ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP309097

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

PIN # 4740 --62 --4161

APPLICANT/OWNER: ELG Investment APPLICANT ADDRESS: 16108 N Point Rd

SITE ADDRESS: 109 JayHawk CT Troutman NC 28166 PHONE: 704-578-4951 ALT. PHONE –

SITE DIRECTIONS: Flowerhouse Loop, Hawks Landing, Jayhawk @ End on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hawks Landing SECTION: – LOT # 21 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: 3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	1000	(gal)	PT		Date				
Pump Make		Model			Serial #				
# Nitrification Fields	1	# Lines	3		Linear Ft	200			
Trench Width	36 in	Trench Bottom Depth ~~(new site)~~	36 in max		Gravel Depth	–			

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: LP-PPBPS - 50% Reduction

Repair System Description: H -LP-PPBPS-50% Reduction

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

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

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions:

8/19/21 Floats & alarm checked MD

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group PA

LSS # 1313 Dated 6/13/21

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 ... 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: 8/17/21 Installed by: Dellinger Grading

IMPROVEMENT PERMIT by: Benjamin A Betts Date: 7-28-2021 OPERATION PERMIT by: Melissa Dolan Date: 8/19/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Betts Date: 7-28-2021 Existing System Inspected by: Date:

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

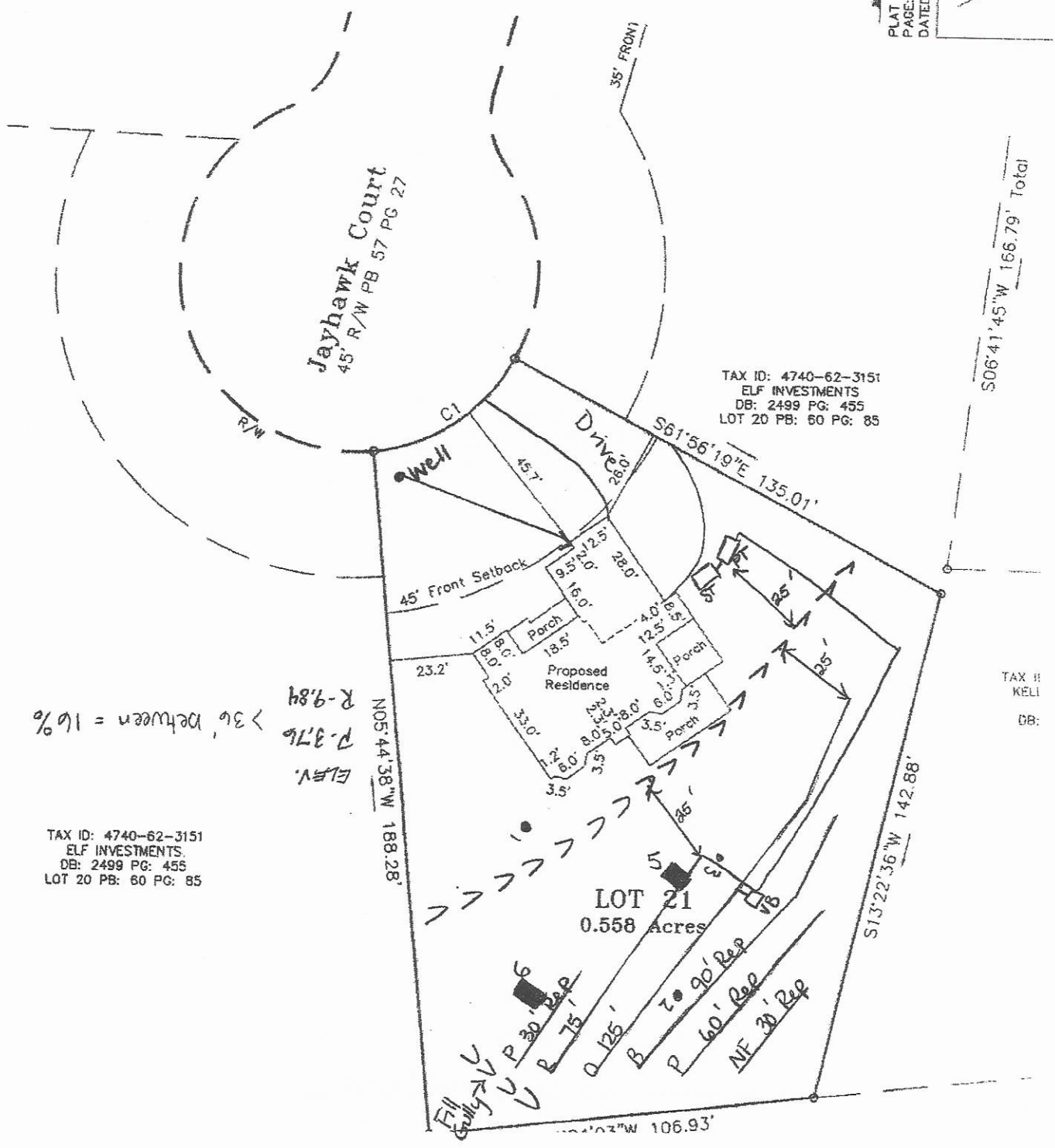
I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK __, PAGE __; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____, 2020.

PRELIMINARY

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

PRELIMINARY PLAN
NOT FOR RECORDATION
CONVEYANCES
AND/OR SALES

PLAT BOOK: 56
PAGE: 27
DATED: 02/19/2013



Hawks Landing Lot 21 Septic System Information

~~Horizontal Installation~~ EMS

Number of Bedrooms	3
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	2 (See Table)
Total Linear Feet	200
Trench Width	3'
Trench Spacing	9'
Max Trench Depth	~~28"~~ 36" EMS
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	175' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	23 gpm
Elevation head	Approx. 12.1'
Pressure head	3.0'
Friction head	2.2'
20% Contingency	3.5'
Total Head	20.8'
Pump Requirements	23 gpm @ 20.8' of head To be designed by installer.
Maximum Dosing Volume	165.6 gal -2.2 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	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	H - **LP PPBPS**
Total Linear Feet	210
Repair LTAR	0.3
Repair Trench Depth	30"

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	NF	LPPPBPS	30	4.2				
2	Repair	Pink	LPPPBPS	60					
3	Repair	Blue	LPPPBPS	90					
4	System	Orange	LPPPBPS	125 centerfed		29	29	1 per panel	5/32"
5	System	Red	LPPPBPS	75 endfed		17	17	1 per panel	5/32"
6	Repair	Pink	LPPPBPS	30					
						Total: 46	Total: 46 (1 in each panel turned up)		
				Total System: 200'					
				Total Repair: 210'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	10.3
House	Blue		

Notes:

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: ELG Investments
ADDRESS: 16108 N Point Huntersville
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): ___
LOCATION OF SITE: Hawks Landing Lot 21
APPLICATION DATE ___
DATE EVALUATED: 6/5/21
PROPERTY SIZE: 0.558
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
2A	L 16%	0-22	Mo SBK C	FR SS/SP	R	55"	PS	N/A	0.3
		22-55	WK SBK CL	↓	R; C sap Multi				
		55-60	MA L sap						
3A	L 16%	0-33	Mo SBK C	FR SS/SP	R	60+	N/A	N/A	0.3
		33-60	WK SBK CL	↓	R; C sap				
5	L 16%	0-6	Mo GR SL	FR NS/NP	Br	60+	N/A	N/A	0.3
		6-32	Mo SBK C	FR SS/SP	R				
		32-60	WK SBK CL	↓	R; C sap				
6	L 16%	0-4	Mo GR SL	FR NS/NP	Br	41"	PS	N/A	0.3
		4-16	Mo SBK C	FR SS/SP	R; F sap				
		16-41	WK SBK CL	↓	R; C sap Multi				
		41-60	MA L sap	↓					

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

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

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

Kathleen Saunders

COMMENTS: ___

Updated February 2014

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 109 Jayhawk Ct

Date: ~~February 11, 2021~~ 6/13/21 KMS

Attached is the septic specification information required to permit 109 Jayhawk Ct 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 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.

Kathleen Saunders

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

Hawks Landing Lot 21 Septic System Information

Horizontal Installation

Number of Bedrooms	3
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	2 (See Table)
Total Linear Feet	200
Trench Width	3'
Trench Spacing	9'
Max Trench Depth	28"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	175' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	23 gpm
Elevation head	Approx. 12.1'
Pressure head	3.0'
Friction head	2.2'
20% Contingency	3.5'
Total Head	20.8'
Pump Requirements	23 gpm @ 20.8' of head To be designed by installer.
Maximum Dosing Volume	165.6 gal -2.2 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	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	210
Repair LTAR	0.3
Repair Trench Depth	30"

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	NF	LPPPBPS	30	4.2				
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3	Repair	Blue	LPPPBPS	90					
4	System	Orange	LPPPBPS	125 centerfed		29	29	1 per panel	5/32"
5	System	Red	LPPPBPS	75 endfed		17	17	1 per panel	5/32"
6	Repair	Pink	LPPPBPS	30					
						Total: 46	Total: 46 (1 in each panel turned up)		
				Total System: 200'					
				Total Repair: 210'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	10.3
House	Blue		

Notes:

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

Sheet ___ of ___
PERTY ID #:
COUNTY: Iredell

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

OWNER: ELG Inv
ADDRESS: 16108 N Point Huntersville
PROPOSED FACILITY: SFR
LOCATION OF SITE: Hawks Landing 21
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED: 7/1/2020
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.558
PROPERTY RECORDED: yes

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
2	L 10%	0-3	Mo GR SL	FR NS/NP	Br	40"	PS	N/A	0.35
		3-20	Mo SBK CL	FR SS/SP	R, F sap				
		20-40	WK SBK CL	↓	R; C sap				
		40-43	MA L Sap	↓	Mu Th				
3	L 10%	0-3	Mo GR SL	FR NS/NP	Br	42"	PS	N/A	0.35
		3-29	Mo SBK CL	FR SS/SP	R				
		29-42	WK SBK CL	↓	R; C sap				
		42-48	MA L Sap	↓	Mu Th				
5	L 10%	0-6	Mo GR SL	FR NS/NP	Br	48+	N/A	N/A	0.3
		6-32	Mo SBK C	FR SS/SP	R				
		32-48	WK SBK CL	↓	R; C sap				
6	L 10%	0-4	Mo GR SL	FR NS/NP	Br	41"	PS	N/A	0.3
		4-16	Mo SBK C	FR SS/SP	R				
		16-41	WK SBK CL	↓	R; C sap				
		41-60	MA L Sap	↓	Mu Th				

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

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

COMMENTS:

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

RECEIVED JUL 27 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-309097 $500.00

S.L.

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: ELG Inv. Address: 16108 N Point Rd Zip: 28078
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 109 Jayhawk Ct
Subdivision Name: Hawks Landing Section/Phase: _____ Lot Number: 21
Driving Directions: Flowerhouse Loop, Hawks Landing, Jayhawk, @ end on L

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) 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: _____
(X) 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: _____

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 6/13/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, 4G Design Build, am the legal owner of the property located at 109 Jailhawk, 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] 2-11-21
Signature of Owner Date

_____ _____
Signature of Witness Date

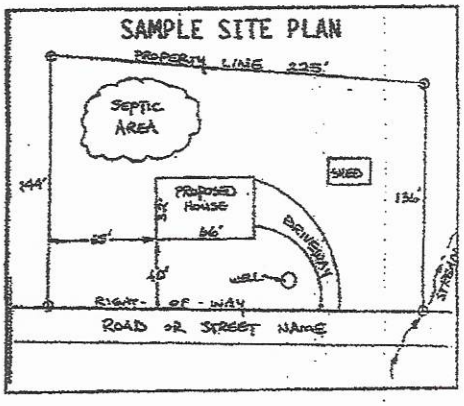
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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)

6/13/21

~~7-12-2020 2-11-21~~

DATE

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK __, PAGE __; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____, 2020.

PRELIMINARY

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

PRELIMINARY PLAN
NOT FOR RECORDATION
CONVEYANCES
AND/OR SALES

PLAT BOOK: 56
PAGE: 27
DATED: 02/19/2013

SIT

Brawle

35' FRONT

Jayhawk Court
45' R/W PB 57 PG 27

R/W

C1

Well

45.7'

Drive

26.0'

S61°56'19"E 135.01'

S06°41'45"W 166.79' Total

TAX ID: 4740-62-3151
ELF INVESTMENTS
DB: 2499 PG: 455
LOT 20 PB: 60 PG: 85

45' Front Setback

9.5'

12.5'

28.0'

16.0'

4.0'

8.5'

11.5'

Porch

13.5'

12.5'

23.2'

Proposed Residence

14.5'

Porch

2.0'

33.0'

6.0'

1.5'

3.5'

8.0'

5.0'

8.0'

3.5'

Porch

6.0'

3.5'

3.5'

25'

25'

25'

N05°44'38"W 188.28'

S13°22'36"W 142.88'

LOT 21
0.558 Acres

VB

P 30' Rep

R 75'

Q 125'

B 90' Rep

P 60' Rep

NF 30' Rep

N04°03'07"W 106.93'

TAX ID: 4740-62-3151
ELF INVESTMENTS
DB: 2499 PG: 455
LOT 20 PB: 60 PG: 85

TAX ID
KELI

DB:

ELEV.
P. 3.76
R-9.84

> 3.6' between = 16%

GENERAL NOTES

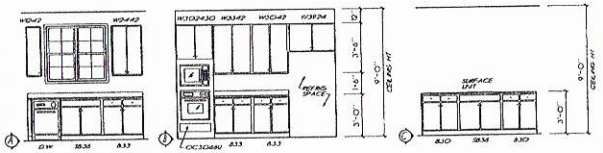
1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND REGULATIONS. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS AT SITE BEFORE BEGINNING CONSTRUCTION AND DISCREPANCIES SHALL BE REPORTED TO FRANK BETZ ASSOCIATES, INC. FOR JUSTIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTOR SHALL ASSUME RESPONSIBILITY FOR ANY WORK DONE WITHOUT SUCH INSTRUCTION.
2. ALL DIMENSIONS TO BE TAKEN FROM FIGURES AND NEVER SCALED.
3. ALL FOOTINGS TO BE BELOW FROST LINE (SEE LOCAL CODE) AND MUST REST ON UNDISTURBED SOIL CAPABLE OF HANDLING THE BUILDING LOADS (CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SIZES
4. CONTRACTOR SHALL ASSURE COMPATIBILITY OF THE BUILDING WITH SITE CONDITIONS.
5. BOTTOM OF BACKFILL AGAINST ANY FOUNDATION WALL REINFORCED AS PER CODE.
6. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND SIZED BY A LICENSED ENGINEER IN THE STATE WHERE CONSTRUCTION IS SITUATED BY AN ENGINEER OF YOUR CHOICE, SOIL BEARING CONDITIONS MUST BE VERIFIED AT SITE. VARIANCE IN LOCAL CODES, SOIL BEARING CONDITIONS, FINISH LOAD ADDITIONS, GEOLOGICAL AND WEATHER CONDITIONS, ETC. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND VERIFYING ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO INSURE A QUALITY AND SAFE STRUCTURE.
7. ALL LUMBER USED FOR STRUCTURAL FRAMING MEMBERS SHALL BE OF A GOOD GRADE AND QUALITY AND MEET ALL NATIONAL STATE AND LOCAL BUILDING CODES WHERE APPLICABLE.
8. ALL COLUMNS OR STUDS FRAMING SHOULD BE DESIGNED TO CARRY LOADS AND SHOULD EXTEND WORK DOWN THE LEVELS BELOW AND TERMINATE AT THE BASEMENT FLOOR OR AT OTHER BEARING POINTS DISTANCE TO CARRY THE LOAD

GENERAL FRAMING NOTES

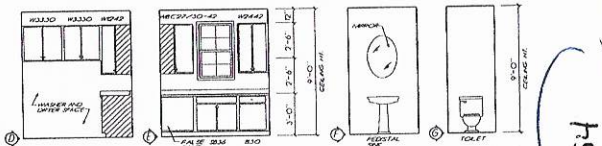
THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS ONLY. REFER TO A SUBURBAN OF CODES PER REGION. PLEASE REVIEW AND COMPLY WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERS FOR ALL STRUCTURAL REQUIREMENTS.

1. ALL FRAMED WALL FURRINGS ARE BASED ON 2 x 4 STUDS UNLESS NOTED OTHERWISE. PROVIDE PLYWOOD AT MID HEIGHT OF ALL RAISE.
2. ALL POSTS AND RAFTERS SHALL BE CENTERED OVER STUDS BELOW.
3. ALL HEADERS SHALL BE 9" x 9x10 OR 2x12, WITH 1/2" PLYWOOD PLATE BETWEEN UNLESS NOTED OTHERWISE UNDER PARTITIONS WALL FRAMED TO INSTALL BEARING FLOOR JOISTS.
4. ALL FLOOR JOISTS TO BE DOUBLED.
5. PROVIDE CROSS BRACING AT MID POINT OF SPAN OR 8'-0" O.C. MAXIMUM ON ALL FLOORS.
6. FLOOR SHEATHING TO BE 3/4" T&G RATED RIGID - SEE PLYWOOD SPECIFICATIONS.
7. EXTERIOR WALL SHEATHING TO BE 1/2" CDX PLYWOOD SEE SPECIFICATIONS.
8. ROOFING SHEATHING TO BE CONTINUOUS APA RATED 30/24 5/8" CDX EXPOSURE 1 PLYWOOD, PLYSCORE TO BE 24 OVER 24 AT 4'-0" O.C. SPACING ALL ROOFS AND SLOPES TO BE DESIGNED AT 30 PSI LIVE LOAD AT 16" O.C. AT ALL OVERHANGS STUDS MUST BE DOUBLED AT MID SPAN FOR EXTERIOR WALLS
9. PROVIDE GABLE END BRACING AT 16" O.C. MAXIMUM SPACING OR CONTINUOUS PLYWOOD SHEATHING.
10. PROVIDE COLLAR TIES AT UPPER 1/3 OF VERTICAL DISTANCE BETWEEN RIDGE BOARD AND CEILING JOISTS AT 4'-0" O.C. MAXIMUM.
11. ALL RAFTERS AND RIDGE BOARDS SHALL BE ONE SIZE LARGER THAN CUT END.
12. ALL FLOOR JOISTS, ROOF RAFTERS AND ROOF TRUSSES ARE TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES SPECIFICATIONS.
13. WHERE PRE-ENGINEERED FLOOR AND ROOF TRUSSES ARE USED, TRUSS DESIGNS SHALL BE SUBMITTED FOR APPROVAL BEFORE CONSTRUCTION. SHOP DRAWINGS SHALL BEAR SEAL OF REGISTERED ENGINEER IN STATE IN WHICH WORK IS TO BE PERFORMED. ENGINEER SHALL CERTIFY THAT DESIGNS COMPLY WITH LOCAL CODES.
14. ALL CEILING JOISTS AND RAFTER BRACING TO BEAR ON SOLID BEARING WALLS SUPPORTED BY FOOTINGS. ALL LOAD BEARING WALLS SHALL BE SUPPORTED BY FOOTINGS AND FOUNDATION WALLS. ALL INTERIOR LOAD BEARING WALLS AND PARTITIONS SHALL BE SUPPORTED BY A CONTINUOUS STEEL GIRDER BEAM BASEMENT FLOOR AND BE SUPPORTED BY STEEL COLUMNS.
15. ALL BASEMENT WALLS, BEAMS AND COLUMNS TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES
16. ALL SOLID FRAMING, CEILINGS, BEAMS ETC. TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES

NOTE: ALL ANGLES ARE 45° UNLESS OTHERWISE NOTED

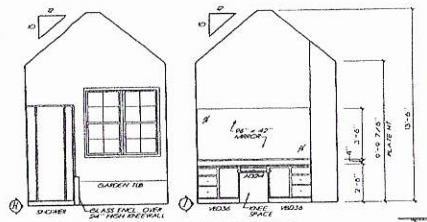


KITCHEN ELEVATIONS

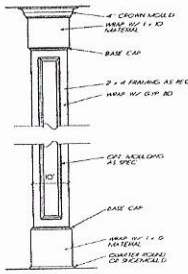


LAUND. ELEVATIONS

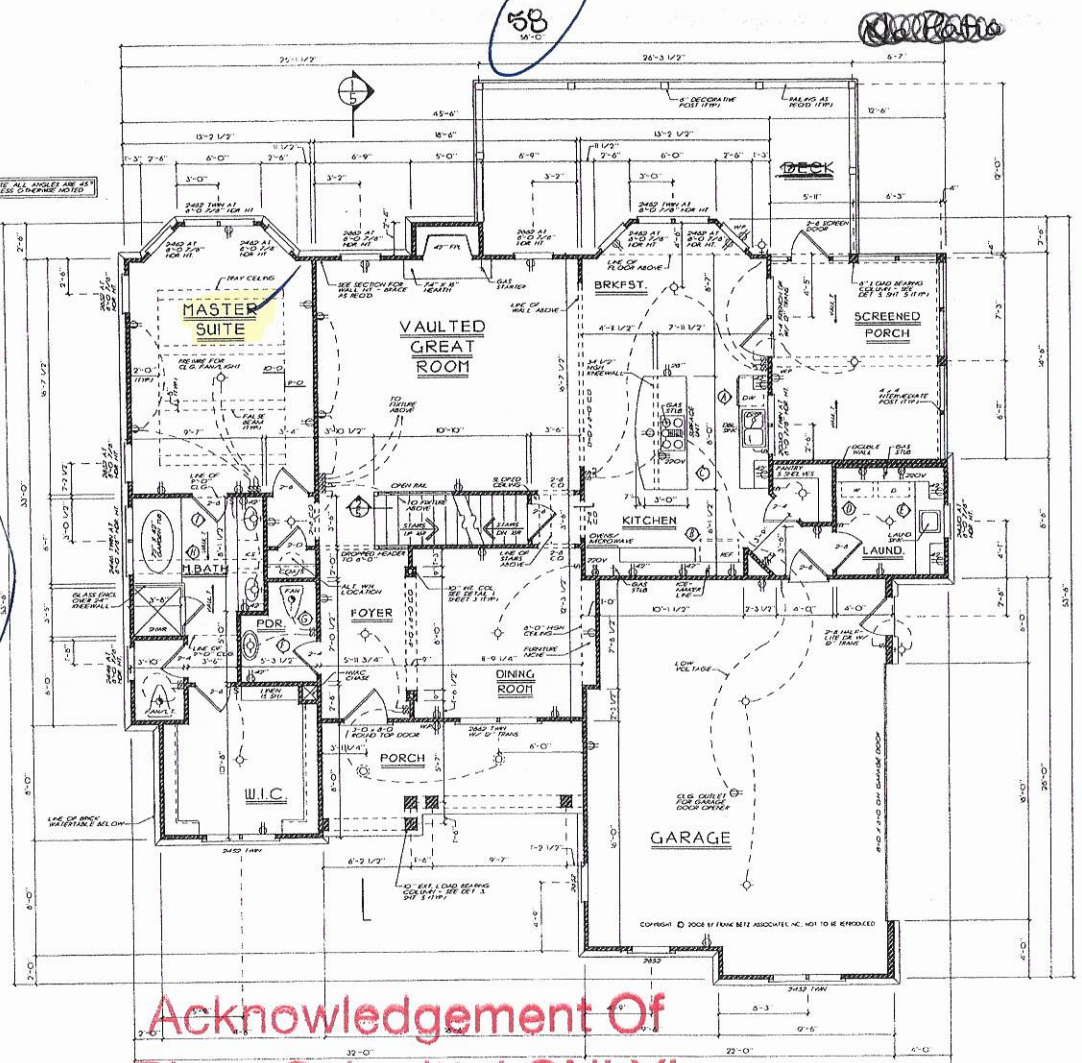
PDR. ELEVATIONS



MASTER BATH ELEVATIONS



1/3 INT. COLUMN DETAIL



FIRST FLOOR PLAN

1/4" = 1'-0"

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS

SQUARE FOOTAGE	
FIRST FL. FOOR	1518 SQ. FT.
SECOND FLOOR	602 SQ. FT.
TOTAL	2220 SQ. FT.
OPT. BONUS	394 SQ. FT.
TOTAL	2614 SQ. FT.

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Acknowledgement Of
Plans Submittal ONLY!
Benjamin A Bell Date 8-3-2020
Kathleen Sanelli Date 12-2020

58

54

REVISIONS	DATE	BY

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FIRST FLOOR PLAN
KITCHEN & BATH ELEVATIONS

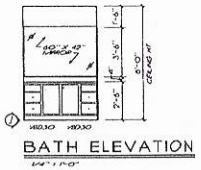
THE SPRINGMILL

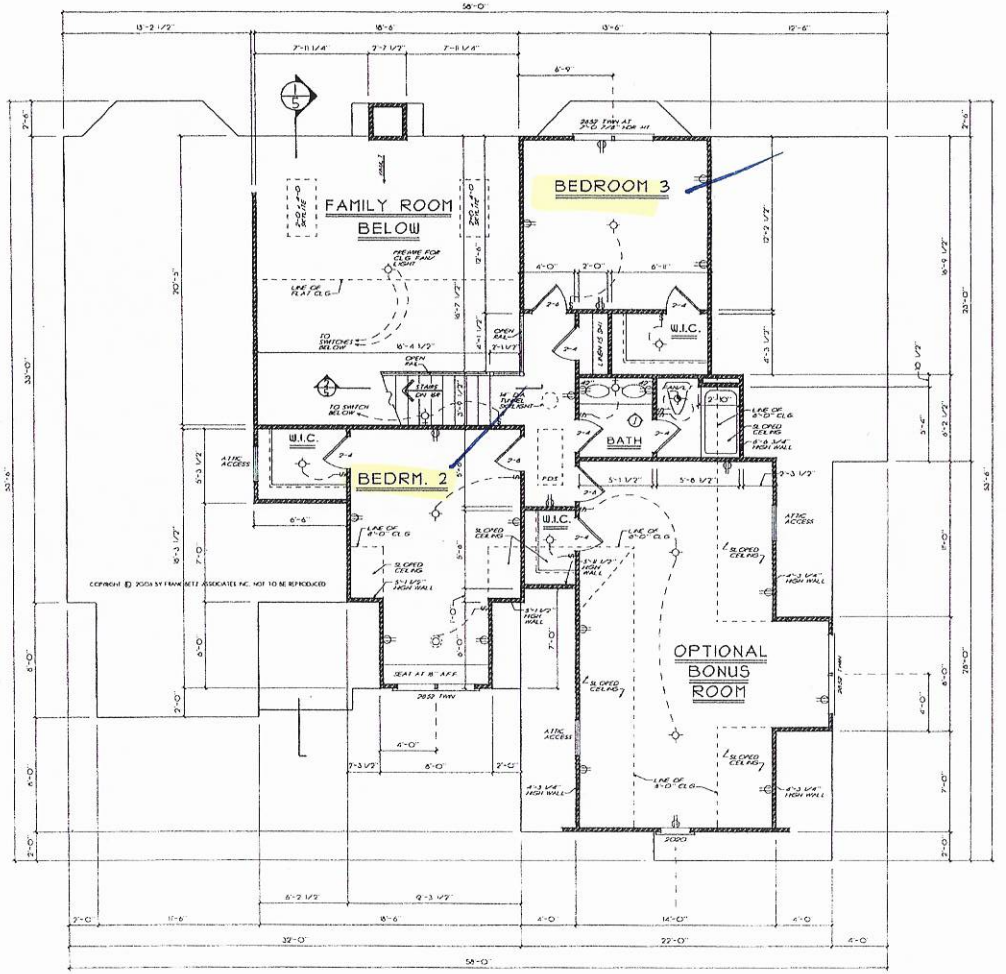
FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3550 GEORGE BUSBEE PARKWAY
SUITE 390
KENNESAW, GEORGIA 30144
770-431-0888 888-777-3003

BY: A.G CK: MB

DATE: 4/18/08

SHEET
3
OF 5





Acknowledgement Of Plans Submittal ONLY!

Benjamin A Bell Date 8/3/2020

Kathleen Snerdon Date 8-2-2020

REVISIONS	DATE	BY

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SECOND FLOOR PLAN
KITCHEN & BATH ELEVATIONS

THE SPRINGMILL

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3350 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3903

BY: AG CK: AM

DATE: 4/28/06

SHEET 4 OF 5

IREDELL COUNTY · NC

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

APPLICATION NUMBER

309097
Issue Date: 07/15/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4740624161.000	109 JAYHAWK CT	Iredell County

Owner Information	Applicant Information
Name: ELG INVESTMENTS LLC	Name: THE OAKS GROUP
Address: 16304 BARCICA LN	Address: 121 HOLT LN
CORNELIUS, NC 28031	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	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

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

Signature of Owner/Contractor

Date: 07/15/2020

Permit Number	309097

TOTAL FEES:	$77.25