ICHD–ENVIRONMENTAL HEALTH DIVISION

KW. Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP 306273

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

PIN # 4760 39 5421 ✓

APPLICANT/OWNER: Jacob Morrison APPLICANT ADDRESS: 519 Faith Rd Mooresville, NC 28115

SITE ADDRESS: 374 Brawley Rd. Cleveland, NC 27013 ✓ PHONE: 704.302-5879 ALT. PHONE

SITE DIRECTIONS: US21/Hwy 115 N TR Shinnville Rd TL Brawley Rd on left past Pleasant Creek Rd SAP CONTROLLED: ☐ YES ☒ NO

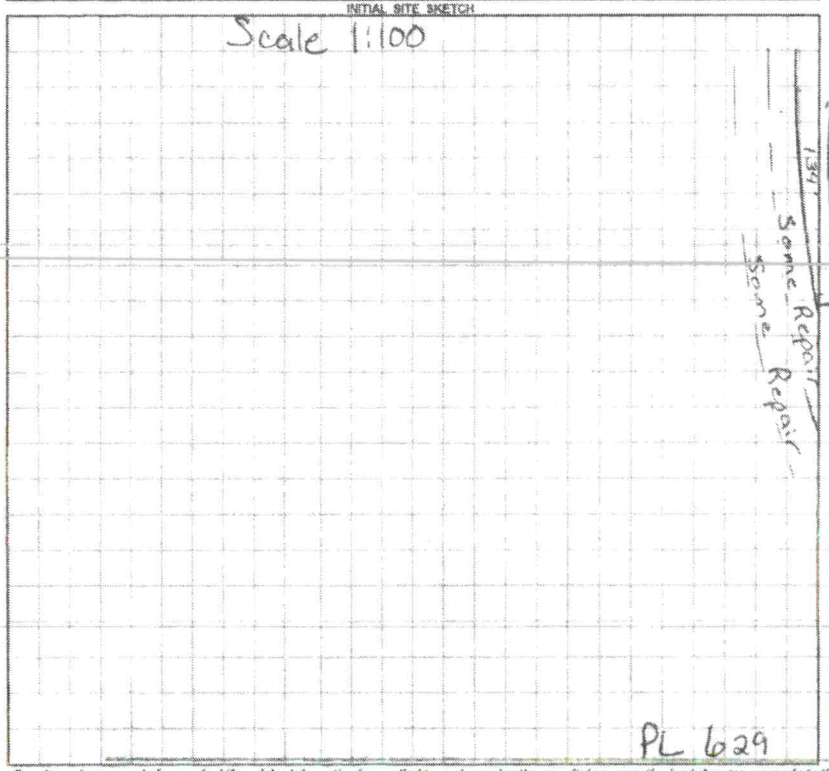
SUBDIVISION: SECTION: — LOT # — LOT AREA: 11.793 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3 Int / .275 Rep

Septic Tank	1000	(gal)	STB	794	Date	6-26-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons	8	☒ Private	
Pump Make			Model		Serial #		Repair System Description:	Gravity - 25% Reduction			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	3@ 134'	Linear Ft	402'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"		Trench Bottom Depth(Lowside)	36" max	Gravel Depth	N/A	☒ GRAVITY		☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing		

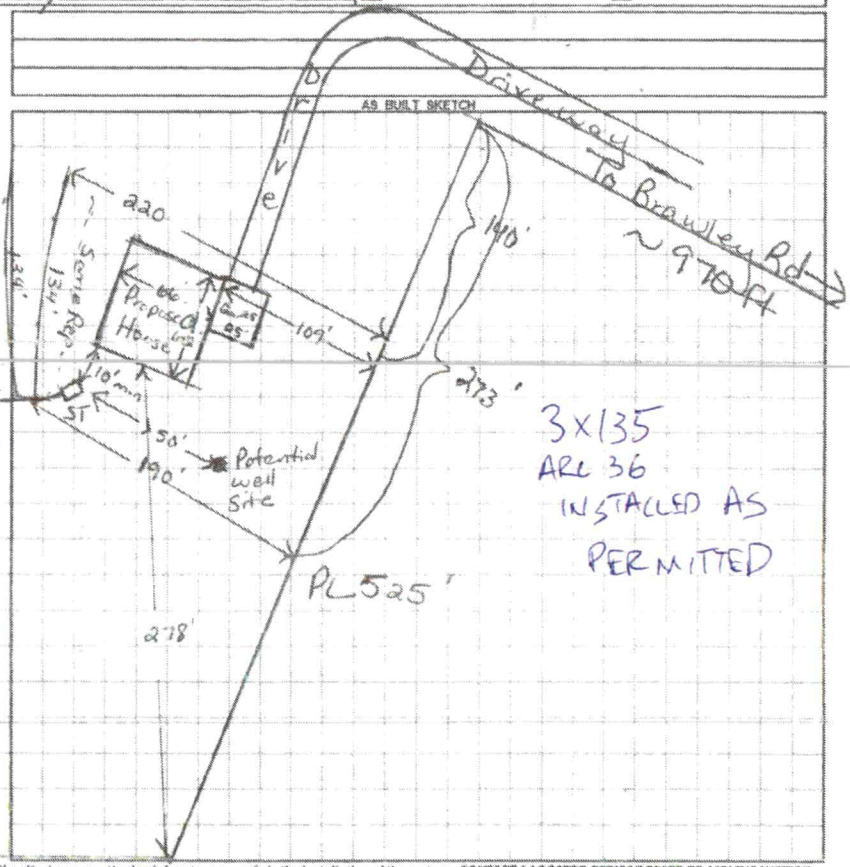
Comments / Conditions: Divert Storm/surface water away from Septic

INITIAL SITE SKETCH

Scale 1:100



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.* ☒ 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: Acceptance of Permit Recvd Date: 4.16.2020 Installed by: STEVENS SEPTIC

IMPROVEMENT PERMIT by: Maria Date: 4/15/2020 OPERATION PERMIT by: Bryant C. White Date: 9-4-2020

AUTHORIZATION TO CONSTRUCT by: Maria Date: 6/10/2020 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 inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Jacob Morrison, am the legal owner or the agent of the property located at 324 Brawley Rd Cleveland NC, identified as PIN(Parcel Identification Number) 4760490712, located in Iredell County, North Carolina.
Permit # 306273.

I do hereby agree to the permit design and the conditions of this permit.

[signature] 4-16-2020
Signature of Owner/Authorized Agent Date

Tiffany Morrison 4/16/2020
Signature of Witness Date

jacob.s.morrison13@gmail.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 663-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4760490672
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jacob Morrison
ADDRESS: 519 Faith Rd Mooresville, NC 28115
PROPOSED FACILITY: House
LOCATION OF SITE: 374 Brawley Rd Cleveland, NC

APPLICATION DATE: 3/2/20
DATE EVALUATED: 4/7/2020
PROPERTY SIZE: 28.43 Ac
PROPERTY RECORDED: N

PROPOSED DESIGN FLOW (.1949): 480gpd

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
1	6%	0-4	Brw SCL	w SBK SS, SP, SE FR					PS
		4-29	R Cm-	w SBK SS, SP, SE FR					
		29-56	R CL	w SBK SS, SP, SE FR		w/ SAP Inclus & Common Mica			.3
		56-60	Rd Brw/Brw	LSAP massive, FR	—	56"	LSAP @ 56"	—	
2	6%	0-7	Brw SCL	w SBK SS, SP, SE FR					PS
		7-28	RCm-	w SBK SS, SP, SE FR					
		28-50	R CL	w SBK SS, SP, SE FR					
			w/ Common SAP Inclus & Mica				PS	—	.3
		50-58	LSAP	massive, FR	—	50"			
3	4%	0-16	Brw SCL/CL	w SBK SS, SP, SE FR					PS
		16-38	RCm-	w SBK SS, SP, SE FR					
		38-58	R CL	w SBK SS, SP, SE FR					.275
	Repair		w/ Some Manganese Staining		—	58"	—	—	.3
4	5%	0-7	Brw SCL	w SBK SS, SP, SE FR					PS
		7-19	RCm-	w SBK SS, SP, SE FR					
		19-50	RCL	w SBK SS, SP, SE FR					
			w/ few SAP Inclus		—	50"	PS	—	.3
		50-56	SLSAP	massive, FR					

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

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

COMMENTS:

4/6/2020 Owner will call back for pits

RECEIVED MAR 24 2020

AP-306273
$500.00

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

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: Jacob Morrison **Address:** 519 FAITH RD MOORESVILLE NC **Zip:** 28115

Applicant Email: jacob.s.morrison13@gmail.com **Phone:** 704-302-5879 **Alt. Phone:**

Owner Name: Cheryl Winslow **Address:** 109 BRECKENRIDGE LN STATESVILLE NC **Zip:** 28625

Owner Email: Cheryl.winslow8991@gmail.com **Phone:** 704-880-1297 **Alt. Phone:**

Property Information:

Street Address: 374 00 Brawley Road, Cleveland NC 27013 **PID:** 4760-49-0712.000

Subdivision Name: N/A **Section/Phase:** **Lot Number:**

Driving Directions: I77 S to exit 45, L onto Amity Hill Rd, L onto Ostwalt Amity Rd, R onto Brawley Rd - Parcel located between 370 and 378 Brawley Rd, has gated entrance

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

CHECK FOUNDATION TYPE

(☑) New Single Family Residence — Maximum Number of Bedrooms: 4 — (☑) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) 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:

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 (1) Conventional ( ) Innovative (2) 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?

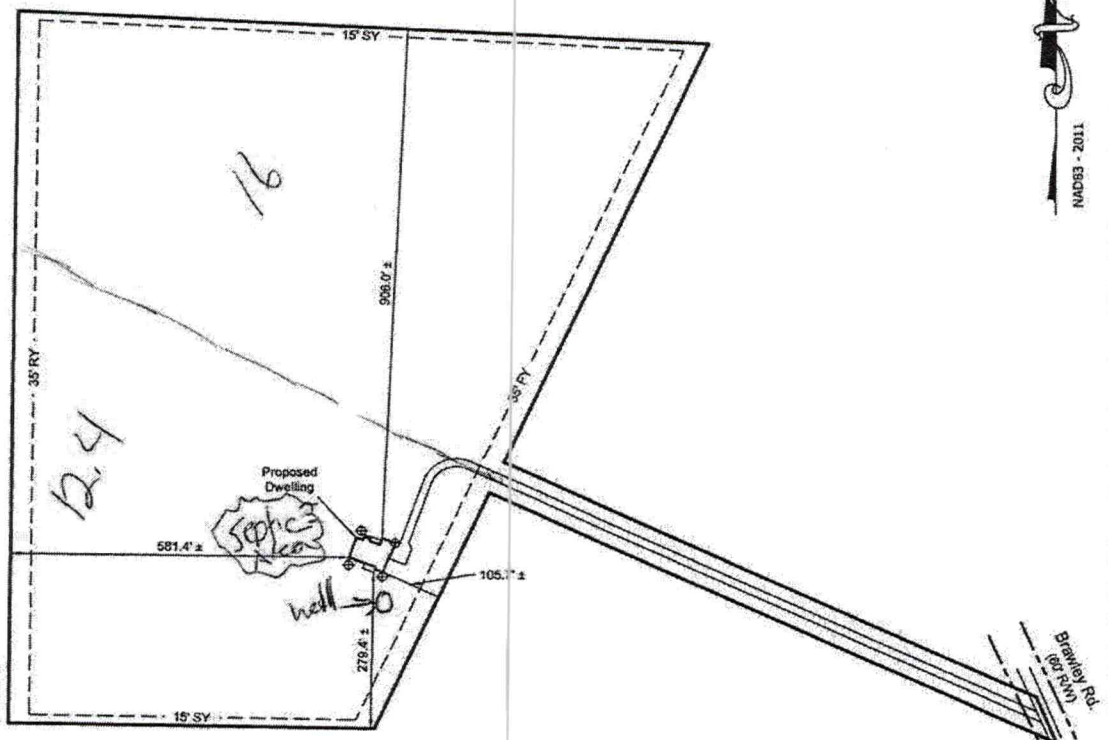
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

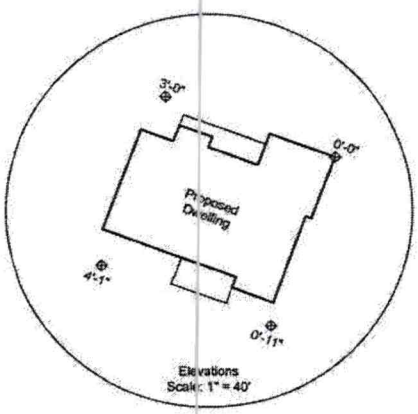
Signature: _____ 3-22-2020

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

PRELIMINARY FOR REVIEW ONLY

Preliminary Approval
M. Allison 3-23-20
Miriam Allison
County Planner





Elevations
Scale: 1" = 40'

NAD83 - 2011

0 200 400 600

SETBACKS:

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) PER IREDELL COUNTY ZONING ORDINANCE.

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

Plot Plan For:

Morrison

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 200	
DEED REF: 2349 - 396	PIN NO: 4760-49-0712
DATE OF MAP: 03-19-20	SURVEY DATE: 03-17-20
REVISION:	DRAWING FILE: 20200313-2

Brawley Rd, Cleveland, NC 27103
Barringer TWSP - Iredell County - North Carolina

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Cheryl Winslow, am the legal owner(s) of the property located at Brawley Rd. Cleveland, NC, identified as PIN (Parcel Identification Number) 4760 49 0712.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Jacob Morrison, 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.

Cheryl A. Winslow 3-20-20 Jill Pargo 3-20-20

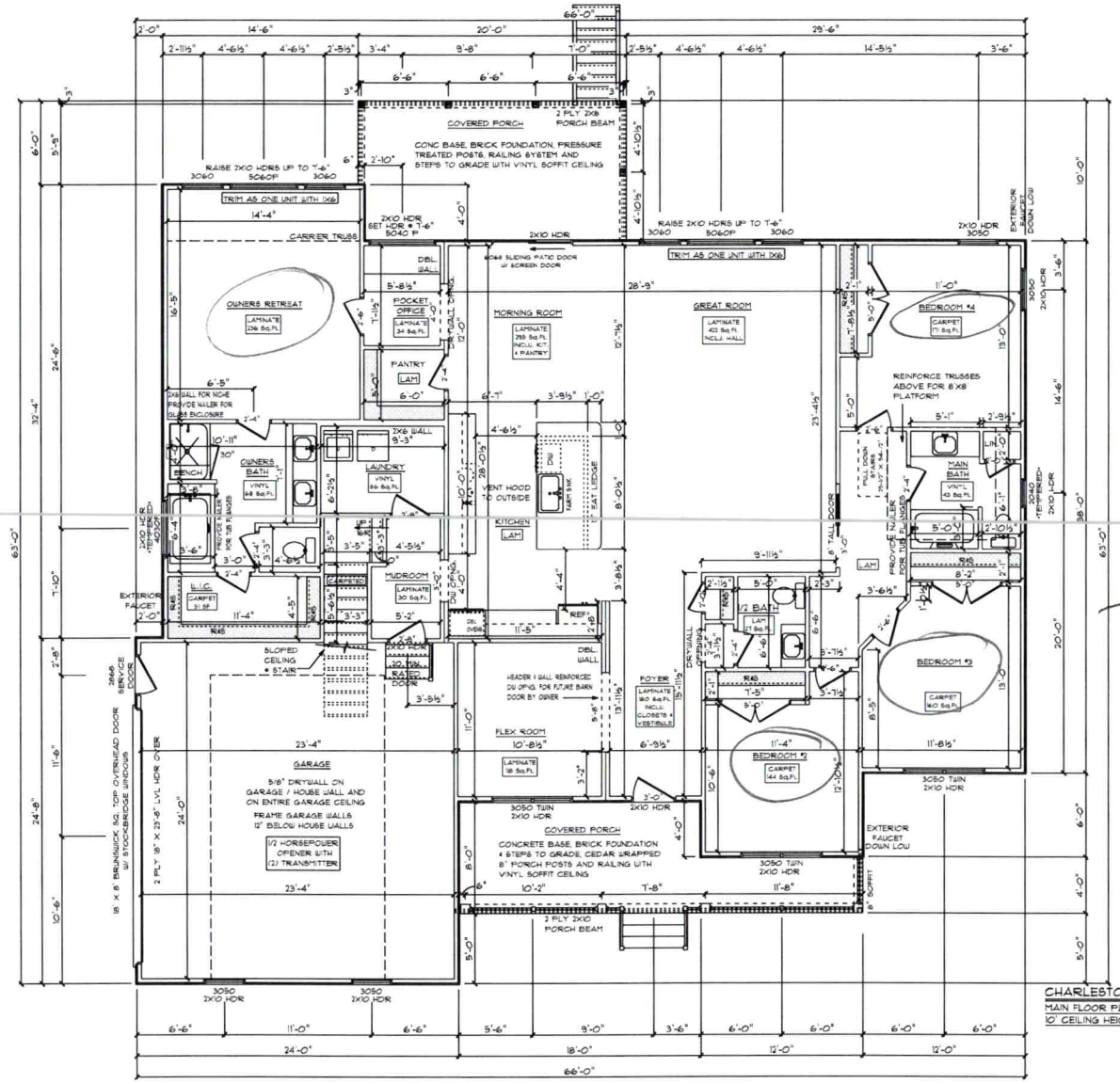
Signature of Owner(s) Date Signature of Witness Date

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

FINAL DRAWINGS APPROVED: 04-16-20
REVISED ON: 05-13-20



GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 8'-0" HEIGHT, UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 2-PANEL SQUARE HOLLOW CORE MOLDED INTERIOR DOORS
- SILVERLINE, SINGLE-HUNG, LOW-E VINYL WINDOWS WITH SOLAR GLAZING

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

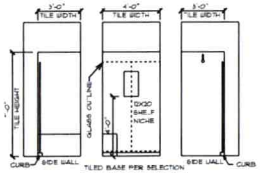
WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.

Acknowledgement of Plans Submittal ONLY!

Maria Dotson Date 6/10/2020

Date



4' TILED SHOWER DETAIL
MEMBRANE WATERPROOFING ON FLOORS AND WALLS

CHARLESTON MODERN FARMHOUSE / CUSTOM
MAIN FLOOR PLAN
10' CEILING HEIGHT

SQUARE FOOTAGES:
MAIN FLOOR = 2400 SQFT
GARAGE = 571 SQFT
PORCHES = 390 SQFT
TOTAL UNDER ROOF = 3361 SQFT
UNFIN. BONUS = 334 SQFT

DRAWN BY: DMB
DATE: 5/13/2020
SCALE: 1/8" = 1'-0"
SHT. 6

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CUSTOM BUILT FOR: JACOB & TIFFANY MORRISON
JOB # CH 619 000 0745
LOCATION: 314 BRALLEY ROAD CLEVELAND, NC 27013 IREDELL COUNTY

DATE	BY	NOTES
5/13/2020	DMB	
5/11/2020	DMB	
4/30/2019	DMB	
1/10/2019	DMB	

Charlotte, NC
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Mooresville, NC 28117
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