Paid $195.00 5-7-14

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Int. Relayout

Application For:

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Peachtree Res. Prop **Address:** Cove Crk Dr, Mooresville NC 28117 **Phone:** _____

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

Property Information:

Street Address: _____

Subdivision Name: Chesapeake PT **Section/Phase:** _____ **Lot Number:** 61

Driving Directions: BSR, TL Isle of Pines, TR Cove Creek, TL Sandy Cove on LT

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: 5
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 ( ) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/7/2014
DATE

IREDELL COUNTY HEALTH DEPARTMENT

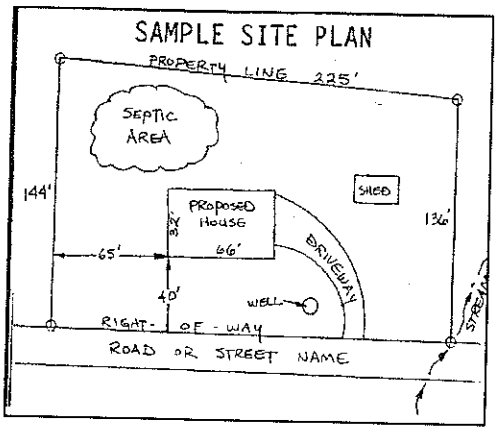
ENVIRONMENTAL HEALTH DIVISION

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)

5/7/2014

DATE



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

Reference: Chesapeake Point, Lot 61
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community Well
Number of Bedrooms: 5/~~600 GPD~~
Predetermined LTAR: 0.25 GPD/FT2
~~Proposed System Type:~~ ~~25% Reduction~~
Proposed Repair System Type: LPPPBPS
Distribution: Drop boxes/end cap
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 24-36"

Previously Approved by DH

Line	Design Length	Actual Length
Red 1		90'
Blue 2		136'
Orange 3		154'
Pink 4	**155'**	**159'**
Red 5	**150'**	**157'**
Blue 6	**90'**	**92'**
Orange 7	**45'**	**46'**
White 8	**160'**	**163'**
Orange 9		68'

Initial System: 600' **Repair System:** 448'

Comments:

PRELIMINARY PLAN, NOT FOR RECORDATION CONVEYANCES AND/OR SALES

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	44.00'	2.73'	2.73'	S 10°58'49" W	3°33'01"
C2	25.00'	21.51'	20.85'	S 33°51'29" W	49°17'39"
C3	270.00'	73.56'	73.33'	S 50°42'02" W	15°36'34"

LINE	BEARING	DISTANCE
L1	S 58°30'19" W	9.13'

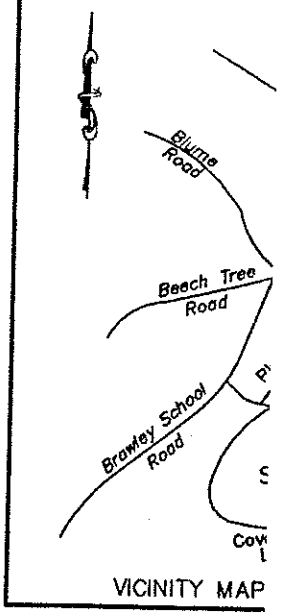
LEGEND

R/W = Right-of-way

= Not to Scale

= Storm Drain Curb Inlet

PB: 51, PG: 15
Dated: 1/10/2007



ROCKRIDGE POINT
LOT 20
PB: 60, PG: 73

LOT 69-43A
PB: 53, PG: 145

I, JIMMY N. FAIRES, CERTIFY THAT THIS PLAT WAS AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; BOOK SEE PAGE NOTE #2 ; THAT THE BOUND INDICATED AS DRAWN FROM INFORMATION FOUND IN THE RATIO OF PRECISION AS CALCULATED IS 1:10,0 IN ACCORDANCE WITH THE STANDARDS OF PRACTIC CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINA AND SEAL THIS ____ DAY OF ____

PRELIMI

JIMMY N. FAIRES
LICENSE NUMBE

OK
MO
5/12/14

N 43°54'09" E
44.44'

N 78°29'33" E
67.32'

S 30°42'32" E
268.95'

N 31°29'41" W
301.39'

35' Rear Setback

15' Side Setback

15' Side Setback

35' Front Setback

Proposed Walk

Proposed Concrete Drive

Proposed House
(Vancouver "B")

LOT 61
0.70± Acres

LOT 60

LOT 59

LOT 62

C1

C2

C3

L1

COVE COURT
PB: 51, PG: 15

Scale
1" = 50'

Lot 61

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) Septic Improvement Permit ( ) New Well Permit (✓) 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

( ) 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 Highway suite 301 **Phone:** 7049289215

Owner Name: Peachtree Residential **Address:** 516-D River Highway suite 701 **Phone:** _____

Property Information:

Street Address: 109 Sandy cove ct Mooresville

Subdivision Name: Chesapeake Point **Section/Phase:** _____ **Lot Number:** 61

Driving Directions: Brawley school Rd to (L) on Isles of Pines to R on cove creek Loop to L on Sandy cove ct 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: See Attached

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: _____ 2-4-14

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

IREDELL COUNTY HEALTH DEPARTMENT

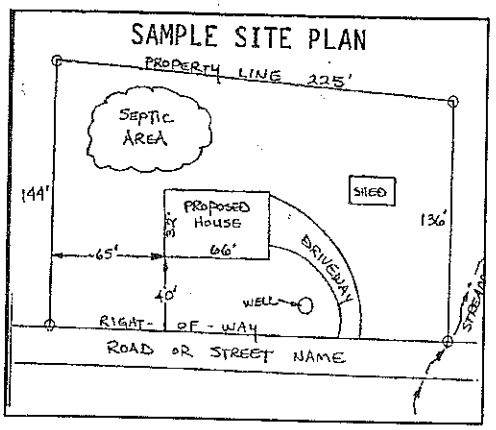
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **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

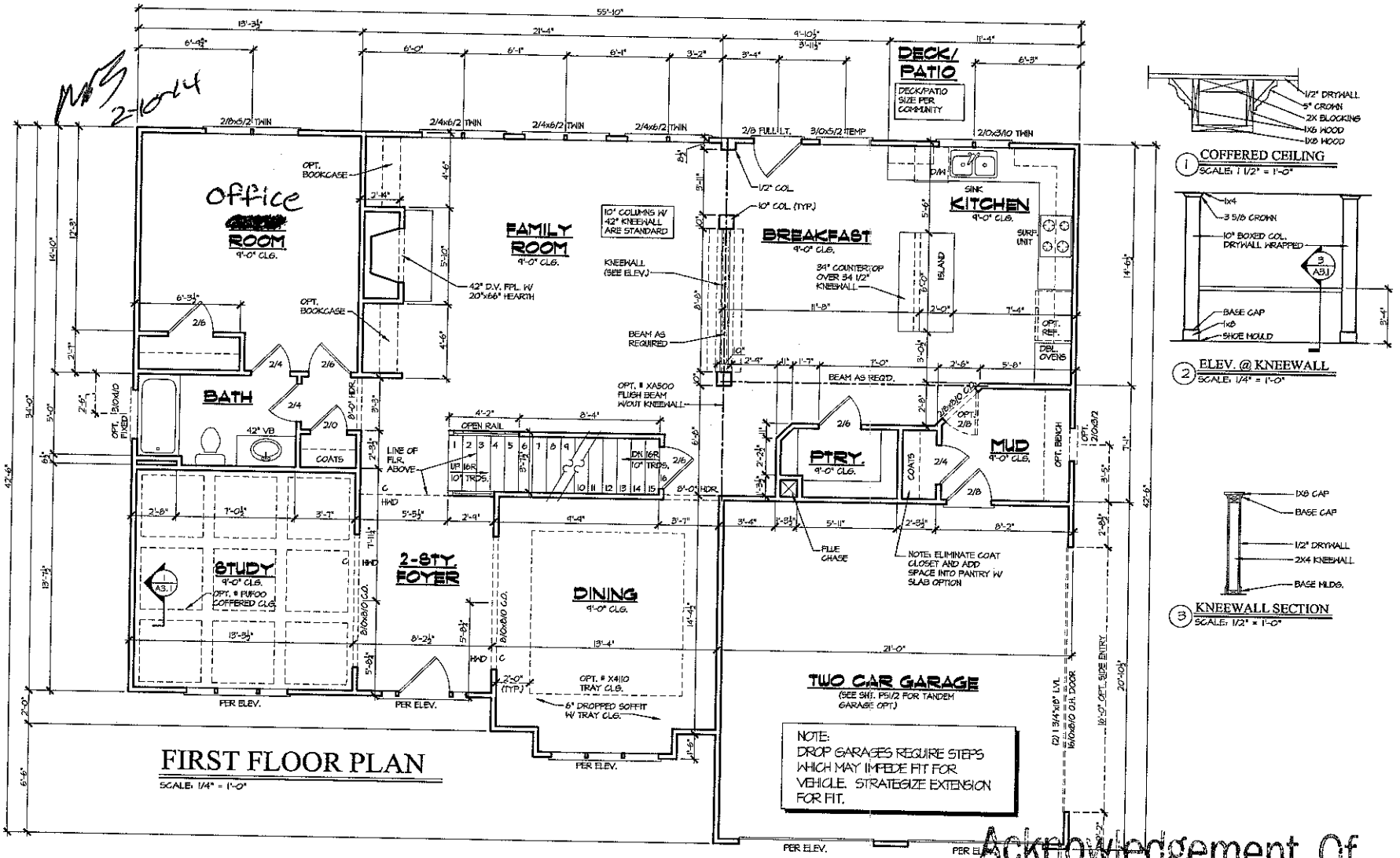
SEE Attached

Signature: _____

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

2-4-14

DATE



FIRST FLOOR PLAN

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

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

SQUARE FOOTAGE	
1ST FLOOR	1,628 SQ. FT.
2ND FLOOR	923 SQ. FT.
TOTAL	2,551 SQ. FT.
GARAGE	428 SQ. FT.

Acknowledgement Of Plans Committal ONLY!

Date 2-4-14

Date 2/10/14

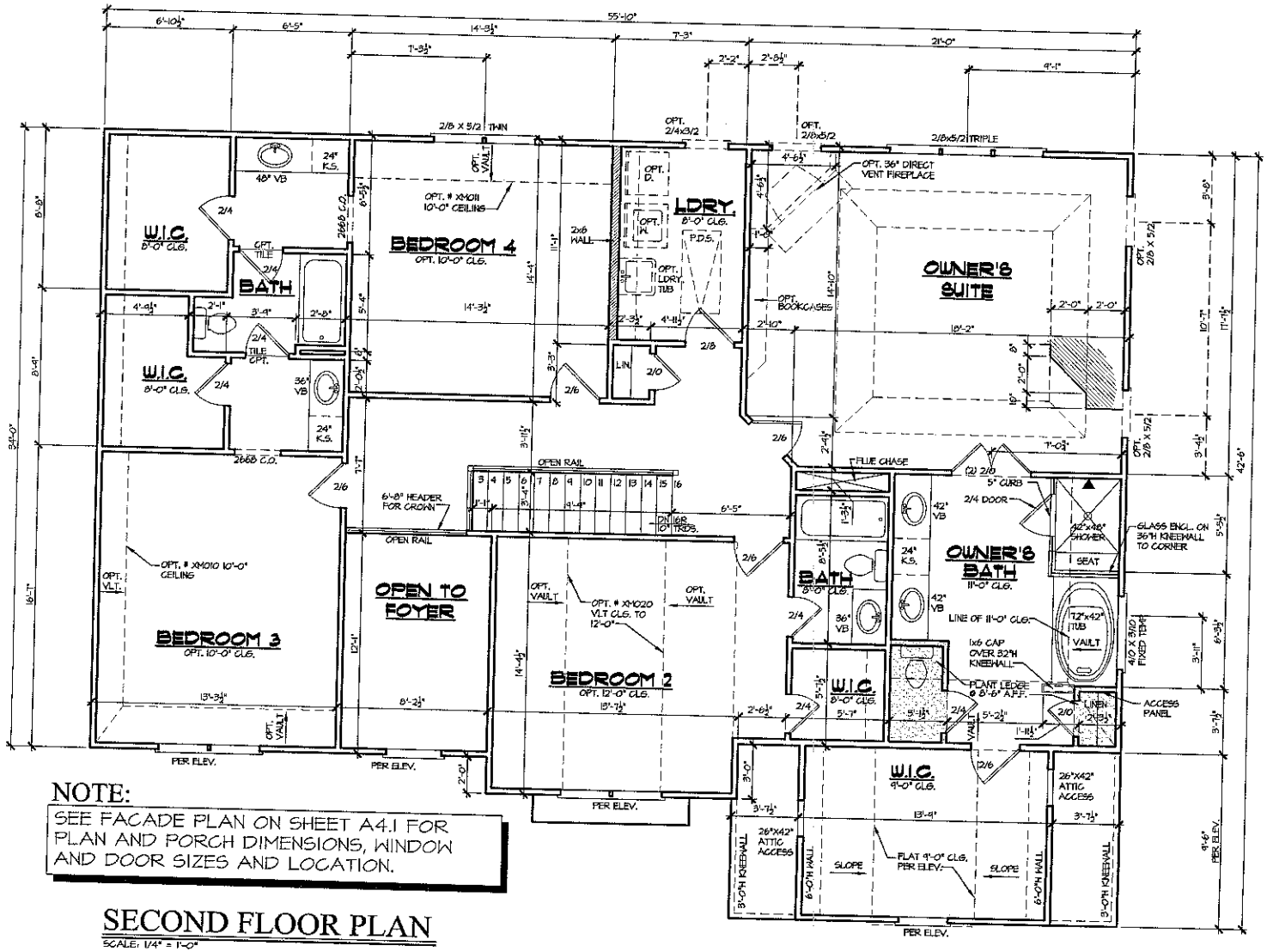
PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7380 McGinnis Ferry Rd. • Suwanee, Georgia 30174
Voice (770) 622-9922 • Fax (770) 622-9921

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: 01/31/11
Plan No:

Revision:
06/03/11-3986
04/13/12-4242
01/25/13-4421

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



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"

Acknowledgement Of Plans Submittal ONLY!

Date 2/10/14

Date 2-4-14

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7380 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice (770) 822-2622 • Fax (770) 822-9171

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: 01/31/11
Plan No:

Revision: 01/25/13-44421

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

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 Suwanee, GA 30024		(678) 300-8521
Same			
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Chesapeake Pointe	Lot 61

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 ___

(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)*

(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. Mabe — 9-11-06

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

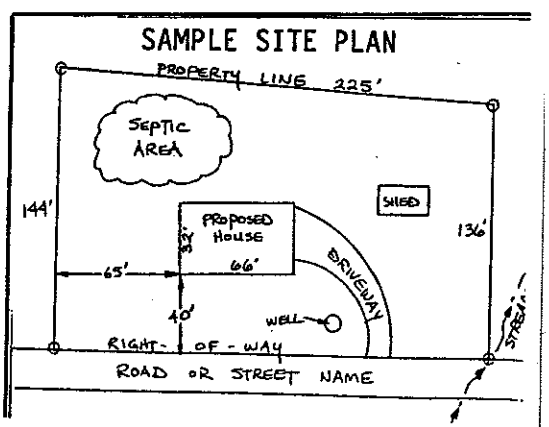
Circle N/A on the following if appropriate:

- ____ 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 #:	138065zo	Subdivision:	Chesapeake Point Ph 3
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Sandy Cove Ct. Mooresville NC 28117		
Parcel #:	4636120237.061	Zoning:	R20
Lot #:	61 Size: .705	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 Suwanee, 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, left Sandy Cove, property on the 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

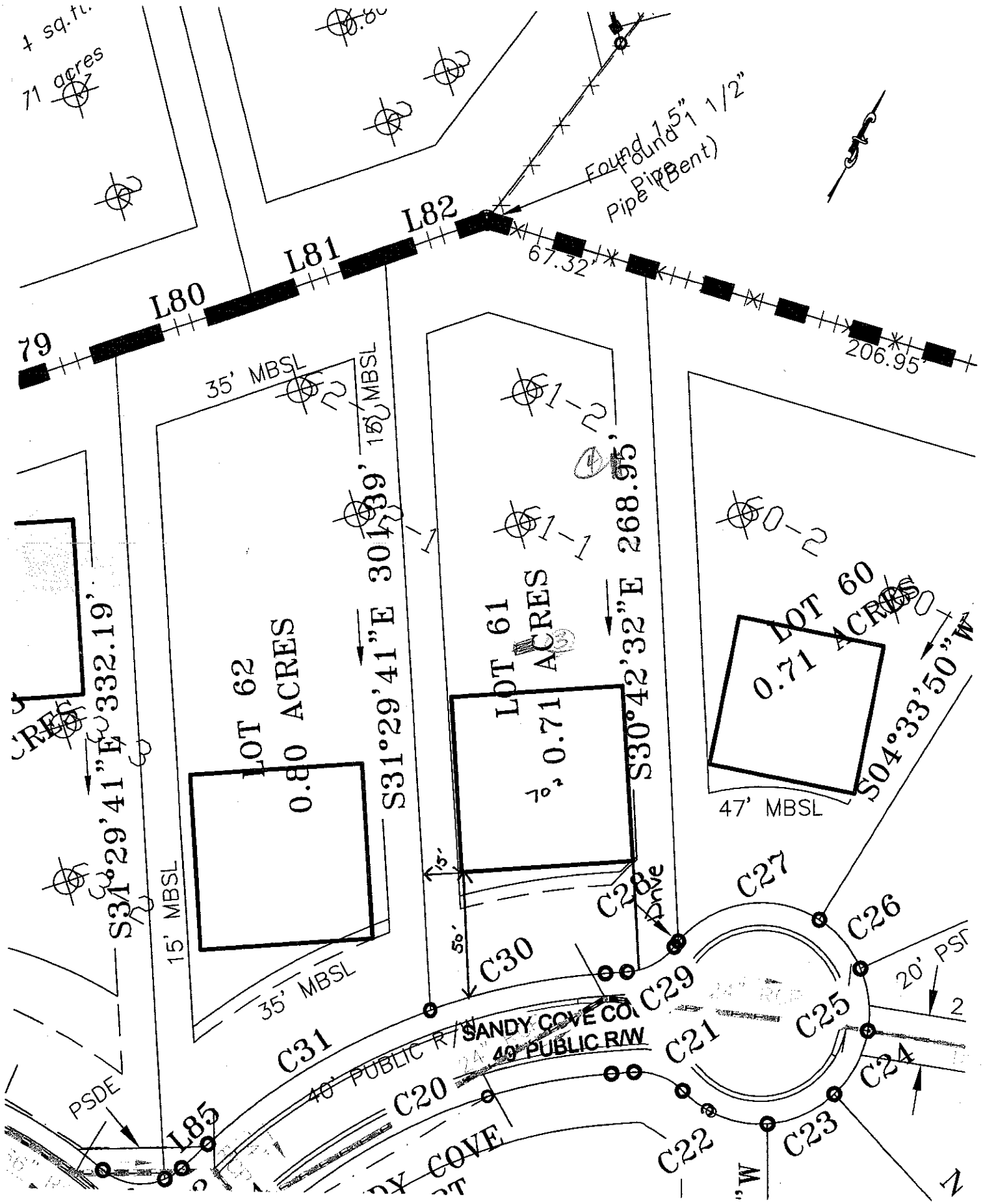
I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & 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


1 sq.ft.
71 acres
Found 1.5" Pipe
Found 1 1/2" Pipe (Bent)
L82
L81
L80
79
67.32'
206.95'
35' MBSL
15' MBSL
S31°29'41"E 301.39'
S30°42'32"E 268.95'
S31°29'41"E 332.19'
S04°33'50"W
LOT 62
0.80 ACRES
LOT 61
0.71 ACRES
LOT 60
0.71 ACRES
47' MBSL
15'
50'
C28
Drive
C27
C26
C30
C29
C25
C31
C21
C24
C20
C22
C23
PSDE
L85
40' PUBLIC R/W
SANDY COVE CO
20' PSE
GRAPHIC SCALE
50 25 0 50
SCALE: 1" = 50'

LOT 61

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: Chesapeake Pt.
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 7/25/06
LOCATION OF SITE: Lot 61 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
2 S	L 2-4%	0-9	wsbk sl	FR SS/SP	Br				PS .25
		9-21	mabk/wsbk c	FR SS/SP	R				to 34"
		21-34	wsbk c	FR SS/SP	R Few Sapr		5 chroma >	Restrictive horiz	.3 23[illegible]
		34-48	wsbk cl	FR SS/SP	YR Few Sapr				
1 S	L 2-4%	0-9	mgr/sbk sl	F SS/SP	Br				PS .25
		9-34	mabk c	F SS/SP	R C YS mottles				to 34"
		34-41	wsbk cl	FR SS/SP	R F,C Sapr				.3 34"-52"
		41-52	MA ?	FR	RY				
9-26-06 3		0-7	mgr sbk sl	fr ss/sp					.25
		7-35	sbk sdc	fr ss/sp	Few yb mottles				
		35-52	msbk sdl	fr ss/sp	few sapr common sap				
4		0-9	wksbk yb sl	fr ss/sp					.25
		9-41	wksbk sdl c	fr ss/sp	few yb mottles				
		41-51	wksbk sdl	fr ss/sp	common sap				
				fsap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LPPBPS	LPPBPS
Site LTAR	.25	.25

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

COMMENTS: _____