IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226440

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

PIN # 4636-41-7971

APPLICANT/OWNER: John Matthew Keever APPLICANT ADDRESS: 121 Gondola Rd. Mooresville, NC

SITE ADDRESS: 121 Gondola Road Mooresville, NC PHONE: 919-602-2999 ALT. PHONE 704-962-5127

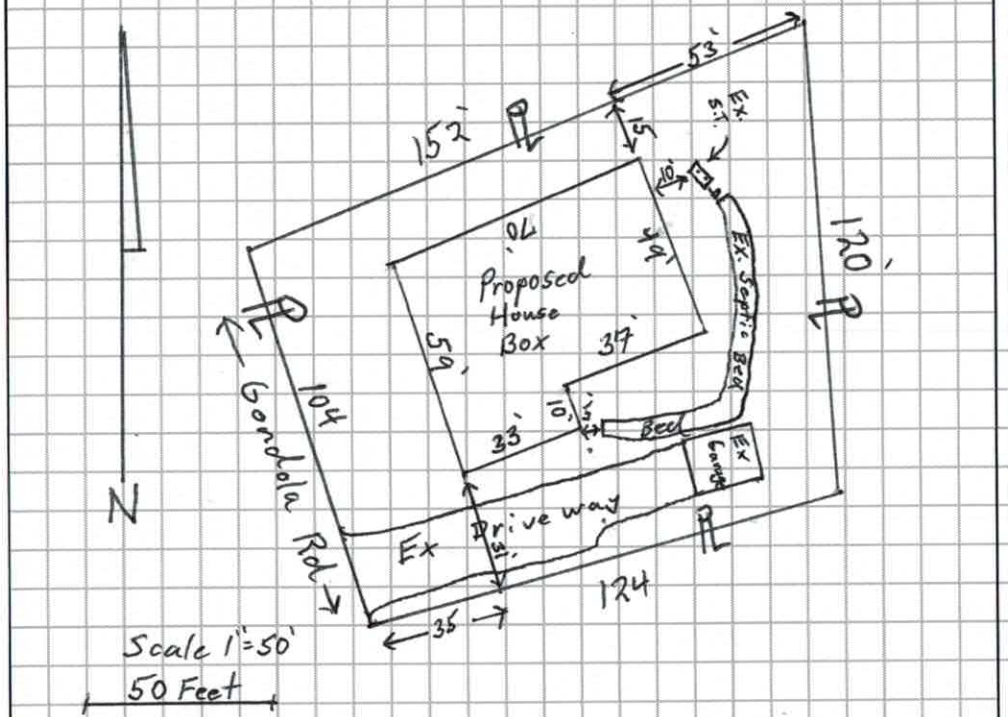
SITE DIRECTIONS: BSR Towards Lake Norman → L on Stutts Rd → R on Cove View → L on Gondola → House on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Cove View Park SECTION: — LOT # ~~3339~~ LOT AREA: 0.347 acres DESIGN FLOW: 240 GPD L.T.A.R.: —

Septic Tank	1000 (Ex) (gal)	STB	Ex	Date	Ex	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing system	☐ Business	No. Persons	4	☐ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	—	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1 Ex	# Lines	Bed Ex	Linear Ft	Ex	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth	Ex		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Existing gravel bed situated approximately 2' from existing garage/ auxilary structure. Recommend removal of existing garage OR relocation at least 5' from all sewage disposal system components. Recommend pumping septic tank every 3-5 years.
6/16/17 Floor plans emailed. Reviewed/approved 6/19/17

INITIAL SITE SKETCH



AS BUILT SKETCH

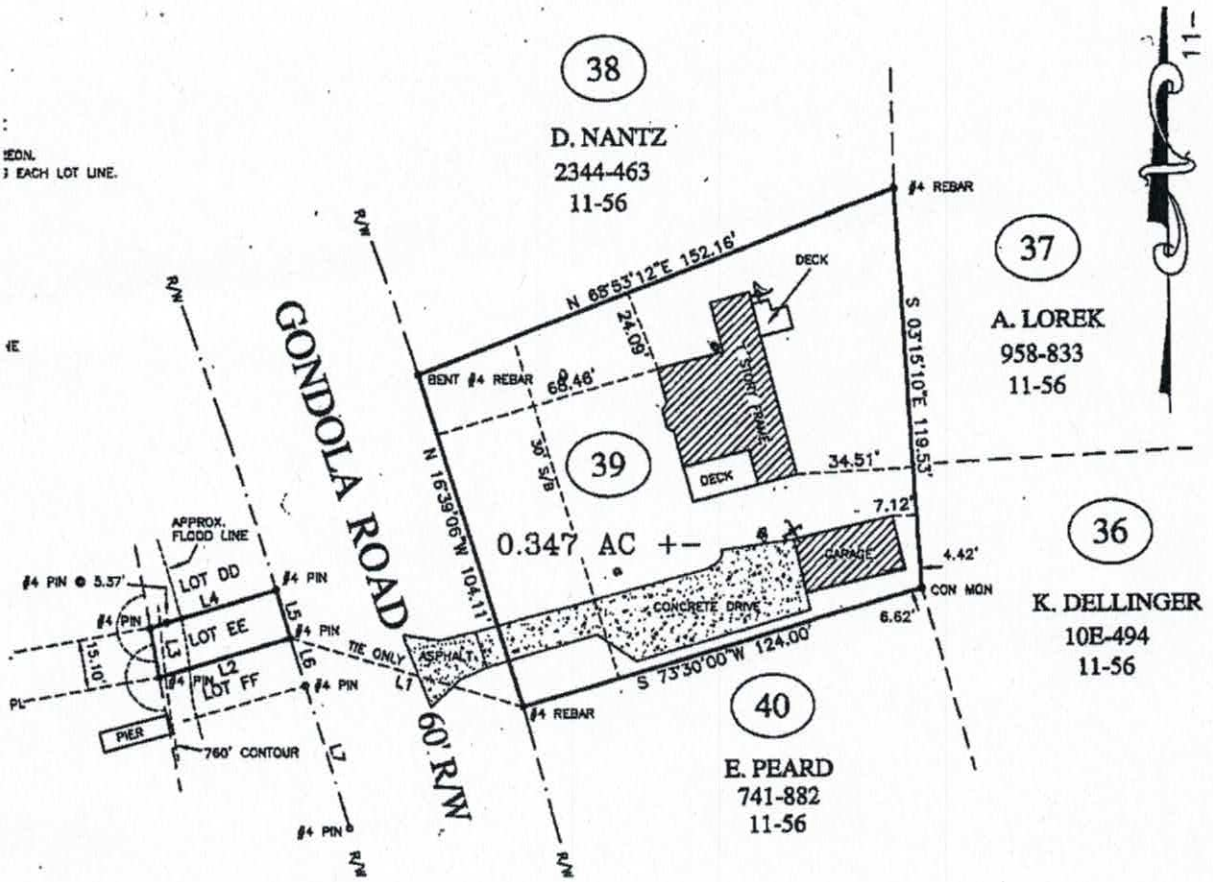
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: John Keever Date: 6/26/17 Installed by: _____

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

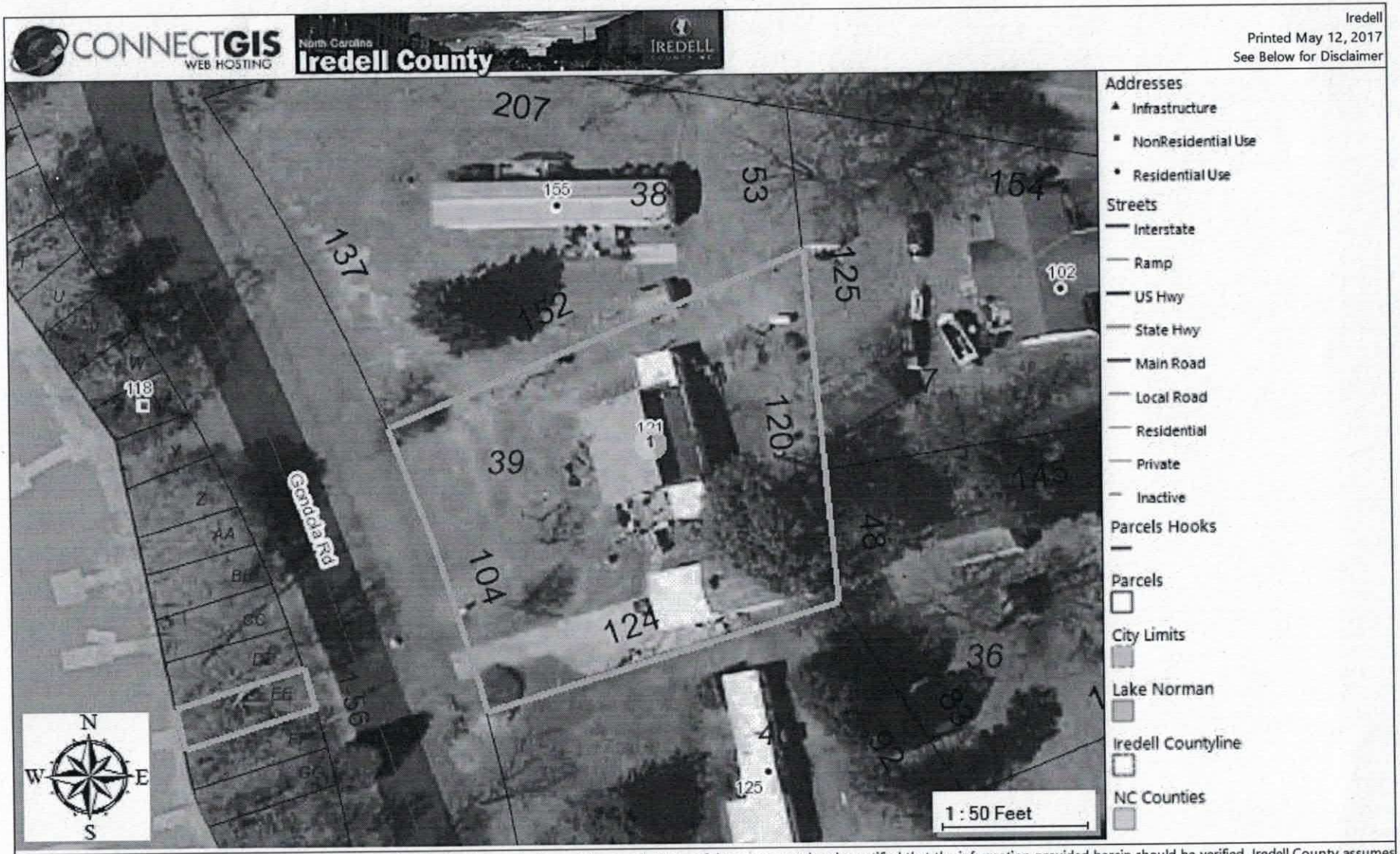
AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Tom Shuck Date: 5/31/17



Course	Bearing	Distance
L1	N 73°03'02" W	72.17'
L2	S 73°35'04" W	40.83'
L3	N 09°53'00" W	15.10'
L4	N 73°31'26" E	39.12'
L5	S 16°21'31" E	15.04'
L6	S 16°45'30" E	14.91'
L7	S 16°28'55" E	45.12'

40 0 40 80 120
GRAPHIC SCALE – FEET

LOT #39
121 GONDOLA
DAVIDSON
DEDM
CHL
ROBE
3704
P.O. BC
PI
WW
I, DAVID C. PO
DRAWN FROM
SUPERVISION (
; THAT THE RA
EXCEEDS 1:10(
IN ACCORDANC
WITNESS MY O
NUMBER AND S
2015.
PROFESSIONAL
SURV. BY: JF
VICINITY
GONDOLA RD
X
SITE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

4636-41-7971
0.35 acres

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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 ✓ BOTH (✓) Existing System Inspection
JMK 5/9/2017

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: X 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 #	Alternate Phone #
John Matthew Keever	121 Gondola Rd, Mooresville, NC 28117	(919) 602-2939	(704) 962-5127
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
John Matthew Keever	Same	Same	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
121 Gondola Rd, Mooresville, NC 28117	Cove View Park	Lot 39 (was 33) & EE

Driving Directions: From I-77, Brawley School road, to Stutts Road.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
(✓) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3 (2) JMK 5/9/17
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(✓) 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: 5/9/17 JMK

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water (Corriher)

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (1) Existing system--installed in 1973 (YEAR)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (2) Other [redacted] ( ) 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: John M Keever — 2-26-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Amended
5/9/17
JMK

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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 **Area you prefer your septic system to be placed…**

____ **Preferred driveway location and configuration, preferred well location…**

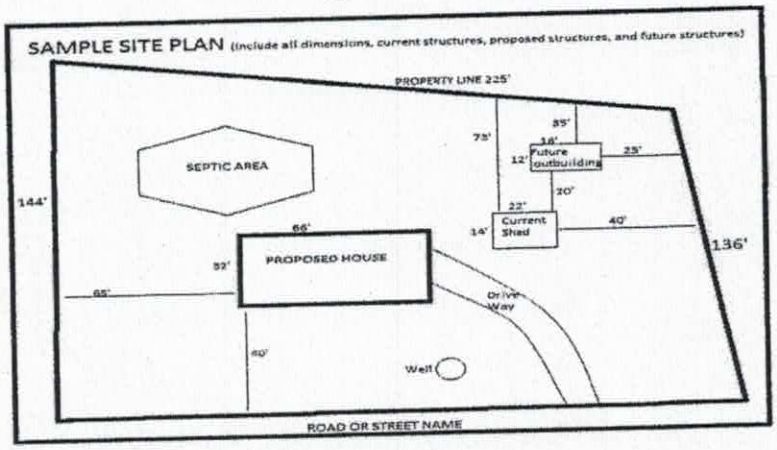
____ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

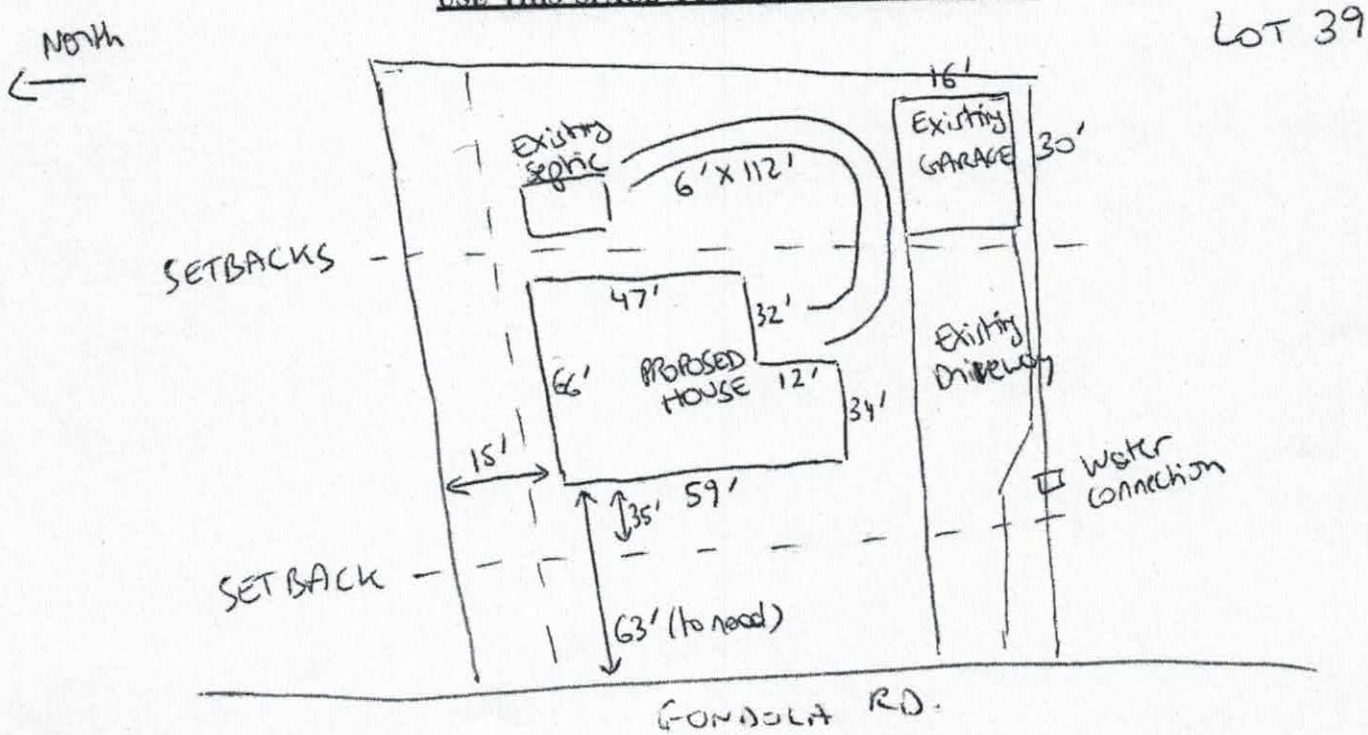
X **Location of septic systems and wells within 100' of your property…** N/A → no wells in subdivision

____ **Location of easements and rights of ways on your property…** (N/A)

____ **Location of any designated wetlands on the property…** (N/A)

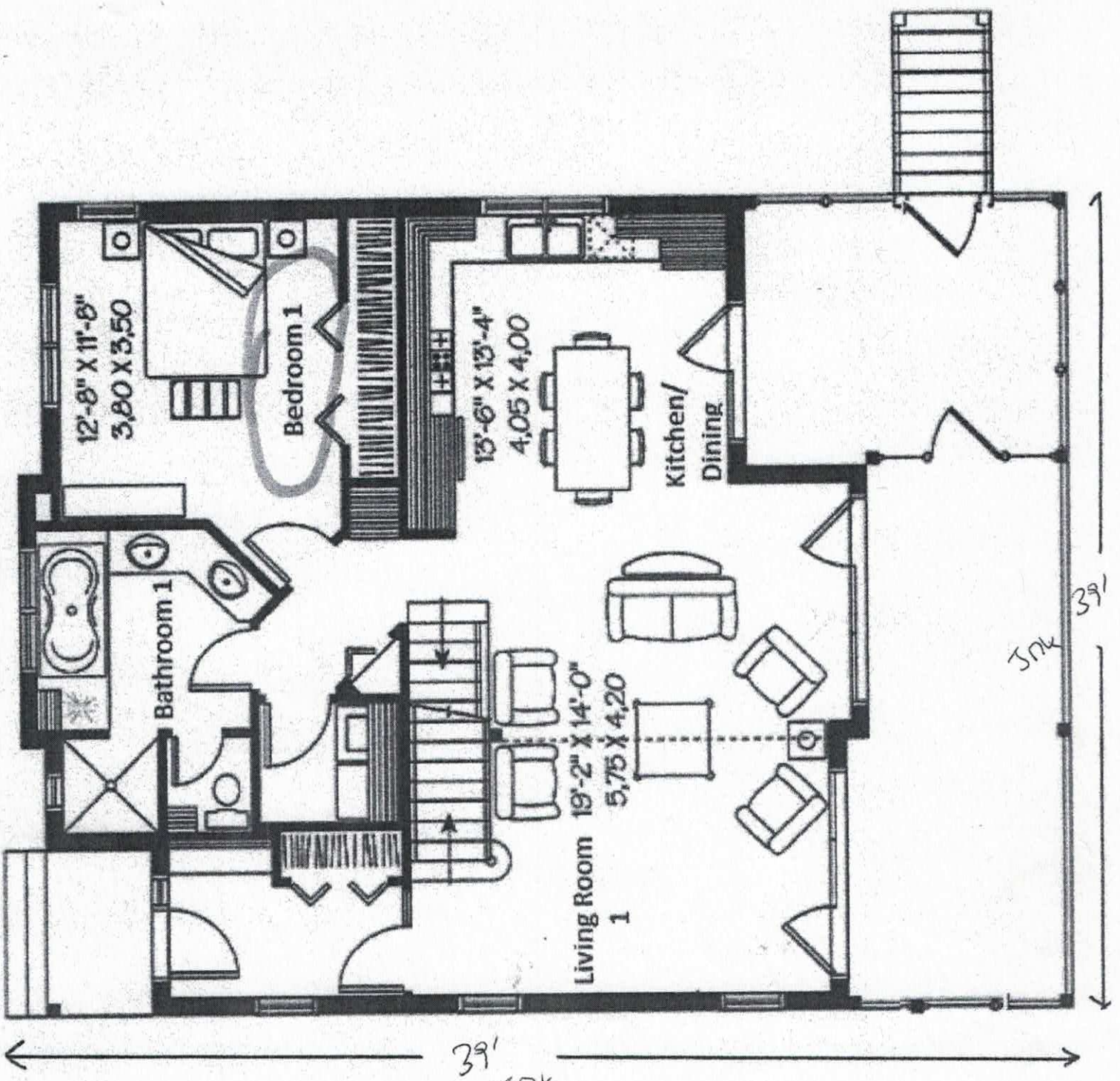


USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ _____

REQUIRED **property owner or owner's legal representative signature.** **DATE**



Acknowledgement Of
Plans Submittal ONLY!

Tom Rauch Date 6/13/2017

Steven Keever Date 6/15/2017

Acknowledgement Of
Plans Submittal ONLY!

Date 6/15/2017

Date 6/13/2017

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
226440
Issue Date: 04/19/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636417971.000	121 GONDOLA ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: KEEVER JOHN MATTHEW	Applicant: KEEVER JOHN MATTHEW
Address: 1431 OCEAN AVE APT 408 MOORESVILLE, CA 90401	Address: 1431 OCEAN AVE APT 408 MOORESVILLE, CA 90401
Phone:	Phone:

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.350	35.00	35.00	15.00	15.00	CACL	AE

Remarks:

PAID
Credit Card
4/19/17

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Map Attached

Applicant: _____ Date: _____

Permit Number	100104	TOTAL FEES:	$ 77.25