115

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-33638

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

PIN # 4639-26-8814

APPLICANT / OWNER: Lentz Wastewater Management, Inc | APPLICANT ADDRESS: 463 Lentz Road, Statesville, NC 28625

SITE ADDRESS: 272 TENNESSEE CIR, MOORESVILLE, NC 28117 | PHONE: (980) 829-3278 | ALT. PHONE:

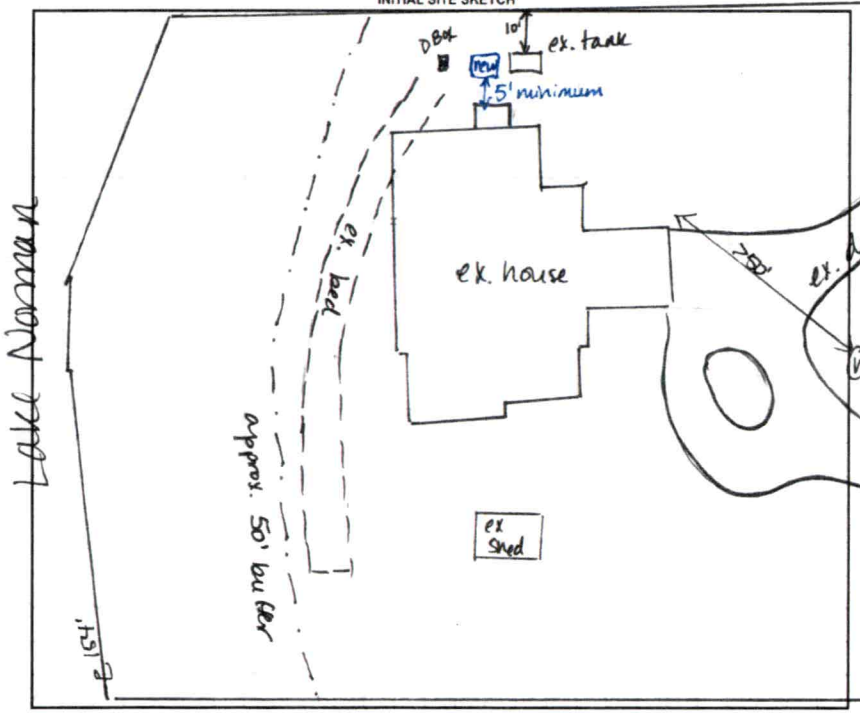
SITE DIRECTIONS: N Perth -> L Fern Hill -> R Tennessee Cir -> lot on R | SAP CONTROLLED: YES ☐ NO ☐

SUBDIVISION: CL&T | SECTION: 16 | LOT #: 78 | LOT AREA: 0.75 | DESIGN FLOW: 360 | L.T.A.R.: EXISTING

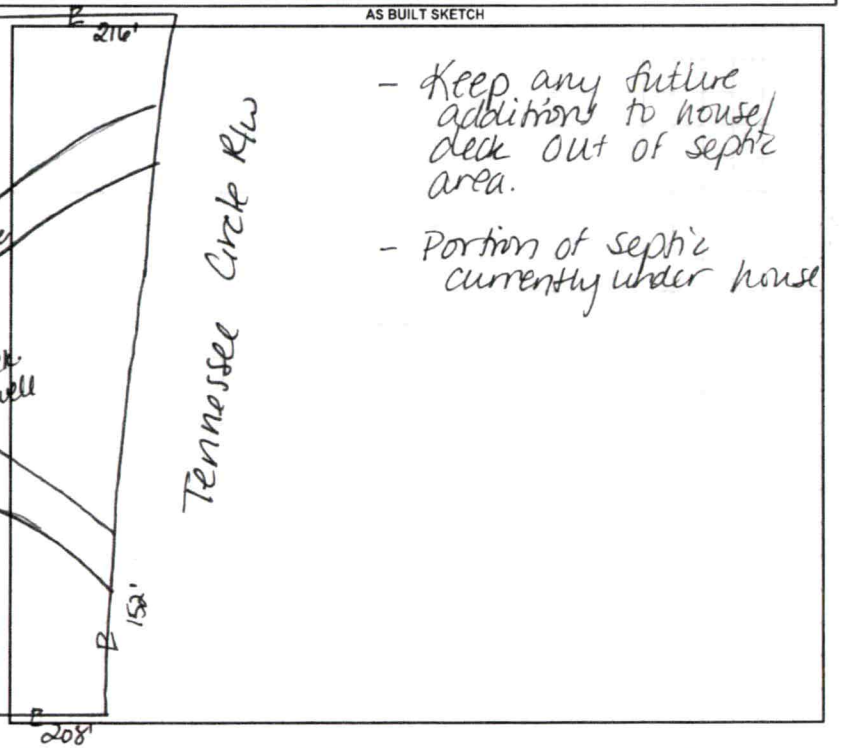
Septic Tank: 1000 (gal)	STB: 760	Date: 7/28/23	☐ New System ☒ Repair ☐ Expansion	System Type: II	☑ Residence	No. Bedrooms: 3	Water Supply: Existing Well
Pump Tank: (gal)	PT:	Date:	System Description: EXISTING BED		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: NEW TANK		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: EX.	Linear Ft.: EX.	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: Existing	Trench Bottom Depth (Low side): Existing		Gravel Depth: Existing	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: Pump, crush & fill existing tank. Tank location may be altered if necessary to avoid utilities but all setbacks must be met. Replace d-box if necessary.

INITIAL SITE SKETCH



AS BUILT SKETCH



- Keep any future additions to house/deck out of septic area.
- Portion of septic currently under house

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: Lentz Wastewater

IMPROVEMENT PERMIT by: D. Meberg Date: 8/22/23 OPERATION PERMIT by: _____ Date: 9/12/23

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 8/22/23 Existing System Inspected By: _____ Date: _____

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

415

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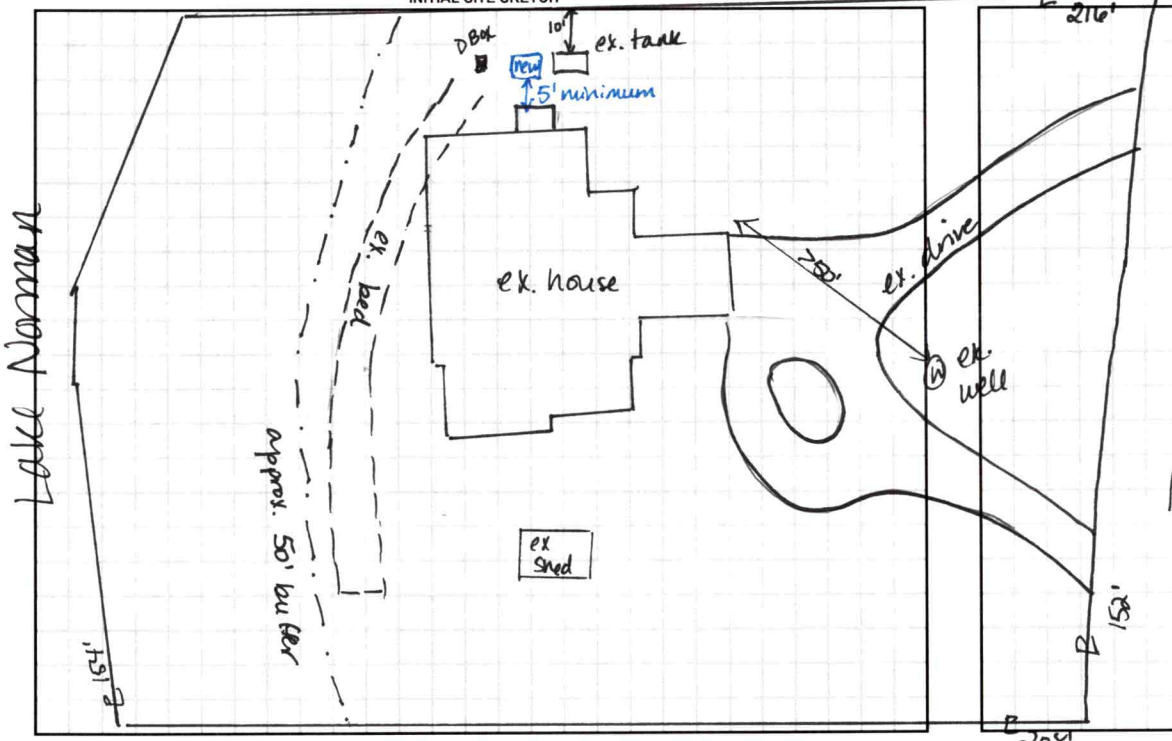
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SUBDIVISION: CL&T | SECTION: 16 | LOT #: 78 | LOT AREA: 0.75 | DESIGN FLOW: 360 | L.T.A.R.: EXISTING

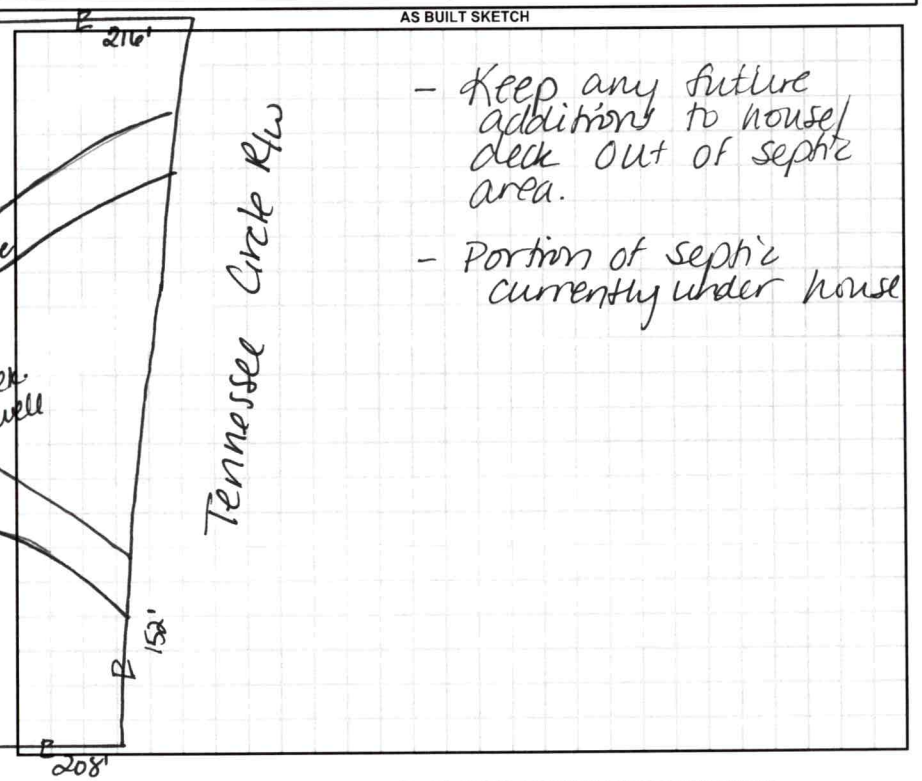
Septic Tank: 1000 (gal)	STB:	Date:	☐ New System ☒ Repair ☐ Expansion	System Type: II	☑ Residence	No. Bedrooms: 3	Water Supply: Existing Well
Pump Tank: (gal)	PT:	Date:	System Description: EXISTING BED		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: NEW TANK		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: EX.	Linear Ft.: EX.	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: Existing	Trench Bottom Depth (Low side): Existing		Gravel Depth: Existing	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: Pump, crush & fill existing tank. Tank location may be altered if necessary to avoid utilities but all setbacks must be met. Replace d-box if necessary.

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ **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: _____

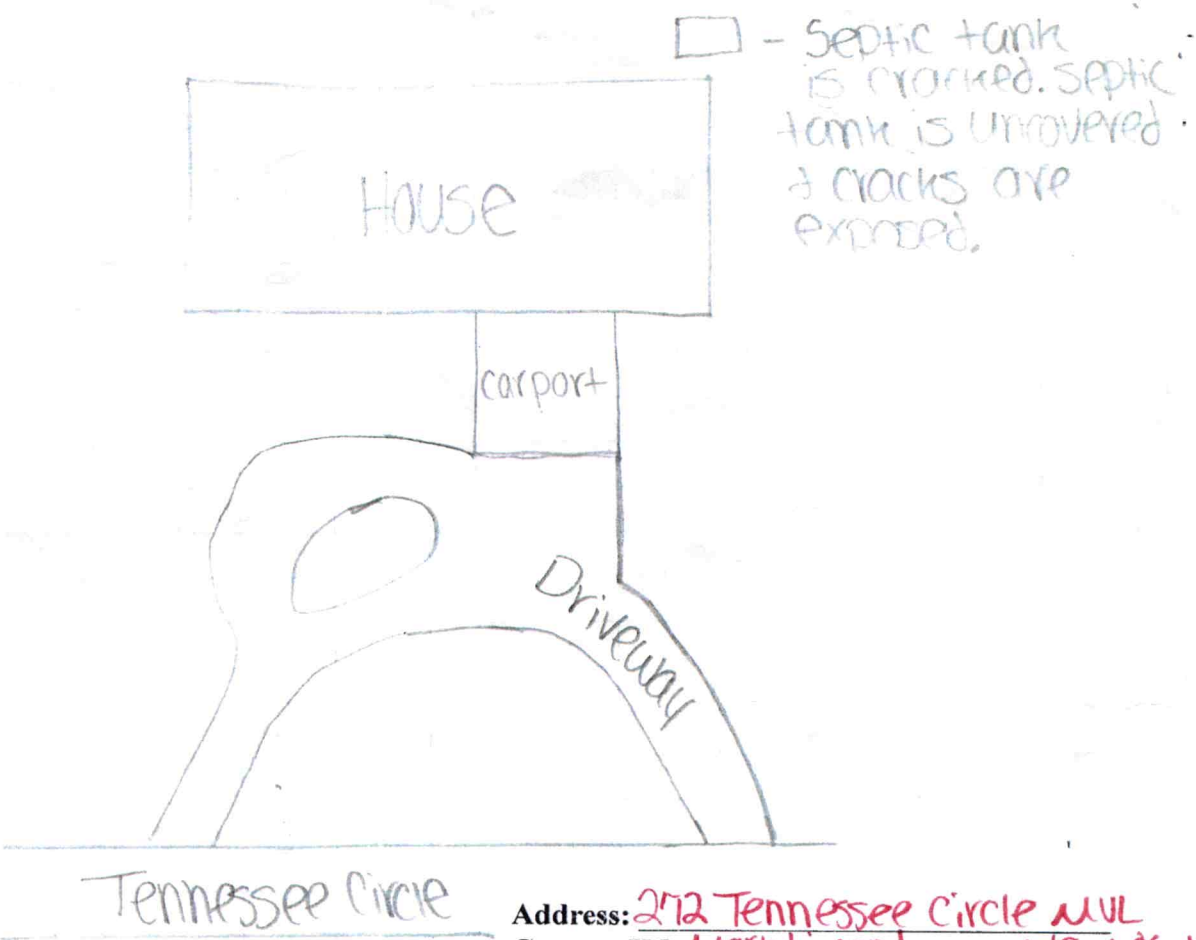
IMPROVEMENT PERMIT by: D. Meberg Date: 8/22/23 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 8/22/23 Existing System Inspected By: _____ Date: _____

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

272 Tennessee Circle

Lake Norman



Address: 272 Tennessee Circle NVL
Current HO: Mark Limond **HO #:** 619-606-1896
# of Bed: 5 **# of Occupants:** 2
Foundation Type: (Crawlspace) Slab B/WP B/WOP
Water supply: Public (Well) **Other:** _____
Year Installed: 1987

4621 L6 8814

II

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Richard Cashe DATE 8-5-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1300 (Keen Hill) TR Tennessee Circle Bear left ~1/8 mile on left S. R. No. _____

SUBDIVISION NAME CL&T LAKE NORMAN LOT NO. 78 SECTION OR BLOCK NO. 16

House (✓) Mobile Home ( ) Business ( ) Other Addition to Kitchen & living area w/addition

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay

Percolation Rate 4-6/10

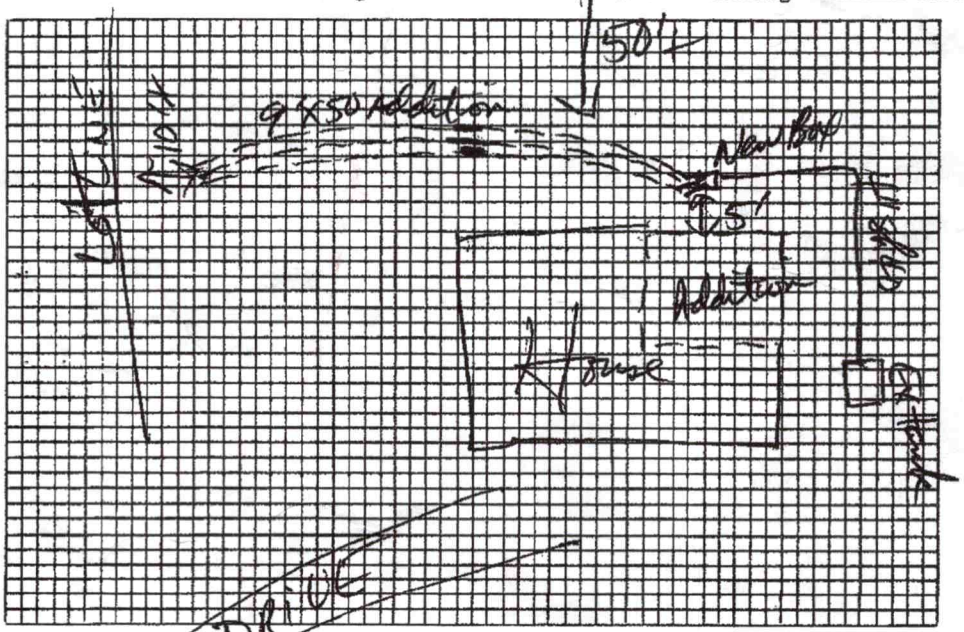
Topography fair

Depth to Water Table 4'

Rock or other impervious formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( ) Neighborswell

Installed by Forest Shuford

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Tennessee Circle

CERTIFICATE OF COMPLETION BY DR Hunsucker, RS DATE 8-5-87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 873-7291

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) ( ) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: addition to existing residence

Location: Jennings Circle

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
3614-73	Salisbury	Iredell	RR

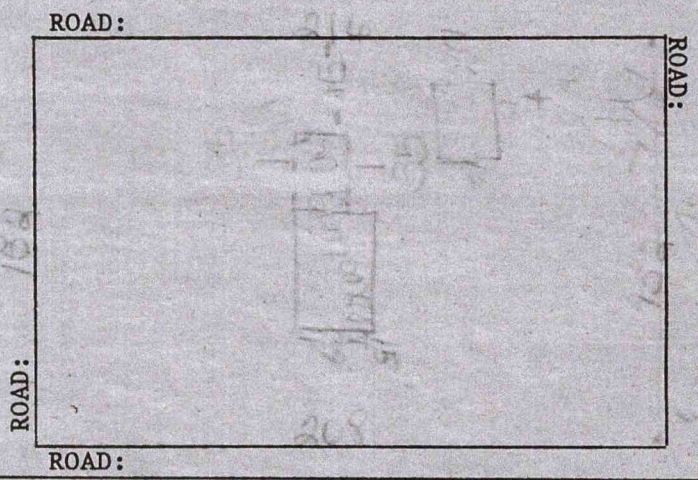
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
	73		

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



OWNER	ADDRESS	PHONE NO.
Richard Doby	640 Longwood Trail	873-7155

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent _____ Application Date _____

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 30,000 sq. ft. Front yard depth 40 ft. Corner yard depth _____ ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 25 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: _____

ZONING ADMINISTRATION DIVISION

Approved by _____ Date _____

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area _____

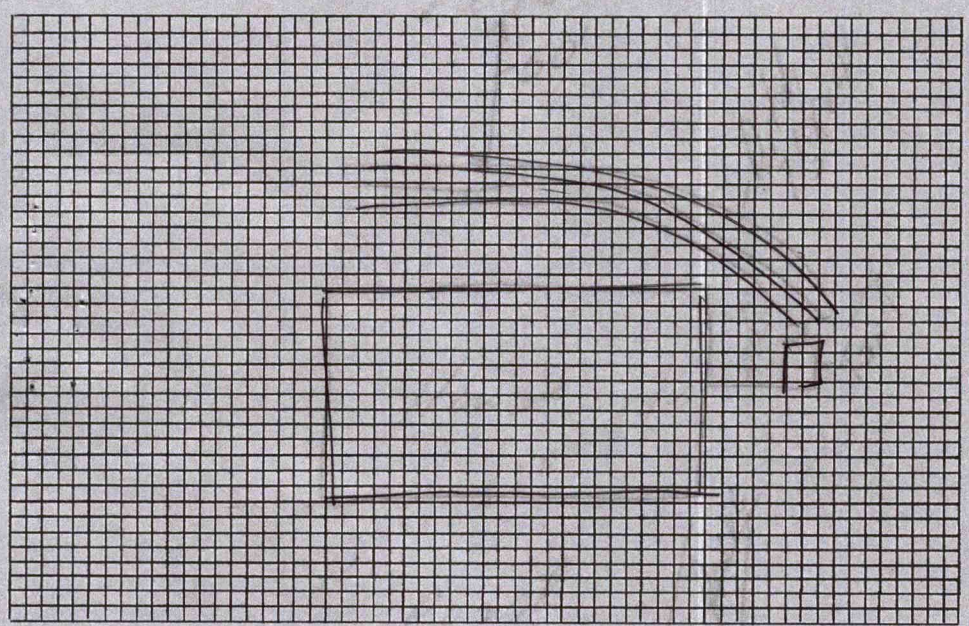
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

_____

_____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

PERMIT SNAPSHOT REPORT OSWP-2023-33638 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Permit
Status: PRIORITY PERMIT
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: Wieberg, Danielle
App Date: 08/11/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: Septic tank is cracked. Septic tank is uncovered and cracks are exposed.

Parcel:	**Address:**	**Zone:**
4639268814.000 Main	272 Tennessee Cir Main Mooresville, NC 28117	RR(Resort Residential District)

Applicant/Authorized Agent	Applicant/Authorized Agent	Property Owner
Jeanie Lentz	Jeanie Lentz	Mark Limond
463 Lentz Road	Home: (980) 829-3278	Home: (619) 606-1696
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	5 13	If other Addition/Structure, please explain	
Number of Occupants	2	Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential
Water Supply	Existing 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_8/11/2023.jpg	08/11/2023 14:11	Lentz, Jeanie		Uploaded via CSS
272 Tennessee Circle Site Plan _v1.pdf	08/11/2023 14:41	Nebel, Barbara	Available Online	Site Plan
272_Tennessee_Circle_-_Authorize_Legal_Representative-marklimond_gmail.com_v1.pdf	08/11/2023 14:41	Nebel, Barbara	Available Online	Authorize to Act as Agent

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		08/11/2023 14:50	08/11/2023 14:50
Confirm application complete v.1	Generic Action		08/11/2023 14:50
Environment Health Inspections v.1			
Operation Permit Inspection v.1	Inspection		
OSWP Alarm Checked v.1	Inspection		
OSWP Drain Lines Checked v.1	Inspection		
OSWP Electrical Checked v.1	Inspection		
OSWP Floats Checked v.1	Inspection		
OSWP Maintenance Contract v.1	Inspection		
OSWP Pressure Head Checked v.1	Inspection		
OSWP Pressure Manifold Checked v.1	Inspection		
~~Zoning Review v.1~~			08/11/2023 14:50
~~Floodplain Admin Overview v.1~~	Task		08/11/2023 14:50
~~Issue Invoice v.1~~	Generic Action		08/11/2023 14:50
~~Fees Paid v.1~~	Generic Action		08/11/2023 14:50
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		