ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322302

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

PIN # 4778 -- 69 -- 5763

APPLICANT/OWNER: WJH LLC APPLICANT ADDRESS: 9325 Center Lake Drive Ste 160 Charlotte NC 28216

SITE ADDRESS: 162 Four Andrews Drive Harmony NC 28634 PHONE: 704-488-1100 ALT. PHONE –

SITE DIRECTIONS: Old Mocksville to Mt Bethel Left into Rock Gate SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Rock Gate SECTION: 2 LOT # 50 LOT AREA: .627 Ac DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	6-9-22	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank	1000 (gal)	PT	363	Date	6-5-22	System Description: PM- PBBPS -50% Reduction-Vertical	☐ Business	No. Persons	6
Pump Make	Liberty	Model	FL31	Serial #		Repair System Description: LR- PPBPS-50% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4	Linear Ft:	200	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	
Trench Width	24in	Trench Bottom Depth	26in High	Gravel Depth	–	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

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

Thompson Environmental Consulting Inc

LSS # 1287 Dated 10/23/2021

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.

7/15/22 Tanks Checked MW - needed risers

7/18/22 Lines ok

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**

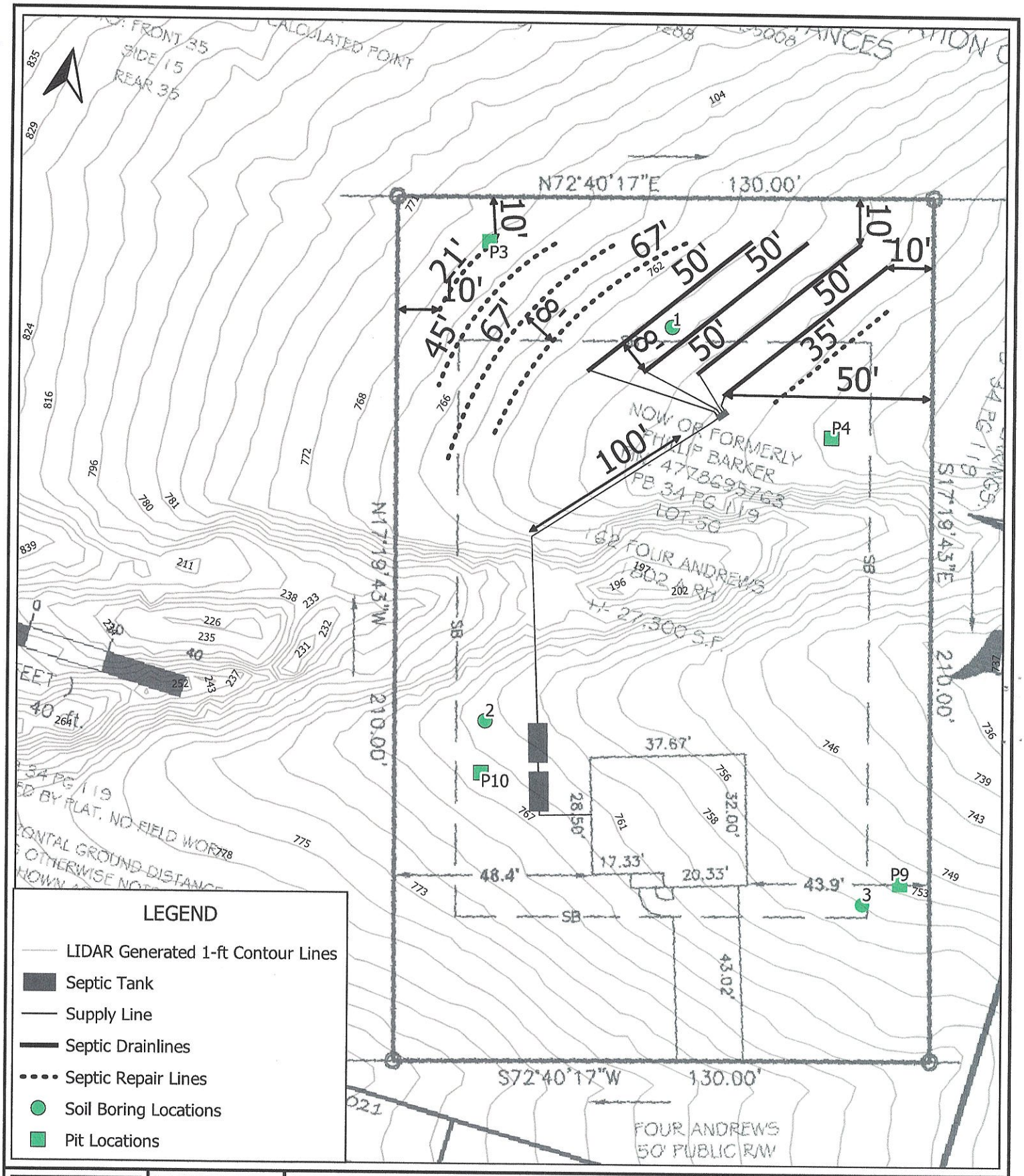
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11-5-21 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Benjamin A Rotte Date: 11-1-2021 OPERATION PERMIT by: Amy Lick Date: 7/19/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Rotte Date: 11-1-2021 Existing System Inspected by: Date:

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



Thompson Environmental Consulting
WATER · WASTEWATER · WETLANDS

Prepared For:
Century Complete

Proposed Septic Layout

Lot 50 - Rock Gate Estates
162 Four Andrews Drive
Harmony, NC 28634
Iredell County

Date: October 2021
Scale: 0 15 30 ft
TEC Job #: 21-261

Figure 1

Design Specifics

Daily Design Flow:	360 GPD – 3 bedroom house
Septic Tank Size:	1,000 Gallons (minimum)
Pump Tank Size:	1,000 Gallons (minimum)
Pump Requirements:	28.44 GPM at 14 Feet TDH
Recommended Pump:	Liberty FL30 (or equivalent)
Effluent Loading Rate:	0.3 GPD per sq. ft.
Drainfield Type:	PPBPS
Number of Drainlines:	4
Drain Lines:	(4) 2' Wide x 50' Long
Total Trench Length:	200 Linear Feet
Total Number of Panels:	55
Distribution Method:	Manifold
Number of Taps:	4 (1/2 Inch SCH 40 Taps)
Pressure Head:	2 Feet
Dosing Volume:	158.40 Gallons
Pump Run Time:	5.57 Minutes
Pump Tank Draw Down:	7.92 Inches
Trench Depth:	26 Inches
Final Cover Requirement:	6 Inches

Repair Specifics

Drainfield Type:	PPBPS
Linear Footage Required:	200 Linear Feet
Available Footage:	235 Linear Feet
Trench Depth:	26 Inches
Final Cover Requirement:	6 Inches

PPBPS Design Worksheet

File #:
Tax #: 4778695763.000
Address: 162 Four Andrews Drive
Harmony, NC 28634
Consultant: Larry Thompson
Phone: 704-301-4881

Reviewed By:
Date:

System Requirements

Design Flow	360	gpd
LTAR	0.300	gpd/ft.^2
Linear footage	400	ft. (conventional)
Linear footage	200	ft. (50% Reduction)

Design Layout

Laterals	Length (ft)	# Panels
Line # 1	50	11
Line # 2	50	11
Line # 3	50	11
Line # 4	50	11
Totals	**200**	**44**

Absorption Area

Length (ft)	Width (ft)	Area (ft^2)
200	2	400

System Pressure Head	2	ft.	Value selected by system designer (must be between 2-5 ft.)
Orifice Diameter	1/2	in.	SCH 40 PVC taps.
Flow Rate per Orifice	7.11	gpm	Determined from orifice flow design table (value dependent on pressure head & orifice diameter)
Total System Flow Rate	28.44	gpm	Number of taps multiplied by flow rate per orifice.
System Dose Volume	158.40	gal.	Total number of panels required multiplied by 3.6 gal./panel
Pump Run Time	5.57	min.	System dose volume divided by the total system flow rate
Pump Tank Drawdown	7.92	in.	Assumes tank volume is equal to 20 gallons per inch.

Comments:

1. Install system using 2 ft. wide trenches, per 15A NCAC 18A .1956 MODIFICATIONS TO SEPTIC TANK SYSTEMS
2. Install drainlines on 8 ft. centers, level, and on contour, per 15A NCAC 18A .1956 MODIFICATIONS TO SEPTIC TANK SYSTEMS
3. System design requires effluent pump for distribution.
4. 100% repair area required for property.

T & J Panels	
Linear Feet	# Panels
50	11
60	14
70	16
80	18
90	21
100	23

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107

PROPERTY ID #: 4778695763.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: WJH LLC
ADDRESS:
PROPOSED FACILITY: Res PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 162 Fox Andrews Dr., Harmony NC
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other Lot 50 Rocky Creek Estates
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

DATE EVALUATED: 3-11-21 Auger 9-10-21 Pits
PROPERTY SIZE: 0.627
PROPERTY RECORDED:
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 1%	0-27 27-50+	SBK/C M/SL	FI/S/P/Kaol SAP/MICA/PYR	—	27"	II SL 27-50	—	PS 0.4
2	LS 1%	0-13 13-50+	SBK/CL M/SL	FR/S/P/Kaol FR/MICA/PYR	—	13"	II SL 13-50+	—	PS 0.4
3	LS 8%	0-12 12-50+	SBK/SL M/SL	FI/S/P/Kaol FR/MICA/PYR	—	12"	II SL 12-50+	—	PS 0.4
P3 4	LS 8%	0-4 4-19 19-50+	GR/SL SBK/C M/SL	FI/MICA/HP/Kaol FI/S/P/Kaol FR/MICA/PYR	—	19	I FI 19-50+	—	PS 0.4

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	0.4	0.4

OTHER FACTORS (.1946): Provision
SITE CLASSIFICATION (.1948):
EVALUATED BY: Michael Wood
OTHER(S) PRESENT: Larry Thompson

COMMENTS: * Use 0.3 if space allows

LICENSED SOIL SCIENTIST — LARRY B. THOMPSON — 1285 — STATE OF NORTH CAROLINA

Updated February 2014

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4778695763.000
DATE OF EVALUATION: 9-10-21
COUNTY: Iredell

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
P9	LS 8%	0-4	GR/SL	FR/NS/NP/NEXP	—	24	II SL 24-50+	—	PS 0.4
		4-24	SBK/C	FI/S/P/SEXP					
		24-50+	M/SL	FR/NS/NP/NEXP					
P9	LS 10%	0-18	SBK/C		—	18"	II L 18-50+	—	PS 0.4
		18-50+	M/L						
P10	LS 10%	0-25	SBK/C	FI/S/P/SEXP	—	25"	II L 25-53	—	PS 0.4
		25-53	M/L	FR/NS/NP/NEXP					

COMMENTS:

Residential Subsurface Wastewater Treatment and Disposal System Proposal

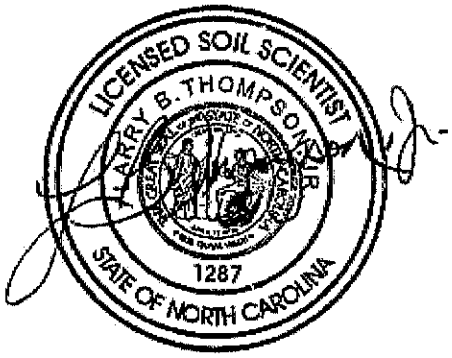
for

Lot 50 – Rock Gate Estates
162 Four Andrews Drive
Harmony, NC 28634

Tax Parcel # 4778695763.000
October 23, 2021

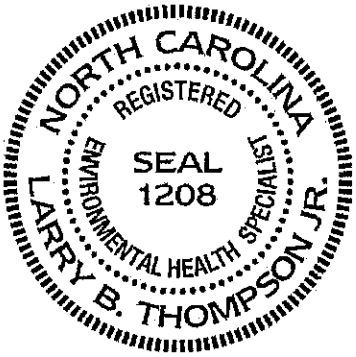
Prepared for:

Glenn Bird
Century Complete
9325 Center Lake Dr., Suite 160
Charlotte, NC 28216
1-833-791-0192



Prepared by:

Larry Thompson, REHS, LSS
Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
Phone: 704-301-4881
larry@thompsonenv.com



Details

Century Complete has contracted with Thompson Environmental Consulting, Inc. (TEC) to prepare a septic proposal for a 3-bedroom single family residence to be located on Lot 33, Rock Gate Estates, Harmony, North Carolina.

Based upon an investigation performed by TEC it was determined that a sufficient amount of "Provisionally Suitable" Group IV soils is available on this property for the installation of a Pump-To PPBPS at a 0.3 gallon-per-day per square foot long-term acceptance rate (LTAR). The property now has access to public water and will not require a private well.

Century Complete would like to request that Iredell County Environmental Health (ICEH) issue the appropriate permits for a subsurface wastewater treatment and disposal system based upon the following proposal and the enclosed Licensed Soil Scientist Evaluation, which is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11. (c).

Location

From Statesville, take I-40 to Old Mocksville Road. Turn left onto Old Mocksville Road, left onto Mt. Bethel Road, and left onto 4 Andrews Drive (Rock Gate Estates).

References

Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, July 2016.

Design, Installation and Maintenance of the T & J Panel Wastewater Treatment System; Sixth Edition, published by T & J Panel.

Department of Heath and Human Services, Division of Public Health Memorandum; Administrative Law Judge Ruling, February 9, 2018

Session Law 2018-114 (HB374) Section 11.(c). June 27, 2018

Primary Investigator's Credentials

NC Registered Sanitarian No. 1208
NC Licensed Soil Scientist No. 1287
SC Professional Soil Classifier No. 111
NC Subsurface Septic System Operator No. 22199
NC Grade IV Wastewater System Installer No. 1762
NC Certified Wastewater System Inspector No. 17621

DocuSign Envelope ID: B4E15E00-408B-4FDC-B5C9-D2F35D044D9D

To: Iredell County Environmental Health

From: WJH LLC

Regarding: Rock Gate Estates – Session Law 2018-114 Permit Packages

The NC LSS evaluation attached to these applications is to be used to produce a design and construction features for permitting in accordance with Session Law 2018-114 Section 11. (c).

DocuSigned by:

3A6EC48879C5476...

Project Manager

6/17/2021

Date

Session Law

RECEIVED OCT 13 2021

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

Paid $1200.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-322302

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

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

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

The following optional attachments may also be submitted: ( ) 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: WJH LLC **Address:** 9325 Center Lake Drive Ste 160 Charlotte NC 28216 **Zip:**

Applicant Email: katie.dyess@centurycommunities.com **Phone:** 704-488-1100 **Alt. Phone:**

Owner Name: WJH LLC **Address:** Above **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 162 Four Andrews Dr

Subdivision Name: Rock Gate **Section/Phase:** **Lot Number:** 50

Driving Directions: Turn right onto Kelly St, Turn right onto Feimster St, Take I-40 E and Old Mocksville Rd to Mt Bethel Rd, Turn left onto N Center St ,Turn right to merge onto I-40 E, Take exit 154 for Old Mocksville Rd, Turn left onto Old Mocksville Rd, Turn left onto Mt Bethel Rd. Drive and turn left into Rock Gate Development

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:

Non-Residential Site Development:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Type of Business:

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?
(X) 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: Katie Dyess for WJH LLC 10-12-21

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

DocuSign Envelope ID: 38DFD77D-7EC9-41D8-A605-508A351E858C

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

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) WJH LLC Katie Dyess 381FF6ADC84D42B...

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, _____, 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.

DocuSigned by: Katie Dyess 381FF6ADC84D42B... 10/13/2021

Signature of Owner(s) Date

Mooresville - Environmental Health

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

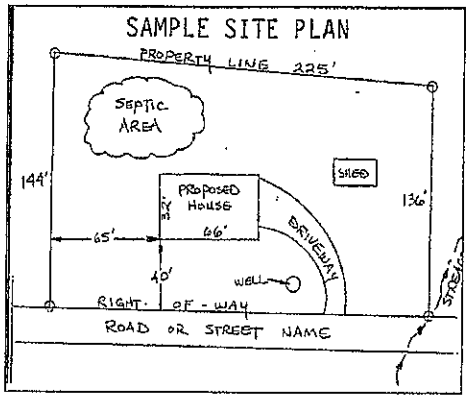
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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

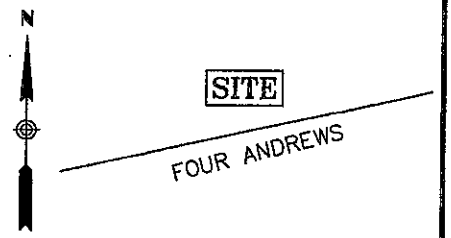
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached session Permit paperwork

Signature: Katie Dyess for WJH LLC — 10-12-21

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

DocuSign Envelope ID: 38DFD77D-7EC9-41D8-A605-508A351E858C



VICINITY MAP
(N.T.S.)

CERTIFICATE OF SURVEY AND ACCURACY

I, CHRISTOPHER L COLE, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN (REFERENCES AS SHOWN); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN (REFERENCES AS SHOWN); THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:15,000; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600);

PRELIMINARY

NOT FOR SALES, RECORDATION OR CONVEYANCES

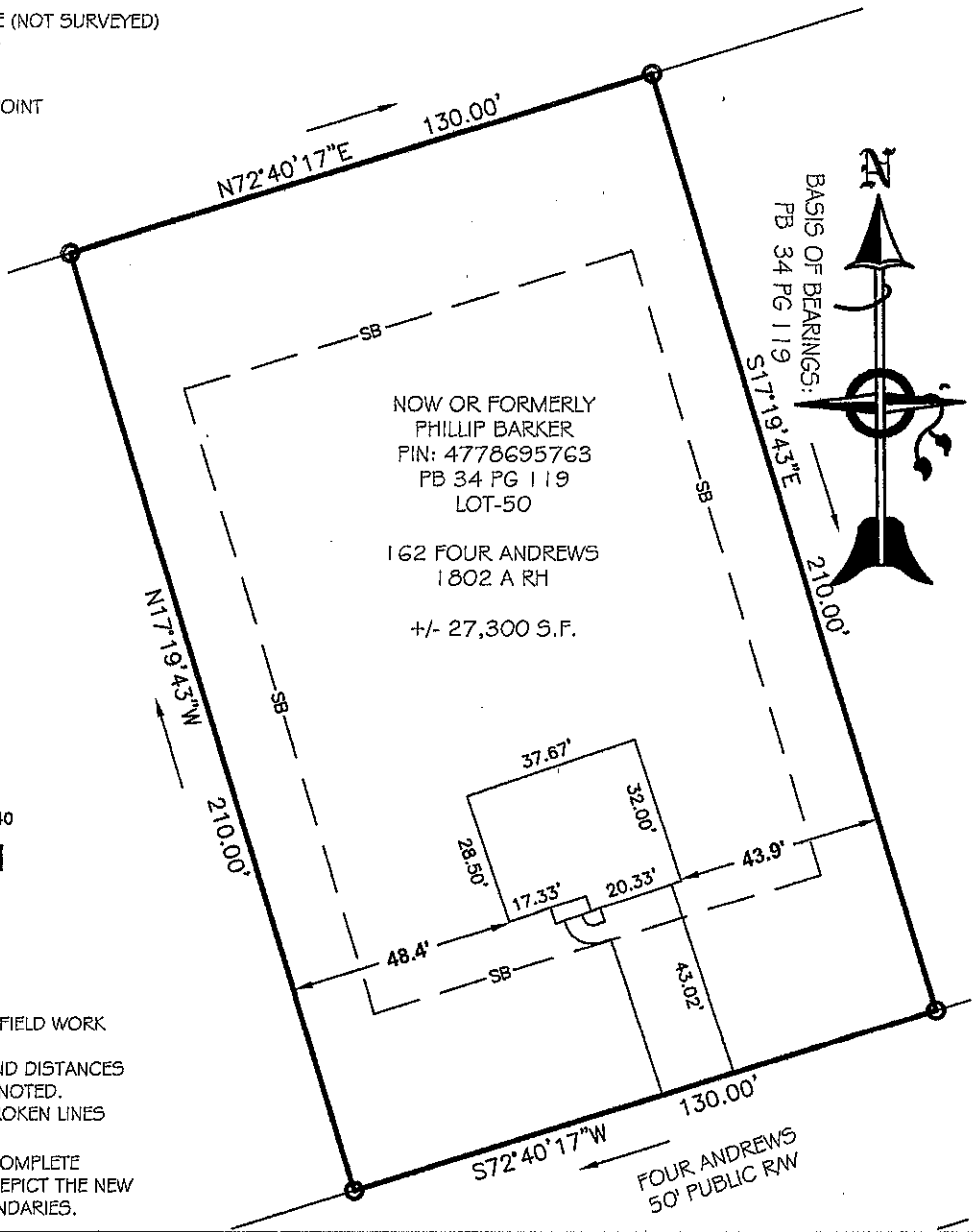
CHRISTOPHER L. COLE
REGISTRATION/LICENSE NO. NCPLS L-5008
NC FIRM LICENSE NO. C-4288

NORTH CAROLINA PROFESSIONAL SEAL L-5008 LAND SURVEYOR CHRISTOPHER L. COLE

LEGEND

PL	PROPERTY LINE (NOT SURVEYED)
-RW	RIGHT OF WAY
-SB	SETBACK
◎	CALCULATED POINT

SETBACKS: FRONT 35
SIDE 15
REAR 35



40 0 20 40
(IN FEET)
1 inch = 40 ft.

NOTES:

1) BASIS OF BEARINGS: PB 34 PG 119
2) BOUNDARY LINES DERIVED BY PLAT, NO FIELD WORK COMPLETED FOR THIS MAP.
3) ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN U.S. SURVEY FEET UNLESS OTHERWISE NOTED.
4)LINES NOT SURVEYED ARE SHOWN AS BROKEN LINES FROM
5) THIS SURVEY DOES NOT REPRESENT A COMPLETE BOUNDARY SURVEY AND IS INTENDED TO DEPICT THE NEW BUILDING LOCATION RELATIVE TO THE BOUNDARIES.

Ascension Land Surveying P.C.
Professional Land Surveying & Consulting
116 Williams Road, Mocksville, NC 27028
Phone: (704) 579-7197
Email: surveyor.chris007@gmail.com
NC FIRM LICENSE NO: C-4288
NC PLS NO: L-5008

4/14/2021

PIN:
4778695763
DRAWN BY: CC
CHECKED BY: JH
SCALE: 1"=40'
JOB: 21-02-24

PLOT PLAN
LOT-50
162 JO CREEK
ROCK GATE ESTATES
TURNERSBURG TWNSHP, IREDELL CO., NC

Acknowledgement Of
Plans Submittal ONLY!

BAB 11-1-2021
Date

Date 11.5.21

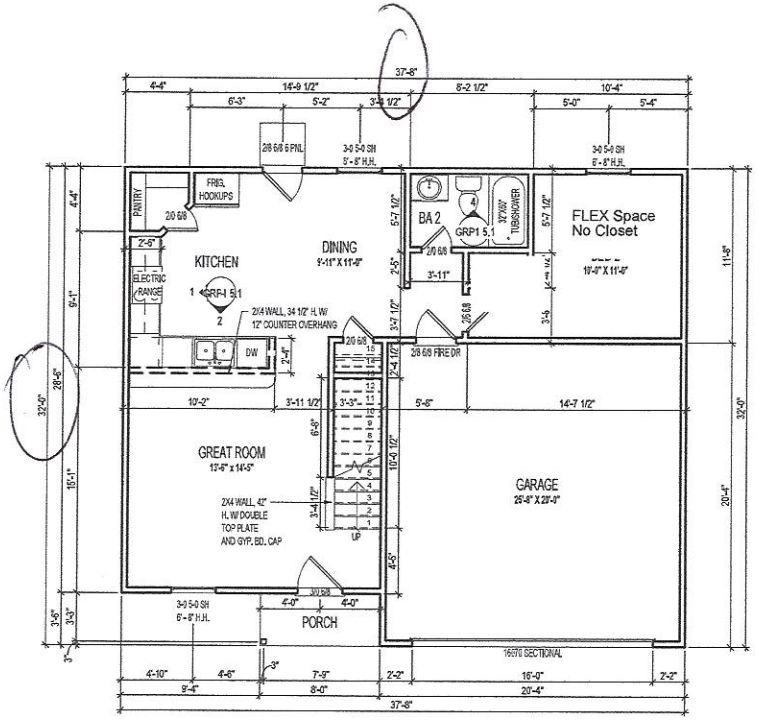
TABLE R302.6 Dwelling/Garage Separation	
Separation	Material
From the residence and attics	Not less than ½-inch gypsum board or equivalent applied to the garage side
From all habitable rooms above the garage	Not less than 5/8 -inch Type X gypsum board or equivalent
Structure(s) supporting floor-ceiling assemblies used for separation required by this section	Not less than ½-inch gypsum board or equivalent

WALL LEGEND

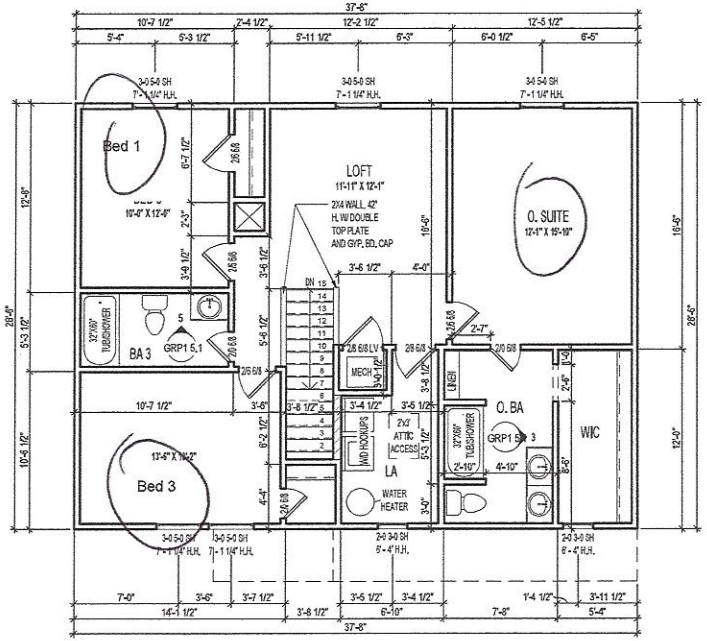
- FULL HEIGHT 2X4 WOOD STUD PARTITION
- FULL HEIGHT 2X6 WOOD STUD PARTITION
- STONE VENEER
- DRYWALL OPENING HEIGHT AS NOTED ON PLAN, 6'-9" HDR HT.
- BRICK VENEER
- 1 ROD & SHELF
- STUD WALL BELOW HEIGHT AND STUD SIZE AS NOTED

NOTE: EXTERIOR WALLS FRAMED AT 16" O.C. INTERIOR NON-BEARING WALLS FRAMED AT 24" O.C. REF TO STRUCTURAL SHEETS FOR BEARING WALL SPECIFICATIONS AND PLATE INFORMATION

Lot 50-162 Four Andrews Dr 1802A RH



1 FIRST FLOOR PLAN ELEV 'A'
1/4" = 1'-0" AT 22" X 34" LAYOUT
1/8" = 1'-0" AT 11" X 17" LAYOUT



2 SECOND FLOOR PLAN ELEV 'A'
1/4" = 1'-0" AT 22" X 34" LAYOUT
1/8" = 1'-0" AT 11" X 17" LAYOUT

CENTURY Complete
MORE HOME • LESS MONEY

3091 GOVERNORS LAKE DR.
SUITE 300
NORCROSS, GA 30071
PHONE: 336-282-3606

WJH, LLC © 2021

GRP1 - 'A'

FLOOR PLANS

LOT #:
JOB #:
COMMUNITY:
ADDRESS:

PLAN # / ORIENTATION:
3821811 / RH

SERIES NAME:
DIAMOND

PLAN NAME:

LAST REVISION
2.04

SHEET #
GRP1 1.1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322302 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4778695763.000	162 FOUR ANDREWS DR	Iredell County

Owner Information	Applicant Information
Name: WJH LLC	Name: WJH, LLC
Address:	Address: 9325 CENTER LAKE DR STE 160 CHARLOTTE, NC 28216
Phone:	Phone: (704)488-1100

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.627	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.

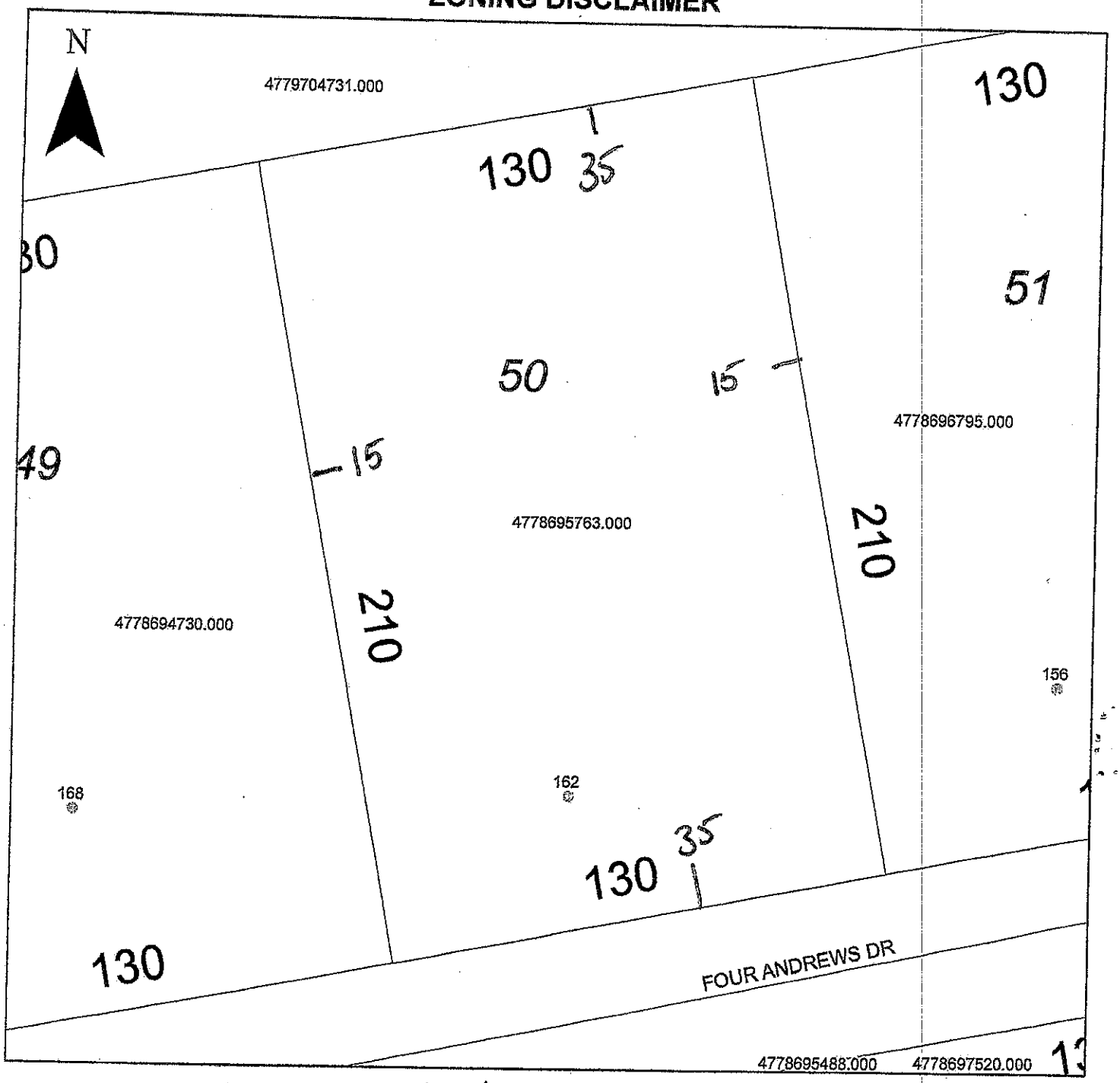
Date: 10/13/2021

Signature of Owner/Contractor

Permit Number	322302	TOTAL FEES:	$77.25

DocuSign Envelope ID: 38DFD77D-7EC9-41D8-A605-508A351E858C

ZONING DISCLAIMER



Property Address 1162 Four Andrews Dr.

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Applicant

10-13-21

Date