ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (2) Mooresville Office (704) 660-3625 (1) PERMIT # 306587

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

PIN # 4751870039

APPLICANT/OWNER: Joseph Keenan APPLICANT ADDRESS: 305 Wagner St

SITE ADDRESS: 1516 Country Dr, Statesville 28625 PHONE: 704-528-1987 ALT. PHONE —

SITE DIRECTIONS: old Mocksville → L Jane Sowers → R Country Dr → on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: David G Kogut SECTION: — LOT # 2 LOT AREA: 2.161 ac DESIGN FLOW: 600gpd L.T.A.R.: .25

Septic Tank	1500 (gal)	STB	528	Date	11-22-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1500 (gal)	PT	485	Date	1-16-20	System Description:			LP PPBPS - vertical
Pump Make	Gauld's	Model	Wellsolution	Serial #	B247316	Repair System Description:			LPPPBPS
# Nitrification Fields	1	# Lines	6	Linear Ft	400	Maintenance Agreement Required:	☒ YES	☐ NO	
Trench Width	24 in.	Trench Bottom Depth ~~(Low side)~~	34 max"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE	

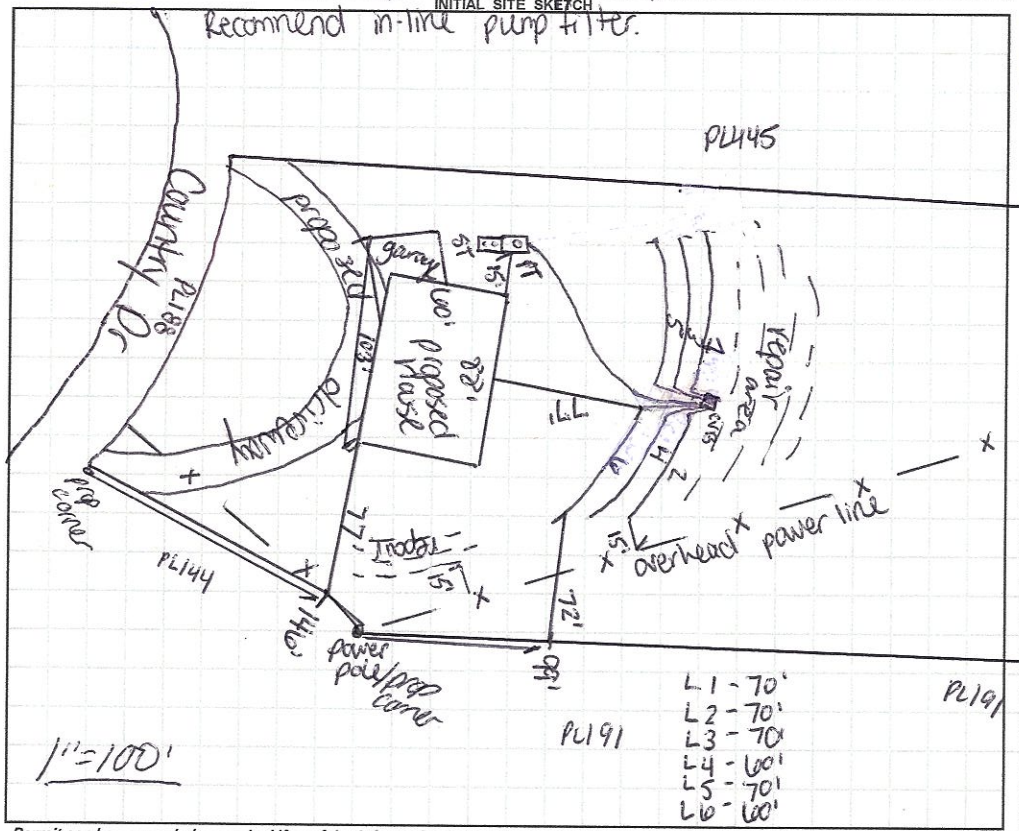
☒ Residence	No. Bedrooms	5	Water Supply		
☐ Business	No. Persons	10	☐ Private		
☐ Other	No. Employees		☒ Public		
☐ Slab	☐ Crawl Space		☐ Community		
☒ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install lines on contour. DO NOT move system any closer to Country Drive → unsuitable soils behind house. Maintain setbacks from power line.

- 92 panels for system
- 331.2 gal
- 15.8" drawdown
- 37.72 gpm
- 5/32" orifice

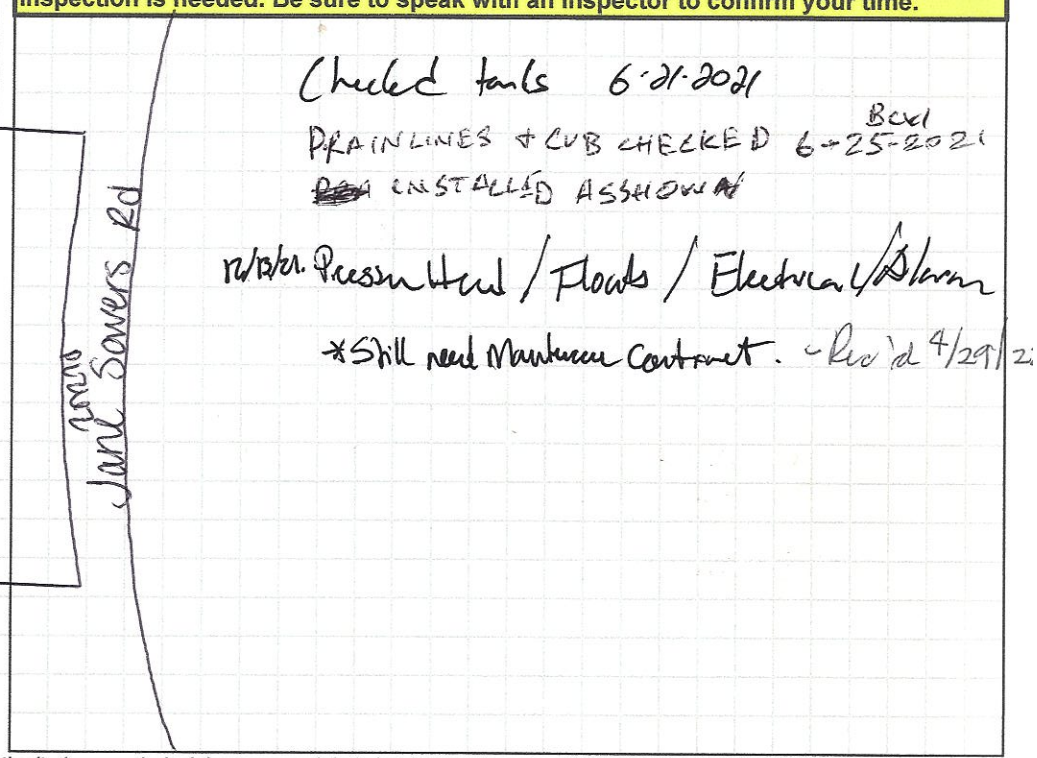
INITIAL SITE SKETCH

Recommend in-line pump filter.



AS BUILT SKETCH

FOR SEPTIC 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.



Checked tanks 6-21-2021

DRAINLINES & CUB CHECKED 6-25-2021 Bcvl

~~PROP~~ INSTALLED AS SHOWN

w/Wtr. Pressurized / Floats / Electrical Alarm

*Still need Maintenance Contract. - Rec'd 4/29/21

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: 6/3/20 Installed by: Steve Jordan Piedmont Backhoe

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 5-28-20 OPERATION PERMIT by: Benjamin A Bates Date: 12-15-21

AUTHORIZATION TO CONSTRUCT by: Carla C Nicks Date: 6-2-20 Existing System Inspected by: Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 475107000 39
COUNTY: Iredell

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

OWNER: Joseph Keenan
ADDRESS: 305 Wagner St
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 150 Country Dr
APPLICATION DATE 4-13-20
DATE EVALUATED: 4-24-20
PROPOSED DESIGN FLOW (.1949): 400gpd
PROPERTY SIZE: 2.61 ac
PROPERTY RECORDED: Y

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
1	L 5%	0-40	fill	–	–	–	–	–	U
		40-54	WGR SCL	Fr ss sp sbkp					
2	L 5%	0-38	fill	–	–	–	–	–	U
		38-49	WSBK SCL/C	Fr ss sp sbkp					
3	L 3%	0-16	fill	–	low chromas in C layer	–	–	–	U
		16-39	GR SCL	Fr ss sp sbkp					
		39-48	WSBK C	Fr ss sp sbkp					
4	L 10%	0-26	GR SCL	Fr ss sp sbkp	dark brown matrix	47"	–	–	PS .25
		26-48	WSBK SC	Fr ss sp sbkp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	400'
System Type(s)	50%	50%
Site LTAR	.25	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4756870039
DATE OF EVALUATION: 5-26-20
COUNTY: Iredell

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
8	L 10%	0-12	GR SCL	Fr SS SP SEXP	chroma 2 @ 40" stray above	40"			.75 shallow
		12-48	SBK C	" "					
		40-60	SBK CL	" "					
10	L 10%	0-9	GR SCL	Fr SS SP SEXP	—	53"	—	—	.3
		9-35	SBK C	" "					
		35-53	SBK CL	" "					
11	L 10%	0-24	— fill	—	water seeping in immediately	—	—	—	4
		24-50	ABK C	Fr SS SP SEXP					
9	S 12%	0-10	SCL	Fr SS SP SEXP	Y/BS 35+	58"	—	—	.5 .25
		10-32	C	" "					
		32-58	CL	" "					

COMMENTS:

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

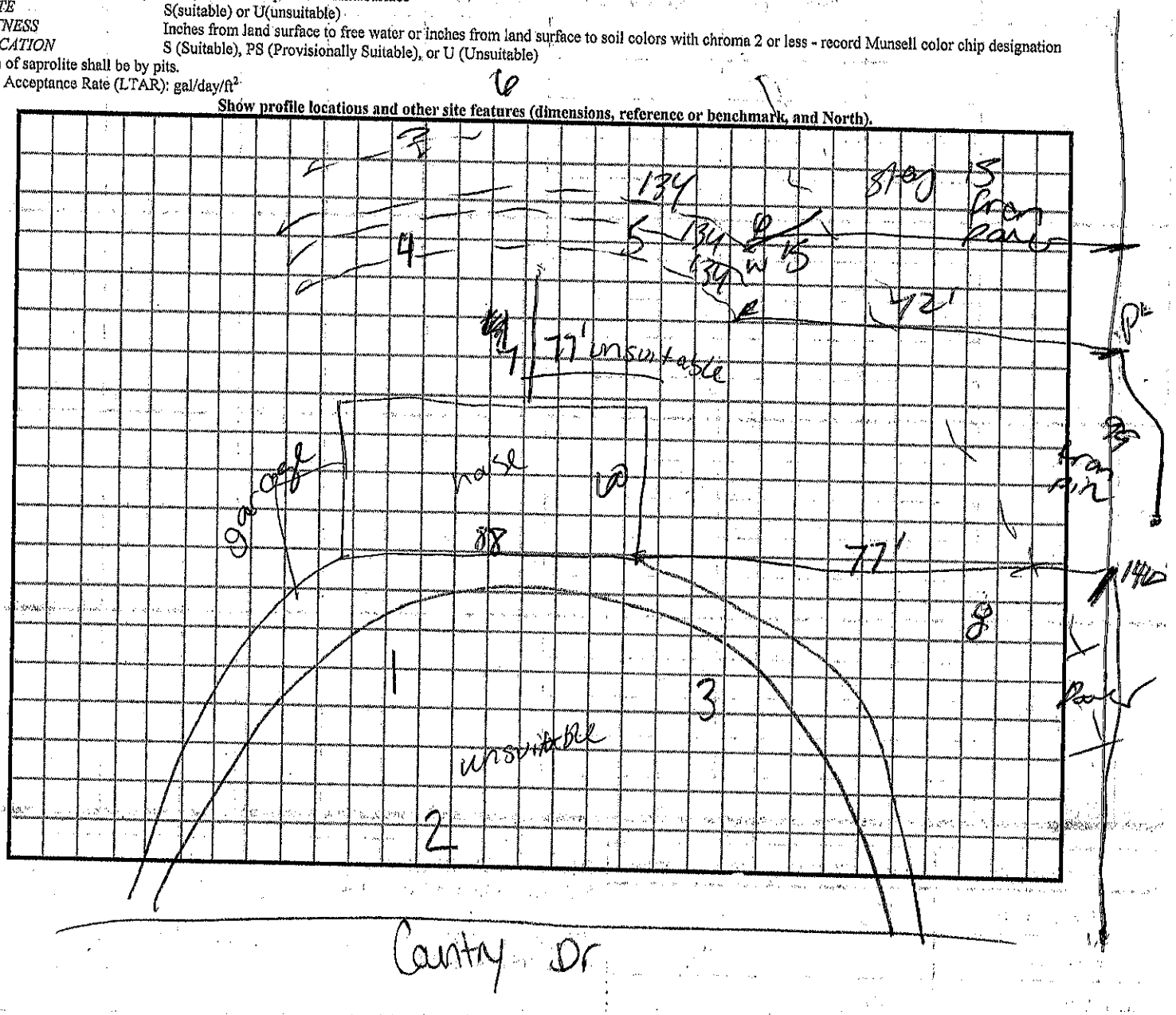
NOTES

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).



DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mark Kane — APPLICATION DATE: 9-19-16

ADDRESS: ____ — DATE EVALUATED: 10-20-16

PROPOSED FACILITY: 3BR House — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 2.61

LOCATION OF SITE: 156 Country Drive Statesville — 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	<1% SS/ Foot Slope Primary	0-13	R. Clay V.W. SBK	Sl. Firm, SS, Sp, Sap	—	42"	—	—	0.30 PS
		13-30	R. Clay Loam + minor W. SBK Loamy Saprolite	Sl. Friable, SS, Sp, Sap					
		30-42	R. Clay Loam + Loamy Saprolite (SBK)	Friable, SS, Sp, Sap					
			Qtz Cobble @ 42"						
2	<1% SS/ Footslope Primary	0-13	R. Clay V. Weak SBK	Sl. Firm, SS, Sp, Sap	7.5YR 5/4 [Br.]	48	—	—	0.275 PS
		13-27"	R. Clay Loam [Chunky] W. SBK	Sl. Firm, SS, Sp, Sap					
		27"-48"	Br. Clay Loam + some Saprolite	Sl. Friable, SS, Sp, Sap					
3	≈5% Footslope Repair	0-12	Loam		—	48	—	—	0.3 PS
		12-29	Clay Rocks						
		29-40	Clay Loam Rocky						
		40-48	Br. Loam / Saprolite						
4	≈5% Footslope Repair	0-11	Loam V. Weak SBK		—	48	—	—	0.30 PS
		11-24	Clay W. SBK						
		24-43"	Clay Loam W. SBK						
		43-48	Loam + Saprolite Lt. Brown V. Weak SBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (1945)	329'	300'+
System Type(s)	25% reduction	50%
Site LTAR	0.275	0.30

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Tom Shuck

OTHER(S) PRESENT: ____

COMMENTS: ____

RECEIVED APR 13 2020

AP-306587
$500.00

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 X 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
JOSEPH KEENAN	305 WAGNER ST	704 528 1987	704 634 2069
SAME			

Owner Name / Mailing Address / Home Phone # / Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
156 COUNTRY DRIVE	BAYMOUNT MEADOWS	4756-87-0034

Driving Directions: OLD MOCKSVILLE RD NORTH / TURN LEFT ONTO JANE SOWERS RD / COUNTRY DRIVE IS FIRST STREET ON RIGHT

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 5 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 10 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (X) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

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 ( ) Community Well ( ) City Water (X) 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 ( ) 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: _____ 4/1/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

306587

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

X 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, _____, am the legal owner(s) of the property located at _____, 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.

_____ 4/7/2020
Signature of Owner(s) 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

3060587

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

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

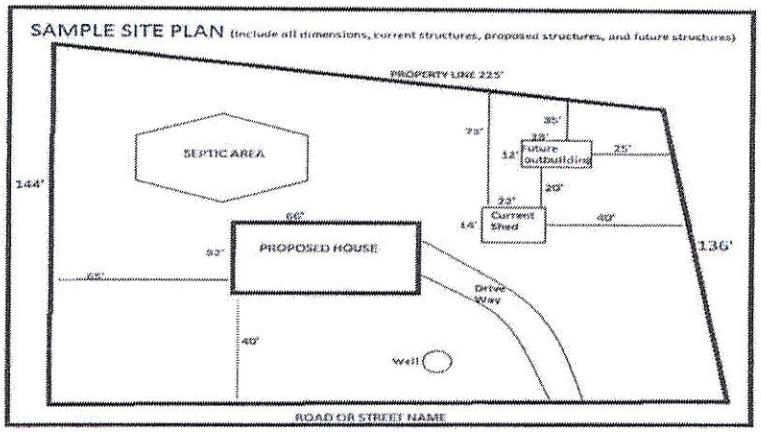
_✓_ Front and side setbacks from property line… **_✓_ Preferred driveway location and configuration, preferred well location…**

_✓_ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

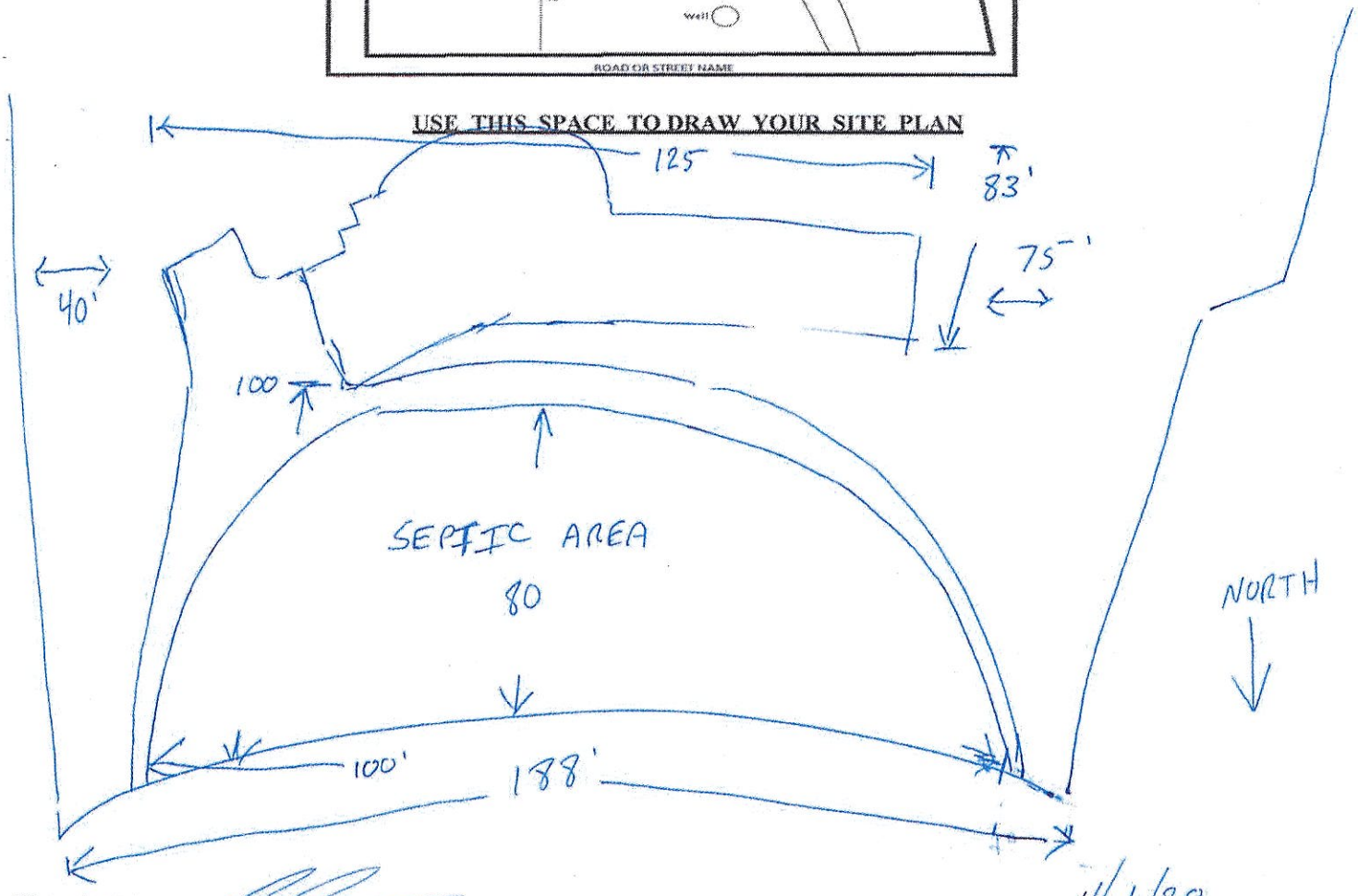
Circle N/A on the following if appropriate:

_____ 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**

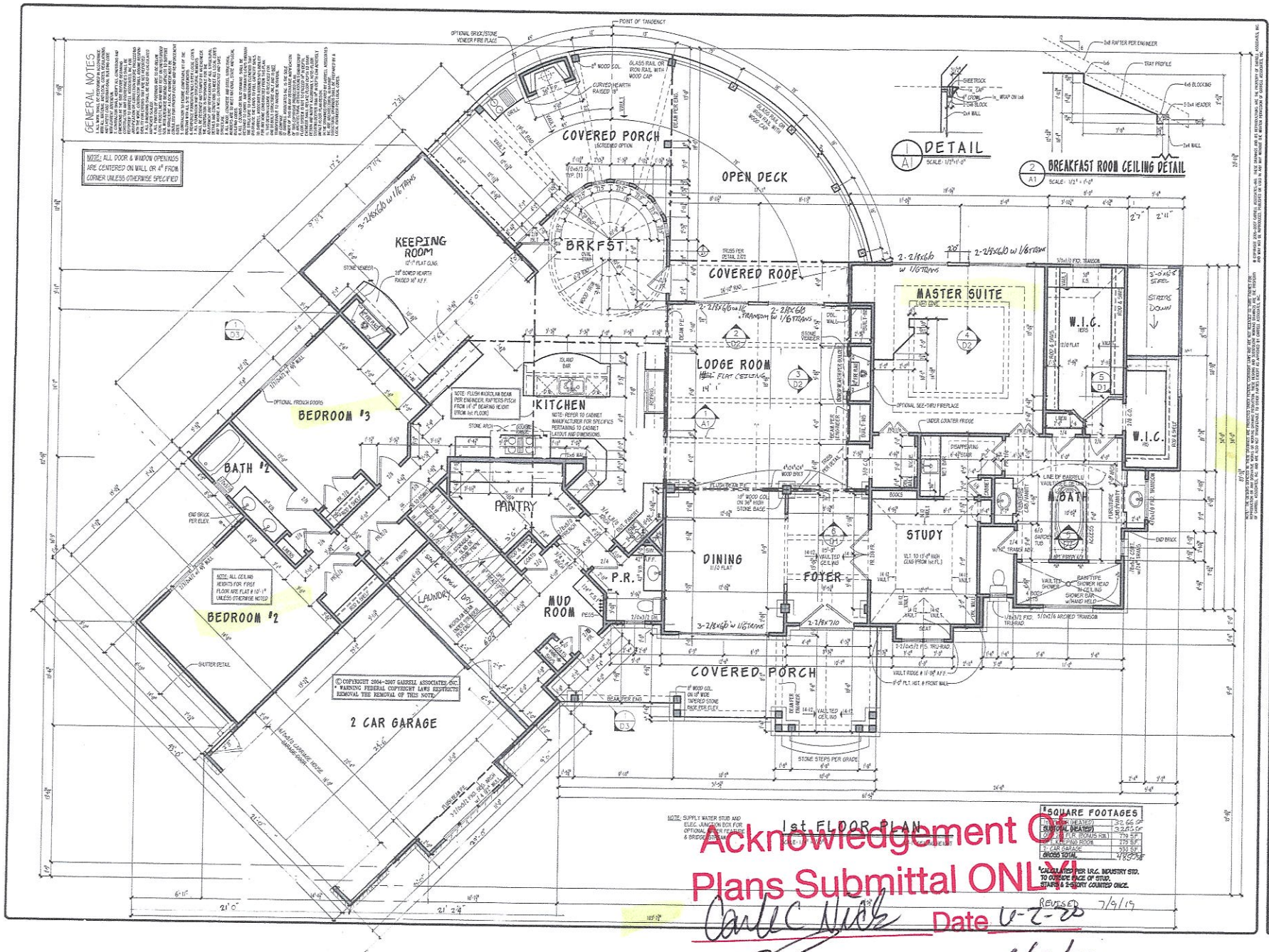


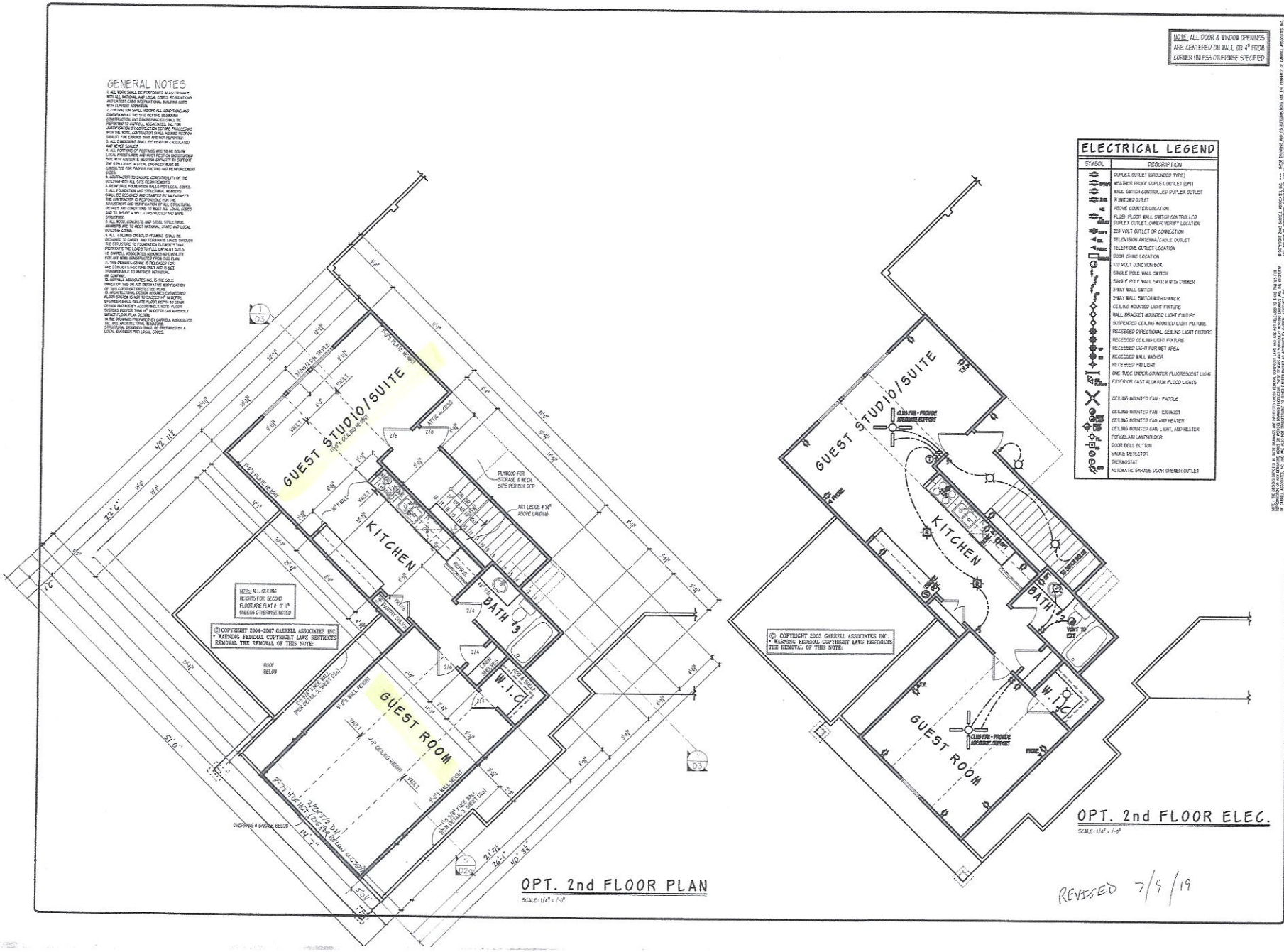
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ _____ 4/1/20

REQUIRED **property owner or owner's legal representative signature.** **DATE**


GENERAL NOTES
NOTE: ALL DOOR & WINDOW OPENINGS ARE CENTERED ON WALL OR 4" FROM CORNER UNLESS OTHERWISE SPECIFIED
COVERED PORCH
OPEN DECK
BRKFST.
KEEPING ROOM
BEDROOM #3
BATH #2
BEDROOM #2
KITCHEN
PANTRY
LODGE ROOM
COVERED ROOF
MASTER SUITE
W.I.C.
STUDY
DINING
FOYER
P.R.
MUD ROOM
LAUNDRY
2 CAR GARAGE
COVERED PORCH
DETAIL
BREAKFAST ROOM CEILING DETAIL
1st FLOOR PLAN
SQUARE FOOTAGES
GROSS TOTAL 4985 SF
2 CAR GARAGE 530 SF
Acknowledgement C
Plans Submittal ONL
Date 6-2-20
Date 6/3/20
REVISED 7/9/19
LICENSED TO:
JOSEPH KEENAN
GARRELL ASSOCIATES INC.
AMICALOLA COTTAGE
FIRST FLOOR PLAN
7-16-04
PLAN BOOK
05168
DRAWN JBW
SHEET NO A1


GENERAL NOTES
1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL NATIONAL AND LOCAL CODES, REGULATIONS, AND LATEST 2003 INTERNATIONAL BUILDING CODE WITH CURRENT ADDENDA.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT THE SITE BEFORE BEGINNING CONSTRUCTION, ANY DISCREPANCIES SHALL BE REPORTED TO GARRELL ASSOCIATES, INC. FOR JUSTIFICATION OF CONSTRUCTION. DO NOT SCALE PRINTS. WORK WITH THE WORK. CONTRACTOR IS RESPONSIBLE FOR CONSTRUCTION SUITABILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSIONS SHALL BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS OF FOOTINGS ARE TO BE BELOW LOCAL FROST LINES AND MUST REST ON UNDISTURBED SOIL WITH ADEQUATE BEARING CAPACITY TO SUPPORT THE STRUCTURE. A LOCAL ENGINEER MUST BE CONSULTED FOR PROPER FOOTING AND REINFORCEMENT DESIGN.
5. CONTRACTOR TO ENSURE CONTINUITY OF THE BUILDING WITH ALL SITE REQUIREMENTS.
6. REINFORCE FOUNDATION WALLS PER LOCAL CODES.
7. ALL FOUNDATION AND STRUCTURAL MEMBERS SHALL BE OCCUPANCY AND STAMPED BY AN ENGINEER. THE CONTRACTOR IS RESPONSIBLE FOR THE ADJUSTMENT AND MODIFICATION OF ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES. DO NOT ERECT A WALL CONSTRUCTED AND DATE STRUCTURE.
8. ALL WOOD, CONCRETE AND STEEL STRUCTURAL MEMBERS ARE TO MEET NATIONAL, STATE AND LOCAL BUILDING CODES.
9. ALL CEILINGS OR SOLID FRAMING SHALL BE DESIGNED TO CARRY AND TRANSMIT LOADS THROUGH THE STRUCTURE TO FOUNDATION ELEMENTS THAT DISTRIBUTE THE LOADS TO FULL CAPACITY SOILS.
10. GARRELL ASSOCIATES ASSUMES NO LIABILITY FOR ANY WORK CONSTRUCTED FROM THIS PLAN.
11. THIS PLAN IS COPYRIGHT PROTECTED FOR ONE (1) BUILT STRUCTURE ONLY AND IS NOT TRANSFERRABLE TO ANOTHER INDIVIDUAL OR COMPANY.
12. GARRELL ASSOCIATES, INC. IS THE SOLE OWNER OF THIS OR ANY DERIVATIVE MODIFICATION OF THIS COPYRIGHT PROTECTED PLANS.
13. ALL FLOOR JOISTS SPANNING UNDER ENGINEERED FLOOR SYSTEM IS NOT TO EXCEED 24" IN DEPTH - ENGINEER SHALL REVISE FLOOR DEPTH TO SUIT DESIGN AND NOTIFY ACCORDINGLY. NOTE: FLOOR SYSTEMS DEEPER THAN 14" IN DEPTH CAN ADVERSELY IMPACT FLOOR PLAN DESIGN.
14. THE DRAWINGS PREPARED BY GARRELL ASSOCIATES INC. ARE ARCHITECTURAL IN NATURE. STRUCTURAL DRAWINGS SHALL BE PREPARED BY A LOCAL ENGINEER PER LOCAL CODES.
NOTE: ALL DOOR & WINDOW OPENINGS ARE CENTERED ON WALL OR 4" FROM CORNER UNLESS OTHERWISE SPECIFIED
ELECTRICAL LEGEND
SYMBOL
DESCRIPTION
DUPLEX OUTLET (GROUNDED TYPE)
WEATHER PROOF DUPLEX OUTLET (GFI)
WALL SWITCH CONTROLLED DUPLEX OUTLET
3-WAY DUPLEX OUTLET
ABOVE COUNTER LOCATION
FLUSH FLOOR WALL SWITCH CONTROLLED DUPLEX OUTLET, OWNER VERIFY LOCATION
220 VOLT OUTLET OR CONNECTION
TELEVISION ANTENNA/CABLE OUTLET
TELEPHONE OUTLET LOCATION
DOOR CHIME LOCATION
100 VOLT JUNCTION BOX
SINGLE POLE WALL SWITCH
SINGLE POLE WALL SWITCH WITH DIMMER
3-WAY WALL SWITCH
3-WAY WALL SWITCH WITH DIMMER
CEILING MOUNTED LIGHT FIXTURE
WALL BRACKET MOUNTED LIGHT FIXTURE
SUSPENDED CEILING MOUNTED LIGHT FIXTURE
RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
RECESSED CEILING LIGHT FIXTURE
RECESSED LIGHT FOR WET AREA
RECESSED WALL WASHER
RECESSED PIN LIGHT
ONE TUBE UNDER COUNTER FLUORESCENT LIGHT
EXTERIOR CAST ALUMINUM FLOOD LIGHTS
CEILING MOUNTED FAN - PADDLE
CEILING MOUNTED FAN - EXHAUST
CEILING MOUNTED FAN AND HEATER
CEILING MOUNTED FAN, LIGHT, AND HEATER
PORCELAIN LAMPHOLDER
DOOR BELL BUTTON
SMOKE DETECTOR
THERMOSTAT
AUTOMATIC GARAGE DOOR OPENER OUTLET
GUEST STUDIO/SUITE
KITCHEN
BATH 3
W.I.C.
GUEST ROOM
OPT. 2nd FLOOR PLAN
SCALE: 1/4" = 1'-0"
OPT. 2nd FLOOR ELEC.
SCALE: 1/4" = 1'-0"
REVISED 7/9/19
© COPYRIGHT 2004-2007 GARRELL ASSOCIATES INC. • WARNING FEDERAL COPYRIGHT LAWS RESTRICTS REMOVAL THE REMOVAL OF THIS NOTE:
© COPYRIGHT 2005 GARRELL ASSOCIATES INC. • WARNING FEDERAL COPYRIGHT LAWS RESTRICTS THE REMOVAL OF THIS NOTE:
LICENSED TO:
JOSEPH KEENAN
GARRELL ASSOCIATES INC.
700 PEACHTREE IND. BLVD.
SUITE 200, SUWANEE, GA. 30024
(770) 932-1550
WWW.GARRELLASSOCIATES.COM
AMICALOLA COTTAGE
OPT. 2nd FLR. PLAN & ELECTRICAL
7-16-04
REV. NO.
REV. DATE
1
9-28-05 TC
2
9-15-05 VD
3
4
8/23/06
THIS COPYRIGHTED DESIGN IS THE SOLE PROPERTY OF GARRELL ASSOCIATES, INC. AND MAY NOT BE USED OR REPRODUCED WITHOUT THE EXPRESSED WRITTEN CONSENT OF GARRELL ASSOCIATES, INC.
CAUTION: ONLY A QUALIFIED DESIGNER, ARCHITECT, CONTRACTOR, OR STRUCTURAL ENGINEER SHOULD ATTEMPT TO MODIFY THIS PLAN
PLAN BOOK
05168
DRAWN
SHEET NO
JBW
A2

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306587 Issue Date: 04/09/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756870039.000	156 COUNTRY DR	Iredell County

Owner Information	Applicant Information
Name: KEENAN KAREN A+JOSEPH	Name: JOSEPH PATRICK KEENAN
Address:	Address: 305 WAGNER STREET TROUTMAN, NC 28166
Phone:	Phone: (704)634-2069

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.61	35	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.

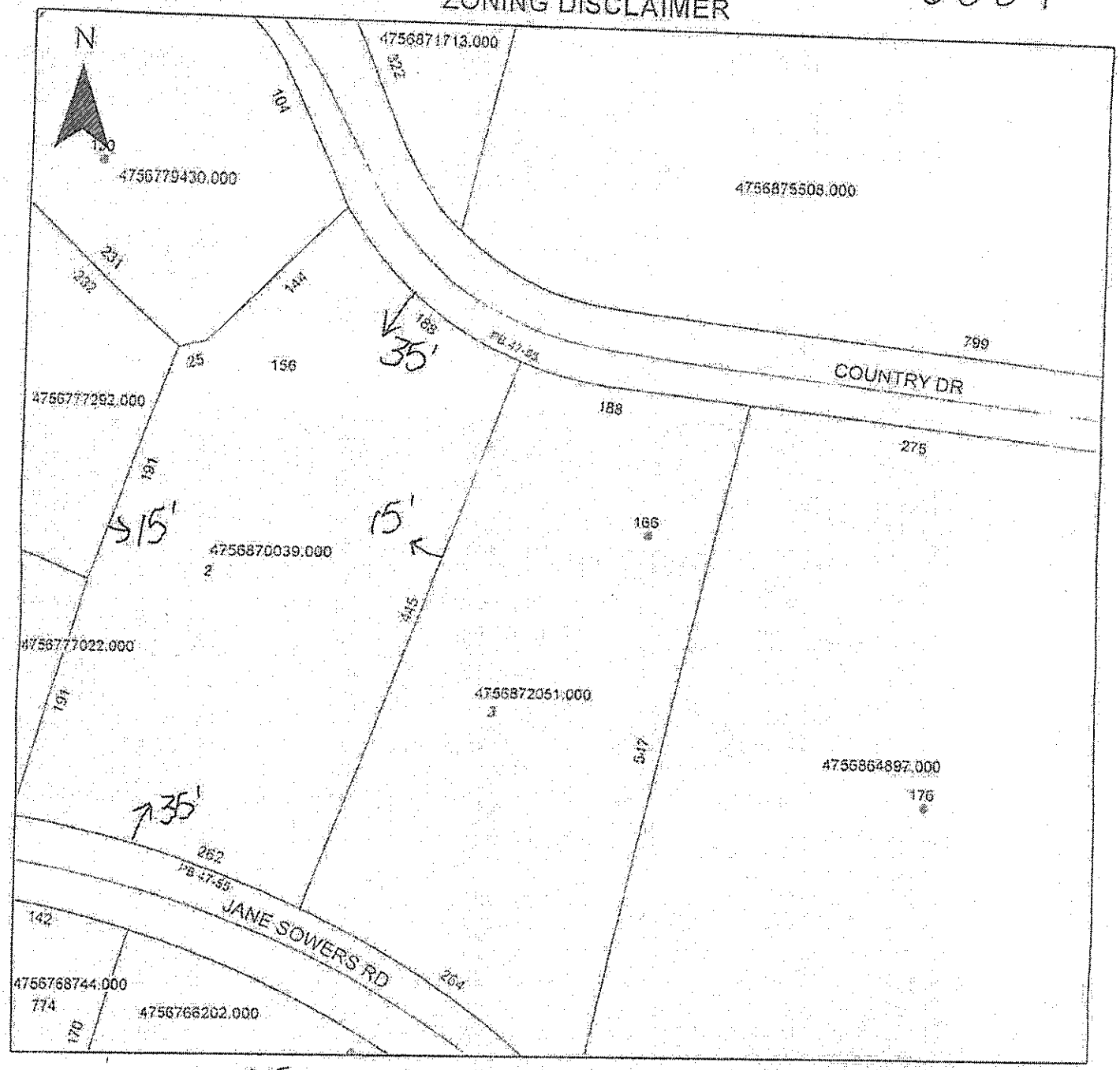
Date: 04/09/2020

Signature of Owner/Contractor

Permit Number	306587	TOTAL FEES:	$77.25

306587

ZONING DISCLAIMER



Property Address 156 Country Dr. Statesville

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

V _____

Applicant

V 4/7/2020

Date