ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325162

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

PIN # 4757 -- 37 -- 6568

APPLICANT/OWNER: Nicholas Rupp APPLICANT ADDRESS: 2183 Wexford way, Statesville

SITE ADDRESS: 106 Wildeman Trail, Statesville 28625 PHONE: 980-789-3818 ALT. PHONE 704-458-4941

SITE DIRECTIONS: 21 N - Maple Creek - Ravencrest - Wildeman SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Highlands at Maple Creek SECTION: - LOT # 11 LOT AREA: 1.24 acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 3/16/23 ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank (gal) PT Date System Description: 25% reduction

Pump Make Model Serial # Repair System Description: 25% reduction

Nitrification Fields 1 # Lines 5 Linear Ft 400 Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36 in Trench Bottom Depth (~~Low side~~) 30" max Gravel Depth — ☒ GRAVITY ☐ PRESSURE

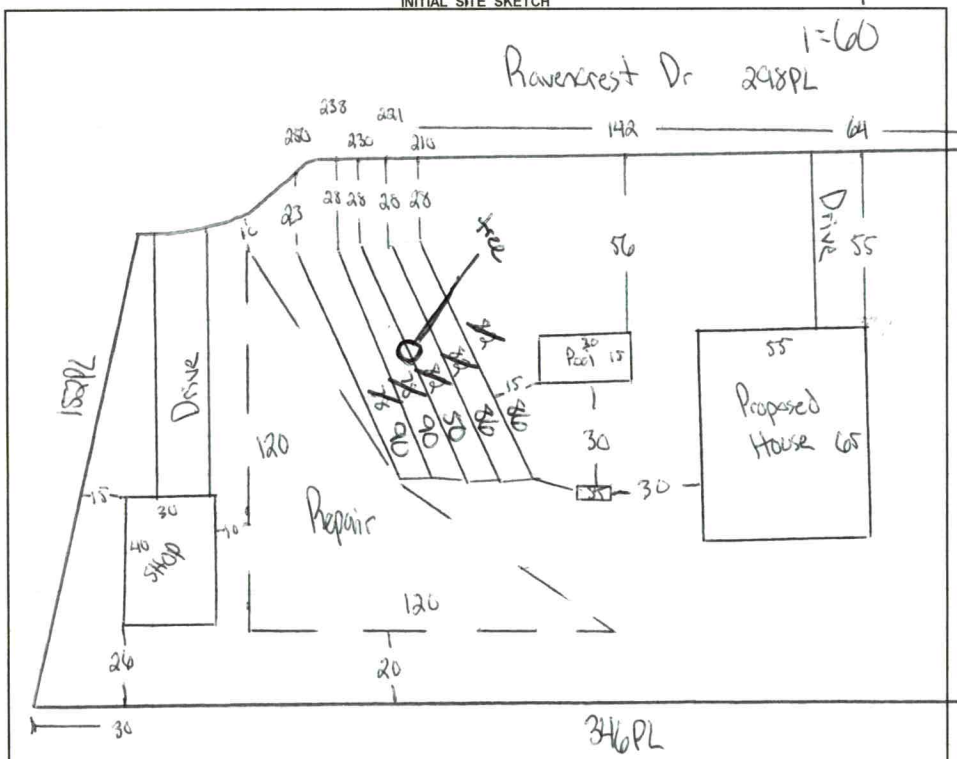
☒ Residence No. Bedrooms 4 ☐ Business No. Persons 8 ☐ Other No. Employees ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install drainlines on contour of the land. Do not grade, drive, or store materials on septic area. Utilize serial distribution. Keep water line 10' from septic.

Shop & pool must be staked at time of installation for OP

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.

Installed as Drawn

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: 2/25/22 Installed by: Jake Williams

IMPROVEMENT PERMIT by: Date: 2/23/22 OPERATION PERMIT by: Date: 4/13/23

AUTHORIZATION TO CONSTRUCT by: Date: 6/14/22 Existing System Inspected by: Date:

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

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

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

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

Sheet 1 of 1
PROPERTY ID #: 4757376568
COUNTY: Iredell

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

OWNER: Nicholas Rupple
ADDRESS: 2183 Wexford Way, Statesville
PROPOSED FACILITY: 4 bdr home PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 106 Wildemn Trail, Statesville

APPLICATION DATE 2/8/22
DATE EVALUATED: 2/18/22
PROPERTY SIZE: 1.24
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	Linear 8%	0 - 7	SCL SBK	SS SP FR SE	–	48	SAP inc in CL layer		.3 PS
		7 - 30	C SBK	SS SP FR SE					
		30 - 48	CL SBK	SS SP FR SE					
2	Linear 10%	0 - 6	SCL SBK	SS SP FR SE	–	55	SAP inc in CL layer		.3 PS
		6 - 32	C SBK	SS SP FR SE					
		32 - 55	CL SBK	SS SP FR SE					
3	Linear 9%	0 - 12	SCL SBK	SS SP FR SE	–	50	SAP inc in CL layer		.3 PS
		12 - 38	C SBK	SS SP FR SE					
		38 - 50	CL SBK	SS SP FR SE					
4	Linear 9%	0 - 9	SCL SBK	SS SP FR SE	–	51	–	–	.3 PS
		9 - 30	C SBK	SS SP FR SE					
		30 - 51	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	.3	.3

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

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

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

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

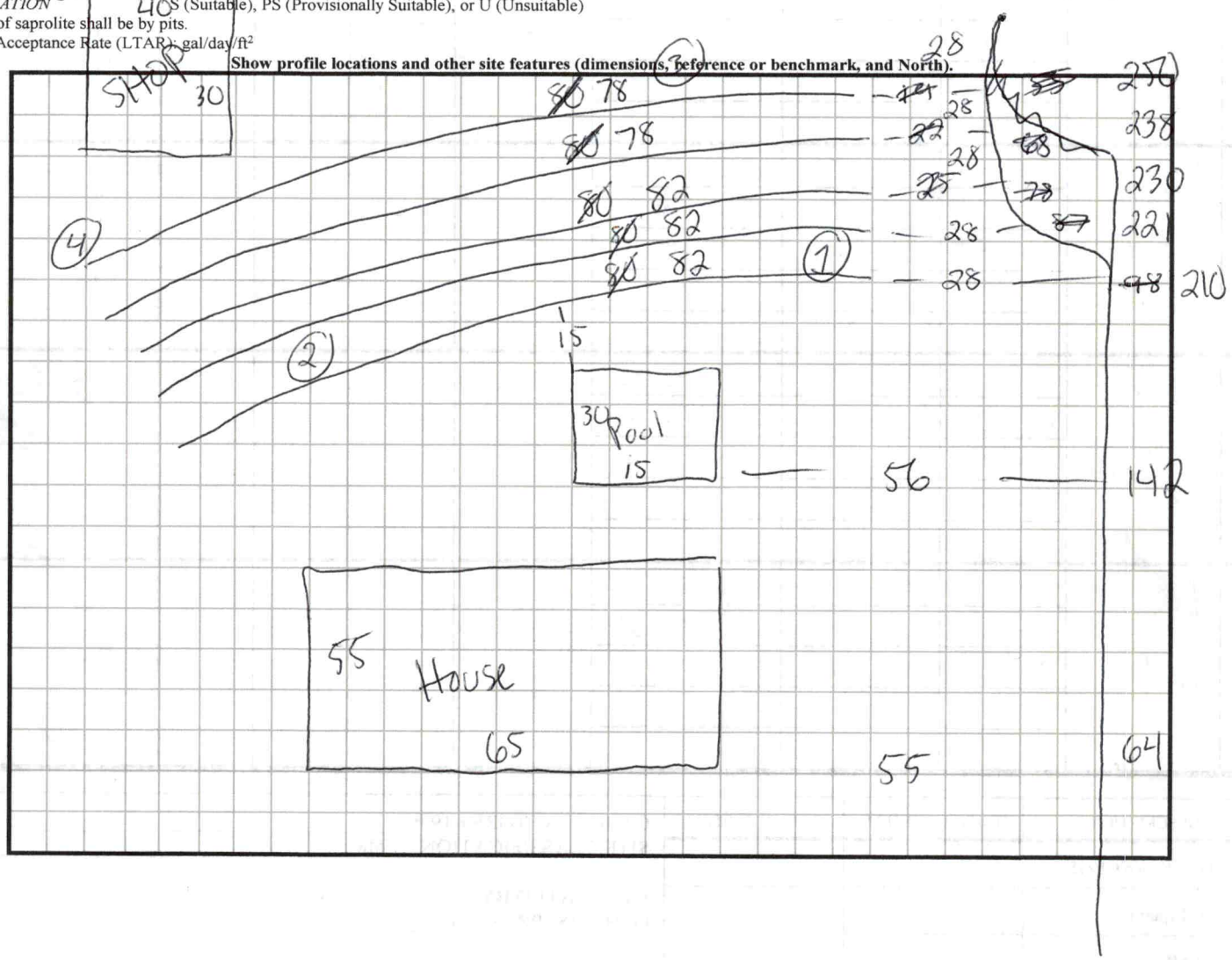
NOTES

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/ft²

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



RECEIVED FEB C 8 2022

CW

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-325162 $500.00

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: NICHOLAS RUPPE Address: 2183 WEXFORD WAY STATESVILLE NC Zip: 28625
Applicant Email: NICK.RUPPE1125@GMAIL.COM Phone: 980-759-3818 Alt. Phone: 704-458-4941
Owner Name: NICHOLAS RUPPE Address: 2183 WEXFORD WAY STATESVILLE Zip: 28625
Owner Email: NICK.RUPPE1125@GMAIL.COM Phone: 980-759-3818 Alt. Phone: 704-458-4941

Property Information:

Street Address: 106 WILDEMAN TRAIL STATESVILLE NC 28625
Subdivision Name: ~~[illegible]~~ THE HIGHLANDS AT MAPLE CREEK Section/Phase: _____ Lot Number: 11
Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
(X) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

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.

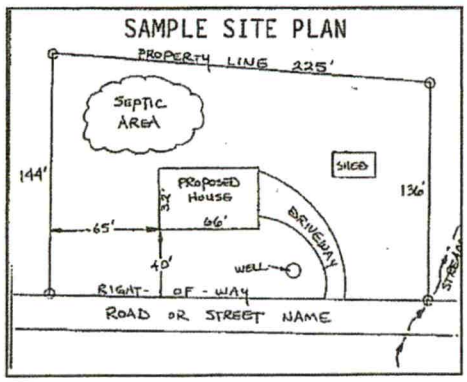
Signature: _____ 1-31-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

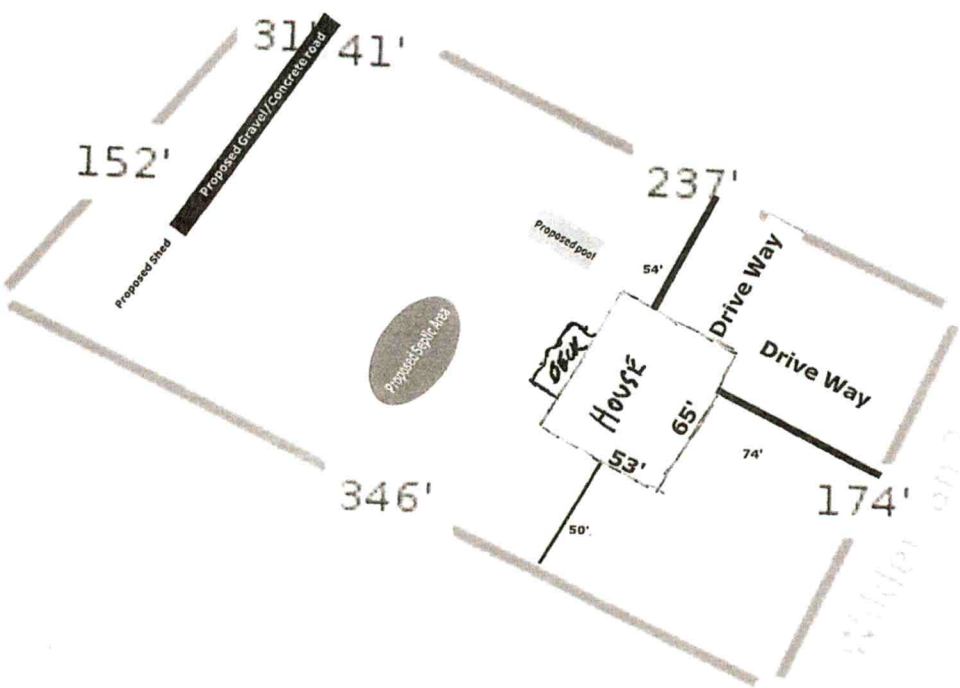
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

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

1-31-2022

DATE

dotloop signature verification

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, **Dorothy T. Coy**, am the legal owner(s) of the property located at **106 Wildeman Trail, Statesville NC**, identified as PIN (Parcel Identification Number) **4757376568**, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** **Nicholas Aaron Ruppe, Buyer**, 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.

Dorothy T Coy

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

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 ****

____ **Complete all Environmental Health forms**:

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

NL **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.**

NL **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**.

NL **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.

NL **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 _____ **Date** 1-31-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st 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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
325162 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4757376568.000	106 WILDEMAN TRL	Iredell County

Owner Information	Applicant Information
Name: COY DOROTHY T	Name: NICHOLAS RUPPE
Address:	Address:
Phone:	Phone: (980)759-3818

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.24	35	35	15	25		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: 02/01/2022

Signature of Owner/Contractor

Permit Number	325162	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed) X Swimming pool X

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 2

If an addition, please describe project: NEW CONSTUCTION

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): SHED - 1200 sq FT

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name NICHOLAS RUPPE Phone # 980-759-3818

Owner's Current Address 2183 WEXFORD WAY STATESVILLE NC 28625

Property Information

Property Address 106 WILDEMAN TRAIL STATESVILLE 28625 Parcel # _____

Subdivision: THE HIGHLANDS AT MAPLE CREEK Lot: 11 Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township:___

Directions to property (from a MAIN ROAD) TURN ON MAPLE CREEK DR, TURN LEFT ON RAVENCREST DR. THEN TURN LEFT ON WILDEMAN TRAIL FIRST LOT ON LEFT

Application Information

Applicant's Name or Company NICHOLAS RUPPE Applicant's Phone # 980-759-3818

Applicant's Address 2185 WEXFORD WAY STATESVILLE NC 28625

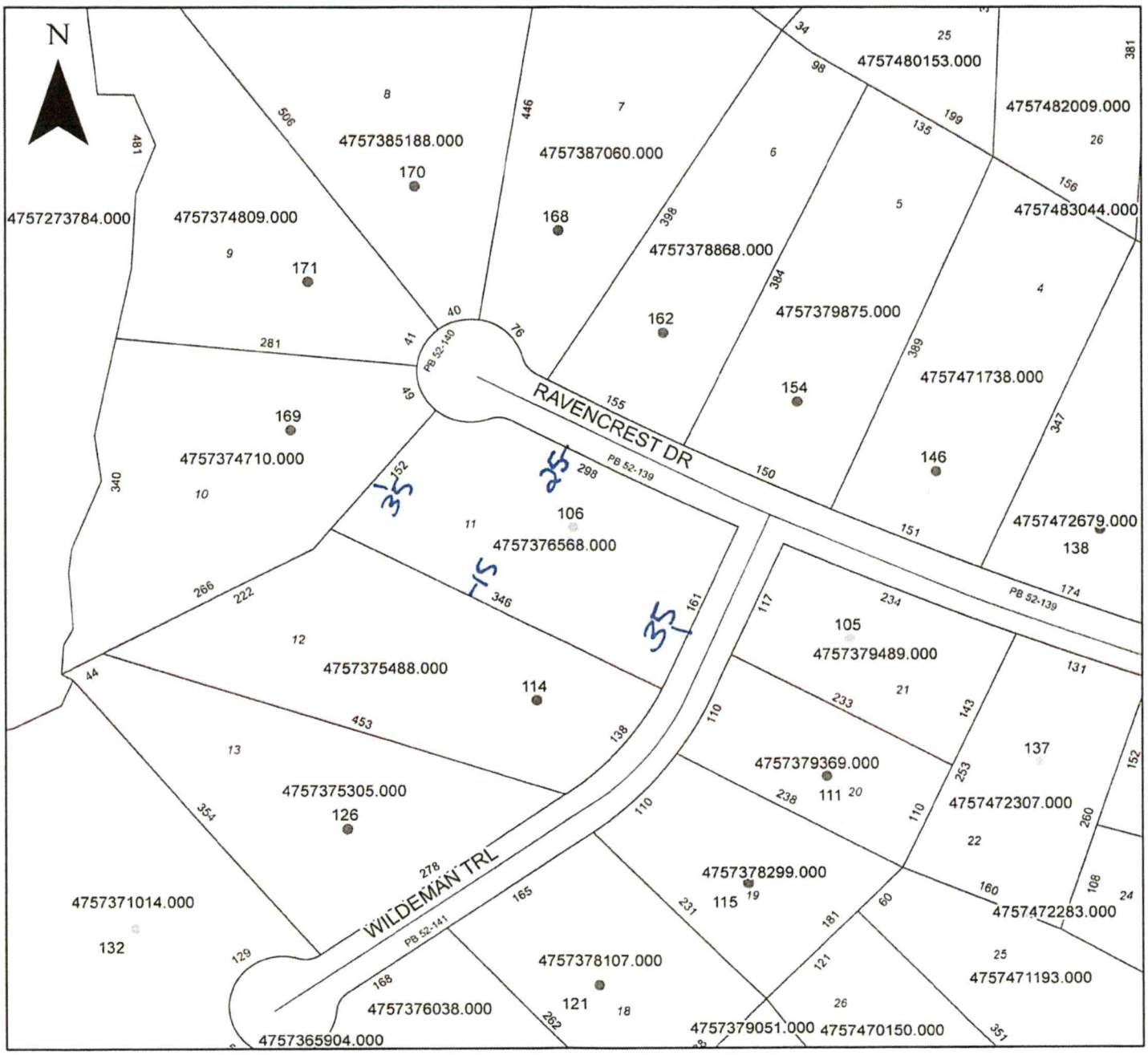
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 1-31-22

RA
1.24
NO

ZONING DISCLAIMER



Property Address 106 Wildeman Trl

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.

Applicant

2-1-22

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R14603

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-325162 Address: 106 WILDEMAN TRL	**APN: 4757376568.000**		**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R14603			**$577.25**

Date Paid: Tuesday, February 01, 2022

Paid By: NICHOLAS RUPPE

Cashier: BJK

Pay Method: CREDIT CARD 05891c

CONNECTGIS WEB HOSTING

North Carolina
Iredell County

Iredell
Printed February 23, 2022
See Below for Disclaimer



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

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*

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: Nicholas Ruppe **Address:** 106 Wildman Trail Statesville **Zip:** 28625

Applicant Email: Nick.Ruppe1125@gmail.com **Phone:** 980-759-3818 **Alt. Phone:** _____

Owner Name: Same **Address:** Same **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 106 Wildman Trail Statesville, NC 28625

Subdivision Name: Highlands @ Maple Ct **Section/Phase:** _____ **Lot Number:** 11

Driving Directions: 21 N - Maple Creek - Raven Crest - Wildman

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

****

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?
(X) 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.

Signature: _____ 6-14-22

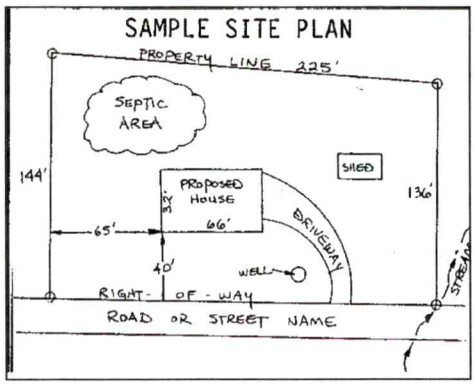
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See Septic Permit

Signature: _____

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

6-14-22

DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325162

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

PIN # 4757 -- 37 -- 6565

APPLICANT/OWNER: Nicholas Rupp APPLICANT ADDRESS: 2183 Wexford way Statesville

SITE ADDRESS: 106 Wilderness Trail Statesville 28625 PHONE: 980-759-3518 ALT. PHONE 704-458-4941

SITE DIRECTIONS: 21 N - Maple Creek - Ravencrest - Wilderness

SAP CONTROLLED: ☐ YES ☒ NO

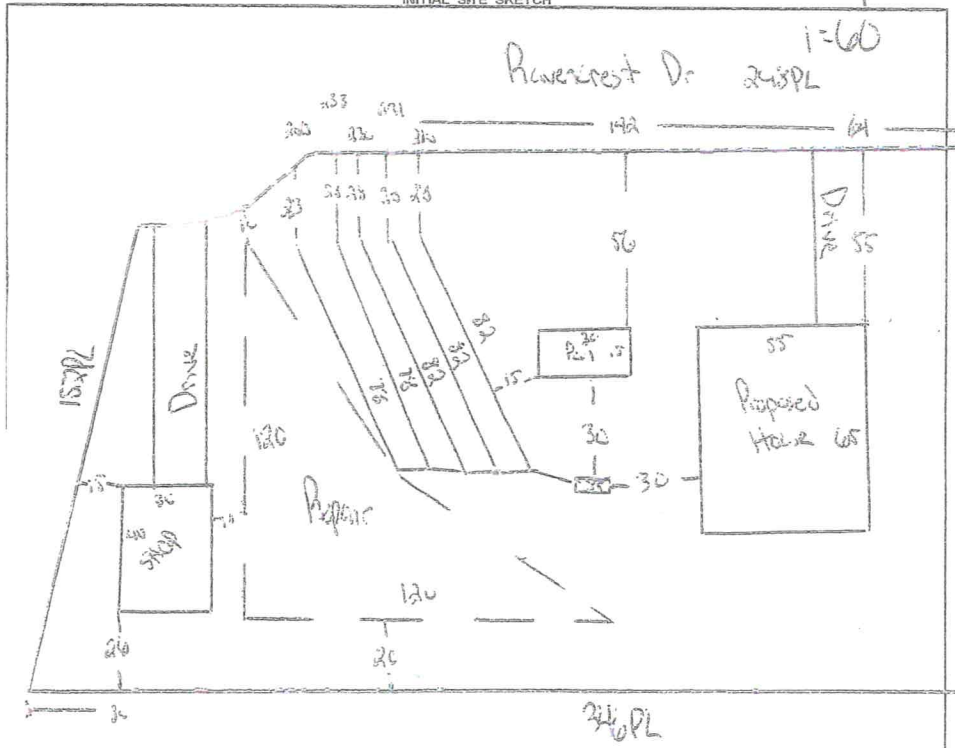
SUBDIVISION: The Highlands at Maple Creek SECTION: - LOT # 11 LOT AREA: 1.24 acres DESIGN FLOW: 450 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #		Repair System Description:	25% reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	400 Ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36 in	Trench Bottom Depth(~~Low side~~)	36" max	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install downlines on contour of the land. Do not cover, drive, or store materials on septic area. Unless level distribution keep water line 10' from septic.

Shop & pool must be staked at time of installation for OP

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.

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

COPY

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: _____ Installed by: _____

IMPROVEMENT PERMIT by: Cory Whit Date: 2/23/22 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Nicholas Ruppe, am the legal owner(s) of the property located at 106 Wildman Trail Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4757-37-6568, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Holloway Family Homes NC LLC, Tommy Albrecht, Ronald Baker 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.

N— R—
Signature of Owner(s)

6-14-22
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 ***

✓ **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

✓ **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.**

✓ **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**.

✓ **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.

✓ **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 _____ **Date** 6-14-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st 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

ABBREVIATIONS

℄	centerline		
		MANF	manufacture
AFF	above finished floor	MAS	masonry
A/C	air conditioning	MO	masonry opening
APPROX	approximate	MAT	material (s)
ARCH	architect (ural)	MAX	maximum
ASPH	asphalt	MBR	member
BSMT	basement	MIN	minimum
BRG	bearing	MISC	miscellaneous
BFF	below finished floor	NOM	nominal
BLKG	blocking	NIC	not in contract
BOTT	bottom	NTS	not to scale
BLDG	building	NO	number
CAB	cabinet	OC	on center (s)
CSMT	casement	OPNG	opening
CO	cased opening	OH	overhead
CLG	ceiling	PVMT	pavement
CNT	center	PED	pedestal
CLR	clear (ance)	PLY	plywood
CL	closet	PLF	pounds per lineal foot
COL	column	PSF	pounds per square foot
CONC	concrete	PSI	pounds per square inch
CMU	concrete masonry unit	RO	rough opening
CONT	continuous	R	riser
CONTR	contractor	RM	room
DTL	detail	RAD	radius
DIA	diameter	REF	refrigerator
DIM	dimension	REBAR	reinforcing bar
DR	door	REQ'D	required
DH	double hung	R/A	return air
DWG	drawing	REV	revision (s), revised
EA	each	SCHED	schedule
ELEC	electric (al)	SHLF	shelf, shelving
ELEV	elevation	SIM	similar
EQ	equal	SPEC	specification (s)
EQUIP	equipment	STD	standard
EXT	exterior	STRUC	structural
FC	flooring change	THK	thick (ness)
FOC	face of concrete	T & G	tongue and groove
FOM	face of masonry	T & B	top and bottom
FOS	face of stud	TO	top of
FIN	finish (ed)	TOF	top of footing
FFE	finished floor elevation	TOW	top of wall
FLR	floor (ing)	TYP	typical
FTG	footing	UNFIN	unfinished
FND	foundation	UNO	unless noted otherwise
GA	gage, gauge	VERT	vertical
GYP	gypsum	WIC	walk in closet
HDR	header	W/H	water heater
HVAC	heat/ventilation/air cond.	WP	waterproofing
HGT	height	WWF	welded wire fabric
HORZ	horizontal	W/	with
HB	hose bibb	W/O	without
HR	hour	WD	wood
INCL	include		
JNT	joint		
LAM	laminate (d)		
LAV	lavatory		
LTL	lintel		

GENERAL NOTES

1 - These plans should be studied and used in their entirety as information vital to each stage of construction. Information may appear on more than one sheet.
2 - All dimensions should be read or calculated but never scaled.
3 - All wall studs are to be assumed 3 1/2" if not noted otherwise. No wall finishes are considered.
4 - Verify all conditions and dimensions at site before beginning construction.
5 - Windows and Doors
(a) Windows shown as required egress windows shall met local building codes.
(b) All glazing in ALL doors and shower enclosures shall be tempered unless otherwise permitted by code.
(c) Unless noted otherwise, transom heights are nominal and shall be sized to mull directly to window below.
6 - Garage separation:
(a) Garage ceiling & wall between house and garage shall be 1/2" gyp. board minimum.
(b) Doors from house to garage shall 20-min. fire-rated.

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS _____ DATE _____

CLIENT INITIALS _____ DATE _____

A New Residence For

Mr. & Mrs. Ruppe

106 Wildeman Trail
Statesville, North Carolina

Holloway Family HOMES

Holloway Family HOMES
STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE
106 Wildeman Trail ◆ Statesville, NC

COVER SHEET

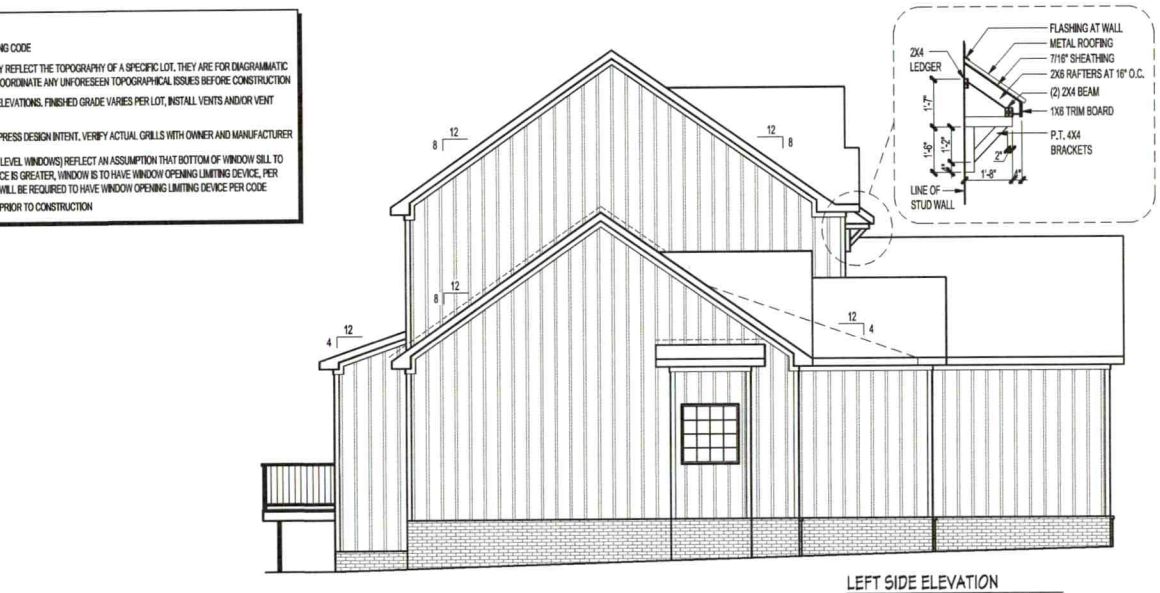
REVISIONS

DESIGN NO: 10-22-110
SCALE: No Scale
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

A0.1

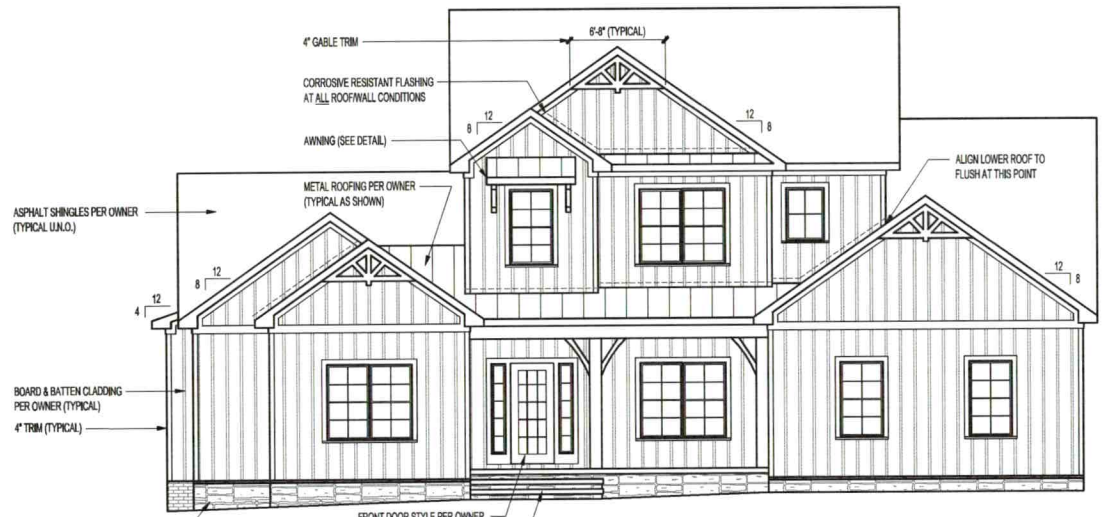
ELEVATION NOTES

1. ATTIC VENTILATION NOT SHOWN, INSTALL PER BUILDING CODE
2. GRADE SHOWN ON ELEVATIONS DO NOT NECESSARILY REFLECT THE TOPOGRAPHY OF A SPECIFIC LOT, THEY ARE FOR DIAGRAMMATIC PURPOSES ONLY AND MAY VARY. CONTRACTOR TO COORDINATE ANY UNFORESEEN TOPOGRAPHICAL ISSUES BEFORE CONSTRUCTION
3. FOUNDATION VENTS & ACCESS ARE NOT SHOWN ON ELEVATIONS. FINISHED GRADE VARIES PER LOT, INSTALL VENTS AND/OR VENT WELLS PER FINISHED GRADE
4. WINDOW GRILLS SHOWN ARE TO SCHEMATICALLY EXPRESS DESIGN INTENT, VERIFY ACTUAL GRILLS WITH OWNER AND MANUFACTURER
5. TYPICAL WINDOW HEAD HEIGHT SHOWN (FOR GRADE LEVEL WINDOWS) REFLECT AN ASSUMPTION THAT BOTTOM OF WINDOW SILL TO FINISHED GRADE IS LESS THAN 72". IF GRADE DISTANCE IS GREATER, WINDOW IS TO HAVE WINDOW OPENING LIMITING DEVICE, PER CODE. ALL UPPER LEVEL WINDOWS (IF APPLICABLE) WILL BE REQUIRED TO HAVE WINDOW OPENING LIMITING DEVICE PER CODE
6. ALL FINISH MATERIALS TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION



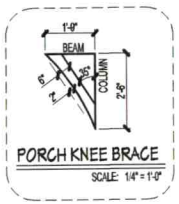
LEFT SIDE ELEVATION

SCALE: 1/8" = 1'-0"



FRONT ELEVATION

SCALE: 1/8" = 1'-0"



PORCH KNEE BRACE

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

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS	DATE
CLIENT INITIALS	DATE

Holloway Family HOMES

STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE

106 Wildeman Trail, Statesville, NC

EXTERIOR ELEVATIONS

REVISIONS

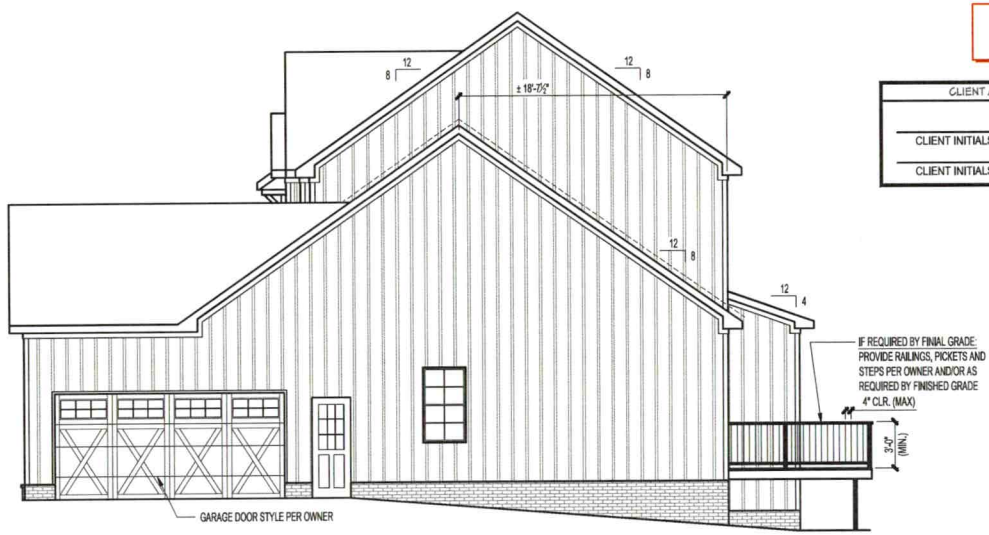
DESIGN NO: 10-22-110
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

A1.0

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS	DATE
CLIENT INITIALS	DATE



RIGHT SIDE ELEVATION

SCALE: 1/8" = 1'-0"



REAR ELEVATION

SCALE: 1/8" = 1'-0"

Holloway Family HOMES

STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE

106 Wilderman Trail — Statesville, NC

EXTERIOR ELEVATIONS

REVISIONS

DESIGN NO: 10-22-110
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

A2.0

Holloway Family HOMES
STATESVILLE OFFICE
704-804-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC
THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES
RUPPE RESIDENCE
106 Wildeman Trail ◆ Statesville, NC
FIRST FLOOR PLAN
REVISIONS
DESIGN NO: 10-22-110
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22
A3.0
ISSUED FOR CONSTRUCTION
CLIENT APPROVAL
CLIENT INITIALS DATE
CLIENT INITIALS DATE
Acknowledgement Of
Plans Submittal ONLY!
Date 6-24-22
Date 6/14/22
DECK
KITCHEN
LIVING ROOM
DINING ROOM
FOYER
FRONT PORCH
POWDER
UTILITY
2 CAR GARAGE
MASTER BEDROOM
MASTER WALK-IN CL.
MSTR BATH
STUDY
SQUARE FOOTAGES
FIRST FLOOR 1955 SQ.FT.
SECOND FLOOR 712 SQ.FT.
TOTAL LIVING 2667 SQ.FT.
GARAGE 527 SQ.FT.
FRONT PORCH 95 SQ.FT.
TOTAL NON-LIVING 622 SQ.FT.
TOTAL UNDER ROOF 3289 SQ.FT.
FLOOR PLAN NOTES
1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF OUTSIDE FACE OF WALL STUD, CONCRETE WALL OR C.M.U. WALL. NO WALL FINISHES, SIDINGS OR VENEERS ARE ASSUMED
3. ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
5. VERIFY ALL FINISHES TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
7. LOCATE HVAC UNITS AND WATER HEATER AT SITE IF NOT SHOWN ON PLANS
8. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X4 at 16" O.C., TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 at 16" O.C., TYP. UNLESS NOTED OTHERWISE
12. SINGLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.
DOOR NOTE
DOOR HEIGHT FEET AND INCHES (6'-8")
DOOR WIDTH FEET AND INCHES (2'-6")
26
68
1. PROVIDE WEATHER STRIPPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

Date 6/14/22

Date 6-14-22

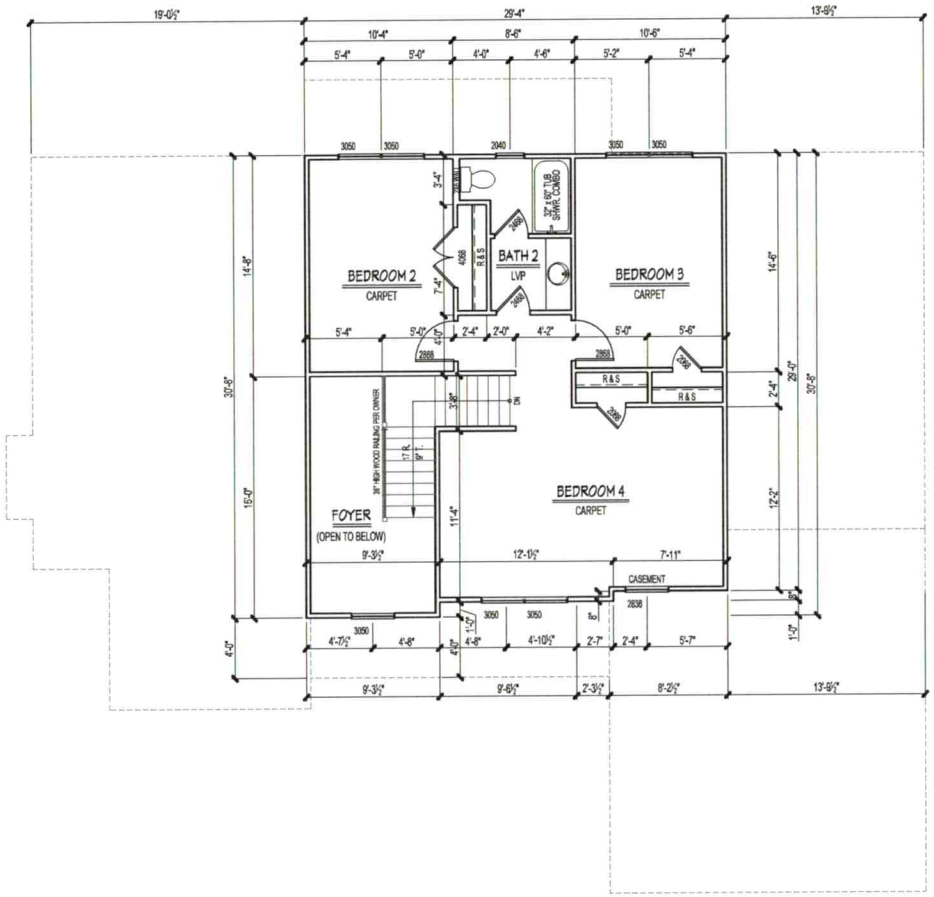
Acknowledgement Of
Plans Submittal ONLY!

ISSUED FOR CONSTRUCTION

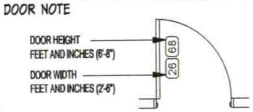
CLIENT APPROVAL

CLIENT INITIALS DATE

CLIENT INITIALS DATE



DOOR NOTE



1. PROVIDE WEATHER STRIPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

Holloway Family HOMES
STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE
106 Wilderman Trail ◆ Statesville, NC

SECOND FLOOR PLAN

REVISIONS

DESIGN NO: 10-22-110
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

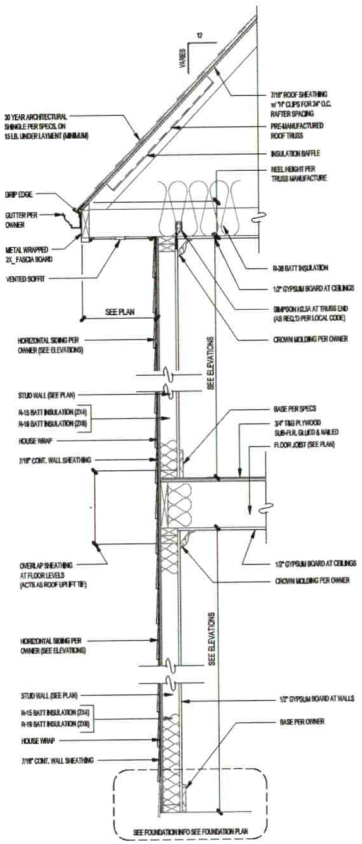
A4.0

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS DATE

CLIENT INITIALS DATE



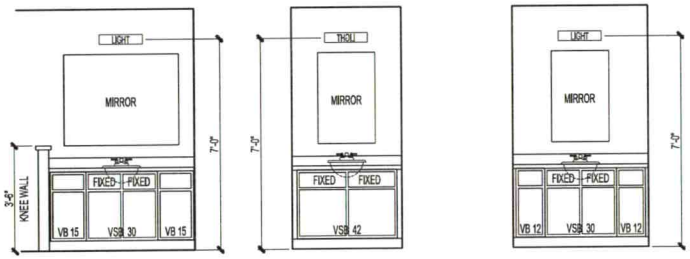
100 TYPICAL WALL SECTION

SCALE: 1/2"=1'-0"



KITCHEN

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



MASTER BATH

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

BATH 2

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

Holloway Family HOMES

STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE

106 Wilderman Trail ◆ Statesville, NC

SECTIONS AND DETAILS

REVISIONS

DESIGN NO: 10-22-110
SCALE: As Noted
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

A5.0

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS	DATE
CLIENT INITIALS	DATE

TYPICAL BRACED PANELS DESIGNATED BY

xx" B.W.P.

TYPICAL UNLESS SHOWN OTHERWISE
ATTACH O.S.B. AND GYPSUM BRD. PER BUILDING CODE UNLESS NOTED OTHERWISE. SHEATHING ATTACHED WITH 6d COMMON OR 8d (2.5"long X 0.113" dia) AT 6" O.C. EDGES & 12" FIELD O.C.
ALL SHEATHING JOINTS MUST BE BLOCKED WITHIN THE BRACED PANELS
SEE N.C.R.B.C. (R602.10) FOR ADDITIONAL INFORMATION AND DETAILS THAT ARE NOT SPECIFIED IN THIS PLAN SET

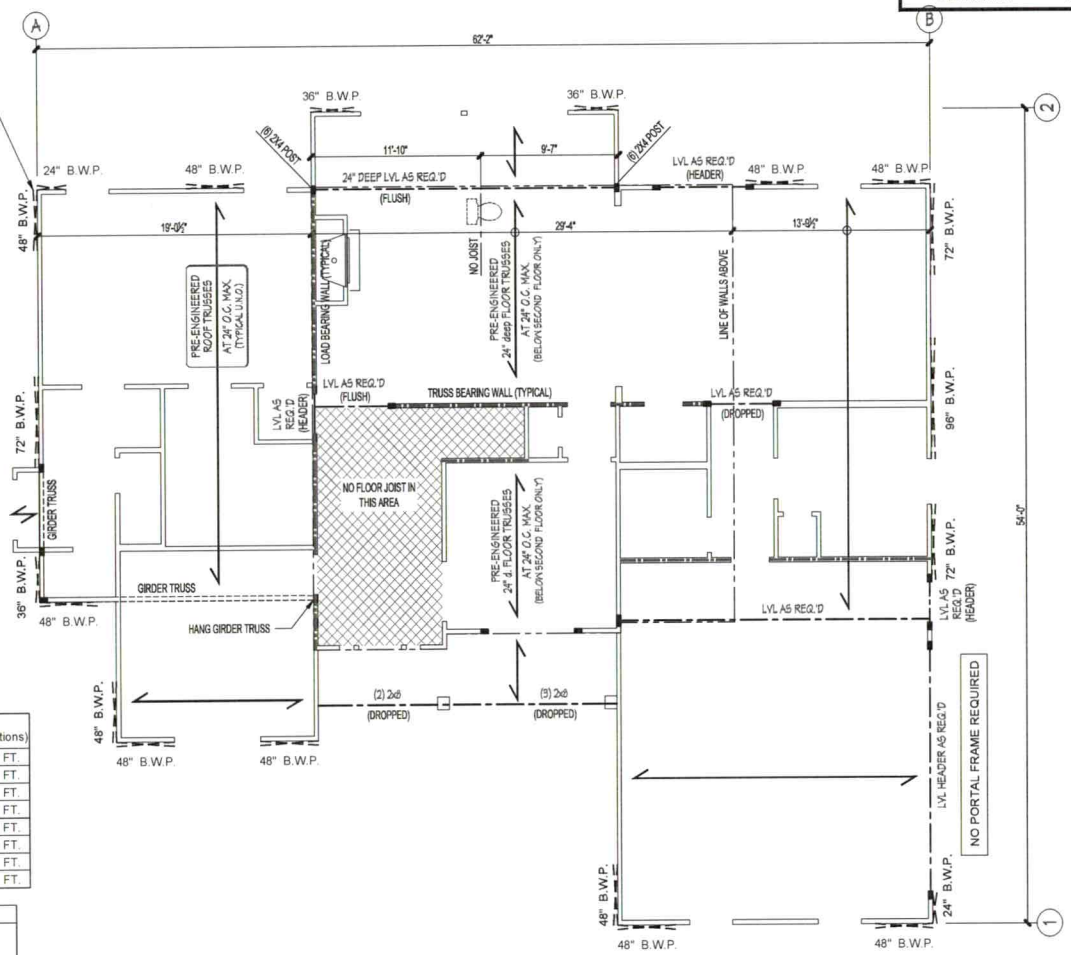
FRAMING PLAN NOTES

1. SEE GENERAL NOTES STRUCTURAL FOR INFORMATION NOT SHOWN ON THIS PLAN
2. (2) 2X10's ARE TO BE EXTERIOR DOOR / WINDOW HEADERS AND INTERIOR DOOR HEADERS IN LOAD BEARING WALL. (TYPICAL UNLESS NOTED OTHERWISE)
3. DOUBLE FLOOR JOIST UNDER INTERIOR WALLS ARE NOT SHOWN FOR CLARITY
4. ■ INDICATES CONCENTRATED LOAD FROM ABOVE. PROVIDE SOLID BLOCKING (JOIST OR STUDS) AT ALL LOCATIONS FOR LOAD TRANSFER
5. ALL LOAD BEARING HEADERS & BEAMS TO HAVE A MIN. SUPPORT OF: (1) KINGS STUD AND (1) JACK STUD UNLESS NOTED OTHERWISE (PER CODE) (VERIFY LVL SUPPORT STUDS PER MANUF. DRAWINGS, TYPICAL)

TRUSS LOADING NOTES

FRAMING PLAN IS SCHEMATIC ONLY. ACTUAL TRUSS DESIGN, LAYOUT AND LOCATIONS SHALL BE DETERMINED BY TRUSS MANUFACTURER.
ANY HEADER BEARING POINT LOAD FROM GIRDER TRUSS SHALL BE VERIFIED BY TRUSS MANUFACTURER.
SUBMIT DRAWINGS TO CONTRACTOR FOR APPROVAL PRIOR TO CONSTRUCTION.

EXTERIOR WALLS ARE ASSUMED TO CARRY ALL ROOF AND CEILING LOADING FROM ROOF TRUSSES. NO INTERIOR WALLS, PORCH BEAMS AND FOUNDATIONS BELOW ARE SIZE APPROPRIATELY FOR LOADING FROM ROOF TRUSSES.
IF INTERIOR LOADING IS REQUIRED PLEASE NOTIFY CONTRACTOR FOR APPROVAL PRIOR TO CONSTRUCTION.



BRACED WALL PANEL CALCULATION

Wind Speed	115 MPH
Typical Method	CS-WSP
Eave To Ridge	8.5 feet
Story Level Sptg.	Roof + 1 (1) & Roof Only (2)
Seismic Category	N/A

Wall Height	9 feet
Exposure Category	B

Note: See local building code for sheathing attachment requirements

Required Length Of Bracing (With Code Wall Height Reductions)		
BRACED LINE "A"	20.2	FT.
BRACED LINE "B"	20.2	FT.
BRACED LINE "C"	6.3	FT.
BRACED LINE "D"	6.3	FT.
BRACED LINE "1"	17.25	FT.
BRACED LINE "2"	17.25	FT.
BRACED LINE "3"	6.3	FT.
BRACED LINE "4"	6.3	FT.

Provided Length Of Bracing (With Code Wall Height Reductions)		
BRACED LINE "A"	21	FT.
BRACED LINE "B"	22	FT.
BRACED LINE "C"	12	FT.
BRACED LINE "D"	12	FT.
BRACED LINE "1"	20	FT.
BRACED LINE "2"	20	FT.
BRACED LINE "3"	10	FT.
BRACED LINE "4"	8	FT.

RESIDENTIAL LATERAL SYSTEM LEGEND	
Abbreviation	Method
WSP	Wood Structural Panel
CS-WSP	Continuously Sheathed Wood Structural Panel
CS-PF	Continuously Sheathed Portal Frame
DS-GB	Double Sided Gypsum Board
PFG	Portal Frame Garage

Holloway Family HOMES
STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE

106 Wilderman Trail, Statesville, NC

CEILING FRAMING PLAN

REVISIONS

DESIGN NO: 10-22-110
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

FR1.0

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS ____ DATE ____

CLIENT INITIALS ____ DATE ____

TYPICAL BRACED PANELS DESIGNATED BY

xx" B.W.P.

TYPICAL UNLESS SHOWN OTHERWISE
ATTACH O.S.B. AND GYPSUM BRD. PER BUILDING CODE UNLESS NOTED OTHERWISE. SHEATHING ATTACHED WITH 6d COMMON OR 8d (2.5"long X 0.113" dia) AT 6" O.C. EDGES & 12" FIELD O.C.
ALL SHEATHING JOINTS MUST BE BLOCKED WITHIN THE BRACED PANELS
SEE N.C.R.B.C. (R602.10) FOR ADDITIONAL INFORMATION AND DETAILS THAT ARE NOT SPECIFIED IN THIS PLAN SET

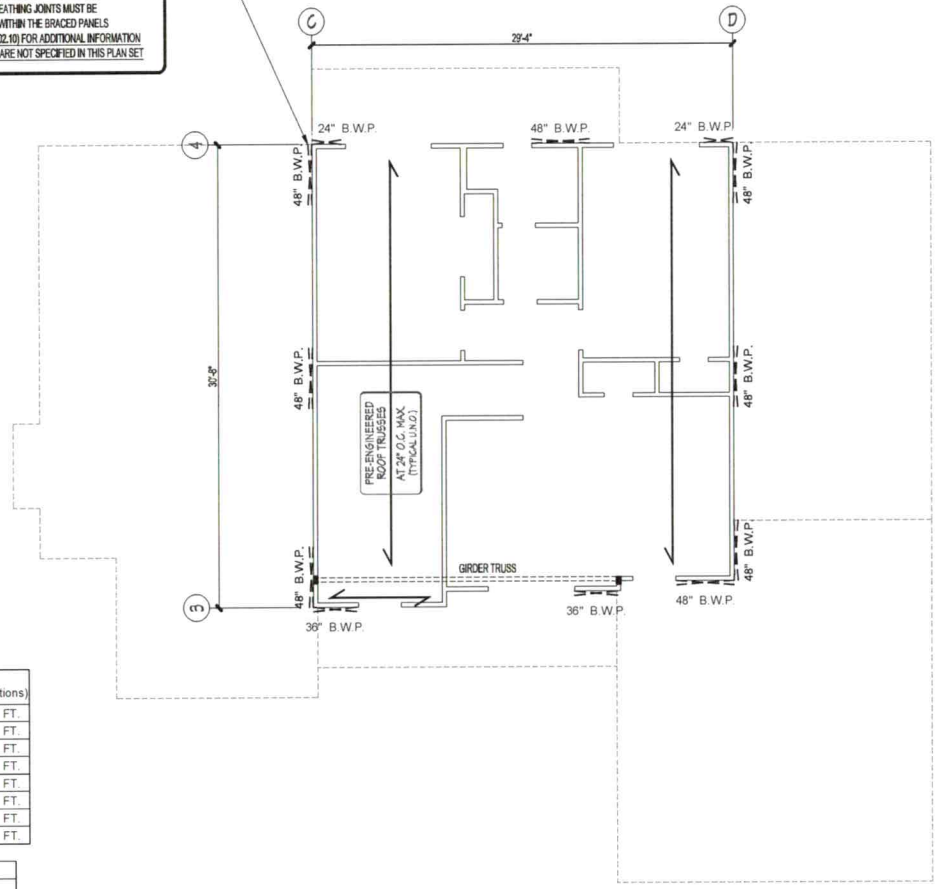
FRAMING PLAN NOTES

1. SEE GENERAL NOTES STRUCTURAL FOR INFORMATION NOT SHOWN ON THIS PLAN
2. (2) 2X10's ARE TO BE EXTERIOR DOOR / WINDOW HEADERS AND INTERIOR DOOR HEADERS IN LOAD BEARING WALL (TYPICAL UNLESS NOTED OTHERWISE)
3. DOUBLE FLOOR JOIST UNDER INTERIOR WALLS ARE NOT SHOWN FOR CLARITY
4. ■ INDICATES CONCENTRATED LOAD FROM ABOVE. PROVIDE SOLID BLOCKING (JOIST OR STUDS) AT ALL LOCATIONS FOR LOAD TRANSFER
5. ALL LOAD BEARING HEADERS & BEAMS TO HAVE A MIN. SUPPORT OF: (1) KINGS STUD AND (1) JACK STUD UNLESS NOTED OTHERWISE (PER CODE) (VERIFY LVL SUPPORT STUDS PER MANUF. DRAWINGS, TYPICAL)

TRUSS LOADING NOTES

FRAMING PLAN IS SCHEMATIC ONLY. ACTUAL TRUSS DESIGN, LAYOUT AND LOCATIONS SHALL BE DETERMINED BY TRUSS MANUFACTURER.
ANY HEADER BEARING POINT LOAD FROM GIRDER TRUSS SHALL BE VERIFIED BY TRUSS MANUFACTURER.
SUBMIT DRAWINGS TO CONTRACTOR FOR APPROVAL PRIOR TO CONSTRUCTION.

EXTERIOR WALLS ARE ASSUMED TO CARRY ALL ROOF AND CEILING LOADING FROM ROOF TRUSSES. NO INTERIOR WALLS, PORCH BEAMS AND FOUNDATIONS BELOW ARE SIZE APPROPRIATELY FOR LOADING FROM ROOF TRUSSES.
IF INTERIOR LOADING IS REQUIRED PLEASE NOTIFY CONTRACTOR FOR APPROVAL PRIOR TO CONSTRUCTION.



BRACED WALL PANEL CALCULATION

Wind Speed	115 MPH
Typical Method	CS-WSP
Eave To Ridge	8.5 feet
Story Level Sptg.	Roof + 1 (1) & Roof Only (2)
Seismic Category	N/A

Wall Height	9 feet
Exposure Category	B

Note: See local building code for sheathing attachment requirements

Required Length Of Bracing (With Code Wall Height Reductions)		
BRACED LINE "A"	20.2	FT.
BRACED LINE "B"	20.2	FT.
BRACED LINE "C"	6.3	FT.
BRACED LINE "D"	6.3	FT.
BRACED LINE "1"	17.25	FT.
BRACED LINE "2"	17.25	FT.
BRACED LINE "3"	6.3	FT.
BRACED LINE "4"	6.3	FT.

Provided Length Of Bracing (With Code Wall Height Reductions)		
BRACED LINE "A"	21	FT.
BRACED LINE "B"	22	FT.
BRACED LINE "C"	12	FT.
BRACED LINE "D"	12	FT.
BRACED LINE "1"	20	FT.
BRACED LINE "2"	20	FT.
BRACED LINE "3"	10	FT.
BRACED LINE "4"	8	FT.

RESIDENTIAL LATERAL SYSTEM LEGEND

Abbreviation	Method
WSP	Wood Structural Panel
CS-WSP	Continuously Sheathed Wood Structural Panel
CS-PF	Continuously Sheathed Portal Frame
DS-GB	Double Sided Gypsum Board
PFG	Portal Frame Garage

Holloway Family HOMES
STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE

106 Wildeman Trail ◇ Statesville, NC

CEILING FRAMING PLAN

REVISIONS

DESIGN NO: 10-22-110
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

FR2.0

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS DATE

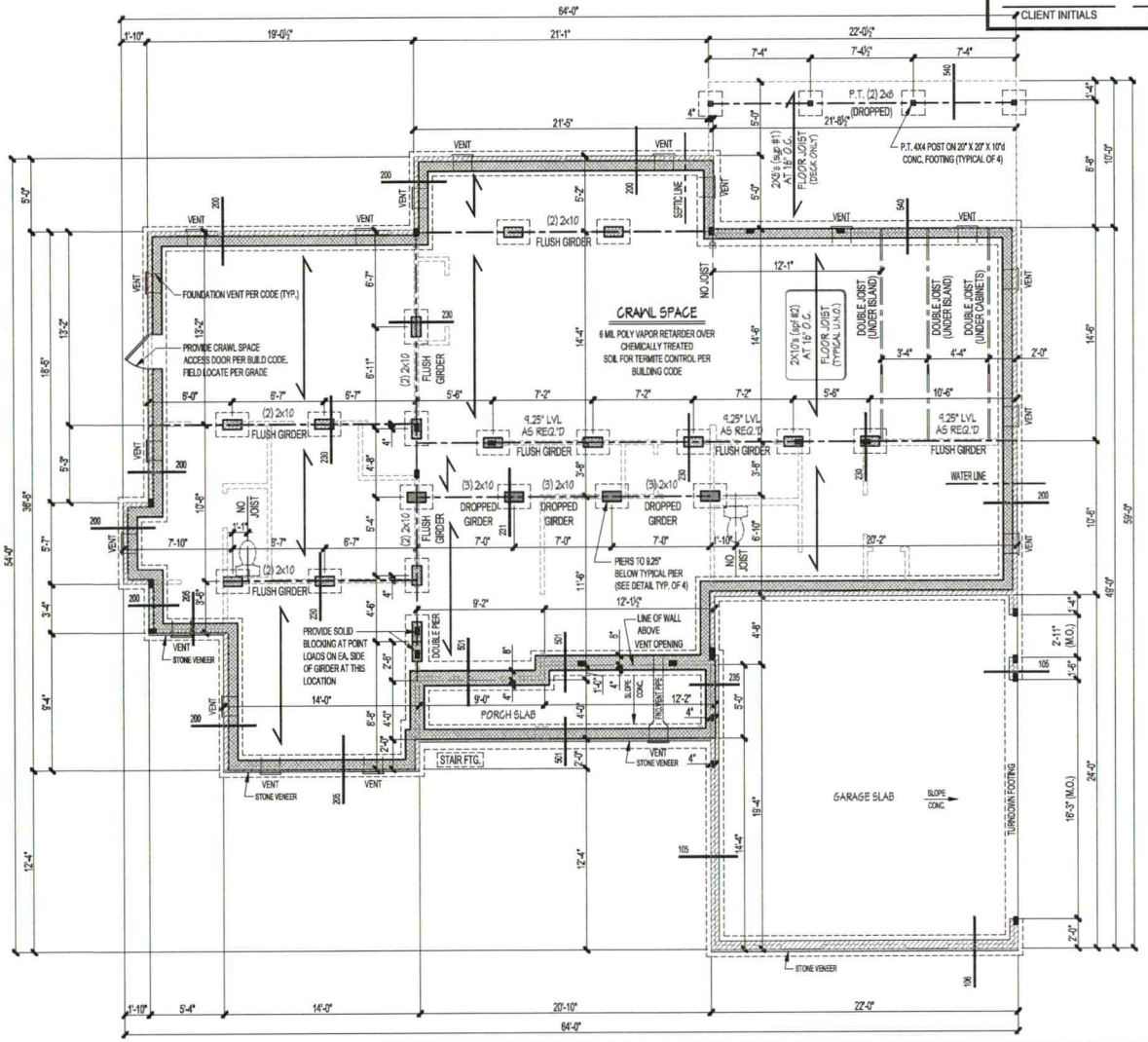
CLIENT INITIALS DATE

CRAWLSPACE FOUNDATION NOTES

1. ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS
2. VERIFY ALL DIMENSIONS WITH FLOOR PLAN PRIOR TO CONSTRUCTION AND MAKE ANY NECESSARY ADJUSTMENTS
3. PROVIDE WATERPROOFING AS REQUIRED TO MEET ALL APPLICABLE CODES AND TYPICAL BUILDING PRACTICES
4. PROVIDE ADEQUATE DRAINAGE BASED ON EXISTING SITE CONDITIONS. VERIFY W/LOCAL CODES
5. PROVIDE THE QUANTITY AND LOCATION OF FOUNDATION VENTS WITH ALL APPLICABLE CODES AT SITE
6. ALL FOOTING SIZES AND LOCATIONS TO BE VERIFIED
7. PROVIDE 1/8 "X 1" SAWN JOINT IN ALL CONCRETE SLABS AT 15'-0" O.C. MAXIMUM IN EACH DIRECTION
8. BASEMENT FLOOR SLAB TO BE 4" CONCRETE SLAB (3,000 PSI) MINIMUM ON 6 MIL. VAPOR RETARDER ON 4" WASHED STONE + TERMITE TREATMENT.
9. PORCH FLOOR SLAB TO BE 4" CONCRETE SLAB (4,000 PSI) MINIMUM ON 4" WASHED STONE + TERMITE TREATMENT (FILL AND TAMP)
10. SOIL UNDER PORCHES TO BE TERMITE TREATED

FLOOR FRAMING NOTES

1. SEE GENERAL NOTES FOR INFORMATION NOT SHOWN ON THIS PLAN
2. PROVIDE SOLID BRIDGING IN JOIST SPANS (1 ROW) 10'-0" THRU 12'-0" (2 ROW) 12'-0" AND OVER
3. DOUBLE FLOOR JOIST UNDER INTERIOR WALLS ARE NOT SHOWN FOR CLARITY. INSTALL PER BUILDING CODE
4. PROVIDE SOLID BLOCKING FROM POINT LOADS ABOVE TO PIER BELOW. SUB-FLOOR ALONE IS NOT ADEQUATE FOR LOAD TRANSFER



Holloway Family HOMES

STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE

106 Wildeman Trail ◇ Statesville, NC

CRAWLSPACE FND. PLAN

REVISIONS

DESIGN NO: 10-22-110
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

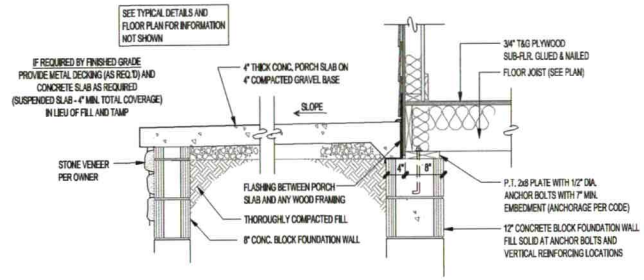
C1.0

ISSUED FOR CONSTRUCTION

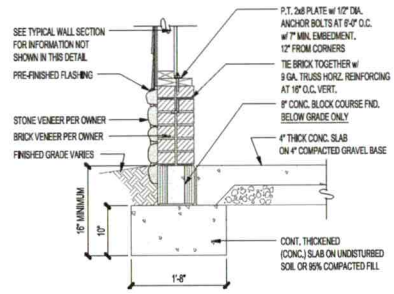
CLIENT APPROVAL

CLIENT INITIALS DATE

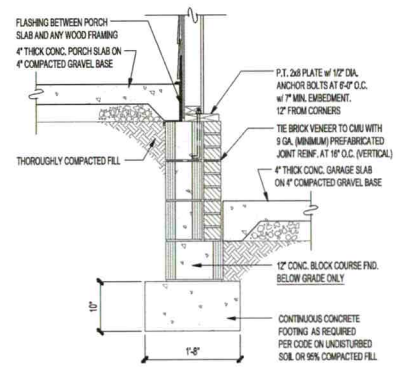
CLIENT INITIALS DATE



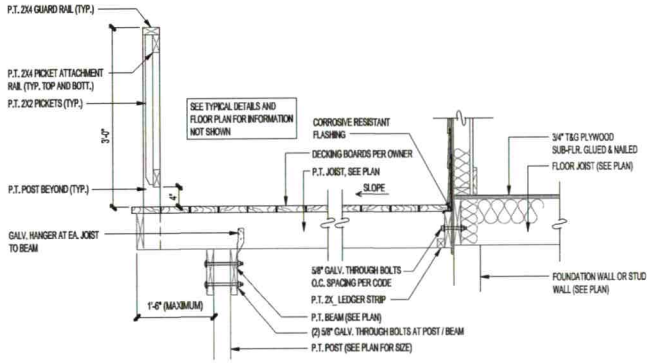
501 TYPICAL CONC. PORCH FOUNDATION DETAIL
SCALE: 3/4"=1'-0"



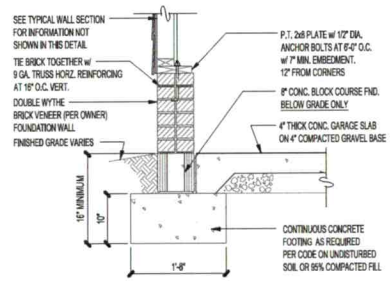
106 GARAGE FOUNDATION DETAIL
SCALE: 3/4"=1'-0"



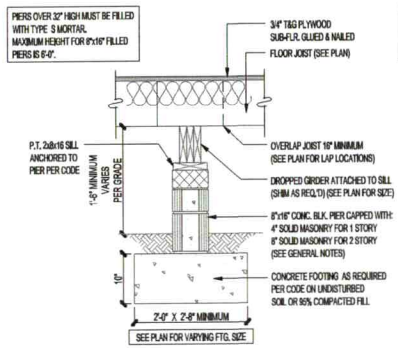
235 TYPICAL FOUNDATION DETAIL
SCALE: 1/2"=1'-0"



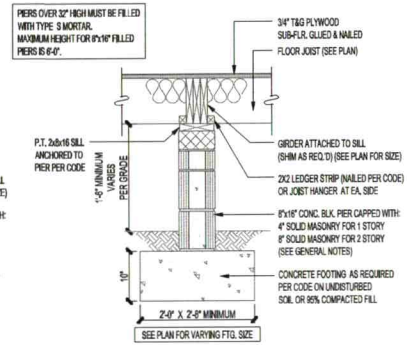
540 TYPICAL DECK FOUNDATION DETAIL
SCALE: 3/4"=1'-0"



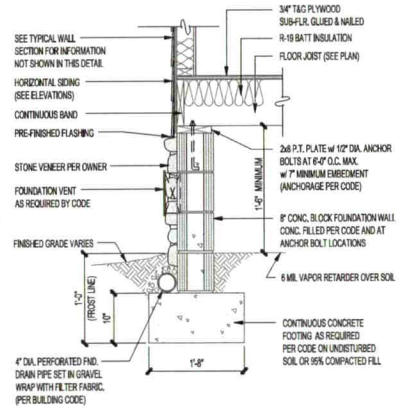
105 TYPICAL GARAGE FND. DETAIL
SCALE: 3/4"=1'-0"



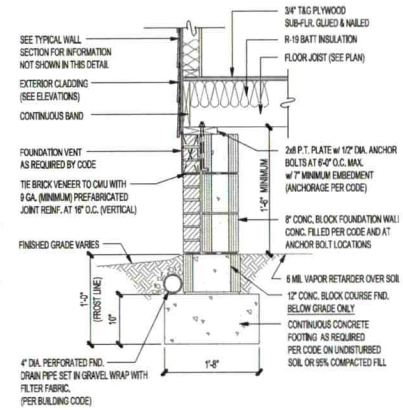
231 TYPICAL FOUNDATION DETAIL
SCALE: 1/2"=1'-0"



230 TYPICAL FOUNDATION DETAIL
SCALE: 1/2"=1'-0"



205 TYPICAL FOUNDATION DETAIL
SCALE: 1/2"=1'-0"



200 TYPICAL FOUNDATION DETAIL
SCALE: 1/2"=1'-0"

Holloway Family HOMES
STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE
106 Nildeman Trail ◆ Statesville, NC

CRAWLSPACE DETAILS

REVISIONS

DESIGN NO: 10-22-110
SCALE: As Noted
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

C2.0

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS _____ DATE _____

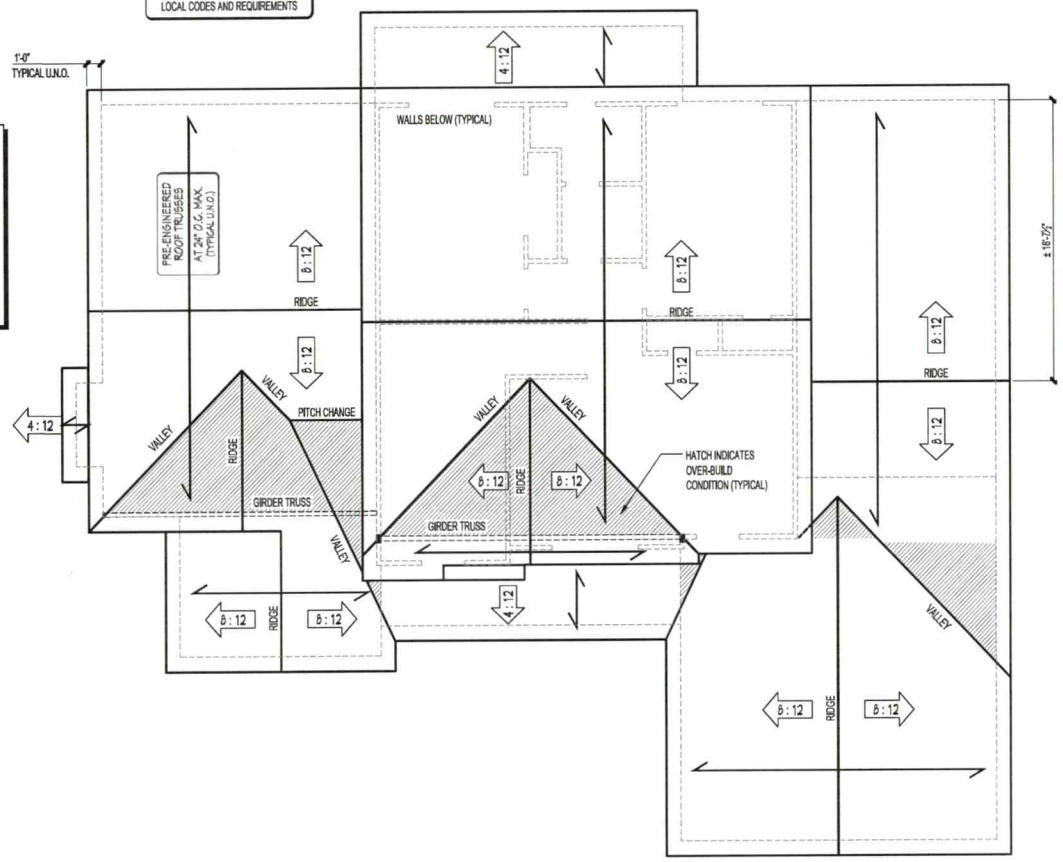
CLIENT INITIALS _____ DATE _____

NOTE: ATTIC VENTILATION PER LOCAL CODES AND REQUIREMENTS

TRUSS LOADING NOTES

FRAMING PLAN IS SCHEMATIC ONLY. ACTUAL TRUSS DESIGN, LAYOUT AND LOCATIONS SHALL BE DETERMINED BY TRUSS MANUFACTURER.
ANY HEADER BEARING POINT LOAD FROM GIRDER TRUSS SHALL BE VERIFIED BY TRUSS MANUFACTURER.
SUBMIT DRAWINGS TO CONTRACTOR FOR APPROVAL PRIOR TO CONSTRUCTION.

EXTERIOR WALLS ARE ASSUMED TO CARRY ALL ROOF AND CEILING LOADING FROM ROOF TRUSSES. NO INTERIOR WALLS, PORCH BEAMS AND FOUNDATIONS BELOW ARE SIZE APPROPRIATELY FOR LOADING FROM ROOF TRUSSES.
IF INTERIOR LOADING IS REQUIRED PLEASE NOTIFY CONTRACTOR FOR APPROVAL PRIOR TO CONSTRUCTION.



Holloway Family HOMES

STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE

106 Wildeman Trail ◆ Statesville, NC

ROOF FRAMING PLAN

REVISIONS

DESIGN NO: 10-22-110
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

R1.0

ELECTRICAL SCHEDULE

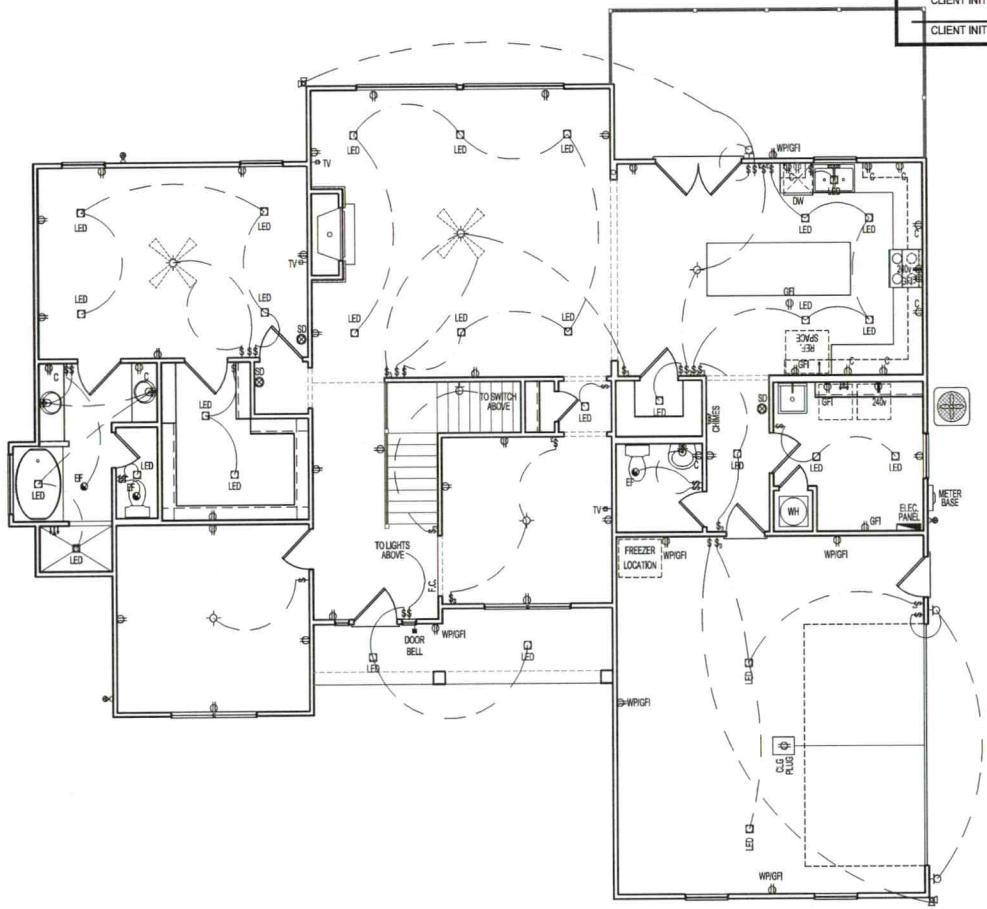
	110v "DUPLEX" GENERAL PURPOSE OUTLET
2USB	110v OUTLET W/ (2) USB PORTS
GFI	110v OUTLET ON GROUND FAULT INTERRUPTER CIRCUIT
C	110v OUTLET LOCATED 48" ABOVE FINISHED FLOOR (ON GFI)
WP GFI	110v WEATHERPROOF OUTLET (ON GFI)
FLOOR PLUG	110v FLOOR OUTLET
	110v LOCATED UNDER SOMETHING (e.g. COUNTERTOP OR CABINET)
	220v OUTLET
	LIGHT SWITCH
3	THREE WAY LIGHT SWITCH
4	FOUR WAY LIGHT SWITCH
	CEILING MOUNT LED FIXTURE
	WALL MOUNT LIGHT FIXTURE
	FLUORESCENT LIGHT FIXTURE
24" TUBE FLUOR. LT.	FLUORESCENT LIGHT FIXTURE
DOUBLE FLOOD LIGHT	DOUBLE FLOOD LIGHT FIXTURE
LED	RECESSED LIGHT FIXTURE
LED EYEBALL	DIRECTIONAL RECESSED LIGHT FIXTURE
TRACK LIGHT	TRACK LIGHT FIXTURE
TV	TELEVISION OUTLET
TEL	TELEPHONE OUTLET
EF	EXHAUST FAN
HEATER	CEILING MOUNT HEATER FIXTURE
CHIMES	DOOR BELL CHIMES
SD	SMOKE DETECTOR (hardwired with battery backup)
	CEILING FAN

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS _____ DATE _____

CLIENT INITIALS _____ DATE _____



Holloway Family HOMES

STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE

106 Wildeman Trail ◆ Statesville, NC

ELECTRICAL PLAN

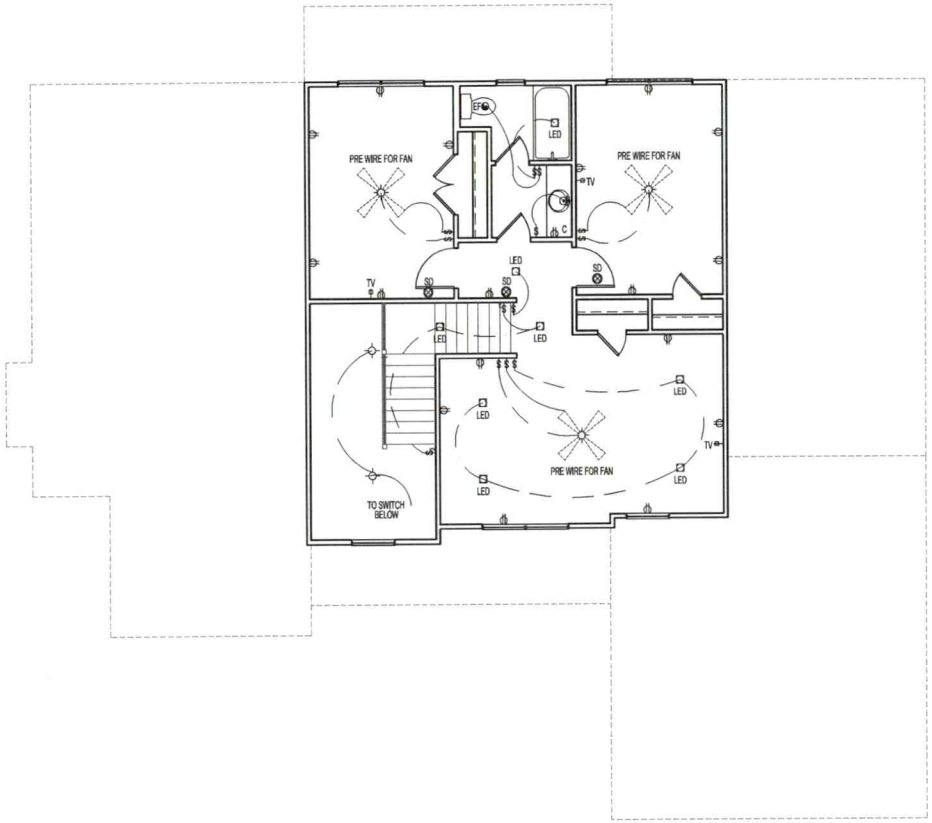
REVISIONS

DESIGN NO: 10-22-110
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: CHARLOTTE
BASE PLAN LINE: TEXAS FARMHOUSE
DATE DRAWN: 06/07/22

E1.0

ELECTRICAL SCHEDULE

	110v "DUPLEX" GENERAL PURPOSE OUTLET
2USB	110v OUTLET W/ (2) USB PORTS
GFI	110v OUTLET ON GROUND FAULT INTERRUPTER CIRCUIT
C	110v OUTLET LOCATED 46" ABOVE FINISHED FLOOR (ON GFI)
WP GFI	110v WEATHERPROOF OUTLET (ON GFI)
FLOOR PLUG	110v FLOOR OUTLET
	110v LOCATED UNDER SOMETHING (e.g. COUNTERTOP OR CABINET)
	220v OUTLET
$	LIGHT SWITCH
$3	THREE WAY LIGHT SWITCH
$4	FOUR WAY LIGHT SWITCH
	CEILING MOUNT LED FIXTURE
	WALL MOUNT LIGHT FIXTURE
	FLUORESCENT LIGHT FIXTURE
2-4' TUBE FLUORESCENT	FLUORESCENT LIGHT FIXTURE
DOUBLE FLOOD LIGHT	DOUBLE FLOOD LIGHT FIXTURE
LED	RECESSED LIGHT FIXTURE
LED EYEBALL	DIRECTIONAL RECESSED LIGHT FIXTURE
TRACK LIGHT	TRACK LIGHT FIXTURE
TV	TELEVISION OUTLET
TEL	TELEPHONE OUTLET
EF	EXHAUST FAN
HEATER	CEILING MOUNT HEATER FIXTURE
CHIMES	DOOR BELL CHIMES
SD	SMOKE DETECTOR (hardwired with battery backup)
	CEILING FAN



ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS DATE

CLIENT INITIALS DATE

Holloway Family HOMES

STATESVILLE OFFICE
704-924-0008
1270 NORTHSIDE DRIVE
STATESVILLE, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

RUPPE RESIDENCE
106 Wildemen Trail ◆ Statesville, NC

ELECTRICAL PLAN

REVISIONS

DESIGN NO:
10-22-110
SCALE:
1/8" = 1'-0"
BASE PLAN NAME:
CHARLOTTE
BASE PLAN LINE:
TEXAS FARMHOUSE
DATE DRAWN:
06/07/22

E2.0