IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 668-3626 | PERMIT # 225755

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM | PIN # 4676-60-6382

APPLICANT/OWNER: Brawley Woods LLC. | APPLICANT ADDRESS: 114 Morlake Dr. Ste 103 Mooresville, NC

SITE ADDRESS: 151 Brawley Woods Ln. Mooresville | PHONE: 704-578-4951 | ALT. PHONE

SITE DIRECTIONS: Linwood, TL on Brawley Woods, C End | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Brawley Woods | SECTION 2 | LOT # 13 | LOT AREA: 2.877 AC | DESIGN FLOW: 480 | L.T.A.R.: .25 (.12)

Septic Tank	1000	(gal)	STB	925	Date	5-16-18	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT	302	Date	2-3-18	System Description:			LP-PPRB	☐ Business	No. Persons	8	☑ Private	
Pump Make	Little Giant	Model	VS5PCFIM-3		HP		Repair System Description:			DRIP	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	7		Lineal Ft	320	Maintenance Agreement Required:			☑ YES ☐ NO	☐ Stub	☐ Crawl Space		☐ Community	
Trench Width	24"	Trench Bottom Depth (Low side)			36"		Gravel Depth			☐ GRAVITY ☑ PRESSURE	☑ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: High Side

See note on Oaks Group Proposal dated 8/27/2018.
8/29/18 Drain line, > 5ft from retaining wall
JMD

INITIAL SITE VISIT

See Plan From

The Oaks Group

AS BUILT REVISION

	Date	Initials
Drain Lines Checked	7-11-18	KW
Tanks Checked	7-11-18	KW
Pressure Manifold or Valve Box Checked	7-11-18	KW
Pressure Head Set	7-11-18	KW
Electrical Checked	8/21/18	BB
Floats Set	7-11-18	KW
Alarm Checked	8/21/18	BB
Maintenance Contract (Y) N		

Comments:
* Drain Lines to close to Retaining wall Must be moved before final
O.P. - Ben Bellis 8/22.

2nd see note

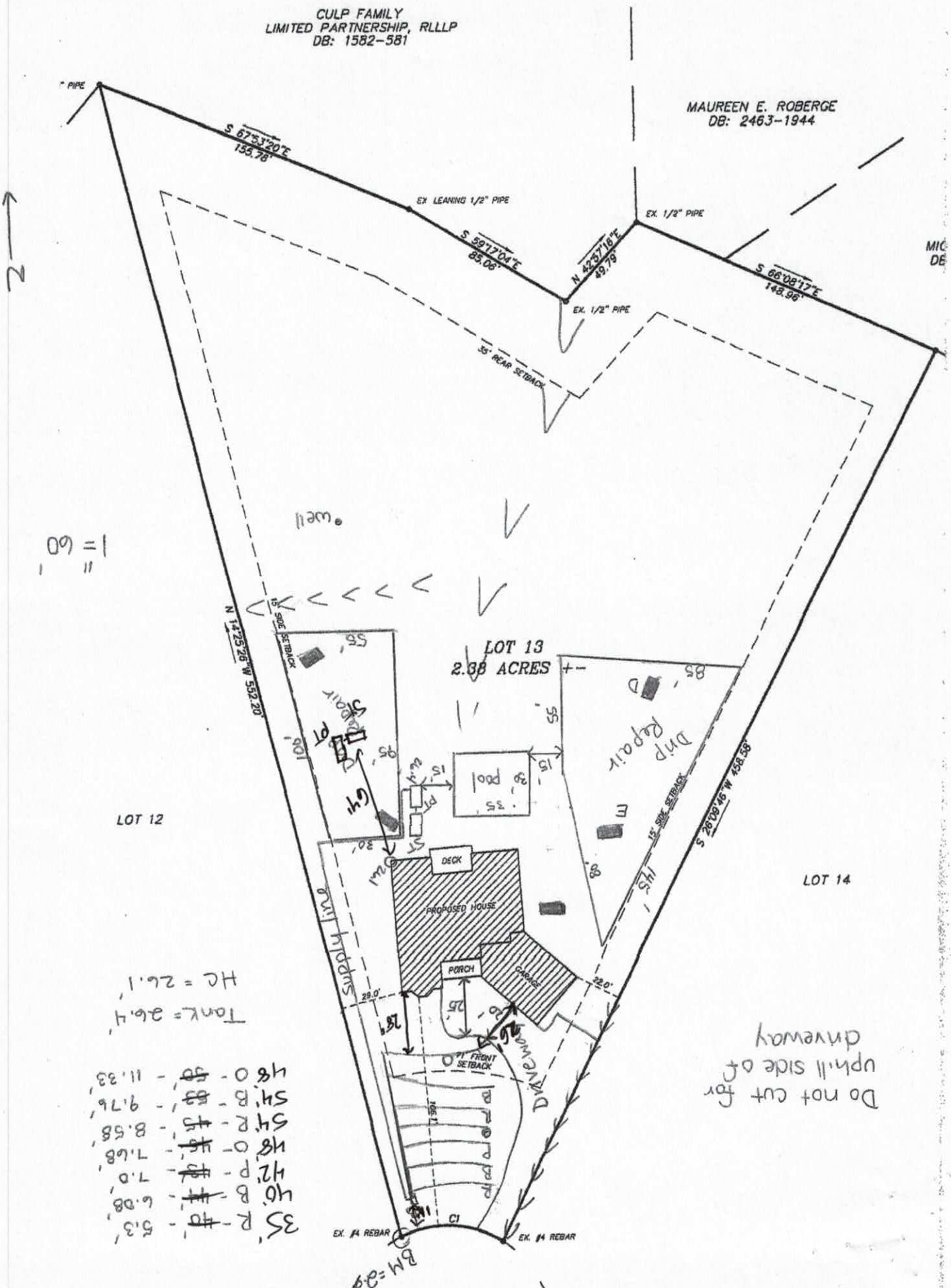
Permit can be suspended or revoked if any false information is supplied toward issuing this permit / any unauthorized changes are made to the site / any unauthorized changes are made to the installation of the system. CONTACT LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plot 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 mos.

Owner / Applicant Signature: [signature] Date: 7/10/17 Installed by: Kevin w/ Rowan Septic

IMPROVEMENT PERMIT by: [signature] Date: 7-10-17 OPERATION PERMIT by: Marie Dotson Date: 8/30/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-10-17 Existing System Inspected by: Date:


CULP FAMILY
LIMITED PARTNERSHIP, RLLLP
DB: 1582-581
MAUREEN E. ROBERGE
DB: 2463-1944
" PIPE
S 67°53'20" E
155.78'
EX LEANING 1/2" PIPE
S 59°17'04" E
85.06'
N 42°37'16" E
49.79'
EX. 1/2" PIPE
S 66°08'17" E
148.98'
EX. 1/2" PIPE
35' REAR SETBACK
N 14°25'26" W 552.20'
15' SIDE SETBACK
LOT 13
2.38 ACRES +-
LOT 12
LOT 14
DECK
PROPOSED HOUSE
PORCH
GARAGE
Driveway
Supply line
Drip Repair
pool
15' SIDE SETBACK
S 28°09'46" W 458.58'
29.0'
22.0'
71' FRONT SETBACK
EX. #4 REBAR
EX. #4 REBAR
C1
BM=3.3'
Do not cut for uphill side of driveway
Tank = 26.1'
HC = 26.1'
35' R - 51.3'
40' R - 6.08'
40' P - 7.0'
40' O - 7.68'
54' R - 8.58'
54' R - 9.76'
40' O - 11.33'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 151 Brawley Woods Lane

Date: June 29, 2017

Attached is the septic specification information required to permit the 151 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.

8/28/2018.
Line #7 to close to wall
Final 8Ft moved away from
wall w/45°. Trench bottom ok
Pressure Head to be reset.
See Sketch dated 8/25/2018.

KMS
8/27/18

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

Kathleen Saunders

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

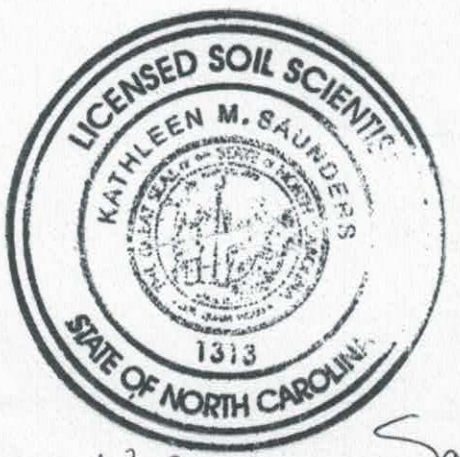
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Kathleen Saunders

Brawley Woods 13 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.25
Primary System Type	**LP PPBPS**
No. Lines	7 (See Table)
Minimum Linear Feet	320
Total Linear Feet	320
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (~~low side~~ HIGHSIDE)	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	255' of **3**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	36.5 gpm
Elevation head	Approx: 27.1 ft
Pressure head	3 ft
Friction head	1.0 ft
20% Contingency	6.22 ft
Total Head	37.32 ft
Pump Requirements	36.5 gpm @ 37.3' of head To be designed by installer.
Maximum Dosing Volume	262.8 gal -1.8 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	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**Subsurface Drip**
Total Linear Feet	4800 + sqft
Repair LTAR	0.1

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Red	LPPPBPS	40 endfed	5.3	9	9	1 per panel	5/32"
2	System	Blue	LPPPBPS	44 endfed	6.08	10	10	1 per panel	5/32"
3	System	Pink	LPPPBPS	43 endfed	7	10	10	1 per panel	5/32"
4	System	Orange	LPPPBPS	45 endfed	7.68	10	10	1 per panel	5/32"
5	System	Red	LPPPBPS	45 endfed	8.58	10	10	1 per panel	5/32"
6	System	Blue	LPPPBPS	53 endfed	9.76	12	12	1 per panel	5/32"
7	System	Orange	LPPPBPS	50 endfed	11.33	12	12	1 per panel	5/32"
						Total: 73	Total: 73 (1 in each panel turned up)		
				Total System: 320'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	26.40
House	orange		26.10

Note: Tanks and Distribution devices can be altered at the ICHD's discretion
Rod Readings should be verified by installer before installation

RECEIVED JUN 30 2017

Limited Redraw

Call Emma w/questions 336-963-5155

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

#225755

Paid $75.00

PAGE 1: 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 Repa

Same Floor Plan – Flipped

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

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 fe

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Brawley Woods **Address:** 114 Morlake Dr STE 103 **Phone:**

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

Property Information:

Street Address: 151 Brawley Woods Ln Mooresville 28115

Subdivision Name: Brawley Woods **Section/Phase:** **Lot Number:** 13

Driving Directions: Linwood, CT on Brawley Woods Ln, Lot @ end 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
( ) Concrete Slab Foundatio
(X) Basement with Plumbing
( ) Basement without Plumb

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 gra right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for 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 6/27/17
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 151 Brawley Woods LN, identified as PIN (Parcel Identification Number) _____, 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

REDELL 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...**

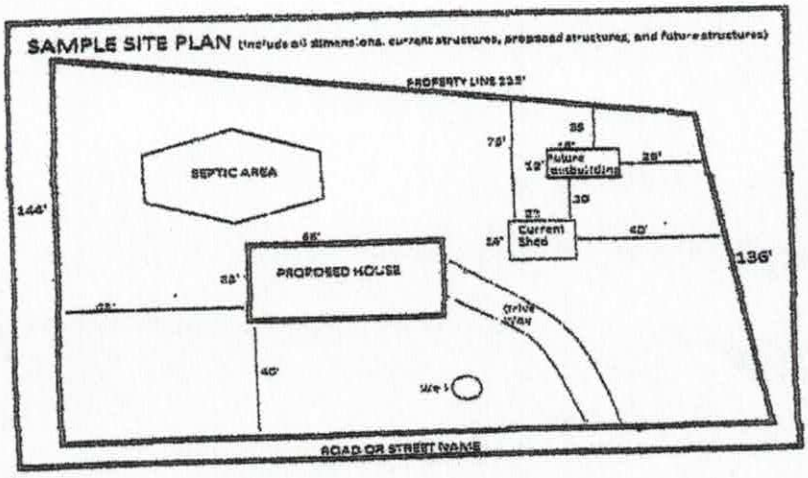
X **North arrow, or other sufficient indicator of direction...**

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)



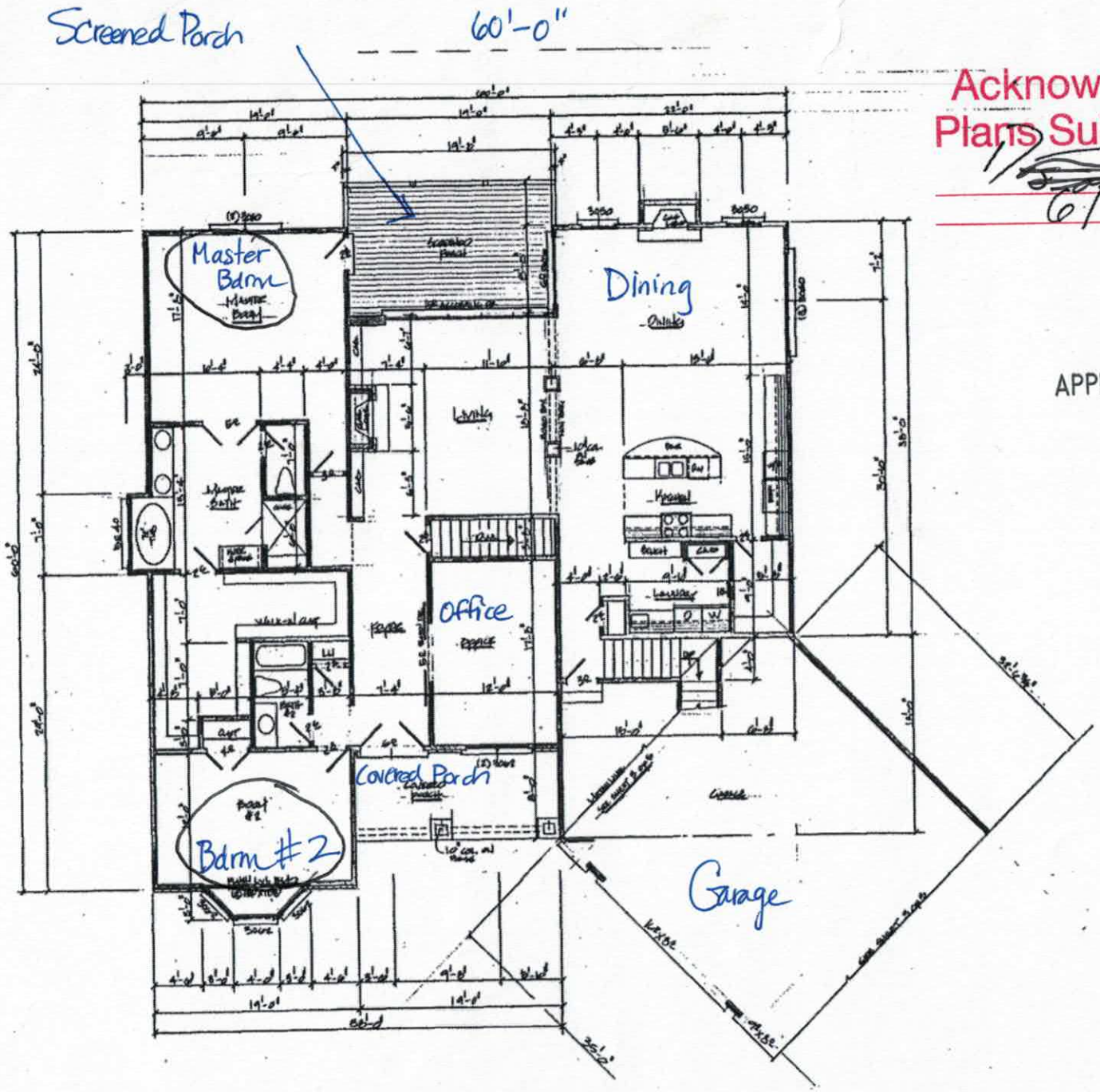
USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see attached site plan

Signature: Emma Hall

6/27/17

DATE



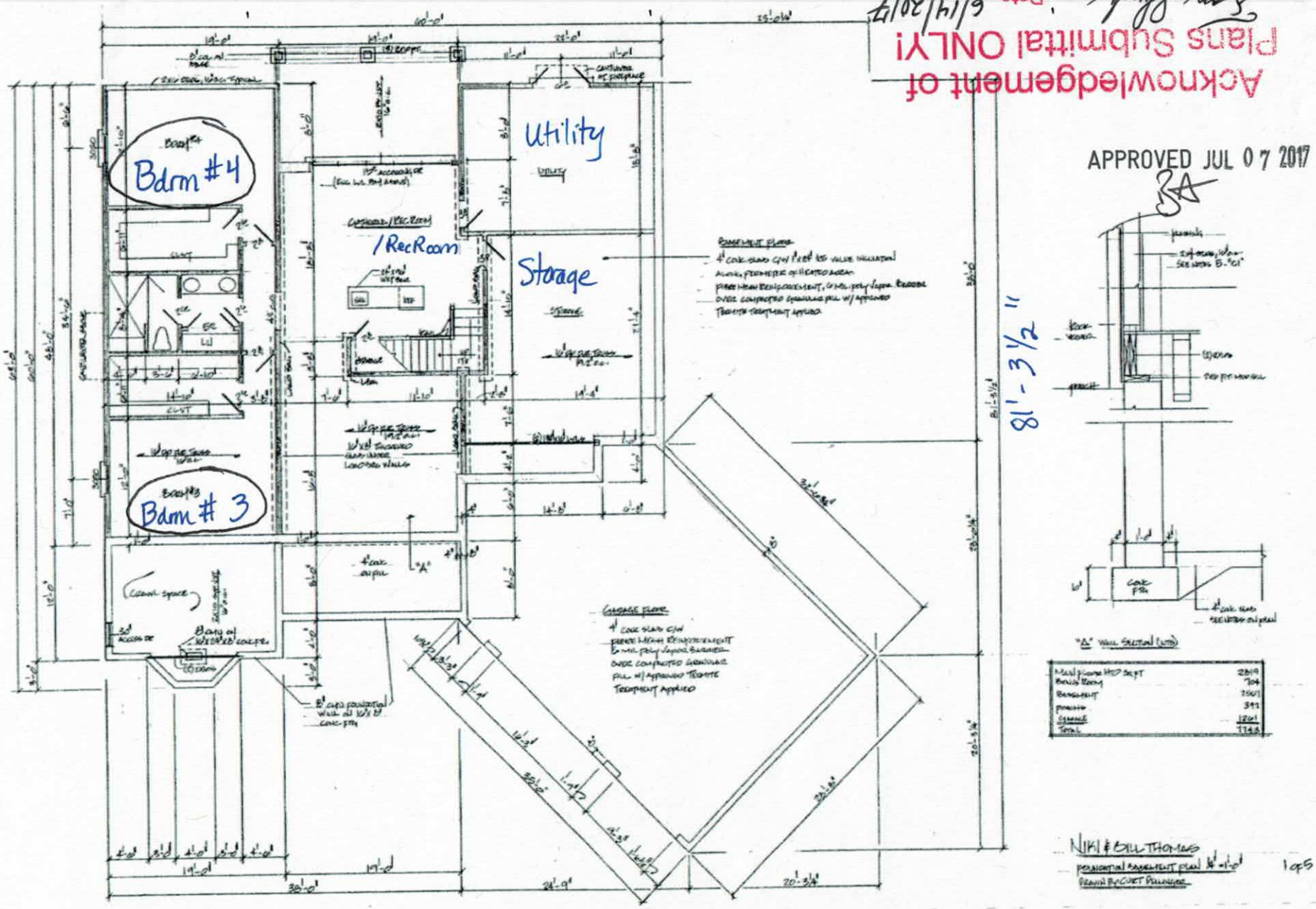
Acknowledgement of Plans Submittal ONLY!

6/13/17 Date

APPROVED JUL 07 2017

Kiki & Bill Thomas

2 of 5



17 — MD — 6/13/17
Date

Sean Hurd
Date 6/14/2017

Acknowledgement of
Plans Submittal ONLY!

APPROVED JUL 07 2017

NIKI & BILL THOMAS
RESIDENTIAL BASEMENT PLAN
REAR BASEMENT ENTRANCE

1 of 5

IREDELL COUNTY

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

APPLICATION NUMBER
225755
Issue Date: 03/20/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676616382.000	151 BRAWLEY WOODS LANE, MOORESVILLE, 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

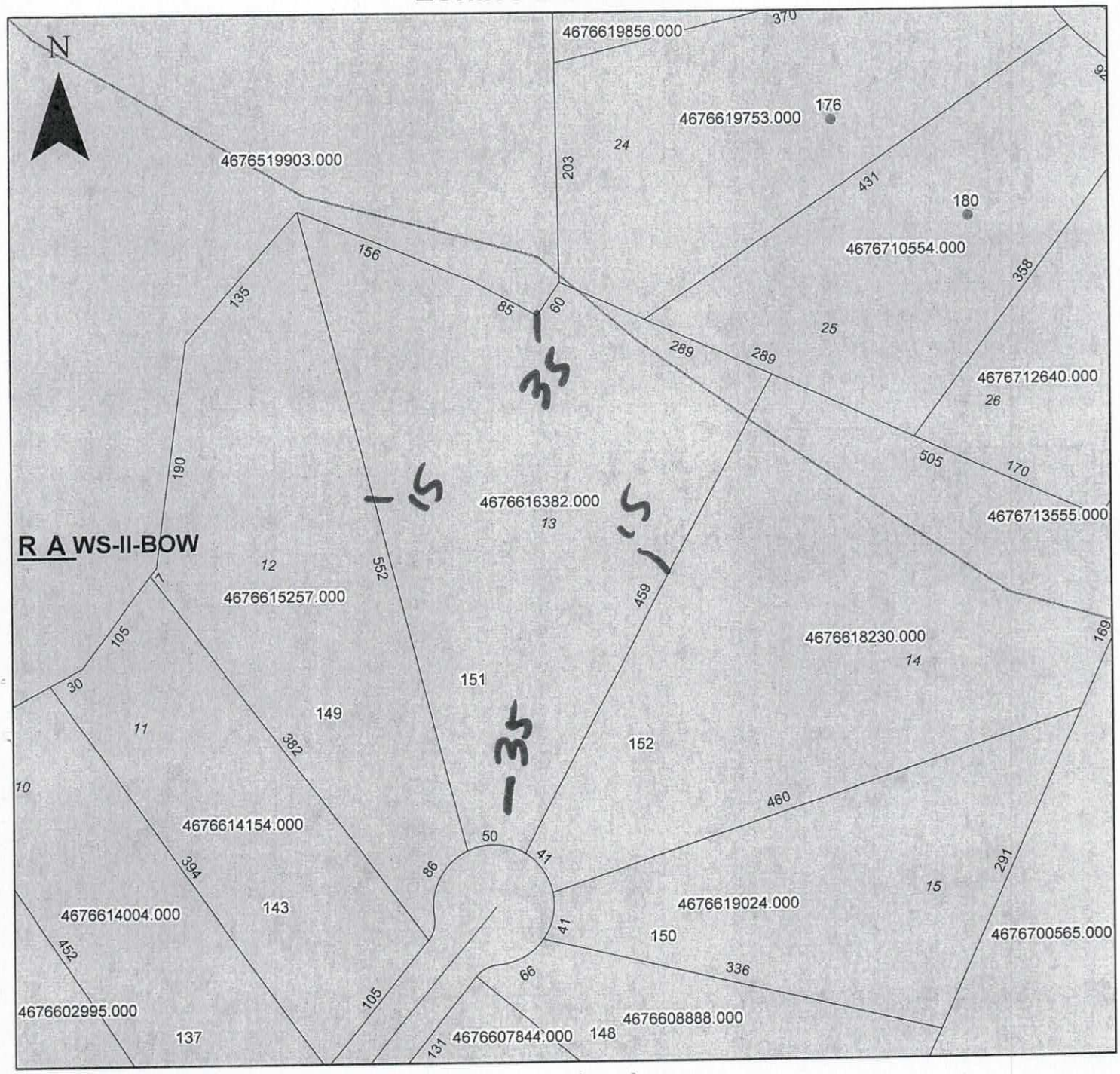
Remarks:

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	96983	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 151 Brawley Woods Ln

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Applicant

3/19/2017

Date