11:30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 HS Mooresville Office (704) 660-3625 PERMIT # 228294

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

PIN # 4624233633

APPLICANT/OWNER: Peachtree Residential LLC APPLICANT ADDRESS: 7380 McGinnis Ferry Rd.

SITE ADDRESS: 2586 Brawley School Rd. Mooresville, NC 28117 PHONE: 704-928-9215 ALT. PHONE 704-576-3887

SITE DIRECTIONS: Brawley School Rd near end on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Lakeside on Brawley SECTION: — LOT # 8 LOT AREA: .655 ac DESIGN FLOW: 480gpd L.T.A.R.: .3 (.3 repair)

Septic Tank	1000	(gal)	STB 7620	Date	7-12-20	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank		(gal)	PT	Date		System Description: 25% reduction				☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: LP PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	33" / 36" high side	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

OK to build slab instead of crawl space foundation. 12/11/19 KW

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

AS BUILT SKETCH

tank 12' off house
lines installed as drawn

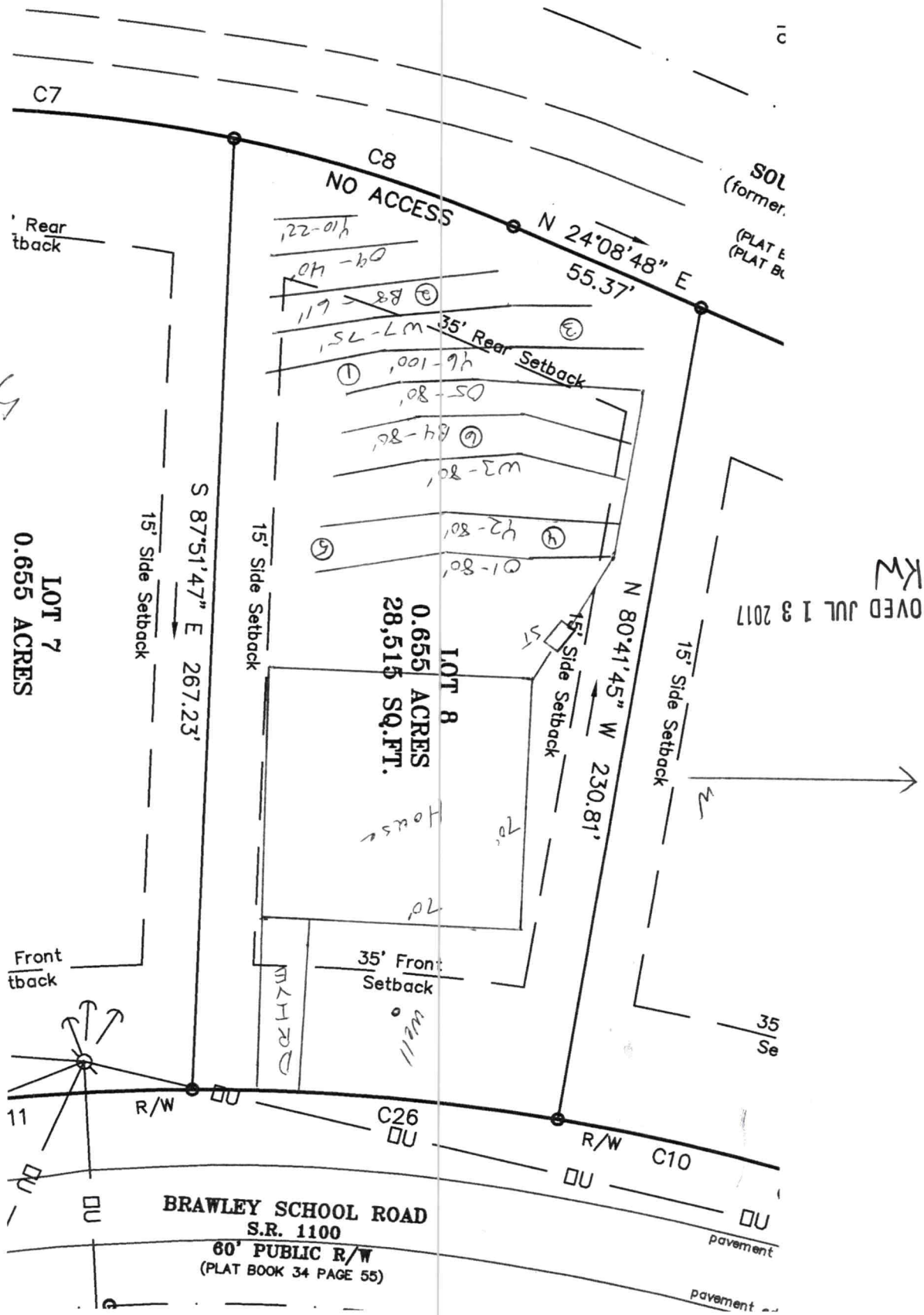
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

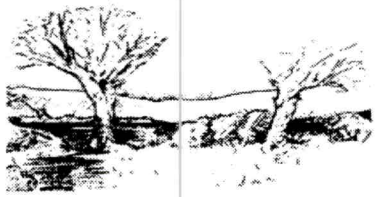
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 7-27-17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Kayla Watson Date: 7-13-17 OPERATION PERMIT by: Carla C Nicks Date: 9-11-20

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 12-11-19 Existing System Inspected by: Date:


C7
C8
NO ACCESS
N 24°08'48" E
55.37'
35' Rear Setback
Rear Setback
S 87°51'47" E 267.23'
15' Side Setback
15' Side Setback
N 80°41'45" W 230.81'
15' Side Setback
15' Side Setback
LOT 7
0.655 ACRES
LOT 8
0.655 ACRES
28,515 SQ.FT.
Front Setback
35' Front Setback
R/W
C26
R/W
C10
BRAWLEY SCHOOL ROAD
S.R. 1100
60' PUBLIC R/W
(PLAT BOOK 34 PAGE 55)
pavement
pavement
APPROVED JUL 13 2017



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

Reference: Data Sheet for 2586 Brawley Sch Rd, Lakeside on Brawley Lot 8
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length
Orange 1	**80'**	**94'**
Yellow 2	**80'**	**90'**
White 3	**80'**	**99'**
Blue 4	**80'**	**100'**
Orange 5	**80'**	**100'**
Yellow 6		100'
White 7		75'
Blue 8		61'
Orange 9		40'
Yellow 10		22'

Initial System: 400' **Repair System:** 298'

Comments:

APPROVED JUL 13 2017
KW

PROPERTY ID #: _____
COUNTY: _Iredell____

APPROVED JUL 13 2017
KW

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

OWNER: Peachtree Residential LLC_____ APPLICATION DATE 6-30-17
ADDRESS: __Suwanee, GA_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): __480 GPD_____ PROPERTY SIZE: _0.655 AC_____
LOCATION OF SITE: 2586 Brawley Sch Rd, Lakeside on Brawley Lot 8_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private Public Ξ Well Spring Other _____
EVALUATION METHOD: Ξ Auger Boring Pit Cut TYPE OF WASTEWATER: Ξ 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 6%	0-8	RBr CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		8-38	R C SBK	FR SS SP SEXP					
		38-48	R CL WSBK	FR SS SP SEXP					
2	LS 6%	0-8	RBr CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		8-24	R C SBK	FR SS SP SEXP					
		24-48	R CL WSBK	FR SS SP SEXP					
3	LS 6%	0-8	Br CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		8-34	R C SBK	FR SS SP SEXP					
		34-48	R CL WSBK	FR SS SP SEXP					
4	LS 6%	0-8	RBr CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		8-37	R C SBK	FR SS SP SEXP					
		37-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	894 FT2
System Type(s)	25% Reduction	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-Complete all field in full)

APPROVED JUL 13 2017 KW

PROPERTY ID #: _____

DATE OF EVALUATION: _____

COUNTY: _IREDELL____

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	
5	LS 6%	0-37	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		37-48	R CL WSBK	FR SS SP SEXP					
6	LS 6%	0-7	RBr CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		7-37	R C SBK	FR SS SP SEXP					
		37-48	R CL WSBK	FR SS SP SEXP					

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

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

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

OWNER: Peachtree Residential LLC — APPLICATION DATE 6-30-17
ADDRESS: 2586 Brawley School Rd lot 8 — DATE EVALUATED: 7-12-17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: —
LOCATION OF SITE: Brawley School Rd near end on R — PROPERTY RECORDED: no
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 init	6% LS	0-30	SBK C	Fr-Fi,SS,SP,SEXP	—	48	30-48" few-com SAP inc		PS .3
		30-48	WSBK CL	Fr,SS,SP,SEXP					
2 init	6% LS	0-9	WSBK SCL	Fr,SS,SP,SEXP	—	48	28-48" few-com SAP inc.		PS .3
		9-28	SBK C	Fr,SS,SP,SEXP					
		28-48	WSBK CL	Fr,SS,SP,SEXP					
3 repair	5% LS	0-8	WSBK SCL	Fr,SS,SP,SEXP	—	48	26-48" com-many SAP inc.		PS .3
		8-26	SBK C	Fr,SS,SP,SEXP					
		26-48	WSBK CL	Fr,SS,SP,SEXP					
4 repair	6% LS	0-8	WSBL SCL	Fr,SS,SP,SEXP	—	48	28-48" few SAP inc.		PS .3
		8-28	SBK C	Fr,SS,SP,SEXP					
		28-48	WSBK CL	Fr,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% red	LPP PPBB3
Site LTAR	.3	.3

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

COMMENTS:

RECEIVED JUN 3 0 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Paid $500.00 # 228294

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: Peachtree Residential LLC **Address:** 7380 McGinnis Ferry Rd, Suwanee, GA **Zip:** 30024

Applicant Email: mbenitez@peachtreeres.com **Phone:** Mark-704-928-9215 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 258 Brawley Sch Rd

Subdivision Name: Lakeside on Brawley **Section/Phase:** _____ **Lot Number:** 8

Driving Directions: BSR near end

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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: _____ 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: _____ 6/30/2017
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

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, Mark Benitez, am the legal owner(s) of the property located at 2586 BJR, Lakeside on Brawley Lot 8, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Assoc, _____, 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.

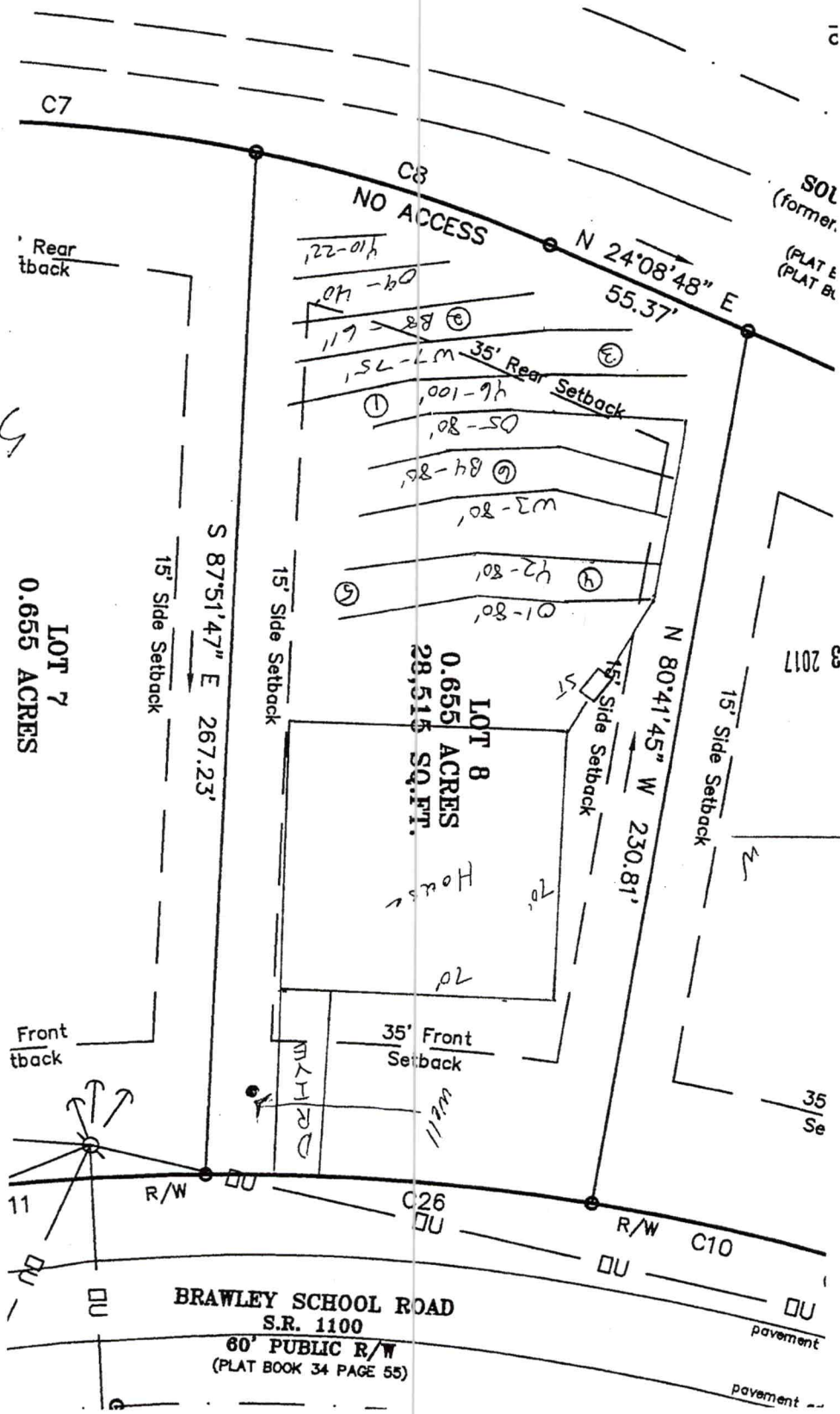
Signature of Owner(s) _____ Date _____

Signature of Witness _____ Date _____

Please return this signed form to the appropriate office:

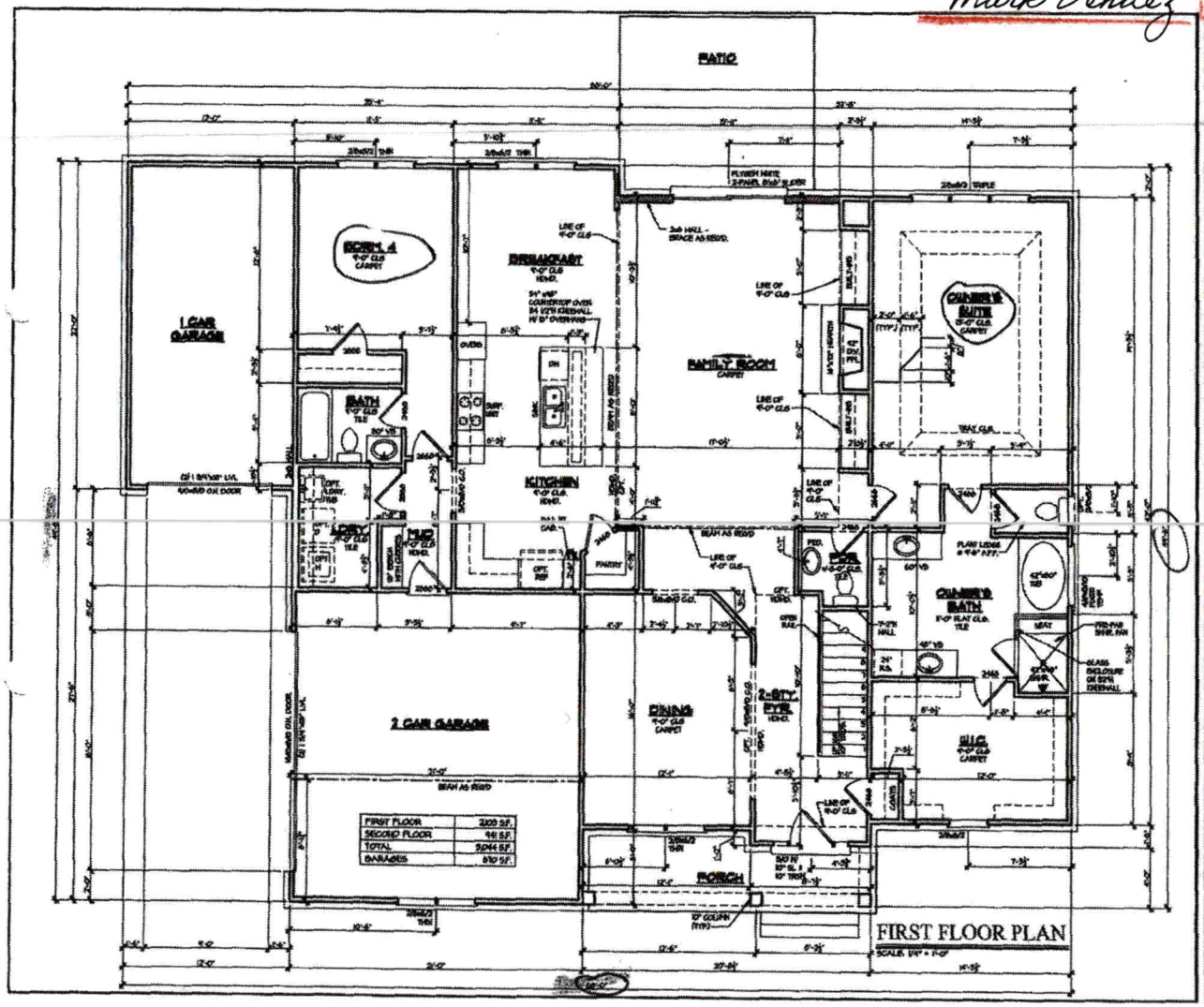
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



APPROVED JUL 13 2017

Acknowledgement Of
Plans Submittal ONL
Rayla Watson Date 12-11-19
Mark Benitez Date 12/11/19



PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens

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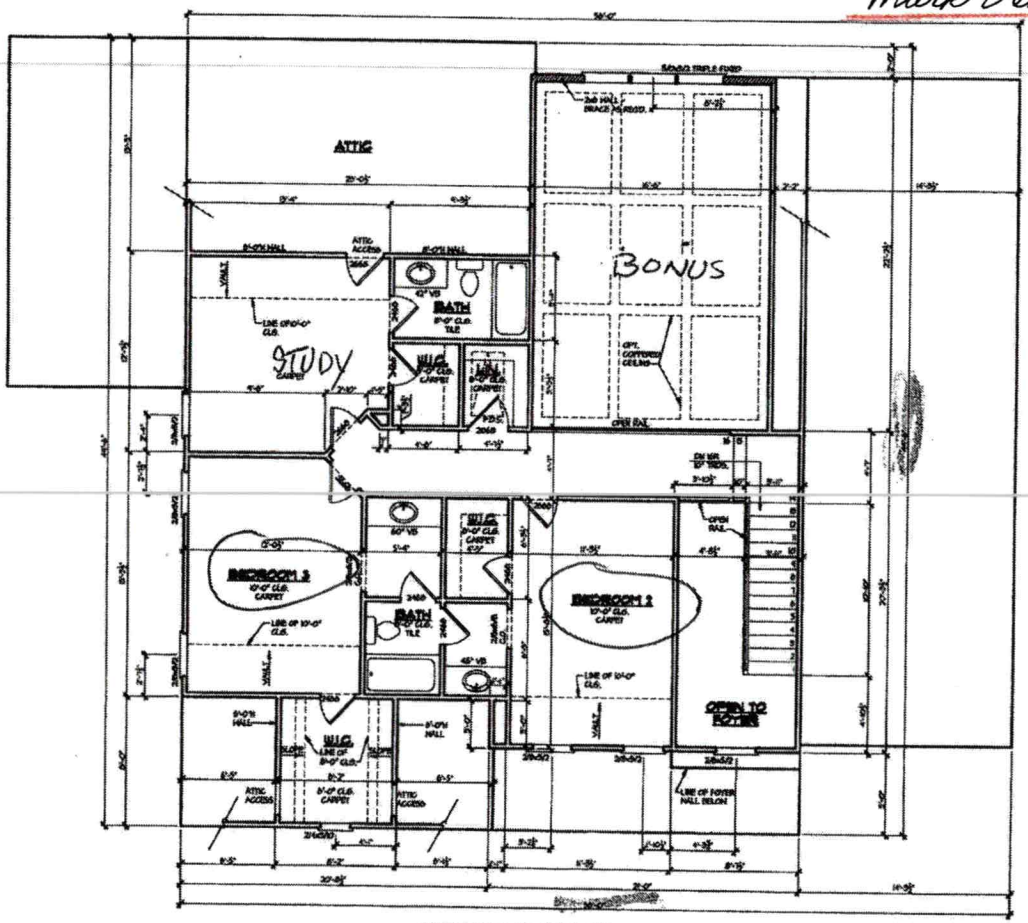
Drawn By: DAC
Date: 10/17/19
Plan No:

Location: LAKELAND ON BRADLEY

Model Name: TIBURON "B-MC"
Sheet Title: FIRST FLOOR PLAN
SHEET NO. A3.1

Acknowledgement Of
Plans Submittal ONLY
Date 12-11-19

Mark Benitez Date 12/11/19



SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens

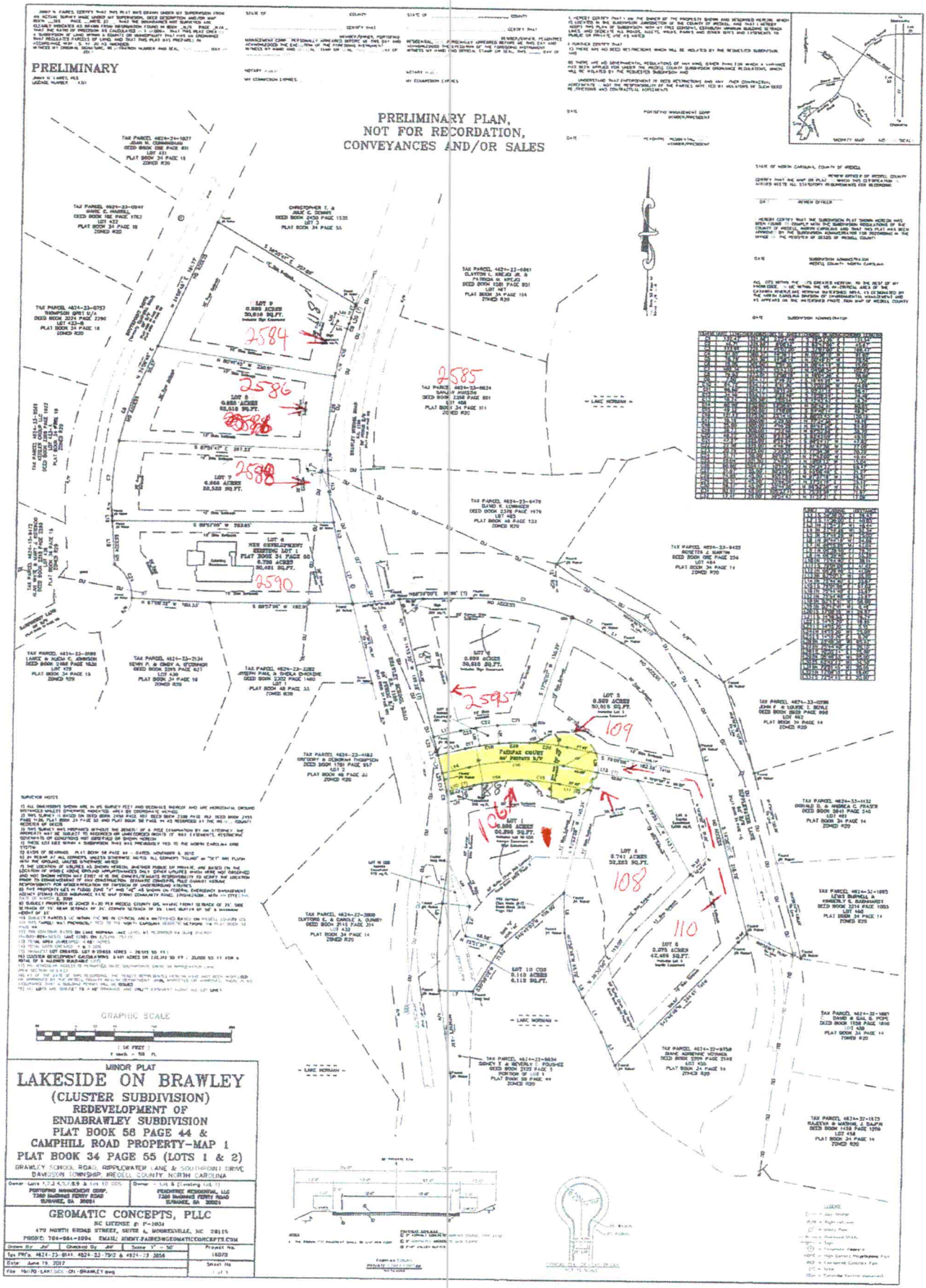
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Drawn By: DAC
Date: 10/17/17
Plan No:

Location: LOT 4 CANTERBURY ON BRADLEY

Model Name: TIBURON "B-MC"
Sheet Title: SECOND FLOOR PLAN
SHEET NO. A3.2

NEEDS ADDRESSES



IREDELL COUNTY · NC

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

APPLICATION NUMBER
303207 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4624233633.000	BRAWLEY SCHOOL RD	Iredell County

Owner Information	Applicant Information
Name: PORTOFINO MANAGEMENT CORP	Name: PEACHTREE RESIDENTIAL PROPERTI
Address: 7380 MCGINNIS FERRY RD	Address: 9525 BIRKDALE CROSSING DR #208
SUWANEE, GA 30024	HUNTERSVILLE, NC 28078
Phone:	Phone: (704)928-9215

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.655	35	35	15	15	WSIV-CA Catawba/Lake Norman	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: 12/06/2019

Signature of Owner/Contractor

Permit Number	303207

TOTAL FEES:	$77.25