IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-3620 PERMIT # 2016-[illegible]

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

PIN # 4676602295

APPLICANT: IQ CUSTOM CONSTRUCTION APPLICANT ADDRESS: PO BOX 1703 MOORESVILLE NC 28115

SITE ADDRESS: 967 LINWOOD RD MOORESVILLE NC 28115 PHONE: ALT. PHONE: 704 202 5791

SITE DIRECTIONS: 152(E) - TR LINWOOD - ON LT PAST TEETER RD -

SUBDIVISION: BRAWLEY WOODS SECTION: 1 LOT # 1 LOT AREA: 1.09 AC DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 825 Date 3-4-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 480

Trench Width 36" Max. Trench Bottom Depth 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: PUMP 25% REDUCTION

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:

Supply line / drainfield 63ft from house

INITIAL SITE SKETCH

See Carolina Soil & Septic Consulting's Design

AS BUILT SKETCH

Used Quick 4

installed as drawn

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.*

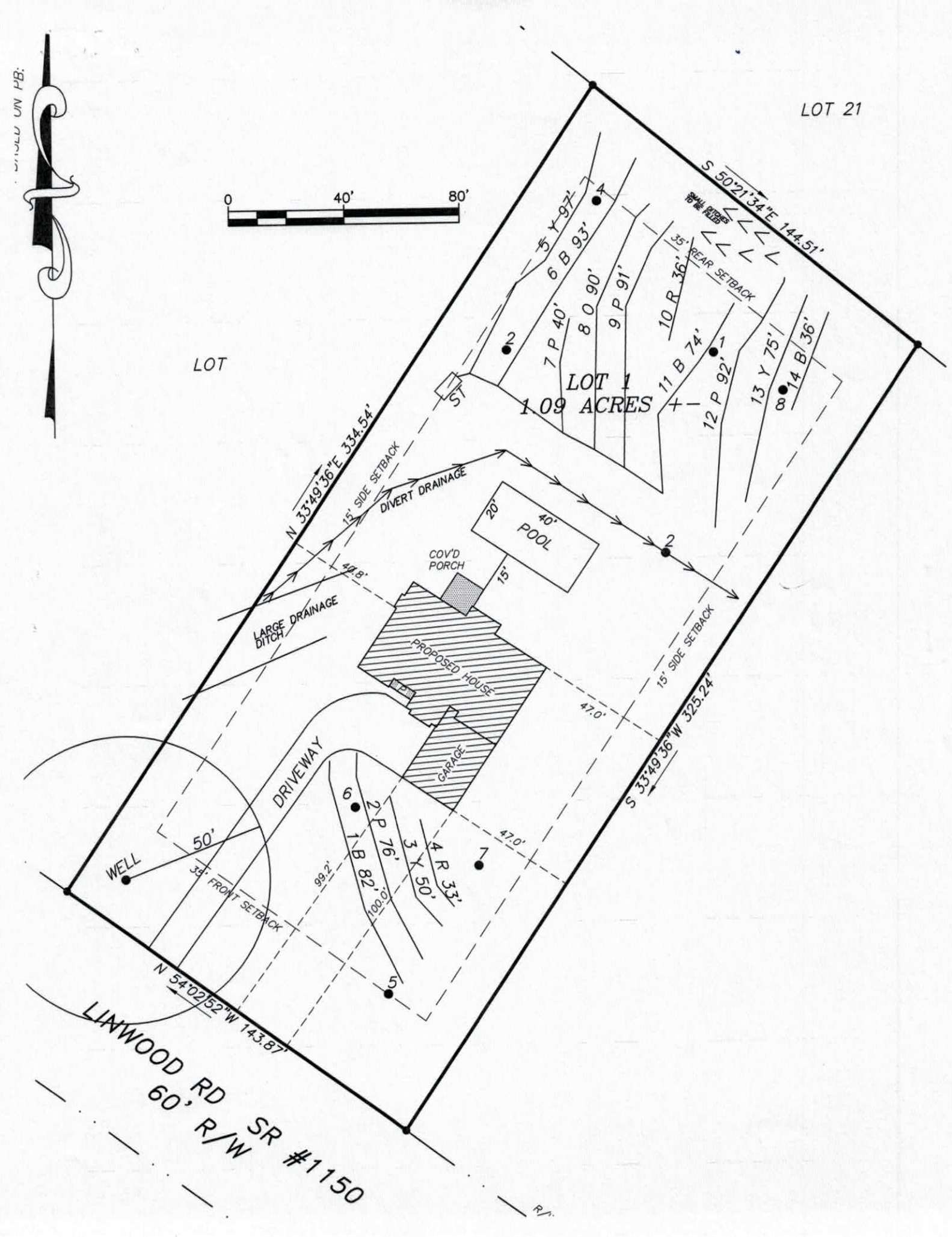
☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11/22/16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: 11/4/16 OPERATION PERMIT by: Date: 4/28/17

AUTHORIZATION TO CONSTRUCT by: Date: 11/16/16 Existing System Inspected by: Date:

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


LOT 21
S 50°21'34"E 144.51'
0
40'
80'
LOT
LOT 1
1.09 ACRES +-
5 Y 97'
6 B 93'
7 P 40'
8 O 90'
9 P 91'
10 R 36'
11 B 74'
12 P 92'
13 Y 75'
14 B 36'
35' REAR SETBACK
N 33°49'36"E 334.54'
15' SIDE SETBACK
DIVERT DRAINAGE
20'
40'
POOL
COV'D PORCH
15'
49.8'
LARGE DRAINAGE DITCH
PROPOSED HOUSE
GARAGE
DRIVEWAY
15' SIDE SETBACK
47.0'
S 33°49'36"W 325.24'
WELL
50'
35' FRONT SETBACK
99.2'
2 P 76'
1 B 82'
100.0'
3 Y 50'
4 R 33'
47.0'
N 54°02'52"W 143.87'
LINWOOD RD SR #1150
60' R/W

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 1 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

Revised
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.**

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 LOT 1
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	480

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	480	
Loading/Soil Application Rate (gpd/ft.^{2}):	0.250	
Depth of Gravel in Trench:	NA (25% reduction)	
Gravel Size:	NA (25% reduction)	
Total Lateral Length From Layout:	480	
Total Lateral Length Required:	480	
Trench Depth:	36 in.	(INSTALL DEPTH)
Trench Width:	36 in.	
TOTAL AREA TRENCH BOTTOM:	1440	
Trench Spacing on Center:	9 ft.	
Repair Trench Spacing:	9 ft.	
Repair Trench Depth:	33 in.	Lowside
Septic Tank Size:	1000	gal.
Estimated Supply Line Length:	5	
Supply Line Diameter:	3 in. SCH 40 PVC	
Supply Line Volume:	1.80	
Dosing Volume:	NA	
Supply Manifold:	SERIAL DISTRIBUTION	
Additional Comments:	Soil suitability was performed by CS&SC	

BRAWLEY WOODS LOT 1
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

November 14, 2016

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	BLUE	NA	NA	82	82
2	PINK	NA	NA	76	76
3	YELLOW	NA	NA	50	50
4	RED	NA	NA	33	33
5	***YELLOW***	***NA***	***NA***	***97***	***96***
6	***BLUE***	***NA***	***NA***	***93***	***90***
7	***PINK***	***NA***	***NA***	***40***	***40***
8	***ORANGE***	***NA***	***NA***	***90***	***90***
9	***PINK***	***NA***	***NA***	***91***	***90***
10	RED	NA	NA	36	36
11	***BLUE***	***NA***	***NA***	***74***	***74***
12	PINK	NA	NA	92	92
13	YELLOW	NA	NA	75	75
14	BLUE	NA	NA	36	36
			Total	**965**	**960**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***480***	***ACCEPT.***	***0.250***	***25% RED.***	***GRAVITY***
Repair	480	*ACCEPT.*	0.250	25% RED.	PRESSURE MANIFOLD

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

Comments: **Complex Topo must be filled with clay and compacted, keep a minimum of 2 ft off of filled topo with septic lines.**
Drainage ditch on left side of property must be diverted as shown on site plan and must maintain minimum of 15' from septic lines.
Proposed pool is flagged in blue and red pin flags
Proposed house is flagged with orange pin flags. Wooden stakes are not relevant as house has
Keep maximum distance from pool with setic tank and minimum of 15 ft with drainlines
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS

Location BRAWLEY WOODS

Lot No: 1

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	5 ft.
Supply Line Volume	1.8 gal.
Required Feet of 25% RED. Line	480 ft.
Amount of Line from Layout	480 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	313.44 gal.

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

PROPERTY ID #: 4676602295
COUNTY: Franklin

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

OWNER: Brawley Woods LLC
ADDRESS: 114 Morlake Dr, Suite 103, Mooresville NC 28117
PROPOSED FACILITY: 4 Bdrm
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: Brawley Woods Lot 1
APPLICATION DATE: 10-25-16
DATE EVALUATED: 10/2016
PROPERTY SIZE: 1.05 ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B1	LSS 5%	0-12	B CL WFSBK	Fr SS SP SExP	N/A	48"	N/A	N/A	PS
		12-40	R C MFSBK	Fr SS SP SExP	few sap				
		40-48	R CL WFSBK	Fr SS SP SExP	com/many sap				0.3
B2	LSS/TS 5%	0-4	RB SCL Gr	Fr SSS P SExP	N/A Colluvial	48"	N/A	N/A	PS
		4-18	B SCL Gr	Fr SS SP SExP	Colluvial				
		18-30	BRC WFSBK	Fr SS SP SExP	Com Mn				0.25
		30-48	R C MFSBK	Fr SS SP SExP					
B3	TS 5%	0-20	B CL WFSBK	Fr SS SP SExP	com Mn, colluvial	48"	N/A	N/A	PS
		20-48	BRC WFSBK	Fr SS SP SExP	Com Mn				
					N/A				0.25
B4	LSS 5%	0-10	B CL WFSBK	Fr SS SP SExP	N/A	48"	N/A	N/A	PS
		10-28	R C WFSBK	Fr SS SP SExP	few sap				
		28-48	R CL WFSBK	Fr SSS P SExP	com/many sap				0.3

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

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

PROPERTY ID #: 4676602295
DATE OF EVALUATION: 10/2016
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 5	LSS 5%	0-8	B CL WFSBK	Fr SS SP SEXP	N/A Com Mn	48"	N/A	N/A	PS 0.275
		8-28	BR C WFSBK	Fr SS SP SEXP					
		28-48	R C MFSBK	Fr SS SP SEXP					
B 6	LSS 8%	0-8	B CL WFSBK	Fr SS SP SEXP	N/A Com Mn few Sap	48"	N/A	N/A	PS 0.275
		8-40	B C WFSBK	Fr SS SP SEXP					
		40-48	R CM FSBK	Fr SS SP SEXP					
B 7	LSS/TS 5%	0-20	B CL WFSBK	Fr SS SP SEXP	N/A few Mn Com Mn	48"	N/A	N/A	PS 0.275
		20-48	B C WFSBK	Fr SS SP SEXP					
B 8	LSS 3%	0-6	Fill		N/A few mica few mica, few Sap	48"	N/A	N/A	PS 0.3
		6-15	B SCL Gr	Fr SS SP SEXP					
		15-44	R C MFABK/SBK	Fi S P SEXP					
		44-48	R C MFABK/SBK	Fi S P SEXP					

COMMENTS:

RECEIVED OCT 25 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

222718

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

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
IG Custom Const./ES&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
967 Linwood	Brawley Woods	1

Driving Directions: Hwy 152/Main St, TR on Linwood, past Teeter, Lot on L

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: _____ 10-25-16
   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, IQ Custom Construction, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Jason Slagle, IQ Custom Construction, 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.

Jason B Slagle 10-24-16 D-M-J- 10/24/16

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:

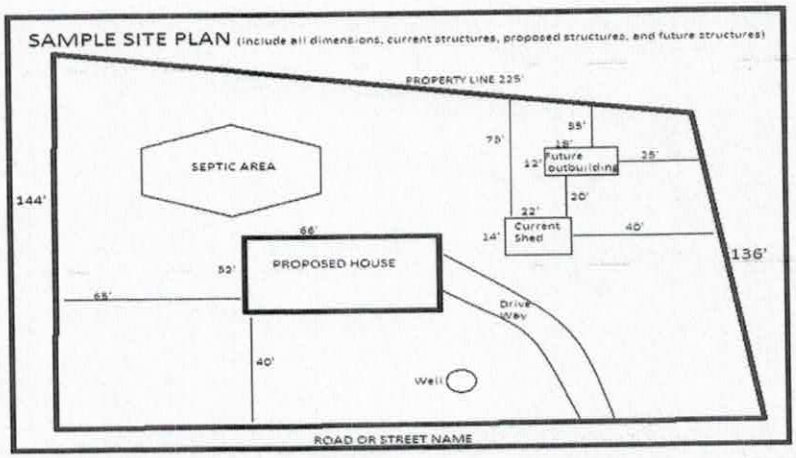
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

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

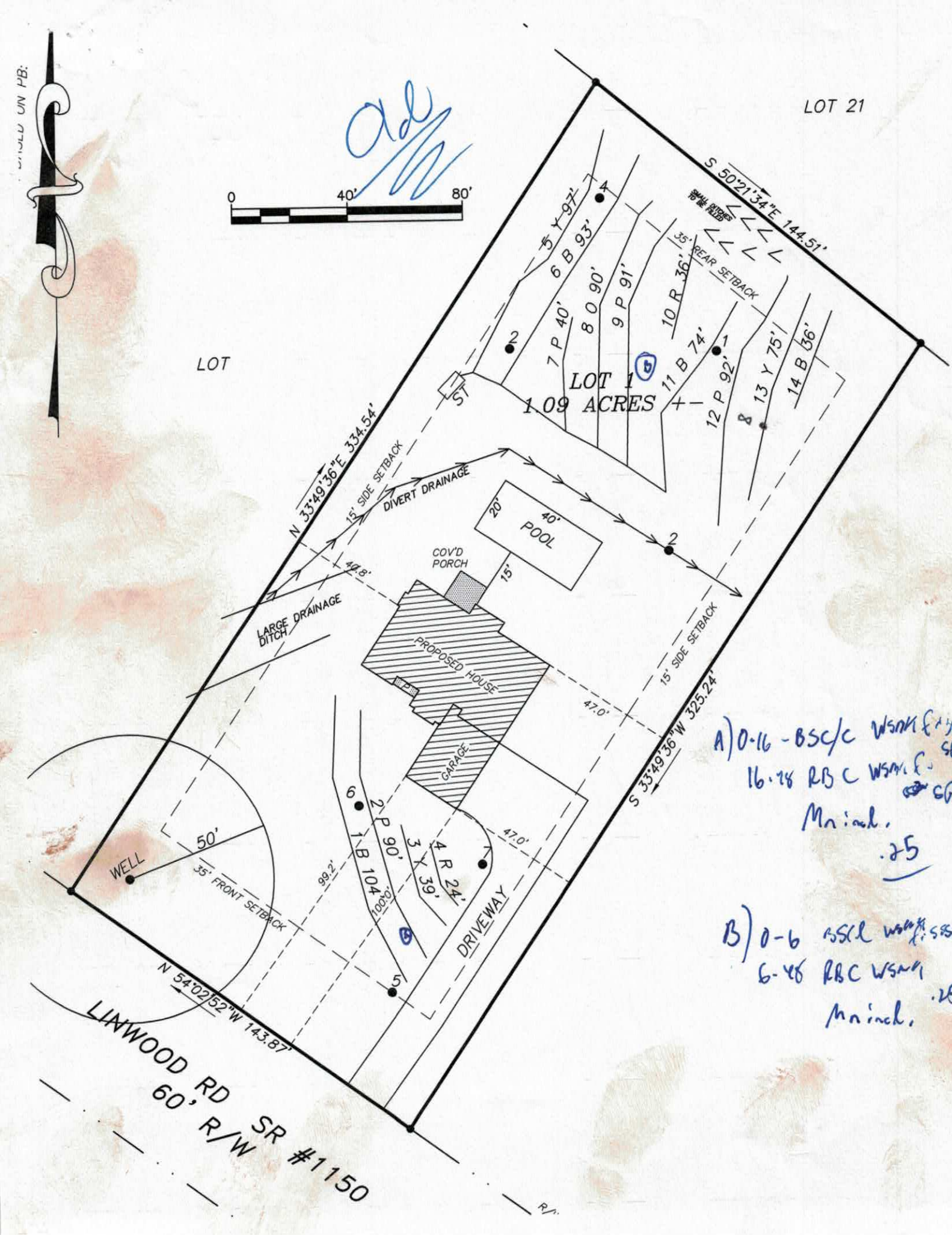
See Site Plan

Signature: _____

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

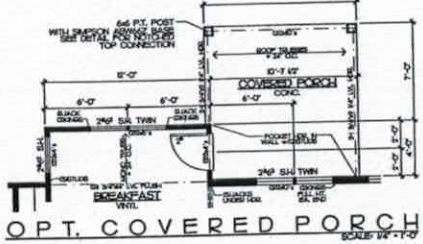
10-25-16

DATE

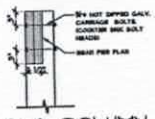


A) 0-16 - BSC/C WSM
16-28 RBC WSM
Min ch.
.25

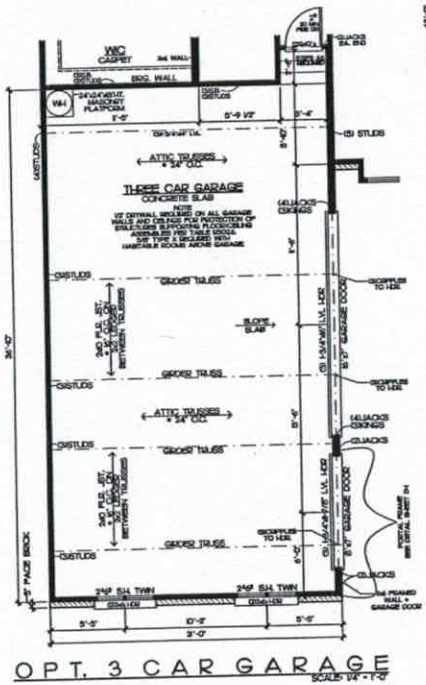
B) 0-6 BSC WSM
6-28 RBC WSM
Min ch.



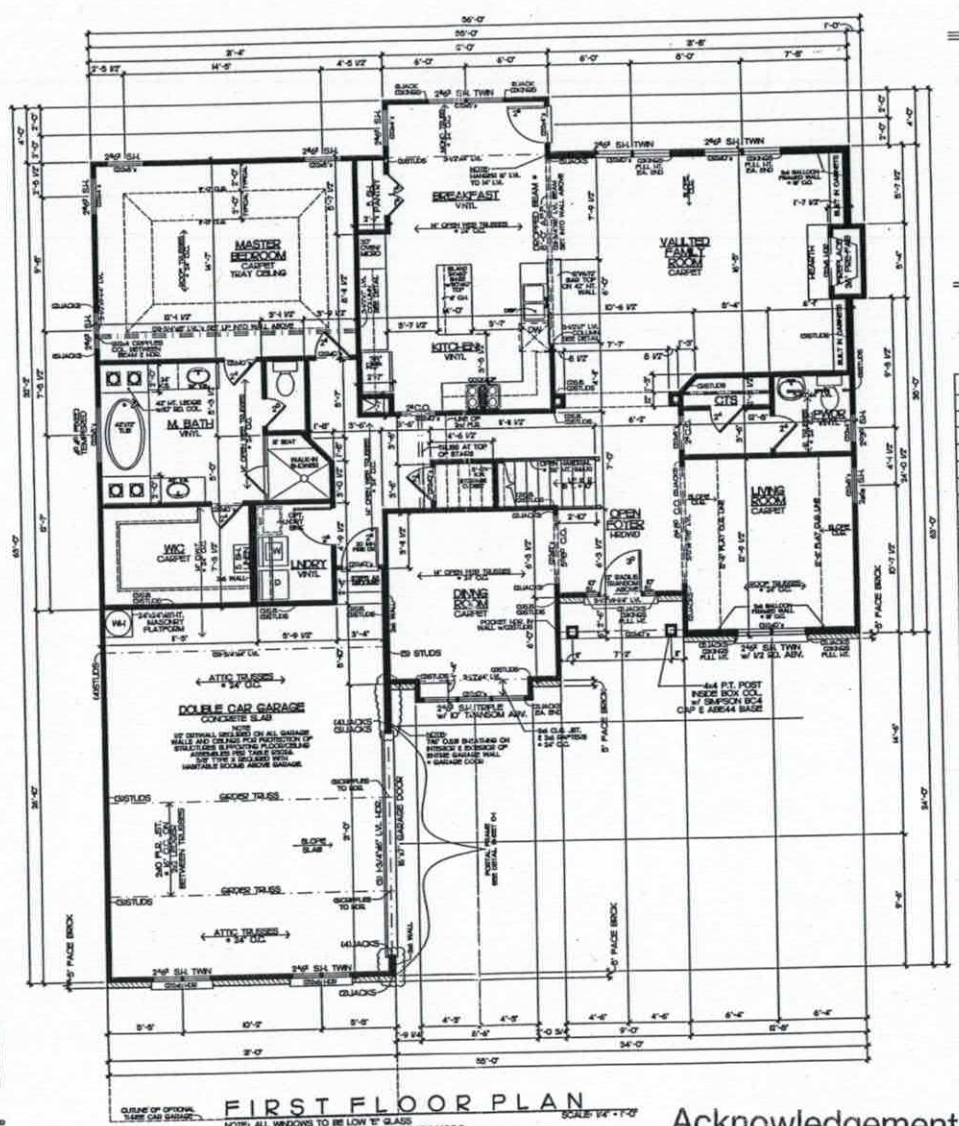
OPT. COVERED PORCH
SCALE: 1/4" = 1'-0"



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



OPT. 3 CAR GARAGE
SCALE: 1/4" = 1'-0"



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

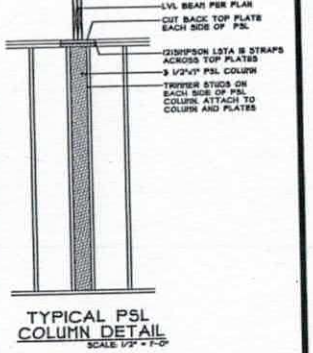
NOTE: ALL WINDOWS TO BE LOW 'E' GLASS
NOTE: DESIGNED AND ENGINEERED FOR THE 2012 NCIRC.

WALL BRACING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED BY R602.10.4 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH SEPTEMBER 1, 2013 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATED WITH A MINIMUM 7/16" O.S.B. AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG O.S.B. PANEL EDGES. FASTEN PANEL EDGES TO BLOCKING AT 3" O.C. AND 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 30% BUT GREATER THAN 20% OF THE WALL IS SHEATHED.

4. SHEAR ALL GABLE END WALLS WITH 7/16" O.S.B.



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

HANGER SCHEDULE FOR JOISTS AND BEAMS	
MEMBER (NUMBER OF PLY'S)	HANGER
2X8	LUS28
2X10	LUS210
2X12	LUS212
3-2X8	HUS28-3
3-2X10	HUS210-3
3-2X12	HUS212-3
3-2X8	LUS28-3
3-2X10	LUS210-3
3-2X12	HUS212-3 HSH
2-1 3/4" x 9 1/4" LVL	HGUS410
2-1 3/4" x 11 7/8" LVL	HGUS412
2-1 3/4" x 14" LVL	HGUS414
2-1 3/4" x 16" LVL	HGUS414
2-1 3/4" x 18" LVL	HGUS414
3-1 3/4" x 9 1/4" LVL	HGUS5.50/10
3-1 3/4" x 11 7/8" LVL	HGUS5.50/12
3-1 3/4" x 14" LVL	HGUS5.50/14
3-1 3/4" x 16" LVL	HGUS5.50/14
3-1 3/4" x 18" LVL	HGUS5.50/14
4-1 3/4" x 9 1/4" LVL	HGUS7.38/10
4-1 3/4" x 11 7/8" LVL	HGUS7.38/12
4-1 3/4" x 14" LVL	HGUS7.38/14
4-1 3/4" x 16" LVL	HGUS7.38/14
4-1 3/4" x 18" LVL	HGUS7.38/14

NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY W/2012 N.C.I.R.C. R302.11 & R302.12

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED PER R316 BATTS, VOIDS OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL OR AN APPROVED AIR BARRIER MATERIAL, AN APPROVED AIR BARRIER MATERIAL SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UN-HEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R612.2 OR R612.4.

Acknowledgement of Plans Submittal ONLY!

Date 11/16/16

Date 11/22/16

SQUARE FOOTAGE	
HEATED:	
FIRST FLOOR:	1933 SF
GROUND FLOOR:	2005 SF
TOTAL HEATED:	3938 SF
2 CAR BONUS RM:	362 SF
OPT. 3 CAR BONUS RM:	547 SF
2 CAR GARAGE:	570 SF
3 CAR GARAGE:	779 SF

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 34658 C. SCOTT BIGGERS 10/16/16

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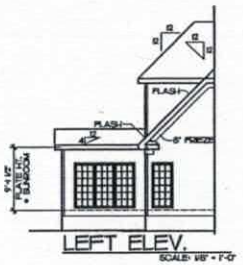
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840 Edminston Rd.
MT. Ulla, NC 28125 Ph. 704-660-5738

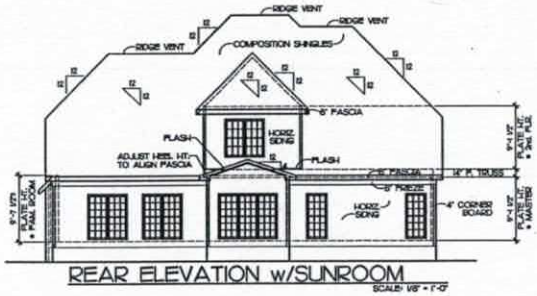
Project: THE BURNSIDE HOUSE PLAN

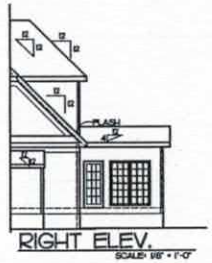
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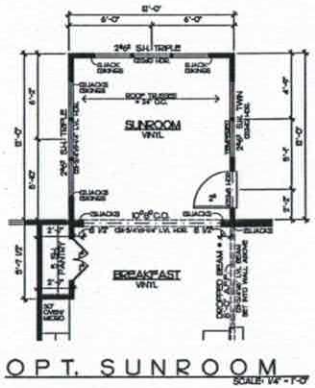
Drawn By: JR
Date: 09-29-16
REV: 09-29-16

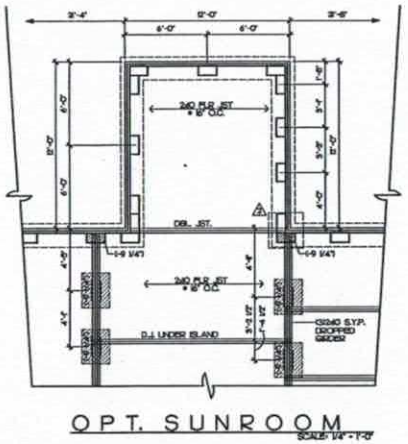
Sheet: 3











HANGER SCHEDULE FOR JOISTS AND BEAMS	
MEMBER (NUMBER OF PLY'S)	HANGER
2X8	LUS28
2X10	LUS210
2X12	LUS210
3-2X8	HUS28-3
3-2X10	HUS210-3
3-2X12	HUS212-3
3-2X8	LUS28-3
3-2X10	LUS210-3
3-2X12	HUS212-3 FIN
3-1 3/4" x 9 1/4" LVL	HGUS460
3-1 3/4" x 9 7/8" LVL	HGUS462
3-1 3/4" x 14" LVL	HGUS464
3-1 3/4" x 16" LVL	HGUS464
3-1 3/4" x 18" LVL	HGUS464
3-1 3/4" x 9 1/4" LVL	HGUS6.50/10
3-1 3/4" x 9 7/8" LVL	HGUS6.50/12
3-1 3/4" x 14" LVL	HGUS6.50/14
3-1 3/4" x 16" LVL	HGUS6.50/14
3-1 3/4" x 18" LVL	HGUS6.50/14
4-1 3/4" x 9 1/4" LVL	HGUS7.25/10
4-1 3/4" x 9 7/8" LVL	HGUS7.25/12
4-1 3/4" x 14" LVL	HGUS7.25/14
4-1 3/4" x 16" LVL	HGUS7.25/14
4-1 3/4" x 18" LVL	HGUS7.25/14

FOOTING SCHEDULE
⚠ 24"x24"x12"Dp. POURED CONC. FOOTING
⚠ 30"x30"x12"Dp. POURED CONC. FOOTING w/(4)#5 @ 8" O.C. EA. WAY
⚠ 36"x36"x12"Dp. POURED CONC. FOOTING w/(4)#5 @ 8" O.C. EA. WAY
⚠ 42"x42"x18"Dp. POURED CONC. FOOTING w/(4)#5 @ 8" O.C. EA. WAY

NOTE: PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY w/302 NCRC, R302.8 & R302.12

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED PURSE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UN-HEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R405 OF R312.4.

SQUARE FOOTAGE

4-SEATER OPTIONAL SUNROOM	96 SF

Acknowledgement of Plans Submittal ONLY!

Date 11/16/15

Date 11/22/15

NOTE: ALL WINDOWS TO BE LOW "E" GLASS
NOTE: DESIGNED AND ENGINEERED FOR THE 2012 NCRC.

WALL BRACING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN R602.10.4 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH SEPTEMBER 1, 2013 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATED WITH A MINIMUM 7/16" O.S.B. AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

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

4. SHEATH ALL GABLE END WALLS WITH 7/16" O.S.B.

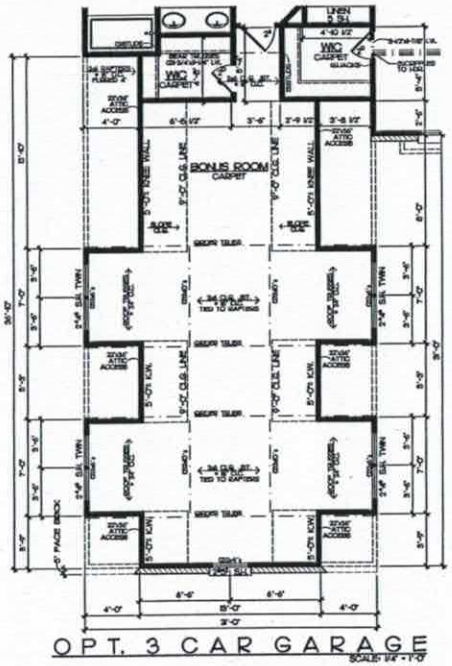
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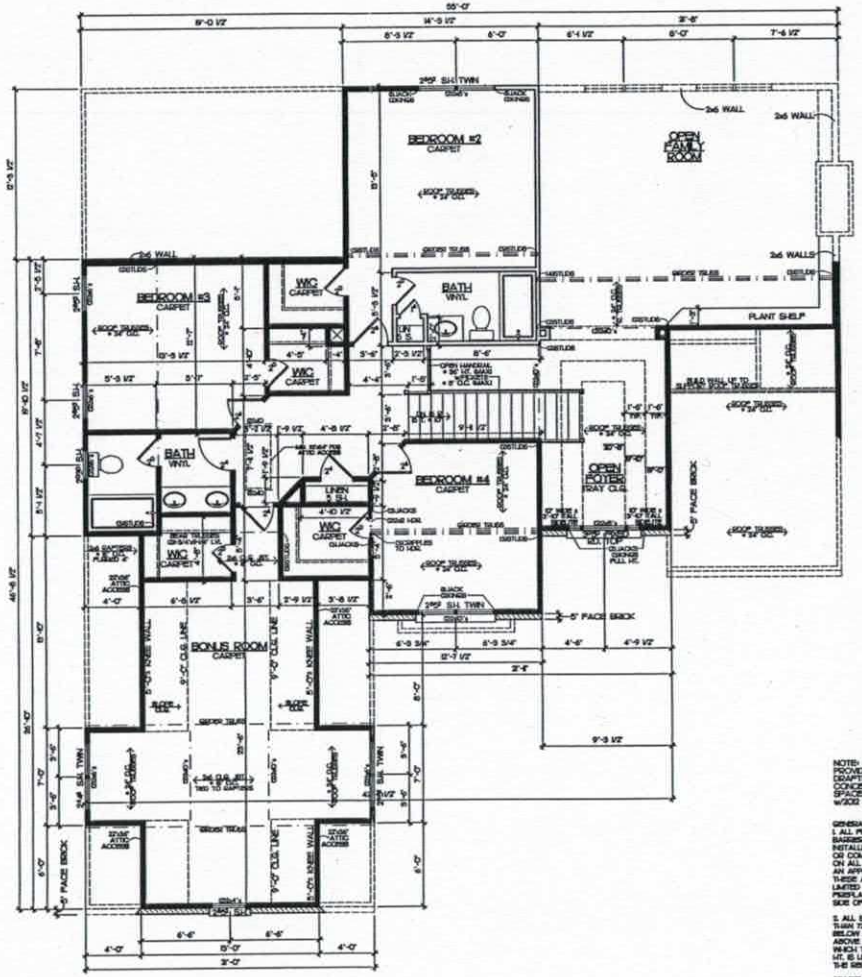
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Mt. Ulla, NC 28125 Ph. 704-660-5738

Project: THE BURNSIDE HOUSE PLAN
Sheet Title: OPTIONAL SUNROOM

Drawn By: JR
Date: 03-12-15
Rev: 06-05-15, 06-09-15
Site:

Job No.: 1308BURNSIDE
Sheet: 3a





SECOND FLOOR PLAN

NOTE: ALL WINDOWS TO BE LOW 'E' GLASS
NOTE: DESIGNED AND ENGINEERED FOR THE 2012 N.C.R.C.

Acknowledgement of
Plans Submittal ONLY

Date 11/6/14

Date 11/25/14

NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY w/302 NCRC, R302.11 & R302.12

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED PLUMB FROM BAFFLES, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A MINIMUM MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UNHEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R403 OR R404.

BRACED WALL BRACING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR BRACED WALLS OF THIS PLAN HAVE BEEN DESIGNED PER SECTION R602.10 EXEMPTION #2 OF THE 2012 NCRC AS AN ALTERNATIVE METHOD.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATED WITH A MINIMUM 7/16" OSB, AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"X0.131") NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG OSB PANEL EDGES. FASTEN PANEL EDGES TO BLOCKING AT 3" O.C. AND 6" O.C. AT HORIZONTAL FRAMING WHEN LESS THAN 606 BUT GREATER THAN 206 OF WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" OSB.

5. FOR GARAGE WALL LUGS, METHOD PFG IS TO BE USED IN ACCORDANCE WITH THE SECTION R602.10.3.4 AS SHOWN IN FIGURE R602.10.3.4.

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I.Q. CUSTOM CONSTRUCTION
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Mt. Ulla, NC 28125 Ph. 704-660-5768

Project: THE BURNSIDE HOUSE PLAN

Sheet Title: SECOND FLOOR PLAN

Drawn By: JR
Date: 9-02-05
REV: 09-09-14
Site:

Sheet: 4

IREDELL COUNTY

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

APPLICATION NUMBER
222718
Issue Date: 10/25/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676602295.000	967 LINWOOD ROAD, MOORESVILLE, 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	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	84011	TOTAL FEES:	$ 77.25