ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # OSWP-2022-6751

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

PIN # 4760 -- 15 -- 7077

APPLICANT/OWNER: ANA CASTANON | APPLICANT ADDRESS: 111 ORCHID LANE, MOORESVILLE, N.C. 28115

SITE ADDRESS: 103 HUBIE LANE, TROUTMAN, N.C. 28166 | PHONE: 704-430-5114 | ALT. PHONE: –

SITE DIRECTIONS: (S) ON 21, (L) ON OSTWALT AMITY, (R) ON WEATHERS CREEK, (R) ON HUBIE, LOT ON (L) | SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

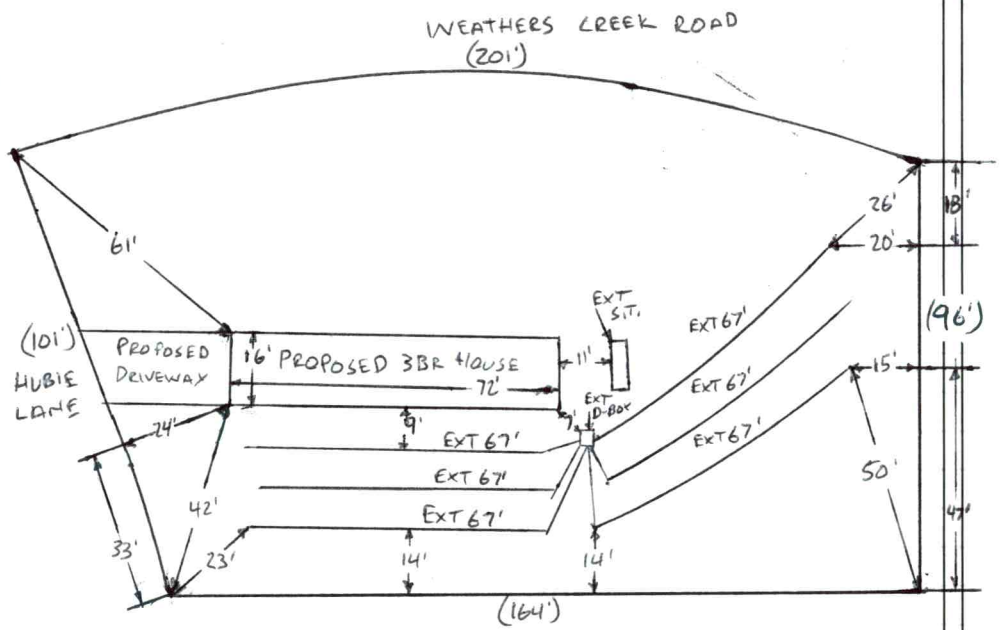
SUBDIVISION: COUNTRY VIEW ESTATES MHP | SECTION: 2 | LOT # 1 | LOT AREA: 0.44 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

Septic Tank	EXT (gal)	STB	EXT	Date	EXT	☐ 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	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees	–	☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: SYSTEM FUNCTIONING AT TIME OF INSPECTION, SEE PREVIOUS 3BR SYSTEM FROM 1998

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Burgent C. White Date: 12-13-2022

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

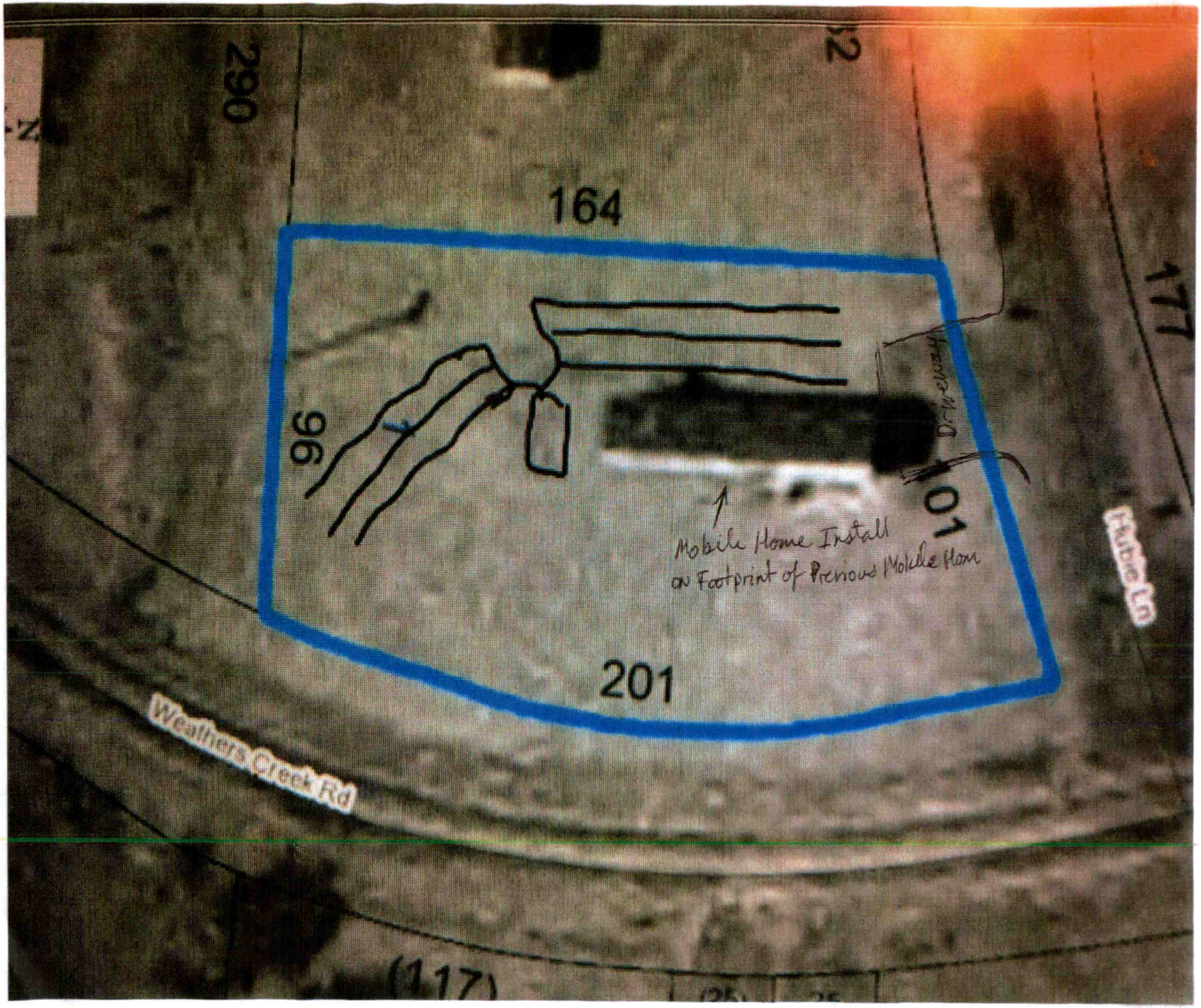
12-19-2022

Ana Castanon

anacastanon

Burnett C. Willett 12-22-2022




290
164
96
101
177
201
Driveway
Mobile Home Install
on Footprint of Previous Mobile Hom
Weathers Creek Rd

COUNTY HEALTH DEPARTMENT

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

MENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

1354 PIN# 4760 15 7284 PF 4760 15 7077 DATE 2/24/98

CTOR Howard & Associates PHONE: Business 892-3152 Home

20 Shearer Rd Davidson, NC 28036

y 115 N TR Shinnville Rd TR Weathers Creek ON corner of Sydney out of

anview Est BLOCK / SECTION LOT 1 LOT AREA .57 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. 0.3

500 Gallons; STB 794 Date 6/5/98

Gallons; PT Date

Model Serial No.

Fields 1 Square Feet 1200 Linear Feet 400

e7' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Grav. Conventional

Repair System Description: Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

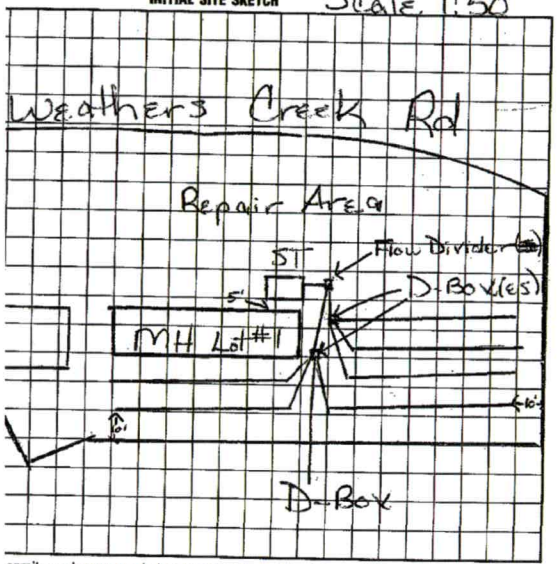
Water Supply:
☒ Individual
☐ Public
☐ Community
Multi-Connect.

ons: Keep Septic System at least 5' from 10' from property lines

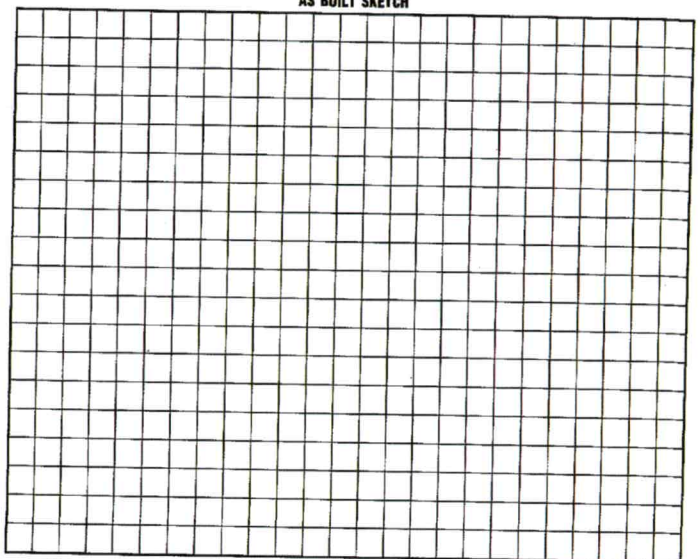
Comments:/Conditions:

#7
#5
#6

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH



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rovement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not

?. Howard date 3-12-98

: Mina H. Gibson date 3/9/98

uct by: Mina H. Gibson date 3/9/98

Installed by: LARRY BEAM

Operation Permit by: [signature] date 3/9/98

Existing System Inspection by: date

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

PERMIT SNAPSHOT REPORT OSWP-2022-6751
FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	10/12/2022
Work Class:	EH Existing Septic System	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	

Description: Existing septic system. Mobile home to be installed in lot. ***103 HUBIE LN

Parcel: 4760157077.000 Main	**Address:**	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
DAVID EDWARDS	Ana Castanon
2474 SHELTON AVE	111 Orchid Ln
STATESVILLE, NC 28677	Mooresville, NC 28115
	Mobile: (704) 430-5114

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	Yes	All proposed structure dimensions	Mobile home: 14x80 (ft.)	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain		Maximum Number of Bedrooms	3	Number of Occupants	3
Foundation Type	Crawl Space Foundation	Water Supply	Other Public Water	Desired Septic System Type	No Preference
If existing, Year existing system installed	2001	Has this project been approved by TRC	No	Lot Acreage	0.44
Front Setback	35	Back Setback	35	Left Setback	25
Right Setback	15	Is the structure or development in the floodplain	No	Is the property located downtown?	No
Is the property in a local historic district?	No	Additional Unique Setbacks Apply	Yes	Zoning Notes/Addendums	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 more than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.
Watershed	NOT IN A WATERSHED				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Ana_Castanon_10/12/2022.jpg	10/12/2022 8:46	Castanon, Ana		Uploaded via CSS
2022-10-12 (1)_v1.pdf	10/17/2022 8:05	Nebel, Barbara	Available Online	Authorize to Act as Agent

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093845 PIN# 4760 15 7077 DATE 1/5/01

OWNER OR CONTRACTOR Joel R Howard PHONE: Business 878-6750 Home

ADDRESS 103 Huffington Trail Mooresville, NC. 28166

LOCATION Shingle Tr. Weathers Creek TL Hubie (L) corner lot

SUBDIVISION Country Manor Estates BLOCK / SECTION LOT 1 LOT AREA 1.44 ac SITE CLASS. DESIGN FLOW 360 L.T.A.R.

Septic Tank: 1000 EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 400

No Lines 6 Trench EXISTING SYSTEM Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description: EXISTING SYSTEM

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

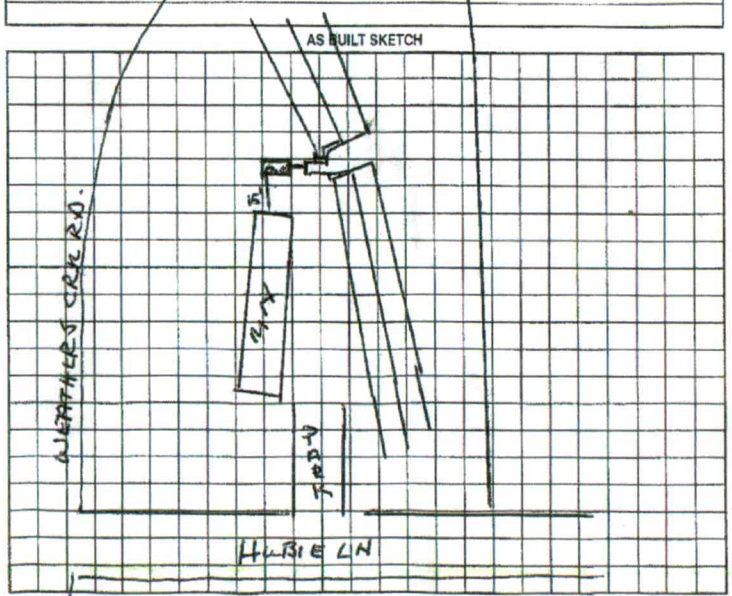
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

Comments:/Conditions: GRAVEL RWAY

INITIAL SITE SKETCH

AS BUILT SKETCH



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Signed: date

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: Wesley Sparks R.S. date 1/5/01

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