ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP2022-2348

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

PIN # 4746 -- 36 -- 0016

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

SITE ADDRESS: 155 Victoria Dr Statesville 28625 PHONE: 704-402-2512 ALT. PHONE —

SITE DIRECTIONS: (S) Chipley Ford, (R) Nixon, (R) Victoria Dr SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Iredell Heights SECTION: 3 LOT # 57 LOT AREA: 150 * 100 DESIGN FLOW: Ext L.T.A.R.: Ext

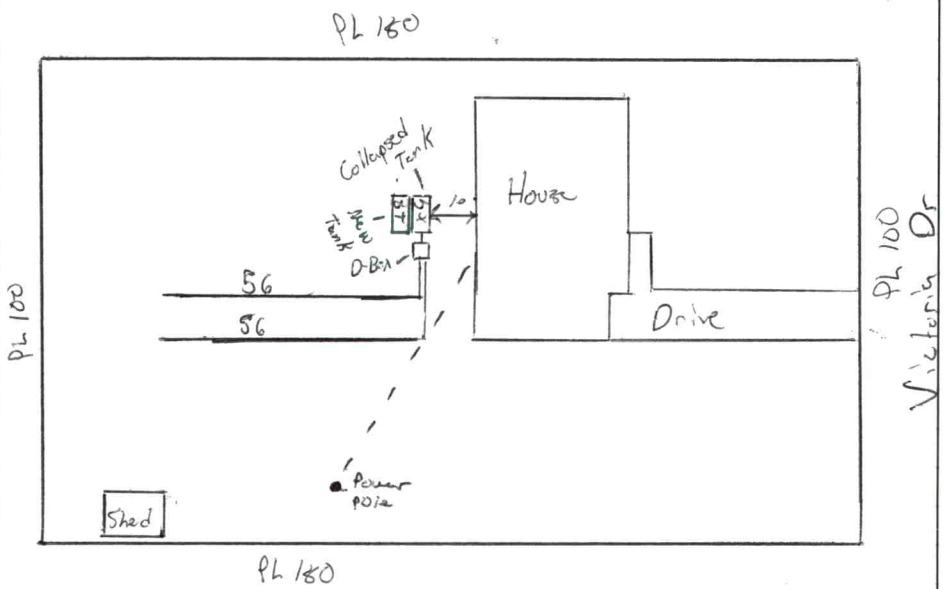
Septic Tank	1000 (gal)	STB	Infiltrator	Date	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	(gal)	PT		Date	System Description: —				
Pump Make		Model		Serial #	Repair System Description:	Tank Replacement			
# Nitrification Fields	Ext	# Lines	Ext	Linear Ft	Ext	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	Ext	Trench Bottom Depth(Low side)	Ext	Gravel Depth	Ext		☑ GRAVITY	☐ PRESSURE	

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

Comments / Conditions: Pump, crush, fill collapsed tank. Do not drive, park, or construct on septic area.

INITIAL SITE SKETCH

1=40



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 Drawn

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

IMPROVEMENT PERMIT by: Matt Wilkie Date: 8/24/22 OPERATION PERMIT by: Greg Hill Date: 9/14/22

AUTHORIZATION TO CONSTRUCT by: Matt Wilkie Date: 8/24/22 Existing System Inspected by: Date:

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

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? _____	



Tax Map Information

• PIN	4746360016.000
• Address	155 VICTORIA DR
• Account #	Acct 77462492
• Tax Owner	GREEN RICKY N
• Mailing Address	155 VICTORIA DR
•	STATESVILLE, NC 28625
• GIS Owner	GREEN RICKY N
• Deed Info	1957 / 1812 - WD - 20080801
• Tax Acres	0 LT
• Lot #	57-60
• Description	IREDELL HEIGHTS S3 PB11-18
• Zoning	R-20
• Old Parcel #	1110C07000A057
• Bldg Value	$65,520
• OBXF Value	$1,050
• Land Value	$15,000
• Total Value	$81,570
• Defer Value	$0
• Tax Districts	-ALLCOUNTY FIRE- -

IREDELL COUNTY, N.C.

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

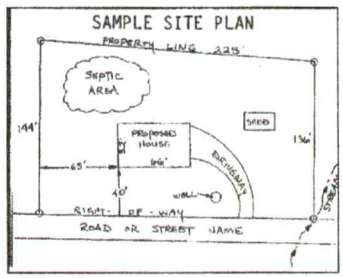
155 Victoria Dr.

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

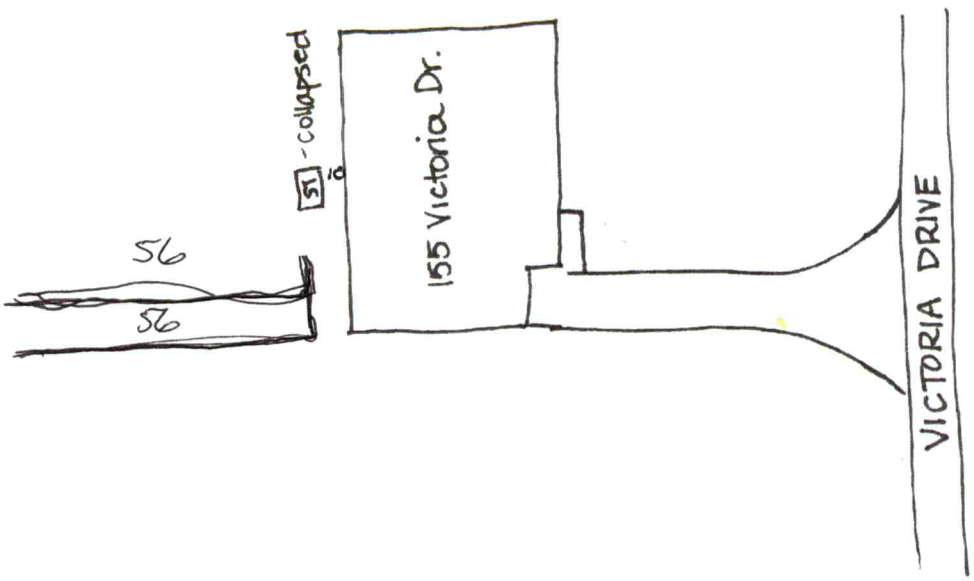
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Jeanie Lentz
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/22/22
DATE