105 Vandenbrook Ln.

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 310025

PIN # 4677--67--3544

APPLICANT/OWNER: D&F Mobile Home Park LLC APPLICANT ADDRESS: 117 Crosslake Park Dr. Mooresville, NC 28117

SITE ADDRESS: 1367 Oakridge Farm Hwy, Mooresville NC 28115 PHONE: ALT. PHONE

SITE DIRECTIONS: E NC 150 → lot on (L)

SUBDIVISION: D+F Mobile Home Park SECTION: LOT # LOT AREA: 0.564 ac

SAP CONTROLLED: [X] YES (EXISTING) [ ] NO

DESIGN FLOW: 240 gpd L.T.A.R.: EXISTING

Septic Tank	EXISTING (gal)	STB	Date	[ ] New System [X] Repair [ ] Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT	Date	System Description:	Gravel - Conventional
Pump Make		Model	Serial #	Repair System Description:	50% Reduction - partial
# Nitrification Fields	EXISTING	#Lines	Linear Ft:	Maintenance Agreement Required:	[ ] YES [X] NO
Trench Width		Trench Bottom Depth (Low side)		Gravel Depth EXISTING	[X] GRAVITY [ ] PRESSURE

[ ] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

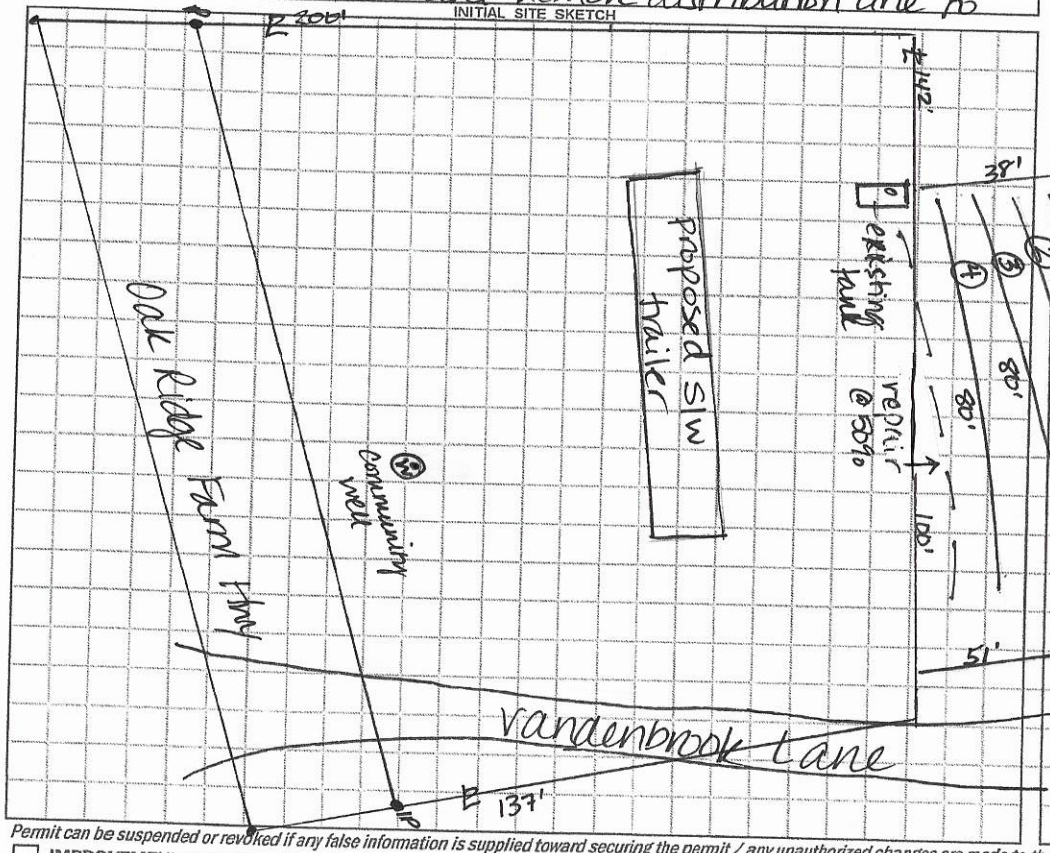
No. Bedrooms 2 No. Persons 4 No. Employees [X] Crawl Space

Water Supply: [ ] Private [ ] Public [X] Community

[ ] Basement w/o plumbing

Comments / Conditions: Line #1 damaged when swale was cut into lot around the house. This permit is for the proper abandonment of that line. Remove distribution line to Line #1, ensure line no longer receives sewage. Existing system permit needed once repair complete. The purpose of this permit is to remove Line #1 from service

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.

1" = 40'

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

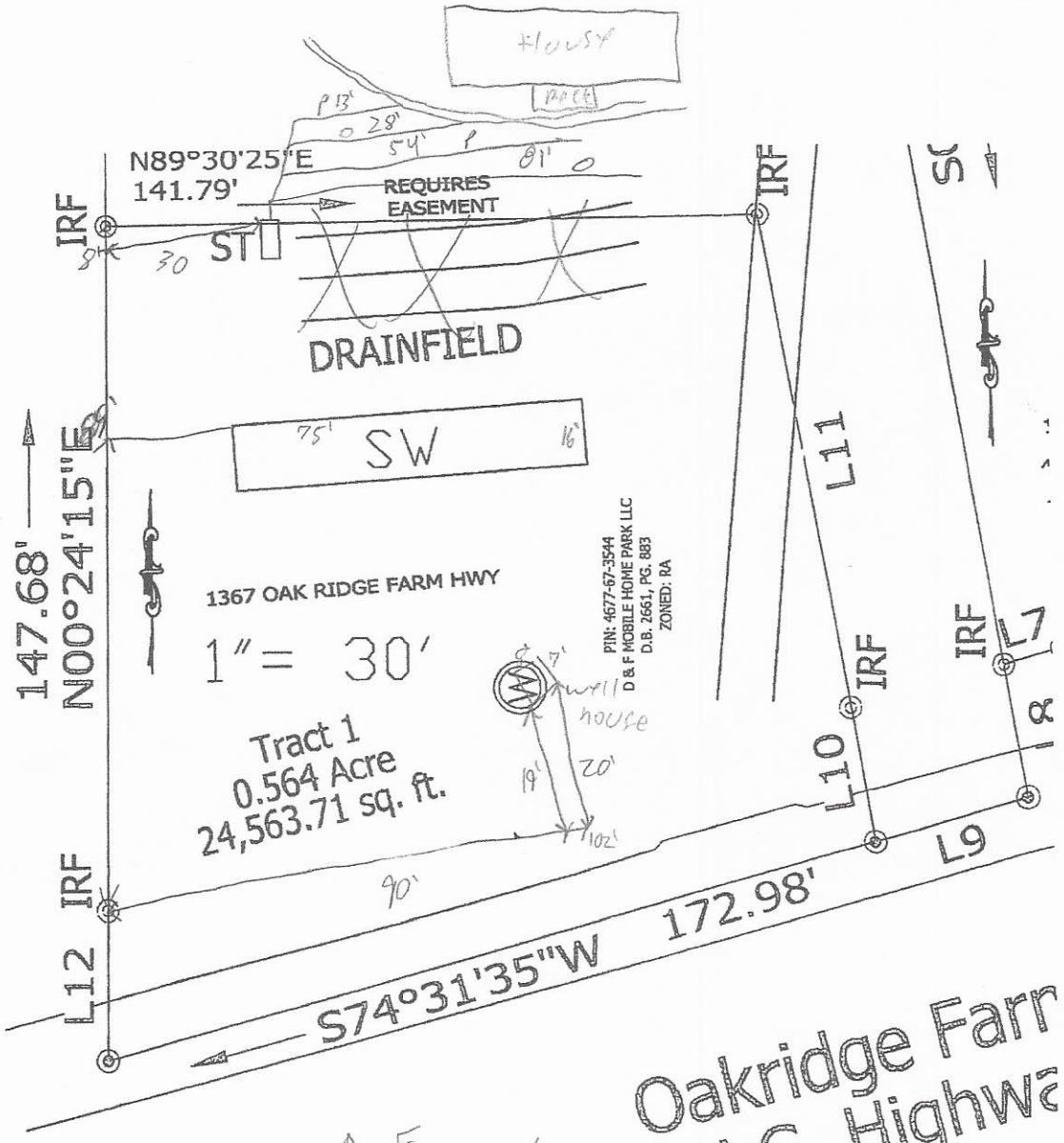
[ ] IMPROVEMENT PERMIT *with plat valid without expiration.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 4/26/21 Installed by:

IMPROVEMENT PERMIT by: D. Mieberg Date: 4/22/21 OPERATION PERMIT by: D. Mieberg Date: 4/28/21

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 4/22/21 Existing System Inspected by: Date:

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



An Easement already exists and there is now a ditch running through 2 of the 4 drainlines

RECEIVED AUG 2 5 2020

AP-3100025
$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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) Frank Ferrero

Applicant Name: D+F Mobile home Park LLC Address: 174 river Park RD Mooresville NC Zip: 28117
Applicant Email: FrankF16@gmail.com Phone: (914)-255-5411 Alt. Phone: _____
Owner Name: D & F Mobile home Park LLC Address: 174 river Park RD Mooresville NC Zip: 28117
Owner Email: FrankF16@gmail.com Phone: (914)-255-5411 Alt. Phone: _____

Property Information: 105 Vanderbrook LN.

Street Address: ~~1367 Oak Ridge Farm Hwy~~ Mooresville NC 28115
Subdivision Name: _____ Section/Phase: N/A Lot Number: N/A
Driving Directions: Highway 150 (Oak Ridge Farm Hwy) to Cricklewood ln

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: 3
Maximum Number of Occupants: _____
( ) 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 (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: N/A
( ) 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: _____ 8/6/20
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)* _____

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.

_____ 8/6/20
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

Alice Davidson

From: Richard Hoffman
Sent: Wednesday, November 17, 2021 3:04 PM
To: Alice Davidson
Subject: RE: Correct Address needed

Hey Alice

105 Vandenbrook is the address

1367 Oakridge Farm Hwy is retired

From: Alice Davidson <alice.davidson@co.iredell.nc.us>
Sent: Wednesday, November 17, 2021 9:11 AM
To: Richard Hoffman <richard.hoffman@co.iredell.nc.us>
Subject: Correct Address needed

Rich,
Can you tell me what the correct address is for PIN #4677-67-3544? Is it 105 Vandenbrook Ln or 1367 Oakridge Farm Hwy., MVL. GIS shows # 105 but the PRC says 1367 Oakridge Farm Hwy!?!?

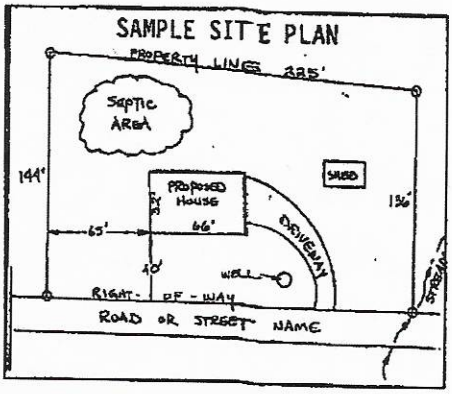
Alice Davidson
Part-time Office Assistant
ICHD Environmental Health-Statesville Office
349 North Center Street
Statesville, NC 28677
Phone: 704-878-5305 x4308
Fax: 704-871-3483

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

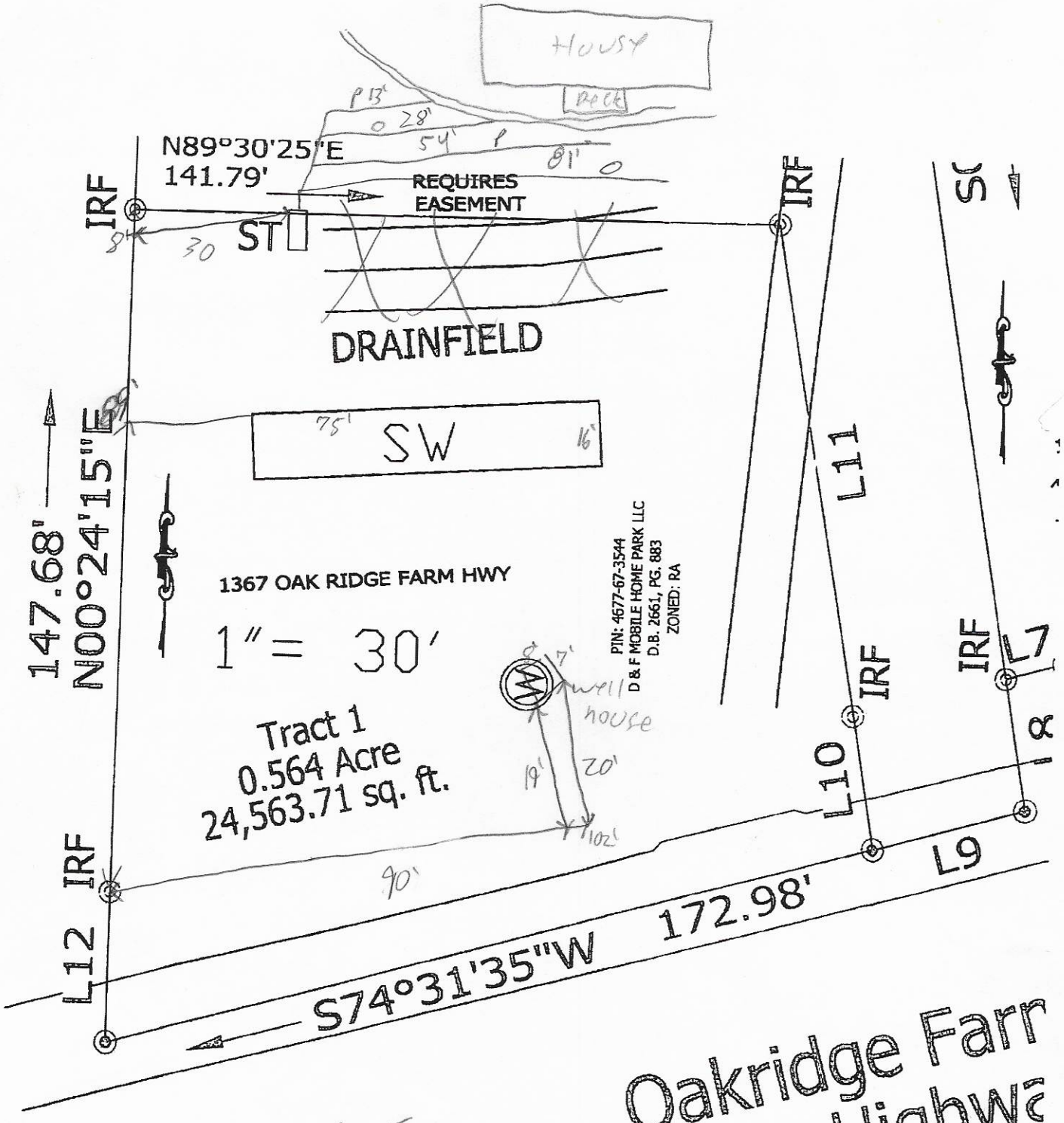
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: _____

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

8/6/20

DATE



An Easement already exists and there is a ditch running through 2 of the 4 drainlines

IREDELL COUNTY · NC

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

APPLICATION NUMBER
310025 Issue Date: 08/13/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4677673544.000	1367 OAKRIDGE FARM HWY	IREDELL COUNTY

Owner Information	Applicant Information
Name: D+F MOBILE HOME PARK LLC Address: , Phone:	Name: D+F MOBILE HOME PARK LLC Address: , Phone:

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSII-BOW Back Creek	NO

Remarks

SWMH

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.

Signature of Owner/Contractor

Date: 08/13/2020

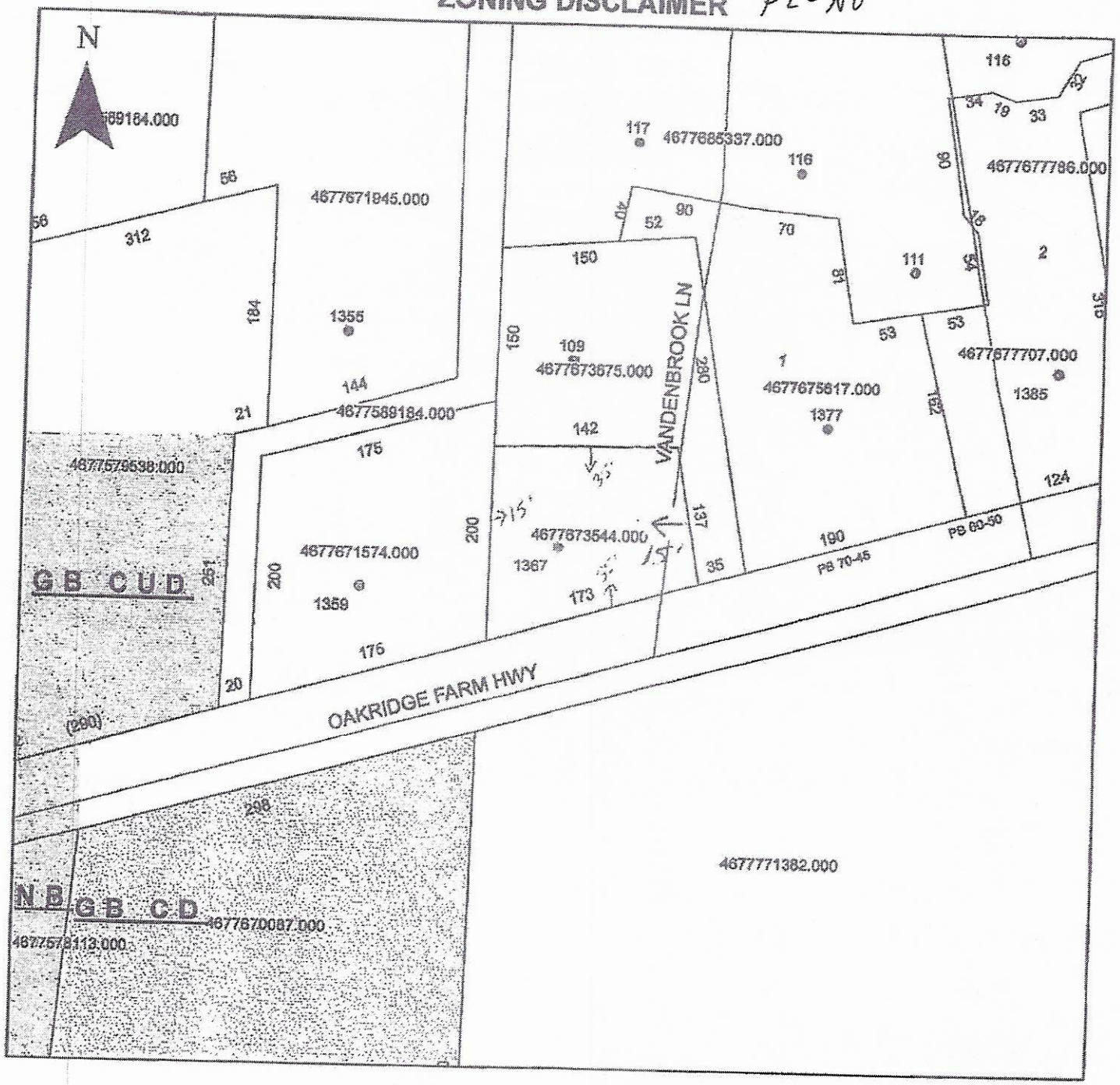
Permit Number	310025

TOTAL FEES:	$77.25

310025

KH .38AC
WS 11 BOW Back Creek
FL-NO

ZONING DISCLAIMER



Property Address 1367 Oak Ridge Farm Hwy

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.

Applicant

8/12/20
Date