ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 306670

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

PIN # 4677685337 5349.126

APPLICANT/OWNER: D and F Home Park LLC | APPLICANT ADDRESS: 179 River Park Rd Mooresville NC 28117

SITE ADDRESS: 126 Cricklewood Ln Mooresville NC 28115 | PHONE: 914-255-5411 | ALT. PHONE —

SITE DIRECTIONS: E Statesville Ave to R on NC152E, L on Cricklewood Ln, house on L | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: D+F Mobile Home Park | SECTION: — | LOT # 2 | LOT AREA: 13.64 acres | DESIGN FLOW: 240GPD | L.T.A.R.: Existing

Septic Tank	Existing (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	Existing	Lines	Existing	Linear Ft	Existing	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	Existing	Trench Bottom Depth(Low side)	Existing	Gravel Depth	Existing	☐ GRAVITY	☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing

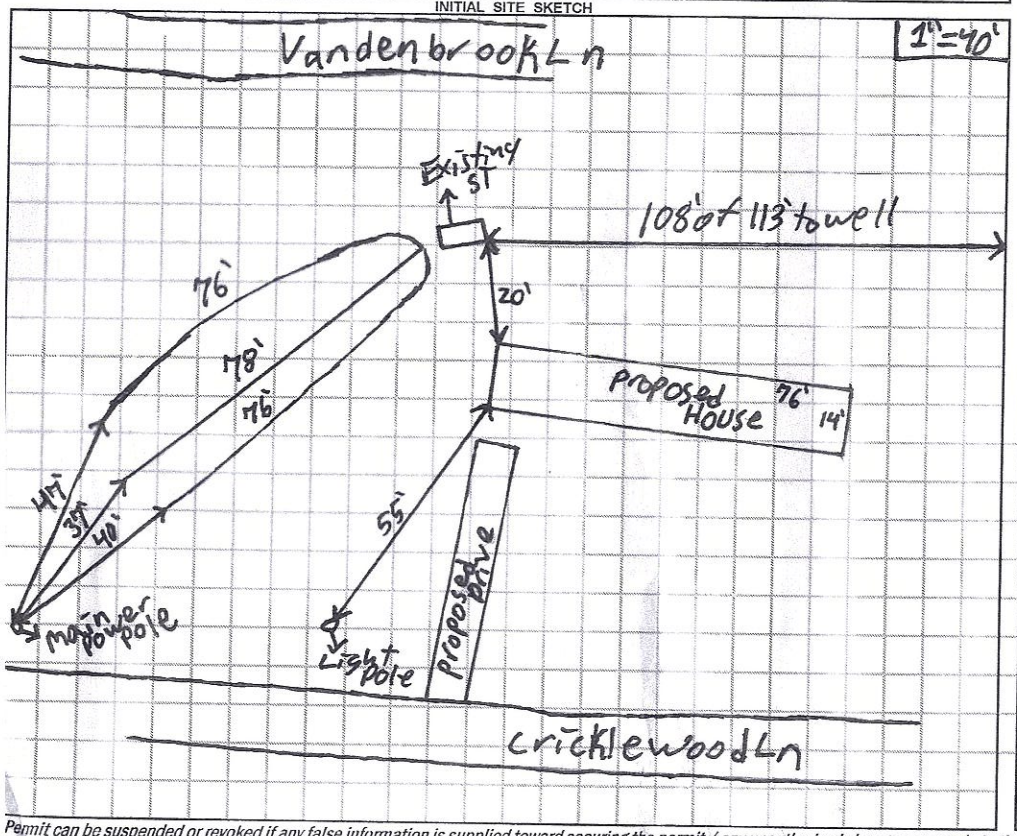
No. Bedrooms 2 | No. Persons 4 | No. Employees —

Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

Comments / Conditions: Do NOT drive on, Store material or manipulate drainfield in anyway.

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

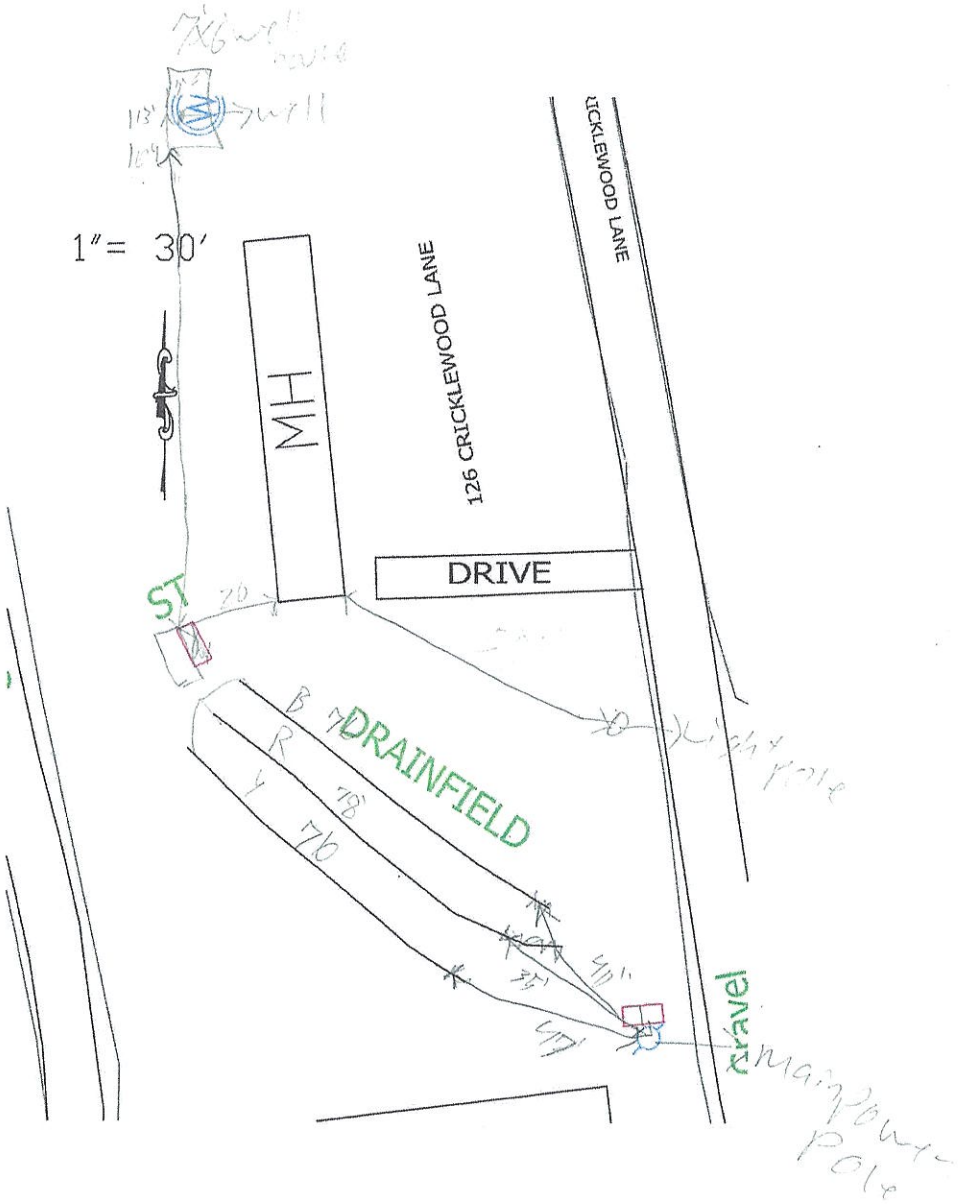
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☐ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner/ Applicant Signature: Acceptance of Permit Recrd | Date: 5.6.2020 | Installed by: —

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

AUTHORIZATION TO CONSTRUCT by: — | Date: — | Existing System Inspected by: Patrick J Bagley III | Date: 5/5/2020

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.


1" = 30'
MH
126 CRICKLEWOOD LANE
CRICKLEWOOD LANE
DRIVE
ST
DRAINFIELD
gravel

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)

Applicant Name: DF Mobile home Rentals Address: 179 river Park RD Mooresville NC Zip: 28117
Applicant Email: Frank F16@gmail.com Phone: (914)-255-5411 Alt. Phone:
Owner Name: D+F Mobile home Rentals LLC Address: 179 river Park RD Mooresville NC Zip: 28117
Owner Email: Frank F16@gmail.com Phone: (914)-255-5411 Alt. Phone:

Property Information:

Street Address: 120 Cricklewood Dr Mooresville NC 28115
Subdivision Name: Section/Phase: NA Lot Number: N/A
Driving Directions: Highway 150 (Oak Ridge Farm Hwy) to Vanessa Brown Ln

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

(X) New Single Family Residence Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence Maximum Number of Occupants: ____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ____
( ) Repair to failing septic system ___ Tank ___ 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: ____

CHECK FOUNDATION TYPE

(X) 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 (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 ( ) 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: ____ 4/6/20
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.

_____ _____
Signature of Owner(s) Date

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

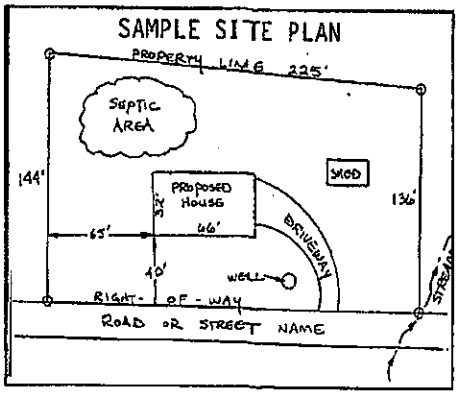
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

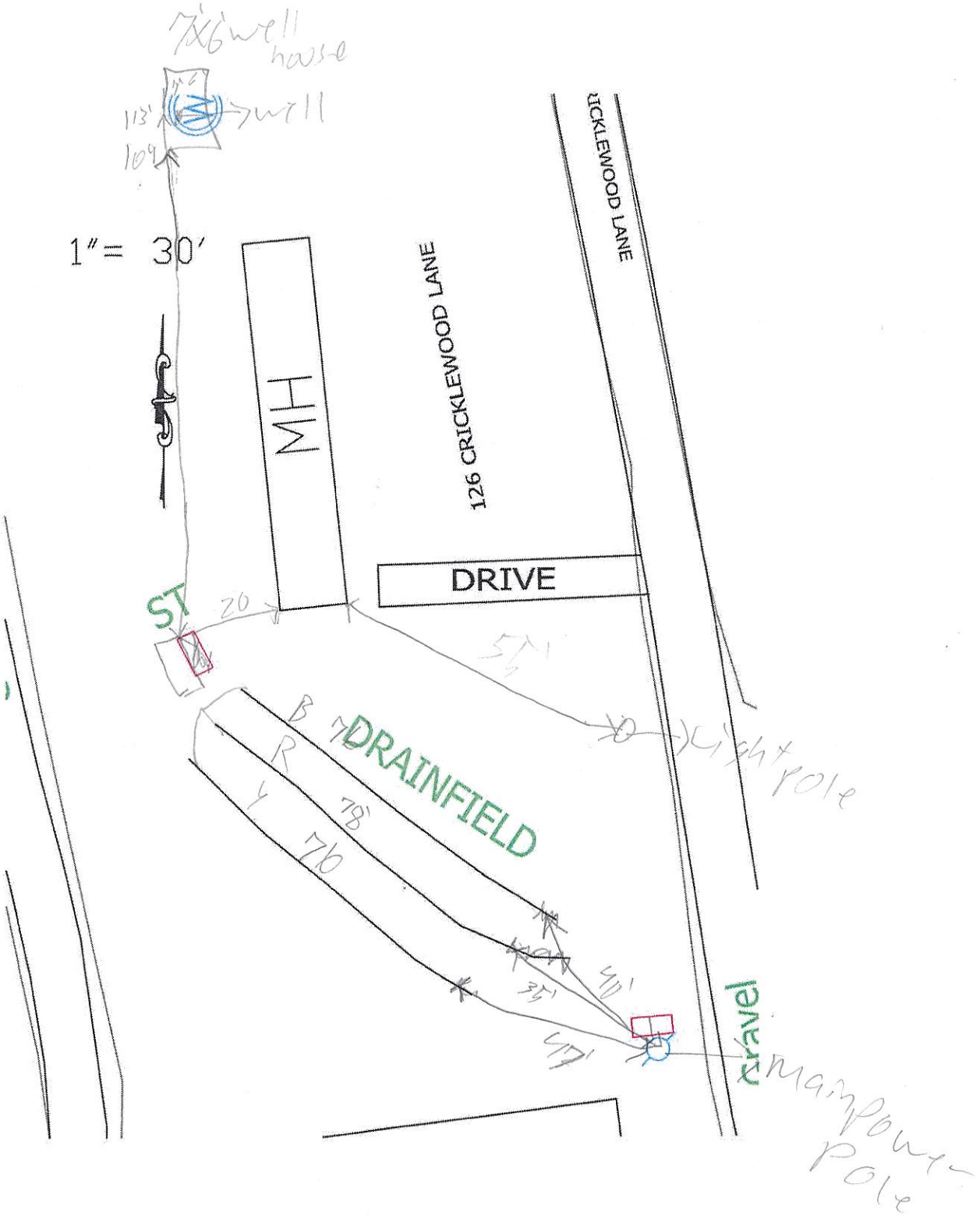
See Attached

Signature: _____

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

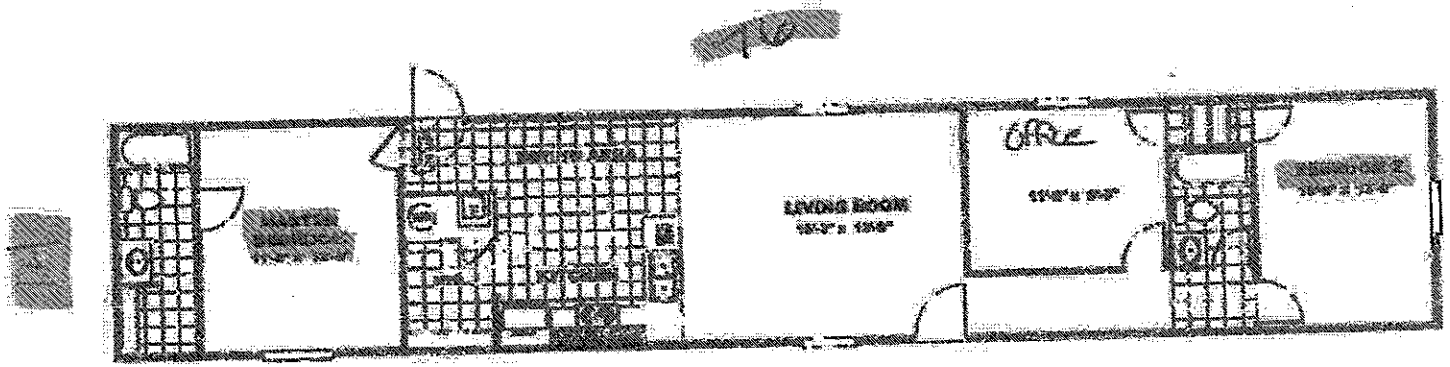
4/6/20

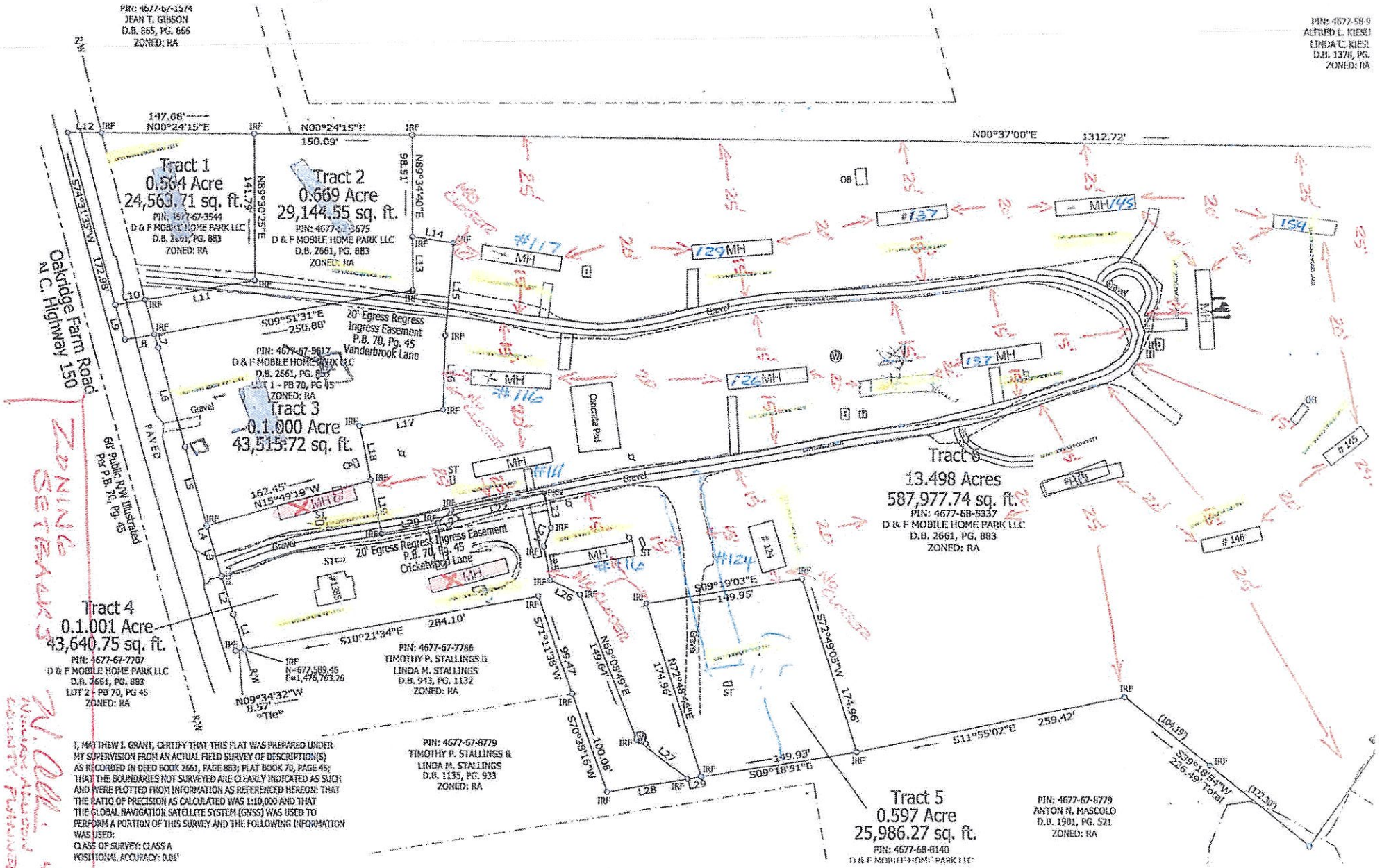
DATE


7'X6' well house
well
113'
109'
1" = 30'
MH
126 CRICKLEWOOD LANE
CRICKLEWOOD LANE
DRIVE
ST
20
DRAINFIELD
B
R
Y
78'
70'
Light Pole
Gravel
Main Power Pole

Acknowledgment Of
Plans Submittal ONL
Patrick J Bagett III Date 5/5/2020
Date 5/6/20

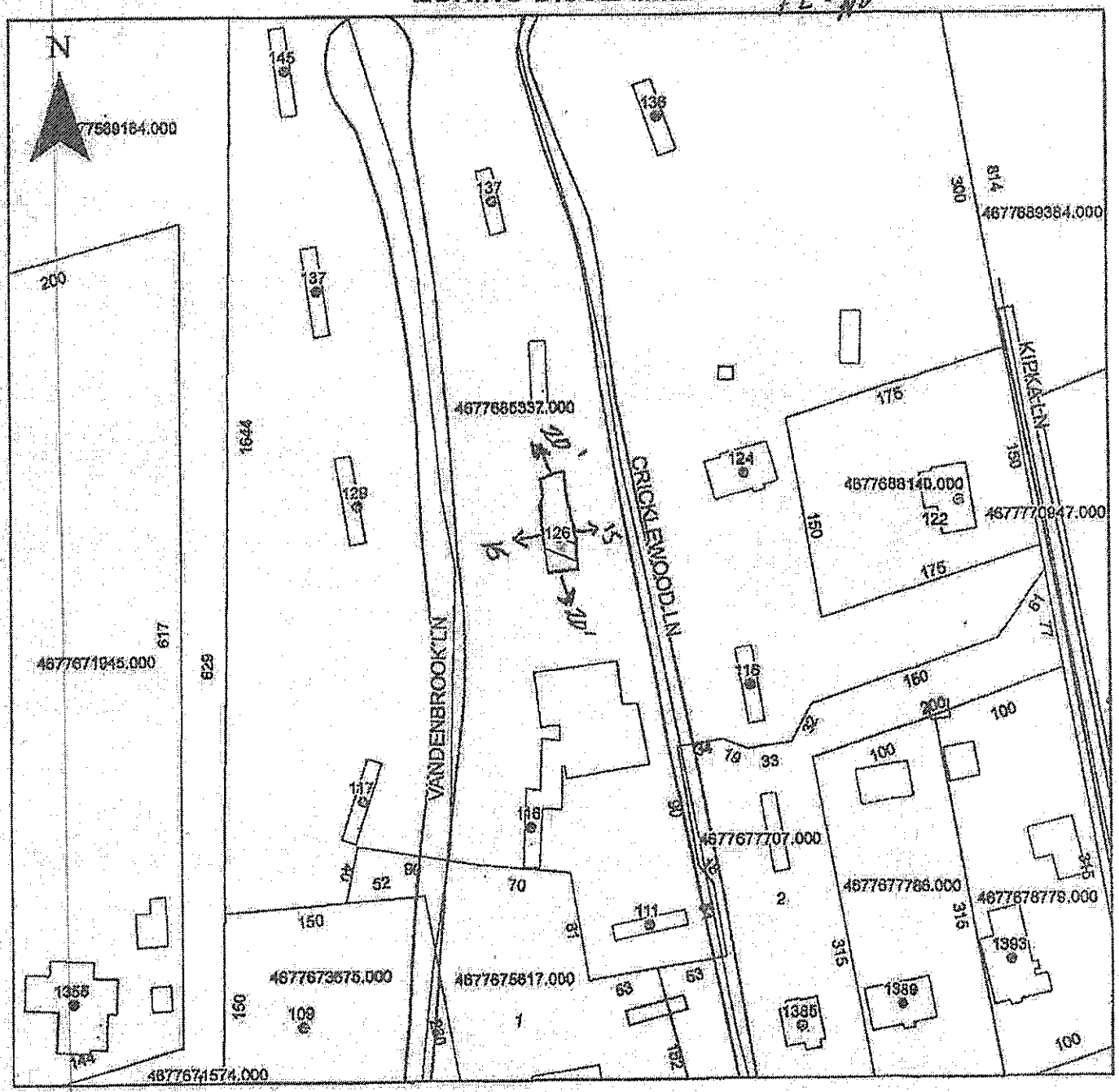
SIGN HERE




PIN: 4677-67-3574
JEAN T. GIBSON
D.B. 855, PG. 656
ZONED: RA
PIN: 4677-58-9
ALFRED L. KIESU
LINDA C. KIESU
D.B. 1378, PG.
ZONED: RA
Tract 1
0.564 Acre
24,563.71 sq. ft.
PIN: 4677-67-3544
D & F MOBILE HOME PARK LLC
D.B. 2661, PG. 883
ZONED: RA
Tract 2
0.669 Acre
29,144.55 sq. ft.
PIN: 4677-67-3675
D & F MOBILE HOME PARK LLC
D.B. 2661, PG. 883
ZONED: RA
Tract 3
0.1.000 Acre
43,515.72 sq. ft.
PIN: 4677-67-9617
D & F MOBILE HOME PARK LLC
D.B. 2661, PG. 883
LOT 1 - PB 70, PG 45
ZONED: RA
Tract 4
0.1.001 Acre
43,640.75 sq. ft.
PIN: 4677-67-7707
D & F MOBILE HOME PARK LLC
D.B. 2661, PG. 883
LOT 2 - PB 70, PG 45
ZONED: RA
Tract 5
0.597 Acre
25,986.27 sq. ft.
PIN: 4677-68-8140
D & F MOBILE HOME PARK LLC
Tract 6
13.498 Acres
587,977.74 sq. ft.
PIN: 4677-68-5337
D & F MOBILE HOME PARK LLC
D.B. 2661, PG. 883
ZONED: RA
Oakridge Farm Road
N. C. Highway 150
60' Public R/W Illustrated Per P.B. 70, Pg. 45
20' Egress Regress Ingress Easement P.B. 70, Pg. 45 Vanderbrook Lane
20' Egress Regress Ingress Easement P.B. 70, Pg. 45 Cricketwood Lane
PIN: 4677-67-7786
TIMOTHY P. STALLINGS &
LINDA M. STALLINGS
D.B. 943, PG. 1132
ZONED: RA
PIN: 4677-67-8779
TIMOTHY P. STALLINGS &
LINDA M. STALLINGS
D.B. 1135, PG. 933
ZONED: RA
PIN: 4677-67-8729
ANTON N. MASCOLO
D.B. 1901, PG. 521
ZONED: RA
N00°24'15"E 147.68'
N00°24'15"E 150.09'
N00°37'00"E 1312.72'
S74°31'35"W 172.98'
N69°40'40"E 98.51'
N69°30'25"E 141.79'
S09°51'31"E 250.68'
162.45' N15°49'19"W
S10°21'34"E 284.10'
N09°34'32"W 8.57'
S71°11'38"W 99.47'
S70°38'16"W 100.06'
N59°08'49"E 139.64'
N72°48'45"E 174.96'
S09°19'03"E 149.95'
S72°49'05"W 174.96'
S11°55'02"E 259.42'
S09°18'51"E 149.93'
S39°18'54"W 226.49' Total
(104.18')
(122.30')
Gravel
PAVED
Concrete Pad
Shed
OB
MH
#117
#116
#111
#124
#125
#126
#127
#129
#137
#145
#146
#154
I, MATTHEW L. GRANT, CERTIFY THAT THIS PLAT WAS PREPARED UNDER MY SUPERVISION FROM AN ACTUAL FIELD SURVEY OF DESCRIPTION(S) AS RECORDED IN DEED BOOK 2661, PAGE 883; PLAT BOOK 70, PAGE 45; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS SUCH AND WERE PLOTTED FROM INFORMATION AS REFERENCED HEREON; THAT THE RATIO OF PRECISION AS CALCULATED WAS 1:10,000 AND THAT THE GLOBAL NAVIGATION SATELLITE SYSTEM (GNSS) WAS USED TO PERFORM A PORTION OF THIS SURVEY AND THE FOLLOWING INFORMATION WAS USED:
CLASS OF SURVEY: CLASS A
POSITIONAL ACCURACY: 0.01'
ZONING SETBACKS
R.W.
4-3-20

RA 13.64
WS II BOW Back Creek
FL-NO

ZONING DISCLAIMER



Property Address 124 Cricklewood Ln.

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.

4/13/20

Applicant Date