IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217380

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

PIN # 4636-03-9972

APPLICANT: CPIII LLC APPLICANT ADDRESS: 3125 Presidential Parkway STE #200 Atlanta, GA 30340

SITE ADDRESS: 361 Cove Creek Loop Mooresville, NC 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: BSR towards Lake Norman → L on Isle of Pines → R on Cove Creek Loop → Property on Right (+ offsite @ end of Leeward Shores Lane)

SUBDIVISION: Chesapeake Pointe SECTION: 5 LOT # 14/14A LOT AREA: 0.718 acres + offsite DESIGN FLOW: 480 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	Date	System Description: PM - 25% Reduction (offsite)				☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #	Repair System Description: 50% Reduction				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft: 480	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36"	Trench Bottom Depth	36" [high side]	Gravel Depth —		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years. As of 4/12/17, pump line appears to have already been installed - strongly recommend pressure testing the line to ensure integrity.

7/21/17 Checked drainlines & supply lines from pressure manifold
6/27/17 Tanks checked by BB

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Michael Athanas LSS# 1252

Dated: 3/27/2017

AS BUILT SKETCH

Off site septic on lot #16
PIN #4636-04-8453

	Date	Initials
Drain Lines Checked	7/21/17	MD
Tanks Checked	6/27	BB
Pressure Manifold or Valve Box Checked	7/21/17	MD
Pressure Head Set	7-26	BA
Electrical Checked	↓	BA
Floats Set		BA
Alarm Checked		BA
Maintenance Contract Y (N)	not required	
Comments:		

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**

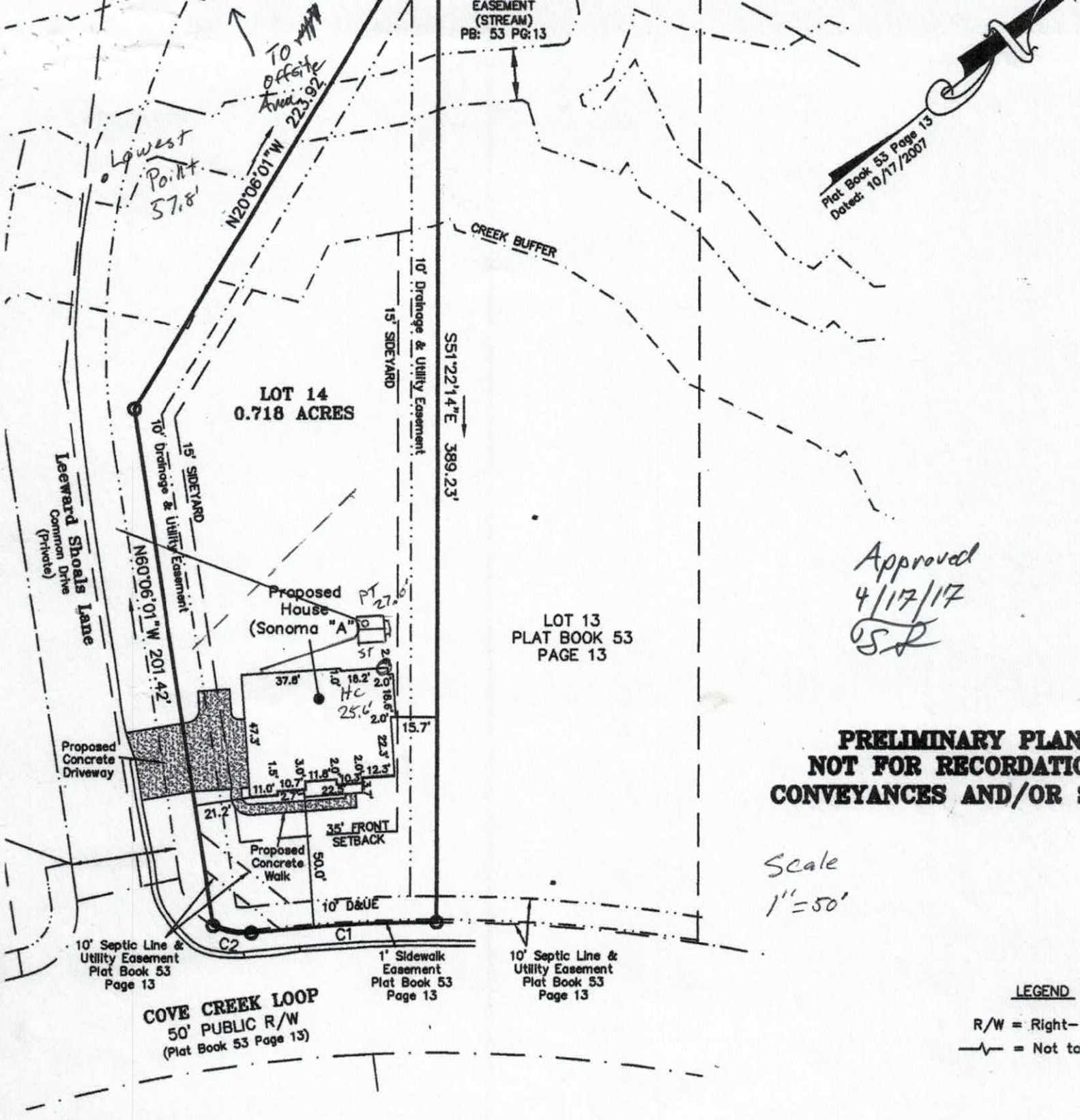
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 4/19/17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/13/17 OPERATION PERMIT by: APPROVED Date: JUL 26 2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/13/17 Existing System Inspected by: Date:

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



PLOT PLAN
T 14 – CHESAPEAKE POINTE
PLAT BOOK 53 PAGE 13

361 COVE CREEK LOOP
)SON TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA

PEACHTREE RESIDENTIAL, LLC
7380 McGINNIS FERRY ROAD
SUWANEE, GA 30024

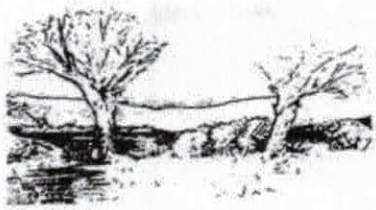
GEOMATIC CONCEPTS, PLLC
NC LICENSE # P-1981

CURVE	RADIUS	ARC	CHORD BEARIN
C1	625.00'	71.18'	S35°22'01"W
C2	25.00'	15.13'	S49°26'13"W

SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDIN
2) THIS PLOT PLAN IS BASED ON DEED BOOK 1845 PAGE 277 AND PLAT BOOK 53 RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION B THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4) THIS LOT LIES WITHIN A SUBDIVISION THAT WAS PREVIOUSLY TIED TO THE NORT GRID SYSTEM.
5) BASIS OF BEARINGS: PLAT BOOK 53 PAGE 13 – DATED: OCTOBER 15, 2007
6) ALL CORNERS "FOUND" or "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHER POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.
7) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES

Approved
4/17/17
SL



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

Reference: Data Sheet for 361 Cove Creek Rd, Chesapeake Pt Lot 14/14A

House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Community water
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2
Proposed System Type: 25% Reduction (SFE)
Proposed Repair System Type: PPBPS (SFE)
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 27.4 GPM
Dosing Volume: 210 gallons
Pump Run Time: 7.7 minutes
Elevation Head: 53.3'
Friction Head: 13.9'
Pressure Head: 2'
Total Dynamic Head: 69.2'
Supply Line Length: 750' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length	Elevation
Blue 1		94'	2.3
Pink 2		95'	3.0'
Red 3		57'	3.7'
White 4		100'	4.1'
Orange 5	**96'**	**100'**	**4.5'**
Blue 6	**96'**	**100'**	**5.2'**
Pink 7	**96'**	**100'**	**6.0'**
White 8	**96'**	**100'**	**6.5'**
Orange 9	**96'**	**100'**	**7.3'**

Initial System: 480' **Repair System:** 346'
Pump Tank: 27' **House Corner:** 25.6' **Benchmark:** 9.5'
Lowest point in supply route: 57.8'

Comments:
This property has an expired permit. MA&A have evaluated this lot for a four bedroom residence.



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

PROPERTY ID #: 4636039972_
COUNTY: _Iredell____

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

OWNER: CPIII LLC_____ APPLICATION DATE_____
ADDRESS: 3125 Presidential PKWY STE 200, Atlanta, GA 30340_____ DATE EVALUATED: _____
PROPOSED FACILITY: ___4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: _0.718 AC_____
LOCATION OF SITE: 361 Cove Creek Rd, Chesapeake Pt Lot 14_____(SFE)_____ 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	LS 6%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3 ✓ OK
		3-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					
		32"							
2	LS 6%	0-4	Br SCL WSBK	FR SS SP SEXP	YB Lithochormic Colors	48"	N/A	N/A	PS 0.25
		4-48	R C SBK	FR SS SP SEXP					
3	LS 6%	0-33	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		33-48	R CL WSBK	FR SS SP SEXP					
4	LS 6%	0-8	RBr CL WSBK	FR SS SP SEXP	N/A	48"		N/A	PS 0.3
		8-34	R C SBK	FR SS SP SEXP					
		34-48	R CL WSBK	FR SS SP SEXP			F-C SAP		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	1038 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: Tom Shuck ABS + ABS 4/12/17
Approved 4/17/17 SF

COMMENTS: Fill old soil test pits.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4636039972
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 6%	0-6	Br SCL WSBK	FR SS SP SEXP	YB	48"	N/A	N/A	PS 0.25 ✓
		6-38	R C SBK	FR SS SP SEXP					
		38-48	R CL WSBK	FR SS SP SEXP	No YB after 38"				
			37" transition (hand)						


S.F.E. 16-25A (1/2) (0.398 AC.)
13.24'
20.00'
N32°25'18"W
127.00'
39.45'
7.5'
7.5'
15' SIDE
129.35'
S.F.E. 16-11A LOT 16 (0.377 AC.)
15' Access & SSL Easement 53 PG: 13
PB:
129.35'
LOT 18 4636-04-6291
LOT 112 .592 ACRES
N32°25'18"W
127.00'
N 57°34'42" E
855.29'
Arlene Dean Deed Book 1255
Scale 1"=40'
Approved 4-17-17
60.00'
S.F.E. 16-14A (0.350 AC.)
N57°34'42"E
N32°25'18"W
127.00'
Lot 18
Lot 16-11A
15' SIDE SETBACK
214.93'
S29°22'02"E
15' SIDE SETBACK
60.00'
120.64'
752.98' Total
S.F.E. 16-12A LOT (0.352 AC.)
Lot 16-11A
Lot 17
S.F.E. 16-11A LOT (0.379 AC.)
Access & Easement

RECEIVED MAR 2 7 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $500.00 3-19-17 Paid $350.00 # 217380

Application For:

(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 Presidential PKWY STE 200, Atlanta, GA 30340 Phone: Mark 704-928-9215

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: 361 Cove Creek Rd

Subdivision Name: Chesapeake Pt Section/Phase: _____ Lot Number: 14/14A

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

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: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: _____ 3/27/2017

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
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 361 Cove Creek Rd, Chesapeake PT 14/14A, identified as PIN (Parcel Identification Number) 4636 03 9972, 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.

	3/27/2017		3/27/2017
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

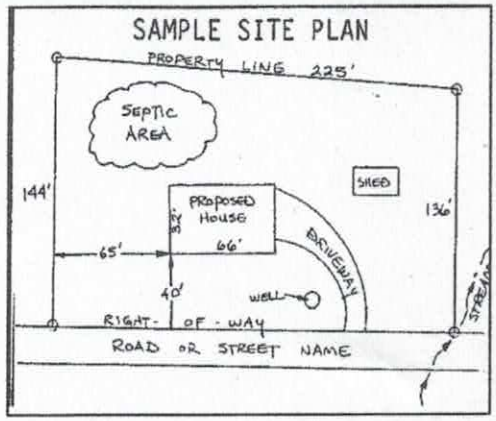
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) 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: _____ 3/27/2017

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

IREDELL COUNTY

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

APPLICATION NUMBER
217380
Issue Date: 05/03/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4636039972.000	361 COVE CREEK LOOP, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: CP II LLC	Applicant: PEACHTREE RESIDENTIAL
Address: 145 IREDELL CO, NC 28625	Address: 516-D RIVER HIGHWAY, SUITE 301 MOORESVILLE, NC 28117
Phone:	Phone: 704-928-9215

Use Requested	Zone Code
SFD REPLACING PERMIT 141339	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.710	35.00	35.00	15.00	25.00	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	67524	TOTAL FEES:	$ 77.25