ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 HS Mooresville Office (704) 660-3625 PERMIT # 309008

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

PIN # 4715 -85 -3012 84-3902

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

SITE ADDRESS: 181 Staffordshire Drive Statesville NC 28625 PHONE: ALT. PHONE 704-578-4951

SITE DIRECTIONS: RT 64 RT 90 Absher Farm Loop Staffordshire SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Castlegate SECTION: — LOT # 119 LOT AREA: .6 Acres DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 1-6
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 300
Trench Width 36 Trench Bottom Depth(Low side) 30 Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: CP PPBDS - 50% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Maintain Setbacks to building foundation if drain used
A System not to be installed in low / Fill Area
Maintain 2 Ft of separation / 15 From Rear Ditch.

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:

The Oaks Group PA

LSS # 1313

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: Kathleen Saunders Date: 9-10-2020 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Benjamin A Bullis Date: 8/21/2020 OPERATION PERMIT by: Date: 4-6-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bullis Date: 9-9-2020 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'.

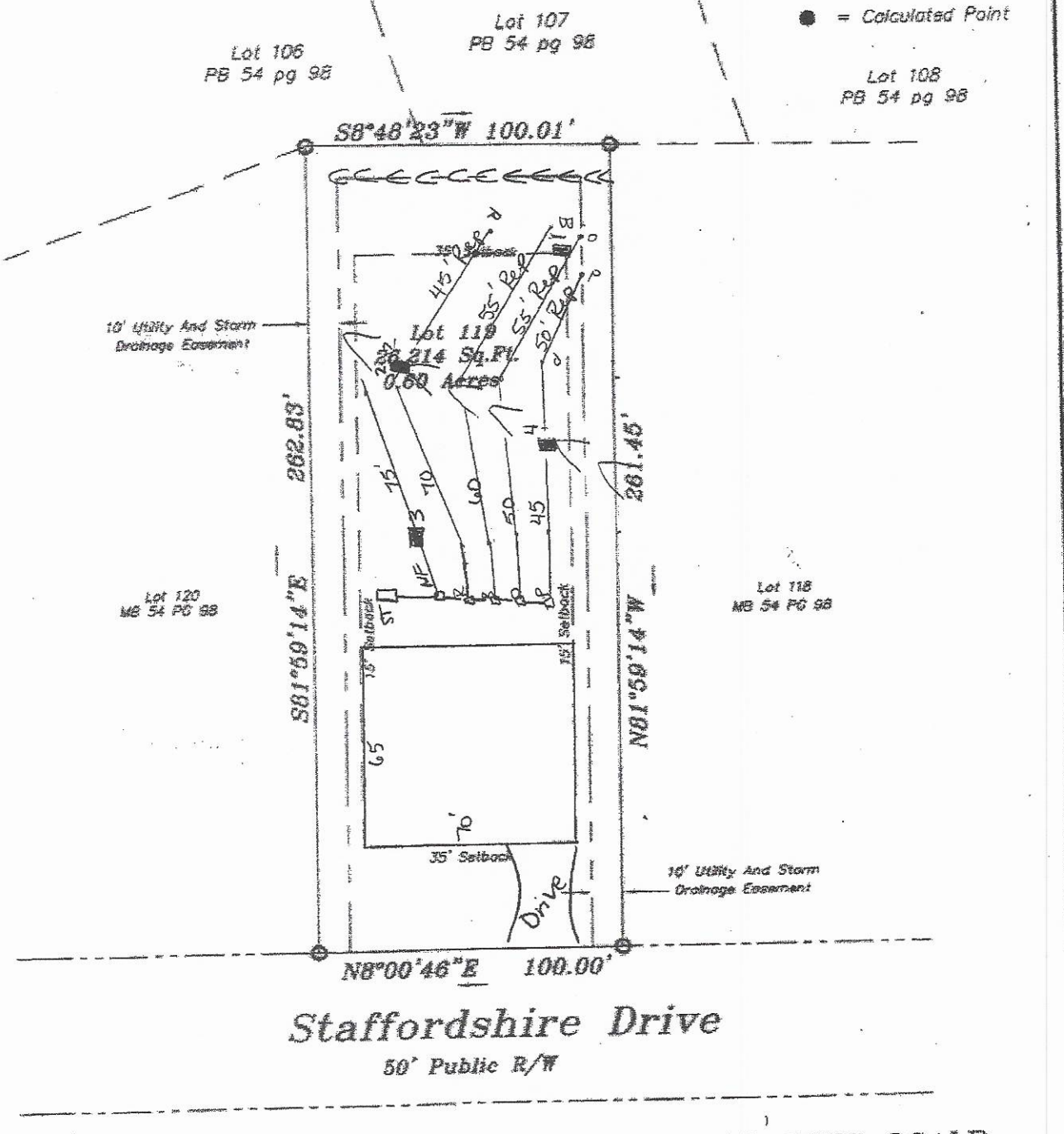
4) Area by coordinate method.

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

P.B. 54, Pg. 98

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
= Cable Pedestal
= Calculated Point



Staffordshire Drive

50' Public R/W

GRAPHIC SCALE

0 25 50 100

1 inch = 50 ft.

309008

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Castlegate Lot 119

Date: July 11, 2020

Attached is the septic specification information required to permit Castlegate Lot 119 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.

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

Kathleen Saunders

309008

Castlegate Lot 119 - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	205
Repair Loading Rate	0.3
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	45
2	Repair	Blue	LP PPBPS	55
3	Repair	Orange	LP PPBPS	55
4	Repair	Pink	LP PPBPS	50
5	System	NF	25% Reduction	75 endfed
6	System	Red	25% Reduction	70 endfed
7	System	Blue	25% Reduction	60 endfed
8	System	Orange	25% Reduction	50 endfed
9	System	Pink	25% Reduction	45 endfed
				Total System: 300'
				Total Repair: 205'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

309008

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: Castlegate LLC
ADDRESS: 7271 Long Island Rd Catawba
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Castlegate 119
APPLICATION DATE ___
DATE EVALUATED: ___
PROPERTY SIZE: 0.6
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 5-8%	0-12	WK SBK C	FR SS/SP	R; F Sap Multi	12"	PS	N/A	0.3
		12-60	MA L Sap	↓					
2	L 5-8%	18"	Fill		R Br	48+	N/A	N/A	0.3 18" Fill
		18-48	WK SBK SCL	FR SS/SP					
			F Quartz						
3	L 3%	0-15	Mo SBK C	FR SS/SP	R R;C Sap Multi	25"	PS	N/A	0.3
		15-25	WK SBK CL	↓					
		25-48	MA L Sap	↓					
4	L 5-8%	15	Fill		R R;C Sap	50+	N/A	N/A	0.3
		15-41	Mo SBK C	FR SS/SP					
		41-50	WK SBK CL	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III 9	IV
Site LTAR	0.3	0.3

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

COMMENTS: ___

Kathleen Saunders

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

Updated February 2014

RECEIVED JUL 1 3 2020

Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500.00 309008

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: 181 Staffordshire Dr
Subdivision Name: Castlegate Section/Phase: _____ Lot Number: _____
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 7-11-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

309008

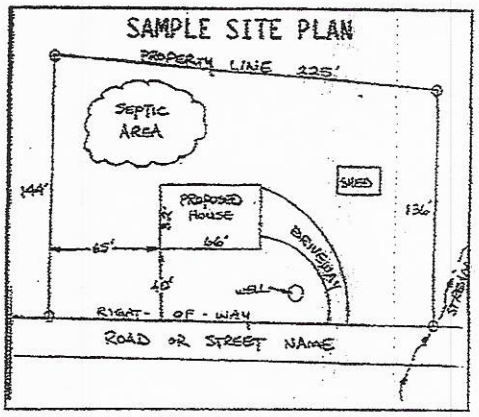
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

7-11-2020
DATE

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'.

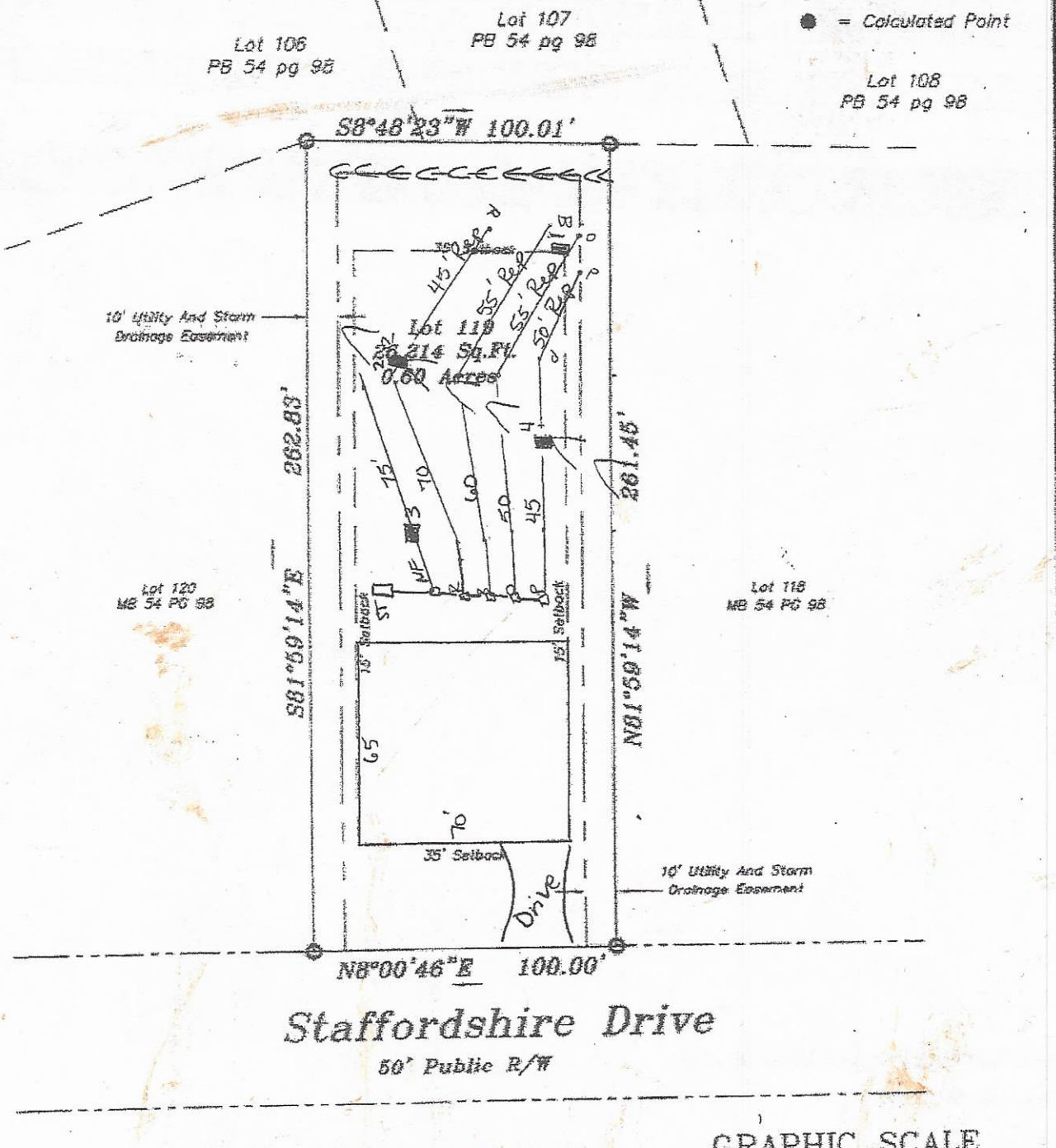
4) Area by coordinate method.

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

P.B. 54, Pg. 98

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
= Cable Pedestal
= Calculated Point



Staffordshire Drive

50' Public R/W

GRAPHIC SCALE

0 25 50 100

1 inch = 50 ft.

309008

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 181 Staffordshire Dr, 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.

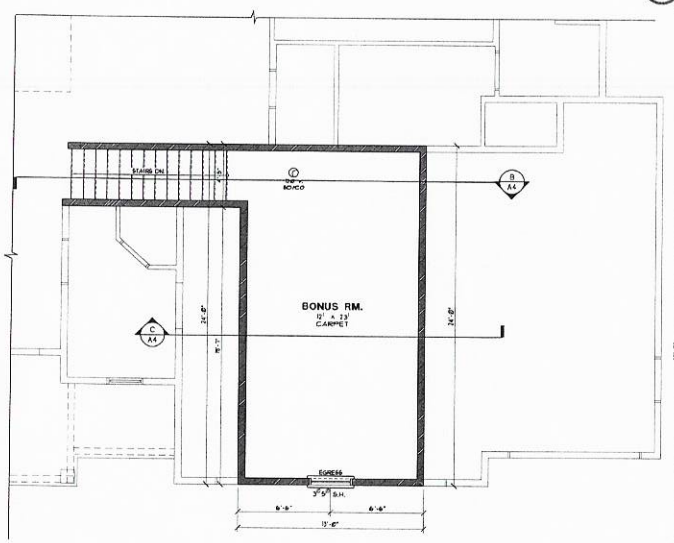
1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

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.

_____ 7-11-2020
Signature of Owner Date

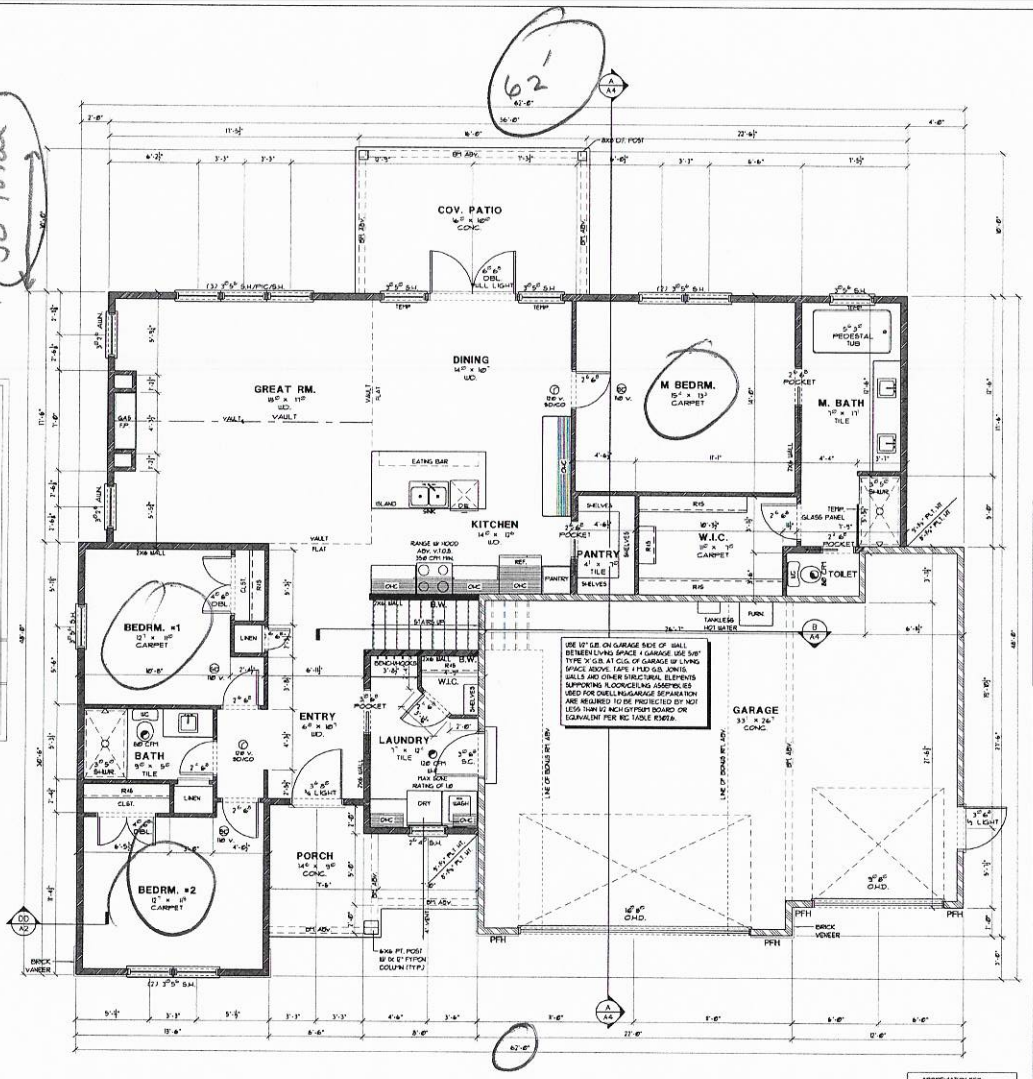
_____ _____
Signature of Witness Date

Acknowledgement Of
Plans Submittal ONLY!
Benjamin A Bell Date 9/9/20
Kathleen Saunders Date 11-2020



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"



MAIN FLOOR PLAN

SCALE 1/4" = 1'-0"

WHOLE HOUSE VENTILATION SYSTEMS SHOULD COMPLY WITH M1507.3:
- FAN NOTE: WHOLE HOUSE FANS LOCATED 4' OR LESS FROM INTERIOR GRILL SHALL HAVE A SONE RATING OF 1.0 IN WATER GAGE
- EXT 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 1ST 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 WINDOWS TYPICAL. ROUGH OPENINGS MAY VARY, VERIFY PER MFG. SPECS.
2. CASKET DESIGN BY OTHERS TO BE VERIFIED W/ ACTUAL FRAMED CAB. BUILT DIMENSIONS ON SITE.
3. FOR ALL BEAM SIZES & LOCATIONS REFER TO STRUCTURAL FRAMING PLANS & ENGINEERING CALCS DURING CONSTRUCTION.
4. SEE STRUCTURAL PLANS 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 & TIGHTNESS VERIFIED BY LEAKAGE TESTING PER MSEC SECTION 403.2.2, AND INSULATED TO A MINIMUM OF R-8.
-AIR LEAKAGE TESTING REQUIRED FOR NEW HOMES. MAXIMUM LEAKAGE ALLOWED PER MSEC 403.2.2.

FURNACE & HOT WATER TANK NOTE:
- FURNACE & HOT WATER APPLIANCES SHALL BE DIRECT VENT.
- ALL COMBUSTION AIR TO COME DIRECTLY FROM EXTERIOR.
- 36" 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. NO. CAN BE INTERRUPTED WHEN PASSING THROUGH JST, 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 WOULD ALSO PROHIBIT PLITEN 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.

USE 1/2" G.B. ON GARAGE SIDE OF WALL BETWEEN LIVING SPACE & GARAGE USE 5/8" TYPE 'X' G.B. AT C.G.S. OF GARAGE SF LIVING SPACE ABOVE. TAPE & FILL G.B. JOINTS. WALLS AND OTHER STRUCTURAL ELEMENTS SUPPORTING FLOORS/CEILING ASSEMBLIES USED FOR DWELLING/GARAGE SEPARATION ARE REQUIRED TO BE PROTECTED BY NOT LESS THAN 5/8 INCH GYPSUM BOARD OR EQUIVALENT PER RIC TABLE R302.6.

ABBREVIATION KEY
G.B. - GYPBOARD
S.R. - SHEETROCK
B.U. - BELOW
SQ. - SQUARE FEET
R.S.L. - RAIN WATER LEADER
E.A. - EACH UNIT
C.L. - CENTER LINE
TN. FL. - FINISHED FLOOR LEVEL
A.F.L. - ABOVE FLOOR LEVEL
B.O. - BOTTOM OF
T.O. - TOP OF
B.P. - BEARING POINT
BM. - BEARING WALL
PT. - PRESSURE TREATED
DF. - DOUGLAS FIR
INT. - INTERIOR
EXT. - EXTERIOR
DN. - DEAN
ABV. - ABOVE
EXP. - EXPOSE
HOSE BIBB
GAS STUB
DOWN SPOUT

AIR LEAKAGE CONTROL & EFFICIENT VENTILATION NOTE 2A
-COMPLIANCE BASED ON R402.4.1.2: REDUCE THE TESTED AIR LEAKAGE TO 3.0 AIR CHANGES PER HOUR MAXIMUM AND ALL WHOLE HOUSE VENTILATION REQUIREMENTS DETERMINED BY SECTION M1507.3 OF THE INTERNATIONAL RESIDENTIAL CODE SHALL BE MET WITH HIGH EFFICIENCY FAN (MAX @ 3.0 SMTS&CFM) NOT INTERLOCKED WITH THE FURNACE FAN. VENTILATION SYSTEMS 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 MAXIMUM TESTED BUILDING AIR LEAKAGE AND SHALL SHOW THE QUALIFIED VENTILATION SYSTEM.

HIGH EFFICIENCY HVAC EQUIPMENT 3A
-GAS, PROPANE OR OIL-FIRED FURNACE WITH MINIMUM AFUE OF 94% OR GAS, PROPANE OR OIL-FIRED BOILER WITH MINIMUM 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 MINIMUM EQUIPMENT EFFICIENCY.

EFFICIENT WATER HEATING 3A
-ALL SHOWERHEAD & KITCHEN SINK FAUCETS INSTALLED IN THE HOUSE SHALL BE RATED AT 1.75 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 MAXIMUM FLOW RATES FOR ALL SHOWERHEADS, KITCHEN SINK FAUCETS, AND OTHER LAVATORY FAUCETS.

EFFICIENT WATER HEATING 3C
-WATER HEATING SYSTEM SHALL INCLUDE ONE OF THE FOLLOWING: GAS, PROPANE, OR OIL WATER HEATER WITH A MINIMUM EF OF 0.9 OR SOLAR WATER HEATING, SUPPLEMENTING A MINIMUM STANDARD WATER HEATER. SOLAR WATER HEATING WILL PROVIDE A RATED MINIMUM SAVINGS OF 80 THERMS OF 2000 K WH BASED ON THE SOLAR RATING AND CERTIFICATION CORPORATION (SRCC) ANNUAL PERFORMANCE OF CO.-300 CERTIFIED SOLAR WATER HEATING SYSTEMS. OR ELECTRIC HEAT PUMP WATER HEATER WITH A MINIMUM EF OF 2.0 AND MEETING THE STANDARDS OF MEA 9 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 MINIMUM EQUIPMENT EFFICIENCY AND, FOR SOLAR WATER HEATING SYSTEMS, THE CALCULATION OF THE MINIMUM ENERGY SAVINGS.

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

SQUARE FOOTAGE

MAIN FLR	1792 S.F.
BONUS RM.	330 S.F.
TOTAL	2,122 S.F.
GARAGE	795 S.F.
COVRD. PATIO	160 S.F.

Cont. Farmhouse 823 Plan # 20-1016

Single Story	
Main Flr.	1,792
Bonus Rm.	330
Total Sq. Ft.	2,122
Garage	795

FLOOR PLANS

JWR Design, Inc.
Stock Plans @
jwrdesign.com

JWR DESIGN

DRAWN LUR
DATE 1-30-20
SCALE AS NOTED
CHECKED J.W.R.
SHEET A3 OF A4

20082

IREDELL COUNTY · NC

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

APPLICATION NUMBER
309008 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4715843902.000	181 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
0.6	35	35	15	15		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: 07/13/2020

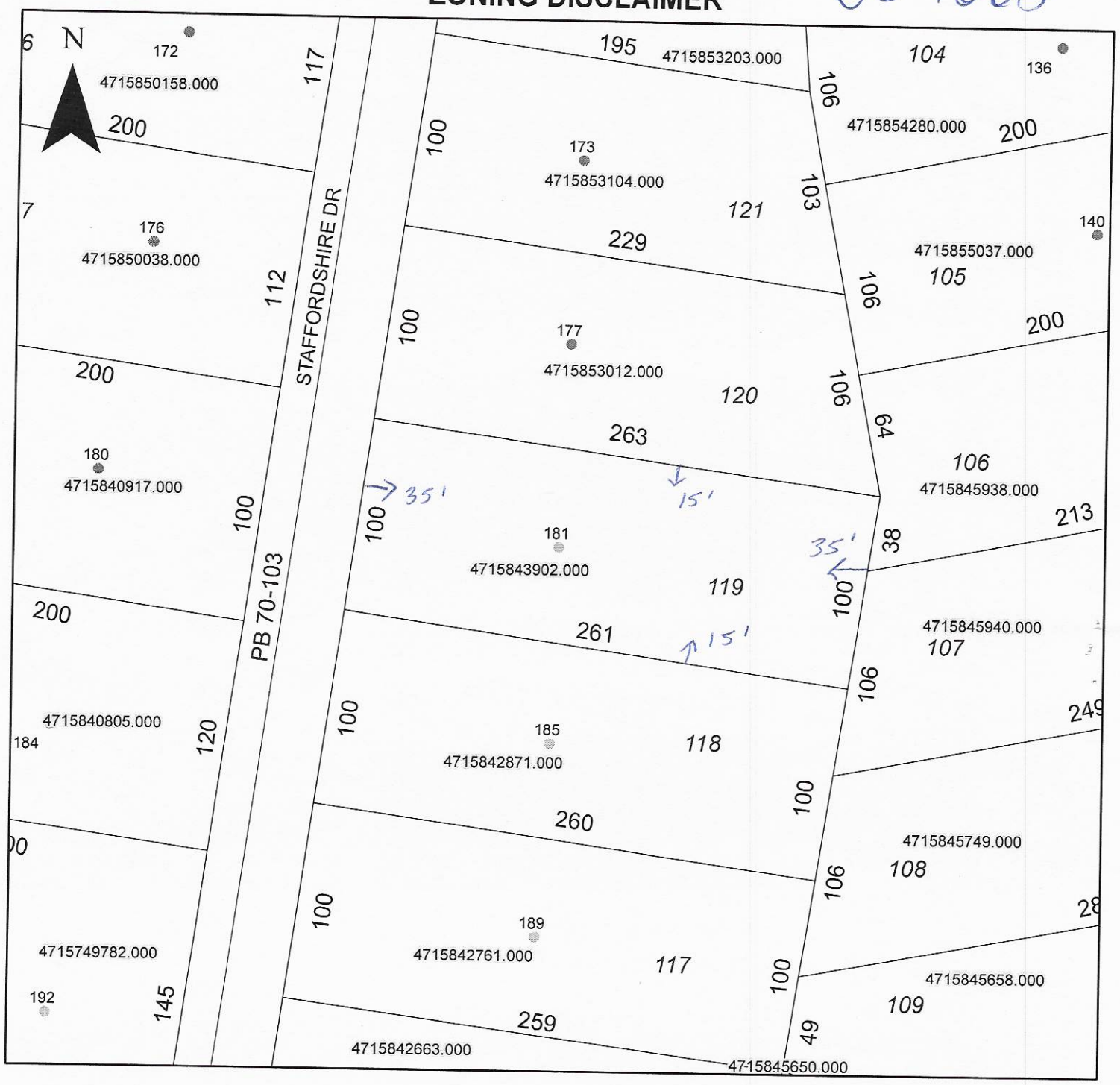
Permit Number	309008

TOTAL FEES:	$77.25

PAID
creditcard
7/13/2020

309008

ZONING DISCLAIMER



Property Address 181 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.

Kathleen Saunders

Applicant

7/13/2020

Date