# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 310405

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

PIN # 4759 -- 37 -- 1612

APPLICANT/OWNER: Gaylene & Todd Bens

APPLICANT ADDRESS: 341 Josey Rd Statesville NC 28625

SITE ADDRESS: 341 Josey Rd Statesville NC 28625

PHONE: 704-677-5411 ALT. PHONE

SITE DIRECTIONS: (N) 77 → exit 59 → (R) Tomlin Mill → (L) Josey → lot on (L)

SUBDIVISION: N/A

SAP CONTROLLED: ☐ YES ☒ NO

SECTION: N/A LOT # N/A LOT AREA: 2.0 acres

DESIGN FLOW: 360 gpd L.T.A.R.: 0.39 / 0.25 (R)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | existing* (gal) | STB | | Date | | | |
| Pump Tank | (gal) | PT | | Date | | | |
| Pump Make | | Model | | Serial # | | | |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft | 100' | | |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 24" | Gravel Depth | N/A | | |

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

System Description: 25% reduction + ex. gravel

Repair System Description: 25% reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions:

*Tank must be structurally sound & compliant w/ current rules*
Replace d-box (if present) & feed top 3 lines individually, then top new line, connect new lines serially.

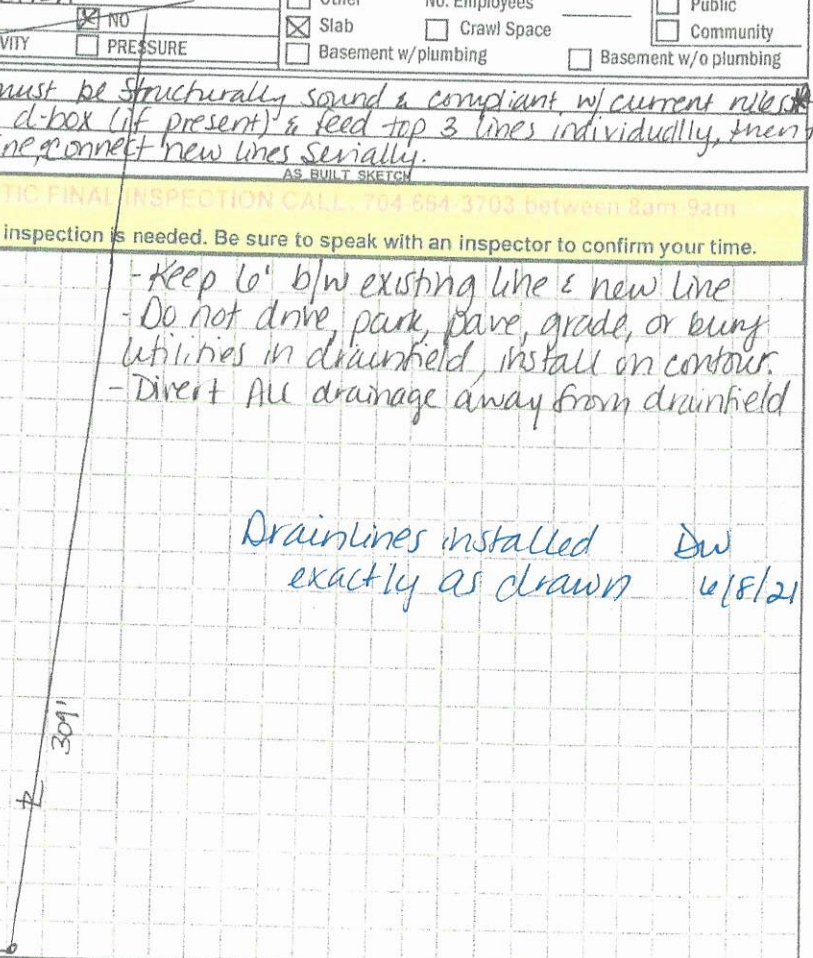
INITIAL SITE SKETCH




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.

- Keep 6' b/w existing line & new line
- Do not drive, park, pave, grade, or bury utilities in drainfield, install on contour.
- Direct ALL drainage away from drainfield




Drainlines installed exactly as drawn DW 6/8/21

*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: Gaylene Bens Date: 5/12/21

IMPROVEMENT PERMIT by: D. Mebane Date: 5/5/21

AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 5/16/21

Installed by: (Jake) Williams Excavating

OPERATION PERMIT by: James Boggs Date: 6-9-2021

Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4751 37 1612
COUNTY: Iredell

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

OWNER: Todd & Gayle Bevins
ADDRESS: 341 Josey Rd Statesville NC
PROPOSED FACILITY: 3BR (IBR expansion) PROPOSED DESIGN FLOW (.1949): 120gpd
LOCATION OF SITE: 341 Josey, Statesville NC 28625
APPLICATION DATE 3/14
DATE EVALUATED: 3/30/21
PROPERTY SIZE: 200 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 | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS 10% | 0-8 | CL-SBK | SSSP-FR-SEXP | band of weathered rock @ 32"; some course frag in C layer | 56" | N/A | N/A | PS 0.3 |
| | | 8-32 | C-SBK(M) | SSSP-FR-SEXP | | | mica & some Mn | | |
| | | 32-56 | CL-WSBK | SSSP-FR-SEXP | | | | | |
| 2 | LS 10% | 0-10 | CL-SBK | | mica throughout weathered rock band @ 18" | (48") | N/A | N/A | PS 0.3 |
| | | 10-23 | C-SBK | SSSP-FR-SEXP | | | | | |
| | | 23-34 | CL-MSBK | SSSP-FR-SEXP | | | | | |
| | | 34-46 | CL-WSBK | SSNP-FR-SEXP | | | | | |
| 3 | LS 10% | 0-18 | CL SBK | | | (48") | N/A | N/A | PS 0.3 |
| | | 18-42 | C-M/M SBK | SSSP | | | | | |
| | | 42-48 | CL-SBK | SSSP | | | | | |
| 4 | FS 7% | 0-29 | CL-WSBK | SSNP-FR-SEXP | lower landscape, minor mottles 29-48" | (48") | N/A | N/A | PS 0.25 |
| | | 29-48 | C-SBK | SSSP-FR-SEXP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 100' | 120' |
| System Type(s) | 25% red | 25% red |
| Site LTAR | 0.3 | 0.25 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wieborg
OTHER(S) PRESENT: J. Hyde

COMMENTS: Divert drainage off entire drainfield

# 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)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | 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) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | 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) | 0.4 - 0.1 | 0.2 - 0.05 | | |
| | | O (Organic) | None | None | | |

| MOIST | WET |
|---|---|
| VFR (Very Friable) | NS (Non-sticky) |
| FR (Friable) | SS (Slightly Sticky) |
| FI (Firm) | S (Sticky) |
| VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| 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.

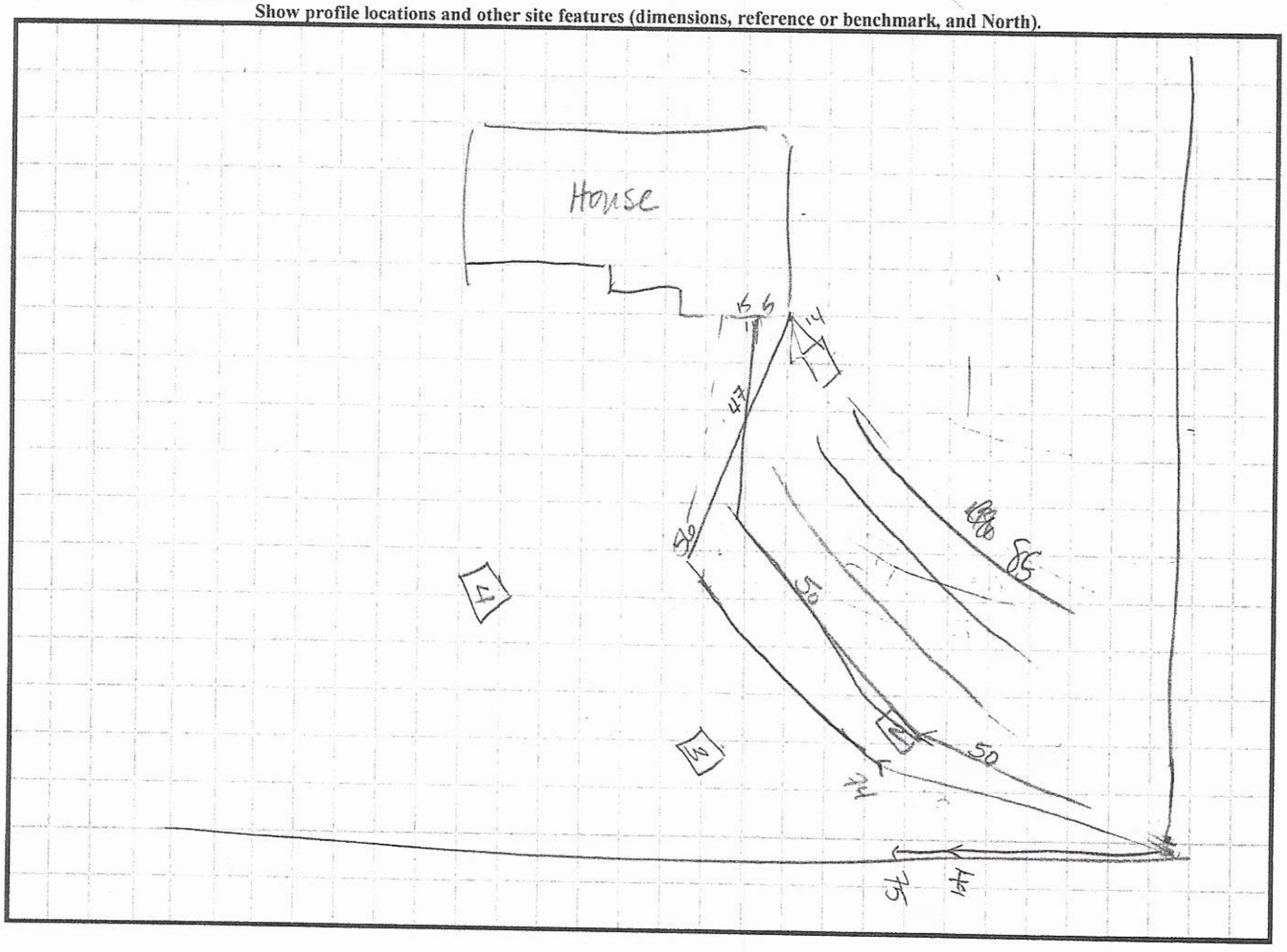
***NOTES***

| | |
|---|---|
| *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/ft$^2$

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



DELIVERED MAR 2 2 2021 9/30 3/30 RECEIVED MAR 1 7 2021

**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*

Expansion - AP 30405

**Application For:**

(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: Todd + Gaylene Bevis Address: 341 Josey Rd Zip: 28625

Applicant Email: gaylenebevis@gmail.com Phone: 704-677-5411 Alt. Phone: 704-677-5412

Owner Name: Todd + Gaylene Bevis Address: 341 Josey Rd Zip: 28625

Owner Email: gaylenebevis@gmail.com Phone: 704-677-5411 Alt. Phone: 704-677-5412

**Property Information:**

Street Address: 341 Josey Rd Statesville, NC 28625

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

Driving Directions: exit 59 off 77 turn right then left that is Josey Rd

**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: 3
( ) 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:** Gaylene Bevis / _____ 3/16/2021

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

## 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*) Gaylene Bond

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, _____, am the legal owner(s) of the property located at _____, 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

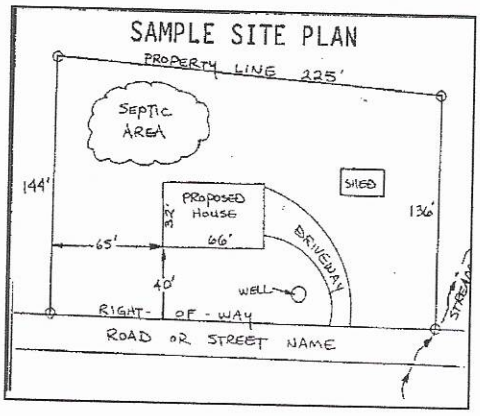
**Mooresville - Environmental Health**

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

# 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:**

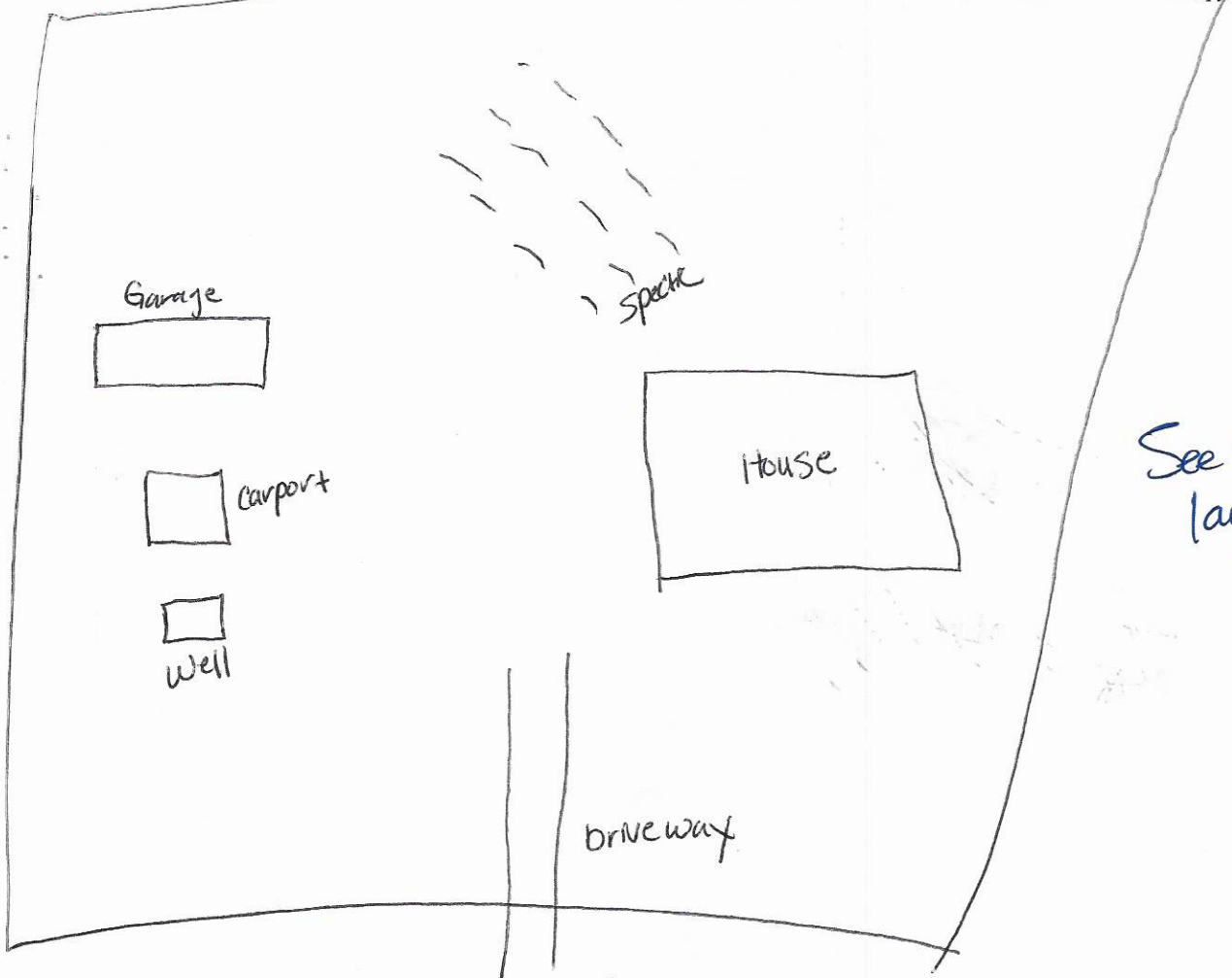
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

**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 |

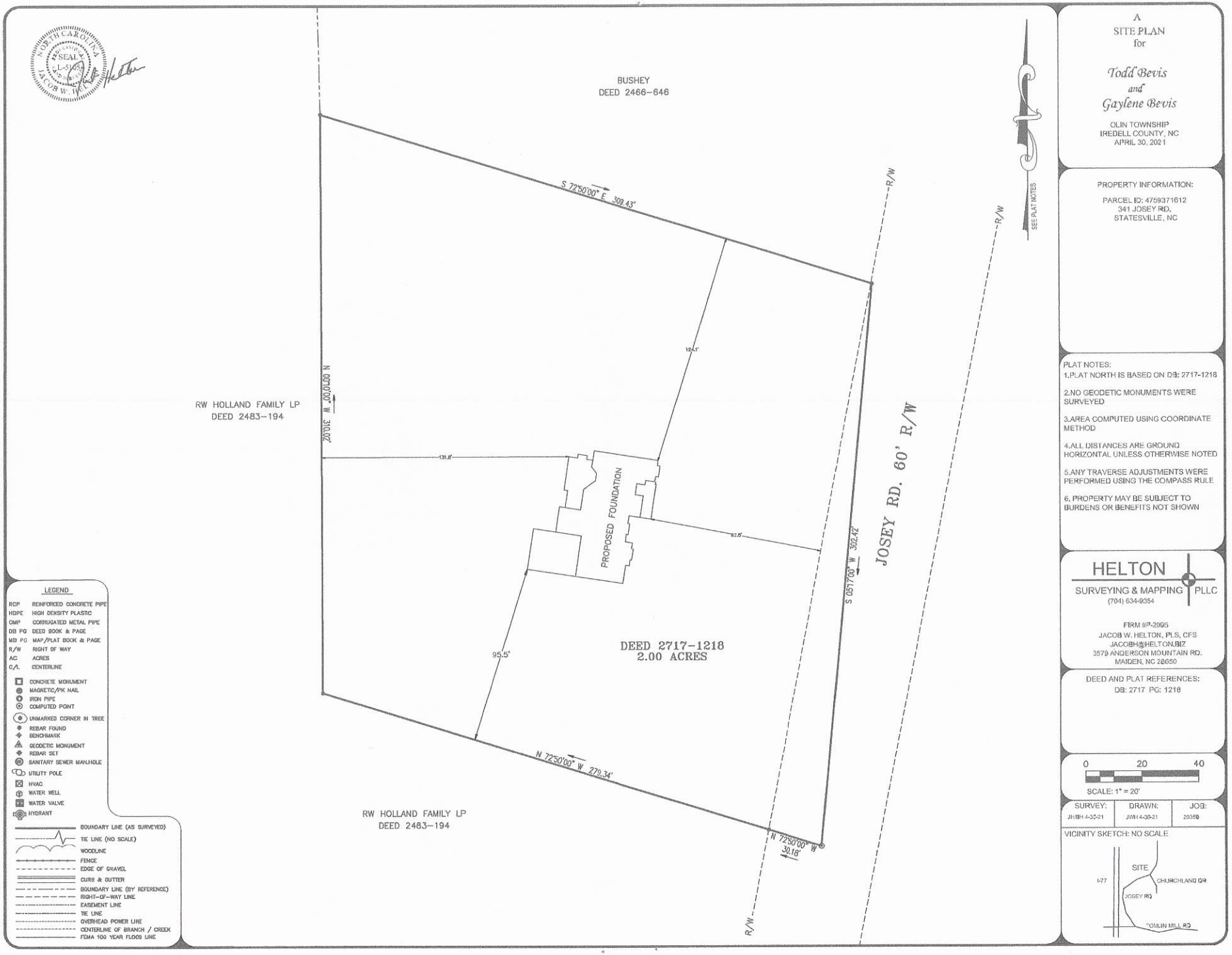
## USE THIS SPACE TO DRAW YOUR SITE PLAN

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




**Signature:** Jaylene Bernard / [signature] _____ 3/16/2021

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




LEGEND

| | |
|---|---|
| RCP | REINFORCED CONCRETE PIPE |
| HDPE | HIGH DENSITY PLASTIC |
| CMP | CORRUGATED METAL PIPE |
| DB PG | DEED BOOK & PAGE |
| MB PG | MAP/PLAT BOOK & PAGE |
| R/W | RIGHT OF WAY |
| AC | ACRES |
| C/L | CENTERLINE |

- CONCRETE MONUMENT
- MAGNETIC/PK NAIL
- IRON PIPE
- COMPUTED POINT
- UNMARKED CORNER IN TREE
- REBAR FOUND
- BENCHMARK
- GEODETIC MONUMENT
- REBAR SET
- SANITARY SEWER MANHOLE
- UTILITY POLE
- HVAC
- WATER WELL
- WATER VALVE
- HYDRANT

- BOUNDARY LINE (AS SURVEYED)
- TIE LINE (NO SCALE)
- WOODLINE
- FENCE
- EDGE OF GRAVEL
- CURB & GUTTER
- BOUNDARY LINE (BY REFERENCE)
- RIGHT-OF-WAY LINE
- EASEMENT LINE
- TIE LINE
- OVERHEAD POWER LINE
- CENTERLINE OF BRANCH / CREEK
- FEMA 100 YEAR FLOOD LINE

A
SITE PLAN
for

*Todd Bevis*
*and*
*Gaylene Bevis*

OLIN TOWNSHIP
IREDELL COUNTY, NC
APRIL 30, 2021

PROPERTY INFORMATION:

PARCEL ID: 4759371612
341 JOSEY RD.
STATESVILLE, NC

PLAT NOTES:

1. PLAT NORTH IS BASED ON DB: 2717-1218
2. NO GEODETIC MONUMENTS WERE SURVEYED
3. AREA COMPUTED USING COORDINATE METHOD
4. ALL DISTANCES ARE GROUND HORIZONTAL UNLESS OTHERWISE NOTED
5. ANY TRAVERSE ADJUSTMENTS WERE PERFORMED USING THE COMPASS RULE
6. PROPERTY MAY BE SUBJECT TO BURDENS OR BENEFITS NOT SHOWN


HELTON
SURVEYING & MAPPING PLLC
(704) 634-9354

FIRM #P-2095
JACOB W. HELTON, PLS, CFS
JACOBH@HELTON.BIZ
3579 ANDERSON MOUNTAIN RD.
MAIDEN, NC 28650


DEED AND PLAT REFERENCES:
DB: 2717 PG: 1218

0 20 40
SCALE: 1" = 20'

| SURVEY: | DRAWN: | JOB: |
|---|---|---|
| JH/BH 4-30-21 | JWH 4-30-21 | 20359 |

VICINITY SKETCH: NO SCALE

# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 310405

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

PIN # 4759 -37 -1612

APPLICANT/OWNER: Adawi Reveles APPLICANT ADDRESS: 201 Wilshire Rd

SITE ADDRESS: 341 Josey Rd Statesville NC 28625 PHONE: 704-657 7193 ALT. PHONE 704 677 5411

SITE DIRECTIONS: Exit 59 Turn to Josey Rd Lot on Left a mile down SAP CONTROLLED: ☐ YES ☒ NO

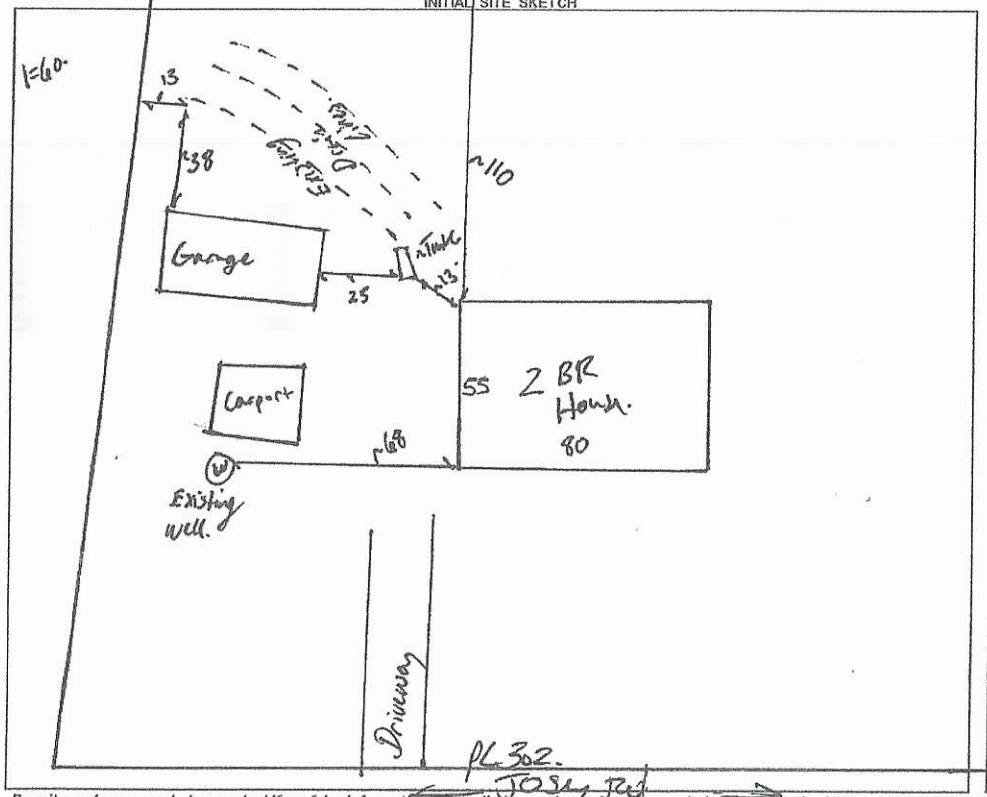
SUBDIVISION: SECTION: — LOT # — LOT AREA: 2.00 Acres DESIGN FLOW: 240 L.T.A.R.: Existing

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | Existing | (gal) | STB | Existing | Date | Existing | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I (II) III IV V VI | ☒ Residence | No. Bedrooms | 2 | Water Supply |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | | | | ☐ Business | No. Persons | 4 | ☒ Private |
| Pump Make | — | Model | | — | Serial # | — | Repair System Description: | Existing | | | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | Ext | # Lines | Ext | | Linear Ft | Ext | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☒ Slab | ☐ Crawl Space | | ☐ Community |
| Trench Width | Ext | Trench Bottom Depth(Low side) | Ext | | Gravel Depth | Ext | | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | |

Comments / Conditions:

* Existing System is functioning at time of Inspection *
Slab foundation must be min of 5ft from Septic
Do not Drive, park, pave, grade or bury utilities in drainfield

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.

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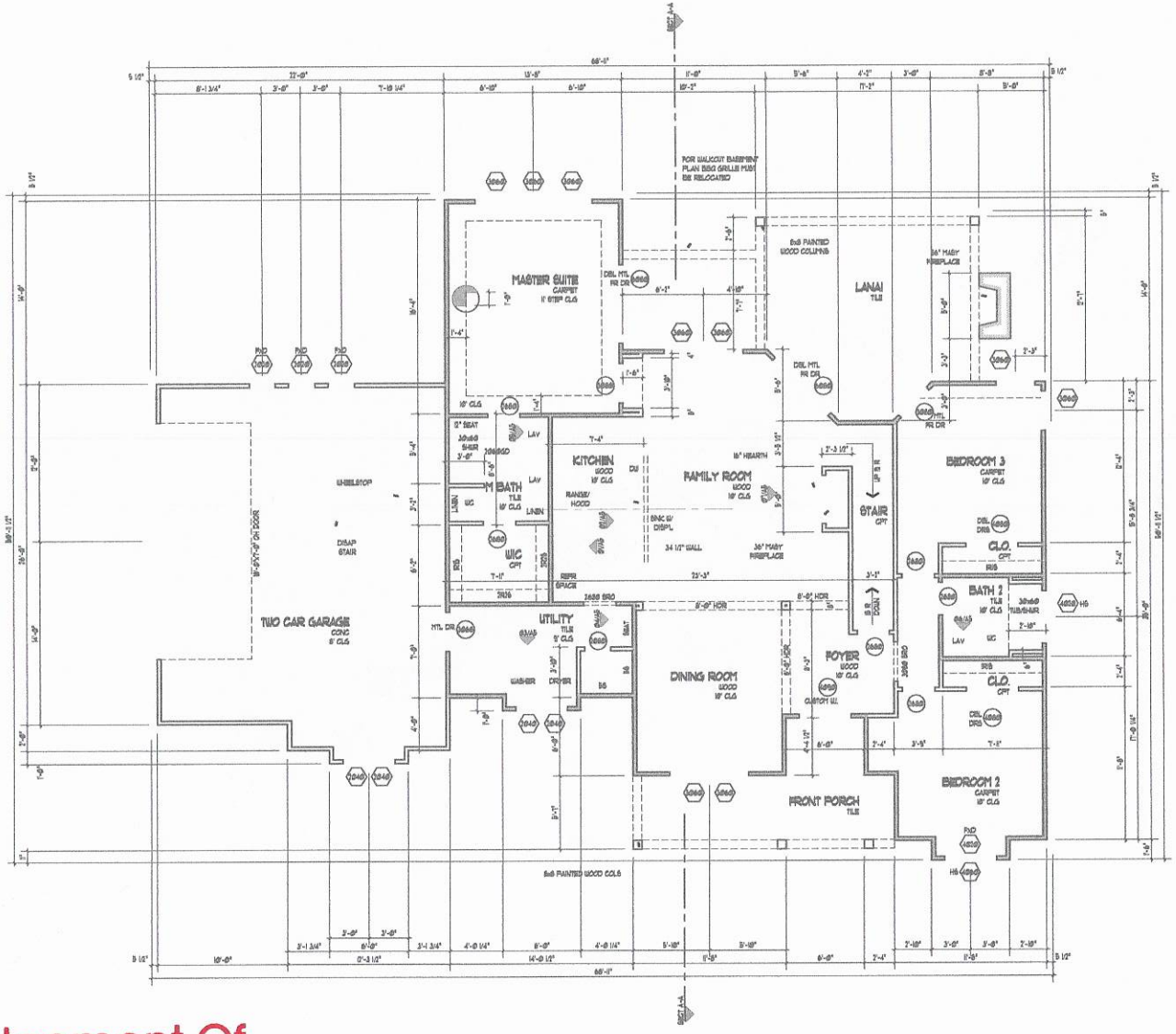
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☐ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☐ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: A. R. Date: 12-4-20 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A Bolt Date: 12-2-2020

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




FIRST FLOOR PLAN

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

**AREAS:**

| | |
|---|---|
| FIRST FLOOR = | 1486 SF |
| BONUS = | 557 SF |
| HEATED AREA = | 1943 SF |
| GARAGE = | 603 SF |
| FRONT PORCH = | 138 SF |
| LANAI = | 309 SF |
| TOTAL COVERED AREA = | 3053 SF |

**WALL TYPES**

- 2x4'S @ 16" O.C.
- 2x4'S @ 16" O.C. W/ 3 1/2" BATT INSUL.
- 2x6'S @ 16" O.C. W/ 5 1/2" BATT INSUL.
- 2x6'S @ 16" O.C. W/ 5/8" GYP. BD. EACH SIDE
- 2x6'S @ 16" O.C.- BALLOON FRAME
- 2x6'S @ 16" O.C. W/ BRICK VENEER

Acknowledgement Of Plans Submittal ONLY!

Date 5/12/21

Date 5/6/21

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houseplansby davidwigginsarchitect
PO Box 256 · Magnolia, Texas · 77353 · (832) 521-8520

PROJECT: HIGH MEADOW CABIN

REVISIONS

DATE: APRIL 25, 2019

A1 OF A8