IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228297

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

M.A.D. PIN #4624238114 22.9910

APPLICANT/OWNER: Peachtree Residential LLC APPLICANT ADDRESS: 7380 McGinnis Ferry Rd.

SITE ADDRESS: 110 Fairfax Ct. Mooresville, NC 28117 PHONE: 704-928-9215 ALT. PHONE 704-576-3887

SITE DIRECTIONS: Brawley School Rd near end → L on Fairfax Ct. → lot on R at end SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Lakeside on Brawley SECTION: — LOT # 5 LOT AREA: .975 ac DESIGN FLOW: 480gpd L.T.A.R.: .3 (.3 repair)

Septic Tank	1000	(gal)	STB	760	Date	4-4-21	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	4-11-21	System Description: PM PPBPS				
Pump Make			Model		Serial #		Repair System Description: LP PPBPS				
# Nitrification Fields	1		# Lines	6	Linear Ft	267'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	24"		Trench Bottom Depth(Low side)	34"/36" high side	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☑ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install PM PPBPS with drainlines on contour. Drive should not exceed 15' from property line.

8ft from ST to deck posts, 18ft from house to ST. Drainlines installed as drawn. 5/21/21

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

AS BUILT SKETCH

- Disconnect lines/remove heads for irrigation from beside tanks all the way to top of front yard 7/21/21

- Irrigation system disconnected @ point of origin (sawed through) 7/22/21

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.*

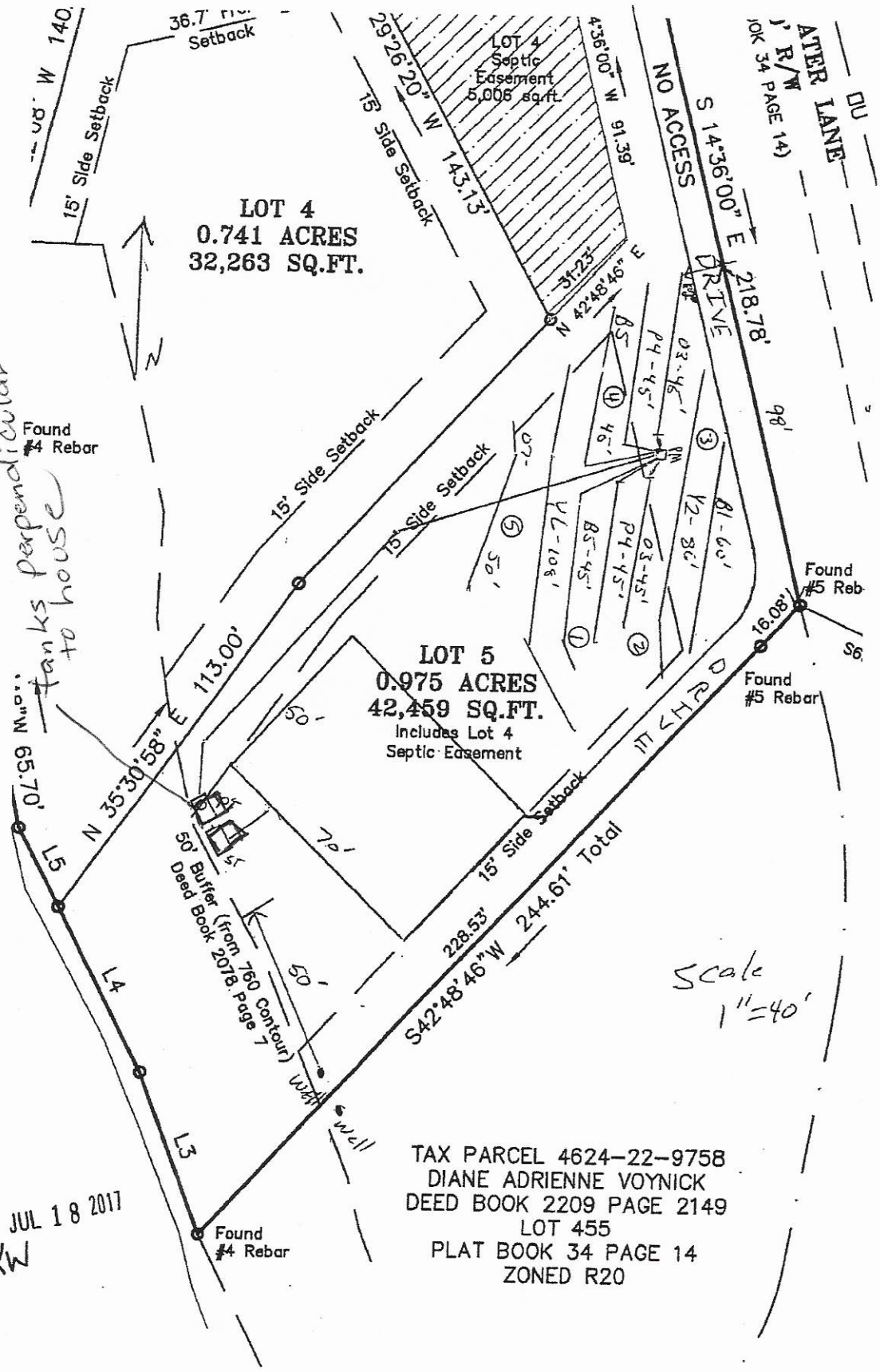
Owner / Applicant Signature: Date: 7/27/17 Installed by: Richard Abernathy Company

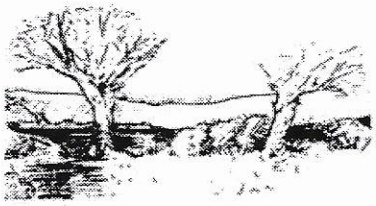
IMPROVEMENT PERMIT by: Krystin Williams Date: 7-18-17 OPERATION PERMIT by: D. Wreberg Date: 7/22/21

AUTHORIZATION TO CONSTRUCT by: Date: 08/20/20 Existing System Inspected by: Date:

	Date	Initials
Drain Lines Checked	5/21/21	MZ
Tanks Checked	5/21/2	MZ
Pressure Manifold or Valve Box Checked	7/21/21	DW
Pressure Head Set	7/21/21	DW
Electrical Checked	7/21/21	DW
Floats Set	7/21/21	DW
Alarm Checked	7/21/21	DW
Maintenance Contract Y (N)		
Comments: Supply line	5/21/21	MZ

must remove irrigation * See note on Detail


LOT 4
0.741 ACRES
32,263 SQ.FT.
LOT 4 Septic Easement 5,006 sq.ft.
15' Side Setback
29°26'20" W 143.13'
4°36'00" W 91.39'
31.23'
N 42°48'46" E
NO ACCESS
S 14°36'00" E 218.78'
DRIVE
WATER LANE
30' R/W
(BOOK 34 PAGE 14)
Found #4 Rebar
Found #5 Rebar
Found #5 Reb
LOT 5
0.975 ACRES
42,459 SQ.FT.
Includes Lot 4
Septic Easement
N 35°30'58" E 113.00'
N 65°10'00" W 65.70'
Thanks perpendicular to house
50' Buffer (from 760 Contour) Deed Book 2078 Page 7
228.53'
15' Side Setback
S42°48'46"W 244.61' Total
Well
L3
L4
L5
16.08'
Scale 1"=40'
TAX PARCEL 4624-22-9758
DIANE ADRIENNE VOYNICK
DEED BOOK 2209 PAGE 2149
LOT 455
PLAT BOOK 34 PAGE 14
ZONED R20
APPROVED JUL 18 2017
KW



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 110 Fairfax Ct. Lakeside on Brawley Lot 5
House Footprint: 70' x 50'
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 32.9 GPM
Dosing Volume: 216 gallons
Pump Run Time: 6.6 minutes
Elevation Head: 16.9'
Friction Head: 4.3'
Pressure Head: 2'
Total Dynamic Head: 23.2'
Supply Line Length: 175' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

APPROVED JUL 18 2017
KW

Line	Design Length	Actual Length	Elevation
Blue 1		60'	4.0'
Yellow 2		86'	3.5'
Orange 3	**45'/45'**	**100'**	**3.5'**
Pink 4	**45'/45'**	**120'**	**3.5'**
Blue 5	**45'/45'**	**112'**	**3.9'**
Yellow 6		108'	4.3'
Orange 7		50'	5.0'

Initial System: 270' **Repair System:** 304'
Pump Tank: 15.4' **House Corner:** 13.3' **Benchmark:** 3.8'

Comments:
10 panels per line

PROPERTY ID #: _____

COUNTY: _Iredell____

APPROVED JUL 18 2017 KW

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

OWNER: Peachtree Residential LLC_____ APPLICATION DATE 6-30-17

ADDRESS: __Suwanee, GA_____ DATE EVALUATED: _____

PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): __480 GPD_____ PROPERTY SIZE: _0.975 AC_____

LOCATION OF SITE: 110 Fairfax Ct, Lakeside on Brawley Lot 5_____ PROPERTY RECORDED: _____

WATER SUPPLY: Ξ Private Public Ξ Well Spring Other _____

EVALUATION METHOD: Ξ Auger Boring Pit Cut TYPE OF WASTEWATER: Ξ 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	LS 2%	0-3	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		3-24	R C SBK	FR SS SP SEXP					
		24-48	R CL WSBK	FR SS SP SEXP					
2	LS 2%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
3	LS 2%	0-3	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		13-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
4	LS 4%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	810 FT2	912 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): ____PS_____

EVALUATED BY: _____MA&A_____

OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: _____

DATE OF EVALUATION: _____

COUNTY: _IREDELL____

APPROVED JUL 18 2017

KW

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	
5	LS 6%	0-3	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		3-26	R C SBK	FR SS SP SEXP					
		26-48	R CL WSBK	FR SS SP SEXP					

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Peachtree Residential
ADDRESS: 110 Fairfax Ct.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: Brawley School Rd near end → L on Fairfax Ct. → lot at end
APPLICATION DATE 6-30-17
DATE EVALUATED: 7-14-17
PROPERTY SIZE: .975ac
PROPERTY RECORDED: no

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	6% LS	0-5	WSBK SCL	Fr, SS, SP, SEXP		48	42-48" few SAP inc.		PS .3
		5-22	SBK C	Fr, SS, SP, SEXP					
repair		22-48	WSBK CL	Fr, SS, SP, SEXP	—				
2	4% LS	0-2	WSBK SCL	Fr, SS, SP, SEXP		48	35-48" few SAP inc.		PS .3
		2-35	SBK C	Fr, SS, SP, SEXP					
init.		35-48	WSBK CL	Fr, SS, SP, SEXP	—				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM PPBPS	LP PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Mark Benitez Address: 9525 Birkdale Crossing Dr Zip: 28078
Applicant Email: ncoffice@peachtreeres.com Phone: 980-689-2235 Alt. Phone: _____
Owner Name: Peachtree Residential Address: " Zip: "
Owner Email: ncoffice@peachtreeres.com Phone: " Alt. Phone: _____

Property Information:

Street Address: 110 Fairfax Ct Mooresville, NC 28117
Subdivision Name: Lakeside On Brawley Section/Phase: _____ Lot Number: 5
Driving Directions: Brawley School Rd near end → L on Fairfax Ct. → Lot on R @ end

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: 4
Maximum Number of Occupants: 8
( ) 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: _____ 7/31/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Ken Foster, am the legal owner(s) of the property located at 110 Fairfax Ct. Mooresville NC 28117, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Mark Benitez, Peachtree Residential, 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.

_____ 7/31/20
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

RECEIVED JUN 3 0 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: ***APPLICATION FORM*** Paid $500.00 # 228297

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** Paid $700.00 7-27-17

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: Peachtree Residential LLC **Address:** 7380 McGinnis Ferry Rd, Suwanee, GA **Zip:** 30024

Applicant Email: mbenitez@peachtreeres.com **Phone:** Mark-704-928-9215 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 110 Fairfax Ct

Subdivision Name: Lakeside on Brawley **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: BSR near end, TL Fairfax

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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: _____ 6/30/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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, Mark Benitez, am the legal owner(s) of the property located at 110 Fairfax CT, Lakeside on Brawley Lot 5, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Assoc, _____, 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.

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

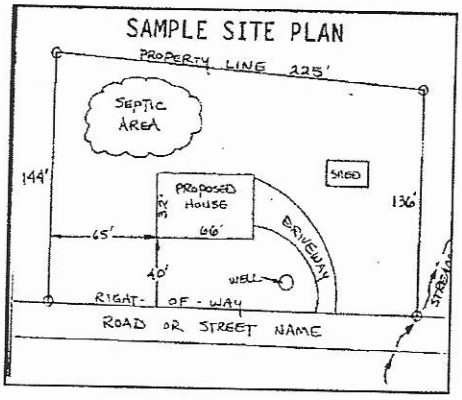
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT!!!***



Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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: _____

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

7/31/20

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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 PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified…

_____ All proposed structures are indicated…

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

_____ Front and side setbacks from property line…

_____ Area you prefer your septic system to be placed…

_____ Preferred driveway location and configuration, preferred well location…

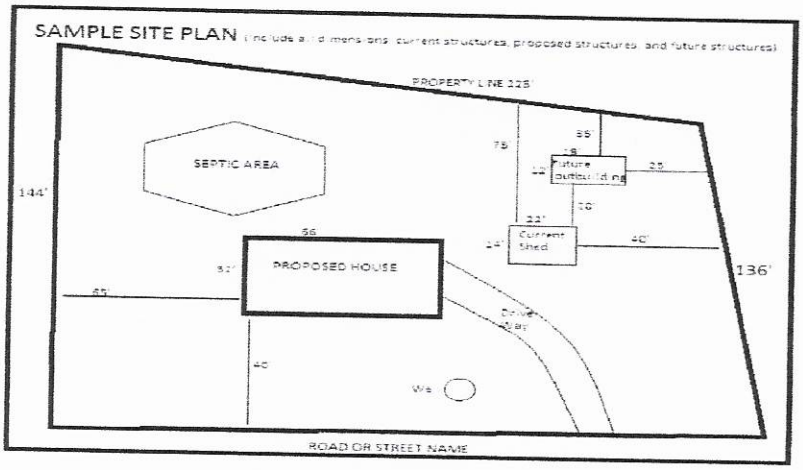
_____ North arrow, or other sufficient indicator of direction…

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

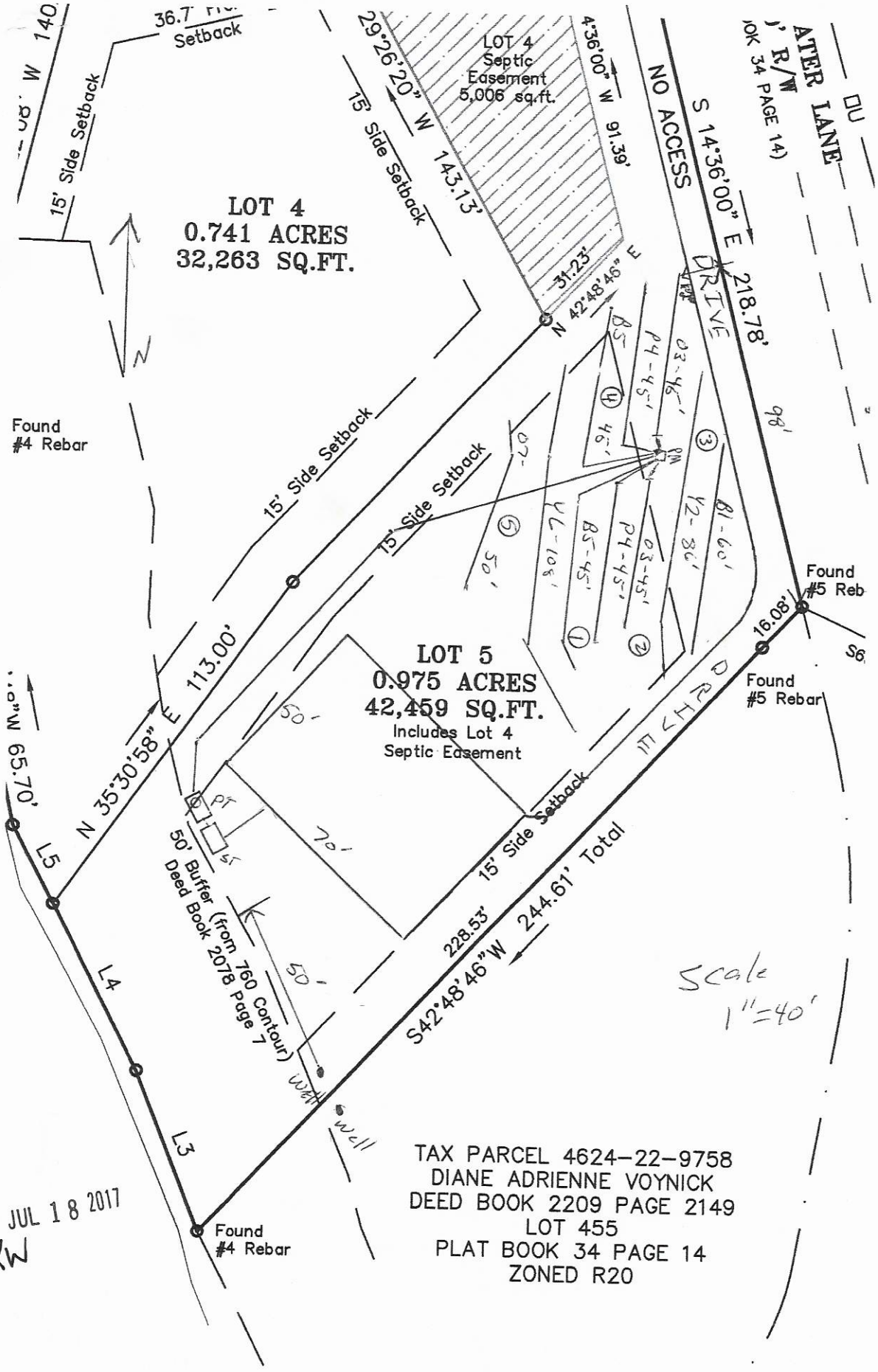
See Attached Site Plan

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

6/30/2017

DATE



TAX PARCEL 4624-22-9758
DIANE ADRIENNE VOYNICK
DEED BOOK 2209 PAGE 2149
LOT 455
PLAT BOOK 34 PAGE 14
ZONED R20

APPROVED JUL 18 2017
KW

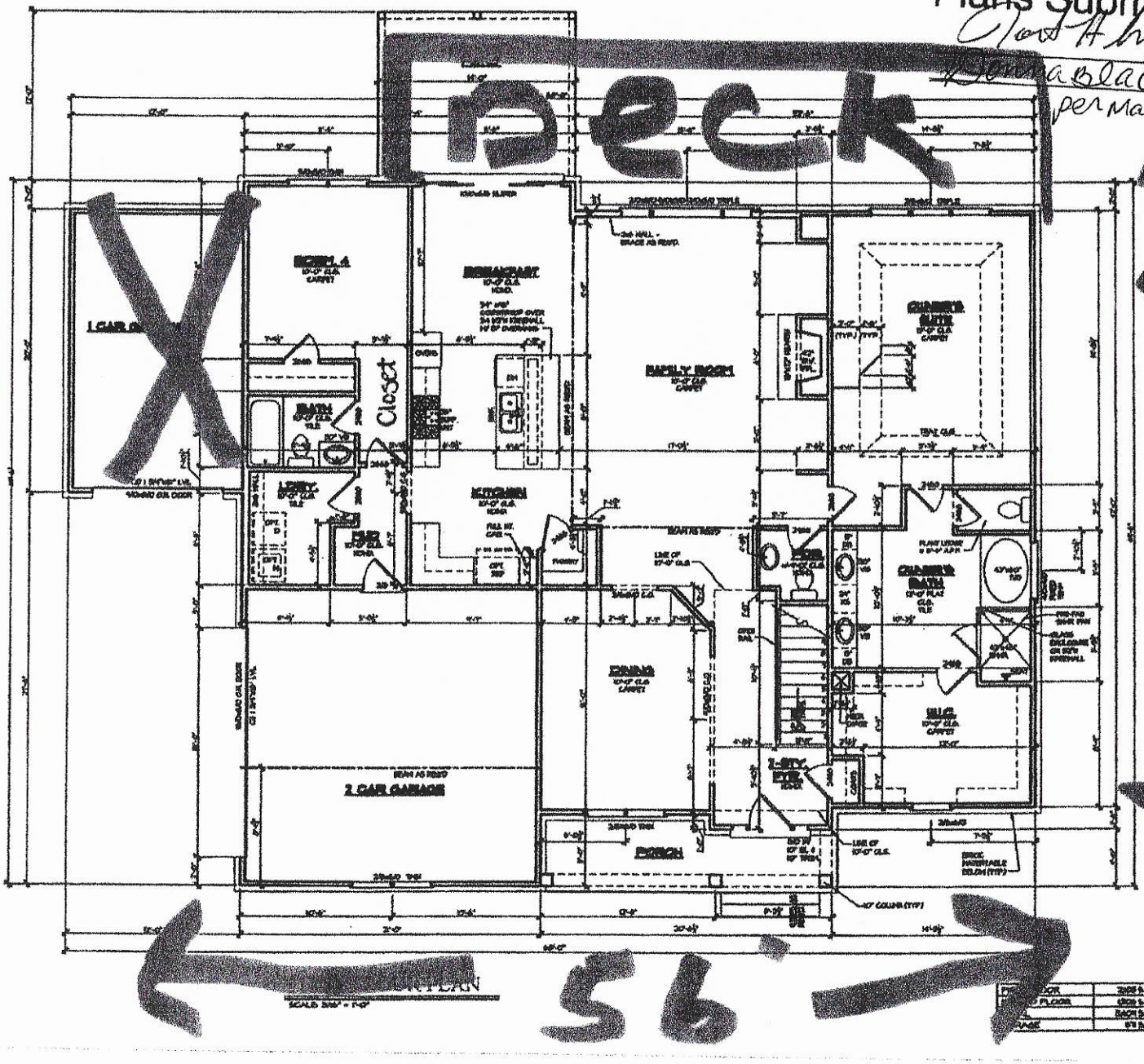
9:11 PM Wed Aug 19

Done

doc023799.pdf

Acknowledgem
Plans Submittal
Date

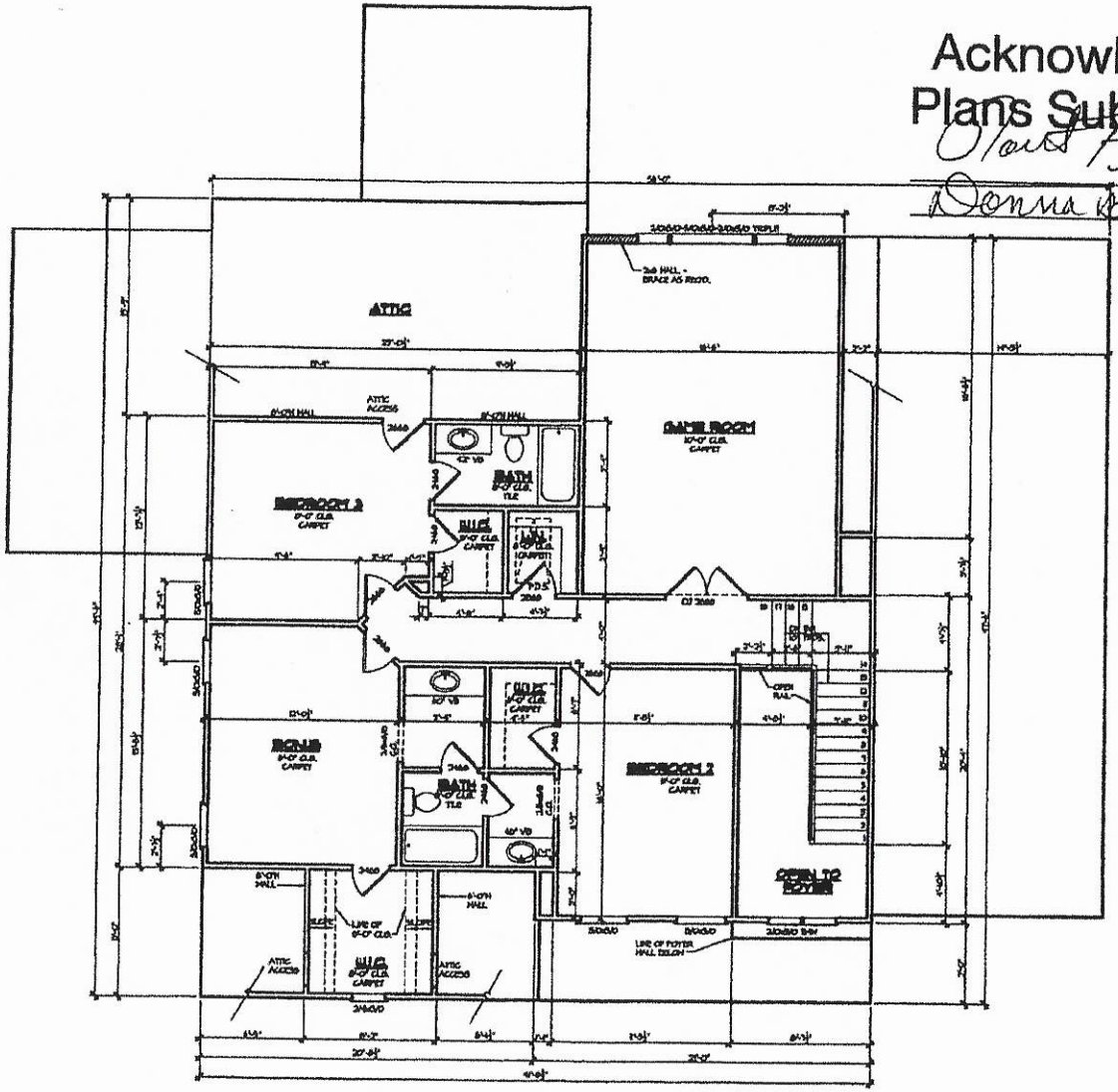
Deck



PEACHTR
RESIDENTIAL PROPER
The Builder Who Listens

BURON

Acknowledgemen
Plans Submittal Of 08/20/2
Date
Donna Black Date 8/20
per mark



SECOND FLOOR PLAN
SCALE: 3/16" = 1'-0"

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7580 McGinnis Ferry Rd. Suwanee, Georgia 30174

This drawing is the property of Peachtree Residential Properties and may not be copied or reproduced without the written permission of Peachtree Residential Properties.

Drawn By: RJF
Date: 01/23/20
Plan No:

Revision:
LAKESIDE
Lot 5

Model Name:
TIBURON

Sheet Title:
SECOND FLOOR PLAN

SHEET NO.
A3.2

Donna Black - as Mark's approval

IREDELL COUNTY

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

APPLICATION NUMBER
228297
Issue Date: 06/28/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624238144.000	110 FAIRFAX COURT, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: PORTOFINO MANAGEMENT CORP	Applicant: PEACHTREE RESIDENTIAL
Address: 7380 MCGINNIS FERRY RD SUWANEE, GA 30024	Address: 7380 MCGINNIS FERRY RD SUWANEE, GA 30024
Phone: - -	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.880	35.00	50.00	15.00	15.00	CACL	X

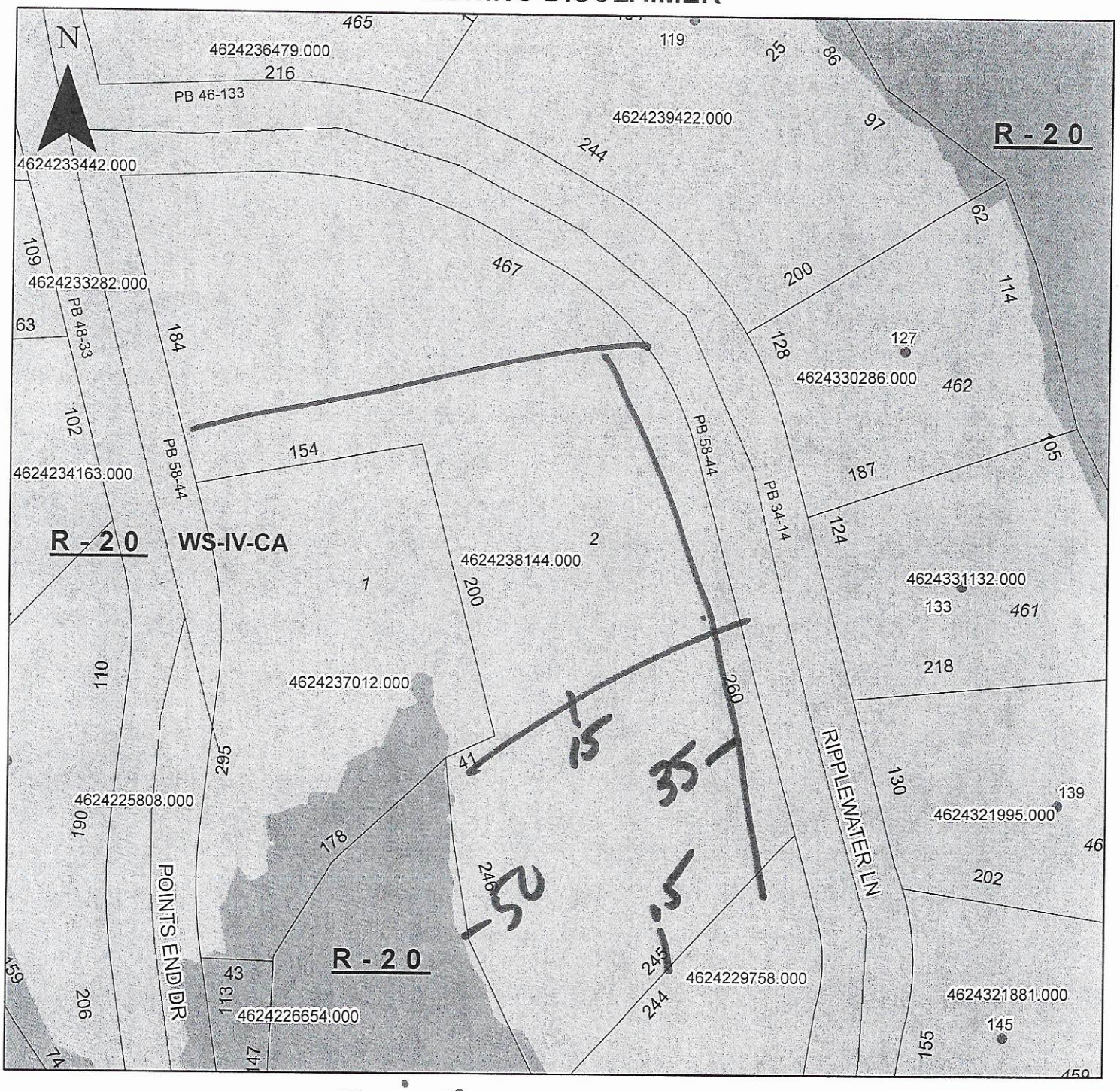
Remarks:

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	107570	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 110 Fair Fax

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. Applicant further acknowledges that the 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 _____