IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 230345

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

PIN # 4614837827

APPLICANT/OWNER: Barbara Walker | APPLICANT ADDRESS: 1711 Beverly Drive Charlotte NC

SITE ADDRESS: 363 Tuskarora Trail Mooresville NC 28117 | PHONE: 704 564-27[illegible] | ALT. PHONE

SITE DIRECTIONS: South on Brawley school L on Tuskarora trail L on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T | SECTION: 6 | LOT # 326 | LOT AREA: 1.41 Acre | DESIGN FLOW: 660 gpd | L.T.A.R.: .3

Septic Tank existing (gal) STB 794 Date 10-18-18 | ☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI

Pump Tank (gal) PT Date | System Description: Gravity 25% Reduction

Pump Make Model Serial # | Repair System Description: LP PPBPS

Nitrification Fields 1 # Lines 2 Linear Ft 200 | Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Trench Bottom Depth(Low side) 36" Gravel Depth | ☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Crawl Space ☐ Basement w/o plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * If existing Septic tank is not structually Sound then new ST will be required *

* Use distribution box + use 2 holes to feed existing bed + other 2 holes to feed new drainlines

INITIAL SITE SKETCH

See attached site plan by Paul Penninger

AS BUILT SKETCH

24 Chambers in lower line
25 Chambers in upper line
34 1/2 Ft from porch footings to ST
Used Quick 4 for Drainfield

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**

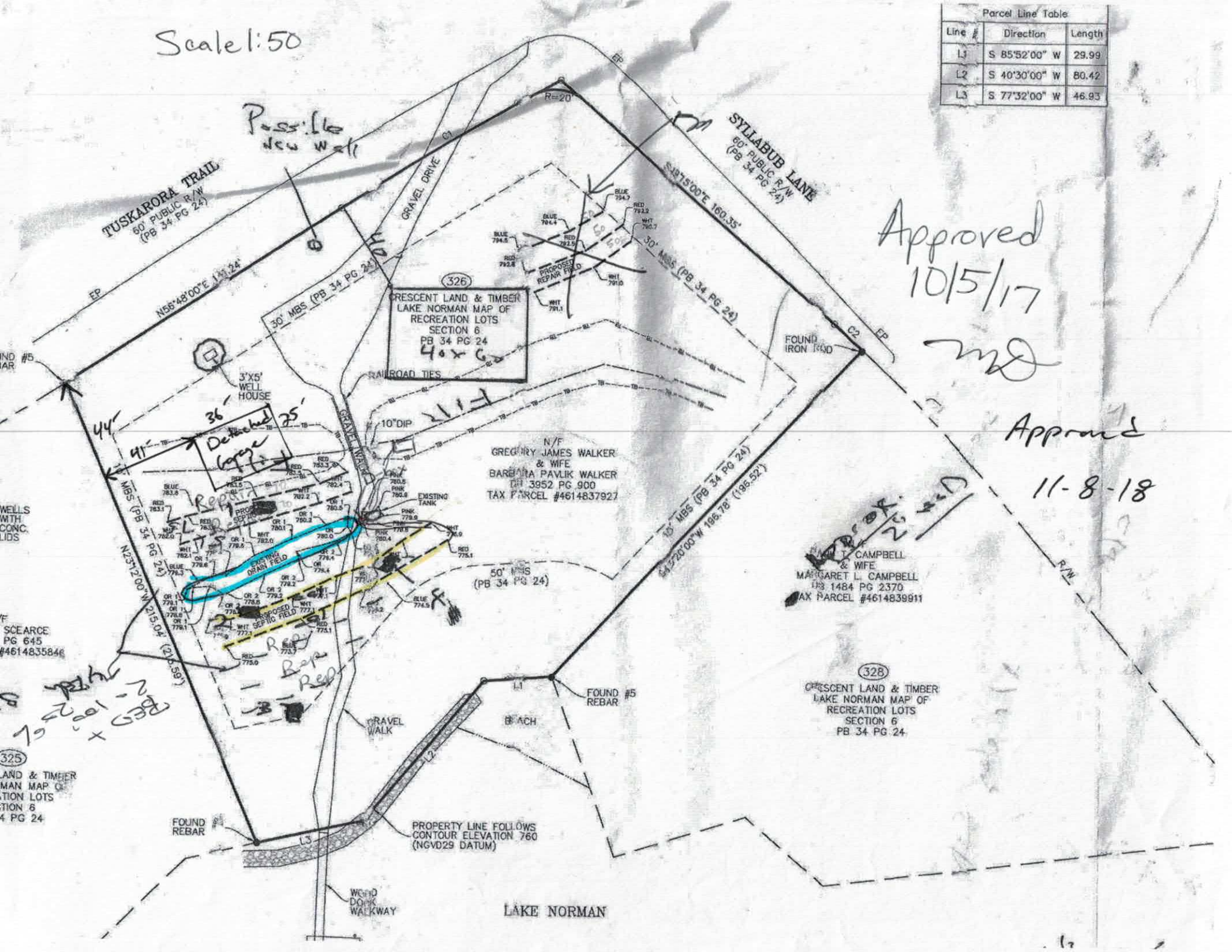
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Barbara Walker Date: 11-8-18 Installed by: Britt Bass

IMPROVEMENT PERMIT by: Date: 11-7-18 OPERATION PERMIT by: Date: 4/3/19

AUTHORIZATION TO CONSTRUCT by: Date: 11-8-18 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.


Scale 1:50
Parcel Line Table
Line # | Direction | Length
L1 | S 85°52'00" W | 29.99
L2 | S 40°30'00" W | 80.42
L3 | S 77°32'00" W | 46.93
Approved 10/5/17
Approved 11-8-18
TUSKARORA TRAIL
60' PUBLIC R/W
(PB 34 PG 24)
SYLLABUB LANE
60' PUBLIC R/W
(PB 34 PG 24)
GRAVEL DRIVE
N56°48'00"E 141.24'
S18°15'00"E 160.35'
R=20'
C1
C2
EP
30' MBS (PB 34 PG 24)
326
CRESCENT LAND & TIMBER
LAKE NORMAN MAP OF
RECREATION LOTS
SECTION 6
PB 34 PG 24
40x60
PROPOSED REPAIR FIELD
FOUND IRON ROD
3'X5' WELL HOUSE
RAILROAD TIES
GRAVEL WALK
10" DIP
N/F
GREGORY JAMES WALKER
& WIFE
BARBARA PAVLIK WALKER
DB 3952 PG 900
TAX PARCEL #4614837927
EXISTING TANK
EXISTING DRAIN FIELD
PROPOSED SEPTIC FIELD
50' MBS (PB 34 PG 24)
15' MBS (PB 34 PG 24)
S41°20'00"W 196.78' (196.52')
N23°12'00"W 215.04' (215.59')
FOUND #5 REBAR
GRAVEL WALK
BEACH
L1
L2
L3
FOUND #5 REBAR
PROPERTY LINE FOLLOWS CONTOUR ELEVATION 760 (NGVD29 DATUM)
WOOD DOCK WALKWAY
LAKE NORMAN
328
CRESCENT LAND & TIMBER
LAKE NORMAN MAP OF
RECREATION LOTS
SECTION 6
PB 34 PG 24
R/W
Detached
Garage
Repair
Rep
Rep
Rep

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4614837927
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Greg Walker — APPLICATION DATE: 9/15/17
ADDRESS: 365 Tuskarora Trail — DATE EVALUATED: 9/26/17
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 1.41 Ac
LOCATION OF SITE: 365 Tuskarora Trail Mooresville, NC — PROPERTY RECORDED:
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	17%	0-7	SCL	SS, SP, SExp, FR, WSBK					PS
		7-31	RC	m-f SS, SP, SExp, FR					
		31-50	B/C, R	C, wf SBK, SS, SP, SExp, FR, Wfair					.3
			SAP Indus						
		50-63	SL/L	SAP	massive, FR				
2	15%	0-9	Gravel						PS
		9-16	Rd/Brw C	m-f SBK, SS, SP, SExp, FR					
		16-52	R C/	C, m-f SBK, SS, SP, SExp, FR					.3
3	15%	0-8	SCL	SS, SP, SExp, FR, WSBK					PS
		8-28	RC	m-f SBK, SS, SP, SExp, FR					
		28-38	RCL	WSBK, SS, SP, SExp, FR					.3
		38-54	B/C	C, wf, few to many SAP Indus					
				SS, SP, SExp, FR					
4	18%	0-6	Brw	SCL SS, SP, SExp, FR, WSBK					PS
		6-39	R C	m-w SBK, SS, SP, SExp, FR					
		39-52	R CL	WSBK, SS, SP, SExp, FR					.3

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948):
EVALUATED BY: Mara Dotson & Paul Penninger
OTHER(S) PRESENT:

COMMENTS:

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: BARBARA WALKER Address: 1711 BEVERLY DRIVE CHARLOTTE, NC Zip: 28207
Applicant Email: BARBGREGWALKER@BELLSOUTH.NET Phone: 704-564-2705 Alt. Phone: 704-333-0066
Owner Name: GREGORY & BARBARA WALKER Address: 1711 BEVERLY DR-CHARLOTTE, NC Zip: 28207
Owner Email: BARBGREGWALKER@BELLSOUTH.NET Phone: 704-564-2705 Alt. Phone: 704-333-0066

Property Information:

Street Address: 363 TUSKAROA TRAIL, MOORESVILLE, NC 28117
Subdivision Name: _____ Section/Phase: 6 Lot Number: 326
Driving Directions: SOUTH ON BEAWLEY SCHOOL RD, TURN RIGHT ONTO TUSKAROA TRAIL, LOT IS ON CORNER OF TUSKAROA & SYLLABUB LANE

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) 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 ( ) 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: Barbara Walker 10/19/15
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*) Bruban Walker

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
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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)

Applicant Name: BARBARA WALKER Address: 1711 BEVERLY DR, CHARLOTTE NC Zip: 28207
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Owner Name: GREGORY & BARBARA WALKER Address: 1711 BEVERLY DR, CHARLOTTE NC Zip: 28207
Owner Email: BARBGREGWALKER@BELLSOUTH.NET Phone: 704-564-2705 Alt. Phone: 704-333-0066

Property Information:

Street Address: 363 TUSKAROA TRAIL MOORESVILLE, NC 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: SOUTH ON BRAWLEY SCHOOL ROAD, TURN RIGHT ON TUSKAROA TRAIL, LOT IS ON CORNER OF TUSKAROA & SYLLABUB

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: ~~3~~ 4
Maximum Number of Occupants: ~~6~~ 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

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: Barbara Walker 8-10-2018
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

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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.

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I, BARBARA WALKER, am the legal owner(s) of the property located at 363 TUSKAROSA TRAIL, MOORESVILLE, NC 28117, 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.

Barbara Walker _____ _____ 8-10-2018

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

RECEIVED SEP 19 2017

230345 Paid $500.00 CNTY Pool Passenger for

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Site Visit 704-996-6330

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

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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: Greg Walker Address: 1711 BEVERLY DR Charlotte, NC Zip: 28207
Applicant Email: jwalkercrossfit@gmail.com Phone: 704-361-8251 Alt. Phone:
Owner Name: SAME AS ABOVE Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 365 TUSKARORA TRAIL
Subdivision Name: CLT Section/Phase: 6 Lot Number: 326
Driving Directions: BSR, TR TUSKAROA, on Left at Skyline Blvd, LN

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

Water Supply: ( ) Replacement Well – Reason: Will abandon
( ) Multi-connection Well Number of Houses: Number of Persons:
(X) 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: 77
( ) No Preference ( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other: 252

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands? Unsure
( ) 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: _____ 9-15-17
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

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I, Greg Walker, am the legal owner(s) of the property located at 363 Tuckaseigee Trl, identified as PIN (Parcel Identification Number) 4614837927.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Pennington Pennington Sole Construction 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: 9/12/17

Signature of Witness — Date: 9/18/17

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

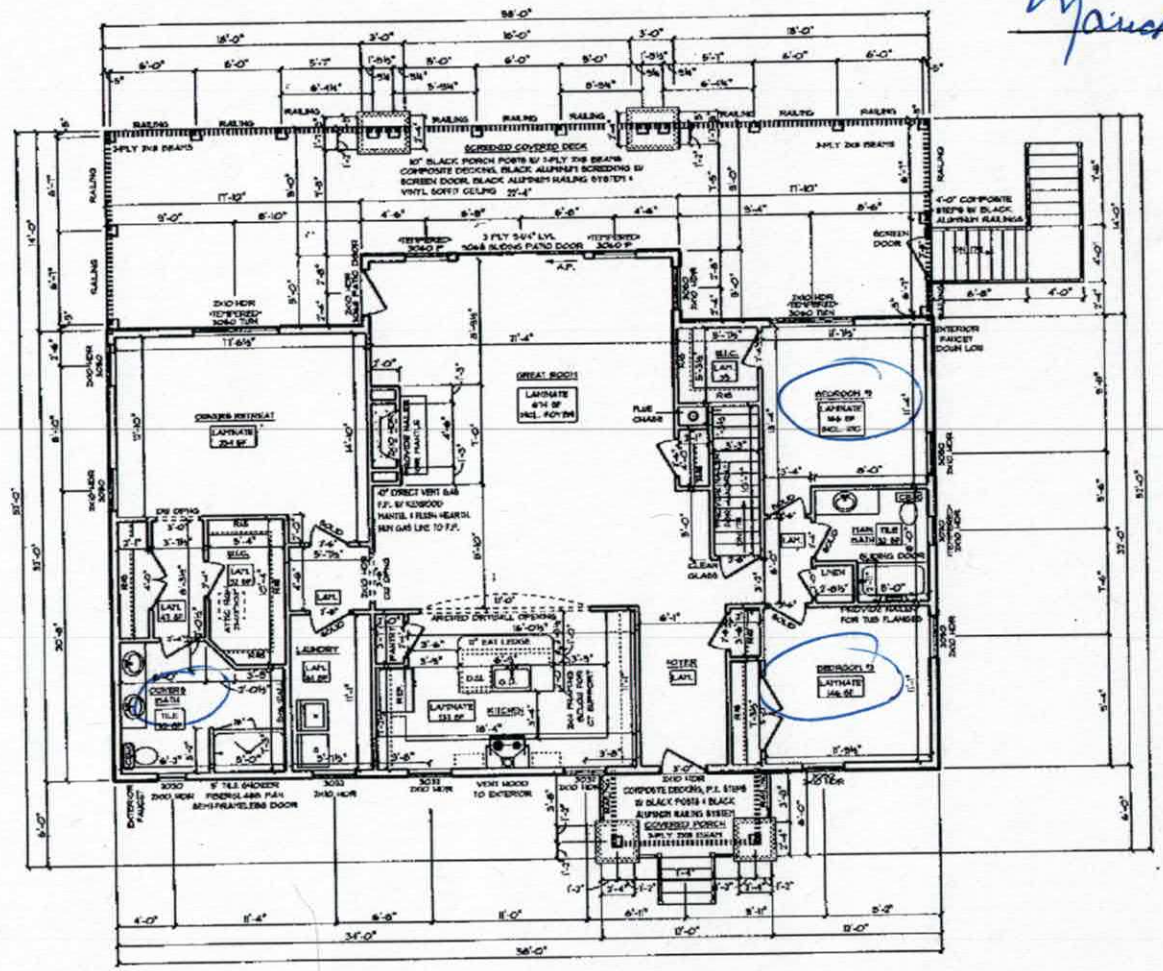
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Ack[illegible]dgement Of
Plan[illegible]nittal ONLY!

Barbara Walker Date 8-10-2018

Mark Dixon Date 8/28/18

58

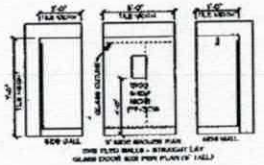


GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 6'-0" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 3-PLY 2X10 OR (3) KING + (1) JACK STUDS UNLESS OTHERWISE NOTED

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS WHERE DRYWALLED INTERIOR
- 2-PANEL HOLLOW CORE MOLDED INTERIOR DOORS (BEDROOMS, MAIN BATH + LAUNDRY TO BE SOLID CORE)
- POLY-GRIP LOOSE VINYL UNDERLAYMENT

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 CONTINUE WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

ADDITIONAL NOTES:
- 2X6 EXTERIOR WALL CONSTRUCTION
- CONFORM MT. WATER CLOSETS THROUGHOUT
- HVAC ZONE FOR BASEMENT



5' TILED SHOWER DETAIL

CEDAR SPRINGS / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

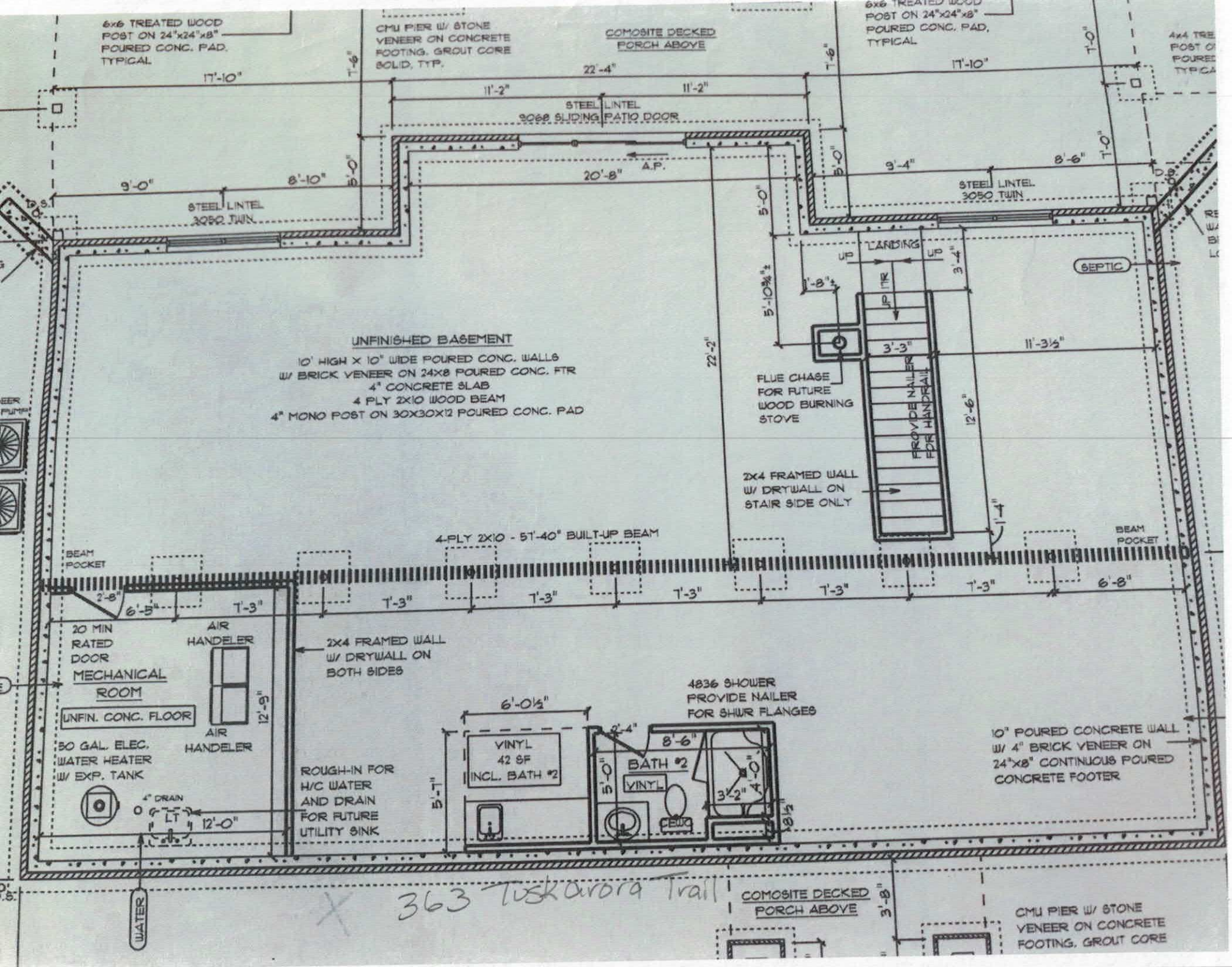
SQUARE FOOTAGES
MAIN FLOOR LIVING AREA: 1368 SQ. FT.
UPPER BONUS ROOM AREA: 368 SQ. FT.
UPPER BONUS ROOM: 433 SQ. FT.
PORCH AREA: 173 SQ. FT.

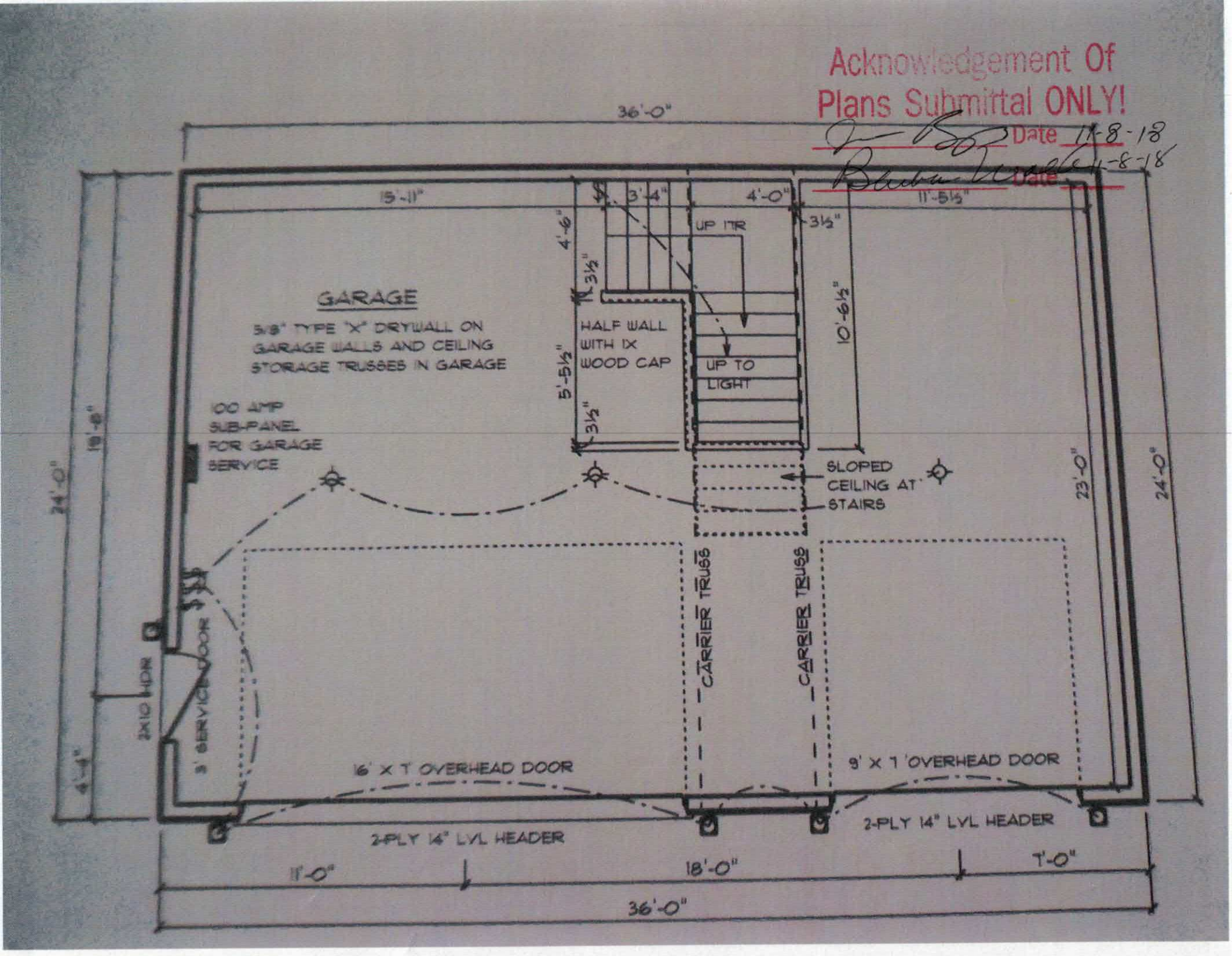
DESIGN BUILT FOR:
BARBARA PAYLOR / GREGORY WALKER
LOT: 34604
ADDRESS: 343 TARCADERA TRAIL
MOORESVILLE NC 2811
IREDELL COUNTY

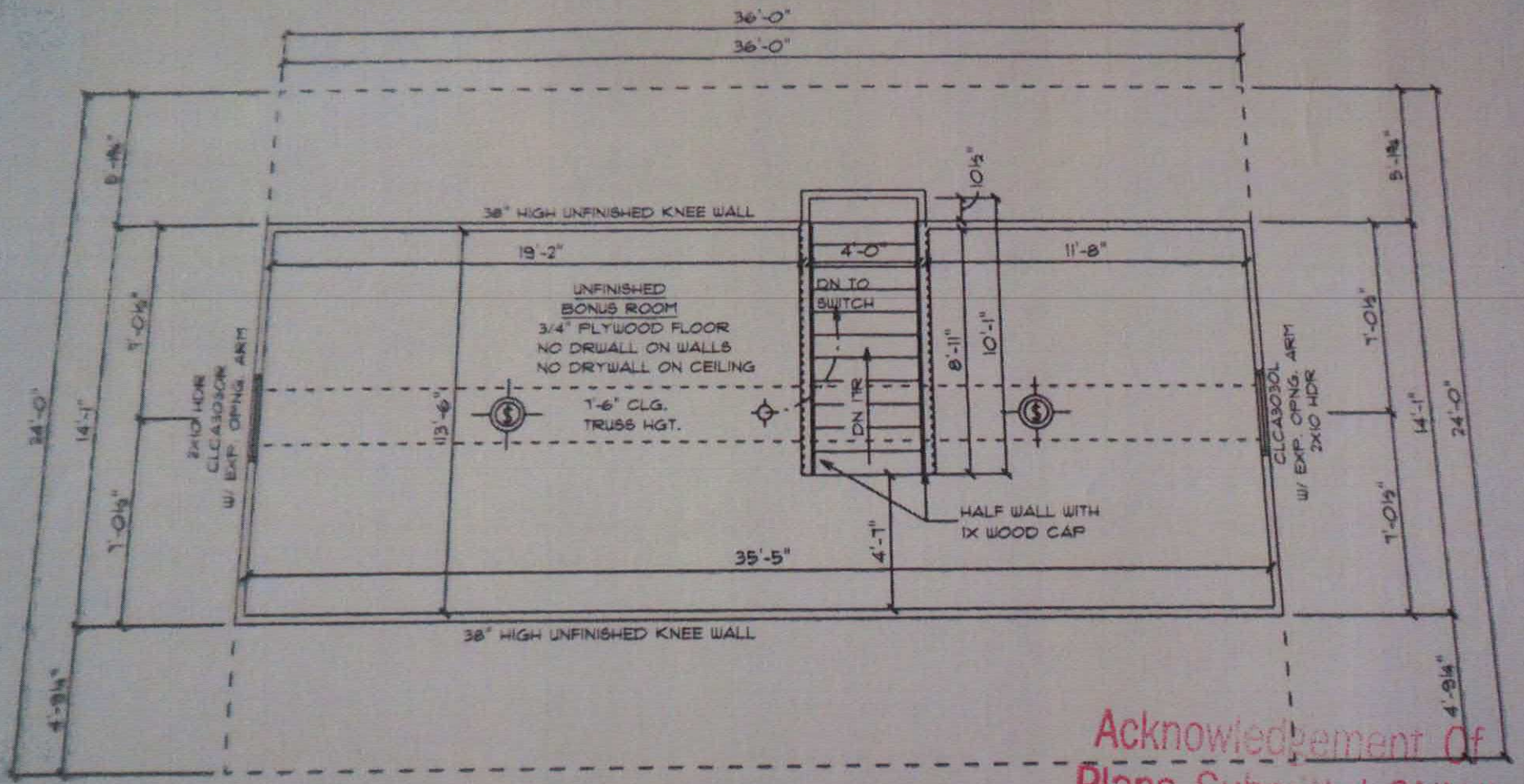
SCALE: 1/8" = 1'-0"
DATE: 8/6/2018
DESIGN BY: JPG
SHEET: 8

COPYRIGHT INFORMATION SECTION 102 ALL WORKS PROTECTED THE ARCHITECTURAL WORKS PROTECTION ACT PROVIDES PROTECTION TO THE ORIGINAL DESIGNS OF ARCHITECTURAL WORKS CREATED ON OR AFTER DECEMBER 1, 1990. THIS PROTECTION EXTENDS TO THE DESIGN OF BUILDINGS, INCLUDING THE ARRANGEMENT AND COMPOSITION OF SPACES AND ELEMENTS IN A BUILDING. THE ARCHITECTURAL WORKS PROTECTION ACT ALSO PROVIDES THAT ANYONE WHO KNOWINGLY VIOLATES THE COPYRIGHT IN AN ARCHITECTURAL WORK MAY BE LIABLE FOR DAMAGES IN AN AMOUNT UP TO $100,000 PER WORK INFRINGED. IN ADDITION, A COURT MAY ORDER THE IMPOUNDMENT AND EVENTUAL DESTRUCTION OF INFRINGING COPIES AND OTHER MATERIALS. IN ADDITION, AN INFRINGER OF AN ARCHITECTURAL WORK MAY BE REQUIRED TO PAY THE COPYRIGHT OWNER'S PROFITS ATTRIBUTABLE TO THE INFRINGEMENT AND ATTORNEY'S FEES IN ADDITION TO ANY OTHER DAMAGES. BECAUSE OF THE VALUE OF THE PROVISIONS OF THE ACT, SCHUMACHER HOMES TAKES VIGOROUS ACTION TO PROTECT ITS COPYRIGHTS AGAINST INFRINGEMENT.

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


6x6 TREATED WOOD POST ON 24"x24"x8" POURED CONC. PAD, TYPICAL
CMU PIER W/ STONE VENEER ON CONCRETE FOOTING. GROUT CORE SOLID, TYP.
COMOSITE DECKED PORCH ABOVE
6x6 TREATED WOOD POST ON 24"x24"x8" POURED CONC. PAD, TYPICAL
4x4 TRE POST O POURED TYPICA
17'-10"
22'-4"
11'-2"
11'-2"
17'-10"
STEEL LINTEL 9068 SLIDING PATIO DOOR
A.P.
9'-0"
8'-10"
20'-8"
9'-4"
8'-6"
STEEL LINTEL 3050 TWIN
STEEL LINTEL 3050 TWIN
LANDING
UP
UP
UP
3'-4"
SEPTIC
1'-8"
5'-10"
3'-3"
11'-3½"
FLUE CHASE FOR FUTURE WOOD BURNING STOVE
PROVIDE NAILER FOR HANDRAIL
12'-6"
2X4 FRAMED WALL W/ DRYWALL ON STAIR SIDE ONLY
1'-4"
UNFINISHED BASEMENT
10' HIGH X 10" WIDE POURED CONC. WALLS W/ BRICK VENEER ON 24X8 POURED CONC. FTR
4" CONCRETE SLAB
4 PLY 2X10 WOOD BEAM
4" MONO POST ON 30X30X12 POURED CONC. PAD
22'-2"
4-PLY 2X10 - 51'-40" BUILT-UP BEAM
BEAM POCKET
BEAM POCKET
2'-8"
6'-5"
7'-3"
7'-3"
7'-3"
7'-3"
7'-3"
6'-8"
20 MIN RATED DOOR
MECHANICAL ROOM
UNFIN. CONC. FLOOR
AIR HANDELER
AIR HANDELER
12'-9"
50 GAL. ELEC. WATER HEATER W/ EXP. TANK
4" DRAIN
LT
12'-0"
2X4 FRAMED WALL W/ DRYWALL ON BOTH SIDES
ROUGH-IN FOR H/C WATER AND DRAIN FOR FUTURE UTILITY SINK
6'-0½"
VINYL 42 SF INCL. BATH #2
5'-1"
2'-4"
8'-6"
BATH #2
VINYL
5'-0"
3'-2"
4'-0"
CEIL
18½"
4836 SHOWER PROVIDE NAILER FOR SHWR FLANGES
10" POURED CONCRETE WALL W/ 4" BRICK VENEER ON 24"x8" CONTINUOUS POURED CONCRETE FOOTER
WATER
363 Tuskarora Trail
COMOSITE DECKED PORCH ABOVE
3'-8"
CMU PIER W/ STONE VENEER ON CONCRETE FOOTING. GROUT CORE


Acknowledgement Of
Plans Submittal ONLY!
Date 11-8-18
Date 11-8-18
36'-0"
15'-11"
3'-4"
4'-0"
11'-5½"
4'-6"
3½"
UP 17R
3½"
10'-6½"
GARAGE
5/8" TYPE 'X' DRYWALL ON GARAGE WALLS AND CEILING
STORAGE TRUSSES IN GARAGE
HALF WALL WITH 1X WOOD CAP
5'-5½"
3½"
UP TO LIGHT
100 AMP SUB-PANEL FOR GARAGE SERVICE
SLOPED CEILING AT STAIRS
24'-0"
19'-6"
23'-0"
24'-0"
4'-4"
2X10 HDR
3' SERVICE DOOR
CARRIER TRUSS
CARRIER TRUSS
16' X 7' OVERHEAD DOOR
9' X 7' OVERHEAD DOOR
2-PLY 14" LVL HEADER
2-PLY 14" LVL HEADER
11'-0"
18'-0"
7'-0"
36'-0"



CEDAR SPRINGS / CUSTOM

STORAGE BONUS ROOM PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 11-8-18

Date 11-8-18

IREDELL COUNTY

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

APPLICATION NUMBER
239672
Issue Date: 10/19/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4614837927.000	363 TUSKARORA TRAIL, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WALKER GREGORY JAMES+BARBARA	Applicant: SCHUMACHER HOMES OF NO
Address: 1711 BEVERLY DR	Address: 341 ALCOVE RD
CHARLOTTE, NC 28207	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
DETACHED GARAGE	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.410	35.00	50.00	10.00	10.00	CACL	AE

Remarks:

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25 Æ of a side street on a corner lot. Shall not be erected within 10 Æ of any line not a street line or within 10 Æ of any other building on the same lot. Shall not be erected within the 50 Æ buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150 Æfrom the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30 Æ from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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: _____

Permit Number	156153	TOTAL FEES:	$ 77.25