1:15

1:30 Inspection

BA

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223265

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

PIN # 4670-04-9603-50:9697

APPLICANT: Brawley Woods I LC APPLICANT ADDRESS: 840 Edmonston Rd. Mt Ulla, NC 28125

SITE ADDRESS: 113 Brawley Woods Mooresville, NC PHONE: 704 578-4951 ALT. PHONE:

SITE DIRECTIONS: Main St N to R Dawood TL Brawley Woods on left.

SUBDIVISION: Brawley Woods SECTION: 2 LOT # 16 LOT AREA: 1.052 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	ST/B 328'	Date 4/21/17	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make	Model		Serial #	Repair System Description: PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3		Linear Ft: 400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 24"		Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

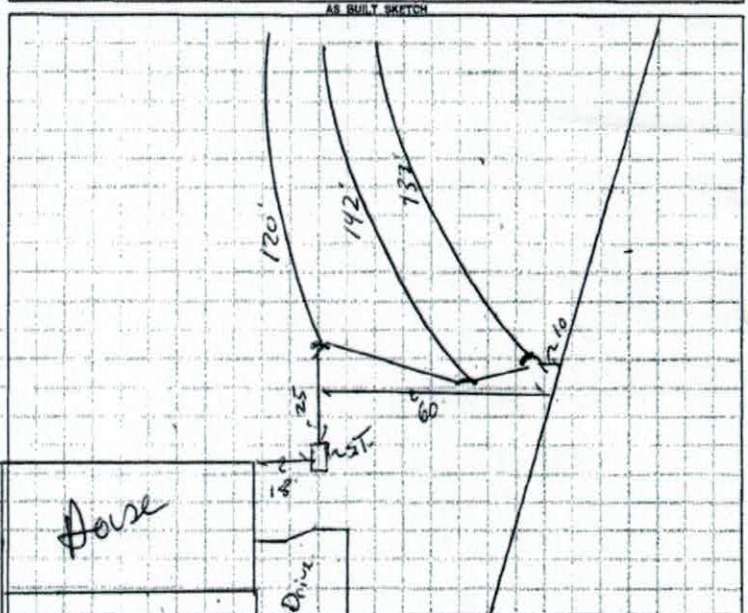
Comments / Conditions:

No SAP
* Installed as Drawn.

INITIAL SITE SKETCH

See attached, approved Septic plan by The Oaks Group dated 3/9/17

AS BUILT SKETCH



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.

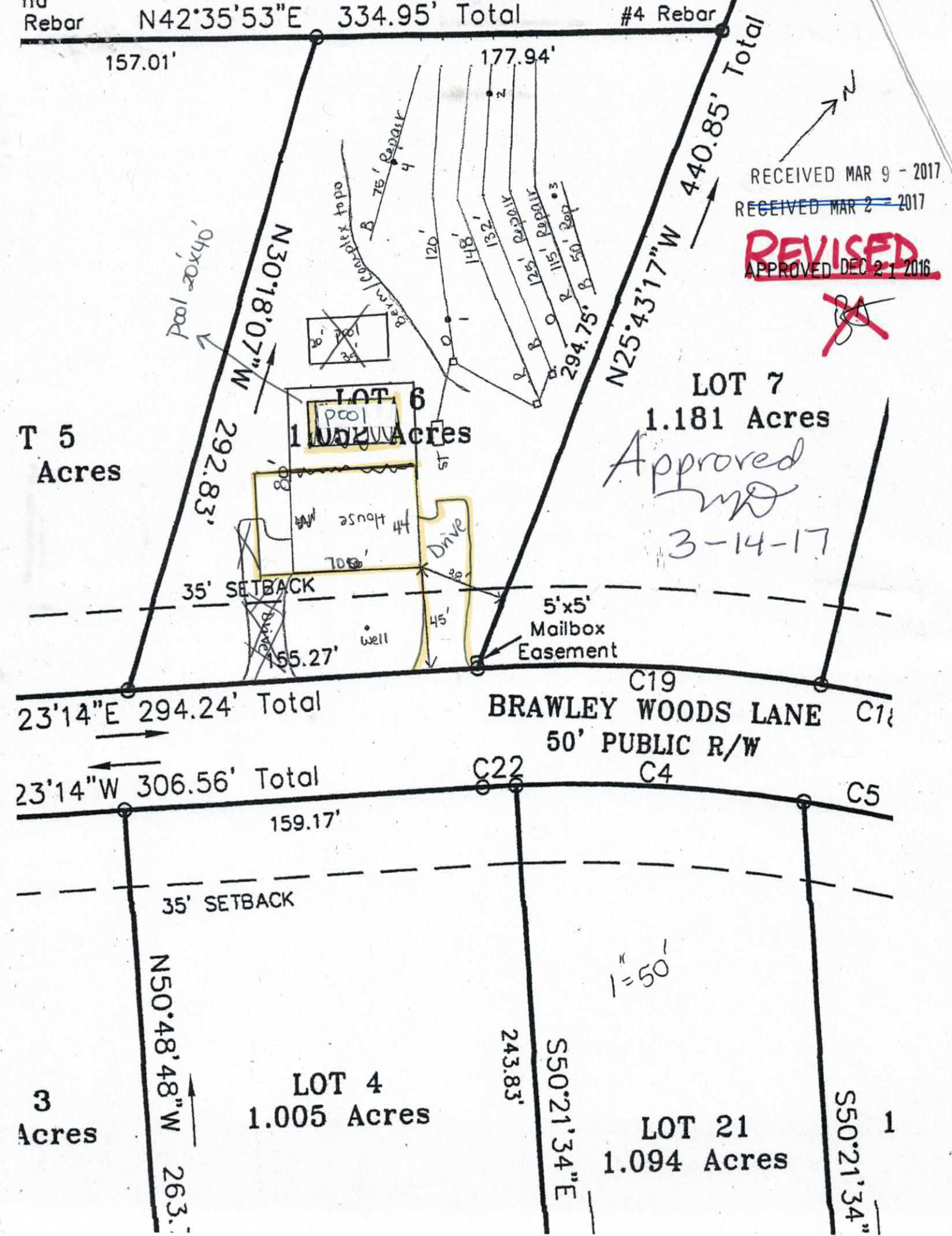
Owner / Applicant Signature: [signature] Date: 3/10/17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/15/17 OPERATION PERMIT by: Benjamin A Bolton Date: 6/7/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 3/15/17 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	6/7	BB.
Tanks Checked	6/7	BB.
Pressure Manifold or Valve Box Checked	—	—
Pressure Head Set	—	—
Electrical Checked	—	—
Floats Set	—	—
Alarm Checked	—	—
Maintenance Contract Y (N)		


Rebar
N42°35'53"E 334.95' Total
#4 Rebar
157.01'
177.94'
440.85' Total
N25°43'17"W
RECEIVED MAR 9 - 2017
RECEIVED MAR 2 - 2017
REVISED
APPROVED DEC 21 2016
Pool 20x40
N30°18'07"W
292.83'
LOT 6
1.032 Acres
pool
house
Drive
70'
80'
35' SETBACK
5'x5'
Mailbox
Easement
45'
well
155.27'
294.75'
LOT 7
1.181 Acres
Approved
3-14-17
T 5
Acres
23'14"E 294.24' Total
23'14"W 306.56' Total
BRAWLEY WOODS LANE
50' PUBLIC R/W
C19
C22
C4
C5
159.17'
35' SETBACK
1"=50'
N50°48'48"W
LOT 4
1.005 Acres
243.83'
S50°21'34"E
LOT 21
1.094 Acres
3
Acres

APPROVED DEC 21 2016

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: 11/11/16
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: _____
LOCATION OF SITE: Lot 6 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)		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	L 5%	0-28	mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		28-48	WK SBK CL	↓	R; C sap				
2	L 5%	0-31	mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		31-48	WK SBK CL	↓	R; F Sap				
3	L 5%	0-30	mo SBK SCL	FR SS/SP	R Bv	48+	N/A	N/A	0.3
		30-36	WK SBK SCL	↓	R Bt F mo				
		36-48	WK SBK SCL	↓	R C mo, F/C Yel Br				
4	L 5%	0-24	mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		24-48	WK SBK CL	↓	R; F sap (C sap 46"+)				

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

OTHER FACTORS (.1946): site needs slight shaping
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS: _____

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED MAR 2 - 2017

(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)

Paid $ 75.00

1. APPLICATION FOR: X **Improvement Permit** X **Authorization To Construct** ___ **Existing System Inspection**

****

Limited Redraw # 223265

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Brawley Woods LLC	840 Edmonston Rd Mt Ulla		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
113 Brawley Woods Mooresville	Brawley Woods	lot 6

Driving Directions: Linwood, TL Brawley Woods, on L

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 3/2/17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 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 113 Brawley Woods Lane, identified as PIN (Parcel Identification Number) _____, 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

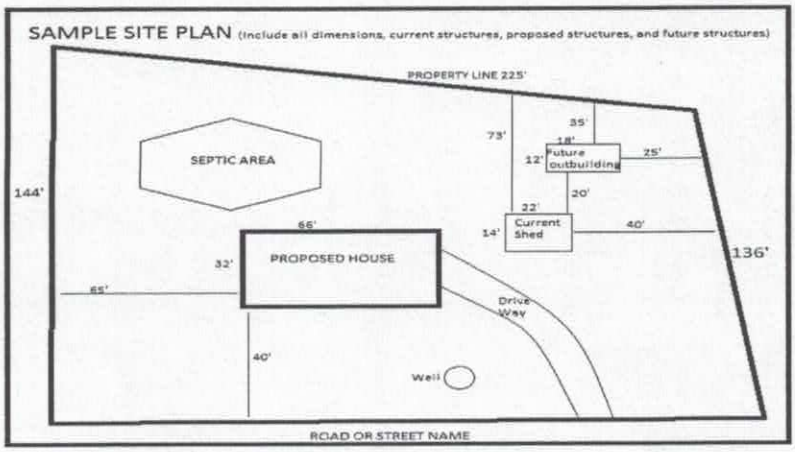
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

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:

N/A **Location of septic systems and wells within 100' of your property… N/A**

N/A **Location of easements and rights of ways on your property… N/A** N/A **Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see Septic IP

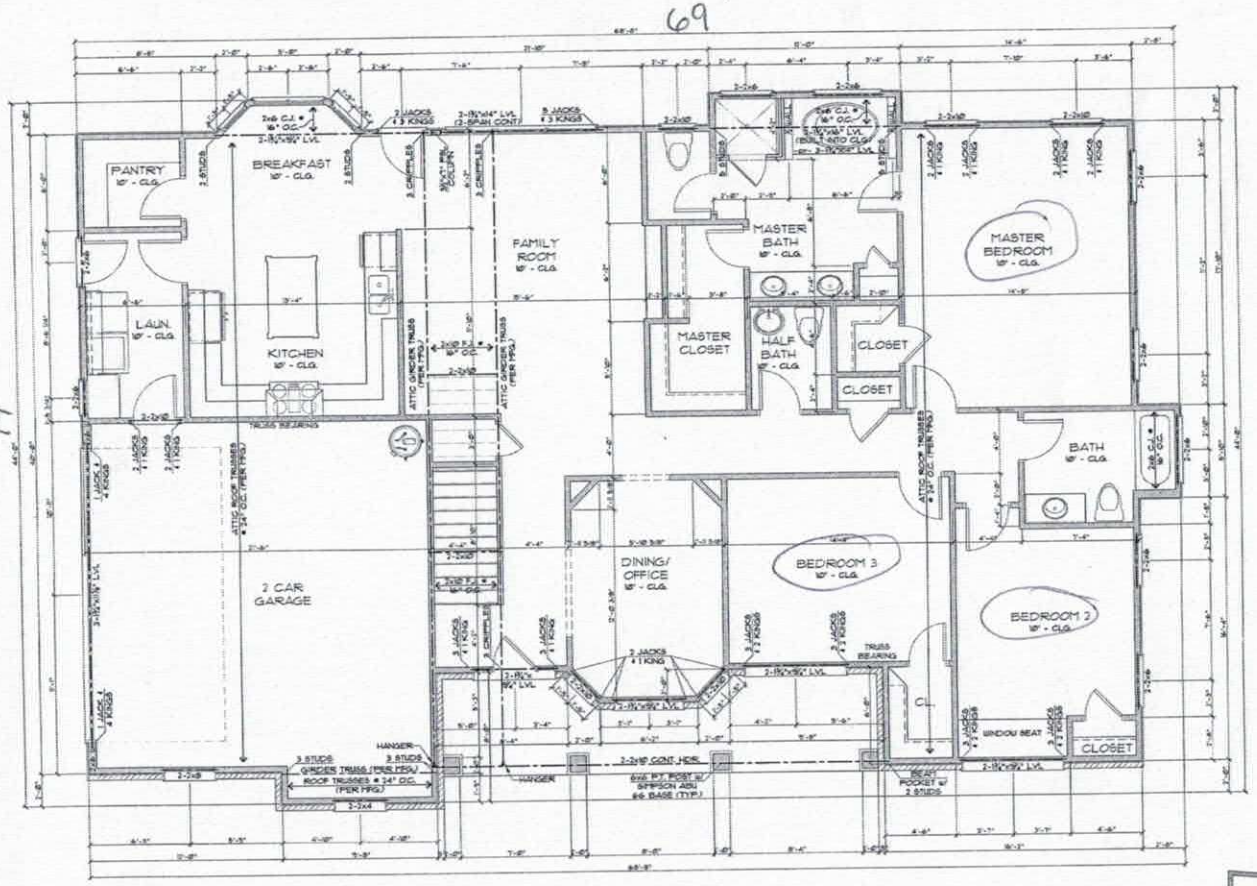
Signature: _____

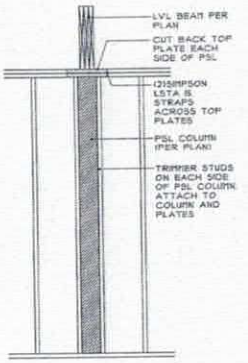
REQUIRED **property owner or owner's legal representative signature.**

3/2/17

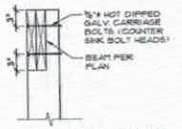
DATE

Acknowledgement of
Plans Submittal ONLY!
Kathleen Saunders Date 3-9-17
Maria Dotson Date 3/14/17 mirror image





TYPICAL PSL COLUMN DETAIL
SCALE: 1/2" = 1'-0"



6x6 COLUMN
SCALE: 1" = 1'-0"

TYPICAL HANGERS FOR JOIST & BEAMS

MEMBERS	HANGER
2x8	LUS26
2x10	LUS210
2x12	LUS212
2-2x8	HUS26-2
2-2x10	HUS210-2
2-2x12	HUS212-2
3-2x8	LUS26-3
3-2x10	LUS210-3
3-2x12	HGI0-3 MIN.
2-1¾"x9¼" LVL	HGUS412
2-1¾"x9½" LVL	HGUS414
2-1¾"x11⅞" LVL	HGUS412
2-1¾"x14" LVL	HGUS412
3-1¾"x9¼" LVL	HGUS414
3-1¾"x9½" LVL	HGUS414
3-1¾"x11⅞" LVL	HGUS414
3-1¾"x14" LVL	HGUS414
3-1¾"x16" LVL	HGUS414
4-1¾"x9¼" LVL	HGUS5.50/10
4-1¾"x9½" LVL	HGUS5.50/10
4-1¾"x11⅞" LVL	HGUS5.50/12
4-1¾"x14" LVL	HGUS5.50/14
4-1¾"x16" LVL	HGUS5.50/14

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC. (BRAND - NAME EQUIVALENTS ACCEPTABLE)

NOTE:
INSTALL A MIN. OF 2 STUDS UNDER THE BEARING ENDS OF ROOF TRUSSES, 40' OR BIGGER.

SHEATHING NOTES:

1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN SECTION R602.10.4 OF THE 2012 NCRC WITH SEPTEMBER 1, 2013 AMENDMENTS.
2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATHED WITH A MINIMUM ½" OSB AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS @ 6" O/C SPACING AT PANEL EDGES AND 12" O/C SPACING AT INTERMEDIATE SUPPORTS.
3. INSTALL BLOCKING ALONG OSB PANEL EDGES. FASTEN PANEL EDGES AT BLOCKING @ 3" O/C AND @ 6" O/C AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF WALL IS SHEATHED.
4. SHEATH ALL GABLE END WALLS WITH ½" OSB.

FIRST FLOOR PLAN
SCALE 1/4" = 1'-0"

SEAL FOR STRUCTURAL ONLY
11/20/14

PROJECT:
The Mayberry Plan
550 Wiggins Rd, Lot 5
Meadows Farm
Mooresville, NC

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 900-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

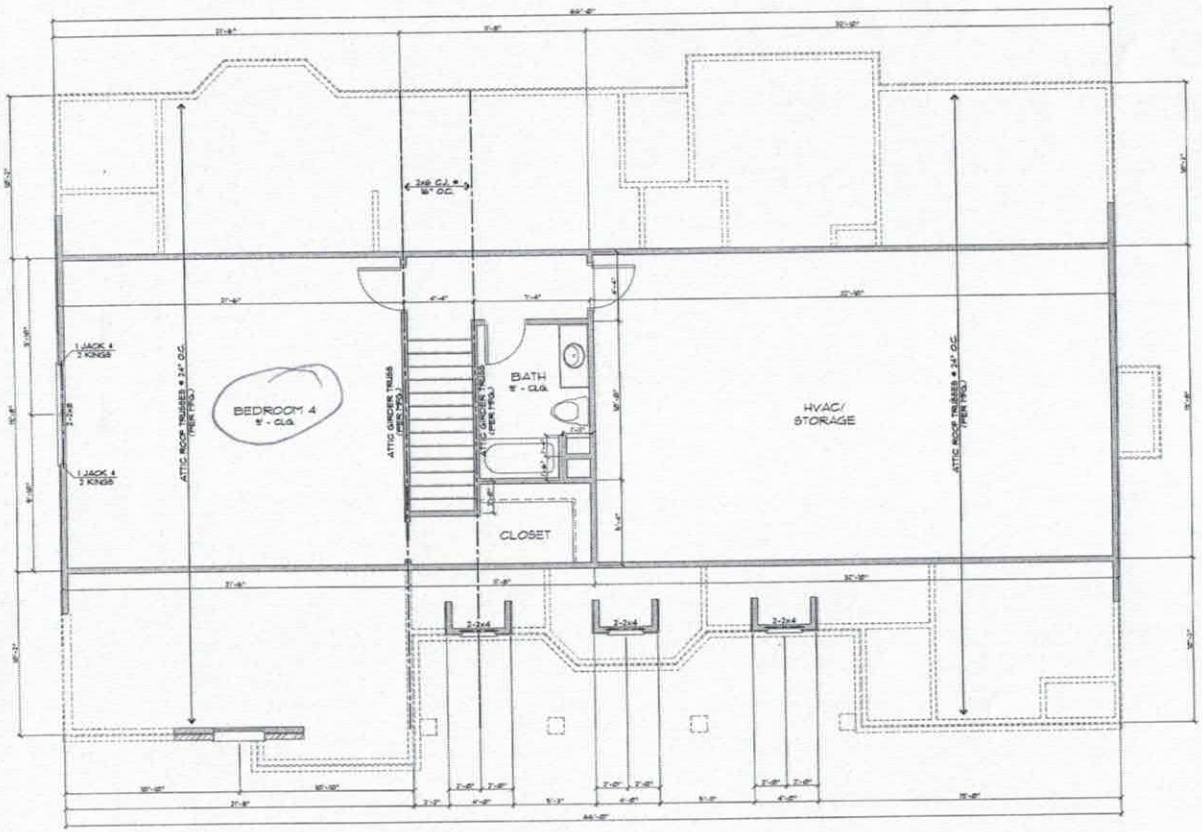
DRAWN BY: JONATHAN ROGERS
DATE: NOVEMBER 20, 2014
REVISIONS:

SHEET
S2

Acknowledgement of
Plans Submittal ONLY!

Kathleen Sawyer Date 3-9-17

Maria Dotson Date 3/14/17



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

TYPICAL HANGERS FOR JOIST & BEAMS

MEMBERS	HANGER
2x6	LUS26
2x8	LUS28
2x10	LUS210
2x12	LUS212
3-2x8	HUS28-2
3-2x10	HUS210-2
3-2x12	HUS210-2
3-2x6	LUS26-3
3-2x8	LUS28-3
3-2x10	HU210-3 MIN.
3-1¾"x9¼" LVL	HGUS410
3-1¾"x9⅞" LVL	HGUS410
3-1¾"x11⅞" LVL	HGUS412
3-1¾"x14" LVL	HGUS414
3-1¾"x16" LVL	HGUS414
3-1¾"x18" LVL	HGUS414
3-1¾"x9¼" LVL	HGUS5.50/10
3-1¾"x9⅞" LVL	HGUS5.50/10
3-1¾"x11⅞" LVL	HGUS5.50/10
3-1¾"x14" LVL	HGUS5.50/14
3-1¾"x16" LVL	HGUS5.50/14
3-1¾"x18" LVL	HGUS5.50/14
4-1¾"x9¼" LVL	HGUS7.25/10
4-1¾"x9⅞" LVL	HGUS7.25/10
4-1¾"x11⅞" LVL	HGUS7.25/12
4-1¾"x11⅞" LVL	HGUS7.25/12
4-1¾"x14" LVL	HGUS7.25/14
4-1¾"x16" LVL	HGUS7.25/14
4-1¾"x18" LVL	HGUS7.25/14

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4. SHEATH ALL GABLE END WALLS WITH ½" OSB.

SEAL FOR STRUCTURAL ONLY

PROJECT:

The Mayberry Plan

550 Wiggins Rd, Lot 5

Meadows Farm

Mooresville, NC

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 900-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

DRAWN BY: JONATHAN ROGERS

DATE: NOVEMBER 20, 2014

REVISIONS:

SHEET

S3

IREDELL COUNTY

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

APPLICATION NUMBER
223265
Issue Date: 11/18/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676604963.000	113 BRAWLEY WOODS LANE, STATESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: BRAWLEY WOODS LLC	Applicant: KATHLEEN SAUNDERS
Address: 114 MORLAKE DR STE 103 MOORESVILLE, NC 28117	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone: - -	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	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	86157	TOTAL FEES:	$ 77.25