# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (MW) | PERMIT # AP 324440

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

PIN # 4686 -- 10 -- 1591

APPLICANT/OWNER: Joe Prochnicki Jr | APPLICANT ADDRESS: 186 Ram Shadow Dr

SITE ADDRESS: 1043 Patterson Farm Rd, Mooresville 28117 | PHONE: 704-207-5110 | ALT. PHONE 702-860-1160

SITE DIRECTIONS: 152 E - Patterson Farm | SAP CONTROLLED: ☐ YES ☒ NO

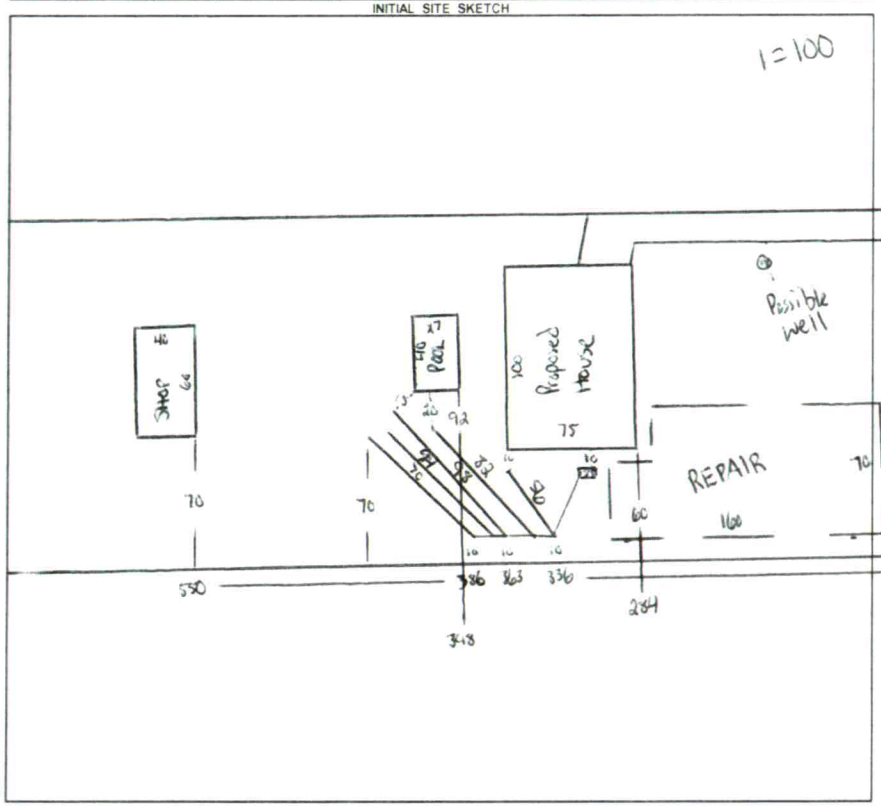
SUBDIVISION: Patterson Grove | SECTION: - | LOT # 7 | LOT AREA: 4.32 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: 3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 7/24/22 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 4 |
| Pump Tank | (gal) | PT | | Date | | System Description: | 25% reduction | ☐ Business | No. Persons 8 |
| Pump Make | | Model | | Serial # | | Repair System Description: | 25% reduction (pm) | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 400 | Maintenance Agreement Required: | ☐ YES ☒ NO | ☒ Slab | ☐ Crawl Space |
| Trench Width | 36 in | Trench Bottom Depth ~~(Low side)~~ | | 36" max | | Gravel Depth | ~ ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

**Water Supply**: ☒ Private ☐ Public ☐ Community

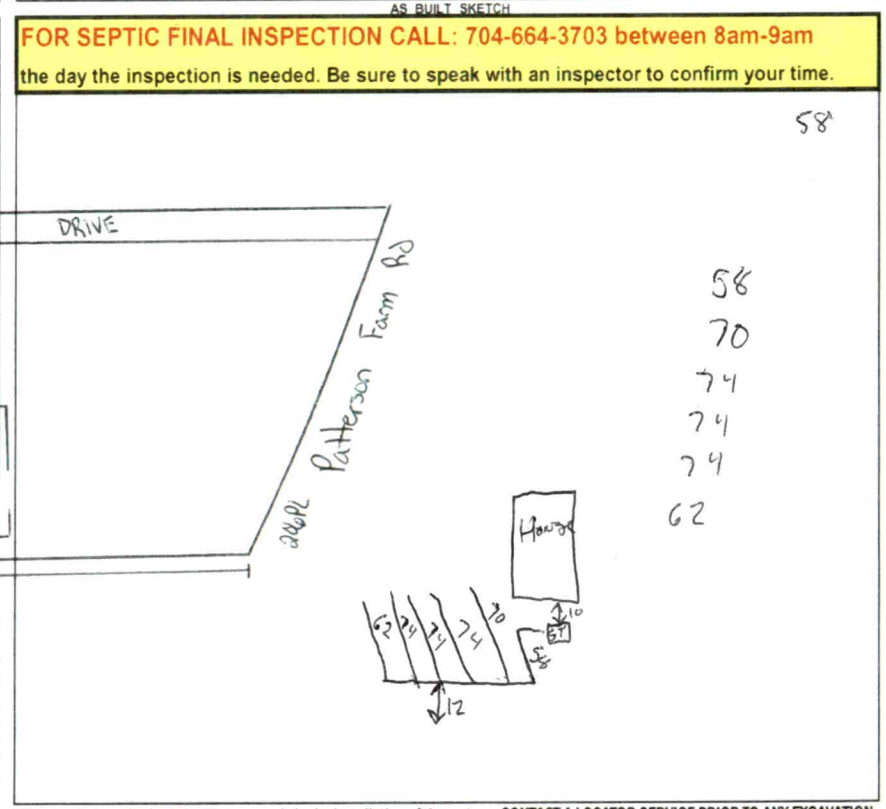
Comments / Conditions: Excessive grading on house back will cause system to be pumped. Do not grade, drive, or park on septic area. Utilize serial distribution. Pool must be staked at time of install.

INITIAL SITE SKETCH




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.




*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: [signature] Date: 8/18/22 | Installed by: Specialty

IMPROVEMENT PERMIT by: [signature] Date: 8/9/22 | OPERATION PERMIT by: [signature] Date: 9/8/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/9/22 | Existing System Inspected by: Date:

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

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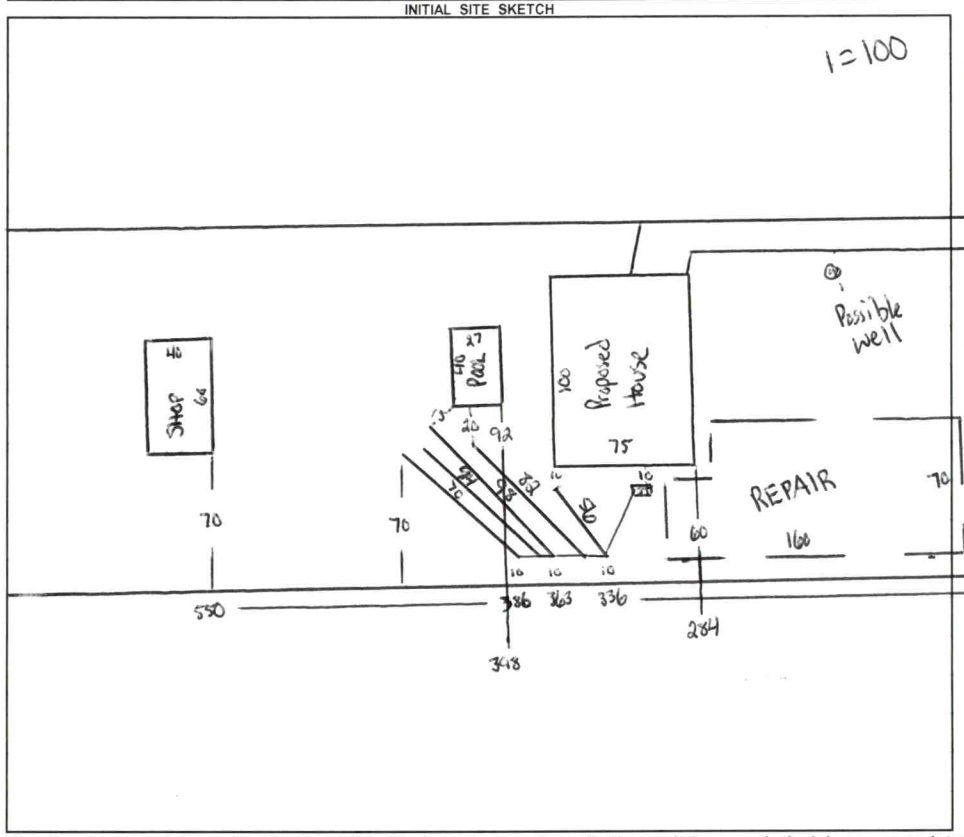
| | | | | | | | |
|---|---|---|---|---|---|---|---|
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| Pump Make | | Model | Serial # | Repair System Description: | 25% reduction (pm) | | |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 400' | Maintenance Agreement Required: | ☐ YES ☒ NO |
| Trench Width | 36 in | Trench Bottom Depth ~~(Low side)~~ | 36" max | Gravel Depth | - | ☒ 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: Excessive grading on house box will cause system to be pumped. Do not grade, drive, or park on septic area. Utilize serial distribution. Pool must be staked at time of install.

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AS BUILT SKETCH

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Owner / Applicant Signature: Joe Prochnicki Jr | Date: 8/18/22 | Installed by:

IMPROVEMENT PERMIT by: Cory White | Date: 8/9/22 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Cory White | Date: 8/9/22 | Existing System Inspected by: | Date:

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

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | | |
| Tanks Checked | | |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

| Repairs Only | |
|---|---|
| | State Code |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

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

Sheet 1 of 1
PROPERTY ID #: 4686101591
COUNTY: Iredell

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

OWNER: Joe Prudnicki Jr
ADDRESS: 186 Ram Shadow Dr
PROPOSED FACILITY: 5 bd/r home
PROPOSED DESIGN FLOW (.1949): 600 gpd
LOCATION OF SITE: 1043 Patterson Farm Rd, Mooresville 28117

APPLICATION DATE 1/7/22
DATE EVALUATED: 2/9/22
PROPERTY SIZE: 4.32 acres
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 | Linear 16% | 0 - 9 | Plow SCL | | – | 49 | Common SAP inc in CL layer | | .3 PS |
| | | 9 - 27 | C SBK | SS SP FR SE | | | | | |
| | | 27 - 49 | CL SBK | SS SP FR SE | | | | | |
| 2 | Linear 11% | 0 - 9 | Plow SCL | | – | 53 | Heavy SAP inc in CL layer | | .3 PS |
| | | 9 - 19 | C SBK | SS SP FR SE | | | | | |
| | | 19 - 53 | CL SBK | SS SP FR SE | | | | | |
| 3 | Linear 8% | 0 - 5 | SCL SBK | SS SP FR SE | – | 50 | Common SAP inc in CL layer | | .3 PS |
| | | 5 - 19 | C SBK | SS SP FR SE | | | | | |
| | | 19 - 50 | CL SBK | SS SP FR SE | | | | | |
| 4 | Linear 7% | 0 - 8 | Plow SCL | | Yellow/Brown cl< 20in | 57 | Common SAP inc in CL layer | | .275 PS Repair |
| | | 8 - 21 | C SBK | SS SP FR SE | | | | | |
| | | 21 - 51 | CL SBK | SS SP FR SE | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% | 25% |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Wrickter
OTHER(S) PRESENT: Matthew Wilkenson

COMMENTS:

# LEGEND

***use the following standard abbreviations***

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 | | |
| | | O (Organic) | None | None | | |

| MOIST | WET |
|---|---|
| VFR (Very Friable) | NS (Non-sticky) |
| FR (Friable) | SS (Slightly Sticky) |
| FI (Firm) | S (Sticky) |
| VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| EFI (Extremely Firm) | NP (Non-plastic) |
| | SP (Slightly Plastic) |
| | P (Plastic) |
| | VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

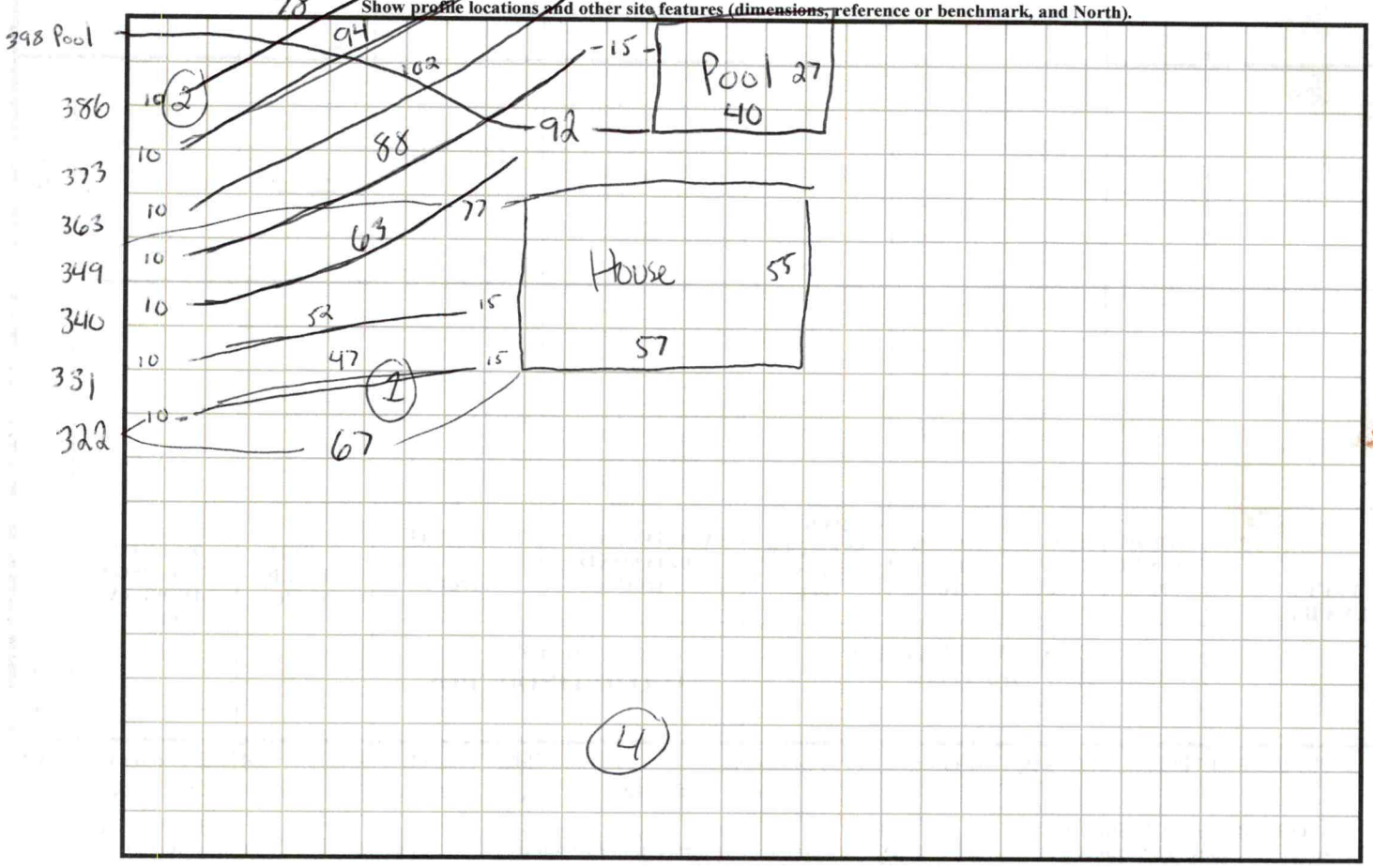
***NOTES***

| | |
|---|---|
| *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), 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).**




16% slope

RECEIVED JUL 21 2022

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED**

# Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-324440

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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:** Joe Pruchnicki Jr. **Address:** 1610 Rain Shadow Dr. **Zip:** 28115
**Applicant Email:** Pruchnicki05@gmail **Phone:** 704 2075110 **Alt. Phone:** 702 860 1110
**Owner Name:** Dustin McClure/MartinRay Holdings **Address:** **Zip:** 28115
**Owner Email:** **Phone:** **Alt. Phone:**

**Property Information:**

**Street Address:** 1043 Patterson Farm Road

**Subdivision Name:** Patterson Grove **Section/Phase:** **Lot Number:** 7

**Driving Directions:**

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

**CHECK FOUNDATION TYPE**
~~(X) Crawl Space Foundation~~
(X) 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 (X) 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:** Joe Pruchnicki
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

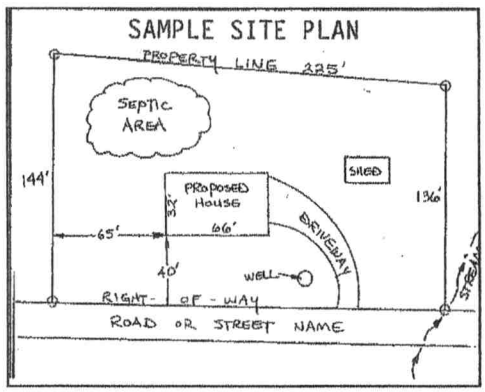
12/14/2021
DATE

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2: *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
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and 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

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




**Signature:** _____ 12/14/21

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

*(Check and sign only ONE of the options below)*

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.**

☒ **2.** I, Dustin McClure / MartinRay Holdings, LLC, am the legal owner(s) of the property located at Lot 7 Patterson Farm Rd Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4686101591.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Joe Pruchnicki Jr. +, Brittany Pruchnicki, 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

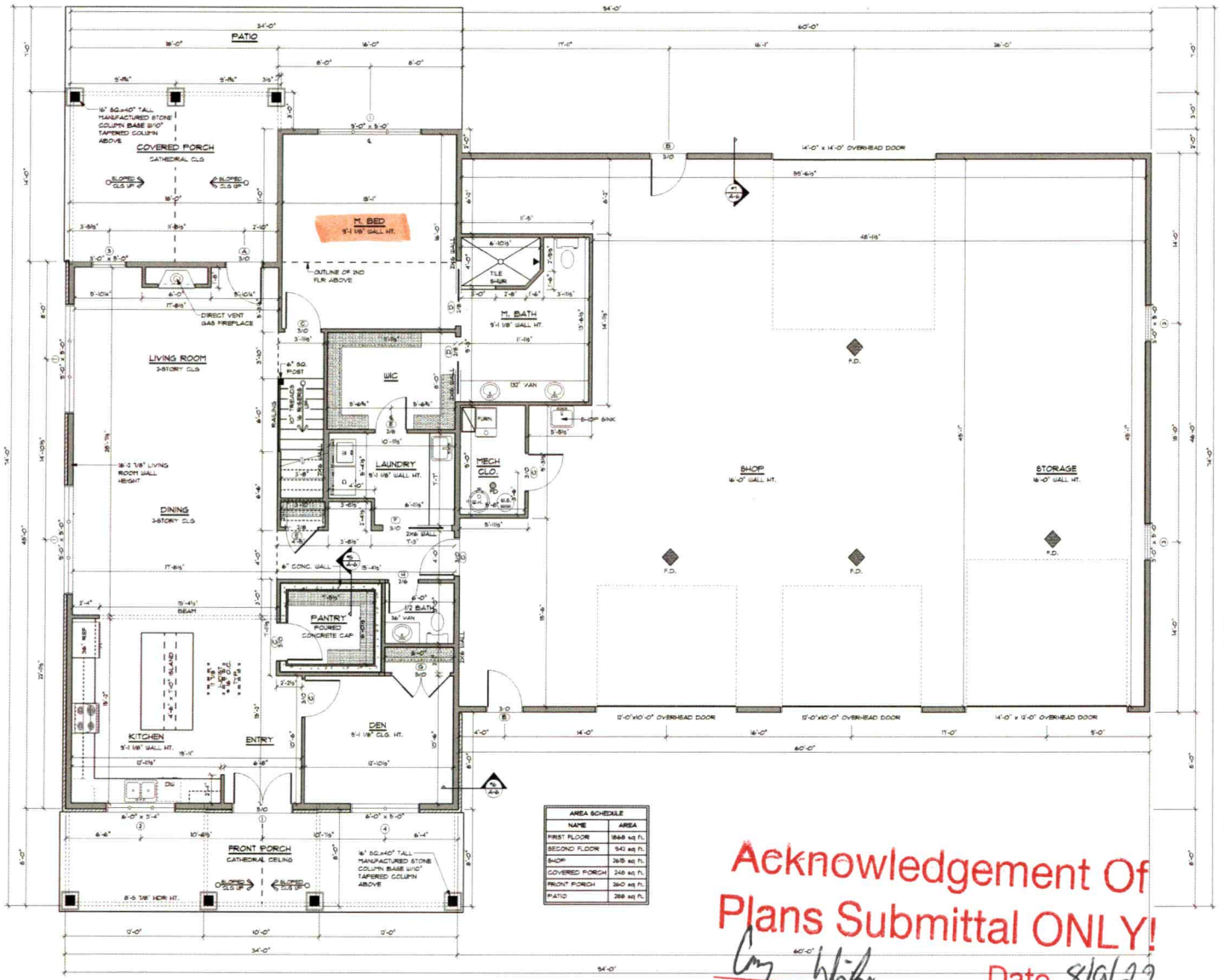
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 12/20/21
Signature of Owner(s) Date

**Mooresville - Environmental Health**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

94'




94'

| OPENING SCHEDULE | | | | |
|---|---|---|---|---|
| COUNT | OPENING ID | WIDTH | HEIGHT | TYPE |
| 3 | 1 | 5'-0" | 5'-0" | WINDOW |
| 1 | 2 | 6'-0" | 3'-4" | WINDOW |
| 3 | 3 | 5'-0" | 5'-0" | WINDOW |
| 3 | 4 | 6'-0" | 5'-0" | WINDOW |
| 2 | 5 | 5'-0" | 4'-6" | WINDOW |
| 1 | 6 | 3'-0" | 4'-6" | WINDOW |
| 1 | A | 3'-0" | 6'-8" | DOOR |
| 2 | B | 3'-0" | 6'-8" | DOOR |
| 5 | C | 3'-0" | 6'-8" | DOOR |
| 3 | D | 2'-8" | 6'-8" | POCKET |
| 1 | E | 2'-8" | 6'-8" | DOOR |
| 1 | F | 3'-0" | 6'-8" | POCKET |
| 1 | G | 5'-0" | 6'-8" | DOOR |
| 1 | H | 2'-6" | 6'-8" | DOOR |
| 1 | I | 5'-0" | 6'-8" | DOOR |
| 1 | J | 5'-0" | 6'-8" | DOOR |

| AREA SCHEDULE | |
|---|---|
| NAME | AREA |
| FIRST FLOOR | 1868 sq Ft. |
| SECOND FLOOR | 941 sq Ft. |
| SHOP | 2615 sq Ft. |
| COVERED PORCH | 248 sq Ft. |
| FRONT PORCH | 260 sq Ft. |
| PATIO | 288 sq Ft. |

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

Acknowledgement Of Plans Submittal ONLY!

Date 8/9/22

Date 8-~~18~~-22

Patterson Grove
1043 Patterson Farm

| PROJECT DETAILS | |
|---|---|
| WINDOWS: | BRAND: TBD |
| FOUNDATION: | CONC. SLAB |
| EXTERIOR WALLS: | 2x6 |
| GARAGE WALLS: | 2x6 |
| INTERIOR WALLS: | 2x4 |
| FIRST FLOOR: | 9'-1 1/8" |
| SECOND FLOOR: | 8'-1 1/8" |

CUSTOM HOME DESIGNS, LLC
2841 S. 150 E.
COLUMBIA CITY, IN 46725
(260) 244-5851
WWW.CHD-LLC.COM

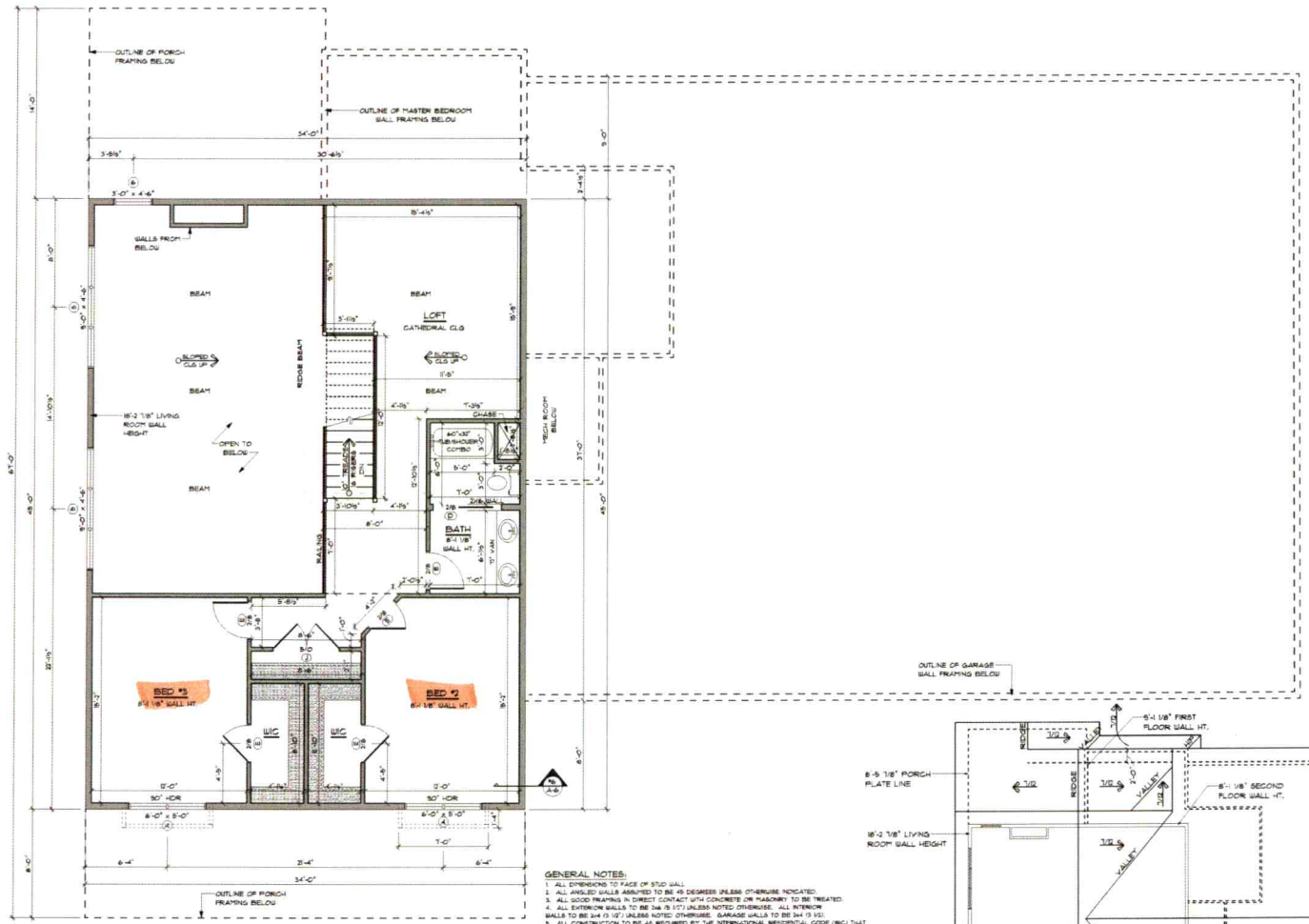
THESE DRAWINGS ARE THE COPYRIGHTED PROPERTY OF THE DESIGNER AND ARE NOT TO BE REPRODUCED WITHOUT HIS WRITTEN PERMISSION

FIRST FLOOR PLAN

PLAN #2291

DRAWN BY: BG/JE/MK/CK
PROJECT: 2291-2048
PRINT DATE: 5/25/2022
FINAL: 25 MAY 2022
SCALE: 1/4" = 1'-0"

A-3



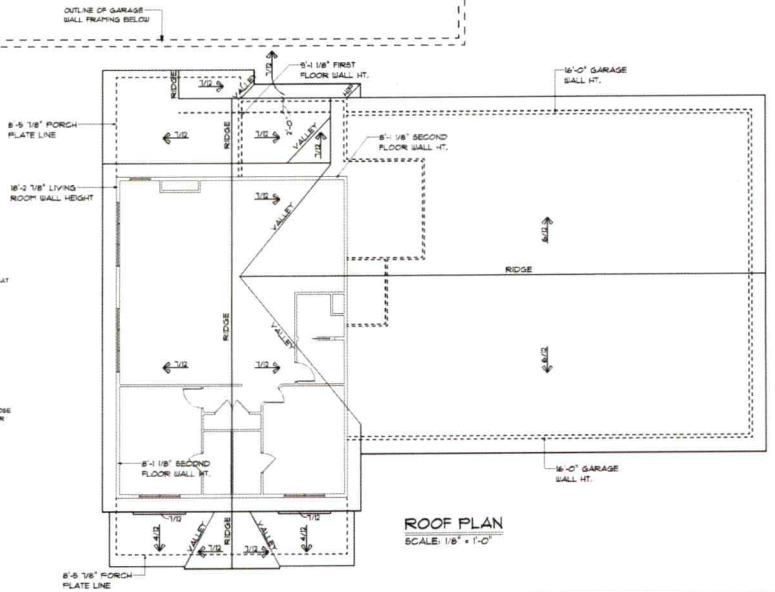

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

GENERAL NOTES:

1. ALL DIMENSIONS TO FACE OF STUD WALL.
2. ALL ANGLED WALLS ASSUMED TO BE 45 DEGREES UNLESS OTHERWISE NOTICATED.
3. ALL WOOD FRAMING IN DIRECT CONTACT WITH CONCRETE OR MASONRY TO BE TREATED.
4. ALL EXTERIOR WALLS TO BE 2x6 (5 1/2") UNLESS NOTED OTHERWISE. ALL INTERIOR WALLS TO BE 2x4 (3 1/2") UNLESS NOTED OTHERWISE. GARAGE WALLS TO BE 2x4 (3 1/2).
5. ALL CONSTRUCTION TO BE AS REQUIRED BY THE INTERNATIONAL RESIDENTIAL CODE (IRC) THAT IS CURRENTLY IN EFFECT IN THE LOCALITY THE BUILDING IS TO BE CONSTRUCTED.
6. THESE PLANS ARE INTENDED TO SHOW GENERAL DESIGN ONLY. THE FINAL LAYOUT AND DETAIL OF THESE DRAWINGS ARE THE RESPONSIBILITY OF CONTRACTOR AND/OR HOMEOWNERS AND SHOULD BE VERIFIED TO BE CORRECT PRIOR TO CONSTRUCTION. ANY DISCREPANCIES OR ERRORS FOUND IN THE PLANS TO BE REPORTED TO THE DESIGNER AND APPROPRIATE PLANS TO BE RE-ISSUED IF NECESSARY.
7. ALL GRADE LINES SHOWN ARE ESTIMATES OF THE FINAL GRADE AND ARE SCHEMATIC ONLY.
8. STAIR RISE / RUN CALCULATIONS ARE SHOWN FOR REFERENCE ONLY. VERIFY ALL FLOOR TO FLOOR MEASUREMENTS BEFORE COMMENCEMENT OF STAIRWAY FRAMING.
9. VERIFY SIZE AND ALL ROUGH OPENINGS REQUIRED FOR THE FIREPLACE IF REQUIRED BEFORE FRAMING.
10. ALL ROOM DIMENSIONS SHOWN DURING THE PRELIMINARY PLAN PHASE ARE TO BE CONSIDERED ROUGH DIMENSIONS AND NOT A REFLECTION OF THE FINAL ROOM SIZES.
11. WINDOW HEAD HEIGHTS SHOULD BE CHANGED IF REQUIRED FOR PROPER ROOF CLEARANCE.
12. NOT ALL FRAMING BEAMS HAVE BEEN LOCATED ON VERIFIED. LOCATION AND SIZING OF THOSE BEAMS TO BE PERFORMED BY A QUALIFIED INDIVIDUAL PRIOR TO CONSTRUCTION. CONTRACTOR TO VERIFY LOCATIONS OF ALL BEARING POINTS AND THICKEN ALL FLOOR SLABS AND OR FOUNDATIONS AS REQUIRED TO MEET BEARING REQUIREMENTS.
13. CONTRACTOR TO IDENTIFY ALL LOAD BEARING WALLS AND THICKEN BASEMENT SLABS APPROPRIATELY.
14. PROPER FROST PROTECTION TO BE MAINTAINED. ADJUST ALL WALLS AND OR FOOTINGS TO MAINTAIN FROST PROTECTION.

ROOF NOTES:

1. ALL EAVE OVERHANGS TO BE 24" UNLESS NOTED OTHERWISE.
2. ALL GABLE OVERHANGS TO BE 24" UNLESS NOTED OTHERWISE.
3. ALL OVERHANGS DIMENSIONED FROM THE EXTERIOR WALL FRAMING.
4. CHANGE HEEL HEIGHTS, BEAM HEIGHTS, WALL HEIGHTS, AND OR OVERHANG DEPTHS WHERE DIFFERING ROOF PITCHES ARE USED.
5. ASSUME 5" HEEL HEIGHT, UNLESS NOTED OTHERWISE.




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

Acknowledgement Of Plans Submittal ONLY!

Cory White Date 8/9/22

Date 8/22/22

| PROJECT DETAILS | |
|---|---|
| WINDOWS: | BRAND TBD |
| FOUNDATION: | CONC SLAB |
| EXTERIOR WALLS: | 2x6 |
| GARAGE WALLS: | 2x6 |
| INTERIOR WALLS: | 2x4 |
| FIRST FLOOR: | 9'-1 1/8" |
| SECOND FLOOR: | 8'-1 1/8" |

CUSTOM HOME DESIGNS, LLC
2841 S. 150 E.
COLUMBIA CITY, IN 46725
(260) 244-5851
WWW.CHD-LLC.COM

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# SECOND FLOOR & ROOF PLAN

# PLAN #2291

| | |
|---|---|
| DRAWN BY: | BG/TE/MKCK |
| PROJECT: | 2291-2048 |
| PRINT DATE: | 5/25/2022 |
| FINAL: | 25 MAY 2022 |
| SCALE: | 1/4" = 1'-0" |

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