Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☑ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 AX 8/30/17 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Jane Doe
3 Main St
Apt 10b5
New York, NY
11114-2012

#9124
3137B

30 AUG '17 AM 8:27

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Jeff Jacobs
ADDRESS: 6779 Shoal Creek Dr
CITY: Denver
STATE: nc ZIP: 28037
PHONE: (704) 622-8596
ALTERNATE PHONE:
E-MAIL: jeffjacobs77@gmail.com

PROPERTY OWNER: [X] SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 01917103
STREET ADDRESS: 11409 trails end ln
CITY: huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1

WATER SUPPLY:
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: [ ] N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] LIVING ROOM [ ] DEN
[ ] GARAGE [ ] SUNROOM [ ] PORCH [ ] DECK [ ] OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN
[ ] STORAGE SHED [ ] DETACHED PORCH / DECK [ ] OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Jeff Jacobs Jeff Jacobs 8/29/17
Owner's/Agent's Signature Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

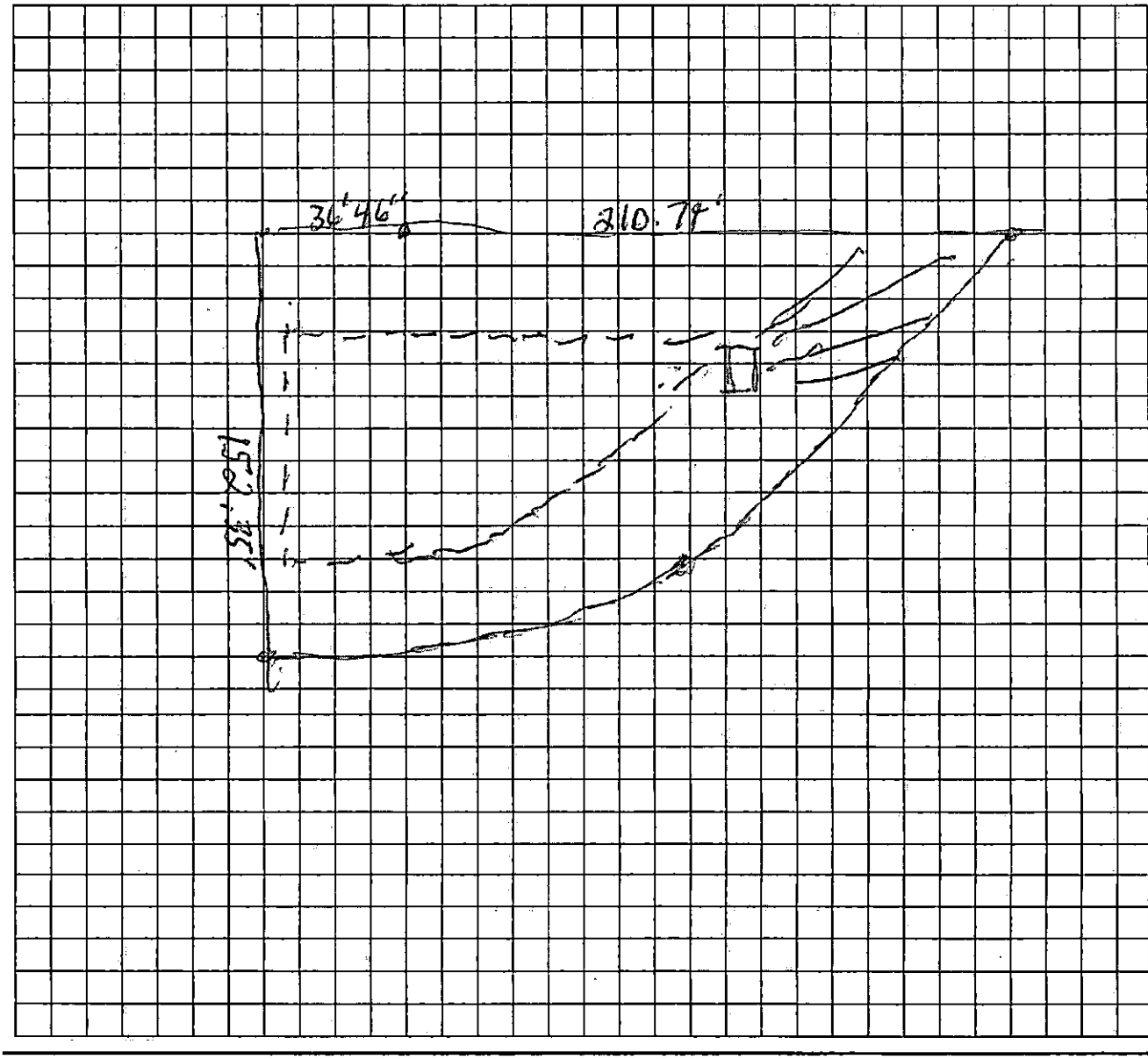
Revised on: 4/20/17

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 11409 trails end ln Tax Parcel #: 01917103



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

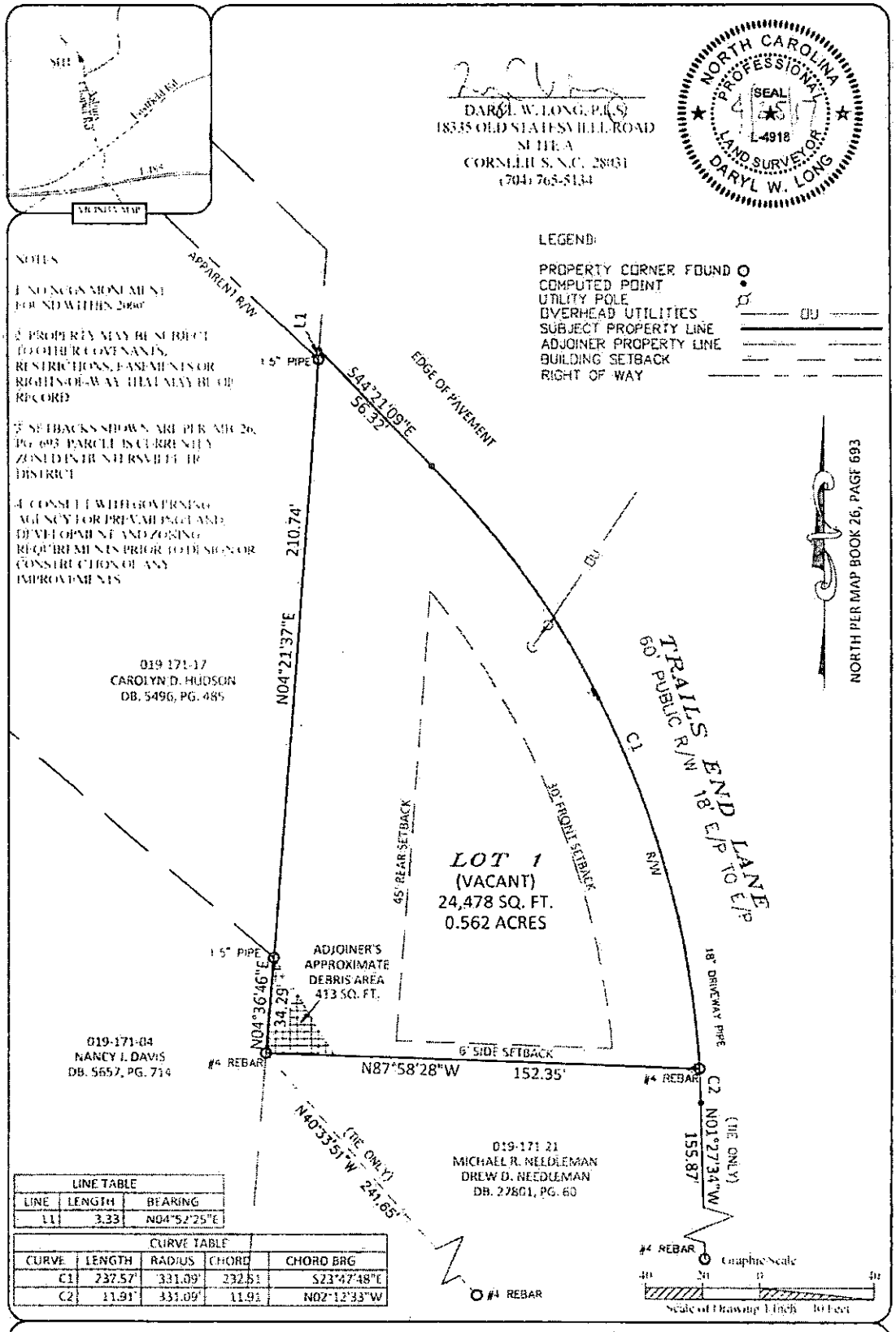
Project approved, meets 75' of septic system

Kim Vinett 9/6/17

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17



LINE TABLE		
LINE	LENGTH	BEARING
L1	3.33'	N04°52'25"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	CHORD BRG
C1	237.57'	331.09'	232.61'	S23°47'48"E
C2	11.91'	331.09'	11.91'	N02°12'33"W

Physical Survey of Lot 1 of Portion of Tract #10, C.E. Ferrell Estate

Professional Property Surveyors, Inc. 18335 Old Statesville Road Ste. A, Cornelius, N.C. 28031 704-765-5134 Phone Fax Firm License C-3960	Property of Jeff Jacobs	Site Address: 11409 Trails End Lane Huntersville, NC 28078 Mecklenburg County	As Recorded in Map Book 26, page 693 and Deed Book 27801, Page 63

042017-02 Job No	DWI Prepared By	1:10,000 Error of Closure	1" = 40' Drawing Scale	019-171-05 Tax Parcel Number	Jacobs 11409 Trails Drawing File Name	1 of 1 Sheet Number	4-28-2017 Date

Stanley Environmental Solutions
A Wind River Environmental Company
131 Mariposa Rd
Stanley NC 28164
Acquisition: Stanley Environmental

Invoice

stanley environmental solutions

Billing Questions: 877-263-8186
Service Questions: 877-263-8186

BILL TO

Customer Number: 1947533
Jacobs
Primary Home
11409 Trails End Ln

Huntersville, NC 28078

JOB SITE

Primary Home
11409 Trails End Ln

Huntersville, NC 28078
Jacobs

Service Date: 26-Apr-2017
P.O.Number: none
Invoice Number: 3506847
Invoice Date: 27-Apr-2017
Order Number: 6870031032
Order Date: 20-Apr-2017

Quantity	Service Type	Amount	Tax
1.00	Environmental Compliance - Residential	$19.50	$0.00
1.00	Inspection State	$200.00	$0.00
0.00	Pumping	$0.00	$0.00

Subtotal Non Taxed: $219.50
Subtotal Taxed: $0.00
Tax: $0.00
Subtotal: $219.50

Less:

Credits: $0.00
Payments: $219.50

Balance: **$0.00**

Payment Terms: **Due on Receipt**

From:

Please detach here and return the bottom portion with your payment.

Customer Number: 1947533
Jacobs
11409 Trails End Ln

Huntersville, NC 28078

Order Number	Invoice Number	Invoice Date	Amount Due
6870031032	3506847	27-Apr-2017	$0.00

Remit To:
Stanley Environmental Solutions
A Wind River Environmental Company
PO Box 184
Stanley, NC 28164

If your payment is returned NSF it will be re-presented electronically, and you will be assessed a processing fee, the maximum allowed by law.

stanley environmental solutions

Septic systems are subterranean; therefore, it is impossible to determine their overall condition. Also, when no water is entering the drain lines, i.e. if the house is vacant, a determination of their status is difficult. No prediction can be made as to when or if a system might fail. This inspection report comments on the workability of the system the day of the inspection only, and is in no way intended to be a warranty. Workability can alter by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All septic tanks require pumping maintenance.

Client Name: Jeff Jacobs

Property Address: 11409 Trails End Ln
Street

Huntersville | NC | 28078
City | St | Zip

Current owner of record: _____

Date of inspection: 4/26/2017

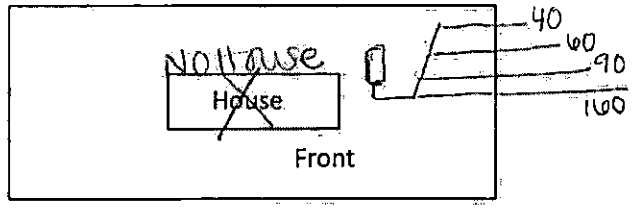
3 Advertised number of bedrooms as stated in MLS or as stated on existing septic permit.
360 Gallons per day for designed system size or number of bedrooms as stated in local health dept. info.
☐ Inspection shall include any part of the system located more than 5 ft. from the primary structure that is part of the operations permit.
☐ Copy of operations permit from Mecklenburg County Environmental Health (Attached)
☐ Operations permit not available.

Services provided shall include: ☐ Inspection meeting minimum requirements
☐ Pumping of tank Gallons: Tank empty

Cost of services to be provided: _____

Type of water supply: ☐ Well ☑ Public Water ☐ Community Water

Location of septic tank and septic tank details:



NA ft from house or structure
NA ft from well if applicable
NA ft from water line if applicable and readily visible
50 ft from property line if property lines are known
8" approximate distance from surface to top of tank
_____ access riser(s) ☑ yes ☐ no Describe Good / Below grade
_____ tank lids intact ☑ yes ☐ no Condition Good
_____ tank has baffle wall ☑ yes ☐ no Condition Good
_____ inflow to tank is noted as sufficient ☐ yes ☑ no
_____ water level in tank is relative to tank outlet ☐ yes ☑ no

_____ outlet T present ☑ yes ☐ no Condition Good

_____ outlet has filter ☑ yes ☐ no Condition Good/new

_____ effluent leaves the outlet ☑ yes ☐ no

_____ roots present in tank ☐ yes ☑ no Describe _____

_____ evidence of tank leakage ☐ yes ☑ no

_____ evidence of non-permitted connections, such as downspouts/sump pumps yes ☐ no ☑

_____ connection present from house to tank ☐ yes ☑ no

_____ connection present from tank to next component ☑ yes ☐ no

_____ percentage of solids in tank

_____ evidence of infiltration into tank of surface water ☐ yes ☑ no

_____ unable to locate tank. System inspection cannot be completed

Date tank was last pumped _____ ☑ unknown

Does the system have a pump tank? ☐ yes (complete blanks below) ☑ no

_____ ft from house or structure

_____ ft from well or spring if applicable

_____ ft from water line if applicable

_____ ft from property line if property lines are known

_____ approximate distance from surface to top of tank

_____ access risers in place Describe: _____

_____ tank lid intact Condition: _____

_____ ft from septic tank

Location of control panel: _____

Condition of control panel: _____

Audible and visible alarms (as applicable) work ☐ yes ☐ no

Pump turns on and effluent is delivered to next component ☐ yes ☐ no

Unable to operate pump due to lack of electricity at site at time of inspection yes ☐ no ☐

System requires a subsurface operator ☐ yes ☑ no

If yes, Operator name and #: _____

Drainfield: Type of drainfield: Chambers

Located:

50 ft from property line if property lines are known

5 ft from septic/pump tank

4 # of lines

40.60.90.110 length of lines

Type of system: ☐ Conventional ☑ Accepted ☑ Innovative ☐ Pretreatment

☐ Controlled Demonstration ☐ Experimental

Brief description of system type: 25% reduction to chambers

Evidence of past or current surfacing at time of inspection ☐ yes ☑ no

Briefly describe: _____

Large Trees/other vegetation noted over drainfield area ☐ yes ☑ no _____

Evidence of traffic over drainfield ☐ yes ☑ no _____

Vegetation, grading and drainage noted that may affect the condition of the system/components.

☐ yes ☑ no

Effluent is reaching the dispersal field ☑ yes ☐ no

☐ Conditions present that prevented or hindered the inspection.

☐ Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Describe: _____

Consequences of the adverse condition: _____

Client should contact _____ County Environmental Health and/or a certified onsite wastewater contractor.

Other pertinent facts noted during the inspection: System is brand new, never been used. Tank was empty. lines do not have dboxes, they are plumbed straight into each line on the end of the chambers. Could only stress test 1st line. Some settling around tank.

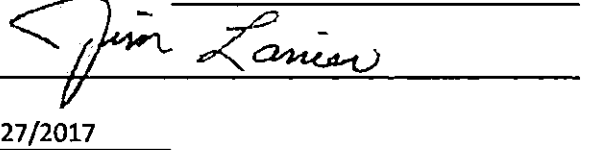
The inspector is not required to: 1) Insert any tool, probe or testing device inside control panels.
2) Dismantle any electrical device/control other than to remove the covers of the main and auxiliary control panels.
3) Identify property lines.
4) Offer warranties or guarantees of any kind.
5) Calculate the strength, adequacy, or efficiency of any system/component.
6) Operate system/component that doesn't respond to normal operating controls.
7) Move excessive vegetation, structures, personal items, panels, furniture, equipment, snow, ice or debris that obstruct access/visibility of the system.
8) Determine the presence/absence of any suspected adverse environmental condition or hazardous substance.
9) Determine the effectiveness of any system installed to control/remove suspected hazardous substances.
10) Predict future condition, including failure of components.
11) Project operating costs of components.
12) Evaluate acoustical characteristics of any system/component.

The inspector is not required to report on: 1) Life expectancy of any component/system. 2) The causes of the need for a repair. 3) The methods, materials, and costs for corrections. 4) The suitability of the property for any specialized use. 5) Market value of the property or its marketability. 6) Advisability/inadvisability of purchase of the property. 7) Normal wear and tear of the system.

Inspector name: Scott Simmons **Certification #:** 10041
Address: PO Box 184, Stanley, N.C. 28164 **Phone #:** 704-263-8186

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of the system facts on the date of the inspection.

Inspector signature: Jim Lanier

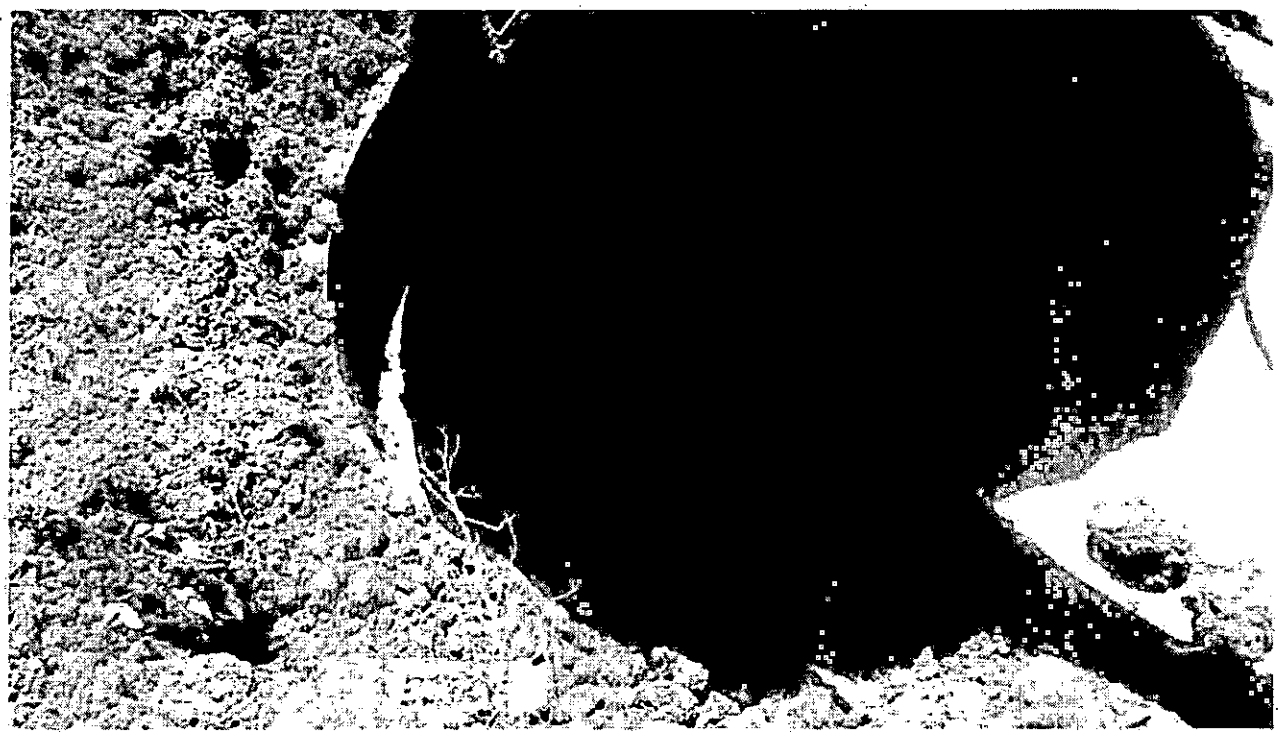


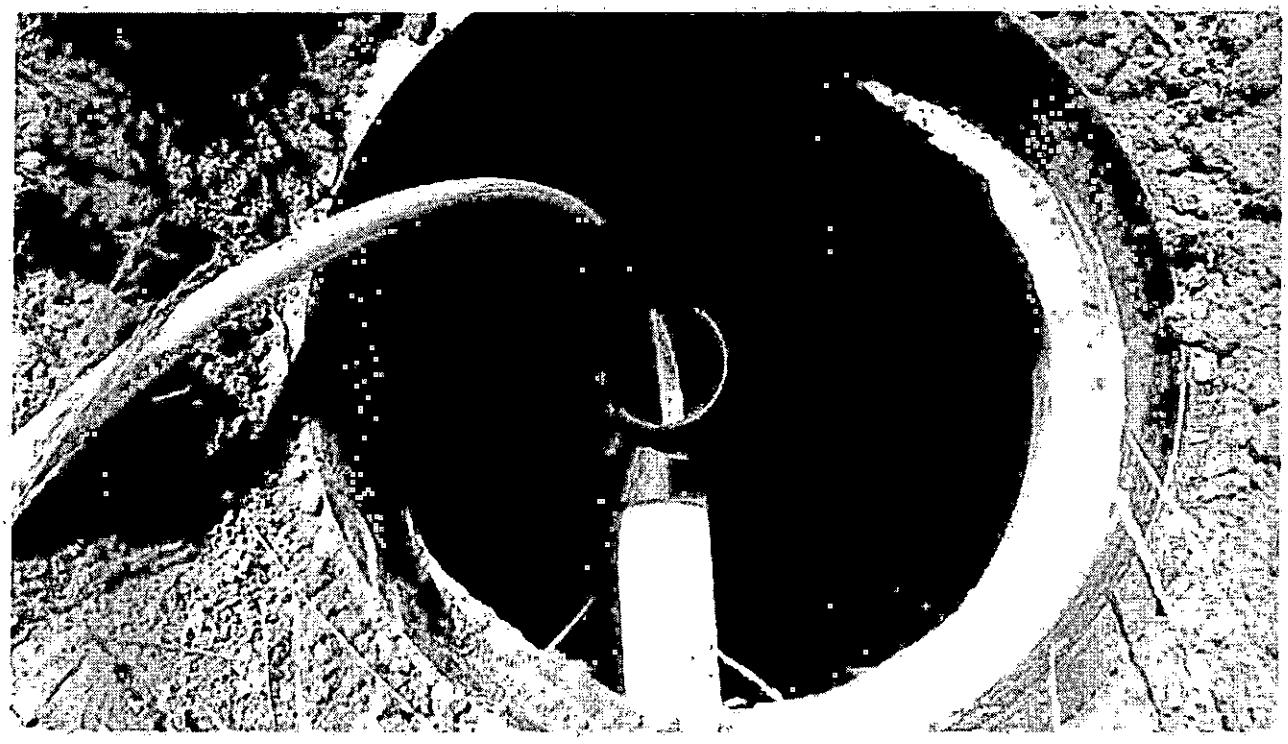
Date: 4/27/2017

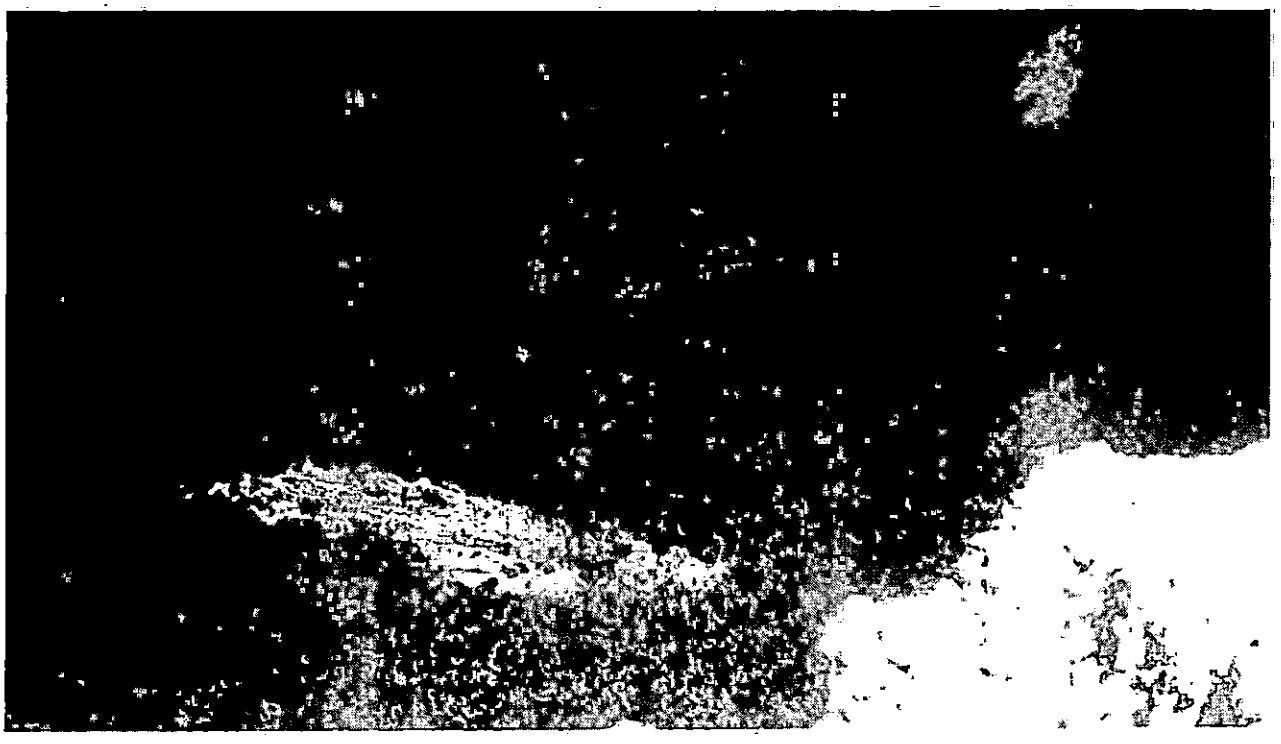
Technician: Nate Wooten Date: 4/26/2017











Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
JEFFREY JACOBS

Bill To:

JEFFREY JACOBS
6779 SHOAL CREEK DR

Denver, NC 28037

Single Payment

Transaction Date: 08/30/2017 6:47 AM Pacific Time
Pay Method: **********3780
Approval #: 02316Z
Trace Number: 07118aa0-e17c-4fe5-83f0-fe7be46f287b
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/30/17	**Amount:**	100.00
Receipt #:	107254	**Tendered:**	100.00
Check / Auth #:	MC 02316Z	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: JACOBS , JEFFREY
Attn:
Address: 6779 SHOAL CREEK DR
Address:
City/State/Zip: DENVER, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 11409 TRAILS END LN		1	100.00	100.00

Outstanding Balances

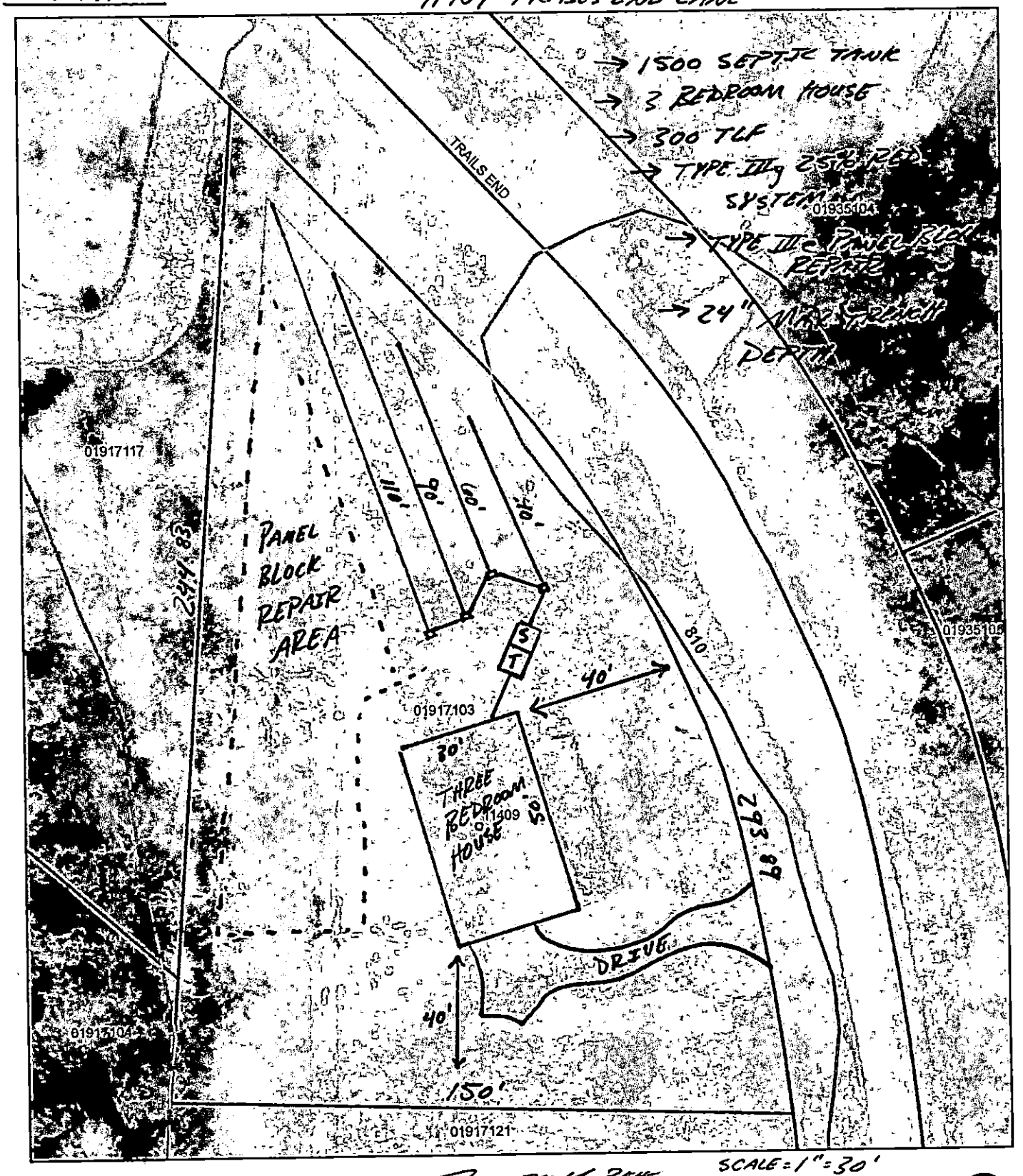
Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

3/738

5901

019-171-03

11409 TRAILS END LANE



Map Created By: JEREMY MICHELONE, REHS
Map Created On: 12/4/12

Jeremy Michelone, REHS 12/4/12

SCALE = 1" = 30'

0 10 20 40 Feet

N

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 31736 Permit #: 30005901 Tax Parcel #: 019·171·03

Property Owner: Michael Needleman

Job Location Address: 11409 Trails End Lane

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 10/11/2013 Contractor Name: Russell Williams

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: n/a gallons

Effluent Pump Model: n/a

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 4 @ 90,90,60,60 feet

Depth of Media: 12 inches (Type) Chambers

Depth of Cover: 12 inches

Distribution Device: End Caps

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >10 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

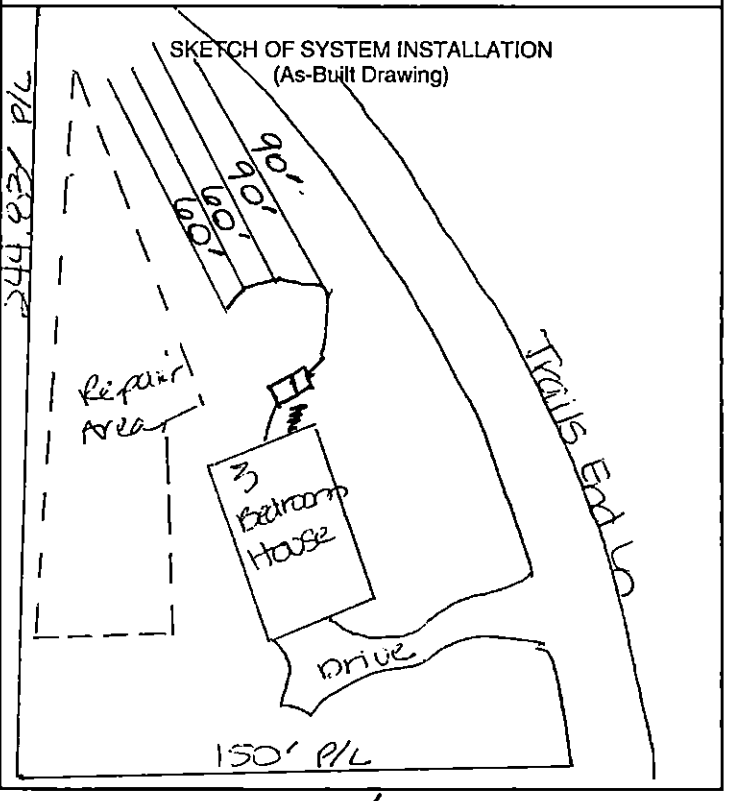
Inspection Dates

Tank(s) Inspected: 10/11/13

Excavation Inspected: 10/11/13

Pump & Controls Inspected: na

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☒ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: ~~IIG, 25% reduction, approved, gravity~~ IG4W, gravity, na, na KG

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 31735 Permit #: 30003901 Tax Parcel #: 019-171-03

Property Owner: Michael Needleman

Job Location Address: 11409 Trails End Ln

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: Type V

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

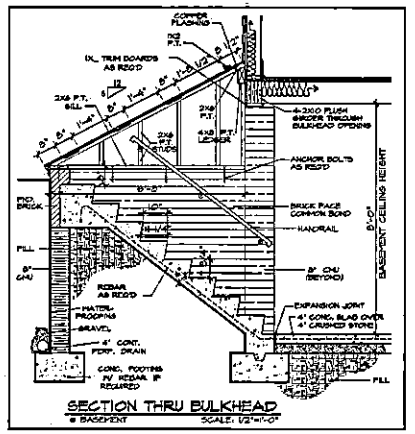
☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

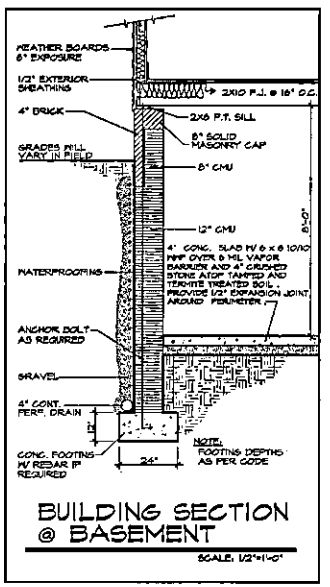
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

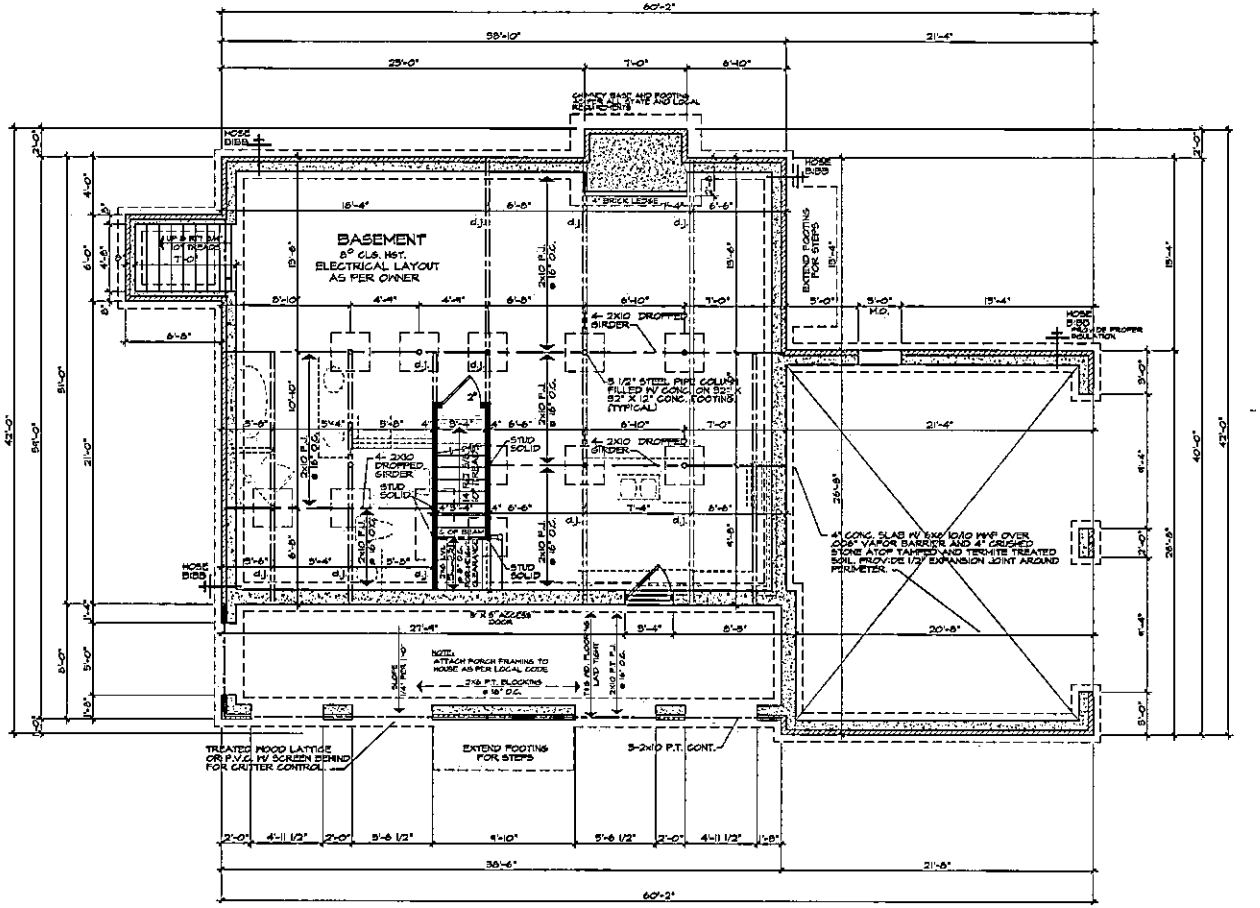
V. Other:

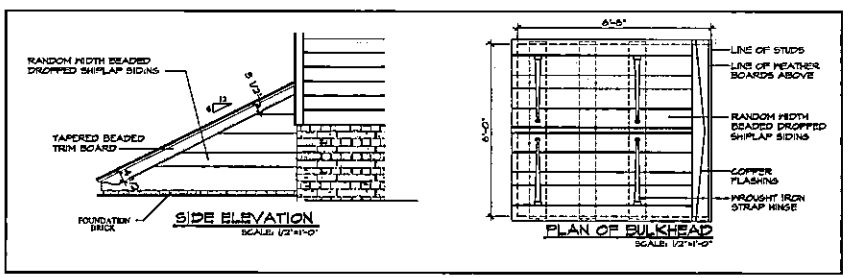
DENR Authorized Agent: Kim Garrett, REHS Date: 10/11/2013

Signature: Kim Garrett, REHS









GENERAL NOTES:

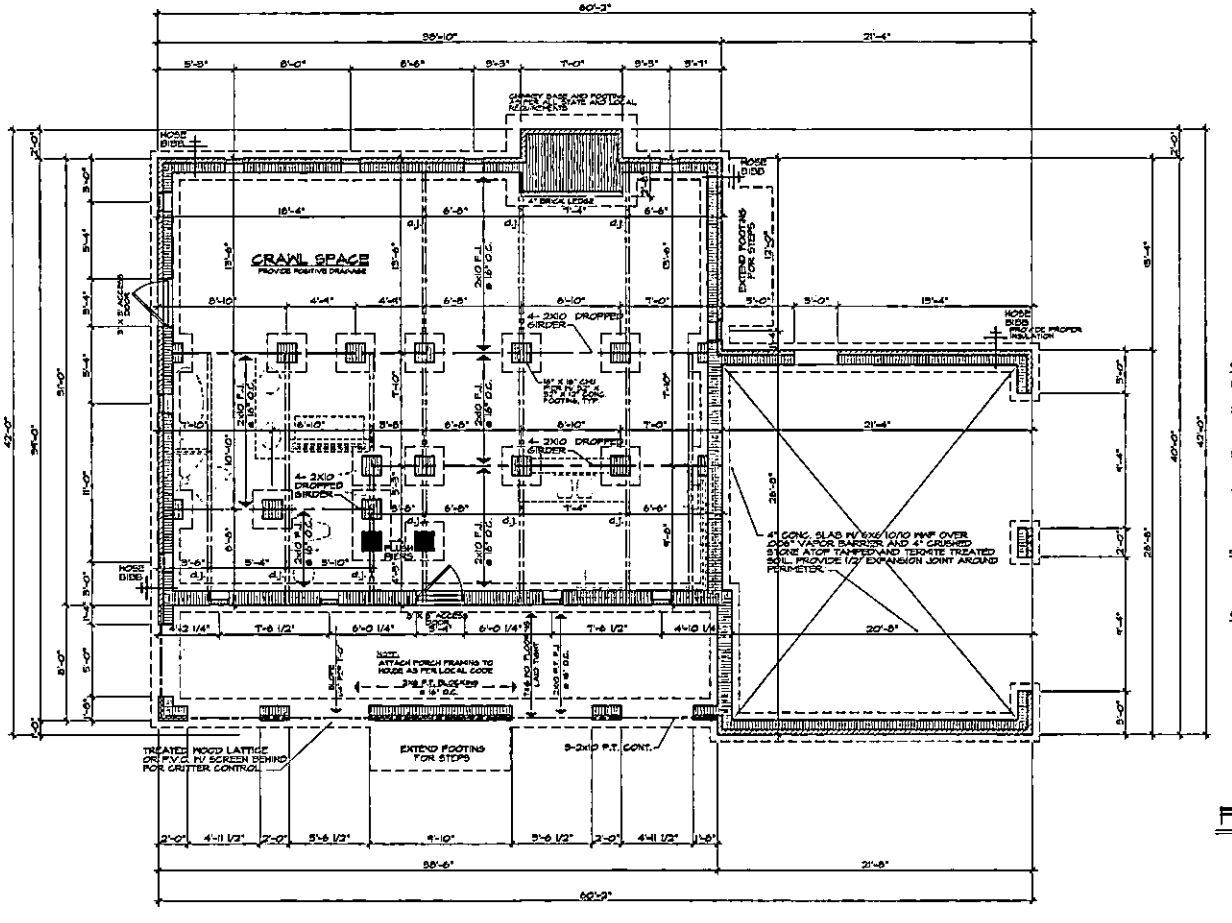
1. ALL GIRDERS AND FLOOR JOISTS TO BE #2 S.Y.P.
2. ALL WALLS ABOVE PARALLEL TO JOIST SYSTEM TO HAVE DOUBLE JOISTS (d.j) BELOW, UNLESS DESIGNATED TO HAVE TRIPLE JOISTS (t.j.).
3. WATERPROOF FOUNDATION WALLS AND PROVIDE 4" DRAIN & GRAVEL AT PERIMETER.
4. LARGER FOOTING/S FOR CONCENTRATED LOAD/S FROM ABOVE (SEE FOUNDATION PLAN FOR LOCATION/S) - VERIFY DIMENSIONS AND REINFORCING REQUIREMENTS WITH LOCAL LICENSED ENGINEER.
5. CHIMNEY FOOTINGS SHALL EXTEND 12" BEYOND ALL MASONRY & BE 12" THICK.

WARNING

WILLIAM E. POOLE DESIGNS, INC.
HISTORIC WILMINGTON, NC 910-251-8980

HALFPENNY COTTAGE

TL-107



GENERAL NOTES:

1. ALL GIRDERS AND FLOOR JOISTS TO BE #2 S.Y.P.
2. ALL WALLS ABOVE, PARALLEL TO JOIST SYSTEM, TO HAVE DOUBLE JOISTS (d.j.) BELOW UNLESS DESIGNATED TO HAVE TRIPLE JOISTS (t.j.).
3. WATERPROOF FOUNDATION WALLS AND PROVIDE 4" DRAIN ∅ GRAVEL AT PERIMETER.
4. LARGER FOOTINGS/∅ FOR CONCENTRATED LOADS FROM ABOVE (SEE FOUNDATION PLAN FOR LOCATION/S) - VERIFY DIMENSIONS AND REINFORCING REQUIREMENTS WITH LOCAL, LICENSED ENGINEER.
5. CHIMNEY FOOTINGS SHALL EXTEND 12" BEYOND ALL MASONRY ∅ BE 12" THICK.

CRAWL SPACE VENTILATION

1204 SQ. FT. OF CRAWL SPACE

1204 / 300 = 4.01 SQ. FT. OF VENTILATION REQUIRED

MIN. 75% OF CRAWL SPACE COVERED WITH 6 MIL VAPOR BARRIER

FOUNDATION PLAN

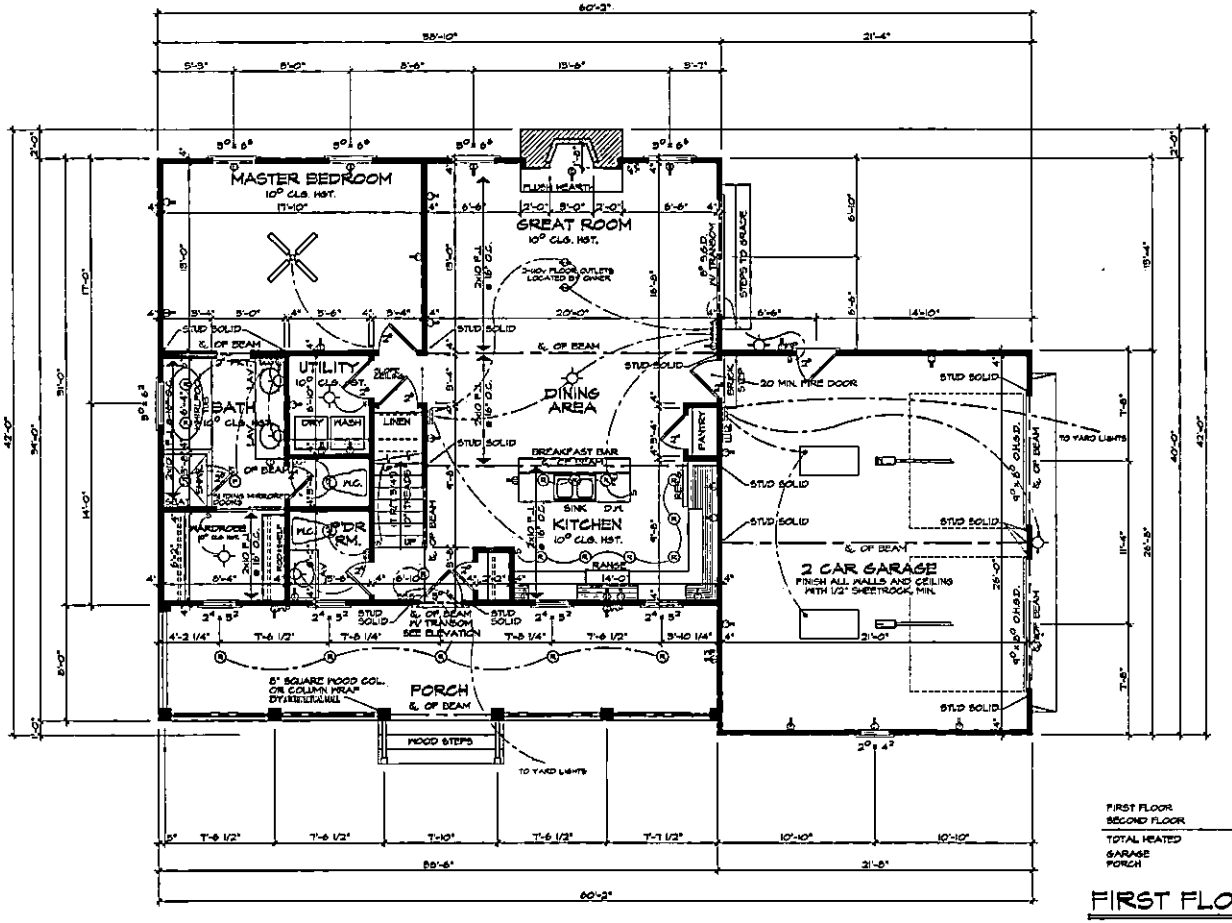
SCALE: 1/4"=1'-0"

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GENERAL NOTES:

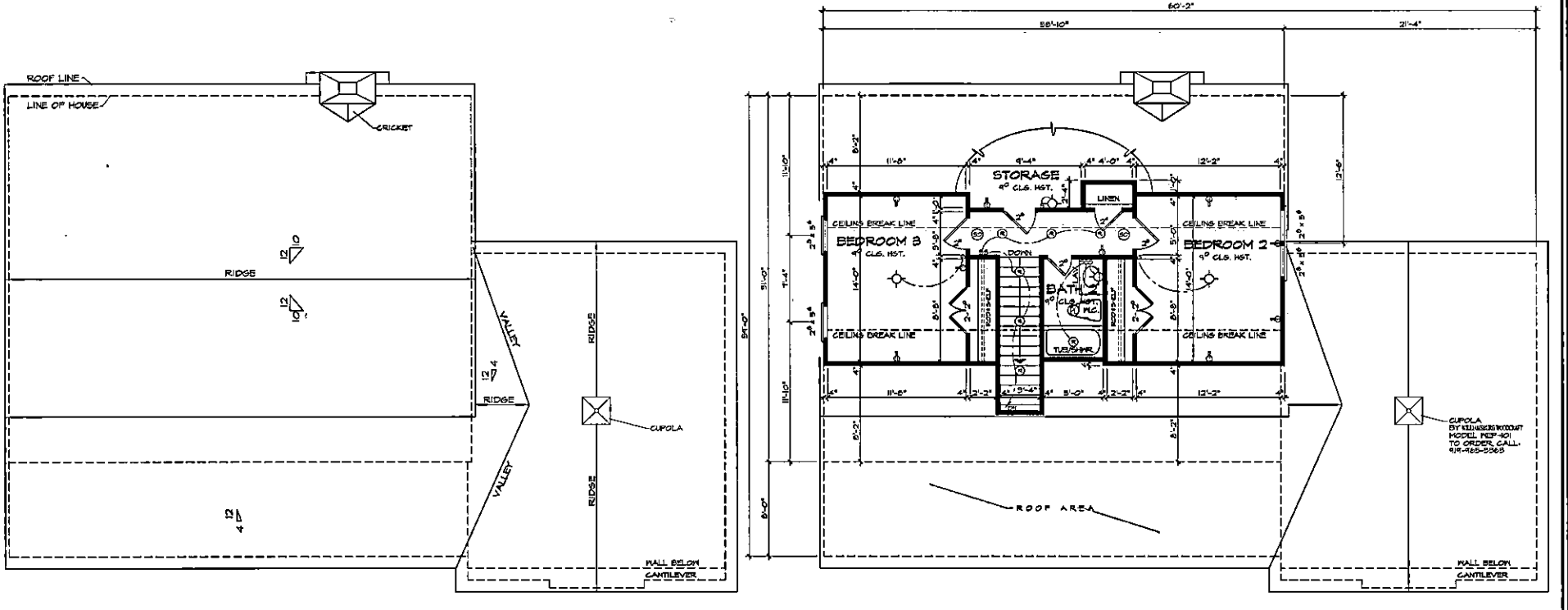
1. ALL HEADERS ARE TO BE (2) 2X10'S W/ 1/2" PLYWOOD SPACER, UNLESS OTHERWISE NOTED. FINAL ENGINEERING BY LOCAL LISCENSED ENGINEER.
2. ALL WALLS ABOVE PARALLEL TO JOIST SYSTEM TO HAVE DOUBLE JOIST (D.J) BELOW.
3. ALL BEAMS LABELED & OF BEAM MAY BE SUBSTITUTED W/ EITHER GANGLAM, POWERLAM, OR MICROLAM UPON BEING RE-ENSINEERED.
4. ALL BEAMS MUST HAVE SOLID BEARING TO FOUNDATION.

FIRST FLOOR	1204 SQ. FT.
SECOND FLOOR	560 SQ. FT.
TOTAL HEATED	1764 SQ. FT.
GARAGE	572 SQ. FT.
PORCH	508 SQ. FT.

FIRST FLOOR PLAN

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

WARNING



ATTIC VENTILATION CALCULATIONS

APPROX. 2084+/- SQ. FT. OF ATTIC SPACE

$\frac{2084}{150}$ = 13.89 SQ. FT. OF VENT REQUIRED

104 L.F. CONT. SOFFIT VENT @ 0.065/L.F. = 6.55 S.F.

1-LOUVER 5'-6" BASE x 5.33 HEIGHT= $\frac{14.16}{2}$ = 7.08 S.F.

1-LOUVER 5'-6" BASE x 5.33 HEIGHT= $\frac{14.16}{2}$ = 7.08 S.F.

1-LOUVER 5'-6" BASE x 2.33 HEIGHT= $\frac{11.11}{2}$ = 5.55 S.F.

TOTAL VENTILATION PROVIDED = 24.34 S.F.

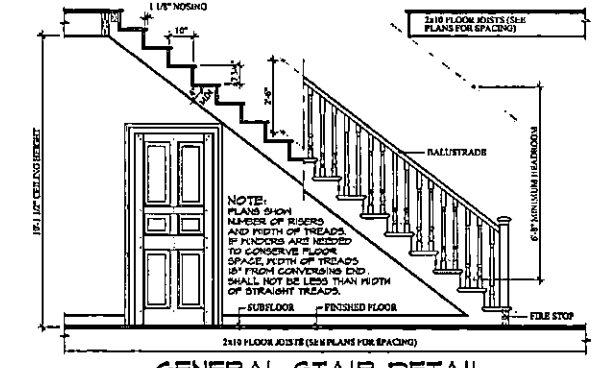
ROOF PLAN

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

SECOND FLOOR PLAN

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

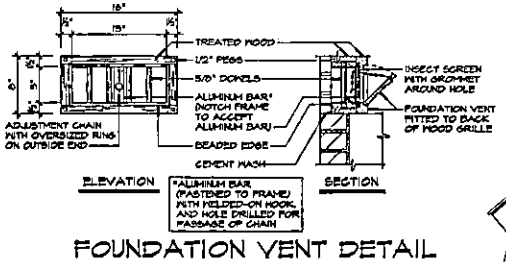
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GENERAL STAIR DETAIL

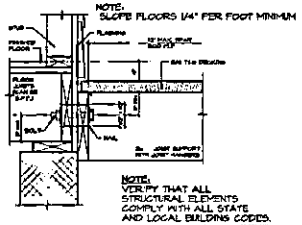
(ACTUAL CONFIGURATION OF HANDRAILS, BALUSTERS, NEWELS, VOLUTES, ETC. IN THESE PLANS MAY VARY)

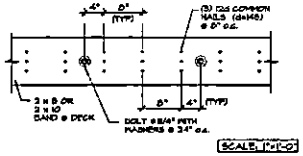
SCALE: 1/2"=1'-0"



FOUNDATION VENT DETAIL

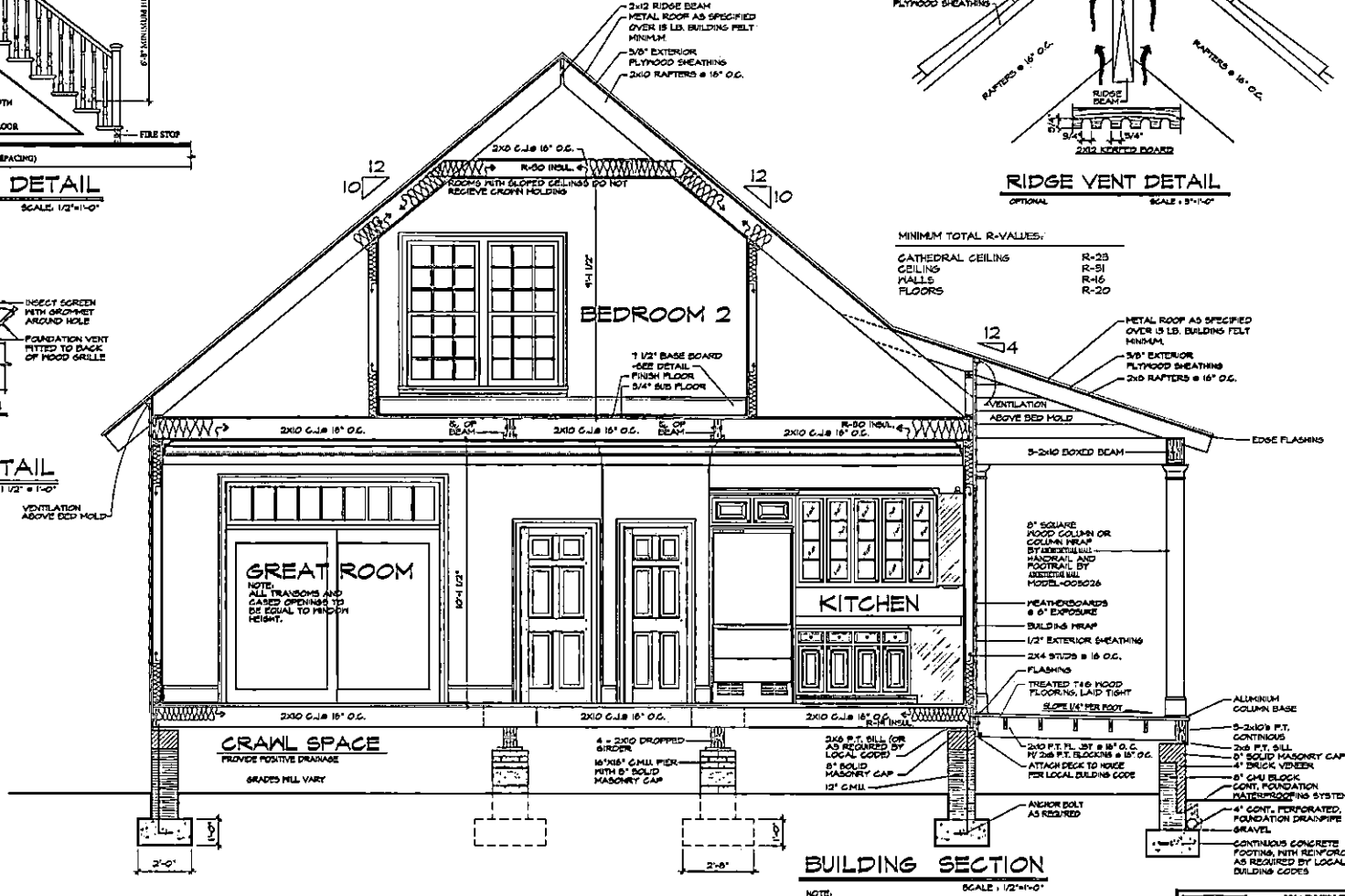
SCALE: 1 1/2" = 1'-0"





DECK SUPPORT DETAIL @ SIDING

12' SPAN



BUILDING SECTION

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

NOTE:
IF SLAB FOUNDATION IS UTILIZED, ALL DETAILS AND SLAB REQUIREMENTS AS PER LOCAL DISCRETE ENGINEER.

RIDGE VENT DETAIL

OPTIONAL

SCALE: 3"=1'-0"

MINIMUM TOTAL R-VALUES:

CATHEDRAL CEILING	R-23
CEILING	R-31
WALLS	R-16
FLOORS	R-20

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