ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 BCW | PERMIT # AP-306314

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

PIN # 4715842544

APPLICANT/OWNER: Castlegate LLC | APPLICANT ADDRESS: 7271 Long Island Rd. Catawba NC

SITE ADDRESS: 197 Staffordshire Dr. Statesville NC 28625 | PHONE: 704-578-4951 | ALT. PHONE N/A

SITE DIRECTIONS: Rt 64, Rt 90, Absher Farm Lp, Staffordshire | SAP CONTROLLED: ■ YES ☐ NO

SUBDIVISION: Castlegate | SECTION: SHT2 | 115 | LOT AREA: 0.5 ac | DESIGN FLOW: 360 | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	825	Date	1-7-21	■ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	563	Date	6-29-2021	System Description:	LP PPBPS			
Pump Make	Liberty		Model	DVF1003044	Serial #		Repair System Description:	LP PPBPS			
# Nitrification Fields	1		# Lines	3	Linear Ft:	200'	Maintenance Agreement Required:	■ YES	☐ NO		
Trench Width	36"		Low-side Trench Bottom Depth		30"	Gravel Depth	N/A	☐ GRAVITY	■ PRESSURE		

■ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		■ Public
☐ Slab	■ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Per plan By The Oaks Group,PA

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed LSS Evaluation attached here.

See plan by:The Oaks Group,PA

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.

	Date	Initials
Drain Lines Checked	8-2-21	
Tanks Checked	8-6-21	
Pressure Manifold or Valve Box Checked	8-6-21	
Pressure Head Set	8-6-21	
Electrical Checked	8/12/21	DW
Floats Set	8-6-21	
Alarm Checked	8/12/21	DW
Maintenance Contract Y/N	8-18-21	
Comments:		

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: 6-15-21

IMPROVEMENT PERMIT by: [signature] Date: 6/09/21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/11/21

Installed by: Rem Septic

OPERATION PERMIT by: [signature] Date: 8-18-21

Existing System Inspected by: Date:

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

Notes:

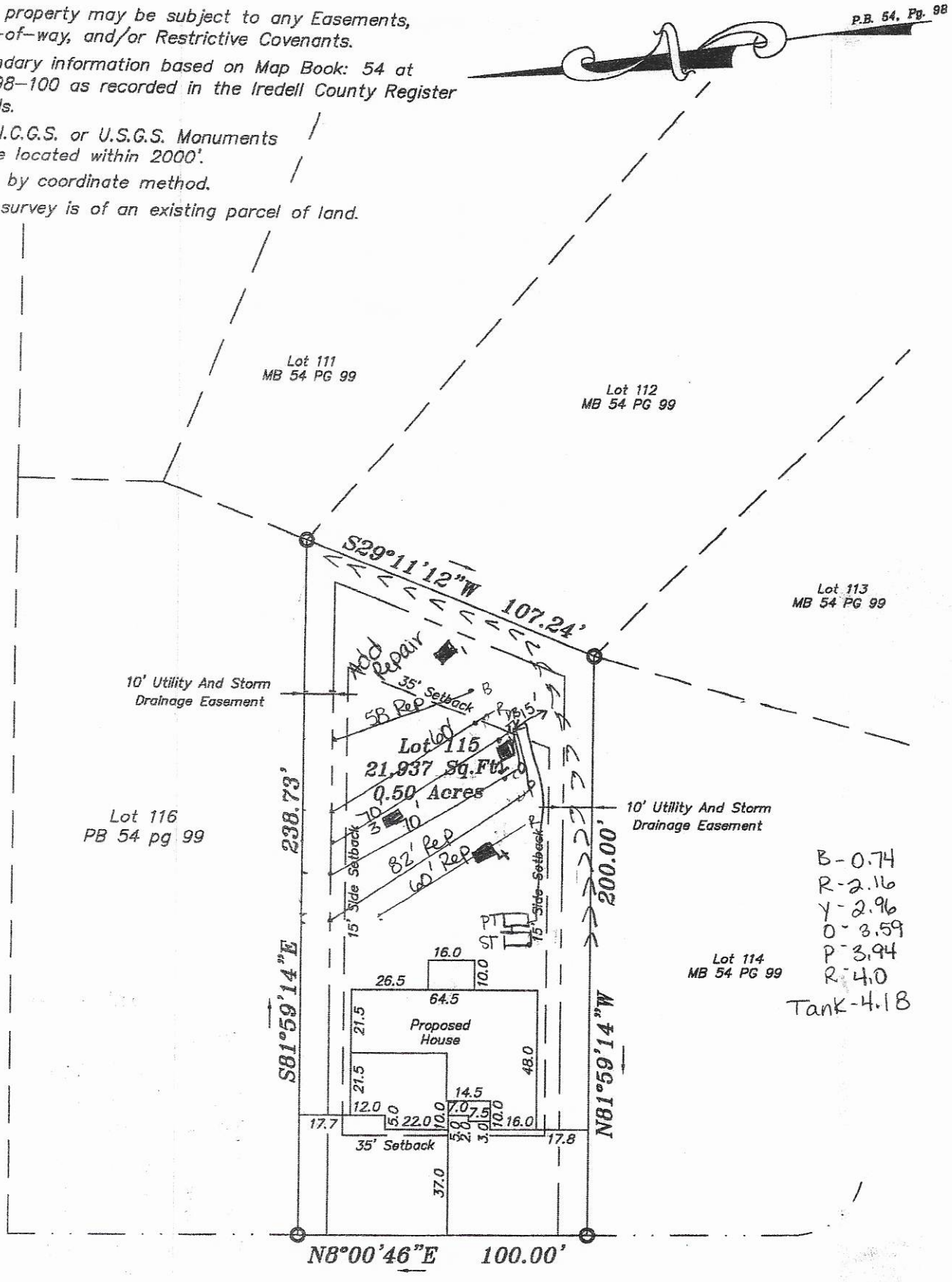
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 54 at Page: 98-100 as recorded in the Iredell County Register of Deeds.

3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

4) Area by coordinate method.

5) This survey is of an existing parcel of land.



Staffordshire Drive

50' Public R/W

Legend

R/W = Right-of-way

I.P.S. = #4 Rebar Set

B.O.C. = Back of Curb

= Not to scale

= Telephone Pedestal

= Utility Pole

GRAPHIC SCALE

0 25 50 100

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

ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Castlegate LLC
ADDRESS: 7271 Sloop Island Rd Catawba NC
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 115 Castlegate

APPLICATION DATE
DATE EVALUATED: 4/8/19
PROPERTY SIZE: 0.5 Ac
PROPERTY RECORDED: yes

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 8%	0-12	Comp C		R; Fsap multi	53"	PS	N/A	0.3
		12-30	mo SBK C	FR SS/SP					
		30-53	WK SBK C	↓					
		53-60	MA L sap	↓					
2	L 8%	0-29	Mo SBK C	FR SS/SP	R; R yel; Fsap yel R	46"	PS	N/A	0.3
		29-46	WK SBK CL	↓					
		46-60	MA L sap	↓					
3	L 8%	0-8	Fill		R; C sap yel R	15"	PS	N/A	0.3
		8-15	WK SBK C	FR SS/SP					
		15-60	MA L sap	↓					
4	L 8%	0-9	Comp C		multi	9"	PS	N/A	0.5
		9-60	MA SL sap	FR SS/SP					

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

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

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

COMMENTS:

Kathleen Saunders

Updated February 2014

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 197 Staffordshire Dr

Date: June 3, 2021

Attached is the septic specification information required to permit 197 Staffordshire Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

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

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

Kathleen Saunders

Castlegate 115 Fast Track Septic System Information

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	~~480~~ 360
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Minimum Linear Feet	200
Total Linear Feet	200
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	60' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	23 gpm
Elevation head	Approx: 9.4 ft
Pressure head	3 ft
Friction head	1.0 ft
20% Contingency	2.68 ft
Total Head	16.08 ft
Pump Requirements	23 gpm @ 16.1' of head To be designed by installer.
Maximum Dosing Volume	165.6 gal -2.1 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	200
Repair LTAR	0.3

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

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Blue	LPPPBPS	58	0.74				
2	System	Red	LPPPBPS	60 endfed	2.16	14	14	1 per panel	5/32"
3	System	Yellow	LPPPBPS	70 endfed	2.96	16	16	1 per panel	5/32"
4	System	Orange	LPPPBPS	70 endfed	3.59	16	16	1 per panel	5/32"
5	Repair	Pink	LPPPBPS	82	3.94				
6	Repair	Red	LPPPBPS	60	4				
						Total: 46	Total: 46 (1 in each panel turned up)		
				Total System: 267'					
				Total Repair: 282'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	4.18
House	blue		

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Very Tight Fit
Stay 15 ft from drainage ditch

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

Sheet 1 of 1
PERTY ID #:
COUNTY: Iredell

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

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DATE EVALUATED: 4/8/19
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PROPERTY RECORDED: yes

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1	L 8%	0-12	Comp C		R; R; Fsap multi	53"	PS	N/A	0.3
		12-30	Mo SBK C	FR SS/SP					
		30-53	WK SBK C	↓					
		53-60	MA L Sap	↓					
2	L 8%	0-29	Mo SBK C	FR SS/SP	R R yel; Fsap yel R	46"	PS	N/A	0.3
		29-46	WK SBK CL	↓					
		46-60	MA L Sap	↓					
3	L 8%	0-8	Fill		R; C sap yel R	15"	PS	N/A	0.3
		8-15	WK SBK C	FR SS/SP					
		15-60	MA L Sap	↓					
4	L 8%	0-9	Comp C		Multi	9"	PS	N/A	0.5
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EVALUATED BY: KMS
OTHER(S) PRESENT:

COMMENTS:

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

Kathleen Saunders

Updated February 2014

Session Law

RECEIVED JUN 8 - 2021

500

306314

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 AP-306314

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Castlegate LLC Address: 7271 Long Island Rd Catawba Zip: NC

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 197 Staffordshire

Subdivision Name: Castlegate Section/Phase: _____ Lot Number: 115

Driving Directions: Rt 64, Rt 90, Absher Farm Loop, Staffordshire

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

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

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

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

( ) New Well ( ) Existing Well ( ) Community Well (X) 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 6.3.21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Ray Short, am the legal owner of the property located at 197 Staffordshire, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) 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.

Signature of Owner — Date: 6-3-21

Signature of Witness — Date

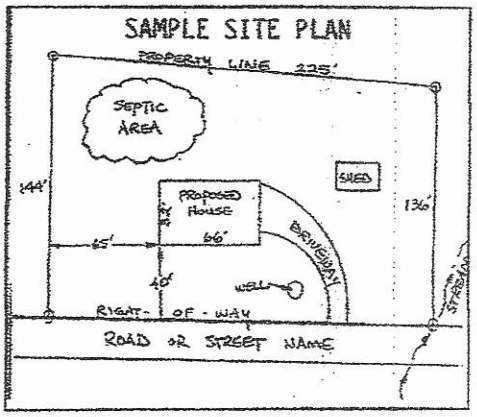
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

6.3.21
DATE

Acknowledgement Of
Plans Submittal ONLY!

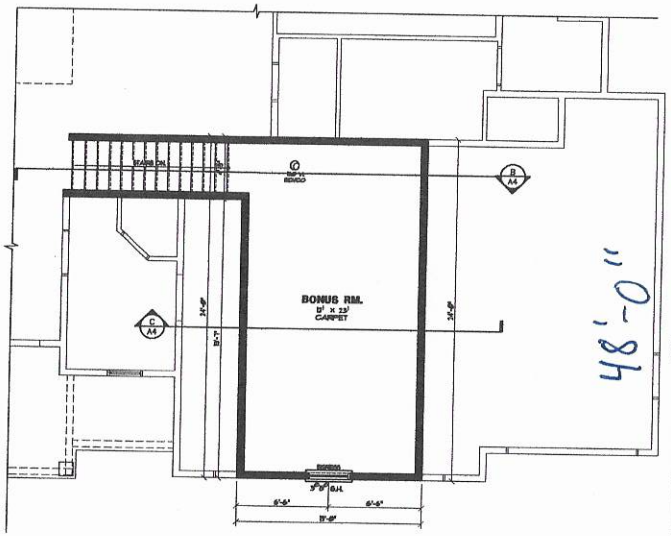
Jason Quiring Date 6-18-21

Date 6/11/21

Lot 115

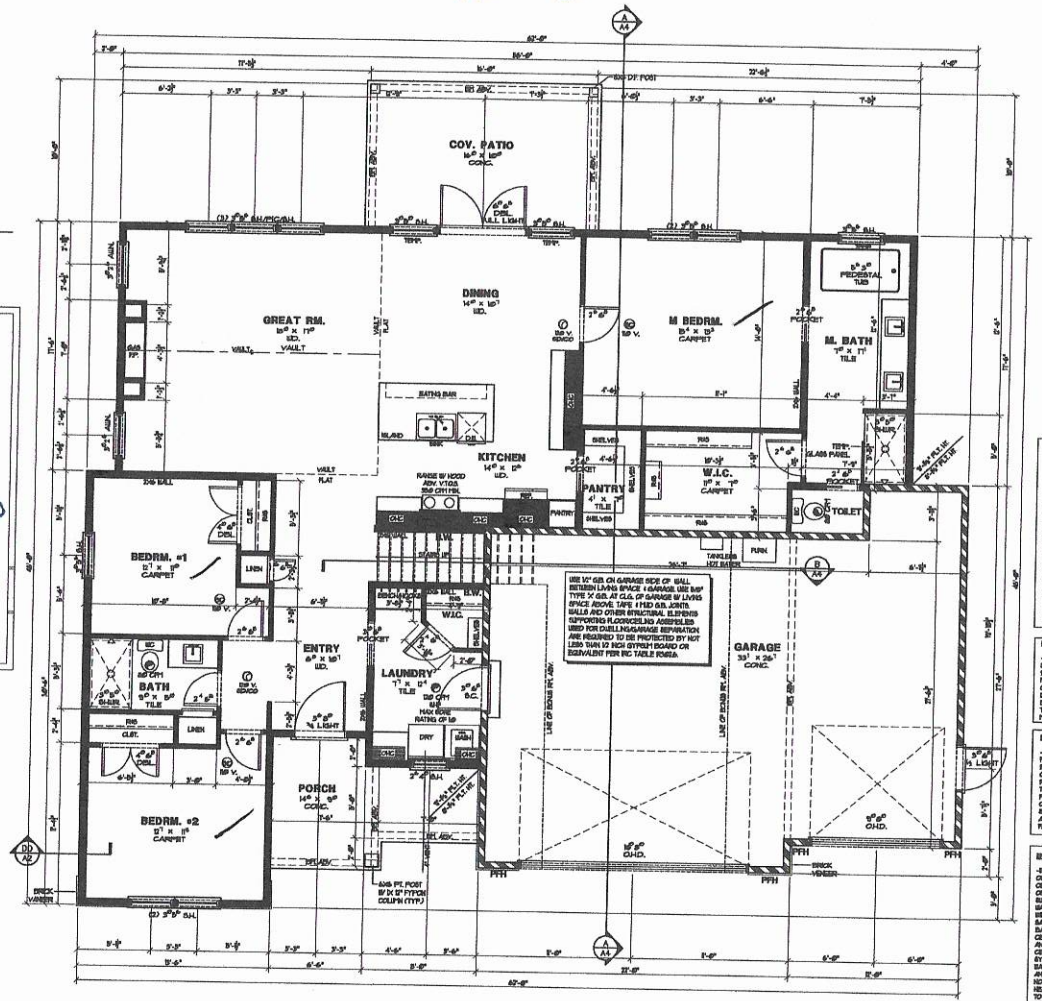
62'-0"

48'-0"



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"



MAIN FLOOR PLAN

SCALE 1/4" = 1'-0"

SINGLE HOUSE VENTILATION SYSTEMS SHALL COMPLY WITH MSH13.
- FAN HOUSE, WHOLE HOUSE FANS LOCATED 4' OR LESS FROM INTERIOR GRILL SHALL HAVE A SONE RATING OF 1.0 IN MASTER BARGE
- CUT DOOR AIR SHALL BE DISTRIBUTED TO EACH HABITABLE SPACE BY INDIVIDUAL OUTDOOR AIR INLETS
- DOORS SHALL BE UNDERCUT TO A MIN. OF ½" ABV. FIN. FLR. COVERING
- INDIVIDUAL MIN. OUTDOOR AIR INLETS SHALL PROVIDE NOT LESS THAN 4 SQ. IN. OF NET FREE AREA OF OPENING FOR EA. HABITABLE SPACE

FLOOR PLAN NOTES:

1. VINYL FRAME GRADES TYPICAL. RUSH OPENINGS MAY VARY, VERIFY PER MFG. SPECS.
2. CABINET DESIGN BY OTHERS TO BE VERIFIED BY ACTUAL FRAMED (AS BUILT) DIMENSIONS ON SITE.
3. FOR ALL BEAM SIZES & LOCATIONS REFER TO STRUCTURAL FRAMING PLANS & ENGINEERING CALCS DURING CONSTRUCTION.
4. SEE STRUCTURAL FLASH FOUNDATION, FRAMING & SHEAR WALL SHEETS FOR ALL SIMPSON HOLD-DOWNS AND STRAPS AND HANGERS.

FRAMING NOTE:
FOR ALL BEAM SIZES & LOCATIONS REFER TO STRUCTURAL FRAMING PLANS & ENGINEERING CALCS. DURING FRAMING CONSTRUCTION.

GUARDRAIL NOTE:
SHOP DRAWINGS, SIGNED & SEALED BY A REGISTERED DESIGN PROFESSIONAL, WILL BE REQUIRED FOR THE GUARDRAIL SYSTEMS AT THE STAIRS & DECK.

DUCT SEALING & BLOWER TESTING:
-DUCTS LOCATED OUTSIDE THE CONDITIONED SPACE MUST BE SEALED & TESTED/WERE VERIFIED BY LEAKAGE TESTING PER MSC SECTION 403.2.2 AND INSULATED TO A MINIMUM OF R-8.
-AIR LEAKAGE TESTING REQUIRED FOR NEW HOMES. MAXIMUM LEAKAGE ALLOWED FOR WHOLE HOUSE.

FURNACE & HOT WATER TANK NOTE:
- FURNACE & HOT WATER APPLIANCES SHALL BE DIRECT VENT.
- ALL COMBUSTION AIR TO COME DIRECTLY FROM EXTERIOR.
- 30" CLEAR SPACE IN FRONT OF FURNACE
- APPLIANCES TO BE FASTENED IN PLACE PER CODE.
- WATER HEATER TO BE INSTALLED A MIN OF 18" ABV. FLR.
- INSULATION FOR ALL HOT WATER PIPES SHALL HAVE A MIN. THERMAL RESISTANCE OF R-3 WITHIN AND OUTSIDE CONDITIONED SPACE. INS. CAN BE INTERRUPTED WHEN PASSING THROUGH JOIST, STUDS, & STRUCTURAL MEMBERS OR WHERE PASSING OTHER PIPING, CONDUIT, OR VENTS, PROVIDED THE INS. IS SECURED TIGHTLY TO EACH OBSTRUCTION.

DUCT CONSTRUCTION:
-DUCTS IN THE GARAGE AND DUCTS PENETRATING THE WALLS OR CEILINGS SEPARATING THE DWELLING FROM THE GARAGE SHALL BE CONSTRUCTED OF A MINIMUM OF NO. 26 GAUGE SHEET STEEL AND HAVE NO OPENINGS INTO THE GARAGE. THIS SHALL ALSO PROHIBIT FILTER ACCESS OPENINGS IN THE RETURN AIR DUCT SYSTEM.

SMOKE ALARM NOTE:
- SMOKE ALARMS TO BE INTERCONNECTED OR WIRELESSLY CONNECTED SO THAT THE ACTIVATION OF ONE ALARM ACTIVATES ALL ALARMS IN A DWELLING UNIT.

AIR LEAKAGE CONTROL & EFFICIENT VENTILATION NOTE 5A:
-COMPLIANCE BASED ON INSTALL MENTS THE TESTED AIR LEAKAGE TO 3.0 AIR CHANGES PER HOUR/MINIMUM AND ALL SINGLE HOUSE VENTILATION REQUIREMENTS DETERMINED BY SECTION R1015 OF THE INTERNATIONAL RESIDENTIAL CODE SHALL BE MET WITH HIGH EFFICIENCY FAN-ONLY (OR INTERMITTENT) NOT INTERLOCKED WITH THE FURNACE FAN. VENTILATION SYSTEM IS USING A FURNACE INCLUDING AN ECM MOTOR ARE ALLOWED, PROVIDED THAT THEY ARE CONTROLLED TO OPERATE AT LOW SPEED IN VENTILATION ONLY MODE TO QUALIFY TO CLAIM THIS CREDIT, THE BUILDING PERMIT DRAWINGS SHALL SPECIFY THE OPTION BEING SELECTED AND SHALL SPECIFY THE MANDATORY TESTED BUILDINGS ARE LEAKAGE AND SHALL INCLUDE THE QUALIFIED VENTILATION SYSTEM.

HIGH EFFICIENCY HVAC EQUIPMENT 5A:
-GAS, PROPANE OR OIL-FIRED FURNACE WITH FINISH AFUE OF 94% OR GAS, PROPANE OR OIL-FIRED BOILER WITH FINISH AFUE OF 92%. TO QUALIFY TO CLAIM THIS CREDIT THE BUILDING PERMIT DRAWINGS SHALL SPECIFY THE OPTION BEING SELECTED AND SHALL SPECIFY THE HEATING EQUIPMENT TYPE AND THE FINISH EQUIPMENT EFFICIENCY.

EFFICIENT WATER HEATING 5A:
-ALL SHOWERHEAD & KITCHEN SINK FAUCETS INSTALLED IN THE HOUSE SHALL BE RATED AT 1.5 GPM OR LESS. ALL OTHER LAVATORY FAUCETS SHALL BE RATED AT 1.0 GPM OR LESS. TO QUALIFY TO CLAIM THIS CREDIT, THE BUILDING PERMIT DRAWINGS SHALL SPECIFY THE OPTION BEING SELECTED AND SHALL SPECIFY THE FIXTURE FLOW RATES FOR ALL SHOWERHEAD, KITCHEN SINK FAUCETS, AND OTHER LAVATORY FAUCETS.

EFFICIENT WATER HEATING 5C:
-WATER HEATING SYSTEM SHALL INCLUDE ONE OF THE FOLLOWING: GAS, PROPANE, OR OIL WATER HEATER WITH A FINISH EF OF .65 OR SOLAR WATER HEATING SYSTEM WITH A MINIMUM STANDARD WATER HEATER. SOLAR WATER HEATING SYSTEM SHALL PROVIDE A RATED FINISH SAVINGS OF 25 THERMS OR 3000 K WH BASED ON THE SOLAR RATING AND CERTIFICATION CORPORATION (SRCC) ANNUAL PERFORMANCE OF OG-300 CERTIFIED SOLAR WATER HEATING SYSTEMS OR ELECTRIC HEAT PUMP WATER HEATER WITH A FINISH EF OF 2.0 AND MEETING THE STANDARDS OF MEWS NORTHERN CLIMATE SPECIFICATIONS FOR HEAT PUMP WATER HEATERS. TO QUALIFY TO CLAIM THIS CREDIT, THE BUILDING PERMIT DRAWINGS SHALL SPECIFY THE OPTION BEING SELECTED AND SHALL SPECIFY THE WATER HEATER EQUIPMENT TYPE AND THE FINISH EQUIPMENT EFFICIENCY AND, FOR SOLAR WATER HEATING SYSTEMS, THE CALCULATION OF THE FINISH ENERGY SAVINGS.

NOTE:
PROVIDE TEMPERED GLAZING IN ALL WINDOWS WITH EXPOSED AREAS GREATER THAN 9 SF. AND IN WINDOWS WITH BOTTOM EDGE LESS THAN 18" ABV. FLOOR

ABBREVIATION KEY

GB - GYPBOARD
S/R - SHEETROCK
BLK. - BELOW
SF. - SQUARE FEET
WSL - MAIN WATER LEADER
EA - EACH WAY
℄ - CENTER LINE
FIN. FL. - FINISHED FLOOR LEVEL
ABV. - ABOVE FLOOR LEVEL
BOT. - BOTTOM OF
T.O. - TOP OF
BSP. - BEARING POINT
BW - BEARING WALL
PT - PRESSURE TREATED
DF - DOUGLAS FIR
INT. - INTERIOR
EXT. - EXTERIOR
BM - BEAM
ABV. - ABOVE
EXP. - EXPOSE
HOSE BIBB
GAS STUB
DRAIN SPOUT

SQUARE FOOTAGE

MAIN FLR.	1792 SF.
BONUS RM.	330 SF.
TOTAL	2,122 SF.
GARAGE	720 SF.
COVRD. PATIO	162 SF.

Cont. Farmhouse 823
Plan # 20-1016

Single Story
Main Flr. 1792
Bonus Rm. 330
Total Sq. Ft. 2122
Garage 720

FLOOR PLANS

JWR Design, Inc.
Stock Plans @
jwrdesign.com

JWR

DRAWN LER
DATE 1-26-20
SCALE AS NOTED
CHECKED P.W.R.
SHEET A3 OF A4

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

APPLICATION NUMBER
306314
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4715842544.000	197 STAFFORDSHIRE DR	Iredell County

Owner Information	Applicant Information
Name: ST1 LLC	Name: THE OAKS GROUP
Address: PO BOX 3792	Address: 121 HOLT LN
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.5	35	35	15	15		NO

Remarks
SFD**needs signed disclaimer**

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.

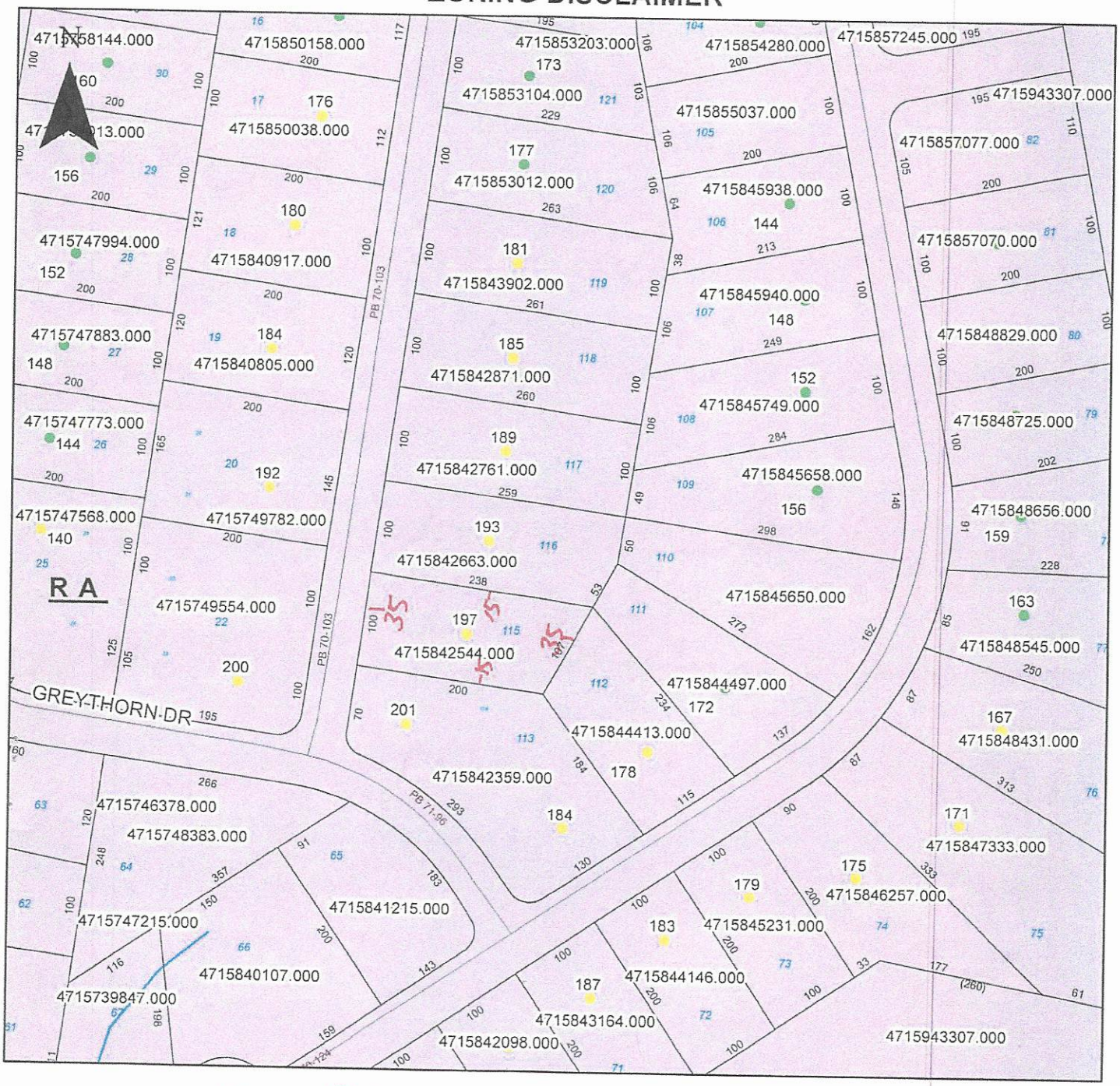
Signature of Owner/Contractor

Date: 03/25/2020

Permit Number	306314

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 197 Staffordshire 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.

Applicant

Date