3:30 DB 12/1/20

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 238466

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

PIN # 4676 - 61 - 5257

APPLICANT/OWNER: FOUNDATION HOME RESIDENTIAL APPLICANT ADDRESS: 438 WILLIAMSON ROAD, SUITE C, MOORESVILLE, N.C. 28117

SITE ADDRESS: 149 BRAWLEY WOODS LANE, MOORESVILLE, N.C. 28115 PHONE: 704-360-2251 ALT. PHONE 704-562-5648

SITE DIRECTIONS: ① ON 3, ② ON NVILLE FORD, ③ ON LINWOOD, ④ ON BRAWLEY WOODS, LOT ON ⑤ SAP CONTROLLED: ☑ YES ☐ NO

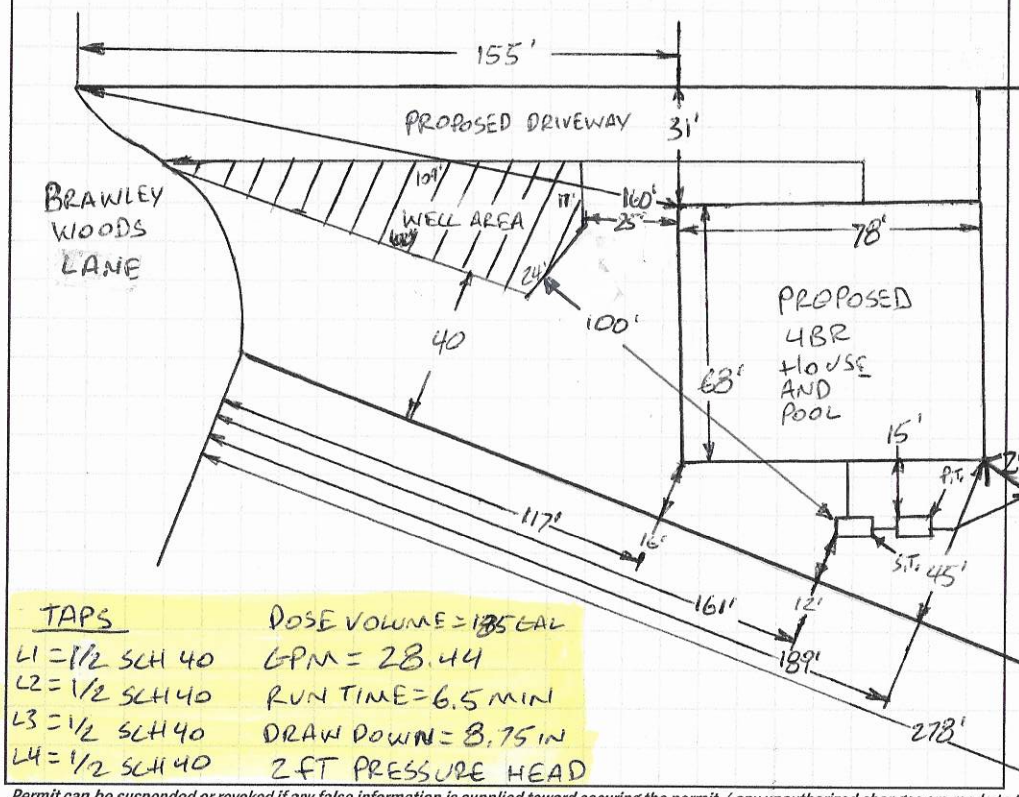
SUBDIVISION: BRAWLEY WOODS SECTION: P2 LOT # 12 LOT AREA: 1.643 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	Infiltrator	Date	Infiltrator	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Infiltrator	Date	Infiltrator	System Description: 25% REDUCTION - P.M.	☐ Business	No. Persons	8	☑ Private
Pump Make	GOULDS	Model	PC3 M	Serial #	A00429	Repair System Description: HORIZONTAL - PPBPS	☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	408 FT	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth	MAX 30 IN	Gravel Depth	—	☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 100FT FROM ALL WELLS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION

Lines + Manifold Observed - 12/3

INITIAL SITE SKETCH

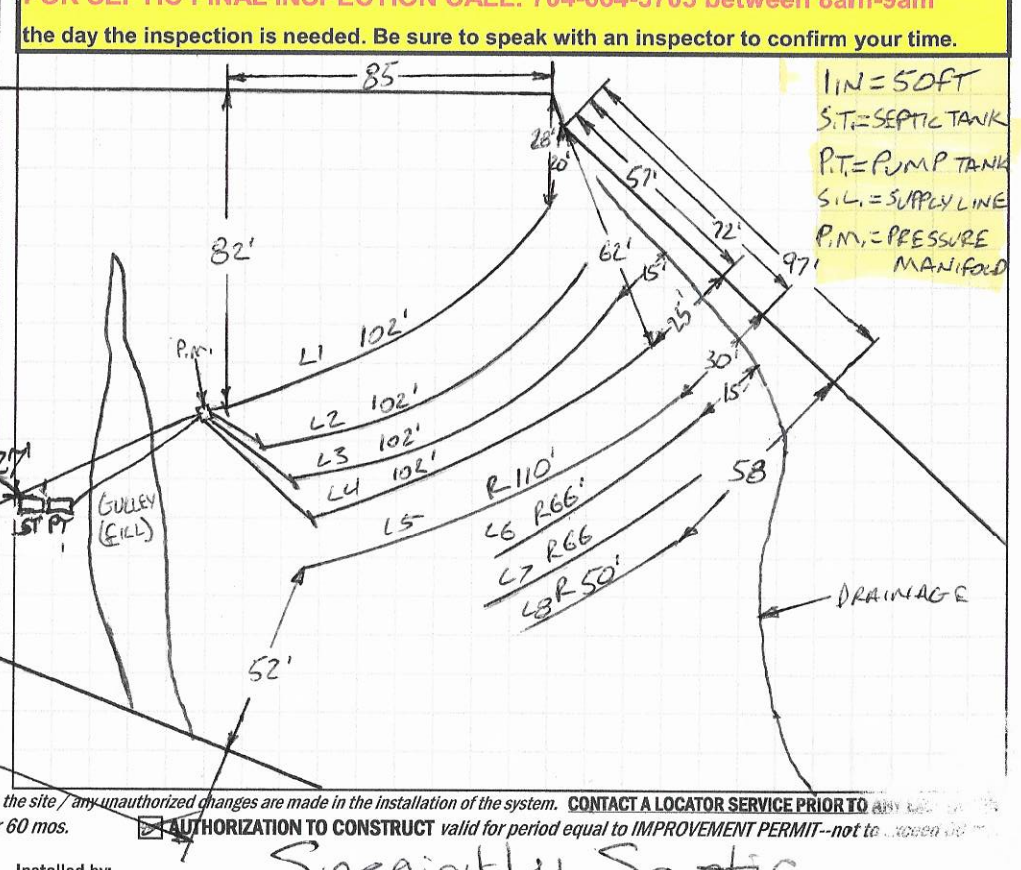


TAPS
L1 = 1 1/2 SCH 40
L2 = 1 1/2 SCH 40
L3 = 1 1/2 SCH 40
L4 = 1 1/2 SCH 40

DOSE VOLUME = 135 GAL
GPM = 28.44
RUN TIME = 6.5 MIN
DRAW DOWN = 8.75 IN
2 FT PRESSURE HEAD

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**

☐ **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*

Owner / Applicant Signature: Rebecca Tilley Date: 10/8/20 Installed by: Specialty Septic

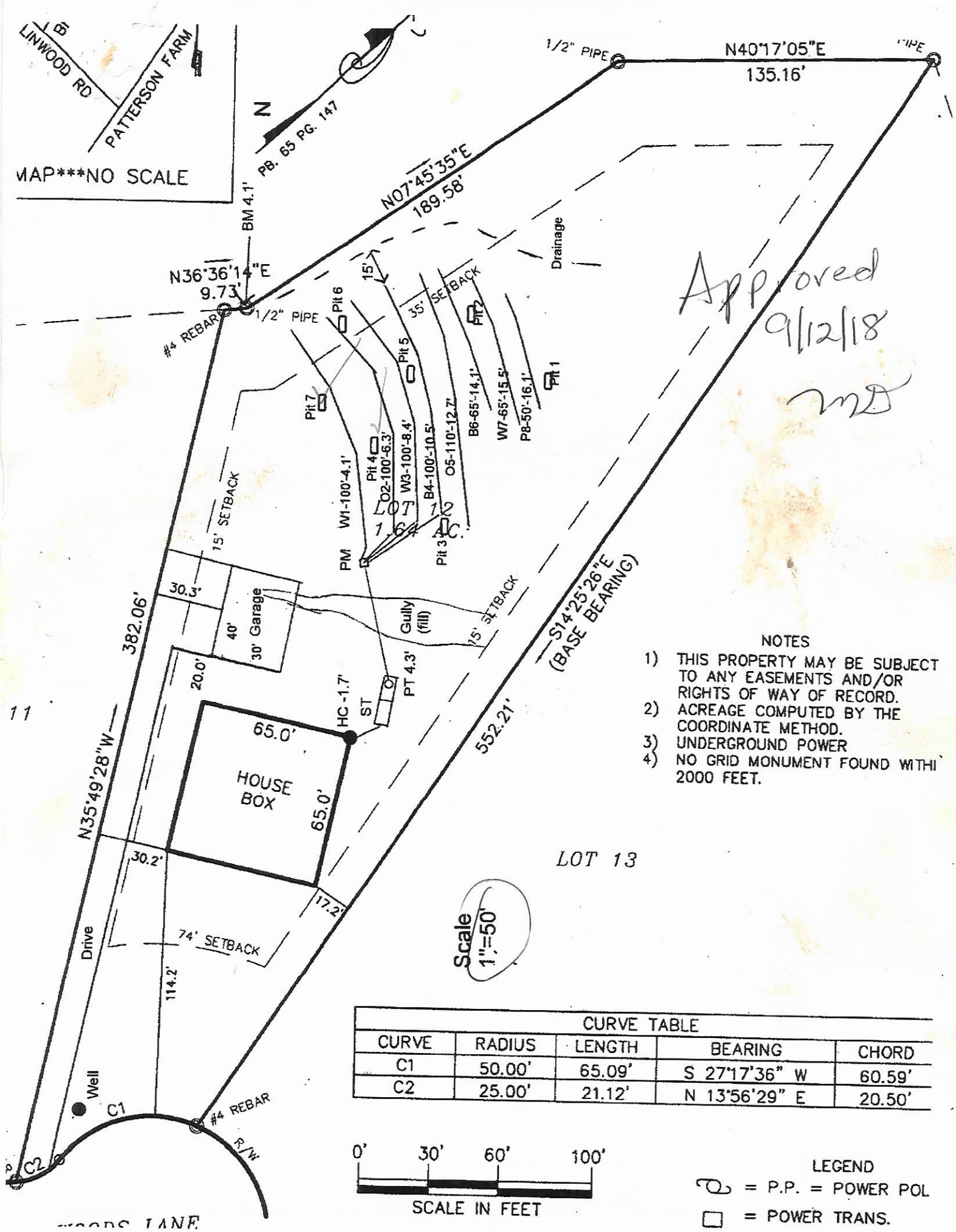
IMPROVEMENT PERMIT by: Burgett C. Whitley Date: 10-8-2020 OPERATION PERMIT by: Maria Dotson Date: 4/21/21

AUTHORIZATION TO CONSTRUCT by: Burgett C. Whitley Date: 10-8-2020 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	12-5-2020	BB
Tanks Checked	12/4/2020	PJB
Pressure Manifold or Valve Box Checked	12-5-2020	BB
Pressure Head Set	4-20-2021	BCW
Electrical Checked	4-20-2021	BCW
Floats Set	4-20-2021	BCW
Alarm Checked	4-20-2021	BCW
Maintenance Contract Y / (N)	4-20-2021	BCW
Comments:		

- GULLEY TO BE FILLED
- MULCH TO BE REMOVED FROM DRAINFIELD
- P.T. NEEDS 6" RISER



Approved
9/12/18
MD

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHI 2000 FEET.

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	65.09'	S 27°17'36" W	60.59'
C2	25.00'	21.12'	N 13°56'29" E	20.50'

LEGEND

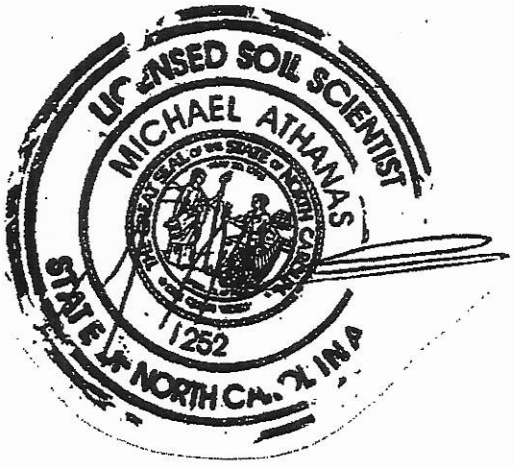
= P.P. = POWER POL

= POWER TRANS.

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Approved
9/12/18
MD

Reference: Data Sheet for 149 Brawley Woods Ln, Brawley Woods SD Lot 12
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: Horizontal PPBPS
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 5.2'
Friction Head: 0.9'
Pressure Head: 2'
Total Dynamic Head: 8.1'
Supply Line Length: 50' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36" (initial), 21" (repair)



Line	Design Length	Actual Length	Elevation
White 1	**100'**	**100'**	**4.1'**
Orange 2	**100'**	**110'**	**6.3'**
White 3	**100'**	**118'**	**8.4'**
Blue 4	**100'**	**105'**	**10.5'**
Orange 5		110'	12.7'
Blue 6		65'	14.1'
White 7		65'	15.5'
Pink 8		50'	16.1'

Initial System: 400'
Repair System: 290'
Pump Tank: 4.3'
House Corner: -1.7'
Benchmark: 4.1'

PROPERTY ID #: 4676615257
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Brawley Woods LLC
ADDRESS: 114 Morlake Dr, Suite 103, Mooresville, NC 28117
APPLICATION DATE
DATE EVALUATED: 8/7/18
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 1.64 AC
LOCATION OF SITE: 149 Brawley Woods Ln, Brawley Woods SD Lot 12
PROPERTY RECORDED: 2016
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 5%	0-4	Br SCL WSBK	FR SS SP SXP	YB @ 36" CHR 2 @ 43"	43"	N/A	N/A	PS 0.3 to 36" 0.25 to 43"
		4-20	R C SBK	FR SS SP SXP					
		20-43	R CL WSBK	FR SS SP SXP					
2	LS 5%	0-18	RBr CL WSBK	FR SS SP SXP	N/A	50"	N/A	N/A	PS 0.3
		18-50	R C WSBK	FR SS SP SXP					
3	LS 10%	0-18	Br CL WSBK	FR SS SP SXP	N/A	54"	N/A	N/A	PS 0.3
		18-28	R C SBK	FR SS SP SXP					
		28-54	R CL WSBK	FR SS SP SXP					
4	LS 15%	0-12	R C SBK	FR SS SP SXP	N/A	29"	C-M SAP PS	N/A	PS 0.4
		12-29	R CL WSBK	FR SS SP SXP					
		29-72	SL SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT²	870 FT²
System Type(s)	25% Reduction	Hoz. PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4676615257
DATE OF EVALUATION: _____
COUNTY: IREDELL

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
5	LS 10%	0-12	Br CL WSBK	FR SS SP SXP	N/A	54"	N/A	N/A	PS 0.3
		12-29	R C SBK	FR SS SP SXP					
		29-54	R CL WSBK	FR SS SP SXP					
6	LS 15%	0-5	Br SCL WSBK	FR SS SP SXP	N/A	18"		N/A	PS 0.4-0.6
		5-18	R C SBK	FR SS SP SXP					
		18-30	VER SL SAP M	VFR SS SP SXP			PS		
		30-65	VER LS SAP M	VFR SS SP SXP			PS		
7	LS 15%	0-18	R CL WSBK	FR SS SP SXP	N/A	18"		N/A	PS 0.4-0.6
		18-67	VER SL SAP M	VFR SS SP SXP			PS		

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

Jessica Drago
165 Crooked Branch

PROPERTY ID #: 4730609380
DATE OF EVALUATION: 7/20/2020
COUNTY: Iredell

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
	L 9%	0-7	Brn SCL w/	SBK SS, SP, SSP, FR		60"	—	—	PS .3
		7-25	RCm-w SBK	SS, SP, SSP, FR					
		25+in	RCL w/ SBK	CS, SP, SSP, FR					
			w/ SAP Inclus		—				

RECEIVED SEP 2 3 2020

AP-310041
$105.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

LIMITED

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (X) 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: Foundation Home Residential Address: 438 Williamson Road, Ste C, Mooresville Zip: 28117
Applicant Email: laina@foundationhomellc.com Phone: 704.360.2251 Alt. Phone: /
Owner Name: Anthony P Roses Address: 1028 Stanleigh Ave, Concord NC Zip: 28027
Owner Email: anthony.roses@gmail.com Phone: 704 562 5648 Alt. Phone: /

Property Information:

Street Address: 149 Brawley Woods Lane, Lot 12, Mooresville NC 28117
Subdivision Name: Brawley Woods Section/Phase: _____ Lot Number: 12
Driving Directions: Left turn from Linwood Road

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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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: _____
(✓) 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: _____ 9/21/20
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*) _____

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. _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4676-61-5257, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Rebecca Tilley, Foundation Home Residential, 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.

_____ 8/14/2020

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

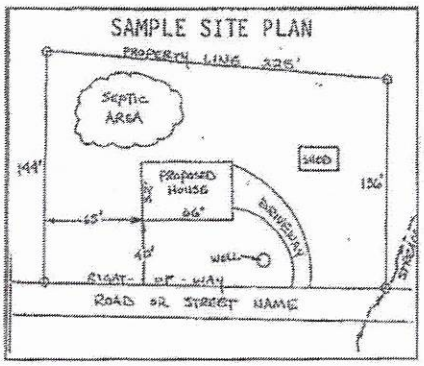
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 Plot Plan Attached *

Signature: _____ 9/21/20

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

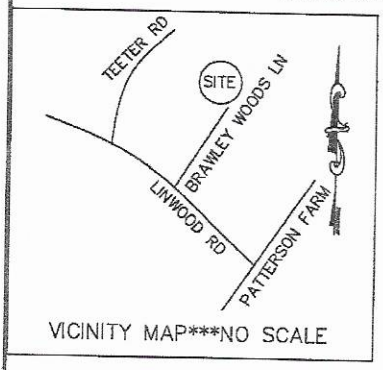
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2436, page 563, and/or plat book 65, page 147, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 20, day of JULY, A.D. 20 18.

REVISED DATE : AUG. 12, 2020 (NEW PLANS)

WILLIAM M. ALLEN PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP***NO SCALE

PB. 65 PG. 147

1/2" PIPE

N40°17'05"E
135.16'

1/2" PIPE

N07°45'35"E
189.58'

35' SETBACK

N36°36'14"E
9.73'

#4 REBAR

1/2" PIPE

LOT 12
1.64 AC.

SEPTIC

15' SETBACK

382.06'

15' SETBACK

S14°23'26"E
(BASE BEARING)

552.21'

29.9

40.0

POOL AREA

30.0

TANKS

LOT 11

N35°49'28"W

PROPOSED HOUSE

16.0

LOT 13

74' SETBACK

111.5

155

118

#4 REBAR

C1

#4 REBAR

R/W

C2

R/W

BRAWLEY WOODS LANE
50' PUBLIC R/W

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	65.09'	S 27°17'36" W	60.59'
C2	25.00'	21.12'	N 13°56'29" E	20.50'

0' 30' 60' 100'
SCALE IN FEET

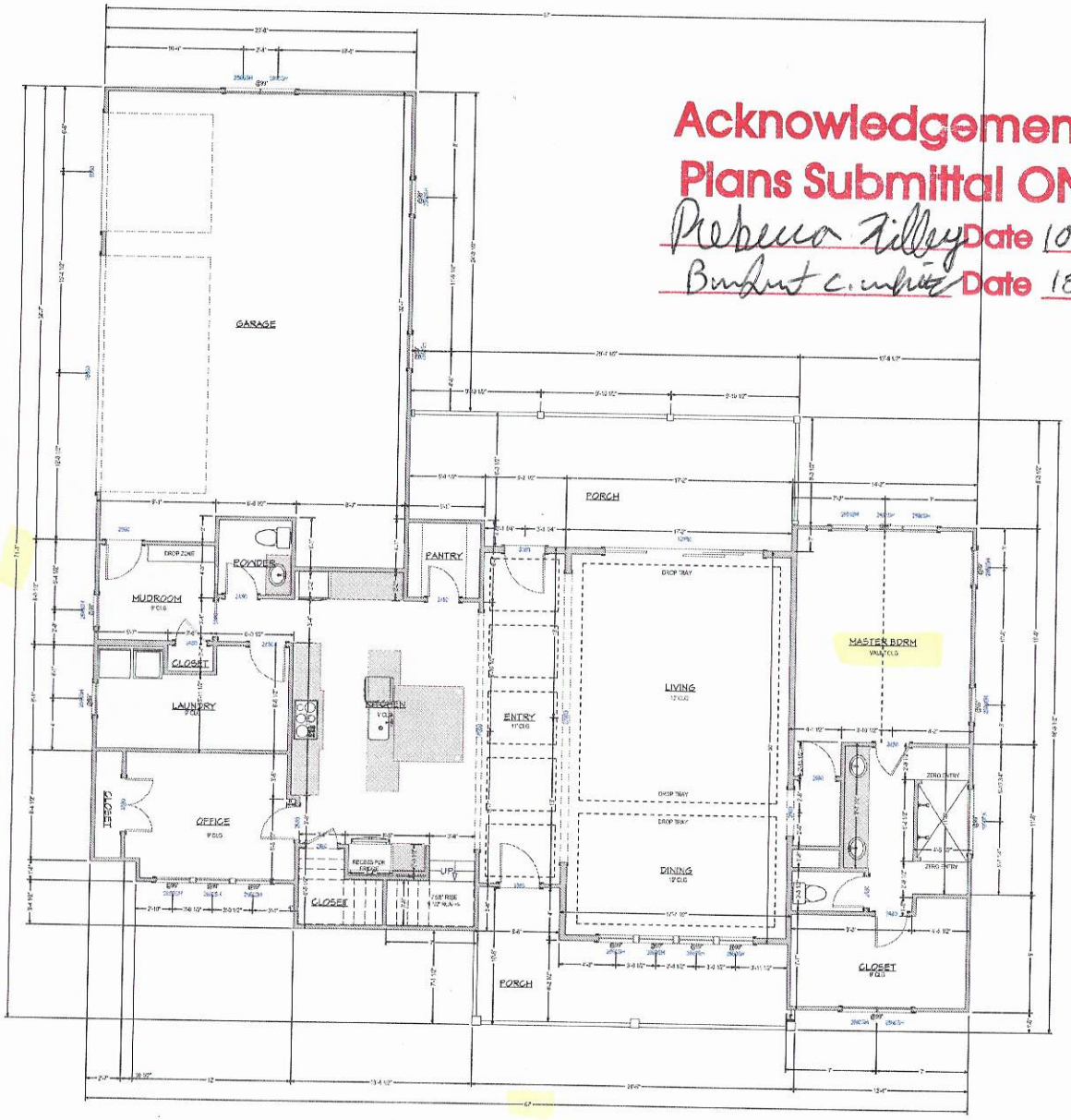
LEGEND
= P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

PLOT PLAN SURVEY

OF
149 BRAWLEY WOODS LANE
LOT 12 BRAWLEY WOODS, PH. II
CODDLE CREEK TWSP., IREDELL CO., N.C.

SCALE 1" = 60'
ACQUIRED BY: FOUNDATION HOMES RESIDENTIAL, LLC.

FIELD BOOK:
FILE: BRAWLEY WOODS 12.DWG
DC FILE:
TAX MAP NO: 4676615257



Acknowledgement Of Plans Submittal ONLY!

Rebecca Tilley Date 10/8/20

Brent Combs Date 10-8-2020

SQUARE FOOTAGE	
1ST FLOOR HEATED	2017
2ND FLOOR HEATED	973
TOTAL HEATED	2990
GARAGES	820
PORCHES	479
TOTAL UNDER ROOF	4289

FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

FIELD

NO.	DESCRIPTION	BY	DATE

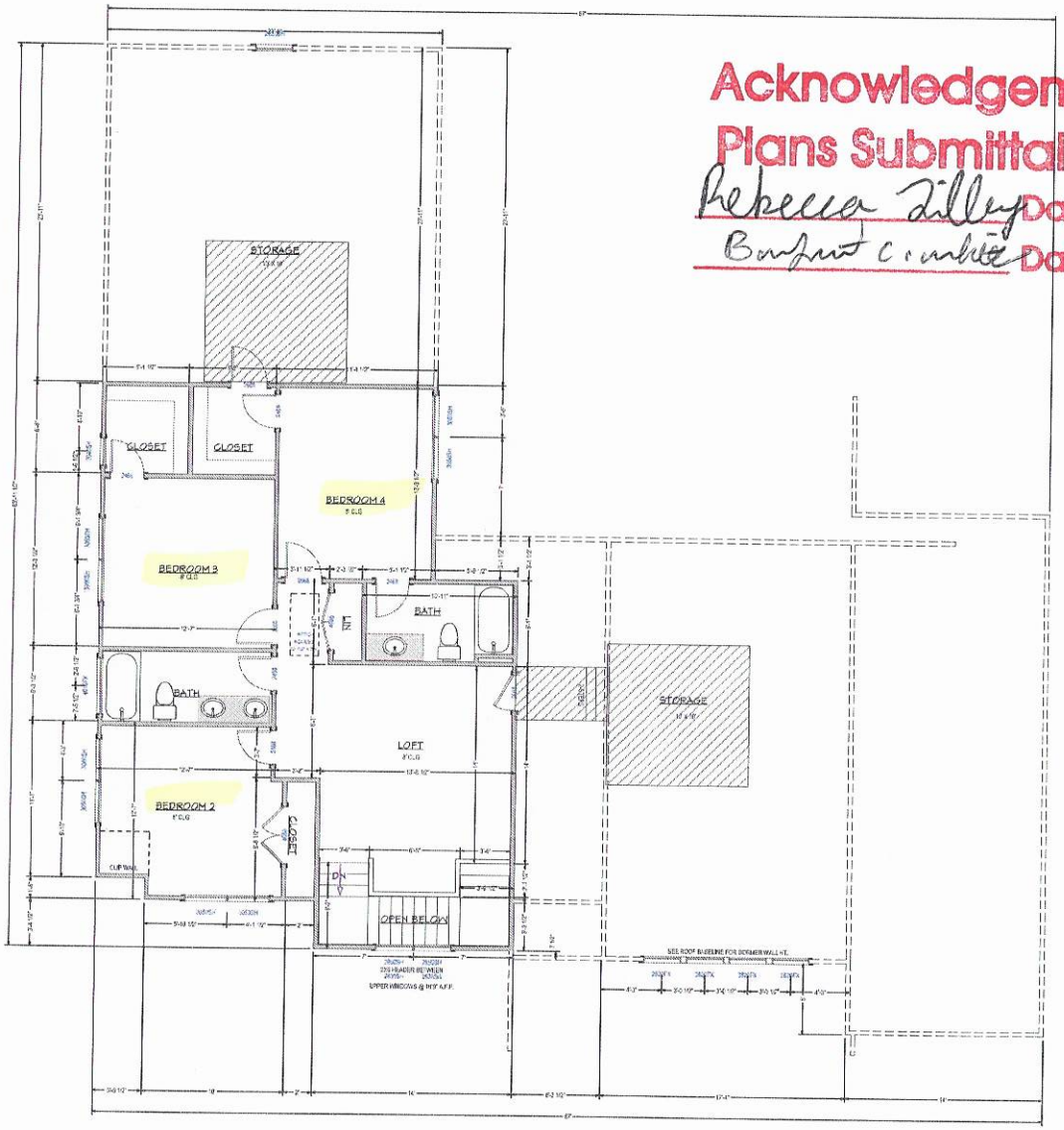
PROJECT DESCRIPTION:
Rosas Residence

VisualDesignAndDrafting@gmail.com
Judie Travis
(760-525-2567)
VISUAL DESIGN & DRAFTING

DATE: 9/13/2020

SCALE:

SHEET: A-6



Acknowledgement Of Plans Submittal ONLY!

Rebecca Zilley Date 10/8/20

Benjamin Crumbliss Date 10-8-2020

SQUARE FOOTAGE	
1ST FLOOR HEATED	2017
2ND FLOOR HEATED	973
TOTAL HEATED	2990
GARAGES	820
PORCHES	479
TOTAL UNDER ROOF	4289

SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION: Rosas Residence

VISUAL DESIGN & DRAFTING

DATE: 9/13/2020

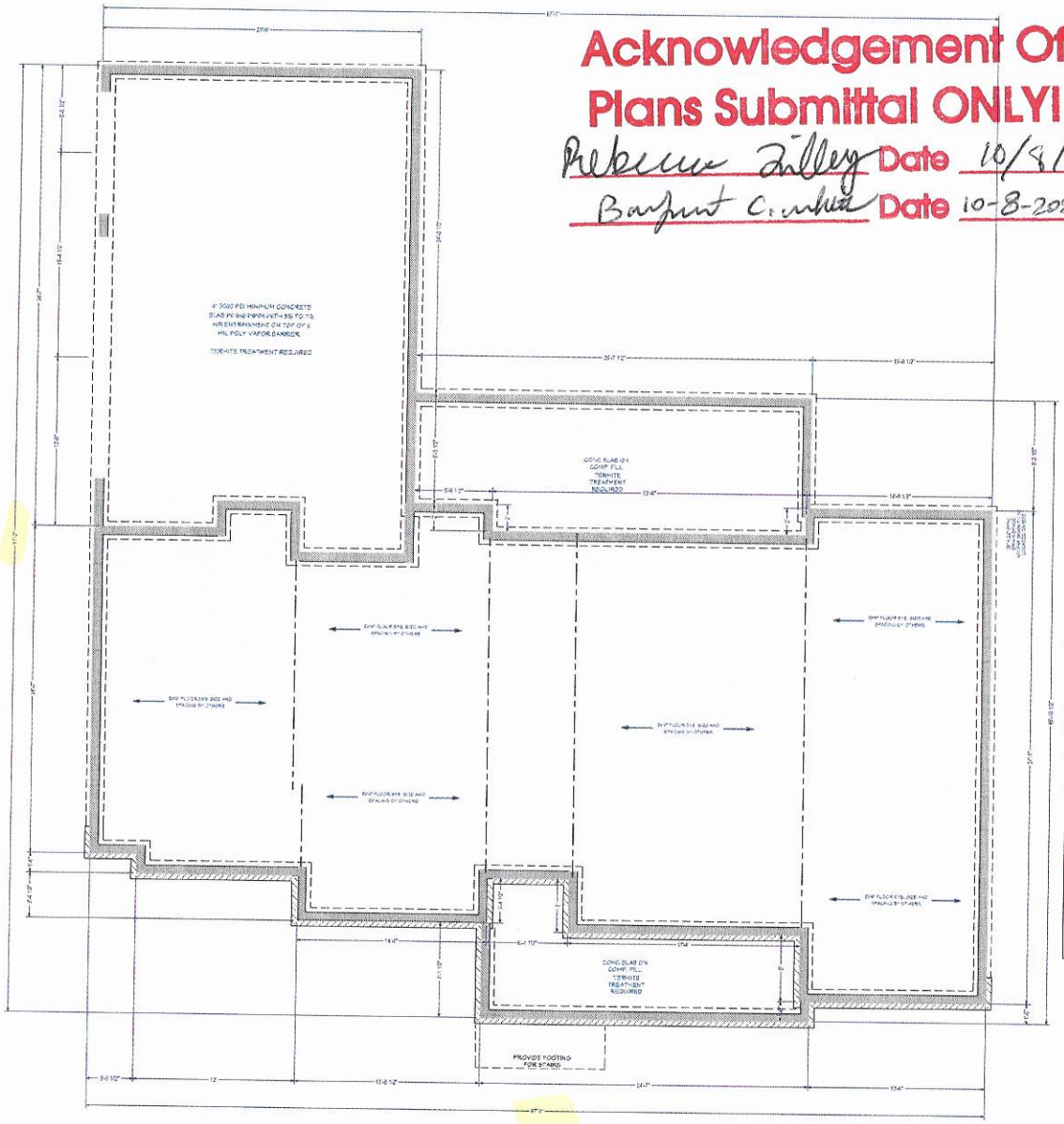
SCALE:

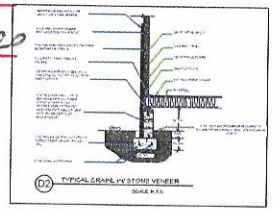
SHEET: A-7

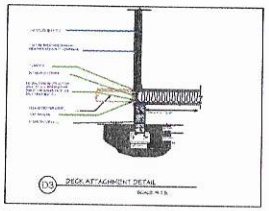
Acknowledgement Of Plans Submittal ONLY!

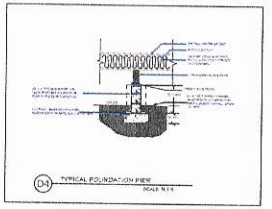
Rebecca Zilley Date 10/8/20

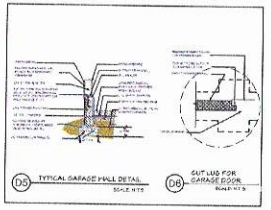
Bayfront Conditions Date 10-8-2020











SQUARE FOOTAGE	
1ST FLOOR HEATED	2017
2ND FLOOR HEATED	973
TOTAL HEATED	2990
GARAGES	820
PORCHES	479
TOTAL UNDER ROOF	4289

BASEMENT / FOUNDATION PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

FIELD

PROJECT DESCRIPTION:
Rosas Residence

VisualDesignAutoDrafting@gmail.com
Justin Travis
(334) 805-0082
VISUAL DESIGN & DRAFTING

DATE: 9/13/2020

SCALE:

SHEET: A-5