# ICHD - ENVIRONMENTAL HEALTH DIVISION

AJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 242748

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

PIN # 4649020-80-98

APPLICANT/OWNER: Lake Shore Holdings LLC | APPLICANT ADDRESS: 637 W. Iliamson Rd Ste 102 Mooresville, NC 28117

SITE ADDRESS: 141 Hidden Meadows Dr. Mooresville, NC 28117 | PHONE: 704 799-7659 | ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd on right just past Rocky Mt Church TR Hidden Meadows | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows | SECTION: | LOT # 2 | LOT AREA: .855 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 2-26-21 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI | ☐ Residence | No. Bedrooms 4 |
| Pump Tank | (gal) | PT | | Date | | System Description: | Gravity -25% Reduction | ☐ Business | No. Persons 8 |
| Pump Make | | Model | | Serial # | | Repair System Description: | Panel Block | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft | 400 | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☐ Crawl Space |
| Trench Width | 36" | Trench Bottom Depth (~~Low side~~) | 30" | Gravel Depth | N/A | ☒ GRAVITY | ☐ PRESSURE | ☒ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☒ Private ☐ Public ☐ Community

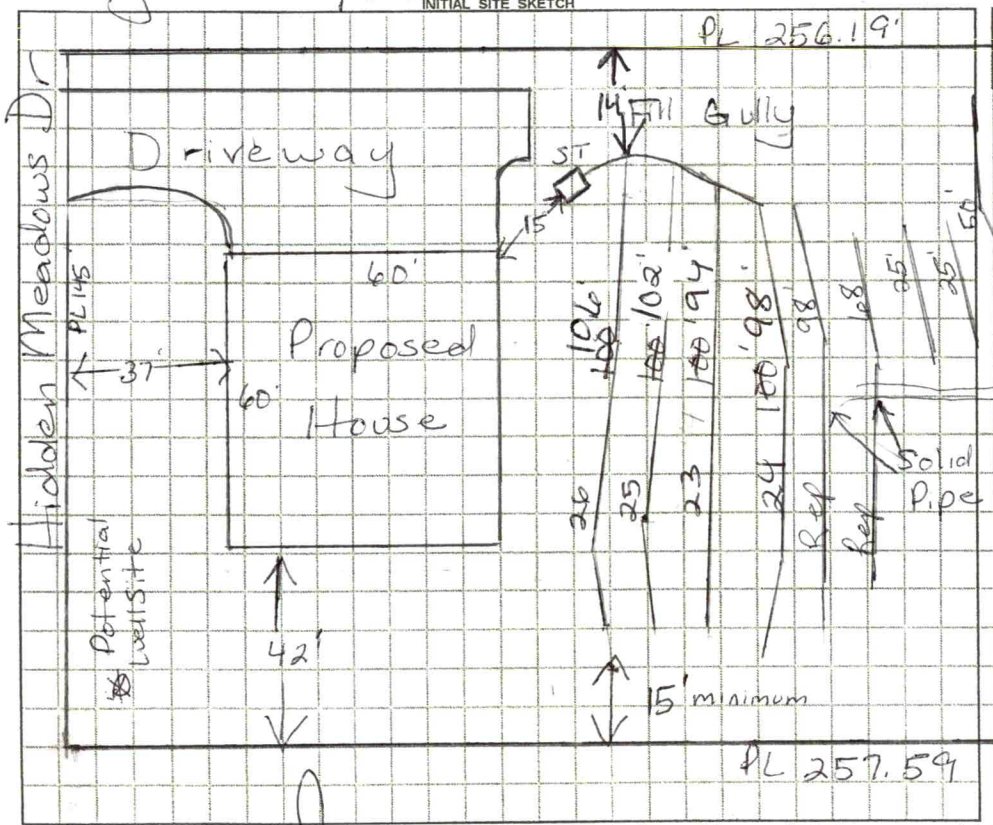
Comments / Conditions:

Must divert storm/surface water to PL Max away from Septic

Note: Initial Site evaluation done by Soil & Forestry Services

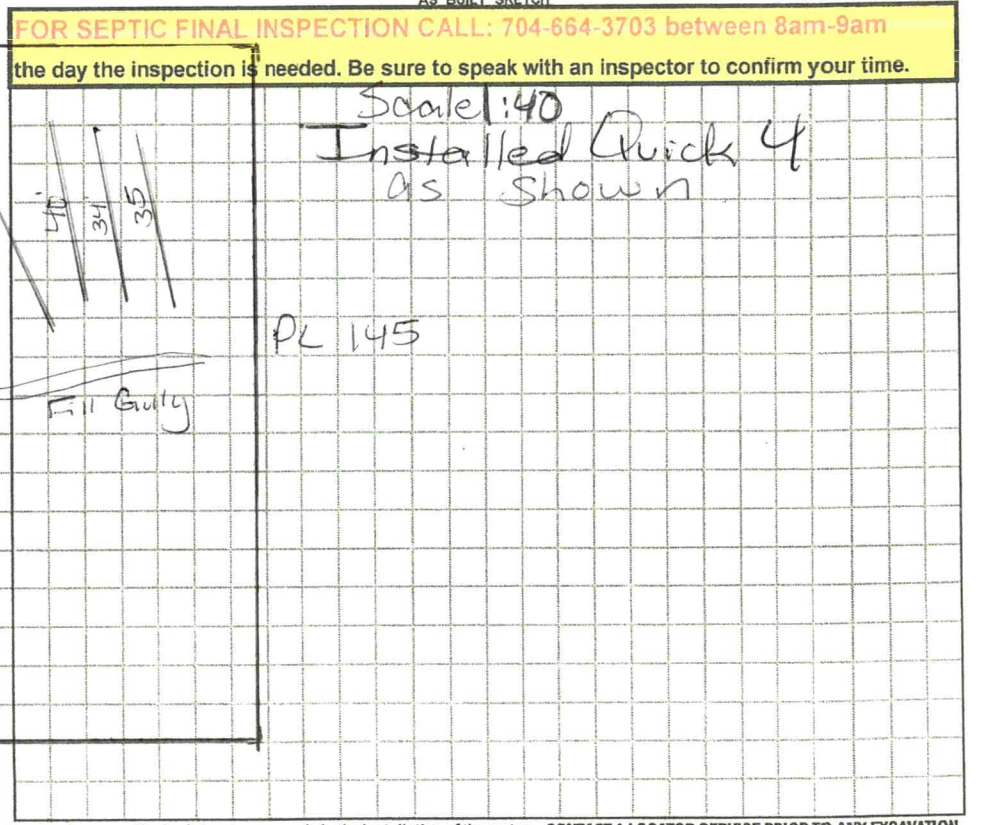
ST-188ft to house, ~~filter~~ installed

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: _____ Date: 4/16/2021 Installed by: Neil Stutts

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/8/2021 OPERATION PERMIT by: Maria Dotson Date: 5/27/21

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/9/21 Existing System Inspected by: _____ Date: _____

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? _____ | |

Sheet 1 of 1
PROPERTY ID #: 4649016361
COUNTY: Iredell

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

Approved 4/2/19 mp

OWNER: Hidden Meadows Ventures
ADDRESS: PO Box 4628 Mooresville NC 28117
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: Hidden Meadows Lot 2
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE
DATE EVALUATED: 2/2019
PROPERTY SIZE: 35Sac
PROPERTY RECORDED: NO

| 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 | |
| 1 | L/12% | 0-2 | BL gr | Fr SS SP | - Few sap | | | | PS. 3 to .325 |
| | | 2-8 | RBCL wmsbk | " " " | | | | | |
| | | 8-34 | RC mmsbk | " " " | | | | | |
| | | 34-48 | RCL wfsbk | " " " | | | | | |
| | | | | | | | | | |
| 2 | L/12% | 0-6 | RBCL wmsbk | Fr SS SP | - Few sap. | | | | PS . 3 |
| | | 6-33 | RC wmsbk/abk | " " " | | | | | |
| | | 33-48 | RCL wfsbk | " " " | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | L/15% | 0-3 | RBCL wmsbk | Fr SS SP | - Few to c. SAP | | | | PS. 3 |
| | | 3-30 | RC wmsbk | " " " | | | | | |
| | | 30-48 | RBCL wfsbk | " " " | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | L/15% | 0-11 | RBCL wmsbk | Fr SS SP | - Few SAP | | | | PS. 3 |
| | | 11-17 | BRC wmsbk | " " " | | | | | |
| | | 17-44 | RC wmsbk | " " " | | | | | |
| | | 44-48 | RBCL wfsbk | " " " | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | Accepted | Mod. Conv. |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: 4649016361
COUNTY: Iredell

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

Applicant
OWNER: Hidden Meadows Ventures — APPLICATION DATE: 3/13/19
ADDRESS: P.O. Box 4628 Mooresville, NC — DATE EVALUATED: 3/27/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: .855
LOCATION OF SITE: Hidden Meadows #2 — PROPERTY RECORDED: N
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut — TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | L 12% | 0-6 | Brw SCL | SS, SP, SExP, FR | | | | | PS .3 |
| | | 6-33 | RdCm-w | SBK SS, SP, SExP, FR | | | | | |
| | | 33-55 | RdCl-w | SBK, SS, SP, SExP, FR | — | 55" | | | |
| 2 | L 12% | 0-4 | Brw SCL | SS, SP, SExP, FR | | | | | PS .3 |
| | | 4-29 | RCm-w | SBK SS, SP, SExP, FR | | | | | |
| | | 29-54 | RCl-w | SBK SS, SP, SExP, FR | | | | | |
| | | | few SAP | Inclus | — | 54" | | | |
| 3 | L 15% | 0-3 | Brw SCL | SS, SP, SExP, FR | | | | | PS .3 |
| | | 3-28 | RCm-w | SBK SS, SP, SExP, FR | | | | | |
| | | 28-58 | RCl-w | SBK SS, SP, SExP, FR | | | | | |
| | | | Lyf few | SAP Inclus | — | 58" | | | |
| 4 | L 15% | 0-6 | Brw SCL | SS, SP, SExP, FR | | | | | PS .3 |
| | | 6-28 | RCm-w | SBK SS, SP, SExP, FR | | | | | |
| | | 28-52 | RCl-w | SBK SS, SP, SExP, FR | | | | | |
| | | | few | SAP Inclus | — | 52" | | | |

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Ashley Bollans

COMMENTS:

# LEGEND

***use the following standard abbreviations***

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive)<br>SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope) | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay)<br>O (Organic) | 0.4 - 0.1<br><br><br>None | 0.2 - 0.05<br><br><br>None | **MOIST**<br>VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky)<br>EFI (Extremely Firm) | **WET**<br>NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)<br>NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

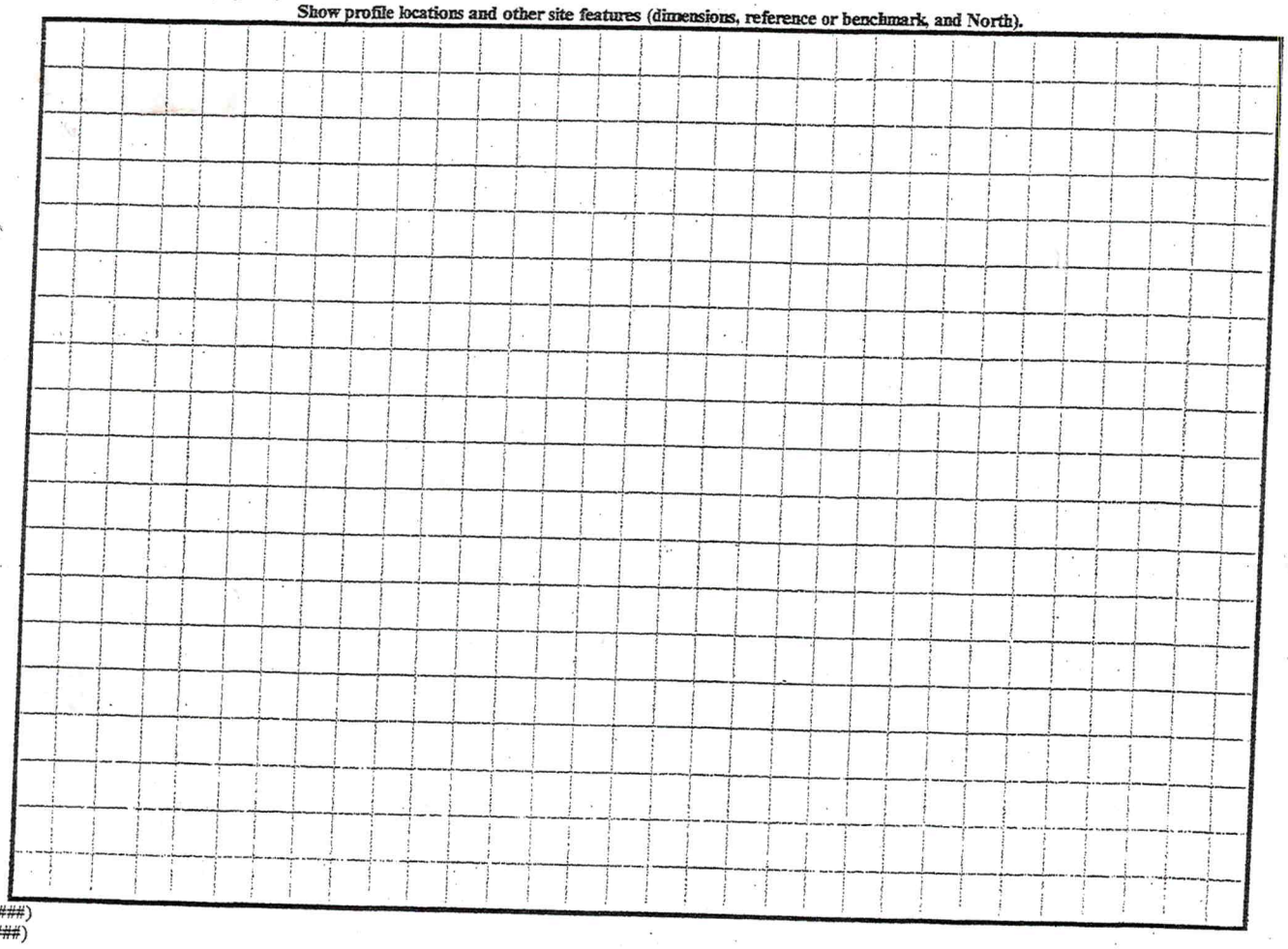
***NOTES***

| | |
|---|---|
| *HORIZON DEPTH* | In inches below natural soil surface |
| *DEPTH OF FILL* | In inches from land surface |
| *RESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *SAPROLITE* | S(suitable) or U(unsuitable) |
| *SOIL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *CLASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

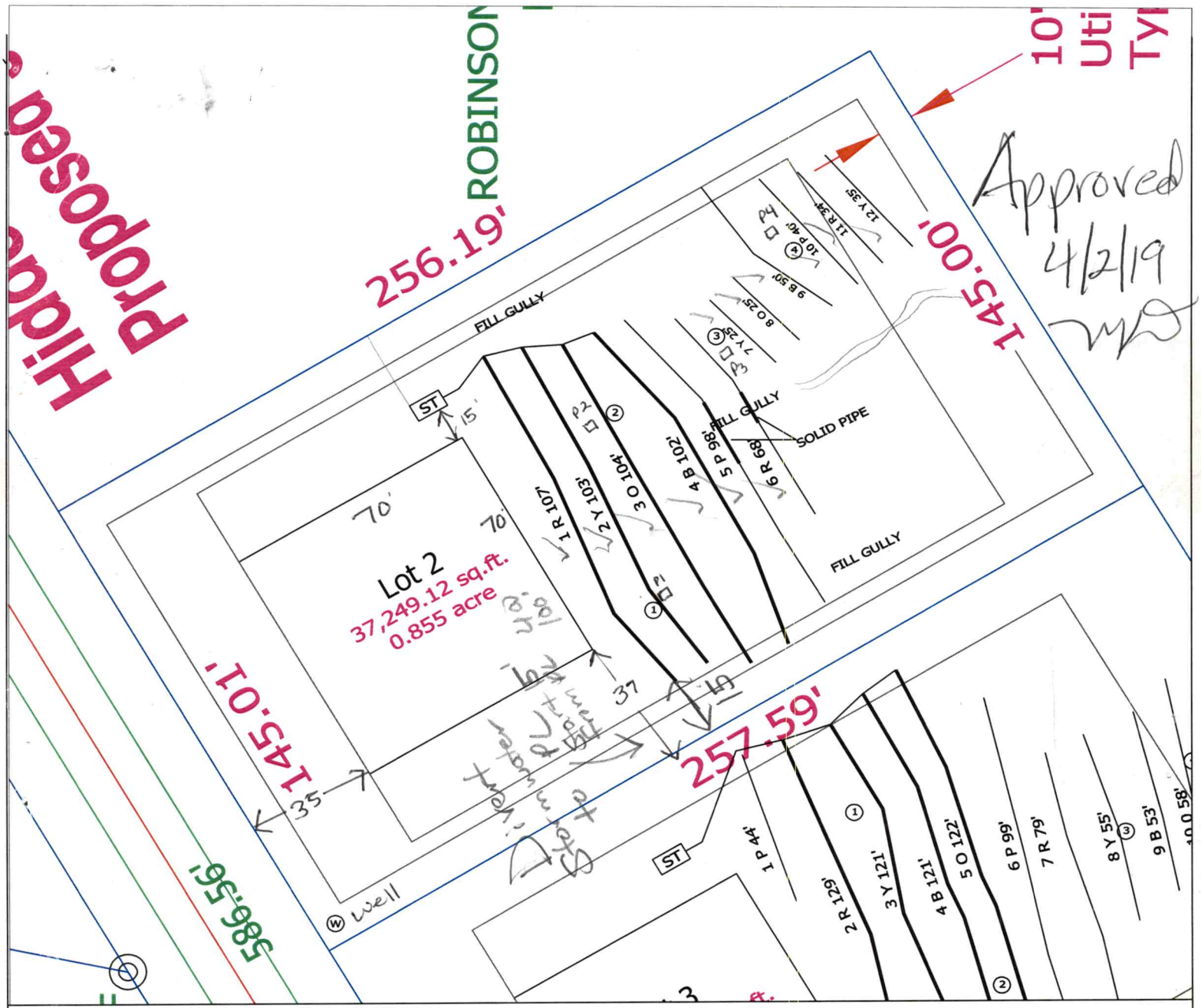
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft$^2$

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**



)ENR (######)
Review (#####)




## LEGEND

Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.

House Footprint

System lines.

Repair lines.

Temporary Bench Mark (TBM)

(W) Well Location. (25) Boring Location.

## GRAPHIC SCALE

1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278 - 0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ashleyrollans@gmail.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: RICHARD DENZLER / HIDDEN MEADOWS SUBDIVISION

LOCATION/DATE: PERTH ROAD - HIDDEN MEADOWS IREDELL COUNTY, NORTH CAROLINA FEBRUARY 2019

| | |
|---|---|
| JOB # : | 18-0108 |
| FILE: | C:\JOBS\18-0108 |
| PROJECT MGR.: | S.A.R. |
| FIELD WORK: | S.A.R. |
| DRAWN BY: | S.A.R. |

RECEIVED MAR 17 2021

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

Intermediate AP-242748 $320.00

**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:** Lakeshore Holdings, LLC **Address:** 637 Williamson Rd, Ste 102, Mooresville, NC **Zip:** 28117

**Applicant Email:** lakemistoperations@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:**

**Owner Name:** Lakeshore Holdings, LLC **Address:** PO Box 5350, Mooresville, NC **Zip:** 28117

**Owner Email:** lakemisthomes@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:**

**Property Information:**

**Street Address:** 141 Hidden Meadows Drive, Mooresville, NC 28117

**Subdivision Name:** Hidden Meadows **Section/Phase:** **Lot Number:** 2

**Driving Directions:** From Hwy 150 travel north on Perth Rd. Neighborhood to right before Judas Rd. intersection.

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

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

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

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

**Non-Residential Site Development:** Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

**Water Supply:** ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed:
(X) 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:** Lakeshore Holdings, LLC dba Lakemist Homes
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/5/2021
DATE

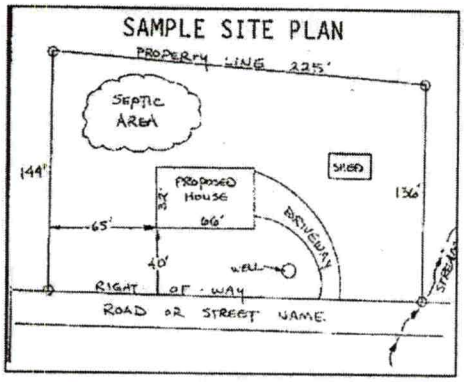
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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:** _____ Lakeshore Holdings, LLC dba Lakemist Homes

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

1/5/2021

**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*) _____

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, Lakeshore Holdings, LLC, am the legal owner(s) of the property located at 141 Hidden Meadows Drive, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4649028098, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Stephen Nantz, Lakeshore Holdings, LLC, 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.

_____ Lakeshore Holdings, LLC dba Lakemist Homes _____ 4/5/2021

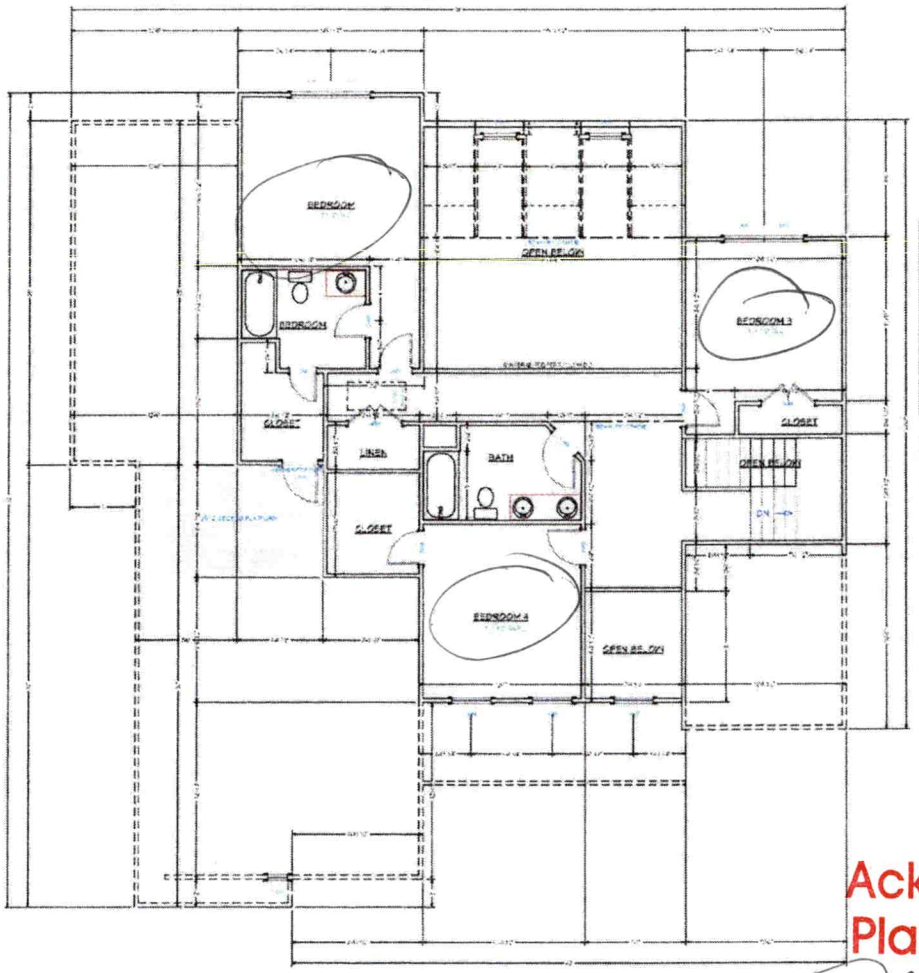
Signature of Owner(s) Date

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

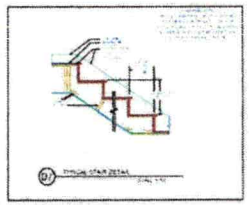
**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

59'

59'




| SQUARE FOOTAGE | |
|---|---|
| 1ST FLOOR HEATED | 1152 |
| 2ND FLOOR HEATED | 1269 |
| FINISHED BASEMENT | 46 |
| TOTAL HEATED | 2467 |
| UNFIN BSMT | 1007 |
| GARAGES | 704 |
| PORCHES | 123 |
| TOTAL UNDER ROOF | 3213 |



Acknowledgement Of
Plans Submittal ONLY

Date 4/9/21

Date

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

4/16

FIELD

| NO. | DESCRIPTION | BY | DATE |
|---|---|---|---|
| | | | |

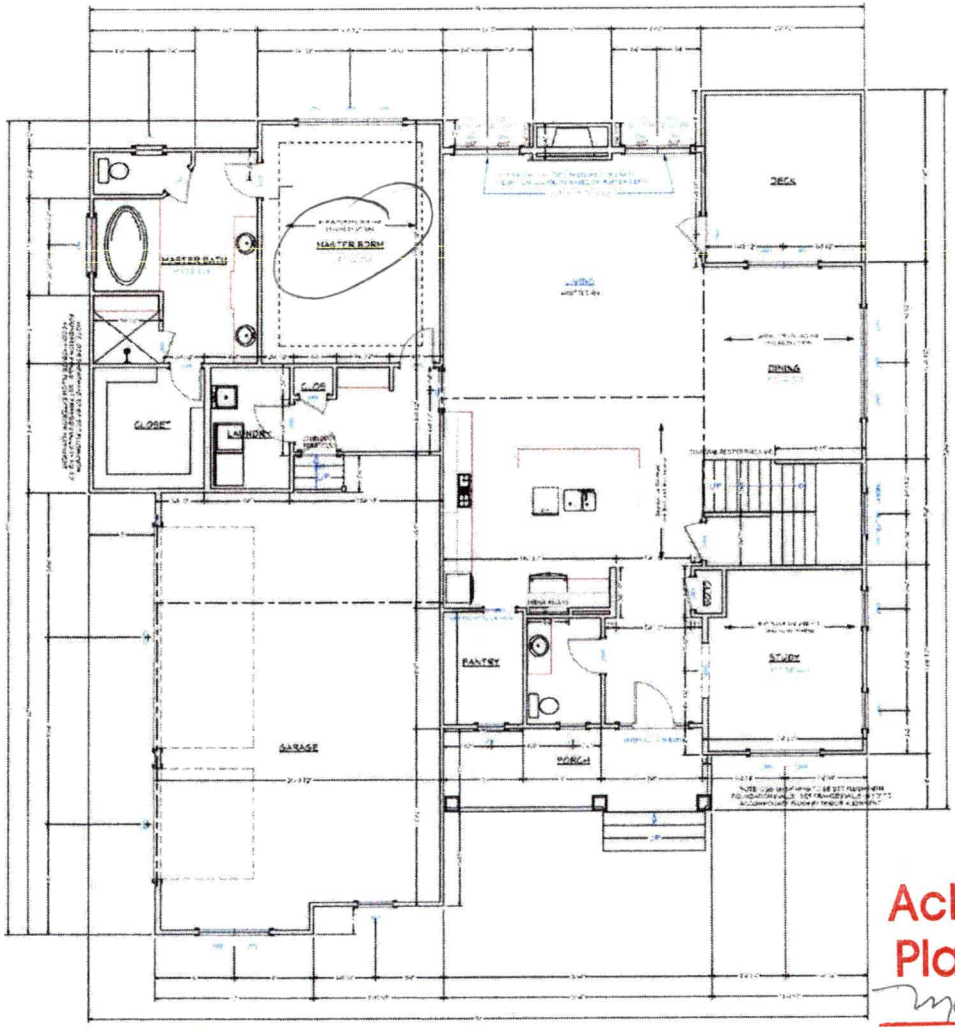
PROJECT DESCRIPTION:
Carolina Mod A1.T elev
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

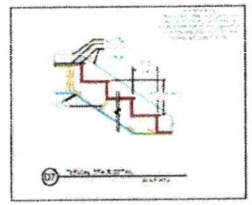
| | |
|---|---|
| DATE: | 12/28/2020 |
| SCALE: | |
| SHEET: | A-7 |

59'

59'




| SQUARE FOOTAGE | |
|---|---|
| 1ST FLOOR HEATED | 1952 |
| 2ND FLOOR HEATED | 1069 |
| FINISHED BASEMENT | 96 |
| TOTAL HEATED | 3117 |
| UNFIN BSMT | 1007 |
| GARAGES | 704 |
| PORCHES | 123 |
| TOTAL UNDER ROOF | 5215 |



Acknowledgement Of
Plans Submittal ONLY!
Date 4/16/21
Date

FIRST FLOOR PLANS 4/16

SCALE 1/4" = 1'-0"

FIELD

Carolina Mod A1T elev
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

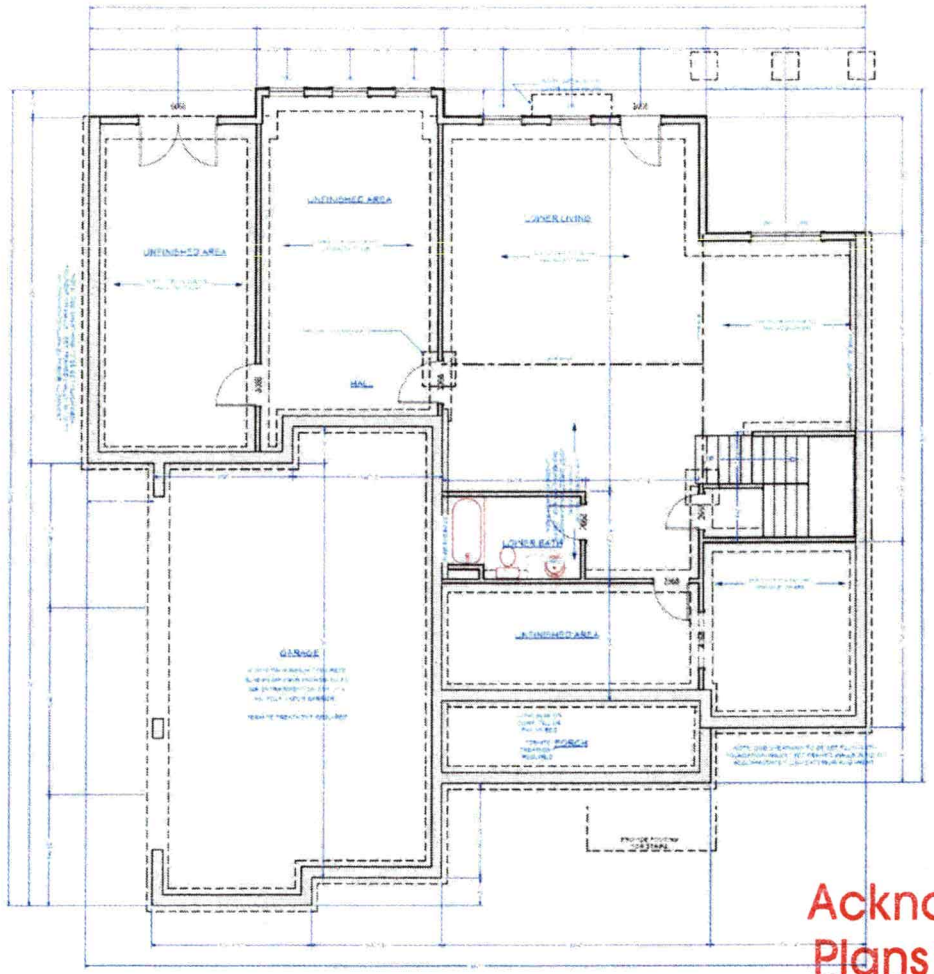
DATE: 12/28/2020

SCALE:

SHEET: A-6

56'8"

60'7"




Acknowledgement Of
Plans Submittal ONLY!

Date 4/1/21

Date 4/16

BASEMENT / FOUNDATION PLAN

SCALE: 1/4" = 1'-0"

FIELD

| NO. | DESCRIPTION | BY | DATE |
|---|---|---|---|
| | | | |

Carolina Mod AIJT elev
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE: 12/28/2020

SCALE:

SHEET: A-5