IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217379

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

PIN # 4636-14-0041

APPLICANT: PEACH TREE RESIDENTIAL LLC. APPLICANT ADDRESS: 7380 McGINNIS FERRY RD. GA

SITE ADDRESS: 365 COVE CREEK RD. LP. MOORESVILLE PHONE: 704-928-7215 ALT. PHONE:

SITE DIRECTIONS: BSR, TL ISLE OF PINES, TR COVE CREEK, ON R

SUBDIVISION: CHESAPEAKE POINTE SECTION: 5 LOT #13+13A LOT AREA: .89AC(.769AC) DESIGN FLOW: 480 L.T.A.R.: .25 (.3R)

Septic Tank	1000 (gal)	STB	794	Date 3-9-17	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4
Pump Tank	1000 (gal)	PT	283	Date 3-8-17	System Description: LP PM - PANEL BLOCK		☐ Business	No. Persons	8
Pump Make	Liberty	Model	280	Serial # B3970115	Repair System Description: PM - 25%		☐ Other	No. Employees	
# Nitrification Fields	1c	# Lines	6@54'	Linear Ft: 324'	Maintenance Agreement Required: ☒ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width	24"	Max. Trench Bottom Depth	SEE PLAN	Gravel Depth	☐ GRAVITY ☑ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions:

4/13/17 Checked tanks & drainlines

Off site repair on: 4636.04.8453

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

4/27/17: Electrical breakers ok (seperate)
on/off pump float + alarm float functional
Alarm Float: 6" tether
on/off float: 5" tether
16" height difference between floats.
Valve Control Box leaking @ #2 + #4 lines

Siphon hole redrilled @ Elevation of on/off float

6" - 7" below on/off float

	Date	Initials
Drain Lines Checked	4/13/17	MD
Tanks Checked	4/13/17	MD
Pressure Manifold or Valve Box Checked	5-19-17	RA
Pressure Head Set	"	RA
Electrical Checked	4/27/17	SP
Floats Set	4/27/17	SP
Alarm Checked	4/27/17	SP
Maintenance Contract (Y) N	5/5/17	SP

4/27/17
Pump float functional
Alarm float functional
16" elev. difference on/off float → Alarm float
5" tether on on/off float

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

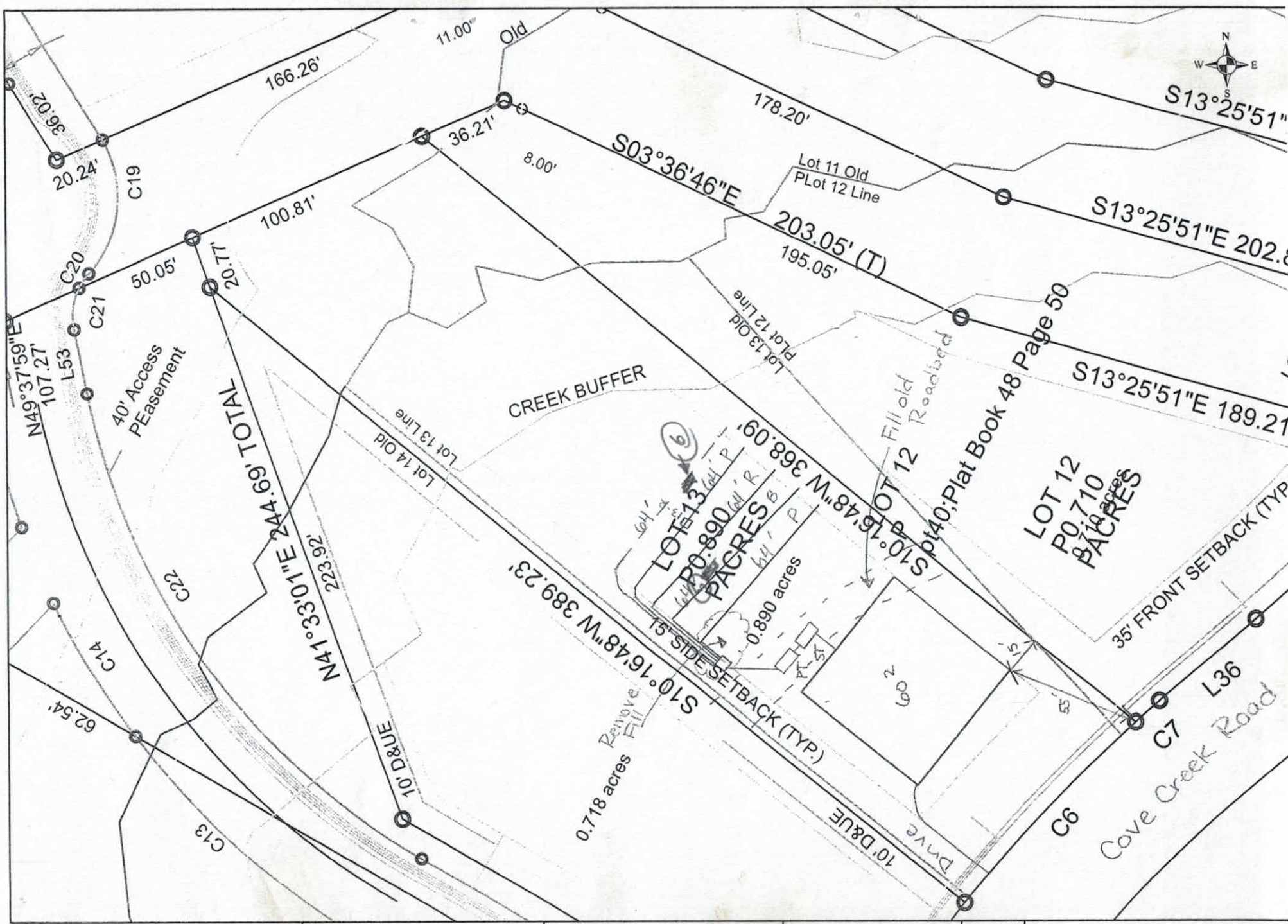
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☑ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 4/5/17 Installed by: Richard Abernathy

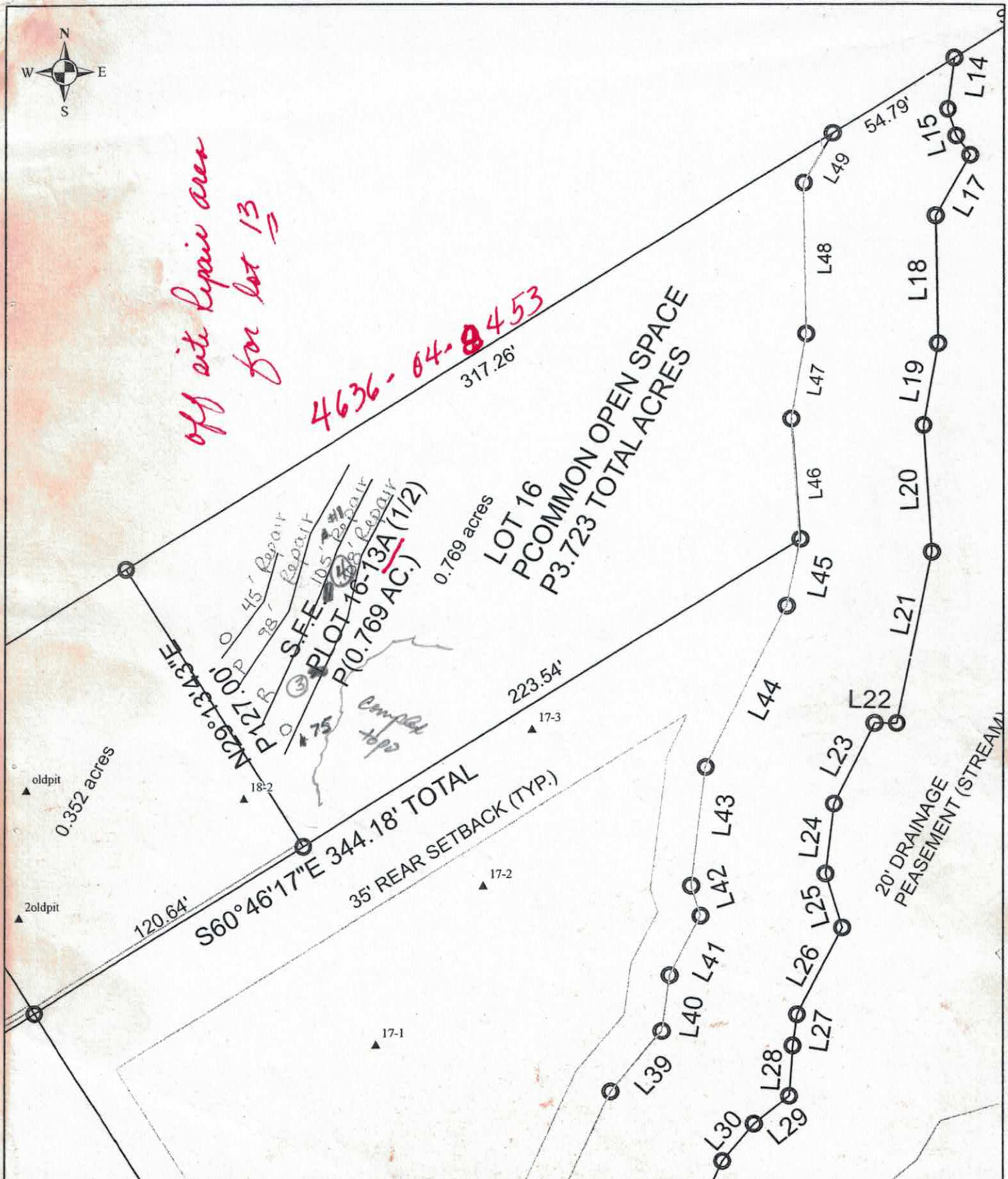
IMPROVEMENT PERMIT by: Date: 4-3-17 OPERATION PERMIT by: Date: 5-19-17

AUTHORIZATION TO CONSTRUCT by: Date: 4-3-17 Existing System Inspected by: Date:

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



Scale: 1 inch equals 50 feet	S&ME	Lot 13 Chesapeke Point	FIGURE
Drawn by: JBP		Detailed, Scaled Site Plan	1
Reviewed by: KS		Iredell County, NC	
Date: March 2007			



Scale: 1 inch equals 50 feet	S&ME	S.F.E. Lot 16-13A Chesapeke Point	FIGURE
Drawn by: JBP		Detailed, Scaled Site Plan	2
Reviewed by: KS		Iredell County, NC	

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: Ches. Pt. APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 3/9/07
PROPOSED FACILITY: Lot 13 PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other Community
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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
2	L	0 - 22	wk SBK SCL	FR SS/SP	Br				
		22 - 36	Mo SBK SC	FR SS/SP	Red, F yel	Br 30+;	FMn		
B		36 - 48	Mo/wk SBK SC	FR SS/SP	Red; C yel	Br			0.25
3	3-21-07 2-3%	0 - 19	wk sbk SL	fr SSSP					
		19 - 53	wk sbk C	fr SSSP Few manganese conc.					.25
4		0 - 15	wk sbk scl	fr sssp	Br	41"			U@41"+ .25 TB @ 29" Import fill for 6" cover
		15 - 41	wk-mo sbk cl	fr sssp					
		41 - 67	wk abk/ sbk	SC	YB w/ red mottles com sap chroma 2 @ 41"				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)		
tem Type(s)		
LTAR		

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

MENTS: _____

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: Ches. Rd. APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 7/22/04
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 13A (Off site Area) PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other Community
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1949 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
75 1	L 2-6% Auger	0-4	mgr sl	ns np fr	R				0.3 P.S.
		4-28	msbk c	ss sp fr	R				
		28-40+	wsbk cl/cl	ss sp fr	R				
1 2	Auger	0-7	wsbk scl	ss sp fr	RBr				0.3 P.S.
		7-30	msbk c	ss sp fr					
		30-45	wsbk cl	ss sp fr	F-C sp inch				
3	3-21-07 9% pit	0-5	wksbk bang scl	fr sssp					.3
		5-40	msbk/ask c	fr sssp	stpp common sap				
		40-50	wksbk cl	fr sssp	common sap				
4	pit	0-3	gr B scl	fr ss sp					.3
		3-27	mo f sbk RC	fr ss sp	Bw sap				
		27-53	wk f sbk cl	fr ss sp	com - many sap				

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: R. Willcox
OTHER(S) PRESENT: J. Presley

COMMENTS: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4636140041
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

APPROVED APR 03 2017 RA

OWNER: Peachtree Residential LLC
ADDRESS: 7380 McGinnis Ferry Rd, Suwanee, GA 30024
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 365 Cove Creek Rd, Chesapeake Pt 13

APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 0.89 AC
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 15%	0-10	FILL		N/A	48"	N/A	N/A	PS 0.3
		10-16	Br CL WSBK	FR SS SP SEXP					
		16-40	R C SBK	FR SS SP SEXP					
		40-48	R CL WSBK	FR SS SP SEXP					
2	LS 15%	0-10	FILL		N/A	48"	N/A	N/A	PS 0.3
		10-48	R C SBK	FR SS SP SEXP					
3	LS 15%	0-6	Br SCL WSBK	FR SS SP SEXP	YB's CHR 2 @ 35"	35"	N/A	N/A	PS 0.25 NOT IN SYSTEM AREA
		6-35	R C SBK	FR SS SP SEXP					
4	LS 15%	0-8	Br SCL WSBK	FR SS SP SEXP	YB's @ 39" CHR 2 @ 45"	45"	N/A	N/A	PS 0.275-0.25
		8-45	R C SBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT2	1452 FT2
System Type(s)	PPBPS	25% Reduction
Site LTAR	0.275	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

APPROVED APR 03 2017 RA

PROPERTY ID #: 4636140041____
DATE OF EVALUATION: _____
COUNTY: _Iredell_____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .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
5	LS 15%	0-10	Br CL WSBK	FR SS SP SEXP	YB's @ 36"	48"	N/A	N/A	PS 0.275-0.25
		10-48	R C SBK	FR SS SP SEXP					
6	LS 6% SFE	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	Few SAP Com SAP	N/A	PS 0.3
		4-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					
7	LS 6% SFE	0-32	R C SBK	FR SS SP SEXP	N/A	48"	Few SAP Com SAP	N/A	PS 0.3
		32-48	R CL WSBK	FR SS SP SEXP					
8	LS 6% SFE	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		8-48	R C SBK	FR SS SP SEXP					

COMMENTS: _____

RECEIVED MAR 6 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Pd $500.00 4-5-17 Paid $350.00 #217379

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (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:
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: Peachtree Res. LLC Address: 7380 McGinnis Ferry Rd. Suwanee, GA 30024 Phone: 928 9215 Mark 704

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: 365 Cove Creek Rd

Subdivision Name: Chesapeake Pt Section/Phase: _____ Lot Number: 13

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

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 (X) Modified Conventional ( ) Other: _____

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: _____ 3/6/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Mark Benitez, am the legal owner(s) of the property located at [redacted], 365 Cove Creek Rd identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Allen as of [redacted], to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) _____ Date _____ Signature of Witness _____ Date _____

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

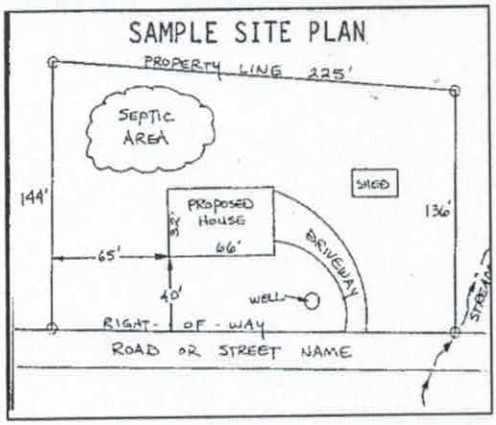
ENVIRONMENTAL HEALTH DIVISION

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

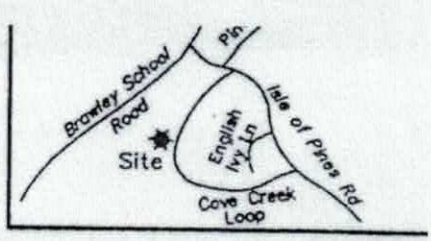
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 3/6/2017

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



APPROVED APR 0 3 2017

LOT 112
(FUTURE)

LOT 111
(FUTURE)

N66°22'33"E 100.81'

20' DRAINAGE
EASEMENT
(STREAM)
PB: 53 PG:13

Plat Book 53 Page 13
Dated: 10/17/2007

CREEK BUFFER

15' SIDEYARD

N51°22'14"W 389.23'

S51°22'14"E 368.09'

LOT 14
PLAT BOOK 53
PAGE 13

LOT 13
0.690 ACRES

LOT 12
PLAT BOOK 53
PAGE 13

Proposed
House
(Biltmore "Q")

Deck

55'10"

34.3'

20.5'

16.1'

12.0'

20.3'

16.1'

13.0'

8.2'

13.3'

11.7'

21.7'

2.0'

35' FRONT
SETBACK

50.0'

Proposed
Concrete Walk
& Driveway

C1

R/W

Scale
1"=50'

PRELIMINARY PLAN
NOT FOR RECORDATI
CONVEYANCES AND/OR

Choate Lane

1' Sidewalk
Easement
Plat Book 53
Page 13

10' Septic Line &
Utility Easement
Plat Book 53
Page 13

COVE CREEK LOOP
50' PUBLIC R/W
(Plat Book 53 Page 13)

R/W

LEGEND

R/W = Right-

APPROVED APR 0 3 2017



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Chesapeake Pt Lot 13
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2 (initial), 0.3 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: SFE 25% Reduction
Distribution: Pressure manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 32.9 GPM
Dosing Volume: 280.8 gallons
Pump Run Time: 8.5 minutes
Elevation Head: 5'
Friction Head: 0.5'
Pressure Head: 2'
Total Dynamic Head: 7.5'
Supply Line Length: 20' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: See comments
Proposed Trench Width: 24"

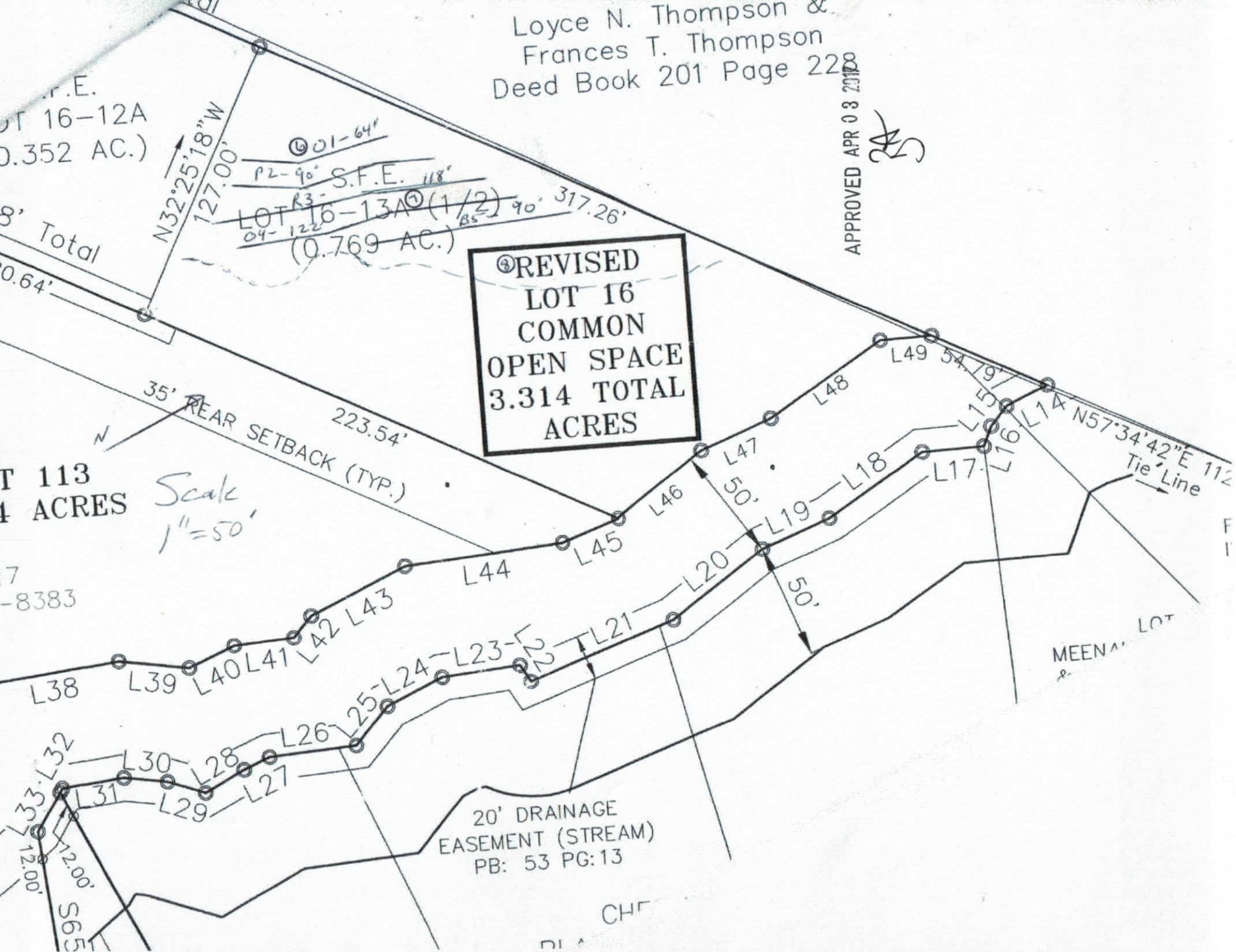
Line	Design Length	# of Panels	Actual Length
Orange 1	54'	13	54'
Yellow 2	54'	13	54'
Pink 3	54'	13	54'
Blue 4	54'	13	54'
White 5	54'	13	54'
Orange 6	54'	13	54'

APPROVED APR 0 3 2017

Line	Design Length	Actual Length
SFE		
Orange 1		64'
Pink 2		90'
Red 3		118'
Orange 4		122'
Blue 5		90'

Initial System: 320' **Repair System:** 484'

Comments:
The permit for this property is expired. MA&A have evaluated the lot to re-permit the system. The lines O1-B4 should be installed at 32-36" to keep the panels below the fill. W5-O6 should be installed at 28" on the low side (32" on the high side due to the slope) to keep the system in the best soil.
Because the system is pumping downhill, the elevation head is only enough to lift out of the pump tank. Also, it is important that there is an anti-siphon hole on the supply line in the pump tank.


Loyce N. Thompson &
Frances T. Thompson
Deed Book 201 Page 228
APPROVED APR 03 2018
.r.E.
T 16-12A
0.352 AC.)
8' Total
0.64'
N32°25'18"W
127.00'
01-64'
P2-90' S.F.E. 118'
LOT 16-13A (1/2)
04-122 B5-90' 317.26'
(0.769 AC.)
REVISED
LOT 16
COMMON
OPEN SPACE
3.314 TOTAL
ACRES
35' REAR SETBACK (TYP.)
223.54'
N
T 113
4 ACRES
Scale
1"=50'
7
-8383
L38 L39 L40 L41 L42 L43 L44 L45 L46 L47 L48 L49 L15 L16 L14
N57°34'42"E
Tie Line
50'
L17 L18 L19 L20 L21 L22 L23 L24 L25 L26 L27 L28 L29 L30 L31 L32 L33
50'
MEENA
&
20' DRAINAGE
EASEMENT (STREAM)
PB: 53 PG: 13
12.00'
12.00'
S65
CH
PL

●○○○ Verizon LTE
4:12 PM
95%
Back
D
B
BILT-A21AST.PDF
151 KB, modified 3 years ago
BILT-A22AST.PDF
176 KB, modified 3 years ago
Bilt-A31.PDF
188 KB, modified 3 years ago
Bilt-A32.PDF
175 KB, modified 3 years ago
BILT-A41AST.PDF
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Bilt-A42AST.PDF
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Bilt-E11.PDF
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Bilt-PS2.PDF
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Bilt-PS3.PDF
134 KB, modified 3 years ago
Bilt-PS4.PDF
108 KB, modified 3 years ago
Q # B D G I K M O Q T V X Z
Recents
Files
Photos
Offline
Settings

A3.2
SHEET NO.
BILTMORE
Model Name:
SECOND FLOOR PLAN
Sheet Title:
PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens

SECOND FLOOR PLAN

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

Date 4/5/13
Date 4-3-13
Acknowledgement Of Plans Submittal ONLY!

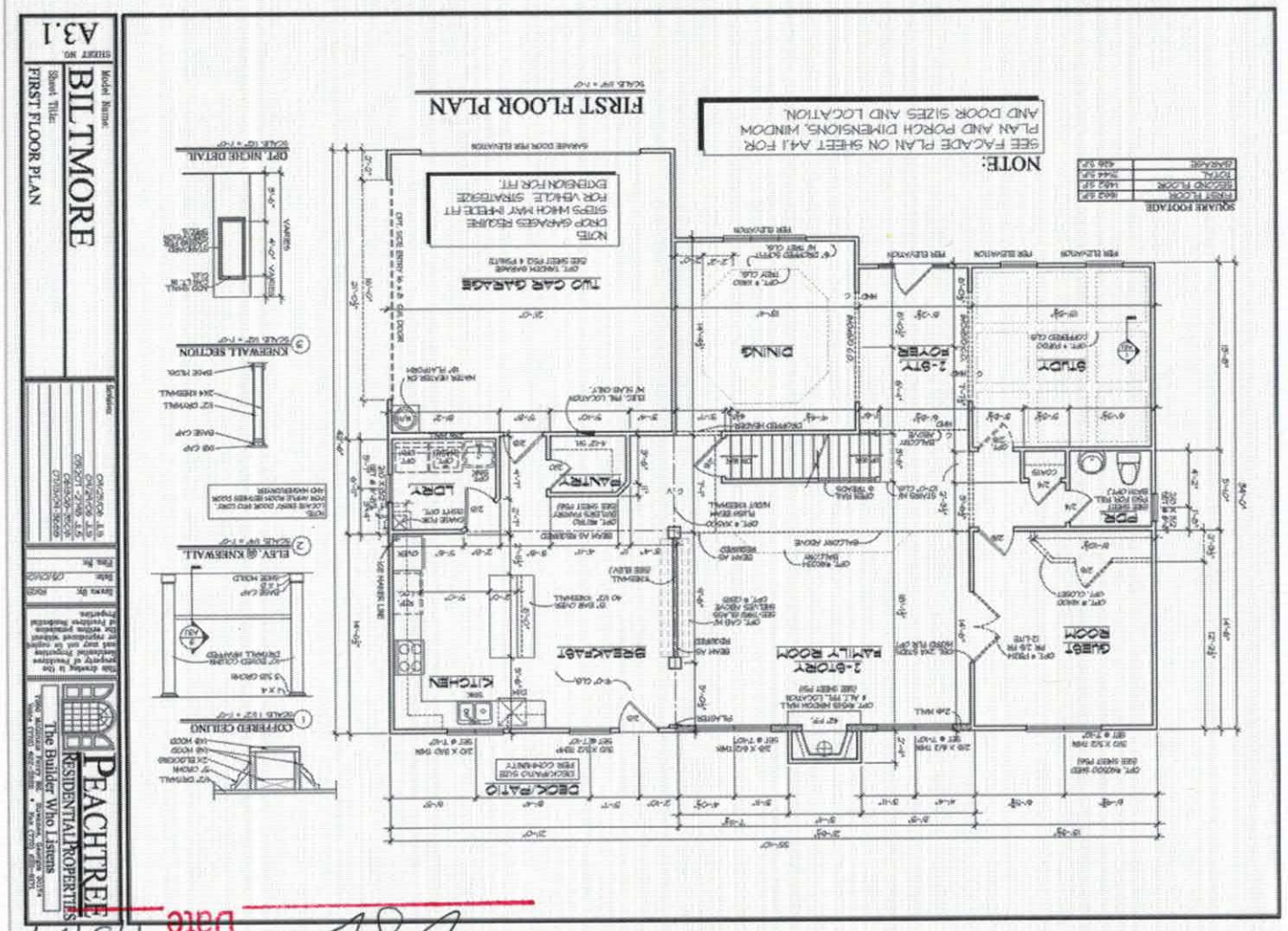
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1 of 1

Recents Files Photos Offline Settings

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 #:	141340ZO	Subdivision:	Chesapeake Point Ph 5
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 COVE CREEK Lp. MOORESVILLE NC 28117		
Parcel #:	4636037991.013	Zoning:	R-20
Lot #:	13 Size: .890	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:	No Site Plan Reviewed:	Community Water:	Yes 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:

HOLD BUILDING PERMIT UNTIL LOT IS RECORDED

Directions:

BRAWLEY SCH RD, LEFT ISLE OF PINES, FIRST RIGHT COVE CREEK LP, PROPERTY ON RIGHT

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: Martin E. Blake Date: 3-9-07

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

ELINOR HILTZ

Printed: 3/6/2007

STATE OF NORTH CAROLINA

COUNTY OF Iredell

INSPECTION AND MAINTENANCE

2017 THIS AGREEMENT is made and entered into this 03 day of May by and between Peachtree Residential (hereinafter the "Owner") and Richard Abernathy Grading + Septic Inc (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IV system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type IV system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 365 Cove Creek Loop, Mooresville, N.C. 28117

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit]
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $400.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than ____ percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

b. Within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

IV system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended, in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: Peachtree Residential
365 Cove Creek Loop
Mooresville N.C 28117

To the Contractor: Richard Abernathy Grading & Septic Inc
1491 Mt. Ulla Hwy. Mt. Ulla, NC 28125

To the Local Health Department: Iredell County Health Dept

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

(Owner)

Attest:

_____

Bat Abernathy (SEAL)
(Contractor)

Attest:

_____

(hr:mecontract.gm)