PJB

AP

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5309 | Mooresville Office (704) 660-3625

PERMIT # 235874

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

PIN # 4664896422

APPLICANT/OWNER: Concept Homes LLC | APPLICANT ADDRESS: 1220 Elm Ln Ste 109 Charlotte, NC 28277

SITE ADDRESS: 183 Riverstone Dr Davidson, NC 28036 | PHONE: 7045076327 | ALT. PHONE

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Burnell TL Walking Horse TL Riverstone

SUBDIVISION: Riverstone @ Anniston | SECTION: — | LOT # 10 | LOT AREA: .63 acres | SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480gpd | L.T.A.R.: .3 / .15R

Septic Tank	1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	Date	System Description:	Pump-LP-PPBPS
Pump Make	Gravlis	Model	LVE 0312mm	Serial #	
# Nitrification Fields	1	# Lines	11	Linear Ft	273
Trench Width	24"	Trench Bottom Depth(Low side)	33"	Gravel Depth	NA

Repair System Description: DCP TSII pretreat

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence — No. Bedrooms 4

☐ Business — No. Persons 8

☐ Other — No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

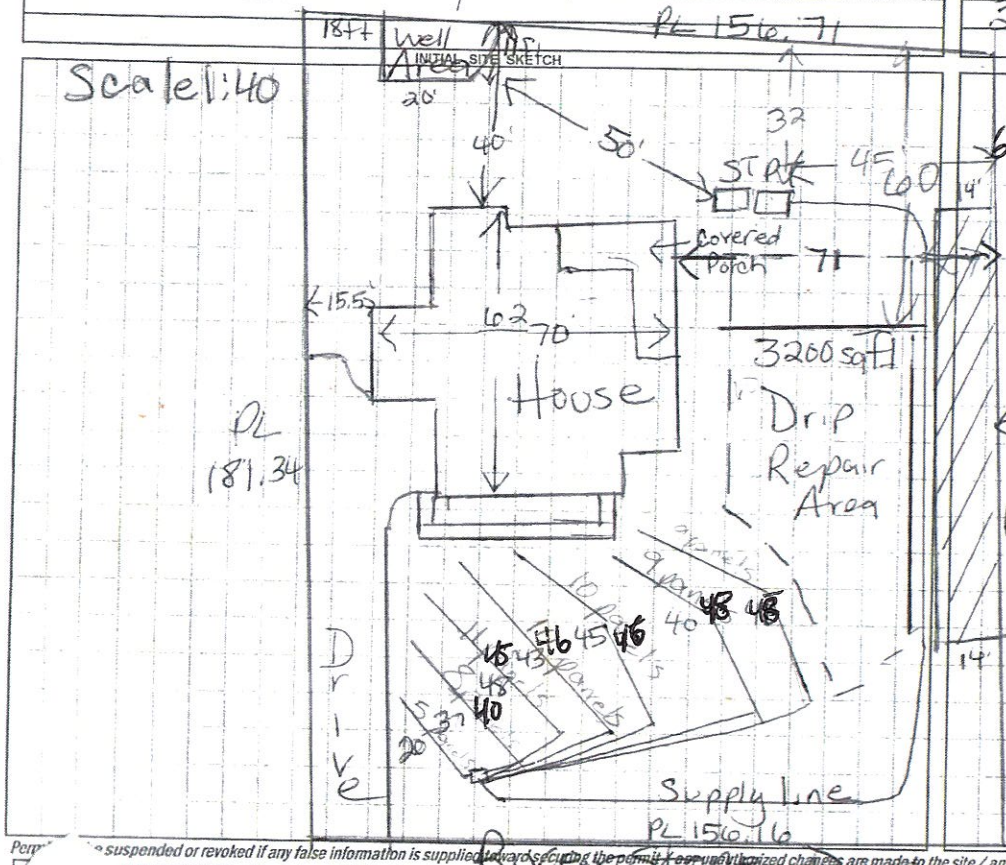
Comments / Conditions: ☆ 267ft required

Drill 5/32" hole 62 panels

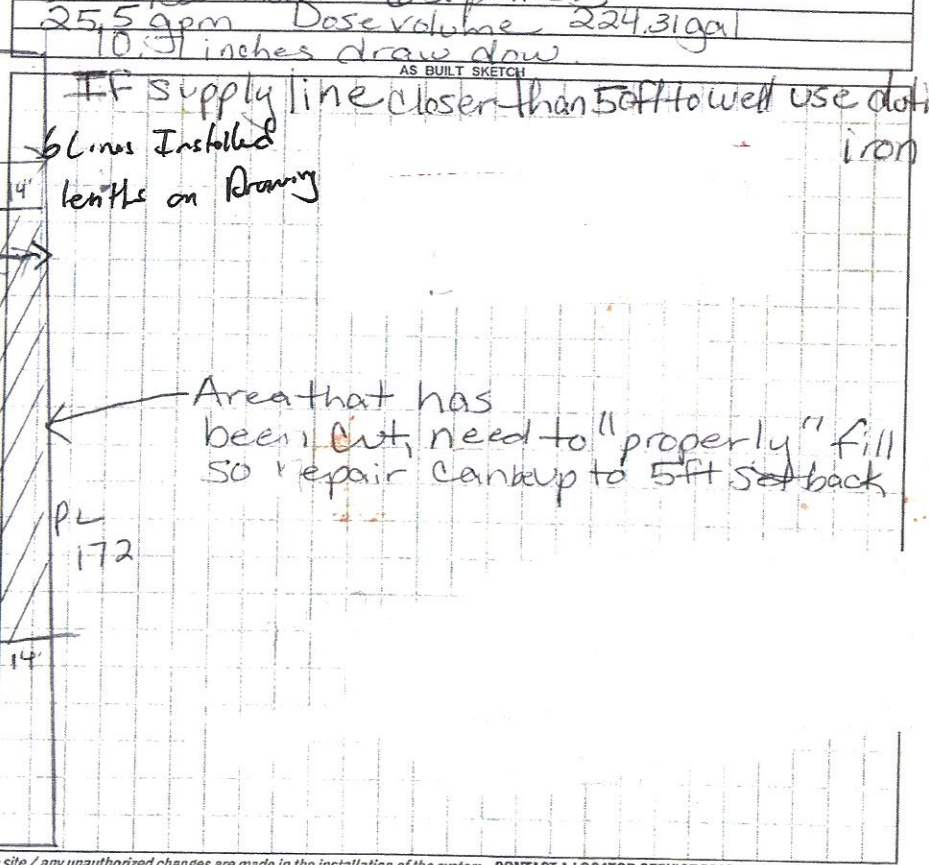
25.5 gpm Dose volume 224.31 gal

10.9 inches drawdown

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit may be suspended or revoked if any false information is supplied toward securing the permit / unapproved 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.

Signature: [signature] Date: 9/9/20 Installed by: A1- Backhoe

Maria Dotson Date: 9/3/2020 OPERATION PERMIT by: [signature] Date: 1-5-2022

Maria Dotson Date: 9/3/2020 Existing System Inspected by: Date:

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.

	Date	Initials
Drain Lines Checked	10-13-21	
Tanks Checked	10-13-21	
Pressure Manifold or Valve Box Checked	10-13-21	
Pressure Head Set	1-5-22	
Electrical Checked	1-5-22	
Floats Set	1-5-22	
Alarm Checked	1-5-22	
Maintenance Contract (Y) N	1-5-22	
Comments:		

RIVERSTONE AT ANNISTON LOT 10
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM HOME

May 24, 2018

LINE #	FLAG COLOR	IH	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM				817.87		
INSTR. 1						
HOUSE CNR				808.10		
P. TANK				802.87		
1	***BLUE***			***816.45***	*32*	*32*
2	***PINK***			***814.66***	*43*	*43*
3	***RED***			***813.13***	*61*	*61*
4	***YELLOW***			***811.44***	*74*	*74*
5	***ORANGE***			***809.59***	*60*	*60*
6	***RED***				***3200 SQFT***	***3200 SQFT***
				Total	**270**	**270**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*270*	*MOD.*	*0.300*	*PPBPS*	*LOW PRESSURE*
Repair	3200 SQFT	INNOV.	0.150	DRIP	LOW PRESSURE

Notes: ** TBM is top of ground at EIP at old property corner (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**IH, and FS indicate rod readings

Comments: **System must be installed as shown.**
Iredell County has permission from CS&SC to change tank and distribution device locations.
American Perc-Rite® Subsurface Drip System, Aerobic to be used for repair.

APPROVED AUG - 3 2018

LOW PRESSURE PPBPS TAPSHEET
RIVERSTONE AT ANNISTON LOT 10
SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*BLUE*	*816.45*	*32*	0.156	**0.41**	96	7
2	*PINK*	*814.66*	*43*	0.156	**0.41**	129	10
3	*RED*	*813.13*	*61*	0.156	**0.41**	183	14
4	*YELLOW*	*811.44*	*74*	0.156	**0.41**	222	17
5	*ORANGE*	*809.59*	*60*	0.156	**0.41**	180	14
							62 TOTAL
	total	**feet =**	**270**	**gal/min =**	**25.546154**		
			Des. Flow	**480**			
			Pump Run=	**8.78**			
			soil LTAR	**0.3**			

.156 equals 5/32 inch hole

APPROVED AUG - 3 2018

DOSING CALCULATIONS

Location RIVERSTONE AT ANNISTON

Lot No: 10

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	231	ft.
Supply Line Volume	40.194	gal.
Required Feet of Line	266.6667	ft.
Amount of Line from Layout	270	ft.
Gallons per Minute	25.54615	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	62	
Dosing Volume	224.31	gal.

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

Tank Draw Down	10.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	18.58	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	2.93	ft.
Total Dynamic Head (+20%)	28.22	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 2018

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

PROP. ID #: 4664896318
COUNTY: IREDELL

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

OWNER: RUFUS RD. 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 10

APPLICATION DATE: 3/20/2018
DATE EVALUATED: 3/19/2018
PROPERTY SIZE: .63 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	LSS/7%	0-6	RC,M,SBK	FR,SS,SP,SEXP	NA	31"	S	55"	0.35
		6-31	RCL,W,SBK	FR,SS,SP,SEXP					
		31-55	LSAP,MASS	FR,SS,SP,SEXP					
2✓	LSS/6%	0-6	COMP.		NA	48"	NA	54"	0.3
		6-54	RC,M/S,ABK	FI,S,SP,SEXP					
5	LSS/11%	0-9	COMP.		NA	48"	S	55"	0.35
		9-48	RCL,W,SBK	FR,SS,SP,SEXP					
		48-55	LSAP,MASS	FR,SS,SP,SEXP					
6✓	LSS/8%	0-7	FILL		NA	25"	S	62"	0.35
		7-19	COMP.						
		19-25	RCL,W,SBK	FR,SS,SP,SEXP					
		25-62	LSAP,MASS	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):	NONE
			SITE CLASSIFICATION (.1948):	PS
AVAILABLE SPACE (.1945)	PS	PS	EVALUATED BY:	BEN ALDRIDGE
SYSTEM TYPE(S)	LP PPBPS	TS1-DRIP	OTHER(S) PRESENT	JACOB CONRAD/DAVID BEANE
SITE LTAR	0.3	0.15		
COMMENTS				

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 OF 2

PROP. ID #: 4664896318

COUNTY: IREDELL

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

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	
PIT 7	LS/7%	0-18	RC,S,ABK	FI,S,SP,SEXP	NA	38"	NA	38+	0.3
		18-38	RC,M,ABK	FR,SS,SP,SEXP					

RECEIVED AUG 10 2020

AP- 23

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $320.00

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: nick@greybrookhomes.com **Phone:** 704-507-6327 **Alt. Phone:**

Owner Name: Rufus Rd Partners **Address:** 11220 Elm Ln. Suite 107 **Zip:** 28277

Owner Email: joe@gregybrookhomes.com **Phone:** 803-381-5921 **Alt. Phone:**

Property Information:

Street Address: 183 Riverstone Dr. Davidson

Subdivision Name: Anniston **Section/Phase:** **Lot Number:** 10

Driving Directions: Shearers Rd, Left on Anniston Way, Right on Burton, Left on Walking Horse Trail, Left on 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 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: Nick Belk 7/7/2020

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Nick Belk, am the legal owner(s) of the property located at 183 Riverstone Dr., identified as PIN (Parcel Identification Number) ~~4664-89-9267~~ 4664-89-6422, located in Iredell County, North Carolina.

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

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

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

Nick Belk 7/7/20

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

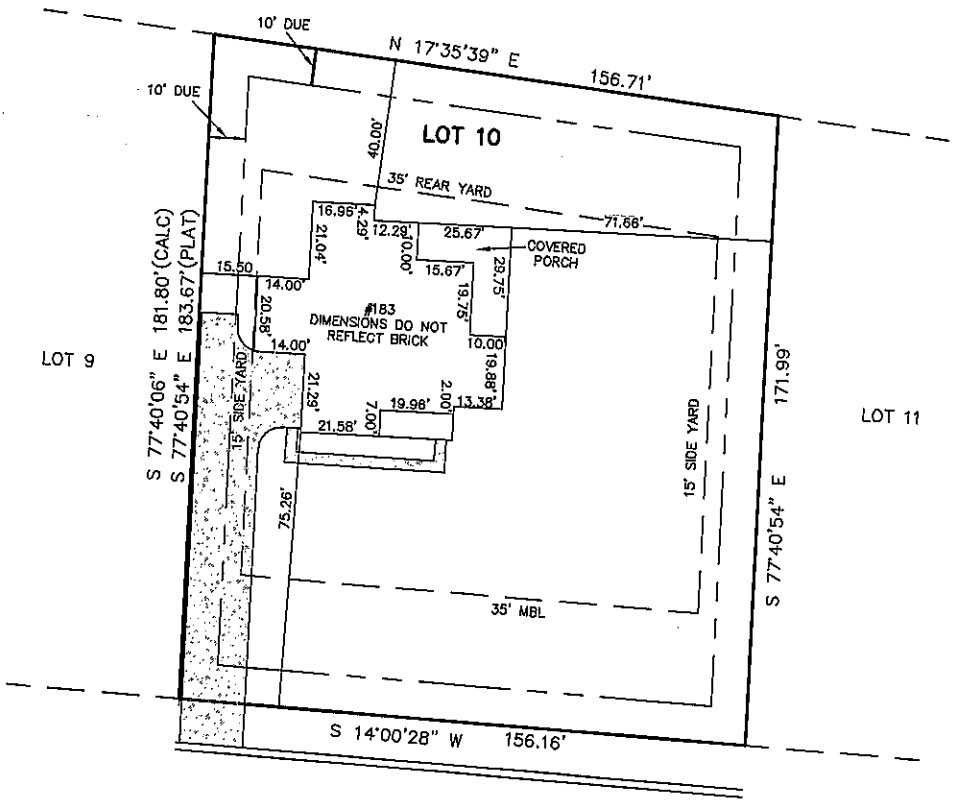
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

SITE DEVELOPMENT PLAN

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

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

MB 71 PG 123 SCALE: 1" = 40'



NOT FOR RECORDATION, CONVEYANCES OR SALES

STAKEOUT ☐

Subdivision REVISED PLAT RIVERSTONE AT ANNISTON LOTS 3,4 AND 9-13
Address 183 RIVERSTONE DRIVE County IREDELL
Lot 10 Block ___ Plan BERKELEY Elevation A Drive (Left) X (Right) ___ Owner CONCEPT
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) ___ (3 Car) X Brick ___ Basement ___ (Courtyard) ___ Deck ___
Crawl ___ Slab X Other REAR COVERED PORCH ___ Curtain Wall ___

REVISED:

DWN: TMM CKD: DATE: 08/ 03/ 20

T:\Drawings\anniston\AN-0010.dwg

General Floor Plan Notes

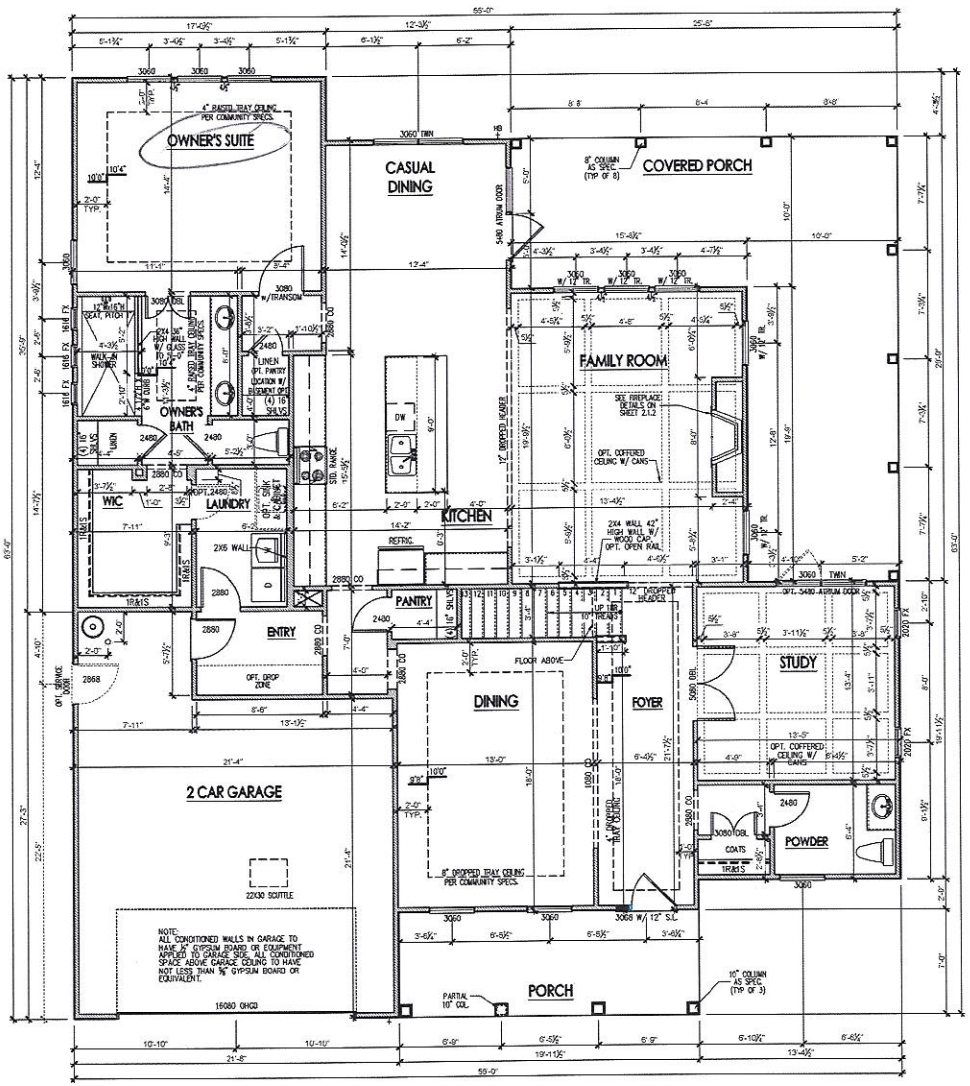
General Floor Plan Notes shall apply unless noted otherwise on plan.

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 at least 24" apart from Joint in other Top Plate layer. Special wall heights are noted on plans where they occur.
2. Wall Thickness: Typically, 6" 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 8'-0" AFF at First Floor, and 7'-6" 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, Tray 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 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.

Acknowledgement of Plans Submittal ONLY!

Date 8/9/20

Date 9/3/20



FIRST FLOOR PLAN 'A'

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

REV #	DESCRIPTION	DATE
1	-	-
2	-	-
3	-	-
4	-	-
5	-	-
6	-	-
7	-	-
8	-	-

3171 - BERKELEY - LH

SIGNATURE COLLECTION

First Floor Plan 'A'

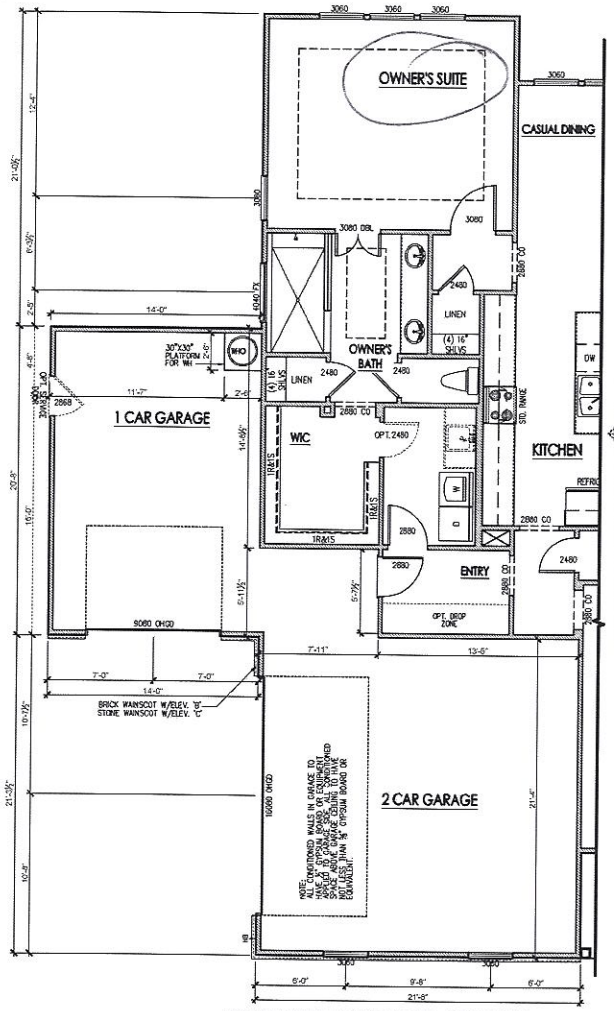
DRAWN BY: South Designs

ISSUE DATE: 03/15/2018

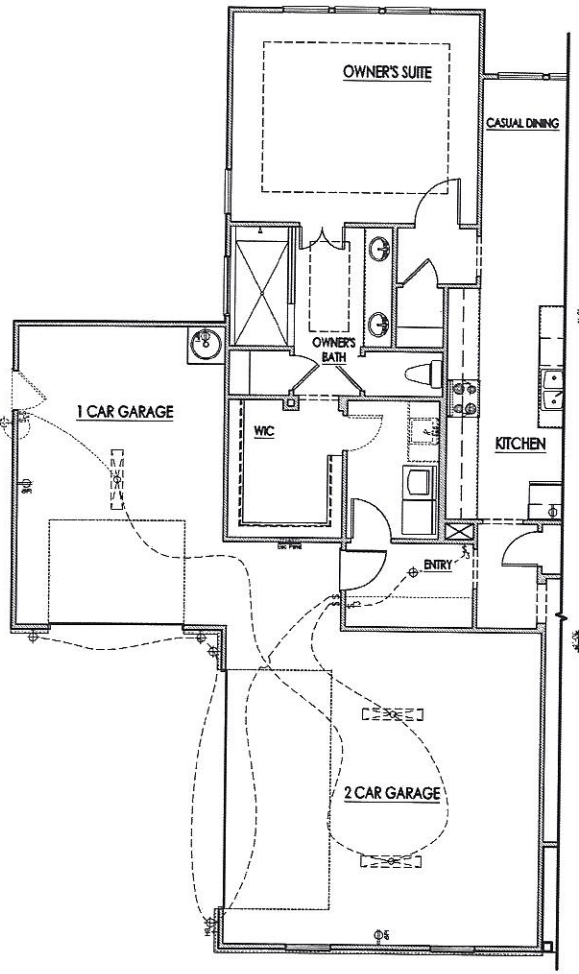
CURRENT REVISION DATE: 10/02/18

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

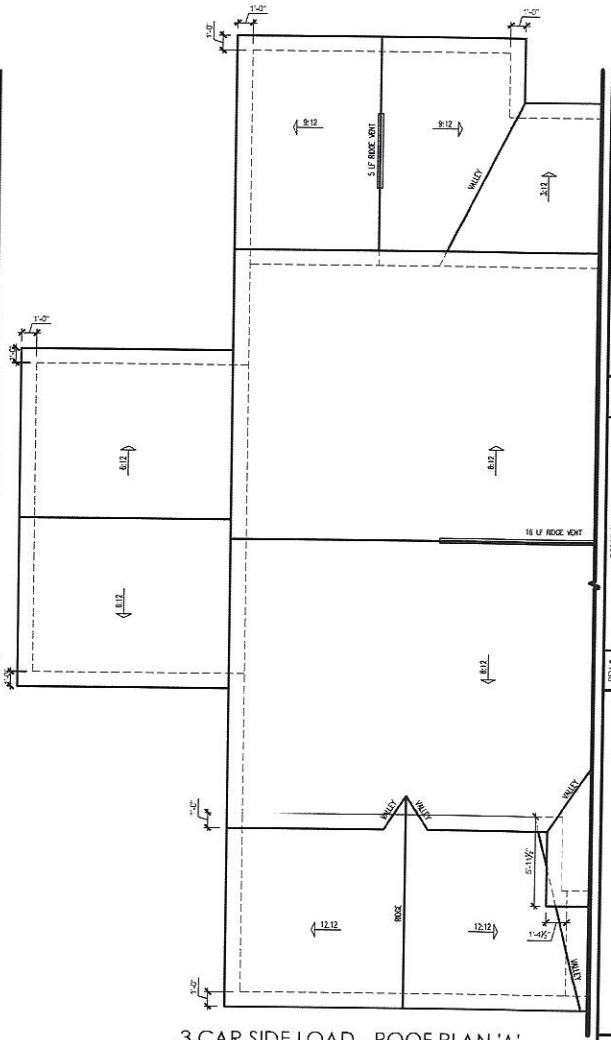
SHEET: 2.1a



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 'A'
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

REV #	DESCRIPTION	DATE
1	---	---
2	---	---
3	---	---
4	---	---
5	---	---
6	---	---
7	---	---
8	---	---

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

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

Acknowledgement of Plans Submittal ONLY!

Date 8/9/20

Date 9/3/2020

General Floor Plan Notes

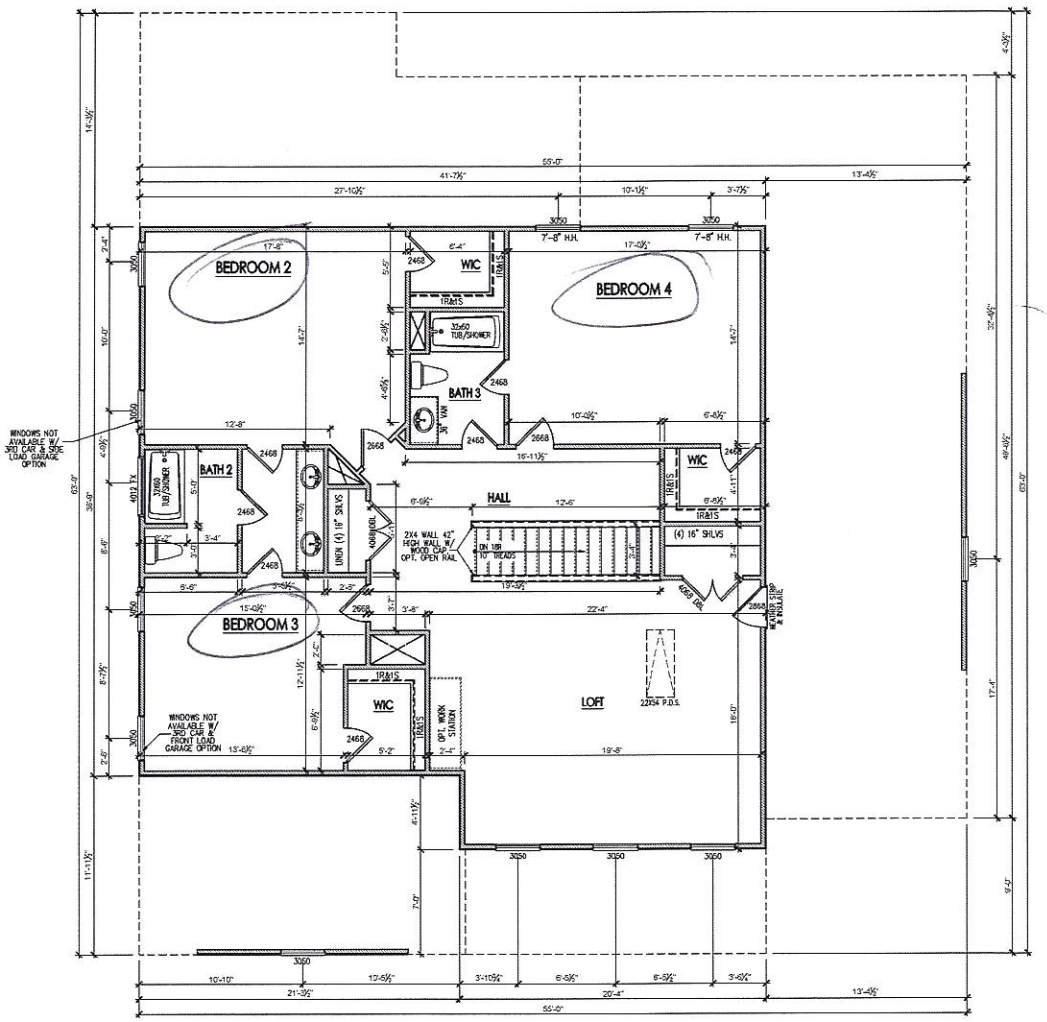
General Floor Plan Notes shall apply unless noted otherwise on plan.

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 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 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) 2x6 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 balusters) 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 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.

Acknowledgement of Plans Submittal ONLY!

Date 8/9/20

Date 8/3/20



SECOND FLOOR PLAN 'A'

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

REV #	DESCRIPTION	DATE
1	---	---
2	---	---
3	---	---
4	---	---
5	---	---
6	---	---
7	---	---
8	---	---

3171 - BERKELEY - LH

SIGNATURE COLLECTION

Second Floor Plan 'A'

DRAWN BY: South Designs

ISSUE DATE: 03/15/2018

CURRENT REVISION DATE: 10/02/18

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

SHEET: 2.2a

IREDELL COUNTY

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

APPLICATION NUMBER
235874
Issue Date: 05/22/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4664896318.000	183 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:

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	139800	TOTAL FEES:	$ 77.25