IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219850

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

PIN # 4665-06-4185

APPLICANT: MICHAEL ARBERGER APPLICANT ADDRESS: 504 SAWTOOTH OAK DR.

SITE ADDRESS: 1661 FAITH RD. - Mrsvl. PHONE: 704-929-5918 ALT. PHONE:

SITE DIRECTIONS: 115, TL FAITH, ON L

SUBDIVISION: GOODWINE PLACE SECTION: — LOT # 2 LOT AREA: .67AC DESIGN FLOW: 480 L.T.A.R.: .125 (.3R)

Septic Tank 1000 (gal) STB 828 Date 12-29-16

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 480'

Trench Width 36" Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ IV V VI

System Description: 25% REDUCTION

Repair System Description: PANEL BLOCK

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

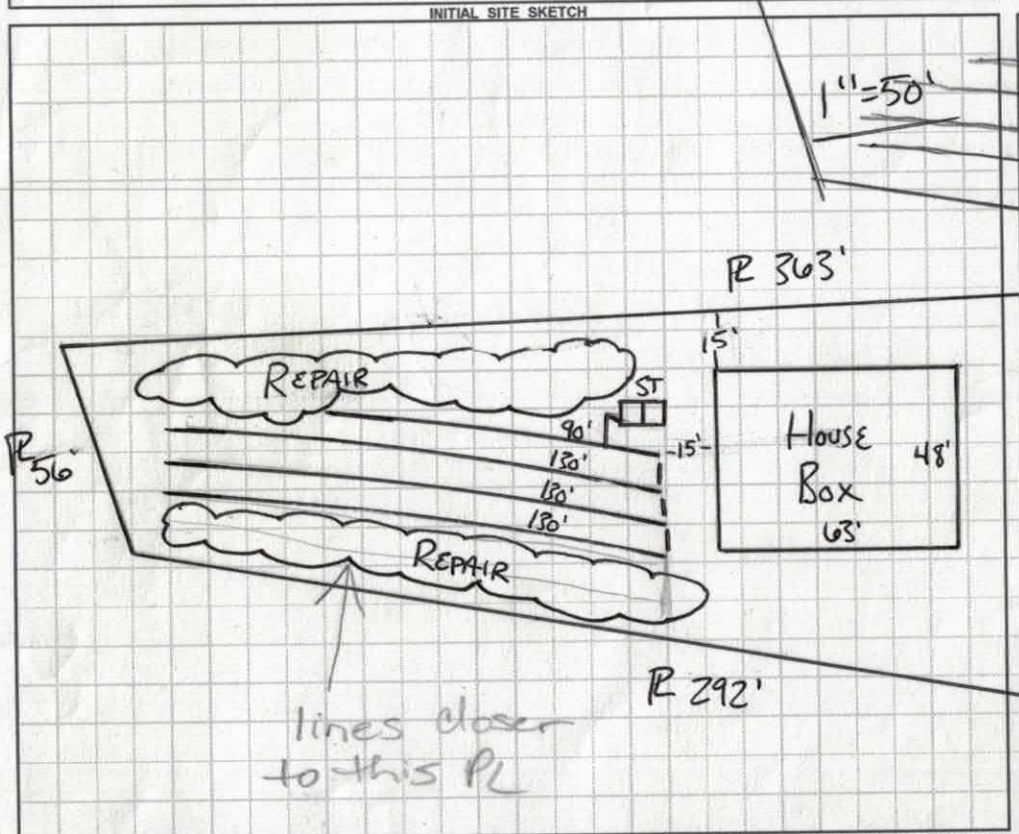
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

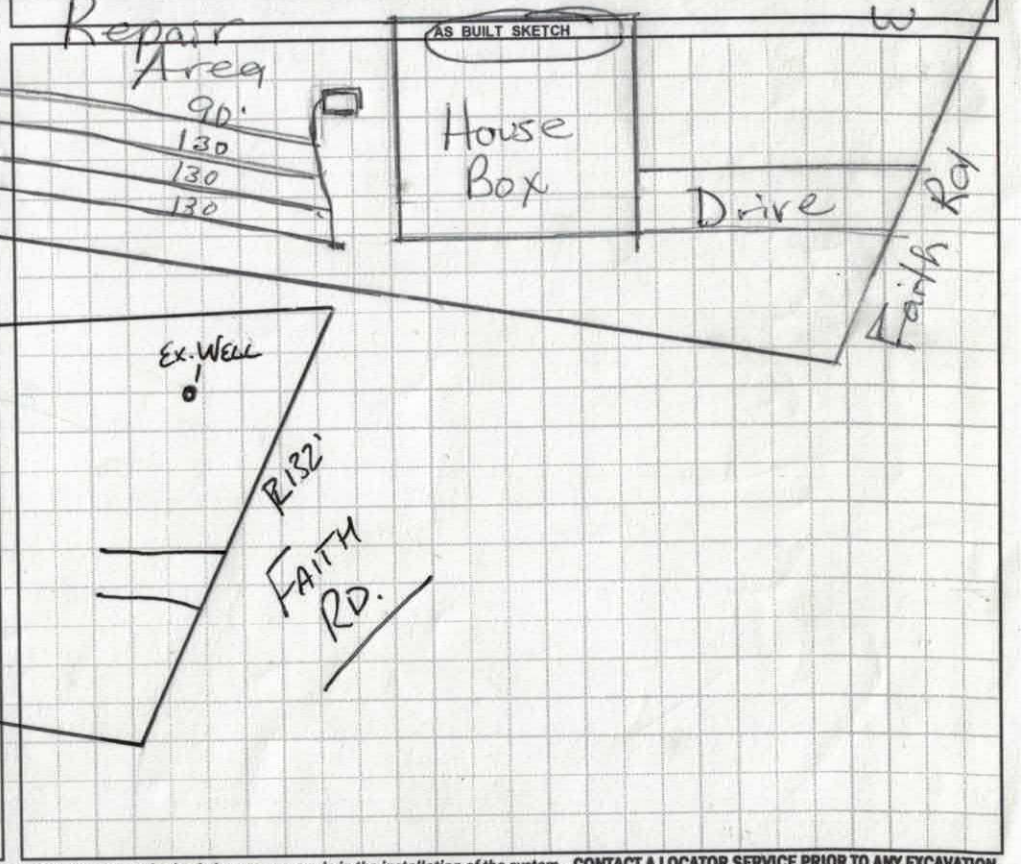
Comments / Conditions: INSTALL TRENCHES @ 36"

Used Quick 4 for Drainfield

INITIAL SITE SKETCH



AS BUILT SKETCH



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

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

Owner / Applicant Signature: Date: 9-7-16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: APPROVED Date: AUG 26 2016 OPERATION PERMIT by: Maria Dotson Date: 2/24/17

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: SEP 13 2016 Existing System Inspected by: Date:

Approval) - YELLOW Applicant (Conditional Approval) - PINK

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4665-06-4185
Lot #: 2
Permit #: 219850
AppID:

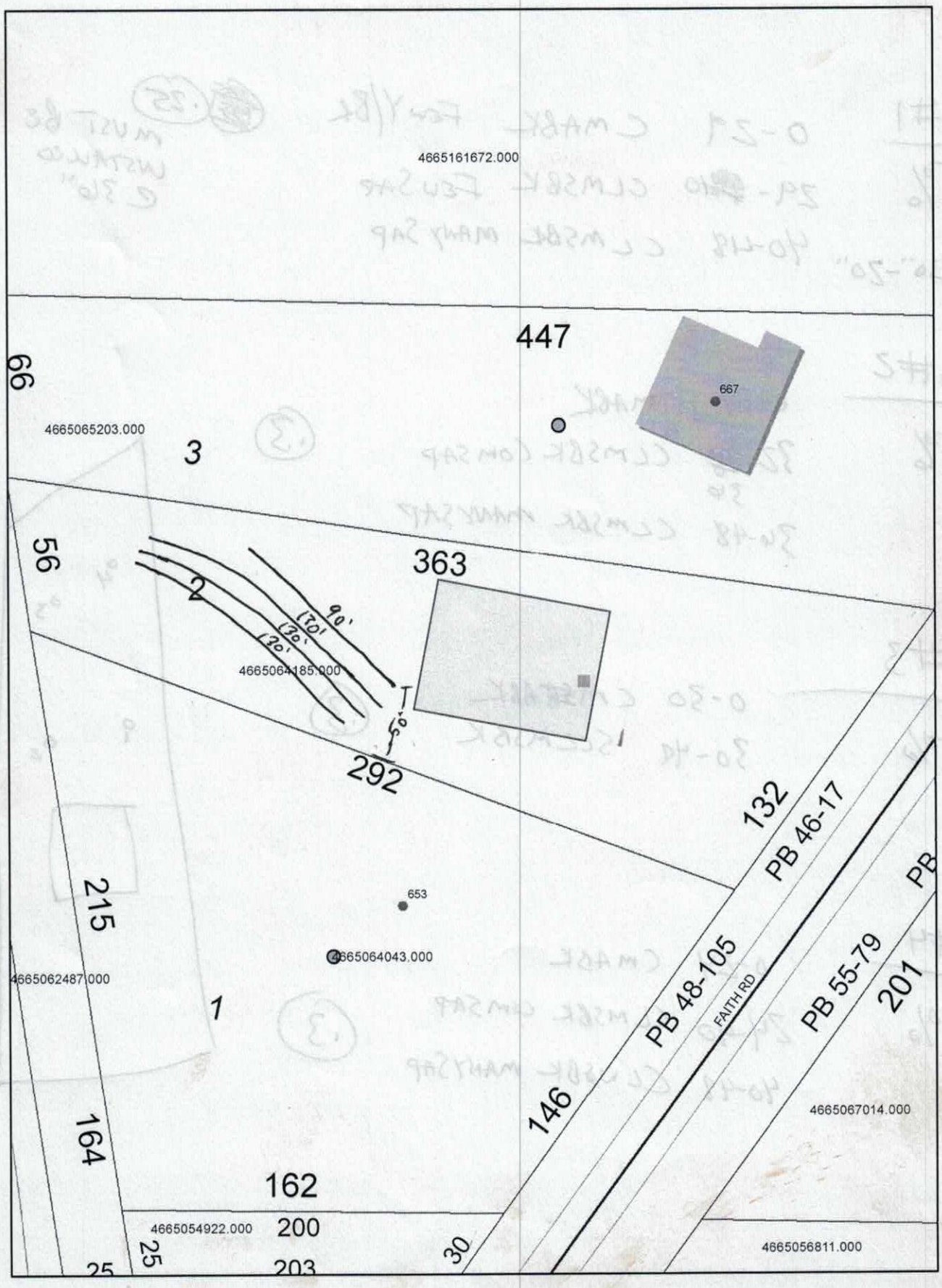
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: NED WALLACE
Applicant: MICHAEL ABBERGER
Address: 504 SAWTOOTH OAK DR. LANDIS, NC
Date Evaluated:
Proposed Facility: SFR Design Flow (.1949) 480
Property Size: .67 AC
Location of Site: GOODWINE PLACE LOT 2
Property Recorded: YES
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] 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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LINEAR 5%	0-29	C,M,ABK	SS	FEW Y/BR 0-29"	48"	FEW SAP @ 29-40" MANY SAP @ 40-48"	48"+	.25
		29-40	CL,M,SBK	SS					
		40-48	CL,M,SBK	SS					
AB 2	LINEAR 5%	0-32	C,M,ABK	SS	NA	48"	FEW SAP @ 32-36" MANY SAP @ 36-48"	48"+	.3
		32-36	CL,M,SBK	SS					
		36-48	CL,M,SBK	SS					
AB 3	LINEAR 5%	0-30	C,M,ABK	SS	NA	48"	NA	48"+	.3
		30-48	SCL,M,SBK	SS					
AB 4	LINEAR 5%	0-24	C,M,ABK	SS	NA	48"	COMM SAP @ 24-40" MANY SAP @ 40-48	48"+	.3
		24-40	CL,M,SBK	SS					
		40-48	CL,W,SBK	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	PANEL BLOCK
Site LTAR	.25	.3

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: NONE
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: NONE


4665161672.000
447
667
66
4665065203.000
3
56
363
2
90'
70'
30'
30'
4665064185.000
35'
292
132
PB 46-17
215
653
4665064043.000
4665062487.000
1
PB 48-105
FAITH RD
PB 55-79
201
146
4665067014.000
164
162
4665054922.000
200
25
25
203
30
4665056811.000

AB#1

5%

0-29 CMABK FEW Y/BR

29-40 CLMSBK FEW SAP

40-48 CLMSBK MANY SAP

CH2@10"-20"

.25 MUST BE INSTALLED @ 36"

AB#2

5%

0-32 CMABK

32-36 CLMSBK COM SAP

36-48 CLMSBK MANY SAP

.3

AB#3

5%

0-30 CMABK

30-48 SCLMSBK

.3

AB#4

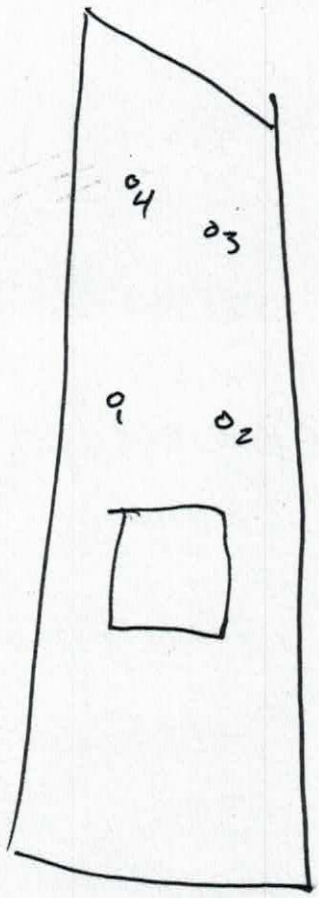
5%

0-24 CMABK

24-40 CLMSBK COM SAP

40-48 CLMSBK MANY SAP

.3



DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

10/15/2004

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Goodwin #2 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFI CLAS & LTA
1		0-5	scl sbk	Fr ss sp					PS
		5-48	c-cl sbk	Fr ss sp					0.3
			Incl sap @ 33"						
2		0-48	RC-cl sbk	Fr ss sp					PS
			Incl sap @ 30"						0.3
3									
4									

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

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

EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SLC (Silt Loam Clay)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

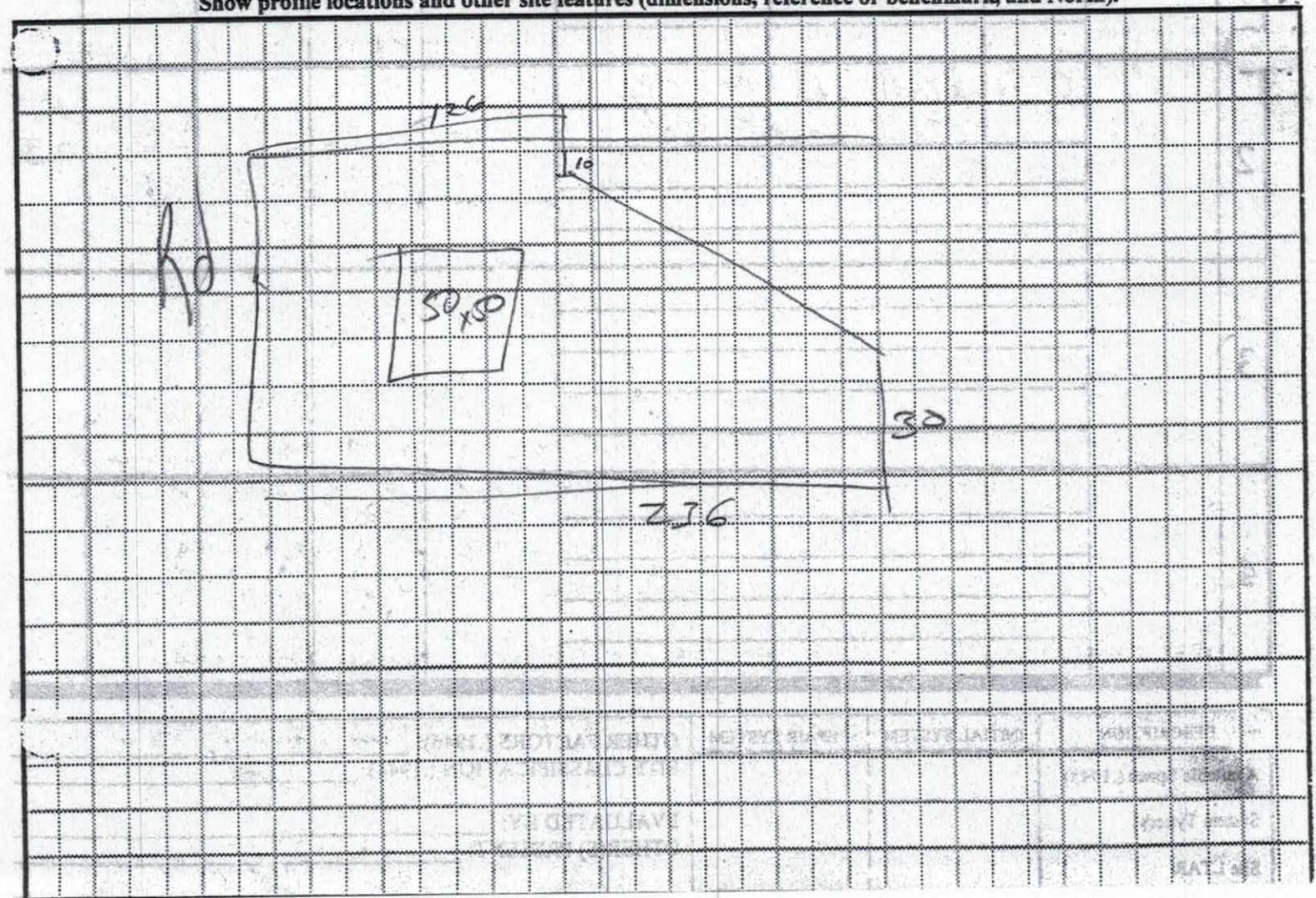
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED JUN 27 2016

Keady 2.1985

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $500.00

Application For:

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

Applicant Name: Michael Abberger Address: 504 Sawtooth Oak Dr. Lands NC 28088 Phone: 704-929-5918

Owner Name: Ned Wallace Address: _____ Phone: 704-701-743

Property Information:

Street Address: 6601 Faith Rd. Mooresville, 28115

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

Driving Directions: Mapquest, iPhone HWY 115, Left on Faith, 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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 7
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

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

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)*

(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Year existing system installed: _____

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: _____ 6-23-2016

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

NOT CLEARED
PROPERTY LINES NOT MARKED (ONLY FRONT 2)

MW 6-7-2016

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, Edward M WALLACE, am the legal owner(s) of the property located at Lot 2 Goodwin PLACE, identified as PIN (Parcel Identification Number) 4665-06-4185, located in Iredell County, North Carolina.

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

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

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

Signature of Owner(s) 6/23/16 Date — Signature of Witness 6/23/16 Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

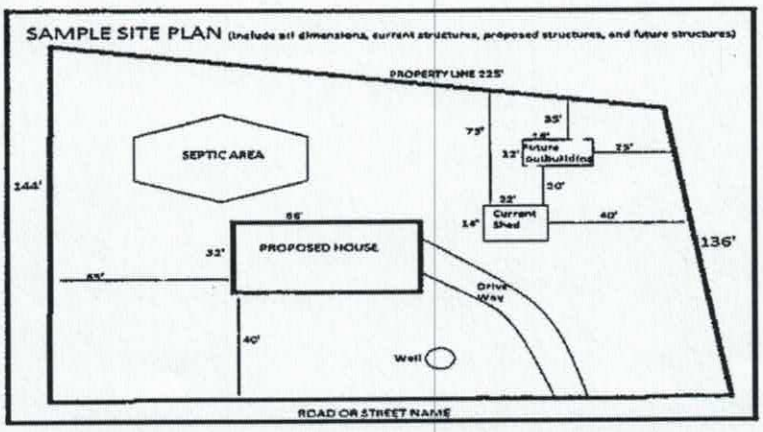
SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT*!!!

Place an (X) beside each item as you complete the site plan:

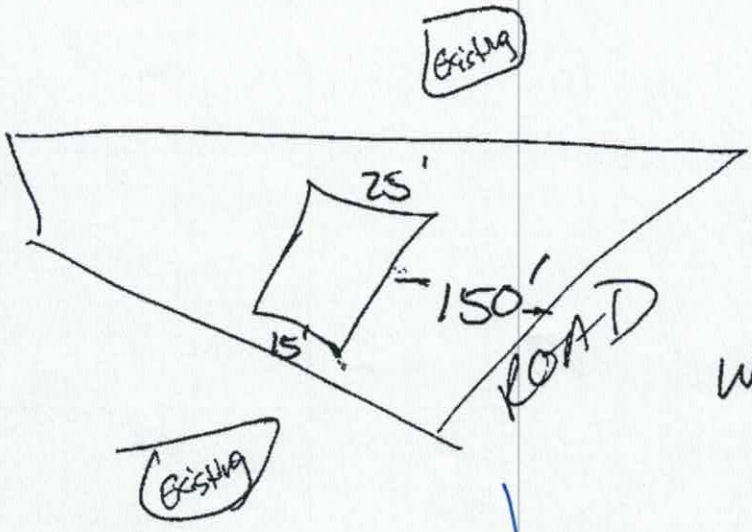
- ✓ **Property Line measurements are clearly identified...**
- ✓ **All proposed structures are indicated...**
- ✓ ***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***
- ✓ **Front and side setbacks from property line...**
- ____ **Preferred driveway location and configuration, preferred well location...**
- ✓ **Area you prefer your septic system to be placed...**
- ____ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

- ✓ **Location of septic systems and wells within 100' of your property... N/A**
- ✓ **Location of easements and rights of ways on your property... N/A**
- ____ **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



+ House box 32x28

WILL EMAIL HOUSE PLANS

See attached

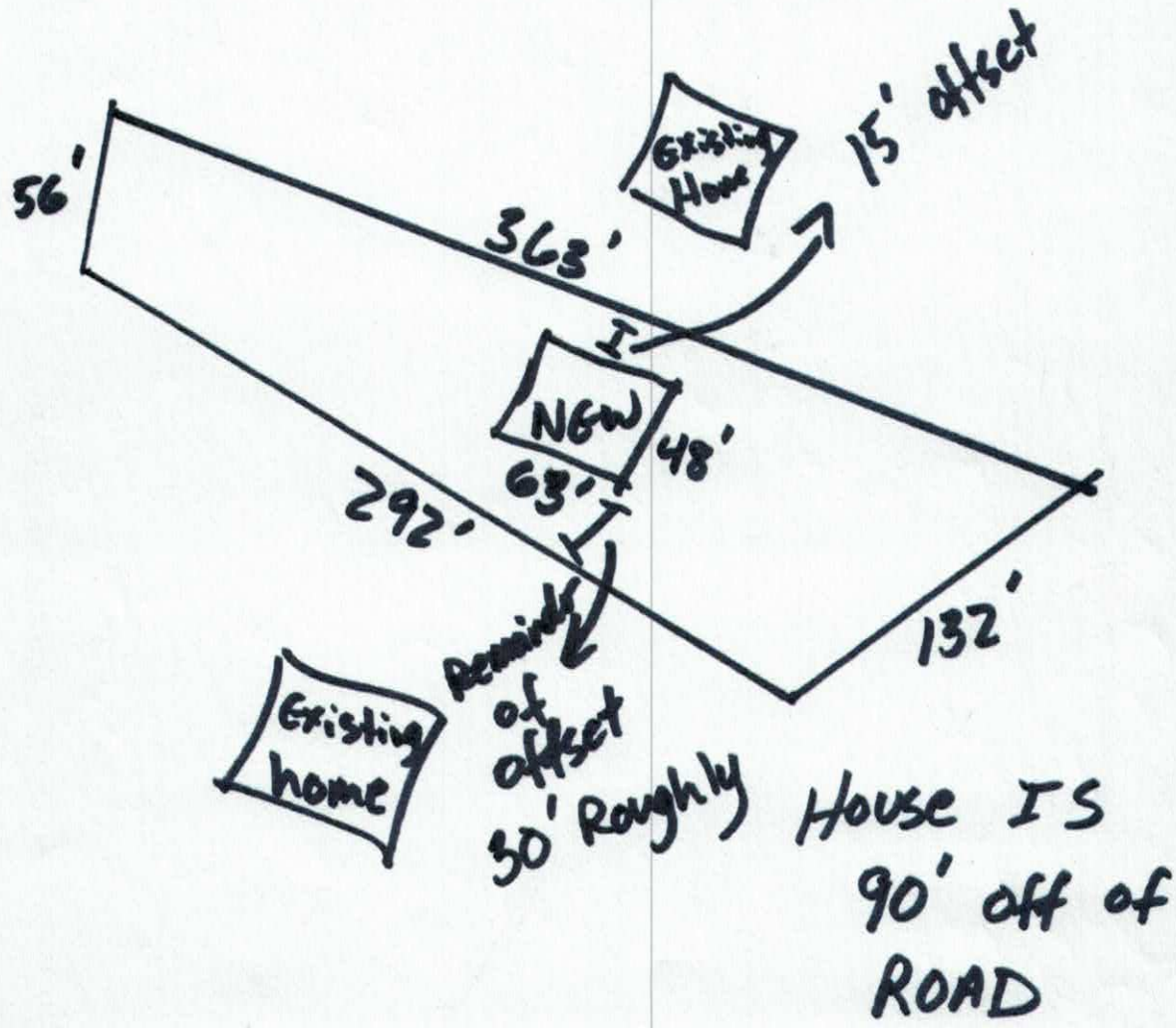
Signature: _____
REQUIRED property owner or owner's legal representative signature.

6-27-2015
DATE

On list 6/29

661 Faith Road - Revised drawing

RECEIVED JUL 7 2016



IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 124882 PIN# ~~4665-06-4154.000~~ 4665-06-4043 DATE 10/22/04

OWNER OR CONTRACTOR Jim Goodwin PHONE: Business 704-400-8315 Home

ADDRESS 4277 Apex Dr Maiden NC 28650

LOCATION Sherer Rd TR Faith on Rt

SUBDIVISION Goodwin Est. BLOCK / SECTION LOT 1 LOT AREA 0.74ac SITE CLASS. PS DESIGN FLOW ~~360~~ 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 10/22/05

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet ~~720~~ 900 Linear Feet ~~400~~ 300

No Lines 3 ~~4~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity 25% Reduct.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms ~~3~~ 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

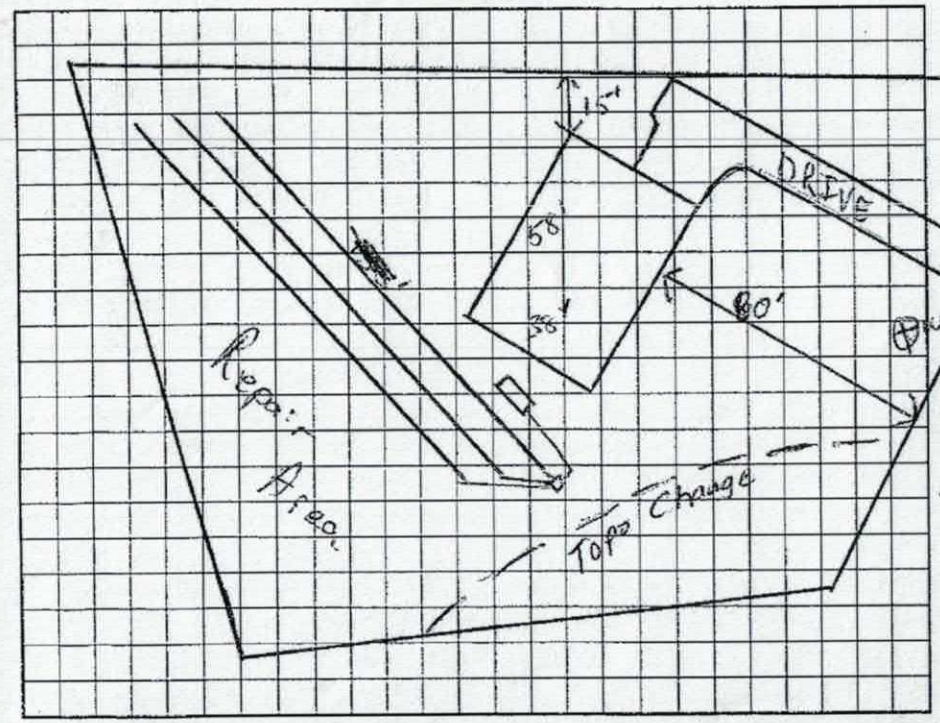
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

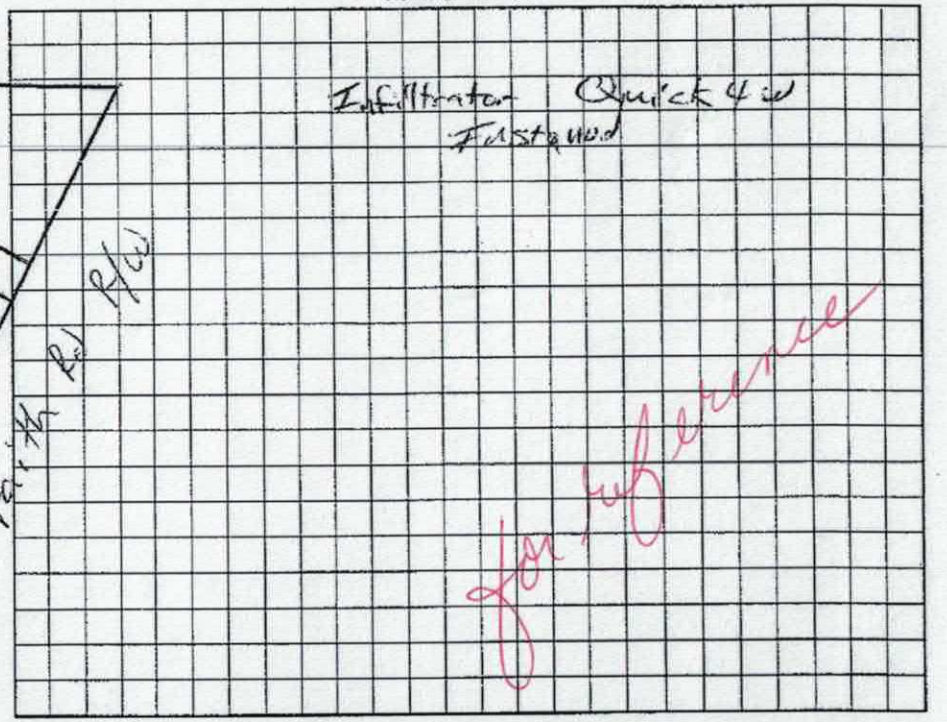
Comments:/Conditions:

System change to 3 bedroom ~~2~~ 3

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 10/25/04 Installed by: KOWan Septic

Improvement Permit by: RS date 10/22/04 Operation Permit by: RS date 11/23/05

Authorization to Construct by: RS date 10/22/04 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

80.00 sq ft

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

PERMIT# 124177 PIN# ~~4665-06-4154.003~~ 4665-06-5203 DATE 11/26/05

OWNER OR CONTRACTOR Jim Goodwin PHONE: Business _____ Home _____

ADDRESS 4277 Apex Dr. Maiden NC 28650

LOCATION Shagers, TR Faith on Rt

SUBDIVISION Goodwin Est. BLOCK / SECTION _____ LOT 3 LOT AREA 0.52AC SITE CLASS. 3 DESIGN FLOW 440 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 11/18/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 8@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity 25% Rdnt.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

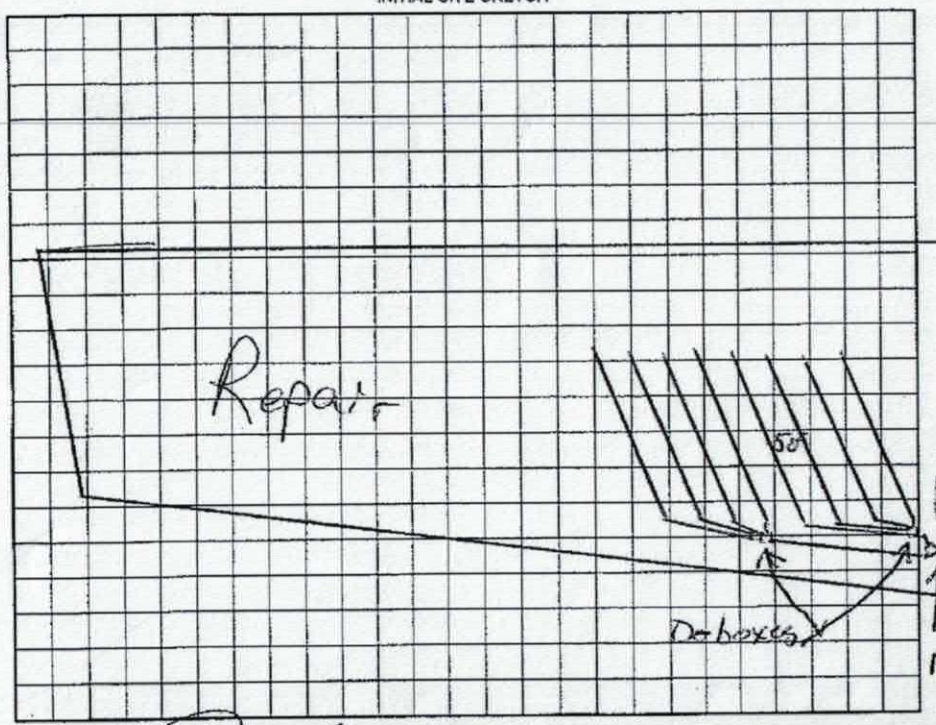
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

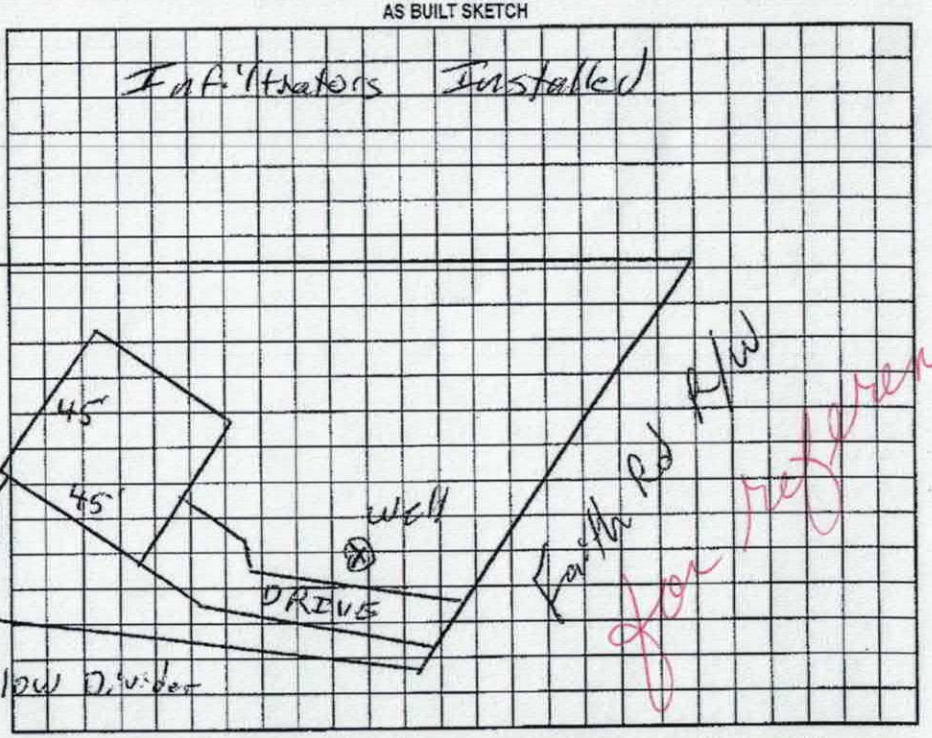
Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



For reference

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 sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 1/31/05 Installed by: Rowan Septic

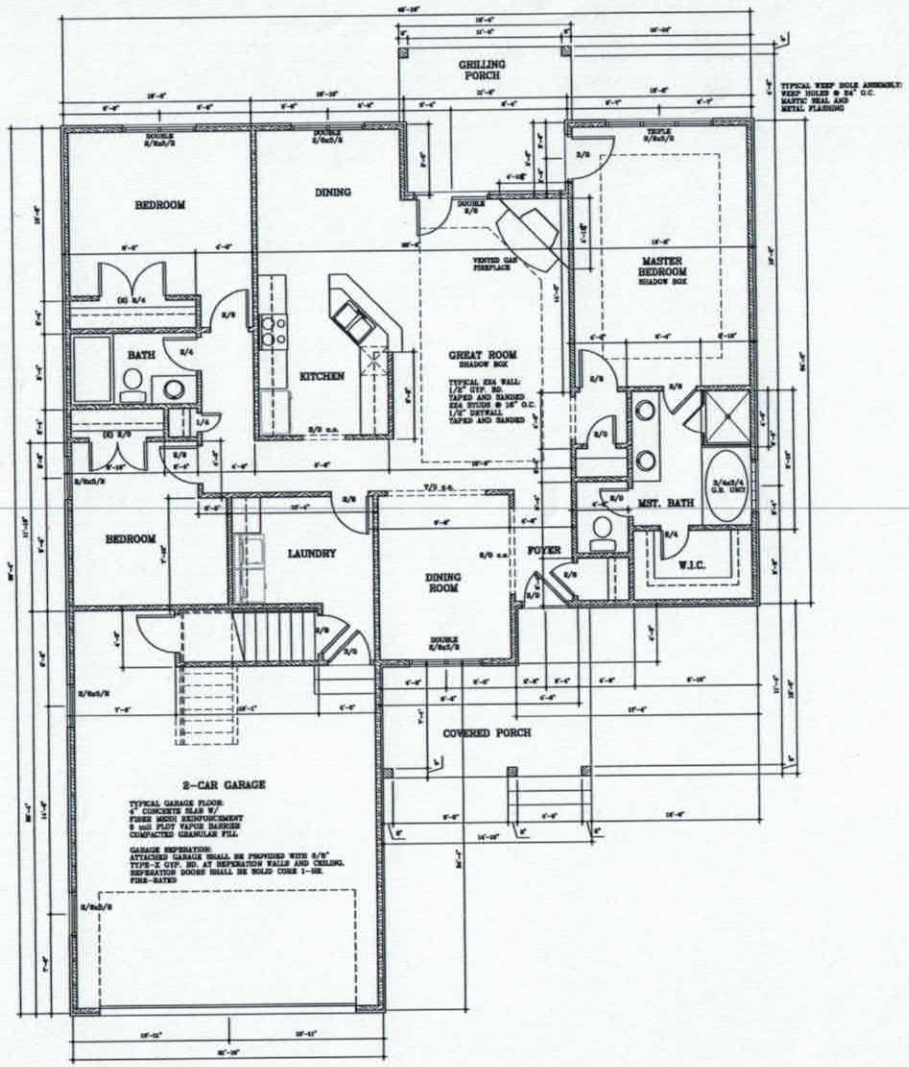
Improvement Permit by: RS date 1/26/05 Operation Permit by: RS date 2/9/05

Authorization to Construct by: RS date 1/26/05 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

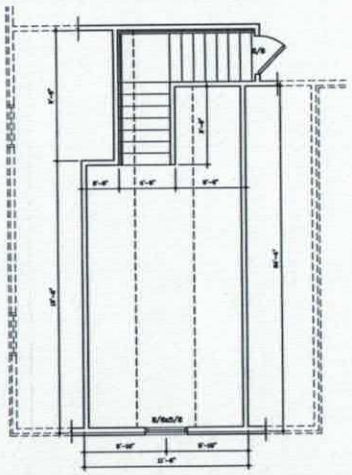
48'-10"

62'-4"



101 FLOOR PLAN 1/4" = 1'-0"

1501 HEATED SQUARE FOOT
576 SQUARE FOOT GARAGE



102 BONUS ROOM PLAN 1/4" = 1'-0"

320 HEATED SQUARE FOOT

Acknowledgement of Plans Submittal ONLY!

Date 9-7-16

APPROVED SEP 13 2016

Date

NOTE:
BUILDER TO VERIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION.
ALL MANUFACTURED TRUSSES AND ENGINEERED BEAMS TO BE SIZED AND DESIGNED BY SUPPLIER OR LICENSED ENGINEER.
IT IS THE BUILDERS RESPONSIBILITY TO ASSURE CONSTRUCTION CONFORMS TO ALL STATE AND LOCAL BUILDING CODES.
BUILDER TO VERIFY ALL DESIGN LOADS WITH LICENSED ENGINEER.

ATTIC VENTILATION:
ATTIC SHALL BE PROVIDED WITH A MINIMUM NET FREE VENTILATING AREA NOT LESS THAN 1/150 OF THE AREA OF THE SPACE VENTILATED. ALL OPENINGS SHALL BE COVERED WITH CORROSION RESISTANT METAL MESH WITH MESH OPENINGS OF 1/4" IN DIAMENTER.

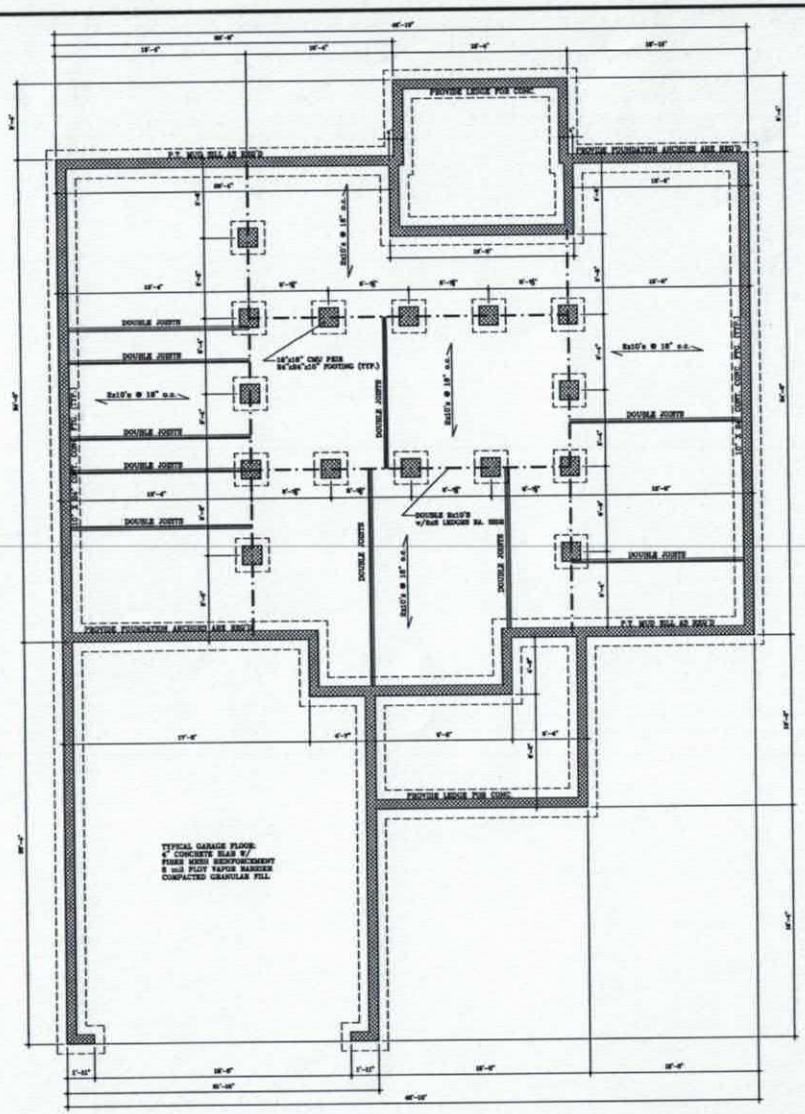
ATTIC ACCESS:
ATTIC ACCESS SHALL BE PROVIDED. PROVIDE LIGHT FIXTURE AND SWITCH AT ATTICH ACCESS.

MSJ DRAFTING
171 FALLEN ROAD
LINCOLNTON, NORTH CAROLINA
(704) 735-0014
(704) 736-1780
FAX

A NEW RESIDENCE FOR:
KEVIN DEMENY SPEC RESIDENCE
LINCOLN COUNTY, NORTH CAROLINA

PROJECT NO. 20160701G1
DATE MAY 1, 2016
DRAWN BY: MSD
CHECKED BY: MSD
REVISIONS:
NO. DATE BY

COMPUTER REFERENCE DRAWING 20160701G1.DWG
SHEET NO. A1.0



201 LOWER LEVEL 1/4" = 1'-0"

NOTE:
BUILDER TO VERIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION.
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BUILDER TO VERIFY ALL DESIGN LOADS WITH LICENSED ENGINEER.

CONCRETE SHALL HAVE A MINIMUM STRENGTH OF 2500 PSI IN 28 DAYS FOUNDATION VENTS SHALL BE EQUAL TO 1 SQUARE FOOT PER EACH 150 SQUARE FOOT OF UNDERPINNED AREAS

ALL FOOTINGS SHALL EXTEND THE REQUIRED DEPTH INTO UNDISTURBED EARTH.

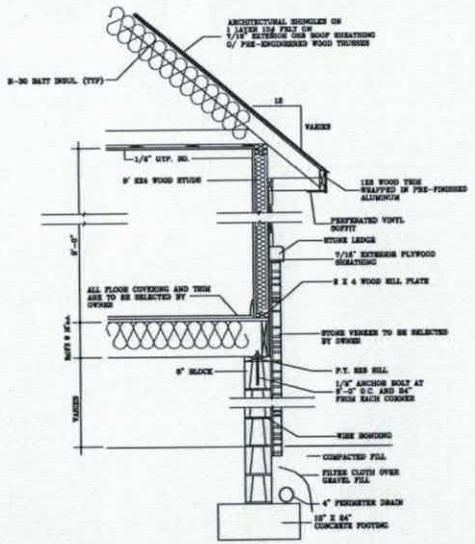
FOUNDATION WALLS TO EXTEND AS LEAST 6" ABOVE THE FINISHED GRADE.

FOUNDATION PLATES/SILLS SHALL BE PRESSURE TREATED WOOD AND SHALL BE BOLTED TO THE FOUNDATION WITH NOT LESS THAN 1/2" NOMINAL DIAMETER BOLTS EMBEDDED AT LEAST 7" INTO CONCRETE AND SPACED NOT MORE THAN 6'-0" APART OR AS OTHERWISE NOTED. BOLTS TO BE LOCATED WITHIN 9" OF EACH END OF EACH SILL PIECE.

Acknowledgement of Plans Submittal ONLY

Date 9-7-16

Date APPROVED SEP 13 2016



202 TYP. WALL SECTION 3/4" = 1'-0"

MSJ DRAFTING
LEE, PALMER ROAD
LINCOLNTON, NORTH CAROLINA
TELEPHONE (704) 732-8844
FAX (704) 735-7795

A NEW RESIDENCE FOR:
KEVIN DEMENY SPEC RESIDENCE
LINCOLN COUNTY, NORTH CAROLINA

PROJECT NO. 16SEPTH16
DATE MAY 1, 2016
DRAWN BY: MSJ
CHECKED BY: MSJ
REVISIONS:

NO.	DATE	BY

CONSTRUCTION DOCUMENTS 16SEPTH16 MSJ

SHEET NO. A2.0 OF 8

IREDELL COUNTY

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

APPLICATION NUMBER
219850
Issue Date: 06/27/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4665064185.000	661 FAITH ROAD, MOORESVILLE, NC 28115	

Owner Information		Applicant Information	
Owner:	E M WALLACE BUILDERS INC	Applicant:	ABBERGER, MICHAEL
Address:	4277 IREDELL CO, NC 28625	Address:	504 SAWTOOTH OAK DR LANDIS, NC 28088
Phone:		Phone:	704-929-5918

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.670	35.00	35.00	15.00	15.00	NO	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	72751	TOTAL FEES:	$ 77.25