ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5308 | Mooresville Office (704) 660-3625 | PERMIT # AP 327228

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

PIN # 4636 -57 -3165

APPLICANT/OWNER: Robin Curci | APPLICANT ADDRESS: 1051 Brawley School Rd Mooresville, NC 28117

SITE ADDRESS: 1051 Brawley School Rd Mooresville, NC 28117 | PHONE: Gary 704 310 1832 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd on left after Esquire Ln | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1 Ac. | DESIGN FLOW: 240gpd | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB		Date	10-6-22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT		Date	760	System Description:	Gravity - 25% Reduction	☐ Business	No. Persons 4
Pump Make		Model		Serial #		Repair System Description:	PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	240'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~) max	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert storm/surface water away from Septic. No vehicular traffic on Septic System

INITIAL SITE SKETCH

See attached, approved

Septic plan by Michael Athanas & Assoc (dated 3/28/2022)

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.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

Line 17, 21, 20

Installed as drawn

Line 3 is split fed with an extra end cap

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: 4/24/2022 Installed by: Rowden Septic Tank

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/22/22 OPERATION PERMIT by: Matt Wier Date: 12/5/22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/5/22 Existing System Inspected by: Date:

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

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
3/28/2022

Approved
MD
4/21/22

Reference: Data Sheet for 1051 Brawley School Rd
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 2/240 GPD
Proposed LTAR: 0.25 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" (initial), 42" (repair)

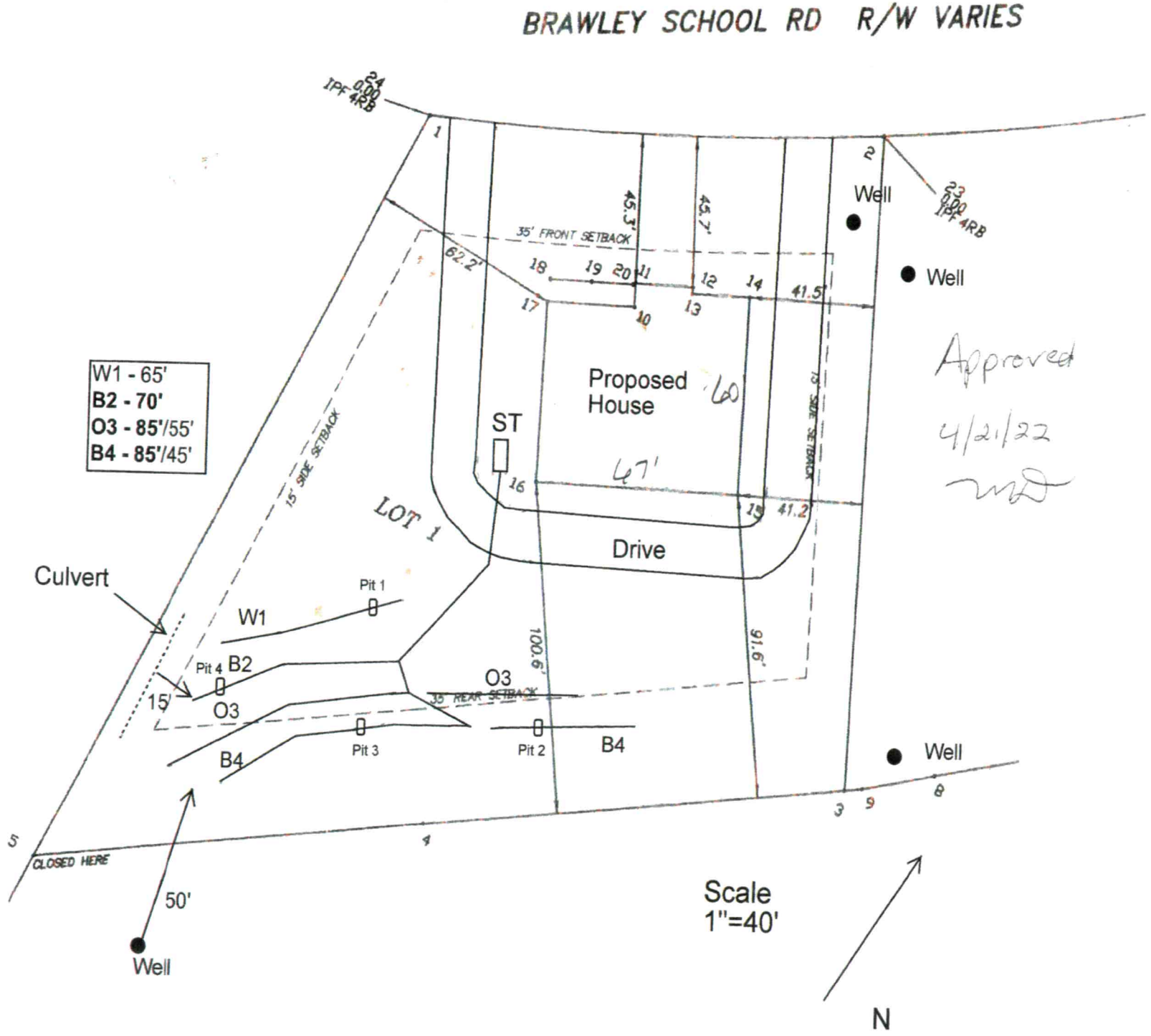


Line	Design Length	Actual Length
White 1		65'
Blue 2	**70'**	**73'**
Orange 3	**85'**/55'	**145'**
Blue 4	**85'**/45'	135'

Initial System: 240' **Repair System:** 165'

Comments:
The supply line must be 30" below the driveway or sleeved.

Please note this design is only intended for the use of two people per bedroom for a total design flow of 240 GPD and a total occupancy of 4 people. It is intended for residential use only, no commercial use. Please note once a septic system reaches 80% of the designed flow you are reaching the maximum ability of the septic system. Additional occupancy could lead to premature failure of the septic system.


BRAWLEY SCHOOL RD R/W VARIES
W1 - 65'
B2 - 70'
O3 - 85'/55'
B4 - 85'/45'
Proposed House
ST
Drive
LOT 1
35' FRONT SETBACK
15' SIDE SETBACK
15' SIDE SETBACK
35' REAR SETBACK
Culvert
Pit 1
Pit 2
Pit 3
Pit 4
W1
B2
O3
B4
O3
B4
Well
Well
Well
Well
CLOSED HERE
50'
Scale
1"=40'
N
Approved
4/21/22

Sheet 1 of 1
PROPERTY ID #: 4636573165
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 4/21/2

OWNER: Robin Curci Revoc. Trust
ADDRESS: Moorseville, NC 28117
PROPOSED FACILITY: 2 BDRM PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 1051 Brawley School Rd
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: Auger Boring X Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 1 AC
PROPERTY RECORDED:

TYPE OF WASTEWATER: X 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	
PIT 1	LS 6%	0-9	Br CL WSBK	FR SS SP SXP	YB MOTTLES NO YB	60"	N/A	N/A	PS 0.25
		9-36	R C ABK	FR SS SP SXP					
		36-60	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-5	Br CL WSBK	FR SS SP SXP	YB NO YB	60"	N/A	N/A	PS 0.25
		5-28	R C ABK	FR SS SP SXP					
		28-60	R CL WSBK	FR SS SP SXP					
PIT 3	LS 6%	0-5	FILL		Few YB No YB	60"	N/A	N/A	PS 0.25
		5-9	COMPACTED						
		9-30	R C ABK	FR SS SP SXP					
		30-60	R CL WSBK	FR SS SP SXP					
PIT 4	LS 6%	0-5	FILL		YB No YB	60"	N/A	N/A	PS 0.25
		5-10	COMPACTED						
		10-30	R C ABK	FR SS SP SXP					
		30-60	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT^2	274 FT^2
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:

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 327228

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

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SITE ADDRESS: 1051 Brawley School Rd Mooresville, NC 28117 | PHONE: Gary 7043101832 | ALT. PHONE

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SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1 Ac. | DESIGN FLOW: 240gpd | L.T.A.R.: .25

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft 240'
Trench Width 36" Trench Bottom Depth (Low side) (max) 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: PPBPS
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert storm/surface water away from Septic. No vehicular traffic on Septic System.

INITIAL SITE SKETCH

See attached, approved

Septic plan by
Michael Athanas & Assoc.
(dated 3/28/2022)

AS BUILT SKETCH

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FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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Owner / Applicant Signature: [signature] Date: 4/24/2022 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/22/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/5/22 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? _____	

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
3/28/2022

Approved
MD
4/21/22

Reference: Data Sheet for 1051 Brawley School Rd
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Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
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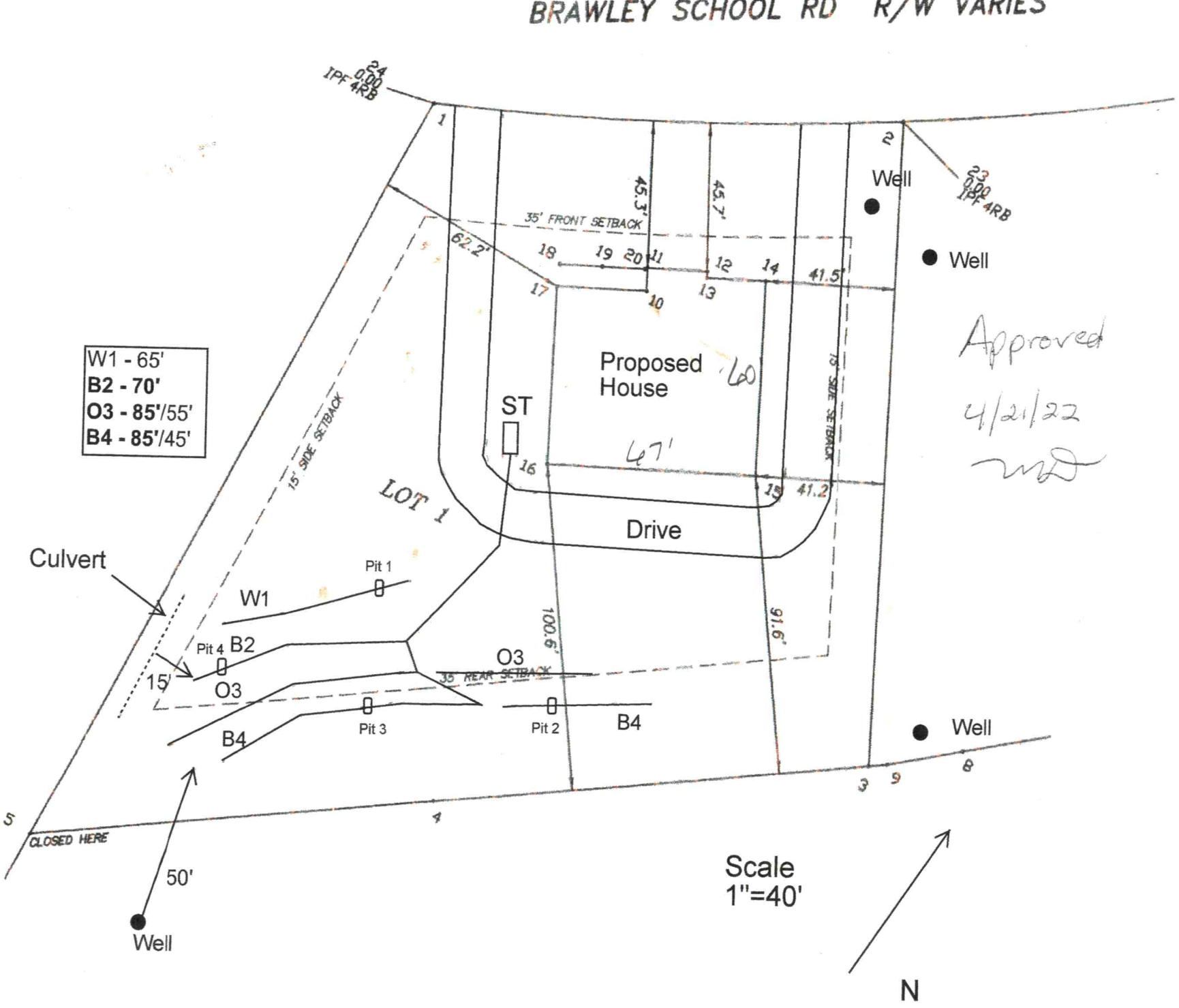


Line	Design Length	Actual Length
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The supply line must be 30" below the driveway or sleeved.

Please note this design is only intended for the use of two people per bedroom for a total design flow of 240 GPD and a total occupancy of 4 people. It is intended for residential use only, no commercial use. Please note once a septic system reaches 80% of the designed flow you are reaching the maximum ability of the septic system. Additional occupancy could lead to premature failure of the septic system.


BRAWLEY SCHOOL RD R/W VARIES
IPF 4RB
Well
Well
Well
Well
35' FRONT SETBACK
45.3'
45.7'
62.2'
41.5'
41.2'
Proposed House
ST
LOT 1
Drive
15' SIDE SETBACK
15' SIDE SETBACK
35' REAR SETBACK
100.6'
91.6'
W1 - 65'
B2 - 70'
O3 - 85'/55'
B4 - 85'/45'
Culvert
Pit 1
Pit 2
Pit 3
Pit 4
W1
B2
O3
O3
B4
B4
15'
50'
CLOSED HERE
Scale 1"=40'
N
Approved
4/21/22

PROPERTY ID #: 4636573165
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 4/24/2

OWNER: Robin Curci Revoc. Trust
ADDRESS: Moorseville, NC 28117
PROPOSED FACILITY: __2 BDRM_____PROPOSED DESIGN FLOW (.1949): __240 GPD____
LOCATION OF SITE: 1051 Brawley School Rd
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: Auger Boring X Pit ☐ Cut

APPLICATION DATE_____
DATE EVALUATED: _____
PROPERTY SIZE: ____1 AC_____
PROPERTY RECORDED: _____

TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
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		36-60	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-5	Br CL WSBK	FR SS SP SXP	YB NO YB	60"	N/A	N/A	PS 0.25
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		10-30	R C ABK	FR SS SP SXP					
		30-60	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT^2	274 FT^2
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: _____

RECEIVED APR 1 - 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 Ex Review

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 AP- 327228

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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Robin Curci **Address:** Mooresville, NC **Zip:** 28117

Applicant Email Matt - matt@johnsonbuilinginc.com **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 1051 Brawley School Rd

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

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 2 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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: _____

(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 ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: Robin L. Curci — 3/30/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

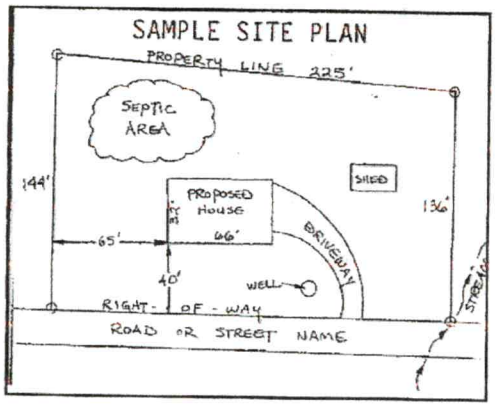
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 Plan

Signature: Robin L. Curci

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

3/30/22

DATE

PROPERTY ID #: 4636573165
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 4/21/22

OWNER: Robin Curci Revoc. Trust_____ APPLICATION DATE_____
ADDRESS: Moorseville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: __2 BDRM_____PROPOSED DESIGN FLOW (.1949): __240 GPD____ PROPERTY SIZE: ____1 AC_____
LOCATION OF SITE: 1051 Brawley School Rd_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

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OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

IREDELL COUNTY · NC

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

APPLICATION NUMBER
327228 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636573165.000	1051 BRAWLEY SCHOOL RD	Iredell County

Owner Information	Applicant Information
Name: CURCI ROBIN L REVOC TR	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
sfd

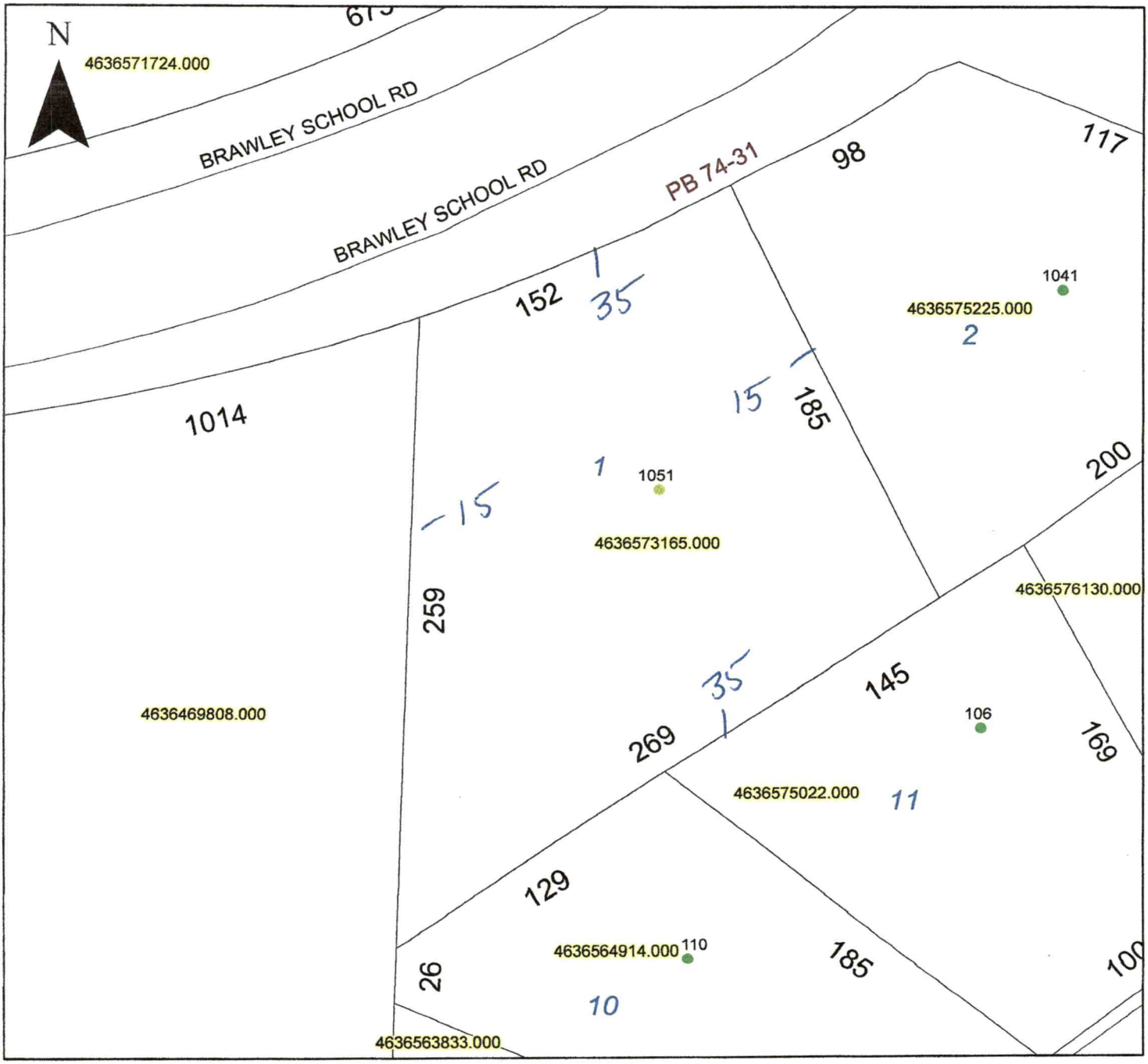
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 04/01/2022

Signature of Owner/Contractor

Permit Number	327228	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 1051 Brawley School Rd.

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Applicant

4/1/2022
Date

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
3/28/2022

Approved
MA
4/21/22

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Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" (initial), 42" (repair)

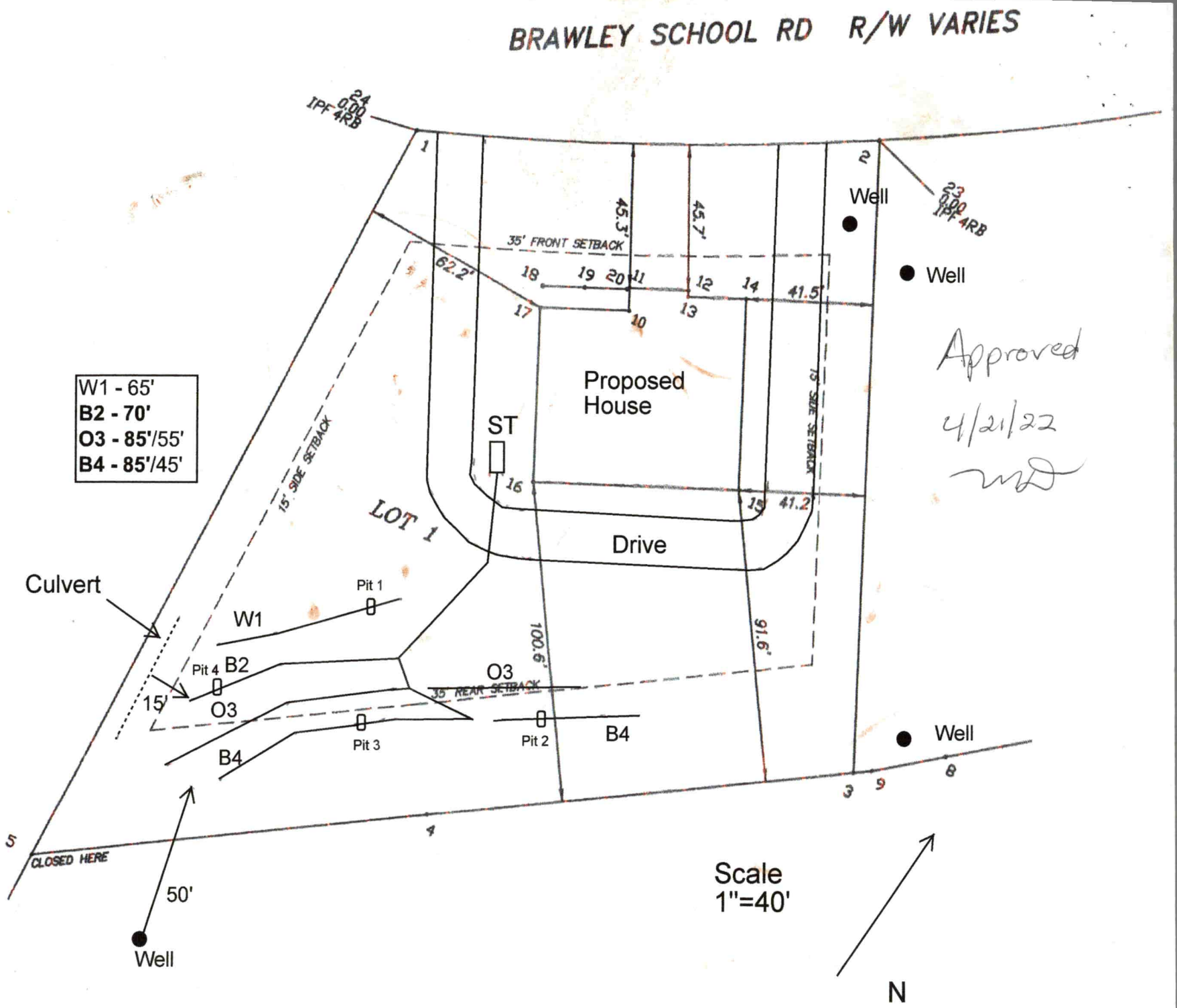


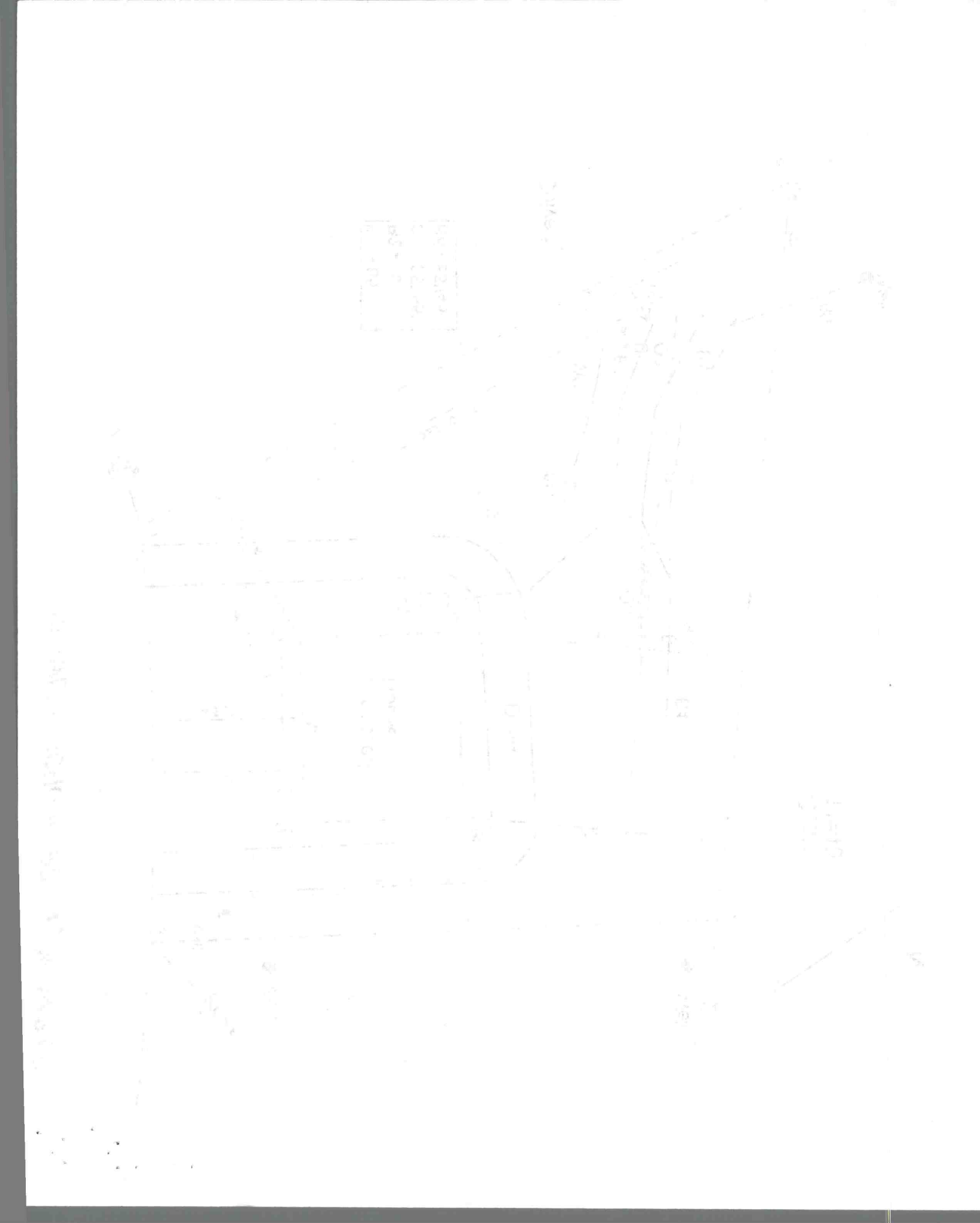
Line	Design Length	Actual Length
White 1		65'
Blue 2	**70'**	**73'**
Orange 3	**85'**/55'	**145'**
Blue 4	**85'**/45'	135'

Initial System: 240' **Repair System:** 165'

Comments:
The supply line must be 30" below the driveway or sleeved.

Please note this design is only intended for the use of two people per bedroom for a total design flow of 240 GPD and a total occupancy of 4 people. It is intended for residential use only, no commercial use. Please note once a septic system reaches 80% of the designed flow you are reaching the maximum ability of the septic system. Additional occupancy could lead to premature failure of the septic system.


BRAWLEY SCHOOL RD R/W VARIES
24.00 IPF 4RB
23.00 IPF 4RB
Well
Well
Well
Well
W1 - 65'
B2 - 70'
O3 - 85'/55'
B4 - 85'/45'
35' FRONT SETBACK
15' SIDE SETBACK
15' SIDE SETBACK
35' REAR SETBACK
Proposed House
ST
LOT 1
Drive
Culvert
Pit 1
Pit 2
Pit 3
Pit 4
W1
B2
O3
B4
O3
B4
15'
50'
CLOSED HERE
45.3'
45.7'
62.2'
41.5'
41.2'
100.6'
91.6'
Scale 1"=40'
N
Approved
4/21/22



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, Robin Curci, am the legal owner(s) of the property located at 1051 Brawley School Rd, identified as PIN (Parcel Identification Number) 4636573165, located in Iredell County, North Carolina.

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

Robin L. Curci 3/30/22

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

RECEIVED MAY 0 2 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

(X) 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

AP- 327228

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) Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Robin Curci Address: Mooresville, NC Zip: 28117

Applicant Email Matt - matt@johnsonbuilinginc.com Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 1051 Brawley School Rd

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

Driving Directions: _____

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

(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: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(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 ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: Robin L. Curci 3/30/22

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

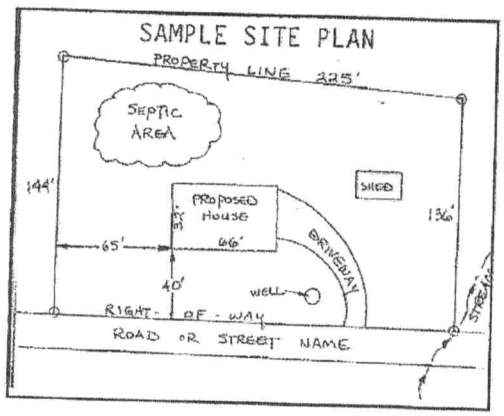
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 Plan

Signature: Robert L. Curci

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

3/30/22

DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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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.

Robin L. Curci 3/30/22

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

FRAMING NOTES

1	ALL HEADERS ARE (2) 2 X 10 #2 SPF UNLESS NOTED OTHERWISE
2	EXTERIOR SHEATHING IS 7/16" OSB CONTINUOUS PER 2018 NCRC R602.10 FOR BRACING
3	NAILING PATTERN FOR OSB WALL SHEATHING IS 8D NAILS EVERY 6" AT PERIMETER, AND EVERY 12" FOR FIELD NAILING PER 2018 NCRC R602.10.1 - PROVIDE BLOCKING AT ALL PANEL SEAMS
4	PROVIDE TYVEK HOUSE WRAP OR EQUAL - SEAL ALL PENETRATIONS, TEARS, SEAMS PER 2018 NCRC N1103.4.1
5	HURRICANE STRAPS AT EACH ROOF RAFTER OR TRUSS
6	USE TREATED SYP WHERE LUMBER IS IN CONTACT WITH CONCRETE OR MASONRY
7	WINDOW AND DOOR HEADERS @ 6'-10" A.F.F. WHERE CEILING ARE 9'-0" OR LESS. HEADERS @ 8'-1" WHERE CEILINGS ARE 10'-0"
8	ALL FRAMING MEMBERS SPACED AT 16" O.C. UNLESS NOTED OTHERWISE
10	ALL INTERIOR / EXTERIOR LOAD BEARING HEADERS SHALL BE (2) - 2 X 10 #2 SPF WITH (1) JACK AND (1) KING STUD AT EACH END U.N.O. (3) 2 X 10 AT 2 X 6 WALLS
11	MIN. 6 PSF, 9' OPENING
13	TRANSFER ALL POINT LOADS FROM FLOORS ABOVE TO LOWER FLOORS WITH EQUAL NUMBER OF STUDS AS INDICATED AT ORIGIN OF LOAD
14	BRACED WALL LINE = L.B.W. OR B.W.L.

INSULATION NOTES

1	ALL CRAWLSPACE FLOORS TO BE INSULATED WITH R-19 BATTS PER 2018 NCRC N1103.
2	ALL EXTERIOR WALLS TO BE INSULATED WITH MINIMUM R-15 KRAFT FACED BATTS PER 2018 NCRC N1103.
3	SEAL ALL PENETRATIONS, TEARS, SEAMS OF HOUSEWRAP PER 2018 NCRC N1103.4.1
4	PROVIDE FLEXIBLE SEALANT AT ALL MECHANICAL DEVICES WHERE THEY PENETRATE INSULATED ENVELOPE PER 2018 NCRC N1103.4.1.1
5	INSULATE ALL ATTIC SPACES TO R-49 PER 2018 NCRC N1103.
7	INSULATION SHALL BE INSTALLED AND MARKED CLEARLY ACCORDING TO 2018 NCRC N1101
8	ATTIC ACCESS DOORS MUST BE WEATHERSTRIPPED AND INSULATED TO R-10 FOR VERTICAL DOORS AND R-49 FOR HORIZONTAL DOORS
9	PROVIDE R360 BACKING MATERIAL OVER INSULATION IN EXPOSED ATTIC WALLS
10	FLOOR INSULATION MUST BE INSTALLED TO MAINTAIN FULL CONTACT WITH UNDERSIDE OF SUBFLOOR DECKING - MAXIMUM 12" BETWEEN SUPPORTS
11	WALL INSULATION SHALL BE ENCLOSED ON ALL SIDES PRIOR TO BEING COVERED BY SUBSEQUENT ELEMENTS
12	RECESSED LIGHT FIXTURES LOCATED IN THE THERMAL ENVELOPE SHALL BE I.C. RATED AND SEALED TO SWB WITH CAULK OR GASKET

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE / SPACING
h < 10'-0"	2 X 4 @ 6" O.C.
10'-0" < h < 11'-0"	2 X 4 @ 8" O.C.
11'-0" < h < 18'-0"	2 X 6 @ 6" O.C.
h > 18'-0"	CONSULT ENGINEER

TYPICAL HANGERS

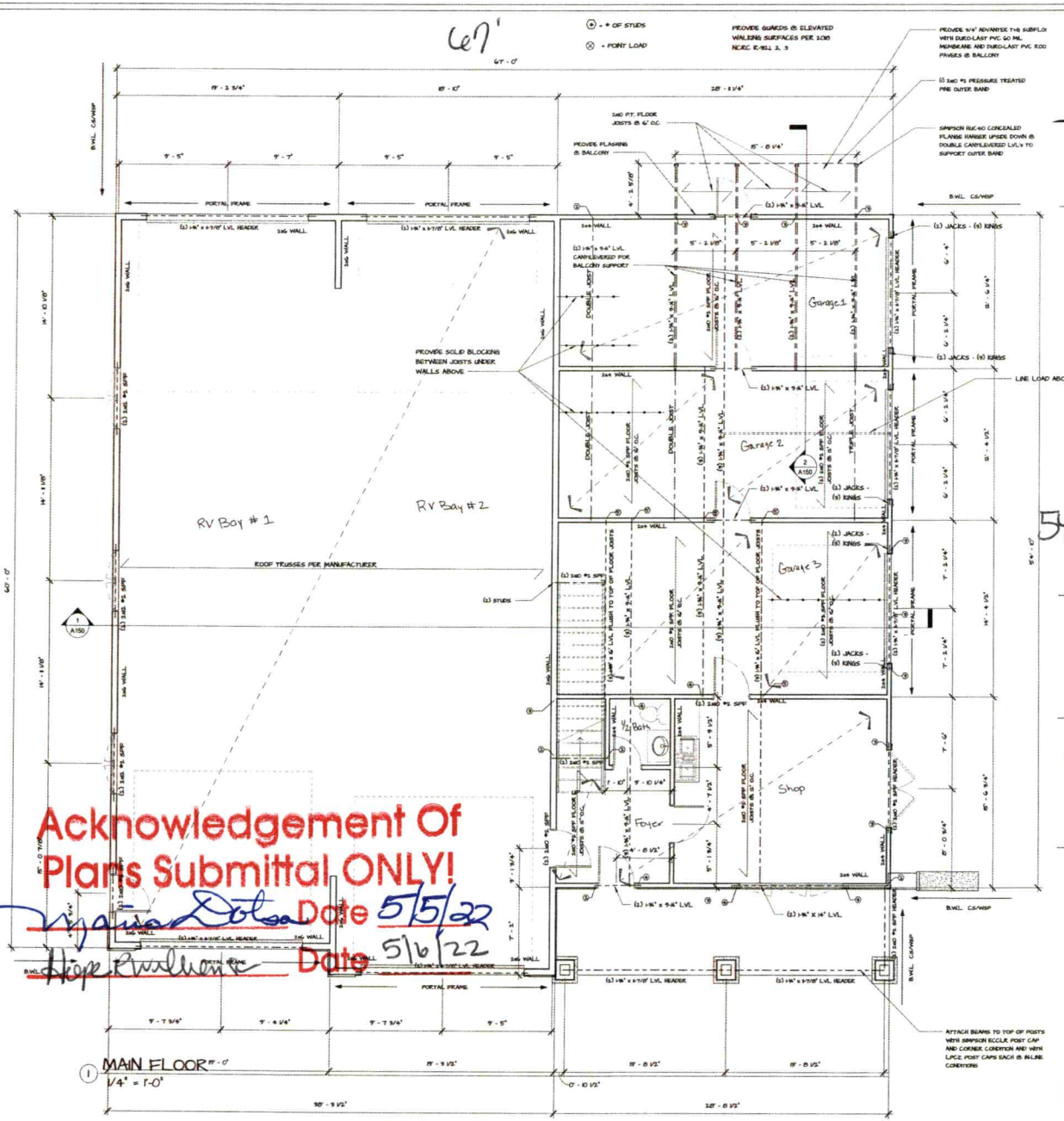
LUS28	2 X 8
LUS210	2 X 10
LUS 212	2 X 12
HUS28-2	(2) 2 X 8
HUS 210-2	(2) 2 X 10
HUS212-2	(2) 2 X 12
HGUS414	(2) 9 1/4" / 11 7/8" LVL
HGUS414	(2) 14" / (2) 16" / (2) 18" LVL
HGUS955010	(2) 9 1/4" LVL
HGUS55012	(2) 11 7/8" LVL
HGUS55014	(2) 14" /(2) 16" / (2) 18" LVL
HGUS7325/10	(4) 9 1/4" LVL
HGUS7325/12	(4) 11 7/8" LVL
HGUS7325/14	(4) 14" / (4) 16" / (4) 18" LVL

Window Schedule

W1	2' - 0"	2' - 0"
W2	4' - 11 7/8"	3' - 11 7/8"
W3	8' - 11 7/8"	5' - 11 7/8"
W4	5' - 11 7/8"	4' - 0"
W5	7' - 11 7/8"	3' - 11 7/8"

Door Schedule

D1	3' - 0"	7' - 0"	
D2	3' - 0"	7' - 0"	
D3	3' - 0"	7' - 0"	
D4	3' - 0"	7' - 0"	
D5	9' - 0"	8' - 0"	
D6	9' - 0"	8' - 0"	
D7	9' - 0"	10' - 0"	
D8	2' - 6"	6' - 8"	
D9			
D10	9' - 0"	6' - 8"	
D11	9' - 0"	6' - 8"	
D12	9' - 0"	6' - 8"	
D13	9' - 0"	6' - 8"	
D14	9' - 0"	6' - 8"	
D15	9' - 0"	6' - 8"	
D16	9' - 0"	6' - 8"	
D17	2' - 4"	6' - 8"	
D18	2' - 8"	7' - 0"	
D19	2' - 0"	6' - 8"	
D20	4' - 8"	6' - 8"	
D21	4' - 0"	6' - 8"	
D22	4' - 8"	6' - 8"	



1 MAIN FLOOR
1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 5/5/22

Date 5/6/22

HOBEL DESIGNS

HOBEL DESIGNS, LLC
5500 CLOSEBURN RD
CHARLOTTE, NC 2018
www.hobeldesigns.com
704.499.1279

Sheet List

Sheet Number	Sheet Name
A00	COVER
A0.	FOOTING PLAN
A0.1	GROUND LEVEL
A0.2	UPPER LEVEL
A0.4	ROOF PLAN
A0.5(PT)	ELEVATIONS
A0.6	ELEVATIONS
A0.7	SECTIONS
A0.8	DETAILS
A0.9	EXTERIOR VIEWS

NORTH CAROLINA PROFESSIONAL SEAL 050695 ENGINEER ANDREW ATEF TAKLA

PLANS REVIEWED AND APPROVED

ADDITIONS AND RENOVATIONS

FRRANK & ROBIN CURCI
MOORESVILLE, NC

Project number	2021.LB.254
Date	December 2021
Drawn by	Author
Checked by	Checker

A120

Scale 1/4" = 1'-0"

SHEET SIZE: ARCH D - 24" X 36"

1051 Brawley

FRAMING NOTES

1	ALL HEADERS ARE (2) 2 X 10 #2 SPF UNLESS NOTED OTHERWISE
2	EXTERIOR SHEATHING IS 7/16" OSB CONTINUOUS PER 2018 NCRC R602.10 FOR BRACING
3	NAILING PATTERN FOR OSB WALL SHEATHING IS 8D NAILS EVERY 6" AT PERIMETER, AND EVERY 12" FOR FIELD NAILING PER 2018 NCRC R602.10.1 - PROVIDE BLOCKING AT ALL PANEL SEAMS
4	PROVIDE TYVEK HOUSE WRAP OR EQUAL - SEAL ALL PENETRATIONS, YEARS, SEAMS PER 2018 NCRC N1101.4.1
5	HURRICANE STRAPS AT EACH ROOF RAFTER OR TRUSS
6	USE TREATED SYP WHERE LUMBER IS IN CONTACT WITH CONCRETE OR MASONRY
7	WINDOW AND DOOR HEADERS @ 6'-0" AFF. WHERE CEILING ARE 9'-0" OR LESS, HEADERS @ 8'-2" WHERE CEILINGS ARE 10'-0"
8	ALL FRAMING MEMBERS SPACED AT 16" OC. UNLESS NOTED OTHERWISE
10	ALL INTERIOR / EXTERIOR LOAD BEARING HEADERS SHALL BE (2) - 2 X 10 #2 SPF WITH (1) JACK AND (1) KING STUD AT EACH END UNO. (3) 2 X 10 AT 2 X 6 WALLS
12	MIN. 6" PIER 9' OPENING
13	TRANSFER ALL POINT LOADS FROM FLOORS ABOVE TO LOWER FLOORS WITH EQUAL NUMBER OF STUDS AS INDICATED AT ORIGIN OF LOAD
14	BRACED WALL LINE - I.B.W. OR B.W.L.

INSULATION NOTES

1	ALL CRAWLSPACE FLOORS TO BE INSULATED WITH R-19 BATTS PER 2018 NCRC N1102.1
2	ALL EXTERIOR WALLS TO BE INSULATED WITH MINIMUM R-15 KRAFT FACED BATTS PER 2018 NCRC N1102.1
3	SEAL ALL PENETRATIONS, YEARS, SEAMS OF HOUSEWRAP PER 2018 NCRC N1101.4.1
4	PROVIDE FLEXIBLE SEALANT AT ALL MECHANICAL DEVICES WHERE THEY PENETRATE INSULATED ENVELOPE PER 2018 NCRC N1101.4.3.1
5	INSULATE ALL ATTIC SPACES TO R-49 PER 2018 NCRC N1102.1
7	INSULATION SHALL BE INSTALLED AND MARKED CLEARLY ACCORDING TO 2018 NCRC R303
8	ATTIC ACCESS DOORS MUST BE WEATHERSTRIPPED AND INSULATED TO R-10 FOR VERTICAL DOORS AND R-15 FOR HORIZONTAL DOORS
9	PROVIDE RIGID BACKING MATERIAL OVER INSULATION IN EXPOSED ATTIC WALLS
10	FLOOR INSULATION MUST BE INSTALLED TO MAINTAIN FULL CONTACT WITH UNDERSIDE OF SUBFLOOR DECKING - MAXIMUM 6" BETWEEN SUPPORTS
11	WALL INSULATION SHALL BE ENCLOSED ON ALL SIDES PRIOR TO BEING COVERED BY SUBSEQUENT ELEMENTS
15	RECESSED LIGHT FIXTURES LOCATED IN THE THERMAL ENVELOPE SHALL BE IC RATED AND SEALED TO SHEETROCK WITH CAULK OR GASKET

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE / SPACING
h < 10'-0"	2 X 4 @ 16" OC.
10'-0" < h < 11'-0"	2 X 4 @ 12" OC.
11'-0" < h < 10'-0"	2 X 6 @ 16" OC.
h > 10'-0"	CONSULT ENGINEER

TYPICAL HANGERS

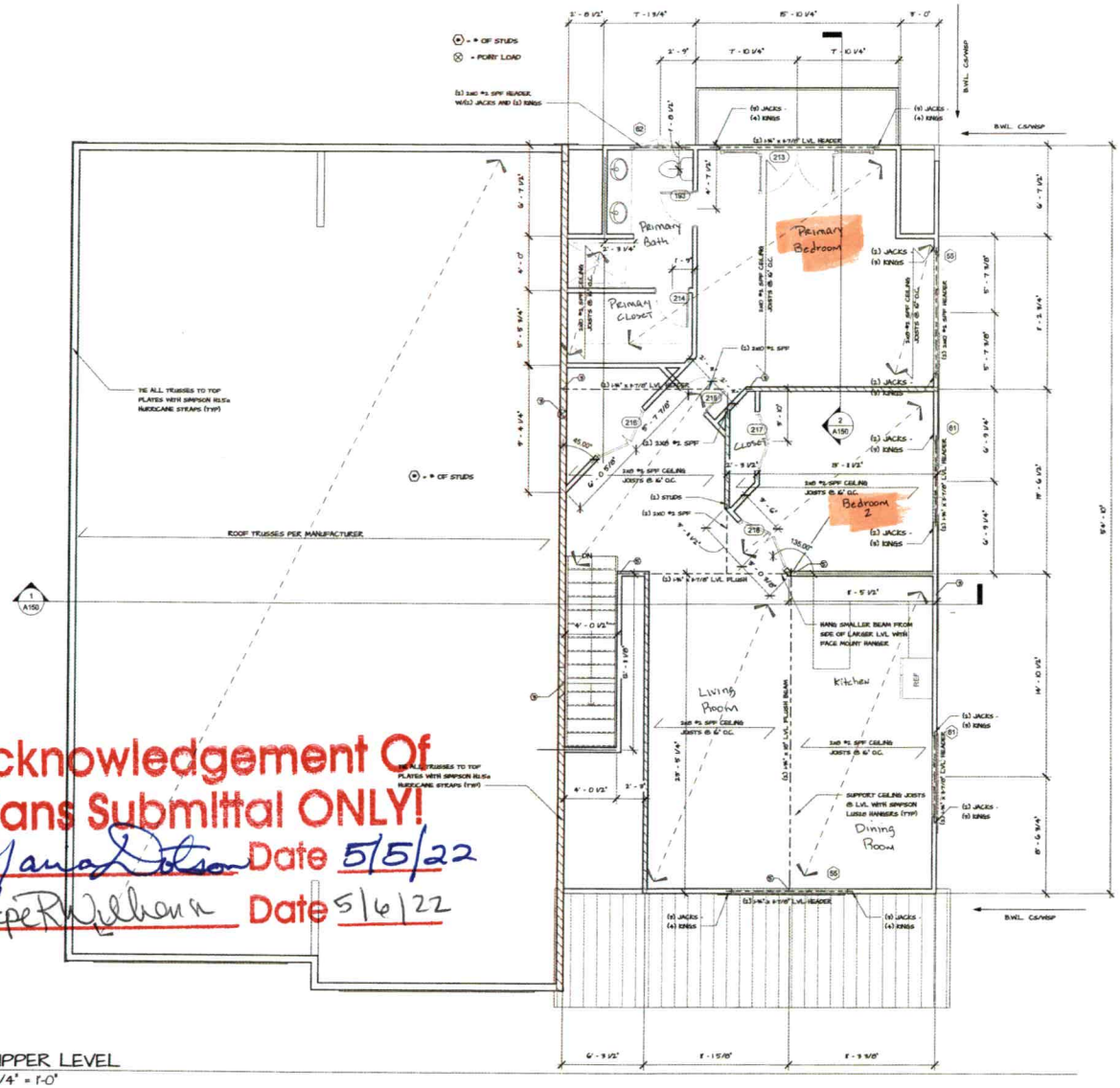
LUS28	2 X 8
LUS210	2 X 10
LUS 310	3 X 10
HUS28-2	(2) 2 X 8
HUS 210-3	(3) 2 X 10
HUS310-3	(3) 2 X 10
HGUS414G	(2) 9 1/4" / 2 1/16" LVL
HGUS414	(2) 14" / (3) 16" / (3) 18" LVL
HGUS55/10	(2) 9 1/4" LVL
HGUS55/12	(2) 2 1/16" LVL
HGUS55/14	(2) 14" / (2) 16" / (2) 18" LVL
HGUS7.25/10	(4) 9 1/4" LVL
HGUS7.25/12	(4) 2 1/16" LVL
HGUS7.25/14	(4) 14" / (4) 16" / (4) 18" LVL

Window Schedule

W1	2'-0"	2'-0"
W2	4'-11 5/8"	5'-11 5/8"
W3	8'-11 5/8"	5'-11 5/8"
W4	5'-11 5/8"	4'-0"
W5	9'-11 5/8"	9'-11 5/8"

Door Schedule

D1	16'-0"	16'-0"	
D2	16'-0"	16'-0"	
D3	16'-0"	16'-0"	
D4	16'-0"	16'-0"	
D5	9'-0"	8'-0"	
D6	9'-0"	8'-0"	
D7	9'-0"	10'-0"	
D8	3'-6"	6'-8"	
D9			
D10	9'-0"	6'-8"	
D11	9'-0"	6'-8"	
D12	9'-0"	6'-8"	
D13	9'-0"	6'-8"	
D14	9'-0"	6'-8"	
D15	9'-0"	6'-8"	
D16	9'-0"	6'-8"	
D17	9'-0"	6'-8"	
D18	2'-4"	6'-8"	
D19	1'-8"	7'-3"	
D20	2'-6"	6'-8"	
D21	2'-6"	6'-8"	
D22	4'-8"	6'-8"	
D23	4'-0"	6'-8"	
D24	4'-8"	6'-8"	



1 UPPER LEVEL
1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Maria Dotson Date 5/5/22
Hope R Williams Date 5/6/22

HOBEL DESIGNS

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A10	ELEVATIONS
A11	ELEVATIONS
A50	SECTIONS
A51	DETAILS
A60	EXTERIOR VIEWS

NORTH CAROLINA PROFESSIONAL SEAL 050005 ENGINEER ANDREW ATET TAFLA

Andrew K. Tafla, PE 050005 2022.02.25 09:23:08 -05'00'

PLANS REVIEWED AND APPROVED
K. S. TAFLA ENGINEERING, PLLC
BY TOM LATIMER PCL: 9-1242
710 HARRIS AVE. VIDALIA, GA 30474 912-403-0970
ANDY@TAFLAENGINEERING.COM
THIS DOCUMENT SHALL ONLY BE USED FOR THE PURPOSE FOR WHICH IT WAS PREPARED AND SHALL NOT BE USED FOR ANY OTHER PURPOSE. ANY REUSE, INCLUDING MODIFICATION OR EXTENSION OF THIS DOCUMENT OR ANY RELATED DOCUMENT, FOR ANY OTHER PURPOSE OR PROJECT, OR ANY ALTERATION OF THIS DOCUMENT WITHOUT THE SPECIFIC VERIFICATION OR ADAPTATION BY K. S. TAFLA ENGINEERING, PLLC, FACTORS TO ITS ORIGINAL CONTENT, SHALL BE AT THE USER'S SOLE RISK AND WITHOUT LIABILITY OR LEGAL EXPOSURE TO K. S. TAFLA ENGINEERING, PLLC. ALL UNAUTHORIZED MODIFICATIONS OR ADAPTATIONS MUST BE REMOVED FROM THIS DOCUMENT BY THE USER. K. S. TAFLA ENGINEERING, PLLC IS NOT RESPONSIBLE FOR ANY ADDITIONAL INFORMATION.

ADDITIONS AND RENOVATIONS

FRRANK & ROBIN CURCI
MOORESVILLE, NC

Project number	2021 LB.254
Date	December 2021
Drawn by	Author
Checked by	Checker

A122

Scale 1/4" = 1'-0"

SHEET SIZE: ARCH D - 24" X 36"

Barbara Nebel

From: Matthew Wilkinson
Sent: Monday, December 5, 2022 8:40 AM
To: Barbara Nebel
Subject: Finals Needed

Septic:
✓139 Sheeps Path– Shepherds bluff 33
Sister Cove Lot 15 –
✓ 174 E Panther Creek Wiltshire Lot 31 –
✓1051 Brawley School– AD Honeycutt Lot
122 Brooke Ridge Dr – Brookridge lot 1
✓103 Saylors Watch

Well
✓150 Greyfriars send to Sydney Holland CHT 4/526

Water sample to be put in:
151 Rustic Rd