File/Permit #: DSWP 2024-52881

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

EXISTING SYSTEM APPROVAL

Issued by: ☒ Local Health Department ☐ AOWE ☐ Certified Inspector

☒ Existing System Approval
- ☒ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: MSL Custom Homes Inc.
Mailing Address: 6781 Isle of Pines Rd
City: Mooresville
State: NC Zip: 28117
Phone #: 704-235-8211
Email: RLANDIS4@AOL.COM

Owner: Richard Webb
Mailing Address: 253 Bullfinch Rd
City: Mooresville
State: NC Zip: 28117
Phone #: 919-522-7747
Email:

PIN/Lot Identifier: 4639-13-0430
Property Location/Address: 253 Bullfinch Rd Mooresville NC 28117 (Beaco Pointe Lot #18)

Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: 320884 Design Daily Flow: 480 GPD
Number of Bedrooms: 4 Max # Occupants: 8 Other:

Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Water Supply: ☐ Private well ☒ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Addition to home - not to include bedrooms

All of the following must be checked for approval:

***For Reconnections:**
- ☐ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☐ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☐ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☐ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☐ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☒ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: System functioning properly at time of inspection. Driveway is not to encroach on septic area. See all attached previous permits.

Inspector's Printed Name: Sarah Williams Inspector Certification #: 3208

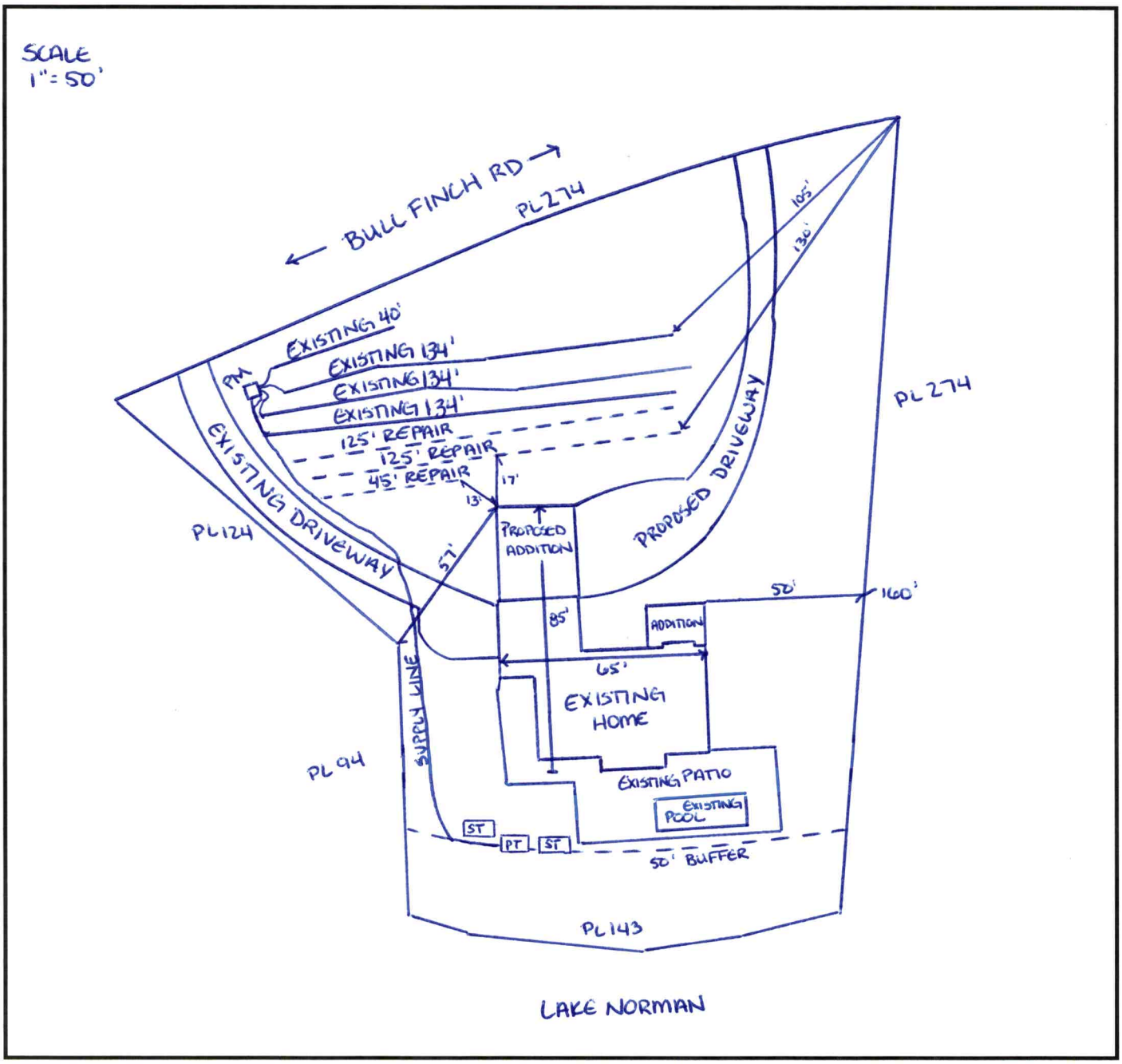
Inspector's Signature: Sarah L Williams Date: 6/6/2024

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: 320884 PIN/Lot Identifier: 4639-13-0430

Owner: Richard Webb Property Location/Address: 253 Bullfinch Rd Mooresville



Include the existing and proposed structures and applicable setbacks.

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department

PERMIT SNAPSHOT REPORT OSWP-2024-52881 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	05/06/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Bracken, Sarah	**Approval Expire Date:**	

Description: I am adding an addition to the front of the house. I have the new addition and the proposed driveway staked on site and I need the existing system evaluated for setbacks.

Buffer will need to be marked, will call when ready 5/17/24- BM

Parcel: 4639130430.000 Main	**Address:** 253 Bullfinch Rd Mooresville, NC 28117 Main	**Zone:** RR(Resort Residential District)

Applicant/Authorized Agent
MSL Custom Homes, Inc
678 Isle of Pines Rd 678 ISLE OF PINES RD
Mooresville, NC 28117
Business: (704) 235-8211
Mobile: (704) 235-8211

Property Owner
RICHARD C+REBECCA L L WEBB

need to GPS

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	overall dimensions including existing house and addition is 64'3" wide by 84'2.5" deep.
What are the proposed structures	Other Addition/Structure	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	4
If other Addition/Structure, please explain	extending garage and living space over garage. Extending current master bath and adding a new bath above it.	Number of Occupants	8	Foundation Type	Basement with Plumbing
Residential/Business/Other	Residential	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
Has this project been approved by TRC	No	Lot Acreage	1.03	Front Setback	35
Back Setback	35	Left Setback	15	Lake/Stream Setback	50
Right Setback	15	Is the structure or development in the floodplain	No	Is the property in a local historic district?	No
Is the property located downtown?	No	Additional Unique Setbacks Apply	Yes	Watershed	WSIV CA CATAWBA/LAKE NORMAN

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Martha_Landis_5/6/2024.jpg	05/06/2024 13:09	Landis, Martha		Uploaded via CSS
Webb - authorization form_v1.pdf	05/06/2024 17:18	Landis, Martha	Available Online	
235 Bullfinch.pdf	05/06/2024 17:19	Hart, Ronda	Available Online	Septic record
Webb - Proposed Site Plan_v1.pdf	05/07/2024 7:43	Landis, Martha	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-217957	Passed -	OSWP Septic/Well Preliminary Site	05/28/2024			05/28/2024 7:53	05/28/2024 7:53

PERMIT SNAPSHOT REPORT (OSWP-2024-52881)

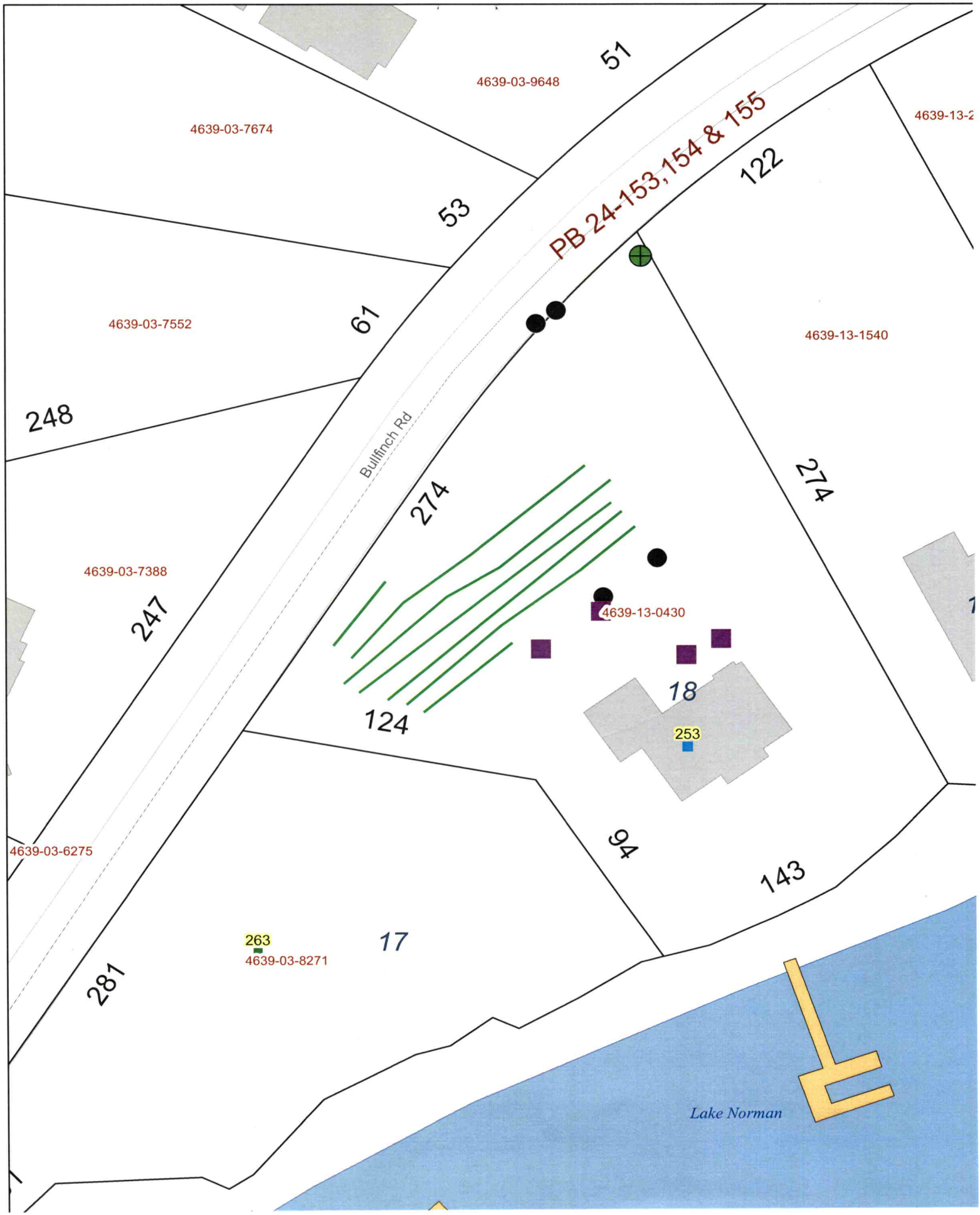
Permit Visit

Inspectors: Wieberg, Danielle (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

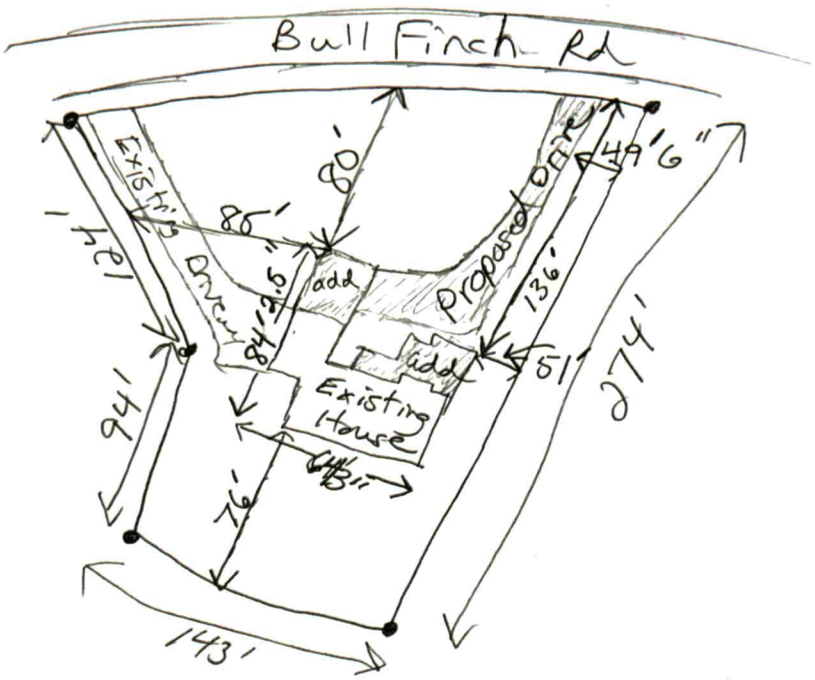
Invoice No.	Fee		Fee Amount	Amount Paid
INV-00030579	Iredell Zoning Tech Fee		$2.25	$2.25
	Iredell Zoning Permit Fee		$75.00	$75.00
	Existing System Inspection		$250.00	$250.00
		Total for Invoice INV-00030579	$327.25	$327.25
		Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		05/06/2024 17:20	05/06/2024 17:20
Confirm application complete v.1	Generic Action		05/06/2024 17:20
Fees v.1		05/07/2024 7:44	05/15/2024 8:28
Issue Invoice v.1	Generic Action		05/07/2024 7:44
Fees Paid v.1	Generic Action		05/15/2024 8:28
Zoning Review v.1		05/07/2024 7:41	05/15/2024 8:52
~~Floodplain Admin Overview v.1~~	Task		05/07/2024 7:41
Iredell County Zoning Approval v.1	Task	05/07/2024 7:41	05/15/2024 8:52
Issue Invoice v.1	Generic Action		05/07/2024 7:43
Fees Paid v.1	Generic Action		05/15/2024 8:28
Lot Readiness Verification v.1		05/29/2024 7:53	
OSWP Septic Preliminary Site Visit v.1	Inspection	05/29/2024 7:53	05/29/2024 7:53
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		


4639-03-9648
51
4639-03-7674
53
PB 24-153,154 & 155
122
4639-13-2
4639-03-7552
61
4639-13-1540
248
Bullfinch Rd
274
274
4639-03-7388
247
4639-13-0430
18
253
124
4639-03-6275
94
143
263
4639-03-8271
17
281
Lake Norman

253 Bullfinch Rd
Mooresville NC 28117

Proposed Site Plan for
Rick + LuAnne Webb



- House box with additions = 64'3" w x 84'2½" deep
- Not to scale

* Shaded areas are proposed additions

POB

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 320884

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

PIN # 4639-13-0430

APPLICANT/OWNER: Richard Webb | APPLICANT ADDRESS: 253 Bullfinch Rd, Mooresville NC 28117

SITE ADDRESS: 253 Bullfinch Rd Mooresville NC 28117 | PHONE: 919-522-7747 | ALT. PHONE 919-599-4505

SITE DIRECTIONS: (N) Perth → (L) Elm Hill → (R) Bullfinch → lot on (L) | SAP CONTROLLED: [X] YES / IS [ ] NO

SUBDIVISION: Beacon Pointe | SECTION: M2 | LOT # 18 | LOT AREA: 1.03 | DESIGN FLOW: 480 gpd | L.T.A.R.: EXISTING

Septic Tank	1000 (gal)	STB Plastic	Date Inf. Hse	[ ] New System	[X] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description: EXISTING				[ ] Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: TANK REPLACEMENT				[ ] Other	No. Employees
# Nitrification Fields		# Lines	Linear Ft	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	[ ] GRAVITY	[X] PRESSURE		[X] Basement w/ plumbing	[ ] Basement w/o plumbing

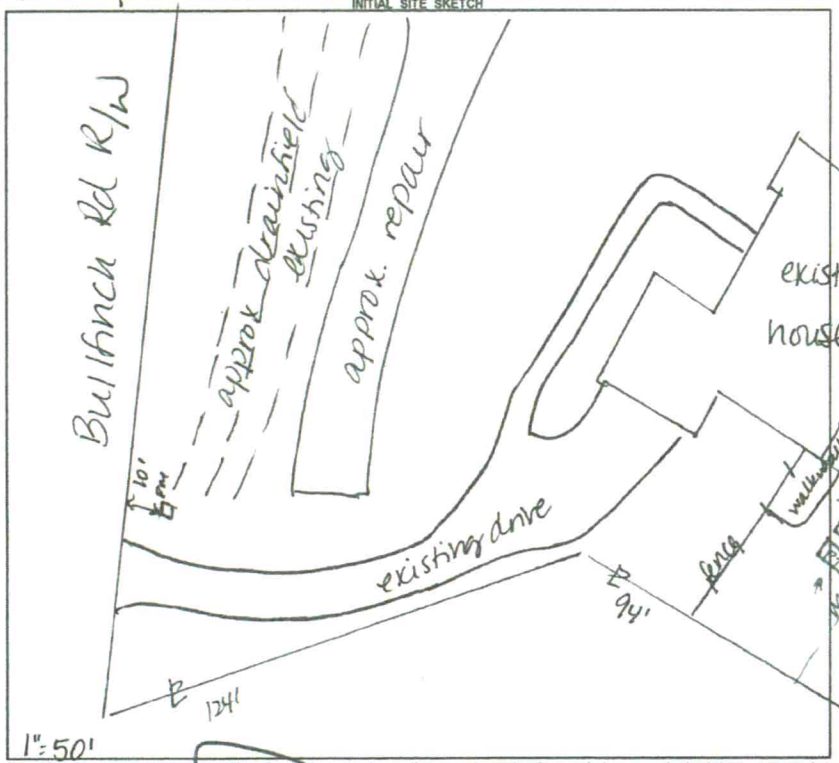
Water Supply: [ ] Private [ ] Public [X] Community

Comments / Conditions: Pump crush & fill existing tanks, connect to existing pump line w/ pressure rated pipe. Must check pressure head once re-connected

Ensure 50' buffer is marked before install.

Any future pool will need to have 15' from waters edge to walk.

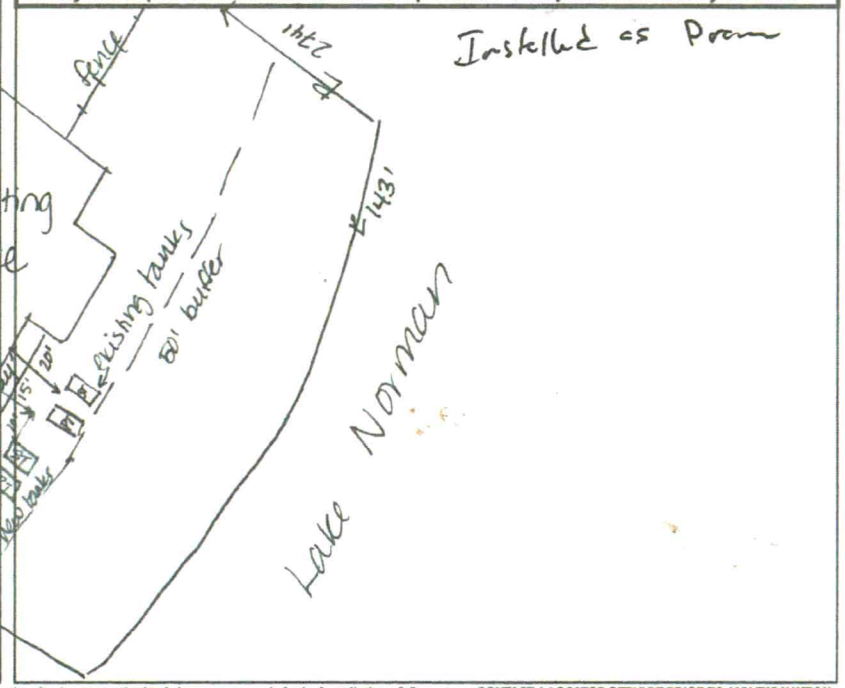
INITIAL SITE SKETCH



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.

Installed as Prem



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 plot valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: R C Webb | Date: 9/1/21 | Installed by: TW Simmons Septic Service

IMPROVEMENT PERMIT by: D. Wiebers | Date: 9/1/21 | OPERATION PERMIT by: | Date: 9-3-2021

AUTHORIZATION TO CONSTRUCT by: D. Wiebers | Date: 9/1/21 | Existing System Inspected by: | Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-307344

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

PIN # 4639130430

APPLICANT/OWNER: CRUSE GRADING / GREGORY THOMAS | APPLICANT ADDRESS: 6349 MOUNT PLEASANT ROAD SOUTH, CONCORD, NC 28025

SITE ADDRESS: 253 BULLFINCH ROAD, MOORESVILLE, N.C 28115 | PHONE: 704-453-3437 | ALT. PHONE 704-223-5771

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON FERN HILL, (R) ON BULLFINCH, LOT ON (R)

SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: BEACON POINTE | SECTION: M2 | LOT # 18 | LOT AREA: 1.03 AC | DESIGN FLOW: EXT 480GPD | L.T.A.R.: EXT .3

Septic Tank	EXT 1000 (gal)	STB		Date			
Pump Tank	EXT 1000 (gal)	PT		Date			
Pump Make	EXT	Model	EXT	Serial #	EXT		
# Nitrification Fields	EXT (1)	# Lines	EXT (3)	Linear Ft	EXT (402ft)		
Trench Width	EXT 36 IN	Trench Bottom Depth(Low side)	EXT	Gravel Depth	—		

☐ New System ☑ ~~Repair~~ ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: PRESSURE MANIFOLD

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

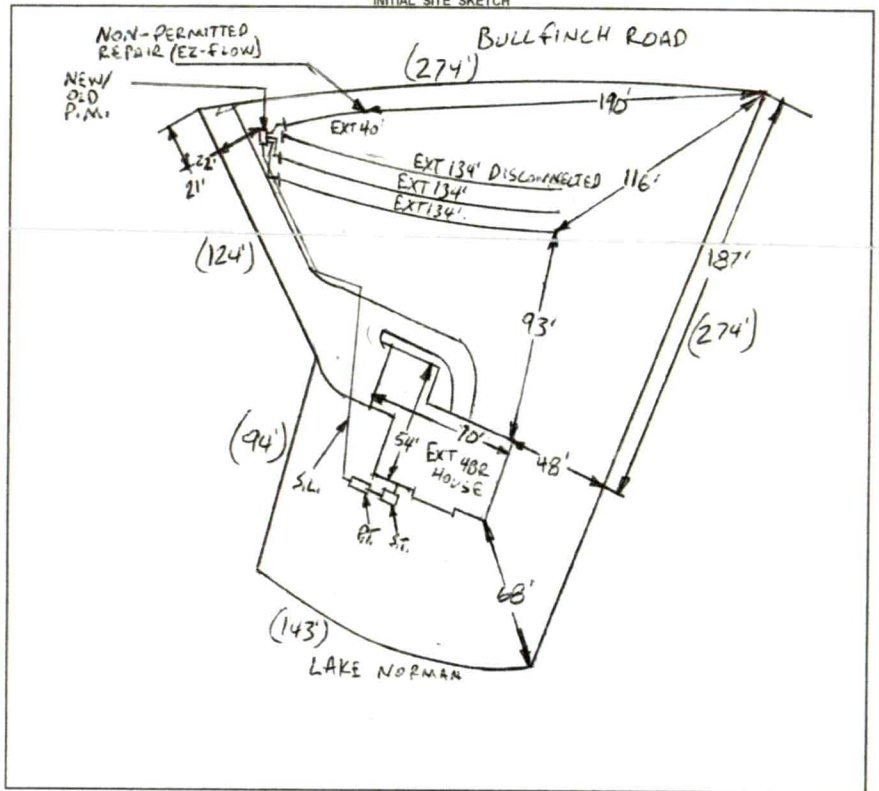
☑ ~~Residence~~ ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms: 4 | No. Persons: 8 | No. Employees: — | ☐ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ ~~Community~~

Comments / Conditions: INSTALL NEW PRESSURE MANIFOLD AS CLOSE TO ORIGINAL POSITION AS POSSIBLE, P.M TO BE NO CLOSER THAN 10FT TO ANY PROPERTY LINE, UTILIZE 3 3/4 SCH 80 TAPS

INITIAL SITE SKETCH



INSPECT SUPPLY LINE AND PLUMBING FROM P.M. TO DRAIN LINE, DISCONNECT FROM PRIOR REPAIR AND CONNECT BACK TO ORIGINAL 134FT LINE, DAMAGED CHAMBERS MAY BE REPLACED

AS BUILT SKETCH

FOR SEPTIC 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.

TANK SET BACK TO 50 FT BUFFER NOT VERIFIED

7/6/2020 Checked Chamber that was Crushed, Supply lines from PM @ PM (3/4 Sch 80 taps)

7/7/2020: Pressure set, alarm and electric Box cheked and all in good

1 IN = 80FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD
EXT = EXISTING

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: 7-1-2020 Installed by: Cruse Grading

IMPROVEMENT PERMIT by: Burkett C. White Date: 6-4-2020 OPERATION PERMIT by: Patrick J Bagley II Date: 7/7/2020

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 6-4-2020 Existing System Inspected by: Date:

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

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

Repair Evaluation - No charg

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-307344

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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) cruse.gradingegmail.com

Applicant Name: Raheem Cruse Address: 6349 Mount Pleasant Rd South Zip: 28025
Applicant Email: Cruse.grading@gmail.com Phone: 704-453-3437 Alt. Phone: 704-223-5771
Owner Name: Gregory Thomas Address: 253 Bullfinch Road Zip: _____
Owner Email: gregg10344@hotmail.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 253 Bullfinch Road
Subdivision Name: Beacon Pointe Section/Phase: _____ Lot Number: 18
Driving Directions: Ferra Hill Rd, Turn Right onto Bullfinch, on Left near End

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ___ Tank (X) Drain lines Describe Problem: upper Lower Line Leaking at Surface
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) 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: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

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

Please answer the following to the best of your ability:
(X) Yes ( ) 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: _____ 5-5-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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.

X 2. I, Gregory Thomas, am the legal owner(s) of the property located at 253 Bullfinch Road, Mooresville NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Raheem J. Cruse Cruse Septic + Grading LLC, 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.

Gregory J Thomas
Signature of Owner(s)

5-5-2020
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

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

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

PROPERTY DESCRIPTION NO. 21915 DATE Sept 8, 95 TAX MAP NO. 3C 13A18 4639 13 0430 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Steve Ivestor / Newman McDade PHONE: Business Home 6054

ADDRESS 21810 Shearer Rd. Davidson

LOCATION Ramhill Rd. TR Bullfinch on left near end

SUBDIVISION Beacon Pointe BLOCK / SECTION 1 LOT 18 LOT AREA 1.03Ac SITE CLASS. B Spr 1996 DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date 2-28-96

Pump Tank: 1000 Gallons; PT 17 Date 3-11-96

Pump Make: Myers Model ME 40 MC-11 Serial No. 24819 4010

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@134' Trench Width 36" Max Trench Bottom Depth ≈36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: pumped pm / Infiltrator LPP/BPS

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No initial sys

☑ House/Mod. Home No. Bedrooms 4/4

☐ Mobile Home No. Bathrooms 4/4

☐ Business No. Employees ____

☐ Other ____

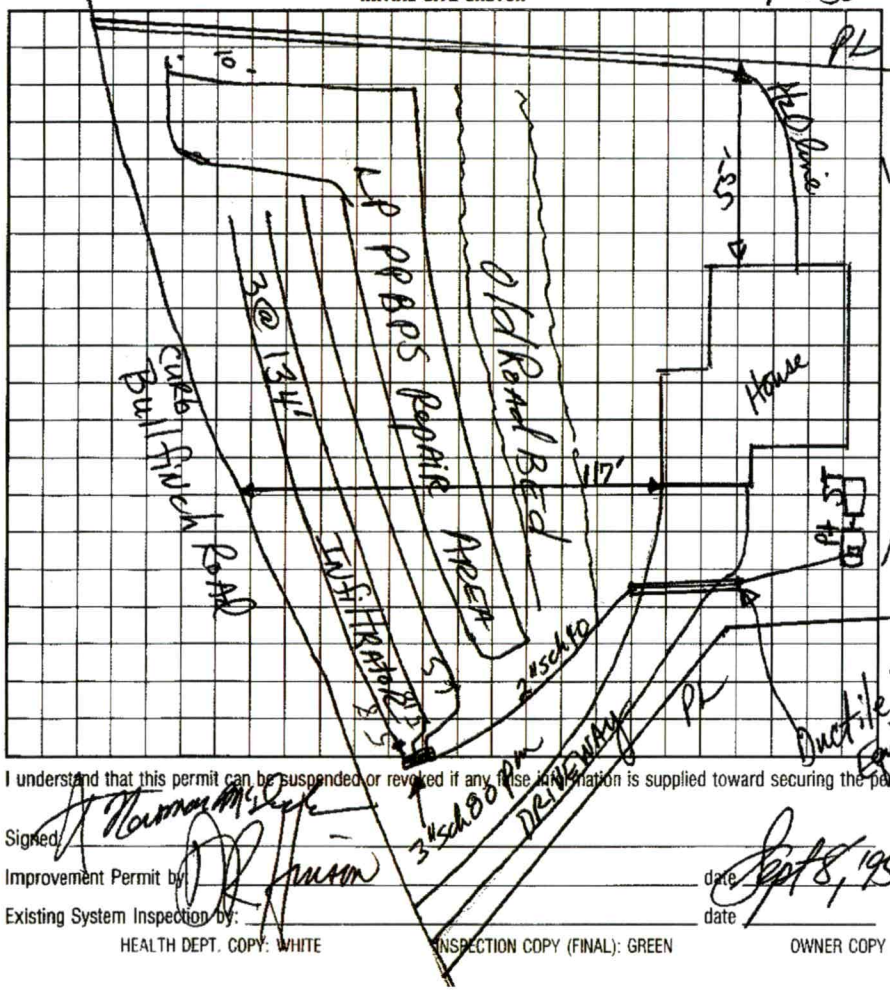
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

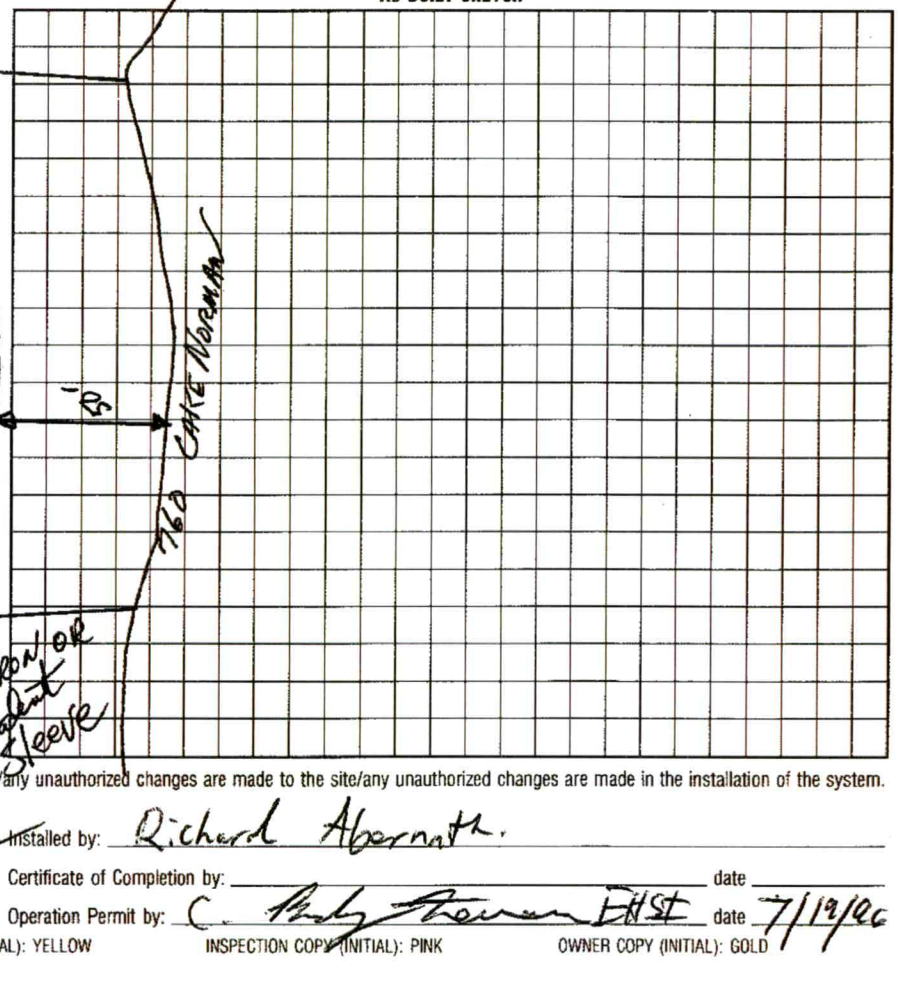
Comments: laterals to follow contour

Comments: partial lines, tanks, pump, checked on 5/3/96

INITIAL SITE SKETCH 1"=50'



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.

Signed: Newman McDade Installed by: Richard Abernath.

Improvement Permit by: [signature] date Sept 8, 95 Certificate of Completion by: ____ date ____

Existing System Inspection by: ____ date ____ Operation Permit by: [signature] EHST date 7/19/96

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



Existing Home



Existing with New Renovations

Renovations for Rick and Luanne Webb

253 Bullfinch Road
Mooresville, NC 28117

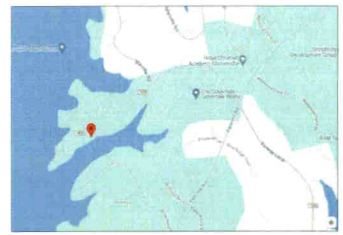
Total Existing Gross Sq.Ft.	4,992 Sq. Ft.
Totale New Gross Sq. Ft.	6,656 Sq. Ft.

Total New Construction Sq.Ft. First Floor	957 Sq. Ft.	Total New Constuction Second Floor Sq.ft.	708 Sq.Ft.
Total New Renovations Sq. Ft. First Floor	816 Sq.Ft.	Total New Renovation Second Floor Sq. Ft.	142 Sq.Ft.

ARCHITECTURAL DRAWINGS

C1.0 COVER SHEET	A2.0 EXTERIOR ELEVATIONS
A1.0 NEW FOUNDATION PLAN	A2.1 EXTERIOR ELEVATIONS
A1.1 NEW FIRST FLOOR PLAN	A2.2 EXTERIOR ELEVATIONS
A1.2 NEW SECOND FLOOR PLAN	A3.0 WALL SECTIONS
A1.3 EXISTING ROOF PLAN	A3.1 WALL SECTIONS
A1.4 NEW ROOF PLAN	A3.2 WALL SECTIONS
A1.5 ROOF PLAN NOTES, DOOR AND WINDOW SCHEDULES	A3.3 WALL SECTIONS

STRUCTURAL DRAWINGS



LOCATION MAP

PRELIMINARY DRAWINGS: NOT FOR CONSTRUCTION

3DFX SOLUTIONS
Mooresville, NC 28078
Phone: 704-661-9916
Email: Gray@3DFXSolutions.com

DATE: April 12th, 2024
DRAWN BY: G. Harris
APPROVED BY: Rick and Luanne Webb
JOB NUMBER: 15123_Rick Webb Renovations
ENGINEER:

PROJECT:
Renovations

For:
Rick and Luanne Webb
253 Bullfinch Road
Mooresville, NC 28117

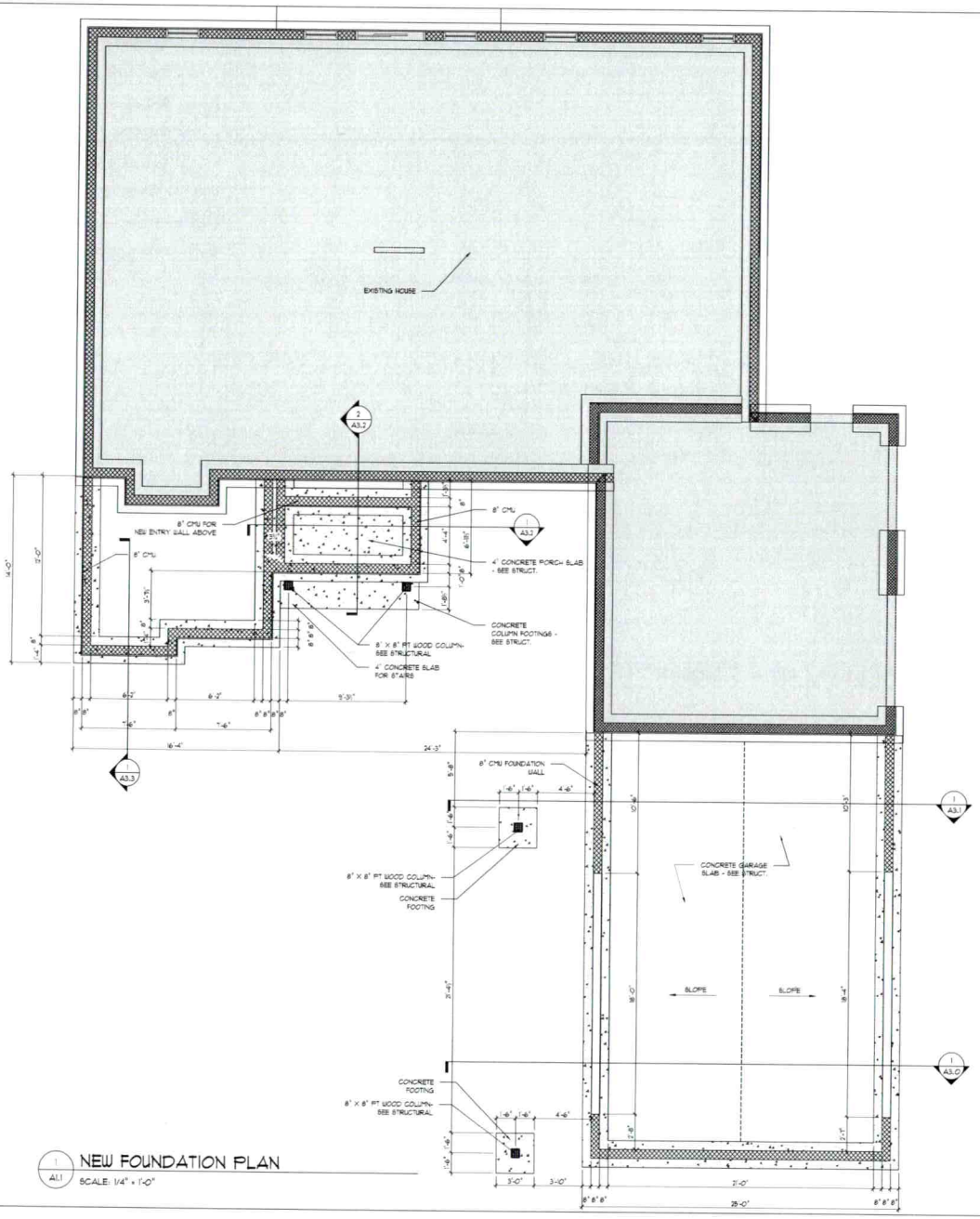
Cover Sheet

REVISIONS:

NOTE:
The set of plans has been professionally prepared and all care taken to avoid any mistakes, errors, and /or omissions to the extent permitted within the original client agreement. The preparer cannot assume liability or guarantee against technician errors, building code changes, or job site conditions that may require alteration and /or deviation from the plans. Therefore, the client, and /or contractor/ builder shall confirm and verify all dimensions, details, prior to construction and shall be responsible for the same. The client or contractor / builder shall notify the designer of record of any variations in dimensions and/ or job site conditions different than those shown here. If final plans to be sealed by a structural engineer, if not, any structural failure are the sole responsibility of the client or contractor/ builder. The client or contractor/ builder must notify the engineer of record of any changes prior to construction and have the changes approved by the engineer. If the set of plans is not sealed, then the client/ contractor shall be building the structure at their own risk.

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C1.0



1 A1.1 NEW FOUNDATION PLAN

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

TERMITE TREATMENT NOTES:

R318.1 SUBTERRANEAN TERMITE CONTROL METHODS.

IN AREAS SUBJECT TO DAMAGE FROM TERMITES AS INDICATED BY TABLE R301.2(1)
METHODS OF PROTECTION SHALL BE ONE OF THE FOLLOWING METHODS OR
A COMBINATION OF THESE METHODS:

1. CHEMICAL TERMITICIDE TREATMENT AS PROVIDED IN SECTION R318.3
2. TERMITE BAITING SYSTEM INSTALLED AND MAINTAINED ACCORDING TO THE LABEL.
3. PRESSURE-PRESERVATIVE-TREATED WOOD IN ACCORDANCE WITH THE PROVISIONS OF SECTION R317.1.
4. NATURALLY DURABLE TERMITE-RESISTANT WOOD.
5. DELETED.
6. COLD-FORMED STEEL FRAMING IN ACCORDANCE WITH SECTIONS R505.2.1 AND R603.2.1.

GENERAL NOTES:

1. FOOTINGS, FOUNDATION WALLS, SUPPORT COLUMNS AND/OR PIERS ARE TO BE CONSTRUCTED TO LOCAL CODE AND SOIL REQUIREMENTS. CONTRACTOR TO PROVIDE STRUCTURAL AND SOIL INFORMATION IF REQUIRED BY LOCAL CODES.

2. FOOTINGS, FOUNDATION WALLS, SUPPORT COLUMNS AND/OR PIERS SHALL BE STEPPED IN ACCORDANCE WITH SITE SPECIFIC CONDITIONS AND LOCAL CODE REQUIREMENTS.

3. CONTRACTOR TO VERIFY ALL DIMENSIONS FIELD AND LOADS PRIOR TO CONSTRUCTION.

4. PENETRATIONS THROUGH THE FOUNDATION OR PERIMETER FLOOR FRAMING OF THE UNITS FOR INSTALLATIONS OF PIPES, VENTS, ETC. SHALL BE IN ACCORDANCE WITH LOCAL REQUIREMENTS.

5. DO NOT SCALE DIMENSIONS FROM PRINTS. PLANS AND DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.

6. PROVIDE CONTROL JOINTS AT EXISTING SLAB, AS REQ'D.

7. ALL CONSTRUCTION SHALL BE PERFORMED IN ACCORDANCE TO THE N.C. STATE RESIDENTIAL BUILDING CODE.

8. ALL POSTS AND EXTERIOR FRAMING TO BE MINIMUM #2 GRADE PRESSURE TREATED WOOD.

9. EXTERIOR WALLS TO BE BRACED PER TABLE R602.10.1 OF THE RESIDENTIAL BUILDING CODE. SEE NOTES ON FLOOR PLAN.

10. ALL NOMINAL LUMBER TO BE #1 GRADE SPRUCE PINE AND ALL LUMBER IN CONTACT WITH GRADE, EXPOSED, OR CONCRETE SLAB TO BE PRESSURE TREATED.

11. ALL TIMBER FRAME MEMBER SIZES, BEAMS, ETC. TO BE SPECIFIED BY MANUFACTURER.

NOTE:

FOR ALL STRUCTURAL DETAILS AND NOTES, REFER TO THE STRUCTURAL DRAWINGS.

ALL DIMENSIONS ARE TO BE VERIFIED IN FIELD. IF THERE ARE DISCREPANCIES, THE CONTRACTOR SHALL CONTACT THE DESIGNER OR ENGINEER IMMEDIATELY TO RESOLVE ANY CONFLICTS BETWEEN EXISTING AND NEW CONDITIONS DISCOVERED IN FIELD.

PRELIMINARY DRAWINGS: NOT FOR CONSTRUCTION

3DFX SOLUTIONS LLC
For all your Residential, Commercial, and Landscape Design Needs
WWW.3DFXSOLUTIONS.COM
Huntersville, NC 28078
Phone: 704-661-9916
E-mail: Craig@3DFXSolutions.com

DATE: April 12th, 2024
DRAWN BY: G. Harris
APPROVED BY: Rick and Luanne Webb
JOB NUMBER: 13-23_Rick Webb Renovations
ENGINEER:

ACCREDITED BUSINESS A+ RATING
MEMBER AIBD

PROJECT:
Renovations
For:
Rick and Luanne Webb
253 Bullfinch Road
Mooresville, NC 28117

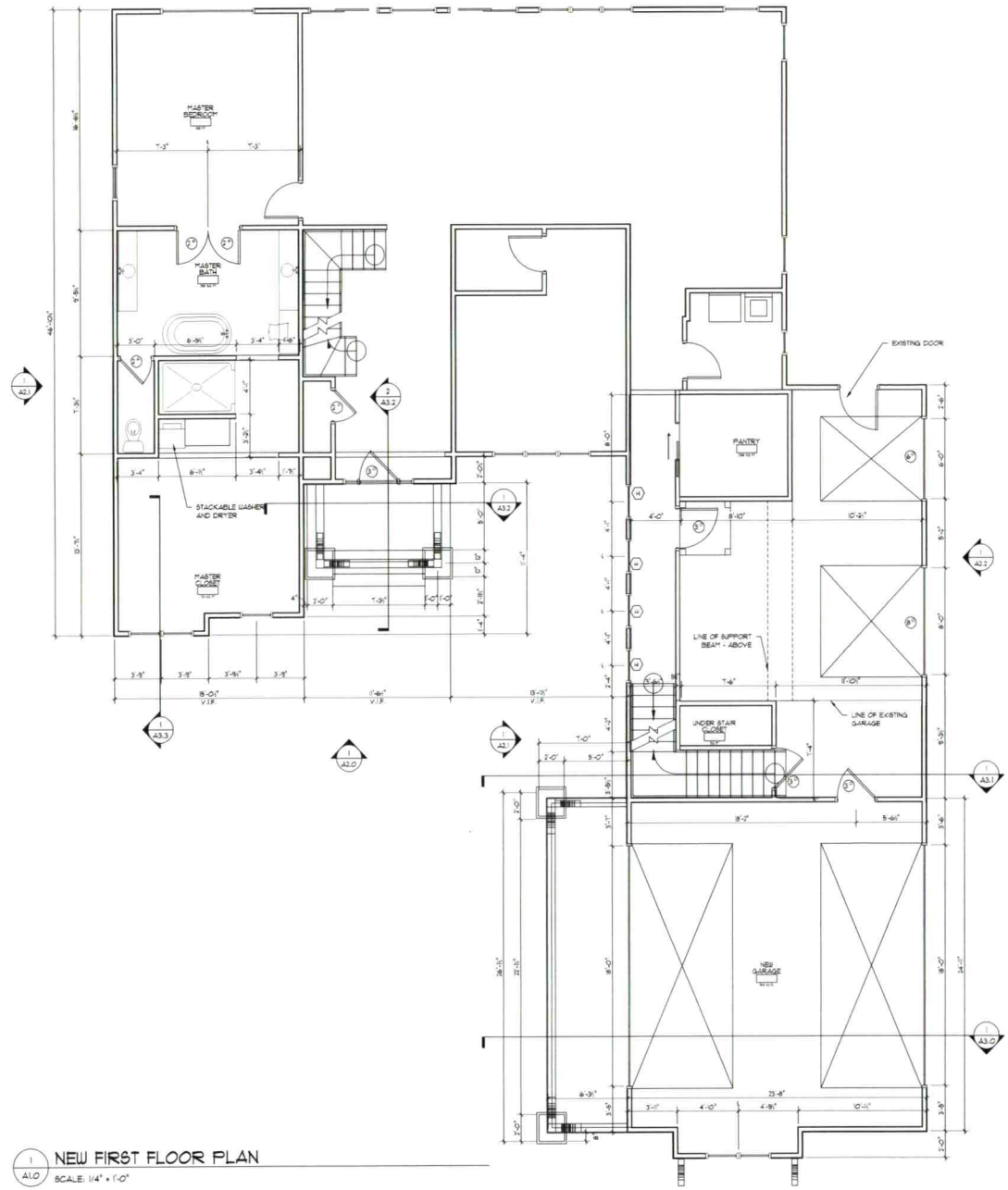
New Foundation Plan

REVISIONS

NOTE:
The set of plans has been professionally prepared and all care taken to avoid any mistakes, errors, and/or omissions to the extent permitted within the original client agreement. The preparer cannot assume liability or guarantee against inactive permanent, building code changes, or job site conditions that may require alteration and/or deviation from the plans. Therefore, the client, and/or contractor/builder shall confirm and verify all dimensions, details, prior to construction and shall be responsible for the same. The client or contractor/builder shall notify the designer of record of any variations in dimensions and/or job site conditions different than shown here. If set plans to be sealed by a structural engineer, if not, any structural failures are the sole responsibility of the client or contractor/builder. The client or contractor/builder must notify the engineer of record of any changes prior to construction and have the changes approved by the engineer. If this set of plans is not sealed, then the client/contractor shall be building the structure at their own risk.

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A1.0



TERMITE TREATMENT NOTES:

R318.1 SUBTERRANEAN TERMITE CONTROL METHODS.

IN AREAS SUBJECT TO DAMAGE FROM TERMITES AS INDICATED BY TABLE R301.2(1), METHODS OF PROTECTION SHALL BE ONE OF THE FOLLOWING METHODS OR A COMBINATION OF THESE METHODS:

1. CHEMICAL TERMITICIDE TREATMENT AS PROVIDED IN SECTION R318.2.
2. TERMITE BAITING SYSTEM INSTALLED AND MAINTAINED ACCORDING TO THE LABEL.
3. PRESSURE-PRESERVATIVE-TREATED WOOD IN ACCORDANCE WITH THE PROVISIONS OF SECTION R317.
4. NATURALLY DURABLE TERMITE-RESISTANT WOOD.
5. DELETED.
6. COLD-FORMED STEEL FRAMING IN ACCORDANCE WITH SECTIONS R505.2.1 AND R603.2.1.

GENERAL NOTES:

1. FOOTINGS, FOUNDATION WALLS, SUPPORT COLUMNS AND/OR PIERS ARE TO BE CONSTRUCTED TO LOCAL CODE AND SOIL REQUIREMENTS. CONTRACTOR TO PROVIDE STRUCTURAL AND SOIL INFORMATION IF REQUIRED BY LOCAL CODES.

2. FOOTINGS, FOUNDATION WALLS, SUPPORT COLUMNS AND/OR PIERS SHALL BE STEPPED IN ACCORDANCE WITH SITE SPECIFIC CONDITIONS AND LOCAL CODE REQUIREMENTS.

3. CONTRACTOR TO VERIFY ALL DIMENSIONS FIELD AND LOADS PRIOR TO CONSTRUCTION.

4. PENETRATIONS THROUGH THE FOUNDATION OR PERIMETER FLOOR FRAMING OF THE UNITS, FOR INSTALLATIONS OF PIPES, VENTS, ETC., SHALL BE IN ACCORDANCE WITH LOCAL REQUIREMENTS.

5. DO NOT SCALE DIMENSIONS FROM PRINTS. PLANS AND DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.

6. PROVIDE CONTROL JOINTS AT EXISTING SLABS, AS REQ'D.

7. ALL CONSTRUCTION SHALL BE PERFORMED IN ACCORDANCE TO THE N.C. STATE RESIDENTIAL BUILDING CODE.

8. ALL POSTS AND EXTERIOR FRAMING TO BE MINIMUM #1 GRADE, PRESSURE TREATED WOOD.

9. EXTERIOR WALLS TO BE BRACED PER TABLE R602.10.1 OF THE RESIDENTIAL BUILDING CODE. SEE NOTES ON FLOOR PLAN.

10. ALL NOMINAL LUMBER TO BE #1 GRADE SPRUCE PINE AND ALL LUMBER IN CONTACT WITH GRADE, EXPOSED, OR CONCRETE SLABS TO BE PRESSURE TREATED.

11. ALL TIMBER FRAME MEMBER SIZES, SPANS, ETC. TO BE SPECIFIED BY MANUFACTURER.

PRELIMINARY DRAWINGS: NOT FOR CONSTRUCTION

1 / A1.0 NEW FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

3DFX SOLUTIONS
Huntersville, NC 28078
Phone: 704-661-9916
Email: Gray@3DFXSolutions.com

DATE: April 12th, 2024
DRAWN BY: G. Harris
APPROVED BY: Rick and Luanne Webb
JOB NUMBER: 15123_Rick Webb Renovations
ENGINEER:

ACCREDITED BUSINESS A+ RATING
MEMBER AIBD

PROJECT:
Renovations

For:
Rick and Luanne Webb
253 Bullfinch Road
Mooresville, NC 28117

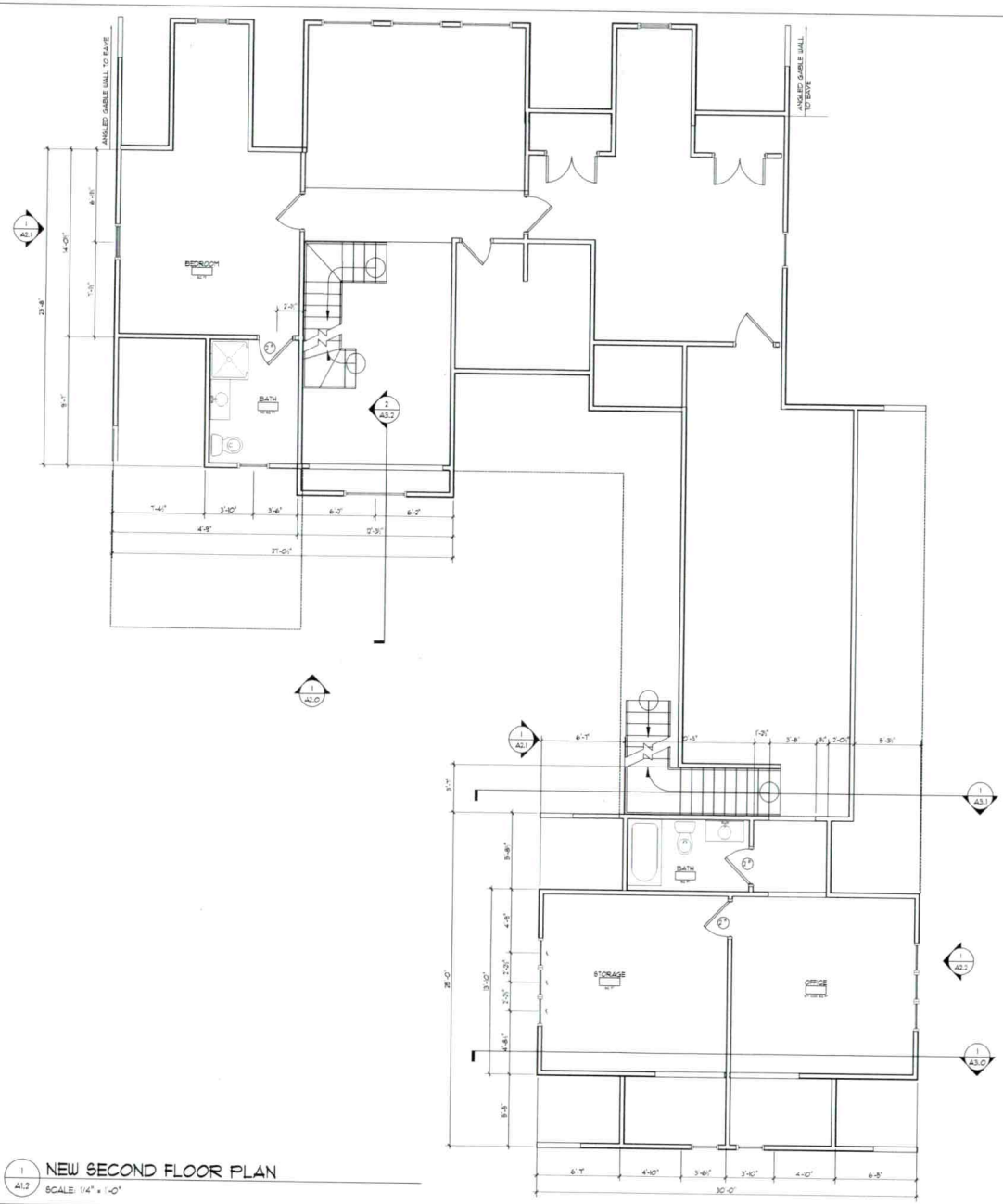
New First Floor Plan

REVISIONS:

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A1.1



1 A1.2 NEW SECOND FLOOR PLAN

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

TERMITE TREATMENT NOTES:

R318.1 SUBTERRANEAN TERMITE CONTROL METHODS.

IN AREAS SUBJECT TO DAMAGE FROM TERMITES AS INDICATED BY TABLE R301.2(1).
METHODS OF PROTECTION SHALL BE ONE OF THE FOLLOWING METHODS OR
A COMBINATION OF THESE METHODS:

1. CHEMICAL TERMITICIDE TREATMENT, AS PROVIDED IN SECTION R318.2.
2. TERMITE BAITING SYSTEM INSTALLED AND MAINTAINED ACCORDING TO THE LABEL.
3. PRESSURE-PRESERVATIVE-TREATED WOOD IN ACCORDANCE WITH THE PROVISIONS OF SECTION R317.1.
4. NATURALLY DURABLE TERMITE-RESISTANT WOOD.
5. DELETED.
6. COLD-FORMED STEEL FRAMING IN ACCORDANCE WITH SECTIONS R505.2.1 AND R603.2.1.

GENERAL NOTES:

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2. FOOTINGS, FOUNDATION WALLS, SUPPORT COLUMNS AND/OR PIERS SHALL BE STEPPED IN ACCORDANCE WITH SITE SPECIFIC CONDITIONS AND LOCAL CODE REQUIREMENTS.

3. CONTRACTOR TO VERIFY ALL DIMENSIONS FIELD AND LOADS PRIOR TO CONSTRUCTION.

4. PENETRATIONS THROUGH THE FOUNDATION OR PERIMETER FLOOR FRAMING OF THE UNITS, FOR INSTALLATIONS OF PIPES, VENTS, ETC. SHALL BE IN ACCORDANCE WITH LOCAL REQUIREMENTS.

5. DO NOT SCALE DIMENSIONS FROM PRINTS. PLANS AND DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.

6. PROVIDE CONTROL JOINTS AT EXISTING SLABS AS REQ'D.

7. ALL CONSTRUCTION SHALL BE PERFORMED IN ACCORDANCE TO THE N.C. STATE RESIDENTIAL BUILDING CODE.

8. ALL POSTS AND EXTERIOR FRAMING TO BE MINIMUM #2 GRADE, PRESSURE TREATED WOOD.

9. EXTERIOR WALLS TO BE BRACED PER TABLE R602.10.1 OF THE RESIDENTIAL BUILDING CODE. SEE NOTES ON FLOOR PLAN.

10. ALL NOMINAL LUMBER TO BE #2 GRADE SPRUCE PINE AND ALL LUMBER IN CONTACT WITH GRADE, EXPOSED, OR CONCRETE SLABS TO BE PRESSURE TREATED.

11. ALL TIMBER FRAME MEMBER SIZES, SPANS, ETC. TO BE SPECIFIED BY MANUFACTURER.

PRELIMINARY DRAWINGS: NOT FOR CONSTRUCTION

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WWW.3DFXSOLUTIONS.COM
Huntersville, NC 28078
Phone: 704-661-9916
E-mail: Craig@3DFXSolutions.com

DATE:	April 12th, 2024
DRAWN BY:	G. Harris
APPROVED BY:	Rick and Luanne Webb
JOB NUMBER:	13125_Rick Webb Renovations
ENGINEER:	

ACCREDITED BUSINESS A+ RATING
MEMBER AIBD

PROJECT:
Renovations

For:
Rick and Luanne Webb
253 Bullfinch Road
Mooresville, NC 28117

New Second Floor Plan

REVISIONS:

NOTE:
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A1.2