IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223267

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

PIN # 4676 ~~66 49 63~~ 50 8594

APPLICANT: Brawley Woods LLC. APPLICANT ADDRESS: 840 Edmingston Rd Mt Ulla, NC 28125

SITE ADDRESS: 107 Brawley Woods Ln Mooresville NC PHONE: 7045784951 ALT. PHONE:

SITE DIRECTIONS: Main St TR Linwood TL Brawley Woods on left

SUBDIVISION: Brawley Woods SECTION: 2 LOT # 5 LOT AREA: 1.099Ac DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB 825 Date 3-20-17
Pump Tank 1000 (gal) PT 302 Date 1-18-17
Pump Make Zoeller Model N152 Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 480
Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM - 25% Reduction
Repair System Description: Panel Blk
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See attached, approved plan by The Oaks Group (dated 4/25/17)

AS BUILT SKETCH

28, 29, 30, 31 CH.

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**

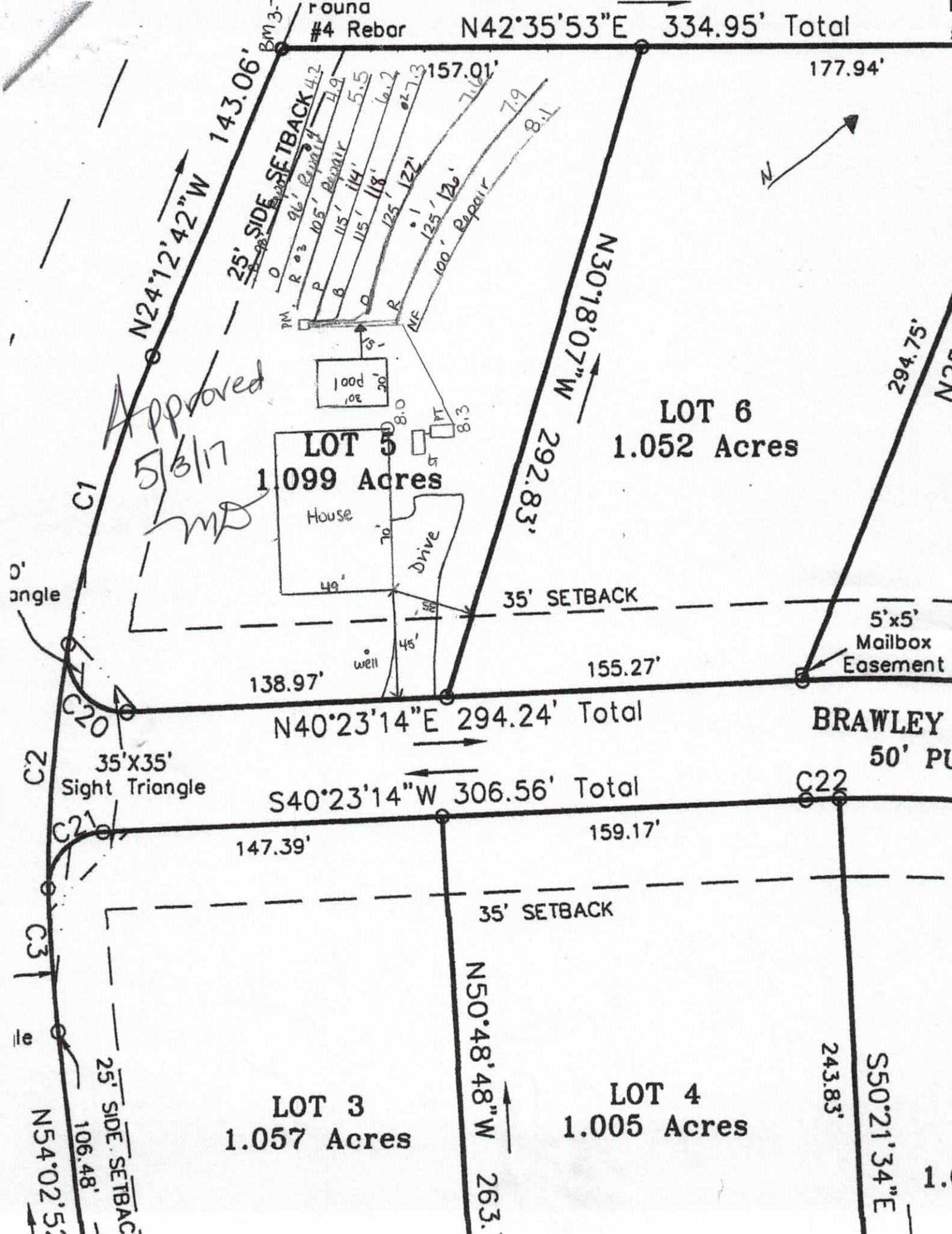
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 5/10/17 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/3/17 OPERATION PERMIT by: Bowan Date: 5-11-17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/3/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


Found
#4 Rebar
N42°35'53"E 334.95' Total
157.01'
177.94'
25' SIDE SETBACK
N24°12'42"W 143.06'
N30°18'07"W
292.83'
294.75'
LOT 5
1.099 Acres
LOT 6
1.052 Acres
House
Drive
Pool
Approved
5/3/17
35' SETBACK
5'x5'
Mailbox
Easement
well
138.97'
155.27'
N40°23'14"E 294.24' Total
BRAWLEY
50' PU
35'X35'
Sight Triangle
S40°23'14"W 306.56' Total
147.39'
159.17'
35' SETBACK
N50°48'48"W
LOT 3
1.057 Acres
LOT 4
1.005 Acres
243.83'
S50°21'34"E
25' SIDE SETBACK
106.48'
N54°02'5
C1
C2
C3
C20
C21
C22

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 107 Brawley Woods Road

Date: April 25, 2017

Attached is the septic specification information required to permit the 107 Brawley Woods Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

Brawley Woods Lot 5 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space/Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	24"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	85' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 10.1'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	2.6'
Total Head	15.7'
Pump Requirements	22 gpm @ 15.7' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	10.9
Repair System	**LP PPBPS**
Total Linear Feet	399
Repair Loading Rate	0.25

Approved
5/3/17

Approved
5/3/17 MD

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Blue	LP PPBPS	98	4.2
2	Repair	Orange	LP PPBPS	96	4.9
3	Repair	Red	LP PPBPS	105	5.5
4	System	Pink	25% Reduction	115 endfed	6.2
5	System	Blue	25% Reduction	115 endfed	7.3
6	System	Orange	25% Reduction	125 endfed	7.6
7	System	Red	25% Reduction	125 endfed	7.9
8	Repair	NF	LP PPBPS	100	8.1
				Total System: 480'	
				Total Repair: 399'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	8.30
House	blue		8.00

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Use proper setbacks if foundation drains are used

APPROVED DEC 14 2016

BA

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: IQ Custom Construction — APPLICATION DATE ___
ADDRESS: 840 Edmiston Rd Mt Ulla NC 28125 — DATE EVALUATED: 11/8/16
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: ___
LOCATION OF SITE: Lot 5 Brawley Woods — PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~3%	0-7	Mo GR SL	FR ns/np	Br	48+	N/A	N/A	0.25
		7-21	Mo SBK C	FR ss/sp	R				
		21-36	WK SBK C	FR ss/sp	E; F Mn/F 4el Br				
		36-48	WK SBK CL	FR ss/sp	R; C Soap				
2	L ~5%	0-5	Mo GR SL	FR ns/np	Br	48+	N/A	N/A	0.3
		5-26	Mo SBK C	FR ss/sp	R				
		26-48	WK SBK CL	FR ss/sp	R, C Soap				
3	L ~5%	0-28	Mo SBK C	FR ss/sp	R	48+	N/A	N/A	0.3
		28-48	WK SBK CL	↓	R, F/C Soap				
4	L ~5%	0-5	Mo GR SL	FR ns/np	Br	48+	N/A	N/A	0.3
		5-30	Mo SBK C	FR ss/sp	R				
		30-42	WK SBK C	↓	R, F Soap				
		42-48	WK SBK CL	↓	R, C Soap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LP PPBPS
Site LTAR	0.25	0.3

OTHER FACTORS (.1946): NA
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS: ___

Updated February 2014

RECEIVED APR 2 6 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $75.00

ENVIRONMENTAL HEALTH DIVISION

Ltd Relayout #223267

PAGE 1: APPLICATION FORM

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repai

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: (X) 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

contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Brawley Woods LLC **Address:** 840 Edmiston Rd Mt Ulla 28125 **Phone:**

Owner Name: same **Address:** **Phone:**

Property Information:

Street Address: 107 Brawley Woods Ln Mooresville 28115

Subdivision Name: Brawley Woods **Section/Phase:** **Lot Number:** 5

Driving Directions: Main St, Right on Linwood, Left on Brawley Woods Ln, lot on left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbin

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(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 ( ) Other:

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

4-25-17
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, IQ Custom Construction, am the legal owner(s) of the property located at 107 Brawley Woods, identified as PIN (Parcel Identification Number) 4676 60 0380, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) The Oaks Group, 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]	3/31/16	[signature]	3-31-16
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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...

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

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

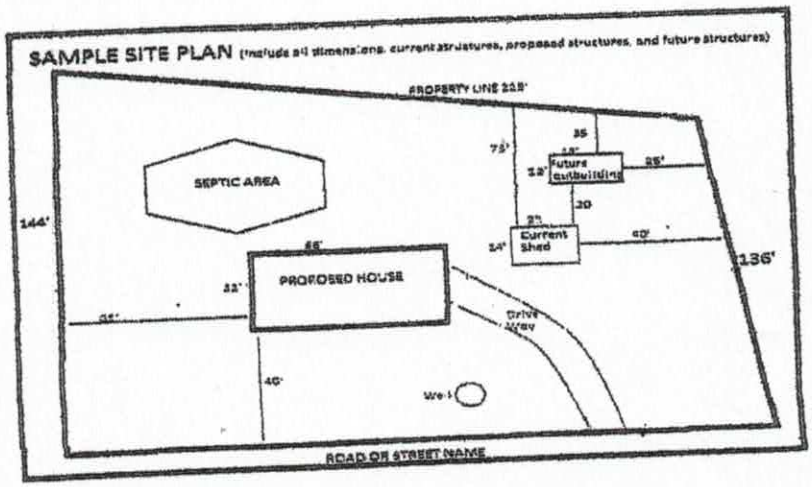
X North arrow, or other sufficient indicator of direction...

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

Please see attached site plan

Signature: Emma Hall

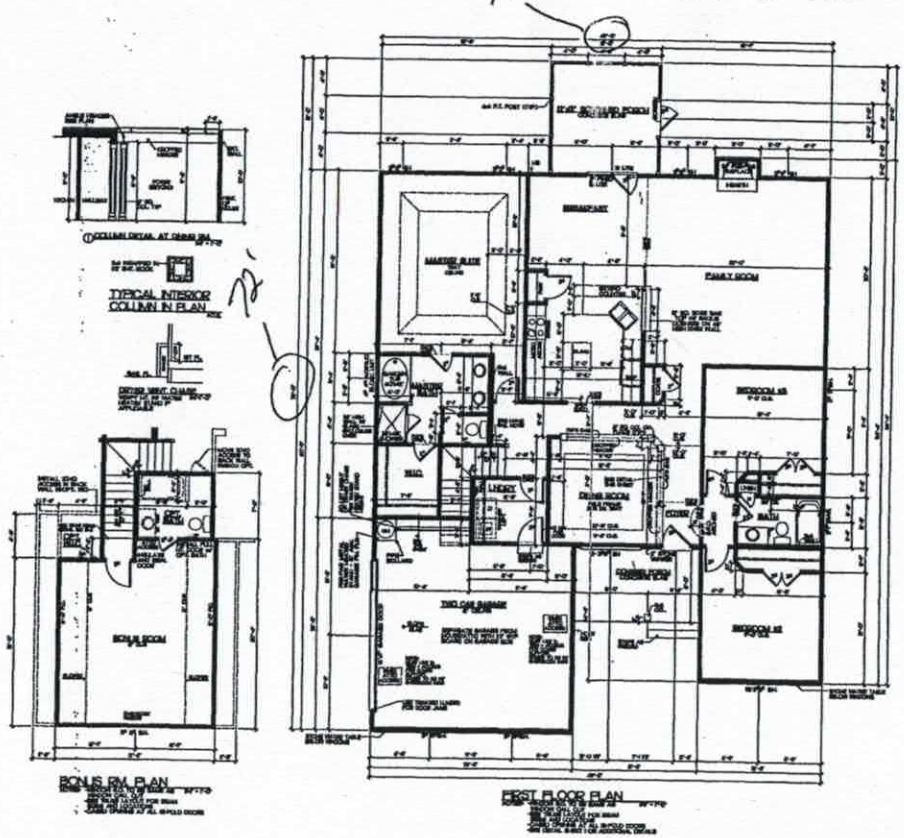
4-25-17
4-25-17

DATE

Lot #5

4/9'

Garage Right Flip House to Dine Right



IQ CUSTOM CONSTRUCTION

The Shelburne

FLOOR PLAN

3

Acknowledgement of Plans Submittal ONLY!

Date

Date 1-10-17

IREDELL COUNTY

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

APPLICATION NUMBER
223267
Issue Date: 11/18/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676604963.000	107 BRAWLEY WOODS LANE, STATESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: BRAWLEY WOODS LLC	Applicant:
Address: 114 MORLAKE DR STE 103 MOORESVILLE, NC 28117	Address:
Phone: - -	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	25.00	15.00	BOWC	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	86160	TOTAL FEES:	$ 77.25