ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP325393

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

PIN # 4757-25-8827

APPLICANT/OWNER: Wayne Church APPLICANT ADDRESS: 121 Arrowbrook Rd Harmony NC 28634

SITE ADDRESS: 165 Gilead Lane Statesville NC 28625 PHONE: 704-682-3251 ALT. PHONE 704.317-6374

SITE DIRECTIONS: 21 N to Bethany @ Hen Iron Right on Gilead Lane Last lot on Left SAP CONTROLLED: ☒ YES ☐ NO

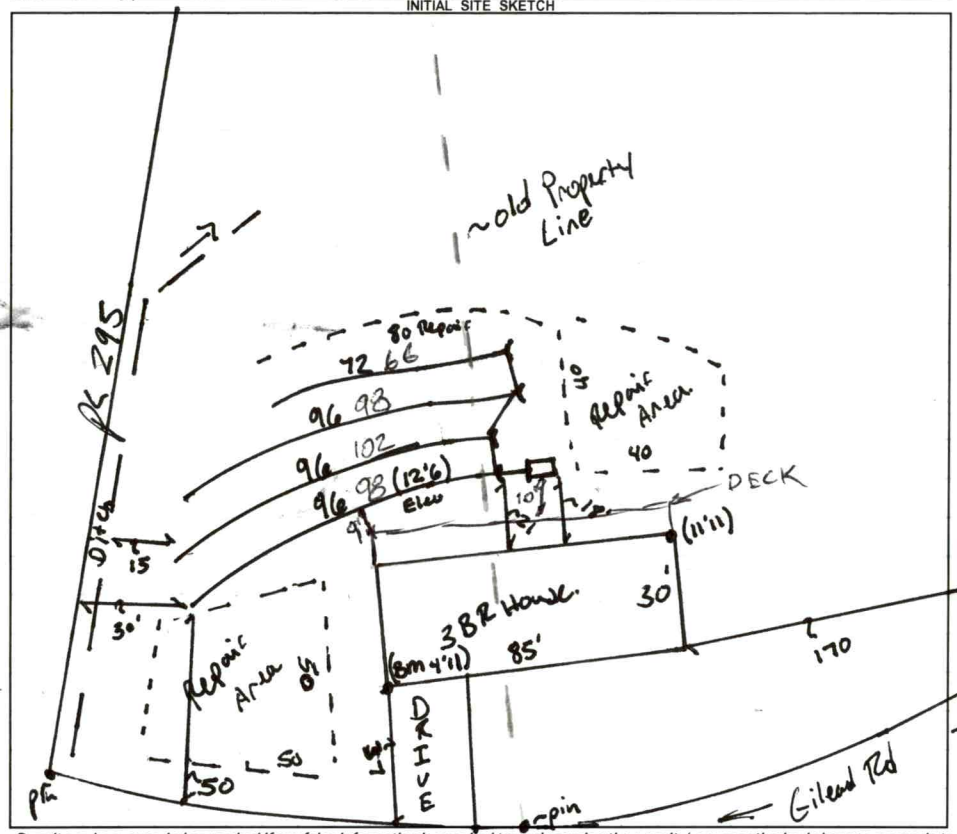
SUBDIVISION: Bethany Trace SECTION: 1 LOT # 7+8 LOT AREA: 1.172 DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank 1000 (gal)	STB 2152	Date INFILTRATOR	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons 6	☐ Private
Pump Make	Model	Serial #	Repair System Description: Deep - Pool Block - 50% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 360	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36in	Trench Bottom Depth ~~(Low side)~~ MAX 36in	Gravel Depth	☒ GRAVITY ☐ PRESSURE		☒ Basement w/ plumbing		☐ Basement w/o plumbing

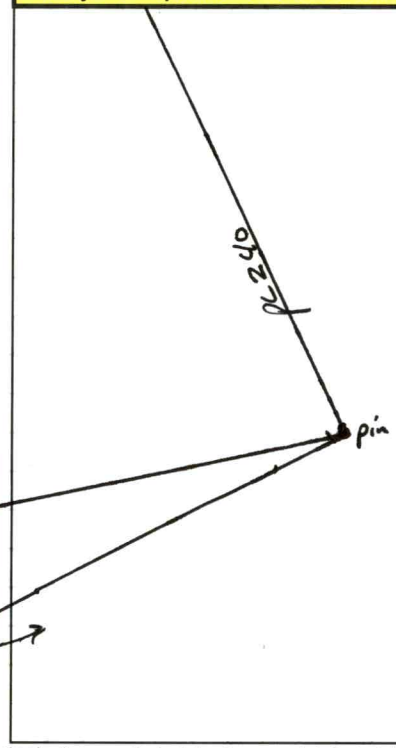
Comments / Conditions: Final Grade for basement not change more than a few inches per grade / Too much grading may result in new permit being needed. Install on the Contours of the land + utilize Serial Distribution.

Property Recorded BK 2906 PG 605-607.

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.

LINES 1, 2, & 3
48 IN TRENCH DEPTH
@ 50FT FROM TANK
@ LEFT REAR CORNER
OF HOUSE

9/25/2024
Site Graded not exceed 36in max
Soil Eval to 60 inches Suitable
BB

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: Wayne A. Church Date: 3-18-22 Installed by: AFFORDABLE SEPTIC + GREASE

IMPROVEMENT PERMIT by: Benjamin A Bass Date: 3-17-2022 OPERATION PERMIT by: Benjamin A Bass Date: 9/25/2024

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bass Date: 3-31-2022 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? _____	

4757258531.000
280
112
4757258643.000
5
113
4757253660.000
295
6
40
594
4757258783.000
130
33
305
7
113
130
8
4757258827.000
73
240
9
4757267060.000
104
100
GILEAD LN
4757360051.000
4757267158.000

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

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

OWNER: Wayne Church
ADDRESS: 121 Accombroom Rd Hampstead NC, 28634
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 165 Gilead
APPLICATION DATE 2/8.
DATE EVALUATED: 3/15/22
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE:
PROPERTY RECORDED: NO

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side FS ~~10%~~ 30%	0-10	Disturbed	–		40	many Sap inclusions w/ CL w/ Mn		PS .25
		10-40	CL/ABK	S P fr SE					
		40-57	LSAP/M						
2	side FS ~~10%~~ 30%	0-42	CL ~~ABK~~	S P FR STK		42		24R 10YR 5/4S Mn throughout	PS .25
		42-54	L SAP	MNSNP VFR					
3	side FS ~~10%~~ 30%	0-34	CL/SABK	S P fr SE	10YR 4/2 at 24 (10-24)	34		Mn throughout Profile	PS .25 Deep
		34-66	LSAP/M	ns np vfr					
4	LS 12%	0-12	Fill			36	Heavy Mica throughout Ch		PS .25
		12-26	CL/ABK	SS sp fr SE					
		26-36	Firm CL/ABK	SS sp Fi SE					
		36-62	LSAP/M						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	3600	240.
System Type(s)	III 25%	IV 50%
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Bothis / Wilson
OTHER(S) PRESENT:

COMMENTS:

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.

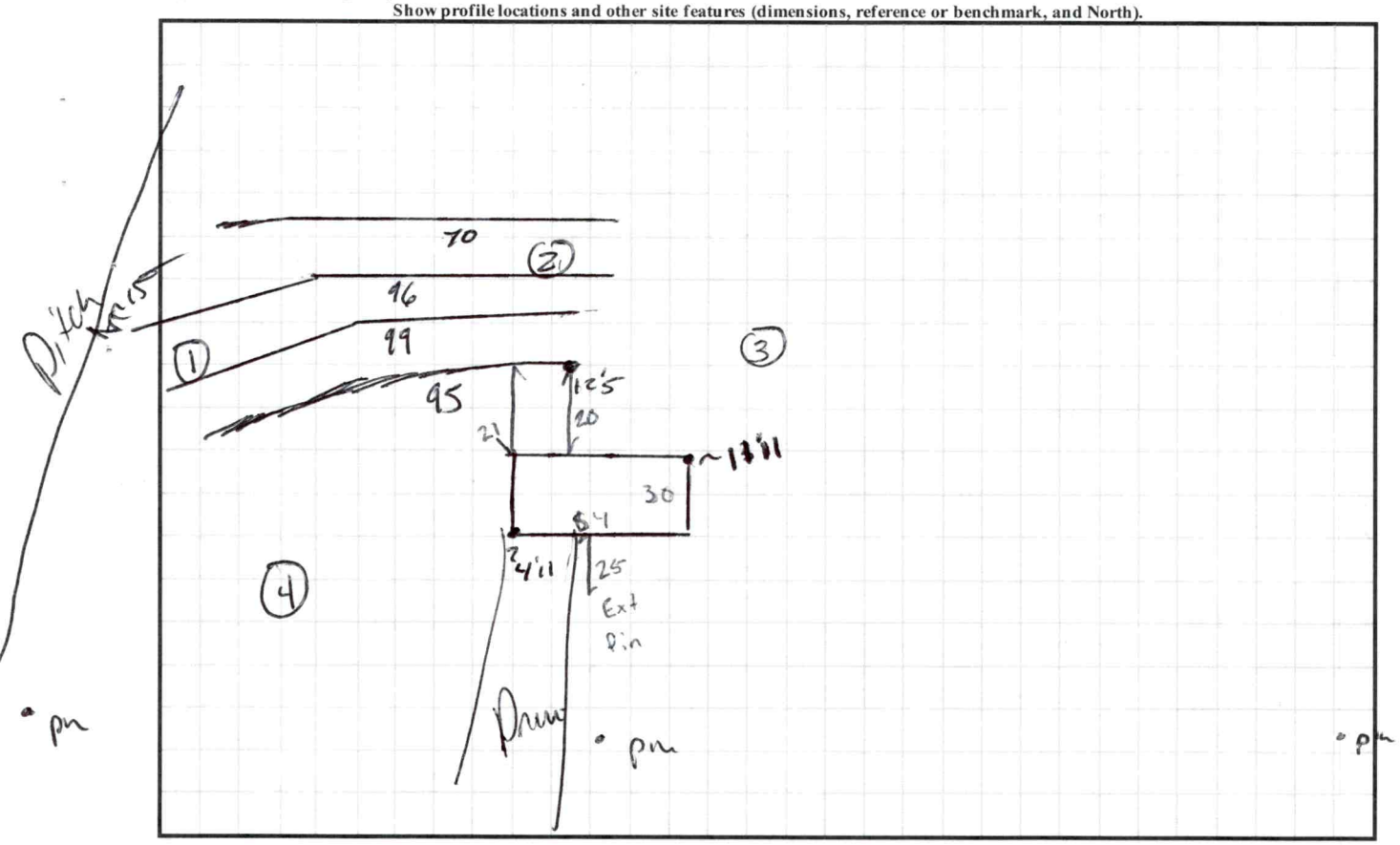
NOTES

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).



900

RECEIVED FEB 0 8 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-325393 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Wayne Church Address: 121 Arrowbrook Rd. Harmony Zip: 28634
Applicant Email: W.church1347@yahoo.com Phone: 704-682-3251 Alt. Phone: _____
Owner Name: Kayla Renee Anderson Address: 172 Gilead lane Zip: 28625
Owner Email: akayla0317@gmail.com Phone: 704-397-6374 Alt. Phone: _____

Property Information:

Street Address: 165 Gilead LANE Statesville NC. 28625
Subdivision Name: Bethany Terace Section/Phase: _____ Lot Number: 6+7
Driving Directions: 21 N to Bethany Rd. turn left then turn Right on Gilead Lane Last Lot on left

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 2
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(X) Basement without Plumbing

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

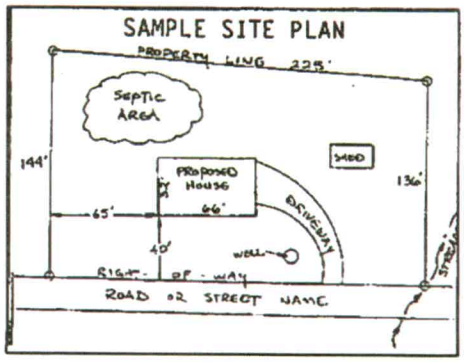
Signature: Kayla Renee Anderson 1-6-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

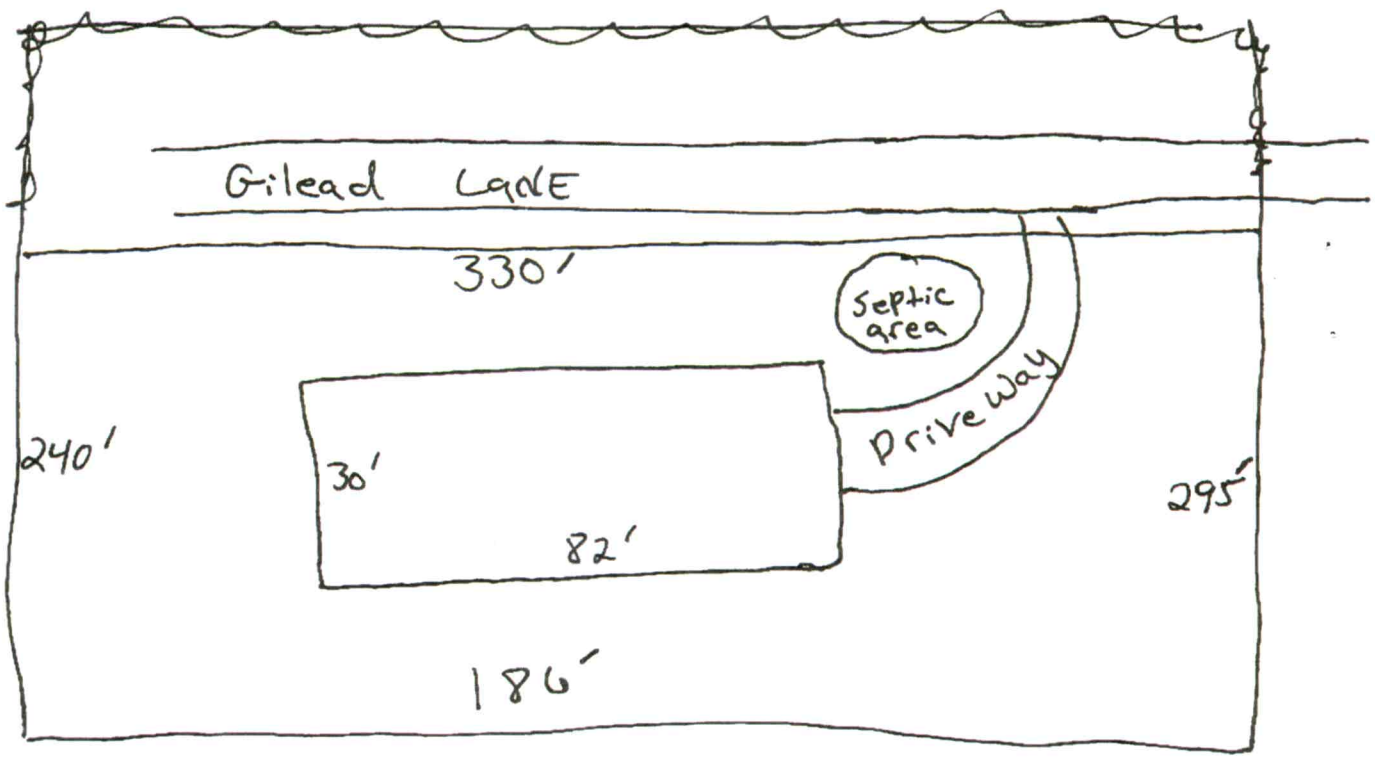
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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

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



Signature: Kayla Renee Ann
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-6-22
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, Kayla RENEE Anderson, am the legal owner(s) of the property located at Lot 6 + 7 Bethany Trace, identified as

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

I do hereby authorize (**print legal representative/company name**) Wayne A. Church,

_____, 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.

Kayla Renee Anderson
Signature of Owner(s)

1-6-22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

W.C. **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

W.C. **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

W.C. **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

W.C. **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

W.C. **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

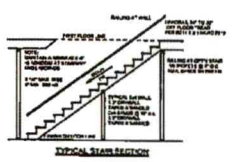
Signature Wayne A. Church **Date** 1-6-2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

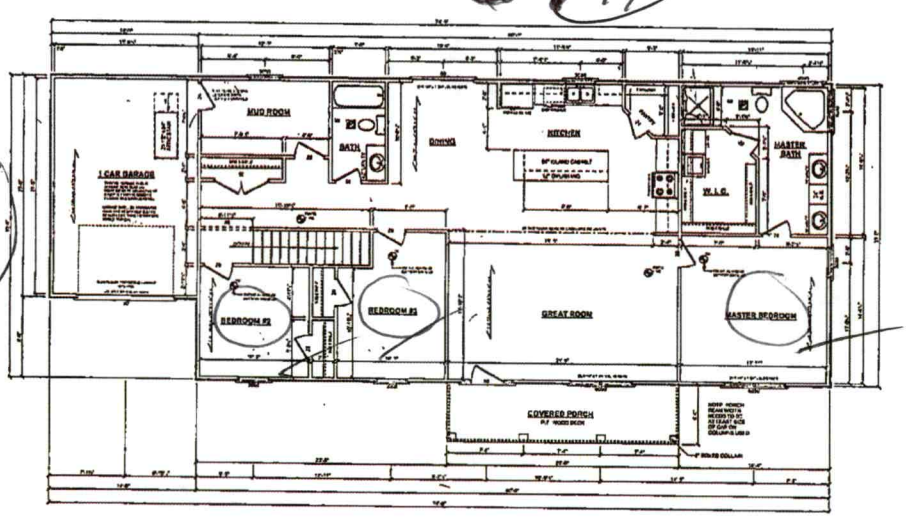
FRAMING CONSTRUCTION NOTES:





741

30'



FIRST FLOOR PLAN

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

HEADER BEARING REQUIREMENTS

PER ENGINEER'S DESIGN

2x8 THRU 2x10	1 JACK STUD
2x12	2 JACK STUDS
LVL 9" THRU 12"	2 JACK STUDS
LVL 14" THRU 16"	3 JACK STUDS
LVL 18" & GREATER	4 JACK STUDS

STUDS SHALL BE 2 X 4'S SPACED 16" O.C. DOUBLE AT OPENINGS. FRAMED SOLID AT CORNERS AND ANGLES FOR DRYWALL. AT OPENINGS, THE INNER STUD IS WILL BE CUT OUT TO RECEIVE THE HEADER OVER THE OPENING AND SHALL EXTEND IN ONE PIECE FROM HEADER TO BEARING. EXTERIOR WALLS TO BE 2x4 STUDS

MOISTURE
PROTECT EXTERIOR OF BELOW GRADE FOUNDATIONS WITH 2 COATS ASPHALT.
PERIMETER DRAINS TO BE 4" PERFORATED PVC AND PLACED BELOW SLAB, OF INTERIOR SLABS AND SLOPED TO STORM DRAINS OR OTHER APPROVED DISBURSEMENT AREAS.
PROVIDE APPROPRIATE CLEANOUTS.
ROOF AND SITE RUNOFF TO BE DISBURSED VIA SEPARATE PVC SYSTEM (VOID TO PREVENT BACKUP.
PROVIDE FLASHINGS OVER ALL EXPOSED WINDOWS AND DOORS
USE ONLY 60 MM SHEATHING PAPER FOR BUILDING WRAP AND APPLY WITH CARE ASSURING SIDING WILL LEAK.
PROVIDE DUCT @ GUTTERS AND ADEQUATE DOWNSPOUTS SIZED AND SLOPED TO PREVENT POOLING OR BACKUP.

1. BECAUSE SITE CONDITIONS MAY VARY, M & M HOME DESIGN CANNOT WARRANT THE SUITABILITY OF THESE PLANS FOR USE ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING AND SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. M & M HOME DESIGN WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.

NOTE:
M & M HOME DESIGN SHALL NOT BE RESPONSIBLE FOR THE ENGINEERING OF THESE PLANS. IT IS THE HOME OWNER'S RESPONSIBILITY THAT THE FRAMING IS IN COMPLIANCE WITH THE NORTH CAROLINA RESIDENTIAL BUILDING CODE.

SHEET A-2

M & M HOME DESIGN AND DRAWING SERVICE

28

CONTRACTOR:

CONSTRUCTION SITE:
NEW RESIDENCE @
165 GILEAD LN.
STATESVILLE, NC 28625
IREDELL COUNTY, NC

HOMEOWNER:
WAYNE CHURCH
121 ARROWBROOK ROAD
TAGUSON, NC 28634
(980) 242-1726

DRAWN BY: J. GIVENS
DATE: FEB. 16, 2022
REVISIONS:

Acknowledgement Of
Plans Submittal ONLY!

Wayne A. Church
3-25-22
Date

Date 3-31-22.

FOUNDATION NOTES:

DESIGN CRITERIA FOR THIS PROJECT:

CONCRETE NOTES:

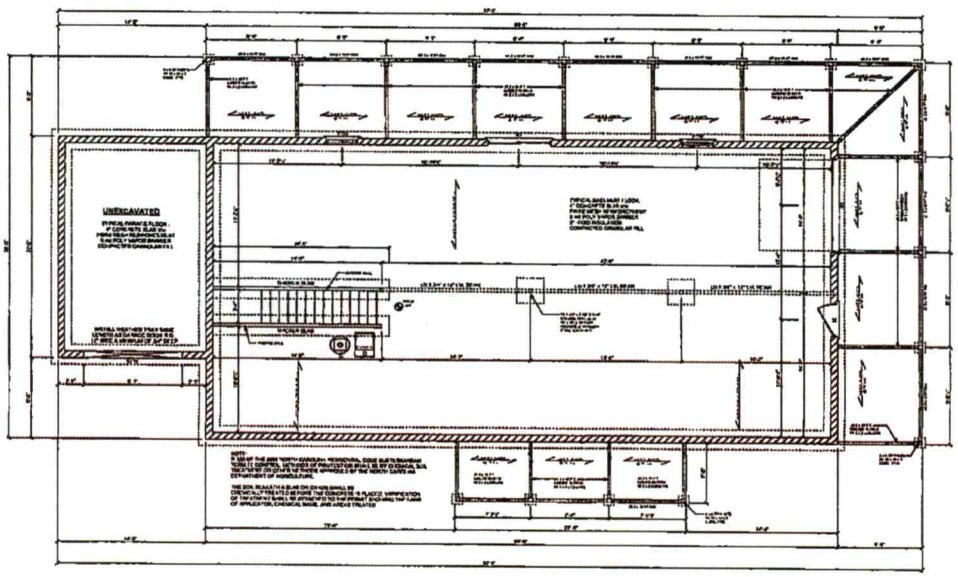
1. ALL FOUNDATION WALL AND FOOTING CONCRETE SHALL DEVELOP A MINIMUM COMPRESSIVE STRENGTH OF 3000 LB PER SQ IN AT 28 DAYS
2. ALL SLAB-ON-GRADE SLABS SHALL DEVELOP A MINIMUM COMPRESSIVE STRENGTH OF 3000 LB PER SQ IN AT 28 DAYS
3. BACKFILL SHALL NOT BE PLACED AGAINST CONCRETE WALLS UNTIL:
   a. CONCRETE HAS REACHED 28 DAY STRENGTH
   b. STRUCTURAL FLOOR FRAMING AND/OR SLAB HAVE BEEN INSTALLED TO STABILIZE WALLS AGAINST TOP AND BOTTOM MOVEMENT
4. APPLY STANDARD DAMP-PROOFING TO EXTERIOR FACES OF WALLS BELOW GRADE

RESIDENTIAL FOUNDATION NOTES

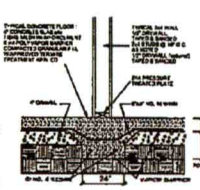
1. ALL WALL FOOTINGS AS PER PLANS AND DETAILS.
2. INTERIOR 8"x16" CMU PIERS CAPPED WITH 4" OF SOLID MASONRY ON 1 STORY STRUCTURES OR 8" ON 2 STORY STRUCTURES UP TO 12' HIGH. ALL PIERS OVER 32" HIGH MUST BE FILLED WITH TYPE "S" MORTAR. MAXIMUM HEIGHT FOR 8"x16" FILLED PIER IS 8'-0". PIERS LARGER THAN 8"x16" ARE NOTED ON THE PLANS.
3. FOOTINGS FOR ALL 8"x16" PIERS ARE 2'-0"x8" UNLESS NOTED OTHERWISE. REINFORCING IS TO BE NOTED ON THE PLANS.
4. FOOTINGS ARE BASED ON A 2000 LB/SQ BEARING CAPACITY OF 3000 PSF.
5. CONCRETE FOR FOOTING SHALL BE 2500 PSI MIN. IN 28 DAYS UNLESS NOTED OTHERWISE. ALL CONCRETE EXPOSED TO THE WEATHER, FOUNDATION WALLS, EXTERIOR SLABS, WALKS, ECT.) SHALL BE 3,000 PSI MIN. IN 28 DAYS
6. INTERIOR THICKENED SLAB FOOTINGS WHICH OCCUR IN THE BASEMENT OR "SLAB ON GRADE" SHALL BE 12" DEEP BY 24" WIDE WITH 3#'s CONTINUOUS UNLESS NOTED OTHERWISE. ALL REBAR SPLICES SHALL BE A MINIMUM OF 2'-0" UNLESS NOTED OTHERWISE.
7. ENTRY FOOTINGS ARE 8" LARGER THAN FOOTPRINTS & 12" THICK.
8. WALLS BACK FILLED WITH DIRT SUPPORTING FRAMING ABOVE.
   A. FOR EARTH FILL UP TO 4'-0" MAXIMUM HEIGHT = USE 8" CPU, 8" BRICK, OR 8" CONCRETE WITH DRYVIT OR EQUAL WATERPROOFING ON EXTERIOR. SEE FOUNDATION DETAILS FOR FOOTING SIZES.
   B. FOR EARTH FILL 4'-0" AND HIGHER UP TO A MAXIMUM OF 8'-0" - USE 8"x24" SMALL FOOTING WITH #4 DOWELS @ 24" O.C. HOOKED IN FOOTING AND PROJECTING 18" ABOVE FOOTING. FOR 12" CPU WALLS USE #4 VERTICAL BARS @ 16" O.C. LOCATED 4" FROM INSIDE DIRT FILL FACE. LAY ALL SPLICES 12" AND USE DUR-O-WALL HORIZONTAL REINFORCING EVERY 8" IN CPU JOINTS. INSTALL #4 REBAR WITH 24" LEGS IN EVERY OTHER 40 KT HORIZONTALLY AT ALL CORNERS, I.E., TO CORNER BARS @ 16" O.C. VERTICALLY. FILL ALL OPEN CELLS OF CPU WITH EITHER TYPE "S" OR 7+7 MORTAR OR FILL WITH 2,500 PSI CONCRETE. INSTALL WATERPROOF BITUTHENE MEMBRANE OR EQUAL.
9. FOR RETAINING WALLS WITHOUT FRAMING SEE SPECIAL DESIGNS ON DRAWINGS.
10. NO POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS + WEATHER BOARD OR STEEL + CAN BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORT ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION.
11. PLATES SHALL BE ANCHORED TO FOUNDATION w/ 1/2" HOT DIPPED G.I.V. BOLTS w/ 3"x3"x1/4" SAB-ERB SPACED 6'-0" MAX. O.C. AND NO MORE THAN 9" FROM THE CORNERS AND FROM THE ENDS OF EACH PLATE SPLICE. BOLTS SHALL BE EMBEDDED MIN. 9" INTO MASONRY AND 7" INTO CONCRETE.

MOISTURE
PROTECT EXTERIOR OF BELOW GRADE FOUNDATIONS WITH 2 COATS ASPHALT.
PERIMETER DRAINS TO BE 4" PERFORATED PVC AND PLACED BELOW ELEV. OF INTERIOR SLABS AND SLOPED TO STORM DRAINS OR OTHER APPROVED DISBURSEMENT AREAS.
PROVIDE APPROPRIATE CLEANOUTS.
ROOF AND SITE RUNOFF TO BE DISBURSED VIA SEPARATE PVC SYSTEM SIZED TO PREVENT BACKUP.
PROVIDE FLASHING OVER ALL EXPOSED WINDOWS AND DOORS
USE ONLY 60 MIN SLIDING PAPER FOR BUILDING WRAP AND APPLY WITH CARE ASSURING SEAMS WILL NOT LEAK
PROVIDE BUILT IN GUTTERS AND ADEQUATE DOWNSPOUTS SIZED AND SLOPED TO PREVENT POOLING OR BACKUP.

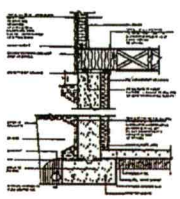
1. BECAUSE SITE CONDITIONS MAY VARY, SE & M HOME DESIGN CANNOT WARRANT THE SUITABILITY OF THESE PLANS FOR USE ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING AND SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. M & M HOME DESIGN WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.



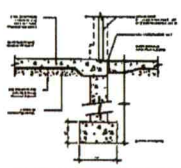
FOUNDATION PLAN
SCALE: 1/4" = 1'-0"



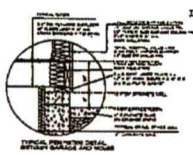
THICKENED SLAB DETAIL



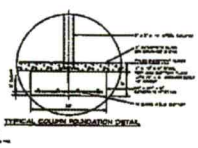
CONCRETE FOUNDATION WALL 4"STUD FINISHED



POURED CONCRETE FOOTING DETAIL



TYPICAL MASONRY DETAIL BETWEEN GARAGE AND HOME



TYPICAL COLUMN FOUNDATION DETAIL

NOTE:
M & M HOME DESIGN SHALL NOT BE RESPONSIBLE FOR THE ENGINEERING OF THESE PLANS, IT IS THE HOME OWNER'S RESPONSIBILITY THAT THE FRAMING IS IN COMPLIANCE WITH THE NORTH CAROLINA RESIDENTIAL BUILDING CODE.

SHEET A-3

SCHEME 28 BOB ADAMS PLAN
M&M HOME DESIGN

CONSTRUCTION SITE: NEW RESIDENCE @ LOT # 121 SEC 6 PHASE 3 S.D. STATESVILLE, NC 28625 IREDELL COUNTY, NC

CONTRACTOR:

HOMEOWNER: WAYNE CHURCH 123 ABERGWEDDOL ROAD HAMMONDS, NC 28624 (980) 343-1726

DESIGN BY: J. COUSINS
DATE: FEB. 15, 2022
REVISIONS:

IREDELL COUNTY · NC

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

APPLICATION NUMBER

325393
Issue Date: 02/07/2022

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4757258827.000	165 GILEAD LN	Iredell County

Owner Information	Applicant Information
Name: AKB PROPERTIES LLC	Name: WAYNE CHURCH
Address: 172 GILEAD LN	Address: 121 ARROWBROOK RD.
STATESVILLE, NC 28625	HARMONY, NC 28634
Phone:	Phone: (704)682-3251

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	N/A	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: 02/07/2022

Signature of Owner/Contractor

Permit Number	325393	TOTAL FEES:	$77.25