ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-229701

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

PIN # 4636-68-9463

APPLICANT/OWNER: 4G Design Building LLC | APPLICANT ADDRESS: 488 Pineville Rd. Statesville, NC 28677

SITE ADDRESS: 209 Webbed Foot Rd. Mooresville, NC | PHONE: — | ALT. PHONE —

SITE DIRECTIONS: BSR towards Lake Norman → L on Webbed Foot → Left → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Mallard Head CC | SECTION: 3 | LOT # 2 | LOT AREA: 0.76 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	794	Date	5-23-20	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	267	Date	5-20-20	System Description:	LP- PPBPS (50% Reduction)
Pump Make	Myers	Model	ME45	Serial #	115V	Repair System Description:	TSII + Drip Dispersal
# Nitrification Fields	1	# Lines	5	Linear Ft	200	Maintenance Agreement Required:	☒ YES ☐ NO
Trench Width	24"	Trench Bottom Depth (~~low side~~)	36"	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing | No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: As of site visit on 5/13/2020, house already constructed. If using Pump Tank observed in driveway of lot on 5/13/2020 (PT # 302, Date 11-14-19) then a pressure test of that tank shall be required (5" of mercury for 2 minutes or 2" of mercury for 5 minutes. Ein a vacuum) Recommend that an event counter be installed in the control panel to track total # of pumping events

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:

Michael Athanas + Associates Michael Athanas

LSS # 1252

Dated: 5/7/2020

AS BUILT SKETCH

tanks 13' from house

	Date	Initials
Drain Lines Checked	6-23-20	JB
Tanks Checked	6-25-20	CCN
Pressure Manifold or Valve Box Checked	6-25-20	CCN
Pressure Head Set	6-25-20	CCN
Electrical Checked	6-25-20	CCN
Floats Set	6-25-20	CCN
Alarm Checked	6-25-20	CCN
Maintenance Contract Y / N	7/13/2020	DSP

still needs ↑

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: 5.19.2020 | Installed by: Greenway Waste Solutions

IMPROVEMENT PERMIT by: Tom Shuck | Date: 5/18/2020 | OPERATION PERMIT by: Tom Shuck | Date: 7/13/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 5/18/2020 | Existing System Inspected by: | Date:

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

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, Quinton Gandy 4G Design Build, am the legal owner or the agent of the property located at 209 Webbed Foot Rd. Mooresville, identified as PIN(Parcel Identification Number) 4636-68-9463, located in Iredell County, North Carolina.
Permit # 229701.

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

[signature] 5/19/2020
Signature of Owner/Authorized Agent Date

Karen L Gandy 5/19/2020
Signature of Witness Date

Quinton@Build4G.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
704 660-3625

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

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

O1 - 40' - 2.2'
B2 - 40'- 3.6'
P3 - 40' - 4.9'
W4 - 40' - 5.9'
Y5 - 40' - 7.4'
BM 1.0'
N36°20'03"E 93.55'
O1
B2
P3
W4
Y5
AB 1
AB 2
AB 3
AB 4
N60°37'34"W 85.97'
S51°16'09"E 34.48'
S43°58'31"E 29.98'
Power Line (buried)
Power Box
N35°15'47"E 138.00'
45.99'
33.09'
AB 5
AB 6
AB 7
AB 8
AB 9
AB 10
AB 11
AB 12
AB 13
AB 14
Repair Area
Drainage Area
35' Rear Setback
138.0'
15' Side Setback
15' Side Setback
15'
Drainage
PT 12.3'
ST
LOT 2
0.760 ACRES
S54°27'28"E 240.00'
N54°27'28"W 240.00'
17.0'
14.3'
3.0'
8.0'
1.5'
19.0'
5.7'
10.0'
PROPOSED RESIDENCE
22.0'
36.0'
Drive
17.3'
18.0'
31.5'
12.0'
5.0'
11.77.0'
35' Front Setback
36.4'
Well
R/W
R/W
Scale 1"=40'
N
TAX ID: 4636-78-0576
STACY M HAMER & LAFON
LOT 3
JARROD B LAFON
DB: 2612 PAGE: 103
PB: 66 PAGE: 80
TAX ID: 4636-68-6381
AG DESIGN BUILD LLC
LOT 1
DB: 2518 PAGE: 1862
PB: 66 PAGE: 80
APPROVED MAY 1 8 2020
(PB: 66 PG: 80)
60' R/W - S.R 2928
WEBBED FOOT ROAD



MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
561 Ennis Road
Weddington, NC 28173
704-576-3887 (Mobile)

Session Law

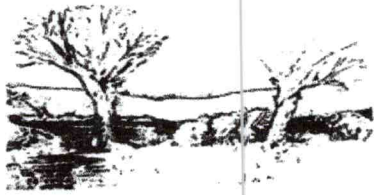
Property:
209 Webbed Foot Rd
Mooresville, NC 28117
Mallard Head CC Phase 3 Lot 2
PIN 4636689436

Prepared for:
4G Design Building LLC

5/7/2020



APPROVED MAY 18 2020



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
5/6/2020

Reference: Data Sheet for 209 Webbed Foot Rd, Mallard Head CC Phase 3, Lot 2
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.1 GPD/FT^2 (repair)
Proposed System Type: PPBPS (9' on center, 36" trench width)
Proposed Repair System Type: TSII Drip Dispersal
Distribution: Low pressure-CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 18.5 GPM
Dosing Volume: 162 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 15.1'
Friction Head: 2'
Pressure Head: 2'
Total Dynamic Head: 19.1'
Supply Line Length: 220' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" (initial), 6" (repair)



APPROVED MAY 18 2020

Line	Design Length	# of Panels	Actual Length	Elevation
Orange 1	**40'**	**9**	**45'**	**2.2'**
Blue 2	**40'**	**9**	**47'**	**3.6'**
Pink 3	**40'**	**9**	**54'**	**4.9'**
White 4	**40'**	**9**	**57'**	**5.9'**
Yellow 5	**40'**	**9**	**40'**	**7.4'**

Initial System: 200' **Repair System:** 3600 FT^2
Pump Tank: 12.3' **House Corner:** 11.7' **Benchmark:** 1.0'

Comments:
MA&A have altered the initial system due to an underground power line that cut across septic easement. We also redefined the repair area.
"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

PROPERTY ID #: 4636689436__
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: 4G Design Build LLC_____ APPLICATION DATE_____
ADDRESS: 488 Pineville Rd, Statesville, NC 28677_____ DATE EVALUATED: _____
PROPOSED FACILITY: _3 BDRM_____ PROPOSED DESIGN FLOW (.1949): _360 GPD___ PROPERTY SIZE: __0.760 AC_____
LOCATION OF SITE: 209 Webbed Foot Rd, Mallard Head CC Phase 3, Lot 2_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 8%	0-3	FILL		N/A	48"	F-C SAP	N/A	PS 0.3+
		3-27	R C SBK	FR SS SP SXP					
		27-48	R CL WSBK	FR SS SP SXP					
2	LS 8%	0-3	FILL		N/A	48"	F-C SAP	N/A	PS 0.3
		3-32	R C SBK	FR SS SP SXP					
		32-48	R CL WSBK	FR SS SP SXP					
3	LS 8%	0-12	FILL		N/A	50"	F-C SAP	N/A	PS 0.3-0.35
		12-22	R C SBK	FR SS SP SXP					
		22-50	R CL WSBK	FR SS SP SXP					
4	LS 8%	0-10	FILL		N/A	48"	F-C SAP	N/A	PS 0.3
		10-38	R C SBK	FR SS SP SXP					
		38-48	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT^2	3600 FT^2
System Type(s)	PPBPS	DRIP
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

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

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4636689436_____
DATE OF EVALUATION: _____
COUNTY: __IREDELL___

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	LS 5%	0-3	FILL		CHR 2 @ 28"	28"	N/A	N/A	DRIP 0.1-0.125
		3-10	Br SCL WSBK	FR SS SP SXP					
		10-28	R C SBK	FR SS SP SXP					
6	LS 5%	0-7	Br CL WSBK	FR SS SP SXP	CHR 2 @ 18"	18"	N/A	N/A	DRIP 0.1-0.125
		7-18	YR C SBK	FR SS SP SXP					
7	LS 5%	0-12	Br SCL WSBK	FR SS SP SXP	CHR 2 @ 12"	12"	N/A	N/A	US
8	LS 5%	0-14	Br SCL WSBK	FR SS SP SXP	CHR 2@ 14"	14"	N/A	N/A	US
9	LS 5%	0-13	Br SCL WSBK	FR SS SP SXP	CHR 2@ 13"	13"	N/A	N/A	US

COMMENTS: _____

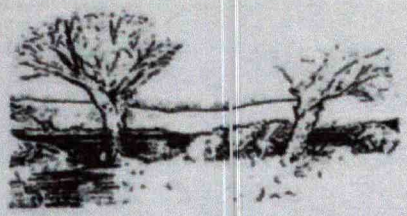
SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4636689436_____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
10	LS 5%	0-6	Br SCL WSBK	FR SS SP SXP	CHR 2 @ 20"	20"	N/A	N/A	DRIP 0.1-0.125
		6-20	R SC WSBK	FR SS SP SXP					
11	LS 5%	0-12	Br SCL WSBK	FR SS SP SXP	Few YB CHR 2 @ 23"	23"	N/A	N/A	DRIP 0.1-0.125
		12-23	R SCL/SC WSBK	FR SS SP SXP					
12	LS 5%	0-13	Br SCL WSBK	FR SS SP SXP	CHR 2 @ 23"	23"	N/A	N/A	DRIP 0.1-0.125
		13-23	RY SCL/SC WSBK	FR SS SP SXP					
13	LS 5%	0-18	RBr SCL WSBK	FR SS SP SXP	CHR 2 @ 25"	25"	N/A	N/A	PS 0.3-0.25
		18-25	YR C SBK	FR SS SP SXP					
14	LS 5%	0-17	Br SCL WSBK	FR SS SP SXP	CHR 2 @ 31"	31"	N/A	N/A	PS 0.3-0.25
		17-31	R C SBK	FR SS SP SXP					

COMMENTS:_____



MICHAEL ATHANAS & ASSOCIATES
NC LICENSED SOIL SCIENTIST
SC PROFESSIONAL SOIL CLASSIFIER
561 Ennis Rd Weddington, NC 28173
MIKE@MICHAELATHANAS.COM
WWW.MICHAELATHANAS.COM
(704) 576-3887

Date: 5-7-2020

Project Name

SESSION LAW 218-114, SECTION 11. (C) / HOUSE BILL 374, SECTION 11. (C)
AUTHORIZATION FORM

Michael Athanas & Associates (MA&A) has been contracted to evaluate soil, design and submit a septic system proposal to Iredell (County) on behalf of 4G Design Building LLC (Owner/Applicant for the property located at - 209 Webbed Foot Rd PIN 4636 68 94 36 (address/PIN)

The Licensed Soil Scientist (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)

By completing this form, sign and dating you agree that the permit issued by Iredell (county) will fall under the above referenced law.

Owner/Owners Legal Representative 4G Design Building
Mailing address 488 Pineville Rd. Statesville, NC 28677
Telephone Number 704-634-3647
Email Address Quinton@Build4G.com

Signature of Owner/ Owner Legal Rep.

5-7-2020
Date

RECEIVED MAY 07 2020 AP-229201 $350.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (✓) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: 4G Design Building LLC **Address:** 488 Pineville Rd, Statesville, NC **Zip:** 28677

Applicant Email: quinton@buil4g.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 209 Webbed Foot Rd

Subdivision Name: Mallard Head CC **Section/Phase:** 3 **Lot Number:** 2

Driving Directions: _____

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: _____
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 5/7/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Acknowledgement Of Plans Submittal ONLY!
Date 7-17-19
Date 7/16/19

OPENING SCHEDULE				
OPENING ID	TYPE	PRODUCT CODE	SIZE	COUNT
2	WINDOW	3645 CASEMENT	3'-0" x 4'-0"	1
3	WINDOW	7036 CASEMENT	6'-0" x 4'-0"	1
4	WINDOW	3045 CASEMENT	3'-0" x 4'-0"	6
5	WINDOW	3044 CASEMENT	3'-0" x 3'-0"	1
6	WINDOW	3656 CASEMENT	3'-0" x 5'-0"	4
7	WINDOW	7036 CASEMENT	6'-0" x 4'-0"	3
8	DOOR	3068	3'-0" x 6'-8"	4
9	DOOR	3068	3'-0" x 6'-8"	1
N	DOOR	4068	4'-0" x 6'-8"	1

GENERAL NOTES:
1. ALL WINDOW U-FACTOR = 0.30 OR BETTER
2. ALL WINDOW U-FACTOR = 0.30 OR BETTER
3. ALL EXTERIOR WALLS ARE 2 x 6 @ 16" O.C. UNLESS NOTED OTHERWISE
4. ALL INTERIOR WALLS ARE 2 x 4 @ 16" O.C. UNLESS NOTED OTHERWISE
5. ALL INTERIOR WALLS ARE 9'-1" HIGH UNLESS NOTED OTHERWISE

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ADVANCED DESIGNS INC. IS A PROFESSIONAL RESIDENTIAL DESIGN FIRM LOCATED IN ORANGE, NE. BECAUSE SITE CONDITIONS MAY ADVERSELY DESIGNS CANNOT GUARANTEE THE SUITABILITY OF THESE PLANS FOR USE ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A REGISTERED ARCHITECT OR ENGINEER. CONSTRUCTION MUST THOROUGHLY REVIEW & VERIFY ALL DIMENSIONS, MATERIALS, STRUCTURAL CODE, & SITE REQUIREMENTS PRIOR TO CONSTRUCTION. THE RELEASE ADVANCED DESIGNS INC. FROM ANY LIABILITY THAT MAY OCCUR DURING OR AFTER THE BUILDING PROCESS.

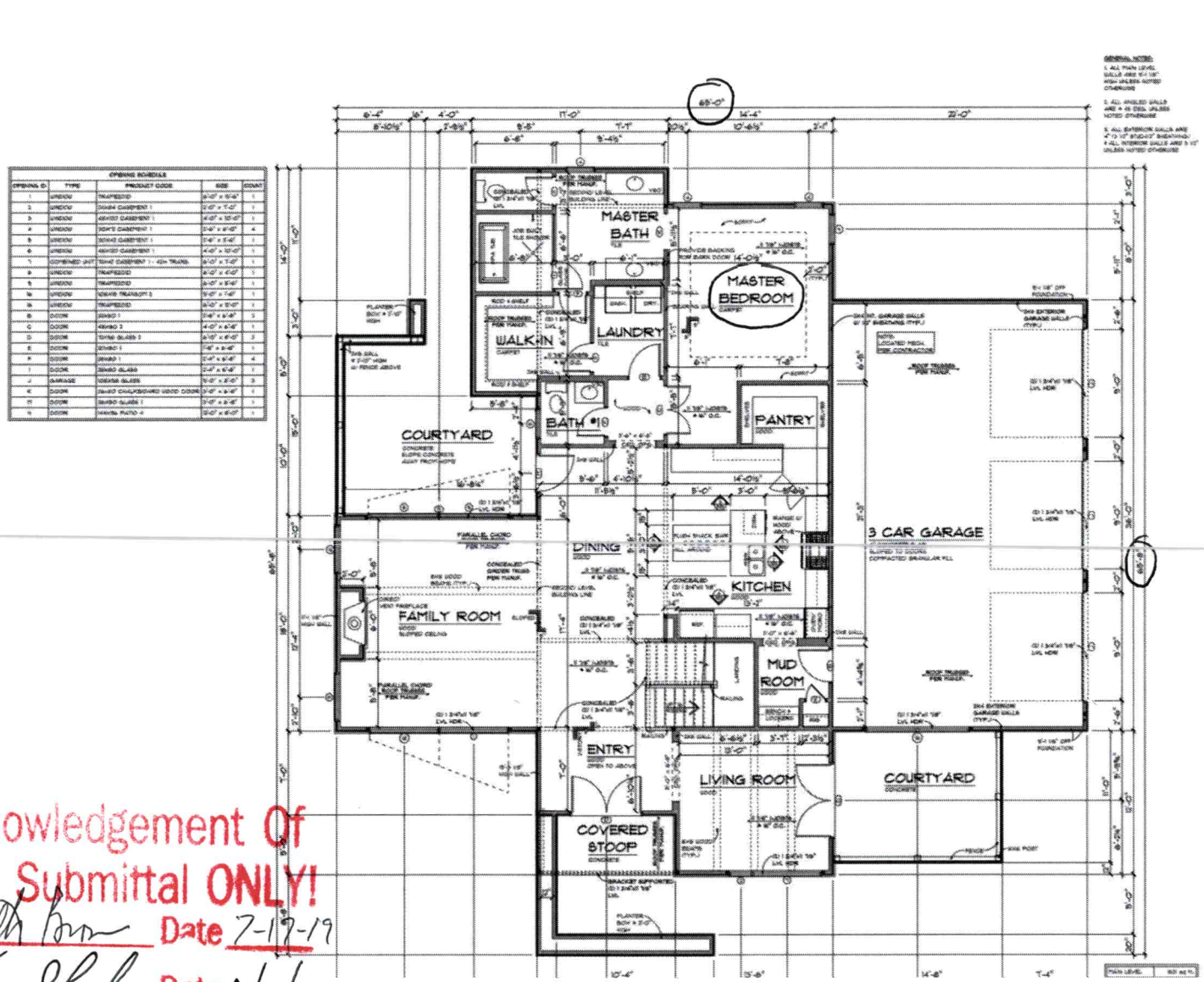
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REGENCY
SLAB

FINAL REVISION

SHEET 6 of 6

The purchaser of these plans is given the limited license to reproduce these plans for construction purposes only and further distribution is illegal. Do not scale prints - see dimensions.



Acknowledgement Of
Plans Submittal ONLY!

Kenneth Bow Date 7-17-19

Tom Shud Date 7/16/19

advanced housedplans

REGENCY SLAB

648

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