ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 515155

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

PIN # 4710 --39 --5769

APPLICANT/OWNER: Gregory Carr | APPLICANT ADDRESS: 161 Harris Farm Rd Mooresville NC 28115

SITE ADDRESS: 190 High Lake Drive Statesville NC 28677 | PHONE: 704-491-1047 | ALT. PHONE

SITE DIRECTIONS: Buffalo Shoals to Laurel Cove to Harbor Gate High Lake Drive | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harbor Watch | SECTION: 1 | LOT # 42 | LOT AREA: 1.27 Ac | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	9-6-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	– (gal)	PT	–	Date	–	System Description:	Gravity - 25% Reduction.			☐ Business	No. Persons 6
Pump Make	–	Model	–	Serial #	–	Repair System Description:	PM - 25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth	30 in max	Gravel Depth	–		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

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:

Soil & Forestry Services of the Carolinas

LSS # 1218 Dated August 25, 2021.

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.

Installed as drawn

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**

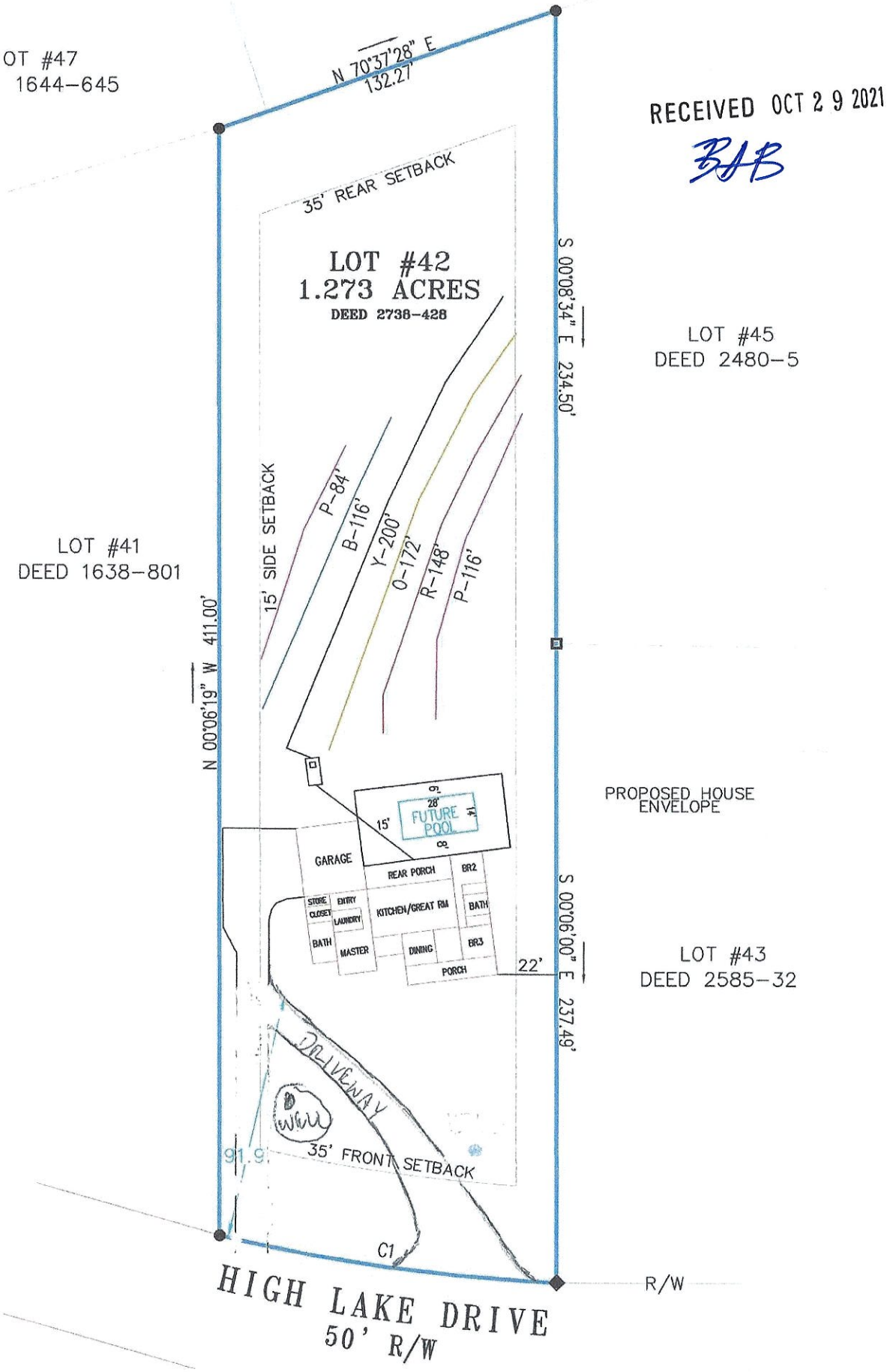
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Gregory D. Carr Date: 9-14-2021 Installed by: Ground Breakers

IMPROVEMENT PERMIT by: Benjamin Bass Date: 9/7/2021 OPERATION PERMIT by: Cory Winkler Date: 11/18/21

AUTHORIZATION TO CONSTRUCT by: Benjamin Bass Date: 9/7/2021 Existing System Inspected by: Date:

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


OT #47
1644–645
N 70°37'28" E
132.27'
RECEIVED OCT 2 9 2021
BAB
35' REAR SETBACK
LOT #42
1.273 ACRES
DEED 2738–428
S 00°08'34" E 234.50'
LOT #45
DEED 2480–5
15' SIDE SETBACK
P–84'
B–116'
Y–200'
O–172'
R–148'
P–116'
LOT #41
DEED 1638–801
N 00°06'19" W 411.00'
PROPOSED HOUSE
ENVELOPE
28'
15'
FUTURE POOL
GARAGE
REAR PORCH
BR2
STORE
CLOSET
ENTRY
LAUNDRY
KITCHEN/GREAT RM
BATH
BATH
MASTER
DINING
BR3
PORCH
22'
S 00°06'00" E 237.49'
LOT #43
DEED 2585–32
DRIVEWAY
WELL
91.9'
35' FRONT SETBACK
C1
R/W
HIGH LAKE DRIVE
50' R/W

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

August 25, 2021

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal for Lot 42 Harbor Watch Subdivision

190 High Lake Drive-Statesville

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom accepted system using gravity distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"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)."

Owners: Gregory Dewayne Carr and Natalie Susan Carr:

Signatures: Gregory Dewayne Carr / Natalie Susan Carr

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

Wendell Overby, LSS

Signature: Wendell Overby

Seal:



Three (3) Bedroom Accepted Septic System Design using
Gravity Distribution for Lot 42 of Harbor Watch
190 High Lake Drive

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7-8

Iredell County Septic Application---------- 9-10

Iredell County Zoning Permit---------- 11

Environmental Health Requirements---------- 12

Agent Authorization---------- 13

Owner: Gregory Carr
(704) 491-1047

August 2021

Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DHH, and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
- Elevations at pinflag locations should be checked by the installer prior to beginning
- Septic tank riser shall be a minimum of 6" above finished grade.
- **System specified as accepted type using gravity distribution**
- **Repair specified as accepted type with p.manifold distribution**
- **System trenches installed on 9' minimum; 3' wide trenches**
- **Iredell County has approval to move tank**

GRAVITY DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Gregory Carr
Phone:	704 491-1047
County:	Iredell
Location:	190 High Lake Drive

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	gpm

Design Specifications

Drainfield Size:	300	lf
Loading Rate:	0.3	gpd/ft2
Depth of Gravel in Trench:	n/a	
Gravel Size:	n/a	
Trench Depth:	30	in
Trench Width:	36 in.	
Septic Tank Size:	1000	
Pump Tank Size:	n/a	
Estimated Supply Line Length:	4	lf
Supply Line Diameter:	3 in. SCH 40 PVC	
Supply Line Volume:	1.52	gal
Dosing Volume:	n/a	gal
Recommended Float Controls:	n/a	
Recommended Control Panel:	n/a	
Pressure Head:	n/a	
Friction Head:	n/a	ft
Elevation Head:	n/a	ft
Total Dynamic Head:	n/a	ft
Threaded Union:	n/a	
Gate Valves:	n/a	
Check Valves:	n/a	
Anti-Siphon Hole:	n/a	
Recommended Pump:	n/a	

190 High Lake Drive
Gravity Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.3	gpd/ft2
TOTAL AREA TRENCH BOTTOM:	900	sf
TOTAL LATERAL LENGTH:	300	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	300	lf
SUPPLY LINE LENGTH:	4	lf
TOTAL DYNAMIC HEAD:	n/a	gpm
DOSING VOLUME:	n/a	gal
PUMP TANK DRAW DOWN*:	n/a	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	n/a	

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

190 High Lake Drive

Layout for a 3 bedroom home **August 2021**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM							
HOUSE			104.6	4.60	100.0		
TANK				5.00	99.4		
			REPAIR				
1	Pink			2.20	102.4	116	100
2	Red			3.00	101.6	148	100
3	Orange			4.30	100.3	172	100
			SYSTEM				
4	Yellow			5.80	98.8	200	108
5	Blue			7.30	97.3	116	108
6	Pink			8.70	95.9	84	84

	LINE LENGTH	LTAR GPD/FT	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	300	0.300	ACCEPTED	25%	GRAVITY	30
REPAIR	300	0.300	ACCEPTED	25%	MANIFOLD	30

Notes:

**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

CALCULATIONS

Location 190 High Lake Drive

Project Number 20-1131

Lot No: 42

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.3 $^{gal}/_{ft^2\,day}$

Accepted? (YES OR NO) Yes

Supply Line Length 4 ft.

Supply Line Volume 1.52 gal.

Required Feet of Line 300 ft.
Amount of Line from Layout 300 ft.

Gallons per Minute n/a $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Minimum Standard Tank Size 1000

Lateral Line Volume 195.9 gal.

Dosing Volume n/a gal.

Tank Draw Down 0.0 in.
Generic Draw Down of 21 gal.per in.

Pump Run Time 0.00 minutes

Elevation Head 0 ft.
Pressure Head 0 ft.
Friction Factor 0 ft./100 ft. *(From the interpolater.)*
Friction Head 0.00 ft.
Elevation Head +15% 0
Total Dynamic Head 0.00 ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
27.4	1.51
30	1.78
	-1.76
35	2.37
37	2.63
40	3.03
42.7	3.43
45	3.77
46.51	4.01
50	4.58
57.11	5.89
60	6.42

PROPERTY ID #: 4710395769
COUNTY: Iredell

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

OWNER: Greg Carr
ADDRESS:
PROPOSED FACILITY: House
LOCATION OF SITE: 190 High Lake Drive-Statesville
PROPOSED DESIGN FLOW (.1949): 360
APPLICATION DATE
DATE EVALUATED: 9/1/20
PROPERTY SIZE: 1.27
PROPERTY RECORDED:

WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: X☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAP CLASS	.1944 RESTR HORIZ	
1	R / 3%	0-5	B SL WFGr	VFr SS SP	N/A	52			.3
		5-30	R C WMS	Fi SS SP					
		30-52	R CL WMA/S	Fr SS SP few sap					
2	L / 8%	0-4	B SL WFGr	VFr SS SP	N/A	50			.3
		4-10	Y SL WFGr	VFr SS SP					
		10-26	R C WMS	Fr SS SP					
		26-50	R CL WFS/A	Fr SS SP f/c sap					
3	L / 10%	0-3	B SL WFGr	VFr SS SP	N/A	56		15% ROCK	.3
		3-10	Y SCL WMS	Fr SS SP					
		10-36	R C WMS/A	Fr SS SP					
		36-56	R CL WFS	Fr SS SP f/c sap					
4	L / 10%	0-4	B SL WFGr	VFr SS SP	N/A	56			.3
		4-10	Y SCL WFS	Fr SS SP					
		10-36	R C WMA/S	Fr SS SP					
		36-56	R CL WFS	Fr SS SP few sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	300
System Type(s)	ACCEPTED	ACCEPTED
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: OVERBY
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4710395769
DATE OF EVALUATION: 9/1/2020
COUNTY: Iredell

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
5	L / 10%	0-3	B SL WFGr	VFr SS SP	N/A	53			.3
		3-10	Y SCL WFS	VFr SS SP					
		10-32	R C WMA/S	Fr SS SP					
		32-53	R CL WFS	Fr SS SP c sap					
6	R / 3%	0-3	DB SL WFGr	VFr SS SP	N/A	48		15% ROCK	.3
		3-9	Y SCL WFS	VFr SS SP					
		9-32	R C WMA/S	Fr SS SP					
		32-48	R CL WFS	Fr SS SP few sap					

COMMENTS: _____

BB

RECEIVED AUG 2 6 2021

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

AP- 315155

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $ 500.00

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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: GREGORY CARR **Address:** 161 HARRIS FARM RD M'VILLE **Zip:** 28115

Applicant Email: GDCARR63@GMAIL.COM **Phone:** (704) 491-1047 **Alt. Phone:**

Owner Name: SAME **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 190 HIGH LAKE DRIVE STATESVILLE

Subdivision Name: HARBOR WATCH **Section/Phase:** **Lot Number:** 42

Driving Directions: FRONT STREET → BUFFALO SHOALS → LAUREL COVE → HARBOR GATE → HARBOR WATCH → HIGH LAKE DRIVE

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

CHECK FOUNDATION TYPE

(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: 3
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure:

(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 (X) 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: _____ 8/17/21
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, Gregory Dewayne Carr Natalie Susan Carr, am the legal owner(s) of the property located at 190 HIGH LAKE DRIVE, identified as PIN (Parcel Identification Number) 4710395769, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WENDELL OVERBY _____, 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.

Gregory Dewayne Carr Natalie Susan Carr — Signature of Owner(s)

8-18-2021 — Date

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

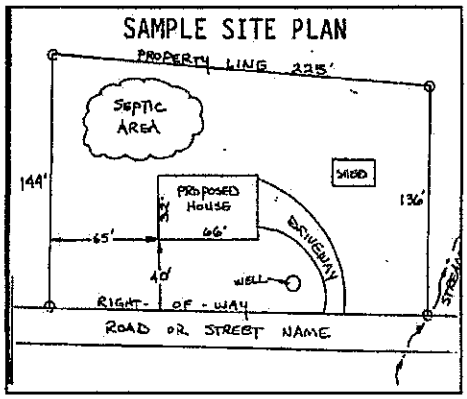
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

SEE ATTACHED

Signature: Wendell Cly

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

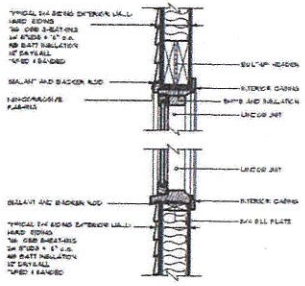
8/17/21

DATE

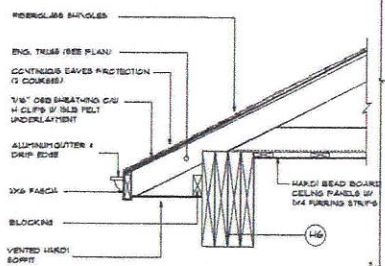
Acknowledgement Of
Plans Submittal ONLY!

Date 8-26-2021

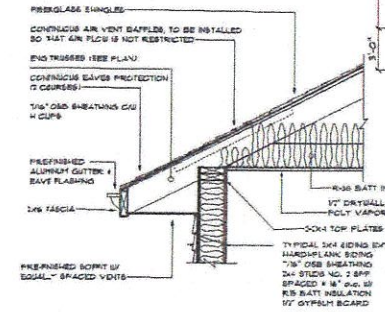
Date 9-7-2021



SIDING HEAD AND SILL



PORCH HEADER FRAMING



WALL DETAIL

TYPICAL 2x4 SIDING EXTERIOR WALL W/O INSULATION:
HARDI PLANK SIDING
7/16" OSB SHEATHING
TYVEK OR EQUAL MOISTURE BARRIER
2x4 NO. 2 SPF STUDS
SPACED @ 16" o.c.
1/2" DRYWALL
TAPED & SANDED

TYPICAL 2x4 SIDING EXTERIOR WALL:
HARDI-PLANK SIDING
7/16" OSB SHEATHING
TYVEK OR EQUAL MOISTURE BARRIER
2x4 NO. 2 SPF STUDS
SPACED @ 16" o.c. w/
R15 BATT INSULATION
6 MIL POLY VAPOR BARRIER
1/2" DRYWALL
TAPED & SANDED

WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.

R612.3 WINDOW SILLS. In dwelling units, where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4 inch diameter sphere where such openings are located within 24 inches of the finished floor.

EXCEPTIONS:

1. Windows whose openings will not allow a 4-inch diameter sphere to pass thru the opening when the opening is in its largest opened position.
2. Openings that are provided with fall prevention devices that comply with SECTION R612.3
3. Openings that are provided with fall prevention devices that comply with ASTM F 2090.
4. Windows that are provided with opening limiting devices that comply with SECTION R612.4

(H1) (2) 2X6 NO. 2 SYP HEADER W/ SGL JACK STUDS

(H2) (2) 2X6 NO. 2 SYP HEADER W/ DBL JACK STUDS

(H3) (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS

(H4) (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

(H8) ENGINEERED LVL BEAM (SIZED BY SUPPLIER)

(H9) (4) 2X10 NO 2 SYP PT BOXED BEAM

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTUAL ERRORS ONCE CONSTRUCTION BEGINS.

FLOOR PLAN

SCALE: 1/4" = 1'-0"

HEATED SQFT	2076
GARAGE	488
FRONT PORCH	128
REAR PORCH	283

ADDITIONAL NOTES

DRAWING TITLE: FLOOR PLAN

PROJECT INFORMATION: CARR RESIDENCE

PROJECT INFORMATION	
ORIGINAL DATE	MARCH, 2021
DRAWN BY	D. ELLIS
REVISED DATE	
SCALE	1/4" = 1'-0"

SCRATCH PAD DESIGNS
711 SOUTH ZION STREET
LANDIS, NC 28088
(704)856-3624

SHEET NO. A3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
315155 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4710395769.000	190 HIGH LAKE DR	Iredell County

Owner Information	Applicant Information
Name: CARR GREGORY D+NATALIE S	Name: SOIL AND FORESTRY SERVICES
Address:	Address: P. O. BOX 832
	MOORESVILLE, NC 28115
Phone:	Phone: (704)746-5046

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.27	35	35	15	15	WSIV-CA Catawba/Lake Norman	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.

Signature of Owner/Contractor

Date: 02/19/2021

Permit Number	315155

TOTAL FEES:	$77.25