IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BCW) Mooresville Office (704) 660-3625 PERMIT # 300725

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

PIN # 4712354213.000

APPLICANT/OWNER: Oscar Kohler Homes APPLICANT ADDRESS: 167 Maple View Drive 28166

SITE ADDRESS: 202 Atwell Drive Statesville NC 28677. PHONE: 704 578 4951 (cell) ALT. PHONE -

SITE DIRECTIONS: Enfola Rd, Atwell Corner of Atwell & Tumout Drive SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Enfola Farms SECTION: 3 LOT # 20-22 LOT AREA: 8.385 Acres. DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 12-16-19

Pump Tank 1000 (gal) PT 363 Date 1-5-20

Pump Make Goulds Model WE0512HHU Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 400

Trench Width 36. Trench Bottom Depth(Low side) 18 Gravel Depth -

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

System Description: PM - 25% Reduction

Repair System Description: Drip - 4800 Sq Ft

Maintenance Agreement Required: ☐ YES ☒ NO

☐ 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:

INITIAL SITE SKETCH

This Permit is issued Pursuant to SL 2018-114 of Section 11.(c) using the attached design proposal by: The Oaks Group, PA LSS# 1313.

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	2/17/20	KW
Tanks Checked	2/17/20	KW
Pressure Manifold or Valve Box Checked	4/16/20	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

*2/17: old road bed needs to be filled
*a few inches of fill has been placed on some of the repair area (see attached from LSS)

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

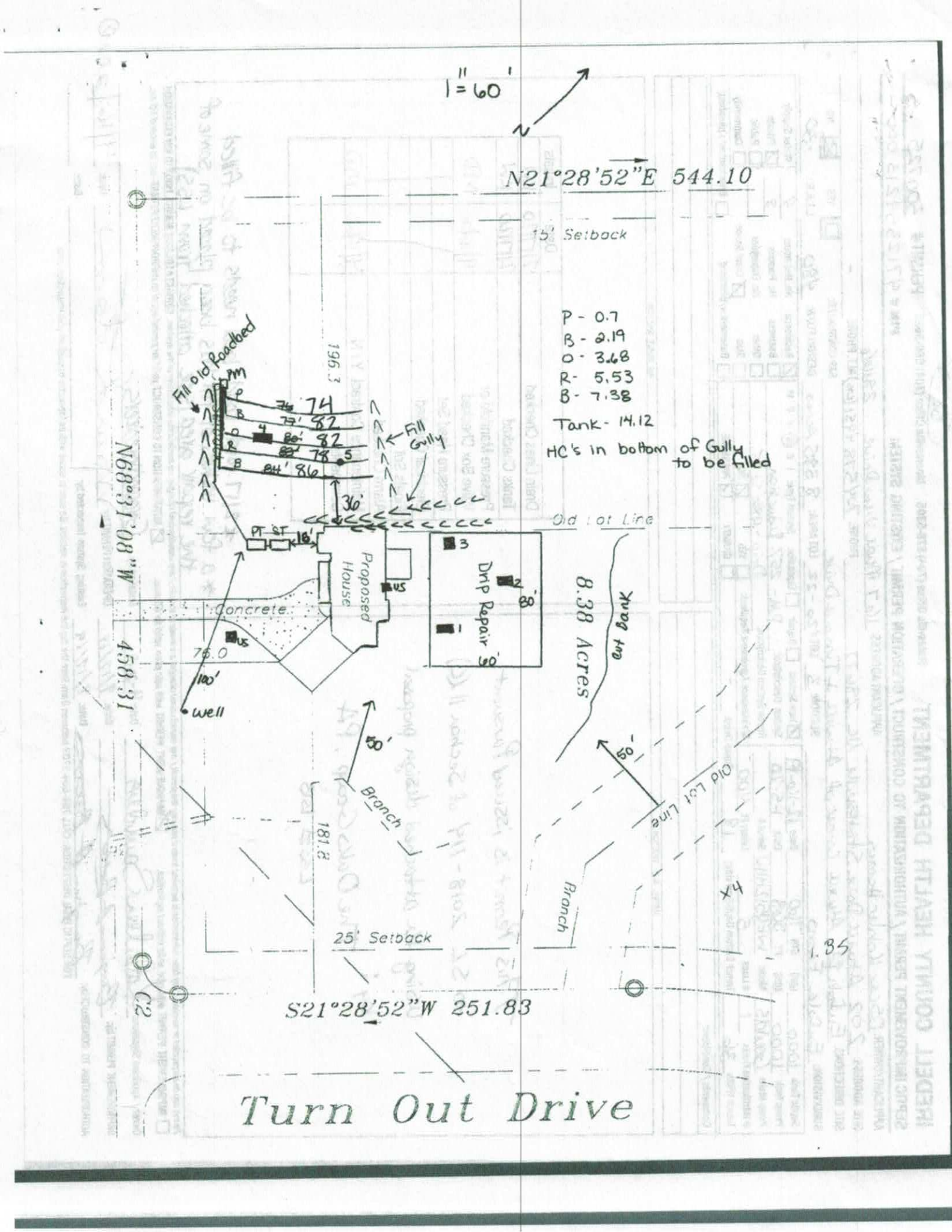
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 9-2019 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Benjamin A Bass Date: 9/17/19 OPERATION PERMIT by: Maria Dotson (as) Date: 4/16/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bass Date: 9/17/19 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.


1" = 60'
N21°28'52"E 544.10
15' Setback
P - 0.7
B - 2.19
O - 3.68
R - 5.53
B - 7.38
Tank - 14.12
HC's in bottom of Gully to be filled
Fill old Roadbed
Fill Gully
196.3'
74
82
82
78
86
36'
Old Lot Line
PT
ST
16'
Proposed House
Drip Repair
80'
60'
Concrete
76.0
100'
well
N68°31'08"W 458.81
8.38 Acres
cut bank
50'
Branch
181.2'
Old Lot Line
Branch
x4
1.85
25' Setback
C2
S21°28'52"W 251.83
Turn Out Drive

Kayla Wilson

From: Kathleen Saunders <kathleenmsaunders@gmail.com>
Sent: Tuesday, February 18, 2020 8:23 AM
To: Kayla Wilson
Subject: Re: 202 Atwell Dr

I'm ok with the the changes to the line lengths and a couple inches of fill material over the repair area. The well location can be marked out if necessary, although they may want an irrigation well at some point so I'd leave it on there.

Kathleen Saunders, LSS
The Oaks Group, PA

On Feb 18, 2020, at 8:20 AM, Kayla Wilson <kayla.wilson@co.iredell.nc.us> wrote:

The following changes were made to the install at 202 Atwell Dr (SL permit):
-drain lines were installed at 74', 82', 82', 78', and 86' (top drain line to lowest line)
-there is public water out there and you show a well on the site plan
***Lastly, some of the repair area has been impacted by a few inches of fill.

Please email me if you are ok with the changes of the drain lines and updated site plan not showing a well. Also, please let me know about the repair area impacted.

Thanks,

Kayla Wilson, REHS
Environmental Health
Iredell County Public Health Deparment
Cell: (980) 635-3821

Please click below and tell us how we are doing:
Take Our Survey

<image001.png>

Pursuant to North Carolina General Statues Chapter 132, Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail messages that may be sent in response to it may be considered public record and as such are subject to request and review by anyone at any time. Also, the information contained in this message may be privileged and confidential. We will withhold confidential correspondences that are tagged as "Confidential" from public record requests. If this e-mail contains protected health information or personal identifying information, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, except as permitted by law. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting it from your computer. Thank You

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Eufola Farms Lot 20/21/22

Date: September 9, 2019

Attached is the septic specification information required to permit Eufola Farms Lot 20/21/22 for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

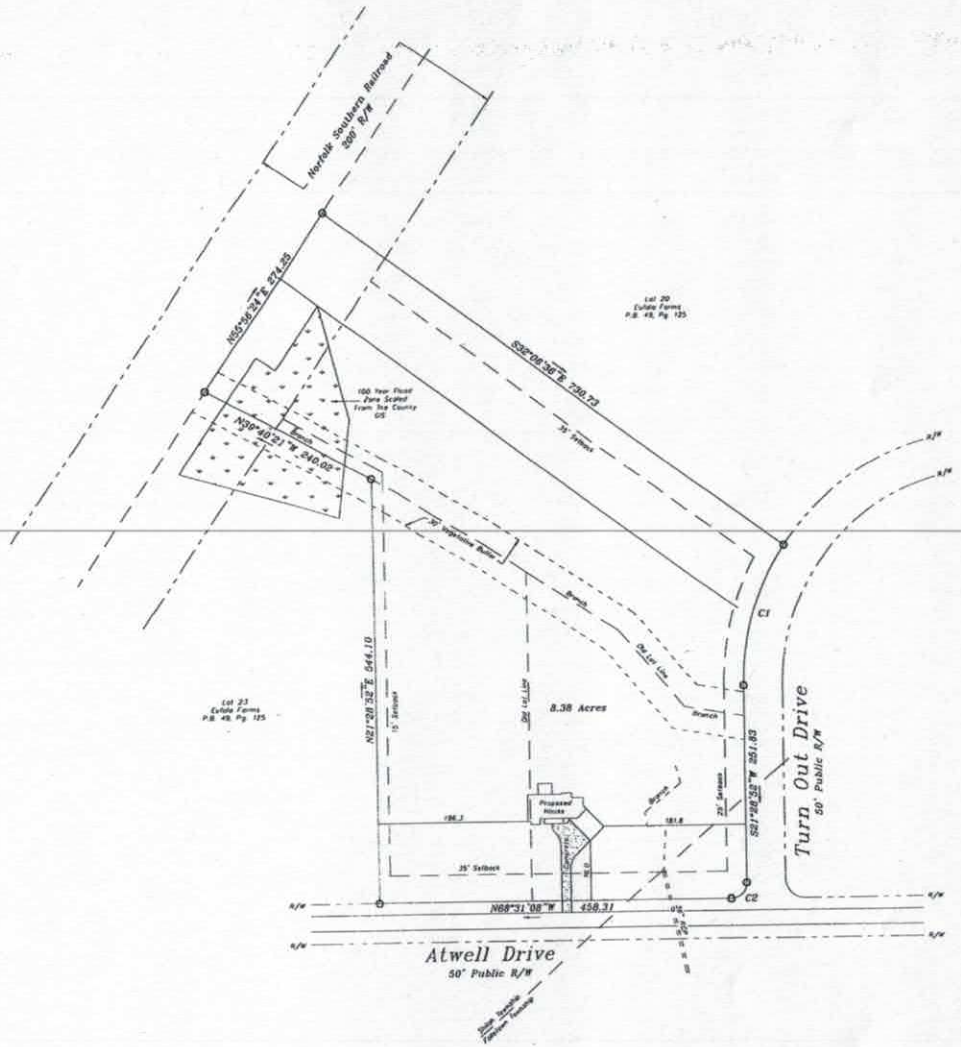
The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, 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.

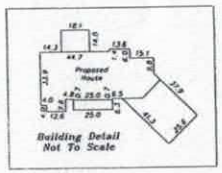
The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient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

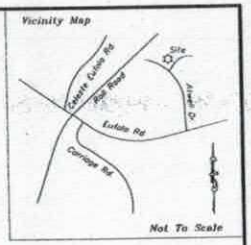
Kathleen Saunders

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



House dimensions





CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chord Bearing
C1	191.34	325.00	188.59	S38°20'50"W
C2	31.42	20.00	28.28	N66°28'54"E

Not to Scale



GRAPHIC SCALE

100 0 50 100 200 400

(IN FEET)

1 inch = 100 ft.

LEGEND

R/W = Right-of-way
I.P.S. = ¾" Rebar Set
= Not to scale
= Utility Pole
= Cable Pedestal
= Water Meter
= Concrete Control Monument
CMP = Corrugated Metal Pipe
E.O.P. = Edge of pavement
RCP = Reinforced Concrete Pipe

Notes:
1) This property may be subject to Any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Deed Book: 2627 at Page: 1665 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) Area by coordinate method.

Plot Plan

For

Stephen Michael Veinot & Crystal Gayle Isbell Veinot

Deed Book 2627 at Page 1665

Shiloh & Fallstown Township, Iredell County, N.C.

Owner/Developer:

Tax Map Reference: 4712354213

Date of Survey: 8/14/2019

Date of Map: 8/14/2019

Scale: 1" = 100'

Drawn By: LDS

Job Number: 2019-190

Land Surveyor:
Schambeck Surveying, P.A.
P.O. Box 414.1
Mooresville, N.C. 28117
Phone: (704) 622-3515
C-3218

Eufola Farms Lot 20/21/22 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth (low side)	18"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	95' of 2" SCH 40 PVC
Flow Rate through the system	27.5 gpm
Elevation head	Approx. 19.4'
Pressure head	2.0'
Friction head	1.7'
20% Contingency	4.6'
Total Head	27.7'
Pump Requirements	27.5 gpm @ 27.7' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 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	8.7
Repair System	**Subsurface Drip**
Total Linear Feet	4,800 sqft
Repair Loading Rate	0.1

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	System	Pink	25% Reduction	76 endfed	0.7
2	System	Blue	25% Reduction	77 endfed	2.19
3	System	Orange	25% Reduction	80 endfed	3.68
4	System	Red	25% Reduction	83 endfed	5.53
5	System	Blue	25% Reduction	84 endfed	7.38
				Total System: 400'	
				Total Repair: xxx'	

Tank	Red	1000 gal (2 compartment)	14.12
Pump Tank	Red	1000	
House	blue		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	5
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Fill and compact all gullies around system area

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

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

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

OWNER: Okoneler Homes
ADDRESS: 167 Maple View Dr
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 20/21/22 Eufola Farms
APPLICATION DATE ___
DATE EVALUATED: 9/5/19
PROPERTY SIZE: 8.38 Ac
PROPERTY RECORDED: yes
PROPOSED DESIGN FLOW (.1949): 480
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
1	L	0 - 6	Mo Gr SCL	FR SS/SP	Br				0.225 - 0.25 to 36"
		6 - 20	Mo ABK C	Fi S/P	R				
		20 - 36	WK ABK C	Fi S/P	R; C yel Br & white Sap	36"	US	36"	
		36	Sap + Clay	↓					
		48"	Cr						
2	L	0 - 18	Mo GR SL	FR ns/np	Br/DK Br	18+	N/A	18"	0.3 dnp only
		18"	2 Chr						
3	L	0 - 12	Mo GR SL	FR ns/np	Br				0.25 to 36"
		12 - 24	WK SBK SCL	FR ss/sp	Br R				
		24 - 36	Mo ABK C	Fi s/P	R; C yel Br / yel R; C yel Br	48+	Quartz N/A	N/A	
		36-48	Mo ABC	↓					
4	L 15-18%	0 - 18	Mo SBK C	FR SS/SP	R				0.3
		18 - 36	WK SBK C	↓	R; C Sap; yel R	F Quartz			
		36 - 50	MA L Sap	↓		50+	36"	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IV
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): Fill Gullies
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ___

COMMENTS: #5L 0-38 Mo SBK C FR SS/SP R; C sap 0.3
38-49 WK SBK C ↓

Updated February 2014
15-18%

Kathleen Saunders

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

RECEIVED SEP 1 0 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Session Law $1200.00

Application For:
~~(X) 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.

#300725

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: Oscar Kohler Homes Address: 167 Maple View Dr Zip: 28166
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 202 Atwell Dr
Subdivision Name: Eufola Farms Section/Phase: _____ Lot Number: 20/21/22
Driving Directions: Eufola Rd, Atwell, corner of Atwell & Turn Out Dr

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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 9-9-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

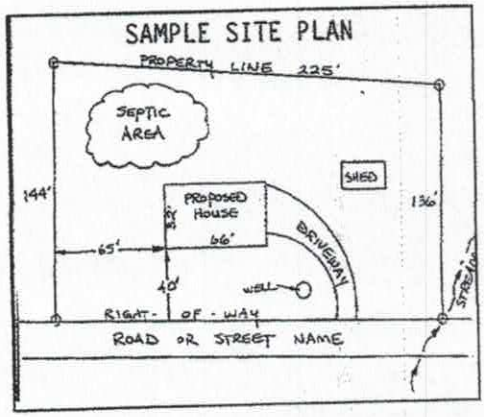
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

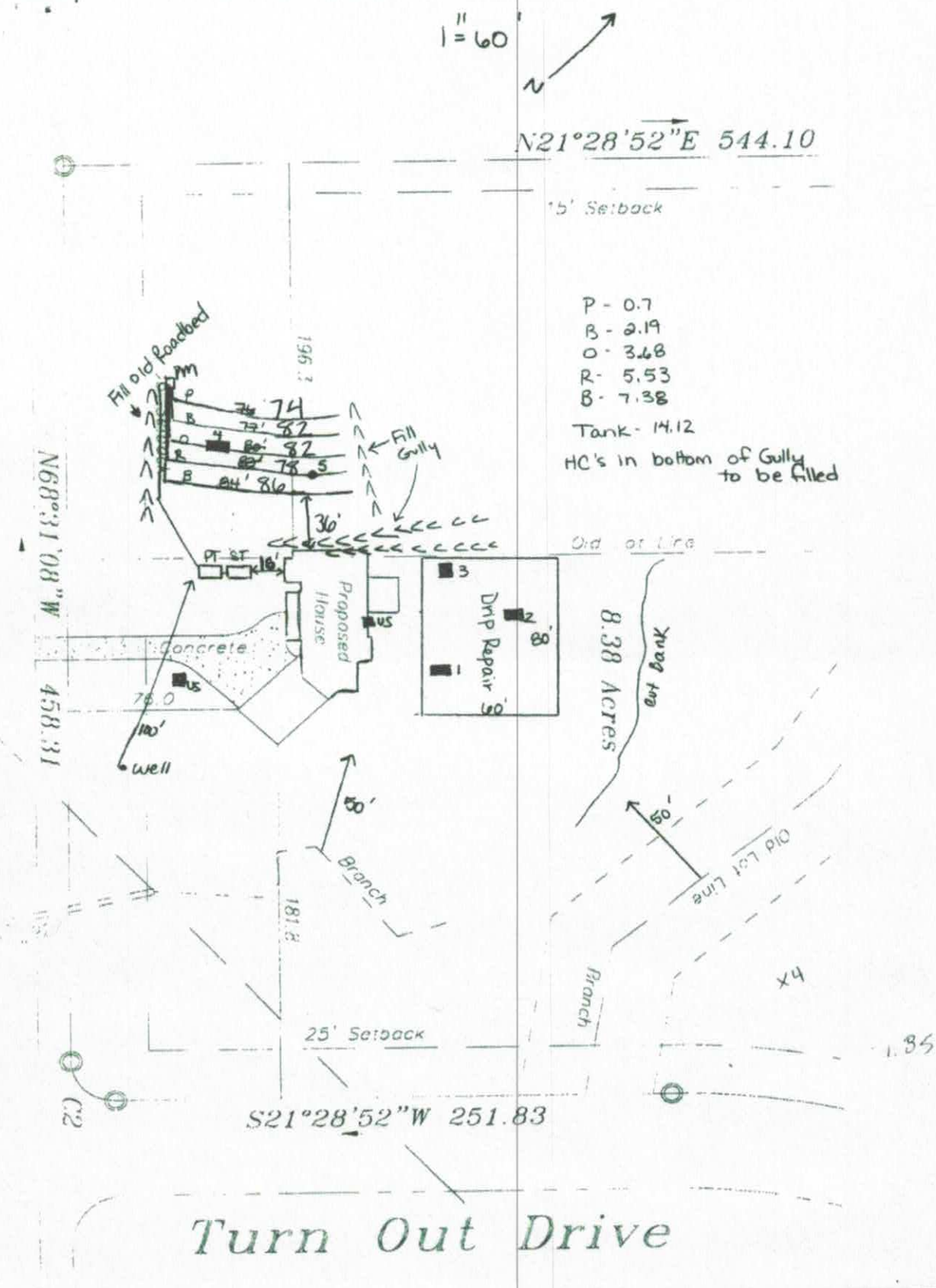
USE THIS SPACE TO DRAW YOUR SITE PLAN

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)

9-9-19
DATE


1" = 60'
N
N21°28'52"E 544.10
5' Setback
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ext Bank
50'
Branch
181.8
Old Lot Line
X4
25' Setback
1.35
C2
S21°28'52"W 251.83
Turn Out Drive

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Oscar Koehler Jr, am the legal owner of the property located at Eufola Farms Lot 20/21/22, identified as PIN(Parcel Identification Number) 4712354213, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) KATHLEEN SAUNDERS, THE OAKS GROUP, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

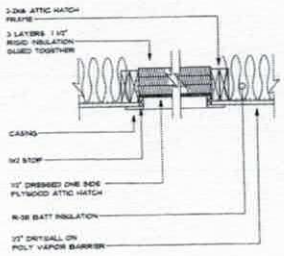
1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

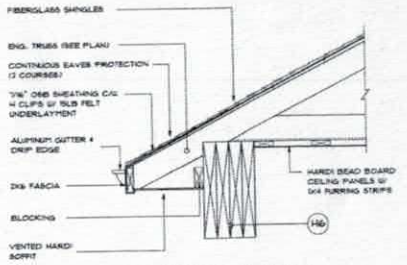
(OAKS) 9/6/2019

Signature of Owner Date

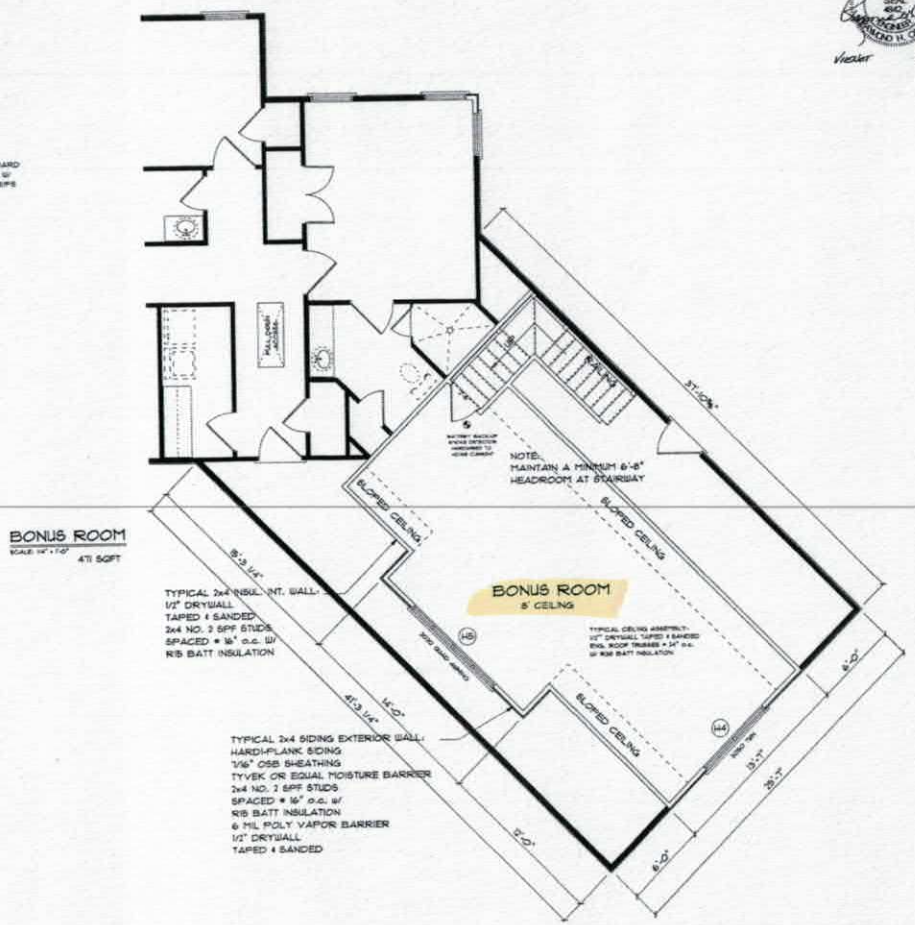
Signature of Witness Date



ATTIC HATCH



PORCH HEADER FRAMING



BONUS ROOM
SCALE: 1/4" = 1'-0"
471 SQFT

TYPICAL 2x4 INSUL. INT. WALL:
1/2" DRYWALL TAPED & SANDED
2x4 NO. 2 SPF STUDS SPACED @ 16" o.c. W/ R15 BATT INSULATION

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

Acknowledgement Of Plans Submittal ONLY!

Kathleen Saunders Date 9-10-19

Benjamin Bolds Date 9-17-19

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.

ADDITIONAL NOTES

DRAWING TITLE: BONUS ROOM

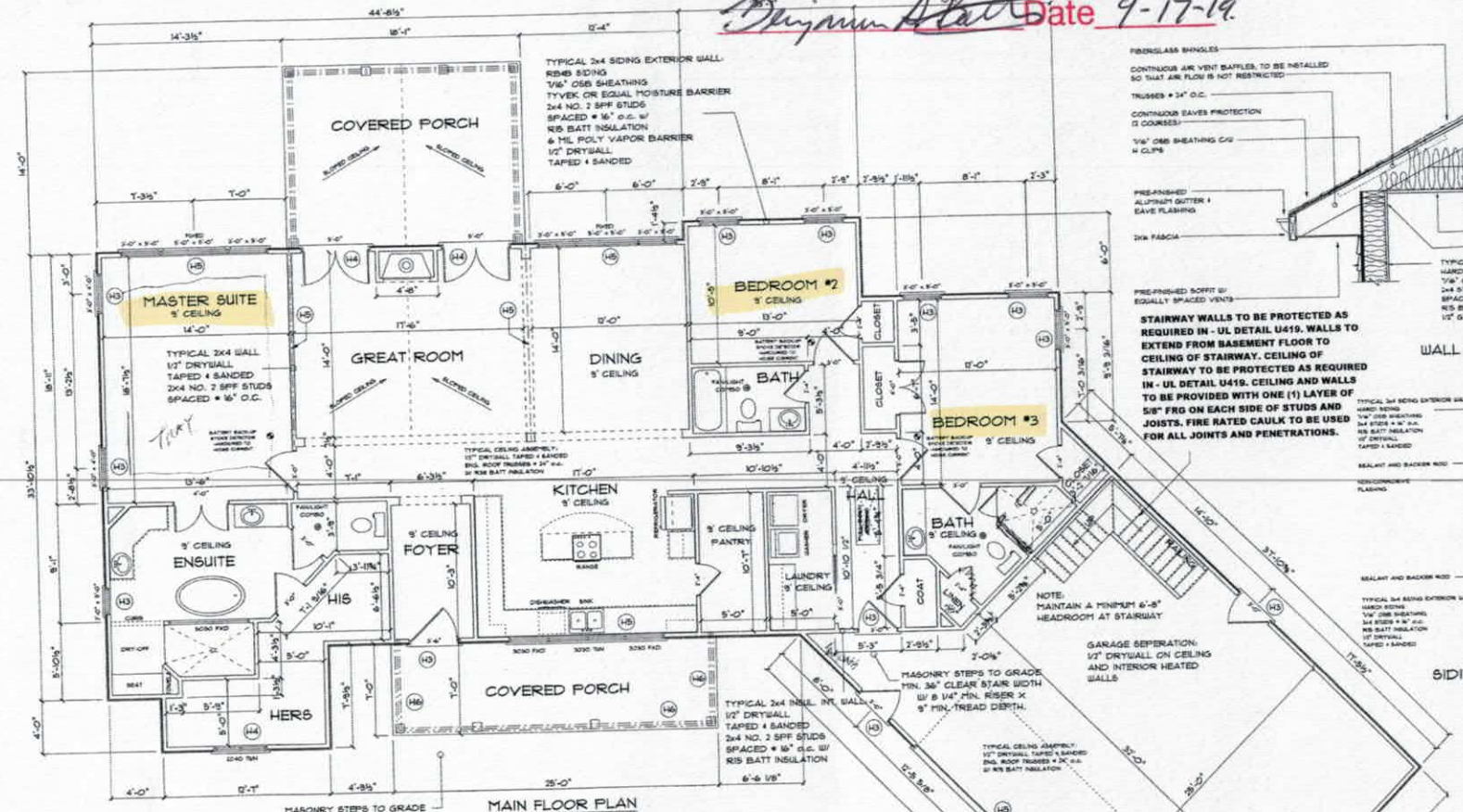
PROJECT INFORMATION: VIENOT RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: JUNE 2019
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH 20th STREET
LAKE WORTH, FL 33460
(904)855-3624

SHEET NO.
A4

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saunders Date 9-10-19
Benjamin Hall Date 9-17-19.



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

MAIN FLOOR —— 2257 SQFT
GARAGE —— 883 SQFT
FRONT PORCH —— 115 SQFT
REAR PORCH —— 253 SQFT

(H1) (2) 2x6 NO. 2 SYP HEADER W/ SGL JACK STUDS
(H2) (2) 2x8 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
(H5) ENGINEERED LVL BEAM (SIZED BY SUPPLIER)
(H6) (4) 2x10 NO. 2 SYP PT BOXED BEAM

R612.2 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.

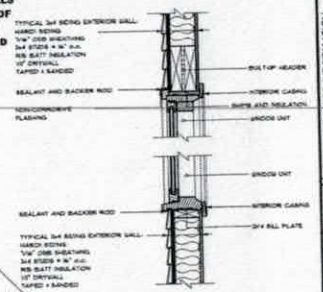
EXCEPTIONS:
1. Windows whose openings will not allow a 4-inch diameter sphere to pass thru the opening when the opening is in its largest opened position.
2. Openings that are provided with fall prevention devices that comply with SECTION R612.3
3. Openings that are provided with fall prevention devices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

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.

STAIRWAY WALLS TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. WALLS TO EXTEND FROM BASEMENT FLOOR TO CEILING OF STAIRWAY. CEILING OF STAIRWAY TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. CEILING AND WALLS TO BE PROVIDED WITH ONE (1) LAYER OF 5/8" FRG ON EACH SIDE OF STUDS AND JOISTS. FIRE RATED CAULK TO BE USED FOR ALL JOINTS AND PENETRATIONS.

WALL DETAIL



SIDING HEAD AND SILL

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 ARCHITECTURAL ERRORS ONCE CONSTRUCTION BEGINS.

ADDITIONAL NOTES

DRAWING TITLE
MAIN FLOOR PLAN

PROJECT INFORMATION
VIENOT RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: JUNE, 2019
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-3624

SHEET NO.
A3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
300725 Issue Date: 09/10/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4712354213.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: VEINOT STEPHEN M+CRYSTAL G Address: Phone:	Name: THE OAKS GROUP Address: 121 HOLT LN MOORESVILLE, NC 28117 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
8.385	35	35	15	25	WSIV-PA Catawba/Lake Norman	YES

Remarks
Lots with a perennial stream: Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

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: 09/10/2019

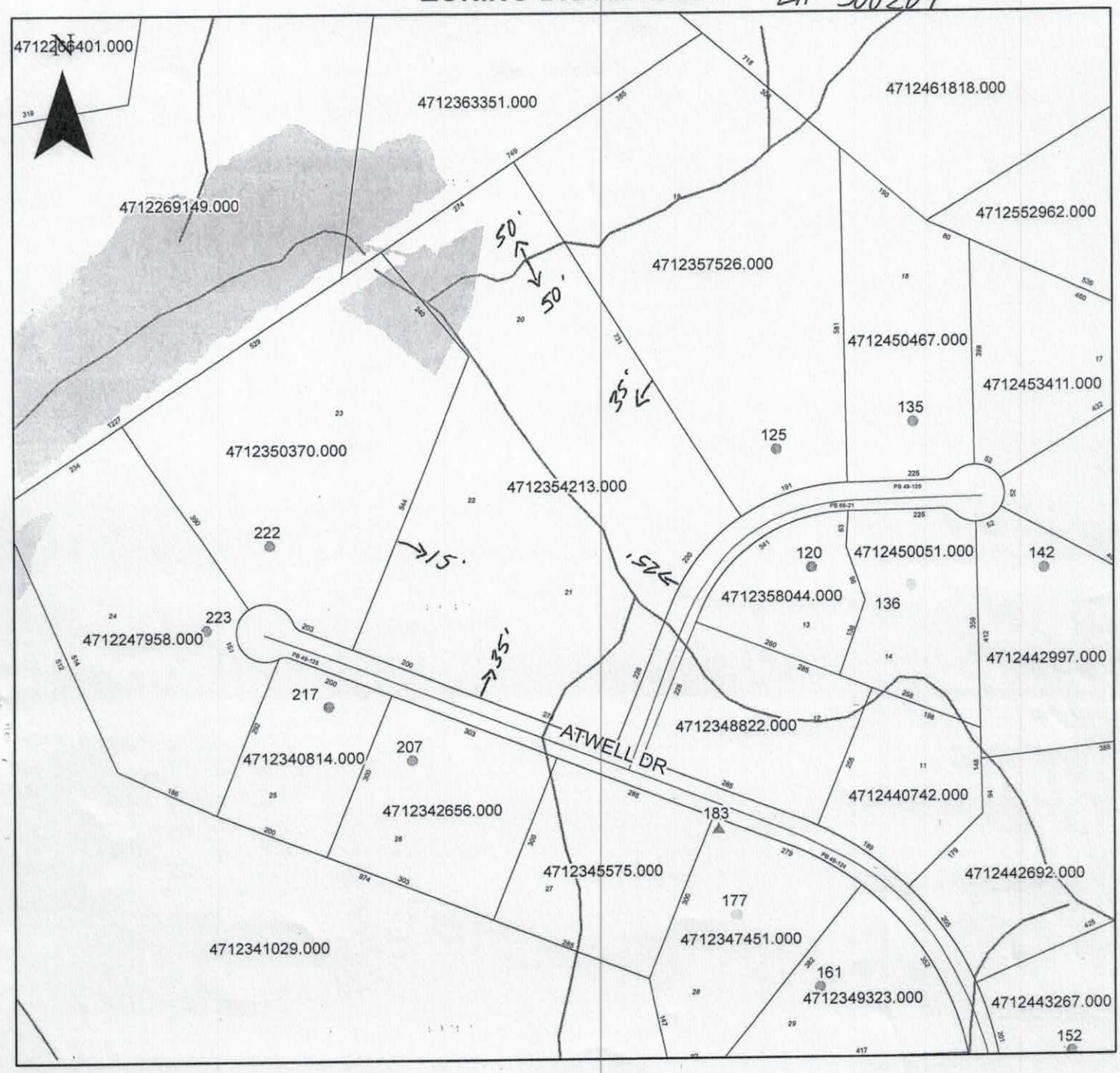
Signature of Owner/Contractor

Permit Number	000212

TOTAL FEES:	$77.25

AC 8.50
RA WS IV PA ZR-300217 AEC 77746

ZONING DISCLAIMER EH-300204



Property Address 202 Atwell Dr.

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

9-10-19
Date