ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 320087

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

PIN # 4638 -- 91 -- 6903

APPLICANT/OWNER: Mary Quinn Hancock | APPLICANT ADDRESS: 315 Wilson Lake Rd Mooresville, NC

SITE ADDRESS: 315 Wilson Lake Rd Mooresville, NC 28117 | PHONE: 704747-6186 | ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TR by Lakeshore School TL Wilson Lake on left

SUBDIVISION: L&T | SECTION: 11 | LOT # 14 | LOT AREA: .75Ac | SAP CONTROLLED: N/A ☐ YES ☐ NO

DESIGN FLOW: 360 gpd | L.T.A.R.:

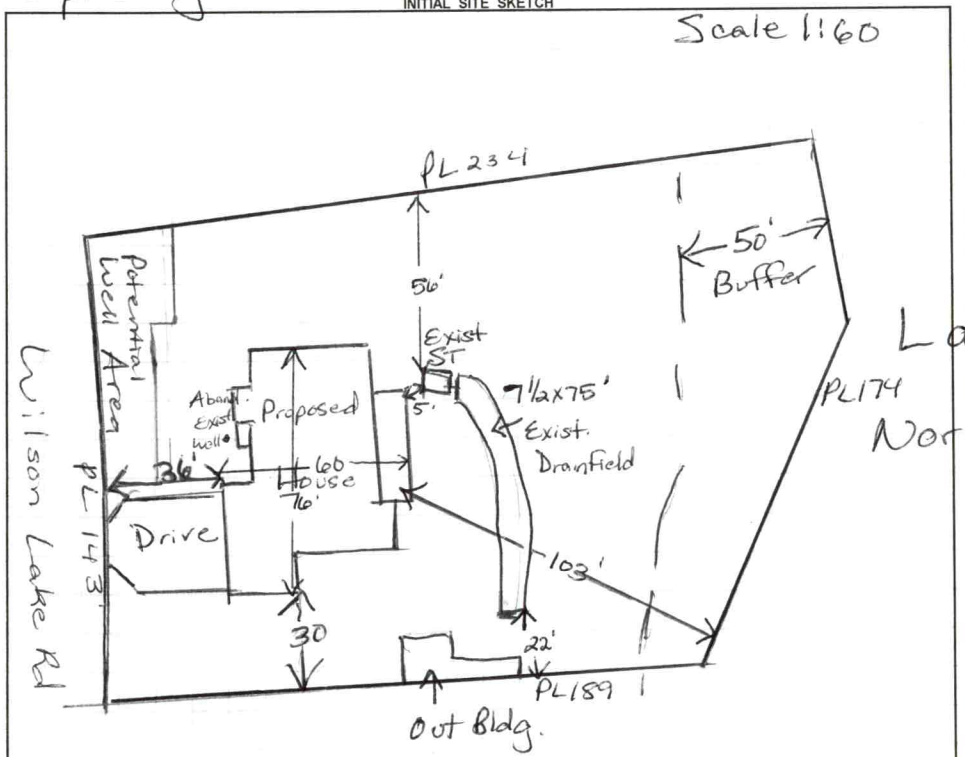
Septic Tank	Exist (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	Existing Gravity (Gravel) Conventional			☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:	Exempt Recorded in 1967			☐ Other	No. Employees
# Nitrification Fields	# Lines		Linear Ft:	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	Trench Bottom Depth(Low side) Existing			Gravel Depth	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Existing well abandoned 5/4/22 No Vehicular or Construction traffic over existing Septic System.

Must keep new house a minimum of 5ft from Existing Septic System. Foundation drains 10ft. Existing Septic System "appears" to be functioning ok at time of inspection. However due to age of ST. the Structural integrity should be looked at.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

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: Mary Quinn Hancock Date: 5/9/2022 Installed by: Septic System installed 1967

MENT PERMIT by: Date: OPERATION PERMIT by: Date:

N TO CONSTRUCT by: Maria Dotson Date: 5/6/22 Existing System Inspected by: Maria Dotson Date: 5/6/22

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

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

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

RECEIVED JUL 30 2021

House. built 1975

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-320087 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Mary Quinn Harrell Address: 315 Wilson Lake Rd. Zip: 28117
Applicant Email: FANCYQUINN@bellsouth.net Phone: Cell Alt. Phone: 704-747-6186
Owner Name: Mary Quinn Harrell Address: 315 Wilson Lake Rd. Zip: 28117
Owner Email: FANCYQUINN@bellsouth.net Phone: Alt. Phone: 704-747-6186

Property Information:

Street Address: 315 Wilson Lake Rd.

Subdivision Name: Crescent Land Section/Phase: 511 Lot Number: 14

Driving Directions: off 150 to Perch Rd, then Wilson Lake Rd

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: (✓) Replacement Well – Reason: New Building
( ) 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: Mary Quinn Harrell 7-14-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

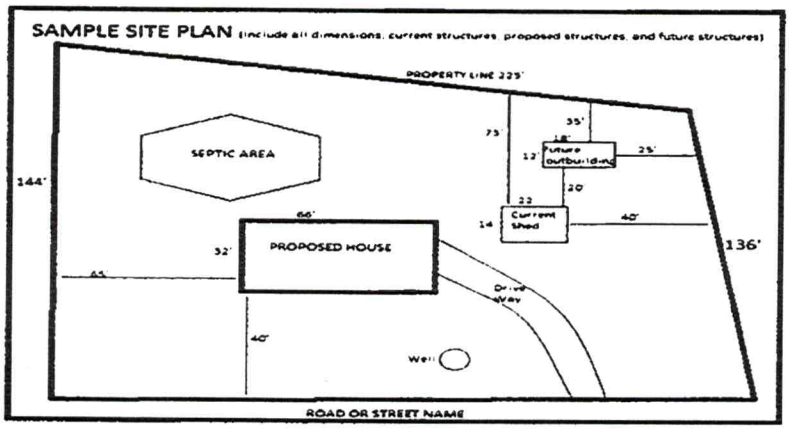
- X **Property Line measurements are clearly identified...**
- X **All proposed structures are indicated...**

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

- X **Front and side setbacks from property line...**
- X **Area you prefer your septic system to be placed...**
- X **Preferred driveway location and configuration, preferred well location...**
- X **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

See Attached

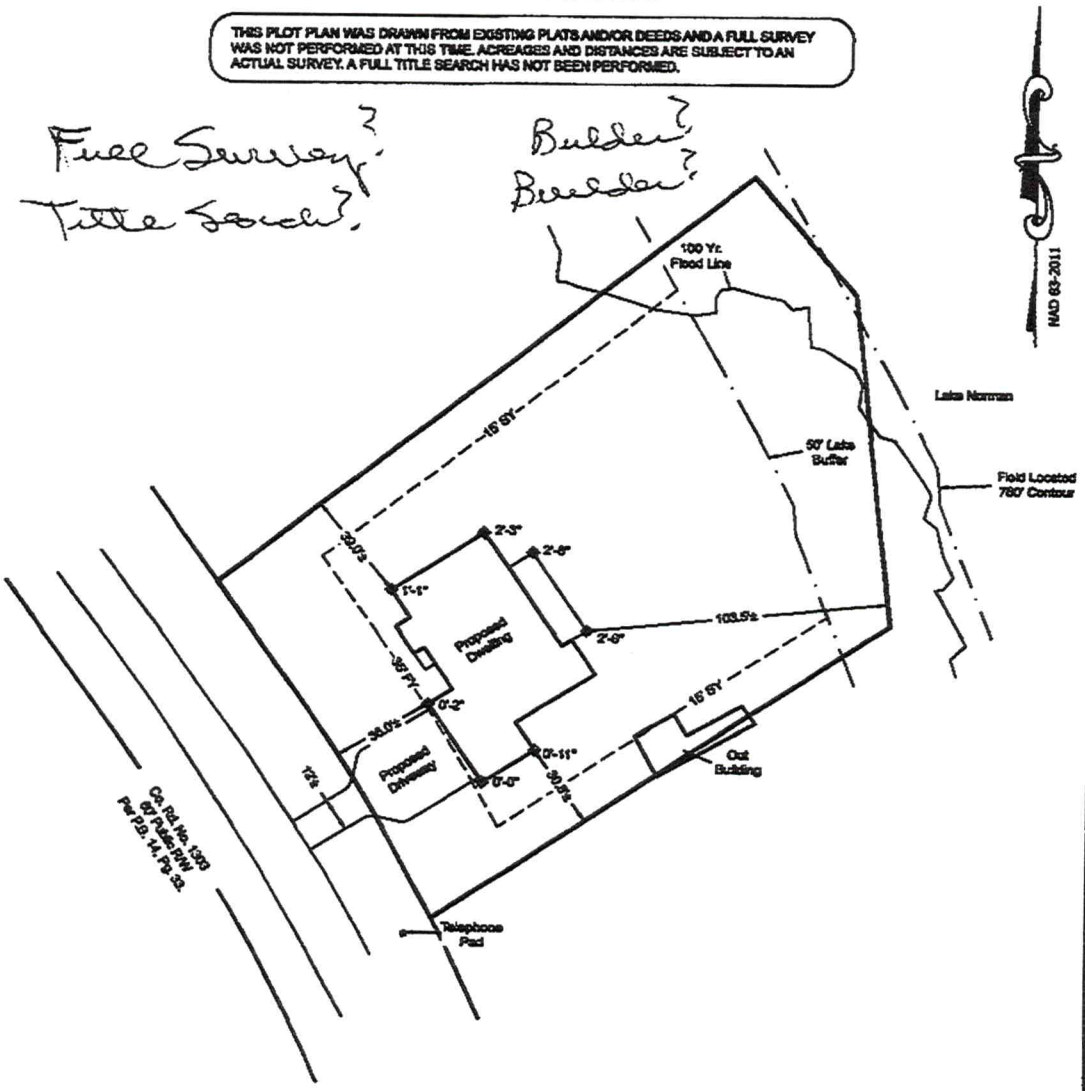
Signature: Mary Quinn Hancock 7-29-2021

PRELIMINARY FOR REVIEW ONLY
* NOT AN ACTUAL SURVEY *

THIS PLOT PLAN WAS DRAWN FROM EXISTING PLATS AND/OR DEEDS AND A FULL SURVEY WAS NOT PERFORMED AT THIS TIME. ACREAGES AND DISTANCES ARE SUBJECT TO AN ACTUAL SURVEY. A FULL TITLE SEARCH HAS NOT BEEN PERFORMED.

Full Survey?
Title Search?

Builder?
Builder?



REFERENCE:

BEING ALL LOT NO. 14 - CRESCENT LAND AND TIMBER CORP., SECTION 11 - AS RECORDED IN P.B. 14, PG. 33.- IREDELL COUNTY REGISTRY.

PROPERTY IS SUBJECT TO ANY AND ALL ZONING AND PLANNING ORDINANCES, EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD.

SETBACKS:

PROPERTY CURRENTLY CURRENTLY ZONED: RR (IREDELL COUNTY)

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), 35' REAR YARD (RY) AS PER IREDELL COUNTY ZONING ORDINANCE.

PROPERTY SUBJECT TO 50' LAKE BUFFER.

PROPERTY LIES WITHIN WATERSHED OF "WS-IV CA" CATAWBA RIVER/ LAKE NORMAN.

APPROXIMATE STRUCTURAL/IMPERVIOUS COVERAGE:

TOTAL PROPERTY AREA: 33,189 SF, 0.761 AC.
PROPOSED DWELLING AREA: 3,458 SF, 0.080 AC.
PROPOSED SIDEWALK/ DRIVEWAY AREA: 1,055 SF, 0.024 AC.
EXISTING OUTBUILDING AREA(IN LOT): 362 SF, 0.008 AC
APPROXIMATE STRUCTURAL COVERAGE: 3,820 SF, 0.088 AC, 11.60%.
APPROXIMATE IMPERVIOUS COVERAGE: 4,906 SF, 0.113 AC, 14.78%.

THE SUBJECT PROPERTY IS IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 3710463800J EFFECTIVE DATE 03/18/2009.

0 40 80 120

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGH OF WAY
P.B.	PLAT BOOK
D.B.	DEED BOOK
PG.	PAGE

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
Matt.Grant@jordan-grant.com (704) 928-7919
FIRM # P-1227

Plot Plan For:

Hancock

DRAWN BY: IDV	CHECKED BY: JME	SCALE: 1" = 40'
PIN NO: 4638-91-6903		
DEED REF: 693-172		
DATE OF MAP: 07-02-21	SURVEY DATE: 07-01-21	
REVISION:	DRAWING FILE: 20210648_07-02-21	

315 Wilson Lake Rd., Mooresville, NC 28117
Mooresville Twsp - Iredell County - North Carolina

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)* Mary Quinn Hancock

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, Mary Quinn Hancock, am the legal owner(s) of the property located at 315 Wilson Lake Rd, _____, identified as

PIN (Parcel Identification Number) 4638-91-6993, 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.

Mary Quinn Hancock
Signature of Owner(s)

7-14-2021
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 · NC

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

APPLICATION NUMBER
320087 Issue Date: 07/29/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638916903.000	315 WILSON LAKE RD	Iredell County

Owner Information	Applicant Information
Name: HANCOCK MARY G	Name: HANCOCK MARY G
Address:	Address:
,	,
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
SFD EXISTING HSE MUST BE DEMOED BEFORE BLDG PERMIT ISSUED Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any 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.

Date: 07/29/2021

Signature of Owner/Contractor

Permit Number	320087	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Central Permitting

Residential Zoning Permit Application

What are you building? (Please check)

Stick built✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)✓ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
Home to be Removed Before Building Starts

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Mary Quinn Hancock Phone # 704-747-6186

Owner's Current Address 101 Classic Ct. Mt Holly, NC 28120

Property Information

Property Address 315 Wilson Lake Rd. Parcel # 4638-91-6993

Subdivision: Crescent Land Lot: 14 Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township:___

Directions to property (from a MAIN ROAD) Hwy 150 - to Porter Rd, To Wilson Lake Rd.

Application Information

Applicant's Name or Company Mary Quinn Hancock Applicant's Phone # 704-747-6186

Applicant's Address 101 Classic Ct. Mt. Holly NC 28120

If Company, Representative's Name and Title _____

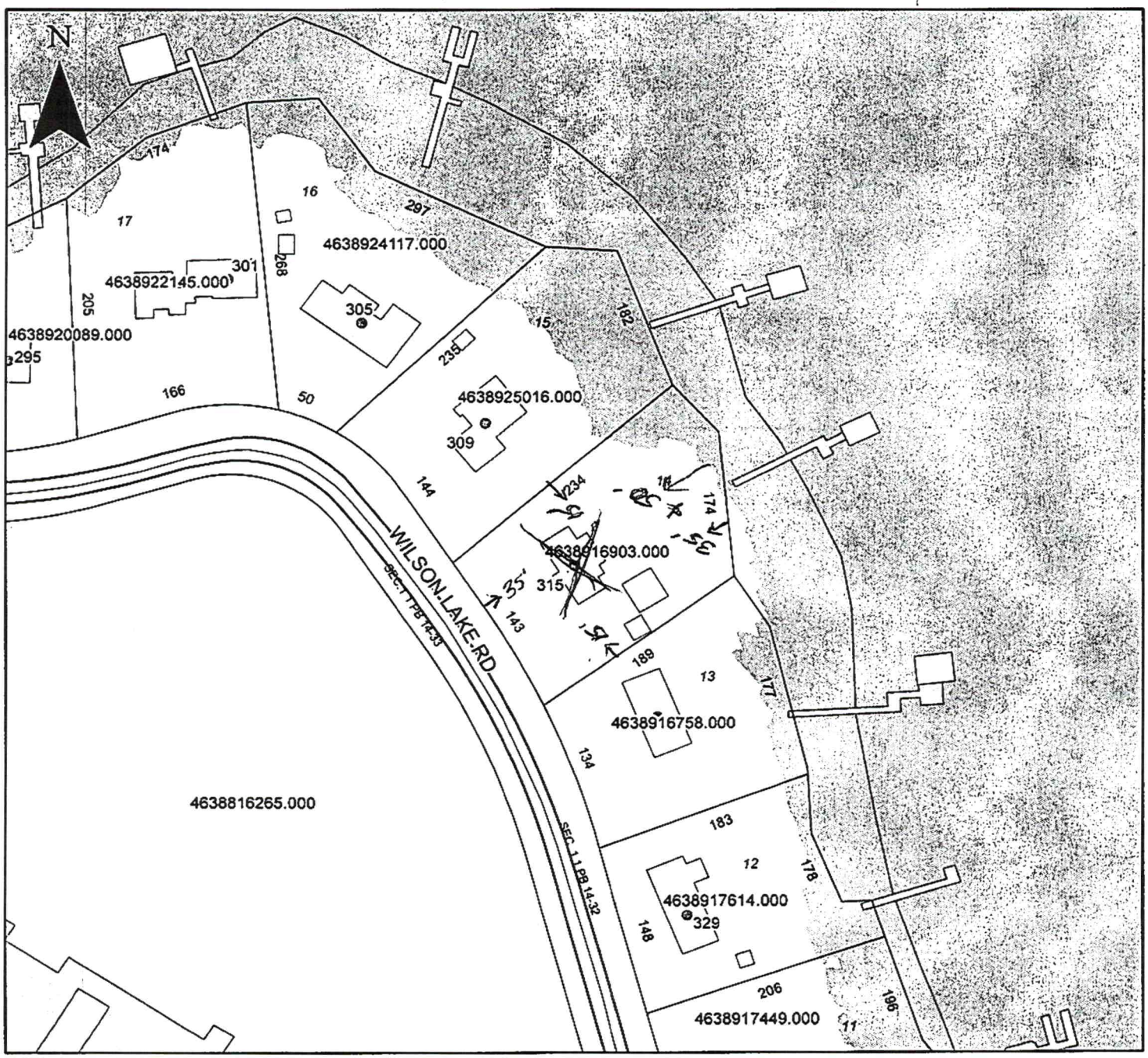
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Mary Quinn Hancock DATE 7-23-2021

320001

KK
WS IV 'CA' C/LN
FL-Y

ZONING DISCLAIMER



Property Address 315 Wilson Lake Rd

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

Mary Quinn Hargrove
Applicant

9-29-2021
Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320087
Issue Date: 07/29/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638916903.000	315 WILSON LAKE RD 704.747.6186	Iredell County

Owner Information	Applicant Information
Name: HANCOCK MARY G	Name: HANCOCK MARY G
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

SFD EXISTING HSE MUST BE DEMOED BEFORE BLDG PERMIT ISSUED

Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any 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.

Date: 07/29/2021

Signature of Owner/Contractor

Permit Number	320087	TOTAL FEES:	$77.25

E-MAILED to EH 7-29-2021

E-MAILED
CC

4638916903

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 15C)

OWNER OR CONTRACTOR Thomas Barkley DATE 5-11-94 PERMIT NO. _____

PHONE: Business _____ Home 733-5927

LOCATION 150 West TR on 1703 TR before Linker Follow R2 1mi on left S. R. No. _____

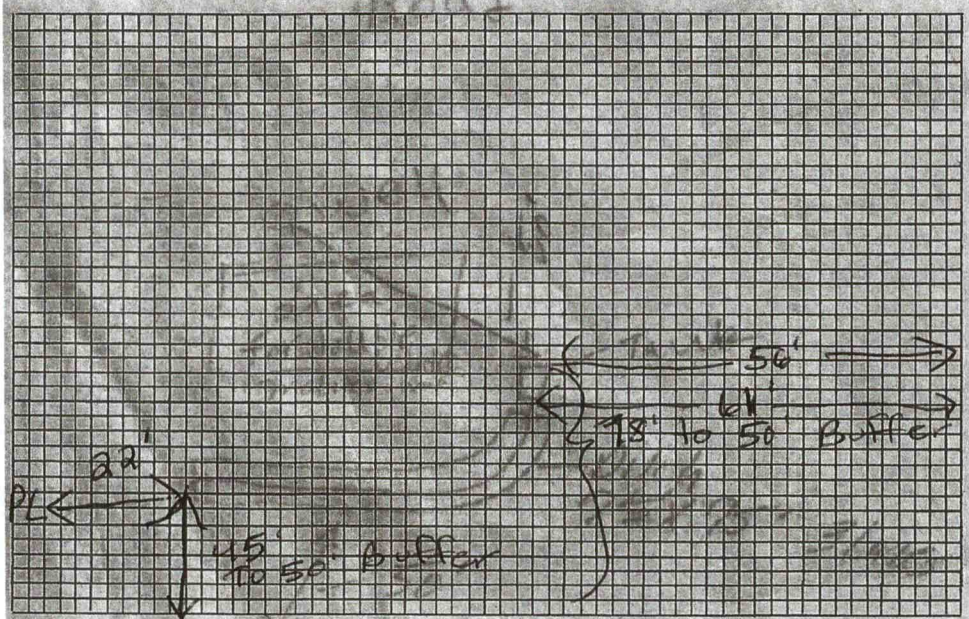
SUBDIVISION NAME Lake Norman LOT NO. 14 SECTION OR BLOCK NO. A

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Existing
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	System
			Rock or other impervious formations	

Lot Area 5 acres Road



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 525 Linear Ft. 75

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by ?

Existing System Installed 1977

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System was working at time of this inspection.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 9-15-94

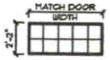
CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

FINAL DRAWINGS APPROVED: 00-00-21
REVISED: 00-00-00



CUSTOM TRANSOM
@ BEDROOM #2



CUSTOM TRANSOM
@ FRONT DOOR

CHARLESTON AMERICAN TRADITION / CUSTOM
FRONT ELEVATION
9' CEILING HEIGHT



CHARLESTON AMERICAN TRADITION / CUSTOM
REAR ELEVATION
9' CEILING HEIGHT

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

CUSTOM BUILT FOR: MARY GLENN HANCOCK
JOB #: CH #78 GS1 0188 | DN #: 37527 | VR #: NA 314
LOCATION: 318 WILSON LAKE ROAD, MOORESVILLE, NC, 28117, IREDELL COUNTY

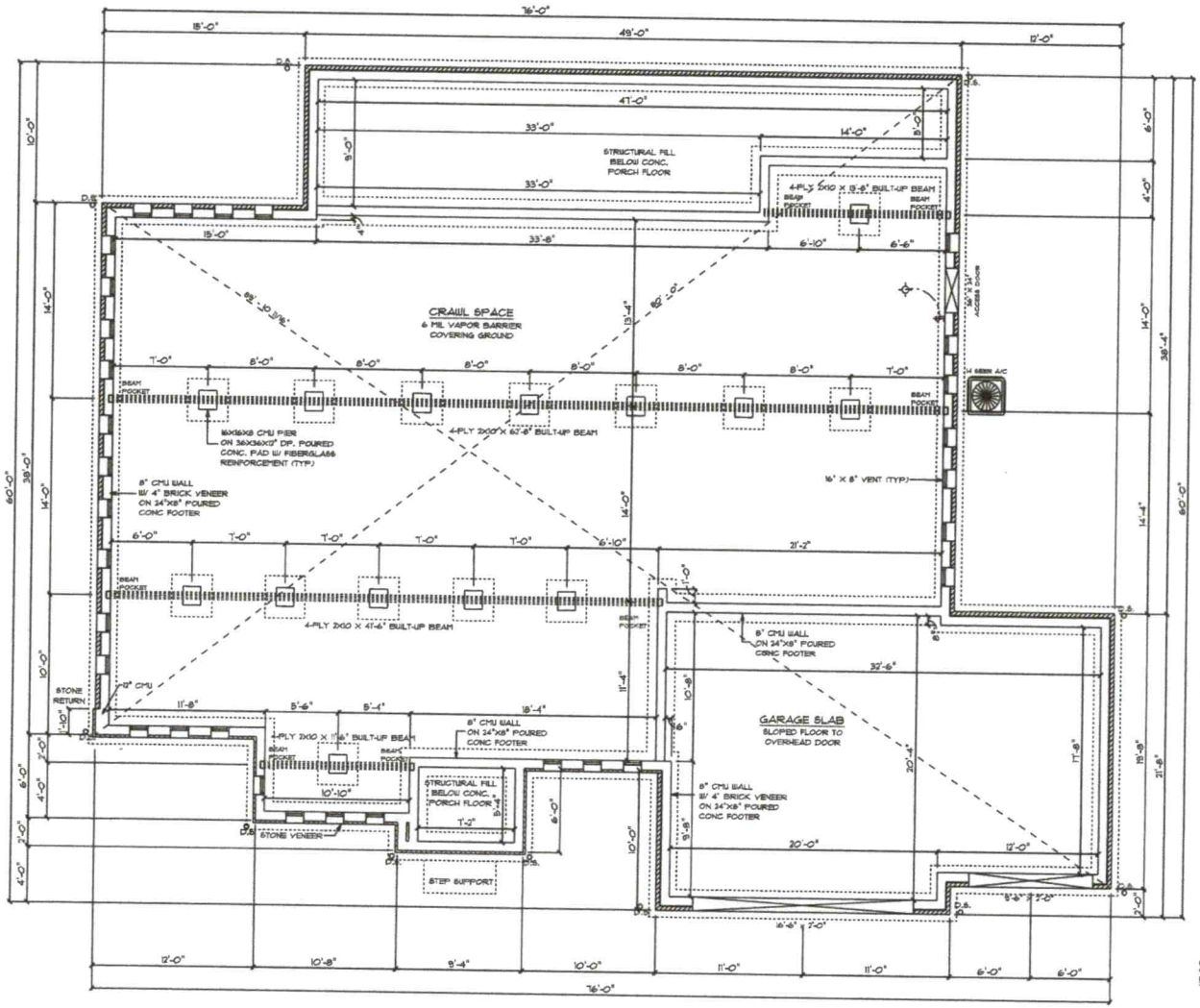
SQUARE FOOTAGES:
MAIN FLOOR = 2401 SQFT
GARAGE = 700 SQFT
BONUS ROOM = 340 SQFT
PORCHES = 420 SQFT

DRAWN BY: DMS | DATE: 10/13/2021 | SCALE: 1/8" = 1'-0" | SHEET: 1

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NORTH CAROLINA PROFESSIONAL SEAL 38583 ENGINEER JOHN C. DARDEN, III 10-22-21

FINAL DRAWINGS APPROVED: 00-00-21
REVISED: 00-00-00



FOUNDATION NOTES:

1. BRICK VENEER ALL EXPOSED FOUNDATION
2. BOTTOM OF PIER PADS ELEVATION SHALL BE 2' BELOW BOTTOM OF CONT. FOOTER ELEVATION.
3. CONCRETE & MASONRY FOUNDATION WALLS SHALL EXTEND ABOVE FINISHED GRADE ADJACENT TO THE FOUNDATION A MIN. OF 4" WHERE MASONRY VENEER IS USED AND 6" MIN. ELSEWHERE.
4. ALL SILLS, PLATES, OR BAND JOISTS THAT REST ON OR IN CONTACT WITH CONCRETE OR MASONRY EXTERIOR WALLS SHALL REQUIRE THE USE OF PRESSURE PRESERVATIVE TREATMENT.

PIERS:

1. THE UNSUPPORTED HEIGHT OF MASONRY PIERS SHALL NOT EXCEED 10 TIMES THEIR LEAST DIMENSION. WHEN HOLLOW CONCRETE MASONRY UNITS ARE USED FOR ISOLATED PIERS TO SUPPORT BEAMS AND GIRDERS, THE CELLULAR SPACES SHALL BE FILLED SOLIDLY WITH CONCRETE.

CRAWL SPACE VENT CALCULATIONS:

TOTAL VENTED AREA: 2401
8"X16" VENT = 128 SQ IN = 0.89 SQFT
ASSUMED NET FREE AREA = 0.53 SQFT
TOTAL SQFT VENTILATION NEEDED 2401 /150 = 16.00
16.00 /0.53 = 31 TOTAL VENTS

GENERAL ELECTRICAL NOTES:

- GFI'S REQUIRED IN CRAWL SPACE @ ACCESS PANEL AND @ AIR HANDLER/FURNACE
- LIGHTS TO BE WITHIN 6' OF ACCESS PANEL AND @ AIR HANDLER/FURNACE
- WIRE AIR HANDLER/FURNACE
- ELECTRICAL PANEL TO BE GROUNDED TO THE OUTSIDE

COORDINATE ALL UTILITY LOCATIONS WITH THEIR RESPECTIVE TRADES PRIOR TO COMMENCING ANY INSTALLATION WORK

CHARLESTON AMERICAN TRADITION / CUSTOM
FOUNDATION PLAN

NORTH CAROLINA PROFESSIONAL SEAL 38583 ENGINEER JOHN C. DARDEN, III
10-22-21

DRAWN BY: DMB
DATE: 10/13/2021
SCALE: 1/8" = 1'-0"
SHEET 3

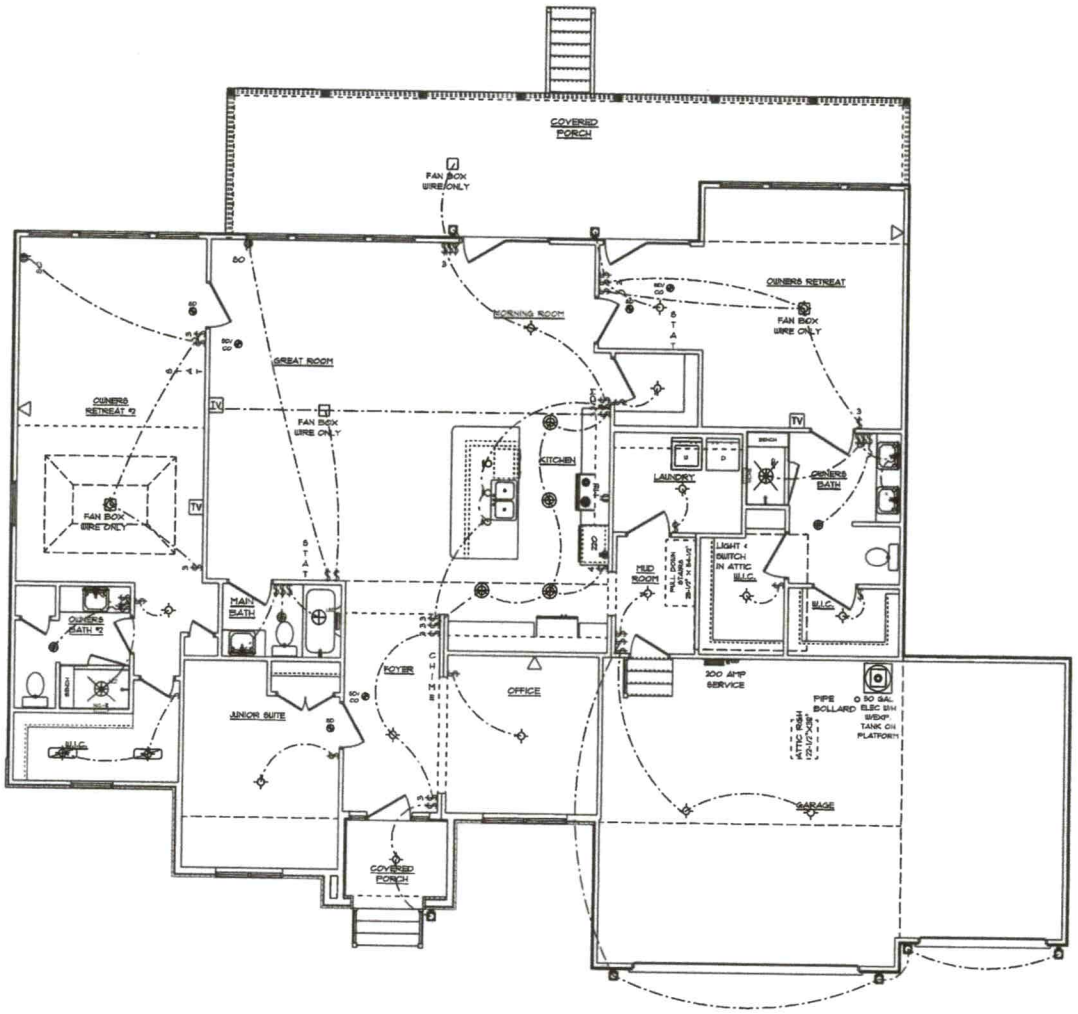
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SQUARE FOOTAGES:
MAIN FLOOR = 2401 SQFT
GARAGE = 1,104 SQFT
PORCHES = 440 SQFT

CLIENT(S) BUILT FOR: MARY GINN HANCOCK
JOB #: CH 673 021 0939
CH # 37203
Lot # 144 394
LOCATION: 319 WILSON LAKE ROAD
TROUTMAN, NC, 28171
IREDELL COUNTY

Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 261-3482
www.schumacherhomes.com
SCHUMACHER HOMES

FINAL DRAWINGS APPROVED: 00-00-21
REVISED: 00-00-00



GENERAL ELECTRICAL NOTES:

- (1) EXISTING SWITCH UPGRADED TO A 3-WAY SWITCH, (1) ADDITIONAL 3-WAY SWITCH AND (1) COACH LIGHT WIRED TO A STANDARD SWITCH ARE INCLUDED WHEN A GARAGE SERVICE DOOR IS PURCHASED
- (1) COACH LIGHT, (1) SWITCH, AND (1) GFI OUTLET ARE INCLUDED WHEN ANY ADDITIONAL DOOR IS PURCHASED, EXCLUDING THE GARAGE SERVICE DOOR
- ALL SMOKE DETECTORS TO BE INTERCONNECTED WITH BATTERY BACKUP
- E2602.11 ARC-FAULT CIRCUIT-INTERRUPTER PROTECTION ALL BRANCH CIRCUITS THAT SUPPLY 120-VOLT, SINGLE-PHASE, 15- AND 20-AMPERE OUTLETS INSTALLED IN FAMILY ROOMS, DINING ROOMS, LIVING ROOMS, PARLORS, LIBRARIES, DENS, BEDROOMS, SUNROOMS, RECREATION ROOMS, CLOSETS, HALLWAYS AND SIMILAR ROOMS OR AREAS SHALL BE PROTECTED BY A COMBINATION TYPE ARC-FAULT CIRCUIT INTERRUPTER INSTALLED TO PROVIDE PROTECTION OF THE BRANCH CIRCUIT.
- GARAGE DOOR LOW VOLTAGE WIRING BY ELECTRICIAN
- TWO SEPARATE KITCHEN GENERAL ELECTRIC OUTLET CIRCUITS FED BY NUMBER 12 WIRE AND ON 20 AMP BREAKERS REQUIRED IN KITCHEN
- ALL OUTLETS INSTALLED IN BATHROOMS, GARAGES, & UNFINISHED BASEMENTS SHALL HAVE GFCI PROTECTIONS ALONG WITH OUTLETS LOCATED WITH 6'-0" OF LAUNDRY, UTILITY & WET BAR SINKS & ALL OUTLETS SERVING KITCHEN COUNTERTOP SURFACES
- ALL OUTLETS TO BE PLACED PER CODE
- MOUNTING HEIGHTS
  - VANITY LIGHTS: 80" AFF
  - WALL SCONCES: 66" AFF
  - PENDANT LIGHTS: 66" AFF
  - CHANDELIERS (TO BTM OF FIXTURE)
    - FOYER 9' CEILING: 84"
    - FOYER OVER 9' CLG: 90"
    - DINING ROOM: 60"

FIELD LOCATE (4) RECESSED LIGHTS

CHARLESTON AMERICAN TRADITION / CUSTOM

MAIN FLOOR PLAN
9' CEILING HEIGHT
ELECTRICAL PLAN

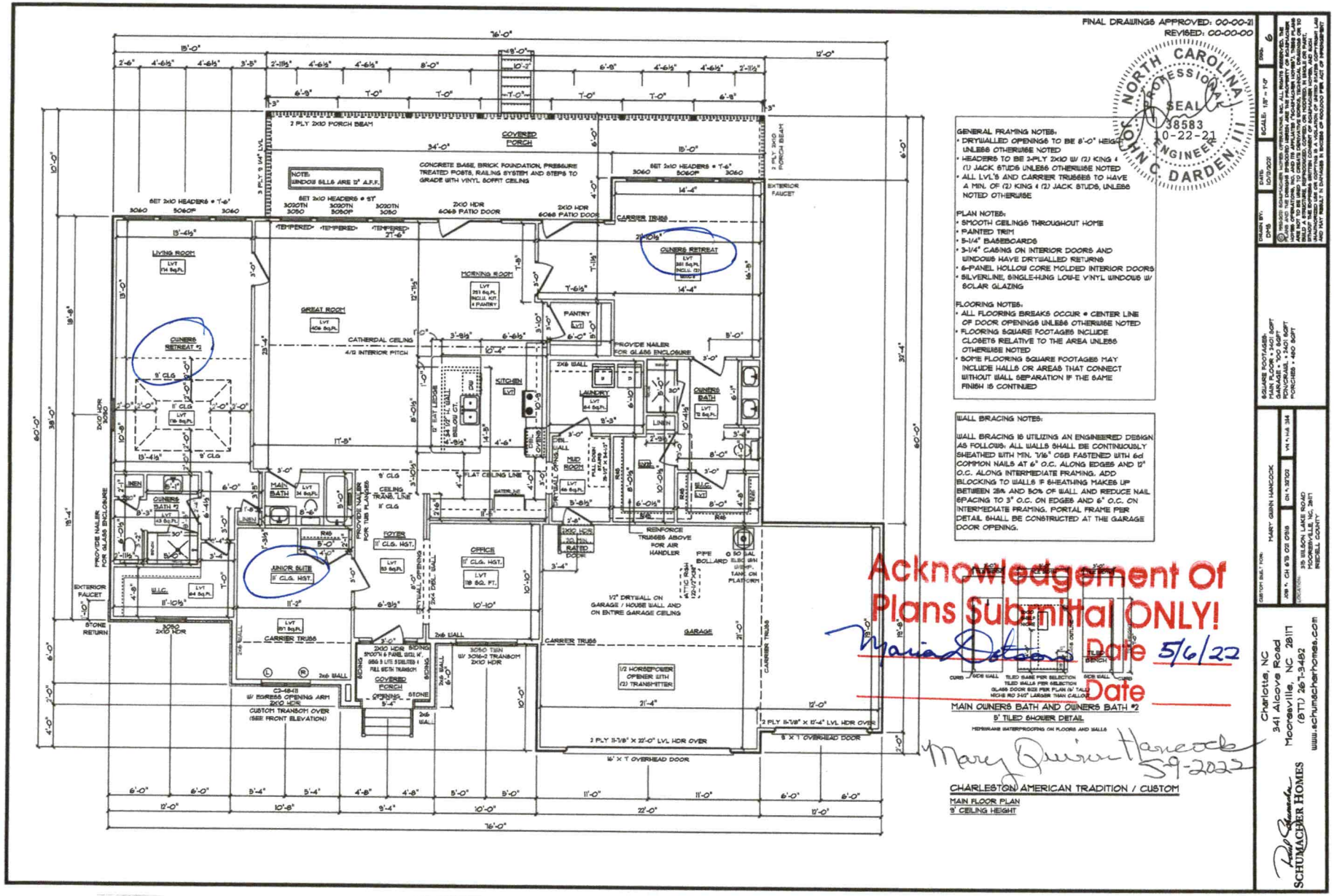
DRAWN BY: DMB | DATE: 10/13/2021 | SCALE: 1/8" = 1'-0" | SHEET: 1

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SQUARE FOOTAGES:
MAIN FLOOR = 2401 SQFT
GARAGE = 500 SQFT
PORCHES = 460 SQFT

CUSTOM BUILT FOR: MARY GLENN HANCOCK
JOB #: CH 673 021 0938 | CH = 37001 | 1 of 1 Pg 384
LOCATION: 319 WILSON LAKE ROAD MOORESVILLE, NC, 28117 IREDELL COUNTY

Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 261-3482
www.schumacherhomes.com
SCHUMACHER HOMES


FINAL DRAWINGS APPROVED: 00-00-21
REVISED: 00-00-00
NORTH CAROLINA PROFESSIONAL SEAL 38583 ENGINEER JOHN C. DARDEN III 10-22-21
GENERAL FRAMING NOTES:
• DRYWALLED OPENINGS TO BE 8'-0" HEIGHT UNLESS OTHERWISE NOTED
• HEADERS TO BE 2-PLY 2X10 W/ (1) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
• ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE
PLAN NOTES:
• SMOOTH CEILINGS THROUGHOUT HOME
• PAINTED TRIM
• 5-1/4" BASEBOARDS
• 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
• 6-PANEL HOLLOW CORE MOLDED INTERIOR DOORS
• SILVERLINE, SINGLE-HUNG LOW-E VINYL WINDOWS W/ SOLAR GLAZING
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
WALL BRACING NOTES:
WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.
Acknowledgement Of Plans Submittal ONLY!
Maria Dotson Date 5/6/22
Date
MAIN OWNERS BATH AND OWNERS BATH #2
5' TILED SHOWER DETAIL
Mary Quinn Hancock 5-9-2022
CHARLESTON AMERICAN TRADITION / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT
SQUARE FOOTAGES:
MAIN FLOOR = 3401 SQFT
GARAGE = 700 SQFT
BONUS = 1,700 SQFT
PORCHES = 480 SQFT
DRAWN BY: DMB
DATE: 07/07/2021
SCALE: 1/8" = 1'-0"
SHEET 6
CUSTOM BUILT FOR: MARY QUINN HANCOCK
JOB #: CH 619 021 0918
DN #: 18703
PH #: 1-4-344
LOCATION: 315 WILSON LAKE ROAD MOORESVILLE NC, 28117 IREDELL COUNTY
SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
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