IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 302165

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

PIN # 4678218808.000

APPLICANT/OWNER: TLC Construction — APPLICANT ADDRESS: 201 Sassafras Rd Mooresville NC

SITE ADDRESS: 716 Wiggins Rd Mooresville NC 28115 — PHONE: — ALT. PHONE 704-578-4951 (CS)

SITE DIRECTIONS: 150 E @ Wiggins Rd Site on Left — SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Wiggins Walk — SECTION: — LOT # 4 — LOT AREA: 1.00 — DESIGN FLOW: 480 — L.T.A.R.: .275

Septic Tank	1000 (gal)	~~STB~~	11-1-19 ~~Date~~	825	[x] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[x] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing
Pump Tank	— (gal)	PT	DATE Date	—	System Description:	Gravity 25% Reduction	No. Bedrooms 4
Pump Make	—	Model	—	Serial # —	Repair System Description:	CP- 50% Reduction	No. Persons 8
# Nitrification Fields	1	# Lines	3	Linear Ft 436	Maintenance Agreement Required:	[ ] YES [x] NO	No. Employees —
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth —	[x] GRAVITY	[ ] PRESSURE	[x] Crawl Space [ ] Basement w/o plumbing

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

Comments / Conditions: Fill in Drainage Shown on Site Sketch

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, PA

LSS # 1313

AS BUILT SKETCH

Installed as shown.

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

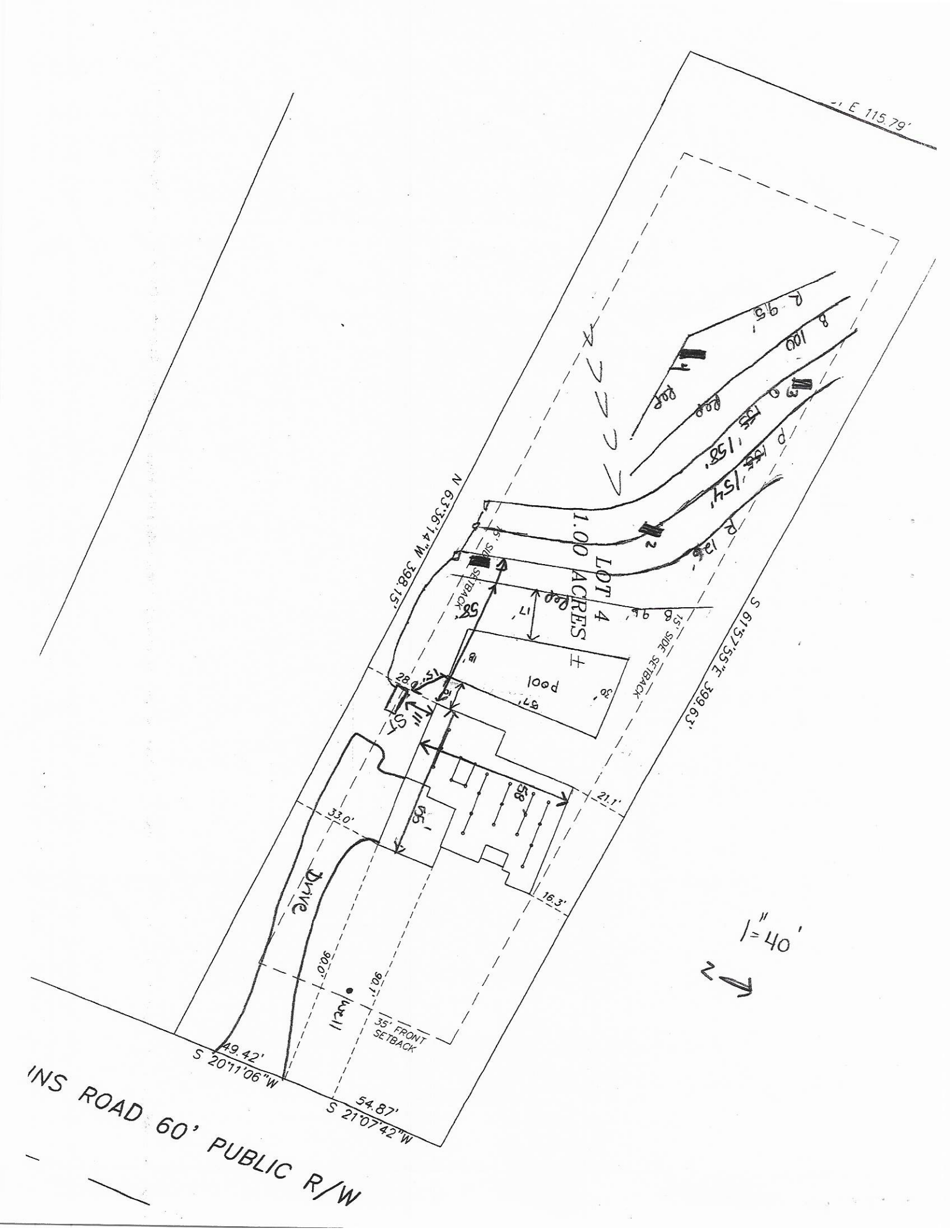
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Sanders — Date: 11-12-19 — Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Benjamin A. Botts — Date: 11/5/2019 — OPERATION PERMIT by: Kayla Watson — Date: 1-6-20

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Botts — Date: 11/5/2019 — 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.


INS ROAD 60' PUBLIC R/W
S 20°11'06"W 49.42'
S 21°07'42"W 54.87'
N 63°36'14"W 398.15'
S 61°57'55"E 399.63'
1.00 ACRES ±
LOT 4
Drive
35' FRONT SETBACK
15' SIDE SETBACK
5' SIDE SETBACK
POOL
1" = 40'
N
E 115.79'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Wiggins Walk Lot 4

Date: October 21, 2019

Attached is the septic specification information required to permit Wiggins Walk Lot 4 for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Wiggins Walk Lot 4 - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space or Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.275**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	436
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	291
Repair Loading Rate	0.275
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Blue	LP PPBPS	96
2	System	Red	25% Reduction	126 endfed
3	System	Pink	25% Reduction	155 endfed
4	System	Orange	25% Reduction	155 endfed
5	Repair	Blue	LP PPBPS	100
6	Repair	Red	LP PPBPS	95
				Total System: 436'
				Total Repair: 291'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Remove old Ag. Berms

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
PERTY ID #:
COUNTY: Iredell

ON-SITE WATER PROTECTION BRANCH

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

OWNER: TLC Family Homes
ADDRESS: 201 Sassafras Dr
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Wiggins Walk Lot 4
APPLICATION DATE
DATE EVALUATED: 10/4/19
PROPERTY SIZE: 1Ac
PROPERTY RECORDED: yes

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	PROFILE CLASS & LTAR
1	L 3-5%	0-32	Mo SBK C	FR SS/SP	R; C Quartz R; F Quartz	48+	N/A	N/A	0.275
		32-48	WK SBK C	↓					
2	L 3-5%	0-24	Mo SBK C	FR SS/SP	R; C Quartz R; F Quartz, C sap multi	31"	PS	N/A	0.3
		24-31	WK SBK C	|					
		31-60	MA L sap	↓					
3	L 3-5%	0-28	Mo SBK C	FR SS/SP	R; F Quartz R; C sap multi	38"	PS	N/A	0.3
		28-38	WK SBK C	|					
		38-55	MA L sap	↓					
4	L 3-5%	0-6	Mo GR SL	FR NS/NP	Br R R; C Quartz R; F sap	31"	N/A	N/A	0.275
		6-31	Mo SBK C	FR SS/SP					
		31-48	WK SBK C	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III 9	IV
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): Remove Berms
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT:

COMMENTS:

KATHLEEN M. SAUNDERS — LICENSED SOIL SCIENTIST — 1313 — STATE OF NORTH CAROLINA

Kathleen Saunders

Updated February 2014

RECEIVED OCT 2 9 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM #AP-302165 Paid $500.00 Session Law

Application For:
(X) Septic Improvement Permit
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: TLC Construction Address: 201 Sassafras Rd Zip: 28115
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Ben Thomas Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (ISS)

Property Information:

Street Address: 716 Wiggins Rd Mooresville 28115
Subdivision Name: Wiggins Walk Section/Phase: _____ Lot Number: 4
Driving Directions: 150 E, L Wiggins Rd, on L

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

(X) 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
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____
(X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Kathleen Saunders 10-21-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

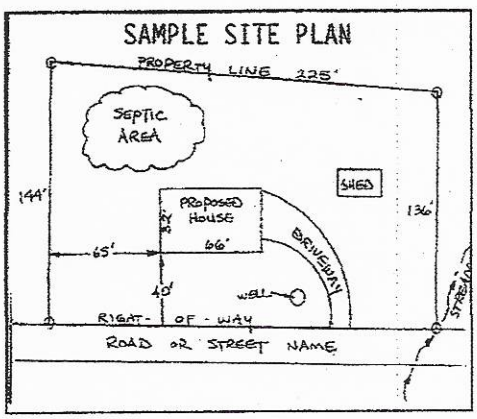
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

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

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) 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)

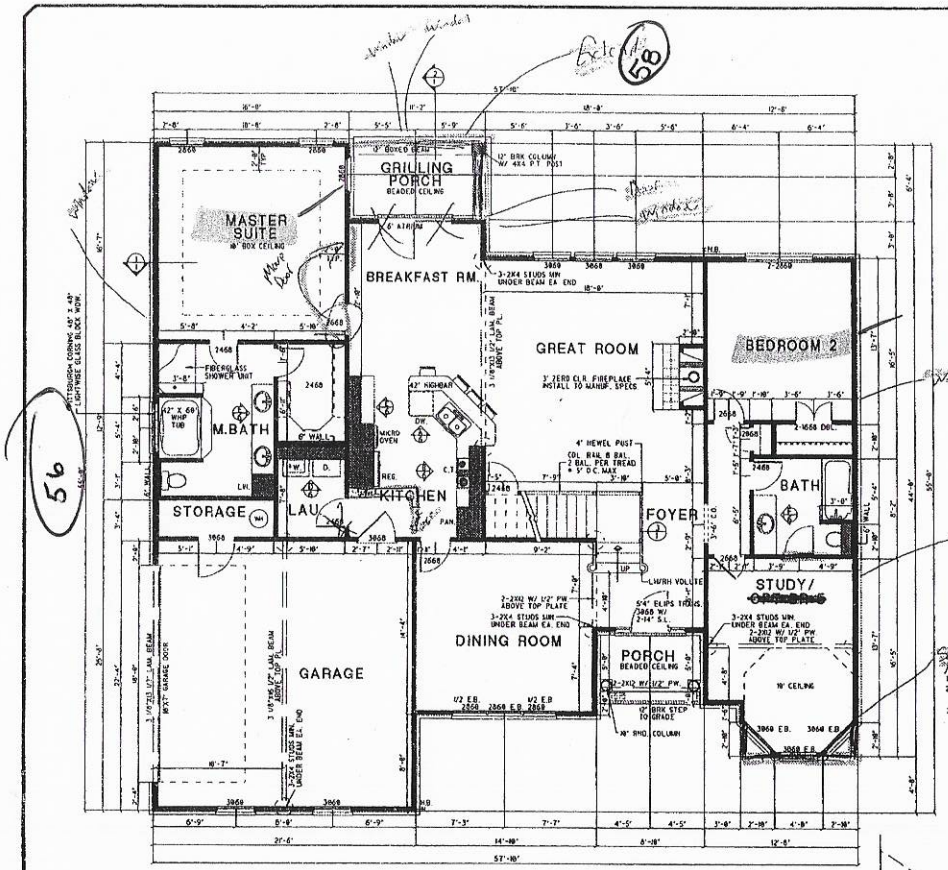
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Please see Attached

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-21-19
DATE



FLOOR PLAN NOTES:

1. ALL STRUCTURAL INFORMATION SHOWN FOR REFERENCE PURPOSES ONLY. CONTRACTOR SHALL HAVE LICENSED STRUCTURAL ENGINEER REVIEW AND DESIGN ALL STRUCTURAL ELEMENTS SUCH AS ALL FRAMING WALLS, BEAMS, CONNECTIONS, HEADERS, JOISTS AND RAFTERS.
2. ALL DIMENSIONS ARE FROM FACE OF STUD TO FACE OF STUD UNLESS NOTED OTHERWISE.
3. WINDOW SIZES INDICATED ON PLANS ARE NOTED BY APPROXIMATE ROUGH OPENING SIZE. REFER TO PLANS AND EXTERIOR ELEVATIONS FOR WINDOW TYPES.
4. COORDINATE LOCATION OF UTILITY METERS WITH SITE PLAN AND LOCATE AWAY FROM PUBLIC VIEW. VISUAL IMPACT SHALL BE MINIMIZED, I.E. MOUNT AS LOW AS POSSIBLE.
5. PREFABRICATED FIREPLACE CONSTRUCTION SHALL MEET OR EXCEED ALL APPLICABLE CODES REGARDING USE OF FIRE SEPARATIONS, CLEARANCES, ETC. IT IS THE CONTRACTOR'S RESPONSIBILITY TO ENSURE THAT ALL ITEMS AND CONSTRUCTION MEET OR EXCEED CODE. OVERALL FLUE HEIGHT SHALL BE COORDINATED TO BATCH HEIGHT SHOWN OR PLANS AND SHALL NOT EXCEED THE TOP OF CHIMNEY CHASE AS CONSTRUCTED.
6. CONTRACTOR SHALL COORDINATE ALL CLOSET SHELVING REQUIREMENTS.
7. DO NOT SCALE DRAWINGS. FOLLOW DIMENSIONS ONLY.
8. CONTRACTOR SHALL FIELD VERIFY ALL CABINET DIMENSIONS BEFORE FABRICATION.
9. BEDROOM WINDOWS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQ.FT., A MINIMUM NET CLEAR OPENABLE WIDTH OF 20", A MINIMUM NET CLEAR OPENABLE HEIGHT OF 24" AND HAVE A MAXIMUM FINISH SILL HEIGHT OF 43" FROM FINISH FLOOR.
10. ALL GLASS LOCATED WITHIN 60" OF FLOOR, 12" OF A DOOR OR LOCATED WITHIN 60" OF FLOOR AT BATHTUBS, WHIRLPOOLS, SHOWERS, SAUNAS, STEAM ROOMS OR HOT TUBS SHALL BE TEMPERED.
11. ALL EXPOSED INSULATION SHALL HAVE A FLAME SPREAD RATING OF LESS THAN 25 AND A SMOKE DENSITY RATING OF LESS THAN 450.
12. PROVIDE COMBUSTION AIR VENTS. WITH SCREEN AND BACK DAMPER, FOR FIREPLACES, WOOD STOVES AND ANY APPLIANCE WITH AN OPEN FLAME.
13. BATHROOMS AND UTILITY ROOMS SHALL BE VENTED TO THE OUTSIDE WITH A MINIMUM OF A 90 CFM FAN. RANGE HOODS SHALL ALSO BE VENTED TO OUTSIDE.
14. ATTIC HVAC UNITS SHALL BE LOCATED WITHIN 20' OF ITS SERVICE OPENING. RETURN AIR GRILLES SHALL NOT BE LOCATED WITHIN 10 FEET OF A GAS FIRED APPLIANCE.
15. ALL WALLS AND CEILINGS IN GARAGE AND GARAGE STORAGE AREAS TO HAVE 5/8" TYPE-X GYP. BOARD W/ 1-HOUR FIRE RATING. ALL EXT. DOORS IN GARAGE TO BE METAL OR SOLID CORE. DOORS INCLUDING DOORS EXTERNAL HEAT/COOLED PORTION OF RESIDENCE.
16. ALL FIREPLACE CHASE WALLS SHALL BE INSULATED INSIDE AND OUTSIDE. PROVIDE HORIZONTAL "DRAFT STOPS" AT EACH FLOOR LEVEL BY PACKING 6" (R-19) INSULATION BETWEEN 2X4 JOISTS.
17. ALL INTERIOR WALLS SHALL BE COVERED WITH 1/2" GYPSUM BOARD, WITH METAL CORNER REINFORCING TAPE, FLOAT AND SAND. (3 COATS) USE 5/8" GYPSUM BOARD ON CEILINGS WHERE SUPPORTING MEMBERS ARE 24" O.C. OR GREATER. USE 1/2" GYPSUM BOARD ON CEILING MEMBERS LESS THAN 24" O.C.
18. ALL BATH AND TOILET AREA WALLS AND CEILINGS SHALL HAVE WATER RESISTANT GYPSUM BOARD.

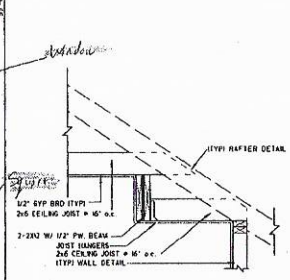
CONSTRUCTION AND FRAMING NOTES:

1. DESIGN LOADS ARE AS FOLLOWS PER SO F'I.:

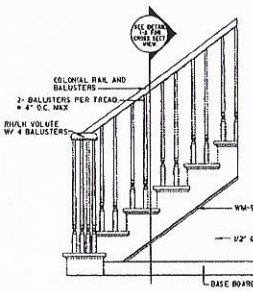
LOCATION	LIVE	DEAD	DEFLECT. LIMIT
1ST FLOOR	40 LB	10 LB	L/360
2ND FLOOR (SLEEPING AREAS)	30 LB	10 LB	L/360
ATTIC (NON STORAGE)	10 LB	5 LB	L/240
ATTIC (STORAGE)	20 LB	10 LB	L/240
ROOF (WITH FINISHED CEILING)	30 LB SNOW	15 LB	L/240
ROOF (NO FINISHED CEILING)	30 LB	7 LB	L/180
DECKS	60 LB	10 LB	L/360

SNOW LOADS HAVE BEEN ADJUSTED TO REFLECT THE SLOPE/OFF FACTOR AS A FUNCTION OF ROOF PITCH. RAFTER SIZES MAY HAVE TO BE INCREASED TO ACCOMADATE HIGHER SNOW LOADS. VERIFY WITH LOCAL CODES.

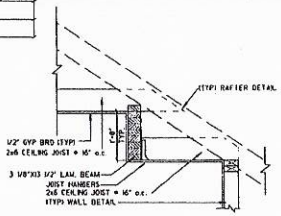
2. LUMBER SHALL BE DOUGLAS-FIR-LARCH, HEM-FIR OR SOUTHERN-YELLOW-PINE WITH FB=1450 AND E=1.6 MINIMUM.
3. ALL HEADERS SHALL BE FREE FROM ALL SPLITS, CHECKS OR SHAKES.
4. UNLESS NOTED OTHERWISE, PROVIDE DOUBLE HEADER JOISTS AND TRIMMERS AT ALL FLOOR OPENINGS. DOUBLE JOISTS UNDER ALL PARALLEL PARTITIONS. DOUBLE 2X12 HEADERS WITH 1/2" PLYWOOD GLUED BETWEEN AND NAILED. FOR ALL OPENINGS IN 2X6 WALLS, DOUBLE 2X12 HEADERS NAILED TOGETHER FOR ALL OPENINGS IN 2X4 WALLS.
5. FLOOR CONSTRUCTION 3/4" TONGUE AND GROOVE SUBFLOOR WITH FINISH MATERIAL OVER.
6. STAIR CONSTRUCTION SHALL CONSIST OF (3)2X12 STRINGERS, 5/4" OR 2X THICK TREADS AND 3/4" RISER RISERS OR MATERIALS FABRICATED BY A COMPONENT MANUFACTURER.
7. ALL WOOD PLATES IN CONTACT WITH CONCRETE SHALL BE "PRESSURE TREATED" & SILICONE SEALED.
8. "MICRO-LAM" BEAMS SHALL HAVE BENDING STRESS: FB=2,800 PSI VERIFY WITH LOCAL CODES.
9. SPECIAL UPLIFT CONNECTORS AS INDICATED AT CANTILEVERED JOISTS SHALL BE "SIMPSON STRONG TIE" ANCHORS OR EQUAL.
10. MINIMUM HEADER SIZE SHALL BE (2)12"X6" UNLESS NOTED OTHERWISE. EXTERIOR WALLS SHALL BE (2)1 2X12 WITH 1/2" PLYWOOD.
11. ALL STRUCTURAL STEEL SHALL CONFORM WITH ASTM SPECIFICATION A-36.
12. UNLESS OTHERWISE NOTED, PROVIDE A 2X PLATE BOLTED TO THE TOP FLANGE OF ALL STEEL BEAMS WITH 3/8" DIAMETER BOLTS STAGGERED AT 24" ON CENTER. RIGIDLY FASTEN ALL CONNECTING RAFTERS AND JOISTS AS APPROVED BY GOVERNING CODES, UNLESS OTHERWISE NOTED.
13. FLOOR FRAMING LAYOUT SHALL BE COORDINATED WITH THE GENERAL AND HVAC CONTRACTORS TO PROVIDE ACCESS CHASES AND UNOBSTRUCTED RUNS FOR HVAC DUCT WORK. FLOOR TRUSS LAYOUT TO BE ENGINEERED BY TRUSS MANUFACTURE.
14. PROVIDE BRIDGING OR BLOCKING AT MIDSPAN OF JOISTS/RAFTERS/TRUSSES. MAXIMUM SPACING BETWEEN BEARING WALL AND BLOCKING IS 8'-0".
15. THESE FRAMING PLANS WERE DESIGNED USING STANDARD CONSTRUCTION PRACTICES. THEY CONFORM TO STANDARD BUILDING CODES DUE TO VARIATIONS IN LOCAL CODES AND GEOLOGICAL CONDITIONS REVISIONS MAY BE REQUIRED TO THESE PLANS.
16. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE LOCAL CODES, REGULATIONS, AND FHA/VA MPS. THE BUILDER SHALL VERIFY ALL CONDITIONS BEFORE BEGINNING CONSTRUCTION. CONSULT WITH LOCAL STRUCTURAL ENGINEERS AND CODE OFFICIALS PRIOR TO USING THE FRAMING MATERIALS PROVIDED TO INSURE COMPLIANCE WITH CODES AND STRUCTURAL INTEGRITY.



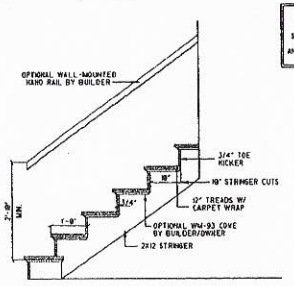
① 2X12 BOXED CEILING DETAIL
1" = 1'-0"



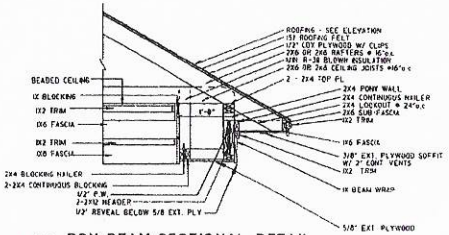
③ STAIR DETAIL
SCALE 3/4" = 1'-0"



① LAM. BEAM BOXED CEILING DETAIL
1" = 1'-0"



③-A STAIR SECTIONAL
SCALE 3/4" = 1'-0"



② BOX BEAM SECTIONAL DETAIL
1" = 1'-0"

NOTE:
STAIR RISE HEIGHT AND RUN DISTANCE ARE NOT SPECIFIED ON THIS DETAIL, AND SECTION. FOR RISE AND RUN SPECS. REFER TO FLOOR PLAN.

FLOOR PLAN SPECIFICATIONS

HEAT/COOLED MAIN FLOOR:	1984 SQ. FT.
HEAT/COOLED UPPER:	866 SQ. FT.
HEAT/COOLED TOTAL:	(2850 SQ. FT.)
GARAGE, STORAGE:	580 SQ. FT.
PERCHES:	84 SQ. FT.
TOTAL:	3344 SQ. FT.

NOTE:
1- MAIN FLOOR CEILINGS TO BE 9' UNLESS NOTED.
2- UPPER FLOOR CEILINGS TO BE 8' UNLESS NOTED.
3- BUILDER TO APPROVE & VERIFY ALL PLANS BEFORE CONSTRUCTION.
4 - VERIFY ALL PLANS W/ LOCAL BUILDING CODES
5 - HVAC & W.H. TO BE IN ATTIC UNLESS OTHERWISE NOTED.
6 - PROVIDE SHUT-OFF VALVE FOR ALL GAS APPLIANCES. REFERENCE IRC SECTION G2419
7 - ALL GLASS LOCATED WITHIN 18" OF FLOOR, 12" OF A DOOR OR LOCATED WITHIN 60" OF FLOOR AT BATHTUBS, WHIRLPOOLS, SHOWERS, SAUNAS, STEAM ROOMS OR HOT TUBS SHALL BE TEMPERED. TO COMPLY WITH IRC SECTION R308.4.6

REVISIONS	BY
3-24-06	AS
3-27-06	GH
2-4-19	DDH
	38x42

Nelson Design Group LLC
RESIDENTIAL PLANNERS - DESIGNERS
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NDG@mindspring.com
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Member AIBD - CPBD
MICHAEL E. NELSON P.B.D. Cert. No. BR-94

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Acknowledgement Of Plans Submittal ONLY!
Kathleen Saunders 10-29-19
Benjamin A Batt Date 11/5/19

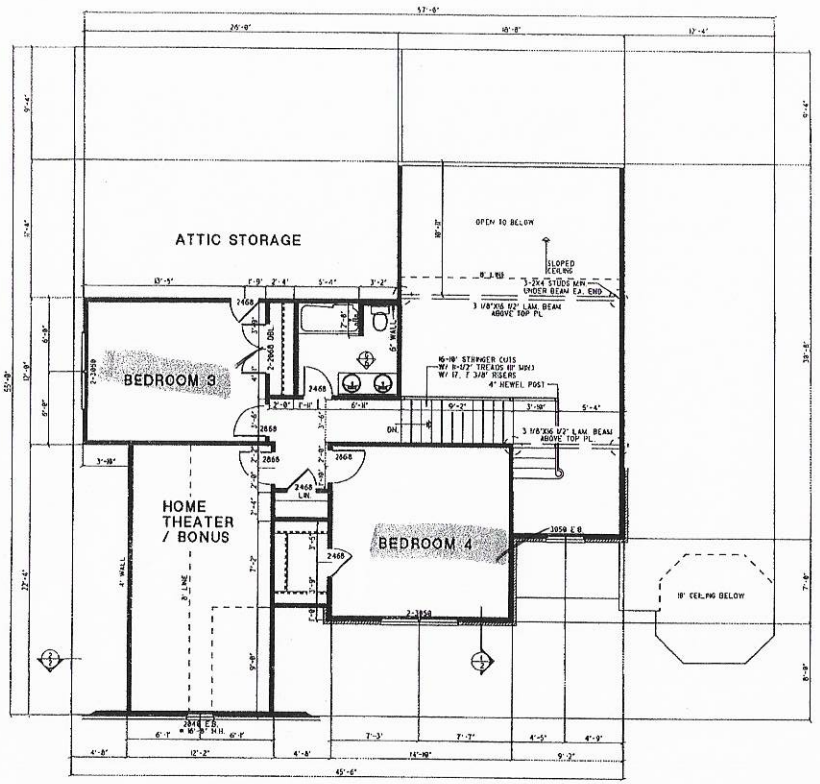
NOTICE DUTY OF COOPERATION
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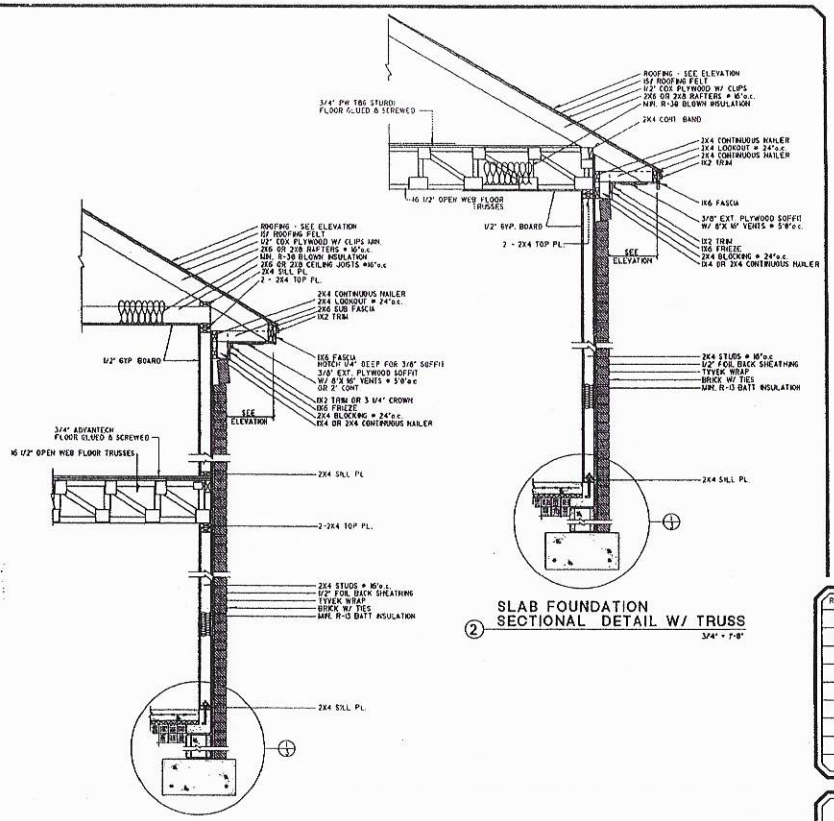
MAIN FLOOR PLAN / NOTES
NDG1125
" Where Traditional Values and Family Come Together "

CAD DESIGNED

DATE	1-1-05
SCALE 1/4" = 1'-0"	
BUILDER	
PLAN	NDG1125
DRAWN BY	

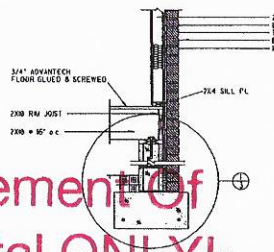
1 of 6





1 SLAB FOUNDATION SECTIONAL DETAIL
3/4" = 1'-0"

2 SLAB FOUNDATION SECTIONAL DETAIL W/ TRUSS
3/4" = 1'-0"



3 CRAWL FOUNDATION SECTIONAL DETAIL
3/4" = 1'-0"

SECTION NOTES:

1. PROVIDE INSULATION BAFFLES AT EAVE VENTS BETWEEN RAFTERS / TRUSSES.
2. RIDGES, VALLEY AND HIP MEMBERS SHALL BE FULL VERTICAL DEPTH OF FRAMING MEMBERS
3. PROVIDE 2X6 COLLAR TIES AT 48" O.C
4. PROVIDE CONTINUOUS 2X6 PURLINS AT MID-SPAN OF RAFTERS, SPACE AT 8'-0" MAX.
5. PROVIDE 2X4 STRUTS AT 48" O.C. FROM PURLINS TO BEARING WALLS AT 45 MINIMUM ANGLE
6. HANDRAILS SHALL BE MOUNTED 34" ABOVE NOSING OF STAIRS GUARDRAILS SHALL BE MOUNTED AT 36".

INSULATION NOTES:

1. PROVIDE R-19 BATT INSULATION IN 2X6 WALLS, R-13 IN 2X4 WALLS. MINIMUM R-38 INSULATION IN FLAT CEILINGS AND R-30 MINIMUM BLANKET INSULATION IN VAULTED CEILINGS. ALLOW 1/2" MINIMUM AIRSPACE BETWEEN SHEATHING AND INSULATION, FACE FOR, DOWN TO WARM SIDE.
2. INSTALL SIDE WALL AND CEILING INSULATION IN CONTINUOUS BLANKETS WITHOUT VOIDS FOR ELECTRICAL BOXES, LIGHT FIXTURES OR HEATING DUCTWORK. CAULK ALL OPENINGS IN EXTERIOR WALL CONSTRUCTION.
3. INSTALL 6 MIL POLYETHYLENE VAPOR BARRIER AGAINST INSIDE OF ALL INSULATION. LAP JOINTS 8" MINIMUM.
4. FLOORS OVER UNHEATED SPACE SHALL HAVE R-25 FOIL BACK INSULATION BETWEEN JOISTS.
5. SLAB EDGE INSULATION R-5
6. HVAC DUCTS LOCATED IN UNHEATED SPACES SHALL BE INSULATED WITH R-8.

PLUMBING NOTES:

1. PLUMBING SHALL MEET ALL LOCAL CODES.
2. IF WATER HEATER IS LOCATED ANYWHERE, EXCEPT GARAGE OR BASEMENT, PROVIDE METAL DRAIN PAN WITH AUXILARY DRAIN TO EXTERIOR.
3. ALL GAS WATER HEATERS SHALL BE VENTED AT TOPOUT.
4. PROVIDE INSIDE MAIN WATER CUT-OFF
5. PROVIDE BLOCKING IF WALL PLATES OR JOISTS ARE CUT INTO.

NOTE:

1 - HVAC TO BE IN ATTIC. VERIFY W/ BUILDER
2 - UPPER FLOOR CEILING HEIGHTS TO BE 8'-0" UNLESS NOTED.
3 - UPPER FLOOR JOIST TO BE 16"-12" OPEN WEB FLOOR TRUSSES @ 16" O.C. W/ 3/4" ADVANTECH FLOOR GLUED & SCREWED SEE TRUSS MANUF. FOR FLOOR TRUSS LAYOUTS. ALL OPEN WEB FLOOR TRUSSES TO BE DESIGNED & ENGINEERED BY TRUSS MANUF. TRUSS MANUF. WILL PROVIDE TRUSS LAYOUT BASED ON ENGINEERING. TRUSS MANUF. TO SUPPLY TRUSSES W/ CHAMFERED END ON SELECTED UNITS TO ALLOW FOR EXT. WALL SUPPORT & RAFTER CLEARENCE.
4 - HVAC & W.H. TO BE IN ATTIC UNLESS OTHERWISE NOTED.

Acknowledgement Of Plans Submittal ONLY!
Kathleen Saunders Date 10-29-19
Benjamin [illegible] Date 11/5/19

IF THIS STAMP IS NOT RED IT IS AN ILLEGAL SET OF PLANS

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REVISIONS	BY
3-24-06	AS
3-27-06	GH
2-4-10	DDH

30x42

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MICHAEL T. NELSON
P.B.D. Cert. No. AR-184

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UPPER FLOOR PLAN / NOTES

NDG1125

" Where Traditional Values and Family Come Together "

CAD DESIGNED

DATE	1-1-05
SCALE	1/4" = 1'-0"
BUR.DER	
PLAN	NDG1125
DRAWN BY	

2 OF 6

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, Ben Thomas, am the legal owner(s) of the property located at Lot #4 Wiggins Road Mooresville 28115, identified as PIN (Parcel Identification Number) 4678-21-8808, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) TLC Family Homes The Oaks Group, 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)	Date	Signature of Witness	Date
	10-08-2019		

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 · NC

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

APPLICATION NUMBER
302165 Issue Date: 10/29/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4678218808.000	716 Wiggins	IREDELL COUNTY

Owner Information	Applicant Information
Name: WT IRA LLC	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1	35	35	15	15	WSII-BOW Back Creek	NO

Remarks
SFD

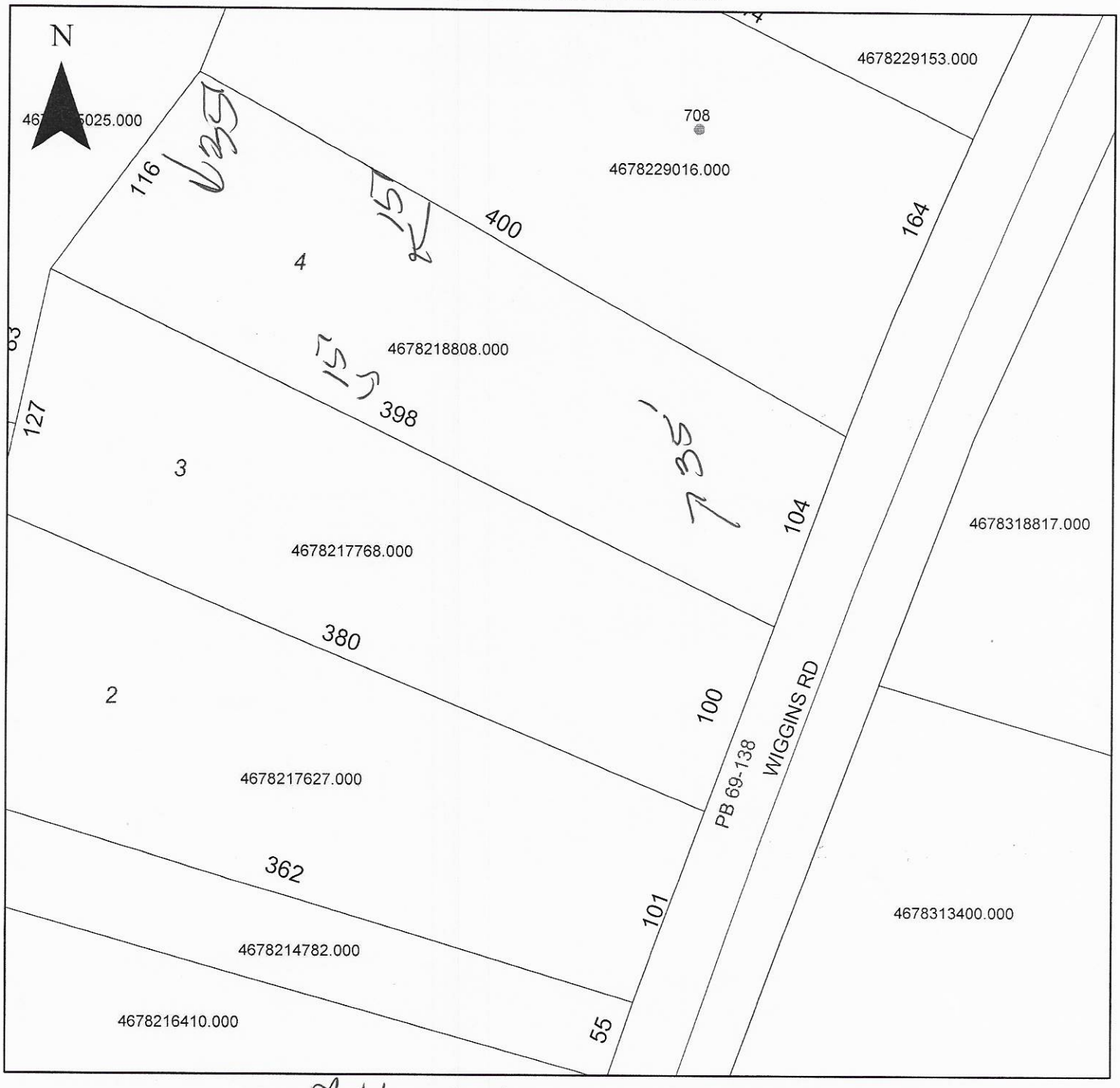
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 10/29/2019

Signature of Owner/Contractor

Permit Number	000671	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 716 Wiggins

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. Applicant further acknowledges that the 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.

Kathleen Sanders
Applicant

10-29-19
Date