MW MANF-2022-9378

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 329465

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

PIN # 4863 -- 41 -- 7750

APPLICANT/OWNER: Sandra Morales APPLICANT ADDRESS: 415 Lumsden Rd, Apt 206

SITE ADDRESS: 154 Cornwall Rd, Harmony 28634 PHONE: 336-300-5191 ALT. PHONE 910-664-7684

SITE DIRECTIONS: 901 - Winthrop - Crater - Cartwright - Trivette - Cornwall SAP CONTROLLED: ☐ YES ☒ NO

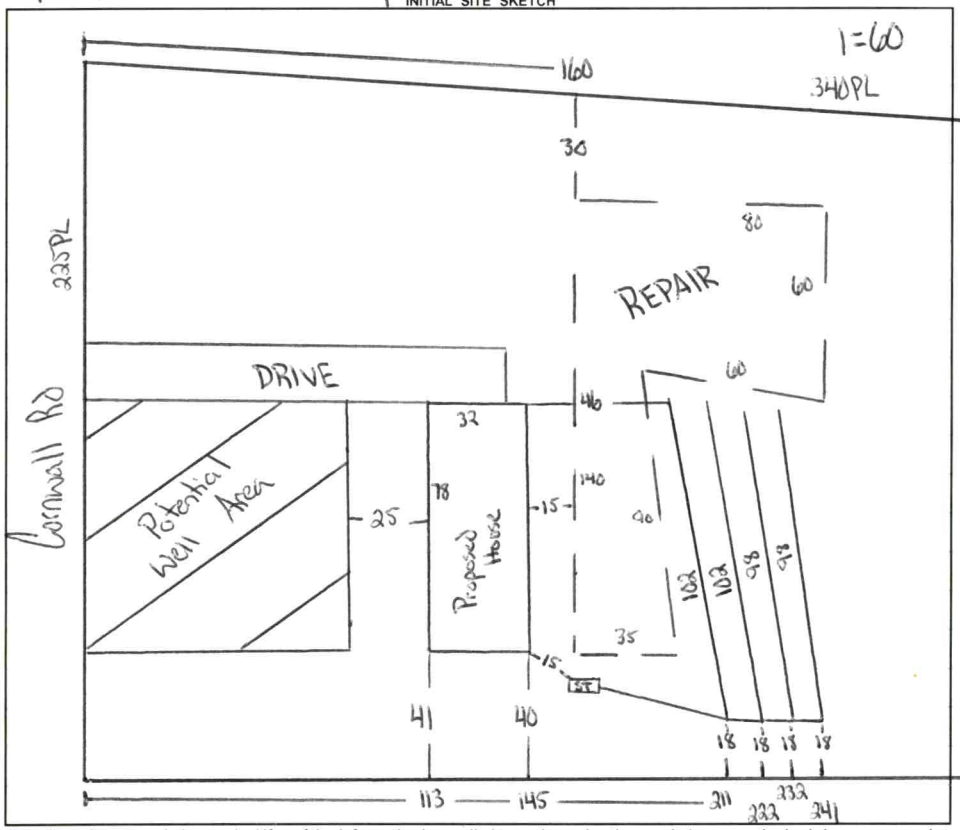
SUBDIVISION: Triwall Acres LLC SECTION: - LOT # 2 LOT AREA: 1.762 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	12/3/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	25% reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	22 in	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour with the land. Do not exceed 36 inch max trench bottom. Do not grade, park, or drive on septic area.

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.

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: 07/29/22 Installed by: T + L

IMPROVEMENT PERMIT by: by Wil Date: 6/22/22 OPERATION PERMIT by: Burnett C. White Date: 1-12-2023

AUTHORIZATION TO CONSTRUCT by: by Wil Date: 6/24/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4863417750
COUNTY: Iredell

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

OWNER: Sandra Morales
ADDRESS: 415 Lumsden Rd
PROPOSED FACILITY: 4 bdr home
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 154 Cornwall

APPLICATION DATE 6/8/22
DATE EVALUATED: 6/22/22
PROPERTY SIZE: 1.762 acres
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	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	Linear 6%	0 - 5	SCL SBK	SS SP FR SE	-	57	Litho inc in CL layer		.3 PS
		5 - 24	C SBK	SS SP FR SE					
		24 - 51	CL SBK	SS SP FR SE					
2	Linear 8%	0 - 6	SCL SBK	SS SP FR SE	-	50	SAP inc in CL layer		.3 PS
		6 - 23	C SBK	SS SP FR SE					
		23 - 50	CL SBK	SS SP FR SE					
3	Linear 11%	0 - 6	SCL SBK	SS SP FR SE	-	52	Rock inc at 38"		.3 PS
		6 - 29	C SBK	SS SP FR SE					
		29 - 52	CL SBK	SS SP FR SE					
4	Linear 10%	0 - 11	SCL SBK	SS SP FR SE	-	56	Litho inc in C & CL layer		.3 PS
		11 - 30	C SBK	SS SP FR SE					
		30 - 56	CL WSBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Sydney Holland

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

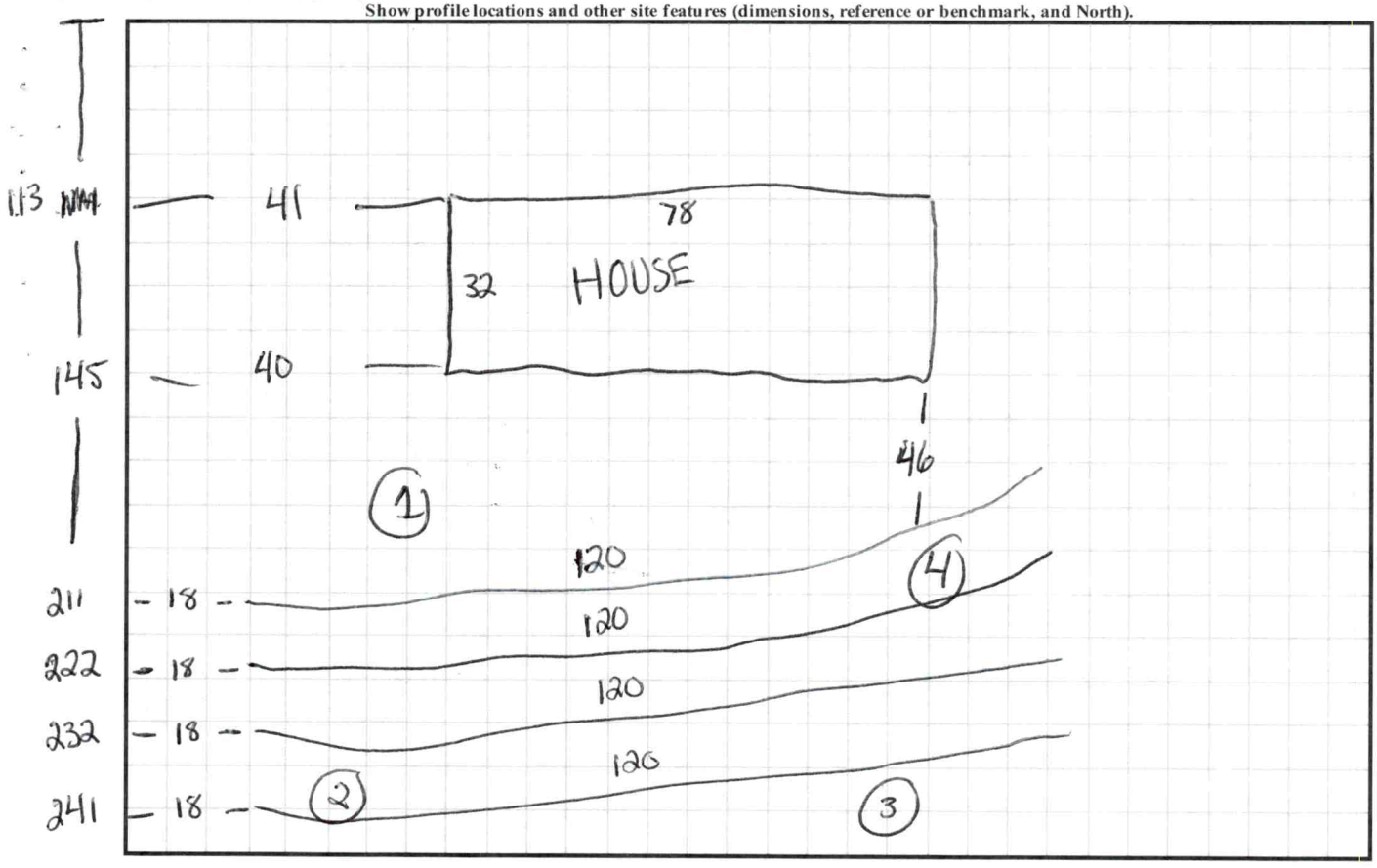
NOTES

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/ft^2

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



RECEIVED JUN 8 - 2022

CW

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 329465 $ 500.00

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) Charlotte NC

Applicant Name: Sandra I Morales Address: 415 Lumsden Rd Apt 206 Zip: 28262
Applicant Email: sailmize@hotmail.com Phone: 3363005791 Alt. Phone: 9106647684.
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 154 Cornwall, Harmony NC 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: HEAD NORTH ON CORNWALL RD, TURN RIGHT INTO DRIVEWAY

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: 5 — ( ) 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: _____ 060122
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, Barry Mitchell, am the legal owner(s) of the property located at 154 + 144 Cornwall Rd Harmony, NC, identified as PIN (Parcel Identification Number) 4863417780.000, 4863417520.000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Sandra Morales, Miguel Espinal; 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.

_____ 6.1.22
Signature of Owner(s) Date

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

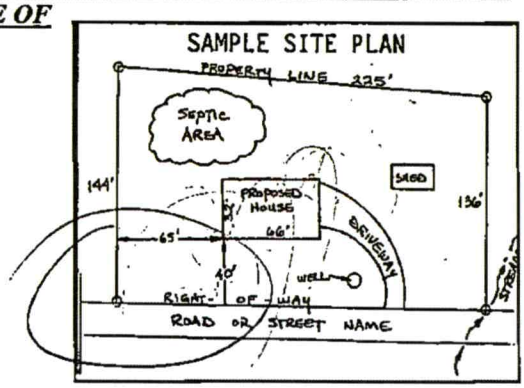
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

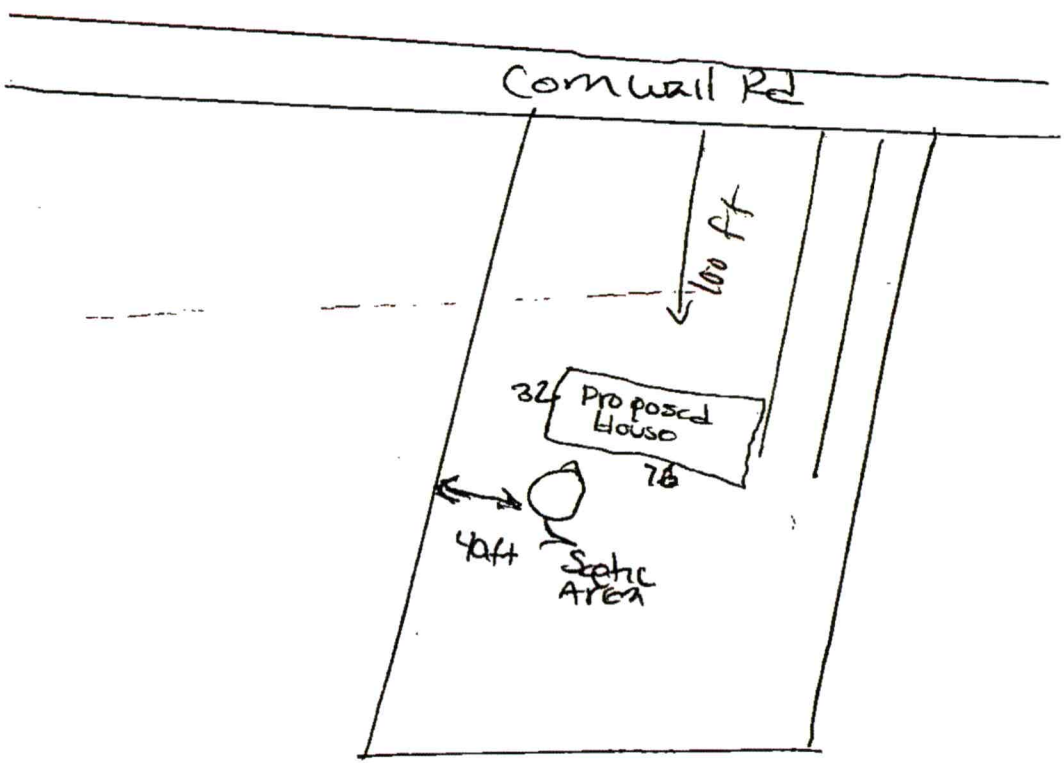
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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



Signature: _____

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

06/01/22

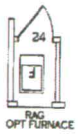
DATE

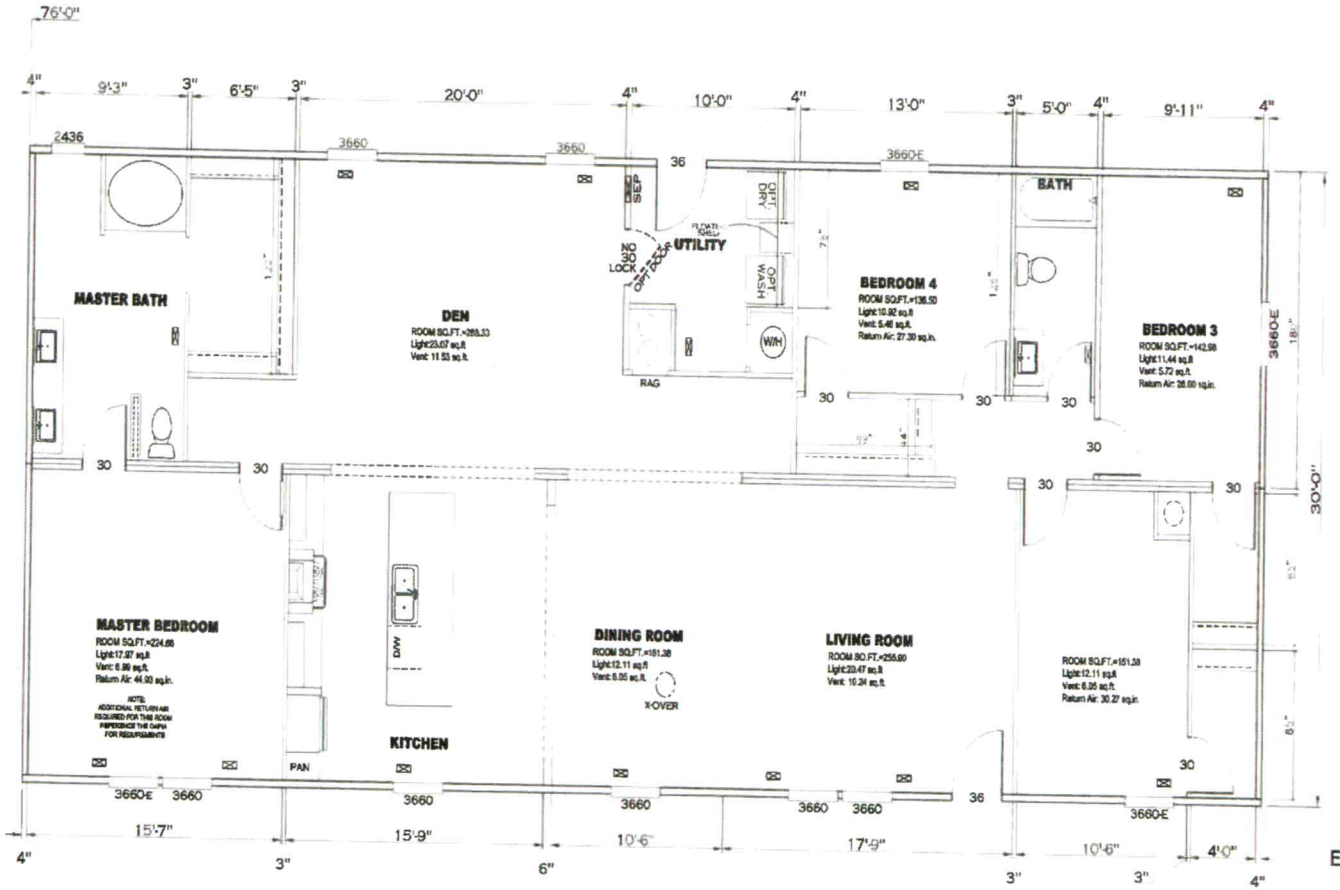
Acknowledgement Of Plans Submittal ONLY!

Date 6/30/22

Date 07292

APPROVED BY NTA INC. REVISED 8/10/2020
FEDERAL MANUFACTURED HOME CONSTRUCTION AND SAFETY STANDARDS





EPIC-CE-M024-76-4.1

*ALL BEDROOMS ARE UNDER 35' FOR EGRESS
NOTE ALL FLOOR REGISTERS ARE 4x10 UNLESS OTHERWISE NOTED

2,280 SQ.FT. (STD PLAN "CONDITIONED")
N/A SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

Clayton Epic Collection | Model #: CEA3276G4AH | Drawing #: CE-M024-76-4 | Date: 12.13.19 | Scale: N.T.S. | Project Designer: Alex Whaley | 32' x 76' Everest | REV:

REV:-7/21/2020 3:32 PM FLOOR PLAN

File Path:C:\Users\whaleya\Desktop\930 Dwgs\Adventure\CE-M024-76-4.dwg, Last Saved By:WhaleyA, Saved Date:7/21/2020 3:29 PM

IREDELL COUNTY · NC

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

APPLICATION NUMBER
329465 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4863417750.000	154 CORNWALL RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: TRIWALL ACRES LLC	Name: COURTNEY WENKS
Address:	Address: 5533 BULLINS RD JONESVILLE, NC 28642
Phone:	Phone: (704)657-1634

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.762	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks

DW

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

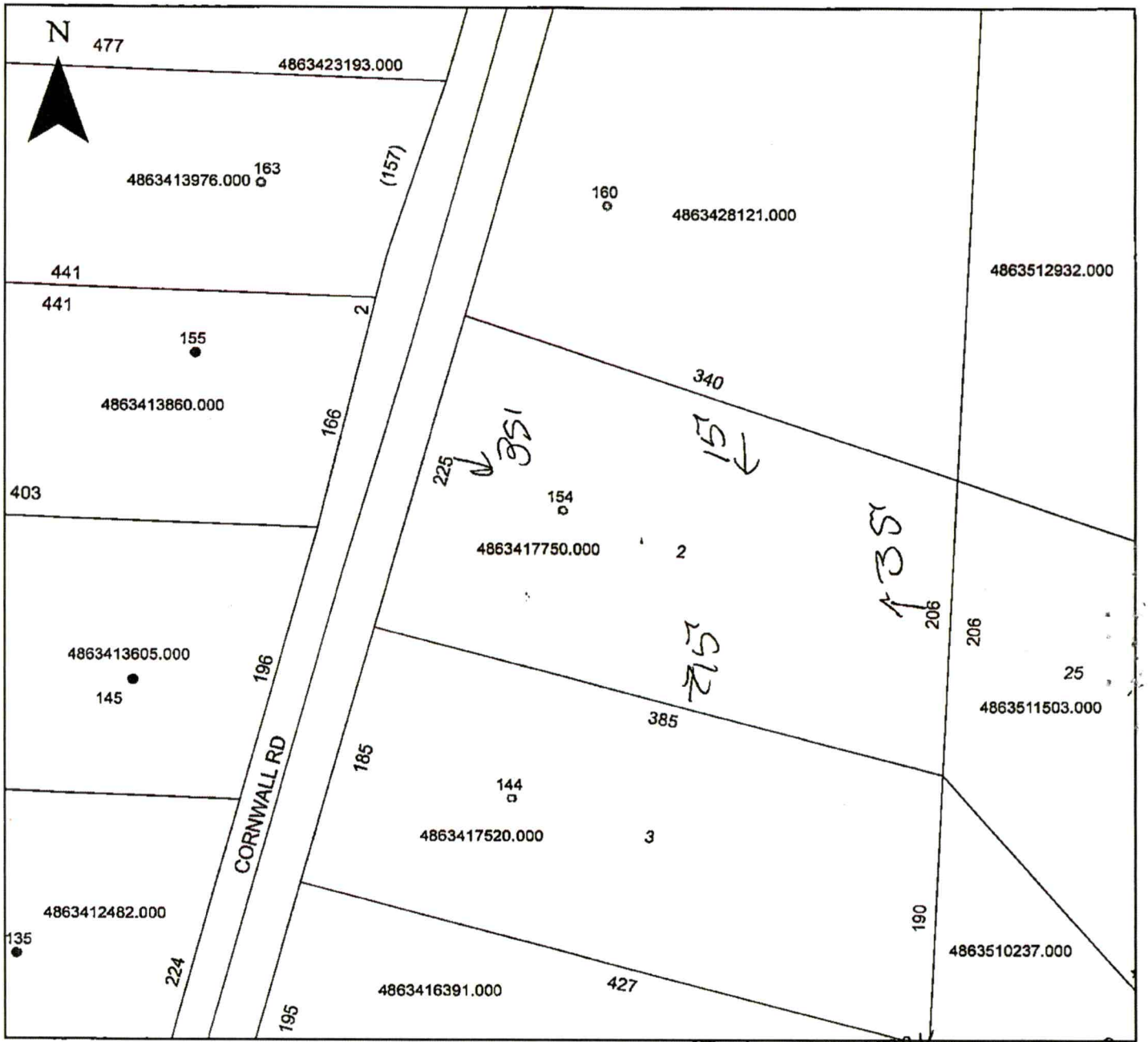
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 06/07/2022

Signature of Owner/Contractor

Permit Number	329465	TOTAL FEES:	$77.25

ZONING DISCLAIMER

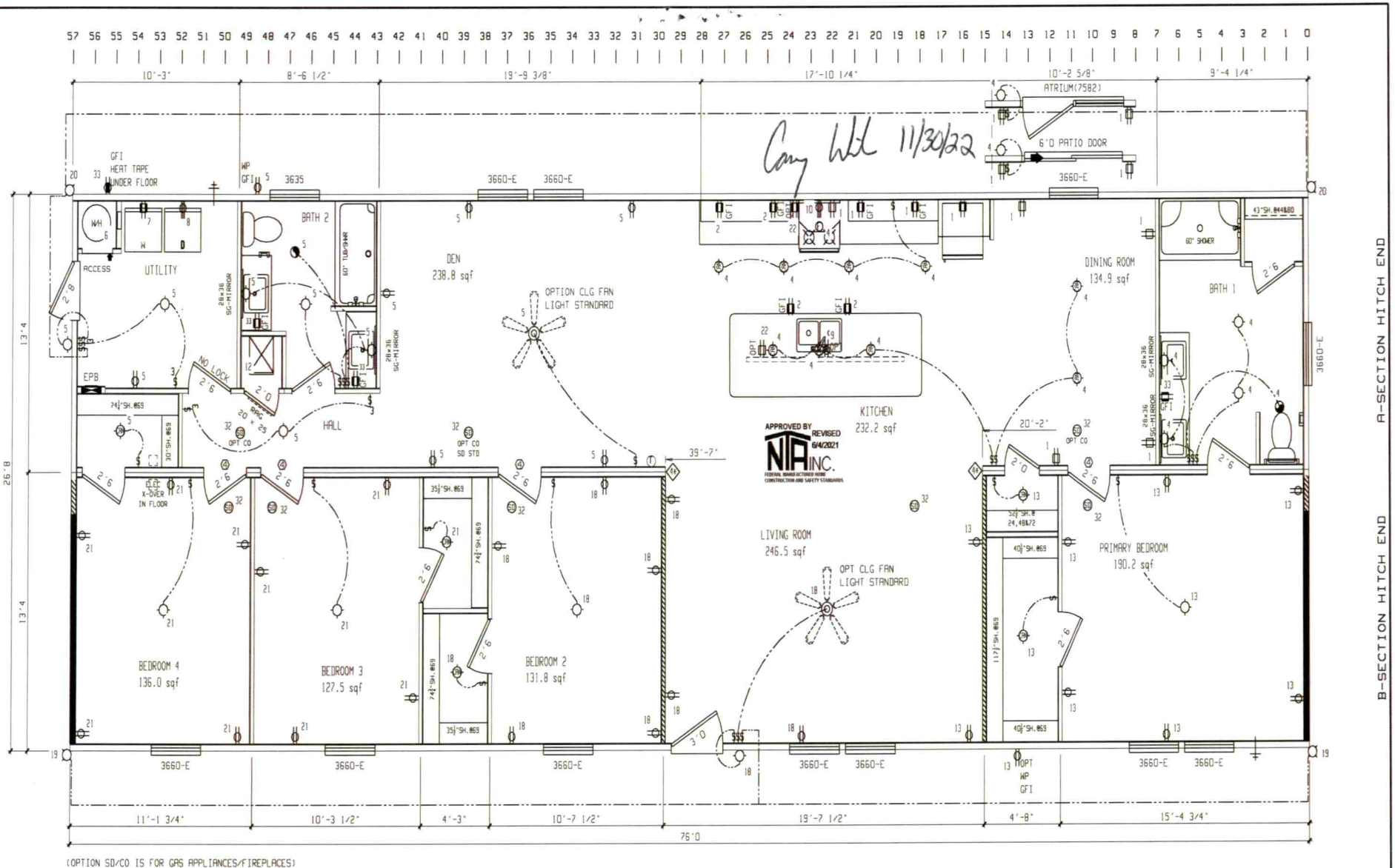


Property Address 154 Cornwall Hunting Creek Acre 1.762 Flood Haz no Fredell RA WSIIB

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

6/6/22
Date



(OPTION SD/CO IS FOR GAS APPLIANCES/FIREPLACES)

WIND-1		DIAPHRAGM = 132 PLF		WIND-2		DIAPHRAGM = 132 PLF		WIND-3		DIAPHRAGM = 232 PLF		WIND-1 6:12		DIAPHRAGM = 132 PLF				DIAPHRAGM = PLF				DIAPHRAGM = PLF				DIAPHRAGM = PLF		DESIGN LOADS
SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	WIND-ROOF PSF
A	210 PLF	132"	2	A	210 PLF	96"	2	A	210 PLF	108"	2	A	210 PLF	96"	2	A				A				A				1-20
B	210 PLF	132"	2	B	420 PLF	FULL"	2	B	420 PLF	FULL"	2	B	420 PLF	FULL"	2	B				B				B				2-20
C				C	350 PLF	112"	2	C	350 PLF	128"	2	C	350 PLF	FULL"	2	C				C				C				3-20
D				D	350 PLF	FULL"	2	D	420 PLF	FULL"	2	D	420 PLF	FULL"	2	D				D				D				
E				E				E				E				E				E				E				
F				F				F				F				F				F				F				
G				G				G				G				G				G				G				

RETURN AIR REQUIREMENTS

1. 20"x16" GRILL REQUIRED
2. 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
3. DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
4. 4"x24" OR 6"x14" GRILL REQUIRED

(#) INDICATES REQUIRED NUMBER OF STUDS IN COLUMN

(#x) THE x SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND: SCHULT

SERIES: RK28

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES

- CEILING HEIGHT = 96.00
- REFER TO DAPIA PAGE MMP-2.0 FOR AREA LIGHT & VENT
- REFER TO DAPIA PAGE EL-1.2 FOR ELEC. SYMBOL & BRANCH CIRCUIT NUMBER
- FLOOR FRAMING SPACING = 16
- TOTAL WINDOW SQFT = 165

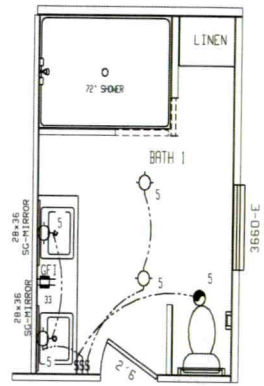
DRAWING TITLE: MASTER PLAN

MODEL NAME	SQ. FT.
4621_CARRIER	2026

PLANT	DESCRIPTION	MODEL NO.
957	28X76 4BR-2BA	4621

DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
GDB	05/24/2021	06/03/2021	1-1

57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0



(OPTION SD/CO IS FOR GAS APPLIANCES/FIREPLACES)

APPROVED BY NTA INC. REVISED 6/4/2021
FEDERAL MANUFACTURED HOME CONSTRUCTION AND SAFETY STANDARDS

957-4621.0.1

57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0

WIND-1		DIAPHRAGM = 132 PLF		WIND-2		DIAPHRAGM = 132 PLF		WIND-3		DIAPHRAGM = 232 PLF		WIND-1 6:12		DIAPHRAGM = 132 PLF				DIAPHRAGM = PLF				DIAPHRAGM = PLF				DIAPHRAGM = PLF				DESIGN LOADS
SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	SHEARWALL	DESIGN PLF	SHEAR AREA	JOISTS	WIND-ROOF PSF
A	210 PLF	132"	2	A	210 PLF	96	2	A	210 PLF	108"	2	A	210 PLF	96"	2	A				A				A				1-20
B	210 PLF	132"	2	B	420 PLF	FULL*	2	B	420 PLF	FULL*	2	B	420 PLF	FULL*	2	B				B				B				2-20
C				C	350 PLF	112*	2	C	350 PLF	128*	2	C	350 PLF	FULL*	2	C				C				C				3-20
D				D	350 PLF	FULL*	2	D	420 PLF	FULL*	2	D	420 PLF	FULL*	2	D				D				D				
E				E				E				E				E				E				E				
F				F				F				F				F				F				F				
G				G				G				G				G				G				G				

RETURN AIR REQUIREMENTS

1. 20"x16" GRILL REQUIRED
2. 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
3. DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
4. 4"x24" OR 6"x14" GRILL REQUIRED

◊ INDICATES REQUIRED NUMBER OF STUDS IN COLUMN

◊ THE # SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND: SCHULT

SERIES: RK28

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES

CEILING HEIGHT = 96.00

REFER TO DAPIA PAGE MMP-2.0 FOR AREA LIGHT & VENT

REFER TO DAPIA PAGE EL-1.2 FOR ELEC. SYMBOL & BRANCH CIRCUIT NUMBER

DRAWING TITLE

MASTER PLAN #2

MODEL NAME	SQ. FT.
4621 CARRIER	2026

PLANT	DESCRIPTION	MODEL NO.
957	28X76 4BR-2BA	4621

DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
GDB	05/24/2021	06/03/2021	1-2