369 Cove Creek Loop, MVL 28117

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14342, 217387 PIN# ~~4636141052.000~~ 4636141052.000

OWNER OR APPLICANT Chesapeake Pointe LLC / Mark Benitez PHONE: Business Home DATE April 13, 2007

ADDRESS 7360 McGinnis Ferry Rd, Suwanee, GA 30024

LOCATION N. Side of Pines TR Cove Creek on Right

SUBDIVISION Chesapeake Pointe BLOCK Brawley Sch Rd. SECTION 5 LOT 12/12A LOT AREA .71Ac+.35Ac SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. .3 SFE 12A

Septic Tank: ~~1500~~ 1000 Gallons; STB Plastic Infiltrator

Pump Tank: ~~1500~~ 1000 Gallons; P.T. Date

Pump Make: Orenco Model PF 501512 Serial No. 11/2HP

Nitrification Field: No Fields Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 40"

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

System Description: PDM 25% Reduction Offsite

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☐ Individual ☒ Public ☒ Community

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: *PER plan specs Minimum 1000gal required

Install trencher at 36-40" trench bottom depth.

INITIAL SITE SKETCH

SEE Plan from SCME

Comments:/Conditions: 4/11/16 Renewed Floor Plans, in Compliance with Septic plan

Tanks 15Ft from house

2/1/18 Checked tanks & lines

AS BUILT SKETCH

Installed Quick 4

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒

Signed: Karen D. Wallace date 7-27-07

Improvement Permit by: [illegible] date 4-13-07

Authorization to Construct by: Maria Dolan RS date 4/11/16

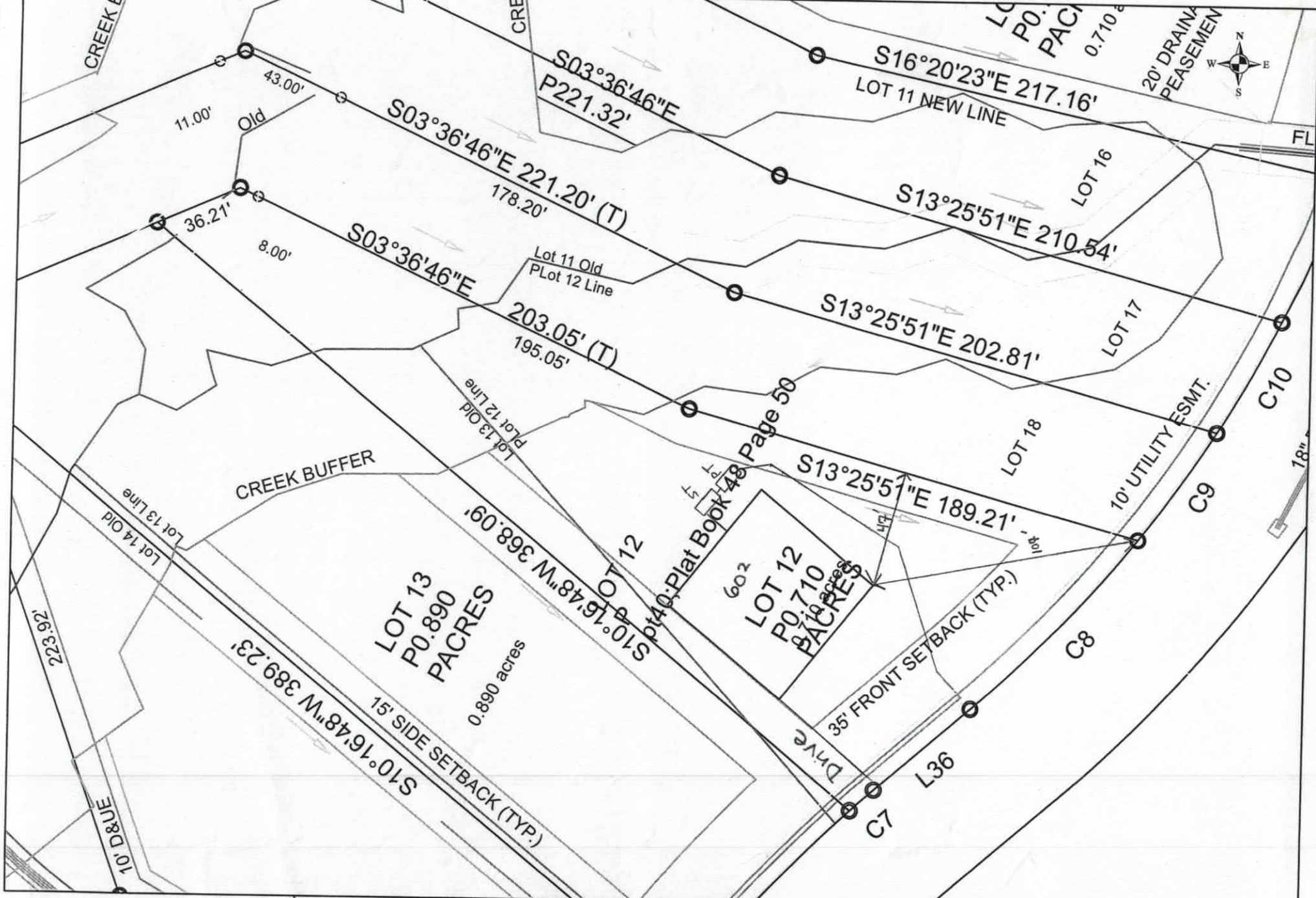
Reinspected for AC 2/1/18 Maria Dolan

Installed by: Richard Abernathy

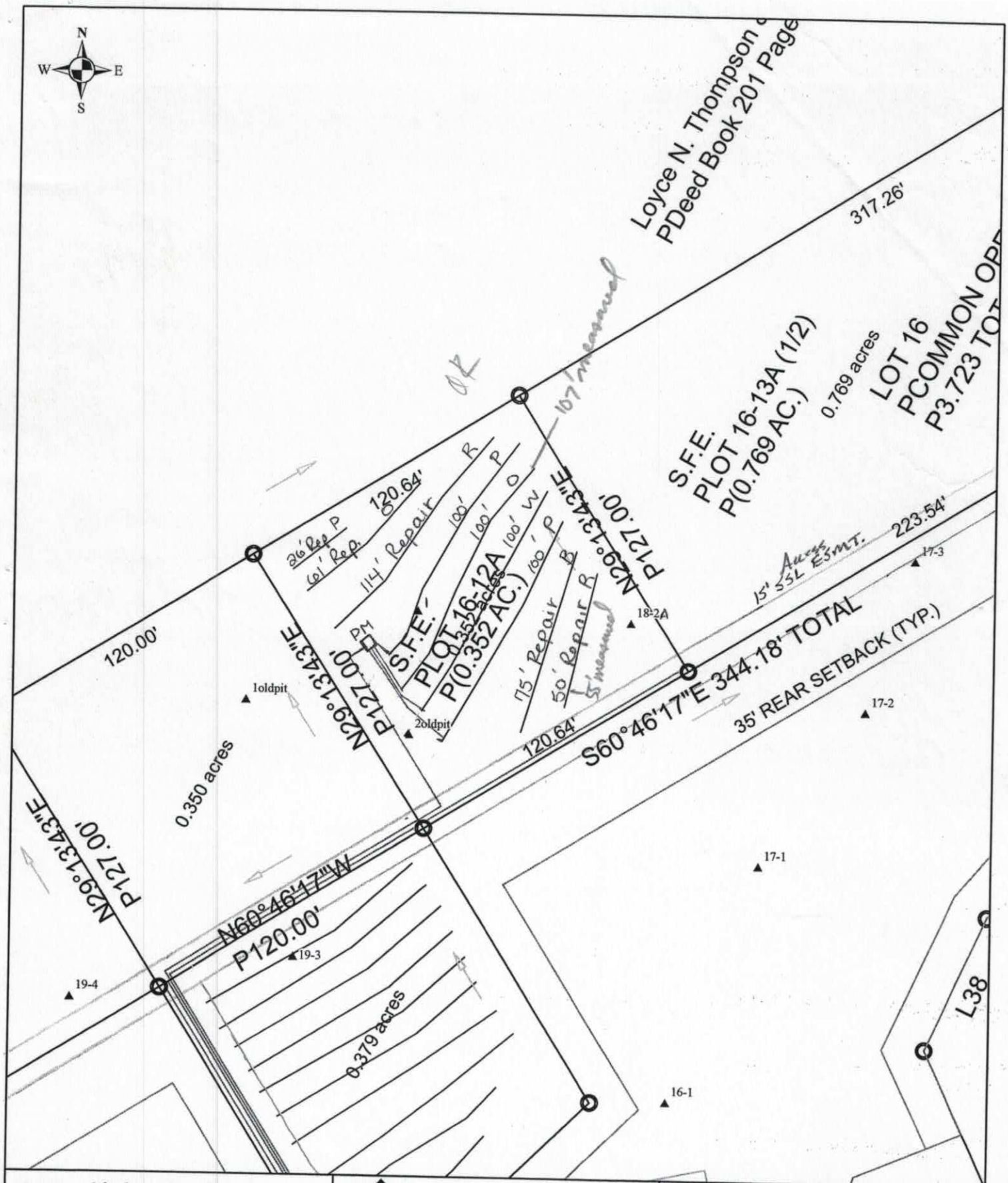
Operation Permit by: Maria Dolan date 6/4/18

Existing System Inspection by: date

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



Scale: 1 inch equals 50 feet	S&ME	Lot 12 Chesapeke Point	FIGURE
Drawn by: JBP		Detailed, Scaled Site Plan	1
Reviewed by: KS		Iredell County, NC	
Date: March, 2007	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-04-011	



Scale: 1 inch equals 50 feet	S&ME	S.F.E. Lot 16-12A Chesapeke Point	FIGURE
Drawn by: JBP		Detailed, Scaled Site Plan	2
Reviewed by: KS		Iredell County, NC	
Date: February, 2007	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-04-011	

Lot 12 Chesapeake Pointe Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Basement w/ Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
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	1410' of 2.5" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 27.1'
Pressure head	2.0'
Friction head	4.5'
20% Contingency	6.7'
Total Head	40.3
Pump Requirements	22 gpm @ 40.3' of head To be designed by installer.
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. 10.9 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	326
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	Repair	Pink	LP PPBPS	26	838.7
2	Repair	Orange	LP PPBPS	61	
3	Repair	Red	LP PPBPS	114	
4	System	Pink	25% Reduction	100 endfed	
5	System	Orange	25% Reduction	100 endfed	
6	System	White	25% Reduction	100 endfed	
7	System	Pink	25% Reduction	100 endfed	
8	Repair	Blue	LP PPBPS	75	
9	Repair	Red	LP PPBPS	50	832.1
				Total System: 400'	
				Total Repair: 326'	

Tank	Red	1500 gal (2 compartment)	819.6
Pump Tank	Red	1500 gal.	819.6
House	Blue		822.7

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: System and repair located offsite on Easement 12A.
Elevations provided by surveyor and should be verified before obtaining an ATC.

TB@ 36"-40" per soil evaluation on 3-21-07 by D. Hinson

OF ENVIRONMENT AND NATURAL RESOURCES
OF ENVIRONMENTAL HEALTH
WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Chas. Pt.
ADDRESS: ___ APPLICATION DATE ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ DATE EVALUATED: 4/27/06
LOCATION OF SITE: Lot 18 PROPERTY SIZE: ___
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___ PROPERTY RECORDED: ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

.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	
L 4%	0-9	mg/wsbk scl	FR SS/SP	br				PS 0.3
	9-28	msbk c	FR SS/SP	R F; Sap				
	28-49	wsbk cl	F SS/SP	R C; Sap				
2 4%	0-7	wsbk scl	FR SS/SP	RB	F;C Sap			PS 0.3
	7-22	msbk c	FR SS/SP	R				
	22-52	wsbk c/cl	FR SS/SP	R				
	0-4	wk sbk scl		few yel/br around roots				.25 < 27" .3 > 27"
	4-26	mo f sbk c	fr ss sp	few sap				
	26-37	mo f sbk cl	fr ss sp	few sap				
	37-54	wk sbk cl	fr ss sp	com-many sap				
	0-7	WKSBK DRY cl	fr ss sp					.3
	7-22	MSBK vfr c	fr ss sp sap					
	22-50	WKSBK cl	fr ss sp	common sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ilable Space (.1945)		
em Type(s)		
LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: M Blake
OTHER(S) PRESENT: ___
MENTS: Design @ .3 install @ 36-40" Hb

T OF ENVIRONMENT AND NATURAL RESOURCES
OF ENVIRONMENTAL HEALTH
E WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Chas. Pl.
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 7/26/06
LOCATION OF SITE: Lot 18 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1									
2A	L 8-10%	0-20	wsbk scl	F SS/SP	KB				PS 0.3
		20-47	mabk c	FR SS/SP	K	Few any	39"-47"		
3									
4									

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

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

COMMENTS: _____

RECEIVED FEB 1 - 2018

AC w/ inspection

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#217382

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: ( ) 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: (PRINT CLEARLY)

Applicant Name: Peachtree Residential LLC **Address:** 9525 Birkdale Crossing Dr. #208, Huntersville, NC 28078 **Zip:**
Applicant Email: mbenitez@Peachtreeres.com **Phone:** 980-689-2235 **Alt. Phone:** 704-923-9215
Owner Name: Peachtree Residential Properties **Address:** 7380 McGinnis Ferry Rd, Suwanee, GA **Zip:** 30024
Owner Email: pseaton@peachtreeres.com **Phone:** 770-622-2522 **Alt. Phone:** 980-689-2235

Property Information:

Street Address: 369 Cove Creek Loop

Subdivision Name: Chesapeake Point **Section/Phase:** **Lot Number:** 12

Driving Directions: Brawley Schyool Rd, TL Isle of the Pines, TR Cove Creek Loop, site on the Right

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) 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 (X) Conventional ( ) Innovative ( ) 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: _____ 2-1-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 17 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

#217382

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:
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 Hwy Suite 301 Mooresville NC 28117 Phone: 704-928-9215

Owner Name: Peachtree Residential Address: 7350 McGinnis Ferry Rd Suwanee GA Phone: 770-622-2522

Property Information:

Street Address: 369 Cove Creek loop

Subdivision Name: Chesapeake Pointe Section/Phase: _____ Lot Number: 12

Driving Directions: Brawley school (Lt) onto Isle of pines (Rt) onto cove creek house on right

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: 8
( ) 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: _____

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)

3/17/16
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:
   Place check ( ) 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

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: Chesapeake Pointe Section/Phase and Lot Number: Lot 12

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 ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- X 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. Drake
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-9-07
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Peachtree Residential LLC, am the legal owner(s) of the property located at 369 Cove Creek Loop, identified as PIN (Parcel Identification Number) 4636037991.012, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mark Benitez, 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.

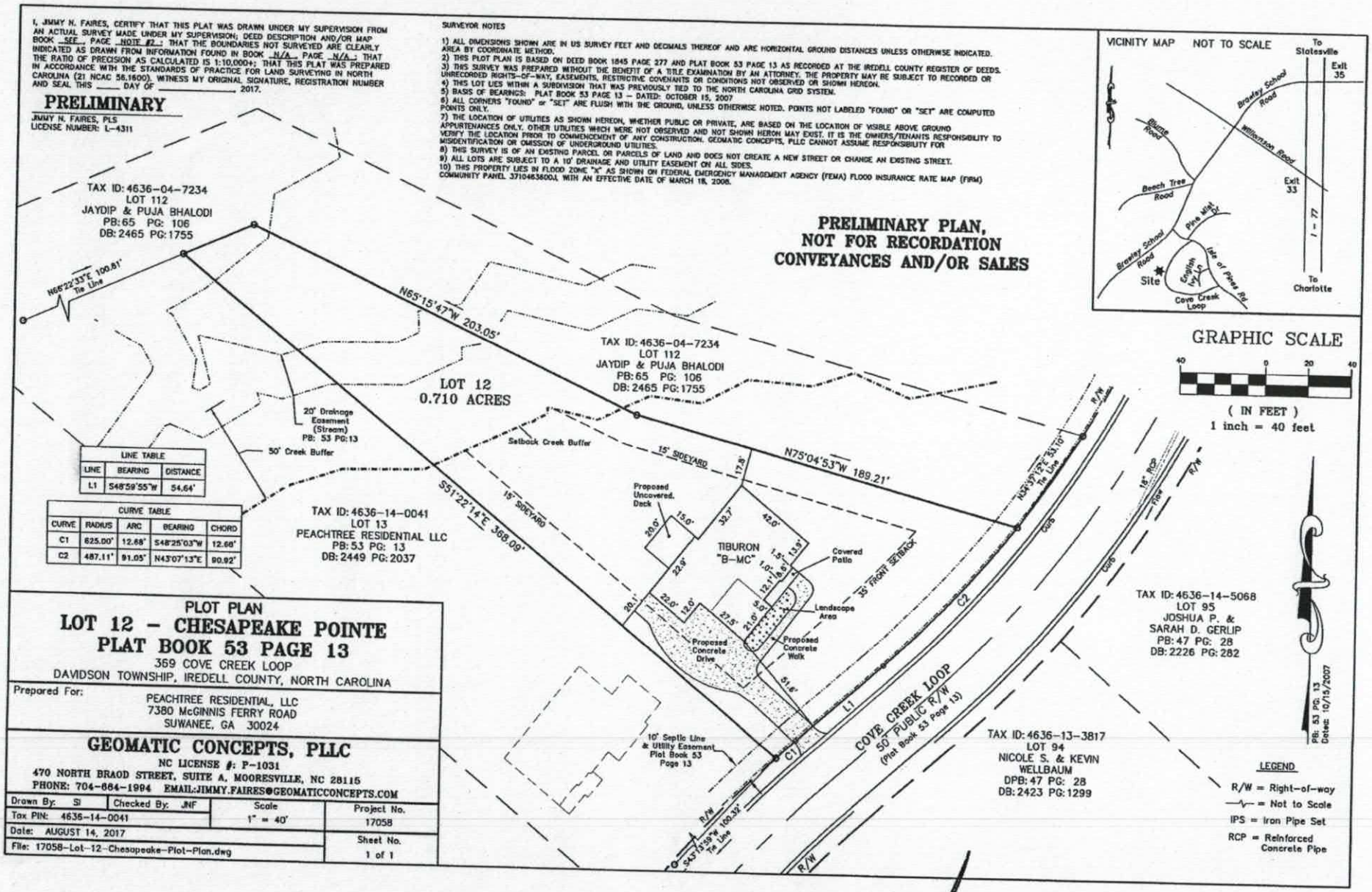
Signature of Owner(s) 2-1-18 Date

Signature of Witness 2/1/18 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

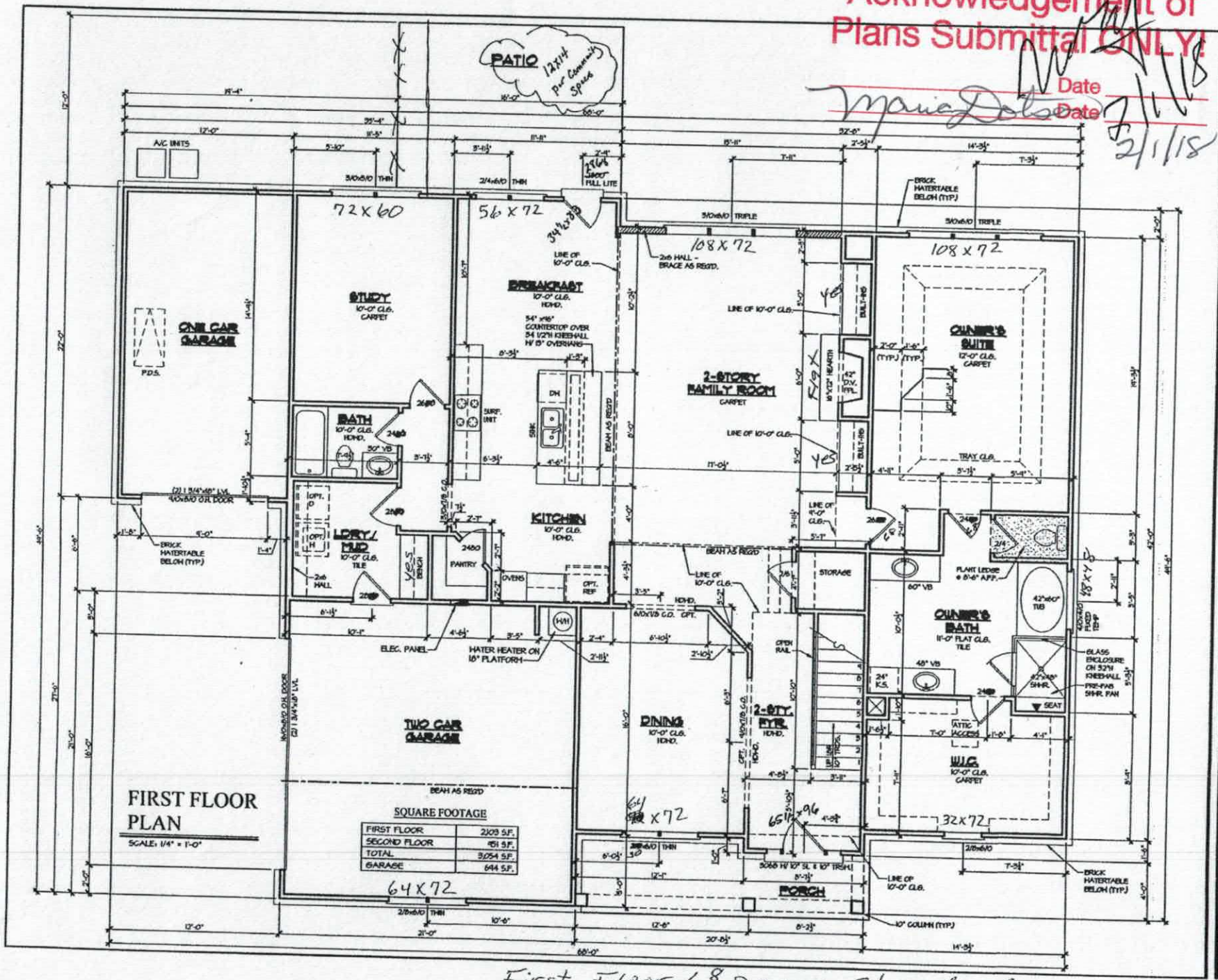

I, JIMMY N. FAIRES, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2.; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK N/A, PAGE N/A.; THAT THE RATIO 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 ____ DAY OF _____ 2017.
PRELIMINARY
JIMMY N. FAIRES, PLS
LICENSE NUMBER: L-4311
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 PLOT PLAN IS BASED ON DEED BOOK 1845 PAGE 277 AND PLAT BOOK 53 PAGE 13 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 53 PAGE 13 - DATED: OCTOBER 15, 2007
6) ALL CORNERS "FOUND" or "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHERWISE NOTED. POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.
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 HEREON 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) ALL LOTS ARE SUBJECT TO A 10' DRAINAGE AND UTILITY EASEMENT ON ALL SIDES.
10) THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710463600J, WITH AN EFFECTIVE DATE OF MARCH 18, 2008.
PRELIMINARY PLAN, NOT FOR RECORDATION CONVEYANCES AND/OR SALES
VICINITY MAP NOT TO SCALE
To Statesville
Exit 35
Brawley School Road
Blume Road
Williamson Road
Beech Tree Road
Exit 33
I - 77
Pine Hill Dr
Site
English Ivy Ln
Isle of Pines Rd
Cove Creek Loop
To Charlotte
GRAPHIC SCALE
40 0 20 40
(IN FEET)
1 inch = 40 feet
TAX ID: 4636-04-7234
LOT 112
JAYDIP & PUJA BHALODI
PB: 65 PG: 106
DB: 2465 PG: 1755
N66°22'33"E 100.81' Tie Line
N65°15'47"W 203.05'
LOT 12
0.710 ACRES
20' Drainage Easement (Stream) PB: 53 PG: 13
50' Creek Buffer
Setback Creek Buffer
15' SIDEYARD
N75°04'53"W 189.21'
S51°22'14"E 368.09'
TAX ID: 4636-14-0041
LOT 13
PEACHTREE RESIDENTIAL LLC
PB: 53 PG: 13
DB: 2449 PG: 2037
LINE TABLE
LINE | BEARING | DISTANCE
L1 | S48°59'55"W | 54.64'
CURVE TABLE
CURVE | RADIUS | ARC | BEARING | CHORD
C1 | 625.00' | 12.68' | S48°25'03"W | 12.68'
C2 | 487.11' | 91.05' | N43°07'13"E | 90.92'
Proposed Uncovered Deck
TIBURON "B-MC"
Covered Patio
35' FRONT SETBACK
Landscape Area
Proposed Concrete Drive
Proposed Concrete Walk
10' Septic Line & Utility Easement Plat Book 53 Page 13
S43°13'59"W 100.32' Tie Line
N43°37'12"E 53.10' Tie Line
18" RCP
Fence
R/W
COVE CREEK LOOP
50' PUBLIC R/W
(Plat Book 53 Page 13)
TAX ID: 4636-14-5068
LOT 95
JOSHUA P. & SARAH D. GERLIP
PB: 47 PG: 28
DB: 2226 PG: 282
TAX ID: 4636-13-3817
LOT 94
NICOLE S. & KEVIN WELLBAUM
DPB: 47 PG: 28
DB: 2423 PG: 1299
PB: 53 PG: 13 Dated: 10/15/2007
LEGEND
R/W = Right-of-way
-v- = Not to Scale
IPS = Iron Pipe Set
RCP = Reinforced Concrete Pipe
PLOT PLAN
LOT 12 - CHESAPEAKE POINTE
PLAT BOOK 53 PAGE 13
369 COVE CREEK LOOP
DAVIDSON TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA
Prepared For:
PEACHTREE RESIDENTIAL, LLC
7380 McGINNIS FERRY ROAD
SUWANEE, GA 30024
GEOMATIC CONCEPTS, PLLC
NC LICENSE #: P-1031
470 NORTH BRAOD STREET, SUITE A, MOORESVILLE, NC 28115
PHONE: 704-664-1994 EMAIL:JIMMY.FAIRES@GEOMATICCONCEPTS.COM
Drawn By: SI
Checked By: JNF
Scale 1" = 40'
Project No. 17058
Tax PIN: 4636-14-0041
Date: AUGUST 14, 2017
Sheet No. 1 of 1
File: 17058-Lot-12-Chesapeake-Plot-Plan.dwg

2/1/18

Acknowledgement of Plans Submittal ONLY!

Date 2/1/18

Date 2/1/18



FIRST FLOOR PLAN

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

SQUARE FOOTAGE

FIRST FLOOR	2,103 S.F.
SECOND FLOOR	951 S.F.
TOTAL	3,054 S.F.
GARAGE	644 S.F.

First Floor 6⁸ Doors Standard

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7360 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice: (770) 622-8522 Fax: (770) 622-8171

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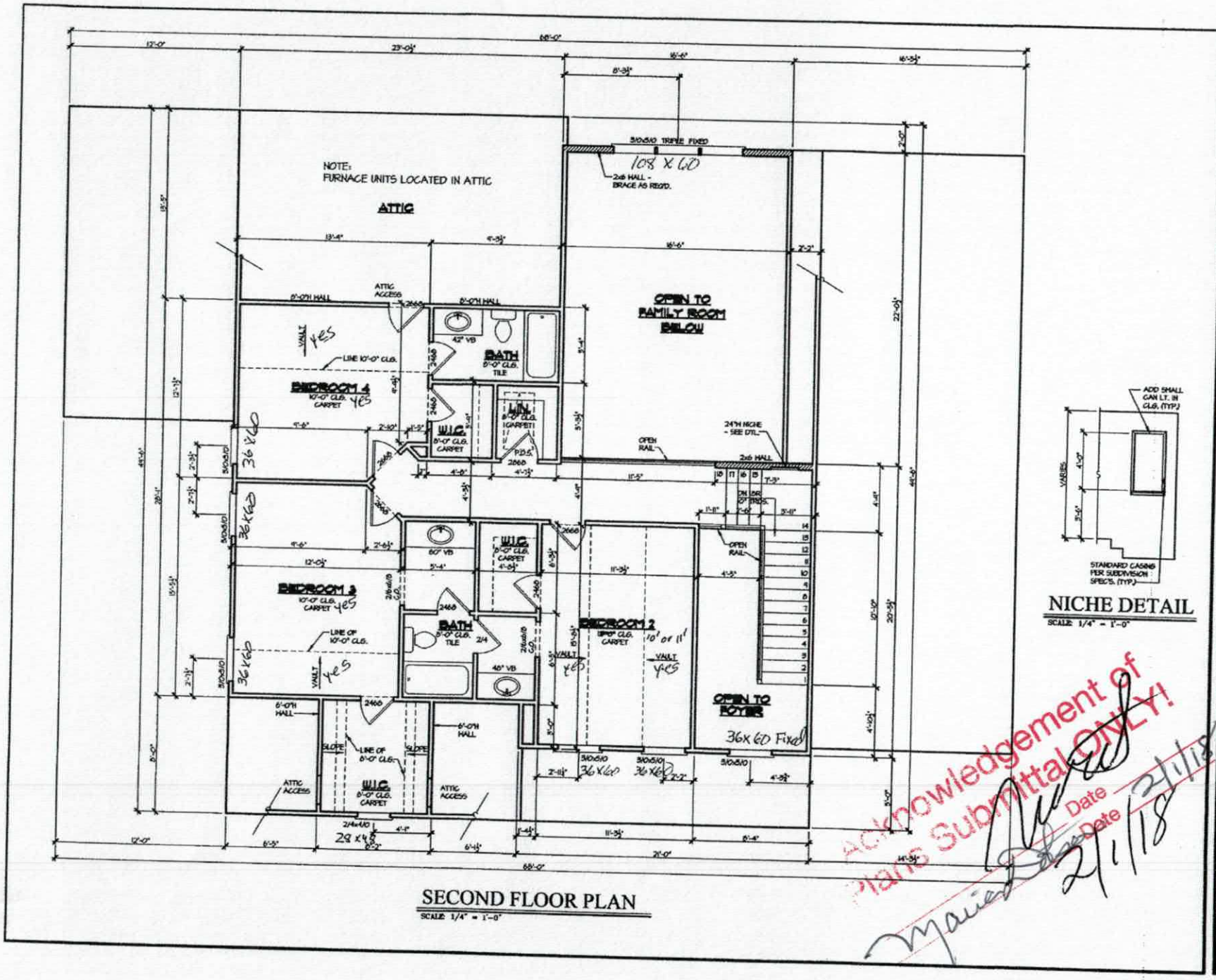
Drawn By: JGO
Date: 05/18/17
Plan No:

Revision: 1) Kitchen pantry 12

Model Name: TIBURON "B-MC"

Sheet Title: FIRST FLOOR PLAN

SHEET NO. A3.1



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

Acknowledgement of Plans Submittal ONLY!
Date
Date 2/1/18
2/1/18

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7380 McGinnis Ferry Rd. • Suwanee, Georgia 30174
Voice (770) 622-8822 • Fax (770) 622-9171

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Drawn By: JGD
Date: 05/18/17
Plan No:

Revision: Historic, to 1 LOT 12

Model Name: TIBURON "B-MC"
Sheet Title: SECOND FLOOR PLAN
SHEET NO. A3.2

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 #: 141342ZO
Proposed Use: Single Family
Location of Property: 000 COVE CREEK Lp. MOORESVILLE NC 28117
Parcel #: 4636037991.012
Lot #: 12 Size: .710
Applicant: S&ME INC. ENGINEERING (Toney Jacobs)
Address: 105D DENVER BUSINESS PARK DR
Mooresville NC 28115
Phone: 704-662-8625
Property Recorded: No Site Plan Reviewed:

Subdivision: Chesapeake Point Ph 5
Township: 1700 Davidson
Zoning: R-20
Flood Plain: No Watershed: WSIV-CA
Owner: CHESAPEAKE POINTE LLC
Address: 7380 MCGINNIS FERRY ROAD
SUWANEEY, GA 300240000
Phone:
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. Drake Date: 3-9-07

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

ELINOR HILTZ

Printed: 3/6/2007