ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 313742.

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

PIN # 4766 - 74 - 3346

APPLICANT/OWNER: Sergius G Barre APPLICANT ADDRESS: 3699 Noonan view Drive Sherrills Ford, NC 28673

SITE ADDRESS: 398 Seven Springs Loop Statesville NC 28625 PHONE: ALT. PHONE

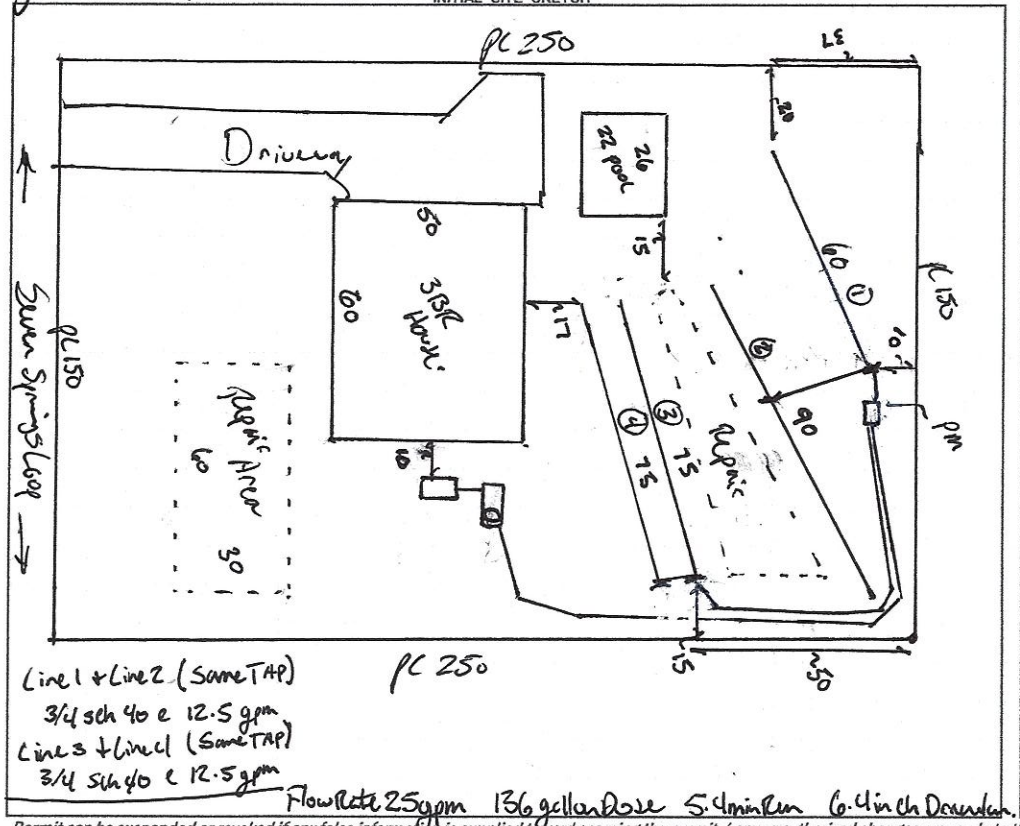
SITE DIRECTIONS: OLD Mocksville, Chestnut Grove, Seven Springs Loop Road. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Seven Springs SECTION: 1 LOT # 63 LOT AREA: .78 Acres DESIGN FLOW: 360 L.T.A.R.: .30

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	1000	(gal)	PT	Date	System Description: PM- 25% Reduction	☐ Business	No. Persons	6	☐ Private		
Pump Make	Liberty	Model	281 1/2 hp	Serial #	Repair System Description: LP-Panel Blocks Sp% 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	Trench Bottom Depth (~~side~~)	36 max	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install on the contour of the land. Use pressure manifold with TAPS listed below. Maintain 15ft from pool. Do not Drive, park, pave grade or lay utilities in designated location

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.

Tanks/Lines CW

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: Sergius G Barre Date: 3/10/21 Installed by: Rays Well Drilling

IMPROVEMENT PERMIT by: Benjamin A Bolden Date: 3/9/2021 OPERATION PERMIT by: Cory Wall Date: 6/21/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolden Date: 4-1-21 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 1796 T43
COUNTY: Iredell

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

OWNER: Sujo Bura
ADDRESS: 369 Nimmi Lynn Rd
PROPOSED FACILITY: 3BR Hse
LOCATION OF SITE: 391 Jean Springs Loop.
APPLICATION DATE 12-2020
PROPOSED DESIGN FLOW (.1949): 360
DATE EVALUATED: 1-2021
PROPERTY SIZE: .71
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 10%	0-14	SC GR	SSSP FR SF	2.5YR 4/6 10YR 5/6 Root Channel	52		NA	PS .30
		14-37	C SBK/ABK	SSP FR					
		37-52	CL WSBK	SSP FR					
2	Side 10%	0-6	SC GR	SSSP FR SF	2.5YR 4/6	52		N/A	PS .30
		6-33	C SBK/ABK	SSP FR					
		33-52	CL WSBK	SSP FR					
3	Side 8%	0-6	SC GR SBK	SSP FR SF	2.5YR 4/6	52		Mica	PS .30
		6-33	C SBK/ABK	SSP FR					
		33-52	CL WSBK	SSP FR					
4	Side 5%	0-4	SC GR SBK	SSP FR REW	2.5YR 4/6	48			PS .30
		4-32	C SBK/ABK	SSP FR					
		32-48	CL WSBK	SSP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	200
System Type(s)	IV 50%	IV 50%
Site LTAR	.3	.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B Hicks
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) 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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

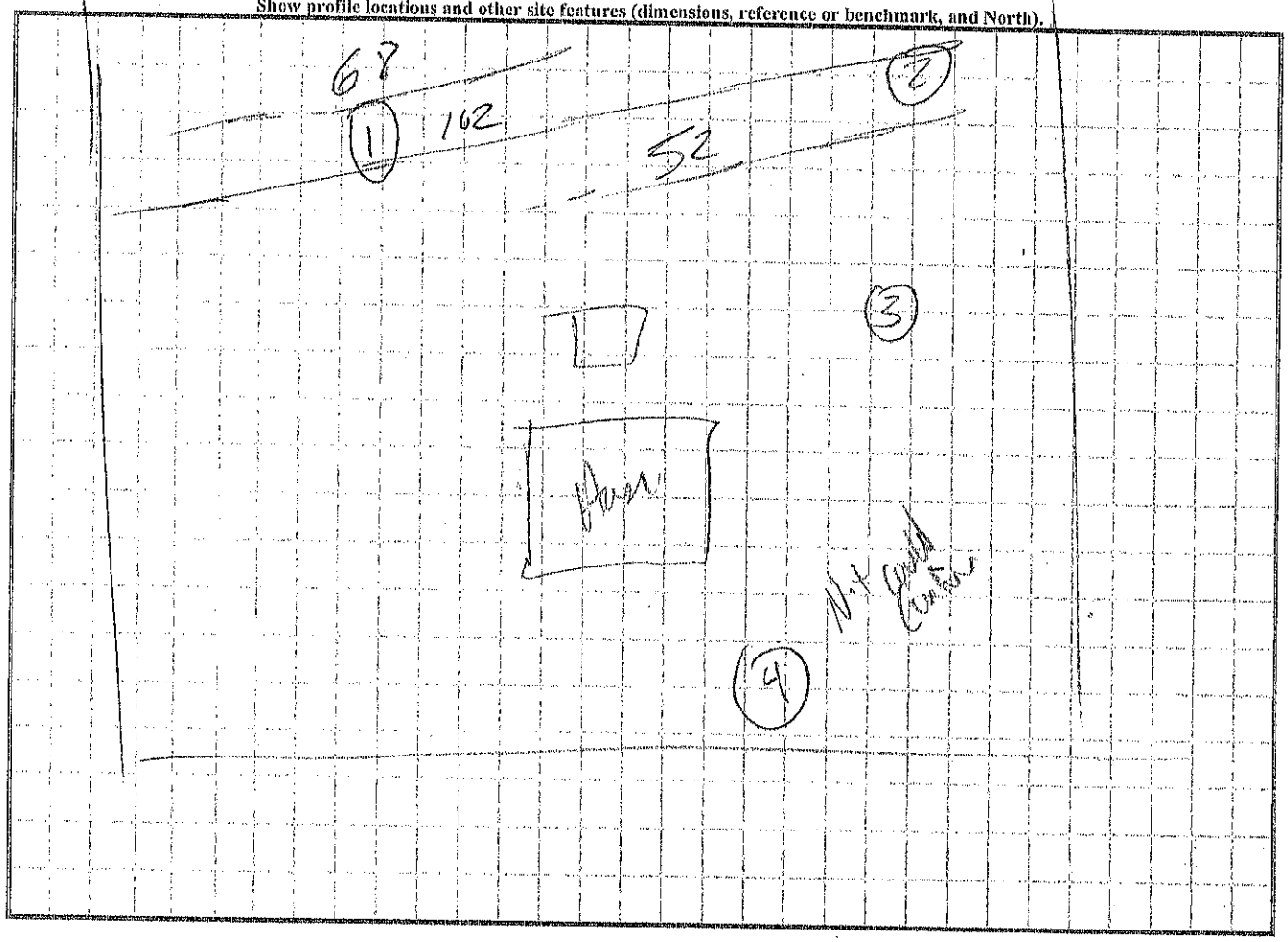
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

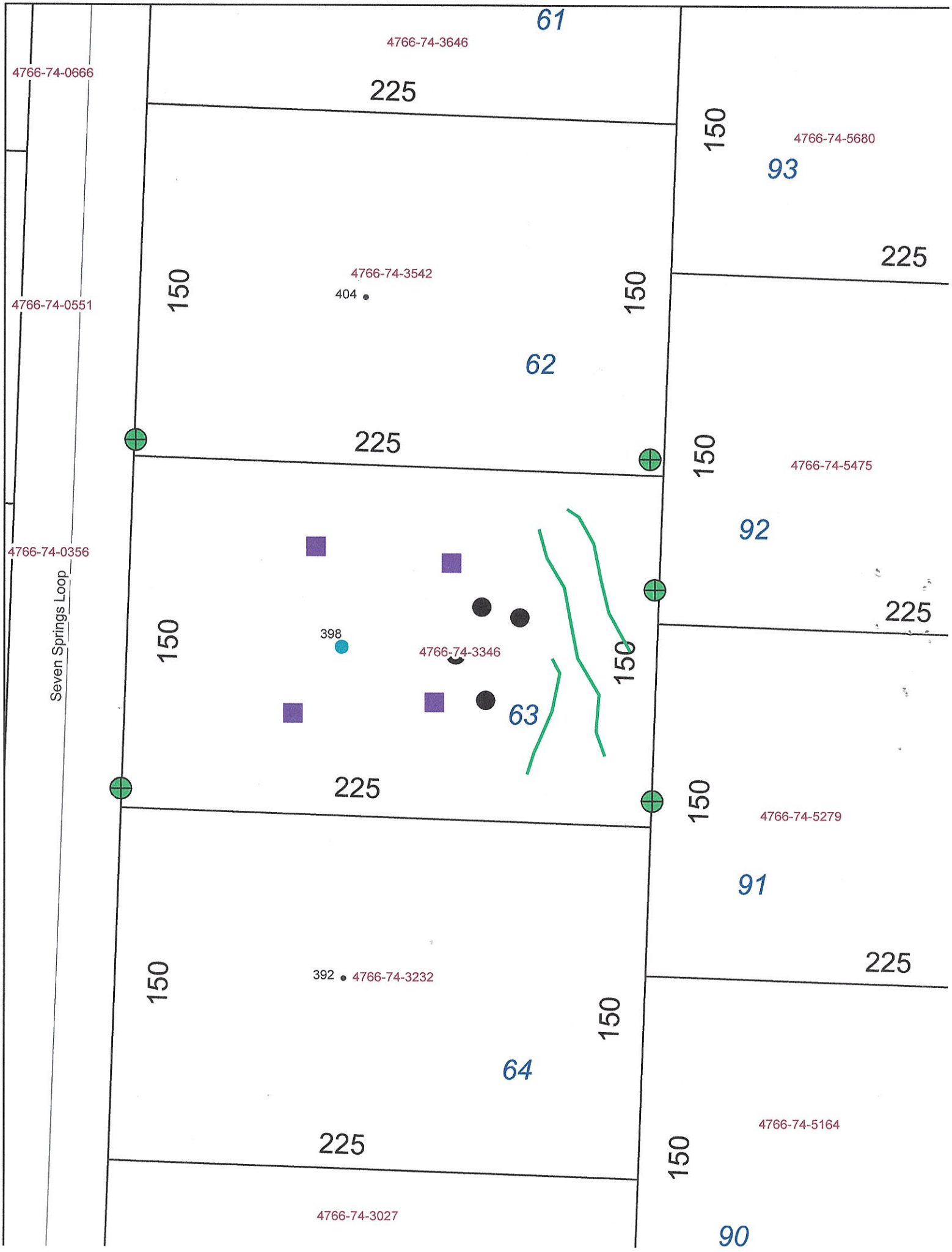
NOTES

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

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft²

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




61
4766-74-3646
4766-74-0666
225
150
4766-74-5680
93
225
4766-74-3542
404
150
150
4766-74-0551
62
225
150
4766-74-5475
92
4766-74-0356
Seven Springs Loop
225
150
398
4766-74-3346
150
63
225
150
4766-74-5279
91
225
150
392
4766-74-3232
150
64
4766-74-5164
225
150
4766-74-3027
90

RECEIVED FEB 1 0 2021

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

Int. Relayout

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Chg to 25% Reduction

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

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

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

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

Applicant Information: (PRINT CLEARLY) STATESVILLE FOND, NC

Applicant Name: SERGIUS G. BARRE Address: 3699 NORMAND VIEW DRIVE Zip: 28673

Applicant Email: sergius.barre@gmail.com Phone: 508-414-6453 Alt. Phone: 508-414-8856

Owner Name: YOGANAND BUDHWA Address: 103 ARCH DR. HILBROOK, NY Zip: 11741

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

Property Information:

Street Address: 398 SEVEN SPRINGS LOOP STATESVILLE, NC 28625

Subdivision Name: SEVEN SPRINGS Section/Phase: I Lot Number: 62

Driving Directions: RT 40, OLD MOCKSVILLE RD, CHESTNUT GROVE RD, SEVEN SPRINGS LOOP ROAD

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: 3
( ) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Sergius G Barre 2/9/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form tc 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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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 02/09/21

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

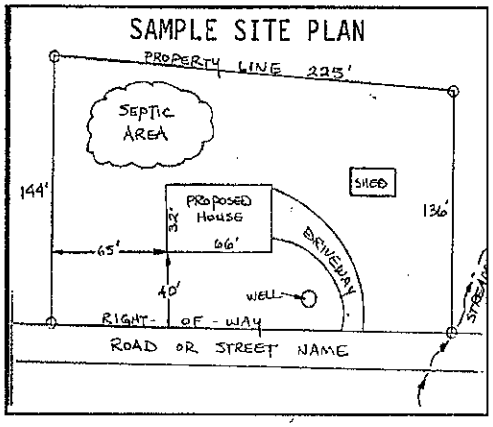
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

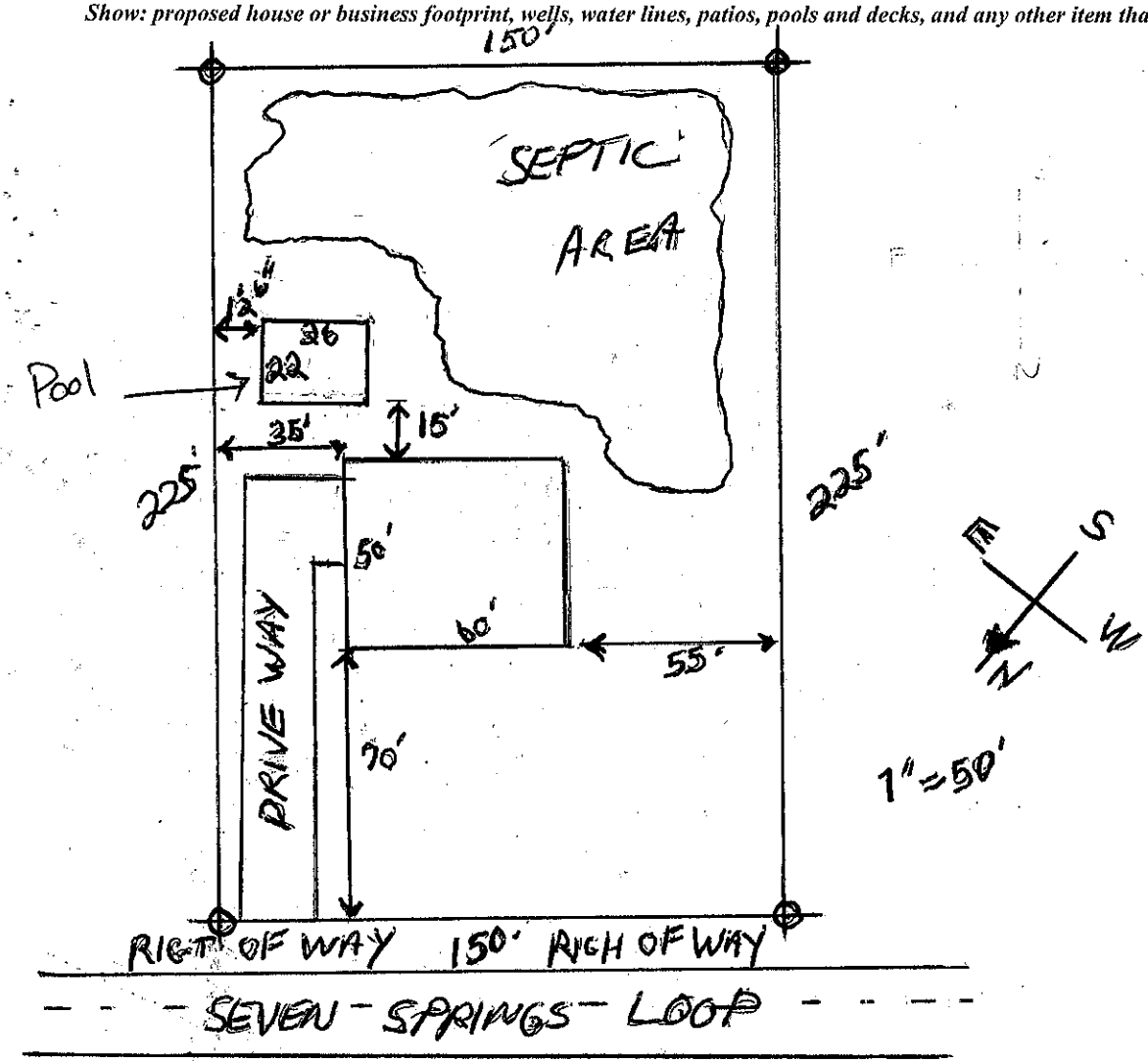
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: Jennifer S. Rhue

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

02/07/2021
DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 313742

PIN # 4766 -74 -3346.

APPLICANT/OWNER: Sergiu G Barre

APPLICANT ADDRESS: 3699 Normad View Drive Sherrills Ford NC 28673

SITE ADDRESS: 398 Seven Springs Loop Statesville NC 28625 PHONE: 508 414 6455 ALT. PHONE 508 414 8856

SITE DIRECTIONS: RT 40 Mocksville Rd Obstruct Crove Rd Sevn Springs Loop Rd.

SUBDIVISION: Seven Springs SECTION: 1 LOT # 63 LOT AREA: .78 Acres. SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 200

Trench Width 24 Trench Bottom Depth(Min/Max) Max 36 in Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 1- Panel Block (50% Reduction).

Repair System Description: 1-Panel Block (50% Reduction).

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

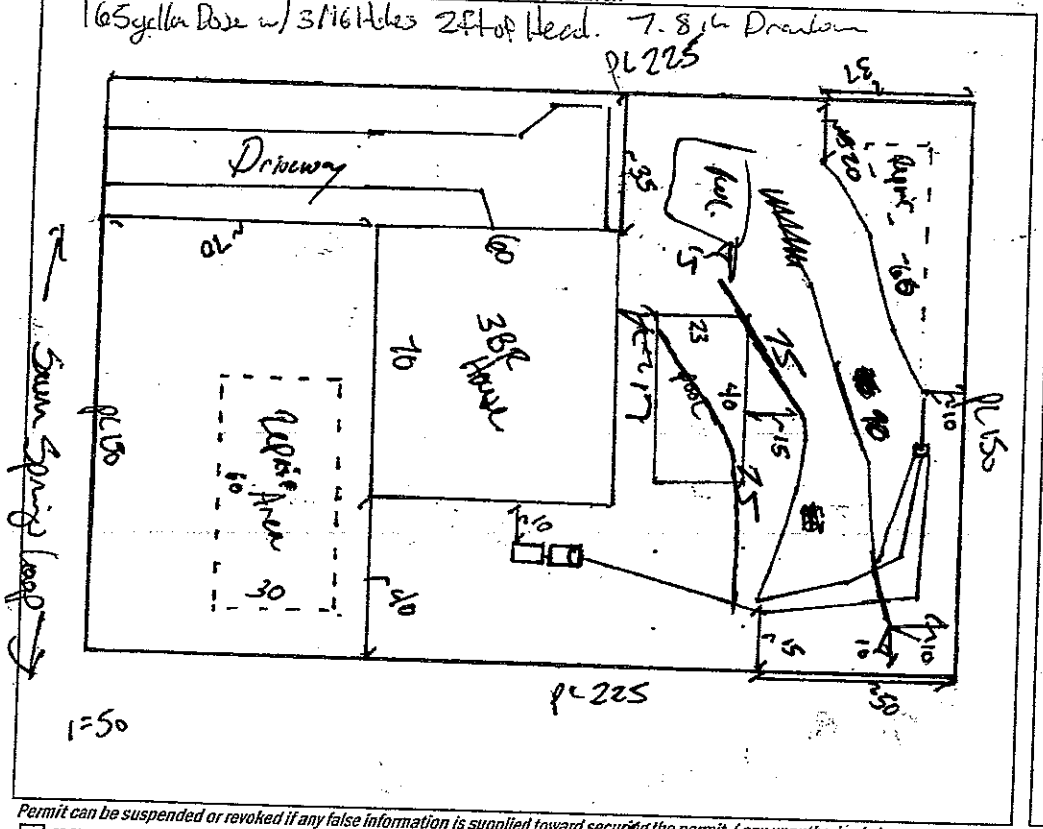
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on the contour of the land. Will Control Valve Box Maintain 15ft from pool. Do not Drive Perk, Raise grade or bury utilities in designated location.

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.

COPY

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Benjamin A Keith Date: 2-1-2021 OPERATION PERMIT by: Date:

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

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

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 124027 PIN# 4766743346 DATE 7-7-05

OWNER OR CONTRACTOR Jwater Inc PHONE: Business 704-878-6633 Home

ADDRESS 630 Signal Hill Dr Statesville 28625

LOCATION Old Mocksville RD & Chestnut Ln 7 Springs

SUBDIVISION 7 Springs BLOCK / SECTION LOT 63 LOT AREA 88,774 SITE CLASS RS DESIGN FLOW 360 L T A R .3

Septic Tank 1000 Gallons: STB Date

Pump Tank 1000 Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields Square Feet 1200 Linear Feet 300

No. Lines 4 Trench Width 2' Max. Trench Bottom Depth 36"

Gravel Depth

☑ New System ☐ Repair System Type: II

System Description: Pump-Manifold 25% Rx

Repair System Description: Pump Manifold 25% Rx

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms No. Employees

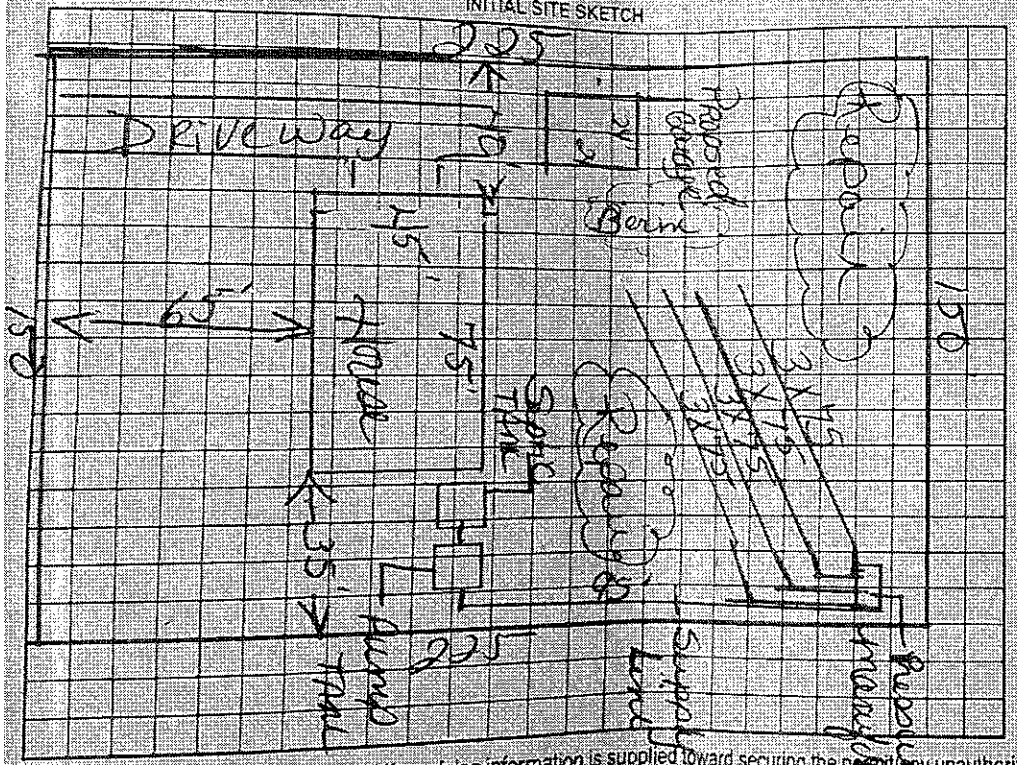
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: 36" Trench Depth Shave Berm.

Comments/Conditions:

INITIAL SITE SKETCH


225'
DRIVEWAY
12'
Proposed Garage
Berm
65'
75'
House
Spare Tank
Pump Tank
225'
Existing Pond
Property Line
120'
Septic Tank
Existing Pond
Property Line
Septic Tank
Pump Tank
Septic Tank
Pump Tank
Septic Tank
Pump Tank

Acknowledgement Of Plans Submittal ONLY!

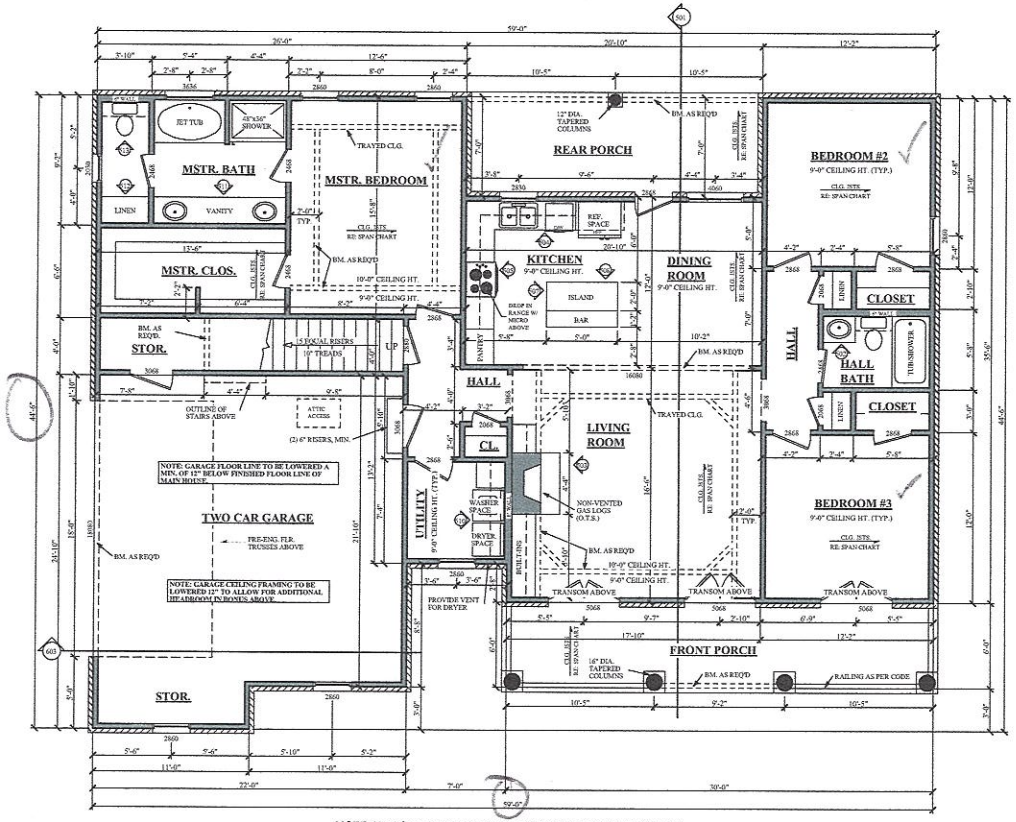
Date 4-1-21

Date 4/13/21

CODE DISCLAIMER:
1. THESE PLANS WERE DESIGNED TO MEET IRC 2006 AT THE TIME OF THEIR CREATION AND MORE SPECIFICALLY THE MINIMAL LOCAL CODES OF THE SOUTH MISSISSIPPI AREA. IT IS HIGHLY RECOMMENDED THAT THESE PLANS BE REVIEWED BY A LOCAL STRUCTURAL ENGINEER PRIOR TO CONSTRUCTION.
2. BEAMS AND FLOOR JOISTS ARE NOT SIZED DUE TO THE MANY GEOGRAPHIC LOCATIONS THESE PLANS ARE SOLD. THESE ITEMS SHALL BE SIZED BY A LOCAL ENGINEER OR MANUFACTURER.
3. ALL CEILING & FLOOR JOISTS (IF CONVENTIONAL FRAMING) SHOULD BE SIZED USING THE LATEST VERSION OF THE IRC OR APPLICABLE CODES AT SITE TO MEET THE LOCAL REQUIREMENTS SUCH AS SNOW LOADS AND OTHER FACTORS. THE CEILING JOISTS SIZES LABELED (IF PRESENT) WERE SIZED USING THE 2006 IRC AT THE TIME OF THEIR CREATION. THEY MUST BE VERIFIED AND MODIFIED AS REQUIRED TO MEET THE LATEST EDITION OF THE (IRC) INTERNATIONAL RESIDENTIAL CODE.
4. ALL FOUNDATIONS AND FOOTING DETAILS SHALL BE REVIEWED AND APPROVED BY A LOCAL ENGINEER.
5. CONTRACTOR SHALL PROVIDE ALL HIGH WIND STRAPPING AND ANCHOR BOLTS AS REQUIRED BY THE LOCAL CODE REQUIREMENTS AND THE LATEST VERSION OF THE IRC.

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. IRC 2006, R312.1
8. PORCHES AND DECKS WHICH ARE ENCLOSED WITH INSECT SCREENING SHALL BE PROVIDED WITH GUARDS WHERE THE WALKING SURFACE IS LOCATED MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW. IRC 2006, R312.1
9. APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES REQUIRING ACCESS SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES LONG AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET IN LENGTH WHEN MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH IRC 2006 CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, WHERE SUCH DIMENSIONS ARE LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE. EXCEPTION: THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE IS CAPABLE OF BEING SERVICED AND REMOVED THROUGH THE REQUIRED OPENING. IRC 2006, M1305.1.3
10. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2006 R310.1.1.
11. ALL RETURN AIR GRILLS ARE NOT TO BE LOCATED WITHIN 10 FEET OF ANY COMBUSTIBLE APPLIANCES.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.

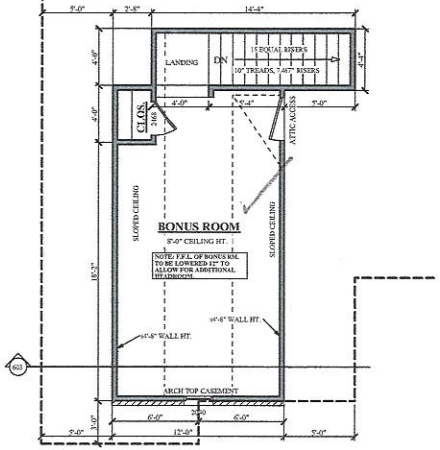


NOTE: HVAC UNIT AND W.H. TO BE LOCATED IN ATTIC SPACE.

BB-1500-9 FLOOR PLAN

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

AREAS:	1500	S.F. HEATED
	574	S.F. UNHEATED - GARAGE/STOR.
	180	S.F. UNHEATED - FRONT PORCH
	146	S.F. UNHEATED - REAR PORCH
	325	S.F. UNHEATED - BONUS RM.
	1225	S.F. UNHEATED - TOTAL
	2725	S.F. TOTAL UNDER ROOF
		MASONRY NOT INCLUDED



BONUS FLOOR PLAN

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

House Plan Zone, LLC

House Plan Zone, LLC.
Email: Sales@HPZplans.com Fax: 1-800-574-1387

Warning: House Plan Zone, LLC has the good practice and right to the development of these plans and the completion of these construction documents. Any unauthorized use of these plans and/or documents without the permission of House Plan Zone, LLC is illegal and punishable by law. Any unauthorized use of these plans and/or documents, including but not limited to, reproduction, alteration, construction or distribution in the design, construction, or marketing of any real estate project, is an infringement of the copyright of House Plan Zone, LLC. Copyright notice shall not be removed or altered in any way. Unauthorized use of these plans and/or documents will be prosecuted to the fullest extent of the law. Unauthorized use includes, but is not limited to, providing these plans and/or documents to any third party for construction purposes. Additional reproductions may be restricted or limited by the designer. Reproduction rights may be obtained by written request. Reproduction fees may be charged by the designer. These plans and/or documents shall be verified by a licensed engineer prior to construction.

Plan ID: BB-1500-9

Date: 04.06.11

Drawn By: J.L.B.

SHEET NUMBER 3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313742 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4766743346.000	398 SEVEN SPRINGS LOOP	Iredell County

Owner Information	Applicant Information
Name: BUDHWA YOGANAND+ANN M	Name: SERGIUS BARRE
Address:	Address: 3699 NORMAND VIEW DR
	SHERRILLS FORD , NC 28673
Phone:	Phone: (308)414-6453

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.78	35	35	15	15	N/A	NO

Remarks
SFD (HAS OFFER TO PURCHASE CONTRACT)

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.

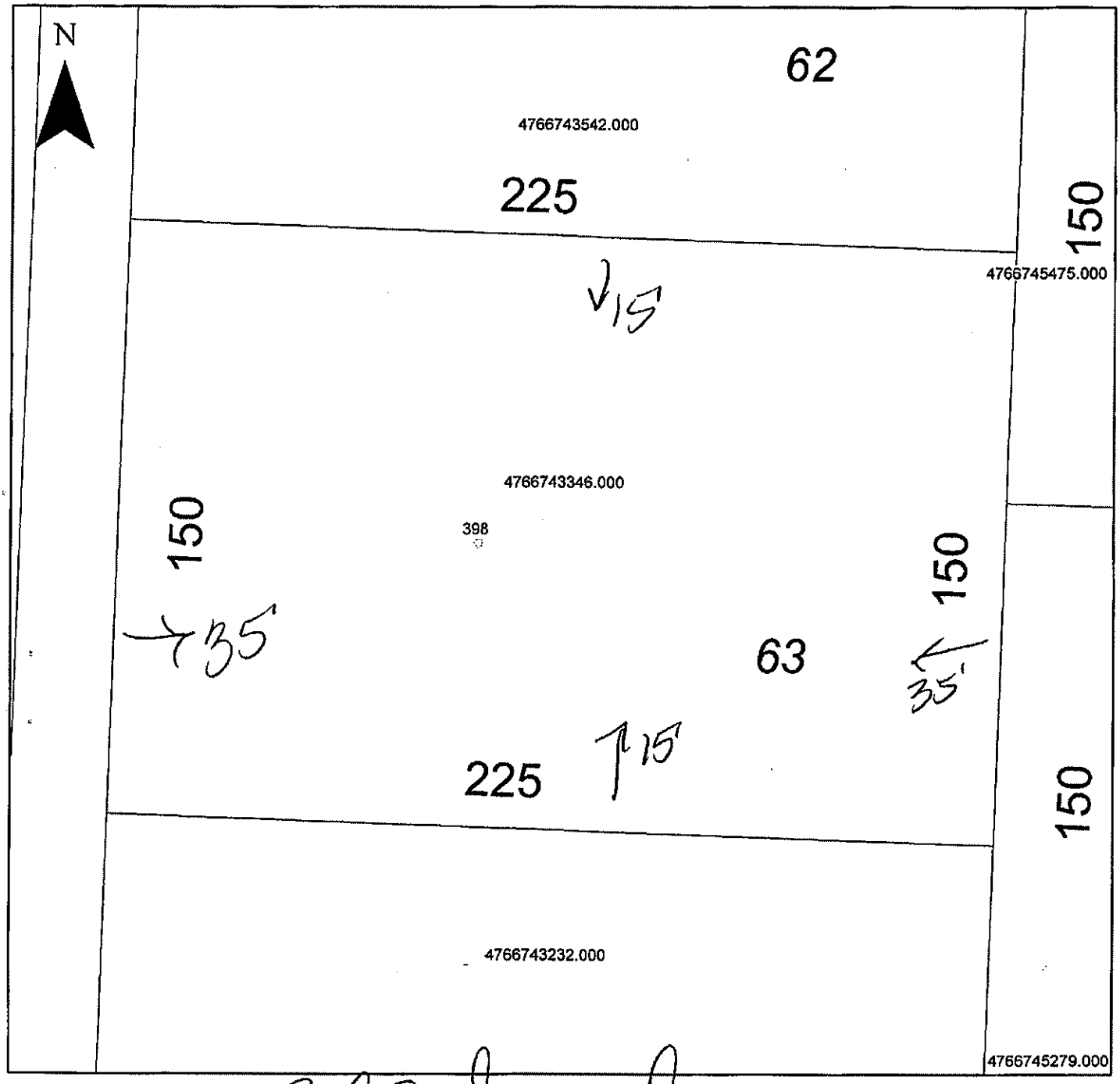
V378

Signature of Owner/Contractor

Date: 12/29/2020 MLT 12/29/2020

Permit Number	313742	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 398 Deer Springs

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

12/29/2020
Date