# ICHD–ENVIRONMENTAL HEALTH DIVISION

YJB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-306117

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

PIN # 4658-07-0654

APPLICANT/OWNER: Lorzto Ruiz APPLICANT ADDRESS: 130 Rusty Nail Dr. Mooresville, NC 28115

SITE ADDRESS: 139 Sparta Dr. Mooresville, NC 28117 PHONE: 980-226-6586 ALT. PHONE 704-402-6125

SITE DIRECTIONS: Cornelius Rd → Olympia → Sparta Dr. → Lot on left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Corneline Estates SECTION: — LOT # 5 LOT AREA: 1.38 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.35

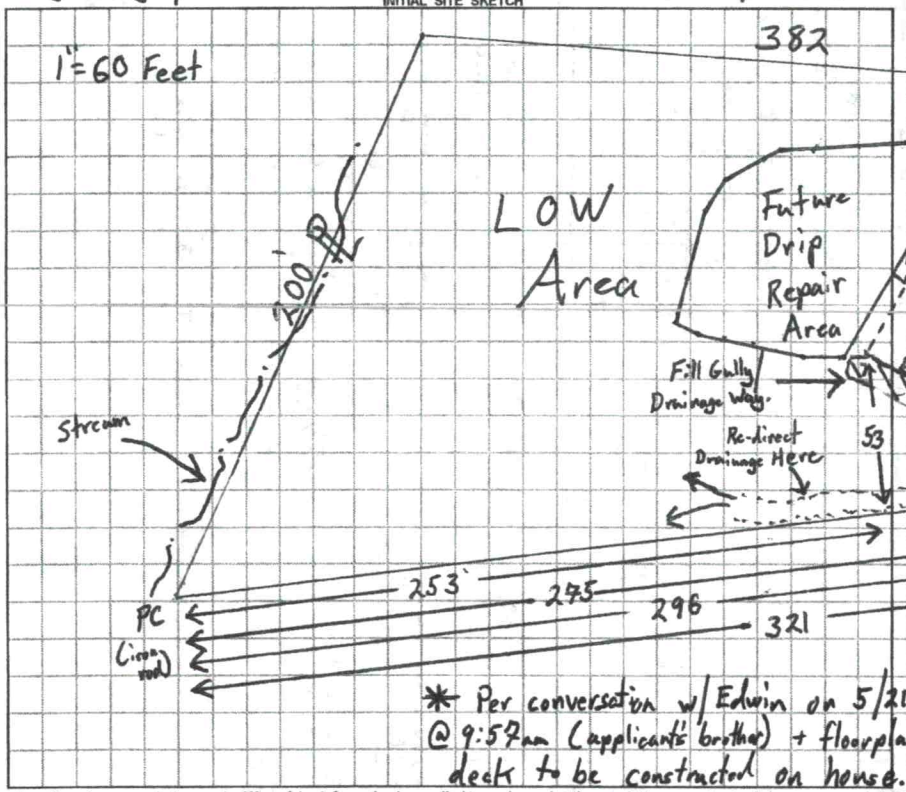
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB Infiltrator | Date | [X] New System | [ ] Repair | [ ] Expansion | System Type: I II (III) IV V VI | [X] Residence | No. Bedrooms 4 |
| Pump Tank | — (gal) | PT — | Date — | System Description: PPBPS (50% Reduction) + D-Box | | | | [ ] Business | No. Persons 8 |
| Pump Make | — | Model — | Serial # — | Repair System Description: Drip | | | | [ ] Other | No. Employees |
| # Nitrification Fields | 1 | # Lines 5 | Linear Ft 229 | Maintenance Agreement Required: | [ ] YES | [X] NO | | [ ] Slab | [X] Crawl Space |
| Trench Width | 24" | Trench Bottom Depth(Low side) | 28" | Gravel Depth — | [X] GRAVITY | [ ] PRESSURE | | [ ] Basement w/plumbing | [ ] Basement w/o plumbing |

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

Comments / Conditions: Install 5 x 46' PPBPS lines (11 panels each) 55 total panels. Flagged line lengths in field range from 49' to 61' long. Any spare area to be set aside for future septic repair.

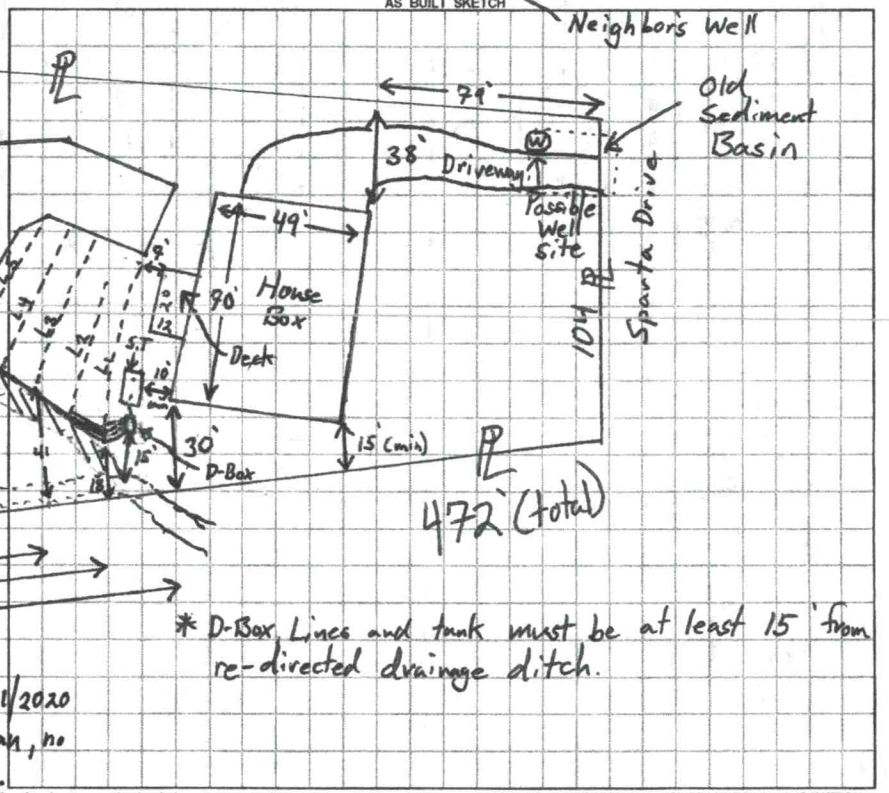
Recommend having septic tank pumped every 3-5 years. *

INITIAL SITE SKETCH




* Per conversation w/ Edwin on 5/21/2020 @ 9:57am (applicant's brother) + floorplan, no deck to be constructed on house.

AS BUILT SKETCH




* D-Box, Lines and tank must be at least 15' from re-directed drainage ditch.

*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.* [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: Acceptance of Permit Recvd Date: 4-21-2020 Installed by: Lafever Construction

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/20/2020 OPERATION PERMIT by: Date: 10-28-2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/21/2020 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.**

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

Sheet 1 of 2
PROPERTY ID #: 4658-07-0657
COUNTY: Iredell

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

[1] [2]

OWNER: Lorzto Ruiz
ADDRESS: 139 Sparta Dr. Mooresville, NC
PROPOSED FACILITY: 4BR-3SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 139 Sparta Dr Mooresville, NC
APPLICATION DATE 3-15-2020
DATE EVALUATED: 4/2+4/2020
PROPERTY SIZE: 1.38 acres
PROPERTY RECORDED: Yes - 2007

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

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .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 | LSS ≈14% | 0-8 | SCL V.W. SBK | SI Friable, SS, SP, Seep | | 32" | — | — | PS 0.35 (sap) 0.30 clay/clay Loam |
| | | 8-24 | Clay W. SBK common Mica | SI. Firm, Sticky, Sp, Seep | | | | | |
| | | 24-32 | Clay Loam W. SBK common Sap | SI Friable, SS, SP, Seep | | | | | |
| | | 32-60 | MA Loamy Saprolite | Very Friable, moderately Drained | | | | | |
| 2 | LSS Distal (Upper) | 0-10 | SCL V.W SBK | SI Fr. SS, SP, Seep | 36" 7.5YR 8/2 + 7.5YR 4/2 36"-56" | 56" | — | — | 0.15 (Drip) PS Keep Shallow |
| | | 10-34 | Clay, true mica | SI. Firm, Sticky, SP, Seep | | | | | |
| | | 34-56 | Clay Loam tiger dirt common Mica | Friable, Sticky, SP, Seep | | | | | |
| 3 | LSS 33.8% | 0-9 | Clay Loam V.W. SBK Abundant Sap | SI Fr. SS, SP, Seep | — | 9" | — | — | 0.40 PS |
| | | 9-62" | MA Sandy Saprolite | Wet Drained + Very Friable | | | | | |
| 4 | Foot Slope 4% | 0-14 | SCL V.W. SBK | SI Friable, SS, SP, Seep | 35" 7.5YR 8/2 | 35" | — | — | 0.250 or 0.15 Drip |
| | | 14-35 | Clay Loam V.W. some cobbles SBK | SI Friable, SS, SP, Seep | | | | | |
| | | 35-60 | MA Sandy Saprolite | Poorly Drained + Friable | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 250+ | 5000 ft² |
| System Type(s) | PPBPS | Drip |
| Site LTAR | 0.35 | 0.10 |

OTHER FACTORS (.1946): Re-direct drainage
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

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

Sheet 1 of 2
PROPERTY ID #: 4658-07-0657
COUNTY: Iredell

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

[1] [2]

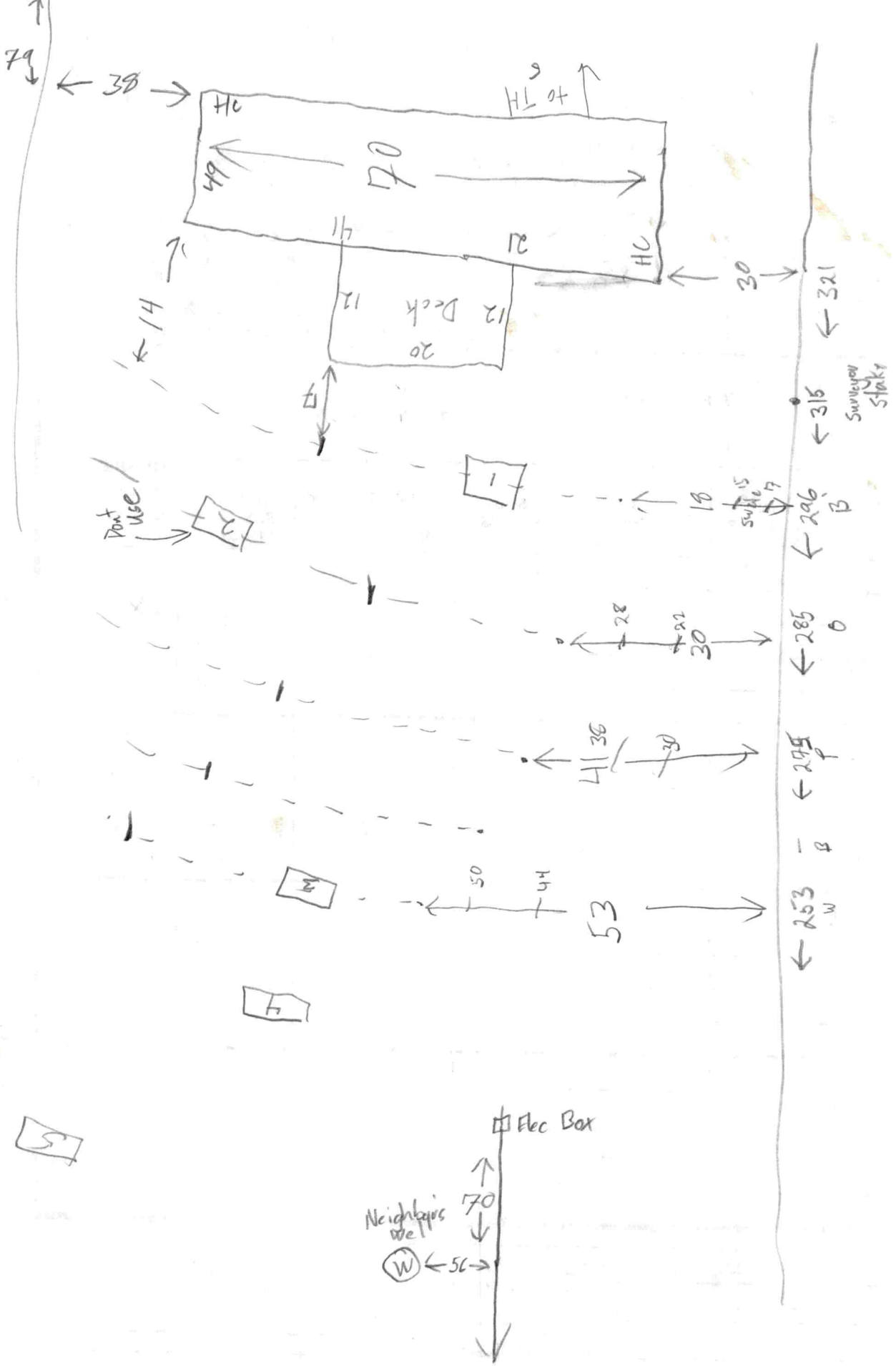
OWNER: Lorzto Ruiz
ADDRESS: 139 Sparta Dr. Mooresville, NC
PROPOSED FACILITY: 4BR-3SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 139 Sparta Dr Mooresville, NC
WATER SUPPLY: [X] Private [ ] Public [ ] Well [ ] Spring [ ] Other
EVALUATION METHOD: [ ] Auger Boring [X] Pit [ ] Cut
TYPE OF WASTEWATER: [X] Sewage [ ] Industrial Process [ ] Mixed

APPLICATION DATE 3-15-2020
DATE EVALUATED: 4/2+4/9 2020
PROPERTY SIZE: 1.38 acres
PROPERTY RECORDED: Yes - 2007

| 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 | LSS ≈14% | 0-8 | SCL V.W. SBK | SI Friable, SS, S, Sexp | | | | | PS 0.35 (sap) |
| | | 8-24 | clay W. SBK common Mica | SI. Firm, Sticky, Sp, Sexp | — | 32" | — | — | |
| | | 24-32 | Clay Loam W. SBK common Sap | SI Friable, SS, Sp, Sexp | | | | | |
| | | 32-60 | MA Loamy Saprolite | Very Friable, moderately Drained | | | | | 0.30 clay/clay loam |
| 2 | LSS Distal (upper) | 0-10 | SCL V.W. SBK | SI Fr, SS, S, Sexp | 36" 7.5YR 8/2 + | 56" | — | — | 0.15 (Drip) PS Keep Shallow |
| | | 10-34 | Clay, trace mica | SI. Firm, Sticky, Sp, Sexp | | | | | |
| | | 34-56 | Clay Loam Some Platy | Friable, Sticky, S, Sexp | 7.5YR 8/2 36"-56" | | | | |
| 3 | LSS 33.8% | 0-9 | Clay Loam V.W. SBK Abundant Sap | SI Fr. SS, S, Sexp | — | 9" | — | — | 0.40 PS |
| | | 9-62" | MA Sandy Saprolite | wet Drained + Very Friable | | | | | |
| 4 | Foot Slope 4% | 0-14 | SCL V.W. SBK | SI Friable, SS, Sp, Sexp | 35" 7.5YR 8/2 | 35" | — | — | 0.250 or 0.15 Drip |
| | | 14-35 | Clay Loam V.W. some cobbles SBK | SI Friable, SS, Sp, Sexp | | | | | |
| | | 35-60 | MA Sandy Saprolite | Poorly Drained + Friable | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 250+ | 5000 ft² |
| System Type(s) | PPBPS | Drip |
| Site LTAR | 0.35 | 0.10 |

OTHER FACTORS (.1946): Re-direct drainage
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:


79
38
HC
HL of TH
49
70
11
12
HC
30
321
14
12
Deck
12
20
315
Survey stake
1
18
Swale
17
296
B
Don't use
2
28
22
30
285
0
36
30
295
3
50
44
53
253
W
4
5
Elec Box
Neighbors well
70
W
56

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY:

14" 219.54 45.7 x 5 8.33 11.38 33.5 % 12.06"

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

OWNER: Ruiz
ADDRESS: 139 Sparta Drive
PROPOSED FACILITY:
LOCATION OF SITE:
PROPOSED DESIGN FLOW (.1949):
SFF Page 1
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE:
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 | 1-2% Floodplain | 0-20 | SCL V.W. SBK | Sl. Friable, SS, Sp, Sexp | 19" | | | | 0.10 PS (Drip) |
| | | 20-53 | Sand single Grain/ V.W. | very Friable, Np, Ns, Nap | | | | | |
| | | | Battleship | Gray | | | | | |
| 2 | LSS mid-door house | 0-15 | SCL V.W. SBK | Friable, SS, Sp, Sexp | | | | | 0.275 |
| | | 15-28 | Clay V.W. SBK | Sl. Firm, Sl. Icky, Sp, Sexp | | | | | |
| | | 28-44 | Clay Loam W. SBK some SAP | Friable, SS, Sp, Sexp | | | | | |
| | | 44-55 | MA Loamy Saprolite | Friable + somewhat Drained (Cemented clay plugs) | | | | | |
| 3 | | | $L_1$ B 61 | (85) | | | | | |
| | | | $L_2$ O 54 | (94) | | | | | |
| | | | $L_3$ P 50 | (94) 3.25 | | | | | |
| | | | $L_4$ B 50 | (92) 6.30 | | | | | |
| 4 | | | $L_5$ W 49 | (49) 8.93 | | | | | |
| | | | 264 | | | | | | |

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

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

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

14" 228.57 45.7×5

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

8.33 11.38 33.5 % 12.06"



PROPERTY ID #: _____
COUNTY: _____

OWNER: Ruiz
ADDRESS: 139 Sparta Drive SEF Page
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: _____

APPLICATION DATE _____
DATE EVALUATED: _____
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

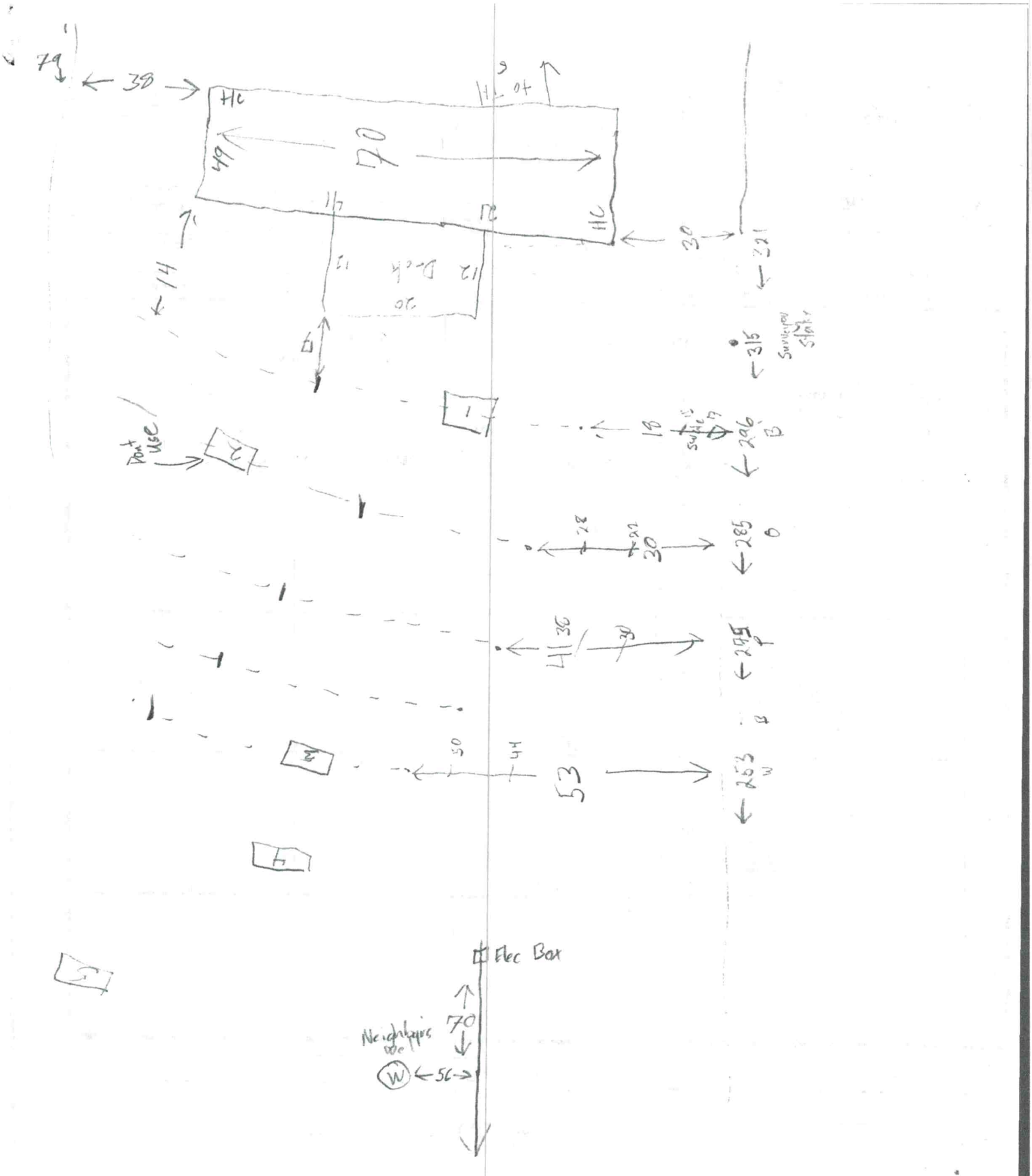
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| 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 | 1-2% Floodplain | 0-20 | SCL V.W SBK | SI. Friable, SS, Sp, Sap | 19" | | | | 0.10 PS (Drip) |
| | | 20-53 | Sand Single Grain/ V.W SBK | Loose Friable, Np, Ns, Nap | | | | | |
| | | | Battleship | Gray | | | | | |
| 2 | LSS mid-door house | 0-15 | SCL V.W SBK | Friable, SS, Sp, Sap | | | | | 0.275 |
| | | 15-28 | Clay V.W.SBK | SI Firm, Sticky, Sp, Sap | | | | | |
| | | 28-44 | Clay Loam W.SBK some SAP | Friable, SS, Sp, Sap | | | | | |
| | | 44-55 | MA Loamy Saprolite | Friable + Somewhat Dense (common clay plugs) | | | | | |
| 3 | | | $L_1$ B 61 | (85) | | | | | |
| | | | $L_2$ O 54 | (94) | | | | | |
| | | | $L_3$ P 50 | (94) 3.25 | | | | | |
| | | | $L_4$ B 50 | (92) 6.30 | | | | | |
| 4 | | | $L_5$ W 49 | (49) 8.93 | | | | | |
| | | | 264 | | | | | | |

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____


79
38
70
49
30
221
14
20
Deck
315
Swimming Pool
Don't Use
296
285
41
36
295
50
44
53
253
Elec Box
Neighbors
70
W
50

RECEIVED MAR 18 2020

AP-306117
$500.00

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

## 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 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* (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: LORETO RUIZ Address: 130 ROSTY PAIL DR. MOORESVILLE Zip: 28115
Applicant Email: 5HUMIS1409@GMAIL.COM Phone: 980-226-6686 Alt. Phone: 704-402-6125
Owner Name: called @ 9:58 on 3/26/2020 (voicemail full) Address: 9 Zip: _____
Owner Email: _____ Phone: Edwin 828-312-7945 Alt. Phone: _____

**Property Information:**

Street Address: 139 SPARTA DR
Subdivision Name: CORNELIUS ESTATES Section/Phase: _____ Lot Number: 5
Driving Directions: NORTH ON 21 TURN L ONTO CORNELIUS RD, 1 MILE DOWN TURN R ONTO CORNELIUS DR, AT END TAKE L ONTO SPARTA.

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

**CHECK FOUNDATION TYPE**

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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: [redacted] 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: _____
(✓) 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: _____ 3-18-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## 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, Loreto Ruiz, am the legal owner(s) of the property located at (LOT #139) MARTA DR, identified as PIN (Parcel Identification Number) 4658070654, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) E & S Contracting LLC, Edwin Ruiz, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

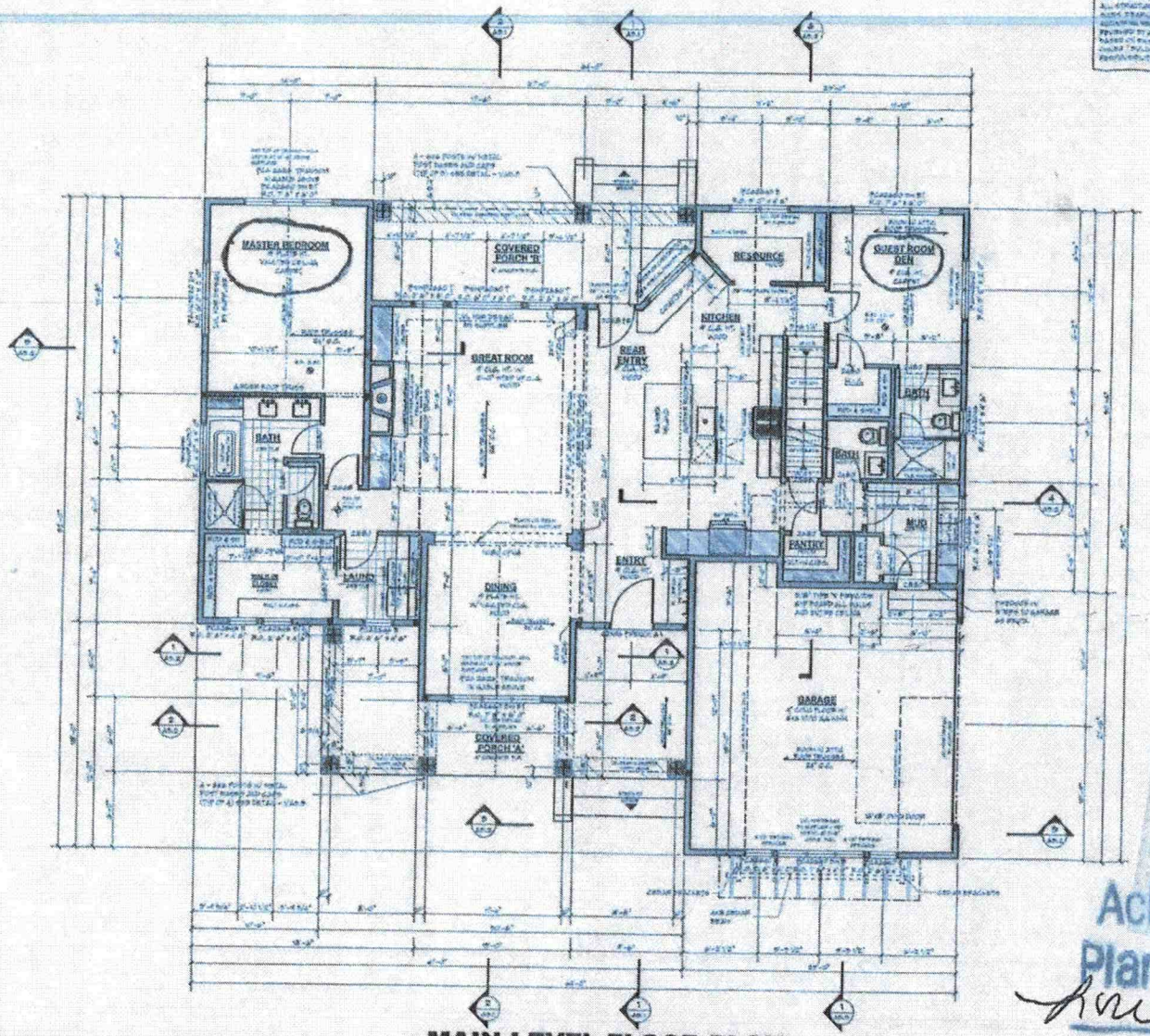
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 3-15-21
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




## MAIN LEVEL FLOOR PLAN

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

STRUCTURAL NOTES

AREA CALCULATIONS

GENERAL NOTES - MAIN FLOOR

ROYAL OAKS

3459 Lake Elmo Ave
Lake Elmo, MN
651-964-2720
www.royaloaksdesign.com

CL 18 - 016
CRAWLSPACE
REVERSE

Document Date:
2/25/2020
Document Phase:
Drawn by:

SIGN HERE

Acknowledgement Of
Plans Submittal ONLY!

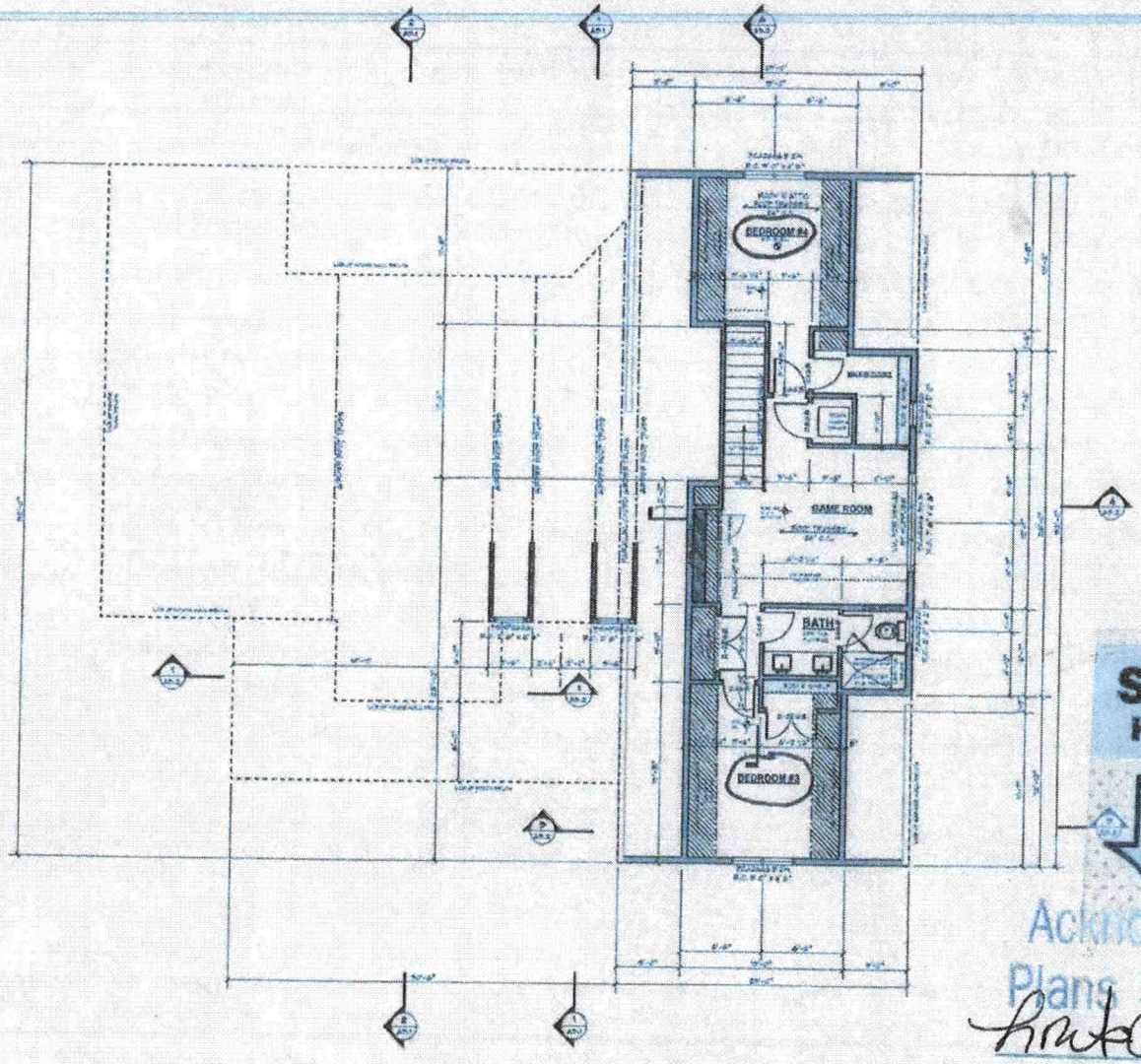
Date 5/21/2020

Date 5/21/2020

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**SECOND LEVEL FLOOR PLAN**

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

| AREA CALCULATIONS | |
|---|---|
| LOWER LEVEL | 1000 SF |
| MAIN LEVEL | 1000 SF |
| UPPER LEVEL | 736 SF |
| TOTAL LIVING | 2736 SF |
| TOTAL FINISHED | 2736 SF |
| GARAGE | 936 SF |
| PORCH 'A' | 270 SF |
| PORCH 'B' | 270 SF |

**GENERAL NOTES - SECOND FLOOR**

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALED OR DRAWN
- DIMENSIONS ARE FROM EXTERIOR FACE OF STUD OF EXTERIOR WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- BUILDER SHOULD NOT BID PROJECTS IF SHOP DRAWINGS ARE INCOMPLETE AND CONFLICTED. THE OWNER / BUILDER MUST VERIFY ALL FINAL CONSTRUCTION METHODS, SITE CONDITIONS, AND SPECIFICATIONS. SIZES OF STRUCTURAL MEMBERS SHOWN ARE APPROXIMATE. ENGINEER'S FINAL STAMPED, SIGNED, MATERIAL TAKEOFFS ARE REQUIRED AND PRIOR PURCHASE ONLY.

WINDOWS
- PROVIDE ENERGY EFFICIENT ALL-VINYL WINDOWS WITH LOW-E GLASS
- INSTALL PER MFG. SPECIFICATIONS
- PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE
- EGRESS WINDOWS TO HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQ. FT. AT GRADE AND 5.0 SQ. FT. ON UPPER FLOORS
- BUILDER TO VERIFY EGRESS AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM
- ENGINEERED WOOD FLOOR TRUSSES
- SHEATHING TO BE GLUED AND SCREWED OR NAILED
- PROVIDE MANUFACTURER'S PRINTED INSTRUCTIONS FOR ALL SUPPLY AND RETURN DUCTWORK
- PROVIDE MANUFACTURER'S PRINTED DRAWINGS AT MANUFACTURER FOR POST LOAD CHECK BEARING
- PROVIDE MANUFACTURER'S PRINTED LOCATIONS OF ANY REQUIRED CANTILEVERS AND PROVIDE SPECIAL FRAMING AS NEEDED

FRAMING
- PLACE HEADER (SEE PLANS)
- 2"x6" @ 16" O.C. MAX.
- END WALLS OF ALL PLENUM BOXES
- PROVIDE BLOCKING AT ALL JOIST ENDS
- ALL INTERIOR DOOR AND WINDOW TO BE 2-2x10 HEADER (OTHER OPENINGS AS NOTED)
- PROVIDE ALL FRAMING & WALL CONFIGURATIONS AS REQUIRED BY STRUCTURAL ENGINEER OF RECORD

STRUCTURAL NOTES
ALL STRUCTURAL HEADER AND BEAM SIZES, BEARING AND POST SIZES AND SPECIFICATIONS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON SPECIFIC SITE CONDITIONS. OWNER / BUILDER TO PROVIDE ALL ENGINEERING AS REQUIRED BY LOCAL JURISDICTION.

SIGN HERE

Acknowledgement Of Plans Submittal ONLY!

Brad Rey Date 5-21-2020

Tom Shuck Date 5/21/2020

ROYAL OAKS

3450 Lake Elmo Ave
Lake Elmo, MN
651-994-2726
www.royaloaksdesign.com

CL 18 - 016
CRAWLSPACE
REVERSE

Document Date: 2/20/2020
Document Phase:
Drawn by:

NO. DATE REMARK

SECOND FLOOR PLAN

A2.3

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IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 306117<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4658070654.000 | | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: RUIZ LORETO<br>Address:<br><br>Phone: | Name: RUIZ LORETO<br>Address:<br><br>Phone: |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.38 | 35 | 35 | 15 | 15 | WSIV-CA Catawba/Lake Norman | NO |

| Remarks |
|---|
| SFD |

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

**Date:** 03/18/2020

Signature of Owner/Contractor

| Permit Number | 306117 |
|---|---|

| TOTAL FEES: | $77.25 |
|---|---|

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

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

# ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Loreto Ruiz, am the legal owner or the agent of the property located at 139 Spartan Dr, identified as PIN(Parcel Identification Number) 4658-07-0657, located in Iredell County, North Carolina.
Permit # 306117.

I do hereby agree to the permit design and the conditions of this permit.

Loreto Ruiz 4-21-20
Signature of Owner/Authorized Agent Date

[signature] 4-21-20
Signature of Witness Date

Shumis1409@Gmail.Com.
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

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

http://www.co.iredell.nc.us/Departments/Health/