IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (HD) Mooresville Office (704) 660-3625 PERMIT # 237520

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

PIN # 4666884850

APPLICANT/OWNER: Rufus Rd Partners APPLICANT ADDRESS: 11220 Elm Ln Suite 107 Charlotte, NC

SITE ADDRESS: 153 Riverstone Dr. Davidson, NC PHONE: 803-381-5921 ALT. PHONE 704-202-5791

SITE DIRECTIONS: Shearers Rd (S) → L on Anniston → R on Burnell → L on Walking Horse → L on Riverstone → 1st on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Riverstone at Anniston SECTION: — LOT # 5 LOT AREA: .594ac DESIGN FLOW: 480gpd L.T.A.R.: .3 (repair .3)

Septic Tank	1000	(gal)	STB 11-15-19	Date 1854	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% reduction	☐ Business	No. Persons	8	☑ Private
Pump Make		Model		Serial #	Repair System Description: LP PPBTS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft. 400'	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)	33"	Gravel Depth —	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

* Foundation is now crawl space. Setbacks can be achieved since smaller house box floor plans were submitted. KW

INITIAL SITE SKETCH

See attached site plan by CS+SC, PLLC

AS BUILT SKETCH

INSTALLED AS PERMITTED

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3-18-19 Installed by: A1 - BACKHOE

IMPROVEMENT PERMIT by: Kayla Watson Date: 8-24-18 OPERATION PERMIT by: Bridget Christie Date: 4-17-20

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 3-8-19 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 inspector to confirm your inspection time.

APPROVED AUG 2 4 2018

1"=40'

1"=40'

NORTH

TBM 840.87

119.51'

119.51'

119.05'

119.05'

N77°40'54"W 221.06'

N77°40'54"W 213.58'

70'

80'

LOT 5
0.594 ACRES

17.37'

15'

35'

DRIVE

DRIVEWAY

DRIVEWAY

WELL

WELL

CVB

HC 841.84

75'

RIVERSTONE DRIVE
50' PUBLIC R/W

125.05'

35'

5'x5'

1 R 43'

2 Y 86'

3 P 89'

4 R 90'

5 O 92'

6 Y 94'

7 P

12 R 22'

11 O 75'

10 B 85'

9 Y 85'

8 P 84'

7 R 70'

3 O 92'

2 B 67'

1 P 31'

6 B 29'

5 P 38'

4 Y 38'

4 R 839.96 61

5 B 840.30 69'

6 R 840.72 76'

7 P 840.88 61'

.573 ACRES

OWNER INFORMATION

Owner:	RUFUS ROAD PARTNERS LLC.
Address:	11220 ELM LN. SUITE 107
	CHARLOTTE, NC 28277
CLIENT	JOE DORITY
Phone:	803-381-5921
County:	Iredell
Location:	RIVERSTONE AT ANNISTON LOT 5

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	402
Loading/Soil Application Rate (gpd/ft.^{2}):	0.300
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	402
Total Lateral Length Required:	400
Trench Depth:	33 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1206
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	8 ft.
Repair Trench Depth:	33 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	4
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	1.44
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by BEN ALDRIDGE, REHS

APPROVED AUG 2 4 2018

KW

RIVERSTONE AT ANNISTON LOT 5
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE — August 20, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	PINK	NA	NA	31	31
2	BLUE	NA	NA	67	67
3	ORANGE	NA	NA	92	92
4	YELLOW	NA	NA	38	38
5	PINK	NA	NA	38	38
6	BLUE	NA	NA	29	29
7	***RED***	***NA***	***NA***	***84***	***70***
8	***PINK***	***NA***	***NA***	***84***	***84***
9	***YELLOW***	***NA***	***NA***	***85***	***84***
10	***BLUE***	***NA***	***NA***	***85***	***84***
11	***ORANGE***	***NA***	***NA***	***57***	***56***
12	***RED***	***NA***	***NA***	***25***	***24***
			Total	**715**	**697**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***402***	***ACCEPT.***	***0.300***	***25% RED.***	***GRAVITY***
Repair	295	*MOD.*	0.300	PPBPS	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

APPROVED AUG 2 4 2018
KW

DOSING CALCULATIONS

Location RIVERSTONE AT ANNISTON

Lot No: 5

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	4	ft.
Supply Line Volume	1.44	gal.
Required Feet of 25% RED. Line	400	ft.
Amount of Line from Layout	402	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	262.506	gal.

APPROVED AUG 2 4 2018
KW

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

Sheet 1 OF 1
PROP. ID #: 4664884850
COUNTY: IREDELL

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

OWNER: RUFUS ROAD PARTNERS, LLC.
ADDRESS: 11220 ELM LN. SUITE 107 CHARLOTTE, NC 28277
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: RIVERSTONE AT ANNISTON LOT 5

APPLICATION DATE: 7/20/2018
DATE EVALUATED: 7/12/2018
PROPERTY SIZE: .594 AC
PROPERTY RECORDED: YES

WATER SUPPLY: X PRIVATE PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS/4%	0-24	RC,S,ABK	FI,S,P,SEXP	NA	53	COMM INC 24-53	53+	0.3
		24-53	RCL,W,SBK	FR,SS,SP,SEXP					
2	LS/4%	0-20	RC,S,ABK	FI,S,P,SEXP	NA	53	COMM INC 40-53	53+	0.3
		20-53	RCL,M/W,ABK	FI,S,SP,SEXP					
3	LS/3%	0-24	RC,S,ABK	FI,S,P,SEXP	NA	57	FEW INC 24-57	57+	0.3
		24-57	RCL,M/W,SBK	FI,S,SP,SEXP					
4	LS/3%	0-24	RC,S,ABK	FI,S,P,SEXP	NA	53	FEW INC 24-53	53+	0.3
		24-53	RCL,M/W,SBK	FI,S,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	~~LP PPBPS~~ 25%	LP PPBPS
SITE LTAR	0.3	0.3
COMMENTS		

OTHER FACTORS (.1946):	NA
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE
OTHER(S) PRESENT	JACOB CONRAD, DAVID BEANE

APPROVED AUG 2 4 2018
KW

237520

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: RUFUS RD PARTNERS/CS&SC Address: 11220 ELM LN., SUITE 107, CHARLOTTE, NC Zip: 28277

Applicant Email: joe@myconcepthome.com Phone: 803-381-5921 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 153 RIVERSTONE DR., DAVIDSON, NC 28036

Subdivision Name: RIVERSTONE AT ANNISTON Section/Phase: _____ Lot Number: 5

Driving Directions: SHEARERS RD. S., TL ON ANNISTON WAY, TR ON BURNELL, TL ON WALKING HORSE, TL ON RIVERSTONE, 6th LOT ON LEFT

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

(✓) 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: 8
( ) 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 ( ) 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: _____ 8-20-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AC Princeton "C" (5)

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Concept Homes, LLC Address: 11220 Elm Ln. Suite 109, Charlotte Zip: 28277
Applicant Email: nbelk@myconcepthome.com Phone: 704-507-6327 Alt. Phone: _____
Owner Name: Rufus Rd, LLC Address: 11220 Elm Ln. Suite 107 Zip: 28277
Owner Email: Joe@myconcepthome.com Phone: 803-381-5921 Alt. Phone: _____

Property Information:

Street Address: 153 Riverstone Dr. Davidson NC 28036
Subdivision Name: Anniston Section/Phase: _____ Lot Number: 5
Driving Directions: Shearers Rd - Anniston Way - Burton - Walking Horse Trail - Riverstone

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: _____

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: 1 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.

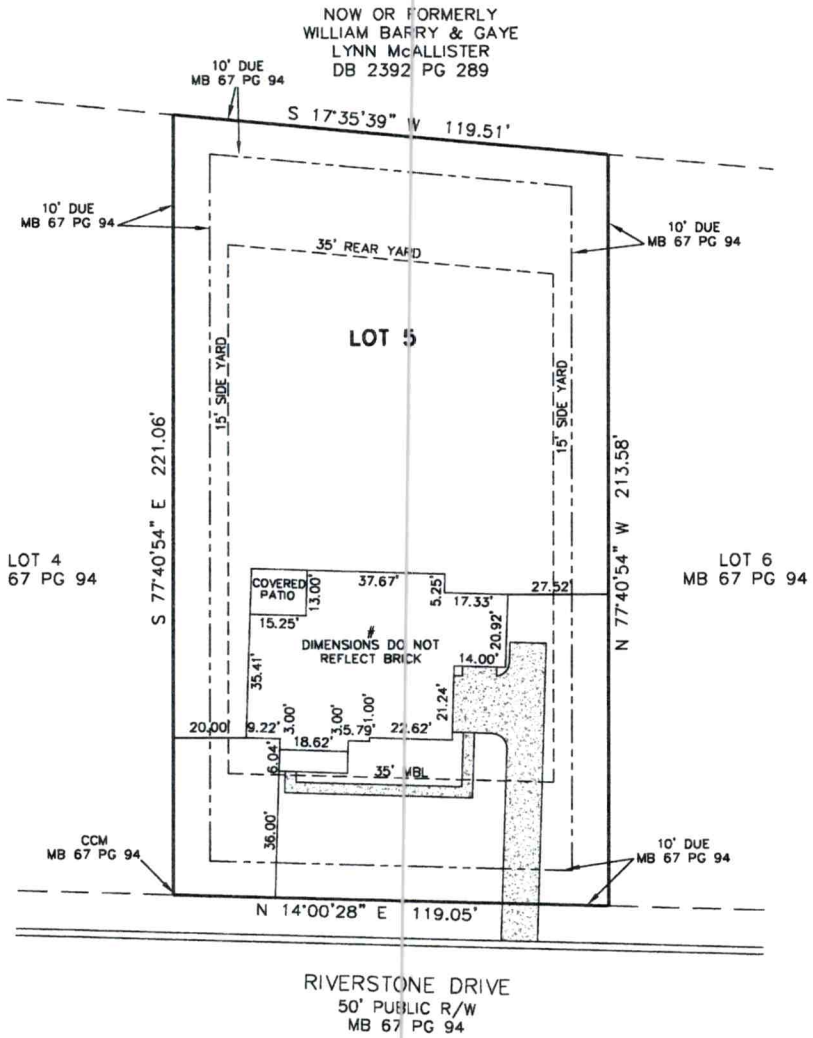
Signature: _____ 2/7/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

SITE DEVELOPMENT PLAN

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.

PREPARED BY:
DELTA LAND SERVICES, INC.
FIRM LICENSE #C-735
608-G Matthews Mint Hill Road
MATTHEWS, NORTH CAROLINA 28105
(704) 847-4700

SCALE: 1" = 40'



ESTIMATED IMPERVIOUS
AREA = 3966 SQ. FT.±

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision RIVERSTONE AT ANNISTON County IREDELL
Address RIVERSTONE DRIVE Owner CONCEPT
Lot 5 Block ___ Plan PRINCETON Elevation C Drive (Left) ___ (Right) SIDE (Courtyard) ___ Deck ___
Patio X Fireplace INT Garage (1 Car) ___ (2 Car) X (3 Car) ___ Brick ___ Basement ___ Curtain Wall ___
Crawl ___ Slab X Other COVERED PATIO, 3RD CAR BOLT ON GARAGE

REVISED:

DWN: JDA CKD: [illegible] DATE: 02/ 08/ 19

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, RUFUS RD PARTNERS, am the legal owner(s) of the property located at 153 RIVERSTONE DR., identified as PIN (Parcel Identification Number) 4664-88-4850, located in Iredell County, North Carolina.

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

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

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	2/22/18	Kim R. Buchan	2/22/18
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

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*) Concept Homes, LLC

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, X Joe Dority / Concept Homes, am the legal owner(s) of the property located at 153 Riverstone Dr. Davidson, identified as

PIN (Parcel Identification Number) 4664-88-4850, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Nick Belk,

_____, 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.

X _____ X 2/12/19
Signature of Owner(s) Date

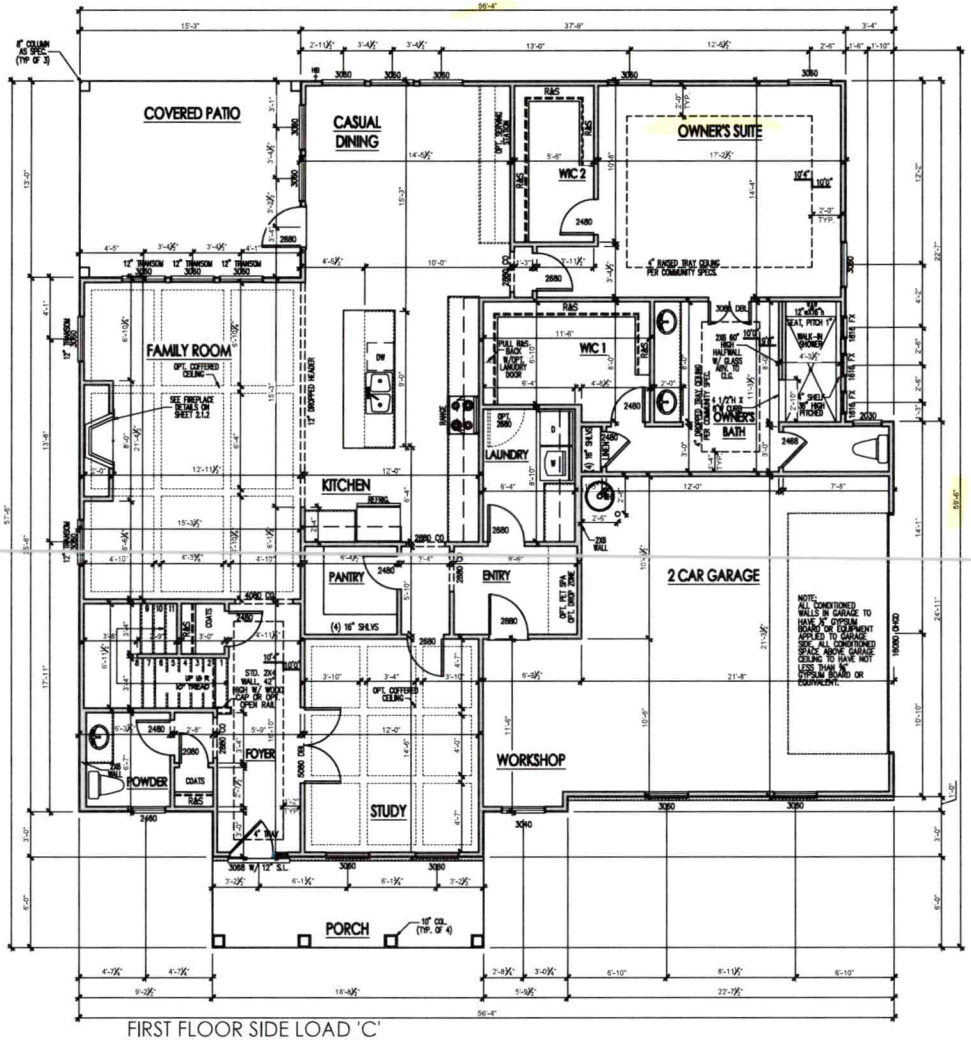
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

General Floor Plan Notes

General Floor Plan Notes shall apply unless noted otherwise on plan.

1. Wall Heights: Typically 9'-1-1/2" at first floor and second floor, and 8' 1-1/2" at attics U.N.O.. All walls are constructed using a double top plate. Splices at Double Top Plate do not need to occur at Vertical Studs but must be at least 24" apart from Joint in other Top Plate layer. Special wall heights are noted on plans where they occur.
2. Wall Thickness is typically 4" at exterior walls, 3-1/2" at interior. 2x6 frame shall be used at walls that back up to plumbing fixtures. Walls greater than 10' high shall be framed with 2x6 framing or greater and will be noted as a special condition where it occurs on plan.
3. Header height shall be 7'-8" AFF at First Floor, and 6'-10" AFF at Second Floor unless noted otherwise.
4. Jacks: Openings up to 3'-4" wide shall have (1) 2x4 jack stud SPF on each side. Openings greater than 3'-4" wide shall have (2) 2x4 jack studs SPF on each side.
5. Soffits, Coffered Ceilings, Trey Ceilings and other significant ceiling plan elements are shown on the floor plans and are denoted as single dashed lines. Unless specifically call out as included, Kitchens shall include soffits over wall cabinetry.
6. Door & Window Frames, where occurring near corners, shall be a minimum of 4-1/2" from corner. Except for walk-in closets with doors near a corner, doors at closets shall be centered on closet.
7. Windows: Shall have at least (1) window in each sleeping room, that meets egress. Shall be provided with tempered glass at hazardous glazing areas. False windows shall be installed with obscure glazing.
8. Closets for clothing or coat storage shall be equipped with 1 rod/shelf, open wire. Closets for linen shall have 5 open wire shelves. Closets for pantries shall have 5 wood shelves, painted.
9. Stair treads shall be 10" deep, risers shall be a maximum of 7-3/4", unless noted otherwise.
10. Handrails and Guards at stairs shall be 34" above the finished surface of the ramp surface of the stair. Handrails at landings and overlooks of multilevel spaces shall be 36" above finished floor. Guards (pickets or balisters) shall be spaced with no more than 4" between guards.
11. Attic Access shall be provided at all attic area with a height greater than 30". Minimum clear attic access shall be 20" x 30". Pull down stairs and access doors in knee walls meeting minimum criteria are also acceptable.
12. Garage Door to Living Space shall be 2'-8" x 6'-8" minimum size and shall be 20 minute fire rated and weather sealed.
13. Garage Walls, as a minimum, shall be separated from living space and living space attic by installing 1/2" gypsum board on the garage side of the wall.



FIRST FLOOR SIDE LOAD 'C'
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

Acknowledgement Of
Plans Submittal ONLY
Date 3-8-19
Date 3-18-19

SOUTH DESIGNS
(O) 919-556-2226
(F) 919-556-2228
www.southdesigns.com

Concept Homes

REV. #	DESCRIPTION	DATE
1	PHOTO VR/WALL CHANGES, ELECTRICAL, ADDED SCRN PORCH OPT	03/16/2018
2		
3		
4		
5		
6		
7		
8		

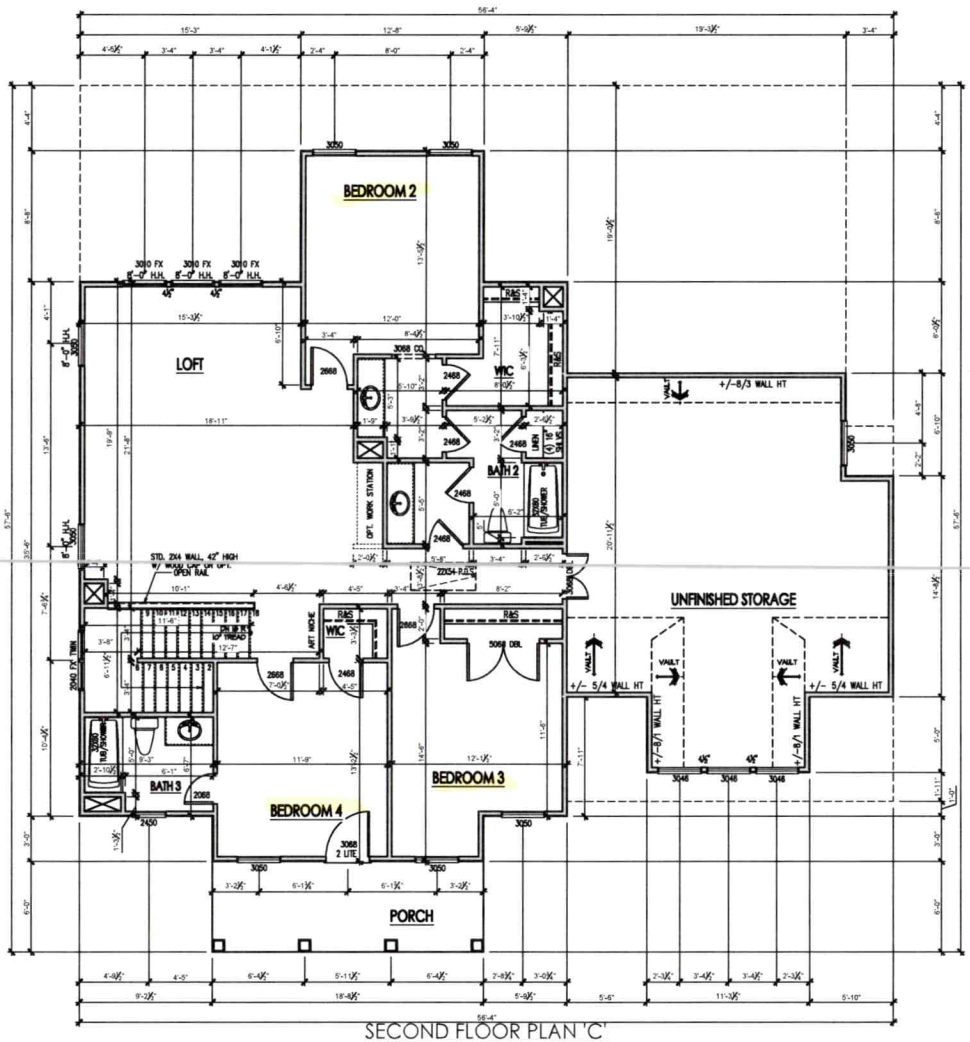
3151 - PRINCETON-RH
SIGNATURE COLLECTION
First Floor Side Load 'C'

DRAWN BY: SDI
ISSUE DATE: 02/21/2018
CURRENT REVISION DATE: XX/XX/XXXX
SCALE: 1/8" = 1'-0"
SHEET: 2.1.3c

General Floor Plan Notes

General Floor Plan Notes shall apply unless noted otherwise on plan.

1. **Wall Heights:** Typically 9'-1-1/2" at first floor and second floor, and 8' 1-1/2" at attics U.N.O.. All walls are constructed using a double top plate. Splices at Double Top Plate do not need to occur at Vertical Studs but must be at least 24" apart from Joint in other Top Plate layer. Special wall heights are noted on plans where they occur.
2. **Wall Thickness** is typically 4" at exterior walls, 3-1/2" at interior. 2x6 frame shall be used at walls that back up to plumbing fixtures. Walls greater than 10' high shall be framed with 2x6 framing or greater and will be noted as a special condition where it occurs on plan.
3. **Header height** shall be 7'-8" AFF at First Floor, and 6'-10" AFF at Second Floor unless noted otherwise.
4. **Jacks:** Openings up to 3'-4" wide shall have (1) 2x4 jack stud SPF on each side. Openings greater than 3'-4" wide shall have (2) 2x4 jack studs SPF on each side.
5. **Soffits, Coffered Ceilings, Trey Ceilings** and other significant ceiling plan elements are shown on the floor plans and are denoted as single dashed lines. Unless specifically call out as included, Kitchens **do not** include soffits over wall cabinetry.
6. **Door & Window Frames,** where occurring near corners, shall be a minimum of 4-1/2" from corner. Except for walk-in closets with doors near a corner, doors at closets shall be centered on closet.
7. **Windows:** Shall have at least (1) window in each sleeping room, that meets egress. Shall be provided with tempered glass at hazardous glazing areas. False windows shall be installed with obscure glazing.
8. **Closets** for clothing or coat storage shall be equipped with 1 rod/shelf, open wire. Closets for linen shall have 5 open wire shelves. Closets for pantries shall have 5 wood shelves, painted.
9. **Stair treads** shall be 10" deep, risers shall be a maximum of 7-3/4", unless noted otherwise.
10. **Handrails and Guards** at stairs shall be 34" above the finished surface of the ramp surface of the stair. Handrails at landings and overlooks of multilevel spaces shall be 36" above finished floor. Guards (pickets or balisters) shall be spaced with no more than 4" between guards.
11. **Attic Access** shall be provided at all attic area with a height greater than 30". Minimum clear attic access shall be 20" x 30". Pull down stairs and access doors in knee walls meeting minimum criteria are also acceptable.
12. **Garage Door to Living Space** shall be 2'-8" x 6'-8" minimum size and shall be 20 minute fire rated and weather sealed.
13. **Garage Walls,** as a minimum, shall be separated from living space and living space attic by installing 1/2" gypsum board on the garage side of the wall.



SECOND FLOOR PLAN 'C'

SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

Acknowledgement Of Plans Submittal ONLY!

Kayla Watson Date 3-8-19

Date 3-18-19

SOUTH DESIGNS
(O) 919-556-2226
(F) 919-556-2228
www.southdesigns.com

Concept Homes

REV #	DESCRIPTION	DATE
1	PRINTS W/ WALK CHANNEL, ELECTRICAL, FIXED BOX HOOD OFF	09/05/2018
2		
3		
4		
5		
6		
7		
8		

3151 - PRINCETON-RH
SIGNATURE COLLECTION
Second Floor Plan 'C'

DRAWN BY: SDI

ISSUE DATE: 02/21/2018

CURRENT REVISION DATE: XX/XX/XXXX

SCALE: 1/8" = 1'-0"

SHEET: **2.2c**

IREDELL COUNTY

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

APPLICATION NUMBER
237520
Issue Date: 07/24/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4664884850.000	153 RIVERSTONE DRIVE, DAVIDSON, NC 28036	

Owner Information		Applicant Information	
Owner:	RUFUS ROAD PARTNERS LLC	Applicant:	CAROLINA SOIL SEPTIC C
Address:	242 JOHNSON DAIRY ROAD	Address:	162 WEST B ST
	MOORESVILLE, NC 28115		KANNAPOLIS, NC 28081
Phone:		Phone:	704-202-5791

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

FEES PAID ON PERMIT 236061

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.

Applicant: _____ Date: _____

Permit Number	146685	TOTAL FEES:	$