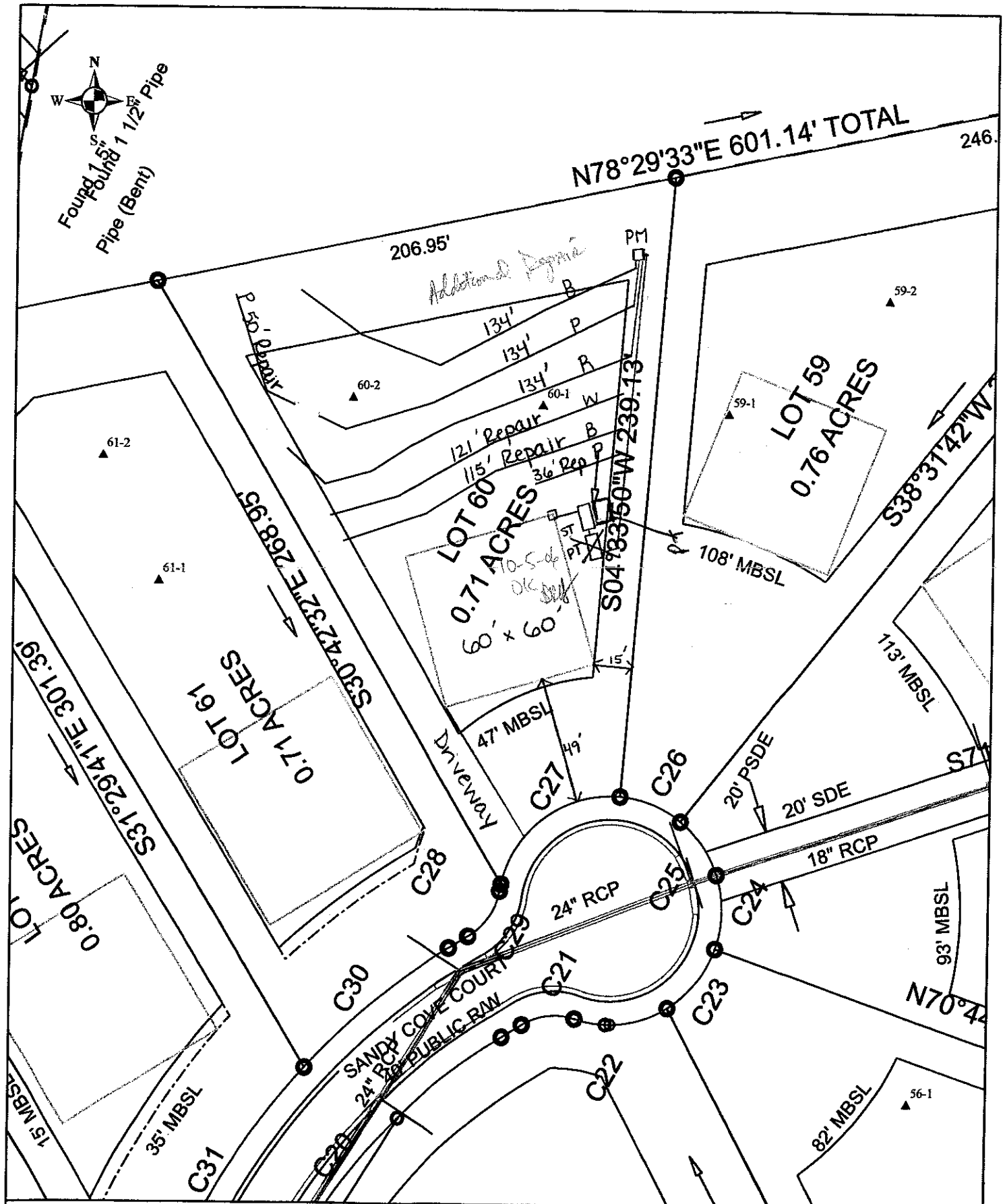


Scale: 1 inch equals 50 feet	S&ME	Lot 60 Chesapeke Point	FIGURE
Drawn by: JBP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Detailed, Scaled Site Plan	1
Reviewed by: KS		Iredell County, NC	
Date: October, 2006		S&ME Project #1588-04-011	

Lot 60 Chesapeake Pointe Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	402
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	120' of 2" SCH 40 PVC
Flow Rate through the system	16.5 gpm
Elevation head	Approx. 11.9'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	3.0'
Total Head	17.9'
Pump Requirements	16.5 gpm @ 17.9' of head; use Goulds WE03L pump or equivelent with compatible electrical
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	No
Siphon Break hole	Yes
Repair System	**LP PPBPS**
Total Linear Feet	322
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	System	Blue	25% Reduction	134 endfed	4.7
2	System	Pink	25% Reduction	134 endfed	
3	Repair	Pink	LP PPBPS	50	
4	System	Red	25% Reduction	134 endfed	
5	Repair	White	LP PPBPS	121	
6	Repair	Blue	LP PPBPS	115	
7	Repair	Pink	LP PPBPS	36	8.5
				Total System: 400'	
				Total Repair: 322'	

Tank	Red	1000 gal (2 compartment)	10.6
Pump Tank	Red	1000 gal.	10.6
House	Blue		9.4

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: Remove old Berm

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
Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Chesapeake Pointe	Lot 60

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. Marks — 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...**

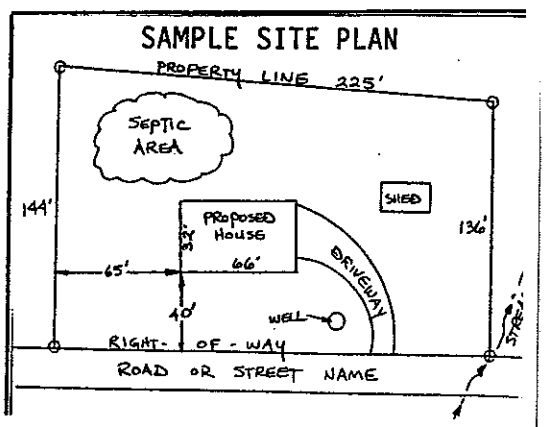
Circle N/A on the following if appropriate:

- ____ **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 #:	138064zo	Subdivision:	Chesapeake Point Ph 3
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Sandy Cove Ct. Mooresville NC 28117		
Parcel #:	4636120237.060	Zoning:	R20
Lot #:	60 Size: .713	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, left Sandy Cove, property on the left

FEES

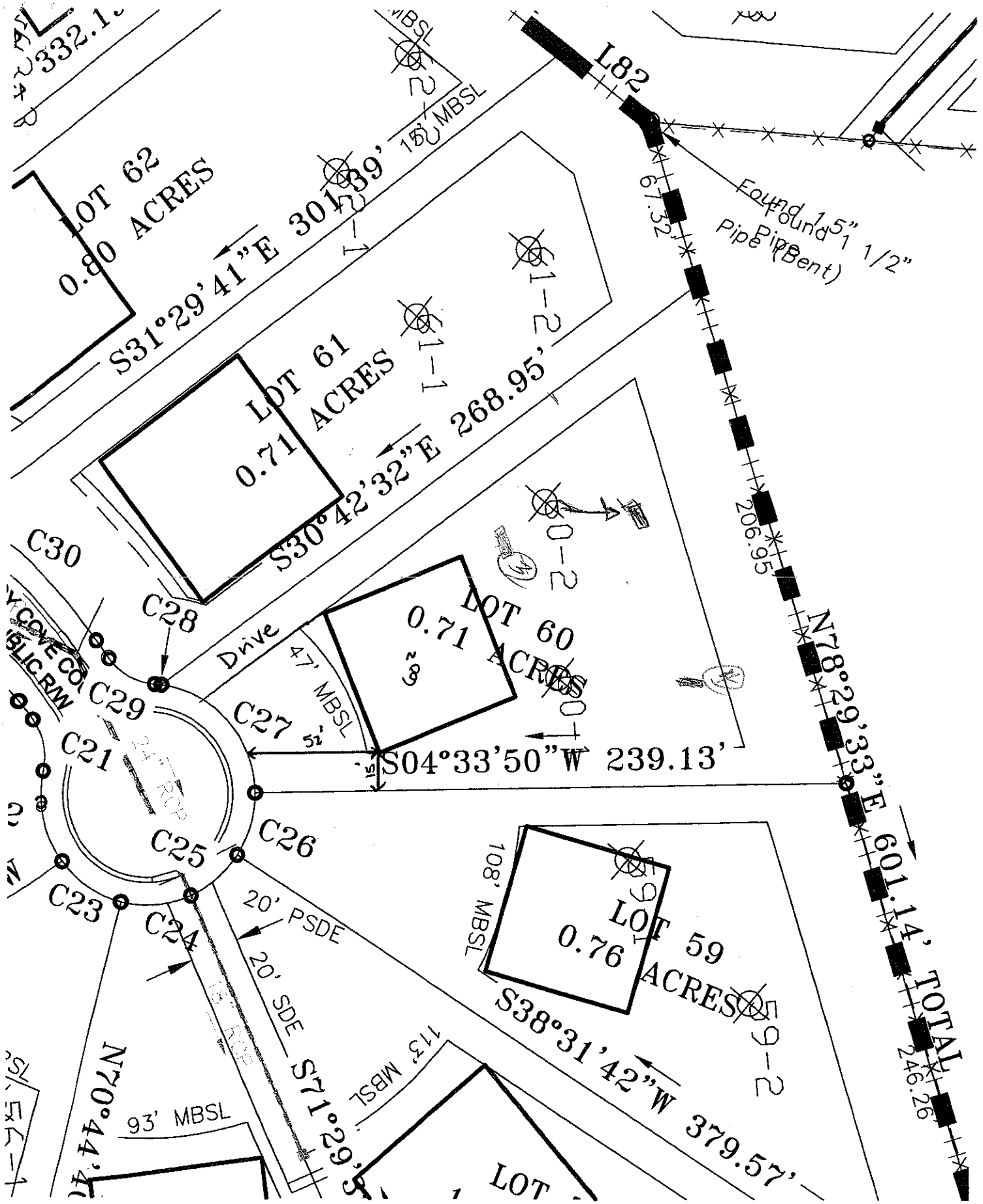
Zoning Permit/Inspection Fee	✓	$45.00
Site Plan Review Fee		$0.00
Environmental Health New System	✓	$200.00
Environmental Health Existing System		$0.00
Total Fees:		$245.00

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


LOT 62
0.90 ACRES
S31°29'41"E 301.39'
LOT 61
0.71 ACRES
S30°42'32"E 268.95'
LOT 60
0.71 ACRES
S04°33'50"W 239.13'
LOT 59
0.76 ACRES
S38°31'42"W 379.57'
N78°29'33"E 601.14' TOTAL
206.95'
246.26'
67.32'
Found 1.5" 1/2" Pipe Pipe (Bent)
L82
15' MBSL
47' MBSL
108' MBSL
93' MBSL
113' MBSL
Drive
20' PSDE
20' SDE
C23
C24
C25
C26
C27
C28
C29
C30
C21
1-1
1-2
0-2
9-2
GRAPHIC SCALE
50 25 0 50
SCALE: 1" = 50'

LOT 60

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 Pl. APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 7/05/06
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 60 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) 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 ~6%	0-27	msbk scl	FR SS/SP	Br Common quartz gravels				.5 PS
		27-48	msbk c	FR SS/SP	R				
2	L 4-6%	0-20	msbk c	FR SS/SP	R				PS
		20-29	msbk c	FR SS/SP	YR F/C Sap Inclu				.25 .5
		29-50	wsbk cl	FR SS/SP	YR C Sap Inclu				.3 > 20"
3		0-18	wkSbkmodc	Friable SS/P					.3
		18-55	wkSbkmod	friable SS/P common sap					
4	~5% V	0-7	WkSbkmodscl	friable					.5
		7-30	SBK mod c	fr SS/SP					
		30-42	WkSBkmod cl	friable SS/P common sap					
		42-52	massive Sap	friable					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: M Mule
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 River Highway suite 301 Phone: 704 928-9215

Owner Name: Peachtree Residential Address: SAME Phone: _____

Property Information:

Street Address: 113 Sandy Cove ct Mooresville 28117

Subdivision Name: Chesapeake Point Section/Phase: _____ Lot Number: 60

Driving Directions: Brawley School Rd to L on Isles of Pines to (R) on Cove Creek Loop to (L) on Sandy Cove Ct.

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) 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

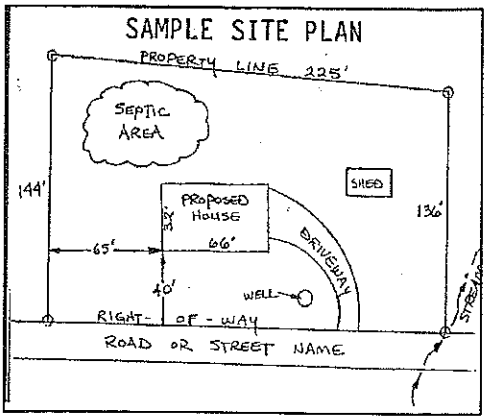
ENVIRONMENTAL HEALTH DIVISION

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

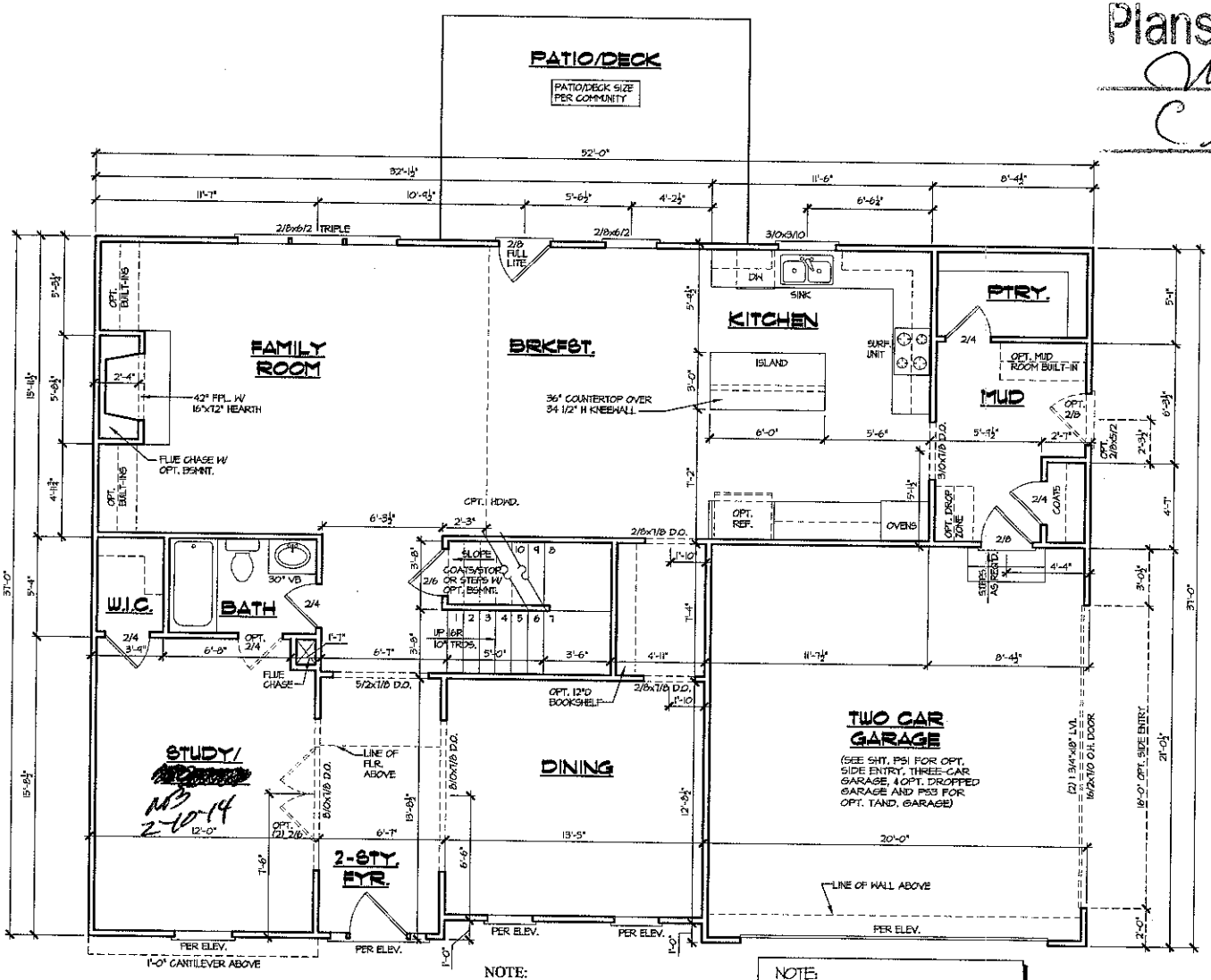
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE Attached

Signature: _____ 2-4-14

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

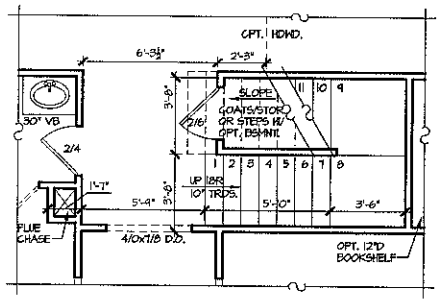
Acknowledgement Of
Plans Submittal ONLY!
Date 2-4-14
Date 2/10/14



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.

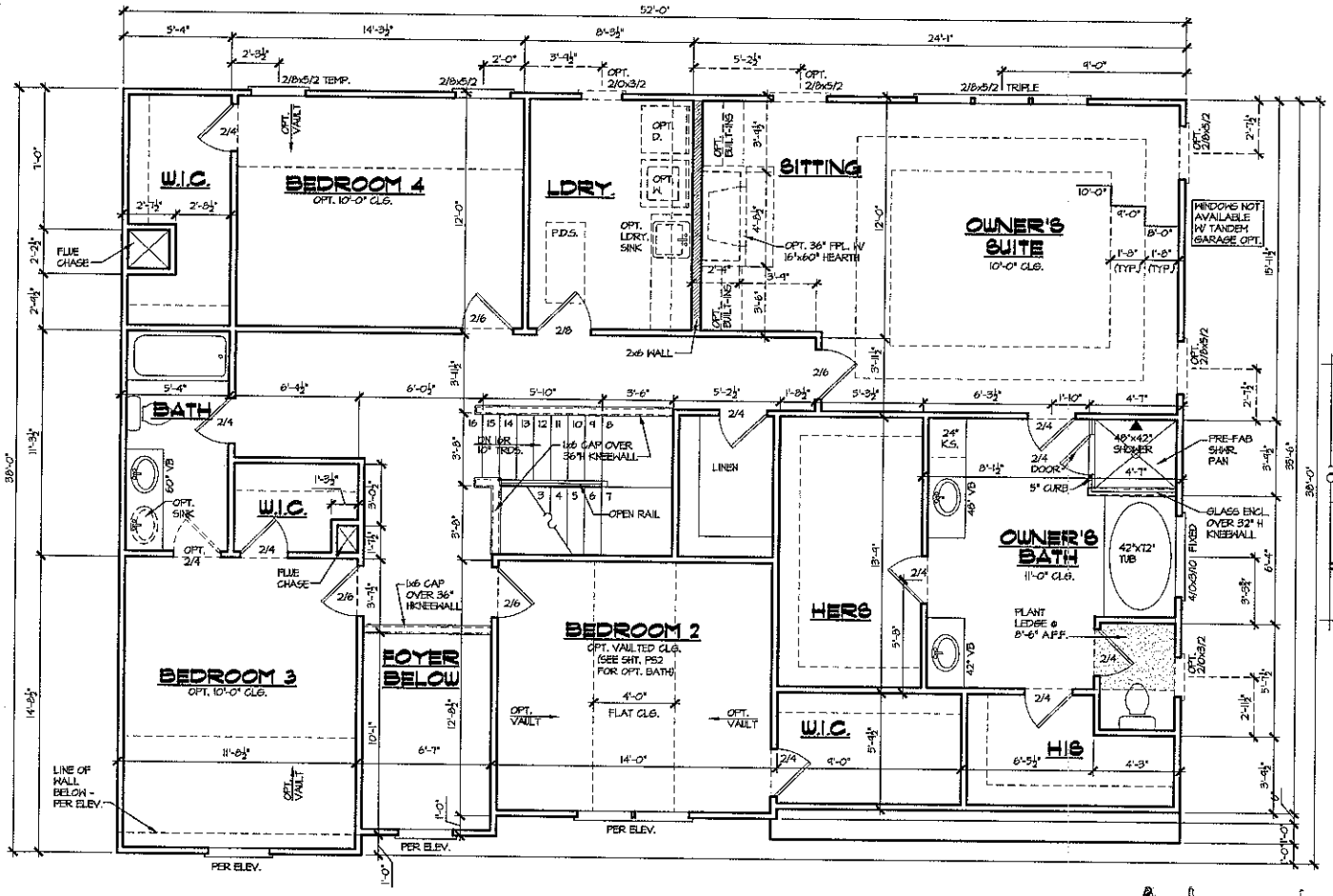
PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7380 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice: (770) 622-2622 • Fax: (770) 622-9171

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:

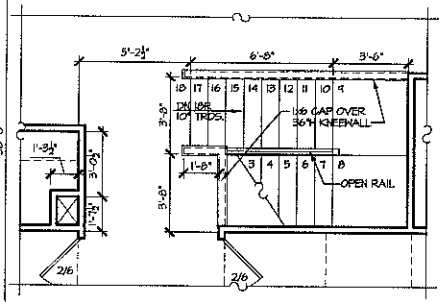
Revision:	
09/15/26 ⊥5	06/29/04-3660
10/03/06 MR	10/04/04-3724
12/04/06 MR	01/12/11-3684
12/21/06 MR	05/12/11-3657
04/26/27-2661	08/31/11-AHH
08/15/01-3059	04/22/11-4025
05/21/03-3665	

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 2/10/14

Date 2-4-14

PEACHTREE RESIDENTIAL PROPERTIES

The Builder Who Listens

7880 McGinnis Ferry Rd. • Suwanee, Georgia 30174

Voice (770) 622-2522 • Fax (770) 622-8171

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Drawn By: JLG

Date: 07/10/06

Plan No:

Revisions	
12/04/06 MR	01/20/10-3756
12/21/06 MR	01/12/11-3699
04/26/07-2687	04/13/11-3947
05/03/07-2947	05/17/11-3957
06/03/07-3126	04/22/11-4025
05/01/09-3665	
10/04/09-3724	

Model Name: BRIDGEPORT

Sheet Title: SECOND FLOOR PLAN

SHEET NO. A3.2