IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22[illegible]

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

PIN # 4636-78-4522

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

SITE ADDRESS: 173 Werbed Foot Rd. Mooresville 28117 PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: BSR, TL Canvasback, TR Werbed Foot, on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Mallard Head Country Club SECTION: 3 LOT # 5 LOT AREA: .763 AC DESIGN FLOW: 360 L.T.A.R.: .35

Septic Tank 1000 (gal)	STB 825	Date 11-6-18	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: High Capacity Chamber	☐ Business	No. Persons 6	☒ Private
Pump Make	Model	Serial #	Repair System Description: PPBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 350'	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) * 54" *	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: 5/21/18: Recommend pumping septic tank every 3-5 years

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

Installed as shown.

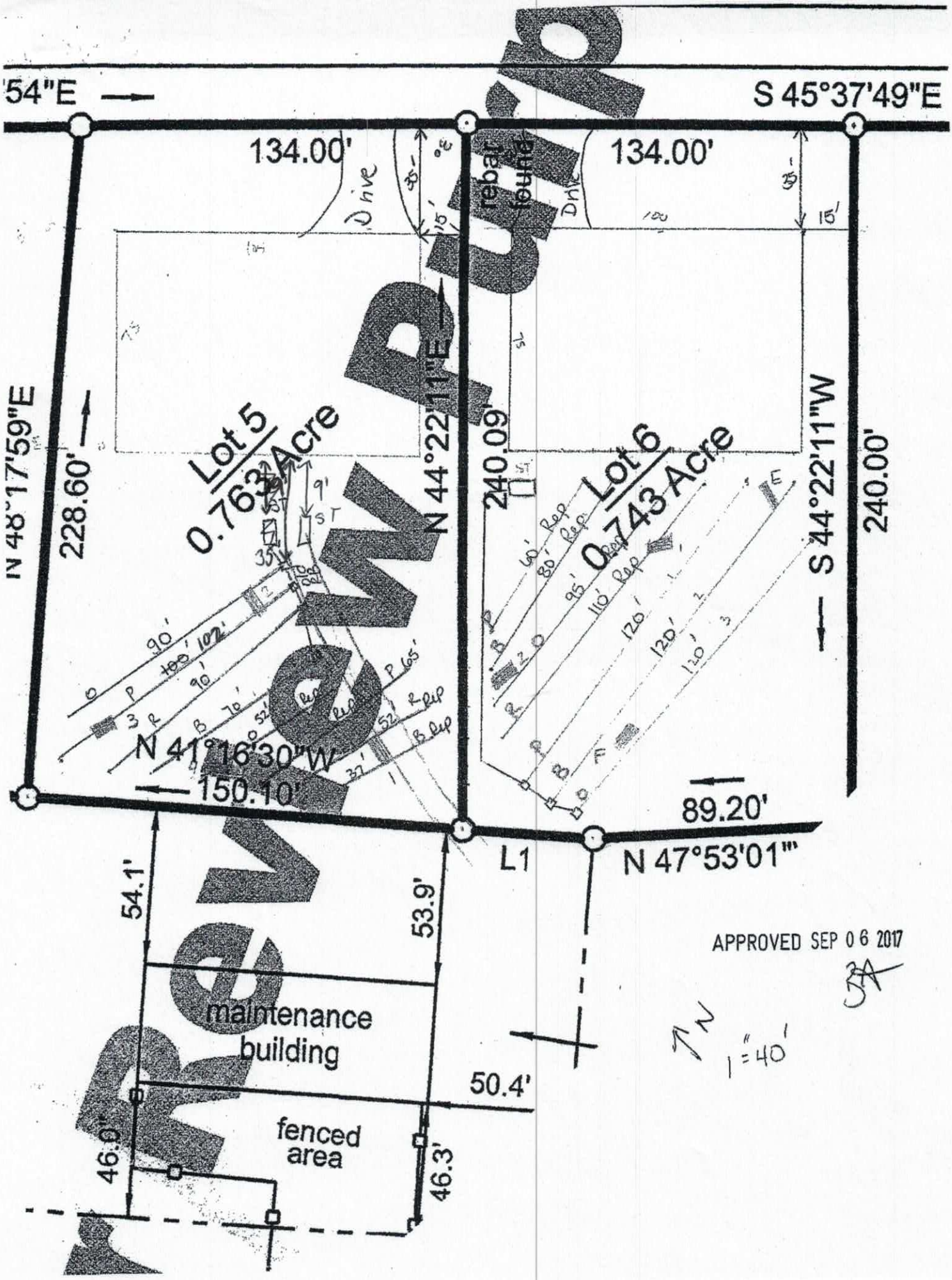
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: Kathyleen Saunders Date: 9-18-17 Installed by: Kevin w/ Rowan Septic

IMPROVEMENT PERMIT by: [illegible] APPROVED SEP 07 2017 Date: OPERATION PERMIT by: Kayla Wilson Date: 12-27-18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/21/2018 Existing System Inspected by: Date:


54"E
S 45°37'49"E
134.00'
134.00'
Drive
Drive
rebar found
N 48°17'59"E
228.60'
Lot 5
0.763 Acre
N 44°22'11"E
240.09'
Lot 6
0.743 Acre
S 44°22'11"W
240.00'
N 41°16'30"W
150.10'
89.20'
L1
N 47°53'01"
54.1'
53.9'
maintenance building
50.4'
fenced area
46.0'
46.3'
APPROVED SEP 06 2017
1"=40'
REVISED

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

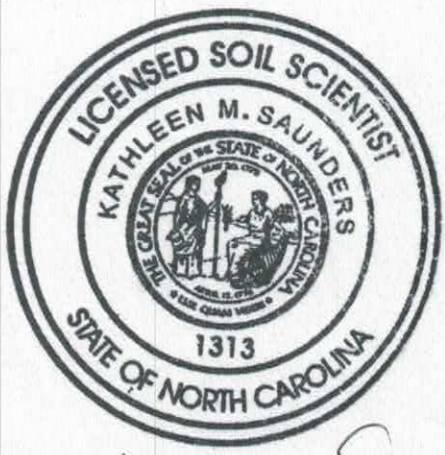
RE: 173 Webbed Foot Drive

Date: August 21, 2017

Attached is the septic specification information required to permit the 173 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 06 2017

3A
5

Webbed Foot/Mallard Head Lot 5 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)	**0.35**
Primary System Type	**Conventional Gravel**
No. Lines	3 (See Table)
Total Linear Feet	350
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)	54"
Maintenance Agreement Required	No
Repair System	**LP PPBPS (54" TB)**
Total Linear Feet	206
Repair Loading Rate	0.35

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Orange	Conventional	90 endfed
2	System	Pink	Conventional	100 endfed
3	System	Red	Conventional	90 endfed
4	System	Blue	Conventional	70 endfed
5	Repair	Orange	LP PPBPS	52
6	Repair	Pink	LP PPBPS	65
7	Repair	Red	LP PPBPS	52
8	Repair	Blue	LP PPBPS	37
				Total System: 350'
				Total Repair: 206'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Use deep trench bottom to get below unsuitable soil layer
Grade off berms and grade out/fill in old road bed

APPROVED SEP 0 6 2017

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APPROVED SEP 06 2017

BA

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 / 4 G Design Build
ADDRESS: ___
APPLICATION DATE ___
DATE EVALUATED: 8/11/17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.763Ac
LOCATION OF SITE: Webbed Foot/Mallard Head #5
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%	0-5	Mo GR SL	FR ns/np	Br				0.35 w/ 50+" TB
		5-31	WK SBK C	FR SS/SP	R; F/C yel Br				
		31-38	WK ABK C	F S/P	R; C yel Br; F 2 chr				
		38-86	WK SBK CL	FR SS/SP	R; C sap	86+	N/A	N/A	
2	L ~5%	0-16	Mo GR SL	FR ns/np	Br				0.35 w/ 54+" TB
		16-42	Mo ABK C	Fi S/P	R; C/M yel Br; F 2 chr				
		42-83	WK SBK CL	FR SS/SP	R; F sap	83+	N/A	N/A	
3	L ~5%	0-9	Mo GR SL	FR ns/np	Br				0.35 w/ 44+" TB
		9-21	Mo ABK C	FR SS/SP	R; C yel Br				
		21-32	Mo ABK C	Fi S/P	R; C yel Br; F 2 chr				
		32-82	WK SBK CL	FR SS/SP	R; C sap	82+	N/A	N/A	
4	L ~5%	0-6	Mo GR SL	FR ns/np	Br				0.35 w/ 51+" TB
		6-39	Mo ABK C	Fi S/P	R; C yel Br/2 chr				
		39-64	WK SBK CL	FR SS/SP	R; F/C sap				
		64-77	WK SBK CL	FR SS/SP	R; C/M sap	77+	N/A	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Conv	IV
Site LTAR	0.35	0.35

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

COMMENTS: 54" Trench Bottom

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: 169

Street Address: ~~173~~ WEBBED FOOT RD. MOORESVILLE, NC 28117
Subdivision Name: MALLARD HEAD COUNTRY CLUB Section/Phase: _____ Lot Number: 5
Driving Directions: BSR, L on CANVASBACK, R on WEBBED FOOT, ON L

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: _____ 5/17/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, 4G Design Build (SAM GANDY) am the legal owner(s) of the property located at 173 WEBBED FOOT RD MOORESVILLE, NC, identified as

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

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

_____ 5/17/18

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 5 173 Wicksett Ct, identified as PIN(Parcel Identification Number) 4636784522. 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

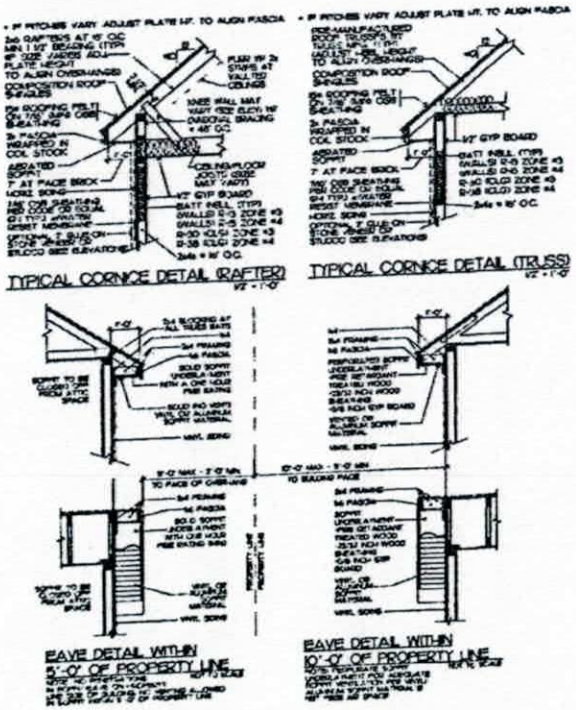
Signature of Witness — 27 August 2017 — Date

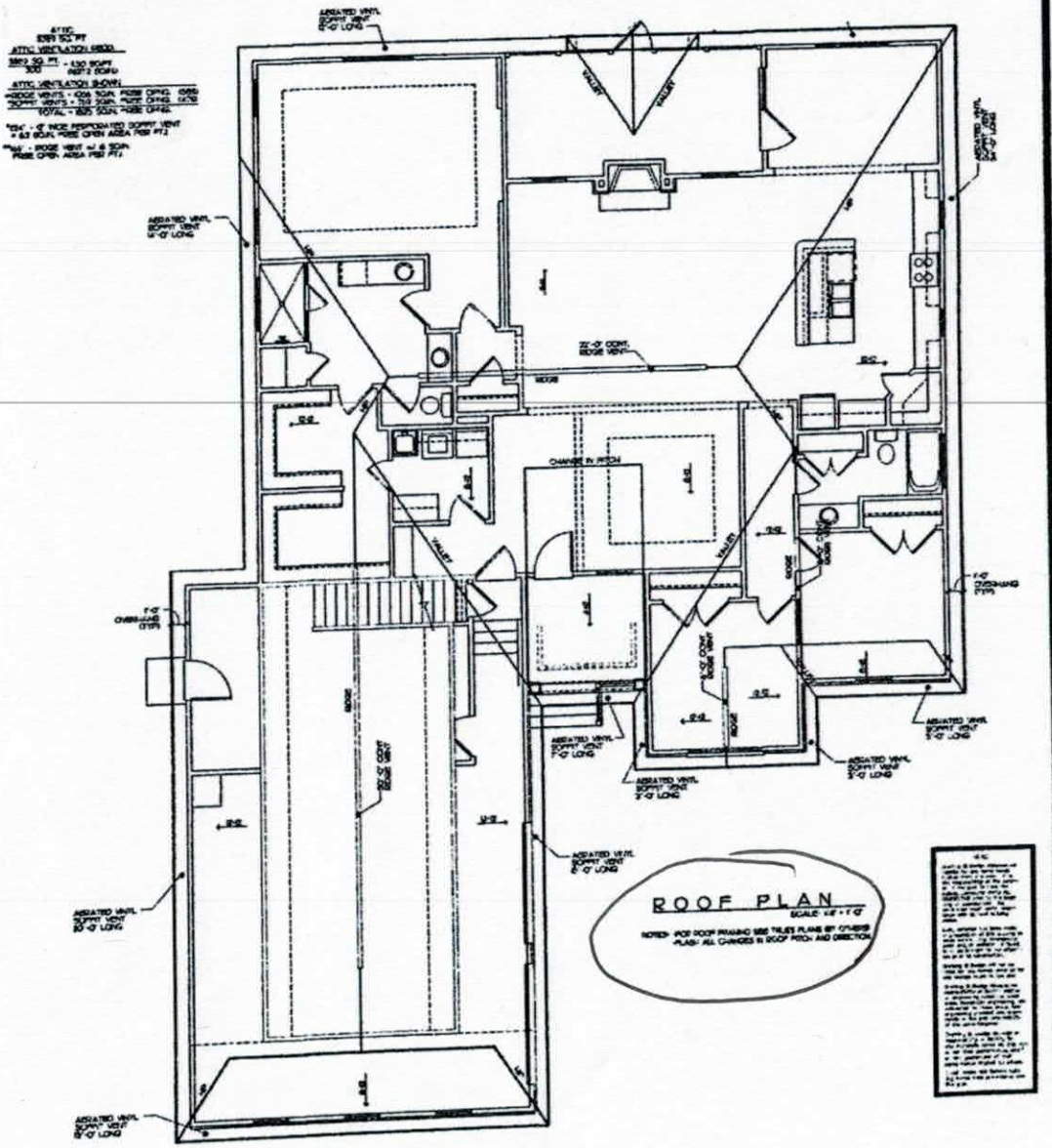
Acknowledgement of Plans Submittal ONLY!

Date 5/18/18

Date 5/21/18

ROOF CONSTRUCTION





Design Build

THE CAROLINA'S PREMIER CUSTOM home builder

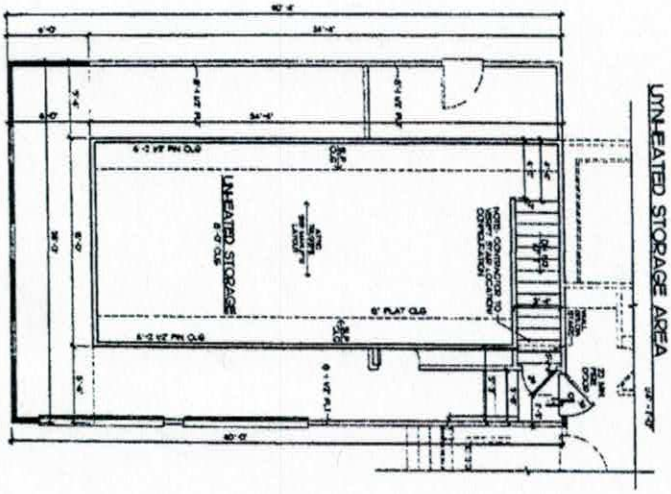
704-585-7578 riddleddesign.com

RIDDLE RESIDENCE

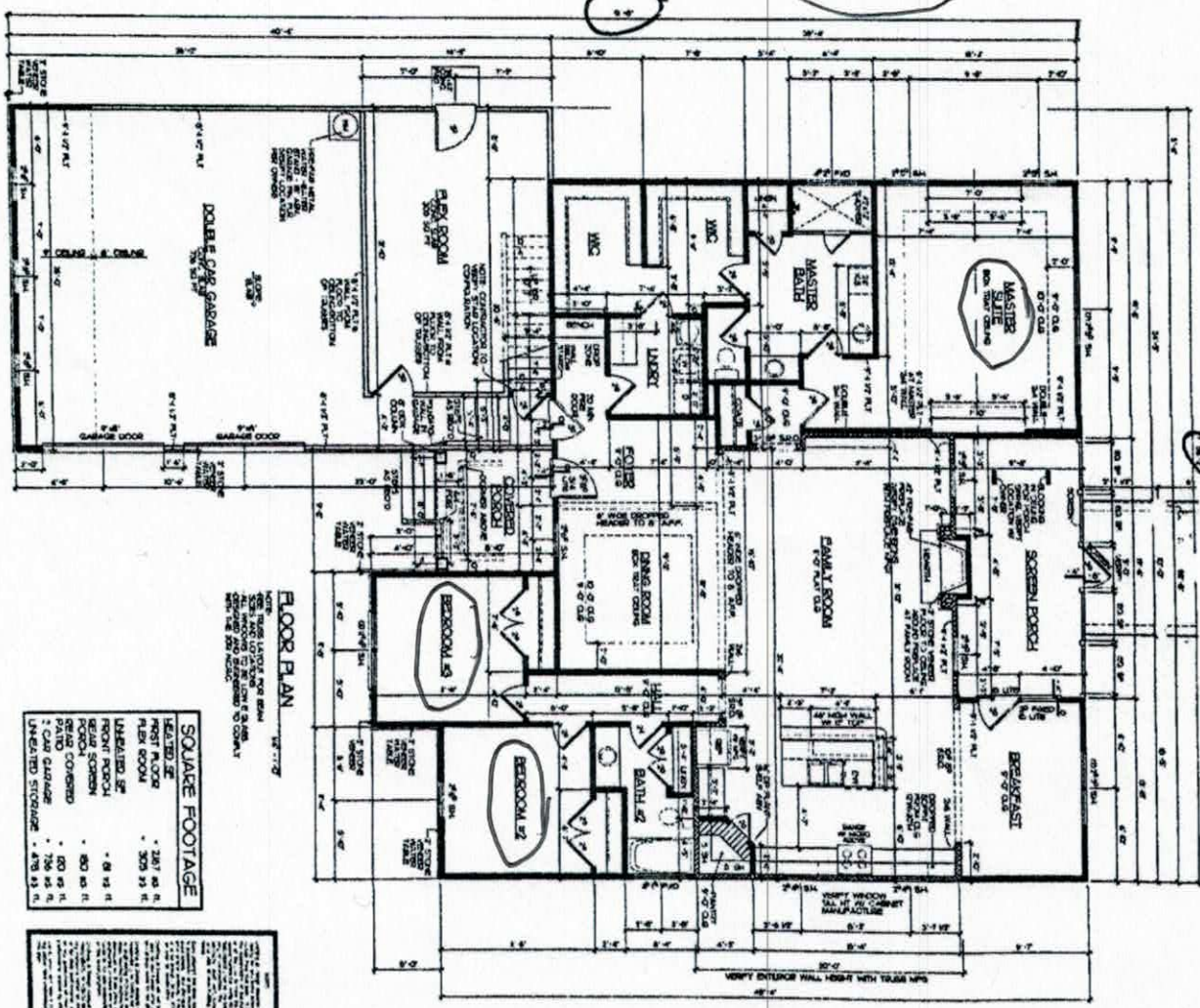
ROOF PLAN

4

nowledgement of
s Submittal ONLY!
Tom Shuck Date 5/18/18
Date 5/21/18



73' 8"



58' 2"

FLOOR PLAN

SQUARE FOOTAGE

HEATED SF	
FIRST FLOOR	2267 SQ FT
FLEX ROOM	305 SQ FT
UNHEATED SF	
FRONT PORCH	68 SQ FT
REAR SCREEN PORCH	650 SQ FT
REAR COVERED PATIO	650 SQ FT
2 CAR GARAGE	756 SQ FT
UNHEATED STORAGE	476 SQ FT

3		RIDDLE RESIDENCE	4G Design Build THE CAROLINA'S PREMIER CUSTOM home builder 704-655-7678	
		FLOOR PLANS		

IREDELL COUNTY

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

APPLICATION NUMBER
229698
Issue Date: 08/28/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4636784522.000	173 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
SFD	

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	113319	TOTAL FEES:	$ 77.25