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 - 50636

PIN # 4746 - 83 - 9768

APPLICANT/OWNER: JEANIE LENTZ | APPLICANT ADDRESS: 463 LENTZ ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 299 JANE SOWER ROAD, STATESVILLE N.C. 28625 | PHONE: 980-829-3278 | ALT. PHONE 704-876-3678

SITE DIRECTIONS: (N) ON 21, (E) ON JANE SOWERS, LOT ON (L) | SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: – | SECTION: – | LOT # – | LOT AREA: 1.09AC | DESIGN FLOW: EXT | L.T.A.R.(Initial): EXT | L.T.A.R (Repair): EXT

Septic Tank	1000 (gal)	STB	760	Date		☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	– (gal)	PT	–	Date	–	System Description:	EXT-CONVENTIONAL		
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	*Max. Trench Depth(Initial)	EXT	*Max. Trench Depth(Repair)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE

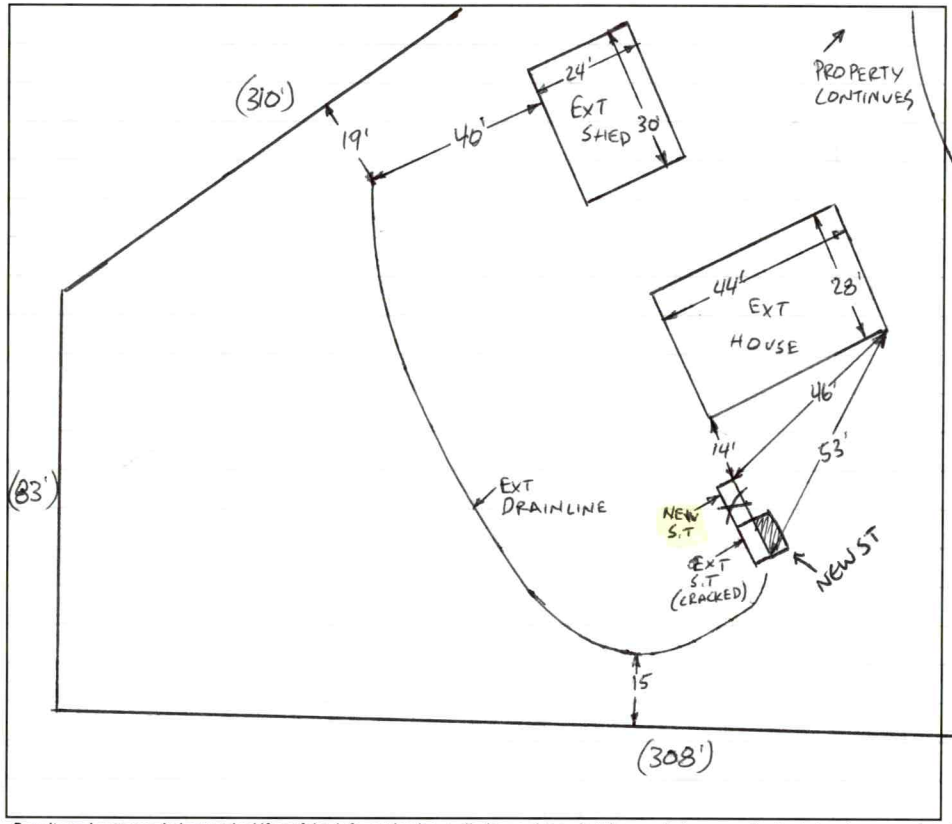
* Measured on the downhill side of the trench | Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 | Usable Depth to LC (Initial): EXT

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

Usable Depth to LC (Repair): EXT — *Limiting Condition*

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK, SYSTEM APPEARED TO FUNCTIONING AT TIME OF INSPECTION, SEE PREVIOUS PERMIT FROM 1979

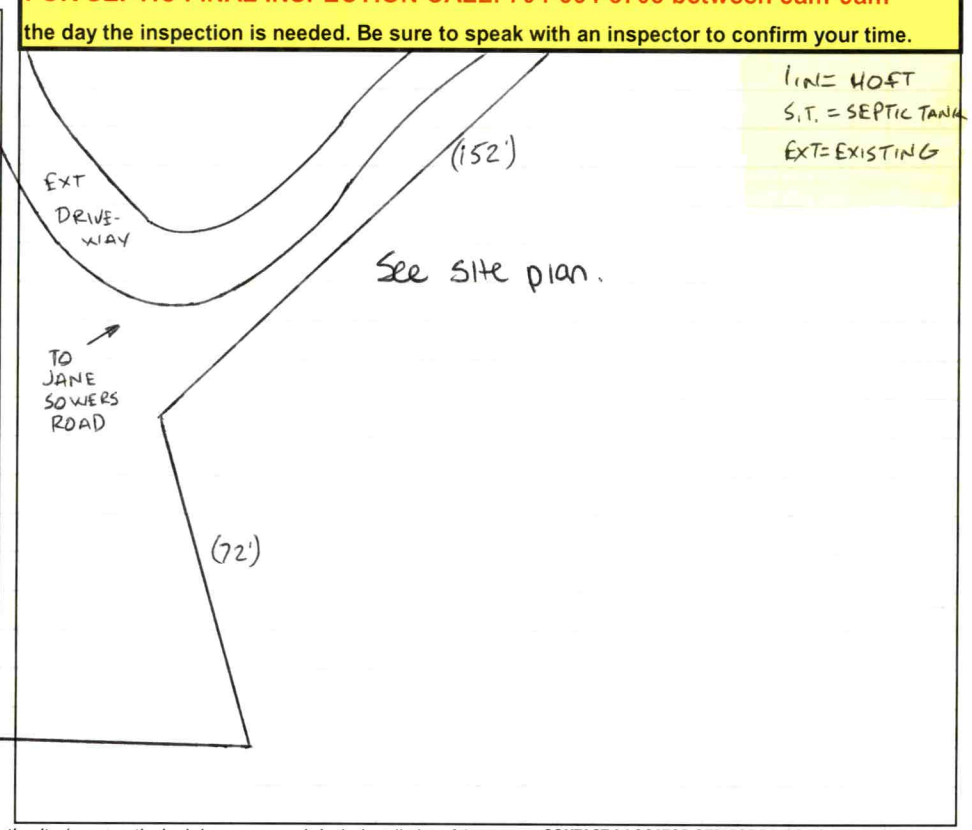
INITIAL SITE SKETCH



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

IMPROVEMENT PERMIT by: Bryant C. White ✓ | Date: 5-8-2024 | OPERATION PERMIT by: Sarah Williams ✓ | Date: 6/14/24

AUTHORIZATION TO CONSTRUCT by: Bryant C. White ✓ | Date: 5-8-2024 | 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? _____	


56
83
4746-93-1989
148
310
Ext st outlet
Ext st inlet
299
(308)
4746-83-9768
72
56
152
(97)
4746-83-9626
293
122
118
Jane Sowers Rd
4746-92-4435
1 in = 40 ft

PERMIT SNAPSHOT REPORT OSWP-2024-50636 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	04/04/2024
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:**	White, Bryant	**Approval Expire Date:**	

Description: The septic tank is deteriorating/falling in. Septic tank is uncovered and visible.

Parcel: 4746839768.000 Main	**Address:** 299 Jane Sowers Rd Statesville, NC 28625 Main	**Zone:** R-20(Suburban Residential District)

Applicant/Authorized Agent	Property Owner	Applicant/Authorized Agent
Jeanie Lentz	Joyce Martin	Jeanie Lentz
Home: (980) 829-3278	Home: (704) 876-3678	463 Lentz Road Statesville, NC 28625

Permit Custom Fields

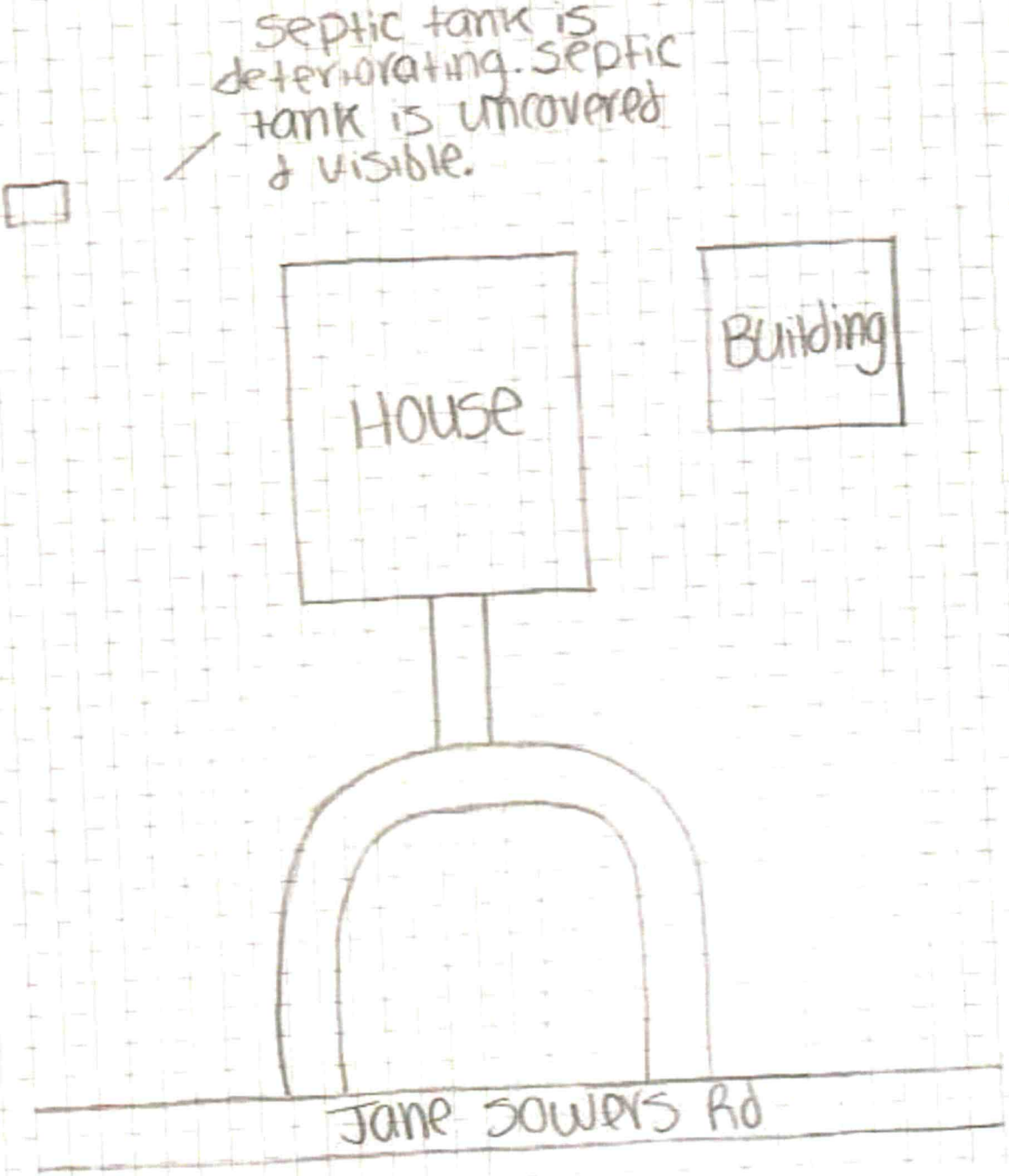
How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	N/A
What are the proposed structures	Other Addition/Structure	Maximum Number of Bedrooms	3	If other Addition/Structure, please explain	
Number of Occupants	2	Foundation Type	Crawl Space Foundation	Water Supply	Other Public Water
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_4/4/2024.jpg	04/04/2024 13:07	Lentz, Jeanie		Uploaded via CSS
299 Jane Sowers Rd Site Plan _v1.pdf	04/04/2024 15:30	Lentz, Jeanie	Available Online	
299_Jane_Sowers_Rd_-_Authorize_Legal_Representative-joy1957_roadrunner.com_v1.pdf	04/04/2024 15:30	Lentz, Jeanie	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		04/04/2024 15:30	04/04/2024 15:30
Confirm application complete v.1	Generic Action		04/04/2024 15:30
~~**Zoning Review v.1**~~			04/04/2024 15:30
~~Floodplain Admin Overview v.1~~	Task		04/04/2024 15:30
~~Issue Invoice v.1~~	Generic Action		04/04/2024 15:30
~~Fees Paid v.1~~	Generic Action		04/04/2024 15:30
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		
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-2024-50636)

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



Address: 299 Jane Sawers Rd - Statesville
Current HO: Jaye Martin
HO #: 704-876-3678
# of Bed: 3 **# of Occupants:** 2
Foundation Type: (Crawlspace) Slab B/WP B/WOP
Water supply: (Public) Irodell Well **Other:** _____