Lot 64 Chesapeake Pointe Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Basement W/ Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	818' of 2" SCH 40 PVC
Flow Rate through the system	16.5 gpm
Elevation head	Approx. 39.9'
Pressure head	2.0'
Friction head	6.2'
20% Contingency	5.6'
Total Head	57.8'
Pump Requirements	16.5 gpm @ 57.8' of head To be designed by installer
Maximum Dosing Volume	240 gal -2.0 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. 14.5 min.
Check Valve	Yes
Siphon Break hole	Yes
Repair System	**LP PPBPS**
Total Linear Feet	385
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elevation (Ft.)
1	Repair	Red	LP PPBPS	200	833.09**
2	Repair	Pink	LP PPBPS	185	
3	System	White	25% Reduction	136 endfed	
4	System	Blue	25% Reduction	136 endfed	
5	System	Orange	25% Reduction	128 endfed	
				Total System: 400'	
				Total Repair: 366'	

Tank	Red	1000 gal (2 compartment)	799.21
Pump Tank	Red	1000 gal.	799.21
House	Blue		800.16

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	3
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: System and repair located offsite on Easement 64A.
Elevations provided by surveyor and should be verified before obtaining an ATC

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: ( ) Survey Plat, Scaled no more than 1 Inch = 60 Feet ( ) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

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

12-11-06
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...

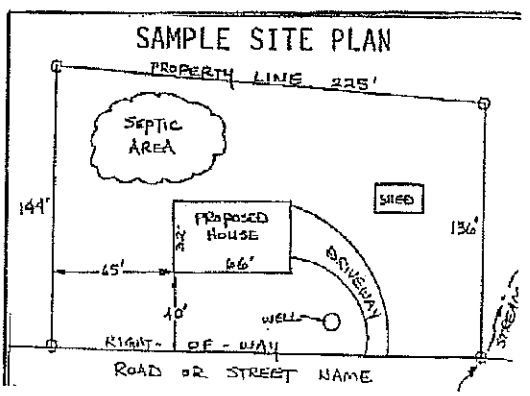
Circle N/A on the following if appropriate:

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

12-11-06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 138069zo
Proposed Use: Single Family
Location of Property: 000 Cove Creek Rd. Mooresville NC 28117
Parcel #: 4636120237.064
Lot #: 64 Size: .702
Applicant: S&ME INC. ENGINEERING (Toney Jacobs)
Address: 105D DENVER BUSINESS PARK DR
Mooresville NC 28115
Phone: 704-662-8625
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Chesapeake Point Ph 3
Township: 1700 Davidson
Zoning: R20
Flood Plain: No Watershed: WSIV-CA
Owner: Chesapeake Pointe LLC
Address: 7380 McGinnis Ferry Road
Suwanee, GA 30024
Phone:
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 30000
Min. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:
Comments:

DEVELOPER PERMIT

Directions:

Brawley School Road, left Isle of Pines, right Cove Creek, on left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

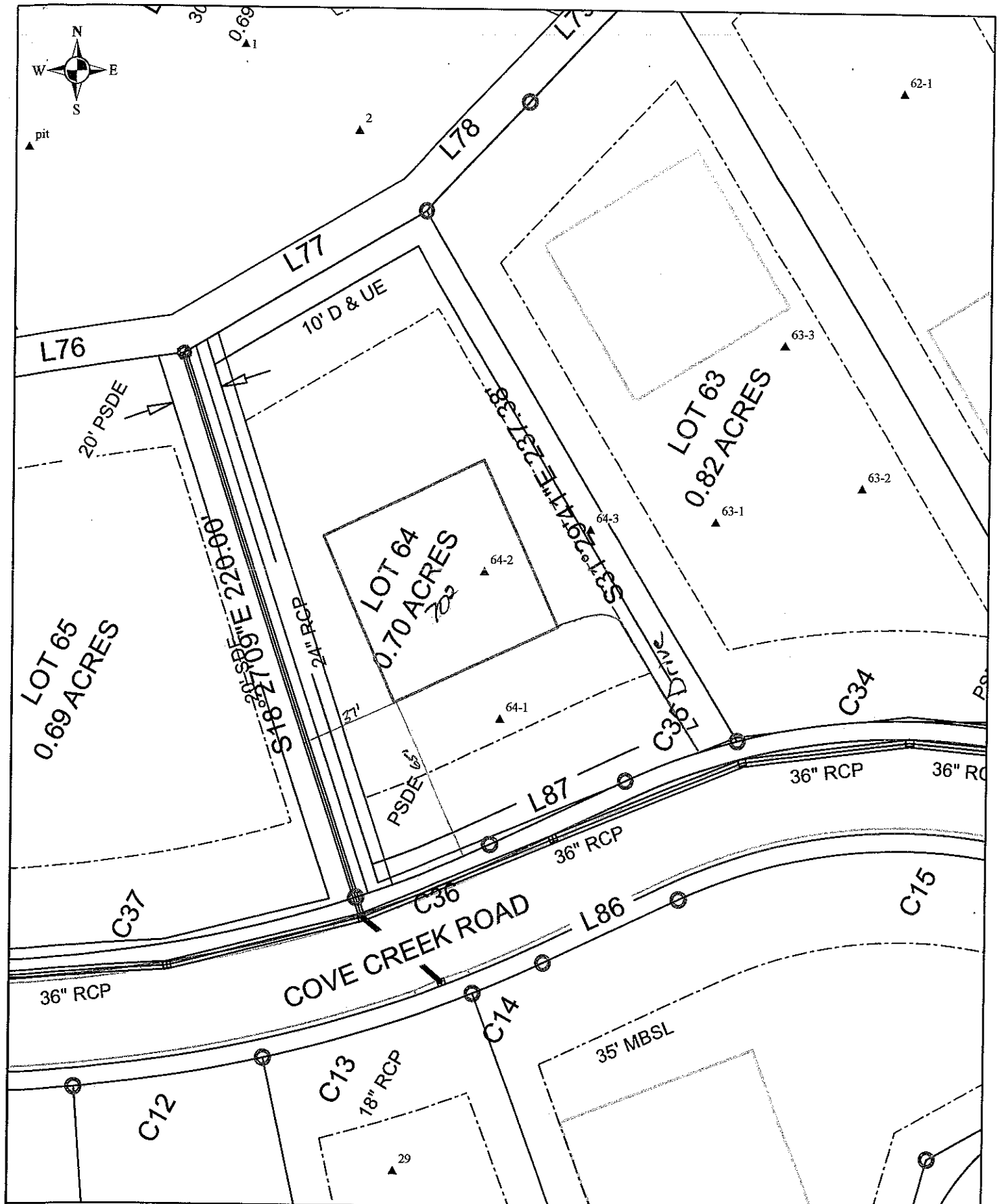
I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Martin Mabe Date: 12-11-06

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS

Printed: 9/8/2006



Scale: 1 inch equals 50 feet	S&ME	Lot 64 Chesapeke Point	FIGURE
Drawn by: JBP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Detailed, Scaled Site Plan	1
Reviewed by: KS		Iredell County, NC	
Date: December, 2006		S&ME Project #1588-04-011	

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

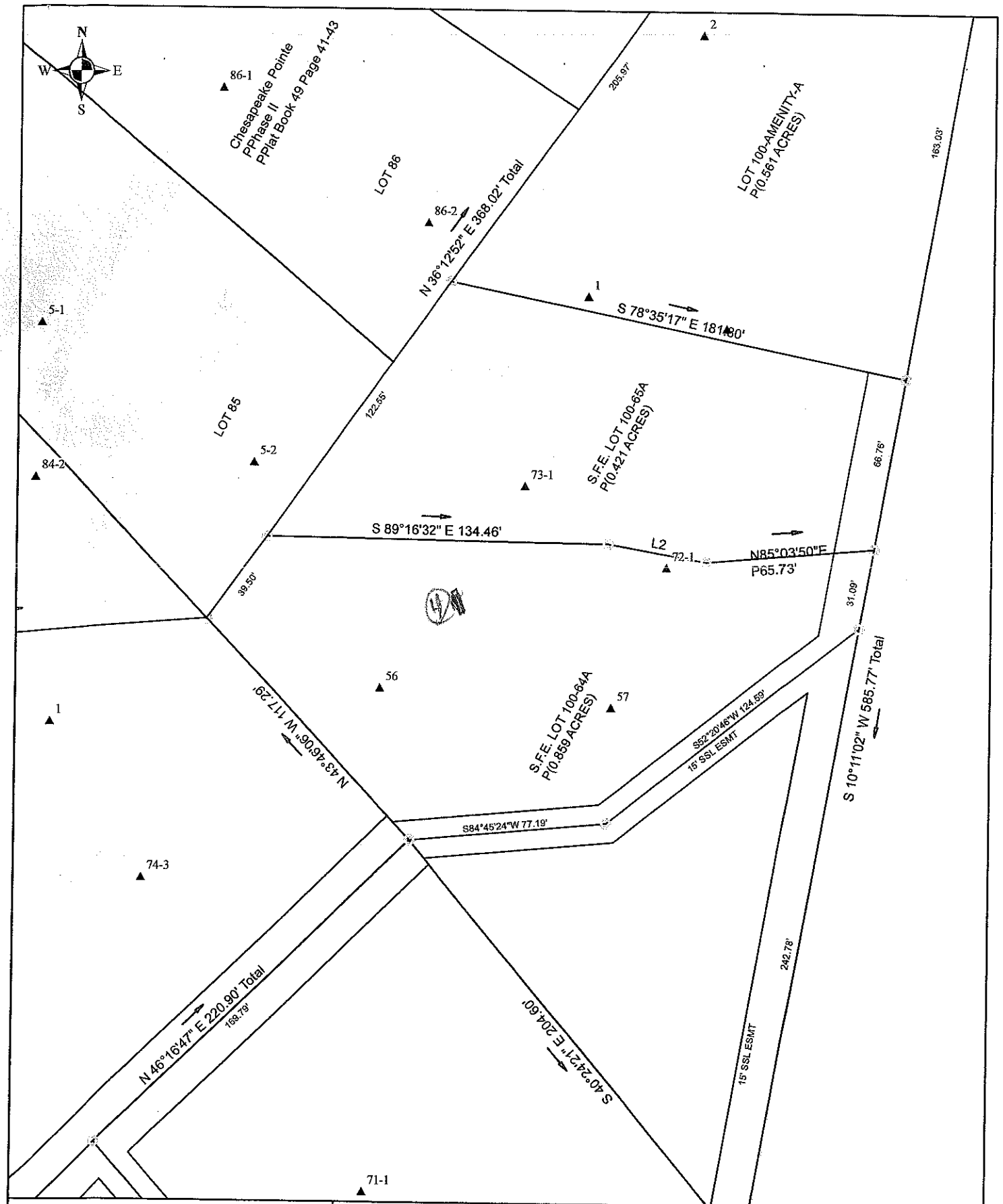
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 4/26/0
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 72 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 4-6%	0-2	wsbk scl	FR SS/SP	Br				PS .3
		2-22	msbk c	FR SS/SP	R FJ	YB			
		22-58	wsbk cl	FR SS/SP	R FJC	Sag			
		58-51	MA sl	FR SS/SP	R				
2	L 4-6%	0-4	mgr sl	FR SS/SP	Br				PS .3
		4-24	msbk c	FR SS/SP	R				
		24-36	msbk c	FR SS/SP	R FJ	Sag	Mucky		
		36-46	wsbk cl	FR SS/SP	R FJC	Sag	Mucky		
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: M Mabe
OTHER(S) PRESENT: _____

COMMENTS: _____



Scale: 1 inch equals 50 feet	S&ME	S.F.E. Lot 100-64A 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	

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: _____ APPLICATION DATE: _____
ADDRESS: _____ DATE EVALUATED: 9/7/06
PROPOSED FACILITY: Chrs. Ct. PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941): .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS: .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 REDOX HORIZ	PROFILE CLASS & LTAR
56	L	0-9	wsbk cl	FR SS/SP	R				PS
1	6-8%	9-46	wsbk cl	FR SS/SP	R F; C sap lining				0.3
		46-56+	MA SS/SP	FR NS/NP	R				
57	back hoe pit L ~7%	0-5	mgr sl	FR NS/NP	RB				PS 0.3 to 34"
2		5-34	msbk c	F/FR SS/SP	R F; Sap lining				
		34-60+	wsbk c/cl	FR SS/SP	mH. F; C Chroma 2 Sap lining				
58	L	0-10	mgr sl	FR NS/NP	DK br				PS 0.25 to 49"
3	6-8%	10-32	msbk c	FR SS/SP	RB				
		32-49	msbk c	F SS/SP	R F; C; YB in root channels				
		49-54	wsbk cl	F SS/SP	R C; YB in root channels F; 2 chroma				
59	L	0-6	mgr sl	FR NS/NP	Br				PS 0.3
4	6-8%	6-25	msbk c	FR SS/SP	R				
		25-54	wsbk cl	FR SS/SP	R C Sap lining Relic (2 chroma)				

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: M Male
OTHER(S) PRESENT: _____

COMMENTS: _____

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 Benitez Address: 516-D suite 301 Mooresville Phone: 704-928-9215

Owner Name: Peachtree Address: 7380 McGinnis Ferry Rd Phone: _____

Property Information:

Street Address: Cove creek

Subdivision Name: Chesapeake Point Section/Phase: _____ Lot Number: 64

Driving Directions: Brawley School Rd to (L) on Fscos of Pines to Right on Cove creek lot on left

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: _____
( ) 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: _____

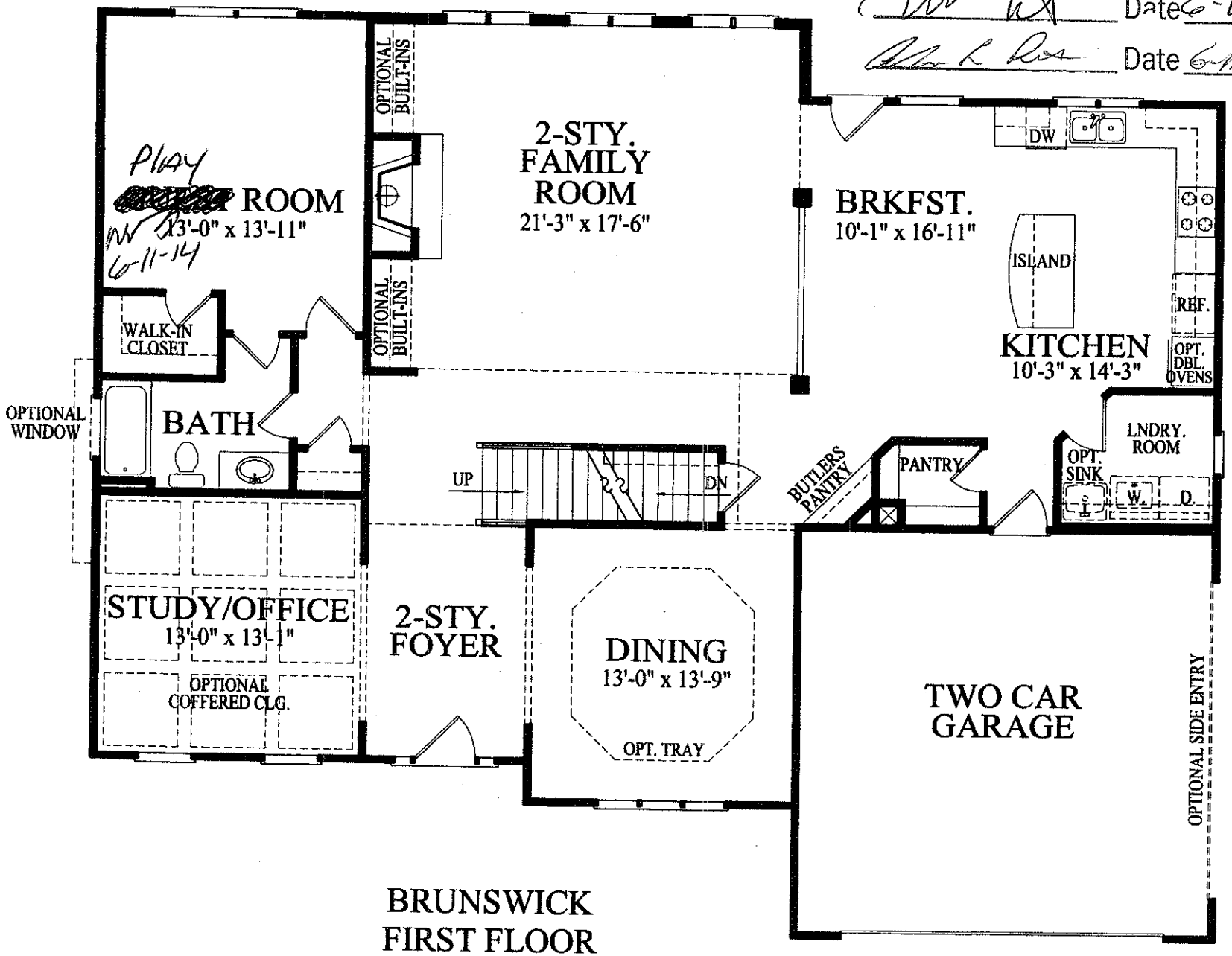
Please answer the following to the best of your ability:

( ) 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.

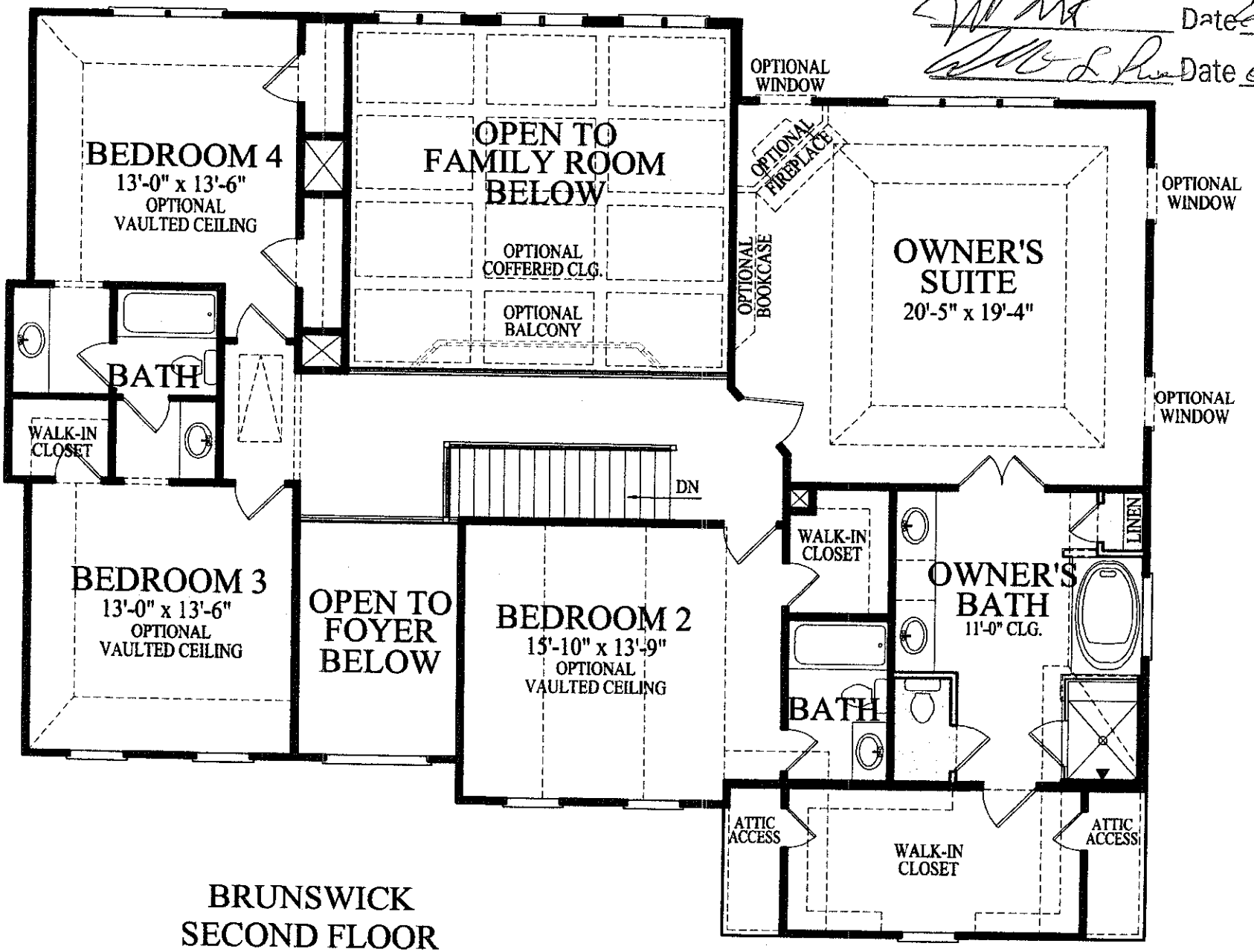
Signature: _____ 6-4-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 6-11-14
Date 6-11-14



BRUNSWICK
FIRST FLOOR
04/13/11

Acknowledgement Of
Plans Submittal ONLY!
Date 6-11-14
Date 6-11-14



BRUNSWICK
SECOND FLOOR
04/13/11

IREDELL COUNTY HEALTH DEPARTMENT

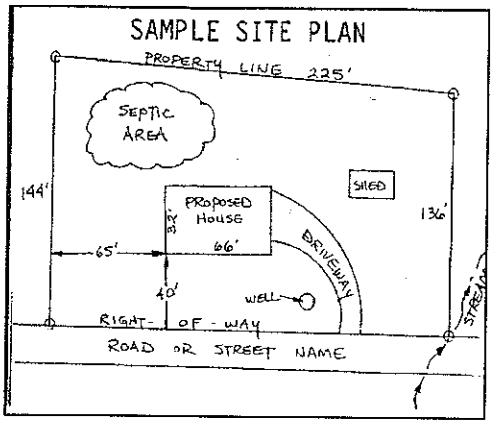
ENVIRONMENTAL HEALTH DIVISION

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



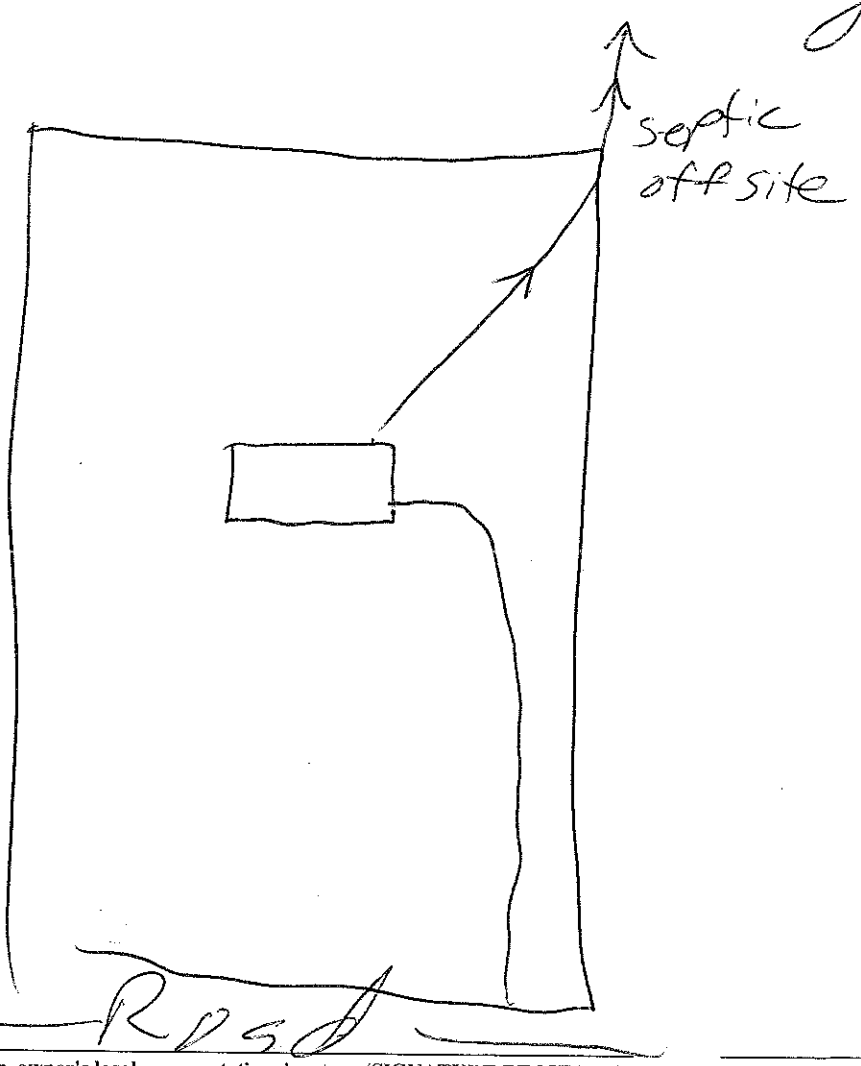
Circle N/A on the following if appropriate:

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 Drawing



Signature: _____

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

_____

DATE