IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 229704

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

PIN # 4636-78-0576

APPLICANT/OWNER: 4G Design Build | APPLICANT ADDRESS: Po Box 60 Troutman, NC 28166

SITE ADDRESS: 207 Webbed Foot Rd. Mooresville 28117 | PHONE: 704-578-4951 | ALT. PHONE

SITE DIRECTIONS: BSR, TL Canvasback, TR Webbed Foot, on L

SUBDIVISION: Mallard Head Country Club | SECTION: 3 | LOT # 3 | LOT AREA: 1.223 AC

SAP CONTROLLED: [x] YES [ ] NO | DESIGN FLOW: 480 | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	1000	(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	4	Linear Ft	400'			
Trench Width	36"		Trench Bottom Depth(Low side)	32"	Gravel Depth	—			

[x] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: PPBPS

Maintenance Agreement Required: [ ] YES [x] NO

[x] GRAVITY [ ] PRESSURE

[x] Residence | No. Bedrooms 4
[ ] Business | No. Persons 8
[ ] Other | No. Employees
[ ] Slab | [x] Crawl Space
[ ] Basement w/plumbing | [ ] Basement w/o plumbing

Water Supply: [x] Private [ ] Public [ ] Community

Comments / Conditions: 5/21/18: Recommend pumping septic tank every 3-5 years. * Per floorplans, a 3-Bedroom house is to be built, however the system must be installed as permitted/designed. Any deviation from design must first be approved by the health department

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked		HS
Tanks Checked		HS
Pressure Manifold or Valve Box Checked		HS
Pressure Head Set		HS
Electrical Checked	11/13/18	MD
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)	not required	

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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 9-18-17

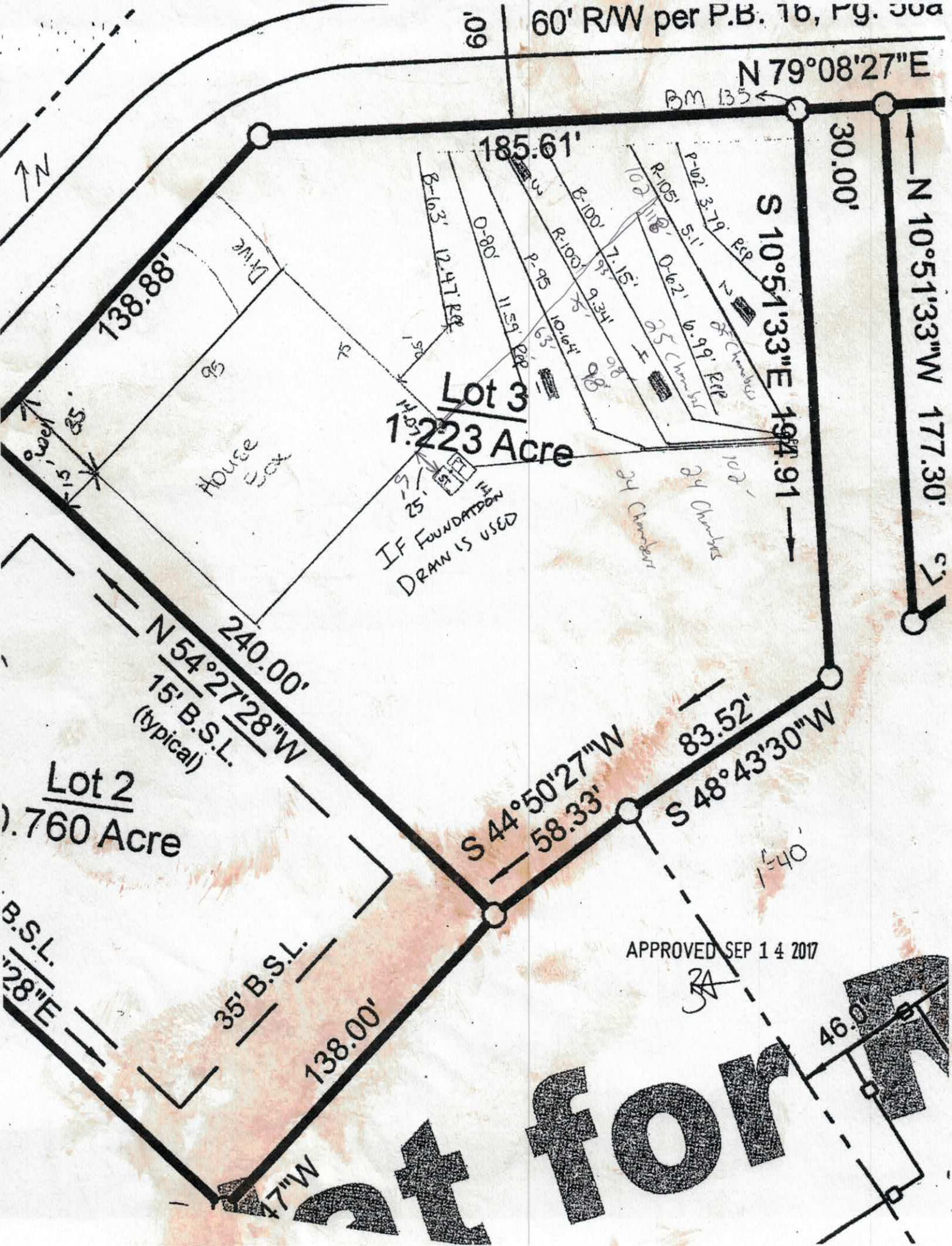
IMPROVEMENT PERMIT by: APPROVED SEP 14 2017 Date:

AUTHORIZATION TO CONSTRUCT by: Tom Rusk Date: 5/21/2018

Installed by: Rowan Septic

OPERATION PERMIT by: Maria Dotson Date: 11/13/18

Existing System Inspected by: Date:


60' R/W per P.B. 16, Pg. 58a
N 79°08'27"E
BM 135
185.61'
30.00'
N 10°51'33"W 177.30'
S 10°51'33"E 194.91
138.88'
Lot 3
1.223 Acre
House
Lot 2
.760 Acre
240.00'
N 54°27'28"W
15' B.S.L.
(typical)
S 44°50'27"W
58.33'
83.52'
S 48°43'30"W
35' B.S.L.
138.00'
IF FOUNDATION DRAIN IS USED
APPROVED SEP 14 2017
46.0'
24 Chambers
25 Chambers

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

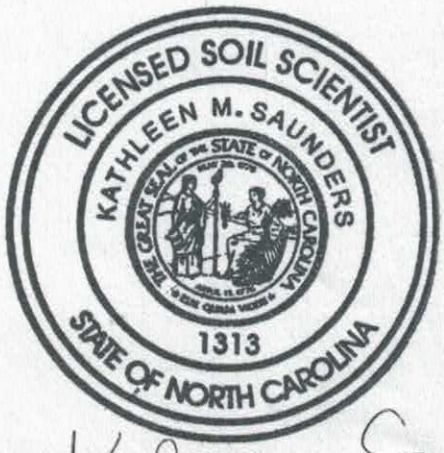
RE: 207 Webbed Foot Drive

Date: August 21, 2017

Attached is the septic specification information required to permit the 207 Webbed Foot Drive for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

APPROVED SEP 14 2017
BA

Mallard Head Webbed Foot Lot 3 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	36" 32" LOWSIDE
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	105' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 16.3'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	3.9'
Total Head	23.2'
Pump Requirements	22 gpm @ 23.2' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	10.9
Repair System	**LP PPBPS**
Total Linear Feet	267
Repair Loading Rate	0.3

APPROVED SEP 14 2017

BA

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Pink	LP PPBPS	62	3.79
2	**System**	**Red**	**25% Reduction**	**105 endfed**	**5.1**
3	Repair	Orange	LP PPBPS	62	6.99
4	**System**	**Blue**	**25% Reduction**	**100 endfed**	**7.15**
5	**System**	**Red**	**25% Reduction**	**100 endfed**	**9.34**
6	**System**	**Pink**	**25% Reduction**	**95 endfed**	**10.64**
7	Repair	Orange	LP PPBPS	80	11.59
8	Repair	Blue	LP PPBPS	63	12.47
				Total System: 400'	
				Total Repair: 267'	

Tank	Red	1000 gal (2 compartment)	14.10
Pump Tank	Red	1000	
House	blue		14.07

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Use proper setbacks if foundation drains are used
Remove any berms in septic area to prevent ponding

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

APPROVED SEP 14 2017
3A

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Gandy / 4G Design Build
ADDRESS: _____
APPLICATION DATE _____
DATE EVALUATED: 2/21/17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 1.223
LOCATION OF SITE: Mallard Head / Webbed Foot #3
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) .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
1	L 8-10%	0-36	Mo SBK C	FR SS/SP	R; C sap				0.3
		36-60	WK SBK C	FR SS/SP	R; C/M sap	60+	N/A	N/A	
2	L 8-10%	0-8	Mo GR SL	FR ns/np	Br				0.3
		8-27	Mo A BK C	FR SS/SP	R; F/C sap				
		27-60	WK SBK C	FR SS/SP	R; C/M sap	60+	N/A	N/A	
3	L 8-10%	0-30	Mo SBK C	FR SS/SP	R; C sap				0.3
		30-55	MA L Sap	"	Multi	30"	PS	N/A	
4	L 8-10%	0-25	Mo A BK C	FR SS/SP	R				0.3
		25-50	WK SBK CL	↓	R; C sap				
		50-62	MA L Sap	↓	R; F CL pockets	50"	PS	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Remove Berms
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH
36" TB

COMMENTS: _____

* See updated floorplans (Hill) dated 5/21/18

RECEIVED MAY 16 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

229704

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 BUILD LLC. **Address:** 488 PINEVILLE RD. STATESVILLE, NC **Zip:** 28117

Applicant Email: Sam@build4g.com **Phone:** 704-208-8342 **Alt. Phone:** —

Owner Name: 4G DESIGN BUILD LLC. **Address:** 488 PINEVILLE RD. STATESVILLE, NC **Zip:** 28117

Owner Email: Sam@build4g.com **Phone:** 704-208-8342 **Alt. Phone:** —

Property Information:

Street Address: 207 WEBBED FOOT RD. MOORESVILLE, NC 28117

Subdivision Name: MALLARD HEAD COUNTRY CLUB **Section/Phase:** _____ **Lot Number:** 3

Driving Directions: BSR, L on CANVASBACK, R on WEBBED FOOT, ON L

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: 4 — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) 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: _____ 5/15/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED SEP 1 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
#229704

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) *Septic Improvement Permit* ( ) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repai*

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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

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

Applicant Name: HG Design Build **Address:** P.O. Box 60 Troutman NC 28166 **Phone:**

Owner Name: Mallard Head Dev Corp **Address:** **Phone:**

Property Information: 4636-78-0576

Street Address: 207 Webbed Foot Rd Mooresville 28117

Subdivision Name: Mallard Head Country Club **Section/Phase:** 3 **Lot Number:** 3

Driving Directions: BSR, L on Canvasback Rd, R on Webbed Foot
Lot on Left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbin

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

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

Please answer the following to the best of your ability:

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

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are 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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/13/17
DATE

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, SAM GANDY, am the legal owner(s) of the property located at 207 WEBBED FOOT RD., identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 4G DESIGN BUILD LLC, TIM KYNAST, 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.

_____ 5/15/18
Signature of Owner(s) Date

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Mallard Head Dev Corp, am the legal owner of the property located at Lot 3 207 Webbed Foot Rd, identified as PIN(Parcel Identification Number) 4636 98 0576. located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — 27 August 2017 — Date

Signature of Witness — 27 August 2017 — Date

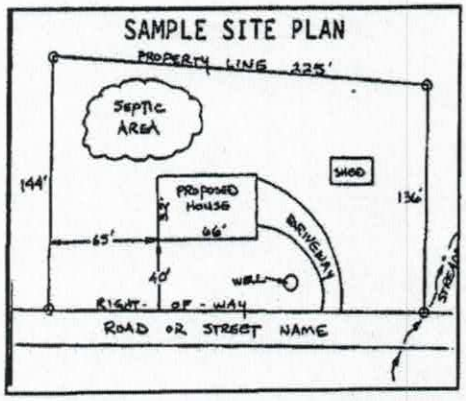
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

Signature: _____ 5/15/18

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

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 N/A PAGE N/A ; 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 _____ 2018.

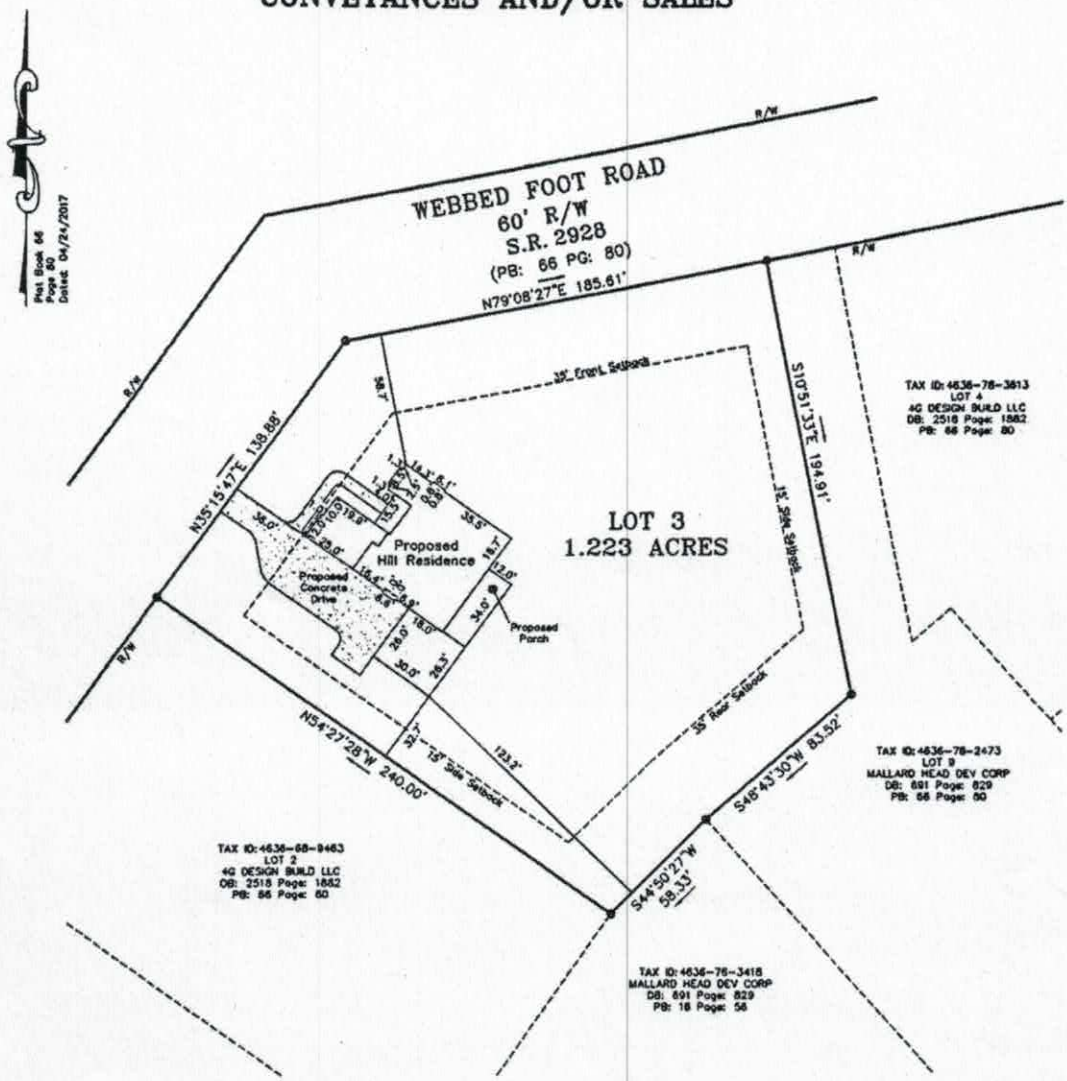
PRELIMINARY

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

LEGEND

R/W = Right-of-Way

PRELIMINARY
NOT FOR RECORDATION
CONVEYANCES AND/OR SALES



SURVEYOR NOTES

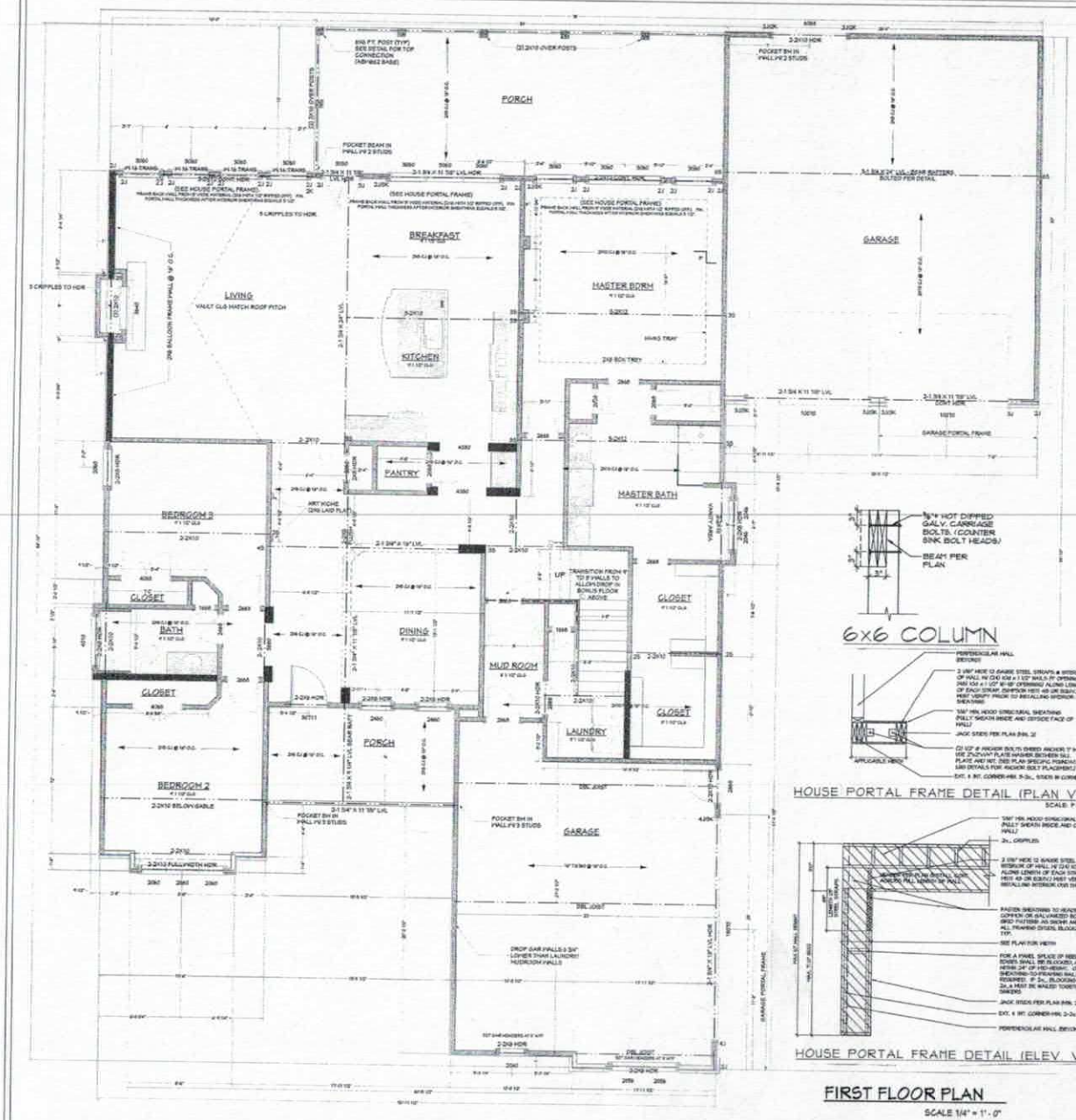
1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2) THIS SURVEY IS BASED ON DEED BOOK 2518 PAGE 1882 AND PLAT BOOK 66 PAGE 80 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3) THIS SURVEY 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) THIS LOT LIES WITHIN A SUBDIVISION THAT WAS PREVIOUSLY TIED TO THE NORTH CAROLINA GRID SYSTEM.
5) BASIS OF BEARINGS: PLAT BOOK 66 PAGE 80 - DATED: APRIL 24, 2017.
6) #4 REBAR AT ALL CORNERS, UNLESS OTHERWISE NOTED. ALL CORNERS "FOUND" or "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHERWISE NOTED.
7) 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 HEREON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
8) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
9) THIS PROPERTY IS ON ZONE R-SF, 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 3 - MALLARD HEAD COUNTRY CLUB
PHASE 3
PLAT BOOK 66 PAGE 80
WEBBED FOOT ROAD
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC

Prepared For:
4G DESIGN BUILD
PO BOX 60
TROUTMAN, NC 28166

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: MDH	Checked By: JHP	Scale: 1" = 30'	Project No.: 18040
Tax PIN: 4636-78-0578			
Date: May 1, 2018			Sheet No.: 1 of 1
File: 18040_Lot3WebbedFoot.dwg			



FIRST FLOOR PLAN

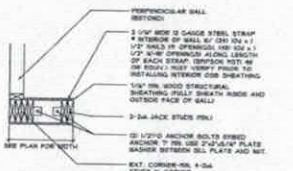
SCALE 1/4" = 1'-0"

6x6 COLUMN

HOUSE PORTAL FRAME DETAIL (PLAN VIEW)

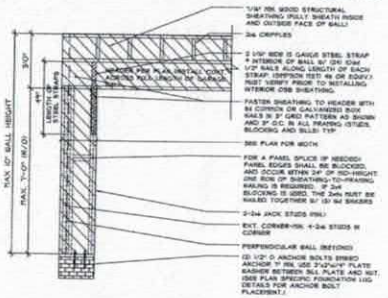
SCALE: 1" = 1'-0"

HOUSE PORTAL FRAME DETAIL (ELEV. VIEW)



GARAGE PORTAL FRAME DETAIL (PLAN VIEW)

SCALE: 1" = 1'-0"



GARAGE PORTAL FRAME DETAIL (ELEV. VIEW)

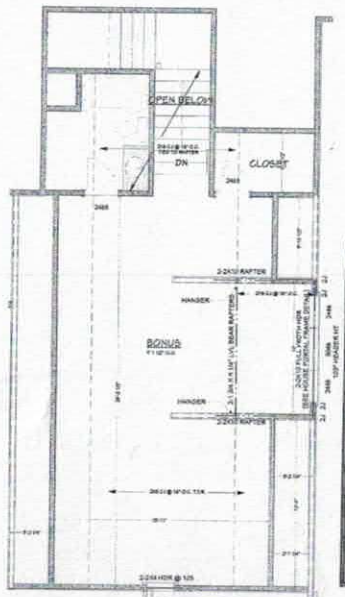
SHEATHING NOTES:

1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN SECTION R602.10.4 OF THE 2012 NCRC WITH SEPTEMBER 1, 2015 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATHED WITH A 7/16"x4'-0"x9'-0" OSB AND ATTACHED TO THE SILL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS @ 6" O/C SPACING AT PANEL EDGES AND 12" O/C SPACING AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG OSB PANEL EDGES. FASTEN PANEL EDGES AT BLOCKING @ 3" O/C AND @ 4" O/C AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" OSB.



BONUS FLOOR PLAN

SCALE 1/4" = 1'-0"

TYPICAL HANGERS FOR JOIST & BEAMS

MEMBERS	HANGER
2x6	LUS26
2x8	LUS28
2x10	LUS210
2x12	HUS26-3
2-2x8	HUS28-3
2-2x10	HUS210-3
2-2x12	HUS212-3
3-2x8	LUS28-3
3-2x10	LUS210-3
3-2x12	HUC212-3 (HDU-3 min. post)
2-(1.75"x9") LVL	HGUS410
2-(1.75"x9") LVL	HGUS412
2-(1.75"x11 7/8") LVL	HGUS412
2-(1.75"x14") LVL	HGUS414
2-(1.75"x16") LVL	HGUS414
2-(1.75"x18") LVL	HGUS414
3-(1.75"x9") LVL	HGUS69.5x5.5/8
3-(1.75"x9") LVL	HGUS69.5x5.5/8
3-(1.75"x11 7/8") LVL	HGUS69.5x5.5/12
3-(1.75"x11 7/8") LVL	HGUS69.5x5.5/12
3-(1.75"x14") LVL	HGUS69.5x5.5/14
3-(1.75"x16") LVL	HGUS69.5x5.5/14
3-(1.75"x18") LVL	HGUS69.5x5.5/14
4-(1.75"x9") LVL	HGUS125.5/8
4-(1.75"x11 7/8") LVL	HGUS125.5/12
4-(1.75"x14") LVL	HGUS125.5/14
4-(1.75"x16") LVL	HGUS125.5/14
4-(1.75"x18") LVL	HGUS125.5/14

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC. (BRAND - NAME EQUIVALENTS ACCEPTABLE)

Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
Seal for Structural Only
NC Certificate of Licensure P-0713

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Hill Residence
Pebble Bay Lot 243.

4G DESIGN BUILD
BUILD4G.com
PO BOX 80
TROUTMAN NC 28166
704-665-7578

DATE: 12/1/2015

SCALE:

SHEET: A-4

Acknowledgement of Plans Submittal ONLY!

Tom Rhuda

Date 5/18/18

Date 5/21/18

IREDELL COUNTY

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

APPLICATION NUMBER
229704
Issue Date: 08/28/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4636780576.000	207 WEBBED FOOT ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: MALLARD HEAD DEV CORP	Applicant: THE OAKS GROUP
Address: P O BOX 3008 MOORESVILLE, NC 28117	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	113329	TOTAL FEES:	$ 77.25