BLDR-2023-17404

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328753

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

PIN # 4725 -- 77 -- 3462

APPLICANT/OWNER: Joseph Talton APPLICANT ADDRESS: 108 Ringneck Trail 28117

SITE ADDRESS: 240 Miller Farm Rd Statesville 28625 PHONE: 704-658-5204 ALT. PHONE

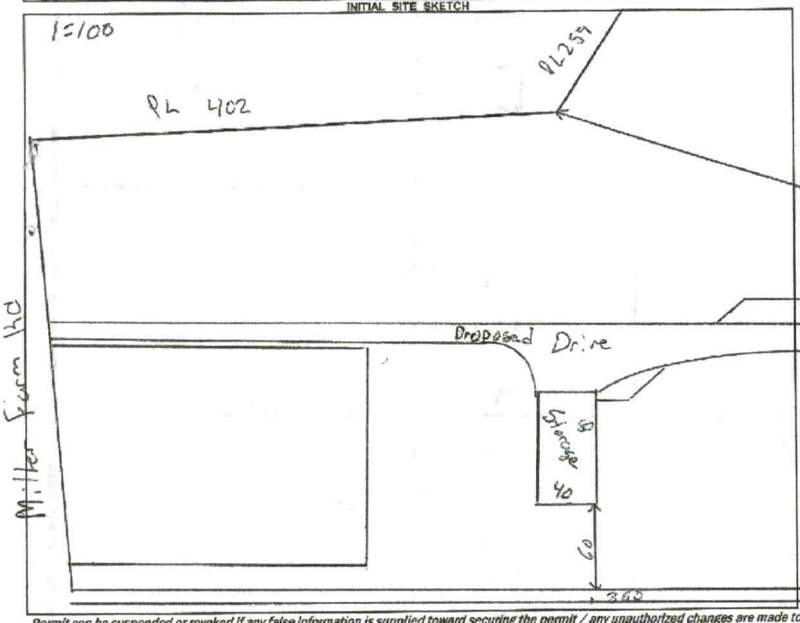
SITE DIRECTIONS: Mantiville Rd West. (R) Miller Farm Lot on Right SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: 240 Miller-Farm Rd SECTION: -- LOT # -3 LOT AREA: 33.3 AC DESIGN FLOW: 600 L.T.A.R.: .275

Septic Tank	1500 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	5	Water Supply	
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction - Gravity - Serial	☐ Business	No. Persons	10	☐ Private	
Pump Make		Model	Serial #	Repair System Description: 25% Reduction - Gravity - Serial	☐ Other	No. Employees		☑ Public	
# Nitrification Fields	1	# Lines	4	Maintenance Agreement Required: ☐ YES ☑ NO	☑ Slab	☑ Crawl Space		☐ Community	
Trench Width	36 in	Trench Bottom Depth(Low side)	32 in	Gravel Depth N/A ☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

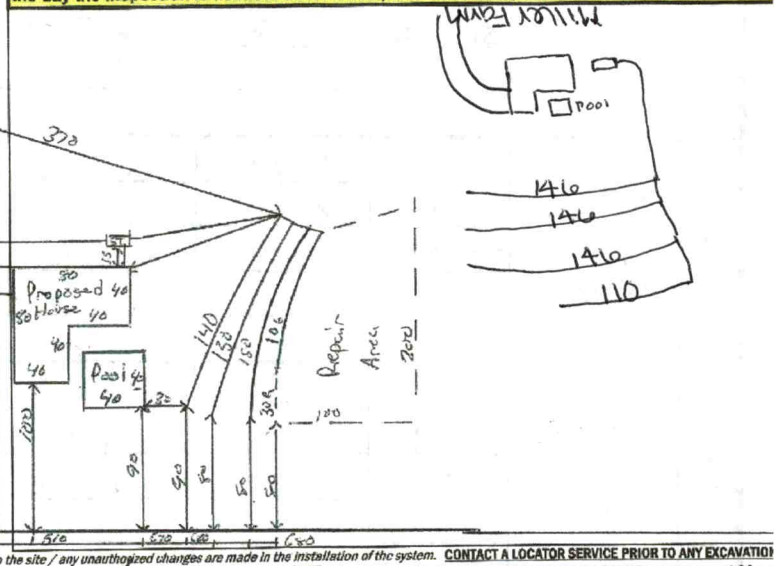
Comments / Conditions: Install on contour with 6ft on center serial distribution. Do not drive, park, or construct on Septic areas.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an Inspector to confirm your time.



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: Joseph Talton Date: 7-13-22 Installed by: Abernathy

IMPROVEMENT PERMIT by: Matt Wilke Date: 6/24/22 OPERATION PERMIT by: Sydney Faucard Date: 9/11/23

AUTHORIZATION TO CONSTRUCT by: Matt Wilke Date: 3/1/23 Existing System Inspected by: Date:

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

14990

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

Sheet 1 of 1
PROPERTY ID #: 4725773671
COUNTY: Iredell

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

OWNER: Joseph Talton
ADDRESS: 105 Ringneck Trail
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600
LOCATION OF SITE: 240 Miller Farm Rd

APPLICATION DATE 5/17/22
DATE EVALUATED: 6/20/22
PROPERTY SIZE: 33.3Ac
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 7%	0-12	SCL/GR	ns np fr SE	-	48	Sap indicators at 40	-	PS .3
		12-30	C/SBK	ss sp fr SE					
		30-46	CL/SBK	ss sp fr SE					
2	FS 11%	0-12	SCL/GR	ns np fr SE	-	46	Sap indicators begin at 33	-	PS .3
		12-34	C/SBK	S P fr SE					
		34-46	CL/SBK	ss sp fr SE					
3	FS 11%	0-8	SCL/GR	ns np fr SE	-	80	Sap indicators begin at 32	-	PS .3
		8-31	C/SBK	S P fr SE					
		31-80	CL/SBK	ss sp fr SE					
4	LS 6%	0-14	SCL	ns np fr SE	10YR 6/1 at 32 YB band from 30-36	50		-	PS .275
		14-32	C/SBK	S P fr SE					
		32-50	CL/SBK	ss sp fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600	600
System Type(s)	25%	25%
Site LTAR	.275	.3

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

COMMENTS:

Updated February 2014

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-313-02

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

PIN # 4725 -- 77 -- 3462

APPLICANT/OWNER: Joseph Tulton APPLICANT ADDRESS: 108 Ringneck Trail, Mooresville, NC 28117

SITE ADDRESS: 240 Miller Farm Rd, Statesville, NC 28625 PHONE: 704-658-5204 ALT. PHONE –

SITE DIRECTIONS: Monticello Rd, (R) Miller Farm SAP CONTROLLED: ☐ YES ☑ NO

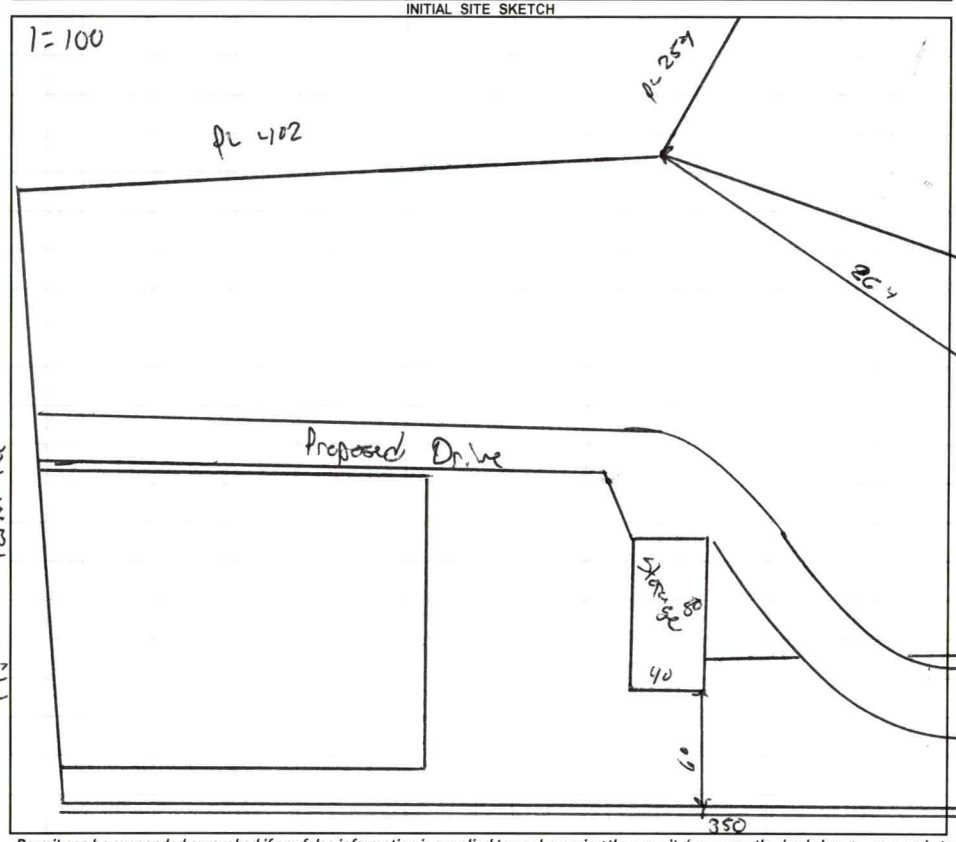
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 33.3AC DESIGN FLOW: 600 L.T.A.R.: .278

Septic Tank	1500	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction - Gravity			
Pump Make		Model			Serial #		Repair System Description:	25% Reduction - Gravity			
# Nitrification Fields	1	# Lines	4		Linear Ft	546	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 in	Trench Bottom Depth(Low side)		32 in	Gravel Depth	–		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	5	**Water Supply**		
☐ Business	No. Persons	10	☐ Private		
☐ Other	No. Employees		☑ Public		
☐ Slab	☑ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

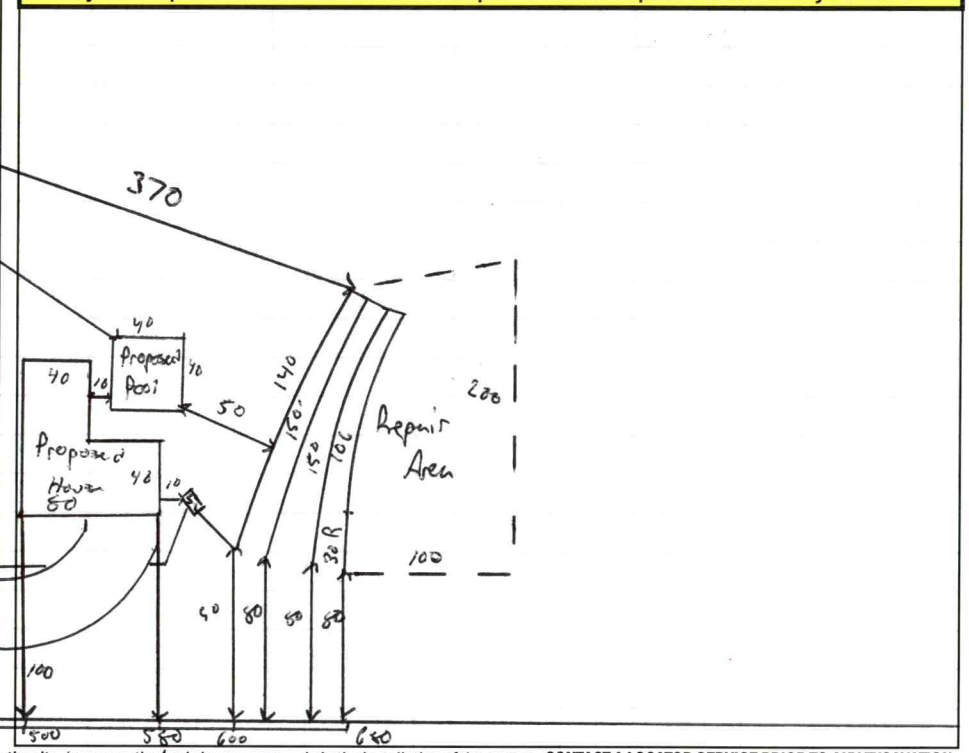
Comments / Conditions: Install on contour with 4ft on centers septic distribution. Do not drive, park, or construct on septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: Online Signature Date: Installed by:

IMPROVEMENT PERMIT by: Matt Wi Date: 7/23/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Matt Wi Date: 7/25/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4725773671
COUNTY: Iredell

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

OWNER: Joseph Talton
ADDRESS: 108 Ringneck Trail
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600
LOCATION OF SITE: 240 Miller Farm Rd

APPLICATION DATE: 5/13/22
DATE EVALUATED: 6/20/22
PROPERTY SIZE: 33.34c
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	LS 7%	0-12	SCL/Gr	ns np fr SE	-	48	Sap inclusions at 40	-	PS .3
		12-30	C/SBK	ss sp fr SE					
		30-48	CL/SBK	ss sp fr SE					
2	LS 11%	0-12	SCL/GR	ns np fr SE	-	46	Sap inclusions begin at 33	-	PS .3
		12-34	C/SBK	s p fr SE					
		34-46	CL/SBK	ss sp fr SE					
3	FS 11%	0-8	SCL/Gr	ns np fr SE	-	80	Sap inclusions begin at 32	-	PS .3
		8-31	C/SBK	s p fr SE					
		31-80	CL/SBK	ss sp fr SE					
4	LS 6%	0-14	SCL	ns np fr SE	10YR 6/2 at 32 YB band from 30-36	50		-	PS .275
		14-32	C/SBK	s p fr SE					
		32-50	CL/SBK	ss sp fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600	600
System Type(s)	25%	25%
Site LTAR	.275	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew W. Wilkinson
OTHER(S) PRESENT: -

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

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

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

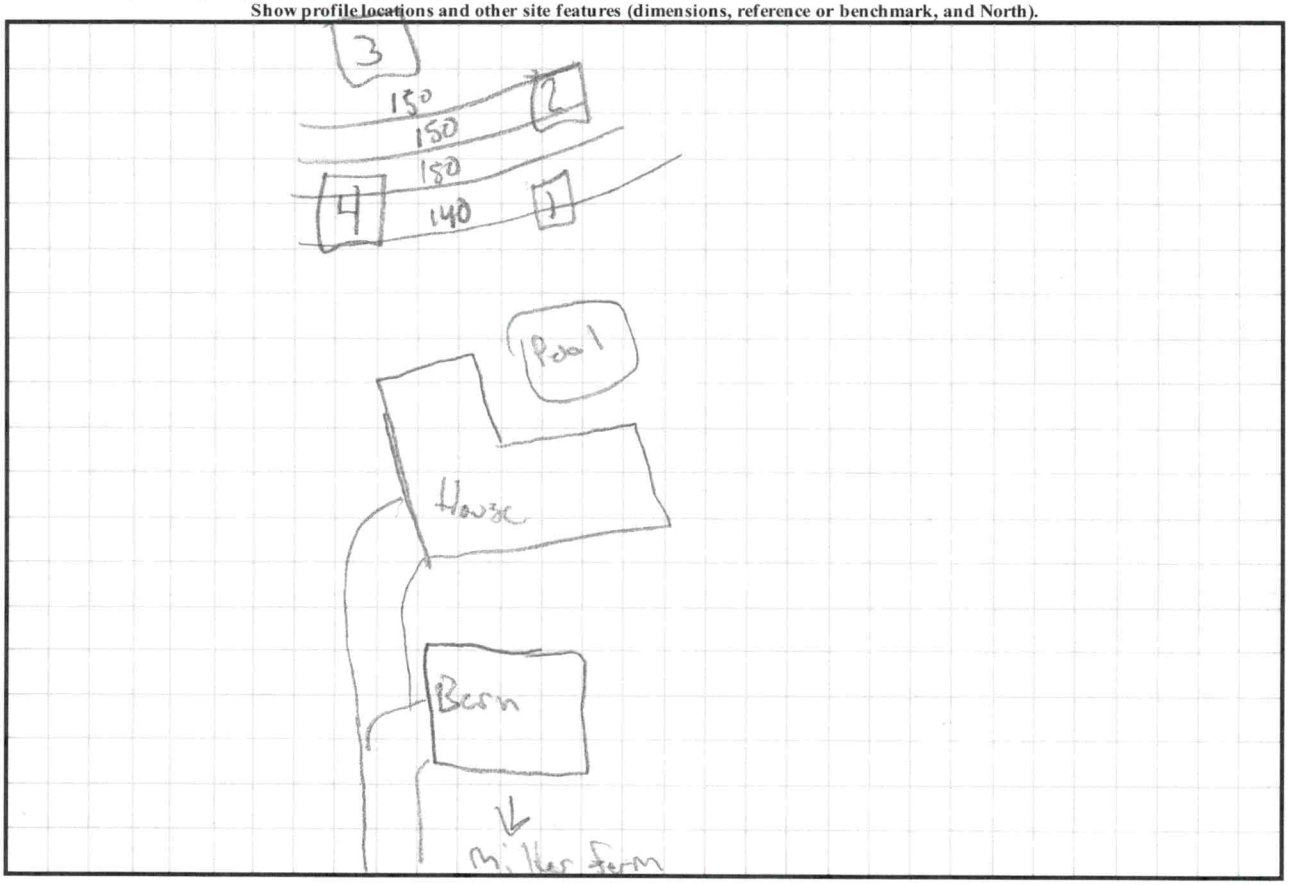
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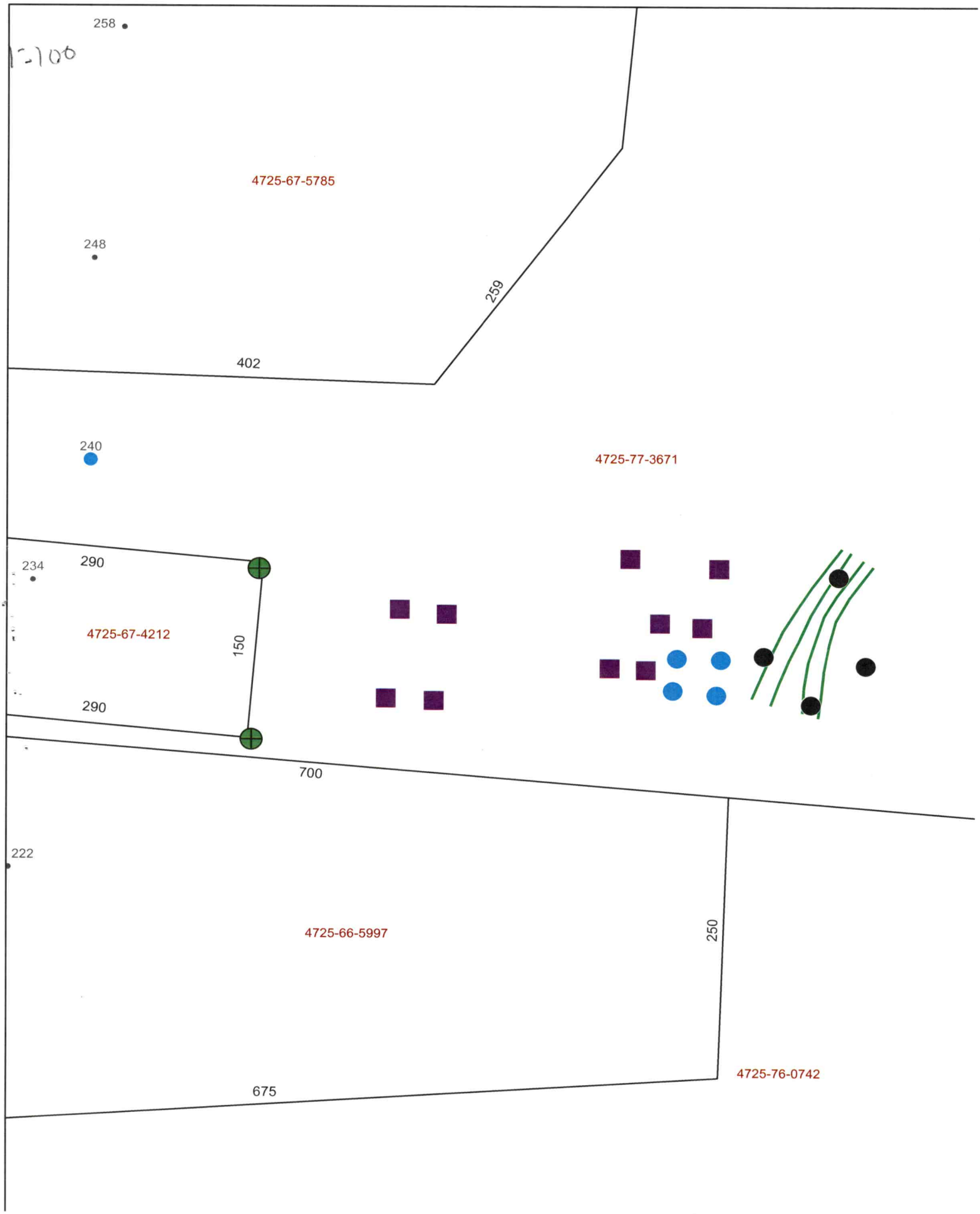
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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




1:100
258
4725-67-5785
248
259
402
240
4725-77-3671
234
290
4725-67-4212
150
290
700
222
4725-66-5997
250
4725-76-0742
675

RECEIVED MAY 20 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP- 328753 $500.00

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

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Joseph Talton Address: 108 Ringneck Trail Zip: 28117
Applicant Email: talton106@gmail.com Phone: 704-658-5204 Alt. Phone: 704-746-8833
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 240 Miller Farm Rd.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Mocksville Rd West / TR Miller Farm / on Right

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10
(X) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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: _____ 5-13-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Joseph Talton, am the legal owner(s) of the property located at 240 Miller Farm Rd., identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

_____ _____

Signature of Owner(s) Date

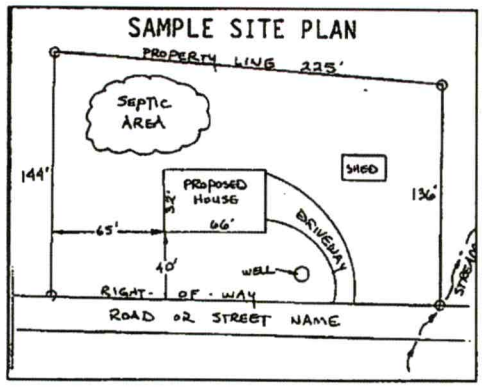
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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

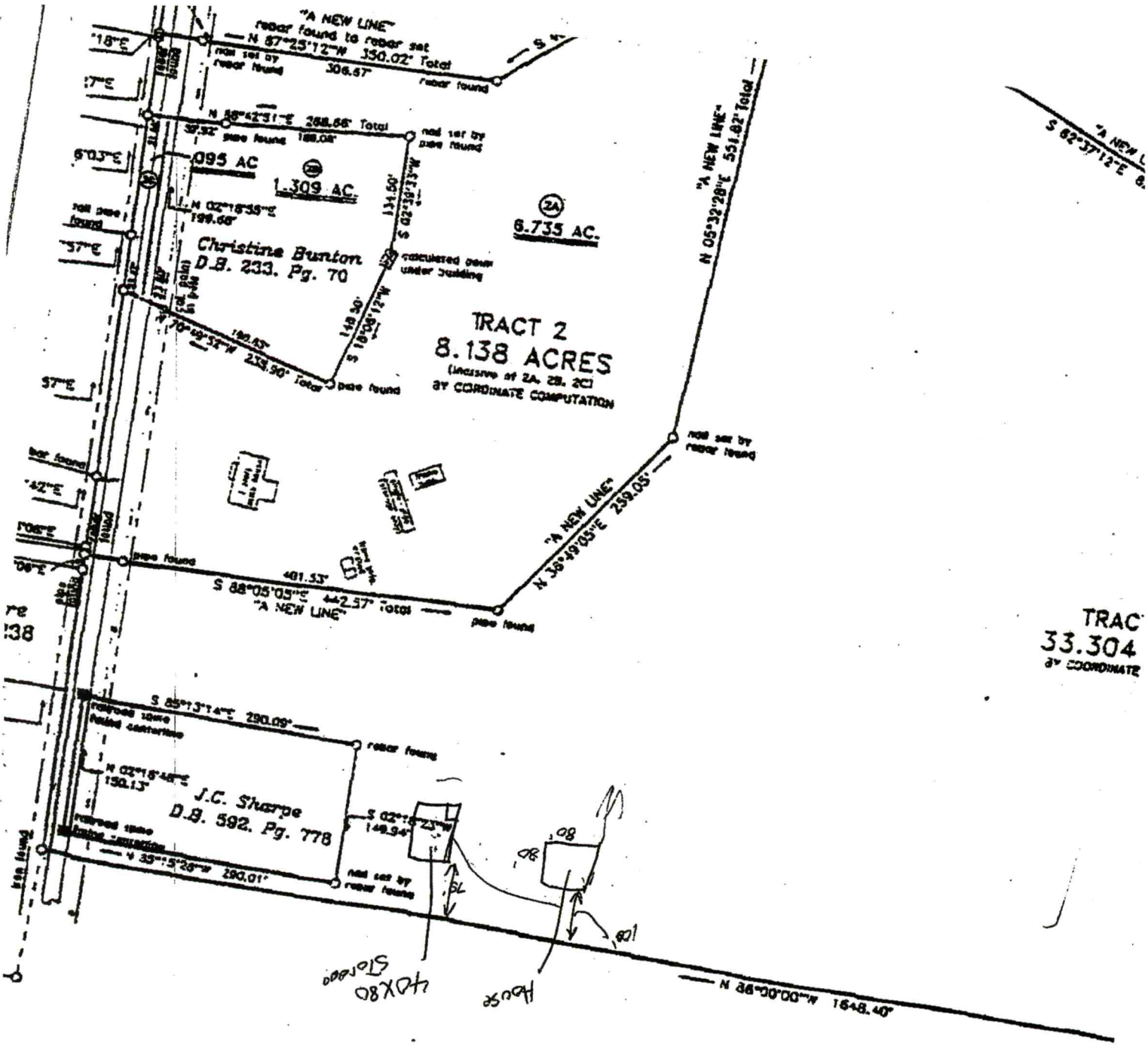
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Refer to Drawing

Signature: _____ 5-13-22

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



Toby A. Rufty
D.B. 1293, Pg. 2317

IREDELL COUNTY · NC

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

APPLICATION NUMBER
328753 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4725773671.000	240 MILLER FARM RD	Iredell County

Owner Information	Applicant Information
Name: TALTON JOSEPH+JENNIFER	Name: TALTON JOSEPH+JENNIFER
Address: 108 Ringneck Trail	Address: 108 Ringneck Trail
Mooresville, Nc 28117	Mooresville, Nc 28117
Phone: (704)658-5204	Phone: (704)658-5204

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
33.304	30	35	15	15		NO

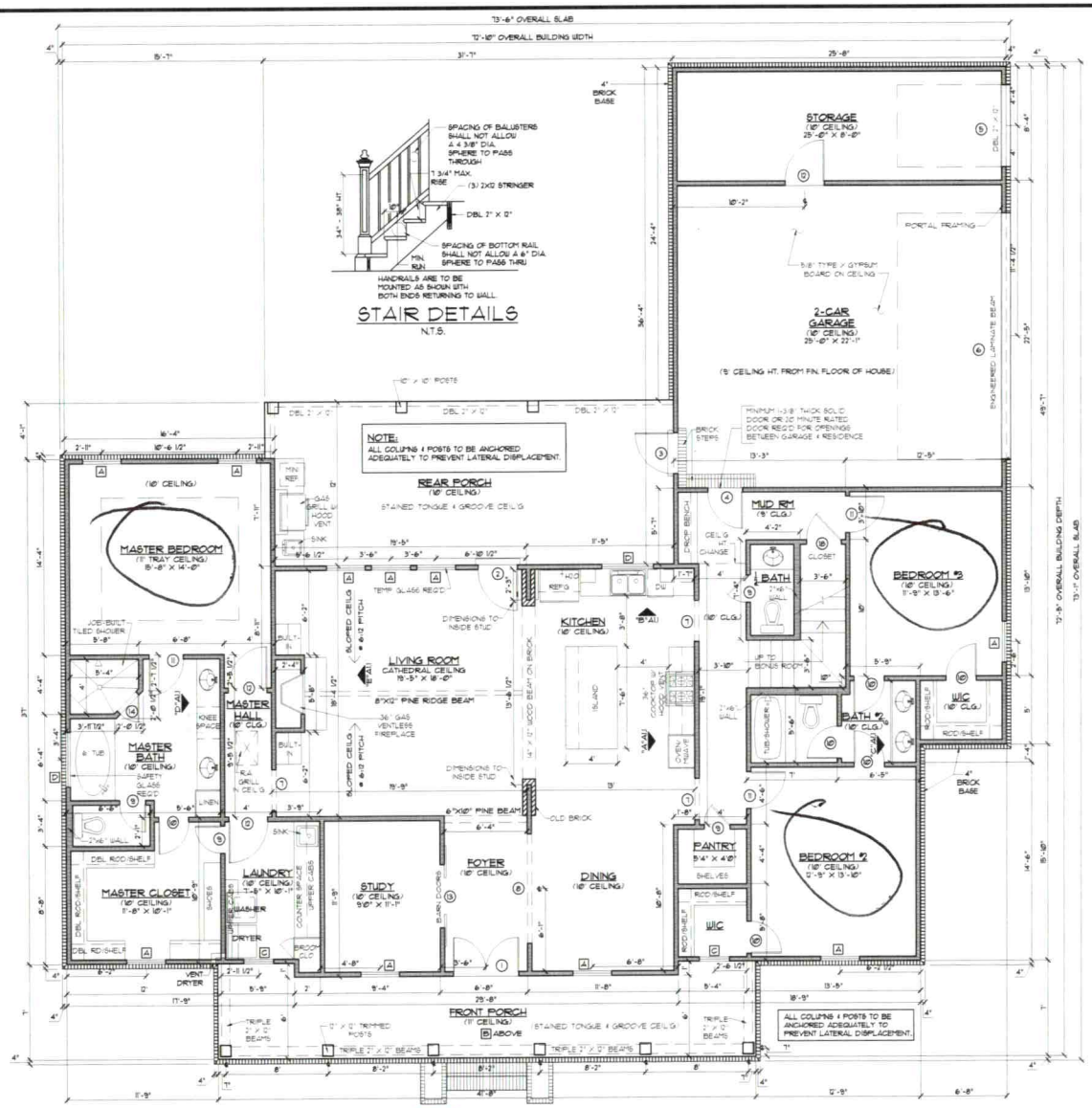
Remarks
sfd

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.

Date: 05/13/2022

Signature of Owner/Contractor

Permit Number	328753	TOTAL FEES:	$77.25



SQUARE FOOTAGE

LIVING	2318
FRONT PORCH	260
REAR PORCH	374
GARAGE/STORAGE	788
BONUS ROOM	371
TOTAL LIVING TOTAL	2688
TOTAL SQ FT.	411

WINDOW SCHEDULE

MARK	OPENING SIZE	DESCRIPTION	QTY.
A	3'-0" X 7'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	10
B	2'-6" X 4'-0"	4 LITE VINYL FIXED WINDOW INSULATED	1
C	2'-6" X 4'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	2
D	4'-0" X 4'-0"	DBL 6 LITE VINYL CASEMENT WINDOW INSULATED	2
E	2'-8" X 5'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	2

DOOR SCHEDULE

MARK	SIZE	DESCRIPTION	QTY.
1	DBL 2'-6" X 8'-0"	EXTERIOR 4 LITE 3/4 FRENCH SOLID WOOD DOORS	1 PAIR
2	3'-0" X 8'-0"	EXTERIOR 1 LITE FULL FRENCH WOOD DOOR	1
3	3'-0" X 8'-0"	EXTERIOR 6 PANEL METAL DOOR	1
4	2'-8" X 8'-0"	EXTERIOR 6 PANEL METAL DOOR	1
5	9'-0" X 8'-0"	EXTERIOR OVERHEAD METAL ROLL-UP GARAGE DOOR	1
6	16'-0" X 8'-0"	EXTERIOR OVERHEAD METAL GARAGE DOOR W/ OPENER	1
7	3'-0" X 8'-0"	CASED OPENING	3
8	8'-0" X 8'-0"	CASED OPENING	1
9	2'-0" X 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	4
10	2'-4" X 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	6
11	2'-8" X 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	3
12	3'-0" X 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	3
13	DBL 2'-4" X 8'-0"	INTERIOR BARN DOORS- OWNER SELECT	1 PAIR
14	2'-0" X 6'-0"	TEMPERED FRAMELESS GLASS SHOWER DOOR	1
15	2'-0" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1
16	2'-4" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1
17	3'-0" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1
18	2'-8" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL SOLID CORE MASONITE DOOR	2

IMPORTANT NOTE:
ALL EGRESS OR RESCUE WINDOWS FROM SLEEPING ROOMS MUST HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQUARE FEET. GRADE FLOOR WINDOWS MAY HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. THE MINIMUM NET CLEAR OPENING HEIGHT SHALL BE 24". THE MINIMUM NET CLEAR OPENING WIDTH SHALL BE 20". MAXIMUM SILL HEIGHT - 44" AFF.

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

Acknowledgement Of
Plans Submittal ONLY!

Date

Date 3/2/23

MADDEN HOME DESIGN LLC NOT BEING A LICENSED ARCHITECT, ENGINEER ASSUMES NO LIABILITY FOR STRUCTURAL OR ARCHITECTURAL DESIGN, INTEGRITY AND ENVIRONMENTAL REGULATIONS HAVE BEEN MET. IT IS THE BUILDERS RESPONSIBILITY TO ENSURE ALL DIMENSIONS ARE CORRECT AND ENVIRONMENTAL REGULATIONS HAVE BEEN MET BEFORE CONSTRUCTION DOES OCCUR. IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR AND/OR OWNER TO ENSURE COMPLIANCE AND NOT THE RESPONSIBILITY OF THE DRAFTING SERVICE. CONTRACTOR IS RESPONSIBLE FOR VERIFICATION OF DIMENSIONS IN THE FIELD AND SHALL BUILD HOME IN ACCORDANCE WITH THE INTERNATIONAL RESIDENTIAL CODE 2018

RESIDENCE OF
JOSEPH TALTON

Project

MADDEN HOME DESIGN
8375 Rushing Road
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A1 BD®

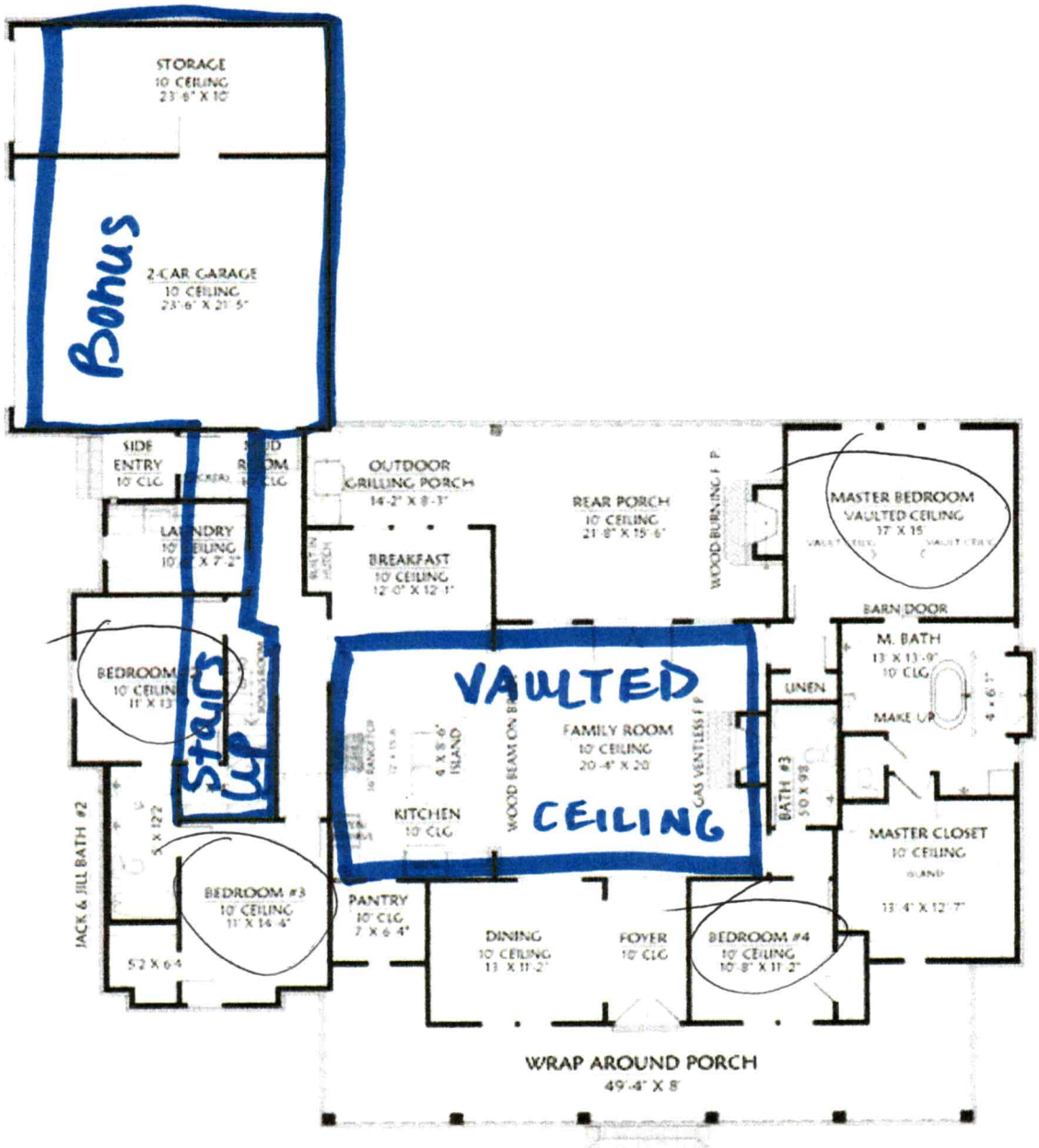
Project No.: The Summerset
DATE: SEPTEMBER 28, 2022
DRAWN BY: Steven Madden
DESIGNED BY: Steven Madden

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Sheet Title
FLOOR PLAN

☐ Preliminary Dwg.
☐ Bidding Doc.
☐ Construction Doc.

Sheet:
A1.0


STORAGE
10' CEILING
23'-6" X 10'
Bonus
2-CAR GARAGE
10' CEILING
23'-6" X 21'-5"
SIDE ENTRY
10' CLG.
LAUNDRY
10' CEILING
10' X 7'-2"
OUTDOOR GRILLING PORCH
14'-2" X 8'-3"
BREAKFAST
10' CEILING
12'-0" X 12'-1"
REAR PORCH
10' CEILING
21'-8" X 15'-6"
WOOD BURNING F.P.
MASTER BEDROOM
VAULTED CEILING
17' X 15'
BARN DOOR
M. BATH
13' X 11'-9"
10' CLG.
LINEN
MAKE UP
4' X 6'-1"
BEDROOM
10' CEILING
11' X 13'
STAIRS UP
BONUS ROOM
VAULTED
CEILING
FAMILY ROOM
10' CEILING
20'-4" X 20'
4' X 5'-6" ISLAND
KITCHEN
10' CLG.
WOOD BEAM ON
GAS VENTLESS F.P.
BATH #3
5'0 X 9'8
MASTER CLOSET
10' CEILING
13'-4" X 12'-7"
JACK & JILL BATH #2
5' X 12'2"
BEDROOM #3
10' CEILING
11' X 14'-4"
5'2 X 6'4
PANTRY
10' CLG.
7' X 6'-4"
DINING
10' CEILING
13' X 11'-2"
FOYER
10' CLG.
BEDROOM #4
10' CEILING
10'-8" X 11'-2"
WRAP AROUND PORCH
49'-4" X 8'