ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 302162.

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

PIN # 4685 - 16 - 5285

APPLICANT/OWNER: TQ Custom Construction APPLICANT ADDRESS: 840 Edmiston Rd Mt Ulla NC 28125

SITE ADDRESS: 832 Patterson Farm Rd Mooresville NC PHONE: ALT. PHONE 704-578-4951

SITE DIRECTIONS: Linwood Rd R Patterson Farm on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Meadows ~~Field~~ PLACE SECTION: - LOT # 6 LOT AREA: 1.13 Acres. DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	825	Date	6/16/2020	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	302	Date	6/11/2020	System Description:	CP-PPBPS-50'-Pulsation	☐ Business	No. Persons	8	☒ Private
Pump Make	Liberty	Model	280	Serial #	-	Repair System Description:	Drip-TD-II (.15 LTAR).	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	320	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24	Trench Bottom Depth(Low side)	36	Gravel Depth		☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: See previous permit from 12-2-2019.
Fill + Compact Area Drip Riparic Area as Shown.

INITIAL SITE SKETCH

* Encroachment needs to be Deeded + Recorded.

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

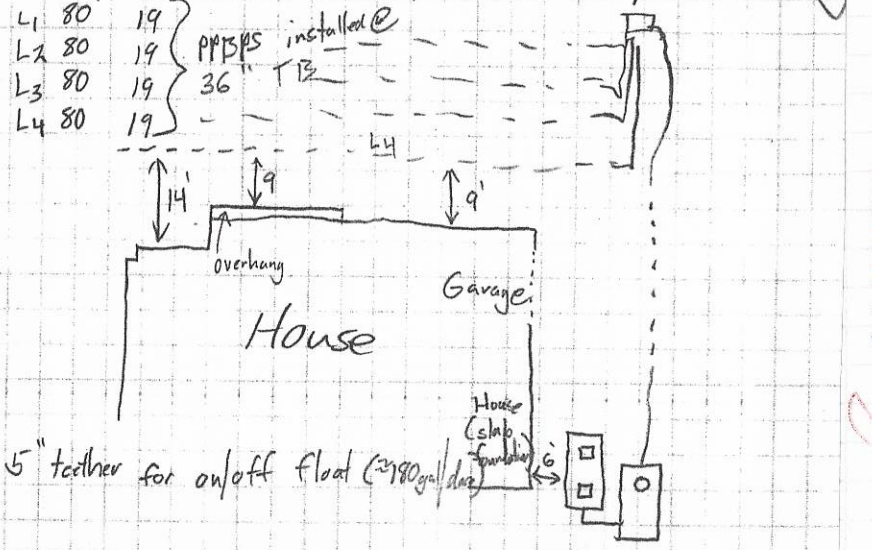
The Oaks Group P.A

LSS # 1313.

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

7/22/2020 - Rowan Precast mid-seam 1000-gal conc. tank w. a Polylok PL-250 effluent filter.
- Top seam pump tank
- Pump line (2" SCH 40 PVC) installed 32"-40" deep beneath driveway



SCANNED

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.*

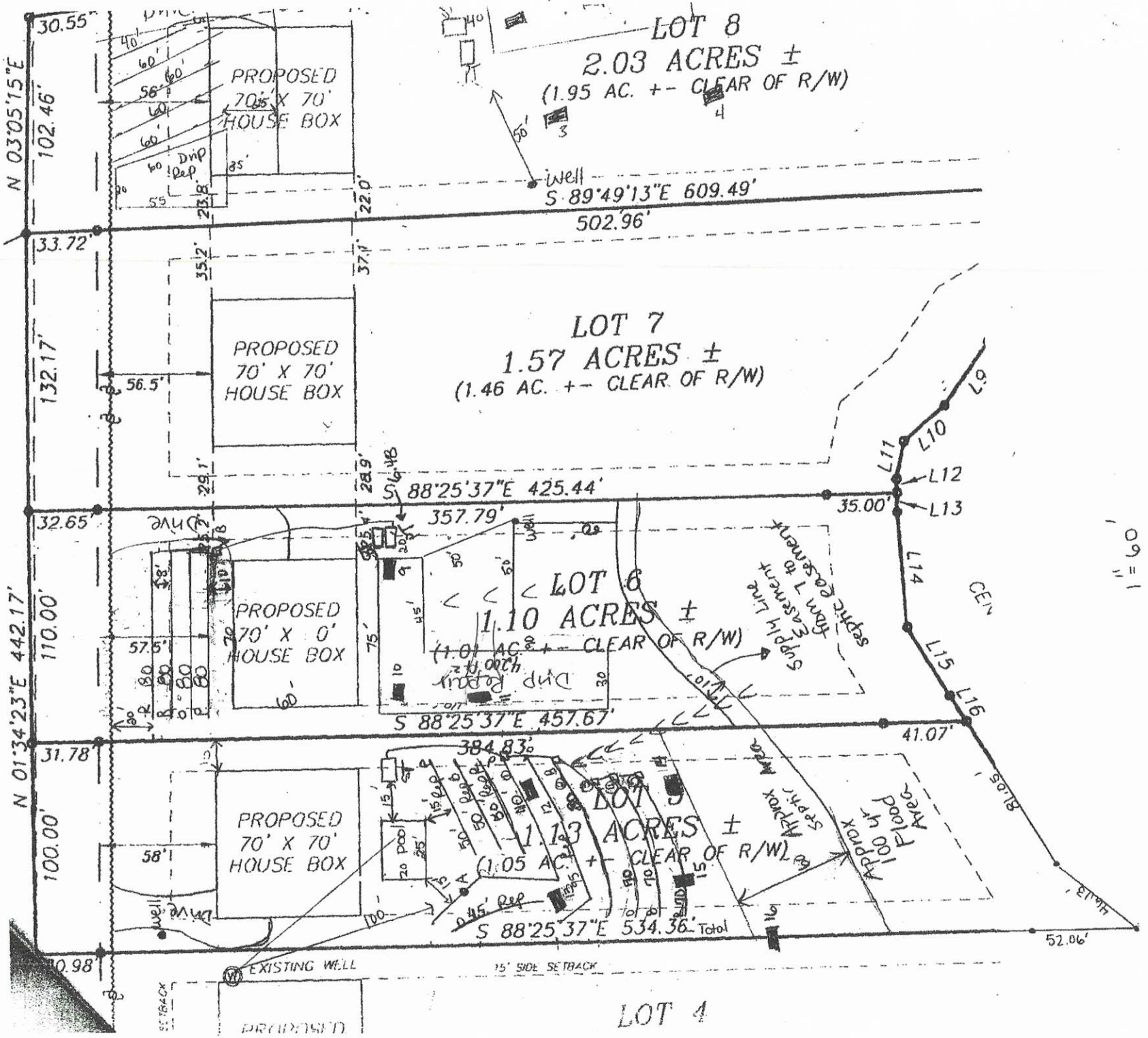
Owner / Applicant Signature: Bill Board Date: 1/25/21 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 1/11/2020 OPERATION PERMIT by: Maria Dolson Date: 7/3/2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 1/14/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

	Date	Initials
Drain Lines Checked	7/22/20	SK
Tanks Checked	7/22/20	SK
Pressure Manifold or Valve Box Checked	7/22/20	SK
Pressure Head Set	7/22/20	SK
Electrical Checked	2/3/21	MD
Floats Set (Alarm float needs checking)	7/22/20	SK
Alarm Checked	2/3/21	MD
Maintenance Contract (Y) / N	2/3/21	MD


LOT 8
2.03 ACRES ±
(1.95 AC. +- CLEAR OF R/W)
PROPOSED 70' X 70' HOUSE BOX
well
S 89°49'13"E 609.49'
502.96'
LOT 7
1.57 ACRES ±
(1.46 AC. +- CLEAR OF R/W)
PROPOSED 70' X 70' HOUSE BOX
S 88°25'37"E 425.44'
357.79'
LOT 6
1.10 ACRES ±
(1.01 AC. +- CLEAR OF R/W)
PROPOSED 70' X 0' HOUSE BOX
septic easement
Supply Line Easement from L
S 88°25'37"E 457.67'
384.83'
LOT 5
1.13 ACRES ±
(1.05 AC. +- CLEAR OF R/W)
PROPOSED 70' X 70' HOUSE BOX
Approx 1.44 AC's 100 Yr Flood Plain
S 88°25'37"E 534.36' Total
EXISTING WELL
15' SIDE SETBACK
LOT 4
N 03°05'15"E 102.46'
N 01°34'23"E 442.17'
110.00'
132.17'
100.00'
30.55'
33.72'
32.65'
31.78'
35.00'
41.07'
52.06'
L9
L10
L11
L12
L13
L14
L15
L16
1" = 100'
N

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 382 Patterson Farm Rd

Date: December 28, 2020

Attached is the septic specification information required to permit 382 Patterson Farm Road 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 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.

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

Kathleen Saunders

Patterson Farm Rd Lot 6 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.25
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Minimum Linear Feet	320
Total Linear Feet	320
Trench Width	2' min.
Trench Spacing	6' min.
Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	90' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	36 gpm
Elevation head	Approx: 11.3 ft
Pressure head	3 ft
Friction head	2.1 ft
20% Contingency	3.28 ft
Total Head	19.68 ft
Pump Requirements	36 gpm @ 19.7' of head To be designed by installer.
Maximum Dosing Volume	259.2 gal -2.1 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**Subsurface Drip with TSII**
Total Linear Feet	4200 sq ft
Repair LTAR	0.15

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Red	LPPPBPS	80 endfed	1.5	18	18		
2	System	Blue	LPPPBPS	80 endfed	1.2	18	18		
3	System	Orange	LPPPBPS	80 endfed	1.7	18	18	1 per panel	5/32"
4	System	Pink	LPPPBPS	80 endfed	1.9	18	18	1 per panel	5/32"
						Total: 72	Total: 72 (1 in each panel turned up)		
				Total System: 320'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	6.48
House	blue		

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Shave down berm; needs slight shaping so water flows towards street
Soils on this tract are variable; soil features may exist that were not encountered during the eval.

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

Sheet ___ of ___
OPERTY ID #: ___
COUNTY: Iredell

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

OWNER: IQ Custom Construction
ADDRESS: 840 Edmiston Rd Mt Ulla
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 6
PROPOSED DESIGN FLOW (.1949): 480
APPLICATION DATE ___
DATE EVALUATED: 9/24/19
PROPERTY SIZE: 1.10 Ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
9	L 5-10%	0-38	WK SBK C	FR SS/SP	R; C sap	(F Fr C ABK pockets)			0.3
		38-60	MA L sap	↓		38"	PS	N/A	
10	L 5-10%	0-14	Mo ABK C	FR SS/SP	R				0.3
		14-40	Mo SBK C	↓	R; C sap				
		14-55	WK SBK C	↓	R; C sap	55+	N/A	N/A	
				opp wall	yel Br SL sap				
11	L 10-15%	0-20	WK SBK C	FR SS/SP	R; C sap Multi, F C pockets				0.3
		20-60	MA L sap	↓		20"	PS	N/A	
1	L <2%	0-24	Mo SBK C	FR SS/SP	R				0.25
		24-48	WK SBK C	↓	R; F/C yel Br	48+	N/A	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	drip w/TS II
Site LTAR	0.25	0.15

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

COMMENTS: 2 <2% 0-36 Mo SBK C FR SS/SP R; C sap 0.3
36-50 WK SBK C ↓

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

Kathleen Saunders

Updated February 2014

Benjamin Botkins

From: Kathleen Saunders <kathleenmsaunders@gmail.com>
Sent: Monday, December 2, 2019 2:25 PM
To: Benjamin Botkins
Subject: Fwd: EnergyUnited Easement - Patterson Farm

Please see below.

Kathleen Saunders, LSS
The Oaks Group, PA

Begin forwarded message:

> **From:** Tyler Graham <tyler.graham@energyunited.com>
> **Date:** November 21, 2019 at 2:56:52 PM EST
> **To:** "iqcustomconstruction@gmail.com" <iqcustomconstruction@gmail.com>
> **Subject: EnergyUnited Easement - Patterson Farm**
>
> Jason,
>
> In reference to our call earlier...We claim a 40' wide strip for our 3 phase power line easement. That is 20 feet in both directions from the centerline of the existing structures. If you need any further information please don't hesitate to reach out.
>
> Thanks,
>
> Tyler Graham
>
> Electrical Engineer
>
> Main: 1-(800)-822-0197, Ext. 5010
>
> Direct: (704)-924-2154
>
> tyler.graham@energyunited.com

RECEIVED DEC 2 9 2020

$500

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

AP-302162 $500

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (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
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: IQ Custom Const. Address: 840 Edmiston Rd Mt Ulla Zip: 28125
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (Jess)

Property Information:

Street Address: 832 Patterson Farm Rd
Subdivision Name: Meadows Field Section/Phase: _____ Lot Number: 6
Driving Directions: Linwood Rd, R Patterson Farm, 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
( ) 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

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, IQ Custom Construction, am the legal owner(s) of the property located at 832 Patterson Farm Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** 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]	12/28/2020	[signature]	12/28/2020
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

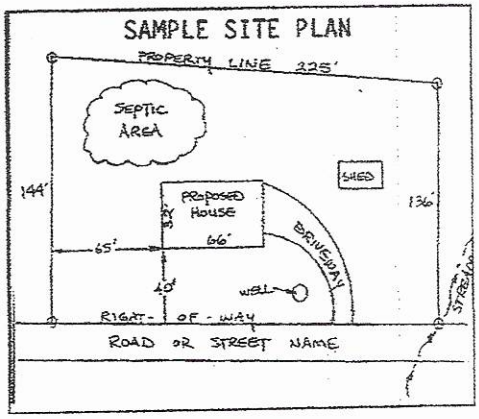
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

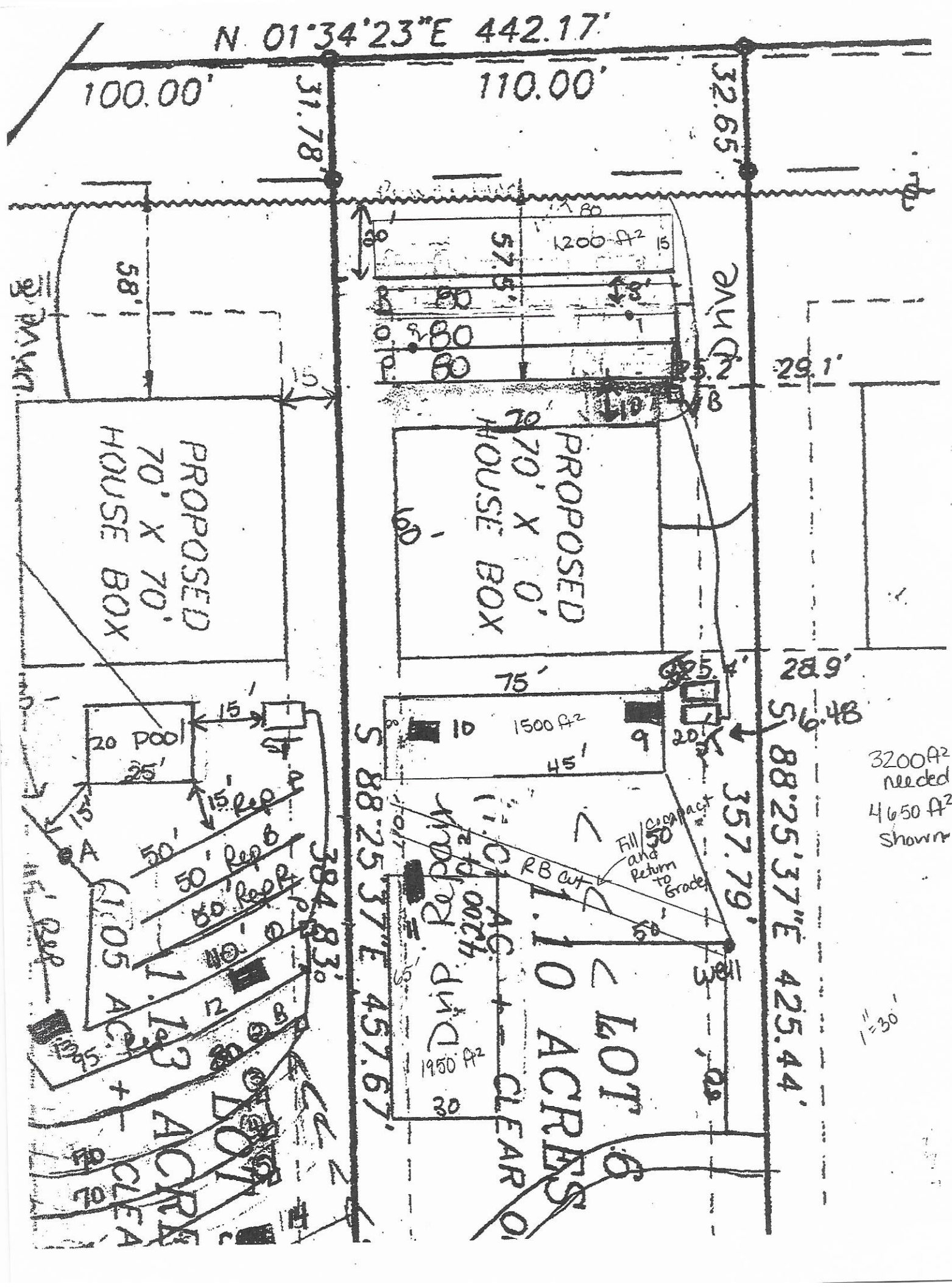
Please see Attached

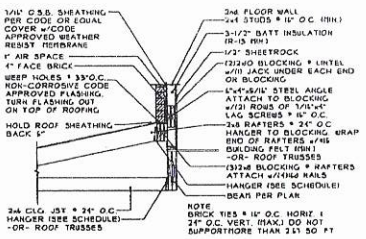
Signature: Kathleen Saunders

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

10-21-19

DATE

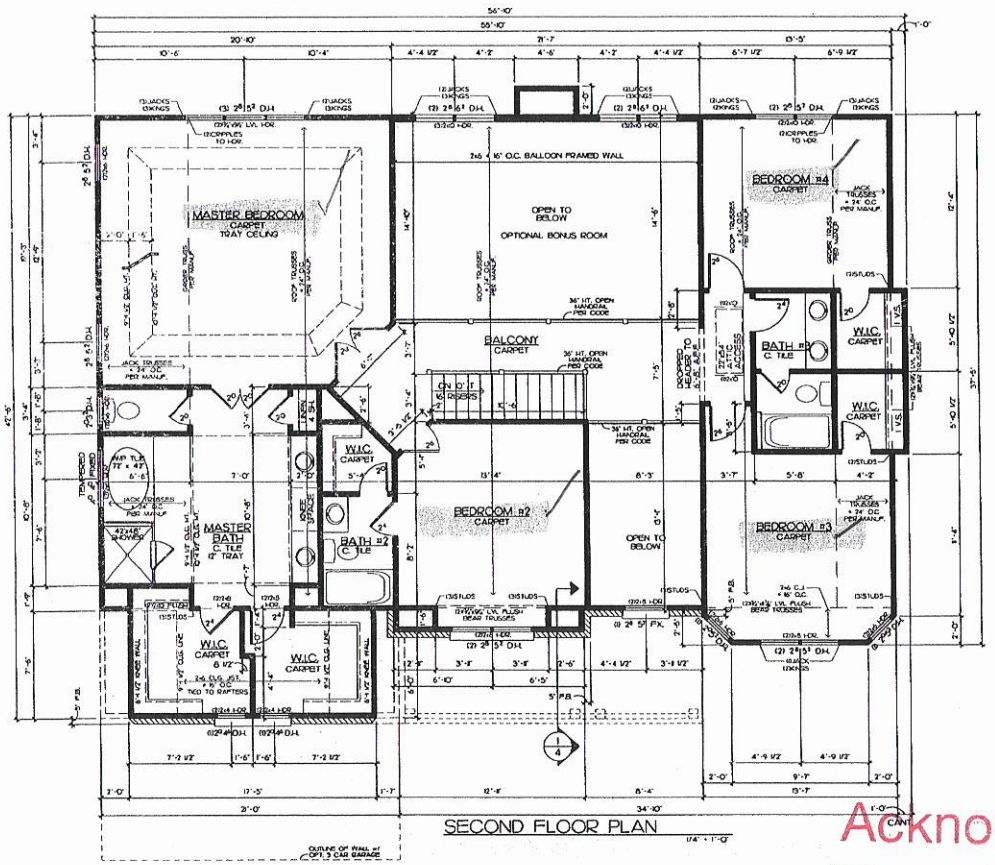

N 01°34'23"E 442.17'
100.00'
110.00'
31.78'
32.65'
Drive
58'
HOUSE BOX
70' X 70'
PROPOSED
15
20
80
1200 ft²
54.5'
3'
25.2'
29.1'
PROPOSED
HOUSE BOX
70' X 70'
60'
75'
28.9'
25.4'
S 16.48
20 POOL
25'
15'
10
1500 ft²
9
45'
S 88°25'37"E 384.83'
S 88°25'37"E 425.44'
3200ft² needed
4650 ft² shown
50'
50' Rep B
80' Rep C
Rep
A
1.05 ACRES
1.13 ACRES
1.10 ACRES
LOT 9
Fill and Compact
RB cut
Return to Grade
Well
Drip Repair
1950 ft²
65'
30
CLEAR
1"=30'



NOTE: LAG BOLTS MUST BE FIT TIGHTLY AGAINST BLOCKING. DO NOT ALLOW SHEATHING BOARD TO SANDWICH BETWEEN BLOCKING AND ANGLE

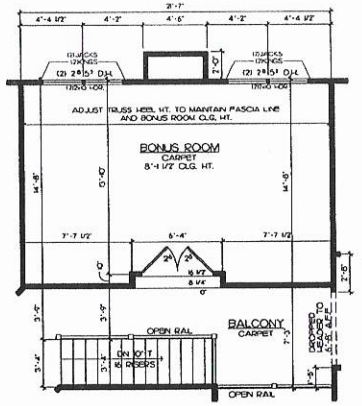
#1 SECTION @ PORCH LVL AND LINTEL

SCALE: 1/2" = 1'-0"



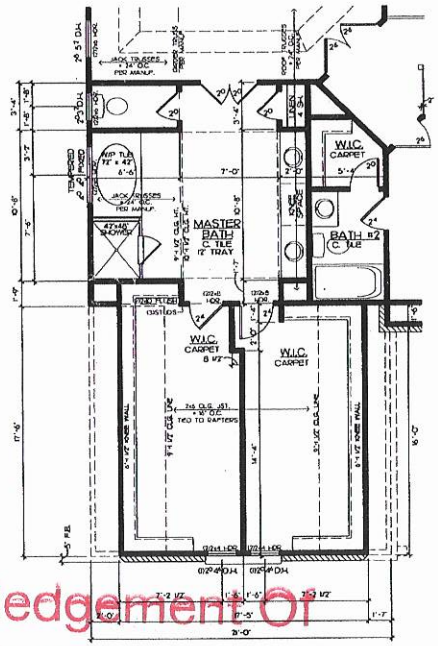
SECOND FLOOR PLAN

1/4" = 1'-0"



BONUS ROOM ABV. FAMILY

1/4" = 1'-0"



CLOSET W/ THREE CAR GARAGE

1/4" = 1'-0"

HANGER SCHEDULE FOR JOISTS AND BEAMS	
MEMBER (NUMBER OF PLYS)	HANGER
2x4	LUS24
2x6	LUS26
2x8	LUS28
2x10	LUS210
2x12	LUS212
3-2x6	HUS26-3
3-2x8	HUS28-3
3-2x10	HUS210-3
3-2x12	HUS212-3
2-1 3/4" x 9 1/4" LVL	HGUS26
2-1 3/4" x 11 7/8" LVL	HGUS28
2-1 3/4" x 14" LVL	HGUS28
2-1 3/4" x 16" LVL	HGUS28
2-1 3/4" x 18" LVL	HGUS28
3-1 3/4" x 9 1/4" LVL	HGUS26-TO
3-1 3/4" x 11 7/8" LVL	HGUS28-TO
3-1 3/4" x 14" LVL	HGUS28-TO
3-1 3/4" x 16" LVL	HGUS28-TO
3-1 3/4" x 18" LVL	HGUS28-TO
4-1 3/4" x 9 1/4" LVL	HGUS26-TO
4-1 3/4" x 11 7/8" LVL	HGUS28-TO
4-1 3/4" x 14" LVL	HGUS28-TO
4-1 3/4" x 16" LVL	HGUS28-TO
4-1 3/4" x 18" LVL	HGUS28-TO

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A WOOD MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS AND THE UN-HEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R613 OR R612.4.

WALL BRACING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN R602.6.1 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH SEPTEMBER 1, 2013 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATHED WITH A MINIMUM 7/16" O.S.B. AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG O.S.B. PANEL EDGES. FASTEN PANEL EDGES TO BLOCKING AT 3" O.C. AND 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF THE WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" O.S.B.

Acknowledgement Of Plans Submittal ONLY!

Kathleen Saunders Date 10-29-19

Benjamin A Barnes Date 12-2-19

Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
NC Cert. of Licensure P-0715
Seal for Structural Only

12/6/17

Q CUSTOM CONSTRUCTION
840 Edmiston Rd Mt. Ulla, NC 28125 Ph. 704-660-5788

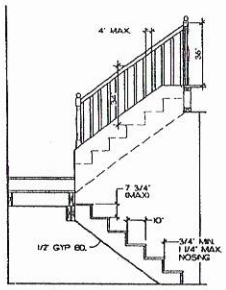
Project: The Birch

Sheet Title: SECOND FLOOR PLAN

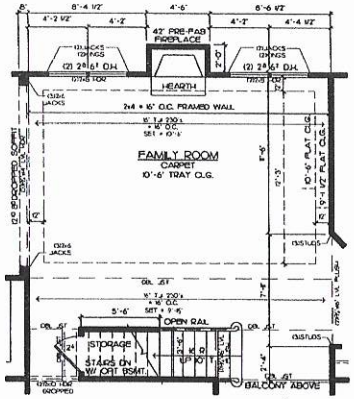
Drawn By: S. BROOKS
Date: 9-25-15
REV:
Site:

BIRCH - 2F

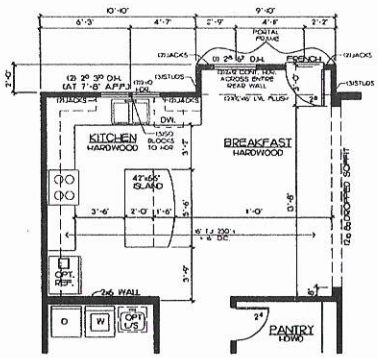
Sheet: 4



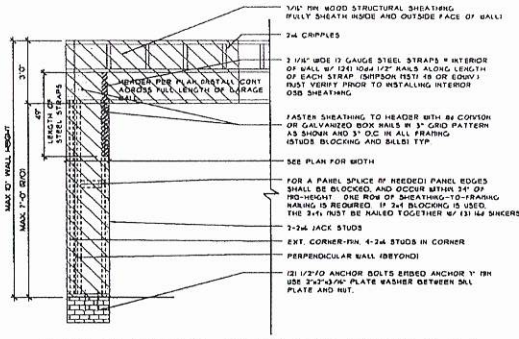
TYPICAL STAIR DETAIL
STAIR CONFIG PER PLAN 3/8"=1'-0"



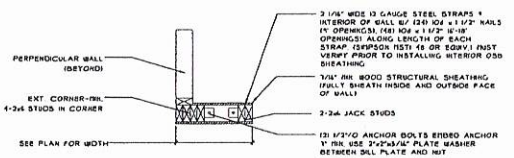
FAMILY ROOM w/BONUS ABV.
1/4" = 1'-0"



OPTIONAL BOX BAY
1/4" = 1'-0"



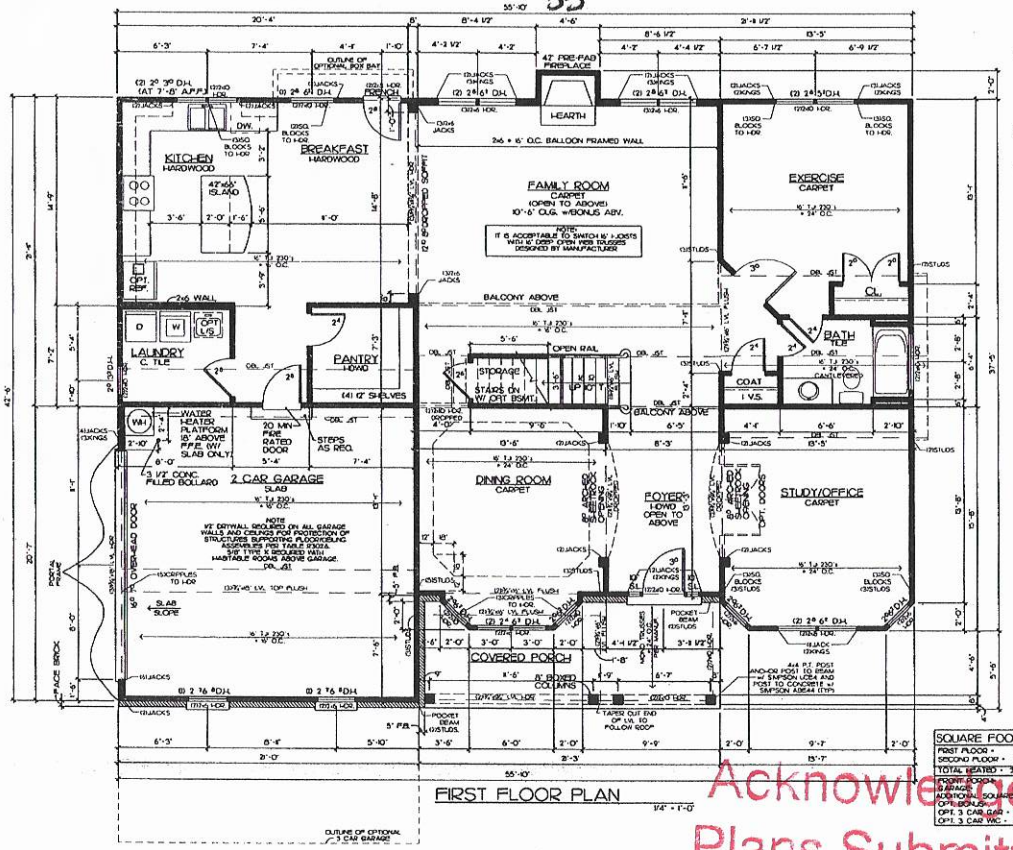
GARAGE PORTAL FRAME DET. FRONT ELEV.
SCALE: 1/2" = 1'-0"



GARAGE PORTAL FRAME DETAIL PLAN VIEW
SCALE: 1/2" = 1'-0"

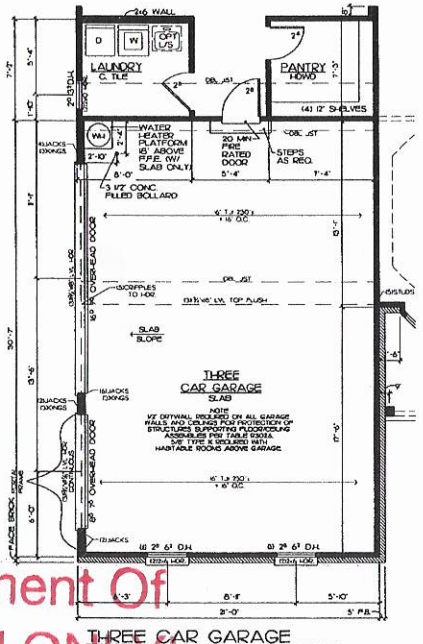
55'

43'



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

SQUARE FOOTAGES	
FIRST FLOOR =	1732 sq. ft.
SECOND FLOOR =	1,741 sq. ft.
TOTAL HEATED =	3,473 sq. ft.
FRONT PORCH =	155 sq. ft.
2 GARAGE =	428 sq. ft.
ADDITIONAL SQUARE FOOTAGE OF FLOOR PLAN =	207 sq. ft.
OPT. 3 CAR GAR. =	203 sq. ft.
OPT. 3 CAR WC =	174 sq. ft.



THREE CAR GARAGE
1/4" = 1'-0"

Southern Dynamic Engineering and Design, P.L.L.C
P.O. Box 87
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GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED PIECE FROM EAVES, VOIDS OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A GOOD MATERIAL OF AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UNHEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R613 OF R&E4.

WALL BRACING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN R602.10.4 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH SEPTEMBER 1, 2013 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATHED WITH A MINIMUM 7/16" O.S.B. AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG O.S.B. PANEL EDGES, FASTEN PANEL EDGES TO BLOCKING AT 3" O.C. AND 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF THE WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" O.S.B.

HANGER SCHEDULE FOR JOISTS AND BEAMS	
NUMBER (NUMBER OF PLYS)	HANGER
2X4	LUS24
2X6	LUS26
2X8	LUS28
2-2X8	HUS28-2
2-2X10	HUS210-2
3-2X8	HUS28-3
3-2X10	HUS210-3
2-2X12	HUS212-2
3-2X12	HUS212-3
3-2X10	HUS26-3
3-2X12	HUS26-3 FIH
2-1 3/4" x 9 1/4" LVL	HGUS960
2-1 3/4" x 9 1/4" LVL	HGUS962
2-1 3/4" x 11 7/8" LVL	HGUS964
2-1 3/4" x 14" LVL	HGUS964
2-1 3/4" x 16" LVL	HGUS964
3-1 3/4" x 9 1/4" LVL	HGUS962
3-1 3/4" x 9 1/4" LVL	HGUS962
3-1 3/4" x 11 7/8" LVL	HGUS964
3-1 3/4" x 14" LVL	HGUS964
3-1 3/4" x 16" LVL	HGUS964
4-1 3/4" x 9 1/4" LVL	HGUS962
4-1 3/4" x 11 7/8" LVL	HGUS964
4-1 3/4" x 14" LVL	HGUS964
4-1 3/4" x 16" LVL	HGUS964

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2012 N.C.R.C.

Acknowledgement Of Plans Submittal ONLY!
Kathleen Saunders Date 10-29-19
Benjamin A Bell Date 12-2-19

840 Edmonton Rd. Mt. Ulla, NC 28125 Ph. 704-660-5758
CUSTOM CONSTRUCTION

Project: The Birch
Sheet Title: FIRST FLOOR PLAN

Drawn By: S. BROOKS
Date: 9-25-19
REV:
Site:

BIRCH-1F
Sheet
3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
302162 Issue Date: 10/29/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4685165285.000	832 PATTERSON FARM RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: TRAILS END REAL ESTATE 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
1.13	35	50	15	15	WSII-BOW Coddle Creek	YES

Remarks
SFD

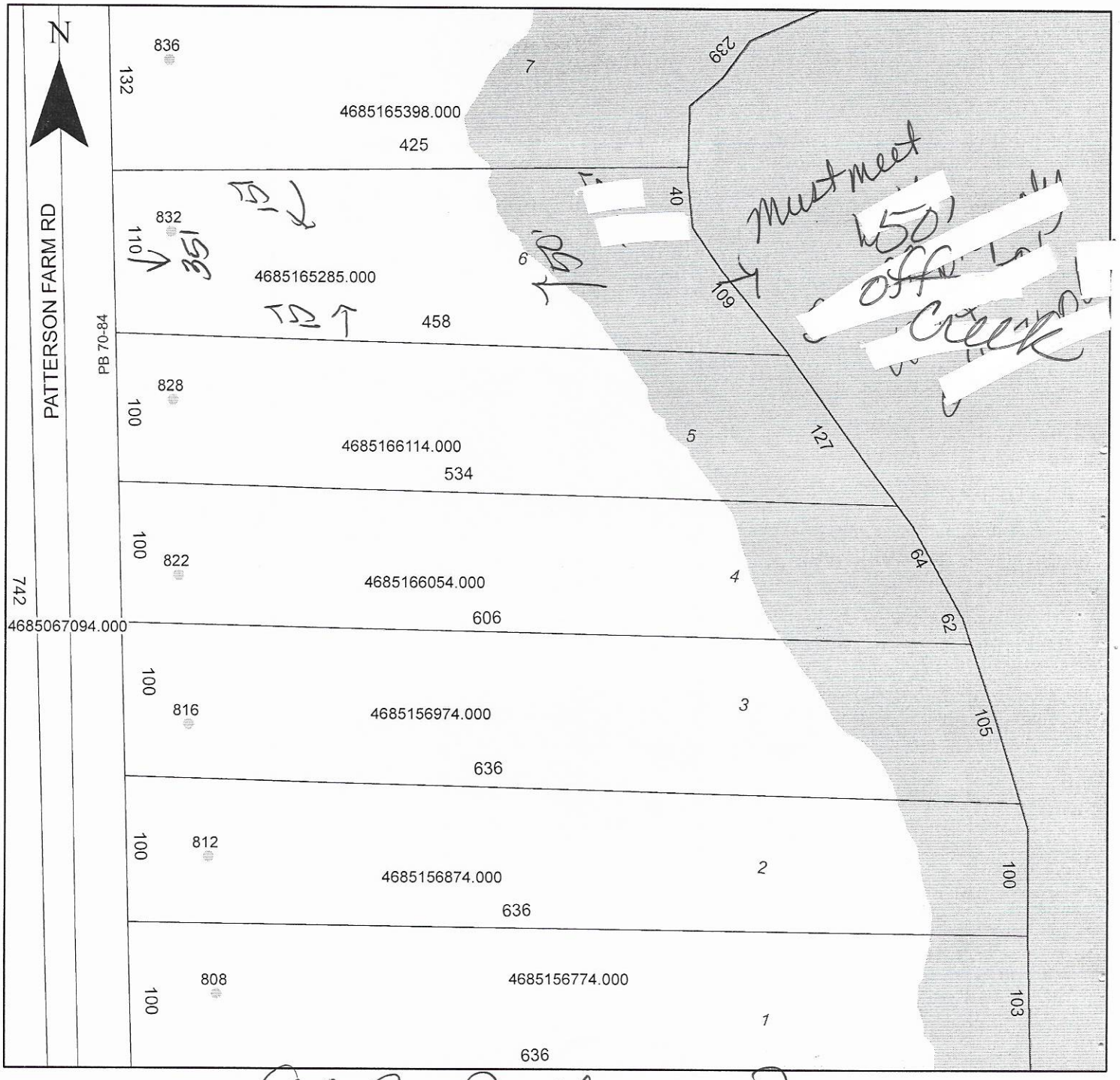
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	000668	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 832 Patterson Farm

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 Saunders
Applicant

10-29-19
Date