IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 234936

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

PIN # 4676608888

APPLICANT/OWNER: Jason Cochrane APPLICANT ADDRESS: 5138 Statesville Rd Charlotte, NC 28269

SITE ADDRESS: 148 Brawley Woods Ln Mooresville NC PHONE: 704577-7353 ALT. PHONE

SITE DIRECTIONS: N Main St) TR Lakewood Tr Brawley Woods Dendon right SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Brawley Woods SECTION: 2 LOT # 16 LOT AREA: 1.043 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3/.275R

Septic Tank	1000 (gal)	STB	825	Date	6-15-19	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	– (gal)	PT	–	Date	–	System Description:	Gravity - 25% Reduction			[ ] Business	No. Persons 8
Pump Make	–	Model	–	Serial #	–	Repair System Description:	LPP PBPS			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	26"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/ plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Divert Storm/Surface Water Away From Septic.

11/20/18 Reviewed Floor plans, in Compliance with Septic plan

INITIAL SITE SKETCH

See attached, Approved Septic plan by Carolina Soil & Septic Consulting (dated 4/17/18)

AS BUILT SKETCH

SEE ATTACHED

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**

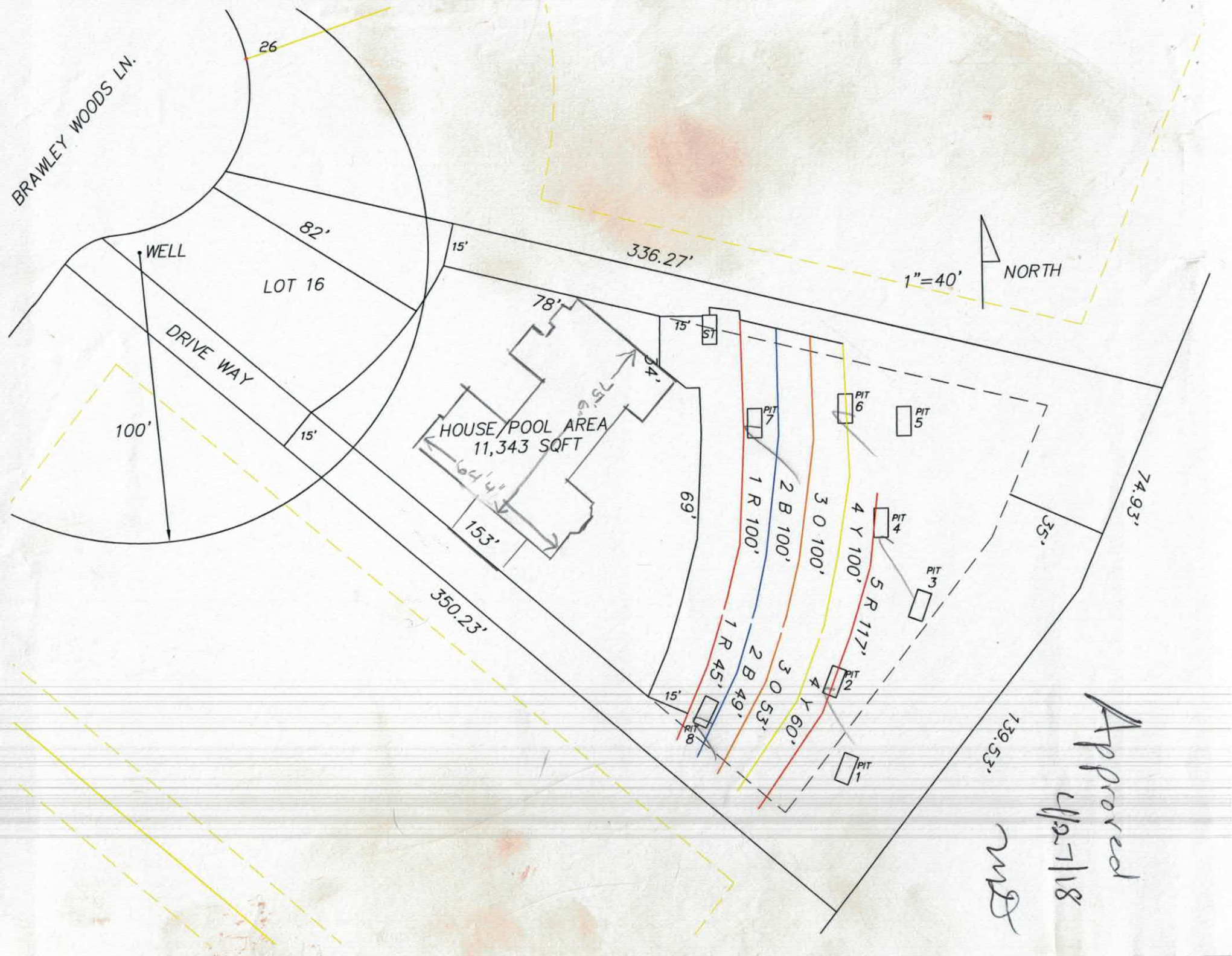
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 6/6/18 Installed by: KEVIN ROWAN SEPTIC

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/27/18 OPERATION PERMIT by: Brent C. White Date: 7-25-2019

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/20/18 Existing System Inspected by: Date:

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


BRAWLEY WOODS LN.
26
82'
WELL
LOT 16
DRIVE WAY
100'
15'
336.27'
1"=40'
NORTH
78'
15'
ST
54'
75.5'
HOUSE/POOL AREA
11,343 SQFT
64'4"
153'
69'
350.23'
15'
PIT 7
PIT 6
PIT 5
PIT 4
PIT 3
PIT 2
PIT 1
PIT 8
1 R 100'
2 B 100'
3 O 100'
4 Y 100'
5 R 117'
1 R 45'
2 B 49'
3 O 53'
4 Y 60'
74.93'
35'
139.53'
Approved
8/17/18

IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234936

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

PIN # 4676608888

APPLICANT/OWNER: Jason Cochrane APPLICANT ADDRESS: 5138 Statesville Rd Charlotte, NC 28269

SITE ADDRESS: 148 Brawley Woods Ln Mooresville, NC PHONE: 704577-7353 ALT. PHONE

SITE DIRECTIONS: N. Main St) TR Linwood TL Brawley Woods end on right SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Brawley Woods SECTION: LOT # 16 LOT AREA: 1.043 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3/.275 R

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 400'

Trench Width 36" Trench Bottom Depth(Low side) 26" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 4

[ ] Business No. Persons 8

[ ] Other No. Employees

[ ] Slab [X] Crawl Space

[ ] Basement w/ plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Divert Storm/Surface Water Away From Septic.

11/20/18 Reviewed Floor plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

See attached, Approved Septic plan by Carolina Soil & Septic Consulting (dated 4/17/18)

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Date: 6/6/18 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/27/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/20/18 Existing System Inspected by: Date:

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.

DOSING CALCULATIONS

Location LOT 16 BRAWLEY WOODS SUBDIVISION

Lot No: 16

Approved
4/27/18
MD

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	16	ft.
Supply Line Volume	5.76	gal.
Required Feet of 25% RED. Line	400	ft.
Amount of Line from Layout	400	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	261.2	gal.

OWNER INFORMATION

Owner: Jason Cochrane
Address: 5138 STATESVILLE RD.
CHARLOTTE, NC 28269
Buyer:
Phone: 704-577-7353
County: Iredell
Location: LOT 16 BRAWLEY WOODS SUBDIVISION

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

25% GRAVITY DESIGN INFORMATION

Approved
4/27/18
mp

Drainfield Design Flow (gpd): ~~400~~ 480
Loading/Soil Application Rate (gpd/ft.^{2}): 0.300
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 400
Total Lateral Length Required: 400
Trench Depth: 26 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 1200

Trench Spacing on Center: 9 ft.
Repair Trench Spacing on Center: 8 ft.
Repair Trench Depth: 29 in.

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 16
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 5.76
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by BEN ALDRIDGE, REHS

Approved 4/27/18 MD

LOT 16 OF BRAWLEY WOODS SUBDIVISION
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

April 17, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	*RED*	*NA*	*NA*	*100*	*100*
1	RED	NA	NA	45	45
2	*BLUE*	*NA*	*NA*	*100*	*100*
2	BLUE	NA	NA	49	49
3	*ORANGE*	*NA*	*NA*	*100*	*100*
3	ORANGE	NA	NA	53	53
4	*YELLOW*	*NA*	*NA*	*100*	*100*
4	YELLOW	NA	NA	60	60
5	RED	NA	NA	117	117
			Total	**724**	**724**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*400*	*ACCEPT.*	*0.300*	*25% RED.*	*GRAVITY*
Repair	324	*MOD.*	0.275	PPBPS	LOW PRESSURE

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

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

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

PROPERTY ID #: 4676608888
COUNTY: IREDELL

Approved 4/27/18 MD

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

OWNER: JASON COCHRANE
ADDRESS: 148 BRAWLEY WOODS LN. MOORESVILLE, NC 28115
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: BRAWLEY WOODS LOT 16

APPLICATION DATE 4-17-18
DATE EVALUATED: 4-16-18
PROPERTY SIZE: 1.043 AC
PROPERTY RECORDED: YES

WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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	
PIT 1	LS 28%	0-9	BRCL,W,SBK	FR,SS,SP,SEXP	Y/BR 9-41"	41"	UN	9"	UN
		9-41	YRC,S,ABK	FI,S,SP,SEXP	GREY MINERAL				
		41+	ROCK		PED SIZE >1" 9-41"				
PIT 2	LS 28%	0-2	BRCL,W,SBK	FR,SS,SP,SEXP	FEW Y/BR 2-18"	28"	S	58+	.275
		2-18	RC,M,SBK/ABK	FR,S,SP,SEXP					
		18-28	RCL,W,SBK	FR,SS,SP,SEXP					
		28-58	SLSAP,MASS	VFR,NS,NP,SEXP					
PIT 3	LS 28%	0-7	BRCL,W,SBK	FR,SS,SP,SEXP	CH2 @ 34"	55"	NA	7"	UN
		7-55	Y/RC.S.ABK	FI,S,P,EXP	PED SIZE >1" 7-55"				
PIT 4	LS 28%	0-6	BRSCL,W,SBK	FR,SS,SP,SEXP	NA	40"	S	61+	.3
		6-26	RC,M,SBK/ABK	FR,S,SP,SEXP					
		26-40	RCL,W,SBK	FR,SS,SP,SEXP					
		40-61	LSAP,MASS	VFR,SS,SP,SEXP					

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

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT: ADRIAN PRUETT, JACOB CONRAD, DAVID BEANE

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

Approved
4/27/18 mb

PROPERTY ID #: 4676608888
DATE OF EVALUATION: 4-16-18
COUNTY: IREDELL

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	
P 5	LS 28%	0-4	BRCL,W,SBK	FR,SS,SP,SEXP	CH2 @ 22"	31"	NA	22"	.1 DRIP
		4-22	RC,M,SBK/ABK	FR,S,SP,SEXP					
		22-31	Y/RC,MASS	FI,S,P,EXP					
P 6	LS 28%	0-5	BRCL,W,SBK	FR,SS,SP,SEXP	NA	44"	S	63+	.3
		5-22	RC,S,ABK	FR,S,SP,SEXP					
		22-44	RCL,M,SBK	FR,SS,SP,SEXP					
		44-63	LSAP,MASS	VFR,SS,SP,SEXP					
P 7	LS 28%	0-10	BRSCL,W,SBK	FR,SS,SP,SEXP	NA	60"	NA	60+	.3
		10-42	RC,S,ABK	FI,S,SP,SEXP					
		42-60	RCL,W/M,SBK	FR,SS,SP,SEXP					
P 8	LS 28%	0-5	BRCL,W,SBK	FR,SS,SP,SEXP	NA	32"	S	60+	.3
		5-24	RC,S,ABK	FR,S,SP,SEXP					
		24-32	RCL,W,SBK	FR,SS,SP,SEXP					
		32-60	LSAP,MASS	FR,SS,SP,SEXP					

COMMENTS:

RECEIVED APR 19 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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.

****

234936

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

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: JASON COCHRANE Address: 5138 STATESVILLE RD. CHARLOTTE, NC Zip: 28269

Applicant Email: COCHRANERS@AOL.COM Phone: 704-577-7353 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

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

****

Property Information:

Street Address: 148 BRAWLEY WOODS LN. MOORESVILLE, NC 28115

Subdivision Name: BRAWLEY WOODS Section/Phase: _____ Lot Number: 16

Driving Directions: NORTH MAIN ST, TR LINWOOD, TL BRAWLEY WOODS, ON R

****

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
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) 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 (X) 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: _____ 4-17-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

234936

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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.

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)

Applicant Name: Atkinson Custom Homes Address: 577 N Peace Haven Rd, Winston-Salem Zip: 27104
Applicant Email: jerryatkinson@roadrunner.com Phone: 704-506-9074 Alt. Phone: _____
Owner Name: Jason Cochrane Address: 148 Brawley Woods Lane, Mooresville Zip: 28115
Owner Email: cochranejs@aol.com Phone: 980-721-0966 Alt. Phone: _____

Property Information:

Street Address: 148 Brawley Woods Ln, Mooresville
Subdivision Name: Brawley Woods Section/Phase: _____ Lot Number: 16
Driving Directions: N. Main – Rt on Linwood Rd – Lt on Brawley Woods Ln – Lot at end of street on Rt.

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

(✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 11/19/18
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*) _____

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, Jason Cochrane, am the legal owner(s) of the property located at 148 Brawley Woods Lane, identified as

PIN (Parcel Identification Number) 4676608888, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Atkinson Custom Homes, LLC _____, 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) 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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Brawley Woods LLC, am the legal owner(s) of the property located at 148 Brawley Woods Ln., Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4676608888.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett, Carolina Soil & Septic Consulting, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

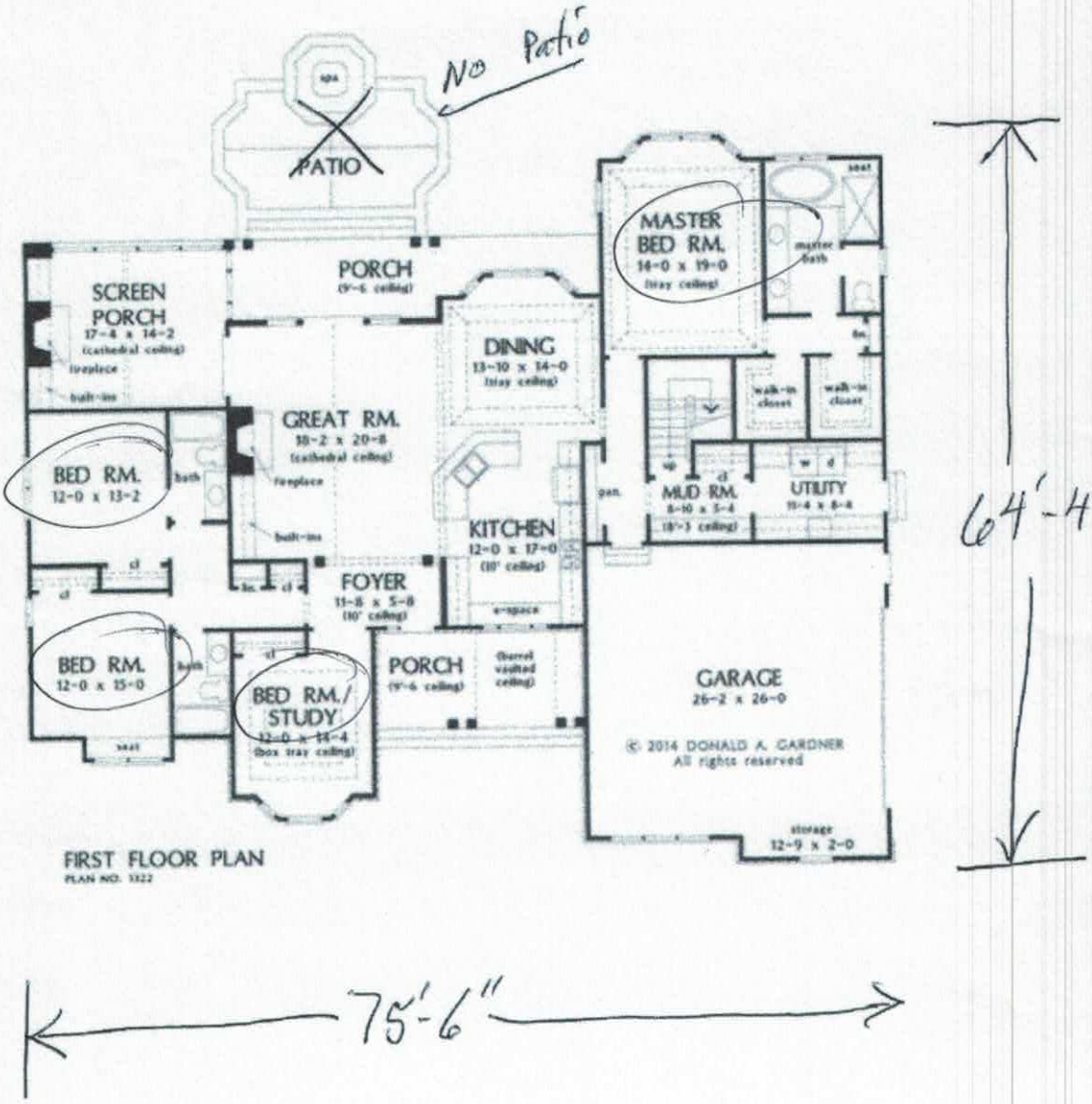
Signature of Owner(s)	4/17/18 Date	Signature of Witness	Date

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

S38°09'53"W
139.53
S23°32'12"W
74.93
Septic
15'
LOT 16 Bldg. Envelope
TANK
15'
S76°08'18"E
336.28
N49°23'49"W
75.5
64.3
22.8
14.0
15.6
15.0
29.3
111.1



FIRST FLOOR PLAN
PLAN NO. 1322

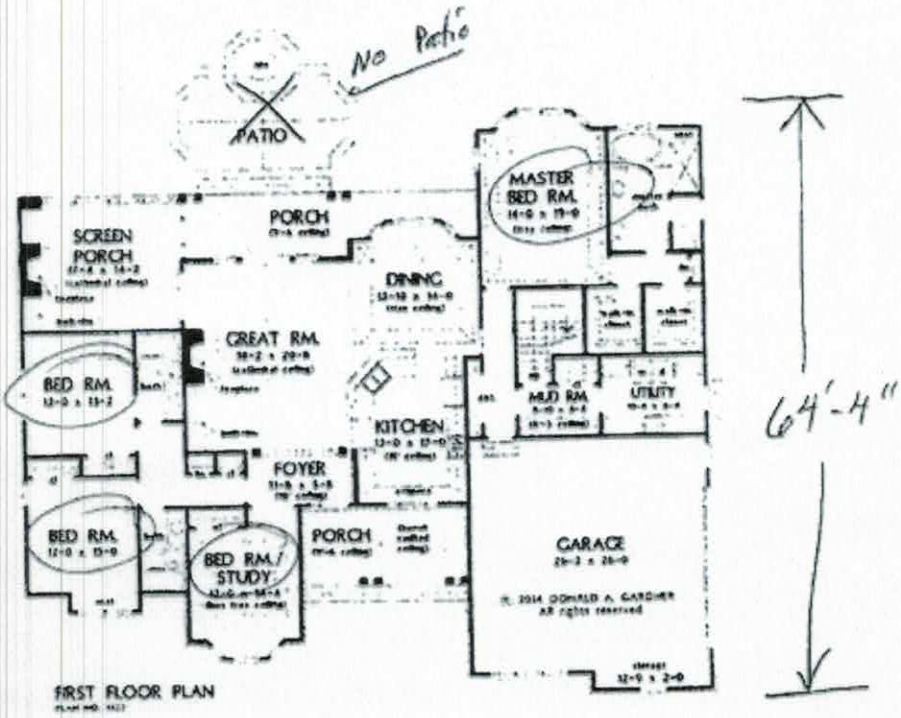
Don Allen & Assoc. varified this plan will fit the building "box" (envelope) on 8/1/18

Donald Gardners' "Charlton"

Acknowledgement of Plans Submittal ONLY!

Maria Dotson Date 11/20/18

Date



Don Allen & Assoc. varified this plan will fit the building "box" (envelope) on 8/1/18

Donald Gardners' "Charlton"

Acknowledgement of Plans Submittal ONLY!

Maria Olson Date 11/20/18

Jason Ashmore Date 7/25/19

IREDELL COUNTY

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

APPLICATION NUMBER
234936
Issue Date: 04/17/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676608888.000	148 BRAWLEY WOODS LANE, MOORESVILLE, NC 28115	

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

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	135794	TOTAL FEES:	$ 77.25