IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229705

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

PIN # 4636-78-3613

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

SITE ADDRESS: 175 179 Webbed Foot Rd. Mooresville 28117 PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: BSR, TL Canvasback, TR Webbed Foot, on L SAP CONTROLLED: REPAIR ☒ YES ☒ NO | INITIAL

SUBDIVISION: Mallard Head Country Club SECTION: 3 LOT # 4 LOT AREA: .871 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 825	Date 8/17/18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT —	Date ~~8/17/18~~	System Description: 25% REDUCTION		☐ Business	No. Persons 6	☒ Private
Pump Make		Model	Serial #	Repair System Description: PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 360'		Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 20"		Gravel Depth —	(GRAVITY) ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: * Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

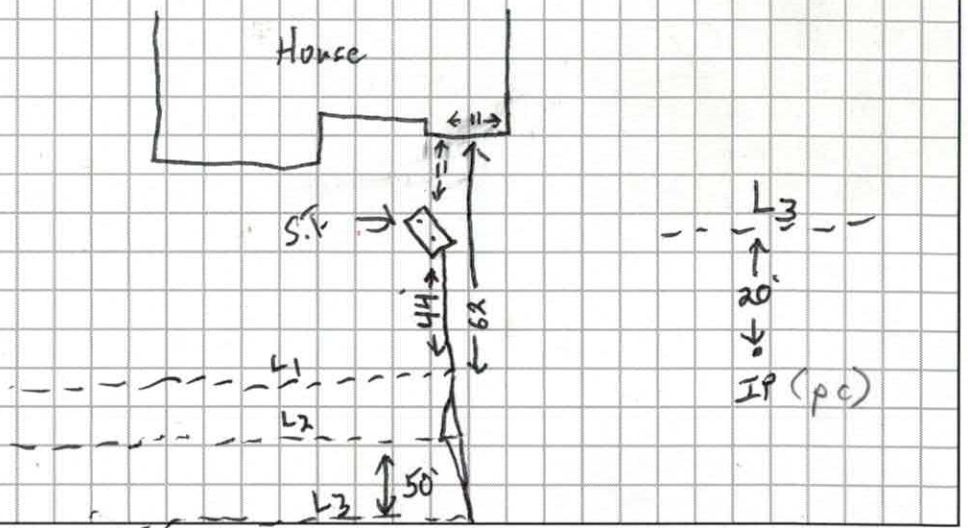
SEE PLAN FROM THE OAKS GROUP

* Gravity permit *

AS BUILT SKETCH

10/23/18: Rowan Septic 1000-gal conc. tank (mid seam)

L1 140 (142)
L2 140 (142)
L3 80 (78)
} IQ4W verified OK by laser. → IP @ 20"



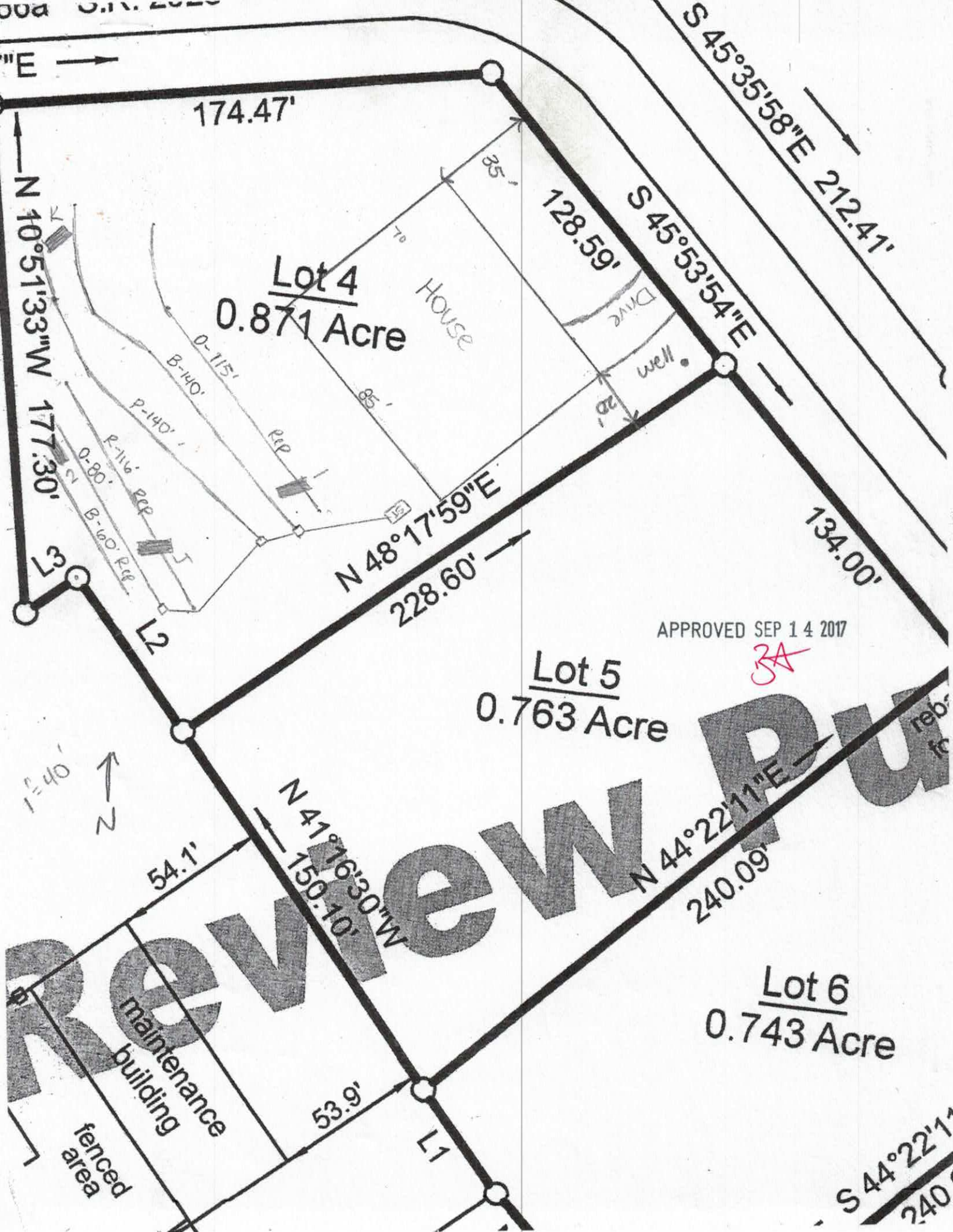
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: Kathleen Saunders Date: 9-18-17 Installed by: Kevin Kirkpatrick (Rowan Septic)

IMPROVEMENT PERMIT by: APPROVED SEP 14 2017 Date: OPERATION PERMIT by: Tom Shuck Date: 10/23/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/23/18 Existing System Inspected by: Date:


S 45°35'58"E 212.41'
174.47'
N 10°51'33"W 177.30'
35'
128.59'
S 45°53'54"E
Lot 4
0.871 Acre
House
Drive
well
B-140'
O-115'
P-140'
R-116' Rep
O-80'
B-160' Rep
85'
20'
N 48°17'59"E
228.60'
134.00'
L3
L2
APPROVED SEP 14 2017
3A
Lot 5
0.763 Acre
1"=40'
N
N 41°16'30"W
150.10'
54.1'
N 44°22'11"E
240.09'
Lot 6
0.743 Acre
maintenance building
fenced area
53.9'
L1
S 44°22'11"

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 179 Webbed Foot Drive

Date: August 21, 2017

Attached is the septic specification information required to permit the 179 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

Webbed Foot/Mallard Head Lot 4 Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Concrete Slab/Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	360
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	20"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	291
Repair Loading Rate	0.25

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	115
2	System	Blue	25% Reduction	140 endfed
3	System	Pink	25% Reduction	140 endfed
4	Repair	Red	LP PPBPS	116
5	System	Orange	25% Reduction	80 endfed
6	Repair	Blue	LP PPBPS	60
				Total System: 360'
				Total Repair: 291'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

APPROVED SEP 14 2017

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

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

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

OWNER: Gandy / H G Design Build
ADDRESS: ___
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Mallard Head / Webbed Foot #4
APPLICATION DATE ___
DATE EVALUATED: 2/21/17
PROPERTY SIZE: 0.87 AC
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 ~5%	0-42	Mo SBK C	Fi S/P	R; F sap				0.275
		42-53	WK SBK C	Fi SS/SP	R; C sap				
						53+	N/A	N/A	
2	L ~5%	0-20	Mo SBK C	FR SS/SP	R; F sap				0.3
		20-42	WK SBK CL	FR SS/SP	R; C/M sap				
		42-53	MA L sap	FR SS/SP	multi				
						42"	PS	N/A	
J	L 3-5%	0-22	WK ABK C	Fi S/P	R; C yel Br				0.25
		22-51	WK SBK C	FR SS/SP	R; C sap/mica				
						51+	N/A	N/A	
K	3-5%	0-20	Mo GR SL	FR ns/np	Br (possible old fill)				0.25 to 32"
		20-32	WK SBK C	Fi SS/SP	R; F yel Br; F sap				
		32"	2 chr						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III 9	IV
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): Remove Berms
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH 20" TB

COMMENTS: ___

RECEIVED MAY 18 2018

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 BUILD LLC. Address: 488 PINEVILLE RD. STATESVILLE, NC Zip: 28677
Applicant Email: sam@build4g.com Phone: 704-208-8342 Alt. Phone: —
Owner Name: 4G DESIGN BUILD LLC. Address: 488 PINEVILLE RD STATESVILLE, NC Zip: 28677
Owner Email: sam@build4g.com Phone: 704-208-8342 Alt. Phone: —

Property Information: 175

Street Address: 179 WEBBED FOOT RD. MOORESVILLE, NC 28117
Subdivision Name: MALLARD HEAD COUNTRY CLUB Section/Phase: _____ Lot Number: 4
Driving Directions: BSR, L ON CANVASBACK, R ON WEBBED FOOT RD., 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: 3
Maximum Number of Occupants: 4
( ) 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: Tim Kyn 5/17/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, HG Design Build (SAM GANDY), am the legal owner(s) of the property located at 179 WEBBED FOOT RD. MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

Signature of Owner(s) 5/17/18 Date

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

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

RECEIVED SEP 1 - 2017

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Paid $350.00
#229705

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:
Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

contact Kathleen Saunders (704) 578-4951

Applicant Name: 4G Design Build **Address:** P.O. Box 60 Troutman NC 28166 **Phone:**

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

4636-78-3613

Property Information:

Street Address: 179 Webbed Foot Rd Mooresville 28117

Subdivision Name: Mallard Head Country Club **Section/Phase:** 3 **Lot Number:** 4

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: 3
Maximum Number of Occupants: 6
( ) 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 Holt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/13/17
DATE

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 4 179 Webbed Foot Rd, identified as PIN(Parcel Identification Number) 4636 78 3613. located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Corp, _____, _____, _____, _____, 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.

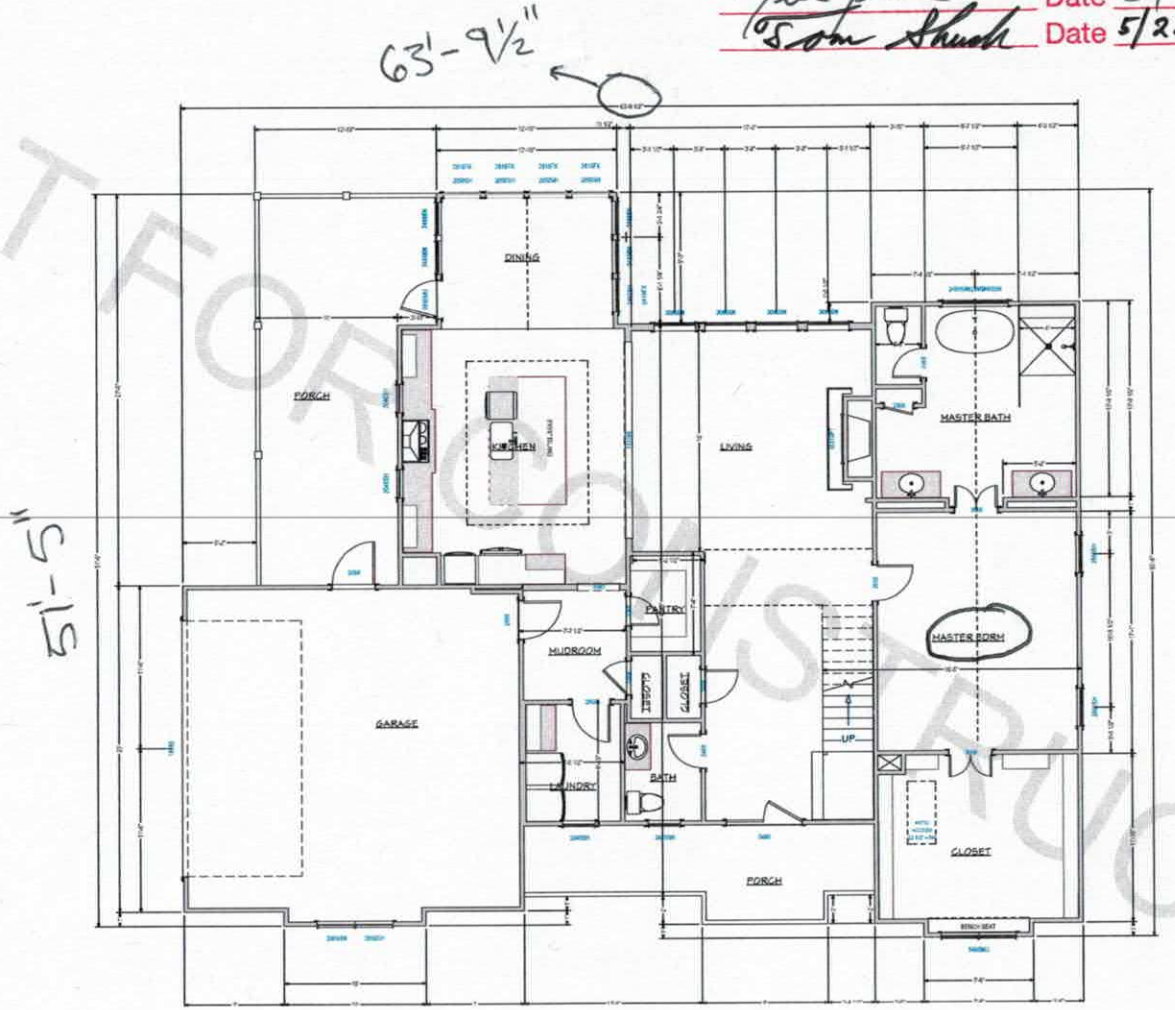
Signature of Owner — 27 August 2017 — Date

Signature of Witness — 27 August 2017 — Date

Acknowledgement of
Plans Submittal ONLY!

Date 5/18/18

Date 5/23/18



FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

SQUARE FOOTAGE	
1ST FLOOR HEATED	1824
2ND FLOOR HEATED	999
TOTAL HEATED	2823
GARAGES	551
PORCHES	367
TOTAL UNDER ROOF	3741

BID

NO.	DESCRIPTION	BY	DATE

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For permission requests please contact:
4G Design Build
PO Box 60
Trout Man NC 28166

PROJECT DESCRIPTION:
Williams Residence

4G DESIGN BUILD
BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-665-7578

DATE:
3/13/2018

SCALE:

SHEET:
A-6

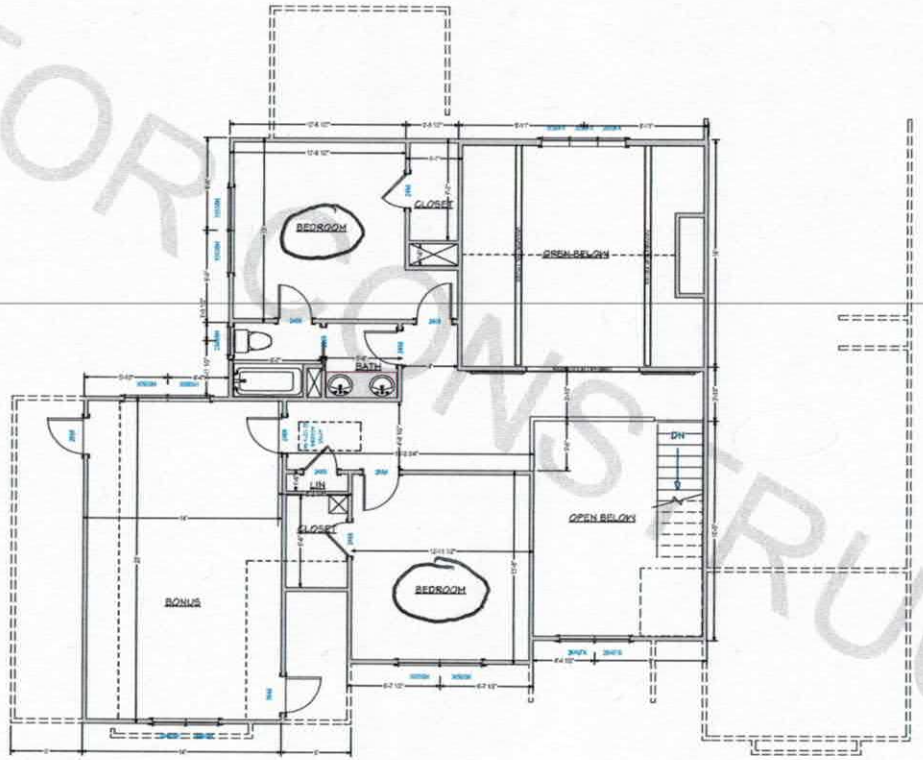
NOT FOR CONSTRUCTION

Acknowledgement of
Plans Submittal ONLY!

Date 5/18/18

Tom Shuck Date 5/23/18

NOT FOR CONSTRUCTION



SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

BID

NO.	DESCRIPTION	BY	DATE

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For permission requests please contact:
4G Design Build
PO Box 60
Troutman NC 28166

PROJECT DESCRIPTION:
Williams Residence

4G DESIGN BUILD
BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-665-7578

DATE:
3/13/2018

SCALE:

SHEET:
A-7

IREDELL COUNTY

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

APPLICATION NUMBER
229705
Issue Date: 08/28/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4636783613.000	179 WEBBED FOOT ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: MALLARD HEAD DEV CORP	Applicant:
Address: P O BOX 3008 MOORESVILLE, NC 28117	Address:
Phone:	Phone:

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	113330	TOTAL FEES:	$ 77.25