ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 306373. | PIN # 4715 - 85 - 4839

BCW 9.30

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

APPLICANT/OWNER: Castlegate LLC | APPLICANT ADDRESS: 7271 Long Island Rd Catawba NC | PHONE: — | ALT. PHONE 704 578-4951

SITE ADDRESS: 135 Staffordshire Drive Statesville NC 28625 | SAP CONTROLLED: ☒ YES ☐ NO

SITE DIRECTIONS: RT 64 RT 90 Absic Fern Loop Staffordshire

SUBDIVISION: Castlegate | SECTION: - | LOT # 89 | LOT AREA: .86 Acres | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	10-13-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	363	Date	9-23-2020	System Description:	PM - 25% Reduction		
Pump Make	Liberty	Model	280	Serial #		Repair System Description:	CP - PPBPS - 50% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36	Trench Bottom Depth ~~(Leveled)~~		36 in max		Gravel Depth	—	☐ GRAVITY	☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Manifold to be 10ft from Property Line.

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: Dec 9 2020

The Davis 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.

	Date	Initials
Drain Lines Checked	12-22	
Tanks Checked	12-22	
Pressure Manifold or Valve Box Checked	12-22	
Pressure Head Set	12-22	
Electrical Checked	12/14	BB
Floats Set	12/22	BB
Alarm Checked	12/29	BB
Maintenance Contract Y/N not required		
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**

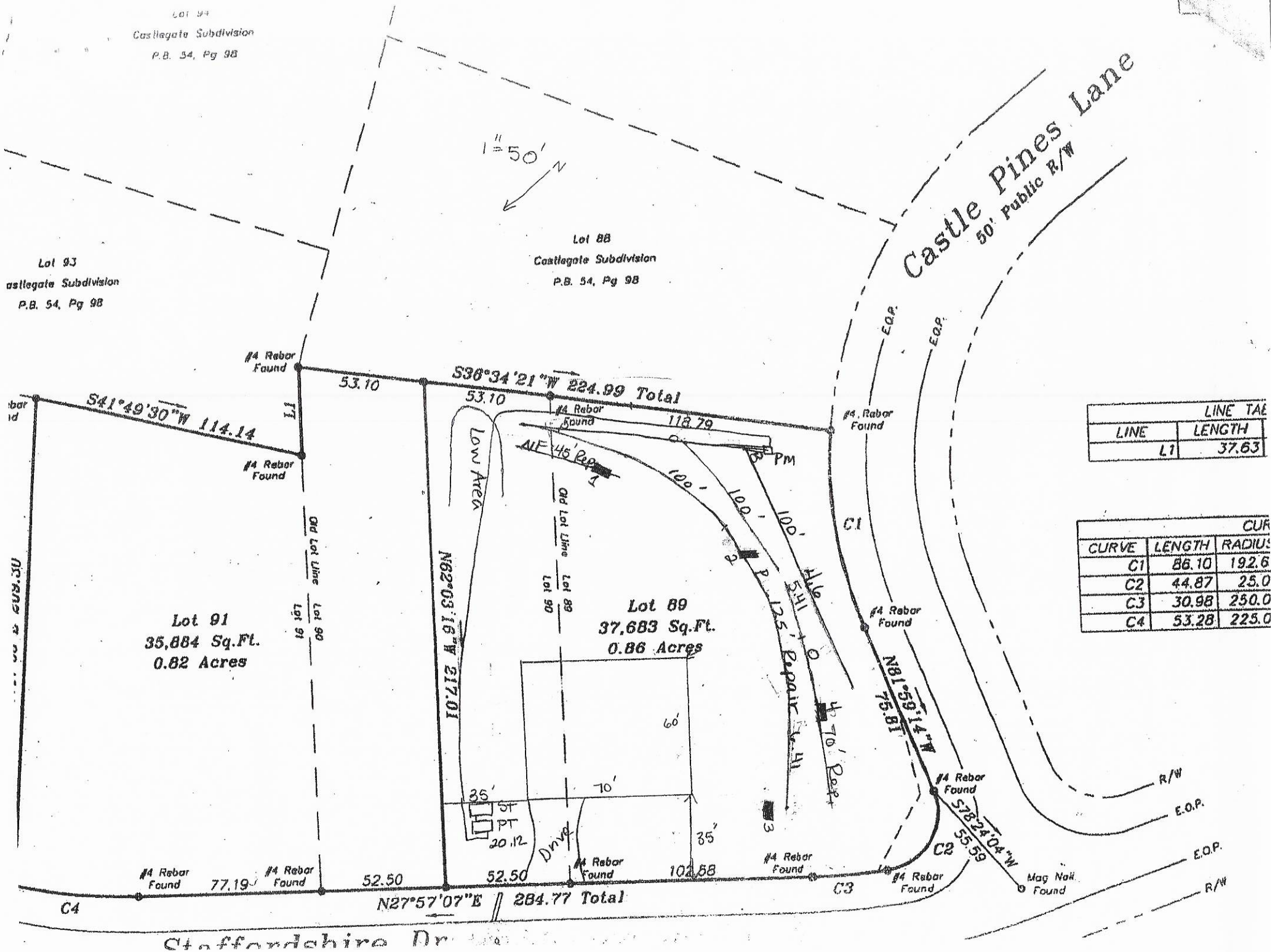
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 12/8/20 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Benjamin A Betts Date: 12-16-2020 OPERATION PERMIT by: Benjamin A Betts Date: 12-21-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Betts Date: 12-16-2020 Existing System Inspected by: Date:

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



LINE TAB	
LINE	LENGTH
L1	37.63

CUR		
CURVE	LENGTH	RADIUS
C1	86.10	192.6
C2	44.87	25.0
C3	30.98	250.0
C4	53.28	225.0

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 135 Staffordshire Dr

Date: December 9, 2020

Attached is the septic specification information required to permit 135 Staffordshire Drive 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

Castlegate Lot 89 Fast Track Septic Spec Sheet

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	3 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	290' of 2" SCH 40 PVC
Flow Rate through the system	21.3 gpm
Elevation head	Approx. 21.5'
Pressure head	2.0'
Friction head	2.4'
20% Contingency	5.2'
Total Head	31.1'
Pump Requirements	21.3 gpm @ 31.1' of head To be designed by installer.
Maximum Dosing Volume	180 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	8.5
Repair System	**LP PPBPS**
Total Linear Feet	240
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	System	Blue	25% Reduction	100 endfed	4.6
2	System	Orange	25% Reduction	100 endfed	5.41
3	Repair	Orange	LP PPBPS	70	5.41
4	System	Pink	25% Reduction	100 endfed	6.41
5	Repair	Pink	LP PPBPS	125	6.41
6	Repair	NF	LP PPBPS	45	
				Total System: 300'	
				Total Repair: 240'	

Tank	Red	1000 gal (2 compartment)	20.12
Pump Tank	Red	1000	
House	blue		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 40 PVC
No. Taps	3
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	7.11

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 LHD

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: 360 PROPOSED DESIGN FLOW (.1949): SFR
LOCATION OF SITE: Castlegate 89

APPLICATION DATE ____
DATE EVALUATED: 3/25/20
PROPERTY SIZE: 0.86
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	L 10%	0-6	Mo GR SL	FR NS/NP	Br	48+	N/A	N/A	0.3
		6-48	Mo SBK C	FR SS/SP	Red				
2	L 10%	0-19	Mo SBK CL	FR SS/SP	R	48+	N/A	N/A	0.3
		19-48	WK SBK CL	↓	R; C sap				
3	L 10%	0-6	Mo GR SL	FR NS/NP	Br	30"	PS	N/A	0.3 PS
		6-30	Mo SBK C	FR SS/SP	R				
		30-38	WK SBK CL	↓	R; C sap				
		38-60	MA L sap	↓	R; F CL Pockets				
4	L 10%	0-26	Mo SBK C	FR SS/SP	R	44"	PS	N/A	0.3 PS
		26-44	WK SBK CL	↓	R; C sap				
		44-60	MA L sap	↓	R Br				

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

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____
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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

S.L AP. 306373 $300.00

Application For:
(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

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: 135 Staffordshire Dr Statesville

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: _____ Number of Persons: _____
( ) Multi-connection Well Number of Houses: _____
( ) 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 12-9-2020 DATE
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

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 135 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.

Signature of Owner — Date: 12-9-2020

Signature of Witness — Date

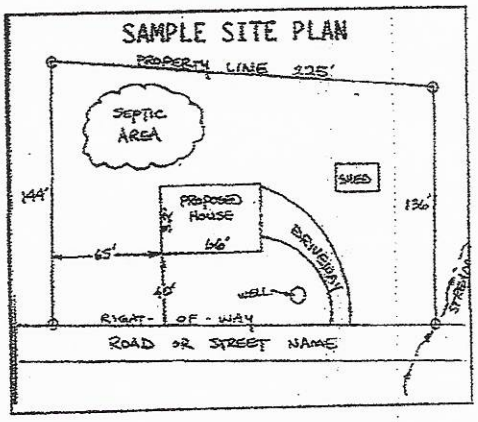
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

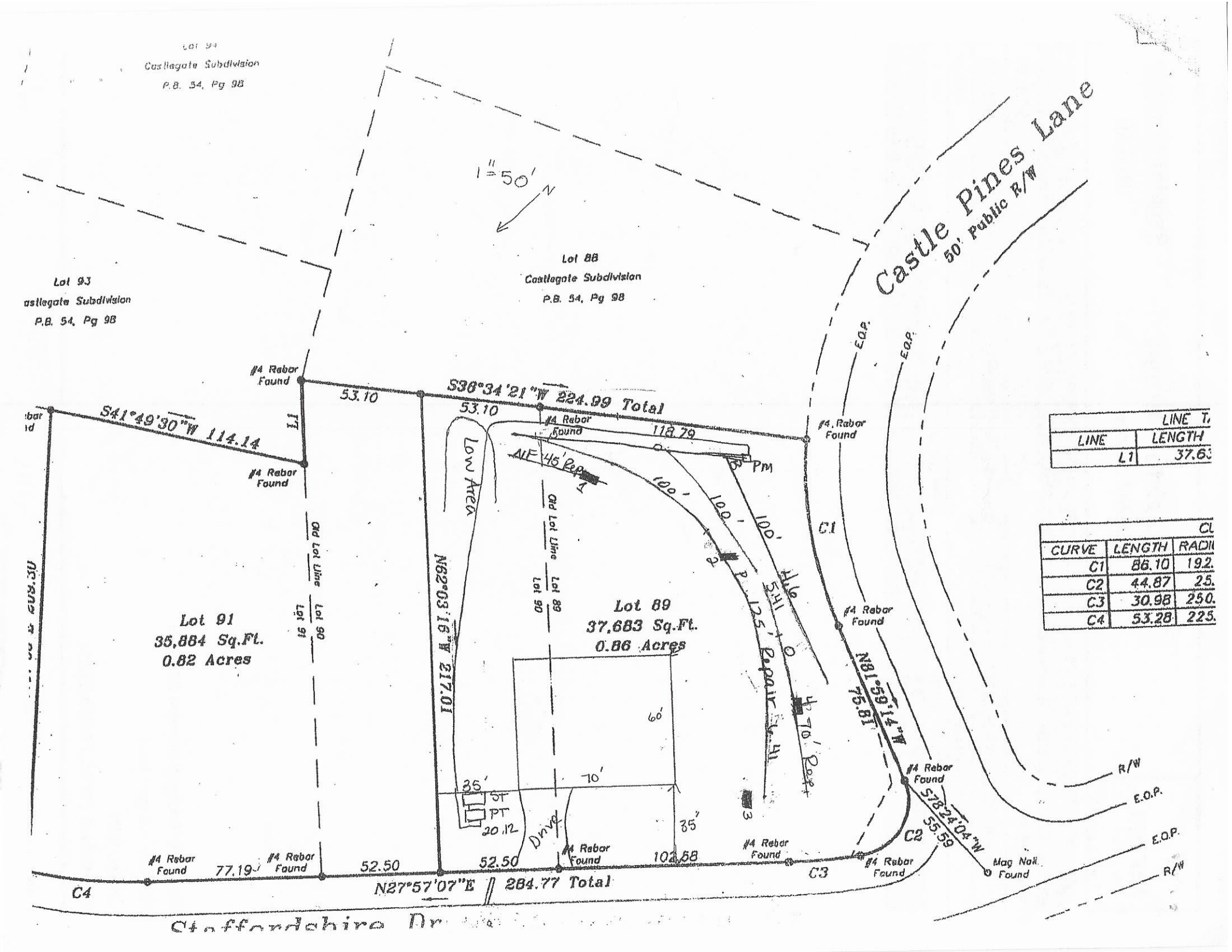
USE THIS SPACE TO DRAW YOUR SITE PLAN

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)

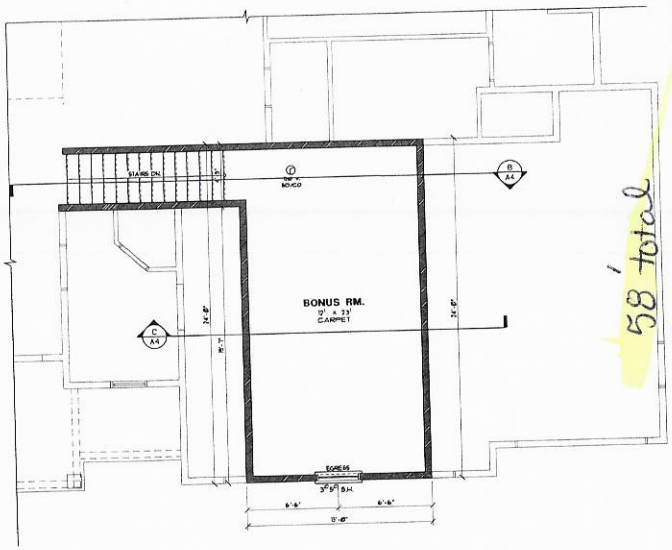
12-9-2020
~~3-23-2020~~
DATE



LINE T	
LINE	LENGTH
L1	37.63

CURVE	LENGTH	RADI
C1	86.10	192.
C2	44.87	25.
C3	30.98	250.
C4	53.28	225.

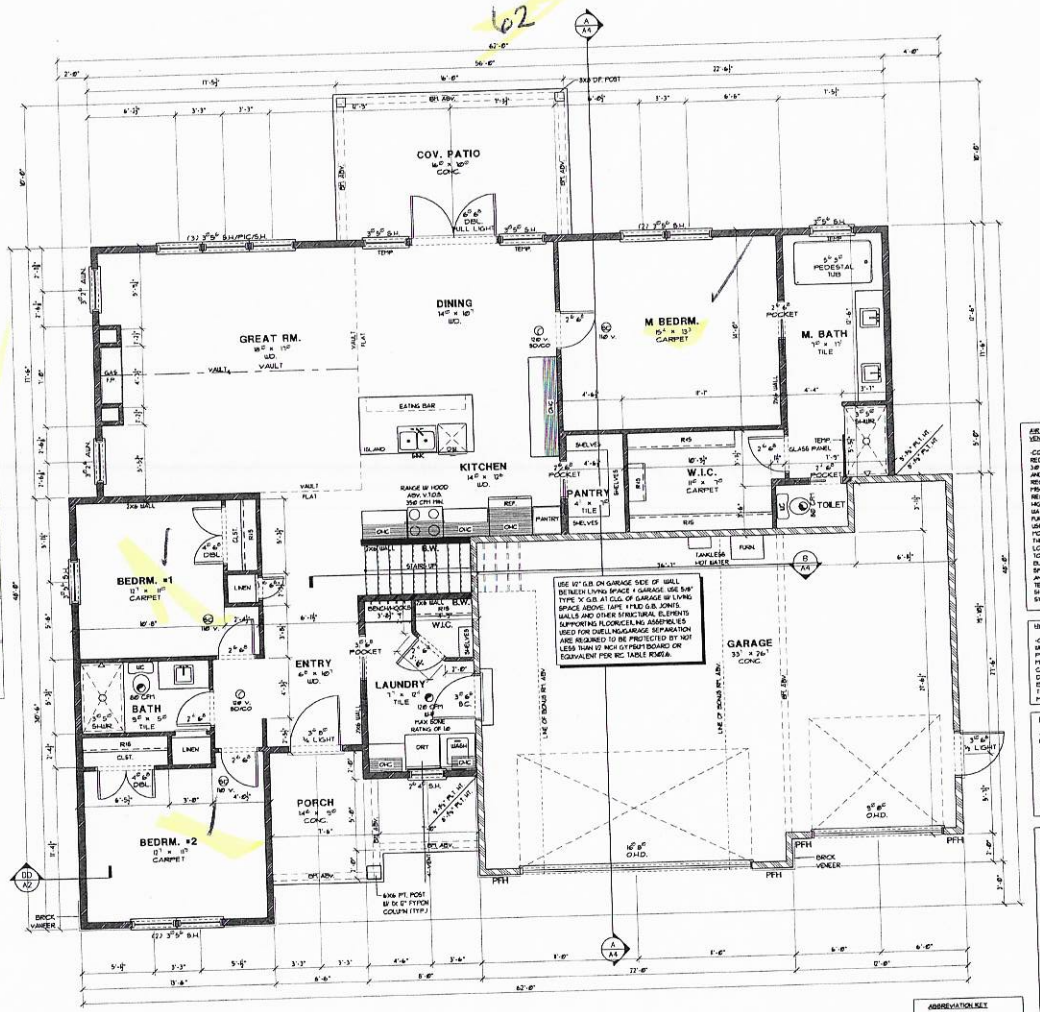
Acknowledgement Of
Plans Submittal ONLY!
Benjamin Abbott Date 4-16-2020
Kathleen Sandin Date 3-25-2020



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

58' total



MAIN FLOOR PLAN

SCALE 1/4" = 1'-0"

WHOLE HOUSE VENTILATION SYSTEMS SHOULD COMPLY WITH M1901.3.
- FAN NOISE, WHOLE HOUSE FANS LOCATED 4' OR LESS FROM INTERIOR GRILL SHALL HAVE A SONE RATING OF 1.0 IN WATER GAUGE
- OUT 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 BY 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. CABINET DESIGN BY OTHERS TO BE VERIFIED W 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 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 / TESTED & VERIFIED BY LEAKAGE TESTING PER UBEC SECTION 403.2.2, AND INSULATED TO A MINIMUM OF R-8.
- AIR LEAKAGE TESTING REQUIRED FOR NEW HOMES. MAXIMUM LEAKAGE ALLOWED PER UBEC 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 BETWEEN AND OUTSIDE CONDITIONED SPACE, NIB. 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 FIL TER 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 CLG. OF GARAGE W/ 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 1/2 INCH GYPSUM BOARD OR EQUIVALENT PER R.C. TABLE R302.6.

AIR LEAKAGE CONTROL & EFFICIENT VENTILATION NOTE 3A:
- 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 FLOW (0.35 WATTS/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: 1.0
- GAS, PROPANE OR OIL-FIRED FURNACE WITH MINIMUM AFUE OF 94% OR GAS, PROPANE OR OIL-FIRED BOILER WITH MINIMUM AFUE OF 90%. 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: 3
- 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 1.28 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 5C: 1.5
- WATER HEATING SYSTEM SHALL INCLUDE ONE OF THE FOLLOWING: GAS, PROPANE OR OIL WATER HEATER WITH A MINIMUM EF OF 87% OR SOLAR WATER HEATING SUPPLEMENTING A MINIMUM STANDARD WATER HEATER. SOLAR WATER HEATING SHALL PROVIDE A RATED (MINIMUM) SAVINGS OF 50 THERMS OF 3,000 KWH 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 MINIMUM EF OF 2.0 AND MEETING THE STANDARDS OF NEEA'S 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 WINDOWS WITH SILL EDGE LESS THAN 18" ABV. FLOOR.

ABBREVIATION KEY

G.B. = GYPSBOARD
S/R = SHEETROCK
BLW. = BELOW
SF. = SQUARE FEET
R.W.L. = RAIN WATER LEADER
EA. = EACH WAY
℄ = CENTER LINE
FIN. FL. = FINISHED FLOOR LEVEL
A.F.L. = ABOVE FLOOR LEVEL
B.O. = BOTTOM OF
T.O. = TOP OF
B.P. = BEARING POINT
B.W. = BEARING WALL
P.T. = PRESSURE TREATED
D.F. = DOUGLAS FIR
INT. = INTERIOR
EXT. = EXTERIOR
FPT = BELOW
ABV. = ABOVE
EXP. = EXPOSE
HOSE BIBB
GAS STUB
DOOR SPOUT

SQUARE FOOTAGE

MAIN FLR.	1,782 S.F.
BONUS RM.	328 S.F.
TOTAL	2,122 S.F.
GARAGE	765 S.F.
COVRD. PATIO	160 S.F.

Single Story	
Main Fl.	1,782
Bonus Rm.	330
Total Sq. Ft.	2,112
Garage	765

Cont. Farmhouse
823
Plan # 20-1016

FLOOR PLANS

JWR Design, Inc.
Stock Plans @
jwrdesign.com

JWR DESIGN

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306373 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4715854839.000	135 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
0.86	35	35	25	15	N/A	NO

Remarks
SFD

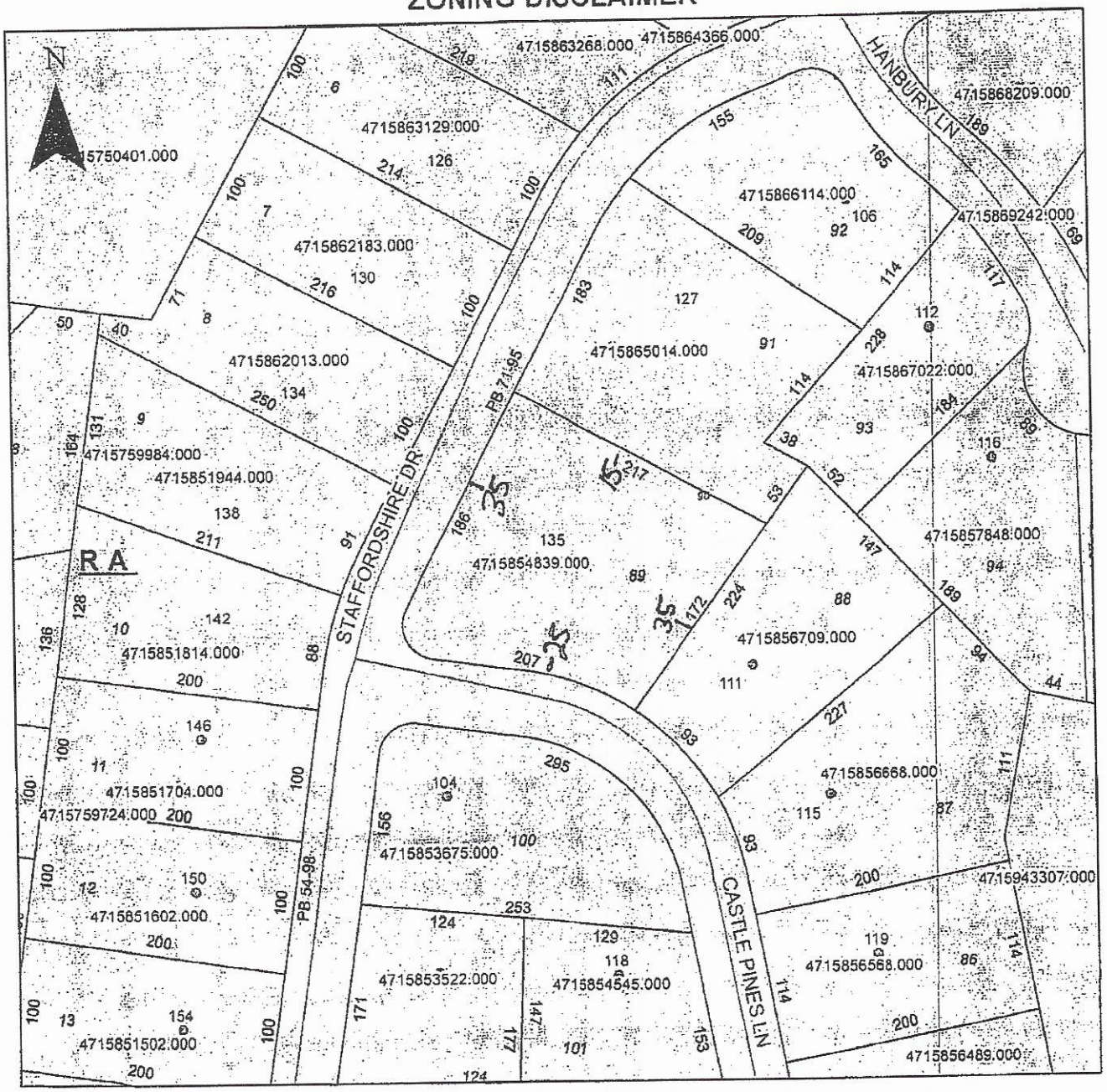
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Kathleen Saunders
Signature of Owner/Contractor

Date: 03/27/2020

Permit Number	306373	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 135 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 Sanders
Applicant

4/1/2020
Date