# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322550

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

PIN # 4712 -- 72 -- 8456

APPLICANT/OWNER: Craig Schmidt APPLICANT ADDRESS: 1907 Clayton Street

SITE ADDRESS: 1991 Buffalo Shoals Road Statesville PHONE: 319-480-9051 ALT. PHONE 980-223-2859

SITE DIRECTIONS: 1.5 miles South of old Mountain Road on Buffalo Shoals SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: – SECTION: – LOT # – LOT AREA: 3.8 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

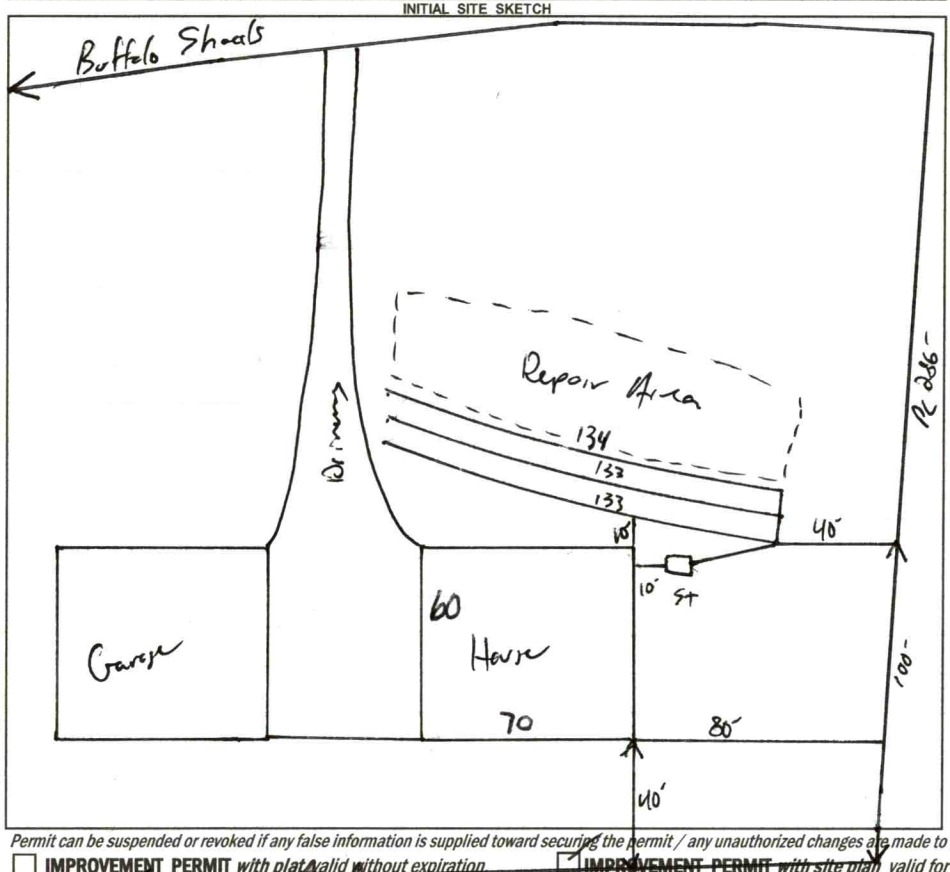
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Date | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 4 |
| Pump Tank | (gal) | PT | Date | System Description: | 25% Reduction | | | ☐ Business | No. Persons 8 |
| Pump Make | Model | | Serial # | Repair System Description: | 25% Reduction | | | ☐ Other | No. Employees |
| # Nitrification Fields 1 | # Lines 3 | | Linear Ft 400 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space |
| Trench Width 36" | Trench Bottom Depth(~~Low side~~) | Max 36" | Gravel Depth – | ☒ GRAVITY | ☐ PRESSURE | | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

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

Comments / Conditions: Install Drainline on contour of land use serial distribution.

House plans too big but does not interfere with septic.

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.

1" = 60'

See attached as built

*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: Date: 12/13/21 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Date: 12-10-2021 OPERATION PERMIT by: D. Wieberg Date: 5/16/25

AUTHORIZATION TO CONSTRUCT by: Date: 1/20/23 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? _____ | |

# EH Data Collect

*IP data is highlighted in yellow and dashed lines.
*OP data is highlighted in green and solid lines.

## Legend

- Property Corner
- Septic Tank
- Well
- Power Pole
- Utility Box
- Drainage Culvert
- Fence Post
- Tree
- Surface Rock
- Drain line
- Property line
- Driveway
- Ditch
- Gully
- Terrace
- Fence
- System Layout Flags
- Buried Utility line
- Measurement Taken
- Other
- Building
- Septic Tank
- Pump Tank
- Repair Area
- Well Area
- Complex Topo Area
- Pool
- Pond
- other
- House corner
- Property corner
- Well
- Tail line



N

0 45 90 180 270 360



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

Sheet 1 of 1
PROPERTY ID #: 4712282452
COUNTY: Iredell

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

OWNER: Gary Schmidt
APPLICATION DATE: 10-20-21
ADDRESS:
DATE EVALUATED:
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: @ 3.8
LOCATION OF SITE: 1991 Buffalo Shoals
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 | 3-4% | 0-6 | SRL SCL | FrSSSPSmp | N/A | 48+ | N/A | N/A | PS .3 |
| | | 6-30 | SRL C | | | | | | |
| | | 30-48 | SRL CL | | | | | | |
| 2 | 3-4% | 0-6 | SRL SCL | | N/A | 48+ | N/A | N/A | PS .3 |
| | | 6-30 | SRL C | | | | | | |
| | | 30-48 | SRL CL | | | | | | |
| 3 | 3-4% | 0-6 | SRL SCL | | N/A | 48+ | N/A | N/A | PS .3 |
| | | 6-30 | SRL C | | | | | | |
| | | 30-48 | SRL CL | | | | | | |
| 4 | 3-4% | 0-6 | SRL SCL | | N/A | 48+ | N/A | N/A | PS .3 |
| | | 6-24 | SRL C | | | | | | |
| | | 24-48 | SRL CL | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 400+ | 400+ |
| System Type(s) | 2SC | 2SC |
| Site LTAR | .3 | .3 |

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

COMMENTS:

# LEGEND

***use the following standard abbreviations***

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

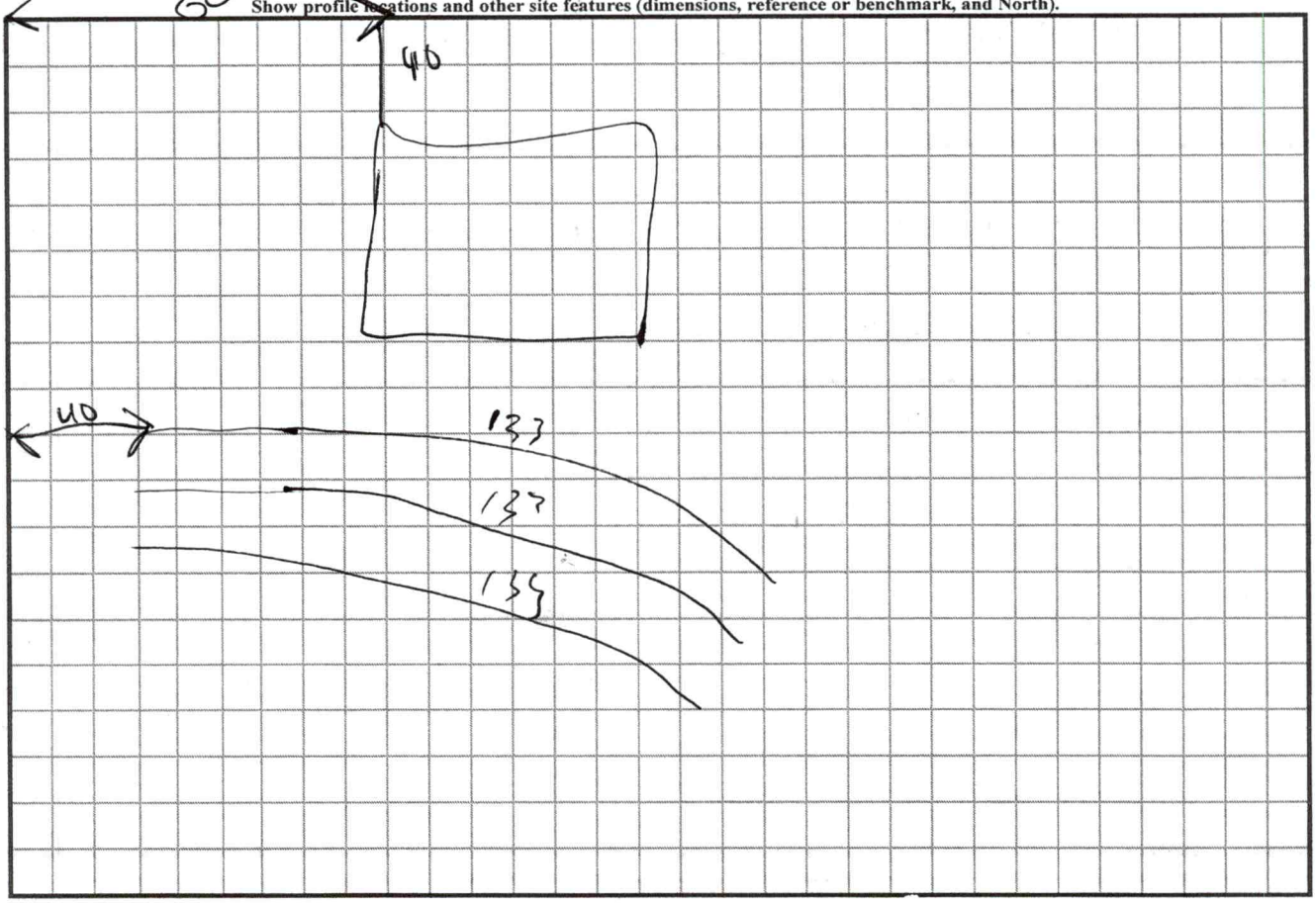
***NOTES***

| | |
|---|---|
| *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) or 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) 30 gal/day/ft$^2$

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**




Buffalo Shoals Road

RECEIVED OCT 2 5 2021

**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-322550 $500.00

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
(No floorplan submitted with App.) (Floorplan submitted with App.)

*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: GARY SCHMITT Address: 1907 CLAYTON ST. Zip: 28677
Applicant Email: gschmitt2263@gmail.com Phone: 39-450-9031 Alt. Phone: 980-223-2859
Owner Name: STEVE CHAMBERS Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 4991 BUFFALO SHOALS RD - STATESVILLE, NC 28677
Subdivision Name: ~ Section/Phase: ~ Lot Number: ~
Driving Directions: GO 1.5 MILES SOUTH OF OLD MOUNTAIN RD ON BUFFALO SHOALS - PROPERTY ON LEFT

**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
Maximum Number of Occupants: 2
(X) 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
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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:** _____ 10/20/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 291A9696-885F-42CA-A124-73BB363F45F7

Public Health

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Steven Mark Chambers, am the legal owner(s) of the property located

X at ~~300~~ 991 Buffalo Shoals Road, Statesville, NC 28677, identified as

PIN (Parcel Identification Number) 4712-72-8456, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Gary J. Schmitt,

Lisa A. Schmitt, 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.

DocuSigned by:
Steven Mark Chambers
C07F883609474AD
Signature of Owner(s)

9/14/2021 | 11:58 AM EDT
Date

**Mooresville - Environmental Health**
barbara.nebel@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

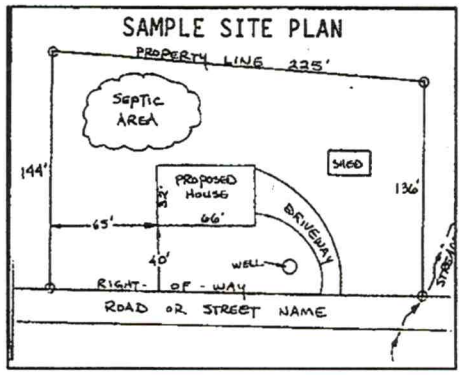
**Statesville - Environmental Health**
[illegible]
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# 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:**

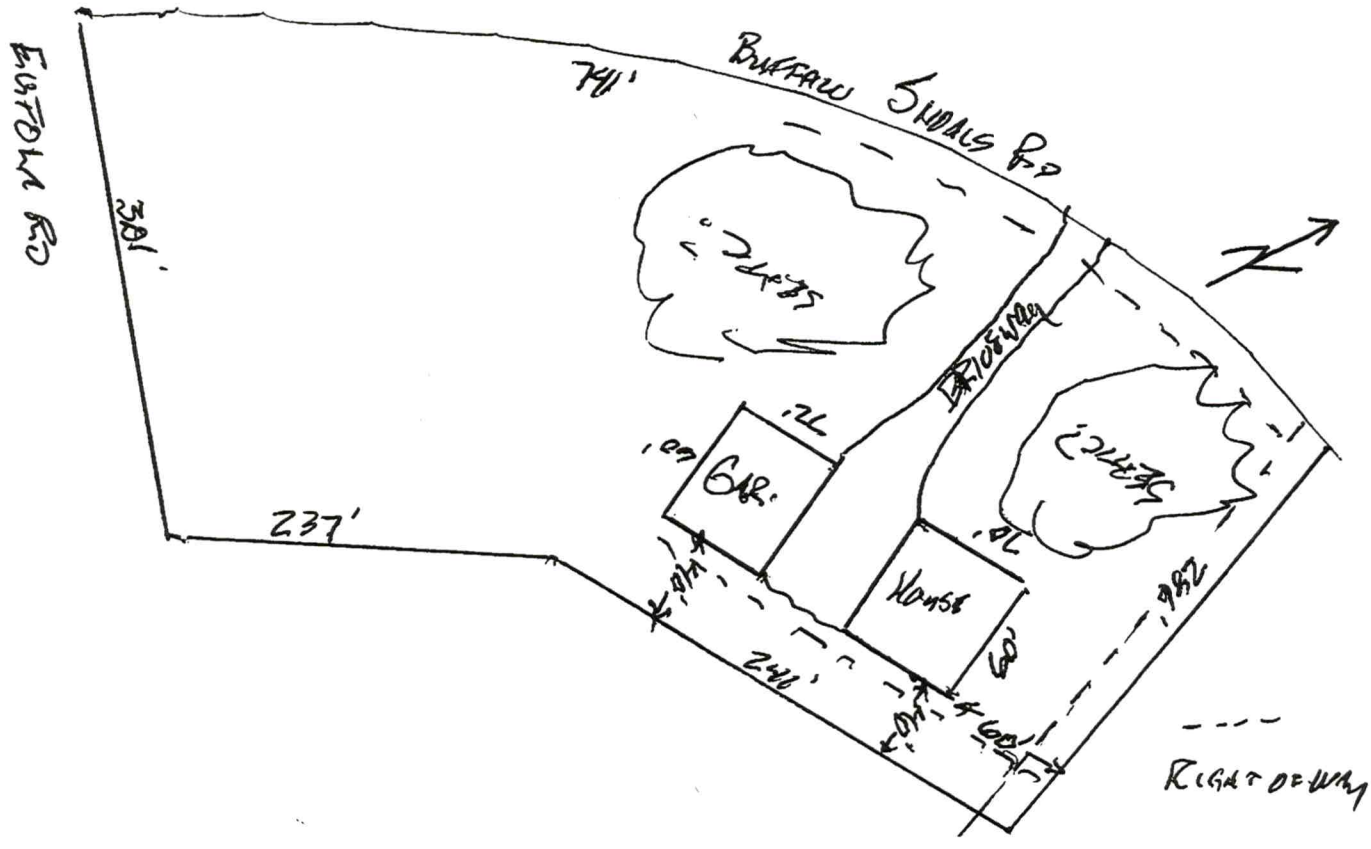
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

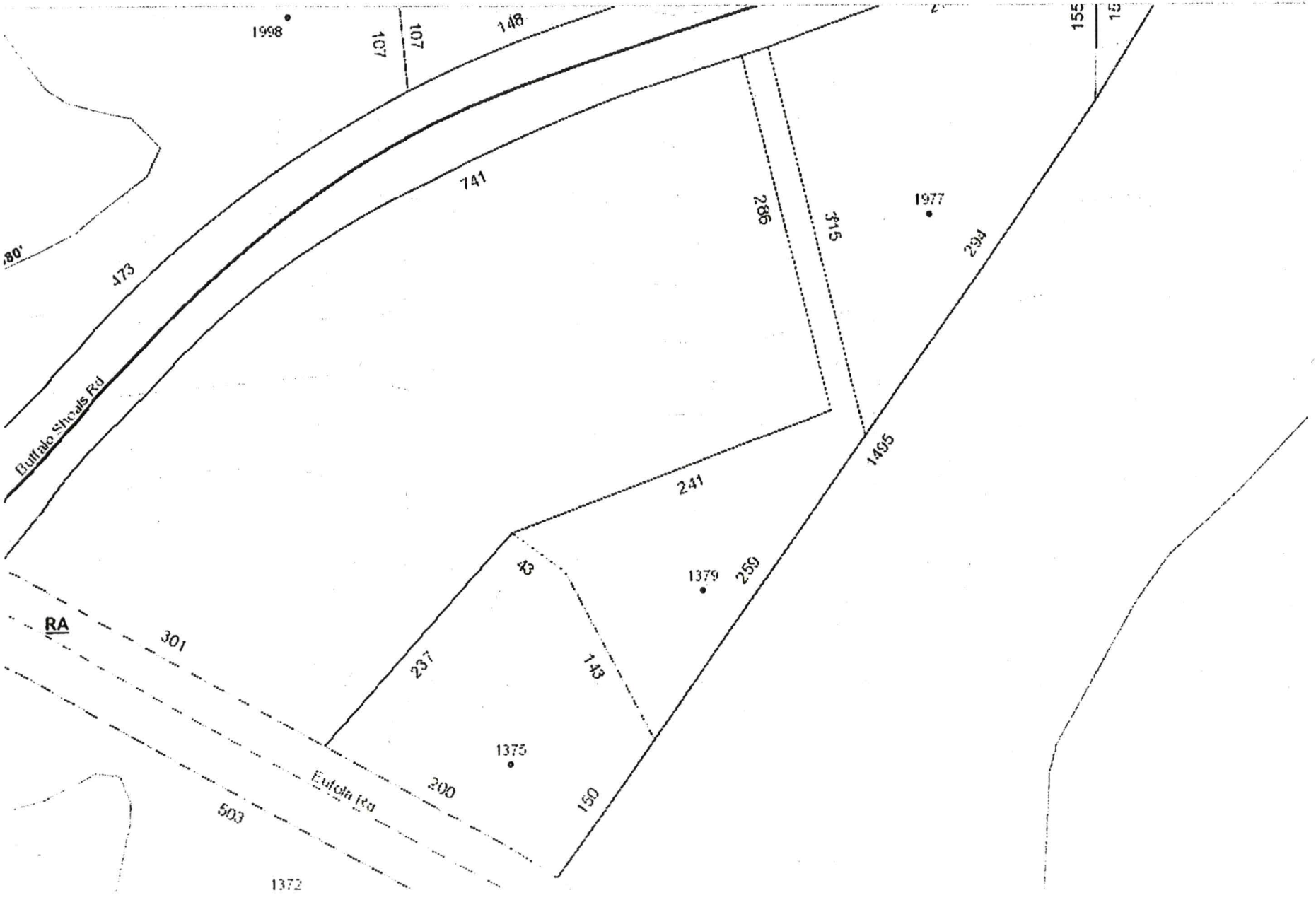
*Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*




**Signature:** _____ _____

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

ch Map Results Layers Help



IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **322550**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4712728456.000 | 1991 BUFFALO SHOALS RD | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: CHAMBERS STEVEN M | Name: GARY SCHMITT |
| Address: | Address: |
| , | , |
| Phone: | Phone: (319)480-9031 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 3.81 | 35 | 35 | 15 | 15 | WSIV-PA 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.

**Date:** 10/22/2021

Signature of Owner/Contractor

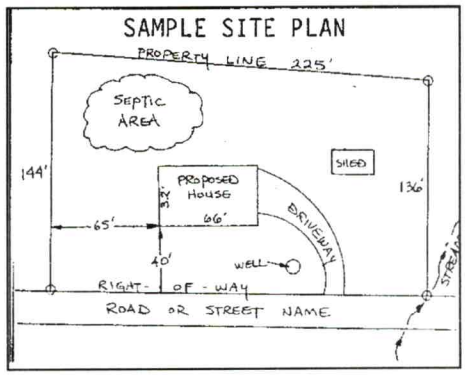
| Permit Number | 322550 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# IREDELL COUNTY HEALTH DEPARTMENT

*ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2: *SITE PLAN WORKSHEET***

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

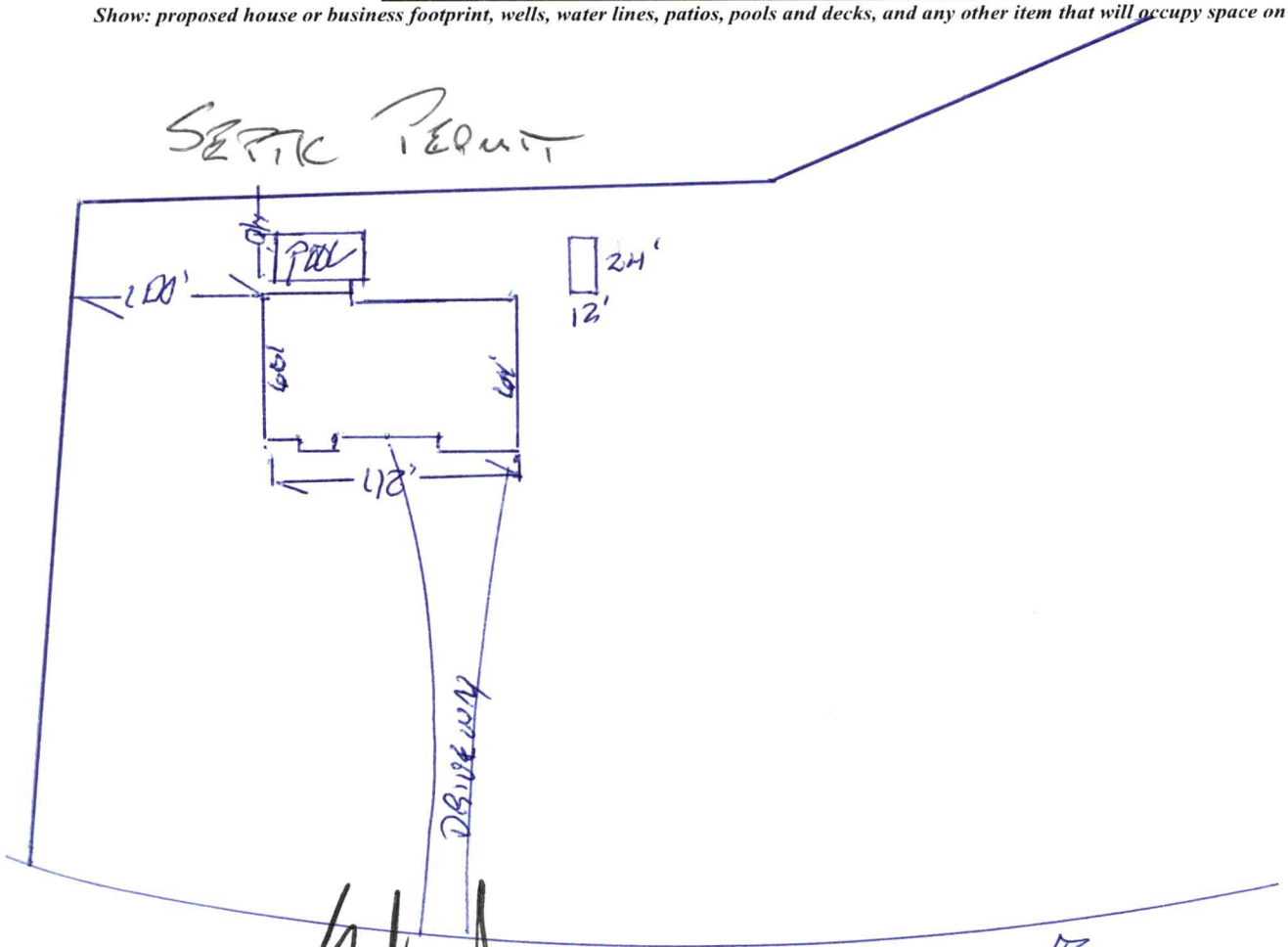
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

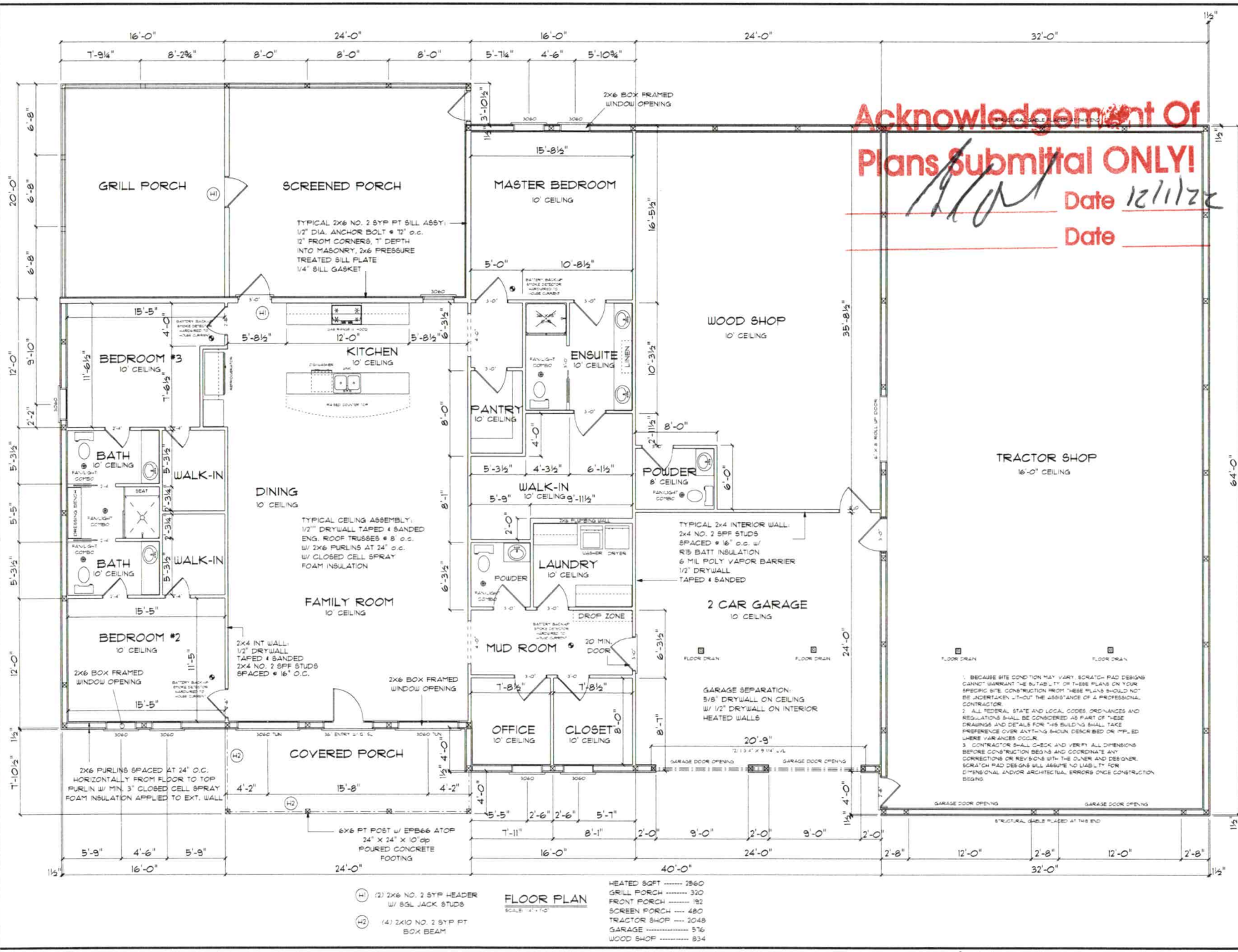
## USE THIS SPACE TO DRAW YOUR SITE PLAN

***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:** _____ Buffalo Shoals Rd 12/1/22

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




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

(H2) (4) 2X10 NO. 2 SYP PT BOX BEAM

## FLOOR PLAN

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

HEATED SQFT ------- 2560
GRILL PORCH ------- 320
FRONT PORCH ------- 192
SCREEN PORCH ---- 480
TRACTOR SHOP ---- 2048
GARAGE ---------- 576
WOOD SHOP ---------- 834

Acknowledgement Of Plans Submittal ONLY!

Date 12/1/22

Date

Cory Wil 1/20/23

ADDITIONAL NOTES

DRAWING TITLE: FLOOR PLAN

PROJECT INFORMATION: SCHMITT RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: MAY, 2022
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

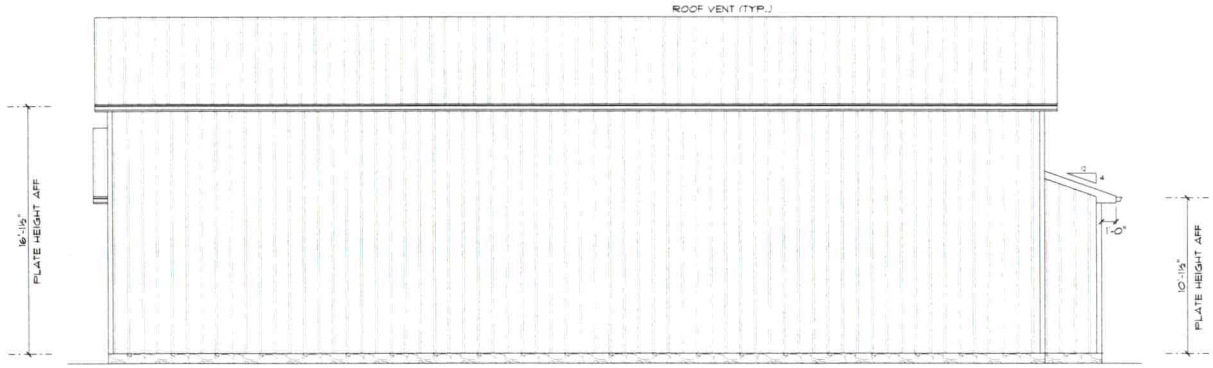
SCRATCH PAD DESIGNS
711 SOUTH ZION STREET
LANDIS, NC 28088
(704) 855-3624

SHEET NO.
A5




## REAR ELEVATION

SCALE 1/4" = 1'-0"




## RIGHT ELEVATION

SCALE 1/4" = 1'-0"

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
ELEVATIONS

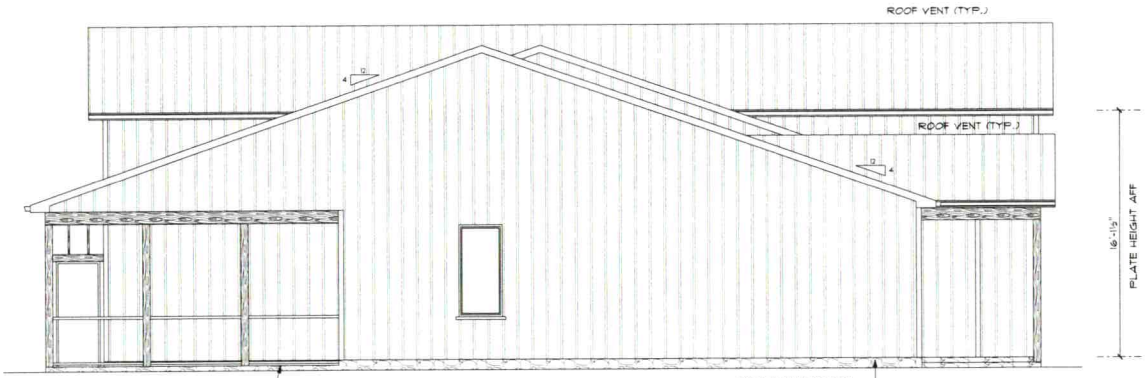
PROJECT INFORMATION
SCHMITT RESIDENCE

PROJECT INFORMATION:

| | |
|---|---|
| ORIGINAL DATE | MAY, 2022 |
| DRAWN BY | D. ELLIS |
| REVISED DATE | |
| SCALE | 1/4" = 1'-0" |

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

SHEET NO.
A2

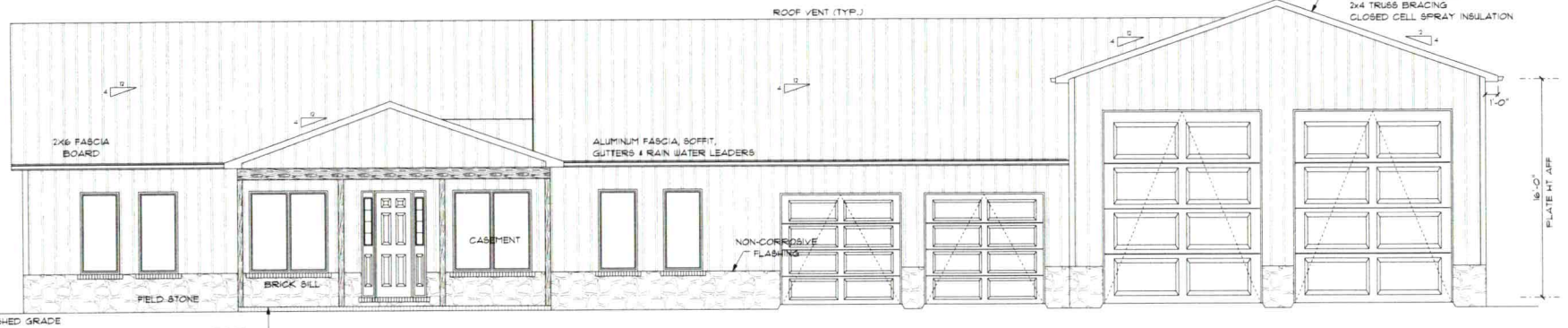



TYPICAL PORCH FLOOR :
4" CONCRETE SLAB c/u
FIBRE MESH REINFORCEMENT
6 mil POLY VAPOR BARRIER
COMPACTED GRANULAR FILL
w/ APPROVE TERMITE TREATMENT
APPLIED

## LEFT ELEVATION

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

TYPICAL MAIN FLOOR:
4" CONCRETE SLAB c/u
1" X 24" R5 VALUE RIGID INSULATION
ALONG PERIMETER OF HEATED
AREA. FIBRE MESH REINFORCEMENT
6 mil POLY VAPOR BARRIER
OVER COMPACTED GRANULAR FILL
W/ APPROVED TERMITE TREATMENT
APPLED




TYPICAL PORCH FLOOR :
4" CONCRETE SLAB c/u
FIBRE MESH REINFORCEMENT
6 mil POLY VAPOR BARRIER
COMPACTED GRANULAR FILL
w/ APPROVE TERMITE TREATMENT
APPLIED

## FRONT ELEVATION

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

### 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.

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

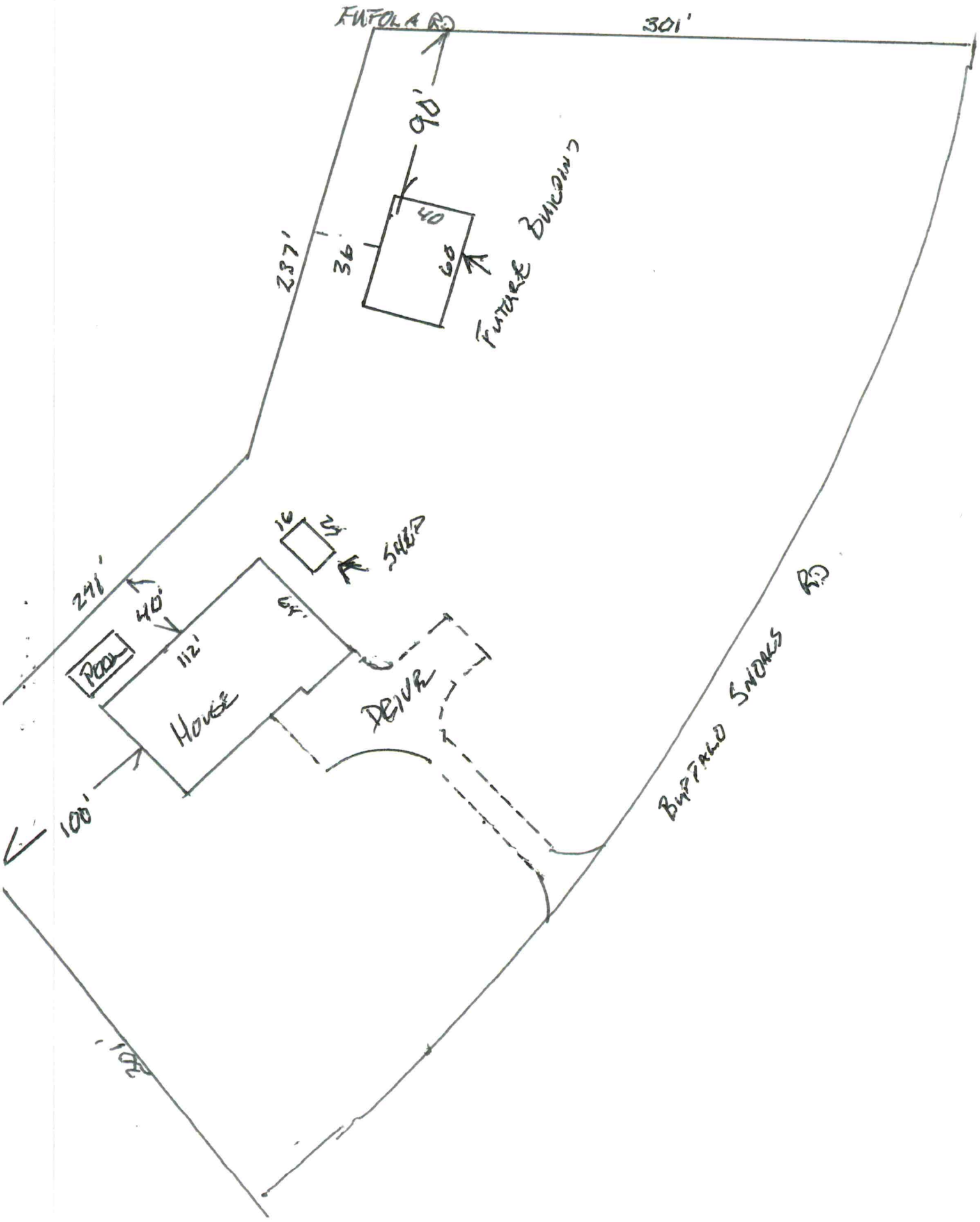
DRAWING TITLE
ELEVATIONS

PROJECT INFORMATION
SCHMITT
RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: MAY, 2022
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

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

SHEET NO.
A1


FUTOLA RD
301'
90'
40
36
60
FUTURE BUILDING
237'
16
24
SHED
241'
40'
112'
POOL
HOUSE
EX.
DRIVE
100'
BUFFALO SNOWALS RD
10ft