IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217983

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

PIN # 4654-08-7945

APPLICANT: ANTHONY SIMOES APPLICANT ADDRESS: 15812 GLEN MIRO DR. HUNTERSVILLE

SITE ADDRESS: 106 JILLIANS LN MOORESVILLE PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: 115, TR BRIDGES FARM, TR JILLIANS, ON CORNER

SUBDIVISION: SECTION: LOT # LOT AREA: 1.12 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	6-22-16	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% REDUCTION	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	PANEL BLOCK	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	*18"*	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

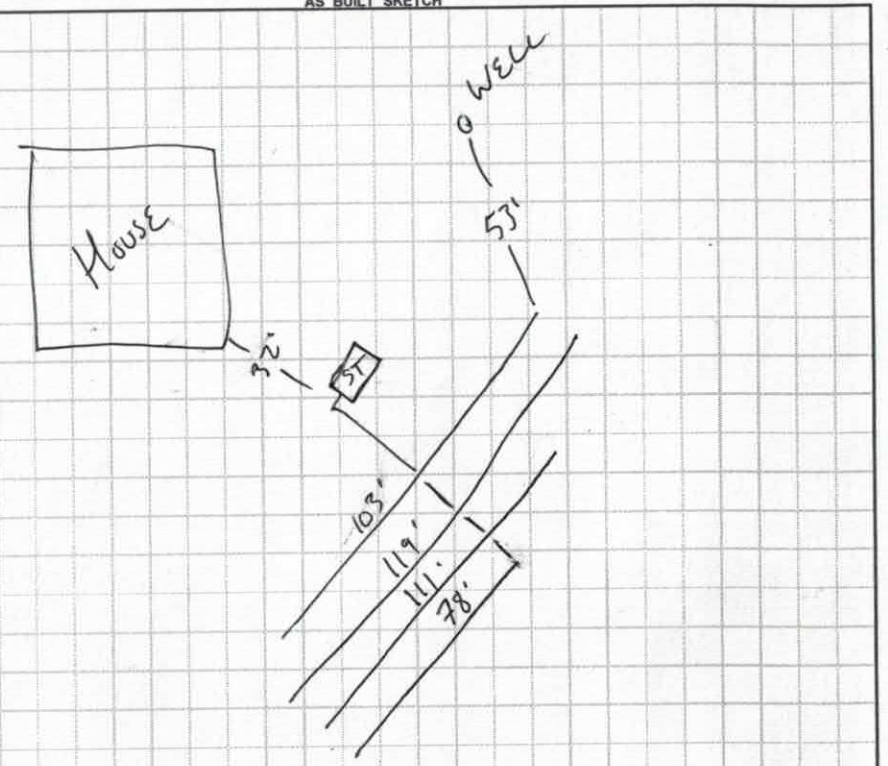
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: WELLS MUST BE ABANDONED BEFORE AC

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH



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.

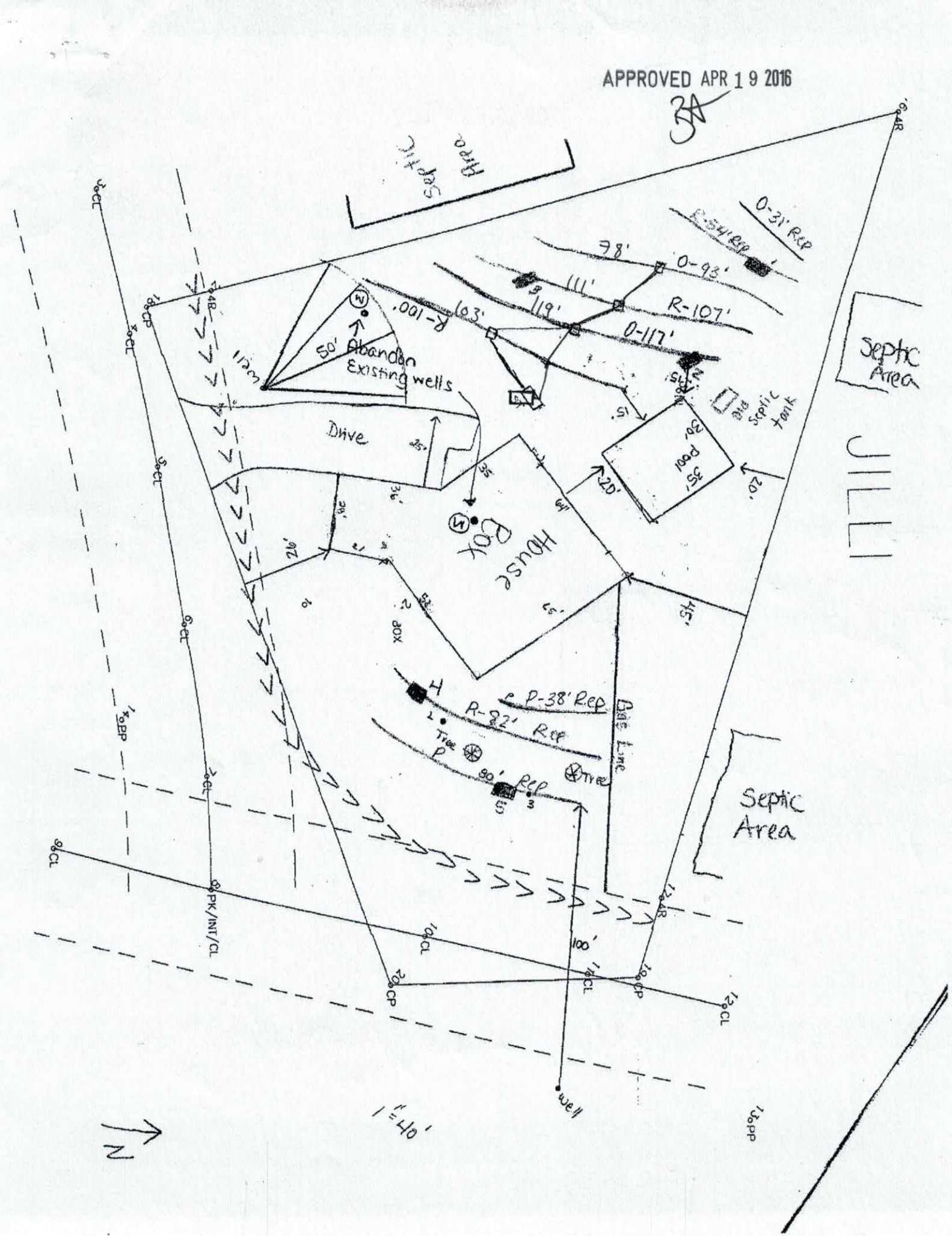
Owner / Applicant Signature: Date: 4/20/16 Installed by: CRAIG THOMPSON

IMPROVEMENT PERMIT by: Date: 4-19-16 OPERATION PERMIT by: Date: 1-6-17

AUTHORIZATION TO CONSTRUCT by: Date: 5-24-16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

APPROVED APR 19 2016



THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

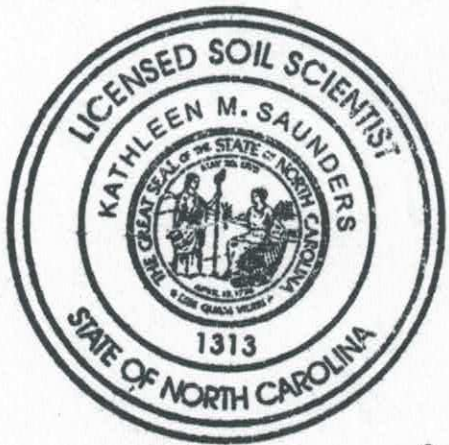
RE: 106 Jillians Lane Mooresville 28115

Date: April 8, 2016

Attached is the septic specification information required to permit 106 Jillians Lane for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

APPROVED APR 18 2016

RA

106 Jillian Road Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth	18"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	285
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Pink	LP PPBPS	80
2	Repair	Red	LP PPBPS	82
3	Repair	Pink	LP PPBPS	38
4	System	Red	25% Reduction	100 endfed
5	System	Orange	25% Reduction	100 endfed
6	System	Red	25% Reduction	107 endfed
7	System	Orange	25% Reduction	93 endfed
8	Repair	Red	LP PPBPS	54
9	Repair	Orange	LP PPBPS	31
				Total System: 400'
				Total Repair: 285'

Note: Tank and distribution device locations can be altered at the discretion of ICHD.
Keep proper setbacksif foundation drains used
Remove old barn/shed

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

APPROVED APR 18 2016
BA

Sheet 1 of 2
PROPERTY ID #:
COUNTY: I

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

OWNER: Cynthia Hager
ADDRESS: 106 Jillians Lane
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE:
APPLICATION DATE
DATE EVALUATED: 4/7/16
PROPERTY SIZE: 1.12
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3-5%	0-11	MO GR SL	FR ns/np	Br				0.3
		11-28	MO SBK C/CL	FR ss/sp	R				
		28-46	WK SBK CL	↓	R; C sap				
		46-53	MA L sap	↓	multi				
			* opp wall sap @		38"				
2	L	0-11	MO GR SL	FR ns/np	Br				0.3
		11-28	MO SBK CL	FR ss/sp	R; F sap				
		28-50	WK SBK CL	↓	R; C/M sap				
3	L	0-10	MO GR SL	FR ns/np	Br				0.3
		10-34	MO SBK C	FR ss/sp	R				
		34-54	WK SBK C	↓	R; C sap				
4	L	0-8	MO GR SL	FR ns/np	Br				0.3
		8-23	MO SBK C	FR ss/sp	R				
		23-42	WK SBK CL	↓	R; C sap				
		42-60	MA L Sap	↓	multi				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	25% Red	LP PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Remove buildings
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

APPROVED APR 18 2016
BA

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: I

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

OWNER: Cynthia Hager
ADDRESS: 106 Jillians Lane
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE:
APPLICATION DATE
DATE EVALUATED: 4/7/16
PROPERTY SIZE: 1.12
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
5	L	0-6	mo ER SL	FR ns/np	Br				0.3
		6-23	mo SBK C	FR SS/sp	R				
		23-48	WK SBK CL	↓	R; C/m	Sap			
		48-61	MA L Sap		mult.				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	25% Red	LP PPB PS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Robert Mark Morgan	14101 Black Farms Rd Huntersville, NC 28078	704-582-3818	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Anthony Simoes	15812 Glenn Mira Dr. Huntersville, NC 28078	704-942-8099	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
106 Jillians Ln Mooresville, NC 28115	N/A	

Driving Directions: W on Center Ave, Left on S Church, Right on College, Left on Main, S on 115 S, Right on Bridges Farm, Right on Jillians

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other N/A

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: R. Mark Morgan
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/24/2016
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

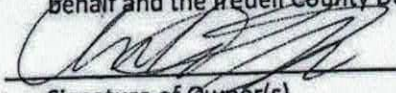
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Anthony Simões, am the legal owner(s) of the property located at 106 Fillions Lane, identified as PIN (Parcel Identification Number) 4654-08-2945, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mark Morgan, _____, 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) 5/24/16 Date

_____ _____

Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

RECEIVED APR 1 2 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
217983

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Authorization to Construct ( ) Existing System Inspection ( ) Repair

Please CALL prior to inspection
Name: Kathleen
Number: 704-578-4951

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS ... IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXP... APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITH... ...E SITE ...ITTED ...TAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Surve... ...1 inch = 60 feet
( ) Custo... ..., scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

contact Kathleen Sauriders (704) 578-4951

Applicant Information:

Applicant Name: Anthony Simoes / R Morgan Homes **Address:** 15892 Glen Moro Dr Huntersville 28078 **Phone:**

Owner Name: Cynthia Hager **Address:** **Phone:**

Property Information:

Street Address: 106 Jillians Lane Mooresville 28115

Subdivision Name: N/A **Section/Phase:** N/A **Lot Number:** N/A

Driving Directions: Hwy 115. Right on Bridges Farm Rd, Right on Jillians Lane, Lot on right corner.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

4/8/2016
DATE

DigiSign: D13763FF-AD1D-4F22-966F-067E604D78C9

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Cynthia D. Hager, am the legal owner(s) of the property located at 106 Jillians Lane, identified as PIN (Parcel Identification Number) 4654-08-2945, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** The Oaks Group, 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.

Cynthia Hager	04-11-2016	Erma Kelly	4/11/16
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

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

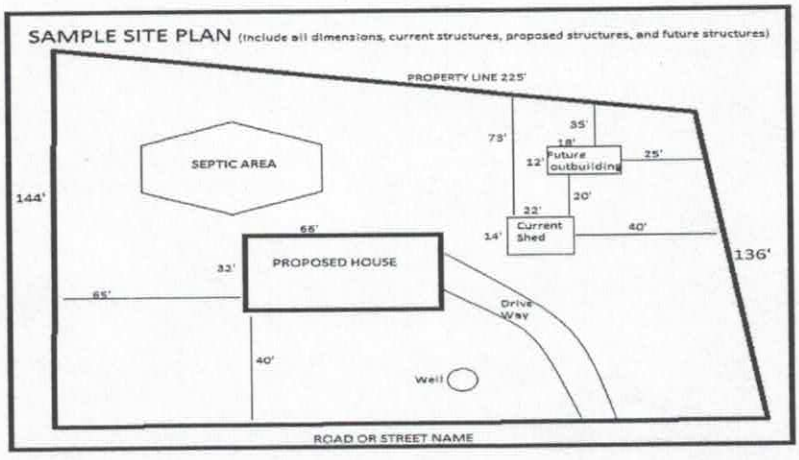
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See Septic IP

Signature: Robert Mark Morgan

REQUIRED **property owner or owner's legal representative signature.**

5-24-2096

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

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

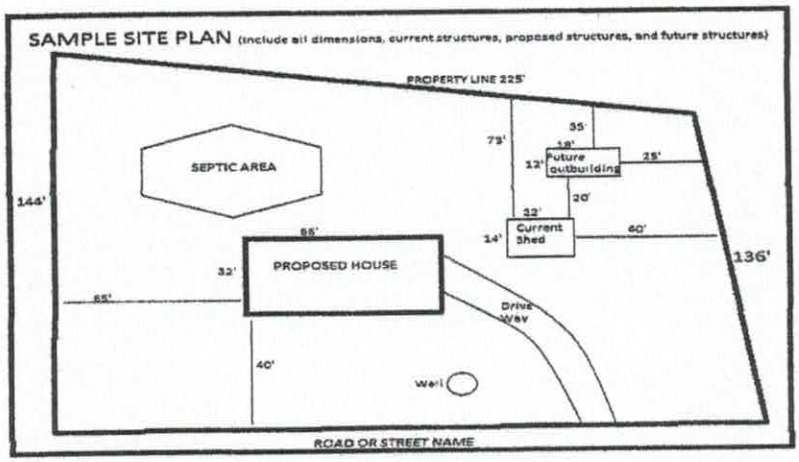
X Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

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

Please see attached site plan

Signature: Emma Hall

REQUIRED **property owner or owner's legal representative signature.**

4/8/2016

DATE

Framing Notes: other than roof

1. Lap FJs and CJs 2x10's a minimum of 9" over undersiding beams and over bearing walls. Use min of four 16d nails in each lap.

2. At location of flush LVL's (Breakfast-to-Keeping Area and Kitchen-to-Dining Room) center a 36" metal strap to underside of each opposing 2x12 CJ supported by LVL to control shrinkage.

3. Nail multiple member built-up girders with two rows of 16d nails staggered at 32" oc, 2" down from top and 2" up from bottom.

4. All lumber may be SPF #2 unless noted otherwise.

5. As shown, all FJs and CJs are at 16" OC spacing.

6. Laminated veneer lumber (LVL) beams must have a minimum of 3-2x4 stud jacks under each end support unless noted otherwise.

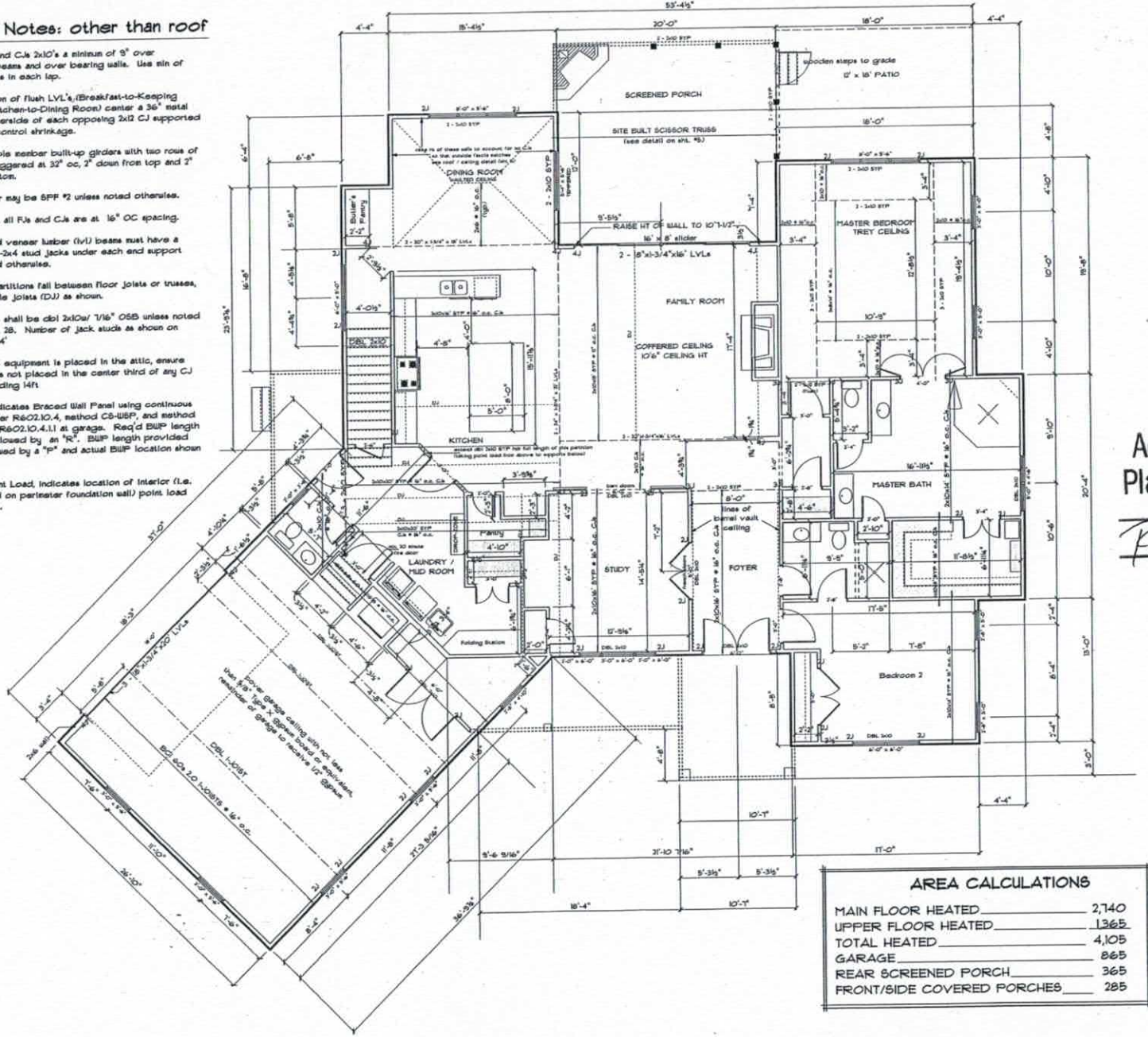
7. Where partitions fall between floor joists or trusses, place double joists (DJ) as shown.

8. Headers shall be dbl 2x10s/ 7/16" OSB unless noted differently. 2B. Number of jack studs as shown on openings > 4'

9. If HVAC equipment is placed in the attic, ensure equipment is not placed in the center third of any CJ span exceeding 14ft

10. BWP indicates Braced Wall Panel using continuous sheathing per R602.10.4, method CS-WSP, and method CS-PF per R602.10.4.1.1 at garage. Req'd BWP length is shown followed by an "R". BWP length provided shown followed by a "P" and actual BWP location shown with arrow.

11. PL, Point Load, indicates location of interior (i.e. not located on perimeter foundation wall) point load from above.



AREA CALCULATIONS

MAIN FLOOR HEATED	2,740
UPPER FLOOR HEATED	1365
TOTAL HEATED	4,105
GARAGE	865
REAR SCREENED PORCH	365
FRONT/SIDE COVERED PORCHES	285

Acknowledgement Of Plans Submittal ONLY!

Date 5-24-16

Date 5-24-16

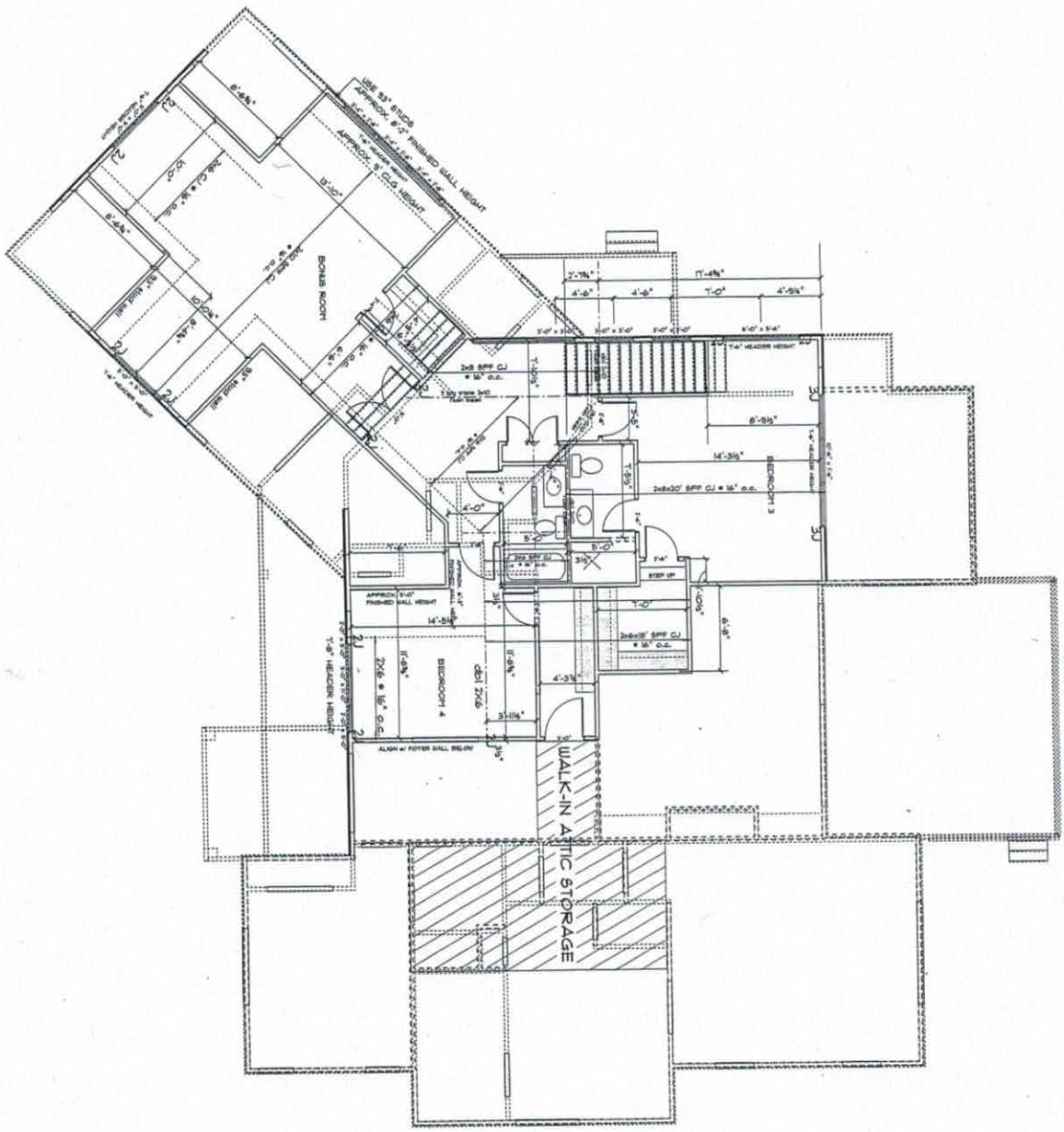
ENGINEER:
ROBERT L. MORGAN JR.
704-607-4436
7041 Pebble Bay Dr
Denver NC 28037

MORGAN HOMES
MARK MORGAN
704-582-3818
mark@morganhomes.com
P.O. BOX 375
HUNTERSVILLE, NC 28070

JOB ADDRESS:
106 Jillians Ln.
Mooresville, NC 28115

MAIN FLOOR
SCALE: 1/4" = 1'

SHEET NO. 2



UPSTAIRS

SCALE: 1/4" = 1'

SHEET NO.

3

JOB ADDRESS:

106 Jillians Ln.
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Acknowledgement Of Plans Submittal ONLY!

Date 5-24-16

Date 5-24-16

NORTH CAROLINA PROFESSIONAL SEAL 11959 ENGINEER ROBERT L. MORGAN JR.

Robert L Morgan Jr
05-12-16

ENGINEER:

ROBERT L. MORGAN JR.
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