($500.00 overpayment from 5-28-15 applied to #211118) RECEIVED MAY 8 - 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 Comp. Relief Also pd $250.00 on # 208207 #206350

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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:

Applicant Name: CPIII LLC **Address:** 3125 Residential Pkwy Ste 200 Atlanta, GA 30340 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 247 Cove Creek

Subdivision Name: Chesapeake Pt **Section/Phase:** **Lot Number:** 47

Driving Directions: BSR, TL Isle of Pines, TR Cove Creek, on Rt

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: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well (X) 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 (X) Other: Accepted

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: _____ 5/8/2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

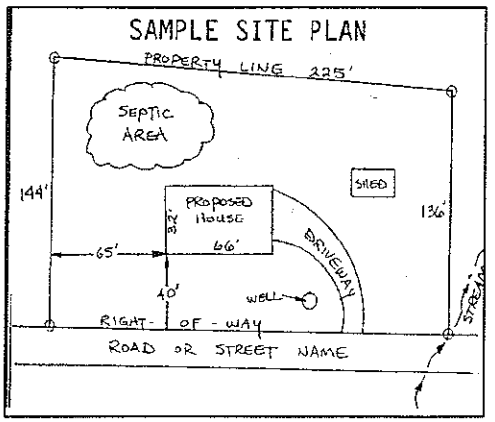
ENVIRONMENTAL HEALTH DIVISION

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:

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

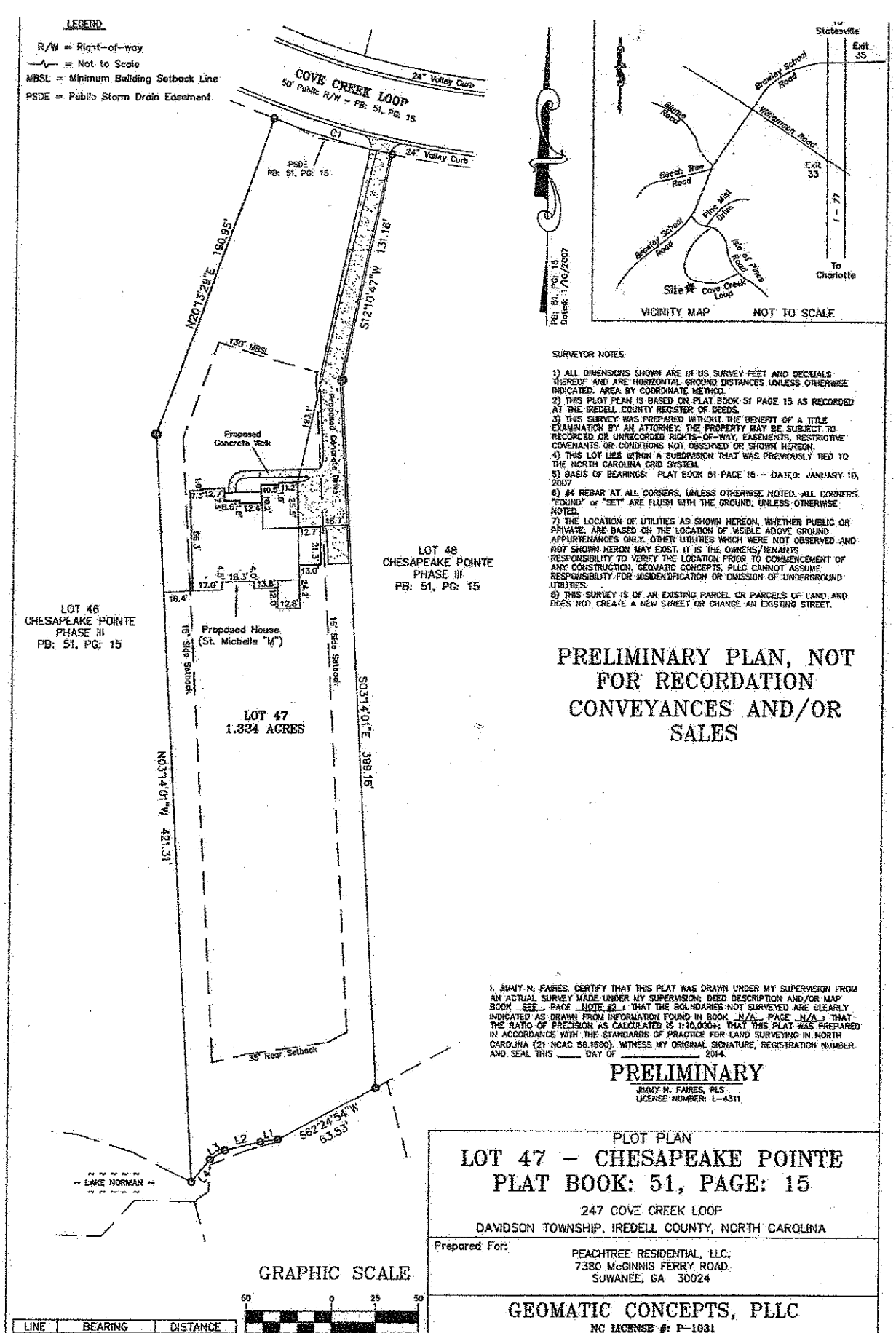
See Attached Plan

Signature: _____

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

5/8/2015

DATE



SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2) THIS PLOT PLAN IS BASED ON PLAT BOOK 51 PAGE 15 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4) THIS LOT LIES WITHIN A SUBDIVISION THAT WAS PREVIOUSLY TIED TO THE NORTH CAROLINA GRID SYSTEM.
5) BASIS OF BEARINGS: PLAT BOOK 51 PAGE 15 - DATED: JANUARY 10, 2007
6) #4 REBAR AT ALL CORNERS, UNLESS OTHERWISE NOTED. ALL CORNERS "FOUND" or "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHERWISE NOTED.
7) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HEREON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. GEOMATIC CONCEPTS, PLLC CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
8) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

PRELIMINARY PLAN, NOT FOR RECORDATION CONVEYANCES AND/OR SALES

I, JIMMY N. FAIRES, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE , PAGE NOTE #2 ; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK N/A , PAGE N/A ; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS ____ DAY OF _____ 2014.

PRELIMINARY

JIMMY N. FAIRES, PLS
LICENSE NUMBER: L-4311

GRAPHIC SCALE

50 0 25 50

(IN FEET)
1 inch = 50 ft.

LINE	BEARING	DISTANCE
L1	N82°00'37"E	10.42'
L2	S76°36'13"W	20.94'
L3	S58°34'36"W	10.05'
L4	S40°10'02"W	16.15'

CURVE	RADIUS	ARC	CHORD BEARING	CHORD
C1	535.00'	71.74'	N73°58'44"W	71.69'

PLOT PLAN

LOT 47 - CHESAPEAKE POINTE
PLAT BOOK: 51, PAGE: 15

247 COVE CREEK LOOP

DAVIDSON TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA

Prepared For:
PEACHTREE RESIDENTIAL, LLC.
7380 McGINNIS FERRY ROAD
SUWANEE, GA 30024

GEOMATIC CONCEPTS, PLLC
NC LICENSE #: P-1631
833 MIDWAY ROAD, STATESVILLE, NC 28625-8696
PHONE: 704-881-0412 EMAIL: JIMMY.FAIRES@GEOMATICCONCEPTS.COM

Drawn By: JNF/GHL	Checked By: JNF	Scale: 1" = 50'	Project No.: 14054
Tax PIN: 4636-01-7408			
Date: October 1, 2014			Sheet No.: 1 of 1
File: 14054-Lot-47-Chesapeake.dwg			

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, Mark Benitez, am the legal owner of the property located at 247 Cove Creek Loop, identified as PIN(Parcel Identification Number) 4636017408.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Athanas & Associates, _____, _____, _____, _____, 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.

_____ 5/7/15
Signature of Owner Date

_____ 5/7/15
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

5-19-15 (Date)

Owner: Peachtree
Address: 5116-D River Hwy Suite 301
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
138052/ #206350 / Peachtree Residential / 247 Cove Creek loop
NEW Residence

I, Mark Benitez, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on
10-24-06 ~~5-20-15~~ (date) for a system

(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
228 Turnersburg Hwy
Statesville, NC 28625
704 878-5360

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# ~~FBE52 206350~~ PIN# ~~4636 17 0237.047~~ 4636017408 DATE October 24, 2006

OWNER OR APPLICANT Chesapeake Pointe LLC PHONE: Business 678-300-8521 Home

ADDRESS 7380 McGinnis Ferry Road, Suwanee, GA. 30024

LOCATION BSR TL Isle of Pines TR Cove Creek on Right before end

SUBDIVISION Chesapeake Pointe BLOCK / SECTION III LOT 47 LOT AREA 1.32ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type: I II IIIB IV V VI

System Description: pm 25% Reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☐ Individual ☒ Public ☒ Community

☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Shave off any old berms in septic system area

Comments:/Conditions:

INITIAL SITE SKETCH

SEE PLAN from S&ME

AS BUILT SKETCH

REVOKED

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 12-12-06 Installed by:

Improvement Permit by: date 10-24-06 Operation Permit by: date

Authorization to Construct by: date APPROVED OCT 01 2014 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK