# CHD–ENVIRONMENTAL HEALTH DIVISION KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 243159

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

PIN # 4639200460

APPLICANT/OWNER: Jeffery Williams | APPLICANT ADDRESS: 5220 Chapel Chase Ln Huntersville NC 28078

SITE ADDRESS: 108 Periwinkle Rd Mooresville NC 28117 | PHONE: 704-533-4276 | ALT. PHONE 704-405-6776

SITE DIRECTIONS: NC 115 N to L on Connector Rd, Straight on Cornelius, Ron Jubas Rd, Ron Perth, Lon Fern Hill, Ron Periwinkle, Lot on R | SAP CONTROLLED: ☒ YES ☐ NO

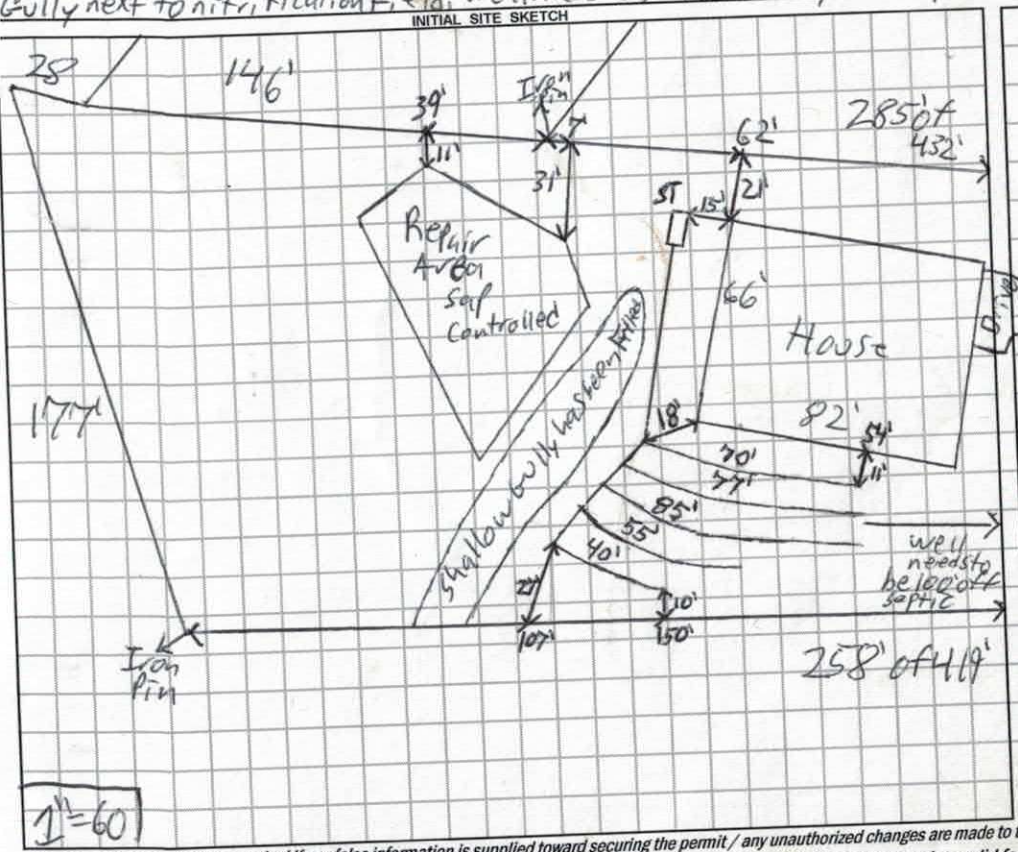
SUBDIVISION: Lakewood Crossings | SECTION: 1 | LOT # 12 | LOT AREA: 1.47 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: .275

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | Infiltrator | Date | Infiltrator | ☒ 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: | LPP PBPS | | | |
| # Nitrification Fields | 1 | | # Lines | 5 | Linear Ft | 327' | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36" | | Trench Bottom Depth(Low side) | | 36" | Gravel Depth | | ☒ GRAVITY | ☐ PRESSURE | | |

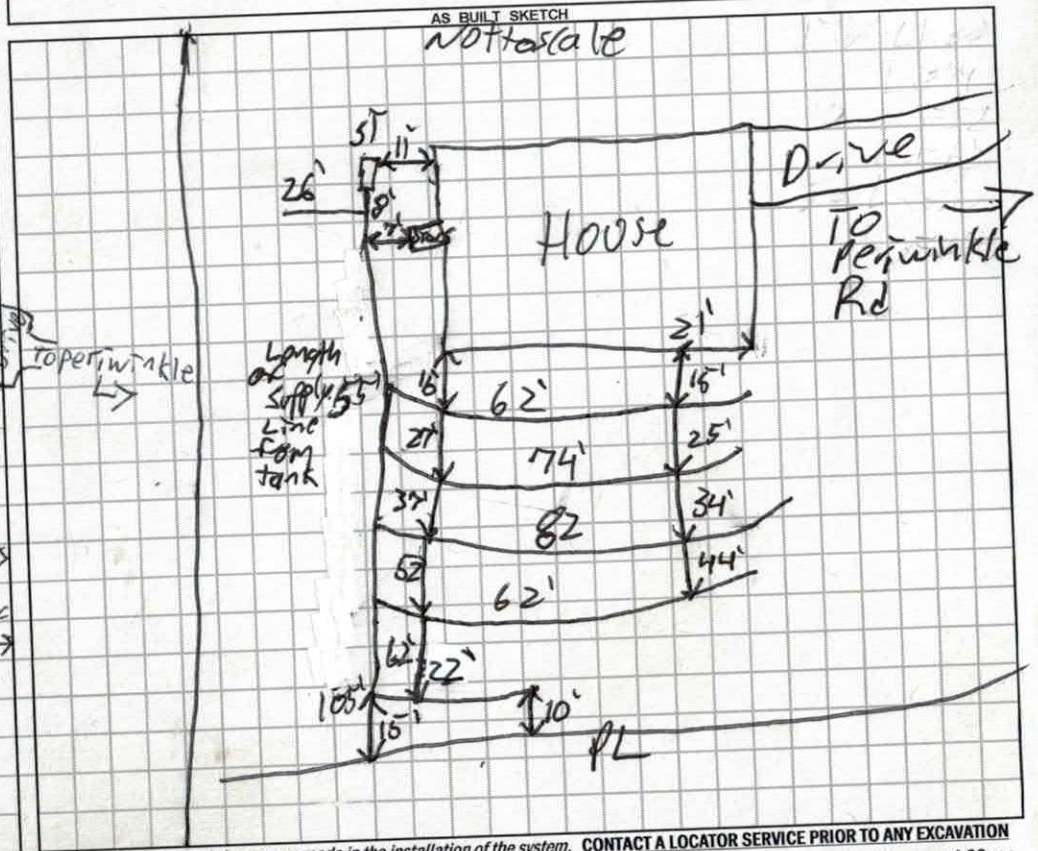
| | | | |
|---|---|---|---|
| ☒ Residence | No. Bedrooms | 3 | Water Supply |
| ☐ Business | No. Persons | 6 | ☒ Private |
| ☐ Other | No. Employees | | ☐ Public |
| ☐ Slab | ☒ Crawl Space | | ☐ Community |
| ☐ Basement w/ plumbing | ☐ Basement w/o plumbing | | |

Comments / Conditions: Any Foundation drains must be directed away from system and out front side of House, Install lines on Contour, Fill shallow Gully next to nitrification Field, well needs to be 100' of any Part of septic system, If any fill has drained onto system it needs to be removed, Do Not Drive on, place material or manipulate septic area in any way

INITIAL SITE SKETCH




AS BUILT SKETCH




*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: 11/19/19 Installed by: Bass Grading

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 11/18/19 OPERATION PERMIT by: Patrick J Bagley III Date: 12/6/19

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 11/18/19 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.**

EPARTMENT OF HEALTH AND HUMAN SERVICES
VISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4639200460
COUNTY: Iredell

**SOIL/SITE EVALUATION**
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

WNER: Jeffery and Amanda Williams — APPLICATION DATE 3/20/19
DDRESS: 5220 Chapel Chase Ln Huntersville NC 28078 — DATE EVALUATED: 04/17/19
ROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 1.47 acres
OCATION OF SITE: 108 Periwinkle — PROPERTY RECORDED: yes

VATER 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 | SS 12% | 0-12 | SCL WSBK | Fr SS SP SAP | — | 47" | sandy sap starting at 47" | Some rocks scattered throughout | PS .275 |
| | | 12-34 | C SBK | Fr SS SP SAP | | | | | |
| | | 34-47 | CL SBK | Fr SS SP SAP | | | | | |
| | | 47-60 | sandy sap Mass | VFr | | | | | |
| 2 | SS 12% | 0-16 | SCL WSBK | Fr SS SP SAP | — | 38" | sandy sap starting at 38" Parent material scattered throughout | Rocks are scattered through out | PS .25 |
| | | 16-24 | C SBK/ABK | Fr SS SP SAP | | | | | |
| | | 24-38 | CL ABK | Fr SS SP SAP | | | | | |
| | | 38-60 | sandy sap Mass | Fr | | | | | |
| 3 | SS 27% | 0-8 | SCL WSBK | Fr SS SP SAP | — | 27' | Loamy sap starting at 27" | — | PS .3 |
| | | 8-14 | C SBK | Fr SS SP SAP | | | | | |
| | | 14-27 | CL SBK | Fr SS SP SAP | | | | | |
| | | 27-72 | Loamy sap Mass | Fr | | | | | |
| 4 | SS 27% | 0-9 | SCL SBK | Fr SS SP SAP | — | 36" | sandy sap starting at 36" | — | PS .275 |
| | | 9-20 | C SBK/ABK | Fr SS SP SAP | | | | | |
| | | 20-36 | CL ABK | Fr SS SP SAP | | | | | |
| | | 36-64 | Sandy sap Mass | VFr | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 327' | 240' |
| System Type(s) | 25% Red | 50% Red |
| Site LTAR | .275 | .25 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS:

# APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

## Iredell County Health Department – Environmental Health Division

#243159
11.19.19
$320.00

PAGE 1: *APPLICATION FORM*

Int. Relayout

**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:** JEFFREY WILLIAMS **Address:** 108 PERIWINKLE LN **Zip:** 28117
**Applicant Email:** JKW7626@YAHOO.COM **Phone:** 704.533.4276 **Alt. Phone:**
**Owner Name:** JEFFREY WILLIAMS **Address:** 108 PERIWINKLE LN. **Zip:** 28117
**Owner Email:** JKW7626@YAHOO.COM **Phone:** 7045334276 **Alt. Phone:**

**Property Information:**

**Street Address:** 108 Periwinkle lane Mooresville NC 28117
**Subdivision Name:** **Section/Phase:** **Lot Number:**
**Driving Directions:** Perth Rd to (L) on Fern Hill (R) onto Periwinkle Ln to 108.

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

(X) 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
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

**CHECK FOUNDATION TYPE**
(X) 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:
(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:
(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:** _____ 11/19/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY HEALTH DEPARTMENT

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

APPLICANT/OWNER: Jeffery Williams | APPLICANT ADDRESS: 5220 Chapel Chase Ln Huntersville NC 28078 | PHONE: 704-533-4276 | ALT. PHONE 704-450-6776

SITE ADDRESS: 108 Periwinkle Rd Mooresville, NC 28117 | SAP CONTROLLED: [X] YES [ ] NO Periwinkle

SITE DIRECTIONS: NC 115 N to Lon Connector Rd, straight on Cornelius, Ron Judas Rd, Ron Perth Lon Fern Hill, Ro | DESIGN FLOW: 360 GPD | L.T.A.R.: .275

SUBDIVISION: Lakewood Crossings | SECTION: 1 | LOT # 17 | LOT AREA: 1.47 acres

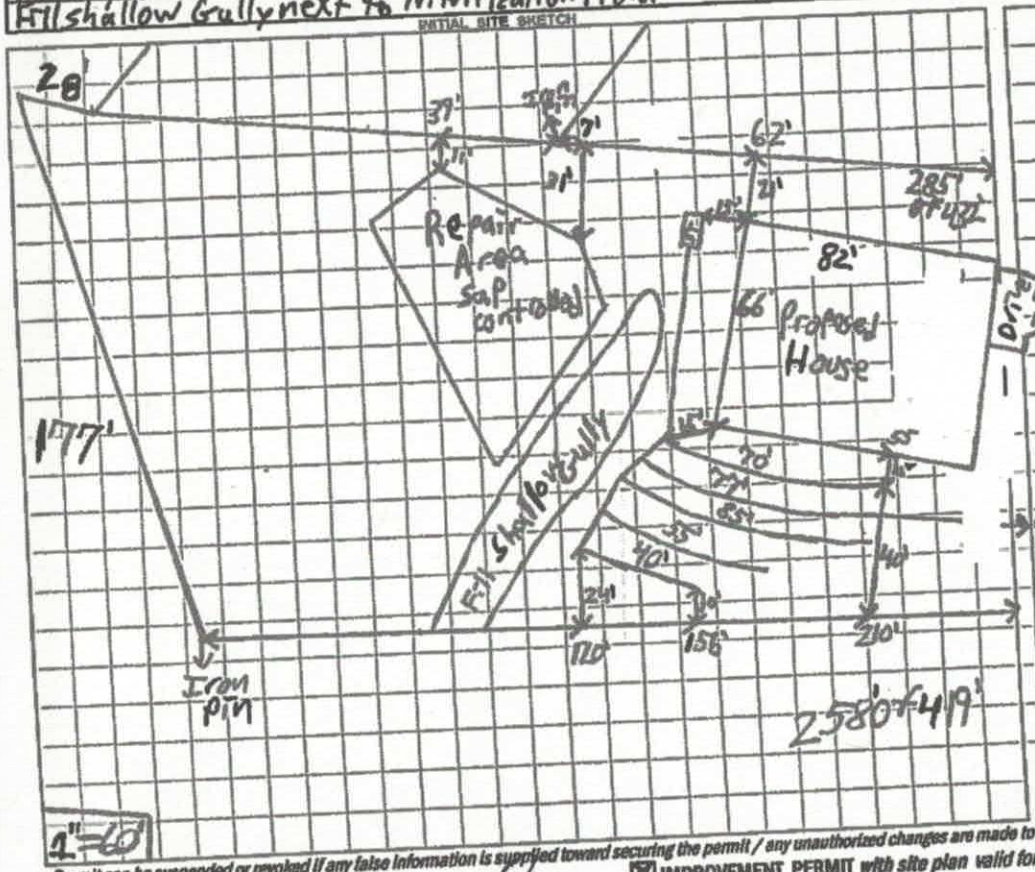
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank 1000 | (gal) | STB | Date | [X] New System [ ] Repair [ ] Expansion | System Type: I II III IV V VI | [X] Residence | No. Bedrooms 3 |
| Pump Tank | (gal) | PT | Date | System Description: 25% Red chamber | | [ ] Business | No. Persons 6 |
| Pump Make | | Model | Serial # | Repair System Description: Pump Pannel Repair | | [ ] Other | No. Employees |
| # Nitrification Fields 1 | | # Lines 5 | Linear Ft 327' | Maintenance Agreement Required: [ ] YES [X] NO | | [ ] Slab | [X] Crawl Space |
| Trench Width 36" | | Trench Bottom Depth(Low side) 36" | Gravel Depth — | [X] GRAVITY [ ] PRESSURE | | [ ] Basement w/plumbing | [ ] Basement w/o plumbing |

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Any Foundation drains must be directed away from system and out the front side of House. Install lines on contour. Fill shallow Gully next to Nitrification Field.

Well needs to be 100' off any part of septic system

INITIAL SITE SKETCH




AS BUILT SKETCH

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. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo

Owner / Applicant Signature: _____ Date: _____ Installed by: _____ Date: _____

IMPROVEMENT PERMIT by: Patrick Boyle III Date: 04/23/19 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Patrick Boyle III Date: 04/23/19 Existing System Inspected by: _____

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

# 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*)** _____

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.

_____ 11/19/19
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

# ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

**The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.**

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

AKW **Complete all Environmental Health forms:**

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- N/A Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

AKW **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

AKW **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

AKW **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

AKW If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

***Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.***

*Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

**Backhoe pits are required for all applications that require a soils evaluation.**
**DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.**

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

**By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).**

**Signature** _____ **Date** 4/19/19

Questions? Contact the Environmental Health Offices below:

**Statesville Office**
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

**Mooresville Office**
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

# IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 243159

PIN # 4639 200460

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PHONE: 704-533-4276 ALT. PHONE 704-450-6776

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SUBDIVISION: Lakewood Crossings SECTION: 1 LOT # 12 LOT AREA: 1.47acres

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
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| Pump Make | | | Model | | Serial # | | Repair System Description: | Pump pannel Repair | | | |
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| Trench Width | 36" | | Trench Bottom Depth(Low side) | 36" | Gravel Depth | — | | [X] GRAVITY | [ ] PRESSURE | | |

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees [X] Crawl Space

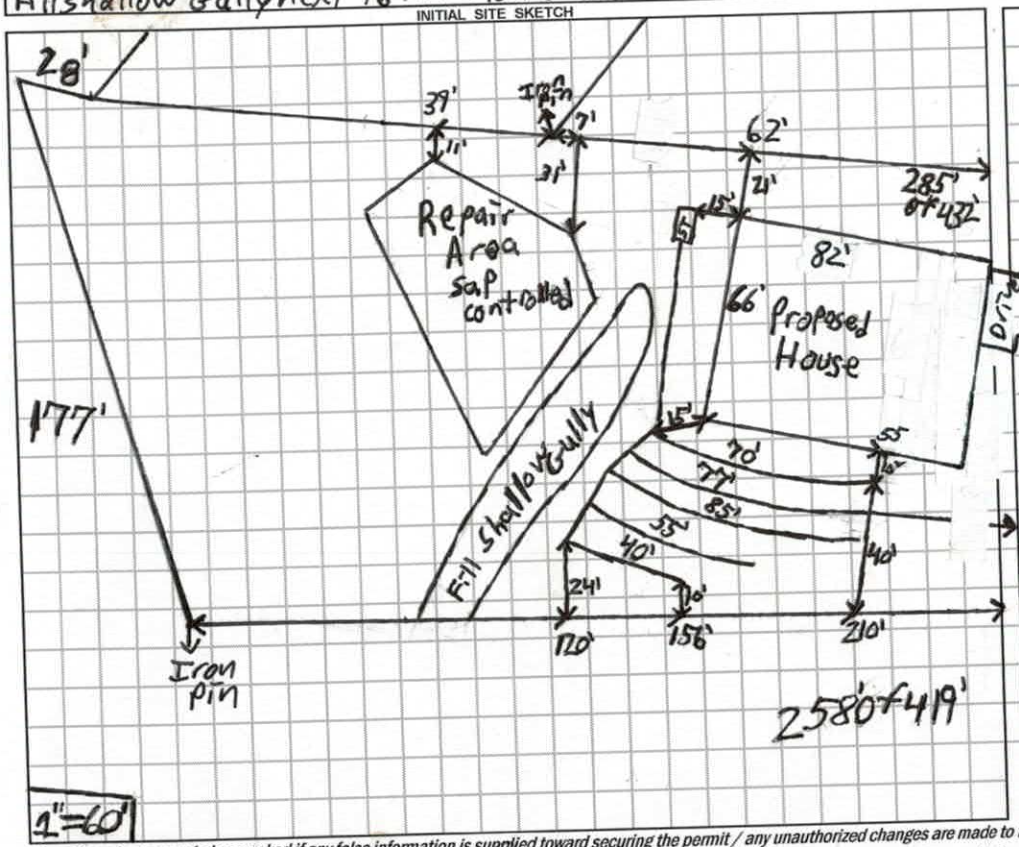
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[ ] Basement w/o plumbing

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AS BUILT SKETCH

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[X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.*

[X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____

IMPROVEMENT PERMIT by: Patrick Boyle III Date: 04/23/19

AUTHORIZATION TO CONSTRUCT by: Patrick Boyle III Date: 04/23/19

Installed by: _____ Date: _____

OPERATION PERMIT by: _____ Date: _____

Existing System Inspected by: _____

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

pection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Acknowledgement of Plans Submittal ONLY!

Patrick J Bartlett Date 04/23/19

Date 4/24/19

FOUNDATION NOTES:

1. BRICK VENEER ALL EXPOSED FOUNDATION
2. BOTTOM OF PIER PADS ELEVATION SHALL BE 2' BELOW BOTTOM OF CONT. FOOTER ELEVATION.
3. DURAWALL 16"O.C. VERTICALLY (HORIZ. REINF.)
4. 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.
5. 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:

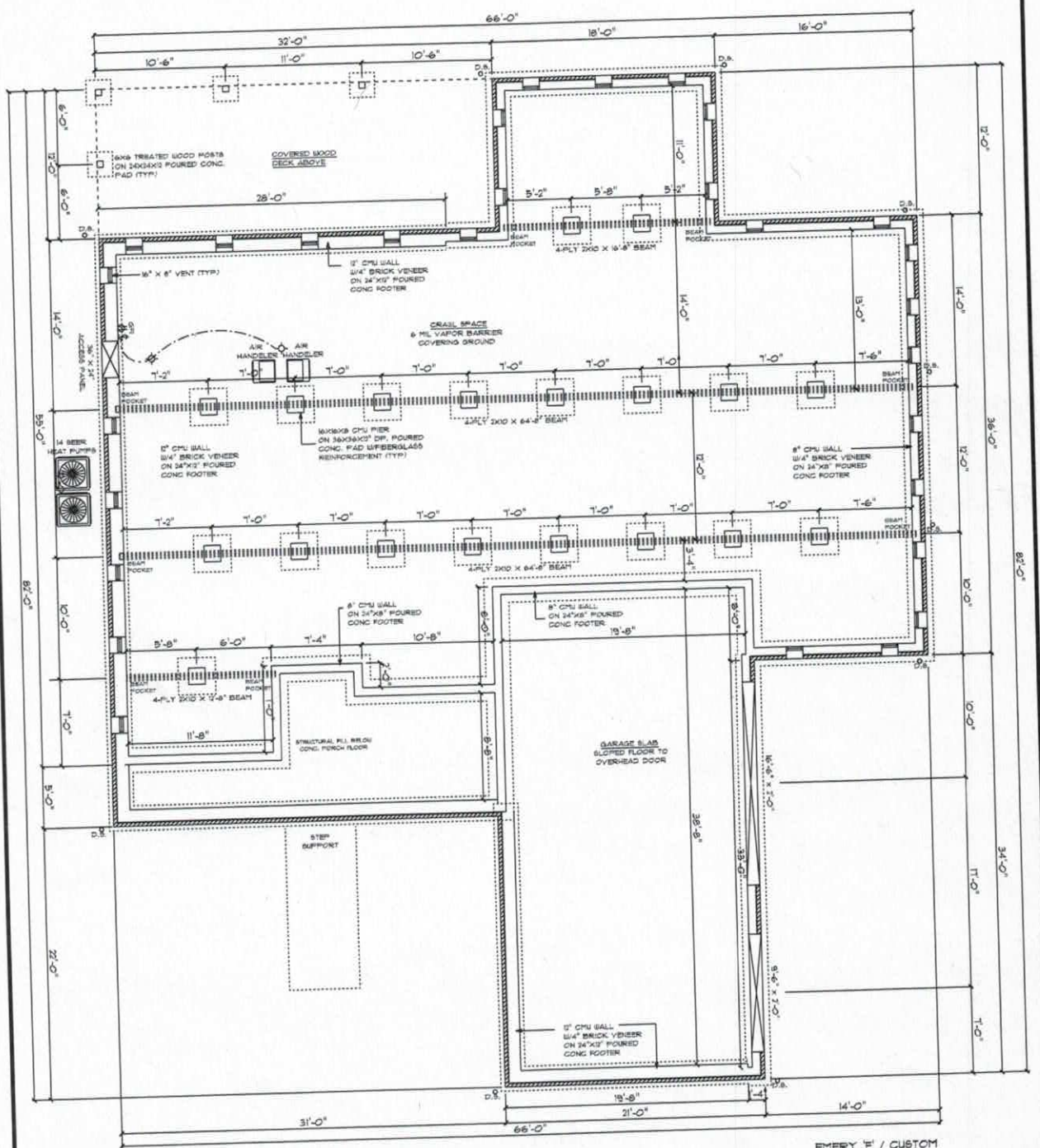
1. THE UNSUPPORTED HEIGHT OF MASONRY PIERS SHALL NOT EXCEED 10 TIMES THEIR LEAST DIMENSION. WHEN HOLLOW CONCRETE MASONRY UNITS ARE USED FOR ISOLATED PIERS TO SUPPORT BEAMS AND GIRDERS, THE CELLULAR SPACES SHALL BE FILLED SOLIDLY WITH CONCRETE.

CRAWL SPACE VENT CALCULATIONS:

TOTAL CRAWL SPACE AREA: 2594
8"X16" VENT =128 SQ. IN. =.89 SQ. FT
ASSUMED NET FREE AREA =.53 SQ. FT. PER VENT
TOTAL SQ. FT. VENTILATION NEEDED:
2594 / 150 = 17.29
17.29 / .53 = 33 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




EMERY 'F' / CUSTOM
FOUNDATION PLAN


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


CUSTOM BUILT FOR: AMANDA MARTIN & JEFFREY KOPPEN WILLIAMS

JOB #: CH675 019 042 | CN #: 38434

LOCATION: 108 PERIWINKLE LANE MOORESVILLE, NC, 28117 IREDELL

SQUARE FOOTAGES:
CRAWL: 2594
MAIN FLOOR: 2593
GARAGE: 839
PORCHES: 384

DRAWN BY: DJK | DATE: 3/26/2019 | SCALE: 1/8" = 1'-0" | DWG: 5


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Acknowledgement of Plans Submittal ONLY!

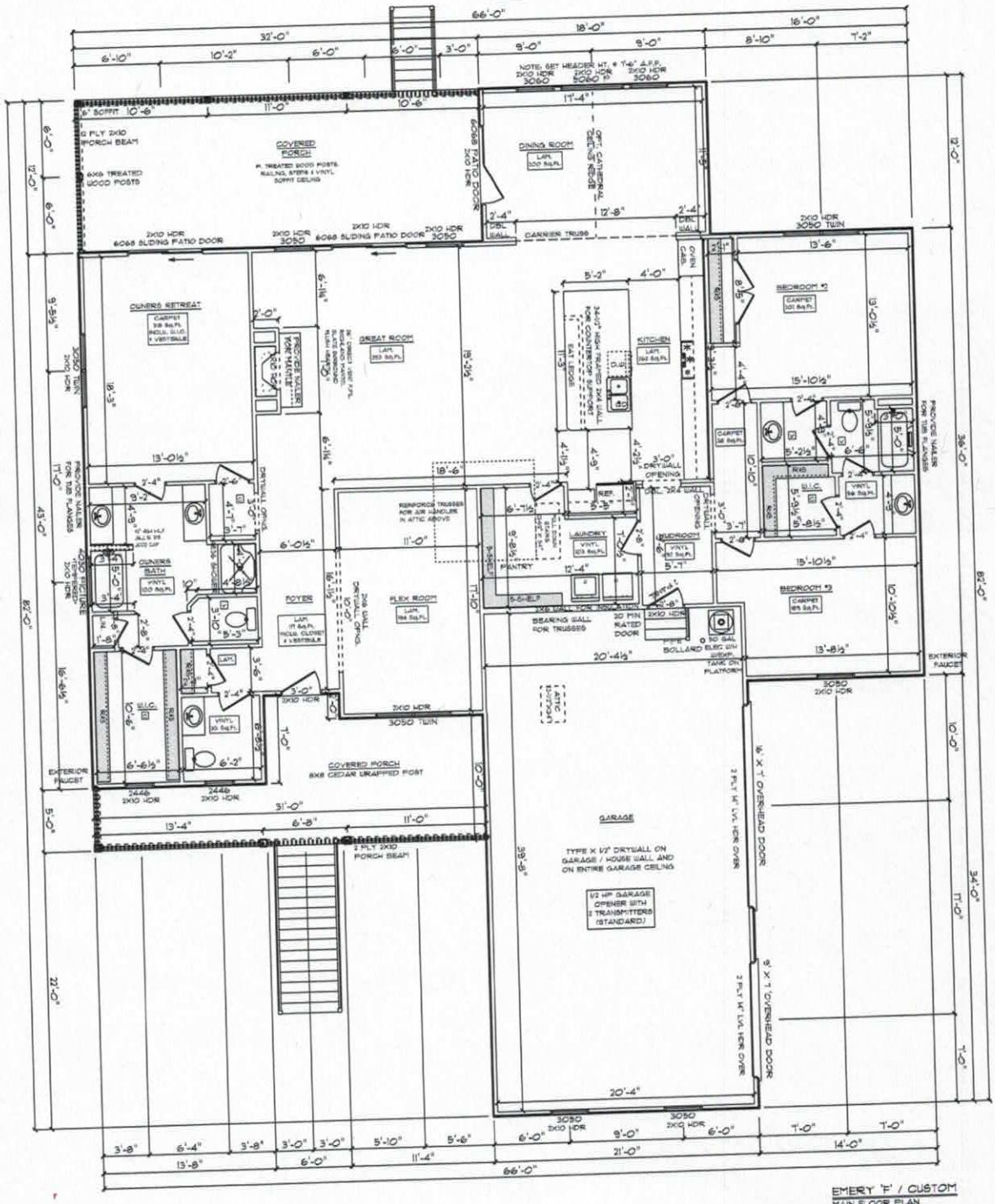
Patrick J. Boyle III Date 04/23/19

Date 4/24/19

GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 6'-8" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) 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
- 2-PANEL, HOLLOW CORE MOLDED INTERIOR DOORS - CHEYENNE DESIGN WITH GROOVES
- FLY-GEM LOWE 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




EMERY 'F' / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

SCHUMACHER HOMES

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CUSTOM BUILT FOR: AMANDA MARTIN & JEFFREY KOPPEN WILLIAMS

JOB #: CH675 015 063 | CN: # 28434

LOCATION: 106 PERIWINKLE LANE MOORESVILLE, NC, 28117 IREDELL

SQUARE FOOTAGES: CRAWL: 1994 MAIN FLOOR: 2585 GARAGE: 835 PORCHES: 384

DRAWN BY: DJK | DATE: 3/26/2019 | SCALE: 1/8" = 1'-0" | DWG: 8

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