IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223207

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

PIN # 4676-60-4963 0380

APPLICANT: IQ Custom Construction APPLICANT ADDRESS: Po Box 1703 Mooresville

SITE ADDRESS: 106 Brawley Woods Ln. Mooresville PHONE: 704-202-5791 ALT. PHONE:

SITE DIRECTIONS: Linwood TL Brawley Woods, on R

SUBDIVISION: Brawley Woods SECTION: 2 LOT # 3 LOT AREA: 1.057 AC DESIGN FLOW: 480 L.T.A.R.: .225

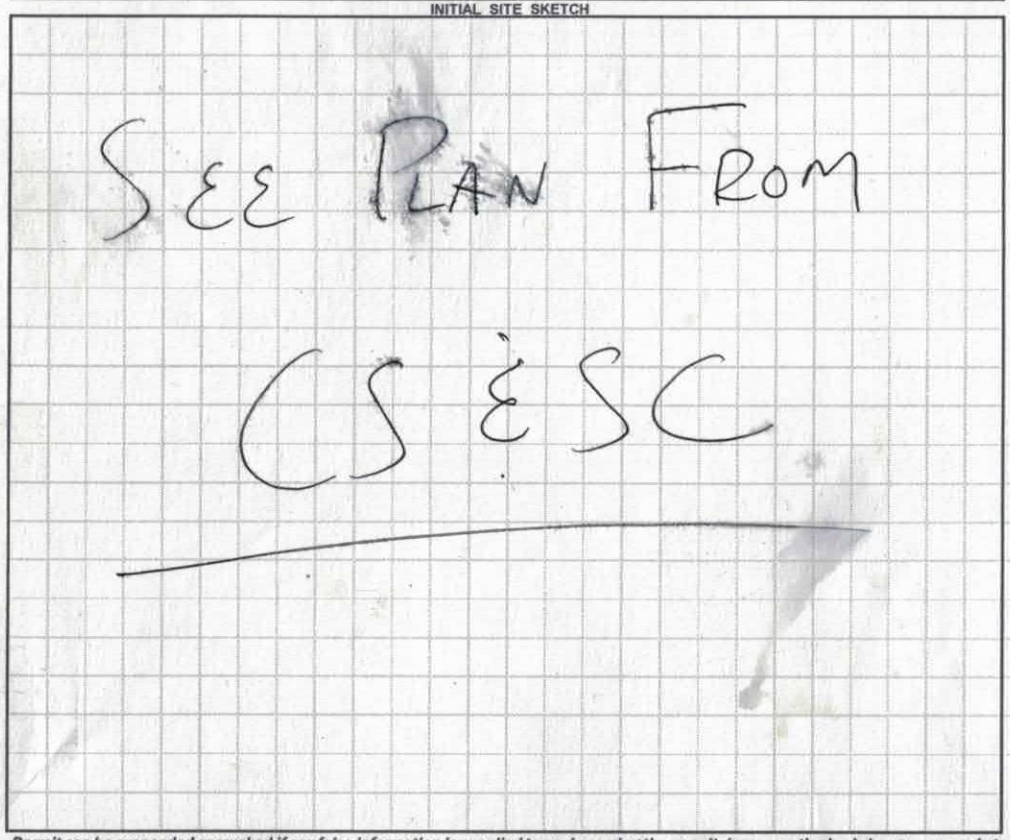
Septic Tank	1000 (gal)	STB	825	Date	6-12-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	[redacted] (gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons	8	☒ Private
Pump Make		Model		Serial #		Repair System Description:	PM - 25% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	9	Linear Ft:	538'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	20"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions:

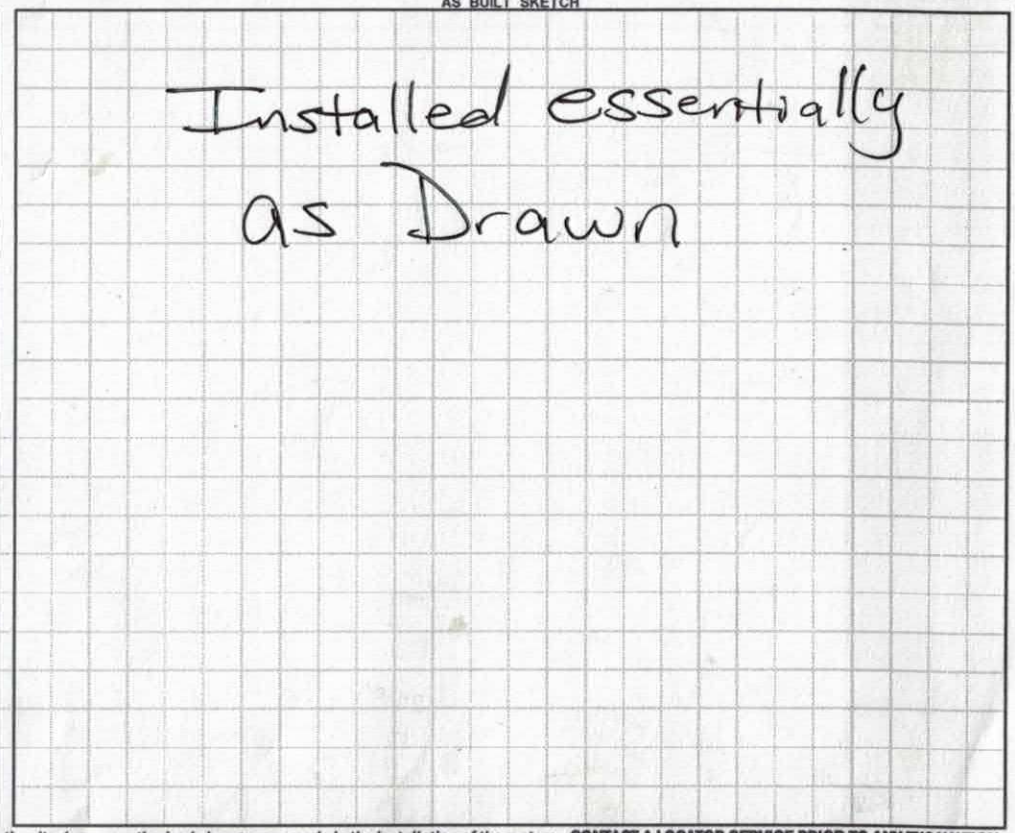
Installed Quick 4

NO SAP

INITIAL SITE SKETCH



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: 1/6/17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: [signature] Date: 12-14-16 OPERATION PERMIT by: Maria Dotson Date: 8/16/17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-10-17 Existing System Inspected by: Date:

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

APPROVED DEC 14 2016

1"=50'

NORTH

LINWOOD ROAD

BRAWLEY WOOD

LOT 3
1.057 ACRES

LOT 4
1.005 ACRES

LOT 1

HOUSE
SULLIVAN PLAN
RH 2 CAR GARAGE

BURNSIDE PLAN
RH 2 CAR GARAGE
OPTION: COVERED F

DRIVEWAY

WELL

POOL

GULLY

SMALL DITCH TO BE FILLED

COMPLEX TOPO TO BE FILLED

SHALLOW GULLY TO BE FILLED

GULLY TO BE FILLED

38.52'

61.19'

147.39'

192.39'

263.71'

162.25'

172.29'

99.2'

10.0'

47.0'

45.0'

58.0'

57.5'

16.73'

1 0 44'
2 B 44'
3 Y 46'
4 P 158'
5 Y 76'
6 R 50'
7 O 93'
8 P 76'
9 Y 70'
10 R 57'
6 R 110'
11 B 46' NOT USED
12 R 47' NOT USED
13 O 32' NOT USED
14 P 48'
15 Y 46'
16 B 48'
8 O 52'
9 P 29'
10 Y 109'
11 R 89'
12 B 72'
13 O 62'
7 B 62'
8 O 68'
9 P 62'
6 R 76'
5 Y 74'
4 O 42'
3 P 58'
2 B 52'
1 O 44'

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

ST

98 45.0' 45.0'

40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48

16 4 x 4 B

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

**Proposed Design for a 25% Reduction Septic System
using Gravity distribution for a 4 bedroom single family residence
on Lot 3 of Brawley Woods Subdivision, in
Mooresville, Iredell County, North Carolina.**

Contents: **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Profile Descriptions---------- 6-7

November 14, 2016
Job #: 2016-068
Design By: Adrian L. Pruett



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as Pressure Manifold 25% reduction installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

APPROVED DEC 14 2016

OWNER INFORMATION

Owner: Brawley Woods LLC
Address: 114 Morlake Dr., Suite 103
Mooresville, NC 28117

Client: IQ Custom Construction
Address: 840 Edmiston Rd
Mt. Ulla, NC 28125
Contact: Bobby Robinson
Phone: 980-297-2329
County: Iredell
Location: BRAWLEY WOODS SUBDIVISION, LOT 3

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 480
System Flow: NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 538
Loading/Soil Application Rate (gpd/ft.^{2}): 0.225
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 538
Total Lateral Length Required: 533.33
Trench Depth: 20 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 1614

Trench Spacing on Center: 9 ft.

Repair Trench Width: 9 ft.
Repair Trench Depth: 18 in. Lowside

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 6
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 2.16
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by CS&SC

APPROVED DEC 14 2016

3A

BRAWLEY WOODS SUBDIVISION, LOT 3
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE ###############

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***ORANGE***	***NA***	***NA***	***44***	***44***
2	***BLUE***	***NA***	***NA***	***52***	***52***
3	***PINK***	***NA***	***NA***	***58***	***58***
4	***ORANGE***	***NA***	***NA***	***42***	***42***
5	***YELLOW***	***NA***	***NA***	***74***	***74***
6	***RED***	***NA***	***NA***	***76***	***76***
7	***BLUE***	***NA***	***NA***	***62***	***62***
8	***ORANGE***	***NA***	***NA***	***68***	***68***
8	ORANGE	NA	NA	52	52
9	***PINK***	***NA***	***NA***	***62***	***62***
9	PINK	NA	NA	29	29
10	YELLOW	NA	NA	109	109
11	RED	NA	NA	89	89
12	BLUE	NA	NA	72	72
13	ORANGE	NA	NA	62	62
14	PINK	NA	NA	48	48
15	YELLOW	NA	NA	46	46
16	BLUE	NA	NA	48	48
			Total	**1093**	**1093**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***538***	***ACCEPT.***	***0.225***	***25% RED.***	***GRAVITY***
Repair	555	*ACCEPT.*	0.225	25% RED.	PRESSURE MANIFOLD

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Small ditch to be filled near end of septic lines**
Small gully to be filled within repair area close to initial system area.
Complex topography to be filled at right rear of property.
Maintain 15' off large drainage ditch at rear of property with septic lines.
Proposed house staked by surveyor.
Pool flagged in double yellow pin flags.
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS

APPROVED DEC 14 2016

Location	BRAWLEY WOODS
Lot No:	3
Address:	
No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.225 $^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	6 ft.
Supply Line Volume	2.16 gal.
Required Feet of 25% RED. Line	533.33333 ft.
Amount of Line from Layout	538 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	351.314 gal.

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

PROPERTY ID #:
COUNTY: Iredell

3A

APPROVED DEC 14 2016

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

OWNER: Brawley Woods LLC
APPLICATION DATE
ADDRESS: 114 Morlake Dr., Mooresville NC 28117
DATE EVALUATED: 11-8-16
PROPOSED FACILITY: 4 Brm
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 1.057ac
LOCATION OF SITE: Brawley Woods Ln, Mooresville Brawley Woods Lot 3
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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	LSS 4%	0-8	BR CL WFSBK	Fr SS SP SEXP	N/A	48"	N/A	N/A	PS
		8-32	R CL MFABK	Fi S P SEXP	few/com YB, few sap				
		32-48	R CL WFSBK	Fr SS SP SEXP	com sap				0.25
B 2	LSS 6% In small ditch 6.5" deep	0-6	RB CL WFSBK	Fr SS SP SEXP		40"	N/A	N/A	PS
		6-40	R CL MSABK	Fi S P SEXP	Chr 2 >32" com YB				0.225 to 32"
B 3	LSS 10%	0-8	B CL WFSBK	Fr SS SP SEXP	N/A	48"	N/A	N/A	PS
		8-30	R CL MSABK	Fi S P SEXP	few YB				
		30-48	YR CL MFABK	Fi S P SEXP	com sap				0.25
B 4	LSS 7%	0-6	R CL WFSBK	Fr SS SP SEXP		48"	N/A	N/A	PS
		6-38	R CL MFABK	Fi S P SEXP	Chr 2 34-35" com YB few heavy clay veins - com sap				0.225 to 34"
		38-48	YR CL WFABK	Fi S P SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity 25%	PM 25%
Site LTAR	0.225	0.225

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: CS & SC
OTHER(S) PRESENT: None

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED DEC 14 2016

PROPERTY ID #:
DATE OF EVALUATION: 11-8-16
COUNTY: Iredell

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
B5	LSS 10%	0-6	B SCL Gr	FrSS SP SExP	N/A	48"	N/A	N/A	PS
		6-34	RCMFSBK/ABK	F; SP SExP	few Mn				
		34-45	RCWFSBK/ABK	F; SP SExP	-few/com Sap				
		45-48	RCL WFSBK	FrSS SP SExP	-com Sap				0.275-0.25
B6	LSS 10%	0-12	B SCL Gr	FrSS SP SExP	N/A few/com Mn	48"	N/A	N/A	PS
		12-23	LB S SG	Fr NS NP NExP	-few Mn				
		23-30	RCWFSBK/ABK	F; S P SExP	few/com YB				
		30-38	RCWFSBK/ABK	F; S P SExP	Com YB, few Mn				0.225
		38-48	BRCWFSBK	FrSS SP SExP	com YB, com Mn				

COMMENTS:

RECEIVED NOV 16 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 $350.00

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

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

#223207

The following optional attachments may also be submitted: ✓ **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:

980-297-2329 Bobby Robinson

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
I&O Custom Const./CS&SC	PO Box 1703, Mooresville NC 28115		704-202-5791
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Brawley Woods LLC	114 Barkley Dr, Suite 103, Mooresville NC 28117		

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
106 Brawley Woods Ln	Brawley Woods	3

Driving Directions: Hwy 152/main St, TR on Linwood, past Teeter, TL on Brawley Woods Dr. (New Rd), Lot on R corner of Linwood & Brawley Woods

****

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

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

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

( ) 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:

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

9. Signature: _____ 11-15-16

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, Bradley Works, LLC by Joel Patterson, am the legal owner(s) of the property located at Linwood Road, Mooresville, identified as PIN (Parcel Identification Number) LOT 3 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett, Carolina Soil & Septic Consulting, 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.

Bradley Works LLC by Joel Patterson — 10/28/16

Signature of Owner(s) Date

Signature of Witness — 10/28/16

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:

__✓__ **Property Line measurements are clearly identified…** __✓__ **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

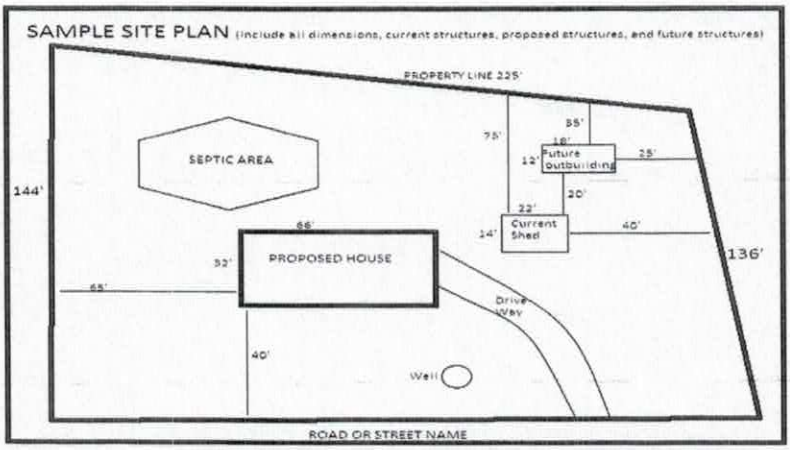
__✓__ **Front and side setbacks from property line…** __✓__ **Preferred driveway location and configuration, preferred well location…**

__✓__ **Area you prefer your septic system to be placed…** __✓__ **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

See Site Plan

Signature: _____

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

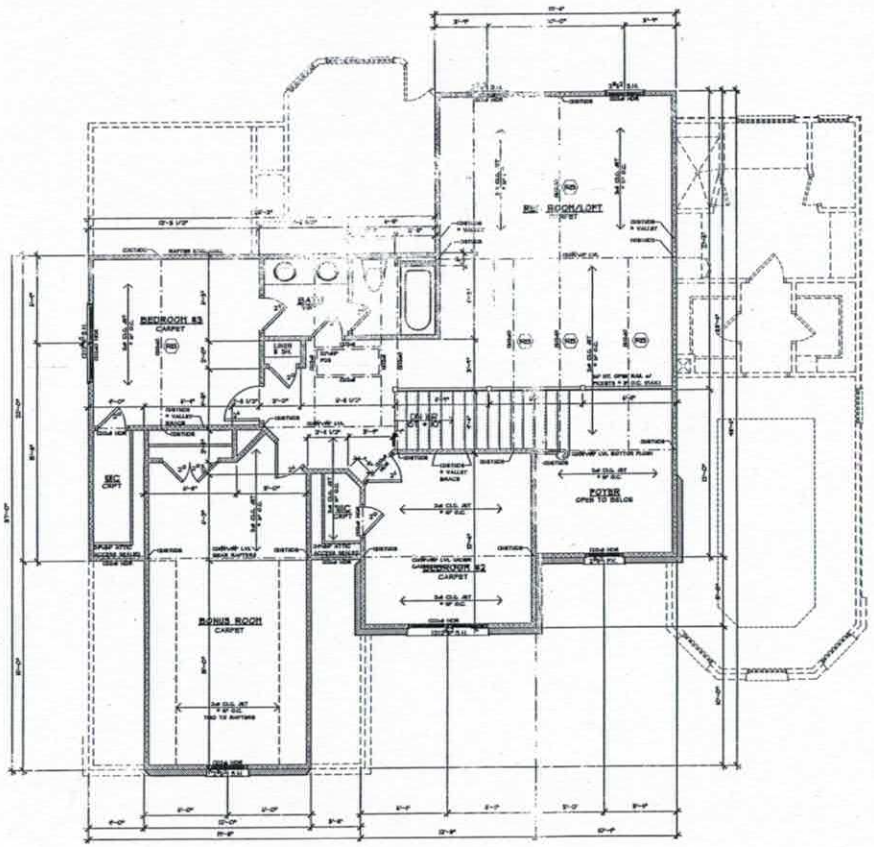
11-15-16

DATE

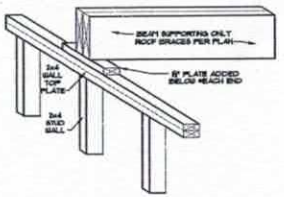
Acknowledgement of
Plans Submittal ONLY!

Date 1/6/17

Date 1-10-17



SECOND FLOOR PLAN W/ LOFT



RAISED BEAM DETAIL

RAISED BEAM SCALE: 1" = 1'-0"

TYPICAL HANGERS FOR JOIST & BEAMS

MEMBERS	HANGER
2x6	LUS26
2x8	LUS28
2x10	LUS210
2-2x6	HUS26-2
2-2x8	HUS210-2
2-2x10	HUS210-2
2-2x12	HUS210-3
3-2x6	LUS26-3
3-2x8	LUS28-3
3-2x10	HUS210-3
3-2x12	HUS210-3 FSK
2-1¾"x9¼" LVL	HGUS410
2-1¾"x11⅞" LVL	HGUS412
2-1¾"x14" LVL	HGUS414
3-1¾"x9¼" LVL	HGUS410
3-1¾"x11⅞" LVL	HGUS412
3-1¾"x14" LVL	HGUS414
4-1¾"x9¼" LVL	HGUS410-2
4-1¾"x11⅞" LVL	HGUS412-2
4-1¾"x14" LVL	HGUS414-2
5-1¾"x9¼" LVL	HGUS410-3
5-1¾"x11⅞" LVL	HGUS412-3
5-1¾"x14" LVL	HGUS414-3
6-1¾"x9¼" LVL	HGUS410-3
6-1¾"x11⅞" LVL	HGUS412-3
6-1¾"x14" LVL	HGUS414-3
4-1¾"x9¼" LVL	HGUS1328-10
4-1¾"x11⅞" LVL	HGUS1328-12
4-1¾"x14" LVL	HGUS1328-14
5-1¾"x9¼" LVL	HGUS1328-10
5-1¾"x11⅞" LVL	HGUS1328-12
5-1¾"x14" LVL	HGUS1328-14
6-1¾"x9¼" LVL	HGUS1328-10
6-1¾"x11⅞" LVL	HGUS1328-12
6-1¾"x14" LVL	HGUS1328-14

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

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 7/16" 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 7/16" OSB.

10 3 42
13 54
14 58
10 42
16 66
19 78
17 70
17 70
14 58
538

SEAL FOR STRUCTURAL ONLY

PROJECT:

The Sullivan Plan

BY

IQ CUSTOMS

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:

DATE: MAY 11,2016

REVISIONS: MAY 27,2016

SHEET

S4a

OF: XX

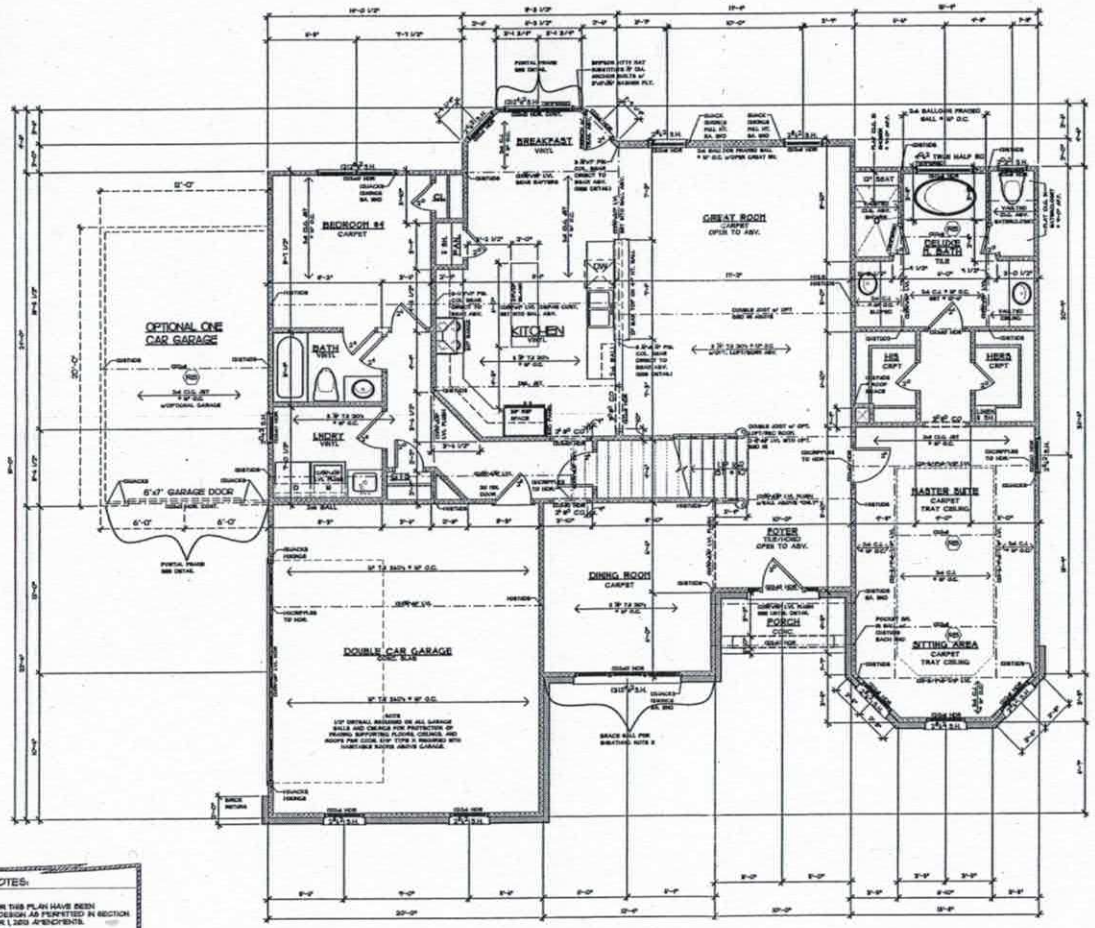
Acknowledgement of
Plans Submittal ONLY!

Date 1/6/17

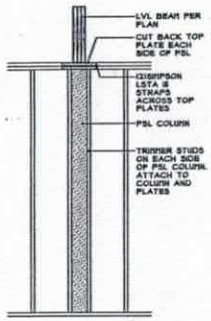
Date 1-10-17

TYPICAL HANGERS FOR JOIST & BEAMS	
MEMBERS	HANGER
2x6	LUS28
2x8	LUS26
2x10	LUS210
2-2x6	HUS210-2
2-2x8	HUS210-2
2-2x10	LUS26-3
3-2x6	LUS210-3
3-2x8	HUS210-3
3-2x10	HUS210-3 FRM
2-1¾"x9¼" LVL	HGUS410
2-1¾"x11¼" LVL	HGUS412
2-1¾"x14" LVL	HGUS414
2-1¾"x16" LVL	HGUS414
2-1¾"x18" LVL	HGUS414
3-1¾"x9¼" LVL	HGUS5.5/410
3-1¾"x11¼" LVL	HGUS5.5/412
3-1¾"x14" LVL	HGUS5.5/414
3-1¾"x16" LVL	HGUS5.5/414
3-1¾"x18" LVL	HGUS5.5/414
4-1¾"x9¼" LVL	HGUS7.25/410
4-1¾"x11¼" LVL	HGUS7.25/412
4-1¾"x14" LVL	HGUS7.25/414
4-1¾"x16" LVL	HGUS7.25/414
4-1¾"x18" LVL	HGUS7.25/414

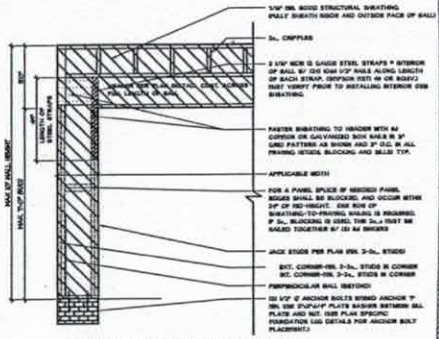
NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO. INC (BRAND - NAME EQUIVALENTS ACCEPTABLE)



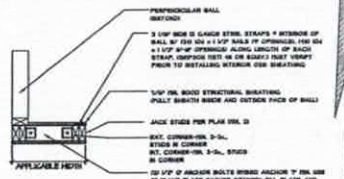
FIRST FLOOR PLAN
1/4"=1'-0"



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



HOUSE PORTAL FRAME DETAIL (ELEV. VIEW)
SCALE: 1/2" = 1'-0"



HOUSE PORTAL FRAME DETAIL (PLAN VIEW)
SCALE: 1/2" = 1'-0"

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 COMMON NAILS @ 6" O/C SPACING AT PANEL EDGES AND 12" O/C SPACING AT INTERMEDIATE SUPPORTS.
3. INSTALL BLOCKING ALONG OSB PANEL EDGES. 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.

SQUARE FOOTAGE

HEATED	
FIRST FLOOR	1852 SF
BONUS ROOM	844 SF
TOTAL HEATED	2696 SF
OPT. REC. ROOM	310 SF
BEDRM #4 SUITE	336 SF
GARAGE	530 SF
FRONT PORCH	141 SF

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DATE: MAY 11,2016

REVISIONS: MAY 27,2016

SHEET
S3

OF: XX

IREDELL COUNTY

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

APPLICATION NUMBER
223207
Issue Date: 11/16/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676604963.000	106 BRAWLEY WOODS LANE, STATESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: BRAWLEY WOODS LLC	Applicant: CAROLINA SOIL SEPTIC C
Address: 114 MORLAKE DR STE 103 MOORESVILLE, NC 28117	Address: 162 WEST B ST KANNAPOLIS, NC 28081
Phone: - -	Phone: 704-202-5791

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	25.00	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	85899	TOTAL FEES:	$ 77.25