ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 306755

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

PIN # 3797633622 - 8-113

APPLICANT/OWNER: Donald Lackey Jr APPLICANT ADDRESS: 1250 White Plains Rd, Hiddenite

SITE ADDRESS: 113 Delbert Ln, Stony Point PHONE: 980-829-5909 ALT. PHONE —

SITE DIRECTIONS: Taylorsville Hwy → R Calhan → R Halyburton → L Donald → R Delbert → on L @ end SAP CONTROLLED: ☐ YES ext ☐ NO

SUBDIVISION: Lackey MHP SECTION: — LOT # 8-#113 LOT AREA: 8.9ac DESIGN FLOW: ext L.T.A.R.: ext

Septic Tank	ext	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make		Model			Serial #				
# Nitrification Fields	existing	# Lines			Linear Ft.				
Trench Width	ext	Trench Bottom Depth(Low side)	ext		Gravel Depth	ext			

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

System Description:

Repair System Description: existing

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms ext

☐ Business No. Persons ext

☐ Other No. Employees

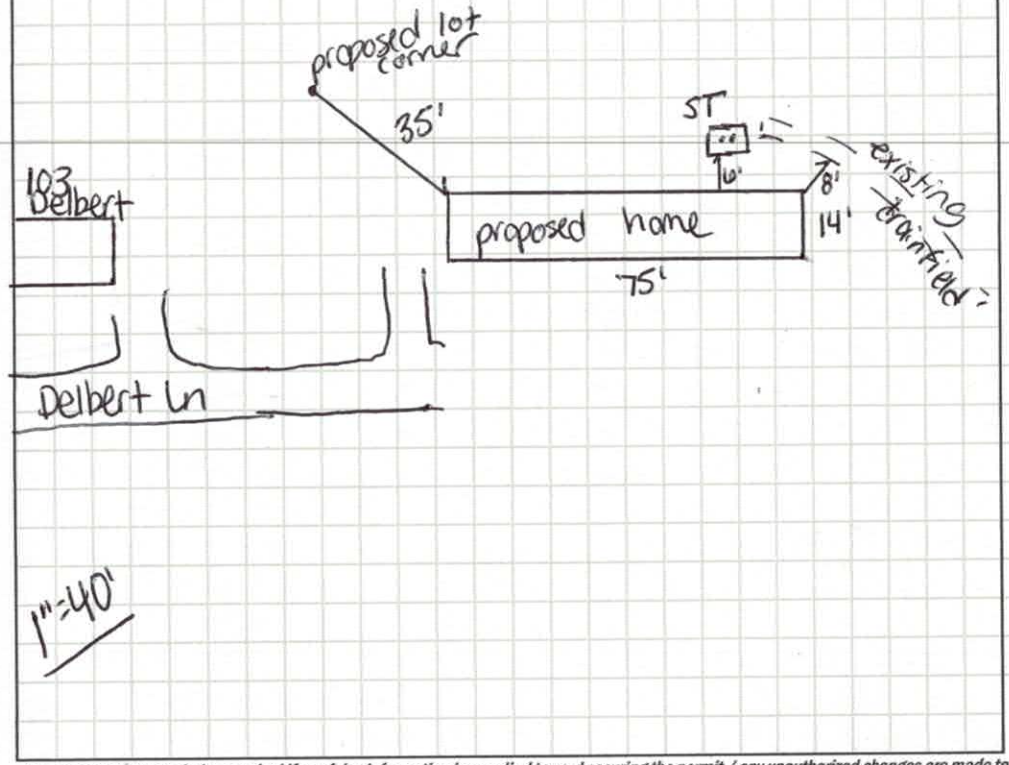
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: System functioning properly at time of inspection. Maintain 5' from any part of septic system with mobile home

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: Donald D. Lackey Date: 4-28-20 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Carla C. Nicks Date: 4-27-20

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

CALL FIRST

RECEIVED APR 17 2020

AP-306755
$250.00

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

Iredell County Health Department – Environmental Health Division

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Donald Lackey Jr Address: 1250 White Plains Rd Hiddenite NC. Zip: 28636
Applicant Email: _____ Phone: 980-829-5909 Alt. Phone: 1-704-657-1020
Owner Name: Donald Lackey Jr Address: 1250 White Plains Rd Hiddenite Zip: 28636
Owner Email: _____ Phone: 980-829-5909 Alt. Phone: 704-657-1020

Property Information:

Street Address: 113 Lot 8 Delbert Lane Stony Point NC
Subdivision Name: Lackey Mobile Home Park Section/Phase: _____ Lot Number: 8
Driving Directions: Haleyburton SR 1567 turn R on Donald Dr turn R on Delbert Lane Lot 8 at end of Road

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: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
✓ Mobile Home
( ) 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: 1985
(X) 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.

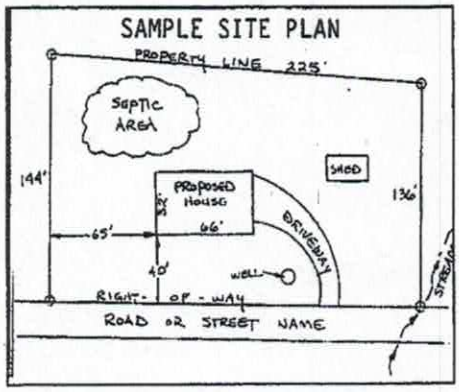
Signature: Donald D. Lackey Jr 4-9-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

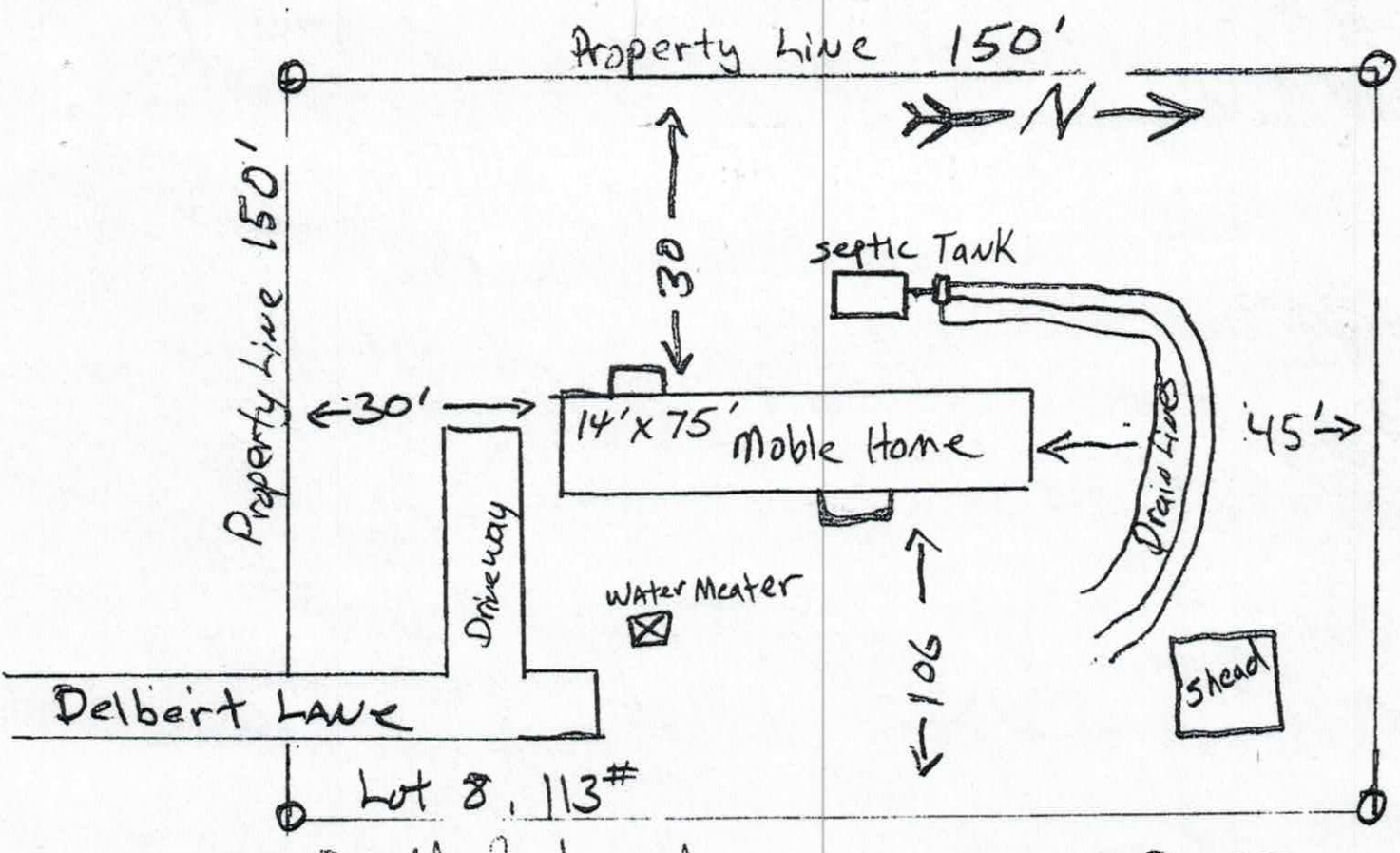
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator 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



Signature: Donald Lackey Jr. — 4-9-20

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)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Donald Lackey Jr

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.

Debra L Burgess, Deatra L Moore Donald D. Lackey Jr

☐ **2.** I, Darlene Lackey Hall, am the legal owner(s) of the property located at 234 Halyburton Rd Stony Point 28678, identified as PIN (Parcel Identification Number) 3797633622, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lackey Mobile Home Park, 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

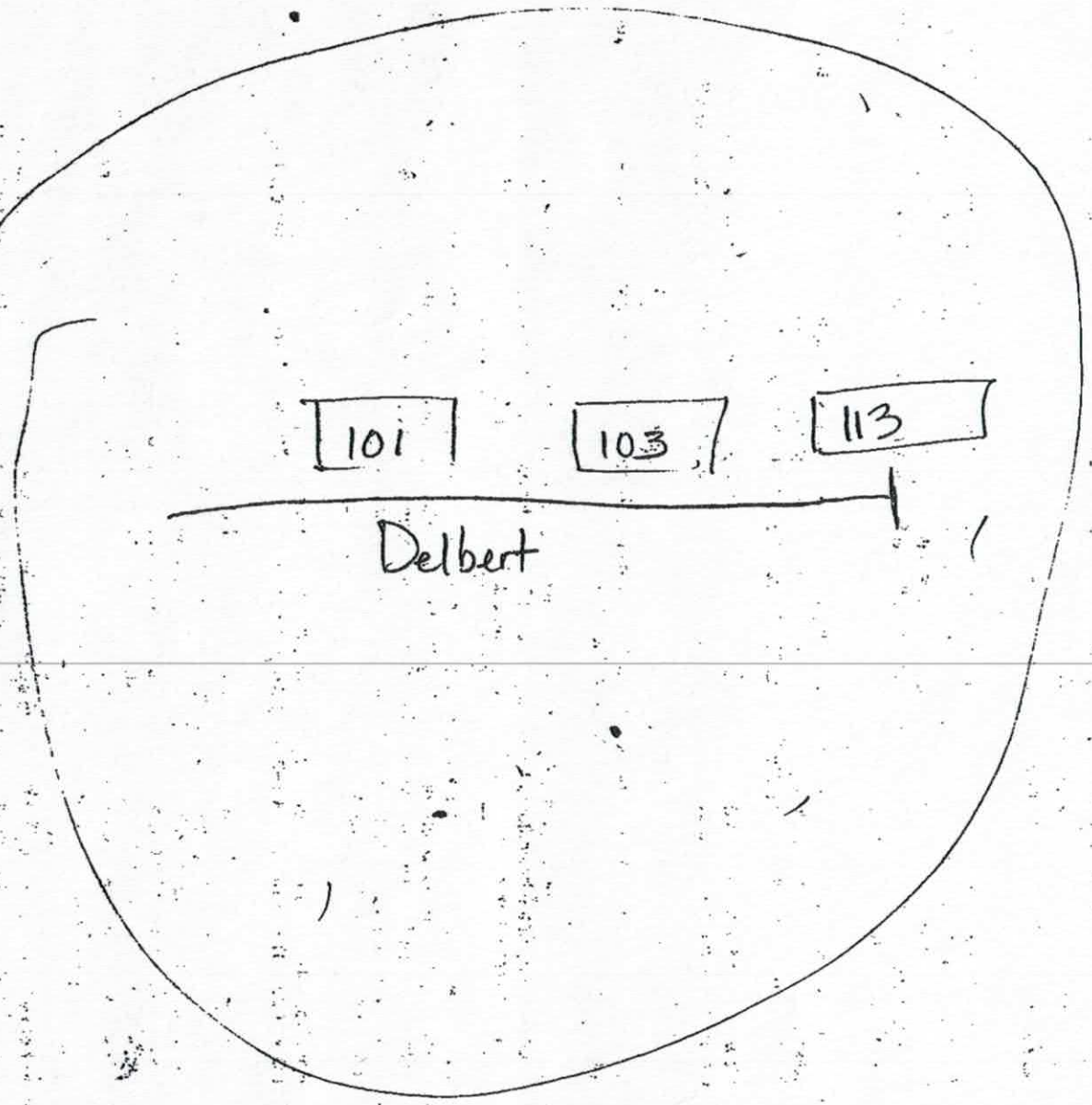
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Debra L Burgess, Darlene Lackey Hall
Deatra L. Moore Donald D. Lackey Jr — 4-9-20

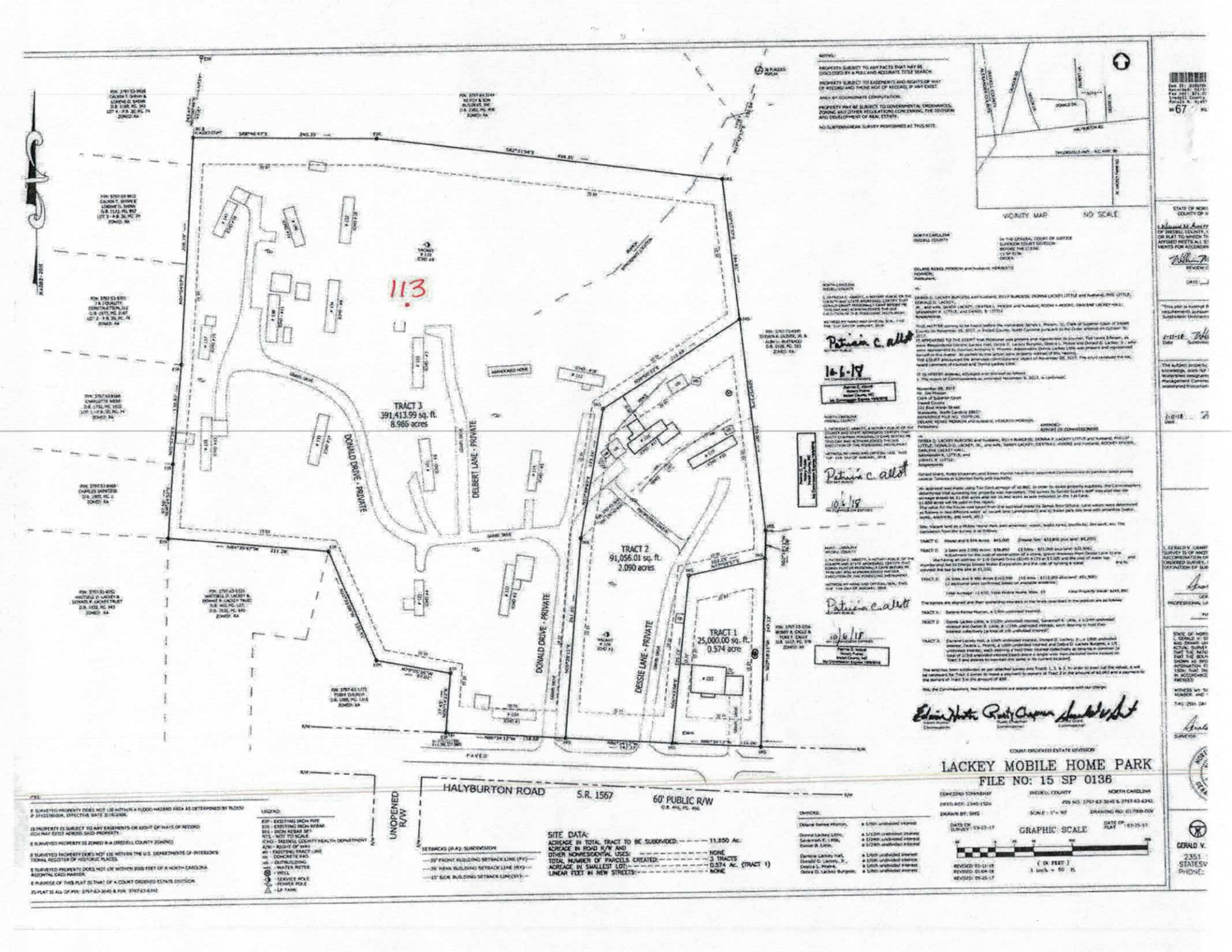
Signature of Owner(s) — Date

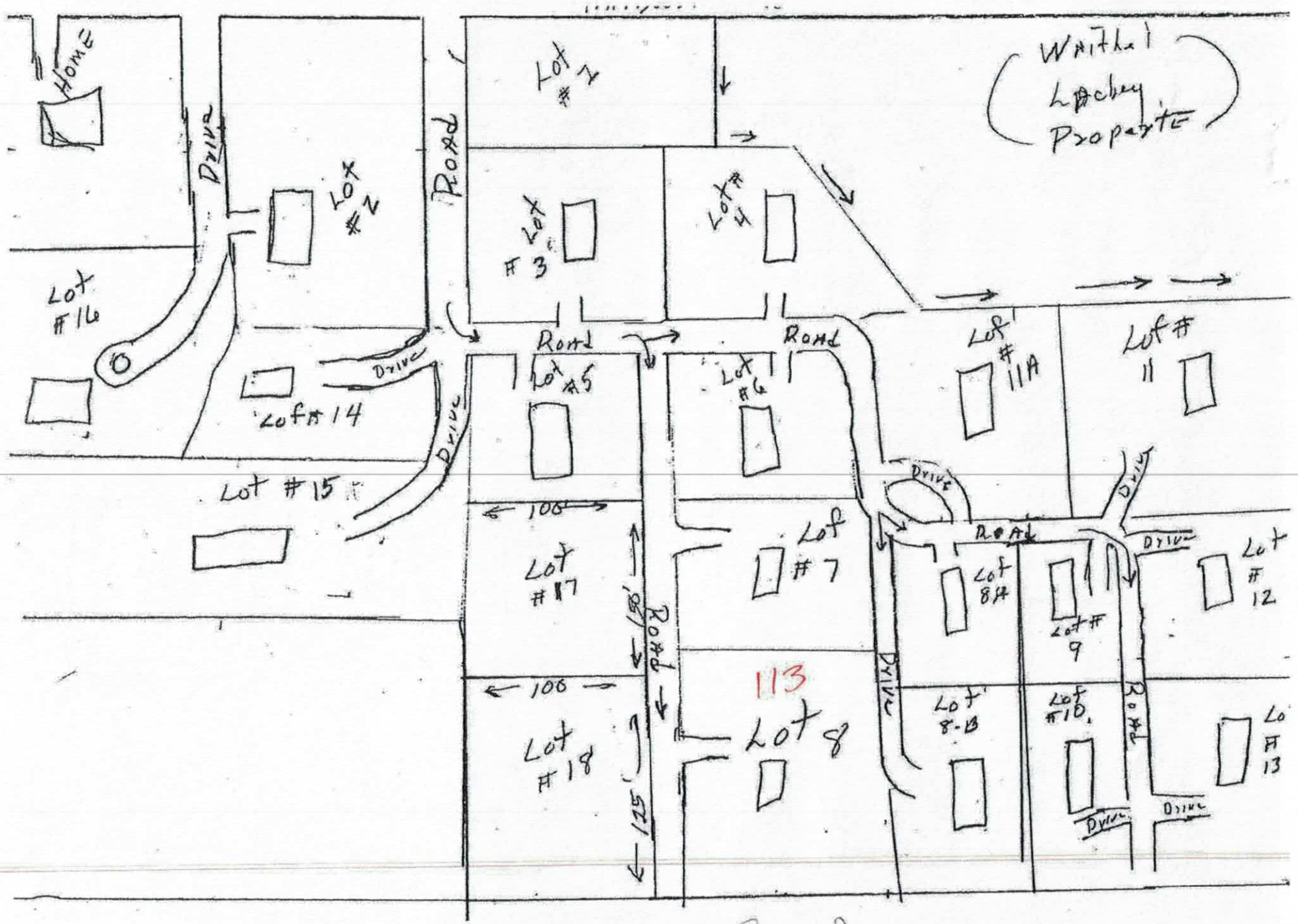
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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


101
103
113
Delbert


147 DONALD DR
146 DONALD DR
132 DONALD DR
113 DELBERT LN
134 DONALD DR
138 DONALD DR
137 DONALD DR
103 DELBERT LN
112 DONALD DR
DELBERT
135 DONALD DR
133 DONALD DR
WS-IV-Protected Area
101 DELBERT LN
110 DONALD DR
119 DESSIE LN
114 DONALD DR
DONALD
111 DONALD DR
123 DONALD DR
DESSIE
254 BURTON RD
248 HALYBURTON RD
234 HALYBURTON RD
222 HALYBURTON
HALYBURTON
240
211
318
142
116
159
248


113
TRACT 3
391,413.99 sq. ft.
8.986 acres
TRACT 2
91,056.01 sq. ft.
2.090 acres
TRACT 1
25,000.00 sq. ft.
0.574 acre
DONALD DRIVE - PRIVATE
DELBERT LANE - PRIVATE
DESSIE LANE - PRIVATE
HALYBURTON ROAD
S.R. 1567
60' PUBLIC R/W
UNOPENED R/W
PAVED
VICINITY MAP
NO SCALE
LACKEY MOBILE HOME PARK
FILE NO: 15 SP 0136
COURT ORDERED ESTATE DIVISION
GRAPHIC SCALE
1 inch = 50 ft.
SITE DATA:
ACREAGE IN TOTAL TRACT TO BE SUBDIVIDED: 11.850 Ac.
ACREAGE IN ROAD R/W AND OTHER NONRESIDENTIAL USES: NONE
TOTAL NUMBER OF PARCELS CREATED: 3 TRACTS
ACREAGE IN SMALLEST LOT: 0.574 Ac. (TRACT 1)
LINEAR FEET IN NEW STREETS: NONE


Home
Drive
Lot #2
Road
Lot #1
Lot #3
Lot #4
Within Lackey Property
Lot #16
Lot #14
Drive
Lot #15
Road
Lot #5
Lot #6
Road
Lot #11A
Lot #11
Drive
Drive
100
Lot #17
Lot #7
Road
Road
Lot #8A
Lot #9
Drive
Drive
Lot #12
100
Lot #18
125'
113
Lot 8
Drive
Lot #8-B
Lot #10
Road
Lot #13
Drive
Drive

LACKEY (MAP).

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306755 Issue Date: 04/15/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3797633622.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: HALL DARLENE L ETAL	Name: DONALD D LACKEY JR.
Address:	Address: 1250 WHITE PLAINS RD HIDDENITE, NC 28636
Phone:	Phone: (980)829-5909

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8.96	25	25	25	25	WSIV-PA Catawba/Lake Norman	NO

Remarks

REPLACING WITH NEW SINGLEWIDE -113 DELBERT DRIVE

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved

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.

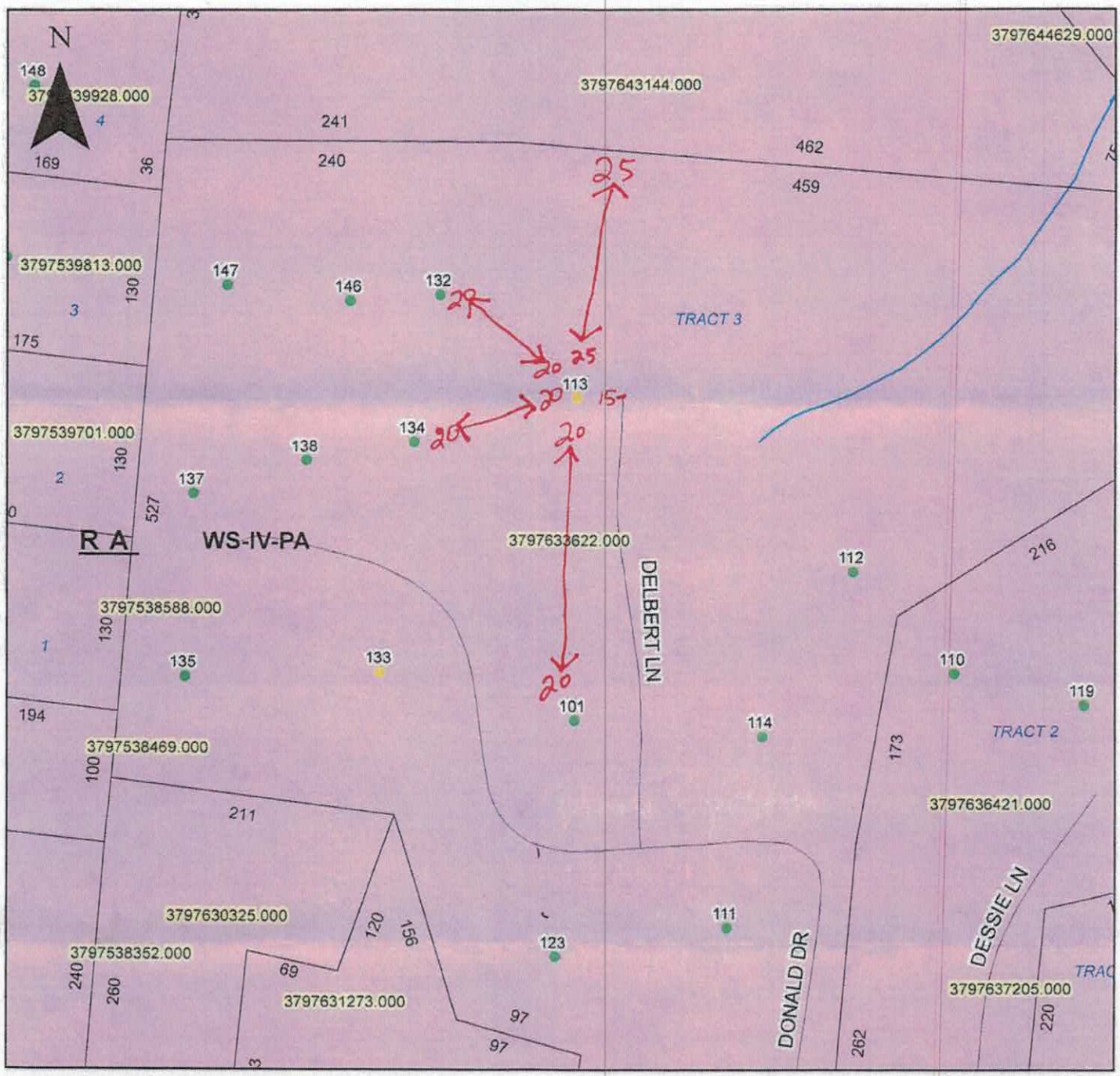
Date: 04/15/2020

Signature of Owner/Contractor

Permit Number	306755	TOTAL FEES:	

Setbacks on next sheet - per Rich. 4-14-20 BK

ZONING DISCLAIMER



Property Address 113 Delbert Lane

8.96
RA
No

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. Applicant further acknowledges that the 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.

Donald D Lackey Jr.
Applicant

4-14-20
Date