#5

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP309658

APPLICANT/OWNER: Brittany Contos

PIN # 4646368385

SITE ADDRESS: 191 Elysian Dr Mooresville NC 28117

APPLICANT ADDRESS: 107 N Cromwell Dr Mooresville NC 28115

SITE DIRECTIONS: Brawley school Rd to L on Williamson Rd, R on Sundown Rd, L on Elysian Dr, L at end

PHONE: 704-200-5512 ALT. PHONE

SUBDIVISION: Mooreland Estates

SAP CONTROLLED: ☐ YES ☒ NO

SECTION: — LOT # 56 LOT AREA: 0.5 acres DESIGN FLOW: 360GPD L.T.A.R.: .3

Septic Tank	Existing (gal)	STB	760	Date	11/79
Pump Tank	1000 (gal)	PT	363	Date	11/16
Pump Make	Zoller	Model	BN152-L	Serial #	ZK20103X
# Nitrification Fields	1	# Lines	2	Linear Ft	67'
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	Existing

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

System Description: Existing + PM 25% Reduction

Repair System Description: LPPPBPC

Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

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

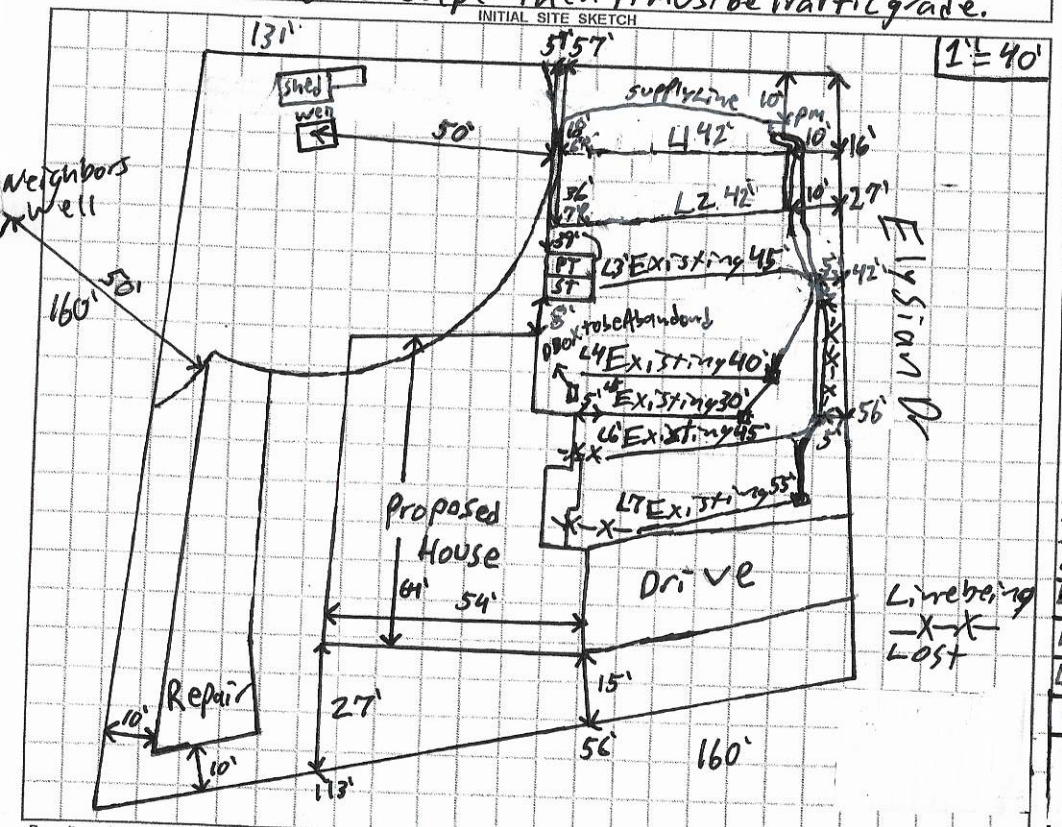
No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

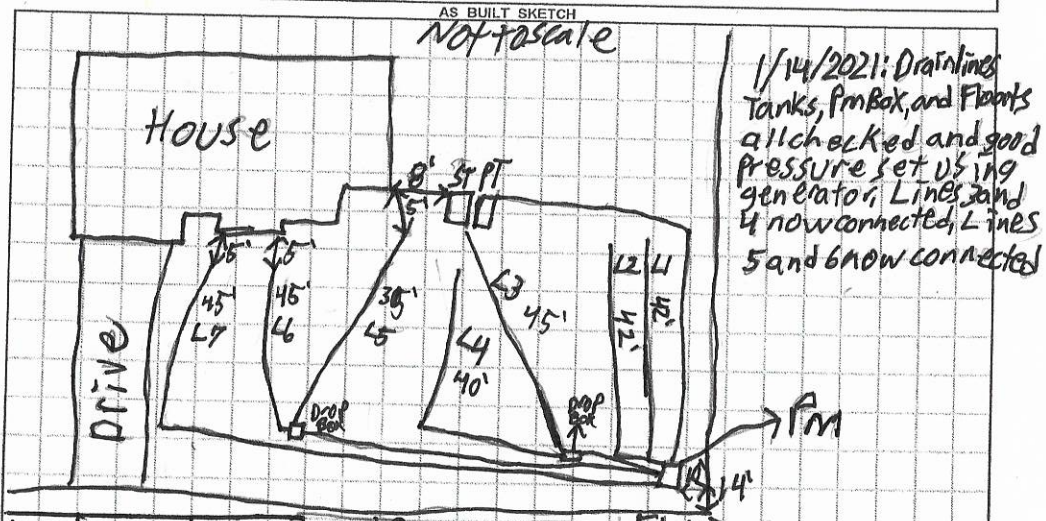
Comments / Conditions: Install Lines on Contour. Do Not drive on, store material or manipulate drainfield in any way. If Tank is installed 3' or deeper then it must be traffic grade.

No foundation drains can be installed around House. If fall can not be achieved from house to ST a grinder pump must be installed

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH Not to scale



Line	Line Length	Tap size
L1+L2	84'	3/4" Sch 40
L3+L5	75'	3/4" Sch 80
L4+L6	85'	3/4" Sch 40
L7	55'	1 1/2" Sch 40

1/14/2021: Drainlines Tanks, PmBox, and Floats all checked and good pressure set using generator, Lines 3 and 4 now connected, Lines 5 and 6 now connected

2' Pressure head
Dosing volume = 136.1
drawdown = 6.5
Flow Rate = 42.21
Runtime = 3.2 min

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: Brittany Contos Date: 10/21/20

IMPROVEMENT PERMIT by: Patrick J Bgle III Date: 10/12/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Bgle III Date: 10/12/2020

Installed by: Groundbrakers

OPERATION PERMIT by: Patrick J Bgle III Date: 3/5/2021

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.

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

Sheet 1 of 1
PROPERTY ID #: 4646368385
COUNTY: Iredell

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

Statesville 1964

OWNER: Brittany Cantos
ADDRESS: 107 Nedrow Hall Dr Mooresville NC 28115
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 191 Elysian Dr

APPLICATION DATE 6/4/2020
DATE EVALUATED: 10/5/2020
PROPERTY SIZE:
PROPERTY RECORDED: Yes

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 7%	0-7	SCL WSBK	Fr SS SP SeXP	Few YB mottles	48"	Litho inclusions more common at bottom	—	PS.3
		7-28	C SBK	Fr SS SP SeXP					
		28-48	CL SBK	Fr SS SP SeXP					
2	SS 5%	0-16	SCL WSBK	Fr SS SP SeXP	Few YB mottles	48"	Litho inclusions	—	PS.275
		16-30	C SBK	Fr SP SeXP					
		30-48	LL SBK	Fr SP SeXP					
3	SS 9%	0-8	SCL WSBK	Fr SS SP SeXP	few YB mottles	48"	Litho inclusions	—	PS.3
		8-27	C SBK	Fr SS SP SeXP					
		27-48	LL SBK	Fr SS SP SeXP					
4									

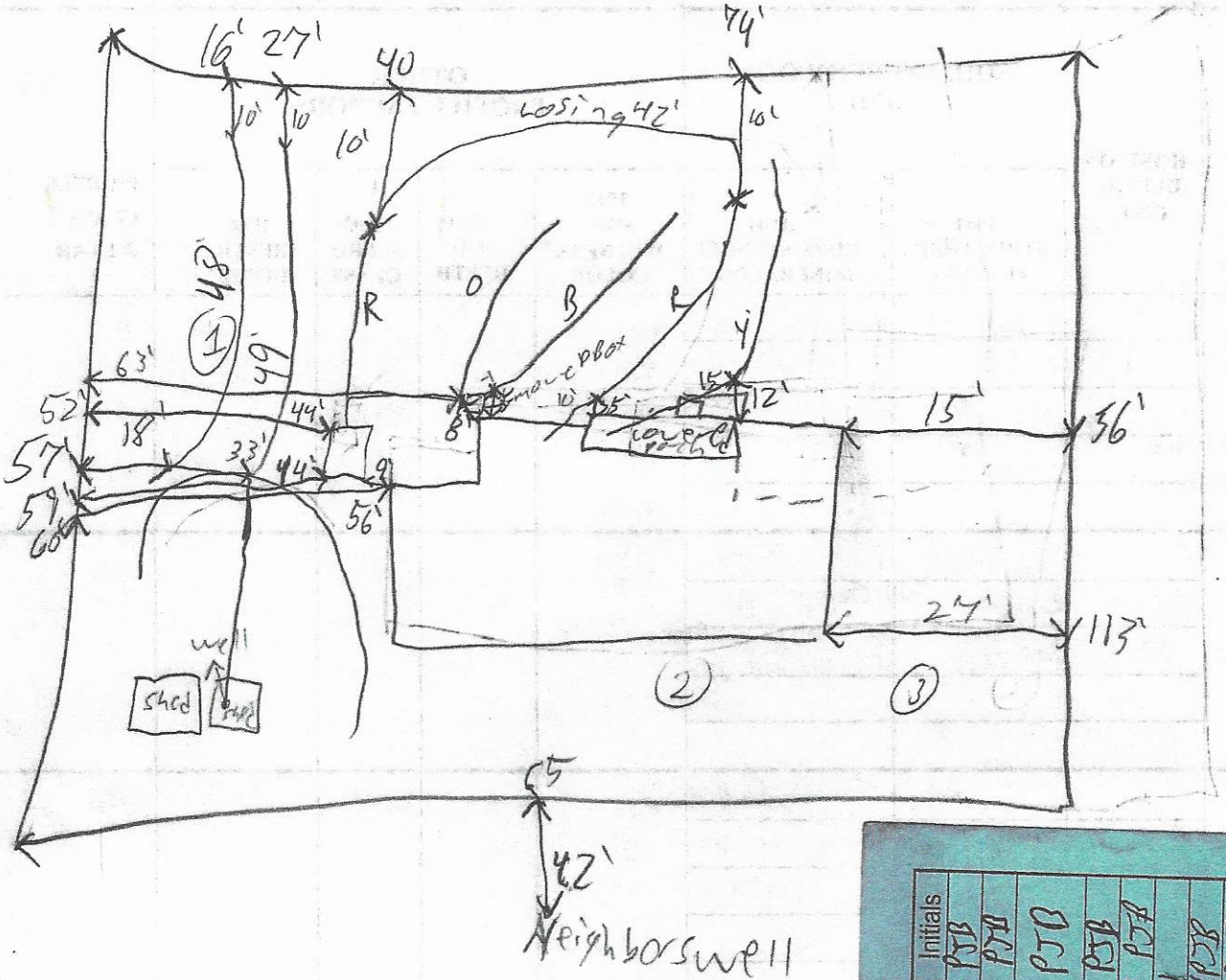
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	67'	67'
System Type(s)	Existing trench 25%	LPPPBPS
Site LTAR	.3	.275

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

COMMENTS: Sunny

42'
10
+15
67

No foundation drainage



	Date	Initials
Drain Lines Checked	1/14/2021	PJB
Tanks Checked	1/14/2021	PJB
Pressure Manifold or Valve Box Checked	1/14/2021	PJB
Pressure Head Set	1/14/2021	PJB
Electrical Checked	3/5/2021	PJB
Floats Set	3/5/2021	PJB
Alarm Checked	3/5/2021	PJB
Maintenance Contract Y (N) N/A	1/14/2021	PJB
Comments:		

Well is 4'5" into shed and about 2' off Right wall if facing from Road

RECEIVED AUG 04 2020 AP-309653

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED $250.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Brittany Contos Address: 107 N Cromwell Dr Mooresville Zip: 28115
Applicant Email: Brocker1413@Hotmail.com Phone: 704 200 5512 Alt. Phone: _____
Owner Name: Brittany + Paul Contos Address: 107 N Cromwell Dr. Mooresville Zip: 28115
Owner Email: Brocker1413@Hotmail.com Phone: 704 200 5512 Alt. Phone: _____

Property Information:

Street Address: 191 Elysian Dr. Mooresville NC 28117
Subdivision Name: Moreland Estates Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 150 to Williamson Rd to Sundown to Brockway to Elysian

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: 3
( ) 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: ~~2400~~ 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1989 repair
( ) 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: Brittany Contos 7/28/20
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*) Brittany Contos

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, ~~Brittany Contos~~ BCC, am the legal owner(s) of the property located at ~~191 Elysian Dr 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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

WASTEWATER SOLUTIONS & DESIGN
Russell B Williams " Wastewater Specialist "
4919 E. Maiden Rd.
Maiden, NC 28650
ph. 980-429-1580
fax, 828-428-3028
E-mail rwilliams9534@bellsouth.net

SEPTIC INSPECTION

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Property Address: 191 Elysian Dr (Street)
Mooresville (City) NC (St) 28117 (Zip)

Current owner of Record:

Inspection requested by: ☐ Owner of record ☒ Other Name: Bayer, Paul Contos
Company:
Phone:

Date of Inspection: 5-22-20 # bedrooms or design flow: MLS #:

☒ Copy of Operations permit from Iredell County Environmental Health attached
☐ Operations permit not available Repair Permit
Type of water supply ☒ Well ☐ Public Water ☐ Community Water ☐ Other:

1. System components setbacks:

12 ft. from house or structure	Required separation: 5 ft.
64 ft. from well if applicable	Required separation: 50 ft.
3 ft. from water line if applicable	Required separation: 10 ft.
10+ ft. from property line	Required separation: 5 ft.
NA ft. from surface water	Required separation: 50 ft.
NA ft. from swimming pool	Required separation: 15 ft.
— ft. from OTHER:	Required separation: — ft.

2. Septic tank details:
   - Able to locate tank: ☒ yes ☐ no If no, explain:
   - Approximate depth from ground surface to tank access: 12 inches
   - Access riser(s) present: ☐ yes ☒ no N.A.
   - Tank lids intact: ☒ yes ☐ no If no, explain:
   - Tank has baffle wall: ☐ yes ☒ no N.A.
   - Influent from facility to tank confirmed: ☒ yes ☐ no If no, explain:
   - Outlet T is present: ☐ yes ☒ no If no, explain: Corroded Away
   - Effluent screen present: ☐ yes ☐ no N.A.
   - Effluent exits the tank through the outlet: ☒ yes ☐ no If no, explain:
   - Roots present in tank: ☒ yes ☐ no If yes, describe: around outlet Tee
   - Evidence of infiltration: ☐ yes ☒ no If yes, describe:
   - Evidence of exfiltration: ☐ yes ☒ no If yes, describe:
   - Structural integrity (Check all that apply): ☐ No problems noted ☐ Exposed reinforcement ☒ Corrosion (slight) ☐ Cracks ☐ Deformation ☐ Other:
   - Date tank was last pumped ☒ unknown
   - Percent of liquid depth occupied by solids (sludge plus scum) measured in tank 26 %

This septic tank was or was not opened on the inlet and outlet side access ports to examine the condition of the interior of the septic tank and access lids. The effluent is then examined by an instrument to determine by cross section the amount of sludge and scum in the septic tank. The sludge and scum are measured and together make up the solid portion of the tank. If the solids make up more than 33% of the liquid capacity of the septic tank ,the tank should be pumped.

3. System includes a dosing tank: ☐ yes (complete this section) ☒ no
Approximate depth from surface to top of tank _____ inches
Access risers: ☐ yes ☐ no If no, explain: _____
Structural integrity (Check all that apply): ☐ No problems noted ☐ Exposed reinforcement ☐ Corrosion
☐ Cracks ☐ Deformation ☐ Other: _____

NA 4. Dosing device: ☐ pump ☐ siphon

NA 5. Control panel: ☐ yes ☐ no If no, explain: _____
Panel integrity (Check all that apply): ☐ No problems noted ☐ Melted wires ☐ Corrosion
☐ Cracks ☐ Leakage ☐ No conduit seal ☐ Other: _____
Panel working: ☐ yes ☐ no If no, explain: _____
Pump or siphon working ☐ yes ☐ no if no, explain: _____
☐ Unable to operate pump due to lack of electricity at site at time of inspection

6. System requires an NC Certified Subsurface Operator per Rule .1961: ☐ yes ☒ no
If yes, Operator Name _____ Cert. #: _____ Phone _____
Copy of most recent operator report attached ☐ yes ☐ no

7. Type of drainfield: ☒ Trench ☒ Bed ☐ Other: Older Bed -, Newer trenches
Nature of media: Stone
Type of distribution: ☒ Gravity ☐ Pressure-dosed gravity ☐ Pressure – LPP ☐ Pressure – Drip
☒ Other: – w/ Bull Run Valve.
Evidence of past or current surfacing at time of inspection: ☐ yes ☒ no If yes, describe: _____
Large trees or other vegetation noted over or near drainfield area: ☒ yes ☐ no If yes, describe: (2) - Very large Maple Trees.
Encroachments: ☐ yes ☒ no If yes, describe: _____
Evidence of traffic over drainfield: ☐ yes ☒ no If yes, describe: _____
Designated repair/reserve area free of encroachments: If no, describe: Very little repair Available

8. Advanced pretreatment: ☐ yes ☒ no If yes, describe: _____
Functioning in accordance with manufacturer specifications: ☐ yes ☐ no ☐ Not determined. If no, explain: _____
Functioning in accordance with permit requirements: ☐ yes ☐ no ☐ Not determined. If no, explain: _____

9. Other components not covered above: The System was repaired in 1987

10. Proper surface and subsurface water diversion over and around system components: ☐ yes ☐ no If no explain: OK - But could be better.

11. Other pertinent facts noted during inspection (attach additional sheets as needed): System appears to be functioning - But - The Outlet Tee should be replaced with a New PVC Tee, Treat tank for Roots, with Copper Sulfate. Clean out Bull Run valve. + add New PVC cap.

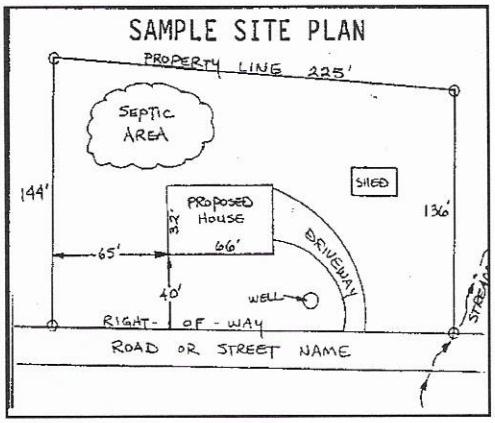
Inspector Name: Russell B. Williams Certification #: 3137-I
Address: 4919-E. Maiden Rd., Maiden, NC 28650
Phone: 980-429-1580
Inspector Signature: Russell B. Williams Date: 5-22-20

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

* See attached

Signature: Brittany Contes

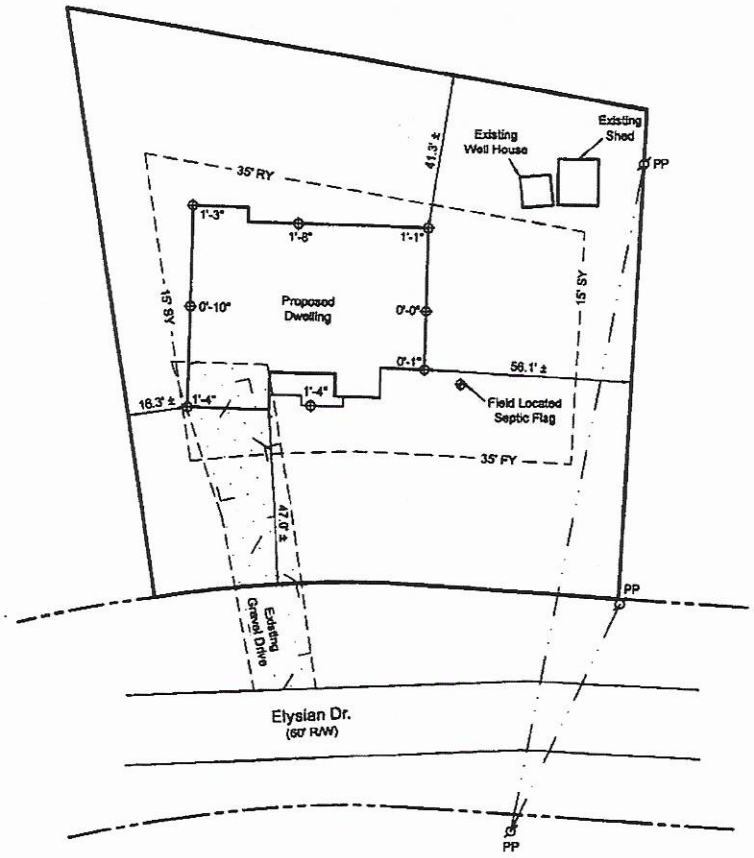
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/28/20

DATE

PRELIMINARY FOR REVIEW ONLY

NAD83 - 2011



REFERENCE:

BEING ALL OF LOT 56 - MOORELAND ESTATES SUBDIVISION - AS RECORDED IN P.B. 8, PG. 36 - IREDELL COUNTY REGISTRY.

SETBACKS:

PROPERTY IS ZONED: R-20 (IREDELL COUNTY)

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

PROPERTY IS SUBJECT TO 30' FRONT YARD (FY) PER P.B. 8, PG. 36.

PROPERTY LIES WITHIN A WATERSHED AND DESIGNATED AS WS-IV-CRITICAL AREA.

0 30 60 90

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

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

Plot Plan For:

Contos

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 30'	
DEED REF: 2707 - 320	PIN NO: 4646-36-8385
DATE OF MAP: 07-09-20	SURVEY DATE: 07-08-20
REVISION: 07-28-20	DRAWING FILE: 20200661

191 Elysian Dr, Mooresville, NC 28117
Davidson TWSP - Iredell County - North Carolina

4646-36-8385

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

WNER OR CONTRACTOR James A. Haney DATE 4/28/89 PERMIT NO.

HONE: Business Home 663-6707 - unpublished

OCATION 150 W. TL 1109 TR Sundown (1190) TL Brakeway TR Elysian On R. past Zephyr. S. R. No.

JBDIVISION NAME Moreland Estates LOT NO. 56 SECTION OR BLOCK NO.

ouse ● Mobile Home (✓) Business ( ) Other Repair

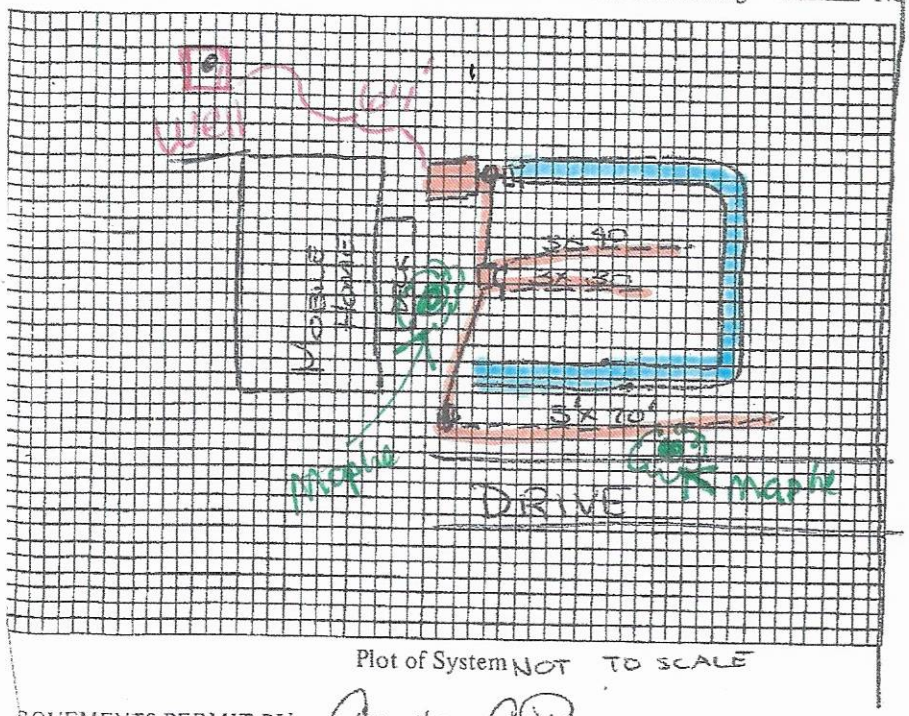
o. Bedrooms 3 No. Bathrooms 2

rbage Disposal Unit	Yes (✓)	No ( )	
to. Dishwasher	Yes (✓)	No ( )	
to. Wash. Machine	Yes (✓)	No ( )	
e Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil clay loam
Percolation Rate .4 gpd/ft²
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Area

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 420 Linear Ft. 140
Depth of Stone in Lines
Water Supply: Individual (✓)
Public ( )

Installed by

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed:

ROVEMENTS PERMIT BY Andre C Pierce

MENTS: layout had to be changed due to running into old field.

ICATE OF COMPLETION BY Andre C Pierce DATE 4/28/89

G SYSTEM CHECKED BY: DATE

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

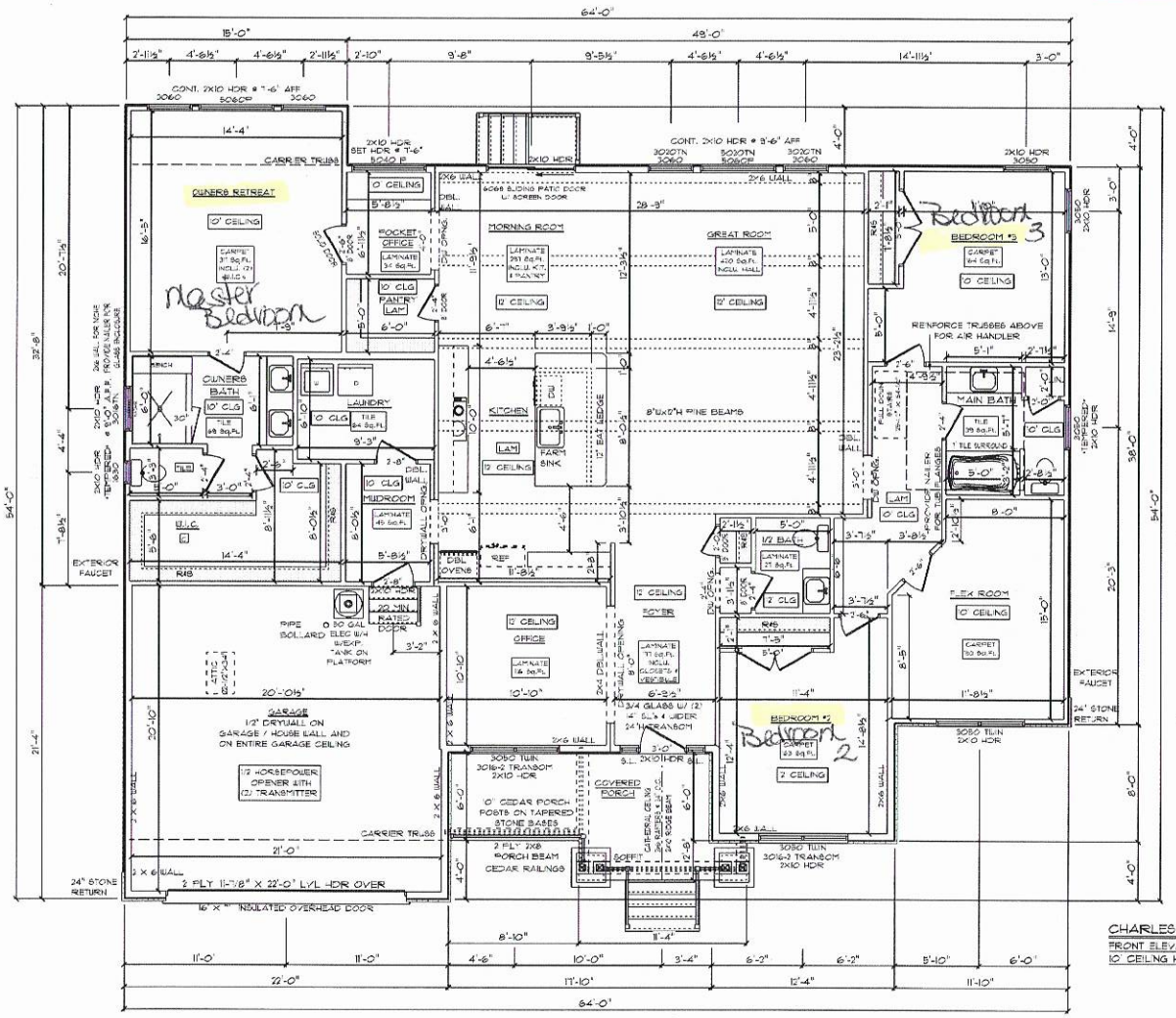
VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ents Permit.

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

Acknowledgement of Plans Submittal ONLY!

Bartlett Centex Date 10/21/20

Patrick J Boyle III Date 10/12/2020



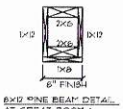
GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 8'-0" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE

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 SQ. HOLLOW CORE MOLDED INTERIOR DOORS
- SILVERLINE, SINGLE-HUNG, LOW-E VINYL WINDOWS WITH 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

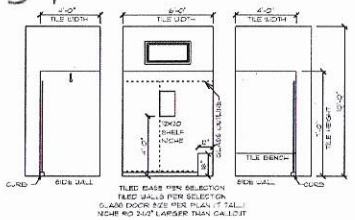
WALL BRACING NOTES:

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.



8X12 PINE BEAM DETAIL AT GREAT ROOM & KITCHEN CEILINGS (N'TS)

54'



TILED GLASS PER SELECTION
TILED WALLS PER SELECTION
GLASS DOOR SIZE PER PLAN (7' TALL) NICHE #10 2x12" LARGER THAN CALLOUT

5'X4' TILED SHOWER DETAIL

MEMBRANE WATERPROOFING ON FLOORS AND WALLS
PROVIDE NAILER FOR GLASS ENCLOSURE

CHARLESTON EARNHARDT / CUSTOM
FRONT ELEVATION
10' CEILING HEIGHT, U.N.O.

FINAL DRAWING APPROVED: 08-13-20
REVISED: 00-00-00

DRAWN BY: DHS
DATE: 8/13/2020
SCALE: 1/8" = 1'-0"
SHT. 6

© THESE SCHUMACHER HOMES DRAWINGS, INC. ALL RIGHTS RESERVED. THE PLANS ARE NOT TO BE USED TO CREATE DERIVATIVE WORKS. TECHNICAL DRAWINGS OR TO BUILD AT THE SCHEMATIC DESIGN STAGE. THE PLANS ARE NOT TO BE USED FOR CONSTRUCTION WITHOUT THE SCHEMATIC, PRELIMINARY, WORKING AND SHOP DRAWINGS. UNAUTHORIZED USE OR COPYING IS A VIOLATION OF UNITED STATES COPYRIGHT LAW AND MAY RESULT IN DAMAGES UP TO $250,000 PER ACT OF INFRINGEMENT

SQUARE FOOTAGES
MAIN FLOOR = 2427 SQFT
GARAGE = 466 SQFT
FOYER/HALL = 270 SQFT
PORCH = 139 SQFT

CUSTOM BUILT PLAN: BRITTANY 2ND FAM. CONTOS
ADD'L SQ. FT. OF: 0 / 0 / 0 / 0
ADD'L CO TM: 0

LOCATION: 81 BELTMAN DRIVE, SANFORD, NC 27517, HARNETT COUNTY

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

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
309658 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4646368385.000	191 ELYSIAN DR	Iredell County

Owner Information	Applicant Information
Name: CONTOS PAUL E+BRITTANY C	Name: BRITTANY CONTOS
Address:	Address: 107 N CROMWELL DR
,	MOORESVILLE , NC 28115
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15		NO

Remarks
SFD

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.

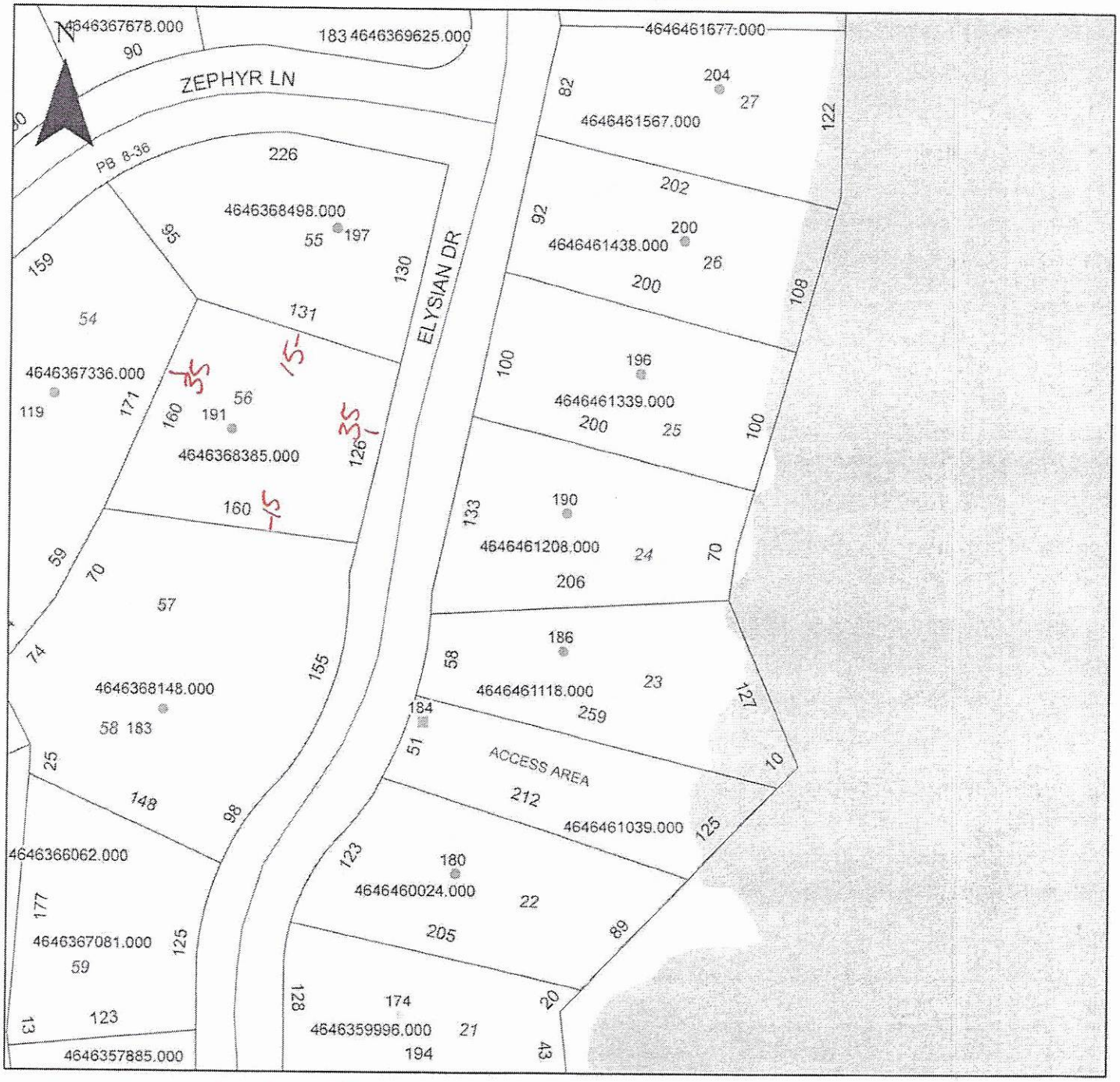
Signature of Owner/Contractor

Date: 08/03/2020

Permit Number	309658

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 191 Elysian Drive

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.

Brittany Conteas

Applicant

8/3/20

Date