# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 243335

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

PIN # 4772725342 ✓

APPLICANT/OWNER: Martha Landis / Chris Boardwine APPLICANT ADDRESS: 154 Turbyfill Rd, Mooresville 27013

SITE ADDRESS: 295 Rowan Rd, Cleveland PHONE: 704-235-8211 ALT. PHONE 423-765-6352

SITE DIRECTIONS: 70 → R on Bethesda → L on Cornflower → Rontriellt → L on Rowan → on left SAP CONTROLLED: ☐ YES ☒ NO

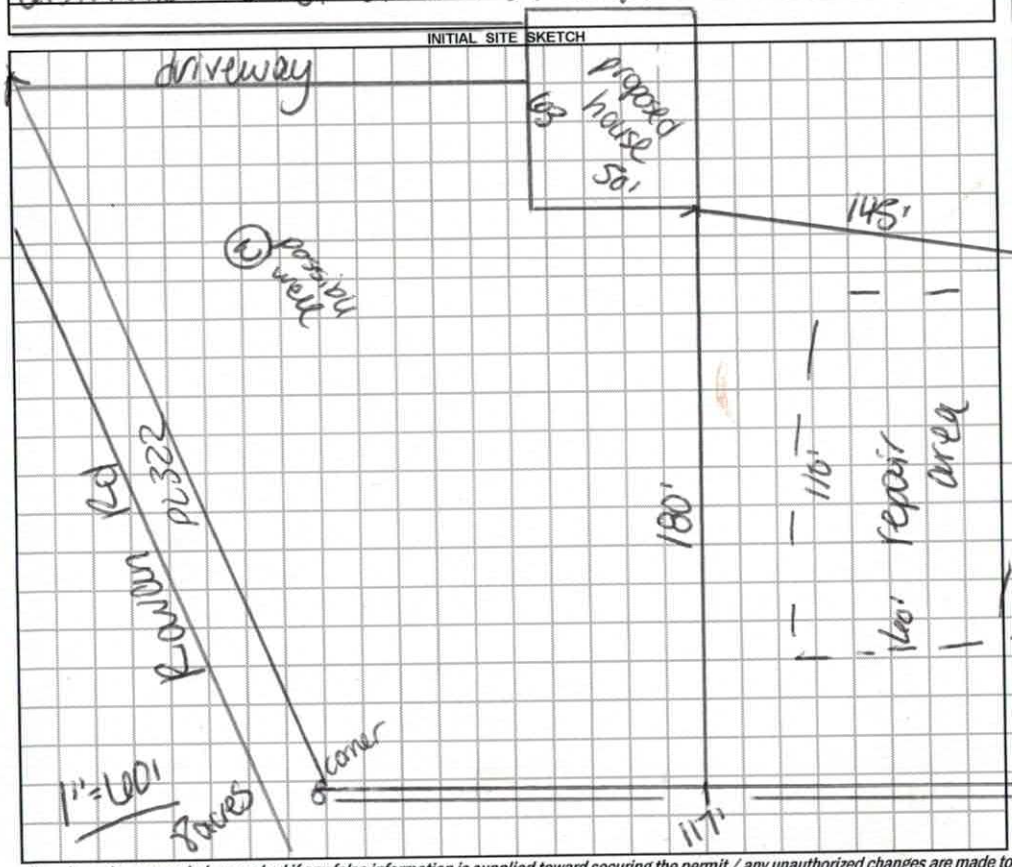
SUBDIVISION: Harkey + Freeze Family Subdivision SECTION: — LOT # 1 LOT AREA: 8ac DESIGN FLOW: 480 gpd L.T.A.R.: .25

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 760 | Date | 3-4-2020 | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | | ☑ Residence | No. Bedrooms | 4 | Water Supply | | | | |
| Pump Tank | | (gal) | PT | | Date | | System Description: | 25% reduction | | | | ☐ Business | No. Persons | 8 | ☑ Private | | | | |
| Pump Make | | Model | | | Serial # | | Repair System Description: | 25% reduction-PM | | | | ☐ Other | No. Employees | | ☐ Public | | | | |
| # Nitrification Fields | 1 | # Lines | 4 | | Linear Ft | 480' | Maintenance Agreement Required: | ☐ YES | ☑ NO | | | ☐ Slab | ☐ Crawl Space | | ☐ Community | | | | |
| Trench Width | 36" | Trench Bottom Depth | | | 36" max | | Gravel Depth | — | ☑ GRAVITY | ☐ PRESSURE | | ☑ Basement w/plumbing | | | ☐ Basement w/o plumbing | | | | |

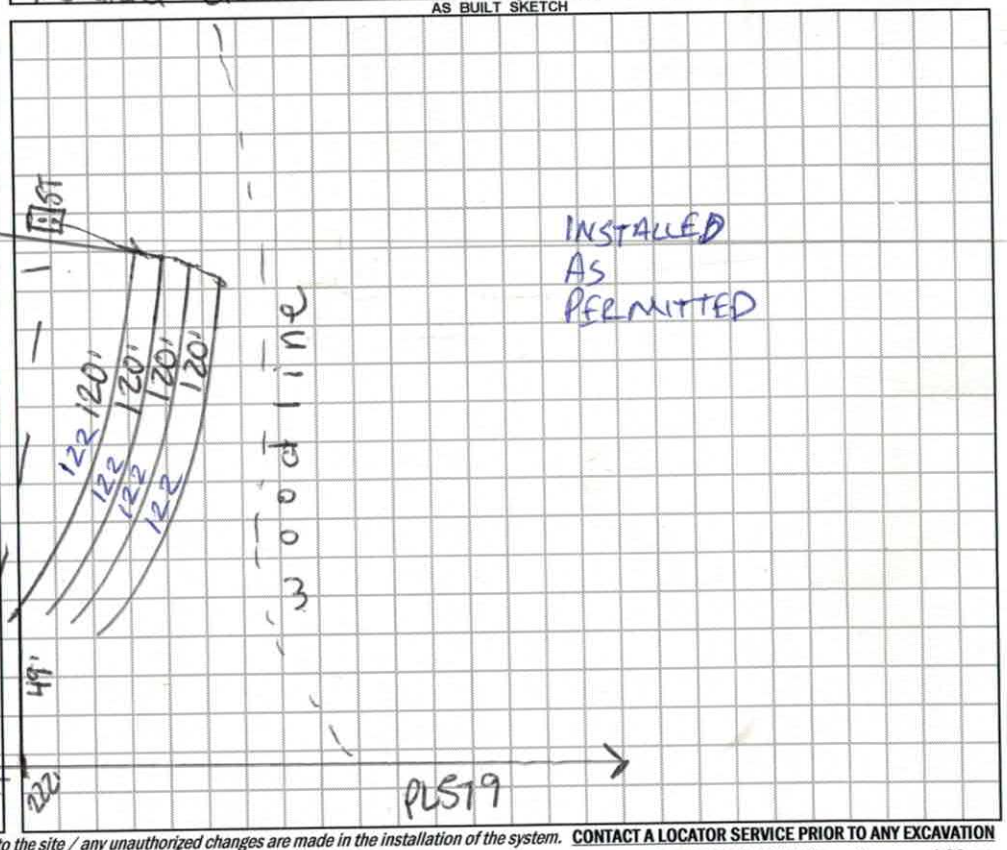
Comments / Conditions: Install on contour + utilize serial distribution. Do not exceed max depth of 36".

Plumb tank out shallow as possible to achieve gravity fall ★ septic tank may be installed closer to house if fall can be achieved.

INITIAL SITE SKETCH




AS BUILT SKETCH




*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: Martha S. Landis Date: 12/23/19 Installed by: RICHARD ABERNATHY

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 12-18-19 OPERATION PERMIT by: Bryant C. Wilson Date: 4-17-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 12-18-19 Existing System Inspected by: Date:

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.**

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

Sheet 1 of 1
PROPERTY ID #: 9772725342
COUNTY: Person

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

OWNER: Chris Boardwine
ADDRESS: 295 Rawan Rd
PROPOSED FACILITY: 4 BR
LOCATION OF SITE: 295 Rawan Rd

APPLICATION DATE: 12-2-19
DATE EVALUATED: 12-16-19
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 3 ac
PROPERTY RECORDED: Y

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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | ✓ 5% | 0-15<br>15-46<br>46-56 | GR SCL<br>SBK/ABK C<br>SBK CL | Fr ss sp sbkp<br>" "<br>" " | ✓ few sop ine. in CL | 56" | N/A | N/A | PS<br>.25 |
| 2 | ✓ 5% | 0-10<br>10-39<br>39-52 | GR SCL<br>SBK/ABK C<br>SBK CL | Fr ss sp sbkp<br>" "<br>" " | few ybs in C | 52" | N/A | N/A | PS<br>.25 |
| 3 | ✓ 5% | 0-12<br>12-39<br>39-57 | GR SCL<br>SBK C<br>SBK CL | Fr ss sp sbkp<br>" "<br>" " | few ybs @ C/CL interchange | 57" | N/A | N/A | PS<br>.25 |
| 4 | ✓ 5% | 0-16<br>16-34<br>34-56 | GR SCL<br>SBK C<br>SBK CL | Fr ss sp sbkp<br>" "<br>" " | sopine in CL ~34" down | 56" | N/A | N/A | PS<br>.25 |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 480' | 480' |
| System Type(s) | 25% | 25% - Pkl |
| Site LTAR | .25 | .25 |

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS:

# LEGEND

***use the following standard abbreviations***

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>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.

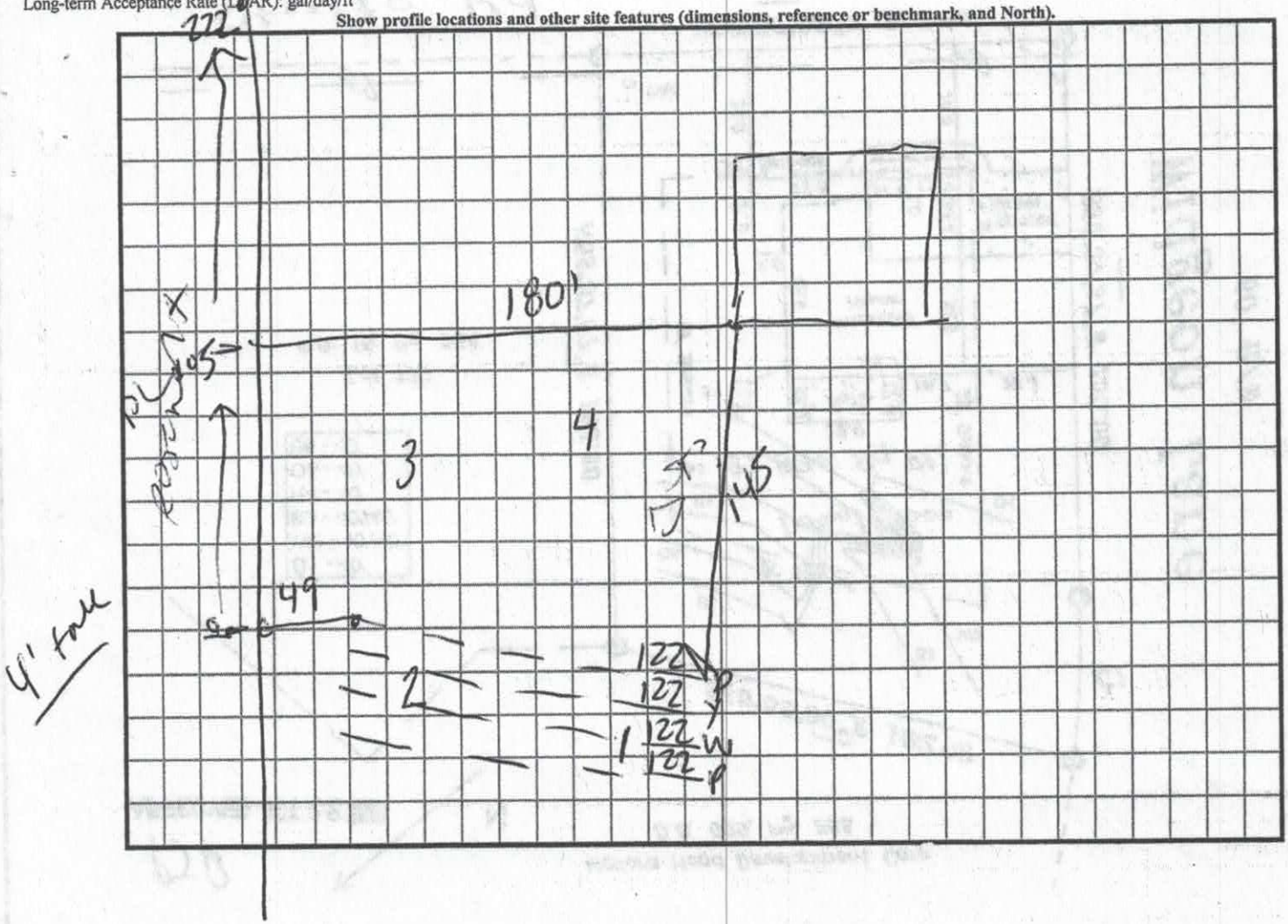
***NOTES***

| | |
|---|---|
| *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/ft²

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



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

Sheet 1 of 1
PROPERTY ID #: 0777253412
COUNTY: Wake

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

OWNER: Christopher Boardwine
ADDRESS: 295 Rawan Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 295 Rawan Rd
APPLICATION DATE: 4/3/19
DATE EVALUATED: 4/16/19
PROPERTY SIZE: 8ac
PROPERTY RECORDED: Y

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 | L 5% I | 0-24 | SBK C | Fr ss sp smp | – | 52" | – | – | PS .3 |
| | | 24-52 | SBK Cl | Fr ss sp smp | | | | | |
| 2 | L 5% R | 0-33 | SBK C | Fr ss sp smp | – | 49" | – | – | PS .3 |
| | | 33-49 | SBK/ABK Cl | fr ss sp smp | | | | | |
| 3 | L 5% R | 0-35 | SBK C | Fr ss sp smp | – | 49" | – | – | PS .3 |
| | | 35-49 | SBK Cl | Fr ss sp smp | | | | | |
| 4 | L 5% E | 0-34 | SBK C | Fr ss sp smp | – | 5" | – | – | PS .3 |
| | | 34-51 | SBK Cl | Fr ss sp smp | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 400' | 400' |
| System Type(s) | 25% | 25% |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS:

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
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| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>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) |
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| | SP (Slightly Plastic) |
| | P (Plastic) |
| | VP (Very Plastic) |

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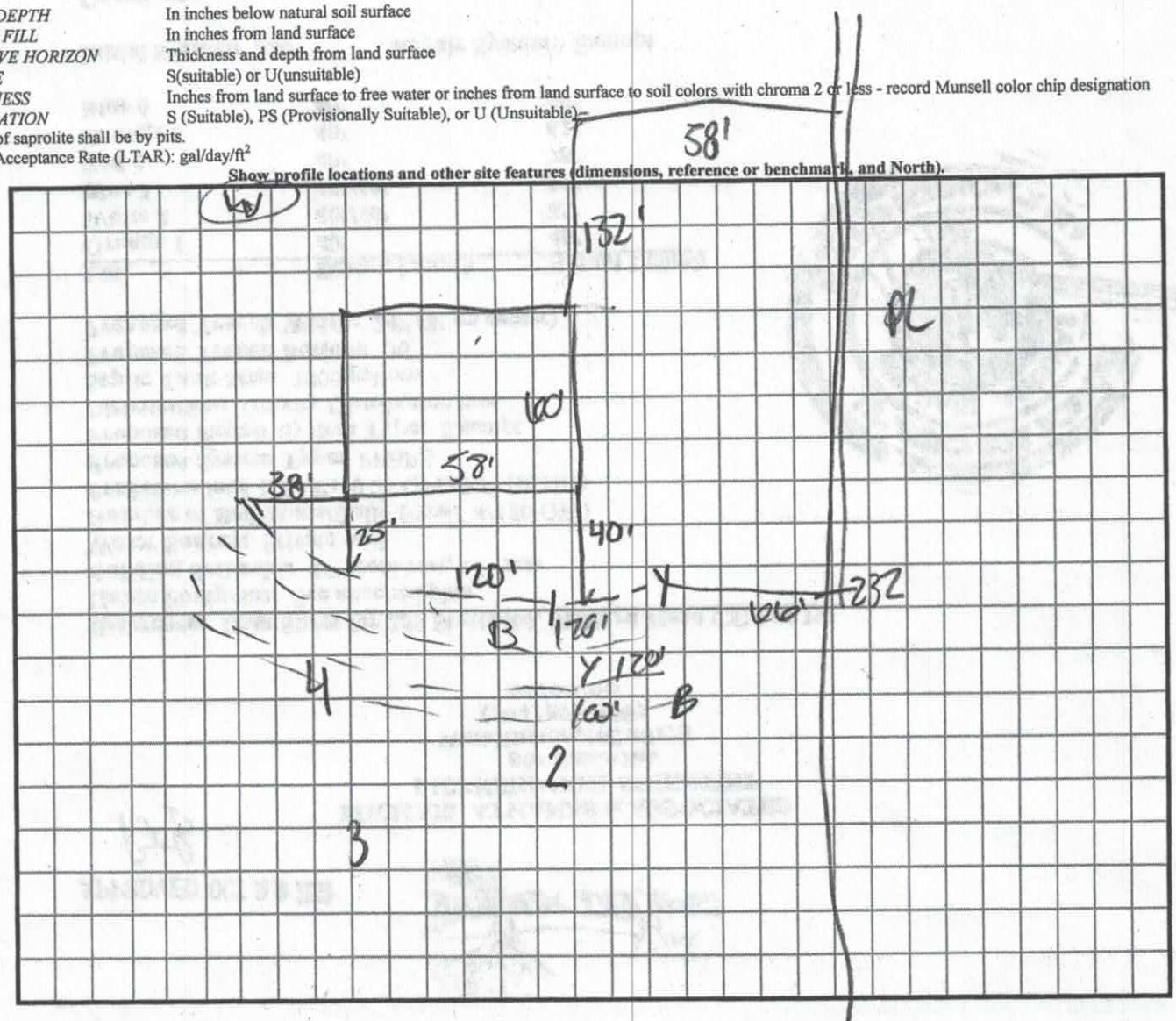
***NOTES***

| | |
|---|---|
| *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 DEC 3 - 2019

Relay out $320.00

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

# 243335

## Iredell County Health Department – Environmental Health Division

**PAGE 1:** *APPLICATION FORM*

**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)

Applicant Name: Martha S. Landis Address: 678 Islefino Rd. Mooresville NC Zip: 28117
Applicant Email: rlandis4@aol.com Phone: 704-235-8211 Alt. Phone: _____
Owner Name: Christopher & Virginia Boardwine Address: 154 Turby Hill Rd Mooresville NC Zip: 28117
Owner Email: c.boardwine@yahoo.com Phone: 423-765-6356 Alt. Phone: _____

**Property Information:**

Street Address: 295 Rawan Rd. Cleveland, NC
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 70 → Rt on Bethesda → Lt on Cornflower → Rt. on Triplett → Lt on Rawan – Lot on Left

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

**CHECK FOUNDATION TYPE**

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) 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 ( ) Other: _____

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

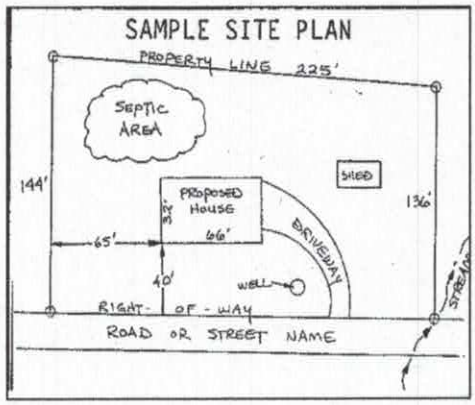
*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible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

**Signature:** Martha S. Landis — 12-2-19
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:**

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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 septic permit- changing foundation from crawl to basement, House box is different. Actual plan is 63' wide & 50' deep

**Signature:** Martha L Kendrick 12-2-19

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

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243335

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4772725342

APPLICANT/OWNER: Christopher Boardwine APPLICANT ADDRESS: 154 Turkyhill Rd, Mooresville

SITE ADDRESS: 295 Rawan Rd, Cleveland PHONE: 423-765-6356 ALT. PHONE ——

SITE DIRECTIONS: 70 → R on Bethesda → L on Cornflower → R on Triplett → L on Rawan → on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harkey + Frazz Family Subdivision SECTION: — LOT # 1 LOT AREA: 8 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines 4 Linear Ft 400

Trench Width 36" Trench Bottom Depth 36" max Gravel Depth —

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

System Description: 25% reduction

Repair System Description: 25% reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

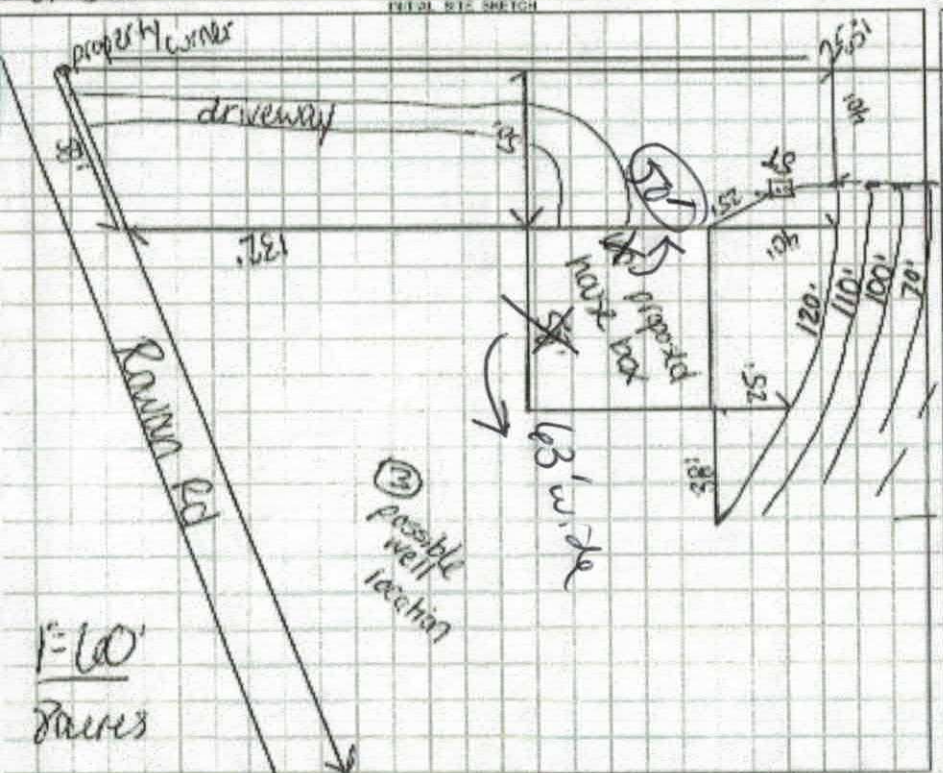
☐ Slab ☒ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max trench depth of 36"

INITIAL SITE SKETCH




AS BUILT SKETCH

COPY

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

Revised

*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 to 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: Carter C. Cave Date: 4/16/19 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. Be sure to speak with an inspector to confirm your inspection time.

# 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, Chris Boardwine, am the legal owner(s) of the property located at 295 Raven Rd Cleveland NC, identified as

IN (Parcel Identification Number) 4772725342, located in Iredell County, North Carolina.

do hereby authorize (**print legal representative/company name**) Martha S. Landis, to act as an agent on my behalf in applying for/signing/obtaining any f 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

agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the edell County Department of Public Health, Environmental Health Division.

_____ *_____
Signature of Owner(s) Date

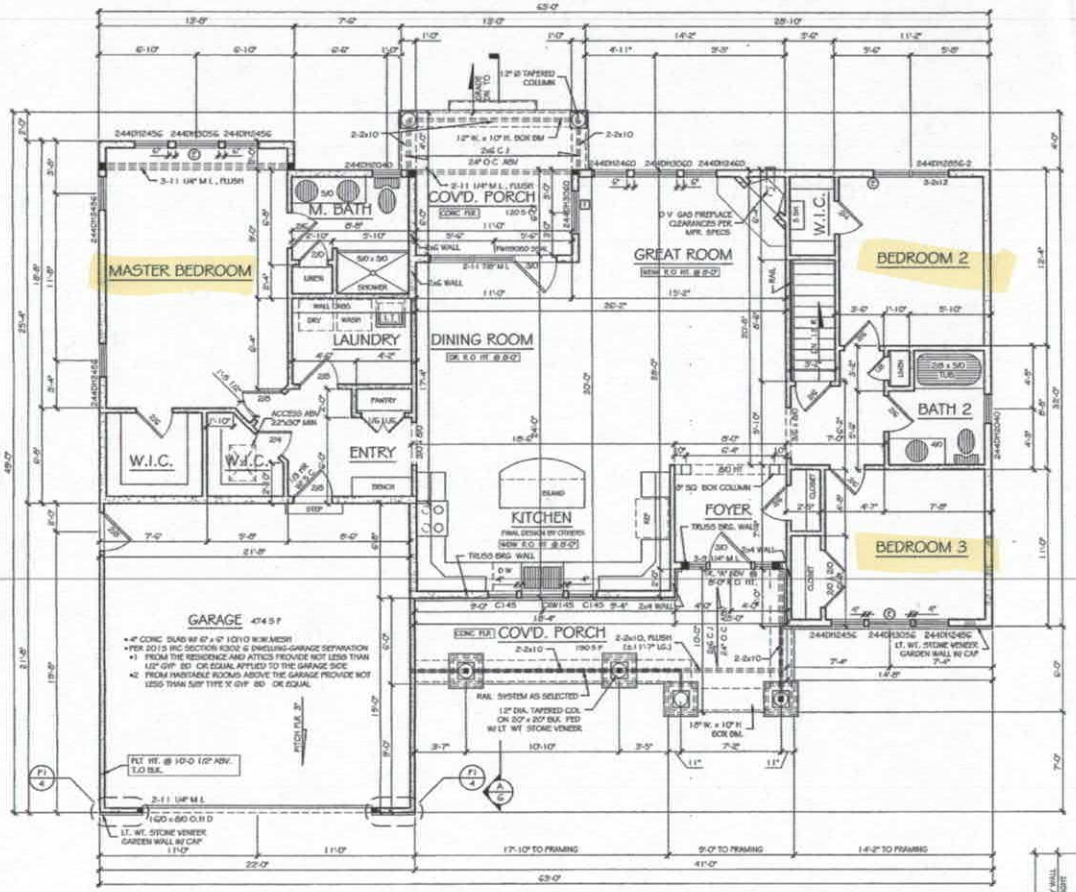
**ooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
10 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!

Date 12/23/19

Date 12-18-19




## FIRST FLOOR PLAN 1720 S.F.

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

NOTE:
- ALL EXT WALLS TO BE 2 x 6 @ 16" O.C. U.O.N. (UNLESS OTHERWISE NOTED)
- ALL INT WALLS TO BE 2 x 4 @ 16" O.C. U.O.N.
- PROVIDE SOLID BLKG (3 STUD POST MIN. GLUE AND NAIL U.O.N.) @ ALL BRG. POINTS
- ALL APPLIANCES PER CONTRACT
- ALL WDW. H.O. HTS. TO BE 7'-0" U.O.N.
- ALL CLG. HTS. TO BE 9'-1 1/8" U.O.N.
- ALL DOORS TO BE LOCATED 4" FROM ADJACENT WALL OR CENTERED IN OPENING (U.O.N.)
- ALL ANGLES TO BE 12/12 U.O.N.
- ALL UNSPECIFIED HDRS. TO BE 2-2x8 W/ FILLER @ 2x4 WALL LOC. # 3-2x8 W/ FILLER @ 2x6 WALL LOCATIONS
- DBL. JACK STUDS @ ALL LOAD BRG. LINTELS OVER 4' LONG
- (F) WINDOW MEETS OR EXCEEDS THE EGRESS REQUIREMENTS PER 2015 IRC SECTION R310.1
- (T) WINDOW MEETS REQUIREMENTS FOR HAZARDOUS LOCATIONS NEEDING SAFETY GLAZING PER 2015 IRC SECTION R308.4
- (O) WINDOW OPENING CONTROL DEVICE COMPLYING WITH ASTM F 2090.2 PER 2015 IRC SECTION R312.2

2015 IRC SECTION R314.3 SMOKE ALARM LOCATIONS
1. IN EACH SLEEPING ROOM
2. OUTSIDE EACH SEPARATE SLEEPING AREA IN THE IMMEDIATE VICINITY OF THE BEDROOMS
3. ON EACH ADDITIONAL STORY OF THE DWELLING, INCLUDING BASEMENT AND HABITABLE ATTICS AND NOT INCLUDING CRAWL SPACES AND UNINHABITABLE ATTICS. IN DWELLING OR DWELLING UNITS WITH SPLIT LEVELS AND WITHOUT AN INTERVENING DOOR BETWEEN THE ADJACENT LEVELS, A SMOKE ALARM INSTALLED ON THE UPPER LEVEL SHALL SUFFICE FOR THE ADJACENT LOWER LEVEL PROVIDED THAT THE LOWER LEVEL IS LESS THAN ONE FULL STORY BELOW THE UPPER LEVEL
4. SMOKE ALARMS SHALL BE INSTALLED NOT LESS THAN 3 FEET HORIZONTALLY FROM THE DOOR OR OPENING OF A BATHROOM THAT CONTAINS A BATHTUB OR SHOWER UNLESS THIS WOULD PREVENT PLACEMENT OF A SMOKE ALARM REQUIRED BY SECTION R314.3

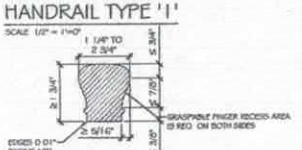
2015 IRC SECTION R315.3 CARBON MONOXIDE ALARM LOCATIONS
CARBON MONOXIDE ALARMS IN DWELLING UNITS SHALL BE INSTALLED OUTSIDE OF EACH SEPARATE SLEEPING AREA IN THE IMMEDIATE VICINITY OF THE BEDROOMS. WHERE A FUEL-BURNING APPLIANCE IS LOCATED WITHIN A BEDROOM OR IS ATTACHED BATHROOM, A CARBON MONOXIDE ALARM SHALL BE INSTALLED WITHIN THE BEDROOM.




CIRCULAR NON-CIRCULAR

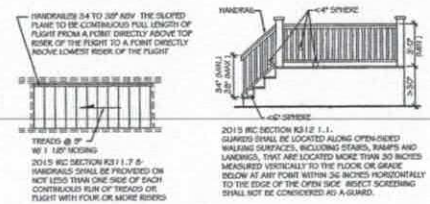
### HANDRAIL TYPE '1'

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



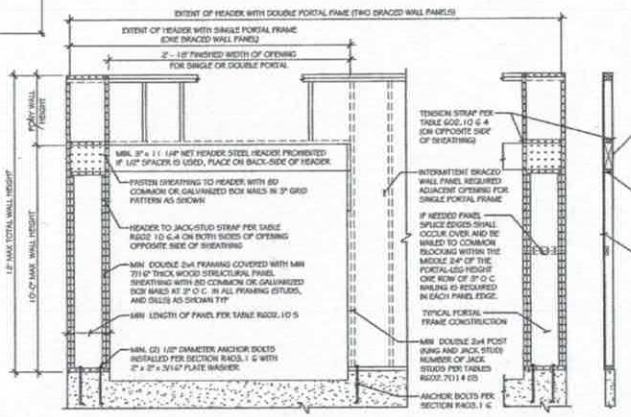

### HANDRAIL TYPE '2'

SCALE: 1/2" = 1'-0"
HANDRAILS WITH A PERIMETER GREATER THAN 6 1/4" (PERMITTED WITHIN DWELLING UNITS)




### HANDRAILS & GUARDS

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




FRONT ELEVATION SECTION

2015 IRC FIGURE R602.10.6.3
METHOD PFG - PORTAL FRAME AT GARAGE DOOR OPENINGS IN SEISMIC DESIGN CATEGORIES A,B AND C

## (F1) NARROW WALL BRACING DETAIL AT GARAGE

SCALE: 1/2" = 1'-0" TYPICAL @ ALL GAR. DR. WALL LENGTHS

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REVISIONS

| NO | DATE | BY | DESCRIPTION |
|---|---|---|---|
| GEN | 11/13 | CME | UPDATES |
| GEN | 12/15 | CME | UPDATES |
| GEN | 3/17 | JBL | REV #05 UPDATE |
| GEN | 9/17 | JBL | 05, UPDATE |
| GEN | 11/17 | JBL | 05 UPDATE |

PROJECT

CLIENT
PURCHASED BY:
ARGIA GIBSON

DRAWING TITLE
FLOOR PLAN

PHASE
CONSTRUCTION DOCUMENTS

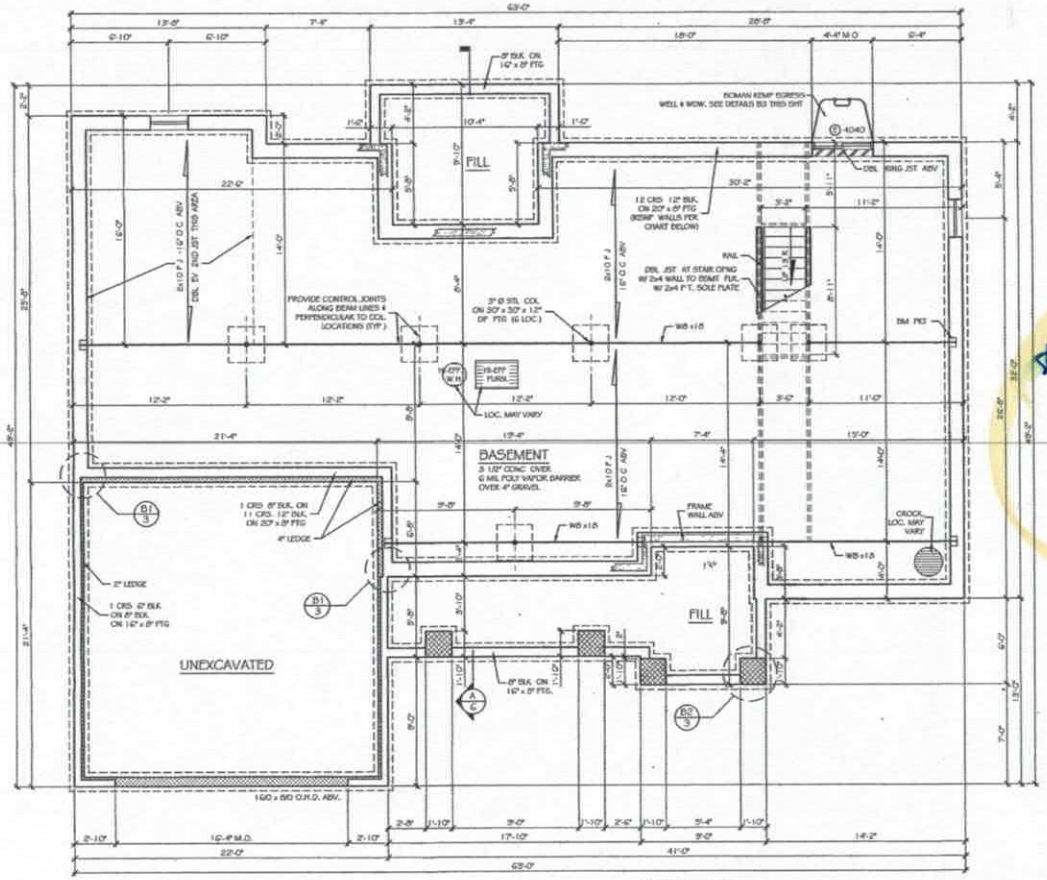
| JOB NO | PROJECT NO |
|---|---|
| A08-243 | 10-1720-2R |
| DRAWN BY: MLK | DRAWING NO: 4 of 6 |
| CHECKED BY: KAD | |
| DATE: JAN 2009 | |

James Fahy Design
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585-272-1650 Fax 585-272-1008
e-mail: info@jamesfahy.com
website: www.jamesfahy.com

Acknowledgement Of
Plans Submittal ONLY!

Date

Carla C. Nicks Date 12-18-19




## BASEMENT & FOUNDATION PLAN

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

NOTE: - PROVIDE 2 NO. 5 BARS VERTICAL, TIE INTO FOOTING & GROUT BLOCK CORES SOLID FULL HEIGHT AT ALL BEAM BEARING
- ALL ANGLES TO BE 1:2:2 UNLESS OTHERWISE NOTED

ELEV. = +24" : +3 CRS
ELEV = 0" : -1 CRS
ELEV = 0 - 5" : -4.5 CRS
ELEV = 0 - 10" :

PER 2015 IRC SECTION R302.7 ENCLOSED ACCESSIBLE SPACE UNDER STAIRS SHALL HAVE WALLS, UNDER-STAIR SURFACE AND ANY SOFFITS PROTECTED ON THE ENCLOSED SIDE WITH 1/2-INCH GYPSUM BOARD

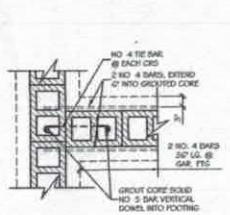
FINDAL TABLE R404.1.1(1)
12-INCH MASONRY FOUNDATION WALLS WITH REINFORCING WHERE d > 6.75 INCHES (a)

| WALL HEIGHT | HEIGHT OF UNBALANCED BACKFILL (e) | MINIMUM VERTICAL REINFORCEMENT (b) (c) | | |
|---|---|---|---|---|
| | | Soil classes and lateral soil load (psf per foot below grade) (d) | | |
| | | GW, GP, SW and SP soils (30) | GM and SM SM-SC and ML soils (45) | SC, ML-CL and inorganic CL soils (60) |
| 8 feet | 4 feet (or level | #4 at 72" o.c. | #4 at 72" o.c. | #4 at 72" o.c. |
| | 5 feet | #4 at 72" o.c. | #4 at 72" o.c. | #5 at 72" o.c. |
| | 6 feet | #4 at 72" o.c. | #4 at 72" o.c. | #5 at 72" o.c. |
| | 7 feet | #4 at 72" o.c. | #5 at 72" o.c. | #6 at 72" o.c. |
| | 8 feet | #5 at 72" o.c. | #6 at 72" o.c. | #6 at 48" o.c. |

a. Mortar shall be Type M or S and masonry shall be laid in running bond
b. Alternative reinforcing bar sizes and spacings having an equivalent cross-sectional area of reinforcement per lineal foot of wall shall be permitted provided the spacing of the reinforcement does not exceed 72 inches
c. Vertical reinforcement shall be Grade 60 minimum. The distance from the face of the soil side of the wall to the center of vertical reinforcement shall be at least 5.75 inches
d. Soil classes are in accordance with the Unified Soil Classification System and design lateral soil loads are for moist conditions without hydrostatic pressure. Refer to Table R405.1.
e. Unbalanced backfill height is the difference in height between the exterior finish ground level and the lower of the top of the concrete footing that supports the foundation wall or the exterior finish ground levels. Where an exterior concrete slab on-grade is provided and in contact with the exterior surface of the foundation wall, measurement of the unbalanced backfill height is permitted to be measured from the exterior finish ground level to the top of the exterior concrete slab is permitted

2015 IRC SECTION R314.3 SMOKE ALARM LOCATIONS
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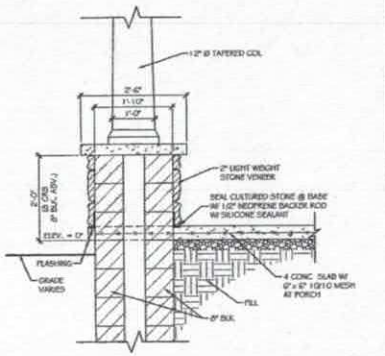
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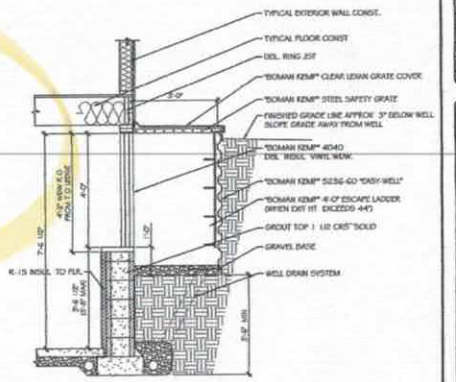

B1 RIGID CONNECTION
SCALE: 3/4"=1'-0"

NOTE: TIE CONNECTION DETAIL SHOWN IS CONCEPTUAL ONLY. ADJUST PER FIELD CONDITIONS.

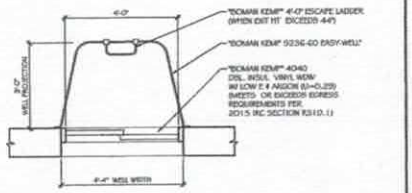
TYPICAL INTERSECTING WALL CONSTRUCTION:
GROUT SOLID FULL HT. NO. 5 BARS VERTICAL @ EACH ADJOINING BLOCK & DOWEL INTO FOOTING TIE VERTICAL BARS WITH NO. 4 HORIZONTAL TIES @ EACH COURSE PLACE GARAGE FOOTINGS ON ENGINEERED FILL WITHIN OVERDIG & REINFORCE WITH 2 NO 5 BARS HORIZONTAL EXTEND REINFORCING 6 FT. MIN. TO SPAN FOUNDATION OVERDIG.




B2 DETAIL @ STONE PEDESTAL
SCALE: 3/4"=1'-0"




B3 SECTION DETAIL @ ESCAPE WELL
SCALE: 1/2" = 1'-0"




B4 PLAN DETAIL @ ESCAPE WELL
SCALE: 1/2" = 1'-0"

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| REVISIONS | | | |
|---|---|---|---|
| NO | DATE | BY | DESCRIPTION |
| GEN | 11/13 | CME | UPDATED |
| GEN | 12/15 | CME | UPDATES |
| GEN | 3/17 | JSL | REV 4 O.S. UPDATE |
| GEN | 5/17 | JSL | O.S. UPDATE |
| GEN | 11/17 | JSL | O.S. UPDATE |

PROJECT

CLIENT
PURCHASED BY:
ARGIA GIBSON

DRAWING TITLE
BASEMENT & FOUNDATION PLAN

PHASE
CONSTRUCTION DOCUMENTS

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| DRAWN BY: MLK | DRAWING NO: 3 of 6 |
| CHECKED BY: KAD | |
| DATE: JAN 2009 | |

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e-mail: info@jamesfahy.com
website: www.jamesfahy.com

295 Rowan Rd.

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 243335 |
| Issue Date: 04/02/2019 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4772725342.000 | 295 ROWAN ROAD, CLEVELAND, NC 27013 | |

| Owner Information | | Applicant Information | |
|---|---|---|---|
| Owner: | VAUGHN STACY F+STEPHANIE F HEN SON | Applicant: | BOARDWINE, CHRIS |
| Address: | 2645 UMBERGER RD | Address: | 154 TURBYFILL RD |
| | CLEVELAND, NC 27013 | | MOORESVILLE, NC 28117 |
| Phone: | | Phone: | 423-765-6356 |

| Use Requested | Zone Code |
|---|---|
| SFD | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| | 35.00 | 35.00 | 15.00 | 15.00 | NOT | X |

**Remarks:**

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.

Applicant: _____ Date: _____

| Permit Number | 172745 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|