IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

(38) BCW 12,000

PERMIT # 234550

PIN # 4639085768

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

APPLICANT/OWNER: Martin C Carter APPLICANT ADDRESS: PO Box 3043 Boone, NC

SITE ADDRESS: 138 Lively In Troutman NC PHONE: 828-265-3681 ALT. PHONE 828-964-6916

SITE DIRECTIONS: Perth Rd R on Statesville L on Morrison Farm L on Twin Coves Lot on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Twin Coves on Morrison SECTION: - LOT # 9 LOT AREA: 6.3 Acre DESIGN FLOW: 480 L.T.A.R.: .25

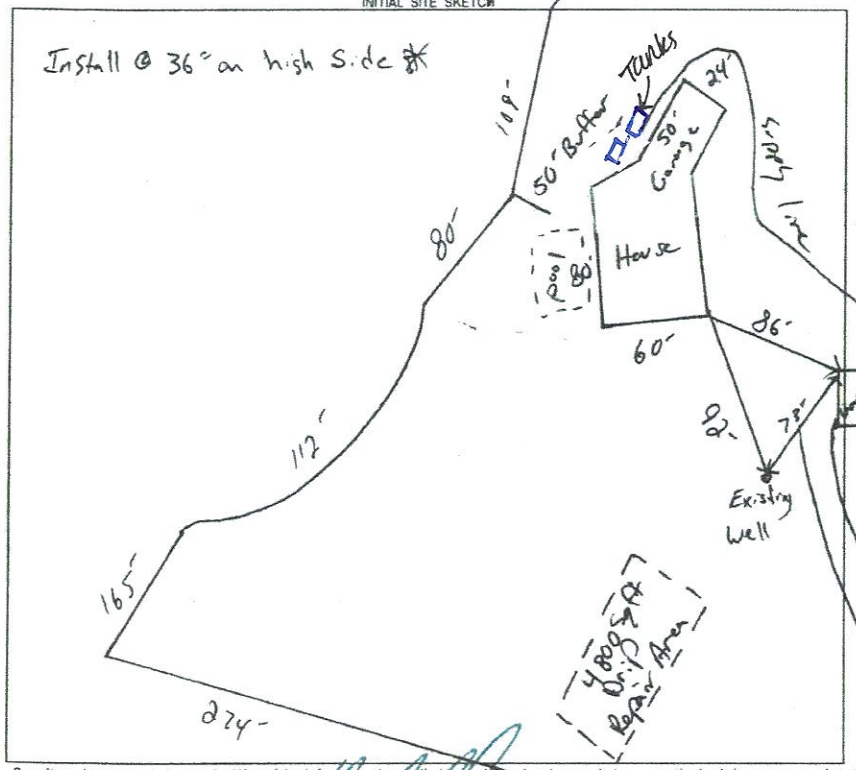
Septic Tank	1000 (gal)	STB	760	Date	2-25-21	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	4-1-21	System Description:	25% Reduction	☐ Business	No. Persons 8
Pump Make	Zoeller	Model	140	Serial #		Repair System Description:	Drip	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	480	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	-		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

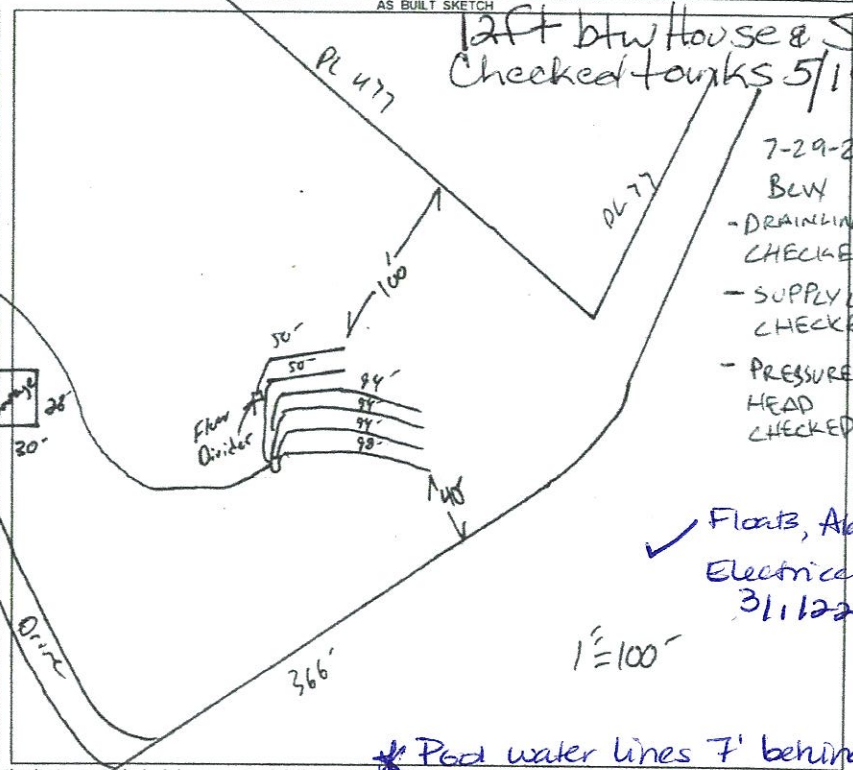
Comments / Conditions: Install 25% Reduction on contour with Pressure distribution. Use 5 1/2 in sch80 tops equal feed 2 50' lines with flow divider. 10" drop down per curb

TDH to be determined at final tank location.
House & drainfield located by GPS

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied, or deviations occur from 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 limitation ☐ 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: 1-19-21 Installed by: Shady Knoll Septic Service

IMPROVEMENT PERMIT by: _____ Date: 1-12-2021 OPERATION PERMIT by: D. Mieberg Date: 3/4/22

AUTHORIZATION TO CONSTRUCT by: _____ Date: 1-12-2021 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.

Pod water lines must be cut & visibly empty - capped in pool. Equipment turned facing house so plumbing will be 10' from tanks when replaced DW 3/4/22

	Date	Initials
Drain Lines Checked	7/29/21	BCW
Tanks Checked	5/14/21	MD
Pressure Manifold or Valve Box Checked	7/29/21	BCW
Pressure Head Set	7/29/21	BCW
Electrical Checked	3/1/22	DW
Floats Set	3/1/22	
Alarm Checked	3/1/22	
Maintenance Contract Y (N)		

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

Sheet 1 of 1
PROPERTY ID #: 4639085
COUNTY: Iredell

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

OWNER: Harry Tsumas
ADDRESS: 138 Lively Ln
APPLICATION DATE 1/13/17
DATE EVALUATED: 2/8/17
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 6.3 ac
LOCATION OF SITE: Perth to State Park to Morrison to twinnings
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other N/A
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	L 10%	0-8	Gr SCL	fr SE	clay films + yellow browns 8"-20"	PS	38"	N/A	PS .25
		8-24	ABK C	fi SE					
		24-38	ABK BC	fi/fr SE					
		38-48	mass Sap(SL)	fr N/A					
2	L 15%	0-6	Gr SL	Fr SE	few yellow browns 16"-20"	PS	46"	N/A	PS .25
		6-24	ABK C	fi SE					
		24-46	WABK BC	fi/fr SE					
		46-50	mass Sap(SL)	fr N/A					
3	L 15	0-7	Gr SL	fr SE	PS	PS	27"	N/A	PS .25
		7-18	ABK C	fi SE					
		18-27	WABK BC	fi/fr SE					
		27-46	mass Sap(SL)	fr N/A					
4	L 13%	0-10	Gr SCL	fr SE	PS	PS	N/P	N/P	PS .25
		10-26	stony ABK C	fi SE					
		26-48	ABK BC	fi/fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.25	.1

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

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) O (Organic)	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)
		None	None			

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

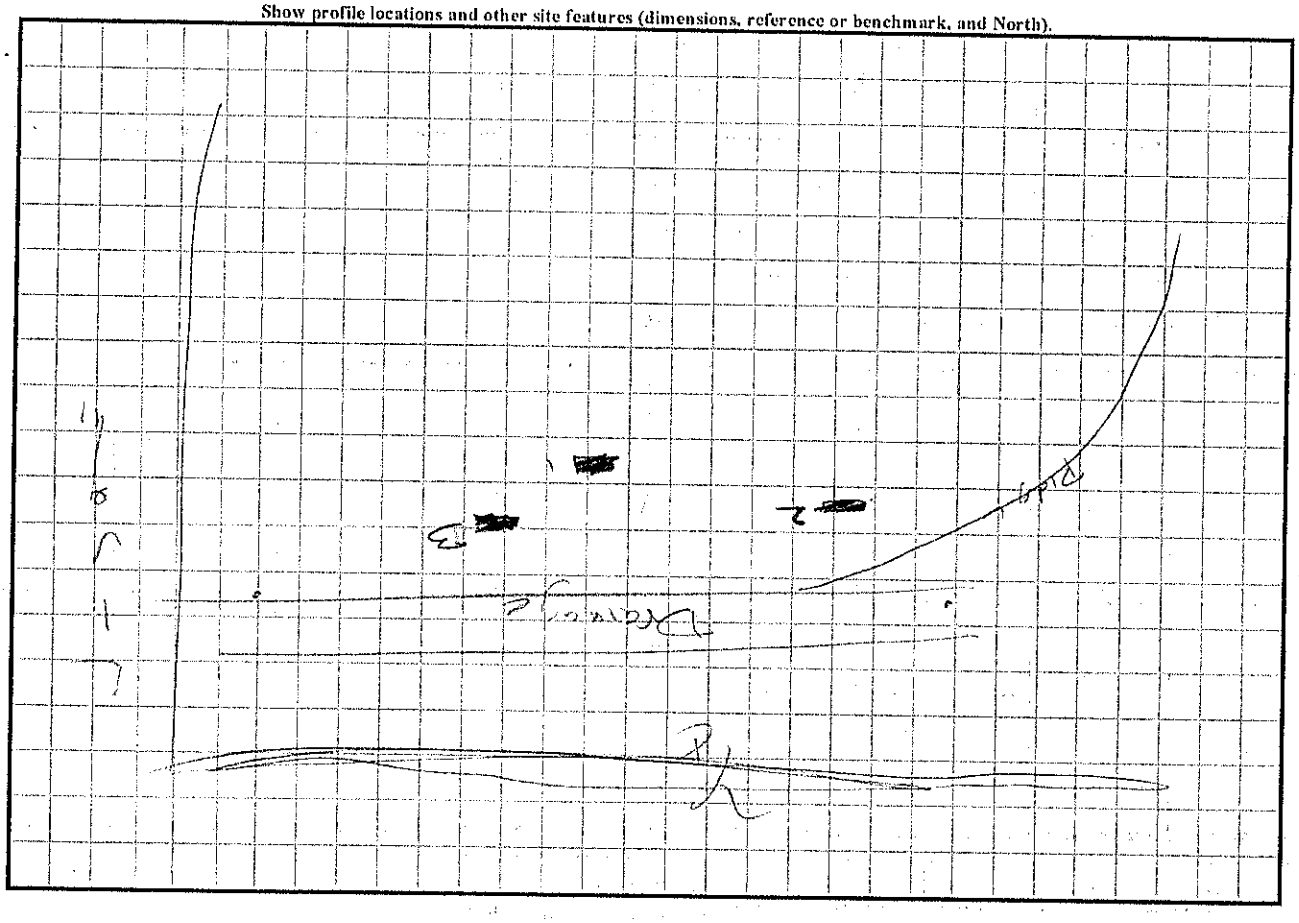
NOTES

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).



DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 3
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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	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
Pit 1	NS	0-4	SC Gr	FR mod SE	+54"	34"	34" PS	+54"	PS 0.25
		4-23	C ABK	FR Mod SE					
		23-34	BC micaWABK	FR Mod SE					
		34-54	SAPL M	FR mod SE					
PIT 2	NS	0-4	SCL SBK	FR mod SE					US
		4-22	C PR/PR	FR mod SE					
		22-54	BC SAPInci M	FR mod SE					
PIT 3	NS	0-13	SCL SBK	FR mod SE	+53"	+53"	+53"	+53"	PS 0.25
		13-29	C SBK	FR mod SE					
		29-53	BC SAPINCI WSBK	FR Mod SE					
PIT 4	NS	0-5	SCL SBK	FR mod SE	+42"	36"	36"	36"	PS 0.2 0.1 DRP
		5-22	C SILTY SBK	FR SLSP mod SE					
		22-36	BC SAPINCI WSBK	FR mod SE					
		36-42	SAPL M	FR mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Jacob Anderson & Adam Privett
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	NEXP (Non-expansive) 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)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

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

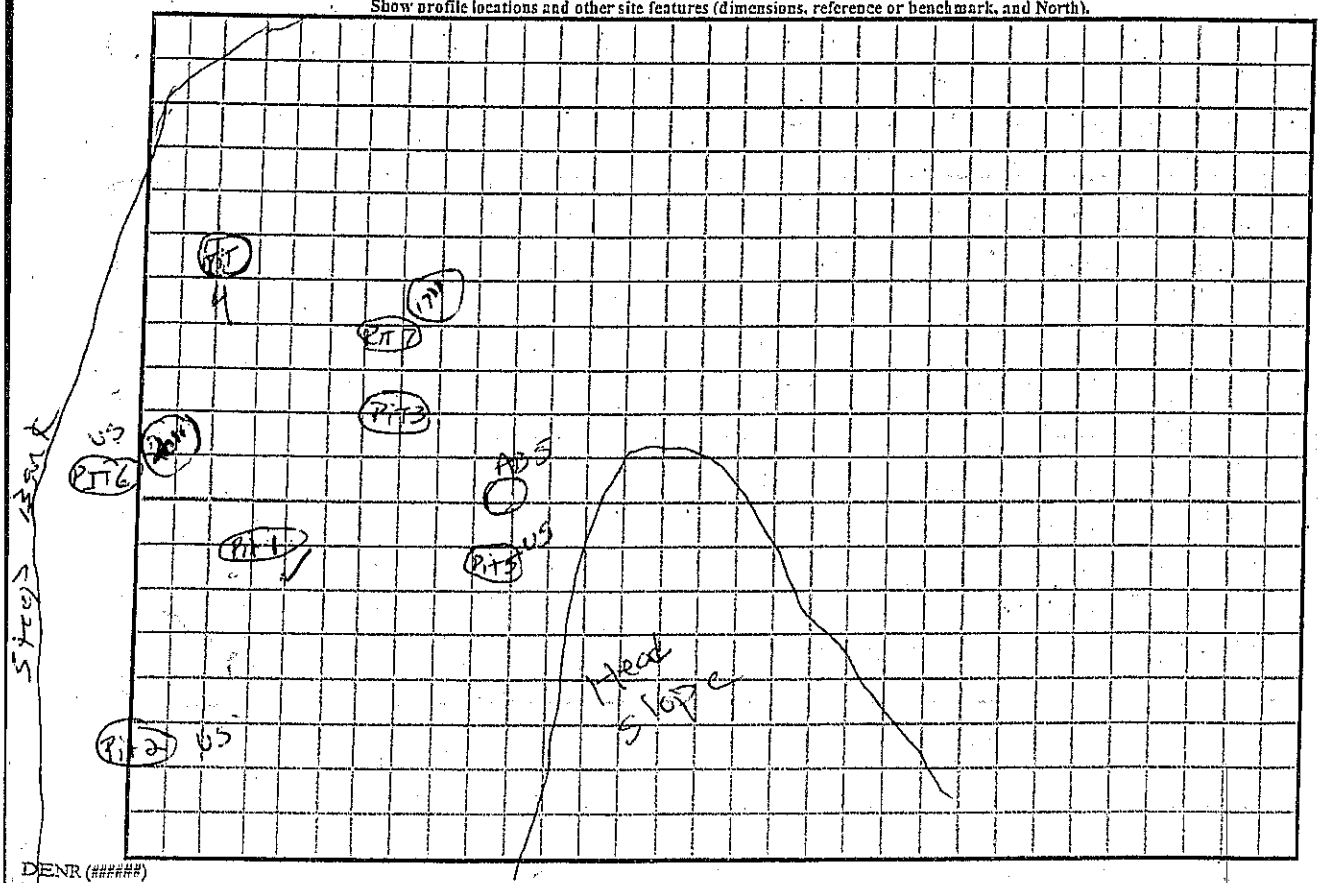
NOTES

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).



DENR (######)
Review (#####)

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #:
DATE OF EVALUATION: 5-8-15
COUNTY: Iredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 5	NS	0-9	SCL Gr	SBK Fr Mod SE					PS 0.25
		9-22	C ABK	Fi Mod SE					
		22-42	BC SAP Irreg WABK	Fr-Mod SE	+42"	42"	+42"	42"	
PIT 5	NS	0-8	LB SCL Gr						Drip 0.1
		8-12	SCL	SBK Fr					
		12-17	YRC	SBK Fi				17"	
		17-38	C Pl/Pl	Fi					
		38-45	BC/CB Cl M	VFi					
		45-51	SCL SAP M	VFi					
PIT 6	NS	0-5	LB SCL						
		5-20	RC Strong ABK/SBK	Fi S/P Red > 1"				20"	
		20-29	Cl SAP M Heavy Clay Veins	Fi					
		29-56	Weathered Rock LSAP M	Clay Veins					
PIT 7		0-9	SL Gr	Fr					
		9-12	LB SCL	SBK Fr					
		12-17	YRC	ABK Fi Mod				17"	
		17-39	RC Pl/ABK	7.5" peds					
		39-58	Cl SAP M	Heavy Clay Veins Fi					
		58-59	SL SAP M	VFi RCS					

COMMENTS:

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of ___
PROPERTY ID #: 4639085768
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Chris Waddell
ADDRESS: 145 Deer Run Dr.
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 600gpd
LOCATION OF SITE: 138 Lively Ln
WATER SUPPLY: • (Private) • Public • Well • Spring • Other N/A
EVALUATION METHOD: • (Auger Boring) • Pit • Cut

APPLICATION DATE 3-11-15
DATE EVALUATED: 4-9-15
PROPERTY SIZE: ___
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: • (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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	NS	0-14	SaL Gr	Fr Smll SE					Need Pits
		14-26	BC ABK	Fr mod					
		26-43	SAP						
		@43	Crucky SAP Hard						
2	NS	0-18	SL Gr	Fr Smll SE					Need Pits
		18-30	SAP						
		30"	RCS						
3		0-8	SCL SBK	Fr Mod SE					Need Pits
		8-32	C mottled ABK	Fr Mod SE					
		32-46	BC MABK	Fr					
		46-48	SAP						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: ___

RECEIVED DEC 1 0 2020

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

234550

Iredell County Health Department – Environmental Health Division

$320.00

PAGE 1: *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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Craig Corker Bu. Iders Inc Mark C Corker Pres Address: 459 Yadkin Valley Rd Advance NC Zip: 27006
Applicant Email: Mark.Corker1229@Gmail.com Phone: 336-345-3057 Alt. Phone: 336-940-2341
Owner Name: Thomas and Whitney McGrow Address: 138 Lively Lane Troutman NC Zip: _____
Owner Email: TMcGrow@GibsonDunn.com Phone: 214-415-5797 Alt. Phone: _____

Property Information:

Street Address: 138 Lively Lane Troutman NC
Subdivision Name: Twin Coves on Morrison Section/Phase: 1 Lot Number: 9
Driving Directions: Perth Rd on Shelly Park L on Morrison Farm Left on Twin Coves Left on R

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: 4
Maximum Number of Occupants: 5
(X) Swimming Pool
(X) Other Addition/Structure: Bath House

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____
( ) New Well (X) 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 (2) Alternative (1) Conventional (3) 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: Mark C Corker Pres. Craig Corker Bu. Iders 12/11/2020
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, Thomas C McGraw, am the legal owner(s) of the property located at 138 Lively Lane Troutman NC, identified as PIN (Parcel Identification Number) 463 908 5768, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Martin Carter - President Craig Carter Builders, Inc, 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) Thomas C. McGraw, Trustee — Date 12/4/2020

Helen M McGraw, Trustee

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

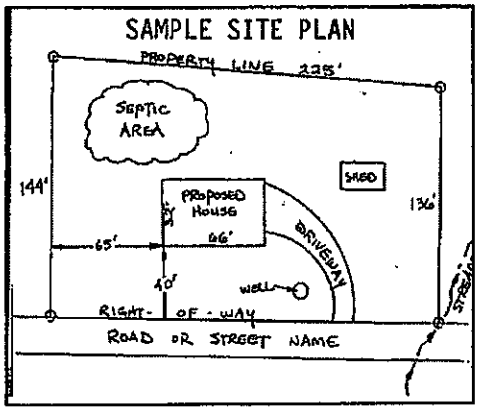
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

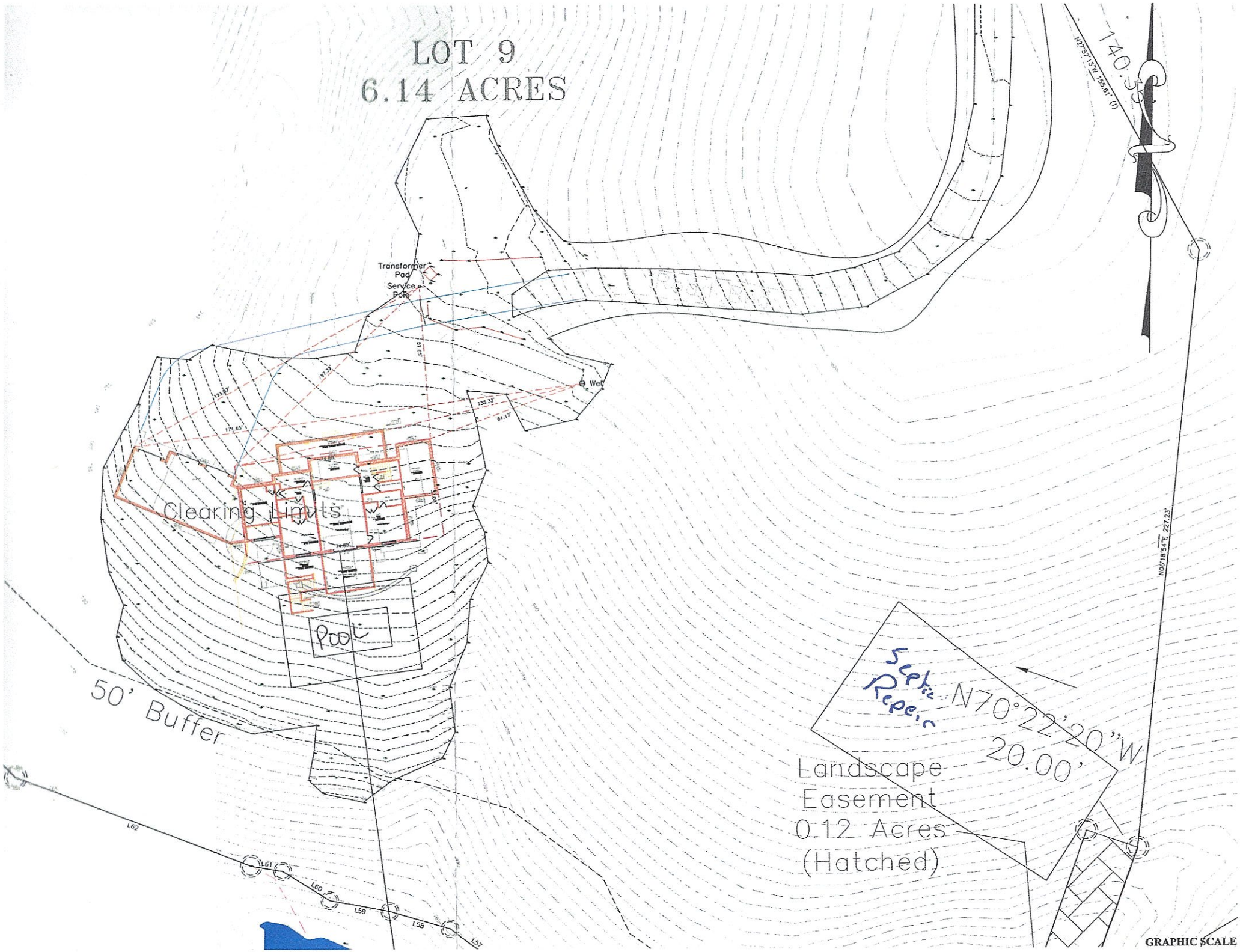
USE THIS SPACE TO DRAW YOUR SITE PLAN

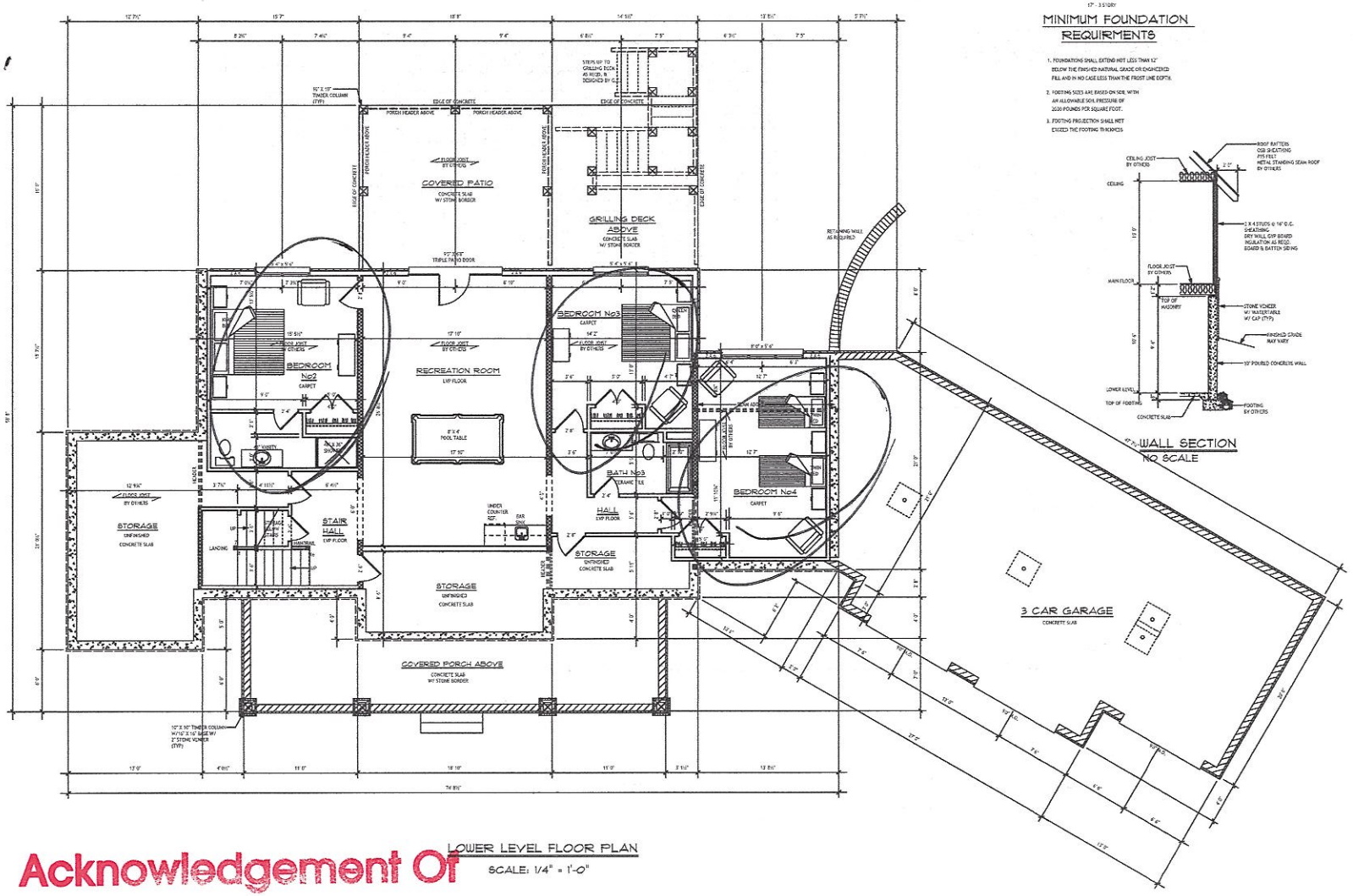
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached site Plan
prepared by Piedmont Design Assc. PA

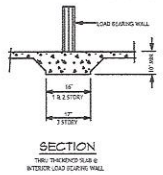
Signature: President Craig Corbett Builders — 12/11/20

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

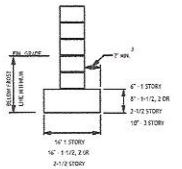

LOT 9
6.14 ACRES
Transformer Pad
Service Pole
Clearing Limits
Pool
50' Buffer
Septic Repair
N70°22'20"W
20.00'
Landscape Easement
0.12 Acres
(Hatched)
140.35'
N21°51'43"W 155.61' (T)
N06°18'54"E 227.23'
L62
L61
L60
L59
L58
L57
GRAPHIC SCALE



LOWER LEVEL FLOOR PLAN
SCALE: 1/4" = 1'-0"



SECTION
THRU THICKENED SLAB @ INTERIOR LOAD BEARING WALL



MINIMUM FOUNDATION REQUIREMENTS

1. FOUNDATIONS SHALL EXTEND NOT LESS THAN 12" BELOW THE FINISHED NATURAL GRADE OR ENGINEERED FILL AND IN NO CASE LESS THAN THE FROST LINE DEPTH.
2. FOOTING SIZES ARE BASED ON SOIL WITH AN ALLOWABLE SOIL PRESSURE OF 2000 POUNDS PER SQUARE FOOT.
3. FOOTING PROJECTION SHALL NOT EXCEED THE FOOTING THICKNESS

WALL SECTION
NO SCALE

GENERAL NOTES

ALL INTERNAL SYSTEMS INCLUDING BUT NOT LIMITED TO ELECTRICAL, PLUMBING, HEATING AND A/C, AND VENTILATION ARE TO BE SIZED AND/OR DESIGNED BY OTHER.

ALL STRUCTURAL MEMBERS INCLUDING BUT NOT LIMITED TO HEADERS, GIRDERS, LAMINATE BEAMS, STEEL BEAMS, JOISTS, TRUSSES, RAFTERS AND THEIR SUPPORTS ARE TO BE SPECIFIED AND LOCATION VERIFIED BY OTHER.

SLAB NOTE
4" CONC. SLAB
6 X 6 10:10 WWM or
POLYPROPYLENE OLEFIN FIBER
6 MIL. POLY V.B.
4" SUB BASE
R-5 PERIMETER INSUL.
AS REQD.

Acknowledgement Of Plans Submittal ONLY!

Date 12-12-2021

Date 1-19-21

LOWER LEVEL AREA:	1634 SQ.FT.
UNFINISHED AREA:	529 SQ.FT.
TOTAL AREA:	2163 SQ.FT.
COVERED PATIO AREA:	862 SQ.FT.

EVERY EFFORT WAS MADE FOR THESE PLANS TO BE AS ACCURATE AS POSSIBLE, HOWEVER, THE BUILDER AND/OR OWNER IS RESPONSIBLE FOR CHECKING AND VERIFYING CODE COMPLIANCE, DIMENSIONS AND DETAILS. THE BUILDER IS RESPONSIBLE FOR ALL CONSTRUCTION.

HOUCK RESIDENTIAL DESIGNERS
508 Northgate Park Drive | Winston-Salem, NC 27104
336.759.8546 | houckdesigners.com

McGRAW RESIDENCE

LOWER LEVEL FLOOR PLAN

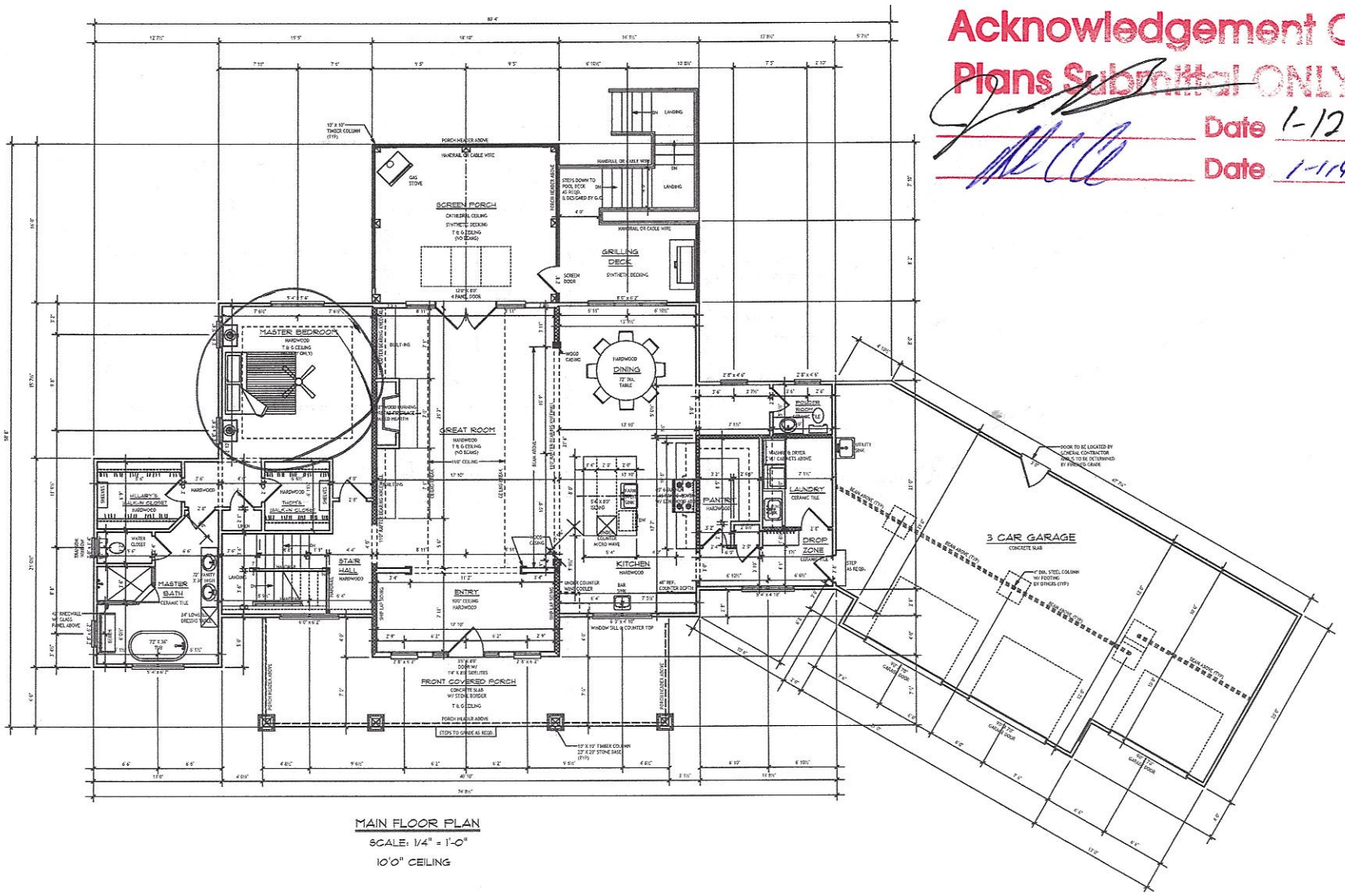
SCALE: 1/4" = 1'-0" | DRAWN BY: WDH | DRAWING NUMBER
DATE: 11/11/2020 | JOB NO: 4348 | 4 OF 6

Lick lane

Acknowledgement Of
Plans Submittal ONLY!

Date 1-12-2021

Date 1-19-21



MAIN FLOOR PLAN

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

10'0" CEILING

GENERAL NOTES

ALL INTERNAL SYSTEMS INCLUDING BUT NOT LIMITED TO ELECTRICAL, PLUMBING, HEATING AND AIR, AND VENTILATION ARE TO BE SIZED AND/OR DESIGNED BY OTHER.

ALL STRUCTURAL MEMBERS INCLUDING BUT NOT LIMITED TO HEADERS, GIRDERS, LAMINATE BEAMS, STEEL BEAMS, JOISTS, TRUSSES, RAFTERS AND THEIR SUPPORTS ARE TO BE SPECIFIED AND LOCATION VERIFIED BY OTHER.

TOP OF ALL WINDOWS TO BE 8'0" ABOVE FINISHED FLOOR UNLESS NORED OTHERWISE.

MAIN FLOOR AREA:	2163 SQ.FT.
GARAGE AREA:	1068 SQ.FT.
FRONT COVERED PORCH:	374 SQ.FT.
SCREEN PORCH AREA:	300 SQ.FT.
GRILLING DECK AREA:	141 SQ.FT.

EVERY EFFORT WAS MADE FOR THESE PLANS TO BE AS ACCURATE AS POSSIBLE, HOWEVER, THE BUILDER AND/OR OWNER IS RESPONSIBLE FOR CHECKING AND VERIFYING CODE COMPLIANCE, DIMENSIONS AND DETAILS. THE BUILDER IS RESPONSIBLE FOR ALL CONSTRUCTION.

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McGRAW RESIDENCE

MAIN FLOOR PLAN

SCALE: 1/4" = 1'0" | DRAWN BY: WDH | DRAWING NUMBER: 5 OF 6

DATE: 11/11/2020 | JOB NO.: 4348