ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 326665

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

PIN # 4724 --30 --7444

APPLICANT/OWNER: Garrison Davis APPLICANT ADDRESS: 631-300 Brawley School Rd Mooresville NC 28117.

SITE ADDRESS: 226 Links Drive Statesville NC 28677 PHONE: 704-363-2845 ALT. PHONE —

SITE DIRECTIONS: Buffalo Shoals / old Airport Aviation Links Drive SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .76 AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 4/25/22
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 4 Linear Ft 300
Trench Width 36in Trench Bottom Depth(Low side) 28in Gravel Depth —

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

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

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

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:

Soil + Forestry Services of the Carolinas

LSS # 1231 Dated March 4th 2022

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: Date: 3/31/22 Installed by: Russell Williams

IMPROVEMENT PERMIT by: Benjamin R Butler Date: 3/25/2022 OPERATION PERMIT by: [illegible] Date: 6/8/22

AUTHORIZATION TO CONSTRUCT by: Benjamin R Butler Date: 3/25/2022 Existing System Inspected by: Date:

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

SCALE
1" = 40'
N
LINKS DRIVE
B1
B2
B3
B4
ST
Pool
PATIO
HOUSE SLAB
30'
15'
20'
36'
35'
35'
W
tree
1 P 78' Install (76')
2 PRV 1 1/2" 08
3 O Nat 83
4 V 147' Install (28') 38
5 B 178"
6 P 145'

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 22-0008
March 4th, 2022

TRUNORTH HOMES, LLC
Attn: *Garrison Davis*
Email: garrison@trunorthhomes.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 226 Links Dr, Statesville, NC 28677, PIN # (4724307444), Iredell County.

Mr. Davis:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions
At the time of our evaluation land cover on the property was mostly wooded. Topography within the evaluated area was gentle slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Bateman Civil Survey Co. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via measuring tape/GPS and used to produce the attached *Site Plan*. The house envelope was located via Survey by Bateman Civil Survey Co. The attached Survey provided has house plot and acreage.

Methodology
We evaluated soil areas through the use of hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four boring locations on the property flagged and located via GPS. Three of the four of the soil borings are located in or adjacent to the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The house envelope was located via survey. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by tape measure and GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

DocuSign Envelope ID: 9CB09204-957D-46D9-9F2B-E304FF448B51

226 Links Dr *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 744 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 28 inches. The repair system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 28 inches. There is 442 linear feet of repair available.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"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).".

Owner

Date

Print Name Charles Scott

Signature _____ 3/10/2022 | 10:49 AM EST

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

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

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 226 Links Dr, Statesville, NC 28677 may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence at 226 Links Dr., PIN#(4724307444) Statesville 28677, Iredell County, NC.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	7
Septic Application	8-9
Survey	10
Agent Authorization	11
Green Sheet	12
Zoning Permit	13-15



February 24, 2022
Project #: 22-0008
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a gravity 25% reduction (Accepted) installation.

GRAVITY ACCEPTED SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	TruNorth Homes, LLC
Address:	631-300 Brawley School Rd Mooresville, NC 28117
Phone:	
County:	Iredell
Location:	226 Links Dr. Statesville NC 28677
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	360	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Trench Depth (Low Side):	28 in.	Repair Trench Bottom 28 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	10
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	6.53
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

226 Links Dr.

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	10
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 226 Links Dr.

Project #: 22-0008

LAYOUT FOR 3 BEDROOM HOME

February 24, 2022

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***PINK***					*78*	*76*
2	***RED***					*92*	*92*
3	***ORANGE***					*104*	*104*
4	***YELLOW***					*147*	*28*
5	BLUE					178	178
6	PINK					145	145
					Total	744	623

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	(LOW SIDE) TRENCH DEPTH
** System*	*300*	*0.300*	*ACCEPT.*	*0.300*	*25% RED*	*GRAVITY*	*28"*
Repair	442	0.300	ACCEPT.	0.300	25% RED	GRAVITY	28"

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by tape measures & GPS.

**Property lines, corners & house were located by a Professional Land Surveyor.

CALCULATIONS

Location	226 Links Dr. Statesville, NC 28677	
Project Number	20-0116	
Lot No:	NA	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	10	ft.
Supply Line Volume	6.53	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

Sheet 1 of 1
PROPERTY ID #: 4724307772
COUNTY: Iredell

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

OWNER: Charles & Michele Scott
ADDRESS: Rotonda West, FL 33947
APPLICATION DATE
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
DATE EVALUATED: 2/2022
LOCATION OF SITE: 226 Links Dr, Statesville NC 28677
PROPERTY SIZE: 0.76
PROPERTY RECORDED: Y/N
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	L/7%	0-4	BSL Gr	Fr SS SP					PS 0.3
		4-38	RC wmsbk	Fr SS SP		50			
		38-50	RBCL wfsbk	Fr SS SP	-fsap				
B 2	L/7%	0-10	BSCL wfsbk	Fr SS SP					PS 0.3
		10-42	RC wmsbk	Fr SS SP		50			
		42-50	RBCL wfsbk	Fr SS SP	-fsap				
B 3	L/7%	0-10	BSCL wfsbk	Fr SS SP					PS 0.3
		10-43	RC wmsbk	Fr SS SP		43			
		43-AR	Quartz Rock	(floater)					
B 4	L/7%	0-3	BSL Gr	Fr SS SP					PS 0.3
		3-7	RBSCL wfsbk	Fr SS SP		50			
		7-32	BRC wmsbk	Fr SS SP					
		32-50	RBCL wfsbk	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Reduction/Gravity	25% Reduction/Gravity
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

LICENSED SOIL SCIENTIST
Samuel A. Rollans
1231
STATE OF NORTH CAROLINA

COMMENTS:

RECEIVED MAR 1 6 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP- 326665

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Paid $ 500.00 Session Law

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) 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: Garrison Davis **Address:** 631-300 Brawley School Rd, Mooresville **Zip:** 28117
Applicant Email: garrison@truenorthhomes.com **Phone:** 704-363-2845 **Alt. Phone:**
Owner Name: Charles & Michele Scott **Address:** 4 Sportsman CT, Rotonda West, FL **Zip:** 33947
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 226 Links Dr Statesville NC 28677
Subdivision Name: **Section/Phase:** N/A **Lot Number:** N/A
Driving Directions: Buffalo Shoals Rd, Old Airport Rd, E Aviation Dr., Links Drive.

Site Development Information: *(check or complete ALL that apply*

(✓) 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
( ) 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 ( ) 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: Accepted

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: Samuel A Tollison 3/4/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 9CB09204-957D-46D9-9F2B-E304FF448B51

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, * Charles Scott, am the legal owner(s) of the property located at 226 Links Dr. Statesville NC 28677, identified as PIN (Parcel Identification Number) 4724307444, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) SFS / Ashley Rollins/Garrison Davis TRI NORTH HOMES _____, 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: Charles Scott 3392E9672108444...
Signature of Owner(s)

3/10/2022 | 10:49 AM EST
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

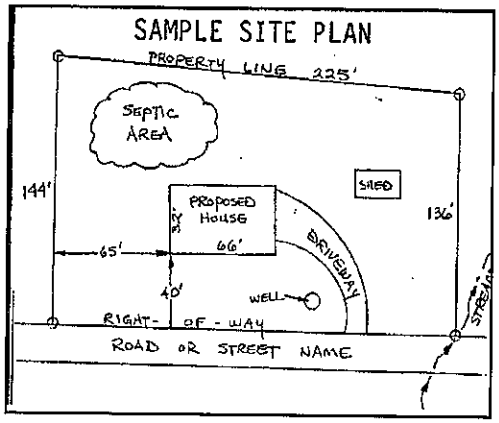
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

See attached

Signature: _____

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

3/4/22

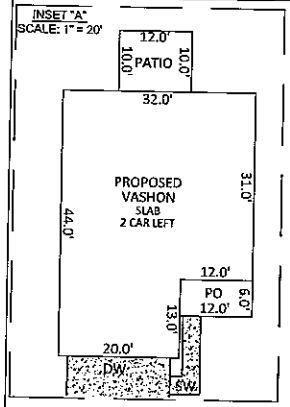
DATE

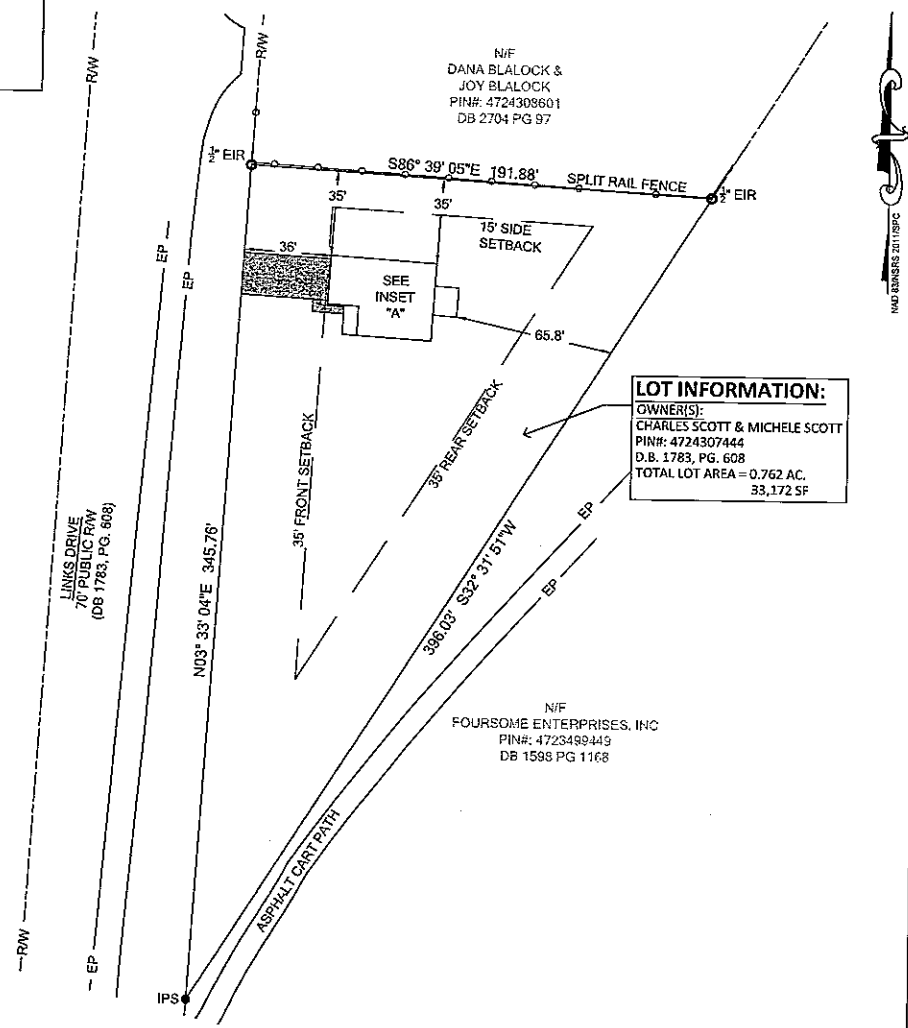
LEGEND
- ● IPS (#5 REBAR UNLESS NOTED OTHERWISE)
- ○ EIP/EIR
- ⊗ COMPUTED POINT
- ——— ADJOINING PROPERTY
- EIR - EXISTING IRON ROD
- EIP - EXISTING IRON PIPE
- DB - DEED BOOK
- PB - PLAT BOOK
- PG - PAGE
- SF - SQUARE FEET
- AC - ACRE
- N/F - NOW OR FORMERLY

DEED/PLAT REFERENCES:
DB 1783 PG 608
DB 1598 PG 1168
DB 2704 PG 97
DB 663 PG 554

NOTES
1. THE PROPERTY LIES IN ZONE 'X' PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP # 3710472400J DATED 03/18/2008.
2. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE BASED ON GPS OBSERVATIONS. NAD 83/NSRS 2011/NAVD 88, STATE PLANE COORDINATES, UNLESS OTHERWISE NOTED.
3. AREAS COMPUTED BY COORDINATE METHOD.
4. SITE ZONED R-20 PER IREDELL COUNTY GIS.
5. NO GRID MONUMENTS FOUND WITHIN 2000' PER REFERENCE.
6. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH APPLICABLE LAND DEVELOPMENT REGULATIONS.
8. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
9. SURVEY HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.

INSET "A"
SCALE: 1" = 20'





LOT INFORMATION:
OWNER(S):
CHARLES SCOTT & MICHELE SCOTT
PIN#: 4724307444
D.B. 1783, PG. 608
TOTAL LOT AREA = 0.762 AC.
33,172 SF

PROPOSED IMPERVIOUS:
TOTAL IMPERVIOUS = 2,101 SF
HOUSE : 1,252 SF
DW: 612 SF
SW: 45 SF
PORCH: 72 SF
PATIO: 120 SF
TOTAL LOT AREA = 0.55 AC / 24,137 SF
PERCENT IMPERVIOUS = 8.7%

BUILDING SETBACKS:
(PER R-20 IREDELL COUNTY ZONING)
FRONT: 35'
SIDE: 15'
REAR: 35'
CORNER: 25'

BUILDER TO VERIFY HOUSE LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN.

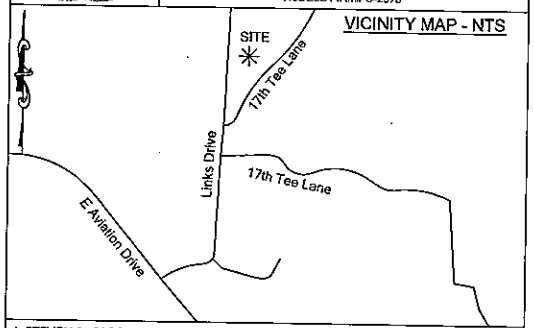
THIS MAP IS OF AN EXISTING PARCEL OF LAND AND IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

THIS MAP IS CONSIDERED PRELIMINARY, NOT FOR RECORDATION, CONVEYANCE OR SALES UNLESS SIGNED AND SEALED BY THE LICENSED SURVEYOR.

SCALE:
1" = 50 ft.

BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2524 RELIANCE AVENUE, APEX, NC 27539
PHONE: (919) 577-1080 FAX: (919) 577-1081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM# C-2378

VICINITY MAP - NTS



I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK REFERENCED IN TITLE BLOCK); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA. L-4752
DATED:

PRELIMINARY

PROJECT# 220148

PRELIMINARY PLOT PLAN EXCLUSIVELY FOR: TRUNORTH HOMES, LLC

0 LINKS DRIVE
CITY OF STATESVILLE, NC
STATESVILLE TOWNSHIP, IREDELL COUNTY

DRAWN BY: GCS CHECKED BY: SPC DATE: 03/01/2022
REFERENCE: DB 1783, PG. 608 SCALE:1"=50'

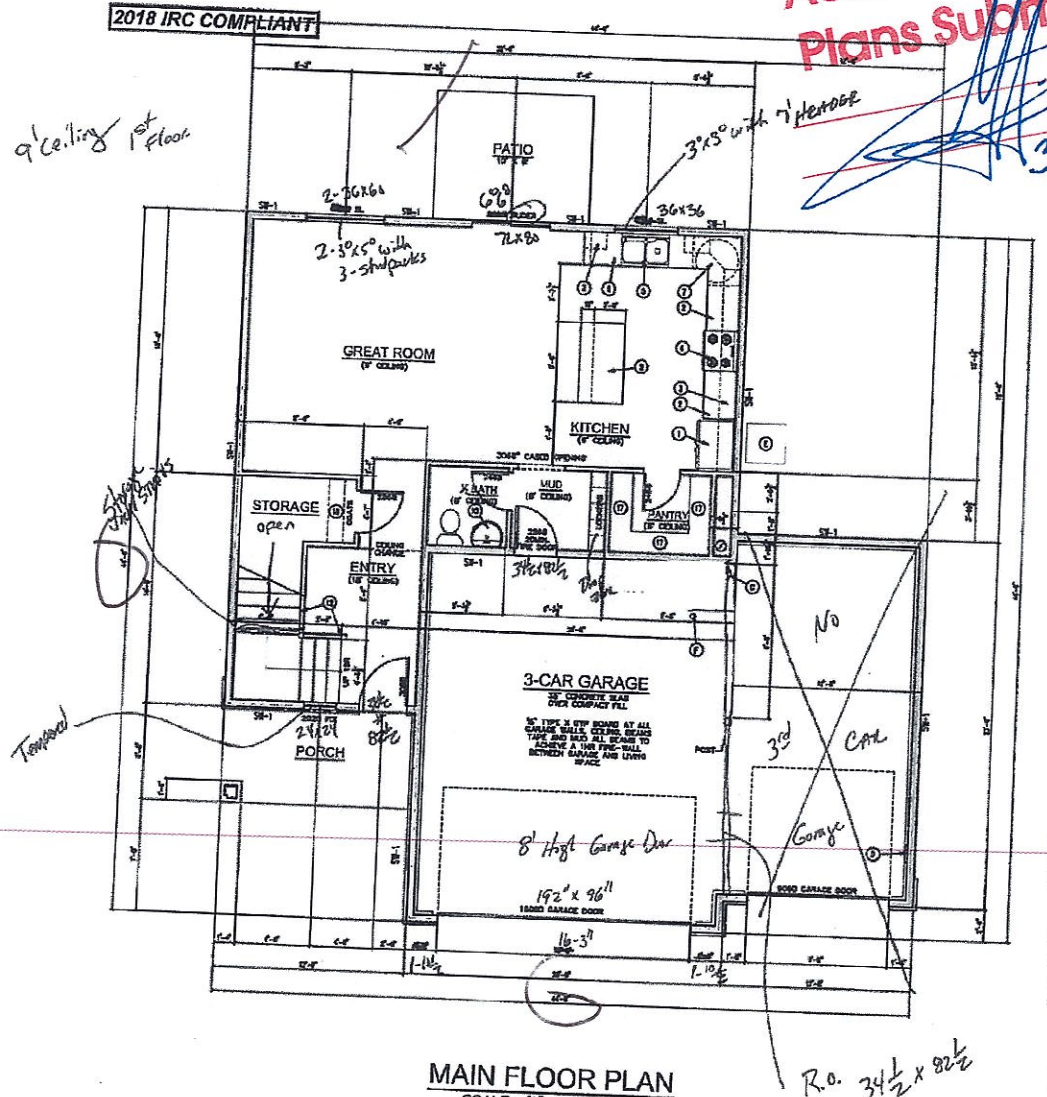
226 Links Dr.

Acknowledgement Of Plans Submittal ONLY!

Date 3/25/2022

3/10/22

2018 IRC COMPLIANT



MAIN FLOOR PLAN
SCALE: ¼" = 1'-0"

KEY NOTES:

1. 36" MIN. REFRIGERATOR SPACE. (INSTALL WATER LINE)
2. COUNTERTOP OVER 36" HIGH BASE CABINET.
3. UPPER CABINETS (TOP AT 6'-0" A.F.F.)
4. 30" WIDE RANGE WITH HOOD ABOVE (VENT HOOD TO EXTERIOR AND PROVIDE AIR INTAKE
5. DOUBLE SINK WITH DISPOSAL AND SPRAYER
6. DISHWASHER
7. LAZY SUZAN
8. 24" X 36" CRAWL SPACE ACCESS
9. WASHER AND DRYER HOOKUPS (WASHER IS ON THE LEFT)
10. PEDESTAL SINK
11. SHELF OR CABINETS ABOVE WASHER AND DRYER
12. 36" HIGH RAILING WITH BALLISTERS SPACED SO THAT A 4" SPHERE CAN NOT PASS THROUGH
13. COUNTERTOP OVER 32" HIGH BASE CABINET
14. 30" X 60" TUB / SHOWER (2.5GPM SHOWER HEAD)
15. 42" X 60" TUB IN TILE OR MARBLE PLATFORM
16. TILE OR MARBLE SHOWER WITH SAFETY GLASS ENCLOSURE
17. (4) 18" SHELVES STARTING @ 24" ABOVE FINISHED FLOOR
18. 12" SHELF AND ROD
19. (3) 12" SHELVES AND (2) RODS
20. SINGLE UTILITY SINK

SQUARE FOOTAGE SCHEDULE:

FINISH MAIN FLOOR PLAN:	784
FINISH UPPER FLOOR PLAN:	1060
TOTAL FINISHED SQ. FT:	1884
GARAGE:	734
TOTAL PROJECT SQ. FT:	1884

SHEAR WALL NOTES

ALL EXTERIOR WALLS AND VERTICAL SURFACES AT STEPS IN ROOF SHALL BE SHEATHED WITH 7/16" APA RATED 24/0 OR BETTER STRUCTURAL WOOD PANELS. BLOCK ALL HORZ EDGES WITH 2" NOM. OR WIDER. 2" OR WIDER FRAMING AT ADJOINING PANEL EDGES AND NAILS SHALL BE STAGGERED WHERE SHEATHING PANELS ARE SPACED 3" O.C. OR LESS. SHEATHING SHALL EXTEND CONTINUOUS FROM FLOOR TO TOP PLATE FRAMING ON UPPER EXT. WALLS. NAILS SHALL BE PLACED NOT LESS THAN 1/2" FROM EDGE OF PANEL AND DRIVEN FLUSH BUT SHALL NOT FRACTURE THE SURFACE OF THE SHEATHING. EXTEND SHEATHING OVER RIM AND NAIL TO RIM AND WALL PLATES 4" O.C.

SHEAR WALL SCHEDULE

TYPE	SHEATHING	NAIL	EDGE	FIELD	STAPLE GA
TYPICAL	7/16" ONE SIDE	8d	6" O.C.	12" O.C.	16G @ 3" O.C.
SW-1	7/16" ONE SIDE	8d	4" O.C.	12" O.C.	16G @ 2" O.C.
SW-2	7/16" ONE SIDE	8d	3" O.C.	12" O.C.	NOT ALLOWED
SW-3	7/16" ONE SIDE	8d	2" O.C.	12" O.C.	NOT ALLOWED

NOTE: 16 GAUGE STAPLES MAY BE SUBSTITUTED FOR 8d NAILS AT 1/2 SPACING OR TYPICAL AND SW-1. SW-2 AND SW-3 REQUIRE 3X OR (2) 2X ON JOINING PANEL EDGES.

MECHANICAL KEY NOTES

A. 90K MIN. EFFICIENT DIRECT VENT FURNACE.
B. 40 GALLON GAS WATER HEATER WITH TEMPERATURE SAFETY VALVE.
C. FLUE
D. ELECTRICAL PANEL
E. 13 SEER A/C UNIT
F. 6" DIAMETER STEEL BOLLARD

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ARCHWAY DESIGNS L.L.C.
ARCHITECTURAL DESIGN AND DRAFTING
www.archwaydesignsutah.com

PLAN STATUS

PRELIMINARY DRAWINGS DATED:
1ST DRAFT DATED:
FINAL DRAFT DATED: 4/25/18
PERMIT SET DATED: 3/15/18

REVISIONS:

DATE: 10/30/20 CRAWL
DATE:
DATE:
DATE:
DATE:

VASHON BASE PLAN

ADDRESS:

PAGE: A 6

226. Links Dr.

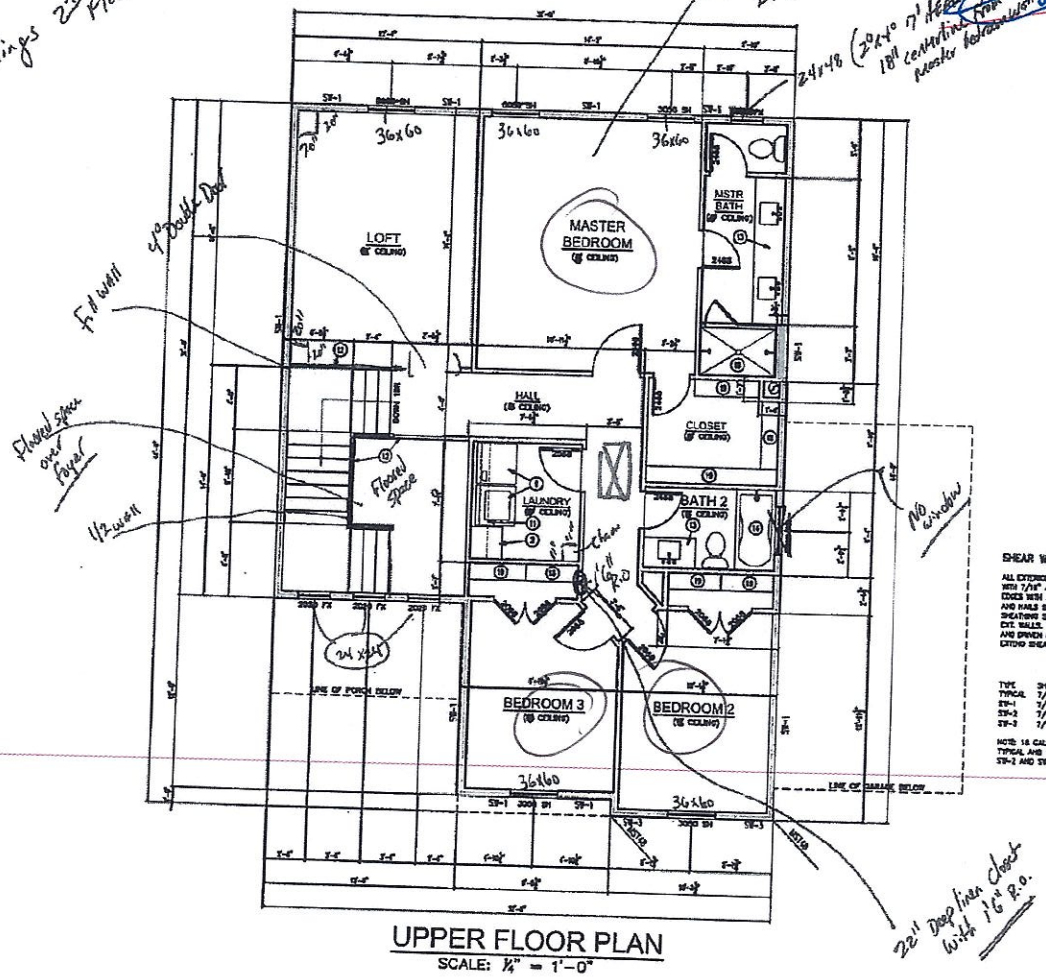
Acknowledgement Of Plans Submittal ONLY!

Date

3/10/22 Date

2018 IRC COMPLIANT

9' Ceilings 2nd Floor



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

KEY NOTES:

1. 36" WIDE REFRIGERATOR SPACE. (INSTALL WATER LINE)
2. COUNTERTOP OVER 36" HIGH BASE CABINET.
3. UPPER CABINETS (TOP AT 8'-0" A.F.F.)
4. 30" WIDE RANGE WITH HOOD ABOVE (VENT HOOD TO EXTERIOR AND PROVIDE AIR INTAKE
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20. SINGLE UTILITY SINK

SHEAR WALL NOTES

ALL EXTERIOR WALLS AND VERTICAL SURFACES AT STEPS IN ROOF SHALL BE SHEATHED WITH 7/16" APA RATED 24/0 OR BETTER STRUCTURAL WOOD PANELS. BLOCK ALL PANEL EDGES WITH 2" NOM. OR NOMINAL 3" OR WIDER FRAMING AT ADJOINING PANEL EDGES AND NAILS SHALL BE STAGGERED WHERE 8d NAILS ARE SPACED 3" O.C. OR LESS. SHEATHING SHALL EXTEND CONTINUOUS FROM FLOOR TO TOP PLATE FRAMING IN UPPER EXT. WALLS. NAILS SHALL BE PLACED NOT LESS THAN 1/2" FROM EDGE OF PANEL AND DRIVEN FLUSH BUT SHALL NOT FRACTURE THE SURFACE OF THE SHEATHING. EXTEND SHEATHING OVER RIM AND NAIL TO RIM AND WALL PLATES 6" O.C.

SHEAR WALL SCHEDULE

TYPE	SHEATHING	NAIL	EDGE	FIELD	STAPLE 16
TYPICAL	7/16" ONE SIDE	8d	6" O.C.	12" O.C.	180 @ 3" O.C.
SW-1	7/16" ONE SIDE	8d	4" O.C.	12" O.C.	180 @ 3" O.C.
SW-2	7/16" ONE SIDE	8d	3" O.C.	12" O.C.	NOT ALLOWED
SW-3	7/16" ONE SIDE	8d	2" O.C.	12" O.C.	NOT ALLOWED

NOTE: 16 GAUGE STAPLES MAY BE SUBSTITUTED FOR 8d NAILS AT 1/2 SPACING ON TYPICAL AND SW-1. SW-2 AND SW-3 REQUIRE 3X OR (2) 2X ON JOINING PANEL EDGES.

ARCHWAY DESIGNS L.L.C.
ARCHITECTURAL DESIGN AND DRAFTING

PLAN STATUS
PRELIMINARY DRAWINGS DATED:
1ST DRAFT DATED:
FINAL DRAFT DATED: 4/28/18
PERMIT SET DATED: 5/15/18
REVISIONS:
DATE: 10/30/20 GRAVE
DATE:
DATE:
DATE:
DATE:

VASHON BASE PLAN
ADDRESS:

PAGE: A 7

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application **704-878-3575**

General Information

Job Address	226 LINKS DR	Permit Number	326665
Owner	SCOTT CHARLES J+MICHELE	Tax Map	4724307444.000
Owner Address	4 Sportsman Ct	Zoning	R-20
	Rotanda West, FL 33947	Flood Hazard Area	NO
Phone No.		Historic District	No
Contractor	Soil & Forestry Services	Architect	N/A
Address	126 3rd Creek Rd	Address	
	Statesville,NC 28677		
Phone No.	(704)746-5046	Phone No.	

Type of Application New Single Family

Utility Source

Electric: Energy United
Water: Private Well
Sewer: Septic

Required Information

0.76	Lot Dimensions	✓	Required Parking	**Setbacks**	
✓	Structure Size &	N/A	Landscaping	35	Front Yard
✓	Location	N/A	Utility Clearance	35	Rear Yard
✓	Easements	N/A	TRC Review	12	Right Yard
N/A	Flood Certification	✓	Other	12	Left Yard
✓	Driveway Cuts				

Department Approval

Planning Department [signature] 3/16/2022 Public Works N/A

Comments

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

[signature] 3/16/22

Applicant Signature Date