___ COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 237523

APPLICANT/OWNER: Rufus Rd. Partners

APPLICANT ADDRESS: 11220 Elm Ln Suite 107 Charlotte, NC

PIN # 4664895013

SITE ADDRESS: 165 Riverstone Dr. Davidson, NC

PHONE: 803-381-5921 ALT. PHONE

SITE DIRECTIONS: Shearers Rd (s) → L on Amniston → R on Burnell → L on Walking Horse → L on Riverstone → lot on L

SUBDIVISION: Riverstone at Amniston

SAP CONTROLLED: ☑ YES ☐ NO

SECTION: — LOT # 7 LOT AREA: .553 ac

DESIGN FLOW: 480gpd L.T.A.R.: .3 (.15 repair)

Septic Tank 1000 (gal) STB 794 Date 6-30-19

Pump Tank 1000 (gal) PT 27 Date 7-1-19

Pump Make Goulds Model WE0312MU Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 267'

Trench Width 24" Trench Bottom Depth(Low side) 30"/32" high Gravel Depth —

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

System Description: PM PPBPS

Repair System Description: TSII drip

Maintenance Agreement Required: ☐ ES ☑ 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:

INITIAL SITE SKETCH

See attached site plan by CS + SC, PLLC

AS BUILT SKETCH

Installed as shown on site plan

	Date	Initials
Drain Lines Checked	8-7	KW
Tanks Checked	8-7	KW
Pressure Manifold or Valve Box Checked	8-26	KW
Pressure Head Set	8-26	KW
Electrical Checked	8-26	KW
Floats Set	8-26	KW
Alarm Checked	8-26	KW
Maintenance Contract Y (N)		

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.

☐ **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.*

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Owner / Applicant Signature: _____

IMPROVEMENT PERMIT by: Kayla Watson Date: 11-7-18

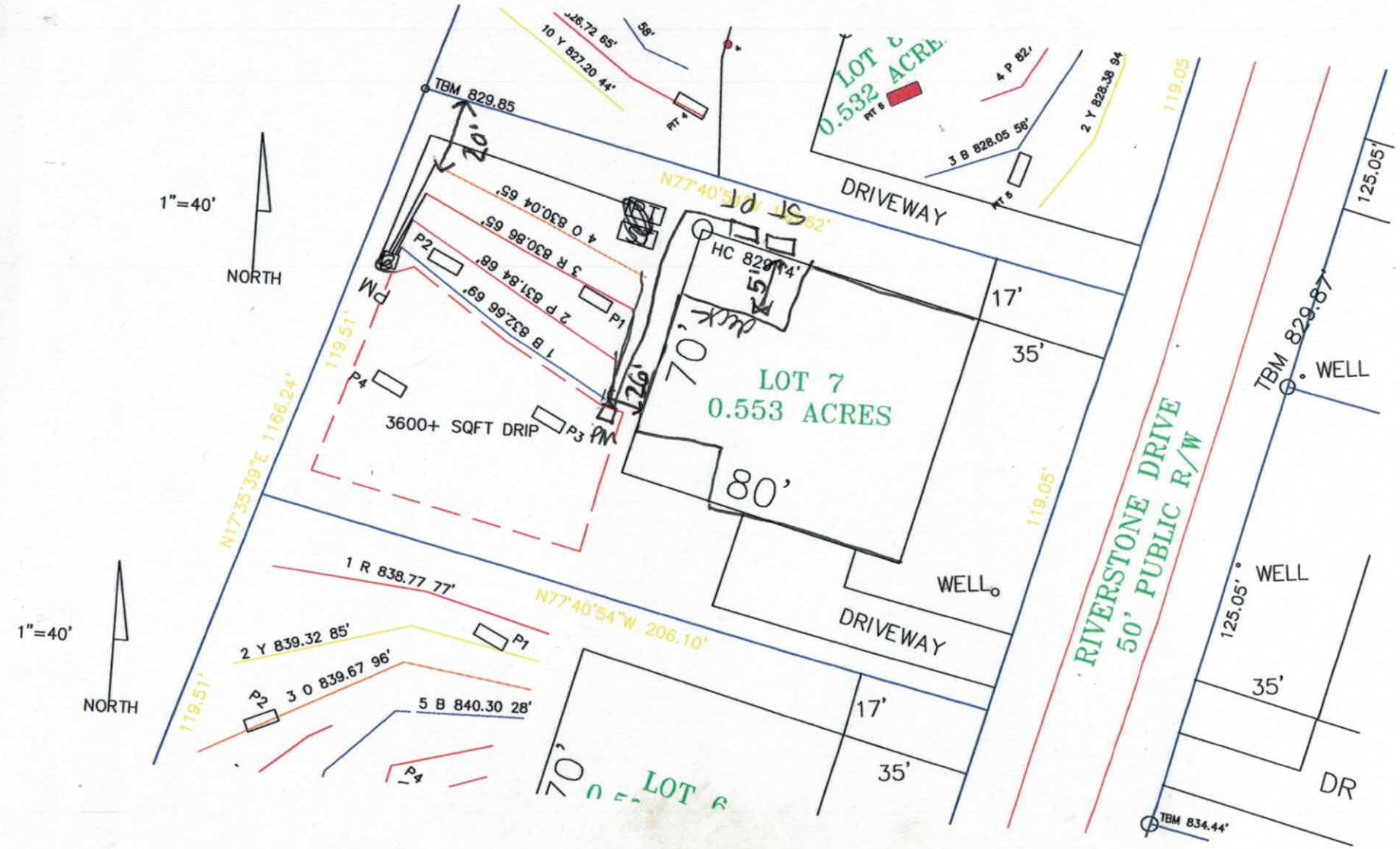
AUTHORIZATION TO CONSTRUCT by: Thomas Shuck Date: 2/1/19

Installed by: Larry Hinkle

OPERATION PERMIT by: Kayla Watson Date: 8-26-19

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 inpsector to confirm your inspection time.



APPROVED AUG 31 2018
KW

PROP. ID #: 4664895013
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 7
WATER SUPPLY: X PRIVATE PUBLIC X WELL SPRING OTHER:
EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

APPLICATION DATE: 7/20/2018
DATE EVALUATED: 7/12/2018
PROPERTY SIZE: .553 AC
PROPERTY RECORDED: YES

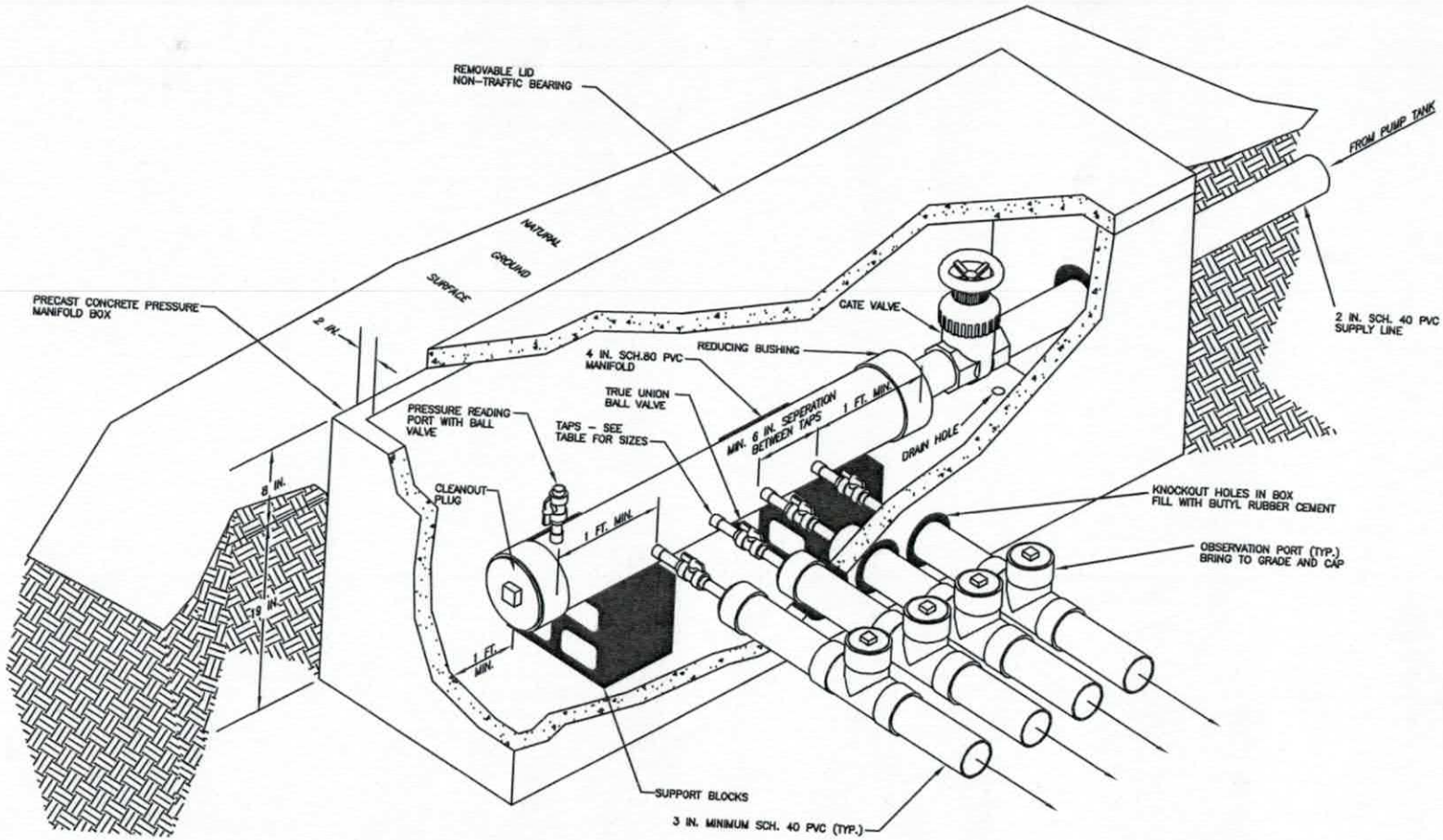
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/COLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS/7%	0-18	RC,S,ABK	FI,S,P,SEXP	NA	39	S	58+	0.3
		18-39	CL,W,SBK	FR,SS,SP,SEXP					
		39-60	LSAP,MASS	VFR,SS,SP,SEXP					
2	LS/7%	0-18	RC,S,ABK	FI,S,P,SEXP	NA	41	S	52+	0.3
		18-41	CL,W,SBK	FR,SS,SP,SEXP					
		41-60	LSAP,MASS	VFR,SS,SP,SEXP					
3	LS/7%	0-26	RC,S,ABK	FI,S,P,SEXP	CH2 21-26"	50	COMMON INC 26-50	50+	0.3
		26-50	RCL,W,SBK	FR,SS,SP,SEXP					
4	LS/7%	0-13	RC,S,ABK	FI,S,P,SEXP	NA	57	COMMON INC 31-57	57+	0.3
		13-18	RC,W,SBK	FI,S,SP,SEXP					
		18-31	RCL,M,SBK	FR,SS,SP,SEXP					
		31-57	RCL,W,SBK	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	~~LP~~ PPBPS PM	~~LP PPBPS~~
SITE LTAR	0.3	0.3
COMMENTS		TS11 drip

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

APPROVED AUG 3 1 2018
KW

TYPICAL PRESSURE MANIFOLD DETAIL



PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Location:	RIVERSTONE AT ANNISTON LOT 7
Owner:	Rufus Road Partners LLC
Address:	11220 Elm Ln., Suite 107 Charlotte, NC 28277
Client:	Joe Dority
Telephone Number:	803-381-5921
Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Total Lateral Length From Layout:	267
Total Lateral Length Required:	266.6666667
Trench Depth:	30 in. LOW SIDE
Trench Width:	24 in.
Trench Bottom Area:	801
Trench Spacing:	8
Repair Trench Depth:	6 in.
Repair Trench Spacing:	2 ft.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	94
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	16.36
Dosing Volume:	223.20
Pump Tank Draw Down:	10.6
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or Equivalent, County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.78
Elevation Head:	8.36
Total Dynamic Head:	14.44
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	**YES**
Additional Comments:	Soil suitability was performed by CS&SC

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

APPROVED AUG 3 1 2018
KW

FIELD LAYOUT SPECIFICATIONS
RIVERSTONE AT ANNISTON LOT 7

LAYOUT FOR 4 BEDROOM HOME

August 20, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					829.85		
INSTR. 1							
HOUSE					829.14		
TANK					829.30		
1	***BLUE***				***832.66***	***69***	***69***
2	***PINK***				***831.84***	***68***	***68***
3	***RED***				***830.86***	***65***	***65***
4	***ORANGE***				***830.04***	***65***	***65***
5	***RED***						***3600 SQFT***
					Total	**267**	**267**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
** System*	*267*	***MOD.***	*0.300*	***PPBPS***	**PRESSURE MANIFOLD**
Repair	3600 SQFT	INNOV.	0.150	DRIP	LOW PRESSURE

Notes:
** TBM located at right rear corner.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **All pin flags were located by GPS and elevations recorded via GPS.**
Iredell County Environmental Health has CS&SC's permission to move or relocate distribution devices and tank locations.
American Perc-Rite® Subsurface Drip System, Aerobic to be used for repair.

APPROVED AUG 31 2018
KW

PRESSURE MANIFOLD TAPSHEET - LOT 7 RIVERSTONE AT ANNISTON

SYSTEM

Line #	Color	Elevation	Length	Pipe Size	Flow/Tap	Line GPD	Line Capacity	Line Trench Area	Flow/Line	Line LTAR	# of Panels
1	BLUE	832.66	69	SCH 40 1/2	7.11	55.80	57.32	138	0.81	0.40	16
2	PINK	831.84	68	SCH 40 1/2	7.11	55.80	56.49	136	0.82	0.41	16
3	RED	830.86	65	SCH 40 1/2	7.11	55.80	54.00	130	0.86	0.43	15
4	ORANGE	830.04	65	SCH 40 1/2	7.11	55.80	54.00	130	0.86	0.43	15
		total feet =	267	gal/min =	28.44						62
			Des. Flow	480							
			Pump Run=	7.85							
			soil LTAR	0.30							

APPROVED AUG 3 1 2018

KW

CALCULATIONS

Location	RIVERSTONE AT ANNISTON	
Lot Number	7	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	$^{gpd/ft^2}$
PPBPS RED.? (YES OR NO)	YES	
Supply Line Length	94	ft.
Supply Line Volume	16.356	gal.
Required Feet of Line	266.6667	ft.
Amount of Line from Layout	267	ft.
Gallons per Minute	28.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	
Number of Panels	62	
Dosing Volume	223.20	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6gal/panel

Tank Draw Down	10.6	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	7.85	minutes
Elevation Head	8.36	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	1.67	ft.
Total Dynamic Head (+20%)	14.44	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

APPROVED AUG 3 1 2018
KW

AC 1/29/19

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 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: 165 Riverstone Dr. Davidson, NC 28036
Subdivision Name: Riverstone @ Anniston Section/Phase: _____ Lot Number: 7
Driving Directions: Shearers Rd - Anniston Way - Burnell - Walking Horse Trail - Riverstone Dr.

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: 8 (✓) 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: _____ 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: _____ 1/24/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

237523

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

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

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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: 165 RIVERSTONE DR., DAVIDSON, NC 28036

Subdivision Name: RIVERSTONE AT ANNISTON Section/Phase: _____ Lot Number: 7

Driving Directions: SHEARERS RD. S., TL ON ANNISTON WAY, TR ON BURNELL, TL ON WALKING HORSE, TL ON RIVERSTONE, 8th 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.

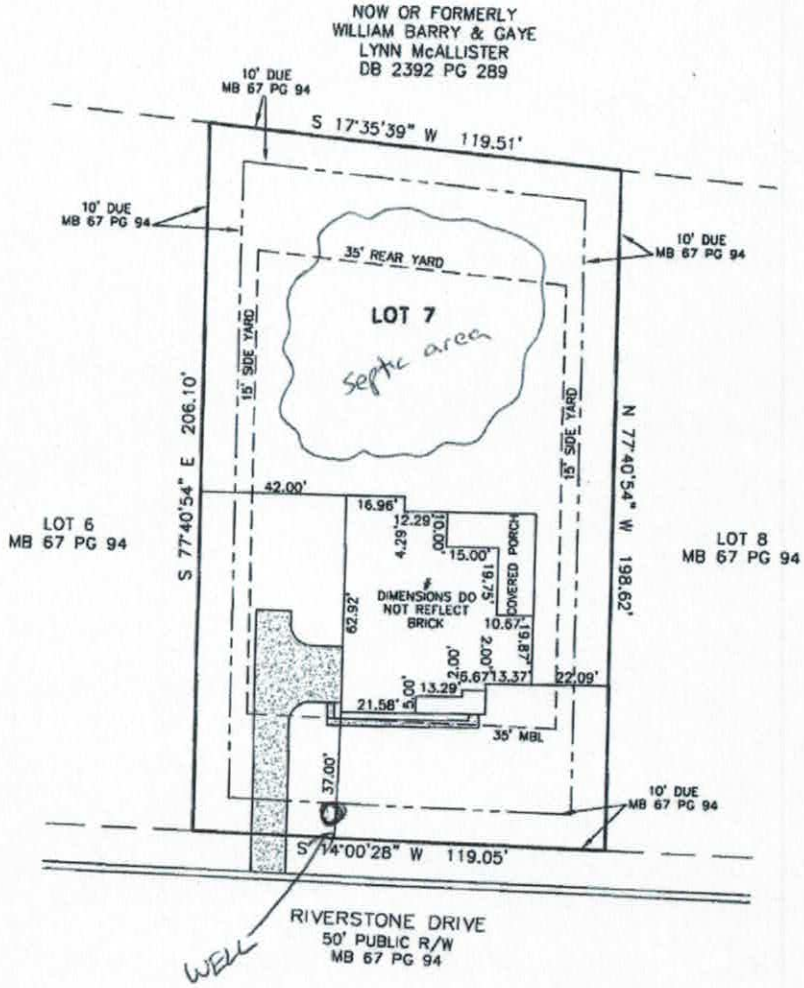
Signature: _____ 8-20-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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





ESTIMATED IMPERVIOUS
AREA = 4188 SQ. FT.±

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision RIVERSTONE AT ANNISTON County IREDELL
Address RIVERSTONE DRIVE Owner CONCEPT
Lot 7 Block ___ Plan BERKELEY Elevation B Drive (Left) SIDE (Right) ___ (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) X (3 Car) ___ Brick ___ Basement ___ Curtain Wall ___
Crawl ___ Slab X Other COVERED PORCH

REVISED: DWN: JDA CKD: DMA DATE: 01/ 24/ 19

T:\Drawing\Annistor\AN-0007.dwg

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, X _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4664. 89. 5013, 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 _____ _____ 1/24/19

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 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 165 RIVERSTONE DR., identified as PIN (Parcel Identification Number) 4664-89-5013, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADRIAN PRUETT, CSESC, 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

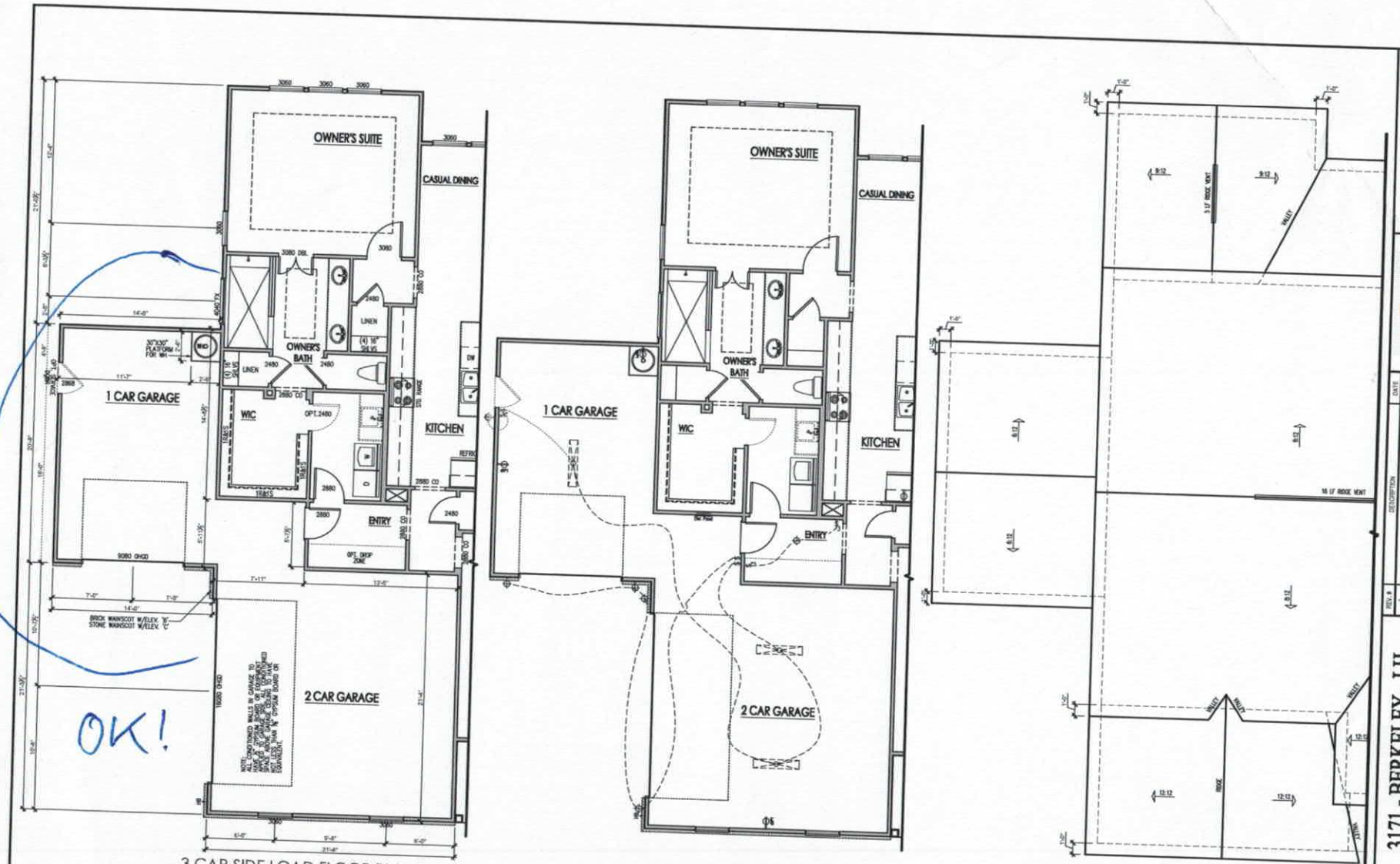
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[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



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

3 CAR SIDE LOAD ELECTRICAL PLAN
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

3 CAR SIDE LOAD - ROOF PLAN 'B'
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

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

Concept Homes

3171 - BERKELEY - LH
SIGNATURE COLLECTION
Side Load Utility (3rd Car Garage) 'B'

DRAWN BY: South Designs
ISSUE DATE: 03/15/2018
CURRENT REVISION DATE: 10/02/18
SCALE: 1/8" = 1'-0"
SHEET 2.9b

Acknowledgement Of
Plans Submittal ONLY!

Date 2/8/19

Tom Shuck Date 1/31/2019

SOUTH DESIGNS
(0)9356 2258
(F)9356 2228
www.southdesigns.com

Concept Homes

REV	DESCRIPTION	DATE
A		
B		
C		
D		
E		
F		
G		

3171 - BERKELEY - LH
SIGNATURE COLLECTION
First Floor Plan 'B'

DRAWN by: SouthDesign
ISSUE DATE: 07/05/18
CHANGE NO: 07/05/18 DATE: 12/2018
SCALE: 1/8" = 1'-0"
SHEET: 2.1b

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

Acknowledgement Of
Plans Submittal ONLY!
Date 2/8/19
Date 1/31/19

General Floor Plan Notes

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

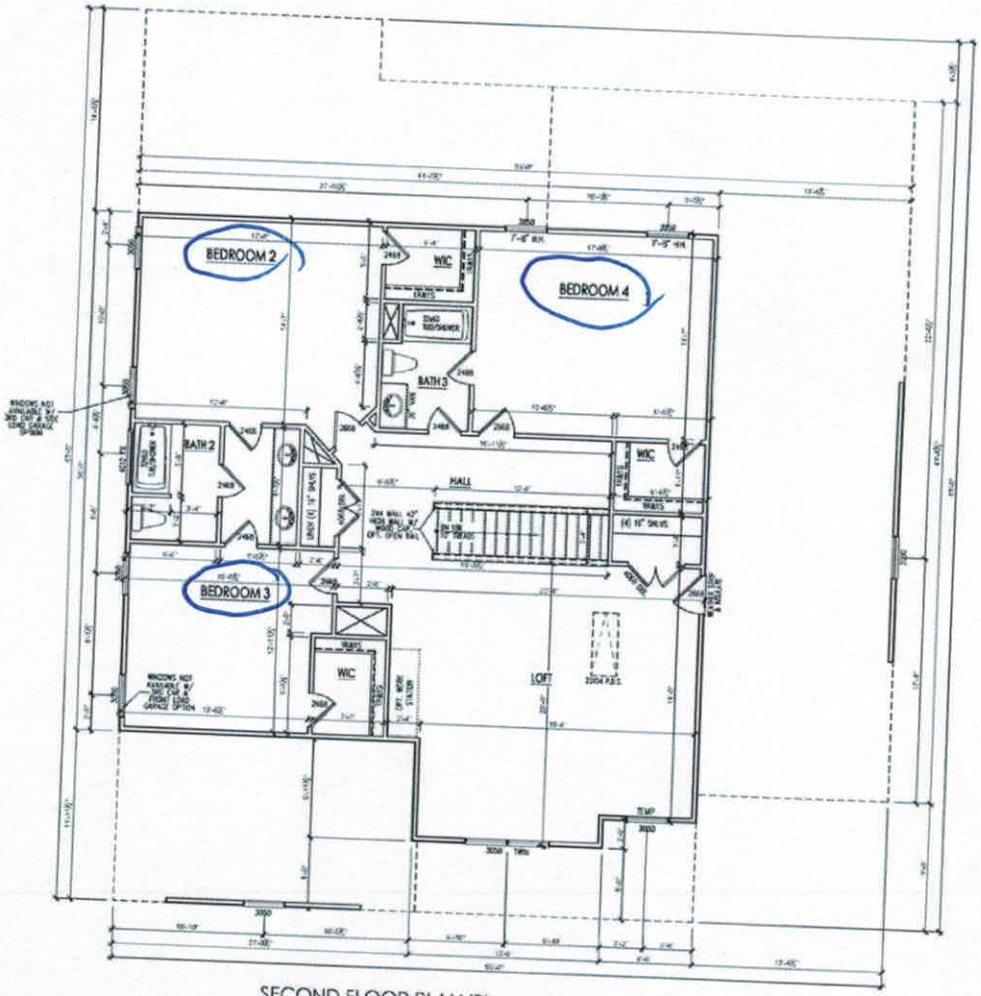
1. Wall Heights: Typically (9'-1-1/2" at first floor, 8'-1-1/2" at second floor, and 8'-1-1/2" at attic plate. Options of 9'-1-1/2" and 10'-1-1/2" at attic plate. Options of 9'-1-1/2" and 10'-1-1/2" at second story of selected. Shutters must be at least 24" apart to be installed on 8'-1-1/2" wall heights. Wall Heights are noted on plan where higher or not typical.
2. Wall thickness is typically 4" of which consists 3-1/2" of stone. The frame shall be used at exterior walls, 3-1/2" thick with plumbing fixtures. Walls possible from 10 inch to 12 inch thick. Wall thickness are noted on plan and will be noted as to special condition where thicker walls are used.
3. Header height shall be 8'-0" at first floor, and 7'-0" 6'-8" at second floor unless noted otherwise.
4. Attics: Openings will be 3'-0" wide shall have (1) 2x4" wide roof braces (2) 16" o.c. Openings greater than 2'-0" wide shall have (2) 2x4" wide roof braces 16" o.c.
5. Soffit, Cantilever Ceilings, bay Ceilings and other significant ceiling plan elements are shown on the plan. Unless specifically noted on plan, ceilings are 9'-0" flat ceiling with 8'-0" walls and 8'-0" doors.
6. Door & Window Removals, where existing new openings shall be a minimum (24-1/2" thick corner studs all closets shall be cantilevered on steel.
7. Windows: Joint leave at least (1) window in each sleeping room, shall meet egress. Shall be provided with a minimum net clear opening of 5.7 sq. ft. Egress window shall be installed per code.
8. Closets for clothing or coat storage shall be equipped with 1 rod/shelf, open area. Closets for pantries shall have 3 wood shelves, pantries.
9. Stair treads shall be 10" deep, Rise shall be a maximum of 7-3/4", unless noted otherwise.
10. Handrails and Guardrails at stairs shall be 34" above the nosing of treads and at the ramp surface at the ramp. Handrails shall be provided on at least one side of stairs with (4) or more risers. Handrails shall be 24" above landings and guards. Handrails shall be provided on both sides of stairways.
11. (AR) Access shall be provided at all attic areas with a minimum opening of 22" x 30". Pull down stairs access shall be 25" x 30". Pull down stairs into garages or basement shall be screened with no more than 1" clearance gaps.
12. Garage Doors: Garage doors shall be 8'-0" x 7'-0" unless noted otherwise. All doors to be insulated and weather sealed.
13. Garage Walls, on a minimum shall be separated from living space by means of 5/8" gypsum board on the garage side. Ceilings shall be 5/8" gypsum board on the garage side. Where habitable rooms are above the garage, the joists of the garage ceiling shall be 5/8" Type X gypsum board.

Acknowledgement Of
Plans Submittal ONLY!
Date 2/8/19
Date 1/31/19

General Floor Plan Notes

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

1. Wall Heights: Typically 10'-1-1/2" at first floor, 9'-1-1/2" at 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 on 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. Exc Frame shall be used at walls that back up to plumbing fixtures. Walls greater than 10' high shall be framed with 2x6 framing at greater and will be noted on a special condition where it occurs on plan.
3. Header height shall be 8'-0" AFF at First Floor, and 7'-6" AFF at Second Floor unless noted otherwise.
4. Jacks: Openings up to 3'-6" wide shall have (1) 2x4 jack stud SPF on each side. Openings greater than 3'-6" wide shall have (2) 2x4 jack studs SPF on each side.
5. Soffit, Cathedral Ceilings, Tray Ceilings and other significant ceiling plan elements are shown on the floor plans and are denoted as single dashed lines. Unless specifically called out and included, Kitchens do not include soffits over wall cabinetry.
6. Door & Window Framing, where occurring near corners, shall be a minimum of 4-1/2" from corner. Except for walls at closets with doors near a corner, doors of closets shall be located at an angle.
7. Windows: Shall have at least (1) window in each sleeping room, that meets egress. Shall be provided with tempered glass at have dual glazing where other windows shall be installed with standard 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. Skirt heads shall be 10" deep, them 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 nosings surface of the stair. Handrails at landings and overlooks of multilevel spaces shall be 36" above finished floor. Guards (pickets or balusters) shall be spaced with no more than 4" between pickets.
11. Attic Access shall be provided at all attic areas with a height greater than 30". Minimum rated attic access shall be 20" x 30". Pull down stair 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 by installing 1/2" gypsum board on the garage side of the wall. With habitable space above, the inside of all garage walls require 1/2" GWB supporting 5/8" Type X GWB on ceiling.



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

ZD
1/28/19

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

Concept Homes

DESCRIPTION	DATE
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REV #
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3171 - BERKELEY - LH
SIGNATURE COLLECTION
Second Floor Plan 'B'

DRAWN BY: South Designs
ISSUE DATE: 09/10/2018
CURRENT REVISION DATE: 10/02/18
SCALE: 1/8" = 1'-0"
SHEET: 2.2b

IREDELL COUNTY

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

APPLICATION NUMBER
237523
Issue Date: 07/24/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4664895013.000	165 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 236065

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	146690	TOTAL FEES:	$