IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212303

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

PIN # 4636-02-9246

APPLICANT: CP II LLC APPLICANT ADDRESS: 3125 PRESIDENTIAL PKWY

SITE ADDRESS: 418 CHART HOUSE LN - MRSVL. PHONE: ALT. PHONE:

SITE DIRECTIONS: ISLE OF PINES, TR COVE CK, TL CHART HOUSE

SUBDIVISION: CHESAPEAKE POINTE SECTION: 4 LOT # 107 LOT AREA: .68 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	465	Date	1-9-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	465	Date	1-23-17	System Description: LP PANEL BLOCK		☐ Business	No. Persons
Pump Make	LIBERTY	Model	290	Serial #		Repair System Description: SAME		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	267'	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☒ Crawl Space
Trench Width	24-36"	Max. Trench Bottom Depth	36"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: 2/27/17 Checked traffic rated tanks & 2 lines
2/28/17 Checked last line

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	2/27-2/28/17	MD
Tanks Checked	2/27/17	MD
Pressure Manifold or Valve Box Checked		RA
Pressure Head Set		RA
Electrical Checked		RA
Floats Set		RA
Alarm Checked		RA
Maintenance Contract Y / N		RA
Comments:		

TURNUP CARS NOT GLUED / ONE BROKEN OFF 5-9-17

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**

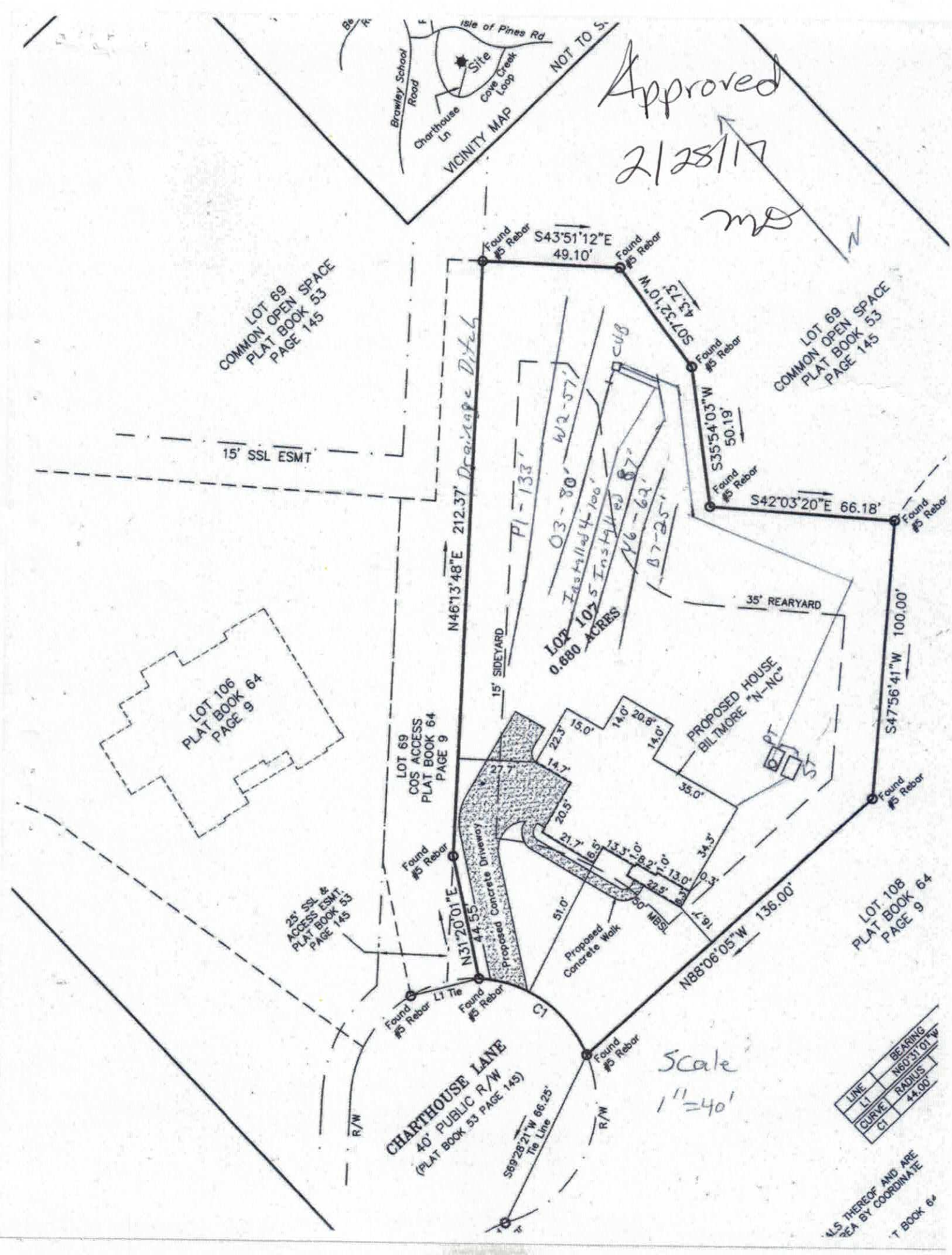
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 9/17/15 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: APPROVED AUG 21 2015 Date: OPERATION PERMIT by: Date: 5-10-17

AUTHORIZATION TO CONSTRUCT by: APPROVED APR 01 2016 Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


VICINITY MAP
Isle of Pines Rd
Brawley School Road
Site
Cove Creek Loop
Charthouse Ln
NOT TO SCALE
Approved
2/25/17
N
LOT 69
COMMON OPEN SPACE
PLAT BOOK 53
PAGE 145
15' SSL ESMT
Found #5 Rebar
S43°51'12"E
49.10'
S07°32'10"W
43.73'
S35°54'03"W
50.19'
S42°03'20"E 66.18'
N46°13'48"E 212.37'
Drainage Ditch
P1 - 133'
W2-57'
03-80'
Installed 100'
5' Installed 87'
06-62'
07-25'
LOT 107
0.680 ACRES
35' REARYARD
15' SIDEYARD
S47°56'41"W 100.00'
LOT 106
PLAT BOOK 64
PAGE 9
LOT 69
COS ACCESS
PLAT BOOK 64
PAGE 9
PROPOSED HOUSE
BILTMORE "N-NC"
PT
ST
15.0'
14.0'
20.8'
14.0'
22.3'
14.7'
27.7'
35.0'
20.5'
21.7'
6.5'
13.3'
8.2'
13.0'
34.3'
32.5'
6.3'
50' MBSL
51.0'
Proposed Concrete Driveway
Proposed Concrete Walk
N31°20'01"E
44.55'
25' SSL & ACCESS ESMT. PLAT BOOK 53 PAGE 145
LOT 108
PLAT BOOK 64
PAGE 9
N88°06'05"W 136.00'
L1 Tie
C1
CHARTHOUSE LANE
40' PUBLIC R/W
(PLAT BOOK 53 PAGE 145)
R/W
S69°28'21"W 66.25'
Tie Line
Scale
1"=40'
LINE | BEARING
L1 | N60°31'01"W
CURVE | RADIUS
C1 | 44.00'

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

PROPERTY ID #: Ches. Pt 107
COUNTY: Iredell

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

APPROVED AUG 2 1 2015

OWNER: _CP II LLC
ADDRESS: 3125 Presidential Pkwy Atlanta, GA
APPLICATION DATE
DATE EVALUATED:
PROPOSED FACILITY: _4 bdrm PROPOSED DESIGN FLOW (.1949): _480 GPD PROPERTY SIZE: __0.680 AC
LOCATION OF SITE: _Chesapeke Pt Lot 107, 118 Charthouse
PROPERTY RECORDED: _2015
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	
PIT 1	LS 15%	0-9	FILL		N/A	30"	F-C SAP PS	N/A	PS 0.4
		9-30	R CL WSBK	FR SS SP					
		30-58	VER SL SAP M	VFR SS SP					
		58-66	VER LS SAP M	VFR NS NP					
PIT 2	LS 12 %	0-24	R CL WSBK	FR SS SP	N/A	57"	F-C SAP	N/A	PS 0.3
		24-30	Br SCL WSBK	FR SS SP					
		30-44	R C SBK	FR SS SP					
		44-57	R Br CL WSBK	FR SS SP					
PIT 3	LS 15%	0-30	R C SBK	FR SS SP	Few Lithochromic Colors	46"	F-C SAP PS	N/A	PS 0.3
		30-46	R CL WSBK	FR SS SP					
		46-63	VER SL SAP M	VFR SS SP					
PIT 4	LS 7%	0-24	R SL/SCL WSBK	FR SS SP	N/A	62"	N/A	N/A	PS 0.3 TO 54"
		24-54	YB SCL WSBK	FR SS SP					
		54-62	YB C WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): ___PS
EVALUATED BY: M A & A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

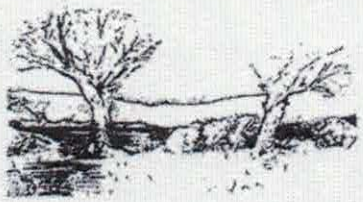
APPROVED AUG 2 1 2015

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

PROPERTY ID #: _CHES PT 107_
DATE OF EVALUATION: _____
COUNTY: _IREDELL___

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LS 15%	0-16	R C SBK	FR SS SP	N/A	46"	F-C SAP PS	N/A	PS 0.3
		16-46	R CL WSBK	FR SS SP					
		46-48	VER SL SAP M	FR SS SP					
AB 2	LS 12%	0-5	Br CL WSBK	FR SS SP	Few YB @ 46"	48"	N/A	N/A	PS 0.3
		5-48	R C SBK	FR SS SP					
AB 3	LS 7%	0-20	R SCL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3-0.5
		20-38	R Br SL WSBK	FR SS SP					
		38-45	YR SCL WSBK	FR SS SP					
		45-48	YR C SBK	FR SS SP					
PIT 5			FILL						US

COMMENTS: _____



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

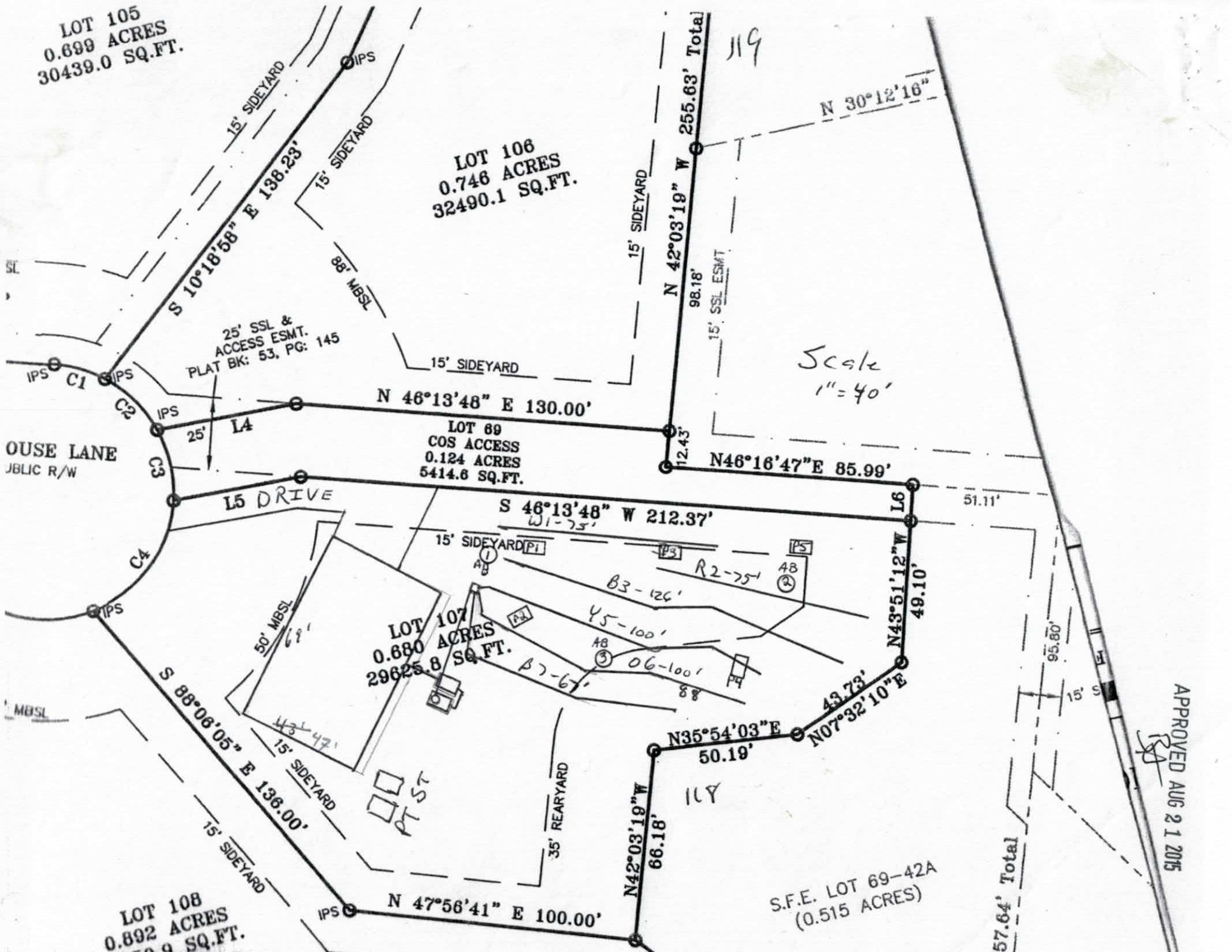
Approved
MA
2/28/17

Reference: Data Sheet for 118 Charthouse Ln., Chesapeake PT 107
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Orifice Size: 3/16"
System Flow: 36 GPM
Flow per Orifice: 0.59 GPM
Dosing Volume: 219.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 8.4'
Friction Head: 5.2
Pressure Head: 2'
Total Dynamic Head: 15.6'
Supply Line Length: 210' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" maximum



Line	Design Length	# of Panels	Actual Length
Pink 1			133'
White 2			57'
Orange 3	**80'**	**18**	**96'**
Installed 4	**100'**	**23**	**100'**
Installed 5	**87'**	**20**	**87'**
Yellow 6			62'
Blue 7			25'

Initial System: 267' **Repair System:** 277'


LOT 105
0.699 ACRES
30439.0 SQ.FT.
LOT 106
0.746 ACRES
32490.1 SQ.FT.
LOT 69
COS ACCESS
0.124 ACRES
5414.6 SQ.FT.
LOT 107
0.680 ACRES
29625.8 SQ.FT.
LOT 108
0.892 ACRES
S 10°18'58" E 138.23'
N 46°13'48" E 130.00'
N 42°03'19" W 255.63' Total
N 30°12'16"
S 46°13'48" W 212.37'
N46°16'47"E 85.99'
N43°51'12"W 49.10'
S 88°06'05" E 136.00'
N 47°56'41" E 100.00'
N42°03'19"W 66.18'
N35°54'03"E 50.19'
N07°32'10"E 43.73'
98.18'
12.43'
51.11'
95.80'
15' SIDEYARD
88' MBSL
50' MBSL
35' REARYARD
15' SSL ESMT.
25' SSL & ACCESS ESMT. PLAT BK: 53, PG: 145
OUSE LANE
JBLIC R/W
DRIVE
S.F.E. LOT 69-42A
(0.515 ACRES)
57.64' Total
APPROVED AUG 2 1 2015
Scale
1"=40'
R2-75'
B3-126'
45-100'
B7-67'
06-100'
W3-47'
W1-75'
IPS
C1
C2
C3
C4
L4
L5
L6
P1
P3
P4
P5
A1
A8
PT ST

RECEIVED MAR 2 9 2016

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)

1. APPLICATION FOR: ___Improvement Permit √ Authorization To Construct ___ Existing System Inspection

2. 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 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 #
Mark Benitez	516 D Riverhwy Suite 301 Mooresville	704-928-9215	
Peachtree Residential (Owner Name)	7380 McGinnis Ferry Suwanee GA	770-622-2522	

4. Property Information:

118 charthouse la — Street Address
Chesapeake Pointe — Subdivision Name
107 — Section/Phase and Lot Number

Driving Directions: Brawley (Lt) onto Isle of Pines (Rt) onto cove creek (Lt) onto charthouse lane

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 _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(√) Crawl Space Foundation?
( ) 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:

( ) 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 _____ *Year*

( ) 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: _____ 3/29/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUL 2 4 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $500.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $700.00 9-17-15 #212303

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) 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: (X) 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: CP II LLC **Address:** 3125 Presidential Pkwy Atlanta, GA **Phone:**

Owner Name: same **Address:** **Phone:**

Property Information:

Street Address: 118 Charthouse Ln

Subdivision Name: Chesapeake PT **Section/Phase:** **Lot Number:** 107

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

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:
( ) 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:**

(X) 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: _____ 7/24/2015

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

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 Chesapeake PT Lot 107, 118 Charthouse Ln, identified as PIN (Parcel Identification Number) 4636 02 9145, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanasiou, 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
	9/4/2015		9/4/2015

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*:

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

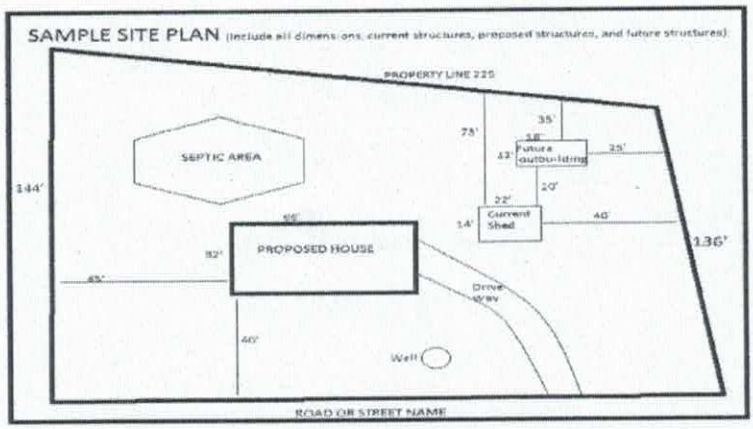
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See attached

Signature: _____ 3/29/16

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

IREDELL COUNTY HEALTH DEPARTMENT

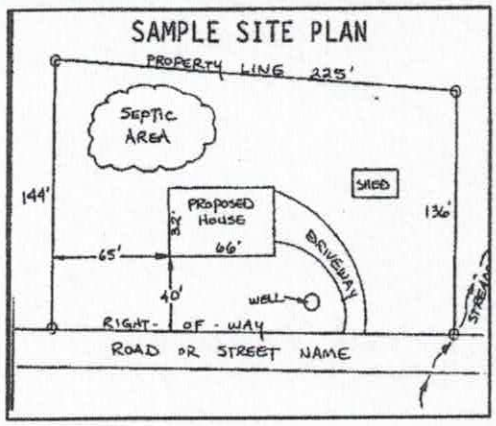
ENVIRONMENTAL HEALTH DIVISION

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**

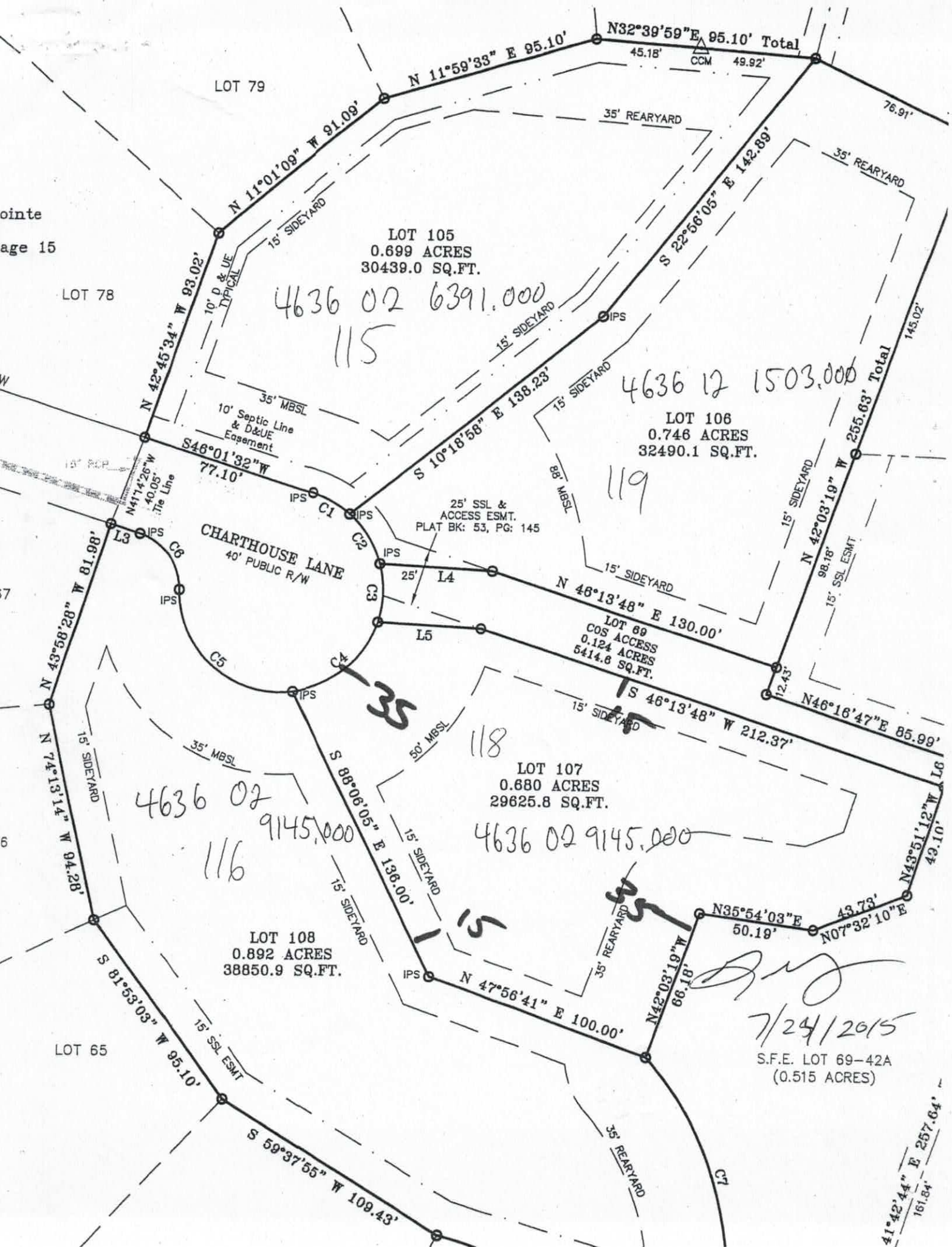
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

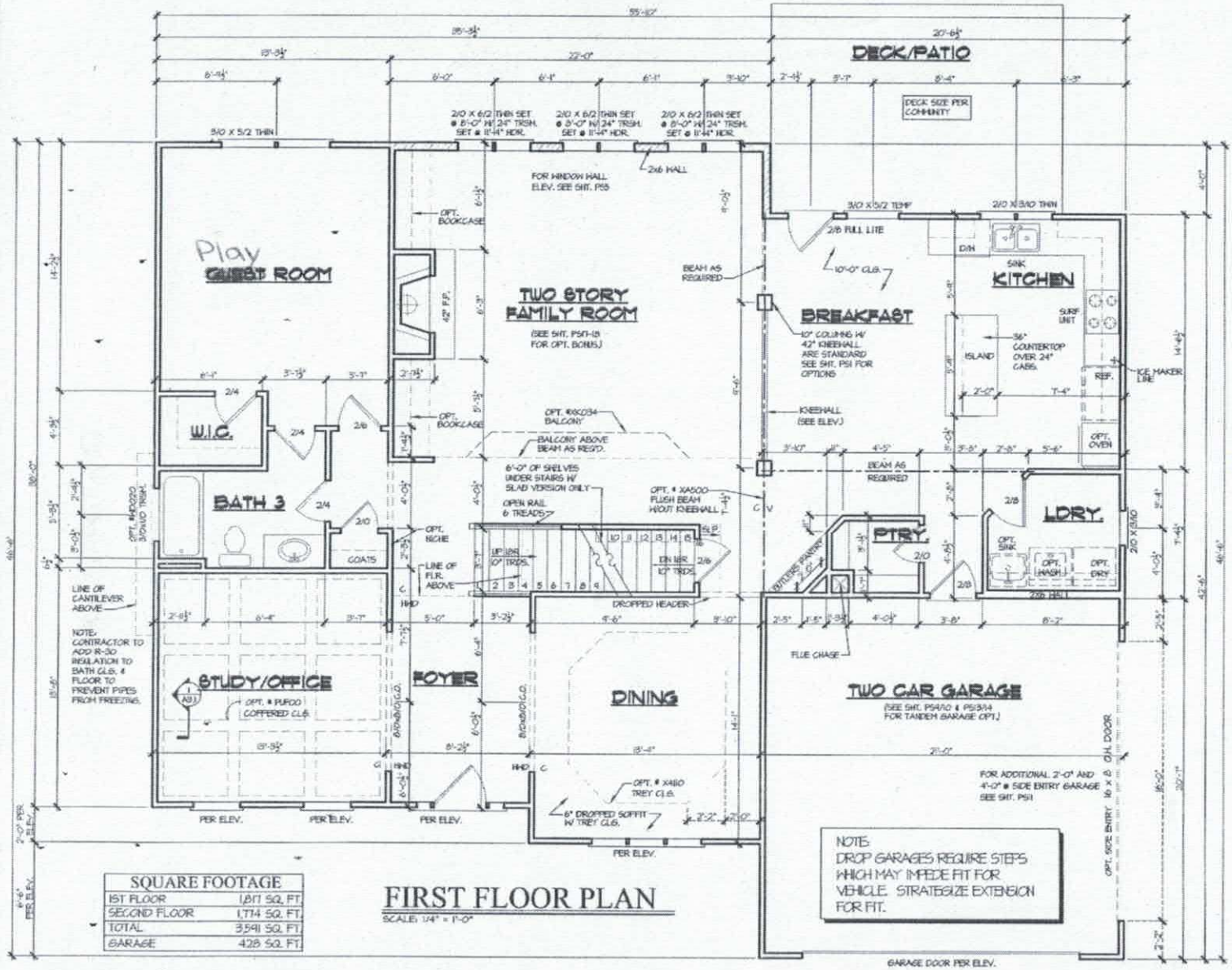
Signature: _____ 7/24/2015

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


LOT 79
LOT 78
LOT 65
N32°39'59"E 95.10' Total
45.18'
CCM
49.92'
N 11°59'33" E 95.10'
N 11°01'09" W 91.09'
N 42°45'34" W 93.02'
76.91'
35' REARYARD
15' SIDEYARD
10' D & UE TYPICAL
LOT 105
0.699 ACRES
30439.0 SQ.FT.
4636 02 6391.000
115
S 22°56'05" E 142.89'
IPS
S 10°18'58" E 138.23'
35' MBSL
10' Septic Line & D&UE Easement
S46°01'32"W 77.10'
N41°14'26"W 40.05' Tie Line
IPS
C1
C2
25' SSL & ACCESS ESMT. PLAT BK: 53, PG: 145
4636 12 1503.000
LOT 106
0.746 ACRES
32490.1 SQ.FT.
119
88' MBSL
145.02'
N 42°03'19" W 255.63' Total
98.18'
15' SSL ESMT
CHARTHOUSE LANE
40' PUBLIC R/W
L3
C6
C3
L4
25'
N 46°13'48" E 130.00'
L5
LOT 69
COS ACCESS
0.124 ACRES
5414.6 SQ.FT.
12.43'
N46°16'47"E 85.99'
N 43°58'28" W 81.98'
C5
C4
S 46°13'48" W 212.37'
50' MBSL
118
LOT 107
0.680 ACRES
29625.8 SQ.FT.
4636 02 9145.000
S 88°06'05" E 136.00'
L6
N43°51'12"W
43.10'
N 74°13'14" W 94.28'
4636 02 9145.000
116
LOT 108
0.892 ACRES
38850.9 SQ.FT.
N35°54'03"E 50.19'
43.73'
N07°32'10"E
N42°03'19"W 66.18'
N 47°56'41" E 100.00'
S 81°53'03" W 95.10'
S 59°37'55" W 109.43'
7/24/2015
S.F.E. LOT 69-42A
(0.515 ACRES)
C7
N 41°42'44" E 257.64'
161.84'

55'-10"

46'-6"



46'-6"

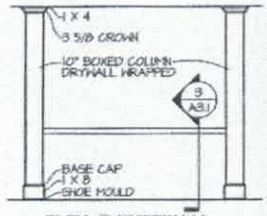
SQUARE FOOTAGE	
1ST FLOOR	1,811 SQ. FT.
SECOND FLOOR	1,714 SQ. FT.
TOTAL	3,591 SQ. FT.
GARAGE	428 SQ. FT.

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

NOTE:
SEE FACADE PLAN ON SHEET A4.1 FOR PLAN AND PORCH DIMENSIONS, WINDOW AND DOOR SIZES AND LOCATION.

NOTE:
DROP GARAGES REQUIRE STEPS WHICH MAY IMPEDE FIT FOR VEHICLE. STRATEGIZE EXTENSION FOR FIT.

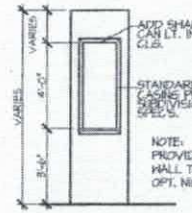


ELEV. @ KNEEWALL
SCALE: 1/4" = 1'-0"

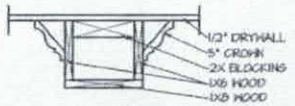


KNEEWALL SECTION
SCALE: 1/2" = 1'-0"

NOTE:
LOCATE ENTRY DOOR INTO LDRY. FOR AMPLE ROOM BETWEEN DOOR AND WASHER/DRYER



OPT. NICHE DETAIL
SCALE: 1/4" = 1'-0"



COFFERED CEILING
SCALE: 1 1/2" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

APPROVED APR 01 2016

Date

Date

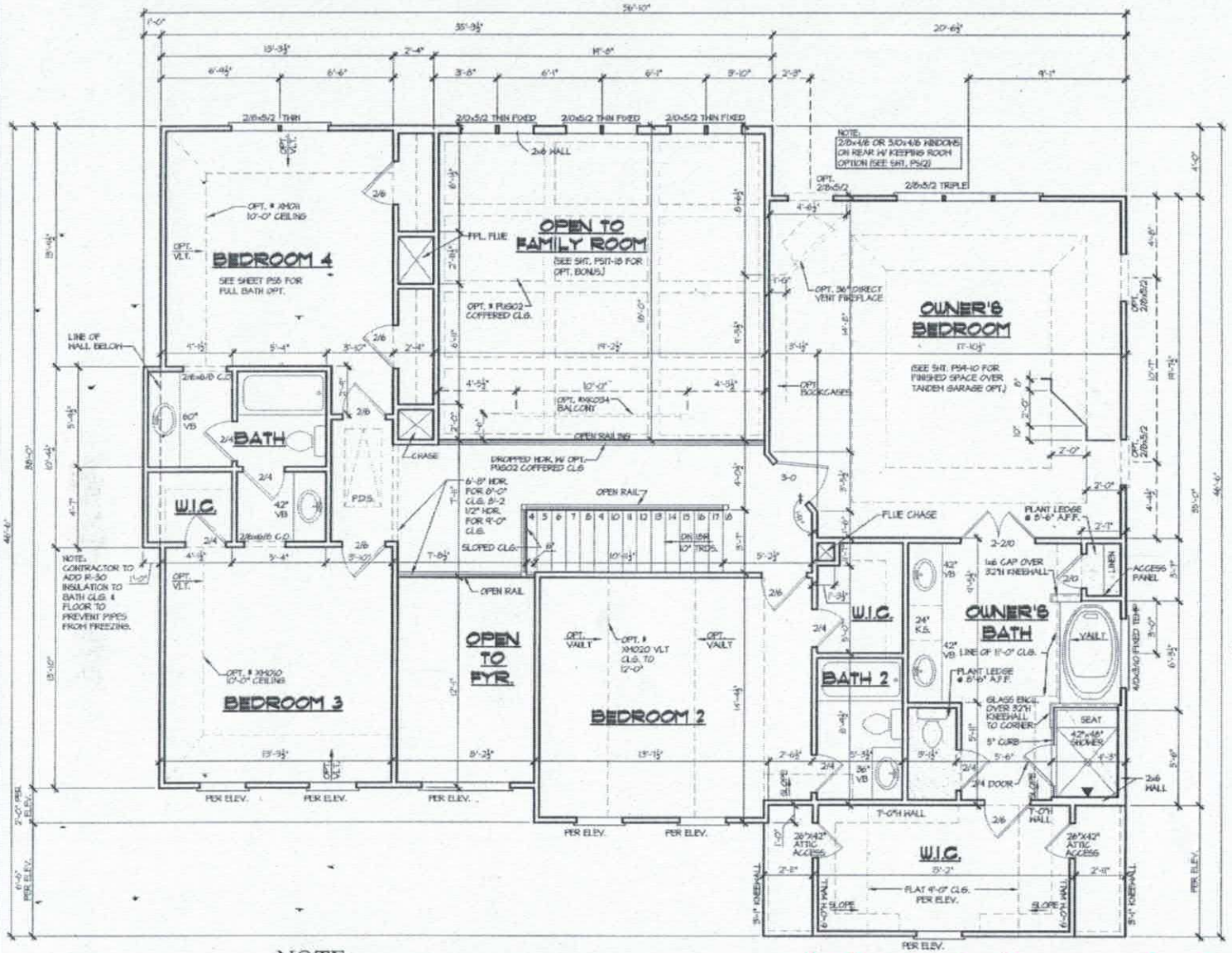
PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
3890 McEachern Ferry Rd. Suwanee, Georgia 30174
Voice (770) 682-3522 • Fax (770) 682-1171

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: JLS
Date: 11/19/04
Plan No:

Revision:	
113007-3933	07/29/10-3611
121701-3957	09/01/15-4420
021106-3942	
022808-3406	
050208-3440	
111706-3608	
010904-3617	

Model Name: BRUNSWICK
Sheet Title: FIRST FLOOR PLAN
SHEET NO. A3.1



OPT. LAUNDRY W/ LIN. CLOSET ILO 2-STY. FYR.

SCALE: 1/4" = 1'-0"

OPT. LAUNDRY ILO 2-STY. FYR.

SCALE: 1/4" = 1'-0"

NOTE:

SEE FACADE PLAN ON SHEET A4.1 FOR PLAN AND PORCH DIMENSIONS, WINDOW AND DOOR SIZES AND LOCATION.

SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

APPROVED APR 01 2016

Date

Date

PEACHTREE RESIDENTIAL PROPERTIES

The Builder Who Listens

7300 Medlock Ferry Rd. Suwanee, Georgia 30174
Voice (770) 622-2522 • Fax (770) 622-9171

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Drawn By: JLS

Date: 11/19/04

Plan No:

Revisions:	
113001-3333	01/30/04-3611
121107-3957	10/04/04-3721
012406-3973	01/24/10-3811
022606-340006	05/15/11-3967
153008-3440	9/13/12-4285
111105-3604	05/01/13-4422
111108-3604	

Model Name: BRUNSWICK

Sheet Title: SECOND FLOO RPLAN

SHEET NO. A3.2

IREDELL COUNTY

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

APPLICATION NUMBER
212303
Issue Date: 07/24/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636029145.000	118 CHARTHOUSE LANE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: CP II LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: 145 IREDELL CO, NC 28625	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.650	35.00	35.00	15.00	15.00	CA	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	44553	TOTAL FEES:	$ 77.25

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

CONTRACT FOR INSPECTIONS OF ON-SITE WASTEWATER SYSTEMS TYPE II, III, IV and V

This Contract is entered into this 5th day of May 2017 by and between TCW Wastewater Management, Inc., a North Carolina Corporation of Union County, North Carolina (hereinafter "TCW") and JOE & TIFFANY TAMMINEN hereinafter "The Owner").

Preamble

TCW is contracting with The Owner to provide inspection services as described on Attachment A for the fees or charges also shown in Attachment A.

The Owner owns or controls the property upon which a ground absorption sewage treatment system ("System") is installed, such System being designated as a type II, III, IV or V system under the Rules for Sanitary Sewage Collection. Treatment and Disposal found at 15A N.C. Admin. Code 18A. 1900 et seq.; and 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for certain systems be that a properly executed inspection contract between the System Owner and a management entity shall be in effect for as long as the System is in use. TCW is a management entity which employees certified operators of a type authorized by 15A N.C. Admin. Code 18a.1961 to manage and inspect type II, III, IV, and V systems.

In consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and TCW as stipulated below.

Conditions of the Contract

A. TCW, in consideration of the payment by the Owner as set out in the schedule of services and charges in Attachment A, incorporated herein, agrees:

1) To provide the services set out in Attachment A according to the minimum schedule of inspections/services required by regulations for the lots or parcels set out in Attachment B.

2) To report results of the inspections to the local environmental regulatory agency having jurisdiction as required by applicable laws or regulations.

3) If inspections indicate the need for System repairs:

   a) to notify the local environmental regulatory agency within 48 hours.

   b) to give notice to the "Owner" of needed repairs, and, if the necessary repairs are outside the scope of the routine maintenance described in Attachment A, then The Owner may request TCW to provide an estimate. At the authorization of The Owner TCW will perform the necessary repairs at TCW's then prevailing charges for services and materials.

4) If TCW's services are terminated, TCW will notify the local environmental regulatory agency within 48 hours.

B. The Owner, in consideration of the services performed, agrees:

1) To pay TCW for its services according to the schedule of charges as set out in Attachment A.

2) Within 30 days of receipt of notice of repairs under A (3) above, the Owner(s) must provide proof that repairs have been performed by a licensed or qualified entity and the System is functioning properly or request and authorize TCW to complete the needed repairs.

3) To notify TCW promptly of any emergency or malfunction known to it which may violate environmental, health, or other laws and regulations, and to authorize immediate repair as necessary to restore the System to proper function and operation.

4) To use reasonable efforts to provide and to maintain at all times, such access to the Systems as is reasonably necessary for TCW to comply with its obligations under this Agreement.

C. **Terms of the Agreement**

1) This Agreement shall be effective for one year from the date of this contract, and will be automatically renewed from year-to-year thereafter, unless written notice of termination and non-renewal is given to the other party not less than 60 days prior to the end of the then current annual contract year.

2) The real property to be serviced under this contract is listed on Attachment B.

3) This Agreement automatically terminates if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for making an appeal has passed.

4) The parties may terminate at the end of the then current term by consent of each party or by not less than 60 days written notice to the other party prior to the end of the then current contract year, and not less than 30 days written notice to the local environmental regulatory agency.

5) This Agreement may be terminated for cause for breach which remains unremedied after 15 days written notice to the defaulting party.

D. **Limited Warranty**

TCW'S SOLE DUTIES AND RESPONSIBILITIES UNDER THIS AGREEMENT IS TO PROVIDE INSPECTION AND ROUTINE MAINTENANCE ONLY AS SPECIFIED IN THIS AGREEMENT. INSPECTIONS WILL COMPLY WITH APPLICABLE CODES, LAWS, AND REGULATIONS IN FORCE AT THE TIME OF THE INSPECTION AND REPORT. WORK AND MATERIALS USED IN REPAIRS ARE WARRANTED ONLY TO BE OF GOOD WORKMANSHIP, FREE OF DEFECTS, AND CONFORM TO THE SYSTEMS SPECIFICATIONS AND EQUAL TO THE ORIGINAL PARTS AND EQUIPMENT. THE OWNER'S SOLE REMEDY UNDER THIS EXPRESS WARRANTY IS REPAIR OR REPLACEMENT AND CONSEQUENTIAL DAMAGE OR DAMAGES FOR DELAY ARE LIMITED TO TOTAL SUMS PAID TCW UNDER THIS AGREEMENT FOR THE PARTICULAR LOT OR PARCEL FOR THE THEN CURRENT YEAR. ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, ARE EXPRESSLY AND SPECIFICALLY EXCLUDED. REPAIRS, REPLACEMENTS, ADDITIONS AND CHANGES BY OTHERS TO THE SYSTEMS COVERED BY THIS AGREEMENT WITHOUT PRIOR NOTICE TO TCW OR ACCEPTANCE OF THE WORK BY TCW DURING THE TERM OF THIS AGREEMENT VOIDS ANY WARRANTY GRANTED HEREIN AS TO TCW.

E. **Miscellaneous**

1) Transfer of rights, responsibilities, and duties under this Agreement by any party shall be valid only on written notice and consent signed by all parties, which consent shall not be unreasonably or arbitrarily withheld.

2) TCW may perform its duties and responsibilities by subcontract but TCW will remain directly liable and responsible to the Owner under the terms of this Agreement.

3) Waiver of default or a breach of the Agreement by any party shall not operate nor be construed as a waiver of further or subsequent defaults or breach of this Agreement. Failure to take action in any default or breach does not bear action on such default at any time subsequent to such breach or default.

4) This Agreement constitutes the entire agreement of the parties, incorporating, and superseding all prior representations and negotiations and may not be changed or amended except in writing signed by the parties. The Agreement shall be interpreted under North Carolina law. Any part of the Agreement declared void, illegal, or unenforceable will not affect other provisions of the Agreement.

5) Disputes arising under this Agreement shall be determined by any method of Alternative Dispute Resolution the parties choose, including but not limited to, mediation or arbitration, under the Uniform Arbitration Act of North Carolina or its equivalent, or such means or methods as the parties agree to in writing.

6) Notices are deemed delivered if delivered in person; by certified or registered mail; by courier; or delivery service, if properly receipted, charges and postage prepaid, as follows:

Owner:
Joe & Tiffany Tamminen
118 Charthouse Lane
Mooresville, NC 28117

Operator:
TCW Wastewater Management, Inc.
P. O. Box 788
Monroe, NC 28111

Environmental Regulatory Agency:

Iredell County Environmental Health
610 E. Center St.
Mooresville, NC 28115

A party may change its address my giving notice in the manner provided above.

Each party has executed this Agreement with full power, authority, and legal right to enter into; to bind itself to the rights, duties and responsibilities under this Agreement, which is binding on the parties, their successors and assigns, heirs and personal representatives, on the date first above written.

WITNESS:

Aaron Turke

OWNER:

TCW Wastewater Management, Inc.

WITNESS:

Vicki Davis

BY:

Title: President

License numbers: SS 12248
SI 23910
2WW 24666
Inst. IV 37901
Insp. 3790

EXHIBIT A
TYPE II, III, IV

MONITORING & INSPECTION PLAN

1. **COST:** **INITIAL CONTRACT YEAR:**

$ 300.00	**(2 required inspections)**
$ N/A	**(0 required lab)**
$ 300.00	**Total Initial Year**

RENEWAL YEARS:

$ 300.00	**(2 required inspections)**
$ N/A	**(0 required lab)**
$ 300.00	**Total Renewal Years**

a. The Owner shall pay to TCW the aforementioned sums for each parcel listed on Attachment B. The initial annual fees are payable upon the execution of the contract. Annual billings will be made thereafter and payable within 30 days of billing. The annual billings will be made on the anniversary dates. The annual renewal fees may increase no more than 5% per year. The Owner shall pay to TCW his normal and customary fees for any authorized work performed on the System as a result of non-scheduled service or maintenance calls. These fees are due and payable within 30 days of billing. Payments due to TCW, and unpaid by the Owner after 30 days, shall be assessed late payment fee of 15% per month, accruing monthly on the unpaid balance.

2. **PERFORMANCE DUTIES:**

- Inspections and services that meet state requirements, i.e., inspections of System using an itemized check list, monitoring "septic tanks" to insure proper operation, and make adjustments of imbalances to systems through the distribution devices.
- Inspection report copies are sent to the environmental regulatory agency (if applicable) and homeowner
- Emergency service calls at no additional charge.
- 24-hour availability
- The Owner will be advised of any repairs needed and estimated cost or repairs. Repairs will not be made without Owner authorization.
- The Owner will be advised when pumping is recommended

Bacteria Additive Option – Additional $45 per year:

- The addition of a bacterial product into the individual septic tank as needed to maintain the proper level of bacteria.

EXHIBIT B

1. PHYSICAL ADDRESS OF SYSTEM(S):

a. 118 Charthouse Ln
Mooresville NC 28117

Chesapeake Point lot#

b.

c.

d.