ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP306677

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

PIN # 4677685337 5249.141

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

SITE ADDRESS: 141 Crickle Wood Ln Mooresville NC 28117 | PHONE: 914-255-5411 | ALT. PHONE

SITE DIRECTIONS: E Statesville Ave to R on NC152E, S on NC150E, L on Crickle wood Ln, Lot at end | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: D + F Mobile Home Park | SECTION: | LOT # | LOT AREA: 13.64 Acres | DESIGN FLOW: 240 GPD | L.T.A.R.: EXISTING

Septic Tank	(gal)	STB	Date
Pump Tank	(gal)	PT	Date
Pump Make	Model		Serial #
# Nitrification Fields	# Lines		Linear Ft
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth EXISTING

EXISTING / EXISTING

[ ] New System [ ] Repair [ ] Expansion System Type: I [II] III IV V VI

System Description: EXISTING

Repair System Description: EXISTING

Maintenance Agreement Required: [ ] YES [X] NO

[ ] GRAVITY [ ] PRESSURE

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

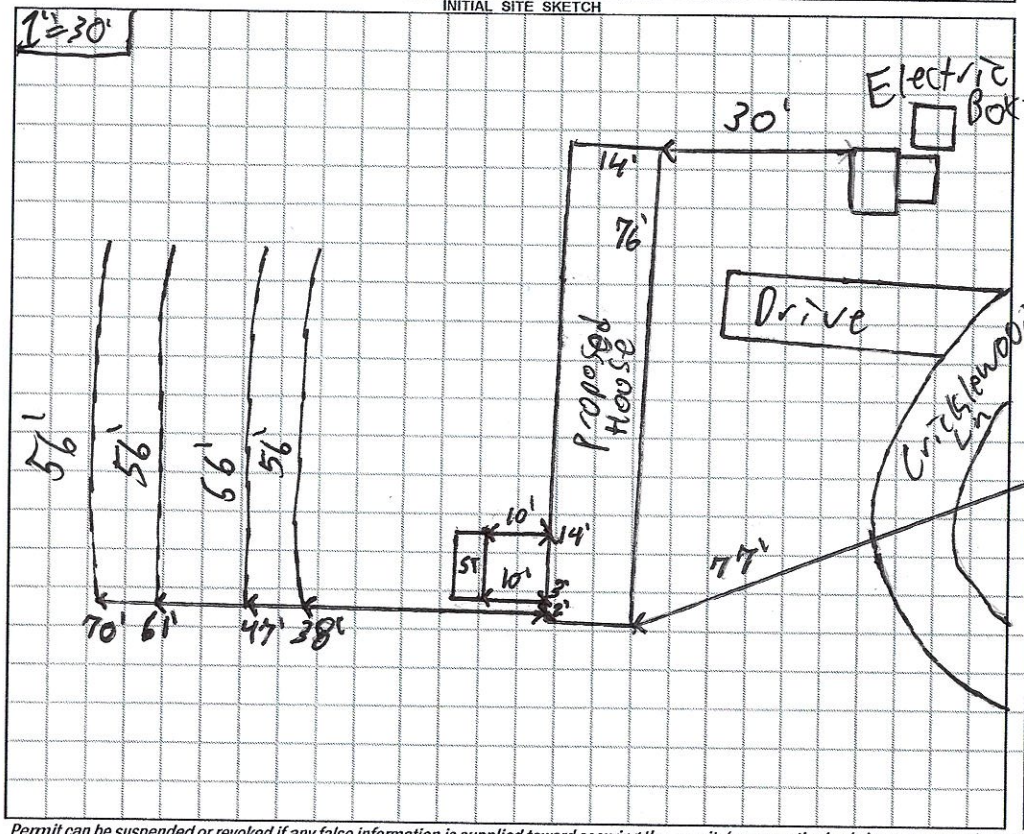
No. Bedrooms 2 | No. Persons 4 | No. Employees | [X] Crawl Space

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

[ ] Basement w/o plumbing

Comments / Conditions: Do not Drive on, stor material on, or manipulate drain field 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: Acceptance of Permit Rec'd | Date: 6-30-2020 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Patrick J Bagley II | Date: 6/29/2020

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 inspection time.

Pd. $150.00 6/10/20

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: 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:

Street Address: 141 Cricklewood ln Mooresville NC 28117

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
(X) Repair to failing septic system (X) 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:**

Maximum Number of Bedrooms: 3 2
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

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: _____ 4/6/20 6/10/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

HS

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 # AP306677

PIN # 4677685337

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

SITE ADDRESS: 141 Cricklewood Ln Mooresville NC 28117 | PHONE: 914-253-5411 | ALT. PHONE

SITE DIRECTIONS: Statesville Ave to R on NC-152E, S on NC-150E, L on Cricklewood Ln, Lot at end

SUBDIVISION: ✓ | SECTION: — | LOT # — | LOT AREA: 13.64 acres | SAP CONTROLLED: [X] YES [ ] NO | DESIGN FLOW: 2406PD | L.T.A.R.: Existing

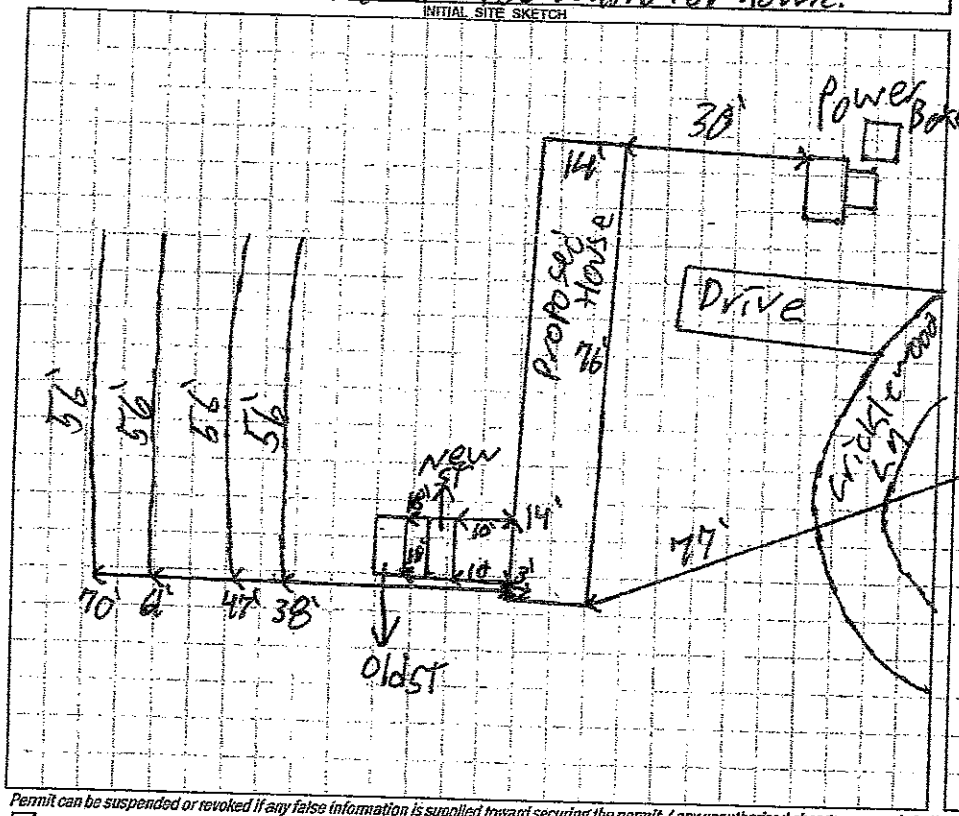
Septic Tank	1000 (gal)	STB	760	Date	3-24-20	[ ] New System	[X] Repair	[ ] Expansion	System Type: I [II] III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing + New tank		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Existing		
# Nitrification Fields	Existing	# Lines	Existing	Linear Ft	Existing	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	Existing	Trench Bottom Depth(Low side)	Existing	Gravel Depth	Existing	[X] GRAVITY	[ ] PRESSURE		

[X] Residence	No. Bedrooms	2	Water Supply
[ ] Business	No. Persons	4	[ ] Private
[ ] Other	No. Employees		[ ] Public
[ ] Slab	[X] Crawl Space		[X] Community
[ ] Basement w/plumbing			[ ] Basement w/o plumbing

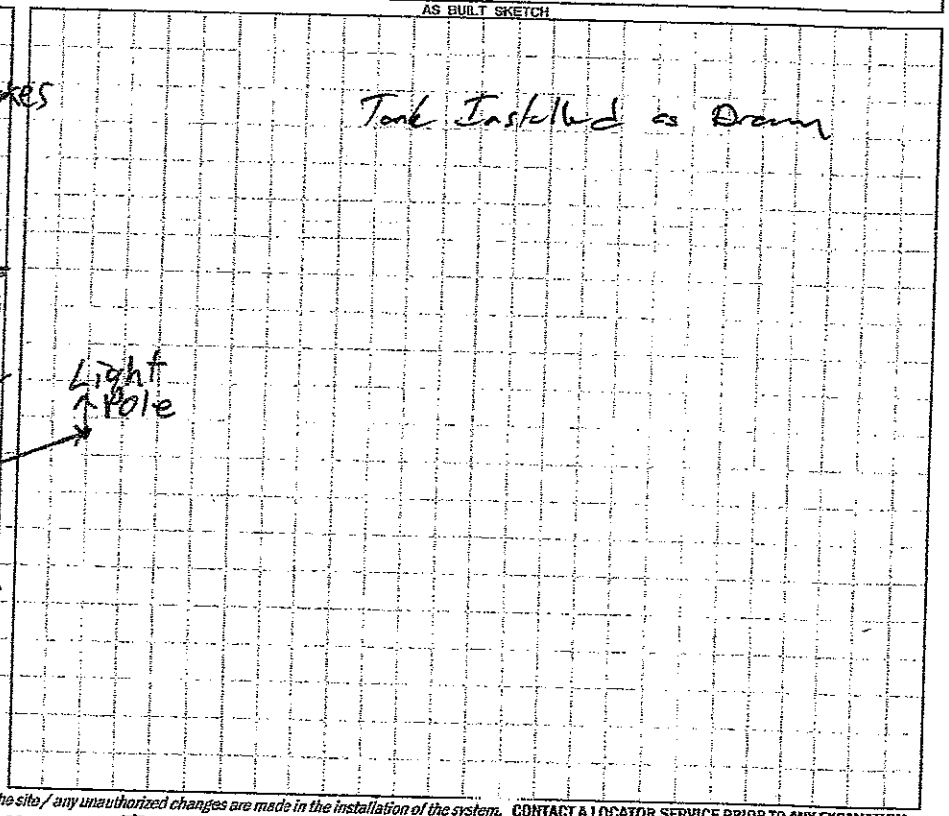
Comments / Conditions: Do Not drive on, store material or manipulate drainfield in any way. Pump crush and Fill old tank. New Tank must be 5' off foundation of home.

Recommend Finding DBox and replacing if Necessary

INITIAL SITE SKETCH



AS BUILT SKETCH



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[ ] 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: Acceptance of Permit Valid | Date: 6-8-2020 | Installed by: Leste Wastewater

IMPROVEMENT PERMIT by: Patrick Boyle III | Date: 6/9/2020 | OPERATION PERMIT by: | Date: 6-25-2020

AUTHORIZATION TO CONSTRUCT by: Patrick Boyle III | Date: 6/9/2020 | 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 inspector to confirm your inspection time.