HS

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP313059

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

PIN # 4677685249

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

SITE ADDRESS: 112 Cricklewood Ln Mooresville NC 28115 | PHONE: 914-255-5411 | ALT. PHONE

SITE DIRECTIONS: NC 152 E to R on NC 150 E, L on Cricklewood, Lot on R | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: D and F Mobile Home Park LLC | SECTION: — | LOT # 1 | LOT AREA: 15,505 acres | DESIGN FLOW: 240 GPD | L.T.A.R.: Existing

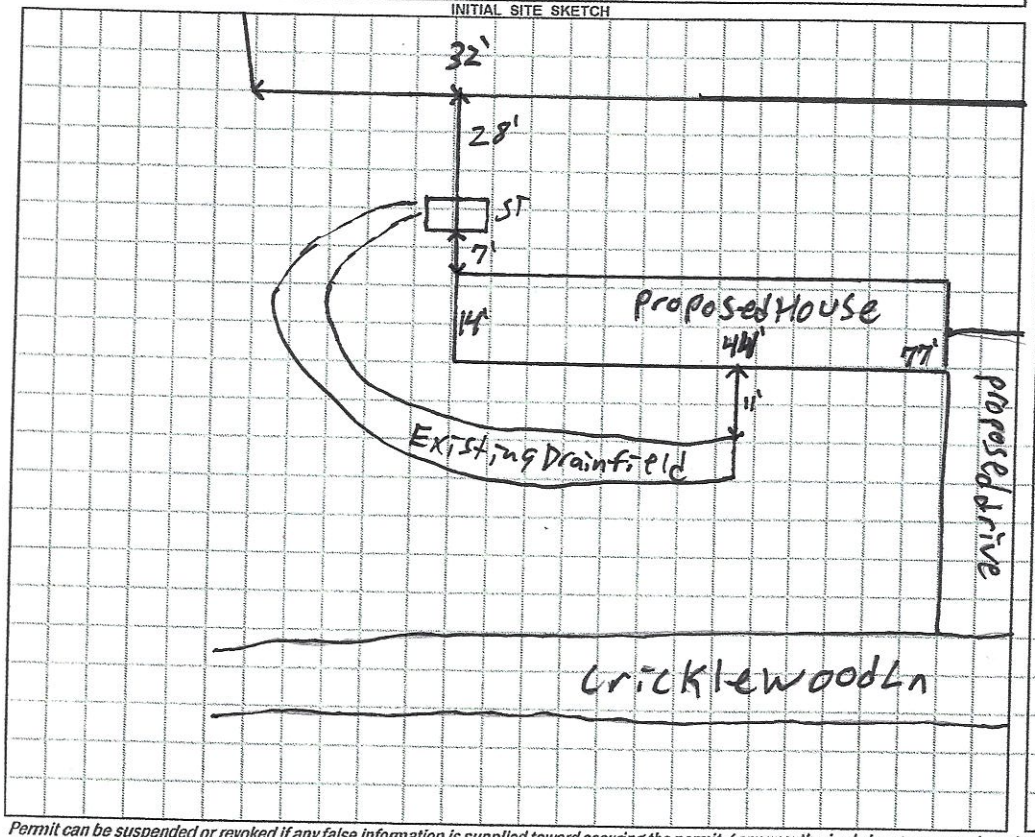
Septic Tank	1000 (gal)	STB	Existing	Date	Existing	[ ] New System [ ] Repair [ ] Expansion	System Type: I [II] III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Existing
# Nitrification Fields	EX	# Lines	STV	Linear Ft	—	Maintenance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

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

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

Comments / Conditions: DO NOT Drive on, store material or manipulate drainfield in any way.

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: JJ | Date: | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Patrick J Bg 2H | Date: 1/20/2021

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 04 2020

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-313059 $250.00

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: D3F Mobile home Park LLC Address: 117 Cross Lake Park Dr Zip: 28117
Applicant Email: Frank Flo@gmail.com Phone: (914) 2555911 Alt. Phone:
Owner Name: D3F Mobile home Park LLC Address: 117 Cross Lake Park Dr Zip: 28117
Owner Email: Frankflo@gmail.com Phone: 914 255 5911 Alt. Phone:

Property Information:

Street Address: 112 Circle Crest ln Mooresville NC 28115
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: Highway 150 to Cross Lake Park Dr

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:
Type of Business:
Non-Residential Site Development: Max. Number of Employees: Max. Number of Seats/Beds/Other:
Square Footage of Building: 1035

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: Number of Persons:
( ) Multi-connection Well Number of Houses:
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 5
( ) 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: _____ 11/30/20
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.

_____ _____

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 · NC

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

APPLICATION NUMBER
313059
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4677686219.000	112 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	15	25	WSII-BOW Coddle Creek	NO

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

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: 12/02/2020

Signature of Owner/Contractor

Permit Number	313059	TOTAL FEES:	$77.25