RECEIVED JAN 26 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Int. Relay. # 206140

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: Peachtree Res. Prop **Address:** 1930 Century Park Dr. #3 Charlotte NC 28217 **Phone:**

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

Property Information:

Street Address: 349 Cove Creek

Subdivision Name: Chesapeake Point **Section/Phase:** **Lot Number:** 26

Driving Directions: BSR, TL Island 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:
( ) 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: _____ 1/26/2014

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

IREDELL COUNTY HEALTH DEPARTMENT

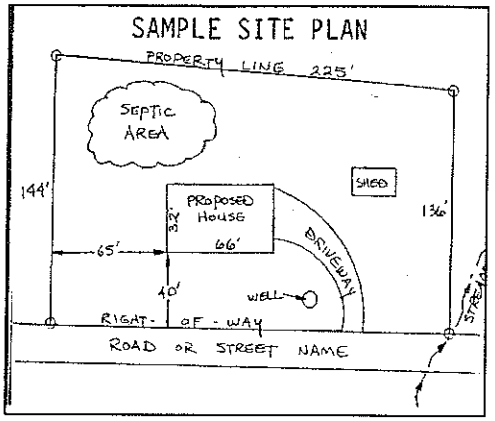
ENVIRONMENTAL HEALTH DIVISION

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)

1/26/2014

DATE

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

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

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

2-4-15 (Date)

Owner: Mark Benitez
Address: 349 Cove Creek Loop
Mooresville NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):

14492/#206140 dated 4-17-07
Lot # 26 Chesapeake Pointe
349 Cove Creek Loop

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 4-17-07 (date) for a system

LPPPDPS
(system name)

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

Signature of Property Owner

Central Office
316 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

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# 1111492/20614O PIN# 4636 03 799.026 DATE April 17, 2007

OWNER OR APPLICANT Chesapeake Pointe LLC (Mark Benitez) PHONE: Business _____ Home _____

ADDRESS 7380 McGinnis Ferry Rd, Suwanee, GA. 30024

LOCATION Brawley Sch Rd. TR Lake of Pines TR Cove Creek Rd. on Right

SUBDIVISION Chesapeake Pointe BLOCK / SECTION 5 LOT 26 LOT AREA 1.32Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 initial/.25 repair

Septic Tank: 1500 * Gallons; STB _____ Date _____

Pump Tank: 500 * Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments:/Conditions: * Per plan specs

Fill old roadbed, shave off any old burnt in septic system area.

Comments:/Conditions: 9/29/14 Reviewed floor plans, In Compliance with Original Septic plan.

INITIAL SITE SKETCH

SEE Plan from SoME

AS BUILT SKETCH

REVISED

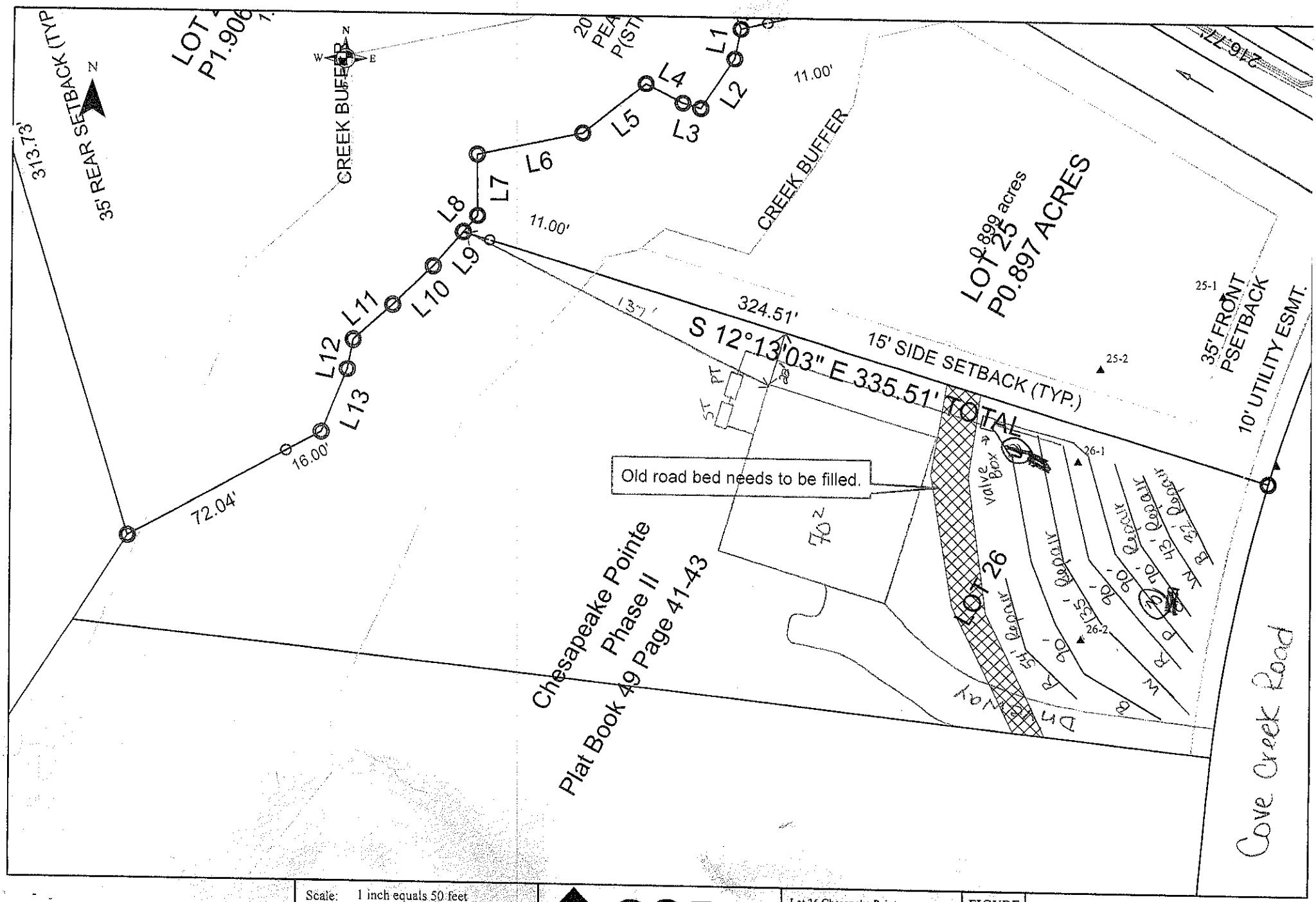
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Karen D. Wallace date 1-27-07 Installed by: _____

Improvement Permit by: _____ date 4-17-07 Operation Permit by: _____ date _____

Authorization to Construct by: Mark Dotson RS date 9/29/14 Existing System Inspection by: _____ date _____

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



Scale: 1 inch equals 50 feet	S&ME	Lot 26 Chesapeke Point	FIGURE
Drawn by: JBP		Detailed, Scaled Site Plan	1
Reviewed by: KS		Iredell County, NC	
Date: March 2007			

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

DEVELOPER PERMIT

Zoning Permit

Permit Number: 141492ZO

Printed: 3/12/2007

Master #: 141492

Associated Permits:
141492ZO Zoning

Applicant

Name: S&ME INC. ENGINEERING (Toney Jacob **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Parcel

Parcel Number: 4636037991.026 **Zoning:** R20
Address: 000 Cove Creek RD **Township:** 1700
MOORESVILLE, NC 28117 **Area:** 1.32
Subdivision: Chesapeake Point Ph 5 **Lot(s):** 26
Directions to Parcel: brawley school rd, right on isel of pines rd, right on cove creek

Owners Chesapeake Pointe

Contractors

Contractor Type: Enviromental Services
Name: S&ME INC. ENGINEERING (Toney Jacobs) **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Fees and Receipts:

Number	Description	Amount
FEE-147271-07	Zoning - Permit / Inspection	$45.00
FEE-147272-07	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**
REC-80015-07		$245.00
	Total Receipts:	**$245.00**

Acknowledgement Of Plans Submittal ONLY!

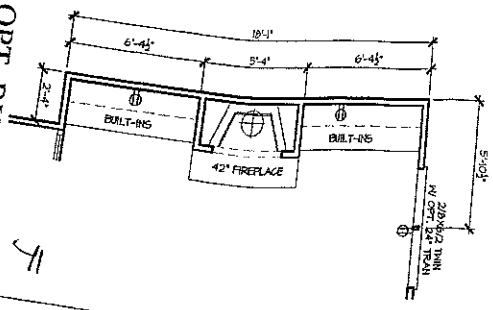
_____ Date _____

_____ Date 9/29/14

SQUARE FOOTAGE	
FIRST FLOOR	2034 S.F.
SECOND FLOOR	1019 S.F.
TOTAL	3052 S.F.
BONUS ROOM	409 S.F.
GARAGE	481 S.F.

OPT. BUILT-INS

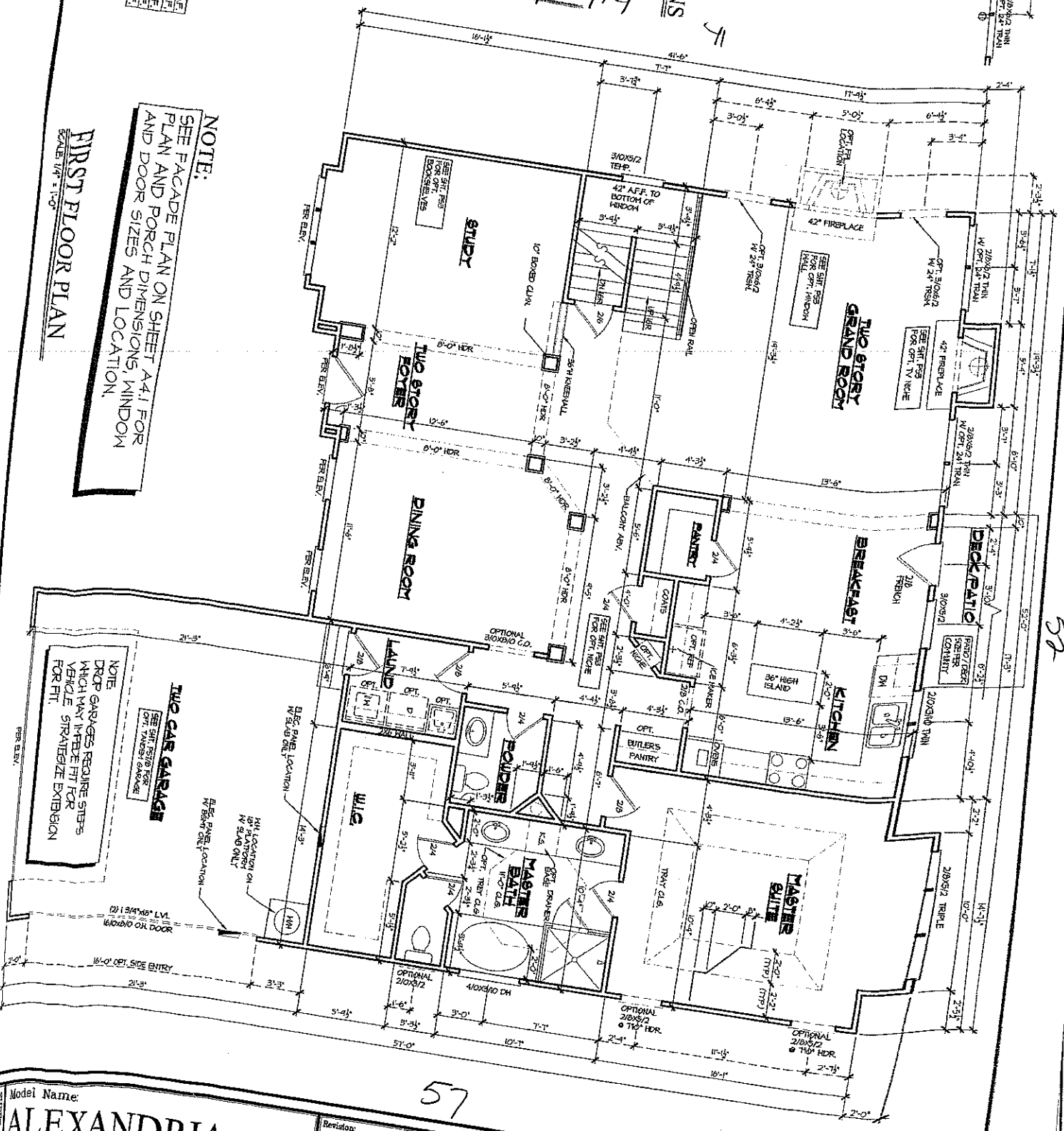
SCALE 1/4" = 1'-0"



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

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"



57

52

Model Name:	Revision:
ALEXANDRIA	11/4/03
Sheet Title:	8/10/04 AMH
FIRST FLOOR PLAN	12/08/04 JLS
	04/24/05 JLS
	04/26/06 JLS
	10/06/06 JLS
	041608-3451

SHEET NO. A3.1

Plan No: 10/17/03 Drawn By:

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