IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2046817

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

PIN # 4626-71-4513

APPLICANT: Bill Bundy APPLICANT ADDRESS: 108 Wisteria Lane

SITE ADDRESS: 109 Chuckwood Rd., Mrsvl. 28117 PHONE: 704-660-0930 ALT. PHONE:

SITE DIRECTIONS: Corner of 115R & Chuckwood

SUBDIVISION: William Bundy JR Property SECTION: — LOT # 1 LOT AREA: .99 AC DESIGN FLOW: 800 L.T.A.R.: .3

Septic Tank	1500	(gal)	STB	338	Date	9-28-15	☒ New System	☐ Repair	☐ Expansion
Pump Tank	1500	(gal)	PT	477	Date	9-22-15	System Type: I II III (IV) V VI		
Pump Make	Gould's	Model	WE0511HH		Serial #		System Description:	LP - Panel Block	
# Nitrification Fields	1	# Lines	5@89'		Linear Ft:	445	Repair System Description:	Same	
Trench Width	24"	Max. Trench Bottom Depth	36"		Gravel Depth		Maintenance Agreement Required:	☒ YES ☐ NO	
								☐ GRAVITY ☒ PRESSURE	

☐ Residence ☒ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

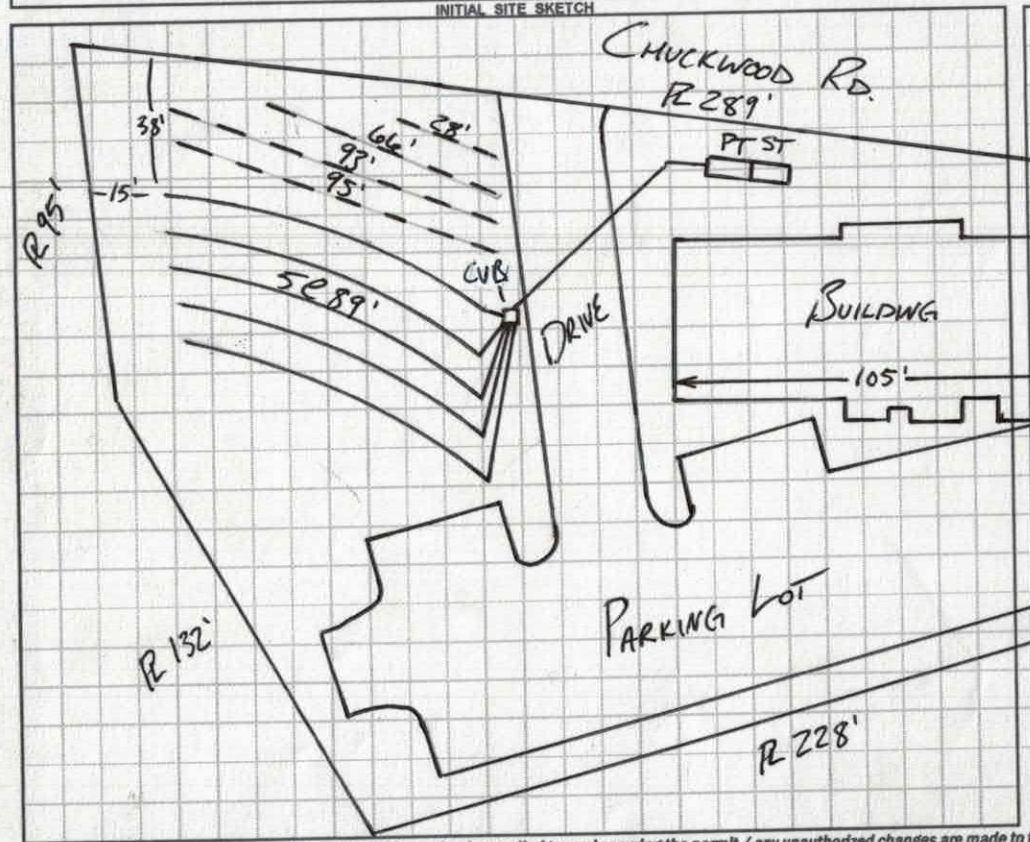
No. Bedrooms: No. Persons: No. Employees: 32 ☐ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Use 1½" Pipe in Panels ✓
Stay 100' from Neighboring Well
Well Abandonment form attached.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

Keep Drainfield 100' Min From Well

Checked Tanks & Lines 11-13-15 BA

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: William H Bundy Date: 5/28/15

IMPROVEMENT PERMIT by: BA Date: APPROVED MAY 26 2015

AUTHORIZATION TO CONSTRUCT by: BA Date: APPROVED MAY 26 2015

Installed by: Abernathy

OPERATION PERMIT by: BA Date: 1-8-16

Existing System Inspected by: Date:

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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4626714513_
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: __Bill Bundy_____ APPLICATION DATE_____
ADDRESS: __108 Wisteria Ln., Mooresville, NC_____ DATE EVALUATED: _____
PROPOSED FACILITY: _office 36 employee__ PROPOSED DESIGN FLOW (.1949): _900 GPD__ PROPERTY SIZE: __0.99 AC_____
LOCATION OF SITE: __109 Chuckwood Rd_____ PROPERTY RECORDED: __12/3/2013_____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
P 1	LS 3%	0-34	FILL		N/A	72"	N/A	N/A	US NOT IN SYSTEM AREA
		34-58	R C SBK	FR SS SP					
		58-72	R CL WSBK	FR SS SP					
P 2	LS 5%	0-6	Br CL WSBK	FR SS SP	N/A	51"	F-C SAP PS	N/A	PS 0.3
		6-23	R C SBK	FR SS SP					
		23-51	R CL WSBK	FR SS SP					
		51-80	VER SL SAP M	VFR SS SP					
P 3	LS 5%	0-3	Br CL WSBK	FR SS SP	N/A	48"	PS	N/A	PS 0.3
		3-23	R C SBK	FR SS SP					
		23-48	R CL WSBK	FR SS SP					
		48-80	VER L SAP M	VFR SS SP					
P 4	LS 7%	0-5	Br CL WSBK	FR SS SP	N/A	50"	PS	N/A	PS 0.3
		5-31	R C WSBK	FR SS SP					
		31-50	R CL WSBK	FR SS SP					
		50-80	VER SL SAP M	VFR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1000 FT2	1000FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: __M A & Associates_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4626714513
DATE OF EVALUATION: _____
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
P 5	LS 7%	0-4	Br CL WSBK	FR SS SP	N/A	46"	Com SAP PS	N/A	PS 0.3 NOT IN SYSTEM AREA
		4-26	R C SBK	FR SS SP					
		26-46	R CL WSBK	FR SS SP					
		46-80	VER L SAP M	VFR SS SP					
P 6	LS 5%	0-12	Br SCL WSBK	FR SS SP	N/A	50"	Com SAP PS	N/A	PS 0.3 NOT IN SYSTEM AREA
		12-44	R C SBK	FR SS SP					
		44-50	R CL WSBK	FR SS SP					
		50-80	VER L SAP M	VFR SS SP					
P 7	LS 3%	0-50	FILL		N/A	0"	N/A	N/A	US NOT IN SYSTEM AREA
P 8	LS 5%	0-4	Br CL WSBK	FR SS SP	N/A	60"	F-C SAP	N/A	PS 0.3
		4-34	R C SBK	FR SS SP					
		34-60	R CL WSBK	FR SS SP					
AB 1	LS 7%	0-12	R SCL WSBK	FR SS SP	N/A	48"	F-C SAP	N/A	PS 0.3
		12-36	R C SBK	FR SS SP					
		36-48	R CL WSBK	FR SS SP					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4626714513___
DATE OF EVALUATION: _____
COUNTY: _IREDELL____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 2	LS 7%	0-4	R SCL WSBK	FR SS SP	N/A	46"		N/A	PS 0.3
		4-28	R C SBK	FR SS SP					
		28-46	R CL WSBK	FR SS SP					
		46-50	L SAP M	VFR SS SP			PS		
AB 3	LS 2%	0-36	R C SBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		36-48	R CL WSBK	FR SS SP					
AB 4	LS 2%	0-4	Br SCL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		4-38	R C SBK	FR SS SP					
		38-48	R CL WSBK	FR SS SP					

COMMENTS:_____

RECEIVED APR 2 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Ltd Relayout $105.00
206817

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:

Applicant Name: William Bundy **Address:** 108 Wisteria Lane **Phone:** 704-660-0930

Owner Name: William Bundy **Address:** 108 Wisteria Lane **Phone:** 704-660-0930

Property Information:

Street Address: 109 Chuckwood Rd aka 1576 Brawley Sch. Rd

Subdivision Name: William Bundy JR Property **Section/Phase:** _____ **Lot Number:** 1

Driving Directions: South on Brawley to Chuckwood

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

Type of Business: Commercial Office bldg
Square Footage of Building: ≈ 4700# foot print
Maximum Number of Employee: 32
Maximum Number of Seats/Beds/Other: 10 offices 3 toilets & 3 sinks

Water Supply:

( ) 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: Panels

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: W. H. Bundy
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-2-2015
DATE

RECEIVED NOV 1 2 2014

IREDELL COUNTY HEALTH DEPARTMENT

Paid $500.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00 11-26-14 #206817

~~APPROVED OCT 2 0 2014~~

Application For:

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

Place an (X) *beside whichever is submitted if applicable*

(X) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Bill Buddy **Address:** 108 Wisteria La. Mooresville NC **Phone:** 704660-0930

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 109 Chuckwood

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

Driving Directions: BSR, TR Chuckwood, Property on Corner of BSR & Chuckwood

APPROVED NOV 2 6 2014 Richard Farris

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

Type of Business: General 25 gpd/Emp
Square Footage of Building: _____
Maximum Number of Employee: 36
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)*

Year existing system installed: _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

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

11/12/2014
DATE

Adrian Pruett

From: mike@michaelathanas.com
Sent: Monday, November 24, 2014 8:00 AM
To: Adrian Pruett
Subject: [FWD: RE: SEPTIC LINES BEING INSTALLED UNDER A POWER LINE]

fyi, Letter from duke Power

Michael Athanas
Michael Athanas & Associates, Inc.
NC Licensed Soil Scientist
SC Professional Soil Classifier
Mike@michaelathanas.com
C. 704 576-3887

-------- Original Message --------
Subject: RE: SEPTIC LINES BEING INSTALLED UNDER A POWER LINE
From: "Baker, Steven T" <Steven.Baker@duke-energy.com>
Date: Mon, November 24, 2014 5:30 am
To: "Hatler2NC@aol.com" <Hatler2NC@aol.com>
Cc: "mike@michaelathanas.com" <mike@michaelathanas.com>,
"ejaonecorp@gmail.com" <ejaonecorp@gmail.com>

We do not prohibit the property owner from installing a septic drain field under our overhead primary facilities. We just would need access to maintain our equipment. Thanks.

S. Todd Baker
Engineering Technologist III
Engineering & Construction Planning
Mooresville Operations Center
Duke Energy

From: Hatler2NC@aol.com [mailto:Hatler2NC@aol.com]
Sent: Friday, November 21, 2014 4:40 PM
To: Baker, Steven T
Cc: mike@michaelathanas.com; ejaonecorp@gmail.com
Subject: SEPTIC LINES BEING INSTALLED UNDER A POWER LINE

*** Exercise caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. ***
Hi Todd,

I wanted to follow up with you, regarding the voice mail message I left on your phone today. Iredell County Environmental has stated they see no problem installing septic lines below your line, but they would like to have an e-mail from you ,or someone at Duke Energy saying that there is no problem.This is the same pole that you and I discussed a few days ago. I also discussed with you, this past summer, if there were any issues regarding having power lines over a septic field and you replied; "no problem, just do not get to close to the pole

". This pole is not in any easement it is just in the back yard/ parking lot of the office building that I want to construct on the property , and we will not be digging close to the pole. I have asked Mike Athanas (copied) to call you at 704-664-6827 and/or you can send us both an e-mail stating that there is no problem .Please also feel free to contact Mike Athanas at 704-576-3887 .Please let us hear from you as soon as is possible.

Thanks for your help, and have a nice weekend.

Bill Bundy (704-660-0930)

emailed 12/4/14

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

B & K Well Drilling Inc.

Well Contractor Name (or well owner personally abandoning well on his/her property)

Alfred Kiesling Jr

NC Well Contractor Certification Number

3266-A

Company Name

2. Well Construction Permit #: 206817

List all applicable well construction permits (i.e. County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☑Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 12/4/14

5a. Well location:

William Bundy

Facility/Owner Name

Facility ID# (if applicable)

109 Chuckwood Rd

Physical Address, City, and Zip

Iredell

County

4626-71-4513

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 47 (ft.)

6c. Borehole diameter: 18 (in.)

6d. Water level below ground surface: 46 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 2 lb

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☑ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

4 1/2 yards

7g. Provide a brief description of the abandonment procedure:

Poured

8. Certification:

Alfred J Kiesling Jr — 12/4/14

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

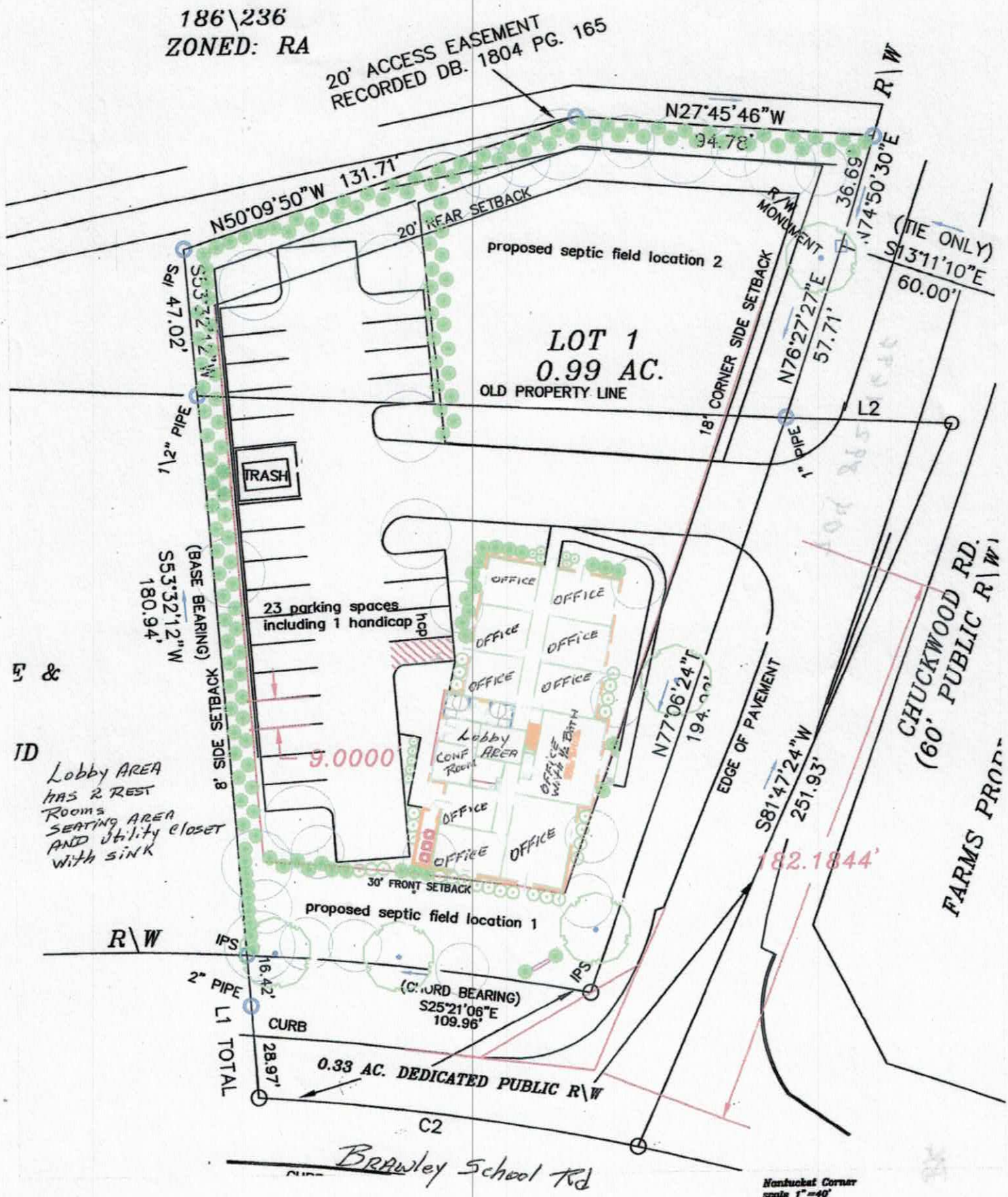
10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

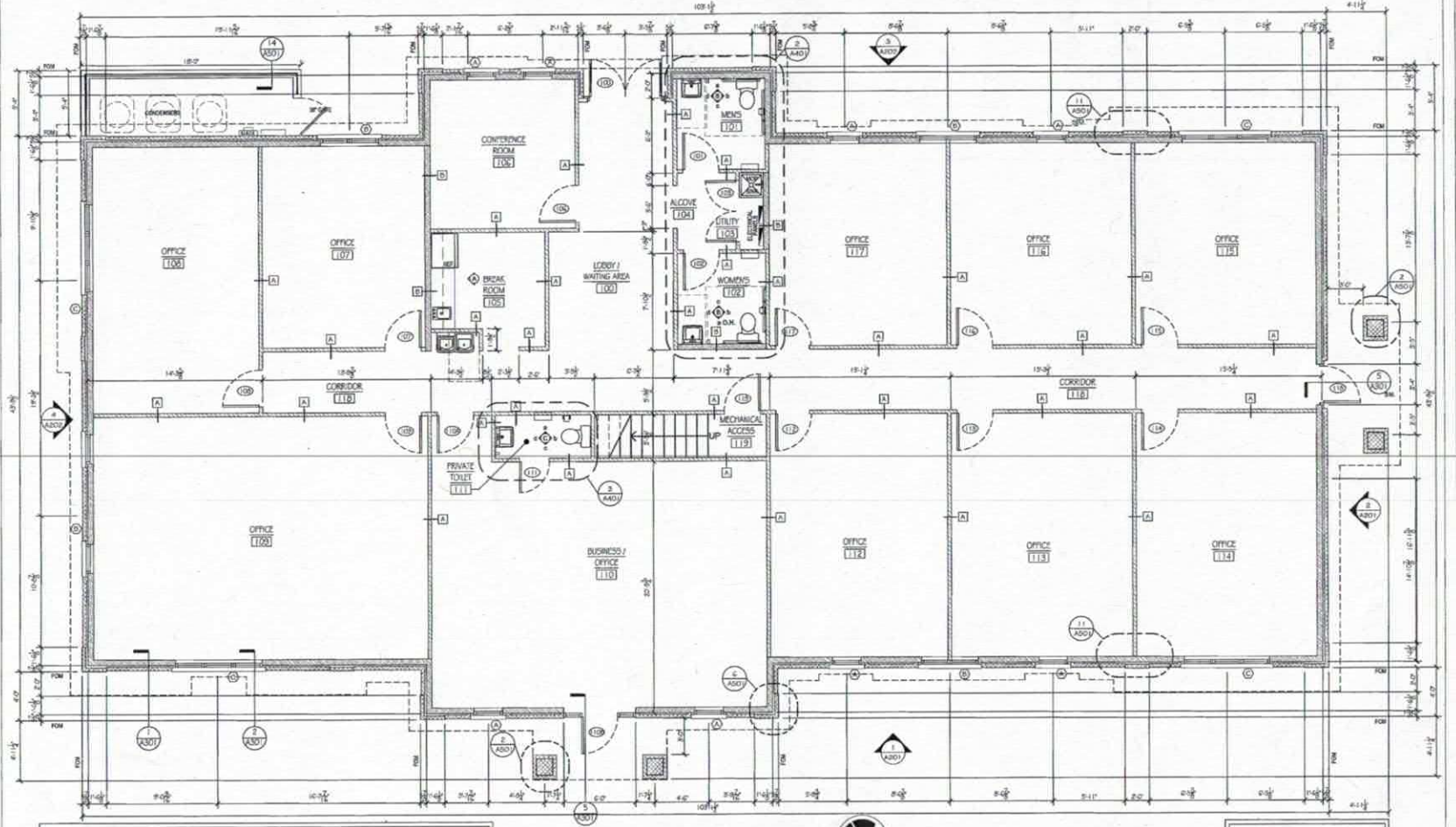
Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.


186\236
ZONED: RA
20' ACCESS EASEMENT
RECORDED DB. 1804 PG. 165
N27°45'46"W
94.78'
R\W
N74°50'30"E
36.69'
(TIE ONLY)
S13°11'10"E
60.00'
N50°09'50"W 131.71'
20' REAR SETBACK
R/W MONUMENT
proposed septic field location 2
LOT 1
0.99 AC.
OLD PROPERTY LINE
18' CORNER SIDE SETBACK
N76°27'27"E
57.71'
L2
1" PIPE
S53°32'12"W
S81 47.02'
2" PIPE
TRASH
(BASE BEARING)
S53°32'12"W
180.94'
8' SIDE SETBACK
23 parking spaces
including 1 handicap
hcp
OFFICE
Lobby
CONF Room
AREA
OFFICE w/ 1/2 BATH
9.0000
Lobby AREA
HAS 2 REST
Rooms
SEATING AREA
AND Utility closet
With sink
N77°06'24"E
194.22'
EDGE OF PAVEMENT
S81°47'24"W
251.93'
182.1844'
CHUCKWOOD RD.
(60' PUBLIC R\W)
FARMS PROP
30' FRONT SETBACK
proposed septic field location 1
R\W
IPS
16.42'
2" PIPE
L1 TOTAL
CURB
28.97'
(CHORD BEARING)
S25°21'06"E
109.96'
IPS
0.33 AC. DEDICATED PUBLIC R\W
C2
Brawley School Rd
Nantucket Corner
scale 1"=40'
Westen Design PLLC
704-578-0624



1 A101 FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

PLAN NORTH

SYMBOLS LEGEND

- 2x6 WOOD STUD WALL
- 2x4 WOOD STUD WALL
- BRICK VENEER WALL
- OBJECT BELOW
- OBJECT ABOVE
- ACCESSORY TAG
- WINDOW TAG
- ROOM NAME / ROOM NUMBER
- ELEVATION MARKER
- BUILDING SECTION MARKER
- WALL SECTION MARKER
- DOOR TAG
- EQUIPMENT TAG
- INTERIOR ELEV. MARKER
- MATERIAL TAG
- WALL TYPE TAG
- DETAIL NUMBER / SHEET NUMBER / SIMILAR TO DETAIL
- DETAIL MARKER
- PLAN DETAIL BUBBLE

PLAN NOTES

1. CONTRACTOR TO ENSURE ALL TRADES RECEIVE A FULL SET OF DRAWINGS FOR PROPER COORDINATION BETWEEN TRADES.
2. SEE SHEET A401 FOR INTERIOR ELEVATIONS.
3. SEE SHEET A501 FOR WALL TYPES.
4. SEE SHEET A601 FOR DOOR, WINDOW, AND FINISH SCHEDULES.
5. DIMENSIONS ARE TO FACE OF STUD & FACE OF BRICK.
6. PROVIDE SOUND DAMPENING INSULATION IN WALLS OF CONFERENCE ROOM, BATHROOMS, OFFICES.
7. CONTRACTOR TO PROVIDE BLOCKING IN WALLS FOR TOILET ACCESSORIES, CABINETRY AND EQUIPMENT AS REQUIRED.
8. CONTRACTOR TO VERIFY OWNER PROVIDED EQUIPMENT PRIOR TO ORDERING.
9. SEE DOOR SCHEDULE FOR GATE DETAIL.
10. ALL DOORS TO BE 6" CORNER U.N.O.

LABELLA
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456 S. MAIN STREET, SUITE 205
DAVIDSON, NC 28036
P: (704) 439-7331
www.labellapc.com

CERT. NO. 10804

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KEY PLAN

William H. Bundy
109 Chuckwood Road
Mooresville, NC 28117

Hatler House

PROJECT NO: 214941

NO.	DATE	DESCRIPTION

REVISIONS:
DRAWN BY:
APPROVED BY:
ISSUED FOR: NOT FOR CONSTRUCTION
DATE: 11.28.14
DRAWING NAME:

FLOOR PLAN

DRAWING NO.: A-101

36"x24" PLOT SHEET

William H. Bundy
1-9-2014