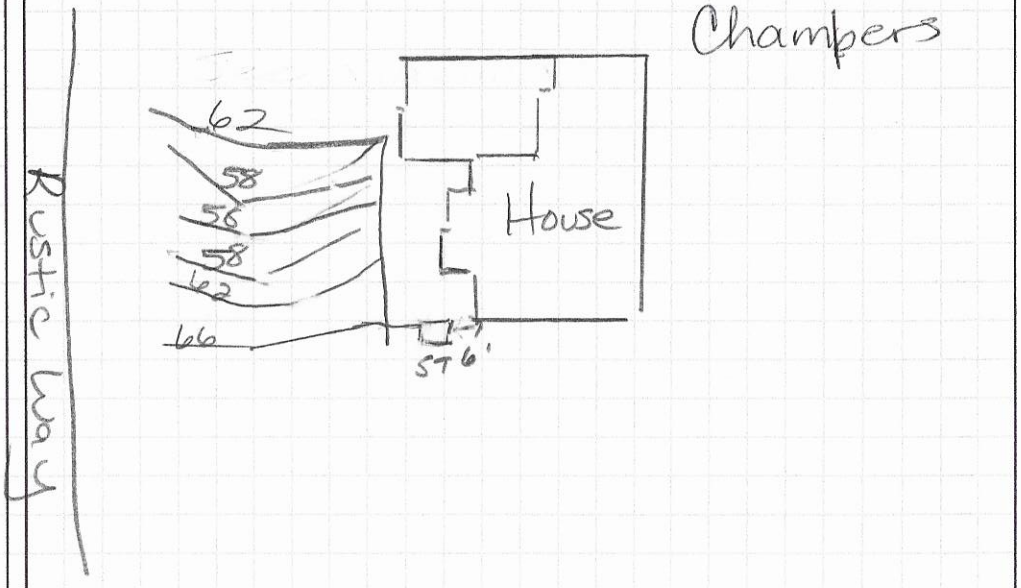
Soil + Forestry Services at the Carolinas PA

LSS # 1218. Dec 2020

AS-BUILT SKETCH

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

Installed Quick 4 Plastic Champers



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: Installed by: Joe Thompson JST Enterprises

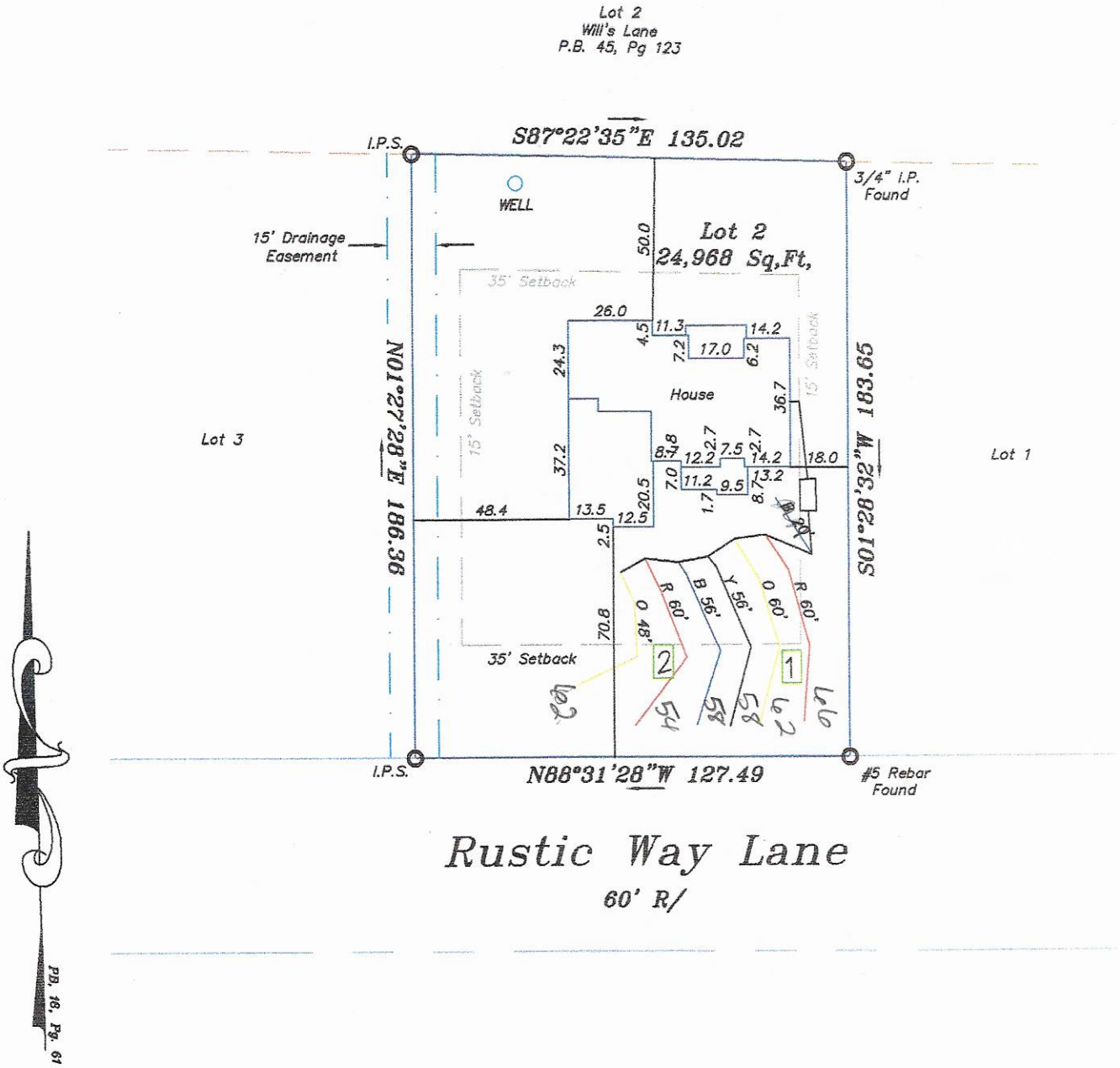
IMPROVEMENT PERMIT by: Benjamin A Bell Date: 12-23-20 OPERATION PERMIT by: Maria Dotson Date: 2/10/2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 12-23-20 Existing System Inspected by: Date:

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

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 16, Page 61. That the boundaries not surveyed are indicated as drawn from information as shown on the survey; that the ratio of precision as calculated is 1: 10,000+ that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600). This 21 day of November, A.D. 2020.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295



Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 16 at Page: 61 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.

(IN FEET)
1 inch = 50 ft.
GRAPHIC SCALE
50 0 25 50 100

Legend
= Power Pole
= Guy Wire
E.O.P. = Edge of Pavement
R/W = Right-of-way
I.P.S. = #4 Rebar Set
—A— = Not to scale

Soil & Forestry Services of the Carolinas, PA
PO Box 832 Mooresviile, NC 28115

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Sesssion Law 2018-114 Submittal for 114 Rustic Way Lane

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom accepted system using gravity distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Owner/ Applicant: Leland Honeyman

Signature: _____

"The LSS Evaluation is being submitted pursuant to and meets requirements of SL 2018-114 Section 11.(c)."

Wendell Overby, LSS

Signature: _____
Seal:



Three (3) Bedroom Accepted Septic System Design using Gravity Distribution for Lot 114 Rustic Way Lane

Contents: **Page**

Information for the Installer---------- 1

Design Information

Design Specifications---------- 2-3

Layout Specifications---------- 4

Site Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7

Iredell County Septic Application---------- 8-9

Environmental Health Requirements---------- 10

Agent Authorization---------- 11

Relinquishment of Administrative Appeal Rights---------- 12

LH Waterfront Construction

704 995-7912

December 2020

Job #20-1176

Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DHH, and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
- Elevations at pinflag locations should be checked by the installer prior to beginning
- Septic tank riser shall be a minimum of 6" above finished grade.
- **System specified as accepted type using gravity distribution**
- **Repair exempt**
- **System trenches installed on 9' minimum; 3' wide trenches**

GRAVITY DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	LH Waterfront Construction
Contact:	Leland Honeyman
Phone:	704 995-7912
County:	Iredell
Location:	114 Rustic Way Lane

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	0.00 gpm

Design Specifications

Drainfield Size:	360 lf
Loading Rate:	0.25 gpd/ft.^{2}
Depth of Gravel in Trench:	n/a
Gravel Size:	n/a
Trench Depth:	36 in
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	n/a
Estimated Supply Line Length:	8 lf
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	2.96 gal
Dosing Volume:	gal

Recommended Float Controls:

Recommended Control Panel:

Pressure Head:	0 ft.
Friction Head:	ft
Elevation Head:	ft
Total Dynamic Head:	ft
Threaded Union:	
Gate Valves:	

Check Valves:	
Anti-Siphon Hole:	
Recommended Pump:	

114 Rustic Way Lane
Gravity Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.25	gpd/ft.^{2}
TOTAL AREA TRENCH BOTTOM:	1080	sf
TOTAL LATERAL LENGTH:	360	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	360	lf
SUPPLY LINE LENGTH:	8	lf
TOTAL DYNAMIC HEAD:	0.00	gpm
DOSING VOLUME:	0.00	gal
PUMP TANK DRAW DOWN*:	0.0	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	n/a	

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

114 Rustic Way Lane

Nov-20

Layout for a 3 bedroom home

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH
TBM						
INSTR. 1						
			SYSTEM			
1	Blue					20
2	Red					60
3	Orange					60
4	Yellow					56
5	Blue					56
6	Red					60
7	Orange					48

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	360	0.250	ACCEPT	25%	GRAVITY	36
REPAIR	exempt					

Notes:

**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

CALCULATIONS

Location 114 Rustic Way Lane

Project Number 20-1176

Lot No:	2	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.25	$^{gal}/_{ft^2\ day}$
Accepted? (YES OR NO)	Yes	
Supply Line Length	8	ft.
Supply Line Volume	2.96	gal.
Required Feet of Line	360	ft.
Amount of Line from Layout	360	ft.
Gallons per Minute	0.00	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	235.08	gal.
Dosing Volume	0.00	gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
27.4	1.51
30	1.78
	-1.76
35	2.37
37	2.63
40	3.03
42.7	3.43
45	3.77
46.51	4.01
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	0.0	in.
		Generic Draw Down of 21 gal.per in.
Pump Run Time	#DIV/0!	minutes
Elevation Head	0	ft.
Pressure Head	0	ft.
Friction Factor	0	ft./100 ft. *(From the interpolater.)*
Friction Head	0.00	ft.
Elevation Head +15%	0	
Total Dynamic Head	0.00	ft.

PROPERTY ID #: 4638211645
COUNTY: Iredell

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

OWNER: Leland Honeyman
ADDRESS:
PROPOSED FACILITY: new house PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 114 Rustic Way Lane
APPLICATION DATE
DATE EVALUATED: 10/16/20
PROPERTY SIZE: .573
PROPERTY RECORDED: 1980
WATER SUPPLY: x☐ Private ☐ Public x☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring x☐ Pit ☐ Cut TYPE OF WASTEWATER: x☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	
1	L / 6%	0-4	DB SL WFGr	Fr SS SP	N/A	48	N/A		PS .25
		4-21	B CL WFS	Fr S SP					
		21-36	R C WFS	Fi S SP					
		36-48	R C WFS	Fr S SP c y/b mottle					
2	L / 4%	0-5	DB SL WFGr	Fr SS SP	N/A	48	N/A		PS .275
		5-15	R C WFS	Fr SS SP					
		15-20	B L WFS	Fr SS SP					
		20-40	R C WFS	Fr S SP					
		40-60	R CL WFS	Fi SS SP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	
System Type(s)	ACCEPTED	exempt
Site LTAR	.25	

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

LICENSED SOIL SCIENTIST
JAMES WENDELL OVERBY
1218
STATE OF NORTH CAROLINA

COMMENTS:

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

Sheet 1 of 1
PROPERTY ID #: 4638-71-1645
COUNTY: Iredell

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

OWNER: Leland Haneman
ADDRESS: 631 Brawley School Rd
APPLICATION DATE 9/28/20
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
DATE EVALUATED: 10/8/20
LOCATION OF SITE: 114 Rustic Way
PROPERTY SIZE: .5.73ac
WATER SUPPLY: [X] Private [ ] Public [V] Well [ ] Spring [ ] Other V/A
PROPERTY RECORDED: Y25
EVALUATION METHOD: [ ] Auger Boring [X] Pit [ ] Cut
TYPE OF WASTEWATER: [X] 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	HS 2%	0-10	manipulated		Few Yellow browns 36-41				PS .25
		10-41	ABK C	fI SE					
		41-54	WABK BC	fI/FR SE					
2	HS 2%	0-6	fill		Chroma 3 C33"				PS .25
		6-17	SC						
		17-43	SBK C						
		43-61	WABK BC						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	75	
System Type(s)	Horizontal Plan	
Site LTAR	.125	

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

RECEIVED DEC 17 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP- 311263

Iredell County Health Department – Environmental Health Division

PAGE 1: ***APPLICATION FORM***

Paid $500.00 Session Law

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: LELAND HONEYMAN **Address:** 631 BRAWLEY SCHOOL RD 300-164 **Zip:** 28117

Applicant Email: lelandhoneyman@hotmail.com **Phone:** 704 995-7912 **Alt. Phone:** _____

Owner Name: _____ **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 114 RUSTIC WAY LANE

Subdivision Name: EAST LAKE **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: I-77 WEST ON HWY 150. TURN RIGHT ON ROBINSON ROAD, LEFT ON RUSTIC WAY LANE. 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
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional (X) 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: Wendell Cg 12/2/2020

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

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

☒ 2. I, Leland Honeyman, am the legal owner(s) of the property located at 114 RUSTIC WAY LANE, identified as PIN (Parcel Identification Number) 4638 21 1645, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** WENDELL DUGGBY, _____, 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.

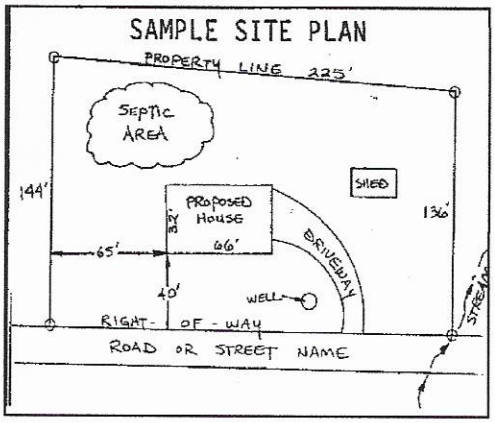
_____ 11-30-2020
Signature of Owner(s) Date

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

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

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



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

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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

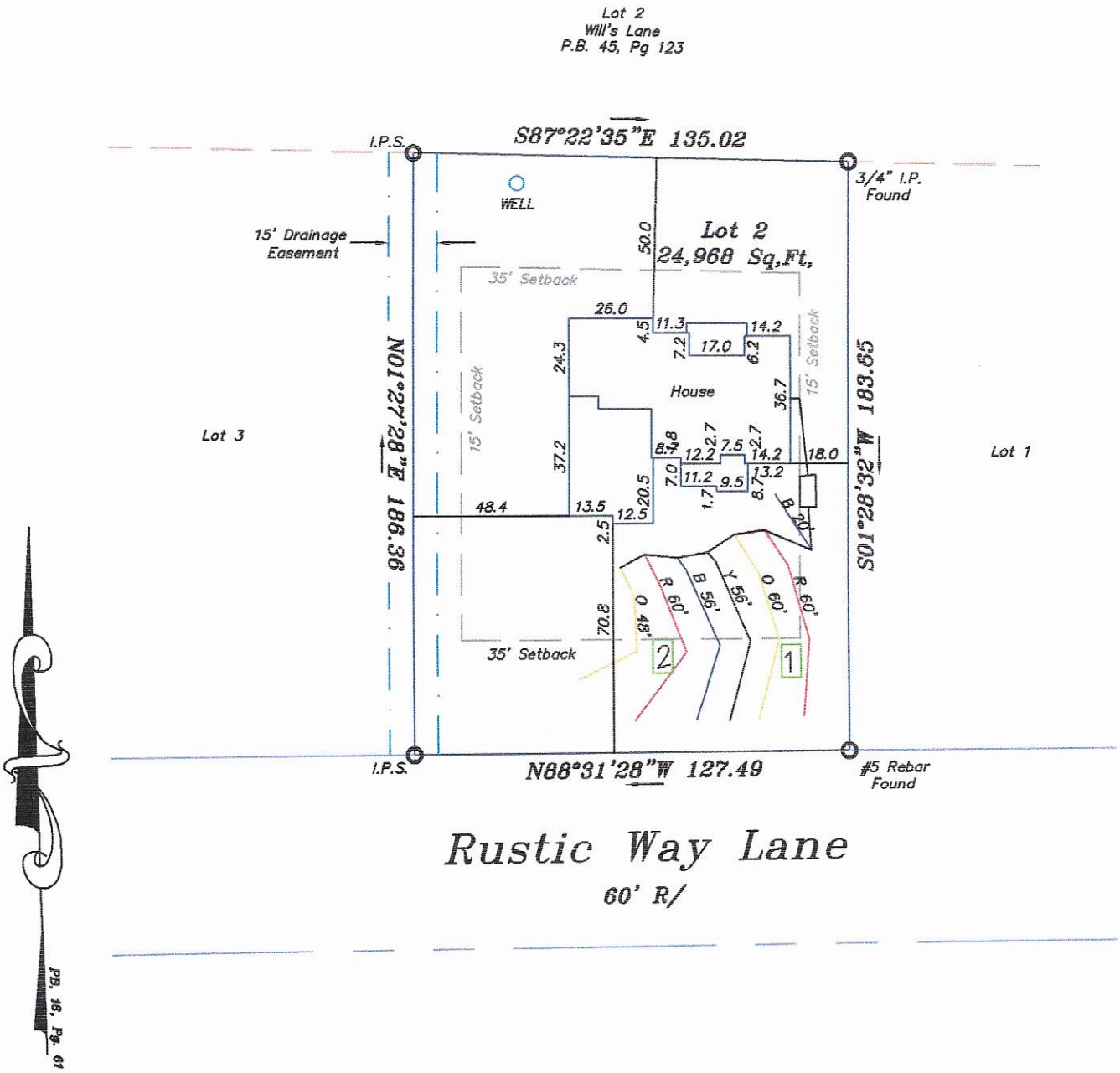
SEE ATTACHED

Signature: Wendell Cy
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/2/2020
DATE

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 16, Page 61. That the boundaries not surveyed are indicated as drawn from information as shown on the survey; that the ratio of precision as calculated is 1: 10,000+ that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600). This 21 day of November, A.D. 2020.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295



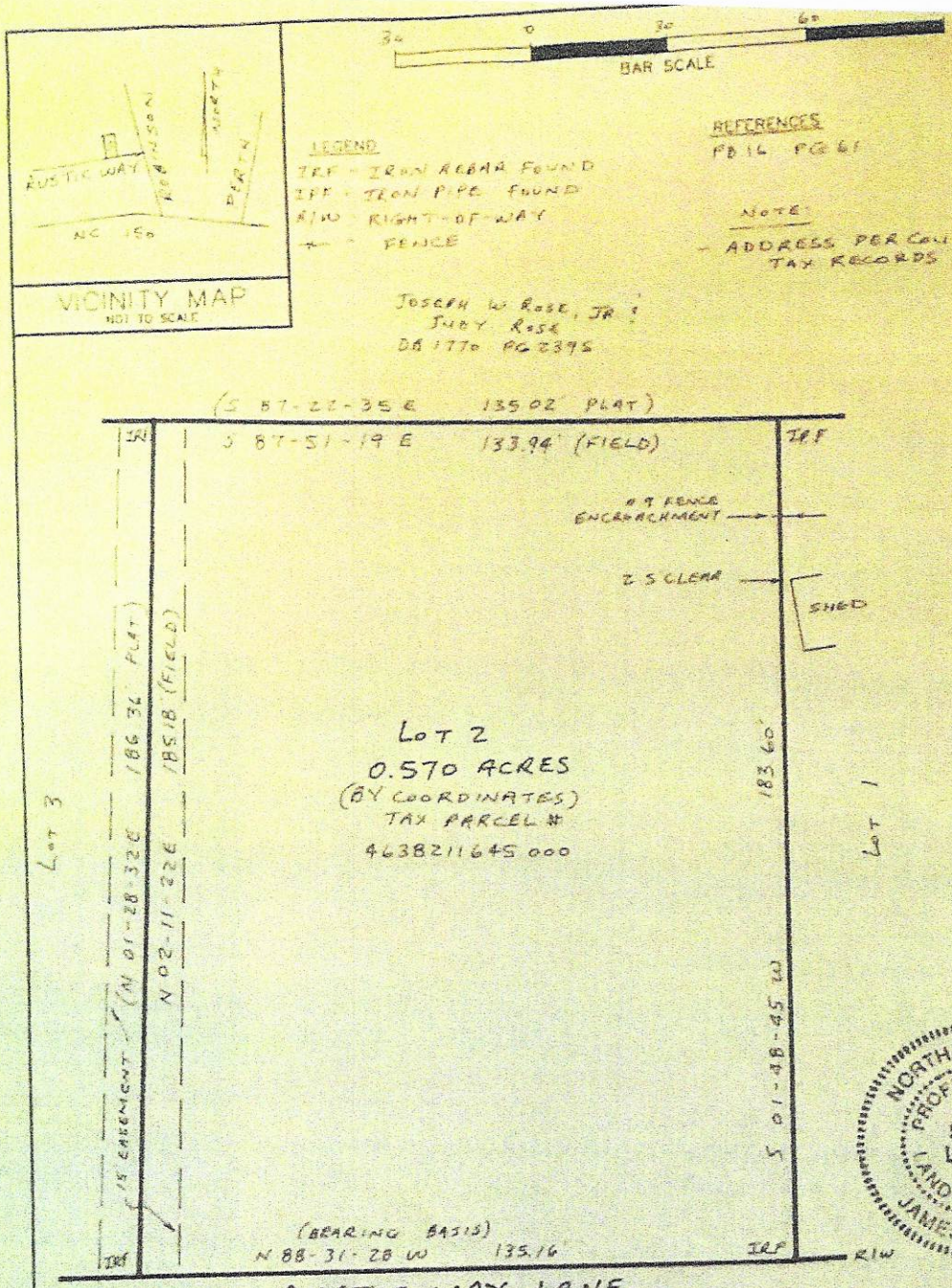
Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 16 at Page: 61 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) Area by coordinate method.

(IN FEET)
1 inch = 50 ft.
GRAPHIC SCALE
50 0 25 50 100

Legend

= Power Pole
= Guy Wire
E.O.P. = Edge of Pavement
R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal



THIS PROPERTY DOES NOT LIE IN A FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, (ZONE "C") COMM # 370313, PANEL 2008 OF 2260 (P) EFF DATE 5-15-80 DATE OF SURVEY: NOVEMBER 9, 2007

I, JAMES I. KOVACS, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION ON THE 9th DAY OF NOVEMBER, 2007; THAT THE RATIO OF PRECISION OF THE UNADJUSTED SURVEY IS 1: 10,000 AND THAT THIS SURVEY AND PLAT COMPLIES WITH THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN THE STATE OF NORTH CAROLINA

L-3610
JAMES I. KOVACS L-3610

PREPARED FOR

ELZBEITA BANASZAK

114 RUSTIC WAY LANE

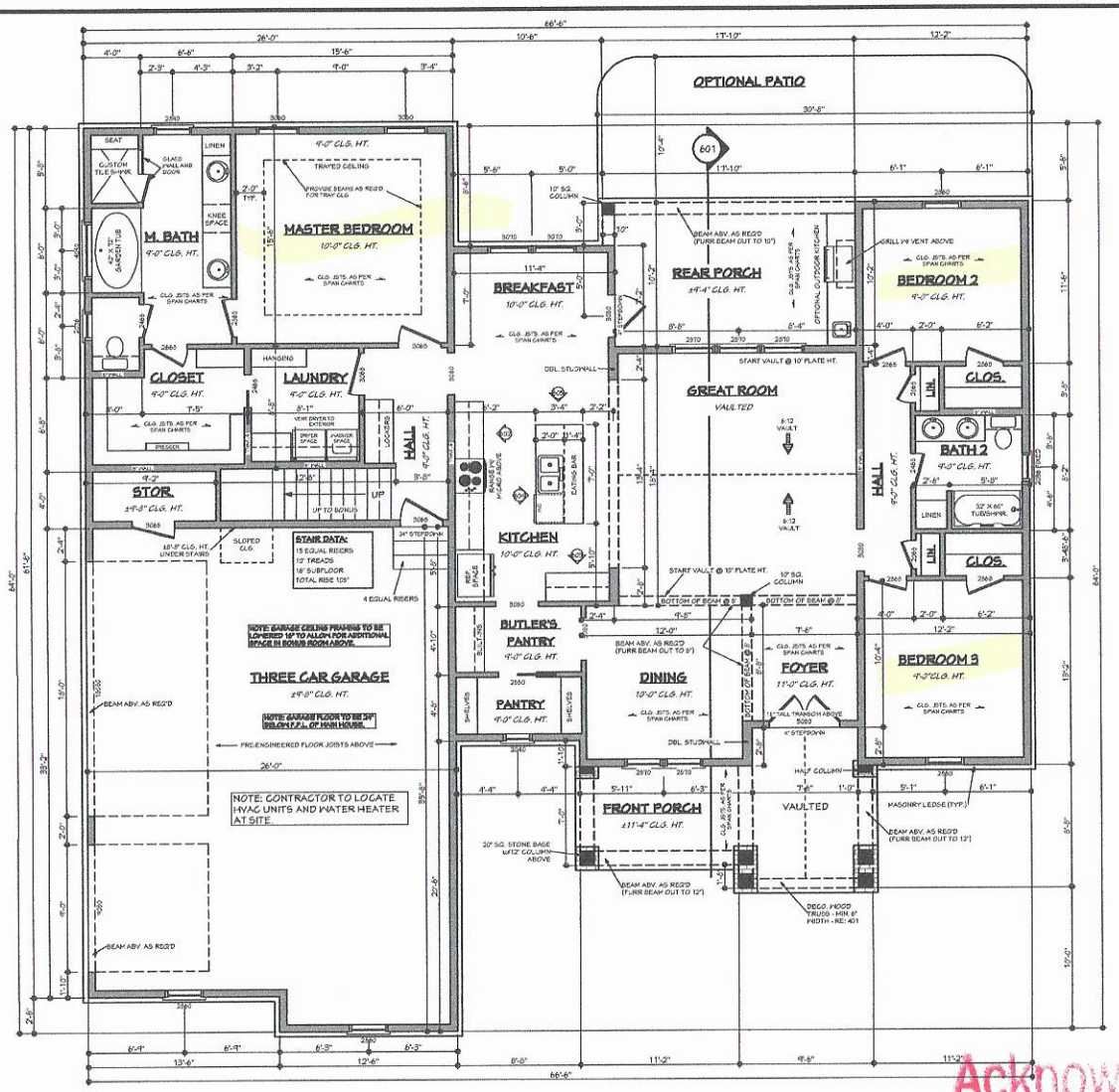
DAVIDSON TOWNSHIP IREDELL COUNTY

JAMES I. KOVACS, PLS
275 SPICEWOOD CIRCLE
TROUTMAN, NC 28166
PHONE (704) 807-1111

LOT 2 OF EAST LAKE

PB 16 PG 61

SCALE 1"=30'
FB 36 PG 66
PROJ# 071102



NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2015, R312.1.1 & R312.1.2
8. M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
   EXCEPTIONS:
   a. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
   b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCES ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. INSTALLATION OF ROOM HEATERS SHALL BE PERMITTED WITH AT LEAST AN 18-INCH WORKING SPACE. A PLATFORM SHALL NOT BE REQUIRED FOR ROOM HEATERS.
   M1305.1.1 FURNACES AND AIR HANDLERS. FURNACES AND AIR HANDLERS WITHIN COMPARTMENTS OR ALCOVES SHALL HAVE A MINIMUM WORKING SPACE CLEARANCE OF 3 INCHES ALONG THE SIDES, BACK AND TOP WITH A TOTAL WIDTH OF THE ENCLOSING SPACE BEING AT LEAST 12 INCHES WIDER THAN THE FURNACE OR AIR HANDLER. FURNACES HAVING A FIREBOX OPEN TO THE ATMOSPHERE SHALL HAVE AT LEAST A 6-INCH WORKING SPACE ALONG THE FRONT COMBUSTION CHAMBER SIDE. COMBUSTION AIR OPENINGS AT THE REAR OR SIDE OF THE COMPARTMENT SHALL COMPLY WITH THE REQUIREMENTS OF CHAPTER 11.
   EXCEPTION: THIS SECTION SHALL NOT APPLY TO REPLACEMENT APPLIANCES INSTALLED IN EXISTING COMPARTMENTS AND ALCOVES WHERE THE WORKING SPACE CLEARANCES ARE IN ACCORDANCE WITH THE EQUIPMENT OR APPLIANCE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2015.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2015, M1507.2

2073-S-3C-SL-VC FLOOR PLAN

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

ALL EXTERIOR WALLS AND PERIMETER OF HEATED AREA TO BE FRAMED WITH 2X6 CONSTRUCTION.

AREAS:		
2078	S.F.	HEATED - NOT INCLUDING MASONRY
590	S.F.	UNHEATED - FUTURE BONUS ROOM
886	S.F.	UNHEATED - THREE CAR GARAGE
175	S.F.	UNHEATED - REAR PORCH
37	S.F.	UNHEATED - STORAGE
181	S.F.	UNHEATED - FRONT PORCH
1869	S.F.	UNHEATED - TOTAL
3947	S.F.	TOTAL

Acknowledgement Of Plans Submittal ONLY!

Date 10/9/20

BONUS FLOOR PLAN

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

HOUSE PLAN ZONE
Designing Homes Building Relationships
Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.336.3254
Fax: 1.800.574.1387
N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATION
JONATHAN L. BOONE CERTIFICATION NO. 25-137

Pre-Drawn Plan ID:

2073-S-3C-SL-VC

House Plan Zone, LLC. has exercised great care and effort in the development of these plans and the completion of these construction documents. However, we cannot be responsible for any errors, omissions or deficiencies in the plans. It is the responsibility of the builder and/or owner to review these plans for any errors, omissions or deficiencies in the plans prior to the start of construction. In addition to your local building officials prior to construction. Additional engineering may be required to comply to specific local jurisdictions. It is the responsibility of the builder and/or owner to verify that all engineering, soil tests, etc. has been included in these plans. If in general in nature and shall be verified by a licensed engineer prior to construction.

Date: 11/30/16

Drawn By: J.A.B.

Project Name:

SHEET NUMBER

3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311263 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638211645.000	114 RUSTIC WAY LN	Iredell County

Owner Information	Applicant Information
Name: BANASZAK ELZBIETA	Name: LELAND HONEYMAN
Address: 21 N EVERGREEN AVE APT 12	Address: 631 BRAWLEY SCHOOL RD.
CLEARWATER, FL 33755	MOORESVILLE , NC 28117
Phone:	Phone: (704)995-7912

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 09/25/2020

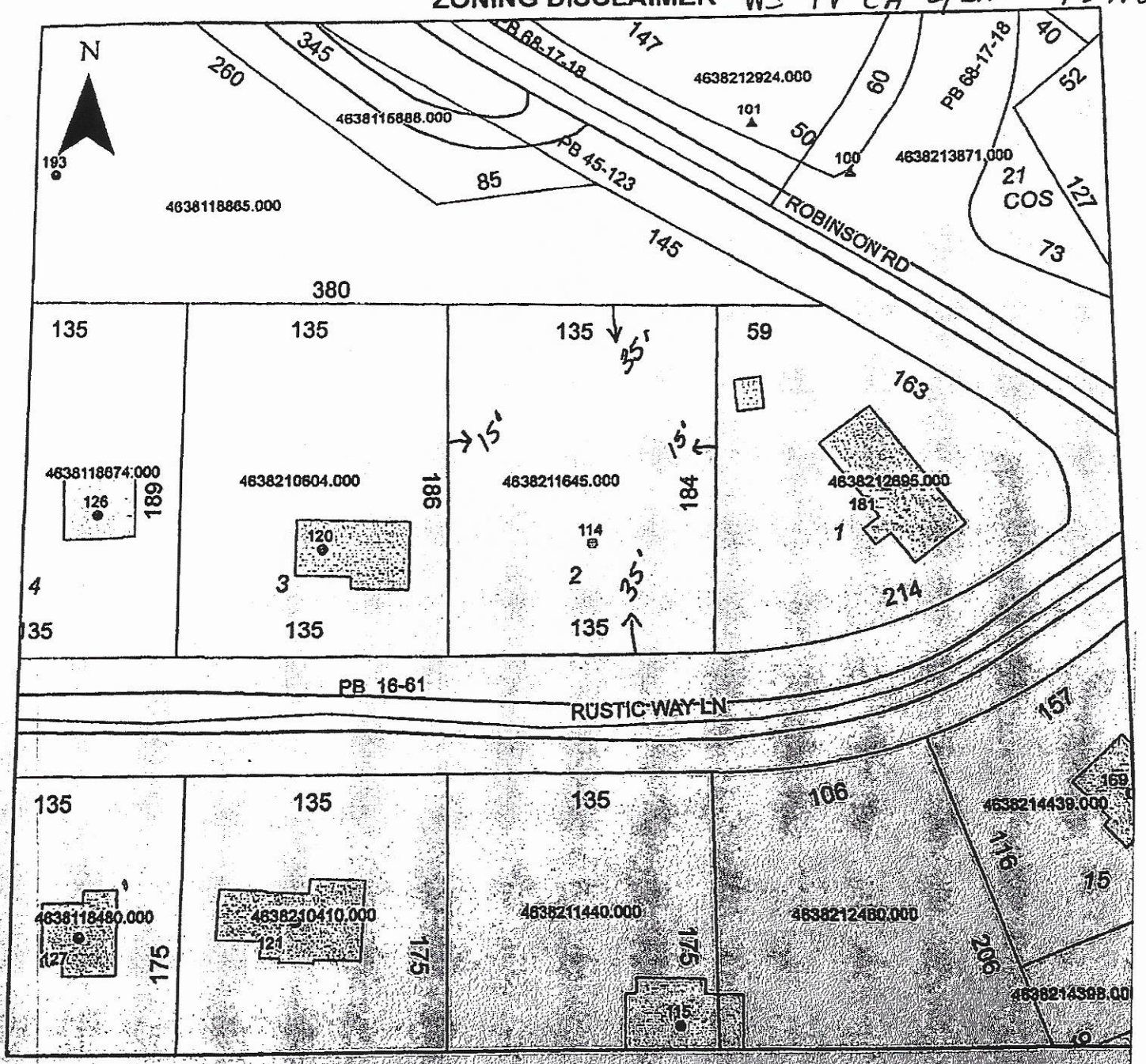
Permit Number	311263

TOTAL FEES:	$77.25

311263

RH

ZONING DISCLAIMER WS IV CA C/LN FL-ND



Property Address 114 Rustic Way Ln.

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Applicant

9-23-2020

Da