H5

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP313057

PIN # 4677685249.107

APPLICANT/OWNER: D and F Mobile Home Park LLC

APPLICANT ADDRESS: 117 Crosslake Park Dr Mooresville NC 28117

SITE ADDRESS: 107 Cricklewood Ln Mooresville NC 28115

PHONE: 914-255-5411

SITE DIRECTIONS: NC 152 E to R on NC 150 E, L on Cricklewood Ln, Lot on L

ALT. PHONE

SUBDIVISION: D and F Mobile Home Park LLC

SAP CONTROLLED: [X] YES [ ] NO

SECTION: — LOT # 1 LOT AREA: 15,505 acres

DESIGN FLOW: 240 GPD L.T.A.R.: Existing

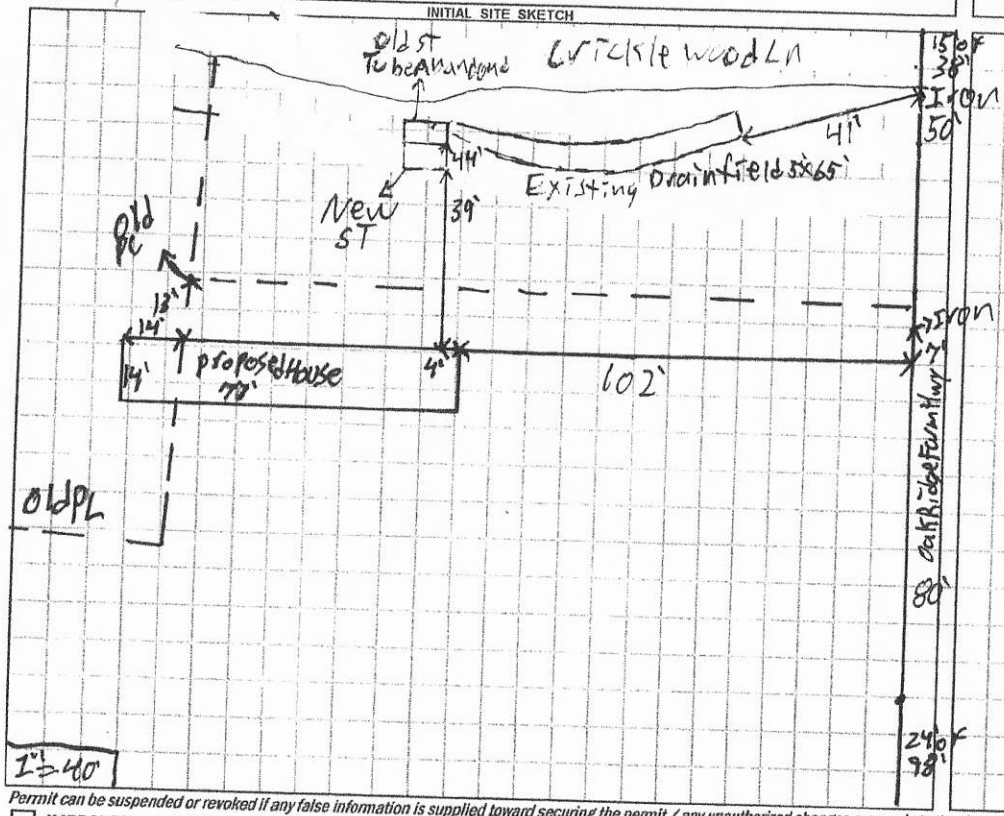
Septic Tank	1000 (gal)	STB 794	Date 1-13-21	[ ] New System [X] Repair [ ] Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT —	Date —	System Description: New Tank	
Pump Make	—	Model —	Serial # —	Repair System Description: Existing	
# Nitrification Fields	EXISTING	# Lines	Linear Ft	Maintenance Agreement Required: [ ] YES [X] NO	
Trench Width		Trench Bottom Depth(low side)	NO	Gravel Depth Existing	[X] GRAVITY [ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing — No. Bedrooms 2 — No. Persons 4 — No. Employees — [X] Crawl Space — [ ] Basement w/o plumbing

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

Comments / Conditions: Pump, crush, and fill old tank. Do NOT Drive on, store material or manipulate drainfield in any way.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

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: _____

IMPROVEMENT PERMIT by: Patrick J Bagett III Date: 1/22/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagett III Date: 1/22/2021

Installed by: Larry Hendley

OPERATION PERMIT by: _____ Date: 2-26-2021

Existing System Inspected by: _____ Date: _____

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.

RECEIVED DEC 03 2020

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

AP313057 $250.00

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: D3 F mobile home park LLC Address: 117 Crosslake Park Dr Zip: 28117
Applicant Email: Frank F16@gmail.com Phone: (914)-255-5941 Alt. Phone:
Owner Name: D3 F mobile home park LLC Address: 117 Crosslake Park Dr Zip: 28117
Owner Email: FRANK F16@gmail.com Phone: (914)-255-5941 Alt. Phone:

Property Information:

Street Address: 107 Cricklewood Ln Mooresville NC 28115
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: Highway 150 to Cook Rd to Turn Highway

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) Repair to failing septic system X Tank ___ Drain lines Describe Problem: Broken tank,
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well (✓) 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:

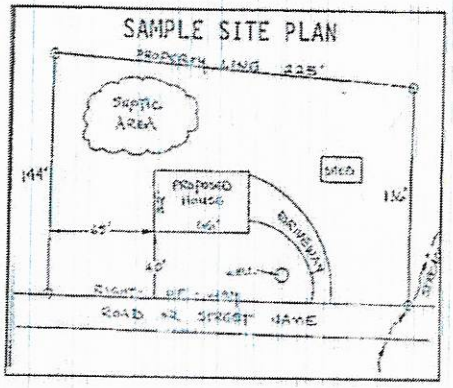
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: _____ 11/20/2020
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:

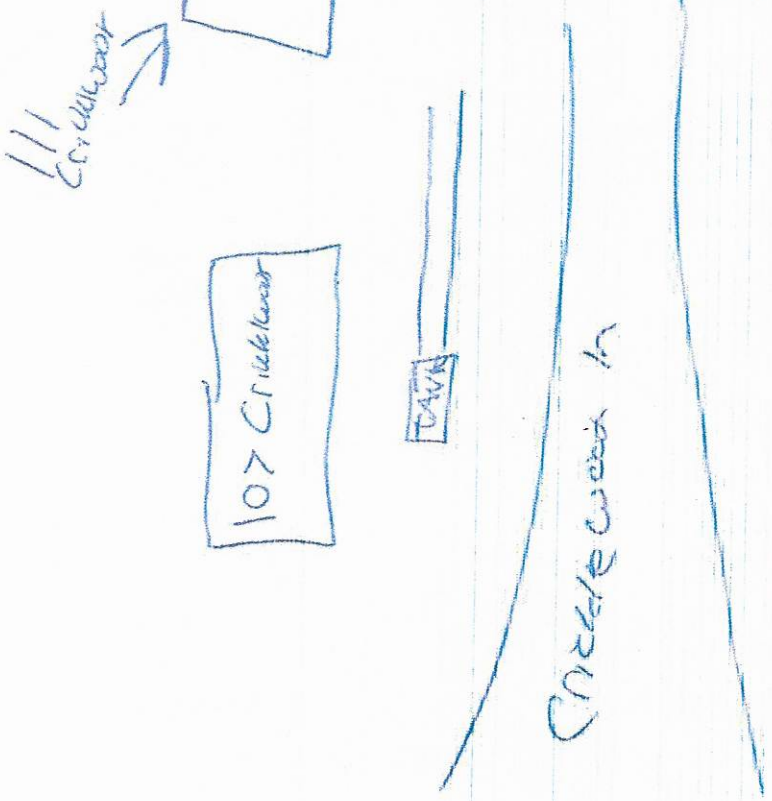
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____

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

11/3/20

DATE

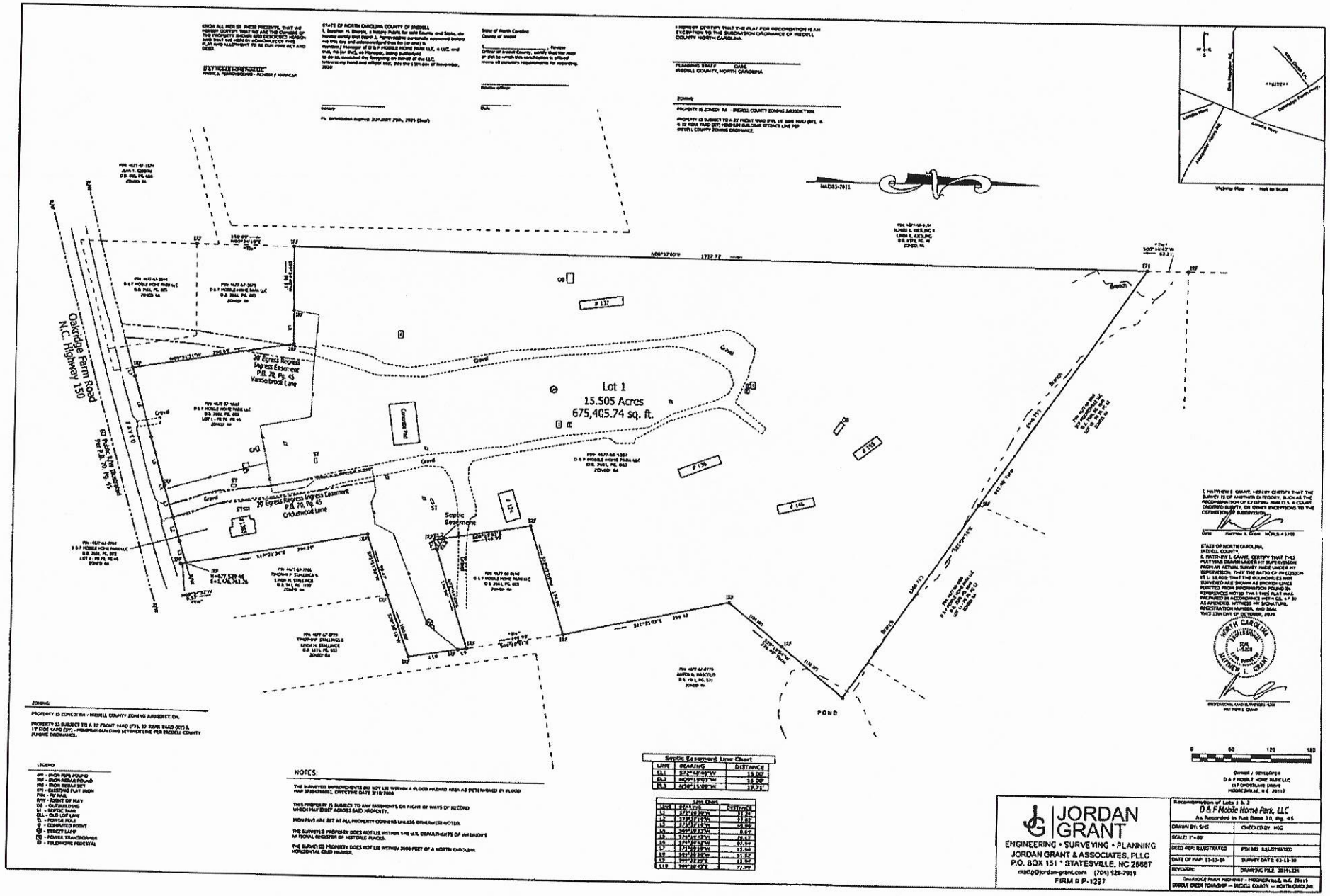


REPLACEMENT S/W ½

PIN 4677-67-7707

W. Allison 11-30-20

WILLIAM ALLISON



KNOW ALL MEN BY THESE PRESENTS, THAT WE HEREBY CERTIFY THAT WE ARE THE OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT WE HEREBY ACKNOWLEDGE THIS PLAT AND SUBDIVISION TO BE OUR FREE ACT AND DEED.

D & F MOBILE HOME PARK, LLC
FRANKLIN FERRARO/SOLO - MEMBER / MANAGER

STATE OF NORTH CAROLINA COUNTY OF IREDELL

I, Jonathan H. Sharpe, a Notary Public for said County and State, do hereby certify that Frank J. Ferraro/solo personally appeared before me this day and acknowledged that he (or she) is Member / Manager of D & F MOBILE HOME PARK LLC, a LLC, and that, he (or she), as Manager, being authorized to do so, executed the foregoing on behalf of the LLC. Witness my hand and official seal, this the 11th day of November, 2020

Notary

My Commission Expires JANUARY 25th, 2025 (Seal)

State of North Carolina
County of Iredell

I, _____, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer

Date

I HEREBY CERTIFY THAT THE PLAT FOR RECORDATION HEAR EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

PLANNING STAFF DATE
IREDELL COUNTY, NORTH CAROLINA

ZONING

PROPERTY IS ZONED: RA - IREDELL COUNTY ZONING JURISDICTION.

PROPERTY IS SUBJECT TO A 35' FRONT YARD (FY), 17 REAR YARD (RY) & 17 SIDE YARD (SY) - MINIMUM BUILDING SETBACK LINE PER IREDELL COUNTY ZONING ORDINANCE.

MAD83-2011

I, MATTHEW E. GRANT, HEREBY CERTIFY THAT THE SURVEY IS OF A RETRACEMENT OF EXISTING PARCELS, A COUNTY DIVIDED SURVEY, OR OTHER EXCEPTIONS TO THE DEFINITION OF SUBDIVISION.

Date Matthew E. Grant NCPLS #5208

STATE OF NORTH CAROLINA,
IREDELL COUNTY

I, MATTHEW E. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION IS 1: 10,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN REFERENCES NOTED; THIS I THAT PLAT WAS PREPARED IN ACCORDANCE WITH GS. 47 30 AS AMENDED. WITNESS MY SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 13th DAY OF OCTOBER, 2020

NORTH CAROLINA PROFESSIONAL SEAL L-5208 MATTHEW E. GRANT

PROFESSIONAL LAND SURVEYOR: MATTHEW E. GRANT

Owner / Developer
D & F MOBILE HOME PARK LLC
117 CHESTNUT DRIVE
MOORESVILLE, N.C. 28117

LEGEND

- IPF - IRON PIPE FOUND
- IRF - IRON REBAR FOUND
- IRS - IRON REBAR SET
- EPF - EXISTING PLAT IRON
- PKN - PK NAIL
- AOW - AGENT OF WAY
- OB - OUTBUILDING
- ST - SEPTIC TANK
- OLL - OLD LOT LINE
- PL - POWER POLE
- CP - COMPUTED POINT
- SL - STREET LAMP
- PT - POWER TRANSFORMER
- TB - TELEPHONE PEDESTAL

NOTES:

THE SURVEYED IMPROVEMENTS DO NOT LIE WITHIN A FLOOD HAZARD AREA AS DETERMINED BY FLOOD MAP 3910478600J, EFFECTIVE DATE 3/19/2008

THIS PROPERTY IS SUBJECT TO ANY EASEMENTS OR RIGHT OF WAYS OF RECORD WHICH MAY EXIST ACROSS SAID PROPERTY.

IRON PINS ARE SET AT ALL PROPERTY CORNERS UNLESS OTHERWISE NOTED.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN THE U.S. DEPARTMENTS OF INTERIOR'S NATIONAL REGISTER OF HISTORIC PLACES.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN 2000 FEET OF A NORTH CAROLINA HORIZONTAL GRID MARKER.

Septic Easement Line Chart

Line	Bearing	Distance
EL1	S73°48'08"W	15.00'
EL2	N09°13'03"W	33.00'
EL3	N38°13'09"W	18.71'

Lot 1 Chart

Line	Bearing	Distance
L1	S73°48'08"W	15.00'
L2	S73°48'08"W	33.67'
L3	S73°48'08"W	55.29'
L4	S06°12'37"W	8.67'
L5	S74°14'13"W	79.17'
L6	S74°14'13"W	97.94'
L7	S74°14'13"W	33.99'
L8	S69°28'55"W	31.52'
L9	N09°13'03"W	13.94'
L10	N09°16'04"E	77.99'

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mail@jordan-grant.com (704) 528-7919
FIRM # P-1227

Recombination of Lots 1 & 2
D & F Mobile Home Park, LLC
As Recorded in Plat Book 70, Pg. 45

DRAWN BY: SAS	CHECKED BY: HGC
SCALE: 1"=60'	
DEED REF: ILLUSTRATED	PIN NO: ILLUSTRATED
DATE OF MAP: 12-12-20	SURVEY DATE: 02-13-20
REVISION:	DRAWING FILE: 20111224

OAKRIDGE FARM HIGHWAY - MOORESVILLE, N.C. 28115
SIDDLE CREEK TOWNSHIP — IREDELL COUNTY — NORTH CAROLINA

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.

_____ 11/30/20
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

Acknowledgement Of
Plans Submitted ONL
Patrick J Bozett Date 1/22/2021
Date 1/25/2021

76



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

APPLICATION NUMBER
313057 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4677686219.000	107 CRICKLEWOOD LN	IREDELL COUNTY

Owner Information	Applicant Information
Name:	Name: D&F MOBILE HOME PARK LLC
Address:	Address: 179 RIVER PARK RD. MOORESVILLE, NC 28117
Phone:	Phone: (914)255-5411

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.6	25	20	25	15	WSII-BOW Back Creek	NO

Remarks

SINGLEWIDE//NEED ZD HOLD BU PERMIT UNTIL LOTS ARE COMBINED

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: 12/02/2020

Permit Number	313057	TOTAL FEES:	$77.25