IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242974

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

PIN # 4676602995

APPLICANT/OWNER: True Homes APPLICANT ADDRESS: 2649 Breckenridge Centre Dr Ste 10 Monroe NC

SITE ADDRESS: 131 Brawley Woods Mooresville, NC 28115 PHONE: 7045025588 ALT. PHONE 704 502-5588

SITE DIRECTIONS: Main St N. TR Linwood Rd TL Brawley Woods on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Brawley Woods SECTION: 2 LOT # 9 LOT AREA: 1.425 Ac. DESIGN FLOW: 480 gpd L.T.A.R.: .275

Septic Tank 1000 (gal) STB Infiltrator Date IM-1060

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft Min. 436ft

Trench Width 36" Trench Bottom Depth ~~(Low side)~~ max 32" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description:

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: * Do not cut down for slab.
* Must keep future pool at least 15ft from Septic System.

INITIAL SITE SKETCH

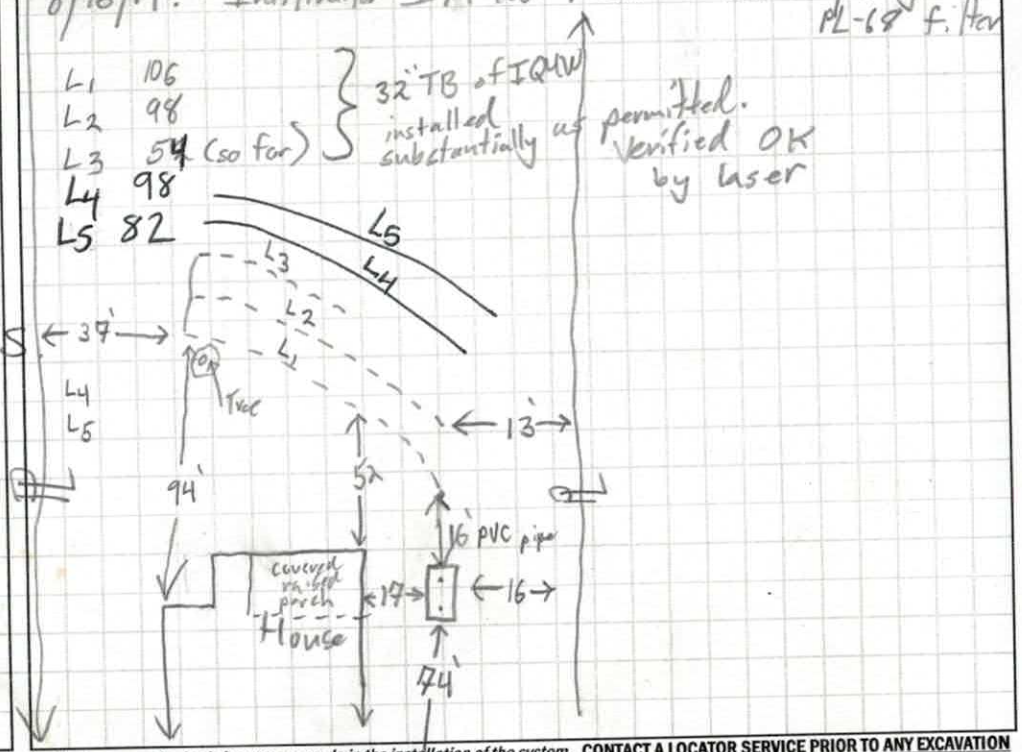
See attached Site Drawing by Providence Land Group, PLLC Submitted by Kenneth Owens

AS BUILT SKETCH

8/16/19: Infiltrator IM-1060 Plastic tank w/ Polylok PL-68 filter

L1 106
L2 98
L3 54 (so far)
L4 98
L5 82

32" TB of IQW installed substantially as permitted. Verified OK by laser



Permit can be suspended or revoked if 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: 4-30-19 Installed by: Jamie O'Daniel Specialty Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/23/19 OPERATION PERMIT by: Kayla Watson Date: 8-19-19

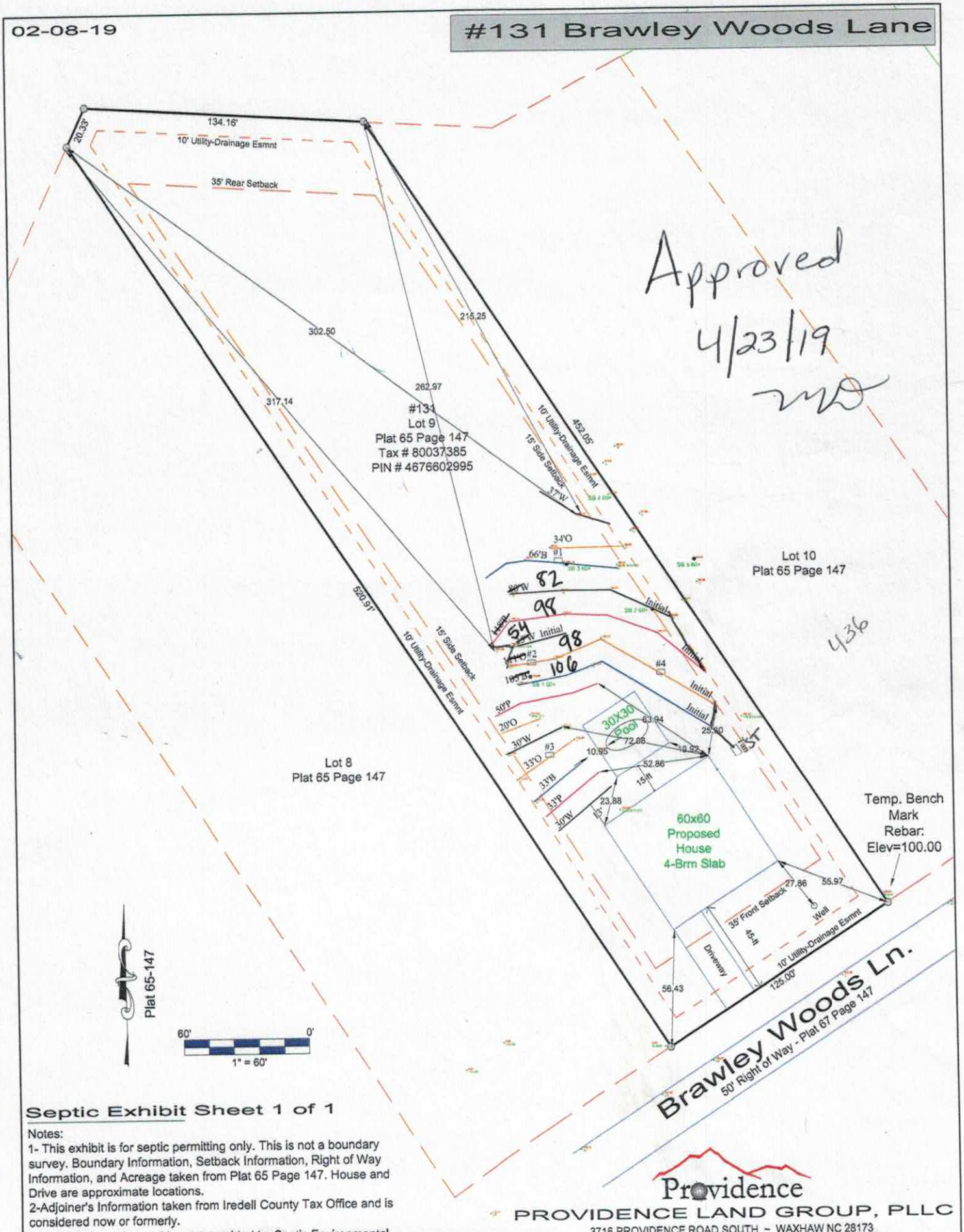
AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/25/19 Existing System Inspected by: Date:

Existing Well

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

02-08-19

#131 Brawley Woods Lane

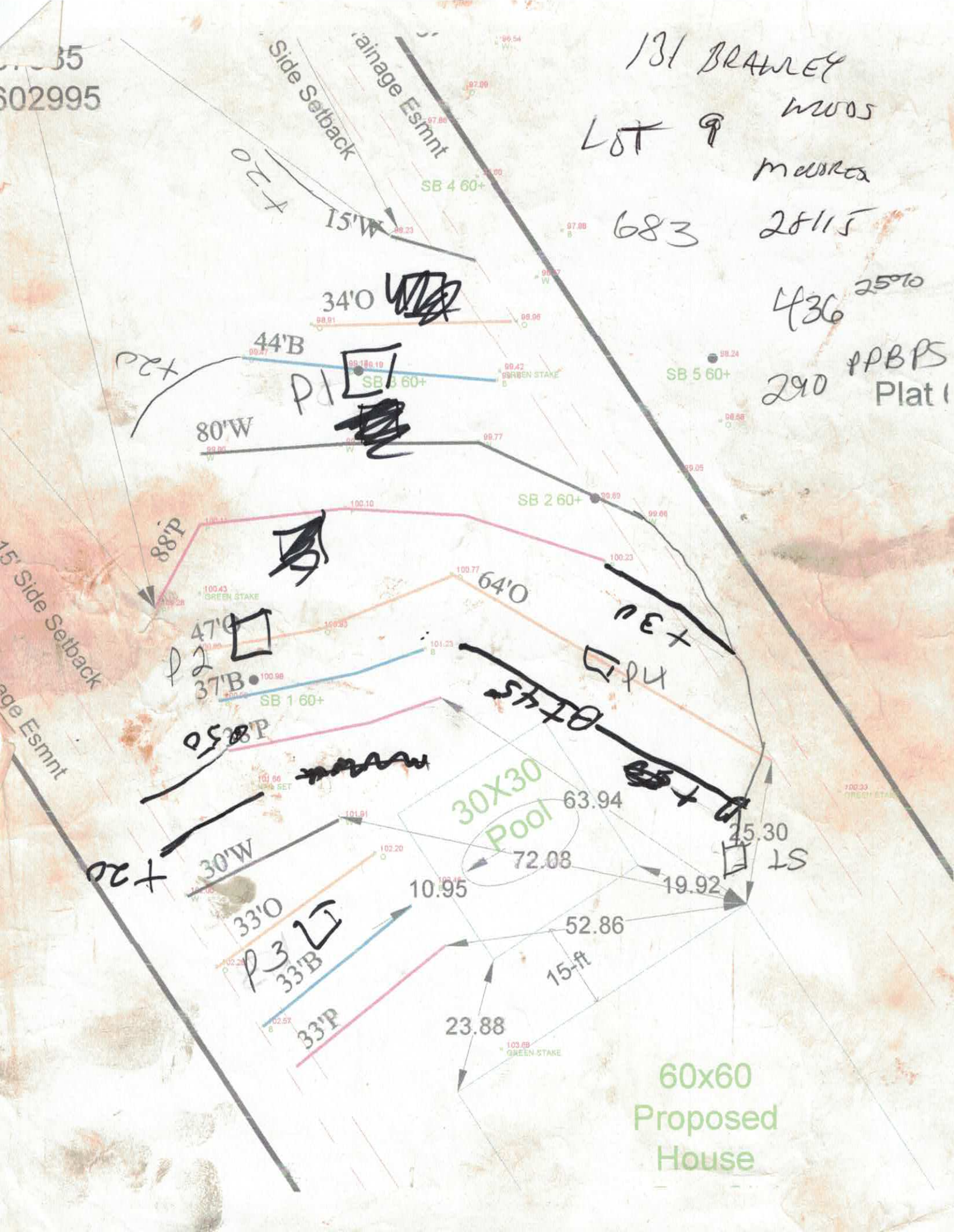


Approved
4/23/19
MD

Septic Exhibit Sheet 1 of 1

Notes:
1- This exhibit is for septic permitting only. This is not a boundary survey. Boundary Information, Setback Information, Right of Way Information, and Acreage taken from Plat 65 Page 147. House and Drive are approximate locations.
2-Adjoiner's Information taken from Iredell County Tax Office and is considered now or formerly.
4-Septic Information and Layout provided by Septic Environmental Solutions.

Providence
PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356


131 BRADLEY WOODS
LOT 9
MEDFORD
683
28115
436
25010
290
PPBPS
Plat
602995
Side Setback
Drainage Esmnt
15' Side Setback
Drainage Esmnt
SB 4 60+
SB 5 60+
SB 3 60+
SB 2 60+
SB 1 60+
15'W
34'O
44'B
80'W
88'P
47'O
37'B
64'O
30'W
33'O
33'B
33'P
P1
P2
P3
P4
30X30
Pool
63.94
72.08
10.95
19.92
52.86
15-ft
23.88
25.30
LS
60x60
Proposed
House

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

Sheet ___ of ___
PROPERTY ID #: 9676602995
COUNTY: Iredell

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

OWNER: True Homes — APPLICATION DATE: 3-8-19
ADDRESS: 2649 Breckonridge Centre Dr Ste 10 Monroe NC — DATE EVALUATED: 4-10-19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 1.425
LOCATION OF SITE: Lot #9 Brawley Woods — PROPERTY RECORDED: Y
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	10%	0-7	Brw SCL	SS, SP, SExP, FR					.275
		7-38	RCm-wSBK	SS, SP, SExP, FR					
		38-48	RCmSBK	SS, SP, SExP, FR					
			with some		—	48"			
			Yel/Brw Inclus						
2	10%	0-11	Brw SCL	SS, SP, SExP, FR					.275
		11-38	RCm-wSBK	SS, SP, SExP, FR					
		38-48	RCmSBK	SS, SP, SExP, FR					
			w/few SAP Inclus		—	48"			
3	8%	0-7	Brw SCL	SS, SP, SExP, FR					PS .3
		7-33	RCm-wSBK	SS, SP, SExP, FR					
		33-48	RCl-wSBK	SS, SP, SExP, FR					
					—	48"			
4	10%	0-8	Brw SCL	SS, SP, SExP, FR					PS .3
		8-29	RCm-wSBK	SS, SP, SExP, FR					
		29-48	RCl-wSBK	SS, SP, SExP, FR					
					—	48"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.275	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Kenny Owens

COMMENTS:

FINAL PLAT
BRAMLEY WOODS, PHASE II
COOLY CREEK TOWNSHIP, WAYNE COUNTY, N.C.
PATTERSON LAND SURVEYING, P.A.

242974

Pd online
$500

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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.

Floorplan being emailed separately

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) septicenvsolutions.com CENTER DR, MOORESVILLE, NC 28110

Applicant Name: TRUE HOMES / Address: 2649 BROOKRIDGE Zip: 28110

Applicant Email: ~~TRUE HOMES~~ Phone: 704-502-5588 Alt. Phone: 704-502-5588

Owner Name: TRUE HOMES Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: TAX ID 469 66 02 995

Street Address: 131 BRAWLEY WOODS, MOORESVILLE, NC 28115

PB65-149
Subdivision Name: BRAWLEY WOODS Section/Phase: 2 Lot Number: 9 (Hwy 3)

Driving Directions: TAKE LEFT ONTO E. CENTER AVE, Right onto Caddle Creek Hwy, LEFT onto WILLIFORD ROAD, Right onto LIDWOOD RD, LEFT onto BRAWLEY WOODS LANE 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
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(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 (2) Conventional (1) Innovative (3) Modified Conventional ( ) Other: SOIL PANEL

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: _____ 3-8-19
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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (Sign here) X _____

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.

2. I, * Middle Atlantic Homes & Brawley Woods LLC, am the legal owner(s) of the property located at 131 BRAWLEY WOODS LANE, MOORESVILLE NC 28115 identified as LOT 9

PIN (Parcel Identification Number) 4676602995, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) SEPTIC ENVIRONMENTAL SOLUTIONS, Kenneth Hurst, 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

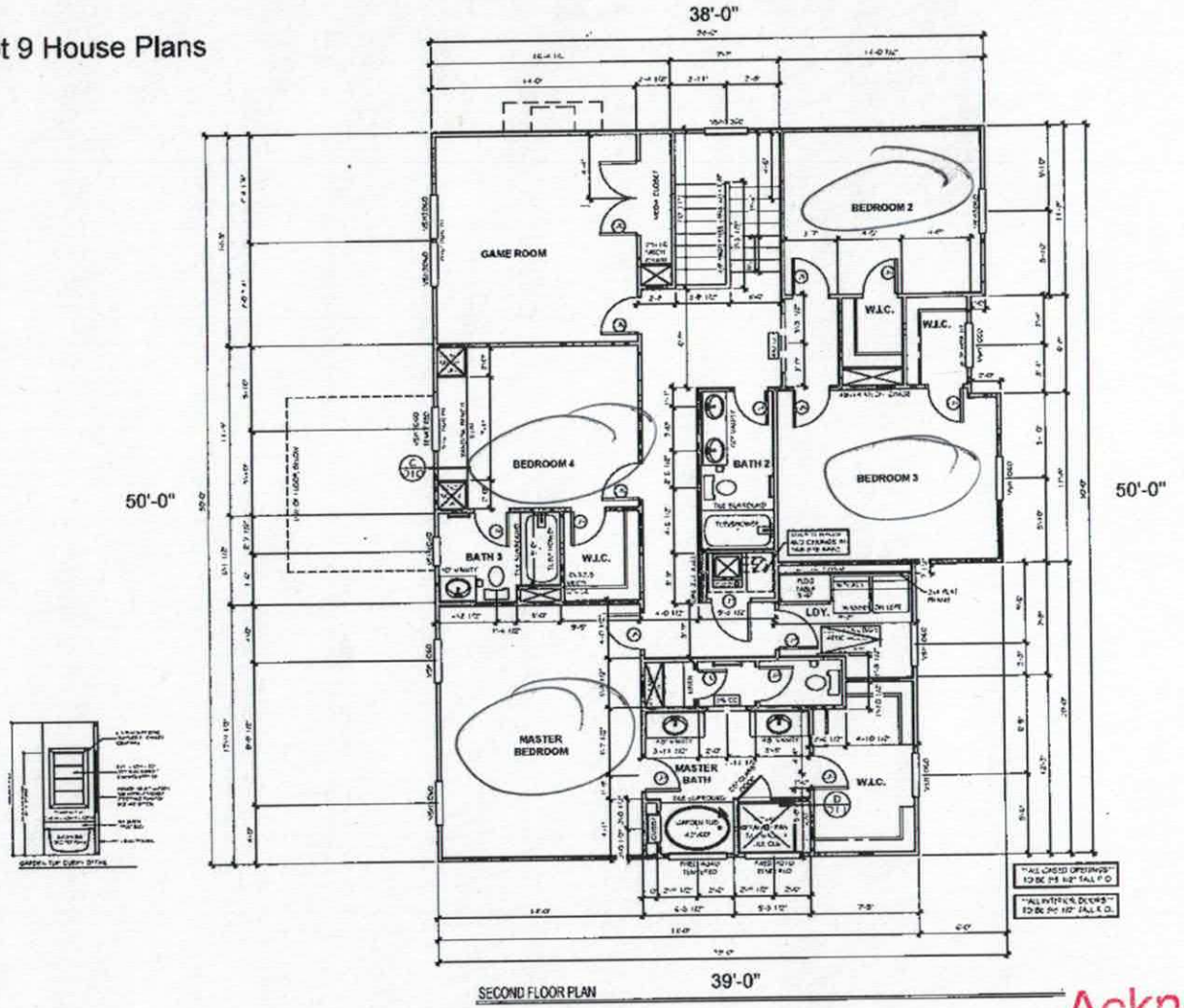
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

X _____ *
Signature of Owner(s) Date

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

Lot 9 House Plans



Acknowledgement of Plans Submittal ONLY!

Date 4/25/19

Date 4-30-19

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

TRUE CUSTOM SOLO REGION A

LOT# 7102

BEDFORD
PLAN # 3150

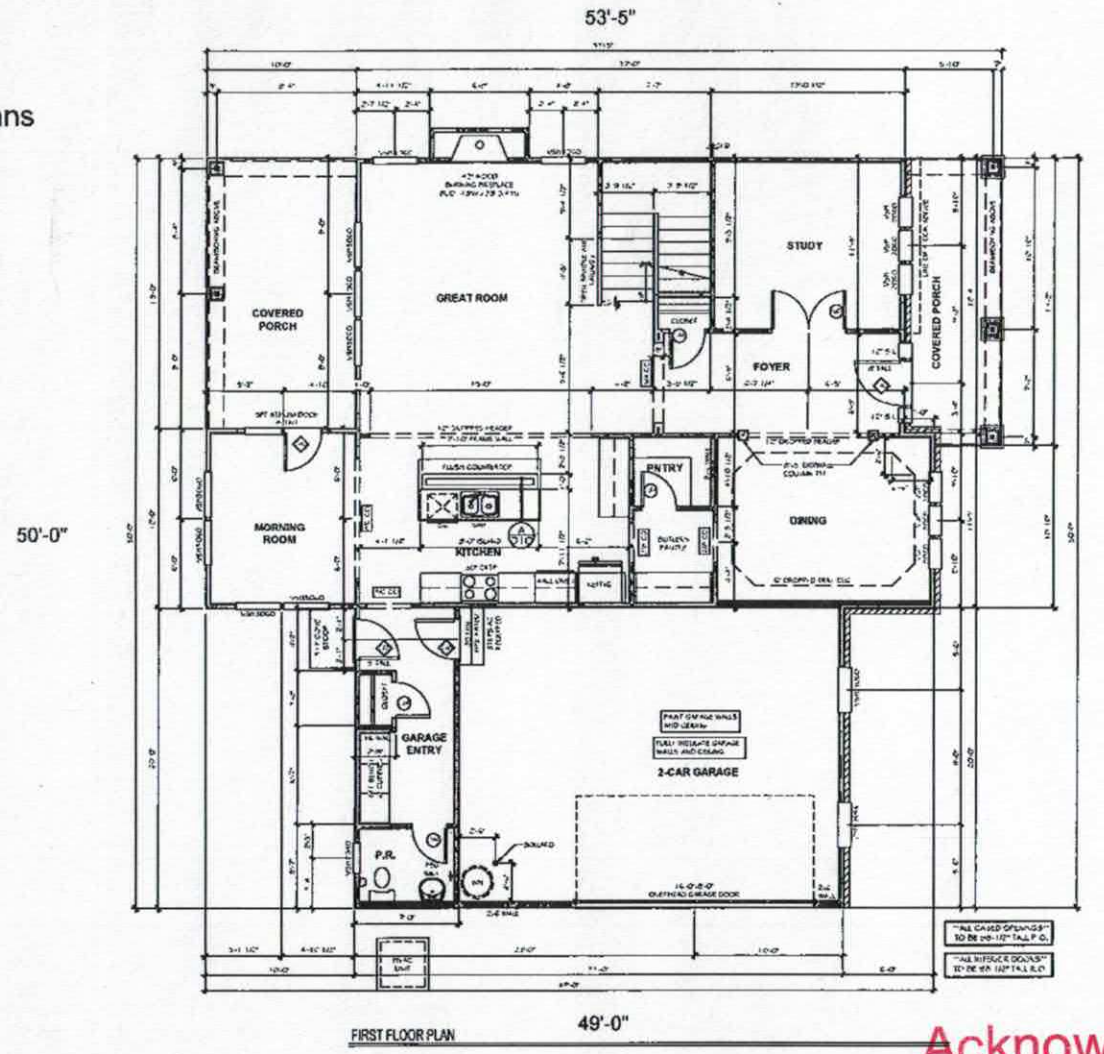
IREDELL

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PREPARED BY: NICK
DATE: 2-28-19
SCALE: 1/8"= 1'-0"
REVIEWED BY: SCOTT

SHEET: A2.2

Lot 9 House Plans



FIRST FLOOR PLAN

TrueHomes
IT'S ALL ABOUT U
2849 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

TRUE CUSTOM SOLO REGION A

LOT# 7102

BEDFORD
PLAN # 3150

IREDELL

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PREPARED BY:	NICK
DATE	2-28-19
SCALE	1/8"=1'-0"
REVIEWED BY:	SCOTT
SHEET:	A2.1

Acknowledgement of Plans Submittal ONLY!

Date 4/25/19

Date 4-30-19

IREDELL COUNTY

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

APPLICATION NUMBER
242974
Issue Date: 03/22/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676602995.000	131 BRAWLEY WOODS LANE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: BRAWLEY WOODS LLC	Applicant: TRUE HOMES LLC T/A TRI
Address: 114 MORLAKE DR STE 103	Address: 2649 BRECKONRIDGE CENTRE DR STE 10
MOORESVILLE, NC 28117	MONROE, NC 28110
Phone:	Phone: 704-238-1229

Use Requested	Zone Code
SFD	

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	171485	TOTAL FEES:	$ 77.25