IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239088

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

PIN # 4752-23-5592-33.0121

APPLICANT/OWNER: Eddie Shue / Kortney + Chris Myers APPLICANT ADDRESS: 1206 Greenland Dr. (N/A)

SITE ADDRESS: 161 Hurst Dr. Statesville, NC 28677 PHONE: 704-794-4505 ALT. PHONE

SITE DIRECTIONS: Ostwalt Amity SE from I-77 → L on Tucker Rd → L on Hurst → @ end on Left. SAP CONTROLLED: ☒ YES ☐ NO

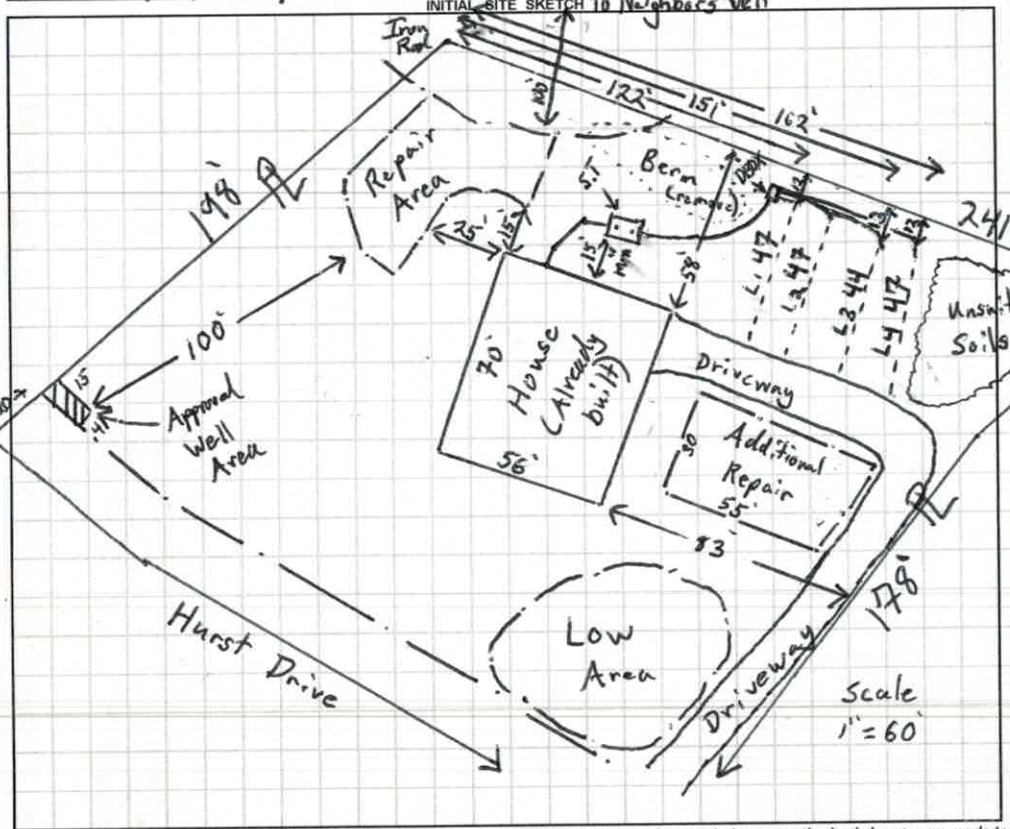
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.055 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.325

Septic Tank	1000	(gal)	STB	1012	Date	3/12/19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date		System Description: 50% Reduction (Horizontal PPBPS)				
Pump Make	—	Model	—		Serial #	—	Repair System Description: 50% Reduction (LP-PPBPS)				
# Nitrification Fields	1	# Lines	4		Linear Ft	185	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		24"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			

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

Comments / Conditions: Remove 6"-8" of berm from upslope drainfield area to promote surface water runoff from site (and NOT toward drainfield.) DO NOT DRIVE OR PARK VEHICLES ATOP PRIMARY OR REPAIR SEPTIC AREAS. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH TO Neighbor's Well



AS BUILT SKETCH

- installed as permitted
- tank 17' from house
- tank 148' to well
- supply line 10' off property line

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: [signature] Date: 3/21/19 Installed by: David Yountz

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/21/2019 OPERATION PERMIT by: Carla C. Cave Date: 5-2-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/21/2019 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 #: 4752330
COUNTY: Iredell

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

OWNER: Chris and Kortney myers
ADDRESS: 151 Hurst Dr, statesville NC 28677
PROPOSED FACILITY: Newsingle Family PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 161 Hurst Dr. statesville NC 28677

APPLICATION DATE 9/24/18
DATE EVALUATED: 10/25/18
PROPERTY SIZE: 1.201 acres
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-7	SCL WSBK	Fr SS SP SexP	NA	31"	Starts at 31"	50"	PS .325
		7-12	C SBK	Fr SS SP SexP					
		12-31	CL WSBK	Fr SS SP SexP					
		31-39	Loamy Sap Mass	VFr					
		39-50	sandy sap Mass	VFr					
2	LS	0-5	SCL WSBK	Fr SS SP SexP	NA	45"	Starts at 45"	60"	PS .325
		5-12	C SBK	Fr SS SP SexP					
		12-45	CL WSBK	Fr SS SP SexP					
		45-60	Loamy Sap Mass	VFr					
3	LS	0-6	SCL	Fr SS SP SexP	NA	24"	Starts at 24"	24"	PS .225
		6-24	C	Fr SS SP SexP					
		24-60	Parent RX	Fr					
4	LS	0-6	SCL	Fr SS SP SexP	NA	11"	Starts at 11"	67"	PS .325
		6-11	C	Fr SS SP SexP					
		11-67	Loamy Sap Mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	277+	277+
System Type(s)	25% reduc	25% reduc
Site LTAR	.325	.325

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick Boyle
OTHER(S) PRESENT: Tom Shuck

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

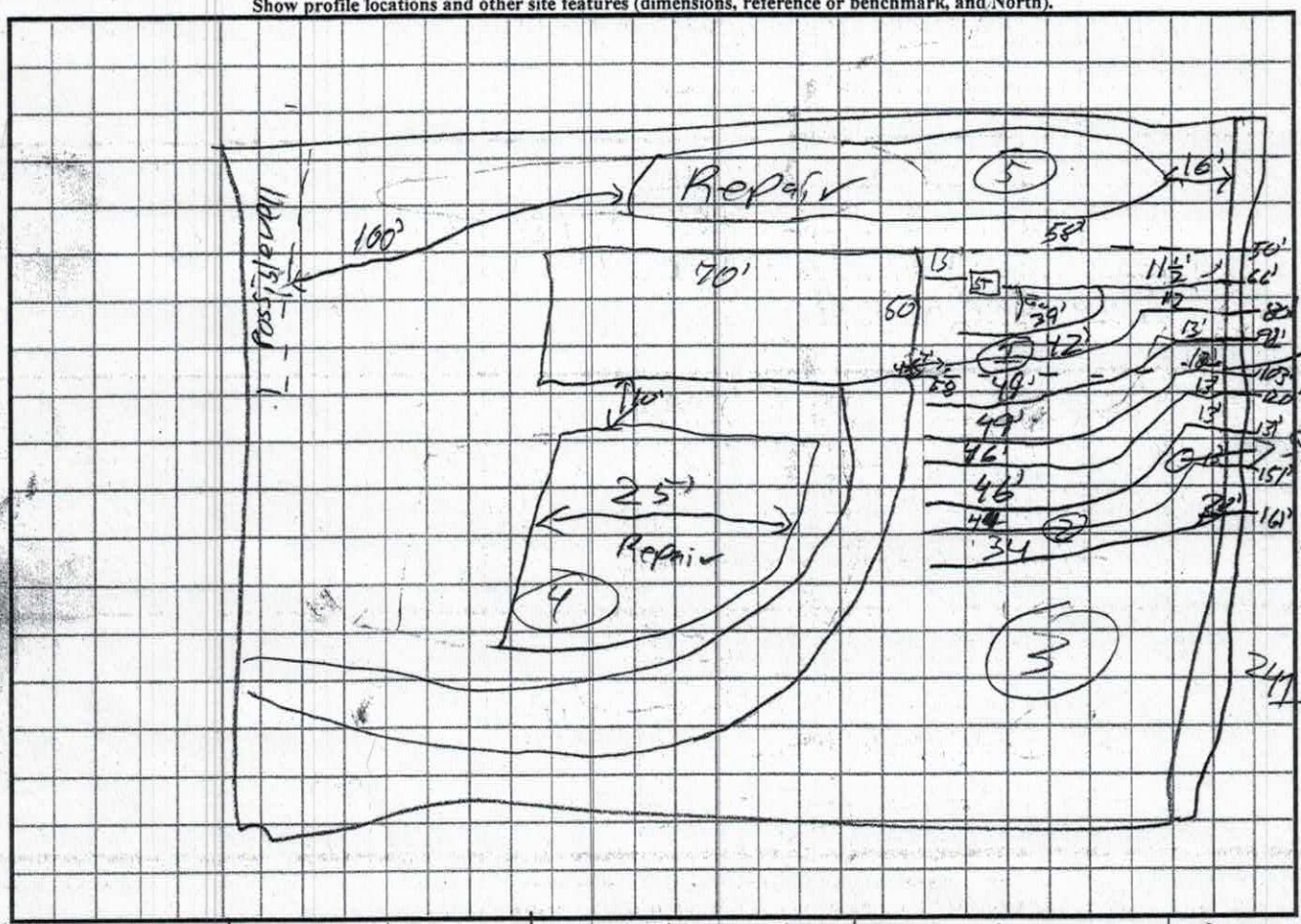
NOTES

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/ft²

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



7+5 55	0-4 SCL w1BK 4-14 C EBK 14-23 CL wSBK 23-67 Sap mats	Frssspsexp Frssspsexp Frss spsexp VFr	NA	28"	Stone 15 at 28"	67"	PS .325

Updated February 2014

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4952-23-7388
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Chris + Kortney Myers — APPLICATION DATE: 9/24/18
ADDRESS: 151 Hurst Dr. Statesville — DATE EVALUATED: 10/25/18
PROPOSED FACILITY: 3 BR SFR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 1.056
LOCATION OF SITE: 161 Hurst Dr Statesville — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Shoulder [sloping] 8%	0-9	SCL V,W,SBK	Sl. Friable, SS Sp Sap		31"			0.325 PS
		9-16	Clay some mica M SBK	Sl. Firm, Sticky, Sp. Sap					
		16-31	Clay Loam common mica W SBK / Saprolite	Friable SS Sp Sap					
		31-39	MA Loamy Saprolite	very Friable + well Drained					
		39-50	MA Sandy Saprolite	very Friable + well Drained	50" Rx (Dense in place SAP)				
2	LSS 7%	0-5	SCL V,W,SBK fine	Sl. Friable, SS, Sp, Sap		50"			0.325 PS
		5-10	Clay W SBK	Sl. Firm, Sticky, Sp. Sap					
		10-50	Clay Loam common saprolite W. SBK	Friable, SS Sp. Sap					
		50-62	MA Loamy Saprolite	very Friable + well Drained					
3	LSS 5%	0-5	SCL V,W,SBK			25"			0.250 (0.1 Dr.P) PS
		5-25"	Clay W-M, SBK/ABK	Sl. Firm, Sticky, Sp, Sap					
		25-62	Rx	Dense Saprolite					
4	Side Slope 11%	0-5	SCL V,W,SBK			19"			0.35 PS
		5-19	W Clay Loam SBK some mica + Sap	Sl Friable, SS, Sp, Sap					
		19-68	MA Loamy + Sandy Saprolite	very Friable + well Drained					
			E Sandy Deep [40"+]						

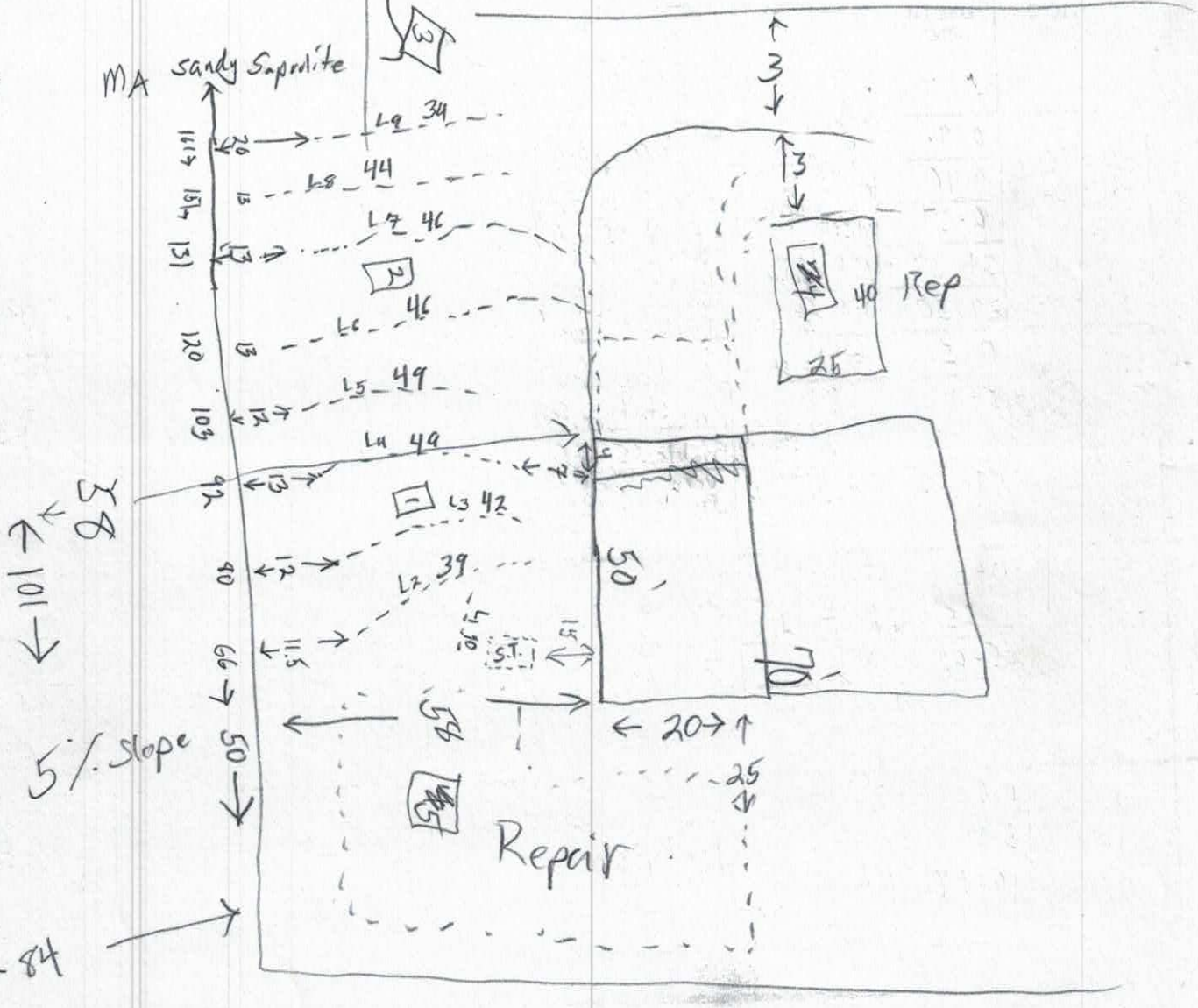
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	312	250+
System Type(s)	25% Reduction	50% Red
Site LTAR	0.325	0.325

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Patrick Boyle

COMMENTS:

0-6	V.W. sBk	SCL	Sl. Friable, SS, Sp, Sexp
6-15	w-m sBk w ABk	Clay	Sl. Firm, Sticky, Sp, Sexp
15-32	w. sBk	clay loam	Sl. Friable, SS, Sp, Sexp
32-48	MA	Loamy Saprolite	Very Friable + well drained
48-70	MA	Sandy Saprolite	

0.325 PS



3/6/19 10" Deflection on L_3 (Permit) [now 21' au

Int. Relayout pd. $320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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) myersCK07@gmail.com

Applicant Name: Eddie Shue Address: 1206 Greenland Dr Zip:
Applicant Email: eddieshue@americashomeplace.com Phone: 704-794-4505 Alt. Phone:
Owner Name: Kortney Chris Myers Address: 161 Hurst Dr Statesville Zip: 28677
Owner Email: Kortney@beforeyoubrew.com Phone: Alt. Phone:

Property Information:

Street Address: 161 Hurst Dr. Statesville N.C.
Subdivision Name: Section/Phase: Lot Number:
Driving Directions:

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: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) 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:
(✓) 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: 3/6/19
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

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.

I, KORTNEY MYERS, am the legal owner(s) of the property located at 161 HURST DR. STATESVILLE, NC, identified as PIN (Parcel Identification Number) 4752330121, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Eddie Shea, America's Home Place, 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) 3.5.19 Date

Signature of Witness 3-5-19 Date

Please return this signed form to the appropriate office:

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

905

IREDELL COUNTY HEALTH DEPARTMENT

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

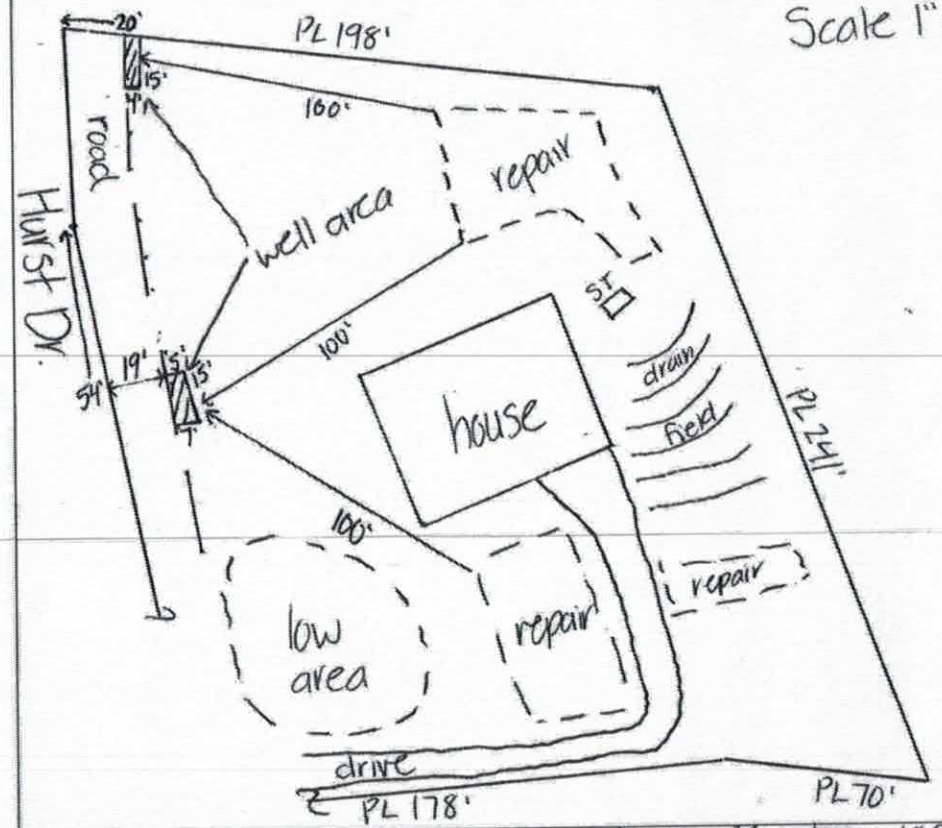
PRIVATE DRINKING WATER WELL PERMIT # 239088 **PIN #** 4752330121 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT/OWNER NAME: Chris + Kortney Myers ADDRESS: 151 Hurst Dr. Statesville, NC PHONE: 704-902-2273

DIRECTIONS TO SITE: Amity Hill Rd → L on Tucker → L on Hurst

SITE ADDRESS: 161 Hurst Dr. Statesville, NC SUBDIVISION: — SECTION/LOT: —

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Drill in area shown. Maintain 100' from any septic area.

WELL PERMIT ISSUED BY: Kayla Watson DATE: 11-8-18 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

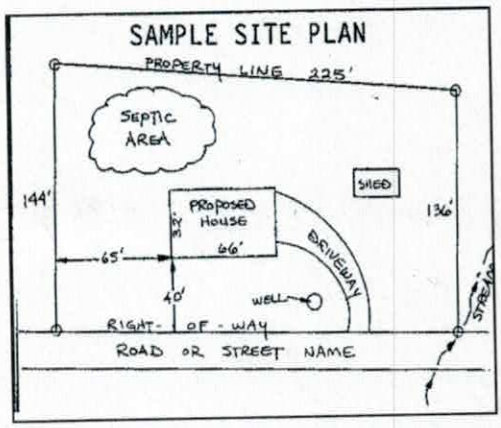
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

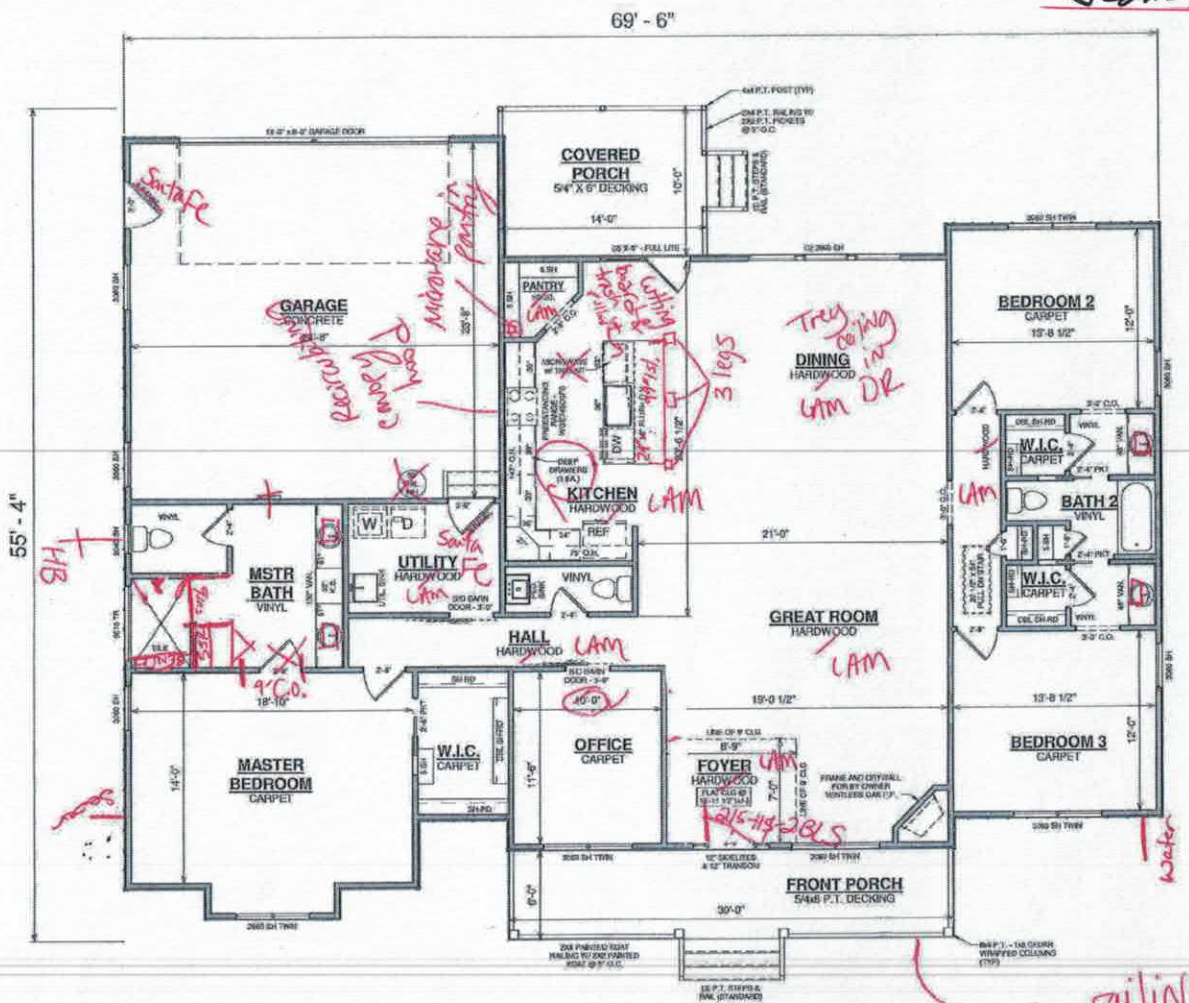
Signature: _____ 3/6/19

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

Acknowledgement Of Plans Submittal ONLY!

Date 11/9/18

Date 11/9/18



SPECIAL NOTES

- GRANITE COUNTERTOPS IN KITCHEN W/ PENCIL EDGE PROFILE, 4" GRANITE BACKSPLASH AND KARRAN QUARTZ SINK
- (3 EA.) DEEP DRAWERS IN KITCHEN
- MICROWAVE w/ TRIM KIT IN ISLAND CABINET ILO STANDARD
- FREESTANDING DOUBLE OVEN / RANGE MODEL - WGE74C0FS - ILO STANDARD
- CULTURED MARBLE COUNTERTOPS IN ALL BATHS
- SMOOTH CEILINGS THROUGHOUT
- PULL DOWN STAIR - INSULATED AND SEALED
- 4'x6' TILE SHOWER w/ 3' RETURN WALL AND BENCH SEAT IN MASTER BATH
- UPGRADE GUTTERS TO PREMIUM COLOR ILO STANDARD

Revision Schedule

#	Description	Date
1	PRELIM #2	10-29-18

AREAS:

FIRST FLOOR HEATED	2,391 SF
GARAGE	691 SF
UNFINISHED BASEMENT	339 SF
FRONT PORCH	190 SF
COVERED PORCH	137 SF
TOTAL UNDER ROOF	3,648 SF

THE: FRANKLIN A

FOR: CHRIS & KORTNEY MYERS
161 HURST DR
STATESVILLE, NC 28677

SOLD BY: J. SCHOOLEY

OFFICE: STATESVILLE, NC

DRAWN BY: T. RAWL

JOB#: 87-18-059

CHECKED BY: R. THOMPSON

2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

FOUNDATION TYPE: BASEMENT

PRINT DATE: 10/29/2018 8:26:31 PM

PROPERTY OF:

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SHEET NUMBER: DP-4

SCALE: 1/8" = 1'-0"

FIRST FLOOR DESIGN PLAN

PRELIMINARY DESIGN PLANS

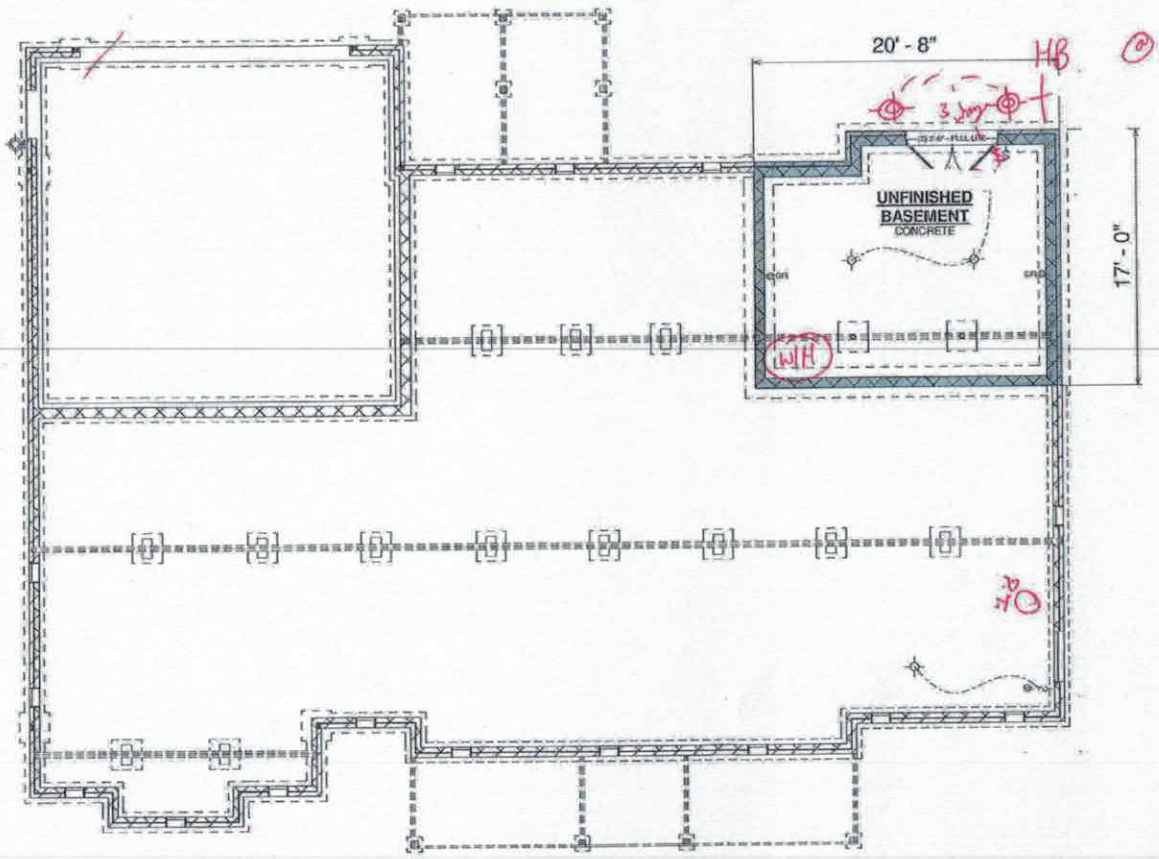
PAPER SIZE: 11" x 17"

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Acknowledgement Of
Plans Submittal ONLY!

Date 11/9/18

Date 11/15/18



Revision Schedule		
#	Description	Date
1	PRELIM 2	10-29-18

AREAS:	
FIRST FLOOR HEATED	2,391 SF
GARAGE	601 SF
UNFINISHED BASEMENT	339 SF
FRONT PORCH	160 SF
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THE: FRANKLIN A

FOR: CHRIS & KORTNEY MYERS
151 HURST DR
STATESVILLE, NC 28677

OFFICE: STATESVILLE, NC

SOLD BY: J. SCHOOLEY

PROPERTY OF:

DRAWN BY: T. PAWL

JOB# 87-18-059

CHECKED BY: R. THOMPSON

2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

PRINT DATE: 10/29/2018 5:29:31 PM

FOUNDATION TYPE: BASEMENT

© COPYRIGHT - 2017

SHEET NUMBER: DP-3

BASEMENT PLAN

OPT. PAPER SIZE: For 1/4" = 1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIMINARY DESIGN PLANS

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