ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317804

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

PIN # 4636-52-4017

APPLICANT/OWNER: Rod Morrow APPLICANT ADDRESS: 178 Hosack Rd, Jackson Center PA

SITE ADDRESS: 124 Cove View Dr. Mooresville NC 28117 PHONE: 724-992-1768 ALT. PHONE

SITE DIRECTIONS: (W) Brawley School Rd → (L) Shutts → (R) Cove View → lot on (R) SAP CONTROLLED: (YES) NO

SUBDIVISION: Cove View Park SECTION: — LOT # 8 + N LOT AREA: 0.34 ac DESIGN FLOW: 240 gpd L.T.A.R.: EXISTING

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines EXISTING Linear Ft:

Trench Width Trench Bottom Depth (Low side) Gravel Depth EXISTING

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

System Description: EXISTING GRAVEL

Repair System Description: EXEMPT

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees

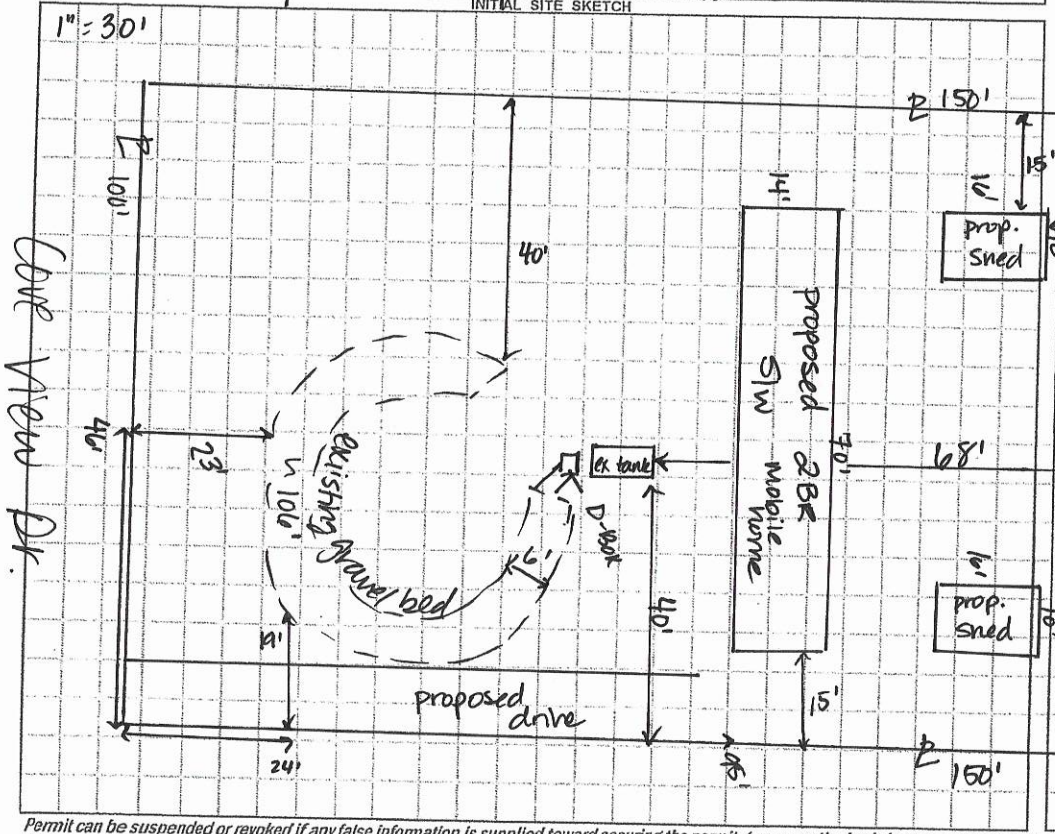
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: System currently meets all set backs. If no foundation drains are used, house may be within 5' of tank. porches may be 5' off tank.

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: Rodney R Morrow Date: 24 Jun 21 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: D. Wieberg Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

RECEIVED JUN 2 1 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

AP-317804 $250.00

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Rod Morrow Address: 124 Core View Dr Mooresville 178 Hosack Rd, Jackson Center PA Zip: 28117
Applicant Email: rdmorrow7540yahoo.com Phone: 724-992-1768 Alt. Phone: _____
Owner Name: Rod Morrow Address: 178 ~~Boat~~ Hosack Rd, Jackson Ctr, PA Zip: 16133
Owner Email: Same Phone: Same Alt. Phone: _____

Property Information:

Street Address: 124 Core View Dr, Mooresville NC 28117
Subdivision Name: Core View Park Section/Phase: _____ Lot Number: 8+W
Driving Directions: (W) Brawley → (R) Shutts → (R) Core View → lot on (R)

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: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1976
( ) No Preference ( ) Alternative ( ) 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: Rod Morrow 21 June 21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

X 1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) Rodney H. Morrow

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Rod Morrow
Signature of Owner(s)

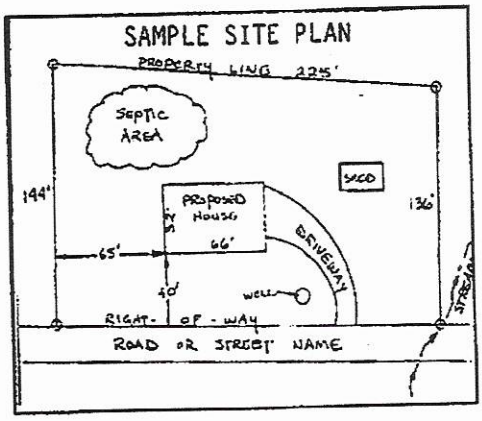
12 May 21
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@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

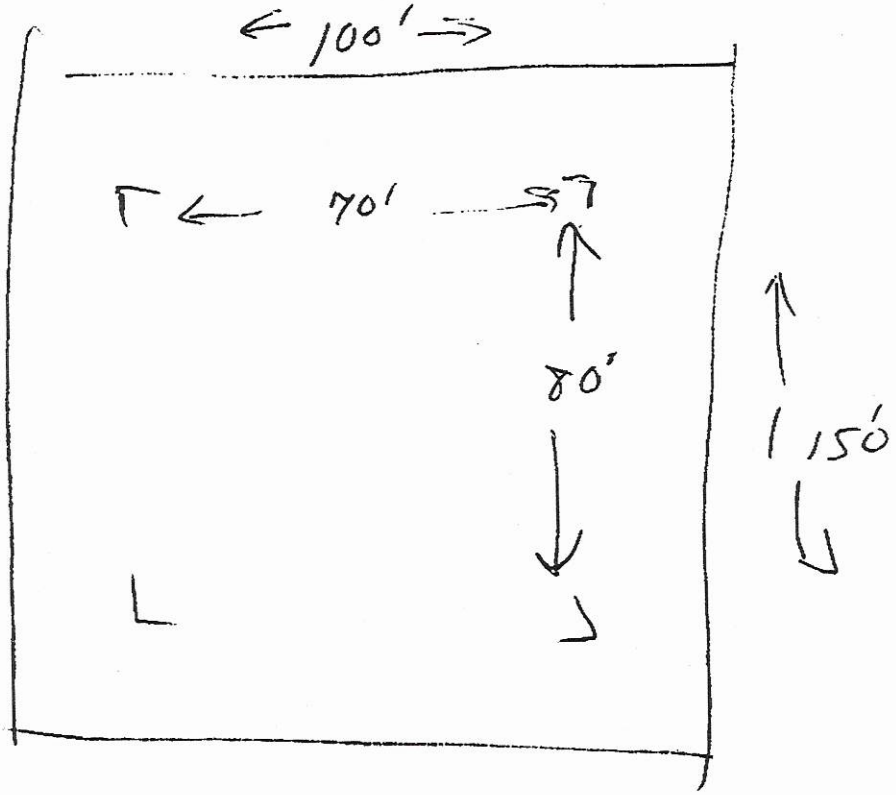
Circle N/A on the following if appropriate:

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~~



Signature: Rod Mozon
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12 May 2021
DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP 317804

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

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SITE DIRECTIONS: (W) Brawley School Rd → (L) Shutts → (R) Cove View → lot on (R) | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Cove View Park | SECTION: — | LOT # 8+W | LOT AREA: 0.34 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.25 (I) / 0.25

Septic Tank	EXISTING* (gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT	Date	System Description:	HPPBPS + Ex. Gravel Bed
Pump Make		Model	Serial #	Repair System Description:	HPPBPS
# Nitrification Fields	1	# Lines	2 + ex. bed	Linear Ft:	80' + ex.
Trench Width	36"	Trench Bottom Depth(Low side)	55"	Gravel Depth	N/A

Maintenance Agreement Required: ☐ YES ☒ NO | ☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

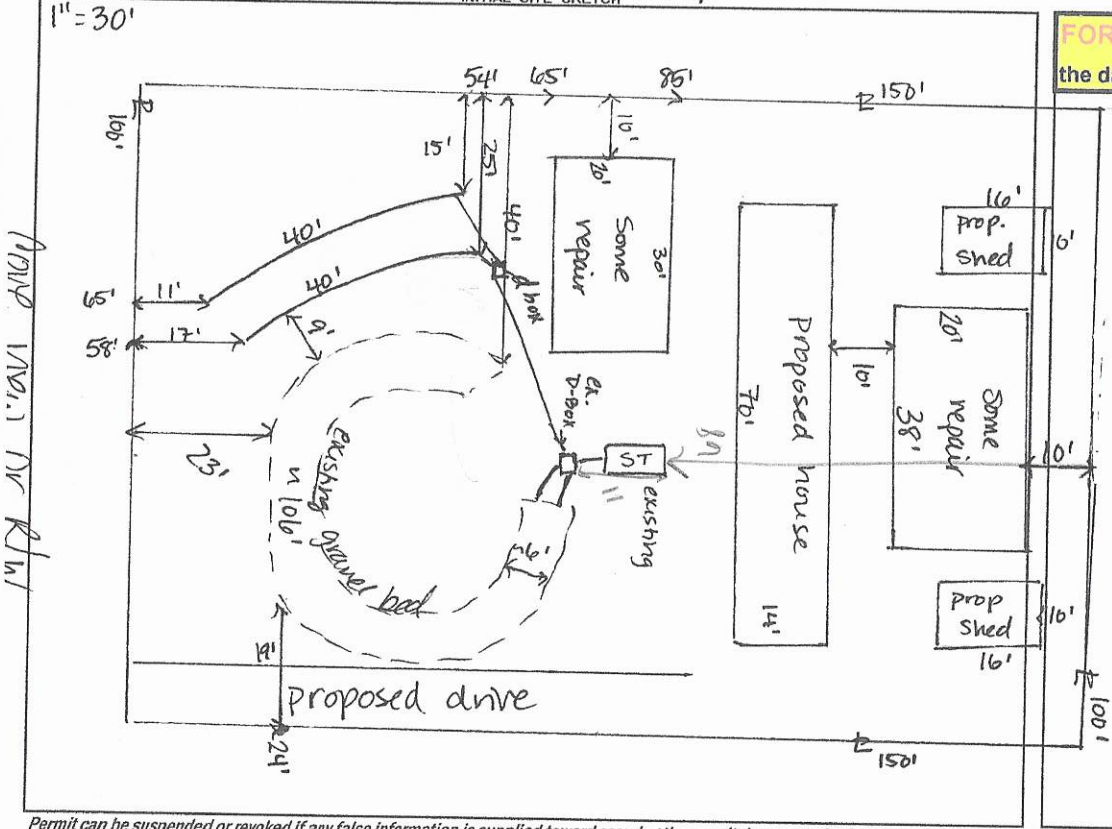
No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community | ☐ Basement w/o plumbing

Comments / Conditions: No foundation drains along back of house
Replace ex. D-box → feed each line in ex. & 2nd box equally (split 3 ways)
Set new d-box to feed each 40' line equally

Install drainlines on contour, use D-boxes to feed equally. Do not park, pave, grade, drive, or bury utilities in drain field. Divert all drainage from drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Vent lines at beginning & end of each line

* tank may be used if it meets the rule requirements is in good condition & is sufficient in size

Expansion permit

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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**

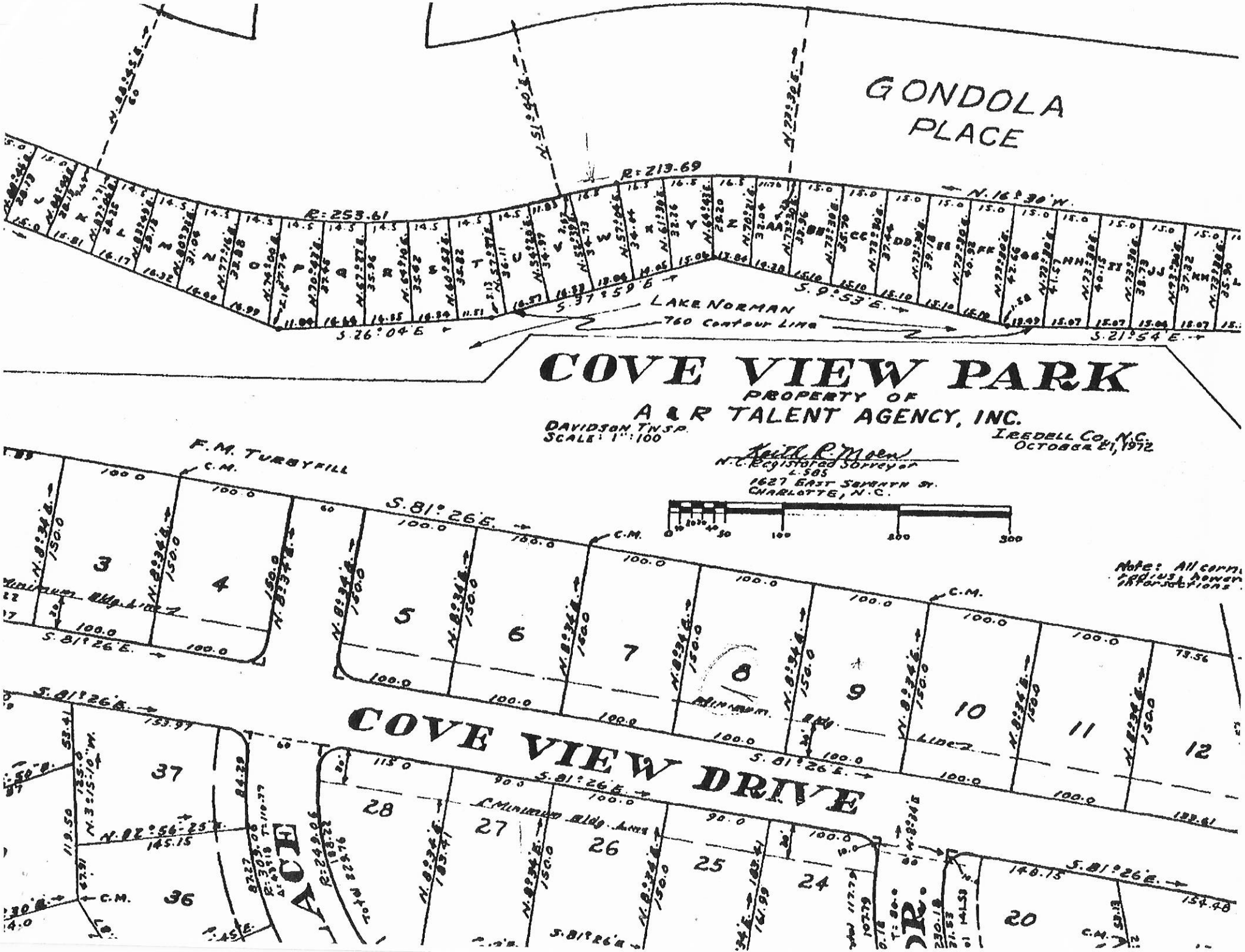
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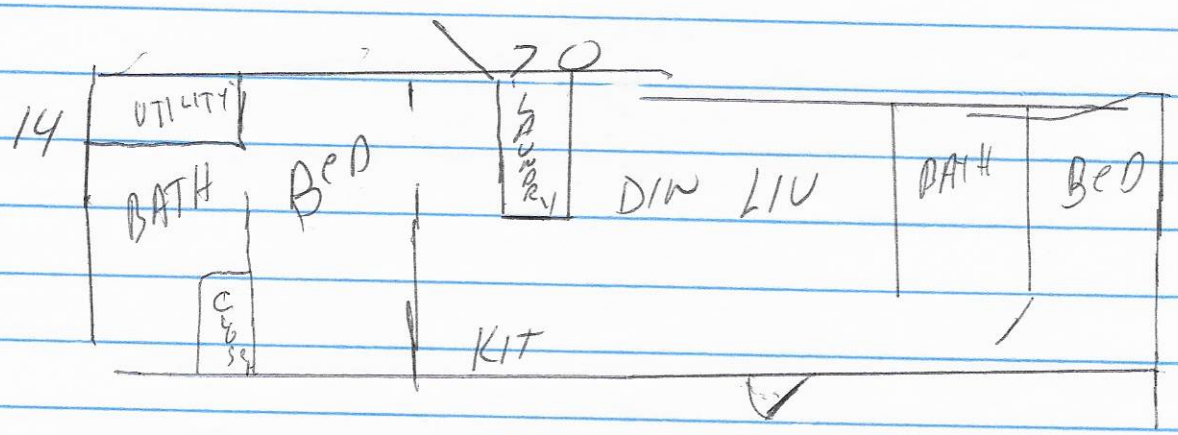
Owner / Applicant Signature: Rod M Morrow | Date: 16 JUN 21 | Installed by:

IMPROVEMENT PERMIT by: D. Wiebery | Date: 6/14/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


GONDOLA PLACE
R=219.69
R=253.61
N. 16° 30' W.
S. 37° 59' E.
S. 9° 53' E.
S. 26° 04' E.
S. 21° 54' E.
LAKE NORMAN
760 Contour Line
COVE VIEW PARK
PROPERTY OF
A & R TALENT AGENCY, INC.
DAVIDSON TWP.
SCALE: 1" = 100
IREDELL CO., N.C.
OCTOBER 21, 1972
Keith R. Moen
N.C. Registered Surveyor
L-585
1627 EAST SEVENTH ST.
CHARLOTTE, N.C.
F.M. TURGYFILL
S. 81° 26' E.
N. 8° 34' E.
N. 82° 34' E.
150.0
100.0
C.M.
3
4
5
6
7
8
9
10
11
12
COVE VIEW DRIVE
Minimum Bldg. Line
37
36
28
27
26
25
24
20
N. 82° 56' 25" E.
145.15
133.97
148.13
154.48
Note: All corner
lots have
rounded corners



14·70 2 BED, 2 BATH

Rod Miller 21 June 2021

12'
Cove view