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 # AP-323235

PIN # 4779 -- 92 -- 2829

APPLICANT/OWNER: EAGLE MILLS INVESTMENTS

APPLICANT ADDRESS: 275 DUTCHMAN ROAD, HARMONY, N.C. 28634

SITE ADDRESS: 104 ARROWOOD LANE, HARMONY, N.C. 28634

PHONE: 704-437-1593 ALT. PHONE 704-902-0937

SITE DIRECTIONS: (N) ON 21, (R) ON MOUNT BETHEL, (L) ON RIMROCK, (L) ON ARROWOOD, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: ARCHERS RIDGE

SECTION: — LOT # 14 LOT AREA: 0.62 AC

DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	B54	Date	4-20-2022	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION
# Nitrification Fields	1	# Lines	5	Linear Ft	302 Ft	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing

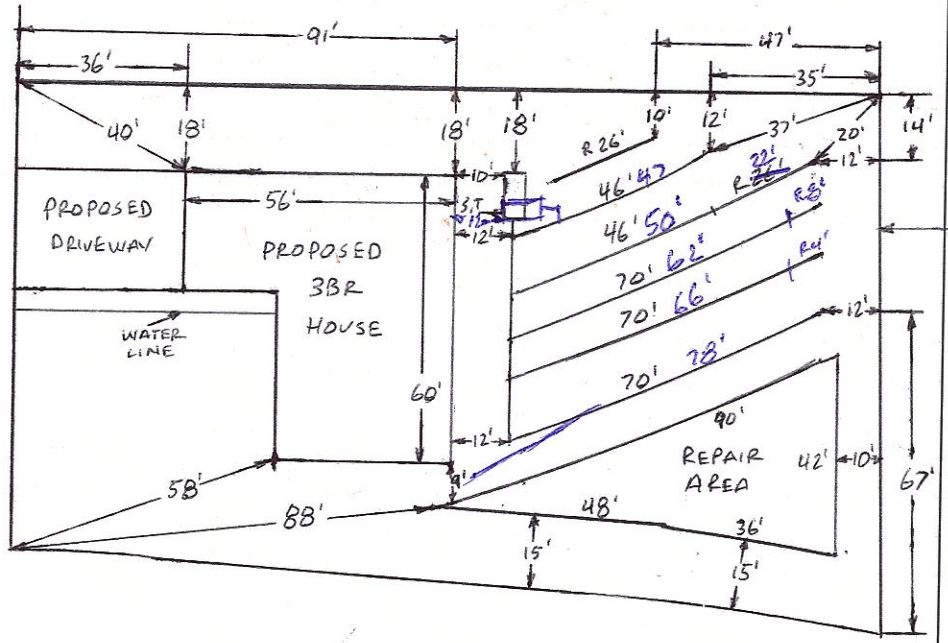
No. Bedrooms 3 No. Persons 6 No. Employees —

☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH, MAINTAIN 50FT FROM ALL WELLS, NO FOUNDATION DRAINAGE TO BE INSTALLED ON REAR OF HOUSE

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.

1 IN = 40 FT

S.T. = SEPTIC TANK

EXT = EXISTING

R = REPAIR

NEIGHBOR'S EXT WELL

49'

INSTALLED AS SHOWN

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: 2-2-2022

IMPROVEMENT PERMIT by: Bryant C. White Date: 1-20-2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 2-3-2022

Installed by: A-1 BACKHOE

OPERATION PERMIT by: Bryant C. White Date: 6-27-2022

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 #: 4779-92-2
COUNTY: IREDELL

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

OWNER: EAGLE MILLS INVESTMENTS
ADDRESS: 275 DUTCHMAN ROAD, HARMONY, N.C. 28634
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 104 ARROWOOD LANE, HARMONY, N.C. 28634
APPLICATION DATE: 11-18-202
DATE EVALUATED: 11-29-202
PROPERTY SIZE: 0.62 AC
PROPERTY RECORDED: YES

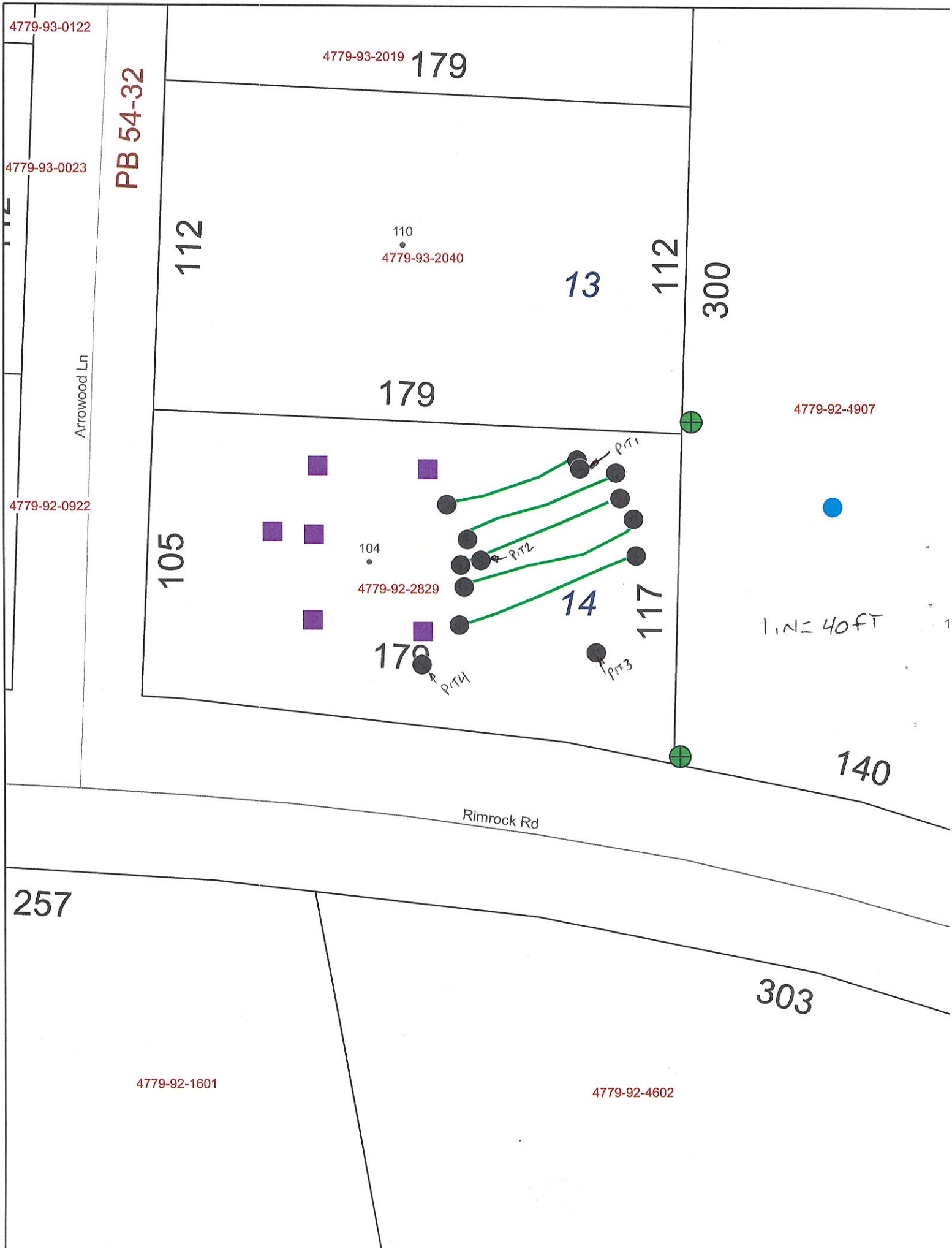
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	LINEAR SIDE 8%	0-37	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	53"+	NA	NA	PS .3
		37-53	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 7%	0-8	FILL	MIXED	SAP INC THRU OUT MICA COMMON	64"+	NA	NA	PS .3
		8-36	C, SBK	FR, S, P, SEXP					
		36-64	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 10%	0-9	FILL	MIXED	SAP INC THRU OUT MICA COMMON	52"	PS II 2	NA	PS .3
		9-31	C, SBK	FR, S, P, SEXP					
		31-52	CL, WSBK	FR, SS, SP, SEXP					
		52-60	SAP, MAS	VFR, NS, NP, SEXP					
4	LINEAR SIDE 8%	0-36	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	64"+	~~PS II 2~~ NA	NA	PS .3
		36-64	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Budget Cubitt
OTHER(S) PRESENT:

COMMENTS:


4779-93-0122
4779-93-2019
179
PB 54-32
4779-93-0023
112
110
4779-93-2040
13
112
300
Arrowood Ln
179
4779-92-4907
PIT1
4779-92-0922
105
104
PIT2
4779-92-2829
14
117
1 IN = 40 FT
179
PIT4
PIT3
140
Rimrock Rd
257
303
4779-92-1601
4779-92-4602

RECEIVED FEB 3 - 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED 323235

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Eagle Mills Investments **Address:** 275 Dutchman Road Harmony, NC **Zip:** 28634
Applicant Email: eaglemillsinvestmetns@gmail.com **Phone:** 704-437-1593 **Alt. Phone:** 704-902-0937
Owner Name: Eagle Mills Investments **Address:** 275 Dutchman Road Harmony, NC **Zip:** 28634
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 104 Arrowood Lane Harmony, NC 28634
Subdivision Name: Archers Ridge **Section/Phase:** _____ **Lot Number:** 14
Driving Directions: Turn onto Rimrock Road from Mt Bethel Road
Go approx. 1/4 mile and Arrowood Lane is on your left. Lot 104 is first lot on right

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: _____
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) 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: _____

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

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: _____ 2/2/2022
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 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.

_____ _____
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

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

RECEIVED NOV 18 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 323235 $500.00

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

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: Eagle Mills Investments **Address:** 275 Dutchman Road Harmony, NC **Zip:** 28634
Applicant Email: eaglemillsinvestmetns@gmail.com **Phone:** 704-437-1593 **Alt. Phone:** 704-902-0937
Owner Name: Eagle Mills Investments **Address:** 275 Dutchman Road Harmony, NC **Zip:** 28634
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 104 Arrowood Lane Harmony, NC 28634
Subdivision Name: Archers Ridge **Section/Phase:** _____ **Lot Number:** 14
Driving Directions: Turn onto Rimrock Road from Mt Bethel Road
Go approx. 1/4 mile and Arrowood Lane is on your left. Lot 104 is first lot on right

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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 (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: _____ 11-18-21
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)

[X] **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, _____, 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.

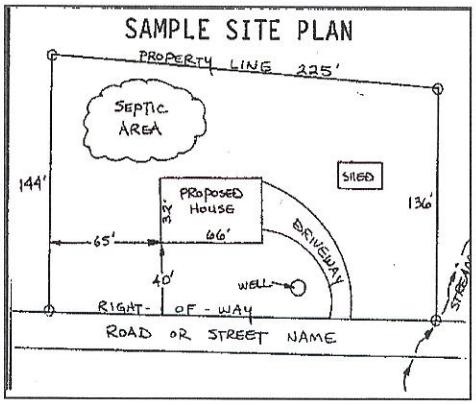
_____ 11-18-21
Signature of Owner(s) Date

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:

- ( ) 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

See Attached Sketch

Signature: _____ 2-2-22

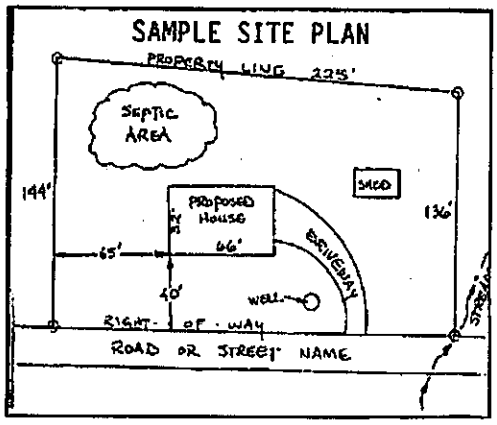
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

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



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

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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached Sketch

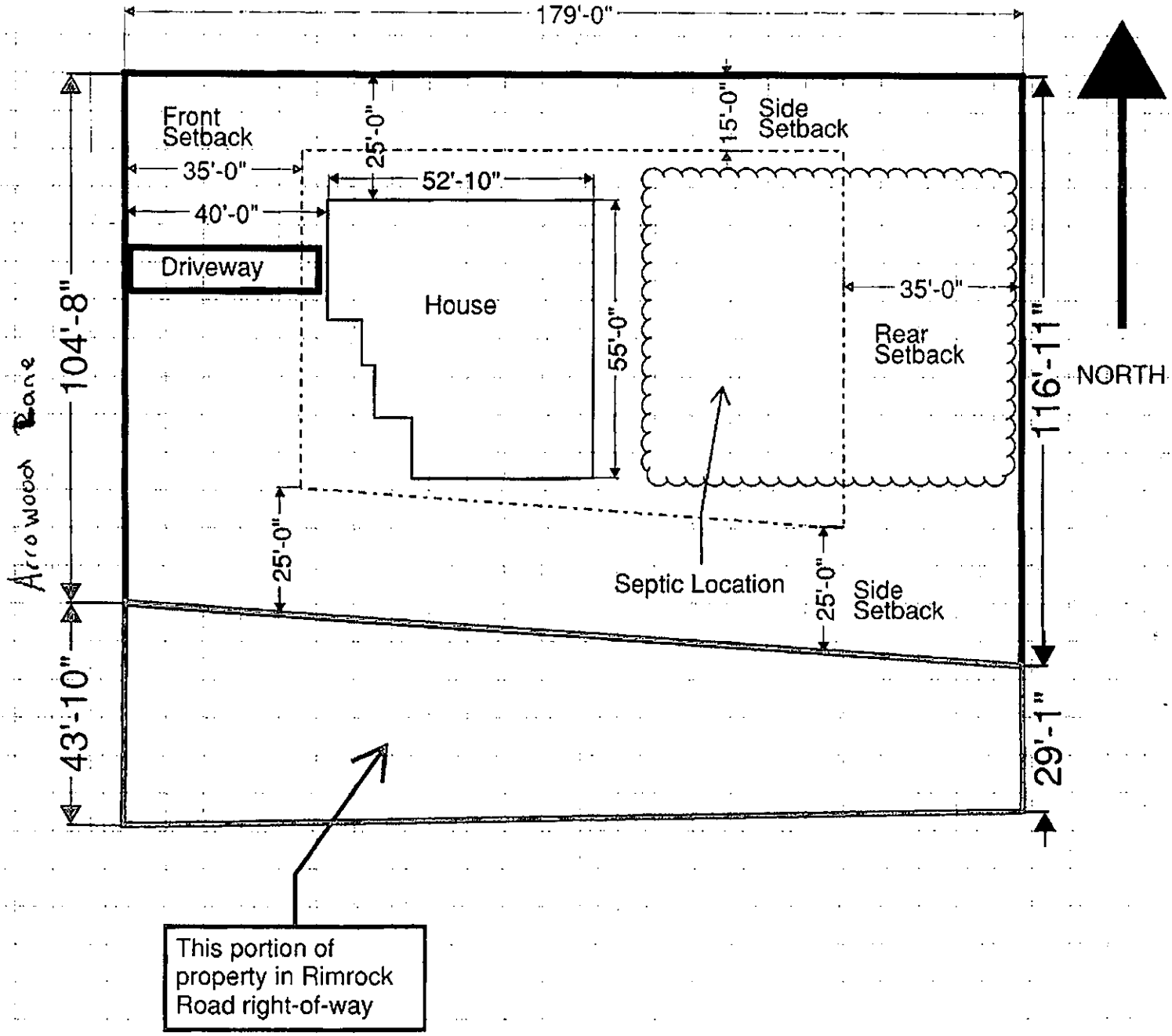
Signature: _____

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

11-18-21

DATE

104 Arrowood Lane Harmony, NC 28634



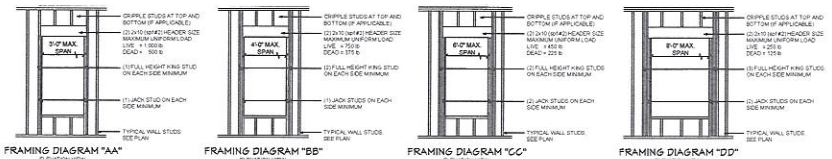
11-18-21

Acknowledgement Of
Plans Submittal ONLY!
Date 2-4-2022
Date 2-3-2022

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" t PAPER SIZE

ISSUED FOR CONSTRUCTION

NOTES
1. SEE PLANS FOR SPECIFIC OPENING AND HEADER SIZING. IF HEADERS SHOWN ON FRAMING PLANS DO NOT MATCH HEADER CONDITIONS IN THIS DETAIL, THEN FRAMING PLANS SHALL TAKE PRECEDENCE. SEE PLANS OR ENGINEERED BEAM DRAWINGS OR BUILDING CODE FOR ADDITIONAL INFORMATION ABOUT MINIMUM SUPPORT STUDS.
2. SEE EXTERIOR ELEVATIONS FOR WALL HEIGHTS. HEADER CONDITIONS ASSUME A MAXIMUM WALL HEIGHT OF 10'-0"
3. (3) 2X4's INTERIOR NON-LOAD BEARING HEADERS. TYPICAL U.N.O.
4. NAIL HEADER PLIES AND SUPPORTING STUDS TOGETHER PER LOCAL CODES
5. HEADERS SHOWN ALWAYS ASSUME A UNIFORM LOADING PATTERN, NO POINT LOADS.
6. THIS TYPICAL INFORMATION ASSUMES SINGLE FLOOR RESIDENCE WITH STUDS AT 16" ON CENTER. CONSULT BUILDING CODE FOR DIFFERING CONDITIONS



FRAMING DIAGRAM "AA" ELEVATION VIEW
FRAMING DIAGRAM "BB" ELEVATION VIEW
FRAMING DIAGRAM "CC" ELEVATION VIEW
FRAMING DIAGRAM "DD" ELEVATION VIEW

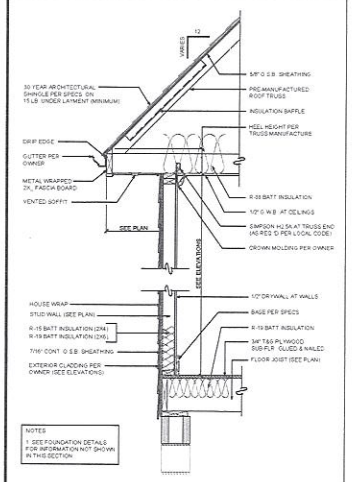
HEADER FRAMING CONDITIONS
SCALE: 1/4"=1'-0"

FRAMING NOTES
1. SEE GENERAL NOTES STRUCTURAL FOR INFORMATION NOT SHOWN ON THIS PLAN
2. (2) 2x10'S ARE TO BE EXTERIOR DOOR / WINDOW HEADERS AND INTERIOR DOOR HEADERS IN LOAD BEARING WALL (TYPICAL UNLESS NUTED U=THERWISE)
3. DOUBLE FLOOR JOIST UNDER INTERIOR WALLS ARE NOT SHOWN FOR CLARITY. INSTALL PER BUILDING CODE
4. ▣ INDICATES CONCENTRATED LOAD FROM ABOVE. PROVIDE SOLID BLOCKING (JOIST OR STUDS) AT ALL LOCATIONS FOR LOAD TRANSFER
5. ALL LOAD BEARING HEADERS & BEAMS TO HAVE A MIN. SUPPORT OF: (1) KINGS STUD AND (1) JACK STUD UNLESS NOTED OTHERWISE. (VERIFY LVL SUPPORT STUDS PER MANUF. DRAWINGS, TYPICAL)
6. PROVIDE SOLID BRIDGING IN JOIST SPANS (1 ROW) 8'-0" THRU 10'-0" (2 ROW) 10'-0" AND OVER

FRAMING LAYOUT NOTE
CONTRACTOR IS TO REVIEW ALL FRAMING MEMBERS SHOWN ON PLANS PRIOR TO CONSTRUCTION. FRAMING INFORMATION ON PLANS SHOW SUGGESTED SIZES, MINIMUM REQUIREMENTS ONLY. DUE TO A VARIANCE OF CODES PER REGION, PLEASE REFER AND COMPLY WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERS FOR ALL STRUCTURAL REQUIREMENTS.

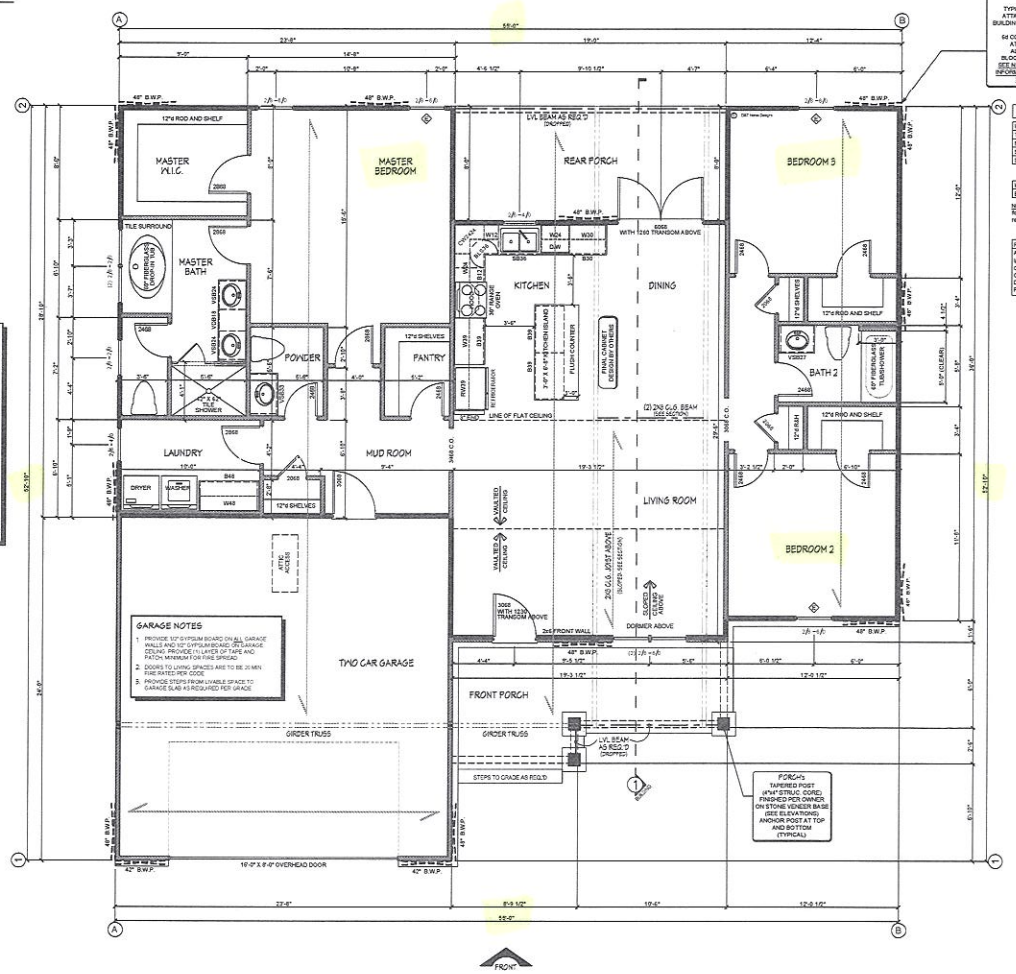
FLOOR PLAN NOTES
1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, C.M.U. WALL, VENEER OF FIER & CURTAIN WALL OR OUTSIDE FACE OF STUD. NO WALL FINISHES, SIDINGS OR VENEERS ARE ASSUMED
3. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS.
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
5. VERIFY ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES
7. CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE
8. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X4 at 16" O.C., TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 at 16" O.C., TYP. UNLESS NOTED OTHERWISE
12. DOUBLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.

EGRESS NOTE
(E) SYMBOL INDICATES THAT THE WINDOW MUST MEET EMERGENCY EGRESS REQUIREMENTS PER LOCAL BUILDING CODES SEE WINDOW MANUFACTURERS DESIGN MANUAL FOR FURTHER DETAILS / INFORMATION. WINDOW SIZE MAY BE ADJUSTED IF SIZE SHOWN IS INADEQUATE TO MEET LOCAL REQUIREMENTS



NOTES
1. SEE FOUNDATION DETAILS FOR INFORMATION NOT SHOWN IN THIS SECTION

TYPICAL WALL SECTION
SCALE: 3/4"=1'-0"



TYPICAL BRACED PANELS DESIGNATED BY
24" B.W.P.
TYPICAL UNLESS SHOWN OTHERWISE ATTACH O.S.B. AND GYPSUM BRD. PER BUILDING CODE UNLESS NOTED OTHERWISE SHEATHING ATTACHED WITH 6d COMMON OR 8d (2.5"long X 0.113" dia) AT 6" O.C. EDGES & 12" FIELD O.C. ALL SHEATHING JOINTS MUST BE BLOCKED WITHIN THE BRACED PANELS SEE N.C.R.B.C. (R602.10.6) FOR ADDITIONAL INFORMATION AND DETAILS THAT ARE NOT SPECIFIED IN THIS PLAN SET.

BRACED WALL PANEL CALCULATION

Wind Speed	115 MPH	Required Length Of Bracing (No Reductions)	
Typical Method	CS-WSP		
Eave To Ridge	15 feet	BRACED LINE "A"	10.22 FT.
Story Level Sprg	Roof Only	BRACED LINE "B"	10.22 FT.
Seismic Category	N/A	BRACED LINE "1"	10.22 FT.
		BRACED LINE "2"	10.22 FT.

Wall Height	9 feet	Required Length Of Bracing (With Reductions)	
Exposure Category	B		
Note: See local building code for sheathing attachment requirements		BRACED LINE "A"	12 FT.
		BRACED LINE "B"	12 FT.
		BRACED LINE "1"	15 FT.
		BRACED LINE "2"	16 FT.

RESIDENTIAL LATERAL SYSTEM LEGEND

Abbreviation	Method
WSP	Wood Structural Panel
CS-WSP	Continuously Sheathed Wood Structural Panel
CS-PF	Continuously Sheathed Portal Frame
DS-GB	Double Sided Gypsum Board
PFG	Portal Frame Garage

WALL LEDGED
NON - LOAD BEARING STUD WALL
LOAD BEARING STUD WALL (INTERIOR)
INSULATED STUD WALL (EXTERIOR WALLS ARE ASSUMED LOAD BEARING)

DOOR NOTES
DOOR HEIGHT FEET & INCHES (6'-8")
DOOR WIDTH FEET & INCHES (2'-6")
1. PROVIDE WEATHER STRIPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

D&T HOME DESIGNS
DESIGNER
Phone: (704)-253-8080
eMail: DTHomeDesigns@GMail.Com

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF D&T HOME DESIGNS, LLC ALL RIGHTS RESERVED. THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT THE WRITTEN AUTHORIZATION OF D&T HOME DESIGNS, LLC
© COPYRIGHT 2021

D&T HOME DESIGNS, LLC HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS. HOWEVER SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIFIC CODE OR ORDINANCE. CONTRACTOR IS TO VERIFY COMPLIANCE AND MAKE MODIFICATIONS AS NEEDED. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL DESIGN COMPLIANCE. D&T HOME DESIGNS, LLC ASSUMES NO RESPONSIBILITY FOR ANY HOME CONSTRUCTED USING THESE PLANS.

SQUARE FOOTAGE

Heated	1690 S.F.
Garage	565 S.F.
Front Porch	130 S.F.
Rear Porch	183 S.F.
Total Heated -	1690 S.F.
Total Under Roof -	2945 S.F.

REVISIONS

No:	Date	By:	Description

Drawn By: DRG | Issue Date: 10.27.21

Customer Name:
Eagle Mills Investments LLC

House Plan 21C
Plan Design Number:
R-2021-150

Sheet Title:
MAIN LEVEL FLOOR PLAN
SCALE: 1/4" = 1'-0"

Sheet No.:
B3.0

IREDELL COUNTY · NC

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

APPLICATION NUMBER

323235
Issue Date: 11/18/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4779922829.000	104 ARROWOOD LN	Iredell County

Owner Information	Applicant Information
Name: EAGLE MILLS INVESTMENTS LLC	Name: EAGLE MILLS INVESTMENTS LLC
Address: 275 DUTCHMAN RD.	Address: 275 DUTCHMAN RD.
HARMONY, NC 28634	HARMONY, NC 28634
Phone: (704)437-1593	Phone: (704)437-1593

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	25	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.

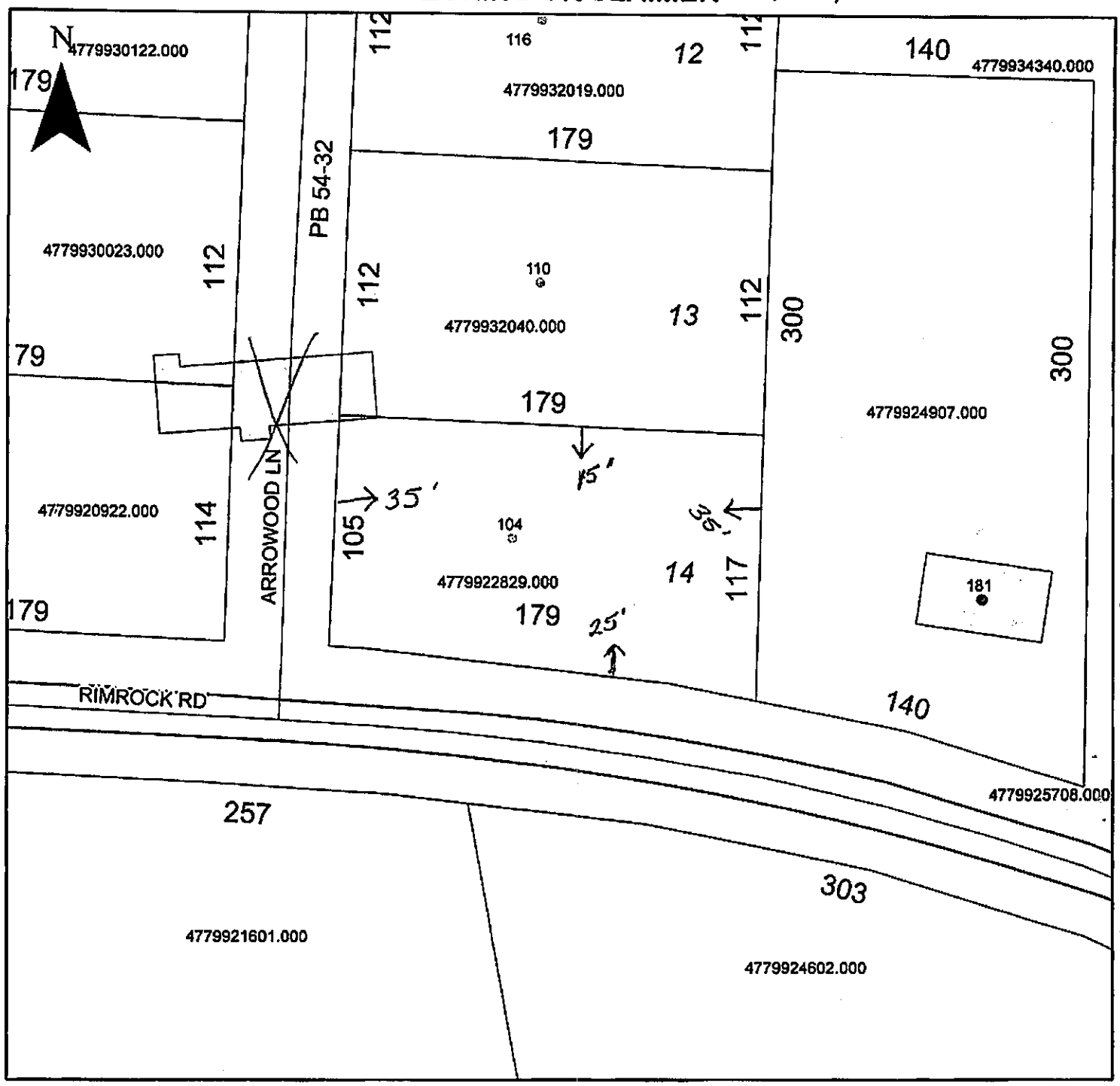
Date: 11/18/2021

Signature of Owner/Contractor

Permit Number	323235	TOTAL FEES:	$77.25

32 0230 NO-WS NO-FL .62 AC

ZONING DISCLAIMER



Property Address 104 Arrowood Ln.

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.

11-18-21

Applicant

Date