ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 216495

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

PIN # 4636776850

APPLICANT/OWNER: Marin Development Company, LLC | APPLICANT ADDRESS: 1207 East Blvd. Charlotte NC 28203

SITE ADDRESS: 123 Bufflehead Dr. Mooresville NC 28117 | PHONE: 704-634-4057 | ALT. PHONE 704-493-1415

SITE DIRECTIONS: Brawley School Rd T/L Canvasback Rd T/L Bufflehead Dr, Lot on left | SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Mallard Head Country Club | SECTION: N/A 1 26 | LOT AREA: 0.54 ac | DESIGN FLOW: 360 | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	347	Date	8-23-21	■ New System ■ Repair ☐ Expansion	System Type: I II (III) IV V VI	■ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	306	Date	8-24-21	System Description:	65/65 35% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	35% Reduction	☐ Other	No. Employees
# Nitrification Fields	2	# Lines	10	Linear Ft	532'	Maintenance Agreement Required:	☐ YES ■ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Max Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY ■ PRESSURE	■ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Install per site plan
Use 1 piece concrete tanks.
Supply line must be 30" below drive or sleeved in ductile iron.

Tap size: Use 1/2 sch 80 taps on 50' and 54' lines. Use 1/2 sch 40 on 62' lines
Use two 5 tap pressure manifolds with 2' of head, split with 2 pressure rated valves.
Each system will be dosed 122 gpd with a 6" drawdown and a 4.2 min run time

INITIAL SITE SKETCH

	Date	Initials
Drain Lines Checked	10/21/21 MD, 10/25/21	MD
Tanks Checked	10/13/21	MC
Pressure Manifold or Valve Box Checked	10-26-2021	BCW
Pressure Head Set	10-26-2021	BCW
Electrical Checked	10/28/21	CW
Floats Set	10/27/21	DW
Alarm Checked	10/27/21	DW
Maintenance Contract Y (N)		

Supply line btw tanks 10/13/21 MC

Pump tank Riser 10/28/21 CW

AS BUILT SKETCH

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

ST is >50' to creek 75' to well & 32ft to H.C.

Supply line checked to far side of creek 10/14/21 BA

10/20 - Supply line is 22inches under 6in H2o Line / sleeved in ductile Iron.

10/20/21 - BCW checked supply line from cart path to drainfield beginning.

10/21/21 Checked upper lo lines
10/25'21 Checked remaining drain lines } MD

10-26-2021 PRESSURE TESTED REPAIR FIELD SYSTEM @ 2FT/PSI

PUMP TANK MUST BE 6IN ABOVE GRADE

10/27/21 - Shawn Lewis indicated builder had damaged riser & a piece of plastic fell in pump tank - he tried to remove builder said "let owner handle it" per S. Lewis

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

☐ IMPROVEMENT PERMIT *with plat valid without expiration.*

■ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* Date: 05/14/21

■ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.* Date: 5/10/21

Owner / Applicant Signature:

IMPROVEMENT PERMIT by:

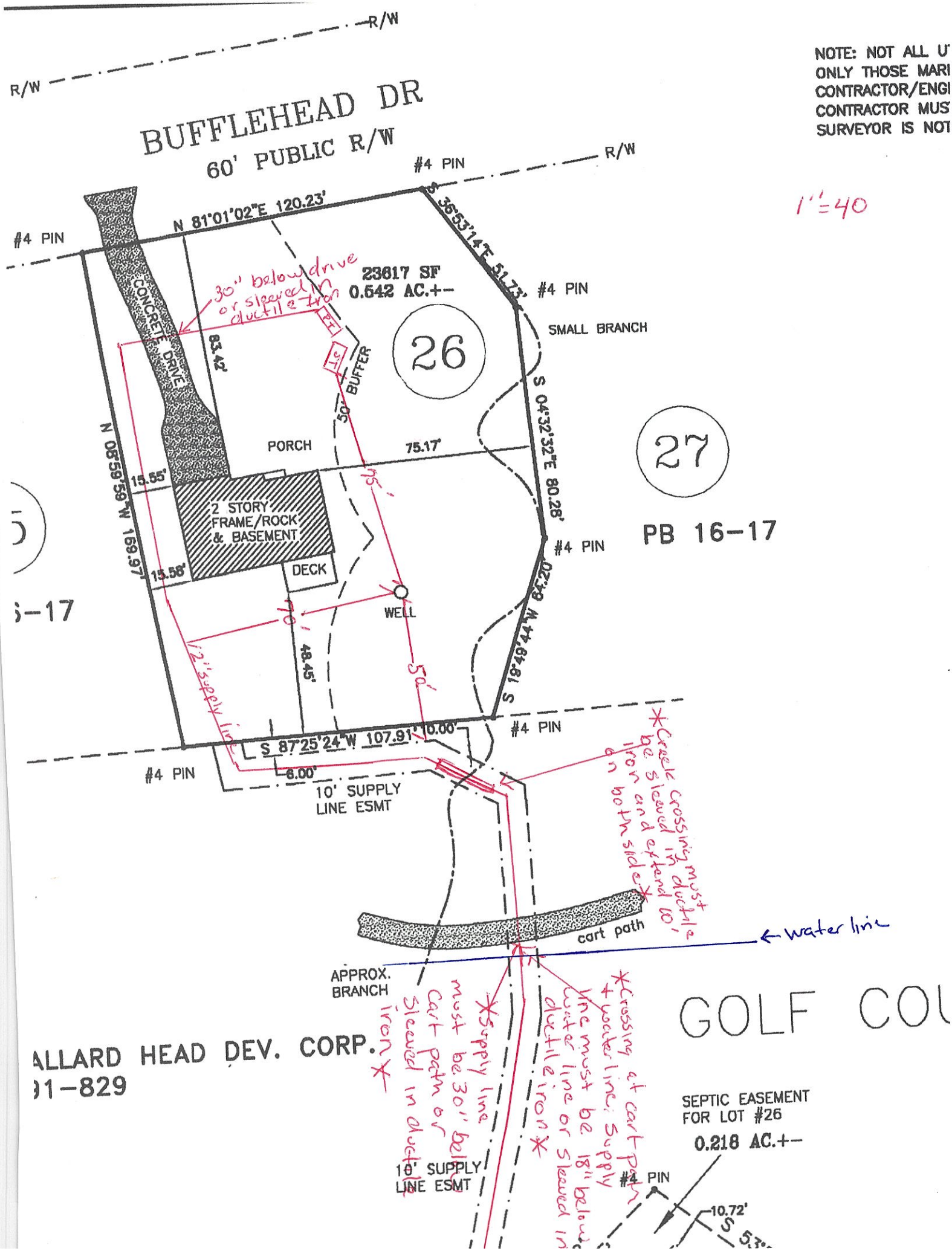
AUTHORIZATION TO CONSTRUCT by: Date: 5/13/21

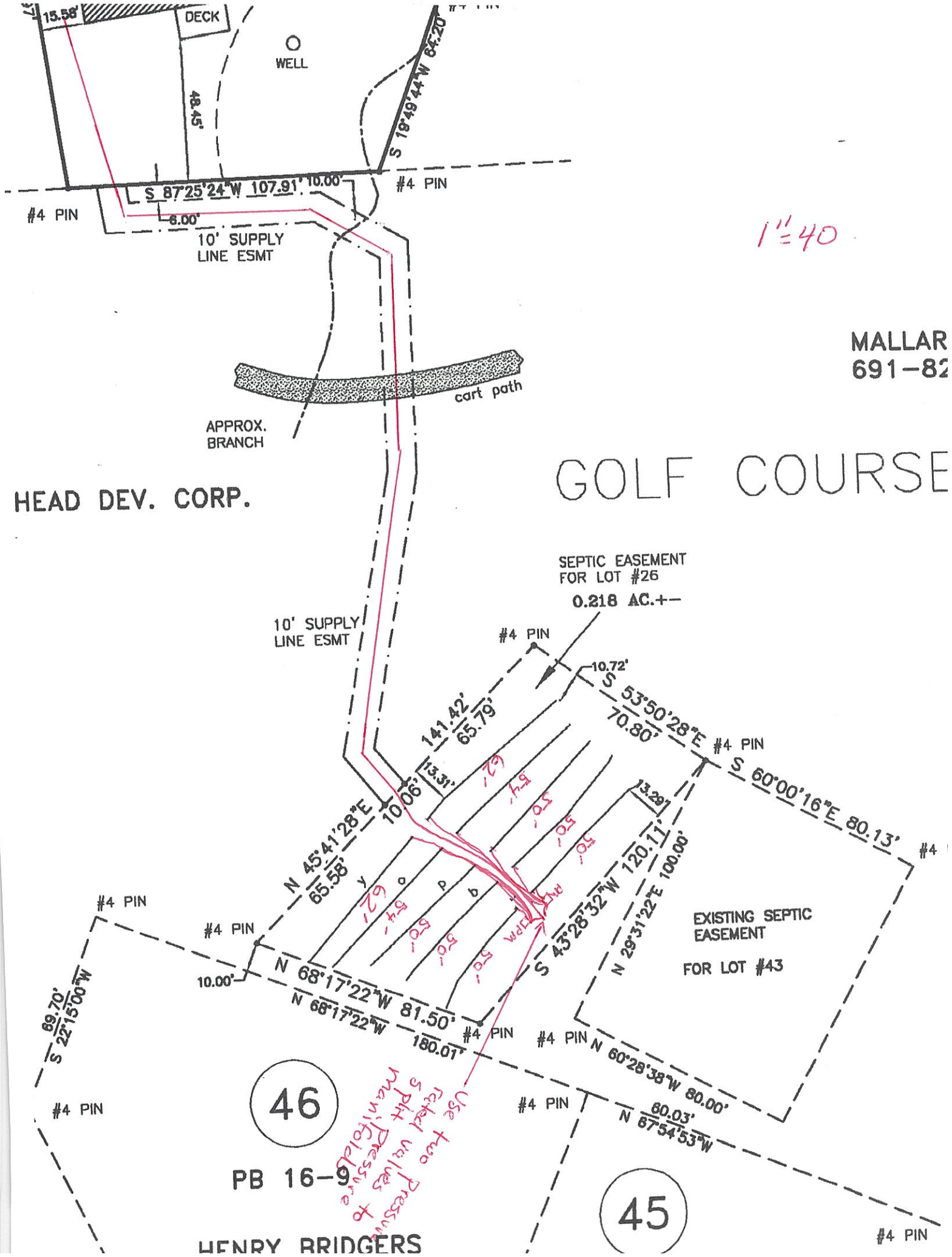
Installed by: Stanley Env. (Shawn) Date: 10/28/21

OPERATION PERMIT by: Cay White Date:

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


R/W
R/W
BUFFLEHEAD DR
60' PUBLIC R/W
R/W
NOTE: NOT ALL U
ONLY THOSE MARI
CONTRACTOR/ENGI
CONTRACTOR MUS
SURVEYOR IS NOT
1"=40
#4 PIN
#4 PIN
N 81°01'02"E 120.23'
S 36°53'14"E 51.73'
#4 PIN
23617 SF
0.542 AC.+-
26
SMALL BRANCH
30" below drive or sleeved in ductile iron
CONCRETE DRIVE
83.42'
50' BUFFER
S 04°32'32"E 80.28'
N 08°59'59"W 169.97'
PORCH
75.17'
27
15.55'
2 STORY FRAME/ROCK & BASEMENT
DECK
15.58'
WELL
PB 16-17
#4 PIN
S 18°49'44"W 64.20'
75'
70'
48.45'
50'
1/2" supply line
S 87°25'24"W 107.91'
10.00'
#4 PIN
#4 PIN
6.00'
10' SUPPLY LINE ESMT
Creek crossing must be sleeved in ductile iron and extend 10' on both sides
cart path
water line
APPROX. BRANCH
GOLF CO
ALLARD HEAD DEV. CORP.
91-829
Supply line must be 30" below cart path or sleeved in ductile iron
Crossing at cart path + water line; supply line must be 18" below water line or sleeved in ductile iron
10' SUPPLY LINE ESMT
SEPTIC EASEMENT FOR LOT #26
0.218 AC.+-
#4 PIN
10.72'


15.58'
DECK
WELL
48.45'
S 19°49'44"W 64.20'
#4 PIN
S 87°25'24"W 107.91'
10.00'
6.00'
#4 PIN
10' SUPPLY
LINE ESMT
1"=40
MALLAR
691-82
cart path
APPROX.
BRANCH
HEAD DEV. CORP.
GOLF COURSE
SEPTIC EASEMENT
FOR LOT #26
0.218 AC.+-
10' SUPPLY
LINE ESMT
#4 PIN
10.72'
S 53°50'28"E
70.80'
#4 PIN
141.42'
65.79'
13.31'
10.06'
N 45°41'28"E
65.58'
S 60°00'16"E 80.13'
#4
13.29'
S 43°28'32"W 120.11'
N 29°31'22"E 100.00'
EXISTING SEPTIC
EASEMENT
FOR LOT #43
#4 PIN
#4 PIN
10.00'
N 68°17'22"W 81.50'
N 68°17'22"W 180.01'
#4 PIN
#4 PIN
N 60°28'38"W 80.00'
S 22°15'00"W
89.70'
#4 PIN
46
#4 PIN
60.03'
N 67°54'53"W
PB 16-9
45
#4 PIN
HENRY BRIDGERS

NOTES:

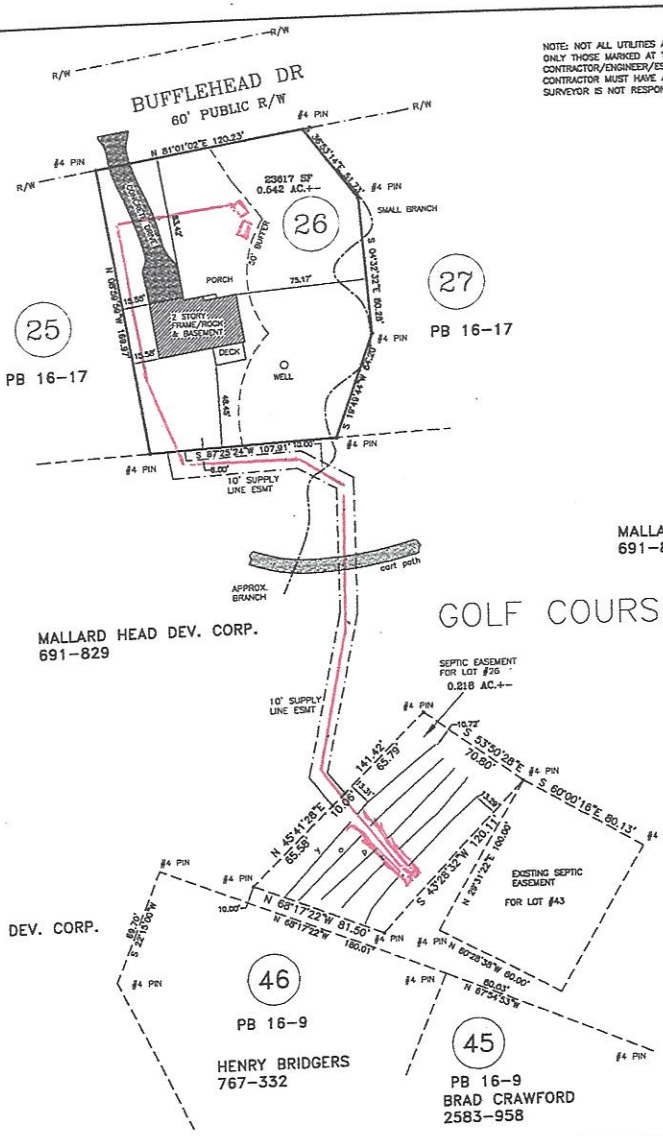
- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- 10' DRAIN. & UTILITY EASEMENT MAY EXIST ALONG EACH LOT LINE.
- NO USGS MONUMENT FOUND WITHIN 2000' OF SUBJECT PROPERTY.

NOTE: NOT ALL UTILITIES ARE IDENTIFIED ON THIS MAP!
ONLY THOSE MARKED AT TIME OF FIELD SURVEY ARE NOTED.
CONTRACTOR/ENGINEER/ESTIMATOR SHOULD VERIFY LOCATION, SIZE & TYPE BY A FIELD VISIT.
CONTRACTOR MUST HAVE ALL UNDERGROUND UTILITIES MARKED PRIOR TO ANY CONSTRUCTION.
SURVEYOR IS NOT RESPONSIBLE FOR UNDERGROUND UTILITIES NOT SHOWN ON SURVEY.

SETBACKS:
FRONT – 35'
REAR – 35'
SIDE – 15'

LEGEND

R/W	RIGHT-OF-WAY
E/P	EDGE OF PAVEMENT
C/L	CENTERLINE
PDE	PERMANENT DRAINAGE EASEMENT
	UTILITY POLE
	LIGHT POLE
——P——	UNDERGROUND POWER
——S——	SANITARY SEWER LINE
~~	OVERHEAD UTILITY LINE
———	GUY WIRE
——T——	UNDERGROUND TELECOMMUNICATIONS LINE
——G——	GAS LINE
——W——	WATER LINE
——F——	FIBER OPTIC CABLE LINE

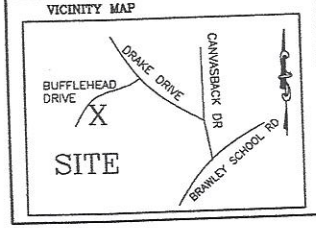


Not to Scale

DEDMON SURVEYS

NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

VICINITY MAP



I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 2490, PG 2325)(PB 16, PG 17; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 22 DAY OF MARCH, AD 2021.

David C. Poovey — L-3762
PROFESSIONAL LAND SURVEYOR — LICENSE NO.

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899

3704 NC HIGHWAY #16 BUSINESS NORTH
P.O. BOX 494 – DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170

DATE 5-5-2021	DB: 691	PG: 829	
SCALE: 1" = 50'	DB: 2490	PG: 2325	
	PB: 16	PG: 9 & 17	
DAVIDSON TOWNSHIP			
IREDELL COUNTY, NC			
SURV. BY: CP	DRAWN: CP	JOB# MH26XSEPTIC	

PHYSICAL SURVEY
FOR
BRANDEN
HARRISON
SEPTIC EASEMENT MAP
LOT #26 MALLARD HEAD COUNTRY CLUB
123 BUFFLEHEAD DR – MOORESVILLE, NC

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 5/21
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		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		0-18	C	SBK					
		18-53	BC	wABK					
2		0-23	C	SBK					
		23-54	BC	wABK					
3		0-40	C	ABK					
		40-70	BC	wABK					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

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

Sheet 2 of ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE_____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		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	SS on golf course	0-5 5-16 16-24 24-69	scl wsbk C ABk C strong ABk Tr gr clay	Fr sss P sexP Fr s P sexp Fr s P sexP Fr s P sexp	Chroma 2's @ 16" 5YR Tr gr dirt @ 24"	69"	Sapro Litho Indistinct	Chroma 2's at 16"	
2	3-6-2021 Pit Behind house on cot		C					Chroma 2's @ 17 Inch 10YR6/2 7.5YR5/4 @ 11 Inch	Half of Pit Closet to house has 10 Inches of Fill
3	on Golf Course Directly middle ways behind house		C					10YR7/2 @ 21 Inch	
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SHF 12270 14300

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 3/26/2021
PROPOSED FACILITY: New Singleton PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		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	SS	0-30	FI/I	—	Chroma 2's at 36	60"	—	30" ox fill to Chroma 2's at 36"	V
		30-36	C ABK strong	Fr SP SoSP					
2	SS	0-16	Compacted BC	—	Chroma 2's at 16"	59"	—	Chroma 2's at 16"	V
		16-59	CL SBK/ABK	Fr S P Sa P					
3	SS	0-18	CSBK/ABK	Fr S P SoSP	Chroma 2's throughout Standing at 16" 5Y 7/1	73"	Litho common below 56"	Chroma 2's at 16"	
		18-56	C Strong ABK	F-S P SoSP					
		56-73	C ABK	F-S P SoSP					
4	SS Angelt House	0-7	SCL SBK	Fr SSS P SoSP	Chroma 2's 5Y at 6/1 20" Tiger dirt at 34	60"	Litho inclusions common towards bottom	Chroma 2's at 20"	
		7-20	C ABK	Fr S P SoSP					
		20-34	C Strong ABK	Fr S P SoSP					
		34-60	C ABK	Fr S P SoSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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

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

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

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

Applicant Information: (PRINT CLEARLY) Development

Applicant Name: Mallard Head ~~Golf course~~ Corporation Address: 185 Mallard Way, Mooresville, NC Zip: 28117
Applicant Email: MallardHeadGC@hotmail.com Phone: — Alt. Phone: —
Owner Name: Mallard Head ~~Golf course~~ Development Corp Address: (704) 724-3779 - Sam Linker Zip: —
Owner Email: — Phone: — Alt. Phone: —

Property Information: - Golf course

Street Address: 123 Buffleshead Drive, Mooresville, NC 28117
Subdivision Name: Mallard Head Section/Phase: _____ Lot Number: 216
Driving Directions: Brawley School Road towards Trump Nat'l & Mallard Head on left.

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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: X Edward R Lyon 7 April 2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

* ATTN: Heath Snow *

RECEIVED MAR 2 5 2021

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

Paid $500.00

Iredell County Health Department – Environmental Health Division

* Re-draw *

PAGE 1: *APPLICATION FORM*

#216495

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: Marin development Company, LLC Address: 1207 East Blvd. Charlotte, NC Zip: 28203
Applicant Email: Aaron@marindc.com Phone: 704-634-4057 Alt. Phone: 704-493-1415
Owner Name: Marin development Company Address: 1207 East Blvd. Charlotte, NC Zip: 28203
Owner Email: Aaron@marindc.com Phone: 704-634-4057 Alt. Phone: 704-493-1415

Property Information:

Street Address: 123 Bufflehead Drive, Mooresville, NC 28117
Subdivision Name: Mallard Head Section/Phase: — Lot Number: #26
Driving Directions: Down Brawley School Rd towards Trump Nat'l & Mallard Head on your Left.

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: ____
( ) Swimming Pool
( ) Other Addition/Structure: ____

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

Non-Residential Site Development: Type of Business: N/A
Square Footage of Building: 3296 Max. Number of Employees: — Max. Number of Seats/Beds/Other: 3

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

Year existing system installed: 2021

Desired Septic System Type: *(you may rank in order of preference)*
( ) 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: _____ 3/25/2021
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, Mallard Head Development Corporation 4636-76348, am the legal owner(s) of the property located at 123 Bufflehead Drive, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) Golf course easement 4636-763418, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aaron Marin, Marin Development Company to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. 123 Bufflehead Dr. PIN: 4636-77-6850

- 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.

X _____ 7 April 2021
Signature of Owner(s) 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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Protect. 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*) _____

Aaron Marin, Owner
Marin Development Company, LLC

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

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

_____ 3/25/2021
Signature of Owner(s) 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

NOTES:

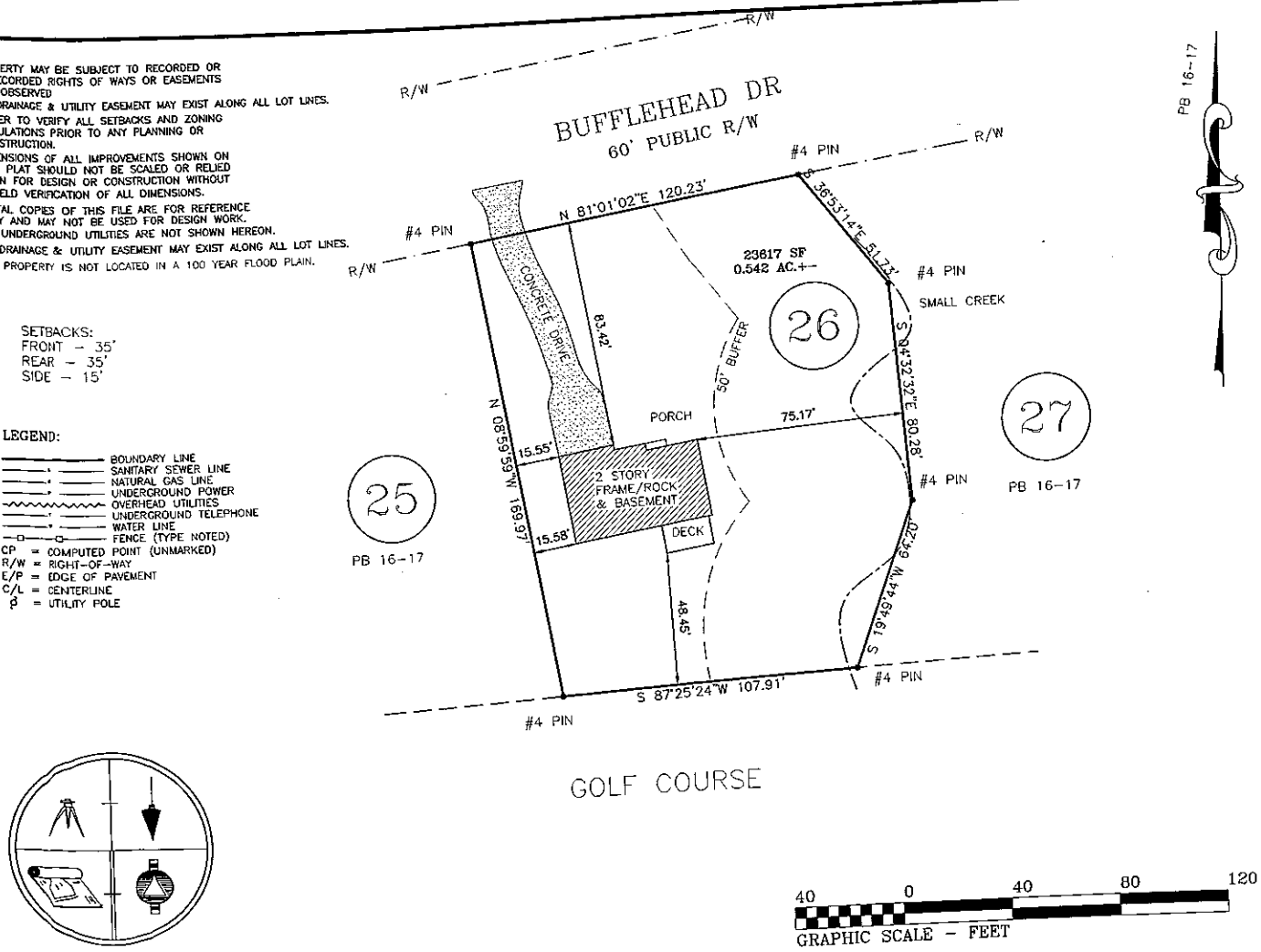
- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- 10' DRAINAGE & UTILITY EASEMENT MAY EXIST ALONG ALL LOT LINES.
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- ALL UNDERGROUND UTILITIES ARE NOT SHOWN HEREON.
- 10' DRAINAGE & UTILITY EASEMENT MAY EXIST ALONG ALL LOT LINES.
- THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN.

SETBACKS:
FRONT – 35'
REAR – 35'
SIDE – 15'

LEGEND:

- BOUNDARY LINE
- SANITARY SEWER LINE
- NATURAL GAS LINE
- UNDERGROUND POWER
- OVERHEAD UTILITIES
- UNDERGROUND TELEPHONE
- WATER LINE
- FENCE (TYPE NOTED)

CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
ρ = UTILITY POLE



DEDMON SURVEYS

40 0 40 80 120
GRAPHIC SCALE – FEET

PHYSICAL SURVEY
FOR
BRANDEN
HARRISON

LOT #26 MALLARD HEAD COUNTRY CLUB
123 BUFFLEHEAD DR – MOORESVILLE, NC

DAVIDSON TOWNSHIP – IREDELL COUNTY
SCALE: 1" = 40'

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

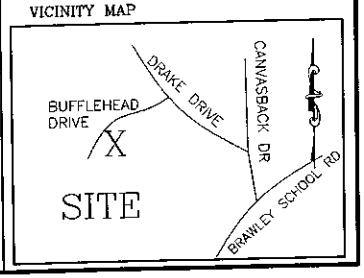


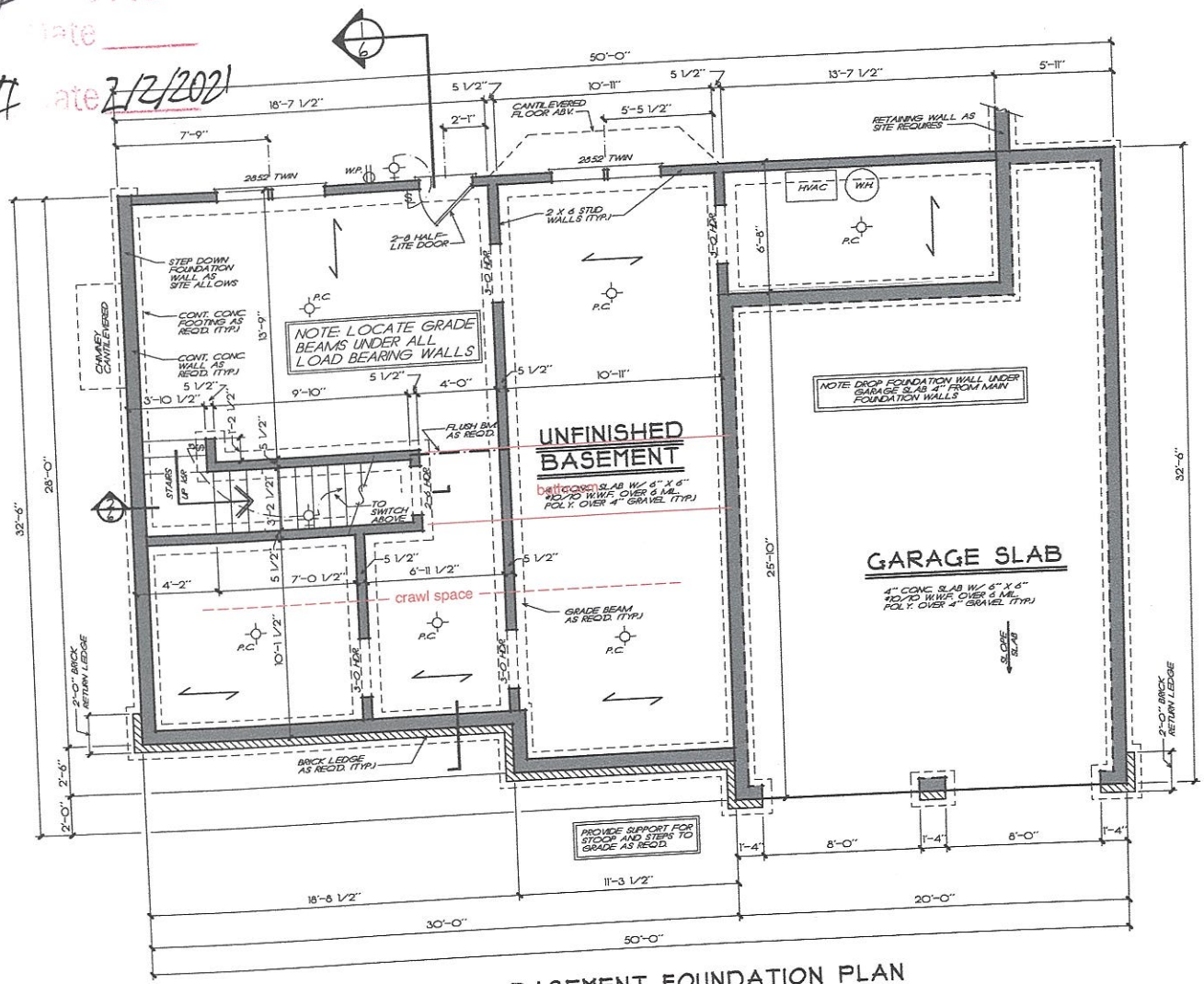
I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 2490, PG 2325)(PB 16, PG 17; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 22 DAY OF MARCH, AD 2021.

PROFESSIONAL LAND SURVEYOR — L-3762 LICENSE NO.

SURV. BY: KJ	DRAWN: CP	JOB# MH26X

VICINITY MAP





BASEMENT FOUNDATION PLAN

1/4" = 1'-0"

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

DATE	REV	DATE	REV

This drawing is not to be reproduced or used for constructing any building without the written permission of Frank Betz Assoc., Inc.

HOMEPLANS
Designed for Today's Markets
www.frankbetz.com

BASEMENT FOUND. PLAN
THE NASHVILLE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3350 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

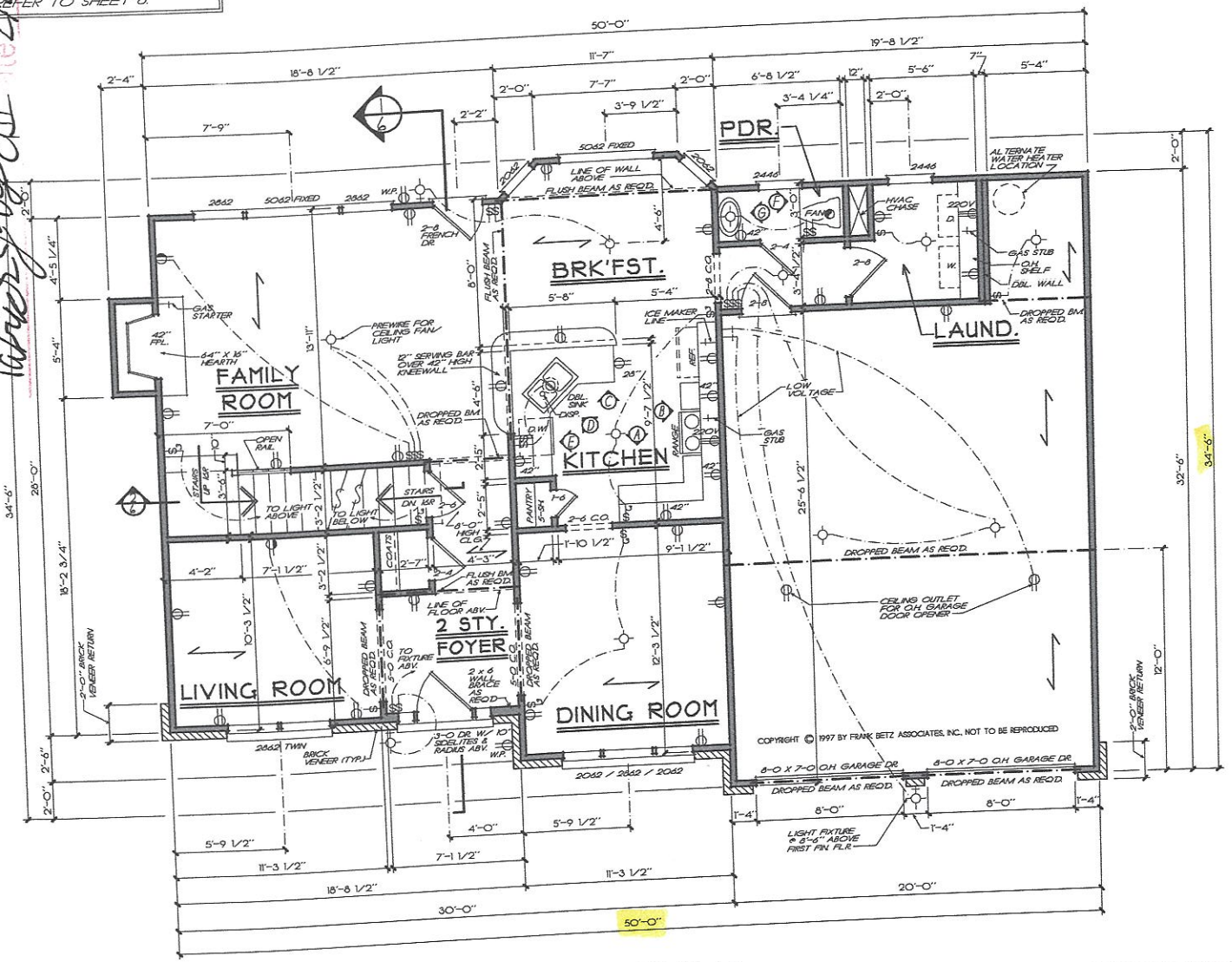
BY CES CK CAS

DATE 5-21-97

SHEET 3 OF 7

12/22/2014 10:45 M:\Homes\Nashville\A3000d22.dwg

NOTE: FOR GENERAL NOTES & GENERAL FRAMING NOTES, REFER TO SHEET 6.



FIRST FLOOR PLAN

1/4" = 1'-0"

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

SQUARE FOOTAGE	
FIRST FLOOR	996 SQ. FT.
SECOND FLOOR	1158 SQ. FT.
TOTAL	2154 SQ. FT.
OPT. SITTING RM.	90 SQ. FT.

DATE	REV	DATE	REV
12-23-14	CLAIR ARCH		

This drawing is not to be reproduced or used for construction any building without the written authorization of Frank Betz Assoc., Inc.

HOMEPLANS Designed for Today's Markets
www.frankbetz.com

FIRST FLOOR PLAN
THE NASHVILLE

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3330 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

BY CES CK CAS

DATE 5-21-97

SHEET 4 OF 7

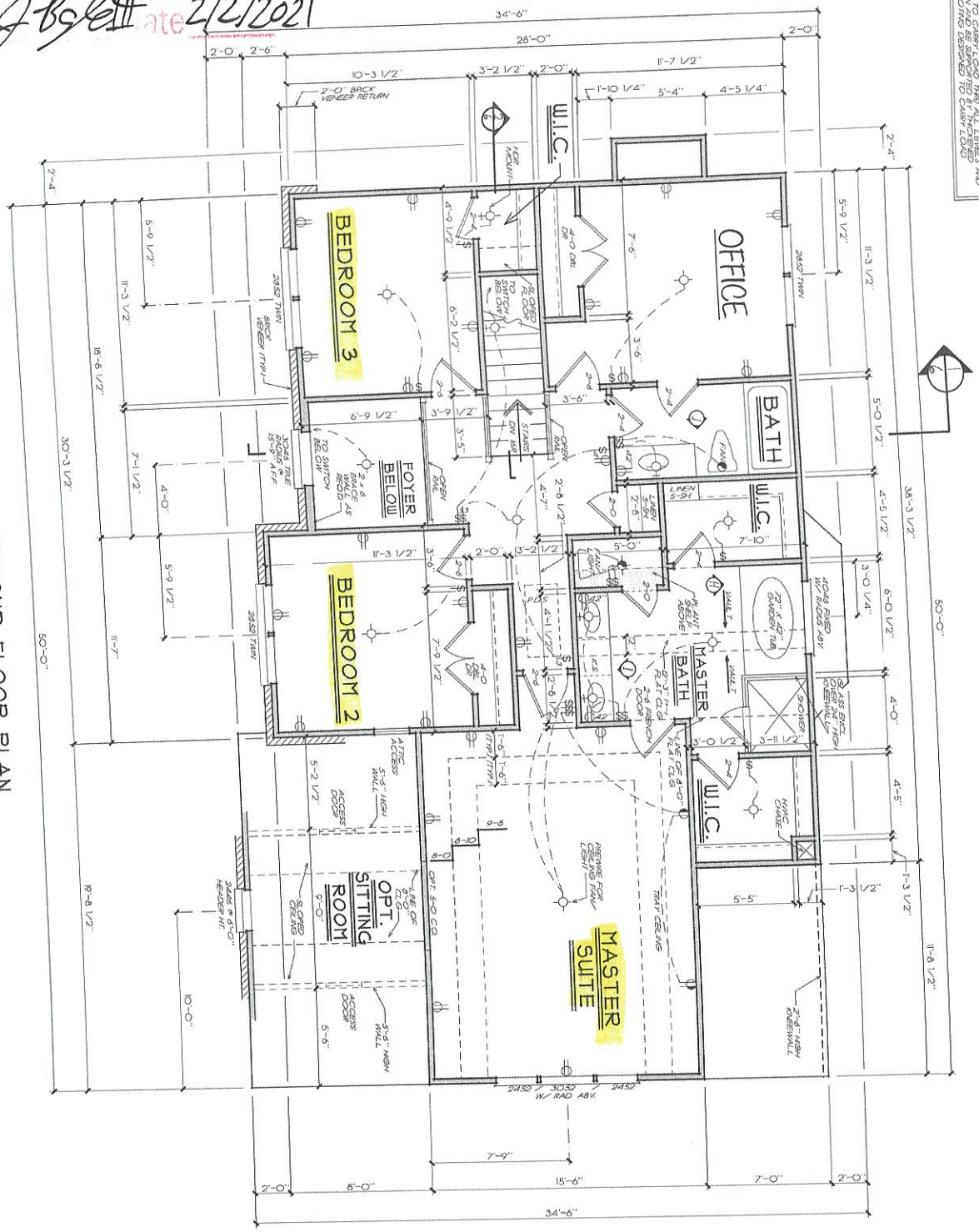
12/22/2014 10:45 AM K:\Versions\Nashville\2000s\04.dwg

2/22/2014 10:45 AM X:\reverse\Nashville\2000005.dwg

Plan ONL
Date
Patrick J Bobbitt 2/2/2021
Date

NOTE: ALL CEILING JOISTS AND RAFTER FRAMING TO BE DESIGNED FOR 10 PSF LIVE LOAD AND 20 PSF DEAD LOAD. ALL CEILING JOISTS AND RAFTERS TO BE TERMINATED INTO A FASCIA BOARD OR RIDGE BOARD. FASCIA BOARD TO BE SUPPORTED BY KNEEWALL, SLAB GRADE BEAM OR FOOTING DESIGNED TO CARRY LOAD.

FRANK BETZ ASSOCIATES INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS



SECOND FLOOR PLAN

1/4" = 1'-0"

SHEET 5 OF 7

DATE 5-21-97

BY CES CK CAS

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3350 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

SECOND FLOOR PLAN

THE NASHVILLE

HOMEPLANS
Designed for Today's Market®
www.frankbetz.com

DATE	REV	DATE	REV
4-30-02	CLAR 26-60		
5/22/14	CLAR 40-31		

This drawing is not to be reproduced or used for contracting any building without the written authorization of Frank Betz Assoc., Inc.