IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 22512-4

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

PIN # 4730802335

APPLICANT/OWNER: Lindo Everald | APPLICANT ADDRESS: 8651 Meadowmont View Dr. Charlotte, NC

SITE ADDRESS: 110 Crooked Branch Way Troutman, NC | PHONE: 407-234-3852 | ALT. PHONE

SITE DIRECTIONS: Perth Rd (N) → L on Winding Forest Dr → R on Crooked Branch → lot on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Winding Forest | SECTION: — | LOT # 53 | LOT AREA: 1.596 ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	2071	Date	Infiltrator	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4
Pump Tank	1000 (gal)	PT	2077	Date	Infiltrator	System Description:	PM257 to reduction	☐ Business	No. Persons	8
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4 @ 100'	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space	
Trench Width	36"	Trench Bottom Depth (Low side) MAX	36"	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions:

Tap size: 1/2 sch 40
dosing volume: 182
draw down: 8.6
pressure head: 2'
supply line: 2"

* Maintain 15' from any cut.

INITIAL SITE SKETCH

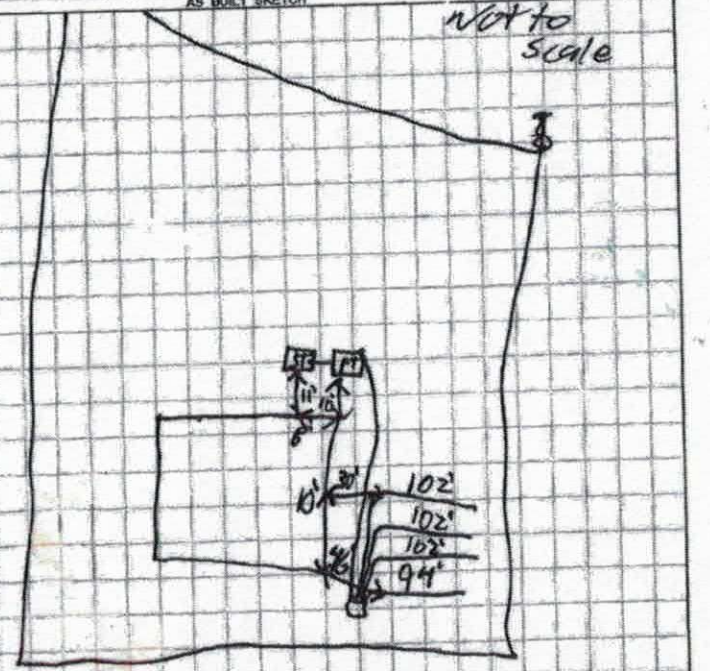
See attached site plan by Soil Co

	Date	Initials
Drain Lines Checked	05/29	PJB
Tanks Checked	05/29	PJB
Pressure Manifold or Valve Box Checked	5/29	PJB
Pressure Head Set	5/29	PJB
Electrical Checked	6/28	CC
Floats Set	6/28	CC
Alarm Checked	6/28	CC
Maintenance Contract Y (N)		

* electrical in upstairs garage breaker not

AS BUILT SKETCH

not to scale



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

Owner / Applicant Signature: [signature] Date: 5/29/19

IMPROVEMENT PERMIT by: Kayla Wilson Date: 5-17-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 5-17-19

Installed by: Tommy Frye

OPERATION PERMIT by: Carla C. Cook Date: 6-28-19

Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 225124

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

PIN # 4730802335

APPLICANT/OWNER: Lindo Everald | APPLICANT ADDRESS: 8651 Meadowmont View Dr. Charlotte, NC

SITE ADDRESS: 110 Crooked Branch Way Troutman, NC | PHONE: 407-234-3852 | ALT. PHONE —

SITE DIRECTIONS: Perth Rd (N) → Lon Winding Forest Dr → R on Crooked Branch → lot on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Winding Forest | SECTION: — | LOT # 53 | LOT AREA: 1.596 ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank 1000 (gal) | STB 2071 | Date Infiltrator
Pump Tank 1000 (gal) | PT 2077 | Date Infiltrator
Pump Make — | Model — | Serial # —
Nitrification Fields 1 | # Lines 4 @ 100' | Linear Ft 400'
Trench Width 36" | Trench Bottom Depth ~~(Low side)~~ MAX 36" | Gravel Depth —

☑ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI
System Description: PM25 to reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ YES ☑ NO | ☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Basement w/plumbing
No. Bedrooms 4 | No. Persons 8 | No. Employees — | ☐ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

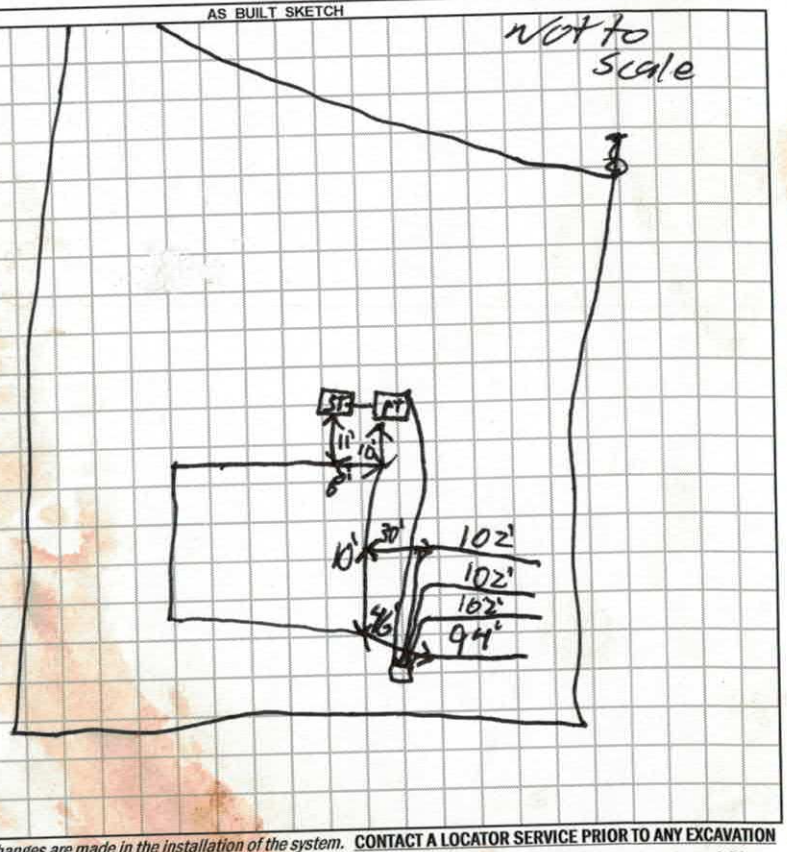
Comments / Conditions:
Tap size: 1/2 sch 40
dosing volume: 182
draw down: 8.6
pressure head: 2'
supply line: 2"

* Maintain 15' from any cut.

INITIAL SITE SKETCH

See attached site plan by Soil + Forestry Services of the Carolinas, PA

AS BUILT SKETCH



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

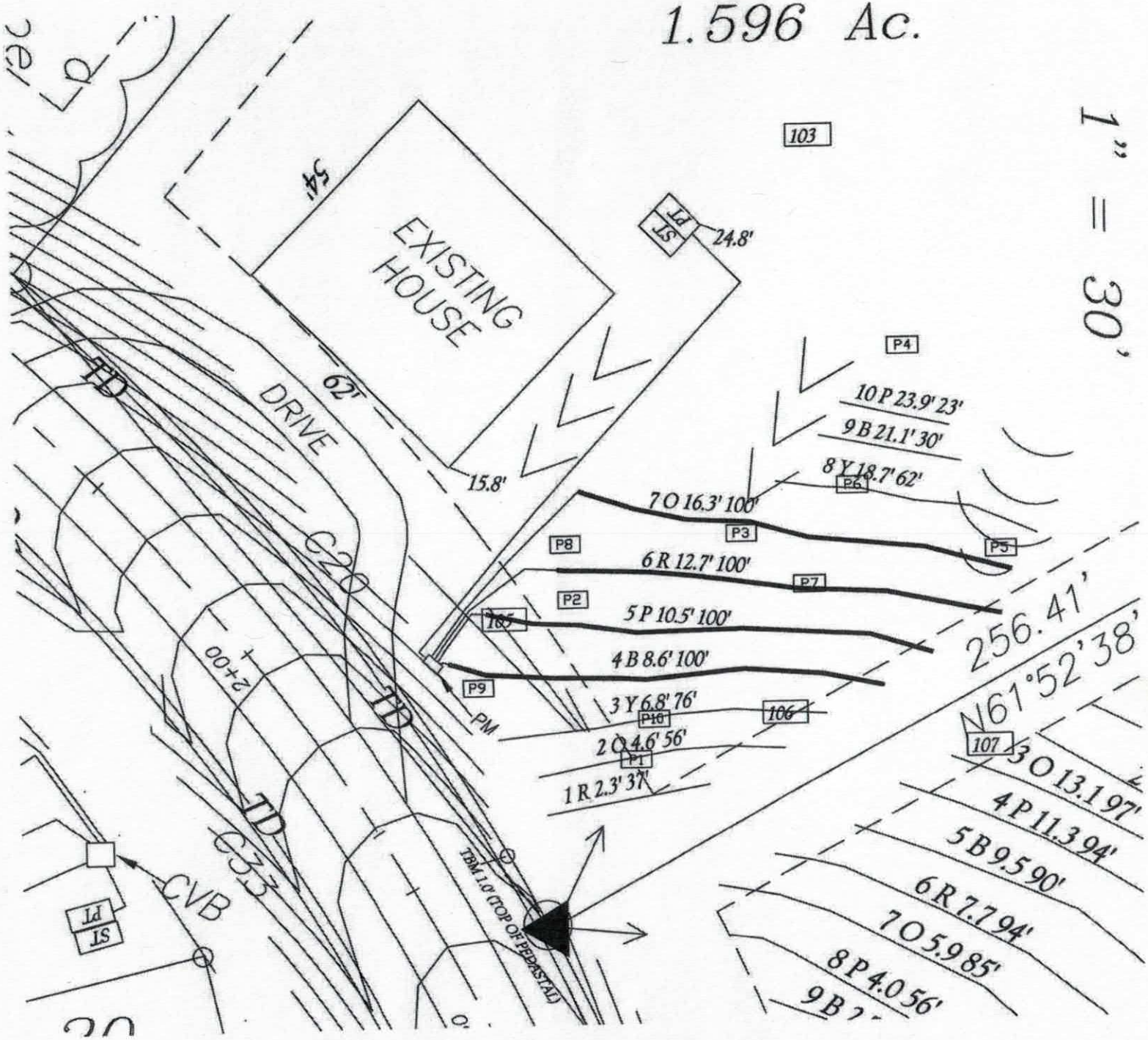
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

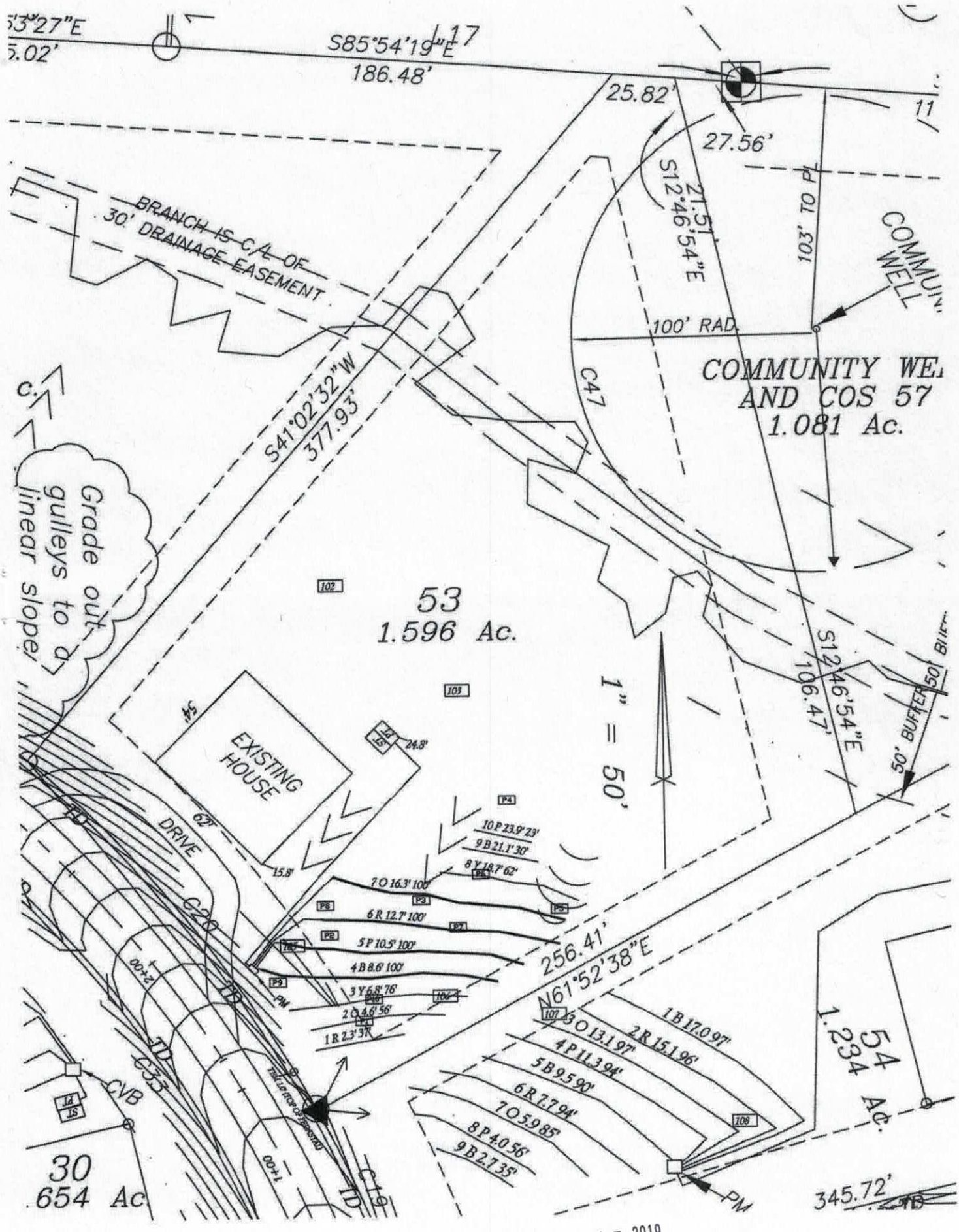
Owner / Applicant Signature: [signature] Date: 5/29/19 | Installed by: — Date: —

IMPROVEMENT PERMIT by: Kayla Watson Date: 5-17-19 | OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 5-17-19 | Existing System Inspected by: —

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t[hat] [ins]pection is needed. Be sure to speak with an inpsector to confirm your inspection time.


1.596 Ac.
1" = 30'
EXISTING HOUSE
DRIVE
62'
15.8'
24.8'
103
54
P4
10 P 23.9' 23'
9 B 21.1' 30'
8 Y 18.7' 62'
7 O 16.3' 100'
P3
P5
P8
6 R 12.7' 100'
P7
P2
5 P 10.5' 100'
4 B 8.6' 100'
P9
3 Y 6.8' 76'
P10
106
2 O 4.6' 56'
P1
1 R 2.3' 37'
PM
256.41'
N61°52'38"
107
3 O 13.1 97'
4 P 11.3 94'
5 B 9.5 90'
6 R 7.7 94'
7 O 5.9 85'
8 P 4.0 56'
9 B
TBM 1.0 (TOP OF PEDASTAL)
CVB
C20
C33
TD
2+00
APPROVED MAY 17 2019
KW



APPROVED MAY 17 2019
KW

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant: BO OF NC

Address: 249 Williamson Rd. STE 101
Mooresville, NC 28117
Phone: 704-696-2662
County: Iredell
Location: Winding Forest Subdivision Lot #53

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Daily Wastewater Production: 480 gpd
System Flow: 25.45153846

Design Specifications

Drainfield Size: 269
Loading Rate: 0.3 gpd/ft.^{2}
Depth of Gravel in Trench: NA (PPBPS)
Gravel Size: NA (PPBPS)
Trench Depth: 36 in.
Trench Width: 36 in.
Septic Tank Size: 1000
Pump Tank Size: 1000

Estimated Supply Line Length: 170
Supply Line Diameter: 2 in. SCH 40 PVC
Supply Line Volume: 29.58
Dosing Volume: 149.73
Supply Manifold: N/A
Supply Manifold Length: N/A
Supply Manifold Volume: N/A

Recommended Float Controls: SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel: SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.

Pressure Head: 2 ft.
Friction Head: 3.03
Elevation Head: 42.20
Total Dynamic Head: 54.31

Threaded Union: In Tank
Gate Valves: 1 in Tank
1 per lateral (4)
Check Valves: In Tank
Anti-Siphon Hole: NA
Additional Comments: Soil suitability was performed by Rollans Soil & Environmental Services

Winding Forest Subdivision Lot #53
LP PPBPS

DESIGN FLOW:	480
SOIL APPLICATION RATE:	0.3 gpd/ft.2
TOTAL AREA TRENCH BOTTOM:	807
TOTAL LATERAL LENGTH:	269
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	266.6666667
SUPPLY LINE LENGTH:	170
TOTAL DYNAMIC HEAD:	54.31
MANIFOLD SIZE:	N/A
DOSING VOLUME:	149.73
PUMP TANK DRAW DOWN*:	7.1
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

WINDING FOREST LOT 53

Project #: 01-1135

LAYOUT FOR 4 BEDROOM HOME

October 16, 2006

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		9.8			100.00		
INSTR. 1			109.80				
HOUSE CNR				24.20	85.60		
P. TANK				48.00	61.80		
1	*RED*			*10.80*	*99.00*	*34*	*30*
2	*PINK*			*12.60*	*97.20*	*54*	*54*
3	*BLUE*			*14.80*	*95.00*	*85*	*85*
4	*ORANGE*			*16.50*	*93.30*	*118*	*100*
5	N/A			N/A	N/A	125	125
6	N/A			N/A	N/A	130	130
7	N/A			N/A	N/A	30	30
8	N/A			N/A	N/A	25	25
9	N/A			N/A	N/A	30	30
10	N/A			N/A	N/A	25	25
11	BLUE			54.10	55.70	58	58
12	PINK			56.20	53.60	70	70
13	BLUE			57.90	51.90	52	52
					Total	836	814

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*269*	*0.3*	*MOD.*	*0.30*	*PPBPS*	*LOW PRESSURE*
Repair	545	0.3	MOD.	0.30	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at EIP at corner of lot (see site plan)

**TBM is assumed to be 100'

**All measures in feet

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

**BS, HI, and FS indicate rod readings

LP PPBPS TAPSHEET -WINDING FOREST LOT 53

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	***RED***	99	***30***	0.156	**0.41**	90	7
2	***PINK***	97.2	***54***	0.156	**0.41**	162	12
3	***BLUE***	95	***85***	0.156	**0.41**	255	20
4	***ORANGE***	93.3	***100***	0.156	**0.41**	300	23

total	**feet =**	**269**	**gal/min =**	**25.451538**
		Des. Flow	**480**	
		Pump Run=	**5.88**	
		soil LTAR	**0.3**	
		LTAR +5%	**0.315**	
		LTAR with mod.	**0.27**	
		LTAR with mod.. + 5%	**0.2835**	

.156 equals 5/32 inch hole

CALCULATIONS

Location Winding Forest

Project Number 01-1152

Lot No: Lot 53

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	gpd/ft2
PPBPS? (YES OR NO)	YES	
Supply Line Length	170	ft.
Supply Line Volume	29.58	gal.
Required Feet of Line	266.6667	ft.
Amount of Line from Layout	269	ft.
Gallons per Minute	25.45154	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	62	
Dosing Volume	149.73	gal.

Note: Dosing Volume based on 33% of # of panels times 3.6 gal/panel

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	7.1	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	42.2	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	3.03	ft.
Total Dynamic Head (+15%)	54.31	ft.

#220129
$500.00
5/13/19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: LINDO EVERALD Address: 8651 MEADOWMONT VIEW DR Zip: 28269
Applicant Email: EVERALDLINDO@YAHOO Phone: 407-234-3852 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 110 CROOKED BRANCH WAY TROUTMAN NC 28166
Subdivision Name: WINDING FOREST Section/Phase: _____ Lot Number: 53
Driving Directions: _____

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: 4
Maximum Number of Occupants: 2
( ) 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
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (X) 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 (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: _____ 5/13/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Paid $700.00 3-3-17
500.00 2-20-17

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

EVERALD LINDO	8651 MEADOWMONT VIEW DR	(407) 234-3852	
Applicant Name	Mailing Address Charlotte, NC	Home Phone #	Alternate Phone #
EVERALD LINDO	8651 MEADOW MONT VIEW DR	(407) 234-3852	
Owner Name	Mailing Address CHARLOTTE, NC	Home Phone #	Alternate Phone #

4. Property Information:

110 CROOKED BRANCH WAY	WINDING FOREST	LOT 53
Street Address TROUTMAN, NC 28166	Subdivision Name	Section/Phase and Lot Number

Driving Directions: EXIT 42-

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
~~(X) Repair To Failing Septic System due to~~
( ) Other

Maximum Number of Bedrooms 4 E.L.
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: ___ 2/20/17
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*) LINDO EVERLAD

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, LINDO EVERALAD, am the legal owner(s) of the property located at 110 CROOKED BRANCH CUT TROUTMAN NC, 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

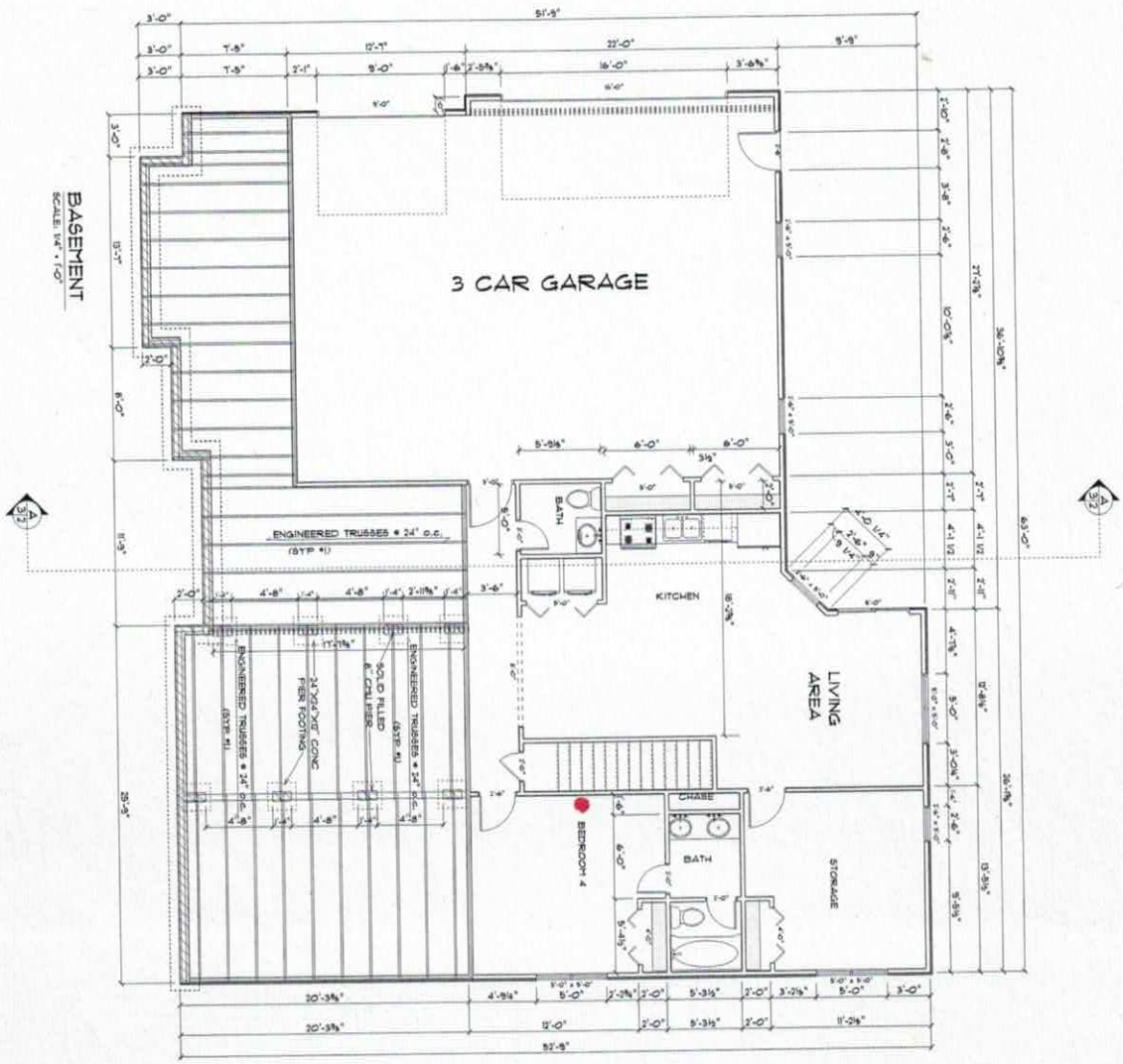
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 5/13/19

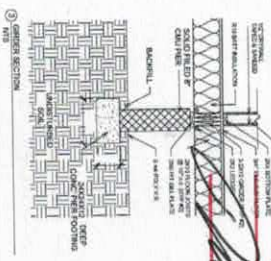
Signature of Owner(s) Date

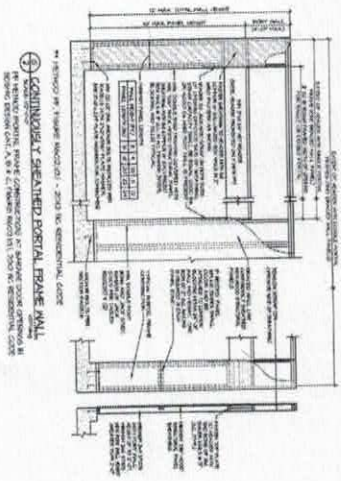
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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









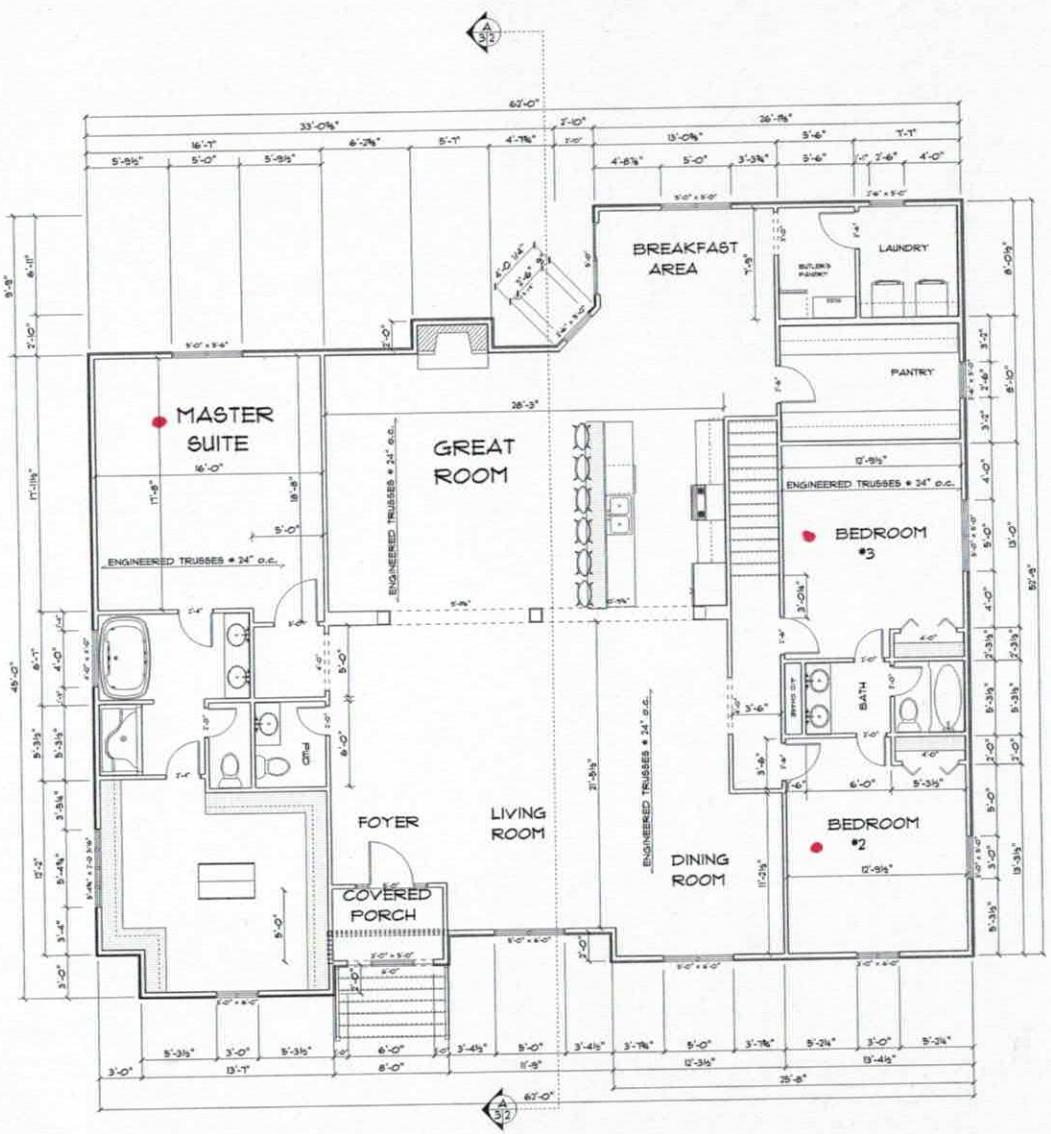
Acknowledgement of
Plans Submittal ONLY

Date 03/27/17

Date 03/27/17

FRAMING NOTES

Evarald & Katherine 110 Crooked Branch Way Troutman NC 28166 PHONE: FAX:	SOFTPLAN ARCHITECTURAL DESIGN SOFTWARE	MASTER BUILDERS INC 2301 W. MOREHEAD ST STE A5 CHARLOTTE NC 28208 PHONE: 704-[illegible] FAX: MISTERBUILDERS14@GMAIL.COM	SCALE: 1/4" = 1'-0" DRAWN BY: KENNEDY KYEI DATE: Thursday, March 23, 2017 A 1 1 SECTION LETTER / PAGE NUMBERS APPROVED: CHECKED BY: PAGE: 3/5 BASEMENT



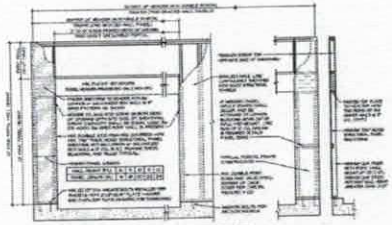
MAIN FLOOR ORIGINAL FINAL

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

AREA SCHEDULE		
NAME	COLOR	AREA
MAIN FLOOR		2353.0 sq ft
BASEMENT		1170.4 sq ft

WINDOW SCHEDULE					
LIBRARY NAME	TYPE	WIDTH	HEIGHT	TEMPERED GLASS	COUNT
Manufacturer Rect	WINDOW	5'-4 1/2"	3'-0 3/8"	No	3
Window: Double Hung	WINDOW	2'-6"	5'-0"	No	6
Window: Double Hung	WINDOW	3'-0"	6'-0"	No	1
Window: Double Hung	WINDOW	3'-0"	5'-0"	No	1
Window: Double Hung	WINDOW	3'-0"	6'-0"	No	2
Window: Double Hung	WINDOW	5'-0"	5'-0"	No	5
Window: Double Hung	WINDOW	5'-0"	3'-6"	No	1
Window: Operable	WINDOW	3'-0"	5'-0"	No	2
Window: Transom	WINDOW	4'-0"	4'-0"	No	1

DOOR SCHEDULE					
LIBRARY NAME	TYPE	WIDTH	HEIGHT	HINGE DIRECTION	COUNT
Arch	ARCH	10'-9 1/4"	1'-0"	N	1
Arch	ARCH	4'-0"	6'-8"	N	2
Arch	ARCH	8'-0"	8'-8"	N	1
Arch	ARCH	9'-11 1/4"	1'-0"	N	1
Arch	ARCH	6'-0"	8'-8"	N	1
Exterior Door-Entrance	DOOR	2'-6"	6'-8"	R	1
Exterior Door-Exterior	DOOR	3'-0"	6'-8"	R	1
Exterior Door-Entry	COMBINED UNIT	5'-0"	7'-9 1/2"	NR	1
Exterior Door-Patio	SLIDING DOOR	5'-0"	6'-8"	NR	2
Garage	GARAGE	9'-0"	7'-0"	U	1
Garage	GARAGE	16'-0"	7'-0"	U	1
Interior Door-Bifold	BIFOLD	4'-0"	6'-8"	LR	4
Interior Door-Bifold	BIFOLD	5'-0"	6'-8"	LR	2
Interior Door-Cabinet	DOOR	2'-0"	6'-8"	L	6
Interior Door-Cabinet	DOOR	2'-0"	6'-8"	R	4
Interior Door-Cabinet	DOOR	2'-4"	6'-8"	L	1
Interior Door-Cabinet	DOOR	2'-4"	6'-8"	R	1
Interior Door-Cabinet	DOOR	2'-6"	6'-8"	L	2
Interior Door-Cabinet	DOOR	2'-6"	6'-8"	R	5
Interior Door-Cabinet	DOOR	3'-0"	6'-8"	R	1



** METHOD PF, PFAMB 1802.2(1) - 2012 NC RESIDENTIAL CODE

3 CONTINUOUSLY SHEATHED PORTAL FRAME WALL

FRAMING NOTES

1. PURLINS ARE TO BE PROVIDED FOR BLOCKING FOR EXTERIOR SHEATHING JOINTS AT WALLS OVER 8' TALL.
2. ALL LOAD BEARING HEADERS ARE TO 2(2X10)(S) WITH 1/2" PLYWOOD FILLER U.N.O. SUPPORTED ON EACH SIDE BY JACK AND KING STUDS. STUDS SHALL BE THE SAME DIMENSION AND THICKNESS AS ADJACENT WALL STUDS.
3. DIMENSIONS ARE FROM ROUGH FRAMING TO ROUGH FRAMING.
4. PROVIDE COLLAR TIE SUPPORT AT 4'-0" O.C. MAX AT 1/3 OF ROOF HEIGHT FROM FROM CEILING JOIST TO RIDGE BEAM.
5. ROOF DECKING SHOULD BE 1/2" CDX PLYWOOD MIN.
6. ALL LOAD BEARING COLUMNS SHALL EXTEND DOWN THROUGH ALL LEVELS AND END AT FOUNDATION FLOOR WHERE A THICKENED FOOTER SLAB OR GRADE BEAM IS DESIGNED TO CARRY THE DESIGNED LOADS.
7. ALL 2ND FLOOR WINDOWS SHALL BE INSTALLED AT A MIN OF 24" A.F.F.
8. SOFFIT ALONG ADJACENT PROPERTY LINES OF LESS THAN 10' SHALL HAVE A FIRE RETARDANT TREATED WOOD OF 23/32" THICK SHEETHING FOR AN UNDER LAYMENT SECURELY ATTACHED TO THE FRAMING MEMBERS WITH AN 8"X2" VENTILATION PLACED AT 4'-0" O.C.
9. EXTERIOR WALL SHEATHING SHALL BE 7/16" OSB USING THE WSP METHOD OF THE SIMPLIFIED CONTINUOUS BRACING APPROACH PER RMD2.10.3 CODE AND COMMENTARY FOR 2012 NC RESIDENTIAL CODE - FINAL 03/09/13 .
10. LOCATION OF BRACED WALL PANELS ARE TO WITHIN A 12' MAX DISTANCE FROM EACH CORNER AND NOT MORE THAN 21' MAX DISTANCE FORM EDGE-TO - EDGE, BETWEEN BRACED WALL PANELS IN EACH ELEVATION VIEW.
11. NAILING OF BRACED WALL PANELS SHALL BE PER TABLE R602.3(3) OF THE 2012 NC RESIDENTIAL CODE, 8d COMMON NAILS (2 1/2" X 0.113") 6" ON EDGES AND 12" FEILD .

Acknowledgement of Plans Submittal ONLY!

Date 3/31/17

Date 3/23/17

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SCALE: 1/4" = 1'-0"
DRAWN BY: KENNEDY KYEI
DATE: Thursday, March 23, 2017

SECTION LETTER: A
PAGE NUMBER: 1
APPROVED:
CHECKED BY:

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MAIN FLOOR