Paid $195.00 Int. Relayou 1-16-14 PH

Paid $155.00 2-10-14

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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:
Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Peachtree Res. Prop. **Address:** 516-D River Hwy Mooresville NC 28117 **Phone:**_____

Owner Name: CP II LLC **Address:** 3125 Presidental Pkwy ste 200 Atlanta GA 30340 **Phone:**_____

Property Information:

Street Address: 104 Sandy Cove Ct

Subdivision Name: Chesapeake Pt **Section/Phase:**_____ **Lot Number:** 55

Driving Directions: BSR, TL Isle of Pines, TL Cove Crk Lp, TC Sandy Cove, 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)*

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

Year existing system installed:_____

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

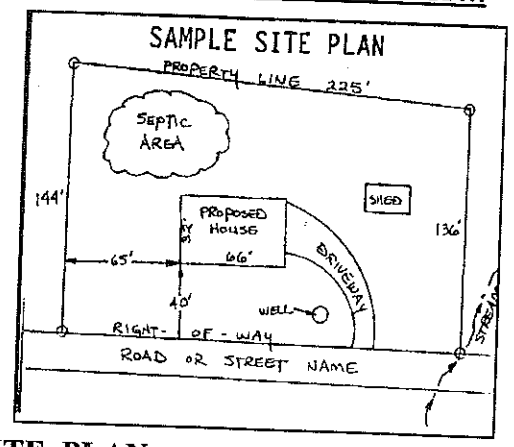
1/15/14
DATE

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)

1/15/14
DATE



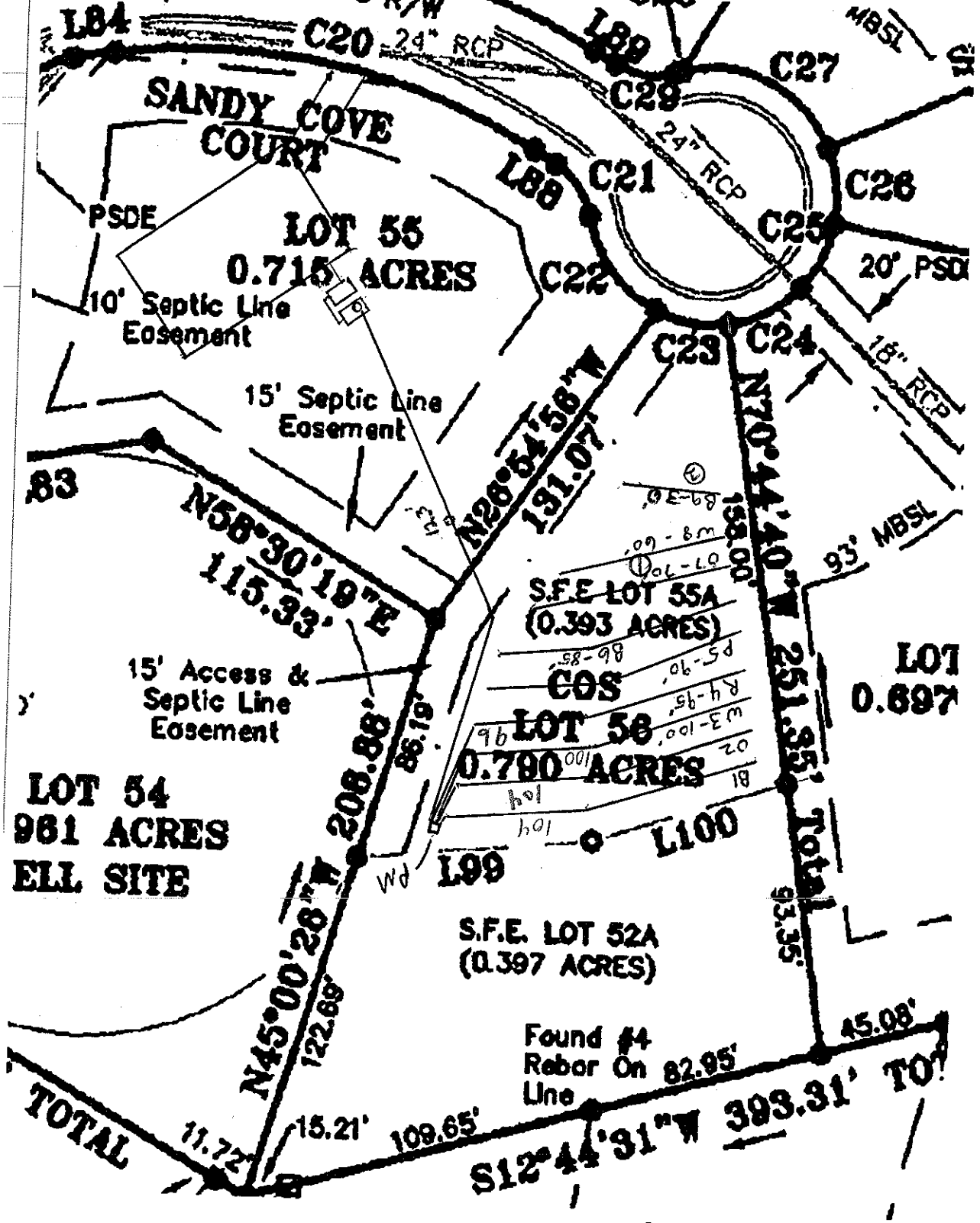
MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for Chesapeake Pt. Lot 55/55A
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT2 (initial-ICHD)
Proposed LTAR: 0.275 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 11.0'
Friction Head: 3.6'
Pressure Head: 2'
Total Dynamic Head: 16.6'
Supply Line Length: 195'
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Blue 1	**103'**	**110'**	**1.3'**
Orange 2	**102'**	**105'**	**3.4'**
White 3	**100'**	**100'**	**5.1'**
Red 4	**95'**	**95'**	**6.7'**
Pink 5		90'	8.5'
Blue 6		85'	9.0'
Orange 7		70'	10.0'
White 8		60'	10.6'
Blue 9		30'	10.5'

Initial System: 400'
Pump Tank: 11.5'
Repair System: 335'
House Corner: 10.6'
Benchmark: 0.5'

Comments:
The first 7 lines were laid out by S&ME and approved by ICHD. Michael Athanas & Associates added 2 lines and 2 more soil observation to achieve a 25% reduction system. The lowest point in the proposed supply line is 12.3'.


L84
C20
24" RCP
L89
C27
C29
SANDY COVE COURT
24" RCP
L88
C21
C26
PSDE
LOT 55
0.715 ACRES
C25
C22
20' PSD
10' Septic Line Easement
C23
C24
15" RCP
15' Septic Line Easement
N28°54'56"W
131.07'
N70°44'40"W
251.85'
93' MBSL
N58°30'19"E
115.33'
S.F.E. LOT 55A
(0.393 ACRES)
LOT
0.697
15' Access & Septic Line Easement
COS
LOT 56
0.780 ACRES
LOT 54
961 ACRES
ELL SITE
L100
L99
S.F.E. LOT 52A
(0.397 ACRES)
N45°00'28"W
208.88'
122.69'
93.35'
Found #4 Rebar On Line
82.95'
45.08'
TOTAL
11.72'
15.21'
109.65'
S12°44'31"W 393.31'

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____ APPLICATION DATE_____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD____ DATE EVALUATED: _____
LOCATION OF SITE: _Chesapeake Pt. Lot 55/55A_____ PROPERTY SIZE: _____
WATER SUPPLY: Private Ξ Public Ξ Well Spring Other _____ PROPERTY RECORDED: _____
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 5%	0-10	Br SCL WSBK	FR SS SP	Few YBs	48"			PS 0.275
		10-40	R C SBK	FR SS SP					
		40-48	R SC WSBK	FR SS SP					
2	LS 3%	0-12	Br SCL WSBK	FR SS SP	Few YBs @ 42"	48"			PS 0.275
		12-48	R C SBK	FR SS SP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	582 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3 (ICHD)	0.275

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _M A & Associates_____
OTHER(S) PRESENT: _____

COMMENTS: _____

IREDELL COUNTY

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

APPLICATION NUMBER
139705
Issue Date: 01/16/2014

Permit Type: AUTHORIZATION CONSTRUCT

Parcel Number	Street Address	Jurisdiction
4636114996.000	SANDY COVE COURT	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: CHESAPEAKE POINTE LLC Address: 7380 IREDELL CO, NC 28625 Phone:	Applicant: Address: Phone:	Contractor: CHESAPEAKE POINTE LLC Address: 7380 IREDELL CO, NC 28625 Phone: License Type License Number

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SINGLE FAMILY

Permit Details:

	AUTHORIZATION CONSTRUCT Int. Relayout	Amount: Amount: Amount: Amount: Amount: Amount: Amount:	195.00

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 01/16/2014

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	4710	TOTAL FEES:	$ 195.00

IREDELL COUNTY

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

APPLICATION NUMBER
139705
Issue Date: 01/16/2014

Permit Type: AUTHORIZATION CONSTRUCT

Parcel Number	Street Address	Jurisdiction
4636114996.000	SANDY COVE COURT	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: CHESAPEAKE POINTE LLC Address: 7380 IREDELL CO, NC 28625 Phone:	Applicant: Address: Phone:	Contractor: CHESAPEAKE POINTE LLC Address: 7380 IREDELL CO, NC 28625 Phone: License Type License Number

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SINGLE FAMILY

Permit Details:

	AUTHORIZATION CONSTRUCT	Amount:	195.00
	IMPROVEMENT PERMIT FEE	Amount:	155.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

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ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	4710	TOTAL FEES:	$ 350.00

S&ME

Health Dept. copy

To: Iredell County Environmental Health Department

From: Paul G. Penninger, LSS
Kathleen Saunders, LSSIT
Martin Mabe, Project Manager

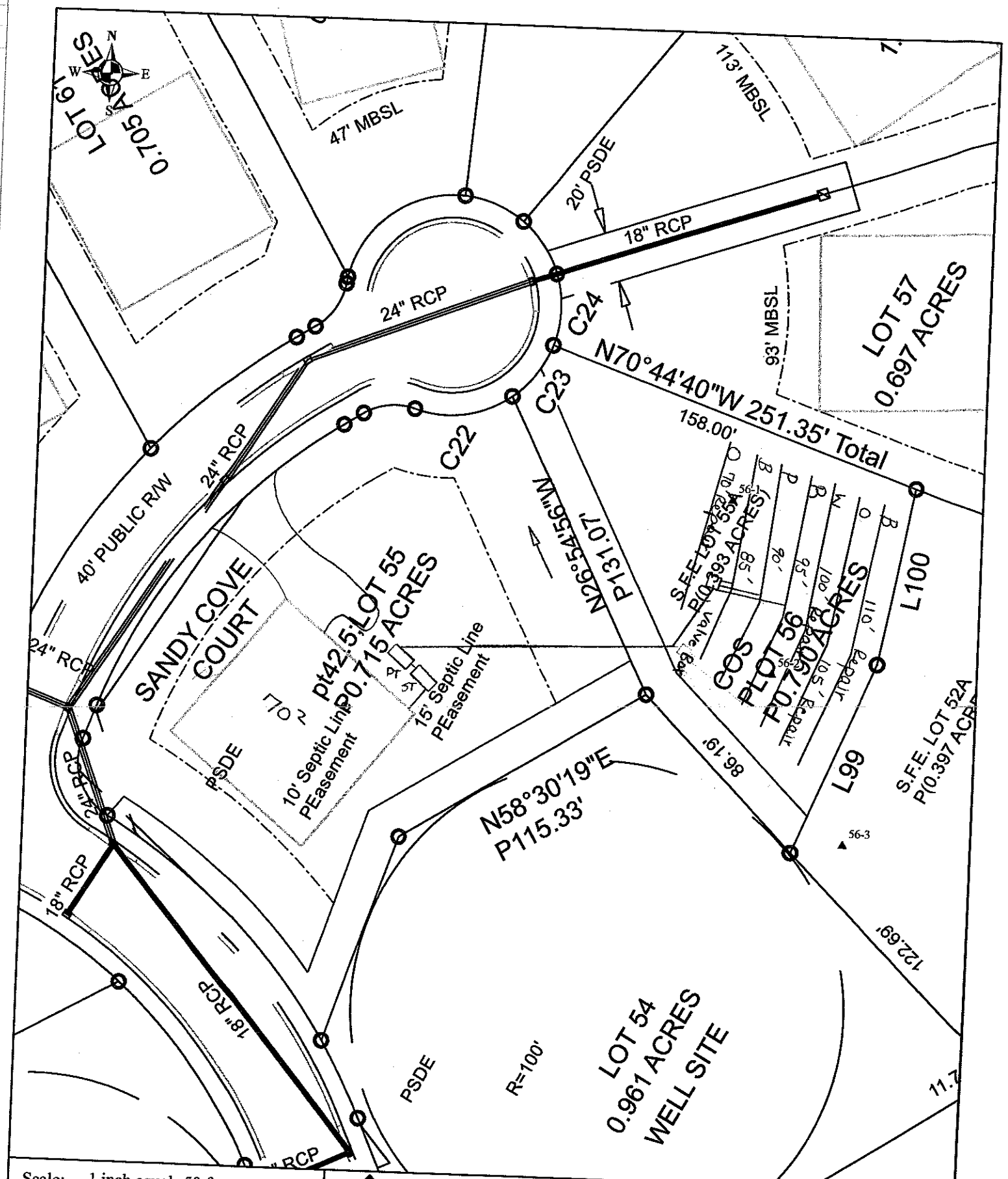
RE: Chesapeake Pointe Subdivision - Chesapeake Pointe, LLC - Lot 55 Fast Track

Date: January 30, 2007

Attached is the Fast Track information required to place Lot 55 Chesapeake Pointe on your developer work list to review the septic system layouts. Please call when you are ready to review the lot and we will meet you on the site.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the Iredell County Environmental Health Department (ICHD) with the site evaluation. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC rules. If the ICHD wishes to change tank locations, distribution devices, etc., this can be shown on the Improvement Permit.

All information and specifications were prepared in conjunction with the Fast Track Program for Iredell County and are for the sole use of Chesapeake Pointe, LLC in acquiring permits under the Fast Track Program. All soil work has been approved by David Hinson of the Iredell County Health Department. It is ultimately the Iredell County Health Department's responsibility to verify all specifications before permitting and/or septic system installation.



Scale: 1 inch equals 50 feet	S&ME	Lot 55 Chesapeke Point	FIGURE
Drawn by: JBP		Detailed, Scaled Site Plan	1
Reviewed by: KS		Iredell County, NC	
Date: December, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-04-011	

Lot 55 Chesapeake Pointe Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	270
Trench Width	2' min.
Trench Spacing	8' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	140' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30 gpm
Elevation head	Approx. 16.7'
Pressure head	3.0'
Friction head	2.3'
20% Contingency	4.4'
Total Head	26.4'
Pump Requirements	√ 30 gpm @ 26.4' of head; use Goulds WE05H pump or equivelent with compatible electrical
Maximum Dosing Volume	216 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	385

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Blue	LPPPBPS	110	1.5				
2	Repair	Orange	LPPPBPS	105					
3	Repair	White	LPPPBPS	100					
4	System	Red	LPPPBPS	95 centerfed		21	21	1 per panel	5/32"
5	System	Pink	LPPPBPS	90 centerfed		20	20	1 per panel	5/32"
6	System	Blue	LPPPBPS	85 centerfed		19	19	1 per panel	5/32"
7	Repair	Orange	LPPPBPS	70	10.3				
						Total: 60	Total: 60 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: 385'					

Tank	Red	1000 gal (2 compartment)	12.2
Pump Tank	Red	1000 gal.	12.2
House	Blue		12.2

Note: System and repair located on Easement 55A.

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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: X Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted:
   Place check ( ) beside whichever is submitted if applicable
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Chesapeake Pointe LLC	7380 McGinnis Ferry Rd. Suwanee, GA 30024		(678) 300-8521
Owner Name	Mailing Address	Home Phone	Work Phone
Same as above			

4. Property Information:

000 Cove Creek Rd. (Street Address) — Chesapeake Pointe LLC (Subdivision Name) — Phase III - Lot 55 (Section/Phase and Lot Number)

Driving Directions: Brawley School Road, left Isle of Pines Rd, right Cove Creek

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

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

(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

(3) Alternative (1) Conventional (4) Innovative (2) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. 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. industry) 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.

9. Signature: Martin Wade
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-1-06
DATE

IREDELL COUNTY HEATLH DEPARTMENT

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...
- X — 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
- X — Front and side setbacks from property line...
- X — Preferred driveway location and configuration, preferred 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:

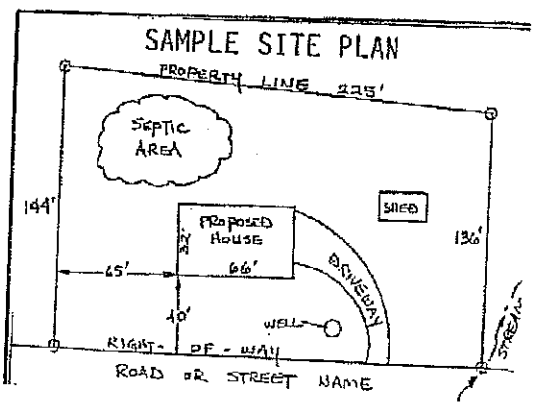
- X — Location of septic systems and wells within 100' of your property... N/A
- X — Location of easements and rights of ways on your property... N/A
- ___ — Location of any designated wetlands on the property... (N/A)

Signature: Martin Mabe

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

12-11-06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



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

Zoning Permit

Permit Number: 139705ZO

Printed: 12/6/2006

Master #: 139705

Associated Permits:
139705ZO 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: 4636120237.055
Address: 000 CoveCreek Rd.
Mooresville, NC 28117
Subdivision: Chesapeake Point Ph 3

Zoning: R20
Township: 1700
Area: .890
Lot(s): 55

Directions to Parcel: Brawley School Road, left Isle of Pines, right Cove Creek, on right

Owners

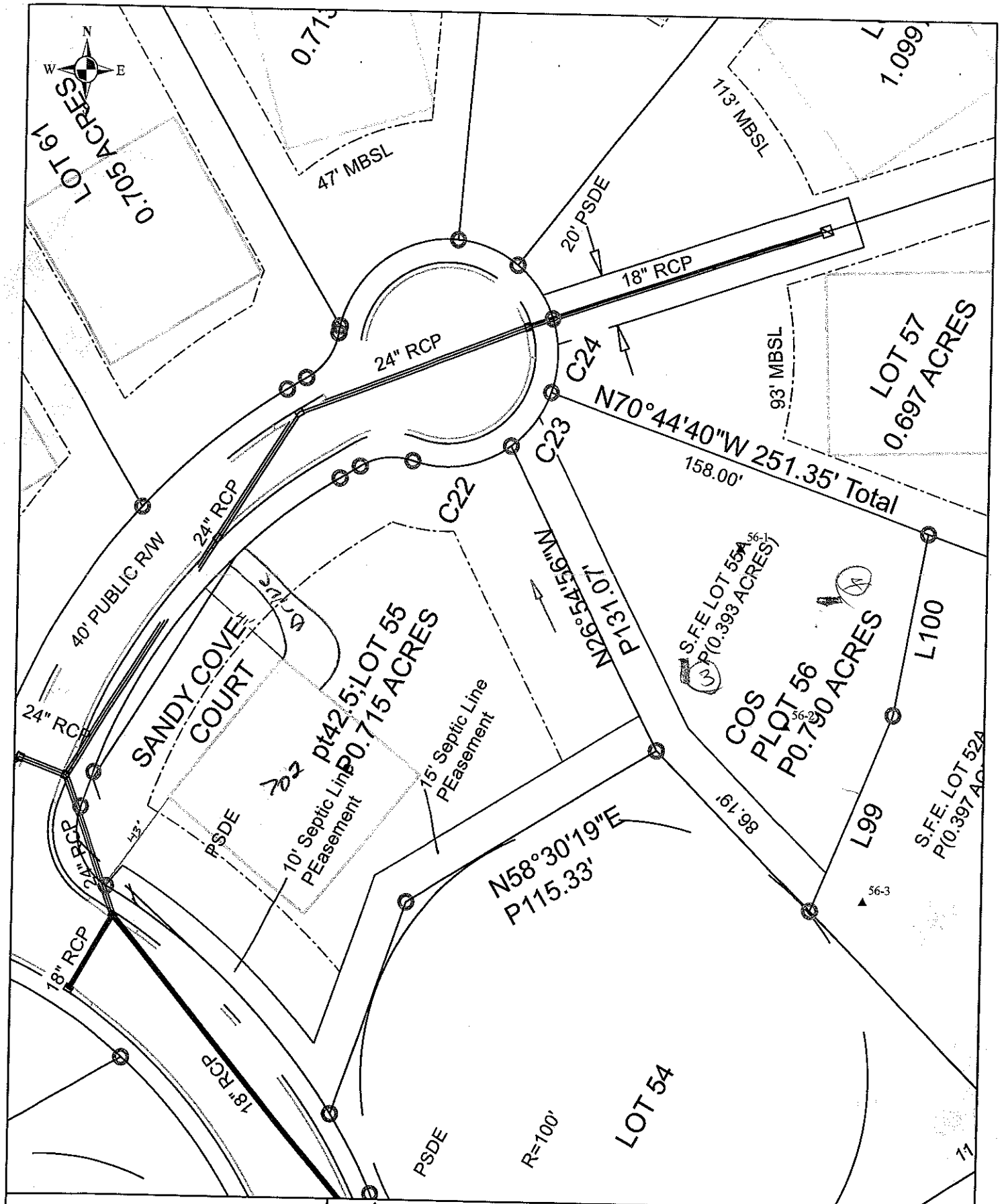
Name: Chesapeake Pointe LLC
Address: 7380 McGinnis Ferry Road
Suwanee, GA 30024

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-140992-06	Zoning - Permit / Inspection	$45.00
FEE-140993-06	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**



Scale: 1 inch equals 50 feet	S&ME ENVIRONMENTAL SERVICES · ENGINEERING · TESTING	Lot 55 Chesapeke Point	FIGURE
Drawn by: JBP		Detailed, Scaled Site Plan	1
Reviewed by: KS		Iredell County, NC	
Date: December, 2006		S&ME Project #1588-04-011	

...MENT OF ENVIRONMENT AND NATURAL RESOURCES
...ON OF ENVIRONMENTAL HEALTH
...ITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 7/25/0
LOCATION OF SITE: Lot 56 PROPERTY SIZE: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR. HORIZ.	PROFILE CLASS & LTAR
1	L 8-10%	0-5	mgr sl	FR SS/SP	Mbr				PS 0.3
		5-20	wsbk scl	F SS/SP	RB				
		20-38	msbk c	FR SS/SP	R				
		38-45	wsbk cl	FR SS/SP	R F	Sap Inches			
2	L 8-10%	0-14	msbk c	F SS/SP	R				PS 0.3
		14-40	wsbk cl	FR SS/SP	R Fj	wet	Sap	Inches	
		40-55	Mb 1	FR SS/SP	R				
3	L 0%	0-5	wsbk scl	F SS/SP	RB				PS 0.3
		5-19	msbk c	F SS/SP	C				
		19-45	wsbk cl	FR SS/SP	R Fj	Sap	Inches		
(3)		0-3	gr trans sl	fri SS/SP					0.3
		3-8	wk sbk red cl	scl fri SS/SP					
		8-26	m sbk red c	fri SS/SP Sap					
		26-48	wk sbk red sc	fri SS/SP					
		48-57	massive red sl	sap fri SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Martin Drake
OTHER(S) PRESENT: _____

COMMENTS: _____

OVER

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:

Applicant Name: Mark Bonifer **Address:** 516-D Suite 301 River Highway **Phone:** 704 928-9215

Owner Name: Peachtree Res Prp. **Address:** Mooresville NC 28117 **Phone:**

Property Information:

Street Address:

Subdivision Name: Chesapeak Point **Section/Phase:** **Lot Number:** 55

Driving Directions:

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

(✓) 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 (✓) 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: _____ 10-14-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH 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...
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:

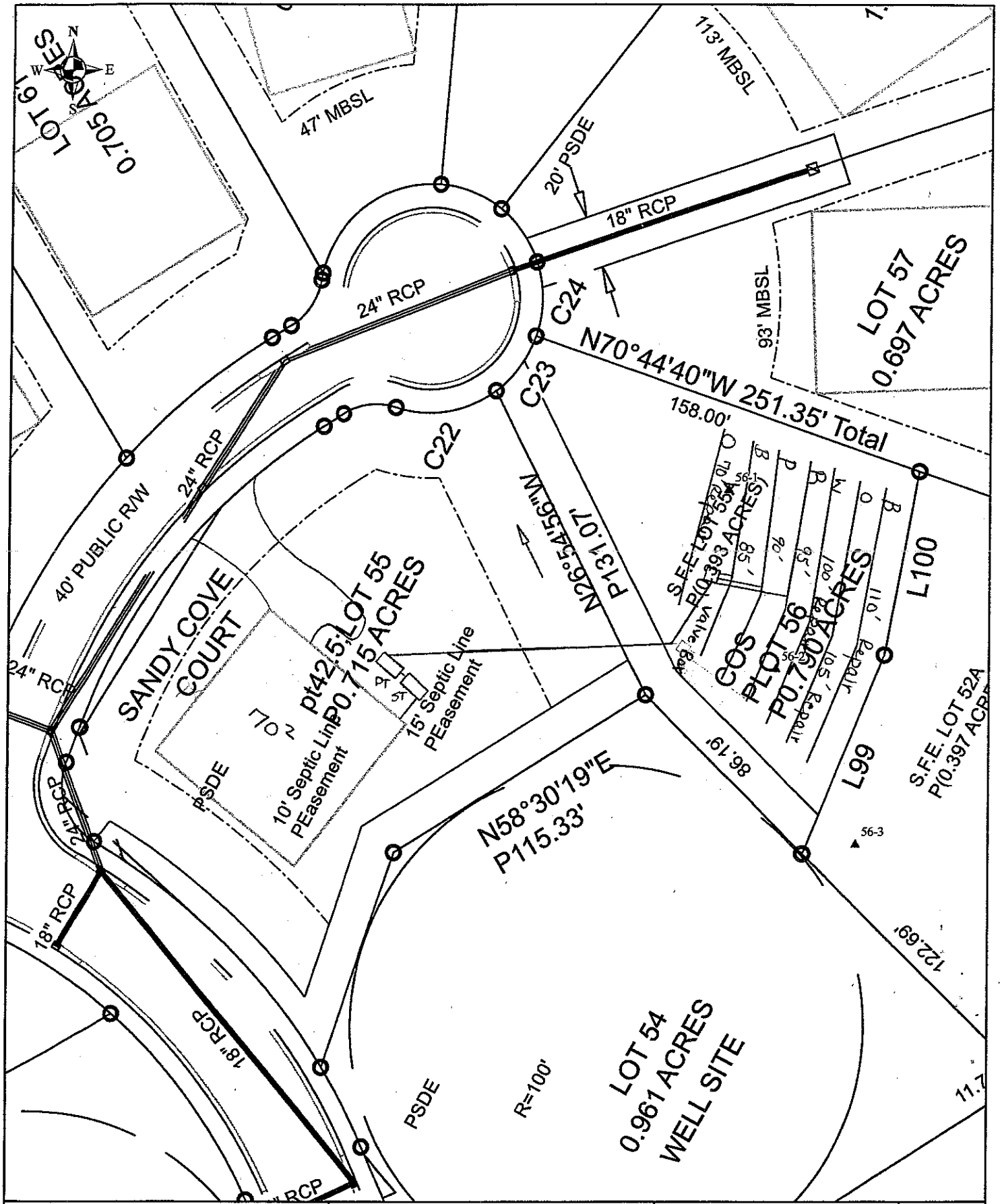
_____ Location of septic systems and wells within 100' of your property... N/A
_____ Location of easements and rights of ways on your property... N/A
_____ Location of any designated wetlands on the property... N/A

Signature: _____
REQUIRED property owner or owner's legal representative signature.

10/14/13
DATE

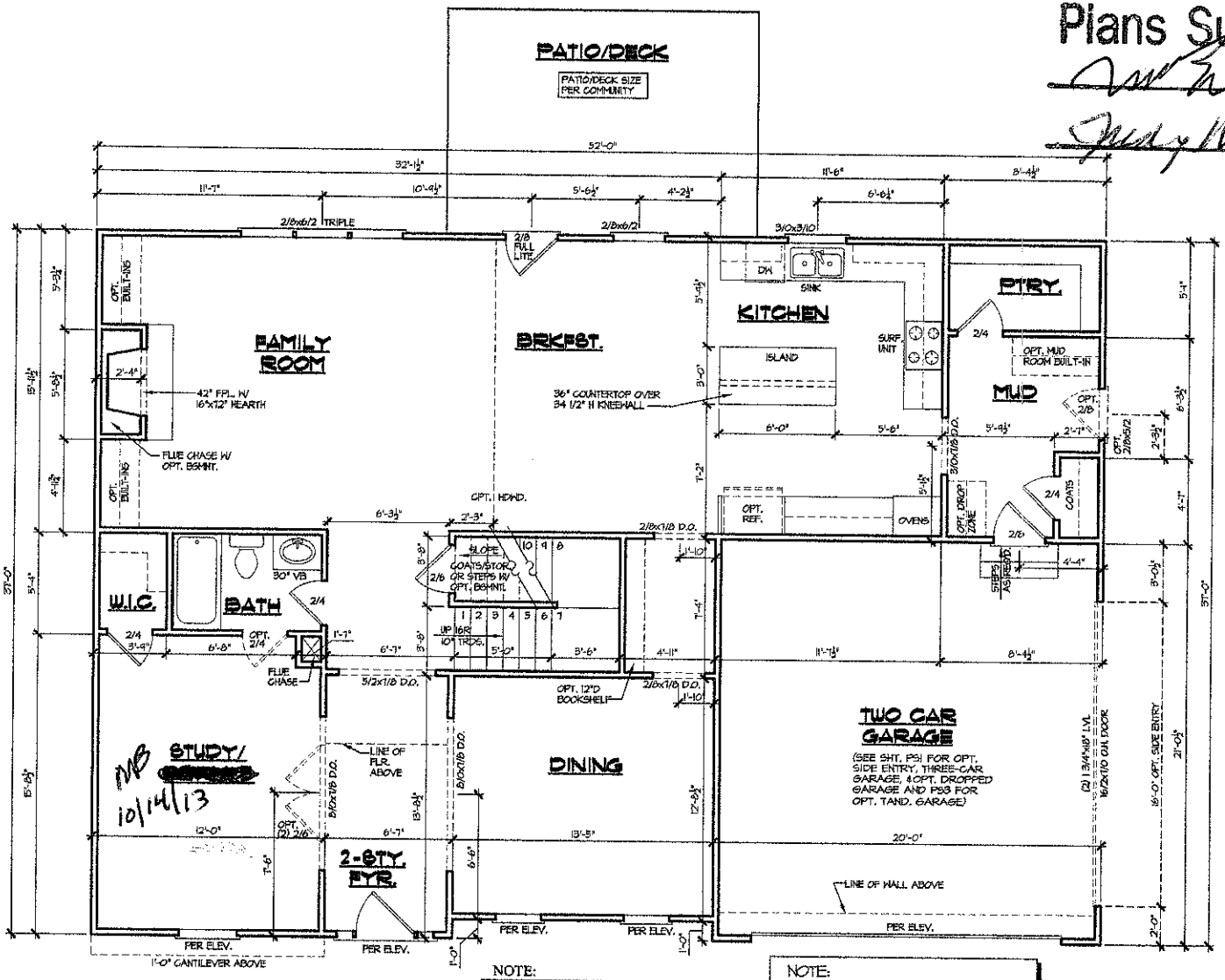
USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE Attached Sheet



Scale: 1 inch equals 50 feet	S&ME	Lot 55 Chesapeke Point	FIGURE
Drawn by: JBP		Detailed, Scaled Site Plan	1
Reviewed by: KS		Iredell County, NC	
Date: December, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-04-011	

Acknowledgement Of
Plans Submittal ONLY!
Date 10-14-13
Date 10-14-13

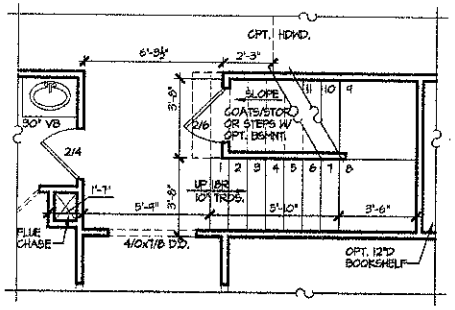


FIRST FLOOR PLAN

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.



OPT. 10'-0" 1ST FLR. CLG.

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

SQUARE FOOTAGE	
1ST FLOOR	1,498 SQ. FT.
2ND FLOOR	1,766 SQ. FT.
TOTAL	3,264 SQ. FT.
GARAGE	415 SQ. FT.

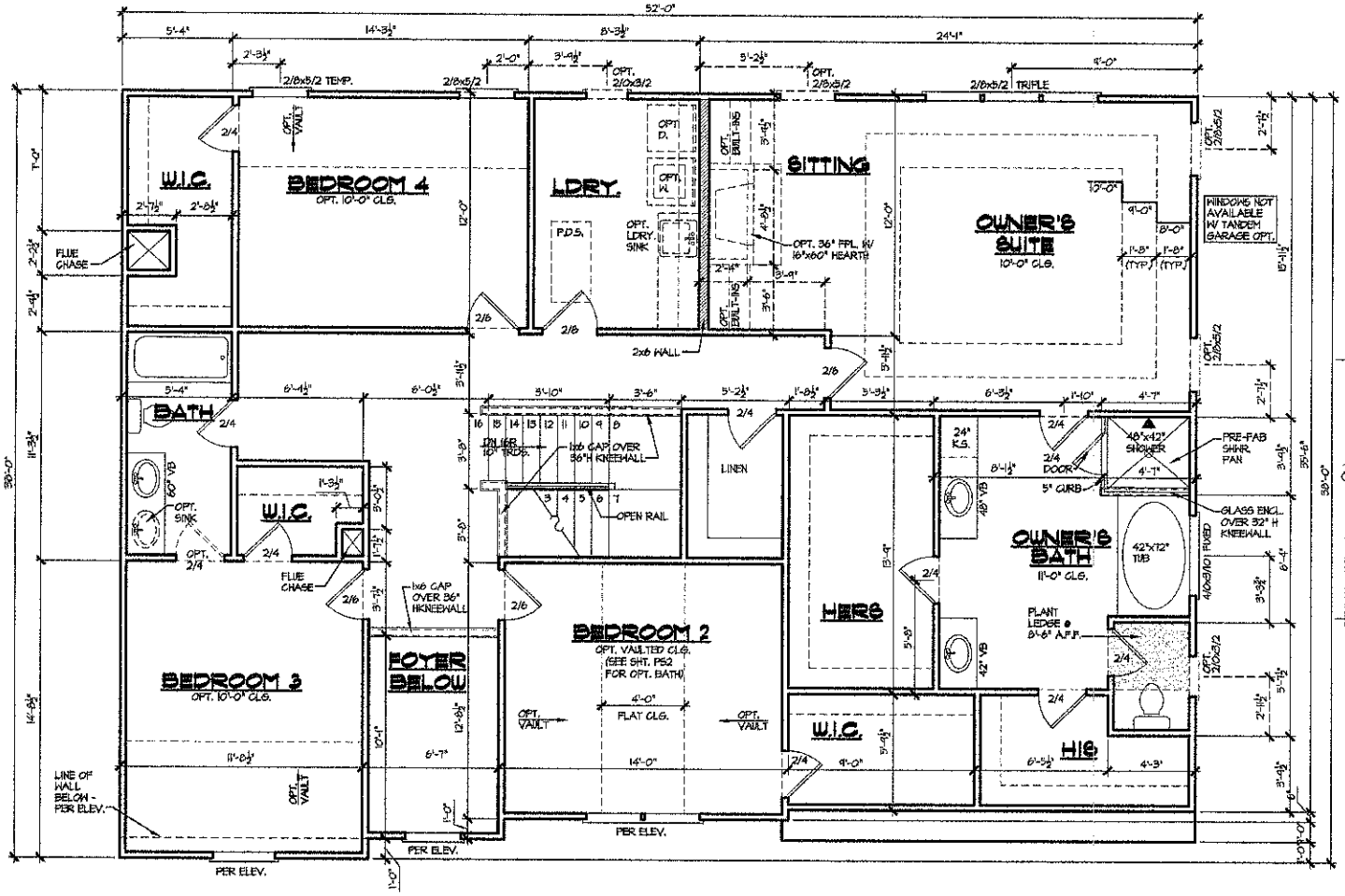
PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7380 McGinnis Ferry Rd. • Suwanee, Georgia 30174
Voice (770) 622-2532 • Fax (770) 622-9171

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: 07/10/06
Plan No:

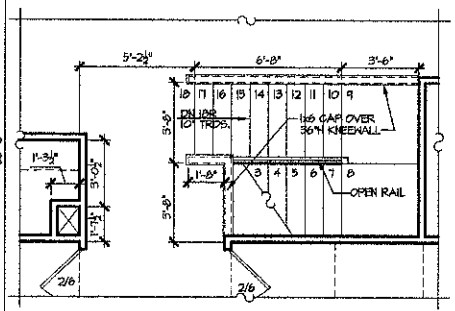
Revision:	
04/15/26 JLS	06/25/04-3690
10/03/06 MR	10/04/04-3724
12/04/06 MR	01/12/11-3894
12/21/06 MR	05/12/11-3951
04/26/27T-2885T	08/31/11-AMH
08150T-3054	09/22/11-4025
05/21/09-3665	

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



SECOND FLOOR PLAN

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



OPT. 10'-0" 1ST FLR. CLG.

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

NOTE:

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

Acknowledgement Of Plans Submittal ONLY!

Date 10/14/13

Date 10-14-13

PEACHTREE RESIDENTIAL PROPERTIES

The Builder Who Listens

7580 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice (770) 622-8622 • Fax (770) 622-8171

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: 07/10/06

Plan No:

Revision:	
12/04/06 MR	01/20/10-5756
12/21/06 MR	01/12/11-3684
04/26/07-2561	04/13/11-3947
05/03/07-2941	05/17/11-3957
08/09/07-3126	04/22/11-4025
05/01/08-3665	
10/04/09-3724	

Model Name: BRIDGEPORT

Sheet Title: SECOND FLOOR PLAN

SHEET NO. A3.2

REC... Paid $40.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for **IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION**

(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 ___ BOTH ✓ 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:**

Superior Pools	104 Sandy Cove Ct		
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Steven Monaghan	104 Sandy Cove Ct	704-896-2665	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

104 Sandy Cove Ct	Chesapeake Point	Ph 3 55
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions:

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
( ) Other Inground Pool 16 X 34

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
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)*
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____ ( ) No Preference

8. **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. 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 o entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identificatio and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

5-20-14
DATE

9. Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

IREDELL COUNTY HEATLH DEPARTMENT

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:

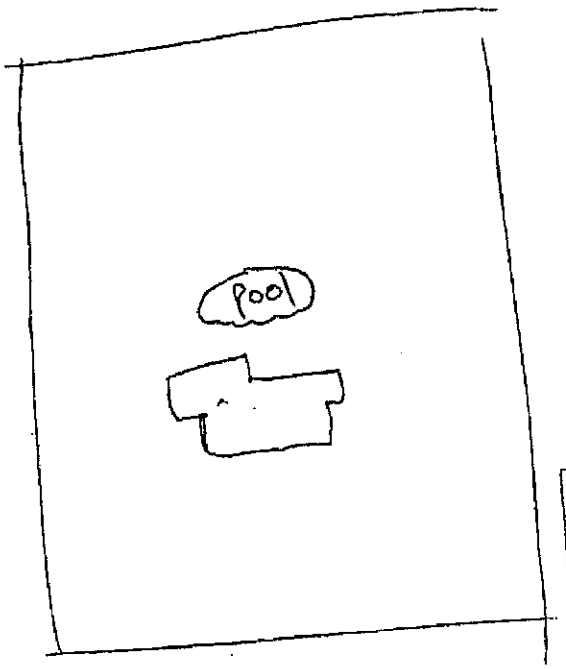
- ____ Property Line measurements are clearly identified…
- ____ All proposed structures are indicated…
- ____ *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- ____ Front and side setbacks from property 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…

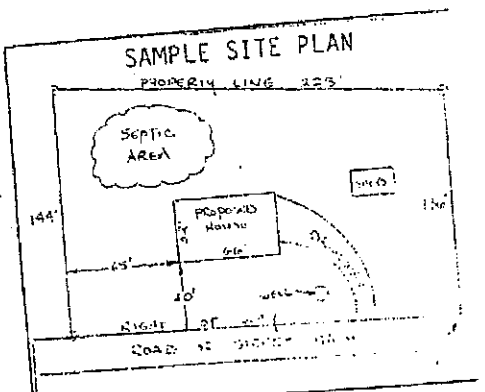
Circle N/A on the following if appropriate:

- ____ 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

Signature: _____ 5-20-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





IREDELL COUNTY

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

APPLICATION NUMBER
203507
Issue Date: 05/19/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636114996.000	104 SANDY COVE COURT, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: CP II LLC	Applicant: SUPERIOR POOLS OF CHAR
Address: 3125 PRESIDENTIAL PKWY STE 200 ATLANTA, GA 30340	Address: 20315 KNOX RD CORNELIUS, NC 28031
Phone:	Phone: 704-896-7665

Use Requested:	Zone Code
SWIMMING POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.715					CACL	X

Remarks:

$ PAID 5-19-14 TW

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	12077	TOTAL FEES:	$ 77.25