# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

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

PERMIT # OSWP 2024-49662

PIN # 4638 -- 57 -- 9871

APPLICANT/OWNER: Jeanie Lentz

APPLICANT ADDRESS: 463 Lentz Rd, Statesville, NC 28625

SITE ADDRESS: 168 Kiskadee Dr, Mooresville, NC 28117

PHONE: 980-829-3278

ALT. PHONE

SITE DIRECTIONS: N Perth -> L Stumpy Creek -> L Kiskadee -> lot on R

SAP CONTROLLED: [ ] YES [X] NO

SUBDIVISION: Harbor View - Kiskadee

SECTION: 9

LOT # 10

LOT AREA: 0.7

DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): existing

L.T.A.R (Repair): existing

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank 1000 (gal) | STB 760 | Date | [ ] New System [X] Repair [ ] Expansion | System Type: I II [III] IV V VI | [X] Residence | No. Bedrooms 3 | Water Supply |
| Pump Tank (gal) | PT | Date | System Description: Ex. Chambers | | [ ] Business | No. Persons 6 | [ ] Private |
| Pump Make | Model | Serial # | Repair System Description: New Tank | | [ ] Other | No. Employees | [ ] Public |
| # Nitrification Fields 1 | # Lines 6 | Linear Ft: existing | Maintenance Agreement Required: [ ] YES [X] NO | | [ ] Slab | [X] Crawl Space | [X] Community |
| Trench Width ex | *Max. Trench Depth(Initial) ex | *Max. Trench Depth(Repair) ex | Gravel Depth n/a | [X] GRAVITY [ ] PRESSURE | [ ] Basement w/plumbing | [ ] Basement w/o plumbing | |
| * Measured on the downhill side of the trench | Effluent Standard: [X] DSE [ ] HSE [ ] TS-I [ ] TS-II [ ] RCW [ ] NSF/ANSI 40 | | Usable Depth to LC (Initial): existing | | Usable Depth to LC (Repair): existing | | *Limiting Condition* |

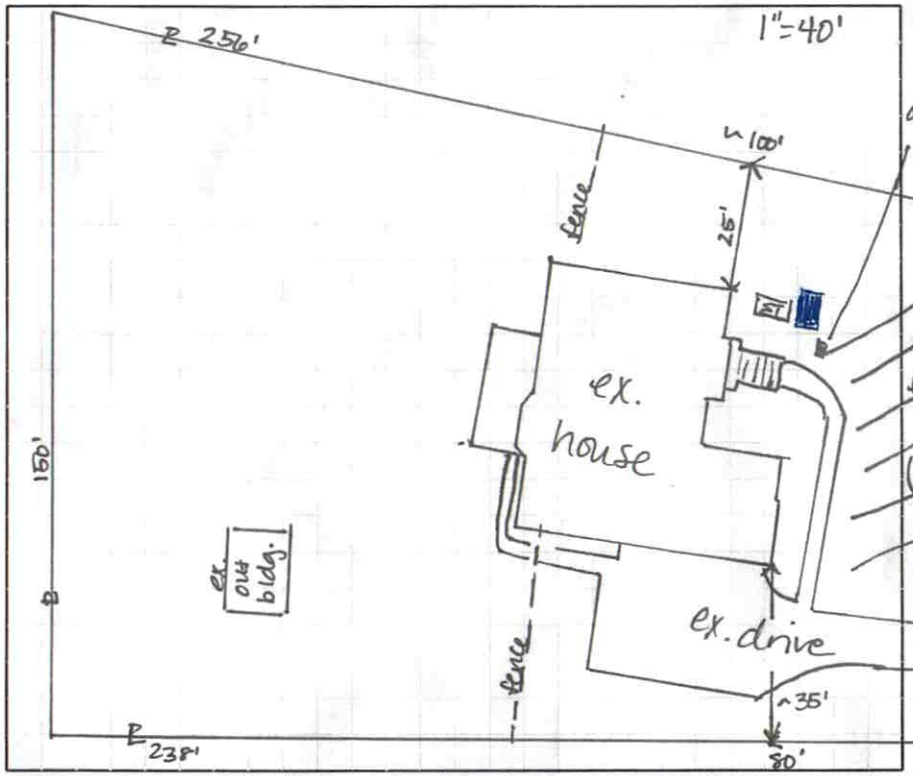
Comments / Conditions: Pump, crush & fill existing tank. May alter tank location as long as all setbacks are met. Adjust and or replace flow divider - appears distribution is uneven. (or D-Box)

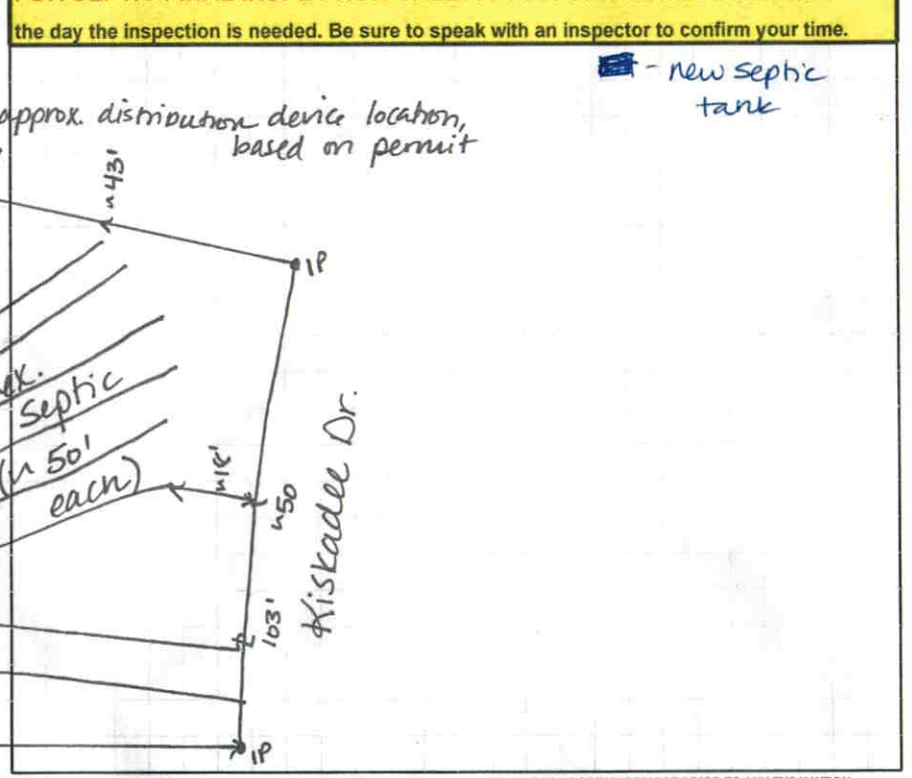
Remove irrigation.

Front corners located w/ flags during eval.

AS BUILT SKETCH

INITIAL SITE 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.

ST - new septic tank

*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.* [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: Online Signature Date:

Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: D. Wisberg Date: 3/27/24

OPERATION PERMIT by: Matt Wi Date: 4/24/24

AUTHORIZATION TO CONSTRUCT by: D. Wisberg Date: 3/27/24

Existing System Inspected by: Date:

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PHONE: 980-829-3278

ALT. PHONE

SITE DIRECTIONS: N Perth -> L Stumpy Creek -> L Kiskadee -> lot on R

SAP CONTROLLED: [ ] YES [X] NO

SUBDIVISION: Harbor View - Kiskadee

SECTION: 9

LOT # 10

LOT AREA: 0.7

DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): existing

L.T.A.R (Repair): existing

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines 6 Linear Ft: existing

Trench Width ex *Max. Trench Depth(Initial) ex *Max. Trench Depth(Repair) ex Gravel Depth n/a

* Measured on the downhill side of the trench

Effluent Standard: [x] DSE [ ] HSE [ ] TS-I [ ] TS-II [ ] RCW [ ] NSF/ANSI 40

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

System Description: Ex. Chambers

Repair System Description: New Tank

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

Usable Depth to LC (Initial): existing

Usable Depth to LC (Repair): existing

[X] Residence No. Bedrooms 3

[ ] Business No. Persons 6

[ ] Other No. Employees

[ ] Slab [X] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

Limiting Condition

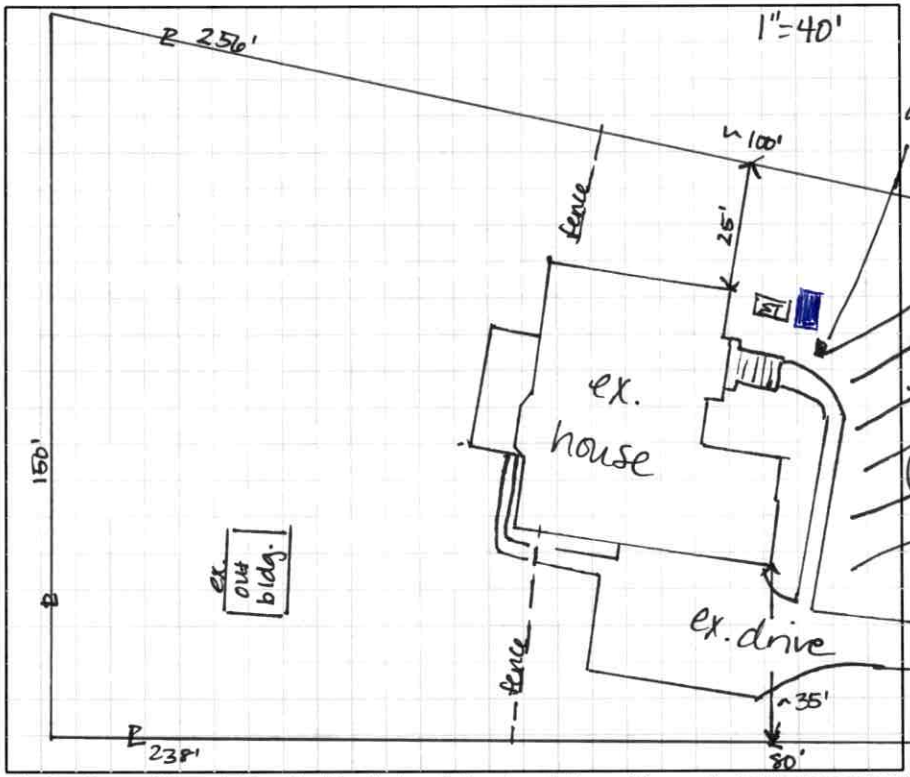
Water Supply: [ ] Private [ ] Public [X] Community

Comments / Conditions: Pump, crush & fill existing tank. May alter tank location as long as all setbacks are met. Adjust and or replace flow divider - appears distribution is uneven. (or D-Box)

Remove irrigation.

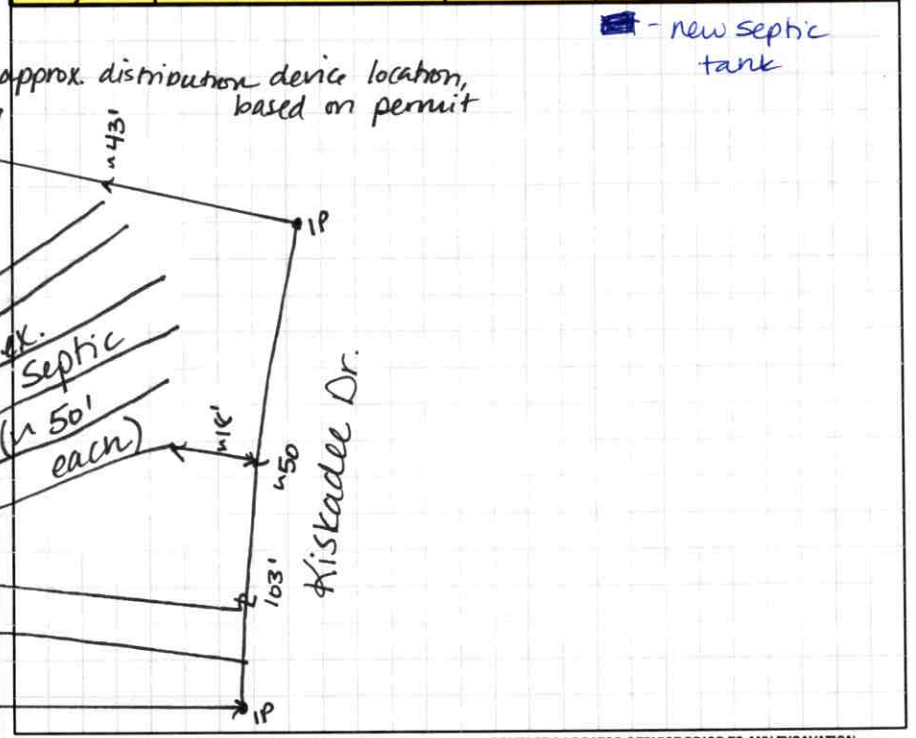
Front corners located w/ flags during eval.

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.




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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: Online Signature Date:

Installed by:

IMPROVEMENT PERMIT by: D. Wieberg Date: 3/27/24

OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 3/27/24

Existing System Inspected by: Date:

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

1:30

PERMIT# 066581 PIN# ~~4638771716(pt)~~ 4638-57-9871 DATE 10/1/98

OWNER OR CONTRACTOR STUMPY CREEK LLC PHONE: Business _____ Home _____

ADDRESS 614 N. MAIN SALISBURY

LOCATION PERTH RD - TL STUMPY CREEK - TL KESKADEE ON RT

SUBDIVISION HARBORVIEW BLOCK / SECTION 9 LOT 10 LOT AREA .7AC SITE CLASS. BS DESIGN FLOW 360GPD L.T.A.R. .3 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 7/16/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6 @ 50 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAVITY CHAMBER ORHDS
Repair System Description: PUMP SAME
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

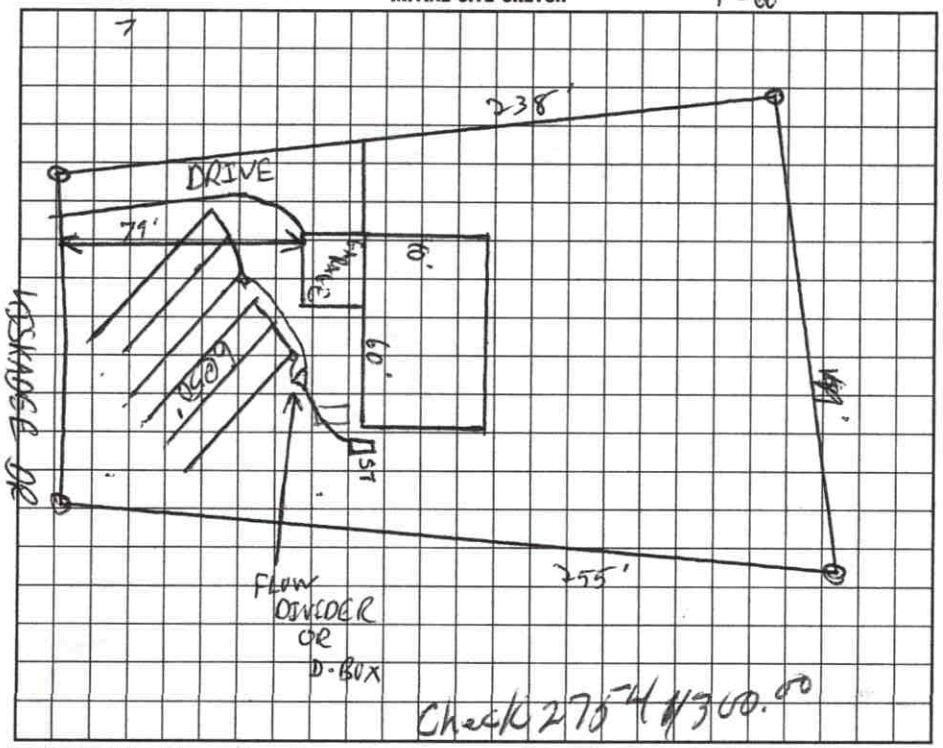
Water Supply:
☐ Individual
☐ Public
☒ Community

Comments:/Conditions:

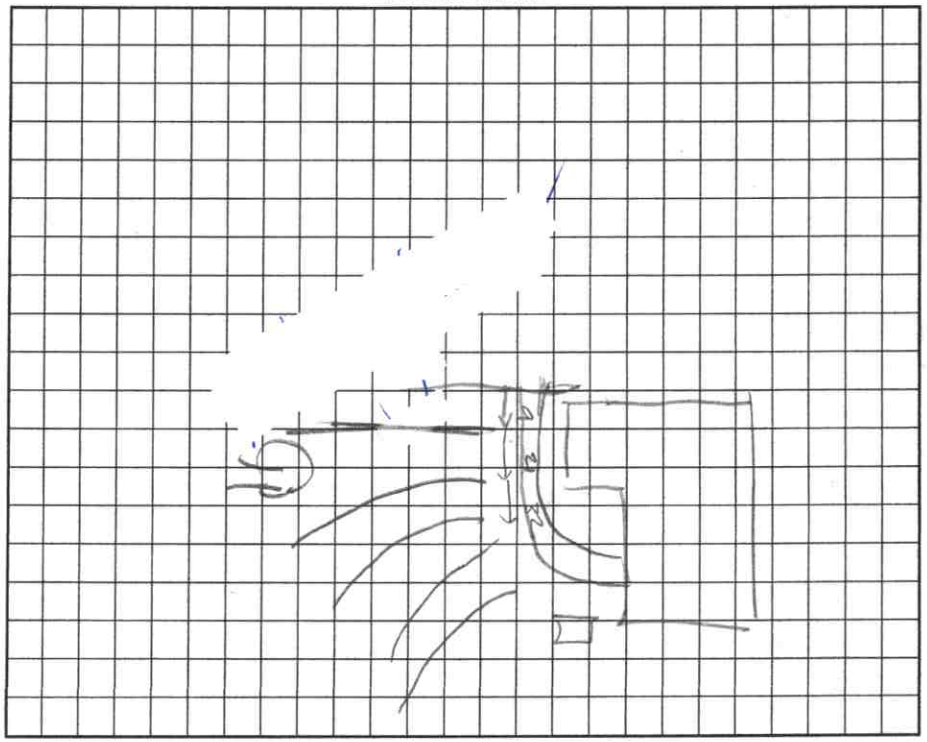
57 75
S10 53
64

Comments:/Conditions:

INITIAL SITE SKETCH 1"=60'




AS BUILT SKETCH



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 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 to exceed sixty months.

Signed: For Mark Harper date _____ Installed by: LARRY BEAM

Improvement Permit by: C. Ray Lam RS date 10/1/98 Operation Permit by: C. Ray Lam RS date 10/2/98

Authorization to Construct by: C. Ray Lam RS date 10/1/98 Existing System Inspection by: _____ date _____

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

# PERMIT SNAPSHOT REPORT OSWP-2024-49662 FOR IREDELL COUNTY

| | | | | | |
|---|---|---|---|---|---|
| **Permit Type** | Environmental Health OSWP | **Project:** | | **App Date:** | 03/21/2024 |
| **Work Class:** | EH Septic Permit | **District:** | Iredell County | **Exp Date:** | NOT AVAILABLE |
| **Status:** | PRIORITY PERMIT | **Square Feet:** | 0.00 | **Completed:** | NOT COMPLETED |
| **Valuation:** | $0.00 | **Assigned To:** | Wieberg, Danielle | **Approval Expire Date:** | |

**Description:** The septic tank is cracked. The septic tank is uncovered and cracks are visible.

| | | |
|---|---|---|
| **Parcel:** 4638579871.000 Main | **Address:** 168 Kiskadee Dr Mooresville, NC 28117 Main | **Zone:** RA(Residential Agricultural District) |

| Applicant/Authorized Agent | Property Owner | Applicant/Authorized Agent |
|---|---|---|
| Jeanie Lentz | Sandra Incorvaia | Jeanie Lentz |
| Home: (980) 829-3278 | Home: (980) 435-5013 | 463 Lentz Road |
| | | Statesville, NC 28625 |

**Permit Custom Fields**

| | | | | | |
|---|---|---|---|---|---|
| How is your site plan being submitted | Custom Site Plan | Septic Application/Permit Type | Repair | Does the site contain any jurisdictional wetlands | No |
| Non-domestic Sewage Generated | No | Other Public Agency | No | All proposed structure dimensions | N/A |
| What are the proposed structures | Other Addition/Structure | Maximum Number of Bedrooms | 3 | If other Addition/Structure, please explain | |
| Number of Occupants | 3 | Foundation Type | Crawl Space Foundation | Water Supply | Community Well |
| Desired Septic System Type | Conventional (most common) | Additional Unique Setbacks Apply | No | | |

| Attachment File Name | Added On | Added By | Attachment Group | Notes |
|---|---|---|---|---|
| Signature_Jeanie_Lentz_3/21/2024.jpg | 03/21/2024 13:54 | Lentz, Jeanie | | Uploaded via CSS |
| 168 Kiskadee site plan_v1.pdf | 03/21/2024 16:19 | Lentz, Jeanie | Available Online | |
| 168_Kiskadee_Drive__-_Authorize_Legal_Representative-incorvaiasandra92_gmail.com_v1.pdf | 03/21/2024 16:19 | Lentz, Jeanie | Available Online | |

| Workflow Step / Action Name | Action Type | Start Date | End Date |
|---|---|---|---|
| **Application Completeness Check v.1** | | 03/21/2024 16:20 | 03/21/2024 16:20 |
| Confirm application complete v.1 | Generic Action | | 03/21/2024 16:20 |
| ~~**Zoning Review v.1**~~ | | | 03/21/2024 16:20 |
| ~~Floodplain Admin Overview v.1~~ | Task | | 03/21/2024 16:20 |
| ~~Issue Invoice v.1~~ | Generic Action | | 03/21/2024 16:20 |
| ~~Fees Paid v.1~~ | Generic Action | | 03/21/2024 16:20 |
| **Lot Readiness Verification v.1** | | | |
| ~~OSWP Septic Preliminary Site Visit v.1~~ | Inspection | | 03/21/2024 16:21 |
| OSWP Site Evaluation v.1 | Inspection | | |
| Fees v.1 | | | |
| Issue Invoice v.1 | Generic Action | | |
| Fees Paid v.1 | Generic Action | | |
| Issue Improvement Permit v.1 | | | |
| Issue Invoice v.1 | Generic Action | | |
| Fees Paid v.1 | Generic Action | | |
| Issue Permit v.1 | Generic Action | | |

# IREDELL COUNTY HEALTH DEPARTMENT

Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 066580 DATE Nov. 17, 97 TAX MAP NO. 4638771716 (pt) Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Stumpy Creek LLC PHONE: Business 633-6124 ~~Home~~ 4638-67-0923

ADDRESS 614 N. Main Salisbury

LOCATION Perth Rd N. to Stumpy Creek to Kiskadee on Right

SUBDIVISION Harborview BLOCK / SECTION 9 LOT 9 LOT AREA .07 Ac SITE CLASS. 45 DESIGN FLOW 360gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 794 Date 6/2/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravel/pumped conventional

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

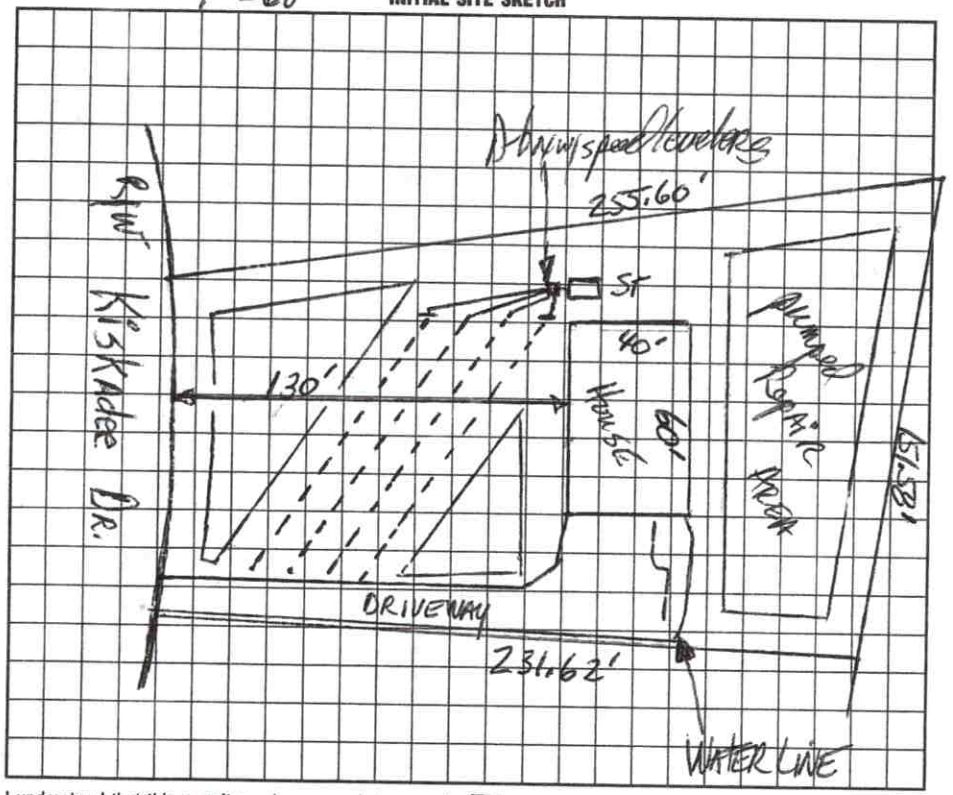
Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

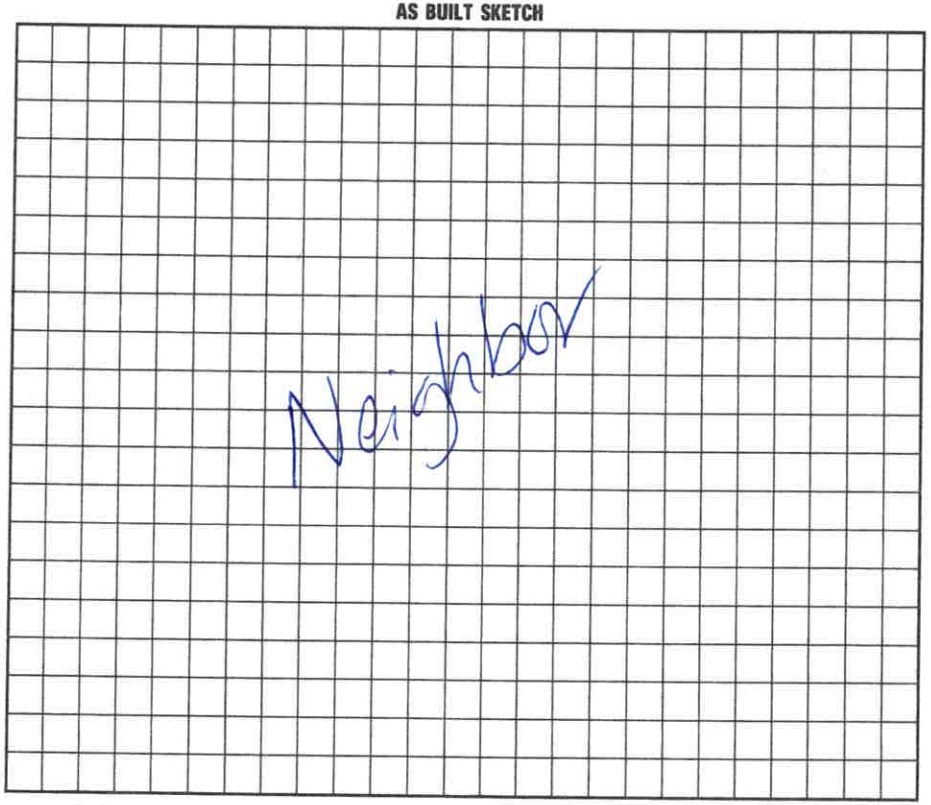
Comments:

1"=60'

### INITIAL SITE SKETCH




### AS BUILT SKETCH




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 11-17-97

~~Construction~~ Authorization ~~Existing System Inspection~~ by: _____ date 4/1/98

Installed by: LARRY BEAM

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 9/30/98

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

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066582 PIN# ~~4638 77 7116 PL.~~ 4638-57-9658 DATE 3/1/99

OWNER OR CONTRACTOR Stumpy Creek LLC (HARPER CONST.) PHONE: Business 478-3766 Home

ADDRESS 1451 Lobi Forest Dr. Catawba, N.C. 28609

LOCATION Perth N TL Stumpy Creek TL Kiskadee Dr., on (R) before cul de sac

SUBDIVISION HARBORVIEW BLOCK / SECTION 9 LOT 11 LOT AREA ~.86 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 774 Date 1-25-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 * Linear Feet 300 *

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

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

System Description: Gravity - Ch. PLASTIC

Repair System Description: Pressure - Type III

Maintenance Agreement Required: ☐ Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

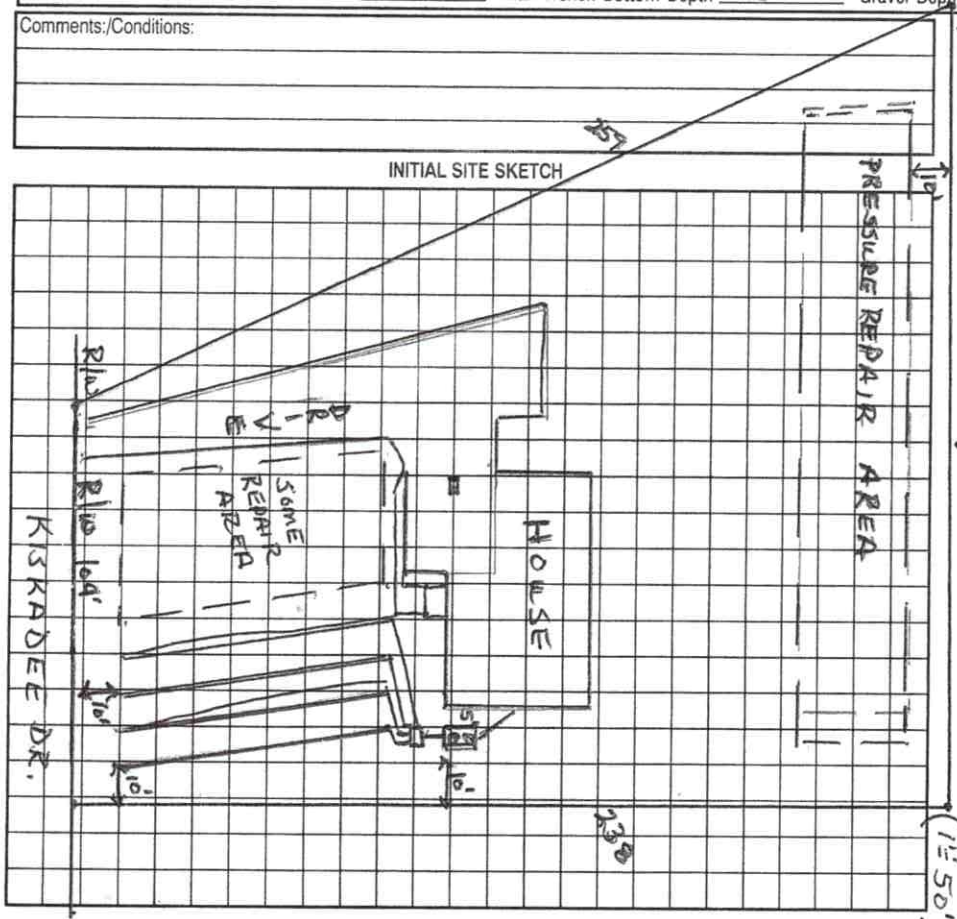
☐ Other

[X] Slab [X] Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public [X] Community

Comments:/Conditions:

INITIAL SITE SKETCH




Comments:/Conditions:

AS BUILT SKETCH

Neighbor

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Signed: * Mark Harper date 3/8/99

Improvement Permit by: Wesley Sparks RS. date 3/1/99

Authorization to Construct by: Wesley Sparks RS. date 3/1/99

Installed by: LARRY BEAM

Operation Permit by: Jeff Morgan date 3/7/99

Existing System Inspection by: date

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