IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 229697

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

PIN # 4636-78-6313

APPLICANT/OWNER: 4G DESIGN BUILD | APPLICANT ADDRESS: PO BOX 60 TROUTMAN, NC 28166

SITE ADDRESS: 157 WEBBED FOOT RD. MOORESVILLE, NC | PHONE: 704-578-4951 | ALT. PHONE

SITE DIRECTIONS: BSR, TL CANVASBACK, TR WEBBED FOOT, ON L

SUBDIVISION: MALLARD HEAD COUNTRY CLUB | SECTION: 3 | LOT # 7 | LOT AREA: .738 AC | SAP CONTROLLED: ☑ YES ☐ NO | DESIGN FLOW: 360 | L.T.A.R.: .35

Septic Tank	1000 (gal)	STB	825	Date	3-18-19	☑ 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:	25% REDUCTION	☐ Business	No. Persons	6	☑ Private
Pump Make		Model		Serial #		Repair System Description:	PANEL BLOCK	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: ☆ Divert Storm/surface water away from Septic

12/28/18 Reviewed Floor plans, in compliance with Septic plan.

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

SEE ATTACHED AS BUILT

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

IMPROVEMENT PERMIT by: APPROVED SEP 06 2017 Date:

AUTHORIZATION TO CONSTRUCT by: Date: 12/28/18

Installed by: ROWAN SEPTIC

OPERATION PERMIT by: Date: 5-30-19

Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229697

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

PIN # 4636-78-6313

APPLICANT/OWNER: 4G DESIGN BUILD APPLICANT ADDRESS: PO BOX 60 TROUTMAN, NC 28166

SITE ADDRESS: 157 WEBBED FOOT RD. MOORESVILLE, NC PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: BSR, TL CANVASBACK, TR WEBBED FOOT, ON L SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: MALLARD HEAD COUNTRY CLUB SECTION: 3 LOT # 7 LOT AREA: .738 AC DESIGN FLOW: 360 L.T.A.R.: .35

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:		25% REDUCTION		
Pump Make		Model			Serial #		Repair System Description:		PANEL BLOCK		
# Nitrification Fields	1	# Lines	6	Linear Ft	300'		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)			36"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: ☒ Divert Storm/surface water away From Septic

12/28/18 Reviewed Floor plans, in Compliance with Septic plan

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

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

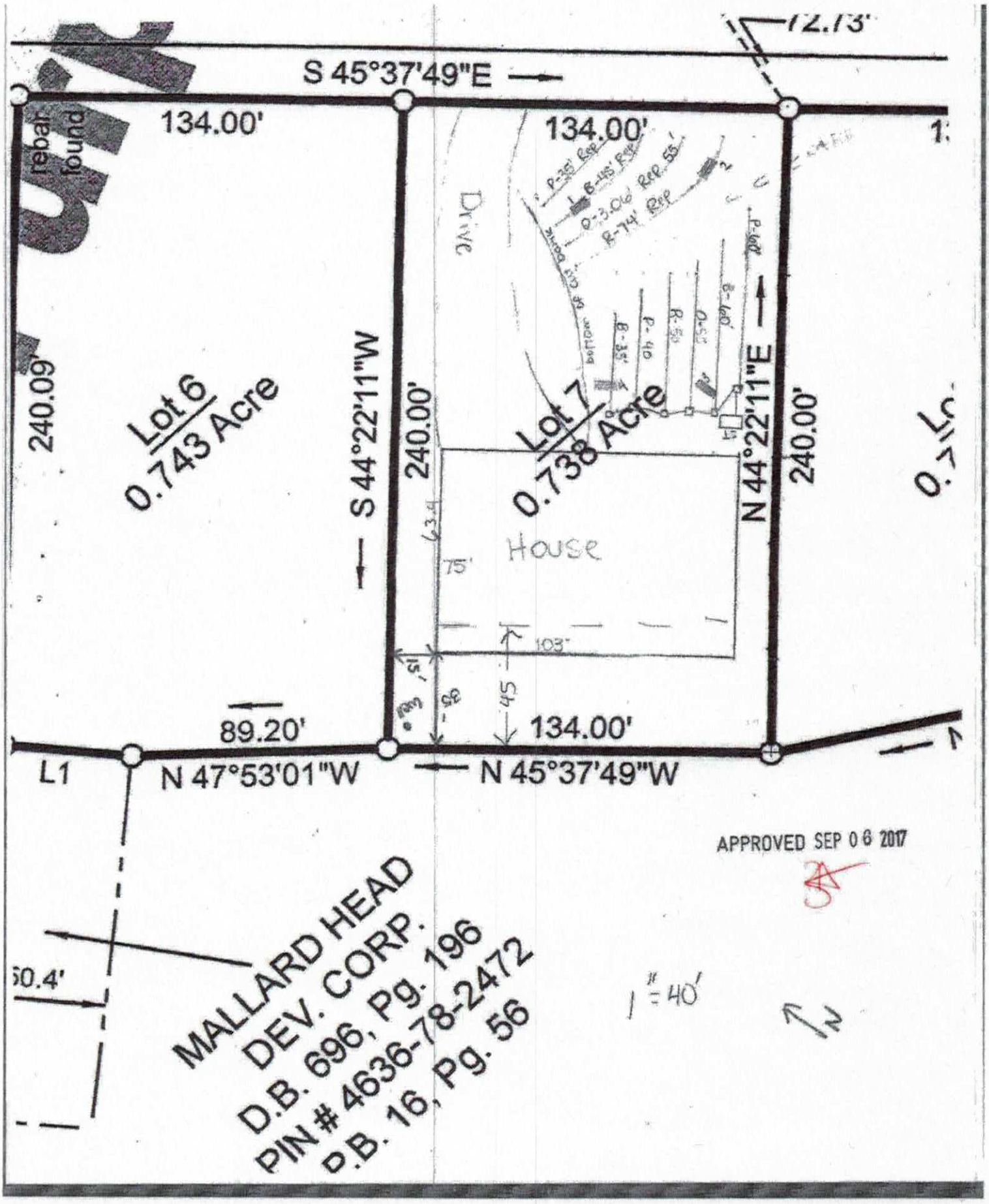
IMPROVEMENT PERMIT by: APPROVED SEP 06 2017 Date:

AUTHORIZATION TO CONSTRUCT by: Date: 12/28/18

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:


12.13'
S 45°37'49"E
134.00'
134.00'
rebar found
Drive
Lot 6
0.743 Acre
240.09'
S 44°22'11"W
240.00'
Lot 7
0.738 Acre
N 44°22'11"E
240.00'
House
63.4
75'
103'
89.20'
134.00'
L1
N 47°53'01"W
N 45°37'49"W
APPROVED SEP 06 2017
MALLARD HEAD
DEV. CORP.
D.B. 696, Pg. 196
PIN # 4636-78-2472
D.B. 16, Pg. 56
1" = 40'
N

APPROVED SEP 0 6 2017

RA

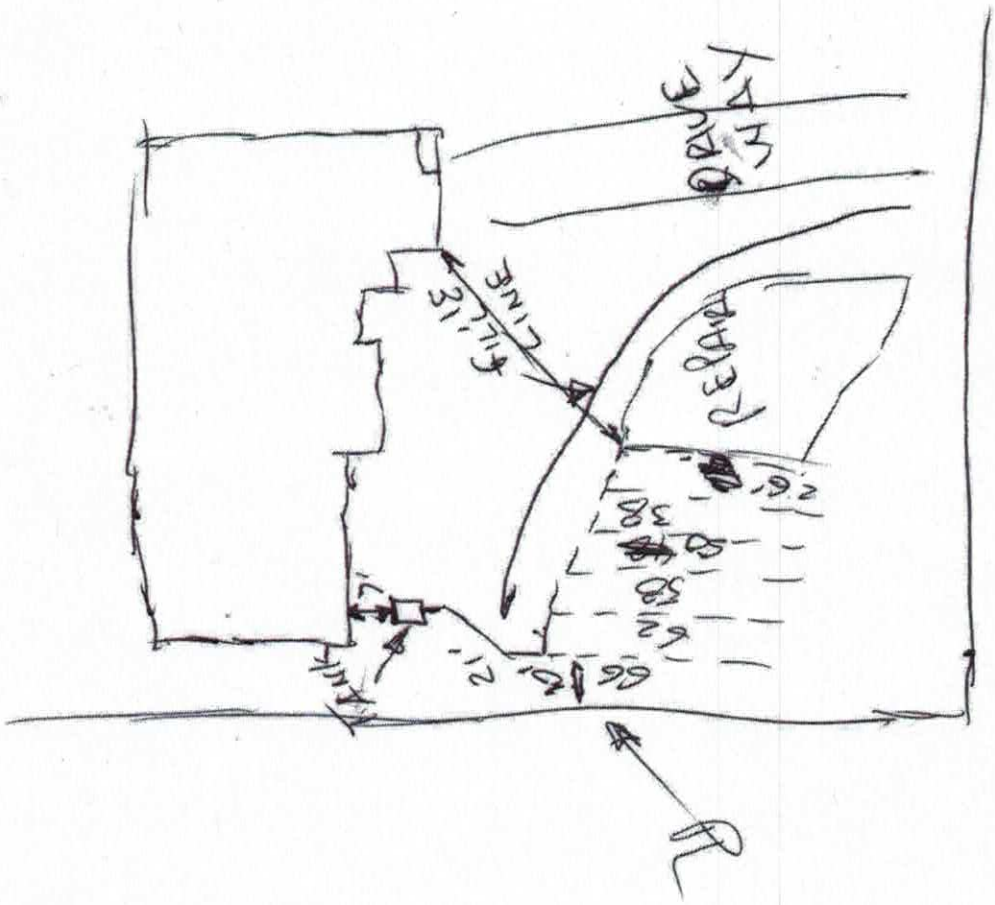
Webbed Foot/Mallard Head Lot 7 Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Concrete Slab/Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	300
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)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	209
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	Pink	25% Reduction	60 endfed
2	System	Blue	25% Reduction	60 endfed
3	System	Orange	25% Reduction	55 endfed
4	System	Red	25% Reduction	50 endfed
5	System	Pink	25% Reduction	40 endfed
6	System	Blue	25% Reduction	35 endfed
7	Repair	Red	LP PPBPS	74
8	Repair	Orange	LP PPBPS	55
9	Repair	Blue	LP PPBPS	45
10	Repair	Pink	LP PPBPS	35
				Total System: 300'
				Total Repair: 209'

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


QUEEN
ST
31.7'
LINE
REAR
19.2
38'
62'
66'
21'

APPROVED SEP 06 2017

3A

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

PROPERTY ID #: 4636-78-6313
COUNTY: Iredell

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

OWNER: Mallard Head Dev Corp
ADDRESS: Webbed Foot Rd Mooresville
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 7

APPLICATION DATE
DATE EVALUATED: 8/11/17
PROPERTY SIZE: 0.738
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	L <2%	0-60	MA L Sap	FR SS/NP	Multi	N/A	PS	N/A	0.35
2	L <2%	0-60	MA L Sap	FR SS/NP	multi; F	CL pockets 0-13" N/A	PS	N/A	0.35
3	L <2%	0-24	WK SBK CL	FR SS/SP	R, C/M Sap multi	24"	PS	N/A	0.35
		24-60	MA L Sap	↓					
4	L <2%	0-31	WK SBK CL	FR SS/SP	R, C sap multi	31"	PS	N/A	0.35
		31-60	MA L Sap	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LPPPBPS
Site LTAR	0.35	0.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

RECEIVED DEC 2 8 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: 828-337-2315
Owner Name: SAM GANDY Address: 488 PINEVILLE RD. STATESVILLE, NC Zip: 28677
Owner Email: sam@build4g.com Phone: 704-208-8342 Alt. Phone: 828-337-2315

Property Information:

Street Address: 157 WEBBED FOOT RD. MOORESVILLE, NC 28117
Subdivision Name: MALLARD HEAD COUNTRY CLUB Section/Phase: _____ Lot Number: 7
Driving Directions: BSR → L ON CANVAS BACK RD → 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: 6
( ) 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: [redacted] Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: 4

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: _____ 12-28-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED SEP 1 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
229697

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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

contact Kathleen Saunders (704) 578-4951

Applicant Information:

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

Owner Name: Mallard Head Dev Corp **Address:** **Phone:** 4636-78-6313

Property Information:

Street Address: 157 Webbed Foot Rd Mooresville 28117

Subdivision Name: Mallard Head Country Club **Section/Phase:** 3 **Lot Number:** 7

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 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, _____, 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.

_____ 4G DESIGN BUILD LLC _____ 12-28-18

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 7, 152 Webster Foot Rd identified as PIN(Parcel Identification Number) 4634 78 5122. located in Iredell County, North Carolina.

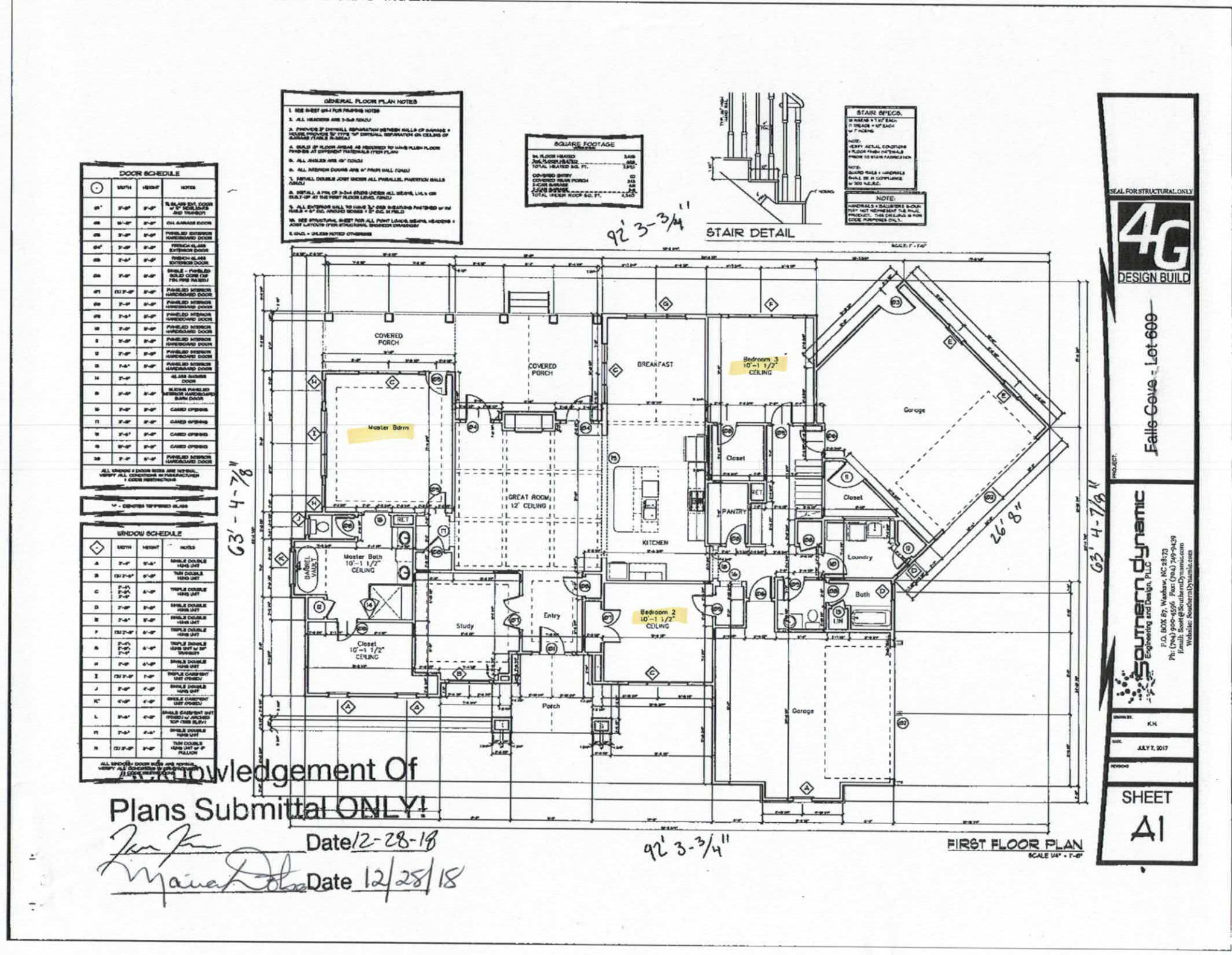
I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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 — Date: 27 August 2017

Signature of Witness — Date: 27 August 2017



Acknowledgement Of
Plans Submittal ONLY!

Date 12-28-18

Date 12/28/18

IREDELL COUNTY

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

APPLICATION NUMBER
229697
Issue Date: 08/28/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4636786313.000	157 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	113318	TOTAL FEES:	$ 77.25