BLDR-2023-12767 RELAY-2022-0540

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP325094

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

PIN # 4763 --34 --4154.

APPLICANT/OWNER: Francesco Intravaia APPLICANT ADDRESS: 814 Limit St Chma Grove 28023.

SITE ADDRESS: 2416 Hwy 70 Statesville NC 28677. PHONE: 704-617-9387 ALT. PHONE —

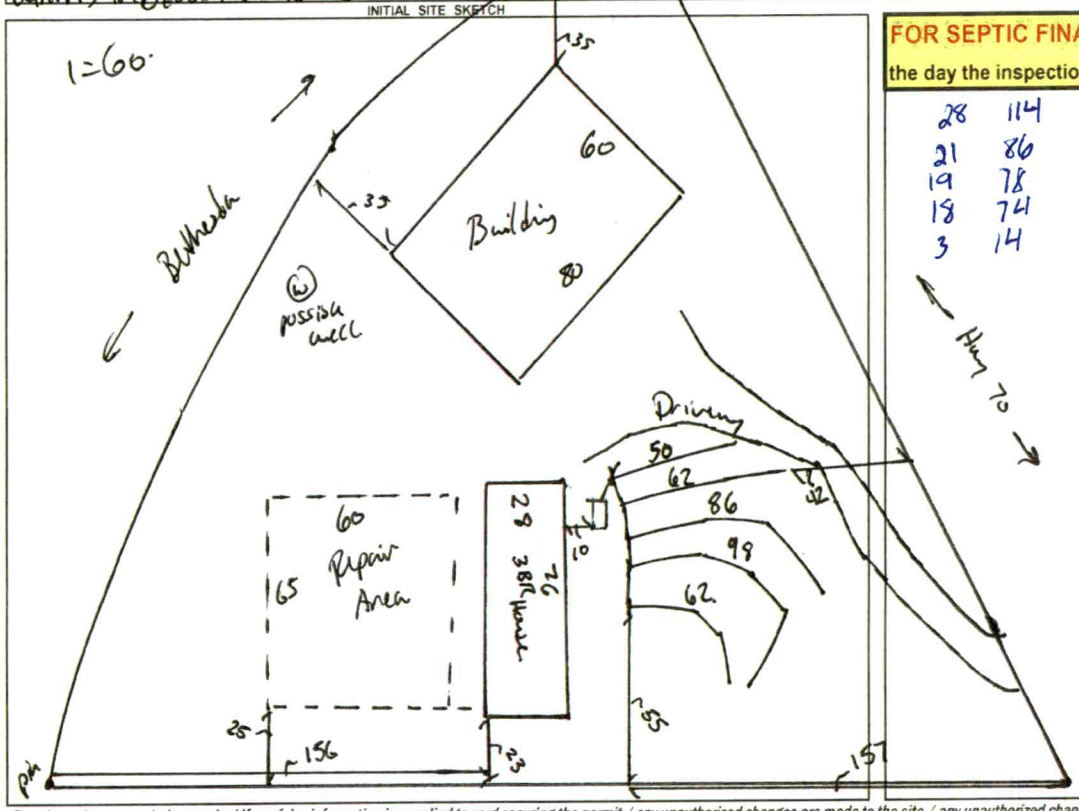
SITE DIRECTIONS: Hwy 70 to Bethesda on Corner of 70 & Bethesda. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — — LOT AREA: 1.418 Ac DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank 1000 1500 (gal)	STB 776	Date 9/25/22	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms 5	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity - 25% Reduction	☐ Business	No. Persons 6	☐ Private
Pump Make	Model	Serial #	Repair System Description: TS-11 Drip	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 360	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width 36 in	Trench Bottom Depth (Low Side)	36 in max	Gravel Depth — ☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install on contour w/ Low Pressure Distribution
Do not Drive, Park, Pave, Grade or bury utilities in Drainfield Area

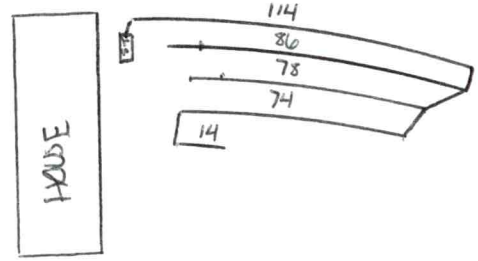
INITIAL SITE SKETCH



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.

28 114
21 86
19 78
18 74
3 14



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: [signature] Date: 8/3/2022 Installed by: Ryan's Septic

IMPROVEMENT PERMIT by: [signature] Date: 8-3-2022. OPERATION PERMIT by: [signature] Date: 3/16/23

AUTHORIZATION TO CONSTRUCT by: Brignt C. Wilcox Date: 1-23-2023 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? _____	

BLDR-2023-12767 RELAY-2022-0540

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325094

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

PIN # 4763 --34 --4154.

APPLICANT/OWNER: Francesco Intravaia APPLICANT ADDRESS: 814 Limit St China Grove 28023.

SITE ADDRESS: 2416 Hwy 70 Statesville NC 28677. PHONE: 704-617-9387 ALT. PHONE —

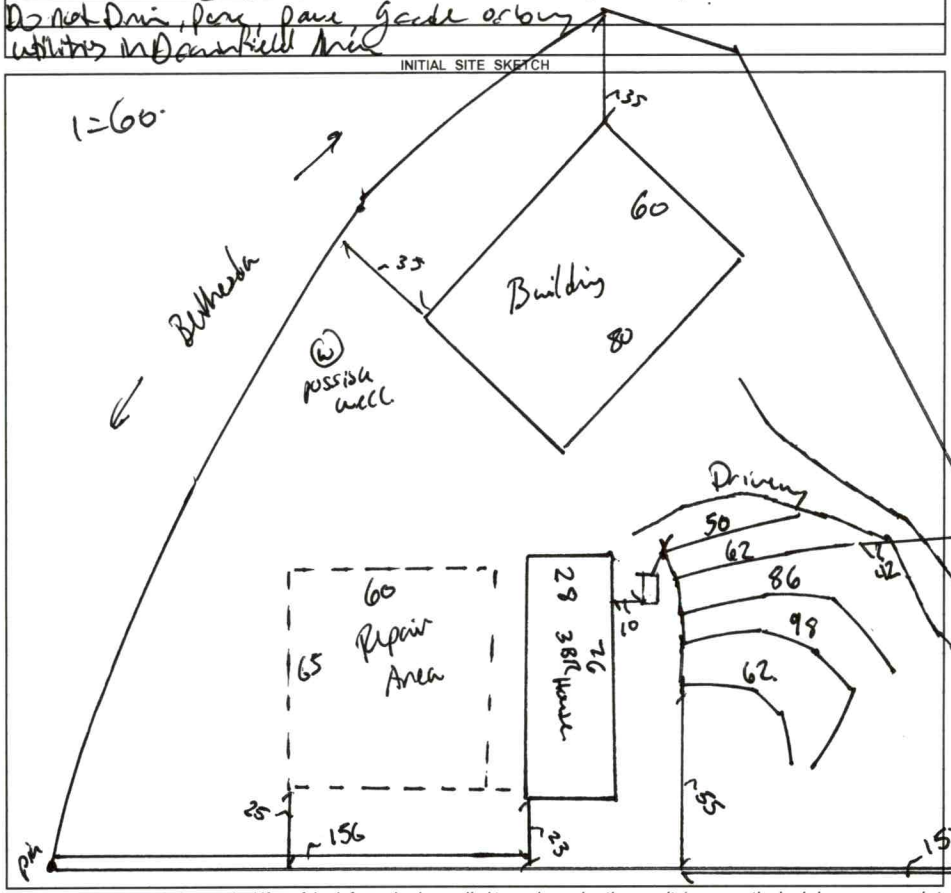
SITE DIRECTIONS: Hwy 70 to Bethesda on Corner of 70 & Bethesda. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.418 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	Gravity -25% Reduction			☐ Business	No. Persons	6	☐ Private
Pump Make		Model			Serial #		Repair System Description:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5		Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36 in	Trench Bottom Depth ~~(Low side)~~			36 in max Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install on contour w/ Water Serial Distribution
Do not Drive, Park, Pave, Grade or bury utilities in Drainfield Area

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.

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: [signature] Date: 8/3/2022 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 8-3-2022. OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. Rhodes Date: 1-23-2023 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? _____	

PERMIT SNAPSHOT REPORT OSWP-2023-12695 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Authorization to Construct
Status: In Progress
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant
App Date: 01/03/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: Install new septic system for single family off frame modular residence : BEN DID THE IP PERMIT

Parcel: 4763344154.000 Main	**Address:** 2416 Hwy 70 Statesville, NC 28677 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent
PINE PROPERTIES LLC
1 Lodge Pole Lane 345
DONALD ROSS DR
PINEHURST, NC 28374
Business: (336) 601-7299

Property Owner
FRANCESCO+STEVEN C
INTRAVAIA

Permit Custom Fields

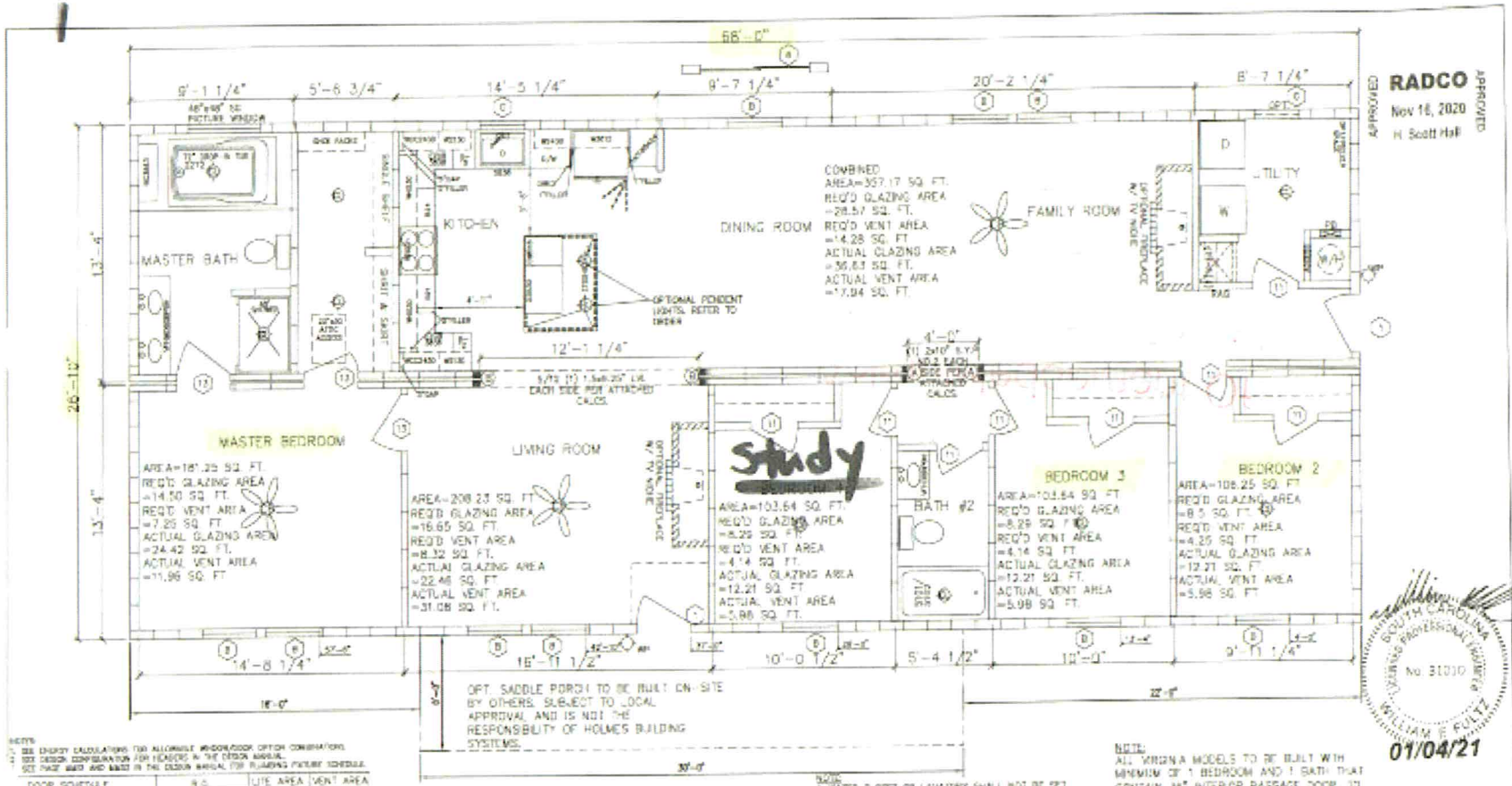
How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	68 x 28 1824 sq ft.	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain	n/a	Maximum Number of Bedrooms	3	Number of Occupants	2
Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential	Number of Employees	0
Water Supply	New Well	Desired Septic System Type	Conventional (most common)	If other septic system type, please explain	
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Samantha_McDaniel_1/3/2023.jpg	01/03/2023 14:10	McDaniel, Samantha		Uploaded via CSS
2416 HWY 70 SITE PLAN.pdf	01/06/2023 14:24	Comeaux, Debra	Available Online	SITE PLAN
2416 HWY 70 OLD PERMIT AP-325094.pdf	01/06/2023 14:39	Comeaux, Debra	Available Online	OLD PERMIT AP-325094
2416 HWY 70 FLOOR PLAN.pdf	01/06/2023 14:41	Comeaux, Debra	Available Online	FLOOR PLAN
2416 HWY 70 FLOOR PLAN NEW SET.pdf	01/06/2023 15:18	Comeaux, Debra	Available Online	FLOOR PLAN NEW SET
2416 HWY 70 LIEN AGENT.pdf	01/06/2023 15:19	Comeaux, Debra	Available Online	LIEN AGENT
2416 HWY 70 LEGAL DOCUMENTS.pdf	01/06/2023 15:21	Comeaux, Debra	Available Online	LEGAL DOCUMENTS
2416 HWY 70 GENERAL CONTRACTING LICENSE.pdf	01/06/2023 15:25	Comeaux, Debra	Available Online	GENERAL CONTRACTING LICENSE
2416 HWY 70 AUTHORIZE AN OWNER.pdf	01/09/2023 8:53	Comeaux, Debra	Available Online	AUTHORIZE OF OWNERSHIP
2416 HWY 70 IP PERMIT ONLY APPROVED.pdf	01/09/2023 8:57	Comeaux, Debra	Available Online	IP PERMIT ONLY APPROVED

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		01/09/2023 8:54	01/09/2023 8:54
Confirm application complete v.1	Generic Action		01/09/2023 8:54
~~**Zoning Review v.1**~~			01/09/2023 10:06
~~Iredell County Zoning Approval v.1~~	Task		01/09/2023 10:06
~~Issue Invoice v.1~~	Generic Action		01/09/2023 10:06
~~Fees Paid v.1~~	Generic Action		01/09/2023 10:06
Review v.1			
OSWP Review v.1	Receive Submittal		

Issue Permit v.1

Issue Permit v.1 Generic Action



NOTE:
1. SEE ENERGY CALCULATIONS FOR ALLOWABLE WINDOW/DOOR OPTION COMBINATIONS.
2. SEE DESIGN CONFIGURATION FOR HEADERS IN THE DESIGN MANUAL.
3. SEE PAGE ABOVE AND BELOW IN THE DESIGN MANUAL FOR PLUMBING FIXTURE SCHEDULE.

DOOR SCHEDULE	R.O.	LITE AREA	VENT AREA
36"x80" EXTERIOR	38"x82 3/8"	-	19.12
1 40"x80" SIDE LITE		1.85	-
1 60"x64" SIDE LITE		2.66	-
3 36"x80" EXTERIOR 9-LITE	38"x82 3/8"	9.12	19.12
4 36"x80" FRENCH 15-LITE	38"x82 3/8"	9.95	19.12
5 32"x80" EXTERIOR SDL 6/0	34"x82 3/8"	-	19.12
6 72"x80" SG GLASS DOOR	72"x82"	3.45	19.12
7 74"x80" ATRIUM DOOR	75 1/2"x82 1/4"	18.50	19.12
8 72"x80" FRENCH DOOR	74 1/2"x82 1/4"	18.50	19.12
N 32"x80" INTERIOR	33"x82 3/8"	-	-
M 28"x80" INTERIOR	29"x82 3/8"	-	-
10 24"x80" INTERIOR	25"x82 3/8"	-	-
11 30"x80" INTERIOR	30"x82 3/8"	-	-
12 32"x80" SOLID INTERIOR	33 1/2"x82 3/8"	-	-
13 36"x80" INTERIOR	37"x82 3/8"	-	-
14 48"x80" BIFOLD INTERIOR	50"x82 3/8"	-	-
15 60"x80" BIFOLD INTERIOR	62"x82 3/8"	-	-
16 30"x80" POCKET DOOR	76"x82 3/8"	-	-

FFT=FROST FREE FAUCET

NOTE ALL WINDOWS MARK OF 50 SHGC 0.24 U-0.34

WINDOW SCHEDULE	R.O.	LITE AREA	VENT AREA
A 36"x72" EGRESS	38 1/4"x73 1/4"	14.60	7.36
B 36"x60" EGRESS	38 1/4"x62 1/4"	12.21	6.28
C 30"x36	32 1/4"x38 1/4"	5.55	2.84
D 24"x48"	26 1/4"x48 1/4"	5.99	2.98
E 36"x60" SAFETY GLAZED	38 1/4"x62 1/4"	12.21	6.28
F 32"x54" BORROW	32 1/4"x54 1/4"	8.52	4.38
D 24"x60"	26 1/4"x62 1/4"	7.99	3.84
H 46"x48" SAFETY GLAZE	48 1/4"x48 1/4"	13.03	6.27

COLUMN SUPPORT
(2)-2x4's
(3)-2x4's
(4)-2x4's
AREA
1st FLOOR
1,828 SQ. FT.
PORCH
SQ. FT.

NOTE:
A WATER CLOSET OR LAVATORY SHALL NOT BE SET CLOSER THAN 15" FROM IT'S CENTER TO ANY SIDEWALL PARTITION OR VANITY OR CLOSER THAN 30" CENTER TO CENTER BETWEEN ADJACENT FIXTURES. THERE SHALL BE A CLEARANCE OF NOT LESS THAN 21" IN FRONT OF A WATER CLOSET OR LAVATORY TO ANY WALL FIXTURE OR DOOR.

NOTE:
IF THE WINDOW IS LESS THAN 24" ABOVE THE FINISH FLOOR AND 72" ABOVE FINISH GRADE, THERE MUST BE FALL PROTECTION INSTALLED. THE FALL PROTECTION TO BE INSTALLED ON SITE BY OTHERS IF REQUIRED, SUBJECT TO LOCAL APPROVAL.

NOTE:
ANY REQUIREMENTS FOR WHOLE HOUSE VENTILATION SYSTEMS ARE TO BE MET AND PROVIDED ON SITE BY OTHERS PER LOCAL CODE AND ARE NOT THE RESPONSIBILITY OF HOLMES BUILDING SYSTEMS.

NOTE:
ALL VIRGINIA MODELS TO BE BUILT WITH MINIMUM OF 1 BEDROOM AND 1 BATH THAT CONTAIN 36" INTERIOR PASSAGE DOOR TO COMPLY WITH 2015 CODE FOR VA.
AN "*" INDICATES WHICH DOORS TO BE CHANGED TO MEET REQUIREMENTS

NOTE:
ALL 1st AND 2nd FLOOR WINDOWS SHALL BE INSTALLED WITH THE LOWEST PART OF THE CLEAR OPENING LOCATED GREATER THAN 24" ABOVE THE FLOOR. IF THIS REQUIREMENT IS NOT MET HOLMES BUILDING WILL INSTALL A FALL PROTECTION DEVISE IF ANY OF THE 1st FLOOR WINDOWS ARE GREATER THAN 72" ABOVE GRADE. THE FALL PROTECTION DEVISE WILL BE INSTALLED ON-SITE BY OTHERS SUBJECT TO LOCAL APPROVAL.

BUILDING MUST BE SETBACK AS REQUIRED FROM PROPERTY LINES

SOUTH CAROLINA
LICENSED PROFESSIONAL ENGINEER
No. 31010
WILLIAM E. FULTZ
01/04/21

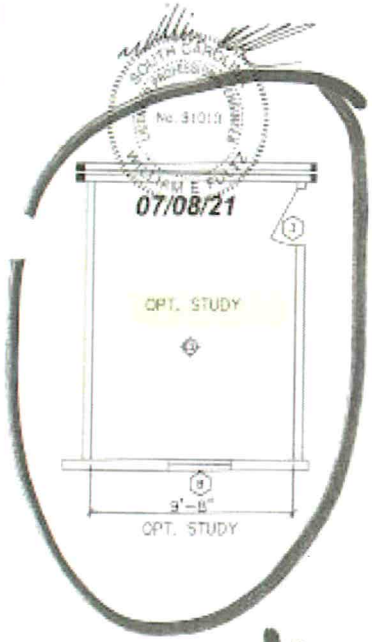
REVISIONS: 1	SCALE: 3/16"=1'-0"	APPROVAL BY: JAB	HOLMES BUILDING SYSTEMS, LLC
DATE: 9/14/20	DATE: 3/10/2020	DRAWN BY: J. PHILLIPS	

Date 05

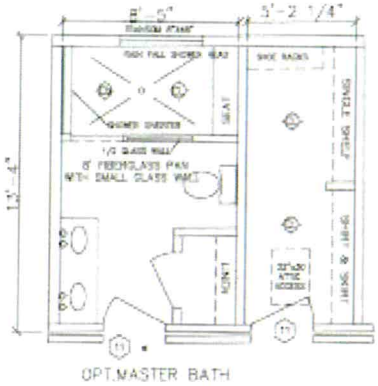
FLOOR PLAN | PROJECT NO:
MODEL: 6828B DARMONT | DRAWING NO: 1 OF 2 | SHT: 5.0

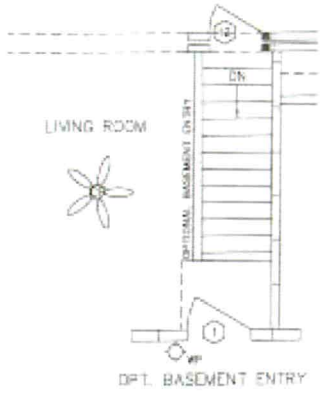
Brandy L. Wilson Date 1-23-2023

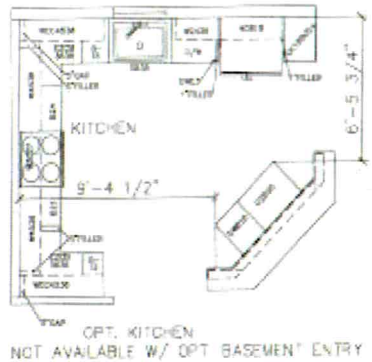
Acknowledgement Of Plans Submittal ONLY!



in lieu of #1 Bedroom







Acknowledgement Of Plans Submittal ONLY!

OS Date –

Buyer C. White Date 1-23-2023

APPROVED RADCO July 20, 2021 H. Scott Hall APPROVED

REVISIONS:	SCALE: 3/16"=1'-0"	APPROVED BY:	HOLMES BUILDING SYSTEMS, LLC	TITLE: FLOOR PLAN OPTIONS	PROJECT NO:
DATE:	DATE: 07/02/2021	DRAWN BY: JAB		MODEL: 6828 OAKMONT	DRAWING NO: OP-5.0 2OF2

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, Francesco Intravaia, am the legal owner(s) of the property located at 2416 Hwy 70 Statesville NC 28677, identified as PIN (Parcel Identification Number) 4763344154.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Francesco Intravaia, _____, 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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
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 HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

8/3/2022 (Date)

Owner: Francesco Fontanini
Address: 814 Laurel St
China Grove NC. 28023

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
2416 Hwy 70 PIN 4763344151
AP- 325094

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 4-7-22 (date) for a system

Gravity - Sol. Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
08/02/2022

Owner: Francesco Intravaia
Address: 814 Lunel St China Grove NC 28023

Subject: Notice of Intent to Revoke/Suspend : 2416 Hwy 70 Statesville NC

Dear Francesco Intravaia :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 2416 Hwy 70 Statesville NC for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization III determined the following violations:

Violation	Law or Rule Citation
Change in house box location and change in system design	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 8/3/2022_____. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

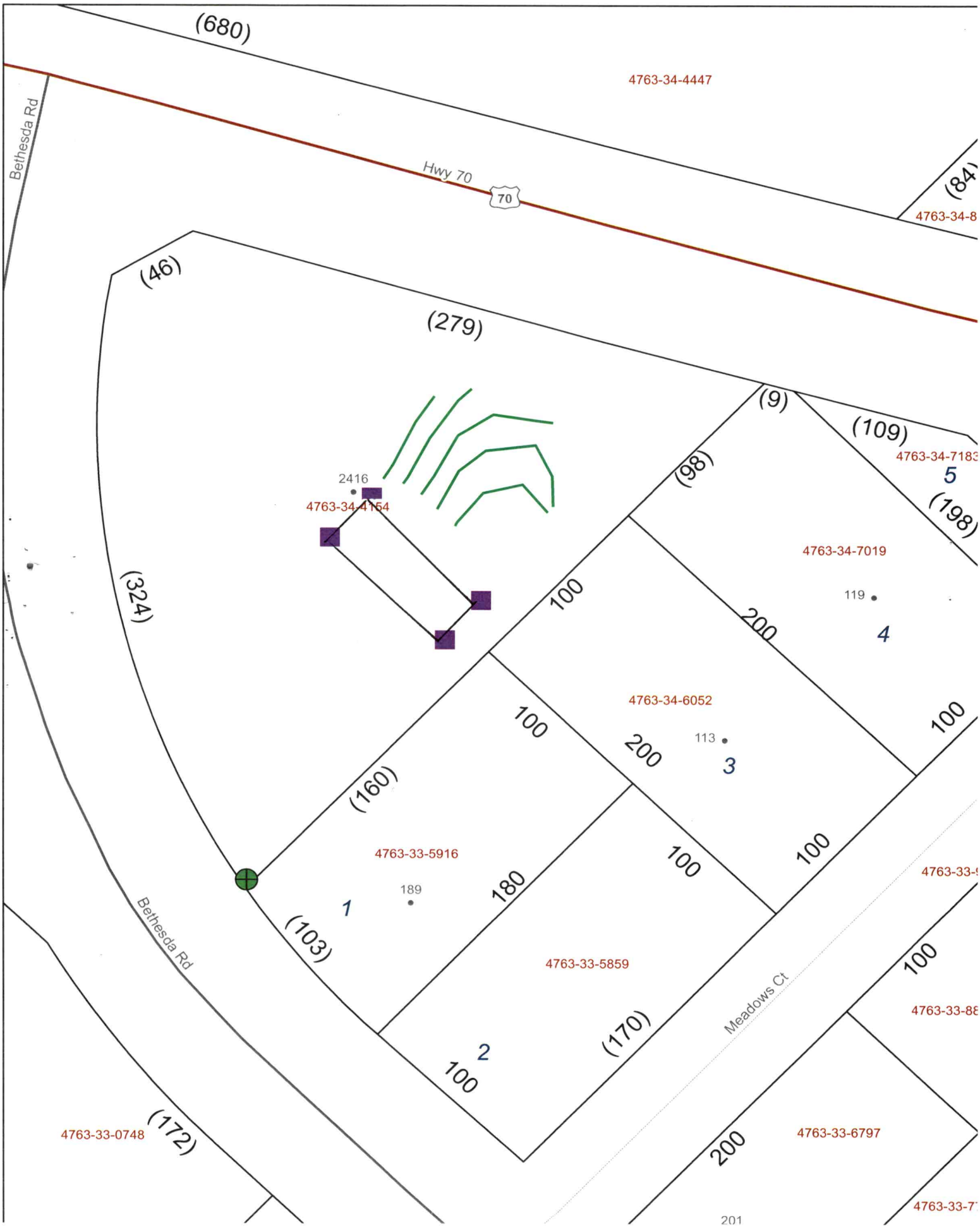
Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent


(680)
4763-34-4447
Bethesda Rd
Hwy 70
70
(84)
4763-34-8
(46)
(279)
(9)
(109)
4763-34-7183
5
(198)
(98)
2416
4763-34-4154
(324)
100
200
4763-34-7019
119
4
4763-34-6052
113
3
100
100
200
(160)
4763-33-5916
189
1
180
100
100
4763-33-5
(103)
4763-33-5859
Bethesda Rd
Meadows Ct
100
4763-33-8
2
100
(170)
(172)
4763-33-0748
200
4763-33-6797
4763-33-7
201

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Francisco Intoppicina
ADDRESS: 814 Lunel ST Chinn Grove 28623
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 2416 HWY 70 Statesville NC 28677
APPLICATION DATE:
DATE EVALUATED: 3/25/22
PROPERTY SIZE:
PROPERTY RECORDED:

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	SH	0-20	C/SABK	S P fr SE	10YR 6/6	60	N/A	N/A	PS .3 below 20 Inches.
		20-60	CL/SBK	SS sp fr SE					
2	Shoulder	0-7	Disturbed		10YR6/6 10YR6/4 to 40 Inch			24-30 10YR6/6 29 Inches	PS .25 Shallow.
		7-36	C WSBK	S P FR SEVP					
		36-54	CL ABK	SS Sp FR					
3	HS	0-12	Blow SCL	NS NP fr SE		55	Sap inclusions beg in at 35. Heavy Sap at bottom		PS .25
		12-34	C/SBK	S P fr SE					
		34-55	CL/SBK ABK	SS Sp fr SC					
4	HS	0-12	Blow SCL	NS NP fr SE	2.5Y 6/6 at 21	57	Sap inclusion beg in at 32. Heavy Sap at 50		PS .25
		12-37	C/SBK	S P fr SE					
		37-57	CL/ABK	SS Sp fr SE					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Ben Botkins
OTHER(S) PRESENT: Matthew Wilkinson

COMMENTS:

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

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

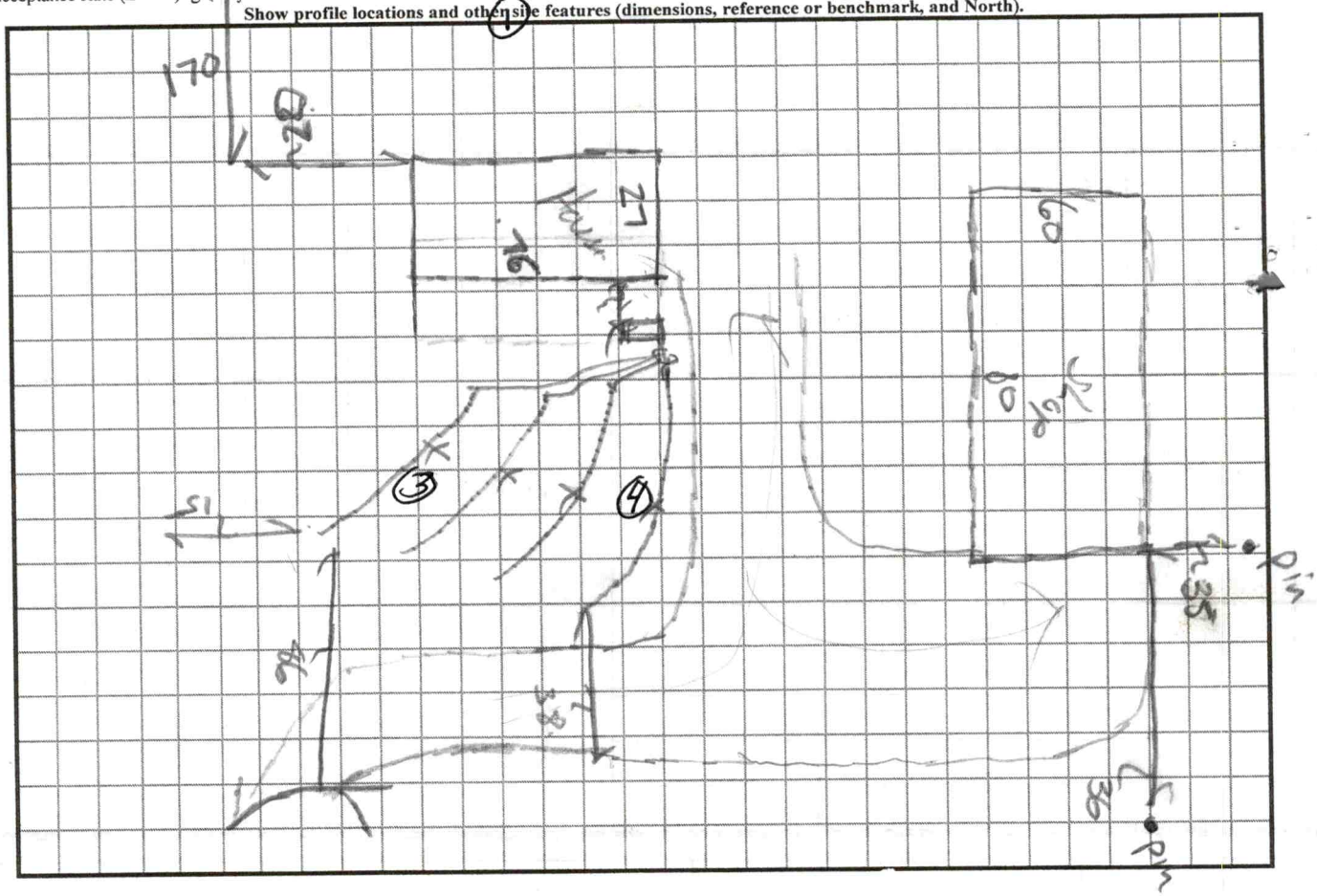
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



RECEIVED JAN 3 1 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 325094 $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
(No floorplan submitted with App.) (Floorplan submitted with App.)

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: Francesco Intravaia Address: 814 Lunel St China Grove Zip: 28023
Applicant Email: Riden62587@Gmail Phone: 704-617-9389 Alt. Phone: _____
Owner Name: Francesco Intravaia Address: 814 Lunel St China Grove Zip: 28023
Owner Email: Riden62587@Gmail Phone: 704-617-9389 Alt. Phone: _____

Property Information:

Street Address: 2416 Hwy 70 Statesville NC 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — (X) 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: 1 Number of Persons: 3
(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 (1) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

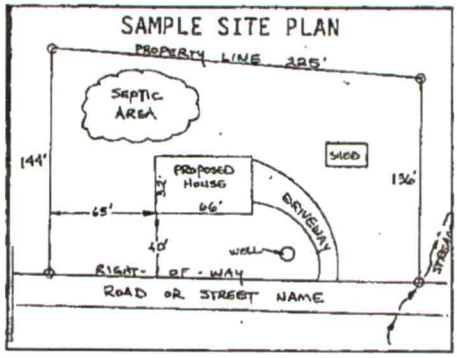
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: _____ _____
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
- (X) 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

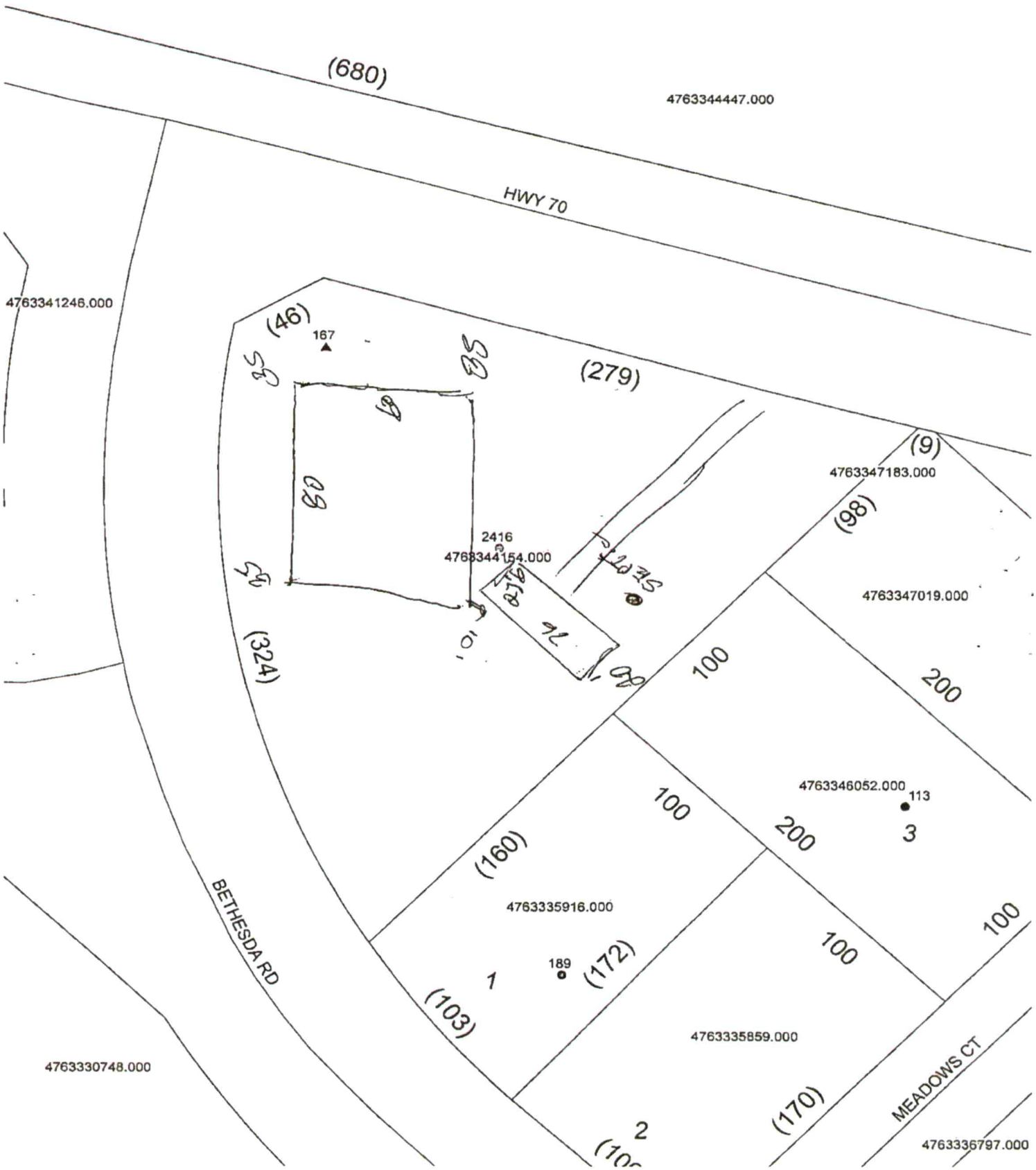
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: _____

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

_____
DATE


(680)
4763344447.000
HWY 70
4763341246.000
(46)
167
85
85
(279)
(9)
4763347183.000
(98)
2416
4763344154.000
4763347019.000
(324)
100
200
4763346052.000
113
3
100
200
(160)
4763335916.000
100
189
1
(172)
(103)
4763335859.000
BETHESDA RD
4763330748.000
(170)
MEADOWS CT
2
4763336797.000

IREDELL COUNTY · NC

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

APPLICATION NUMBER
325094 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4763344154.000	2416 HWY 70	IREDELL COUNTY

Owner Information	Applicant Information
Name: INTRAVAIA FRANCESCO Address: Phone: (704)617-9389	Name: INTRAVAIA FRANCESCO Address: Phone: (704)617-9389

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.418	35	35	15	35	N/A	NO

Remarks
MODULAR HOME

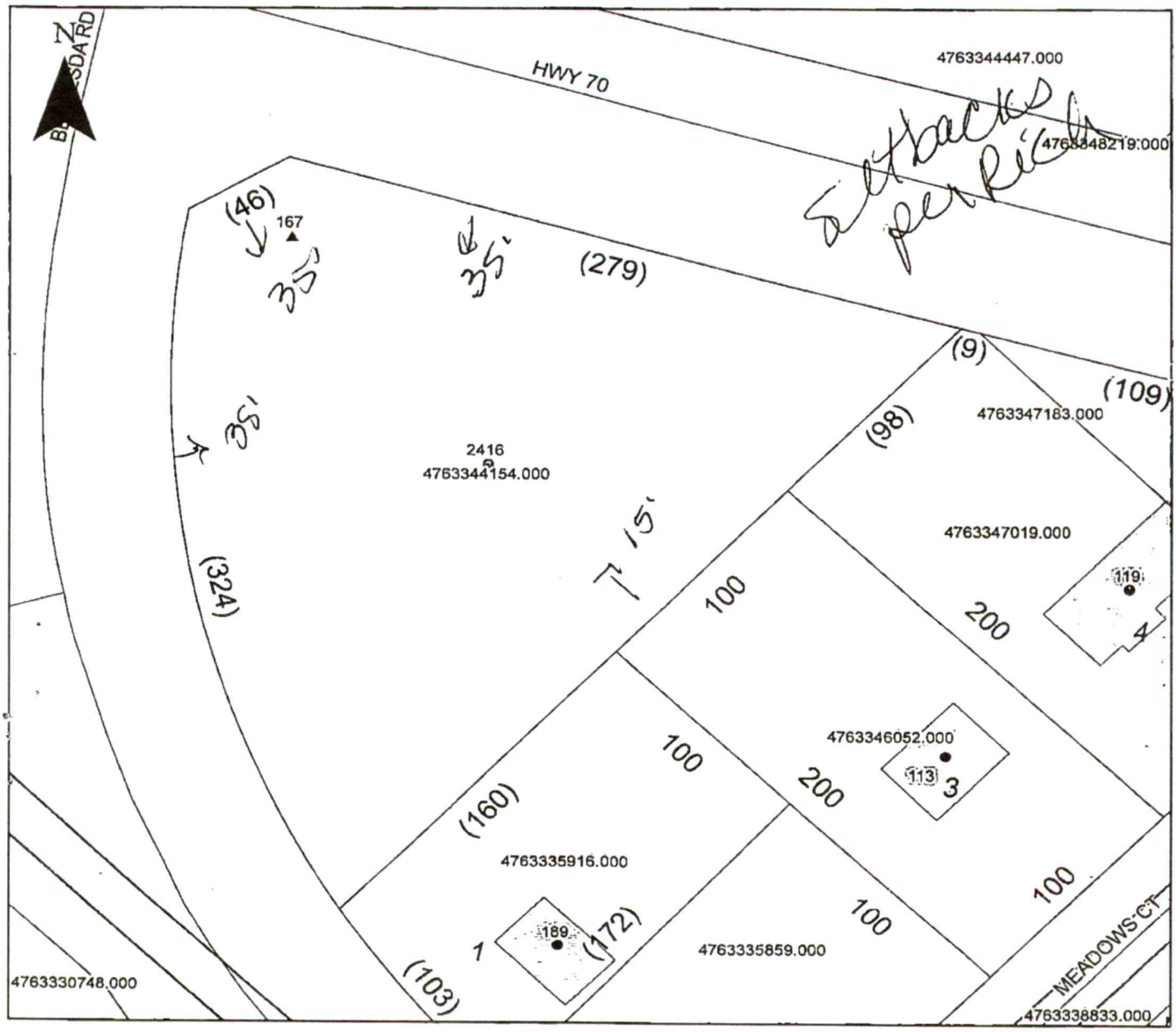
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 01/28/2022

Signature of Owner/Contractor

Permit Number	325094	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 2416 Hwy 70, Statesville NC 28677

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

Date

DO NOT REMOVE

Details: Appointment of Lien Agent

Entry #: 1814926

Filed on: 11/22/2022
Initially filed by:
pinepropllc@gmail.com

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com

Address: 223 S. West Street, Suite 900 / Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Project Property

2416 HWY 70
Statesville, NC 28677
Iredell County

Property Type

1-2 Family Dwelling

Print & Post

Contractors:
Please post this notice on the Job Site.

Suppliers and Subcontractors:
Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

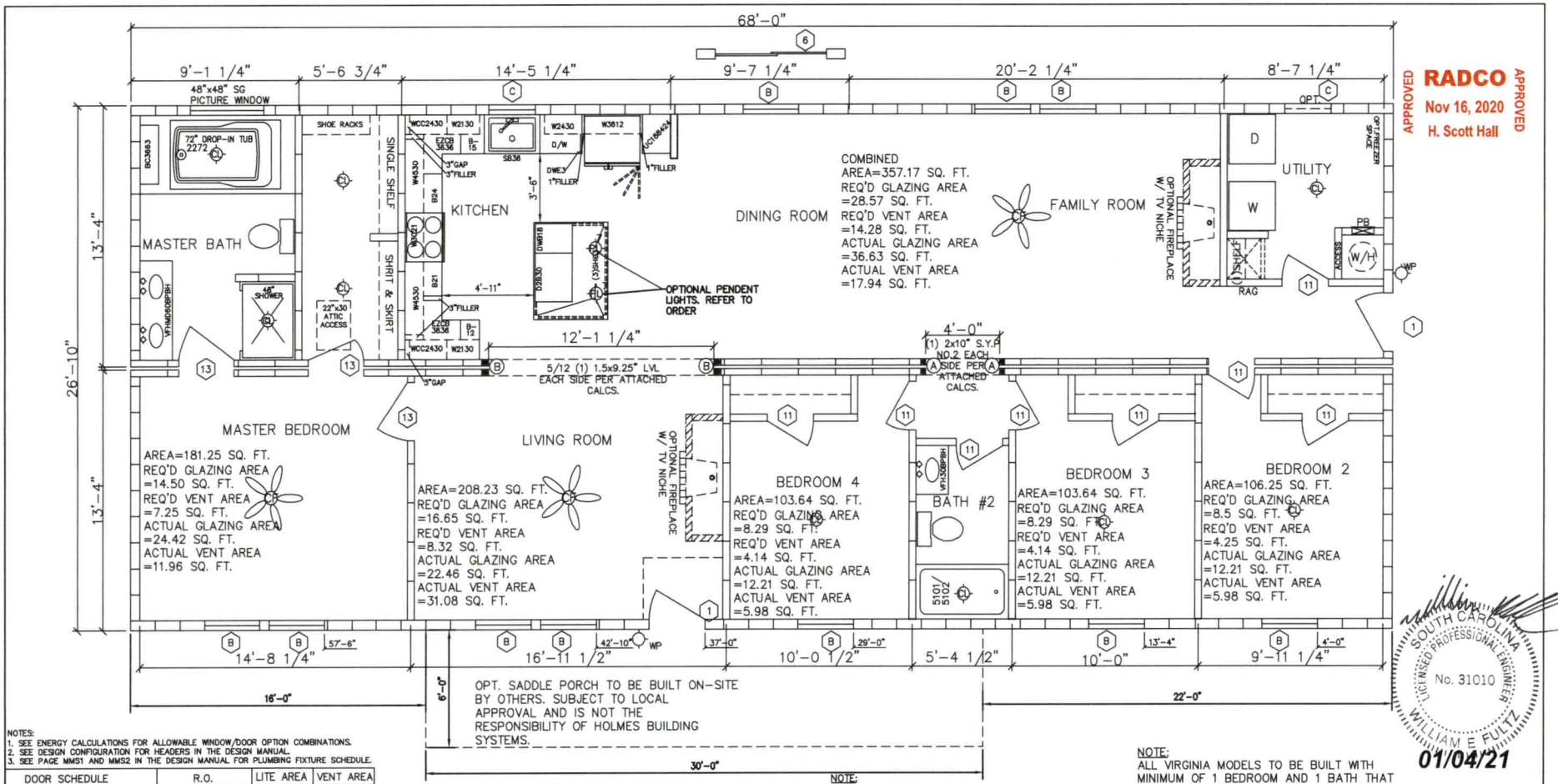
Rhonda Parris
Lodge Pole Lane
PINEHURST, NC 28374
United States
Email: pinepropllc@gmail.com
Phone: 910-684-0479

Date of First Furnishing

12/22/2022

View Comments (0)

Technical Support Hotline: (888) 690-7384



APPROVED RADCO APPROVED
Nov 16, 2020
H. Scott Hall

SOUTH CAROLINA LICENSED PROFESSIONAL ENGINEER No. 31010 WILLIAM E FULTZ
01/04/21

NOTES:
1. SEE ENERGY CALCULATIONS FOR ALLOWABLE WINDOW/DOOR OPTION COMBINATIONS.
2. SEE DESIGN CONFIGURATION FOR HEADERS IN THE DESIGN MANUAL.
3. SEE PAGE MMS1 AND MMS2 IN THE DESIGN MANUAL FOR PLUMBING FIXTURE SCHEDULE.

	DOOR SCHEDULE	R.O.	LITE AREA	VENT AREA
1	36"x80" EXTERIOR	38"x82 3/8"	–	19.12
1A	8"x36" SIDE LITE		1.85	–
1B	7"x64" SIDE LITE		2.86	–
3	36"x80" EXTERIOR 9-LITE	38"x82 3/8"	5.12	19.12
4	36"x80" EXTERIOR 15-LITE	38"x82 3/8"	9.25	19.12
5	32"x80" EXTERIOR (SOLID)	34"x82 3/8"	–	19.12
6	72"x80" SG GLASS DOOR	72"x80"	5.45	19.12
7	72"x80" ATRIUM DOOR	75 1/2"x82 1/4"	18.50	19.12
8	72"x80" FRENCH DOOR	74 1/2"x82 1/4"	18.50	19.12
9	20"x80" INTERIOR	22"x82 3/8"	–	–
10	24"x80" INTERIOR	26"x82 3/8"	–	–
11	30"x80" INTERIOR	32"x82 3/8"	–	–
12	32"x80" SOLID INTERIOR	34 1/2"x82 3/8"	–	–
13	36"x80" INTERIOR	38"x82 3/8"	–	–
14	48"x80" BIFOLD INTERIOR	50"x82 3/8"	–	–
15	60"x80" BIFOLD INTERIOR	62"x82 3/8"	–	–
16	30"x80" POCKET DOOR	74"x82 3/8"	–	–

FFF-FROST FREE FAUCET

NOTE ALL WINDOWS: MAX= DP:50 SHGC: 0.24 U:0.34

	WINDOW SCHEDULE	R.O.	LITE AREA	VENT AREA
A	36"x72" EGRESS	36 1/4"x72 1/4"	14.90	7.38
B	36"x60" EGRESS	36 1/4"x60 1/4"	12.21	5.98
C	30"x36	30 1/4"x36 1/4"	5.55	2.64
D	24"x48"	24 1/4"x48 1/4"	5.99	2.95
E	36"x60" SAFETY GLAZED	36 1/4"x60 1/4"	12.21	5.98
F	32"x54" DORMER	32 1/4"x54 1/4"	9.52	4.66
G	24"x60"	24 1/4"x60 1/4"	7.69	3.84
H	48"x48" SAFETY GLAZE	48 1/4"x48 1/4"	13.03	6.27
I				

COLUMN SUPPORT
(A) 2-2x4'S
(B) 3-2x4'S
(C) 4-2x4'S

AREA
1st FLOOR
1,824 SQ. FT.
PORCH
SQ. FT.

NOTE:
A WATER CLOSET OR LAVATORY SHALL NOT BE SET CLOSER THAN 15" FROM IT'S CENTER TO ANY SIDEWALL, PARTITION OR VANITY OR CLOSER THAN 30" CENTER TO CENTER BETWEEN ADJACENT FIXTURES. THERE SHALL BE A CLEARANCE OF NOT LESS THAN 21" IN FRONT OF A WATER CLOSET OR LAVATORY TO ANY WALL FIXTURE OR DOOR.

NOTE:
IF THE WINDOW IS LESS THAN 24" ABOVE THE FINISH FLOOR AND 72" ABOVE FINISH GRADE, THERE MUST BE FALL PROTECTION INSTALLED. THE FALL PROTECTION TO BE INSTALLED ON-SITE BY OTHERS IF REQUIRED. SUBJECT TO LOCAL APPROVAL.

NOTE:
ANY REQUIREMENTS FOR WHOLE HOUSE VENTILATION SYSTEMS ARE TO BE MET AND PROVIDED ON SITE BY OTHERS PER LOCAL CODE AND ARE NOT THE RESPONSIBILITY OF HOLMES BUILDING SYSTEMS.

NOTE:
ALL VIRGINIA MODELS TO BE BUILT WITH MINIMUM OF 1 BEDROOM AND 1 BATH THAT CONTAIN 36" INTERIOR PASSAGE DOOR. TO COMPLY WITH 2015 CODE FOR VA.
AN "*" INDICATES WHICH DOORS TO BE CHANGED TO MEET REQUIREMENTS.

NOTE:
ALL 1st AND 2nd FLOOR WINDOWS SHALL BE INSTALLED WITH THE LOWEST PART OF THE CLEAR OPENING LOCATED GREATER THAN 24" ABOVE THE FLOOR. IF THIS REQUIREMENT IS NOT MET HOLMES BUILDING WILL INSTALL A FALL PROTECTION DEVISE. IF ANY OF THE 1st FLOOR WINDOWS ARE GREATER THAN 72" ABOVE GRADE, THE FALL PROTECTION DEVISE WILL BE INSTALLED ON-SITE BY OTHERS. SUBJECT TO LOCAL APPROVAL.

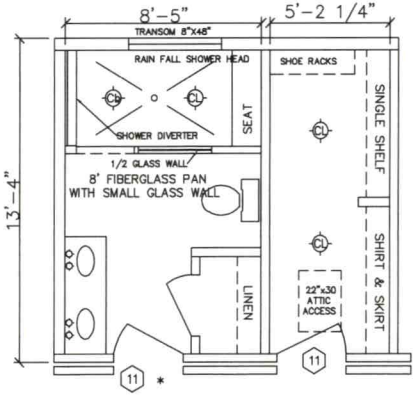
*BUILDING MUST BE SET-BACK ATLEAST 10' FROM PROPERTY LINES

REVISIONS: 1	SCALE: 3/16"=1'-0"	APPROVAL BY: JAB	HOLMES BUILDING SYSTEMS, LLC
DATE: 9/14/20	DATE: 3/10/2020	DRAWN BY: J. PHILLIPS	

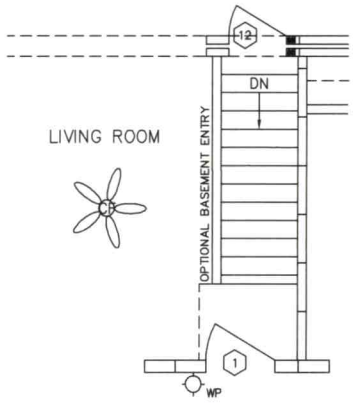
TITLE: FLOOR PLAN	PROJECT NO:
MODEL: 6828B OAKMONT	DRAWING NO: MP-5.0 1OF2



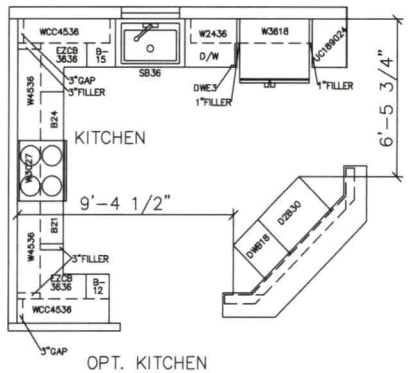
OPT. STUDY



OPT.MASTER BATH



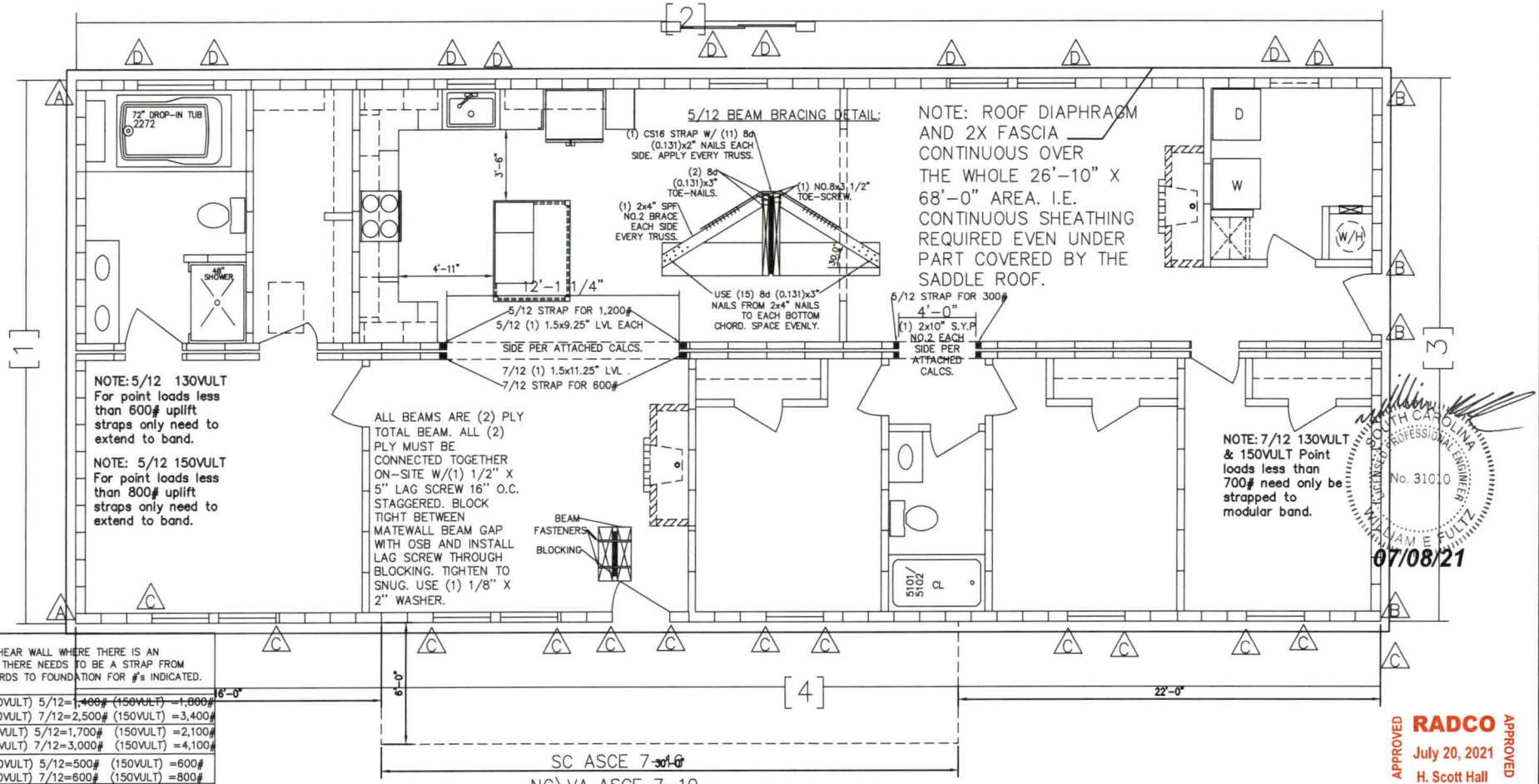
OPT. BASEMENT ENTRY



OPT. KITCHEN
NOT AVAILABLE W/ OPT. BASEMENT ENTRY

APPROVED RADCO APPROVED
July 20, 2021
H. Scott Hall

REVISIONS:	SCALE: 3/16"=1'-0"	APPROVED BY:	HOLMES BUILDING SYSTEMS, LLC	TITLE: FLOOR PLAN OPTIONS	PROJECT NO:
DATE:	DATE: 07/02/2021	DRAWN BY: JAB		MODEL: 6828 OAKMONT	DRAWING NO: MP-5.0 2OF2



SOUTH CAROLINA PROFESSIONAL ENGINEER No. 31010 WILLIAM E. FULTZ
07/08/21

APPROVED RADCO APPROVED
July 20, 2021
H. Scott Hall

NOTE:
AT THE SHEAR WALL WHERE THERE IS AN "SYMBOL" THERE NEEDS TO BE A STRAP FROM WALL CHORDS TO FOUNDATION FOR #'s INDICATED.

A	(130VULT) 5/12=~~1,400#~~ (150VULT) =1,800# (130VULT) 7/12=2,500# (150VULT) =3,400#
B	(130VULT) 5/12=1,700# (150VULT) =2,100# (130VULT) 7/12=3,000# (150VULT) =4,100#
C	(130VULT) 5/12=500# (150VULT) =600# (130VULT) 7/12=600# (150VULT) =800#
D	(150VULT) =700# (130VULT) 7/12=500# (150VULT) =700#

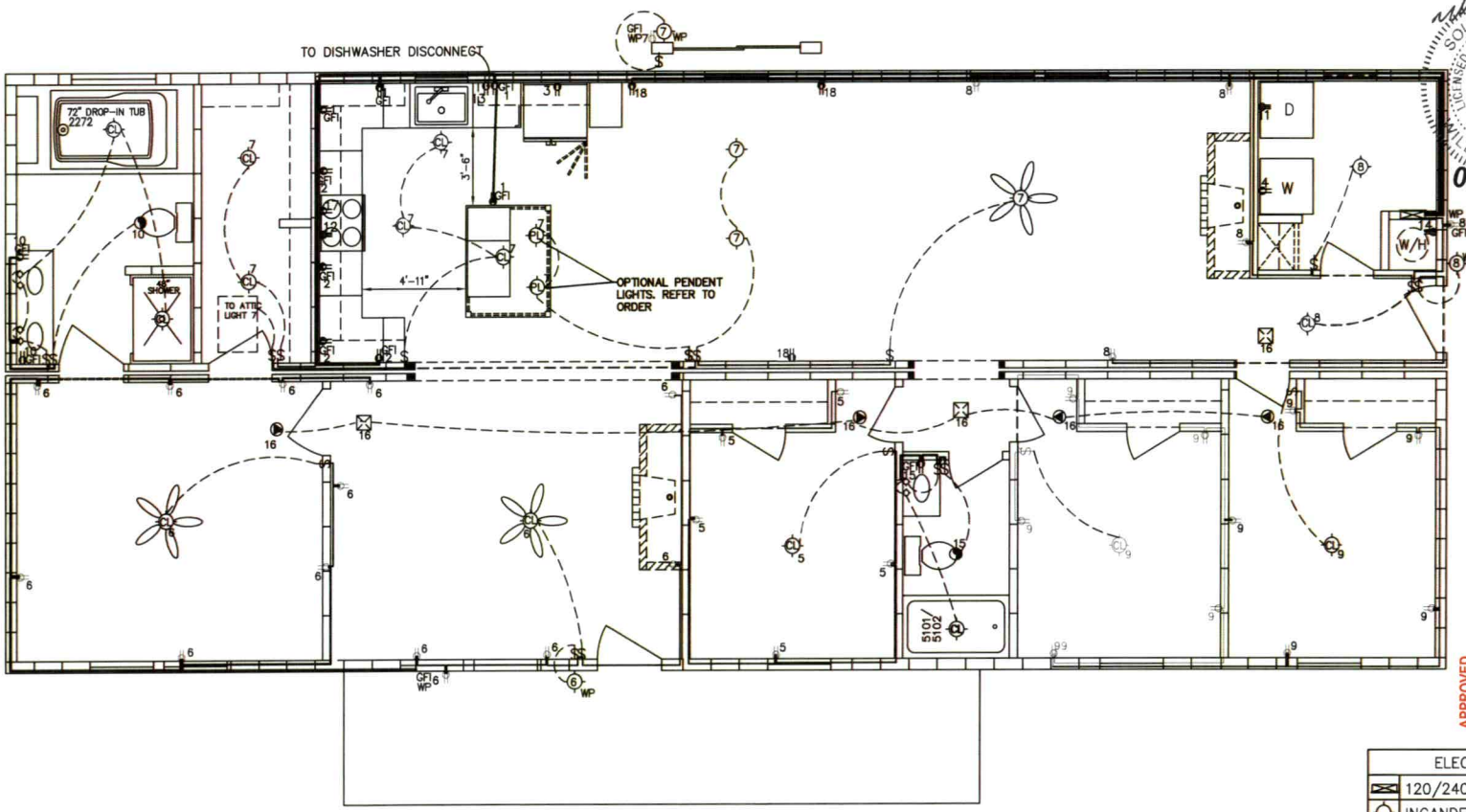
NOTE:
ALL WALLS 7/16" OSB FASTEN W/15ga x 1.5" STAPLES **SEE LEGEND BELOW FOR SPACING
*USE DOUBLE 2X MEMBER EDGES (MIN 3" FRAME SUPPORT). STAGGER EDGE FASTENERS.

[1]	(130VULT)5/12=EDGES 6" O.C.–FIELD 11" O.C. / 7/12= EDGES 3" O.C.–FIELD 10" O.C. (150VULT)5/12=EDGES 4" O.C.–FIELD 8" O.C. / 7/12= EDGES 2" O.C.–FIELD 8" O.C.
[2]	(130VULT)5/12=EDGES 6" O.C.–FIELD 11" O.C. / 7/12= EDGES 6" O.C.–FIELD 11" O.C. (150VULT)5/12=EDGES 6" O.C.–FIELD 8" O.C. / 7/12= EDGES 6" O.C.–FIELD 8" O.C.
[3]	(130VULT)5/12=EDGES 4" O.C.–FIELD 11" O.C. / 7/12= EDGES 3" O.C.–FIELD 10" O.C. (150VULT)5/12=EDGES 4" O.C.–FIELD 8" O.C. / 7/12= EDGES 2" O.C.–FIELD 8" O.C.
[4]	(130VULT)5/12=EDGES 6" O.C.–FIELD 11" O.C. / 7/12= EDGES 6" O.C.–FIELD 11" O.C. (150VULT)5/12=EDGES 6" O.C.–FIELD 8" O.C. / 7/12= EDGES 6" O.C.–FIELD 8" O.C.

ROOFS: 5/12 130VULT	5/12 150VULT	ROOFS: 7/12 130VULT	7/12 150VULT
BLOCK ACROSS VERTICAL 2x6" FASCIA JOINTS FOR 2,908#	BLOCK ACROSS VERTICAL 2x6" FASCIA JOINTS FOR 3597#	BLOCK ACROSS VERTICAL 2x6" FASCIA JOINTS FOR 4,954#	BLOCK ACROSS VERTICAL 2x6" FASCIA JOINTS FOR 6,591#
UNBLOCKED–7/16" OSB FASTEN EDGES WITH 15ga x1.5" STAPLES 6" O.C. AND FIELD 10" O.C., FASTEN BOUNDARY 6" O.C.	ROOFS: BLOCKED 2FT EACH END–7/16" OSB FASTEN EDGES WITH 15ga x1.5" STAPLES 6" O.C. AND FIELD 8" O.C., FASTEN BOUNDARY 6" O.C.	UNBLOCKED–7/16" OSB FASTEN EDGES WITH 8dx2" NAILS 6" O.C. AND FIELD 12" O.C., FASTEN BOUNDARY 6" O.C.	ROOFS: BLOCKED 6FT EACH END–7/16" OSB FASTEN EDGES WITH 8dx2" NAILS 6" O.C. AND FIELD 9" O.C., FASTEN BOUNDARY 4" O.C.
FASTENER SPACING FOR SUCTION	UNBLOCKED–7/16" OSB FASTEN EDGES WITH 15ga x1.5" STAPLES 6" O.C. AND FIELD 8" O.C., FASTEN BOUNDARY 6" O.C.	FASTENER SPACING FOR SUCTION	UNBLOCKED–7/16" OSB FASTEN EDGES WITH 8dx2" NAILS 6" O.C. AND FIELD 9" O.C., FASTEN BOUNDARY 6" O.C.
ZONE 2 6IN MAX FRAMING 24" O.C.	FASTENER SPACING FOR SUCTION	ZONE 2 11IN MAX FRAMING 24" O.C.	FASTENER SPACING FOR SUCTION
ZONE 3 4IN MAX FRAMING 24" O.C.	ZONE 2 5IN MAX FRAMING 24" O.C.	ZONE 3 7IN MAX FRAMING 24" O.C.	ZONE 2 8IN MAX FRAMING 24" O.C.
ZONE 2–OH 4IN MAX FRAMING 24" O.C.	ZONE 3 3IN MAX FRAMING 24" O.C.	ZONE 2–OH 8IN MAX FRAMING 24" O.C.	ZONE 3 5IN MAX FRAMING 24" O.C.
ZONE 3–OH 3IN MAX FRAMING 24" O.C.	ZONE 2–OH 4IN MAX FRAMING 24" O.C.	ZONE 3–OH 5IN MAX FRAMING 24" O.C.	ZONE 2–OH 6IN MAX FRAMING 24" O.C.
	ZONE 3–OH 2IN MAX FRAMING 24" O.C.		ZONE 3–OH 4IN MAX FRAMING 24" O.C.

REVISIONS 3	SCALE: 3/16"=1'-0"	APPROVAL BY: JAB	HOLMES BUILDING SYSTEMS, LLC	TITLE: SHEAR WALL DETAIL
DATE: 07/08/21	DATE: 3/10/2020	DRAWN BY: JAB		MODEL: 6828B OAKMONT

PROJECT NO:
DRAWING NO: MP-5.0A



SOUTH CAROLINA LICENSED PROFESSIONAL ENGINEER
No. 31010
WILLIAM E FULTZ
01/04/21

APPROVED RADCO APPROVED
MAR 16, 2020
H. Scott Hall

NC TYPICAL ELECTRICAL SCHEDULE

VOLTS	WIRE	BRKR	CIR	DESCRIPTION	VOLTS	WIRE	BRKR	CIR	DESCRIPTION
120	12/2	20#AF	1	PORTABLE APPLIANCE	120	12/2	20AF	13	DISH WASHER(LOCKOUT)
120	12/2	20#AF	2	PORTABLE APPLIANCE	240	10/3	25	14	WATER HEATER
120	12/2	20#AF	3	PORTABLE APPLIANCE	120	12/2	20#AF	15	BATH
120	12/2	20#AF	4	WASHER	120	14/3	15AF	16	SMOKE DETECTOR
120	14/2	15AF	5	GENERAL LIGHTING	120	12/2	20AF	17	MICROWAVE
120	14/2	15AF	6	GENERAL LIGHTING	120	12/2	20AF	18	DINING ROOM
120	14/2	15AF	7	GENERAL LIGHTING	240	*	*	19	CONDENSING UNIT
120	14/2	15AF	8	GENERAL LIGHTING	240	*	*	20	CONDENSING UNIT
120	14/2	15AF	9	GENERAL LIGHTING	240	*	*	21	ELEC FURNACE
120	12/2	20#AF	10	BATH	240	*	*	22	ELEC FURNACE
240	10/3	30	11	DRYER	120	12/2	20#AF	23	UTILITY ROOM
240	8/3	40	12	RANGE	240	8/3	40	24	WALL OVEN

#= GROUND FAULT INTERRUPTER BRKR OR RECEPT (GFI), AF= ARC FAULT *= PER MANUFACTURERS SPECS

ELECTRICAL
1. ALL RECEPTACLES TO BE GROUNDING TYPE.
2. ALL WIRING TO BE PER EACH STATE ELECTRICAL CODE, TYPE NM ROMEX (CU) W/GROUND.
3. MAIN PANEL TO BE MARKED "SUITABLE FOR USE AS SERVICE EQUIPMENT," AND BE EQUIPPED W/BREAKER/FUSE TYPE OVER-CURENT PROTECTION.
4. PROPER THERMAL OVERLOAD PROTECTION TO BE PROVIDED FOR ALL MOTORS.
5. WITHIN SIGHT DISCONNECT MEANS REQUIRED FOR ALL MOTORS AND W/H.
6. WEATHERPROOF PROTECTION REQUIRED FOR ALL OUTDOOR LIGHTS, RECEPTACLES AND DISCONNECTS.
7. PROPER WORKING CLEARANCES TO BE PROVIDED AND MAINTAINED AROUND ALL ELECTRICAL EQUIPMENT.
8. ALL FLUORESCENT AND INCANDESCENT FIXTURES REQUIRE THERMAL PROTECTION AND PROPER CLEARANCES FROM INSULATION.
9. COMBINATION EXHAUST FAN/LIGHT AND ALL RECESSED INCANDESCENT FIXTURES TO HAVE THERMAL PROTECTION.
10. SERVICE CONDUCTORS, LOCATED WITHIN THE BUILDING, SHALL BE INSTALLED IN ACCORDANCE WITH ARTICLE 230-6 OF THE PER EACH STATE ELECTRICAL CODE.
11. SEE PAGE MMS1 OF THE DESIGN MANUAL FOR WATER HEATER SPECS AND MMS3 FOR FURNACE SPECS.
12. NON-ARC FAULT CIRCUIT #16 FOR SOUTH CAROLINA SMOKE DETECTOR
13. SERVICE ENTRANCE PANEL, DISCONNECTS, CONDUCTORS AND FEEDERS TO BE SIZED AND INSTALLED BY OTHERS.
14. ASSUMED 10KVA HVAC MAX.
15. SEE PAGE MEL-1 THRU MEL-11 OF THE DESIGN MANUAL FOR ELECTRICAL FIXTURE.
16. PER 2017 NEC 314.27 BOXES USED AT LUMINAIRE OR LAMPHOLDER OUTLETS IN THE CEILING SHALL BE DESIGNED FOR THE PURPOSE AND SHALL BE REQUIRED TO SUPPORT A LUMINAIRE WEIGHING A MINIMUM OF 50 LBS.
17. PER 2017 NEC 406.12 ALL 15 AND 20 AMPERE RECEPTACLES SHALL BE LISTED TAMPER RESISTANT RECEPTACLES.
18. PER IRC N1103.1 A PROGRAMMABLE THERMOSTAT SHALL BE INSTALLED ON-SITE BY OTHERS.
19. NC ONLY, A MINIMUM OF 75% OF LAMPS IN PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL BE HIGH-EFFICANY LAMPS.
20. ALL SMOKE DETECTORS TO BE HARDWIRED, INTERCONNECTED, AND HAVE BATTERY BACKUP.

ELECTRICAL LEGEND	
	120/240 SUB PANEL
	INCANDESCENT LIGHT
WP	EXTERIOR/ WEATHERPROOF
$	15A SINGLE POLE SWITCH
	15A 120V RECEPTACLE
	20A 120V RECEPTACLE
	240V RECEPTICLE
GFI	GROUND FAULT INTERRUPT PROTECTED
	SMOKE DETECTOR
	EXTERIOR FLOODLIGHT
T	THERMOSTAT
F	RANGE HOOD FAN
	CFM EXHAUST FAN (CEILING MOUNT)
	SMOKE DETECTOR/CARBON MONOXIDE

REVISIONS:	SCALE: 3/16"=1'-0"	APPROVAL BY: JAB	HOLMES BUILDING SYSTEMS, LLC	TITLE: ELECTRICAL	PROJECT NO:
DATE:	DATE: 3/10/2020	DRAWN BY: JAB		MODEL: 6828B-HBSP-OAKMONT	DRAWING NO: MP-5.1 1 OF 2