ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325552

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

PIN # 4762 --03 --8026

APPLICANT/OWNER: Ridgewater Construction APPLICANT ADDRESS: PO Box 4211 Mooresville, NC 28117

SITE ADDRESS: 188 Bevis Lane Statesville, NC or Witherspoon PHONE: 704-657-4876 ALT. PHONE -

SITE DIRECTIONS: 77N exit 45 @ Amity Hill @ Shiloh @ Clements R on Bevis Lane. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Loyd Acres SECTION: 2 LOT # 1 LOT AREA: .46Ac DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB 760	Date 5/25/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000	(gal)	PT 363	Date 4/26/22	System Description: Pump to Serial Distribution 25% Red.				☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #	Repair System Description: PPBPS - 50% Reduction.				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft. 300	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth(Low side)	34 in	Gravel Depth -		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: No Foundation Drain to be along house, Keep system out of Powerline R.O.W.

INITIAL SITE SKETCH

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

LEV Soil & Onsite Wastewater Consulting PLLC

LSS # 1080 Dated Feb 1, 2022

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.

Tanks

Lines checked by MW 6/28/22

Flows

Pressure

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**

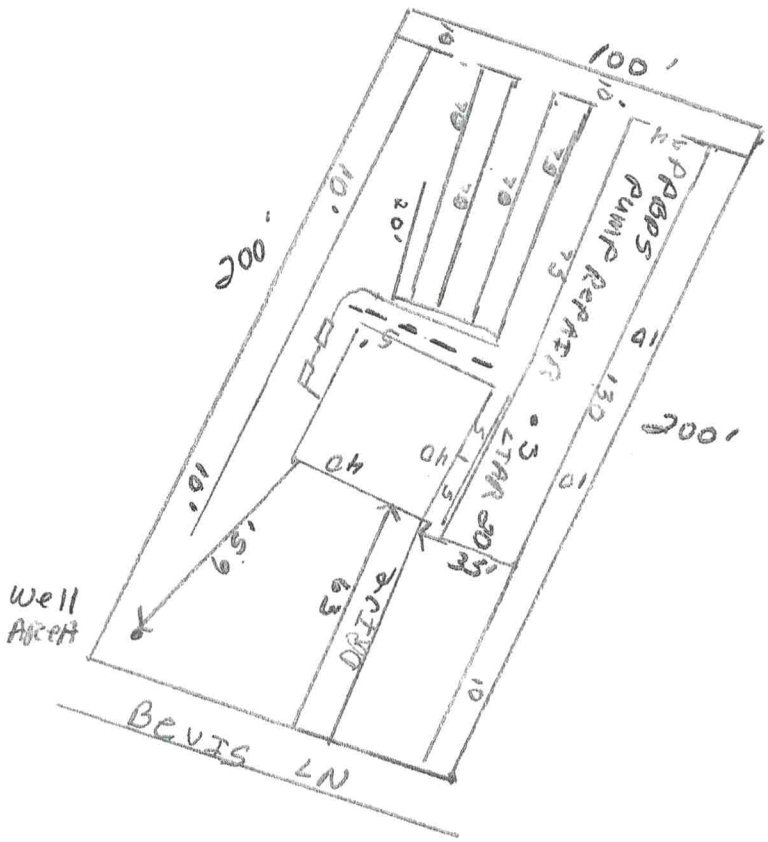
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Donald Wallace Date: 2-28-2022 Installed by: Bowen Septic

IMPROVEMENT PERMIT by: Benjamin A Batts Date: 2/24/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts Date: 2/24/22 Existing System Inspected by: Date:

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



1" = 50'

LOT 1 LOYD ACRES

PIN 4762-03-8026

DESIGN SPECIFICATIONS

Owner:	RidgeWater Construction
Address:	PO Box 4211 Mooresville, NC 28117
Phone:	704-657-4876
County:	Iredell
Pin Number	4762-03-8026 Lot 1
Drainfield Design Flow (gpd):	360
Loading/Soil Application Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	300
Total Lateral Length Required:	300
Trench Depth:	34 Low Side
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	1200
Repair Trench Spacing:	8
Repair Trench Depth:	32 in. Low side
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	50
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	8.70
Dosing Volume:	137.13
Pump Tank Draw Down:	6.5
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	3.48
Elevation Head:	14.00
Total Dynamic Head:	21.29
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA

Comments: **Iredell County permission to change septic tank location and distribution type and from a pump system to a gravity fed system**

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

FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM HOME

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
HOUSE							
TANK							
1	*Orange*					*80*	*70*
2	*Pink*					*75*	*70*
3	*Yellow*					*75*	*70*
4	*Orange*					*72*	*70*
5	*Blue*					*38*	*20*
6							
7							
8							
9							
10							
11							
12							
13							
15							
16							
					Total	**340**	**300**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION	
** System*	*300*	*ACCEPT.*	*0.300*	*25% RED.*	**Serial**	
Repair		MOD.	0.300	PPBPS		50% REDUCTION

Notes:

CALCULATIONS

Location Loyd Acres

Lot No: 1

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.3	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	50	ft.
Supply Line Volume	8.7	gal.
Amount of Line Required	300	
Amount of Line from Layout	300	ft.
Gallons per Minute	41.03	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Required Pump Tank Capacity	1000	gal.
Lateral Line Volume	195.9	gal.
Dosing Volume	137.13	gal.

Note: Dosing Volume based on 70% of lateral line volume

Tank Draw Down	6.5	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	3.34	minutes
Elevation Head	14	ft.
Pressure Head	2	ft.
Friction Factor	3.48	ft./100 ft. *(From the interpolater.)*
Friction Head	1.74	ft.
Total Dynamic Head (+20%)	21.29	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
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Pump Tank	1000	(gal)	PT		Date		System Description:	Pump to Serial Distribution 25% Red.			
Pump Make			Model		Serial #		Repair System Description:	PPBS - 50% Reduction.			
# Nitrification Fields	1	# Lines	4	Linear Ft	300		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in	Trench Bottom Depth(Low side)	34 in	Gravel Depth	-			☐ GRAVITY	☒ PRESSURE		

☒ Residence No. Bedrooms 3 — Water Supply: ☒ Private

☐ Business No. Persons 6 — ☐ Public

☐ Other No. Employees — ☐ Community

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: No Foundation Drain to be along house. Keep system out of Powerline R.O.W.

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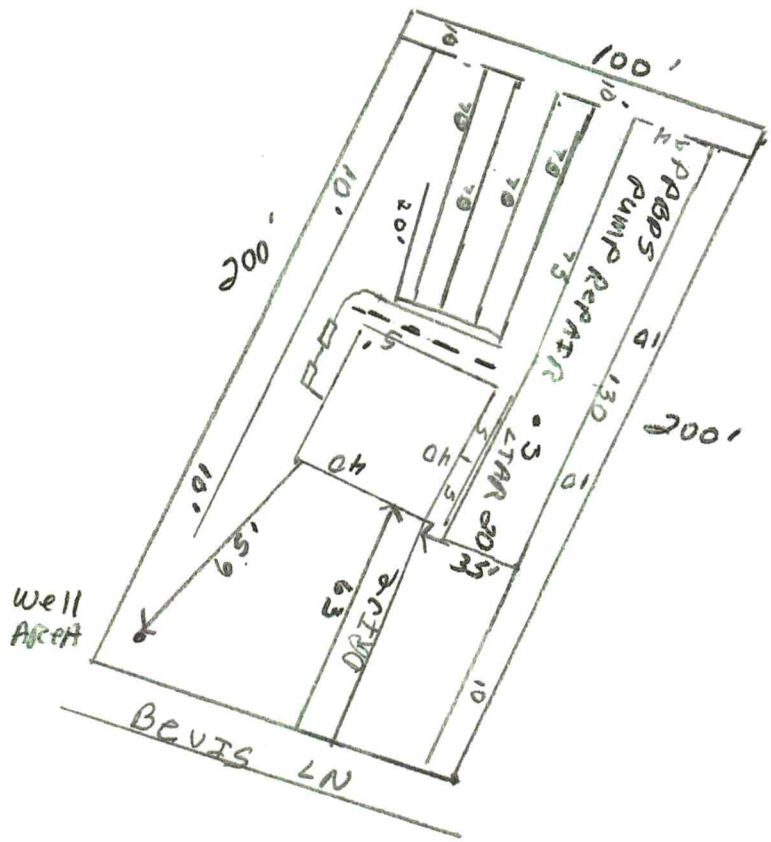
IMPROVEMENT PERMIT by: Benjamin A. Bell Date: 2/24/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bell Date: 2/24/22 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? _____	



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PIN 4762-03-8026

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57.11	5.89
60	6.42

LEY
SOIL & Onsite Wastewater CONSULTING PLLC

(336)-608-9206 gyoung127@icloud.com
(336)-940-7672 geaster56@icloud.com
(704)-310-6529 Jll2663@gmail.com
NC Licensed Soil Scientist, NC Environmental Health Specialist

Date: February 7, 2022

Project Name: Ridgewater Construction, PO Box 4211, Mooresville, NC

SESSION LAW 2018-114, SECTION 11.(c)/HOUSE BILL 374, SECTION 11.(c)
AUTHORIZATION FORM

LEY Soil & Onsite Wastewater Consulting has been contracted to evaluate soil, design and submit a septic system proposal to Iredell (county) on behalf of Ridgewater Construction (owner/applicant) for the property located at Loyd Acres Lot - 1 4762-03-8026 (address/PIN).

The Licensed Soil Scientist (LSS) Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).

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

LICENSED SOIL SCIENTIST
GENE YOUNG
1080
STATE OF NORTH CAROLINA

Owner/Owners Legal Representative: Ridgewater Construction LLC
Mailing Address: P.O. Box 4211 Mooresville, NC 28117
Telephone Number: (704) 657-4876
Email Address: Rachael@ridgewaterculturehomes.com

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: IREDELL

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

OWNER: RidgeWater Homes APPLICATION DATE 11/19/21
ADDRESS: Bevis Ln. Lot #1 Statesville N.C. DATE EVALUATED: 12-28-21
PROPOSED FACILITY: 3BR/HSE PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 100'x200'
LOCATION OF SITE: Bevis Ln. PIN# 4762038026.000 PROPERTY RECORDED: ____
WATER SUPPLY: (Private) . Public (Well) . Spring . Other ____
EVALUATION METHOD: (Auger Boring) . Pit . TYPE OF WASTEWATER: (Sewage) . Industrial Process . Mixed

(RACHAEL MCCLURE)

Landscape Position (1940)	L	L	L							
Slpoe%	<5%	<5%	<5%							
H 1 Depth (1943)	0-7	0-11	0-30							
H1 texture 1941	SL	SL	C							
H1 Structure 1941	GR	GR	Blky							
H1 Consistance 1941	FR S P	FR S P	FI S P							
H1 Mineralogy 1941	SE	SE	SE							
H 2 Depth (1943)	7-39	11-37	30-48							
H2 texture 1941	C	C	BC/C							
H2 Structure 1941	Blky	Blky	Blky							
H2 Consistance 1941	FI S P	FI S P	FI S P							
H2 Mineralogy 1941	SE	SE	SE							
H 3 Depth (1943)	39 +	37-48								
H3 texture 1941	SAP	BC								
H3 Structure 1941	RC/M	Blky								
H3 Consistance 1941		FI S P								
H3 Mineralogy 1941		SE								
H 4 Depth (1943)										
H4 texture 1941										
H4 Structure 1941										
H4 Consistance 1941										
H4 Mineralogy 1941										
LTAR	.3	.3	.3							

Description	Initial System	Repair	Other Factors 1946
System Type	25%	50%	Site Classification PS
LTAR	.3	.3	

LICENSED SOIL SCIENTIST SEBIE YOUNG 1080 STATE OF NORTH CAROLINA

Evaluated by GARY EASTER, LSS, JEFF LINKREHS

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK ___, PAGE ___; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____, 2022.

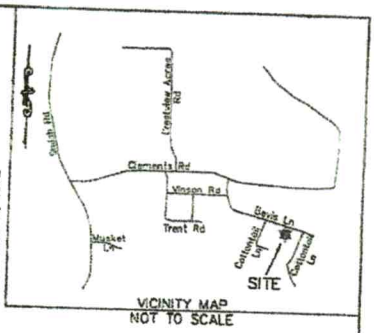
PRELIMINARY

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

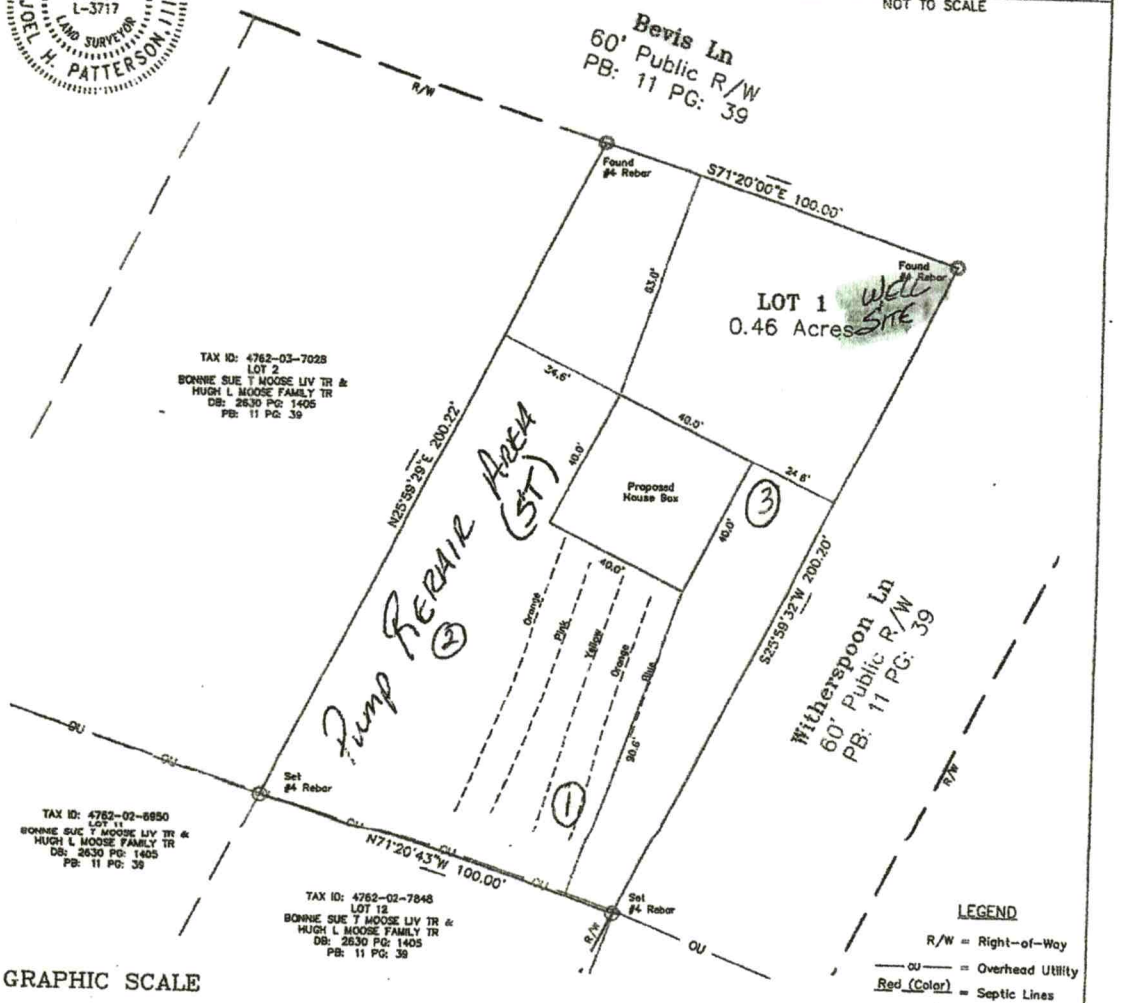
PRELIMINARY PLAN NOT FOR RECORDATION CONVEYANCES AND/OR SALES

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

PLAT BOOK: 11
PAGE: 39
DATED: June 6, 1972



VICINITY MAP
NOT TO SCALE



LEGEND
R/W = Right-of-Way
—OU— = Overhead Utility
Red (Color) = Septic Lines
= Iron Found
= Iron Set

GRAPHIC SCALE
30 0 15 30
(IN FEET)
1 inch = 30 feet

SURVEYOR NOTES

1. ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2. THIS SURVEY IS BASED ON DEED BOOK 2830 PAGE 1405 AND PLAT BOOK 11 PAGE 39 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4. SUBJECT PARCEL LIES WITHIN A SUBDIVISION PREVIOUSLY TIED TO NC GRID.
5. BASIS OF BEARINGS: PLAT BOOK: 11, PAGE: 39 - DATED: JUNE 13, 1972.
6. ALL CORNERS "FOUND" OR "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHERWISE NOTED. POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS.
7. THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HEREON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
8. THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
9. THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710478200J, WITH AN EFFECTIVE DATE OF MARCH 18, 2008.

PLOT PLAN
LOT 1 – LOYD ACRES – SECT. TWO
PLAT BOOK: 11 PAGE: 39

CHAMBERSBURG TOWNSHIP, IREDELL COUNTY, NC

Prepared For:
RIDGEWATER CUSTOM HOMES
P.O. BOX 4211
MOORESVILLE NC, 28115

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com

Drawn By: SAG	Checked By: JHP	Scale: 1" = 30'	Project No. 21076
Tax Parcel: 4762-03-8028			
Date: January 25, 2022			Sheet No. 1 of 1
File: 21076-Lot 1 Loyd Acres.dwg			

Installer Information

Be sure to read the permit very carefully before submitting bid.

The following details must be considered along with all other considerations:

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer
- All tanks shall be properly back filled and compacted to prevent slump in the future
- The installer is responsible for final grades and returning that grade to original, with the exception of added structural features
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement
- Installation of the system shall be completed during dry conditions in order to protect the soil structure
- All fittings shall be pressure rated fitting
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 weekdays in advance
- Trenches shall be carefully excavated so the bottom has no more than ¼" fall in 10 feet, with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. **Do not over excavate trenches!** Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the rise.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to ensure accuracy
- If septic tank risers are used, they should be a minimum of 6" above finished grade or within 6" of final grade if buried
- Design precludes use of foundation drains on the residence

See Design Specification Sheet for On-site Wastewater System information

- **If grading for slab foundation is utilized, do not grade/create greater than 2 feet of elevation difference within 15 feet of any component of the septic or repair. If back filling, do not backfill over any initial or repair septic line**

BB

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED RECEIVED FEB 15 2022

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 325552 $500.00

S.L.

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

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

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

The following optional attachments may also be submitted: (X) 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: Ridgewater Construction Address: P.O. Box 4211 Mooresville, NC 28117 Zip: _____
Applicant Email: Rachael@ridgewatercustomhomes.com Phone: _____ Alt. Phone: 704.657.4876
Owner Name: Rachael McClure Address: PO Box 4211 Mooresville NC Zip: 28117
Owner Email: same as above Phone: 704.657.4876 Alt. Phone: _____

Property Information:

Street Address: 138 Bevis Ln Statesville, NC
Subdivision Name: Loyd Acres Section/Phase: 2 Lot Number: 1
Driving Directions: from 77 N, take exit 45 turn right then right again on Amity Hill Rd turn left on Shiloh Rd then right on Clements Rd then turn right on Bevis Lane

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: 1 Number of Persons: 6

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: See attached

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.

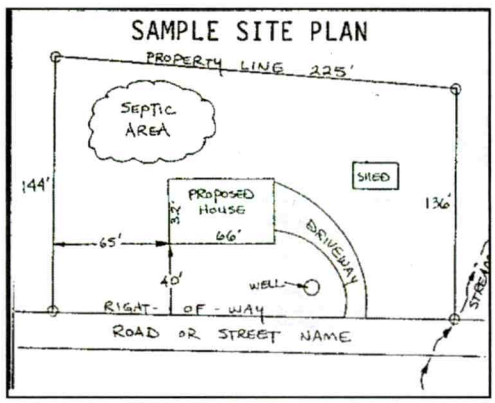
Signature: Rachael McClure 2/8/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- ( ) **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 attached

Signature: Rachael Nolen

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

2/8/2022

DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

X **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Rachael McClure

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.

X **2.** I, Rachael McClure / Ridgewater Construction LLC, am the legal owner(s) of the property located at 188 Bemis Ln Statesville, NC, identified as PIN (Parcel Identification Number) 4762-03-8020, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Tarah Wallace &/or Rachael McClure c/o Ridgewater Construction LLC, 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.

Rachael McClure
Signature of Owner(s)

2/8/2022
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

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

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)___ Swimming pool___

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? 3 and stories? 2

Please describe project (Details, Purpose, or Use): Single family residential

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

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 Ridgewater Construction LLC Phone # 704-657-4876

Owner's Current Address PO Box 4211 Mooresville, NC 28117

Property Information

Property Address 188 Bears Ln. Parcel # 4762-03-8026

Subdivision: Loyd Acres Lot: 1 Zoning: ____ Watershed: Y / (N) Flood Plain: Y / (N) Township: _____

Directions to property (from a MAIN ROAD) from I 77 take exit 45 turn right then right again on Amity Hill Rd, turn left on Shiloh Rd turn right on Clements Rd, then turn right on Bears Lane

Application Information

Applicant's Name or Company Ridgewater Construction Applicant's Phone # 704-657-4876

Applicant's Address P.O Box 4211 Mooresville NC 28117

If Company, Representative's Name and Title Rachael McClure, Owner/GC

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 PLANNING & DEVELOPMENT 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 Rachael McC DATE 1/26/2022



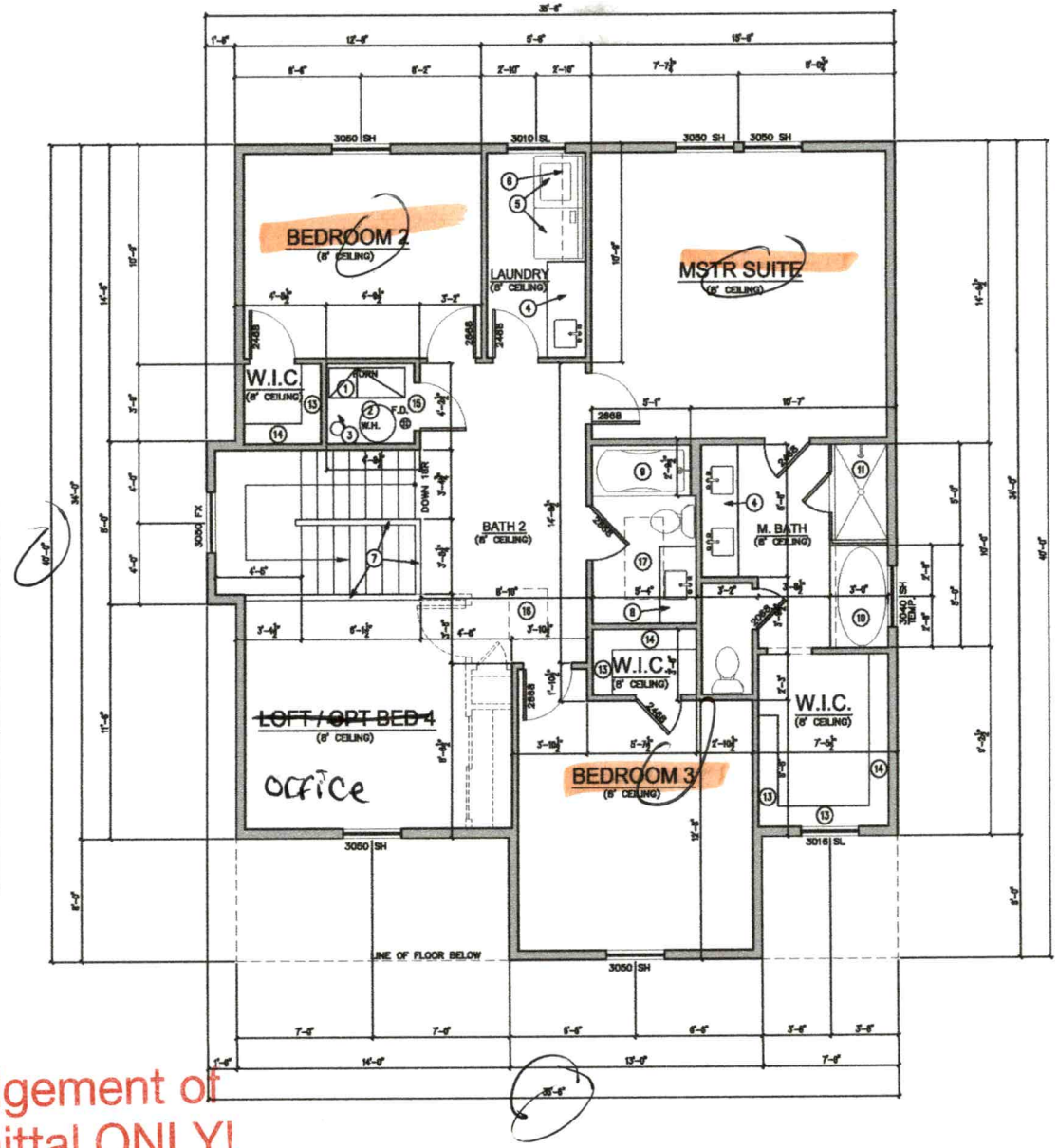
2018 IRC COMPLIANT

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ARCHWAY DESIGNS L.L.C.
ARCHITECTURAL DESIGN AND DRAFTING
www.archwaydesignsllc.com

KEY NOTES:

1. 90% MIN. EFFICIENT DIRECT VENT DOWNDRAFT GAS FURNACE
2. 40 GALLON GAS WATER HEATER WITH TEMPERATURE SAFETY VALVE ON 18" TALL PLATFORM. INSTALL SEISMIC STRAPS PER CODE REQ.
3. FLUE
4. COUNTERTOP OVER 36" HIGH BASE CABINET.
5. WASHER AND DRYER HOOKUPS (WASHER IS ON THE LEFT)
6. SHELF OR CABINETS ABOVE WASHER AND DRYER
7. 40" TALL HALF WALL WITH WOOD OR MDF CAP (TYP @ STAIRWELL SURROUND
8. COUNTERTOP OVER 32" HIGH BASE CABINET
9. 60" X 30" TUB / SHOWER (2.5GPM SHOWER HEAD)
10. 36" X 60" TUB IN TILE OR SYNTHETIC SURFACE PLATFORM
11. 36" X 60" TILE OR SYNTHETIC SURFACE SHOWER WITH SAFETY GLASS ENCLOSURE
12. (4) 16" SHELVES STARTING @ 24" ABOVE FINISHED FLOOR
13. 12" SHELF AND ROD
14. (2) 12" SHELVES AND (2) RODS
15. MECHANICAL CLOSET IS A STORAGE CLOSET WHEN THE FULL BASEMENT OPTION IS USED.
16. 24" X 30" ATTIC ACCESS.
17. 24" X 48" SKY LIGHT.



Acknowledgement of Plans Submittal ONLY!

Date 2.15.22

Date 3/24/22.

UPPER FLOOR PLAN

SCALE 1/4"

PLAN STATUS

PRELIMINARY DRAWINGS DATED:

1ST DRAFT DATED:

FINAL DRAFT DATED:

PERMIT SET DATED: 9/23/19

REVISIONS:

DATE:

DATE:

DATE:

DATE:

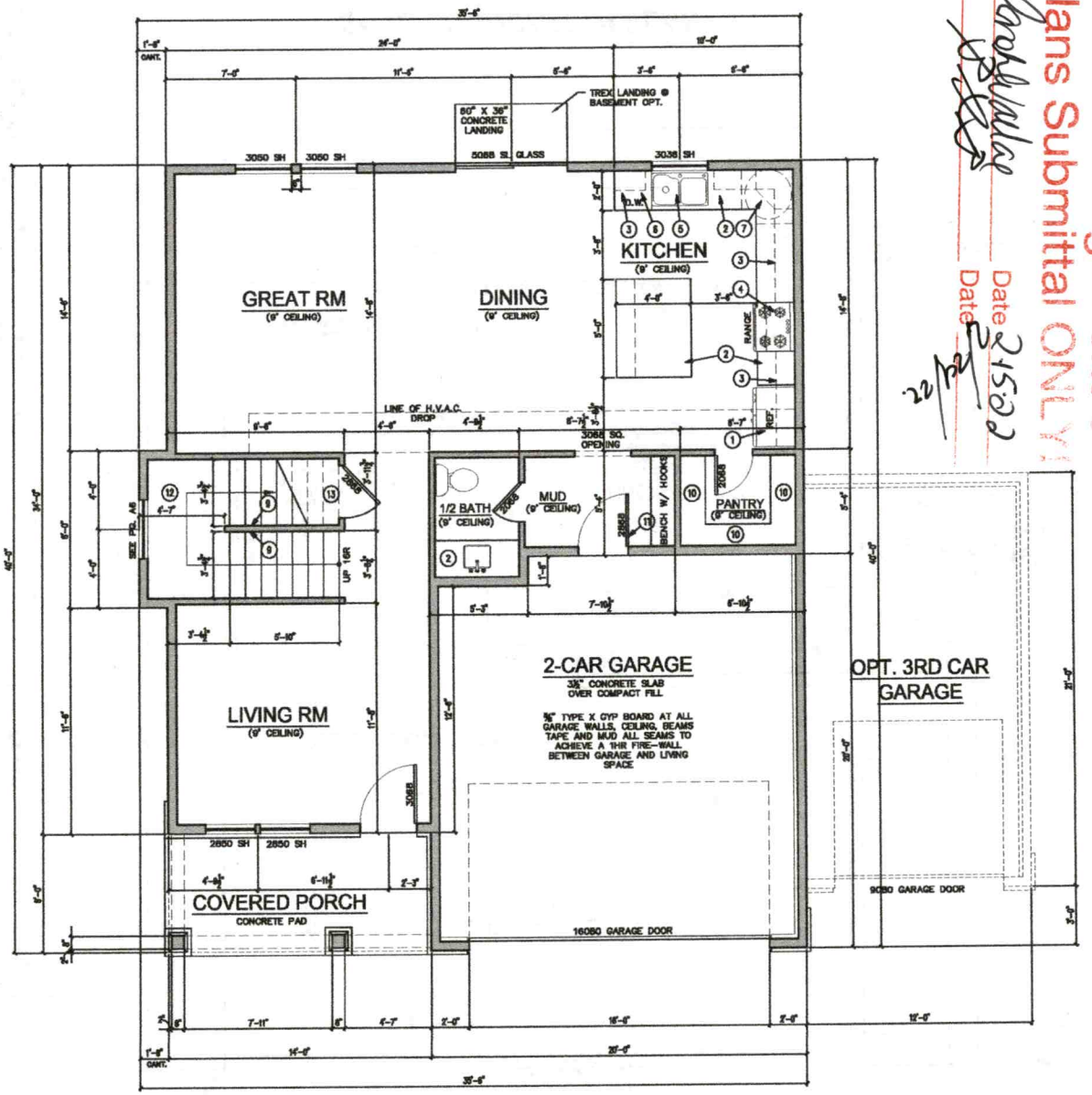
DATE:

WHIDBEY BASE PLAN

ADDRESS:

PAGE: A 6

2018 IRC COMPLIANT



MAIN FLOOR PLAN

SCALE 1/4"

KEY NOTES:

1. 39" WIDE REFRIGERATOR SPACE, (INSTALL WATER LINE)
2. COUNTERTOP OVER 36" HIGH BASE CABINET.
3. UPPER CABINETS (TOP AT 8'-0" A.F.F.)
4. 30" WIDE RANGE WITH MICRO OR HOOD ABOVE (VENT TO EXTERIOR AND PROVIDE AIR INTAKE)
5. DOUBLE SINK WITH DISPOSAL AND SPRAYER
6. DISHWASHER
7. LAZY SUSAN
8. NOT USED
9. STAIR HANDRAIL PER CODE REQ. (NOT SHOWN FOR CLARITY)
10. (4) 16" SHELVES STARTING ● 24" ABOVE FINISHED FLOOR
11. 20 MINUTE FIRE RATED SELF CLOSING DOOR
12. NOT USED
13. FINISH BELOW STAIRS

SQUARE FOOTAGE SCHEDULE:	
MAIN LEVEL:	984
UPPER LEVEL:	1259
GARAGE:	408
TOTAL FINISHED SQ. FT:	2243

Acknowledgement of Plans Submittal ONLY

Date 2.15.20

Date 2/15/20

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www.archwaydesigns.com

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WHIDBEY BASE PLAN

ADDRESS:

PAGE: A 5

188 Beris Lane

2018 IRC COMPLIANT

FOOTING, FOUNDATION AND CONCRETE

ALL FOOTINGS ARE BASED ON ALLOWABLE SOIL BEARING PRESSURE OF 1500 PSF. FOOTINGS SHALL BEAR ON UNDISTURBED SOIL OR ENGINEERED GRANULAR FILL COMPACTED TO 95% OF MAXIMUM DENSITY. NO FOOTINGS SHALL BE PLACED IN WATER OR FROZEN GROUND. ALL FOOTINGS TO BE PLACE AT MIN. BELOW LOCAL FROST DEPTH, CONTINUOUS AND MONOLITHIC POUR. CHANGES IN ELEV. SHALL BE STEPPED WITH STEP HEIGHT NOT HIGHER THAN ½ the STEP LENGTH AND NOT GREATER THAN 5 FT. MIN. 6" THICKNESS ON VERT. STEP. FOOTINGS TO HAVE 2 #4 BAR CONTINUOUS. NOTIFY ENGINEER IF GRADE DROPS OVER 8 FEET IN 24 FEET (G.T. 1 TO 3 SLOPE) SO THAT APPROPRIATE DESIGN CHANGES MAY BE MADE TO FOUNDATION AND FOOTINGS.

ALL FOOTINGS, FOUNDATIONS, AND INTERIOR SLABS SHALL BE NORMAL WT. CONCRETE WITH A COMPRESSIVE STRENGTH EQUAL TO AT LEAST 3,000 PSI WITHIN 28 DAYS AFTER POURING. THE WATER/CEMENT RATIO SHALL BE NO GREATER THAN .50 WITH A MINIMUM CEMENT CONTENT OF 504 LBS. PER CUBIC YARD ALL CONC WORK SHALL BE PLACED, CURED, STRIPPED, AND PROTECTED AS DIRECTED BY THE SPECIFICATIONS AND ACI STANDARDS AND PRACTICES.

ALL REINFORCING SHALL BE DETAILED AND PLACED IN ACCORDANCE WITH ACI STANDARD 318. REINFORCEMENT SHALL BE FREE FROM MUD AND OIL AND OTHER NON-METALLIC COATINGS THAT HAMPER BONDING CAPACITY. ALL SPLICES IN CONTINUOUS REINFORCING SHALL LAP 45 BAR DIAMETERS (24" LAP FOR #4 BARS).

VERT & HORZ. #4 BAR (GRADE 60) AS PER FND SCHEDULE. OPENINGS TO HAVE 1 VERT. #4 BAR EA. SIDE OF OPENING TIED TO HORZ. BAR. 2 #4 BAR ABOVE AND 1 #4 BELOW WINDOW OPENING EXTENDING 36" BEYOND OPENING. USE ANCHOR BOLTS AS PER FND SCHEDULE USE SIMPSON STHDX(R/U) STRAPS AS NOTED ON DRAWING.
OWNER\CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS LISTED ON THE DRAWING. VERIFICATION OF ALL SITE CONDITIONS INCLUDING SITE STABILITY IS THE RESPONSIBILITY OF OTHERS

ALLOW 14 DAYS FOR CONCRETE TO CURE PRIOR TO BACKFILL.

FOOTING SCHEDULE

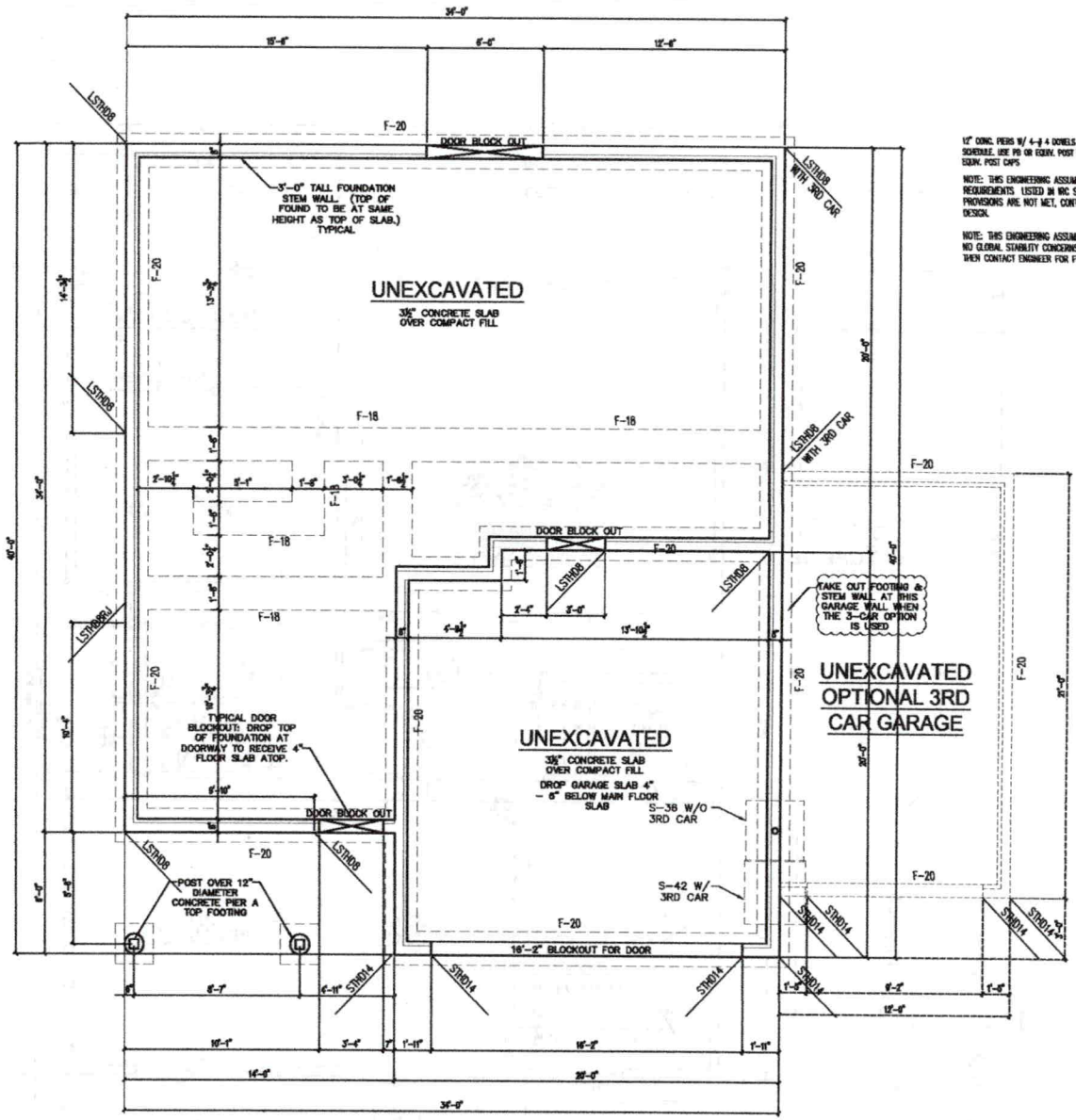
TYPE	WIDTH	LENGTH	THICK	REINFORCEMENT
F-16	16"	CONT.	10"	2: # 4 BARS CONT.
F-18	18"	CONT.	10"	2: # 4 BARS CONT.
F-20	20"	CONT.	10"	2: # 4 BARS CONT.
F-24	24"	CONT.	10"	2: # 4 BARS CONT.
F-30	30"	CONT.	10"	2: # 4 BARS CONT.
F-36	36"	CONT.	10"	4: # 4 BARS CONT.
S-24	24"	24"	10"	2: # 4 BARS EACH WAY
S-30	30"	30"	10"	2: # 4 BARS EACH WAY
S-36	36"	36"	10"	4: # 4 BARS EACH WAY
S-42	42"	42"	12"	5: # 4 BARS EACH WAY
S-48	48"	48"	12"	6: # 4 BARS EACH WAY
S-60	60"	60"	12"	7: # 4 BARS EACH WAY

FOUNDATION SCHEDULE

3,000 PSI CONCRETE — 60,000 PSI STEEL

MAXIMUM WALL HEIGHT FROM T.O. FOOTING	TOP EDGE SUPPORT	MIN. WALL WIDTH	VERTICAL WALL REINF. SIZE	VERTICAL WALL REINF. SPACING	ADDITIONAL OPENINGS REINF. ABOVE OPNG. SIZE	ADDITIONAL OPENINGS REINF. BELOW OPNG. SIZE	MAX. UNSUPP. LENGTH	MIN. UNSUPP. DEPTH	ADDITIONAL FTG. REINF. SIZE AND REINF. WIDTH	ADDITIONAL FTG. REINF. LENGTH	NOTES	FOUNDATION BOLTS (MIN. 7" EMBEDMENT)
5'-0" TO 5'-0"	NONE	8"	#4	24" O.C.	1 #4	1 #4	2'	8"	SEE TBL SCHED.			½" X 10" @ 32" O.C.
5'-1" TO 6'-0"	NONE	8"	#4	16" O.C.	1 #4	1 #4	3'	8"	36"	4 #4 X CONT	SEE NOTE 8 BELOW	½" X 10" @ 32" O.C.
6'-1" TO 7'-0"	NONE	8"	#4	12" O.C.	1 #4	1 #4	4'	8"	42"	5 #4 X CONT	SEE NOTE 8 BELOW	½" X 10" @ 32" O.C.
7'-1" TO 8'-0"	FLOOR	8"	#4	24" O.C.	2 #4	1 #4	5'	10"	SEE TBL SCHED.			½" X 10" @ 32" O.C.
8'-1" TO 9'-0"	FLOOR	8"	#4	16" O.C.	2 #4	1 #4	6'	12"	SEE TBL SCHED.			½" X 10" @ 32" O.C.
9'-1" TO 10'-0"	FLOOR	8"	#4	12" O.C.	2 #4	1 #4	6'	12"	24"	2 #4 X CONT	USE MIN F-24 FOOTING	½" X 10" @ 24" O.C.
10'-1" TO 11'-0"	FLOOR	8"	#4	8" O.C.	2 #4	1 #4	6'	12"	30"	3 #4 X CONT	USE MIN F-30 FOOTING	½" X 10" @ 24" O.C.
> 11'-0"*		REQ. ENG.	-	-	-	-	-	-	-	-	-	REQ. ENG.

NOTES:
1. REBAR TO BE PLACED IN THE CENTER OF THE WALL AND EXTEND FROM THE FOOTING TO WITHIN 3" OF THE TOP OF THE WALL.
2. #4 FOOTING DOWELS SHALL EXTEND 24" INTO THE FOUNDATION AND MATCH VERTICAL STEEL.
3. ONE HORIZONTAL #4 BAR SHALL BE PLACED WITHIN 12" OF THE TOP AND ONE BAR IN THE BOTTOM 3" OF THE FOUNDATION WALL.
4. BARS SHALL BE PLACED WITHIN 3" OF THE OPENING AND EXTEND 24" BEYOND THE EDGE OF THE OPENING.
5. THIS TABLE ASSUMES A MINIMUM OF 1500 PSF BEARING CAPACITY, 30 PSF EQUIVALENT FLUID PRESSURE AND A GLOBALLY STABLE SITE
6. ALL FOOTINGS TO BE PLACED ON UNDISTURBED SOIL OR COMPACTED GRANULAR FILL
7. USE 3" X 3" X ¼" WASHERS, IF SLOTTED WASHER IS USED, ADD CUT WASHER.
8. LARGER FOOTINGS AND INCREASED FOUNDATION RE-ENFORCEMENT SPECIFIED ON 5'-1" TO 7'-0" WALLS MAY BE REDUCED TO FOOTING SIZE SPECIFIED ON PLANS (MIN F-20) AND WALL RE-ENFORCEMENT PLACED AT 24" O.C. VERTICAL AND 18" O.C. HORIZONTAL PROVIDED ONE OF THE FOLLOWING CONDITIONS EXIST
   a. 5'-1" TO 6'-0" WALL LENGTH NOT TO EXCEED 15'-0" BEFORE IT STEPS BELOW 5'1" IN HEIGHT
   b. 6'-1" TO 7'-0" WALL LENGTH NOT TO EXCEED 15'-0" BEFORE IT STEPS BELOW 6'1" IN HEIGHT
   c. UNBALANCED BACKFILL DOES NOT EXCEED 4'
9. MINIMUM STRENGTH REQUIRES 2,500 PSI CONCRETE; HOWEVER, AS PER IRC 402.2 3,000 PSI CONCRETE SHALL BE USED



12" CONC. PIERS W/ 4-#4 4 DOWELS ON FOOTING AS PER SCHEDULE. USE PB OR EQUIV. POST BASE AND AC/ACE OR EQUIV. POST CAPS

NOTE: THIS ENGINEERING ASSUMES THAT THE CLEARANCE & SETBACK REQUIREMENTS LISTED IN IRC SECTION R403.1.7 ARE MET. IF THESE PROVISIONS ARE NOT MET, CONTACT THE ENGINEER FOR FURTHER DESIGN.

NOTE: THIS ENGINEERING ASSUMES THAT THE SITE IS STABLE HAVING NO GLOBAL STABILITY CONCERNS OR HAZARDS. IF THIS IS NOT TRUE THEN CONTACT ENGINEER FOR FURTHER ANALYSIS AND DESIGN.

SLAB FOUNDATION PLAN

SCALE 1/4"

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WHIDBEY BASE PLAN

ADDRESS:

PAGE: A 4

188 Bevis Lane