IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135060 PIN# 4636946059 4636132539 DATE 4-25-06

OWNER OR APPLICANT Chesapeake Pointe LLC Orleans Home PHONE: Business 704-942-1250 Home

ADDRESS 7380 McGinnis Ferry Rd 700 Forest Pt. Circle Charlotte NC 28273

LOCATION Brawley School Rd TL Isle of Pines TR Cove Creek on left

SUBDIVISION Chesapeake Pt BLOCK / SECTION ph2 LOT 92 LOT AREA .69 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25gpd/ft2

Septic Tank: 1000 Gallons: STB 3/2 Date 3-1-10

Pump Tank: 1000 Gallons: PT 21 Date 12-23-09

Pump Make: Myers Model ME45 Serial No.

Nitrification Field: No. Fields 1 Square Feet 1920 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 PPBPS

Repair System Description: LP PPBPS

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

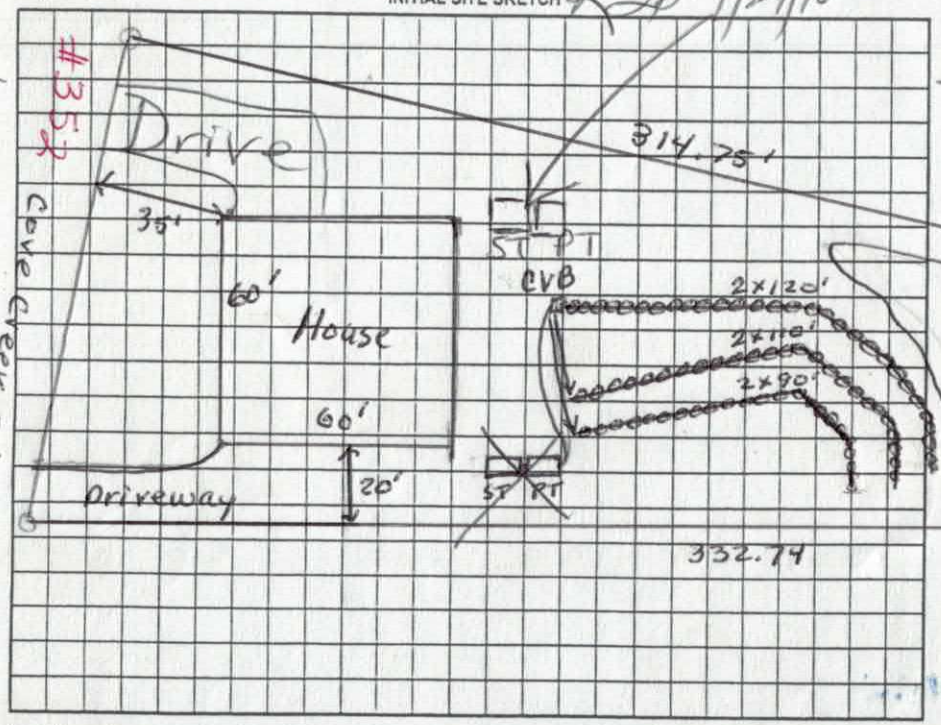
Comments:/Conditions: 74 panels

Comments:/Conditions: 9/29/09 Reviewed Floor plans & Site plan in Compliance with original permit

10/20/09 OK to switch garage & drive to other side.

1" = 50'

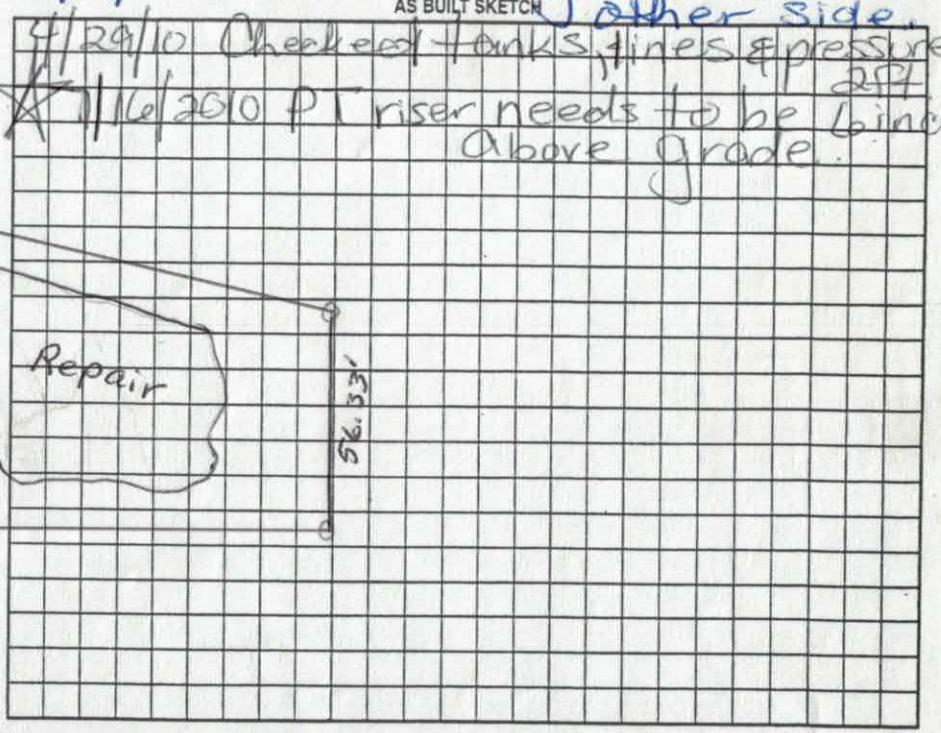
INITIAL SITE SKETCH RH 4/29/10



AS BUILT SKETCH

4/29/10 Checked tanks, lines & pressure

7/16/2010 PT riser needs to be 6 inch above grade.



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.

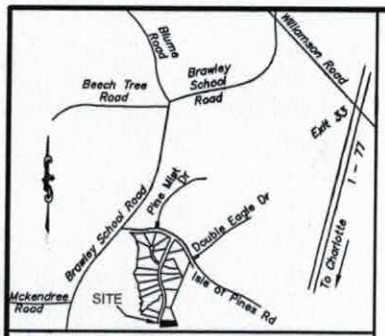
Signed: [signature] date 4-27-06 Installed by: Willie Christianburg

Improvement Permit by: Judy McNeill date 4-25-06 Operation Permit by: [signature] RS date 7/16/2010

Authorization to Construct by: Judy McNeill date 5-17-07 Existing System Inspection by: date

Maria D Olson 9/29/09

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



VICINITY MAP (NO SCALE)

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C1	130.00	575.00	S16°05'05"W	129.72'

LOT 93

LOT 91

GRID NORTH (NAD 83)
REF: MB 49 PG 41

S04°31'31"W 56.53'

10' UTILITY AND DRAINAGE EASEMENT

314.75'

N 85°28'29" W

S 72°30'48" E

332.74'

10' UTILITY AND DRAINAGE EASEMENT

10' UTILITY AND DRAINAGE EASEMENT

18' X 12' DECK

FERN NOOK

26.9'

25.7'

KNIGHTSBRIDGE
FARMHOUSE "A"
PLAN DATE: 08/27/09
CRAWL SPACE

COVERED PORCH

3 CAR GARAGE

42.1'

10' UTILITY AND DRAINAGE EASEMENT

R/W

CURB

C1

COVE CREEK ROAD
50' PUBLIC R/W

NOTES:
1) PROPERTY SUBJECT ANY & ALL EASEMENTS & RESTRICTIONS OF RECORD.
2) NOT FOR RECORDATION, CONVEYANCE OR SALES.
3) PROPOSED DRIVEWAY LOCATION SHOWN IS APPROXIMATE AND IS SUBJECT TO FIELD VERIFICATION AND LOCAL ORDINANCES.

REF: MAP BOOK 49 PAGE 41

BUILDING SETBACKS:
FRONT = 35'
REAR = 35'
SIDE = 15'
CORNER SIDE =25'

40 0 20 40 80

GRAPHIC SCALE
1 INCH = 40 FT

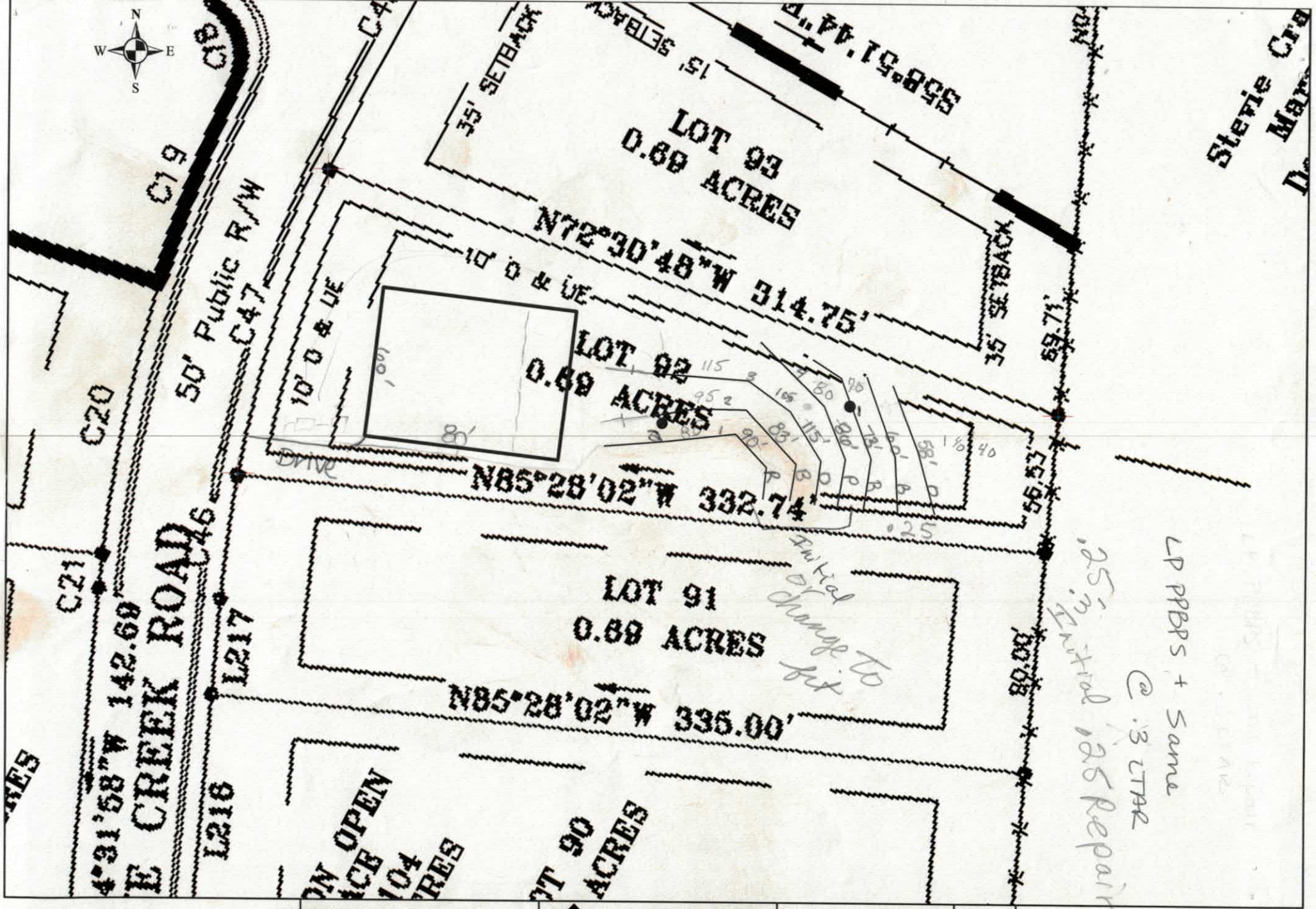
EXHIBIT PLAN

CHESAPEAKE POINT, PHASE 2
DAVIDSON TOWNSHIP, IREDELL COUNTY , NC

LOT 92
COVE CREEK ROAD

Taylor Wiseman & Taylor
ENGINEERS / SURVEYORS / SCIENTISTS
700 FOREST POINT CIRCLE, SUITE 116, CHARLOTTE, NC 28273
TELEPHONE: (704) 527-2535 FAX: (704) 527-2537
www.taylorwiseman.com

SCALE: 1" = 40'	DATE: SEPTEMBER 22, 2009	FILE: 70425.0013.00
DRAWN BY: CAP	CHECKED BY: JGD	SHEET: 1\1



Scale: 1 inch equals 50 feet	S&ME	Lot 92 Chesapeke Pointe	FIGURE
Drawn by: JBP		Detailed, Scaled Site Plan	1
Reviewed by: PGP		Iredell County, NC	
Date: April, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-04-011	

SOIL/SITE EVALUATION
(Continuation Sheet)

Sheet of

OF ENVIRONMENT
AL RESOURCES
OF ENVIRONMENTAL HEALTH

PROPERTY ID NO.: Ches Pt.
DATE OF EVALUATION: 2-28-06
COUNTY: Iredell

Lot 92

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON ON DEPTH (IN.)	SOIL MORPHOLOGY .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
92/2	3-5% Initial ~~Repair~~	0-8	mgr sl	SS SP Fr	Br				50" .3
		8-20	wsbk scl	SS SP Fr	BrR				
		20-36	msbk c	SS SP Fr	R				
		36-50	msbk scl	SS SP Fr	R				
92/1	4-6% ~~Initial~~ Repair	0-14	mgr sl	SS SP Fr	Br				25- .3
		14-32	wsbk scl	SS SP Fr	RBr				
		32-52	msbk c	SS SP Fr	R	F Br mottles around roots few Brown Mottles			

COMMENTS:

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: ___ Improvement Permit ___Authorization To Construct X 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
Orleans Homebuilders	700 Forest Point Circle, Suite 102 Charlotte, NC 28273		704-357-6632
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Chesapeake Pointe	Ph 2, Lot 92

Driving Directions: Brawley school Rd., left Isle of Pines Rd. Right Cove Creek, on left

****

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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Panel Box ( ) 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: Kim Dudley — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/29/09 — 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 Suwanee, GA 30024		(Kathleen, SME, Inc) 704-942-1250
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Chesapeake Pointe	Ph 2, Lot 92

Driving Directions: Brawley School Rd, left Isle of Pines Rd, Right Cove Creek, on left

****

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:** Kathleen Saunders — 4/19/06

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:

- 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:

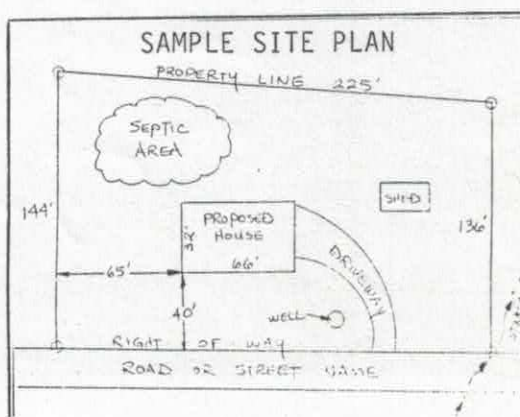
- ____ **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

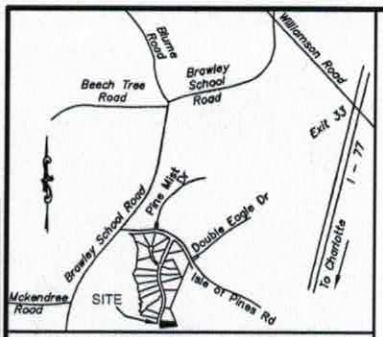
Signature: Kim Dudley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/29/09
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached site plan





VICINITY MAP (NO SCALE)

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C1	130.00	575.00	S16°05'05"W	129.72'

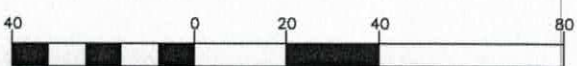


Acknowledgement Of
Plans Submittal ONLY!
Maria Dotson Date 9/29/09
Rob Bailey Date 9/29/09

NOTES:
1) PROPERTY SUBJECT ANY & ALL EASEMENTS & RESTRICTIONS OF RECORD.
2) NOT FOR RECORDATION, CONVEYANCE OR SALES.
3) PROPOSED DRIVEWAY LOCATION SHOWN IS APPROXIMATE AND IS SUBJECT TO FIELD VERIFICATION AND LOCAL ORDINANCES.

REF: MAP BOOK 49 PAGE 41

BUILDING SETBACKS:
FRONT = 35'
REAR = 35'
SIDE = 15'
CORNER SIDE =25'



GRAPHIC SCALE
1 INCH = 40 FT

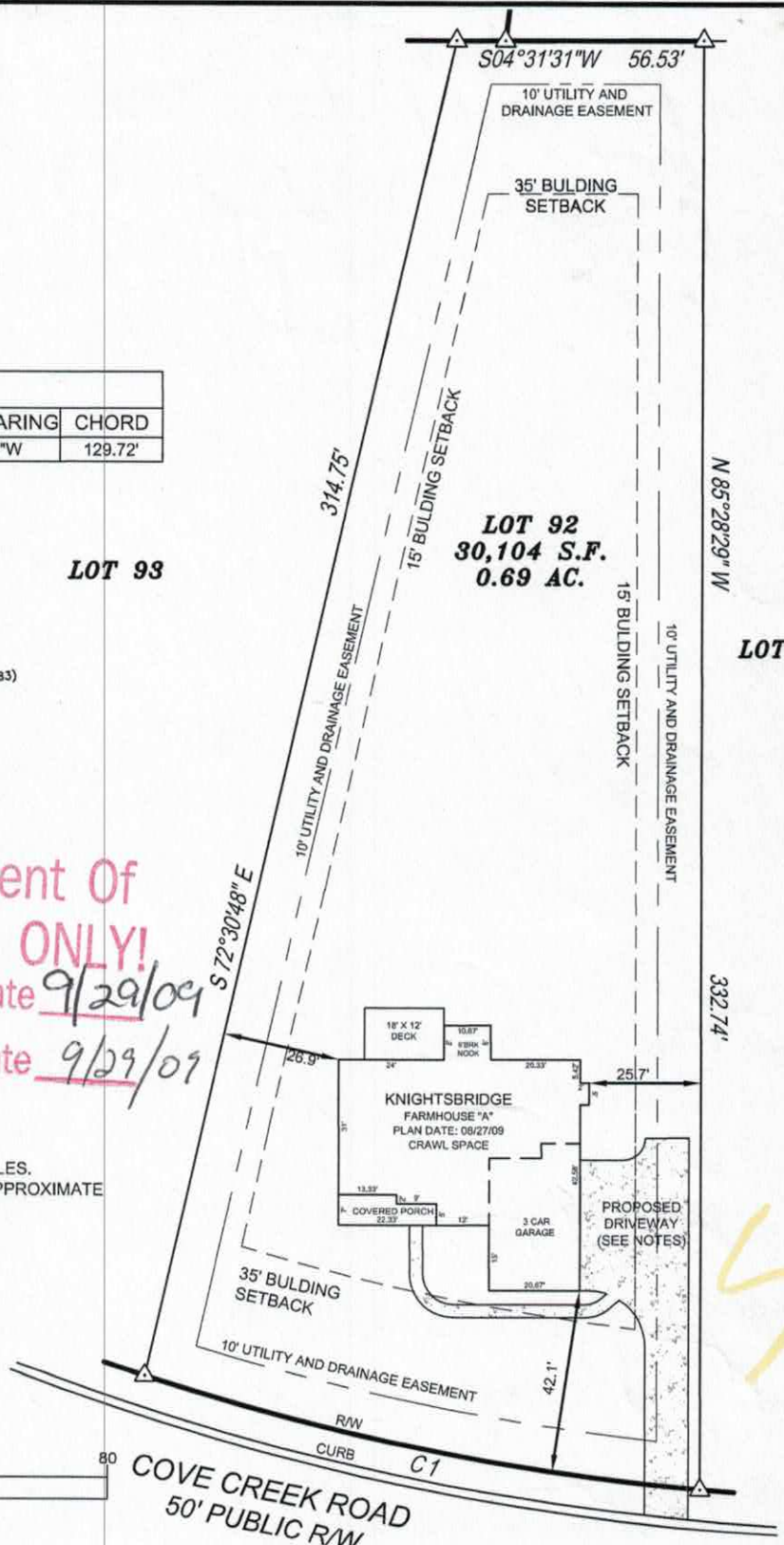


EXHIBIT PLAN

CHESAPEAKE POINT, PHASE 2
DAVIDSON TOWNSHIP, IREDELL COUNTY , NC

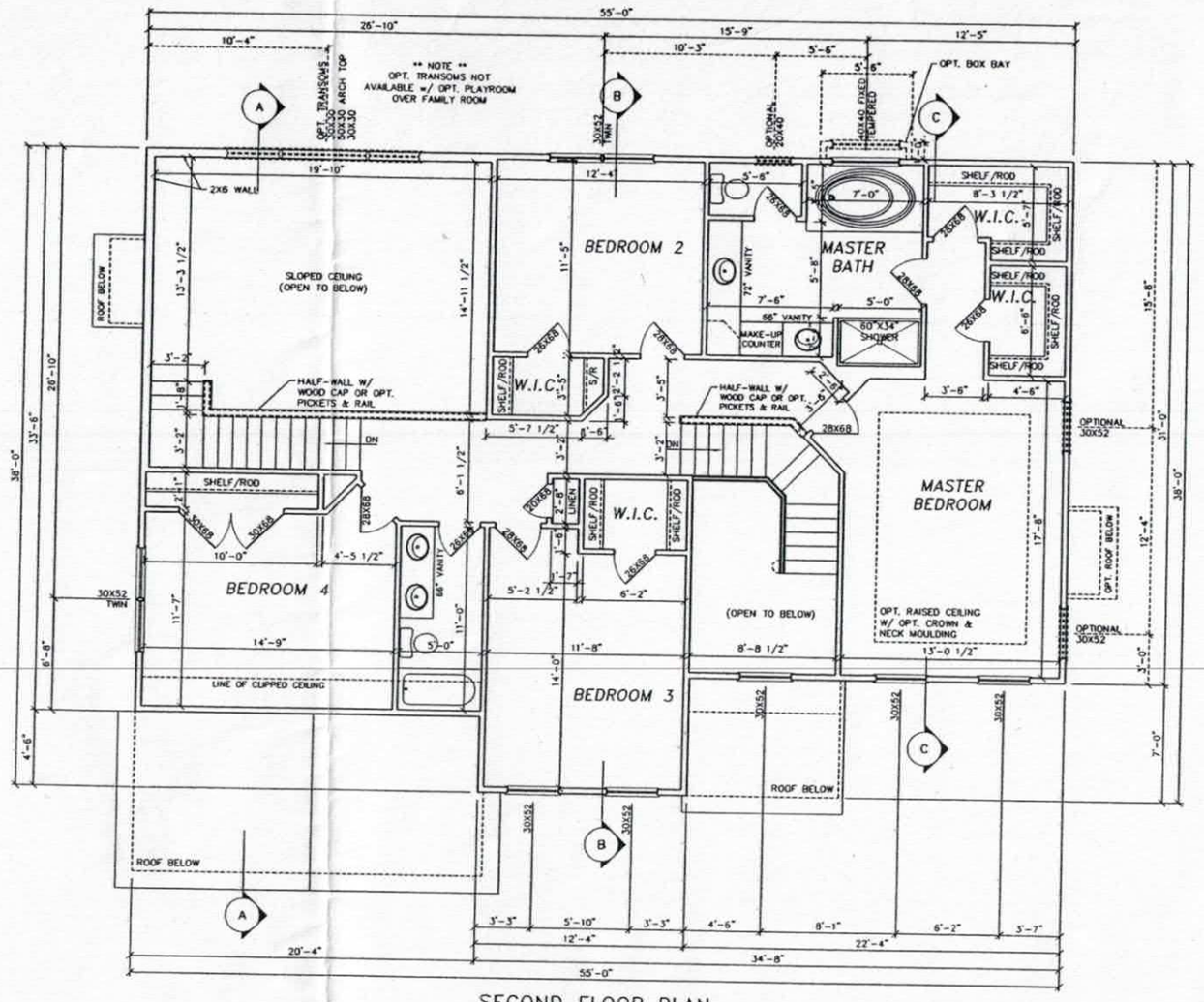
LOT 92
COVE CREEK ROAD

Taylor Wiseman & Taylor
ENGINEERS / SURVEYORS / SCIENTISTS
700 FOREST POINT CIRCLE, SUITE 116, CHARLOTTE, NC 28273
TELEPHONE: (704) 527-2535 FAX: (704) 527-2537
www.taylorwiseman.com

SCALE: 1" = 40'	DATE: SEPTEMBER 22, 2009	FILE: 70425.0013.00
DRAWN BY: CAP	CHECKED BY: JGD	SHEET: 1\1

ENTIRE HOUSE TO BE SHEATHED WITH 7/16" OSB

NOTE:
EXTERIOR WALLS SHOWN AT 4" WIDTH.
INTERIOR WALLS SHOWN AT 3 1/2" WIDTH.



SECOND FLOOR PLAN
TRADITIONAL A

Acknowledgement Of Plans Submittal ONLY!
Date 9/29/09
Date 9/29/09

HANDRAILS & PICKETS: 36" HIGH HANDRAILS @ ALL STAIRS. 36" RAILING @ ALL BALCONIES. PICKETS SPACED TO NOT ALLOW A 4" SPHERE TO PASS THROUGH.

STAIR RISERS NOT TO EXCEED 8 1/4" PER CODE. TREADS TO BE 9" MIN. WITH 1" NOSING.

CHARLOTTE
COREMODEL
ORLEANS Building Trust Since 1919
KNIGHTSBRIDGE
SCALE: 1/8"=1 FT
PAGE: 10

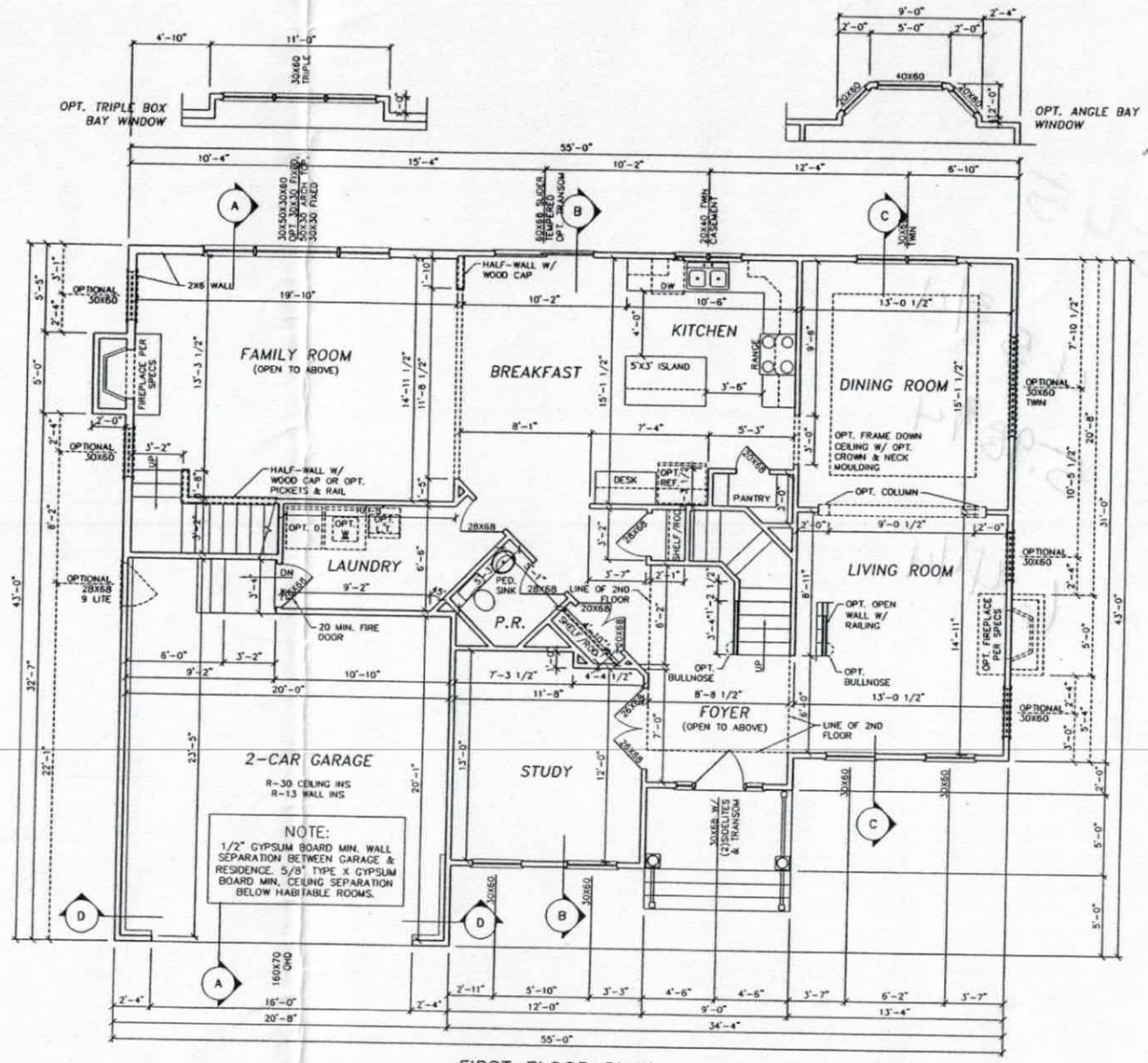
Acknowledgement Of Plans Submittal ONLY!

Maria Dolan Date 9/29/05

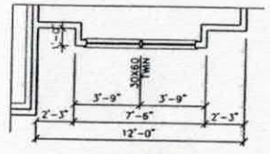
Kris Bailey Date 9/29/05

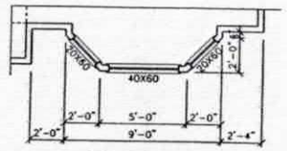
ENTIRE HOUSE TO BE SHEATHED WITH 7/16" OSB

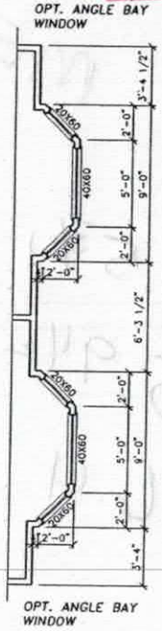
NOTE:
EXTERIOR WALLS SHOWN AT 4" WIDTH.
INTERIOR WALLS SHOWN AT 3 1/2" WIDTH.

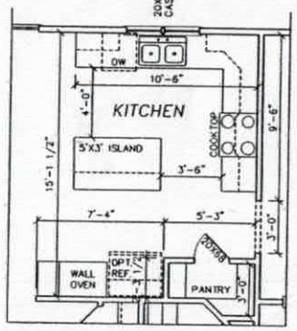


FIRST FLOOR PLAN
TRADITIONAL A

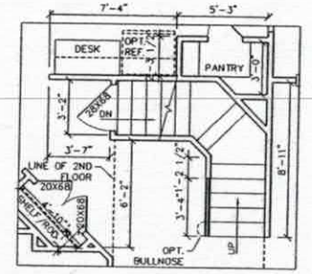








OPT. GOURMET KITCHEN
FIRST FLOOR PLAN DETAIL



STAIR TO OPT. BASEMENT
FIRST FLOOR PLAN DETAIL

HANDRAILS & PICKETS: 36" HIGH HANDRAILS @ ALL STAIRS. 36" RAILING @ ALL BALCONIES. PICKETS SPACED TO NOT ALLOW A 4" SPHERE TO PASS THROUGH.

STAIR RISERS NOT TO EXCEED 8 1/4" PER CODE. TREADS TO BE 9" MIN. WITH 1" NOSING.

CHARLOTTE
COREMODEL

ORLEANS HOMEBUILDERS
Building Trust Since 1918

KNIGHTSBRIDGE

SCALE: 1/8"=1 FT

PAGE: 7

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 #:	135060ZO	Subdivision:	Chesapeake Point Ph 2
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Cove Creek RD Mooresville NC 28117		
Parcel #:	4636046059.092	Zoning:	R20
Lot #:	92 Size: .69	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 SUWANEEY, GA 300240000
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 Rd, 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: Kathleen Haven Date: 4/10/06

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

DEBBIE WILLIAMS

Printed: 4/7/2006