ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT : OSWP 2025-85885

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

PIN # 4731 - 59 - 9310

APPLICANT/OWNER: Jeanie Lentz APPLICANT ADDRESS: 463 Lentz Rd, Statesville 28625

SITE ADDRESS: 163 Orchard Ln, Statesville 28677 PHONE: 980-329-6372 ALT. PHONE -

SITE DIRECTIONS: 215 - Old Mtn - E Monbo SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Orchard Acres SECTION: - LOT # 8+9 LOT AREA: DESIGN FLOW: Ex L.T.A.R.(Initial): Ex L.T.A.R (Repair): Ex

Septic Tank 1000 (gal) STB 760 Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields Ex # Lines Ex Linear Ft Ex
Trench Width Ex *Max. Trench Depth(Initial) Ex *Max. Trench Depth(Repair) Ex Gravel Depth Ex
* Measured on the downhill side of the trench Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

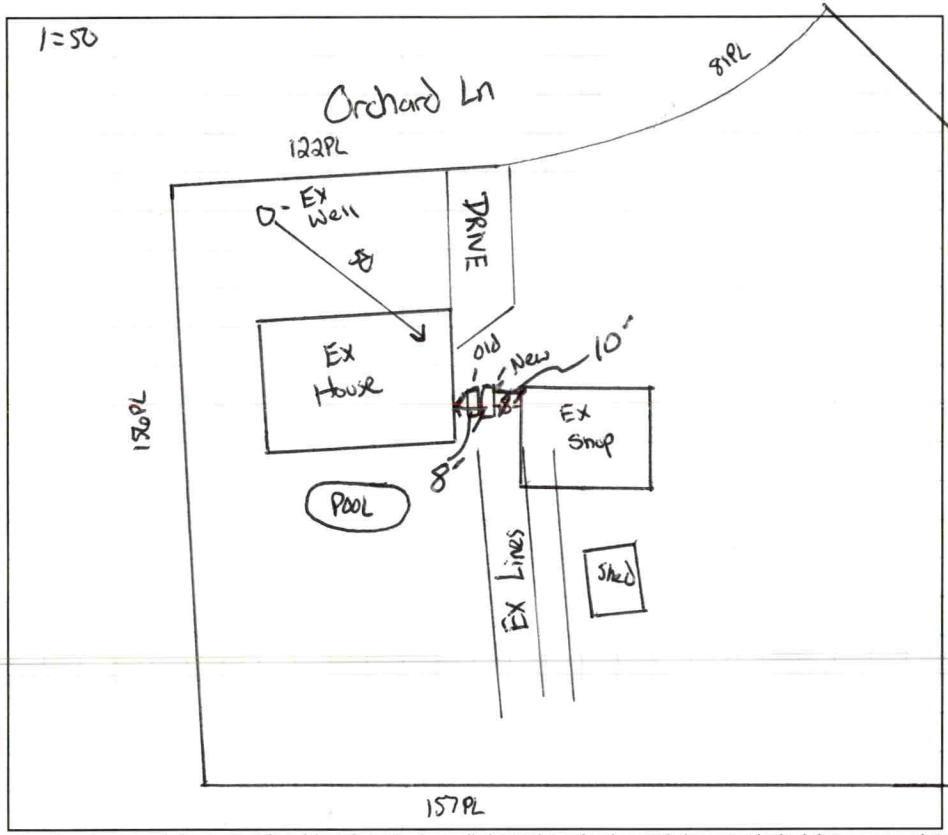
☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: -
Repair System Description: * Tank Replacement
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE
Usable Depth to LC (Initial): Ex

☒ Residence No. Bedrooms Ex
☐ Business No. Persons Ex
☐ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing
Usable Depth to LC (Repair): Ex *Limiting Condition*

Water Supply
☒ Private
☐ Public
☐ Community

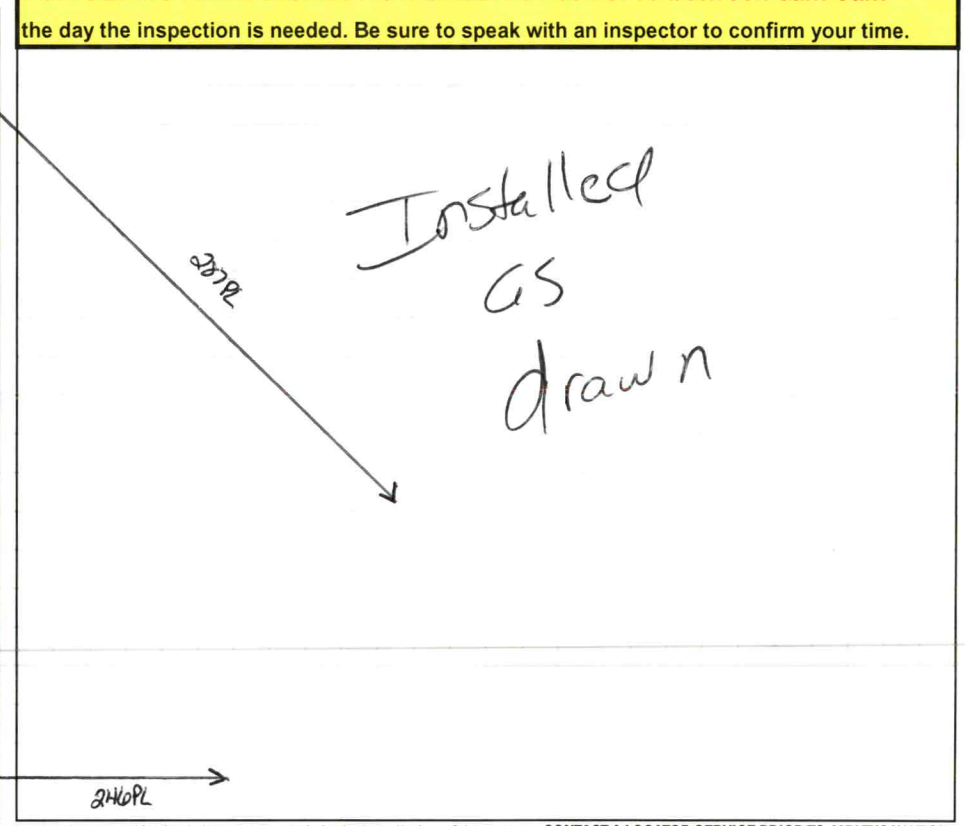
Comments / Conditions: Pump, crush, & fill old tank. Replace distribution as needed.

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.



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: Online Signature Date: Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Cory Hill Date: 11/10/25 OPERATION PERMIT by: Robert Thomas Date: 11-21-25

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 11/10/25 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? _____	

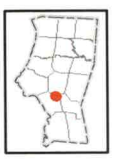
IREDELL COUNTY · NC

EH Data Collect

Legend

Data is digitally collected in yellow and dashed lines. TOP data is highlighted in green and solid lines.

- Septic Tank
- Well
- Power Pole
- Utility Box
- Drainage Culvert
- Fence Post
- Tree
- Surface Rock
- D Box
- Water Tap
- Drain line
- Property line
- Driveway
- Ditch
- Terrace
- Fence
- System Layout Flags
- Buried Utility line
- Measurement Taken
- Power line
- Water line
- Other
- Building
- Septic Tank
- Pump Tank
- Repair Area
- Well Area
- Complex Topo Area
- Pool
- Pond
- other
- House corner
- Property corner
- Well
- Tail line



N

0 37.5 75 150 225 300

217 162 105 59 5 121 175 73 81 287 8 9 156 157 350 246 233

ORCHARD LN

4731-59-7541

160

Septic Tank

4731-59-8561

151

4731-69-0581

4731-69-0386

Well

122

163

Septic Tank

4731-59-9310

Drain line

68.3'

4731-59-6298

1=50

4731-58-1460

4731-69-3012

LHD PERMIT NO. OR FILE REF: _____

BEST PROFESSIONAL JUDGMENT
for
LOCAL HEALTH DEPARTMENTS
or
PRIVATE LICENSED PROFESSIONALS
IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

SITE LIMITATIONS – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- ☐ Rule .0502 – Topography & Landscape Position
- ☐ Rule .0503 – Soil Morphology
- ☐ Rule .0504 – Soil Wetness Condition
- ☐ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ☐ Rule .0508 – Available Space
- ■ Other Rule(s) (please specify): .0601 LOCATION OF WASTEWATER SYSTEMS

PLEASE CHECK THE FOLLOWING WHEN COMPLETED:
(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)

- ■ Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- ■ Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- ■ Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- ■ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

REHS SIGNATURE (if applicable)

_____ 11/5/2025

Signature of Authorized Agent **Date**

OR

AOWE/PE SIGNATURE (if applicable)

_____ _____ _____

Signature of AOWE/PE **License Number** **Date**

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.

LHD PERMIT NO. OR FILE REF: OSWP-2025-85885

OWNER REQUEST

for

BEST PROFESSIONAL JUDGMENT

for the repair of

WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by owner of property or owner's legal representative

DATE: November 6, **20** 25

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): _____

Business/Organization/Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number(s): _____

Email Address: _____

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4731-59-9310

Physical Address (if different than mailing address): _____

City: _____ State: NC Zip Code: _____

OWNER ATTESTATION

I, X Kenneth Stevenson, hereby request the use of best professional judgment in accordance
Kenneth Stevenson (Nov 6, 2025 16:07:14 EST)
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: Kenneth Stevenson Date: 11/06/2025
Kenneth Stevenson (Nov 6, 2025 16:07:14 EST)

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.

BPJ 163 Orchard

Final Audit Report 2025-11-06

Created:	2025-11-06
By:	Maintenance Lentz Wastewater (maintenance@lentzwastewater.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAaUvl4GZal9QDDkZRdxSWaFKoLkLuegfs

"BPJ 163 Orchard" History

Document created by Maintenance Lentz Wastewater (maintenance@lentzwastewater.com)
2025-11-06 - 8:45:09 PM GMT

Document emailed to Kenneth Stevenson (kensgomail@gmail.com) for signature
2025-11-06 - 8:45:13 PM GMT

Email viewed by Kenneth Stevenson (kensgomail@gmail.com)
2025-11-06 - 8:59:06 PM GMT

Document e-signed by Kenneth Stevenson (kensgomail@gmail.com)
Signature Date: 2025-11-06 - 9:07:14 PM GMT - Time Source: server

Agreement completed.
2025-11-06 - 9:07:14 PM GMT

Adobe Acrobat Sign

PERMIT SNAPSHOT REPORT OSWP-2025-85885 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	11/03/2025
Work Class:	EH Septic Permit	**District:**	Troutman	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Whicker, Cory	**Approval Expire Date:**	
Description:	PRIORITY PERMIT -- REPAIR deteriorated septic tank, lid fell in. TANK IS UNCOVERED				

Parcel: 4731599310.000 Main	**Address:** 163 Orchard Ln Statesville, NC 28677 Main	**Zone:** RS(Suburban Residential District)

Applicant/Authorized Agent
Jeanie Lentz
463 Lentz Road
Statesville, NC 28625

Property Owner
Kenneth Stevenson
Home: (980) 329-6372

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
Maximum Number of Bedrooms	3	If other Addition/Structure, please explain		Number of Occupants	1
Foundation Type	Concrete Slab Foundation	Water Supply	Existing Well	Desired Septic System Type	No Preference
If other septic system type, please explain	house is 1/2 slab, 1/2 crawlspace	Additional Unique Setbacks Apply	No		

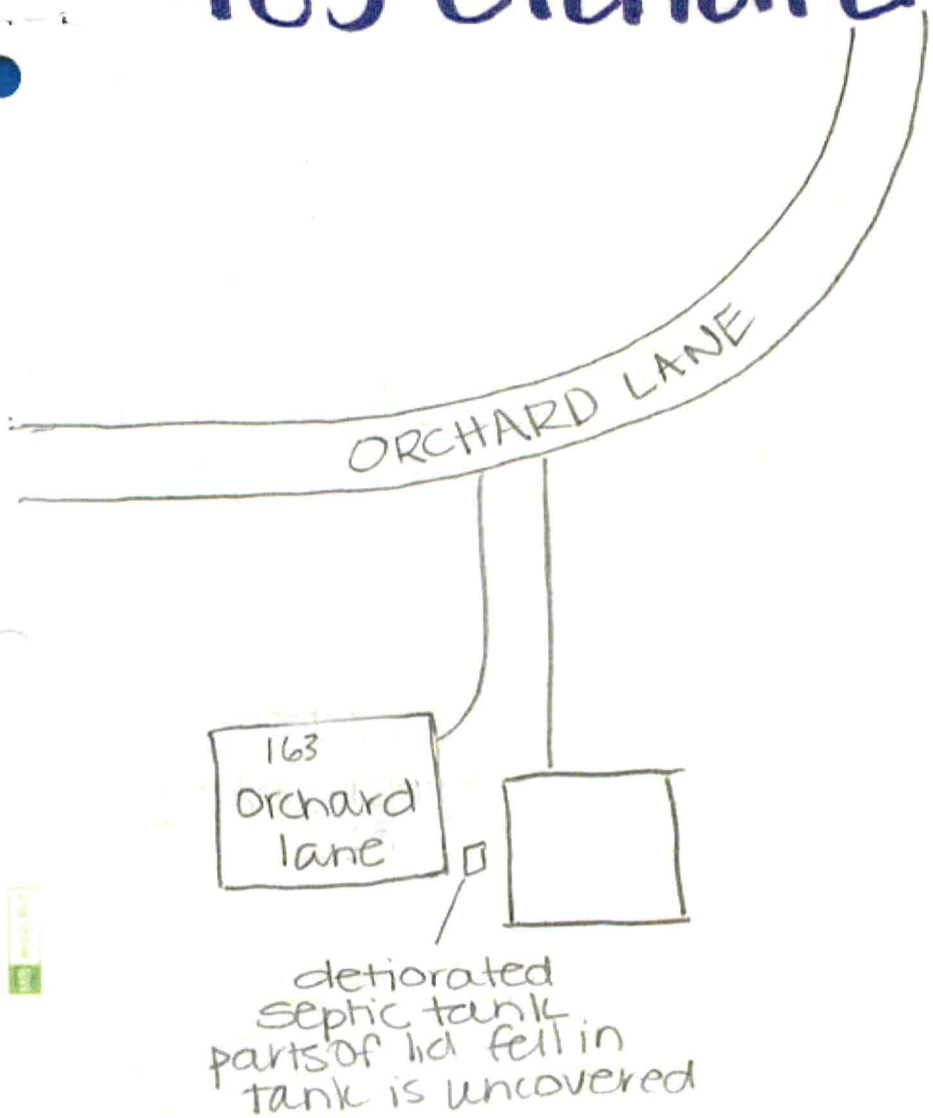
Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Jeanie_Lentz_11/3/2025.jpg	11/03/2025 11:56	Lentz, Jeanie		Uploaded via CSS
A1-Site Plan_v1.pdf	11/03/2025 12:29	Lentz, Jeanie	Available Online	
B1-Authorize to Act as Agent_v1.pdf	11/03/2025 12:29	Lentz, Jeanie	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		11/03/2025 12:29	11/03/2025 12:29
Confirm application complete v.1	Generic Action		11/03/2025 12:29
~~**Zoning Review v.1**~~			11/03/2025 12:29
~~Floodplain Admin Overview v.1~~	Task		11/03/2025 12:29
~~Troutman Zoning Approval v.1~~	Task		11/03/2025 12:29
~~Issue Invoice v.1~~	Generic Action		11/03/2025 12:29
~~Fees Paid v.1~~	Generic Action		11/03/2025 12:29
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		11/03/2025 12:30
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 SNAPSHOT REPORT (OSWP-2025-85885)

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

163 Orchard Lane



Address: 163 Orchard Ln
Current HO: Kenneth Stevenson
HO#: 980-329-63772
# of Bed: 3 **# of Occupants:** 1
Foundation Type: Crawspace Slab B/WP B/WOP
Water Supply: Public Well **Other:**_____