ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 310025

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

PIN # 4677--67--3544

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

SITE ADDRESS: 1367 Oakridge Farm Hwy, Mooresville NC 28115 | PHONE: 914.255-5411 | ALT. PHONE

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

SAP CONTROLLED: ☒ YES 15 ☐ NO

SUBDIVISION: D+F Mobile Home Park | SECTION: | LOT #: | LOT AREA: 0.564 ac | DESIGN FLOW: 240 gpd | L.T.A.R.: EX(I) / 0.3(R)

106 Vandenbrook Ln

Septic Tank: EXISTING (Material)	STB (gal)	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence
Pump Tank	PT (gal)	Date	System Description: EXISTING GRAVEL		☐ Business
Pump Make	Model	Serial #	Repair System Description: Partial - 50% Reduction		☐ Other
# Nitrification Fields	# Lines	Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab
Trench Width: EXISTING	Trench Bottom Depth (Low side)	Gravel Depth: EXISTING	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing

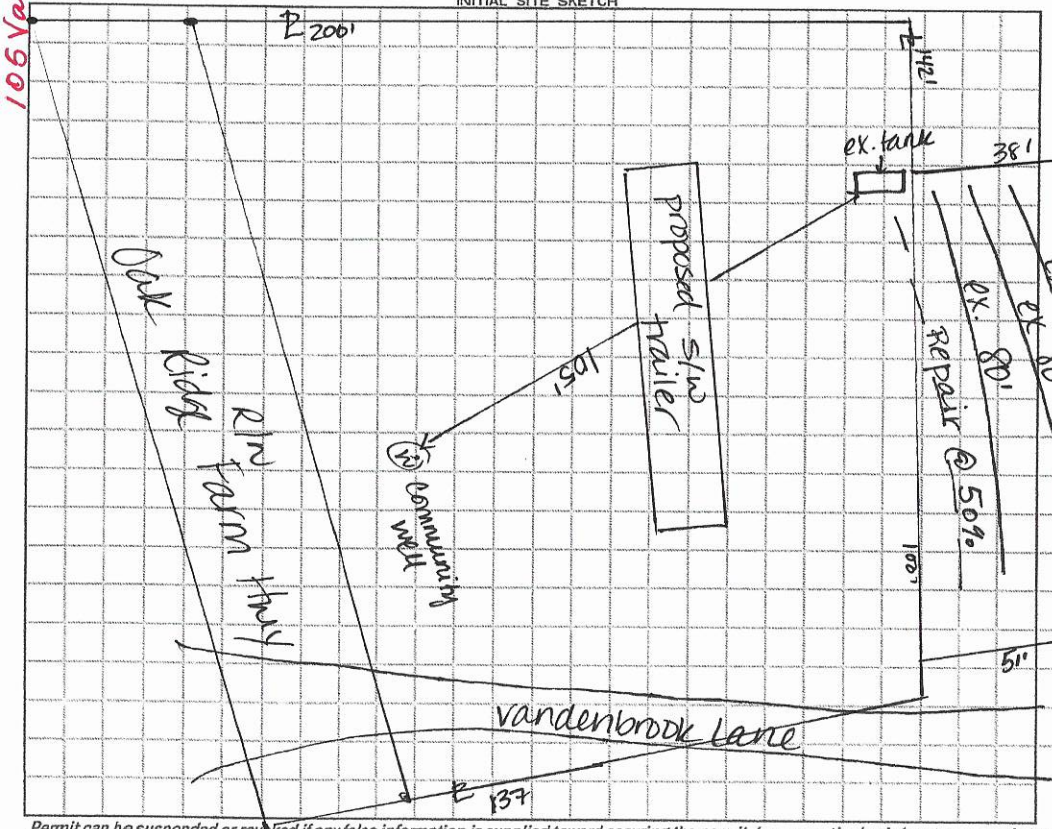
No. Bedrooms: 2 | No. Persons: 4 | No. Employees | ☒ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

Comments / Conditions: Existing system meets all current setbacks. Keep structure 10' from tanks, keep structure 25' from well.

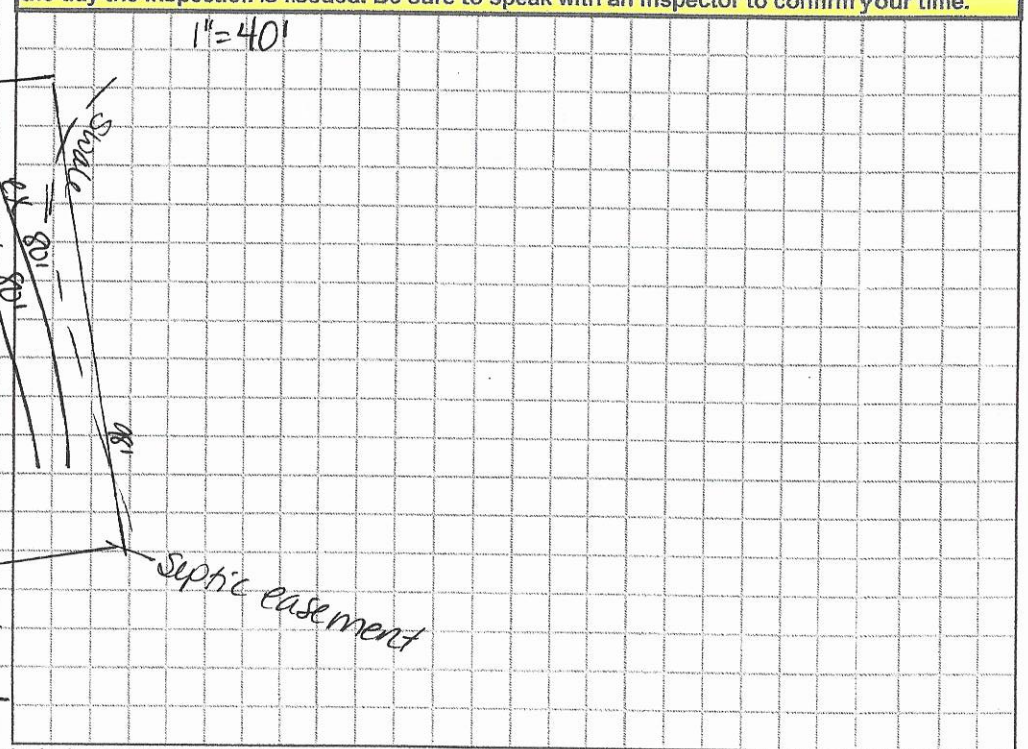
INITIAL SITE SKETCH



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.* ☐ 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: | Date: 9/8/21 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: D. Mebane | Date: 4/30/21

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

repair exempt

Sheet 1 of 1
PROPERTY ID #: 4677673544
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: D & F Mobile Home Park
ADDRESS: 117 Crossbuck Park Dr Mooresville 28117
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240 gpd
LOCATION OF SITE: 1367 Oak Ridge Farm Hwy
APPLICATION DATE
DATE EVALUATED: 4/19/21
PROPERTY SIZE:
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other community
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	SS	0-14	SCL - SBK	SSP - FR - SEXP	YB @ 22 (10YR 6/6) matrix 7.5YR 5/6 2.5Y 6/4 @ 24" 2.5Y 7/6 @ 30" 2.5Y 8/4 @ 34" 2.5Y 8/3 @ 39				PS 0.2
		14-39	C/SC SBK	SSSP - FR - SEXP					
PIT 2	SS <5%	0-10	SCL/CL		2.5Y 8/2 @ 15" 2.5Y 5/2 @ 22" 5Y 6/2 @ 44"				U to 46" 0.3 TB @ 60"
		10-20	SL/C						
		20-42	C - ABK	SSSP - FR					
		42-46	CL - ABK/PL	SSSP - FR					
		46-80	SAP.L - M						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		1800
System Type(s)		50% red
Site LTAR		0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Wicberg
OTHER(S) PRESENT: B. Botkins

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

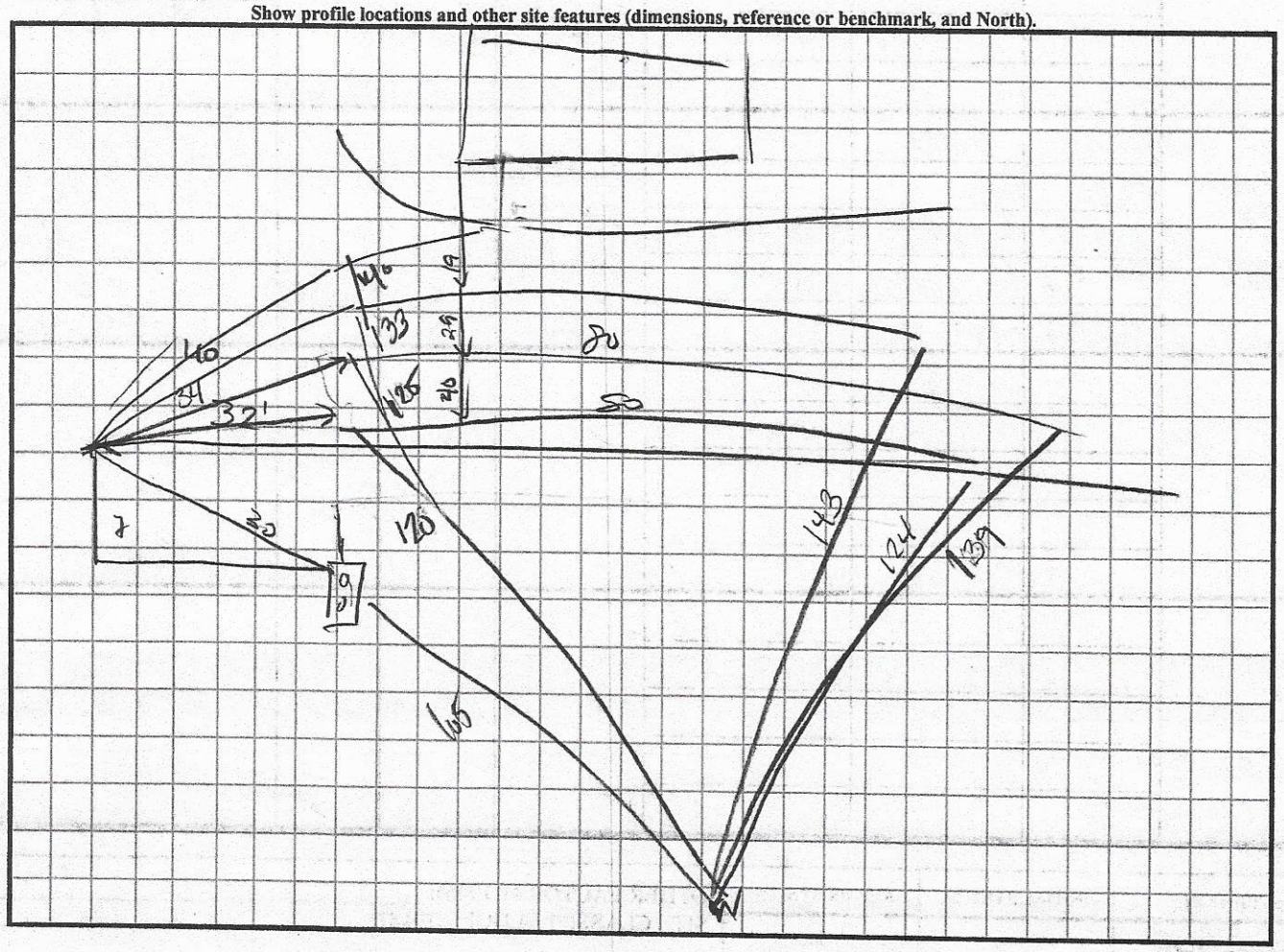
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED APR 1 3 2021

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* AP-310025 Repair EVAL

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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) Frank (owner)

Applicant Name: D3 F mobile home park LLC Address: 117 Crosslake Park Dr Zip: 28117

Applicant Email: FRANKF16@gmail.com Phone: (914)-255-5411 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

****

Property Information: 105 Vandenbrook Ln

Street Address: ~~1367 Oak Ridge Farm Highway~~ Mooresville NC 28115

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Left of Oak Ridge Farm Highway

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence Maximum Number of Bedrooms: 2 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 4 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank X Drain lines Describe Problem: _____
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 ( ) 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: _____ 4/7/21
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)

☐ **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.

_____ 4/13/21

Signature of Owner(s) Date

Mooresville - Environmental Health

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

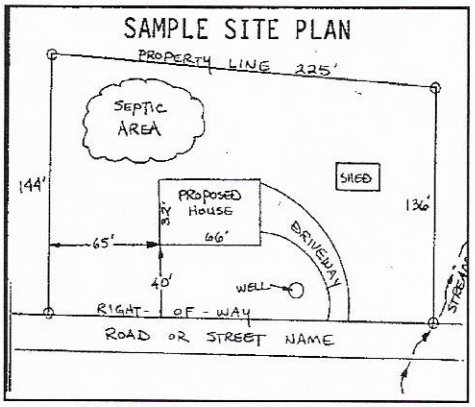
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

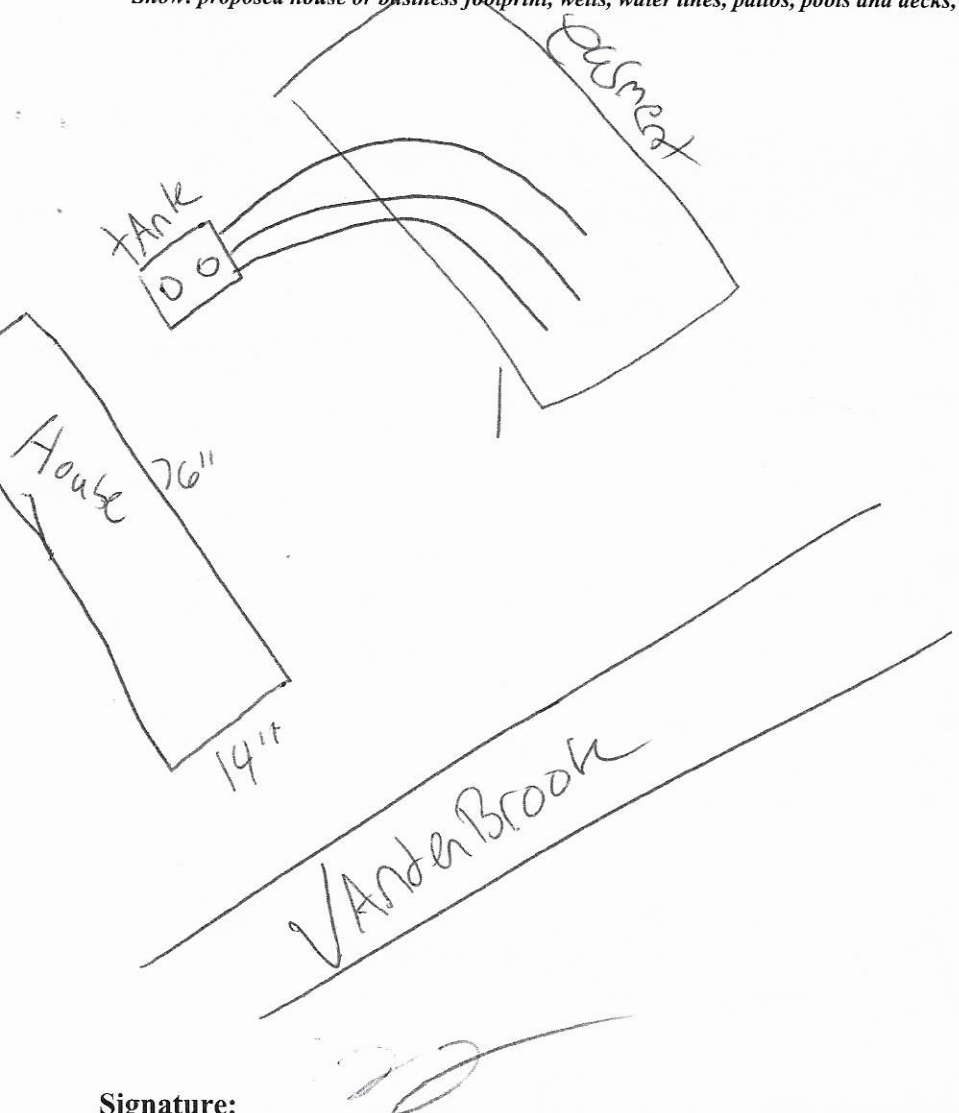
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

_____

DATE

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

Acknowledgement Of
Plans Submittal ONLY!
Date 5/4/21
Date 5/3/21

