1CHD - ENVIRONMENTAL HEALTH DIVISION

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

(formerly 229696)

PERMIT # AP 312226

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

PIN # 4636-78-5422

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

SITE ADDRESS: 163 Webbed Foot Rd Mooresville, NC 28117 | PHONE: 704 589-0489 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Canvasback TR Webbed Foot lot on left | SAP CONTROLLED: ☐ YES ☒ NO

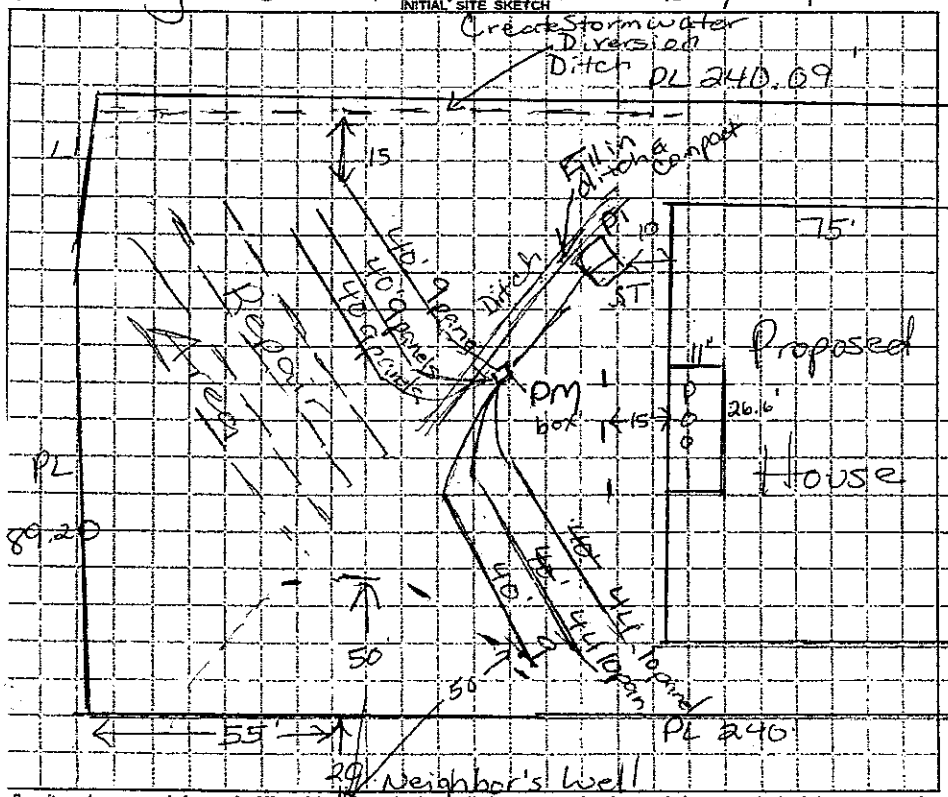
SUBDIVISION: Mallard Head Country Club | SECTION: 3 | LOT # 6 | LOT AREA: .743Ac | DESIGN FLOW: 360gpd | L.T.A.R.: .25

Septic Tank 1000 (gal)	STB 760	Date 5-1-21	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank 1000 (gal)	PT 363	Date 5-18-21	System Description: Pump-PM-Panel Block		☐ Business	No. Persons 6	☒ Private
Pump Make Barnes	Model EHV512Mar	Serial #	Repair System Description: Panel Block		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 6	Linear Ft: 240'	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width 24"	Trench Bottom Depth (Low side) max 36"		Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: ★ Solid pipe thru ditch. Use 1½" sch 40 tape. Set 2ft pressure head ★ Plumbing stubbed out-to low, have to pump

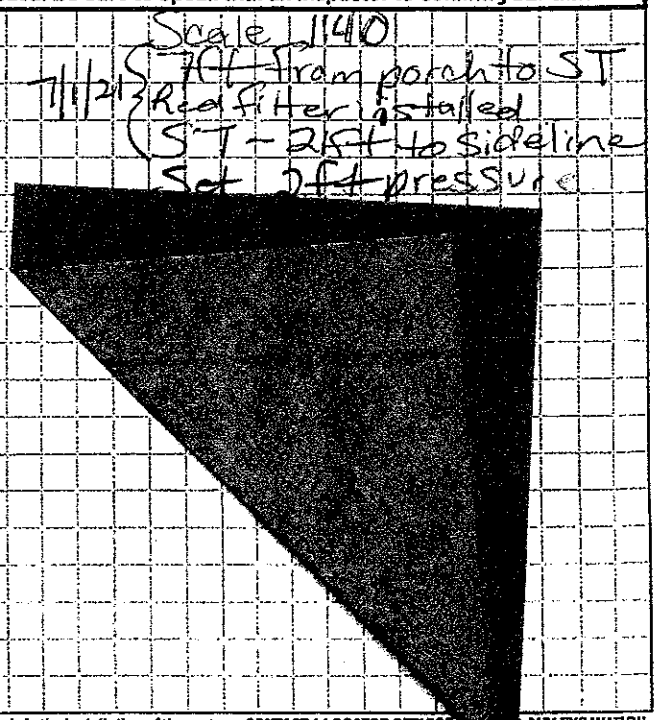
XX Must create/build stormwater diversion ditch along PL to divert water away from Septic System before Operation Permit

INITIAL SITE SKETCH



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.



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 ... 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 ... to exceed 60 mo.*

Owner / Applicant Signature: Kenneth Flynn | Date: 6-7-21 | Installed by: Shady Knoll Septic

IMPROVEMENT PERMIT by: Maria Dotson | Date: 6/5/21 | OPERATION PERMIT by: [signature] | Date: 9-10-2021

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 6/5/21 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day, ... need be

Item	Date	Initials
Drain Lines Checked	7/1/21	MD
Tanks Checked	7/1/21	MD
Pressure Manifold or Valve Box Checked	7/1/21	MD
Pressure Head Set	7/1/21	MD
Electrical Checked	8/25/21	DW
Floats Set	7/1/21	MD
Alarm Checked		
Maintenance Contract Needed? Y (N)		
Comments:		
Still need stormwater diversion		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

APPROVED SEP 06 2017 BA

Sheet ___ of ___

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

PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Gandy/4 G Design Build — APPLICATION DATE ___
ADDRESS: ___ — DATE EVALUATED: 2/21/17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.743 AC
LOCATION OF SITE: Webbed Foot #6 — 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 3-5%	0-6	Mo GR SL	FR ns/np	Br				0.25
		6-39	Mo ABK C	FR SS/SP	R				
		39-52	WK SBK C	FR SS/SP	R; C Sap (yel & white)				
						52+	N/A	N/A	
2	L 3-5%	0-6	Mo GR SL	FR ns/np	Br				0.25
		6-19	Mo ABK C	FR SS/SP	R				
		19-38	Mo ABK C	Fi S/P	R; C yel Br				
		38-53	WK SBK C	FR SS/SP	R; F Sap				
						53+	N/A	N/A	
E	L 3-5%	0-10	Mo GR SCL	FR SS/SP	Br R				0.25
		10-20	WK SBK C	Fi SS/SP	R				
		20-35	WK SBK C	Fi SS/SP	R; F/C yel Br; F Sap				
		35-48	WK SBK CL	FR SS/SP	R; C Sap (yel & white)				
						48+	N/A	N/A	
F	L 3-5%	0-24	WK ABK C	FR S/P	R; F yel Br				0.275
		24-60	WK SBK C	FR SS/SP	R; C Sap (wh & yel)				
						60+	N/A	N/A	

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

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

COMMENTS: ___

RECEIVED FEB 04 2020

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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) AP-229696

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct X Existing System Inspection

AP-312226
$100.00

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
4G Design Build LLC	488 Pineville Rd, Statesville, NC 28677	704.589.0489	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
4G Design Build LLC	488 Pineville Rd, Statesville, NC 28677	704.589.0489	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
163 Webbed Foot Rd	Webbed Foot	Lot 6

Driving Directions: 77 to exit 35. West on Brawley School Rd. Left on Mallard Head. Left on Webbed Ft. Lot on right after curve

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(X) Other Revision needed to allow for pool clearance. Told previosuly a limited redraw would likely suffice. System not installed yet.

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(x) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed n/a *Year*

(X) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Samuel Gandy
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1.22.21
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Samuel Gandy, am the legal owner(s) of the property located at 163 Webbed Foot Rd, Mooresville, NC, identified as PIN (Parcel Identification Number) 4636-78-5422, 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.

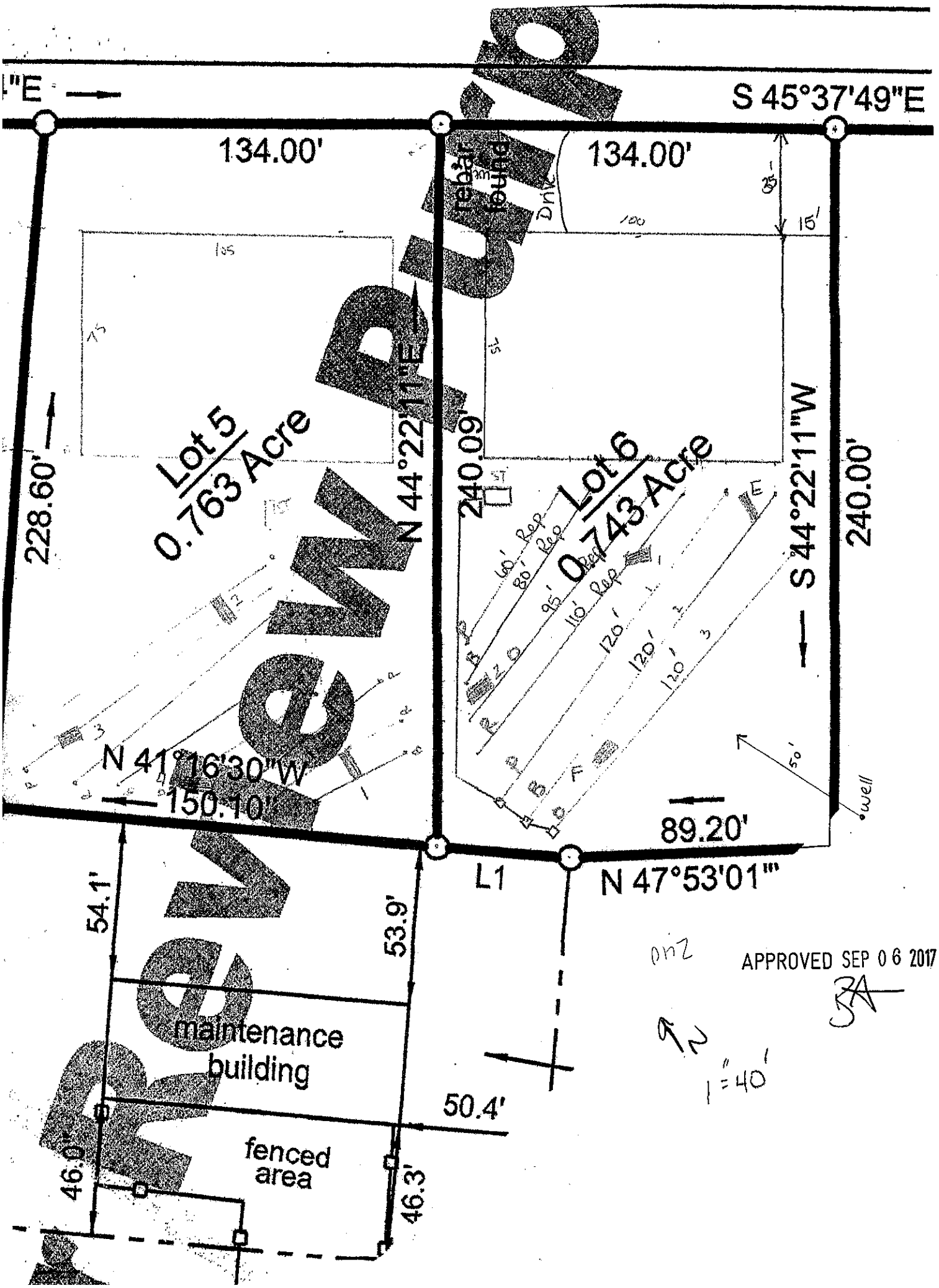
Samuel Gandy 1.22.21 Thomas W. Parr 1.22.21

Signature of Owner(s) Date Signature of Witness Date

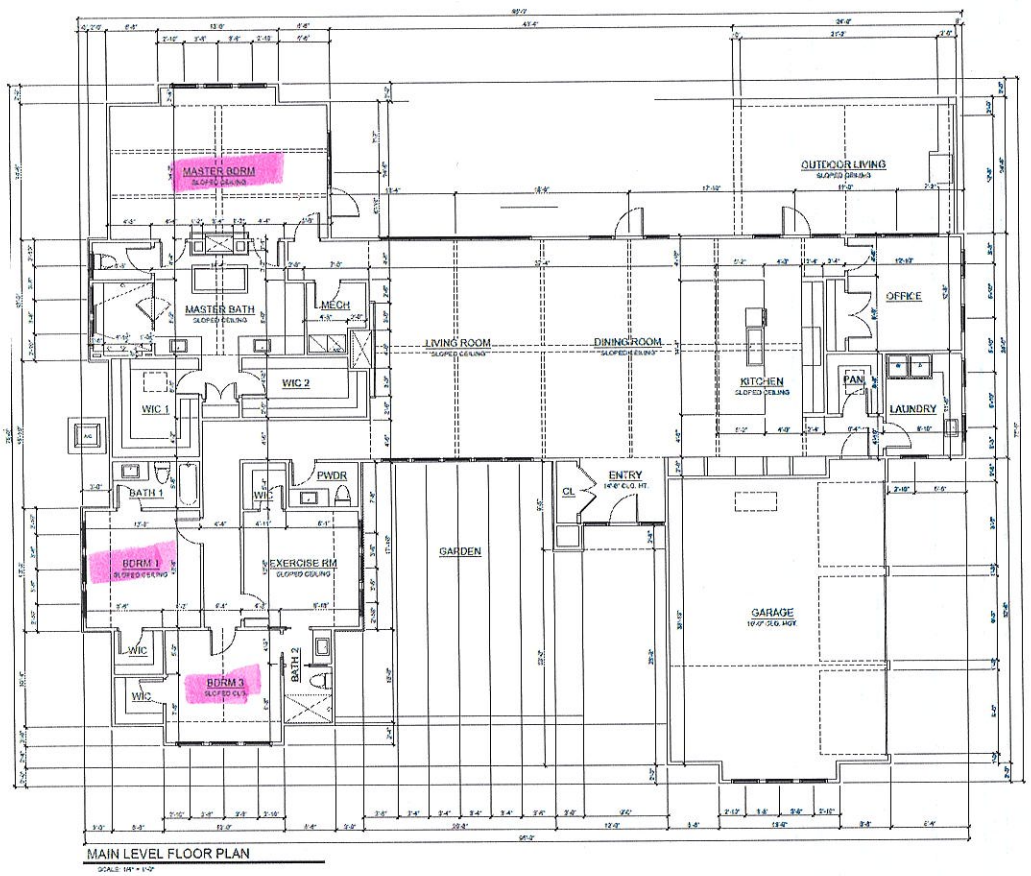
Please return this signed form to the appropriate office:

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


S 45°37'49"E
134.00'
134.00'
Drive
rebar found
Lot 5
0.763 Acre
Lot 6
0.743 Acre
N 44°22'11"E
240.09'
S 44°22'11"W
240.00'
228.60'
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'
well
APPROVED SEP 06 2017
1" = 40'

95'



95'

MAIN LEVEL FLOOR PLAN

ARCHITECT:
PHIL KEAN
ARCHITECTURE
CONSTRUCTION
INTERIORS

PROJECT:

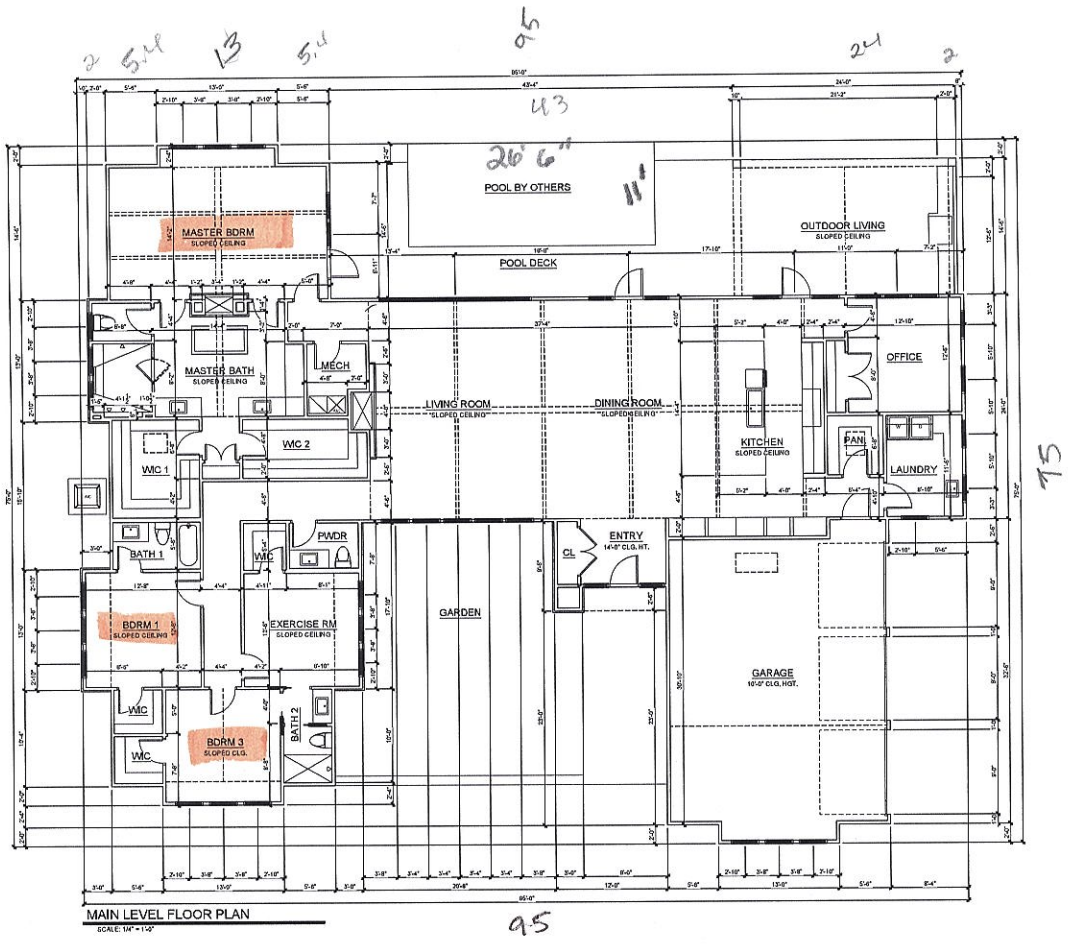
PLAN REVISIONS
DATE DESCRIPT

DATA:
DESIGNER: NAME
DRAWN BY: NAME
SHEET DESCRIPTION:
MAIN LEVEL FLOOR PLAN DIMENSIONS
SHEET NUMBER:
A2.0

Acknowledgement Of Plans Submittal ONLY
Date 12-1-20
Patrick J Byrne III Date 12/1/2020

163 Webbed Foot Rd

Newest



ARCHITECT:
PHIL KEAN
ARCHITECTURE
CONSTRUCTION
INTERIORS

PROJECT:

PLAN REVISIONS
#	DATE	DESCRIPT.

DATA:
DESIGNER: NAME
DRAWN BY: NAME

SHEET DESCRIPTION:
MAIN LEVEL FLOOR PLAN DIMENSIONS

SHEET NUMBER
A2.0

Acknowledgement Of
Plans Submittal ONLY!
Date 2/16/21
Date 2/17/21

IREDELL COUNTY

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

APPLICATION NUMBER
229696
Issue Date: 08/28/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4636785422.000	165 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	113317	TOTAL FEES:	$ 77.25