ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 237296

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

PIN # 4676614154

APPLICANT/OWNER: Ken Kellis APPLICANT ADDRESS: 112 Tulip Dr. Mooresville NC 28117

SITE ADDRESS: 143 Brawley Woods Ln. Mooresville NC 28115 PHONE: 704-791-8550 ALT. PHONE

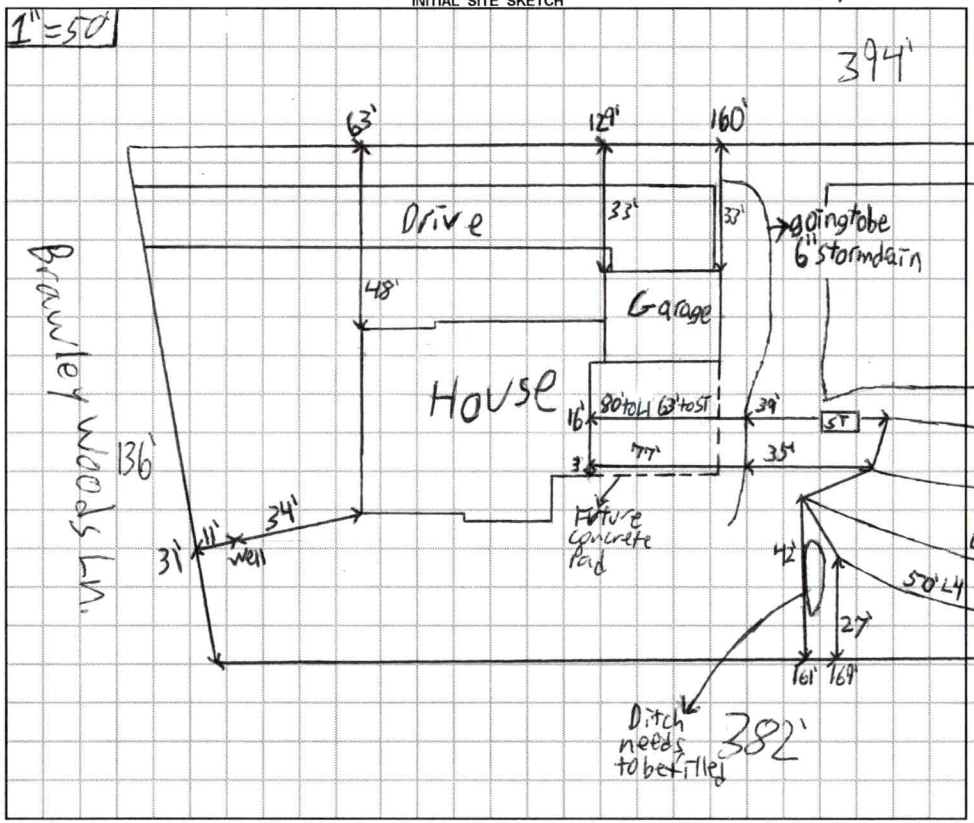
SITE DIRECTIONS: NC 3 N to L on to Williford Rd, R on Linwood Rd, L on Brawley Woods Ln Lot 4 SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Brawley Woods SECTION: P2 LOT # 11 LOT AREA: 1.105 acres DESIGN FLOW: 480 GPD L.T.A.R.: .3

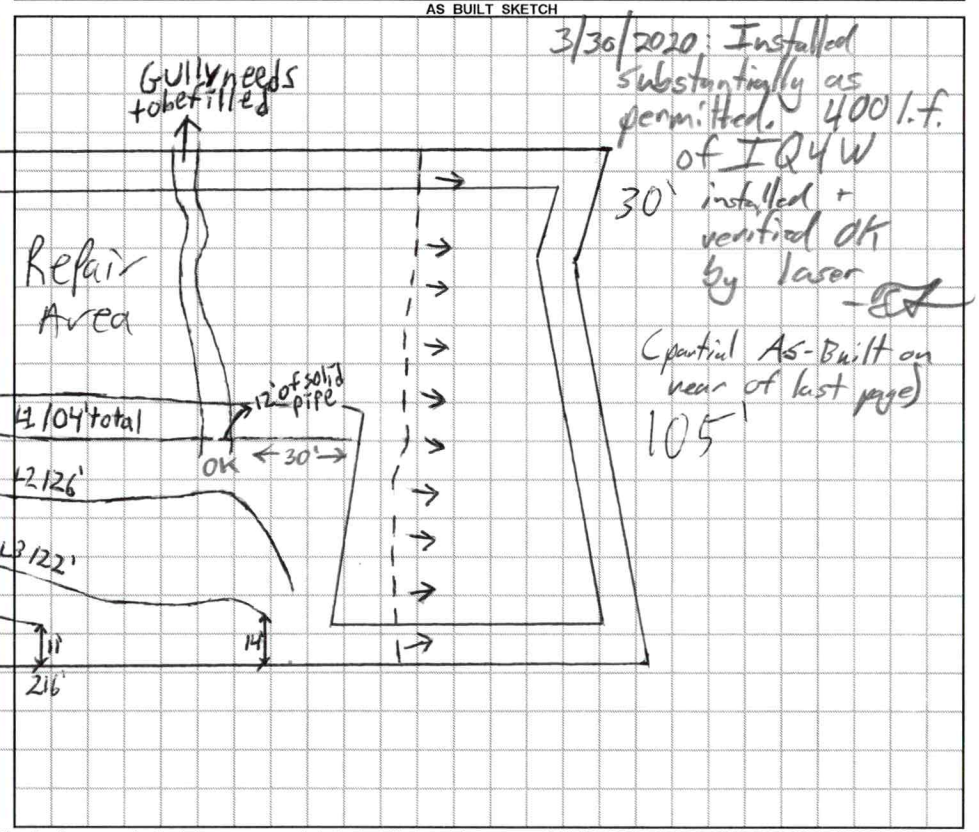
Septic Tank	1000 (gal)	STB	825	Date	2/23/2020	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	— (gal)	PT	—	Date		System Description:	Gravity 2556 Reduction	[ ] Business	No. Persons	8	[X] Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPBPS	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	36"	Trench Bottom Depth(Low side)	31"/36" High side	Gravel Depth	—	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Install lines on contour. All gullies and ditches must be filled in. any fill dirt must be removed from septic area. Any part of repair drain lines that go through gully must be solid pipe

INITIAL SITE SKETCH



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: Melissa Kellis Date: 2/27/2020 Installed by: Kevin Kirkpatrick

IMPROVEMENT PERMIT by: Patrick Gayle III Date: 2/5/2020 OPERATION PERMIT by: Tom Shuck Date: 3/30/2020

AUTHORIZATION TO CONSTRUCT by: Patrick Gayle III Date: 2/5/2020 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.

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

Sheet 1 of 1
PROPERTY ID #: 467601 4154
COUNTY: Iredell

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

OWNER: Dominick Redulla
ADDRESS: 1275 Shinn Farm Rd
PROPOSED FACILITY: 5BR
PROPOSED DESIGN FLOW (.1949): 600 gpd
LOCATION OF SITE: 143 Brawley Woods Ln

APPLICATION DATE: 7/16/18
DATE EVALUATED: 7/30/18
PROPERTY SIZE: 1.1 ac
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 13%	0-5	SBK SCL	Fr ss sp slxp	N/A	23"	PS	N/A	PS .3
		5-23	SBK CL	" "					
		23-60	L Saprolite	VFr					
2	SS 13%	0-6	SBK SCL	Fr ss sp slxp	N/A	60"	PS	N/A	PS .3
		6-23	SBK C	" "					
		23-60	SBK CL	" "					
		60-62	L Saprolite	VFr					
3	SS 13%	0-3	SBK SCL	Fr ss sp slxp	few saprolite inc.	60"	N/A	N/A	PS .3
		3-36	SBK C	" "					
		36-60	SBK CL	" "					
4	SS 13%	0-7	SBK SCL	Fr ss sp slxp	few BK, no wetness indications	60"	N/A	N/A	PS .3
		7-34	SBK/ABK C	" "					
		34-60	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	500'	334'
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: C. Cave
OTHER(S) PRESENT: P. Penninger

COMMENTS:

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

$320.00
AP-237296
1-23-2020

Iredell County Health Department – Environmental Health Division

PAGE 1: ***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: Ken Kells **Address:** 143 Brawley Woods **Zip:** 28117
Applicant Email: Ken Kells Builders Inc at gmail **Phone:** 704 791-8550 **Alt. Phone:**
Owner Name: Ken + Melissa Kells **Address:** 112 Tulip Dr. **Zip:**
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 143 Brawley Woods
Subdivision Name: Brawley Woods **Section/Phase:** **Lot Number:**
Driving Directions:

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

(✓) 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:
( ) Swimming Pool
( ) Other Addition/Structure:
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: _____ 1-23-2020
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, Ken Wells, am the legal owner(s) of the property located at 143 Brawley Woods, identified as

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

I do hereby authorize (**print legal representative/company name**) Ken Wells, _____, 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.

_____ 1-23-2020

Signature of Owner(s) Date

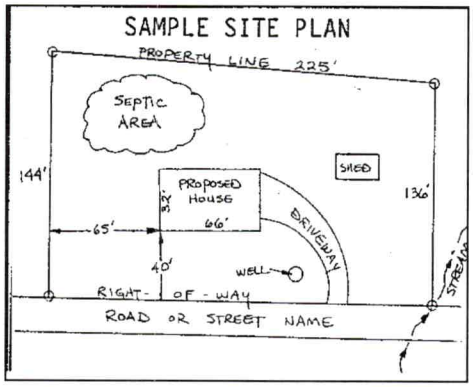
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***



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

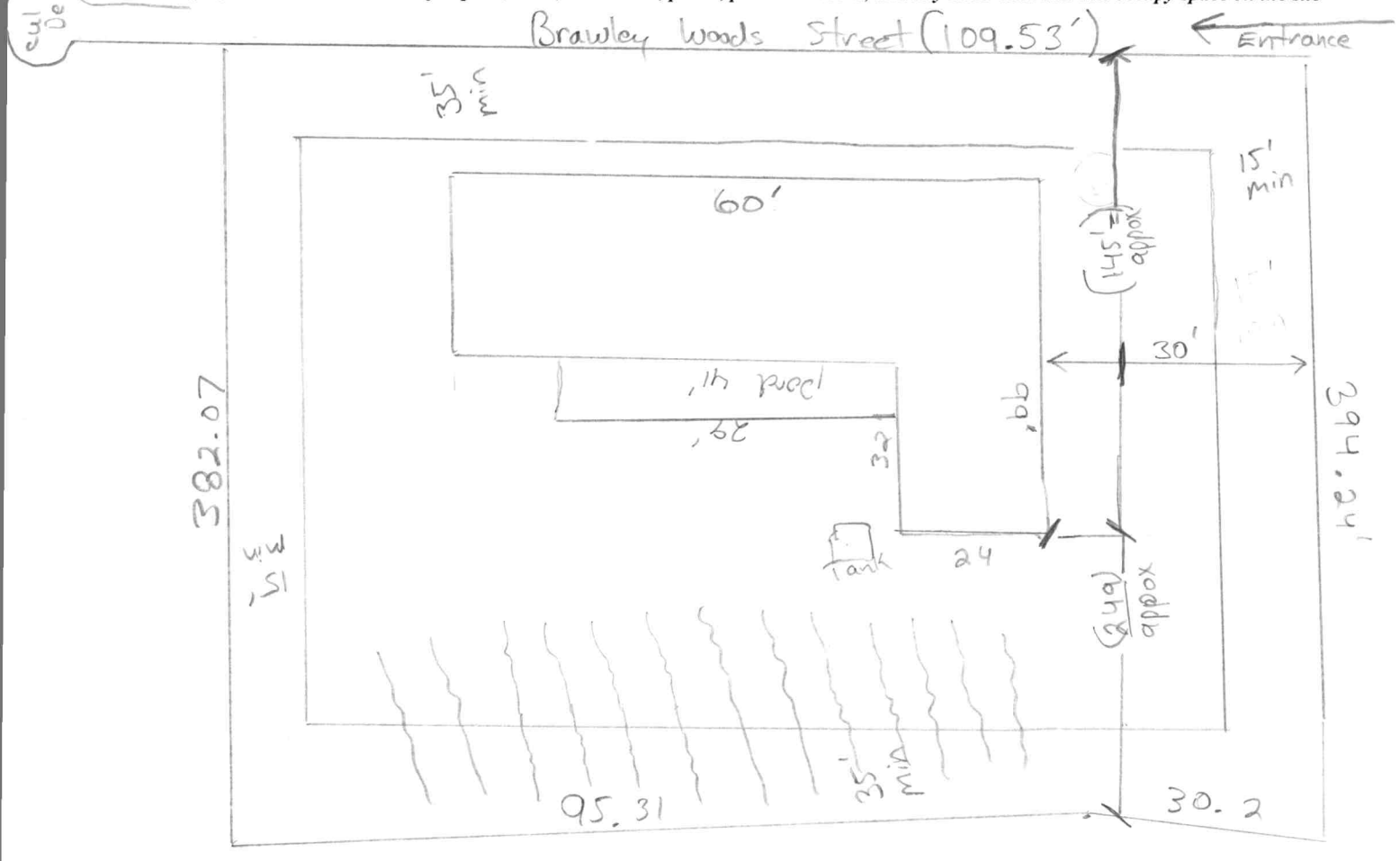
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient 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

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

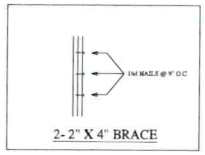


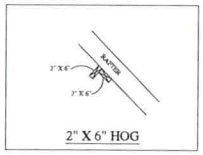
Signature: _____ _____

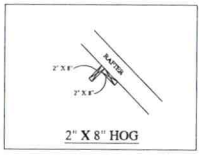
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

ROOF CONSTRUCTION

1. RAFTERS TO BE 2" X 6" @ 16" O.C. FOR SHINGLES UNLESS OTHERWISE NOTED
   CUT INTO HIPS, RIDGES, ETC. UNLESS OTHERWISE NOTED
   RAFTERS FOR TILE, SLATE AND OTHER ROOF COVERINGS TO BE 2" X 6" @ 16" O.C
   UNLESS OTHERWISE NOTED
2. COLLOR TIES TO BE 2" X 4" @ 48" O.C. AT ALL RIDGES.
3. 3 COLLOR TIES MINIMUM AT ALL RIDGES, EVEN IF 2 TIES MUST BE INSTALLED ON 1 RAFTER SET.
4. ■ "X" IN CIRCLE INDICATES LOCATION OF RAFTER BRACE AT RAFTER LEVEL.
5. ■ "X" IN CIRCLE WITH ARROW AWAY FROM BRACE INDICATES DIRECTION OF BRACE TO PARTITION OR BEAM BELOW.
6. ■ "X" IN CIRCLE WITH ARROW INTO BRACE INDICATES A VERTICAL OR ALMOST VERTICAL BRACE
7. ALL BRACES ARE 2-0" X 4" NAILED WITH 16D NAIL AT 9" O.C. VERTICALLY. FROM TOP TO BOTTOM. BRACES LONGER THAN 10'-0" TO BE BRACED HORIZONTALLY.
8. ALL HIPS AND RIDGES TO BE A SIZE LARGER THAN RAFTERS UNLESS OTHERWISE NOTED.
9. ALL HOGS ON CEILING JOISTS OR RAFTERS ARE 2" X 6" @ 16" O.C. UNLESS OTHERWISE NOTED.
10. MAXIMUM SPACING OF RAFTER BRACES (RAFTERS TO BE SPLICED OVER HOGS WITH
    - 2- 2" X 4" BRACES)
    - 2" X 6" HOG - 14'-0" O.C.
    - 2" X 8" HOGS - 7'-6" O.C.
11. MANUFACTURED ROOF TRUSSES TO BE INSTALLED AND BRACED PER MANUFACTURER'S RECOMMENDATIONS.
12. FOR NO ROOF PLAN
    -USE 2" X 6" @ 16" O.C. RAFTERS, SPF #2 UNLESS OTHERWISE NOTED
    MAXIMUM ALLOWABLE SPAN OF 11'-0" HORIZONTAL. USE 2- 2" X 6" HOGS AT RAFTER WITH 2- 2" X 4" BRACES @ 4'-0" MAXIMUM.
    CUT IN ALL RAFTERS USING RIDGES, VALLEYS, ETC. ONE SIZE LARGER THAN RAFTER SIZE.
    ALL BRACING LOADS MUST BE CARRIED TO FOUNDATION WITH A MINIMUM OF
    2- 2" X 4" STUDS







ROOF PLAN

SCALE: 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Patrick O Boyle III Date 9/5/19
Melissa Kellis Date

Gray Design
419 NORTH BOSTON AVE. TULSA, OK 74103 NORTH CAROLINA 28607 704-258-4775

CONTRACTOR SHALL CHECK AND VARIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. JEFFERY D. GRAY WILL ASSUME NO LIABILITY FOR ANY ERRORS ONCE CONSTRUCTION BEGINS

PROJECT: Kellis Residence

DATE: AUG 14, 19

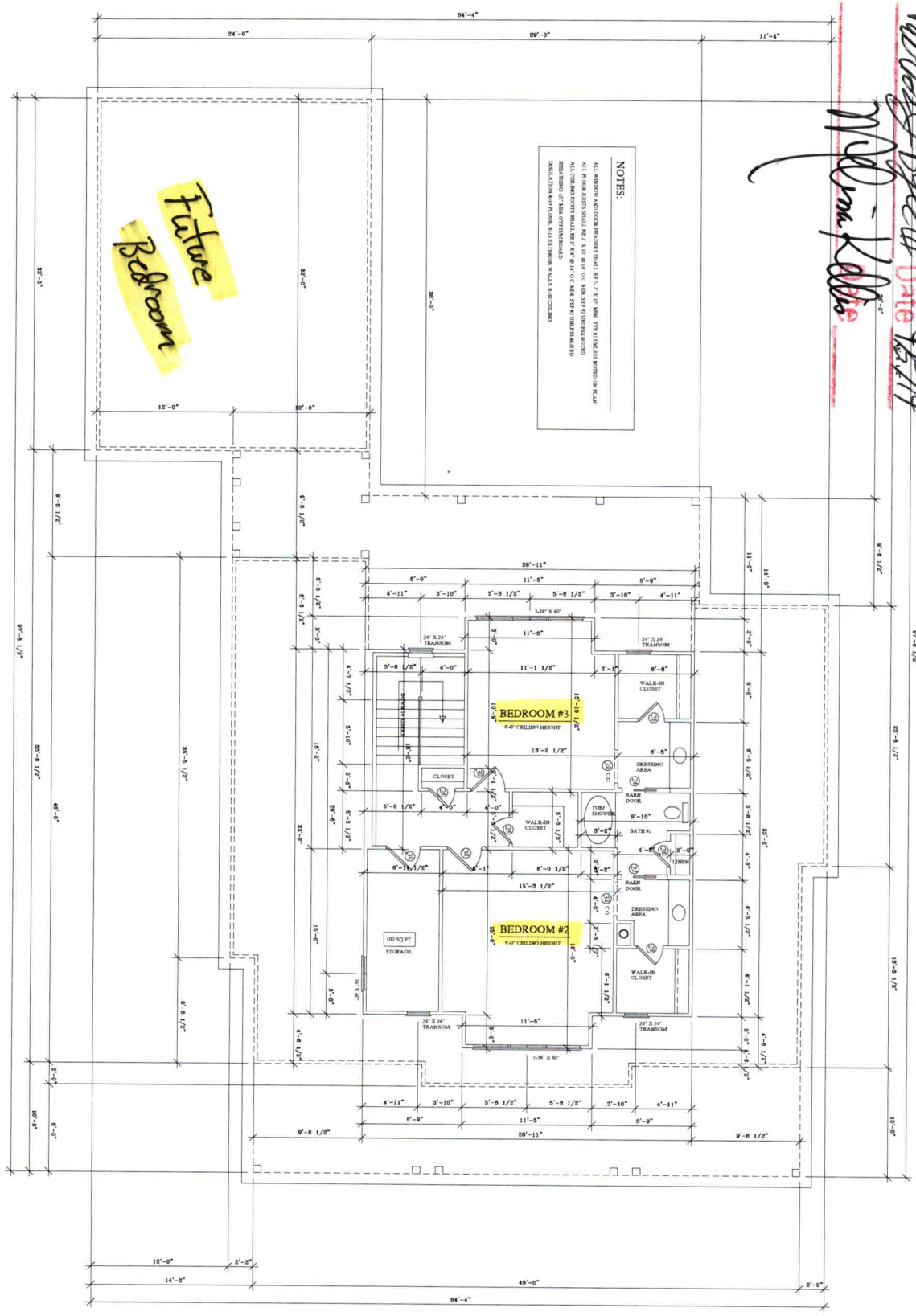
REVISION:

FILE NUMBER 2019-KELLIS-K

SHEET: 6 OF: 6

Acknowledgement of Plans Submittal ONLY!
Patricia Ogle Date 9/5/19
Wm. Kellis

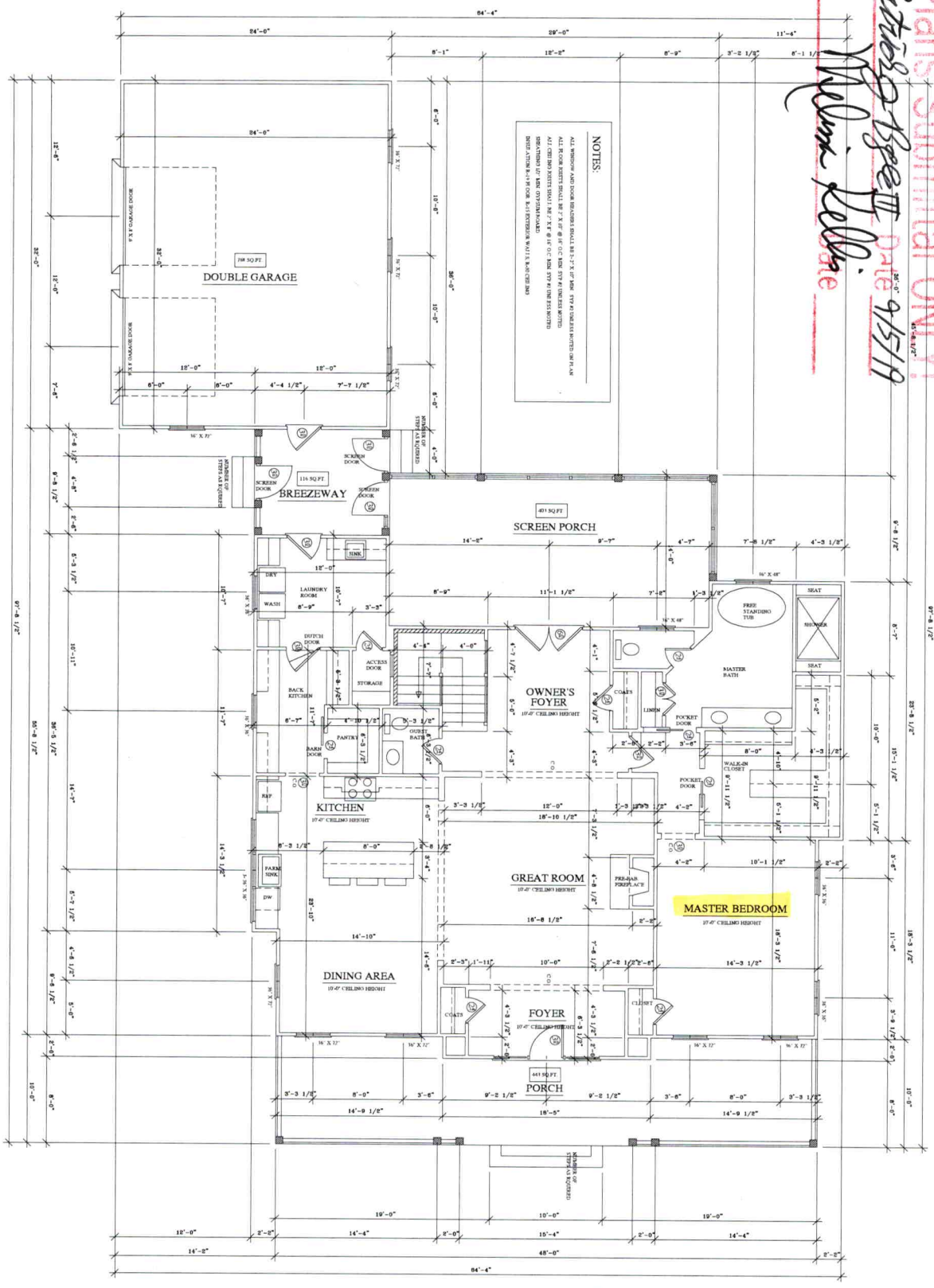
Future Bedroom



SECOND FLOOR PLAN
836 SQ.FT.
SCALE: 1/4" = 1'-0"

SHEET 5 OF 6
DATE: AUG 14 19
REVISIONS:
FILE NUMBER:
PROJECT: Kellis Residence
Gray Design
615 NORTH RIDGE AVE. KANNAPOLIS NORTH CAROLINA 28083 704-932-4729

Acknowledgement Of Plans Submittal ONLY!
Patricia Lee III Date 9/5/19
Melvin Kellis



FIRST FLOOR PLAN
2053 SQ.FT.
SCALE: 1/4" = 1'-0"

SHEET 4 OF 9	FILE NUMBER 2018-2-KELLIS	DATE 11.9.18 REVISIONS:	Kellis Residence	Gray Design 418 NORTH RIDGE AVE. KANNAPOLIS NORTH CAROLINA 28083 704-933-6729

IREDELL COUNTY

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

APPLICATION NUMBER
237296
Issue Date: 08/22/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676614154.000	143 BRAWLEY WOODS LANE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: BRAWLEY WOODS LLC	Applicant: ~~PEDULLA, DOMINICK~~ Kenkellis Builders
Address: 114 MORLAKE DR STE 103	Address: ~~240 BRUMLEY RD~~ 112 Tulip Dr Mooresville nc 28117
MOORESVILLE, NC 28117	~~MOORESVILLE, NC 28115~~
Phone:	Phone: 704-664-8964

Use Requested	Zone Code
NEW 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	189784	TOTAL FEES:	$ 77.25