ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-309581

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

PIN # 4765-80-3699

APPLICANT/OWNER: PORTER BUILDERS, WCV INC. | APPLICANT ADDRESS: 2143 MOCKSVILLE HIGHWAY, STATESVILLE, N.C. 28625

SITE ADDRESS: 139 LONEHART LANE, STATESVILLE, N.C. 28625 | PHONE: 704-902-3124 | ALT. PHONE 704-746-5046 LSS

SITE DIRECTIONS: (E) ON 64, (R) ON LONE PINE, (R) ON LONEHART, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: LONE PINES MEADOW | SECTION: 3 | LOT # 31 | LOT AREA: 0.473 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	160	Date	2-10-2021	☑ 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:			25% REDUCTION	☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:			50% REDUCTION - LPP PPBPS	☐ Other	No. Employees —	☑ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	328FT	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth (MAX)			36IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT SHALLOW UP SYSTEM. DO NOT EXCEED 36 IN MAX TRENCH BOTTOM, INSTALL AT 36IN MAX

NO FOUNDATION DRAINAGE ON FRONT SIDE OF HOUSE
SITE PLAN MUST BE ATTACHED TO PERMIT AT ALL TIMES OR PERMIT IS INVALID

INITIAL SITE SKETCH

PLEASE SEE ATTACHED

SITE PLAN AND DESIGN FROM

SOIL AND FORESTRY SERVICES

OF THE CAROLINAS, P.A.,

ASHLEY ROLLANS, LSS #1231

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: Bruce Porter | Date: 9-8-20 | Installed by: Cothren + Son Grading

IMPROVEMENT PERMIT by: Benjamin C. Willis | Date: 9-4-2020 | OPERATION PERMIT by: [signature] | Date: 4-5-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin C. Willis | Date: 9-4-2020 | Existing System Inspected by: | Date:

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

SCALE
1" = 30'
S11°49'42"W
89.00'
31.20'
1 B 98'
2 R 98'
3 Y 98'
P6
P4
P5
20,616.38 Sq Ft
0.473 Ac.
156.18'
S83°41'15"E
66'
23'
S81°28'25"E 171.32'
35'
31
HOUSE
68'
JS
4 Y 82'
5 O 82'
6 B 82'
7 R 82'
P2
P1
P3
35' FY
DRIVE
CC 107.40'
N08°31'35"E
C21
S08°31'35"W
ONEHART LANE PUBLIC 50

Soil & Forestry Services of the Carolinas, PA.

P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence on Lot 31, Lone Pine Meadows Subdivision, Statesville (PIN 4765803699), Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	SUBMITTED
Expedited Review Process Checklist	SUBMITTED
Zoning Permit & Receipt	SUBMITTED
Application	SUBMITTED
Green Sheet	SUBMITTED
Agent Authorization Form	SUBMITTED

August 31, 2020
Project #: 18-0081
Design By: Soil & Forestry Services of the Carolinas, PA.

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- 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 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- 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 pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a PPBPS system with Low Pressure Distribution.

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Applicant:	Porter Builders
Address:	2143 Mocksville Highway Statesville, NC 28625
Phone:	704.746.5046
County:	Iredell
Location:	139 Lonehart Lane Statesville, NC 28625
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	328	
Loading Rate (gpd/ft.^{2}):	0.275	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	36 in.	Repair Trench Bottom 36 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	17
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	11.10
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA.

Layout Specifications - 139 Lonehart Lane- Lot 31

Project #: 18-0081

LAYOUT FOR 3 BEDROOM HOME

August 31, 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	BLUE						
2	RED					98	98
3	YELLOW					98	98
4	*YELLOW*					98	98
5	*ORANGE*					*82*	*82*
6	*BLUE*					*82*	*82*
7	*RED*					*82*	*82*
						82	*82*
					Total	622	622

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	TRENCH DEPTH
* *System*	*328*	*0.275*	*ACCEPT.*	*0.275*	*25% REDUCTION*	*GRAVITY*	36"
Repair	294	0.275	MOD. CONV.	0.275	*PPBPS*	LOW PRESSURE	36"

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

****HOUSE STAKED BY SURVEYOR.**

CALCULATIONS

Location 139 Lonehart Lane
Statesville, NC 28625
Project Number 18-0081

Lot No: 31 Lone Pine Meadows

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.275 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 17 ft.

Supply Line Volume 11.101 gal.

Required Feet of Line 327.2727 ft.
Amount of Line from Layout 328 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A 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
60	6.42

PROPERTY ID #: 4765803699
COUNTY: Iredell

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

OWNER: Bruce Porter
ADDRESS: 2143 Mocksville Highway, Statesville NC 28625
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 139 Lonehart Ln, Statesville NC 28625
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE
DATE EVALUATED: 7/2020
PROPERTY SIZE: 0.473 AC
PROPERTY RECORDED: Yes

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
P 1	L/3%	0-6	BSL Gr	Fr SS SP SEXP	Few Fe Depl. Few SMP Inclu. 10YR 6/3 @ 19" Y/BS 15-19"	72"			PS .275
		6-43	BRC wmsbk/ABK	Fr SS SP SEXP					
		43-72	RBCL wfsbk	Fr SS SP					
P 2	L/3%	0-5	BSL Gr	Fr SS SP SEXP	Few Fe Depl Few SMP Inclu.	72"			PS .275
		5-37	BRC wmsbk/ABK	Fr SS SP SEXP					
		37-72	RBCL wfsbk	Fr SS SP					
P 3	L/3%	0-7	BSCL wfsbk	Fr SS SP SEXP	Few to C. Fe Depl.	70"			PS .275
		7-43	BRC wmsbk/ABK	Fr SS SP SEXP					
		43-70	RBCL wfsbk	Fr SS SP					
P 4	L/3%	0-9	BSCL wfsbk	Fr SS SP SEXP	YB from 16" 27"	75"			PS .275
		9-39	BRC wmsbk/ABK	Fr SS SP SEXP					
		39-75	RBCL wfsbk	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Reduction	25% Reduction
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Lorne Cook

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4765803699
DATE OF EVALUATION: 7/2020
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P5	L/3%	0-9	BSL Gr	Fr SS SP SEXP	Few Fe Depl. Few S AP Incl.	76"			PS .275 9-2 Bav 0.275 ~~0.25?~~
		9-47	BPC wfsbk/AbK	Fr SS SP SEXP					
		47-76	RBCL wfsbk	Fr SS SP					
					YB from 20-36"				
P6	L/3%	0-8	BSL Gr.	Fr SS SP SEXP		78"			PS .275 9-2 Bav 0.275 ~~0.25?~~
		8-50	RC wmsbk/AbK	Fr SS SP SEXP					
		50-78	RBCL wfsbk	Fr SS SP					
					YB from 18"-32"				

COMMENTS: _____

BW

RECEIVED JUL 3 1 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 AP-309581

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Porter Builders, WCU Inc Address: 2143 Macksville Highway, Statesville NC Zip: 28625

Applicant Email: 2xpapa2012@gmail.com Phone: 704-902-3124 Alt. Phone: _____

Owner Name: Bruce Porter Address: 2143 Macksville Highway, Statesville NC Zip: 28625

Owner Email: 2xpapa2012@gmail.com Phone: 704-902-3124 Alt. Phone: _____

Property Information:

Street Address: 139 Lonehart Lane, Statesville NC 28625

Subdivision Name: Lone Pine Meadow Section/Phase: P3 Lot Number: 30

Driving Directions: Highway 64 to Lone Pine Rd, Right onto Lonehart Lane, 139 Lonehart Ln will be on left. Lot 30

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

(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: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) 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: _____ 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: _____ 7/30/20

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

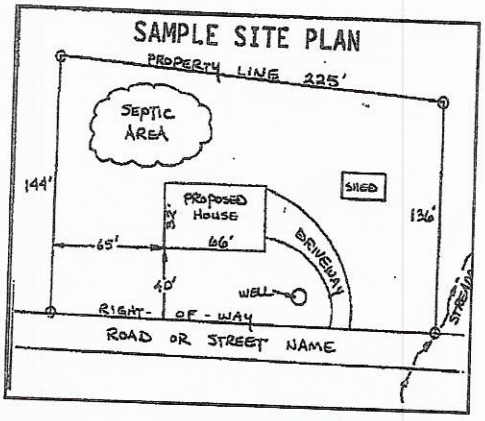
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (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: Steven A. Tollison

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

7/30/20

DATE

S08°31'35"W
LONEHART LANE PUBLIC 50
C21
N08°31'35"E
CC 107.40'
DRIVE
35' FY
P3
7 R 82'
P1
6 B 82'
5 O 82'
P2
4 Y 82'
68'
HOUSE
31
35'
ST
S81°28'25"E 171.32'
S83°41'15"E
156.18'
20,616.38 Sq Ft
0.473 Ac.
P5
23'
P4
3 Y 98'
P6
2 R 98'
1 B 98'
89.00'
31.20'
99'
21.00'
S11°49'42"W
SCALE
1" = 30'
78.8
S11

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

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.

I, WCU Inc, Bruce Porter, am the legal owner(s) of the property located at 139 Lonehart Ln, Statesville NC 28625, identified as PIN (Parcel Identification Number) [redacted] 4765803699, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Collins, SFS, 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.

Bruce Porter — 7-31-20
Signature of Owner(s) — Date

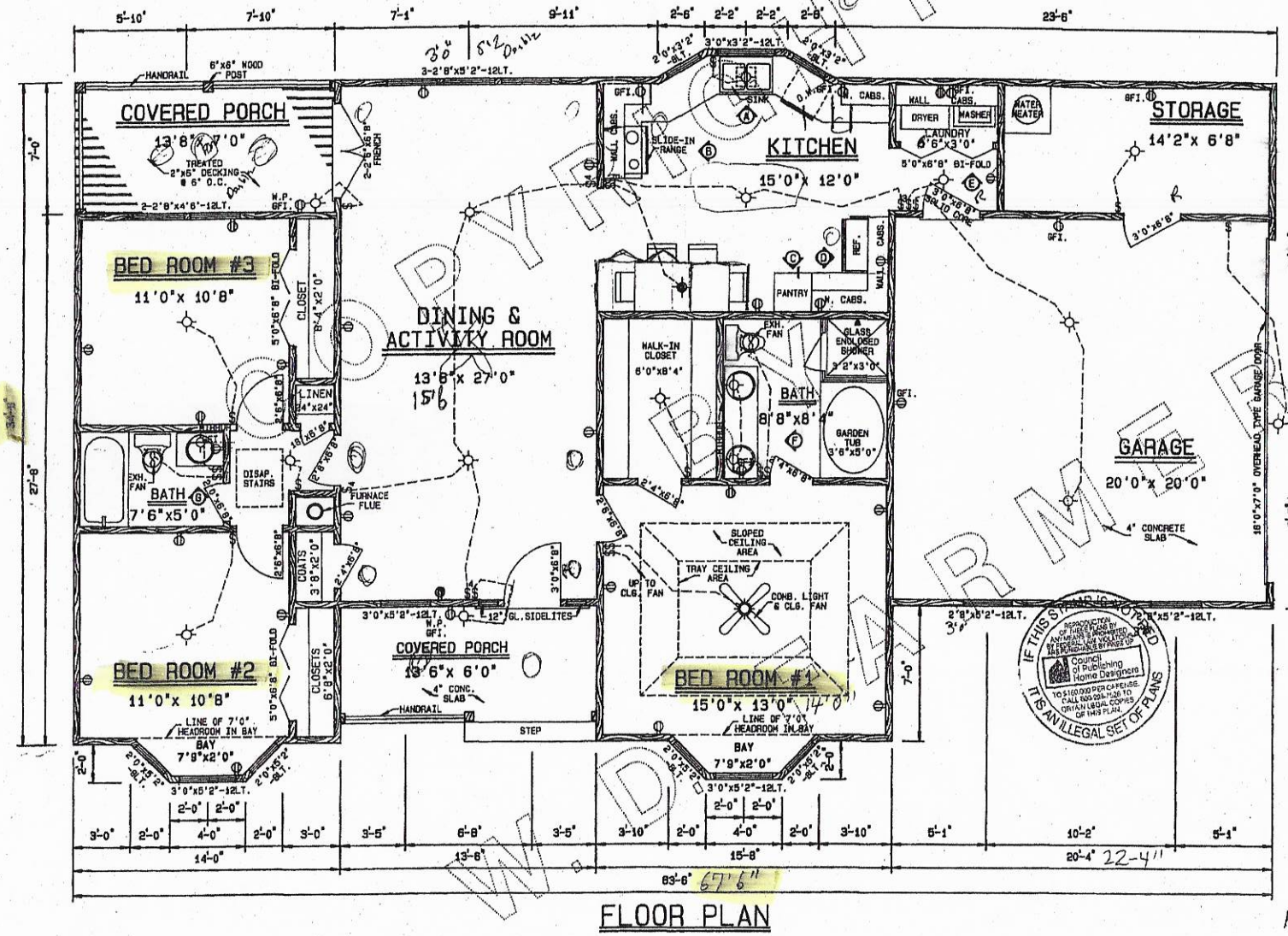
Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!
Bruce Pool Date 9-2-20
Bryant L. White Date 9-2-2020



FLOOR PLAN

ENERGY CODE NOTE:

THIS PLAN CONTAINS THE FOLLOWING ENERGY FEATURES:

WALLS:	R-14.6	R-13 FULL THICK BATT (FOR GEORGIA TYPE #5 WALL CONSTRUCTION)
CEILING:	R-30	
FLOORS:	R-13	OVER UNHEATED BASEMENT OR CRAWL SPACE
	R-5	EDGE OF CONCRETE SLAB FLOOR
WINDOWS:		WOOD FRAME, 3/16" INSULATING GLASS (GEORGIA WINDOW TYPE "D")

NOTE:

1. THE MAKE, MODEL No., AND LOCATION OF THE FOLLOWING OPTIONAL EQUIPMENT TO BE SELECTED BY OWNER:
   - A. CENTRAL VACUUM SYSTEM
   - B. MASTER RADIO-INTERCOM SYSTEM & STATIONS
   - C. SECURITY SYSTEM (BURGLAR & FIRE)
   - D. MASTER T.V. ANTENNA AND JACKS
   - E. EXTERIOR FLOODLIGHTS, ACCENT LIGHTING AND SWITCHING
   - F. TELEPHONE JACKS
   - G. ELECTRIC GARAGE DOOR OPENER
2. FLOOR, CEILING AND RAFTER FRAMING BASED ON No. 2 S.Y.P. (KILN-DRIED) WITH EMPIRICAL DESIGN CRITERIA BASED ON 1991 NFPA SPAN TABLES AND 1991 SPIB GRADING RULES
   DESIGN VALUES BASED ON:
   FLOOR JOISTS:
   40 psf. LIVE LOAD, 10 psf. DEAD LOAD
   CEILING JOISTS:
   20 psf. LIVE LOAD, 10 psf. DEAD LOAD
   RAFTERS:
   20 psf. LIVE LOAD, 15 psf. DEAD LOAD
   EXTERIOR BALCONIES & DECKS:
   60 psf. LOAD
   SNOW:
   10 psf. LOAD
   WIND:
   80 M.P.H. BASIC WIND SPEED
3. FURNACE & WATER HEATER USING FOSSIL FUEL REQUIRES FRESH AIR VENT FROM OUTSIDE FOR COMBUSTION AIR AT THE RATE OF 1 SQ. IN. OF FREE AIR SPACE PER 1000 B.T.U.
4. GARAGE AREA REQUIRES 1/2" GYPSUM BOARD OR EQUIVALENT APPLIED TO CEILINGS & WALLS

AREAS

HOUSE	1381	SQ. FT.
GARAGE	413	SQ. FT.
STORAGE	106	SQ. FT.
REAR PORCH	96	SQ. FT.
FRONT PORCH	81	SQ. FT.

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IREDELL COUNTY · NC

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

APPLICATION NUMBER
309581 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4765803699.000	139 LONEHART LN	Iredell County

Owner Information	Applicant Information
Name: WCU INC+BRUCE A PORTER ETAL	Name: PORTER BUILDERS
Address:	Address: 2143 MOCKSVILLE HWY
,	STATESVILLE, NC 28625
Phone:	Phone: (704)878-9314

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.473	35	35	15	15	N/A	NO

Remarks
sfd

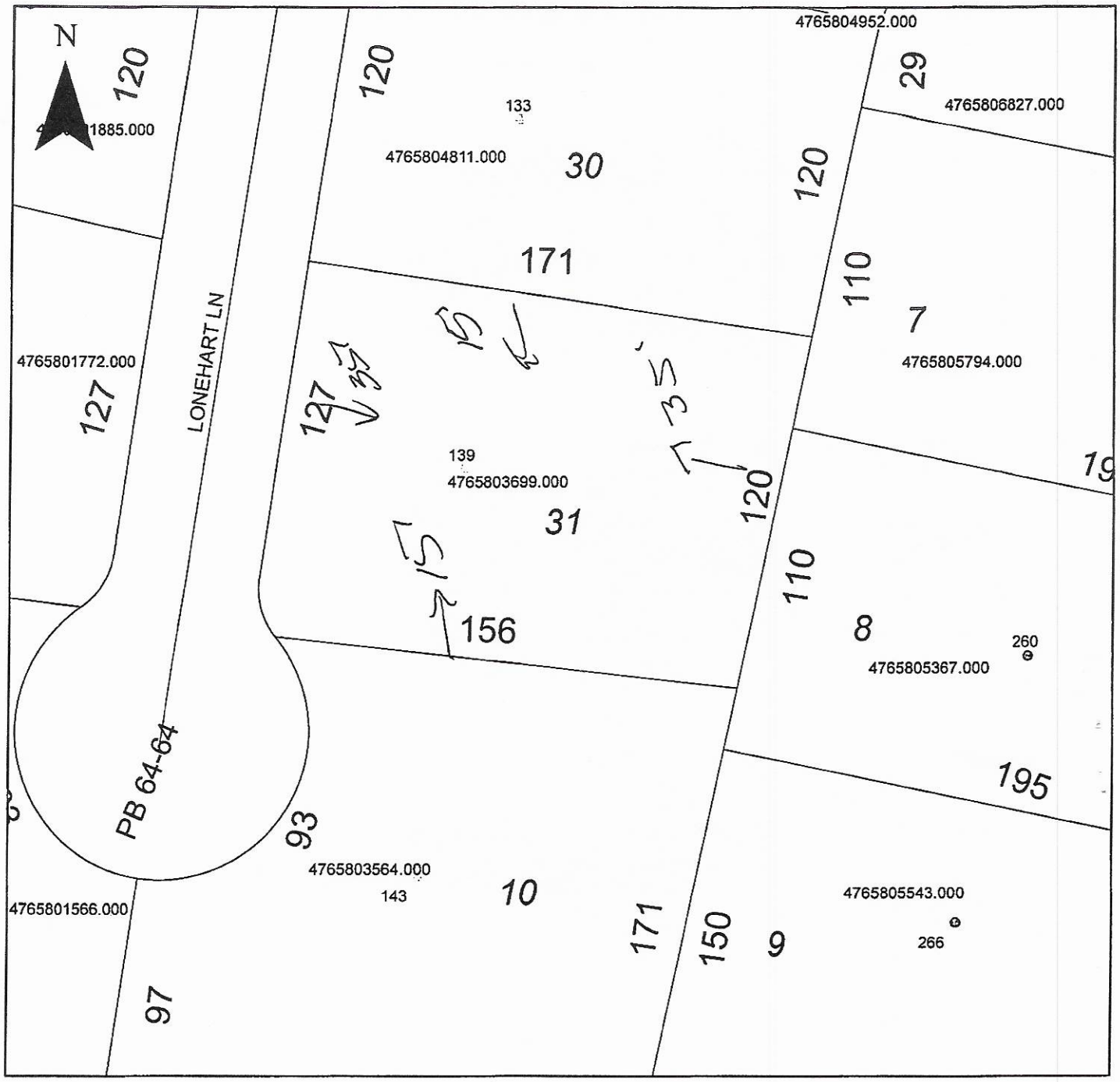
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 07/31/2020

Permit Number	309581	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 139 Lonehart

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Applicant

7/31/20

Date