ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP314176

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

PIN # 4639 - 06 - 1735

APPLICANT/OWNER: Steven krise APPLICANT ADDRESS: 213 Stillwater Road 28166

SITE ADDRESS: 213 St. Nwater Road Troutman NC 28166 PHONE: 704-677-4394 ALT. PHONE 704-641-5633

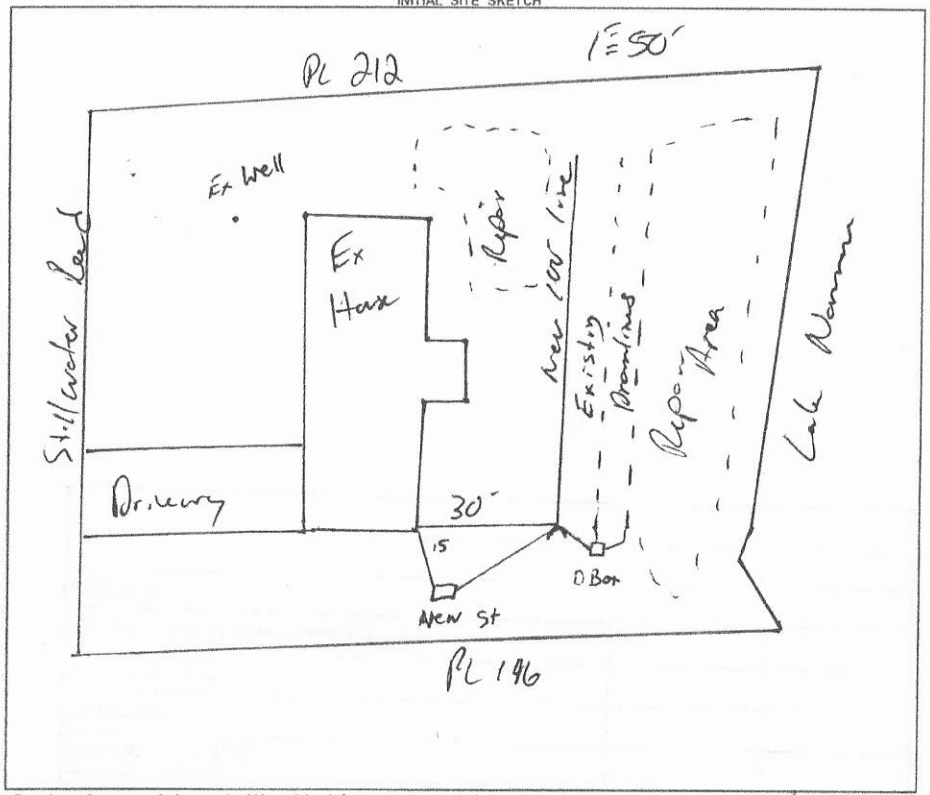
SITE DIRECTIONS: Perth to State Park Road Lon Simpson Farm Lon St. Nwater SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Cresent Land + Timber SECTION: 18 LOT # 885 LOT AREA: 0.7 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB SHOAF 760	Date 4/17	☒ 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: 25% Reduction + Ex		☐ Business	No. Persons	6	☒ Private
Pump Make		Model	Serial #	Repair System Description: 50% Reduction		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines 1		Linear Ft: 100 + Ex	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36" Trench Bottom Depth(~~Low side~~)	Max 36	Gravel Depth –	☒ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

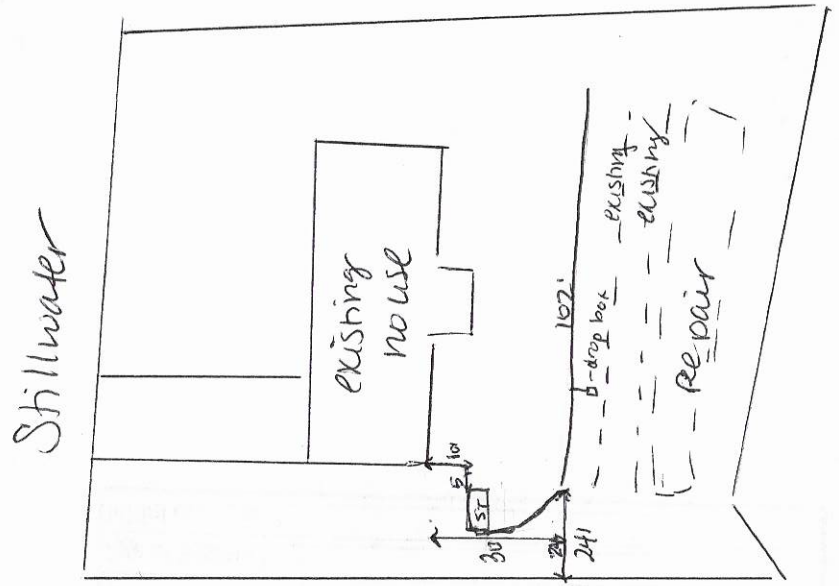
Comments / Conditions: Install Drainline on Contour of Land use D Box to feed Ex lines.

INITIAL SITE SKETCH



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.



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: 3/9/21 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 5-8-21 OPERATION PERMIT by: D. Webery Date: 6/3/21

AUTHORIZATION TO CONSTRUCT by: Date: 5-8-21 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 9659 061733
COUNTY: Jackson

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

OWNER: Steven Knize
ADDRESS: 213 Stillwaters
PROPOSED FACILITY: 3 BR
LOCATION OF SITE: 213 Stillwaters
APPLICATION DATE 1-15-2021
DATE EVALUATED:
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 0.7 Ac
PROPERTY RECORDED: Yes

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 9%	0-6	scl sbk	Fr SS SP Sap	N/A	48+	N/A	N/A	PS .3
		6-24	C sbk						
		24-48	CL sbk						
2	SS 9%	0-6	sbk scl		N/A	50"	N/A	N/A	.3 PS
		6-40	sbk C						
		40-50	sbk CL						
3	SS 9%	0-12	Fill		N/A	60"	N/A	N/A	PS .3
		12-18	scl sbk	Fr SS SP Sap					
		18-40	C sbk						
		40-60	CL sbk						
4	SS 9%	0-6	sbk scl		N/A	48+	N/A	N/A	PS .3
		6-31	sbk C						
		31-48	sbk CL						
		48-55	Sap						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): LS
EVALUATED BY: Bass
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
	O (Organic)		None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

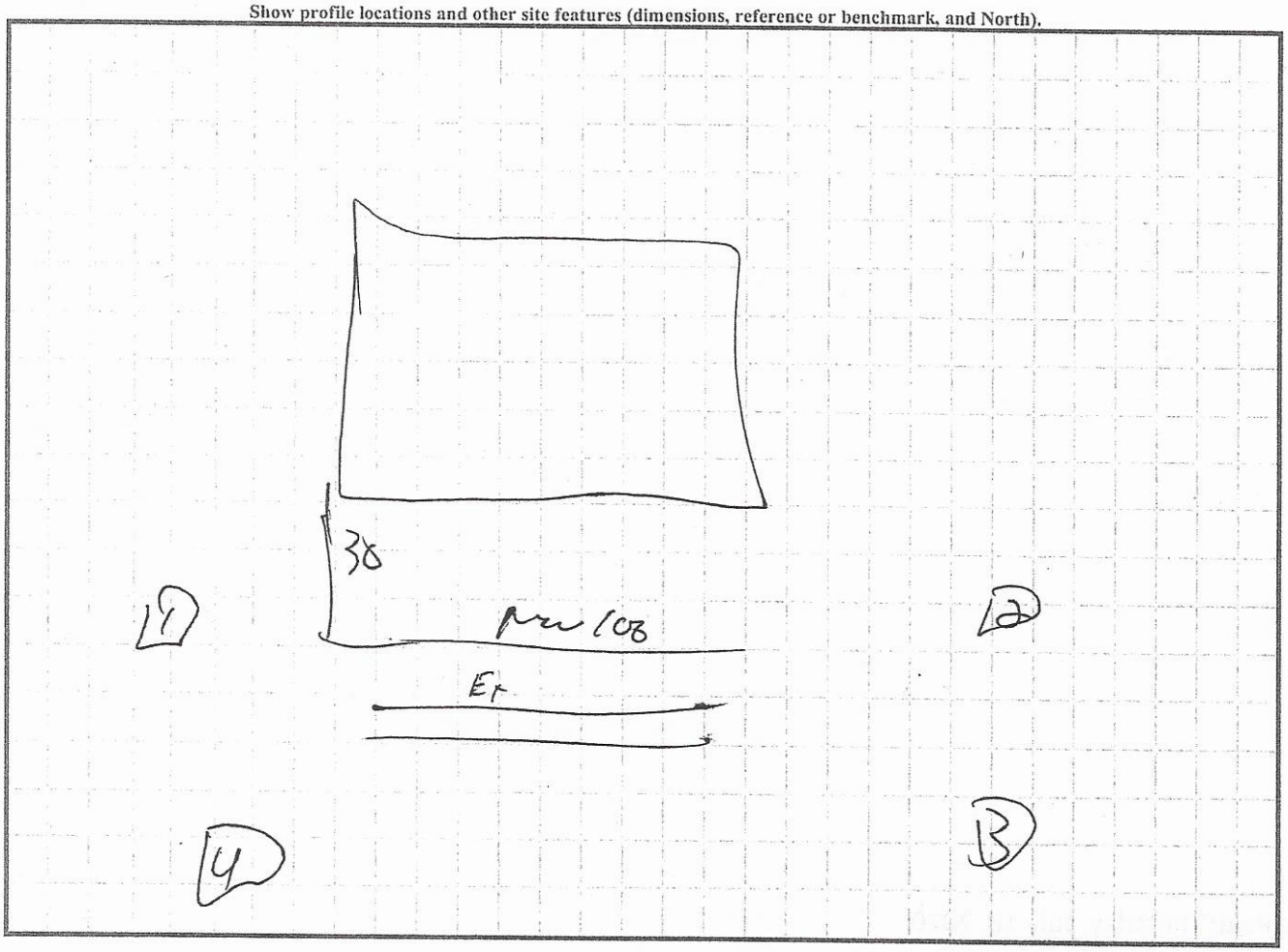
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



980-829-3278

RECEIVED JAN 21 2021

AP-314176

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

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATIO... [illegible] USIFIED 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) 704-641-5633

Applicant Name: STEPHEN E KRISE Address: 213 Stillwater RD Zip: 28166
Applicant Email: skrise213@gmail.com Phone: 704 677 4394 Alt. Phone: 704 641 5633
Owner Name: Stephen E Krise Address: 213 Elysian DR Mooresville Zip: 28117
Owner Email: jan@creategardens.com Phone: 704 677 4394 Alt. Phone: 704 641 5633

Property Information:

Street Address: 213 Stillwater RD Troutman NC 28166
Subdivision Name: ~~N/A~~ CLST Section/Phase: 18 Lot Number: 885
Driving Directions: PERTH RD TO LAKE NORMAN (DUKE POWER) STATE PARK ROAD
left on morrison FARM RD
left on still water house is on ~~Left~~ 3/8 mile down

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool (✓) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumbing
( ) 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:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) 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: 1995
( ) 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: [signature] 1/15/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

314176

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

_____ _____
Signature of Owner(s) Date

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

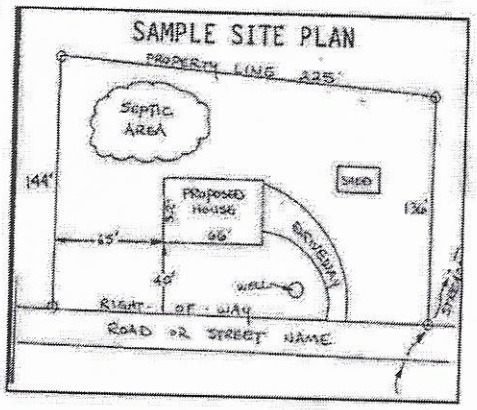
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT 3/4/16

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:

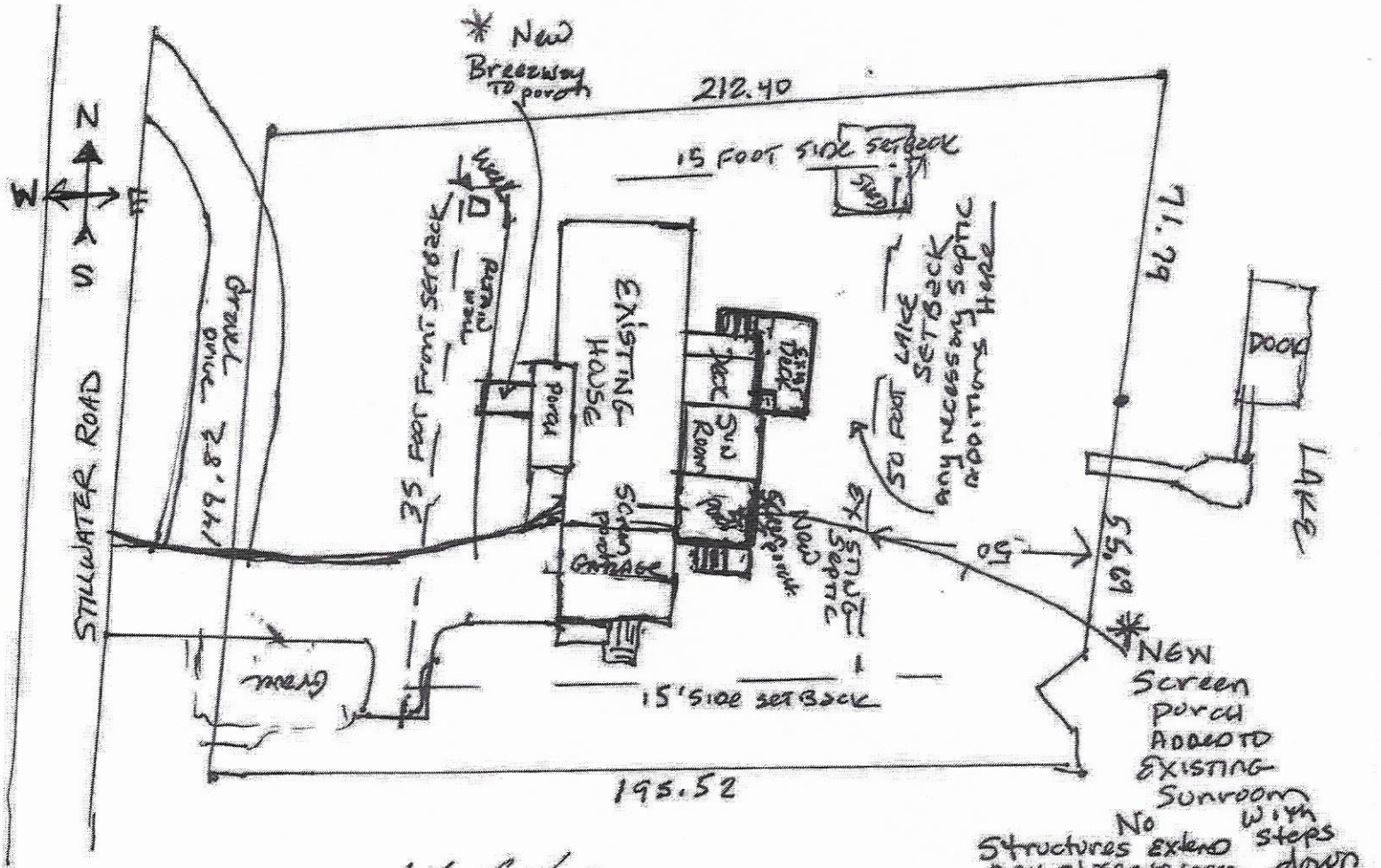
(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
(X) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



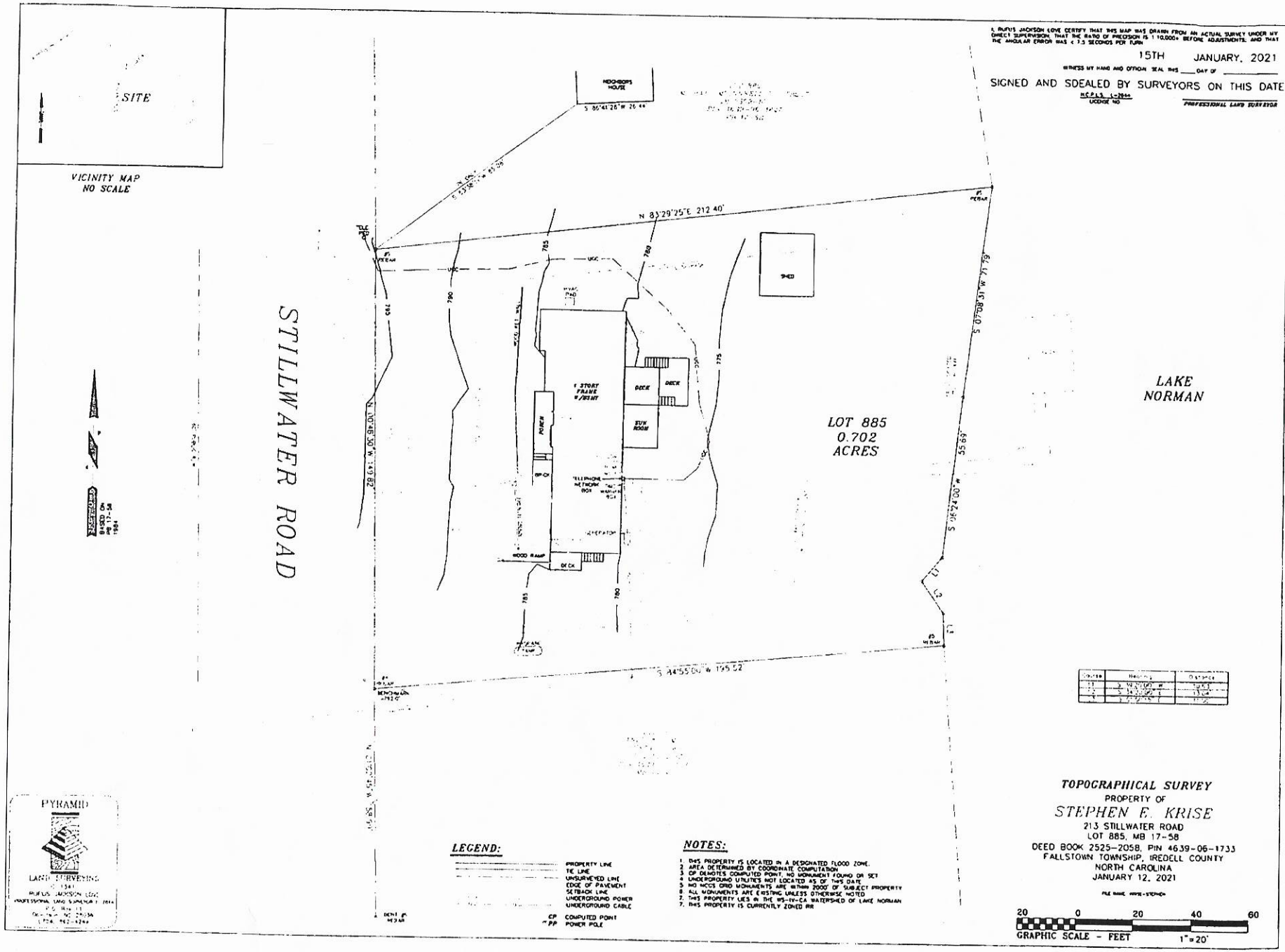
No structures extend any closer to lake

Signature: E Kuni

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

7/15/2021

DATE


I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY UNDER MY DIRECT SUPERVISION; THAT THE RATIO OF PRECISION IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN
15TH JANUARY, 2021
WITNESS MY HAND AND OFFICIAL SEAL THIS ___ DAY OF _____
SIGNED AND SDEALED BY SURVEYORS ON THIS DATE
NCPLS L-2644
LICENSE NO
PROFESSIONAL LAND SURVEYOR
SITE
VICINITY MAP
NO SCALE
STILLWATER ROAD
N 83°29'25"E 212.40'
S 07°08'31"W 71.79'
S 06°24'00"W 55.69'
S 44°55'00"W 195.52'
N 10°46'30"W 139.82'
S 86°41'28"W 26.44'
1 STORY FRAME W/BSMT
DECK
DECK
SUN ROOM
PORCH
WOOD RAMP
DECK
LOT 885
0.702
ACRES
LAKE
NORMAN
LEGEND:
PROPERTY LINE
TIE LINE
UNSURVEYED LINE
EDGE OF PAVEMENT
SETBACK LINE
UNDERGROUND POWER
UNDERGROUND CABLE
CP COMPUTED POINT
PP POWER POLE
NOTES:
1. THIS PROPERTY IS LOCATED IN A DESIGNATED FLOOD ZONE.
2. AREA DETERMINED BY COORDINATE COMPUTATION
3. CP DENOTES COMPUTED POINT, NO MONUMENT FOUND OR SET
4. UNDERGROUND UTILITIES NOT LOCATED AS OF THIS DATE
5. NO NCGS OR0 MONUMENTS ARE WITHIN 2000' OF SUBJECT PROPERTY
6. ALL MONUMENTS ARE EXISTING UNLESS OTHERWISE NOTED
7. THIS PROPERTY LIES IN THE WS-IV-CA WATERSHED OF LAKE NORMAN
7. THIS PROPERTY IS CURRENTLY ZONED RR
PYRAMID
LAND SURVEYING
1341
RUFUS JACKSON LOVE
PROFESSIONAL LAND SURVEYOR
P.O. Box 12
Denver, NC 28037
(704) 483-4244
TOPOGRAPHICAL SURVEY
PROPERTY OF
STEPHEN E. KRISE
213 STILLWATER ROAD
LOT 885, MB 17-58
DEED BOOK 2525-2058, PIN 4639-06-1733
FALLSTOWN TOWNSHIP, IREDELL COUNTY
NORTH CAROLINA
JANUARY 12, 2021
FILE NAME: KRISE-STEPHEN
20 0 20 40 60
GRAPHIC SCALE - FEET
1" = 20'

3141710

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21363 DATE 6-16-95 TAX MAP NO. 3C-3-A-18 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Bright Star Dev. Co. PHONE: Business _____ Home 664-0809

ADDRESS 777 Oak Ridge Farm Rd. Mooresville N.C. 28115

LOCATION From Troutman Take Perth Rd TR State Park Rd TL Mooresville From Rd TR Stillwater ≈ 1.5 miles on L

SUBDIVISION Crescent BLOCK / SECTION 18 LOT 18 LOT AREA 156'x264 SITE CLASS Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: Existing Gallons; PT _____ Date _____
Pump Make: _____ Model System Serial No. Inspection
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Existing System
Repair System Description: Inspection
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

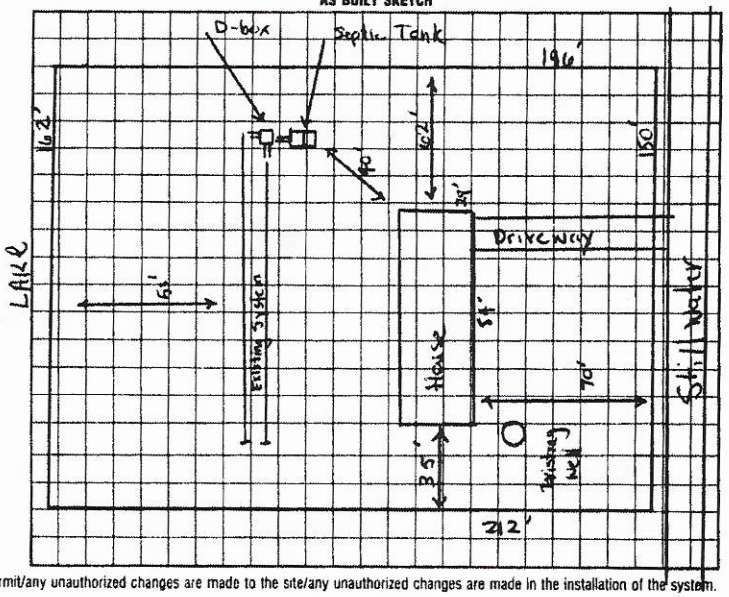
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Moved off 3 Bedroom SW MH. Replacing with 2 Bedroom House. System shows no visible signs of malfunction at time of inspection. Keep home air. 5' from any part of septic system.

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael J. Dennis date 6-16-95

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

05089

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR VINCENT ELLIOTT DATE 11-19-86. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. off Duke Power State Park Rd. - T.L. on Still-water Rd. - approx. 3/8 mi. on left.

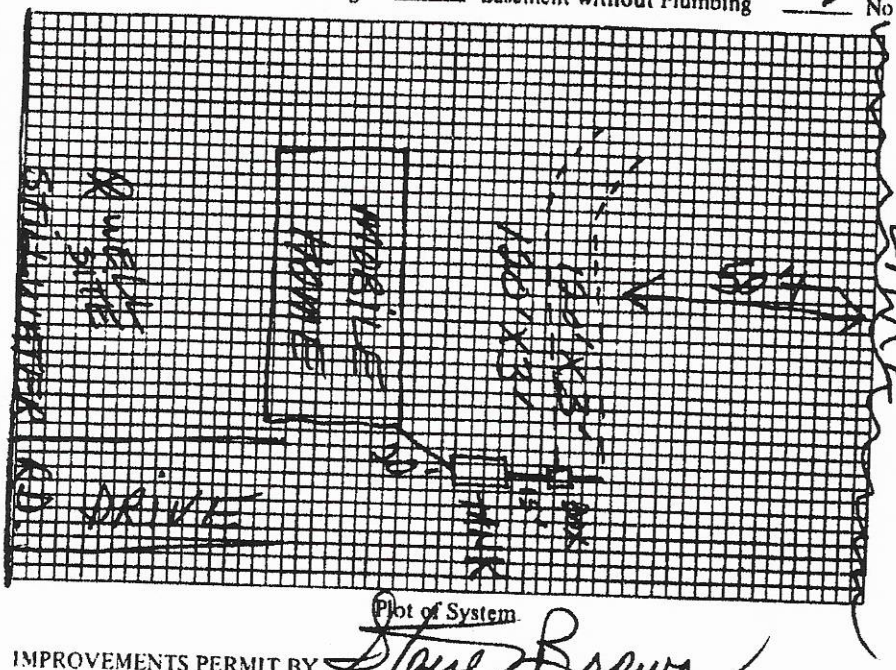
SUBDIVISION NAME CRESCENT LAND & TIMBER LOT NO. 885 S. R. No. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prov. Suitable.
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	5 gal./sq. ft.
Auto. Wash. Machine	Yes ( )	No (✓)	Topography	2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	12'+
Lot Area Ample			Rock or other impervious formations	None observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Harvey Featherman

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Keep well at least 50' from S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-19-86.

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

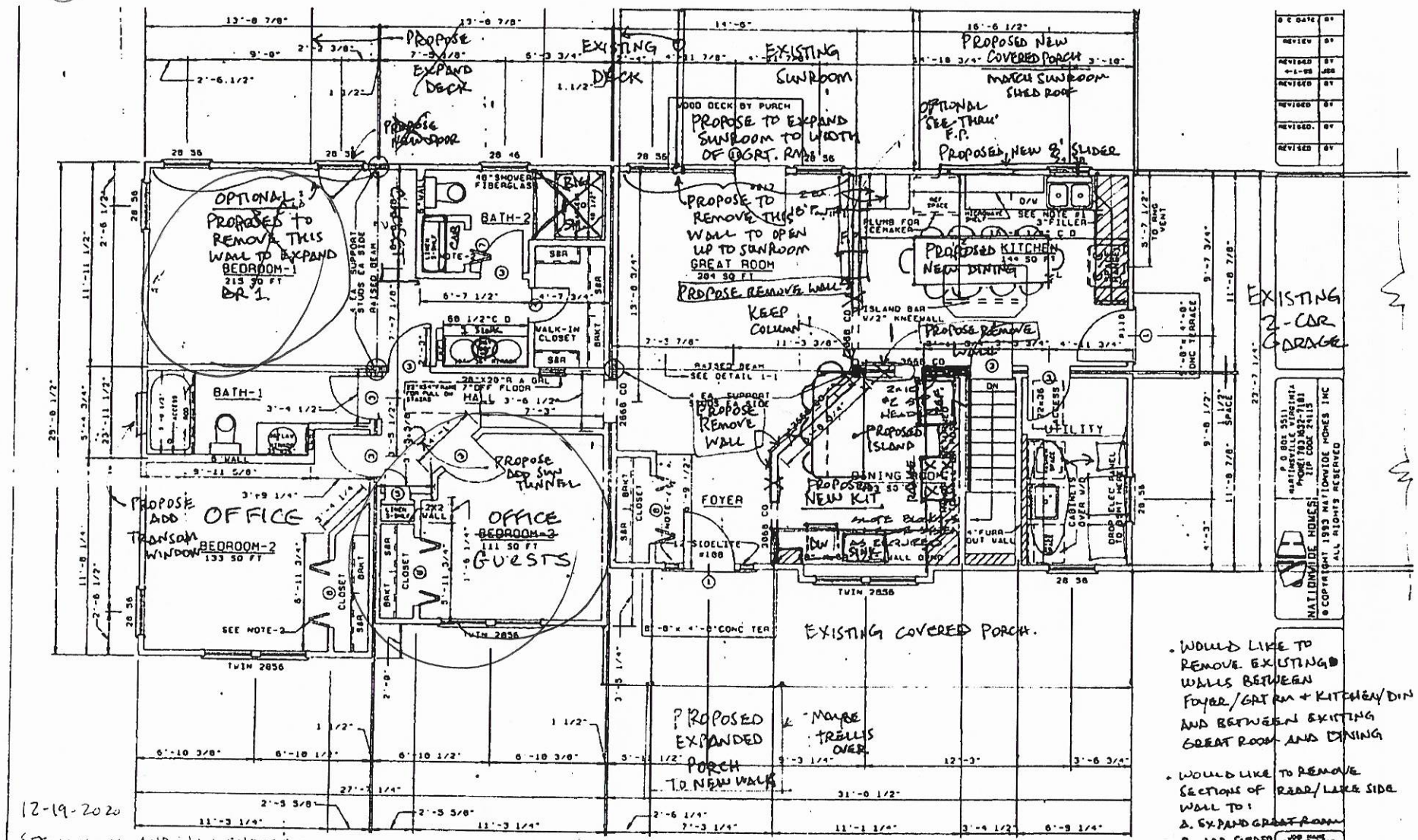
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

3-8-2021

3-9-2021

314176



- WOULD LIKE TO REMOVE EXISTING WALLS BETWEEN FOYER/GRT RM + KITCHEN/DIN AND BETWEEN EXISTING GREAT ROOM AND DINING
- WOULD LIKE TO REMOVE SECTIONS OF REAR/LAKE SIDE WALL TO:
  A. EXPAND GREAT ROOM
  B. ADD SLIDER IN NEW DIN
  C. EXPAND BR 1

12-19-2020

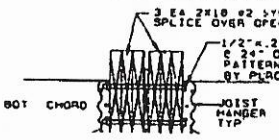
STEVE KRISE AND JAN ENRIGHT
213 STILLWATER ROAD
TROUTMAN, NC IREDELL COUNTY

FLOOR PLAN UPSTAIRS

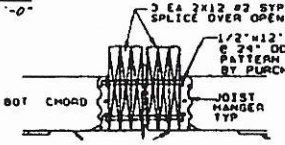
SCALE 1/4"=1'-0"

CERTIFICATION INFO	
NOTE-1	CERTIFICATION INFO @ KIT SINK
A)	DATA PLATE
B)	3rd PARTY INSPECTION LABLE
C)	STATE LABLE (IF REQUIRED)
D)	INSULATION (INC ONLY)

DESIGN INFORMATION	1432 SQ FT	CABO	N C
FLOOR LOAD W/ Δ		30/10	30/10
ROOF LOAD , L/Δ		30/10 Ⓐ	20/10
WIND LOAD		20/100	24/110 Ⓑ
SNOW LOAD		30	30

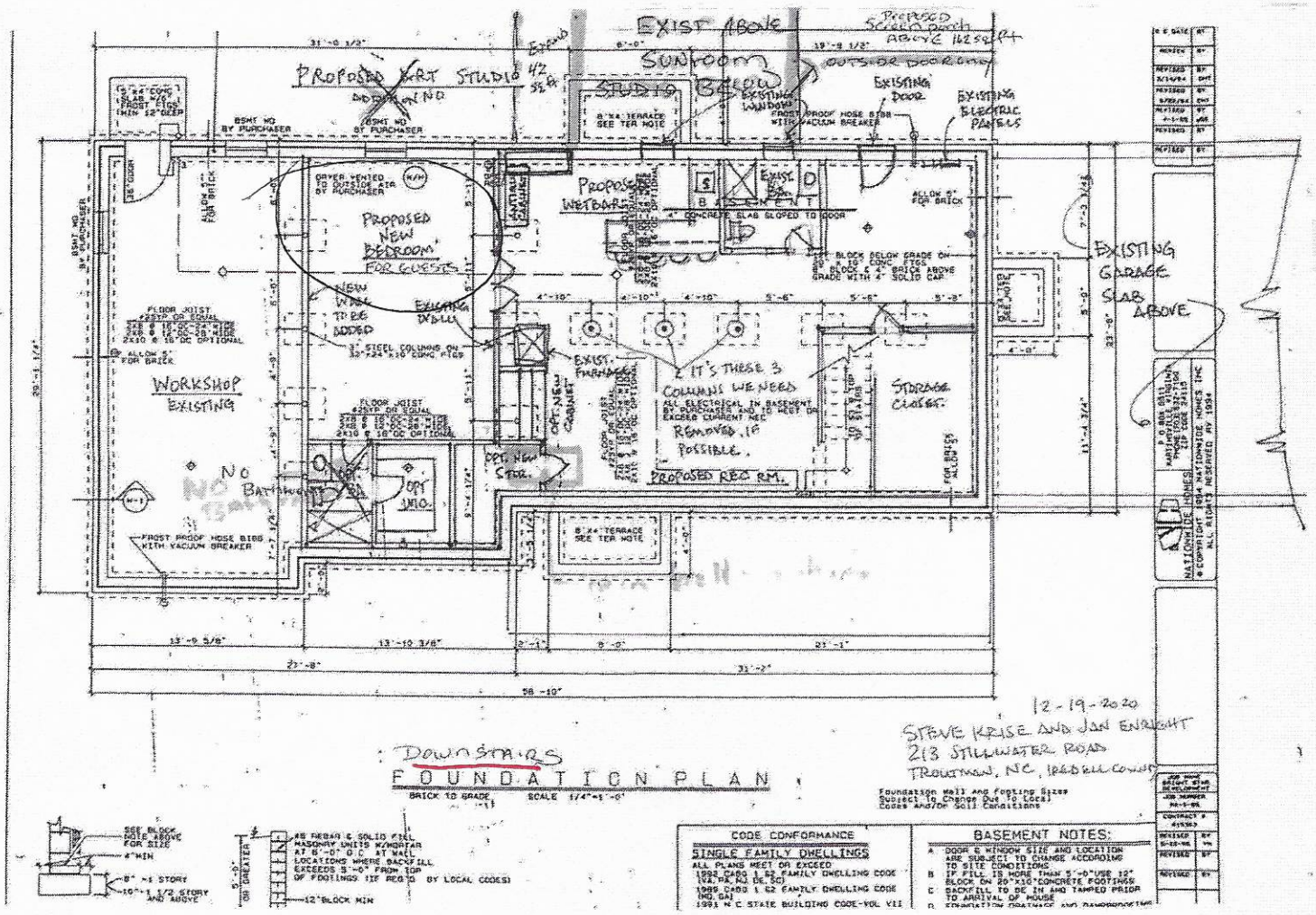


DETAIL 2-2



DETAIL 1-1

3/4/16



12-19-2020

STEVE KRISE AND JAN ENRIGHT
213 STILLWATER ROAD
TROUTMAN, NC, IREDELL COUNTY

Downstairs

FOUNDATION PLAN

BRICK TO GRADE SCALE 1/4"=1'-0"

Foundation Wall and Footing Sizes Subject to Change Due to Local Codes and/or Soil Conditions

CODE CONFORMANCE

SINGLE FAMILY DWELLINGS

ALL PLANS MEET OR EXCEED
1993 CABO 1 &2 FAMILY DWELLING CODE (VA, PA, MD, DE, SC)
1989 CABO 1 &2 FAMILY DWELLING CODE (NC, GA)
1993 N.C. STATE BUILDING CODE-VOL VII

BASEMENT NOTES:

A DOOR & WINDOW SIZE AND LOCATION ARE SUBJECT TO CHANGE ACCORDING TO SITE CONDITIONS
B IF FILL IS MORE THAN 5'-0" USE 12" BLOCK ON 20"x10" CONCRETE FOOTINGS
C BACKFILL TO BE IN AND TAMPED PRIOR TO ARRIVAL OF MOVE
D FOUNDATION DRAINAGE AND DAMPPROOFING

NATIONWIDE HOMES
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ZIP CODE 28115
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IREDELL COUNTY · NC

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

APPLICATION NUMBER
314176 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639061733.000	213 STILLWATER RD	Iredell County

Owner Information	Applicant Information
Name: KRISE STEPHEN E	Name: KRISE STEPHEN E
Address: 273 ELYSIAN DR	Address: 273 ELYSIAN DR
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
Addition	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.7	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

ADDITION

Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

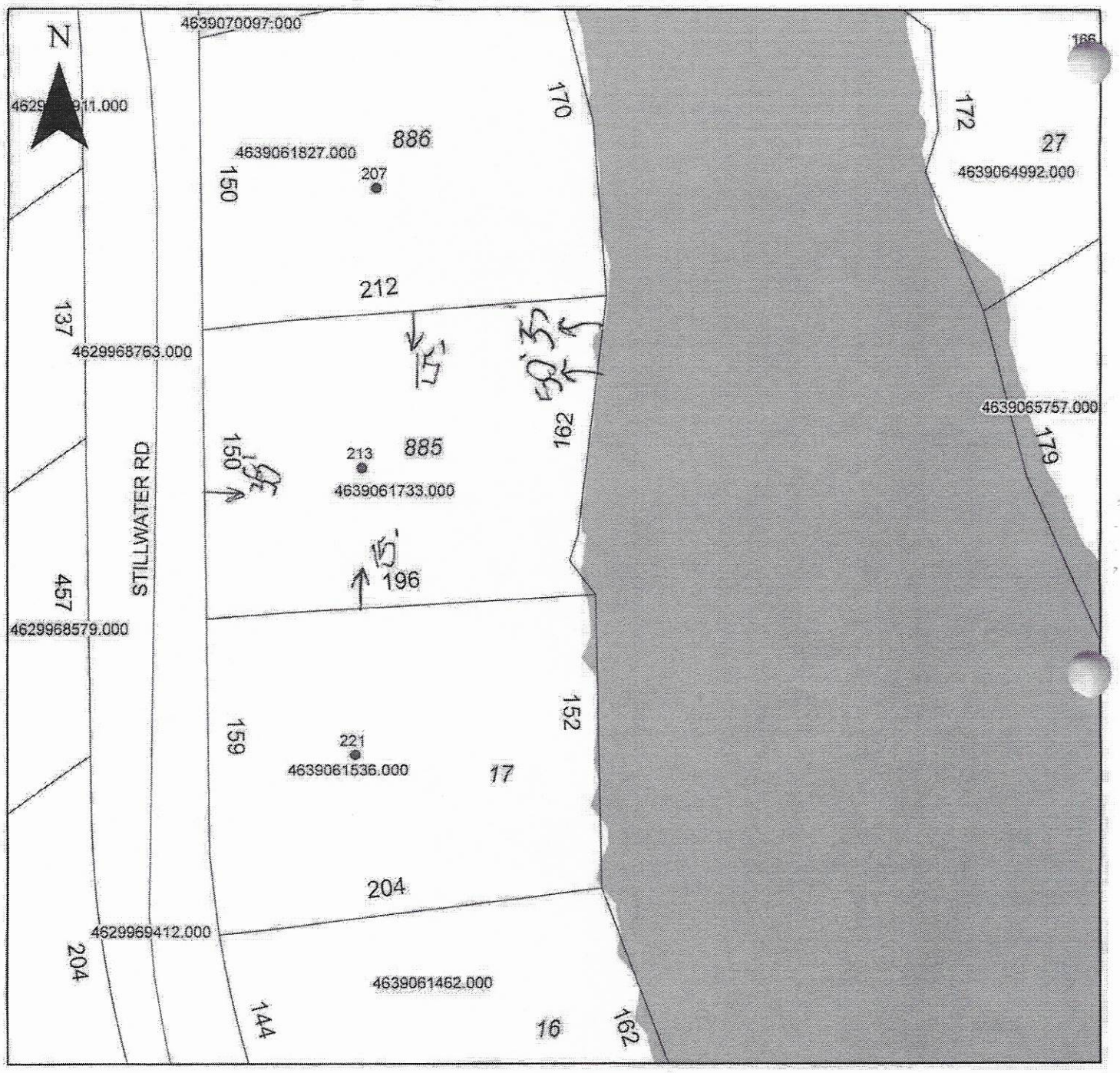
Date: 01/19/2021

Signature of Owner/Contractor

Permit Number	314176	TOTAL FEES:	$77.25

ZONING DISCLAIMER

314176



Property Address 213 Stillwater Rd

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Jon Enright

Applicant

1/19/2021

Date