IREDELL COUNTY HEALTH DEPARTMENT

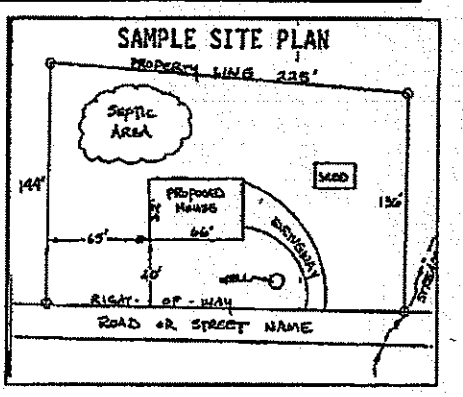
ENVIRONMENTAL HEALTH DIVISION

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

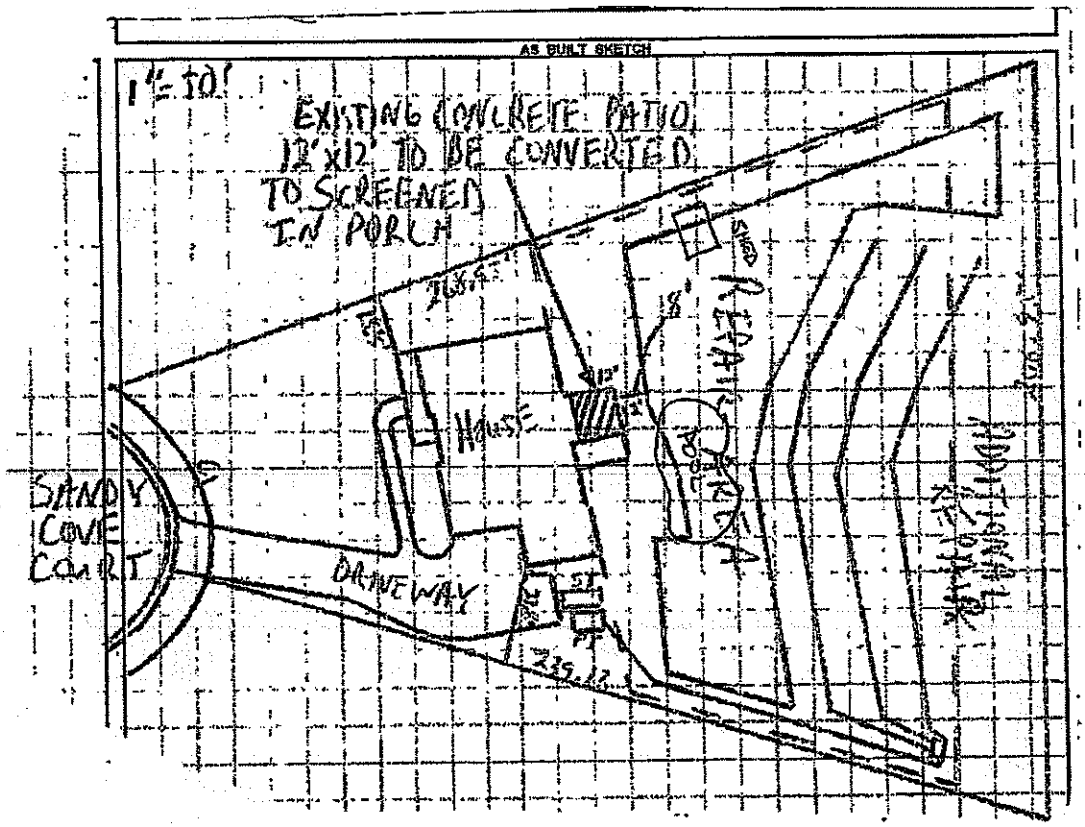


Circle N/A on the following if appropriate:

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



Signature: Dl P Pll

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

24 MAR 2016

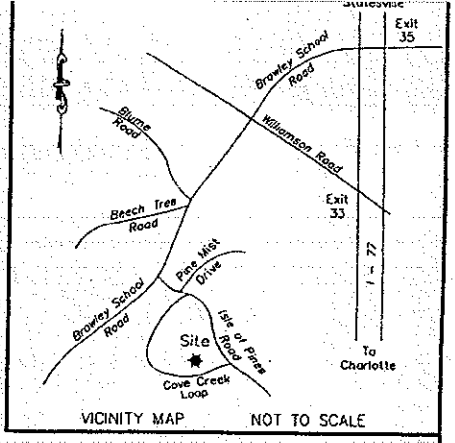
DATE

AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK _SEE_; PAGE _NOTE #2_; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK _N/A_ PAGE _N/A_; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56 1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 22nd DAY OF September 2014.

NORTH CAROLINA PROFESSIONAL SEAL L-4311 LAND SURVEYOR JIMMY N. FAIRES

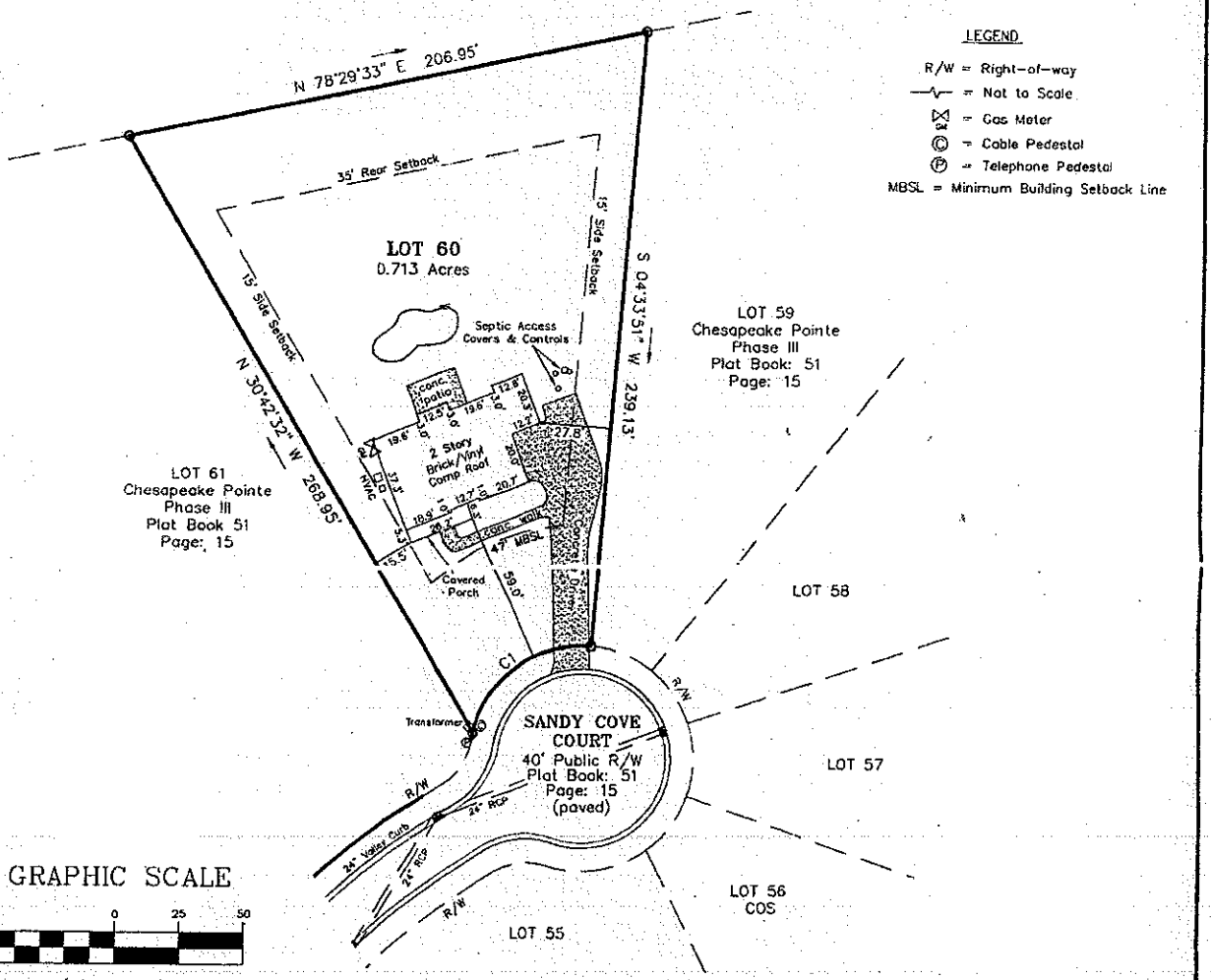
JIMMY N. FAIRES, PLS
LICENSE NUMBER: L-4311

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



VICINITY MAP NOT TO SCALE

LOT 20
ROCKRIDGE POINT
Plat Book: 60 Page: 73



LEGEND

R/W = Right-of-way
—\/— = Not to Scale
GM = Gas Meter
C = Cable Pedestal
P = Telephone Pedestal
MBSL = Minimum Building Setback Line

GRAPHIC SCALE

50 0 25 50

(IN FEET)
1 inch = 50 ft.

CURVE TABLE					
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD	DELTA
C1	62.82'	44.00'	S53°39'42"W	57.62'	81°48'29"

SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.

2) THIS SURVEY IS BASED ON DEED BOOK 2303 PAGE 1048 AND PLAT BOOK 51 PAGE 15 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.

3) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.

4) THIS LOT LIES WITHIN A SUBDIVISION THAT WAS PREVIOUSLY TIED TO THE NORTH CAROLINA GRID SYSTEM.

5) BASIS OF BEARINGS: PLAT BOOK 51 PAGE 15 - DATED: JANUARY 10, 2007

6) #4 REBAR FOUND AT ALL CORNERS, UNLESS OTHERWISE NOTED. ALL CORNERS "FOUND" or "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHERWISE NOTED.

7) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. GEOMATIC CONCEPTS, PLLC CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.

8) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

9) THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANELS 3710463600J, WITH AN EFFECTIVE DATE OF MARCH 18, 2008.

PHYSICAL SURVEY

LOT 60 - CHESAPEAKE POINTE
PLAT BOOK: 51 PAGE: 15

113 SANDY COVE COURT
DAVIDSON TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA

Prepared For:
PEACHTREE RESIDENTIAL, INC.
7380 McGINNIS FERRY ROAD
SUWANEE, GA 30024

GEOMATIC CONCEPTS, PLLC
NC LICENSE #: P-1031
633 MIDWAY ROAD, STATESVILLE, NC 28625-8896
PHONE: 704-361-0412 EMAIL: JIMMY.FAIRES@GEOMATICCONCEPTS.COM

Drawn By: GHL	Checked By: JNF	Scale	Project No
Tax PIN: 4636-12-4370		1" = 50'	14006
Date: SEPTEMBER 22, 2014			Sheet No.
File: 14006-Chesapeake-Lot-60-PHYS.dwg			1 of 1

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # BA 209081

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

PIN # 4636-12-4370

APPLICANT: Douglas P. Phillips APPLICANT ADDRESS: 113 Sandy Cove Ct Mooresville NC

SITE ADDRESS: 113 Sandy Cove ct PHONE: 704-534-2477 ALT. PHONE:

SITE DIRECTIONS: Brawley Sch Rd, TL on Isle of Pines, TR on Cove Creek, TL on Sandy Cove, Left on L at End

SUBDIVISION: Chesapeake Pointe SECTION: 3 LOT # 60 LOT AREA: 0.71ac DESIGN FLOW: 480 gal L.T.A.R.:

Septic Tank 1000 Existing (gal) STB Date

Pump Tank 1000 Existing (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 402

Trench Width EXISTING Max. Trench Bottom Depth EXISTING Gravel Depth N/A

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

System Description: PA 25% Red EXISTING

Repair System Description: LP PPDPS

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms

☐ Business No. Persons

☑ Other No. Employees

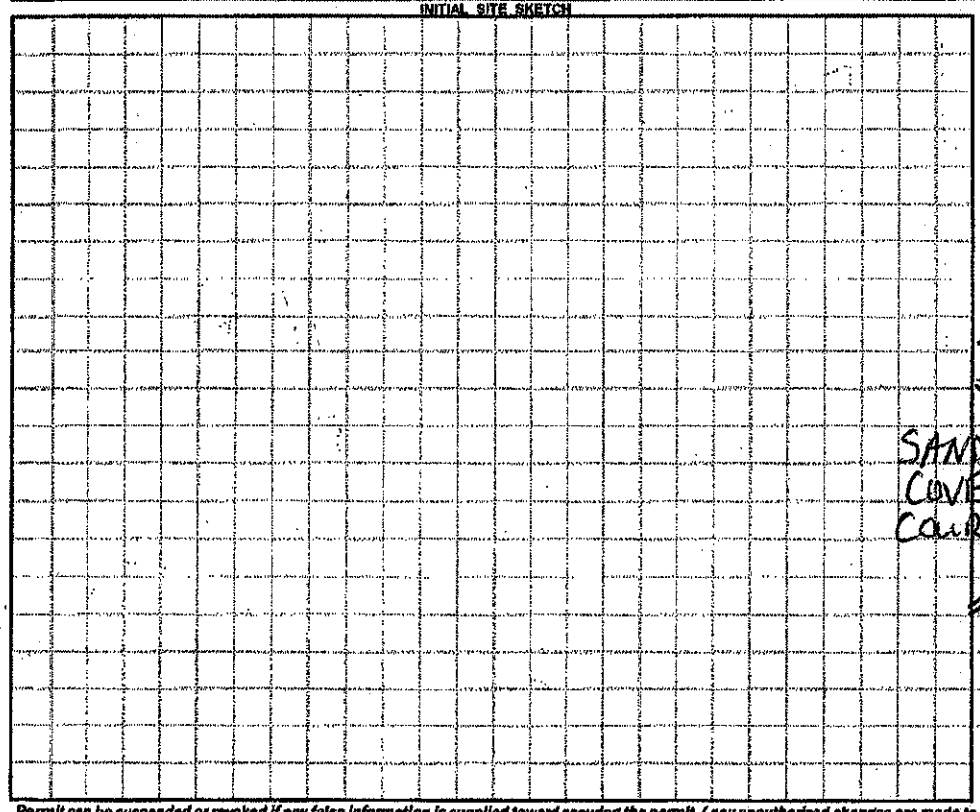
☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

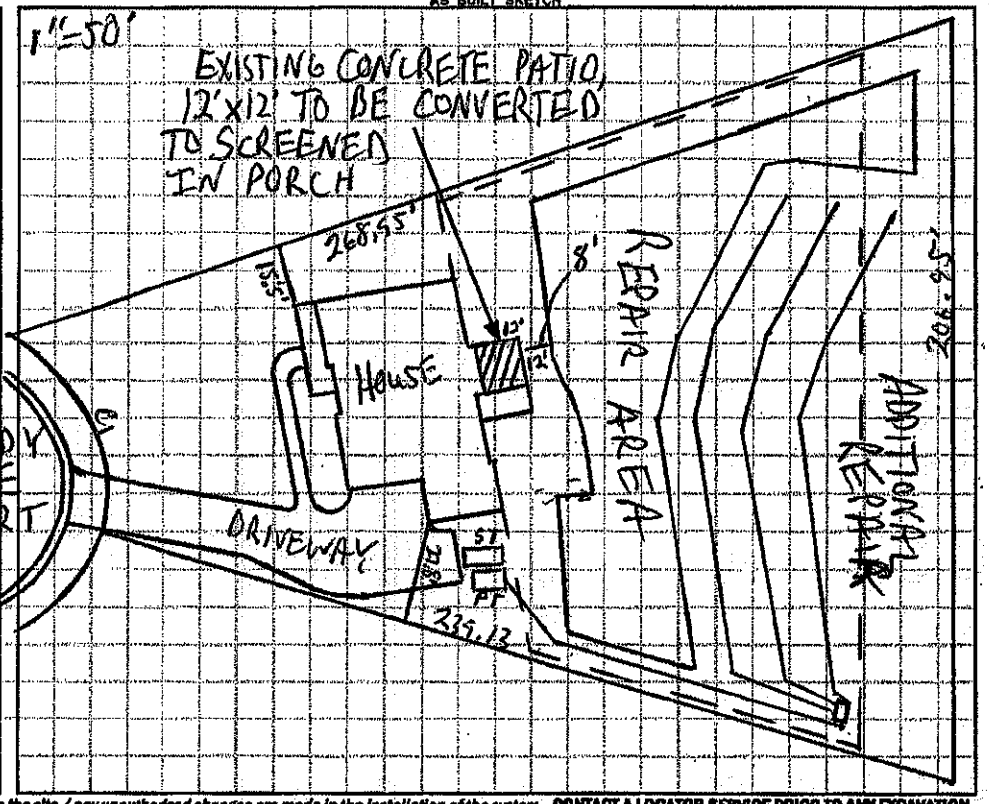
Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: SCREENED IN PORCH

INITIAL SITE SKETCH



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 10 APR 2015 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 4-9-15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK