IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223266

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

PIN # 4676-60-4963 0788

APPLICANT: Brawley Woods LLC APPLICANT ADDRESS: 840 Edminston Rd. Mt. Ulla NC

SITE ADDRESS: 119 Brawley Woods Lane Mooresville, NC 28115 PHONE: 704-578-4957 ALT. PHONE:

SITE DIRECTIONS: Main Street East → R on Linwood Rd → L on Brawley Woods Lane → Lot on Left

SUBDIVISION: Brawley Woods SECTION: 2 LOT # 7 LOT AREA: 1.181 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank 1000 (gal) STB 925 Date 2-11-17.
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 6 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 24" [low side] Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: Drip - 4895 sq. ft
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years.

Installed as permitted - 400 Linear Ft of Infiltrator Quick 4 product

INITIAL SITE SKETCH

See attached septic design plans from

The Oaks Group Kathleen Saunders LSS #1313

Dated: 12-13-16

Modified: 1-24-17 [site plan + design]

AS BUILT SKETCH

20'

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

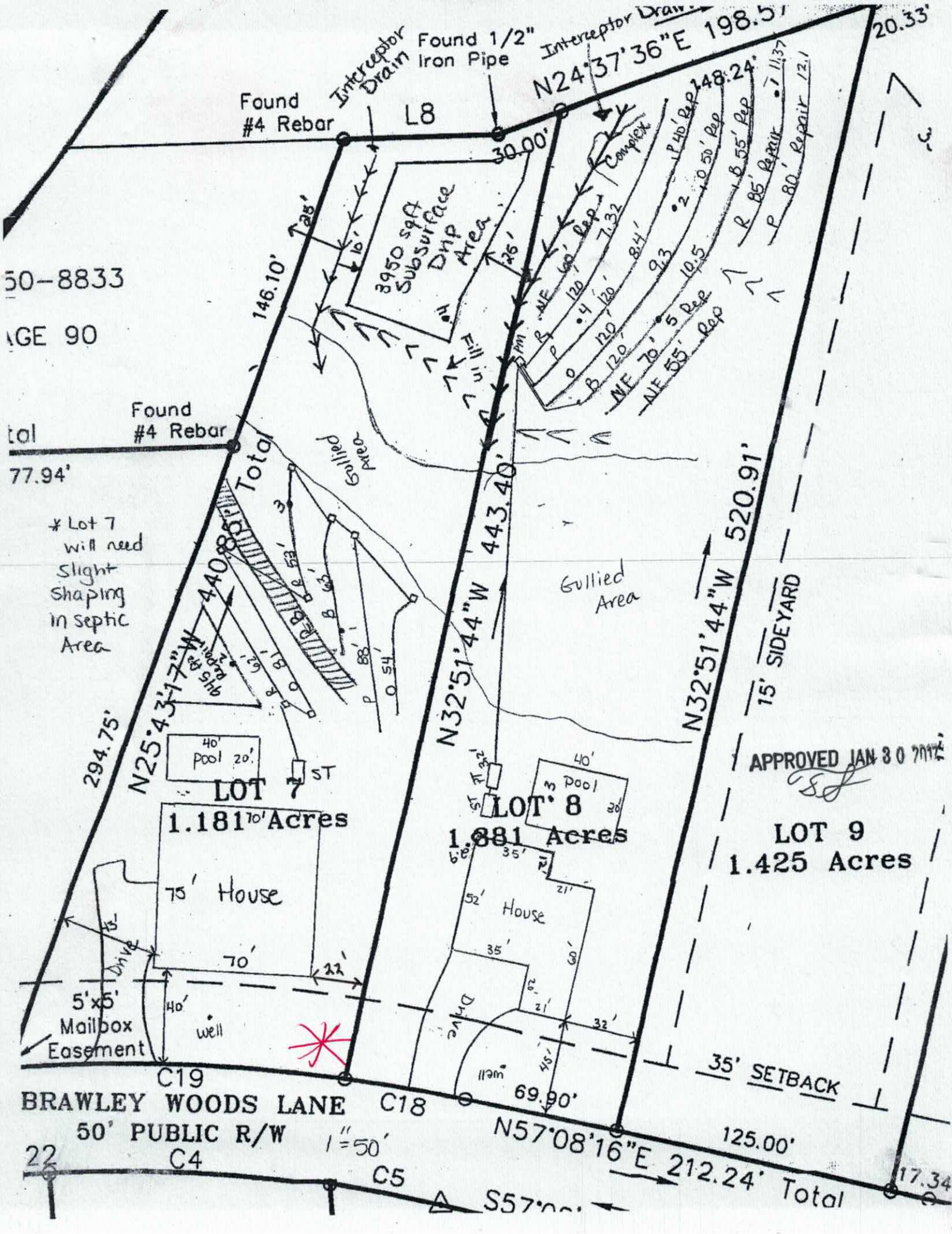
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 2-2-17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 1-30-2017 OPERATION PERMIT by: B Botkins Date: 3/30/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1-31-2017 Existing System Inspected by: Date:

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


Found 1/2" Iron Pipe
Interceptor Drain
Found #4 Rebar
L8
N24°37'36"E 198.51'
20.33'
30.00'
148.24'
3950 sqft Subsurface Drip Area
146.10'
Fill 1'
Found #4 Rebar
Total
77.94'
Gullied area
* Lot 7 will need slight shaping in septic Area
440.88' Total
N25°43'17"W
294.75'
N32°51'44"W 443.40'
N32°51'44"W 520.91'
Gullied Area
15' SIDEYARD
APPROVED JAN 30 2017
40' pool 20'
ST
LOT 7
1.181 Acres
75' House
70'
22'
Drive
5'x5' Mailbox Easement
40'
well
LOT 8
1.681 Acres
40' pool 30'
35'
52' House
60'
Drive
32'
45'
LOT 9
1.425 Acres
35' SETBACK
C19
C18
BRAWLEY WOODS LANE
50' PUBLIC R/W
1"=50'
69.90'
N57°08'16"E 212.24' Total
125.00'
C4
C5
22
17.34'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 119 Brawley Woods Lane

Date: December 13, 2016

Attached is the septic specification information required to permit the 119 Brawley Woods Lane 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.

APPROVED DEC 30 2017

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

Lot 7 Brawley Woods Subdivision Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	24 inches
Maintenance Agreement Required	No
Repair System	**Subsurface Drip**
Total Linear Feet	4800 sqft
Repair Loading Rate	0.1

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
3	System	Red	25% Reduction	62 endfed
4	System	Orange	25% Reduction	81 endfed
5	System	Red	25% Reduction	53 endfed
6	System	Blue	25% Reduction	63 endfed
7	System	Pink	25% Reduction	88 endfed
8	System	Orange	25% Reduction	54 endfed
				Total System: 400'
				Total Repair: xxx'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
System area will need slight shaping
Install interceptor drain as shown on site plan if repair area is needed

APPROVED DEC 30 2017

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

APPROVED JAN 30 2017

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: IQ Custom Homes
ADDRESS: 840 Edmisten Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 420
LOCATION OF SITE: Lot 7

APPLICATION DATE
DATE EVALUATED: 12/12/16
PROPERTY SIZE:
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5-10	0-6	MO GR SL	FR NS/NP	Br	40"	PS	N/A	0.3 to 40"
		6-28	MO SBK C	FR SS/SP	R				
		28-40	WK SBK CL	↓	R; C Sap				
		40-48	MA L Sap	↓	Mott				
2	L 5-10	0-34	MO SBK C	FR SS/SP	R	48"	N/A	N/A	0.3
		34-48	WK SBK CL	↓	R; C Sap				
3	L 5-10	0-36	MO SBK C	FR SS/SP	R	48"	N/A	N/A	0.3
		36-48	WK SBK CL	↓	R; Mott; C Sap				
4	L ~5-10%	0-24	MO SBK C	FR SS/SP	R	38"	N/A	38"	0.25 to 38"
		24-38	WK SBK C	↓	R; F Mott Br				
		38"	Cl						

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS-1
EVALUATED BY: KMS
OTHER(S) PRESENT: ECH

COMMENTS:

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

PROPERTY ID #:
COUNTY: Iredell

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

OWNER: IQ Custom Homes — APPLICATION DATE 12-13-16
ADDRESS: 840 Edmisten Rd. Mt. Ulla, NC — DATE EVALUATED: 1-17-2017
PROPOSED FACILITY: 4 BR House — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 1.38 & 1.81 acres
LOCATION OF SITE: Lot 8 + Lot 7 Brawley Woods Subdivision — PROPERTY RECORDED: Yes
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	Lot 8 LS Shoulder	0-9	scl w. SBK	sl. Friable, SS, Sp, Sap	YB (+ Gleyied) on surface	60	—	—	0.25 PS
		9-32	clay m→s ABK	sl. Firm, SS, Sp, Sap					
		32-35	clay s ABK +	sl. Firm, SS, Sp, Sap					
		35-60	clay w. platy + ABK	sl. Firm, SS, Sp, Sap	stronger YB + Gleying				
	Primary								
2	Lot 8 LS Shoulder	0-5	scl w. SBK	sl. Friable, SS, Sp, Sap	surface/lateral gleying @ 25"	intergrade weather	☆	—	0.25 PS
		5-36	clay m→s ABK/SBK	sl. Firm, Stick, Sp, Sap	YB @ 40"				
		36-60"	clay m SBK/ABK + manganese	Firm, Sticky, Sp, Sap	strong chroma 2 @ 43"	60			
	Primary								
3	Lot 8 LS Shoulder	0-7	scl w. SBK	sl. Friable, SS, Sp, Sap	chroma 2 Y-B + Mn @ 35"	65	—	—	0.25 PS Shallow
		7-35	clay m SBK/ABK	sl. Firm, St, Sp, Sap					
		35-65	clay m. SBK/ABK	Firm, Sticky, Sp, Sap					
	Repair								
4	Lot 7 LSS	0-7	scl w. SBK	sl. Friable, SS, Sp, Sap	—	71	—	—	0.30 PS
		7-35	clay m. SBK	sl. Firm, SS, Sp, Sap					
		35-71"	Clay Loam w. SBK + some saprolite (clayey) HZ 71"	sl. Friable, SS, St, Sap					
	Primary								

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 + ft	4800 sq ft
System Type(s)	25% Reduction Bed	Drip: Lot 7 50% Reduction Lot 8
Site LTAR	0.25 lot 8 0.3 lot 7	same

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Kathleen Saunders

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

PROPERTY ID #: _____
COUNTY: _____

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

OWNER: See Previous Page
APPLICATION DATE _____
ADDRESS: _____
DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: _____
LOCATION OF SITE: Lot 7 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Lot 7	0-9"	SCL V. Wak SBk	SS Friable, SS, Sp, Sorp	+Hegrd apparent 20-30" [later H_2O]	62	—	—	0.3
		9-36"	Clay W. SBK	SI. Firm, SS, Sp, Sorp					
	Repair	36-62	Clay Wan SBk	Firm, Sticky, SP, Sor					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

RECEIVED DEC 1 4 2016

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

Paid $350.00
#223266

Application For:
(X) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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:
Place an (X) beside whichever is submitted if applicable
(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) 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 Edmonston Rd Mt Ulla 28125 **Phone:**

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

Property Information:

Street Address: 119 Brawley Woods Ln Mooresville 28115

Subdivision Name: Brawley Woods **Section/Phase:** **Lot Number:** 7

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)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:
Year existing system installed:

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

12/12/16
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 119 Brawley Woods Dr, identified as PIN (Parcel Identification Number) 4676 60 4963, 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 of Owner(s)	3/31/16 Date	Signature of Witness	3-31-16 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:

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...

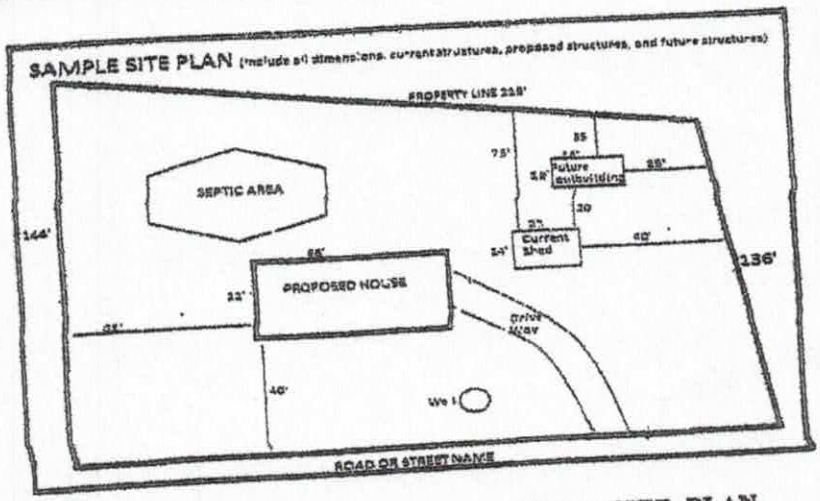
X North arrow, or other sufficient indicator of direction...

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

PROPERTY OWNER or owner's legal representative signature.

11/17/16

DATE

TYPICAL HANGERS FOR JOIST & BEAMS	
MEMBERS	HANGER
2x6	LUS26
2x8	LUS28
2x10	LUS210
2-2x6	HUS26-2
2-2x8	HUS28-2
2-2x10	HUS210-2
3-2x6	LUS26-3
3-2x8	LUS28-3
3-2x10	HUS210-3 FSK
2-1¾"x9¼" LVL	HGUS482
2-1¾"x11⅞" LVL	HGUS484
2-1¾"x14" LVL	HGUS410
2-1¾"x16" LVL	HGUS412
3-1¾"x9¼" LVL	HGUS483
3-1¾"x11⅞" LVL	HGUS484
3-1¾"x14" LVL	HGUS410
3-1¾"x16" LVL	HGUS412
3-1¾"x18" LVL	HGUS58.5x5/10
3-1¾"x20" LVL	HGUS58.5x5/12
3-1¾"x22" LVL	HGUS58.5x5/12
3-1¾"x24" LVL	HGUS58.5x5/14
4-1¾"x9¼" LVL	HGUS58.5x5/14
4-1¾"x11⅞" LVL	HGUS58.5x5/14
4-1¾"x14" LVL	HGUS128-10
4-1¾"x16" LVL	HGUS128-10
4-1¾"x18" LVL	HGUS128-10
4-1¾"x20" LVL	HGUS128-12
4-1¾"x22" LVL	HGUS128-12
4-1¾"x24" LVL	HGUS128-14

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

Acknowledgement of Plans Submittal ONLY!

Date 1/6/17

Date 1/31/17

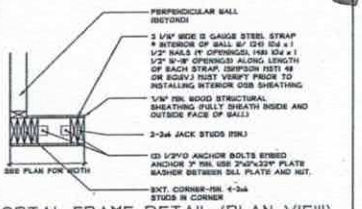
SHEATHING NOTES:

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 (2½"x0.29") NAILS @ 6" O/C SPACING AT PANEL EDGES AND 12" O/C SPACING AT INTERMEDIATE SUPPORTS.

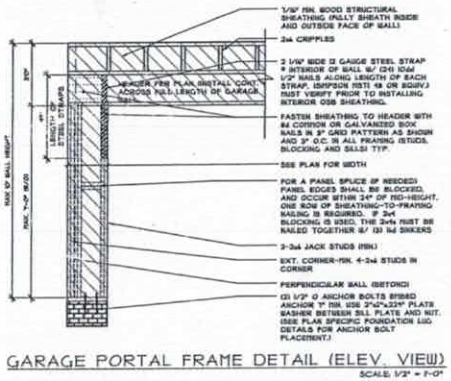
3. INSTALL BLOCKING ALONG OSB PANEL EDGES. FASTEN PANEL EDGES AT BLOCKING @ 3" O/C AND @ 6" O/C AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF WALL IS SHEATHED.

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



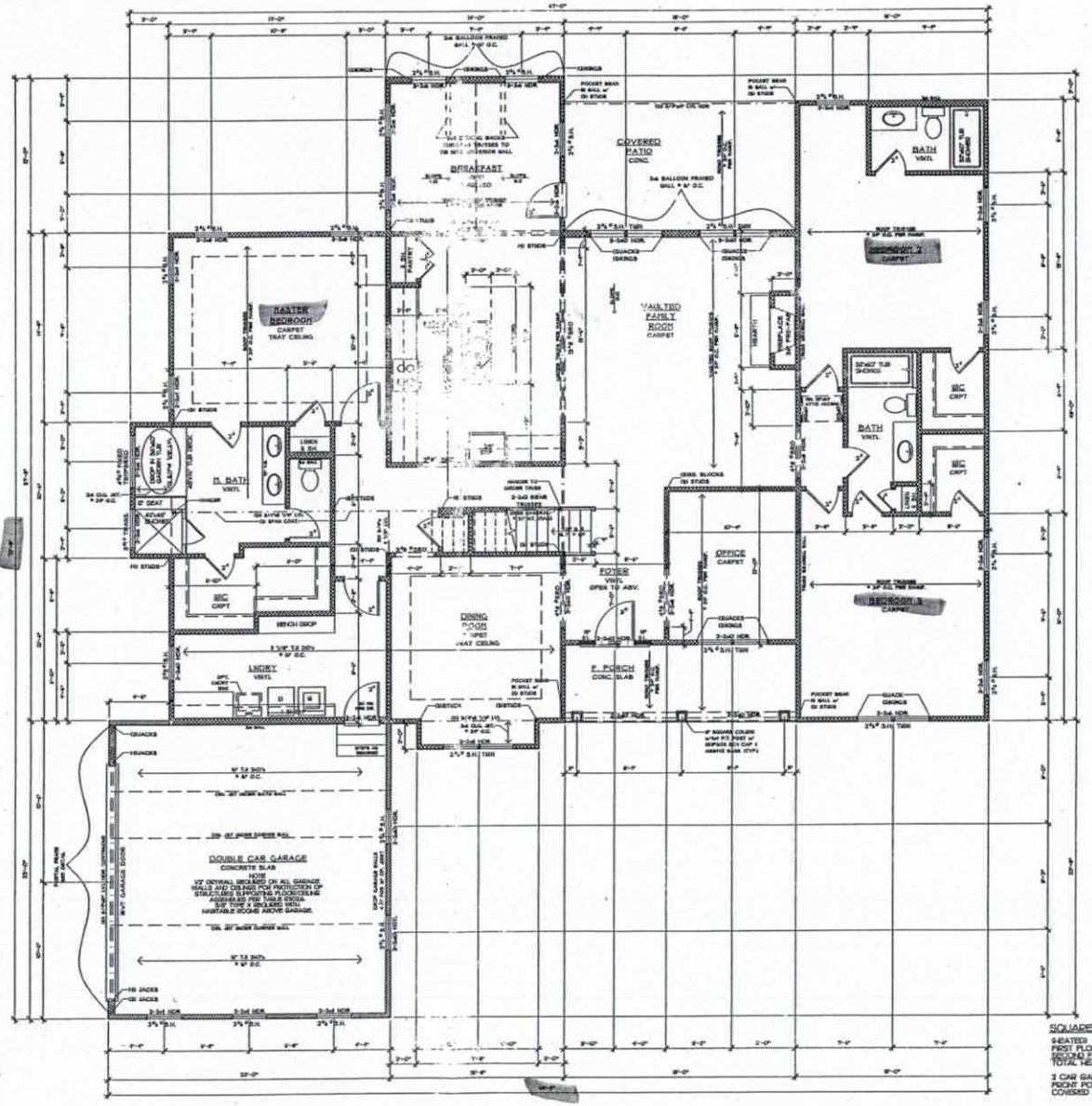
GARAGE PORTAL FRAME DETAIL (PLAN VIEW)

SCALE: 1" = 1'-0"



GARAGE PORTAL FRAME DETAIL (ELEV. VIEW)

SCALE: 1/2" = 1'-0"



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

SQUARE FOOTAGE

HEATED:	
FIRST FLOOR:	2693 SF
SECOND FLOOR:	672 SF
TOTAL HEATED:	3365 SF
3 CAR GARAGE:	500 SF
FRONT PORCH:	105 SF
COVERED PATIO:	80 SF

SEAL FOR STRUCTURAL ONLY

PROJECT: The Burns Plan — Lot 1 — Meadows Farm — Mooresville, NC

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 960-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

DRAWN BY: SCOTT BROOKS

DATE: DECEMBER 07, 2016

REVISIONS:

SHEET S2

Acknowledgement of
Plans Submittal ONLY!

12 cm 2 Date 1/6/17
Tom Shuck Date 1/21/17

TYPICAL HANGERS FOR JOIST & BEAMS

MEMBERS	HANGER
3x6	LUS26
3x8	LUS28
3x10	LUS210
2-2x6	HUS26-2
2-2x8	HUS28-2
2-2x10	HUS210-2
3-2x6	LUS26-3
3-2x8	LUS28-3
3-2x10	LUS210-3
3-3x10	HU210-3 FRH
2-(1¾"x9¼" LVL	HUS28-2(2)
2-(1¾"x11⅞" LVL	HUS28-2(2)
2-(1¾"x14" LVL	HUS28-2(2)
2-(1¾"x16" LVL	HUS28-2(2)
2-(1¾"x18" LVL	HUS28-2(2)
3-(1¾"x9¼" LVL	HUS26-3(2)
3-(1¾"x11⅞" LVL	HUS26-3(2)
3-(1¾"x14" LVL	HUS26-3(2)
3-(1¾"x16" LVL	HUS26-3(2)
3-(1¾"x18" LVL	HUS26-3(2)
4-(1¾"x9¼" LVL	HUS26-3(3)
4-(1¾"x11⅞" LVL	HUS26-3(3)
4-(1¾"x14" LVL	HUS26-3(3)
4-(1¾"x16" LVL	HUS26-3(3)
4-(1¾"x18" LVL	HUS26-3(3)

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO, INC (SIMILAR - SAME EQUIVALENTS ACCEPTABLE)

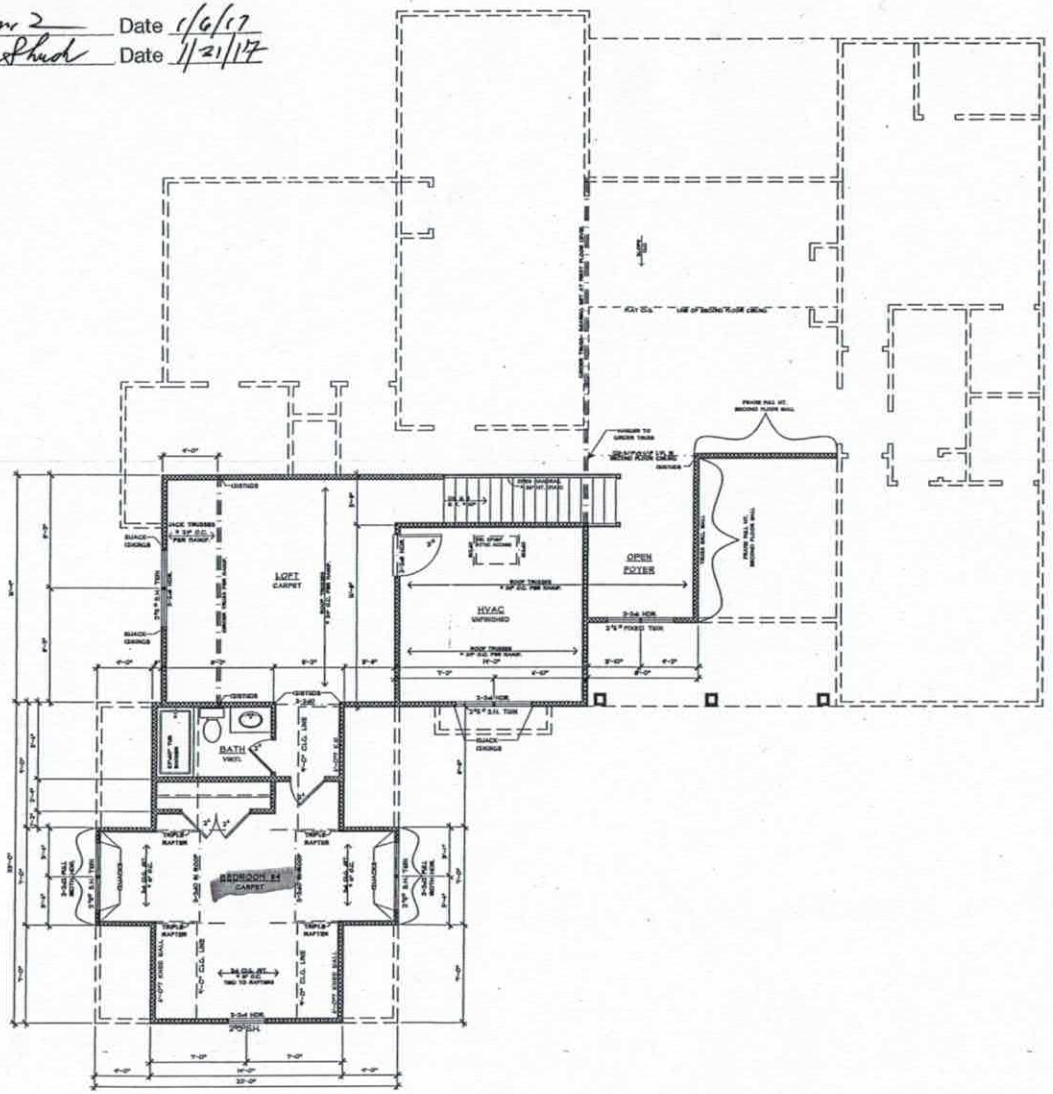
SHEATHING NOTES:

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, 2015 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATHED WITH A 7/16"(R1) 2" OSB AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.207") 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 24" BUT GREATER THAN 12" OF WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 2" OSB.



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

SEAL FOR STRUCTURAL ONLY

PROJECT:
The Burns Plan
Lot 1
Meadows Farm
Mooresville, NC

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 600-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

DRAWN BY: SCOTT BROOKS
DATE: DECEMBER 07, 2016
REVISIONS:

SHEET
S3

IREDELL COUNTY

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

APPLICATION NUMBER
223266
Issue Date: 11/18/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676604963.000	119 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	86158	TOTAL FEES:	$ 77.25