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 2024-63754

PIN # 4669-11-3673

APPLICANT/OWNER: Jeanie Lentz / Iris Mulvihill APPLICANT ADDRESS: 463 Lentz Road Statesville NC 28625

SITE ADDRESS: 149 Albany Drive Mooresville, NC 28115 PHONE: 980 201-0134 ALT. PHONE -

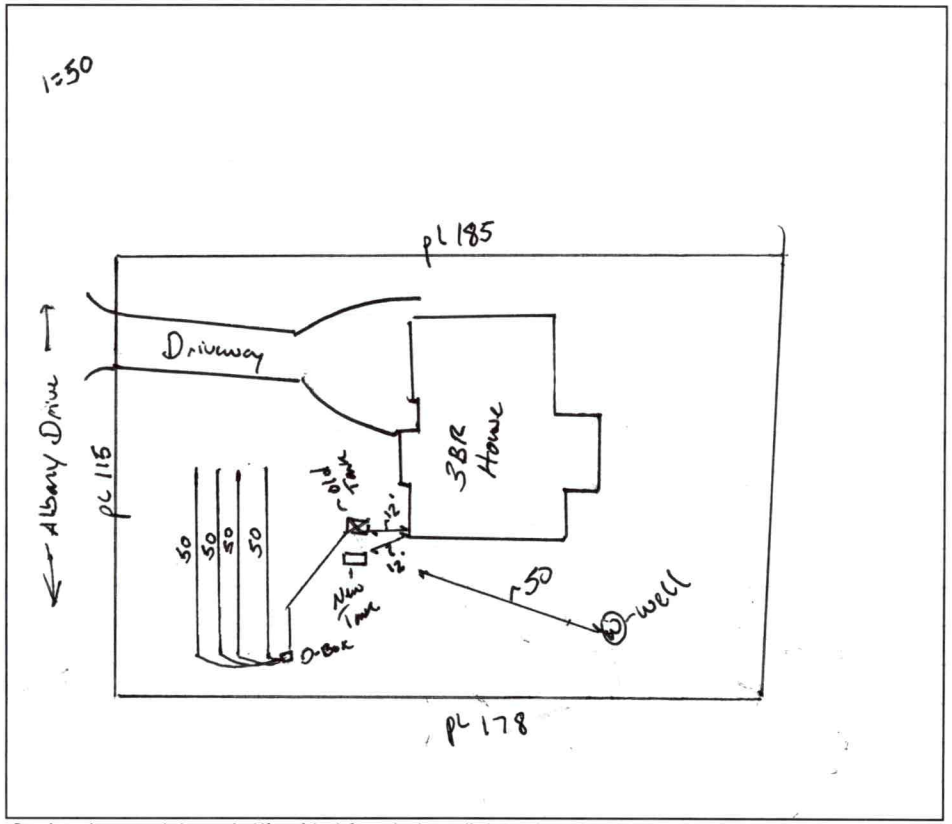
SITE DIRECTIONS: Hwy 115 to Mooresville to Shinnville Rd on Albany Site on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bethany Place SECTION: - LOT # 2 LOT AREA: DESIGN FLOW: 360 L.T.A.R.(Initial): Ext L.T.A.R (Repair): Ext

Septic Tank	1000	(gal)	STB		Date		☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply			
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Existing - Panel Block			☐ Business	No. Persons	6	☒ Private			
Pump Make	-	Model		-	Serial #	-	Repair System Description:	Tank Replacement			☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1	# Lines	4 (Ext)		Linear Ft	200 (Ext)	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community			
Trench Width	Ext	*Max. Trench Depth(Initial)	Ext		*Max. Trench Depth(Repair)	Ext	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing			
* Measured on the downhill side of the trench		Effluent Standard:	☒ DSE	☐ HSE	☐ TS-I	☐ TS-II	☐ RCW	☐ NSF/ANSI 40	Usable Depth to LC (Initial):	Ext	Usable Depth to LC (Repair):	Ext	*Limiting Condition*				

Comments / Conditions: Pump / Crush / fill old Septic Tank. Install new 1000 gallon Septic Tank. Inspect + Replace D-Box if necessary.

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.

Installed as shown

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

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 10/21/24

OPERATION PERMIT by: Sydney Holland Date: 10/23/24

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 10/21/24

Existing System Inspected by: Date:

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

PERMIT SNAPSHOT REPORT OSWP-2024-63754 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	10/18/2024
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:**	Botkins, Ben	**Approval Expire Date:**	

Description: The septic tank is cracked. The septic tank is uncovered and visible.

Parcel: 4669113673.000 Main	**Address:** 149 Albany Dr Mooresville, NC 28115 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent	Property Owner	Applicant/Authorized Agent
Jeanie Lentz	Iris Mulvihill	Jeanie Lentz
Home: (980) 829-3278	Home: (980) 201-0134	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	1	Foundation Type	Crawl Space Foundation	Water Supply	Existing Well
Desired Septic System Type	No Preference	If other septic system type, please explain		Pump Make	
# of Nitrification Fields		Model		Serial #	
System Description		Repair System Description		Comments/Conditions	
Permit type(s)	Authorization to Construct	Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Jeanie_Lentz_10/18/2024.jpg	10/18/2024 14:31	Lentz, Jeanie		Uploaded via CSS
149 albany Site Plan_v1.pdf	10/18/2024 15:38	Lentz, Jeanie	Available Online	
149_Albany_Dr-Authorize_Legal_Representative-oneovthe300_yahoo.com_v1.pdf	10/18/2024 15:38	Lentz, Jeanie	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		10/18/2024 15:39	10/18/2024 15:39
Confirm application complete v.1	Generic Action		10/18/2024 15:39
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		10/18/2024 15:39
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			10/18/2024 15:39
~~Floodplain Admin Overview v.1~~	Task		10/18/2024 15:39
~~Iredell County Zoning Approval v.1~~	Task		10/18/2024 15:39
~~Issue Invoice v.1~~	Generic Action		10/18/2024 15:39
~~Fees Paid v.1~~	Generic Action		10/18/2024 15:39
Fees v.1			
Issue Invoice v.1	Generic Action		

PERMIT SNAPSHOT REPORT (OSWP-2024-63754)

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
Permit Completion Process v.1	
Authorization to Construct Permit v.1	Create Sub Permit
Issue Authorization to Construct v.1	Generic Action

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14852 PIN# 4669111776.002 4669-11-3673 DATE 5-1-07

OWNER OR APPLICANT Gavrill Martonescu PHONE: Business _____ Home _____

ADDRESS 295 Whippoorwill Rd Mooresville 28117

LOCATION 115 N @ Shinnville, 1 mile, @ on Albany, 2nd on Left

SUBDIVISION Bethany Place BLOCK / SECTION _____ LOT 2 LOT AREA 20,864 ft² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 30

Septic Tank: 1000 Gallons; STB 1001 Date 5-17-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 270
No Lines 4@50 Trench Width 36" Max Trench Bottom Depth 34"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity → Rapid Block
Repair System Description: L.P. Panel
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth _____ ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons _____ No. Employees _____

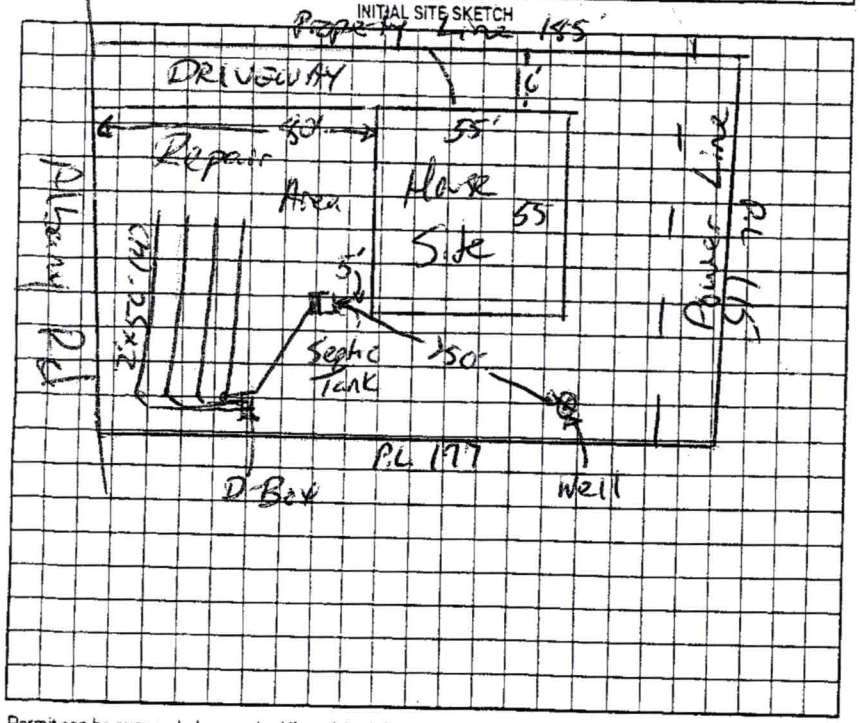
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: 4 lines of T&J panel, gravity fed from a d-box, 50 feet each

Comments/Conditions: 8/3/07 Checked STs 3 of 4 lines

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. 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: Vasile Iosep date 5-1-07 Installed by: Wayne Grant RS

Improvement Permit by: Josh E Clyde date 4-30-07 Operation Permit by: Marina Nelson date 8/8/07

Authorization to Construct by: Josh E Clyde date 5-1-07 Existing System Inspection by: _____ date _____

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