RECEIVED MAR 1 3 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
Comp. Relayout
#206538

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:

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: CP III LLC **Address:** 3125 Presidential Pkwy Ste 200 Atlanta GA **Phone:**

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

Property Information:

Street Address: 220 Cove Creek Lp

Subdivision Name: Chesapeake Pt **Section/Phase:** **Lot Number:** 63

Driving Directions: RSR, TL Isle of Pines, TR Cove Crk, on Lt on corner with Sandy Cove Ct.

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

3/13/2015
DATE

IREDELL COUNTY HEALTH DEPARTMENT

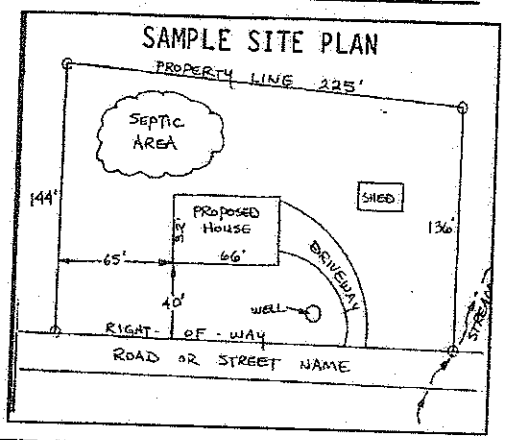
ENVIRONMENTAL HEALTH DIVISION

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)

3/13/2015

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# ~~13806B~~ 20638 PIN# ~~4636 12 0237.063~~ 4636-12-1069.000 DATE October 24, 2006

OWNER OR APPLICANT Chesapeake Pointe LLC PHONE: Business 678-300-8521 Home

ADDRESS 7380 McGinnis Ferry Rd., Suwanee, Ga. 30024

LOCATION BSR TL Isle of Pines TR Cove Creek Rd. on left at jct with Sandy Cove Ct.

SUBDIVISION Chesapeake Pointe BLOCK / SECTION III LOT 63 LOT AREA .82 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: LP PPBBS

Repair System Description: LP PPBBS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☒ Public ☒ Community

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Shave off any old burns in septic system area.

Comments:/Conditions:

INITIAL SITE SKETCH

SEE PLAN from S&ME

AS BUILT SKETCH

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:

Improvement Permit by: date 12-12-06

Authorization to Construct by: date 10-24-06

APPROVED OCT 22 2014

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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

RECEIVED OCT 2 1 2014 Lot 63

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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( ) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

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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

( ) 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: MARK Benitez **Address:** 516-D River Hwy **Phone:** 704-928-9215

Owner Name: Peachtree **Address:** Suite 301, Mooresville **Phone:**

Property Information:

Street Address: 220 Cove Creek Loop, Mooresville

Subdivision Name: Chesapeake Point **Section/Phase:** _____ **Lot Number:** 63

Driving Directions: Brawley School Rd to L on Isles of Pines to R on Cove Creek Lot on Left

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: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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)*

( ) No Preference ( ) Alternative (X) 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)

10-21-14
DATE

Lot 63

IREDELL COUNTY HEALTH DEPARTMENT

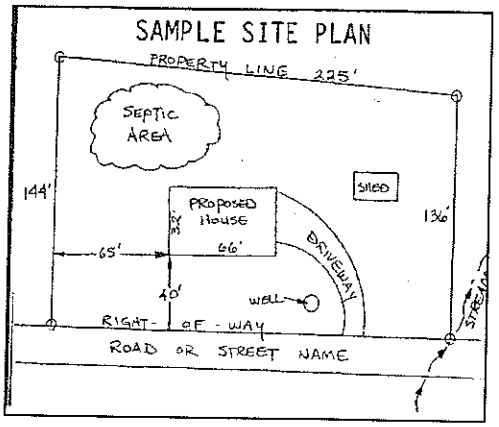
ENVIRONMENTAL HEALTH DIVISION

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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



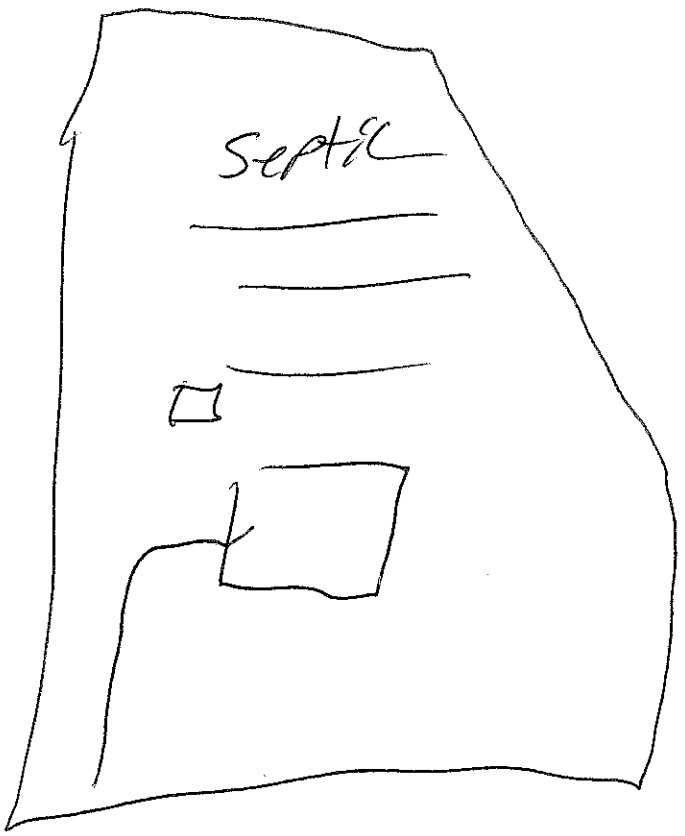
Circle N/A on the following if appropriate:

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



Signature: _____

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

10-21-14

DATE

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
   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	Work Phone
Chesapeake Pointe, LLC	7380 McGinnis Ferry Rd Sloanee, GA 30024		(678) 300-8521
Owner Name: Same	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address: _____ Subdivision Name: Chesapeake Pointe Section/Phase and Lot Number: Lot 63

Driving Directions: Brawley School Rd, L Isle of Pines, R Cove Creek (subdivision entrance)

****

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 ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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)*

(4) Alternative (1) Conventional (2) Innovative (3) 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 E. Marks
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-11-06
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:

- ✓ **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...**

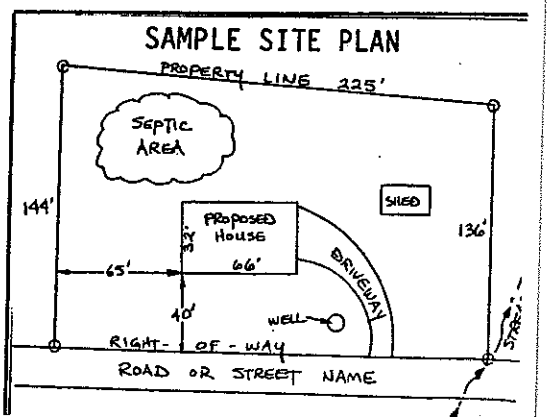
Circle N/A on the following if appropriate:

- ____ **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: Martin E. Burke
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-11-06
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 #:	138068zo	Subdivision:	Chesapeake Point Ph 3
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Cove Creek Rd. Mooresville NC 28117		
Parcel #:	4636120237.063	Zoning:	R20
Lot #:	63 Size: .818	Flood Plain:	No Watershed: WSIV-CA
Applicant:	S&ME INC. ENGINEERING (Toney Jacobs)	Owner:	Chesapeake Pointe LLC
Address:	105D DENVER BUSINESS PARK DR Mooresville NC 28115	Address:	7380 McGinnis Ferry Road Suwance, GA 30024
Phone:	704-662-8625	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	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. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

DEVELOPER PERMIT

Directions:

Brawley School Road, left Isle of Pines, right Cove Creek, property 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:_____ Date: _____

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

DEBBIE WILLIAMS Printed: 9/8 2006

10-5-06
OC DRAFT

S&ME

To: Iredell County Environmental Health Department

From: Paul G. Penninger, LSS
Kathleen Saunders, LSSIT

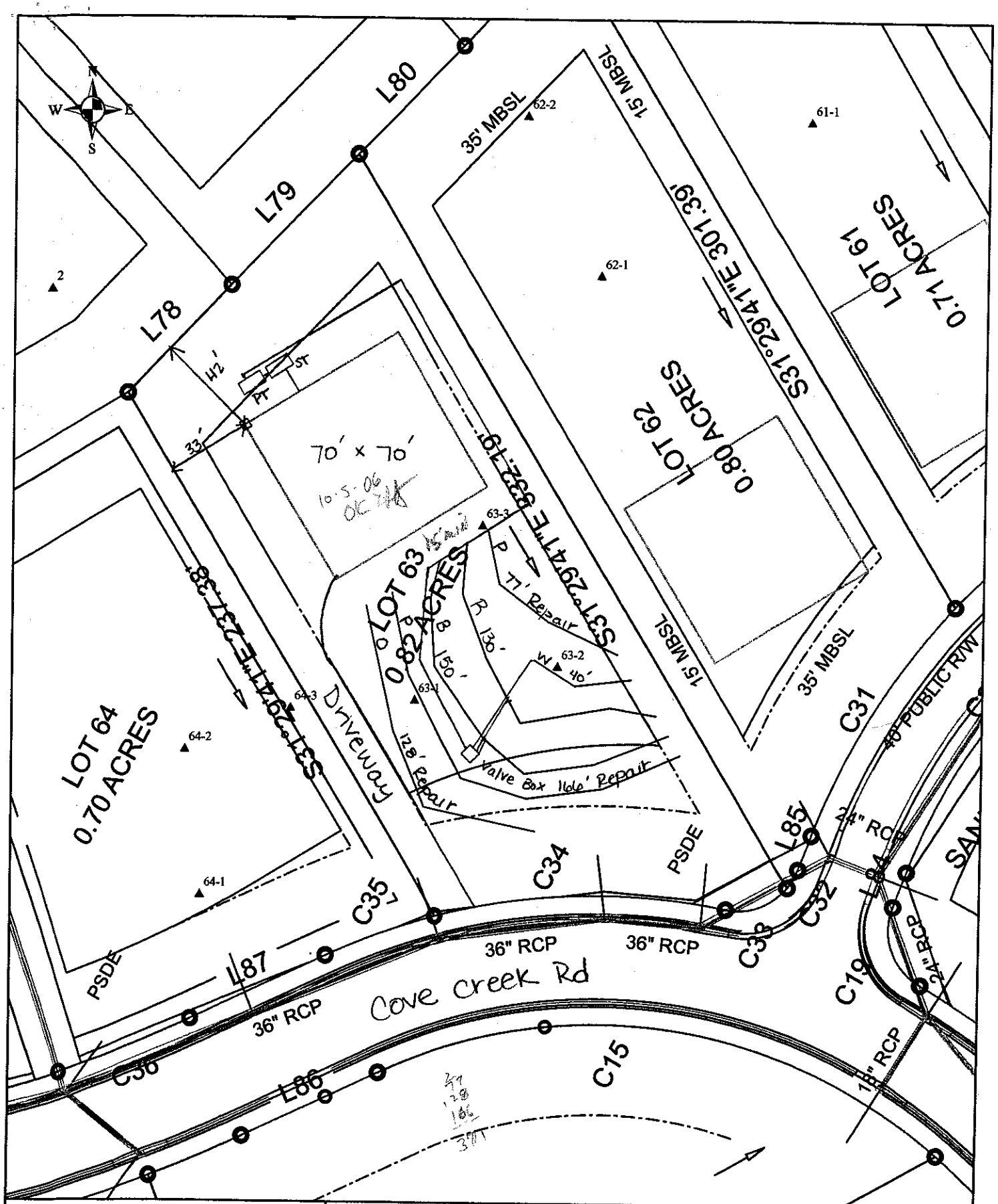
RE: Chesapeake Pointe Subdivision - Chesapeake Pointe, LLC - Lot 63 Fast Track

Date: September 25, 2006

Attached is the Fast Track information required to place Lot 63 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 63 Chesapeke Point	FIGURE
Drawn by: JBP		Detailed, Scaled Site Plan	1
Reviewed by: KS		Iredell County, NC	
Date: September, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-04-011	

Lot 63 Chesapeake Pointe Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement w/ plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.25
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	320
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	300' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	36.5 gpm
Elevation head	Approx. 19.4'
Pressure head	3.0'
Friction head	6.5'
20% Contingency	5.8'
Total Head	34.7'
Pump Requirements	36.5 gpm @ 34.7' of head; use Goulds WE07H pump or equivelent with compatible electrical
Maximum Dosing Volume	262.8 gal -1.8 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 (0.25 LTAR)**
Total Linear Feet	371

***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	Pink	LPPPBPS	77	5.3				
2	System	White	LPPPBPS	40 endfed		9	9	1 per panel	5/32"
3	System	Red	LPPPBPS	130 centerfed		30	30	1 per panel	5/32"
4	System	Blue	LPPPBPS	150 centerfed		34	34	1 per panel	5/32"
5	Repair	Pink	LPPPBPS	166					
6	Repair	Orange	LPPPBPS	128	9.7				
						Total: 73	Total: 73 (1 in each panel turned up)		
				Total System: 320'					
				Total Repair: 371'					

Tank	Red	1000 gal (2 compartment)	18.7
Pump Tank	Red	1000 gal.	18.7
House	Blue		17.1

Note: May move tank to opposite side to reduce pumping distance.

GOULDS PUMPS



Submersible Effluent Pump

MODEL 3885

WE Series

PROSURANCE AVAILABLE FOR RESIDENTIAL APPLICATIONS.

APPLICATIONS

Specifically designed for the following uses:

- Homes
- Farms
- Trailer courts
- Motels
- Schools
- Hospitals
- Industry
- Effluent systems

SPECIFICATIONS

Pump

- Solids handling capabilities: ¾" maximum.
- Discharge size: 2" NPT.
- Capacities: up to 140 GPM.
- Total heads: up to 128 feet TDH.
- Temperature: 104°F (40°C) continuous 140°F (60°C) intermittent.
- See order numbers on reverse side for specific HP, voltage, phase and RPM's available.

FEATURES

■ **Impeller:** Cast iron, semi-open, non-clog with pump-out vanes for mechanical seal protection. Balanced for smooth operation. Silicon bronze impeller available as an option.

■ **Casing:** Cast iron volute type for maximum efficiency. 2" NPT discharge.

■ **Mechanical Seal: SILICON CARBIDE VS. SILICON CARBIDE** sealing faces. Stainless steel metal parts, BUNA-N elastomers.

■ **Shaft:** Corrosion-resistant, stainless steel. Threaded design. Locknut on all models to guard against component damage on accidental reverse rotation.

■ **Fasteners:** 300 series stainless steel.

■ Capable of running dry without damage to components.

■ Designed for continuous operation when fully submerged.

MOTORS

■ Fully submerged in high-grade turbine oil for lubrication and efficient heat transfer.

■ Class B insulation on ⅓-1½ HP models.

■ Class F insulation on 2 HP models.

Single phase (60 Hz):

- Capacitor start motors for maximum starting torque.
- Built-in overload with automatic reset.
- SJTOW or STOW severe duty oil and water resistant power cords.
- ⅓ and ½ HP models have NEMA three prong grounding plugs.
- ¾ HP and larger units have bare lead cord ends.

Three phase (60 Hz):

- Class 10 overload protection must be provided in separately ordered starter unit.
- STOW power cords all have bare lead cord ends.

■ **Designed for Continuous Operation:** Pump ratings are within the motor manufacturer's recommended working limits, can be operated continuously without damage when fully submerged.

■ **Bearings:** Upper and lower heavy duty ball bearing construction.

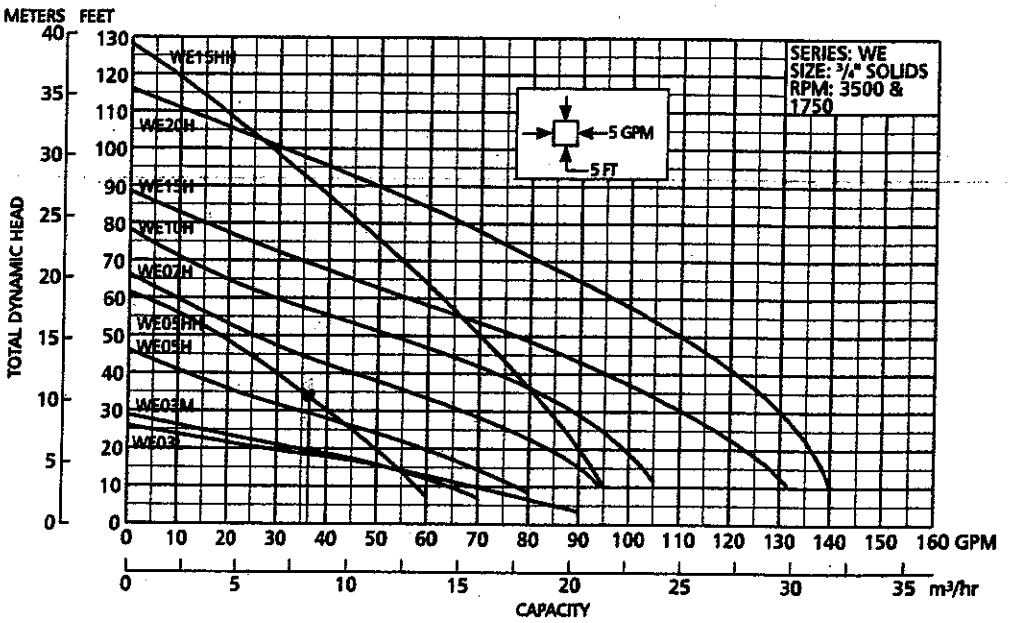
■ **Power Cable:** Severe duty rated, oil and water resistant. Epoxy seal on motor end provides secondary moisture barrier in case of outer jacket damage and to prevent oil wicking. Standard cord is 20'. Optional lengths are available.

■ **O-ring:** Assures positive sealing against contaminants and oil leakage.

AGENCY LISTINGS

C SA US — Tested to UL 778 and CSA 22.2 108 Standards By Canadian Standards Association File #LR38549

Goulds Pumps is ISO 9001 Registered.



Goulds Pumps

ITT Industries

© 2003 Goulds Pumps
Effective July, 2003
B3885

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: 7/23/09
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 63 PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

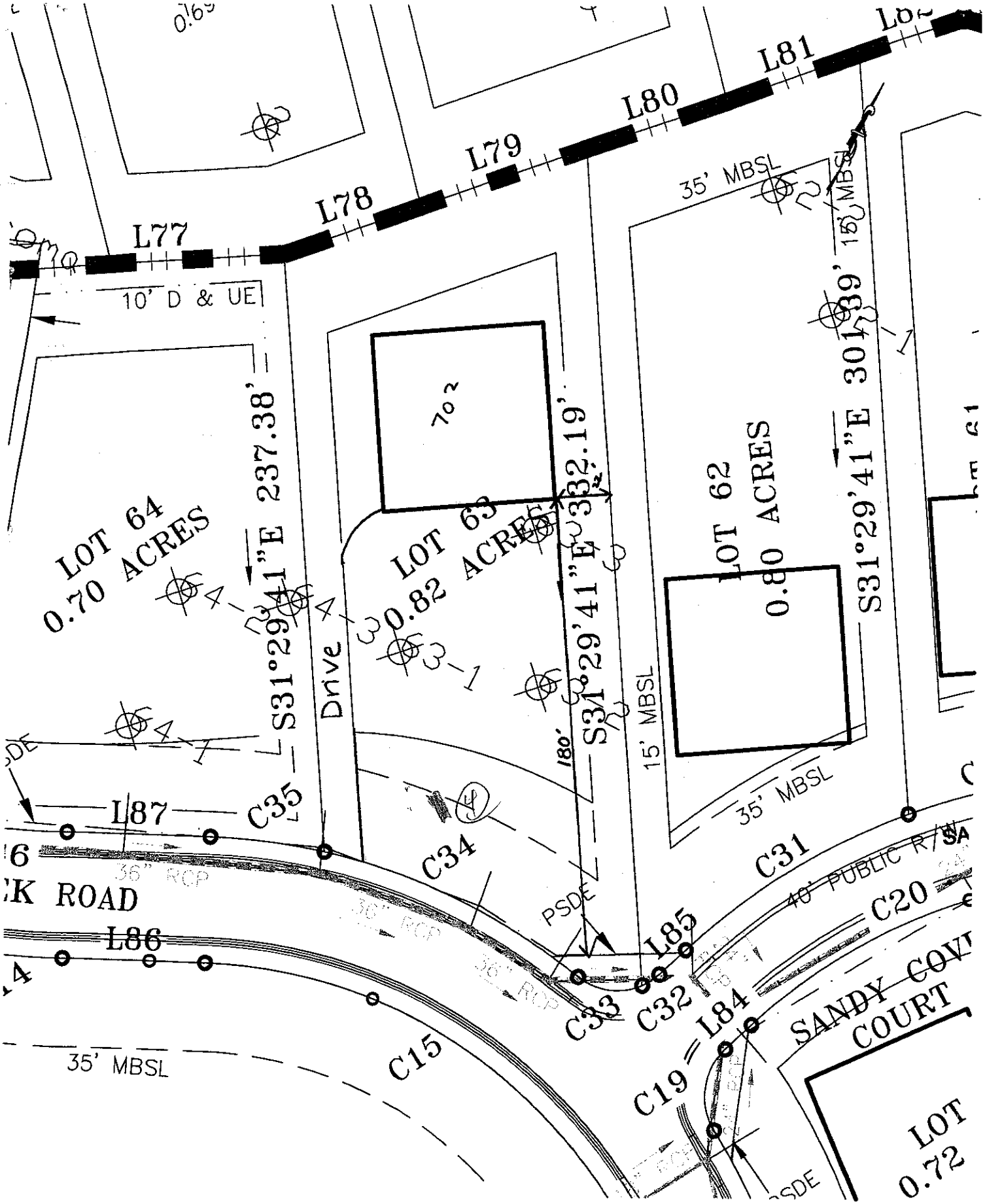
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4-6%	0-6	wsbk scl	ss sp fr	RB				PS 0.3
		6-41	msbk c	ss sp fr	R				
		41-50	wsbk c/scl	ss sp fr	R C:	Sap			
2	2-4%	0-8	wsbk scl	ss sp fr	RB				PS 0.35
		8-30	msbk c	ss sp fr	R				
		30-48	msbk c	ss sp fr	R C:	Sap			
3	L 4%	0-5	mgr sl	fr ss/sp	DkBr				PS 0.3
		5-20	msbk c	fr ss/sp	R				
		20-50	wsbk cl	fr ss/sp	R F; C Sap/Inclu				
4	6% PS	0-9	WSBK loam sl	fr ss sp					.3
		9-34	SBK red c	fr ss sp SAP					
		34-49	SBK red c	fr ss sp	common rock mottles, red SAP				

9-26-06

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: J Presley

COMMENTS: Use .3 for initial system and design around .25 pit - use at your own risk

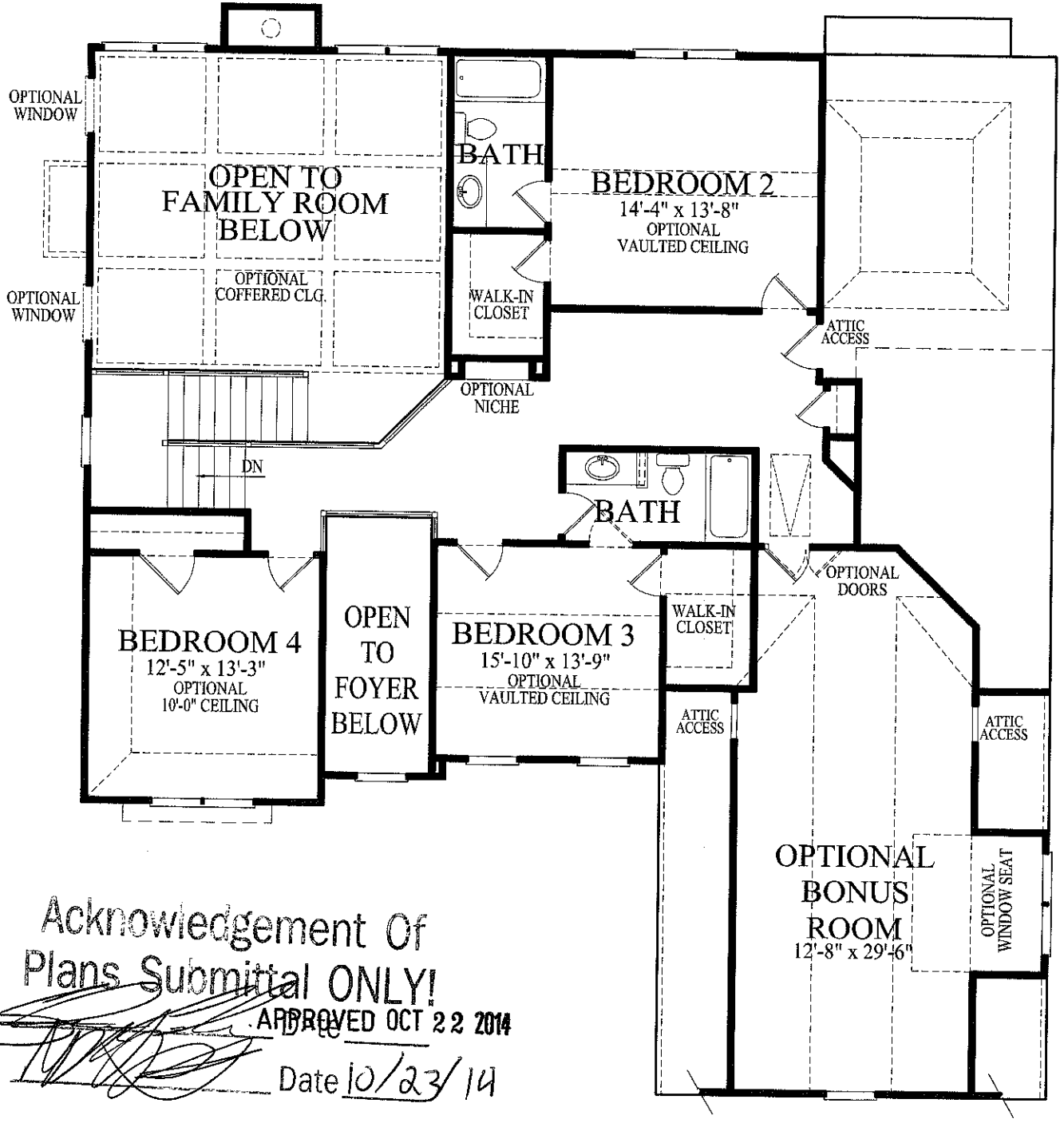


GRAPHIC SCALE

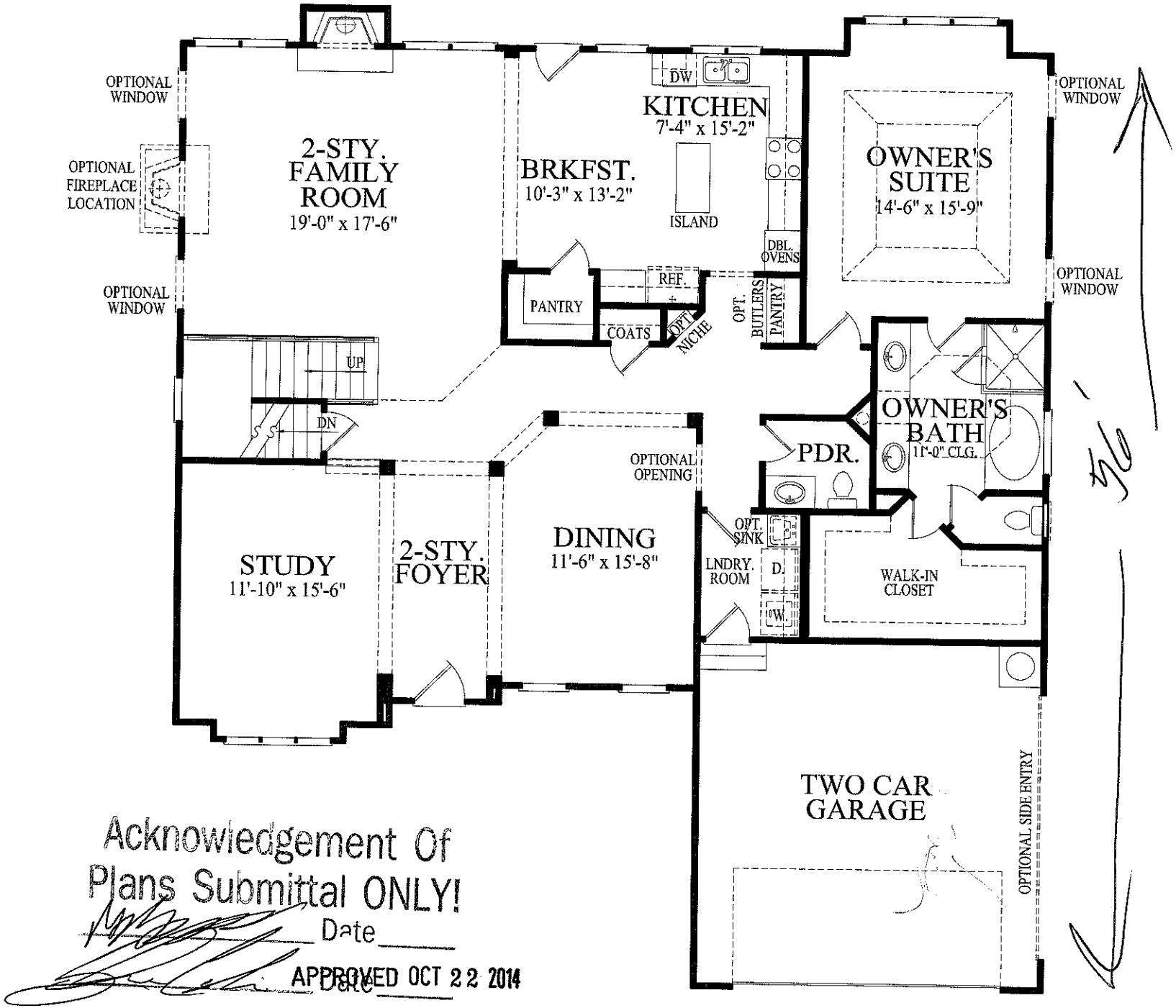
50 25 0 50

SCALE: 1" = 50'

LOT 63



Acknowledgement Of
Plans Submittal ONLY!
APPROVED OCT 22 2014
Date
Date 10/23/14

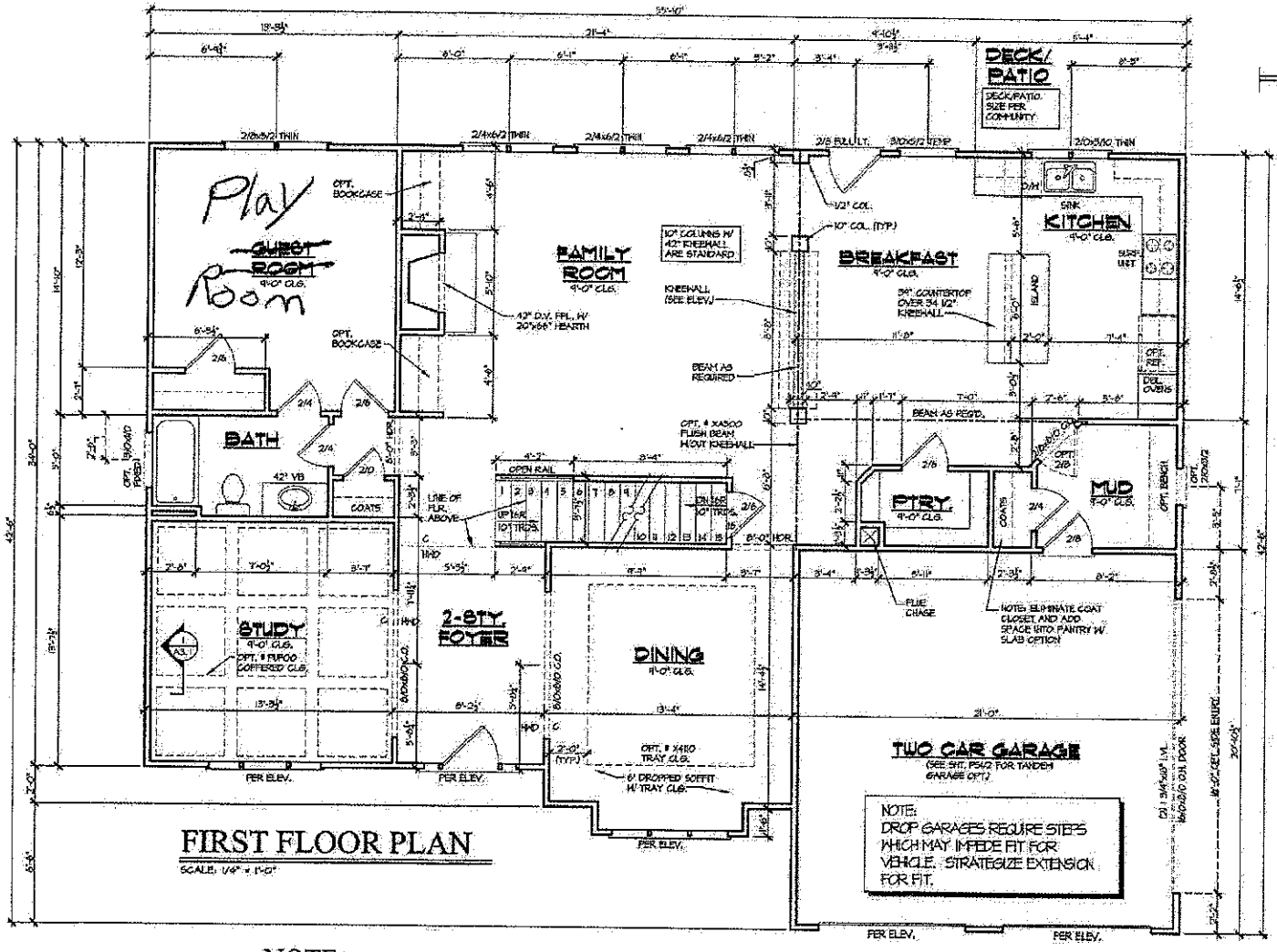


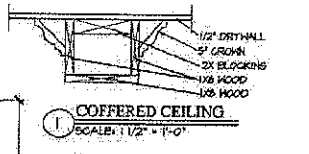
Acknowledgement Of
Plans Submittal ONLY!
Date

APPROVED OCT 22 2014
Date

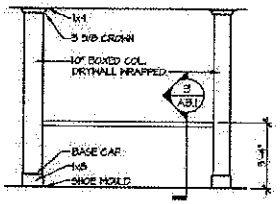
New plans

55

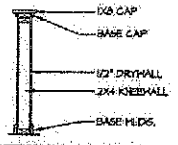




1 COFFERED CEILING
SCALE: 1 1/2" = 1'-0"



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



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

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

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

SQUARE FOOTAGE	
1ST FLOOR	[illegible] SQ. FT.
2ND FLOOR	1,968 SQ. FT.
TOTAL	3,591 SQ. FT.
GARAGE	528 SQ. FT.

Peachtree Residential Properties
The Builder Who Listens
[illegible] Peachtree Parkway, Suite 204, Peachtree Corners, GA 30071
Voice: (770) 662-5622 Fax: (770) 662-5623

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Drawn By: JLS
Date: 01/9/15
Plan No:

Revisions:
06/03/11-3166
09/18/12-4242
01/25/13-4421

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

lot 63

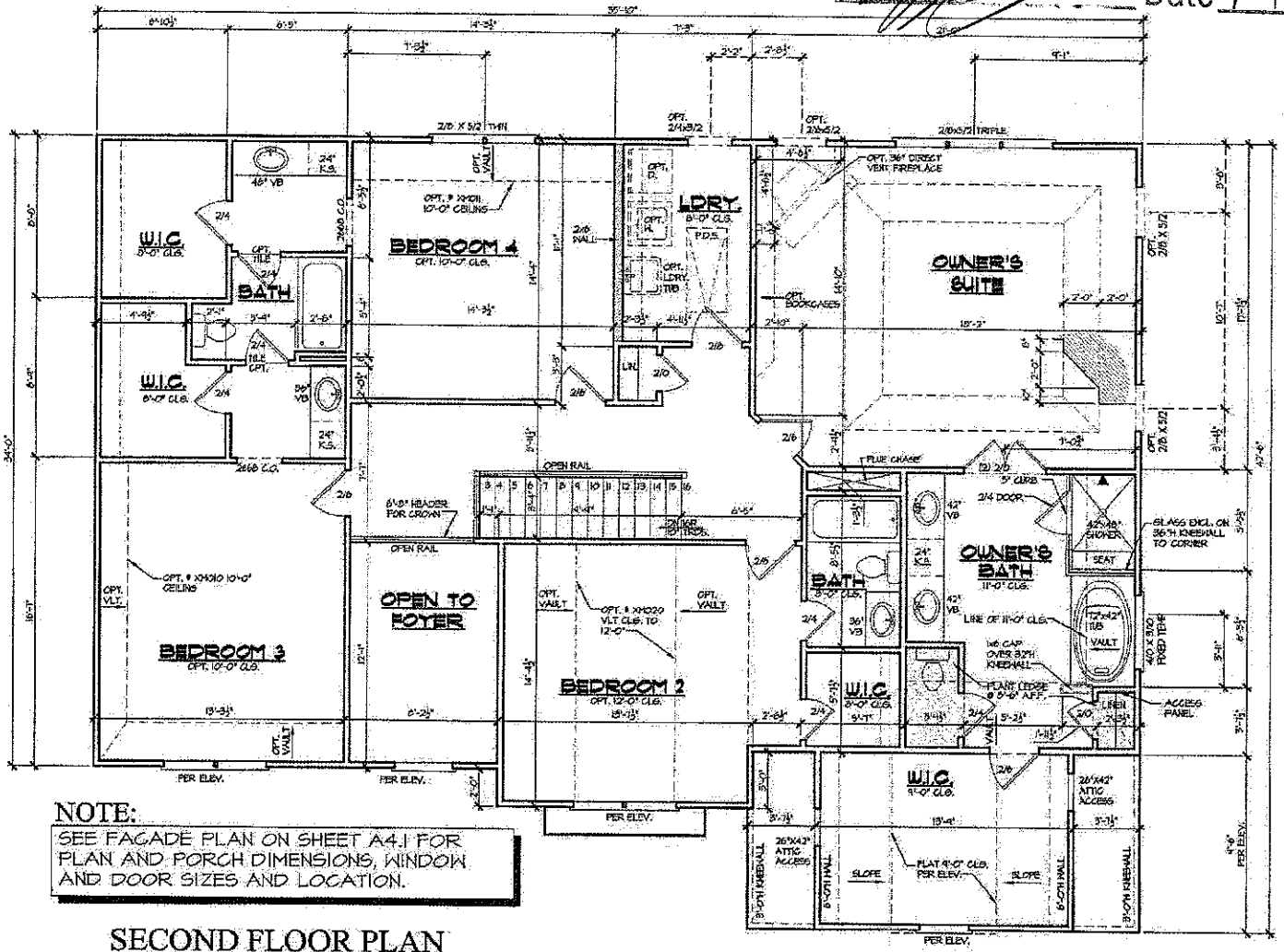
Acknowledgement of Plans Submittal ON
Date 3/31/15
Date 4-1-15

Acknowledgement Of Plans Submittal ONLY!

New plans

Date 3/31/15

Date 4-1-15



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"

lot 63

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7550 McGinnis Ferry Rd. • Suwanee, GA 30174
Voice: (770) 822-2822 • Fax (770) 822-0171

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Drawn By: JLS
Date: 01/31/15
Plan No:

Revisions: 01/23/15-4421

Model Name: VANCOUVER
Sheet Title: SECOND FLOOR PLAN
SHEET NO. A3.2

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)

3-31-15 (Date)

Owner: Peach tree
Address: 516-D Mooresville NC 28119

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Chesapeake Pt. Lot 63 4636121069
#138068 (dated 10-24-06)
CP LLC (Mark Benitez)

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 10-24-06 (date) for a system
LP PPBPS
(system name)

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

Signature of Property Owner

Central Office
318 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/