File/Permit #: 2024-601483

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IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

EXISTING SYSTEM APPROVAL

Issued by: ☒ Local Health Department ☐ AOWE ☐ Certified Inspector

☒ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☒ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Mason Harwell
Mailing Address: 133 Dishman Ridge Ln
City: Hiddenite
State: NC Zip: 28636
Phone #: 770-826-7902
Email: masonharwell142@gmail.com

Owner: Timothy Dishman
Mailing Address: 483 Pisgah Ridge Circle
City: Hiddenite
State: NC Zip: 28636
Phone #:
Email:

PIN/Lot Identifier: 4719-08-7292
Property Location/Address: 491 Pisgah Ridge Circle, Hiddenite 28636 (No sub)
Facility Type: ☐ House/Modular ☒ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: 2024-601483 Design Daily Flow: 360 GPD
Number of Bedrooms: 3 Max # Occupants: 6 Other:
Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Replacing existing mobile home with a new one.

All of the following must be checked for approval:

***For Reconnections:**
- ☒ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☒ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☒ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☒ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☒ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☐ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: System appeared to be working at time of inspection.

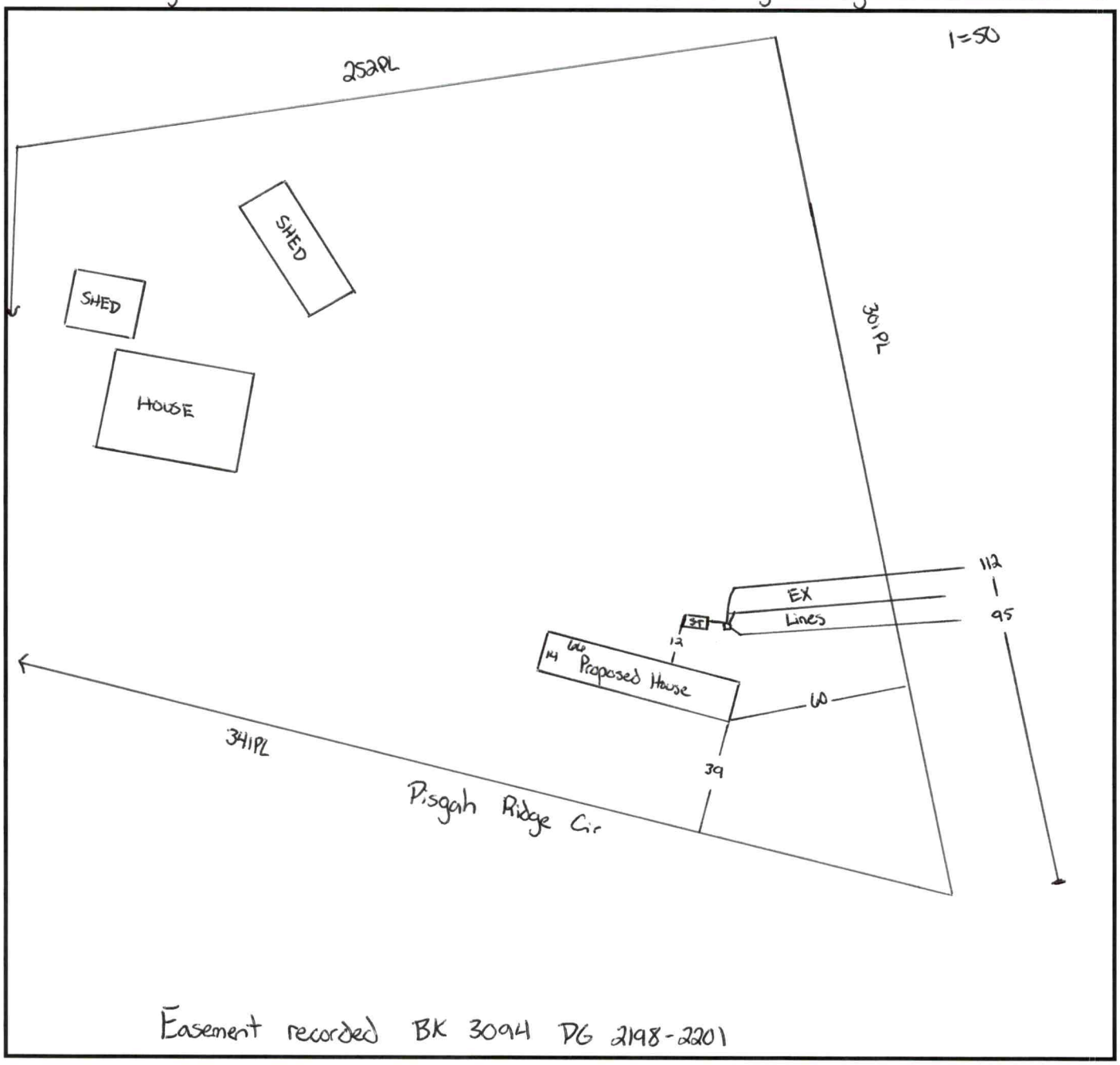
Inspector's Printed Name: Cory Whicher Inspector Certification #: 3014
Inspector's Signature: Cory Whicher Date: 10/29/24

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: 2024-61483 PIN/Lot Identifier: 4719-08-7292

Owner: Timothy Dishman Property Location/Address: 491 Pisgah Ridge Circle



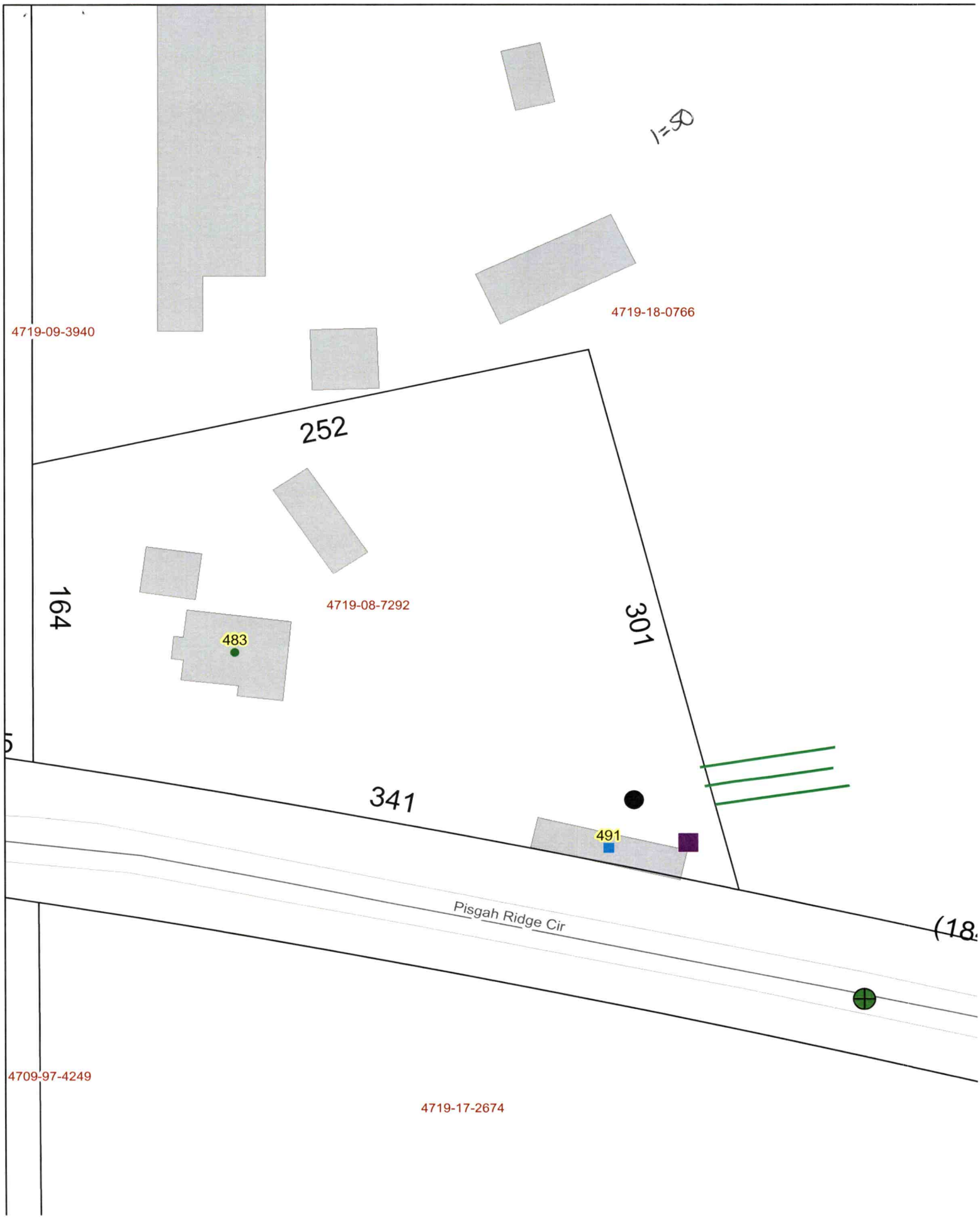
Include the existing and proposed structures and applicable setbacks.

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department


1=50
4719-18-0766
4719-09-3940
252
164
4719-08-7292
301
483
341
491
Pisgah Ridge Cir
4709-97-4249
4719-17-2674

704-880-0157 Pat

PERMIT SNAPSHOT REPORT OSWP-2024-61483 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	09/10/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Whicker, Cory	**Approval Expire Date:**	

Description: Need an existing septic system inspected in order to move a new mobile home onto lot.

Parcel: 4719087292.000 Main	**Address:** 491 Pisgah Ridge Cir Hiddenite, NC 28636 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent Mason Harwell Home: (770) 826-7902 Mobile: (770) 826-7902	Applicant/Authorized Agent Jamie Mae Harwell 133 Dishman Ridge Lane Hiddenite, NC 28636	Property Owner TIMOTHY D+STEPHANIE DISHMAN

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	14x66 singlewide mobile home, 924 sq ft
What are the proposed structures	New Single-Family Residence - Mobile Home	Type of New Single-Family Residence	Mobile Home	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain		Number of Occupants	3	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Pump Make		# of Nitrification Fields	
Model		Serial #		Septic System Type	II
System Description	Conventional gravity	Repair System Description		Maintenance Agreement Required	No
Gravity/Pressure	Gravity	Comments/Conditions		Permit type(s)	Improvement Permit with Site Plan
Has this project been approved by TRC	No	Lot Acreage	1.504	Back Setback	35
Left Setback	15	Right Setback	15	Zoning Permit Issued Date	Sep 13 2024 12:00AM
Zoning Permit Expiration Date	Mar 12 2025 12:00AM	Is the structure or development in the floodplain	No	Is the property in a local historic district?	No
Is the property located downtown?	No	Zoning Notes/Addendums	OK to replace mobile home in existing location; cannot go closer to front property line.	Additional Unique Setbacks Apply	No
Watershed	WSIV PA SOUTH YADKIN				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Jamie_Mae_9/10/2024.jpg	09/10/2024 11:30	Harwell, Jamie Mae		Uploaded via CSS

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-251926	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	09/26/2024	09/27/2024 0:00	09/27/2024 0:00	09/27/2024 8:33	09/27/2024 8:33

Inspectors: Botkins, Ben (Primary)

PERMIT SNAPSHOT REPORT (OSWP-2024-61483)

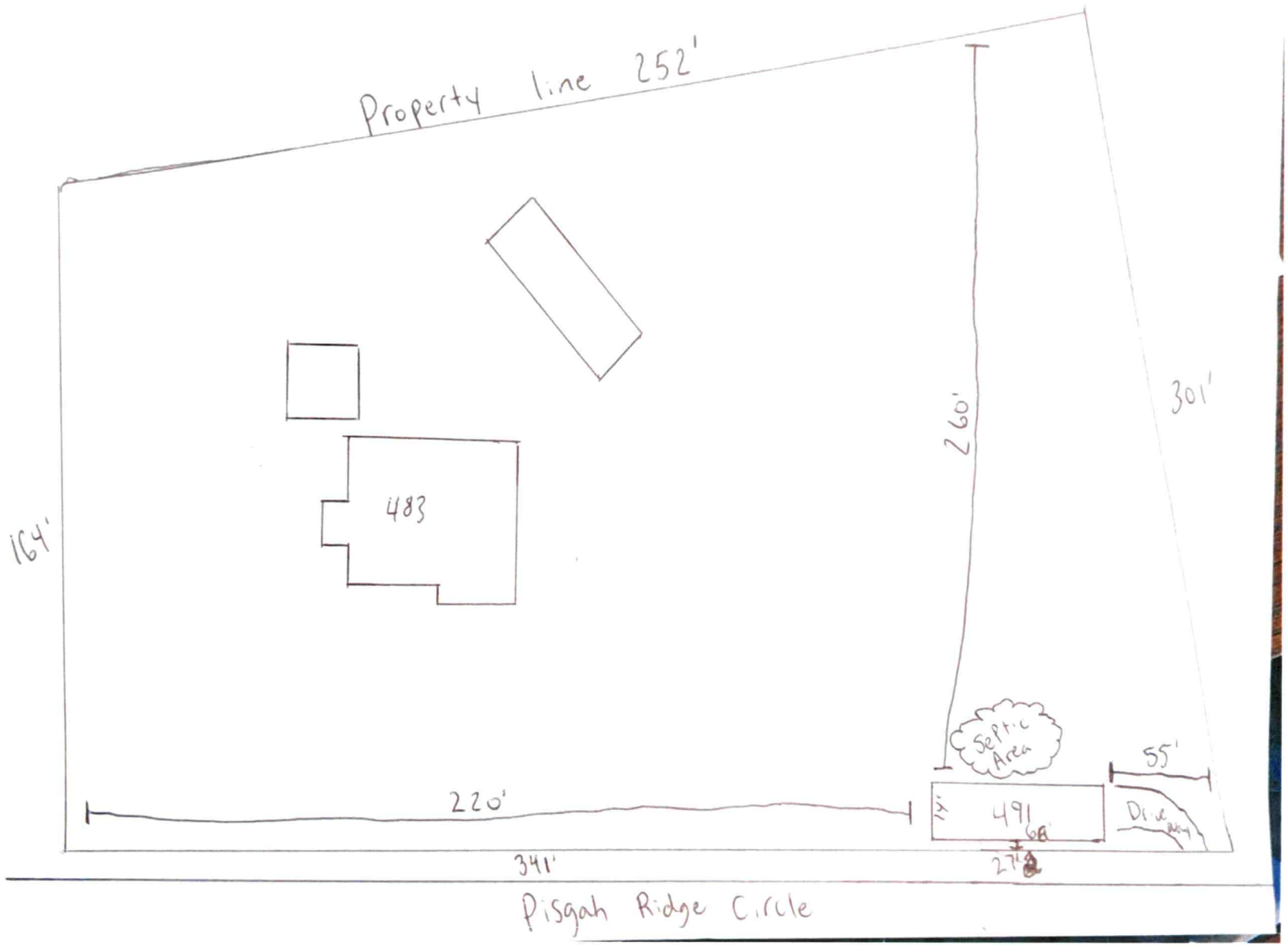
Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Note	Created By	Date and Time Created
1. OK to replace mobile home in existing location; cannot go closer to front property line.	Rebecca Harper	09/12/2024 11:34
2. I have a scheduled meeting with Mason on 9-25-24 at 4pm at site.	Peter Mravetz	09/18/2024 10:19

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00035877	Iredell Zoning Permit Fee	$75.00	$75.00
	Existing System Inspection	$250.00	$250.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	Total for Invoice INV-00035877	$327.25	$327.25
	Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		09/10/2024 15:40	09/10/2024 15:41
Confirm application complete v.1	Generic Action		09/10/2024 15:41
Zoning Review v.1		09/12/2024 13:18	09/16/2024 8:49
~~Floodplain Admin Overview v.1~~	Task		09/12/2024 11:34
Iredell County Zoning Approval v.1	Task	09/12/2024 13:18	09/12/2024 13:19
Issue Invoice v.1	Generic Action		09/12/2024 13:19
Fees Paid v.1	Generic Action		09/16/2024 8:49
Fees v.1		09/16/2024 8:49	09/16/2024 8:49
Issue Invoice v.1	Generic Action		09/16/2024 8:49
Fees Paid v.1	Generic Action		09/16/2024 8:49
Lot Readiness Verification v.1		09/26/2024 7:54	
OSWP Septic Preliminary Site Visit v.1	Inspection	09/26/2024 7:54	09/26/2024 7:54
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

Site Plan


Property line 252'
301'
260'
164'
483
Septic Area
55'
220'
341'
491
Pisgah Ridge Circle

Y9379

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17418 DATE 11/15/93 TAX MAP NO. 14K-A-27 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR LEEOMIA M. DISHMAN PHONE: Business _____ Home 876-3398

ADDRESS RT. 2 BOX 198, HIDDENITE, NC

LOCATION NC 115 'N, TL PISGAH CH. RD, TR' HILL FARM RD, TL PISGAH RIDGE CIR, BEAR (R), CROSS CREEK

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ACREAGE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet EXISTING

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I II III IV V VI

System Description: CONV. GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

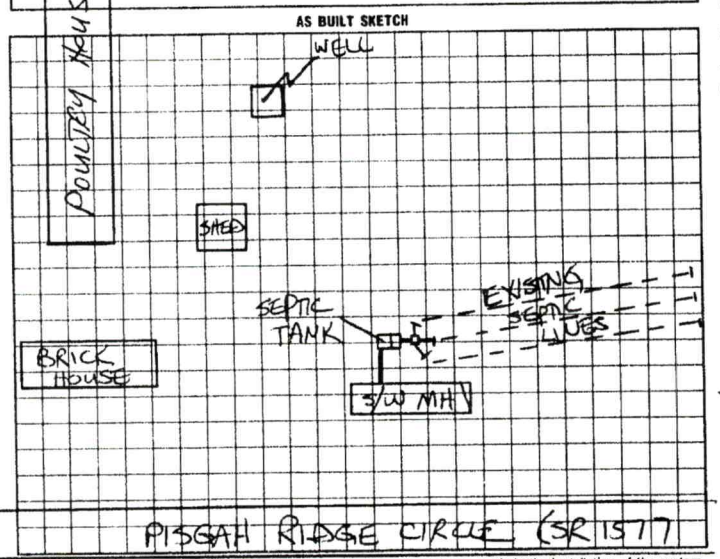
Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments:

Comments: (1) KEEP MH MINIMUM 5' FROM SEPTIC SYSTEM

INITIAL SITE SKETCH

AS BUILT SKETCH



MH, BRICK HOUSE ON (R) WITH POULTRY HOUSE BEHIND.

I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 11/15/93

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL): GOLD