BLDR 2022 - 0045

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 315906

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

PIN # 4636666526300 ✓

APPLICANT/OWNER: Quinton Gandy APPLICANT ADDRESS: 488 Pinelle Rd Statesville NC 28677

SITE ADDRESS: 231 Maitland Way Mooresville NC 28117 ✓ PHONE:

SITE DIRECTIONS: Brawley School Rd, Maitland Way ALT PHONE

SUBDIVISION: Maitland Head Country Club ✓ SECTION: P2B LOT # 147 ✓ LOT AREA: ± .78 AC

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 L.T.A.R. .30

Septic Tank	1000 (gal)	STB	INFILTRATOR	Date	–	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	INFILTRATOR	Date	–	System Description: LP-PPBPS Soil Restrictive	
Pump Make		Model		Serial #		Repair System Description: Partial Repair (Exempt)	
# Nitrification Fields	1	# Lines	4	Linear Ft	200	Maintenance Agreement Required: ☒ YES ☐ NO	
Trench Width	24in	Trench Bottom Depth(Low side)	30in	Gravel Depth		☐ GRAVITY ☒ PRESSURE	

☒ Residence No. Bedrooms 3 — Water Supply: ☐ Private ☐ Public ☒ Community

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11. (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil & Forestry Services of the Carolinas

LSS# 1231 Dated January 2022

AS BUILT SKETCH

BCW 5-4-2023 TANKS ✓

SUPPLY ✓

CVB ✓

DRAINLINES ✓

FLOATS PRESSURE SB 6/2/23

Alarm Electrical SH 7/31/23

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

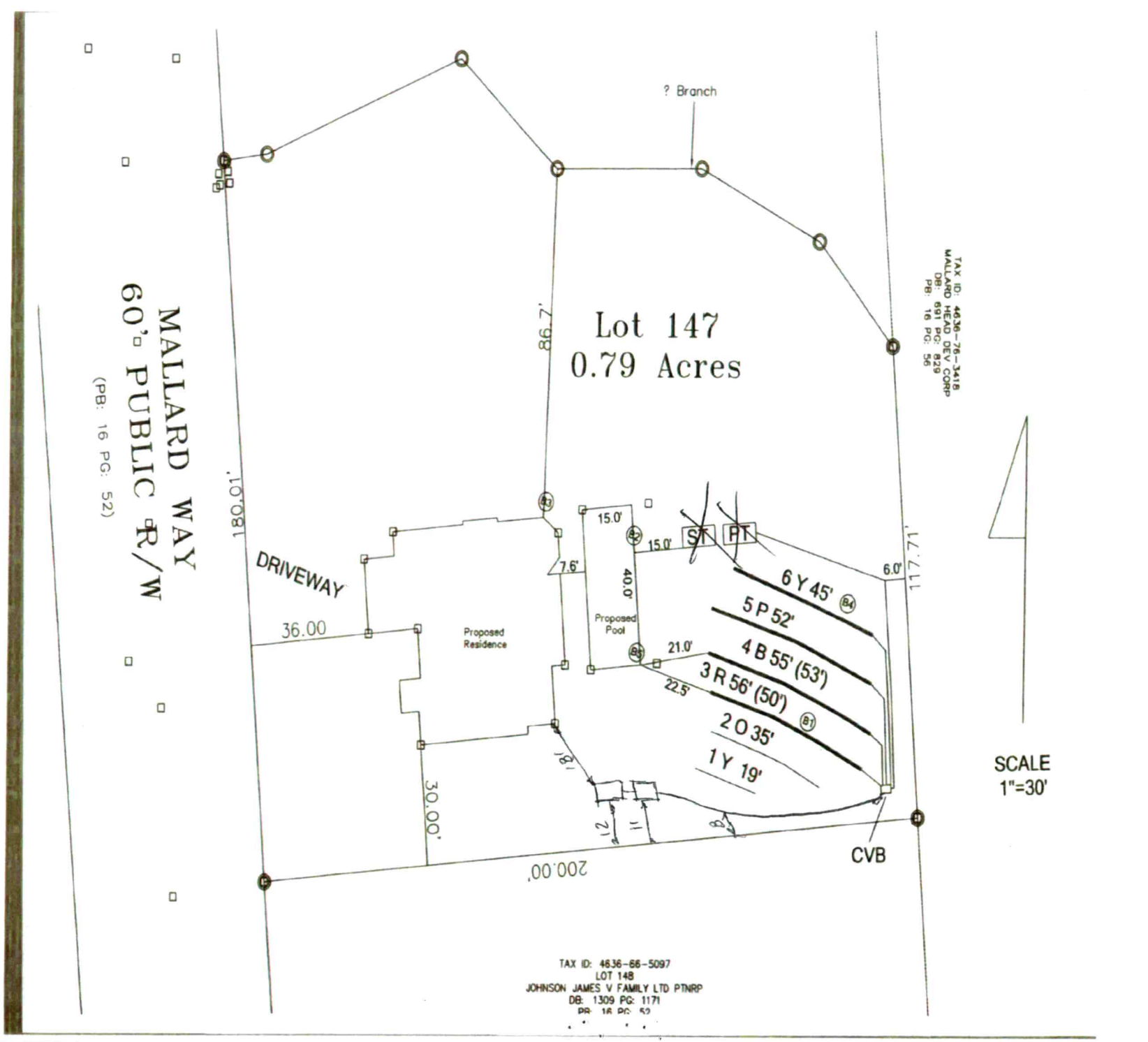
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT - not to exceed 60 mo.

Owner / Applicant Signature: Date: 7/20/2022 Installed by: SHADY KNOLL

IMPROVEMENT PERMIT by: Date: 7/14/2022 OPERATION PERMIT by: Sydney Holland Date: 8/1/23

AUTHORIZATION TO CONSTRUCT by: Date: 7/19/2022 Existing System inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704 664 3548 Ext. 3 OR 704 878 5305 Ext. 3


MALLARD WAY
60'± PUBLIC R/W
(PB: 16 PG: 52)
? Branch
Lot 147
0.79 Acres
86.7'
180.01'
DRIVEWAY
36.00
Proposed Residence
Proposed Pool
40.0'
15.0'
15.0'
7.6'
21.0'
22.5'
ST
PT
6.0'
117.71'
6 Y 45'
5 P 52'
4 B 55' (53')
3 R 56' (50')
2 O 35'
1 Y 19'
18'
30.00'
21'
11'
8'
200.00'
CVB
SCALE
1"=30'
TAX ID: 4636-76-3418
MALLARD HEAD DEV CORP
DB: 691 PG: 829
PB: 16 PG: 56
TAX ID: 4636-66-5097
LOT 148
JOHNSON JAMES V FAMILY LTD PTNRP
DB: 1309 PG: 1171
PB: 16 PG: 52

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 21-0105
June 23rd 2022

Melissa Haller
Attn: *Quinton Gandy*
Email: Quinton@build4g.com

RE: Soil& Site Evaluation for a 3 Bedroom Residenceat 231 Mallard Head Country Club Lot 147, Mooresville NC 28117,PIN # (4636665263), Iredell County.

Ms. Haller:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above.The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions
At the time of our evaluation land cover on the property was mostly wooded. Topography within the evaluated area was moderate slopenear the house site and proposed drain field area. Property corners were marked at the time of the evaluation by Patterson Land Surveying. The Subdivision Platwas utilized as a base map for our *Site Plan*. The proposed system and repair (partial) was located via measuring tape and used to produce the attached *Site Plan*. The house envelope was established using the Site Plan and tape measurements. The Original Subdivision Plat is attached to our design.

Methodology
We evaluated soil areas through the use of hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with five boring locations on the property flagged and located via GPS. Two of the five soil borings are located in the proposed septic area. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for eachboring. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot. The lot is Repair Exempt. See Plat date of 1980.

231 Mallard Head Country Club Lot 147 (*See Attached Design*)
The septic layout for this lot (8' centers) yielded a total of 262 linear feet of line. The primary system is proposed as 200 linear feet of Modified Conv. (50% Reduction) drain field with low pressure distribution. Trench depth (Low Side) is specified at30 inches.The partial repair available is proposed as 62 linear feet of Modified Conv. (50% Reduction) drain field with low pressure distribution. Trench depth (Low Side) is specified at 30inches.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner Date

Print Name Melissa Hagerman
Signature Melissa Hagerman 6/27/2022

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 231 Mallard Head Country Club Lot 147 (PIN: **4636665263)** may nullify this design. Lot is exempt from Repair (see Attached Plat). A smaller house/pool footprint would allow for additional repair. The current house/pool footprint was requested by the Applicant. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss.Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST
Samuel A. Rollans
231
STATE OF NORTH CAROLINA

Samuel Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for a PPBPS System with Low Pressure Distribution for a 3 bedroom single family residence at 231 Mallard Way, Mooresville NC, 28117 Lot 147 (PIN# 4636665263), Iredell County, NC.

Information for the Installer---------- 1

Design Information

Design Specifications---------- 2-3
Layout Specifications---------- 4
System Tapsheet---------- 5

Site Plan/System Plan---------- 6

Calculations---------- 7

Profile Descriptions---------- 8-9

Septic Application---------- 10-11

Agent Authorization---------- 12

Green Sheet---------- 13

LICENSED SOIL SCIENTIST
Samuel A. Rollins
1231
STATE OF NORTH CAROLINA

June 23, 2022
Project #: 21-0105
Design By: Soil & Forestry Services of the Carolinas, PA

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

Sheet 1 of 2
PROPERTY ID #: 4636665263
COUNTY: Iredell

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

OWNER: Ronnie Cambria (Buyer) APPLICATION DATE 2/26/21
ADDRESS: 1252 River Hwy, Mooresville NC 28117 DATE EVALUATED: 2/12/21
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 0.78 AC
LOCATION OF SITE: Mallard Way, Mooresville NC 28117 PROPERTY RECORDED: Yes
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
B 1	L/25%	0-4	BSL Gr	Fr SS SP SEXP		50	—	—	PS .3-.325
		4-9	RBSCL wmsbk	Fr SS SP "					
		9-30	RC wmsbk	Fr SS SP "					
		30-50	RBCL wfsbk	Fr SS SP "	Few to C. SAP				
B 2	L/23% 20-22" TB	0-10	BSL Gr	Fr SS SP SEXP		50	—	—	PS .25-.275
		10-23	RBSCL wfsbk	Fr SS SP "					
		23-50	BRC wmsbk	Fr SS SP	Fe Depl. Ch. 2.5 @ 43"				
B 3	L/27%	0-8	BSL Gr	Fr SS SP SEXP		50	—	—	PS .25-.275
		8-22	RBSCL wfsbk	Fr SS SP					
		22-50	RBSC wmsbk	Fr SS SP	Few Mang. Few Fe Depl. Ch. 2.5 @ 44"				
B 4	L/26%	0-5	BSL Gr	Fr SS SP SEXP		50			PS .3
		5-11	RBSCL wfsbk	Fr SS SP "					
		11-50	BRC wmsbk	Fr SS SP "					

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	Exempt
System Type(s)	0, 3	0.3
Site LTAR	Accepted 25%	Accepted (Partial)

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

COMMENTS: See Attached Plat - Lot is Exempt from Repair

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 463606065263
DATE OF EVALUATION: 2/12/21
COUNTY: Iredell

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
B5	L/27%	0-5	BSL Gr	Fr SS SP SEXP					PS .3
		5-12	RBSCL wfsbk	Fr SS SP					
		12-38	BRC wmsbk	Fr SS SP					
		38-50	RBCL wfsbk	Fr SS SP	- Few SHP Inch.	50	-	-	

COMMENTS: _____

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, ~~Brooks Enterprises LLC~~ Ronnie Cambria, am the legal owner(s) of the property located at Maillard Way, Mooresville NC 28117 - Lot 147, identified as PIN (Parcel Identification Number) 4636666526 3, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SFS/Ashley Rollans/Ronnie Cambria, 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.

* _____ 3/13/21 _____ _____

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

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Melissa Haller
Current Address:	5227 Autumn Crossing Ln Winston-Salem, NC 27103
Phone:	704.634.3647
County:	Iredell
Location:	231 Mallard Way Mooresville, NC 28117
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360 gpd
System Flow:	18.86 gpm

Design Specifications

Drainfield Size:	200
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Max Trench Depth (LOW SIDE):	30 in., Repair 30 in. Trench Depth
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	93
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	16.18
Dosing Volume:	165.60
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	0.78
Elevation Head:	16.00
Total Dynamic Head:	21.60
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

231 Mallard Way

LP PPBPS

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	400
TOTAL LATERAL LENGTH:	200
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	200
SUPPLY LINE LENGTH:	93
TOTAL DYNAMIC HEAD:	21.60
MANIFOLD SIZE:	N/A
DOSING VOLUME:	165.60
PUMP TANK DRAW DOWN*:	7.9
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

Layout Specifications - 231 Mallard Way- Lot 147

Project #: 21-0105

LAYOUT FOR 3 BEDROOM HOME

June 23, 2022

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
HOUSE CNR	(RIGHT REAR)				797.00		
P. TANK					784.00		
1	YELLOW				797.00	19	19
2	ORANGE				795.10	35	35
3	***RED***				***793.10***	***56***	***50***
4	***BLUE***				***790.90***	***55***	***53***
5	***PINK***				***788.70***	***52***	***52***
6	***YELLOW***				***786.70***	***45***	***45***
					Total	**262**	**254**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	(LOW SIDE) TRENCH DEPTH
**** System***	***200***	***0.300***	MOD. CONV.	***0.300***	**PPBPS**	**LOW PRESSURE**	30"
Repair	62	0.300	MOD. CONV.	***0.300***	PPBPS	LOW PRESSURE	30"

Lot is Exempt from repair.

Notes:

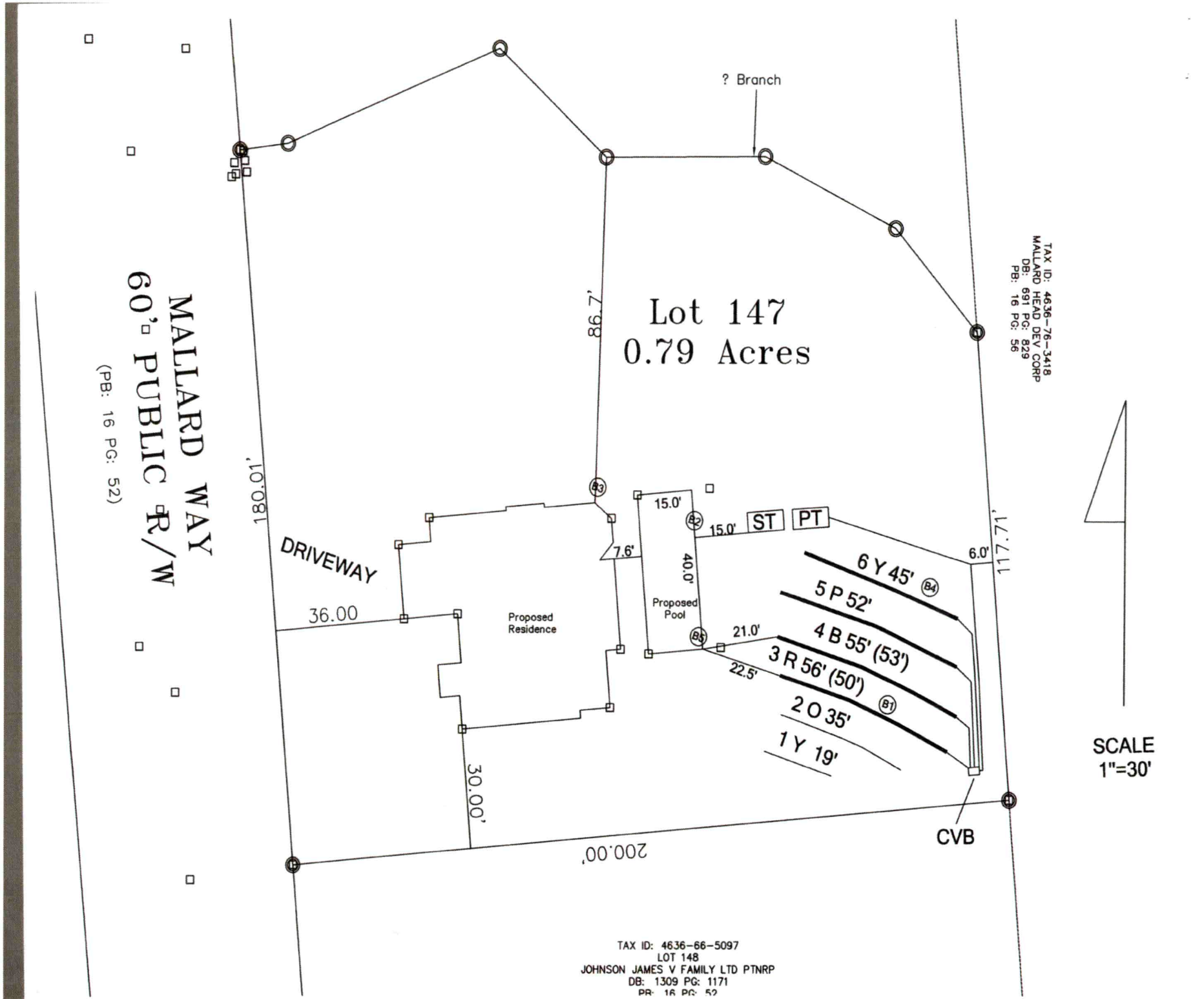
**All measures in feet

LP PPBPS TAPSHEET -231 Mallard Way- Lot 147

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
3	*RED*	*793.10*	*50*	*0.156*	*0.41*	*100*	*12*
4	*BLUE*	*790.90*	*53*	*0.156*	*0.41*	*106*	*12*
5	*PINK*	*788.70*	*52*	*0.156*	*0.41*	*104*	*12*
6	*YELLOW*	*786.70*	*45*	*0.156*	*0.41*	*90*	*10*
	total	feet =	200	gal/min =	18.86		46
			Des. Flow	360			
			Pump Run=	8.78			
			soil LTAR	0.3			
			LTAR +5%	0.315			
			LTAR with mod.	0.6			
			LTAR with mod.. + 5%	0.63			

.156 equals 5/32 inch hole


MALLARD WAY
60' PUBLIC R/W
(PB: 16 PG: 52)
? Branch
Lot 147
0.79 Acres
TAX ID: 4636-76-3418
MALLARD HEAD DEV CORP
DB: 691 PG: 829
PB: 16 PG: 56
180.01'
86.7'
117.71'
DRIVEWAY
36.00
Proposed Residence
Proposed Pool
15.0'
15.0'
ST
PT
7.6'
40.0'
6.0'
21.0'
22.5'
6 Y 45'
5 P 52'
4 B 55' (53')
3 R 56' (50')
2 O 35'
1 Y 19'
B1
B2
B3
B4
B5
30.00'
200.00'
CVB
SCALE
1"=30'
TAX ID: 4636-66-5097
LOT 148
JOHNSON JAMES V FAMILY LTD PTNRP
DB: 1309 PG: 1171
PB: 16 PG: 52

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK __, PAGE __; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____ 2022.

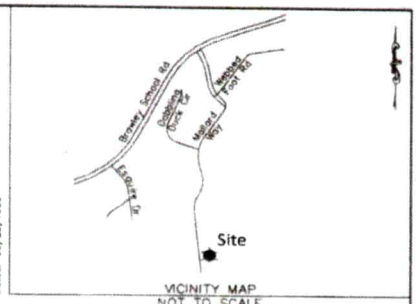
PRELIMINARY

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

PRELIMINARY
NOT FOR RECORDATION
CONVEYANCES AND/OR SALES

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON III

Plat Book 15 Page 52 Dated: 08/25/1980



VICINITY MAP
NOT TO SCALE

GRAPHIC SCALE
30 0 15 30
(IN FEET)
1 inch = 30 ft.

TAX ID: 4636-66-5368
LOT 146
NIKITA ROGOZHIN & LYUBOV SOKIL
DB: 2782 PG: 569
PB: 16 PG: 52

TAX ID: 4636-76-3418
MALLARD HEAD COUNTRY CLUB SEC 2-8
DB: 1617 PG: 256
PB: 16 PG: 52

MALLARD WAY
60' PUBLIC R/W
(PB: 16 PG: 52)

R/W

L1 N68°04'30"E 63.27'

S47°21'05"E 40.22'

N89°47'12"E 43.96'

S63°32'31"E 40.32'

L2

℄ Branch

Lot 147
0.79 Acres

85.7'

N04°40'00"W 180.01'

S04°40'00"E 117.71'

S85°20'00"W 200.00'

Proposed Residence

Proposed Pool

21.4' 10.7' 14.2' 15.0' 9.0' 8.0' 1.0' 1.0' 6.1' 6.1' 5.7' 5.6' 49.0' 18.7' 3.9' 22.8' 36.0' 14.9' 12.3' 4.0' 14.4' 6.4' 8.3' 5.4' 8.4' 33.2' 2.0' 8.4' 30.0'

TAX ID: 4636-66-5097
LOT 148
JOHNSON JAMES V FAMILY LTD PTNRP
DB: 1309 PG: 1171
PB: 16 PG: 52

LINE TABLE		
LINE	BEARING	DISTANCE
L1	N83°15'45"E	13.52'
L2	S41°04'34"E	34.46'

SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2) THIS SURVEY IS BASED ON DEED BOOK 2838 PAGE 970 AND PLAT BOOK 16 PAGE 52 AS RECORDED AT THE LINCOLN COUNTY REGISTER OF DEEDS.
3) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4) BASIS OF BEARINGS: PLAT BOOK 16 PAGE 52, DATED: SEPTEMBER 25, 1980.
5) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
6) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
7) POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.
8) NO NCGS OR USGS MONUMENTS FOUND WITHIN 2000' OF SUBJECT PARCEL.
9) THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710463600J WITH AN EFFECTIVE DATE OF MARCH 18, 2008.

PLOT PLAN
LOT 147 - MALLARD HEAD
COUNTRY CLUB SECTION 2-8
PLAT BOOK 16 PAGE 52
MALLARD WAY
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC

Prepared For (Owner):
MELISSA H HALLER
5227 AUTUMN CROSSING LN
WINSTON SALEM, NC 27103

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com

Drawn By: SAG	Checked By: JHP	Scale	Project No.
Tax PIN: 4636-66-5263		1" = 30'	21070
Date: June 16, 2022			Sheet No.
File: 21070.dwg			1 of 1

CALCULATIONS

Location	231 Mallard Way Mooresville, NC 28117	
Project Number	21-0105	
Lot No:	147	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.3	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	93	ft.
Supply Line Volume	16.182	gal.
Required Feet of Line	200	ft.
Amount of Line from Layout	200	ft.
Gallons per Minute	18.86	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Pump Tank Capacity	1000	gal.
Panel Volume	3.6	gal.
# of Panels	46	
Dosing Volume	165.60	gal.
	Note:	*Dosing Volume based on 100% of # of panels times 3.6 gal/panel*
Tank Draw Down	7.9	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	16	ft.
Pressure Head	2	ft.
Friction Factor	0.84	ft./100 ft. *(From the interpolater.)*
Friction Head	0.78	ft.
Total Dynamic Head (+15%)	21.60	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

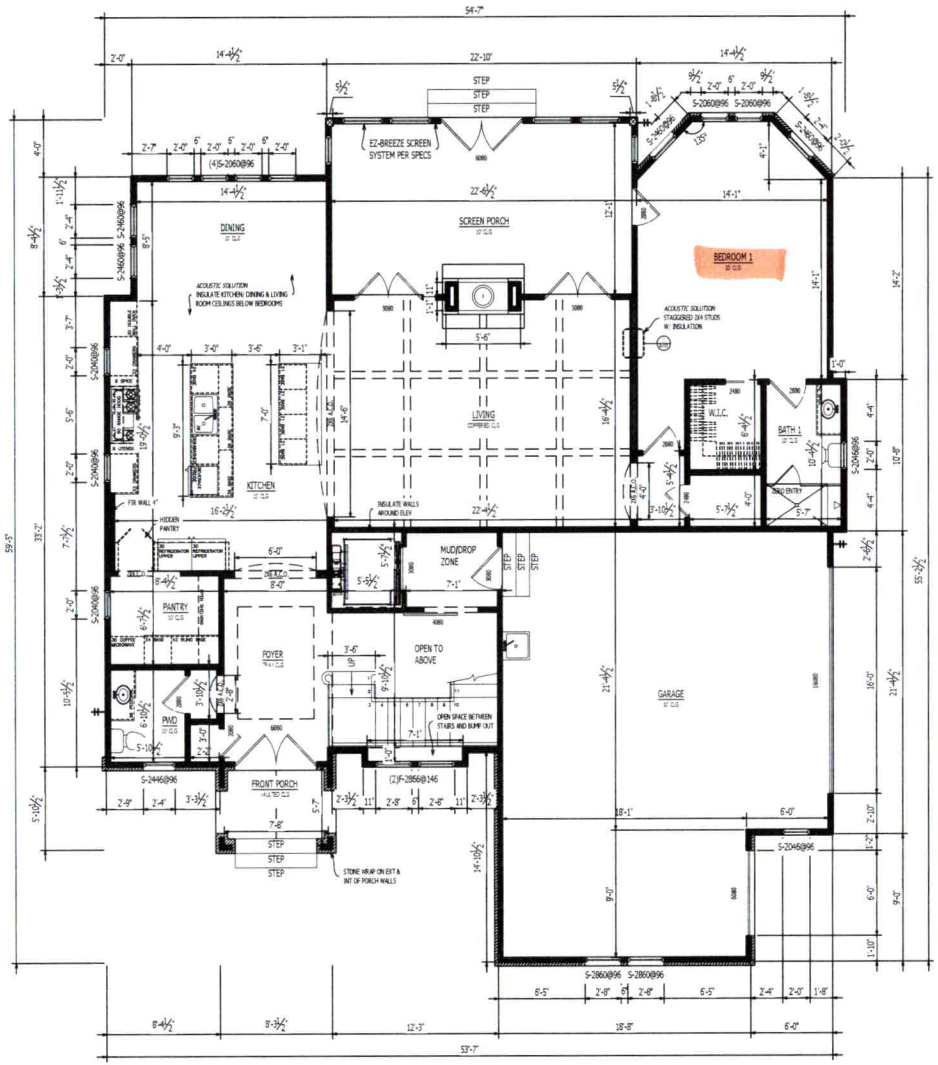
Acknowledgement of Plans Submittal ONLY!

Date 7-8-22

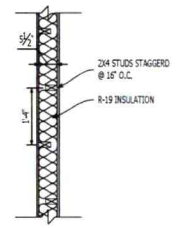
Date

54-7"

59-5"



1 A-101 FIRST FLOOR PLAN
Scale: 1/4" = 1'-0"



2 A-101 ACOUSTIC WALL DETAIL
Scale: 3/4" = 1'-0"

NOTE:

PLAN DIMENSIONS ARE TO STUD UNLESS OTHERWISE NOTED.

ANY MATERIALS MAY BE SUBJECT TO CHANGE, VERIFY WITH CLIENT AND SELECTION LIST.

ACTUAL DOOR & WINDOW SIZES ARE NOTED ON FLOOR PLANS. FOR ROUGH OPENINGS REFER TO SPECS.

- STRUCTURAL ENGINEERED PLANS ARE SEPARATE. REFER TO SHEET SCHEDULE.

HOSE BIB SYMBOL

SQUARE FOOTAGE

HEATED/COOLED	**3,097 SF**
FIRST FLOOR	1,598 SF
SECOND FLOOR	1,499 SF

NON H/C

FIRST FLOOR	
GARAGE	666
VESTIBULE	52
SCREENED PORCH	265
SECOND FLOOR	
BALCONY	280
UNFINISHED ATTIC	556

TOTAL UNDER ROOF 4,636 SF

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

4G Signature FLOOR PLANS
488 Pineville Rd Statesville, NC 28677 (980) 635-0060 www.Build4G.com

FIELD

HAGERMAN RESIDENCE
231 MALLARD WAY
MOORESVILLE, NC 28117

DATE	DESCRIPTION
10.18.2021	INITIAL DESIGN
12.10.2021	PLAN CHANGES, ADDED ELEVATIONS
01.20.2022	PLAN & ELEVATION CHANGES, ADDED ELECTRICAL
01.26.2022	PLAN & ELEVATION CHANGES
03.15.2022	PLAN CHANGES
06.14.2022	FINALIZED PLANS

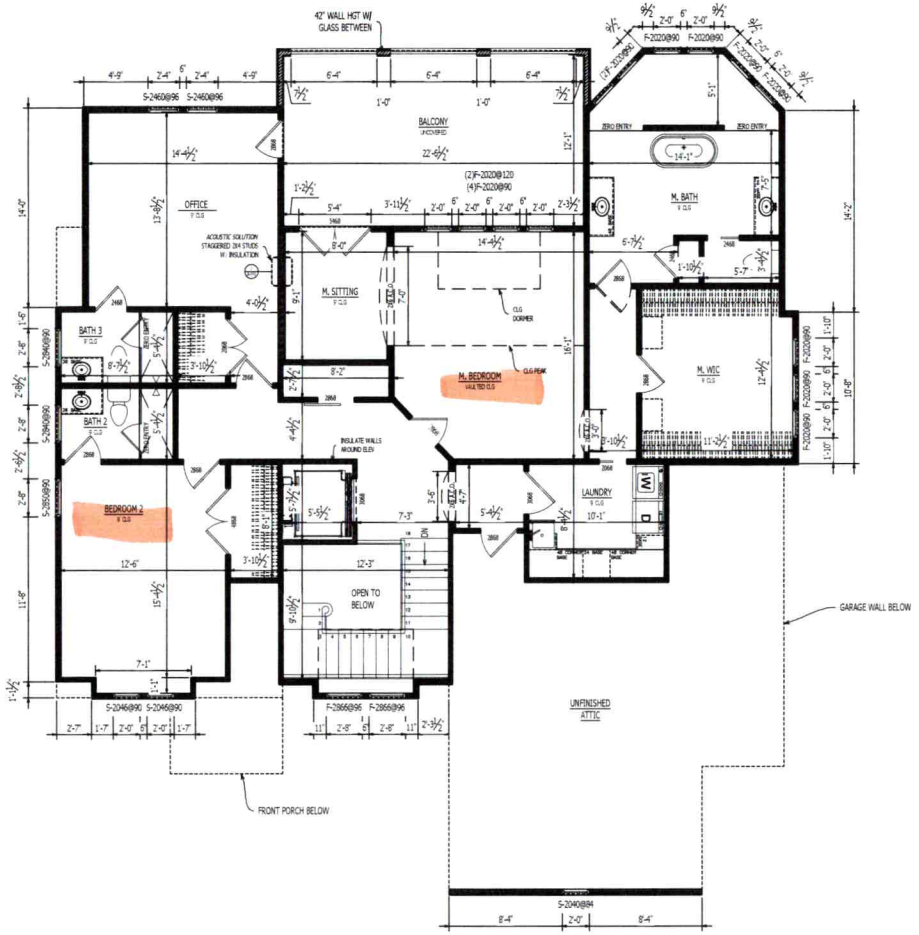
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A-101
FLOOR PLAN
06.30.2022
HAGERMAN -231 MALLARD WAY

Acknowledgement of
Plans Submittal ONLY!

Date 7-8-22

Date



1 A-102 SECOND FLOOR PLAN
Scale: 1/4" = 1'-0"

NOTE:

PLAN DIMENSIONS ARE TO STUD UNLESS OTHERWISE NOTED.

ANY MATERIALS MAY BE SUBJECT TO CHANGE, VERIFY WITH CLIENT AND SELECTION LIST.

ACTUAL DOOR & WINDOW SIZES ARE NOTED ON FLOOR PLANS, FOR ROUGH OPENINGS REFER TO SPECS.

* STRUCTURAL ENGINEERED PLANS ARE SEPARATE. REFER TO SHEET SCHEDULE.

SQUARE FOOTAGE

HEATED/COOLED	**3,097 SF**
FIRST FLOOR	1,598 SF
SECOND FLOOR	1,499 SF
NON H/C	
FIRST FLOOR	
GARAGE	666
VESTIBULE	52
SCREENED PORCH	265
SECOND FLOOR	
BALCONY	280
UNFINISHED ATTIC	556
TOTAL UNDER ROOF	**4,636 SF**

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

FIELD

4G Signature FLOOR PLANS
488 Pinelle Rd Statesville, NC 28677 (980) 635-0060 www.Build4G.com

HAGERMAN RESIDENCE
231 MALLARD WAY
MOORESVILLE, NC 28117

DATE	DESCRIPTION
10.18.2021	INITIAL DESIGN
12.10.2021	PLAN CHANGES, ADDED ELEVATIONS
01.20.2022	PLAN & ELEVATION CHANGES, ADDED ELECTRICAL
01.26.2022	PLAN & ELEVATION CHANGES
03.15.2022	PLAN CHANGES
06.14.2022	FINALIZED PLANS

A-102
FLOOR PLAN
06.30.2022
HAGERMAN -231 MALLARD WAY

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RECEIVED JUN 3 0 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED AP- 315906

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Paid #500.00

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: Quinton Grundy **Address:** 488 Pineville Rd Statesville NC **Zip:** 28677
Applicant Email: quinton@build4g.com **Phone:** 704-634-3647 **Alt. Phone:** _____
Owner Name: Melissa Haller **Address:** 5227 Autumn Crossing Ln Winston Salem NC **Zip:** 27103
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 231 Mallard Way Mooresville NC 28117
Subdivision Name: Mallard Head Country Club **Section/Phase:** P2B **Lot Number:** 147
Driving Directions: Brawley School Rd, Mallard Way

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: 3
Maximum Number of Occupants: 6
(✓) 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.

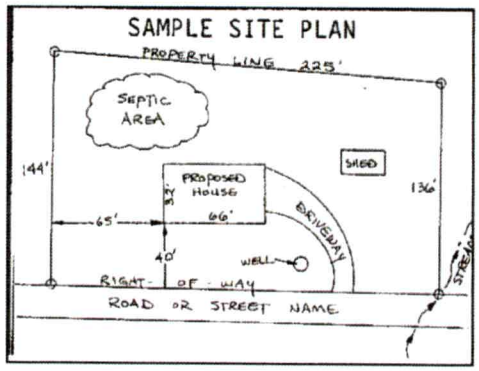
Signature: _____ 6/27/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) 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

See attached

Signature: Sean Tallon

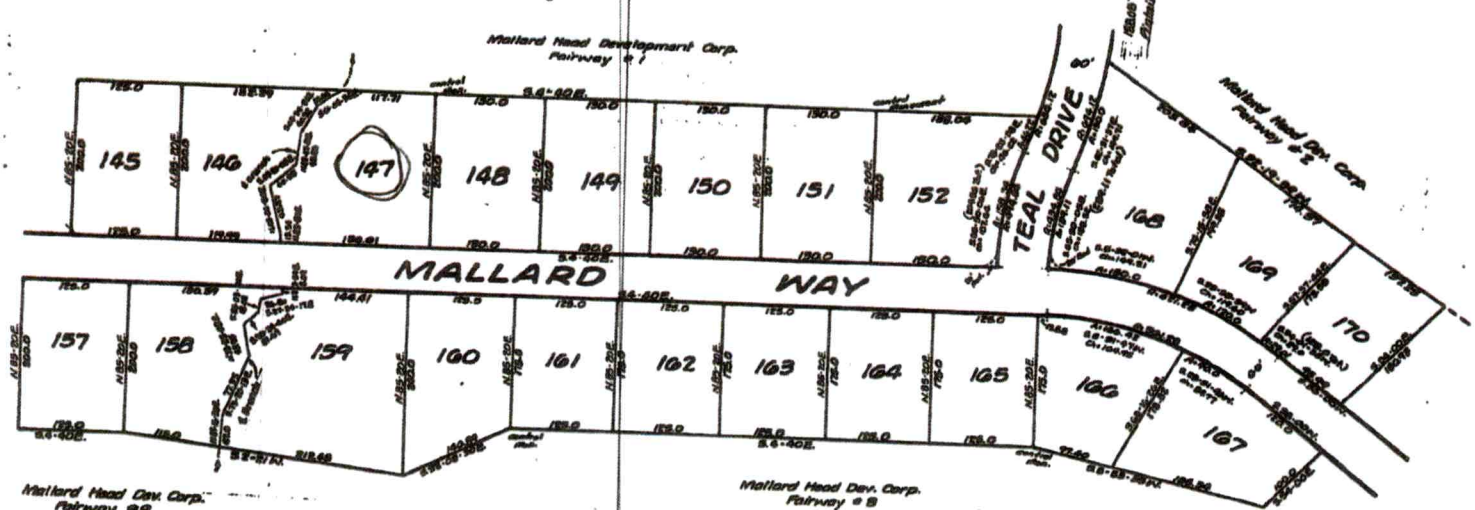
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

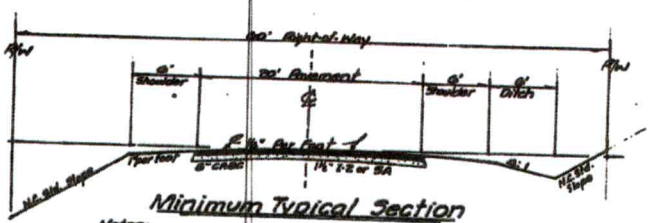
6/27/22

DATE

Provided that the plat is recorded within sixty (60) days of final approval, it is approved by the Iredell County Board of Commissioners. This the 12th day of September, 1979.

Joe B. Martin
Chairman





Minimum Typical Section

Notes:
1. Street Grades will not Exceed 7% Grade.
2. All seeding to be in accordance with State Hwy. Comm. Std.
3. All Storm Drains to be installed to Meet State Hwy. Comm. Std. For Secondary Roads.

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
PROPOSED SUBDIVISION ROAD:
CONSTRUCTION STANDARDS CERTIFICATION
APPROVED J. W. Alexander
DISTRICT ENGINEER
DATE April 3, 1979

"The undersigned surveyor, being duly sworn, deposes and says that the plat upon which this certificate appears was prepared in accordance with G. S. 47-30 as amended, in all respects correct according to the best of his knowledge and belief, and was prepared from an actual survey made by him on the 26th day of July, 19 79, with a maximum linear error of closure of 1:10,000+, and a maximum field error of angular closure of 25 Sec. Per Angle."

Donald Ray Allen
SEAL L-1131 Registered Land Surveyor
DONALD RAY ALLEN

State of N. C.
County of Iredell

I, Patricia B. Allen, a Notary Public in and for the County of Iredell and State of North Carolina, do hereby certify that Donald Ray Allen, surveyor personally appeared before me this day and acknowledged the due execution of the foregoing certificate and upon his oath swore to the truth of the statements set forth therein.

Witness my hand and notarial seal this 22nd day of Sept., 1979.

Patricia B. Allen
Notary Public
My commission expires 2-22-82

PATRICIA B. ALLER NOTARY PUBLIC IREDELL COUNTY, N.C.

Sworn to and Subscribed Before Me, the ____ day of ____, 19____, let this instrument with the certificate be recorded.

Clerk of Superior Court

mallard head COUNTRY CLUB
SECTION 2-B

DAVIDSON TWN. - IREDELL CO. N.C.
Property of Mallard Head Development Corp.

Graphic Scale in Feet

Scale: 1" = 100'
Date: August 24, 1979

Dan Allen Surveyors
R.L.S. Cer. 647-A
Mooresville, N.C.

Notes:
1. Iron Pins at all lot Corners unless otherwise noted.
2. All intersections Subject to a 20 ft. Radius.
3. All lot lines Subject to a 10' Drainage & Utility Easement.
4. See Restrictive Covenants: Book: 667 Page 196-146

OWNERS CERTIFICATE AND NOTARIZATION

Known All Men By These Present, that I (we) John P. Campbell, Pres. Mallard Head Development Corporation hereby certify that I/we, am (are) the owner(s) of the property shown on this plat, that I/we hereby acknowledge this plat and allotment to be my (our) free act and do hereby dedicate to public use all streets, alleys, easements and other public areas shown on this plat. I (we) further certify that Donald Ray Allen (Surveyor) surveyed and made this plat at my (our) direction, and that the entire subdivision is within the boundaries of a tract conveyed to me by a deed recorded in Deed Book ____ Page ____, Iredell County Registry.

John P. Campbell
Signature of Owners

This 24th day of Sept., A.D., 1979, personally came before me, Patricia B. Allen, a notary public, Williams Int. Glover, who, being by me duly sworn, says that he knows the Common Seal of Mallard Head Development Corporation and is acquainted with John P. Campbell who is the Executive Vice President of said Corporation, and that he, the said ____ is the President of said Corporation, and saw the said President sign the foregoing instrument, and saw the said Common Seal of said Corporation affixed to said instrument, and saw the said President and that he, the said Williams (Int.) Glover, signed his name in attestation of the signature of the said President subscribed to said instrument in the presence of said Corporation.

Witness my hand and notarial seal, this the 22nd day of Sept., A.D. 1979.

Patricia B. Allen
My Commission Expires 2-22-82

PATRICIA B. ALLER NOTARY PUBLIC IREDELL COUNTY, N.C.

The foregoing certificate of Patricia B. Allen, Notary Public of Iredell County, N.C. is (was) certified to be correct. This instrument was presented for registration this day and hour and duly recorded in the office of the Register of Deeds of Iredell County, N. C. in Book 76, Page 82.

This 25 day of September, A.D. 19 80 at 2:10 o'clock P. M.

L. F. Nesbit
Register of Deeds

By ____
Deputy Register of Deeds

Provided that the plat is recorded within sixty (60) days of final approval, it is approved by the Iredell County Board of Commissioners.

9/25/80
Day

N. A. Redmond Jr.
Chairman or (Agent)

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, Melissa Haller, am the legal owner(s) of the property located at 231 Mallard Way (Lot# 147), Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4636-66-5263, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 4G Design Build, Quinton Gandy, 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.

Melissa Haller
Melissa Haller (Sep 20, 2021 16:52 EDT)

Signature of Owner(s) — Date: 9/20/2021

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

SAR **Complete all Environmental Health forms**:

- ___ Application
- ___ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ___ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ___ Copy of Zoning Permit when applicable
- ___ Sign this sheet after you have completed all items

SAR **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

SAR **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

SAR **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

SAR **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Sara Kallam **Date** 6/27/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

RECEIVED JUL 0 8 2022

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* AP-315906

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: 46 Design Build Address: 488 Pineville Rd. Statesville Zip: 28677
Applicant Email: Quintone Build46.com Phone: 704-634-3647 Alt. Phone: _____
Owner Name: Ms. Hagerman and Address: 231 Mallard Way Mooresville Zip: 28117
Owner Email: _____ Phone: _____ Alt. Phone: _____

****

Property Information:

Street Address: 231 Mallard Way Mooresville
Subdivision Name: Mallard Head Golf Club Section/Phase: _____ Lot Number: _____
Driving Directions: Brawley School Rd. to L on Mallard Way

****

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) 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 ( ) 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.

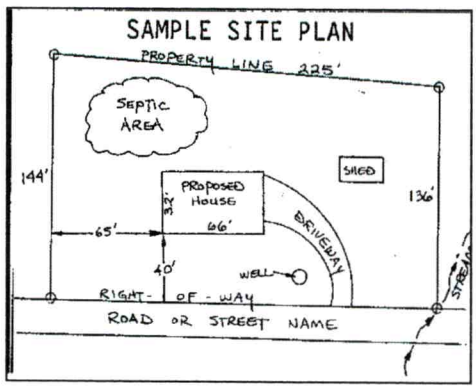
Signature: _____ 7-8-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) 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

See IP permit #315906

Signature: _____ 7/8/22

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

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

(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, Melissa Hagerman, am the legal owner(s) of the property located at 231 Mallard Way Mooresville, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) HG Design Build Quinton Gandy, 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.

Melissa Hagerman
Signature of Owner(s)

7-8-22
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

Complete all Environmental Health forms:

___ Application
___ Site Plan including the dimensions of proposed structure, addition, pool etc.
___ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
___ Copy of Zoning Permit when applicable
___ Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. must be staked out on the property as per the site plan.

If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 7/8/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 21-0015
March 1st, 2021

Ronnie Cambria
Attn: *Ronnie Cambria*
Email: cambriacars@bellsouth.net

RE: Soil & Site Evaluation for a 3 Bedroom Residence at Mallard Head Country Club Lot 147, Mooresville NC 28117, PIN # (4636665263), Iredell County.

Mr. Cambria:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was mostly wooded. Topography within the evaluated area was moderate slope near the house site and proposed drainfield area. Property corners were marked at the time of the evaluation by Patterson Land Surveying. The Subdivision Plat was utlized as a basemap for our *Site Plan*. The proposed system and repair (partial) was located via measuring tape and used to produce the attached *Site Plan*. The house envelope was established using the Site Plan and tape measurements. The Original Subdivision Plat is attached to our design.

Methodology

We evaluated soil areas through the use of hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with five boring locations on the property flagged and located via GPS. Three of the five soil borings are located in the proposed septic area. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by tape measure. Detailed system & repair information is summarized in the following paragraph for this Lot. The lot is Repair Exempt. See Plat date of 1980.

Mallard Head Country Club Lot 147 (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 348 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 28 inches. The partial repair available is proposed as 40 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 28 inches.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner

Print Name Randall Compton

Signature

Date 3/15/21

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at Mallard Head Country Club Lot 147 (PIN: **4636665263)** may nullify this design. Lot is exempt from Repair (see Attached Plat). A smaller house footprint would allow for additional repair. Maximum House footprint and pool was requested by the Applicant. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST
Samuel A. Rollans
1231
STATE OF NORTH CAROLINA

S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence at Mallard Way., Lot 147 Mallard Head Country Club PIN#(4636665263) Mooresville 28117, Iredell County, NC.

Contents: **Page**

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Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7-8

Septic Application---------- 9-10

Agent Authorization---------- 11

Green Sheet---------- 12

Subdivision Plat---------- 13

LICENSED SOIL SCIENTIST
Samuel A. Rolland
1231
NORTH CAROLINA

February 26, 2021
Project #: 21-0015
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Partial Repair is specified as a gravity 25% reduction (Accepted) installation.
- **Lot is Repair Exempt.**

GRAVITY ACCEPTED SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Ronnie Cambria
Address:	1252 River Hwy Mooresville, NC 28117
Phone:	828.265.8540
County:	Iredell
Location:	Mallard Way- Lot 147 Mooresville, NC 28117
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	300	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth (LOW SIDE):	28 in.	Repair Trench Bottom 28 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	28
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	18.28
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

Mallard Way- Lot 147

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	28
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - Mallard Way- Lot 147

Project #: 21-0015

LAYOUT FOR 3 BEDROOM HOME

February 26, 2021

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***YELLOW***					***39***	***36***
2	***ORANGE***					***61***	***60***
3	***RED***					***80***	***80***
4	***BLUE***					***79***	***76***
5	***PINK***					***48***	***48***
6	YELLOW					41	40
					Total	348	340

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	TRENCH DEPTH
**** System***	***300***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***GRAVITY***	30"
Repair (Partial)	40	0.300	ACCEPT.	0.300	25% RED	GRAVITY	30"

Notes:

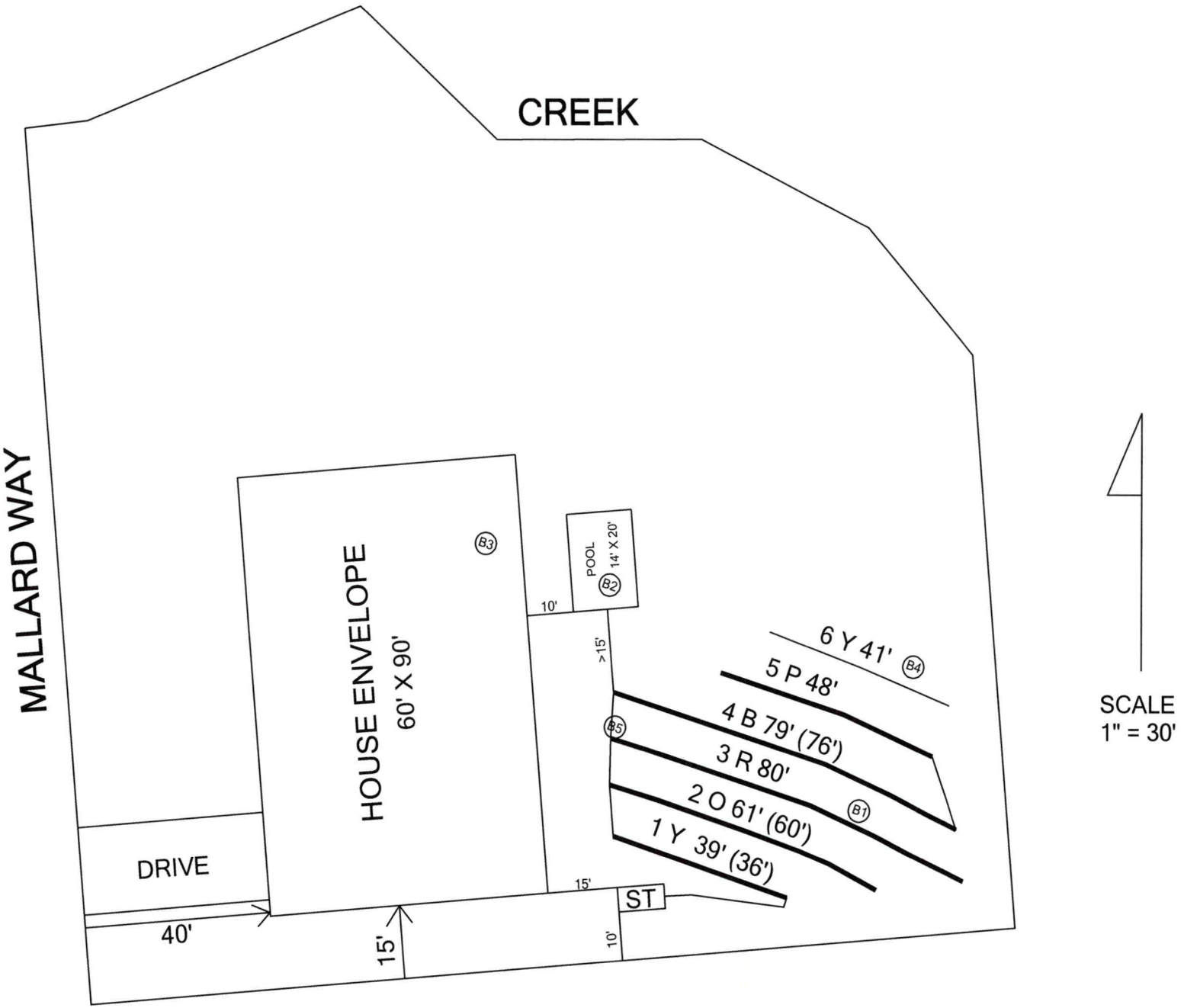
**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by tape measures.

**Property lines, corners were located by Patterson Land Surveying.

****Lot is Repair Exempt - See Attached Plat**


CREEK
MALLARD WAY
HOUSE ENVELOPE
60' X 90'
B3
POOL
14' X 20'
B2
10'
>15'
6 Y 41'
B4
5 P 48'
4 B 79' (76')
B5
3 R 80'
B1
2 O 61' (60')
1 Y 39' (36')
DRIVE
40'
15'
15'
ST
10'
SCALE
1" = 30'

CALCULATIONS

Location Mallard Way-Lot 147
Mooresville, NC 28117
Project Number 21-0015

Lot No: 147

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 28 ft.

Supply Line Volume 18.284 gal.

Required Feet of Line 300 ft.
Amount of Line from Layout 300 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

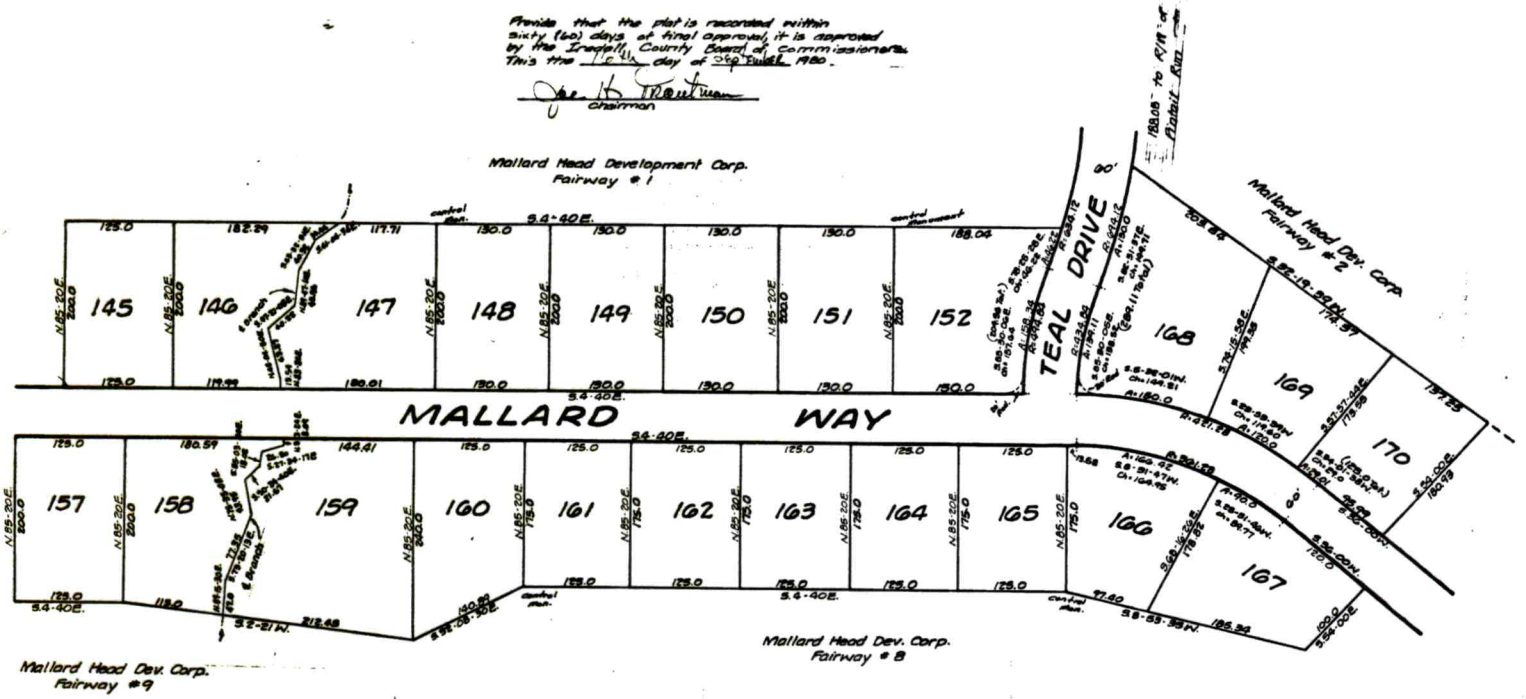
Total Dynamic Head (+15%) N/A ft.

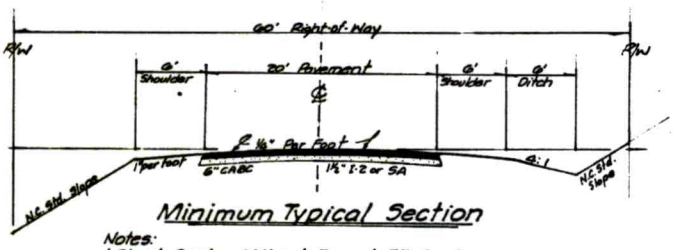
FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Provide that the plat is recorded within sixty (60) days of final approval, it is approved by the Iredell County Board of Commissioners. This the 11th day of September 1980.

Joe H. Martin
Chairman





Minimum Typical Section

Notes:
1. Street Grades Will not Exceed 7% Grade.
2. All seeding to be in accordance with State Hwy. Comm. Std.
3. All Storm Drains to be installed to Meet State Hwy. Comm. Std. For Secondary Roads.

"The undersigned surveyor, being duly sworn, deposes and says that the plat upon which this certificate appears was prepared in accordance with G. S. 47-30 as amended, is in all respects correct according to the best of his knowledge and belief, and was prepared from an actual survey made by him on the 26th day of Feb. 19 79 with a maximum linear error of closure of 1:10,000' and a maximum field error of angular closure of 7.5 Sec. Per Angle."

Donald Ray Allen

SEAL L-1131 NORTH CAROLINA REGISTERED LAND SURVEYOR DONALD RAY ALLEN

State of N. C.
County of Iredell

I, Patricia B. Allen, a Notary Public in and for the County of Iredell and State of North Carolina, do hereby certify that Donald Ray Allen, surveyor personally appeared before me this day and acknowledged the due execution of the foregoing certificate and upon his oath swore to the truth of the statements set forth therein.

Witness my hand and notarial seal this 26th day of Feb. 1979.

Patricia B. Allen
Notary Public

My commission expires 5-30-82

PATRICIA B. ALLEN NOTARY PUBLIC IREDELL COUNTY, N.C.

Sworn to and Subscribed Before Me, the ____ day of ____ 19__, for the instrument with the certificate be recorded.

Clerk of Superior Court

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
PROPOSED SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATION

APPROVED J. K. Alexander, Jr.
DISTRICT ENGINEER

DATE April 3, 1979

Magnetic North

mallard head COUNTRY CLUB
SECTION 2-B

DAVIDSON TWN. - IREDELL CO. N.C.
Property of Mallard Head Development Corp.

Graphic Scale in Feet

Scale: 1"=100'
Date: Aug. 24, 1980

Dan Allen Surveyors
Rt. 6 Box 627-A
Mooresville, N.C.

Notes:
1. Iron Pins at all lot Corners unless otherwise noted.
2. All intersections subject to a 20 ft. Radius.
3. All lot lines Subject to a 10' Drainage & Utility Easement.
4. See Restrictive Covenants: Book: 627 Page 196-144

OWNERS CERTIFICATE AND NOTARIZATION

Known All Men By These Present, that I (we) John P. Campbell, Its Vice President hereby certify that we am (are) the owner(s) of the property shown on this plat, that we hereby acknowledge this plat and allotment to be my (our) free act and do hereby dedicate to public use all streets, alleys, easements and other public areas shown on this plat. I (we) further certify that Donald Ray Allen (Surveyor) surveyed and made this plat at my (our) direction, and that the entire subdivision is within the boundaries of a tract conveyed to me by a deed recorded in Deed Book ____ Page ____, Iredell County Registary.

John P. Campbell
Signature of Owners

This 26th day of Feb. A.D. 1979 personally came before me, Patricia B. Allen a notary public, William W. Skeen who, being by me duly sworn, says that he knows the Common Seal of Mallard Head Development Corporation and is acquainted with John P. Campbell who is the Executive Vice President of said Corporation, and that he, the said ____ is the Secretary of said Corporation, and saw the said President sign the foregoing instrument, and saw the said Common Seal of said Corporation affixed to said instrument, and saw the said Executive Vice President, and that he, the said William W. Skeen signed his name in attestation of the execution of said instrument in the presence of said Executive Vice President of said Corporation.

Witness my hand and notarial seal, this the 26th day of Feb. A.D. 19 79

Patricia B. Allen Notary Public

My Commission Expires: 5-30-82

PATRICIA B. ALLEN NOTARY PUBLIC IREDELL COUNTY, N.C.

The foregoing certificate(s) of Patricia B. Allen, Notary Public of Iredell County, N.C. is (are) certified to be correct. This instrument was presented for registration this day and hour and duly recorded in the office of the Register of Deeds of Iredell County, N. C. in Book 76 Page 52

This 25 day of September A.D. 1980 at 3:10 o'clock P.M.

L. F. Nesbit
Register of Deeds

By ____
Deputy Register of Deeds

Provided that the plat is recorded within sixty (60) days of final approval, it is approved by the Iredell County

9/25/80
Date

N. K. Campbell Jr.
(Chairman or Agent)

Session Law RECEIVED MAR 18 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500.00 AP-315906

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: Ronnie Cambria **Address:** 1252 River Hwy, Mooresville NC **Zip:** 28117

Applicant Email: Cambriacars@bellsouth.net **Phone:** 828-265-8540 **Alt. Phone:**

Owner Name: ~~Beverly Enterprises LLC~~ **Address:** **Zip:**

Owner Email: Same as above **Phone:** **Alt. Phone:**

Property Information:

Street Address: 231 Mallard Way, Mooresville NC 28117

Subdivision Name: Mallard Head Country Club **Section/Phase:** P2B **Lot Number:** 147

Driving Directions: Brawley School Rd, Mallard Way.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 6
( ) 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:

( ) 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: Accepted

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: Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 2/26/21 DATE

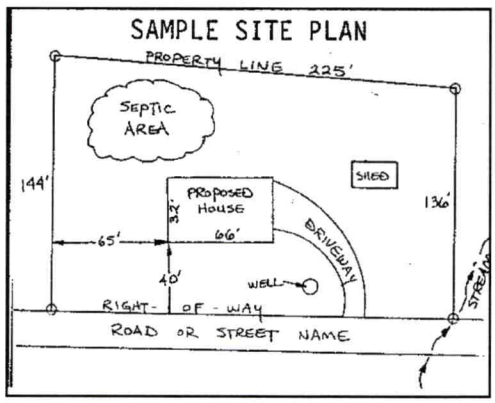
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system 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

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

See Attached

Signature: _____ 2/26/21

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

S.A.R. **Complete all Environmental Health forms**:
- S.A.R. Application
- S.A.R. Site Plan with dimensions of proposed structure, addition, pool etc.
- S.A.R. Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- S.A.R. Copy of Zoning Permit when applicable
- S.A.R. Sign this sheet after you have completed all items

S.A.R. **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

S.A.R. **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

S.A.R. **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

S.A.R. If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 2/26/21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625