IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223268

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

PIN # 4676-60-~~4963~~ 2931

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

SITE ADDRESS: 125 Brawley Woods Lane Mooresville, NC 28115 PHONE: 704-578-4951 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 # 8 LOT AREA: 1.381 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.250

Septic Tank	1000	(gal)	STB	825	Date	3-6-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4
Pump Tank	1000	(gal)	PT	302	Date	12-20-16	System Description: PM - 25% Reduction				☐ Business	No. Persons	8
Pump Make	ZOELLER	Model		N-152	Serial #		Repair System Description: LP - PBBPS 50% Reduction				☐ Other	No. Employees	
# Nitrification Fields	1	# Lines		4	Linear Ft:	480	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth		18" [high side]	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ 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. Recommend dosing the drainfield an average daily flow of 288 to 336 gallons per day (60% - 70% of the design flow).

Upsloping interceptor drain must be 48" deep.

7/6/2017 Alarm checked.

INITIAL SITE SKETCH

See attached septic design plans

from The Oaks Group Kathleen Saunders LSS# 1313

Dated: 12-13-2016

Modified: 1-24-2017 [site plan + design]

AS BUILT SKETCH

1/2" SCH. 40 TAPS

	Date	Initials
Drain Lines Checked	5-18-17	BA
Tanks Checked	"	BA
Pressure Manifold or Valve Box Checked	"	BA
Pressure Head Set	"	BA
Electrical Checked	7/5/17	MD
Floats Set	"	BA
Alarm Checked	7/6/17	M.A.D.
Maintenance Contract Y (N)		

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**

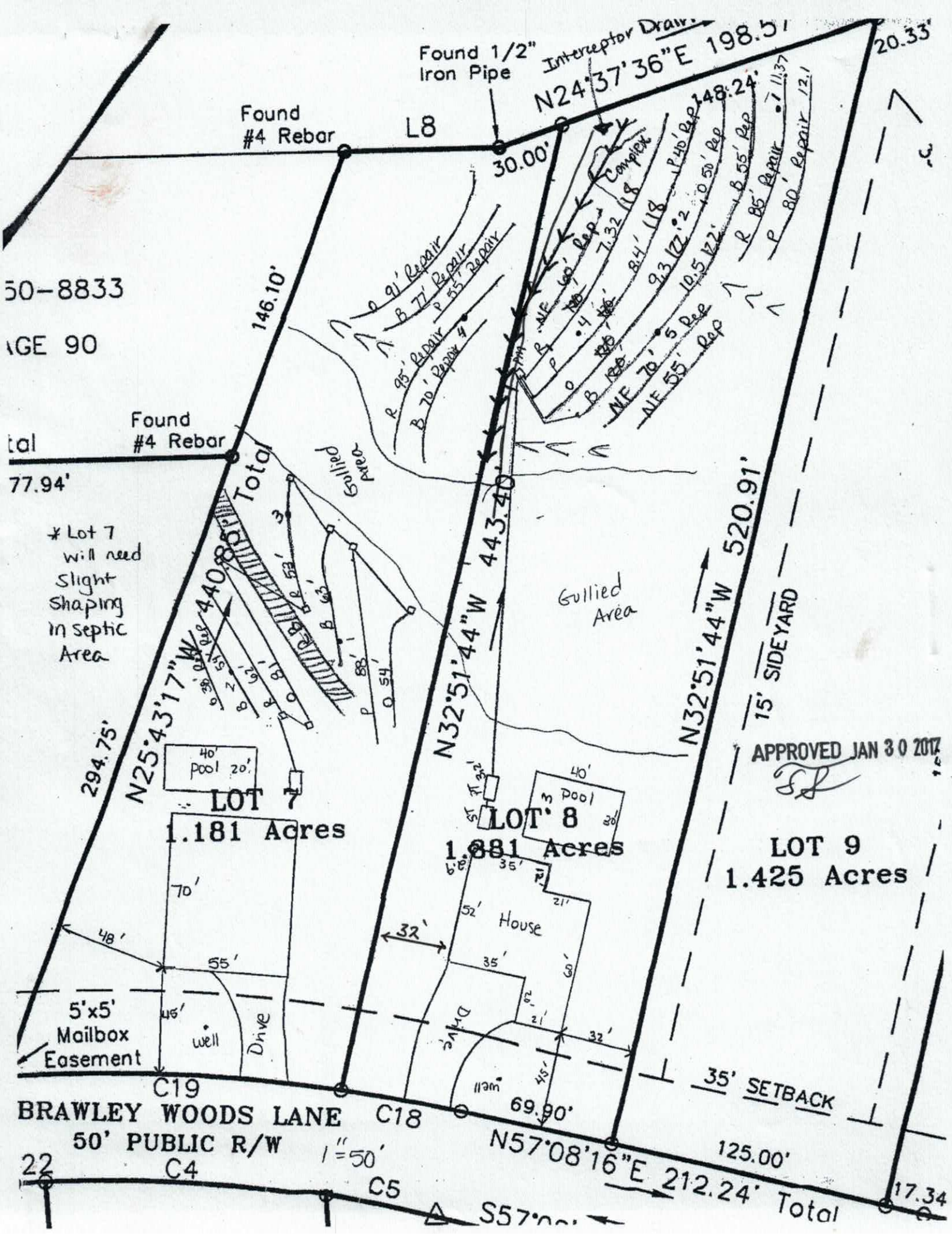
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 2/3/17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/30/2017 OPERATION PERMIT by: Mohamed Elmasri Date: 7/6/2017

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
N24°37'36"E 198.51'
20.33'
Found #4 Rebar
L8
30.00'
148.24'
Complex
50-8833
AGE 90
146.10'
Found #4 Rebar
tal
77.94'
Total
Gullied area
* Lot 7 will need slight shaping in septic Area
N25°43'17"W 440.85'
294.75'
N32°51'44"W 443.40'
Gullied Area
N32°51'44"W 520.91'
15' SIDEYARD
APPROVED JAN 30 2017
40' Pool 20'
LOT 7
1.181 Acres
LOT 8
1.881 Acres
40' Pool
LOT 9
1.425 Acres
70'
48'
55'
House
32'
35'
52'
21'
5'x5' Mailbox Easement
46'
well
Drive
C19
C18
BRAWLEY WOODS LANE
50' PUBLIC R/W
1"=50'
69.90'
N57°08'16"E 212.24' Total
125.00'
35' SETBACK
17.34
22
C4
C5

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 125 Brawley Woods Lane

Date: December 13, 2016

Attached is the septic specification information required to permit the 125 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 JAN 30 2017

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

Kathleen Saunders

Brawley Woods Lot 8 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	18"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	175' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 6'
Pressure head	2.0'
Friction head	2.2'
20% Contingency	2.0'
Total Head	12.2'
Pump Requirements	22 gpm @ 12.2' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	10.9
Repair System	**25% Reduction**
Total Linear Feet	495
Repair Loading Rate	0.25

APPROVED JAN 30 2017

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	NF	25% Reduction	60	
2	System	Red	25% Reduction	120 endfed	7.32
3	System	Pink	25% Reduction	120 endfed	8.4
4	Repair	Pink	25% Reduction	40	8.4
5	System	Orange	25% Reduction	120 endfed	9.3
6	Repair	Orange	25% Reduction	50	9.3
7	System	Blue	25% Reduction	120 endfed	10.5
8	Repair	Blue	25% Reduction	55	10.5
9	Repair	Red	25% Reduction	85	11.37
10	Repair	NF	25% Reduction	70	
11	Repair	NF	25% Reduction	55	
12	Repair	Pink	25% Reduction	80	12.1
				Total System: 480'	
				Total Repair: 495'	

Tank	Red	1000 gal (2 compartment)	3.20
Pump Tank	Red	1000	
House	blue		2.90

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

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Use proper setbacks if foundation drains are used
Remove temporary sediment basin
Install Interceptor drain above septic lines as shown on site plan

APPROVED JAN 30 2017

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: IQ Custom Construction
ADDRESS: 890 Edmiston Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 8
APPLICATION DATE
DATE EVALUATED: 11/9/16
PROPERTY SIZE:
PROPERTY RECORDED: post 81

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 5-10%	0-48	Mo SBK C	FR SS/SP	R; FF Sap	48+	N/A	N/A	0.3
2	L 5-10%	0-30	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		30-48	WK SBK CL	↓	R; F Sap				
3	L 5%	0-6	Mo GR SL	FR ns/np	Br	52+	N/A	N/A	0.3
		6-36	WK SBK SCL	FR SS/SP	R Br				
		36-52	Mo SBK C	↓	R; F Sap				
4	L 5-10%	0-24	Mo SBK C	FR SS/SP	R	Br/Mn 36+	N/A	36"	0.25 to 36"
		24-36	WK SBK C	FR SS/SP	R; C yel				
		36"	Saprolite						

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

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

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: TQ Custom Construction
ADDRESS: 840 Edmiston Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 8
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE:
PROPERTY RECORDED: post 81

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
5	L 5-10%	0-28	Mo SBK C	FR ss/sP	R; FF yel Br				0.25
		28-42	Mk SBK C	↓	R, C Mn;	yel Br			
		42"	2 Chr			42"	N/A	42"	

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

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

COMMENTS:

See Lot 7 original Permit for original soil notes

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

Sheet 1 of 2
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. Mt. Ulla NC
APPLICATION DATE 12-13-16
PROPOSED FACILITY: 4 BR House PROPOSED DESIGN FLOW (.1949): 480 GPD
DATE EVALUATED: 1-17-2017
LOCATION OF SITE: Lot 8 + Lot 7 Brawley Woods Subdivision
PROPERTY SIZE: 1.38 & 1.81 acres
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
1	Lot 8 LS Shoulder	0-9	scl w. SBK	sl. Friable, SS, Sp, Sap	YB (+ Gleying on surface) Stronger YB + Gleying	60	—	—	0.25 PS
		9-32	clay m→s ABK	sl. Firm SS, Sp, Sexp					
		32-35	clay s ABK	sl. Firm, SS Sp, Sexp					
		35-60	clay w. platy + ABK	sl. Firm, SS, Sp, Sexp					
	Primary								
2	Lot 8 LS Shoulder	0-5	scl w. SBK	sl. Friable, SS, Sp, Sexp	surface/lateral gleying @ 25" YB @ 40" strong chroma 2 @ 43"	[interceptor needed] 60	☆	—	0.25 PS
		5-36	clay m→s ABK/SBK	sl. Firm, Sticky, Sp, Sexp					
		36-60"	clay m SBK/ABK + manganese	Firm, Sticky, Sp, Sexp					
	Primary								
3	Lot 8 LS Shoulder	0-7	scl w. SBK	sl. Friable, SS, Sp, Sexp	chroma 2 Y-B + Mn @ 35"	65	—	—	0.25 PS Shallow
		7-35	clay m SBK/ABK	sl. Firm, SS, Sp, Sexp					
		35-65	clay m. SBK/ABK	Firm, Sticky, Sp, Sap					
	Repair								
4	Lot 7 LSS	0-7	scl w. SBK	sl. Friable, SS, Sp, Sexp	—	71	—	—	0.30 PS
		7-35	clay m. SBK	sl. Firm, SS, Sp, Sexp					
		35-71"	Clay Loam w. SBK + SPMES saprolite (Clay) 42-71"	sl. Friable, SS, Sp, 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): RS
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Lot 7 Repair	0-9"	SCL v. weak SBk	sl. Friable, SS, Sp, Sorp	+Hegrd approx 20-30" [lateral H_2O]	62	—	—	0.3
		9-36"	Clay w. SBK	sl. Firm, SS, Sp, Sorp					
		36-62	Clay w. m. SBk	Firm, Sticky, Sp, Sorp					
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 $850.00
#223268

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repai

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Contact Kathleen Saunders (704) 578-4951

Applicant Information:

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

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

Property Information:

Street Address: 125 Brawley Woods Ln Mooresville 28115

Subdivision Name: Brawley Woods **Section/Phase:** **Lot Number:** 8

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

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

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

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

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

Non-Residential Site Development:

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

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Emma Helt 11/17/16
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 125 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]	3/31/16	[signature]	3-31-16
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

X Property Line measurements are clearly identified...

X All proposed structures are indicated...

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

X Front and side setbacks from property line...

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

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

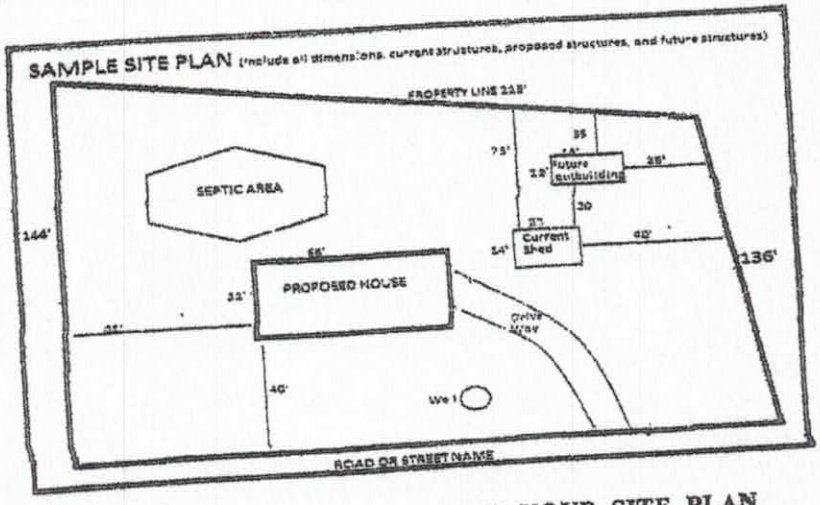
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

___ Location of septic systems and wells within 100' of your property... (N/A)

___ Location of easements and rights of ways on your property... (N/A)

___ Location of any designated wetlands on the property... (N/A)



USE THIS SPACE TO DRAW YOUR SITE PLAN

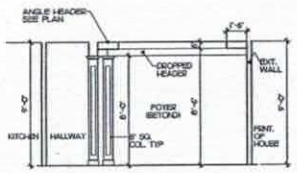
Please see attached site plan

Signature: Erma Hall

property owner or owner's legal representative signature.

11/17/16

DATE



① COLUMN DETAIL AT DINING RM.
1/4" = 1'-0"



TYPICAL INTERIOR COLUMN IN PLAN
NTS

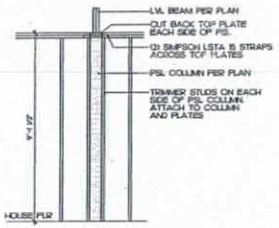


DRYER VENT CHASE
VERIFY HT. W/ WATER HEATER STAND IF APPLICABLE

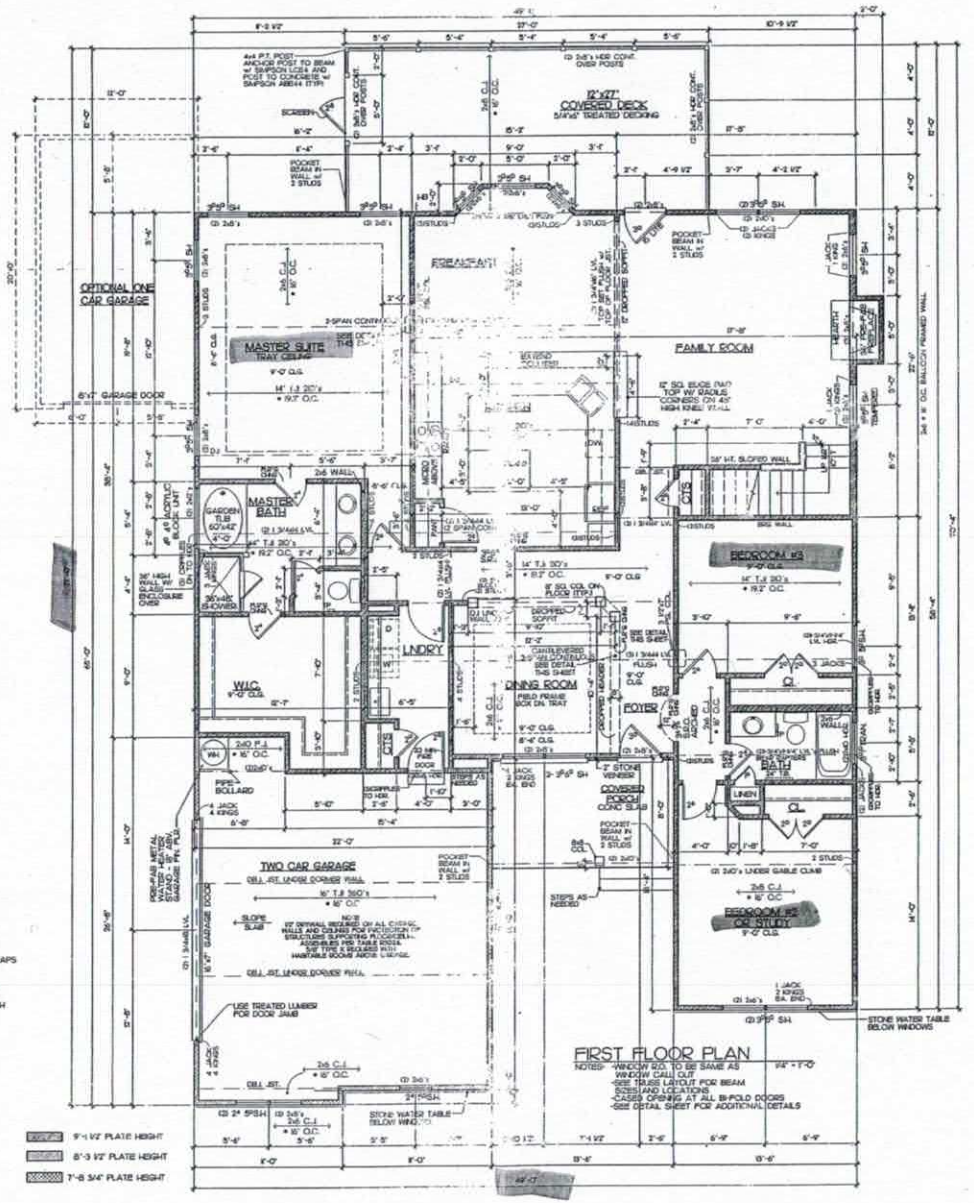
Acknowledgement of Plans Submittal ONLY!

Date 11/6/17

Tom Shuck Date 11/31/17



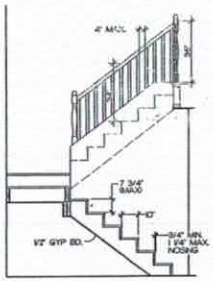
TYPICAL PSL COLUMN DETAIL
NTS



SQUARE FOOTAGE	
FIRST FLOOR	2,225
SECOND FLOOR	1,578
TOTAL	3,803
FRONT PORCH	108
SCREEN PORCH	25
2 CAR GARAGE	535

HANDRAIL NOTE

HAND RAIL TO BE 31"-45" HALF WALL WITH WOOD CAP OR OPEN HANDRAIL WITH WOOD SPINDLES, COORDINATE TYPE WITH SERIES SPECS. FOR HALF WALL SEE DETAIL SHEET D-4. FOR OPEN TYPE HANDRAIL, COORDINATE WITH STAIRCASE SUPPLIER.



TYPICAL STAIR DETAIL
STAIR CONFIG PER PLAN 3/8"=1'-0"

NOTE: ALL WINDOWS TO BE LOW E GLASS

Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
Seal for Structural Only
NC Certificate of Licensure P-0713

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A MASS MATERIAL OF 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 R612 OF R312.

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 (0.131X3.00) 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.

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2012 N.C.R.C.

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TQ CUSTOM CONSTRUCTION
845 Edmonton Rd Mt. Ulla, NC 28125 Ph. 704-880-0736

Project: The Cedar
Sheet Title: FIRST FLOOR PLAN

Drawn By: J. BODNAR
Date: 8-27-14
REV: 09-10-14
Site:

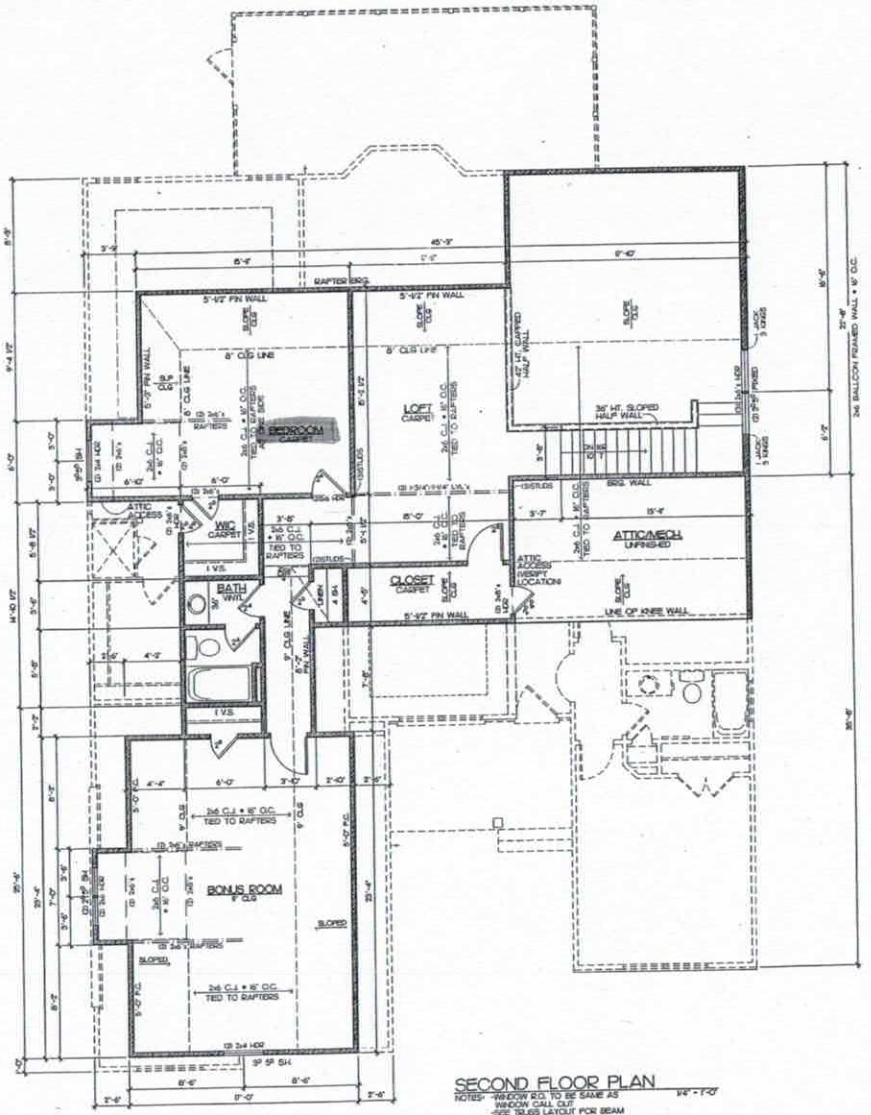
CEDAR-1F
Sheet 3

Lot 8

Acknowledgement of
Plans Submittal ONLY!

Date 1/8/14

Date 1/31/17



SECOND FLOOR PLAN

NOTES: -WINDOW R.O. TO BE SAME AS WINDOW CALL OUT
-SEE SLAB LAYOUT FOR BEAM SIZES AND LOCATIONS
-CASED OPENING AT ALL BI-FOLD DOORS
-SEE DETAIL SHEET FOR ADDITIONAL DETAILS

1/4" = 1'-0"

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HEATED SHALL HAVE INSULATION INSTALLED PRIOR TO GYPSUM BOARD, WOOD, OR COMPARABLE, AND SHALL BE ENCLOSED ON ALL SIDES WITH A WOOD MATERIAL OF AN APPROVED NON-WOOD MATERIAL. THESE NOTES 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 R303.5 OF R.N.C.

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.

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2012 N.C.R.C.

NOTICE
Drafting & Design assumes no liability for any errors, omissions, inconsistencies or ambiguities in the documents or other documents which are the responsibility of the consultants or of the plan to have the documents/contractor verify the DRAWINGS prior to the beginning of construction. The contractor shall verify compliance with all local building codes.

Every attempt has been made in preparation of this drawing to avoid errors. Any discrepancies, error and/or omission, if found, is to be brought to our attention prior to construction.

Drafting & Design will not be liable for any human error or for any change made to this plan.

Structural steel beams are to be sized by an engineer and is the responsibility of the builder/contractor.

Local, state and federal building codes have precedence over this plan.

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 34886 G. SCOTT BROOKS
1/31/14

Southern Dynamic Engineering and Design, PLLC
P.O. Box 67
Waxhaw, NC 28173
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IQ CUSTOM CONSTRUCTION
640 Edmonton Rd Mt. Ulla, NC 28125 Ph. 704-400-0736

Project: The Cedar
Sheet Title: SECOND FLOOR PLAN

Drawn By: J. BOONAR
Date: 8-27-14
REV: 09-10-14
Site:

CEDAR 3F
Sheet 4

Lot 8

IREDELL COUNTY

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

APPLICATION NUMBER
223268
Issue Date: 11/18/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676604963.000	125 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	86159	TOTAL FEES:	$ 77.25