# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 206041

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

PIN # 3774545805 ✓

APPLICANT/OWNER: Caton

APPLICANT ADDRESS: 410 Clay ST. - MRSVL

SITE ADDRESS: ✓ 557 Stewart Rock Rd - Stony Point

PHONE: 704-491-3799

ALT. PHONE 704.780.3362

SITE DIRECTIONS: 77N; I40W; Ex 141; (R) onto Sharon School RD; Stewart Rock - End on (L)

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: ✓ Riverwalk

SECTION: -1- LOT # -1- LOT AREA: 1.0 Acre

DESIGN FLOW: 480 L.T.A.R.: .30

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 794 | Date | See Letter |
| Pump Tank | (gal) | PT | | Date | |
| Pump Make | | Model | | Serial # | |
| # Nitrification Fields | 1 | # Lines | 6 | Linear Ft | 400 |
| Trench Width | 36 | Trench Bottom Depth(Low side) | 36 High | Gravel Depth | |

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

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

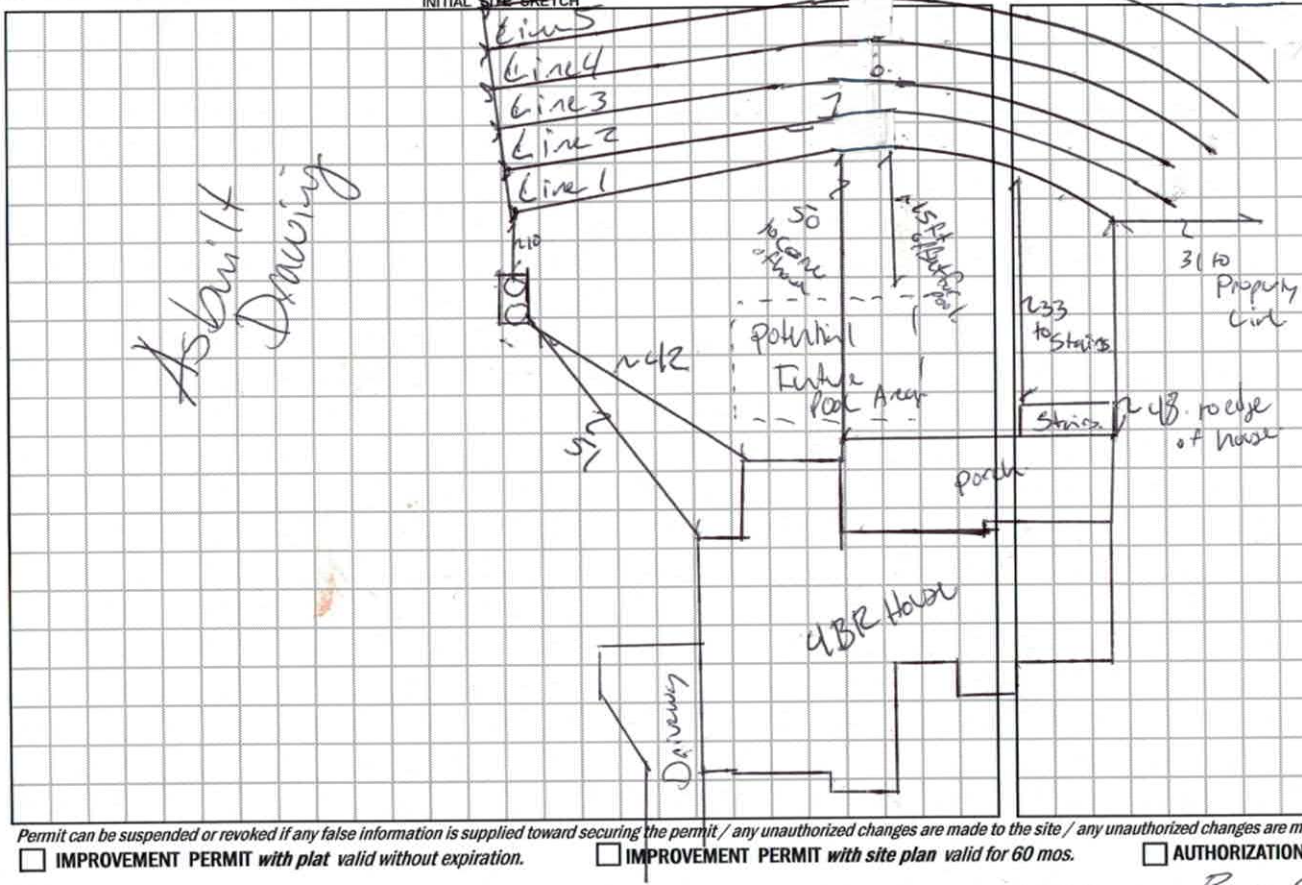
☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed in 6 Lines.
Line 1: 58
Line 2: 70
Line 3: 66
Line 4: 70
Line 5: 66
Line 6: 70

*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: _____ Installed by: Bass Grading & Septic

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: Benjamin Bathis Date: 3/9/2018.

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206041

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

PIN # 3774545805

APPLICANT: Brandy Catar APPLICANT ADDRESS: 410 Clay ST Mooresville

SITE ADDRESS: 554 Stewart Rock Rd - Stony Point PHONE: 704 491 3799 ALT. PHONE: 704 780 3362

SITE DIRECTIONS: 77N to I40 West Exit 141 Sharon School Right off Ramp Left on Stewart Rock End of Road on Left

SUBDIVISION: Riverwalk SECTION: 1 LOT # 1 LOT AREA: 1.0 Acre DESIGN FLOW: 480 L.T.A.R.: .3

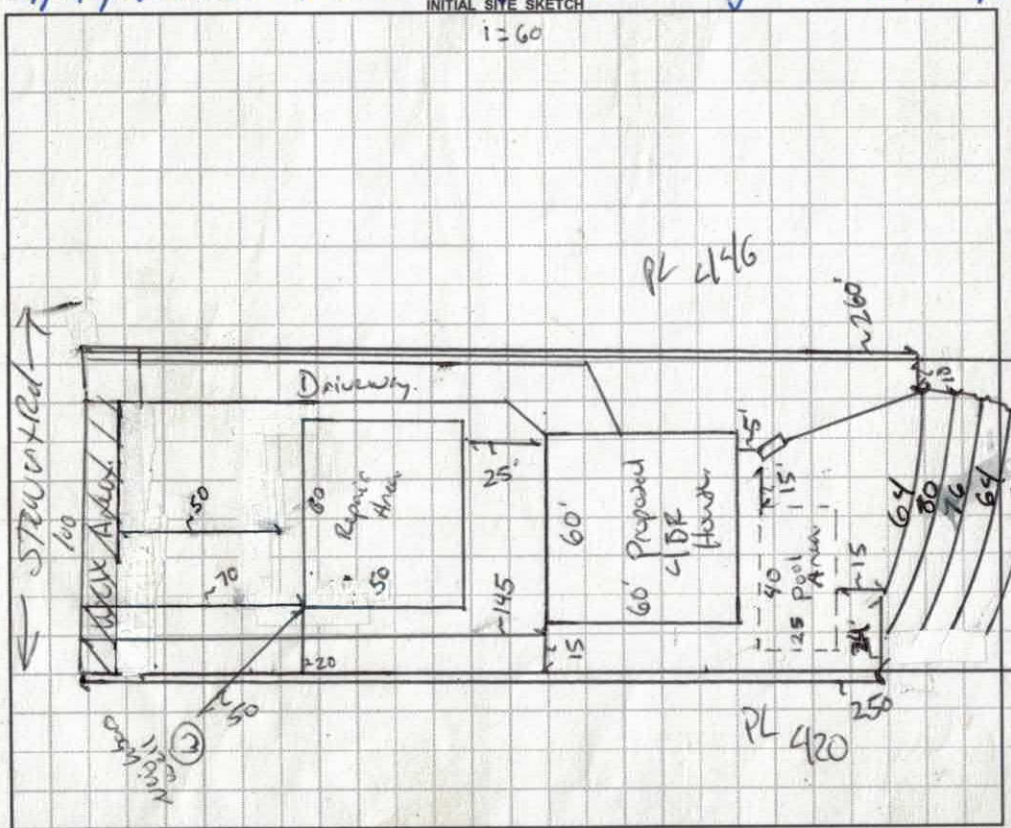
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 794 | Date | See letter | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI |
| Pump Tank | (gal) | PT | | Date | | System Description: | 25% reduction | | |
| Pump Make | | Model | | Serial # | | Repair System Description: | 50% reduction | | |
| # Nitrification Fields | 1 | # Lines | 6 | Linear Ft: | 400 | Maintenance Agreement Required: | ☐ YES | ☒ NO | |
| Trench Width | 36. | Max. Trench Bottom Depth | 36 High | Gravel Depth | | | ☒ GRAVITY | ☐ PRESSURE | |

| | | | | | |
|---|---|---|---|---|---|
| ☒ Residence | No. Bedrooms | 4 | Water Supply | | |
| ☐ Business | No. Persons | 8 | ☒ Private | | |
| ☐ Other | No. Employees | | ☐ Public | | |
| ☐ Slab | ☐ Crawl Space | | ☐ Community | | |
| ☒ Basement w/plumbing | | | ☐ Basement w/o plumbing | | |

Comments / Conditions: Install septic system on the contour of the land to utilize serial distribution. Do not exceed max depth of 36 inches. Do not drive, park, pave, grade or build anything over drainfield area.
4/17/17: House box (including deck + landing is ≈ 61.5' deep

Consequently, the updated maximum pool dimension is revised to 23' x 40' to accomodate for the house box.
* Recommend pumping out the septic tank every 3-5 years*

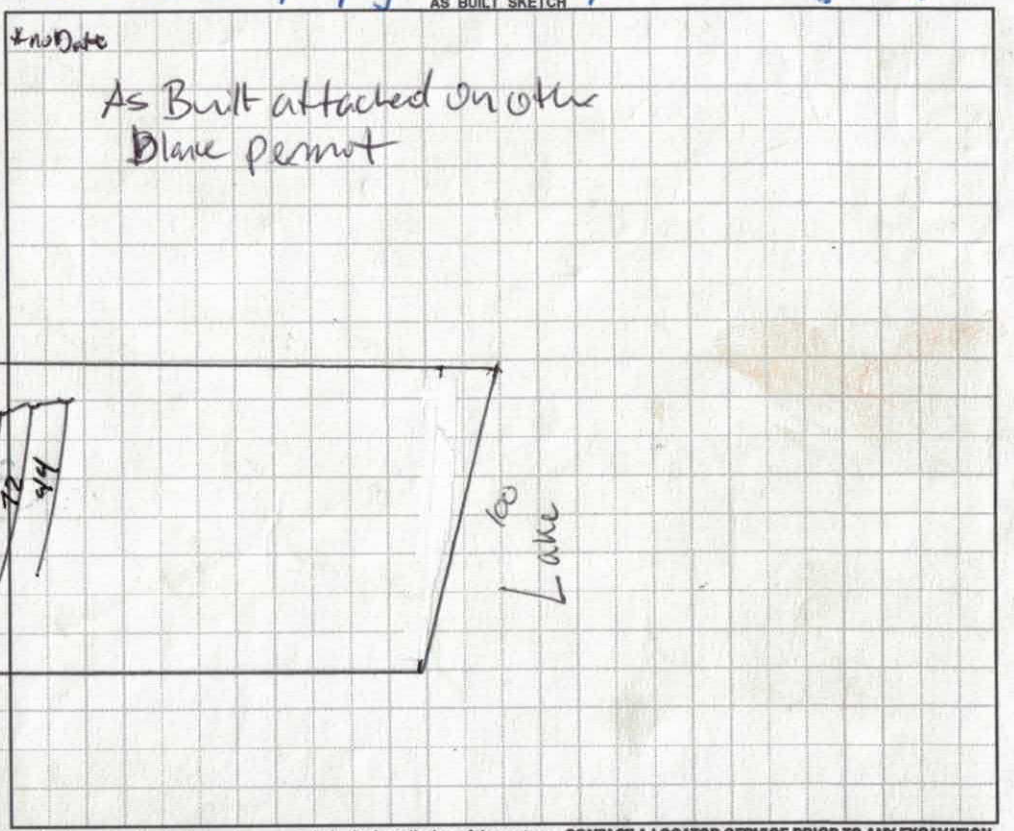
INITIAL SITE SKETCH




AS BUILT SKETCH

*no Date

As Built attached on other Blue permit




*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: 4-11-17 Installed by: Bass Grading & Septic

IMPROVEMENT PERMIT by: B. Bottcher Date: 3/29/2017 OPERATION PERMIT by: Benjamin A Bottcher Date: 3/1/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/17/2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

**DELLINGER PRECAST**

To whom it may concern:

The following septic tank that was delivered on March 8, 2018 to Bass Grading, in reference to job of 557 Stewart Rock Rd Stoney Point North Carolina, was manufactured on January 17, 2018. If you have any further questions please feel free to contact me at any point.


Jeff Flowers

Dellinger Precast Inc.

Quality Control Manager

704-483-2868 O

704-200-0890 M

jeff@dellingerprecast.com




| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| NS | | | | | | | | 0.125 Drip |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | ~~III~~ | III |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946): N/A

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Justo Henderson

OTHER(S) PRESENT: N/A

COMMENTS: N/A

# LEGEND

*use the following standard abbreviations*

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

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

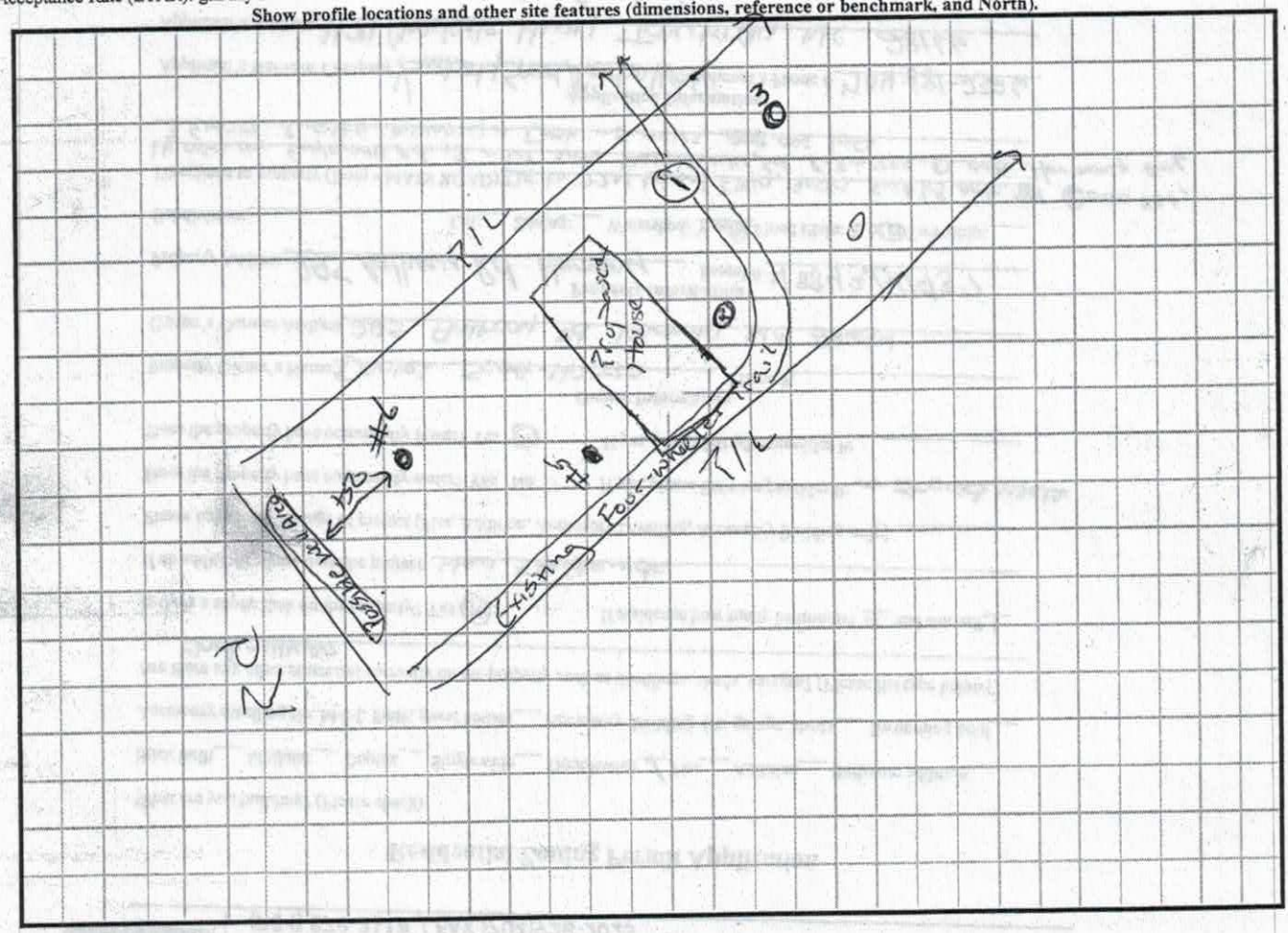
***NOTES***

| | |
|---|---|
| *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$^2$

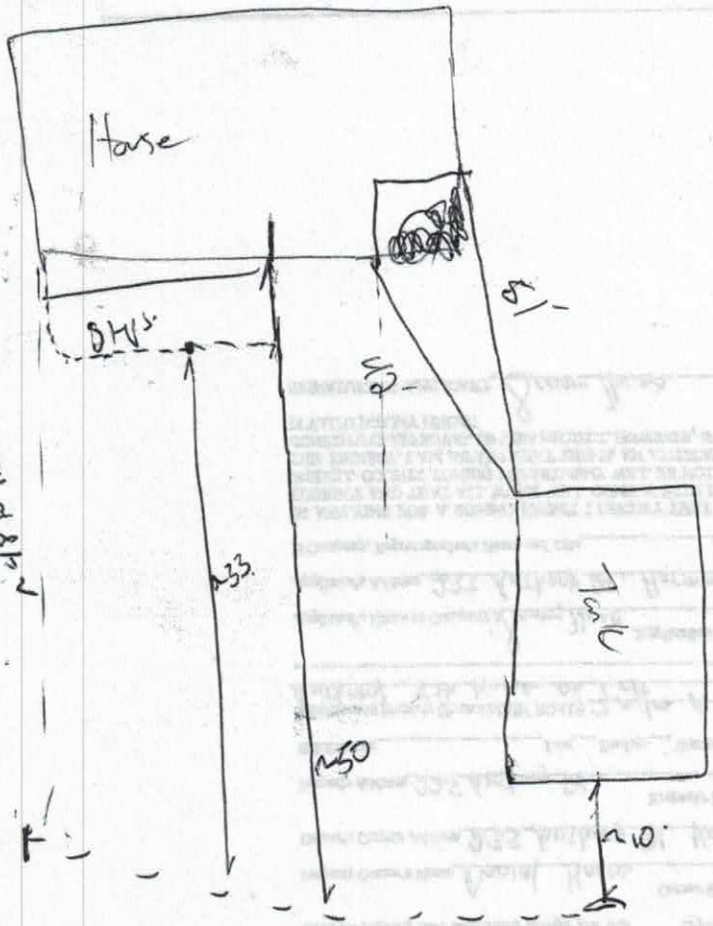
**Show profile locations and other site features (dimensions, reference or benchmark, and North).**



42
51

Sun civil
Sunset Pipelines

Liv: 14.
2. 17.
~~3. 16~~
7. 16
5. 17
6. 16
7. 17




* No Date on Tank.

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*



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

PROPERTY ID #: 3774545805
DATE OF EVALUATION: 10-17-14
COUNTY: Iredell

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 20% L | 0-8 | SCL SBK | Fr Mod SE | >48" | 42" | 42" | 42" | PS 0.3 |
| | | 8-26 | C micaSBK | Fr Mod SE | | | | | |
| | | 26-42 | CL SAP Incl WSBK | Fr Mod SE | | | | | |
| | | 42-48 | SAP | | | | | | |
| | | | | | | | | | |
| 6 | 20% L | 0-8 | SCL SBK | Fr Mod SE | >48" | >48" | >48" | >48" | PS 0.3 |
| | | 8-21 | C SBK | Fr Mod SE | | | | | |
| | | 21-48 | BC CL SAP Incl WSBK | Fr Mod SE | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | |

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*(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)*

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable* ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

| Brandy Caton | 410 Clay Street Mooresville | (704) 491-3799 | |
|---|---|---|---|
| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
| Brandy -N- Jason Caton | " | (704) 780-3362 | |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

4. Property Information:

| 557 Stewart Rock Rd | River Walk | Lot #1 |
|---|---|---|
| Street Address | Subdivision Name | Section/Phase and Lot Number |

Driving Directions: 77N to I40 West Exit 141 Sharon School Rd. Right off ramp. Left on Stewart Rock End of road on Left.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 3-2-17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY HEALTH DEPARTMENT

JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

**Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization**
4/3/2017 **(Date)**

Owner: Brandy + Jason Caton
Address: 410 Clay Street
Mooresville NC

Subject: Notice of Intent to Revoke/Suspend Riverwalk Lot #1 557 Stewart Rock Rd
**(specify name/location)** Improvement Permit/Construction Authorization

Dear Mr + Mrs. Caton.:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 557 Stewart Rock Rd. (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 3G 25% Reduction (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

| Violation | Law or Rule Citation |
|---|---|
| New layout/position of house to accomodate pool Area. Previous Repair area impacted: New Repair area established pool area established: outlined in new re-issued permit. | |

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is _____. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,
Benjamin Bottkins

Signature of DHHS Authorized Agent

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206041

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

PIN # 3774545805

APPLICANT: Jason Caton APPLICANT ADDRESS: 410 Clay Street

SITE ADDRESS: 557 Stewart Rock Rd. PHONE: 704-780-3362 ALT. PHONE: N/A

SITE DIRECTIONS: I-40W to Sharon School Rd Ex TR Sharon School Rd TL Stewart Rock Rd.

SUBDIVISION: Riverwalk SECTION: 1 LOT # 1 LOT AREA: 1.0 acre DESIGN FLOW: 480gpd L.T.A.R.: 0.3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | | | | | | |
| Pump Tank | | (gal) | PT | | Date | | | | | | |
| Pump Make | | | Model | | Serial # | | | | | | |
| # Nitrification Fields | 1 | | # Lines | 6 | Linear Ft: | 400 | | | | | |
| Trench Width | 36" | | Max. Trench Bottom Depth | 36" | Gravel Depth | N/A | | | | | |

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

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

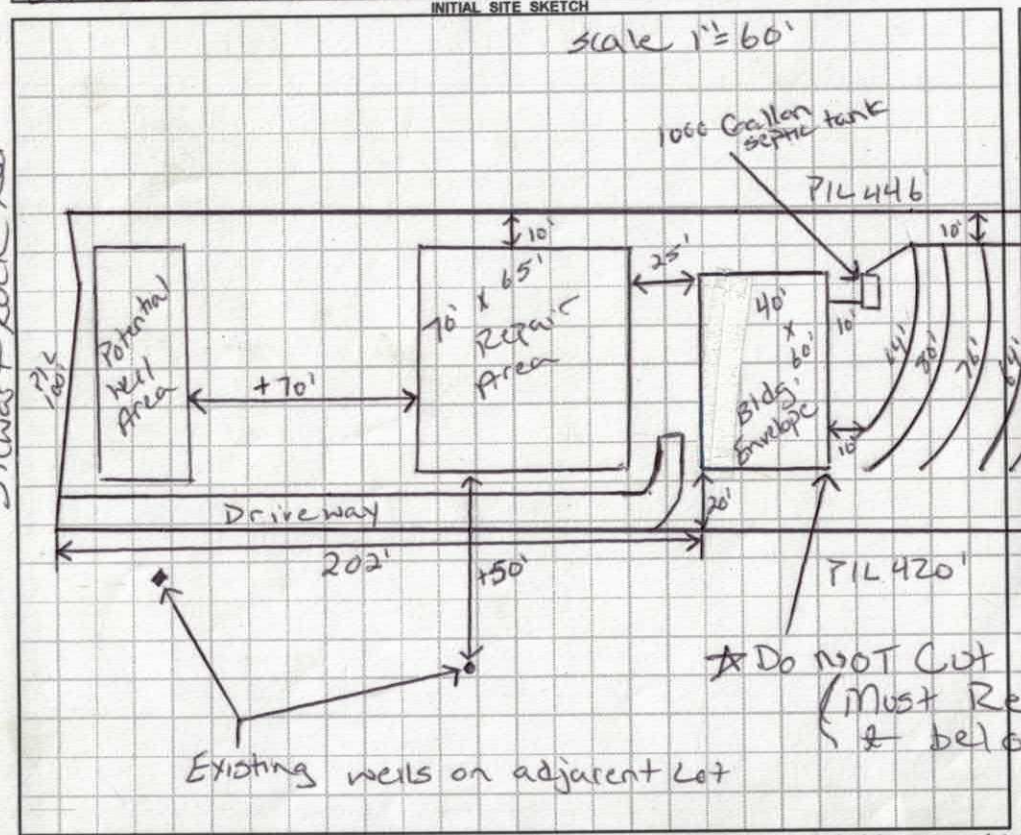
☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: IMPROVEMENTS ONLY; Submit floor plan prior to issuance of CA. Install a 25% Reduction system on contour with serial distribution.

INITIAL SITE SKETCH




★ Do NOT Cut Below This Point. ★ (Must Remain Natural at & below this elevation)

Existing wells on adjacent Lot

AS BUILT SKETCH

Revoke

**IMPROVEMENT PERMIT ONLY**

DO NOT ISSUE BUILDING PERMIT!
FLOOR PLAN STILL NEEDED!

*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: 11.5.14 Installed by:

IMPROVEMENT PERMIT by: Date: 10-21-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

## *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...**

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

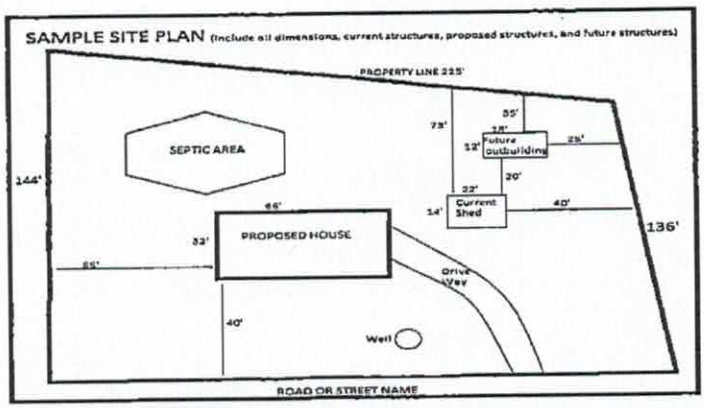
**_____ Front and side setbacks from property line...** **_____ Preferred driveway location and configuration, preferred well location...**

**_____ Area you prefer your septic system to be placed...** **_____ North arrow, or other sufficient indicator of direction...**

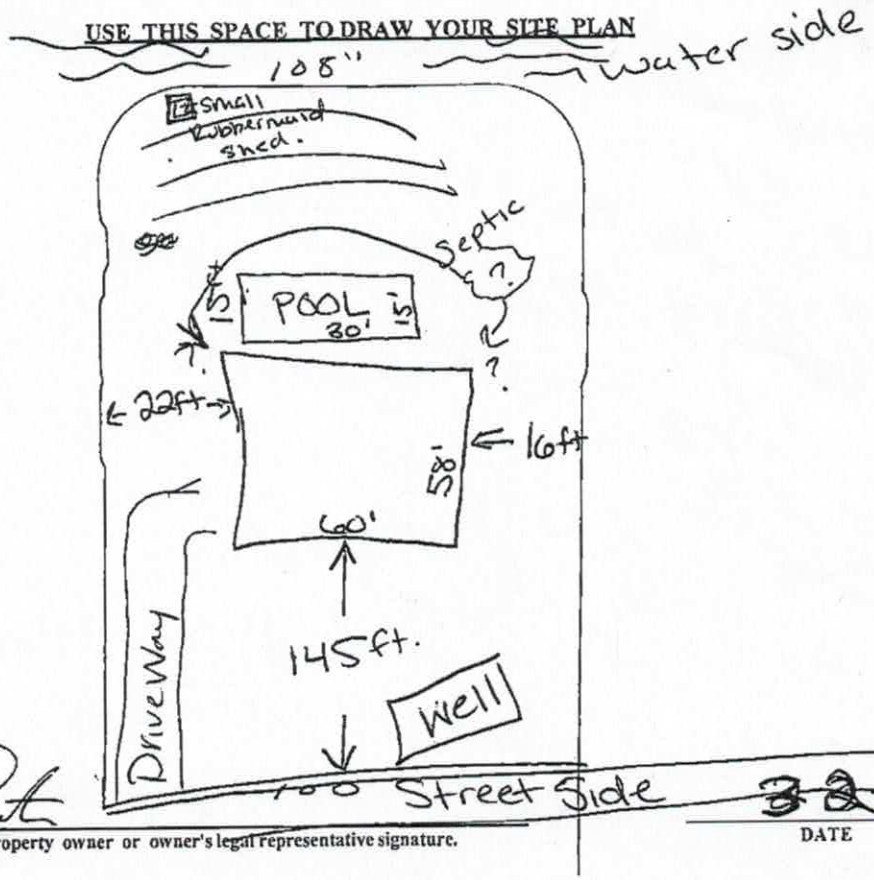
**Circle N/A on the following if appropriate:**

**_____ 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**

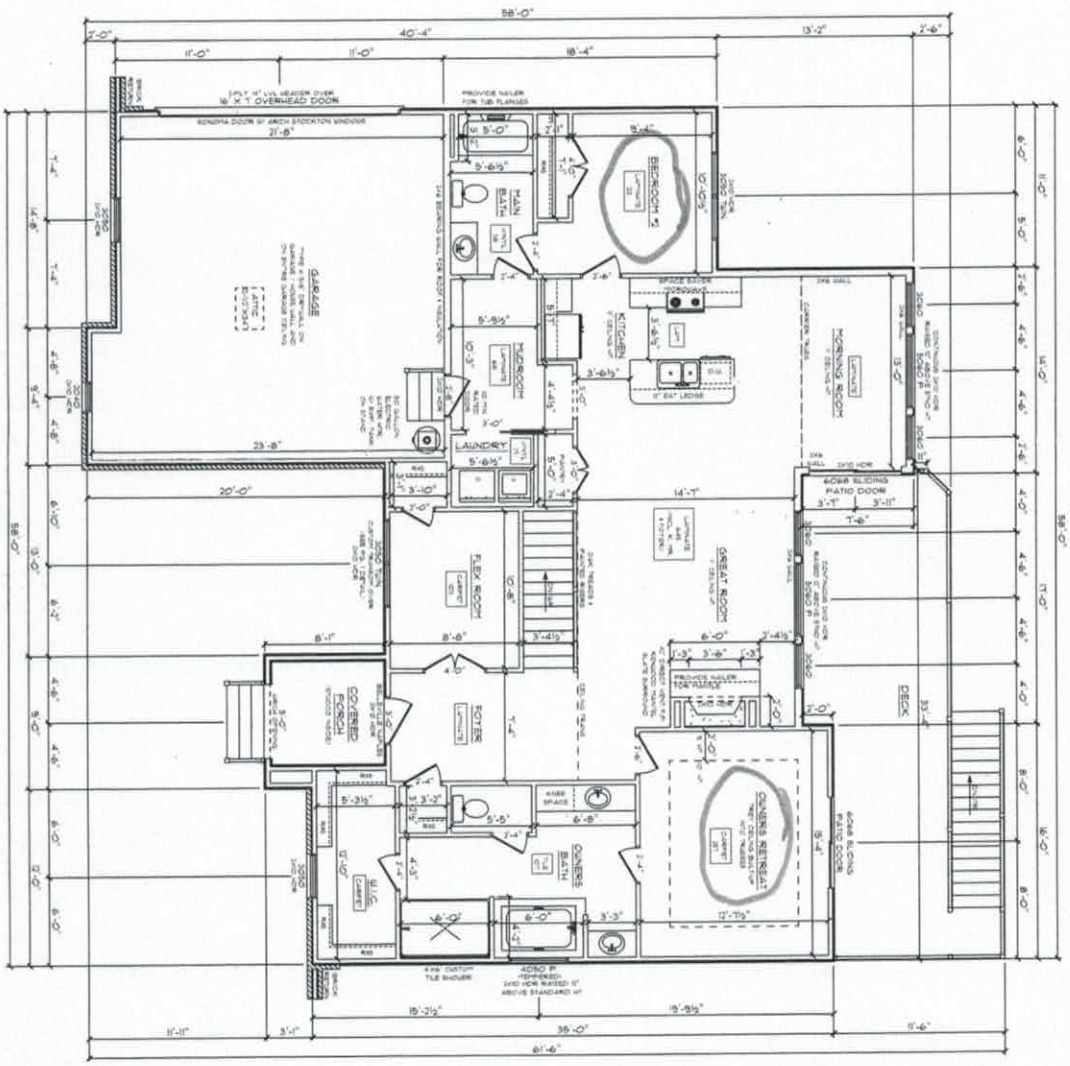


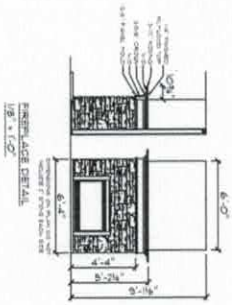

**USE THIS SPACE TO DRAW YOUR SITE PLAN**




**Signature:** _____ 3/2/17

*REQUIRED* property owner or owner's legal representative signature. DATE




GENERAL FRAMING NOTES:
- DRYWALL OPENINGS TO BE 6'-8" HEIGHT
- DETAILED OPENINGS TO BE 6'-9" HEIGHT
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 2-PANEL HOLLOW CORE MOLDED INTERIOR DOORS THROUGHOUT
- PLY-GEM LOUVE VINYL WINDOWS

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

ADDITIONAL NOTES:
- TOUCHSCREEN DEADBOLT @ FRONT DOOR

ABERNATHY 'B' / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

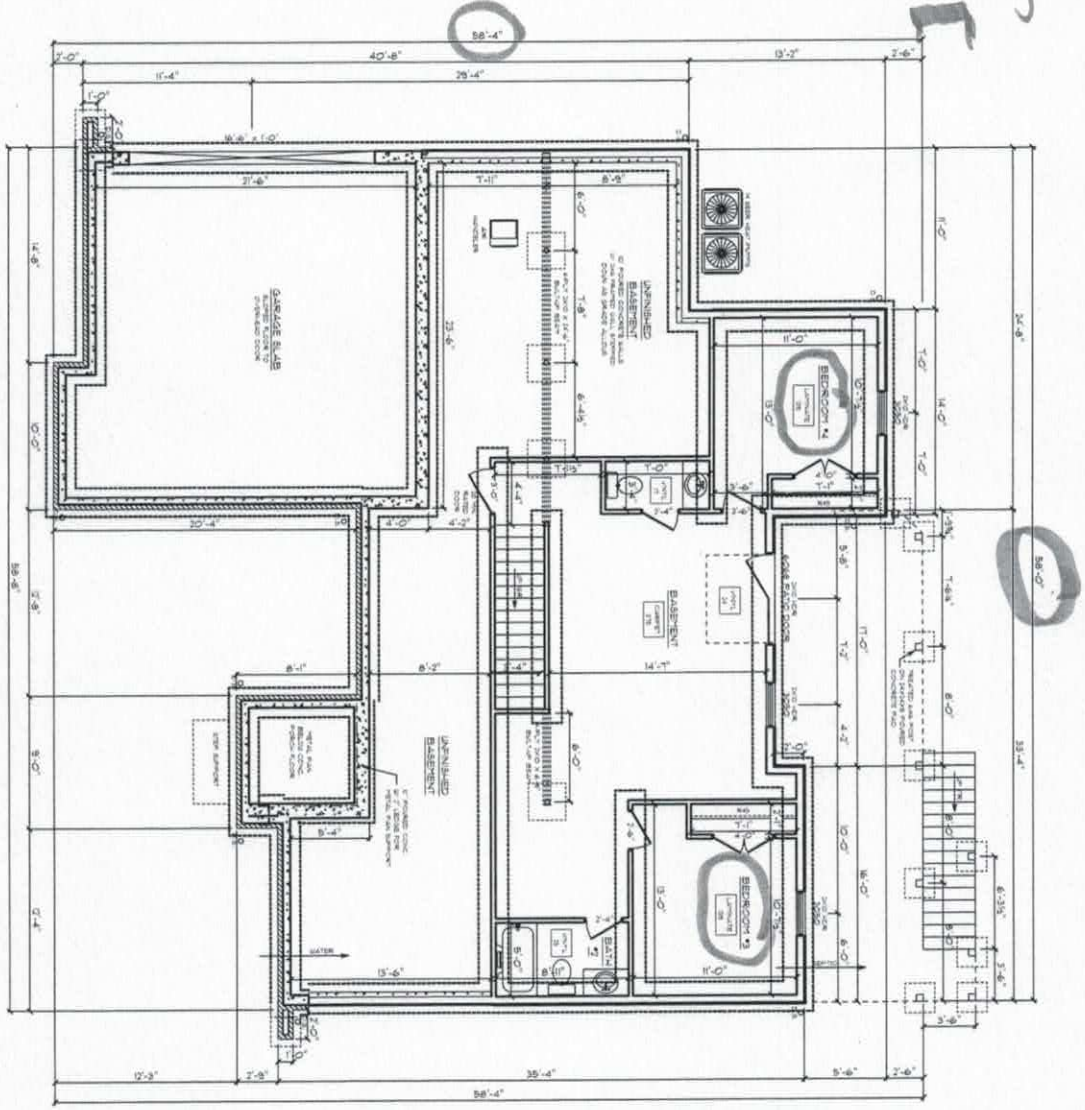
CUSTOM BUILT FOR: JASON & BRANDY CATON
JOB #: CH 675 017 0226 | LOT #: 24134
LOCATION: 551 STEWART ROCK ROAD, STONEY POINT, NC 28678, IREDELL COUNTY

MAIN FLOOR LIVING AREA = 1676 SQ. FT.
GARAGE AREA = 561 SQ. FT.
FINISHED BASEMENT AREA = 881 SQ. FT.
TOTAL BASEMENT AREA = 1676 SQ. FT.
PORCH AREA = 362 SQ. FT.

DRAWN BY: JAE | DATE: | SCALE: 1/8" = 1'-0" | DWG: 4

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Landing




ABERNATHY 'C' / CUSTOM
FOUNDATION PLAN

SCHUMACHER HOMES

Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

CUSTOM BUILT FOR: JASON & BRANDY CATON
CDR #: CH 675 017 0226 | CN #: 24134
LOCATION: 557 STEWART ROCK ROAD
STONEY POINT, NC 28678
IREDELL COUNTY

MAIN FLOOR LIVING AREA = 1676 SQ. FT.
GARAGE AREA = 561 SQ. FT.
FINISHED BASEMENT AREA = 881 SQ. FT.
TOTAL BASEMENT AREA = 1676 SQ. FT.
PORCH AREA = 362 SQ. FT.

DRAWN BY: JAE | DATE: | SCALE: 1/8" = 1'-0" | DWG: 3

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# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 206041 |
| Issue Date: 09/26/2014 |

**ZONING PERMIT**
Open Space

FILE COPY

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 3774545805.000 | 557 STEWART ROCK DRIVE, STONY POINT, NC 28678 | STONY POINT |

| Owner Information | Applicant Information |
|---|---|
| Owner: TATUM RICHARD A+JEAN M | Applicant: CATON, JASON |
| Address: 139 DOBBS DRIVE<br>STATESVILLE, NC 28625 | Address: 410 CLAY STREET<br>MOORESVILLE, NC 28115 |
| Phone: | Phone: 704-780-3362 |

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

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.000 | 35.00 | 50.00 | 15.00 | 15.00 | CALS | AE |

**Remarks:**

PAID

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

Applicant: _____ Date: 9.26.14

| Permit Number | 22717 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|