ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 324030

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

PIN # 4851 -- 43 -- 9841

APPLICANT/OWNER: Michael Lester APPLICANT ADDRESS: 343 Cowden Ford Rd

SITE ADDRESS: 343 Cowden Ford Rd, Olin 28660 PHONE: 704-930-5382 ALT. PHONE 704-883-2949

SITE DIRECTIONS: 77 N - Exit 65 - Pioneer - Sloans Mill - Cowden Ford SAP CONTROLLED: ☐ YES ☒ NO

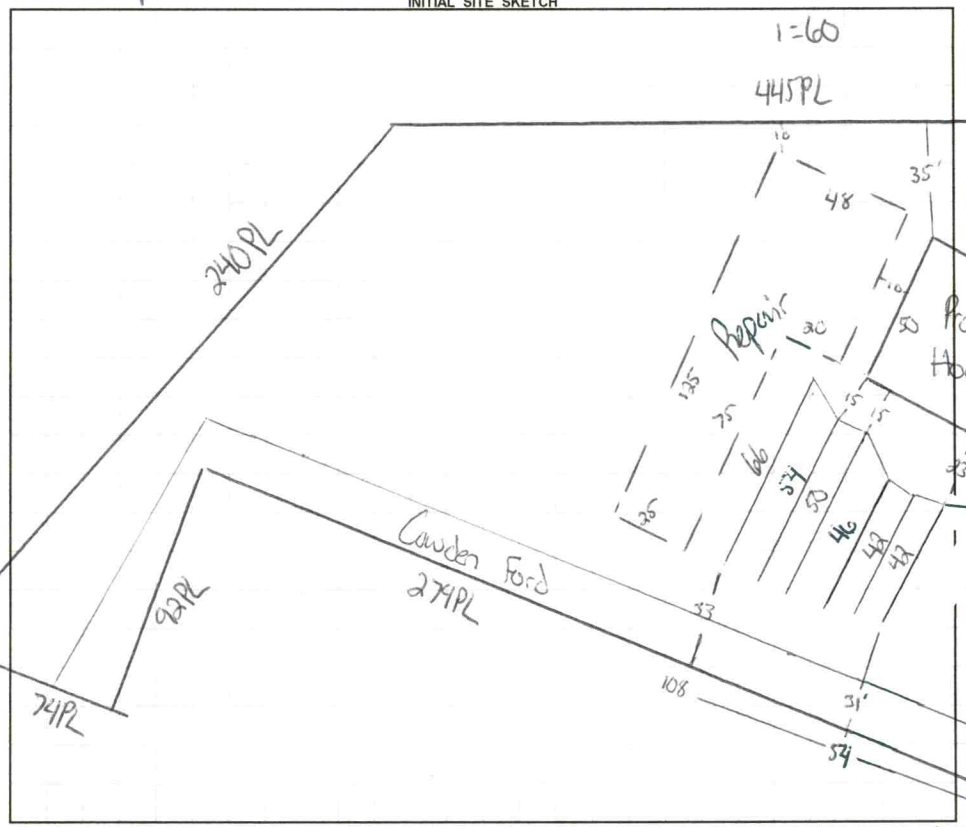
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.649 acres DESIGN FLOW: 360 gpd L.T.A.R.: .3

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

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install drainlines on contour of the land. Utilize serial distribution. Do not grade, drive, or park on septic area.

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.

BCW
11-23-2022
- DRAINLINES CHECKED
- TANK 98ft off WELL MUST BE MOVED

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: Michael Lester Date: 2-10-22 Installed by: TB GRADING

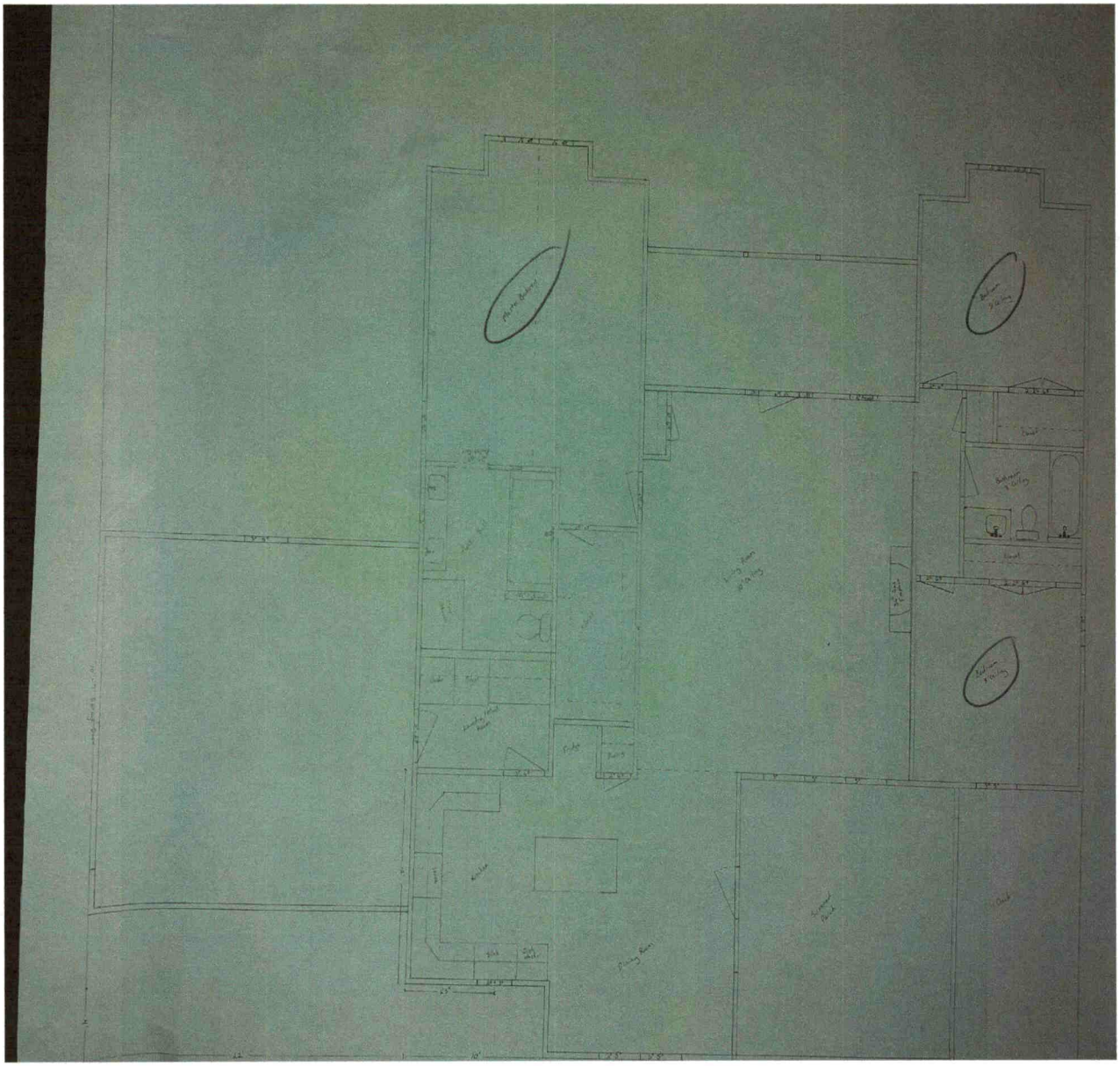
IMPROVEMENT PERMIT by: Cary Whil Date: 2/7/22 OPERATION PERMIT by: Cary Whil Date: 11/28/22

AUTHORIZATION TO CONSTRUCT by: Cary Whil Date: 2/7/22 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? _____	



52

72

House too big
Still will not impact septic area.

Acknowledgement Of
Plans Submittal ONLY!
Michael Lester Date 2-10-22
Date
Cory Winter
2/7/22

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

Sheet 1 of 1
PROPERTY ID #: 4851439841
COUNTY: Iredell

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

OWNER: Michael Lester
APPLICATION DATE 12/20/21
ADDRESS: 343 Cowden Ford Rd,
DATE EVALUATED: 2/1/22
PROPOSED FACILITY: 3 bd/r home
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 1.649 acres
LOCATION OF SITE: 343 Cowden Ford Rd, Olin 28660
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear	0 - 25	C SBK	SS SP FR SE	–	49	SAP inc in CL layer	Heavy	.3 PS
		25 - 49	CL SBK	SS SP FR SE					
2	Linear	0 - 8	SCL SBK	SS SP FR SE	–	51	Common SAP inc in CL layer		.3 PS
		8 - 29	C SBK	SS SP FR SE					
		29 - 51	CL SBK	SS SP FR SE					
3	Linear	0 - 16	C SBK	SS SP FR SE	–	51	SAP inc in CL layer		.3 PS
		16 - 51	CL SBK	SS SP FR SE					
4	Linear	0 - 19	C SBK	SS SP FR SE	–	48	SAP inc in CL layer		.3 PS
		19 - 36	CL SBK	SS SP FR SE					
		36 - 48	SAP LS	FI					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Wricker
OTHER(S) PRESENT: Matthew Wilkerson

COMMENTS:

Updated February 2014

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.

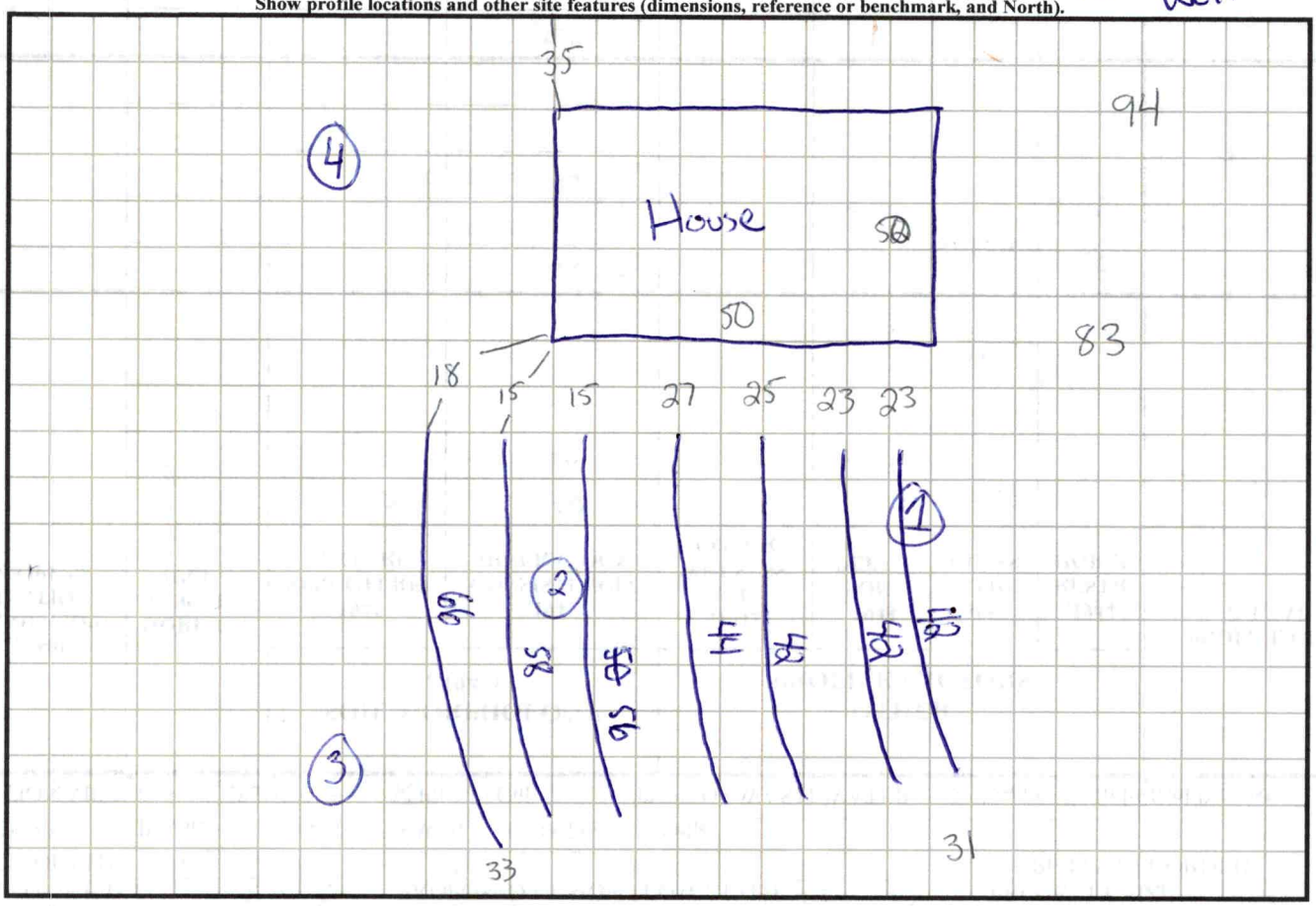
NOTES

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).



5%

CONNECTGIS WEB HOSTING

North Carolina
Iredell County

Iredell
Printed February 03, 2022
See Below for Disclaimer



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

CONNECTGIS WEB HOSTING

North Carolina
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Iredell
Printed February 03, 2022
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RECEIVED DEC 2 0 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-324030 $500.00

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: Michael Lester **Address:** 343 Cowden Ford Rd **Zip:** 28660
Applicant Email: michael.lesterjr@yahoo.com **Phone:** 704-930-5382 **Alt. Phone:** 704-883-2949
Owner Name: Michael Lester **Address:** 343 Cowden Ford Rd. **Zip:** 28660
Owner Email: michael.lesterjr@yahoo.com **Phone:** 704-930-5382 **Alt. Phone:** 704-883-2949

Property Information:

Street Address: 343 Cowden Ford Rd Olin NC 28660

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

Driving Directions: 77 north, exit 65 turn left, Turn left on Pioneer Rd. Left at Stop on Sloans mill. Left on cowden ford rd. 1mile

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 10 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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:** 3 **Number of Persons:** 5

( ) 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.

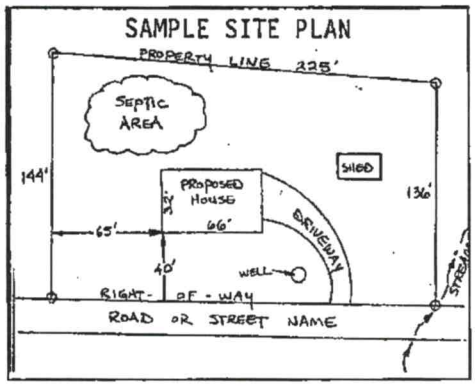
Signature: Michael Lester — 12-13-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

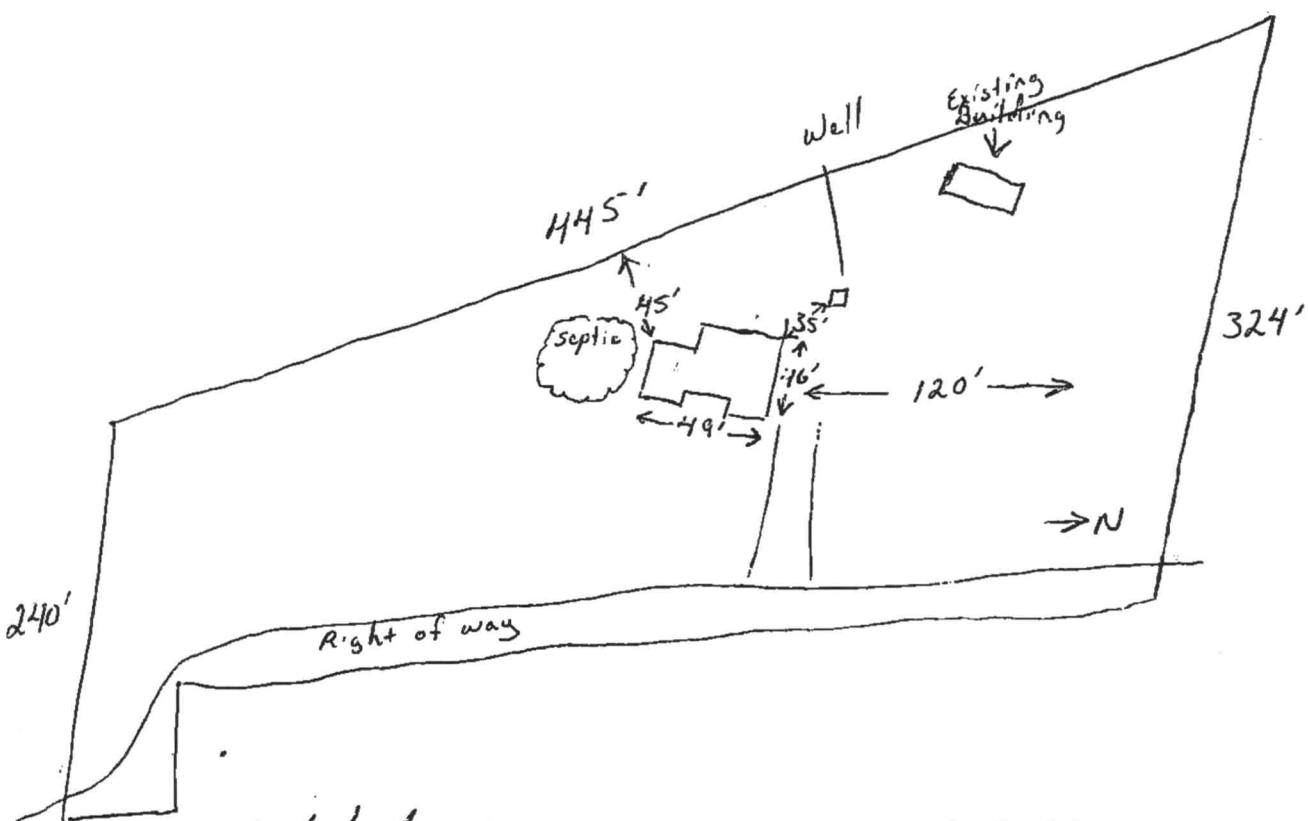
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

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

12-13-21

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, _____, 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 · NC

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

APPLICATION NUMBER
324030 Issue Date: 12/17/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4851439841.000	343 COWDEN FORD RD	Iredell County

Owner Information	Applicant Information
Name: LESTER MICHAEL JR+ANGELA D	Name: LESTER MICHAEL JR+ANGELA D
Address: 343 COWDEN FORD RD	Address: 343 COWDEN FORD RD
OLIN , NC 28660	OLIN, NC 28660
Phone: (704)930-5382	Phone: (704)930-5382

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.649	35	35	15	15	N/A	NO

Remarks
SFD

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.

Date: 12/17/2021

Signature of Owner/Contractor

Permit Number	324030	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
Well, Shed

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): Ranch style 3 bedroom house

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1,625 sq. ft.

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Michael Lester Phone # 704-930-5382

Owner's Current Address 343 Cowden Ford Rd Olin NC 28660

Property Information

Property Address 343 Cowden Ford Rd. Parcel # 4851439841

Subdivision:_____ Lot:___ Zoning:____ Watershed: Y /(N) Flood Plain: Y /(N) Township:_____

Directions to property (from a MAIN ROAD) Sloans mill to Cowden Ford Rd. 1 mile.

Application Information

Applicant's Name or Company Michael Lester Applicant's Phone # 704-930-5382

Applicant's Address 343 Cowden Ford Rd. Olin NC 28660

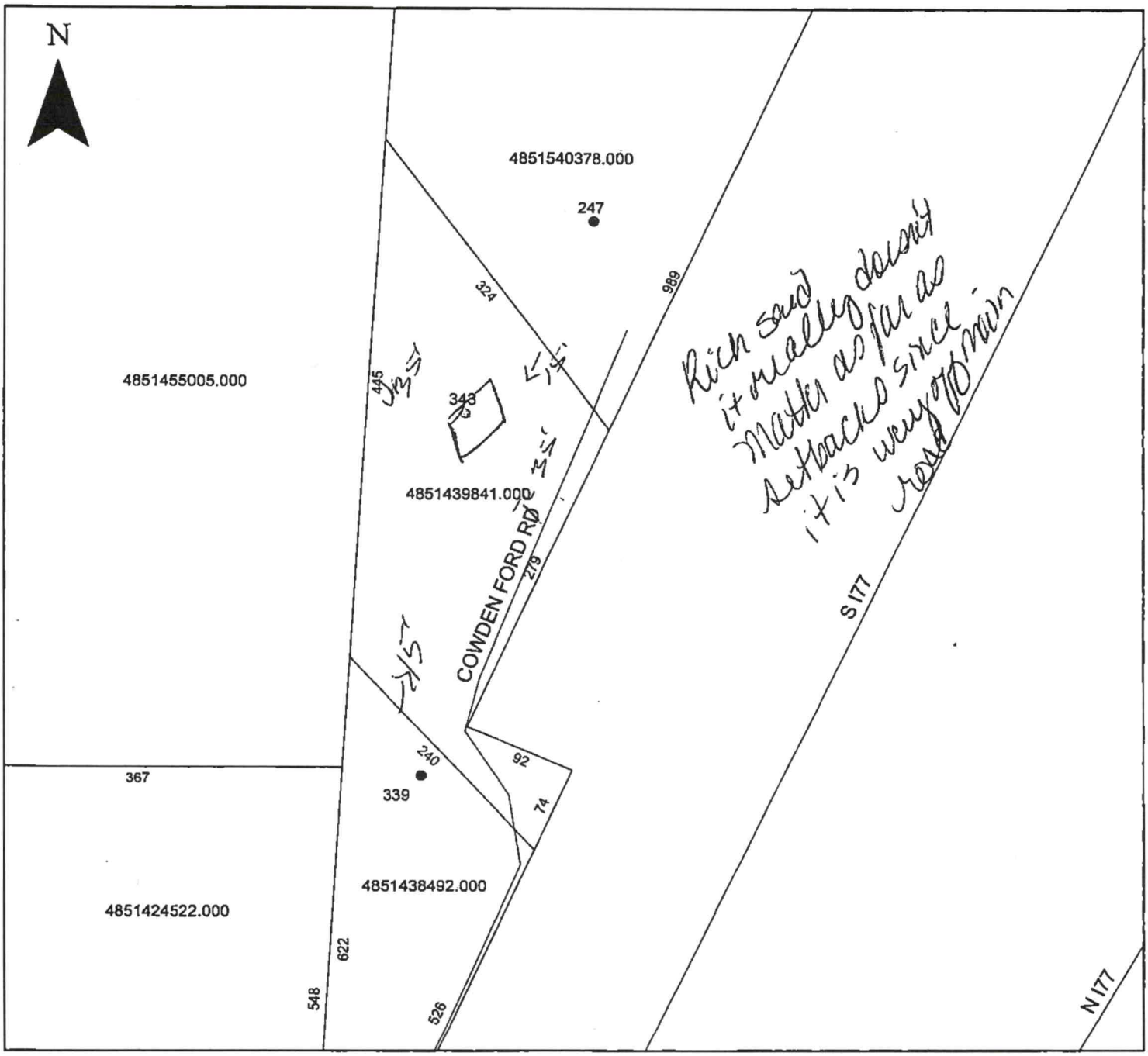
If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Michael Lester DATE 12-13-21

1.449
RA
NW

ZONING DISCLAIMER

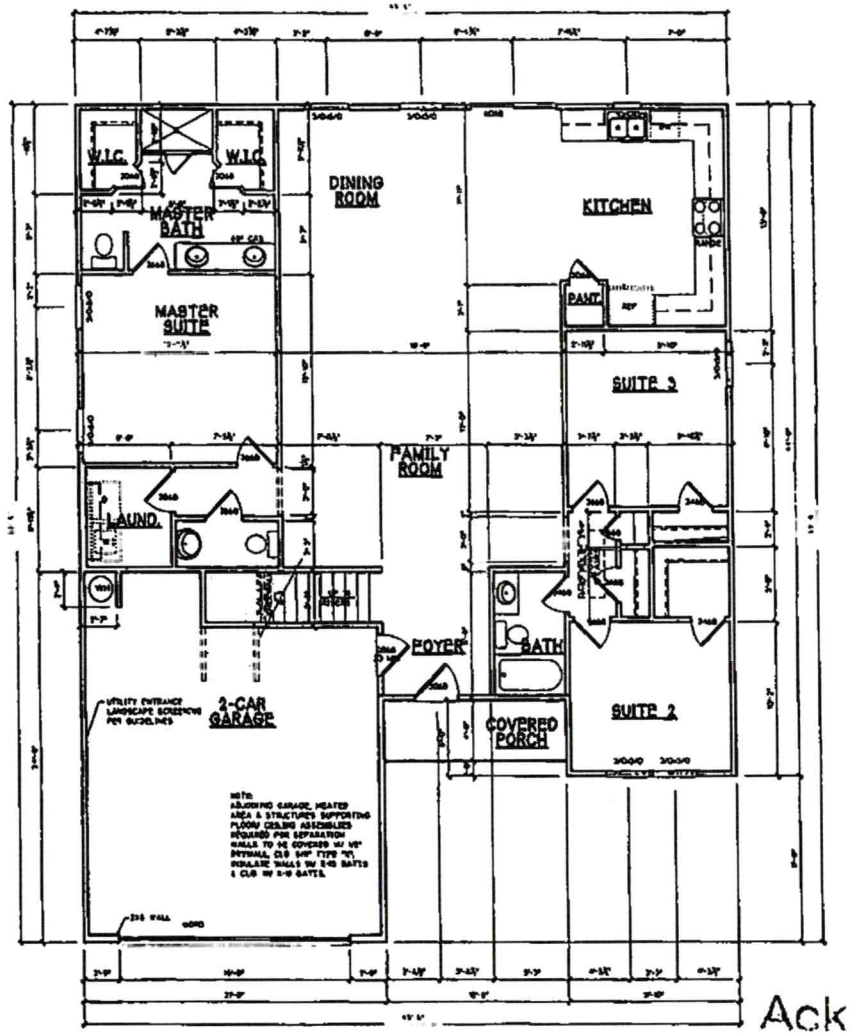


Property Address 343 Cowden Ford

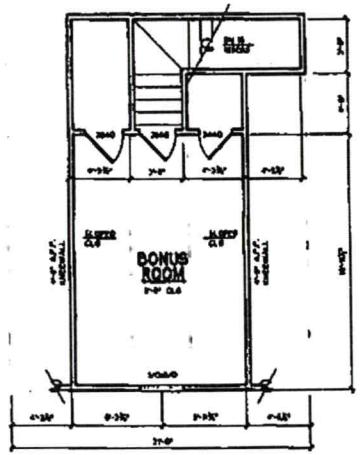
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Michael Lester
Applicant

12-13-21
Date



1 / 4.0 ELEVATION "A" FIRST FLOOR PLAN



2 / 4.0 SECOND FLOOR PLAN

FIRST FLOOR NOTES

- FULL 6" OR 8" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMING SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE!
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING, INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- ALL INTERIOR DOORS ARE 4" FROM WALL UNLESS NOTED OTHERWISE!
- WHEN HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- MASTER MOUNTS SHALL BE PLACED ON ALL EXTERIOR LIGHTS AND HOSE BIBS.
- FRAMED CAVITY WALLS OF TUBS, SHOWERS, STAIRS & FIREPLACES SHALL BE INSULATED WITH R19 BARRIER PER ENERGY CODE
- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF. OR EQUAL TO OR GREATER THAN 72" AFF MUST HAVE WOOD & MAY BE SUBJECT TO FALL PROTECT RULE
- ALL SHEETROCK OPENING SHALL BE 12" BELOW CEILING TYP. U.N.O
- ALL PANTRY/LINEN SHALL HAVE 10" 8" SHELVES TYP. U.N.O

SQUARE FOOTAGE

1ST FLR	1818 SQ. FT.
2ND FLR	303 SQ. FT.
TOTAL HEATED	2121 SQ. FT.
FRONT PORCH	44 SQ. FT.
TOTAL UNHEATED	44 SQ. FT.
2 CAR GAR	497 SQ. FT.
TOTAL UNDER ROOF	2440 SQ. FT.

Acknowledgement Of Plans Submittal ONLY!

Stan Presley Date 2/10/22

Burgundy White Date 2-7-2022

CORNERSTONE III PROPERTIES
4508 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
ST. CHARLES RESIDENCE

ISSUE DATE

DRAWING DATA
DRAWN BY: CORNERSTONE III
CHECKED BY: STAN PRESLEY
FILE NUMBER: 20-ASST.CHARLES

SHEET TITLE
ELEV. "A" FLOOR PLAN

SHEET NUMBER
4.0A