ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

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

PERMIT # AP 324107

PIN # 4750-72-2532.

APPLICANT/OWNER: Foley Home Sales APPLICANT ADDRESS: 1075 Blue Spruce Drive Mooresville NC 28115

SITE ADDRESS: 116 Leafy Way PHONE: 856-464-5379 ALT. PHONE —

SITE DIRECTIONS: 115 N to Hwy 21 Right on WestMoreland Right on Houston Property on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Foley Home Sale's Property SECTION: — LOT # 4 LOT AREA: .84 AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB STOAF 760	Date	3/4/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Gravity - 25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	300.	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36in	Trench Bottom Depth(~~Low side~~)		24in.	Gravel Depth —		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of the Carolinas PA.

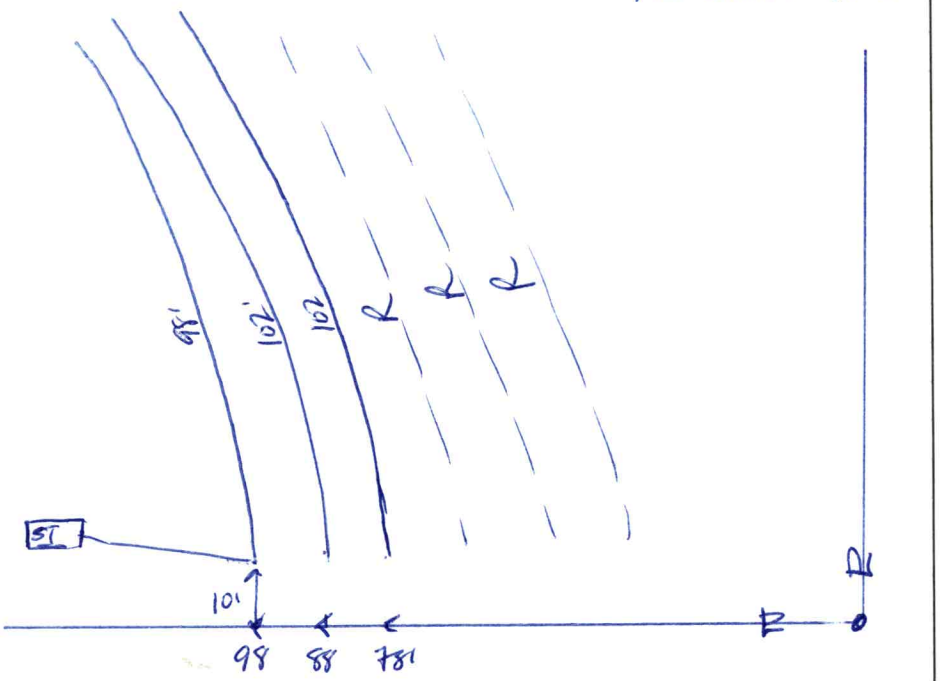
LSS # 1218 Dated Jan 7, 2022.

HOUSE

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.

As Built - NTS



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**

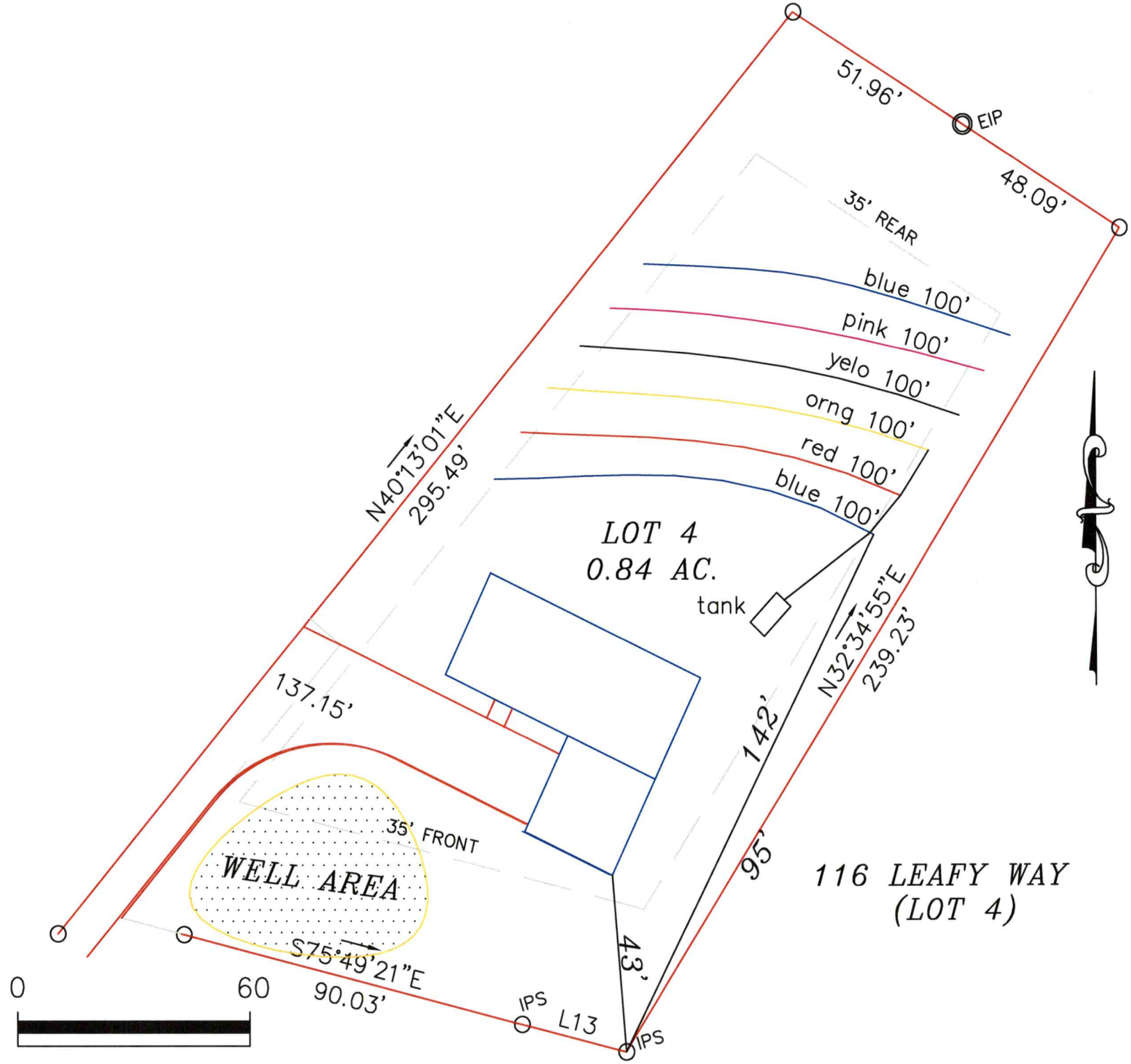
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Shelagh Foley Date: 1/25/22 Installed by: Groundbreakers - Shannon Henderson

IMPROVEMENT PERMIT by: Benjamin A Hess Date: 1/13/2022 OPERATION PERMIT by: D Weberg Date: 5/6/22

AUTHORIZATION TO CONSTRUCT by: D Weberg Date: 1/26/22 Existing System Inspected by: Date:

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


51.96'
EIP
48.09'
35' REAR
blue 100'
pink 100'
yelo 100'
orng 100'
red 100'
blue 100'
N40°13'01"E
295.49'
LOT 4
0.84 AC.
tank
N32°34'55"E
239.23'
137.15'
142'
95'
35' FRONT
WELL AREA
S75°49'21"E
90.03'
43'
IPS
L13
IPS
0
60
116 LEAFY WAY
(LOT 4)

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

January 7, 2022

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal for 116 Leafy Way

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom accepted system using gravity distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Owner: Doug Foley, Foley Home Sales, Inc.:

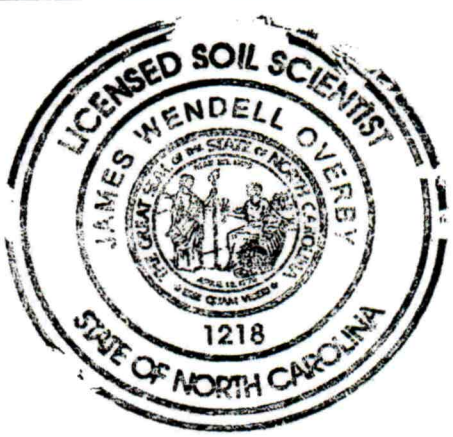
Signature: _____

"The LSS Evaluation is being submitted pursuant to and meets requirements of SL 2018-114 Section 11.(c)."

Wendell Overby, LSS

Signature: _____

Seal:



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

A design for a 3 Bedroom
ACCEPTED Septic System
using GRAVITY distribution
for 116 Leafy Way, Lot# 4

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3

Site Plan---------- 4

Calculations---------- 5

Iredell County Septic Application---------- 6-7

Environmental Health Form---------- 8

Agent Authorization---------- 9

Zoning Permit---------- 10

Soil Descriptions---------- 11

Jan 2022
Design By: W. Overby

116 Leafy Way, Lot# 4
INFORMATION FOR THE INSTALLER

* Tanks shall be approved by DHHS, and certification supplied by the manufacturer.
* The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
* The supply trench shall be compacted to eliminate cavities left during initial fill placement
* Installation of the system shall be during dry conditions in order to protect the soil
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as ACCEPTED type using GRAVITY distribution**
* **Repair specified as ACCEPTED type using GRAVITY distribution**
* **System trench depth specified at 24"**
* **System trenches installed on 9' minimum; 3' wide trenches**
* **See Figure 1. Septic System Layout and House Plan**

116 Leafy Way, Lot# 4
ACCEPTED GRAVITY SYSTEM
FOR WASTEWATER TREATMENT

Business (if applicable):	Foley Homes Sales
Contact:	Doug Foley
Phone:	856 404-5379
Email:	FOLEY1301@GMAIL.COM
County:	Iredell
Location:	116 Leafy Way

Design Specifications

Source of Wastewater Flow:	3	bedroom home
Estimated Daily Wastewater Production:	360	gpd
Drain field Size:	300	lf
Loading Rate:	0.3	$gpd/ft.^2$
Trench Depth:	24	in
Trench Width:	36	in
Septic Tank Size:	1000	gal

116 Leafy Way, Lot# 4
LAYOUT SPECS

Daily Flow (gpd) 360 **Jan 2022**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1							
			SYSTEM				
1						107	100
2						102	100
3						100	100
			REPAIR				
4						100	100
5						100	100
6						100	100

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	300	0.300	ACCEPTED	25%	GRAVITY	24
REPAIR	300	0.300	ACCEPTED	25%	GRAVITY	24

Notes: **All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

116 Leafy Way, Lot# 4
Calculations

Designer	W. Overby
Project Name	116 Leafy Way
Project #	21-1083
Project MM YYYY	Jan 2022
Lot # (if applicable)	4
Business (if applicable)	Foley Homes Sales
Contact	Doug Foley
Phone	856 404-5379
Email	FOLEY1301@GMAIL.COM
County	Iredell
Bedrooms	3
Daily Flow	360
System LTAR	0.3
Repair LTAR	0.3
System Type	ACCEPTED
Repair Type	ACCEPTED
System Distribution	GRAVITY
Repair Distribution	GRAVITY
System Trench Depth	24
Repair Trench Depth	24
Required Feet of Line (system)	300
Required Feet of Line (repair)	300

RECEIVED JAN 1 1 2022

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

Paid $ 500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 324107

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: FOLEY HOME SALES **Address:** 1075 BLUE SPRUCE DRIVE **Zip:** 28115

Applicant Email: FOLEY1301@GMAIL.COM **Phone:** 856 404-5379 **Alt. Phone:** _____

Owner Name: SAME **Address:** _____ **Zip:** _____

Owner Email: SAME **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 116 LEAFY WAY

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** 4

Driving Directions: 115 N TO HWY 21 RIGHT ON WESTMORELAND, RIGHT ON HOUSTON PROPERTY ON LEFT

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

CHECK FOUNDATION TYPE

(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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

(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: _____
( ) No Preference ( ) Alternative ( ) Conventional (X) 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.

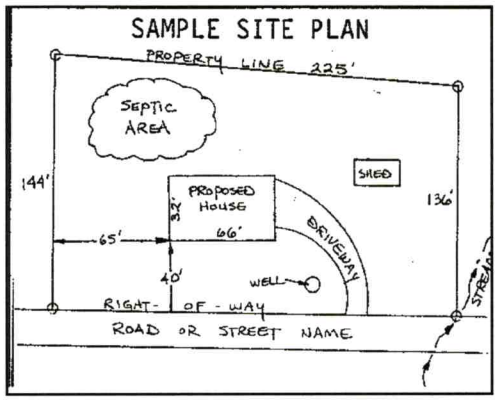
Signature: _____ 1/7/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 PLANS

Signature: _____

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; Reol 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, DOUG FOLEY, am the legal owner(s) of the property located at 116 LEAFY WAY, identified as PIN (Parcel Identification Number) 4750722532, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WENDELL OVERBY, _____, 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.

_____ 1/7/22
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

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 ****

WO **Complete all Environmental Health forms**:

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

WO **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.**

WO **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**.

WO **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.

WO **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 nonrefundable. 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** 1/10/22

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 · NC

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

APPLICATION NUMBER
324107 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4750722532.000	116 LEAFY WAY	IREDELL COUNTY

Owner Information	Applicant Information
Name: FOLEY HOME SALES LLC	Name: SOIL AND FORESTRY SERVICES
Address:	Address: 813 DAVIDSON DR NW CONCORD, NC 28025
Phone:	Phone: (704)239-2001

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.84	35	35	15	15	N/A	NO

Remarks
MODULAR HOME need disclaimer

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.

Wendell Overby
Signature of Owner/Contractor

Date: 12/21/2021

Permit Number	324107	TOTAL FEES:	$77.25

PROPERTY ID #: 4750722532
COUNTY: IREDELL

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

OWNER: Foley Home Sales, LLC
APPLICATION DATE:
ADDRESS:
DATE EVALUATED: 10/21/2021
PROPOSED FACILITY: 360 gpd
PROPERTY SIZE: .84
LOCATION OF SITE: 116 Leafy Way
PROPERTY RECORDED: YES
WATER SUPPLY: [✓] Private [✓] Well [ ] Spring [ ] Other
EVALUATION METHOD: [ ] Auger Boring [✓] Pit [ ] Cut TYPE OF WASTEWATER: [X] 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 SAPR CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L / 5%	0-5	B SL WFG	FR SS SP	N/A	56	N/A		.3
		5-11	YR CL WFS	FR SS SP					
		11-34	RC MMA	FR SS SP					
		34-56	BR CL WMS	FR SS SP c SAP					
2	L / 5%	0-8	BR SL WFG	VFR NS NP	N/A	60	N/A		.3
		8-38	R C WMS	FR SS SP					
		38-60	R CL WFS	FR SS SP f SAP					
3	L / 5%	0-10	B SL WFG	VFR NS NP	N/A	55	N/A		.3
		11-32	R C MMA	FR SS SP					
		32-55	BR CL WMS	FR SS SP f SAP					
4	L / 5%	0-3	B SL WFG	FR SS SP	N/A	58	N/A		.3
		3-32	RC MMA	FR SS SP					
		32-58	R CL WMA	FR SS SP f SAP					

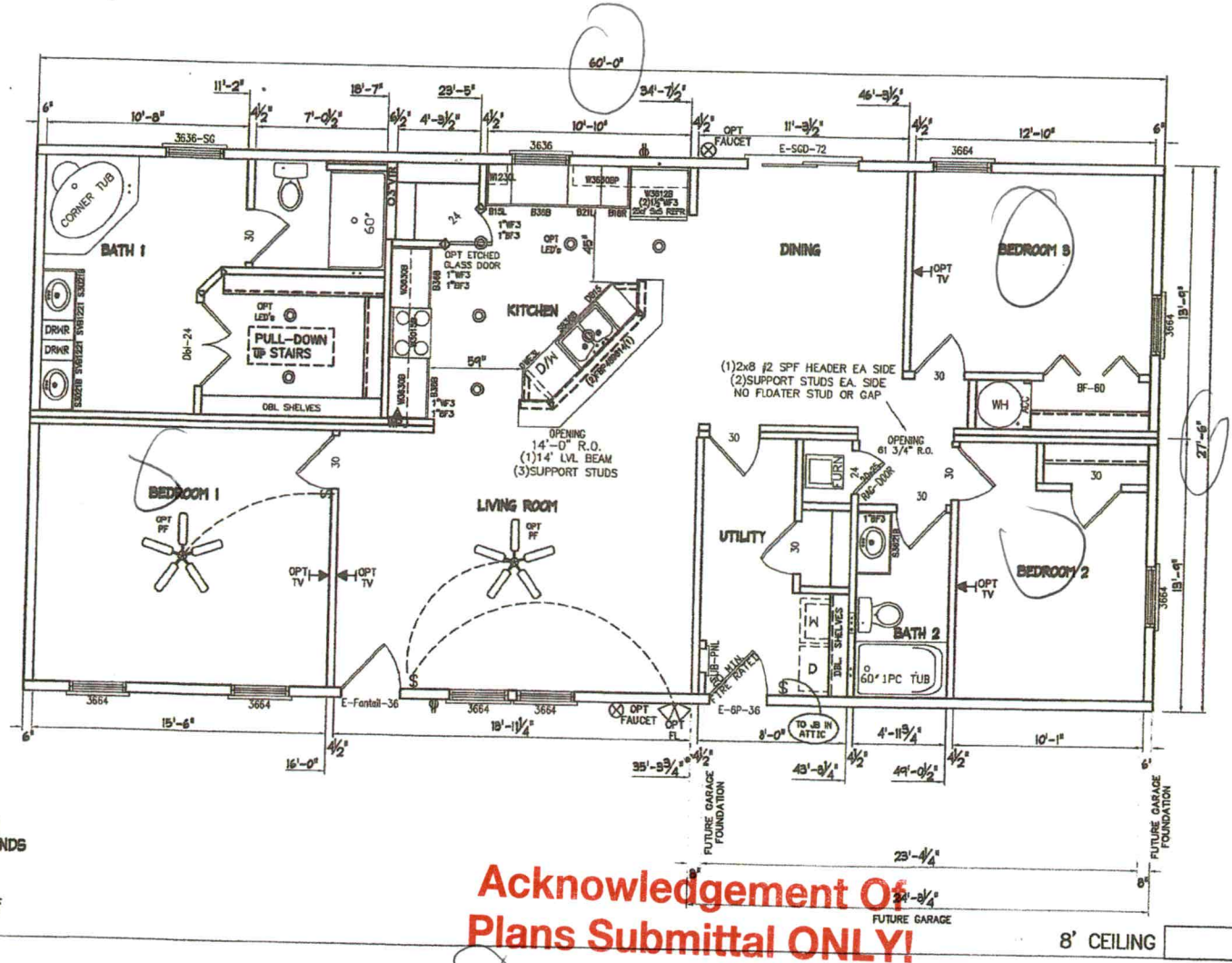
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	300
System Type(s)	ACCEPTED	ACCEPTED
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: OVERBY PS
OTHER(S) PRESENT:



COMMENTS:

BAB 1/14/2022.



ALL APPLIANCES ARE SHOWN FOR REPRESENTATION ONLY. INSTALLATION AND/OR SHIPPING OF APPLIANCES DEPENDS ON SALES ORDER.

TOTAL AREA = 1650sf
CONDITIONED AREA = 1564sf

Acknowledgement Of Plans Submittal ONLY!

Date 1/26/22

Date

201

FOLEY HOME SALES / SPEC LOT 5
60'-0" x 27'-6" SN 485
CP-60' FHS Spec Lot 5 Flipped

1st FLOOR ORDER

DRAWN JRH DATE 10/29/2021
REV. DATE
SCALE 3/16" =1'-0"

Mania & Crestline Custom Builders
5880 Crestline Road
Laurinburg, NC 28352
1-800-772-0195
www.maniascustombuilders.com
www.crestlinecustombuilders.com